

Bicillin L-A[®] shortage

Information for GPs – please distribute to all medical and nursing staff

1. Due to manufacturing reasons, there is a current disruption to the supply of the Australian-registered products of benzathine benzylpenicillin (Bicillin L-A[®]) and the S19A approved alternative products.
2. Where possible, benzathine benzylpenicillin should be conserved for the treatment of acute rheumatic fever (ARF), syphilis in **pregnancy**, and secondary prophylaxis against rheumatic heart disease (RHD).
3. NSW Health may be able to support access to benzathine benzylpenicillin for priority patients. The use of oral antibiotic alternatives may be required. Please contact the NSW Health service or clinic prior to referring patients.

Background

- Intramuscular benzathine benzylpenicillin is recommended for the treatment and prevention of group A streptococcal infection-related conditions such as ARF and RHD; as well as treatment of syphilis.
- Pfizer Australia has reported supply interruptions of **Bicillin L-A[®] benzathine benzylpenicillin tetrahydrate 1,200,000 units/2.3 mL** and **600,000 units/1.17 mL** suspension for injection pre-filled syringes until 30 September 2025 and 31 October 2025 respectively.
- There is also a disruption to the supply of the following S19A-approved alternatives: **benzathine benzylpenicillin (EXTENCILLINE[®]) 1,200,000 units**; and **benzathine benzylpenicillin (Brancaster Pharma[®]) 1,200,000 units**.
- Other alternatives are available through the Therapeutic Goods Administration's (TGA) Special Access Scheme (SAS). These products are not subsidised under the Pharmaceutical Benefit Scheme.

Recommendations

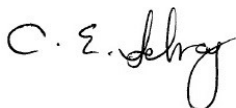
- Where possible, benzathine benzylpenicillin should be conserved for treatment of ARF; secondary prophylaxis against RHD; treatment of group A streptococcal infections among patients where there are concerns about their adherence to oral antibiotics; and treatment of syphilis in **pregnancy**.
- **Treat non-pregnant patients with syphilis (and their sexual contacts) with oral doxycycline if no adherence concerns are identified.** Follow-up patients for symptom resolution and serological response as demonstrated by a 4-fold drop in RPR titre within 12 months. Follow the treatment dosage and duration and follow-up interval outlined in the Australian STI Management Guidelines: <https://sti.guidelines.org.au/sexually-transmissible-infections/syphilis/>
- Where supply of benzathine benzylpenicillin is completely exhausted, recommendations for oral alternatives for ARF/RHD management can be found in the 2025 Australian guideline for prevention, diagnosis and management of acute rheumatic fever and rheumatic heart disease, edition 3.3 (pages 54 and 155): <https://www.rhdaustralia.org.au/arf-rhd-guidelines>
- Consult an Infectious Diseases or Sexual Health physician for further advice.

Access to benzathine benzylpenicillin

- NSW Health may be able to support access to benzathine benzylpenicillin for priority patients.
- If unable to access Bicillin L-A[®] for ARF/RHD, contact the NSW ARF/RHD Register on **(02) 9391 9195** or NSWH-RHD@health.nsw.gov.au.
- If unable to access Bicillin L-A[®] for syphilis for pregnant patients, and non-pregnant patients and sexual contacts in whom oral doxycycline is contraindicated, contact the NSW Sexual Health Infolink on **1800 451 624** or your [local sexual health clinic](#) for assistance prior to referring patients to the clinic.

For further information

- Therapeutic Goods Administration (TGA) website: [About the 2024-2025 shortage of Bicillin L-A \(benzathine benzylpenicillin tetrahydrate\) prefilled syringe for injection.](#)



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