Eurasian medical device regulatory system – a new challenge or a new opportunity for the European medical device manufacturers?

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Dedication

To my loved Mum Ella:

Thank you for your infinite love,

constant support and

encouragement as well as

for your believing in me.

To my beloved daughters

Alexia and Xenia:

You both are great and smart!

You can be whatever you want.

Just believe in yourself

and never give up!

I love you both so much.

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Abbreviations

$	US Dollar
°C	Degree Celsius
AMD	Armenian Dram
BYN	Belarusian Rouble
CAS-No.	Chemical Abstracts Service Registry Number
CMS	Concerned Member State
e.g.	For example, for instance
EACmed	Eurasian conformity symbol for medical devices
EAEU	Eurasian Economic Union
EEC	Eurasian Economic Commission (different in Annex I of the master's thesis, where EEC means European Economic Community)
EN	European Standards
Etc.	Et cetera, and so forth
FSCA	Field Safety Corrective Action/-s
FSN	Field Safety Notice
GDP	Gross Domestic Product
GHTF	Global Harmonization Task Force
GMDN	Global Medical Device Nomenclature
HBsAg	Hepatitis B virus surface antigen
HCV	Hepatitis C virus
HIV	Human Immunodeficiency Virus
i.a.	inter alia, among other things
IAF MD	International Accreditation Forum Mandatory Document
ICD	International Statistical Classification of Diseases and Related Health Problems
IEC	International Electrotechnical Commission
IFU	Instructions for Use
IMDRF	International Medical Device Regulators Forum
incl.	Inclusive
ISO	International Organization for Standardization
IVD	In vitro diagnostic
IVDR	In vitro diagnostic Regulation (Regulation (EU) 2017/746 of the European Parliament and of the Council of 5 April 2017 on in vitro diagnostic medical devices)

KGS	Kyrgyzstani Som
KZT	Kazakhstani Tenge
LoQ	List of Questions
MDR	Medical Device Regulation (Regulation (EU) 2017/745 of the European Parliament and of the Council of 5 April 2017 on medical devices)
MEDDEV	Medical Devices Guidance Document
Mio	Million
mm	Millimeter
NCA	National Competent Authorities
No.	Number
OIML	International Organization of Legal Metrology
Para.	Paragraph
PMCF	Post Market Clinical Follow Up
QMS	Quality Management System
RMS	Reference Member State
RUB	Russian Rouble
s.	See
SG	Study Group X of GHTF
SI	Système international (d'unités)= International System of Units
Sq km	Square kilometre
TS	Technical Specification
US	United States (of America)
VAT	Value added tax
WD	Working Day/-s
WHO	World Health Organization

I. Introduction

In April 2017, two new regulations in the medical device sector were adopted by the European Parliament and the Council and published in EU's Official Journal in May 2017: Regulation (EU) 2017/745 for Medical Devices (MDR) and Regulation (EU) 2017/746 for In Vitro Diagnostic Medical Devices (IVDR). The European manufacturers now are facing with the implementation of the increased requirements of the regulations.

But also outside of Europe, some regulatory changes take place. For example, on 6th May 2017, the single market for medicinal products and medical devices within the Eurasian Economic Union (EAEU) was officially launched. EAEU is for a lot of medical devices companies an interesting market place to sell their products.

The aim of this master's thesis is to shed light to the new regulatory environment of the Eurasian medical device market and to discuss any specifics of the current requirements and the registration process.

Finally, the impact of the new legal requirements of the Eurasian Economic Union on the European medical device manufacturers with business in the EAEU countries should be assessed.

II. History of the Eurasian Economic Union (EAEU)

The idea of creating an Eurasian Union was first suggested on the 29th of March 1994 by N.A. Nazarbaev, the state president of the Republic of Kazakhstan, almost 2,5 years after the collapse of the Soviet Union, at his visit in Russia[1]. Objectives of such an Union should be the formation of a common economic union as well as a common defense policy[2]. Nevertheless, it took another 20 years, with intermediate stages of formation of a Common Customs Union (2010) and a Common Economic Space (2012), before on 29th of the May 2014 in Astana, Kazakhstan, the Treaty of the Eurasian Economic Union was signed by the heads of governments of the Republics of Belarus and Kazakhstan and Russian Federation[3].

[1] http://www.gtai.de/GTAI/Navigation/DE/Trade/Maerkte/suche,t=entstehungsgeschichte-der-eurasischen-wirtschaftsunion,did=1644836.html

[2] http://www.eaeunion.org/upload/iblock/006/1994_1_1.jpg Президент Республики Казахстан Н.А. Назарбаев о евразийской интеграции - Из выступления в Московском государственном университете им. М.В. Ломоносова 29. Марта 1994г. (President of Republic of Kazakhstan, N.A. Nazarbaev about the Eurasian Integration – Fragment of his speech in the M.V. Lomonosov State University on 29 March 1994)

[3] https://www.wto.org/english/thewto_e/acc_e/kaz_e/WTACCKAZ85_LEG_1.pdf

On 1th of January 2015, this Treaty came formally into effect. That same year 2015, the integration of the Republic of Armenia (2.01.2015) and of the Republic of Kyrgyzstan (12.08.2015) occurred. On 1th of January 2018, the Common Custom Code of EAEU came into effect which brings under the regulations the customs-tariff related requirements within the EAEU.

The Eurasian Economic Union is an international organization of regional economic integration with focus on – among other things – the strengthening, modernization, harmonization and further development of the member state's economies as well as consequential growth of the competitive abilities of national economies within the framework of the global economy. Within the EAEU, a free movement of goods, services, capital and labor as well a general improvement of living standards of the citizens should be ensured. The legal basis of the EAEU is the *Treaty of the Eurasian Economic Union of 29 May 2014*.

As already mentioned above, the following countries are current members of the EAEU: the Republic of Armenia, the Republic of Belarus, the Republic of Kazakhstan, the Republic of Kyrgyzstan and the Russian Federation. The next potential EAEU candidate is the Republic of Tajikistan[4]. Observer status was granted to the Republic of Moldova[5]. Up to now there is one free trade agreement existing, namely with Vietnam[6], with other countries such as e.g. Singapore, Israel, India, Iran[7], China[8], but also with Europe[9], intensive discussions are held.

In the present constellation, the EAEU covers an area of more than 20 Mio. sq km with the cumulative population value of 183.4 Mio. peoples (as of 01.01.2016) [10].

Geographical map of the Eurasian Economic Union is presented on the figure 1 (cited from[11]).

[4] https://lex-temperi.de/aktuelles/eurasische-wirtschaftsunion-eawu-bestandsaufnahme
[5] https://www.russia-briefing.com/news/eurasian-economic-union-ratifies-observer-status-moldova-become-low-cost-european-hub.html/
[6] http://www.vietnam-briefing.com/news/vietnam-und-eurasische-zollunion-unterzeichnen-freihandelsabkommen.html/
[7] http://www.gtai.de/GTAI/Content/DE/Trade/Fachdaten/MKT/2017/02/mkt201702148008_20914_wirtschaftsdaten-kompakt---eurasische-wirtschaftsunion.pdf?v=6
[8] https://www.russland.capital/eurasische-wirtschaftsunion-kurz-vor-freihandelsabkommen-mit-china
[9] http://www.eurasiancommission.org/ru/nae/news/Pages/18-01-2018-1.aspx
[10] http://eec.eaeunion.org/ru/Pages/ses.aspx
[11] http://www.eurasiancommission.org/en/Pages/ses.aspx

Figure 1: Member States of the EAEU

Some general facts about the Member States of the Eurasian Economic Union are presented in the Table 1.

Table 1: General facts about EAEU Member States

Eurasian Economic Union	**Republic of Armenia**	**Republic of Belarus**	**Republic of Kazakhstan**	**Republic of Kyrgyzstan**	**Russian Federation**
Population (Mio.)	3.0	9.5	17.4	5.9	147.8
Area (1000 sq km)	29.7	207.6	2 725	200	17 098.2
Capital city	Erevan	Minsk	Astana	Bishkek	Moscow
Official language/-s	Armenian	Belorussian & Russian	Kazakh & Russian	Kirghiz & Russian	Russian
Currency	Dram (AMD)	Belorussian rubble (BYN)	Tenge (KZT)	Som (KGS)	Rouble (RUB)
GDP (mio.US Dollar, 2017)[12]	11.5	54.4	160.8	7,2	1 527.5

As you can easily see in the table, the Russia with its highest population value and its greatest GDP represents the most attractive trade market in this region.

[12] https://knoema.de/nwnfkne/world-gdp-ranking-2017-gdp-by-country-data-and-charts (last access 19.05.2018)

III. Exposition of the medical device regulatory environment in the EAEU incl. discussion

1. Basis

After the collapse of the Soviet Union in 1991, and since the former member countries gained independence, the regulation of the medical device markets in the related countries developed differently. E.g. in the Armenia, medical devices have not to be registered at all[13,14], while the registration procedure in Russia became a very complex and unpredictable process[15].

Table 2 shows the current amount of the nationally registered medical devices.

Table 2: Overview of amount of registered medical devices in EAEU Member States

Eurasian Economic Union	**Amount of registered medical devices**
Armenia	No data available due to no existing requirements for medical device registration.
Belarus	20 512[16]
Kazakhstan	9 381[17]
Kyrgyzstan	1 130[18]
Russia	33 283[19]

Therefore, Section VII, article 31 of the Treaty of the Eurasian Economic Union deals with the establishment of a single market of medical devices and the common requirements for the circulation of medical devices within the EAEU.

[13] http://www.who.int/medical_devices/countries/regulations/arm.pdf
[14] http://www.pharm.am/index.php/ru/2015-07-27-06-24-25/3571-2017-11-28-13-33-46
[15] https://www.emergobyul.com/resources/market-russia
[16] http://rceth.by/Refbank/reestr_medicinskoy_tehniki/results (last access 25.03.2018)
[17] http://dari.kz/category/search_prep (last access 25.03.2018)
[18] According to the information got on 11.03.2018 from Ms. Abalieva (Head of Department of specialized evaluation of medical devices, Ministry of Health of Republic of Kyrgyzstan, http://www.pharm.kg/ru/about/contacts/)
[19] Presentation from E.M. Astapenko "Novels of regulatory requirements in the sphere of registration of medical devices on the territory of the Russian Federation", Conference "Farmmedobrashenie 2017" from 17.10.2017

The circulation of medical devices according to *the Agreement On the Uniform Principles and Rules Governing Market Circulation of Medical Devices within the Eurasian Economic Union* (s. section 2.1 of this master's thesis) means the whole "life cycle" of a medical device, from its development up to the disposal.

According to article 31 of the Treaty, the following six principles should be pursued:

1. *Harmonization of the legislation of the Member States in the sphere of circulation of medical products (medical devices and equipment);*
2. *Ensuring the uniformity of mandatory requirements for the efficiency and safety of circulation of medical products (medical devices and equipment) on the territory of the Union;*
3. *Adoption of common rules in the sphere of circulation of medical products (medical devices and equipment);*
4. *Establishment of common approaches for the creation of a quality assurance system for medical products (medical devices and equipment);*
5. *Harmonization of the legislation of the Member States in the field of control (supervision) in the sphere of circulation of medical products (medical devices and equipment)*[20].

According to article 100 of the Treaty, the single market for medicinal products and medical devices should start on 1th of January 2016. But de facto, the single market for medicinal products and medical devices is stated for officially launched only just on 6th of May 2017[21]. This is due to the fact that the start of the single market for medicinal products and medical devices is pertinent to the condition that the protocol for the accession of the Republic of Armenia to the *Agreement of Uniform Principles and Rules for the circulation of the medical products (medical devices and medical equipment) within the framework of the Eurasian Economic Union of 23 December 2014 signed on 2th of December 2015 in Moscow* have first to be ratified by all the Member States. As the last Member State, the Republic of Kyrgyzstan ratified this protocol on 2th of February 2017[22]. Hereby, the protocol came into effect on 26th of April 2017, and after 10 days, the single market for medicinal products and medical devices launched.

[20] http://www.un.org/en/ga/sixth/70/docs/treaty_on_eeu.pdf

[21] https://gmpnews.ru/2017/05/funkcionirovanie-edinogo-rynka-lekarstv-eaes-nachnetsya-6-maya-2017-goda/

[22] http://www.president.kg/ru/news/zakony/9514_podpisan_zakon_o_ratifikatsii_protokola_o_prisoedinenii_respubliki_armeniya_k_soglasheniyu_o_edinyih_printsipah_i_pravilah_obrascheniya_meditsinskih_izdeliy_izdeliy_meditsinskogo_naznacheniya_i_meditsinskoy_tehniki_v_ramkah_eaes/

The Eurasian Economic Commission (EEC) is i.a. responsible for the regulatory framework within the EAEU inclusive regulatory requirements for the circulation of medical devices. EEC is formed by a Commission Council and a Commission Board. The work of EEC is regulated by the Decision of the Supreme Eurasian Council No. 98 "*On Regulations of the Eurasian Economic Commission*[23]" of 23 December 2014.

At the beginning of the year 2018, a total of sixteen documents (of the so-called 1st to 3rd level) on the regulation of the medical device market within the EAEU are in force[24]. Further 3rd level documents are currently being drafted by the Commission.

The documents and their contents are represented below.

2. First-level document

2.1 Agreement on Uniform Principles and Rules for the Circulation of medical products (medical devices and medical equipment) within the framework of the Eurasian Economic Union of 23 December 2014[25]

Legal basis: Article 31 of the Treaty of the Eurasian Economic Union of 29 May 2014.

As the name implies, the Agreement establishes unified requirements for the circulation of medical devices within the EAEU. The Agreement is called "first-level-document" regarding the circulation of medical devices because it forms the general basis for the creation of 2nd level documents.

Although most of the contents of the document are specified in 2nd level documents, there are some important aspects to mention.

Thus, the medical device definition (s. below) differs in some aspects from the European one:

> "*Medical devices" means any instruments, vessels, devices, equipment, materials and other manufactured articles used for medicinal purposes either individual or in combination with one another, along with appliance required for using said devices for the designated purpose (including any purpose-build software), which are intended by their manufacturers to be used for prevention, diagnostics, or treatment of diseases, medical rehabilitation and monitoring of the human organisms, conducting medical*

[23] https://docs.eaeunion.org/docs/en-us/0147030/scd_25122014_98
[24] http://www.eurasiancommission.org/ru/act/texnreg/deptexreg/MD/Pages/medical_devices.aspx
[25] http://www.eurasiancommission.org/ru/act/texnreg/deptexreg/konsultComitet/Documents/Sogl_MI_Itog.pdf

studies, restoring, substituting, or modifying the anatomical structure or physiological function of the organism, preventing or terminating of pregnancy, and whose functional purpose is carried out other than through pharmacological, immunological, genetic, or metabolic effect on the human organism, but may be supported by medicinal product."[26]

However, this definition is almost identical to that in Russian legislation.[27]

The principles of article 31 of the Treaty (s. section II of this master's thesis) are taken up in the Agreement again and supplemented by the objective of harmonization of the nomenclature of medical devices with the Global Medical Device Nomenclature (GMDN).

The Agreement emphasizes that all medical devices – irrespective of whether they are manufactured in one of the Member States or imported from any third country – have to fulfill the same requirements for safety, quality and effectiveness. Furthermore, the registration procedure to be performed is identical for all applicants (manufacturers and authorized representatives).

For the registration of medical devices, the Competent Authorities of the corresponding countries in cooperation with their expert organizations are responsible. The results of tests and studies performed as part of the registration procedure for the medical devices must be mutually recognized by the Member States. Subject to the condition that they were performed according to the requirements stipulated by the Commission.

If a manufacturer or his/her authorized representative disagrees with the rejection of registration of a medical device, he/she will be empowered to file an objection against the decision in accordance with the national provisions.

It is required that all medical devices manufacturers wanting to market their products in the EAEU must have a quality management system (QMS). The requirements for the QMS can differ depending on the risk class of the products and are determined by the Commission (s. Decision No. 106, section 3.9 of this master's thesis).

The following requirement is of interest: If a manufacturer decides to stop the production of his/her medical device registered in the EAEU, he/she has to notify to the National Competent Authority (NCA) that has issued the registration certificate about such a decision within one month (30 calendar day) after the decision was made.

[26] http://en.imeda.ru/netcat_files/105/103/Soglashenie_o_edinyh_printsipah_MI_EAES_Eng.pdf
[27] Federal Law N 323-FZ from 21.11.2011 "On the Basis of Health Protection of the Citizens of Russian Federation" (last update from 07 March 2018), article 38, para. 1
http://www.consultant.ru/document/cons_doc_LAW_121895/

The Agreement regulates i.a. rights and duties of the Competent Authorities in connection with the registration of medical devices and the supervision of their circulation within the EAEU.

The last important aspect is the specifying of the transitional period: currently valid national registration certificates remain valid until their expiry date, but not later than 31 December 2021.

- Here it has to be remembered that this Agreement was signed in late 2014, when it was firmly convinced that the single market of medical devices will start in early 2016. But in long of the fact that the start occurred just in May 2017 with a delay of almost 1.5 years it remains to be seen whether the transitional period of the certificate validity will be extended. Until today, the EAEU Commission does not received any corresponding applications from the Member States[28]. However, the Russian Federation presented an initiative to the Commission regarding unrestricted validity for at least Russian registrations. On the one hand, as an option for the manufacturers who wants to continue to sell their products only on the national market, on the other hand, due to the fear that by the end of the transitional period there would be a raised influx of registration projects at the NCA, followed by collapse of it given by the high number of nationally registered products.[29]. Whether such an initiative will be approved by the other Member States remains to be seen, because the initiative violates the provisions of the Agreement and the Treaty of the Eurasian Economic Union.

