**National Bicillin shortage: prioritization of populations for treatment with Bicillin L-A®**

***Background***

Both [CDC](https://www.cdc.gov/std/treatment/drug-notices.htm) and [FDA](https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm) report national shortages of Benzathine penicillin G (Bicillin L-A®) due to increased demand. There are no emergency stockpiles of this medication and existing supplies are very limited. The FDA believes the shortage will improve in late 2023. This drug shortage is important because Bicillin L-A® is the first line treatment for syphilis and **the only acceptable treatment for pregnant people** infected with or exposed to syphilis.Providers should continue to test all pregnant people for syphilis at the first prenatal visit, and in the third trimester, and at delivery if risk factors are present or suspected. Providers should continue to provide empiric treatment (at the time of syphilis testing) for patients who report sexual exposure to someone with syphilis and patients with symptoms and signs of syphilis.

***Recommendations***

Healthcare providers and local health jurisdictions should closely monitor their inventory of Bicillin L-A®. If warranted due to the drug shortage, healthcare providers should consider alternate treatment with doxycycline for non-pregnant patients. Bicillin L-A® remains the treatment of choice for all patients with syphilis and should be used when supply allows. Providers should also prioritize Bicillin L-A® for syphilis treatment and should consider alternative treatments for other infections (e.g., Group A Streptococcus).

Below is an example of a prioritization strategy that healthcare providers might consider in their efforts to ensure access to Bicillin L-A® for priority populations during the drug shortage. Each institution should periodically reassess their prioritization strategy to match available supply.

***Example Bicillin L-A® prioritization***

Bicillin L-A® is the only acceptable treatment for pregnant people and infants with congenital syphilis. The following groups should also be prioritized for Bicillin L-A® if possible:

* Sexual partners of pregnant people
* Pregnancy capable people of childbearing age without consistent birth control
* People with an allergy to doxycycline
* People with early syphilis (primary, secondary, early latent)
* People living with HIV
* People for whom doxycycline adherence or follow-up testing and care might be an issue
* People who have already initiated a 3-week course of Bicillin L-A® to treat syphilis

***Considerations for syphilis treatment with doxycycline (alternate treatment for non-pregnant patients)***

* Dosing for early syphilis (primary, secondary, or early latent): Doxycycline 100mg by mouth twice daily for 14 days.
* Dosing for late syphilis (late latent or unknown duration): Doxycycline 100mg by mouth twice daily for 28 days.
* Per CDC treatment guidelines, patients treated with doxycycline should have close serologic and clinical follow-up, especially individuals with HIV infection. Follow RPR titers to ensure a 4-fold decrease is achieved in 6 to 12 months.
* Patients receiving alternative treatment with doxycycline should receive education on the importance of adherence.