The Council on Radionuclides and Radiopharmaceuticals, Inc.

500 North Capitol Street, NW
Suite 210
Washington, DC 20001-7407
(202) 547-6582
Fax: (202) 547-4658
michael.guastella@corar.org

Michael J. Guastella, MS, MBA
Executive Director

By Electronic Submission

May 5, 2025

Bureau of Industry and Security
Office of Strategic Industries
U.S. Department of Commerce
1401 Constitution Ave NW
Washington, DC 20230

RE: DOCKET NO. 250414-0065; XRIN 0694-XC120; "NOTICE OF REQUEST FOR PUBLIC COMMENTS ON SECTION 232 NATIONAL SECURITY INVESTIGATION OF IMPORTS OF PHARMACEUTICALS AND PHARMACEUTICAL INGREDIENTS," FEDERAL REGISTER VOL. 90, NO. 72; APRIL 16, 2025

I am writing today on behalf of the Council on Radionuclides and Radiopharmaceuticals, Inc. (CORAR) to provide comments regarding Notice of Request for Public Comments on Section 232 National Security Investigation of Imports of Pharmaceuticals and Pharmaceutical Ingredients, Federal Register Vol. 90, No. 72; April 16, 2025. CORAR is an industry association of firms that manufacture diagnostic and therapeutic radiopharmaceutical drugs (RPs), medical isotopes, and other radioactive products primarily used in nuclear medicine and research. Members include firms that operate nuclear pharmacies that prepare and dispense RPs in patient-ready doses for administration to patients in healthcare facilities.

Each year, approximately 20 million nuclear medicine procedures are performed in the U.S.[1], with roughly 2,800 hospitals conducting these procedures for millions of Medicare beneficiaries in 2023 alone[2]. Nuclear medicine involves the injection of radiopharmaceuticals (RPs) or other medical radioactive materials into a patient's body, followed by imaging with devices such as Positron Emission Tomography (PET) scanners that detect signals from the injected materials to produce functional images of internal organs, arteries, or specific cells. This technology plays a critical role in the care of patients with cancer, heart disease, and brain disorders by enabling physicians to accurately and non-invasively diagnose conditions, monitor treatment effectiveness, adjust therapies, and gain deeper insights into disease progression.

In addition, an area of rapid advancement in nuclear medicine is often referred to as Radiopharmaceutical Therapy (RPT). RPT is a novel therapeutic modality for the treatment of cancer, providing several advantages over existing therapeutic approaches. In RPT, radiation is systemically or locally delivered using RPs that either bind preferentially to cancer cells or accumulate by physiological mechanisms[3].

[1] https://world-nuclear.org/information-library/non-power-nuclear-applications/radioisotopes-research/radioisotopes-in-medicine#:~:text=The%20most%20common%20radioisotope%20used,scans%20in%20nuclear%20medicine%20worldwide.
[2] Centers for Medicare and Medicaid Services Claims Data.
[3] Sgouros, G., Bodei, L., McDevitt, M.R. et al. Radiopharmaceutical therapy in cancer: clinical advances and challenges. Nat Rev Drug Discov 19, 589–608 (2020). https://doi.org/10.1038/s41573-020-0073-9

Oncology patients are benefiting from the development of Theranostics which integrates imaging and therapy using an RP to characterize the cancer (diagnostic) and then another RP to deliver a precise treatment (radiotherapy). It is envisaged that Theranostics will become the 5th pillar of oncology – the other four pillars being surgery, radiation therapy, interventional oncology, and drugs (including chemotherapy and targeted therapies – biologicals).

Domestic production of RPs and medical radioisotopes is ongoing and continues to advance, including commercial projects as well as through public-private collaboration, but challenges remain. Despite over a decade of coordinated effort between industry and federal partners, the U.S. has yet to establish a reliable domestic supply of a significant number of key RPs, due to high development and commercialization costs, limited ROI, and continued reliance on specialized foreign-manufactured equipment such as cyclotrons, accelerators, hot cells, and glove boxes. Additionally, foreign-held intellectual property rights on key Active Pharmaceutical Ingredients (APIs) and precursors continue to require their importation for use in domestic manufacturing.

