Washington State Department of Health

DOH 430-077 August 2019

EXPEDITED PARTNER THERAPY (EPT)

FREQUENTLY ASKED QUESTIONS

1. Is Expedited Partner Therapy still approved in Washington?

Yes, EPT is still approved in Washington and highly recommended for partners of heterosexual patients diagnosed with gonorrhea and chlamydia. The recommendations of the Washington State Medical Quality Assurance Commission on EPT are available on DOH's website. At this time we are changing the distribution process for free medication to non-public health supported medical facilities and commercial pharmacies. Distribution of Expedited Partner Treatment Packs (EPT) to local health jurisdictions (LHJs) is continuing and LHJs are able to continue to dispense EPT to heterosexual partners of patients diagnosed with gonorrhea/chlamydia. LHJs cannot distribute 340B purchased medications to non-public health supported medical facilities.

2. What does "non-public health supported medical facilities" mean?

Only medical facilities which receive direct (funding) or in-kind (services) support from DOH through DOH's federal STD grant are eligible to receive medications (EPT) which DOH purchases at the 340B discount. This category is quite narrow and includes only local health jurisdictions, family planning facilities (such as Planned Parenthood clinics), and certain other clinics which are currently part of the statewide safety net clinical services system for gonorrhea and chlamydia testing.

3. Why has distribution to non-public health supported facilities ceased?

In relation to a HRSA audit of 340B medication purchase and distribution, DOH is performing an evaluation of internal procedures for 340B medication distribution and compliance with HRSA/OPA regulations. As a result of the evaluation we have identified a need to modify operational procedures related to the distribution of 340B medications to non-public health supported facilities.

4. When will DOH have any audit findings from HRSA?

The audit was conducted at the end of June. We did not receive a firm date for findings to be received, but based on the experience of others who have been audited; we anticipate least 90 days from the audit before we receive any information, which would be the beginning of October. There is no guarantee that we will receive our audit results at that time.

5. What is DOH doing to ensure access to medications in the mean time?

DOH is actively pursuing the following:

- Building a system of accountability and monitoring for 340B medications to ensure continued compliance with HRSA regulations
- Expediting the process of learning how EPT can be integrated into medical practice in preparation to assist LHJs and medical systems in making EPT available to patients for their sex partners without the necessity of a medication supply provided by public health
- Continuing to distribute EPT to local health jurisdictions and public health supported medical facilities
- Exploring other sources of discounted medications to supply via the routes that are not currently within HRSA regulations (See Question #6)
- Engaging with the Washington State Health Care Authority to confirm and ensurethat Medicaid payers will properly cover EPT medications when prescribed
- Consulting with technical assistance providers, local health jurisdictions, and other state jurisdictions to share what we are learning from the audit process.

As DOH has more information on some of these items, that information will be shared widely.

6. Will free EPT partner pack supplies be restored? If so, when?

DOH does not currently have clarity on this. DOH is in the process of identifying other sources of medications at a discounted cost which may be able to supplant this supply. This will be evaluated dependent on audit findings, funding, and other considerations such as the ability of Medicaid to cover these prescriptions, which may significantly reduce (but not eliminate) the supply of medication needed.

7. Can I still prescribe medication for my patient's partners and send that prescription to a pharmacy to be filled?

Yes. A prescription can be made out to the patient diagnosed with chlamydia and/or gonorrhea, to be picked up and provided to their partner, or directly in the name of the heterosexual partner. In either case, the previous supply of DOH-supplied EPT partner packs is currently not available through pharmacy distribution, so the patient or their insurance will need to pay for the medication(s). WA DOH has contacted the state Health Care Authority to ensure that Medicaid and other payers will cover EPT when prescribed. This has not yet been confirmed, but we are partnering with HCA to ensure that Medicaid plans will cover these prescriptions.

8. Will public health departments treat my patient's partners?

Some Local Health Jurisdiction (LHJ) departments have the capacity to do this, and others do not. We urge providers to report any new cases of gonorrhea or chlamydia rapidly (within 3 business days of diagnosis), and contact their LHJ to discuss with them how partner treatment could or should be managed. LHJs which receive 340B medications as part of DOH distribution will continue to receive EPT supplies from DOH and can continue to dispense EPT to heterosexual patients' partners based on their health officers' standing orders. LHJs which dispense EPT should continue to log to whom EPT is dispensed, and in relation to which diagnosed case, either in their own medication logs or in the appropriate data system.

9. How else can we ensure that patients receive EPT for gonorrhea and chlamydia?

Providers are responsible to make reasonable attempts to assure treatment of the sex partners of their patients diagnosed with STDs. Integration of prescribing and/or dispensing of EPT into their standard of practice when diagnosing patients with gonorrhea or chlamydia is the gold standard for interrupting the chain of transmission of STDs, whether or not the Department of Health supplies the medications. Development of a robust partnership with Local Health Jurisdiction (LHJ) and DOH will afford prescribing providers ready access to resources that are available to provide assistance for sex partner follow-up and treatment. In addition, it affords prescribing providers a platform to share challenges and receive assistance in addressing unforeseen barriers. Where there are barriers to integrating EPT into standard practice, we ask and very much welcome providers and medical systems to share with public health the barriers they have to integrating prescribing and dispensing EPT for their patients into their standard practice so that we may begin the work to understand and problem solve those barriers. EPT should be an essential, not exceptional, part of healthcare.