



April 28, 2020

bioMerieux, Inc
Cherece Jones
Staff Regulatory Affairs Specialist
595 Anglum Rd.
Hazelwood, Missouri 63042

Re: K200590

Trade/Device Name: VITEK 2 AST-Gram Positive Delafloxacin (≤ 0.015 - ≥ 1 $\mu\text{g/mL}$)
Regulation Number: 21 CFR 866.1645
Regulation Name: Fully Automated Short-Term Incubation Cycle Antimicrobial Susceptibility System
Regulatory Class: Class II
Product Code: LON, LTT, LTW
Dated: March 4, 2020
Received: March 6, 2020

Dear Cherece Jones:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm> identifies combination product submissions. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801 and Part 809); 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/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products>); 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 Act); 21 CFR 1000-1050.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems>.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (<https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance>) and CDRH Learn (<https://www.fda.gov/training-and-continuing-education/cdrh-learn>). 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 (<https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice>) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Ribhi Shawar, Ph.D. (ABMM)
Chief
General Bacteriology and Antimicrobial Susceptibility
Branch
Division of Microbiology Devices
OHT7: Office of In Vitro Diagnostics
and Radiological Health
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure



**VITEK[®] 2 AST-Gram Positive Delafloxacin (≤ 0.015 - ≥ 1 $\mu\text{g/mL}$)
Traditional 510(k) Submission**

510(k) SUMMARY

VITEK[®] 2 AST-Gram Positive Delafloxacin (≤ 0.015 - ≥ 1 $\mu\text{g/mL}$)

A. 510(k) Submission Information:

Submitter's Name:	bioMérieux, Inc.
Address:	595 Anglum Road Hazelwood, MO 63042
Contact Person:	Cherece L. Jones Staff Regulatory Affairs Specialist
Phone Number:	314 -731-8684
Fax Number:	314-731-8689
Date of Preparation:	March 4, 2020

B. Device Name:

Formal/Trade Name:	VITEK [®] 2 AST-Gram Positive Delafloxacin (≤ 0.015 - ≥ 1 $\mu\text{g/mL}$)
Classification Name:	21 CFR 866.1645 Fully Automated Short-Term Incubation Cycle Antimicrobial Susceptibility System Product Code: LON

Common Name:	VITEK [®] 2 AST-GP Delafloxacin (≤ 0.015 - ≥ 1 $\mu\text{g/mL}$)
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C. Predicate Device:	VITEK [®] 2 AST-Gram Positive Dalbavancin (≤ 0.015 - ≥ 1 $\mu\text{g/mL}$) (K190616)
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D. Device Description:

The principle of the VITEK[®] 2 AST cards is based on the microdilution minimum inhibitory concentration (MIC) technique reported by MacLowry and Marsh⁽¹⁾ and Gerlach⁽²⁾. The VITEK[®] 2 AST card is essentially a miniaturized, abbreviated and automated version of the doubling dilution technique⁽³⁾.

Each VITEK[®] 2 AST card contains 64 wells. A control well which only contains microbiological culture media is resident on all cards. The remaining wells contain premeasured portions of a



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specific antibiotic combined with culture media. The isolate to be tested is diluted to a standardized concentration with 0.45 – 0.5% saline before being used to rehydrate the antimicrobial medium within the card. The VITEK® 2 System automatically fills, seals and places the card into the incubator/reader. The VITEK® 2 Compact has a manual filling, sealing and loading operation. The VITEK® 2 Systems monitor the growth of each well in the card over a defined period of time. At the completion of the incubation cycle, a report is generated that contains the MIC value along with the interpretive category result for each antibiotic contained on the card.

E. Substantial Equivalence Information:

The similarities and differences of the VITEK® 2 AST-GP Delafloxacin (≤0.015-≥1 µg/mL) when compared to the predicate device, VITEK® 2 AST-Gram Positive Dalbavancin (≤0.015 - ≥1 µg/mL), are described in the **Table 1** below.