In addition to the challenges mentioned above, domestic RP manufacturers must navigate a complex web of regulatory requirements from agencies including the U.S. Nuclear Regulatory Commission (NRC), International Atomic Energy Agency (IAEA), U.S. Environmental Protection Agency (EPA), U.S. Food and Drug Administration (FDA), and the U.S. Department of Transportation (DOT)/U.S. Pipeline and Hazardous Materials Safety Administration (PHMSA). Each phase to commercialization - from planning and construction to licensing - requires compliance with overlapping oversight, often resulting in significant delays to domestic production.

These challenges highlight the broader complexity involved in building resilient and sustainable domestic pharmaceutical supply chains. In the case of radiopharmaceutical manufacturers, tariffs on essential RPs, radioactive components, APIs, precursors, and specialized foreign-manufactured equipment risk diverting critical resources from the R&D and infrastructure investments needed to address these barriers. CORAR appreciates the Administration's focus on strengthening domestic manufacturing and encourages continued interagency support, funding, and coordination to expand a sustainable and reliable U.S. based supply chain - one that not only maintains the industry's ability to meet current patient needs, but also expands capacity to improve patient access, support public health priorities, and enhance RP supply chain resilience.

Therefore, CORAR urges the Administration to defer tariffs on RPs, medical isotopes, APIs, precursors, and specialized equipment until sufficient domestic supply is established - ensuring uninterrupted patient access, sustaining critical R&D investment, and allowing the industry to continue building the complex infrastructure needed to enhance U.S. RP production.

Additional CORAR responses to several criteria outlined in § 705.4 of the National Security Industrial Base Regulations, as referenced in the April 16, 2025, Federal Register notice, are enclosed for your review and consideration. Please do not hesitate to contact me at michael.guastella@corar.org if you have any questions.

Respectfully submitted,

Michael J. Guastella
Executive Director

Enclosures:

The Council on Radionuclides and Radiopharmaceuticals, Inc. • 500 North Capitol Street, NW • Suite 210 • Washington, DC 20001-7407
(202) 547-6582 • Fax: (202) 547-4658 • michael.guastella@corar.org

Council on Radionuclides and Radiopharmaceuticals, Inc.

DOCKET NO. 250414-0065; XRIN 0694-XC120; "NOTICE OF REQUEST FOR PUBLIC COMMENTS ON SECTION 232 NATIONAL SECURITY INVESTIGATION OF IMPORTS OF PHARMACEUTICALS AND PHARMACEUTICAL INGREDIENTS," FEDERAL REGISTER VOL. 90, NO. 72; APRIL 16, 2025

1. The Current and Projected Demand for [Radio]Pharmaceutical and [Radio] Pharmaceutical Ingredients in the United States.

There are approximately twenty (20) million nuclear medicine procedures performed annually in the United States[4]. The demand for diagnostic and therapeutic RPs is projected to grow at a compounded annual growth rate (CAGR) of 10.2% from 2024 to 2033 as presented in a recent report from Allied Market Research[5].

The Allied Market Research report continues and offers the following analysis, "[t]he U.S. radiopharmaceuticals market growth is primarily driven by the increase in prevalence of chronic diseases such as cancer and cardiovascular disorders. In addition, rise in demand for personalized medicine and the demand for radiopharmaceuticals has surged, particularly for targeted imaging and treatment modalities. Furthermore, rise in advancements in nuclear medicine and imaging technologies further propelled the U.S. radiopharmaceutical market. PET (positron emission tomography) and SPECT (single-photon emission computed tomography) are increasingly used to enhance diagnostic accuracy, driving the adoption of radiopharmaceuticals for disease detection and monitoring. The development of new radioisotopes, as well as the refinement of existing ones, has expanded the scope of radiopharmaceutical applications in both oncology and cardiology, addressing unmet medical needs thereby drives the U.S. radiopharmaceuticals market growth."

2. The Extent to Which Domestic Production of [Radio]Pharmaceuticals and [Radio]Pharmaceutical Ingredients Can Meet Domestic Demand.

Some important RPs and medical radioisotopes are produced domestically to meet U.S. nuclear medicine demand. However, a significant number of additional RPs, medical radioisotopes, APIs, and precursors needed to meet domestic demand are sourced through an international supply chain. Please see CORAR response to questions 3 and 4 below.

