

Initial Shared System REMS approval: 04/2019

Mifepristone Tablets, 200 mg

Progestin Antagonist

**RISK EVALUATION AND MITIGATION STRATEGY (REMS)
SINGLE SHARED SYSTEM FOR MIFEPRISTONE 200MG**

I. GOAL

The goal of the REMS for mifepristone is to mitigate the risk of serious complications associated with mifepristone by:

- a) Requiring healthcare providers who prescribe mifepristone to be certified in the Mifepristone REMS Program.
- b) Ensuring that mifepristone is only dispensed in certain healthcare settings by or under the supervision of a certified prescriber.
- c) Informing patients about the risk of serious complications associated with mifepristone.

II. REMS ELEMENTS

A. Elements to Assure Safe Use

1. Healthcare providers who prescribe mifepristone must be specially certified.
 - a. To become specially certified to prescribe mifepristone, healthcare providers must:
 - i. Review the Prescribing Information for mifepristone.
 - ii. Complete a *Prescriber Agreement Form*. By signing a *Prescriber Agreement Form*, prescribers agree that:
 - 1) They have the following qualifications:
 - a) Ability to assess the duration of pregnancy accurately
 - b) Ability to diagnose ectopic pregnancies
 - c) Ability to provide surgical intervention in cases of incomplete abortion or severe bleeding, or to have made plans to provide such care through others, and ability to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary.
 - 2) They will follow the guidelines for use of mifepristone (see b.i-v below).
 - b. As a condition of certification, healthcare providers must follow the guidelines for use of mifepristone described below:
 - i. Review the *Patient Agreement Form* with the patient and fully explain the risks of the mifepristone treatment regimen. Answer any questions the patient may have prior to receiving mifepristone.

- ii. Sign the *Patient Agreement Form* and obtain the Patient's signature on the *Form*
 - iii. Provide the patient with a copy of the *Patient Agreement Form* and Medication Guide.
 - iv. Place the signed *Patient Agreement Form* in the patient's medical record.
 - v. Record the serial number from each package of mifepristone in each patient's record.
 - vi. Report any deaths to the Mifepristone Sponsor that provided the mifepristone, identifying the patient by a non-identifiable reference and the serial number from each package of mifepristone.
- c. Mifepristone Sponsors must:
- i. Ensure that healthcare providers who prescribe their mifepristone are specially certified in accordance with the requirements described above and de-certify healthcare providers who do not maintain compliance with certification requirements
 - ii. Provide the Prescribing Information and their *Prescriber Agreement Form* to healthcare providers who inquire about how to become certified.

The following materials are part of the REMS and are appended:

- *Prescriber Agreement Form for Danco Laboratories, LLC*
 - *Prescriber Agreement Form for GenBioPro, Inc.*
 - *Patient Agreement Form*
2. Mifepristone must be dispensed to patients only in certain healthcare settings, specifically clinics, medical offices, and hospitals, by or under the supervision of a certified prescriber.
 - a. Mifepristone Sponsors must:
 - i. Ensure that their mifepristone is available to be dispensed to patients only in clinics, medical offices and hospitals by or under the supervision of a certified prescriber.
 - ii. Ensure that their mifepristone is not distributed to or dispensed through retail pharmacies or other settings not described above.
 3. Mifepristone must be dispensed to patients with evidence or other documentation of safe use conditions.
 - a. The patient must sign a *Patient Agreement Form* indicating that she has:
 - i. Received, read and been provided a copy of the *Patient Agreement Form*.
 - ii. Received counseling from the prescriber regarding the risk of serious complications associated with mifepristone.

