PATIENT GROUP DIRECTION (PGD)

Supply of a progestogen only contraceptive pill (POP) by Community Pharmacists and pharmacy technicians in England working in a pharmacy registered to provide the NHS Pharmacy Contraception Service

Version 3.0

Change History	
Version and Date	**Change details**
Version 1 1 April 2023	PGD approved
Version 2.0 1 December 2023	Update to include initiation of oral contraception
Version 3.0 20 June 2025	Included pharmacy technicians as an additional professional group. Updated Short Life Working Group Revised content with Drospirenone information now UK product is available. Expanded on other POP active ingredients to distinguish. Added note regarding low risk of breast cancer. Updated short life working group (SLWG) members. Added statement on advice when used in combination with GLP-1 agonists. Clarification of quantity to be supplied for ongoing supplies

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Version: 3.0

Valid from: 29 October 2025
Review date: September 2028
Expiry date: 28 February 2029

	Added statement on depressed mood and depression in written information and further advice to be given to individual. Added statement on advice on desogestrel and risk of meningioma. Updated references. Update to amend Annex B. Updated to reflect change of status from Faculty of Sexual Reproductive Healthcare to College of Sexual Reproductive Healthcare

This Patient Group Direction (PGD) must only be used by pharmacists and pharmacy technicians who have been named and authorised by their organisation to practise under it (See Appendix A). The most recent and in date final signed version of the PGD must be used.

PGD DEVELOPMENT GROUP

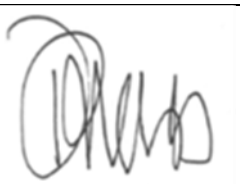
Date PGD template comes into effect:	29 October 2025
Review date	September 2028
Expiry date:	28 February 2029

This PGD template has been peer reviewed by the Reproductive Health PGDs Short Life Working Group in accordance with their Terms of Reference. It was approved by the Faculty of Sexual and Reproductive Healthcare (FSRH) in November 2022.

The Faculty of Sexual and Reproductive Healthcare (FSRH) has now changed its name to the College of Sexual and Reproductive Healthcare (CoSRH). Some pages and documents will continue to display the FSRH name. Where you see FSRH, this refers to CoSRH.

Name	Designation
Dr Cindy Farmer	Vice President, Professional Learning and Development College of Sexual and Reproductive Healthcare (CoSRH)
Michelle Jenkins	Advanced Nurse Practitioner, Clinical Standards Committee College of Sexual and Reproductive Healthcare (CoSRH)
Vicky Garner	Consultant Midwife British Pregnancy Advisory Service (BPAS)
Julia Hogan	Clinical Nurse Specialist
Kate Devonport	National Unplanned Pregnancy Advisory Service (NUPAS)
Chetna Parmar	Pharmacist adviser, Umbrella
Heather Randle	Royal College of Nursing (RCN)
Carmel Lloyd	Royal College of Midwives (RCM)
Clare Livingstone	Royal College of Midwives (RCM)
Kirsty Armstrong	National Pharmacy Integration Lead, NHS England
Dipti Patel	Local authority pharmacist
Emma Anderson	Centre for Pharmacy Postgraduate Education (CPPE)
Alison Crompton	Community pharmacist
Lisa Knight	Community Health Services pharmacist
Bola Sotubo	North East London ICB pharmacist
Sim Sesane	CASH Nurse Consultant, MSI Reproductive Choices
Portia Jackson	Lead Pharmacist iCaSH, Cambridgeshire Community Services
Tracy Rogers	Director, Medicines Use and Safety, Specialist Pharmacy Service
Sandra Wolper	Associate Director, Specialist Pharmacy Service
Jo Jenkins	Lead Pharmacist PGDs and Medicine Mechanisms, Specialist Pharmacy Service
Rosie Furner (Working Group Co-ordinator)	Specialist Pharmacist – Medicines Governance, Medicines Use and Safety, Specialist Pharmacy Service

ORGANISATIONAL AUTHORISATIONS

Name	Job title and organisation	Signature	Date
Senior doctor **Claire Fuller**	National Medical Director, NHS England		20/06/2025
Senior pharmacist **David Webb**	Chief Pharmaceutical Officer, NHS England		20/06/2025
Person signing on behalf of authorising body **David Webb**	Chief Pharmaceutical Officer, NHS England		20/06/2025

PGDs do not remove inherent professional obligations or accountability. It is the responsibility of each pharmacist or pharmacy technician to practice only within the bounds of their own competence and in accordance with their own Code of Professional Conduct. Individual pharmacists or pharmacy technicians must declare that they have read and understood the Patient Group Direction and agree to supply medication(s) listed only in accordance with the PGD.

