National Institute for Health and Care Excellence

Health Technology Evaluation

Lenacapavir for preventing HIV-1 in adults and young people ID6495
Response to stakeholder organisation comments on the draft remit and draft scope

Please note: Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees.

Comment 1: the draft remit and proposed process

Section	Stakeholder	Comments [sic]	Action
Appropriateness of an evaluation and proposed evaluation route	Gilead Sciences (company)	Gilead are fully aligned with the government's ambition of getting to zero new HIV transmissions by 2030 however Gilead believe that NICE is not an appropriate route for review for this technology for the following reasons: • Lenacapavir for PrEP is a HIV prevention intervention which does not sit within NICE's traditional remit of evaluating treatments for established diseases, since NICE methodologies are better suited for interventions with clear and immediate effects on people already affected by a condition, rather than those whose goal is to reduce risk. • NICE has limited experience in HIV technologies. • NHSE have already produced a PrEP policy which includes both available generic and branded oral PrEP options therefore this technology could potentially be incorporated within this policy. Gilead would welcome discussions with NHSE on the most appropriate evaluation route as part of a wider HIV elimination strategy.	Comments noted. This topic has been selected for appraisal as an STA.

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	NHS England	It is appropriate for NICE to consider this non-oral PrEP option, to keep a consistent approach with the review of cabotegravir PrEP and to diversify the range of PrEP options beyond oral therapies in order to reduce HIV transmissions in line with the HIV Action Plan.	Comments noted. No action required.
	British Association for Sexual Health and HIV (BASHH)	A single technology appraisal would be an appropriate evaluation route for Lenacapavir.	Comments noted. No action required.
	British HIV Association (BHIVA)	The UK government is committed to ending HIV transmission in England by 2030. It is unlikely that this will be achieved without a significant scale up of HIV PrEP, allowing people to use methods that are most suitable and effective for them.	Comment noted. No action needed.
	HIVPA	We would support and encourage a technology appraisal in this situation as this offer significant benefit over the two-monthly injectable for HIV prevention. At the time of writing, there is yet any injectable antiretroviral for prevention of HIV acquisition available.	Comment noted. No action needed.
	Terrence Higgins Trust	No comments	No action needed.
	UK-CAB (UK Community Advisory Board)	We support the evaluation and the proposed evaluation route.	Comments noted. No action required.
	ViiV Healthcare	The topic is highly relevant and timely as the prevention of new HIV acquisitions remains a key priority for the UK Government and NHS in England and Wales, illustrated by the commitment to zero new HIV transmissions by 2030 in the HIV Action Plan for England 2022 to 2025 [1],	Comments noted. No action required.

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		scale up of testing, including opt-out HIV testing, and progress towards a new HIV Action Plan in 2025 [2,3]. However, as it stands the number of people diagnosed as living with HIV increased year on year over the past decade [4]. An STA is the most appropriate route to determine clinical and cost-effectiveness against existing comparators available to people who could benefit from PrEP. 1. Towards Zero: the HIV Action Plan for England – 2022 to 2025. Dec 2021 2. Government ramps up efforts to end HIV transmissions in England. Feb 2025 3. ED bloodborne virus opt-out testing. Nov 2024 **House of Commons HIV Testing Week Research Briefing. Feb 2025**	
	National AIDS Trust	We strongly support the evaluation of lenacapavir for HIV prevention as this innovation will play a pivotal role in preventing HIV transmissions and help achieve the Government's goal of ending new HIV transmissions by 2030. The UK Government HIV Action Plan for England and PrEP Roadmap published by DHSC have already highlighted that improving PrEP uptake – especially among groups with lower access – will require offering PrEP in settings beyond sexual health clinics and providing different modes of delivery, including long-acting methods. Lenacapavir represents exactly the kind of innovation needed to reach those for whom daily oral PrEP is not accessible and strengthen the UK's efforts to end new HIV transmissions by 2030. Lenacapavir has been described by the UNAIDS Exectuive as a 'miracle product' and Science Magazine named	Comments noted. No action required.

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		lenacapavir as its 2024 Breakthrough of the Year in recognition of its potential to transform HIV prevention NAT agrees with the draft remit to evaluate lenacapavir for preventing HIV-1 in people aged 16 years or older who are at risk of HIV. This broad remit appropriately reflects that HIV risk is not confined to one group – and with a wider remit alongside ensuring affordable pricing - it will ensure that all populations who could benefit from long-acting PrEP options are considered, with no one left behind.	
Wording	Gilead Sciences (company)	Gilead notes that this technology is being assessed within its marketing authorisation	Comments noted. No action required.
	NHS England	A rewrite of the background may be helpful-please see below.	Comments noted. No action required.
	British Association for Sexual Health and HIV (BASHH)	Yes	Comments noted. No action required.
	British HIV Association (BHIVA)	The wording is appropriate.	Thank you for your comment. No action needed.
	HIVPA	No comments	No action needed.
	Terrence Higgins Trust	No comments	No action needed.

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	UK-CAB (UK Community Advisory Board)	The wording of the remit is satisfactory.	Thank you for your comment. No action needed.
	ViiV Healthcare	ViiV is aligned	Thank you for your comment. No action needed.
	National AIDS Trust	No comments	No action needed.
Timing issues	Gilead Sciences (company)	Gilead Sciences consider this evaluation to be urgent. The HIV Action Plan and PrEP roadmap acknowledge the pivotal role PrEP must play in ending new HIV cases by 2030 and the significant differences in PrEP need and uptake among marginalised communities. While oral PrEP is highly effective when taken consistently as prescribed, the need for different modalities in groups currently underserved by existing prevention options has been recognised as critical by HIV charities, communities, and HCPs in their response to the recent decision to not recommend cabotegravir. While significant strides forward have been made in the past 5 years with the expansion in ED opt out testing for blood borne viruses including HIV, improvements in HIV treatment and care, overturning of outdated and stigmatising laws and policies, some communities and people have been left behind. Given the government ambition of achieving zero HIV transmissions by 2030, the NHS will not meet this ambition if the status quo does not change therefore alternative modalities that can help reach communities such as men who have sex with men (MSM) from Black African, Black Caribbean, and other ethnic minority communities, as well as individuals from socioeconomically disadvantaged backgrounds including those who are	Thank you for your comment. In any appraisal NICE aims to publish guidance as close as possible to the granting of a marketing authorisation. No action required.