[28] Webinar from Expert Organization FGBU CMKEE of Roszdravnadzor regarding EAEU Medical Device Regulations at 17 April 2018

[29] Webinar from Expert Organization FGBU CMKEE of Roszdravnadzor regarding EAEU Medical Device Regulations at 23 November 2017, comments from Mr. Bojko

3. Second-level documents

3.1 Decision of the Council of the EEC No. 27

„On Approval of the General safety and effectiveness requirements of medical devices, labelling requirements and user's documentation for them" of 12 February 2016[30]

Legal basis: Paragraph (para.) 2 of article 31 of the Treaty, para. 2 of article 3 and para. 4 of article 4 of the Agreement (s. section 2.1 of this master's thesis), paragraphs 104, 108 and 109 of Annex 1 of the Decision of the Supreme Eurasian Council No. 98 "*On Regulations of the Eurasian Economic Commission*" of 23. December 2014 (s. page 11).

Decision No. 27 was prepared on the basis of the GHTF/IMDRF[31] documents[32,33] and is a counterpart to the Annexes I „General Safety and Performance Requirements" of the Regulation (EU) 2017/745 (MDR) and of the Regulation (EU) 2017/746 (IVDR). Also here, it specifies the requirements to be fulfilled by manufacturers of medical devices inclusive in vitro diagnostic when developing and manufacturing their products in order for the product to be safe and effective, to meet the manufacturer's intended purpose and to be safely used by the user. In addition, the requirements for the labelling and accompanying information are specified.

The Decision No. 27 contains requirements regarding medical devices including medical equipment as well as medical devices for in vitro diagnostic. Looking more closely at the requirements, one finds that nearly all items of the document can be found almost literally in the Annexes I of MDR and IVDR. In the Annex I to this master's thesis, there is a corresponding correlation table. Thus, European manufacturers do not expect any surprises on this regard.

Up to an item: Interchangeability (Item 3, para. 2; item 27, para.2; item 81, para. 2): It is prohibited to design the medical devices in a such a manner that the interchangeability of

[30] https://docs.eaeunion.org/docs/ru-ru/01410216/cncd_17052016_27

[31] http://www.imdrf.org/index.asp
Global Harmonization Task Force (GHTF) was conceived in 1992 in an effort to achieve greater uniformity between national medical device regulatory systems. This was done with two aims in mind: enhancing patient safety and increasing access to safe, effective and clinically beneficial medical technologies around the world. The organisation GHTF no longer exists, and has been permanently replaced by the International Medical Device Regulators Forum (IMDRF). IMDRF is continuing the work of the GHTF

[32] GHTF/SG1/N68:2012 "Essential Principles of Safety and Performance of Medical Devices", in part of safety and performance requirements

[33] GHTF/SG1/N70:2011 "Label and Instructions for Use for Medical Devices" in part of requirements for labelling and instruction for use

the products among themselves or of the accessories for the products incl. software is restricted.

- From the Decision No. 27, it is not eminent what the Eurasian Commission means by that exactly. Whether this might mean e.g that all glucose-test strips must be identical and suitable for all glucose meters? Whether e.g. the exudate bags of a vacuum pump must be compatible with all other pumps?
- In Russia, at least, the author of this master's thesis already recognizes certain steps of harmonization of the national requirements with the requirements of the EAEU. In January 2018, "*An Order from the government of Russian Federation No. 9-r of 12 January 2018 – a plan of activities, so called „road map", for the development of competition in health care"*[34] is published. Inter alia, this document stipulates that some new legislations in the Russian Federation will be passed in late 2018 – in early 2019 which establish the procedure for the determining the interchangeability of medical devices including consumables. Also the notion of the "closed" and "open" types of medical devices will be defined. The state and municipal customers will be committed to purchase medical devices of an "open" type only.

  The goal of such restrictions is to create conditions for the competition for the manufacturers of medical devices (especially for domestic manufacturers) on the one side.[35] On the other side: to create an independence from a specific manufacturer and thus to prevent the arbitrary pricing of the products and/or independence from possible political sanctions of third countries and their impact on the health care market.

In order to prove that the product to be registered in the EAEU fulfills the requirements specified in this decision, the manufacturer of medical devices has to provide all necessary information i.a. in a table in accordance to the Annex 2 of Decision No. 27. Basically it is a kind of Essential Requirements Checklist.

[34] http://static.government.ru/media/files/vyoWQD6EZYQkBaqKfKFKAPZqqgtmcHDH.pdf
[35] http://www.consultant.ru/document/cons_doc_LAW_288096/d11dff926ed7a66998da844384e6cefa7e472320/

3.2 Decision of the Council of the EEC No. 46

"On the Rules of registration and professional examination of the safety, quality and effectiveness of medical devices" of 12 February 2016[36]

Legal basis: Para. 3 of article 31 of the Treaty of the Eurasian Union of 29 May 2014; paragraphs 2 and 4 of article 4 of the Agreement, para. 92 of Annex 1 of the Decision of the Supreme Eurasian Council No. 98.

3.2.1 Scope

This document regulates the process of registration of medical devices (medical devices incl. in vitro diagnostic and medical equipment) within the EAEU. Again, the transitional period of validity of national registration certificates is mentioned until the end of 2021. But to the applicant, an opportunity to continue to register his/her products in the accordance to the national requirements until then will be given.

These requirements do not apply to such medical devices whose necessity arises as a result of emergency situations or which are intended for the diagnosis of new, particularly dangerous infectious diseases and whose marketability is regulated by the national legislation of the Member States.

- Which medical devices are meant exactly in the Decision No. 46 is not explicitly described. However, it might be assumed that such medical products are meant which are imported into country after a natural disaster as humanitarian supplies, being locally in urgent use, but not registered in the country. Or e.g. in case of an epidemic to detect the pathogens in the patients.

3.2.2 Registration procedure

3.2.2.1 Reference Member State

The registration procedure itself is similar to the decentralized procedure for the registration of medicinal products. The applicant (medical device manufacturer located in the EAEU or an authorized representative of a manufacturer from a third country) has to select a country from the member countries that should perform and monitor the registration. This country becomes a Reference Member State (RMS).

Next, the applicant has to select the countries where the product must be registered too (at least one further Member State), so called Concerned Member States (CMS).

[36] https://docs.eaeunion.org/docs/ru-ru/01410768/cncd_12072016_46

Similar to the EU, only one resident of the Union (here: Eurasian Union) can act as an applicant. For the manufacturers from third countries, this implies that they must have an authorized representative in the EAEU. This representative is responsible for the circulation of medical devices within the EAEU and is the first contact point for the NCA. Furthermore, the authorized representative will be also named on the registration certificate.

The applicant has to file all necessary documents by electronic means or, if necessary, by paper means and in the Russian language to the NCA of the Reference Member State. The documents created in a foreign language have to be submitted as a notarized translation. In Annex 4 of the Decision No. 46 the documents to be contained in a medical device dossier are listed, the extent depends on the risk class of the device.

- ❖ Certain particularities of the documents should be mentioned: for the registration, i.a., a post-market surveillance plan is to submit (para. 29 of the Annex 4); the statistics on complaints and recalls including the sales figures have to be provided (para. 13 of the Annex 4 and para. 17 of the Annex 5); the marketing information (except for classes 1 and 2a) must be given if the product is being on the market for more than 2 years (para. 12 of the Annex 4)); any information on the medical device related software must include test results from several clinical centers (para. 13 of the Annex 5); and much more.

If the manufacturer intends to register several modifications of a product, he/she shall pay regard to the following items:

- The modifications are to belong to the same EAEU GMDN code, to have the same risk class and have been produced by the same manufacturer. Although the products may differ in their composition and/or technical parameters they may not affect either the functionality or the intended purpose of the medical devices. In this case, the present modifications of a product can be registered together. Otherwise, the manufacturer has to register the modifications individually.
  - ❖ In order to assist the manufacturer in deciding whether his/her product is a modification of an existing device or a new medical device, the Commission is currently preparing a 3rd level document (s. section 6 of this master's thesis).

The NCA reviews the documents for completeness and reliability (= validation of the documents). If, from the authority's point of view, the documents are not accurate or complete, the NCA will provide the applicant with a List of Questions (LoQ) that the applicant has to answer within 30 working days (WD) of receiving the questionnaire. If the documents are complete, the registration will be started.

The contents of the registration dossier will be assessed by an expert organization authorized for that by the Competent Authority. As result, an Expert Assessment Report will be compiled. In parallel with the compilation of the Assessment Reports, inspection of the manufacturing site/-s will take place.

- The Decision No. 106 alone (s. section 3.9 of this master's thesis) clarifies that the manufacturing site inspection is required for the products of risk classes 2a sterile, 2b and 3 only. For the manufacturers of products of both classes 1 and 2a unsterile, the inspection is voluntary. In the Decision No. 46, this information is missing.
- The Decision No. 46 defines not clearly whether the inspection of the manufacturing site will be carried out in parallel with the compilation of the Assessment Reports or before beginning the compilation. Therefore, there is an uncertainty at the calculation of total registration times.

The inspection results of the manufacturing site/-s will be included into Assessment Report. If further questions will occur in the expert organization within the assessment period, a LoQ will be sent to the applicant again. Hereafter the applicant has 60 WD time to answer the questions and to submit the documents needed.

- As far as the processing deadlines are concerned, the third-country manufacturers, according to the experience of the author of this master's thesis, are definitely at a disadvantage here. Because often you have to certify the required documents by a notary, to legalize them, if necessary, then to translate into the Russian and possibly to check the translation for the correctness. The translation must be also notarized in an EAEU country. In addition, there is a dispatch of documents to the country of destination.
- According to author's opinion, the comparison of the translation with the own documents is an aspect which should not be underestimated. Because the product documentation is evaluated by the NCA only on the basis of the translated documents. If discrepancies will subsequently be observed by the NCA, it may result in a change procedure, rejection of registration, or a recall of the product from the market. Also, the Russian expert organizations regularly point out the translation errors in their trainings on the frequent errors in the registration of medical devices.

3.2.2.2 Concerned Member States

The Concerned Member States can follow the progress of registration und the process of compilation of the Expert Assessment Report, including the communication with the

manufacturer in the information portal and send their comments and suggestions to the NCA or expert organization of the Reference Member State if necessary.

After completion of the Assessment Report by the RMS, it will be placed in the information portal of the EAEU. All documents of the registration dossier and the Assessment Report are accessible for the NCAs of the concerned countries only.

Within 30 calendar days (= 22 WD), the NCAs of the Concerned Member States have to communicate their consent or disagreement about the Assessment Report. Also confirm the correctness of the translation of instructions for use/ user manual as well as labeling in national languages. If the Concerned Member States do not provide any feedback during this period, the silence will be assessed as approval after this time.

If any discrepancies occur during the Assessment Report coordination process between the RMS and the CMS, and in case of no chance for attainment of a consensus between the countries, the NCA of the RMS commissions the Advisory Committee on Medical Devices at the Board of EEC to mediate the conflicts. The Advisory Committee has to review the positions of all participants and to arrange a meeting for settlement of the differences. As result of such a meeting, the Advisory Committee will prepare a recommendation. Timeline for this procedure: 30 WD.

If a country continues to refuse the results of the Assessment Reports, it will result in a rejection of registration of the affected product in that one country.

After the approval of the Assessment Report is given by all participants, the NCA of the Reference Member States will recognize the registration of the concerned medical device on the Eurasian market as performed. This information will be published in the single register of medical devices approved in the EAEU. Likewise, the approved instructions for use/ user manuals and labelling will be uploaded in the register and made accessible for the public.

- This process (uploading of the instructions for use, of the labelling and of an image of the packaging) are already implemented e.g. in Kazakhstan.
- As for labelling and instructions for use, the manufacturer has to submit these documents in Russian and in the national languages of the concerned Member States already at the time of submission of the dossier. The correctness of them will be checked and released by the linguists of the NCAs. This procedure is also already practiced in Kazakhstan.

3.2.3 Duration

Looking only at the time at the NCA, a registration takes 122 WD or 152 WD in case of arbitration. The times in which the NCA's inquiries have to be answered and the manufacturing site inspection has to be performed are not taken into account. Hereby, a so called clock-stop principle is applicable. Adding all possible clock-stop times (183 working days), the registration time could take up to 305 WD (or 335 WD in case of arbitration (more than one year)).

The schematic representation of the registration process with times to consider is presented in Annex II of this master's thesis.

- Since the process is new for all concerned, it is more likely that the registration time will be much longer than the calculated 305 working days. Or, as we already saw in Russia in years 2014-2015, after the entry into force of the new legislation, there was initially a large number of rejections.
- The time of the dossier compilation by the manufacturer is not included in the calculation. Namely, not only many documents must be compiled and prepared in the right manner. In addition, the products have to be tested in technical aspects (according to the requirements of Decision No. 28, in case of a measuring instrument – with regard to Decision No. 42), in biological aspects (according to the requirements of Decision No. 38) within the EAEU. If necessary, clinical studies must also be carried out (according to the requirements of Decision No. 29). As already mentioned above, Annex 4 of the Decision No. 46 contains a list of documents required for submission. Item 24 of the Decision describes what the assessment of the documents by the expert organization includes. These points may be helpful for the manufacturers at the dossier compilation. Also the Annex 5 which describes the structure of the Assessment Report.

3.2.4 Products that contain a medicinal substance

Para 24.l) of the Decision No. 46 is essential and relates to the medical devices incorporating a medicinal substance. It is mentioned in this paragraph that the medicinal substance must be registered in the manufacturing country, and the manufacturer of concerned medical device has to submit an adequate evidence.

- Manufacturers of products contained a chemical substance or a medicinal product listed in the Russian register of Drugs as a medicinal product or pharmaceutical substance have often been confronted with the following requirements in last years in Russia: the substance being used (as well as its

manufacturer) must be registered as such in Russia before an application for the registration of medical device incorporating this substance will be submitted. The following substances are i.a. touched by that: petrolatum as ointment base for a non-adhesive wound dressing, barium sulfate in products with X-ray contrast filaments, sodium chloride in nasal solutions, and much more. As result, the registrations of the products containing a medicinal product not registered in Russia are rejected by the Russian NCA[37]. At the end of 2017, many manufacturers have signed a petition for the Russian NCA asking to review these requirements, especially as there is no legal basis existing for that[38,39]. It is to be hopped that such absurdity will be excluded within the frame of the EAEU registration.

3.2.5 Consultation

A manufacturer has an opportunity to consult an expert organization of the Reference Member State for advice in the dossier preparation phase. The content of such consultation is not defined in the Decision No. 46 in detail.

- The Russian legislation is characterized with certain steps towards the harmonization here too. The Order of Federal Service for Surveillance in Healthcare No. 6478 of 19 July 2017[40] is describing the circumstances where a manufacturer can enquire for a consultation from one of both expert organizations of the Russian NCA: According to Order of Federal Services No. 6478, the manufacturer can be advices on the following issues:
  - in the development phase of the medical device and the preparation of documents for the registration, as well as when carrying out the tests needed for the registration;
  - when preparing documents and conducting tests, if an alteration of the information contained on the certificate or an alteration of the information contained in the registration dossier is planned;
  - in case of any uncertainty, whether a product is a medical device;
  - In case of difficulties with the classification of a medical device.

[37] https://beawire.com/2017/09/29/aspects-of-registration-of-medical-devices-containing-pharmaceutical-drugs/
[38] https://medrelic.ru/obrashhenie-o-probleme-registratsii-mi-s-leksredstvami-v-sostave-otpravlena-v-vedomstva/
[39] https://beawire.com/2018/02/09/about-pharmaceutical-agents-in-the-composition-of-medical-devices-and-registration-difficulties/
[40] http://imeda.ru/netcat_files/30/28/Prikaz_RZN_19072017_Doregistratsionnye_konsul_tatsii.pdf

- ❖ If questions arise during a registration by the NCA (LoQ) there is no possibility to consult an expert organization. It is impossible due to very short time provided for the processing of the List of Questions.
- ❖ On the website of the Armenian NCA, there is a document offering a consultation possibility for medical device manufacturer or his/her authorized representative within the frame of medical device registration[41]. However, given the lack of experience of the Armenian authority in registering medical devices in general, it seems very unlikely that a medical device manufacturer would claim this opportunity, at least in the early years.

3.2.6 Certificate

Was the registration of a medical device successfully passed, a registration certificate having unrestricted validity will be issued by the Reference Member State. Both certificate form and the description of how the NCA has to fill out the document are described in the Annex 1 of the Decision No. 46. The registration certificate will be issued in Russian language and in national languages of the Concerned Member States.

The registration of a medical device can be rejected in the following cases:

a) If the documentation submitted for registration purpose does not demonstrate the quality, safety and effectiveness of the medical device;
b) If the risk of a possible harm to the user from using this medical device exceeds its benefits.
c) If the requested documents were not submitted on time or if the identified violations were not eliminated.

3.2.7 Changes

If a medical device will initially be registered not in all EAEU Member States, and the manufacturer takes decision to register his/her product in another EAEU-Member State later, or if a new country will be admitted to the EAEU and the manufacturer wants to register his/her product in this country, the registration should be performed on the basis of the already existing Assessment Report. Thus, this is a kind of Mutual Recognition Procedure well known for medicinal products.

