



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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COMMISSIONER

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Gay Dodson, R.Ph.
Executive Director
Texas State Board of Pharmacy
William P. Hobby Building, Suite 3-600
333 Guadalupe Street
Austin, Texas 78701

Dear Ms. Dodson:

The purpose of this letter is to request the support of the Texas State Board of Pharmacy for patient-delivered partner therapy (PDPT) for the treatment of chlamydial and gonococcal sexually transmitted infections in sexual partners.

In 2009, 103,829 cases of Chlamydial infection and 28,782 cases of Gonorrheal infection were reported in Texas. Research demonstrates re-infection of treated index subjects by untreated partners accounts for 14 percent to 30 percent of incident bacterial STDs. In recognition of the serious impact of sexually transmitted infections, an administrative rule change to Texas Administrative Code 22 TAC §190.8 (Enclosure) adopted in June 2009 by the Texas Board of Medicine now expressly allows expedited partner therapy (EPT). EPT is the clinical practice of treating partners of heterosexual patients diagnosed with gonorrhea or chlamydia without an intervening medical evaluation or professional prevention counseling.

The rule change allows physicians to prescribe treatment for the sexual partner(s) of their established patients with sexually transmitted diseases without establishing a professional relationship with the partner(s) first.

The ideal approach for the partner of a patient diagnosed with any STD is to be evaluated, examined, tested, counseled, and treated by a medical provider. However, the Centers for Disease Control and Prevention (CDC) estimates that the proportion of partners who seek evaluation and treatment in response to patient referral is between 29 percent and 59 percent. Also, because of limited staff and resources, health departments rarely actively pursue partners of index patients with gonorrhea or chlamydia.

To increase the number of partners who receive appropriate treatment, the CDC recommends use of EPT. There are single dose oral medications available for both chlamydia and gonorrhea. The usual implementation of EPT is PDPT, where patients deliver medications or prescriptions to their sexual partner(s). Other potential means to achieve EPT include prescriptive arrangements with cooperating pharmacies, retrieval of medication by partners at public health

clinics, or delivery of medication to partners in non-clinical settings by public health workers.

EPT and PDPT have few drawbacks and contraindications. Research shows that STI co-morbidities are uncommon among women and heterosexual men who sought treatment after exposure to an individual with Chlamydial infection or gonorrhea. Caution is warranted in using PDPT in settings with relatively high rates of heterosexual transmission of HIV and is not recommended to treat the partners of men who have sex with men.

While the Texas Medical Board is the primary regulatory authority for the practice of medicine, the Texas State Board of Pharmacy exercises authority over the dispensing of medications. Sec. 562.056 of the Occupational Code, which deals with pharmacy practice, specifies that a practitioner-patient relationship should exist before a pharmacist dispenses medication. This section was added in 2005 to address the growing internet medicine trend. It did not anticipate EPT/PDPT.

The Department of State Health Services desires an affirmative statement from the Texas State Board of Pharmacy that harmonizes with current Texas Medical Board rules. Agreement is desirable not only for consistency among State agencies, but also to remove impediments to participation of Texas pharmacists in EPT. This is particularly important as most sexually transmitted diseases are now treated in the private sector. Every effort should be extended to facilitate the participation in EPT by private physicians and pharmacists. DSHS is also interested to know whether the Board of Pharmacy believes it would require a statutory and/or regulatory change in order to facilitate the Board's support of EPT. Please let me know if there is any further information DSHS can provide as you consider this request.

Sincerely,



David L. Lakey, M.D.
Commissioner