



The Association of Directors of Public Health and The English HIV and Sexual Health Commissioners' Group: Injectable Cabotegravir (CAB-PrEP) Briefing

Purpose of document

Roll-out of Cabotegravir (CAB-PrEP) was announced on Wednesday 5th November 2025 and is expected to be widely available from February 2026. The main benefits of CAB-PrEP are that it is long-acting, highly effective, and removes the need for daily pill taking, making HIV prevention more accessible for people who cannot use oral Pre-Exposure Prophylaxis (PrEP).

Implementing delivery of CAB-PrEP will require consideration of delivery models, workforce training, and integration with existing PrEP pathways to ensure accessibility and sustainability. It will also likely require the development and use of a new tariff to inform budget planning and procurement.

CAB-PrEP is the first long-acting injectable PrEP approved by NICE. It is anticipated that new technologies for HIV will emerge in the coming year to include:

- Long-Acting Injectable Lencapavir, which has shown near 100% efficacy for twice-yearly injectionsⁱ.
- Vaginal rings/ Dapivirine ring – currently effective for one month, but a three-month option is in trials. There are no plans to market this in Europe presently.
- Sub-dermal implants – delivering anti-retroviral therapies (ARVs) for up to one year, these aim to provide long-term protection from HIV acquisition.

This briefing reflects local and national variability and is intended to guide discussion, not prescribe national tariffs or approaches. It provides background information, prescribing guidance and estimated costing using two models for CAB-PrEP implementation.

Background

Sexual health services in England

Sexual health services face rising costs across multiple areas following the introduction of several new clinical interventions, notably 4C MenB vaccination, Mpox vaccinations, cervical screening, and Doxycycline as post-exposure prophylaxis (Doxo-PEP). These pressures directly impact capacity to absorb CAB-PrEP and other new interventions. Cost increases include:

- Pathology charges – driven by volume of testing, including online tests.
- Rent and capital overhead.
- National pay uplifts – 4% for consultants and 3.6% for all Agenda for Change staff in 2025/26.
- Medicine - particularly for contraception and STI prevention and treatment.

In 2020/21, the numbers of people on PrEP was 61,411. The funding for PrEP was initially £11,221,517ⁱⁱ and was incorporated into the public health grant. By 2024 the number of people on PrEP had risen to 111,123 representing an 81% increase.

In a letter from Catherine Frances (Director General of Global and Public Health, DHSC) to LA Chief Executives in February 2025, it was stated that further funding had been 'provided to support LAs on other pressures facing the sector, including from potential additional costs relating to HIV PrEP.'

Policy context

Policy areas for consideration ahead of the implementation of CAB-PrEP include:

- The [HIV Action Plan](#)
- [Lencapavir in development](#)

Commissioning history

The responsibility for PrEP commissioning falls between NHSE, who oversee specialised HIV treatment and, within this, PrEP medication costs, and local authorities (LAs), who are responsible for commissioning sexual health service activity, including PrEP provision.

PrEP methods overview

	TDF/FTC (Tenofovir Disoproxil Fumarate + Emtricitabine) (Already available)	TAF/FTC (Tenofovir Alafenamide + Emtricitabine) (Already available)	Cabotegravir LA (Long-acting Injectable)
Route	Oral	Oral	Injectable
Dosing	Daily or event-based	Daily only*	Every two months
Quick start	Yes	Yes	No
Renal safety	Lower	Higher	N/A
Bone safety	Lower	Higher	N/A
Vagina exposure	Effective	Not recommended*	Effective
Adherence dependency	High	High	Low
Co-effectiveness (NICE)	First-line	Second line	Restricted use
Monitoring	Renal, HIV/STI	Renal, HIV/STI	HIV/STI, HIV viral load, injection site

* This is being used event based and in vaginal exposure outside of license but as supported by guidelines

Prescribing guidance

- According to [NICE recommendations](#), TDF/FTC remains the first-line PrEP option due to cost, flexibility, and broad efficacy.
- TAF/FTC is reserved for those with renal or bone health concerns, but not suitable for vaginal exposure or event-based use.
- CAB-PrEP offers superior efficacy and adherence independence but is restricted by the new [NICE guidance](#) to those unable to use oral PrEP.

Eligible populations

CAB-PrEP is for people who cannot use oral PrEP. National estimates are not clear on the numbers of eligible people annually across England due to a range of factors and cited in the [NICE guidance](#). NHSE estimates approximately 1000-2000 patients may be eligible per annum.

Estimated costs

Las are responsible for PrEP activity costs, while NHSE are responsible for drug treatment costs. To estimate activity costs, two models are available:

Model 1: NHSE & BASHH

Developed by NHSE economists with British Association for Sexual Health and HIV (BASHH) clinical leads who worked on the 2025 NICE guidance using the [pathway analytics software](#), these costings are accepted by NICE.