1. Characteristics of staff

Qualifications and professional registration	GPhC registered pharmacist or pharmacy technician able to practise under Patient Group Directions (PGDs).
Initial training	The pharmacist or pharmacy technician authorised to operate under this PGD must have undertaken appropriate education and training and be competent to undertake clinical assessment of individuals ensuring safe provision of the medicines listed in accordance with the specification. To deliver this service, the pharmacist or pharmacy technician should have evidence of competence in the clinical skills and knowledge covered in the CPPE and/or the NHS England e-learning for healthcare (elfh) modules listed in the **NHS Pharmacy Contraception service specification.** The healthcare professional has completed training and is up to date with service requirements for safeguarding children and vulnerable adults.
Competency assessment	• Pharmacists and pharmacy technicians operating under this PGD must have declared their competence and must be authorised by a manager within their organisation to provide the service (see **Appendix A**). • Pharmacists and pharmacy technicians operating under this PGD are encouraged to review their competency using appropriate competency framework tools, such as the **NICE Competency framework: For health professionals using patient group directions**.
Ongoing training and competency	• Pharmacists and pharmacy technicians operating under this PGD are personally responsible for ensuring they remain up to date with the use of all medicines and guidance included in the PGD - if any training needs are identified these should be addressed and further training undertaken, as required.
The decision to supply any medication rests with the individual pharmacist or pharmacy technician who must abide by the PGD and any associated organisational policies.	

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2. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	• This PGD applies to the NHS Pharmacy Contraception Service only:
	  ○ Initiation of oral contraception for contraceptive purposes
	  ○ Review and ongoing supply of oral contraception for contraceptive purposes where previously initiated in primary care or sexual health clinics (or equivalent).

Criteria for inclusion	• Individual presenting for:
	  ○ Initiation of first-time oral contraception
	  ○ Initiation of oral contraception after a pill free break
	  ○ Initiation of a new (to the individual) oral contraceptive
	  ○ Ongoing supply of their current oral contraception
	
	And who meet the following age criteria:
	
	• Norethisterone, Levonorgestrel and Desogestrel - from menarche up to and including 54 years.
	• Drospirenone - from menarche up to and including 49 years.

Criteria for exclusion	• Individuals under 16 years of age and assessed as not competent using Fraser Guidelines. • Individuals 16 years of age and over and assessed as lacking capacity to consent. • Drospirenone – 50 years or older • Norethisterone, Levonorgestrel and Desogestrel - 55 years and over • Established pregnancy. Note – risk of pregnancy with a negative pregnancy test is not an exclusion. • Known hypersensitivity to the active ingredient or to any constituent of the product - see Summary of Product Characteristics (SPC). • Acute porphyria. • **Desogestrel containing products** – individuals with a meningioma or a history of meningioma.

	Cardiovascular Disease • Current or past history of ischemic heart disease, vascular disease, stroke, or transient ischemic attack (first attack only) if taking the method when the event occurred. **Cancers** • Current or past history of breast cancer. • Malignant liver tumour (hepatocellular carcinoma). **Gastro-intestinal conditions** • Severe decompensate cirrhosis. • Benign liver tumour (hepatocellular adenoma). • Any bariatric or other surgery resulting in malabsorption. **Drospirenone only** • Individuals with known hyperkalaemia or hypoaldosteronism (e.g, Addison's disease). • Individuals currently taking potassium-sparing diuretics, aldosterone antagonists or potassium supplements (including OTC). • Known or suspected severe hepatic disease with deranged liver function values. • Known renal impairment (all stages) or acute renal failure. • Known or suspected sex-steroid sensitive malignancies. • Undiagnosed vaginal bleeding • Individuals with Diabetes **Medicines** • Individuals using enzyme-inducing drugs/herbal products or within 4 weeks of stopping them. • Individuals taking any interacting medicines (other than enzyme inducers) including medicines or herbal products purchased – see current British National

