**EXPEDITED PARTNER THERAPY**

**A Summary for Health Care Providers**

**What is Expedited Partner Therapy?**
Expedited Partner Therapy (EPT) is a practice that allows health care providers to provide a patient with either antibiotics or a written prescription intended for the patient's sex partner(s). In New York State, EPT is to treat persons exposed to chlamydia, gonorrhea, and trichomoniasis. In New York State, EPT is only allowable to treat these three infections. EPT cannot be used with sex partners of patients coinfected with syphilis.

EPT is allowable under New York State Public Health Law, Section 2312, and regulations are provided in Section 23.5 of Title 10, New York Codes, Rules and Regulations (NYCRR).

**What is my liability?**
Under Public Health Law, EPT may be used by health care providers authorized under Title 8 of NYS Education Law to diagnose and prescribe drugs for chlamydia, gonorrhea, and/or trichomoniasis infections. Such providers who reasonably and in good faith render EPT are not subject to civil or criminal liability. The use of EPT in such manner is not deemed unprofessional conduct.

**When should EPT be administered?**
The first-choice partner management strategy is to bring in sexual partners for a complete clinical evaluation, STI and HIV testing, and counseling and treatment as appropriate.

EPT is a strategy that can serve as an alternative to referring sexual partners for clinical examination when they are unable, unlikely, or unwilling to seek care. Providers should use their best judgment to determine whether their patient's sex partner(s) will or will not seek treatment. Providers may contact partner services for assistance when patient is unwilling or unable to contact partner(s): https://www.health.ny.gov/diseases/communicable/std/partner services/index.htm

**What is the preferred treatment for EPT?**

The recommended treatment for EPT is:

- **Chlamydia:** 1 gram azithromycin in a single dose or doxycycline 100 mg orally twice a day for 7 days*
- **Gonorrhea:** 800 mg oral dose of cefixime, provided that concurrent chlamydial infection in the patient has been excluded. Otherwise, the patient may be treated with a single oral 800 mg cefixime dose plus oral doxycycline 100 mg twice daily for 7 days**
- **Trichomoniasis:** Metronidazole 2 g orally in a single dose***


** Why is EPT important?**
- Sexually transmitted infections are a significant public health problem in New York State.
- EPT empowers eligible people to have agency over their own sexual health by notifying their sex partner(s) of their exposure and helping them get treated promptly to avert health consequences and time delays through health department interventions.
- Re-infection, likely due to non-treatment of sexual partners, occurs in a significant proportion of those infected with the aforementioned infections.
- EPT provides an alternative strategy to ensure that exposed sexual partners get needed medication.

- Trichomoniasis: Metronidazole 2 g orally in a single dose***

During pregnancy, azithromycin 1 g as a single dose is recommended to treat chlamydia.

Clinicians should counsel symptomatic pregnant people with trichomoniasis regarding the potential risks for and benefits of treatment and about the importance of partner treatment and condom use in the prevention of sexual transmission. Additional guidance: https://www.cdc.gov/std/treatment-guidelines/trichomoniasis.htm

**EPT and NYS Electronic Prescription Mandate**
At the time of publication, EPT is exempt from the NYS electronic prescription mandate. Paper prescriptions can still be used for EPT. Providers should check to verify that the exemption is still in place by visiting https://www.health.ny.gov/professionals/narcotic/electronic_prescribing/ and searching for Exceptions to Electronic Prescribing.
How do I provide EPT?

Some providers will opt to provide the patient directly with medication for each eligible sex partner (see below). Other providers may opt to provide written prescriptions for each eligible sex partner. According to NYS Public Health Law Section 2312, a pharmacist can fill a prescription with the designation of “EPT” even when a sex partner’s name, address, and date of birth are not listed on the prescription.

When writing a prescription for EPT:

1. Write “EPT” in the body of the prescription form above the name, strength, and quantity of the medication(s).
2. If available, write the sexual partner’s name, address, and date of birth in the designated areas of the prescription.
3. If the sexual partner’s name, address, and/or date of birth are not available, the written designation of “EPT” shall be sufficient for pharmacists to fill the prescription.
4. Separate prescriptions must be provided for each eligible sex partner. Prescribing multiple doses on one prescription intended for more than one person is illegal.

When issuing an electronic prescription: – Include “EPT” in the notes field.

If the name, address, and date of birth of the sex partner are available at the time the prescription is issued, they should be entered in the designated areas of the electronic prescription.

If the sex partner’s name, address, and date of birth are not available at the time the prescription is issued, enter the following in the required fields:

- First name: Expedited
- Last name: Partner
- Gender: use available values
- Date of Birth: use 1/1/1901 if unknown
- Street: “Pharmacy Should Request Address”
- City, State, and Zip: default to the City, State, and Zip of prescriber or pharmacy

What are the key messages for my patient?

- Patient should abstain from any type of sexual intercourse (vaginal, oral, or anal) until at least seven days after treatment and seven days after their partner(s) have been treated.
- Patient should be counseled to tell their partner(s) to seek follow-up medical care, including testing for STIs and HIV, as soon as possible, even if EPT is provided.
- Patient should be advised to be re-tested for these and other STIs three months after treatment.

EPT Eligibility Criteria

All sexual partners exposed within the 60 days prior to the patient’s first reported symptoms or receiving diagnostic test results (whichever occurs earlier) are eligible for EPT. If no sex partners from within the past 60 days are identified, EPT may be offered for the most recent sex partner. There is no limit to the number of sexual partners that may receive EPT.

ELIGIBLE IF THE FOLLOWING CRITERIA APPLY:

Patient has clinical and/or lab confirmed diagnosis(es) of chlamydia, gonorrhea, and/or trichomoniasis. Lab confirmation may include:

- positive culture;
- nucleic acid hybridization test; or
- nucleic acid amplification test (NAAT).

AND

Patient’s sexual partner(s) are unable or unlikely to seek prompt clinical services.

Partners may be uninsured, lack a primary care provider, face barriers to accessing services, or be unwilling to seek care. For these reasons, medication-in-hand is best practice, however pharmacists may offer discount coupons to make the prescription more affordable. Those who cannot afford medication should be referred to their local health department’s sexual health clinic.

NOT ELIGIBLE IF ANY OF THE FOLLOWING CRITERIA APPLY:

Not appropriate in cases of child abuse, sexual assault, sexual abuse, or in cases where the patient’s safety is in doubt.

OR

The patient is co-infected with syphilis.

What information should I provide to the sex partner(s)?

For each partner, the patient must be provided with (a) either medication or a prescription for medication, as described above; and (b) educational materials for the sex partners including medication safety profiles, allergy information, and other instructions. Educational materials are available to order or download at https://www.health.ny.gov/diseases/communicable/std/ept/ept_publications.htm

For additional information, please refer to EPT Frequently Asked Questions (FAQs) for Health Care Providers and Pharmacists, available online at https://www.health.ny.gov/diseases/communicable/std/ept/info_for_providers.htm

Or contact the Office of Sexual Health and Epidemiology at EPT@health.ny.gov or (518) 474-3598.