PATIENT GROUP DIRECTION (PGD)

Supply of a combined oral hormonal contraceptive (COC) by Community Pharmacists in England working in a pharmacy registered to provide the NHS Pharmacy Contraception Service Pilot

Version 2.1

Change History	
Version and Date	**Change details**
Version 1 April 2020	New template
Version 1.1 November 2020	Minor rewording and highlighting of contents cautions section relating to individuals for whom pregnancy presents an unacceptable risk and those on a pregnancy prevention plan. Acute porphyria added to exclusion criteria.
Version 1.2 March 2022	Addition of vaping/use of e-cigarettes where reference to smoking within PGD. Following exclusion criteria updated from 3-6 weeks to less than 6 weeks: 'Not breastfeeding and less than 6 weeks post-partum with other risk factors for venous thromboembolism (VTE). Clarification of advice for Zoely®
Version 2.0 April 2023	Updated template – amended references and minor editing and wording changes/clarifications.
Version 2.1 27 April 2023	Exclusion added relating to Zoely® only

This Patient Group Direction (PGD) must only be used by pharmacists who have been named and authorised by their organisation to practice 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:	1st April 2023
Review date	September 2025
Expiry date:	31st March 2026

Version: 2.1
Valid from: 27th April 2023
Review date: September 2025
Expiry date: 31st March 2026

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.

This section MUST REMAIN when a PGD is adopted by an organisation.

Name	Designation
Dr Cindy Farmer	Chair General Training Committee Faculty of Sexual and Reproductive Healthcare (FSRH)
Michelle Jenkins	Advanced Nurse Practitioner, Clinical Standards Committee Faculty of Sexual and Reproductive Healthcare (FSRH)
Vicky Garner	Deputy Chief Midwife British Pregnancy Advisory Service (BPAS)
Gail Rowley	Quality Matron British Pregnancy Advisory Service (BPAS)
Katie Girling	British Pregnancy Advisory Service (BPAS)
Julia Hogan	CASH Nurse Consultant MSI Reproductive Choices
Kate Devonport	National Unplanned Pregnancy Advisory Service (NUPAS)
Chetna Parmar	Pharmacist adviser Umbrella
Helen Donovan	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)
Dr Kathy French	Specialist Nurse
Dr Sarah Pillai	Associate Specialist
Alison Crompton	Community pharmacist
Andrea Smith	Community pharmacist
Lisa Knight	Community Health Services pharmacist
Bola Sotubo	ICB pharmacist

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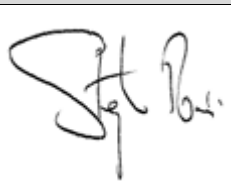
Tracy Rogers	Director, Medicines Use and Safety, Specialist Pharmacy Service
Sandra Wolper	Associate Director Specialist Pharmacy Service
Jo Jenkins (Woking Group Co-ordinator)	Lead Pharmacist PGDs and Medicine Mechanisms Specialist Pharmacy Service

ORGANISATIONAL AUTHORISATIONS

Name	Job title and organisation	Signature	Date
Senior doctor	National Medical Director, NHS England		03.05.23
Senior pharmacist **David Webb**	Chief Pharmaceutical Officer, NHS England		10.05.23
Person signing on behalf of authorising body **David Webb**	Chief Pharmaceutical Officer, NHS England		10.05.23

1. Characteristics of staff

Qualifications and professional registration	GPhC registered pharmacist able to practice under Patient Group Directions (PGDs).
Initial training	The pharmacist authorised to operate under this PGD must have undertaken appropriate education and training and be competent to undertake clinical assessment of patients ensuring safe provision of the medicines listed in accordance with the specification. To deliver this service, the pharmacist should have evidence of competence in the clinical skills and knowledge covered in the CPPE and/or the Health Education England e-learning for healthcare (elfh) modules listed in the service specification.
Competency assessment	• Pharmacists operating under this PGD must be assessed as competent (see Appendix A). • Pharmacists 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 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 who must abide by the PGD and any associated organisational policies.	

2. Clinical condition or situation to which this PGD applies

Clinical condition or situation to which this PGD applies	• This PGD applies to the pilot NHS Pharmacy Contraception Services only:
	  ○ Tier 1 - Review and ongoing supply of oral contraception where previously initiated in primary care or sexual health clinics (or equivalent).
	  ○ Tier 2 – Initiation of oral contraception.

