Technical Information Report

ANSI/AAMI/ISO TIR12417:2011

Cardiovascular implants and extracorporeal systems – Vascular device-drug combination products

Association for the Advancement of Medical Instrumentation

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Objectives and uses of AAMI standards and recommended practices

It is most important that the objectives and potential uses of an AAMI product standard or recommended practice are clearly understood. The objectives of AAMI's technical development program derive from AAMI's overall mission: the advancement of medical instrumentation. Essential to such advancement are (1) a continued increase in the safe and effective application of current technologies to patient care, and (2) the encouragement of new technologies. It is AAMI's view that standards and recommended practices can contribute significantly to the advancement of medical instrumentation, provided that they are drafted with attention to these objectives and provided that arbitrary and restrictive uses are avoided.

A voluntary *standard* for a *medical device* recommends to the manufacturer the information that should be provided with or on the product, basic safety and performance criteria that should be considered in qualifying the device for clinical use, and the measurement techniques that can be used to determine whether the device conforms with the safety and performance criteria and/or to compare the performance characteristics of different products. Some standards emphasize the information that should be provided with the device, including performance characteristics, instructions for use, warnings and precautions, and other data considered important in ensuring the safe and effective use of the device in the clinical environment. Recommending the disclosure of performance characteristics often necessitates the development of specialized test methods to facilitate uniformity in reporting; reaching consensus on these tests can represent a considerable part of committee work. When a drafting committee determines that clinical concerns warrant the establishment of *minimum* safety and performance criteria, referee tests must be provided and the reasons for establishing the criteria must be documented in the rationale.

A *recommended practice* provides guidelines for the use, care, and/or processing of a medical device or system. A recommended practice does not address device performance *per se*, but rather procedures and practices that will help ensure that a device is used safely and effectively and that its performance will be maintained.

Although a device standard is primarily directed to the manufacturer, it may also be of value to the potential purchaser or user of the device as a frame of reference for device evaluation. Similarly, even though a recommended practice is usually oriented towards healthcare professionals, it may be useful to the manufacturer in better understanding the environment in which a medical device will be used. Also, some recommended practices, while not addressing device performance criteria, provide guidelines to industrial personnel on such subjects as sterilization processing, methods of collecting data to establish safety and efficacy, human engineering, and other processing or evaluation techniques; such guidelines may be useful to health care professionals in understanding industrial practices.

In determining whether an AAMI standard or recommended practice is relevant to the specific needs of a potential user of the document, several important concepts must be recognized:

All AAMI standards and recommended practices are *voluntary* (unless, of course, they are adopted by government regulatory or procurement authorities). The application of a standard or recommended practice is solely within the discretion and professional judgment of the user of the document.

Each AAMI standard or recommended practice reflects the collective expertise of a committee of health care professionals and industrial representatives, whose work has been reviewed nationally (and sometimes internationally). As such, the consensus recommendations embodied in a standard or recommended practice are intended to respond to clinical needs and, ultimately, to help ensure patient safety. A standard or recommended practice is limited, however, in the sense that it responds generally to perceived risks and conditions that may not always be relevant to specific situations. A standard or recommended practice is an important *reference* in responsible decision-making, but it should never *replace* responsible decision-making.

Despite periodic review and revision (at least once every five years), a standard or recommended practice is necessarily a static document applied to a dynamic technology. Therefore, a standards user must carefully review the reasons why the document was initially developed and the specific rationale for each of its provisions. This review will reveal whether the document remains relevant to the specific needs of the user.

Particular care should be taken in applying a product standard to existing devices and equipment, and in applying a recommended practice to current procedures and practices. While observed or potential risks with existing equipment typically form the basis for the safety and performance criteria defined in a standard, professional judgment must be used in applying these criteria to existing equipment. No single source of information will serve to identify a particular product as "unsafe". A voluntary standard can be used as one resource, but the ultimate decision as to product safety and efficacy must take into account the specifics of its utilization and, of course, cost-benefit considerations. Similarly, a recommended practice should be analyzed in the context of the specific needs and resources of the individual institution or firm. Again, the rationale accompanying each AAMI standard and recommended practice is an excellent guide to the reasoning and data underlying its provision.

In summary, a standard or recommended practice is truly useful only when it is used in conjunction with other sources of information and policy guidance and in the context of professional experience and judgment.

