

**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

**Strategic Planning and Performance Group**

*12-22 Linenhall Street  
Belfast  
BT2 8BS*

**Director of Primary Care, SPPG - for cascade to:**

Head of Pharmacy & Medicines Management

Tel: 0300 555 0115

Email: [SPPG-NICEInbox@hscni.net](mailto:SPPG-NICEInbox@hscni.net)

Date: 4 March 2026

Dear Colleague,

**SERVICE NOTIFICATION FOR NICE TECHNOLOGY APPRAISAL TA1106 –  
CABOTEGRAVIR FOR PREVENTING HIV-1 IN ADULTS AND YOUNG PEOPLE**

**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.

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.

**Guidance summary**

In Northern Ireland, cabotegravir (Apretude®) is accepted as an option for pre-exposure prophylaxis (PrEP) alongside safer sex practices to reduce the risk of sexually acquired HIV-1 infection in adults and young people at high risk of getting HIV and who weigh at least 35 kg, only if:

- they cannot have oral PrEP
- cabotegravir is purchased at the Medicines and Procurement Supply Chain framework price.

Cabotegravir (Apretude®) is not accepted for PrEP alongside safer sex practices to reduce the risk of sexually acquired HIV-1 infection in adults and young people at high risk of getting HIV and who weigh at least 35 kg, if they can have oral PrEP.

**Commissioning Arrangements**

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/>

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 before treatment. 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.

### **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.

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

The company (ViiV Healthcare) has a commercial arrangement which makes Cabotegravir available with a discount. The size of the discount is commercial in confidence.

### **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.

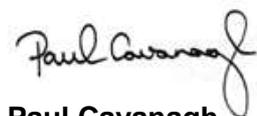
### **SPPG Monitoring and Assurance arrangements**

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.

The SPPG cost per case process will generate regular reports on the number of applications for this treatment.

Thank you for your attention with this matter. If you have any queries please email SPPG Hospital Care directorate via [SPPG-NICEInbox@hscni.net](mailto: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  
NICE Managers Forum  
Andrew Dawson  
Chris Garland  
Jonathan Adair