Expedited Partner Therapy (EPT)

Q. What is Expedited Partner Therapy (EPT)?
A. Expedited Partner Therapy (EPT) is a strategy for treating the sex partner(s) of people diagnosed with chlamydia (Chlamydia trachomatis) and gonorrhea (Neisseria gonorrhoeae). EPT allows health care providers to provide patients with medication or a prescription for their sex partner(s) without a prior medical evaluation or clinical assessment of those partners. EPT is not for other sexually transmitted diseases (STDs).

Q. Why is EPT important?
A. Studies have found EPT decreases rates of chlamydia and gonorrhea reinfection and increases the number of sex partners reported and therefore treated for chlamydia and/or gonorrhea. Additional information on EPT can be found at http://www.cdc.gov/std/ept/.

Q. Who is eligible for EPT?
A. EPT is recommended for all of the patient’s sex partners in the 60 days prior to diagnosis of chlamydia/gonorrhea, or the most recent sexual partner if the patient’s last sexual encounter was more than 60 days ago. EPT is not recommended for treatment of gonorrhea infections in the throat or for male partners who have sex with other men.

Q. What is the recommended treatment for Chlamydia and/or Gonorrhea using EPT?
A. The recommended treatment for chlamydia is 1 gram of azithromycin orally in a single oral dose. For gonorrhea, every effort should be made to ensure that a patient’s sex partners from the past 60 days are evaluated and treated with the recommended regimen of ceftriaxone 250 mg IM plus a single dose of azithromycin 1 g orally. If the partner cannot be linked to evaluation and treatment in a timely fashion, EPT with 400mg of cefixime in a single oral dose, plus 1 gram of azithromycin in a single oral dose should be provided.
Alternative regimens should be considered if the partner is known to have an allergy to one of the recommended therapies.

Q. How will sex partner(s) know if it’s safe to take EPT without seeing a health care provider?
A. Providers using EPT are required to give patients educational materials to give to his/her sex partner(s). These materials address allergic reactions, potential side effects, and contraindications to taking azithromycin or doxycycline. Other states have been using EPT for over ten years and no adverse events and/or life threatening allergic reactions have been reported to date.
Q. How should the EPT prescription be labeled for dispensing if the partner(s) name is unknown?

A. The pharmacist should label the drug for the named patient in accordance with normal procedures as specified by the Pharmacy Practice Act. If the partner is unnamed, the pharmacy may create a unique identifier and use that instead of a name for both labeling and record keeping purposes. An example of this if John Doe was the patient and his partner’s name was not known, could be “John Doe Partner 1.”

Q. How is patient counseling handled for an unknown partner?

A. The pharmacist is not required to obtain an EPT partner’s name, address, or demographics; however, the pharmacist should provide written patient information to accompany each prescription for each partner and ask the patient about any known allergies or other drugs being taken by each partner. The pharmacist should advise the patient to encourage each partner to call the pharmacist before taking the drug if they have experienced any adverse effect from a drug in the past or if they are taking other drugs.