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Requests for interpretations of AAMI standards and recommended practices must be made in writing, to the AAMI Vice President, Standards Policy and Programs. An official interpretation must be approved by letter ballot of the originating committee and subsequently reviewed and approved by the AAMI Standards Board. The interpretation will become official and representation of the Association only upon exhaustion of any appeals and upon publication of notice of interpretation in the "Standards Monitor" section of the *AAMI News*. The Association for the Advancement of Medical Instrumentation disclaims responsibility for any characterization or explanation of a standard or recommended practice which has not been developed and communicated in accordance with this procedure and which is not published, by appropriate notice, as an *official interpretation* in the *AAMI News*.

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Cardiovascular implants and extracorporeal systems – Vascular device-drug combination products

Approved 8 December 2010 by
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Registered 5 December 2010 by
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Abstract: Covers products that deliver a drug (e.g. drug eluting stent) or a drug that is "permanently" bound on the device surface (e.g. Heparin coated stent), and gives technical guidance for device manufacturers and assessors regarding typical drug-device interface problems (e.g. EO residuals limits are different for drugs and devices). Shall not include products whose main function is drug delivery (e.g. syringes).

Keywords: analysis, biocompatibility, design, drug, evaluation, matrix, performance, pharmaceutical, VDDCP

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AAMI Technical Information Report

A technical information report (TIR) is a publication of the Association for the Advancement of Medical Instrumentation (AAMI) Standards Board that addresses a particular aspect of medical technology.

Although the material presented in a TIR may need further evaluation by experts, releasing the information is valuable because the industry and the professions have an immediate need for it.

A TIR differs markedly from a standard or recommended practice, and readers should understand the differences between these documents.

Standards and recommended practices are subject to a formal process of committee approval, public review, and resolution of all comments. This process of consensus is supervised by the AAMI Standards Board and, in the case of American National Standards, by the American National Standards Institute.

A TIR is not subject to the same formal approval process as a standard. However, a TIR is approved for distribution by a technical committee and the AAMI Standards Board.

Another difference is that, although both standards and TIRs are periodically reviewed, a standard must be acted on—reaffirmed, revised, or withdrawn—and the action formally approved usually every five years but at least every 10 years. For a TIR, AAMI consults with a technical committee about five years after the publication date (and periodically thereafter) for guidance on whether the document is still useful—that is, to check that the information is relevant or of historical value. If the information is not useful, the TIR is removed from circulation.

A TIR may be developed because it is more responsive to underlying safety or performance issues than a standard or recommended practice, or because achieving consensus is extremely difficult or unlikely. Unlike a standard, a TIR permits the inclusion of differing viewpoints on technical issues.

CAUTION NOTICE: This AAMI TIR may be revised or withdrawn at any time. Because it addresses a rapidly evolving field or technology, readers are cautioned to ensure that they have also considered information that may be more recent than this document.

All standards, recommended practices, technical information reports, and other types of technical documents developed by AAMI are voluntary, and their application is solely within the discretion and professional judgment of the user of the document. Occasionally, voluntary technical documents are adopted by government regulatory agencies or procurement authorities, in which case the adopting agency is responsible for enforcement of its rules and regulations.

Comments on this technical information report are invited and should be sent to AAMI, Attn: Standards Department, 4301 N. Fairfax Drive, Suite 301, Arlington, VA 22203-1633.

ANSI Technical Report

This AAMI TIR has been registered by the American National Standards Institute as an ANSI Technical Report.

Publication of this ANSI Technical Report has been approved by the accredited standards developer (AAMI). This document is registered as a Technical Report series of publications according to the Procedures for the Registration of Technical Reports with ANSI. This document is not an American National Standard and the material contained herein is not normative in nature.

Comments on the content of this document should be sent to AAMI, Attn: Standards Department, 4301 N. Fairfax Drive, Suite 301, Arlington, VA 22203-1633.

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Glossary of equivalent standards

International Standards adopted in the United States may include normative references to other International Standards. For each International Standard that has been adopted by AAMI (and ANSI), the table below gives the corresponding U.S. designation and level of equivalency to the International Standard. NOTE: Documents are sorted by international designation. The code in the US column, "(R)20xx" indicates the year the document was officially reaffirmed by AAMI. E.g., ANSI/AAMI/ISO 10993-4:2002/(R)2009 indicates that 10993-4, originally approved and published in 2002, was reaffirmed without change in 2009.