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		homeless and those who inject drugs will improve uptake, acceptability and adherence, and support the government ambition. Since 2019, late HIV diagnoses have exceeded 40% in many regions of the UK. Late HIV diagnosis is associated with higher healthcare costs: total medical costs in the first year after diagnosis are approximately twice as high in patients who are diagnosed late compared with those who are diagnosed early. Late diagnosis in recent years has been most prevalent in women, older individuals, and individuals of Black African heritage.	
	NHS England	Medium-high urgency. There are currently two PrEP options available, both of which are oral medicines. There are no injectable PrEP options currently available from the NHS. Cabotegravir is an injectable medicine which is currently being reviewed by NICE and is currently paused. Access is via a compassionate programme only. https://www.nice.org.uk/guidance/indevelopment/gid-ta11304 The Government has committed to ending HIV transmissions by 2030 through the HIV Action Plan. Equitable access to PrEP is key to achieving this goal. The availability of an injectable PrEP option will support this ambition by providing an option for individuals in whom oral PrEP may be contraindicated or unable to meet their needs.	Thank you for your comment. In any appraisal NICE aims to publish guidance as close as possible to the granting of a marketing authorisation. No action required.
	British Association for Sexual Health	Mainly relating to patients who clinicians have identified of being at risk of acquiring HIV either through an inability to take oral PrEP (difficulty swallowing tablets, malabsorption issues, gastrointestinal side effects) as well	Comments noted. No action required.

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	and HIV (BASHH)	as those who would like to access HIV prevention but due to vulnerabilities, are unable to do so in its current form.	
	British HIV Association (BHIVA)	Additional options for those not able to use oral PrEP effectively are key to achieving the goals of the HIV Action Plan. https://www.gov.uk/government/publications/towards-zero-the-hiv-action-plan-for-england-2022-to-2025/towards-zero-an-action-plan-towards-ending-hiv-transmission-aids-and-hiv-related-deaths-in-england-2022-to-2025	Comments noted. No action required.
	HIVPA	There is a need for access to this in order to prevent HIV transmission in a number of cases, this is demonstrated by access to cabotegravir for pre-exposure prophylaxis via a compassionate use scheme, as well as the delay in approval of cabotegravir for prevention in HIV-1 infection.	Thank you for your comment. In any appraisal NICE aims to publish guidance as close as possible to the granting of a marketing authorisation. No action required.
	Terrence Higgins Trust	No comments	No action needed.
	UK-CAB (UK Community Advisory Board)	Lenacapavir as potential to support national goals to end new HIV transmissions by 2030 (set by the UK Government), therefore, the appraisal should be conducted in a timely manner, ensuring it can have maximum benefit during the years to the target deadline.	Thank you for your comment. In any appraisal NICE aims to publish guidance as close as possible to the granting of a marketing authorisation. No action required.
	ViiV Healthcare	As the government is committed to achieving zero new HIV acquisitions, AIDS, and HIV-related deaths in England by 2030, the urgency of this	Thank you for your comment. In any

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		appraisal should be highlighted. Furthermore, the World Health Organisation highlights the need for 'expanding effective HIV prevention choices' in order to help meet the Global UNAIDS target for 2025 ensuring 95% of people at risk of HIV acquisition have access to prevention [1]. **HIV Prevention 2025 Road Map. 2022.**	appraisal NICE aims to publish guidance as close as possible to the granting of a marketing authorisation. No action required.
	National AIDS Trust	We believe this evaluation is timely and essential. The goal of ending new transmissions and ending AIDS-related deaths in the UK by 2030 is possible – but is unlikely to happen on the current trajectory of increasing diagnoses (particularly among underserved communities) seen particularly over the last couple of years. Notably, in the last year, new diagnoses rose by 30% among heterosexual women and by 64% among people of Black African ethnicity in this period , highlighting that prevention efforts are falling short in groups traditionally underserved by existing PrEP options. This widening inequality in infections underscores the urgency of introducing new preventative tools. Lenacapavir is vital tool for addressing health inequalities in the HIV epidemic. The Government's HIV Action Plan and last MEL Framework explicitly calls for expanding PrEP access. By evaluating lenacapavir now, NICE is acting consistently with this national strategy. If recommended, lenacapavir could help re-energise progress toward the 2030 goal. We would encourage NICE to give priority for reviewing lenacapavir as much as possible, considering the pressing public health need and the potential it offers for the UK's HIV response. We note that regulators elsewhere are fast-tracking this medicine. For example, the US FDA has granted lenacapavir PrEP a Priority Review with an approval decision expected by June 2025.	Thank you for your comment. In any appraisal NICE aims to publish guidance as close as possible to the granting of a marketing authorisation. No action required.

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Additional comments on the draft remit	Gilead Sciences (company)	No	No action needed.
	NHS England	No comments	No action needed.
	British Association for Sexual Health and HIV (BASHH)	No comments	No action needed.
	British HIV Association (BHIVA)	No comments	No action needed.
	HIVPA	No comments	No action needed.
	Terrence Higgins Trust	No comments	No action needed.
	UK-CAB (UK Community Advisory Board)	No comments	No action needed.
	ViiV Healthcare	No comments	No action needed.
	National AIDS Trust	No comments	No action needed.

