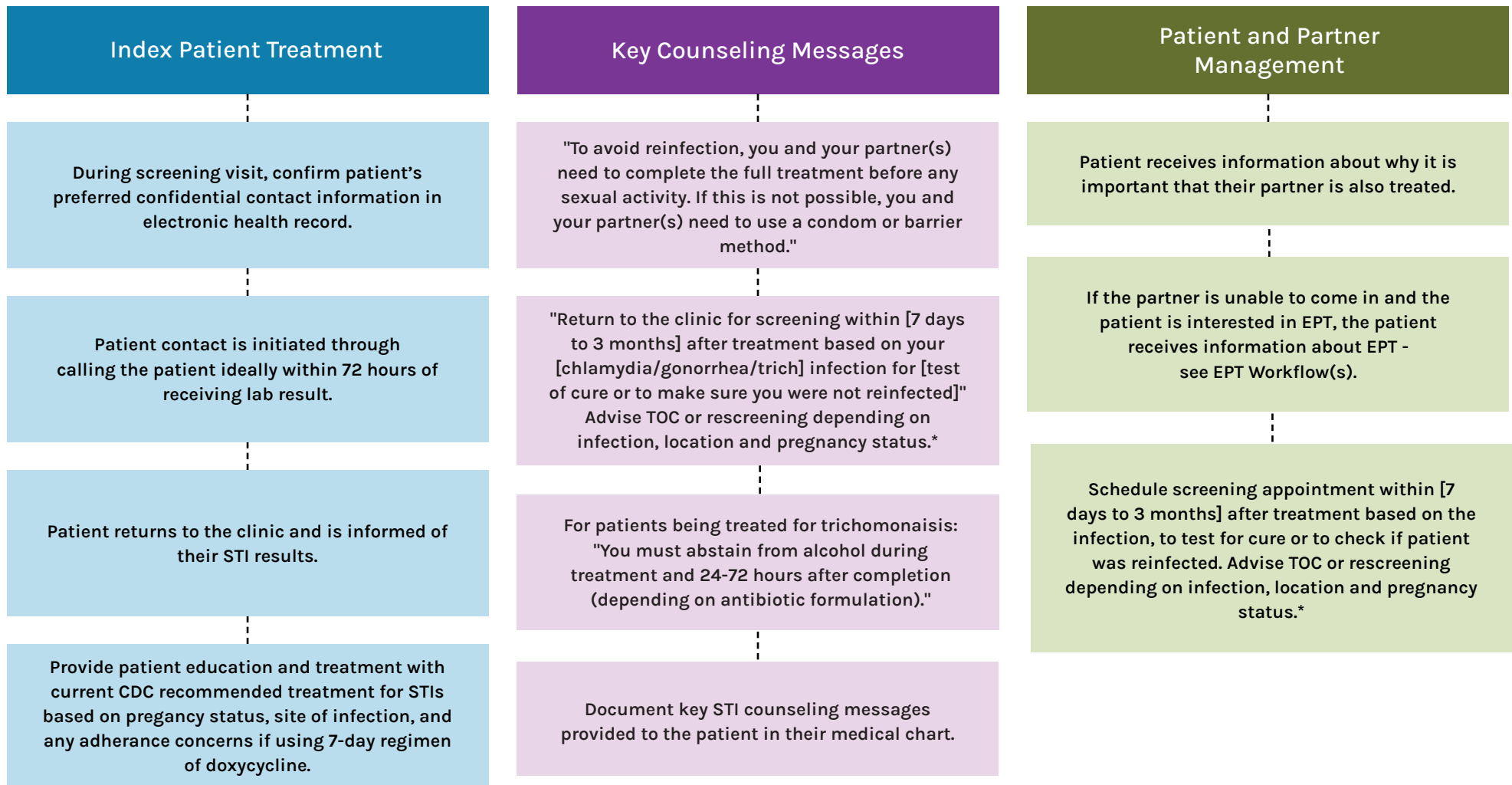


Expedited Partner Therapy Sample Workflows

Patient Diagnosed with an STI (Index Patient)

Expedited Partner Therapy (EPT) is the clinical practice of treating sex partners of patients diagnosed with a sexually transmitted infection (STI) without the healthcare provider first examining the partner. EPT is effective, safe, and acceptable to patients and their partners, and has been allowable in California since 2001 (California Health & Safety Code § 120582).¹ EPT is commonly offered for chlamydia, gonorrhea, and trichomoniasis. The following workflows are recommendations for clinical staff to use as a resource when offering EPT.

Sample Workflow - Patient Diagnosed with a STI (Index Patient)



* see page 6 for window periods regarding rescreening and test of cure (TOC)

Sample Expedited Partner Therapy (EPT) Workflow

Clinic Dispensing EPT after Index Patient Treatment workflow is completed

EPT Counseling

Ask: "How do you think your partner(s) will react when you tell them about test results and treatment?"

If there are any concerns about the patient's safety (IPV/DV/any other risk), then EPT may not be appropriate. Follow your clinic's protocol to respond.

