



# EXPEDITED PARTNER THERAPY (EPT)

For Chlamydia, Gonorrhea or Trichomoniasis

FACT SHEET FOR HEALTHCARE PROVIDERS & PHARMACISTS IN MARYLAND



- ▶ **Expedited Partner Therapy (EPT):** EPT is the voluntary clinical practice of treating sex partners of patients with certain sexually transmitted infections without an intervening medical exam. Centers for Disease Control and Prevention (CDC) data show EPT is a safe and useful option for treating partners who are unable or unlikely to obtain timely care. Patients deliver prescriptions or medications along with informational materials to their partners. EPT is considered a clinical best practice and prevents re-infections. See CDC’s EPT website for more information: <https://www.cdc.gov/std/ept/>.

Nearly all states authorize the use of EPT. EPT is endorsed by the Centers for Disease Control and Prevention (CDC) and numerous national and Maryland state professional medical associations.

- ▶ **EPT in Maryland:** Maryland law authorizes physicians, physician assistants, advanced practice registered nurses and certain registered nurses employed by local health departments to prescribe EPT for chlamydia, gonorrhea, or trichomoniasis. Pharmacists are authorized to dispense antibiotic therapy prescribed in accordance with the EPT law (MD Health- Gen Code §18–214.1).

## MDH Recommended EPT Partner Treatment Regimens\*

<b>GONORRHEA*</b>	Cefixime 800 mg orally in a single dose
<b>CHLAMYDIA</b>	Doxycycline 100 mg orally bid for 7 days <i>Substitute azithromycin 1 gram orally in a single dose for partners who may be pregnant</i>
<b>GONORRHEA/ CHLAMYDIA COINFECTION</b>	Cefixime 800 mg orally in a single dose <b>Plus</b> Doxycycline 100 mg orally bid for 7 days <i>Substitute azithromycin 1 gram orally in a single dose for the Doxycycline for partners who may be pregnant</i>
<b>TRICHOMONIASIS</b>	Female partners: Metronidazole 500 mg orally bid for 7 days  Male partners: Metronidazole 2 g orally in a single dose  Tinidazole 2 g orally in a single dose (Alternative Regimen for <b>non-pregnant partners</b> )

\*Based on [CDC’s 2021 Sexually Transmitted Infections Treatment Guidelines](https://www.cdc.gov/std/treatment-guidelines/default.htm); <https://www.cdc.gov/std/treatment-guidelines/default.htm>.

**Note:** The current [CDC-recommended regimen](#) for gonorrhea treatment is injectable ceftriaxone. However, oral treatment should be considered for partners unlikely to access timely testing and treatment. Not treating partners is significantly more dangerous.

- ▶ **Eligible partners:** Sex partners of patients with clinically laboratory diagnosed chlamydia, gonorrhea or trichomoniasis.
  - Adolescents and pregnant persons are eligible for EPT.
  - EPT is not recommended for routine use in men who have sex with men (MSM) due to lack of EPT efficacy data in MSM partnerships and risk of undiagnosed STI/HIV co-infection among partners.
  - Patients with concerns about partner violence when providing EPT to partners should not receive EPT treatment for those partners.
  
- ▶ **Time-frame and number of partners:** All sex partners in the 60 days prior to the patient’s diagnosis should be considered at risk for infection and should be treated. If the last sexual encounter was > 60 days prior to diagnosis, the most recent sex partner should be considered eligible. In Maryland, there is no limit to number of sex partners who can receive EPT.
  
- ▶ **Prescribing and dispensing:** Prescriptions issued, and medications dispensed, must include the designation Expedited Partner Therapy, or EPT. If sex partners’ names are unknown or undisclosed, the written designation EPT is sufficient for pharmacists in Maryland to fill the prescription. Separate prescriptions must be issued for each sex partner.
  
- ▶ **Information and counseling:** Patients must be given written information about the EPT partner medication or prescription they are receiving. Written information also must be given to patients for each EPT partner that includes advice to seek a medical evaluation, information about their infection, medication instructions, adverse reaction warnings, and advice to remain abstinent until 7 days after patient and partners complete treatment. Pharmacists also must provide written materials with this information for partners. Fact sheets complying with this requirement for both patients and partners are available on the Maryland Department of Health’s EPT web page for downloading at: <http://health.maryland.gov/EPTMaryland>. Any materials with comparable information may be used.
  
- ▶ **Adverse events:** To report adverse events, call 410-767-6700. No known instances of adverse reactions have ever been reported in states where EPT is practiced dating back to 2001, when the first state authorized the practice of EPT.
  
- ▶ **Provider Reporting:** Maryland healthcare providers are required by law to report to the state or local health department cases of laboratory-confirmed chlamydia and gonorrhea, treatment provided and the number of partners for whom EPT was prescribed or dispensed. The Maryland Confidential Morbidity Report Form, a fillable PDF, is available at: [https://health.maryland.gov/phpa/Documents/DHMH-1140\\_MorbidityReport.pdf](https://health.maryland.gov/phpa/Documents/DHMH-1140_MorbidityReport.pdf).
  
- ▶ **Who Pays for EPT Medication:** The index patient’s insurance may NOT be billed for the partner’s EPT medication. EPT medications must be paid for out-of-pocket by the index patient or the partner, or they may be covered by the partners’ health insurance.
  
- ▶ **Adverse Reactions:** Report to the Maryland Department of Health, at 410-767-6700.