3. The Role of Foreign Supply Chains, Particularly of Major Exporters, in Meeting United States demand for [Radio]Pharmaceuticals and [Radio]Pharmaceutical Ingredients.

U.S. manufacturers of key RPs are dependent on foreign sourced medical radioisotopes, which have a limited shelf life. For example, the most frequently used medical radioisotope in nuclear medicine procedures in the U.S. is technetium-99m (Tc-99m) which is used in over 40,000 medical procedures each day.[6] Although Tc-99m can be produced directly on a cyclotron or other type of particle accelerator, Tc-99m is most efficiently obtained from the beta-decay of molybdenum-99 (Mo-99).

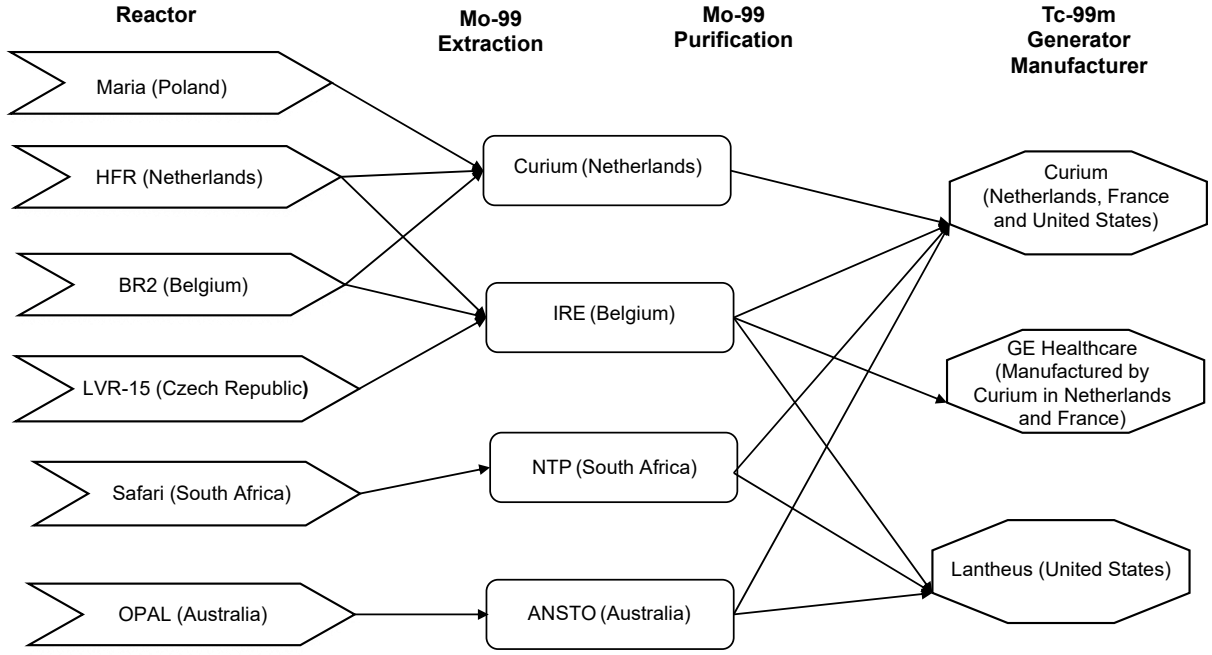
Mo-99, with a half-life of 66 hours, and Tc-99m with a half-life of six (6) hours, cannot be stockpiled due to their short half-lives and they must be produced in fresh batches and distributed to medical imaging centers almost daily. Given the hours long shelf life of both Mo-99 (which is needed to produce Tc-99m) and Tc-99m, any disruption in the supply chain for Tc-99m would directly and almost immediately impact U.S. doctors, hospitals, and patients. To underscore how important the reliability and sustainability of Mo-99 (and Tc-99m) is to U.S. patients, over 1.2 million doses of Tc-99m sestamibi and Tc-99 tetrofosmin, needed to diagnose coronary artery disease, were dispensed to Medicare beneficiaries

[4] *Id.* at 1.
[5] https://www.alliedmarketresearch.com/press-release/u-s-radiopharmaceuticals-market.html?utm_source=chatgpt.com
[6] US Department of Energy, https://www.energy.gov/nnsa/nnsa-s-molybdenum-99-program-establishing-reliable-supply-mo-99-produced-without-highly

in CY 2023[7]. Please note that Tc-99m is a key component in the RPs Tc-99m sestamibi and Tc-99 tetrofosmin. It serves as the radioactive component responsible for the diagnostic effect - i.e., it's what's imaged.