Comment 2: the draft scope

Section	Consultee/ Commentator	Comments [sic]	Action
Background information	Gilead Sciences (company)	Gilead have no comments apart from the suggestion that using Tenofovir disoproxil (TDx) alone is suitable for PrEP which we note is not a licensed indication with the UK, or within Europe (EMA) or the US (FDA). While TAF/FTC is recommended as a second line option where TDF/FTC is contraindicated, this is only licensed in MSM. This is particularly pertinent since **46%** of all new HIV diagnoses in 2023 in England were among women yet only **3%** of those using PrEP in 2023 in England were women.	Comment noted. Off-label and unlicensed treatments are not automatically excluded as comparators. Stakeholders are encouraged to submit evidence for which comparators are appropriate in their submission. The committee will consider which comparators are appropriate.
	NHS England	The following paragraph needs reviewing because it is not very clear. *HIV is transmitted through the body fluids of a person, usually with a detectable level of the virus (including semen, vaginal and anal fluids, blood and breast milk). The most common way of getting HIV for people treated in the NHS is sexual intercourse without a condom or other proven HIV prevention interventions (such as oral-based pre-exposure prophylaxis).* The background may benefit from a re-write e.g. 'The destruction of these cells leaves people living with HIV unable to fight off infections and some other conditions' perhaps should read 'The destruction of these cells leaves people living with HIV unable to fight off infections and makes them more likely to develop HIV associated illnesses' Please can you refer to the NHSE Commissioning Policy https://www.england.nhs.uk/publication/reimbursement-for-the-use-of-generic-drugs-for-pre-exposure-prophylaxis-prep-for-the-prevention-of-hiv/	Comment noted. Wording in the second paragraph has been updated to 'The most common way that people in England and Wales get HIV is sexual intercourse without a condom or other proven HIV prevention interventions (such as oral-based pre-exposure prophylaxis)'. Wording in the first paragraph has been

Section	Consultee/ Commentator	Comments [sic]	Action
		alongside the BASHH/BHIVA guidelines in the final paragraph of the Background section.	updated to 'The destruction of these cells leaves people living with HIV unable to fight off infections and makes them more likely to develop HIV-associated illnesses'. The final paragraph of the scope has been updated to include the NHSE commissioning policy.
	British Association for Sexual Health and HIV (BASHH)	Reflects the current BASHH/BHIVA guidance on Pre-Exposure Prophylaxis (PrEP) as well as NHS England Commissioning of oral Tenofovir in both available forms (TDF/FTC and TAF/FTC). As long acting Cabotegravir is currently going through the NICE approval process, it makes sense not to include in the background.	Comments noted. Cabotegavir may be a relevant comparator, subject to NICE evaluation. The background section provides a brief summary of current clinical practice No action required.

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	British HIV Association (BHIVA)	No comments	No action needed.
	HIVPA	HIVPA suggests adding 'tenofovir' in front of 'alafenamide (TAF)'.	Thank you for your comment. Wording has been updated to add 'tenofovir'.
	Terrence Higgins Trust	We recommend that data from UKHSA's surveillance data https://www.gov.uk/government/statistics/hiv-annual-data-tables/hiv-testing-prep-new-hiv-diagnoses-and-care-outcomes-for-people-accessing-hiv-services-2024-report be considered in the evaluation.	Comment noted. The number of people living with HIV in the UK is included in the background section and include statistics from the most recent accessible sources. Stakeholders are encouraged to highlight relevant evidence sources in their submissions.
	UK-CAB (UK Community Advisory Board)	"Taking PrEP before HIV exposure can prevent HIV from getting into the body and replicating." More accurate phrasing might be "taking hold in the body and replicating".	Comments noted. Wording updated to 'Taking PrEP before HIV exposure can prevent the virus from taking hold and replicating in the body'.

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	ViiV Healthcare	ViiV is aligned	Comment noted. No action needed.
	National AIDS Trust	No comments	No action needed.
Population	Gilead Sciences (company)	Adults and adolescents weighing at least 35 kg at risk of sexually acquired HIV-1 infection	Comment noted. The population is intentionally kept broad to avoid excluding potentially eligible people. NICE will appraise the technology within its marketing authorisation.
	NHS England	Yes	Comment noted. No action needed.
	British Association for Sexual Health and HIV (BASHH)	This is quite broad. It should be noted that it is unlikely that all patients who are currently on oral PrEP will require a switch to injectable PrEP (this wouldn't be cost effective). In order to be affordable, injectable PrEP should be considered an alternative for patients in whom oral PrEP is not suitable/tolerated.	Comment noted. The population is intentionally kept broad to avoid excluding potentially eligible people. NICE will however only appraise the technology within its marketing authorisation.

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	British HIV Association (BHIVA)	Yes	Comment noted. No action needed.
	HIVPA	No comments	No action needed.
	Terrence Higgins Trust	While PrEP uptake in England has grown year on year since it's commissioning by the NHS England, significant disparities remain in uptake. Additionally, amongst those who are taking PrEP there are concerns on adherence for some as recently illustrated in a report by 56 Dean Street. The report revealed that over half of the 84 people who were newly diagnosed with HIV in the clinic last year were taking PrEP and were unfortunately not dosing appropriately. It would there be prudent to acknowledge that the biological, behavioural, and social barriers to PrEP effectiveness for those who are currently under-represented and/or underserved in HIV prevention services can only be mitigated by increasing the choices available. Lenacapavir will provide an option where people	Comments noted. NICE will appraise the technology within its marketing authorisation.
	UK-CAB (UK Community Advisory Board)	Yes	Comment noted. No action needed.
	ViiV Healthcare	ViiV is aligned to the population proposed in the draft scope pending market authorisation. Furthermore, the population proposed further highlights the need for a formal STA to ensure equity of access across those who could benefit from PrEP.	Comment noted. No action needed.

