

# HIV PrEP and PEP Guidelines 2025





# Learning Objectives



Review HIV epidemiology and highlight risk factors for HIV infection




Review laboratory investigations for screening and diagnosis of HIV

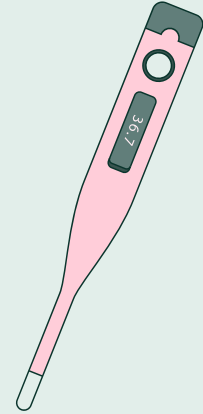
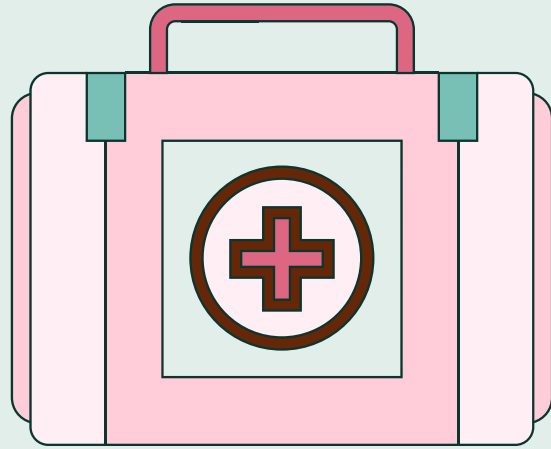
Review Pre-exposure prophylaxis (PrEP) recommendations

Review Post-exposure prophylaxis (PEP) recommendations

Discuss side effects and contraindications to ARV Therapy

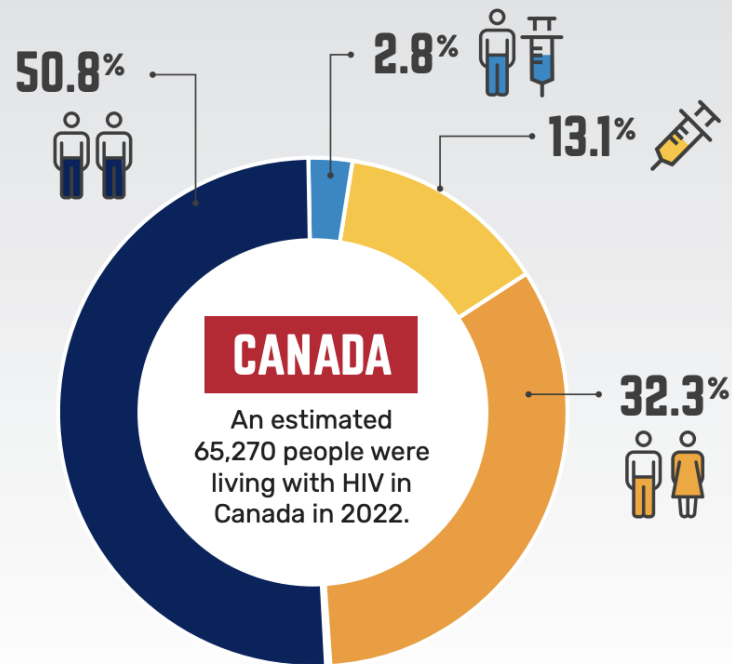
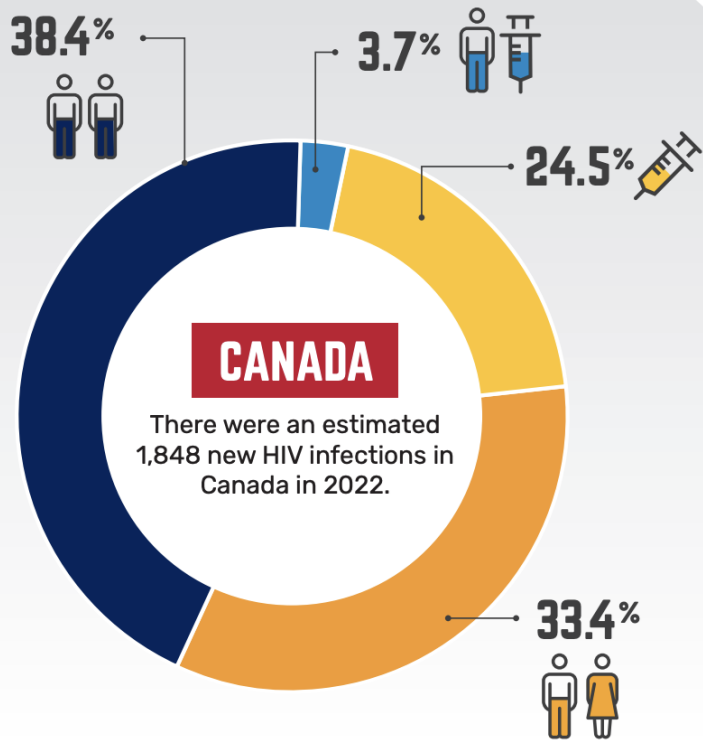
Discuss practice implications, medication coverage





