

FDA Nitrosamine Updates and Issues Observed

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Disclaimer

This presentation reflects the views of the speaker which do not necessarily reflect FDA, HHS or other government opinion / policy

Objectives

- **Recommended AI limits**
- **Implementation Timeline & Progress Updates**
- **Emerging Issues**
- **Common Issues Observed**

Why the Nitrosamine Webpage Matters



This webpage is the central regulatory communication tool

- Updated frequently as new scientific data become available, such as, new AI limits, emerging issues.
- Immediately implementable
- Reflects latest science (AI limits, emerging issues)

FDA recommendations:

- Check before and during development
- Review before submission
- Reassess when changes occur

Recommended AI Limits

– The Three Tables



Webpage contains three tables for the recommended AI limits.

- **Table 1 – Theoretical AI limits, calculated based on predicted carcinogenic potency categorization (CPCA)**
- **Table 2 – Compound-specific or Surrogate-Based AI limits**
- **Table 3 – Interim AI limits for marketed medical necessity products (serves as temporary regulatory discretion to prevent drug shortage)**

Key Points:

- ✓ **Inclusion in a table $\neq$ confirmation in your product.**
- ✓ **AI limits are safety thresholds, not observed levels.**
- ✓ **Require risk assessment report / Progress Update**

Critical Clarifications on AI Limits

Table 1 (CPCA)

- Hypothetical, based on molecular structure
- **Not** all-inclusive list
- Can be moved to Table 2 when sufficient toxicology data are available

Table 2

- Use Table 2 AI limits when nitrosamines are moved from Table 1.

Table 3 (Interim Limits)

- Temporary measures to prevent drug shortage
- Include estimated duration
- ✗ **NOT** permanent solution
- ✗ **NOT** appropriate as specification limits
- ✗ **CANNOT** be used to justify specification limits
- ✗ **DO NOT** replace long-term control / mitigation strategies

Implementation Timeline Update



For approved and currently marketed products with identified nitrosamine risk:

- ***Original Deadline:*** Completion of confirmatory testing and submission of changes by August 1, 2025.
- ***June 23, 2025 Update*** – If not feasible, submit Progress Update by August 1, 2025.

What Must Be Included in the Progress Update



- **Determination of whether NDSRIs can form under targeted forced degradation**
- **NDSRI(s) detected(identify which ones)**
- **Nitrosamine test method with validation**
- **Product batch(es) analyzed, and date analyzed relative to date of manufacture**
- **Confirmatory test results for NDSRI(s) in the drug product (in ng/day or ppm)**
- **Root cause (if known)**
- **Description of mitigation attempts, if mitigation is necessary**
- **Estimated timeframe for completion of mitigation.**

Note: If you cannot provide all above requested information, provide justification for the omissions.

How to Submit Progress Update

Application Products (NDA/ANDA)

- **Title:** "NDSRI Update"
- **Location:** Annual Report, section 1.13.14. Log of Outstanding Regulatory Business
- If AR already submitted – revise section 1.13.14
- Does **NOT** change next AR due date

Products with Interim AI

- Should also submit progress update
- FDA may revise interim duration based on progress reports

Non-Application Products (OTC, 503B)

- Retain progress report at facility and make available upon FDA request

Emerging Issues: What's New

FDA communicate new information:

- Alert industry to newly identified nitrosamine issues
- Explain root causes and formation mechanisms
- Provide mitigation recommendations

Recent updates:

- Leachable NDBA and other small-molecule nitrosamines in infusion bags
- Newly identified NDSRIs in Ritonavir drug products

FDA recommendations:

- Monitor the webpage regularly for emerging issues
- Assess applicability to your products
- Implement recommended mitigation strategies promptly, when applicable

Common Issues Observed in Application



Inadequate Control Strategies

- Solely rely on release testing without addressing formation mechanisms.
 - Lack justification for effectiveness and sustainability across product lifecycle
- Expectation: Prevent formation — not just detect it.

