

From Director of Hospital Care
Paul Cavanagh



By email

Chief Executives of Trusts - for cascade to:

Medical Directors
Directors of Nursing
Directors of Acute Services
Heads of Pharmacy & Medicines Management
Clinical & Social Governance Leads

Director of Primary Care, SPPG - for cascade to:

Head of Pharmacy & Medicines Management

Strategic Planning and Performance Group

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Date: 6 February 2026

Dear Colleague,

**SERVICE NOTIFICATION FOR NICE TECHNOLOGY APPRAISAL TA1045 –
12 SQ-HDM SLIT FOR TREATING ALLERGIC RHINITIS (RECOMMENDED) AND ALLERGIC
ASTHMA CAUSED BY HOUSE DUST MITES (NOT RECOMMENDED) (REVIEW OF TA834)**

Background

The Department's Medicines Access Branch (MAB) in the Chief Medical Officer's Group has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

It should be noted that NICE TA1045 recommends the use of 12 SQ-HDM SLIT for treatment with allergic rhinitis but does not recommend the use of the treatment for allergic asthma.

In line with Circular HSC (SQSD) 12/22, the SPPG is required to issue a Service Notification to HSC Trusts and other relevant providers and stakeholders, including Family Practitioners, setting out the expectations for implementation.

Commissioning Arrangements

This regimen will be formally commissioned by the SPPG.

Where the outcome of a test is required to determine the eligibility of a patient for an endorsed TA regime, the Trust should plan to access and secure this outcome prior to application. This is the case even when the test is not routinely commissioned under the current HSC arrangements. The cost of the test will be covered irrespective of the outcome as it is a necessary step to support the implementation of the TA.

Any changes to the commissioning arrangements on this treatment will be updated on the SPPG NI Formulary Managed Entry Decisions webpage:

<https://niformulary.hscni.net/managed-entry/managed-entry-decisions/>

Resource Implications

Any resources associated with the introduction of the technology in line with the commissioning arrangements (including necessary testing) set out above will be incorporated in the Trust financial allocation for the appropriate financial year. It is noted that 12 SQ-HDM SLIT (Acarizax) is also not recommended and it is the expectation that Trusts should consider any action that is necessary in relation to savings and disinvestment.

Any additional infrastructure requirements will be subject to agreement with the relevant SPPG Service Team.

Legislative/Policy Caveats

This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.

The Rural Needs Act (NI) 2016 has been considered and this guidance, which is purely of a technical nature, is not regarded as falling within the scope of the Act.

Action required by Health and Social Care Trusts

Trusts should now take forward the implementation of the TA in accordance with Circular HSC (SQSD) 12/22. The SPPG's expectation is that proportionate implementation arrangements will be established on receipt of this correspondence.

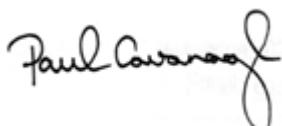
In particular, within three months ensure that: targeted dissemination takes place; a clinical/management change leader has been agreed; and a proportionate implementation plan is in place.

SPPG Monitoring and Assurance arrangements

The SPPG will seek direct assurances from Trusts on an ongoing basis regarding the actions outlined above in advance of the scheduled SPPG/Trust Service Issues and Performance meetings.

Thank you for your attention with this matter. If you have any queries please email SPPG Hospital Care directorate via SPPG-NICEInbox@hscni.net in the first instance.

Yours sincerely



Paul Cavanagh
Director of Hospital Care

Cc:

Chief Medical Officer
Chief Pharmaceutical Officer
Chief Executive Patient and Client Council

Chief Executive/Postgraduate Dean, NIMDTA

Chief Executive, NICPLD

Chief Executive, NIPEC

Chief Executive, NIBTS

Chief Executive, RQIA

Chief Executive, PHA

Group Heads, SPPG

Assistant Directors of Commissioning, SPPG

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