IVD Regulation
What you need to know

Erica Conway
5th May 2017
First Question: What is the difference between a Directive and a Regulation?

- **EU Directive:**
  - Applicable to all Member States
  - Sets certain aims, requirements and concrete results that must be achieved in every Member State
  - Sets a process for it to be implemented by Member States
  - National authorities **must create or adapt their legislation to meet these aims** by the date specified in each given Directive

**EU Directives** lay down certain end results that must be achieved in every Member State. National authorities have to adapt their laws to meet these goals, but are free to decide how to do so.

**Regulations** are the most direct form of EU law - as soon as they are passed, they have binding legal force throughout every Member State, on a par with national laws. National governments do not take action themselves to implement EU regulations, but do ensure their national law does not define the subject matter any further.
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- **EU Regulation:**
  - Immediately applicable and enforceable by law in all Member States
  - As good practice, Member States issue national legislation that defines the competent national authorities, inspection and sanctions on the subject matter.
What exactly is changing?

• Medical Devices Directive **AND**
  Active Implantable Directives

• Medical Devices Regulation

• In-Vitro Diagnostic Directive

• In-Vitro Diagnostic Regulation
MDR/IVDR status update
The EU’s new Medical Devices Regulations

- **2008**: EU Commission launches consultation on MD framework
- **2012**: EU Commission publishes proposal for new MD Regulations
- **2014 Q2**: EU Parliament adopts position on MDR/IVDR
- **2015 Q3**: EU Council adopts position on proposed Regulations
- **2015 Q4**: Trilogues between Commission, Parliament and Council starts
- **May 2017**: Publication of the adopted MDR/IVDR in EUOJ
Latest progress

On 25 May 2016 during the last Trilogue, political agreement was reached on new MD and IVD Regulations nearly 8 years after initial negotiations kicked off…

7 Mar 2017: Final adoption by the Council
21 Mar 2017: Discussion and vote in ENVI committee
4-5 Apr 2017: EP 2nd reading (Final adoption by European Parliament)

5 May 2017: Publication in Official Journal of the European Union (EUOJ)
- EU 2017/745 for MDR;
- EU 2017/746 for IVDR
A little clarity

The meanings of some words

- Entry into force
  Publication of the new Regulation in EU Official Journal + 20 Days
- Texts take effect: 25 May 2017
A little clarity

The meanings of some words

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• Date of application (DoA)
  ‘Transition period’
  3 years after entry into force for MDR
  5 years after entry into force for IVDR
  • Full application for Medical Devices Regulation: 26 May 2020
  • Full application for the IVD Regulation: 26 May 2022
Alignment of the MDR and IVDR

• ‘...There are specific features of in vitro diagnostic medical devices, in particular in terms of risk classification, conformity assessment procedures and clinical evidence, and of the in vitro diagnostic medical device sector which require the adoption of a specific legislation, distinct from the legislation on other medical devices,

• whereas the horizontal aspects common to both sectors should be aligned.’
Transitional arrangements for IVDR

**Entry into force**
- 25 May 2017

**Publication**
- 5 May 2017

**NB application**
- EIF + 6m
- Q4 2017

**Publication + 6 months**
- NB designation

**5 Year Transition**
- Mfrs can meet IVDD or IVDR

**Date of Application**
- 26 May 2022

**Date of Application**
- 2021/22 + 2 Yrs

**Grace period for existing IVDD CE**
- May 2024

**No IVDD CE may be issued**

**Implementing Acts**

**Class A IVDs (non-sterile) under the IVDR can be placed on market under IVDR**

**CE certificates can be renewed by a NB during the transition period, with a maximum expiry of DoA + 2 years**
Implementing and Delegated Acts

- Many instances of Delegated Acts and Implementing Acts necessary to make IVDR “operational”
- Unclear when these will be available...

  e.g:
  - Regulatory status of groups of products
  - Common Specifications
  - Format of Summary of Safety and Performance (SSP)
  - UDI
  - EUDAMED
  - List of NBOG codes
  - NB designation procedure
  ...

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Key changes

Risk classes

• Move from list-based approach to risk-based approach
• Four risk categories: A (low risk) to D (high risk)
• New NBOG codes for NB designation
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Conformity Assessment Routes
- Amended to reflect the new classification rules
- Introduction of sampling for Bs & Cs
- More manufacturers need to use a Notified Body
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Performance evaluation
- Process of performance evaluation defined
- Required throughout the lifetime of the device
- Plan for performance evaluation
- Provision for interventional performance studies
Key changes

Clinical evidence

- New requirement to provide a body of clinical evidence; required reports
- Scientific validity, analytical performance, and clinical performance
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Post-market
- Post market performance follow-up (PMPF) new requirement
- Requirement for PMS plan and PMS
- Incident reporting and trending
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Scrutiny & traceability
- New requirements in technical documentation will mean audit and updates to all technical files
- Summary of Safety and Performance for Class C & D
- Unique Device Identifier (UDI)
Scope
Scope – Definitions that apply

