

March 25, 2021

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NeuMoDx Molecular, Inc.
1250 Eisenhower Place
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Device: NeuMoDx Flu A-B/RSV/SARS-CoV-2 Vantage Assay
EUA Number: EUA202947
Company: NeuMoDx Molecular, Inc.
Indication: Simultaneous qualitative detection and differentiation of SARS-CoV-2, Influenza A virus, Influenza B virus, and/or Respiratory Syncytial Virus (RSV) RNA from nasopharyngeal and anterior nasal swab specimens collected by a healthcare provider (HCP) in transport media from individuals suspected by a HCP of respiratory viral infection consistent with COVID-19.
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 Dr. Mohsen:

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. Pursuant to Section 564 of the Act, and on the basis of such determination, the Secretary of HHS then declared that circumstances exist justifying the authorization of emergency use of in

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

² For ease of reference, this letter will use the term “your product” to refer to the NeuMoDx Flu A-B/RSV/SARS-CoV-2 Vantage Assay used for the indication identified above.

vitro diagnostics for detection and/or diagnosis of the virus that causes COVID-19 subject to the terms of any authorization issued under Section 564(a) of the Act.³

There is an FDA-approved/cleared test for the qualitative detection and identification of SARS-CoV-2, influenza A virus, and influenza B virus (among other organism types), but this is not an adequate and available alternative to your product. Respiratory viral infections caused by the influenza A and B viruses, RSV and SARS-CoV-2 can have similar clinical presentation and diagnostic considerations. Thus, to differentially detect SARS-CoV-2, information from a test that detects and differentiates the virus that causes COVID-19 and the common viruses that cause seasonal epidemics of flu, influenza A and B (not influenza C) and/or RSV is needed during the flu season that coincides with the COVID-19 pandemic.

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 “NeuMoDx Flu A-B/RSV/SARS-CoV-2 Vantage Assay 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 diagnosing COVID-19, and that the known and potential benefits of your product when used for diagnosing COVID-19, 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.⁴

II. Scope of Authorization

³ U.S. Department of Health and Human Services, *Determination of a Public Health Emergency and 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 7316 (February 7, 2020).

⁴ No other criteria of issuance have been prescribed by regulation under Section 564(c)(4) of the Act. There is an FDA-approved/cleared test for the qualitative detection and identification of SARS-CoV-2, influenza A virus, and influenza B virus (among other organism types), but this is not an adequate and available alternative to your product.

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 a multiplex real-time RT-PCR diagnostic test for simultaneous qualitative detection and differentiation of SARS-CoV-2, Influenza A virus, Influenza B virus and/or Respiratory Syncytial Virus (RSV) RNA from nasopharyngeal and anterior nasal swab specimens collected by a healthcare provider (HCP) in transport medium from individuals suspected by a HCP of respiratory viral infection consistent with COVID-19. Clinical signs and symptoms of respiratory viral infection due to SARS-CoV-2, influenza and/or RSV can be similar. Your product is not intended to detect influenza C virus. The SARS-CoV-2, influenza A, influenza B and/or RSV RNA is generally detectable in nasopharyngeal and anterior nasal swab specimens during the acute phase of infection. Positive results are indicative of the presence of SARS-CoV-2, influenza A, influenza B and/or RSV RNA; clinical correlation with patient history and other diagnostic information is necessary to determine patient infection status. Positive results do not rule out bacterial infection or co-infection with other viruses. Negative results do not preclude SARS-CoV-2, influenza A virus, influenza B virus and/or RSV infection and should not be used as the sole basis for patient management decisions. Negative results must be combined with clinical observations, patient history, and epidemiological information.

Your product is to be used with the NeuMoDx 288 Molecular System and NeuMoDx 96 Molecular Systems (includes the NeuMoDx 96 and 299 Molecular Systems Operator Manuals) which automate and integrate RNA extraction and concentration, reagent preparation and nucleic acid amplification/detection of the target sequences using real-time RT-PCR. The included Sample Process Control (SPC2) helps monitor for the presence of inhibitory substances and for system, process or reagent failures. No operator intervention is necessary once the specimen (nasopharyngeal or anterior nasal swab specimen) is loaded onto the NeuMoDx System. The NeuMoDx Flu A-B/RSV/SARS-CoV-2 Vantage Assay includes the following material or other authorized materials: NeuMoDx Flu A-B/RSV/SARS-CoV-2 Vantage Test Strip.

Your product requires the following control materials, or other authorized control materials (as may be requested under Condition K. below), that are processed in the same way as the patient samples and are required to be included with each batch of specimens tested with your product. All controls listed below must generate expected results in order for a test to be considered valid, as outlined in the Instructions for Use:

- Internal Sample Processing Control – a MS2 bacteriophage, which is co-extracted, amplified and detected simultaneously in each sample- monitors the efficacy of the entire test process (nucleic acid isolation and real-time PCR amplification/detection as well as key process steps not monitored actively by the NeuMoDx software.

You also require use of Positive and Negative External Controls (not provided with your product), or other authorized controls (as may be requested under Condition K. below), that are run as outlined in the Instructions for Use:

- Positive External Control – prepared by user and contains RSV Rapid Control Pack,

Influenza A/B Positive Control, SARS-CoV-2 Virus, heat inactivated and viral transport media to a final volume of 1 mL. The validity of the controls is monitored by the instrument software.

- Negative External Control – contains transport media.

