

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

A Resource for California Health Care Providers

Prepared by the California Prevention Training Center

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Introduction

Expedited Partner Therapy (EPT) is the clinical practice of treating sex partners of patients diagnosed with certain sexually transmitted infections (STIs) – including chlamydia (CT), gonorrhea (GC), and trichomoniasis – without the health care provider first examining the partner(s). EPT usually involves patient delivered partner therapy (PDPT),¹ in which the patient delivers the medication or a prescription to their partner(s). While evaluating the partner and providing other needed health services would be ideal, this is often not feasible. EPT can be provided confidentially; it is effective, safe, acceptable to patients and partners, and helps to ensure timely partner treatment. For more information on EPT and why it should be prescribed, see “[Expedited Partner Therapy \(EPT\) for Sexually Transmitted Infections: A Resource for California Health Care Providers - What is EPT and Why Should I Prescribe It?](#)”

Effective January 1, 2022, California law provides liability protections for prescribers and pharmacists who prescribe or dispense EPT. ([Health and Safety Code \[HSC\] 120582\(d\)](#); [Business and Professions Code \(BPC\) 4076\(g\)](#)). In addition, the 2021 CDC STI Treatment Guidelines included updated recommendations for EPT medication regimens. **The purpose of this document is to discuss: (1) clinical, (2) billing/reimbursement, and (3) legal considerations when prescribing EPT in California.**

Clinical Considerations When Prescribing EPT

EPT Medication Regimens

- The [CDC 2021 STI Treatment Guidelines](#) recommend offering EPT to patients with CT or trichomoniasis whose partner(s) are unable or unlikely to access treatment on their own.²
- While the optimal treatment for GC is an injection (which cannot be provided through EPT), the [CDC 2021 STI Treatment Guidelines](#) still recommend offering oral EPT medication to GC patients whose partner(s) are unlikely to access treatment [after linkage to care for the partner(s) has been explored].³
- Note that oral EPT medications are less effective in eradicating pharyngeal GC infections compared with an injection, and that partners suspected to have been exposed to gonorrhea at a pharyngeal site should be informed that oral EPT medications may be inadequate.³
- See **Recommended EPT Regimens** text box to the right for further details regarding recommended EPT regimens for CT, GC, and trichomoniasis.

Recommended EPT Regimens

For chlamydia:

- Doxycycline 100 mg PO BID x 7 days is preferred unless the partner is pregnant
- Azithromycin 1 gm PO x 1 is less effective, especially for rectal chlamydia, but can be used in partners who are pregnant or unlikely to adhere to a 7-day course of therapy

For gonorrhea:

- Cefixime 800 mg PO x 1

For trichomoniasis:

- Partner(s) at risk of cervicovaginal infection: Metronidazole 500 mg PO BID x 7 days
- Partner(s) at risk of penile infection: Metronidazole 2 gm orally x 1

EPT Prescribing Overview

- All sex partners in the 60 days prior to a patient's diagnosis of CT, GC, or trichomoniasis are eligible for EPT, as are the patient's most recent sex partner(s) if the patient has not had sex in the last 60 days.
- Patients can be provided with an adequate number of prescriptions or prepackaged doses necessary to treat each partner who may have been exposed and who can be located by the index patient.
- EPT medications should be properly labeled with clear instructions and warnings. Clinic referrals should also be provided.

EPT Prescriptions

- EPT medications should optimally be provided to patients in clinic to give to their partner(s), since data shows that prescriptions are often not filled.⁴
- When direct dispensing is not feasible, providers can also write prescriptions for EPT.
 - See [Appendix 1](#) for example EPT prescriptions.
 - Also see [Billing and Reimbursement](#) Considerations on page 5.

- Patients and partners should be advised to abstain from sex until 7 days after a single dose EPT regimen, or until completion of treatment when 7-day courses of antibiotics are used as EPT.
- Retesting is recommended three months after treatment for patients with GC, CT, and vaginal trichomonas.
- Even when EPT is provided, partner(s) should still be encouraged to seek follow-up care as soon as possible.
- EPT is not appropriate for: patients co-infected with STIs not covered by EPT medications; cases of suspected child abuse; sexual assault or intimate partner violence; or situations in which the patient's safety is in question.
- Providers should ask the patient about their partner(s)': (1) symptom status, particularly symptoms indicative of a complicated infection; (2) pregnancy status; and (3) risk for severe medication allergies. If the partner is pregnant, every effort should be made to contact them for referral to pregnancy services and/or prenatal care. The local health department may be of assistance in such special situations. For partners with known severe allergies to antibiotics, EPT should not be used.
 - EPT can still be prescribed even if the patient is not aware of their partner(s)' symptoms, pregnancy status, or allergies. In these cases, general information about allergies and contraindications to EPT should be provided.

Adverse Reactions are Rare and Can be Mitigated

- Adverse reactions to cefixime, doxycycline, azithromycin, and metronidazole, beyond mild to moderate side effects, are rare.
- Risks of allergy and adverse drug reactions may be mitigated through educational materials that accompany EPT medications, which include specific warnings and instructions for partners who may be allergic to the medication classes used in EPT (i.e., penicillins,

cephalosporins, tetracyclines, macrolides, or nitroimidazoles). In these cases, partners should be counseled to seek medical advice before taking EPT.

- Doxycycline should not be used in pregnancy. Providers should inquire about possibility of a pregnant partner when providing EPT for chlamydia. Additionally, EPT partner instructions must include warnings about use of doxycycline in someone who is or might be pregnant.
- Examples of potential EPT adverse reactions, and EPT patient and partner education materials are available at the end of this document (see [Appendix 2](#) and [Appendix 3](#), respectively).
- EPT patient education materials are also available from [Essential Access Health](#) (<https://www.essentialaccess.org/pdpt/resources>), under the section labeled “Patient + Partner Education Materials.”
- **Note that since 2001, no adverse events related to EPT have been reported to the California Department of Public Health.**
- The STD Control Branch remains interested in monitoring EPT-related adverse events. Please report any known adverse events via e-mail EPT@cdph.ca.gov or telephone (510) 620-3400.

