



Proposal for Aligning Oral Contraceptive Prescribing Formularies Across South Yorkshire

Access to oral contraception (OC) across South Yorkshire is delivered through multiple prescribing settings, including general practice, wider primary care services, and community pharmacies. As services such as the Pharmacy Contraception Service (PCS) continue to expand, it is essential that prescribing and supply decisions across all settings remain consistent, clinically appropriate, and aligned with South Yorkshire Integrated Care Board (ICB) medicines optimisation principles.

Although the national Patient Group Direction (PGD) for the PCS allows flexibility in brand selection and does not explicitly restrict which oral contraceptive products may be supplied, it clearly states that local prescribing guidance must be followed. This expectation applies equally to prescribing and supply decisions across South Yorkshire, regardless of care setting, to ensure a consistent and safe approach to oral contraception provision. The PGD states:

“Local formularies/restrictions should be referred to. Please refer to your local integrated care board (ICB) formulary for further information.”

Rationale for Proposal to Align Formularies Across South Yorkshire

Currently, differences between Sheffield, Barnsley, Rotherham, and Doncaster formularies can create uncertainty and unintended variation in prescribing practice. By developing a consistent approach to preferred and first-line oral contraceptives across the SY footprint, we aim to:

- **Simplify decision-making** for pharmacists delivering the PCS
- **Reduce unwarranted variation** in product selection
- **Ensure best-value prescribing**, especially for combined oral contraceptives and progestogen-only pills
- **Enhance compliance with the PGD requirement** to follow local restrictions

This alignment will also help address the increasing number of cases where branded oral contraceptive products have been supplied despite not being listed within local preferred choices. These instances, while often well-intentioned, highlight the need for clearer, standardised guidance to support appropriate product selection.



Proposed Contraception Service Formulary

To support a consistent approach, formularies from all four South Yorkshire places were reviewed and compared with the aim of developing a single unified formulary for implementation across South Yorkshire.

This process involved:

- Identifying areas of similarity:**
 There was a high level of consistency across local formularies. In cases where two or more places recommended the same product or class, these were adopted as the majority position within the unified formulary.
- Handling areas of variation:**
 Where differences existed between places, the NHS indicative price was obtained and used to inform decisions.
- Mitigating supply issues:**
 A second-line option was included to account for instances of out-of-stock products. These alternatives were selected based on the NHS indicative price (April 2026) to ensure cost-effective and continuous supply.

Combined Oral Contraceptives (COCs)

Type of Preparation	Oestrogen content	Progestogen content	FIRST LINE	SECOND LINE
Low strength 21-day preparations	Ethinylestradiol 20micrograms	Desogestrel 150micrograms	Gedarel® 20/150	Bimizza® 150/20
		Gestodene 75micrograms	Millinette® 20/75	Akizza® 75/20
24 active and 4 placebo tablets		Drospirenone 3mg (see note below*)	Eloine®	No second choice
Standard strength 21-day preparations	Ethinylestradiol 30micrograms	Levonorgestrel 150micrograms	Rigevidon®	Levest® 150/30
		Desogestrel 150micrograms	Gedarel® 30/150	Cimizt® 150/30
		Gestodene 75micrograms	Millinette® 30/75	Femodene®
		Drospirenone 3mg (see note below*)	Yacella®	Dretine®



	Ethinylestradiol 35micrograms	Norgestimate 250micrograms	Lizinna®	Cilique®
Multiphasic 21-day preparations	Ethinylestradiol 30 micrograms	Levonorgestrel 50 micrograms	TriRegol®	Logynon®

*Drospirenone has antiandrogenic properties and diuretic properties. These products are more expensive than other COCs and should not routinely be a first or second choice. They may be preferred for individuals with acne, cyclical weight gain or premenstrual dysphoric disorder, taking into account the thromboembolic risk. Use with care if an increase in plasma potassium concentration might be hazardous.

Progestogen-Only Contraceptives (POCs)

28-day		Desogestrel 75microgram	Prescribe as generic	
24 active and 4 placebo tablets		Drospirenone 4mg (see note below*)	Prescribe as generic	
35-day		Levonorgestrel 30micrograms	Prescribe as generic	
28-day		Norethisterone 350micrograms	Prescribe as generic	

Drospirenone 4mg (Slynd®) is a new POP with a 24-hour window and a 4-day pill free interval to improve bleeding pattern. It is more expensive than desogestrel and it is only advised for selected individuals where the wider window or bleeding pattern offers an advantage. Note – the missed dose advice differs from the other POPs and caution in users at risk of hyperkalaemia.

[FSRH CEU Statement: Drospirenone Progestogen-only Pill \(DRSP POP\) \(Jan 2024\) | CoSRH](#)