

Date: 23-OCT-2019

<u>Urgent Field Safety Notice</u> <u>Allergan XEN Glaucoma Treatment System</u>

For Attention of*:All Healthcare Professionals holding stock of Allergan XEN Glaucoma Treatment System

Contact details of local representative (name, e-mail, telephone, address etc.)*

Name: Hazel Gallagher

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<u>Urgent Field Safety Notice (FSN)</u> <u>Allergan XEN Glaucoma Treatment System</u>

During our inspection process a small number of units in an unreleased XEN 45 lot were observed to have trace amounts of polishing compounds that are used in the needle sleeve manufacturing process. Allergan has decided to conduct a voluntary recall of all LOTs of XEN Glaucoma Treatment System.

	1. Information on Affected Devices*				
1	1. Device Type(s)*				
	XEN® Glaucoma Treatment System consists of a XEN® Gel Stent preloaded into a XEN® Injector .				
1	2. Commercial name(s)				
	XEN Glaucoma Treatment System				
1	3. Unique Device Identifier(s) (UDI-DI)				
	N/A				
1	4. Primary clinical purpose of device(s)*				
	The XEN® Gel Stent is intended to create a channel through the sclera allowing flow of				
	aqueous humor from the anterior chamber into the subconjunctival space to reduce intraocular pressure (IOP).				
1	5. Device Model/Catalogue/part number(s)*				
	5507-001				
1	6. Software version				
	N/A				
1	7. Affected serial or lot number range				
	All LOTs within expiry (61566, 61580, 61626, 61642, 61685, 61846, 61847, 61955,				
	61996, 62008, 62031, 62053, 62066, 62108, 62130, 62263, 62297, 62318, 62380,				
	62636, 62678, 62719, 62749)				
1	Associated devices				
	N/A				

	2 Reason for Field Safety Corrective Action (FSCA)*				
2	 Description of the product problem* 				
	During our inspection process a small number of units in an unreleased XEN 45 lot were				
	observed to have trace amounts of polishing compounds that are used in the needle				
	sleeve manufacturing process. Allergan has decided to conduct a voluntary recall of all				
	LOTs of XEN Glaucoma Treatment System.				
2	2. Hazard giving rise to the FSCA*				
	Trace amounts of polishing compounds on the XEN® injector needle could transfer to				
	patient's eye during procedure possibly resulting in irritation, inflammation, local allergic				
	reaction/ hypersensitivity, iritis, uveitis/sterile endophthalmitis or an intraocular foreign				
	body.				
2	Probability of problem arising				
	No confirmed occurrences have been reported related to this issue in EU. Signal				
	detection review does not indicate an adverse trend associated with this issue. This				
	recall is considered a precautionary activity.				
2	4. Predicted risk to patient/users				
	The overall risk of harm is moderate.				
	Further information to help characterise the problem				

2	N/A
2	6. Background on Issue
	During our inspection process a small number of units in an unreleased XEN 45 lot were
	observed to have trace amounts of polishing compounds that are used in the needle
	sleeve manufacturing process.
2	Other information relevant to FSCA
	N/A

	3. Type of Action to mitigate the risk*					
3.	1.	Action To Be Taken by	the User*			
			antine Device ⊠ Return	Device ☐ Destroy		
		☐ On-site device modification	n/inspection			
		☐ Follow patient managemen	nt recommendations			
		☐ Take note of amendment/r	einforcement of Instructions For I	Jse (IFU)		
		□ Other □ None	9			
		Provide further details of the a	action(s) identified.			
3.	2.	By when should the action be completed?	Immediately.			
3.	3.	Particular considerations for	or: Implantable dev	ice		
		Is follow-up of patients or review of patients' previous results recommended? No				
		Based on the available information, Allergan is not recommending explantation of implanted XEN Gel Shunts or any change to current practice.				
3.		Is customer Reply Require yes, form attached specifyin	d? *	Yes		
3.		Action Being Taken by				
		☑ Product Removal☐ Software upgrade	☐ On-site device modification/insp☐ IFU or labelling change☐ None	pection		
				usoma Traatmant		
		Withdrawal of all LOTs within expiry of Allergan XEN Glaucoma Treatment System. No action with regards to already implanted devices.				
3	6.	By when should the action be completed?	Immediately			
3.	7.	Is the FSN required to be of /lay user?	communicated to the patient	No		

3	8. If yes, has manufacturer provided additional information suitable for the				
		patient/lay user in a patient/lay or non-professional user information letter/sheet?			
		Choose an item. Choose an item.			

	4. (General Information*			
4.	1. FSN Type*	Update			
4.	For updated FSN, reference number and date of previous FSN	FSN-19-001 22-OCT-2019			
4.	3. For Updated FSN, key new inform	nation as follows:			
	All LOTs within expiry now added.				
4.	4. Further advice or information already expected in follow-up FSN? *	No			
	5. If follow-up FSN expected, what i	s the further advice expected to relate to:			
4	Eg patient management, device modifications etc				
4	Anticipated timescale for follow- up FSN	For provision of updated advice.			
4.	7. Manufacturer information				
	(For contact details of local representative refer to page 1 of this FSN)				
	a. Company Name	Allergan			
	b. Address	2525 Dupont Drive, Irvine, CA 92612, USA			
	c. Website address	www.allergan.com			
4.	8. The Competent (Regulatory) Authority of your country has been informed about this communication to customers. *				
4.	9. List of attachments/appendices:				
4.	10. Name/Signature	Nicholas Parker, Vice President Regulatory Affairs, Device			

Transmission of this Field Safety Notice			
This notice needs to be passed on all those who need to be aware within your organisation or to any organisation where the potentially affected devices have been transferred. (As appropriate)			
Please transfer this notice to other organisations on which this action has an impact. (As appropriate)			
Please maintain awareness on this notice and resulting action for an appropriate period to ensure effectiveness of the corrective action.			
Please report all device-related incidents to the manufacturer, distributor or local representative, and the national Competent Authority if appropriate, as this provides important feedback*			

Note: Fields indicated by * are considered necessary for all FSNs. Others are optional.

Appendix 1: Returns and Receipt Form



Response form Field Safety Note (FSN) FSN-19-001

Date: October 25, 2019

Allergan XEN Glaucoma Treatment System

We kindly ask you to complete this form and return it by e-mail to **Arvind.Patel@ALLERGAN.com** (form completed in PDF format) within seven (7) working days.

Medical devices implantable by this communication:

- Allergan XEN Glaucoma Treatment System, catalogue number 5507-001					
I certify that - I have received the Field Safety Note (FSN) for the Allergan XEN Glaucoma Treatment System and distributed it to the appropriate people in my facility I have verified the presence in stock in my establishment of the products concerned by this action					
Tick the appropriate pro	oposal and i	ndicate the number of devices in	dentified:		
contact us to coordinate	e the return (y the recall in stock. We reques of items in our possession. Plea necessary, please attach a list v	se indicate	below the batch	
Batch number	•	Quantity in stock			
☐ We no longer have	any recalled	d products in stock and will not n	nake any r	eturns.	
Client's name					
Contact name					
Address Tolophone number					
Telephone number			Date:		
Signature			Date.		