The procedure for handling changes to the information in the dossier is also dealt with in this document (Decision No. 46). An important determination is that the medical device manufacturer has to initiate a change procedure in the EAEU within 2 months after

[41] http://www.pharm.am/attachments/article/3599/Rule_1.pdf

implementing of changes in the documents previously submitted for registration to the NCA of the RMS.

Here, too, the processing times of the NCA are defined. Thus, the procedure endures 85 WD without possible clock stops. One with clock stops (63 WD) for answering the questions: 148 WD.

The schematic presentation of the procedure introducing changes to the registration dossier with the timelines to be observed is shown in the Annex III of this master's thesis.

The list of documents required for the performance of a change procedure is contained in the Annex 8 to Decision No. 46.

If the change has been accepted by the NCAs, a new registration certificate for the concerned product will be issued retaining the existing number, but with a changed date of issue.

- Interesting is the aspect what the NCA intends to publish in the single register of medical devices: information about the changes made as well the scans of the changed documents (s. item 47, subitem b) of the Decision No. 46). Since the item 18 of the Decision No. 46 contains the statement that all documents of the dossier, except instructions for use und labelling, belong to the confidential information and can be viewed by the NCAs of the concerned member states only, it is hoped that this will continue to apply here.

The intended changes will be rejected in the following cases:

a) *inaccuracy of submitted information justifying the introduction of changes;*
b) *lack of information confirming the invariability of the functional purpose and/or the mode of action of medical device in connection with the introduced changes;*
c) *Non-elimination of detected violations and/or non-submission of missing documents.*

3.2.8 Withdrawal of the certificate

The Chapter V of the Decision No. 46 describes the cases in which the validity of the registration certificate can be temporally suspended or entirely stopped.

The validity of a certificate can temporally be suspended (up to max. 6 months), if the product poses a potentially serious risk to the public or to the health and life of the users. The manufacturer obtains from the NCA a time to remedy the circumstances leading to the suspension of the certificate. The deadline is not defined in detail here. If such circumstances are not resolved, the registration will be revoked. The registration can be also revoked in following cases:

- at an express request of the manufacturer or his/her authorized representative;
- if it becomes known that the information submitted for the registration was incorrect and it could not be determined at registration;
- according to the court decision of one of the Member States;
- if a product is no longer classified as a medical device because of change of the EAEU legislation.

In case of loss or a damage of the registration certificate, the NCA can issue a duplicate (Chapter VI).

3.2.9 Fees

The last important point of the Decision No. 46, which appears at the beginning of the document, is the requirement that all Member States have to stipulate the amount of fees for certain procedures by 31 December 2016 (for the registration, assessment on safety, quality and effectiveness of a medical device, for the change procedure and for the issuing of a duplicate).

- Interestingly enough, until today (April 2018) this requirement is supported by four countries only – the Republic of Belarus (10 July 2017), the Republic of Kazakhstan (31 August 2017), the Russian Federation (4 September 2017) and the Republic of Kyrgyzstan (26 April 2018).

  The heterogeneity of the implementation ways for this requirement is here evident too.

  While Russia and Kazakhstan have a relatively clear and simple set of fees (s. Table 3 and Table 4), the structure of fees in Belarus is more complicated.

Table 3: Registration fees in Russian Federation

Fees of Federal Service for Surveillance in Healthcare (Roszdravnadzor) for different services concerning registration and circulation of medical devices[42]		
Process		**Fee**
For the issuing of a registration certificate		7 000 RUB
Assessment on safety, quality and effectiveness of a medical device at the registration depending on the risk class (here, the amount of fees is irrespective of whether Russia acts as RMS or CMS. Today, the same fees are also charged for a national registration)	Class 1	45 000 RUB
	Class 2a	65 000 RUB
	Class 2b	85 000 RUB
	Class 3	115 000 RUB
Assessment on the safety, quality and effectiveness of a medical device at the procedure introducing changes to the registration dossier depending on risk class of the product	Class 1	20 000 RUB
	Class 2a	30 000 RUB
	Class 2b	40 000 RUB
	Class 3	55 000 RUB
Amount of fees for the changes concerning the information on the registration certificate, with no need for an assessment on safety, quality and effectiveness of the medical device.		1 500 RUB
Issuing of a duplicate		1 500 RUB

[42] available on the website of Roszdravnadzor as excel sheets, dated by 04 September 2017 http://www.roszdravnadzor.ru/medproducts/registrationEAEU

Table 4: Registration fees in the Republic of Kazakhstan

Fees for the activities associated with the registration of medical devices within the frame of the EAEU in the Republic of Kazakhstan (Annex 1 of Order No. 671 of Ministry of Health of the Republic of Kazakhstan of 31 August 2017, items 36-44)[43]		
Process		**Fee**
Assessment at the registration of a medical device	Class 1, basis tariff for 1 product	308 335 KZT
	Class 2A, basis tariff for 1 product	355 360 KZT
	Class 2B, basis tariff for 1 product	396 928 KZT
	Class 3, basis tariff for 1 product	457 219 KZT
Analytical assessment at the registration of a medical products	Class 1, basis tariff for 1 product	264 213 KZT
	Each additional modification	193 211 KZT
	Class 2A, basis tariff for 1 product	371 027 KZT
	Each additional modification	213 716 KZT
	Class 2B, basis tariff for 1 product	405 693 KZT
	Each additional modification	252 320 KZT
	Class 3, basis tariff for 1 product	519 780 KZT
	Each additional modification	281 521 KZT
Assessment at the enquiries for the changes	For 1 product	346 083 KZT

- Fees (in US Dollar) for the works associated with the registration of medical devices in the frame of the EAEU in the Republic of Belarus are specified in the Document No. 257_26 of 10 July 2017[44]. The fees in BYN can be found in the Document No. 257_25 of 10 July 2017.

  The fees vary depending on the risk class and specificity of a medical device. For instance, a fee for the validation of the documentation of a medical device will be charged (e.g. 91 US Dollar ($) for class 2a product), followed by the fee for the assessment of documentation (1 324 $). In case if a class 2a product contains a

[43] https://pharm.reviews/images/novosty/ceny-na-registr-11-2017.pdf
[44] http://www.rceth.by/ru/Departments/Med/Prices?typedoc=4

medicinal product -> + 246 $ for the assessment; if the product is sterile -> + 74 $ and so on and so forth. If an arbitration procedure will be necessary at the registration, the participation of the staff of the expert organization of the Belorussian NCA will also be charged: 226 $ if they take a part by correspondence, or 513 $ if they take a part in-person. The fees don't include the VAT. Whether the foreign manufacturer have to pay the VAT and if so, in what amount, is not apparent from the price list.

If several medical devices (the same manufacturer, the same technical documentation) will be registered in the Republic of Belarus, the applicant will receive 20 % discount of the fees for each additional product.

In addition, a possibility of a further discount for certain medical devices is granted. Medical devices to be discounted will be determined by the Ministry of Health of Republic of Belarus.

- At the end of April 2018, the information letter No. 11-2432/1 of 24.04.2018[45] is published by the Department of Drug Supply and Medical Equipment under the Ministry of Health of the Kyrgyz Republic which stipulates that the registration of medical devices within the EAEU is subject to the same tariff rates as for national registration. The amount of the fees provided for national registrations of medicinal products and medical devices is specified in the "*Order of the State Antitrust Agency under the Government of the Kyrgyz Republic No. 45* "*About the coordination of the price-list of tariffs for paid government services rendered by the Department of Drug Supply and Medical Equipment under the Ministry of Health of the Kyrgyz Republic*" of 12 December 2017[46]". This decision seems to have a provisional character, because the validity of Order No. 45 is expired on 1 March 2018. Recently, there is an accompanying letter to this Order dated by 11 April 2018, which reactivates its validity. The current applicable fees specified by the Kyrgyz NCA for the registration of medical devices within the frame of the EAEU are shown in Table 5.

[45] http://www.pharm.kg/upload/%D0%B8%D1%81%D1%85.%20%E2%84%96%2011-2432.1%20%D0%BE%D1%82%2026.04.18%20%D0%B3..pdf
[46] http://www.pharm.kg/upload/Price_DLO.pdf

Table 5: Registration Fees in the Republic of Kyrgyzstan

Registration Fees according to the Order of the State Antitrust Agency under the Government of the Kyrgyz Republic No. 45	
Assessment of:	**Fee**
Disposable medical instruments, syringes, injection needles, dressing materials, hygienic items and goods for maintenance of patients – List 1	10 500 KGS
Medical equipment and diagnostic kits [it is not clear whether the IVD medical devices are considered here-author of this master's thesis] – List 2	10 500 KGS
Electrical medical equipment – List 3	17 500 KGS
Medical equipment based on computer hardware, ultrasonic, ELISA, laparoscope – List 4	35 000 KGS
Medical equipment for oncology, radiology, radiometry, ambulance, laboratories complexes – List 5	49 000 KGS
Additionally for each further model of a medical device – List 6	3 500 KGS
If the registration of the medical device is supported by grants and loans, and in case of a mutual recognition procedure – List 8.	7 000 KGS
Annex to the item 1.14	
Changes of country of origin, the manufacturer, name of the medical device or equipment without changing of its content and technology – List 7	3 500 KGS
Issue of a duplicate	100 KGS

- Only a list of fees applicable in the Republic of Armenia is missing.
- Although all Member States have set up their fee catalogs, the manufacturers are faced with the challenge of paying fees in up to five different currencies. But also a heterogenic classification of fees concerning different medical device groups seems to complicate the calculations.
- But not only fees to be payed to the NCA must be considered by the manufacturers regarding registration. The expenses for the inspection of the manufacturing site/-s, travel costs as well as cost for catering and accommodations of inspectors must be added.

3.2.10 Annexes

Decision No. 46 has the following Annexes:

- Annex 1: Registration certificate template and requirements for its completion;
  - ❖ Is relevant for the NCAs.
- Annex 2: Application form for the assessment of a medical device;
  - ❖ Should be submitted by the applicant together with the dossier to the NCA of RMS;
  - ❖ In this application, i.a. it has to be specified in which countries the product is otherwise registered as well as number of the registration certificate with date of issue and validity;
  - ❖ Furthermore, the accurate information on manufacturing sites is required, such the name of person in managing position and the name of contact person of that company;
  - ❖ It is unclear whether a change procedure must be initiated by the manufacturer or not in cases of changing of this information, e.g. when prolonging the validity of a registration certificate in one or another country or when the management of a concerned manufacturing site changes.
- Annex 3: Application form for the registration;
  - ❖ Should be submitted by the applicant along the dossier to the NCA of RMS.
- Annex 4: List of documents required for the registration of a medical device;
  - ❖ The applicant may consult the list for information which documents have to be submitted to the NCA, depending on the risk class and in what form. Furthermore, the Annex contains a template for information about the product, its components, accessories and consumables. Among other things, the information about the manufacturer and the country of origin of the accessories and consumables must be provided.
- Annex 5: Expert Assessment Report;
  - ❖ The document gives an overview of the aspects that the expert organization of the respective NCA has to assess when preparing the Assessment Report. It may also be helpful for the manufacturer to consider this document when compiling the dossier.
- Annex 6: Template for the approval or refusal of the Expert Assessment Report;
  - ❖ The template is relevant for the NCA (or their expert organization) of the Concerned Member States only.
- Annex 7: Application form for the introducing changes to the medical device dossier;

- Annex 8: List of changes in the medical device registration dossier with no need of a new registration;
    - ❖ To each item of possible changes, a list of required documents is given.
- Annex 9: Expert Assessment Report on the possibility or impossibility of change implementing;
- Annex 10: Application form for revocation of a registration certificate;
- Annex 11: Application form for issuing of a duplicate of the registration certificate.

3.3 Decision of the Board of the EEC No. 173

"On Approval of Regulations for the medical device classification depending on potential risk associated with use" of 22 December 2015[47]

Legal basis: Para. 2 of article 31 of the Treaty, para. 4 of article 4 of the Agreement, para. 23 of Annex 2 of the Decision of the Supreme Eurasian Council No. 98 "*On Regulations of the Eurasian Economic Commission*" of 23 December 2014.

This document builds a counterpart to the Annex VIII of the MDR and to the Annex VIII of the IVDR.

As in Europe, the devices are subdivided in four risk classes: 1, 2a, 2b und 3. However, for in vitro diagnosis, the IVDR uses one other differentiation in classes A, B, C and D being in congruence with the classes I, IIa, IIb and III. In the EAEU, the same class designation for all medical devices is used.

In the EAEU, the medical devices are generally divided in the same classes as in Europe. With one exception: products containing nanomaterial are assigned to risk class 3. Unless the nanomaterial is in an isolated or bound form and it can be excluded that this material will get into the organism of the patient or the user. Then such products are assigned to the class 1. In this case, the manufacturer has to submit the corresponding evidences.

In the EU, there are no class I for medical devices containing nanomaterial.

Annex IV of this master's thesis contains the correlation matrix concerning EAEU versus EU classification rules.

Both Annexes 1 and 2 to the Decision No. 173 offer a very convenient algorithm that guides to the appropriate classification of a product by means of questions. Annex 3 serves as an additional aid for in vitro diagnostic and provides examples for the respective risk classes.

[47] https://docs.eaeunion.org/docs/ru-ru/0149288/clcd_30122015_173

3.4 Decision of the Board of the EEC No. 177

"On Regulation of the Maintenance of the nomenclature of the medical devices" of 29 December 2015[48]

Legal basis: Para. 2 of article 31 of the Treaty, second paragraph of para. 4 of article 4 of the Agreement, para. 24 of Annex 2 of the Decision of the Supreme Eurasian Council No. 98 *"Regulation of the Eurasian Economic Commission"* from 23 December 2014.

Decision No. 177 deals with the nomenclature of medical devices in the EAEU. This must be in congruence with the Global Medical Device Nomenclature. An operator is responsible for correct translation, management and maintenance of the nomenclature systems etc.

- It should be noted that while the name and description of the respective type of EAEU medical devices currently conform to the names and descriptions of the GMDN, other 6-digit numerical codes are used for that in the EAEU (and since 2015 also in Russia). In order to identify the Russian or the Eurasian code of a device, one has to look to the Russian translation of the GMDN code on the GMDN web page, to copy it into the nomenclature register of the Eurasian Union and to find out the corresponding Eurasian code[49]. The application categorization of medical devices in the EAEU is the same as that of the GMDN.
- Russia was designated by the EAEU Commission as operator of the nomenclature system[28].

3.5 Decision of the Council of the EEC No. 28

"On the Approval of the rules for conducting technical tests of medical devices" of 12 February 2016[50]

Legal basis: Para. 2 of article 31 of the Treaty, para. 4 and 5 of article 4 of the Agreement, para. 105 and 106 of Annex 1 of the Decision of the Supreme Eurasian Council No. 98.

As mentioned above (s. Decision No. 27, section 3.1. of this master's thesis), many tests must be performed for all medical devices in order to obtain an evidence that the product to be registered in the EAEU fulfills the *General Requirements for the Safety and Efficiency of medical devices*. The Decision No. 28 regulates the conduction of the technical tests.

These tests can be performed at the organizations (testing laboratories) accredited for that by the Competent Authority of the MS where those laboratories are located and listed in the

[48] https://docs.eaeunion.org/docs/ru-ru/0149336/clcd_31122015_177
[49] https://portal.eaeunion.org/sites/odata/_layouts/15/Registry/PCLS064/View.aspx
[50] https://docs.eaeunion.org/docs/ru-ru/01410219/cncd_17052016_28

single register of accredited organizations on the web side of the Competent Authority of the concerned member state. The choice of the organization is not tied to the Reference Member State, an organization from another EAEU Member State can be selected too.

During the tests, the standards from the list of standards (s. the Recommendation of the Board of the EEC No. 17, s. section 4.2 of this master's thesis) and the technical documentation of the manufacturer are to be taken into consideration. In certain circumstances, national standards of the EAEU Member States can be used if they are valid and approved in the concerned Member State, and if there is no adequate standard in the list of standards.

In vitro diagnostic products (reagents, reagents sets) are excluded from those tests.

In exceptional cases, if the medical device to be tested cannot be delivered to the testing laboratory (e.g. for very large or heavy medical equipment), these tests can also be performed at the manufacturer's site.

If a model row of a medical device is existing, the tests can be performed on a model. It has only to be noticed in the protocol that the test results are related to all models of the concerned model row.

The laboratory has to review the manufacturer's documentation within 10 calendar days and to decide regarding possibility to perform the tests. The list of documents and information required for the tests is given in both paragraphs 8 and 9 of the Decision No. 28.

In case of a positive decision, a contract will be made with the applicant regarding the performance of tests, and the required device samples will be requested.

After the tests performed, a test report (protocol) with the test results should be issued to the concerned applicant (according to the form contained in the Decision No. 28). The documentation on tests performance incl. test results has to be stored in the concerned laboratory 10 years.

Furthermore, the Decision No. 28 stipulates the requirements regarding the testing organizations.

3.6 Decision of the Council of the EEC No. 38

"On the Approval of the rules for conducting research (tests) to assess the biological effect of the medical devices" of 15 May 2016[51]

Legal basis: Article 31 of the Treaty, para. 4 and 5 of article 4 of the Agreement, para. 105 and 106 of Annex 1 of the Decision of the Supreme Eurasian Council No. 98.

Many aspects of the Decision No. 28 (e.g. application of the standards from the list of standards, consideration of the manufacturer's technical documentation, selection of test samples, requirements regarding the testing organizations) are also present in this document. Here too, the tests can be performed only by the testing laboratories accredited for that by the Competent Authority and listed in the single register of accredited organizations on the web side of the Competent Authority of the concerned member state.

