Slynd®

DROSPIRENONE
4 mg

Exeltis

Initiating Slynd® with Your Patients

Slynd® is a progestogen-only pill (POP) indicated for contraception[1]

FSRH and UKMEC: Slynd® is recommended as a contraceptive in the 2022 Faculty of Sexual and Reproductive Healthcare (FSRH) guidelines and is covered by POP guidance in the UK Medical Eligibility Criteria (UKMEC).[2,3]

Prescribing information is available HERE

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App store. Adverse events should also be reported to Exeltis UK Limited by email to pharmacovigilance.uk@exeltis.com

This leavepiece is intended for UK healthcare professionals only and has been developed and funded by Exeltis UK Ltd.

EXE-E/IPR-SLY-1750-v3 September 2025

Slynd® (drospirenone) summary

The first oestrogen-free drospirenone POP in the UK.[1,2]

Slynd® offers women:

Drospirenone, which in therapeutic doses, possesses mild **anti-androgenic and anti-mineralocorticoid** activity.[1,2]

Effective contraceptive protection when used correctly.[1,4]

A **24+4 active/placebo** dose regimen with a hormone free interval (HFI) developed to support scheduled bleeding.[1,4]

The only POP in the UK with a **24 hour missed pill window.**[1,2]

Significantly **fewer unscheduled bleeding** days per treatment cycle and a lower study drop-out rate due to bleeding disorders vs. desogestrel 75 µg.[6,7]

Amenorrhoea
Within 9–12 months of Slynd® use, 30% of women will experience amenorrhoea.[2]

Bleeding days per treatment cycle: Cycle 2-4: desogestrel 16.9 days (n=222) vs. drospirenone 9.6 days (n=527), p<0.0001; Cycles 2-6: desogestrel 23.7 days (n=172) vs. drospirenone 13.7 days (n=422), p<0.0001; Cycle 2-9: desogestrel 34.7 days (n=116) vs. drospirenone 21.5 days (n=305), p=0.0003.
Study drop-out rate due to abnormal uterine bleeding: desogestrel: 6.6% (n=322); drospirenone: 3.3% (n=858); p<0.05.[5,6]

Safety and efficacy of Slynd® have been established in women of reproductive age. Safety and efficacy are expected to be the same for post pubertal adolescents under the age of 18 and users 18 years and older. Use of this product before menarche is not indicated.

Dosing and Administration

When to start Slynd®[1]

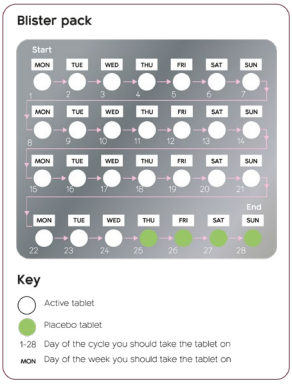
Condition	When to start
Changing from a combined hormonal contraceptive (combined oral contraceptive (COC), vaginal ring or transdermal patch)	The woman should start Slynd® preferably on the day after the last tablet containing the active substances of her previous COC or on the day of removal of her vaginal ring or transdermal patch. The use of an additional contraceptive is not necessary.
	The woman may also start Slynd® (at the latest) on the day following the usual tablet-free, ring-free, patch-free or placebo tablet interval of her previous COC. An additional barrier method contraceptive is recommended during the first 7 days of tablet-taking.
Changing from a progestogen-only-method (progestogen-only pill (POP), injection, implant) or from a progestogen-releasing intrauterine system (IUS)	The woman may switch any day from another POP and should start Slynd® the day after, within 24 hours of discontinuing the previous POP. A woman may switch from an implant or following IUS removal on the same day that the implant or IUS is removed. A woman may switch from using an injectable contraceptive and should start Slynd® on the day the next injection was due to occur. In all of these cases, the use of an additional contraceptive is not necessary.
No preceding hormonal contraceptive use in the past month	Start Slynd® on day 1 of the woman's natural cycle (first day of her menstrual bleeding). No additional contraceptive measures are necessary.
Following first-trimester abortion	After first-trimester abortion it is recommended to start Slynd® immediately after abortion took place. In that case there is no need to use an additional contraceptive method.
Following delivery or second-trimester abortion	Contraceptive treatment with Slynd® is recommended to start between 21 and 28 days after delivery or second trimester abortion. If Slynd® is initiated later but before the menstruations have returned, pregnancy must be ruled out and an additional method of contraception should be used for the first week. For breast-feeding women, see section 4.6 of the Summary of Product Characteristics.

How to take Slynd®[1]

Slynd® is a once-daily tablet taken consecutively for 28 days.

Stickers to label the day of the week the pack was started, are provided. The tablets should be taken in order, as directed on the blister pack and not missed.

