



March 28, 2019

Kaneka Pharma America Corp.
% Miriam C. Provost, Ph.D.
Consultant
Provost Regulatory Consulting, LLC
205 Moore Ave SE
Vienna, VA 22180

Re: P910018/S023
Trade/Device Name: LIPOSORBER LA-15 System
Product Code: MMY
Filed: February 16, 2018
Amended: March 1, 2018, November 9, 2018, and December 28, 2018.

Dear Miriam C. Provost:

The Center for Devices and Radiological Health (CDRH) of the Food and Drug Administration (FDA) has completed its review of your premarket approval application (PMA) 180-day supplement, which requested approval for modifying the indications for use statement. The device, as modified, will be marketed under the trade name LIPOSORBER LA-15 System and is indicated for:

The LIPOSORBERR LA-15 System is indicated for use in performing low density lipoprotein cholesterol (LDL-C) apheresis to acutely remove LDL-C from the plasma of the following high risk patient populations for whom diet has been ineffective and maximum drug therapy has either been ineffective or not tolerated:

- Group A – Functional Hypercholesterolemic Homozygotes with LDL-C >500 mg/dL;
- Group B – Functional Hypercholesterolemic Heterozygotes with LDL-C \geq 300 mg/dL; and
- Group C – Functional Hypercholesterolemic Heterozygotes with LDL-C \geq 100 mg/dL and either documented coronary artery disease or documented peripheral artery disease.

The LDL-C levels for the indicated patient populations are baseline LDL-C levels obtained after the patient has had a trial of diet and maximum tolerated combination drug therapy to reduce LDL-C according to the current professional guidelines on the management of blood cholesterol.

Documented coronary artery disease (CAD) includes CAD diagnosed by invasive or computed tomography (CT) coronary angiography, or by electron beam (ultrafast) CT (EBCT), or documented by a history of myocardial infarction (MI), percutaneous coronary intervention (PCI), or coronary artery bypass graft (CABG) surgery.

Documented peripheral artery disease (PAD) includes PAD diagnosed by symptoms and/or physician exam (e.g., using the Rutherford classification), ankle-brachial index (ABI), ultrasound exam, pulse volume recording (PVR), or peripheral vascular angiography, or documented by a history of peripheral vascular intervention, peripheral vascular bypass surgery, or minor or major amputation.

Baseline lipid levels are to be determined after stabilization on diet and drug therapy by making two measurements during a 2- to 4-week period. (Note: The two values should be within 10% of each other, indicating a stable condition.)

Based upon the information submitted, the PMA supplement is approved. You may begin commercial distribution of the device as modified by your PMA supplement in accordance with the conditions described below. Although this letter refers to your product as a device, please be aware that some approved products may instead be combination products. The Premarket Approval Database located at <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfPMA/pma.cfm> identifies combination product submissions.

The sale and distribution of this device are restricted to prescription use in accordance with 21 CFR 801.109 and under section 515(d)(1)(B)(ii) of the Federal Food, Drug, and Cosmetic Act (the act). The device is further restricted under section 515(d)(1)(B)(ii) of the act insofar as the labeling must specify the specific training or experience practitioners need in order to use the device. FDA has determined that these restrictions on sale and distribution are necessary to provide reasonable assurance of the safety and effectiveness of the device. Your device is therefore a restricted device subject to the requirements in sections 502(q) and (r) of the act, in addition to the many other FDA requirements governing the manufacture, distribution, and marketing of devices.

Continued approval of the PMA is contingent upon the submission of periodic reports, required under 21 CFR 814.84, at intervals of one year (unless otherwise specified) from the date of approval of the original PMA. This report, identified as "Annual Report" and bearing the applicable PMA reference number, should be submitted to the address below. The Annual Report should indicate the beginning and ending date of the period covered by the report and should include the information required by 21 CFR 814.84.

In addition to the above, and in order to provide continued reasonable assurance of the safety and effectiveness of the PMA device, the Annual Report must include, separately for each model number (if applicable), the number of devices sold and distributed during the reporting period, including those distributed to distributors. The distribution data will serve as a denominator and provide necessary context for FDA to ascertain the frequency and prevalence of adverse events, as FDA evaluates the continued safety and effectiveness of the device.

