

authority to approve AMOCs for this AD, if requested using the procedures found in 14 CFR 39.19. In accordance with 14 CFR 39.19, send your request to your principal inspector or responsible Flight Standards Office, as appropriate. If sending information directly to the manager of AIR-520, Continued Operational Safety Branch, send it to the attention of the person identified in paragraph (k) of this AD and email to: AMOC@faa.gov.

(2) Before using any approved AMOC, notify your appropriate principal inspector, or lacking a principal inspector, the manager of the responsible Flight Standards Office.

(3) The following AMOCs approved previously for AD 2023-12-14, Amendment 39-22472 (88 FR 40003, June 21, 2023) are approved as AMOCs for paragraph (g)(1) of this AD: FAA AMOC letters 720-23-00133, 720-23-00137, 720-23-00138, and 720-23-00169.

(k) Additional Information

For more information about this AD, contact Ken Fairhurst, Continued Operational Safety Technical Advisor, FAA, 2200 South 216th St., Des Moines, WA 98198; phone: 817-222-5390; email: operationalsafety@faa.gov.

(l) Material Incorporated by Reference

None.

Issued on June 25, 2026.

Brian Knaup,

Acting Deputy Director, Integrated Certificate Management Division, Aircraft Certification Service.

[FR Doc. 2026-13207 Filed 6-26-26; 4:15 pm]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Part 868

[Docket No. FDA-2026-N-6707]

Medical Devices; Anesthesiology Devices; Classification of the Monitor for Opioid Induced Impairment of Oxygenation

AGENCY: Food and Drug Administration, HHS.

ACTION: Final amendment; final order.

SUMMARY: The Food and Drug Administration (FDA) is classifying the monitor for opioid induced impairment of oxygenation into class II (special controls). The special controls that apply to the device type are identified

in this order and will be part of the codified language for classification of the monitor for opioid induced impairment of oxygenation. We are taking this action because we have determined that classifying the device into class II will provide a reasonable assurance of safety and effectiveness of the device. We believe this action will also enhance patients' access to beneficial innovative devices, in part by reducing regulatory burdens.

DATES: This order is effective June 30, 2026. The classification was applicable on March 31, 2023.

FOR FURTHER INFORMATION CONTACT: Neel Patel, Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, Rm. 1232, Silver Spring, MD 20993-0002, 301-796-6274, Neel.Patel@fda.hhs.gov.

SUPPLEMENTARY INFORMATION:

I. Background

Upon request, FDA (the Agency or we) has classified the monitor for opioid induced impairment of oxygenation into class II (special controls), which we have determined will provide a reasonable assurance of safety and effectiveness of the device. In addition, we believe this action will enhance patients' access to beneficial innovation, in part by reducing regulatory burdens by placing the device into a lower device class than the automatic class III assignment.

The automatic assignment of class III occurs by operation of law and without any action by FDA, regardless of the level of risk posed by the new device. Any device that was not in commercial distribution before May 28, 1976, is automatically classified into, and remains within, class III and requires premarket approval unless and until FDA takes an action to classify or reclassify the device (21 U.S.C. 360c(f)(1)). We refer to these devices as "postamendments devices" because they were not in commercial distribution prior to the date of enactment of the Medical Device Amendments of 1976, which amended the Federal Food, Drug, and Cosmetic Act (FD&C Act).

FDA may take a variety of actions in appropriate circumstances to classify or reclassify a device into class I or II. We may issue an order finding a new device to be substantially equivalent under section 513(i) of the FD&C Act (21 U.S.C. 360c(i)) to a predicate device that does not require premarket approval. We determine whether a new device is substantially equivalent to a predicate device by means of the procedures for

premarket notification under section 510(k) of the FD&C Act (21 U.S.C. 360(k)) and part 807 (21 CFR part 807).

FDA may also classify a device through "De Novo" classification, a common name for the process authorized under section 513(f)(2) of the FD&C Act (see also part 860, subpart D (21 CFR part 860, subpart D)). Section 207 of the Food and Drug Administration Modernization Act of 1997 (Pub. L. 105-115) established the first procedure for De Novo classification. Section 607 of the Food and Drug Administration Safety and Innovation Act (Pub. L. 112-144) modified the De Novo classification process by adding a second procedure. A device sponsor may utilize either procedure for De Novo classification.

Under the first procedure, the person submits a premarket notification (510(k)) for a device that has not previously been classified. After receiving an order from FDA classifying the device into class III under section 513(f)(1) of the FD&C Act, the person then requests a classification under section 513(f)(2).

Under the second procedure, rather than first submitting a 510(k) and then a request for classification, if the person determines that there is no legally marketed device upon which to base a determination of substantial equivalence, that person requests a classification under section 513(f)(2) of the FD&C Act.

Under either procedure for De Novo classification, FDA is required to classify the device by written order within 120 days. The classification will be according to the criteria under section 513(a)(1) of the FD&C Act. Although the device was automatically placed within class III, the De Novo classification is considered to be the initial classification of the device.