If no other hormonal contraceptives have been used in the past month, the first tablet should be taken on the first day of menstrual bleeding. The tablets should be taken continuously and when a blister pack is finished, a new pack should be started without a break.



Explaining the 24+4

For the first 24 days, a white tablet should be taken. These contain active ingredients and should be taken at the same time each day. During the following 4 days, green tablets are provided which are inactive. These should still be taken each day.[1]

24 hour missed pill window

Slynd® is the only POP in the UK with a 24 hour missed pill window.[1,2]

If >24 hours late contraceptive protection may be reduced, and users need to be guided on what to do.[1]

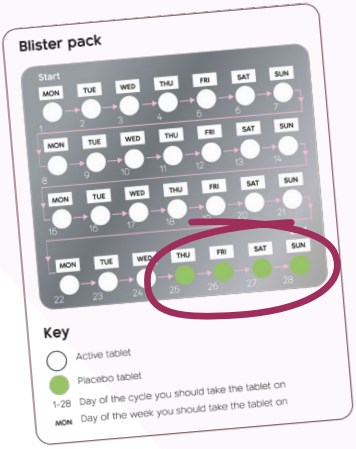
Missed pill guidance[1]

Missed any **white** (active tablet) between days 1-14 (first or second row):

Contraceptive protection may be reduced. A barrier method such as a condom should be considered for the next 7 days.

The missed tablet should be taken as soon as remembered, even if this means taking two tablets at the same time. Following this, tablets are taken at the usual time. If tablets were missed in the first week after initiation and intercourse took place in the week before the tablets were missed, the possibility of a pregnancy should be considered.

If tablets were missed between days 15-24 (third or fourth row) of pill taking, the risk of reduced reliability is imminent because of the forthcoming 4-day hormone-free interval (HFI). However, by adjusting the tablet intake schedule, reduced contraceptive protection can still be prevented. The last missed tablet should be taken as soon as remembered, even if this means taking two tablets at the same time. Then continue to take the active tablets at the usual time. Do not take the placebo pills and continue straight on to the next active blister pack.



Any **green** missed tablets between days 25-28 (fourth row) should be removed from the pack and not taken to ensure the HFI is not extended.

Tolerability

Slynd® has demonstrated an acceptable tolerability profile.[1]

Slynd® was generally well-tolerated by participants during clinical trials.

The most commonly reported adverse events (AEs) in long-term clinical trials of >9 cycles of treatment with Slynd® (2,700 women) were acne (3.8%), metrorrhagia (2.9%), headache (2.7%), and breast pain (2.2%).

Common AEs (≥1/100 to <1/10):

- Libido disorder
- Mood disturbances
- Headache
- Nausea
- Abdominal pain
- Acne
- Breast discomfort
- Metrorrhagia
- Vaginal haemorrhage
- Dysmenorrhoea
- Menstruation irregular
- Weight increase

Special warnings and precautions for use[1]

If any of the conditions/risk factors mentioned are present, the benefits of Slynd® should be weighed against the possible risks for each individual and discussed before starting Slynd®. In the event of aggravation, exacerbation, or first appearance of any of these conditions, the woman should contact her physician. The physician should then decide whether Slynd® use should be discontinued.

- Hyperkalaemia
- Circulatory disorders
- Loss of bone mineral density
- Breast cancer
- Other tumours
- Disturbances in liver function
- Hypertension
- Chloasma gravidarum
- Depressed mood
- Depression
- Suspected ectopic pregnancy (presenting with amenorrhoea or abdominal pain)
- Diabetic patients (particularly with vascular involvement)

Contraindications[1]

Slynd® should not be used in patients who have had or develop the following conditions:

- 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

For further information about AEs, contraindications, and special warnings and precautions for use, please consult the Slynd® Summary of Product Characteristics (SmPC).

Click HERE to learn more on the Exeltis Hub

This link will take you to a promotional website owned by Exeltis UK

Click HERE to view Slynd® (drospirenone) prescribing information

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App store. Adverse events should also be reported to Exeltis UK Limited by email to pharmacovigilance.uk@exeltis.co.uk

Abbreviations: AE, adverse event; FSRH, Faculty of Sexual and Reproductive Healthcare; HFI, hormone free interval; POP, progestogen-only pill; UKMEC, UK Medical Eligibility Criteria.

References:

1. Slynd® Summary of Product Characteristics.
2. FSRH Clinical Guidelines progestogen-only pills. 11/2022.
3. UK Medical Eligibility Criteria. For Contraceptive Use. 2016 (Amended 2019).
4. Palacios, S., *et al. BMC Women's Health.* 2020. 20:218.
5. Archer, D.F., *et al. Contraception.* 2015. 92:439-444.
6. Palacios, S., *et al. Arch Gynae Obs.* 2019. 300:1805-1812.
7. Palacios, S., *et al. PLOS ONE.* 2020. 15(6): e0231856.

Exeltis