Other normatively referenced International Standards may be under consideration for U.S. adoption by AAMI; therefore, this list should not be considered exhaustive.

International designation	U.S. designation	Equivalency
IEC 60601-1:2005 Technical Corrigendum 1 and 2	ANSI/AAMI ES60601-1:2005 and ANSI/AAMI ES60601-1:2005/A2:2010 ANSI/AAMI ES60601-1:2005/C1:2009 (amdt)	Major technical variations C1 Identical to Corrigendum 1 & 2
IEC 60601-1-2:2007	ANSI/AAMI/IEC 60601-1-2:2007	Identical
IEC 60601-2-2:2009	ANSI/AAMI/IEC 60601-2-2:2009	Identical
IEC 60601-2-4:2010	ANSI/AAMI/IEC 60601-2-4:2010	Identical
IEC 60601-2-16:2008	ANSI/AAMI/IEC 60601-2-16:2008	Identical
IEC 60601-2-19:2009	ANSI/AAMI/IEC 60601-2-19:2009	Identical
IEC 60601-2-20:2009	ANSI/AAMI/IEC 60601-2-20:2009	Identical
IEC 60601-2-21:2009	ANSI/AAMI/IEC 60601-2-21:2009	Identical
IEC 60601-2-24:1998	ANSI/AAMI ID26:2004/(R)2009	Major technical variations
IEC 60601-2-47:2001	ANSI/AAMI EC38:2007	Major technical variations
IEC 60601-2-50:2009	ANSI/AAMI/IEC 60601-2-50:2009	Identical
IEC 80001-1:2010	ANSI/AAMI/IEC 80001-1:2010	Identical
IEC 80601-2-30:2009 and Technical Corrigendum 1	ANSI/AAMI/IEC 80601-2-30:2009 and ANSI/AAMI/IEC 80601-2-30:2009/ C1:2009 (amdt) – consolidated text	Identical (with inclusion) C1 Identical to Corrigendum 1
IEC 80601-2-58:2008	ANSI/AAMI/IEC 80601-2-58:2008	Identical
IEC/TR 60878:2009	ANSI/AAMI/IEC TIR60878:2003	Identical
IEC/TR 62296:2009	ANSI/AAMI/IEC TIR62296:2009	Identical
IEC 62304:2006	ANSI/AAMI/IEC 62304:2006	Identical
IEC/TR 62348:2006	ANSI/AAMI/IEC TIR62348:2006	Identical
IEC/TR 62354:2009	ANSI/AAMI/IEC TIR62354:2009	Identical
IEC 62366:2007	ANSI/AAMI/IEC 62377:2007	Identical
IEC/TR 80002-1:2009	ANSI/IEC/TR 80002-1:2009	Identical
ISO 5840:2005	ANSI/AAMI/ISO 5840:2005/(R)2010	Identical
ISO 7198:1998	ANSI/AAMI/ISO 7198:1998/2001/(R)2010	Identical
ISO 7199:2009	ANSI/AAMI/ISO 7199:2009	Identical
ISO 8637:2010	ANSI/AAMI/ISO 8637:2010	Identical
ISO 8638:2010	ANSI/AAMI/ISO 8638:2010	Identical
ISO 10993-1:2009	ANSI/AAMI/ISO 10993-1:2009	Identical
ISO 10993-2:2006	ANSI/AAMI/ISO 10993-2:2006/(R)2010	Identical
ISO 10993-3:2003	ANSI/AAMI/ISO 10993-3:2003/(R)2009	Identical
ISO 10993-4:2002 and Amendment 1:2006	ANSI/AAMI/ISO 10993-4:2002/(R)2009 and Amendment 1:2006/(R)2009	Identical
ISO 10993-5:2009	ANSI/AAMI/ISO 10993-5:2009	Identical
ISO 10993-6:2007	ANSI/AAMI/ISO 10993-6:2007/(R)2010	Identical
ISO 10993-7:2008	ANSI/AAMI/ISO 10993-7:2008	Identical
ISO 10993-9:2009	ANSI/AAMI/ISO 10993-9:2009	Identical
ISO 10993-10:2010	ANSI/AAMI/ISO 10993-10:2010	Identical
ISO 10993-11:2006	ANSI/AAMI/ISO 10993-11:2006/(R)2010	Identical
ISO 10993-12:2007	ANSI/AAMI/ISO 10993-12:2007	Identical
ISO 10993-13:2010	ANSI/AAMI/ISO 10993-13:2010	Identical
ISO 10993-14:2001	ANSI/AAMI/ISO 10993-14:2001/(R)2006	Identical
ISO 10993-15:2000	ANSI/AAMI/ISO 10993-15:2000/(R)2006	Identical
ISO 10993-16:2010	ANSI/AAMI/ISO 10993-16:2010	Identical
ISO 10993-17:2002	ANSI/AAMI/ISO 10993-17:2002/(R)2008	Identical
ISO 10993-18:2005	ANSI/AAMI BE83:2006	Major technical variations
ISO/TS 10993-19:2006	ANSI/AAMI/ISO TIR10993-19:2006	Identical
ISO/TS 10993-20:2006	ANSI/AAMI/ISO TIR10993-20:2006	Identical
ISO 11135-1:2007	ANSI/AAMI/ISO 11135-1:2007	Identical
ISO/TS 11135-2:2008	ANSI/AAMI/ISO TIR11135-2:2008	Identical