This is a reminder that as of September 24, 2014, class III devices are subject to certain provisions of the final Unique Device Identification (UDI) rule. These provisions include the requirement to provide a UDI on the device label and packages (21 CFR 801.20), format dates on the device label in accordance with 21 CFR 801.18, and submit data to the Global Unique Device Identification Database (GUDID) (21 CFR 830 Subpart E). Additionally, 21 CFR 814.84 (b)(4) requires PMA annual reports submitted after September 24, 2014, to identify each device identifier currently in use for the subject device, and the device identifiers for devices that have been discontinued since the previous periodic report. It is not necessary to identify any

device identifier discontinued prior to December 23, 2013. Combination Products may also be subject to UDI requirements (see 21 CFR 801.30). For more information on these requirements, please see the UDI website, <http://www.fda.gov/udi>.

Before making any change affecting the safety or effectiveness of the PMA device, you must submit a PMA supplement or an alternate submission (30-day notice) in accordance with 21 CFR 814.39. All PMA supplements and alternate submissions (30-day notice) must comply with the applicable requirements in 21 CFR 814.39. For more information, please refer to the FDA guidance document entitled, "Modifications to Devices Subject to Premarket Approval (PMA) - The PMA Supplement Decision-Making Process" <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm089274.htm>.

You are reminded that many FDA requirements govern the manufacture, distribution, and marketing of devices. For example, in accordance with the Medical Device Reporting (MDR) regulation, 21 CFR 803.50 and 21 CFR 803.52 for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products, you are required to report adverse events for this device. Manufacturers of medical devices, including in vitro diagnostic devices, are required to report to FDA no later than 30 calendar days after the day they receive or otherwise becomes aware of information, from any source, that reasonably suggests that one of their marketed devices:

1. May have caused or contributed to a death or serious injury; or
2. Has malfunctioned and such device or similar device marketed by the manufacturer would be likely to cause or contribute to a death or serious injury if the malfunction were to recur.

Additional information on MDR, including how, when, and where to report, is available at <http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm> and on combination product postmarketing safety reporting is available at (see <https://www.fda.gov/CombinationProducts/GuidanceRegulatoryInformation/ucm597488.htm>).

In accordance with the recall requirements specified in 21 CFR 806.10 for devices or the postmarketing safety reporting requirements (21 CFR 4, Subpart B) for combination products, you are required to submit a written report to FDA of any correction or removal of this device initiated by you to: (1) reduce a risk to health posed by the device; or (2) remedy a violation of the act caused by the device which may present a risk to health, with certain exceptions specified in 21 CFR 806.10(a)(2). Additional information on recalls is available at <http://www.fda.gov/Safety/Recalls/IndustryGuidance/default.htm>.

CDRH does not evaluate information related to contract liability warranties. We remind you; however, that device labeling must be truthful and not misleading.

Failure to comply with any post-approval requirement constitutes a ground for withdrawal of approval of a PMA. The introduction or delivery for introduction into interstate commerce of a device that is not in compliance with its conditions of approval is a violation of law.

You are reminded that, as soon as possible and before commercial distribution of your device, you must submit an amendment to this PMA submission with a copy of all final labeling. Final labeling that is

identical to the labeling approved in draft form will not routinely be reviewed by FDA staff when accompanied by a cover letter stating that the final labeling is identical to the labeling approved in draft form. If the final labeling is not identical, any changes from the final draft labeling should be highlighted and explained in the amendment.

All required documents should be submitted, unless otherwise specified, to the address below and should reference the above PMA number to facilitate processing.

U.S. Food and Drug Administration
Center for Devices and Radiological Health
Document Control Center - WO66-G609
10903 New Hampshire Avenue
Silver Spring, MD 20993-0002

If you have any questions concerning this approval order, please contact David Sullivan, Ph.D. at (240) 402-2313 or David.Sullivan@fda.hhs.gov.

Sincerely,

for
Benjamin R. Fisher, Ph.D.
Director
Division of Reproductive, Gastro-Renal,
and Urological Devices
Office of Device Evaluation
Center for Devices and Radiological Health