Billing & Reimbursement Considerations

- Medi-Cal and the Family Planning, Access, Care, and Treatment (Family PACT) program reimburse up to five partner treatment doses per dispensing to prevent reinfection of chlamydia, gonorrhea, and trichomoniasis.⁵ **Prescriptions must be written in the name of the enrolled beneficiary/client [index patient] to be covered by Medi-Cal and/or Family PACT, even if the sexual partner(s) are also covered by Medi-Cal or Family PACT.**
- Providers can give patients with other health plans or who are paying out of pocket written prescriptions for EPT to be filled at their local pharmacy (written in either the patient’s name, the partners’ names, or both names).¹ However, **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).** ([HSC 120582.](#))
- Clinics may be eligible to receive free chlamydia and gonorrhea partner treatment medications from Essential Access Health. For eligibility criteria, additional training, and patient education materials, visit [their website with information on PDPT](#) (www.essentialaccess.org/pdpt/).

Legal and Policy Considerations, including SB 306 (Effective January 1, 2022):

California law protects providers from liability when prescribing or dispensing EPT

- California law allows a physician and surgeon who diagnoses an STI to prescribe, dispense, furnish, or otherwise provide EPT, *including through a standing order as of January 1, 2022*. The law also allows a nurse practitioner, certified nurse-midwife, and a physician assistant to include EPT in their practice by dispensing, furnishing, or otherwise providing EPT, *including through a standing order.* ([HSC 20582\(a\)](#), (b).) See [Appendix 4](#) for additional details regarding the requirements that must be met for a nurse practitioner, certified nurse-midwife, or physician assistant to implement standing orders for EPT.
- California law allows EPT use for any STI as recommended in the most recent [CDC guidelines for the prevention or treatment of sexually transmitted infections \[diseases\]](#). ([HSC 120582\(a\)](#), (b).)
- California providers are required by law to write “Expedited Partner Therapy” or “EPT” on a

prescription if they do not have the patient’s sexual partner(s) name(s). ([HSC 120582.](#))

- Health care providers will not be liable in a medical malpractice action or professional disciplinary action if their use of EPT is in compliance with [HSC 120582](#), except in cases of intentional misconduct, gross negligence, or wanton or reckless activity. ([HSC 120582\(d\).](#))

California law protects pharmacists from liability when dispensing EPT

- Pharmacists in California may dispense EPT (even if the partner’s name is not written on the prescription) provided the prescription includes the words “EPT” or “Expedited Partner Therapy.”
- Pharmacists who prescribe, dispense, furnish, or otherwise render EPT, as authorized in [California Business and Professions Code \(BPC\) BPC 4076\(f\)](#), are not be liable in, and will not be subject to, a civil, criminal, or administrative action, sanction, or penalty for rendering EPT, if the use of EPT is in compliance with BPC 4076, except in cases of intentional misconduct, gross negligence, or wanton or reckless activity. ([BPC 4076\(g\).](#))

Resources

CDC Guidelines

- [CDC Sexually Transmitted Infections Treatment Guidelines, 2021.](#) <https://www.cdc.gov/std/treatment-guidelines/default.htm>.
- [Use of Expedited Partner Therapy in the Treatment of Gonorrhea, 2021.](#) <https://www.cdc.gov/std/ept/gc-guidance.htm>.

CDPH Guidelines and Fact Sheets

- [2021 California STI Treatment Table.](#) <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/California-STI-Treatment-Guidelines.aspx>.
- [Best Practices for Preventing Repeat Chlamydial and Gonococcal Infections, 2016.](#) https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Best_Practices_for_Preventing_RepeatCT_Inf.pdf.
- [Expedited Partner Therapy for Treatment of Sexually Transmitted Infections – Senate Bill 306 \(Pan, Chapter 486, Statutes of 2021\) Fact Sheet.](#) https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/SB-306-Fact-Sheet_EPT.pdf.

CDPH and Essential Access Health

- [Patient-Delivered Partner Therapy: A Counseling Guide for Providers.](#) https://www.essentialaccess.org/sites/default/files/PDPT_Counseling_Guide_Web.pdf
- [Patient and Partner Education Materials for PDPT in Multiple Languages.](#) <https://www.essentialaccess.org/pdpt/resources> (see section labeled “Patient + Partner Education Materials”)

Department of Health Care Services Guidelines for Medi-Cal and Family Planning Access, Care, and Treatment (Family PACT) Program

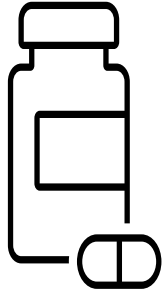
- [Medi-Cal Family Planning Benefit Manual](https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/famplanning.pdf). <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/famplanning.pdf>
- [Family PACT Family Planning-Related Services Benefits Manual](https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/fpact/benfamrel.pdf). <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/fpact/benfamrel.pdf>

