Drospirenone

Traffic light classification- Amber 3
Information sheet for Primary Care Prescribers

Licensed Indication
Contraception

Therapeutic summary
Drospirenone offers a 2nd line Progestogen Only Pill (POP) for women and people of childbearing potential in whom desogestrel is not suitable after a trial of 6 months and where other methods of contraception including long-acting reversible methods are contraindicated, have been declined or tried and not suited. Drospirenone may offer a different bleeding pattern and side effect profile for individuals that have had problematic bleeding or side effects with other progestogen-only contraceptives.

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.

Products Available
Drospirenone 4mg tablets (Slynd®).
Cost: 84 tablets= £14.70

Dosages and route of administration
1 white active tablet once daily for 24 days, followed by 1 green inactive tablet once daily for 4 days; subsequent courses repeated without interval. Drospirenone should usually be started on Day 1 of the natural menstrual cycle. For advice on commencing drospirenone when switching from alternative hormonal contraception or following pregnancy or emergency contraception see FSRH guidance (page 40-47).

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.

Management of Missed Pills and Emergency contraception requirements
For advice regarding missed pills ≥24 hours late (≥48 hours since the last pill was taken), see appendices 2 and 3 of FSRH guidance.

Duration of treatment and requirements for review
In line with other POPs, unless there are risk factors for hyperkalaemia (see below), users should generally be reviewed annually. A 12-month supply of drospirenone should be provided at initiation and continuation, with information to seek advice if there are any changes to an

individual's medical history. Doing this will help to reduce the risk of unplanned pregnancy due to running out and reduce healthcare costs from additional appointments.

POP can be used for contraception until age 55 years.

Monitoring Requirements and Responsibilities
No routine monitoring is required for the majority of individuals.

U&E and blood pressure monitoring is advised in those with mild/moderate renal impairment, Addison's disease, for individuals at significant risk of chronic kidney disease (particularly those aged over 50) and for those using potassium supplements or other drugs that predispose to hyperkalaemia.

Frequency of monitoring will need to be made on a case by case basis. As a suggestion, baseline and 6 weeks after initiation and then 3-12 monthly depending on 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.

Contraindications and precautions:
UK Medical Eligibility Criteria for Contraceptive Use 2016 (UKMEC 2016) recommendations for progestogen-only pills apply to drospirenone. UKMEC3= risks generally outweigh benefits and UKMEC4 =use represents unacceptable risk.

Condition	UKMEC category for POP use	Comments
Current and history of ischaemic heart disease	UKMEC3 for continuation (UKMEC2 for initiation)	Duration of use of POP in relation to the onset of CVD should be carefully considered when deciding whether continuation of the method is appropriate (this is a precaution in case the POP somehow contributed to development of CVD)
History of stroke	UKMEC3 for continuation (UKMEC2 for initiation)	
Current breast cancer	UKMEC4	For individuals with a history of breast cancer, any decision to initiate hormonal contraception may be best made in consultation with their oncology team
Past breast cancer	UKMEC3	
Severe (decompensated) cirrhosis (associated with, eg, ascites, jaundice, encephalopathy or gastrointestinal haemorrhage)	UKMEC3	
Hepatocellular adenoma or carcinoma	UKMEC3	

In addition, the following specific considerations are in existence for drospirenone:

Contraindications:

- Severe renal insufficiency or acute renal failure.
- Individuals with known hyperkalaemia or untreated hypoaldosteronism (eg, Addison's disease).
- Individuals currently using potassium-sparing diuretics, aldosterone antagonists or potassium supplements.

Precautions:

- mild/moderate renal impairment,
- treated Addison's disease,
- for individuals with significant risk factors for chronic kidney disease, measurement of U&E and blood pressure should be considered prior to prescription of drospirenone, particularly if aged over 50 years.

Clinically relevant medicine interactions and their management

Enzyme-inducing drugs: Contraceptive effectiveness of all POPs could be reduced during use of the enzyme-inducer and for 28 days after stopping the enzyme-inducer. Individuals using enzyme-inducing drugs should be offered a reliable contraceptive method that is unaffected by enzyme-inducers eg (DMPA, the Cu-IUD or the LNG-IUS).

Ulipristal: Use of ulipristal in the missed pill situation with drospirenone is generally not recommended due to potentially reduced efficacy. Levonorgestrel or Cu-IUD are preferred Emergency Contraception options. See appendix 3 of FSRH guidance for further advice.

Medicines that increase the risk of hyperkalaemia: Drospirenone is not recommended during use of potassium-sparing diuretics or potassium supplements. Use with medicines such as angiotensin converting enzyme (ACE) inhibitors and angiotensin II receptor antagonists could also potentially increase risk of hyperkalaemia; consider checking U&E during the first cycle of concomitant use.

For further information on contraindications, precautions and interactions refer to the BNF or Summary of Product Characteristics.

Side effects

Unpredictable bleeding is one of the most problematic side effects of progestogen-only contraceptive methods. Evidence suggests that there may be less problematic bleeding than with desogestrel. However, an individual may have problematic bleeding with one POP type and not with another. Individuals considering use of drospirenone should be advised that bleeding pattern is unpredictable; they may or may not have "scheduled" bleeding/spotting during the 4-day Hormone Free Interval (HFI) and they may or may not have "unscheduled" bleeding/spotting at other times. Both scheduled and unscheduled bleeding/spotting may reduce in frequency over the first year of use.

Other reported side effects like headache, weight gain 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.

For a full list of side effects and information on incidence of ADRs, refer to the BNF or Summary of Product Characteristics (SPC).

Information given to patient

When initiating drospirenone the following information should be provided:

- 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.

- Significant new health events that should prompt them to review their contraceptive method (eg, diagnosis of breast cancer).
- Advice that they should check with the prescriber of any new medication or with their contraceptive provider whether any new prescribed or non-prescribed drug 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 eg How to take the progestogen-only pill - NHS (www.nhs.uk)
- Consideration whether sexually transmitted infection (STI) testing is indicated.

References and Sources of support:

- Slynd Summary of Product Characteristics. Last updated on www.medicines.org.uk 20/10/2023.
- FSRH Clinical Guideline: Progestogen-only Pills (August 2022, Amended July 2023)
- FSRH CEU Statement: Drospirenone Progestogen-only Pill (DRSP POP) (Jan 24)
- Advice or referral to Integrated Sexual Health Services