Criteria for inclusion	• Individual (age: from menarche up to and including 49 years of age) presenting for an ongoing supply of their ongoing oral contraception. • Able to confirm blood pressure and BMI, as per the specification, prior to supply.
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. • 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). • Less than 21 days after childbirth (for deliveries over 24 weeks gestation) • Breastfeeding and less than six weeks postpartum. • Not breastfeeding and less than 6 weeks post-partum with other risk factors for venous thromboembolism (VTE). • Individuals aged 50 years and over. • Significant or prolonged immobility. **Cardiovascular disease** • Individuals aged 35 years and over that smoke or stopped smoking less than one year ago (this includes vaping and the use of e-cigarettes). • Body Mass Index (BMI) equal to or greater than 35kg/m2. • Blood pressure greater than 140/90mmHg or controlled hypertension. • Multiple risk factors for cardiovascular disease (CVD) (such as smoking (including vaping/use of e-cigarettes), diabetes, hypertension, obesity, and dyslipidaemias). • Current or past history of ischaemic heart disease, vascular disease, stroke, or transient ischaemic attack. • Current or past history of venous thromboembolism. • Complicated valvular or congenital heart disease, e.g., pulmonary hypertension, history of subacute bacterial endocarditis. • First degree relative (a person's parent, sibling, or child) with venous thromboembolism which first occurred when they were under 45 years of age.

	• Known thrombogenic mutations, e.g., factor V Leiden, prothrombin mutation, protein S, protein C and antithrombin deficiencies. • Cardiomyopathy with impaired cardiac function. • Atrial fibrillation. **Neurological Conditions** • Current or past history of migraine with neurological symptoms including aura at any age. • Migraine without aura, first attack when on method of contraception containing an estrogen. **Cancers** • Past or current history of breast cancer. • Undiagnosed breast mass (for initiation of method only) • Carrier of known gene mutations associated with breast cancer, e.g., BRCA1or 2. • Malignant liver tumour (hepatocellular carcinoma). **Gastro-intestinal Conditions** • Viral hepatitis, acute or flare (for initiation only) • Severe (decompensated) cirrhosis. • Gall bladder disease, currently symptomatic or medically managed. • Any bariatric or other surgery resulting in malabsorption. • Cholestasis (related to past combined hormonal contraceptive use). • Benign liver tumour (hepatocellular adenoma). **Other conditions** • Imminent planned major surgery (COC should be stopped at least 4 weeks prior to planned major surgery or expected period of limited mobility). • Diabetes with end organ disease (retinopathy, nephropathy, neuropathy). • Positive anti-phospholipid antibodies (with or without systemic lupus erythematosus). • Organ transplant, with complications. • Known severe renal impairment or acute renal failure. • Acute porphyria. • **Zoely® only** – individuals with a meningioma or a history of meningioma. **Medicines** • Individuals using enzyme-inducing drugs/herbal products or within 4 weeks of stopping them. • Interacting medicines (other than enzyme inducers) including any 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 appropriate medical/independent non-medical prescriber any medical condition or medication of which the pharmacist is unsure or uncertain. • Individuals taking lamotrigine should be advised that COC may interact with lamotrigine; this could result in reduced seizure control or lamotrigine toxicity. • 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 COC is not contra-indicated 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) could reduce the effectiveness of COC. • **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: IUD, IUS and implant. If a LARC method is unacceptable/unsuitable and a COC is chosen, then an additional barrier method of contraception is advised. See FSRH 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 consultation record. • Record reason for declining treatment in the consultation 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.

<table>
<tr><td></td><td>

See http://www.mhra.gov.uk/spc-pil/ or for further information and further brand information including full details of adverse effects and interactions.
COC containing ≤30micrograms ethinylestradiol in combination with levonorgestrel or norethisterone is a reasonable first-line choice of COC to minimise cardiovascular risk.

</td></tr>
<tr><td>Legal category</td><td>POM</td></tr>
<tr><td>Route of administration</td><td>Oral</td></tr>
<tr><td>Off label use</td><td>
Best practice advice is given by the FSRH and is used for guidance in this PGD and may vary from the SPC.
This PGD includes inclusion criteria, exclusion criteria and dosage regimen which are outside the market authorisation for many of the available products, but which are included within FSRH guidance. Specifically:

the use of tailored COC regimen is outside the manufacturer’s licence but is supported by the FSRH. The regimen detailed within this PGD are permitted under this PGD.

