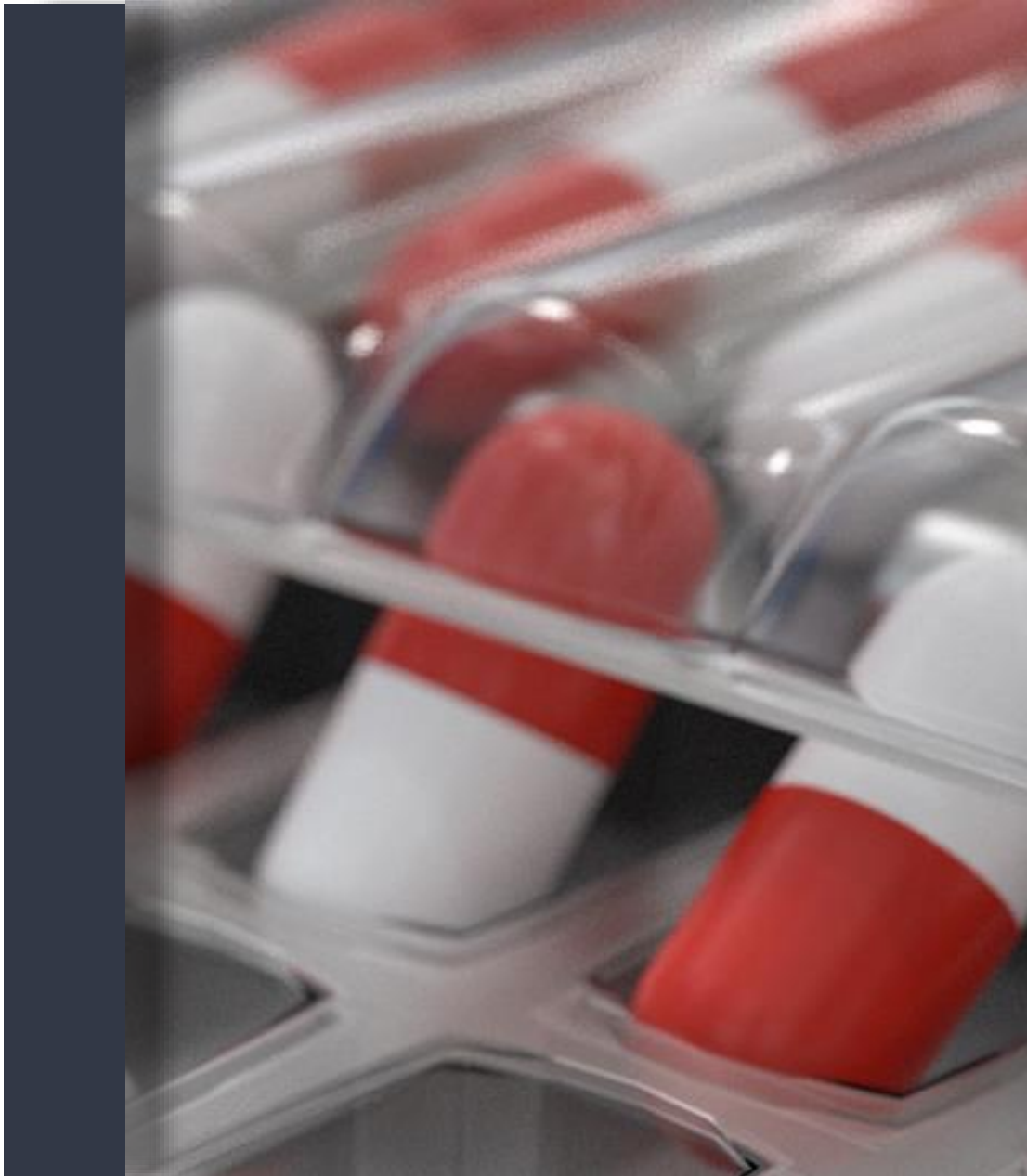


# Nitrosamine Task Force – 2024 –

Martin Ehlert, Nitrosamine Task Force



COMMITTEES



# AGENDA

1

CGPA's Nitrosamine Task Force

2

Unique challenges for the generic sector

3

Industry perspective on progress

4

Priorities for further action

# TASK FORCE MEMBERS AND STAFF



MANTRA



## APOTEX

Debbie Poon  
Duane Terrill  
Madhu Moosapeta  
Martin Ehlert  
Vijaya Iyer

## AURO PHARMA

Rana Harb

## FRESENIUS KABI

Anabela Costa

## MARCAN

Gurdip Auluck  
Dipakkumar Kheni  
Neelima Raavi

## MANTRA

Patricia Milani  
Thayalini Thiyagarajah

## MINAKEM

Claire Jahier  
Herika Marrugo

## NATCO

Nina Lategan  
Seema Gopal

## PHARMASCIENCE

Alain Carrier  
Annie Gamache  
Bocar Guisse  
Marcelo Tuntisi

## SANDOZ

Ana Escobar  
Chardeen Peter  
Debra Oke  
Filip Geert A De Bock

## STERIMAX

Jo-anne Soltesz  
Zuber Patel

## TARO

Allanna Papaioannou  
Andreas Wegner  
Iva Sola  
Jitendra Bendre  
Jerzy Zadykowicz  
Malini Kandasamy  
Victoria Chester

## TEVA

Gregory Ott  
Shannon Jegg  
Valerie Niddam-Hildesheim

## VIATRIS

Anca Schmidt





## Commitment to Quality

Defending patient access to  
safe products

---

**CGPA members are committed to ensuring the medicines they manufacture, and market are safe, effective, high quality and do not contain potentially mutagenic nitrosamines in harmful amounts.**

# UNIQUE CHALLENGES FOR THE GENERIC SECTOR



Large, Diverse  
Supplier Base



Larger Number  
of Products



Analytical  
Constraints



Impact of  
Remediation

## BUSINESS IMPACT

All factors potentially impact product approval timelines, continuity of product supply and patient access.

# Recap 6 YEARS OF PROGRESS

## IN THE BEGINNING (2018)

Precautionary approach