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	National AIDS Trust	We support the draft scope and think that no specific community should be excluded from access – anyone at risk of HIV could potentially benefit from lenacapavir. However, within this broad population, it is important to recognise the sub-populations who have unmet needs with oral PrEP. Lenacapavir's long-acting injectable format is especially promising for those who have not found daily oral PrEP suitable or accessible. In the UK, there are clear disparities in PrEP uptake and continuation by group which is reflected in the communities that are experiencing increasing HIV diagnoses. For example, heterosexual women are much less likely to be identified as needing PrEP in clinical practice and are less likely to start and continue PrEP than gay and bisexual men. Likewise, Black African communities have had disproportionately low PrEP usage despite high HIV prevalence. Trans* communities, who often face stigma and often limited service engagement, also have relatively low uptake of PrEP through existing pathways. These inequalities are precisely why a new option like lenacapavir is so important. Given the key value of lenacapavir for these sub-populations, we believe it is important that NICE's calculations for baseline risk of HIV acquisition and cost effectiveness gives particular weight to these communities underserved by existing PrEP options, compared to the general population.	The population in the scope is kept broad. If the marketing authorisation is narrower, the appraisal committee will consider that population in the appraisal. If evidence allows, subgroups of people at risk of sexually acquired HIV-1 infection for whom the technology might be particularly clinically effective or value for money will be considered.
Subgroups	Gilead Sciences (company)	Gilead Sciences suggest that this includes 'individuals for whom oral PrEP is not appropriate' as positioned by ViiV in the cabotegravir appraisal currently going through the NICE process. Additionally, the recent positive SMC outcome for cabotegravir for PrEP recommended it for use in individuals who are eligible for PrEP but for whom oral PrEP is not appropriate to meet their HIV prevention needs.	Comment noted. If evidence exists, subgroups of people aged 16 years or older at risk of sexually acquired HIV-1 infection for whom the technology might be particularly clinically effective or value for

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			money will be considered.
	NHS England	No comments	No action needed.
	British Association for Sexual Health and HIV (BASHH)	Subgroups including: Vulnerable people e.g. people experiencing homelessness, patients experiencing intimate partner violence unable to conceal medication safely, patients engaging in substance misuse, patients with malabsorption problems/inability to tolerate an oral route of PrEP.	Comment noted. If evidence allows, subgroups of people at risk of sexually acquired HIV-1 infection for whom the technology might be particularly clinically effective or value for money will be considered.
	British HIV Association (BHIVA)	It is likely that the intervention will be more clinically effective in cisgender women, young people, and in people who are vulnerable owing to social factors such as homelessness, recent migration etc.	Comment noted. If evidence allows, subgroups of people at risk of sexually acquired HIV-1 infection for whom the technology might be particularly clinically effective or value for money will be considered.
	HIVPA	No comments	No action needed.
	Terrence Higgins Trust	Lenacapavir's long-acting formulation has the potential to address several key barriers to PrEP uptake faced by a number of subgroups that include;	Comment noted. If evidence allows,

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		• individuals who have difficulty adhering to a daily oral PrEP regimen due to various personal or lifestyle factors. These include people without fixed addresses and the homeless. • those who from communities where there are high levels of HIV stigma that might be a barrier to taking daily pills for HIV prevention. Lenacapavir offers a discreet and less frequent dosing regimen that might be more appealing. These will include people from Black African communities and gay and bisexual mena and other men who have sex with men from ethnic minority groups who continue to be disproportionately diagnosed with HIV. • women as demonstrated by the 100% efficacy in the PURPOSE 1 trial.	subgroups of people at risk of sexually acquired HIV-1 infection for whom the technology might be particularly clinically effective or value for money will be considered.
	UK-CAB (UK Community Advisory Board)	Gay and bisexual men Women Migrants Black African men and women Sex workers Trans and non-binary people People in prison settings	Comment noted. If evidence allows, subgroups of people at risk of sexually acquired HIV-1 infection for whom the technology might be particularly clinically effective or value for money will be considered.
	ViiV Healthcare	No comments	No action needed.
	National AIDS Trust	As noted above, the scope should explicitly acknowledge the diverse communities underserved by existing oral PrEP options, who may opt for lenacapavir. We suggest the evidence assessment consider subgroup analyses (where data allow) for groups such as women, ethnic minority	Comment noted. If evidence allows, subgroups of people at

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		communities, younger people, and trans* communities. And through this, the assessment gives particular weight in the cost-effectiveness and baseline risk calculations for the communities who are underserved within existing prevention options.	risk of sexually acquired HIV-1 infection for whom the technology might be particularly clinically effective or value for money will be considered.
Comparators	Gilead Sciences (company)	Gilead would suggest TDx as a single agent is not a suitable comparator. TDx has not been licensed by any major regulator for the prevention of HIV, and while we acknowledge there are data, these may not be supportive of its use or inclusion as a comparator for PrEP in a UK setting.	Comment noted. The comparators have been updated to include a broad definition of established clinical management. Off-label and unlicensed treatments are not automatically excluded as comparators. Stakeholders are encouraged to submit evidence for which comparators are appropriate in their submissions. The committee will consider which comparators are appropriate.
	NHS England	The statement in the draft scope *Established clinical management including tenofovir alone or in combination with emtricitabine* is incorrect.	Comment noted. The comparators have been updated to include a

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		Established clinical management is: First line: tenofovir disoproxil in combination with emtricitabine Second line: tenofovir alafenamide in combination with emtricitabine As per NHS England commissioning policy Reimbursement for the use of generic and second line drugs for Pre Exposure Prophylaxis (PrEP) for the prevention of HIV (2112) [230402P] (england.nhs.uk)	broad definition of established clinical management. Off-label and unlicensed treatments are not automatically excluded as comparators. Stakeholders are encouraged to submit evidence for which comparators are appropriate in their submissions. The committee will consider which comparators are appropriate.
	British Association for Sexual Health and HIV (BASHH)	Yes	Comment noted. No action needed.
	British HIV Association (BHIVA)	Cabotegravir is of course still under consideration by NICE, but yes these are the correct comparators as treatment. This intervention should also be compared with no PrEP, given that it might be best used in people who are not adherent to oral PrEP	Comment noted. The comparators have been updated to include a broad definition of established clinical management.

