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IN THIS ISSUE

FDA Exempts Some Class II Devices From Premarket Notification

As part of its efforts to reduce regulatory burdens on devicemakers and to implement provisions of the 21st Century Cures Act, the FDA issued a final rule exempting certain Class II devices from 510(k) premarket notification requirements, effective June 5.

Under the 2016 legislation, the FDA may exempt a Class II device from submitting a 510(k) if there is "reasonable assurance" of the safety and effectiveness of the device.

The FDA issued guidance in November 2017 listing the following factors that it would consider to exempt a Class II device from a 510(k) requirement:

- The device does not have a significant history of false or misleading claims or of risks associated with inherent characteristics of the device;
- Characteristics of the device necessary for its safe and effective performance are well established;

(See **Class II**, *Page 2)*

FDA Issues New Guidance On Q-Submission Meetings for Devicemakers

The FDA released new draft guidance on meetings devicemakers may request under the agency's Pre-Submission Program — also known as Q-submission meetings because the agency assigns applications a Q number.

The draft replaces the FDA's guidance on requests for feedback on medical device submissions finalized in 2017 to include changes made under MDUFA IV, as well as providing clarifications on the Q-sub program.

The draft guidance covers numerous categories of device-related submissions, ranging from IDEs, 510(k) submissions, de novo requests and premarket applications to humanitarian device exemptions, and also applies to pre-submission feedback and certain INDs.

(See **Meetings**, *Page 2)*

Tiger Medical Lands Untitled Letter For Failing to Restrict Sales to Doctors

Tiger Medical received an untitled letter from the FDA for failing to comply with requirements that its Alere Determine HIV test kit only be sold to medical facilities or by prescription.

The FDA approved the test kit in 2013 under the condition that the device only be sold and distributed on the prescription or other order of a doctor or clinical laboratory that has "an adequate quality assurance program, including planned and systematic activities that provide adequate confidence that requirements for quality will be met and where there is assurance that operators will receive and use the instructional material."

CBER's Office of Compliance and Biologics Quality said the company failed to restrict its sales of the devices. The company's website contains a note informing readers of the purchasing restrictions, but still sells and distributes them with no such restrictions.

Read the untitled letter here: www.fdanews.com/06-07-18-TigerMedical.pdf. — Zack Budryk

Class II, *from Page 1*

- Changes in the device that could affect safety and effectiveness will either (a) be readily detectable by users by visual examination or other means such as routine testing, before causing harm, or (b) not materially increase the risk of injury, incorrect diagnosis, or ineffective treatment; and
- Any changes to the device would not be likely to result in a change in the device's classification.

Even when exempting devices the FDA may also decide that the devices would be subject to certain limitations. Devicemakers with pending 510(k) submissions for devices that are now exempt from 510(k), subject to the limitations, should withdraw their submissions, the agency said.

The agency received one comment on the guidance that objected to the exemption for genetic health risk assessment system devices, arguing the proposed one-time FDA review would not provide sufficient oversight to ensure the analytical and clinical validity of the tests, and consumers could be misled about the accuracy of the tests.

Read the final rule here: www.fdanews.com/06-06-18-ClassIIRule.pdf.

Meetings, *from Page 1*

MDUFA IV amended the program to change the process for scheduling meetings and established performance goals for the timing of FDA feedback. The agency committed to letting all applicants know whether their pre-submissions have been accepted or rejected within 15 calendar days, and when the requested meeting for accepted applicants will take place.

The agency further agreed to provide detailed feedback for any issues that arise in pre-submission requests for a set minimum number of requests for each year.

"FDA intends that feedback the Agency provides in response to a Pre-Sub will not change, provided that the information submitted in a future IDE, IND, or marketing submission is consistent with that provided in the Pre-Sub, and that the data in the future submission, changes in the science, or changes in the standards of care do not raise any important new issues materially affecting safety or effectiveness," the guidance states.

Read the draft guidance here: www.fdanews.com/06-08-18-Qmeetings.pdf. — Zack Budryk

Time Is Running Out to Prepare for New EU MDR/IVDR: MedTech Europe

One year after the EU finalized its new medical device and in vitro diagnostics regulations there has been little progress in helping industry transition to the new regulations, according to MedTech Europe.

Although IVDs have until May 2022 to transition from being CE marked under current regulations to being CE marked under the new regulations, the transition is likely to be further drawn out for IVDs that need to be certified by a notified body, the industry association noted.

