Drospirenone Prescribing Support Information

This BLMK information sheet is provided to support primary care clinicians prescribing drospirenone (Slynd®) in Bedfordshire, Luton and Milton Keynes ICS.

This should be read **in conjunction** with the summary of product of characteristics (SmPC) **and** the information provided by the Faculty of Sexual and Reproductive Healthcare (FSRH). (see below).

Clinicians should refer to the **SmPC** & **BNF** for comprehensive drug information.

Category	• Drospirenone is a progestogen-only-pill (POP) which contains the progestogen drospirenone, derived from spironolactone. • In a therapeutic dosage, drospirenone also possesses antiandrogenic and mild antimineralocorticoid properties. It has no estrogenic, glucocorticoid and antiglucocorticoid activity. This gives drospirenone a pharmacological profile closely resembling the natural hormone progesterone. • Like the desogestrel POP, drospirenone acts primarily to suppress ovulation, with additional contraceptive effects on cervical mucus and endometrium. Studies indicate that drospirenone is as effective for contraception as the desogestrel POP: if used perfectly POPs may be more than 99% effective. However, as with other user-dependent contraceptives, if pills are not taken correctly, contraceptive effectiveness will be reduced. The 24-hour window of drospirenone for pill taking may help facilitate correct use.[2]
Therapeutic indications	Contraception
FSRH Guidance	The Faculty of Sexual and Reproductive healthcare (FSRH) have published the following information for clinicians regarding drospirenone (Slynd®):- • FSRH CEU Statement: Drospirenone Progestogen-only Pill (DRSP POP) (Jan 24) This statement published by the FRSH clinical effectiveness unit (CEU) provides a brief summary of key information relating to drospirenone. • FSRH guidance on Progestogen only pills (POPs) (amended July 2023 to include drospirenone
BLMK Formulary Status and responsibilities	• Within BLMK, desogestrel is the first line choice of POP. • Norethisterone and drospirenone are regarded as second line choices. • Drospirenone has an **AMBER SpIS** formulary status – it requires initiation and stabilisation by a specialist*, prior to continuation in primary care.

The following organisations contribute to and participate in the BLMK APC – Bedfordshire, Luton and Milton Keynes Integrated Care Board; Bedfordshire Hospitals NHS Foundation Trust; Cambridgeshire Community Services NHS Trust; Central and North West London NHS Foundation Trust; East London NHS Foundation Trust; Milton Keynes University Hospital NHS Foundation Trust

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	*in this context, a specialist is defined as a "Sexual Health Specialist or a Primary care clinician who has relevant expertise and is clinically competent to prescribe" • It has been approved as a second line POP that can be considered if desogestrel is not appropriate after a suitable trial (minimum 3 months) and where other methods of contraception including long acting reversible methods are contraindicated, have been declined or are not suitable. • Primary care prescribers can continue to prescribe drospirenone after specialist initiation.
Pharmaceutical form	Each box contains:- • 24 White active tablets containing 4mg drospirenone • 4 Green placebo tablets NB: contain lactose
Dosing Advice	**Information for Specialists initiating treatment** [2] • Drospirenone should usually be started on Day 1 of the natural menstrual cycle. • The FSRH recommends that additional contraceptive precautions are required unless drospirenone is started on day 1 of a natural menstrual cycle, day 1 after abortion or by day 21 after childbirth. If started at any other time, **additional contraceptive precautions are required for 7 days** with advice to take a follow-up pregnancy test if appropriate. NB: It is important to note that the criteria around starting drospirenone or switching to / from drospirenone and the length of time required to use additional contraception methods is different from desogestrel and other POPs. • For advice on commencing drospirenone when switching from alternative hormonal contraception, following childbirth, after an abortion or after the use of emergency contraception see FSRH guidance (page 40-47). or refer to the SmPC. • Drospirenone is taken in a continuous cycle of 24 consecutive daily 4mg drospirenone pills (white pills) followed by four inactive green pills (a 4 day hormone free period) • An active pill can be taken up to 24 hours after the scheduled pill-taking time without loss of contraceptive effectiveness (that is, a pill can be taken up to 24 hours after its scheduled time without being a "missed pill"). • Take each tablet about the same time each day so that the interval between two tablets is always 24 hours. • If vomiting or diarrhoea occurs within 3-4 hours after tablet taking, a new (replacement) tablet should be taken as soon as possible. The new tablet should be taken within 24 hours of the usual time of tablet-taking if possible. If more than 24 hours elapse, the advice concerning missed tablets should be followed (see below).

