



Ein cyf/Our ref MA/EM/0866/24

Professor Iolo Doull  
Chair  
All Wales Medicines Strategy Group

To: [AWTTC@wales.nhs.uk](mailto:AWTTC@wales.nhs.uk)

February 2025

Dear Iolo,

**Emtricitabine/tenofovir alafenamide (Descovy®) for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually acquired HIV-1 infection**

The availability of timely advice to support decision-making which ensures prompt and equitable access to new medicines is critical to support the NHS in Wales to achieve the best value for the considerable investment it makes in novel and innovative therapies.

I am extremely grateful to the All Wales Medicines Strategy Group (AWMSG) for the work it undertakes to ensure the medicines, which benefit individuals and offer value for money for the NHS, are made available and to provide advice where the benefits and cost of a medicine are not necessarily in balance.

Last year, AWMSG considered and provided advice about routine access to emtricitabine/tenofovir alafenamide (Descovy®) for pre-exposure prophylaxis (PrEP) to reduce the risk of sexually-acquired HIV-1 infection in at-risk men who have sex with men. It concluded the case for the cost-effectiveness of Descovy® was not proven.

I have considered AWMSG's assessment report and its recommendation not to make Descovy® available in Wales alongside the commitments we have made in our [HIV Action Plan for Wales](#). I have paid particular attention to those commitments which aim to improve prevention of HIV and also considered access to Descovy® in other parts of the UK, and the strongly-held view of clinicians that Descovy® is an important treatment option for men for whom other forms of PrEP are contraindicated. On this last point, I am aware Descovy® is already being made available in some health boards, including through the Individual Patient Funding Request (IPFR) route. This risks creating unacceptable inequity in access not only between Wales and the rest of the UK, but also between sexual health services in Wales. Furthermore, I am concerned availability only through the IPFR route may be a barrier to men who would benefit from PrEP, inadvertently reinforcing the stigma the *HIV*

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

*Action Plan* was developed specifically to address, risking damaging our efforts to further improve the already excellent access to PrEP in Wales.

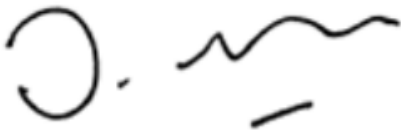
I have therefore decided, on this occasion, while I accept AWMSG's findings in relation to the cost-effectiveness of Descovy<sup>®</sup>, the broader range of considerations mean I am unable to ratify AWMSG's recommendation.

I recognise the relative cost of Descovy<sup>®</sup> to generic forms of PrEP is significant and its routine use should therefore be limited to situations in which generic PrEP is contraindicated.

I would be grateful if you would work with my officials to disseminate the decision to make Descovy routinely available only for this limited cohort of individuals and to work with Public Health Wales to put arrangements in place to monitor adherence to this policy by health boards.

I apologise it has taken some time to reach this decision and hope you will understand it has been necessary to carefully consider the competing arguments for and against routine access. Please pass on my thanks to the members of AWMSG and others involved in the preparation of the appraisal report.

Yours sincerely,

A handwritten signature in black ink, consisting of a large 'J' followed by a series of wavy lines and a short horizontal stroke at the end.

**Jeremy Miles AS/MS**

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol  
Cabinet Secretary for Health and Social Care