YOUR GUIDE TO CONTRACEPTION WITH

Slinda®
(drospirenone 4 mg)

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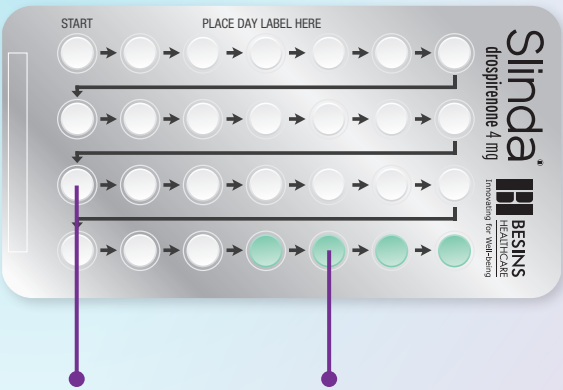
drospirenone 4 mg

BESINS HEALTHCARE
Innovating for Well-being

This booklet is intended for patients prescribed Slinda as oral contraception. It is designed to help your understanding of Slinda. It is not a substitute for talking to your healthcare professional.

Slinda is a contraceptive pill that is used to prevent pregnancy. It contains the active ingredient **drospirenone**.[1]

Each blister of Slinda contains 24 white tablets that contain drospirenone (also called active tablets) and 4 green tablets that do not contain the active ingredient (also called placebo tablets). The two differently coloured tablets are arranged in the order that they are designed to be taken.[1]



24 white active tablets

4 green inactive (or placebo) tablets

HOW DOES SLINDA WORK?[1-3]

The active ingredient in Slinda, drospirenone, is a female sex hormone that stops you becoming pregnant in multiple ways, including:

1. Preventing ovulation (release of an egg from your ovaries)
2. Thinning the endometrium (the lining of the uterus), to provide unfavourable conditions for implantation
3. Thickening the mucous lining the cervix, making it more difficult for sperm to enter

HOW EFFECTIVE IS SLINDA AT PREVENTING PREGNANCY?[1,2]

Slinda provides high contraceptive efficacy, similar to other common oral contraceptives available. When used correctly, Slinda is 99% effective at preventing pregnancy.

Taking Slinda

Take one tablet of Slinda every day with a little water if necessary.[1]

You may take the tablets with or without food.[1]

You must take the tablets everyday around the same time of the day so the interval between two tablets is always 24 hours.[1]

HOW TO TAKE SLINDA[1]

Each blister of Slinda contains 24 white active tablets and 4 green placebo tablets.

START HERE

and take your tablets every day in the correct order, following the direction of the arrows and sequence of numbers.

You should take a white active tablet for the first 24 days, then a green placebo tablet for the last 4 days.

Once you have taken all the tablets in the pack, you must then start a new pack straight away, without a break in daily tablet intake.

HELPING YOU KEEP TRACK[1]

To help you keep track, stickers, each with the 7 days of the week are provided in the pack.

Choose the sticker that starts with the day you begin taking the tablets and place it on the blister, so that the first day is above the tablet marked **"START"**. There will be a day indicated above every tablet, so you can easily see whether you have taken a certain pill on a particular day of the week.

See the following pages for advice on when to start Slinda, which will depend on whether you have been using another form of hormonal contraception, or if you are starting Slinda after a natural cycle.

Starting Slinda

How and when you should start Slinda depends on whether you are starting after a natural cycle, or switching from another hormonal contraceptive method.

IF YOU HAVE NOT USED A HORMONAL CONTRACEPTIVE

in the previous month[1]

Start Slinda on the first day of your period

If you are starting Slinda after a natural cycle, begin on the first day of your period. When doing so, you are immediately protected against pregnancy and **you do not need to use extra protective measures such as a condom.**

If you start Slinda on days 2 to 5 of your period, you must use extra protective measures such as a condom until you have taken 7 white active tablets.

AFTER SWITCHING FROM

a combined pill, vaginal ring or transdermal patch[1]

Option 1: No additional contraception needed

You should start Slinda on the day:

- after the last active tablet (the last tablet containing the active substances) of your previous pill; or
- on the day of removal of your vaginal ring; or
- on the day of removal of your transdermal patch.