"Regulatory documentation — such as Declarations of Conformity, certificates, labels and instruction for use — issued under the current Directive, may remain valid until up to approximately May 2024, and can both continue to be used and will lawfully remain in circulation," Medtech Europe said in a new paper on the transition process.

IVDs that are not supervised by notified bodies will need to comply from May 26, 2022 onward to be marketed in the EU.

The association stressed that the new regulations for devices and IVDs add complexity and secondary legislation is needed to address how some key provisions will work.

Eudamed

"For example, further detailed information will be available regarding how the new European Database on Medical Devices (Eudamed) will function, and which reference laboratories may support the certification of certain high-risk IVDs," the group said, adding that the new vigilance system relies on tools that are not yet available.

One year after the introduction of the new regulations, there remains a mountain of work to be done, said Oliver Bisazza, MedTech Europe's Regulations and Industrial Policy Director. Aside from the new Eudamed database, nearly 17 more Delegated and Implementing Acts are needed, he said.

In addition, notified bodies will need to be assessed and designated under the new regulation, before they can conduct audits of manufacturers and of IVDs.

To get ready, manufacturers must classify their products appropriately and ensure that all product documentation and evidence of compliance is made available and conforms with the new regulations, the association said.

But unless notified bodies are available before the application dates, "manufacturers will naturally devote the time they still have to getting their most high-priority products certified to the new regulations."

"Industry is growing more nervous every day, as it seems increasingly likely that we will have too few notified bodies, available too late, covering too few product categories, and (above all) with far too little capacity," Bisazza said. "The vast majority of IVDs and medical devices cannot be transitioned to the new rules without a notified body."

Higher Standards

Higher standards under the EU's IVDR have cut the number of notified bodies significantly, and more are expected to drop out this year. Waiting lists for product approvals are now longer, and some CE marks have been suspended without warning or have not been renewed in time, according to Qserve Group Executive Director Gert Bos, an auditor and former head of a notified body.

The transition period does not allow enough time for notified bodies to increase their in-house capacity to review thousands of existing certificates.

"The window of opportunity is closing" as the MDR/IDR is being implemented, and notified bodies are getting more and more selective in terms of which manufacturers they choose to work with," he said (*IDDM*, Sept. 1, 2017).

BRIEFS

Brazil Launches System For Monitoring Prostheses

Brazil's Anvisa is launching a new web platform to monitor prosthetic implants. The National Registry of Implants (RNI) will register patients who have received hip and knee prostheses and coronary stents to better track data and adverse events for the implanted devices.

The registry will help generate information about implants and implanted stents, the surgical techniques used, the profile of patients and the health services involved. Data will be used to improve the regulation of implantable products as well as therapeutic practices and materials, Anvisa said.

The implementation of the registry in health services will begin with voluntary participation by several hospitals. It will gradually be opened up to include other health services and eventually it will be made compulsory, Anvisa said.

The authority plans to conduct a public consultation on a regulatory proposal relating to the new registry.

Hong Kong Updates Listing Requirements for Devicemakers

Hong Kong has clarified the roles for local manufacturers and listed importers and suppliers of medical devices.

Hong Kong's Medical Device Control Office (MDCO) maintains a list of importers under the Medical Device Administrative Control System (MDACS) and devicemakers wanting to import and supply medical devices are encouraged to apply for listing as importers under the MDACS system.

The listed importer must have a "manned office" in Hong Kong where import operations are carried out. The listed importer should document procedures to define controls needed to identify, store, secure and retain records documenting disposition of products. The importer should retain these records for at least seven years after the projected service life of the medical device.

The listed importer is responsible for ensuring the device manufacturer maintains a quality management system that includes handling adverse events. The listed importer must also maintain records so devices can be traced and promptly withdraw from the market if necessary.

The listed manufacturer must be a local manufacturer that maintains a quality management system that complies with ISO 13485 or equivalent. The manufacturer must maintain a list of devices on the market that includes the make, model and class and brand name of the devices. Updated lists should be supplied to the MDCO every 12 months.

Read the guidance document here: www.fdanews.com/06-06-18-HongKong.pdf.

MHRA Device Expert Advisory Committee Names New Chair

The UK's Medicines and Healthcare products Regulatory Agency's Devices Expert Advisory Committee (DEAC) appointed Peter Groves as its new chairman.

