# Dantrolene Sodium for Injection Shortage

***Current Situation (Nov 4th, 2026):***

Health Canada escalated the shortage of Dantrolene sodium for injection, a drug essential for the emergency treatment of malignant hyperthermia (MH), to Tier 3 in October 2026.[1,2]

Knight Therapeutics initiated a voluntary Type I recall of Dantrium Intravenous 20 mg/vial (DIN 01997572), lots 80681, 82413 and 91579, after visible foreign particulate matter was observed. Affected lots must not be used, sold, or distributed and should be returned according to the recall instructions. Knight's investigation and resupply timeline remain ongoing. The manufacturer has not established that filtration or another intervention would make affected product safe.[3]

Hikma has reduced allocation of remaining supply to 25% of historical demand. A potential stock-out was projected for the end of December 2026, with resupply possibly as early as January 2027; timing is unconfirmed and may change.[1,2]

**Table 1: Dantrolene Sodium Injection Product Comparison**[1,2,3]

| Manufacturer | DIN | Notes |
|---|---|---|
| Hikma Canada Ltd. | 02529998 | Supply requests are reviewed individually through a controlled request review process.<br>Extended expiration dates for lot: 24090581 and lot: 24090591 until May 31, 2027: Link to notice |
| Knight Therapeutics Inc. | 01997572 | Resupply dates uncertain<br>Product recall in effect for the following lots: 80681, 82413 and 91579 |

*#For the current status of drug shortages and discontinuations, refer to Drug Shortages Canada at www.healthproductshortagescanada.ca.*

***Practice Considerations***

- **Prioritize dantrolene for malignant hyperthermia (MH) treatment and emergency preparedness.** Reserve available supplies for the treatment of suspected or confirmed MH in accordance with established emergency protocols. Avoid non-essential off-label use, including for drug overdose, during the shortage. Conservation strategies should protect emergency availability without unnecessarily restricting medically necessary surgical or dental procedures.
- **Review inventory and avoid unnecessary stockpiling.** Reconcile available, usable stock by product, lot, expiry and location, including pharmacy, operating rooms, procedural areas and independent dental facilities. Coordinate inventory management and redistribution where appropriate, while ensuring that dantrolene remains readily accessible wherever MH-triggering agents are used. Centralized or shared inventories must not compromise timely access during an emergency.
- **Do not use or attempt to salvage recalled product.** Knight has confirmed that there is no evidence that filtration or other interventions would reliably remove the identified particulate matter or support the safe use of affected lots. The benefit-risk profile of these lots is considered unfavourable. Do not use, distribute or attempt to filter recalled product. Follow the manufacturer's recall instructions for segregation and return.
- **Consult provincial or territorial regulatory authorities before implementing temporary changes to stocking requirements.** Facilities should consult their applicable provincial or territorial regulatory authorities regarding any interim guidance on emergency dantrolene stocking requirements, permitted anesthetic techniques and facility compliance during the shortage. Established emergency medication stocking requirements should continue to be followed unless an alternative approach has been reviewed and authorized by the appropriate regulatory authority.

*Disclaimer: This document was developed collaboratively by the Canadian Society of Healthcare-Systems Pharmacy, Canadian Anaesthesia Society, and Canadian Dental Association. The information is intended to support clinicians and facilities in prioritizing use of limited dantrolene sodium for injection supply. It is not intended to replace clinical judgment, institutional protocols, current product information, or specialist consultation.*

- **Do not independently reduce established dantrolene inventory requirements.** Although weight-based approaches to determining dantrolene inventory requirements may warrant exploration in specific circumstances, particularly in facilities primarily treating pediatric populations, any proposed adjustment must undergo expert MH review and receive appropriate regulatory authorization. Facilities should not independently reduce their emergency supplies based on patient population or weight considerations.
- **Consider non-triggering anesthetic techniques where clinically appropriate.** Total intravenous anesthesia (TIVA) and other non-triggering techniques may help reduce reliance on MH-triggering agents during the shortage. Nitrous oxide and local anesthetics do not trigger MH. Non-depolarizing neuromuscular blockers may also be considered where clinically appropriate. However, facilities that continue to stock or administer succinylcholine for emergency airway management must maintain appropriate MH preparedness, even when TIVA is the primary anesthetic technique. Airway rescue and reversal plans should also be reviewed.
- **Assess MH preparedness and procedural readiness.** Review settings where MH-triggering agents may be administered, including operating rooms, ambulatory surgical centres, and dental and oral surgery facilities. Confirm that appropriate emergency protocols, trained personnel and timely access to dantrolene are in place. Facilities unable to maintain the required MH preparedness should consider non-triggering anesthetic techniques where clinically appropriate, or defer, transfer or reschedule procedures involving triggering agents until adequate emergency resources are available. Decisions should be made collaboratively with anesthesia providers and clinical leadership, taking into account applicable regulatory requirements.

  Facilities experiencing critically low dantrolene inventories or uncertainty about their ability to maintain emergency preparedness should engage anesthesia and pharmacy leadership, together with the relevant provincial or territorial regulatory authorities, to develop an appropriate contingency plan. Contingency planning should address emergency access to dantrolene, procedural scheduling, potential patient transfers and alternative anesthetic approaches, as appropriate.
- **Individualize anesthetic planning for patients with MH susceptibility.** Continue to assess personal and family history of MH and relevant neuromuscular conditions during pre-anesthetic screening. A history of MH susceptibility should not automatically result in postponement of dental or surgical treatment. Individualized treatment planning, including non-triggering anesthesia in appropriately equipped facilities, should be considered. Decisions about referral, transfer or deferral should account for the patient's clinical needs and urgency.
- **Consider the clinical urgency of dental and surgical procedures when allocating available resources.** Avoid automatically categorizing dental general anesthesia as low priority or deferrable. In particular, access to general anesthesia may be medically necessary for pediatric patients with extensive dental disease, significant pain or infection, or those unable to tolerate conventional treatment. Delays in treatment may contribute to disease progression and additional complications. Prioritization should consider patient-specific clinical urgency, the consequences of delayed treatment and the availability of appropriate MH emergency preparedness.

**References**


1. Health Canada. Dantrolene sodium for injection supply in Canada – 2026. Health Product Shortages Canada. Updated September 15, 2026. https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/drug-shortages/information-consumers/supply-notices/dantrolene-sodium-injection-2026.html
2. Health Canada. Tier 3 drug shortages. Dantrolene sodium for injection; Tier 3 escalation communicated October 16, 2026. https://www.canada.ca/en/health-canada/services/drugs-health-products/drug-products/drug-shortages/tier-3-shortages.html
3. Health Canada. Dantrium Intravenous (dantrolene sodium for injection): Presence of particulate matter. Recall alert, October 2026. https://recalls-rappels.canada.ca/en/alert-recall/dantrium-intravenous-dantrolene-sodium-injection-presence-particulate-matter
4. Malignant Hyperthermia Association of the United States. MHAUS recommendations on dantrolene availability. https://www.mhaus.org/healthcare-professionals/mhaus-recommendations/how-much-dantrolene-should-be-available-in-facilities-where-volatile-agents-are-not-available-or-administered-and-succinylcholine-is-only-stocked-on-site-for-emergency-purposes



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