

Maryland Pharmacist's Role in Preventing and Treating Sexually Transmitted Infections

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Maryland pharmacists can play a critical role in addressing the significant public health burden of sexually transmitted infections through an intervention known as Expedited Partner Therapy (EPT). EPT is the voluntary clinical practice of treating the sex partners of patients diagnosed with certain sexually transmitted infections (STIs), without an intervening medical examination of the partners. EPT has been shown to decrease the likelihood of repeat infection in the index patient.¹ The Centers for Disease Control and Prevention (CDC) recommends EPT as a useful chlamydia and gonorrhea treatment option for heterosexual partners who are unlikely or unable to obtain timely testing, counseling and treatment.^{1,2} The CDC also encourages consideration of EPT for partner treatment of trichomoniasis.² Numerous national organizations endorse the practice. In Maryland, the Maryland Pharmacists Association, along with all major chapters of medical societies and the medical boards, endorse EPT.

Burden of STIs in Maryland

Rates of chlamydia and gonorrhea are at record high levels nationally and have risen significantly in Maryland.^{3,4} From 2015 to 2016, reported cases of chlamydia in Maryland increased 11.6%. In 2016, there were 30,658 cases reported, a rate of 510.4 per 100,000 population. Reported cases of gonorrhea rose an alarming 38.9% from 2015 to 2016. There were 9,523 cases of gonorrhea reported in 2016, a rate of 158.5 per 100,000 population. While preliminary 2017 year-end data indicate the dramatic increase appears to have slowed, increases are still occurring (unpublished surveillance data, Maryland Department of Health). The CDC estimates that trichomoniasis is the most prevalent non-viral STI nationwide, though the true burden of disease cannot be measured since trichomoniasis is not a reportable disease.² Like chlamydia and gonorrhea, untreated trichomoniasis can cause severe sequelae, especially in females, including pelvic inflammatory disease, infertility and ectopic pregnancy.

EPT in Maryland

In Maryland, EPT can legally be prescribed and dispensed for partner treatment of chlamydia and gonorrhea as of June 1, 2015, and trichomoniasis as of October 1, 2017.⁵ Pharmacists are authorized to dispense EPT as prescribed. See Maryland Health-General, Code Ann. § 18-214.1 (2017)⁵. For practitioners and pharmacists implementing EPT, Maryland law and implementation regulations specify the following:^{5,6}

- All EPT prescriptions must include the designation "Expedited Partner Therapy" or "EPT;"
- Separate EPT prescriptions must be issued for each partner;
- If a sex partner's name is unknown, the written designation "EPT" is sufficient for the pharmacist to fill the prescription.

By the Numbers

STIs in Maryland

11.6%

Percent of increase in reported chlamydia cases from 2015 to 2016

30,658

Amount of chlamydia cases reported in 2016

510.4

Rate per 100,000 of chlamydia cases reported in 2016

38.9%

Percent of increase in reported gonorrhea cases from 2015 to 2016

9,523

Amount of cases of gonorrhea reported in 2016

158.5

Rate per 100,000 of gonorrhea cases reported in 2016

Though not required, this information can be obtained when the patient or partner drops off or picks up the partner's prescription;

- EPT prescriptions may not be refilled;
- Pharmacists (and prescribers) must provide written informational materials to patients and each partner. The accompanying information must include advice for the partner to seek medical care even after taking EPT; information about the infection; medication instructions; warnings about allergic reactions; and advice to abstain from sex for seven days post-treatment.
- Chlamydia and gonorrhea informational materials for patients and partners are available for downloading on the Maryland Department of Health's EPT web site at <http://bit.ly/EPTMaryland>. New materials for trichomoniasis are in production and will be available shortly. Alternatively, comparable educational materials may be used.

EPT Treatment Regimens for Partners

- Chlamydia treatment delivered via EPT — 1 gm azithromycin orally once.
- Gonorrhea treatment delivered via EPT — dual oral treatment with 400 mg cefixime once PLUS 1 gm azithromycin once.
 - *Note: Due to the emergence of resistance to oral cephalosporins, the CDC-recommended in-office treatment of gonorrhea is 250 mg ceftriaxone once IM PLUS 1 gm azithromycin orally once.*
- Trichomoniasis treatment delivered via EPT — 2 gm metronidazole orally once OR 2 gm tinidazole orally once.

Operationalizing EPT

- Paying for EPT: (1) If the partner's name is on the prescription, the medication may be paid for out of pocket by the person picking up the prescription (the patient or the partner), or by the partner's health insurance. (2) If a prescription is issued to "EPT" with no partner name included, the medication must be paid for out of pocket, or the unnamed partner wishing to have his insurance cover medication costs must provide identification to the pharmacist. Pharmacists should not bill the partner's prescription to the index patient's insurance.
- Creating profiles for unnamed partners: Patients most often know and disclose sex partners' names to their clinicians. And, pharmacists have an additional opportunity to ask for the partner's name for those prescriptions simply issued to "EPT." Unnamed prescriptions, though legally permissible, pose challenges.
 - Consider creating a patient profile called "EPT Partner." If your computer system requires additional patient

demographic information, use your professional judgment as to what makes sense, such as creating a unique identifier and a default birthdate.

- Alternatively, consider designating a sequential numeric identifier as the first name on each unnamed prescription, "EPT" as the last name on each, and a default birthdate, resulting in numerically identifiable prescriptions for unnamed partners. First unnamed prescription: 001 (first name), EPT (last name), 01/01/2000 (DOB); the next unnamed EPT prescription would be 002 (first name), EPT (last name), 01/01/2000 (DOB); etc.
- Consider assigning "EPT" to your Facility field for tracking all EPT prescriptions.

Adverse Events

Among 41 states in which EPT is legally permissible, there have been no known reported instances of serious allergic reactions to EPT, nor any lawsuits known to have arisen from the provision of EPT. Notably, California, the first state to authorize EPT (in 2001), received no calls to its toll-free EPT adverse events hotline. In Maryland, patients and partners with concerns about serious allergic reactions to EPT are advised to contact the Maryland Department of Health at 410-767-6690.

Resources

In addition to fact sheets, Maryland's EPT law, implementation regulations and provider guidance can be found on the EPT website. Additional EPT information can be found at: <https://www.cdc.gov/std/ept/default.htm>. ●

REFERENCES

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