

EPT



Expedited Partner Treatment

Frequently Asked Questions (FAQs) for Health Care Providers and Pharmacists

Partner management among individuals diagnosed
with chlamydia, gonorrhea, and/or trichomoniasis.



Department
of Health

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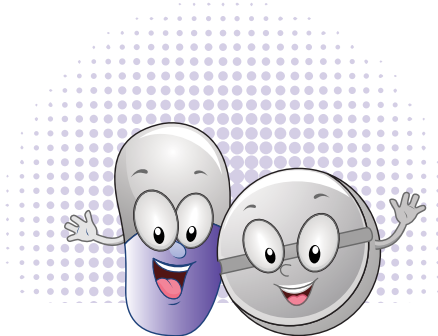
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Expedited Partner Treatment* Frequently Asked Questions (FAQs) for Health Care Providers and Pharmacists

The New York State Department of Health (NYSDOH) recommends Expedited Partner Treatment (EPT) to facilitate partner management among individuals diagnosed with chlamydia, gonorrhea, and/or trichomoniasis. EPT empowers individuals to take control of their sexual health, helping to remove barriers to care for their sexual partner(s) and preventing re-infection for themselves. EPT is the clinical practice of providing individuals with medication or a prescription to deliver to their sexual partner(s) as presumptive treatment for a sexually transmitted infection (STI), without completing a clinical assessment of those partners. NYSDOH encourages providers to make EPT as broadly available as possible as it is an option for partner treatment and an important sexual health service.

This document was developed to provide answers to common questions health care providers and pharmacists have about EPT, including a link to where to send additional questions. This FAQ document is broken out into key question themes around: [EPT eligibility](#), [recommended EPT treatment regimens](#), [EPT for minors](#), [partner\(s\) exposure window](#), [prescriptions](#), [billing and payment for EPT](#), and [legality and liability](#).

* Expedited Partner Treatment is also known as Expedited Partner Therapy



EPT Eligibility

1. Q: What is Expedited Partner Treatment?

A: Expedited Partner Treatment or EPT is a standard public health strategy for treating the sex partners of persons diagnosed with a sexually transmitted infection (STI). In New York State (NYS), a licensed medical provider authorized to diagnose and prescribe drugs for STIs may issue EPT medications directly or by prescription for chlamydia, gonorrhea, and/or trichomoniasis treatment for an individual's sexual partner(s) without a prior medical evaluation or clinical assessment of those partners. EPT is encouraged and allowed when the index patient is directly treated by the clinician for any of the three aforementioned STIs.

Note that on January 1, 2020, Chapter 298 of the Laws of 2019 went into effect, expanding NYS Public Health Law section 2312 to permit expedited treatment for STIs for which the Centers for Disease Control and Prevention (CDC) recommends the use of expedited therapy. Prior to this change, EPT was allowable in New York State under section 2312 and 10 New York Codes, Rules, and Regulations section 23.5 for chlamydia only.

2. Q: Who is eligible to receive EPT?

A: People diagnosed with any of the three permitted STIs—chlamydia, gonorrhea, and/or trichomoniasis—and their partner(s) are eligible to receive EPT, with some exceptions (see question 3).

3. Q. Are there circumstances where providing EPT is not allowed?

A: Yes. Provision of EPT for the presumptive treatment of their sex partner(s) is permissible to all persons in NYS except for persons co-infected with syphilis or for victims of sexual assault/abuse. The exclusion for persons diagnosed with syphilis exists for the medical protection of the partner who may be infected with syphilis, as the recommended EPT treatment for gonorrhea, chlamydia, and/or trichomoniasis would not fully treat syphilis. All efforts must be made to directly test and treat the patient's partner(s) given the possibility of co-infection with syphilis. The exclusion for victims of sexual abuse/assault exists to protect the victim from further harm,

and to maintain their anonymity. Such cases should be referred, with the individual's permission, to the proper authorities. As appropriate, referrals should be offered for supportive services. Provision of EPT is best made through shared clinical decision-making between the index patient (the individual initially diagnosed with an STI) and their provider.

4. Q: Is a clinical diagnosis of gonorrhea, chlamydia, and/or trichomoniasis sufficient to provide EPT in situations when laboratory confirmation is not available or expected (for example, use of telemedicine with syndromic management in index patient)?