Missed pills	**Management of Missed Pills and Emergency contraception requirements** (2.3) • The requirements will differ depending on where in the tablet cycle the missed pill occurred. • For comprehensive advice regarding missed pills when ≥24 hours late (≥48 hours since the last pill was taken) and if there is a need for emergency contraception see FSRH guidance, table 1 (page 5), and appendices 2 and 3 (page 73 & 74). • If emergency contraception is required due to missed pill(s), ulipristal acetate EC is generally not recommended due to potentially reduced efficacy. Levonorgestrel or Cu-IUD are preferred emergency contraception options. See see appendix 3 of FSRH guidance for further advice.
Following the use of emergency contraception	For information relating to starting drospirenone after emergency contraception (EC) see table 8 FSRH guidance noting that the advice on the length of time needed to use additional precautions (e.g. condoms) differs depending on the type of EC used.
Stopping treatment	• Treatment should be stopped at once if there are symptoms / suspicion of an arterial or venous thrombotic event. • Discontinuation of drospirenone should be considered in case of prolonged immobilization due to surgery or illness. • Treatment should be stopped if pregnancy occurs
Special patient populations	FSRH states that Current UKMEC (2016) recommendations for progestogen-only pills apply to drospirenone. • Note: In addition to the UMKEC recommendations, there are specific considerations for drospirenone. • Refer to contraindications, cautions / special considerations and monitoring sections below for details.
Contra-indications	The SmPC states that drospirenone should not be used in the presence of any of the conditions listed below:- • Active venous thromboembolic disorder. • Presence or history of severe hepatic disease as long as liver function values have not returned to normal. • Severe renal insufficiency or acute renal failure. • Known or suspected sex-steroid sensitive malignancies. • Undiagnosed vaginal bleeding. • Hypersensitivity to the active substance or to any of the excipients NB:- Drospirenone should be stopped if any of these conditions occurs during use. **In addition:-** The Faculty for Sexual and Reproductive Health (FSRH) recommends that drospirenone should generally be **avoided i**n:- • Individuals with known hyperkalaemia or untreated hypoaldosteronism (e.g., Addison's disease).

	• Individuals currently using potassium-sparing diuretics, aldosterone antagonists or potassium supplements.
Cautions / Special considerations	Cautions for Use • Drospirenone is an aldosterone antagonist with potassium sparing properties. • FSRH suggests that drospirenone should be used with caution in individuals with mild/moderate renal impairment or who have treated hypoaldosteronism (e.g., treated Addison's disease). • FSRH suggests measurement of urea & electrolytes (U&E) and blood pressure should be taken prior to prescription of drospirenone in individuals who have significant risk factors for chronic kidney disease, particularly if aged over 50 years. Special Considerations • Concomitant use of enzyme-inducing drugs is expected to affect contraceptive effectiveness of drospirenone. • Available evidence suggests that the effectiveness of the POP is not affected by body weight or body mass index (BMI). • Due to insufficient evidence regarding impact of bariatric surgery on contraceptive effectiveness, users who have had bariatric surgery should consider other effective non-oral contraceptive methods. See SmPC for full details

Monitoring	• Blood pressure should be monitored in all individuals as per normal practise when using a POP.
	• Additional U&E and blood pressure monitoring is advised in the following situations:-
	  ○ mild/moderate renal impairment
	  ○ for individuals at significant risk of chronic kidney disease (particularly those aged over 50)
	  ○ individuals with treated hypoaldosteronism (eg, treated Addison's disease).
	