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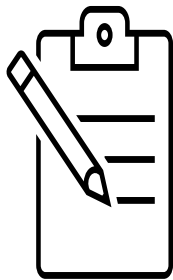
- ¹California Department of Public Health. [Expedited Partner Therapy \(EPT\) for STIs – What is EPT and Why should I Prescribe it? \(ca.gov\)](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/EPT-for-CT-GC-patients_WHAT-and-WHY.pdf). https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/EPT-for-CT-GC-patients_WHAT-and-WHY.pdf. Accessed October 4, 2022.
- ²Centers for Disease Control and Prevention (CDC). [2021 STI Treatment Guidelines – Expedited Partner Therapy](https://www.cdc.gov/std/treatment-guidelines/clinical-EPT.htm). <https://www.cdc.gov/std/treatment-guidelines/clinical-EPT.htm>. Accessed October 4, 2022.
- ³CDC. [Use of Expedited Partner Therapy in the Treatment of Gonorrhea, 2021](https://www.cdc.gov/std/ept/gc-guidance.htm). <https://www.cdc.gov/std/ept/gc-guidance.htm>. Accessed February 16, 2022.
- ⁴Slutsker JS, Tsang LB, Schillinger JA. Do prescriptions for expedited partner therapy for chlamydia get filled? Findings from a multi-jurisdictional evaluation, United States, 2017–2019. *Sex Transm Dis* 2020;47:376–8.
- ⁵Park, Ina. Implementing the CDC STI Treatment Guidelines, 2021: [A Conversation for Family PACT Providers Webinar Q+A](https://familypact.org/wp-content/uploads/2021/10/STI-Guidelines-webinars-Q+A). Sept 8, 2022. https://familypact.org/wp-content/uploads/2021/10/STI-Guidelines-webinars-QA_10.27.21_remEQ.pdf. Accessed October 7, 2022.

Appendix 1: Expedited Partner Therapy (EPT) Prescriptions in California

This appendix contains examples of EPT prescriptions with the required elements to ensure compliance with [Health and Safety Code Section 120582](#) and reimbursement requirements for Medi-Cal and Family PACT.

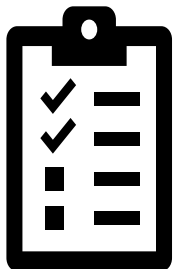


Note: When feasible, dispensing EPT medications in clinic for the patient to give to their partner(s) is preferable. [Clinics can receive free chlamydia and gonorrhea partner treatment medications.](#) For more information on obtaining free EPT medications, see page 5.



When not feasible to dispense EPT medications in clinic, a prescriber may legally write prescriptions to include the partner(s) in the following ways:

1. The prescriber may write a separate prescription for the partner if the patient provides the partner's name.
2. The prescriber may write a single prescription for both the patient and the partner by adding the partner's name to the prescription and increasing the quantity appropriately (e.g., doubling the quantity dispensed).
3. The prescriber may simply add "Expedited Partner Therapy" or "EPT" to the prescription and increase the quantity appropriately if they do not have (or include) the names of the patient's sexual partner(s). **See examples on pages 9-10.**



For Medi-Cal and Family PACT:

- Prescriptions must be written in the name of the enrolled beneficiary/client to be covered.
- Reimbursement is for client dose and up to five partner doses per dispensing.
- EPT dispensed in clinic can be reimbursed for visits with family-planning/contraception as the primary diagnosis code.

Example 1A: Sample EPT prescription for chlamydia for client and two partners*

Provider's name and credentials
 Street address
 City, state, zip code
 DEA # _____ License # _____

Patient name: Index patient ←

DOB: _____

Address: _____

Doxycycline 100 mg
1 tab PO BID x 7 days

Dispense #42

Please dispense in 3 labeled bottles of #14 for index patient and two partners ←

For Expedited Partner Therapy

Rx

Refills provided: _____

Signature: _____ Date: _____

Prescription must be written in the name of the person covered by Medi-Cal or Family PACT to be covered by these programs.

A best practice is to be specific in the dispensing instructions. In this case, the prescription is for three 7-day courses of doxycycline, to be dispensed in three separate labeled bottles, to treat an index patient and two 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. You MUST add these words to your prescription if the EPT prescription is being written in the index patient's name, and not those of their partner(s). Writing out the full words "Expedited Partner Therapy" may be preferable in case the pharmacist is not familiar with the acronym EPT.**

*Sample prescriptions as written are intended as a general guideline and represent what would be required for Medi-Cal and Family PACT programs. Private health insurance plans may differ in their prescribing requirements.

**Note that if the partner(s)' name(s) is/are unknown, the prescription can be electronically prescribed with the partner(s)' name(s).

Provider's name and credentials
 Street address
 City, state, zip code
 DEA # _____ License # _____

Patient name: *Index patient*
 DOB: _____
 Address: _____

Cefixime 400 mg
Take 2 tabs PO once (for a total dose of 800 mg)

Dispense 2 tabs
Please dispense in 1 labeled bottles of #2 for one partner
For Expedited Partner Therapy

Rx

Refills provided: _____
 Signature: _____ Date: _____

Prescription must be written in the name of the person covered by Medi-Cal or Family PACT in order to be covered by these programs.

A best practice is to be specific in the dispensing instructions. In this case, the prescription is for one one-time doses of 800 mg cefixime, to be dispensed in one labeled bottles to treat an unnamed partner of an index patient with gonorrhea.

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.

*Sample prescriptions as written are intended as a general guideline and represent what would be required for Medi-Cal and Family PACT programs. Private health insurance plans may differ in their prescribing requirements.

Appendix 2: Potential EPT Adverse Events

Adverse reactions to cefixime, doxycycline, azithromycin, and metronidazole, beyond mild to moderate side effects, are rare. However, a list of known adverse reactions to cefixime, doxycycline, azithromycin, and metronidazole are included in the following tables:

CEFIXIME – Potential Adverse Drug Reactions
<ul style="list-style-type: none"> • Cefixime is generally well tolerated, and most adverse reactions in clinical trials were mild and transient. Gastrointestinal symptoms, such as nausea, vomiting and diarrhea are main adverse effects. When studied, clinically mild gastrointestinal side (GI) effects occurred in 20 percent, moderate GI events occurred in 9 percent, and severe GI events occurred in 2 percent of patients. Diarrhea was reported in 16 percent, nausea in 7 percent, loose or frequent stools in 6 percent, flatulence in 4 percent, and abdominal pain in 3 percent of patients. No other side effects occurred. with a frequency greater than two percent of patients.^a
<ul style="list-style-type: none"> • Cefixime is category B in pregnancy. In general, increased risks of major birth defects or adverse fetal outcomes have not been observed with cephalosporin antibiotics. Animal studies have failed to demonstrate a risk to the fetus. Cefixime is detected in amniotic fluid but there are no adequate and well-controlled studies in pregnant women demonstrating risk to the fetus. It is not known if cefixime is excreted in breast milk but cephalosporins are generally not expected to cause adverse effects in breastfed infants.^{a,b}
<ul style="list-style-type: none"> • Approximately 1-3 percent of patients have a primary hypersensitivity to cephalosporins; however, allergic reaction rates and cross-reactivity vary, depending on the cephalosporin generation and side chain configuration.^{c,d} The risk of anaphylaxis with cephalosporins in the general population is between 1 in one million and 1 in 1000 (0.0001-0.1 percent).^{d,e,f} However, patients with an immunoglobulin E (IgE)-mediated allergy to penicillin are at increased risk for severe allergic reactions to cephalosporins. Evidence of an IgE-mediated allergy includes anaphylaxis, hypotension, laryngeal edema, wheezing, angioedema,

