

Expedited partner therapy

Fact sheet for providers

What is expedited partner therapy?

Expedited partner therapy (EPT) means [patients who are diagnosed with chlamydia \(CT\) or gonorrhea \(GC\) can get a prescription or medication for their partner](#) without the partner being examined by the 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 gives clinicians 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 write a prescription for their patient's sexual partner(s) with either the partner's name and DOB, or it can read to the partner of (the patient's name).

Medications used to treat partners can only be billed to the partner's insurance or paid for by the partner. The original patient's insurance will not pay for it.

Providers should give fact sheets to patients so they can give them to their partner(s). The fact sheets encourage partners to be evaluated by a healthcare provider and also give them information about STIs 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 treating pharyngeal gonorrhea than ceftriaxone. Partners should visit a provider for intramuscular (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](#)