Table 1: Substantial Equivalence

Item	Device: VITEK® 2 AST-GP Delafloxacin (≤0.015 - ≥1 µg/mL)	Predicate: VITEK® 2 AST-Gram Positive Dalbavancin (≤0.015 - ≥1 µg/mL) (K190616)
Similarities		
Intended Use	<p>VITEK® 2 AST-Gram Positive Delafloxacin is designed for antimicrobial susceptibility testing of Gram positive microorganisms and is intended for use with the VITEK® 2 and VITEK® 2 Compact Systems as a laboratory aid in the determination of <i>in vitro</i> susceptibility to antimicrobial agents. VITEK® 2 AST-Gram Positive Delafloxacin is a quantitative test. Delafloxacin has been shown to be active against most strains of the microorganisms listed below, according to the FDA label for this antimicrobial.</p> <p><u>Active in vitro and in clinical infections:</u> <u>Acute Bacterial Skin and Skin Structure Infections (ABSSSI):</u> <i>Staphylococcus aureus (including methicillin-resistant and methicillin-susceptible isolates)</i> <i>Streptococcus agalactiae</i> <i>Enterococcus faecalis</i></p> <p><u>Community-Acquired Bacterial</u></p>	<p>VITEK® 2 AST-Gram Positive Dalbavancin is designed for antimicrobial susceptibility testing of Gram positive microorganisms and is intended for use with the VITEK® 2 and VITEK® 2 Compact Systems as a laboratory aid in the determination of <i>in vitro</i> susceptibility to antimicrobial agents. VITEK® 2 AST-Gram Positive Dalbavancin is a quantitative test. Dalbavancin has been shown to be active against most strains of the microorganisms listed below, according to the FDA label for this antimicrobial.</p> <p><u>Active both in vitro and in clinical infections</u> <i>Staphylococcus aureus</i> (including methicillin-resistant isolates) <i>Enterococcus faecalis</i> (vancomycin-susceptible isolates only) <i>Streptococcus agalactiae</i></p> <p>The VITEK® 2 Gram-positive Susceptibility Card is intended for use with the VITEK® 2 Systems in clinical</p>



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Item	Device: VITEK® 2 AST-GP Delafloxacin (≤ 0.015 - ≥ 1 $\mu\text{g/mL}$)	Predicate: VITEK® 2 AST-Gram Positive Dalbavancin (≤ 0.015 - ≥ 1 $\mu\text{g/mL}$) (K190616)
Similarities		
	<p><u>Pneumonia (CABP):</u> <i>Staphylococcus aureus</i> (methicillin-susceptible isolates only)</p> <p>The VITEK® 2 Gram-positive Susceptibility Card is intended for use with the VITEK® 2 Systems in clinical laboratories as an <i>in vitro</i> test to determine the susceptibility of <i>Staphylococcus</i> spp., <i>Enterococcus</i> spp., and <i>S. agalactiae</i> to antimicrobial agents when used as instructed.</p>	laboratories as an <i>in vitro</i> test to determine the susceptibility of <i>Staphylococcus</i> spp., <i>Enterococcus</i> spp., and <i>S. agalactiae</i> to antimicrobial agents when used as instructed.
Test Methodology	Automated quantitative antimicrobial susceptibility test for use with the VITEK® 2 and VITEK® 2 Compact Systems to determine the <i>in vitro</i> susceptibility of microorganisms	Same
Inoculum	Saline suspension of organism	Same
Test Card	Gram Positive (AST-GP) Susceptibility Card	Same
Analysis Algorithms	Growth Pattern Analysis	Same
Instrument	VITEK® 2 and VITEK® 2 Compact Systems	Same
Differences		
Antimicrobial Agent	Delafloxacin	Dalbavancin
Concentrations	0.008, 0.03, 0.06, 0.25	0.0625, 0.125, 0.25, 0.5

F. Indications for Use:

VITEK® 2 AST-Gram Positive Delafloxacin is designed for antimicrobial susceptibility testing of Gram positive microorganisms and is intended for use with the VITEK® 2 and VITEK® 2 Compact Systems as a laboratory aid in the determination of *in vitro* susceptibility to antimicrobial agents. VITEK® 2 AST-Gram Positive Delafloxacin is a quantitative test. Delafloxacin has been shown to be active against most strains of the microorganisms listed below, according to the FDA label for this antimicrobial.

Active in vitro and in clinical infections:

Acute Bacterial Skin and Skin Structure Infections (ABSSSI):



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Staphylococcus aureus (including methicillin-resistant and methicillin-susceptible isolates)
Streptococcus agalactiae
Enterococcus faecalis

Community-Acquired Bacterial Pneumonia (CABP):

Staphylococcus aureus (methicillin-susceptible isolates only)

The VITEK[®] 2 Gram-positive Susceptibility Card is intended for use with the VITEK[®] 2 Systems in clinical laboratories as an *in vitro* test to determine the susceptibility of *Staphylococcus* spp., *Enterococcus* spp., and *S. agalactiae* to antimicrobial agents when used as instructed.