CEFIXIME – Potential Reactions Among Penicillin-Allergic Patients

- Although up to 10 percent of patients report penicillin allergy, the majority (more than 90 percent) are not found to be allergic and are able to tolerate the drug.^g Cephalosporins are less allergenic than penicillin. The risk of a cephalosporin reaction among patients with a penicillin allergy is 5-17 percent for first-generation cephalosporins, 2-4 percent for second-generation, and only 1-3 percent for third and fourth-generation cephalosporins.^{h,i} Cefixime and ceftriaxone, recommended for the treatment of gonorrhea, are third generation cephalosporins.
- Third generation cephalosporins can be used to treat penicillin-allergic patients if the penicillin reaction is not severe (i.e., not IgE-mediated).^{d,e} Skin testing for penicillin allergy is recommended for patients if the allergic reaction was consistent with IgE-mediated mechanism or if the history is unclear.^{j,k} Partners with a history of potential IgE-mediated reactions to penicillin, should be brought in for treatment after gonorrhea exposure rather than being treated via EPT.

AZITHROMYCIN – Adverse Drug Reactions

- **Azithromycin is generally well tolerated.^l The most common side effects in patients receiving a single-dose regimen of one gram of azithromycin^m are related to the gastrointestinal system:** diarrhea/loose stools (7 percent), nausea (5 percent), abdominal pain (5 percent), vomiting (2 percent), and dyspepsia (1 percent). Vaginitis occurs in about one percent of women taking azithromycin. Rare QTc prolongation (less than 1%) can occur. No other side effects have been documented with a frequency greater than one percent.
- Anaphylaxis or severe allergy to macrolides such as azithromycin is very rare.
- Azithromycin is classified as pregnancy category B and numerous reports have described the use of azithromycin in human pregnancy. Overall, data do not suggest an increased risk of fetal toxicity with azithromycin.ⁿ Low levels of azithromycin are measurable in breast milk but are not expected to cause adverse effects in breastfed infants.^o

METRONIDAZOLE – Adverse Drug Reactions

- **Metronidazole is generally well tolerated; however, nausea is a common adverse reaction affecting about 12 percent of patients.**^p Less common gastrointestinal side effects include vomiting, diarrhea, epigastric distress, and abdominal cramping.
- The manufacturer’s labeling notes that alcohol should be avoided until 24 hours after the final dose of metronidazole due to the potential for disulfiram-like reactions.^p However, an extensive literature review for the 2021 CDC STI Treatment Guidelines found no evidence for a significant drug-drug interaction between metronidazole and alcohol.^q Therefore, abstinence from alcohol is not required during metronidazole therapy.
- More serious adverse events are very rare but may include central nervous system reactions such as seizures, encephalopathy, aseptic meningitis, and optic and peripheral neuropathy.
- Metronidazole should be used with caution in patients with blood dyscrasias or severe hepatic disease. Metronidazole drug interactions can occur with warfarin, phenytoin, phenobarbital, cimetidine, lithium, and disulfiram.
- Metronidazole crosses the placenta and is classified as pregnancy category B. While cleft lip has been reported following first trimester exposure, most studies have not shown an increased risk of adverse effects to the fetus. Metronidazole is present in breast milk, but at levels less than maternal levels.^{r,s} Case reports of *Candida* infections and diarrhea have been reported.^f

Doxycycline – Adverse Drug Reactions

- **Adverse events due to doxycycline^{t,u} occur in roughly 10 percent of patients, with gastrointestinal side effects such as diarrhea and abdominal pain being the most common.** Photosensitivity is the second most common side effect and can range from mild erythema to photodermatitis in sun-exposed areas. Tooth discoloration and bone growth suppression can occur with doxycycline due to its avidity to bind calcium. However, doxycycline appears to bind calcium less than tetracycline and has a lesser potential to stain teeth and bone.
- More serious adverse reactions are very rare and include central nervous system reactions such as idiopathic intracranial hypertension (pseudomotor cerebri) and rare drug-induced eosinophilia.

<ul style="list-style-type: none"> • Rare hypersensitivity and Stevens-Johnson Syndrome have been reported.
<ul style="list-style-type: none"> • Patients receiving doxycycline should avoid excessive sun exposure and wear sun protective clothing or sunscreen when outside. Doxycycline dosing should be separated by at least one hour before and two hours after ingestion of dairy products, antacids, or iron preparations.
<ul style="list-style-type: none"> • Doxycycline is category D and is contraindicated in the second and third trimester of pregnancy.ⁿ Doxycycline is excreted in breastmilk but there is not likely to be harm with short-term use as levels are low and absorption is inhibited by the calcium in breastmilk.^v

References for Appendix 2:

