THE NEW IVDR 2017/746
Five Key Issues
October 2018
THE NEW IVDR 2017/746

Agenda

1. BACKGROUND
2. FIVE KEY ISSUES
   (a) Reclassification
   (b) Annex I from Essential Requirements to General Safety & Performance Requirements
   (c) Economic Operators
   (d) Clinical
   (e) Post Market obligations
3. Notified Body Capacity
4. Timeline
THE NEW IVDR 2017/746 - Background

What is the new EU IVDR?

From 37 pages of Directive …

No Grandfathering !

...to 157 page Regulation
THE NEW IVDR 2017/746 - Background
Multiple Reasons for the Change

2008: Effort initiated to recast of the medical devices directives
2009: Throughout 2008, efforts continued to recast the medical devices directives.

2009: Process evolved into the EU MDR and IVDR to address public concerns and strengthen regulatory system

2010: High-profile adverse events publicity in the industry

2010: Poly Implant Prostheses (PIP) Breast Implants Scandal
A faulty PIP implant
Arrest of PIP founder, Jean-Claude Mas

2010 Metal on Metal Scandal
August 2010, DePuy issued a voluntary recall of two hip implant devices, more than a year and a half after the first lawsuit was filed. Many experts agree that a recall should have been issued sooner, due to the high volume of complaints about the devices.

2011: Notified Body British Medical Journal undercover investigation

2012: “Recast” put on hold and process evolved into the EU MDR and IVDR to address public concerns and strengthen regulatory system

2013 - 2016: Updates also needed due to:
- Inconsistent Notified Body services/standards
- Align regulatory interpretation as different EU countries implemented the Directives in different ways
- Rules failed to keep pace with technical and scientific progress
- Patients and care providers do not have sufficient access to sufficient evidence about devices’ safety and clinical performance
- Inadequate device traceability within supply chain

2017: EU MDR and IVDR published

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THE NEW IVDR 2017/746 - Background

Restoring Confidence through Four Areas of Focus

The changes were made to restore confidence in the European Union regulatory system with changes in the following four areas:

**Notified Bodies**
- Level playing field
- Better oversight of Notified Bodies
- Joint inspection of Notified Bodies
- Unannounced audits by Notified Bodies

**Market Surveillance**
- Strengthened post-market surveillance
- Traceability/UDI
- Stricter requirements for Post-Market Performance Follow up

**Coordination on Vigilance**
- Increased coordination of vigilance among Member States and Regulators

**Communication & Transparency**
- Increased transparency through the EUDAMED database
- Increased scrutiny of high risk Class D devices
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1. Reclassification

Completely New system for classification
List A, List B, home use and “everything else” has gone
Risk based system using 7 classification rules (see annex VIII)
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2. General Safety and Performance Requirements

- Chapter 1: General Requirements
  - Risk Management is a central element
  - Must demonstrate that the benefits outweigh the risks
  - GSPR Feeds directly into Risk Management Plan – must reduce risk AFAP (As Far As Possible)
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2. General Safety and Performance Requirements

• Chapter II: Requirements Regarding Performance, Design and Manufacture

• Detailed Analytical Performance characteristics are stated
  • analytical sensitivity, analytical specificity, trueness (bias), precision (repeatability and reproducibility), accuracy (resulting from trueness and precision), limits of detection and quantitation, measuring range, linearity, cut-off, including determination of appropriate criteria for specimen collection and handling and control of known relevant endogenous and exogenous interference, cross-reactions;

• Detailed Clinical Performance characteristics are stated
  • diagnostic sensitivity, diagnostic specificity, positive predictive value, negative predictive value, likelihood ratio, expected values in normal and affected populations.

