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'Hopeful' HRA Pharma Hires Brands2Life To Market OTC Daily Contraceptive In UK

by [David Ridley](#)

On International Women's Day, we post an update from HRA Pharma, which has appointed Brands2Life to promote the firm's Hana daily contraceptive as a non-prescription medicine in the UK, should the Rx-to-OTC switch currently under consideration be successful.

British marketing agency Brands2Life has landed the job of promoting HRA Pharma's daily contraceptive Hana as a non-prescription medicine in the UK, should the Rx-to-OTC switch currently under consideration be successful.

One of two firms currently in the race to market the UK's first OTC daily contraceptive – the other being local “switch engine” Maxwellia – HRA has employed the PR agency to focus on driving media engagement sustaining awareness of the firm's progestogen-only pill in national and women's lifestyle media.

“This project represents a landmark moment in women's health and we are delighted to be working with Brands2Life to help us widely communicate this significant news,” commented HRA's director of marketing, Kate Evans. “The team impressed us from the start and have quickly established themselves as integral partners.”

Brands2Life's Emily Thomas – managing director of the agency's Health and Wellbeing category – said it is an “absolute privilege” to be supporting HRA Pharma.

“Should the switch be approved and the license for Hana granted, there is potential to make a positive difference to the lives of so many women,” she added. “Not only helping them to access contraception more conveniently, but also relieving pressure on already stretched healthcare services.”

HRA Confident

The Rx-to-OTC switch of both HRA Pharma's Hana and Maxwellia's Lovima desogestrel-based daily contraceptives were out for consultation until 5 March. (Also see "[Oral Contraceptive Rx-to-OTC Switch On The Cusp In UK](#)" - HBW Insight, 12 Feb, 2021.)

If given the green light by the UK's Medicines and Healthcare products Regulatory Agency, both Hana and Lovima will be reclassified as pharmacy medicines under the following proposed terms of reclassification:

1. For oral use
2. Strength: 75mcg desogestrel
3. For oral contraception in women of childbearing age, including adolescents
4. Dose: one 75mcg tablet to be taken every day at the same time without a break between packs
5. Maximum dose: 75mcg
6. Maximum daily dose: 75mcg
7. Maximum quantity of supply: three months (3 x 28 tablets) at initial consultation 12 months (12 x 28 tablets) at repeat supply. Women under 18 years of age limited to three months (3 x 28 tablets) 75mcg film-coated tablets.

HRA told HBW Insight that it is "hopeful" that the "many benefits of the reclassification will be reflected in the opinion of responders to the public consultation" and that the firm "remains committed to working with the MHRA to ensure the broadening of access to desogestrel at this time."

"HRA Pharma supports the decision to put the desogestrel switch application to public consultation, a decision we are confident will confirm the already strong support demonstrated by many professional organizations for greater availability of oral contraceptives," the firm continued.

"Women urgently need broader contraceptive access – now more than ever," it insisted. "In the current COVID context it has been reported that many women are experiencing difficulties to access their usual methods of contraception given medical appointments may be difficult to get, and where sexual health clinics run reduced services."

“This reclassification will offer women more contraception options that do not require a GP appointment or prescription, helping to provide more convenient and regular access for some women,” HRA added.

Following the reclassification, HRA said it will be “providing pharmacists with comprehensive training to enable them to assess the suitability of each woman during a consultation before supplying desogestrel, and ensure all appropriate guidance is provided and optimum care is maintained.”