I. Background

Upon request, FDA has classified the non-absorbable, hemostatic gauze for temporary internal use as class II (special controls), which we have determined will provide a reasonable assurance of safety and effectiveness. In addition, we believe this action will enhance patients’ access to beneficial innovation, in part by reducing regulatory burdens by placing the device into a lower device class than the automatic class III assignment.

The automatic assignment of class III occurs by operation of law and without any action by FDA, regardless of the level of risk posed by the new device. Any device that was not in commercial distribution before May 28, 1976, is automatically classified as, and remains within, class III and requires premarket approval unless and until FDA takes an action to classify or reclassify the device (see 21 U.S.C. 360c(f)(1)). We refer to these devices as “postamendments devices” because they were not in commercial distribution prior to the date of enactment of the Medical Device Amendments of 1976, which amended the Federal Food, Drug, and Cosmetic Act (FD&C Act).

FDA may take a variety of actions in appropriate circumstances to classify or reclassify a device into class I or II. We may issue an order finding a new device to be substantially equivalent under section 513(f) of the FD&C Act to a predicate device that does not require premarket approval (see 21 U.S.C. 360c(i)). We determine whether a new device is substantially equivalent to a predicate by means of the procedures for premarket notification under section 510(k) of the FD&C Act and part 807 (21 U.S.C. 360f(k) and 21 CFR part 807, respectively).

FDA may also classify a device through “De Novo” classification, a common name for the process authorized under section 513(f)(2) of the FD&C Act. Section 207 of the Food and Drug Administration Modernization Act of 1997 established the first procedure for De Novo classification (Pub. L. 105–115). Section 607 of the Food and Drug Administration Safety and Innovation Act modified the De Novo application process by adding a second procedure (Pub. L. 112–144). A device sponsor may utilize either procedure for De Novo classification.

Under the first procedure, the person submits a 510(k) for a device that has not previously been classified. After receiving an order from FDA classifying the device into class III under section 513(f)(1) of the FD&C Act, the person then requests a classification under section 513(f)(2).

Under the second procedure, rather than first submitting a 510(k) and then a request for classification, if the person determines that there is no legally marketed device upon which to base a determination of substantial equivalence, that person requests a classification under section 513(f)(2) of the FD&C Act.

Under either procedure for De Novo classification, FDA shall classify the device by written order within 120 days. The classification will be according to the criteria under section 513(a)(1) of the FD&C Act. Although the device was automatically placed within class III, the De Novo classification is considered to be the initial classification of the device.

We believe this De Novo classification will enhance patients’ access to beneficial innovation, in part by reducing regulatory burdens. When FDA classifies a device into class I or II via the De Novo process, the device can serve as a predicate for future devices of that type, including for 510(k)s (see 21 U.S.C. 360c(f)(2)[B](l)). As a result, other device sponsors do not have to submit a De Novo request or premarket approval application in order to market a substantially equivalent device (see 21 U.S.C. 360(i), defining “substantial equivalence”). Instead, sponsors can use the less-burdensome 510(k) process, when necessary, to market their device.

II. De Novo Classification

On March 16, 2016, Z-Medica, LLC, submitted a request for De Novo classification of the D2 Dressing. FDA reviewed the request in order to classify the device under the criteria for classification set forth in section 513(a)(1) of the FD&C Act. We classify 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 that, in combination with the general controls, provide reasonable assurance of the safety and effectiveness of the device for its intended use (see 21 U.S.C. 360(a)(1)[B]). After review of the information submitted in the request, we determined that the device can be classified into class II with the establishment of special controls. FDA has determined that these special controls, in addition to the general controls, will provide reasonable assurance of the safety and effectiveness of the device.

Therefore, on June 30, 2017, FDA issued an order to the requester
FDA has determined that special controls, in combination with the general controls, address these risks to health and provide reasonable assurance of safety and effectiveness. For a device to fall within this classification, and thus avoid automatic classification in class III, it would have to comply with the special controls named in this final order. The necessary special controls appear in the regulation codified by this order. This device is subject to premarket notification requirements under section 510(k).

At the time of classification, non-absorbable, hemostatic gauze for temporary internal use is for prescription use only. Prescription devices are exempt from the requirement for adequate directions for use for the layperson under section 502(f)(1) of the FD&C Act (21 U.S.C. 352(f)(1)) and 21 CFR 801.5, as long as the conditions of 21 CFR 801.109 are met (referring to 21 U.S.C. 352(f)(1)).

III. Analysis of 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.

IV. Paperwork Reduction Act of 1995

This final order establishes special controls that refer to previously approved collections of information found in other FDA regulations and guidance. 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 the guidance document “De Novo Classification Process (Evaluation of Automatic Class III Designation)” have been approved under OMB control number 0910–0844; the collections of information in 21 CFR part 814, subparts A through E, regarding premarket approval, 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 0910–0845.