The DEAC provides independent expert advice on a range of issues relating to medical devices to support regulatory decisions.

Groves is a consultant cardiologist at Cardiff and Vale University Health Board. He previously sat on the expert committee as a representative for Wales as a deputy chair. He is also the current chair of the NICE Medical Technology Advisory Committee.

Thailand Reclassifies Eye Products

Thailand's Food and Drug Administration reclassified eye products and released a new guidance document to help devicemakers and importers in classifying the products.

Examples of Class I medical devices include glasses, contact lenses and lens care solutions, and examples of Class II medical devices include ophthalmic viscosurgical devices, lensmeters and emergency eye wash.

Cincinnati Device Developer Hit for Complaint Handling, CAPA Issues

The FDA handed MHC Medical Products a Form 483 after its January inspection revealed multiple deficiencies at its Cincinnati, Ohio facility, including poor complaint handling and management, CAPA issues and procedural shortcomings.

The agency found that the firm did not promptly look into complaints that were MDR reportable. Complaints involving needles breaking off into customers' stomachs and another complaint regarding a faulty glucose meter were not reported as MDRs and did not have a documented review or evaluation for reportability.

In addition, the firm did not investigate other, less severe complaints, such as ones involving a needle not ejecting liquid, ripped syringe bags and missing needle tops, and the company's complaint standard operating procedures did not define the firm's defect codes.

The company also did not adequately define how to analyze its quality sources. Its SOP said that data would be collected, analyzed and reviewed at least quarterly, but it did not define how the analysis should be conducted. There was also no direct link between the data analysis and the firm's CAPA system.

The firm's supply chain manager also said the firm had no approved procedure for reviewing its contract manufacturer's quality control reports or the documentation of the reviews, both of which are used to determine the release of products.

The company's quality audits were missing documentation. Although an executive claimed that a quality audit was conducted in 2013 by an outside firm and in early 2017 by its current quality systems contractor, there were no records of either audit.

MHC also failed to keep records that included all consultants and contracting services used by the firm. Its current quality system consultant and the independent test laboratory used for investigations were not on its approved suppliers list.

Read the MHC Medical Products Form 483 here: www.fdanews.com/06-06-18-mhcmedicalproductsllc483.pdf. — James Miessler

Developing a CAPA Plan

Once the root cause analysis is complete, the next step is to develop a CAPA plan. The plan should begin with a clear statement of the problem as identified by the analysis, describing in detail in what process, procedure or product the problem was found. This statement should be followed by a thorough plan detailing what the company must do to correct the problem and prevent it, and similar problems, from recurring.

A risk assessment should be performed as part of the plan development process so that the response matches the risk to patients. If the risk is high enough, the plan should include how the company will communicate the risk to patients and the FDA. A risk management process should also be put in place as part of the plan to alert senior management of any critical issues that could lead to patient injury or FDA regulatory action. If the CAPA team determines that a product recall is required to correct the problem, that solution needs to be immediately escalated to senior management. Routine quality issues can be reported to management in periodic management reviews on a quarterly, monthly, weekly or other basis.

Once the risk assessment has been performed and the problem ranked as critical, major or minor, the CAPA team can continue developing its plan, which should describe what the company will do to correct or prevent the problem, who specifically will do it and when it will be done. Whether the solution involves product change, process change, supplier change, new equipment, training, etc., the plan should detail it all, including the time, personnel and anything else needed to implement the plan.

The plan should be cost-effective and should not create new problems. If a solution will be too costly or time-consuming for the company to implement, it should consider outsourcing the solution to save time and money.

Excerpted from the *FDAnews* management report: *Creating QSR-Compliant CAPA Systems: A Practical Guide for Devicemakers*.

WAVi Dinged for Design History Files, Device Master Records

The FDA flagged problems with equipment calibration, design history files and record-keeping at the WAVi Co. facility in Englewood, California.

In a January inspection, investigators found the company's design history files do not sufficiently prove that the company achieved regulatory compliance.

The company did not establish or maintain design and development plans, and it failed to document and review design inputs to ensure the requirements addressed the device's intended use.

The agency also found device master records did not address elements such as device/component specifications, production methods and procedures, or quality assurance procedures.

Similarly, device history records did not demonstrate compliance with current good manufacturing practices.

The company had not properly established or maintained procedures for acceptance of incoming raw materials and components or documented inspection, testing and verification of conformance for those materials, the agency said.