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	HIVPA	Tenofovir alone is listed as a comparator however, this isn't used in clinical practice as it does not provide adequate protection.	Comment noted. The comparators have been updated to include a broad definition of established clinical management. Off-label and unlicensed treatments are not automatically excluded as comparators. Stakeholders are encouraged to submit evidence for which comparators are appropriate in their submissions. The committee will consider which comparators are appropriate.
	Terrence Higgins Trust	All relevant comparators have been listed in our view.	No comment. No action needed.
	UK-CAB (UK Community Advisory Board)	Yes	Thank you for your comment. No action needed.
	ViiV Healthcare	ViiV suggests the removal of TDF monotherapy from the comparators list. Justification: single agent TDF is not currently licensed for PrEP, but can only be considered as part of the BHIVA/BASHH guidelines [1] as an alternative for heterosexual men and women, and this population likely represents a	Comment noted. The comparators have been updated to include a broad definition of

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		small proportion of PrEP use in England and Wales. Furthermore, only tenofovir in combination with emtricitabine is reimbursed by the specialised clinical commissioning policy for PrEP [2]. 1. BHIVA/BASHH guidelines on the use of HIV pre-exposure prophylaxis (PrEP). 2018 **NHS Clinical Commissioning Policy: Reimbursement for the use of generic and second line drugs for Pre Exposure Prophylaxis (PrEP) for the prevention of HIV. October 2020**	established clinical management. Off-label and unlicensed treatments are not automatically excluded as comparators. Stakeholders are encouraged to submit evidence for which comparators are appropriate in their submissions. The committee will consider which comparators are appropriate.
	National AIDS Trust	Whilst cabotegravir is subject to ongoing NICE evaluation, data from the compassionate access scheme for cabotegravir could be considered.	Comments noted. No action required.
Outcomes	Gilead Sciences (company)	Gilead suggest adding persistence to PrEP as an outcome. There will be further data available on this from the PURPOSE clinical trial programme. Gilead requests clarity on the inclusion of 'change in viral load' as an outcome as this outcome is specific to HIV treatment rather than HIV prevention.	Comment noted. The outcomes listed are not exhaustive and the committee will consider all relevant costs and benefits during the appraisal.
	NHS England	The outcome measures to be considered are appropriate; in addition we propose the following are included: • Visit frequency	Comment noted. The outcomes listed are not exhaustive and the committee will consider

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		• Monitoring requirements • Self-reported stigma	all relevant costs and benefits during the appraisal.
	British Association for Sexual Health and HIV (BASHH)	Most of the harms relate to physical outcome measures. There doesn't appear to be a measure which captures the psychological impact of the intervention.	Comment noted. The outcomes listed within the scope are not intended to be exhaustive. Data on additional outcomes, including psychological impacts can be included within the appraisal submission.
	British HIV Association (BHIVA)	Yes	Comment noted. No action needed.
	HIVPA	No comments	No action needed.
	Terrence Higgins Trust	The outcomes are clear and appropriate. On the final outcome bullet point on 'health-related quality of life', it will be important to also consider wider wellbeing as shown from other studies on PrEP users in general. There is plenty of evidence of the ways that PrEP use has improved the lives and sex lives of gay and bisexual men. With reports of better mental health and wellbeing with less anxiety. Evidence also points to more autonomy and control, healthier sex and relationship choices, and an increase in intimacy and pleasure.	Comment noted. The committee will consider all relevant health-related quality of life outcomes when appraising the technology.

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	UK-CAB (UK Community Advisory Board)	HIV prevention also prevents people being exposed to HIV-related stigma and the burden that can have on health, particularly mental health. We know people with HIV are more likely to expression depression and anxiety than negative peers – so there are benefits within "health-related quality of life" that aren't merely physical.	Comment noted. No action required.
	ViiV Healthcare	ViiV agrees with the proposed outcome measures, including injection site reactions and drug-to-drug interactions within the remit of adverse effects of treatment.	Comment noted. No action required.
	National AIDS Trust	We broadly agree with the draft scope's outcomes focus but in considering HRQoL, patient-reported outcomes (such as preference, satisfaction, stigma, and quality of life) should also be captured if possible. For example, trial data indicates many users greatly value the convenience and privacy of injectables and this should be considered as part of this apprasial.	Comment noted. The committee will consider all relevant health-related quality of life outcomes when appraising the technology.
Equality	Gilead Sciences (company)	In England, there is a significant inequity in the access to and uptake of PrEP. While oral PrEP has been shown to be highly effective in reducing the risk of HIV, its access remains uneven across different demographics. Key groups with the biggest unmet need include men who have sex with men (MSM) from Black African, Black Caribbean, and other ethnic minority communities, as well as individuals from socioeconomically disadvantaged backgrounds including those who are homeless and those who inject drugs. These populations often face barriers such as stigma, discrimination, and limited awareness of PrEP, which can hinder both access to the medication and its consistent use. Additionally trans and non-binary individuals also experience gaps in PrEP uptake due to healthcare system barriers or lack of tailored support. In addition to gay and bisexual MSM, hetersexual women of black African heritage is the population most at risk of acquiring HIV. **46%** of all new HIV	Comment noted. The committee will consider equalities issues during the appraisal.

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		diagnoses in 2023 in England were among women yet only **3%** of those using PrEP in 2023 in England were women. The 2023 Not PrEPared report highlights that the UKHSA PrEP monitoring and evaluation framework indicators measures people who manage to access sexual health services in its first indicator 'Determining PrEP need.' However the report points to the 'enormous barriers to access' highlighted in the report indicating the national data could grossly underestimate PrEP need, and this is without accounting for the unmet needs within heterosexual, trans, Black African, Black Caribbean, and other ethnic minority communities. Gilead believe all of these populations and communities should have equitable access to PrEP.	
	NHS England	This intervention will be administered in a healthcare setting, so from a practical perspective may make it more difficult for people with a disability, caring responsibilities or another protected characteristic that can potentially lead an individual to find it more challenging to visit a healthcare setting in person.	Comment noted. The committee will consider equalities issues during the appraisal.
	British Association for Sexual Health and HIV (BASHH)	No – the population is quite broad.	Comment noted. No action required.
	British HIV Association (BHIVA)	No comments	No action needed.

