IOWA | Health and Human Services

Ongoing nationwide shortage of Bicillin L-A (benzathine penicillin G): syphilis treatment & supply preservation

Health Update

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Iowa continues to see increasing rates of syphilis, including congenital syphilis, making responsible stewardship of Bicillin L-A (benzathine penicillin G) products essential. Congenital syphilis rose from <6 cases in 2020 to 19 in 2024 and remained high at 16 in 2025. Total syphilis cases more than doubled from 500 in 2020 to 1,026 in 2024, with 2025 provisional data remaining elevated at 971 cases.

Bicillin L-A remains the **only recommended and approved treatment for pregnant women diagnosed with or exposed to syphilis**. Conservation of existing supply is essential to prevent congenital syphilis. Iowa HHS does **not** have access to any supplemental supply of Bicillin L-A for populations other than pregnant women. Clinicians must preserve all available product for treatment of pregnant women.

A nationwide shortage of Bicillin L-A continues following an initial manufacturer recall that triggered longterm supply disruptions. According to the U.S. Food and Drug Administration, the **shortage is now expected to persist until the end of 2027**.

FDA drug shortage status:
https://www.accessdata.fda.gov/scripts/drugshortages/dsp_ActiveIngredientDetails.cfm?AI=Penicillin%20G%20Benzathine%20Injection&st=c

Updated recommendations for clinicians

1. **Prioritize Bicillin L-A for pregnant women**
   • Pregnant women diagnosed with or exposed to syphilis must receive Bicillin L-A.
   • No alternative medication, including doxycycline, is recommended or adequate for this population.
   • Reserve all available Bicillin L-A for pregnant patients.
   • Iowa HHS does not have access to additional Bicillin L-A supply for nonpregnant populations.

2. **Consider Lentocilin as an alternative for nonpregnant patients when available**
   • Lentocilin contains the same active ingredient (benzathine penicillin G) as Bicillin L-A.
   • FDA lists Lentocilin as an available alternative during the current shortage.
   • If your pharmacy is able to obtain Lentocilin, it may be used in place of doxycycline for nonpregnant individuals requiring treatment for syphilis.
   • Clinicians can access additional Lentocilin information here:
   https://courses.nnptc.org/resource.php?id=2718

   • Use standard benzathine penicillin G dosing equivalents.
   • Availability may vary; monitor supply through your pharmacy and FDA updates.

3. **Continue to attempt procurement of Bicillin L-A**
   • Maintain regular communication with your distributor regarding any available product.
   • Requests may still be submitted to Pfizer through their medical request process: https://www.pfizerhospitalus.com/bicillinla-medical-request-form

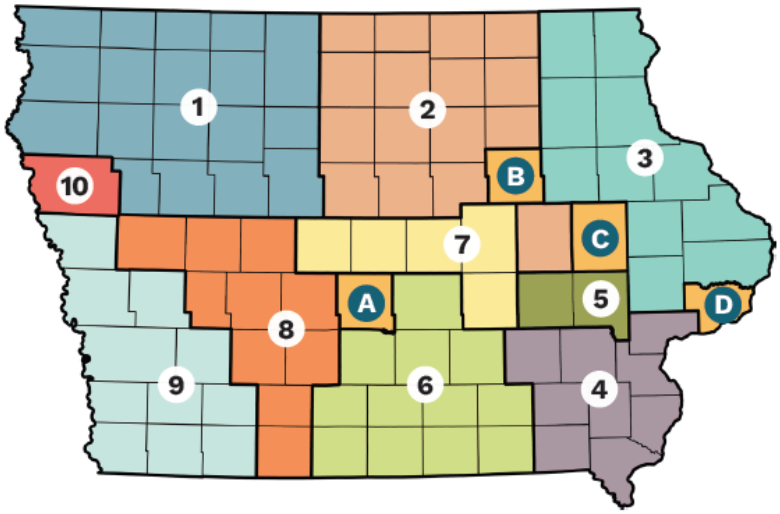
4. **Use alternative regimens for nonpregnant patients when neither Bicillin L-A nor Lentocilin is available**
   • Doxycycline remains the CDC recommended alternative when benzathine penicillin G products cannot be obtained.
   – Early syphilis (primary, secondary, early latent): 100mg doxycycline twice daily for 14 days
   – Late latent or unknown duration: 100mg doxycycline twice daily for 28 days

5. **Use alternatives for non-syphilis conditions**
   • For conditions such as Group A Streptococcal infections or rheumatic fever prophylaxis, use alternative medications including penicillin V, amoxicillin, or azithromycin.

6. **Carefully stage syphilis to ensure optimal treatment**
   • Accurate staging minimizes unnecessary use of benzathine penicillin G products.
   • Reference resources for staging and treatment:
   – CDC Syphilis Case Definitions: https://ndc.services.cdc.gov/case-definitions/syphilis-treponema-pallidum-2/
   – CDC STI Treatment Guidelines: https://www.cdc.gov/std/treatment-guidelines/syphilis.htm

7. **Consultation resources**
   • Iowa HHS STI Program and regional Disease Intervention Specialists (DIS) are available for support with staging, laboratory interpretation, and clinical guidance.
   • DIS contact information: https://hhs.iowa.gov/media/7601/download?inline
   • Local health departments in Polk, Linn, Scott, and Black Hawk counties conduct STI follow-up in their jurisdictions.
   • For complex clinical questions, consult the STD Clinical Consultation Network: https://stdccn.org/render/Public

Map & contacts on next page



Disease Intervention Specialist Regions

Bureau of HIV, STI, and Hepatitis | Iowa HHS

State DIS—see page 2 for county DIS

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