

# EXPEDITED PARTNER THERAPY (EPT) FACT SHEET FOR PROVIDERS



## WHAT IS EXPEDITED PARTNER THERAPY?

Expedited Partner Therapy (EPT) is the practice of treating the sexual partners of patients diagnosed with chlamydia (CT) or gonorrhea (GC) by giving either a prescription or medication to a patient to take to their partner without the partner being examined by the prescribing provider.

EPT has been legal in Utah since 2009, when the Utah State Legislature passed House Bill 17. This bill provides clinicians with the option of using EPT, but does not mandate its use. Providers should offer EPT to all of a patient's sex partners from the previous 60 days, or to the most recent partner if the patient has not engaged in sexual activity during the previous 60 days. The CDC allows use of EPT for partners of men who have sex with men (MSM), but because there is limited data about EPT in MSM, and MSM may be at higher risk of coexisting STDs including syphilis or HIV, providers should engage in shared clinical-decision making with MSM when discussing EPT for their partners.



## IMPORTANT POINTS

Providers can call in or write an EPT prescription for partners. The provider can prescribe to the partner using the partner's name and DOB, or if the name of the partner is not disclosed, the prescription can be written to the "partner of (your patient's name)."

EPT cannot be billed to the index patient's insurance. If the partner has insurance, this can be used to pay for EPT, or the index patient or partner may be responsible for some out-of-pocket costs.

Patients should be given fact sheets to pass along to their partners that encourage them to be evaluated by a healthcare provider, while also providing information about STDs, the medication they are being offered (including safety in pregnancy and the possibility of allergic reactions), and when to seek urgent care, particularly if there is concern for PID or epididymitis.

Certain EPT medications can be given to pregnant partners; however, these partners should also be referred for prenatal care and screening for STDs including GC, CT, syphilis and HIV. Cefixime and azithromycin are both safe in pregnancy, but pregnant partners should NOT take doxycycline.



## CHANGES IN CDC RECOMMENDATIONS FOR TREATMENT OF GONORRHEA

In 2021, the CDC STI Treatment Guidelines were updated. The new guidelines recommend ceftriaxone 500 mg IM x 1 (1 gm IM x 1 if weight  $\geq 150$  kg) as preferred therapy for GC, with oral cefixime as alternative therapy, except in cases of pharyngeal infection, in which ceftriaxone is the only recommended option. If a partner of a patient with GC is not able to be seen by a provider, they can be treated in a timely manner with oral cefixime for EPT. If testing of the partner reveals pharyngeal GC, then the partner will need to see a provider and be treated with ceftriaxone IM, as oral cefixime is not as effective at eradicating pharyngeal gonorrhea.

## CURRENT EPT RECOMMENDATIONS

### Chlamydia

- ▶ doxycycline 100 mg PO BID x 7 days

OR

- ▶ azithromycin 1 g PO x 1\*

\*if there are pregnancy or adherence concerns, azithromycin is recommended

### Gonorrhea

- ▶ cefixime 800 mg PO x 1\*\*

\*\*if co-infection with CT or CT has not been ruled out, also prescribe doxycycline or azithromycin



## ADDITIONAL RESOURCES

### The CDC's website on EPT:

[cdc.gov/std/ept/default.htm](https://cdc.gov/std/ept/default.htm)



### The 2021 CDC STI Treatment Guidelines:

[cdc.gov/std/treatment-guidelines/default.htm](https://cdc.gov/std/treatment-guidelines/default.htm)



### Utah's EPT Law:

[le.utah.gov/xcode/Title58/Chapter1/58-1-S501.3.html](https://le.utah.gov/xcode/Title58/Chapter1/58-1-S501.3.html)