Medicines should be stored according to the conditions detailed in the manufacturers’ guidance. 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 a 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.
</td></tr>
<tr><td>Dose and frequency of administration</td><td>
FSRH guidance states that COC can either be taken following a standard or tailored regimen. Individuals should be given information about both standard and tailored COC regimen to broaden contraceptive choice.
<u>Monophasic COC products/regimen</u>

Monophasic COC can either be taken as a standard regimen or in a tailored regimen depending on the choice of the individual.
The regimens which can be advised are detailed below:

<table>
<tr><th>Type of regimen</th><th>Period of COC use</th><th>Hormone (pill) free interval</th></tr>
<tr><td colspan="3">Standard use</td></tr>
<tr><td>Standard use</td><td>21 days (21 active pills)</td><td>7 days</td></tr>
<tr><td colspan="3">Tailored use</td></tr>
<tr><td>Shortened hormone-free interval</td><td>21 days (21 active pills)</td><td>4 days</td></tr>
<tr><td>Extended use (tri-cycling)</td><td>9 weeks (3x21 active pills)</td><td>4 or 7 days</td></tr>
<tr><td>Flexible extended use</td><td>Continuous use (≥21 days) of active pills until breakthrough bleeding occurs for 3–4 days</td><td>4 days</td></tr>
</table>
</td></tr>
</table>

	<table><tr><td>Continuous use</td><td>Continuous use of active pills</td><td>None</td></tr></table> • For the monophasic regimen detailed above, a single tablet is to be taken at the same time each day, starting on day 1-5 of the menstrual cycle with no need for additional precautions. • Individuals should have access to clear information (either written or digital) to support tailored COC use. **<u>Monophasic everyday, phasic and phasic everyday COC products/regimens</u>** • For monophasic everyday, phasic, and phasic everyday regimens, a single tablet is to be taken at the same time each day, starting on day 1-5 of the menstrual cycle with no need for additional precautions. The exceptions to this are: • Qlaira®, which should be started on day 1, or if not, additional precautions should be used for 9 days after starting. • Zoely®, which should be started on day 1, or if not, additional precautions should be used for 7 days after starting. • Thereafter follow manufacturer's instructions for individual product use. **<u>For all COC products/regimens</u>** • COC can be started at any time after day 5 of the menstrual cycle if it is reasonably certain that the individual is not pregnant. Additional precautions are then required for 7 days after starting (9 days for Qlaira®) • When starting or restarting the COC as quick start after levonorgestrel emergency contraception, additional contraception is required for 7 days and a pregnancy test should be performed 21 days after the last unprotected sexual intercourse. • In line with FSRH guidance individuals using hormonal contraception should delay restarting their regular hormonal 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 COC this is 7 days after re-starting this method. If, in a current user, two pills are missed in the first week of pill taking, it **may** be appropriate to offer UPA-EC. Discuss with a prescriber in this specific circumstance. • For guidance on changing from one contraceptive method to another, and when to start after an abortion and postpartum, refer to the FSRH guidance.
Duration of treatment	• For as long as the individual requires COC, meets the inclusion criteria, and has no contraindications to the use of COC.
Quantity to be supplied	• Tier 1 Ongoing Supply - **Supply of up to twelve months** in appropriately labelled original packs. • Tier 2 Initiation - **Supply of up to three months** in appropriately labelled original packs. • For all supplies, be aware that the regimen to be taken may not be reflected in the dosage information printed on the product

	packaging or within the supplied PIL – ensure full details of the regimen to be followed are supplied.
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 and FSRH CEU Guidance: Drug Interactions with Hormonal Contraception https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-drug-interactions-with-hormonal/.
Identification & management of adverse reactions	A detailed list of adverse reactions is available in the individual product 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 COC (but may not reflect all reported adverse effects): • Nausea • Breast tenderness • Headache and migraine • Temporary disturbances of bleeding patterns • Change in mood, including depression • Fluid retention • Change in libido • Skin changes, including acne Serious adverse effects - these are less common, but the risks should be discussed with the individual: • Venous thromboembolic events (VTE) • Arterial thromboembolic events (ATE) (including ischaemic heart disease) • Strokes (e.g., transient ischaemic attack, ischaemic stroke, haemorrhagic stroke) • Hypertension
Management of and reporting procedure for adverse reactions	• Record all adverse drug reactions (ADRs) in the patient's medical record. • Pharmacists and patients/carers are encouraged to report suspected adverse reactions to the Medicines and Healthcare products Regulatory Agency (MHRA) using the Yellow Card reporting scheme on: 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 patient information leaflet (PIL) with the original pack. • Individuals should be informed about the superior effectiveness of LARC. • Individuals should be provided with written information or a link to a trusted online resource to support safe, effective COC use. • Explain mode of action, side effects, and benefits of the medicine.