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International designation	U.S. designation	Equivalency
ISO 11137-1:2006	ANSI/AAMI/ISO 11137-1:2006/(R)2010	Identical
ISO 11137-2:2006 (2006-08-01 corrected version)	ANSI/AAMI/ISO 11137-2:2006	Identical
ISO 11137-3:2006	ANSI/AAMI/ISO 11137-3:2006/(R)2010	Identical
ISO 11138-1: 2006	ANSI/AAMI/ISO 11138-1:2006/(R)2010	Identical
ISO 11138-2: 2006	ANSI/AAMI/ISO 11138-2:2006/(R)2010	Identical
ISO 11138-3: 2006	ANSI/AAMI/ISO 11138-3:2006/(R)2010	Identical
ISO 11138-4: 2006	ANSI/AAMI/ISO 11138-4:2006/(R)2010	Identical
ISO 11138-5: 2006	ANSI/AAMI/ISO 11138-5:2006/(R)2010	Identical
ISO/TS 11139:2006	ANSI/AAMI/ISO 11139:2006	Identical
ISO 11140-1:2005	ANSI/AAMI/ISO 11140-1:2005/(R)2010	Identical
ISO 11140-3:2007	ANSI/AAMI/ISO 11140-3:2007	Identical
ISO 11140-4:2007	ANSI/AAMI/ISO 11140-4:2007	Identical
ISO 11140-5:2007	ANSI/AAMI/ISO 11140-5:2007	Identical
ISO 11607-1:2006	ANSI/AAMI/ISO 11607-1:2006/(R)2010	Identical
ISO 11607-2:2006	ANSI/AAMI/ISO 11607-2:2006/(R)2010	Identical
ISO 11663:2009	ANSI/AAMI/ISO 11633:2009	Identical
ISO 11737-1: 2006	ANSI/AAMI/ISO 11737-1:2006	Identical
ISO 11737-2:2009	ANSI/AAMI/ISO 11737-2:2009	Identical
ISO/TS 12417:2011	ANSI/AAMI/ISO TIR12417:2011	Identical
ISO 13408-1:2008	ANSI/AAMI/ISO 13408-1:2008	Identical
ISO 13408-2:2003	ANSI/AAMI/ISO 13408-2:2003	Identical
ISO 13408-3:2006	ANSI/AAMI/ISO 13408-3:2006	Identical
ISO 13408-4:2005	ANSI/AAMI/ISO 13408-4:2005	Identical
ISO 13408-5:2006	ANSI/AAMI/ISO 13408-5:2006	Identical
ISO 13408-6:2006	ANSI/AAMI/ISO 13408-6:2006	Identical
ISO 13485:2003	ANSI/AAMI/ISO 13485:2003/(R)2009	Identical
ISO 13958:2009	ANSI/AAMI/ISO 13958:2009	Identical
ISO 13959:2009	ANSI/AAMI/ISO 13959:2009	Identical
ISO 14155:2011	ANSI/AAMI/ISO 14155:2011	Identical
ISO 14160:1998	ANSI/AAMI/ISO 14160:1998/(R)2008	Identical
ISO 14161:2009	ANSI/AAMI/ISO 14161:2009	Identical
ISO 14708-3:2008	ANSI/AAMI/ISO 14708-3:2008	Identical
ISO 14708-4:2008	ANSI/AAMI/ISO 14708-4:2008	Identical
ISO 14708-5:2010	ANSI/AAMI /ISO 14708-5:2010	Identical
ISO 14937:2009	ANSI/AAMI/ISO 14937:2009	Identical
ISO/TR 14969:2004	ANSI/AAMI/ISO TIR14969:2004	Identical
ISO 14971:2007	ANSI/AAMI/ISO 14971:2007/(R)2010	Identical
ISO 15223-1:2007 and A1:2008	ANSI/AAMI/ISO 15223-1:2007 and A1:2008	Identical
ISO 15223-2:2010	ANSI/AAMI/ISO 15223-2:2010	Identical
ISO 15225:2010	ANSI/AAMI/ISO 15225:2010	Identical
ISO 15674:2009	ANSI/AAMI/ISO 15674:2009	Identical
ISO 15675:2009	ANSI/AAMI/ISO 15675:2009	Identical
ISO 15882:2008	ANSI/AAMI/ISO 15882:2008	Identical
ISO 15883-1:2006	ANSI/AAMI ST15883-1:2009	Major technical variations
ISO/TR 16142:2006	ANSI/AAMI/ISO TIR16142:2005	Identical
ISO 17664:2004	ANSI/AAMI ST81:2004	Major technical variations
ISO 17665-1:2006	ANSI/AAMI/ISO 17665-1:2006	Identical (with inclusions)
ISO/TS 17665-2:2009	ANSI/AAMI/ISO TIR17665-2:2009	Identical
ISO 18472:2006	ANSI/AAMI/ISO 18472:2006/(R)2010	Identical
ISO/TS 19218:2005	ANSI/AAMI/ISO 19218:2005	Identical
ISO 20857:2010	ANSI/AAMI/ISO 20857:2010	Identical
ISO 22442-1:2007	ANSI/AAMI/ISO 22442-1:2007	Identical
ISO 22442-2:2007	ANSI/AAMI/ISO 22442-2:2007	Identical
ISO 22442-3:2007	ANSI/AAMI/ISO 22442-3:2007	Identical
ISO 23500:2011	ANSI/AAMI/ISO 23500:2011	Identical
ISO 25539-1:2003 and A1:2005	ANSI/AAMI/ISO 25539-1:2003/(R)2009 and A1:2005/(R)2009	Identical
ISO 25539-2:2008	ANSI/AAMI/ISO 25539-2:2008	Identical
ISO 26722:2009	ANSI/AAMI/ISO 26722:2009	Identical
ISO 27186:2010	ANSI/AAMI/ISO 27186:2010	Identical
ISO 80369-1:2010	ANSI/AAMI/ISO 80369-1:2010	Identical
ISO 81060-1:2007	ANSI/AAMI/ISO 81060-1:2007	Identical
ISO 81060-2:2009	ANSI/AAMI/ISO 81060-2:2009	Identical

