

Drug Shortage Quantity Restrictions List

Date Issued: May 8, 2020

Effective Date: May 11, 2020

Updated: December 20, 2024

The Minister may specify quantity restrictions for drugs designated on the “Drug Shortage Quantity Restrictions List.”

Drugs on this list are:

- In shortage and designated as a Tier 3 shortage, as defined by the Multi-Stakeholder Steering Committee Protocol on Notification of Drug Shortages; OR
- Listed as a designated drug under the Federal Interim Order Respecting Drugs, Medical Devices and Foods for a Special Dietary Purpose in relation to COVID-19; AND
- Reviewed and approved by the COVID-19 Drug Shortage Working Group.

Pharmacists may only dispense a ONE MONTH supply (to a maximum of 35 days) of drugs on this list per client in a 28 day period.

Tier 3 shortages are those that have the greatest potential impact on Canada's drug supply and health care system. Impact is based on low availability of alternative supplies, ingredients or therapies.

| Drug (Active Ingredient) | Quantity Restrictions | Used in the Treatment of COVID-19 and/or Related Conditions |
|--|-----------------------|---|
| Aldesleukin | One Month | No |
| Apomorphine Hydrochloride | One Month | No |
| Argatroban for Injection | One Month | No |
| Bupivacaine with Epinephrine | One Month | No |
| Carbamazepine Controlled Release tablets | One Month | No |
| Cholestyramine | One Month | No |
| Colesevelam | One Month | No |
| Colestipol | One Month | No |
| Dextrose Injection | One Month | No |
| Doxorubicin Liposomal | One Month | No |
| Eluxadoline – Viberzi | One Month | No |
| Epinephrine injection 1 mg/10 mL pre-filled syringes | One Month | No |
| Glucagon for Injection, rDNA origin | One Month | No |
| Hydralazine Injection | One Month | No |
| Hydroxocobalamin Powder for Infusion | One Month | No |
| Idarubicin | One Month | No |
| Lithium Carbonate | One Month | No |

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| Lomustine | One Month | No |
| Methotrexate Preservative Free | One Month | No |
| Oncaspar – Pegaspargase | One Month | No |
| Pantoprazole Sodium for Injection | One Month | No |
| Peginterferon Alfa-2A | One Month | No |
| Prazosin 1 mg, 2 mg, 5 mg Tablets | One Month | No |
| Tamsulosin Hydrochloride | One Month | No |