- ^a [Suprax \(cefixime\) package insert](https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=d0fd45bd-7d52-4fa6-a5f7-f46d5651ffa2&type=displayLupin). <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=d0fd45bd-7d52-4fa6-a5f7-f46d5651ffa2&type=displayLupin>. Accessed October 7, 2022.
- ^b Drugs and Lactation Database (LactMed). [Cefixime - Drugs and Lactation Database \(LactMed\) - NCBI Bookshelf \(nih.gov\)](https://www.ncbi.nlm.nih.gov/books/NBK501344/). <https://www.ncbi.nlm.nih.gov/books/NBK501344/>. Accessed October 7, 2022.
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- ⁿ Briggs, G. G., Towers, C. V., & Forinash, A. B. (2022). *Briggs drugs in pregnancy and lactation: A reference guide to fetal and neonatal risk*. Wolters Kluwer.
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Appendix 3: EPT Resources for Patients and Partners

Appendix 3A: KEY PATIENT COUNSELING MESSAGES FOR EPT

- Partners should seek a complete sexually transmitted infection (STI) evaluation as soon as possible, regardless of whether they take the EPT medication.
- Partners should read the informational material very carefully before taking the medication.
- Partners who have allergies to antibiotics should not take the medications and should see a health care provider.
- Partners who have symptoms of a more serious infection (e.g., pelvic pain/bleeding, rectal pain/bleeding, testicular pain, or fever) should not take the EPT medications and should seek care as soon as possible.
- Patients and partners should abstain from sex for at least seven days after treatment (or until antibiotics have been completed, if prescribed 7 day therapy) to decrease the risk of recurrent infection.

Additional key counseling message for patients given EPT for gonorrhea:

- Partners who are at risk for gonorrhea infection in the pharynx (e.g., history of performing oral sex on a penis) should be informed that the EPT medicines given to them may not cure pharyngeal gonorrhea. These partners should seek care regardless of whether they take the medication.

Additional key counseling message for patients given EPT for chlamydia:

- Partners who are pregnant or could be pregnant should not take doxycycline. If the medication provided is doxycycline, they should not take it and should seek care for their pregnancy.

Appendix 3B: Examples of EPT Partner Information Materials

For sex partners of persons with chlamydia (doxycycline option)

URGENT and PRIVATE IMPORTANT INFORMATION ABOUT YOUR HEALTH

DIRECTIONS FOR SEX PARTNERS OF PERSONS WITH CHLAMYDIA (Doxycycline Option)

PLEASE READ THIS VERY CAREFULLY.

Your sex partner has recently been treated for chlamydia.

Chlamydia is a sexually transmitted infection (STI) that you can get from having any kind of sex (oral, vaginal, or anal) with a person who already has it. You may have been exposed. The good news is that chlamydia is easily treated.

You are being given an antibiotic medicine called doxycycline to treat your chlamydia. Your partner may have given you the actual medicine or a prescription that you can take to a pharmacy. These are instructions for how to take doxycycline. **DO NOT take doxycycline if you are pregnant.**

The best way to take care of this infection is to see your own doctor or clinic provider right away. If you can't see your provider in the next several days, you should take the doxycycline.

Even if you decide to take the medicine, it is very important to see a doctor as soon possible so you can get tested for other STIs. People can have more than one STI at the same time. Doxycycline will not cure other infections. Having STIs can increase your risk of getting HIV, so make sure to also get an HIV test.

SYMPTOMS

Some people with chlamydia have symptoms, but many do not. Symptoms may include having an unusual discharge from the penis, vagina, or anus. You may also have pain when you urinate (pee) or when having sex. Symptoms may include pain in your testicles (balls), pelvis, or lower part of your belly. Many people with chlamydia do not know they are infected because they feel fine.

BEFORE TAKING DOXYCYCLINE

Please read this checklist before you take the doxycycline.

The medicine is very safe. However, DO NOT TAKE IT if any of the following are true:

- You are pregnant

- You have lower belly pain; pain during sex; vomiting; or fever.
- You have pain or swelling in the testicles (balls).
- You have ever had hives, breathing problems, tongue swelling, or other allergic reaction after taking doxycycline or other antibiotics. People who are allergic to some antibiotics may be allergic to other types. If you do have allergies to antibiotics, you should check with your doctor before taking this medicine.

If any of these circumstances exist, or if you are not sure, do not take the doxycycline. Instead, you should talk to your provider as soon as possible. Your provider will find the best treatment for you.

WARNINGS

If you do not take medicine to treat chlamydia, you can get very sick. Untreated chlamydia may affect your ability to get pregnant in the future. However if you are pregnant, it is NOT safe to take doxycycline; you should get a full check-up instead.

HOW TO TAKE DOXYCYCLINE

- You can take these pills with or without food, though it may be helpful to take them with food and a full glass of water to help minimize stomach upset.
- You should take one pill twice a day for 7 days. You should take the pills with water. You need to complete all 7 days of therapy to be treated.
- Do NOT take calcium, magnesium, iron, zinc, multivitamins or antacids (such as Tums, Rolaids, or Maalox) for one hour before or two hours after taking the doxycycline pills. Also do not take doxycycline at the same time as milk, dairy, or other products with calcium. The pills may not work as well.
- Do NOT share or give this medication to anyone else.

SIDE EFFECTS

You may experience some side effects, including:

- Sensitivity to sunlight (i.e., sunburning more easily than normal). Wear sunscreen, keep skin covered outside, and avoid prolonged sun exposure when taking doxycycline.
- Diarrhea, upset stomach, or throwing up
- Abdominal discomfort

These are well-known side effects and are not serious.

ALLERGIC OR SERIOUS REACTIONS

Call 911 or go to the nearest emergency room immediately if you have:

- Difficulty breathing/tightness in the chest;
- Closing of your throat;

- Swelling of your lips or tongue;
- Hives (bumps or welts on your skin that itch intensely);
- Severe diarrhea

ADDITIONAL INFORMATION

Once you start taking your doxycycline, do not have sex for the next seven days (until after you have taken the last dose of medicine). If you have sex without a condom, or with a condom that breaks, during those first seven days, you can still pass on the infection to your sex partners. You can also get re-infected yourself.

NEXT STEPS

If you have had any other sex partners in the past two months, tell them you are getting treated for chlamydia, so they can get treated too.