	• Advise about the risks of the medication including failure rates and serious side effects and the actions to be taken noting that the risks of using COC could outweigh the benefits. • **Serious symptoms:** the individual should stop taking the COC and seek medical help urgently if they experience calf swelling, heat or pain in the calf, shortness of breath, chest pain or haemoptysis. The individual should seek advice if they experience their first ever migraine or develops aura with existing migraine. • Individuals should be advised that current use of COC is associated with a small increased risk of breast cancer which reduces with time after stopping COC. • Individuals should be advised that current use of COC for more than 5 years is associated with a small increased risk of cervical cancer; risk which reduces over time after stopping COC and is no longer increased by about 10 years after stopping. • Individuals should be advised that current use of COC is associated with an increased risk of VTE/ATE. • Individuals using COC should be advised about reducing periods of immobility during travel. • Individuals trekking to high altitudes (above 4500m or 14500 feet) for periods of more than 1 week may be advised to consider switching to a safer alternative contraceptive method. • Individuals should be advised to stop COC and to switch to an alternative contraceptive method at least 4 weeks prior to planned major surgery or an expected period of limited mobility. • Advise on action if vomiting or severe diarrhoea occurs and missed pill advice – see FSRH guidance. • Advise that non enzyme inducing antibiotics do not interact with COC and if these are prescribed, COC should be continued as normal, with no additional precautions required. • 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 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. • Relevant past and present medical history, including medication, smoking status and family history. • Results of biometrics and measurements e.g., BMI, blood pressure, height, and weight (if supplied by patient) • Any known allergies. • Name and registration number of pharmacist. • 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. • Any follow up and/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	• 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: Combined Hormonal Contraception (January 2019, Amended November 2020) https://www.fsrh.org/standards-and-guidance/documents/combined-hormonal-contraception/ • FSRH CEU Guidance: Drug Interactions with Hormonal Contraception (May 2022) https://www.fsrh.org/standards-and-guidance/documents/ceu-clinical-guidance-drug-interactions-with-hormonal/

	• FSRH UK Medical Eligibility Criteria for Contraceptive Use. (April 2016, Amended 2019) https://www.fsrh.org/documents/ukmec-2016/ • FSRH Clinical Guideline: Quick Starting Contraception (April 2017) https://www.fsrh.org/standards-and-guidance/documents/fsrh-clinical-guidance-quick-starting-contraception-april-2017/ • FSRH Clinical Guideline: Problematic Bleeding with Hormonal Contraception (July 2015) https://www.fsrh.org/standards-and-guidance/documents/ceuguidanceproblematicbleedinghormonalcontraception/

Appendix A - Registered pharmacist authorisation sheet
PGD combined oral contraceptive pill (COC) Version 2.1

Valid from: 1st April 2023 **Expiry: 31st March 2026**

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

Registered pharmacist

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 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**

Authorising manager

I confirm that the registered pharmacists 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 registered pharmacists to prevent additions post managerial authorisation.

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

Appendix B – Name, strength & formulation of drug

Monophasic

VMP/AMP Name	VMP/AMP Snomed Code	VMPP/AMPP Snomed Code	Supplier Name
Ethinylestradiol 20microgram / Desogestrel 150microgram tablets	**326309006**	**1235811000001101**	
Bimizza 150microgram/20microgram tablets	29910811000001108	29911111000001107	Morningside Healthcare Ltd
Gedarel 20microgram/150microgram tablets	17346911000001108	17347011000001107	Consilient Health Ltd
Mercilon 150microgram/20microgram tablets	208311000001105	2619611000001105	Organon Pharma (UK) Ltd
Ethinylestradiol 20microgram / Gestodene 75microgram tablets	**326361006**	**3049011000001109**	
Akizza 75microgram/20microgram tablets	38335711000001105	38335911000001107	Morningside Healthcare Ltd
Femodette tablets	3049211000001104	3049411000001100	Bayer Plc
Millinette 20microgram/75microgram tablets	17353311000001100	17353411000001107	Consilient Health Ltd
Sunya 20/75 tablets	11758611000001104	11758711000001108	Stragen UK Ltd
Ethinylestradiol 30microgram / Desogestrel 150microgram tablets	**326310001**	**1015611000001103**	
Cimizt 30microgram/150microgram tablets	21730911000001106	21731311000001100	Morningside Healthcare Ltd
Gedarel 30microgram/150microgram tablets	17348811000001102	17349111000001102	Consilient Health Ltd
Marvelon tablets	524211000001108	2620511000001105	Organon Pharma (UK) Ltd
Ethinylestradiol 30microgram / Drospirenone 3mg tablets	**377360003**	**1056411000001101**	

VMP/AMP Name	VMP/AMP Snomed Code	VMPP/AMPP Snomed Code	Supplier Name
Dretine 0.03mg/3mg tablets	27979911000001107	27980011000001108	Theramex HQ UK Ltd
Lucette 0.03mg/3mg tablets	23649211000001107	23649311000001104	Consilient Health Ltd

