

**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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Tel: 0300 555 0115

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

Date: 29 April 2026

Dear Colleague,

**SERVICE NOTIFICATION FOR NICE TECHNOLOGY APPRAISAL TA878 –  
NIRMATRELVIR PLUS RITONAVIR AND TOCILIZUMAB FOR TREATING COVID-19  
(UPDATE FEBRUARY 2026)**

**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.

**Commissioning Arrangements**

This regimen will be formally commissioned by the SPPG in line with the current arrangements in place in each Trust to deliver Outpatient COVID Treatment (OCT) services.

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.

Tocilizumab is available to the HSC with a discount. The size of the discount is commercial in confidence.

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 Acute, Planning and Performance directorate via [SPPG-NICEInbox@hscni.net](mailto:SPPG-NICEInbox@hscni.net) in the first instance.

Yours sincerely



**Teresa Magirr**  
**Assistant Director of Specialist Services**  
**Acute, Planning and Performance Directorate**

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  
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