The medical device and its accessories contacting with the patient's body surface, its mucous membranes as well as with body's interior have to be tested.

- The primary purpose of these tests is to test the materials from which the products and its accessories are manufactured; therefore, many documents are required here too. Based on the experience with the Russian NCA, it is expected that the NCAs would like to receive very detailed information on the composition of the products, e.g. the name of the raw-material manufacturers, brand names of the raw-material, CAS-numbers, percentage composition, etc.

If a product contains a medicinal product, the manufacturer has to represent a detailed information on its composition and quantity as well the compatibility of the medicinal product with the concerned medical device and the reason for its use in this device, as well as its mode of action.

The information and documents required for the tests are present in both paragraphs 8 and 9 of the Decision No. 38.

All documents written in a foreign language must be translated into the language of the country where the tests will be performed.

- This note is missing in the Decision No. 28. However, since Russian is officially the second statutory language in all Member States except Armenia (s. Table 1), and because it is required by the Decision No. 46 Item 17, subitem b) (s. section 3.2 of this master's thesis) that all documents must be submitted in

[51] https://docs.eaeunion.org/docs/ru-ru/01410349/cncd_02062016_38_doc

Russian translation, it should be sufficient to submit the documents in Russian only.

The scope of the necessary tests depends on kind of the medical devices and on duration of the contact with human body. The tests are based on the recommendations of the ISO 10993-1 standard.

For the performance of the biocompatibility tests of medical devices, this document specifies a timeline of 30 working days.

The test results must be summarized in a test report. The protocol form can be found in the annex to the Decision No. 38.

3.7 Decision of the Council of the EEC No. 42

"On Approval of the list of medical devices subject to designation upon their registration as measuring instruments" of 12 February 2016[52]

Legal basis: Article 31 of the Treaty, article 4 of the Agreement, para. 110 of Annex 1 of the Decision of the Supreme Eurasian Council No. 98

This document lists such medical devices, including measurement characteristics, which are to be classified as measuring instruments. With measurement characteristics are meant:

- what should be measured (e.g. patient's body temperature),
- in which units (e.g. in C°),
- what should the measurements determine (e.g. change of patient's body temperature),
- measuring range (e.g. from 32 up to 42°C) and permissible deviations (e.g. ± 0,1°C).

The list is not complete and can be expanded at proposal of the Member States.

Compliance with the measurement characteristics for these products must also be confirmed by testing at the appropriate testing organization.

[52] https://docs.eaeunion.org/docs/ru-ru/01410360/cncd_02062016_42

3.8 Decision of the Council of the EEC No. 29

„On the Rules for conducting clinical evaluation and clinical performance tests (investigations) for medical devices" of 12 February 2016[53]

Legal basis: Para. 2 of article 31 of the Treaty, para. 4 and 5 of article 4 of the Agreement, para. 105 and 106 of Annex 1 of the Decision of the Supreme Eurasian Council No. 98.

3.8.1 Scope

This document specifies the circumstances under which the clinical investigations must be performed in form of a clinical evaluation or a clinical study. Likewise, the following requirements are defined in this document:

- The requirements on performance of the clinical investigations of medical devices and clinical performance studies of medical devices for in vitro diagnostics (IVD medical devices);
- Requirements regarding the organizations conducting the clinical studies or the clinical performance studies.

Furthermore, the document describes the work and responsibilities of the Ethics Committee. The work of the Ethics Committee is based on the principles of the Declaration of Helsinki (1964)[54].

3.8.2 General aspects

The following aspects are applicable both for the medical products inclusive medical equipment und IVD medical devices equally:

For the medical devices of risk classes 3, 2b and for the implants, multicenter clinical studies that fulfill the following criteria must be performed as a part of the registration process:

- Clinical studies from which the clinical data are resulting were performed before 1 January 2016 within the one of the EAEU Member States in accordance with the legal requirements of that country;
- If the clinical studies were performed within a third country before 1 January 2016 (or the recruitment of the volunteers was completed at that time), these studies must have been carried out in accordance with the requirements of IMDRF;
- If the performance of the clinical studies was initiated after 1 January 2016, these studies must meet the requirements of the EAEU and at least an investigational site must be located within the one of the EAEU Member States.

[53] https://docs.eaeunion.org/docs/ru-ru/01410222/cncd_17052016_29
[54] http://www.who.int/bulletin/archives/79%284%29373.pdf

3.8.3 Justification of safety and clinical effectiveness of medical devices (except IVD medical devices)

(IVD medical devices, s. section 3.8.4)

This chapter (Chapter II of the Decision No. 29) is based on the document GHTF/SG5/N2R8:2007 „Clinical Evaluation“[55].

The manufacturer has to define the aspects of General Requirements (according to Decision No. 27, s. section 3.1 of this master's thesis) for his/her product which have to be supported by the clinical data.

- ❖ Furthermore, the paragraph 112 of the Decision No. 27 specifies which items of the General Requirements must be substantiated by the clinical data.

If the analysis of the data shown that these are insufficient, the manufacturer has to perform clinical studies for insufficiently documented properties of his/her product.

For the following products, the clinical data must be submitted from a clinical study only:

- *medical devices where the functional characteristics, methods of action, the purpose, indications for use or features of medical use are previously unknown;*
- *where an existing device is modified in such a way that it contains novel functional characteristics, software modifications, mode of actions, the purpose and features of medical use, which are not investigated before;*
- *where a device incorporates materials previously untested in humans, coming into contact with the human body or where existing materials are applied to a new location in the human body or where the materials are to be used for a significantly longer time than previously, in which case compatibility and biological safety will need to be considered.*
- *class 3 medical devices and implants unless the clinical safety and effectiveness can be proved in a different way.*

For manufacturers from third countries, additional requirement for clinical data is as follows:

- Clinical data must be verifiable by the publications in peer reviewed scientific journals or by WHO reports in the frame of „the WHO prequalification projects“.

[55] http://www.imdrf.org/docs/ghtf/final/sg5/technical-docs/ghtf-sg5-n2r8-2007-clinical-evaluation-070501.pdf

3.8.3.1 Notes concerning clinical data from comparable device

- ❖ Similar to the EU, clinical data of an equivalent product can be used. The devices should have the same intended purpose and will need to be compared with respect to their technical and biological characteristics.
- ❖ However, according to MDR Annex IV, part A also the clinical characterization shall be equivalent between both products.
- ❖ At the moment, the criteria concerning "equivalence" are not yet defined in detail. Should, in analogy to MDR requirements, only one medical device registered in the Union (here: EAEU) be considered an equivalent product, or can a device registered outside the EAEU also be considered? To this item, the Russian expert organization has stated in a webinar on 17 April 2018 that the criteria for an equivalent product will be later described in a Practical Guideline for the carrying out of the assessment on safety, quality and effectiveness of a medical device in detail. Furthermore, the ways are demonstrated how the equivalence can be confirmed. For example, some comparison tests can be performed for these products.
- ❖ Even if no clinical studies are required for a product (good clinical data, products of risk classes 1-2a), the clinical evaluation results have to be confirmed by an organization accredited by the Authority for conduction of the clinical studies.

3.8.4 Justification of safety and clinical effectiveness of IVD medical devices

This chapter (Chapter VII of the Decision No. 29) is based on the document GHTF/SG5/N7:2012 „Clinical Evidence for IVD medical devices – Scientific Validity Determination and Performance Evaluation"[56].

No clinical studies are required for the following IVD medical devices:

- when those devices have no analytical or clinical performance requirements;
- for those devices which clinical performance is determined as its analytical performance.

3.8.5 Clinical investigation approval

In order to conduct clinical studies on medical devices (IVD medical devices s. below), an approval of the NCA of the country where these clinical studies will be performed is required. For this, the manufacturer or his/her authorized representative has to submit the documents to the NCA according to the requirements of para. 19 of the Decision No. 29. The authority

[56] http://www.imdrf.org/docs/ghtf/final/sg5/technical-docs/ghtf-sg5-n7-2012-scientific-validity-determination-evaluation-121102.pdf

has to review the submitted documents for completeness within 5 WD. If the information submitted is insufficient, it can require additional information from the manufacturer or his/her authorized representative. The manufacturer or his/her authorized representative has to submit the missing documents/ information within 60 WD. For the time of processing the demand of the NCA, the clock-stop principle applies to the manufacturer.

If the documentation is sufficient, the authority shall decide within 30 WD after submission of the application for the approval to conduct a clinical study, whether to approve the study project or to reject it.

For the carrying out of the clinical performance studies of IVD medical devices, no NCA approval is required. The manufacturer or his/her authorized representative should send a form-free message to the NCA, in which he/she communicates about his/her intention to conduct a clinical performance study.

3.8.6 Performance of clinical studies

The requirements regarding performance of the clinical studies with medical products are described in Chapter VI and one regarding IVD medical devices in Chapter VII of the Decision No. 29.

In general, clinical investigations should be performed in line with the ethical principles of the World Medical Association Declaration of Helsinki on Ethical Principles for Medical Research Involving Human Subject and in line with the principles of Good Clinical Practice, presented in ISO 14155:2011/Cor.1:2011.

Here too, clinical evaluation and clinical performance studies may only be performed in the accredited organizations. Chapter V of the Decision No. 29 defines the requirements for organizations that are allowed to conduct clinical evaluation and clinical performance tests (investigations) of medical devices.

The performance of a clinical study must be terminated either with a clinical investigation report (by using report form given in Annex 5 of the Decision No. 29) or with a clinical performance study report (by using report form given in Annex 7 of this Decision). The reports must contain a critical evaluation of all positive as well as negative results.

3.8.7 Annexes

- Annex 1: Application form for approval to perform the clinical studies (investigations) with medical devices;
    - ❖ Has to be fill-out by the applicant and sent to the NCA of the Member States where the clinical investigation is planned.
- Annex 2: Requirements for the content of the investigator's brochure for medical devices (except medical devices for in vitro diagnostic);
    - ❖ The document is based on Annex B of standard ISO 14155:2011/ Cor.1:2011 and Annex XV, Chapter II, Item 2 of MDR.
- Annex 3: Requirements for the content of technical file of a medical device (except medical devices for in vitro diagnostic);
    - ❖ Corresponds to Annex II of MDR in many items.
    - ❖ Must be submitted to the NCA together with the documents mentioned in para. 19 of the Decision No. 29 when submitting the application for approval to perform the clinical studies.
    - ❖ Interestingly enough: Technical file as such is not a part of the registration dossier according to Annex 4 of Decision No. 46 (s. section 3.2.10 of this master's thesis). It is required for the application for approval to perform the clinical studies as well as when carrying out the periodic manufacturing site inspections.
    - ❖ The content of the technical file differs partially from those given in Annex 4 of the Decision No. 46. Certain information from the technical file have to be represented in the registration dossier (such as labelling or instructions for use, data on the sterilization validation etc.). However, while the submission of the risk analysis for the products of risk class 1 according to para. 20 of Annex 4 of Decision No. 46 is not necessary, requires para. 9 of Annex 3 of Decision No. 29 a list of all risks identified during the risk analysis together with a list of the risk minimizing measures; therefore, the existence of a risk management system is presupposed for all medical devices without restrictions.
- Annex 4: Requirements for the content of the clinical investigation plan for medical devices;
    - ❖ It corresponds in many items to Annex A of ISO 14155:2011 standard / Cor.1:2011.
- Annex 5: Report form for the clinical investigation report;
- Annex 6: Requirements for the content of the clinical performance study plan for IVD medical devices
    - ❖ The document is based on Annex XIII of IVDR, Chapter II, Part 2, Item 2.3.2.

- Annex 7: Report form for the clinical performance study report of IVD medical devices.

3.9 Decision of the Council of the EEC No. 106

„On approval of the Requirements for the introduction, maintenance and evaluation of the quality management system for the medical devices depending on the potential risk of their use" of 10 November 2017[57]

Legal basis: Para. 2 of article 31 of the Treaty, para. 1 of article 6 of the Agreement, para. 107 of Annex 1 of the Decision of the Supreme Eurasian Council No. 98 "*On Regulations of the Eurasian Economic Commission*" of 23 December 2014.

3.9.1 Scope

Decision No. 106 defines the requirements regarding the quality management system (QMS) of a medical devices manufacturer, on the Inspection Agencies and their inspectors as well as the requirements concerning the performance of a manufacturing site inspection.

Generally, it is expected the following: If a medical device manufacturer implements the quality management system into his/her company, then it has to be a QMS according the requirements of the ISO 13485 standard. Although the ISO 13485 standard served as a basis for the requirements specified by the Decision No. 106 to the quality management system of a medical device manufacturer. However, the Decision No. 106 specifies own criteria for the evaluation of a manufacturer's QMS as shown below.

3.9.2 Requirements on the implementation of the QMS

Decision No. 106 (Chapter II, Item 3) states:

- Manufacturers of the medical devices of risk class 2a sterile and higher have to implement a quality management system before starting the registration process for the EAEU;
- The manufacturers of the medical devices of both risk classes 1 and 2a non-sterile have the right to implement and to maintain a quality management system.
    - ❖ This statement implies that such manufacturers have the choice whether to introduce a quality management system or not. However, this conflicts with the requirements of *Agreement on Uniform Principles and Rules for the Circulation of medical products (medical devices and medical equipment) within the framework of the Eurasian Economic Union from 23 December 2014* (s. section 2.1 of this master's thesis). Namely, article 6, item 1 of the Agreement states that the manufacturer of medical devices intended for the EAEU market has to implement and to maintain a quality management system. Herein, no restrictions

[57] https://docs.eaeunion.org/docs/ru-ru/01417146/cncd_05032018_106

are stated. Therefore, this is one of the contradictions between the regulatory documents.

Depending on the risk classes of the products, the QMS of a medical product manufacturer might include not all processes mandatory. For instance, the design and development process of the products of both classes 2a sterile and 2b need not to be a part of the QMS. However, for the manufacturers of the products of risk class 3, the integration of design and development process into the QMS is mandatory.

For the manufacturers of medical devices of risk classes 1 and 2a non-sterile, who have voluntary integrated the QMS in their processes, the Decision No. 106 provides a kind of bonus: If the manufacturer allows the Inspection Agency to inspect his/her quality management system according to the requirements of the Decision No. 106 (design and development process inclusive), he/she will be empowered to introduce changes to his/her medical device registration dossier during the validity of the evaluation report (up to 3 years) without having need of assessment procedure on safety, quality and effectiveness of the device. In this case he/she has to notify the NCA of the RMS about the change using the form given in Annex 7 of the Decision No. 46 within 2 months after implementation of changes in documents contained in the registration dossier.

Documentation of the QMS has to be available in paper form or also electronically if such an option is foreseen by one of the EAEU MS. If the documentation is written in a different language than Russian, a notarized translation into the Russian has to be provided.

3.9.3 Performance of an inspection

3.9.3.1 Processes

During the performance of an inspection by an Inspection Agency, the following processes will be evaluated:

- Design and development (if these processes are included in the manufacturer's QMS),
- Documentation management,
- Production and service provision,
- Control of nonconforming product,
- Customer-related processes.

If the manufacturer has implemented a QMS certified by a certification body according to the requirements of the ISO 13485 standard, the inspection will be limited to the design and development, production and service provision and customer-related processes.

3.9.3.2 Initial manufacturing site inspection

Initial manufacturing site inspection will be performed by the Inspection Agency of the RMS as a part of the registration process according to the requirements of the Decision No. 46. Hereby, all manufacturing sites announced by the manufacturer will be inspected. If several product groups or subgroups according to the Annex 2 of the Decision No. 106 are manufactured on these manufacturing sides, several product groups or subgroups can be evaluated during one inspection. The inspection results should be summarized in a report that shows all concerned product groups or subgroups. The report is valid for 3 years.

If the manufacturer registers a further medical device from the product group or subgroup covered by the report within the validity period of the report, the inspection envisaged in the registration process will be excluded for this registration. Provided the fact that the manufacturing site remains the same.

3.9.3.3 Periodic manufacturing site inspections

While the initial inspection of a manufacturer will be performed by an Inspection Agency designated by the NCA of the RMS or by the NCA itself, the manufacturer may freely select an Inspection Agency for the performance of the periodic manufacturing site inspection.

Periodic manufacturing site inspection should be conducted every three years. Six month prior to the expiration of inspection report, the manufacturer has to submit an application to the Inspection Agency of his/her choice for the performance of a periodic manufacturing site inspection.

In addition to the application, the manufacturer has to submit some further documents inclusive technical file for medical devices (except IVD medical devices) according to Annex 3 of Decision No. 29 or technical file for IVD medical devices according to Annex 5 of Decision No. 106. All documents to be submitted are to be compiled in Russian with integrated search function.

- The wording of the Decision No. 106 is selected in such a manner that it can be fulfilled only if the documents will be submitted in an electronic form.

Which manufacturing site/-s have to be inspected at the periodic manufacturing site inspection will be decided by the Inspection Agency only.

3.9.3.4 Unscheduled manufacturing site inspection

In certain circumstances, the manufacturer can request to perform an unscheduled manufacturing site inspection, i.a. if the manufacturing of an already inspected product is dislocated to another previously not inspected manufacturing site, or in order to confirm the removal of nonconformities.

3.9.3.5 Product samples

In connection with the performance of a periodic and/or unscheduled inspection of medical devices of risk class 3 (especially: implants, invasive medical devices and IVD medical devices), the Inspection Agency is empowered to take product samples during its inspection. Then, the samples will be compared by the appropriate organizations for the compliance of the examined characteristics of the device with the data contained in the technical file. The laboratory test report will be attached to the inspection report.