We believe this De Novo classification will enhance patients' access to beneficial innovation, in part by reducing regulatory burdens. When FDA classifies a device into class I or II via the De Novo process, the device can serve as a predicate for future devices of that type, including for 510(k)s (see section 513(f)(2)(B)(i) of the FD&C Act). As a result, other device sponsors do not have to submit a De Novo request or premarket approval application to market a substantially equivalent device (see section 513(i) of the FD&C Act, defining "substantial equivalence"). Instead, sponsors can use the less burdensome 510(k) process, when necessary, to market their device.

II. De Novo Classification

On February 19, 2020, FDA received Masimo Corporation’s request for De Novo classification of the Masimo SafetyNet Opioid System. FDA reviewed the request in order to classify the device under the criteria for classification set forth in section 513(a)(1) of the FD&C Act.

We classify devices into class II if general controls by themselves are insufficient to provide reasonable assurance of safety and effectiveness of the device, but there is sufficient information to establish special controls

that, in combination with the general controls, provide reasonable assurance of the safety and effectiveness of the device for its intended use (see section 513(a)(1)(B) of the FD&C Act). After review of the information submitted in the request, we determined that the device can be classified into class II with the establishment of special controls. FDA has determined that these special controls, in addition to the general controls, will provide reasonable assurance of the safety and effectiveness of the device.

Therefore, on March 31, 2023, FDA issued an order to the requester

classifying the device into class II. In this final order, FDA is codifying the classification of the device by adding 21 CFR 868.2250.¹ We have named the generic type of device “monitor for opioid induced impairment of oxygenation,” and it is identified as a device that uses sensor hardware and software algorithms to detect desaturations of arterial oxygen saturation resulting from opioid overdose.

FDA has identified the risks to health associated with this type of device and the measures required to mitigate these risks in table 1.

TABLE 1—RISKS TO HEALTH AND MITIGATION MEASURES FOR MONITORS FOR OPIOID INDUCED IMPAIRMENT OF OXYGENATION

Identified risks to health	Mitigation measures
False negative leading to delayed treatment	Clinical performance data; Non-clinical performance testing; Software validation, verification, and hazard analysis; and Labeling.
False positive based on other medical conditions or poor algorithm performance leading to unnecessary early intervention or response.	Clinical performance data; Non-clinical performance testing; Software validation, verification, and hazard analysis; and Labeling.
Software malfunction that causes an algorithm error	Software validation, verification, and hazard analysis.
Delayed or incorrect treatment due to use-related error or overreliance on device.	Usability assessment; and Labeling.
Adverse tissue reaction	Biocompatibility evaluation.
Sensor induced injury	Electrical, thermal, and mechanical safety testing.
Failure to function as intended due to electromagnetic and wireless radio frequency interference.	Electromagnetic compatibility testing; and Wireless coexistence testing.

FDA has determined that special controls, in combination with the general controls, address these risks to health and provide reasonable assurance of safety and effectiveness of the device. For a device to fall within this classification, and thus avoid automatic classification in class III, it would have to comply with the special controls named in this final order. The necessary special controls appear in the regulation codified by this final order.

Under the FD&C Act, submission of a premarket notification under section 510(k) is required to reasonably assure the safety and effectiveness of class II devices unless FDA determines that the device type should be exempt under section 510(m) of the FD&C Act. At this time FDA has not made this determination for monitors for opioid induced impairment of oxygenation. This device is therefore subject to premarket notification requirements under section 510(k) of the FD&C Act.

¹ FDA notes that the “ACTION” caption for this final order is styled as “Final amendment; final order,” rather than “Final order.” Beginning in December 2019, this editorial change was made to

III. Analysis of Environmental Impact

The Agency has determined under 21 CFR 25.34(b) that this action is of a type that does not normally have a significant effect on the human environment. Therefore, neither an environmental assessment nor an environmental impact statement is required.

IV. Paperwork Reduction Act of 1995

This final order establishes special controls that refer to previously approved collections of information found in other FDA regulations and guidance. These collections of information are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501–3521). The collections of information in part 860, subpart D, regarding De Novo classification have been approved under OMB control number 0910–0844; the collections of information in 21 CFR part 814, subparts A through E,

indicate that the document “amends” the Code of Federal Regulations. The change was made in accordance with the Office of Federal Register’s (OFR) interpretations of the Federal Register Act (44

regarding premarket approval have been approved under OMB control number 0910–0231; the collections of information in part 807, subpart E, regarding premarket notification submissions have been approved under OMB control number 0910–0120; the collections of information in 21 CFR part 820 regarding quality management system regulation have been approved under OMB control number 0910–0073; and the collections of information in 21 CFR part 801 regarding labeling have been approved under OMB control number 0910–0485.

List of Subjects in 21 CFR Part 868

Medical devices.

Therefore, under the Federal Food, Drug, and Cosmetic Act and under authority delegated to the Commissioner of Food and Drugs, 21 CFR part 868 is amended as follows:

U.S.C. chapter 15), its implementing regulations (1 CFR 5.9 and parts 21 and 22), and the Document Drafting Handbook.