This means no tablet, ring or patch-free break.

If you follow these instructions, no additional contraceptive precautions are necessary.

Option 2: Use additional contraception for 7 days

You can also start Slinda, at the latest, on the day following either:

- the placebo interval of your present contraceptive tablet; or
- the hormone-free interval following removal of your vaginal ring or a patch-free break.

In these cases, make sure you use an additional barrier method of contraception for the first 7 days of taking Slinda.

AFTER SWITCHING FROM

another progestogen-only pill (POP)[1]

You may switch any day from another POP and start taking Slinda the next day. Additional contraceptive precautions are not necessary.

AFTER SWITCHING FROM

a progestogen-only-injection or implant or from a progestogen-releasing intrauterine system (IUS)[1]

You should start Slinda the day when the next injection is due or on the day that your implant or your IUS is removed. Additional contraceptive precautions are not necessary.

AFTER HAVING A BABY[1]

You can start Slinda any day between day 21 to 28 after having your baby.

If you start later than day 28, but before the menstruation has returned, you must be sure you are not pregnant and you must use a barrier method such as a condom until you have completed the first 7 days of tablet-taking.

If you forget to take Slinda

If you are less than 24 hours late in taking any white active tablet, contraceptive protection is not reduced. You should take the tablet as soon as you remember and should take further tablets at the usual time.

If you are more than 24 hours late in taking any white active tablet, take the missed tablet as soon as it is remembered even if this means taking two tablets at the same time, and refer to the following pages for further instructions. Refer to page 19 for a quick-reference guide.

The more consecutive tablets you have missed, the higher the risk that the contraceptive effectiveness of Slinda is decreased.

INSTRUCTIONS FOR A MISSED PILL

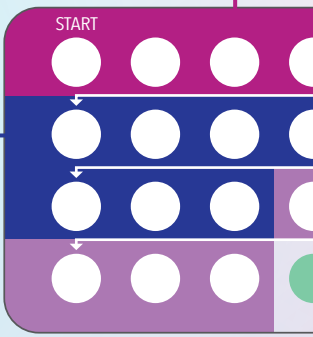
if more than 24 hours has passed[1]

Days 1–7 of your cycle

Take the missed pill as soon as you remember, even if it means taking two pills at the same time. Continue taking pills as normal and use additional contraception for 7 days.

Days 8–17 of your cycle

Take the missed pill as soon as you remember, even if it means taking two pills at the same time. Continue taking pills as normal.



- If you have taken your pills correctly in the previous 7 days, no additional contraception is required.
- If you have missed more than one pill in the last 7 days, use additional contraception* until you have taken 7 days of uninterrupted white active pills.

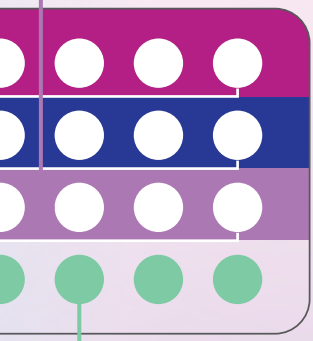
*A barrier method of contraception (e.g. condom).

Refer to page 19 for a quick summary of these missed pill instructions

Days 18–24 of your cycle

Finish taking the white pills as normal, then skip the green pills and immediately start the white pills in the next pack.

- If you have taken your pills correctly in the previous 7 days, no additional contraception is required.
- If you have missed more than one pill in the last 7 days, use additional contraception until you have taken 7 days of uninterrupted white pills.



NOTE: If you have missed tablets and you do not experience a withdrawal bleed in the placebo tablet interval, the possibility of pregnancy should be considered.

Days 25–28 of your cycle

The last 4 green tablets in the 4th row of the strip are the placebo tablets. If you forget one of these tablets, this has no effect on the reliability of Slinda. Throw away the forgotten placebo tablet.

Refer to the Consumer Medicine Information, available at **besins-healthcare.com.au/patients** for further advice regarding missed pills.