# Disclosures

I have nothing to disclose



Sex between men

Sex between men or injection drug use

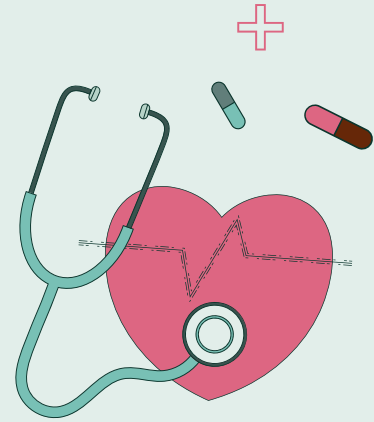
Injection drug use

Heterosexual sex

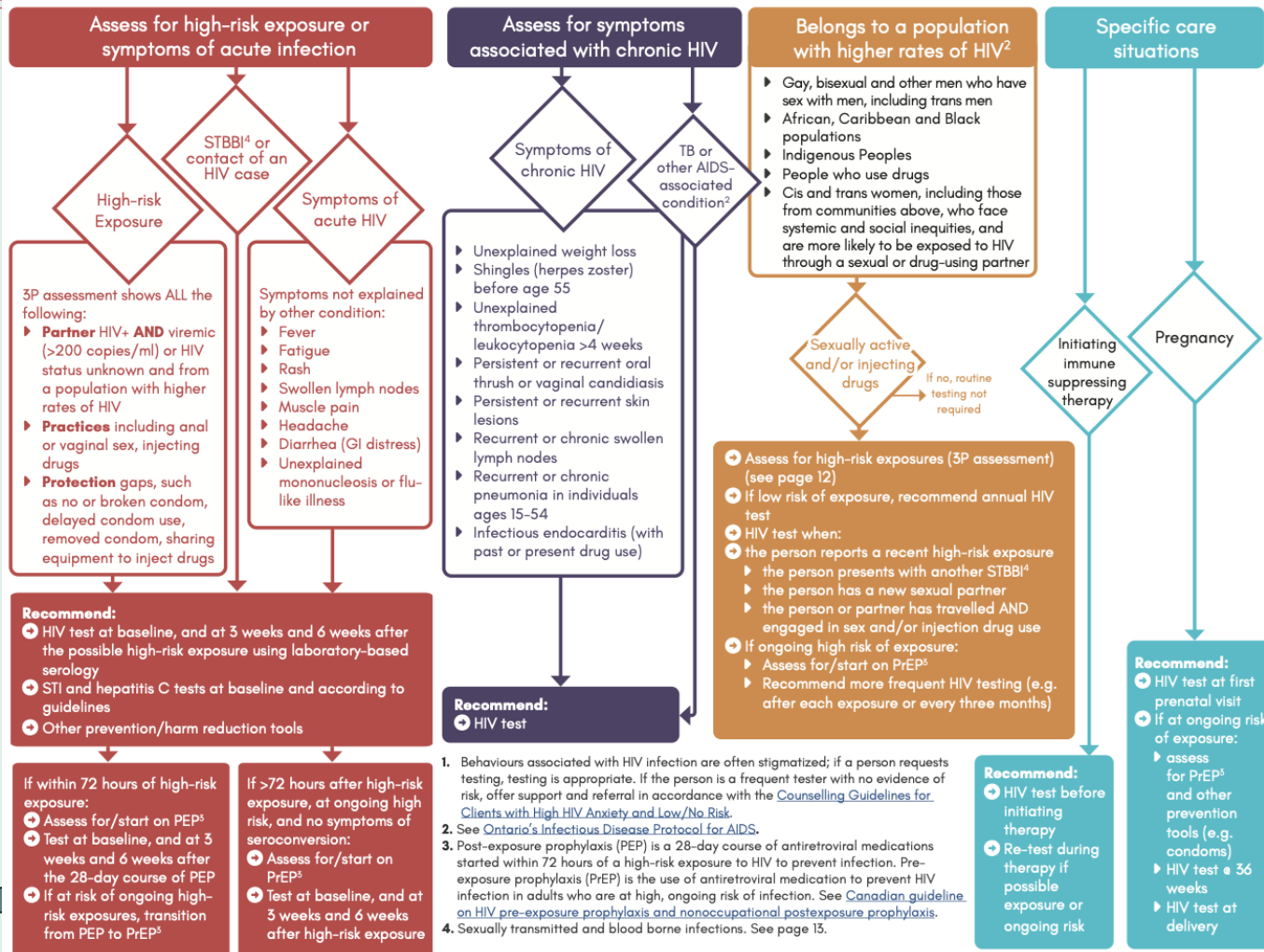


# HIV Risk Factors

- People who inject drugs, sharing drug use equipment
- exchange sex for drugs or money
- have sex with multiple partners without using a condom
- engage in condomless sexual activity with someone whose HIV status is unknown
- engage in condomless sexual activity with an HIV-positive individual who is not on treatment or whose viral load is  $\geq 200$  copies/ml
- Men who have sex with men
- have had medical procedures or personal services in regions where HIV is endemic
- received a diagnosis of a sexually transmitted infection, such as syphilis, gonorrhea or chlamydia



# DOES YOUR PATIENT NEED HIV TESTING?¹



1. Behaviours associated with HIV infection are often stigmatized; if a person requests testing, testing is appropriate. If the person is a frequent tester with no evidence of risk, offer support and referral in accordance with the [Counselling Guidelines for Clients with High HIV Anxiety and Low/No Risk](#).

2. See [Ontario's Infectious Disease Protocol for AIDS](#).

3. Post-exposure prophylaxis (PEP) is a 28-day course of antiretroviral medications started within 72 hours of a high-risk exposure to HIV to prevent infection. Pre-exposure prophylaxis (PrEP) is the use of antiretroviral medication to prevent HIV infection in adults who are at high, ongoing risk of infection. See [Canadian guideline on HIV pre-exposure prophylaxis and nonoccupational postexposure prophylaxis](#).

4. Sexually transmitted and blood borne infections. See page 13.

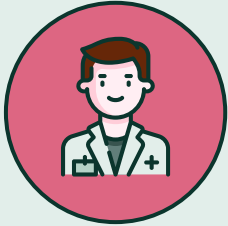


