



Clinical Care Alert: Benzathine Benzylpenicillin (Bicillin LA[®]) Shortage

If local antimicrobial stewardship, microbiology or infectious diseases services are available then please consult for health service specific clinical advice.

Shortage: The shortage is due to disruption at the point of manufacturing. The shortage is expected to last for several months. Central Pharmacy has limited stock, is sourcing additional supplies and is currently rationing stock. This factsheet is for use during a period of shortage only. If adequate stock of benzathine benzylpenicillin is assured, return to using it in line with relevant local and national guidelines.

Clinical Practice Points

1. Is there a NEED for antibiotic therapy?

Review clinical, laboratory and imaging data:

- Is the diagnosis established, or is this prophylactic / pre-emptive therapy?
- Can other investigations assist?

2. Consider ALTERNATIVE AGENTS to benzathine benzylpenicillin

- Contact your local infectious diseases / antimicrobial stewardship service if available,
OR QLD Statewide Antimicrobial Stewardship Hotline – 1300 QLD ABX (1300 753 229)
- Refer to the table over the page for alternative regimens to benzathine benzylpenicillin

3. CONSERVE benzathine benzylpenicillin for the following indications.

- Acute Rheumatic Fever (ARF) and secondary prophylaxis
- Syphilis
- Acute post-streptococcal glomerulonephritis (APSGN)

References

- eTG complete [online]. Melbourne: Therapeutic Guidelines Limited; 2019 accessed October 2023
- Australian Medicines Handbook Pty Ltd. Australian Medicines Handbook [online] Adelaide (SA): Australian Medicines Handbook Pty Ltd accessed online 6 October 2023.
- ARF RHD Guidelines 3rd Edition (rhdaustralia.org.au) accessed online 6 October 2023
- Australasian society of Infectious Diseases (ASID): Management of perinatal guidelines 2023 (<https://asid.net.au/publications>) accessed online 6 October 2023

Effective Date: October 2023 Review Date: December 2023





Queensland Statewide Antimicrobial Stewardship Program

PRESERVING EFFECTIVE ANTIBIOTICS

Guidelines for alternate regimens while conserving benzathine benzylpenicillin

Syndrome or diagnosis	Treatment	Comment
Treatment of streptococcal tonsillitis or pharyngitis in high-risk settings	Paediatrics – refer to RHD Australia guidelines and the CHQ Antibiocard	
	Adults: phenoxymethylpenicillin 500 mg orally, 12-hourly for 10 days	
Treatment of impetigo (skin sores) in endemic areas.	Paediatrics – refer to RHD Australia guidelines and the CHQ Antibiocard	
	Adults: trimethoprim + sulfamethoxazole 160+800 mg orally, 12-hourly for 3 days OR trimethoprim + sulfamethoxazole 320+1600 mg orally, daily for 5 days.	Avoid trimethoprim + sulfamethoxazole in the first trimester or in late pregnancy.
Prophylaxis of invasive group A streptococcal infections (iGAS)	Paediatrics – refer to RHD Australia guidelines and the CHQ Antibiocard	
	Adults: cefalexin 1 g orally, 12-hourly for 10 days	Always seek expert advice. Used to prevent infection in close contacts of a patient with an invasive group A streptococcal infection.

Guidelines for alternate regimens if benzathine benzylpenicillin is no longer available

Syndrome or diagnosis	Treatment	Comment
Acute Rheumatic Fever (ARF)	Paediatrics – refer to RHD Australia guidelines and the Therapeutic Guidelines: Antibiotic	
	Adults: phenoxymethylpenicillin 500 mg orally, 12-hourly for 10 days	Review need for ongoing prophylaxis
Secondary prevention of ARF	Paediatrics – refer to RHD Australia guidelines and the Therapeutic Guidelines: Antibiotic	
	Adults: phenoxymethylpenicillin 250 mg orally, 12-hourly	Duration of prophylaxis depends on clinical scenario. If benzathine benzylpenicillin (Bicillin LA [®]) is not available, consider switching temporarily to oral penicillin and recommence on IM Bicillin LA [®] as soon as available.
Acute post-streptococcal glomerulonephritis (APSGN)	Paediatrics – refer to RHD Australia guidelines and the CHQ Antibiocard . Seek Paediatric Infectious Diseases specialist advice.	
	Adults: trimethoprim + sulfamethoxazole 160+800 mg orally, 12-hourly for 3 days	Avoid trimethoprim + sulfamethoxazole in the first trimester or in late pregnancy.
Syphilis <ul style="list-style-type: none"> • Congenital syphilis • Early syphilis • Late latent syphilis • Maternal syphilis 	Paediatrics: refer to ASID Management of Perinatal infections (3rd edition) guidelines and contact Paediatric Infectious Diseases specialist for advice	
	Adults: procaine benzylpenicillin 1.5 g intramuscularly, daily (duration depends on the type of syphilis – see Therapeutic Guidelines) OR for non-pregnant patients, doxycycline 100 mg, 12 hourly orally (duration depends on the type of syphilis – see Therapeutic Guidelines)	Procaine benzylpenicillin can be sourced via the SAS, contact Central Pharmacy For maternal and congenital syphilis see the ASID perinatal infections guideline; Publications — ASID Australasian Society for Infectious Diseases.

