

PRE-EXPOSURE PROPHYLAXIS (PrEP) REGIMENS **FACT SHEET**

Taken regularly, PrEP is a highly effective strategy for reducing the risk of HIV acquisition in people who are at high, ongoing sexual risk of infection.

- **It is appropriate to prescribe PrEP to adults and adolescents who request it.**
- Clinicians are encouraged to assess HIV risk during routine health visits to identify people at increased risk of HIV who would benefit from PrEP, but who do not request it themselves, and to recommend PrEP to them.
- For people suitable for PrEP, whose sex assigned at birth and gender identity (or that of their partners) are not named in the guidelines, clinicians should follow the recommendations that align with the person's anatomy and sexual partners

Name of Drug	Regimen	Possible Side Effects	Notes
Tenofovir disoproxil fumarate/ Emtricitabine (TDF/FTC) 300/200 mg	1 tab daily by mouth x30d (initiation) ** Refill every 90d On-Demand/Intermittent PrEP*: 2 tabs taken together 2 - 24h before first sexual exposure (pre-sex loading dose), THEN 1 tab daily until 48h after pre-sex dose <ul style="list-style-type: none"> • If another sexual exposure occurs during the 48h period, continue 1 tab every 24h until 2 doses after last sexual exposure • If sexual activity resumes within 1 week, before new sexual exposure, begin with pre-sex loading dose of 1 tab, then 1 tab daily until 2 doses after last sexual exposure 	Headache, weight loss, loose stool, nausea	Indicated for use in adults and adolescents±; patient should have eGFR ≥60 ml/min (monitor q6-12 months) On-demand / intermittent TDF/FTC should not be used in persons with active Hepatitis B infections On-demand / intermittent PrEP is not recommended for cis-women, or people who inject drugs
Tenofovir alafenamide/ Emtricitabine (TAF/FTC) 25/200 mg	1 tab daily by mouth x30d (initiation) Refill every 90d	Diarrhea, nausea	Indicated for use in adults and adolescents ≥35kg with eGFR >15-30 ml/min; excluding individuals at risk for HIV from receptive vaginal sex

Name of Drug	Oral initiation (optional)	IM Initiation	Possible Side Effects	Notes
Cabotegravir (CAB-LA) 600 mg/3 ml (IM)	<i>Optional oral lead-in to assess tolerability to cabotegravir</i>	Month 1: 3ml (600 mg) x1 dose IM injection	Injection site reactions, diarrhea, headache, fever	Indicated for use in adults and adolescents ≥12YO and ≥35kg; injections may be given +/- 7 days of target date (see product monograph for details)
Cabotegravir (CAB-LA) 30 mg (po)	Month 0: 1 tab (30mg) daily by mouth x28d Follow IM initiation column after at least 28d optional oral lead-in	Month 2: 3ml (600 mg) x1 dose IM injection Month 4 onwards: 3ml (600 mg) IM q2months		

Name of Drug	Oral initiation (optional)	Possible Side Effects	Notes
Lenacapavir (LEN) (463.5mg / 1.5ml (subcut))	Day 1: 1.5ml (463.5mg) x2 doses (subcut injection) PLUS 2 (two) 300mg tabs by mouth Day 2: 2 (two) 300 mg tabs by mouth	Injection site reactions, including formation of nodules	Indicated for use in adults and adolescents ≥35kg
Lenacapavir (LEN) 300mg (po)	Q 6-months (26 weeks): 1.5ml (463.5mg) x2 doses (subcut injection) Note: 2 (two) 1.5ml (463.5mg) injections are required for a single dose		Contraindicated if receiving CYP3A inducers, excluding rifampin Injections may be given +/- 2 weeks of target date (see product monograph for details)

All individuals must have a documented negative HIV test within 1-2 weeks of initiating PrEP. While on PrEP, all individuals must be tested for HIV at regular 2-3 month intervals (if on TDF/FTC or TAF/FTC, follow-up is recommended q3months; if on CAB-LA, follow-up is recommended q2months).

* Also referred to as 2-1-1 dosing. Indicated for HIV-negative cisgender men and transgender women in whom risk of HIV acquisition is related to sex with cisgender men; and for HIV-negative cisgender men in whom risk of HIV acquisition is related to heterosexual activity. This is an off-label use of TDF/FTC in Canada.

** Suitable for all HIV-negative individuals.

± Roughly corresponding to the ages of 10-19 as per the Canadian Paediatric Society's definition of adolescence.

In addition to also screening for STBBIs prior to initiating PrEP and at regular (90d) intervals, non-immune individuals should be vaccinated against hepatitis A virus (HAV) and hepatitis B virus (HBV). Human papillomavirus (HPV) vaccination may also be considered.



Clients who do not currently have drug coverage can obtain 3 months of TDF/FTC 300/200 mg for free.

Visit [PrEPStart](#)

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



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

REFERENCES

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

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

<https://pmc.ncbi.nlm.nih.gov/articles/PMC2794325/>

https://www.gilead.com/en-ca/-/media/gilead-canada/pdfs/science/truvada_english_pm_e133222-gs-017.pdf

https://www.gilead.ca/-/media/gilead-canada/pdfs/medicines/descovy_english_pm_e177688-gs-006.pdf

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