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Committee representation

Association for the Advancement of Medical Instrumentation

Vascular Device-Drug Combination Products Working Group

This Technical Information Report (TIR) was developed by the AAMI Vascular device-drug combination products working group. Approval of the TIR does not necessarily imply that all working group members voted for its approval.

At the time this document was published, the AAMI Vascular Device-Drug Combination Products Working Group had the following members:

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Background on AAMI adoption of ISO/TS 12417:2011

As indicated in the foreword to the main body of this document (page x), the International Organization for Standardization (ISO) is a worldwide federation of national standards bodies. The United States is one of the ISO members that took an active role in the development of this document.

ISO/TS 12417:2011 was developed by ISO Technical Committee 150, Subcommittee 2, *Cardiovascular implants and extracorporeal systems*, to fill a need for technical guidance for vascular device-drug combination products.

U.S. participation in this ISO TC is organized through the U.S. Technical Advisory Group for ISO/TC 150/SC 2, administered by the Association for the Advancement of Medical Instrumentation (AAMI). The U.S. TAG for ISO/TC 150/SC 2 supports the guidance provided in this document.

The AAMI adoption of AAMI/ISO 12417:2011 was approved by AAMI on 8 December 2010. The AAMI Vascular device-drug combination products working group (U.S. sub-TAG for ISO/TC 150/SC 2/WG 6, Vascular device-drug combination products) initiated the U.S. adoption of ISO/TS 12417:2011.

