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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Food and Drug Administration

#### 21 CFR Part 878

[Docket No. FDA-2015-N-2457]

#### Medical Devices; General and Plastic Surgery Devices; Classification of the Internal Tissue Marker

**AGENCY:** Food and Drug Administration, HHS.

**ACTION:** Final order.

**SUMMARY:** The Food and Drug Administration (FDA) is classifying the internal tissue marker into class II (special controls). The special controls that will apply to the device are identified in this order and will be part of the codified language for the internal tissue marker's classification. The Agency is classifying the device into class II (special controls) in order to provide a reasonable assurance of safety and effectiveness of the device.

**DATES:** This order is effective August 5, 2015. The classification was applicable on December 18, 2014.

**FOR FURTHER INFORMATION CONTACT:** David Talley, Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, Rm. G454, Silver Spring, MD 20993-0002, 301-796-4861, [david.talley@fda.hhs.gov](mailto:david.talley@fda.hhs.gov).

#### SUPPLEMENTARY INFORMATION:

##### I. Background

In accordance with section 513(f)(1) of the Federal Food, Drug, and Cosmetic Act (the FD&C Act) (21 U.S.C. 360c(f)(1)), devices that were not in commercial distribution before May 28, 1976 (the date of enactment of the Medical Device Amendments of 1976), generally referred to as postamendments devices, are classified automatically by

statute into class III without any FDA rulemaking process. These devices remain in class III and require premarket approval, unless and until the device is classified or reclassified into class I or II, or FDA issues an order finding the device to be substantially equivalent, in accordance with section 513(i) of the FD&C Act, to a predicate device that does not require premarket approval. The Agency determines whether new devices are substantially equivalent to predicate devices by means of premarket notification procedures in section 510(k) of the FD&C Act (21 U.S.C. 360(k)) and part 807 (21 CFR part 807) of the regulations.

Section 513(f)(2) of the FD&C Act, as amended by section 607 of the Food and Drug Administration Safety and Innovation Act (Pub. L. 112-144), provides two procedures by which a person may request FDA to classify a device under the criteria set forth in section 513(a)(1). Under the first procedure, the person submits a premarket notification under section 510(k) of the FD&C Act for a device that has not previously been classified and, within 30 days of receiving an order classifying the device into class III under section 513(f)(1) of the FD&C Act, the person requests a classification under section 513(f)(2). Under the second procedure, rather than first submitting a premarket notification under section 510(k) of the FD&C Act and then a request for classification under the first procedure, the person determines that there is no legally marketed device upon which to base a determination of substantial equivalence and requests a classification under section 513(f)(2) of the FD&C Act. If the person submits a request to classify the device under this second procedure, FDA may decline to undertake the classification request if FDA identifies a legally marketed device that could provide a reasonable basis for review of substantial equivalence with the device or if FDA determines that the device submitted is not of "low-moderate risk" or that general controls would be inadequate to control the risks and special controls to mitigate the risks cannot be developed.

In response to a request to classify a device under either procedure provided by section 513(f)(2) of the FD&C Act, FDA will classify the device by written order within 120 days. This

classification will be the initial classification of the device. In accordance with section 513(f)(1) of the FD&C Act, FDA issued an order on April 22, 2013, classifying the Moerae Surgical Marking Pen into class III, because it was not substantially equivalent to a device that was introduced or delivered for introduction into interstate commerce for commercial distribution before May 28, 1976, or a device which was subsequently reclassified into class I or class II.

On May 3, 2013, VasoPrep Surgical (formerly Moerae Matrix, Inc.) submitted a request for classification of the VasoPrep (formerly Moerae) Surgical Marking Pen under section 513(f)(2) of the FD&C Act. The manufacturer recommended that the device be classified into class II (Ref. 1).

In accordance with section 513(f)(2) of the FD&C Act, FDA reviewed the request in order to classify the device under the criteria for classification set forth in section 513(a)(1). FDA classifies devices into class II if general controls by themselves are insufficient to provide reasonable assurance of safety and effectiveness, but there is sufficient information to establish special controls to provide reasonable assurance of the safety and effectiveness of the device for its intended use. After review of the information submitted in the request, FDA determined that the device can be classified into class II with the establishment of special controls. FDA believes these special controls, in addition to general controls, will provide reasonable assurance of the safety and effectiveness of the device.

Therefore, on December 18, 2014, FDA issued an order to the requestor classifying the device into class II. FDA is codifying the classification of the device by adding § 878.4670.

Following the effective date of this final classification order, any firm submitting a premarket notification (510(k)) for an internal tissue marker will need to comply with the special controls named in this final order. The device is assigned the generic name internal tissue marker, and it is identified as a prescription use device that is intended for use prior to or during general surgical procedures to demarcate selected sites on internal tissues.

FDA has identified the following risks to health associated specifically with

this type of device, as well as the mitigation measures required to mitigate these risks in Table 1.

