

Nebraska Department of Health and Human Services

Health Alert Network

Update

3/25/2026

CDC Update on Bicillin® L-A Shortage

CDC has learned that the U.S. Food and Drug Administration (FDA) is allowing the temporary importation of [Lentocilin®](#) due to the ongoing limited availability [and extended recovery](#) of **Bicillin® L-A** (Penicillin G Benzathine Injectable Suspension, produced by King Pharmaceuticals LLC, a subsidiary of Pfizer). The National Network of STD Prevention Training Centers has posted [information for health care providers on the administration of Lentocilin®](#).

We recommend that jurisdictions strongly consider preserving Benzathine Penicillin G (BPG) for treating patients who are pregnant for several reasons. Penicillin is the only recommended treatment for pregnant women and babies with congenital syphilis. Following the recall and due to high levels of [syphilis diagnoses](#) in the United States, there is currently a very limited supply of BPG.

CDC strongly encourages clinicians and STI programs take the following actions:

1. Take inventory:

- Monitor local supply of BPG and [determine the local pattern of use to forecast need](#).
- Continue to contact distributors to procure BPG as appropriate. [Contact Pfizer to request product](#) for individual pregnant patients or neonates with syphilis through their Medical Request Process if the distributor has no supply.

2. Prioritize using BPG to treat women with syphilis during pregnancy, as penicillin is the only recommended treatment for pregnant women and babies with congenital syphilis.

- Choose doxycycline for men and non-pregnant women to help preserve BPG supplies. Doxycycline can be given at a dose of 100mg orally two times a day for 14 days (for early syphilis) or for 28 days (for late latent syphilis or latent syphilis of unknown duration). See [CDC's treatment guidelines](#) for more information.
- Consider involving antimicrobial stewardship leaders to help institute systems-level approaches to limit the use of BPG and encourage the use of alternative effective antimicrobials for treatment of other infections.
- BPG is one of the preferred prophylactic regimens for patients with acute rheumatic fever or rheumatic heart disease to reduce the likelihood of recurrent Streptococcal infections and acute rheumatic fever episodes. Twice daily administration of oral penicillin V is an alternative option for prophylaxis as detailed in [Clinical Guidance for Acute Rheumatic Fever | Group A Strep | CDC](#).

3. Accurately stage syphilis cases to ensure appropriate use of antimicrobials. Early syphilis (primary, secondary, and early latent) only requires one dose of 2.4 million units of BPG, including during pregnancy. See the [CDC STI Treatment Guidelines](#). A few reminders:

- A thorough physical exam is necessary to accurately stage syphilis. Primary lesions may be hidden inside the mouth, anus, or vagina; signs of secondary syphilis may be found on the skin, mouth, or anogenital area (i.e., mucus patches, condyloma lata). The rash of secondary syphilis can be subtle.
 - Prior syphilis serologic test results can assist with staging a patient with latent syphilis as early latent, if there is evidence of new infection within the last year (i.e., new seroconversion or a sustained four-fold increase in RPR titer in a person who has had syphilis in the past).
 - Reviewing signs and symptoms and sexual partner history from the past 12 months can assist with determining the likelihood of syphilis acquisition within the last 12 months, which also only requires one dose of Bicillin® L-A (2.4 million units) instead of three doses (7.2 million units).
 - You can find resources for appropriately staging syphilis from [the National STD Curriculum](#) (NSTDC) and [the New York City Department of Health and Mental Hygiene Bureau of Sexually Transmitted Infections/New York City STD Prevention Training Center](#).
4. Communicate with healthcare providers and pharmacists.
- Notify healthcare providers and pharmacists of the limited availability of BPG so they are aware and can plan appropriately.
 - Clinicians with questions about syphilis clinical management should contact an Infectious Diseases specialist or [the online National Network of STD Clinical Prevention Training Centers \(NNPTC\) STD Clinical Consultation Network](#).
5. Notify Division of STD Prevention and FDA of any shortage of BPG so we can continue to monitor this situation.
- If you are a *Strengthening STD Prevention and Control for Health Departments* (STD-PCHD) funding recipient and have questions about any of this information or need assistance, please contact your project officer.
 - For other groups who are encountering challenges securing this drug to treat women with syphilis during pregnancy, please contact stdshortages@cdc.gov.

The NNPTC will be hosting a Peer Learning Community session on the Bicillin® shortage and the implementation of Lentocilin© on March 26, 2026. The session will include clinical differences and administration considerations between Bicillin® L-A and Lentocilin©, as well as the practical implications of using Lentocilin© in clinical settings, including real-world experiences and insights from the field. To participate, please see the registration information below.



National Network of
STD Clinical Prevention
Training Centers

ESSHCI
SHIPS

March 26, 2026

Bicillin L-A Shortage: Implementing Lentocilin

3:00 pm ET
2:00 pm CT



1:00 pm MT
12:00 pm PT

**eLearning Community:
Exclusively for ESSHCI & SHIPS Clinics**

In this peer learning community, we will discuss the clinical differences and administration considerations between Bicillin L-A and Lentocilin, as well as the practical implications of using Lentocilin in clinical settings, including real-world experiences and insights from the field.

REGISTER HERE