

HEALTH ALERT NETWORK | HEALTH ADVISORY | January 17, 2024

Importation of Benzathine Benzylpenicillin to Help Address Bicillin L-A Shortage

To help address the ongoing shortages of Bicillin L-A (penicillin G benzathine injectable suspension), the only drug that can be used to treat syphilis in pregnancy, the U.S. Food and Drug Administration has approved [temporary importation of Extencilline](#) (benzathine benzylpenicillin) from French manufacturers Laboratories Delbert and Provepharm.

The FDA has provided a [Dear Healthcare Provider letter](#) from Laboratories Delbert reviewing the details of the temporary importation allowance, along with comparisons of Bicillin L-A and Extencilline. New Jersey-based Direct Success will be the sole U.S. distributor of imported Extencilline. Product is expected to be imported and delivered to Direct Success this week. It likely will be available for purchase beginning next week, although this isn't confirmed.

Two NDCs will be available:

- Extencilline: 81284-0521-01 = the 1.2 MIU-1 glass vial(s) of powder at 1.2 MIU - 1 glass ampoule(s) of solvent of 5 ml
Wholesale Acquisition Cost (WAC) cost for the 1.2 MIU is \$250.00
- Extencilline: 81284-0522-01 = the 2.4 MIU-1 glass vial(s) 2.4 MIU - 1 glass ampoule(s) of 5 ml
WAC cost for the 2.4 MIU is \$500.00

There will be a minimum purchase quantity of 5 vials on these products. The product will NOT be eligible for discounted purchasing via the 340B Drug Pricing Program.

Health care providers should reach out to Distribution@dsuccess.com or call 877-404-3338 for more information. We are also attaching here the Direct Success procurement registration form that will need to be completed and submitted to purchase Extencilline.

The U.S. Food and Drug Administration (FDA) announced a shortage of Bicillin L-A in June 2023, with an estimated recovery not before spring of 2024.

For local information about syphilis cases and rates in your jurisdiction, visit: [ND Disease Dashboard](#)
If you have any questions or require further information, please do not hesitate to contact us at 701.328.2378.

Categories of Health Alert Network messages:

Health Alert Requires immediate action or attention; highest level of importance
Health Advisory May not require immediate action; provides important information for a specific incident or situation
Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##

Send your completed Registration Form to:
Distribution@DSuccess.com or Fax 855-345-6789

A Direct Success Representative will contact you to confirm your registration.

Institution Information

NAME OF INSTITUTION

REQUESTERS FULL NAME

ADDRESS

STE / DEPT.

POSITION / TITLE

CITY / STATE / ZIP

PHONE #

PHONE #

FAX #

FAX #

EMAIL

INSTITUTION LICENSE # (HIN#)

340B / PHS (Public Health Service) eligible: YES NO

If yes, please provide entity ID # _____

PHARMACY LICENSE #

FSS (Federal Supply Schedule) eligible: YES NO

If yes, please provide parent agency _____

Financial / Billing

CONTACT

Do you choose to use a credit card as your payment method:

YES (If yes, a representative will contact you to complete the information.)

NO

PHONE #

If you choose, **NOT** to pay by credit card, complete the following information below and provide the last two years of P&L statements and the most recent IRS Form W-9.

EMAIL

Bill to:

DEPARTMENT / ATTENTION

DUN & BRADSTREET #

ADDRESS

TAX IDENTIFICATION NUMBER (EIN)

CITY / STATE / ZIP

Certification: The above information is for the purpose of obtaining commercial credit and is warranted to be true and correct. If Direct Success, Inc. considers a credit report relevant and necessary to assisting this request for credit, the undersigned authorizes Direct Success, Inc. to obtain from a credit reporting agency a credit report containing credit information about the applicant. A copy of this application shall be deemed as an original.

AUTHORIZED CONTACT (Print First and Last Name)

TITLE

AUTHORIZED SIGNATURE

DATE

THIS SECTION TO BE USED FOR INTERNAL USE ONLY:

Before completing this section, please check all required information below has been provided.

VERIFIED: Institution License Pharmacy License 340B Eligibility
 FSS Eligibility Class of Trade

Print Name (First and Last Name) _____

Signature _____

Date _____