• Prove performance claims with clinical data, and where necessary clinical investigations, include environmental factors such as self-testing, near-patient testing, emergency units, ambulances

• Chemical, physical and biological properties

• Infection and microbial contamination

• Devices incorporating materials of biological origin Construction of devices and interaction with their environment
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2. General Safety and Performance Requirements

• **Chapter II: Requirements Regarding Performance, Design and Manufacture**
  • Devices with a measuring function
  • Protection against radiation
  • Electronic programmable systems
  • Devices connected to or equipped with an energy source
  • Protection against mechanical and thermal risks
  • Protection against the risks posed by devices intended for self-testing or near-patient testing

• **Chapter III: Requirements Regarding Information Supplied with the Device**
  • Label and instructions for use
    • 6 pages
    • With
    • 108 individual sub-paragraphs
3. Economic Operator - Definitions

• **Economic Operator**
  • a manufacturer, an authorised representative, an importer or a distributor

• **Manufacturer**
  • a natural or legal person who manufactures or fully refurbishes a device or has a device designed, manufactured or fully refurbished, and markets that device under its name or trade mark

• **Authorised Representative**
  • any natural or legal person established within the Union who has received and accepted a written mandate from a manufacturer, located outside the Union, to act on the manufacturer's behalf in relation to specified tasks with regard to the latter's obligations under this Regulation

• **Importer**
  • any natural or legal person established within the Union that places a device from a third country on the Union market

• **Distributor**
  • any natural or legal person in the supply chain, other than the manufacturer or the importer, that makes a device available on the market, up until the point of putting into service
3. Economic Operator Responsibilities

The following table identifies the Economic Operator requirements across the roles of Manufacturer, to authorized representative, importer and distributor.

<table>
<thead>
<tr>
<th>Economic Operator</th>
<th>Manufacturer</th>
<th>Authorised Rep</th>
<th>Importer</th>
<th>Distributor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requirement</td>
<td>Article 10</td>
<td>Article 11 &amp; 12</td>
<td>Article 13</td>
<td>Article 14</td>
</tr>
<tr>
<td>EUDAMED Registration</td>
<td>Before placing on market register SRN (Article 31)</td>
<td>Before placing on market verify Mfg. SRN (Article 31)</td>
<td>Verify SRN (Article 31)</td>
<td>N/A</td>
</tr>
<tr>
<td>EU DoC and CE marking</td>
<td>Article 19/Article 20</td>
<td>Verify EU DoC</td>
<td>Verify CE Marking and EU DoC</td>
<td>Verify CE Marking and EU DoC</td>
</tr>
<tr>
<td>Technical Documentation</td>
<td>Annex I, II, III – full QMS and regulatory responsibility</td>
<td>Verify technical documentation per Annex I, II and III. Has access to at all times</td>
<td>Verifies the manufacturer is identified and EUAR</td>
<td>N/A</td>
</tr>
<tr>
<td>Non-conforming devices</td>
<td>N/A</td>
<td>N/A</td>
<td>Not to distribute – inform Mfg., NB and CA</td>
<td>Not to distribute – inform Mfg., NB and CA</td>
</tr>
<tr>
<td>Non conforming devices placed on the market</td>
<td>Vigilance, FSN process – take appropriate action. Inform NB, CA and Economic Operators</td>
<td>EUAR jointly and severally liable with manufacturer</td>
<td>Ensure action is taken and facilitate action with customers</td>
<td>Ensure action is taken and facilitate action with customers</td>
</tr>
<tr>
<td>UDI Labelling</td>
<td>Register UDI</td>
<td>Verify UDI registration</td>
<td>Verify UDI registered and labelling has UDI</td>
<td>Verify UDI registered and labelling has UDI</td>
</tr>
<tr>
<td>Complaints/PMS</td>
<td>PMS plan, complaints, PMCF, vigilance, FSCAs</td>
<td>Facilitate PMS activities and CA enquiries</td>
<td>Track complaints, NC products and field actions</td>
<td>Track complaints, NC products and field actions</td>
</tr>
<tr>
<td>PRRC (Article 15)</td>
<td>Required</td>
<td>Required – permanently and continuously at their disposal</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Liability Insurance</td>
<td>Required</td>
<td>Required</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
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4. Clinical