	Formulary (BNF) www.bnf.org or individual product SPC http://www.medicines.org.uk.
Cautions including any relevant action to be taken	• If the individual is less than 16 years of age, an assessment based on Fraser guidelines must be made and documented. • If the individual is less than 13 years of age, the pharmacist should speak to the local safeguarding lead and follow the local safeguarding policy. • If there are reasons to believe an individual aged 16 or over lacks capacity, an assessment of capacity to consent should be conducted and recorded in their notes. Particular consideration should be given to any concern of sexual assault or sexual violence in vulnerable adults. • Discuss with an appropriate medical/independent non-medical prescriber any medical condition or medication of which the pharmacist is unsure or uncertain. • Consideration should be given to the current disease status of those with severe malabsorption syndromes, such as acute/active inflammatory bowel disease or Crohn's disease. Although the use of POP is not contraindicated, it may be less effective and, so, these individuals should be advised to consider Long-Acting Reversible Contraception (LARC). • Individuals should be advised that it is possible that medications that induce diarrhoea and/or vomiting (e.g. orlistat, laxatives, GLP-1 agonists) could reduce the effectiveness of POP. • Individuals receiving GLP-1 agonists must use effective contraception. Note some GLP-1 agonists may reduce the effectiveness of oral contraception and additional barrier methods are recommended - refer to SmPC and CoSRH advice regarding GLP 1 agonists and contraception. Provide CoSRH patient information leaflet (PIL). • **The option of LARC should be discussed with all individuals, in particular those with medical conditions for whom pregnancy presents an unacceptable risk and those on a pregnancy prevention plan. If this option is accepted,**

	individuals should be signposted to where they can access LARC. • **If an individual is known to be taking a medication which is known to be harmful to pregnancy, a highly effective form of contraception is recommended. Highly effective methods include the LARC methods: intrauterine device, intrauterine system, and implant. If a LARC method is unacceptable/unsuitable and a POP is chosen, then an additional barrier method of contraception is advised. See CoSRH advice.**
Action to be taken if the individual is excluded or declines treatment	• Explain the reasons for exclusion to the individual and document in the clinical record. • Record reason for declining treatment in the clinical record. • Where required, refer the individual to a suitable health service provider, if appropriate, and/or provide them with information about further options.

3. Description of treatment

Name, strength & formulation of drug	• See Appendix B • This PGD does not restrict which brands can be supplied –local formularies/restrictions should be referred to. Please refer to your local integrated care board (ICB) formulary for further information. • Some desogestrel products contain excipients containing soya/nut – awareness of allergy may be required depending on product offered. • See http://www.mhra.gov.uk/spc-pil/ or http://www.medicines.org.uk for further information and further brand information including full details of adverse effects and interactions.
Legal category	POM
Route of administration	Oral
Off label use	Best practice advice is given by the CoSRH and is used for guidance in this PGD and may vary from the SPC.

	This PGD includes inclusion criteria and exclusion criteria which are outside the market authorisation for many of the available products, but which are included within CoSRH guidance. Medicines should be stored according to the conditions detailed in the manufacturers' guidelines. However, in the event of an inadvertent or unavoidable deviation of these conditions, the Responsible Pharmacist must be consulted. Where medicines have been assessed by the Responsible Pharmacist in accordance with national or specific product recommendations, as appropriate, for continued use, this would constitute off-label administration under this PGD. The responsibility for the decision to release the affected medicines for use lies with the Responsible Pharmacist. Where a medicine is recommended for off-label use, consider, as part of the consent process, informing the individual/parent/carer that the medicine is being offered in accordance with national guidance but that this is outside the product licence.
Dose and frequency of administration	• Single tablet taken at the same time each day starting on day 1-5 of the menstrual cycle (must be day 1 for Drospirenone) with no need for additional protection. • The POP can be started at any time after day 5 if it is reasonably certain that the individual is not pregnant. Additional precautions are then required for 48 hours (7 days for Drospirenone) after starting and advise to have follow up pregnancy test at 21 days (see below for Drospirenone). • When starting or restarting the POP as quick start after levonorgestrel emergency contraception, additional contraception is required for 48 hours (7 days for Drospirenone). • In line with CoSRH guidance, individuals using hormonal contraception should delay restarting their regular contraception for 5 days following ulipristal acetate use. Avoidance of pregnancy risk (i.e. use of condoms or abstain from intercourse) should be advised until fully effective.

