

# POST-EXPOSURE PROPHYLAXIS (PEP) REGIMENS **FACT SHEET**

PEP is clinically appropriate if the source person has a substantial risk of having transmissible HIV, and the exposure type was of higher or moderate risk. PEP should be initiated as soon as possible after an exposure (ideally within the first 24 hours), but up to a maximum of 72 hours afterward. It should be given for a total of 28d.

PEP is not indicated if:

- the sexual exposure involved partners living with HIV with undetectable viral load; OR
- if the source person is confirmed HIV negative, OR of unknown HIV status AND not from a high-prevalence population

Name of Drug	Regimen	Possible Side Effects	Notes
Bictegravir/Emtricitabine/ Tenofovir alafenamide (B/FTC/TAF) 50/200/25 mg	1 tab daily by mouth x 28d	Rare reports of diarrhea, nausea, fatigue, headache	Drug interactions: Rifampin, dofetilide, St. John's Wort; <b>contraindicated</b>
Tenofovir disoproxil fumarate/ Emtricitabine (TDF/FTC) 300/200 mg  <b>AND</b>  Dolutegravir (DTG) 50 mg	TDF/FTC 1 tab daily by mouth x 28d  <b>AND</b>  DTG 1 tab daily by mouth x 28d	Rare reports of headache, nausea, diarrhea	Drug interactions: metal cation containing antacids, iron supplements and multivitamins; <b>take DTG 2h before or 6h after</b>  People with chronic active Hepatitis B infection should be monitored with liver enzymes at baseline, and PEP completion to ensure there is no hepatitis flare with discontinuation of TDF or TAF

After completion of PEP, transition onto PrEP should be suggested to those at ongoing risk of HIV.

## CONSIDERATIONS

<b>Contraindications</b>	<ul style="list-style-type: none"> <li>• HIV positive, OR</li> <li>• &gt;72h since exposure that is moderate to high risk for HIV transmission.</li> </ul>
<b>Special populations</b>	<ul style="list-style-type: none"> <li>• <b>Pregnancy:</b> PEP is safe in pregnancy and can be prescribed after risk/benefit discussion with clients.</li> <li>• <b>Breast/chest feeding:</b> 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.</li> </ul>
<b>Cost of PEP</b>	<ul style="list-style-type: none"> <li>• Covered for sexual assault, youth ≤24, occupational exposure, and anyone on social assistance.</li> <li>• Also covered by Trillium and private insurance with a deductible.</li> </ul>
<b>Starter Packs</b>	<ul style="list-style-type: none"> <li>• Providing access to a full 28d supply of PEP is associated with fewer refusals and greater completion. Provide a starter pack if a 28d supply is not available.</li> </ul>
<b>PEP in Pocket</b>	<ul style="list-style-type: none"> <li>• Consider PEP-in-pocket (PIP) for HIV-negative individuals with infrequent moderate- to high-risk exposures.</li> </ul>

**PEP should be initiated even if client has symptoms of HIV seroconversion.**

- **If client is symptomatic, consider HIV RNA testing, or repeat 4th generation HIV test at 4-6 weeks post-exposure.**
- **Follow-up HIV testing should be conducted 4-6 weeks after completion of the PEP regimen.**
- **Final testing should be conducted 8 weeks after completion of PEP regimen.**

**If client tests HIV positive, continue PEP beyond 28d as HIV treatment, and refer to ID specialist.**

**If client tests HIV negative, but has on-going risk of acquiring HIV, consider immediate transition to PrEP.**



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*

**These guidelines have been updated in December 2025.**



ONTARIO  
HIV TREATMENT  
NETWORK

## REFERENCES

<https://www.cmaj.ca/content/197/41/E1374>

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

[https://pdf.hres.ca/dpd\\_pm/00046237.PDF](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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