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 labeling entitled “NeuMoDx Flu A-B/RSV/SARS-CoV-2 Vantage 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>), the Product Information Card (PIC) and the following fact sheets pertaining to the emergency use, are required to be made available as set forth in the Conditions of Authorization (Section IV), and are collectively referred to as “authorized labeling”:

- Fact Sheet for Healthcare Providers: NeuMoDx Molecular, Inc. - NeuMoDx Flu A-B/RSV/SARS-CoV-2 Vantage Assay
- Fact Sheet for Patients: NeuMoDx Molecular, Inc. - NeuMoDx Flu A-B/RSV/SARS-CoV-2 Vantage Assay

The above described product, when accompanied by the authorized labeling provided as set forth in the Conditions of Authorization (Section IV), 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 in diagnosing COVID-19, 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, but 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:

NeuMoDx Molecular, Inc (You) and Authorized Distributor(s)⁵

- A. Your product must comply with the following labeling requirements pursuant to 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) must make your product available with the authorized labeling to authorized laboratories.
- C. You and authorized distributor(s) must make available on your website(s) the authorized labeling.
- D. You and authorized distributor(s) must include a physical copy of the authorized PIC card with each shipped product to authorized laboratories, and will make the “NeuMoDx Flu A-B/RSV/SARS-CoV-2 Vantage Assay Instructions for Use” electronically available with the opportunity to request a copy in paper form, and after such request, you must promptly provide the requested information without additional cost.
- E. You and authorized distributor(s) must inform authorized laboratories and relevant public health authorities of this EUA, including the terms and conditions herein, and any updates made to your product and authorized labeling.

⁵ “Authorized Distributor(s)” are identified by you, NeuMoDx Molecular, Inc, in your EUA submission as an entity allowed to distribute your product.

- F. Through a process of inventory control, you and authorized distributor(s) must maintain records of the authorized laboratories to which they distribute your product and number they distribute.
- G. You and authorized distributor(s) must 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.
- H. 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.

NeuMoDx Molecular, Inc (You)

- I. You must notify FDA of any authorized distributor(s) of your product, including the name, address, and phone number of any authorized distributor(s).
- J. You must 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).
- K. 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 Microbiology (DMD)/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.
- L. You must 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, 21 CFR 820.90), and Subpart O (Statistical Techniques, 21 CFR 820.250).
- M. You must have lot release procedures and the lot release procedures, including the study design and statistical power, must ensure that the tests released for distribution have the clinical and analytical performance claimed in the authorized labeling.
- N. If requested by FDA, you must submit lot release procedures to FDA, including sampling protocols, testing protocols, and acceptance criteria, that you use to release lots of your product for distribution in the U.S. If such lot release procedures are requested by FDA, you must provide it within 48 hours of the request.

- O. You must evaluate the analytical limit of detection and assess traceability⁶ of your product with any FDA-recommended reference material(s). After submission to and concurrence with the data by FDA, you must update your labeling to reflect the additional testing. Such labeling updates will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- P. You must evaluate the clinical performance of your product at three sites in an FDA agreed upon post authorization clinical evaluation study within 6 months of the date of this letter (unless otherwise agreed to with DMD/OHT7-OIR/OPEQ/CDRH). After submission to and concurrence with the data by FDA, you must update authorized labeling to reflect the additional testing. Such labeling updates will be made in consultation with, and require concurrence of, DMD/OHT7-OIR/OPEQ/CDRH.
- Q. You must have a process in place to track adverse events, including any occurrence of false results with your product and report to FDA pursuant to 21 CFR Part 803.

Authorized Laboratories

- R. Authorized laboratories using your product must include with test result reports, all authorized Fact Sheets. Under exigent circumstances, other appropriate methods for disseminating these Fact Sheets may be used, which may include mass media.
- S. Authorized laboratories using your product must use your product as outlined in the authorized labeling. 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.
- T. Authorized laboratories that receive your product must notify the relevant public health authorities of their intent to run your product prior to initiating testing.
- U. Authorized laboratories using your product must have a process in place for reporting test results to healthcare providers and relevant public health authorities, as appropriate.
- V. Authorized laboratories must collect information on the performance of your product and report to DMD/OHT7-OIR/OPEQ/CDRH (via email: CDRH-EUA-Reporting@fda.hhs.gov) and you (techsupport@neumodx.com; 1-888-301-6639) 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.
- W. All laboratory personnel using your product must be appropriately trained in RT-PCR techniques and use appropriate laboratory and personal protective equipment when handling this kit, and use your product in accordance with the authorized labeling.

⁶ Traceability refers to tracing analytical sensitivity/reactivity back to an FDA-recommended reference material.

NeuMoDx Molecular, Inc (You), Authorized Distributor(s) and Authorized Laboratories

- X. You, authorized distributor(s), 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

- Y. 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.
- Z. 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 detection of SARS-CoV-2.
- AA. All descriptive printed matter, advertising, and promotional materials relating to the use of your product shall clearly and conspicuously state that:
- This product has not been FDA cleared or approved, but has been authorized for emergency use by FDA under an EUA for use by authorized laboratories;
 - This product has been authorized only for the detection and differentiation of nucleic acid from SARS-CoV-2, influenza A virus, influenza B virus, and/or Respiratory Syncytial Virus, not for any other viruses or pathogens; and
 - The emergency use of this product is only authorized for the duration of the declaration that circumstances exist justifying the authorization of emergency use of in vitro diagnostics for detection and/or diagnosis of COVID-19 under Section 564(b)(1) of the Federal Food, Drug, and Cosmetic 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 in vitro diagnostics for detection and/or diagnosis of COVID-19 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

Enclosure

REVOKED