Dear Mr. Lollar:

This letter corrects our letter dated April 16, 2014.

The Center for Devices and Radiological Health (CDRH) of the Food and Drug Administration (FDA) has completed its review of your de novo request for classification of the Lyra Direct Strep Assay, a prescription device under 21 CFR Part 801.109. The intended use of the Lyra Direct Strep Assay is:

The Lyra Direct Strep Assay is a Real-Time PCR in vitro diagnostic test for the qualitative detection and differentiation of Group A β-hemolytic Streptococcus (Streptococcus pyogenes) and pyogenic Group C and G β-hemolytic Streptococcus nucleic acids isolated from throat swab specimens obtained from patients with signs and symptoms of pharyngitis, such as sore throat. The assay does not differentiate between pyogenic Groups C and G β-hemolytic Streptococcus.

All negative test results should be confirmed by bacterial culture, because negative results do not preclude Group A, C or G Strep infection and should not be used as the sole basis for treatment.

The assay is intended for use in hospital, reference, or state laboratory settings. The device is not intended for point-of-care use.

FDA concludes that this device, and substantially equivalent devices of this generic type, should be classified into class II. This order, therefore, classifies the Lyra Direct Strep Assay, and substantially equivalent devices of this generic type, into class II under the generic name, “Streptococcus spp. nucleic acid-based assay.”
FDA identifies this generic type of device as: *Streptococcus spp.* nucleic acid-based assay.

A *Streptococcus spp.* nucleic acid-based assay is a qualitative *in vitro* diagnostic device intended to simultaneously detect and identify various *Streptococcus spp.* nucleic acids extracted directly from clinical specimens. The device detects specific nucleic acid sequences for organism identification. The identification aids in the diagnosis of diseases caused by bacteria belonging to the genus *Streptococcus* and provides epidemiological information on these diseases. Pathogenic streptococci are associated with infections, such as sore throat, impetigo (an infection characterized by small pustules on the skin), urinary tract infections, rheumatic fever, and kidney disease.

Section 513(f)(2) of the Food, Drug and Cosmetic Act (the FD&C Act) was amended by section 607 of the Food and Drug Administration Safety and Innovation Act (FDASIA) on July 9, 2012. This new law provides two options for *de novo* classification. First, any person who receives a "not substantially equivalent" (NSE) determination in response to a 510(k) for a device that has not been previously classified under the Act may, within 30 days of receiving notice of the NSE determination, request FDA to make a risk-based classification of the device under section 513(a)(1) of the Act. Alternatively, any person who determines that there is no legally marketed device upon which to base a determination of substantial equivalence may request FDA to make a risk-based classification of the device under section 513(a)(1) of the Act without first submitting a 510(k). FDA shall, within 120 days of receiving such a request, classify the device. This classification shall be the initial classification of the device. Within 30 days after the issuance of an order classifying the device, FDA must publish a notice in the *Federal Register* classifying the device type.

In accordance with section 513(f)(1) of the FD&C Act, FDA issued an order on March 20, 2014, automatically classifying the Lyra Direct Strep Assay in class III, because it was not within a type of device which was introduced or delivered for introduction into interstate commerce for commercial distribution before May 28, 1976, nor which was subsequently reclassified into class I or class II. On March 28, 2014, FDA received your *de novo* requesting classification of the Lyra Direct Strep Assay into class II. The request was submitted under section 513(f)(2) of the FD&C Act. In order to classify the Lyra Direct Strep Assay into class I or II, it is necessary that the proposed class have sufficient regulatory 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 *de novo* request, FDA has determined that the Lyra Direct Strep Assay intended for use as follows:

The Lyra Direct Strep Assay is a Real-Time PCR *in vitro* diagnostic test for the qualitative detection and differentiation of Group A β-hemolytic *Streptococcus* (*Streptococcus pyogenes*) and pyogenic Group C and G β-hemolytic *Streptococcus* nucleic acids isolated from throat swab specimens obtained from patients with signs and symptoms of pharyngitis, such as a sore throat. The assay does not differentiate between pyogenic Groups C and G β-hemolytic *Streptococcus*. 
All negative test results should be confirmed by bacterial culture, because negative results do not preclude Group A, C or G Strep infection and should not be used as the sole basis for treatment.

The assay is intended for use in hospital, reference, or state laboratory settings. The device is not intended for point-of-care use.

can be classified in class II with the establishment of special controls for this type of device. FDA believes that the class II special controls identified later in this order, along with the applicable general controls, provide reasonable assurance of the safety and effectiveness of the device type.

Table 1 – Identified Risks to Health and Mitigation Measures

<table>
<thead>
<tr>
<th>Identified Risks</th>
<th>Mitigation Measures</th>
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<tr>
<td>Incorrect identification of a pathogenic microorganism by the device can lead to improper patient management.</td>
<td>Special controls (1), (2), (3), (4), (5) and (6)</td>
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<tr>
<td>Failure to correctly interpret test results</td>
<td>Special control (7)</td>
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<tr>
<td>Failure to correctly operate the instrument</td>
<td>Special control (8)</td>
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In combination with the general controls of the FD&C Act, the *Streptococcus spp.* nucleic acid-based assay is subject to the following special controls:

1) Premarket notification submissions must include detailed device description documentation, including the device components, ancillary reagents required but not provided, and a detailed explanation of the methodology including primer/probe sequence, design, and rationale for sequence selection.

2) Premarket notification submissions must include detailed documentation from the following analytical and clinical performance studies: Analytical sensitivity (Limit of Detection), reactivity, inclusivity, precision, reproducibility, interference, cross reactivity, carry-over, and cross contamination.

3) Premarket notification submissions must include detailed documentation from a clinical study. The study, performed on a study population consistent with the intended use population, must compare the device performance to results obtained from well-accepted reference methods.

4) Premarket notification submissions must include detailed documentation for device software, including, but not limited to, software applications and hardware-based devices that incorporate software.

5) Premarket notification submissions must include database implementation methodology, construction parameters and quality assurance protocols, as appropriate.

6) The device labeling must include limitations regarding the need for culture confirmation of negative specimens, as appropriate.

7) A detailed explanation of the interpretation of results and acceptance criteria must be included in the device’s 21 CFR 809.10(b)(9) compliant labeling.
8) Premarket notification submissions must include details on an end user device training program that will be offered while marketing the device, as appropriate.

In addition, this is a prescription device and must comply with 21 CFR 801.109. 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 type. FDA has determined premarket notification is necessary to provide reasonable assurance of the safety and effectiveness of the device type and, therefore, the device is not exempt from the premarket notification requirements of the FD&C Act. Thus, persons who intend to market this device type must submit a premarket notification containing information on the *Streptococcus spp.* nucleic acid-based assay they intend to market prior to marketing the device and receive clearance to market from FDA.

Please be advised that FDA’s decision to grant this *de novo* request does not mean that FDA has made a determination that your device complies with other requirements of the FD&C Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the FD&C Act’s requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the FD&C Act); 21 CFR 1000-1050.

A notice announcing this classification order will be published in the Federal Register. A copy of this order and supporting documentation are on file in the Dockets Management Branch (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Room 1061, Rockville, MD 20852 and are available for inspection between 9 a.m. and 4 p.m., Monday through Friday.

As a result of this order, you may immediately market your device as described in the *de novo* request, subject to the general control provisions of the FD&C Act and the special controls identified in this order.

If you have any questions concerning this classification order, please contact Michael Waters at 301-796-4653.

Sincerely yours,

Sally A. Hojvat -S

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