**Medical Device**

- ‘medical device’ means 'medical device' as defined in Regulation (EU) No [Reference to the future Regulation on medical devices].
Scope – Definitions that apply

Medical Device
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In Vitro Diagnostic MD
• …any medical device which is a reagent, reagent product, calibrator, control material, kit, instrument, apparatus, equipment, software or system,

• whether used alone or in combination, intended…to be used in vitro for the examination of specimens, including blood and tissue donations…from the human body,

• solely or principally for…providing information..
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In Vitro Diagnostic MD
• concerning a physiological or pathological process or state;
• concerning congenital physical or mental impairments;
• concerning the predisposition to a medical condition or a disease;
• to determine the safety and compatibility with potential recipients;
• to predict treatment response or reactions;
• to define or monitor therapeutic measures.
What is **NOT** an IVD…

- (a) products for **general laboratory use** or **research-use only products**, unless such products, in view of their characteristics, are specifically intended by their manufacturer to be used for in vitro diagnostic examination;
- (b) **invasive sampling devices** or those which are **directly applied to the human body for the purpose of obtaining a specimen**;
- (c) internationally certified reference materials;
- (d) materials used for external quality assessment schemes.
Consideration of scope...

**Placing on the market**

- *'placing on the market'* means the first **making available** of a device, other than a device for performance study, **on the Union market**;

- *'making available on the market'* means any **supply** of a device, other than a device for performance study, for **distribution, consumption or use** on the Union market in the course of a commercial activity, whether in return for payment or free of charge;
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- Includes devices offered by ‘information society services’
- A kit does not have to be sold in EU; the IVDR applies if it has been used to test EU citizens
- Enforcement by competent authorities
- If a Member State has grounds for concern based on the protection of public health, the provider will be required to cease its activity.
Classification
New classification of IVDs by risk

- Risk classes A, B, C & D (where D is the highest) – Annex VIII.
- Implementing Acts and guidance.
- Borderline issues will be referred to the CA of the manufacturer or Authorised Rep; if this is different to the CA of the NB, they will consult.
- Role of Medical Device Coordination Group (MDCG).
- If there is more than one potential application for a test, and the intended use is of the lower classification, there must be a specific exclusion in the labelling.
- Where more than one rule applies, the highest classification will be used.
New classes of IVD devices

**Class D**

*High public health risk, high personal risk*

Examples
- HIV 1/2,
- Hepatitis C virus
- Hepatitis B virus
- HTLV I/II
- Blood grouping ABO, Rhesus (including RHW1), Kell, Kidd and Duffy systems
- CHAGAS
- Syphilis (used to screen blood donations)
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**Class C**

*High personal risk, moderate to low public health risk*

- Syphilis (diagnosis only)
- Neonatal screening for metabolic disorders e.g. PKU
- Rubella
- Cancer markers
- Genetic tests
- Companion diagnostics
- Blood glucose meters/strips
- Blood gas analysers
- Self tests
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**Class B**
Moderate to low personal risk, low public health risk

- Thyroid function
- Clinical chemistry
- Self-test devices listed as not Class C -> Pregnancy, Fertility, Cholesterol tests; and detection of glucose, erythrocytes, leucocytes and bacteria in urine
## New classes of IVD devices

<table>
<thead>
<tr>
<th>Class</th>
<th>Description</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
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<td>High public health risk, high personal risk</td>
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'Near patient tests' are classified in their own right
## New classes of IVD devices

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### Class A

**Low personal risk, low public health risk**

- Accessories
- Wash buffers
- Specimen receptacles
- Instruments
- Culture media

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Newly defined devices

**Companion Diagnostic**
means a device which is essential for the safe and effective use of a corresponding medicinal product to:

- identify, before and/or during treatment, patients who are most likely to benefit from the corresponding medicinal product; or

- identify, before and/or during treatment, patients likely to be at increased risk for serious adverse reactions as a result of treatment with the corresponding medicinal product;

**device for ‘near-patient testing’**
means any device that is not intended for self-testing but is intended to perform testing outside a laboratory environment, generally near to, or at the side of, the patient by a health professional.
Conformity assessment
Clinical Evidence and Performance Evaluation
Clinical Evidence

New requirement for Clinical Evidence

Clinical evidence = clinical data and performance evaluation results, pertaining to a device of sufficient amount and quality to allow a qualified assessment of whether the device achieves the intended clinical benefit and safety, when used as intended by the manufacturer.
Performance Evaluation

Process of obtaining clinical evidence = Performance Evaluation

• Done according to a Performance Evaluation Plan

• Collated as a Performance Evaluation Report

• Continuous during life-time of the device
Where can I find full details of the changes?

bsigroup.com/MDR-revision
bsigroup.com/IVDR-revision

Webinars: bsigroup.com/webinars
Whitepapers: bsigroup.com/whitepapers

Please ask if you want any extra information from BSI.