Currently, all Mo-99 production is based overseas and handled by a series of long-established research reactors and processors in Europe, South Africa, and Australia (see Chart 1 below). Six non-U.S. multi-purpose research reactors, five of which are at least 50 years old, process and produce Mo-99. Mo-99 is a fission fragment that is abundantly produced in the neutron-induced fission of U-235 (uranium). The 66-hour half-life makes it possible for Mo-99 to be produced at central large capacity locations and then transported to centralized nuclear pharmacies in the U.S., which dispense Tc-99m RPs and distribute them to hospitals and other imaging facilities. Tc-99m generators allow a quick and convenient chemical separation of Tc-99m daughter nuclei from the Mo-99 parent material. In other words, Mo-99 is currently produced overseas and shipped to the U.S. under a 66-hour half-life. Mo-99 is then used by U.S. manufactures and drug preparers to produce Tc-99m, which has only a 6-hour half-life. The current international supply chain for Mo-99 is depicted below:

Chart 1: Mo-99 Supply Chain



Six multi-purpose research reactors and Mo-99 processors supply 100% of Mo-99 for US patients[8].

There have been unplanned outages of reactors and processors that have stressed the international Mo-99 supply chain which led to reported Mo-99 shortages, some of which have been mitigated by actions down the supply chain with the generator manufacturers, nuclear pharmacies, and nuclear medicine departments. However, some negative impact to U.S. patient care has been reported[9].

To address the lack of domestic Mo-99 supply, Congress passed the American Medical Isotope Production Act (AMIPA) in 2012, providing federal support through cost-sharing agreements and national lab resources. Since then, the Department of Energy National Nuclear Security Agency (DOE NNSA) Mo-99 Program, and private investors have committed over $1 billion to domestic production

[7] *Id.* at 2.
[8] National Academies of Sciences, Engineering, and Medicine Report on Molybdenum-99 for Medical Imaging; https://www.nap.edu/catalog/23563/molybdenum-99-for-medical-imaging
[9] https://tech.snmjournals.org/content/38/3/117.

efforts. However, despite significant investment, no domestic supply is currently available, and new facilities continue to face high development and commercialization costs in addition to strict regulatory requirements.

Although we primarily discuss the Tc-99 isotope above to highlight the dependence on foreign supply sources, we note that U.S. patients rely on other RPs, medical isotopes, APIs, and precursors supplied by international manufacturers to support patient care in the U.S. For example, FDA-approved gallium-68 (Ga-68) RPs are used to detect cancer. Ga-68 is primarily produced through the decay of germanium-68 (Ge-68) and the primary source of Ga-68 are Ge-68/Ga-68 generators. The majority of the Ge-68 used in Ge-68/Ga-68 generators is produced in the U.S. However, that Ge-68 is shipped to Canada and Europe and used to manufacture the majority of these generators. Those generators are then imported back into the U.S. for use with U.S. patients.

Palladium-103 (Pd-103) is used to manufacture brachytherapy permanent implant seeds. These radioactive seeds are primarily used in early-stage prostate cancer treatment. An estimated 174,650 men in the United States are diagnosed annually with prostate cancer[10]. Cesium-131 (Cs-131) brachytherapy is used to treat a variety of cancers, including prostate and brain cancers. Both the precursor barium and medical grade Cs-131 are sole sourced internationally. Similarly, yttrium-90 (Y-90), the only FDA-approved therapy for primary liver cancer, is also sole sourced internationally.

Stable medical isotopes are also important, such as ytterbium-176 (Yb-176) used to produce Lu-177 and enriched zinc-68 (Zn-68) which is used to produce Cu-67 for radiotherapeutic application. Both Lu-177 and Cu-67 are being used to develop the next generation of targeted RPTs that will enhance the treatment of disease especially cancer. However, the stable isotopes needed to commercialize these targeted radiopharmaceutical therapies are either sole sourced or predominantly sourced from overseas. In fact, most Lu-177 production also takes place outside the U.S.