Health Canada is more conservative than EMA and FDA

Government working groups excluded industry.

No role for ICH to drive international harmonization.

Default limits practically impossible to achieve, jeopardizing industry and supply sustainability.

Lack of predictability and delays when proposing more reasonable evidence-based limits.

## CURRENT STATE OF PLAY (2024)

Incorporating evolving science

Health Canada guidance mostly aligned with EMA.

CGPA increased bilateral engagement with Health Canada and stakeholders. New forums created to share research.

ICH now engaged and generic experts involved.

Default limits more reasonable for most products. Significantly fewer products require remediation, but challenges remain managing the costs and number of products to remediate.

Improved transparency and predictability with more reasonable default limits.

## BUSINESS IMPACT

Investments can be better prioritized and streamlined.

# PRIORITIES FOR ACTION

## REDUCE SUPPLEMENT FILINGS

- Avoid unnecessary burden that does not provide substantive benefit

## STREAMLINE TESTING

- Canadian-specific requests to confirm the absence of theoretical nitrosamines

## TRANSPARENT AND PREDICTABLE PROCESS WHEN LIMITS ARE EXCEEDED

- Capacity challenges to manage risk assessments, extensive confirmatory testing and numerous investigations.

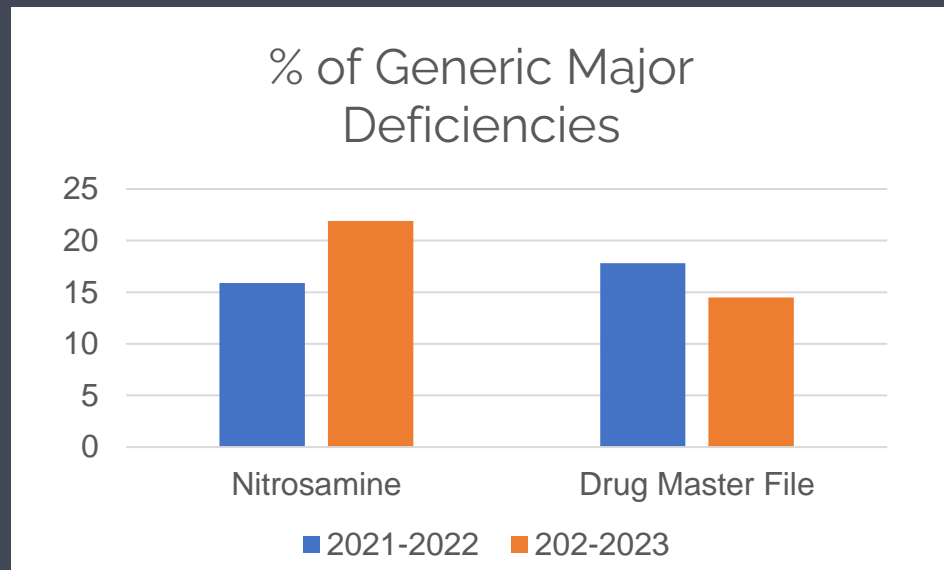
## DRIVE LONGER-TERM HARMONIZATION

- Solidify international alignment built to date through a revision to internationally harmonized ICH M7 guidance



# REDUCE SUPPLEMENT FILINGS

- Nitrosamine is one of the top reasons for receiving a negative review decision.
- Almost half of deficiencies received for Drug Master Files are nitrosamine related.



