



# Expedited Partner Therapy Fact Sheet for Pharmacists

In Arizona, the rates of sexually transmitted infections (STIs) are steadily increasing. Since 2008, A.R.S. §32-1401.27 and 32-1854 has allowed health care providers to **dispense or prescribe antimicrobial medications to contacts of patients with certain communicable diseases without performing a physical exam**. This clinical practice, when applied to contacts of patients diagnosed with gonorrhea and chlamydia, is referred to as expedited partner therapy (EPT). EPT is utilized in all but 11 states.

As a practicing pharmacist in your community, you are an essential link in the EPT process as your patients and their partners will rely on you to dispense these medications when prescribed by their providers. You can help to facilitate their treatment process by providing pertinent information and explaining the importance of complying with their medication regimen.

## Current EPT Recommendations



### Chlamydia

100 mg doxycycline 2x  
per day, for 7 days\*\*  
OR  
1 gm azithromycin PO



### Gonorrhea\*

800 mg cefixime PO

\*Current CDC recommended treatment for GC is 500 mg Ceftriaxone IM.

\*\*If non-pregnant and co-infected with CT/GC, cefixime and doxycycline are recommended for EPT.

For more information and frequently asked questions on EPT:  
The CDC website on Expedited Partner Therapy:  
<https://www.cdc.gov/sti/hcp/clinical-guidance/expedited-partnertherapy.html>

The CDC 2021 STI Treatment Guidelines:  
<https://www.cdc.gov/std/treatment-guidelines/default.htm>

The CDC 2020 Updated Treatment Guidelines for Gonococcal Infection:  
<https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6950a6-H.pdf>

The Arizona Department of Health Services' STI website:  
<http://www.azdhs.gov/sti>

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## Key Points

- EPT is a useful option to prevent re-infection of patients with chlamydia or gonorrhea.
- EPT is at least equivalent in efficacy to standard partner management for gonorrhea and chlamydia.
- EPT is a cost-effective partner management strategy.
- EPT may be considered for pregnant partners. However, all pregnant women should be referred for comprehensive prenatal care that includes syphilis and HIV testing in addition to chlamydia and gonorrhea. Neither azithromycin nor cefixime are contraindicated in pregnancy.
- EPT should be accompanied by fact sheets that advise the recipients to seek personal health care in addition to the medication. These fact sheets in English and Spanish are available at: <https://www.azdhs.gov/preparedness/epidemiology-disease-control/disease-integration-services/std-control/index.php#resources-providers>.
- Costs of medications used for partner treatment cannot be charged to the patient's insurance. The cost of medication must be paid by the partner or the original patient.

## Points To Discuss With Patients

- Patients and partners should not engage in sexual activity for 7 days post treatment.
- Patients and partners should be referred for STI retesting in 3 months.
- Discuss possible allergic reactions to antibiotics.
- Discuss possible drug interactions.
- Advise patients to have partners examined by a medical provider for STI testing and treatment.
- Advise patients to visit the CDC website for more information on STIs (<https://www.cdc.gov/sti/about/index.html>).