For easy reference on the isotopes discussed above, as well as other important medical radioisotopes and stable isotopes sourced from international suppliers, including Russia, please refer to Exhibit 1 below. Also, we included a list of key RPs, medical radioisotopes, APIs, and precursors with their USHTS codes in Exhibit 2 for reference.

4. The Concentration of United States imports of [Radio]Pharmaceuticals and [Radio]Pharmaceutical Ingredients from a Small Number of Suppliers and the Associated Risks.

The United States remains dependent on international suppliers for the import of key RPs, medical radioisotopes, APIs, and precursors. This supply chain has generally supported national health security. However, there have been previous disruptions in the international supply chain which created challenges in meeting patient needs[11].

As mentioned earlier, a critical example is Tc-99m, which is used in over 40,000 medical procedures each day. Unplanned outages at the international reactors and processors of Mo-99 have led to shortages, temporarily straining the U.S. healthcare system. Although downstream players such as Mo-99/Tc-99m generator manufacturers and nuclear pharmacies have occasionally mitigated supply gaps, these episodes illustrate the fragility of the current supply chain and the risks to U.S. patients.

Even with the passage of AMIPA, high development and commercialization costs, extended timelines, delayed returns on investment, and reliance on specialized equipment from manufacturers overseas (e.g. cyclotrons, and accelerators) have delayed domestic Mo-99 facility development, leaving the U.S. no closer to self-sufficiency than it was a decade ago.

[10] Cancer.net; https://www.cancer.net/cancer-types/prostate-cancer/statistics
[11] *Id.* at 9.

Compounding these issues are strict regulatory requirements for radiopharmaceutical and medical radioisotope manufacturers in the U.S. Navigating the application, submission, and approval process required by multiple regulatory agencies can significantly delay facility construction, licensing, and ultimately, the availability of a domestic Mo-99 supply. These requirements exceed the requirements of pharmaceutical manufacturers of oral solid dosage form drugs and sterile parenteral products. These added regulatory requirements include manufacturing facility construction permitting and operating licensing for a nuclear facility, radioactive materials licensing, security and physical protection of nuclear material, radioactive waste disposal and storage compliance. In addition, requirements for RP and medical isotope shipping packages must meet NRC requirements while shipment of radiopharmaceuticals in the U.S. must meet DOT standards.

5. The Impact of Foreign Government Subsidies and Predatory Trade Practices on United States [Radio]Pharmaceuticals Industry Competitiveness.

While the U.S. radiopharmaceutical industry has remained resilient and innovative, certain structural dynamics in the global market - foreign government subsidies for Mo-99 production - have presented challenges to establishing a fully self-sustaining domestic supply. These subsidies have, at times, led to market pricing that may not reflect full-cost-recovery, making it more difficult for new domestic producers to compete.

In response, the Centers for Medicare & Medicaid Services' (CMS) proposal to introduce an add-on payment for Tc-99m RPs derived from U.S. produced Mo-99 in CY 2026 represents a thoughtful, proactive approach to encouraging investment in the domestic supply chain. CORAR strongly supports the domestic production of Mo-99 and is pleased that CMS has proposed a new add-on payment to help expand the domestic production of medical radioisotopes.

6. The Economic Impact of Artificially Suppressed Prices of [Radio]Pharmaceuticals and [Radio]Pharmaceutical Ingredients Due to Foreign Unfair Trade Practices and State Sponsored Overproduction.

CORAR members offer no comments.

7. The Potential for Export Restrictions by Foreign Nations, Including the Ability of Foreign Nations to Weaponize Their Control Over [Radio]Pharmaceutical Supplies.

Historically, disruptions in the global supply of radiopharmaceuticals, medical isotopes, APIs, and precursors have been primarily attributed to non-political factors such as natural disasters, operational challenges at production facilities, global health crises like the COVID-19 pandemic, and major disruptive events such as the September 11 attacks. These events have highlighted the fragility of the global supply chain, particularly its reliance on a limited number of production sites for critical isotopes such as Molybdenum-99 (Mo-99).

While deliberate weaponization of radiopharmaceutical supply chains by foreign nations has not been observed to date, the growing geopolitical complexities and strategic significance of medical isotopes make the potential for such actions more plausible. This includes possible sanctions on producer nations such as Russia.

