

POST-EXPOSURE PROPHYLAXIS (PEP) REGIMENS

FACT SHEET

PEP is an effective strategy for reducing the risk of HIV acquisition from a recent (within 72 hrs) incident of moderate or high-risk exposure to HIV.

Name of Drug	Regimen	Possible Side Effects	Notes
Bictegravir/Emtricitabine/ Tenofovir alafenamide (B/FTC/TAF) 50/200/25 mg	1 tab po od x 28d	Rare reports of diarrhea, nausea, fatigue, headache	
Tenofovir disoproxil fumarate/ Emtricitabine (TDF/FTC) 300/200 mg AND Dolutegravir (DTG) 50 mg	TDF/FTC 1 tab po od x 28d AND DTG 1 tab po od x 28d	Rare reports of headache, nausea, diarrhea	Drug interactions: metal cation containing antacids, iron supplements and multivitamins; take DTG 2h before or 6h after

CONSIDERATIONS

Contraindications	<ul style="list-style-type: none"> • HIV positive, OR • >72h since exposure that is moderate to high risk for HIV transmission.
Special populations	<ul style="list-style-type: none"> • Pregnancy: PEP is safe in pregnancy and can be prescribed after risk/benefit discussion with clients. • Breast/chest feeding: PEP is safe during breast/chest feeding. However, breast/chest feeding is not advised after a potential exposure to HIV as acute HIV infection may increase the risk of vertical transmission. Refer to specialist but initiation of PEP should not be delayed.
Cost of PEP	<ul style="list-style-type: none"> • Covered for sexual assault, youth 24 and under, and anyone on social assistance. • Also covered by Trillium and private insurance with a deductible.

Follow-up HIV testing should be conducted 6 weeks after completion of the PEP regimen. If negative, consider linking to PrEP. If positive, link to HIV care.





PEP should be initiated even if client has symptoms of HIV seroconversion. If client is symptomatic, conduct HIV viral load, or repeat 4th generation HIV test at 3 weeks post-exposure. If client tests HIV positive, continue PEP beyond 28d as HIV treatment, and refer to ID specialist.

PEP should be part of a combination HIV prevention strategy that includes behavioural interventions, such as condoms and counselling on risk reduction, and PrEP assessment.



For screening, prescribing and counselling information, including alternative regimens, please see:

Canadian guideline on HIV pre-exposure prophylaxis and nonoccupational postexposure prophylaxis

Please be aware that these guidelines are currently under review.

REFERENCES

<https://www.cmaj.ca/content/189/47/E1448>

https://pdf.hres.ca/dpd_pm/00046237.PDF

<https://www.gilead.ca/-/media/gilead-canada/pdfs/medicines/biktarvy-english-pm-14apr2023.pdf>

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