AAMI (and ANSI) have adopted other ISO documents. See the Glossary of Equivalent Standards for a list of ISO documents adopted by AAMI which gives the corresponding U.S. designation and the level of equivalency with the ISO document.

The concepts incorporated in this Technical Information Report should not be considered inflexible or static. This technical information report, like any other, must be reviewed and updated periodically to assimilate progressive technological developments. To remain relevant, it must be modified as technological advances are made and as new data come to light.

As used within the context of this document, “shall” indicates requirements strictly to be followed to conform to the technical specification. “Should” indicates that among several possibilities, one is recommended as particularly suitable, without mentioning or excluding others, or that a certain course of action is preferred but not necessarily required, or that (in the negative form) a certain possibility or course of action should be avoided but is not prohibited. “May” is used to indicate that a course of action is permissible within the limits of the technical specification. “Can” is used as a statement of possibility and capability. Finally, “must” is used only to describe “unavoidable” situations, including those mandated by government regulation.

Suggestions for improving this Technical Information Report are invited. Comments and suggested revisions should be sent to Standards Department, AAMI, 4301 N. Fairfax Drive, Suite 301, Arlington, VA 22203-1633.

NOTE—This background does not contain provisions of the AAMI/ISO Technical Information Report 12417, but does provide important information about the development and intended use of this TIR.

NOTE—Beginning with the foreword on page x, this AAMI TIR is identical to ISO/TS 12417:2011.

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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

International Standards are drafted in accordance with the rules given in the ISO/IEC Directives, Part 2.

The main task of technical committees is to prepare International Standards. Draft International Standards adopted by the technical committees are circulated to the member bodies for voting. Publication as an International Standard requires approval by at least 75 % of the member bodies casting a vote.

In other circumstances, particularly when there is an urgent market requirement for such documents, a technical committee may decide to publish other types of normative document:

— an ISO Publicly Available Specification (ISO/PAS) represents an agreement between technical experts in an ISO working group and is accepted for publication if it is approved by more than 50 % of the members of the parent committee casting a vote;

— an ISO Technical Specification (ISO/TS) represents an agreement between the members of a technical committee and is accepted for publication if it is approved by 2/3 of the members of the committee casting a vote.

An ISO/PAS or ISO/TS is reviewed after three years in order to decide whether it will be confirmed for a further three years, revised to become an International Standard, or withdrawn. If the ISO/PAS or ISO/TS is confirmed, it is reviewed again after a further three years, at which time it must either be transformed into an International Standard or be withdrawn.

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights.

ISO/TS 12417 was prepared by Technical Committee ISO/TC 150, *Implants for surgery*, Subcommittee SC 2, *Cardiovascular implants and extracorporeal systems*.

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Introduction

This Technical Specification was prepared in order to provide minimum requirements for vascular device-drug combination products (VDDCPs).

Only issues related to drug(s) combined with the vascular device based on the ancillary function of the VDDCP are covered by this Technical Specification.

NOTE For issues related to the primary mode of action of the vascular device, the reader might find it useful to consider a number of other International Standards (see Bibliography).

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Cardiovascular implants and extracorporeal systems — Vascular device-drug combination products

1 Scope

1.1 This Technical Specification specifies requirements for vascular device-drug combination products (VDDCPs) based upon current technical and medical knowledge. VDDCPs are medical devices with various clinical indications for use in the human vascular blood system. A VDDCP incorporates, as an integral part, substance(s) which, if used separately, can be considered to be a medicinal product (drug product) but the action of the medicinal substance is ancillary to that of the device and supports the primary mode of action of the device. With regard to safety, this Technical Specification outlines requirements for intended performance, design attributes, materials, design evaluation, manufacturing, sterilization packaging, and information supplied by the manufacturer. For implanted products, this Technical Specification should be considered as a supplement to ISO 14630, which specifies general requirements for the performance of non-active surgical implants. This Technical Specification should also be considered as a supplement to relevant device-specific standards, such as the ISO 25539 series specifying requirements for endovascular devices. Requirements listed in this Technical Specification also address VDDCPs that are not necessarily permanent implants.

NOTE Due to variations in the design of products covered by this Technical Specification and due to the relatively recent development of some of these products, acceptable standardized *in vitro* tests and clinical results are not always available. As further scientific and clinical data become available, appropriate revision of this Technical Specification will be necessary.