A: Yes. EPT is considered a permissible treatment option for symptomatic index patients treated via syndromic management protocols.

5. Q: If the index patient with chlamydia, gonorrhea, and/or trichomoniasis is found to be concurrently diagnosed with HIV, can EPT be provided to the patient's partner(s)?

A: Yes, EPT may be provided. All efforts must be made to directly test and treat the patient's partner(s) given the possibility of co-infection with HIV. Contact your local partner services for assistance, if needed: <https://health.ny.gov/PartnerServices>

6. Q: Does a "clinical diagnosis" of gonorrhea, chlamydia, or trichomoniasis mean that EPT could be provided to partner(s) of someone diagnosed with urethritis, cervicitis, or proctitis and treated clinically before a laboratory test result is available? If the provider subsequently determines that the index patient does not have one of these infections, are they obliged to try to stop the use of EPT by the partner(s)?

A: EPT may be provided based on a clinical diagnosis of gonorrhea, chlamydia, or trichomoniasis, prior to or in the absence of laboratory confirmation. "Clinical diagnosis," for these purposes, includes individuals diagnosed through physical examination or via

telemedicine, or by laboratory confirmed diagnosis. If laboratory confirmation later reveals the index patient does not have the STI for which they were provided treatment/EPT, the provider should discuss with the patient the need to inform partner(s) to contact their own provider for any needed follow-up, including STI testing and treatment, and whether to continue treatment, as applicable.

A health care provider who reasonably and in good faith renders EPT in accordance with NYS Public Health Law section 2312 and 10 NYCRR section 23.4, and a pharmacist who reasonably and in good faith dispenses drugs pursuant to a prescription written in accordance with Public Health Law section 2312 and section 23.4, shall not be subject to civil or criminal liability or be deemed to have engaged in unprofessional conduct. This protection applies when the initial clinical indication for EPT is not confirmed or later discovered to be null.

7. Q: Should clinicians screen patients for HIV, syphilis, and other STIs when treating them for chlamydia, gonorrhea, and/or trichomoniasis?

A: Yes. NYS Public Health Law permitting the use of EPT for certain STIs does not obviate the need for additional STI screening. Clinicians are encouraged to work with their patients to determine the best sexual health care.

8. Q: What is the guidance regarding EPT for sexual partner(s) who may be pregnant?

A: If the patient's sexual partner(s) are pregnant or suspect possible pregnancy, some EPT medications may not be recommended. The partner(s) should seek medical care as soon as possible. Please review current CDC STD Treatment Guidelines for more information: <https://www.cdc.gov/std/treatment-guidelines/default.htm>

Recommended EPT Treatment Regimens

9. Q: What is the recommended treatment for EPT*?

A: The recommended treatment for EPT is:

- Chlamydia: **doxycycline** 100 mg orally twice a day for 7 days or 1 gram **azithromycin** in a single dose.*
- Gonorrhea: 800 mg oral dose of **cefixime**, provided that concurrent chlamydial infection in the patient has been excluded. Otherwise, the partner 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***

* NYSDOH follows CDC STD Treatment Guidelines. Please review NYSDOH EPT Interim Guidance at: https://health.ny.gov/STDDGuidance/ept_guidance.pdf and current CDC guidance: <https://www.cdc.gov/std/treatment-guidelines/default.htm>

** 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>

10. Q: When chlamydia (CT) EPT was first approved in NYS, the treatment was limited to azithromycin. Could doxycycline for 7 days be substituted for CT EPT?

A: Yes. NYS follows current CDC STD Treatment Guidelines, which allow for either doxycycline or azithromycin for the treatment of CT. Please review NYSDOH EPT Interim Guidance at: https://health.ny.gov/STDDGuidance/ept_guidance.pdf and current CDC guidance: <https://www.cdc.gov/std/treatment-guidelines/default.htm>. This link will be updated whenever new CDC STD Treatment Guidelines are released.

