Apple Inc.
℅ Donna-Bea Tillman
Senior Consultant
Biologics Consulting Group
1555 King St, Suite 300
Alexandria, Virginia 22314

Re: DEN180042

Trade/Device Name: Irregular Rhythm Notification Feature
Regulation Number: 21 CFR 870.2790
Regulation Name: Photoplethysmograph analysis software for over-the-counter use
Regulatory Class: Class II
Product Code: QDB
Dated: August 8, 2018
Received: August 9, 2018

Dear Donna-Bea Tillman:

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 Irregular Rhythm Notification Feature, an over-the-counter device under 21 CFR Part 801 Subpart C with the following indications for use:

The Irregular Rhythm Notification Feature is a software-only mobile medical application that is intended to be used with the Apple Watch. The feature analyzes pulse rate data to identify episodes of irregular heart rhythms suggestive of atrial fibrillation (AFib) and provides a notification to the user. The feature is intended for over-the-counter (OTC) use. It is not intended to provide a notification on every episode of irregular rhythm suggestive of AFib and the absence of a notification is not intended to indicate no disease process is present; rather the feature is intended to opportunistically surface a notification of possible AFib when sufficient data are available for analysis. These data are only captured when the user is still. Along with the user’s risk factors, the feature can be used to supplement the decision for AFib screening. The feature is not intended to replace traditional methods of diagnosis or treatment.

The feature has not been tested for and is not intended for use in people under 22 years of age. It is also not intended for use in individuals previously diagnosed with AFib.

FDA concludes that this device should be classified into Class II. This order, therefore, classifies the Irregular Rhythm Notification Feature, and substantially equivalent devices of this generic type, into Class II under the generic name photoplethysmograph analysis software for over-the-counter use.

FDA identifies this generic type of device as:
**Photoplethysmograph analysis software for over-the-counter use.** A photoplethysmograph analysis software device for over-the-counter use analyzes photoplethysmograph data and provides information for identifying irregular heart rhythms. This device is not intended to provide a diagnosis.

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 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 request FDA to make a risk-based classification of the device under section 513(a)(1) of the Act. On December 13, 2016, the 21st Century Cures Act removed a requirement that a De Novo request be submitted within 30 days of receiving an NSE determination. 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 announcing the classification.

On August 9, 2018, FDA received your De Novo requesting classification of the Irregular Rhythm Notification Feature. The request was submitted under section 513(f)(2) of the FD&C Act. In order to classify the Irregular Rhythm Notification Feature 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, for the previously stated indications for use, the Irregular Rhythm Notification Feature can be classified in class II with the establishment of special controls for class II. FDA believes that class II (special) controls provide reasonable assurance of the safety and effectiveness of the device type. The identified risks and mitigation measures associated with the device type are summarized in the following table:

<table>
<thead>
<tr>
<th>Identified Risk</th>
<th>Mitigation Measures</th>
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<tbody>
<tr>
<td>Poor quality incoming PPG signal resulting in failure to detect irregular heart rhythms</td>
<td>Clinical performance testing</td>
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<td></td>
<td>Human factors testing</td>
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<td></td>
<td>Labeling</td>
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<tr>
<td>Misinterpretation and/or over-reliance on device output, leading to:</td>
<td>Human factors testing</td>
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<td>- Failure to seek treatment despite acute symptoms (e.g., fluttering sensation in the chest, lightheadedness, and irregular pulse)</td>
<td>Labeling</td>
</tr>
<tr>
<td>- Discontinuing or modifying treatment for chronic heart condition</td>
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<tr>
<td>False negative resulting in failure to detect irregular heart rhythms and delay of further evaluation or treatment</td>
<td>Clinical performance testing</td>
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<td></td>
<td>Software verification, validation, and hazard analysis</td>
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<tr>
<td>False positive resulting in additional unnecessary medical procedures</td>
<td>Clinical performance testing Labeling</td>
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<tr>
<td></td>
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<td>Software verification, validation, and hazard analysis</td>
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<tr>
<td></td>
<td>Non-clinical performance testing</td>
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<tr>
<td></td>
<td>Labeling</td>
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In combination with the general controls of the FD&C Act, the photoplethysmograph analysis software for over-the-counter use is subject to the following special controls:

1. Clinical performance testing must demonstrate the performance characteristics of the detection algorithm under anticipated conditions of use.

2. Software verification, validation, and hazard analysis must be performed. Documentation must include a characterization of the technical specifications of the software, including the detection algorithm and its inputs and outputs.

3. Non-clinical performance testing must demonstrate the ability of the device to detect adequate PPG signal quality.

4. Human factors and usability testing must demonstrate the following:
   a. The user can correctly use the device based solely on reading the device labeling; and
   b. The user can correctly interpret the device output and understand when to seek medical care.

5. Labeling must include:
   a. Hardware platform and operating system requirements;
   b. Situations in which the device may not operate at an expected performance level;
   c. A summary of the clinical performance testing conducted with the device;
   d. A description of what the device measures and outputs to the user; and
   e. Guidance on interpretation of any results.

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 photoplethysmograph analysis software for over-the-counter use they intend to market prior to marketing the device.

Although this letter refers to your product as a device, please be aware that some granted products may instead be combination products. If you have questions on whether your product is a combination product, contact CDRHProductJurisdiction@fda.hhs.gov.
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) for
devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see
https://www.fda.gov/CombinationProducts/GuidanceRegulatoryInformation/ucm597488.htm); good
manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820)
for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; 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.

For comprehensive regulatory information about medical devices and radiation-emitting products, please see
Device Advice (https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/) and CDRH Learn
(http://www.fda.gov/Training/CDRHLearn). Additionally, you may contact the Division of Industry and
Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website
(http://www.fda.gov/DICE) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone
(1-800-638-2041 or 301-796-7100).

If you have any questions concerning the contents of the letter, please contact Erdit Gremi at 240-402-3910.

Sincerely,

Angela C. Krueger
Deputy Director, Engineering and Science Review
Office of Device Evaluation
Center for Devices and Radiological Health