1.2 Delivery systems or parts of the delivery system are included in the scope of this Technical Specification if they comprise an integral component of the vascular device and if they are drug-covered (e.g. drug-covered balloon catheters and drug-covered guidewires).

1.3 Pumps and infusion catheters which do not contain drug coverings, and whose primary mode of action is to deliver a drug, are not addressed in this Technical Specification.

1.4 Procedures and devices used prior to and following the introduction of the VDDCP (e.g. balloon angioplasty devices) are excluded from the scope of this Technical Specification if they do not affect the drug-related aspects of the device.

1.5 This Technical Specification is not comprehensive with respect to the pharmacological evaluation of VDDCPs. Some information on the requirements of different related national and regional authorities is given in Annex B of this Technical Specification.

1.6 Bioabsorbable components of VDDCPs (e.g. coatings) are addressed by this Technical Specification in their connection with drug-related aspects of the device.

1.7 This Technical Specification does not address issues associated with viable tissues and non-viable biological materials.

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2 Normative references

The following referenced documents are indispensable for the application of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 10993-7, *Biological evaluation of medical devices — Part 7: Ethylene oxide sterilization residuals*

ISO 11135-1, *Sterilization of health care products — Ethylene oxide — Part 1: Requirements for development, validation and routine control of a sterilization process for medical devices*

ISO 11137-1, *Sterilization of health care products — Radiation — Part 1: Requirements for development, validation and routine control of a sterilization process for medical devices*

ISO 11607-1, *Packaging for terminally sterilized medical devices — Part 1: Requirements for materials, sterile barrier systems and packaging systems*

ISO 14155, *Clinical investigation of medical devices for human subjects — Good clinical practice*

ISO 14160, *Sterilization of health care products — Liquid chemical sterilizing agents for single-use medical devices utilizing animal tissues and their derivatives — Requirements for characterization, development, validation and routine control of a sterilization process for medical devices*

ISO 14630, *Non-active surgical implants — General requirements*

ISO 14937, *Sterilization of health care products — General requirements for characterization of a sterilizing agent and the development, validation and routine control of a sterilization process for medical devices*

ISO 14971, *Medical devices — Application of risk management to medical devices*

ISO 17665-1, *Sterilization of health care products — Moist heat — Part 1: Requirements for the development, validation and routine control of a sterilization process for medical devices*

NOTE See the Bibliography for additional device-specific and regional information about standards and guidance documents.

3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 14630 and the following apply.

NOTE Potential clinical events are defined in Annex A.

3.1
active pharmaceutical ingredient
API
drug
pharmacologically active (drug or medicinal) substance used as a raw material, which is coated on, bound to or incorporated into the device to achieve an ancillary device function, such as minimizing vascular restenosis

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3.2
batch
quantity of VDDCP at the final stage or pre-final stage of manufacture which has undergone the same manufacturing cycle, using the same components (e.g. same coating solution, same device size), and meets the same specifications

NOTE Validation testing can be conducted to demonstrate that manufacturing variables do not impact specifications such as drug content or drug release, and thereby permit such manufacturing variables within a batch.

3.3
clinical event
complication, failure or device-related observation that might be observed with clinical use of a VDDCP

NOTE Such events might not have clinical significance and might not be attributable to the VDDCP.

3.4
device part of the VDDCP
DP
that part of the VDDCP intended to treat vascular disease by temporary or long-term intervention or implantation that does not achieve its principal intended action in or on the human body by pharmacological, immunological or metabolic means, but might be assisted in its function by such means

3.5
drug product
medicinal product
active pharmaceutical ingredient, in its final formulation for administration to the patient, that is primarily intended to treat, prevent or diagnose disease and that achieves its principal intended action in or on the human body by pharmacological means

3.6
drug-containing part of the VDDCP
DCP
that part of the VDDCP that consists of the active pharmaceutical ingredient or matrix and associated device interfaces intended to assist in the primary mode of action of the device and/or diminish or ameliorate an unintended effect that placement of the device part might stimulate

3.7
DCP interface
common boundary or interconnection between the various components of the device part(s) and the drug-containing part(s) of a VDDCP

EXAMPLES

a) the interface between the matrix containing the active pharmaceutical ingredient and packaging materials with direct DCP contact;

b) the device surface(s);

c) the interface between the matrix and the active pharmaceutical ingredient.

3.8
drug content
total labeled amount of active pharmaceutical ingredient in a VDDCP

NOTE Drug content could be expressed as µg/DCP of a certain size.