	• For guidance on changing from one contraceptive method to another, and when to start after an abortion and postpartum, refer to CoSRH guidelines. **Drospirenone** • Drospirenone is started on 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. • Drospirenone is taken in a continuous cycle of 24 consecutive daily 4mg pills followed by four inactive pills (a 4-day hormone-free interval) • CoSRH recommendations on starting and switching to or from Drospirenone and missed pill rules/requirement for emergency contraception differ between Drospirenone and other POPs. **See CoSRH guidance.**
Duration of treatment	• For as long as the individual requires POP, meets the inclusion criteria, and has no contraindications to the use of POP.
Quantity to be supplied	• Initiation - **Supply up to three months** in appropriately labelled original packs. • Ongoing supply - **Supply up to twelve months** in appropriately labelled original packs. **A minimum of six months** should be supplied unless there are clinical reasons not to. Such reasons should be documented in the individual's clinical record.
Drug interactions	All concurrent medications and herbal products, including those purchased should be considered for interactions. A detailed list of drug interactions is available in the individual product SPC, which is available from the electronic Medicines Compendium website **www.medicines.org.uk,** the BNF **www.bnf.org** Refer also to **CoSRH guidance on drug interactions with hormonal contraception** **Drospirenone** • Avoid potassium sparing agents and aldosterone antagonists, or potassium supplements (including OTC) due to risk of hyperkalaemia with concomitant use of Drospirenone.

	• Individuals using a multivitamin/dietary supplement containing potassium may wish to consider changing to a non-potassium containing product if clinically appropriate. • Avoid grapefruit or grapefruit juice while taking Drospirenone.
Identification & management of adverse reactions	A detailed list of adverse reactions is available in the SPC, which is available from the electronic Medicines Compendium website: www.medicines.org.uk and BNF www.bnf.org. The following possible adverse effects are commonly reported with POP (but may not reflect all reported adverse effects): • Acne • Breast tenderness • Headache • Disturbance of bleeding patterns • Changes in mood/libido • Weight change **Drospirenone** • Hyperkalaemia
Management of and reporting procedure for adverse reactions	• Record all adverse drug reactions (ADRs) in the individual's medical record. • Healthcare professionals and individuals/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme: http://yellowcard.mhra.gov.uk.
Management of and reporting procedure for patient safety incidents	• The pharmacy is required to report any patient safety incidents in line with the https://www.gov.uk/government/publications/clinical-governance-approved-particulars.
Written information and further advice to be given to individual	• Provide a patient information leaflet (PIL) with the original pack. • Individuals should be informed about the superior effectiveness of LARC. • Explain mode of action, side effects, and benefits of the medicine.

	• Advise on action if the individual vomits within two hours (three to four hours for Drospirenone) of taking the pill or in cases of prolonged vomiting or severe diarrhoea. See CoSRH guidance. • Advise on missed pills (missed pills; 12 hours after normal administration time for Desogestrel; 24 hours for Drospirenone and three hours after normal administration time for all other POPs). See CoSRH guidance. • Avoid grapefruit or grapefruit juice while taking Drospirenone. **(Drospirenone only.)** • Provide CoSRH PIL on GLP-1 agonists and contraception as appropriate (see Cautions). • Advise on risks of the medication, including failure rates and serious side effects and the actions to be taken. • Advise that risk of any pregnancy is low during use of effective contraception. Of pregnancies that occur during use of the traditional POP, 1 in 10 may be ectopic. • Individuals should be advised that current use of progestogen-only contraceptives is associated with a small increased risk of breast cancer which reduces with time after stopping. • Depressed mood and depression are well-known reported undesirable effects of hormonal contraceptive use. Depression can be serious and is a well-known risk factor for suicidal behaviour and suicide. Women should be advised to speak to the pharmacist or pharmacy technician where medication was initiated by the pharmacy, or their general practice in case of mood changes and depressive symptoms, appearing shortly after initiation of the treatment. • Recommend the use of condoms and offer advice on safer sex practices and possible need for screening for sexually transmitted infections (STIs), where appropriate. • Ensure the individual has contact details of any appropriate local services/sexual health services. • Advise the individual to seek advice from a pharmacist, doctor, or other prescriber before starting

	any new medications or herbal products, including those purchased.
Advice / follow up treatment	• The individual should be advised to seek medical advice in the event of an adverse reaction. • The individual should seek further advice if they have any concerns. • The individual should be advised on how to obtain future supplies.