Ask the patient if they know whether their partner(s) is/are allergic to cephalosporin or beta-lactam antibiotics.

If YES, EPT may not be an appropriate option for them.

Ask the patient if their partner(s) may be pregnant. If so, every effort should be made for the pregnant partner to receive direct care. EPT should be used as last resort. Emphasize that a TOC for chlamydia/gonorrhea should be performed.*

Ask patient if they know of their partner(s) experiencing any STI symptoms. If partners have symptoms, they should receive direct care instead of EPT. Particularly if a partner has pharyngeal or rectal gonorrhea, EPT may be insufficient.

See EPT Counseling Guide under resources list for additional counseling questions.

EPT Dispensing

Initiate EPT dispensing if the patient has agreed to continue. Gather and provide EPT counseling and health education materials for patient and infected partner(s). Educational resources in various languages are available at: orders.essentialaccess.org/resources

Clinical or health education staff reviews EPT materials with patient and documents messages in the EHR. EPT counseling and health education given.

Clinical staff obtains medication and labels patient's name for each partner dose. If more than one dose is given to the patient, EPT health education materials must be included in each bag/envelope that contains the STI medication.

Scheduling and Documentation

Schedule screening within [7 days to 3 months] after treatment based on the infection, to test for cure or to check if patient was reinfected. Advise TOC or rescreening depending on infection, location and pregnancy status.*

Clinical staff documents visit and number of doses distributed in patient's EHR.

Patient discharged with EPT health education and EPT medications in hand. You may want to consider adding clinic information or additional health education materials.

Sample Expedited Partner Therapy (EPT) Workflow

Prescribing EPT after Index Patient Treatment workflow is completed: Medical, Family PACT and other EPT Rx

EPT Counseling

Ask: "How do you think your partner(s) will react when you tell them about test results and treatment?"

If there are any concerns about the patient's safety (IPV/DV/any other risk), then EPT may not be appropriate. Follow your clinic's protocol to respond.

Ask the patient if they know whether their partner(s) is/are allergic to cephalosporin or beta-lactam antibiotics.

If YES, EPT may not be an appropriate option for them.

Ask the patient if their partner(s) may be pregnant. If so, every effort should be made for the pregnant partner to receive direct care. EPT should be used as last resort. Emphasize that a TOC for chlamydia/gonorrhea should be performed.*

Ask patient if they know of their partner(s) experiencing any STI symptoms. If partners have symptoms, they should receive direct care instead of EPT. Particularly if a partner has pharyngeal or rectal gonorrhea, EPT may be insufficient.

See EPT Counseling Guide under resources list for additional counseling questions.

EPT Prescription

Initiate Prescription. Gather and provide EPT counseling and health education materials for patient and infected partner(s).

Educational resources in various languages are available at:
orders.essentialaccess.org/resources

Clinical or health education staff reviews EPT materials with patient and documents messages in the EHR. EPT counseling and health education given.

Electronic Prescription (eRx) for MediCal and Family PACT Patients - Provide eRx STI medication for the total number of doses to be dispensed by the pharmacy under the index patient's name.

Sample for chlamydia positive with three partners, using the current 2021 STD Treatment guidelines:
Doxycycline 100 mg cap. Sig: Expedited Partner Therapy (EPT) Patient and each partner to take 1 caps by mouth 2 times/day for 7 days. Dispense #56 Caps. Number of Refills: 0.
See Sample eRx attached

Other EPT written prescriptions (commercial plans, cash pay, etc.) may be written in the name of the index patient or the individual partner, but California law requires the health care provider to write "**Expedited Partner Therapy**" or "**EPT**" on a prescription if they do not have patient's sexual partner(s) name(s).

If more than one prescription is given to the index patient for their partner(s), separate EPT health education materials must be given for each of the patient's partner(s). Educational resources in a variety of languages are available at:
orders.essentialaccess.org/resources

Scheduling and Documentation

Schedule screening appointment within [7 days to 3 months] after treatment based on the infection to test for cure or to check if patient was reinfected. Advise TOC or rescreening depending on infection, location and pregnancy status.*

Clinical staff documents visit and number of doses prescribed in patient's EHR.

Patient discharged with EPT health education and EPT prescriptions in hand. You may want to consider adding clinic information or additional health education materials.