8. The Feasibility of Increasing Domestic Capacity for [Radio]Pharmaceuticals and [Radio]Pharmaceutical Ingredients to Reduce Import Reliance.

Domestic production of RPs is ongoing and continues to advance, including commercial projects as well as through public-private collaboration, but challenges remain. While it is feasible to increase domestic capacity, doing so at scale and in a timely manner for a wider range of RPs and medical radioisotopes requires overcoming persistent systemic barriers, including high development and commercialization costs, extended timelines, delayed returns on investment, reliance on specialized equipment from

manufacturers overseas (e.g. cyclotrons, and accelerators) and strict regulatory requirements. Furthermore, foreign-held intellectual property rights on key APIs and precursors require their importation for use in domestic RP production.

Despite these challenges, CORAR members believe there are a several actions that would help accelerate the U.S. moving closer to a reliable domestic supply of more RPs and medical radioisotopes, thus reducing our dependence on international suppliers, which include:

- Increase federal funding for the proposed DOE U.S. Stable Isotope Production and Research Center (SIPRC), the DOE Radioisotope Processing Facility (RPF), and the University of Missouri Research Reactor (MURR) Next Generation research reactor project.
- Provide the DOE Isotope Program the flexibility to a) identify opportunities to expedite domestic production of important medical radioisotopes currently sourced internationally, and b) to include language that would allow the DOE Isotope Program to identify additional opportunities for Federal investment, including through potential public-private partnerships, as appropriate.
- Launch agency initiatives with industry stakeholders to develop strategies to streamline regulatory processes and increase interagency coordination.

With focused federal support, targeted investment, meaningful stakeholder engagement to inform regulatory requirements, and streamlined interagency coordination, the U.S. can better address these challenges and strengthen the domestic supply chain for RPs and medical radioisotopes - ensuring long-term resilience while reducing our dependence on foreign producers.

9. The Impact of Current Trade Policies on Domestic Production of [Radio]Pharmaceuticals and [Radio]Pharmaceutical Ingredients, and Whether Additional Measures, Including Tariffs or Quotas, are Necessary to Protect National Security.

Current trade policies have generally enabled a stable and reliable supply of RPs, medical isotopes, APIs, and precursors, allowing the U.S. healthcare system to meet patient needs while the radiopharmaceutical and medical isotope industry work to expand domestic supply. However, these policies must evolve to reflect both the national security imperative and the realities of reshoring a highly regulated and capital-intensive industry, while upholding the highest standards of patient care.

While some have called for stricter trade measures such as tariffs or quotas to protect domestic interests, we caution that prematurely implementing such policies - before domestic supply is fully established - would likely increase healthcare costs while restricting patient access to life saving diagnostic imaging and radiotherapies.

In conclusion, we urge the Section 232 investigators to recognize and support the industry's ongoing efforts to expand domestic production. While current projects are making meaningful progress, achieving a more robust and reliable domestic supply for a broader range of RPs, medical isotopes, APIs, and precursors will take time. In the interim, we recommend deferring new tariffs or quotas on critical imports and maintaining flexible trade policies that preserve patient access and support the affordability and continuity of care throughout this transition.

Exhibit 1:

