



Drospirenone 4mg (Slynd®)

Information for primary care and community pharmacies

Drospirenone 4mg

Drospirenone 4mg, marketed by Exeltis as “Slynd®” is licensed as a contraceptive pill. It contains the progestogen ‘drospirenone’ and is a progestogen only pill (“POP”).

Each outer box contains 3 strip packs of 28 tablets – one to take every day, with no break between packs.

- The first 24 tablets (white) contain the hormone drospirenone
- The last 4 tablets (green) are hormone-free and help maintain a daily habit

During the hormone-free days, users may get a light bleed. Many users find that over time; bleeding becomes lighter and less painful than their normal periods. In some cases, bleeding may stop completely or be infrequent.

The tablets must be taken every day around the **same time of the day** so that the interval between 2 tablets is always 24 hours.

1 strip pack will last 28 days (to mimic a menstrual cycle). Once a pack is finished, **a new one should be started straight away** without any breaks between the packs.

Missed pill advice differs from other POPs and users should be advised to refer to the package leaflet or Slynd® patient information leaflet linked below.

NCL Formulary Status – **AMBER 2** - Interface arrangements:

Drospirenone is approved within North Central London (NCL) as a Progestogen -Only Pill (POP) contraceptive option for women aged from menarche to 49 years who are unable or do not wish to use Long-Acting Reversible Contraception (LARC) or Combined Hormonal Contraceptives (CHCs).

It is positioned as a second-line treatment following a 3–6-month trial of desogestrel (the first-line POP), for patients who are unable to tolerate other POPs. Norethisterone 350mcg remains an alternative second-line option.

Prescribing must be initiated in secondary care settings (sexual & reproductive health/gynaecology clinics). A maintenance supply may be continued in primary care settings (via GPs or [NHS community pharmacy contraception service](#)*) for patients who meet the above approved criteria. The hospital/clinic will issue at least 3 months’ supply (one original full pack 3 x 28 tablet strips). The hospital/clinic will undertake renal function tests at baseline and at 6 weeks for patients with mild/moderate renal impairment or those at risk of kidney disease, where drospirenone 4mg is still deemed the most appropriate contraceptive option. Such decisions will be made in consultation with the individual’s renal physician/endocrinologist, where appropriate.

Exclusion criteria are: individuals with known hyperkalaemia, hypoadosteronism (e.g. Addison’s disease), severe hepatic impairment with abnormal LFTs, severe impairment of renal function or acute renal failure, sex-steroid sensitive malignancies, concomitant use of potassium-sparing drugs or potassium supplements or age ≥50 years. Current UK medical eligibility criteria (UKMEC) 2025 recommendations for progestogen-only pills include information on drospirenone 4mg POP.

*Known renal impairment (all stages) or acute renal failure is an [exclusion criterion](#) for the supply of drospirenone under the NHS community pharmacy contraception service. For patients with mild/moderate renal impairment, continued supply to be prescribed by the GP under the direction of the specialist team.



Safety considerations:

Drospirenone is a “potassium-sparing” medication, which means it can increase potassium levels in the blood in some people. Examples of when use should be avoided:

- Severe renal impairment or acute renal failure
- Known high potassium/low aldosterone e.g. Addison’s disease/chronic adrenal insufficiency
- Taking potassium supplements or drugs that raise potassium levels
- Known or suspected severe hepatic disease with abnormal liver function values
- Known or suspected sex-steroid sensitive malignancies

Individuals using a multivitamin/dietary supplement containing potassium may need to consider changing to a non-potassium containing product if clinically appropriate. Users should avoid grapefruit or grapefruit juice while taking drospirenone.

Where there is mild/moderate renal impairment, or there is a risk of renal disease, an alternative contraceptive method is advisable. However, where the initiating specialist deems drospirenone to be the most suitable contraception option, a baseline renal function test may be indicated in some cases and repeated at around 6 weeks after starting, and then every 3 to 12 months if needed. The specialist initiating the prescription will decide on suitability and are responsible for undertaking the renal function test at baseline and at 6 weeks before communicating any further monitoring requirements with primary care.

The following medicines can increase potassium levels and therefore concomitant use of drospirenone 4mg should be avoided.

Examples include:

- Some antihypertensives e.g. ACE-inhibitors/angiotensin II antagonists/potassium-sparing diuretics. Examples include ramipril, losartan, spironolactone.
- NSAIDs (“nonsteroidal anti-inflammatory drugs”): examples include aspirin, ibuprofen, and naproxen. If taken on a regular basis, they can cause renal impairment and cause potassium levels to increase.
- Some immunosuppressant medicines: examples include tacrolimus and ciclosporin.
- Some antibiotics: examples include trimethoprim and pentamidine
- Some herbal supplements and remedies and nutritional supplements.

It is important to review the medical and drug history thoroughly, including herbal treatments or medicines prescribed online/private, including weight loss treatments. The above list is not exhaustive.

Side effects:

Drospirenone 4mg is generally well tolerated. Potential side effects may include changes to bleeding patterns, headaches and/or changes in mood. This is similar to other progestogen only pills. Users should seek medical advice if side effects are severe, including severe mood changes, very heavy bleeding, or signs of high potassium (e.g. muscle weakness, palpitations). Side effects can be reported directly via the Yellow Card Scheme at <https://yellowcard.mhra.gov.uk/>.

Further information

- Slynd® website: [Slynd® \(drospirenone\): Estrogen-Free Birth Control](#)
- Slynd® Patient Information Leaflet: [Slynd-Patient-Booklet-Dec-23.pdf](#)
- BNF (for professionals): [BNF \(British National Formulary\) | NICE](#)
- College of Sexual & Reproductive Health: UK MEC 2025: [UK Medical Eligibility Criteria for Contraceptive Use \(UKMEC\) | CoSRH](#)



Document control

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Groups / Individuals who have overseen the development of this guidance:	Dr Jenine Bignall
Groups which were consulted and have given approval:	NCL Joint Formulary Committee NCL Integrated Care Board
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