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	HIVPA	There is also valuable for those who cannot take oral pre-exposure prophylaxis for any reason, particularly those where confidentiality is compromised.	Comment noted. The committee will consider equalities issues during the appraisal.
	Terrence Higgins Trust	No comments	No action needed.
	UK-CAB (UK Community Advisory Board)	No comments	No action needed.
	ViiV Healthcare	PrEP is a key component of HIV prevention. While individuals in the UK currently have access to oral PrEP through the NHS, there are still some groups of people who are more likely to acquire HIV and who are unable to benefit from oral PrEP, resulting in unmet need for new PrEP modalities. These groups may include, but are not limited to, gender diverse populations, ethnic minorities, sexual orientation and stigma and discrimination.	Comment noted. The committee will consider equalities issues during the appraisal.
	National AIDS Trust	The proposed wide draft remit and scope will help ensure communities underserved by current HIV prevention tools are not disadvantaged. UKHSA HIV monitoring data for the HIV response highlights that the epidemic remains an equality issue. As such, NICE and UK Government should prioritise action to reduce inequalities in the HIV response (including the commissioning of long-acting PrEP options which have the potential to prevent HIV diagnoses and significantly benefit key populations).	Comment noted. The committee will consider equalities issues during the appraisal.
Other considerations	Gilead Sciences (company)	No comments	No action needed.

Section	Consultee/ Commentator	Comments [sic]	Action
	NHS England	No comments	No action needed.
	British Association for Sexual Health and HIV (BASHH)	No comments	No action needed.
	British HIV Association (BHIVA)	No comments	No action needed.
	HIVPA	No comments	No action needed.
	Terrence Higgins Trust	It will be crucial that the evaluation of this technology is done with a consideration of England's goal to end new HIV cases by 2030 in mind. Oral PrEP uptake is steadily on the rise but not enough to achieve the 2030 goal and more choice in how to take PrEP can will be beneficial. Consideration of where Lenacapavir can be administered needs to leave it open for expansion outside of sexual health clinics. This can make it more accessible and pave way for PrEP access outside of sexual health clinics, an important step to improving access.	Comment noted. No action required.
	UK-CAB (UK Community Advisory Board)	No comments	No action needed.
	ViiV Healthcare	None	No action needed.

Section	Consultee/ Commentator	Comments [sic]	Action
	National AIDS Trust	We suggest adminstration costs of lenacapavir are considered alongside the wider economic benefits of having a long-acting injection could offer to clinic resources and capacity.	Comments noted. The technology will be appraised in line with NICE's health technology evaluations manual.
Questions for consultation	Gilead Sciences (company)	Gilead believe lenacapavir will be prescribed in secondary care (ie sexual health services) with follow up in secondary care as is the case for current PrEP prescribing. Gilead would consider managed access if uncertainties need to be addressed.	Comment noted. No action required.
	NHS England	Where do you consider lenacapavir will fit into the existing care pathway for preventing HIV-1 in people aged 16 years or older? And in which population do you expect lenacapavir to be used? The Lenacapavir clinical trials have encompassed a broad demographic that may address PrEP disparities. PrEP therapy should be individualised in order to provide the best option for the person who would benefit from PrEP intervention. There are a population of individuals in whom the standard of care oral therapies cannot be tolerated, are contraindicated or inappropriate e.g. those at risk of domestic violence, stigma etc in whom an injectable option is needed urgently. Furthermore, it is well evidenced that adherence to oral PrEP therapies is sub-optimal with injectable PrEP therapies proving superior in reducing HIV acquisition in published studies. Please select from the following, will lenacapavir be: A. Prescribed in primary care with routine follow-up in primary care B. Prescribed in secondary care with routine follow-up in primary care	Comment noted. No action required.

Section	Consultee/ Commentator	Comments [sic]	Action
		C. Prescribed in secondary care with routine follow-up in secondary care D. **Other (please give details):** lenacapavir will be prescribed and administered in Level 3 sexual health services. For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention. The setting will be the same for prescribing and routine follow-up. Would **l**enacapavir be a candidate for managed access? The service is provided by NHS and non-NHS providers, and is commissioned by Local Authorities so unsure if managed access is suitable. Do you consider that the use of **l**enacapavir can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation? Lenacapavir can help address substantial existing PrEP barriers including stigma and concerns about disclosure and discrimination or other social harms. It would reduce the side-effects observed with oral therapy, including gastrointestinal complications It may reduce some of the challenges with access to healthcare services Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits. Please see the data available from the Purpose studies Twice-Yearly Lenacapavir or Daily F/TAF for HIV Prevention in Cisgender Women | New England Journal of Medicine Twice-Yearly Lenacapavir for HIV Prevention in Men and Gender-Diverse Persons | New England Journal of Medicine	

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	British Association for Sexual Health and HIV (BASHH)	Lenacapavir should be prescribed in secondary care with routine follow-up in secondary care. It would be a candidate for managed access. The Data which should be used in order to evaluate this intervention is likely to come from the PURPOSE trials. The most relevant data to the UK population is likely to be seen when the PURPOSE 5 study in the UK and France is published but the results of this are unlikely to be available for the NICE approval process. PURPOSE-1/2 are currently available and show good efficacy, however these studies were based in non-UK settings so it would be difficult to us these studies with looking at baseline risk of HIV acquisition.	Comment noted. No action required.
	British HIV Association (BHIVA)	In the context of current commissioning, this intervention would likely be prescribed and followed up in secondary care. However, it would be quite possible to initiate in secondary care and then continue prescription and follow-up in primary care. This would be subject to a number of caveats around commissioning mechanism, training needs, facilities for administering the medication and capacity issues within primary care. It is likely that there would be significant geographical variation in the ability of primary care to deliver this intervention. Managed access: Lenacapavir is likely to be significantly higher cost than generic TDF/FTC. A managed access programme could examine a number of key outcomes which could aim to reduce inequalities of access to PrEP. For example: people at risk of HIV, but with no history of using PrEP who take up the intervention; persistence on PrEP in those with a documented history of inadequate coverage f periods of risk with oral PrEP; uptake in minoritised communities.	Comment noted. No action required.