If any discrepancies and nonconformities with the data contained in the registration dossier will be identified during the tests of the taken samples, a suspension of the inspection report and of the registration certificate may follow.

3.9.4 Timelines

Within 15 WD after performance of the inspection, the Inspection Agency has to send an inspection report to the NCA. This will be included into the registration dossier.

- In the Decision No. 106 is written that the Inspection Agency has to send the inspection report to the NCA. The manufacturer is not mentioned. It is not clearly how and by what time the manufacturer will obtain the access to this report.

If any nonconformities will be identified during an inspection according to the evaluation matrix of Annex 3 of Decision No. 106, the manufacturer has to eliminate these nonconformities within 30 WD.

- According to the timelines for the registration process, given in Decision No. 46, a timeline of maximum 90 WD is planned for the initial manufacturing site inspection. It is unclear whether this timeline of 90 working days already includes the time to eliminate the nonconformities, or 30 WD are to be added.

If the manufacturer disagrees with the identified nonconformities or a negative inspection report, he/she will be empowered to complain the results. Either in the organizations themselves or in the last instance at court.

If the manufacturer does not eliminate the identified nonconformities within the prescribed time, the NCA of the MS where the Inspection Agency is located may temporarily suspend the marketability of the concerned product.

3.9.5 Inspection Agencies

Decision No. 106 contains certain basic requirements on the inspection agencies and inspectors. Detailed requirements will be given in Practical Guidelines. At present these guidelines are in preparation (s. section 6 of this master's thesis).

Either NCA itself or certain organizations authorized for that by the NCA can act as Inspection Agency. The authorization takes place for certain groups or subgroups of medical devices according to Annex 2 of the Decision No. 106.

- ❖ When choosing an Inspection Agency for the periodic inspection, the manufacturer must pay attention to the authorization scope of the Agency.

If the NCA itself does not act as an Inspection Agency, the Decision No. 106 empowers the NCA to let its own inspectors in addition to the inspectors of the Inspection Agency to participate in an inspection of the manufacturer (at expenses of the NCA). The manufacturer has to guarantee the access to the inspection objects for the NCA inspectors too.

The list of the Inspection Agencies shall be made publicly available on the EAEU information portal.

- ❖ At the moment it is not clear which organizations shall take over the role of the Inspection Agency. Therefore, a "grace period" of one year (until 15 March 2019) is offered for the manufacturers by the Decision No. 106. If a manufacturer registers a product within this time, it is sufficient to submit a valid ISO 13485 certificate at registration. However, he/she must apply for an unscheduled manufacturing site inspection within 2 years after registration of his/her product.
- ❖ But, regarding the registration timelines defined by the Decision No. 46 und due to the lack of experience at NCAs of all EAEU-MS in terms of implementation of the requirements of the Decision No. 46, in the opinion of the author of this master thesis the carrying out of a device registration would be very improbable within this period of time.

If an application for periodic manufacturing site inspection was submitted to the Inspection Agency, it has to review the submitted documents and to decide on the possibility for an inspection within 10 WD. Reasons for the refusal of an application may be insufficient or incorrect documentation submitted by the manufacturer or lack of authorization of the Inspection Agency in the requested scope of medical device groups and subgroups.

3.9.6 Annexes

- Annex 1: Rules on the determination of time of manufacturing site inspection;
  - ❖ This annex is based on the document IAF[58] MD 5:2015 „Determination of Audit time of Quality and Environmental Management Systems“[59] and defines the duration of the inspections based on an 8-hour working day. If several manufacturing sites are inspected, 2 working days per additional manufacturing site should be added. The duration of inspections depending on the effective number of personnel is represented in Table 6.

Table 6: Relationship between Effective Number of Personnel and Inspection Time

Effective Number of Personnel	Time of initial manufacturing site inspection	Time of periodic manufacturing site inspection
5-49	6	4
50-99	7	5
100-199	8	6
200-499	9	7
500-999	10	8
1000-1999	11	9
2000-4999	12	10
More than 5000	13	11

  - ❖ The content of this table should serve in the future as a basis for the calculation of inspection costs according to the Annex 1 of the Decision No. 106. The tariffs still need be determined by the EAEU Member States.
- Annex 2: List of medical device groups and subgroups;
  - ❖ This list contains four groups of medical devices:
    1. Non active medical devices (except IVD medical devices),
    2. Active non implantable medical devices (except IVD medical devices),
    3. Active implants and
    4. IVD medical devices.

    Each of them includes different subgroups.
- Annex 3: Integral assessment of quality management system nonconformities identified during a manufacturing site inspection according to the requirements of Decision No. 106;

[58] http://www.iaf.nu//articles/About/2
[59] http://www.iaf.nu/upFiles/IAFMD5QMSEMSAuditDurationIssue311062015.pdf

- ❖ This annex is based on the document GHTF/SG3/N19:2012 „Quality management system – Medical devices – Nonconformity Grading System for Regulatory Purposes and Information Exchange“[60].
- ❖ Grading Matrix and Escalation Rules will be used to determine the final grade for each nonconformity.

- Annex 4: Report form on the results of an initial manufacturing site inspection;
- Annex 5: Requirements for the content of technical file of a IVD medical device;
  - ❖ Corresponds in many items to Annex II of IVDR.
- Annex 6: Report form on the results of a periodic manufacturing site inspection;
- Annex 7: Report form on the results of an unscheduled manufacturing site inspection.

3.10 Decision of the Council of the EEC No. 26

„On the special sign for the circulation of medical devices on the market of the Eurasian Economic Union” of 12 February 2016[61]

Legal basis: Para. 2 of article 31 of the Treaty, para. 4 of article 7 of the Agreement, para. 94 of Annex 1 of the Decision of the Supreme Eurasian Council No. 98 *“On Regulations of the Eurasian Economic Commission”* of 23 December 2014.

Medical devices that have successfully passed the registration procedure shall be labeled by the manufacturer or his/her authorized representative with a EAC mark before the products will be placed on the market within the EAEU.

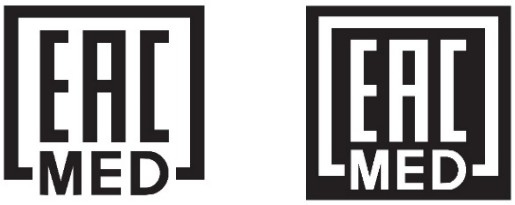


Figure 2: Eurasian conformity mark for medical devices

The abbreviation „EAC“ means „Eurasian Conformity“. The exact mark dimensions are also specified in the document. The minimum admissible size of the mark is 6 mm.

[60] http://www.imdrf.org/docs/ghtf/final/sg3/technical-docs/ghtf-sg3-n19-2012-nonconformity-grading-121102.pdf
[61] https://docs.eaeunion.org/docs/ru-ru/01410213/cncd_17052016_26

3.11 Decision of the Council of the EEC No. 30

"On the Approval of the procedure for the formation and maintenance of the information system in the area of medical device circulation" of 12 February 2016[62]

Legal basis: Para. 2 of article 31 of the Treaty, article 9 of the Agreement, Para. 112 of Annex 1 of the Decision of the Supreme Eurasian Council No. 98

This document regulates the work, maintenance and content of the information portal of the Eurasian Union in the sphere of medical devices.

- Under the link https://portal.eaeunion.org/_layouts/15/Cit.Eec.Impop/Portal.Landings/MedicalDevices.aspx , one can find very helpful information services, which e.g. navigating the applicant step-by-step through the requirements, legislation, necessary tests as well as documentation required for the concerned registration phase.

  This webpage contains i.a. links to the National Competent Authorities of the concerned Member States being responsible for the registration items as well as timelines provided for different registration steps.

  Furthermore, three essential registers can be found in the information portal:

  - single register of medical devices approved in the EAEU;
  - single register of authorized organizations carrying out the testing of medical devices for the purpose of registering them (for technical, biological and clinical tests);
  - singe vigilance database related to monitoring of safety, quality and efficiency of medical devices.
- Not all functions of the information portal or registers are currently active.
- When looking into the information listed in the field of „regulatory and reference information" (currently only the nomenclature list is active), it is apparent that many helpful tools such as e.g. a fee estimator are also planned. Thus, the applicant can calculate the amount of fees to be paid for the registration of his/her product in the affected Member States.
- The submission of the registration dossier will in future be done via this portal. At the present time (as of Mai 2018) this is not possible.

[62] https://docs.eaeunion.org/docs/ru-ru/01410225/cncd_17052016_30

3.12 Decision of the Board of the EEC No. 174

"On Approval of Regulations of medical device safety, quality and effectiveness monitoring" of 22 December 2015[63]

Legal basis: Para. 2 of article 31 of the Treaty; Para. 2 of article 8 of the Agreement; Para. 25 of Annex 1 of the Decision of the Supreme Eurasian Council No. 98.

3.12.1 Scope

Decision No. 174 establishes the requirements for the monitoring of safety, quality and effectiveness of medical devices in the EAEU. The monitoring is based on:

- *analysis of the incident reports, received from users and manufacturers of medical devices or got by National Competent Authorities during their supervision of medical device circulation;*
- *analysis of Post Market Clinical Follow (PMCF) Reports for class 3 medical devices and class 2b and 3 implants, received from manufacturer of concerned medical device or its authorized representative;*
- *as result of post market surveillance and corrective activities of manufacturer.*

Furthermore, Decision No. 174 describes the Eurasian system for the notification and evaluation of Incidents and Field Safety Corrective Actions (FSCA) involving medical devices and the requirements for post market clinical follow up activities for class 3 medical devices and classes 2b and 3 implants.

The Decision No. 174 is partially based on MEDDEV 2.12/1 rev. 8 „Guidelines on a Medical Devices Vigilance System"[64].

3.12.2 Definition of the term „Incident"

The definition of the term „Incident" corresponds almost entirely with the definition given by MEDDEV involving the definition of the term „serious deterioration on the state of health":

Any malfunction or deterioration in the characteristics and/or performance of a device, as well as any inadequacy in the labelling, or side effect, not included the instructions for use which, directly or indirectly, might lead to or might have led to the dead of a patient, or user of other persons or to a serious deterioration in their state of health ("serious deterioration in state of health" means life-threatening illness, permanent impairment of a body function or permanent damage to a body structure, a condition necessitating medical or surgical intervention to prevent a life-threatening illness or permanent impairment of a body function

[63] https://docs.eaeunion.org/docs/ru-ru/0149292/clcd_30122015_174_att
[64] http://ec.europa.eu/DocsRoom/documents/15506

or permanent damage to a body structure, a clinically relevant increase in the duration of a surgical procedure or a condition that requires hospitalization or significant prolongation of existing hospitalization, a fetal distress, fetal death or any congenital abnormality or birth defects).

3.12.3 To whom to report

Health care organizations which are involved in the circulation of medical devices shall inform the manufacturer or his/her authorized representative in case of any adverse effects that can be related with an incident. They also have to provide the access to the concerned medical device.

Customer (user, healthcare organization) shall report the incident to the NCA in the country of occurrence via internet by using the report form given in Annex 3 of the Decision No. 174.

3.12.4 Manufacturer's/ Authorized Representative's Actions

In case of an incident occurred in the territory of an EAEU MS, the manufacturer or his/her authorized representative has to submit an incident report according to Annex 1 and a FSCA report according to Annex 2 of the Decision No. 174 to the NCA of the affected country. The submission proceeds via internet by filling out the mentioned forms on the website of the concerned NCA.

3.12.4.1 Timescale for the initial reporting of an incident

The timelines provided for the submission of an initial report are corresponding with those specified in MEDDEV 2.12/1 rev. 8:

- ***Serious public health threat:*** *immediately (without any delay that could not be justified) but not later than* ***2 calendar days*** *after awareness by the manufacturer of this threat.*
- ***Death or unanticipated serious deterioration in state of health:*** *immediately (without any delay that could not be justified) after the manufacturer established a link between the device and the event but not later than* ***10 elapsed calendar days*** *following the date of awareness of the event.*
- ***Others:*** *Immediately (without any delay that could not be justified) after the manufacturer established a link between the device and the event but not later than* ***30 elapsed calendar*** *days following the date of awareness of the event.*

Not for all incidents, the manufacturer has to send an incident report to the NCA. The exceptions are described in para. 15 of the Decision No. 174 and correspond in many respects to those defined in both paras. 5.1.2 and 5.1.3 of MEDDEV. Thus, the manufacturer or his/her authorized representative e.g. can send a periodic summary

report instead of incident report to the NCA in such cases when the incident is already described in a Field Safety Notice (FSN), or the incident is common and well-documented.

3.12.4.2 FSCA and FSN

In case of a risk of death or for a risk of deterioration of health of the users or any third person, the manufacturer or his/her authorized representative can initiate the FSCA for the purpose of safety protection in the emergency situations, before the initial FSCA report is submitted to the NCA. In such cases, the manufacturer or his/her authorized representative has to submit the initial FSCA report to the NCA not later than within 2 WD after implementation of the FSCA.

The manufacturer or his/her authorized representative has to notify the customers regarding FSCA via a Field Safety Notice by using the template given in Annex 4 of this Decision. For this purpose, the manufacturer or his/her authorized representative should use any communication ways making accessible and confirmable the FSN for the target audience.

If an incident occurred outside the EAEU with involving of a medical device registered in the EAEU, the manufacturer or his/her authorized representative should send a FSN to the NCA of the RMS. The NCA of the RMS will publish this FSN in single vigilance database of the EAEU.

The manufacturer or his/her authorized representative has to notify the NCA in cases of use errors which did result in death or serious deterioration in state of user's health.

Decision No. 174 describes also the handling of user reports submitted to the manufacturer or his/her authorized representative by a NCA.

3.12.4.3 PMCF Study

For all class 3 devices as well as for implants of both risk classes 2b and 3, the manufacturer or his/her authorized representative has to perform PMCF studies and to submit annually a PMCF report according to report form of the Annex 5 to the NCA of the RMS within first 3 years after registration of a concerned medical device. The submission should take place not later than on 1th February of the next year after registration.

The PMCF study should be performed according to the PMCF Plan. The content of the PMCF Plan is described in para. 21 of Decision No. 174.

The NCA of the RMS forwards the submitted PMCF reports to its expert organization, which within 20 WD having to give a conclusion on possibility to finish the PMCF studies. Based on the conclusion of the expert organization the NCA decides whether the manufacturer or his/her authorized representative may finish the PMCF study, or whether he/she should

continue (with the determination of an additional observation period); whether the validity of the registration certificate must be suspended or its revocation have to be initiated and the concerned medical product must be withdrawn from the market.

The NCA should inform the manufacturer about the results of its decision within 10 days after decision was made.

3.12.5 National Competent Authority's Actions

3.12.5.1 In case of incident

After receiving the initial incident report, the NCA informs the manufacturer or his/her authorized representative of the receipt of the report and agrees with the manufacturer or his/her authorized representative on the timelines for submitting of the follow up and final incident reports as well as the timelines for submission of the initial, follow up and final FSCA reports.

30 WD after the receiving the final FSCA report, the NCA of the country of occurrence should inform the manufacturer or his/her authorized representative as well as National Competent Authorities of other EAEU Member States regarding the results of reports review.

All incidents and FSCA reports as well as FSN will be published in the single vigilance database of the EAEU.

3.12.5.2 In case of not providing the necessary information or failing to meet the deadlines by the manufacturer or his/her authorized representative

The NCA of the country where an incident occurred will be empowered to suspend the validity of the registration certificate of the concerned medical device or to prohibit or to restrict the use of this product, if the manufacturer or his/her authorized representative after the incident becomes known has not informed the NCA about the incident or he/she has not complied with the prescribed timelines.

Likewise, the NCA of the country where an incident occurred will be empowered to suspend the validity of the registration certificate of the concerned medical device or to prohibit or to restrict the use of this product, if the manufacturer or his/her authorized representative has not submitted one of the following reports to the NCA: the follow-up or final incident report, initial, follow up or final PMCF report. These measures may be made by the NCA not earlier than 30 WD after informing the manufacturer or his/her authorized representative about it.

3.12.6 Annexes

- Annex 1: Report form for manufacturer's Incident Report;
  - ❖ It corresponds almost entirely with Annex 3 of MEDDEV 2.12/1 rev. 8 „Report Form for Manufacturer's to the National Competent Authority – Report Form Manufacturer's Incident Report". Additionally, the type of incident according to ISO/TS 19218-1 and its evaluation according to ISO/TS 19218-2 as well as code und definition of the patient's problem occurred in connection with use of the concerned medical device according to ICD-10[65] have to be included.
  - ❖ It can be filled out as initial, follow-up or final report.
- Annex 2: Report form for manufacturer's Field Safety Corrective Actions;
  - ❖ It corresponds almost entirely with Annex 4 of MEDDEV 2.12/1 rev. 8 „Report Form for Field Safety Corrective Action – Report Form Manufacturer's Field Safety Corrective Active Report".
  - ❖ It can be filled out as initial, follow-up or final report.
- Annex 3: Template for User's Incident Report;
- Annex 4: Template for Manufacturer's Field Safety Notice;
  - ❖ Based on Annex 5 of MEDDEV 2.12/1 rev. 8 "Template for a Field Safety Notice" and Note 1 to the term "field safety corrective action".
- Annex 5: Report form for manufacturer's Post Market Clinical Follow Up Report.
  - ❖ Only for medical devices of risk class 3 and for implants of both risk classes 2b and 3.
  - ❖ It can be filled out as initial (1th year), follow-up (2th year) or final report (3th year).