Records	**Record:**
	• The consent of the individual and
	  ○ If individual is under 13 years of age, record action taken.
	  ○ If individual is under 16 years of age, document capacity using Fraser guidelines. If not competent, record action taken.
	  ○ If individual is 16 years of age or over and not competent, record action taken.
	• Name of individual, address, date of birth.
	• GP contact details where appropriate.
	• Service provided – Initiation or ongoing supply of oral contraception
	• Relevant past and present medical and sexual history, medication history (to include over the counter, herbal medications, supplements and recreational drug use) and family history.
	• Any known allergies and nature of reaction.
	• Name and registration number of pharmacist or pharmacy technician.
	• Name of medication supplied.
	• Date of supply.
	• Dose amount.
	• Quantity supplied.
	• Advice given, including advice given if excluded or declines treatment.
	• Details of any adverse drug reactions and actions taken.
	• Advice given about the medication, including side effects, benefits, and when and what to do if any concerns including advice given if excluded or declines treatment.
	• Any follow up or referral arrangements made.

	• Any supply outside the terms of the product marketing authorisation. • Recorded that supply is via PGD. Records should be signed and dated (or be a password-controlled e-record) and securely kept for a defined period in line with the specification. All records should be clear, legible, and contemporaneous. A record of all individuals receiving treatment under this PGD should also be kept for audit purposes in accordance with the specification.

4. Key references

Key references (accessed January 2024, March 2025)	• NHS Pharmacy Contraception Service https://www.england.nhs.uk/primary-care/pharmacy/pharmacy-services/nhs-pharmacy-contraception-service/ • Electronic Medicines Compendium http://www.medicines.org.uk/ • Electronic BNF https://bnf.nice.org.uk/ • NICE Medicines practice guideline "Patient Group Directions" https://www.nice.org.uk/guidance/mpg2 • Fraser guidelines https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines#skip-to-content • FSRH Clinical Guideline: Progestogen-only Pills (August 2022, Amended July 2023) https://www.cosrh.org/Public/Documents/ceu-guideline-progestogen-only-pills.aspx • FSRH CEU Guidance: Drug Interactions with Hormonal Contraception (May 2022)

	https://cosrh.org/Public/Documents/ceu-clinical-guidance-drug-interactions-with-hormonal.aspx • FSRH Clinical Guideline: Combined Hormonal Contraception (January 2019, Amended October 2023) https://www.cosrh.org/Public/Documents/fsrh-guideline-combined-hormonal-contraception.aspx • UK Medical Eligibility Criteria for Contraceptive Use (UKMEC). (April 2016, Amended September 2019) https://www.cosrh.org/Public/Public/Standards-and-Guidance/uk-medical-eligibility-criteria-for-contraceptive-use-ukmec.aspx?hkey=e1816a9c-d7b1-4c64-8130-f6c013b1149a • FSRH Clinical Guideline: Quick Starting Contraception (April 2017) https://www.cosrh.org/Public/Documents/fsrh-clinical-guidance-quick-starting-contraception-april-2017.aspx • FSRH CEU statement: Drospirenone Progestogen-only Pill (DRSP POP) (Jan 2024) https://www.cosrh.org/Public/Public/Documents/fsrh-ceu-statement-drospirenone-progestogen-only-pill-drsp-pop.aspx • FSRH response to new study on use of CHC and POP and breast cancer risk (March 2023). https://www.cosrh.org/Public/Documents/response-to-study-on-use-of-chc-and-poc-and-breast-cancer.aspx • FSRH statement: Glucagon-like peptide-1 (GLP-1) agonists and oral contraception (February 2025) https://www.cosrh.org/Public/Public/Documents/FSRH-statement-Glucagon-like-peptide-1-agonists-and-oral-contraception-Feb-2025.aspx • FSRH Patient Information Leaflet on Glucagon-like peptide-1 (GLP-1) agonists and oral contraception (February 2025) https://www.cosrh.org/Public/Public/Documents/FSRH-statement-Glucagon-like-peptide-1-agonists-and-oral-contraception-Feb-2025.aspx

