



Resource impact summary report

Resource impact

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Resource impact summary report

This summary report is based on the NICE assumptions used in the [resource impact template](#). Users can amend the 'Inputs and eligible population' and 'Unit costs' worksheets in the template to reflect local data and assumptions.

Guidance recommendations

See [NICE's recommendations on cabotegravir for preventing HIV-1 in adults and young people](#).

Financial and capacity resource impact

The key drivers of resource impact are that:

- Administration appointments will be needed because cabotegravir will be administered by intramuscular injection by a healthcare professional in specialist sexual health services (SHS).
- There may be more appointments in SHS for sexual health screening, HIV serology tests and HIV viral load tests.

The company has a [commercial arrangement](#). This makes cabotegravir available to the NHS with a discount.

Users can input the confidential price of cabotegravir and amend other variables in the [resource impact template](#).

The payment mechanism for the technology is determined by the responsible commissioner and depends on the technology being classified as high cost

For further analysis or to calculate the financial impact of cash items, see the [resource impact template](#).

Eligible population for cabotegravir

It is not possible to estimate the population who is eligible for cabotegravir. It is expected that there will be 3 population groups who cannot have oral PrEP. These are:

- people for whom oral PrEP is medically contraindicated
- people who cannot have oral PrEP tablets
- people who cannot have oral PrEP because of social or personal circumstances.

The [resource impact template](#) can be used to estimate the eligible population by inputting a percentage estimate for each of the 3 groups.

Table 1 shows the number of people who are expected to attend specialist SHS who are HIV-negative and have a PrEP need, and the number of these people who do not start treatment, based on the [UK Health Security Agency's 2025 report on HIV testing, PrEP, new HIV diagnoses and care outcomes for people accessing HIV services](#). It is expected that the eligible population (people who cannot have oral PrEP) will be a subset of this group and should be estimated locally using the [resource impact template](#).

Table 1 Population expected to have a PrEP need but not have oral PrEP

| | People attending specialist SHS who are identified as having a PrEP need | People who have a PrEP need but do not start treatment |
|---------------------------------------|--|--|
| Current practice without cabotegravir | 125,048 | 12,374 |
| Year 1 | 129,588 | 12,824 |
| Year 2 | 134,293 | 13,289 |
| Year 3 | 139,169 | 13,772 |

The numbers of people in table 1 incorporate population growth and the expected increase in people who are HIV-negative (excluding people seeking reproductive care only) attending specialist SHS and identified as having as a PrEP need.

The market share for cabotegravir is a NICE estimate based on the company's and NHS England's submissions.

Treatment options for the eligible population

The comparator treatment for the eligible population is no PrEP.

For more information about the treatments, such as dose and average treatment duration, see the [resource impact template](#).

Key information

Table 2 Key information

| | |
|--|---------------------------------|
| Time from publication to routine commissioning funding | 90 days |
| Programme budgeting category | PBC 01A |
| Commissioner(s) | Local authorities |
| Provider(s) | Sexual health service providers |

About this resource impact summary report

This resource impact summary report accompanies the [NICE technology appraisal guidance on cabotegravir for preventing HIV-1 in adults and young people](#) and should be read with it.

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