People who are infected with chlamydia once are very likely to get it again. It is a good idea to get retested for chlamydia three months from now to be sure you did not get another infection.

If you have any questions about the medicine, chlamydia, or other STIs, please call: *[provider or clinic could insert their contact information here]*. All calls are confidential.

For a free STI exam, testing, and medicine, you can come to:
[Each provider or clinic could include their address(es) here.]

Congratulations on taking good care of yourself!

For more information on chlamydia, please visit the Centers for Disease Control and Prevention [Chlamydia Fact Sheet](https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm) (https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm) and [Fact Sheets and Brochures](https://www.cdc.gov/std/chlamydia/facts-brochures.htm) (https://www.cdc.gov/std/chlamydia/facts-brochures.htm).

For sex partners of persons with chlamydia (azithromycin option)

**URGENT and PRIVATE
IMPORTANT INFORMATION ABOUT YOUR
HEALTH**

**DIRECTIONS FOR SEX PARTNERS OF
PERSONS WITH CHLAMYDIA
(Azithromycin Option)**

PLEASE READ THIS VERY CAREFULLY.

Your sex partner has recently been treated for chlamydia.

Chlamydia is a sexually transmitted infection (STI) that you can get from having any kind of sex (oral, vaginal, or anal) with a person who already has it. You may have been exposed. The good news is that chlamydia is easily treated.

You are being given an antibiotic called azithromycin (sometimes known as “Zithromax”) to treat your chlamydia. Your partner may have given you the actual medicine or a prescription that you can take to a pharmacy. These are instructions for how to take azithromycin.

The best way to take care of this infection is to see your own doctor or clinic provider right away. If you cannot get to a doctor in the next several days, you should take the azithromycin.

If you had anal (butt) sex with your partner (and a penis was put in your butt) it is important to see your doctor as this medicine does not work well to treat rectal (butt) infections.

Even if you decide to take the medicine, it is very important to see a doctor as soon as you can, to get tested for other STIs. People can have more than one STI at the same time. Azithromycin will not cure other infections. Having STIs can increase your risk of getting HIV, so make sure to also get an HIV test.

SYMPTOMS

Some people with chlamydia have symptoms, but many do not. Symptoms may include having an unusual discharge from the penis, vagina, or anus. You may also have pain when you urinate (pee) or when having sex. Symptoms may include pain in your testicles (balls), pelvis, or lower part of your belly. Many people with chlamydia do not know they are infected because they feel fine.

BEFORE TAKING AZITHROMYCIN

Before you take the medicine, please read the following:

The medicine is very safe. However, DO NOT TAKE IT if any of the following are true:

- You have lower belly pain; pain during sex; vomiting; or fever.
- You have pain or swelling in the testicles (balls).
- You have ever had hives, breathing problems, tongue swelling, or other allergic reaction after taking azithromycin or other antibiotics. People who are allergic to some antibiotics may be allergic to other types. If you do have allergies to antibiotics, you should check with your doctor before taking this medicine.
- You have a serious long-term illness, such as heart or liver disease.

If any of these circumstances exist, or if you are not sure, do not take the azithromycin. Instead, you should talk to your doctor as soon as possible. Your doctor will find the best treatment for you.

WARNINGS

If you do not take medicine to treat chlamydia, you can get very sick. Untreated chlamydia may affect your ability to get pregnant in the future. If you are pregnant, it is safe to take the azithromycin, but you should still get a full check-up. If you received anal (butt) sex from someone who had chlamydia, this medicine may not work as well. You should see a doctor to get a different medicine.

HOW TO TAKE THE MEDICINE

- You can take these pills with or without food.
- You should take all the pills you are given at the same time. You need to take all the pills to be cured.
- Do NOT share or give this medication to anyone else.

SIDE EFFECTS

You may experience some side effects, including:

- Diarrhea, upset stomach, nausea or throwing up
- Dizziness;
- Vaginal yeast infection.

These are well-known side effects and are not serious.

ALLERGIC or SERIOUS REACTIONS

Call 911 or go to the nearest emergency room immediately if you have:

- Difficulty breathing/tightness in the chest;
- Closing of your throat;
- Swelling of your lips or tongue;
- Hives (bumps or welts on your skin that itch intensely).
- Heart palpitations

ADDITIONAL INFORMATION

Now that you have your azithromycin, do not have sex for the next seven days after you have taken the medicine. It takes seven days for the medicine to cure chlamydia. If you have sex without a condom, or with a condom that breaks, during those first seven days, you can still pass on the infection to your sex partners. You can also get re-infected yourself.

NEXT STEPS

If you have had any sex partners in the last two months, tell them you are getting treated for chlamydia, so they can get treated too.

People who are infected with chlamydia once are very likely to get it again. It is a good idea to get retested for chlamydia three months from now to be sure you did not get another infection.

If you have any questions about the medicine, chlamydia, or other STIs, please call: *[Each provider or clinic could enter their information here.]* All calls are confidential.

For a free STI exam, testing, and medicine, you can come to:

[Each provider or clinic could list their address(es) here.]

Congratulations on taking good care of yourself!

For more information on chlamydia, please visit the Centers for Disease Control and Prevention [Chlamydia Fact Sheet](https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm) (https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm) and [Fact Sheets and Brochures](https://www.cdc.gov/std/chlamydia/facts-brochures.htm) (https://www.cdc.gov/std/chlamydia/facts-brochures.htm).

For sex partners of persons with gonorrhea

URGENT and PRIVATE

IMPORTANT INFORMATION ABOUT YOUR HEALTH

**DIRECTIONS FOR SEX PARTNERS OF
PERSONS WITH GONORRHEA**

[PLEASE READ THIS VERY CAREFULLY.](#)

Your sex partner has recently been treated for gonorrhea.

Gonorrhea is a sexually transmitted infection (STI) that you can get from having any kind of sex (oral, vaginal, or anal) with a person who is infected. You may have been exposed. The good news is that gonorrhea is easily treated.

