

TAB 3
510(K) SUMMARY OF SAFETY & EFFECTIVENESS

K031460

Official Contact Zita A. Yurko
 Manager, Regulatory Affairs
 Respironics, Inc.
 1001 Murry Ridge Lane
 Murrysville, PA 15668

Classification Reference 21 CFR 868.5905

Product Code BZD – Non-Continuous ventilator

Common/Usual Name CPAP System

Proprietary Name Respironics REMstar Auto CPAP System

Predicate Device(s) Respironics REMstar Auto CPAP System (K012554)
 Respironics Virtuoso LX Smart CPAP System (K993433)

Reason for submission Modified design, additional accessories.

Substantial Equivalence

The modified device has the following similarities to the previously cleared predicate devices:

- Same intended use.
- Same operating principle.
- Same technology.
- Same manufacturing process.

Design verification tests were performed on the REMstar Auto CPAP System in accordance with of the risk analysis and product requirements. All tests were verified to meet the required acceptance criteria. Respironics has determined that the modifications have no impact on the safety and effectiveness of the device. In summary, the device described in this submission is substantially equivalent to the predicate devices.

The modified device complies with the applicable standards referenced in the Guidance for FDA Reviewers and Industry "Guidance for the Content of premarket Submissions for Software Contained in Medical Devices", May 1998.

Intended Use

The REMstar Auto CPAP System delivers positive airway pressure therapy for the treatment of Obstructive Sleep Apnea. This device is intended for use in the home or hospital/institutional environment on adult patients.

Device Description

The REMstar Auto Continuous Positive Airway Pressure (CPAP) System is a microprocessor-controlled, blower-based system that generates positive airway pressures from 4 to 20 cmH₂O. The device is intended for use with a patient circuit that is used to connect the device to the patient interface (mask). The previously cleared REMstar Auto has been modified to include a Split-Night with Auto-CPAP mode to simplify split night studies and to add a Non Responsive Apnea Hypopnea (NRAH) flag for clinical use. The basic functional and performance characteristics of the REMstar Auto CPAP System is unchanged from its device predicate (REMstar Auto CPAP System K012554).



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

JUN 24 2003

Ms. Zita A. Yurko
Manager, Regulatory Affairs
Respironics, Incorporated
1001 Murry Ridge Lane
Murrysville, Pennsylvania 15668

Re: K031460
Trade/Device Name: REMstar Auto CPAP System
Regulation Number: 868.5905
Regulation Name: Non-Continuous Ventilator
Regulatory Class: II
Product Code: BZD
Dated: June 5, 2003
Received: June 6, 2003

Dear Ms. Yurko:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

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

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies.

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You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4646. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/dsma/dsmamain.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Susan Runner". The signature is fluid and cursive, with a large initial "S" and "R".

Susan Runner, DDS, MA

Interim Director

Division of Anesthesiology, General Hospital,
Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and Radiological Health

Enclosure

510(k) Number (if known): K031460

Device Name: Respironics® REMstar Auto CPAP System

Intended Use/Indications for Use

The REMstar Auto CPAP System delivers positive airway pressure therapy for the treatment of Obstructive Sleep Apnea.

Environment of Use/Patient Population

For use in the home or hospital/institutional environment on adult patients.

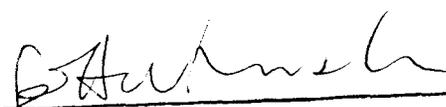
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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use _____
(Per 21 CFR 801.109)

OR

Over-The-Counter Use
(Optional Format 1-2-96)



(Division Sign-Off)
Division of Anesthesiology, General Hospital,
Infection Control, Dental Devices

510(k) Number: K031460