• Significant increased attention given to Clinical Performance
• Performance Evaluation Reports will be reviewed by Notified Bodies
• Equivalency approach is much more restricted and typically would require access to the Technical File of the comparative device (from a competitor?)
• Review current data and determine if adequate
  • Clinical Studies
  • Literature review
  • Recognised Quality Assurance scheme
  • Performance against recognised standards
• Note: No Grandfathering. However for existing devices on the market, a good PMPF study could provide the data needed.
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5. Post Market Obligations - PMPF

- Post Market Surveillance has been augmented with Post Market Performance Follow-up
- Intrinsically linked to Risk Management which permeates the IVDR and EN ISO 13485:2016
- IVDR requires both initial clinical evidence and ongoing post-market performance follow-up, therefore providing a life-cycle approach.
- Requires a performance evaluation plan covering how the manufacturer will demonstrate scientific validity, analytic performance, and clinical performance.
- Following execution of the plan a formal Performance Evaluation Report will be required
- All Classes of devices require Performance Evaluation Reports. Class C and D IVDs must have an annual update, as a part of PSUR (Periodic Safety Update Report), Class A and B IVDs do not need an annual update but should be updated when there are changes.
  - Manufacturers of Class D IVDs must submit PSUR electronically
  - Manufacturers of Class C IVDs must have the PSUR available for Notified Body review
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**Notified Body Capacity**

Notified Bodies (Team NB only) who have applied for IVDR Designation (Source Team NB Feb 2018)

<table>
<thead>
<tr>
<th>ID No.</th>
<th>Notified Body</th>
<th>Country</th>
<th>Intention for IVDR</th>
</tr>
</thead>
<tbody>
<tr>
<td>0086</td>
<td>BSI</td>
<td>UK</td>
<td>Yes</td>
</tr>
<tr>
<td>0344</td>
<td>DEKRA BV</td>
<td>NL</td>
<td>Yes</td>
</tr>
<tr>
<td>0459</td>
<td>LNE G Med</td>
<td>F</td>
<td>Yes</td>
</tr>
<tr>
<td>0088</td>
<td>LRQA</td>
<td>UK</td>
<td>Yes</td>
</tr>
<tr>
<td>0483</td>
<td>MDC</td>
<td>D</td>
<td>Yes</td>
</tr>
<tr>
<td>0050</td>
<td>NSAI</td>
<td>IRL</td>
<td>Yes</td>
</tr>
<tr>
<td>0543</td>
<td>Presafe</td>
<td>DK</td>
<td>Yes</td>
</tr>
<tr>
<td>0120</td>
<td>SGS</td>
<td>UK</td>
<td>Yes</td>
</tr>
<tr>
<td>0197</td>
<td>TUV Rheinland</td>
<td>D</td>
<td>Yes</td>
</tr>
<tr>
<td>0123</td>
<td>TUV SUD</td>
<td>D</td>
<td>Yes</td>
</tr>
<tr>
<td>0843</td>
<td>UL</td>
<td>UK</td>
<td>Yes</td>
</tr>
</tbody>
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IVDR Transition Timelines

- **25 May 2017**: EU IVDR Entered into Force
- **11 Oct 2018**: Today
- **May 26, 2022**: Date of Application
- **27 May 2024**: Any Remaining IVDD Certs Voided
- **27 May 2025**: IVDD Cert Devices must be no longer sold

**IVDD Certs Issued**

- Notified Bodies may apply for MDR Designation

**Existing IVDD Certs Valid**

**IVDR Certs Issued**

- New or Renewing Devices must have IVDR certs
- Class A devices required to comply
- IVDR PMS and Economic operator requirements apply to all devices

- IVDD certificates are valid after May 27, 2024 until they expire or up to maximum of 4 years, May 27, 2024 (provided there are no significant changes to intended use).
- A further 1 year of putting these devices into service allows devices to remain on market until May 27, 2025
Thank you

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