

## Drug Shortage Quantity Restrictions List

Date Issued: May 8, 2020

Effective Date: May 11, 2020

Updated: October 30, 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  |
| Calcium Chloride Injection                           | 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  |
| Idarubicin   | One Month             | No  |
| Lithium Carbonate                                    | One Month             | No  |
| Lomustine  | One Month             | No  |

|  |           |    |
|--|-----------|----|
| Loxapine hydrochloride;<br>Loxapine succinate    | One Month | No |
| Mepivacaine hydrochloride injection, 20<br>mg/mL | One Month | No |
| Methotrexate Preservative Free                   | One Month | No |
| Pantoprazole Sodium for Injection                | One Month | No |
| Prazosin 1 mg, 2 mg, 5 mg Tablets                | One Month | No |
| Tamsulosin Hydrochloride                         | One Month | No |