**TABLE 1—INTERNAL TISSUE MARKER RISKS AND MITIGATION MEASURES**

Identified Risks and Mitigation Measures	
Identified risk	Mitigation measures
Adverse Tissue Reaction.	Biocompatibility Testing. Sterilization Testing. Shelf Life/Stability Testing. Performance Testing. Labeling.
Ineffective Marking ....	Performance Testing. Shelf Life/Stability Testing. Labeling.
Improper Use .....	Labeling.

FDA believes that the following special controls, in combination with the general controls, address these risks to health and provide reasonable assurance of safety and effectiveness:

- The device must be demonstrated to be biocompatible. Material names and specific designation numbers must be provided.
- Performance testing must demonstrate that the device performs as intended to mark the tissue for which it is indicated.
- Performance data must demonstrate the sterility of the device.
- Performance data must support the shelf life of the device by demonstrating sterility, package integrity, device functionality, and material stability over the requested shelf life.
- Labeling must include:
  - A warning that the device must not be used on a non-sterile surface prior to use internally.
  - An expiration date/shelf life.
  - Single use only labeling must be labeled directly on the device.

Internal tissue marker is a prescription device restricted to patient use only upon the authorization of a practitioner licensed by law to administer or use the device; see 21 CFR 801.109 (*Prescription devices*).

Section 510(m) of the FD&C Act provides that FDA may exempt a class II device from the premarket notification requirements under section 510(k) of the FD&C Act, if FDA determines that premarket notification is not necessary to provide reasonable assurance of the safety and effectiveness of the device. For this type of device, FDA has determined that premarket notification is necessary to provide reasonable assurance of the safety and effectiveness of the device. Therefore, this device

type is not exempt from premarket notification requirements. Persons who intend to market this type of device must submit to FDA a premarket notification, prior to marketing the device, which contains information about the internal tissue marker they intend to market.

**II. Environmental Impact**

The Agency has determined under 21 CFR 25.34(b) that this action is of a type that does not individually or cumulatively have a significant effect on the human environment. Therefore, neither an environmental assessment nor an environmental impact statement is required.

**III. Paperwork Reduction Act of 1995**

This final order establishes special controls that refer to previously approved collections of information found in other FDA regulations. These collections of information are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3520). The collections of information in 21 CFR part 807, subpart E, regarding premarket notification submissions have been approved under OMB control number 0910–0120, and the collections of information in 21 CFR part 801, regarding labeling have been approved under OMB control number 0910–0485.

**IV. Reference**

The following reference has been placed on display in the Division of Dockets Management (HFA–305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852, and may be seen by interested persons between 9 a.m. and 4 p.m., Monday through Friday, and is available electronically at <http://www.regulations.gov>.

1. **DEN130004:** De Novo Request from VasoPrep Surgical (formerly Moerae Matrix, Inc.), dated May 3, 2013.

**List of Subjects in 21 CFR Part 878**

Medical devices.  
Therefore, under the Federal Food, Drug, and Cosmetic Act and under authority delegated to the Commissioner of Food and Drugs, 21 CFR part 878 is amended as follows:

**PART 878—GENERAL AND PLASTIC SURGERY DEVICES**

- 1. The authority citation for 21 CFR part 878 continues to read as follows:  
**Authority:** 21 U.S.C. 351, 360, 360c, 360e, 360j, 360l, 371.
- 2. Add § 878.4670 to subpart E to read as follows:

**§ 878.4670 Internal tissue marker.**

(a) *Identification.* An internal tissue marker is a prescription use device that is intended for use prior to or during general surgical procedures to demarcate selected sites on internal tissues.

(b) *Classification.* Class II (special controls). The special controls for this device are:

- (1) The device must be demonstrated to be biocompatible. Material names and specific designation numbers must be provided.
- (2) Performance testing must demonstrate that the device performs as intended to mark the tissue for which it is indicated.
- (3) Performance data must demonstrate the sterility of the device.
- (4) Performance data must support the shelf life of the device by demonstrating sterility, package integrity, device functionality, and material stability over the requested shelf life.
- (5) Labeling must include:
  - (i) A warning that the device must not be used on a non-sterile surface prior to use internally.
  - (ii) An expiration date/shelf life.
  - (iii) Single use only labeling must be labeled directly on the device.

Dated: July 30, 2015.  
**Leslie Kux,**  
*Associate Commissioner for Policy.*  
[FR Doc. 2015–19177 Filed 8–4–15; 8:45 am]  
**BILLING CODE 4164–01–P**

**DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**

**24 CFR Part 5**

[Docket No. FR–5173–C–06]

RIN 2501–AD33

**Affirmatively Furthering Fair Housing; Technical Correction**

**AGENCY:** Office of the General Counsel, HUD.

**ACTION:** Final rule, technical correction.

**SUMMARY:** This document corrects a typographical error in HUD’s final rule on Affirmatively Furthering Fair Housing, published on July 16, 2015.

**DATES:** *Effective:* August 17, 2015.

**FOR FURTHER INFORMATION CONTACT:** For further information about this technical correction, contact Camille E. Acevedo, Associate General Counsel for Legislation and Regulations, Office of General Counsel, Department of Housing and Urban Development, 451 7th Street SW., Room 10282, Washington, DC 20410–0500; telephone