Expedited Partner Therapy: An Overview

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No conflicts of Interest
Expedited Partner Therapy (EPT)

- Expedited partner therapy (EPT): Providing prescriptions or medications to the patient to take to her partner
  - Without examining partner first
- CDC and medical associations endorse EPT
- Three RCTs: EPT useful in assuring partner treatment and reducing repeat infections among heterosexuals

Schillinger et al, Sex Transm Dis 2005
Golden et al, NEJM 2005
Kissinger et al, Clin Inf Dis 2005

Photo courtesy of Dr. Cornelis A. Rietmeijer, Denver Public Health Department
Evolving Landscape of EPT, 2006-2015: Legal Status Summary

2006
- EPT is Permissible
- EPT is Likely Prohibited
- EPT is Potentially Allowable

2015

- EPT status changes noted across various states.

Legend:
- Green: EPT is Permissible
- Red: EPT is Likely Prohibited
- Yellow: EPT is Potentially Allowable

Note: Colors indicate the legal status of EPT in different states for the years 2006 and 2015.
Pharmacists and EPT

Pharmacists play important role with EPT
- EPT often performed via prescription for partners
- A recent study described an intervention where free EPT “partner packs” were made widely available
  • Provided to pharmacies and providers by public health program
  • Resulted in increased receipt of EPT and may have decreased community-level chlamydia positivity and gonorrhea incidence

Lack of knowledge a potential barrier
- If unfamiliar with EPT, pharmacists may refuse to fill EPT prescription; represents missed treatment opportunity
- Pharmacy board support and guidance important

Golden et al, PLOS Med 2015
Expedited partner therapy for *Chlamydia trachomatis*, New York City

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New York State Law: Key elements

• Law and regulations since 2010
• *Chlamydia trachomatis* (Ct) only
• EPT given as medication *or* prescription
• Providers must dispense EPT health information for sex partners
New York State Law: Key elements

• Providers
  – Must write ‘EPT’ in body of prescription
  – May write prescriptions w/o identifiers

• Pharmacists may fill prescriptions w/o identifiers

• Law/regs: “pharmacists not liable”
Outreach to NYC pharmacists

- Board of Pharmacy collaboration re: law/regs
- Dear Colleague letter and Pharmacist FAQ
- EPT brochure mailed >5,000 NYC pharmacists
- Article in state association newsletter (PSSNY)
- Key NYS pharmacy conferences/meetings
- Blast emails about law sent out by NYSCHP
- Schools of Pharmacy (curriculum/ email alumni)
- Partnership w/ Touro College of Pharmacy
- Webinar with CE credits
- Grand Rounds at NYC Schools/Colleges of Pharmacy
How common is EPT in NYC?

• ~60,000 Ct cases/year reported in NYC

• Before legal, NYC providers dx’ing Ct reported frequent use

• NYC surveillance data (2014) indicate EPT given to:
  – 31% of women w/ Ct
  – 11% of men w/ Ct

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EPT by prescription (2012)

- Survey of 22 Federally Qualified Health Centers (FQHC) in NYC¹
  - 1.2 million patients served/year
  - Report ~13% of NYC Ct cases
  - 12/22 (55%) FQHC w/ written EPT policy
    - 4/12 (33%) allowed EPT by prescription only
    - 3/12 (25%) allowed prescription or medication

EPT by prescription (2014-15)

• Random sample of NYC women (15-24 yrs) w/ lab-confirmed Ct infection

• Given EPT? Modality (med or prescription)
  – 68% (324/475) women interviewed
  – 27% (88/324) received EPT for ≥1 partner
  – 45% (40/88) given EPT prescription for most recent sex partner
NYC Pharmacists
Knowledge, Attitudes, Practices 2014

- Cross sectional, self-administered survey of supervising pharmacists (SP)
  - Random sample of SPs at pharmacies in 14 NYC neighborhoods w/ high HIV rates
  - Survey completed on-line, or hard copy
  - Compensated: $15 gift card
## NYC pharmacist survey - results

<table>
<thead>
<tr>
<th>Pharmacist characteristics</th>
<th>n/N</th>
<th>(%)</th>
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<tbody>
<tr>
<td>Male</td>
<td>79/100</td>
<td>(79)</td>
</tr>
<tr>
<td>Member, professional organization</td>
<td>63/94</td>
<td>(67)</td>
</tr>
<tr>
<td>Independent pharmacy</td>
<td>88/105</td>
<td>(84)</td>
</tr>
<tr>
<td>Graduation year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before 2000</td>
<td>69/102</td>
<td>(69)</td>
</tr>
<tr>
<td>2000-2014</td>
<td>32/102</td>
<td>(31)</td>
</tr>
<tr>
<td>Prescriptions/day</td>
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<td></td>
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<tr>
<td>&lt;200</td>
<td>67/98</td>
<td>(68)</td>
</tr>
<tr>
<td>200-599</td>
<td>26/98</td>
<td>(27)</td>
</tr>
<tr>
<td>600+</td>
<td>5/98</td>
<td>(5)</td>
</tr>
</tbody>
</table>

*106 pharmacists participated; not all questions answered*
NYC pharmacist survey - results

Prior knowledge of EPT = 42%  
(N=99)
NYC pharmacist survey - results

Familiar w/ any specifics of EPT law = 60% (N=42)
EPT in NYC

Conclusions

- Legal for $Ct$ in NYS; allows prescriptions w/o identifiers
- EPT by prescription common in NYC
- Significant outreach to pharmacists
- Low EPT knowledge among NYC pharmacists
- Schools of pharmacy knowledge source
Pharmacist Education in EPT: An Opportunity

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Pharmacy Landscape, NYC (Jan 2015)
Addressing the Barriers

• **Student Pharmacists**
  – Various opportunities within the PharmD curriculum

• **Practitioners**
  – Continuing Education
  – Spread information through professional societies and preceptor networks
PharmD Curriculum

• Introductory Pharmacy Practice Experiences (IPPEs)
• Advanced Pharmacy Practice Experiences (APPEs)
• Simulation lab
• Law/legal framework
• NAPLEX review
• Keep it longitudinal
Reaching the Practitioners

• Preceptor development
  – Workshops, emails/communications, CE sessions

• Continuing Education for pharmacists
  – School/College or state associations/professional societies
Next Steps

• Making EPT part of the curricula in NYC
• Partnering with local professional societies
• Education to pharmacists nationally… help spread the word for your communities!
• Considering impact of eRx mandate
Thank you!