Yacella 0.03mg/3mg tablets	29911411000001102	29911511000001103	Morningside Healthcare Ltd
Yasmin tablets	439011000001108	2646411000001106	Bayer Plc
Yiznell 0.03mg/3mg tablets	33017111000001106	33017411000001101	Lupin Healthcare (UK) Ltd
Ethinylestradiol 30microgram / Gestodene 75microgram tablets	**326358005**	**3048411000001108**	
Akizza 75microgram/30microgram tablets	38340211000001108	38340311000001100	Morningside Healthcare Ltd
Femodene tablets	3048811000001105	3048911000001100	Bayer Plc
Katya 30/75 tablets	11753211000001109	11753311000001101	Stragen UK Ltd
Millinette 30microgram/75microgram tablets	17351511000001107	17351811000001105	Consilient Health Ltd
Ethinylestradiol 30microgram / Levonorgestrel 150microgram tablets	**326324002**	**961711000001104**	
Ambelina 150microgram/30microgram tablets	38738111000001100	38738411000001105	Crescent Pharma Ltd
Elevin 150microgram/30microgram tablets	18358111000001100	18358211000001106	MedRx Licences Ltd
Levest 150/30 tablets	16614111000001103	16614211000001109	Morningside Healthcare Ltd
Levest 150/30 tablets	16614111000001103	16614411000001108	Morningside Healthcare Ltd
Maexeni 150microgram/30microgram tablets	24677511000001100	24677611000001101	Lupin Healthcare (UK) Ltd

VMP/AMP Name	VMP/AMP Snomed Code	VMPP/AMPP Snomed Code	Supplier Name
Microgynon 30 tablets	42111000001107	3050411000001108	Bayer Plc
Ovranette 150microgram/30microgram tablets	492611000001103	1974811000001100	Pfizer Ltd
Rigevidon tablets	17346711000001106	17346811000001103	Consilient Health Ltd
Ethinylestradiol 35microgram / Norethisterone 1mg tablets	**377414004**	**1082311000001104**	
Norimin 1mg/35microgram tablets	403611000001106	2078211000001102	Pfizer Ltd

Ethinylestradiol 35microgram / Norethisterone 500microgram tablets	**326341000**	**1253611000001103**	
Brevinor 500microgram/35microgram tablets	312411000001108	2077911000001105	Pfizer Ltd
Ethinylestradiol 35microgram / Norgestimate 250microgram tablets	**326364003**	**1319111000001107**	
Cilique 250microgram/35microgram tablets	31364011000001106	31364211000001101	Consilient Health Ltd
Lizinna 250microgram/35microgram tablets	22562211000001105	22562311000001102	Morningside Healthcare Ltd
Mestranol 50microgram / Norethisterone 1mg tablets	**326369008**	**3831211000001103**	
Norinyl-1 tablets	3831411000001104	3831811000001102	Pfizer Ltd

Monophasic everyday

VMP/AMP Name	VMP/AMP Snomed Code	VMPP/AMPP Snomed Code	Supplier Name
Drospirenone 3mg / Estetrol 14.2mg tablets	**41095211000001102**	**41092211000001107**	
Drovelis 3mg/14.2mg tablets	41092311000001104	41092411000001106	Gedeon Richter (UK) Ltd
Estradiol 1.5mg / Nomegestrol 2.5mg tablets	**22403311000001100**	**22311311000001109**	
Zoely 2.5mg/1.5mg tablets	22311511000001103	22311711000001108	Theramex HQ UK Ltd
Ethinylestradiol 20microgram / Drospirenone 3mg tablets	**21711311000001107**	**21707111000001101**	
Eloine 0.02mg/3mg tablets	30195711000001107	30196011000001101	Bayer Plc
Femodene ED tablets	3174811000001109	3174911000001104	Bayer Plc
Microgynon 30 ED tablets	3052511000001108	3052611000001107	Bayer Plc

Phasic

VMP/AMP Name	VMP/AMP Snomed Code	VMPP/AMPP Snomed Code	Supplier Name
Logynon tablets	3213311000001106	3213811000001102	Bayer Plc
TriRegol tablets	17444111000001106	17444211000001100	Consilient Health Ltd
Synphase tablets	4432011000001108	4433611000001106	Pfizer Ltd

Phasic everyday

VMP/AMP Name	VMP/AMP Snomed Code	VMPP/AMPP Snomed Code	Supplier Name
Logynon ED tablets	3215011000001109	3215811000001103	Bayer Plc
Qlaira tablets	15470011000001100	15470111000001104	Bayer Plc