

November 7, 2025

Martin Makary, MD, MPH  
Commissioner  
U.S. Food and Drug Administration  
10903 New Hampshire Ave.  
Silver Spring, MD 20993-002

Re: Comment in Opposition to Citizen Petition FDA-2025-P-1242-0001

Commissioner Makary,

Commenters the American College of Obstetricians and Gynecologists (“ACOG”), Society of Family Planning, and Society for Maternal-Fetal Medicine submit this comment in opposition to citizen petition FDA-2025-P-1242-0001, regarding the U.S. Food and Drug Administration’s (“FDA”) regulation of mifepristone (NDA 020687, ANDA 091178, ANDA 216616). For the reasons stated herein, Commenters request that FDA deny the petition in full, and, in particular, that FDA remove entirely the Risk Evaluation and Mitigation Strategy (“REMS”) for mifepristone, including the three Elements to Assure Safe Use (“ETASU”), or, in the alternative, at a minimum, refrain from taking any action that would increase restrictions on or further decrease access to mifepristone.

**The scientific evidence supports *eliminating* the REMS and ETASU for mifepristone, rather than adding further restrictions.** As explained in multiple currently pending citizen petitions and comments thereto, a substantial body of robust scientific evidence demonstrates that the current REMS and ETASU for mifepristone are not medically justified, unduly burden patients, and do not satisfy the statutory requirements under federal law for imposing such restrictions.<sup>1</sup> As

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<sup>1</sup> See, e.g., Citizen Petition from Am. College of Obstetricians & Gynecologists, FDA-2025-P-0377-0001 (Jan. 31, 2025), <https://www.regulations.gov/document/FDA-2025-P-0377-0001>; Citizen Petition from Massachusetts, et al., FDA-2025-P-1576-0001 (June 5, 2025), <https://www.regulations.gov/document/FDA-2025-P-1576-0001>; Citizen Petition from Washington, et al., FDA-2025-P-3287-0001 (Aug. 20, 2025), <https://www.regulations.gov/document/FDA-2025-P-3287-0001>; Comment from National Abortion Federation, FDA-2025-P-0377-0010 (Mar. 18, 2025), <https://www.regulations.gov/comment/FDA-2025-P-0377-0010>; Comment from Planned Parenthood Federation of America, FDA-2025-P-0377-0018 (May 28, 2025), <https://www.regulations.gov/comment/FDA-2025-P-0377-0018>; Comment from Guttmacher Institute, FDA-2025-P-0377-0012, at 2 (Apr. 8, 2025), <https://www.regulations.gov/comment/FDA-2025-P-0377-0012>; Comment from UCSF Bixby Center for Global Reproductive Health, FDA-2025-P-0377-0015 (Apr. 22, 2025), <https://www.regulations.gov/comment/FDA-2025-P-0377-0015>; Comment from UCLA Law Center on Reproductive Health, Law, and Policy et al. on behalf of 263 Reproductive Health Researchers, FDA-2025-P-0377-0230 (Aug. 27, 2025),

such, there is no basis to support the Petition’s requests to retain the REMS and ETASU, increase restrictions on mifepristone by adding or reinstating additional REMS, ETASU, or restrictive conditions of use, or suspend or withdraw mifepristone’s approval. The Petition should be denied in full.

Sincerely,

Sandra E. Brooks, MD, MBA, FACOG  
American College of Obstetricians and Gynecologists

Amanda Dennis, DrPH, MBE  
Society of Family Planning

Sindhu K. Srinivas, MD, MSCE  
Society for Maternal-Fetal Medicine

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<https://www.regulations.gov/comment/FDA-2025-P-0377-0230>; Comment from Reproductive Freedom for All, FDA-2025-P-0377-0016, at 1–3 (May 1, 2025), <https://www.regulations.gov/comment/FDA-2025-P-0377-0016>; Comment to Supplement Citizen Petition No. FDA-2025-P-0377-0001 from Am. College of Obstetricians & Gynecologists, et al., (Nov. 7, 2025) (on file with FDA).