Inadequate Justification for AI Limit Exceeding Recommended

FDA **DOES NOT** accept:

- Less-than-lifetime exposure arguments
- Reliance solely on other agencies' AI limits. FDA requires independent justification
- Use of interim limits to justify permanent specifications

Common Issues Observed in Application

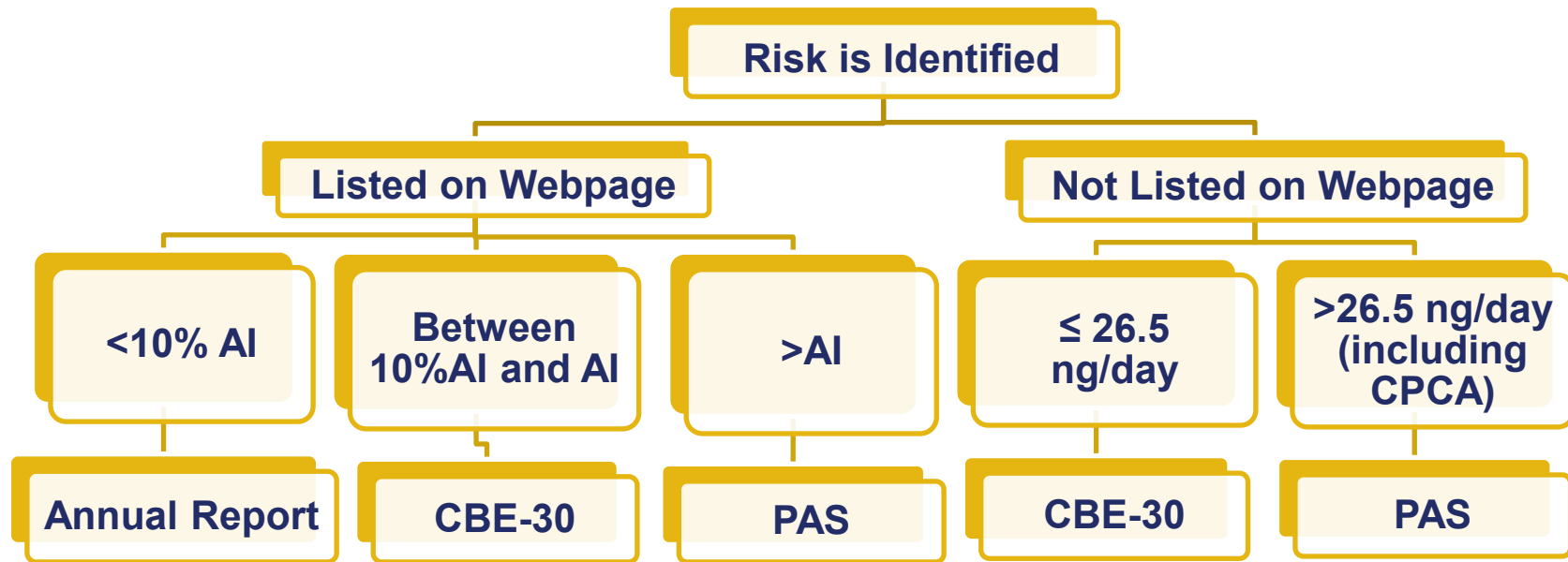


Incorrect Filing Categories

Filing Categories – Quick Reference

- Using interim limit in Table 3 to prevent drug shortage – **No** supplement. However, **progress update should be submitted** with batch data. Contact DSS.
- No Risk – **No** submission. However, for NDSRIs listed on webpage, **progress update should be submitted** with justification and supporting documents / data.
- Formulation / Process changes to mitigate risk – **PAS**
- Other see next page

Filing Categories – Specification Change Based on Confirmatory Data



Key Points:

- A specification change alone may be CBE-30. Multiple Changes to mitigate risk could be PAS.

Take-Aways

- **The webpage is a dynamic regulatory communication platform**
 - Updated frequently and immediately implementable
- **Apply the correct and most current AI limit**
- **Interim AI limits are not permanent and do not replace long-term control strategies**
- **Submit required changes or detailed progress update**
- **Implement effective, preventive and sustainable mitigation**
- **Emerging issues require attention**
- **Submit changes under correct filling category**

Resources



FDA Nitrosamine Webpage:

<https://www.fda.gov/regulatory-information/search-fda-guidance-documents/cder-nitrosamine-impurity-acceptable-intake-limits>



Guidance Documents:

- [Control of Nitrosamine Impurities in Human Drugs \(Sept 2024, Rev. 2\)](#)
- [Recommended Acceptable Intake Limits for Nitrosamine Drug Substance-Related Impurities \(NDSRIs\) \(August 2023\)](#)



FDA Contacts:

- Drug Shortages: drugshortages@fda.hhs.gov
- General Questions: CDER-OPQ-inquiries@fda.hhs.gov

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