	Annual cost (quarterly STI screening done separately)	Per month	Annual cost (STI screening every 4 months) adapted to be done at the same time as CAB-LA injection)	Per month
Y1	£1,780	£150	£1670	£170
Y2	£1,670	£140	£1,130	£140
Y3 (after discontinuation)	£680	£60	£410	£40

Considerations:

- There is a cost variation between years one, two and then the discontinuation year (three). Costs are likely to be greater in year one due to the clinical regime.

- Staffing costs may be underestimated as calculations do not include uplifts as were based on 2023 PSSRU.[†]
- Annual costs where STI screening is adapted to the same appointment, as CAB-LA injections are likely to be slightly more cost-efficient, but increase the frequency of potential appointments for separate STI screening and/or online use. In the case of this intervention, health inequalities, and the need to reduce appointment times are worth consideration.

Model 2: Local commissioner and clinician estimates

Developed by local commissioners and clinicians, these highlight the estimated range of potential per-patient costs and staffing implications. Please note, this can vary locally and should be used purely as a guide only.

Item	Current oral TDF PrEP – per year	Injectable PrEP per year
Visits per year – Nurse-led	4	6
Visit per year – eg Consultant-led	1	2
CT/GC STI testing	4	4
Renal blood monitoring	1	1
HIV/Syphilis screening	4	6
HIV viral load testing	0	6
Pharmacy technician time (hours) – drug supply	0	1
Pharmacy recharging team/NHSE Audit (Hours)	0	1
Specialist Pharmacist *A plus (MDR start)	0	0.2
Consultant (MDT approval)	0	0.2
Approx monthly cost	£200	£450
Approx annual cost total	£800	£2700

[†] [Unit Costs 2022-2027 - Care and Outcomes Research Centre](#)

Considerations:

- Injectable CAB PrEP requires six appointments per year, with additional bloods (HIV AB) at each appointment and an HIV viral load.
- Pharmacy Multi-Disciplinary (PMD) teams and Band 7 tech time for the initiation. Incorporates the staffing time of three consultants and HIV pharmacist.
- £150 for MDT consultation and additional £300 for standard and advanced testing = total £450 per visit per patient = £2700 per year per patient.

Comparison of models

Both model 1 and 2 highlight higher costs for CAB-PrEP compared to oral PrEP.

- Model 1 suggests ~£1,900 per patient annually.
- Model 2 suggests ~£2,700 per patient annually.

The cost difference between models (~£700 per patient annually) highlights uncertainty in staffing assumptions. Commissioners should plan for higher costs, recognising the equity benefits of CAB PrEP for excluded populations.

Future budgetary pressures

- Out of Area tariff development.
- Behavioural adaptation amongst individuals to access CAB PrEP.
- Likely implementation of Lencapavir, a currently unlicensed PrEP treatment in England in 2026/27, which we are expecting to see a high demand for due to the frequency of this treatment being twice-yearly injections.
- Expansion of PrEP delivery through pharmacies.
- Comms around funding through the PH Grant.

Recommendations

The expected demand for CAB PrEP is expected to be relatively low. For DsPH to estimate their eligible population and local spend, it is proposed that LAs:

- Use the NICE [resource impact template](#) to estimate the eligible population by inputting a percentage estimate for each of the three groupsⁱⁱⁱ.
- Run both Model 1 and 2.
- Consider any differences and assumptions. Costs will and do vary across providers depending on purchasing power, demand, volume and patient complexity.
- Commissioners and local PH teams to revisit and determine appropriate regional out of area CAB-PrEP tariffs.
- Commissioners and Public Health teams create open conversations with providers and lead clinicians to understand local costs and variations in needs and demand for PrEP, including CAB-PrEP.
- Continued stakeholder engagement and advocacy around funding pressures.
- Advocate for ADPH/EHSHCG representation at NICE appraisals of new sexual health technologies.

ⁱ World Health Organisation. Long-acting injectable lenacapavir continues to show promising results for HIV prevention. <https://www.who.int/news/item/26-09-2024-long-acting-injectable-lenacapavir-continues-to-show-promising-results-for-hiv-prevention> [Accessed January 2025] <https://www.who.int/news/item/26-09-2024-long-acting-injectable-lenacapavir-continues-to-show-promising-results-for-hiv-prevention>

ⁱⁱ Department of Health and Social Care. Sexual and Reproductive Health Profiles.

ⁱⁱⁱ National Institute for Health and Care Excellence. *Cabotegravir for preventing HIV-1 in adults and young people.* <https://www.nice.org.uk/guidance/ta1106/resources/resource-impact-summary-report-15491481949/chapter/Resource-impact-summary-report> [Accessed 2025]