You are being given an antibiotic called cefixime (sometimes known as “Suprax”). Your partner may have given you this medicine or a prescription that you can take to a pharmacy. These are instructions for how to take cefixime.

The best way to take care of this infection is to see your own doctor or clinic provider right away. The best medication to treat gonorrhea is an injection (shot) of a medication called ceftriaxone. If you cannot get to a doctor in the next several days, you should take the cefixime.

If you performed oral sex on someone with gonorrhea, this medicine may not work as well to cure an infection in your throat. You should be seen by a doctor or clinic provider.

Even if you decide to take the medicines, it is very important to see a doctor as soon as you can to get tested for other STIs. People can have more than one STI at the same time. Cefixime will not cure other infections. Having STIs can increase your risk of getting HIV, so make sure to also get an HIV test.

SYMPTOMS

Some people with gonorrhea have symptoms, but many do not. Symptoms may include having an unusual discharge from the penis, vagina, or anus. You may also have pain when you urinate (pee). Symptoms sometimes include pain in your testicles (balls), pelvis, or lower part of your belly. Many people do not know they are infected because they feel fine.

BEFORE TAKING CEFIXIME

Before you take cefixime, please read the following:

The medicines are safe. However, **DO NOT TAKE IT** if any of the following are true:

- You have lower belly pain; pain during sex; vomiting; or fever.

- You have pain or swelling in the testicles (balls).
- You have one or more painful and swollen joints or a rash all over your body.
- You have ever had hives, breathing problems, tongue swelling, or other allergic reaction to cefixime or other antibiotics. People who are allergic to some antibiotics may be allergic to other types. If you do have allergies to antibiotics, you should check with your doctor before taking this medicine.

If any of these circumstances exist, or if you are not sure, do not take the cefixime. Instead, you should talk to your doctor as soon as possible. Your doctor will find the best treatment for you.

WARNINGS

If you performed oral sex on someone who had gonorrhea, the medicine may not work as well. You should see a doctor to get stronger medicine.

If you do not take this medicine, you can get very sick from gonorrhea. Untreated gonorrhea may also affect your ability to have children.

If you are pregnant, it is safe to take the cefixime, but you should still get a full check-up.

HOW TO TAKE THE MEDICINE

- You should have two pills of cefixime (each 400 mg, for a total of 800 mg) Take both pills with water at the same time. You need to take both pills to be cured.
- Do not share or give these medicines to anyone else.

SIDE EFFECTS

You may experience some side effects, including:

- upset stomach/nausea
- Diarrhea
- Dizziness
- Nausea
- Gas
- Vaginal yeast infection.

These are well-known side effects and are not serious.

ALLERGIC OR SERIOUS REACTIONS

Call 911 or go to the nearest emergency room immediately if you have:

- Difficulty breathing/tightness in the chest
- Closing of your throat
- Swelling of your lips or tongue
- Hives (bumps or welts on your skin that itch intensely)
- Severe diarrhea

ADDITIONAL INFORMATION

Now that you have your medicine, do not have sex for the next seven days after you have taken the medicine. It takes seven days for the medicine to cure gonorrhea. If you have sex without a condom, or with a condom that breaks, during those first seven days, you can still pass on the infection to your sex partners. You can also get re-infected yourself.

NEXT STEPS

If you have had any sex partners in the past two months, tell them you are getting treated for gonorrhea, so they can get treated too.

If you think you have symptoms of a gonorrhea infection and they do not go away within seven days after taking this medicine, please go to a doctor for more testing and treatment.

People who are infected with gonorrhea once are very likely to get it again. It is a good idea to get tested for gonorrhea three months from now to be sure you did not get another infection.

If you have any questions about the medicine, gonorrhea, or other STIs, please call:
[Each provider or clinic could list its contact information here.]

All calls are confidential.

For a free STI exam, testing, and medicine, you can come to:
[Each provider or clinic could list address(es) here.]

Congratulations on taking good care of yourself!

For more information on gonorrhea, please visit the Centers for Disease Control and Prevention [Gonorrhea Fact Sheet](https://www.cdc.gov/std/gonorrhea/Gonorrhea-FS.pdf) (<https://www.cdc.gov/std/gonorrhea/Gonorrhea-FS.pdf>) and [Fact Sheets and Brochures](https://www.cdc.gov/std/gonorrhea/facts-brochures.htm) (<https://www.cdc.gov/std/gonorrhea/facts-brochures.htm>).

For sex partners of persons with trichomoniasis

URGENT and PRIVATE

IMPORTANT INFORMATION ABOUT YOUR HEALTH

**DIRECTIONS FOR SEX PARTNERS OF
PERSONS WITH TRICHOMONIASIS**

[PLEASE READ THIS VERY CAREFULLY.](#)

Your sex partner has recently been treated for trichomoniasis.

Trichomoniasis is a sexually transmitted infection (STI) that you can get from having sex with a person who already has it. You may have been exposed. The good news is that trichomoniasis is easily treated.

You are being given an antibiotic called metronidazole (also known as “Flagyl”) to treat your trichomoniasis. Your partner may have given you the actual medicine or a prescription that you can take to a pharmacy. These are instructions for how to take metronidazole.

The best way to take care of this infection is to see your own doctor or clinic provider right away. If you cannot get to a doctor in the next several days, you should take the metronidazole.

Even if you decide to take the medicine, it is very important to see a doctor as soon as you can, to get tested for other STIs. People can have more than one STI at the same time. Metronidazole will not cure other infections. Having STIs can increase your risk of getting HIV, so make sure to also get an HIV test.

SYMPTOMS

Most people with trichomonas infections in their penis don’t have any symptoms, although some may have pain when they urinate (pee) or discharge from their penis.

People with trichomonas infections in their vagina may have yellow, green or gray discharge with a fishy smell. They may also have itching or burning in the vagina and pain or burning with urination. Many people with trichomoniasis do not know they are infected because they feel fine.