	• · FSRH CEU statement: Use of desogestrel and risk of intracranial meningioma (July 2025) • https://www.cosrh.org/Common/Uploaded%20files/documents/Use-of-desogestrel-and-risk-of-intracranial-meningioma.pdf

Appendix A – Registered pharmacist and pharmacy technician authorisation sheet

PGD progestogen only contraceptive pill (POP) Version 3.0

Valid from: 29 October 2025 **Expiry: 28 February 2029**

Before signing this PGD, check that the document has had the necessary authorisations. Without these, this PGD is not lawfully valid.

Registered pharmacist or pharmacy technician

By signing this PGD, you are indicating that you agree to its contents and that you will work within it.

PGDs do not remove inherent professional obligations or accountability.

It is the responsibility of each pharmacist or pharmacy technician to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this PGD and that I am willing and competent to work to it within my professional code of conduct.			
Name	**Designation**	**Signature**	**Date**

Publication reference: PRN02207
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Authorising manager

I confirm that the registered pharmacists and pharmacy technicians named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of insert name of organisation for the above-named pharmacists who have signed the PGD to work under it.			
Name	**Designation**	**Signature**	**Date**

Note to authorising manager

Score through unused rows in the list of pharmacists and pharmacy technicians to prevent additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those pharmacists and pharmacy technicians authorised to work under this PGD.

Appendix B – Name, strength & formulation of drug

Any progestogen only contraceptive preparation listed in the British National Formulary (BNF) can be supplied under this PGD. This includes, but may not be limited to the following:

VMP/AMP Name	VMP/AMP Snomed Code	VMPP/AMPP Snomed Code	Supplier Name
Desogestrel 75microgram tablets	**41874011000001104**	**3410511000001107**	
Cerazette 75microgram tablets	3411311000001106	3411611000001101	Organon Pharma (UK) Ltd
Cerelle 75microgram tablets	22263411000001107	22263511000001106	Gedeon Richter (UK) Ltd
Desogestrel 75microgram tablets	21695811000001107	21695911000001102	Alliance Healthcare (Distribution) Ltd
Desogestrel 75microgram tablets	21732311000001109	21732411000001102	A A H Pharmaceuticals Ltd
Desogestrel 75microgram tablets	29760711000001107	29760811000001104	Zentiva Pharma UK Ltd
Desogestrel 75microgram tablets	29802211000001102	29802411000001103	Sigma Pharmaceuticals Plc
Desogestrel 75microgram tablets	34551611000001104	34551711000001108	Crescent Pharma Ltd
Desogestrel 75microgram tablets	35102211000001103	35102311000001106	Lupin Healthcare (UK) Ltd
Desogestrel 75microgram tablets	38829211000001101	38829311000001109	Morningside Healthcare Ltd
Desogestrel 75microgram tablets	38867011000001109	38867111000001105	Medihealth (Northern) Ltd
Desogestrel 75microgram tablets	41436811000001109	41436911000001104	Key Pharmaceuticals Ltd
Desomono 75microgram tablets	22502911000001100	22503011000001108	Genesis Pharmaceuticals Ltd
Desorex 75microgram tablets	21706911000001101	21707011000001102	Somex Pharma
Lovima 75microgram tablets	42331511000001106	42331811000001109	Maxwellia Ltd
Lovima 75microgram tablets	42331511000001106	42331711000001101	Maxwellia Ltd
Zelleta 75microgram tablets	23269711000001105	23269811000001102	Morningside Healthcare Ltd
Drospirenone 4mg tablets	**42410211000001104**	**42407211000001102**	

VMP/AMP Name	VMP/AMP Snomed Code	VMPP/AMPP Snomed Code	Supplier Name
Slynd 4mg tablets	42407311000001105	42407411000001103	Exeltis UK Ltd
Levonorgestrel 30microgram tablets	**41878811000001102**	**982011000001106**	
Norgeston 30microgram tablets	221011000001108	1930011000001102	Bayer Plc
Norethisterone 350microgram tablets	**41880611000001105**	**1313211000001103**	
Noriday 350microgram tablets	167411000001104	1843411000001105	Pfizer Ltd