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3.9
drug delivery
local interaction between the VDDCP drug and the *in vivo* environment, whether the drug is released from, eluted from or remains bound to the VDDCP

3.10
drug-related impurity
any substance in the drug-containing part of a VDDCP that is not the active pharmaceutical ingredient or an excipient, such as unintended drug degradation products, drug-synthesis-related impurities, isomers of the drug, or residual drug solvents

NOTE There might be other impurities, evaluated separately from the drug-related impurities, that are related to manufacture of the matrix or other components of the VDDCP or come from processing aids, such as monomers, catalysts, residual matrix-related solvents or residual processing solvents.

3.11
drug release profile
in vitro characterization of the active pharmaceutical ingredient released from the drug-containing part of a VDDCP over time

NOTE For example, the release can be determined by a drug elution test.

3.12
durability
ability of a VDDCP to maintain adequate product robustness during procedural (i.e. access, deployment, withdrawal), post-procedural and long-term use (i.e. over time) in accordance with the design specifications

3.13
evaluate
appraise or analyze qualitatively

3.14
excipient
additional material(s) used for manufacturing the drug-containing part of a VDDCP

EXAMPLES Polymers, adhesives.

3.15
matrix
any organic or inorganic material, other than living cells, intentionally applied by a manufacturer to a vascular device and designed for the purpose of drug storage, local drug activity at the surface and/or enabling, retarding, delaying or modifying drug release

NOTE The matrix can be permanent or temporary (dissolvable or degradable), can include surface treatments such as primers, and can be a coating with or without an active pharmaceutical ingredient. The matrix can consist of multiple excipients and/or multiple active pharmaceutical ingredients.

3.16
pharmacokinetics
absorption, distribution, metabolism and elimination of a drug *in vivo*

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3.17
procedural fluids
blood and serum, saline, contrast media, anticoagulants and antiplatelet medications that come into contact with a VDDCP

3.18
reference standard
general term covering reference substances, reference preparations and reference spectra

NOTE Reference standards are employed in the identification, purity testing and assay of substances.

3.19
stability studies
studies undertaken according to a prescribed stability protocol to establish, support or confirm the shelf life of a VDDCP

NOTE Additional guidance on the drug-related aspects of the drug-containing part of the VDDCP can be found in International Conference on Harmonization Guideline ICH Q1A.

3.20
uniformity of drug content
comparison of the uniformity of the drug content between individual VDDCPs within each batch as compared to the labeled claim

3.21
vascular device-drug combination product
VDDCP
medical device (primary mode of action) that incorporates one or more active pharmaceutical ingredients as an integral part (ancillary mode of action)

3.22
VDDCP delivery
physical or mechanical positioning of a VDDCP at the intended anatomic location by a transport device such as a catheter

3.23
VDDCP deployment
physical or mechanical release of the drug-containing part of a VDDCP from a transport device such as a catheter

NOTE The VDDCP can be permanently deployed (i.e. it can be an implant like a drug-eluting stent) or temporarily deployed (i.e. it can be a drug-eluting balloon, for instance).

3.24
VDDCP specification
list of procedures and appropriate acceptance criteria which are numerical limits, ranges or other criteria for the tests described

NOTE 1 A specification is a critical quality standard. It establishes the set of criteria to which a VDDCP has to conform.

NOTE 2 Additional guidance on the drug-related aspects of the drug-containing part of the VDDCP can be found in International Conference on Harmonization Guideline ICH Q6A.

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4 General requirements

4.1 Classification

A VDDCP is a product that is considered to be a medical device but which incorporates, as an integral part, substances which, if used separately, can be considered to be a medicinal product. It is classified as a medical device, provided that the action of the medicinal substance is ancillary to that of the device, as reflected in the product claim and as supported by the scientific data provided by the manufacturer of the device.

4.2 Intended clinical location

The intended clinical location shall be identified as one or more of the following:

a) abdominal aorta;

b) arterio-venous shunt for vascular access;

c) carotid;

d) coronary;

e) femoral;

f) iliac;

g) popliteal;

h) intracerebral;

i) renal;

j) thoracic aorta;

k) thoracoabdominal aorta;

l) tibial;

m) other arterial or venous vessels to be specified.

5 Intended performance

The requirements of ISO 14630 shall apply.

6 Design attributes

6.1 General

The requirements of ISO 14630 shall apply.

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