	For individuals who require U&E and blood pressure monitoring, the frequency of monitoring will need to be made on a case-by-case basis. A suggested monitoring schedule is:
	  ○ At baseline, and 6 weeks after initiation, followed by 3-12 monthly (frequency will be dependent upon the condition and results.
	
	The patient's renal physician/endocrinologist can be consulted for advice. Integrated sexual health services can also offer support where required.

Adverse effects	• Unpredictable bleeding is one of the most problematic side effects of progestogen-only contraceptive methods. The drospirenone 4-day hormone-free interval is intended to achieve a more regular bleeding pattern. • Scheduled withdrawal bleeding/spotting associated with the hormone-free interval does occur in some users, but unpredictable unscheduled bleeding/spotting at other times is also common: users may have both scheduled and unscheduled bleeding. • There is less unscheduled bleeding than with the desogestrel POP, but the total number of bleeding/spotting days may be similar. An individual may, however, have problematic bleeding with one POP type and not with another: drospirenone offers an additional option. • Other side effects like headache and mood change do not appear from the limited evidence available to differ between drospirenone and other POPs but as with bleeding pattern – an individual could find that the different POPs have a different side effect profile for them, and the availability of drospirenone broadens choice. [2] See SmPC for full details of adverse effects
Pregnancy / lactation	• Drospirenone should not be used during pregnancy. See SmPC for full details
Interactions	• See SmPC and BNF drospirenone drug interaction checker for **full details** of all possible interactions Enzyme-inducing drugs [3,4] • Contraceptive effectiveness of drospirenone could be reduced if an individual is taking an enzyme - inducer drug **and** for 28 days after stopping the enzyme -inducer. See SmPC for detailed advice of how to manage such interactions. • Individuals using enzyme-inducing drugs should be offered an alternative reliable method of contraception that is not affected by enzyme-inducer medication. Medicines that increase the risk of hyperkalaemia [5] • Use of drospirenone is not recommended during use of potassium-sparing diuretics or potassium supplements that also increase serum potassium. • Pharmacodynamic interaction between drospirenone and drugs such as ACE inhibitors and angiotensin II receptor antagonists could also potentially increase risk of hyperkalaemia. .

Counselling points	Refer to patient information leaflet **When initiating drospirenone the following information should be provided[6]:** • When to start drospirenone, highlighting whether additional contraceptive precautions are required before the contraceptive effect can be relied upon. • What to do if used incorrectly or inconsistently and when EC may be indicated. • What to do in the case of vomiting or severe diarrhoea • Significant new health events that should prompt them to review their contraceptive method (e.g., diagnosis of breast cancer). • Advice that they should check with the prescriber / their contraceptive provider whether any new prescribed or non-prescribed medicine could affect the contraceptive effectiveness. • Arrangements for subsequent prescription of medication and follow-up. • What to do if they wish to discontinue drospirenone or change their contraception. • Verbal information-giving should be supported by a comprehensive leaflet or direction to a trusted website e.g. How to take the progestogen-only pill - NHS (www.nhs.uk). • Consideration whether sexually transmitted infection (STI) testing is indicated.
References	1. Slynd 4mg film-coated tablets - Summary of Product Characteristics (SmPC) - (emc) (medicines.org.uk), accessed June 2024 2. FSRH CEU Statement: Drospirenone Progestogen-only Pill (DRSP POP) (Jan 24) - Faculty of Sexual and Reproductive Healthcare, accessed June 2024 3. https://www.fsrh.org/Public/Documents/ceu-guideline-progestogen-only-pills.aspx, accessed June 2024 4. Drospirenone | Drugs | BNF | NICE 5. FSRH Clinical Guidance: Drug Interactions with Hormonal Contraception, accessed June 2024 6. Drospirenone-prescribing-information-sheet.pdf (nottsapc.nhs.uk), accessed June 2024