The inspection also found that the volt meter used to test headsets for resistivity has not been calibrated in approximately three years, and there was no procedure in place for calibration.

The company also lacked documentation of acceptable suppliers, contractors and consultants used in the manufacture of the headsets.

No electronic or controlled hardcopy of the company's SOP for headset assembly was available for production staff, and the company's quality audit procedures do not identify the internal audit interval.

Moreover, no internal quality audits had been completed, according to the 483.

Read the WaviCo 483 here: www.fdanews.com/06-07-18-wavico483.pdf. — Zack Budryk

FDA Hits Genesee BioMedical For Corrections, Improper Calibration

The FDA cited a Genesee BioMedical facility in Denver, Colorado for not reporting corrective actions or properly calibrating equipment.

The agency issued a Form 483 after a February 2018 inspection noting the company made a correction to Instructions for Use labeling of its Class I sternal retractor devices to fix a known health risk after receiving a complaint from a customer who had undergone during heart surgery. The company failed to report the correction in writing to the FDA and it did not keep on file a justification for why the correction was not reportable.

Investigators also found that the company did not adequately validate its impulse heat sealer to simulate equipment operating conditions during the packaging process.

The agency investigator found that the sealer equipment was labeled with an expired calibration interval. Moreover, the form states, the calibration procedure documentation did not define how it tracks calibration due dates, and personnel could not locate spreadsheets tracking calibration in previous years.

Investigators also observed a spreadsheet that was not defined in the calibration procedure being used to track upcoming calibration dates in 2018.

Read the Genesee 483 here: www.fdanews.com/06-07-18-geneseebiomedicalinc483.pdf.
— Zack Budryk

APPROVALS

FDA Approves AI Technology To Diagnose Wrist Fractures

The FDA signed off on the marketing of an artificial intelligence program for easier detection of wrist fractures.

Imagen's OsteoDetect uses an AI algorithm to analyze wrist X-rays in a variety of environments. "It is an adjunct tool and is not intended to replace a clinician's review of the radiograph or his or her clinical judgment," the FDA said in announcing its approval.

Imagen submitted two retrospective studies that the company claimed showed the technology could help practitioners better identify fractures.

The FDA reviewed OsteoDetect through the De Novo premarket review pathway for low-to-moderate-risk devices.

Mauna Kea Receives FDA Clearance for Cellvizio

Mauna Kea Technologies won 510(K) clearance from the FDA for its Cellvizio laser endomicroscopy platform, 100 series F400 and F800 with a new Confocal Miniprobe, the CranioFlex, for use during neurosurgical procedures.

The Cellvizio 100 with the CranioFlex provides imaging of tissue internal microstructures and allows the identification of cells and vessels and their organization within the central nervous system during cranial diagnostic and therapeutic procedures such as tumor biopsy and resection.

The Cellvizio 100 series F400 model operates at 488 nm and the F800 model at 800 nm, two wavelengths commonly used during brain surgery for imaging and navigation.

The device enables neurosurgeons to perform real-time optical biopsies to help determine if a tumor is completely excised.

DxTerity Diagnostics' Radiation Blood Test Earns CE Mark

DxTerity Diagnostics received CE Mark certification for its REDI-Dx radiation biodosimetry test used to measure an absorbed ionizing radiation dose after a nuclear event.

The blood test gives individualized estimates of absorbed radiation from a peripheral

(See **Approvals**, *Page 8)*

Approvals, *from Page 7*

blood sample and measures a patient's biological response to radiation.

Physicians can use the blood test's estimates in conjunction with clinical symptoms and radiation dispersal monitoring to prioritize patients for medical treatment.

Lumendi Receives FDA Clearance For DiLumen Scissors

Lumendi received 510(k) clearance for its DiLumen I_s endolumenal interventional scissors, a single-use electrosurgical device for cutting, dissecting and cauterizing tissue within the digestive tract during endoscopic procedures.

The DiLumen platform consists of a single-use, soft flexible sheath that fits over standard and small-diameter endoscopes. The device uses two balloons to create a stable therapeutic zone.

The scissors are part of a platform designed to improve endoscopic interventions for colonic lesions, such as the common condition polyps.

TELA Bio Earns CE Mark For Reinforced Bioscaffolds

Surgical reconstruction company TELA Bio received a CE Mark for its OviTex reinforced bioscaffolds for use in soft tissue repair and announced plans for a European launch.

