

To: NHS England, NHS Wales, the National Institute for Health and Care Excellence (NICE), and Gilead Sciences

Re: Access to Lenacapavir for PrEP

14/10/2026

Dear colleagues,

We are writing as a group of HIV-focused charities and organisations across England & Wales to urge NHS England and NHS Wales, the National Institute for Health and Care Excellence (NICE), and Gilead Sciences to work together with urgency to ensure that lenacapavir is approved, commissioned and made available through the NHS as a PrEP option for everyone who could benefit from it.

NICE's announcement on 9 September that lenacapavir would not be recommended for NHS use has caused widespread concern across the HIV sector and among affected communities. The implications for people's health, and for our shared goal of ending new HIV transmissions in England and Wales by 2030, are significant.

Lenacapavir represents one of the most important developments in HIV prevention for many years. As a six-monthly injectable form of PrEP, it has the potential to offer highly effective protection against HIV for people who are unable to access, use or sustain existing oral prevention options. Studies consistently show that a substantial proportion of people who start oral PrEP subsequently discontinue it. A global systematic review and meta-analysis found that approximately 36% to 41% of PrEP users stopped within the first six months of initiation. For many individuals, particularly those facing practical, social or structural barriers to healthcare, it could provide a prevention choice that better reflects their lives and circumstances.

This is not simply a question of introducing a new medicine. It is an opportunity to expand prevention choice, reduce inequalities in access to HIV prevention, and accelerate progress towards ending new HIV transmissions. It is also an opportunity for NHS England, NHS Wales, NICE and Gilead Sciences to demonstrate that scientific innovation can be translated rapidly and equitably into public health benefit.

Conversely, failure to secure timely NHS access would not reflect a lack of effective prevention technology. Rather, it would represent a failure of the leadership, collaboration and shared determination needed to ensure that people at risk of HIV can benefit from that innovation. Such an outcome would be viewed by HIV organisations and the communities we serve as a regrettable failure at a critical moment in the UK's HIV response.

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The opportunity to reduce health inequalities

The potential significance of lenacapavir extends beyond its clinical effectiveness. It offers an important opportunity to address longstanding inequalities in HIV prevention.

Despite substantial progress in expanding access to PrEP, not everyone who could benefit from HIV prevention is currently able to access or use existing options. Barriers including stigma, discrimination, healthcare access, social exclusion, poverty, migration status, gender inequality & gender-based violence, and competing life pressures continue to affect many communities.

These challenges disproportionately affect communities that experience persistent structural organisation and are already underserved by current delivery of HIV prevention services, including Black African communities, some migrant communities, women, trans and non-binary people, and people experiencing multiple forms of disadvantage.

For these people, a six-monthly injectable prevention option has the potential to be transformative. The availability of a longer-acting form of PrEP may help overcome some of the barriers associated with both daily oral and 2 monthly injection medication, increase engagement with prevention services, and provide a more acceptable and practical option for individuals whose circumstances make existing approaches difficult. This includes the beneficial nature of a 6 month injection compared to the need to attend a two month appointment regularly, or be able to keep oral PrEP medication safely and confidentially - including for people who at risk of intimate partner violence, and for people who don't identify with LGBTQ+ communities.

When innovations emerge that have the potential to reduce health inequalities directly, it is essential that they are not only approved in principle but made genuinely accessible in practice. Achieving equitable access to lenacapavir should therefore be seen as a public health priority and an important contribution to the Government's wider commitments on health inequalities.

The case for timely and equitable access

We fully recognise and support NICE's role in undertaking a rigorous and independent assessment of clinical and cost effectiveness. We also recognise NHS England and NHS Wales's responsibility to ensure that public resources are used efficiently and deliver value for patients and taxpayers.

However, decisions about HIV prevention must take account of more than immediate clinical outcomes alone. The wider public health benefits of preventing HIV acquisition, reducing future treatment costs, improving quality of life, addressing health inequalities and increasing prevention uptake among underserved communities should also form part of the assessment.

The full value of lenacapavir should therefore be considered within the context of England and Wales's long-term commitment to end new HIV transmissions, reduce health inequalities and improve access to prevention for communities who remain underserved.

Lenacapavir also offers potential benefits and cost-saving for NHS service delivery. Requiring only two administration appointments each year could reduce pressure on sexual health services, create additional clinical capacity and support more efficient delivery of HIV prevention programmes.

The UK Government's 10 Year Health Plan, *Fit for the Future*, has also emphasised the importance of enabling NHS patients to benefit rapidly from innovative medicines and technologies. In Wales the programme for government for the next four years states an ambition where:

'preventing ill health is given the same priority as treating illness, where services are designed around people and communities, and where every part of government works together to improve health and wellbeing.'

Lenacapavir represents a significant test of these ambitions. The question is whether a proven scientific advance can be translated into meaningful and equitable public benefit quickly enough to help achieve the UK's HIV prevention goals.

There is no time to lose

Every avoidable delay risks leaving people without a prevention option that could better meet their needs, while the window for achieving the UK's commitment to end new HIV transmissions by 2030 continues to narrow.

