Access to medication abortion through community pharmacies in BC: Two-thirds offer timely dispensing

Dr Caitlin Dunne, *BCMJ* editor-in-chief, spoke with Drs Elizabeth Nethery, Wendy V. Norman, and Laura Schummers, three of the authors of the recently published *JAMA Network Open* article "Mifepristone access through community pharmacies when regulated as a routine prescription medication," to discuss their research and the impact on patients and physicians.

Caitlin Dunne, MD, with Elizabeth Nethery, PhD, Wendy V. Norman, MD, MHSc, FCFP, and Laura Schummers, ScD

Elizabeth Nethery, PhD

Wendy V. Norman, MD, MHSc, FCFP

Laura Schummers, ScD

Dr Dunne: Congratulations on publishing your article in *JAMA Network Open* in November 2025, and thank you for telling us about your research. What were the main findings from your study?

Dr Nethery: In our team's research, we found that two-thirds of BC pharmacies can provide the mifepristone-misoprostol medication abortion regimen, also known as the abortion pill, within 3 days. However, when pharmacies were unable to provide the abortion pill, the information provided to patients about where to obtain the medication was often inadequate, potentially creating barriers for patients seeking access to this essential and time-sensitive health service.

Dr Dunne: Could you give us a brief history of medication abortion in Canada?

Dr Norman: Since 2017, any physician or nurse practitioner in BC can prescribe the mifepristone-misoprostol pill combination for medication abortion as a standard prescription without restrictions. Previous research has demonstrated that Canada's approach to medication abortion, which was globally unique at the time, has been safe, has not substantially increased abortion rates, and has shifted more than half of abortions from procedural to medication. In Ontario, the number of practitioners who provide abortion care has increased, although access issues remain in Alberta, with few pharmacies stocking the abortion pill. Access to mifepristone-misoprostol in BC has not yet been reported.

Dr Dunne: Describe the mystery caller survey you used for your study.

Dr Schummers: To understand abortion pill access in BC, our team conducted a province-wide mystery caller survey, for which we contacted all BC pharmacies listed on the College of Pharmacists of British Columbia's website between July and August 2024. Callers posed as patients with a prescription for mifepristone and asked if they could pick up the medication within 3 days. We successfully contacted 98.5% of pharmacies listed (n = 1460). Using publicly available information, we mapped pharmacy locations against locations where females 15–49 years of age live.

Dr Nethery is a postdoctoral research fellow in the Collaboration for Outcomes Research and Evaluation, Faculty of Pharmaceutical Sciences, University of British Columbia, and the lead author of the study. Dr Norman is a professor in the Department of Family Practice, Faculty of Medicine, UBC. Dr Schummers is an assistant professor in the Collaboration for Outcomes Research and Evaluation, Faculty of Pharmaceutical Sciences, UBC.

Dr Dunne: What were your findings about the availability of the abortion pill?

Dr Nethery: In BC, 66% (n = 962) of pharmacies said they could provide the abortion pill within 3 days; of those that could not, 12% (n = 169) provided a valid referral. This left more than one in five pharmacies (23%, n = 329) that were unable to provide the abortion pill in a timely way and gave a poor or inadequate referral.

While most (99%) reproductive-age females in BC lived within a reasonable travel time of at least one pharmacy that would provide the abortion pill, this was not universal. In some areas—especially Vancouver and Victoria—less than half of local pharmacies reported that they could provide the abortion pill within 3 days. We also found that when pharmacies could not provide the abortion pill, most (66%) gave inaccurate or poor information about where to go next.

This confirms what patients have reported—access is not always good or easy. In many cases, patients might first approach nondispensing pharmacies and, thus, bear the burden of calling around—potentially adding stress, worsening inequities, and delaying access to care.

Dr Dunne: What advice do you have for physicians or others who prescribe mifepristone-misoprostol?

Dr Schummers: There are several things prescribers should consider incorporating into their practice:

- Identify local pharmacies that regularly have the mifepristone-misoprostol abortion pill regimen and communicate with patients about where to best access this medication in their community.
- When unsure of local pharmacy access (e.g., if prescribing by telehealth), advise patients to call first to make sure the pharmacy they contact can dispense the medication.
- Counsel patients that this medication is fully covered through PharmaCare Plan Z with a BC Personal Health Number or under Exceptional Plan Z during the Medical Services Plan enrolment waiting period.
- Advise patients that they may confirm with the pharmacist that no private insurance will be billed, particularly if they have confidentiality concerns related to a shared private drug plan.
- Let patients know they should expect respectful care from pharmacies for abortion pill dispensation. Any patient who experiences negative interactions at a pharmacy (which has been described in other regions in Canada) can report this to the College of Pharmacists of British Columbia.

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Dr Dunne: Are there any clinical updates that physicians should be aware of?

Dr Norman: Medication abortion is indicated by Health Canada up to 63 days from the last menstrual period but is safe to use up to 70 days after the last menstrual period. Ultrasound before medication abortion is no longer mandatory. Gestational age can be estimated from last menstrual period and clinical history or with physical examination; ultrasound is recommended when uncertainty exists. Evidence also supports mifepristone-misoprostol for medical management of first-trimester miscarriage, so these practice considerations are important for both miscarriage management and medication abortion. Up-to-date information on medication abortion can be found at https://caps.sogc.org. ■

Suggested reading

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