EPT for Minors

11. Q: May EPT be dispensed to minors without parental consent, even if the patient's partner(s) are also minors?

A: Yes. <https://www.nysenate.gov/legislation/laws/PBH/2305> allows individuals <18 years old to give effective informed consent for services related to screening, treatment, and prevention of STIs, including EPT, unless sexual abuse is suspected. EPT qualifies as a prevention service, given the risks for re-infection to the index patient. For more information on minor consent:
<https://www.hivguidelines.org/guideline/adolescent-consent/>
https://www.health.ny.gov/diseases/communicable/std/docs/letter_minor_consent.pdf
https://www.health.ny.gov/diseases/communicable/std/docs/faq_billing_consent.pdf

Partner(s) Exposure Window

12. Q: Which partner(s) should be offered EPT?

A: Per CDC guidance, 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(s). Please refer to CDC guidance: <https://www.cdc.gov/std/ept/default.htm>. NYS supports provider discretion regarding the time frame for treating partners based on the date of the patient's first reported symptoms and/or diagnostic test.

13. Q: Is it permissible to treat sexual partners exposed more than 60 days prior to the patient's first reported symptoms or diagnostic test results?

A: Yes. NYS supports provider discretion regarding the time frame for treating partners based on the patient's first reported symptoms or diagnostic test.

14. Q: Can medical facilities create a specific policy regarding which partners are eligible based on potential exposure, such as only permitting EPT for sexual partners exposed within the last 30 or 60 days instead of basing it on the most recent STI screen in the index patient?

A: Yes. NYSDOH supports provider discretion regarding the time frame for treating partners based on the patient’s first reported symptoms or diagnostic test. NYSDOH encourages that providers maintain a “low threshold” for provision of EPT to eligible persons and make access to this medication as broadly available as possible based on clinical indications.

Prescriptions

15. Q: How are EPT prescriptions written to conform to the New York State e-prescribing mandate?

A: They may be issued as an electronic prescription or on an Official New York State Prescription Form.

For more information on the e-prescribing mandate and allowable exemptions, including EPT, please visit:

https://www.health.ny.gov/professionals/narcotic/electronic_prescribing/

16. Q: What is the prescription format for providing EPT?

A: Whenever a health care practitioner provides EPT using a prescription, the prescription shall include the following:

- name, address, telephone number, profession, registration (i.e., license) number, and signature of the health care practitioner issuing the prescription;
- date the prescription was issued;
- name, strength, and quantity;
- directions for the use of the drug by the patient;
- number of refills (which will be “zero”); and
- for Official New York State Prescription forms, the designation “EPT” must be written in the body of the prescription form above the name of the medication and dosage for all prescriptions issued.

If the name, address, and date of birth of the sex partner(s) are available at the time the prescription is written, this should be written in the designated area of the prescription form.

If the sex partner's name, address, and date of birth are not available at the time the prescription is issued, the designation of "EPT" shall be sufficient for the pharmacist to fill the paper prescription.

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

* As per the National Council for Prescription Drug Programs (NCPDP) Script Implementation Guide, August 2021.

17. Q: Can a provider issue a prescription to the index patient for multiple doses of medication or re-fill prescriptions intended to be given to their sexual partner(s)?

A: No. A separate prescription must be written for each individual receiving treatment.

18. Q: Is "EPT" sufficient for the pharmacist to fill the prescription?

A: Yes. 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. However, if needed for billing, the pharmacist can request this information when the prescription is dropped off or picked up at the pharmacy.

Billing and Payment for EPT

19. Q: How can we know that the partner has insurance that will allow them to obtain the medication? Would it be better to send the patient to the local STI clinic for free medication?

A: This decision can be made at the discretion of the practice, based on discussions with the patient. Some EPT medications can be purchased at 340B prices for very low cost. It is best practice to provide patients who may have uninsured partners with no-cost EPT medications (i.e. a “medication-in-hand” model) if they are unable to cover the out-of-pocket costs. Please contact the NYSDOH Office of Sexual Health and Epidemiology at ept@health.ny.gov for more information.

20. Q: Who pays for the partner medications when our clinic uses the “medication in hand” model, providing the medications to the index patient to give to their partner(s)?

A: Providers may offer these medications at no charge to index patients. NYSDOH encourages providers to make EPT as broadly available as possible, lowering the threshold for accessing this essential sexual health service.

21. Q: If a patient presents at a pharmacy with an EPT prescription for their partner, whose insurance does it get billed to?

A: Prescriptions will be billed to the partner’s insurance when the partner supplies their insurance information to the pharmacy. It would be fraudulent to bill the patient’s insurance for medication intended for their partner(s). Alternately, the patient can pay out of pocket for the prescription. 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. Some EPT medications can be purchased at 340B prices for very low cost. It is best practice to offer uninsured patients with no-cost EPT medications (i.e. the “medication-in-hand” model) if they are unable to cover the out-of-pocket costs. Please contact the NYSDOH Office of Sexual Health and Epidemiology at ept@health.ny.gov for more information.

