



This document is an excerpt from the SPHERE Centre for Research Excellence November 2024 submission to the Public consultation on items for consideration by the Pharmaceutical Benefits Advisory Committee (PBAC).

SPHERE recommended DROSPIRENONE, Slinda for consideration.

***March 2025 update:** the Federal Government has announced that from May 1st, drospirenone, Slinda will be available on the Pharmaceutical Benefits Scheme (PBS), substantially reducing the cost of access.*

## About SPHERE

SPHERE, the NHMRC Centre of Research Excellence in Women's Sexual and Reproductive Health in Primary Care, is a collaborative research centre comprising national and international experts in sexual and reproductive health. The National Women's Sexual and Reproductive Health Coalition, led by SPHERE, was formed in 2020 to advocate for improved and equitable women's sexual and reproductive health care in Australia.

The Coalition is a cross-sectoral, multidisciplinary alliance comprising over 150 clinician experts, consumers, representatives from peak bodies and key stakeholder organisations and eminent Australian and international researchers who have a shared vision for improving women's sexual and reproductive health. The Coalition includes national and international representatives from universities, government, industry and peak bodies. We make evidence-informed recommendations to improve women's access to sexual and reproductive health care across the life course from reproductive years to menopause. This includes addressing the financial cost of care, which continues to be one of the most prohibitive factors affecting women's choices.

## How is the medical/health condition currently treated?

One-quarter of women have experienced an unintended pregnancy in Australia (1), with rates even higher in non-urban areas (2). This can place significant physical, social and financial strain on women and their families (3). Preventing unintended pregnancy is currently managed through the provision of a range of contraception options including long-acting reversible contraception (LARC) such as implants and intrauterine devices (IUD), and oral contraceptives including combined hormonal contraceptive (CHC) pills and progestogen-only pills (POP). However, our research has demonstrated a high unmet need for effective contraception in Australia as a result of persistent barriers to access, including out-of-pocket costs. This is further exacerbated for women seeking contraception options not currently subsidised on the PBS like Slinda.



1. Taft AJ, Shankar M, Black KI, Mazza D, Hussainy S, Lucke JC. Unintended and unwanted pregnancy in Australia: a cross-sectional, national random telephone survey of prevalence and outcomes. *Med J Aust.* 2018;209(9):407-8.
2. Rowe H, Holton S, Kirkman M, Bayly C, Jordan L, McNamee K, et al. Prevalence and distribution of unintended pregnancy: the Understanding Fertility Management in Australia National Survey. *Australian and New Zealand Journal of Public Health.* 2016;40(2):104-9.
3. Gipson JD, Koenig MA, Hindin MJ. The effects of unintended pregnancy on infant, child and parental health: a review of the literature. *Studies in Family Planning* 2008;39(1):18-38.

### What do you see as the advantages of this proposed medicine, in particular for those with the medical condition and/or family and carers?

Unplanned pregnancy costs \$7.2 billion dollars (1). To ensure women can decide if and when they have children, access to contraception options is essential and should not be hampered by cost.

While the cheapest and most frequently used oral contraceptive pills (OCPs) are those that are Pharmaceutical Benefits Scheme (PBS) supported i.e., those containing ethinylestradiol combined with either levonorgestrel and norethisterone, these OCPs are not necessarily suitable for all users. Some women are unable to use estrogen containing pills due to pre-existing health conditions, while an estimated one-third of Australian women aged 18-39 are taking a non-PBS-supported anti-androgenic progestin COC (e.g., OCPs containing the progestogens drospirenone, cyproterone, desogestrel, dienogest, gestodene or norgestrel), highlighting inequity in access to COC options (2). Many of these OCPs are preferred by users because they may have been initiated due to breakthrough bleeding on other preparations, or for their non-contraceptive benefits (including the management of heavy menstrual bleeding, and symptoms related to underlying conditions such as endometriosis and polycystic ovarian syndrome).

Moreover, fertility in women significantly declines after 44 years of age, nonetheless, conceptions in later reproductive years do occur. Previous US research indicates that women aged 40-44 years have the second highest rate of unintended pregnancy after the age group under 25 years (3). Women of older reproductive age may also experience perimenopausal symptoms including heavy and irregular menstrual bleeding that can be effectively managed with hormonal contraceptives (4). Suitable perimenopausal contraceptives include progestogen only methods, in particular drospirenone. Slinda (a drospirenone containing POP) is the favoured oral approach to perimenopausal contraception because of its



beneficial effects in relation to bleeding control and that it does not contain oestrogen. This is because risks such as hypertension, obesity, and a history of hormone-dependent cancer increase with age and preclude women from using estrogen-containing contraceptives.

Adding drospirenone (Slinda) to the PBS will help broaden options for women across the life course when deciding what contraception is most suitable for their body. It is an especially important option for women who are unable to use an estrogen-containing pill, such as those with a history of blood clots or migraines. Slinda is more effective than currently available levonorgestrel and norethisterone pills, and is an ovulation suppressant, whereas other options do not reliably suppress ovulation. However, it is not currently available on the PBS and therefore means that one of the best contraceptives incurs significant out of pocket cost for women (\$76.99 for 3 months at chemist warehouse (PBS listed medication costs up to \$31.60 or \$7.70 if you have a concession card) potentially putting it out of reach of many women experiencing cost of living pressures. Considering this, adding Slinda to the PBS will ensure women who are unable to use estrogen-containing pills have an excellent, reliable subsidised contraception option.

1. HTANALYSTS. Impact of Unintended Pregnancy. Macquarie Park, New South Wales: Organon; 2022
2. Skiba MA, Islam RM, Bell RJ, Davis SR. Hormonal contraceptive use in Australian women: Who is using what? Aust N Z J Obstet Gynaecol. 2019 Oct;59(5):717-724.
3. Oct;59(5):717-724.
4. Finer et al. Unintended pregnancy in the United States: incidence and disparities, 2006. 2011.
5. McNamee & Bateson. RACGP - Perimenopausal contraception: A practice-based approach. 2017.

### Additional comments

Europe has had access to progesterone only methods that suppress ovulation for many years. These medications provide an essential option for women who are breastfeeding or cannot for medical reasons use estrogen or who prefer not to.

Slinda is the first progestogen-only pill option in Australia which effectively inhibits ovulation to provide effective oral contraception, without the risks associated with estrogen-containing pills such as blood clots. It can also be used by almost all women including those with for instance a history of breast cancer or women over 50 who need contraception and cannot use an estrogen-containing method. Users of Slinda also have beneficial bleeding patterns which promote high rates of continuation. PBS subsidy of Slinda would provide women with an additional affordable, safe and effective oral contraceptive which is not associated with serious risks such as risk of blood clots.