B. Implementation System

1. Mifepristone Sponsors must ensure that their mifepristone is only distributed to clinics, medical offices and hospitals by or under the supervision of a certified prescriber by:
 - a. Ensuring that distributors who distribute their mifepristone comply with the program requirements for distributors. The distributors must:

- i. Put processes and procedures in place to:
 - a. Complete the healthcare provider certification process upon receipt of a Prescriber Agreement Form.
 - b. Notify healthcare providers when they have been certified by the Mifepristone REMS Program.
 - c. Ship mifepristone only to clinics, medical offices, and hospitals identified by certified prescribers in their signed *Prescriber Agreement Form*.
 - d. Not ship mifepristone to prescribers who become de-certified from the Mifepristone REMS Program.
 - e. Provide the Prescribing Information and their Prescriber Agreement Form to healthcare providers who (1) attempt to order mifepristone and are not yet certified, or (2) inquire about how to become certified.
 - ii. Put processes and procedures in place to maintain a distribution system that is secure, confidential and follows all processes and procedures, including those for storage, handling, shipping, tracking package serial numbers, proof of delivery and controlled returns of mifepristone.
 - iii. Train all relevant staff on the Mifepristone REMS Program requirements.
 - iv. Comply with audits by Mifepristone Sponsors, FDA or a third party acting on behalf of Mifepristone Sponsors or FDA to ensure that all processes and procedures are in place and are being followed for the Mifepristone REMS Program. In addition, distributors must maintain appropriate documentation and make it available for audits.
 - b. Ensuring that distributors maintain secure and confidential distribution records of all shipments of mifepristone.
2. Mifepristone Sponsors must monitor their distribution data to ensure compliance with the REMS Program.
 3. Mifepristone Sponsors must audit their new distributors within 90 calendar days after the distributor is authorized to ensure that all processes and procedures are in place and functioning to support the requirements of the Mifepristone REMS Program. Mifepristone Sponsors will take steps to address their distributor compliance if noncompliance is identified.
 4. Mifepristone Sponsors must take reasonable steps to improve implementation of and compliance with the requirements of the Mifepristone REMS Program based on monitoring and assessment of the Mifepristone REMS Program.
 5. Mifepristone Sponsors must report to FDA any death associated with mifepristone whether or not considered drug-related, as soon as possible but no later than 15 calendar days from the initial receipt of the information by the applicant. This requirement does not affect the applicants other reporting and follow-up requirements under FDA regulations.

C. Timetable for Submission of Assessments

The NDA Sponsor must submit REMS assessments to FDA one year from the date of the initial approval of the REMS (04/11/2019) and every three years thereafter. To facilitate inclusion of as much information as possible while allowing reasonable time to prepare the submission, the reporting interval covered by each assessment should conclude no earlier than 60 calendar days before the submission date for that assessment. The NDA Sponsor must submit each assessment so that it will be received by the FDA on or before the due date.

Mifeprex* (Mifepristone) Tablets, 200 mg, is indicated, in a regimen with misoprostol, for the medical termination of intrauterine pregnancy through 70 days gestation. Please see Prescribing Information and Medication Guide for complete safety information.

To set up your account to receive Mifeprex, you must:

1. complete, 2. sign, and 3. fax page 2 of this form to the distributor.

If you will be ordering for more than one facility, you will need to list each facility on your order form before the first order will be shipped to the facility.

Prescriber Agreement: By signing page 2 of this form, you agree that you meet the qualifications below and will follow the guidelines for use. You also understand that if you do not follow the guidelines, the distributor may stop shipping Mifeprex to you.

Mifeprex must be provided by or under the supervision of a healthcare provider who prescribes and meets the following qualifications:

- Ability to assess the duration of pregnancy accurately.
- Ability to diagnose ectopic pregnancies.
- Ability to provide surgical intervention in cases of incomplete abortion or severe bleeding, or to have made plans to provide such care through others, and ability to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary.
- Has read and understood the Prescribing Information of Mifeprex. The Prescribing Information is available by calling our toll free number, 1-877-4 Early Option (1-877-432-7596), or logging on to our website, www.earlyoptionpill.com.

