

December 18, 2020

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Siemens Healthcare Diagnostics Inc.
511 Benedict Avenue
Tarrytown, NY 10591

Device: ADVIA Centaur IL6 assay

Company: Siemens Healthcare Diagnostics Inc.

Indication: This assay is an in vitro diagnostic test for the quantitative measurement of interleukin-6 (IL-6) in human serum or plasma (potassium EDTA and lithium heparin) using the ADVIA Centaur XP, ADVIA Centaur XPT, and ADVIA Centaur CP systems. This assay is used to assist in identifying severe inflammatory response in patients with confirmed COVID-19 illness to aid in determining the risk of intubation with mechanical ventilation, in conjunction with clinical findings and the results of other laboratory testing. Emergency use of this test is limited to authorized laboratories.

Authorized Laboratories: Laboratories certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 U.S.C. §263a, that meet requirements to perform moderate or high complexity tests.

Dear Ms. Gordon:

This letter is in response to your¹ request that the Food and Drug Administration (FDA) issue an Emergency Use Authorization (EUA) for emergency use of your product,² pursuant to Section 564 of the Federal Food, Drug, and Cosmetic Act (the Act) (21 U.S.C. §360bbb-3).

On February 4, 2020, pursuant to Section 564(b)(1)(C) of the Act, the Secretary of the Department of Health and Human Services (HHS) determined that there is a public health emergency that has a significant potential to affect national security or the health and security of United States citizens living abroad, and that involves the virus that causes COVID-19.³ Pursuant to Section 564 of the

¹ For ease of reference, this letter will use the term “you” and related terms to refer to Siemens Healthcare Diagnostics Inc.

² For ease of reference, this letter will use the term “your product” to refer to the ADVIA Centaur IL6 assay used for the indication identified above.

³ U.S. Department of Health and Human Services, *Determination of a Public Health Emergency and Declaration that*

Act, and on the basis of such determination, the Secretary of HHS then declared on March 24, 2020, that circumstances exist justifying the authorization of emergency use of medical devices during the COVID-19 outbreak, subject to the terms of any authorization issued under that section.⁴

FDA considered the totality of scientific information available in authorizing the emergency use of your product for the indication above. A summary of the performance information FDA relied upon is contained in the Instructions for Use (identified below).

Having concluded that the criteria for issuance of this authorization under Section 564(c) of the Act are met, I am authorizing the emergency use of your product, described in the Scope of Authorization of this letter (Section II), subject to the terms of this authorization.

I. Criteria for Issuance of Authorization

I have concluded that the emergency use of your product meets the criteria for issuance of an authorization under Section 564(c) of the Act, because I have concluded that:

1. The SARS-CoV-2 can cause a serious or life-threatening disease or condition, including severe respiratory illness, to humans infected by this virus;
2. Based on the totality of scientific evidence available to FDA, it is reasonable to believe that your product may be effective in treating COVID-19, by assisting in identifying severe inflammatory response in patients with confirmed COVID-19 illness to aid in determining the risk of intubation with mechanical ventilation, and that the known and potential benefits of your product when used for such use, outweigh the known and potential risks of your product; and
3. There is no adequate, approved, and available alternative to the emergency use of your product.⁵

II. Scope of Authorization

I have concluded, pursuant to Section 564(d)(1) of the Act, that the scope of this authorization is limited to the indication above.

Authorized Product Details

Your product is an in vitro diagnostic test for the quantitative measurement of IL-6 in human serum or plasma (potassium EDTA and lithium heparin). This chemiluminescent immunoassay assay is used to assist in identifying severe inflammatory response in patients with confirmed COVID-19

Circumstances Exist Justifying Authorizations Pursuant to Section 564(b) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb-3. 85 FR 7316 (February 7, 2020).

⁴ U.S. Department of Health and Human Services, *Declaration that Circumstances Exist Justifying Authorizations Pursuant to Section 564(b) of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. § 360bbb-3. 85 FR 17335 (March 27, 2020).*

⁵ No other criteria of issuance have been prescribed by regulation under Section 564(c)(4) of the Act.

illness to aid in determining the risk of intubation with mechanical ventilation, in conjunction with clinical findings and the results of other laboratory testing. Normal IL-6 results do not preclude development of a severe inflammatory response, and IL-6 should not be used as the sole basis for patient management decisions. Results must be combined with clinical observations, patient history, other laboratory parameters, and epidemiological information.

The test is performed using the ADVIA Centaur IL6 assay on the ADVIA Centaur XP system, ADVIA Centaur XPT system, and ADVIA Centaur CP system. The ADVIA Centaur IL6 assay is a fully automated, one-step direct immunoassay using chemiluminescent technology. The assay utilizes an acridinium ester-labeled monoclonal mouse anti-IL-6 antibody as the Lite Reagent. The Solid Phase consists of anti-IL-6 mouse monoclonal antibody coated paramagnetic microparticles. The sample is incubated with the Lite Reagent and Solid Phase Reagent to allow formed immune complexes to be captured by the particles. After incubation, the particles are washed before addition of the Acid Reagent and Base Reagent to initiate the chemiluminescent reaction. A direct relationship exists between the amount of IL-6 present in the patient sample and the amount of RLUs detected by the system. For quality control, external controls or other authorized controls (as may be requested under Condition I below) are to be run as outlined in the Instructions for Use described below. Your product also requires the use of additional authorized materials and authorized ancillary reagents that are not included with your product and are described in the Instructions for Use.