# Pre-exposure Prophylaxis


## PrEP



All sexually active adolescents and adults, and those who inject drugs, should be counselled regarding PrEP and PEP as part of a comprehensive approach to preventing HIV and other STBBIs.



Indications:

- It is appropriate to prescribe PrEP to adults and adolescents who request it.
  - Patients with risk factors who would benefit from PrEP
- 





# Regimens for PrEP



## Sex Between Cisgender Men and Transgender Women

- We recommend on-demand (2-1-1) oral TDF/FTC 300 mg/200 mg as a PrEP option.
- Daily oral TAF/FTC 25 mg/200 mg may be considered as a PrEP option.
- CAB-LA 600 mg as a PrEP option.



## Heterosexual Cisgender Women

- We recommend **against** using on-demand oral TDF/FTC as PrEP.
- Daily oral TAF/FTC 25 mg/200 mg may be considered as a PrEP option.
- CAB-LA 600 mg may be considered



## Heterosexual Cisgender Men

- On-demand (2-1-1) oral TDF/FTC 300 mg/200 mg may be considered as a PrEP option.
- Daily oral TAF/FTC 25 mg/200 mg may be considered as a PrEP option.
- CAB-LA 600 mg as a PrEP option.



## Injection Drug Use

- On-demand oral TDF/FTC as PrEP is not recommended.
- Daily oral TAF/FTC 25 mg/200 mg be considered as a PrEP option.
- CAB-LA 600 mg may be considered





# PrEP Contraindications & Side Effects



- Never use PrEP in a patient who is HIV positive
- Daily TDF/FTC (Truvada) is not advised when eGFR is  $< 60$  mL/min
- TAF/FTC (Descovy) is not advised when eGFR is  $< 15-30$  mL/min
- Mild risk of renal toxicity and decreased bone mineral density with Truvada
- Possible weight gain with TAF/FTC (Descovy)
- TDF (Tenofovir) only can be used in pregnancy
- Side effects: nausea, vomiting, diarrhea, headache and dizziness