3.13 Decision of the Council of the EEC No. 141

"On Approval of the application by the authorized authorities of the Member States of the Eurasian Economic Union of measures to suspend or ban of use of medical devices, threatening human life and (or) health, substandard, counterfeit or falsified medical devices and their withdrawal from circulation on the territories of the Member States of the Eurasian Economic Union" of 21.12.2016[66]

Legal basis: Article 31 of the Treaty, para. 3 of article 8 of the Agreement, para. 93 of Annex 1 of the Decision of the Supreme Eurasian Council No. 98 "*On Regulations of the Eurasian Economic Commission*" from 23 December 2014.

The document regulates the activity of the National Competent Authorities in cases if these acting within their market surveillance activities (s. Decision No. 174, section 2.12 of this

[65] http://www.icd-code.de/
[66] https://docs.eaeunion.org/docs/ru-ru/01412966/cncd_23012017_141

master's thesis) identify a medical device that is from point view of the NCA either dangerous for human health and/or life or substandard, counterfeit or falsified.

When the NCA identifies such a device, it may either prohibit its use or initiate its recall or suspend its circulation (up to 180 calendar days), until the circumstances leading to the suspension are cleared or eliminated.

- In recent years, the Russian NCA is increasing reviewing the products on the market for their compliance with the information contained in the NCA dossier. If any discrepancies are found, such as e.g. missing tolerance limits for the size of the product, the product with non-conformed size of the tested sample should be qualified as substandard and must to be removed from the market. Especially older certificates are affected.

  Due to procedure, the amount of the change procedures increased in Russia in recent years very much as seen from diagram below:

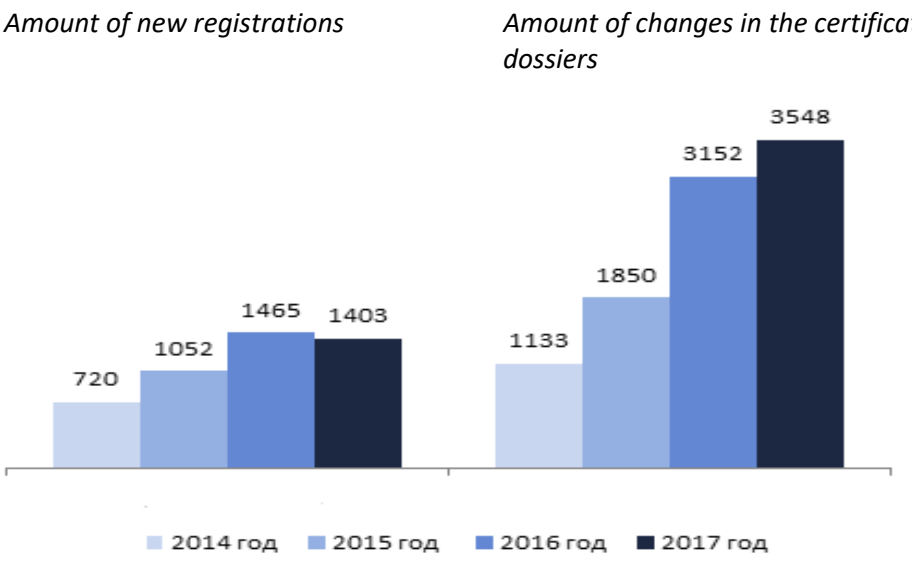


Figure 3: Statistic of registration activities of Roszdravnadzor (2014 – 2017)[67]

[67] http://www.roszdravnadzor.ru/news/11820

4. Third level documents

4.1 The Recommendation of the Board of the EEC No. 16 "On the Procedure for the Establishment of the List of Standards, voluntary use of which results in fully or partially compliance of the medical devices with the General Requirements for the Safety and Efficiency of the medical devices, requirements for their labelling and operation manual" of 04 September 2017[68]

Legal basis: Para. 2 of article 3, para. 4 of article 4 and para. 4 of article 7 of the Agreement; para. 100 of the Decision of the Council of the EEC No. 27 „*On Approval of the General safety requirements and effectiveness of medical devices, labelling requirements and user's documentation for them*" of 12 February 2016.

This document regulates the maintenance of the list of standards (s. Recommendation of the Board of the EEC No. 17, section 4.2 of this master's thesis) as well the procedures and criteria whereby new standards can be included into the list. The IMDR recommendations will also be taken into consideration.

4.2 The Recommendation of the Board of the EEC No. 17 "On the list of standards, the application of which, on a voluntary basis, fully or partially ensures the conformity of medical devices with the General Requirements for the Safety and Efficiency of the medical devices, requirements for their labelling and operation manual" of 04 September 2017[69,]

Legal basis: Para. 2 of article 3, para. 4 of article 4 and para. 4 of article 7 of the Agreement; Para. 100 of the Decision of the Council of the EEC No. 27 „On Approval of the General safety requirements and effectiveness of medical devices, labelling requirements and user's documentation for them" of 12 February 2016.

The document or its annex respectively represent a list with the standards accepted in the EAEU, fulfillment of which will presume the conformity of a medical device with the General Requirements (s. Decision No. 27, section 3.2 of this master's thesis). Thereto, the last column of this list contains those items/aspects from the General Requirements which can be substantiated by the relevant standard. Under certain circumstances, not all parts of the concerned standard may be also involved into confirmation of the conformity without further

[68] https://docs.eaeunion.org/docs/ru-ru/01414781/clcr_06092017_16
[69] https://docs.eaeunion.org/docs/ru-ru/01414784/clcr_06092017_17

justification. The parts of a standard for proof of conformity which can be used without further justification are present in the second-to last column of the list.

The application of these standards is voluntary, as already implied in the title of the document. In order to proof the conformity of his/her medical device with the General Requirements, the manufacturer may also use his/her own test methods or test methods based on standardized methods.

The vast majority of the listed standards are international standards (EN, ISO, IEC, OIML) translated in Russian and a few national (Russian) standards. 155 of the mentioned standards concerns medical devices and medical equipment, 43 standards are related to in vitro diagnostic.

- These standards can be easily found und viewed in world wide web[70], providing knowledge of the Russian language.
- Basically, this document is a counterpart to the Harmonized Standards[71] of the EU in the sphere of medical devices.

5. Further documents

5.1 Decision of the Board of the EEC No. 123 "On the Statute of the Advisory Committee on the Medical Devices" of 26 September 2017[72]

Legal basis: Article 7 and 44 of the Regulation on the Eurasian Economic Commission (Annex 1 of Treaty of the Eurasian Economic Union of 29 May 2014); para. 34 of the Decision No. 46 "Rules of the registration and safety, quality and effectiveness evaluation of medical devices" of 12 February 2016

As mentioned above when considering the Decision No. 46, the Advisory Committee should be involved in case of any issues with the Agreement of the Assessment Report and should support the concerned Member States in finding a compromise.

However, the Advisory Committee also provides assistance in the event of difficulties in classifying products as medical devices or as measuring instruments.

The Committee is also responsible for the improvement of legislation of medical devices.

[70] E.g. http://www.cntd.ru/search.html
[71] https://ec.europa.eu/growth/single-market/european-standards/harmonised-standards_de
[72] http://www.eurasiancommission.org/ru/act/texnreg/deptexreg/MD/Pages/medical_devices.aspx

The Committee is composed of the representatives of the NCAs or expert organizations of the concerned EAEU Member States, a maximum of five per country. Regardless of number of participants, each country has one vote only. The decisions on concerned Assessment Reports will be made by majority vote.

When voting on the classification of a product as a medical device or as a measuring instrument, the decision should be made by consensus.

Further, Decision No. 123 regulates the activities of the Advisory Committee, which are not relevant here.

5.2 Decision of the Commission of the Custom Union No. 229 "On the application of sanitary measures in the Eurasian Economic Union - Unified sanitary-epidemiological and hygienic requirements for products (goods), which are subjects of sanitary-epidemiological supervision (control)" of 28 May 2010 (last update from 10 November 2015[73])

Medical devices belong to a group of goods being subject to hygienic and epidemiological control in the EAEU. Section 18 of the document also describes some requirements for medical devices not defined in the documents mentioned above.

- Although this document is considered secondary, its requirements may be applicable to biological testing of some medical devices (except in vitro diagnostic). In the current Annex 2 (which will become Annex 1 when the document is revised) of Section 18, some limit values for e.g. leachable substances are mentioned which a product may not exceed. Limit values for leachable substances for the packaging material are also defined in this section. Some further requirements, also to the medical equipment can be found here as well. However, limit values are not described for biological tests (s. Decision No. 38, section 3.6 of this master's thesis). In order to avoid that the limit values will arbitrarily be defined by one of the Member States (e.g. in case of tender business), this document should be kept in mind.
- Furthermore, the application of Section 18 can be seen as a possible alternative for biological tests when registering a medical device. This could be an advantage primarily for the manufacturers of low risk class and low-price products.
- Currently the document is under revision[74].

[73] http://www.eurasiancommission.org/ru/act/texnreg/depsanmer/sanmeri/Pages/P2_299.aspx
[74] https://docs.eaeunion.org/ria/ru-ru/0102519/ria_18092017

6. Projects

According to the Order of the Board of the EEC No. 43 “On the draft order of the Council of the Eurasian Economic Commission “On the acts of the Eurasian Economic Commission on the regulation of singe markets for medicinal products and medical devices within the Eurasian Economic Union”[75], the documents regulating the following items in the sphere of medical products have to be prepared in the years 2017-2019:

- Criteria for when multiple modifications of a product, provided they have the same nomenclature, can be registered on the same registration certificate;
- When a product is a medical device;
- Differentiation between components, accessories and additional materials of medical devices;
- Requirements for the organizations empowered to carry out the inspections of the manufacturing sites for the purpose to confirm the compliance with the requirements on a quality management system;
- Requirements on inspectors empowered to carry out such inspections.

Russian Federation is appointed as responsible country for the realization of these projects.

- In their training concerning the regulatory environment in the EAEU in relation to the medical devices, the Russian Expert Organization has announced that the preparation of further documents is planned, such as Practical Guideline for the inspectors to conduct the manufacturing site inspections, Practical Guideline for content and structure of a registration dossier as well as Practical Guideline for the expert organizations for carrying out the assessment on safety, quality and effectiveness of a medical device[28].
- Russian Federation is already practicing Practical Guidelines for carrying out the assessment on safety, quality and effectiveness of a medical device at the national level[76]. Such a guideline is primarily intended for the expert organizations, however, it delivers essential information for the manufacturers too. The guidelines describe what the expert organizations have to take in consideration when assessing the dossier. This information can be used by the manufacturer to optimize his/her dossier accordingly.

[75] https://docs.eaeunion.org/docs/ru-ru/01413782/clco_04052017_43
[76] http://www.roszdravnadzor.ru/i/upload/images/2016/10/5/1475678248.84333-1-11556.pdf

IV. Conclusion and Outlook

The analysis of the regulatory requirements of the EAEU for medical devices has shown that the Eurasian Commission was guided by international recognized documents and standards when preparing the regulatory documents. This should serve for the goal to elevate the requirements on medical devices within the EAEU up to international level and thus making the medical devices manufactured in the EAEU internationally competitive.

However, many documents still have many weaknesses and uncertainties. For that reason, the Eurasian Commission is currently drawing up several Practical Guidelines to offer more clearness to both the authorities and the manufacturers in these spheres and thus to make it easier to work with them.

Furthermore, the intense consideration with the documents mentioned in this master's thesis has shown that the regulatory documents of the EAEU regarding medical devices should not be seen as numerous separate documents but as a single regulatory construct.

Russian expert organizations conduct trainings on the EAEU legislation on the regular basis, where they highlighting individual aspects of the new regulations and answering questions from the manufacturers and interesting parties. During these trainings, the author of this master's thesis also noted the uncertainties of all involved parties regarding the implementation of the entire requirements. Above all, whether the transitional period until 31 December 2021 still has to be respected or whether the deadline will be extended.

To the author of this master's thesis, it is apparent that the development of the regulatory environment of the EAEU is still ongoing process and some further changes are to be expected. So, for example, three further documents came into force while this master's thesis was already on finalization step (at beginning of May 2018): Decision of the Board of the EEC No. 46 "On nomenclature of medical devices in the EAEU"[77], Decision of the Board of the EEC No. 47 "On the classifier of adverse events associated with the use of medical devices"[78], Decision of the Board of the EEC No. 48 "On the classifier of the types of documents contained in a medical device registration dossier"[79].

Above all, once the system is lived, further areas will be identified where there is still a need for improvement.

[77] https://docs.eaeunion.org/docs/ru-ru/01417351/clcd_06042018_46
[78] https://docs.eaeunion.org/docs/ru-ru/01417354/clcd_06042018_47
[79] https://docs.eaeunion.org/docs/ru-ru/01417360/clcd_06042018_48

However, the process can currently not be started (as at beginning of May 2018) in reason that the information portal for the electronic submission of documents does not work yet.

For the European manufacturers, the new Eurasian registration procedure regarding medical devices presents new challenges. Even if medical devices manufactured in the EU according to European requirements are mostly in line with the requirements of the EAEU, EU manufacturers should observe some additional aspects and additional requirements when registering their products in the Eurasian Union. These aspects are summarized below in Table 7.

But not only challenges on the Union level have to be considered from the EU medical device manufacturers. Also some national requirements, such as the preference of the domestic manufacturers in tender business in Russia[80], can make the business with such countries very difficult.

In conclusion, the author notes that while the development of the Eurasian market poses new challenges to the European manufacturers, it also opens up new opportunities through the formation on a single medical device market and the common legislation. Among other things, because a medical device manufacturer has to compile and to maintain only one medical device registration dossier and to deal with one competent authority only.

However, those who want to work with the region should have a lot of patience and understanding as well as Russian language skills because the majority of the concerned documents is available only in Russian.

[80] http://pravo.gov.ru/proxy/ips/?docbody=&nd=102367173

Table 7: Summary of particular aspects of the EAEU single market of medical devices which in the opinion of the author of this master's thesis have to be taken into account by the EU medical device manufacturers with EAEU business

Period of product life cycle	**Comments**
Pre-EAEU-registration	**Design:** - Interchangeability has to be given (s. section 3.1 of this master's thesis). **Registration dossier:** - All documents have to be submitted in Russian, the translations must be notarized in an EAEU MS, some documents must be additionally legalized. - Very comprehensive dossier. **Tests:** - When choosing the testing organizations, their accreditation scope is to be taken into consideration. ❖ At present time (as at beginning of Mai 2018), only some testing organizations in Russia have the accreditation for carrying out the tests in frame of the EAEU registration. The lists of the organizations are located on the website of the Russian NCA Roszdravnadzor (as excel sheets): - for the performance of technical tests: 8 organizations. - for the performance of biological activity tests: 1 organization - for the performance of metrological tests: none - for the performance of clinical investigations and studies: 2 organizations - If the clinical data have links to data of a comparable products, the comparability must be confirmed. ❖ Concerned data should be collected already at the development stage. - Additional requirements on clinical dates for the third country manufacturers

	- If the performance of the clinical studies is required, the study should be multicenter with at least one investigation site within the EAEU **Labelling:** - Labelling/ Instructions for Use/ User Manual in Russian und EAEU countries languages **Costs:** - For translations, notarization, legalization; for required tests and studies; for product samples for the tests; eventually, for services of an EAEU consultancy, for shipping of documents and product samples to the country of destination etc.
Registration procedure	**Choice of RMS:** There are some aspects to be considered by the manufacturer: - Competence of the Authority with regards to the registration of medical devices; ❖ Due to lack of registration requirements for medical devices in the Republic of Armenia, this country is unlikely to have any experience in this area. ❖ Most of the documents are prepared by the authorities of the following countries: Republic of Belarus, Republic of Kazakhstan and Russian Federation. These countries are also reputed to have the most experience in registering medical devices. Russia is e.g. an active IMDRF member. ❖ Russia is the first EAEU country that already implements EAEU requirements into the national legislation. However, the Russian NCA is also well-known as the authority with the most complex requirements. - Availability of an Authority; ❖ Here, the infrastructure of the concerned country should be taken into consideration, e.g. if the manufacturer has to travel to the concerned Member State for the purpose of a consultation by the Authority. Furthermore, the local availability of the Authority can also be essential, if the manufacturer has e.g. his/her own branch office in an EAEU MS. ❖ The availability of the authority by phone and its customer friendliness can be also taken into consideration.

	- The ability of the NCA of the RMS to face self-confidently to the NCAs of the CMS; ❖ This ability is important when preparing and, if necessary, defending the results of the Assessment Report. - Costs. ❖ Furthermore, the registration costs and its transparency can play an essential role when selecting the RMS. **Submission of documents:** - In electronic form via information portal of the EAEU. **Timelines of processing the LoQs:** - 30 WD during dossier validation step. - 60 WD when compiling the Assessment Report. ❖ As mentioned above (s. section 3.2.2.1 of this master's thesis), the third country manufacturers are definitively at a disadvantage here according to the author's experience. Because the documents required have often to be notarized and, if necessary, legalized as well as translated into the Russian, and the translation must be notarized in an EAEU-country. Time for those procedures has to be considered when processing the LoQ. **Fees:** The registration fees are to be paid in five different currencies.
Post market activities	**Timelines** - **Changes:** Within 2 months after implementation of changes in the documents submitted during the registration, the change procedure must be initiated. - **End of the manufacturing of a device:** If a manufacturer of a medical device registered in EAEU took a decision to stop the production of this product, he/she have to notify the NCA of RMS regarding this within 30 calendar days after the decision was made. **EAC Mark:** Medical devices registered in EAEU must be labelled with the EACmed mark.