Responsibility for securing access does not rest with any single organisation. NICE, NHS England and Wales and Gilead Sciences each have distinct responsibilities, but all three share a collective opportunity to demonstrate that England and Wales can translate scientific progress into equitable public health impact. Communities and HIV organisations will ultimately judge success by whether people can access this prevention option in practice, not simply by whether individual organisations can demonstrate that they have followed their respective processes.

The Phase 3 PURPOSE studies found that twice-yearly lenacapavir provided unprecedented HIV protection, achieving 100% efficacy in **PURPOSE 1** and 96% efficacy in **PURPOSE 2**, the highest effectiveness yet reported for a PrEP intervention. A failure to reach a timely agreement that enables equitable NHS access would rightly prompt questions about whether our health and industry systems are capable of acting with the urgency, flexibility and shared purpose needed to deliver the ambitions of the HIV Action Plans for Wales and England. Equally, a positive outcome would demonstrate what can be achieved when industry, national bodies, clinicians and communities work together around a shared public health objective.

We therefore call on:

NICE

1. To make this consultation period meaningful by ensuring that evidence relating to health inequalities, unmet need and the value of preventative innovation is fully considered.
2. We understand that the efficacy of lenacapavir has been accepted by the committee. However, if there are any concerns regarding its full value to individuals, communities, and the HIV response then these should be interrogated fully and transparently. If there are any evidence gaps then greater clarity is needed on these, including why projected uptake figures appear not to recognise the significance of a six-monthly injectable option when compared with previous assessments of long-acting PrEP technologies.
3. To ensure that the committee fully examines the quality-of-life, autonomy, mental wellbeing, stigma reduction and healthcare engagement benefits associated with lenacapavir, including reduced anxiety about HIV acquisition, greater privacy and confidence, reduced daily pill burden and significantly reduced clinical appointments in comparison to other long-acting injectables. The committee recognised these benefits are hard to capture in economic modelling - we are concerned that things that are hard to capture get left out, and so will be looking to see how these critical elements are given due consideration.
4. To avoid placing undue weight on UK-specific modelling uncertainties where robust international evidence demonstrates the real-world value and impact of lenacapavir, including reflecting populations that closely reflect communities at higher risk of HIV acquisition in England and Wales.
5. To reconsider lenacapavir's full contribution to achieving England's HIV prevention goals, particularly among communities who may not be adequately served by existing PrEP options, and the long-term value of preventing HIV acquisition.

NHS England and NHS Wales

1. To prepare now for rapid and equitable implementation should lenacapavir receive a positive NICE recommendation and to make clear its commitment to commissioning lenacapavir at scale following approval.
2. To ensure access across England and Wales regardless of geography, socioeconomic circumstances or other factors associated with unequal access to healthcare.
3. To recognise spend on HIV prevention as an investment in improving population health, reducing future healthcare needs, and delivering the goals of the HIV Action Plan.

Gilead Sciences

1. To submit the necessary evidence and engage constructively with NICE and NHS England and Wales to facilitate a timely, affordable and cost-effective route to NHS access. Gilead should commit to a pricing approach that enables lenacapavir to be considered cost effective within NICE's framework.
2. To demonstrate leadership and a meaningful commitment to health equity through affordable pricing and access arrangements that maximise the public health impact of this innovation.
3. To ensure that commercial considerations do not create avoidable delays or prevent scientific innovation from delivering meaningful public benefit.

All organisations

1. To establish and sustain early and purposeful dialogue focused on achieving timely and equitable access.
2. To centre the voices and lived experience of people living with HIV and people at risk of HIV acquisition, alongside HIV organisations and clinicians, in the appraisal and implementation planning for lenacapavir.
3. To identify and resolve barriers collaboratively rather than allowing responsibility for delay to fall between organisations.
4. To communicate transparently about progress, outstanding barriers and the steps being taken to address them.
5. To treat equitable access to lenacapavir as an exemplar of the shared commitment and collaboration required to end new HIV transmissions by 2030.

Access to lenacapavir is about more than introducing a new medicine. It is about ensuring that England and Wales's HIV response remains guided by equity, inclusion and meaningful prevention choice. It is about ensuring that scientific innovation reaches the people who stand to benefit most. And it is about demonstrating that, by working together, our health system and industry partners can translate innovation into real-world impact.

There is a narrow but important opportunity now to secure access to lenacapavir PrEP – a potentially transformative HIV prevention tool. Each organisation receiving this letter has an essential role in ensuring that appraisal, pricing, commissioning and implementation are progressed with the urgency that this opportunity demands.

As organisations representing and supporting people living with and affected by HIV and broader sexual health, we stand ready to contribute our expertise, community relationships and experience to both appraisal and implementation planning.

We urge NICE, NHS England and Wales, and Gilead Sciences to act decisively, collaboratively and without avoidable delay to ensure that lenacapavir can fulfil its potential as a transformative HIV prevention option and help bring the UK closer to ending new HIV transmissions by 2030.

Yours sincerely,

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Silvia Petretti, CEO, Positively UK
Sophie Strachan, CEO, Sophia Forum
Richard Angell, OBE, CEO, Terrence Higgins Trust
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