Vomiting and severe diarrhoea[1]

If you vomit or have severe diarrhoea, there is a risk that the active substance in the pill will not be fully absorbed by your body, the situation is almost the same as forgetting a tablet. In these cases, an additional method of contraception may be needed, and you should ask your doctor for advice.

FAQs

Are there any side effects with Slinda?[1,2]

Most women can take Slinda without side effects.

If you do experience any side effects, most of them are minor and temporary. However, some side effects may need medical attention.

Less serious side effects may include changes in your reproductive system (e.g. changes in bleeding patterns), difficulty thinking or working (e.g. due to headache or fatigue), and changes to the skin or hair (e.g. rash, acne). Others may show up in blood tests. Speak to your doctor if you have any side effects and they worry you.

Please ensure you read the Slinda Consumer Medicine Information available at ***besins-healthcare.com.au/patients*** *(or using the QR code below) for a full list of possible side effects. Tell your doctor or pharmacist if you notice anything else that may be making you feel unwell.*

Can anyone take Slinda?[1,2]

Most women can safely take Slinda.

Slinda can't be taken if you have certain medical conditions. These include, but are not limited to: an allergy to any of the ingredients in Slinda, including lactose; a blood clot in the legs, lungs or other organs; liver disease; kidney failure; certain types of cancer that are sensitive to sex-steroids; and unexplained vaginal bleeding.

Do not take Slinda if you are pregnant or you think you might be pregnant.

Your doctor is fully aware of all of the reasons why a woman should not take Slinda and will have assessed you to see if the medicine is appropriate. If you are unsure whether you should take Slinda, talk to your doctor.

Can you take Slinda while breastfeeding?[1,2,6]

Slinda can be used safely by breastfeeding mothers. No effects on breastfed newborns or infants are anticipated.

Can you take Slinda with other medicines?[1]

Tell your doctor or pharmacist if you are taking any other medicines, including any medicines, vitamins or supplements that you buy without a prescription from your pharmacy, supermarket or health food shop.

Some medicines may interfere with Slinda and affect how it works. Slinda may also influence the effect of other medicines, causing either an increase or decrease in effect.

Your doctor will know what medicines you need to be careful with or avoid while taking Slinda. You can also refer to the Consumer Medicine Information available at **besins-healthcare.com.au/patients** (or using the QR code below) for a list of medicines that may interact with Slinda.

Check with your doctor or pharmacist if you are not sure about what medicines, vitamins or supplements you are taking and if these affect Slinda.

Will Slinda affect your bleeding patterns?[1,2,4]

As with all contraceptive pills, Slinda may cause changes in your bleeding patterns, including breakthrough bleeding and irregular bleeding. This may require the use of sanitary protection, or may only occur as light spotting. You may also have no bleeding at all.

If you experience breakthrough or irregular bleeding while taking Slinda, you should continue to take your tablets as normal, without interruption. In general, bleeding with Slinda decreases the longer you continue taking it.

Over time, most women find that they bleed for a shorter time and not as heavily while taking Slinda. In fact, after 12 months of use, nearly half of women have no bleeding at all.

If you have no period or bleeding, are you pregnant?[1,4]

If you are taking Slinda correctly and have not had any vomiting or diarrhoea, it is unlikely that you are pregnant. One in 10 women report no period or bleeding during the first cycle of Slinda. By 12 months, nearly half of women experience no period or bleeding. If you are concerned, you should talk to your doctor.

How does Slinda compare with other common contraceptive pills?[1,5-7]

The contraceptive pill most commonly used by Australian women is called the **combined oral contraceptive pill, which contains two hormones: an estrogen and a progestogen.** While combined oral contraceptives are very effective with correct use, they may not be appropriate for women with some common conditions, like migraines, obesity and women with risk factors for cardiovascular disease. Combined oral contraceptives are also not suitable until 6 weeks postpartum for breastfeeding mothers.

Slinda is a different type of oral contraceptive that only contains one hormone – the progestogen called drospirenone. This means it doesn't contain any estrogen hormone. With similar contraceptive effectiveness to combined oral contraceptives, Slinda can be used by women who do not tolerate or are not suitable for estrogen containing pills.