Post market surveillance	**Reporting of incidents:** - *Serious public health threat:* not later than 2 calendar days, - *Death or unanticipated serious deterioration in state of health: not later than 10 elapsed calendar days* - *Others: not later than 30 elapsed calendar days* **Annual PMCF report for medical devices of class 3 as well as for implants of both risk classes 2b and 3:** - Has to be submitted to the NCA of RMS until 1th February in first three years after registration of the concerned medical device.
Manufacturing site inspections	- Mandatory for the manufacturers of class 2a sterile medical devices as well as for classes 2b and 3. - Must be repeated every 3 years. - The manufacturer has to submit an application for carrying out the next inspection six months before the expiry of the inspection report. - All documents required for the inspection must be translated into the Russian. - Any nonconformities identified during an inspection must be eliminated within 30 WD. - Inspection costs depend on the duration of an inspection and are at expenses of the manufacturer. - The duration of an inspection depends on the number of effective personnel at the concerned manufacturing site and the number of the manufacturing site to be inspected. - Manufacturers have to pay attention to the authorization scope of an Inspection Agency when choosing such one for the periodic manufacturing site inspection.

V. Annexes

Annex I: Correlation between General Requirements defined in the Decision No. 27 and those given by EU MDR Annex I and EU IVDR, Annex I

Decision No. 27, Chapter II "General requirements of safety and efficiency, applied to all medical devices"	**MDR[81], Annex I**	**Comments with regards to the content of concerned aspects of the Decision No. 27**
Item 3. para.1	Item 1/Item 5.b)	*Clinical justification based on clinical data is required here, s item 112*
Item 3. para 2	--------	***It is not allowed to restrict the interchangeability of medical devices by using special technical or software tools or in other ways.*** *Clinical justification based on clinical data is required here, s. item 112*
Item 4	Item 4	
Item 5	Item 7	
Item 6	Item 1. sentence 1.	*Clinical justification based on clinical data is required here, s. item 112*
Item 7	Item 6	
Item 8	Item 8	*Clinical justification based on clinical data is required here, s. item 112*
Item 9	Item 23.1. para.1, sentence 1&2.	Additional: information about county of origin required
Item 10. para. 1	Item 23.1.a)	
Item 10. para. 2	Item 23.1.g)	Additional: term "contraindication" is not applicable for medical devices for in-vitro-diagnostics
Item 11. para. 1	-----	Information, required in item 3 should be available on the labelling or in the instructions for use in Russian and if required according to the national law of member states, in

[81] http://eur-lex.europa.eu/legal-content/ENG/TXT/PDF/?uri=CELEX:32017R0745&from=EN

		the national languages of the MS.
Item 11. para.2	Based on 23.1.h)	Use of symbols is allowed.
Decision No 27, Chapter III "General safety and efficiency requirements applicable to the medical devices, with the exception of IVD medical devices"	**Chapter II "Requirements regarding design and manufacture**	
1. Chemical, physical and biological properties	**10. Chemical, physical and biological properties**	
Item 12.1)	Item 10.1. para.1, a)	
Item 12.2)	Item 10.1.b)	
Item 12.3)	Item 10.1.f)	But shorter.
Item 13	Item 10.2	
Item 14	Item 10.3.	
Item 15.1)	Based on item 7.5. of the Directive 93/42/EEC[82]	
Item 15. 2)	Item 10.5.	
2. Infection and microbial contamination of medical devices	**11. Infection and microbial contamination**	
Item 16	Item 11.1. para.1, b)-d).	
Item 17	Item 11.3.	
Item 18	Item 11.4.	
Item 19	Item 11.5.	
Item 20	Item 11.6.	
Item 21	Item 11.7.	
3. Devices incorporating a substance considered to be a medicinal product	**12.Devices incorporating a substance considered to be a medicinal product […]**	
Item 22	Based on Item 12, 12.1.	
4. Devices incorporating materials of biological origin	**13. Devices incorporating materials of biological origin**	
Item 23, para.1	Based on 13.2. a)	
Item 23, para.2	------	Information regarding biological materials, used animals, animals geographical origin, sampling, processing, storage and handling of biological materials shall be stored at the authorized body of the member state
Item 23. para.3	Item 13.2.b)	

[82] https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:31993L0042&from=EN

Item 24	Item 13.1.a)-b)	Not according to 2004/23/EU, but according to the national law of the EAEU Member States
Item 25	Based on Item 13.3.	Materials of microbial origin
5. Devices used in conditions of interaction with their environment	**14. Construction of devices and interaction with their environment**	
Item 26	Based on item 14.4.	
Item 27. para.1	Item 14.1.	
Item 27, para2		***Interchangeability of products! S. Item 3, para. 2***
Item 28	Item 14.2.	Additional: 2) risk of use error due to design characteristics or human factors.
Item 29	Item 14.3.	
Item 30	Based on item 14.7.	
6. Devices related to the measuring	**15. Devices with a diagnostic or measuring function**	
Item 31	Item 15.1.	
Item 32. para.1	Item 10.2. of 93/42/EEC	
Item 32. para.2	Based on item 15.2.	Common measurement units, understandable for user, should be used
Item 33	Based on item 15.2.	Common measurement units according SI or other units, used in technical regulations and approved by Eurasian Commission
7. Protection against radiation	**16. Protection against radiation**	
Item 34	Item 16.1.a)	
Item 35	Item 16.2.	
Item 36	Item 16.3.	
Item 37	Item 16.4.b)-d)	
8. Devices that incorporate electronic programmable systems and software that are devices in themselves	**17. Electronic programmable systems - devices that incorporate electronic programmable systems and software that are devices in themselves**	
Item 38	Item 17.1. sentence 1	

9. Active devices and devices connected to them	**18. Active devices and devices connected to them**	
Item 39	Item 18.1.	
Item 40	Item 18.2. sentence 1	
Item 41	Item 18.3.	
Item 42	Item 18.4.	
Item 43	Item 18.5.	
Item 44	Item 18.6.	
Item 45	Item 18.7.	
10. Protection against mechanical and thermal risks	**20. Protection against mechanical and thermal risks**	
Item 46	Item 20.1.	
Item 47	Item 20.2.	
Item 48	Item 20.3.	
Item 49	Item 20.4.	
Item 50	Item 20.5.	
Item 51	Item 20.6.	
11. Protection against the risks posed to the user by devices supplying energy or substances	**21. Protection against the risks posed to the patient or user by devices supplying energy or substances**	
Item 52	Item 21.1.	
Item 53	Item 21.2. sentence 2	
Item 54	Item 21.3.	
12. Protection against the risks posed by medical devices intended by the manufacturer to use by the lay person	**22. Protection against the risks posed by medical devices intended by the manufacturer to use by the lay person**	
Item 55	Item 22.1. sentence 1	
Item 56	Item 22.2. para.3	
Item 57	Item 22.3. para. 1	
13. Requirements regarding labelling of medical devices	**23. Label and instruction for use**	
Item 58.1)	Item 23.2.a)	
Item 58.2)	Item 23.2.b)	
Item 58.3)	Item 23.2.c)	Additional: country of origin. Manufacturer address may be omitted on the packaging, if it is mentioned in the IFU. For third country manufacturer: additional labelling is required with the name and address of the authorized representative. Additional labelling should not

		obscure the information about legal manufacturer.
Item 58.4)	Based on item 23.2.e)	Information about included medicinal, biological and **nano**-materials -> if it cannot be ruled out that nanomaterial gets into the human body.
Item 58.5)	Item 23.2.g)	
Item 58.6)	Item 23.2.i)	
Item 58.7)	Item 23.2.j)	
Item 58.8)	Item 23.2.k)	
Item 58.9)	Item 23.2.l)	
Item 58.10)	Item 23.2.m)	
Item 58.11)	Item 23.2.n)	
Item 58.12)	Item 23.2.o)	
Item 58.13)	Item 23.2.p)	
Item 58.14)	Item 23.2.q)	
Item 58.15)	-------	Information that the product is intended only for exhibition or demonstration purpose. For such products the labelling as required in 58.1-14) is not necessary.
Item 58.16)	-------	If the medical device contains human blood serum or elements of human tissue -> information on the inactivation of possible viruses and other infectious agents, e.g.”no antibodies of HIV, HCV and HBsAg contained”
Item 59	Based on item 10.4.1 and item 10.4.5. sentence 1	
Item 60	Based on item 11.8.	
Item 61	Item 23.1.b)	Additional: also in the IFU.
Item 62	Item 23.1. c)	
Item 63	Similar to Art. 20 of MDR	Medical devices registered according to the requirements of the EAEU should be labelled with the EACmed mark
14. Requirements to the information contained in the instructions for use of the medical device	**23.2 Information on the label/ 23.4. Information in the instruction for use**	
Item 64	Based on 23.1. f) and Commission Regulation (EU) No 207/2012 of 9 March 2012	

Item 65.1)	Item 23.2.a)	
Item 65.2)	Item 23.2.b)-c)	Additional: phone & fax numbers, email address (if available).
Item 65.3)	Item 23.4.b)	
Item 65.4)	Item 23.4.e)	
Item 65.5)	Item 23.4.c)-d)	
Item 65.6)	Item 23.4.g)	
Item 65.7)	Based on item 23.4.h)	
Item 65.8)	Based on item 23.2.e)	Information about included medicinal, biological and **nano**-materials
Item 65.9)	Based on 23.4.i)	
Item 65.10)	Item 23.4.j)	
Item 65.11)	Item 23.4.k)	
Item 65.12)	Item 23.2.k)	
Item 65.13)	Item 23.4.l)	
Item 65.14)	Item 23.4.m)	
Item 65.15)	Item 23.4.n)	
Item 65.16)	Item 23.4.q)	
Item 65.17)	Item 23.4.r)	
Item 65.18)	Item 23.4.s), v)	Additional: utilisation -> also ecological risks of the product.
Item 65.19)	Item 23.4.w)	
Item 65.20)	Item 23.4.y)	
Item 65.21)	Item 23.4.z)	But: information should be provided to the manufacturer or his authorized representative (in MDR: to the manufacturer and national authority)
Item 66	Item 23.1.a) sentence 2	Additional: instructions for use may content separate information for professional and for non-professional users.
Item 67	Item 23.1. d) sentence 2	
Item 68	Item 23.1. e)	

Decision No 27, Chapter IV "General safety and efficiency requirements applicable to the medical devices for in vitro diagnostic"	**IVDR[83], Annex I**	
1. Chemical, physical and biological properties of medical devices for in vitro diagnostics	**10. Chemical, physical and biological properties**	
Item 69	Based on item 10.1	
Item 70	Item 10.2.	
Item 71.1)	Based on item 10.3	
Item 71.2)	Item 10.4.	
2. Infection and microbial contamination of medical devices for in vitro diagnostics	**11. Infection and microbial contamination**	
Item 72	Item 11.1.	
Item 73	Item 11.2.	
Item 74	Item 11.3.	
Item 75	Item 11.4.	
Item 76	Item 11.5.	
3. Medical devices for in vitro diagnostics incorporating materials of biological origin	**12. Devices incorporating materials of biological origin**	
Item 77	Item 12.	IVD device which contains biological material of animal origin.
Item 78	Item 12.	IVD device which contains biological material of human origin.
Item 79	Item 12.	IVD device which contains biological material of human origin.
4. Medical devices for in vitro diagnostics used in conditions of interaction with their environment	**13. Construction of devices and interaction with their environment**	
Item 80	Based on item 13.4.	
Item 81, para.1	Item 13.1.	
Item 81, para.2	-------	***It is not allowed to use some special technical and (or) software tools in medical devices for in vitro diagnostic that exclude or limit the possibility of use this product in combination with other medical***

[83] http://eur-lex.europa.eu/legal-content/ENG/TXT/PDF/?uri=CELEX:32017R0746&from=EN

		devices and (or) equipment intended for this purpose!!
Item 82.1)	Item 13.2.a)	
Item 82.2)	------	Risk of error when using a medical device for in vitro diagnostics due to the design characteristics or human factors.
Item 82.3)	Item 13.2.b)	
Item 82.4)	Item 13.2.c)	
Item 82.5)	Item 13.2.d)	
Item 82.6)	Item 13.2.e)	
Item 82.7)	Item 13.2.f)	But shorter.
Item 82.8)	Item 13.2.g)	
Item 83	Item 13.3.	
Item 84	Item 13.6. sentence 1	
5. Functional characteristics of medical devices for in vitro diagnostics	**9. Performance characteristics**	
Item 85.	Item 9.1.	
Item 85.1)	Item 9.1.a)	
Item 85.b)	Item 9.1.b)	
Item 86	Item 9.3.	
Item 87	Based on 14.2.	
6. Protection against radiation	**15. 6. Protection against radiation**	
Item 88	Item 15.1.	
Item 89	Item 15.2.	
7. Devices for in vitro diagnostics which incorporate electronic programmable systems and software that are devices in themselves	**16. Electronic programmable systems - devices that incorporate electronic programmable systems and software that are devices in themselves**	
Item 90	Based on 16.1. sentence 1	
8. Devices for in vitro diagnostics connected to or equipped with an energy source	**17. Devices connected to or equipped with an energy source**	
Item 91	Item 17.2. sentence 1	
Item 92	Item 17.3.	
Item 93	Item 17.4.	
Item 94	Item 17.5.	
9. Protection against mechanical and thermal risks	**18. Protection against mechanical and thermal risks**	
Item 95	Item 18.1.+ based on item 18.3.	
Item 96	Item 18.3.	

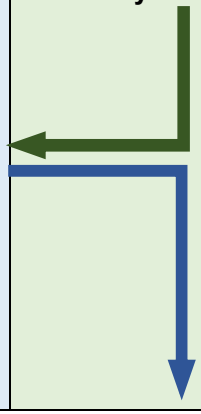
Item 97	Item 18.4.	
Item 98	Item 18.5.	
Item 99	Item 18.6.	
Item 100	Item 18.7.	
Item 101	Item 18.8.	
10. Protection against the risks posed by devices for in-vitro diagnostics intended for self-testing or near-patient testing	**19. Protection against the risks posed by devices intended for self-testing or near-patient testing**	
Item 102	Item 19.1. sentence 1	
Item 103	Item 19.2.b)	
Item 104	Item 19.3.a)	
11. Additional requirements to the labelling of medical devices for in-vitro diagnostics	**23.2. of MDR/ 20.2. Information on the label**	
Item 105	Items 23.2. of **MDR** / 20.2. of IVDR	s. requirements of items 58-63 of this document, items 105.1-5) are additional
Item 105.1)	Item 20.2.e), part 1 of the sentence	
Item 105.2)	Item 20.2.j)	
Item 105.3)	------	Information about the main ingredients, contained in the package medical device for in-vitro diagnostics
Item 105.4)	Based on item 20.1.i)	
Item 105.5)	Item 20.2.l) part 2.of the sentence	
Item 105.6)	Item 20.2.q)	
12. Requirements to the information contained in the instructions for use of medical devices for in-vitro diagnostics	**20.2. Information on the label/ 20.4. Information in the instructions for use**	
Item 106.1)	Item 20.2.a)	
Item 106.2)	Item20.2.c-d)	Additional: phone & fax numbers and email-address (if available)
Item 106.3)	Item 20.4.1.c)	
Item 106.3)	Item 20.4.1.c) ii)	
Item 106.3)	Item 20.4.1.c) i)	
Item 106.3)	Based on item 20.4.1.c) iii)	
Item 106.3)	Item 20.4.1.c) v)	
Item 106.3)	Item 20.4.1.c) vi)	
Item 106.4)	------	Information on the purpose of the medical devices for in vitro diagnostics for

		clinical laboratory diagnosis
Item 106.5)	Item 20.4.1.e)	
Item 106.6)	Item 20.4.1.f)	
Item 106.7)	Item 20.4.1.g-h)	
Item 106.8)	Item 20.4.1.i)	
Item 106.9)	Item 20.4.1.j)	
Item 106.10)	Item 20.4.1.k)	
Item 106.11)	Item 20.4.1.l)	
Item 106.12)	Item 20.4.1.m9	
Item 106.13)para.1	Item 20.4.1.n)	
Item 106.13)para.2	Item 20.4.1.n) i)	
Item 106.13)para.3	Item 20.4.1.n) ii)	
Item 106.13)para.4	Item 20.4.1.n) iii)	
Item 106.13) para.5	Item 20.4.1.n) iv)	
Item 106.13) para.6	Item 20.4.1.o)	
Item 106.14)	Item 20.4.1.n) v)	
Item 106.15)	Item 20.4.1.n) vi) sentence 1	
Item 106.16)	Item 20.4.1.p)	
Item 106.17)	Item 20.4.1.q)	Additional: data on the stability of the analysed samples, including storage conditions and duration, transport conditions and restrictions on freezing cycles (defrosting).
Item 106.18)	Item 20.4.1.r) part 1 of the sentence	
Item 106.19) para.1	Item 20.4.1.s)	
Item 106.19) para.2	Item 20.4.1.s) 1.dash	
Item 106.19) para.3	Item 20.4.1.s) 3.dash	
Item 106.19) para.4	Item 20.4.1.s) 4.dash	
Item 106.20)	Item 20.4.1.t)	
Item 106.21)	Item 20.4.1.u)	But shorter.
Item 106.22)	Item 20.4.1.v) part 1 of the sentence.	
Item 106.23)	Item 20.4.1.w)	
Item 106.24)	Item 20.4.1.x)	
Item 106.25)	Based on 20.4.1.aa)	
Item 106.26)	Item 20.4.1.ab)	
Item 106.27)	Item 20.4.1.ac)	
Item 106.28) para.1	Item 20.4.2.	
Item 106.28) para.2	Item 20.4.2.a)	
Item 106.28) para.3	Item 20.4.2.e) part 1 of the sentence	
Item 106.28) para.4	Item 20.4.2.e) part 2 of the sentence	
Item 106.28) para.5	Item 20.4.2.f) part 1 of the sentence	
Item106.29)	Item 20.4.1.ae)	

