



To: Sexual Health Clinics, Family Planning Providers, Hospitals, Emergency Rooms, Community Health Centers, Urgent Care Centers, College Health Centers, Local Health Departments, Community Based Organizations, Internal Medicine, Obstetrics and Gynecology, Pediatric, Adolescent Medicine, Dermatology, Family Medicine, Infectious Disease, Primary Care Providers and Clinical Labs

From: New York State Department of Health, AIDS Institute, Office of Sexual Health and Epidemiology and the Office of the Medical Director

Date: June 26, 2026

Dear Colleagues:

In December of 2025, the Food and Drug Association (FDA) [announced](#) approval of two new oral medicines (**Nuzolvence (zolidnadacin)** and **Blujepa (gepotidacin)**) to treat uncomplicated urogenital gonorrhea, and one is currently available for use: **Blujepa (gepotidacin)**. Gonorrhea, caused by the bacterium *Neisseria gonorrhoeae*, has developed high resistance to many antibiotics over time, limiting the effective treatment options. Currently, there is no first-line oral regimen recommended/approved to treat gonorrhea at all anatomic sites; the use of this medication remains limited and is not considered first-line treatment.

Recommendations for providers

If available, providers are encouraged to consider the new oral agent for uncomplicated urogenital gonorrhea that is non-susceptible, or in cases where the standard of care is contraindicated.

As it is good practice, patients treated for uncomplicated urogenital gonorrhea with the first-line, standard recommended regimen (intramuscular Ceftriaxone), should be encouraged to abstain from sexual activity for 7 days after treatment and, if symptom-free, encouraged to return for repeat testing within three months or see providers for repeat testing in the jurisdictions they are travelling to or residing in.

Specifics on new drug usage including Medicaid coverage, and drug interactions

Blujepa (gepotidacin) is approved to treat uncomplicated urogenital gonorrhea in adults and children 12 years of age and older who weigh at least 99 pounds (45kg) and cannot tolerate first-line therapies. Blujepa (gepotidacin) is covered under Medicaid.

For potential drug interactions, adverse reactions, and/or contraindications (including recommendations avoiding use during pregnancy/lactation), please reference the drug interaction insert: [Bluejepe \(gepotidacin\)](#).

Existing guidance, reporting guidelines and additional treatment options

Existing clinical guidance and laboratory reporting remain unchanged; for more information on recommended treatment for uncomplicated urogenital gonorrhea, please visit the [Centers for Disease Control and Prevention’s Sexually Transmitted Infection 2021 Treatment Guidelines](#).

Additionally, physicians are encouraged to contact the Continuing Education Initiative clinical consultation line at 866-637-2345 to speak with real-time clinical specialists to discuss use of these medications as necessary.

Please also consider the use of [Doxycycline post exposure prophylaxis](#) and [Expedited Partner Treatment](#) where appropriate for the management of individuals potentially exposed to gonorrhea.

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