The company first commercialized the product in the U.S. for ventral hernia repairs and abdominal wall reconstruction procedures.

The reinforced bioscaffolds are surgical implants that blend biologic and synthetic materials and allow movement of fluid and cells as well as functional tissue remodeling.

MicroVention's Stents Win FDA Pre-Market Approval

The FDA granted pre-market approval for MicroVention's neurovascular stents used to treat aneurysms.

Previously approved under a humanitarian device exemption, the stents feature low-profiles and consistent visibility for use in patients suffering from wide-neck aneurysms.

The devices are used to stabilize the blood vessels around the opening to a wide-neck aneurysm while a coil is deployed within the aneurysm.

K2M Gets FDA Clearance For Surgical Planner

K2M announced that its Balance ACS surgical planner device received clearance from the FDA for preoperatively measuring and recording a patient's skeletal parameters.

The system is used to balance the spine using a 360-degree approach in the axial, coronal and sagittal planes for addressing each anatomical vertebral segment.

The surgical planner allows surgeons to collect baseline measurements used in the creation of patient-specific rods, which can be used with Mesa, Everest and Denali spinal systems.

Branchpoint Technologies Receives Clearance for Intracranial Pressure Monitor

The FDA granted 510(k) clearance for Branchpoint's Aura Intracranial Pressure (ICP) Monitoring System, enabling mobile ICP monitoring in patients with brain injuries.

The Aura system is wireless both in power and in its transmission of patient data, enabling telemetric monitoring of pressure.

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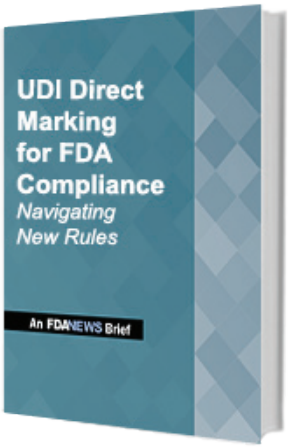

UDI Direct Marking for FDA Compliance: *Navigating New Rules*

Confused by the FDA's UDI direct marking regulations? What information should go on the label and the device itself? What methods of marking are acceptable? What's the difference between a device identifier and a production identifier? What additional requirements are placed on reprocessed devices?

The FDA's final guidance on UDI (unique device identification) raises as many questions as it answers. With full compliance for Class I, II and unclassified devices looming, lawyers are hard at work parsing the FDA's language.

Jay Crowley was the architect of UDI while at the FDA. Now a consultant advising devicemakers, he remains the go-to expert on UDI compliance. In the FDAnewsBrief, **UDI Direct Marking for FDA Compliance**, Crowley lays out a path to compliance. He explains:

- The technology necessary for creating and verifying bar codes
- The difference between direct marking and direct part marking
- How the rules apply to device components and accessories
- Exceptions to the direct marking requirements
- Record-keeping requirements
- Testing to make sure any direct mark doesn't affect the safety or performance of the device
- UDI requirements in the premarket submission stage.

Order your copy of the **UDI Direct Marking for FDA Compliance: *Navigating New Rules*** and receive guidance from the man who wrote the FDA's Unique Device Identification rules.

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FDANEWS

EU MDR Compliance: *A Checklist for Meeting Manufacturing, Safety and Performance Requirements*

The new EU Medical Device Regulation is massive… complex… and confusing… and you must be ready to comply by May 26, 2020.

When the European Union revised its system of rules for medical device manufacturers in 2017, it replaced a longstanding set of directives on specific topics with one large document that covers all aspects of making devices in EU countries.

Not only did they consolidate all the rules, they gave them greater weight. Previously, medical device directives provided guidance but did not have the force of law. The new MDR, however, contains mandates that are legally enforceable by EU member countries.

The FDAnews report **EU MDR Compliance** can help. Our editors have combed through the regulations, picking out the most minute compliance points and building them into a checklist of 200+ requirements you can use to confirm that you are satisfying all the EU mandates for device manufacturing. The report provides:

- Definitions of key terms in the EU MDR
- Knowing where to find specific requirements in the 150+ page regulation
- Checklists that walk you through every aspect of manufacturing, safety and performance requirements
- A training tool for employees new to the regulations

EU MDR Compliance: *A Checklist for Meeting Manufacturing, Safety and Performance Requirements* is the tool that collects all the requirements, explains them and itemized them in an easy-to-use form to ensure compliance.

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