# Suggested evaluations for PrEP

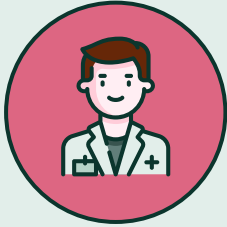


EVALUATION	BASELINE	30 DAYS	EVERY 2–3 MONTHS	EVERY 3–4 MONTHS	EVERY 12 MONTHS
HIV testing*	X	X	X†		
Hepatitis A immunity (HAV IgG)	X				
Hepatitis B screen (surface antigen, surface antibody, core antibody)	X				X
Hepatitis C screen (HCV antibody or HCV RNA)	X				X
Gonorrhea & chlamydia screening (urine NAAT; throat/rectal swabs as indicated)	X			X	
Syphilis serology	X			X	
Creatinine	X			X**	
Pregnancy test (as appropriate)	X			X	



# Post-exposure Prophylaxis

## PEP



Postexposure prophylaxis is clinically appropriate if the source person has a substantial risk of having transmissible HIV infection, and the exposure type was of higher or moderate risk



Do not prescribe PEP if:

- Source person is HIV negative
- Source person has unknown HIV status and not from a high-prevalence population
- Patient had a sexual exposure to partners living with HIV with undetectable viral load





# Regimens for PEP



## PEP: Duration and Timing



- Start as soon as possible after a potential exposure (up to a maximum of 72 hours))
- Continue for 28 days total
- Good practice statements



## Recommended PEP Regimens



- Bictegravir 50 mg / TAF 25 mg / FTC 200mg  
Taken once daily
- Strong recommendation, low-certainty evidence
- Dolutegravir 50 mg once daily  
+ TDF 300 mg / FTC 200 mg once daily  
Strong recommendation, low-certainty evidence





# PEP Contraindications & Side Effects



- Never use PEP in a patient who is HIV positive
- Cannot use if > 72 hours since high risk exposure
- Side effects: headache, nausea, vomiting, diarrhea, fatigue
- TDF/FTC (Truvada) is not advised when eGFR is < 60 mL/min



# Suggested evaluations for PEP



Test	Baseline	Week 4–6	Week 12
HIV testing*	X	X††	X‡‡
Hepatitis A immunity (hepatitis A IgG)†	X		
Hepatitis B screen†,‡ (surface antigen, surface antibody, core antibody)	X		X§§
Hepatitis C screen (HCV antibody)§	X		X§
Screening for gonorrhea and chlamydia¶ (urine NAAT, throat and rectal swabs for culture or NAAT; anatomic sites should be tested depending on type of sexual activity reported)	X		X¶¶
Syphilis serology¶¶	X	X¶¶	X¶¶
ALT**	X		
Serum creatinine**	X		
Pregnancy testing (if appropriate)	X		





# Cost and Coverage



- Most private benefits will cover the cost
- Covered under OHIP+, Ontario Works, ODSP, Senior 65+ coverage
- Covered by NIHB for Status First Nations, Canadian Armed Forces and Veterans
- Can get coverage if eligible for Trillium Drug program
- PrEP Start: Ontario program that will cover PrEP for 3 months if the patient has no coverage
- PreP: Cost is approx \$250 - \$1000/month
- PEP Cost for 28 day course is \$1500 - \$2000
- Several other programs offer discounted rates and at times free prescriptions for PrEP
  - My Red: clinics across Ontario that prescribes and follows labs for PrEP
  - Go Freddie: offers prescriptions and discounts



# Practice Implications

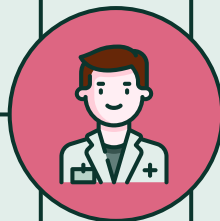
Has anyone prescribed PrEP or PEP?



Do you screen your patients at high risk of HIV?



Would you recommend this to your patients?



Will this change your practice?



Do we discuss PrEP at addiction visits?



Role for initiation in the ED?





# References



Catie. 2025. HIV-New Infections  
<https://www.catie.ca/sites/default/files/2025-02/CATIE-IG-HIV-NewInfections-EN-02-2025.pdf>

Catie. 2025. People Living with HIV  
<https://www.catie.ca/sites/default/files/2025-02/CATIE-IG-HIV-PeopleLiving-EN-02-2025.pdf>



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Government of Canada. 2019. HIV Factsheet. <https://www.canada.ca/en/public-health/services/publications/diseases-conditions/hiv-factsheet-screening-testing.html>

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