The ADVIA Centaur IL6 assay is authorized to be accompanied with the “ADVIA Centaur IL6 assay Instructions for Use” (available at <https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas>) and the following product-specific information pertaining to the emergency use, which is required to be made available to healthcare providers and patients:

- Fact Sheet for Healthcare Providers: ADVIA Centaur IL6 assay – Siemens Healthcare Diagnostics
- Fact Sheet for Patients: ADVIA Centaur IL6 assay – Siemens Healthcare Diagnostics

The above described product, when accompanied by the Instructions for Use (identified above) and the two Fact Sheets (collectively referenced as “authorized labeling”) is authorized to be distributed to and used by authorized laboratories under this EUA, despite the fact that it does not meet certain requirements otherwise required by applicable federal law.

I have concluded, pursuant to Section 564(d)(2) of the Act, that it is reasonable to believe that the known and potential benefits of your product, when used consistent with the Scope of Authorization of this letter (Section II), outweigh the known and potential risks of your product.

I have concluded, pursuant to Section 564(d)(3) of the Act, based on the totality of scientific evidence available to FDA, that it is reasonable to believe that your product may be effective for treating COVID-19, by assisting in identifying severe inflammatory response in patients with confirmed COVID-19 illness to aid in determining the risk of intubation with mechanical ventilation when used consistent with the Scope of Authorization of this letter (Section II), pursuant to Section 564(c)(2)(A) of the Act.

FDA has reviewed the scientific information available to FDA, including the information supporting the conclusions described in Section I above, and concludes that your product (as described in the Scope of Authorization of this letter (Section II)) meets the criteria set forth in Section 564(c) of the Act concerning safety and potential effectiveness.

The emergency use of your product under this EUA must be consistent with, and may not exceed, the terms of this letter, including the Scope of Authorization (Section II) and the Conditions of Authorization (Section IV). Subject to the terms of this EUA and under the circumstances set forth in the Secretary of HHS's determination under Section 564(b)(1)(C) of the Act described above and the Secretary of HHS's corresponding declaration under Section 564(b)(1) of the Act, your product is authorized for the indication above.

III. Waiver of Certain Requirements

I am waiving the following requirements for your product during the duration of this EUA:

- Current good manufacturing practice requirements, including the quality system requirements under 21 CFR Part 820 with respect to the design, manufacture, packaging, labeling, storage, and distribution of your product excluding Subpart H (Acceptance Activities, 21 CFR 820.80 and 21 CFR 820.86), Subpart I (Nonconforming Product, 21 CFR 820.90), and Subpart O (Statistical Techniques, 21 CFR 820.250).

IV. Conditions of Authorization

Pursuant to Section 564(e) of the Act, I am establishing the following conditions on this authorization:

Siemens Healthcare Diagnostics (You) and Authorized Distributor(s)⁶

- A. Your product must comply with the following labeling requirements under FDA regulations: the intended use statement (21 CFR 809.10(a)(2), (b)(2)); adequate directions for use (21 U.S.C. 352(f)), (21 CFR 809.10(b)(5), (7), and (8)); appropriate limitations on the use of the device including information required under 21 CFR 809.10(a)(4); and any available information regarding performance of the device, including requirements under 21 CFR 809.10(b)(12).
- B. You and authorized distributor(s) will make available on your website(s) the Fact Sheet for Healthcare Providers and the Fact Sheet for Patients.
- C. You and authorized distributor(s) will inform authorized laboratories of this EUA, including the terms and conditions herein, and any updates made to your product or authorized labeling.

⁶ “Authorized Distributor(s)” are identified by you, Siemens Healthcare Diagnostics Inc., in your EUA submission as an entity allowed to distribute your device.

- D. Through a process of inventory control, you and authorized distributor(s) will maintain records of the authorized laboratories to which the test is distributed and the number of tests distributed.
- E. You and authorized distributor(s) will collect information on the performance of your product. You will report to FDA any suspected occurrence of false positive or false negative results and significant deviations from the established performance characteristics of the product of which you become aware.
- F. You and authorized distributor(s) are authorized to make available additional information relating to the emergency use of your product that is consistent with, and does not exceed, the terms of this letter of authorization.