Section	Consultee/ Commentator	Comments [sic]	Action
	HIVPA	**Questions for consultation** Where do you consider **l**enacapavir will fit into the existing care pathway for preventing HIV-1 in people aged 16 years or older? And in which population do you expect **l**enacapavir to be used? As a second line option for those who cannot take tenofovir disoproxil due to contraindications or those who cannot take any oral pre-exposure due to difficulties with adherence or disclosure. Those unable to tolerate oral PrEP or cannot attend for two-monthly for administration of/or unable to tolerate CAB PrEP Those with eGFR below license for tenofovir alafenamide/emtricitabine PrEP <30 ml/min Those who oral PrEP risks inadvertent disclosure of sexual activity or those who cannot safely negotiate daily access to oral prep due to vulnerability/safeguarding issues. Please select from the following, will **l**enacapavir be: A. Prescribed in primary care with routine follow-up in primary care B. Prescribed in secondary care with routine follow-up in primary care C. Prescribed in secondary care with routine follow-up in secondary care D. Other (please give details): Prescribed in level 3 sexual health clinics with routine follow-up in level 3 sexual health clinics For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention. - Currently not. No difference in setting for prescribing and routine follow-up from the intervention. Only minor difference would be the frequency of monitoring and sexual health screen done at 6-monthly	Comment noted. No action required.

Section	Consultee/ Commentator	Comments [sic]	Action
		intervals with LEN PrEP compared to higher frequency with CAB PrEP (2-monthly intervals) or with oral PrEP (3-monthly intervals due to limitations on prescription quantity at some clinics). Would **l**enacapavir be a candidate for managed access? No Do you consider that the use of **l**enacapavir can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation? - Lenacapavir PrEP as an option alongside other forms of PrEP allow for a wider range of agents for HIV prevention. Injectable PrEP, particularly longer acting formulations such as Lenacapavir PrEP which do not require frequent follow up may be preferable and encourage people at higher risk to consider the intervention. Increased uptake of PrEP particularly for at risk groups who may not otherwise accept oral or 2-monthly formulations is key to reducing new transmissions. - Consideration that in the context of people living with HIV, the utility value used when calculating QALY can vary - a person with well-controlled HIV may have a higher utility value than a person with advanced HIV. How will the utility value be adjusted for QALY calculation in terms of HIV prevention? Please identify the nature of the data which you understand to be available to enable the committee to take account of these benefits.	

Section	Consultee/ Commentator	Comments [sic]	Action
		- Preference for Long-Acting Injectable PrEP Compared With Daily Oral PrEP Among Transgender Women in the U.S.: Findings From a Multisite Cohort - ScienceDirect - Systematic review of the values and preferences regarding the use of injectable pre-exposure prophylaxis to prevent HIV acquisition - PMC - Twice-Yearly Lenacapavir or Daily F/TAF for HIV Prevention in Cisgender Women | New England Journal of Medicine - Study Details | Study of Lenacapavir for HIV Pre-Exposure Prophylaxis in People Who Are at Risk for HIV Infection | ClinicalTrials.gov **NICE is committed to promoting equality of opportunity, eliminating unlawful discrimination and fostering good relations between people with particular protected characteristics and others. Please let us know if you think that the proposed remit and scope may need changing in order to meet these aims. In particular, please tell us if the proposed remit and scope:** • **could exclude from full consideration any people protected by the equality legislation who fall within the patient population for which lenacapavir will be licensed;** • **could lead to recommendations that have a different impact on people protected by the equality legislation than on the wider population, e.g. by making it more difficult in practice for a specific group to access the technology;** • **could have any adverse impact on people with a particular disability or disabilities.**	

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		Please tell us what evidence should be obtained to enable the committee to identify and consider such impacts.	
	Terrence Higgins Trust	No comments	No action needed.
	UK-CAB (UK Community Advisory Board)	Where do you consider lenacapavir will fit into the existing care pathway for preventing HIV-1 in people aged 16 years or older? And in which population do you expect lenacapavir to be used? D. Other (please give details): we believe access should be widespread, I both primary and secondary care, within community settings (partnering with NHS services as required) and other spaces where people at risk of exposure to HIV access healthcare. Would lenacapavir be a candidate for managed access? As a last resort, we believe the treatment should be fully appraised, and that it has a place within our HIV prevention tools. Do you consider that the use of lenacapavir can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation? **As mentioned, by protecting people from HIV, it removes the poor health outcomes associated with the virus, which include stigma and the knockon impact to mental health and wellbeing. Positive Voices**	Comment noted. No action required.