Will Slinda make you gain weight?[2,6,7]

Most women can take Slinda without gaining weight. In clinical studies, Slinda had a neutral effect on body weight.

Is there a risk of blood clots with Slinda?[1,2,6,7]

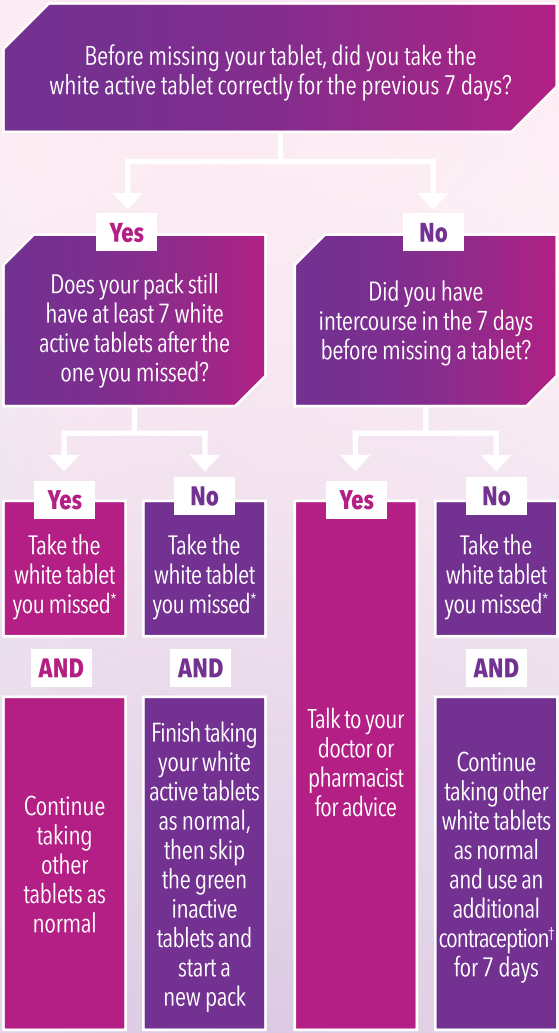
While there may be a slightly increased risk of blood clots with progestogen-only pills, there were no reports of blood clots with Slinda in clinical studies. In fact, Slinda can be safely used in women who have a family history of blood clots (e.g. in a sibling or parent), and in women who have risk factors for blood clots (e.g. with increasing age, obesity, high blood pressure, smoking).

Will Slinda affect your future fertility?[6]

Progestogen-only pills like Slinda are easily reversible. If you wish to become pregnant, simply stop taking Slinda.

WHAT SHOULD YOU DO

if you missed a tablet more than 24 hours ago?[1]



*Take the missed tablet straight away, even if it means taking two tablets at the same time. †A barrier method (e.g. condom). Refer to the Consumer Medicine Information. NOTE: If you have missed tablets and you do not experience a withdrawal bleed in the placebo tablet interval, the possibility of pregnancy should be considered.

MORE INFORMATION

Ask your doctor if you have any questions about Slinda or if you have any concerns before, during or after taking Slinda.

Further details can also be found in the Consumer Medicine Information (CMI) available from your doctor, pharmacist or **besins-healthcare.com.au/patients**

References: 1. Slinda® (drospirenone 4 mg) Consumer Medicine Information. **2.** Slinda® (drospirenone 4 mg) Product Information, accessed July 2021. **3.** Regidor PA. *Oncotarget* 2018;9(77):34628–38. **4.** Exceltis Data on File. Clinical Study 301. **5.** Stewart M & Black K. *Aust Prescr* 2015;38(1):6–11. **6.** Family Planning New South Wales, Family Planning Victoria and True Relationships and Reproductive Health. Contraception: An Australian Clinical Practice Handbook, 4th edition. Ashfield NSW, 2016. **7.** Palacios S *et al. Eur J Contracept Reprod Health Care* 2020;25(3):221-27.

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