G. Performance Overview and Conclusion:

VITEK[®] 2 AST-Gram Positive Delafloxacin demonstrated substantially equivalent performance when compared with the CLSI broth microdilution reference method, as defined in the FDA Class II Special Controls Guidance Document: Antimicrobial Susceptibility Test (AST) Systems; Guidance for Industry and FDA (Issued August 28, 2009).

The Premarket Notification (510[k]) presents data in support of VITEK[®] 2 AST-Gram Positive Delafloxacin. An external evaluation was conducted with contemporary and stock clinical isolates, as well as a set of challenge strains. The external evaluations were designed to confirm the acceptability of VITEK[®] 2 AST-Gram Positive Delafloxacin by comparing its performance with the CLSI broth microdilution reference method incubated at 16-20 hrs for *Staphylococci* and *Enterococci* and 20-24 hrs for *Streptococci*. The data is representative of performance on both the VITEK[®] 2 and VITEK[®] 2 Compact instrument platforms.

The VITEK[®] 2 AST-Gram Positive Delafloxacin demonstrated acceptable performance as presented in **Table 2** below:



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Table 2: VITEK[®] 2 AST-Gram Positive Delafloxacin Performance

Antimicrobial	Comment	Essential Agreement Category				Category Agreement				% Reproducibility
		% Error				% Error				
		%EA	VME	ME	mE	%CA	VME	ME	mE	
Delafloxacin	#, E ABSSSI (Overall)	(737/763) 96.6%	N/A	N/A	N/A	(717/763) 94.0%	(2/136) 1.5%	(3/594) 0.5%	(41/763) 5.4%	100.0
	#, E ABSSSI (<i>E. faecalis</i>)	(342/360) 95.0%	N/A	N/A	N/A	(340/360) 94.4 %	(2/98) 2.0%	(1/252) 0.4%	(17/360) 4.7%	
	#, E ABSSSI (MSSA+MRS A)	(320/326) 98.2%	N/A	N/A	N/A	(300/326) 92.0%	(0/36) 0.0%	(2/267) 0.7%	(24/326) 7.4%	
	#, E ABSSSI (<i>S.agalactiae</i>)	(75/77) 97.4%	N/A	N/A	N/A	(77/77) 100%	(0/2) 0.0%	(0/75) 0.0%	(0/77) 0.0%	
	#, E CABP (MSSA)	(169/170) 99.4%	N/A	N/A	N/A	(165/170) 97.1%	(0/7) 0.0%	(0/155) 0.0%	(5/170) 2.9%	
<p>NOTE: VITEK[®] 2 AST-Gram Positive Delafloxacin MIC values tended to be in exact agreement or at least one doubling dilution higher when testing <i>Staphylococcus aureus</i> compared to the CLSI reference broth microdilution method.</p> <p>NOTE: When evaluating performance of the challenge isolates on the manual dilution option for the VITEK[®] 2 and VITEK[®] 2 Compact, testing with MRSA isolates yielded an EA of 85% (17/20) and an CA of 80% (16/20). For challenge isolates on the auto dilution option for the VITEK[®] 2, testing with MRSA isolates yielded an EA of 85% (17/20) and an CA of 85% (17/20). All categorical errors were considered minor.</p>										

Key:

= US Food and Drug Administration 510(k) cleared

E = External performance data

Quality Control demonstrated acceptable results.

H. References:

1. MacLowry, J.D. and Marsh, H.H., Semi-automatic Microtechnique for Serial Dilution Antibiotic Sensitivity Testing in the Clinical laboratory, *Journal of Laboratory Clinical Medicine*, 72:685-687, 1968.
2. Gerlach, E.H., Microdilution 1: A Comparative Study, p. 63-76. *Current Techniques for Antibiotic Susceptibility Testing*. A. Balows (ed.), Charles C. Thomas, Springfield, IL, 1974.



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3. Barry, A.L., The Antimicrobial Susceptibility Test, Principles and Practices, Lea and Febiger, Philadelphia, PA, 1976.