

# Expedited partner therapy

## Fact sheet for providers

### What is expedited partner therapy?

Expedited partner therapy (EPT) enables providers to treat the [sexual partners of patients who are diagnosed with chlamydia \(CT\) or gonorrhea \(GC\) by giving a prescription or medication to the 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 does not mandate the use of EPT, it only provides clinicians with the option of using EPT. Providers may determine how many doses/prescriptions a patient can receive for their partners, although the doses should be limited to the number of known sexual contacts within the previous 90 days.

### Key points

Providers can dispense antibiotics for a patient to give to their partner(s), or write the partner(s) a prescription. The prescription can be written with the partner's name and DOB (if known), or to the partner of (original patient).

Medications used for partner treatment cannot be billed to the patient's insurance. Medication must be paid for either by the patient, the partner(s) (i.e., if a prescription is given), the facility/clinic, or billed to the partner's insurance.

Patients should be given fact sheets to pass along to their partner(s) that encourage them to be evaluated by a healthcare provider while also providing information about STDs and the medication they are being offered (including the possibility of allergic reactions).

Certain EPT medications can be given to pregnant partners; however, these partners should be referred to prenatal care and be screened for syphilis and HIV. Pregnant partners should **not** take doxycycline (azithromycin 1g PO can be used as an alternative).

### When EPT is not recommended

EPT is not always recommended for men who have sex with men (MSM) due to high rates of co-morbidities in this population. Shared clinical decision-making regarding EPT is recommended. MSM partners should be encouraged to visit a provider to have a comprehensive exam that includes extragenital (oral/anal) chlamydia and gonorrhea tests, in addition to syphilis and HIV testing.

EPT is also not recommended for partners who have had an oral exposure to gonorrhea. Oral cefixime (Suprax) is less effective at eradicating pharyngeal gonorrhea than ceftriaxone. Partners should visit a provider for IM treatment.

### Current EPT recommendations

#### Gonorrhea

800mg cefixime PO

PLUS doxycycline 100mg BID x 7 days  
if co-infection with chlamydia is not ruled out

#### Chlamydia

100mg doxycycline BID x 7 days PO

#### [CDC EPT guidance](#)

#### [2021 CDC STI Treatment Guidelines](#)