## ISSUE

Need to avoid unnecessary administrative burden without any substantiative benefit..

Need to mitigate already strained pre-market review process.

## CGPA PROPOSAL

Adding a published limit into specifications should be filed through a Notification.

Leverage Post-NOC Guidance to guide nitrosamine remediation filings, like the EU.



# STREAMLINE TESTING

## ISSUE

Health Canada reviewers continue to request testing to confirm the absence of theoretically possible, but unlikely NDSRIs.

## CGPA PROPOSAL

Align with EMA and FDA and accept scientifically based justifications to waive testing based on modelling to de-risk certain NDSRIs.



## BUSINESS IMPACT

Delays collective progress and diverts limited resources away from priority products.



# TRANSPARENT & PREDICTABLE approach when limits are exceeded

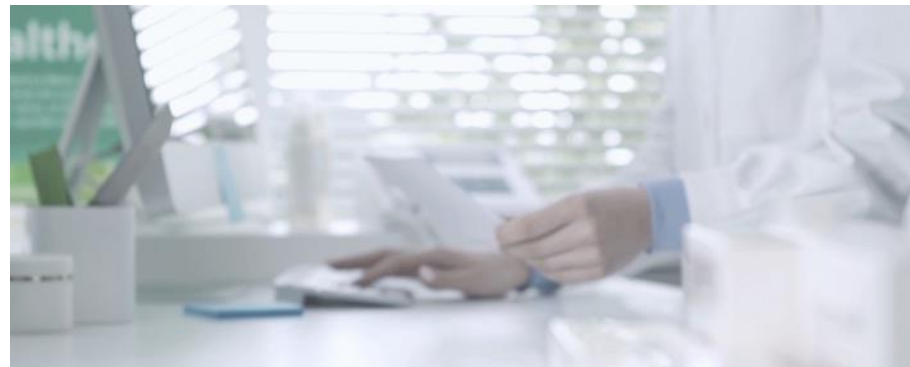
## ISSUE

Health Canada urges sponsors to contact them prior to taking market action, so impact on drug supply to Canadians can be considered on a case-by-case approach.

EMA and FDA set out different approaches, each with drawbacks

## CGPA PROPOSAL

Blends best of FDA & EMA approach to achieve transparency and predictability



## 1

### CPCA Limits Exceeded?

- Apply **Default Temporary Limits** based on EMA Less-than-life time approach
- Valid for the duration of Step 3 deadline

## 2

### Default Temporary Limits Exceeded?

- Contact Health Canada to propose **alternative temporary limit**, which is immediately published
- Valid for the duration of Step 3 deadline

Maintaining the drug supply for Canadians

# DRIVE LONG-TERM HARMONIZATION

## ISSUE

“Alignment” is not the same as “harmonization.”

Harmonization simplifies requirements for globally managed projects, minimizes delays and allows limited resources to be streamlined.

ICH process takes years to develop/revise guidance that requires foundational alignment prior to begin.

## CGPA PROPOSAL

Until ICH M7 is revised, Health Canada should continue to work with stakeholders and regulators to improve CPCA:

- Resolve inconsistencies
- Evolve limits based on science
- Adopt more realistic timing expectations



INTERNATIONAL COUNCIL FOR HARMONISATION OF TECHNICAL  
REQUIREMENTS FOR PHARMACEUTICALS FOR HUMAN USE

ICH HARMONISED GUIDELINE

ASSESSMENT AND CONTROL OF DNA REACTIVE (MUTAGENIC)  
IMPURITIES IN PHARMACEUTICALS TO LIMIT POTENTIAL  
CARCINOGENIC RISK

M7(R2)




Final version  
Adopted on 3 April 2023

*This Guideline has been developed by the appropriate ICH Expert Working Group and has been subject to consultation by the regulatory parties, in accordance with the ICH Process. At Step 4 of the Process the final draft is recommended for adoption to the regulatory bodies of the ICH regions.*

#PrescriptionForCanada

THANK YOU



in |  |  |  | 