



# Intraocular Lens Regulation

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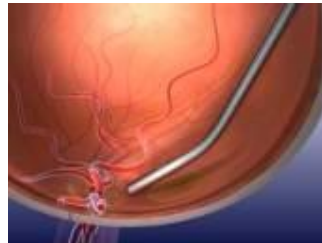
# Disclosures

No Financial Relationships to Disclose

## **It is a Medical Device if it:**

- **Diagnoses, Cures, Mitigates, Treats or Prevents a Disease or Condition**
- **Affects the Function or Structure of the Body**
- **Does Not Achieve Intended Use Through Chemical Action**
- **Is Not Metabolized**

# The Diversity of Medical Devices



# Risk-Based Paradigm

The law gives us the flexibility to calibrate our regulatory approach to the level of potential risk posed by new products



**Tonometers**  
510(k)



**Corneal Implants in  
Keratoconus**  
HDE



**Intraocular Lenses**  
PMA

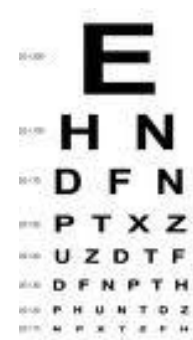
# Device Classifications

- **CLASS I**
  - » Simple design, low risk
  - » Most exempt from premarket submission
- **CLASS II**
  - » More complex, higher risk
  - » Premarket Notification [510(k)]
- **CLASS III**
  - » Most complex, highest risk
  - » Premarket Application [PMA]

[www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Overview/ClassifyYourDevice/default.htm](http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/Overview/ClassifyYourDevice/default.htm)

# Class I: General Controls

- Establishment Registration with the FDA
- Medical Device Listing with the FDA
- Quality Systems regulation
- Labeling Requirements
- Medical Device Reporting
- Most Class I devices now exempt from Premarket notification [510(k)]



# Class II: General Controls plus Special Controls

- **General controls are insufficient to provide reasonable assurance of device's safety and effectiveness**
- **Special Controls may include:**
  - » **Performance standards (e.g., ANSI, ASA, ISO, ASTM)**
  - » **FDA guidance documents**
  - » **Device tracking**
  - » **Patient registry**
- **Most require Premarket Notification [510(k)] to show substantial equivalence to a legally marketed "predicate" device**





# Class II: General Controls plus Premarket Approval

- Typically reserved for devices that:
  - » Support/sustain human life, or
  - » Have substantial importance in preventing health impairment, or
  - » Potential unreasonable risk of illness or injury
  
- Requires Premarket Approval (PMA): reasonable assurance of safety and effectiveness



# Required Regulatory Submissions

- Not exempt Class I or Class II -» 510 (k)  
(91% of Class 1 are exempt)
- Class III -» PMA

# Intraocular Lenses

- All IOLs are Class 3 medical devices requiring premarket approval (PMA)
- **59 Original PMAs Approved**
  - » Most PMAs have supplements with IOL modifications → hundreds of different lenses on the market
- **Currently approved “premium” IOLs**
  - » 3 multifocals
  - » 1 accommodating
  - » 4 toric
  - » 2 phakic
- **Many in the pipeline**
  - » Phakic, aspheric, multifocal, toric, accommodative and combinations of the above

# Premarket Approval (PMA)

- An application requesting clearance to market
- Class III Devices are subject to Premarket Approval
- Application needs to contain sufficient valid scientific evidence to provide reasonable assurance that the device is safe and effective for its intended use

# Safety and Effectiveness Determination

- **Considerations**
  - » **Intended population**
  - » **Conditions of use for the device**
  - » **Probable benefit to health vs. probable injury or illness from use**
  - » **Reliability of the Device**
- **Based only on Valid Scientific Evidence**

## Ophthalmic Standards

- **FDA working with the American National Standards Institute (ANSI) and the International Standards Organization (ISO) since the 1980's**
- **FDA Recognized Standards**
  - » **A consensus standard that FDA has evaluated and recognized for use in satisfying a regulatory requirement and for which FDA has published a notice in the Federal Register (<http://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfstandards/search.cfm>)**
  - » **36 recognized ophthalmic standards**

## Ophthalmic Standards

- **FDA recognized ANSI/ISO standards provide recommendations on the preclinical requirements and clinical study design (Monofocal, MIOL, PIOL)**
- **Incomplete group of recognized ANSI/ ISO Standards for other “Premium” IOLs**

# Recognized IOL Standards

- **Preclinical requirements:**
  - » ISO 11979- 2, 3, 5, 6, 8
  - » ANSI Z80 – 7, 12, 13
  
- **Clinical recommendations (study design, endpts, SPE\*, etc.):**
  - » Monofocal IOL (ANSI Z80.7, ISO 11979-7)
  - » Multifocal IOL (ANSI Z80.12, ISO 11979-9)
  - » Phakic IOL (ANSI Z80.13, ISO 11979-10)
  
- **ISO TR 22979**
  - » IOL modifications
  - » Defines “parent IOL”

\* SPE (safety and performance endpoints): basic historical safety and effectiveness data (FDA Grid) incorporated in ISO 11979-7



## ISO TR 22979

- **Level A modifications: No clinical investigation.**
  - » All safety and performance questions can be adequately addressed by non-clinical testing.
- **Level B modifications: Limited clinical investigation of 100 subjects followed up to and including Form 4, see ISO 11979-7.**
  - » For modifications that raise safety and performance questions that can be adequately addressed with a limited clinical investigation.
- **Level C modifications: Full clinical investigation as defined in ISO 11979-7.**
  - » For modifications that raise safety and performance questions that can only be addressed by a full clinical investigation.

# IOL Standards

- **Clinical Investigation guidance provided in Consensus Standards**
- **Study Design:**
  - » Sample size (statistical considerations)
  - » Study duration
  - » Inclusion/exclusion criteria
- **Clinical Evaluation**
  - » Examination Schedule
  - » Clinical Tests
  - » Test Methodologies
- **Safety and Effectiveness Analyses**



# Obtaining FDA Input Early in the Development

## Pre-Submission Program

- Facilitates device development / innovation by providing informal FDA feedback on proposed:
  - » Preclinical testing
  - » Clinical trial design (e.g., endpoints, inclusion/exclusion criteria, statistical analysis plan)
- Review goal: 75 days
- Provides an opportunity for a meeting with the FDA

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm310375.htm>