



## Cyclophosphamide Shortage

For the current status of drug shortages and discontinuations, refer to Drug Shortages Canada at [www.drugshortagescanada.ca](http://www.drugshortagescanada.ca).

The information presented here is designed to assist health-care professionals in managing a drug shortage and in selecting alternative products for patients already receiving a specific treatment where appropriate. It is not a comprehensive review or a clinical practice guideline for the treatment of a condition.

Table 1: **Cyclophosphamide products approved in Canada**<sup>1</sup>

| Product                            | Strength  | DIN      | Manufacturer           |
|------------------------------------|---|----------|------------------------|
| Cyclophosphamide (PROCYTOX®)       | 200 mg/vial – to be discontinued on December 31, 2026 | 02241797 | Baxter                 |
| Cyclophosphamide (PROCYTOX®)       | 500 mg/vial   | 02241798 | Baxter                 |
| Cyclophosphamide (PROCYTOX®)       | 1000 mg/vial  | 02441799 | Baxter                 |
| Cyclophosphamide (PROCYTOX®)       | 2000 mg/vial  | 02241800 | Baxter                 |
| Cyclophosphamide for Injection USP | 1000 mg/vial  | 02547686 | SteriMax               |
| Cyclophosphamide for Injection USP | 2000 mg/vial  | 02547694 | SteriMax               |
| Cyclophosphamide for Injection USP | 1000 mg/vial  | 02546736 | Andone Pharmaceuticals |
| Cyclophosphamide for Injection USP | 2000 mg/vial  | 02547694 | Andone Pharmaceuticals |

### Health Canada–approved indications for cyclophosphamide:

Cyclophosphamide, used alone or as a component of combination therapy, is indicated for:

- Frequently responsive myeloproliferative and lymphoproliferative disorders
- Frequently responsive solid malignancies
- Malignant neoplasms of the lung (TNM staging)

Common off-label uses of cyclophosphamide:<sup>2-4</sup>

- Severe systemic autoimmune diseases requiring intravenous pulse immunosuppression (e.g., severe systemic lupus erythematosus or vasculitis such as antineutrophil cytoplasmic autoantibodies [ANCA])



## Management options:

During a drug shortage, limited medication supplies should be allocated based on clinical urgency to maximize patient benefit and minimize potential harm. Allocation decisions should be guided by the ethical principles of consistency, equity and transparency to support fair and defensible decision-making. Given the broad range of indications for cyclophosphamide, clinicians should assess each patient individually, carefully weighing risks and benefits while considering appropriate monitoring strategies and potential medication coverage options.

- Reassess nonessential use and identify alternative therapies, treatment strategies or sequencing approaches that provide comparable efficacy and safety.<sup>5-6</sup>
- Evaluate opportunities for dose rounding or dose banding in collaboration with clinical teams to optimize drug utilization and minimize wastage.
- Centralize compounding to improve oversight and reduce medication waste.
- Implement drug vial optimization (DVO) strategies, where feasible at the pharmacy level, to maximize the use of partially used vials and reduce discard during preparation and dispensing.
- Prepare and dispense cyclophosphamide only once the patient has arrived for treatment and protocol-specified laboratory parameters have been confirmed.<sup>5-6</sup>
- Where indications permit, consider transitioning to oral cyclophosphamide to conserve intravenous supply.
- Communicate clearly and transparently with patients regarding the shortage and the clinical rationale for any modifications to their treatment plan.
- Provide clinicians with access to appropriate resources and local support to help manage the professional and emotional challenges associated with drug shortages.

The information presented here is generalized, and patients should be assessed on an individual basis. Patient assessment requires professional knowledge and judgment beyond the scope of this document. Consult CPS Full Access or other references if required.

## References

1. Health Canada. *Drug product database online query* [internet]. Available from: <https://health-products.canada.ca/dpd-bdpp/index-eng.jsp>. Accessed March 5, 2026.
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3. [Chung SA, Langford CA, Maz M et al. 2021 American College of Rheumatology/Vasculitis Foundation guideline for the management of antineutrophil cytoplasmic antibody-associated vasculitis. \*Arthritis Rheumatol\* 2021;73\(8\):1366-83.](#)
4. Lexicomp. *Cyclophosphamide: drug information* [internet]. Available from: [www.lexicomp.com](http://www.lexicomp.com). Subscription required. Accessed March 5, 2026.
5. Canadian Association of Pharmacy in Oncology (CAPHO). *Drug shortages in cancer care* [PDF file]. Available from: [www.capho.org/sites/default/files/assets/file/media\\_file/CAPHO%20Infographic%20-%20Drug%20Shortages%20in%20Cancer%20Care.pdf](http://www.capho.org/sites/default/files/assets/file/media_file/CAPHO%20Infographic%20-%20Drug%20Shortages%20in%20Cancer%20Care.pdf).
6. American Society of Clinical Oncology. *Clinical guidance* [internet]. Available from: [www.asco.org/practice-patients/practice-support/drug-shortages/clinical-guidance](http://www.asco.org/practice-patients/practice-support/drug-shortages/clinical-guidance). Accessed March 5, 2026.