Item 106.30)	Item 20.4.1.af)	But: information should be provided to the manufacturer or his authorized representative (in IVDR: to the manufacturer and national authority)
Item 107	Based on item 20.1.d) 2.sentence	e.g. class 1 and 2a products
Item 108	Item 20.1.e)	
Decision No 27, Chapter V "Evidence of compliance of medical devices with the general requirements"	-------	**Following requirements apply to all medical devices (medical devices, medical equipment and IVD medical devices)**
Item 109	------	Compliance with the General Requirements can be ensured by meeting the requirements of this document or by meeting of requirements of the standards (s. List of Standards (Recommendation No. 17))
Item 110	------	Regarding List of Standards
Item 111	------	Use annex 2 to show the compliance with the general requirements (a kind of Essential Requirements Checklist)
Item 112	-------	**Demonstration of conformity for items 3,6 and 8 should include a clinical justification based on clinical data for this medical device.**

Annex II: Procedures for registration and expert assessment medical device

Procedures, the performance time of which is not considered when calculating the term of the medical device assessment	In the Reference Member State (RMS)	In the State/-s of Recognition/ In the Concerned Member State/-s (CMS)
	Step 1: Submission of documents	
Applicant (a manufacturer, located in the EAEU or an authorized representative of a third country manufacturer)	Application for expert assessment and registration of the medical device, registration dossier, copies of documents confirming payment for the expert assessment and registration in the RMS Verification of the completeness and reliability of the information contained in the application and the registration dossier **Timeline: 5 working days (WD)** (from the date of receipt of application for assessment and registration of medical device and of registration dossier)	
Elimination of the reasons for the request The applicant shall eliminate the reasons for request revealed during the verification of the completeness and reliability of the information contained in the application and the registration dossier **Timeline: 30 WD** (from the date of receipt of the request)	Documents are not reliable and/or not provided in their entirety => Request for additional documents/ information	

Beginning of the expert assessment and registration procedure **<u>Timeline:</u> 3 WD** (from the date of submission of the application and the registration dossier complying with the requirements of the Rules [№ 46])	**Documents are reliable and provided in their entirety** 	**Reasons for request are not eliminated**  **Notifying the applicant about the decision to reject** the registration of the medical device **<u>Timeline</u>: 10 WD** (from the date of the decision to reject the registration of medical device)	

Step 2: Expert assessment of the medical device

Inspection of the manufacturing site of medical devices
Timeline: max. 90 WD
Inspection of manufacturing site according to the requirements, established by the Eurasian Commission.

Elimination of the reasons for request
Timeline: 60 WD (from the date of receipt of the relevant request from authorized body)
Applicant has to eliminate the observations identified during the examination of medical device

The competent authority (expert organisation) conducts an assessment of the medical device and prepares an expert assessment report
Timeline: 60 WD (from the date of the decision to start the procedure of registration and to conduct the expert assessment of medical device)

Negative result of the expert assessment report

Notifying the applicant about the rejection of registration of medical device
Timeline: 10 WD (from the date of the decision on the refusal of registration of medical device)

Positive result of the expert assessment report

Applicant submits the copies of fees payment in concerned member states
Timeline: 10 WD (from the date of receipt of the notification)

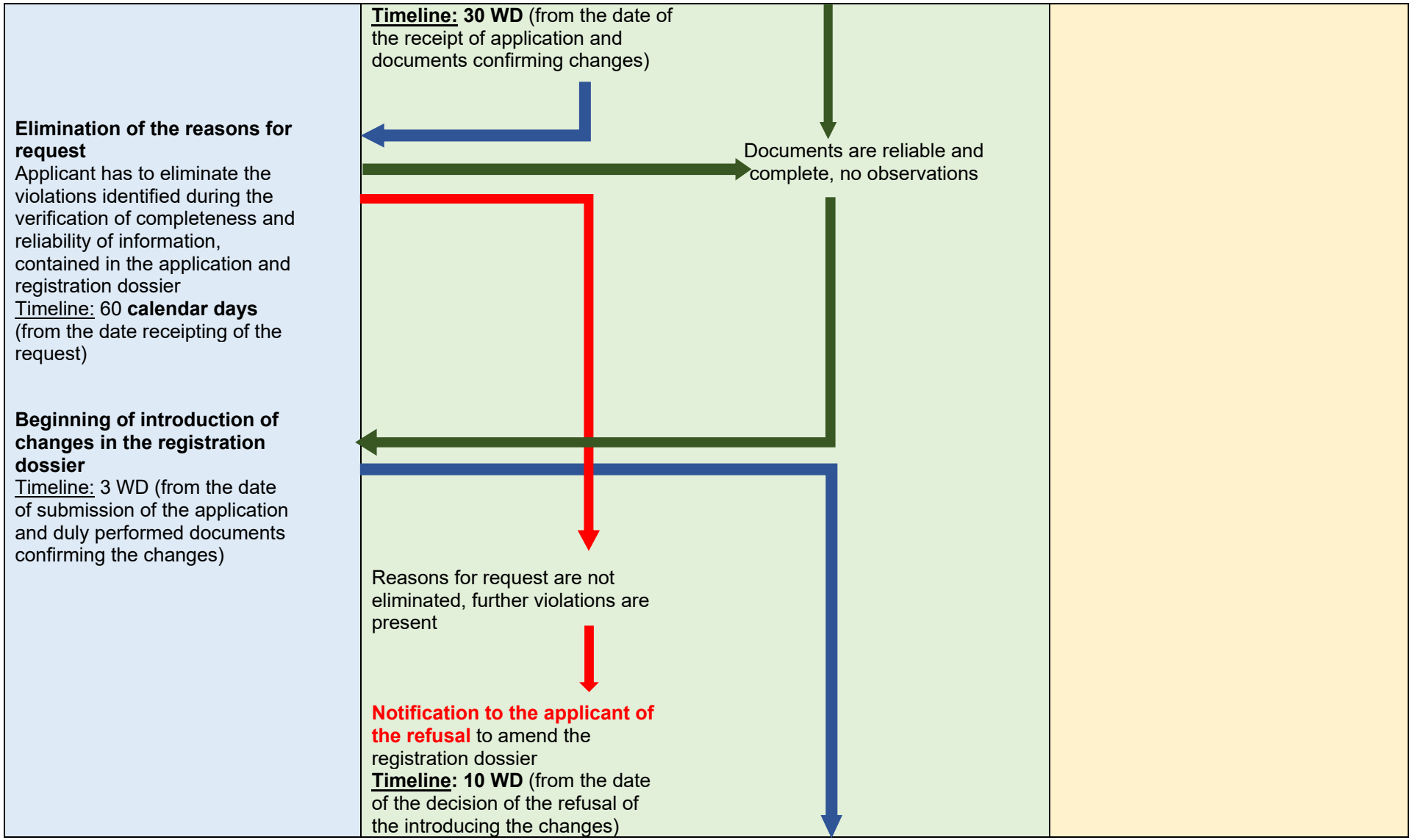
Request to the applicant for payment of registration and assessment fees in concerned member states.
Timeline: 5 WD (from the date of the expert assessment report)

Step 3: Approval of the expert assessment report by the states of recognition			
		Placement of the expert assessment report in the information portal of the competent authority	**Approval (or refusal) of the expert assessment report by the concerned member states** **Timeline: 30 calendar days** (from the date of publication by the competent authority(expert organization) of RMS of the expert assessment report in its information portal) **+ 30 working days in case of arbitration**
Step 4: Registration of medical device			
	The competent authority of the RMS issues the registration certificate and the annex/-es thereto **Timeline: 10 WD** (from the date of the decision to register the medical device)	Decision to register the medical device **Placement in the single register of medical devices approved in the EUAU:** information about medical device, instructions for use/user manual (in languages of all concerned countries) and depictions of the approved labelling of the device **Timeline: 10 WD** (from the date of recognition of the expert assessment report by the concerned member states)	**Disagreement of one of the concerned member state with the expert assessment report of RMS** **Refusal to register the medical device in the concerned member state.** [84]

[84] Based on http://www.eurasiancommission.org/ru/act/texnreg/deptexreg/MD/Documents/2017-02-06_%D0%9F%D1%80%D0%BE%D1%86%D0%B5%D0%B4%D1%83%D1%80%D0%B0%20%D1%80%D0%B5%D0%B3%D0%B8%D1%81%D1%82%D1%80%D0%B0%D1%86%D0%B8%D0%B8%20%D0%B8%20%D1%8D%D0%BA%D1%81%D0%BF%D0%B5%D1%80%D1%82%D0%B8%D0%B7%D1%8B%20%D0%BC%D0%B8%2001.pdf

Annex III: Procedures for introducing changes to the registration dossier of the medical device

Procedures, the performance time of which is not considered when calculating the term of the medical device assessment	**In the Reference Member State (RMS)**	**In the State/-s of Recognition/ In the Concerned Member State/-s (CMS)**
	Step 1: Submission of documents	
Applicant (a manufacturer, located in the EAEU or an authorized representative of a third country manufacturer)	**Application** for the implementation of changes to the registration dossier; documents confirming those changes, copy of the fees payment for the entering of changes in RMS ↓ **Validation** of the completeness and reliability of the information contained in the application and documents, confirming the changes. **<u>Timeline:</u> 5 working days (WD)** (from the date of the application for the introducing changes to the medical device registration dossier) ↓ Application filled out in violation of the requirements established by the Rules [№ 46] and/or the information, given in the application, is not reliable and/or the documents, which confirm the changes, are not submitted by the applicant in their entirety => Request for additional documents/information and/or elimination of discovered violations	


Timeline: **30 WD** (from the date of the receipt of application and documents confirming changes)
Elimination of the reasons for request
Applicant has to eliminate the violations identified during the verification of completeness and reliability of information, contained in the application and registration dossier
Timeline: 60 **calendar days** (from the date receipting of the request)
Documents are reliable and complete, no observations
Beginning of introduction of changes in the registration dossier
Timeline: 3 WD (from the date of submission of the application and duly performed documents confirming the changes)
Reasons for request are not eliminated, further violations are present
Notification to the applicant of the refusal to amend the registration dossier
Timeline: 10 WD (from the date of the decision of the refusal of the introducing the changes)

Step 2: Expert assessment of changes, which have to be entered into the registration dossier		
	Conduction of assessment of changes, which have to be entered into the registration dossier **<u>Timeline:</u> 30 WD** (from the date of receipt of application and duly performed documents confirming the changes) Negative decision **Notification to the applicant of the refusal of registration of medical device** **<u>Timeline</u>: 10 WD** (from the date of the decision on the refusal of the registration of medical device) Positive decision **Placement of the expert assessment report in the information portal of the competent authority**	
Step 3: Approval of the expert assessment report by the states of recognition		
		The competent authorities (expert organisation) can provide their comments and suggestions (with rationale) **<u>Timeline:</u> 10 WD** (from the date of placement of the expert assessment report in the information portal by the competent authority (expert organization) of the RMS

Step 4: Introduction of changes in the registration dossier		
	The competent authority of the RMS issues the registration certificate (if changes are related to the information contained on the certificate) **Placement in the single register of medical devices approved in the EAEU of the information concerned changes in the registration dossier** **<u>Timeline</u>: 10 WD** (from the date of the decision to amend the registration dossier)	[85]

[85] Based on http://www.eurasiancommission.org/ru/act/texnreg/deptexreg/MD/Documents/2017-02-07_%D0%9F%D1%80%D0%BE%D1%86%D0%B5%D0%B4%D1%83%D1%80%D1%8B%20%D0%B2%D0%BD%D0%B5%D1%81%D0%B5%D0%BD%D0%B8%D1%8F%20%D0%B8%D0%B7%D0%BC%D0%B5%D0%BD%D0%B5%D0%BD%D0%B8%D0%B9%20%D0%B2%20%D1%80%D0%B5%D0%B3%D0%B8%D1%81%D1%82%D1%80%D0%B0%D1%86%D0%B8%D0%BE%D0%BD%D0%BD%D0%BE%D0%B5%20%D0%B4%D0%BE%D1%81%D1%8C%D0%B5%D0%BC%D0%B8%2001.pdf

Annex IV: Correlation between EAEU Decision No. 173 and EU MDR, Annex VIII as well as EU IVDR, Annex VIII on medical device classification

Decision No. 173 **Chapter II, Classification of medical devices, sections 2-5 (IVD medical devices see page 87)**	**MDR,** **Annex VIII, Chapter III**	**Comments with regards to the content of concerned items of the Decision No. 173**
Item 6	Rule 1	
Item 7	Rule 2	Blood bags are not mentioned in item 7, also the last sentence of Rule 2 (MDR) is missing.
Item 8	Rule 3, para. 1	
Item 9	Rule 4, para.1, 1st -4th indent.	Mucous membrane is not mentioned in item 9
Item 10	Rule 5	
Item 11	Rule 6	3rd indent of MRD is missing here, 6th indent of MRD: Instead of the phrasing "*if such administration of a medicinal product is done in a manner that is potentially hazardous taking account of the mode of application"* the term "*intended for use by non-professional user*" is used.
Item 12	Rule 7, para.1	
Item 12.а)	Rule 7, 1st indent	
Item 12.б)	Rule 7, 2nd indent	Only central nervous system is mentioned
Item 12.в)	Rule 7, 3rd indent	
Item 12.г)	Rule 7, 4th indent	
Item 12.д)	Rule 7, 5th – 6th indents	"*are intended to undergo chemical change in the body in which case they are classified as class IIb, except if the devices are paced on the teeth* (= MDR) and additional: *or are intended to administer medicines"*
Item 13	Rule 8, 1st sentence	
Item 13.а)	Rule 8, 1st indent	
Item 13.б)	Rule 8, 2nd indent	
Item 13.в)	Rule 8, 3rd indent	
Item 13.г)	Rule 8, 4th indent	"*except if the devices are placed in the teeth* (= MDR) and additional: *if they are*

		intended to administer medicines."
Item 13.д)	Rule 8, 6th indent	
Item 13.е)	Rule 8, 7th indent	Without "surgical meshes"
Item 13.ж)	Rule 8, 8th indent	Without "*with the exception of ancillary components such as screws, plates and instruments*"
Item 13.з)	Rule 8, 9th indent	Without "*with the exception of components such as screws, wedges, plates and instruments*"
Item 14	Rule 9	
Item 15	Rule 10, para.1, 1st -3rd indent	
Item 16	Rule 10, para.2	
Item 17	Rule 12	
Item 18	Rule 13	
Item 19	Rule 14	
Item 20	Rule 15	
Item 21	Rule 16, para.1-2	
Item 22	Rule 17	Additional: also magnetic resonance, ultrasound and other diagnostic devices.
Item 23	Rule 18	Only tissues or cells of animal origin or their derivatives are mentioned here and "*if such products are devices intended to come into contact with the intact skin only, they will be classified* ***as class 1****."*
Item 24	Rule 2, 2nd indent, blood bags	
Item 25	Rule 19	However: *All devices incorporating or consisting of nanomaterial are classified* ***as class 3****, unless the nanomaterial is in an isolated or bonded condition that excludes its entry into the organism of the patient or user, such a device can be classified* ***as class 1.***
Item 26	------	***Devices intended for apheresis, including kits, connectors and solutions, are classified as class 3.***
Item 27	Chapter II, item 3.2 of Annex VIII	
Item 28	Chapter II, item 3.3.para.1 of Annex VIII	
Item 29	Chapter II, item 3.5 of Annex VIII	

Decision No. 173 Chapter III, Classification of medical devices for in-vitro diagnostic, sections 2-3	**IVDR, Annex VIII**	
Item 33	Item 1.9. of Chapter 1.	
Item 34	Items 1.5, 1.6. of Chapter 1.	
Item 35	Item 1.4. of Chapter 1.	
Item 36	Rule 1	Class D of IVDR = Class 3 of Decision No. 173
Item 37	Rule 2	Class C = class 2b
Item 38.	Rule 3	
Item 38.а)	Rule 3, a)	
Item 38.б)	Rule 3, b)	
Item 38.в)	Rule 3, c)	
Item 38.г)	Rule 3, d)	
Item 38.д)	Rule 3, e)	
Item 38.е)	Rule 3, h)	
Item 38.ж)	Rule 3 ,i)	
Item 38.з)	Rule 3, j)	
Item 38.и)	Rule 3, k)	
Item 38.к)	Rule 3, l)	
Item 39.	Rule 4	There is a general wording instead of "*for the devices for the detection of….*" Class B = class 2a
Item 40.	Rule 5	Class A = class 1
Item 41.sentence 1	Rule 6	
Item 41.sentence 2	Rule 7	

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[86] https://medicaldevicesinrussia.com/

VIII. Declaration of Authorship

Hiermit erkläre ich an Eides statt, die Arbeit selbstständig verfasst und keine anderen als die angegebenen Hilfsmittel verwendet zu haben.

Ort, Datum	Unterschrift

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