22. Q: Who will assume the cost for the sex partner’s medication?

A: Medication costs may be self-pay (paid by the person who picks up the prescription) or paid by the sex partner’s health insurance. 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 https://www.health.ny.gov/contact/contact_information/. Some EPT medications can be purchased at 340B prices for very low cost. It is best practice to offer uninsured patients with no-cost EPT medications (i.e. the “medication-in-hand” model) if they are unable to cover the out-of-pocket costs. Please contact the NYSDOH Office of Sexual Health and Epidemiology at ept@health.ny.gov for more information.

23. Q: What if a partner does not have insurance and cannot afford the medication?

A: 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. It is best practice to offer uninsured patients with no-cost EPT medications (i.e. the “medication-in-hand” model) if they are unable to cover the out-of-pocket costs. Information on New York State’s health insurance programs can be found at: <https://nystateofhealth.ny.gov>. Please contact the NYSDOH Office of Sexual Health and Epidemiology at ept@health.ny.gov for more information.

Liability

24. Q: What is the liability for providers and pharmacists in providing EPT?

A: A health care provider who reasonably and in good faith renders EPT in accordance with Public Health Law section 2312 and 10 NYCRR section 23.4, and a pharmacist who reasonably and in good faith dispenses drugs pursuant to a prescription written in

accordance with Public Health Law section 2312 and section 23.4, shall not be subject to civil or criminal liability or be deemed to have engaged in unprofessional conduct.

25. Q. Is there any concern or liability if a provider provides EPT for gonorrhea, chlamydia and/or trichomoniasis at point of care (through point of care lab or clinical diagnosis) and subsequently learns that the index patient also has syphilis after the lab test is completed?

A: No. A health care provider who reasonably and in good faith renders EPT in accordance with Public Health Law section 2312 and 10 NYCRR section 23.4, and a pharmacist who reasonably and in good faith dispenses drugs pursuant to a prescription written in accordance with Public Health Law section 2312 and section 23.4, shall not be subject to civil or criminal liability or be deemed to have engaged in unprofessional conduct. This protection applies when the initial clinical indication for EPT is not confirmed or later discovered to be null.

26. Q: Must a provider offer guidance when prescribing EPT to their patients' sexual partner(s)?

A: Each patient provided with medication or a prescription for EPT in accordance with section 2312 of the Public Health Law must be given informational materials for the patient to give to their sex partner(s). Each patient shall be counseled by their health care provider to inform their sex partner(s) that it is important to read the information contained in the materials prior to the partner taking the medication, available at <https://health.ny.gov/EPTpublications>. These materials include a recommendation to consult a health care provider for a complete STI evaluation, including HIV testing, as a preferred alternative to EPT regardless of whether they take the medication. Health care providers can connect patients with the State or Local Health Department Partner Services program, where a Partner Services Specialist will help diagnosed individuals in planning the best way to notify their sex partners and assist in linkage to care, testing, and treatment <https://health.ny.gov/PartnerServices>.

27. Q: Should providers be concerned about prescribing medication without knowing their patients’ sexual partner(s)’ potential allergies?

A: The population-level benefits of improved STI partner management outweigh the risks of adverse events and should not preclude use of EPT. See this report for additional information regarding potential adverse effects: <https://www.cdc.gov/std/treatment/eptfinalreport2006.pdf>

However, EPT should be accompanied by information that warns of potential allergic reactions, to defer treatment and seek medical attention. The information should advise partners of the potential side effects of treatment and sources of care in the event of an adverse event.

28. Q: Does “distribution” of educational materials have to be in hard copy/paper form, or can we use other means (e.g. paper copy of a web link, secure text message, patient portal message with URL, etc.) to distribute these materials?

A: Provision of partner educational materials through web link or other technology-based means can be considered “distribution” and is allowable. NYSDOH encourages providers to make EPT as broadly available as possible as it is an option for partner treatment and an important sexual health service.

Additional Information

29. Q: What if I have additional questions about EPT?

A: For questions or inquiries on EPT, please contact the NYSDOH Office of Sexual Health and Epidemiology at ept@health.ny.gov



health.ny.gov/EPT



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