BEFORE TAKING METRONIDAZOLE

Before you take the medicine, please read the following:

The medicine is very safe. However, **DO NOT TAKE IT** if any of the following are true:

- You have lower belly pain; pain during sex; vomiting; or fever.
- You have pain or swelling in the testicles (balls)
- You have ever had hives, breathing problems, tongue swelling, or other allergic reaction after taking metronidazole or other antibiotics. People who are allergic to some antibiotics may be allergic to other types. If you do have allergies to antibiotics, check with your doctor before taking this medicine.
- You have a serious long-term illness, such as kidney, heart, or liver disease or a blood or neurological disorder

If any of these circumstances exist, or if you are not sure, do not take the metronidazole. Instead, you should talk to your doctor as soon as possible. Your doctor will find the best treatment for you.

WARNINGS

If you are pregnant, it is safe to take the metronidazole, but you should still get a full check-up.

HOW TO TAKE THE MEDICINE

- You should take these pills with food to prevent stomach upset.
- Different number of medicine doses are provided depending on if you have a cervix/vagina or have a penis

If you have a cervix/vagina, you should have fourteen pills of metronidazole. Each pill contains 500 mg of the medicine. You should take one pill twice a day for seven days. One pill in the morning and one pill in the evening. You need to finish the pills over the seven days to be cured.

If you have a penis, you should have four pills of metronidazole. Each pill contains 500 mg of the medicine. You should take all four pills at the same time. You need to take all four pills to be cured.

- Do NOT share or give this medication to anyone else.

SIDE EFFECTS

You may experience some side effects, including:

- Upset stomach, nausea, vomiting, diarrhea
- Dizziness, headache
- Dry mouth, change in taste
- Vaginal yeast infection.

These are well-known side effects and are not serious.

ALLERGIC OR SERIOUS REACTIONS

Call 911 or go to the nearest emergency room immediately if you have:

- Difficulty breathing/tightness in the chest
- Closing of your throat
- Swelling of your lips or tongue
- Hives (bumps or welts on your skin that itch intensely)
- Severe diarrhea

NEXT STEPS

Once you start taking your metronidazole, do not have sex for the next seven days, until after you have taken the last dose of medicine. (If you took single dose therapy, wait 7 days after you took your medicine). It takes seven days for the medicine to cure trichomoniasis. If you have sex without a

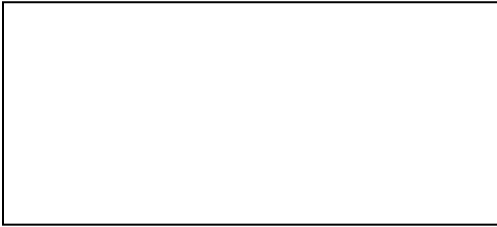
condom, or with a condom that breaks, during those first seven days, you can still pass on the infection to your sex partners. You can also get re-infected yourself.

If you have any other sex partners, tell them you are getting treated for trichomoniasis, so they can get treated too.

People who are infected with trichomoniasis once are very likely to get it again. If you have a trichomonas infection in your vagina, it is a good idea to get tested for trichomoniasis three months from now to be sure you did not get another infection. Unfortunately, screening tests are not widely available for people with trichomonas infections in their penis. However, if you have symptoms, you should see a doctor.

If you have any questions about the medicine, trichomoniasis, or other STIs, please call:

[Each provider or clinic could insert their information here.]



All calls are confidential.

For a free STI exam, testing, and medicine, you can come to:

[Each provider or clinic could insert their address(es) here.]

Congratulations on taking good care of yourself!

For more information on trichomoniasis, please visit the Centers for Disease Control and Prevention

[Trichomoniasis Fact Sheet](https://www.cdc.gov/std/trichomonas/stdfact-trichomoniasis.htm) (<https://www.cdc.gov/std/trichomonas/stdfact-trichomoniasis.htm>) or [Facts and Brochures](https://www.cdc.gov/std/trichomonas/facts-brochures.htm) (<https://www.cdc.gov/std/trichomonas/facts-brochures.htm>).

Appendix 4: Standing Orders for EPT in California

Use of a Standing Order for EPT

Physicians and Surgeons

- SB 306 allows a physician and surgeon who diagnoses an STI to prescribe, dispense, furnish, or otherwise provide EPT, including through a standing order.

Nurse Practitioners and Certified Nurse-Midwives

- The law allows a nurse practitioner (NP) and a certified nurse-midwife (CNM) to include EPT in their practice.
- If an NP or CNM has an active furnishing certificate, they may dispense, furnish, or otherwise provide, including through a standing order, prescription antibiotic drugs to the sexual partner(s) of a patient with a diagnosed STI consistent with the most recent CDC guidelines, without examining the patient's sexual partner(s). ([HSC 120582\(a\)](#), (b).)
- However, according to the California Board of Registered Nursing, an NP or CNM may **not** write a standing order under which another health care provider (such as a Registered Nurse, Licensed Vocational Nurse, or Medical Assistant) can issue EPT.

Physician Assistants

- The law also allows a physician assistant (PA) to include EPT in their practice by dispensing, furnishing, or otherwise providing, including through a standing order, prescription antibiotic drugs to the sexual partner(s) of a patient with a diagnosed STI consistent with the most recent CDC guidelines, without examining the patient's sexual partner(s). ([HSC 120582\(a\)](#), (b).)
- However, according to the California PA Board, in order for a PA to utilize EPT, the practice agreement between the PA and a supervising physician must specify that the PA may provide drugs in accordance with the requirements of EPT.
- The PA is also subject to the requirements for supervision and training specified in Business and Professions Code ([BPC 3502.1\(c\) and \(e\)](#)). When these conditions are met, a PA may write a standing order for EPT under which another licensed health care provider such as a Registered Nurse, Licensed Vocational Nurse, or Medical Assistant can issue EPT.