* see page 6 for window periods regarding rescreening and test of cure (TOC)

Sample EPT eRx for Medical and Family PACT Patients

Below is a sample prescription for index patient treatment for chlamydia and EPT three partners. California law requires health care providers to write the words **“Expedited Partner Therapy”** or **“EPT”** on the prescription **if** they do not have the patient’s sexual partner(s) names. Prescriptions must be written in the name of the enrolled beneficiary/client [index patient] to be covered by Medi-Cal and/or Family PACT (Planning, Access, Care, and Treatment), even if the sexual partner(s) are also covered by Medi-Cal or Family PACT.⁴ Reimbursement is for client dose and up to five partner doses per dispensing.

doxycycline hyclate 100 mg capsule

Estimated Patient Cost:

Show Alternatives/Pricing Coverage

Pharmacy

Local Pharmacy 101



Edit Sig: take 1 capsule by mouth 2 times/day for 7 days

Remove Sig

☐ PRN

Reason:

Quantity:

56

Units:

Capsule

Refills:

0



Dispense As Written

Accept

Cancel

Start: 06/01/2025

Stop: 06/07/2025

Duration:



Prescribed Elsewhere Source:

Non-Clinical
Notes to
Pharmacy:

Please dispense in 4 labeled bottles of #14 for index patient and three partners for expedited partner therapy.

Problem:

Chlamydia infection, unspecified.

Provider:

Dr. Health

Location:

Local Clinic

Treatment: First-Line vs. EPT

EPT treatment varies slightly from first line treatment for chlamydia, gonorrhea, and trichomoniasis.

Chlamydia



First-Line Treatment

Doxycycline 100 mg by mouth
two times a day for 7 days

For pregnant patients: Azithromycin
1 g orally at once

EPT

Doxycycline 100 mg by mouth
two times a day for 7 days

For pregnant partners: Azithromycin
1 g orally at once

Gonorrhea



First-Line Treatment

If <150kg: ceftriaxone 500mg IM x 1
dose
If ≥150 kg: ceftriaxone 1gram IM x 1
dose

EPT

Cefixime 800 mg by mouth x 1 dose

Trichomoniasis⁺



First-Line Treatment

For cervicovaginal infection:
Metronidazole 500 mg 2 times/day
for 7 days

For penile infection:
Metronidazole 2 g orally in a single
dose

EPT

Partners at risk for cervicovaginal
infection:
Metronidazole 500 mg 2 times/day
for 7 days

Partners at risk for penile infection:
Metronidazole 2 g orally in a single
dose

⁺Metronidazole can be used during pregnancy but recipient would need clinical evaluation

Window Periods: Rescreening and Test of Cure (TOC)

Chlamydia

Screen all non-pregnant patients 3 months after treatment. If this is not possible, screen whenever non-pregnant patients seek medical care within 12 months after initial treatment. A TOC is unnecessary for uncomplicated urogenital or rectal chlamydia cases who are treated with any of the recommended or alternative treatment regimens.

Complete a TOC for pregnant patients or when treatment adherence is in question, symptoms persist, or re-infection is suspected approximately 4 weeks after treatment is completed and screen 3 months after treatment.

Gonorrhea

Screen all non-pregnant patients 3 months after treatment. If this is not possible, screen whenever non-pregnant patients seek medical care within 12 months after initial treatment. A TOC is unnecessary for uncomplicated urogenital or rectal gonorrhea cases who are treated with any of the recommended or alternative treatment regimens.

Complete a TOC for patients with pharyngeal gonorrhea 7-14 days after initial treatment using culture or nucleic acid amplification test (NAAT). If NAAT is positive, a confirmatory culture should be done before re-treatment. If culture is positive, antimicrobial susceptibility testing is recommended.

If symptoms persist after treatment, cultures (with or without NAAT) and antimicrobial susceptibility samples should be collected.

Trichomoniasis

Screen sexually active patients with a uterus 3 months after initial treatment (regardless of whether partners were treated). If this is not possible, screen whenever patients seek medical care within 12 months after initial treatment.

For recurring or persistent infection, after initial testing and treatment: Confirm with patient if reinfection is a possibility due to treatment failure, lack of taking the medication or reinfection from an untreated partner. If this is the case, schedule patient for TOC with culture. If NAAT (instead of culture) is used, schedule appointment 3 weeks after treatment completion.

References

1 Legal Status of Expedited Partner Therapy (EPT)

<https://www.cdc.gov/sti/php/ept-legal-status/california.html>
Status as of January 1, 2022. Accessed May 7, 2025.

2 Sexually Transmitted Infections Treatment Guidelines, 2021, Centers for Disease Control

<https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf>

Chlamydia: <https://www.cdc.gov/std/treatment-guidelines/chlamydia.htm>

Gonorrhea: <https://www.cdc.gov/std/treatment-guidelines/gonorrhea-adults.htm>

Trichomonas: <https://www.cdc.gov/std/treatment-guidelines/trichomoniasis.htm>

3 How to Prescribe Expedited Partner Therapy (EPT) for Sexually Transmitted Infections

Accessed May 7, 2025.

Resources

Expedited Partner Therapy: A Counseling Guide for Providers.

https://www.essentialaccess.org/sites/default/files/PDPT_Counseling_Guide_Web.pdf
Accessed May 7, 2025.

Expedited Partner Therapy FAQs for California Pharmacists.

<https://www.essentialaccess.org/sites/default/files/EPT-FAQ-California-Pharmacists.pdf>
Accessed May 7, 2025.

Expedited Partner Therapy Resources <https://orders.essentialaccess.org/resources>

Accessed May 7, 2025.