

Expedited Partner Therapy (EPT) Fact Sheet for Pharmacists

In Oregon, rates of sexually transmitted diseases (STDs) have been climbing for years. Since 2009, O.R.S. 676.350 has given health professional regulatory boards the authority **to permit providers to prescribe or dispense antibiotic drugs for the treatment of an STD to the partner of a patient without first examining the partner.** The practice of treating the partners of patients for STDs such as gonorrhea and chlamydia without examining the partner is referred to as expedited partner therapy (EPT).

As a pharmacist, you are a vital link in the EPT process. Patients and their partners rely on you to dispense these medications prescribed by their providers. You can help facilitate successful treatment by giving information about their medication regimen. The procedure for pharmacy dispensing of EPT is in O.A.R. 855-041-4005.

How to Provide EPT:

- Separate prescriptions may be written for the patient and their partners.
- EPT is valid even if the name of the partner for whom the prescription is intended is not on the prescription.
 - » EPT prescriptions without the name of the partner must be written for “[name of original patient]—Partner” or “EPT Partner”.
- The pharmacist is not required to obtain an EPT patient’s or partner’s name, address, or demographics.
- When a patient or partner is unnamed, the pharmacy may create a unique identifier and use that for labeling and recordkeeping purposes.
- Written medication information should accompany each prescription for each partner.

Points to Discuss with Patients:

- Discuss possible allergic reactions to antibiotics.
- Advise the patient to encourage each partner to call the pharmacist before taking the drug if they have had any adverse effects from a drug in the past or if they are taking other drugs.
- Advise patients and partners not to engage in sexual activity for 7 days after treatment.
- Advise that partners should see a medical provider for complete STD evaluation, testing, and treatment.
- Recommend retesting in 3 months for patients and partners.



Current EPT Recommendations

Chlamydia



Doxycycline

100 mg PO twice a day x 7 days**

OR

Azithromycin

1 gm PO once

Gonorrhea*



Cefixime

800 mg PO once

* Current CDC-recommended first-line treatment for GC is ceftriaxone 500 mg IM.

** If non-pregnant and coinfecting with CT/GC, cefixime and doxycycline are recommended for EPT. If there are pregnancy or adherence concerns, azithromycin 1 gm PO once is recommended instead of doxycycline.

If you have questions about EPT, call the **Oregon Health Authority STD Prevention Nurse Consultant** at **503-358-5176**.

EPT Key Points:

- Partner treatment prevents reinfection of the patient and curbs further transmission.
- EPT is a useful strategy when a partner is unable or unlikely to seek care.
- EPT is recommended for all partners in the 60 days prior to the patient's diagnosis of chlamydia/gonorrhea.
- EPT may be considered for pregnant partners. All pregnant partners should be referred for comprehensive prenatal care. Neither azithromycin nor cefixime are contraindicated in pregnancy.
- EPT should be accompanied by fact sheets that encourage partners to seek medical evaluation. Fact sheets in English and Spanish are available at: www.healthoregon.org/std

For more information and frequently asked questions on EPT:

The CDC website on Expedited Partner Therapy: <https://www.cdc.gov/std/ept/default.htm>

The CDC 2020 Updated Treatment Guidelines for Gonococcal Infection: <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6950a6-H.pdf>

The Oregon Health Authority's STD website: <http://www.healthoregon.org/std>