In addition to meeting these qualifications, you also agree to follow these guidelines for use:

- Review the Patient Agreement Form with the patient and fully explain the risks of the Mifeprex treatment regimen. Answer any questions the patient may have prior to receiving Mifeprex.
- Sign and obtain the patient's signature on the Patient Agreement Form.
- Provide the patient with a copy of the Patient Agreement Form and the Medication Guide.
- Place the signed Patient Agreement Form in the patient's medical record.
- Record the serial number from each package of Mifeprex in each patient's record.
- Report deaths to Danco Laboratories, identifying the patient by a non-identifiable patient reference and the serial number from each package of Mifeprex.



ACCOUNT SETUP MIFEPREX® (Mifepristone) Tablets, 200 mg; NDC 64875-001-01

TO SET UP YOUR ACCOUNT:

1

Read the Prescriber Agreement on page 1 of this form.

2

Complete and sign this form.

3

Fax this page to the Danco distributor at 1-866-227-3343. Your account information will be kept strictly confidential.

4

The distributor will call to finalize your account setup and take your initial order.

5

Subsequent orders may be phoned or faxed and are usually shipped within 24 hours.



BILLING INFORMATION

Bill to Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Attention _____

SHIPPING INFORMATION Check if same as above

Ship to Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Attention _____

ADDITIONAL SITE LOCATIONS I will also be prescribing Mifeprex* at these additional locations:

Name _____	Address _____
City _____	State _____ ZIP _____
Phone _____	Fax _____

Name _____	Address _____
City _____	State _____ ZIP _____
Phone _____	Fax _____

(Any additional sites may be listed on an attached sheet of paper.)

REQUEST ADDITIONAL MATERIALS

Medication Guides State Abortion Guides Patient Brochures Patient Agreement Form

ESTABLISHING YOUR ACCOUNT (required only with first order)

Each facility purchasing Mifeprex must be included on this form (see additional site locations box above) before the distributor can ship the product to the facility.

By signing below, you agree that you meet the qualifications and that you will follow the guidelines for use on page 1 of the Prescriber Agreement.

Print Name _____ Signature _____

Medical License # _____ Date _____

FAX THIS COMPLETED FORM TO THE AUTHORIZED DISTRIBUTOR. FAX: 1-866-227-3343

Please fax any questions to the above number or call 1-800-848-6142.

Mifepristone Tablets, 200 mg, is indicated, in a regimen with misoprostol, for the medical termination of intrauterine pregnancy through 70 days gestation. Please see [Prescribing Information](#) and [Medication Guide](#) for complete safety information.

To set up your account to receive mifepristone, you must:

1. complete, 2. sign and 3. fax page 2 of this form to the distributor.

If you will be ordering for more than one facility, you will need to list each facility on your order form before the first order will be shipped to the facility.

Prescriber Agreement: By signing page 2 of this form, you agree that you meet the qualifications below and will follow the guidelines for use. You also understand that if you do not follow the guidelines, the distributor may stop shipping mifepristone to you.

Mifepristone must be provided by or under the supervision of a healthcare provider who prescribes and meets the following qualifications:

- Ability to assess the duration of pregnancy accurately.
- Ability to diagnose ectopic pregnancies.
- Ability to provide surgical intervention in cases of incomplete abortion or severe bleeding, or to have made plans to provide such care through others, and ability to assure patient access to medical facilities equipped to provide blood transfusions and resuscitation, if necessary.
- Has read and understood the Prescribing Information for mifepristone. The Prescribing Information is available by calling our toll free number, 1-855-MIFE-INFO (1-855-643-3463), or logging on to our website, www.MifeInfo.com.

In addition to having these qualifications, you also agree to follow these guidelines for use:

- Review the Patient Agreement Form with the patient and fully explain the risks of the mifepristone treatment regimen. Answer any questions the patient may have prior to receiving mifepristone.
- Sign and obtain the patient's signature on the Patient Agreement Form.
- Provide the patient with a copy of the Patient Agreement Form and the Medication Guide.
- Place the signed Patient Agreement Form in the patient's medical record.
- Record the serial number from each package of mifepristone in each patient's record.
- Report deaths to GenBioPro, identifying the patient by a non-identifiable patient reference and the serial number from each package of mifepristone.