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 part 878 continues to read as follows:


2. Add §878.4454 to subpart E to read as follows:

§878.4454 Non-absorbable, hemostatic gauze for temporary internal use.

(a) Identification. A non-absorbable, hemostatic gauze for temporary internal use is a prescription device intended to be placed temporarily for control of severely bleeding wounds such as surgical wounds and traumatic injuries. The gauze is coated or impregnated with a hemostatic material which may enhance hemostasis by physical means. The device is intended to be removed once the patient is stabilized.

FDA has identified the following risks to health associated specifically with this type of device and the measures required to mitigate these risks in table 1.

<table>
<thead>
<tr>
<th>Identified risks</th>
<th>Mitigation measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection</td>
<td>Shelf life testing, Sterilization validation, and Labeling.</td>
</tr>
<tr>
<td>Failure of hemostasis.</td>
<td>Animal performance testing, and Technological specifications.</td>
</tr>
<tr>
<td>Vascular obstruction</td>
<td>Animal performance testing, and Biocompatibility evaluation.</td>
</tr>
<tr>
<td>Emboli formation.</td>
<td>Animal performance testing, Non-clinical performance testing, and Labeling.</td>
</tr>
<tr>
<td>Adhesion formation</td>
<td>Animal performance testing, and Labeling.</td>
</tr>
<tr>
<td>Adverse tissue reaction</td>
<td>Animal performance testing, and Labeling.</td>
</tr>
<tr>
<td>Device retained in body leading to re-operation</td>
<td>Animal performance testing, and Labeling.</td>
</tr>
</tbody>
</table>

TABLE 1—NON-ABSORBABLE, HEMOSTATIC GAUZE FOR TEMPORARY INTERNAL USE RISKS AND MITIGATION MEASURES
The Coast Guard has issued a temporary deviation from the operating schedule that governs the Wantagh State Parkway Bridge across Sloop Channel, mile 15.4, at Hampton, New Hampshire, has a vertical clearance of 16 feet at mean high water and 19.5 feet at mean low water in the closed position. The existing drawbridge operating regulation is listed at 33 CFR 117.5.

The temporary deviation will allow the Wantagh Parkway Bridge to remain closed from 9 p.m. to 11:59 p.m. on July 4, 2018. Sloop Channel is transited by seasonal recreational vessels and commercial fishing vessels. Coordination with Coast Guard Sector Long Island Sound has indicated no mariner objections to the proposed short-term closure of the draw.

Vessels that can pass under the bridge without an opening may do so at all times. The bridge will be able to open for emergencies. There is no alternate route for vessels to pass.

The Coast Guard will also inform the users of the waterways through our Local and Broadcast Notices to Mariners of the change in operating schedule for the bridge so that vessel operators can arrange their transits to minimize any impact caused by the temporary deviation.

In accordance with 33 CFR 117.35(e), the drawbridge must return to its regular operating schedule immediately at the end of the effective period of this temporary deviation. This deviation from the operating regulations is authorized under 33 CFR 117.35.

Dated: February 1, 2018.

Christopher J. Bisignano,
Supervisory Bridge Management Specialist,
First Coast Guard District.

SUPPLEMENTARY INFORMATION: The owner of the bridge, the New Hampshire Department of Transportation (NH DOT), requested a temporary deviation to replace the failed couplings to the operating machinery of the bridge. The SR1A Bridge across the Hampton River, mile 0.0, at Hampton, New Hampshire, has a vertical clearance in the closed position of 18 feet at mean high water and 26.5 feet at mean low water. The existing bridge operating regulations are found at 33 CFR 117.607.

This temporary deviation allows the bridge to remain in the closed to navigation position from 6:30 a.m. on February 19, 2018, through 11:59 p.m. on March 23, 2018. The deviation will have negligible effect on vessel navigation. The waterway is transited primarily by seasonal recreational vessels and small commercial fishing vessels. In 2016 and in 2017 there were only three openings in the month of March.

NH DOT has met and maintained frequent communication with waterway users, the harbormaster and town officials through direct contact and public meetings. No objections to the proposed closure were received. Vessels that can pass through the bridge in the closed position may do so. The bridge will not be able to open for emergencies and there is no immediate alternate route for vessels unable to pass through the bridge in the closed position. The Coast Guard will inform waterway users of the closure through Local and Broadcast Notices to Mariners in order to minimize any impact caused by the temporary deviation.

In accordance with 33 CFR 117.35(e), the drawbridge must return to its regular operating schedule immediately at the end of the effective period of this temporary deviation. This deviation from the operating regulations is authorized under 33 CFR 117.35.