

Bicillin L-A[®] shortage

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

1. The Therapeutic Goods Administration (TGA) has reported a temporary supply interruption for benzathine benzylpenicillin (Bicillin L-A[®]) until at least late February 2024.
2. Where possible benzathine benzylpenicillin should be conserved for acute rheumatic fever (ARF), secondary prophylaxis against rheumatic heart disease (RHD), and syphilis.
3. Primary care should continue to use existing pathways to access benzathine benzylpenicillin but NSW Health can support access if needed.

Background

- Pfizer Biopharmaceutical Group has advised of a shortage of **Bicillin L-A[®] benzathine benzylpenicillin tetrahydrate 1,200,000 units/2.3 mL and 600,000 units/1.15 mL suspension for injection** due to an unexpected global demand and manufacturing constraints.
- Supply of the 1,200,000 units/2.3 mL product is expected to improve in late February 2024; however, the 600,000 units/1.15 mL product will remain extremely limited during 2024.
- The TGA has approved an alternative product for supply under Section 19A (S19A) of the Therapeutic Goods Act; benzylpenicillin benzathine 1.2 million I.U. powder and solvent for suspension for injection (Brancaster Pharma, UK).
- The S19A alternative is not currently subsidised; however, PBS listing has been requested.
- NSW Health will use the S19A alternative product where possible to conserve Bicillin L-A[®] for use in primary care and for specific indications where the alternative may not be preferred.

Recommendations

- TGA has issued a Bicillin L-A[®] alert <https://www.tga.gov.au/safety/shortages/medicine-shortage-alerts>
- TGA recommends clinicians:
 - Conserve Bicillin L-A[®] for children and specific situations where the use of S19A is not appropriate
 - Prioritise the use of products containing benzathine benzylpenicillin for ARF treatment, ARF/RHD secondary prophylaxis, syphilis treatment and treatment of group A streptococcal infections where oral therapy is not acceptable or likelihood of non-adherence is high.
 - Consider alternative agents for other indications such as treatment of group A streptococcal tonsillitis or pharyngitis and impetigo in high-risk settings and prophylaxis of invasive group A streptococcal infections (iGAS) for high-risk contacts.
- Refer to the relevant clinical guidelines or consult an infectious diseases clinician for further advice.

Access to benzathine benzylpenicillin

- Primary care should continue to use existing pathways to access benzathine benzylpenicillin.
- If unable to access benzathine benzylpenicillin for ARF/RHD, please contact the NSW Rheumatic Heart Disease Program on **(02) 9391 9195** or NSWH-RHD@health.nsw.gov.au
- If unable to access benzathine benzylpenicillin for treatment of syphilis, please contact the NSW Sexual Health Infolink on **1800 451 624** or your local sexual health clinic <https://www.health.nsw.gov.au/sexualhealth/Pages/sexual-health-clinics.aspx>

For further information

- The TGA has information on the S19A alternative: <https://www.tga.gov.au/resources/section-19a-approvals/benzylpenicillin-benzathine-12-million-iu-powder-and-solvent-suspension-injection-brancaster-pharma-uk>



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