PART 868—ANESTHESIOLOGY DEVICES

■ 1. The authority citation for part 868 continues to read as follows:

Authority: 21 U.S.C. 351, 360, 360c, 360e, 360j, 360l, 371.

■ 2. Add § 868.2250 to subpart C to read as follows:

§ 868.2250 Monitor for opioid induced impairment of oxygenation.

(a) *Identification.* A monitor for opioid induced impairment of oxygenation is a device that uses sensor hardware and software algorithms to detect desaturations of arterial oxygen saturation resulting from opioid overdose.

(b) *Classification.* Class II (special controls). The special controls for this device are:

(1) Clinical performance data under anticipated conditions of use must demonstrate that the device performs as intended and include the following:

(i) Comparison to a clinically relevant reference method to demonstrate and support the accuracy and level of sensitivity and specificity for detection of opioid induced impairment of oxygenation;

(ii) Demonstration of the consistency of the output and representativeness of the range of data sources and data quality likely to be encountered in the intended use population and relevant use conditions in the intended use environment;

(iii) Performance reported in clinically significant and distinct subpopulations and intended use environments;

(iv) For devices using algorithms based on machine learning, the clinical validation must be completed using a dataset that is separate from the training dataset; and

(v) Simulated use testing of hardware and sensors to characterize accuracy and precision across the intended use population.

(2) Software description, verification, and validation based on comprehensive hazard analysis must be performed. Software documentation must include:

(i) Full characterization of technical parameters of the software, including any algorithm(s);

(ii) Specification of acceptable incoming sensor data quality control measures; and

(iii) Justification for the validity of the algorithm(s) (e.g., clinical relevance/importance of decision threshold).

(3) Non-clinical performance data must demonstrate that the device performs as intended under anticipated conditions of use. Testing must include:

(i) Performance testing of sensor hardware to characterize sensor accuracy and precision; and

(ii) Compatibility testing of sensors with other hardware and software components of the device.

(4) Usability assessment must be provided to demonstrate that intended device users can safely and correctly use the device.

(5) All components of the device that contact the skin must be demonstrated to be biocompatible.

(6) Performance testing must demonstrate the electromagnetic compatibility, wireless coexistence, electrical safety, thermal safety, and mechanical safety of any hardware components and sensors of the device.

(7) Labeling must include the following:

(i) A summary of the clinical validation data, including relevant characteristics of the included subpopulations and use environments in the clinical study, and performance metrics, including sensitivity, specificity, positive predictive value, and negative predictive value for each of the subpopulations, use environments, and opioid types;

(ii) Principles of sensor operation, including warnings for how to avoid interfering with sensor readings;

(iii) Information for preventing an overdose, recognizing signs of an overdose, and treating an overdose;

(iv) Warnings identifying that the device is not designed to differentiate between the target condition (e.g., opioid-induced respiratory depression) and other conditions that may cause a false reading (e.g., obstructive sleep apnea);

(v) Warnings against overreliance on the device; and

(vi) A warning regarding the need for supervised use with awareness of effective countermeasures (e.g., naloxone) in case of an overdose.

Grace R. Graham,

Deputy Commissioner for Policy, Legislation, and International Affairs.

[FR Doc. 2026-13140 Filed 6-29-26; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Food and Drug Administration****21 CFR Part 878**

[Docket No. FDA-2026-N-6711]

Medical Devices; General and Plastic Surgery Devices; Classification of the Skin Patch for Treatment of Hyperhidrosis

AGENCY: Food and Drug Administration, HHS.

ACTION: Final amendment; final order.

SUMMARY: The Food and Drug Administration (FDA) is classifying the skin patch for treatment of hyperhidrosis into class II (special controls). The special controls that apply to the device type are identified in this order and will be part of the codified language for classification of the skin patch for treatment of hyperhidrosis. We are taking this action because we have determined that classifying the device into class II will provide a reasonable assurance of safety and effectiveness of the device. We believe this action will also enhance patients' access to beneficial innovative devices, in part by reducing regulatory burdens.

DATES: This order is effective June 30, 2026. The classification was applicable on April 7, 2023.

FOR FURTHER INFORMATION CONTACT:

Rachana Visaria, Center for Devices and Radiological Health, Food and Drug Administration, 10903 New Hampshire Ave., Bldg. 66, Rm. 1218, Silver Spring, MD 20993-0002, 240-402-5628, Rachana.Visaria@fda.hhs.gov.

SUPPLEMENTARY INFORMATION:**I. Background**

Upon request, FDA (the Agency or we) has classified the skin patch for treatment of hyperhidrosis into class II (special controls), which we have determined will provide a reasonable assurance of safety and effectiveness of the device. In addition, we believe this action will enhance patients' access to beneficial innovation, in part by reducing regulatory burdens by placing the device into a lower device class than the automatic class III assignment.

The automatic assignment of class III occurs by operation of law and without any action by FDA, regardless of the level of risk posed by the new device. Any device that was not in commercial distribution before May 28, 1976, is automatically classified into, and remains within, class III and requires