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		2022 has significant data in relation to the experiences of people with HIV. Positive Voices 2022: survey report - GOV.UK	
	ViiV Healthcare	No comments	No action needed.
	National AIDS Trust	Where do you consider lenacapavir will fit into the existing care pathway for preventing HIV-1 in people aged 16 years or older? And in which population do you expect lenacapavir to be used? We anticipate that lenacapavir will complement, not replace, existing HIV prevention tools. It will expand the PrEP toolkit, sitting alongside oral PrEP (daily and event-based) and potentially other injectable options like cabotegravir subject to NICE review. We expect lenacapavir to be integrated into sexual health services as an alternative option for people who are at risk of HIV but cannot or will not use oral PrEP, or who prefer the convenience, discretion, or longer dosing interval of a 6-monthly injectable. Lenacapavir is particularly well-suited for groups disproportionately affected by HIV who have low uptake or persistence with oral PrEP, including: women from Black African and other minitorised ethnic backgrounds, trans* communities, people experiencing homelessness or unstable housing, people who use drugs, people in coercive or abusive relationships for whom visible pill use may pose safety risks, migrants from high-prevalence countries and	Comment noted. No action required. The committee will consider equalities issues during the appraisal.

		people who face structural barriers that affect daily or event-based adherence to PrEP. The flexibility and long-acting nature of lenacapavir offers a unique prevention option that could help engage and retain users in HIV prevention who are currently missed by oral PrEP services. Prescribed and follow-up in what setting? It is challenging to chose just one between these options as we anticipate that both primary, secondary and community settings can and should play a key role in the prescription and administration of lenacapavir with the right resourcing and pathways. consistent with the PrEP Roadmap published by DHSC, we support expansion of PrEP into community and primary care settings over time – particularly for underserved populations who do not routinely access sexual health services In line with the Government's PrEP Roadmap (2024), we also support expansion into community and primary care settings over time – particularly for underserved populations who do not routinely access sexual health services. To maximise equity and uptake, DHSC and local commissioners should explore flexible models of delivery beyond traditional clinic-based services. The setting for comparator oral PrEP is currently sexual health clinics; this is likely to remain the primary setting for lenacapavir, but more diverse delivery models are feasible and desirable in the future. For comparators and subsequent treatments, please detail if the setting for prescribing and routine follow-up differs from the intervention.	

		Oral PrEP is currently prescribed and monitored through sexual health services. Follow-up typically includes STI screening, renal function monitoring, and HIV testing. Some pilots and initiatives are trialling PrEP delivery via GPs and online settings, but these are not yet widespread. Lenacapavir is likely to be introduced within the same services initially – sexual health clinics with appropriate infrastructure. However, because lenacapavir requires only two clinic visits per year after initiation, the routine follow-up burden is lower than oral PrEP and will subsequently result in cost savings and freed up capacity in sexual health services. Would lenacapavir be a candidate for managed access? Lenacapavir could be an appropriate candidate for managed access, especially during the early phases of rollout, but we believe there is sufficient evidence to warrant its approval without going through a managed access scheme and the public health impetus to ensure timely and wide access. Do you consider that the use of lenacapavir can result in any potential substantial health-related benefits that are unlikely to be included in the QALY calculation? The are several key benefits of lenacapavir which unlikely to be fully captured in standard QALY models. This includes: - Ending HIV transmissions: Lennacapavir will help end new HIV cases in England and Wales and the associated human and economic costs that a HIV diagnosis comes with. - Reduced stigma: Unlike daily pills, lenacapavir is discreet and less visible to partners, family, or peers. This reduces the fear of disclosure of being a PrEP user which can be particularly important for women, migrants and those experiencing intimate partner violence.	

		- Empowerment and autonomy: Offering a new option gives communities agency to choose the prevention method that fits their lives and identities, which can improve mental wellbeing and reduce anxiety. - Increased capacity in sexual health services: By lowering the frequency of clinic visits, lenacapavir may reduce healthcare provider workload over time, freeing up resources in overstretched sexual health services. - Integration with other services: Long-acting injectable PrEP could be co-delivered with other injections (e.g. contraceptive or opioid substitution therapy), promoting holistic care and better health outcomes. These benefits align with national public health goals and are essential to achieving equitable HIV prevention. QALY-based models should be supplemented with qualitative and observational data to reflect the full value of lenacapavir, including lived experience from patient experts which should be recruited for this appraisal. Equality considerations – does the proposed remit and scope need changing to meet NICE's equality commitments? We broadly support the proposed remit and scope. However, we recommend more explicit consideration of protected characteristics and their relationship to risk of HIV acquisition and PrEP access / benefit. This should include consideration of: - The barriers to oral PrEP faced by women, particularly Black and minoritised women, due to under-identification in clinics, low risk perception, and societal norms.	

		- The needs of trans and non-binary people who can face stigma and discrimination in health settings, and may find oral PrEP unacceptable or difficult to access. - The experience of Black African and Black Caribbean communities, where uptake of oral PrEP has been disproportionately low despite high HIV prevalence. - The practical challenges for people with disabilities, who may struggle with daily pill routines or attending frequent clinic appointments. - People in unstable housing, or with experience of violence, trauma, or substance use, who are less likely to be retained on oral PrEP regimens. We believe that lenacapavir's potential to reduce health inequalities should be considered a central part of the evaluation, and particular weight is given to these underserved communities for consideration of cost-effectiveness. Evidence which should be considered to support this could include community-led qualitative research on lived experiences of PrEP (including NAT and partners' Not PrEPared report), UKHSA data including the last MEL Framework for the HIV Action Plan, and qualitative research into the experiences of underserved communities that are disproportionately affected by HIV (including research from One Voice Network members into black communities, and research from the Sophia Forum into the experiences of women).	

Section	Consultee/ Commentator	Comments [sic]	Action
Additional comments on the draft scope	Gilead Sciences (company)	1) The technology is lenacapavir. Gilead request removing Sunlenca as brand name. 2) The draft scope does not contain related national policy documents or national guidelines	Comment noted. The scope has been updated to include related national policy document links.
	NHS England	No comments	No action needed.
	British Association for Sexual Health and HIV (BASHH)	No comments	No action needed.
	British HIV Association (BHIVA)	No comments	No action needed.
	HIVPA	There is a typo in the 3rd reference under the 'Related NICE recommendations' where 'ribavirin' was noted instead of 'rilpivirine'.	Comment noted. The wording has been updated.
	Terrence Higgins Trust	No comments	No action needed.
	UK-CAB (UK Community Advisory Board)	No comments	No action needed.

Section	Consultee/ Commentator	Comments [sic]	Action
	National AIDS Trust	No comments	No action needed.