



PIP & Women*

WHAT YOU
NEED TO KNOW



2024

WHAI Women &
HIV/AIDS
Initiative

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What is PIP?



PIP is a prescription for Post-Exposure Prophylaxis (PEP), which is a 28-day course of HIV medications you can take to significantly reduce the risk of HIV infection after a potential exposure to HIV. This medication needs to be started as soon as possible after a possible exposure, and **no later than 72 hours**.

PIP is the same medication as PEP, however, **PIP is prescribed BEFORE a potential HIV exposure** to help women* be empowered to take care of their health.¹

PIP does not protect against pregnancy or other sexually transmitted infections (STIs). Contraception, condoms, harm reduction supplies and other STI prevention tools are still important to use.

Some people experience rare side effects such as nausea, diarrhea and fatigue when taking PIP. Most of these side effects resolve on their own within a few days. If you experience side effects that make you want to stop taking PIP, talk to your health-care provider first – they might be able to adjust your medications.



PIP vs. PEP vs. PrEP

- 1** **PEP** stands for Post-Exposure Prophylaxis. PEP is a prescription for 28 days of HIV prevention medications provided **AFTER** a potential exposure. PEP is most appropriate for emergency situations.
- 2** **PIP** is the same medication as PEP but is prescribed **BEFORE** a potential exposure, and only taken if there is a potential exposure. PIP is most appropriate for people who have very few potential HIV exposures per year, and for those who may face difficulties accessing PEP.
- 3** **PrEP** stands for Pre-Exposure Prophylaxis and is a prescription for daily HIV prevention medication. PrEP is most appropriate for people who have frequent potential HIV exposures.

PIP and PEP are options for people who may experience unexpected HIV exposure, but who do not need consistent HIV prevention medication. In other words, PIP and PEP may be helpful in an emergency, but PrEP can be helpful for someone who may have HIV exposures more frequently.

For more information about PEP and PrEP, see whai.ca.



When might PIP be helpful?

PIP may be helpful for women* who have **infrequent potential HIV exposures** and for those who **face barriers to accessing PEP**. This includes women* who:

- Had a condom break during sex
- Had condomless sex with a partner whose HIV status is unknown
- Infrequently share injection drug use equipment
- Have trouble negotiating condom use for any reason
- Have been sexually assaulted (and faces barriers to accessing free PEP through a sexual assault clinic)
- May face barriers accessing timely emergency care

For PIP & PEP to be effective, it must be started **as soon as possible** after the potential exposure.

Guidelines state that PIP & PEP are most effective if started within **two to 72 hours** after exposure. This can be difficult for women* who:

- Need to travel to see a health-care provider
- Experience health-care provider wait times
- Have competing priorities such as family and / or employment responsibilities
- Experience shame, stigma or discrimination in health-care settings
- Face financial barriers for PEP, including not qualifying for (or being able to access) emergency PEP coverage through a sexual assault clinic



Why is PIP important for women*?



Every year, women* in Ontario continue to contract HIV. PIP can help women* take control of their health and be prepared for unexpected situations.



In cases where women* can't negotiate condom use, including experiences of violence and sexual assault or coercion, PIP can help prevent HIV.



PIP can help to ensure access to HIV prevention medication as soon as possible after the exposure (and within 72 hours) in cases where women* face barriers to PEP access, including access to an emergency prescription in time for them to begin to take PEP.



PIP allows for an individual to speak to a health care provider and access health care coverage without the time limits required for PEP. This means PIP can be started with more ease, less barriers and quicker after a possible exposure.



Is PIP safe & effective?



Getting advice from a health-care provider is important when taking PIP. Once PIP is initiated, it is important to follow up with a health-care provider. Follow-up care and support are an important part of taking PIP and managing health outcomes.



PIP is effective at preventing HIV, but it is not perfect. For PIP to work, you need to start it as soon as possible after an exposure, ideally within the first two hours, or up to 72 hours after exposure.



It is important to take the medication daily.



If pregnant, most drugs used for PIP are safe to use. Talk to a health-care provider about breastfeeding/chestfeeding while taking PIP.



There are PIP options for individuals who use hormone replacement therapy (gender-affirming hormones). Talk to your health-care provider to find the right medications for you.



Is there coverage for PIP?

The cost of PIP may be covered by private or public insurance (i.e., Ontario Drug Program). Because PIP is a newer approach to HIV prevention, it is important to work with your health-care provider or AIDS Service Organization (ASO) to explore options for coverage. You can also contact the following providers to inquire about navigating drug coverage:

- Karla Fisher, Toronto General Hospital:
karla.fisher@uhn.ca
- Mia Biondi, Nurse Practitioner:
mia.biondi@mail.mcgill.ca or 647-628-6461



In cases of sexual assault, PEP (Post Exposure Prophylaxis) is available for free at a Sexual Assault and Domestic Violence Treatment Program. The programs vary from region to region. You can find out more here through the Ontario Network of Sexual Assault Domestic Violence Treatment Centres. ([sadvtreatmentcentres.ca/hiv-post-exposure-prophylaxis-\(pep\)-project.html](https://sadvtreatmentcentres.ca/hiv-post-exposure-prophylaxis-(pep)-project.html))



Tips for accessing PIP

Because PIP is a relatively new approach to HIV prevention in Ontario, there may be barriers to finding a health-care provider who will be familiar with PIP and is willing to prescribe it. There may also be barriers to accessing public or private health care insurance to cover the cost of the medication. In this case, contact your local ASO for support. ASOs can provide support navigating HIV prevention tools such as PIP, share information about the World Health Organization Guidelines for Post-Exposure Prophylaxis, or refer to services that can prescribe prevention medications.¹

When you are first assessed for PIP, you will need to complete a baseline health assessment. The baseline health assessment has several components:

- HIV testing
- Optional testing for any other sexually transmitted and blood-borne infections you may have (such as viral hepatitis, gonorrhea, chlamydia and syphilis)
- Blood work to check your kidney and liver function
- Pregnancy testing

Once you have completed the assessment and receive the prescription for PIP, you are encouraged to fill the prescription and have the medication readily accessible so you can begin as soon as possible after a potential exposure.



What women* are saying about PIP:

"I feel tremendous relief knowing that I can start my HIV prevention medications any time I choose. I once had to go to the hospital for postexposure prophylaxis. I remember having to wait a long time and then having an uncomfortable conversation with a doctor in a rather public setting about my exposure. PIP allows me to bypass the hospital and take ownership over my health."

"I was on pre-exposure prophylaxis for a while but was only rarely having sex without a condom. I have an unexpected situation happen probably only one or two times a year, when a condom breaks or isn't used. PIP seemed like a good choice for me because I don't have to take a daily pill like with the pre-exposure prophylaxis, and I can start the medication whenever I need to."



For more information



Contact your local Women & HIV/AIDS Initiative Coordinator.

Visit **whai.ca** for contact information.



REFERENCES

¹ Guidelines for HIV post-exposure prophylaxis. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO.

ADDITIONAL REFERENCES

HIV Prevention with Post Exposure Prophylaxis-in-Pocket (PIP), BMJ 2023

Billick MJ, Fisher KN, Myers S, et al. Brief Report: Outcomes of individuals using HIV postexposure prophylaxis-in-pocket (“PIP”) for low-frequency, high-risk exposures in Toronto, Canada

Canada’s Source for HIV and Hepatitis C Information (CATIE): Study explores self-initiated HIV post-exposure

* At WHAI, “**Women**” includes Cis and Trans women, 2-Spirit and Non-Binary people