ACCOUNT SETUP

Mifepristone Tablets, 200 mg; NDC 43393-001-01

TO SET UP YOUR ACCOUNT:

1

Read the Prescriber Agreement on Page 1 of this form.

2

Complete and sign this form.

3

Fax this page to the GenBioPro distributor at 1-877-239-8036.

Your account information will be kept strictly confidential.

4

The distributor will call to finalize your account setup and take your initial order.

5

Subsequent orders may be phoned or faxed and are usually shipped within 24 hours

BILLING INFORMATION

Bill to Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Attention _____

SHIPPING INFORMATION Check if same as above

Ship to Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Fax _____

Attention _____

ADDITIONAL SITE LOCATIONS *I will also be prescribing mifepristone at these additional locations:*

Name _____ Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____

Name _____ Address _____
City _____ State _____ ZIP _____
Phone _____ Fax _____

(Any additional sites may be listed on an attached sheet of paper)

REQUEST ADDITIONAL MATERIALS

Medication Guides State Abortion Guides Patient Brochures Patient Agreement Form

ESTABLISHING YOUR ACCOUNT *(required only with first order)*

Each facility purchasing mifepristone tablets must be included on this form (see additional site locations box above) before the distributor can ship the product to the facility.

By signing below, you agree that you meet the qualifications and that you will follow the guidelines for use on page 1 of the Prescriber Agreement.

Print Name _____ Signature _____

Medical License # _____ Date _____

FAX THIS COMPLETED FORM TO THE AUTHORIZED DISTRIBUTOR. FAX: 1-877-239-8036

Please fax any questions to the above number or call 1-877-239-8036

Healthcare Providers: *Counsel the patient on the risks of mifepristone. Both you and the patient must sign this form.*

Patient Agreement:

1. I have decided to take mifepristone and misoprostol to end my pregnancy and will follow my provider's advice about when to take each drug and what to do in an emergency.
2. I understand:
 - a. I will take mifepristone on Day 1.
 - b. My provider will either give me or prescribe for me the misoprostol tablets which I will take 24 to 48 hours after I take mifepristone.
3. My healthcare provider has talked with me about the risks including:
 - heavy bleeding
 - infection
 - ectopic pregnancy (a pregnancy outside the womb)
4. I will contact the clinic/office right away if in the days after treatment I have:
 - a fever of 100.4°F or higher that lasts for more than four hours
 - severe stomach area (abdominal) pain
 - heavy bleeding (soaking through two thick full-size sanitary pads per hour for two hours in a row)
 - stomach pain or discomfort, or I am “feeling sick”, including weakness, nausea, vomiting, or diarrhea, more than 24 hours after taking misoprostol
5. My healthcare provider has told me that these symptoms could require emergency care. If I cannot reach the clinic or office right away my healthcare provider has told me who to call and what to do.
6. I should follow up with my healthcare provider about 7 to 14 days after I take mifepristone to be sure that my pregnancy has ended and that I am well.
7. I know that, in some cases, the treatment will not work. This happens in about 2 to 7 out of 100 women who use this treatment. If my pregnancy continues after treatment with mifepristone and misoprostol, I will talk with my provider about a surgical procedure to end my pregnancy.
8. If I need a surgical procedure because the medicines did not end my pregnancy or to stop heavy bleeding, my healthcare provider has told me whether they will do the procedure or refer me to another healthcare provider who will.
9. I have the MEDICATION GUIDE for mifepristone. I will take it with me if I visit an emergency room or a healthcare provider who did not give me mifepristone so that they will understand that I am having a medical abortion with mifepristone.
10. My healthcare provider has answered all my questions.

Patient Signature: _____ **Patient Name (print):** _____ **Date:** _____

The patient signed the PATIENT AGREEMENT in my presence after I counseled her and answered all her questions. I have given her the MEDICATION GUIDE for mifepristone.

Provider's Signature: _____ **Name of Provider (print):** _____ **Date:** _____

After the patient and the provider sign this PATIENT AGREEMENT, give 1 copy to the patient before she leaves the office and put 1 copy in her medical record.