Medical Isotopes	Stable	Isotope Details
Actinium-225 (Ac-225)		Cancer treatment
Cobalt-56 (Co-56)		Calibration standard
Cobalt-57 (Co-57)		*Medical Imaging Quality Control Source (SPECT)*
Cobalt-60 (Co-60)		Cancer treatment, medical product sterilization, industrial radiography
Cobalt-60 (Co-60)		Cancer treatment, medical product sterilization, industrial radiography
Cesium-131 (Cs-131)		*Cancer treatment*
Cesium-137 (Cs-137)		*Cancer treatment, Thickness gauging, flow dectection*
Cadmium-112 (Cd-112)	Stable	Target material for In-111 production
Erbium-168 (Er-168)	Stable	Production of Er-169 used for radiation synovectomy
Gadolinium-153 (Gd-153)		*Medical Imaging Quality Control Source (SPECT)*
Germanium-68 (Ge-68)		PET imaging, cancer treatments
Iodine-131 (I-131)		Therapy for hyperthyroidism and thyroid cancer
Manganese-54 (Mn-54)		Calibration standard
Nickel-64 (Ni-64)	*Stable*	*Target material for Copper-64 production which is used for cancer diagnosis*
Palladium-103 (Pd-103)		Treatment for Prostrate Cancer
Rubidium-85 (Rb-85)		*Cancer treatment, target for Sr-82*
Ruthenium-106 (Ru-106)		*Brachytherapy for treatment for ocular melanoma*
Thallium-203 (Tl-203)	Stable	Target material for Thallium-201 production used in heart imaging.
Tin-112 (Sn-112)	Stable	Cancer diagnosis of brain , liver kidney tumors
Molybdenum-98 (Mo-98)	*Stable*	*Target material for Mo-99 production*
Molybdenum-100 (Mo-100)	*Stable*	*Target material for Mo-99 production*
Rhenium-185 (Re-185)	Stable	Production of Re-186 for cancer treatment
Samarium-152 (Sm-152)	Stable	Production of Sm-153 used in cancer treatment
Strontium-90 (Sr-90)		Cancer treatment
Uranium-235 (U-235)		Research reactor fuel and irradiation targets for Mo-99 production
Ytterbium-176 (Yb-176)	Stable	Production of non-carrier added Lutetium-177 for cancer treatment
Yttrium-88 (Y-88)		Medical diagnostics, LED's
Xenon-124 (Xe-124)	Stable	Production of Iodine-123 and Iodine-125 radioisotopes for imaging and cancer treatment
Xenon-133 (Xe-133)		Production of Xe-133 for evaluation of pulmonary function and lung imaging
Zinc-67 (Zn-67)	*Stable*	*Target material for Ga-67 and Cu-67 production*
Zinc-68 (Zn-68)	*Stable*	*Target material for Ga-67 and Cu-67 production*

Please note: highlighted italic isotopes are single sourced from international produers, with significant souricng from Russia.

Exhibit 2:

CORAR

Council on Radionuclides and Radiopharmaceuticals, Inc

Radiopharmaceutical, Medical Isotope, APIs, and Precusors

USHTS Code	Effect of Reciprocal Tariffs
1702	
1702.11.0000	Reciprocal tariffs apply
2615	
2615.10.0000	Reciprocal tariffs apply
2804	
2804.50.0020	Exempt (Annex II)
2804.29.0055	Exempt (Annex II)
2805	
2805.19.2000	Exempt (Annex II)
2805.19.9000	Exempt (Annex II)
2844	
2844.20.0050	Exempt (Annex II)
2844.42.0000	Reciprocal tariffs apply
2844.43.0021	Exempt (Annex II)
2844.43.0028	Exempt (Annex II)
2844.43.0050	Exempt (Annex II)
2845	
2845.90.0100	Exempt (Annex II)
2918	
2918.15.1000	Reciprocal tariffs apply
2926	
2926.90.5050	Reciprocal tariffs apply
2932	
2932.19.5100	Exempt (Annex II)
2933	
2933.19.3500	Exempt (Annex II)
2937	
2937.19.0000	Exempt (Annex II)
2940	
2940.00.6000	Exempt (Annex II)
2942	
2942.00.5000	Exempt (Annex II)
3002	
3002.90.5250	Exempt (Annex II)
3004	
3004.90.92.91	Exempt (Annex II)
3822	
3822.00.6000	Reciprocal tariffs apply
3822.19.0080	Reciprocal tariffs apply
3926	
3926.90.99.10	Reciprocal tariffs apply
3926.90.99.89	Reciprocal tariffs apply
7010	
7010.90.0540	Reciprocal tariffs apply
7308	
7308.90.95.90	Reciprocal tariffs apply
7508	
7508.9050	Exempt (Annex II)
7907	
7907.00.6000	Exempt (Annex II)
8007	
8007.00.5000	Exempt (Annex II)
8112	
8112.59.0000	Exempt (Annex II)
8112.99.9100	Exempt (Annex II)
8309	
8309.90.00	Reciprocal tariffs apply
8479	
8479.90	Reciprocal tariffs apply
8543	
8543.10.00.00	Reciprocal tariffs apply
9030	
9030.10.00.00	Reciprocal tariffs apply