Siemens Healthcare Diagnostics (You)

- G. You will notify FDA of any authorized distributor(s) of your product, including the name, address, and phone number of any authorized distributor(s).
- H. You will provide authorized distributor(s) with a copy of this EUA and communicate to authorized distributor(s) any subsequent amendments that might be made to this EUA and its authorized accompanying materials (e.g., Fact Sheets).
- I. You may request changes to this EUA for your product, including to the Scope of Authorization (Section II in this letter) or to the authorized labeling, including requests to make available additional authorized labeling specific to an authorized distributor. Such additional labeling may use another name for the product but otherwise must be consistent with the authorized labeling, and not exceed the terms of authorization of this letter. Any request for changes to this EUA should be submitted to the Division of Immunology and Hematology Devices (DIHD)/Office of Health Technology 7 (OHT7)-Office of In Vitro Diagnostics and Radiological Health (OIR)/Office of Product Evaluation and Quality (OPEQ)/Center for Devices and Radiological Health (CDRH) and require appropriate authorization from FDA prior to implementation.
- J. You will comply with the following requirements pursuant to FDA regulations: Subpart H (Acceptance Activities, 21 CFR 820.80 and 21 CFR 820.86), Subpart I (Nonconforming Product, CFR 820.90), and Subpart O (Statistical Techniques, 21 CFR 820.250).
- K. You will evaluate the analytical limit of quantitation and assess traceability⁷ of your product with any FDA-recommended reference material(s). Currently, FDA recommends standardization against the 1st International Standard NIBSC Code No: 89/548 for IL-6 assays. After submission to and concurrence with the data by FDA, you will update labeling to reflect the additional testing. Such labeling updates will be made in consultation with, and require concurrence of, DIHD/OHT7-OIR/OPEQ/CDRH.
- L. You will have a process in place to track adverse events, including any occurrence of false results with your product, and report to FDA in accordance with 21 CFR Part 803.

⁷ Traceability refers to tracing analytical sensitivity/reactivity back to an FDA-recommended reference material.

Authorized Laboratories

- M. Authorized laboratories using your product will include with test reports, all authorized Fact Sheets. Under exigent circumstances, other appropriate methods for disseminating these Fact Sheets may be used, which may include mass media.
- N. Authorized laboratories using your product will use your product as outlined in the ADVIA Centaur IL6 assay Instructions for Use. Deviations from the authorized procedures, including the authorized instruments, authorized extraction methods, authorized clinical specimen types, authorized control materials, authorized other ancillary reagents and authorized materials required to use your product are not permitted.
- O. Authorized laboratories that receive your product will notify the relevant public health authorities of their intent to run your product prior to initiating testing.
- P. Authorized laboratories using your product will have a process in place for reporting test results to healthcare providers and relevant public health authorities, as appropriate.
- Q. Authorized laboratories will collect information on the performance of your product and report to DIHD/OHT7-OIR/OPEQ/CDRH (via email: CDRH-EUA-Reporting@fda.hhs.gov) and you (Siemens Healthineers Technical Support (<https://www.siemens-healthineers.com/en-us/>; tel: 1.877.229.3711)) any suspected occurrence of false positive or false negative results and significant deviations from the established performance characteristics of your product of which they become aware.
- R. All laboratory personnel using your product must be appropriately trained in automated immunoassay techniques and use appropriate laboratory and personal protective equipment when handling this kit, and use your product in accordance with the authorized labeling. All laboratory personnel using the assay must also be trained in and be familiar with the interpretation of results of the product.

Siemens Healthcare Diagnostics (You), Authorized Distributor(s) and Authorized Laboratories

- S. You, authorized distributors, and authorized laboratories using your product will ensure that any records associated with this EUA are maintained until otherwise notified by FDA. Such records will be made available to FDA for inspection upon request.

Conditions Related to Printed Materials, Advertising and Promotion

- T. All descriptive printed matter, advertising, and promotional materials relating to the use of your product shall be consistent with the authorized labeling, as well as the terms set forth in this EUA and meet the requirements set forth in section 502(a), (q)(1), and (r) of the Act and FDA implementing regulations..
- U. No descriptive printed matter, advertising, or promotional materials relating to the use of your product may represent or suggest that this test is safe or effective for the aid in

management of COVID-19 patients.

V. All descriptive printed matter, advertising, and promotional materials relating to the use of your product shall clearly and conspicuously state that:

- This test has not been FDA cleared or approved; but has been authorized by FDA under an EUA for use by authorized laboratories;
- This test has been authorized only to assist in identifying severe inflammatory response, when used as an aid in determining the risk of intubation with mechanical ventilation in confirmed COVID-19 patients; and
- This test is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of medical devices under Section 564(b)(1) of the Act, 21 U.S.C. § 360bbb-3(b)(1), unless the declaration is terminated or authorization is revoked sooner.

The emergency use of your product as described in this letter of authorization must comply with the conditions and all other terms of this authorization.

V. Duration of Authorization

This EUA will be effective until the declaration that circumstances exist justifying the authorization of the emergency use of medical devices is terminated under Section 564(b)(2) of the Act or the EUA is revoked under Section 564(g) of the Act.

Sincerely,

RADM Denise M. Hinton
Chief Scientist
Food and Drug Administration

Enclosures