



Food and Drug Administration
10903 New Hampshire Avenue
Document Control Room W-066-0609
Silver Spring, MD 20993-0002

Ms. Donna Saito
Regulatory Affairs Manager
Medtronic, Inc.
1851 Deere Avenue
Santa Ana, CA 92705

JAN 25 2010

Re: H080002
HUD #07-0180
Medtronic Melody® Transcatheter Pulmonary Valve (Model PB10) and Medtronic Ensemble® Transcatheter Valve Delivery System (NU10)
Filed: August 29, 2008
Amended: December 12, 2008; February 13, May 1, August 7, and November 2, 2009
Product Code: NPV

Dear Ms. Saito:

The Center for Devices and Radiological Health (CDRH) of the Food and Drug Administration (FDA) has completed its review of your humanitarian device exemption (HDE) application for the Medtronic Melody® Transcatheter Pulmonary Valve (Model PB10) and Medtronic Ensemble® Transcatheter Valve Delivery System (NU10). This device is indicated for use as an adjunct to surgery in the management of pediatric and adult patients with the following clinical conditions:

- Existence of a full (circumferential) RVOT conduit that was equal to or greater than 16 mm in diameter when originally implanted and
- Dysfunctional Right Ventricular Outflow Tract (RVOT) conduits with a clinical indication for intervention, and either:
 - Regurgitation: \geq moderate regurgitation, or
 - Stenosis: mean RVOT gradient \geq 35 mmHg.

CDRH is pleased to inform you that your HDE is approved subject to the enclosed "Conditions of Approval." You may begin commercial distribution of the device after you have submitted an amendment to this HDE with copies of the approved labeling in final printed form.

In addition to the postapproval requirements in the enclosure, the postapproval reports must include the following information:

You have agreed to implement two postapproval studies of your device. In the first study, you plan to evaluate 150 patients from the IDE study, with final analysis performed when the 150 implanted patients have reached the 5 year endpoint (having either had RVOT conduit reoperation/ replacement, died, exited the study, or are still in follow-up). In the second study, you plan to enroll 100 new patients, with the primary analysis performed when 100 implanted patients have reached the 6 month endpoint (having either completed their 6 month follow-up exam, had RVOT conduit reoperation, had RVOT conduit catheter re-intervention, died, or otherwise exited the study). The patients enrolled in these two postapproval studies should be followed for 5 years post-implant. Please note that the results of the postapproval study must be reflected in the labeling (via a supplement) when the study is completed.

The sale, distribution, and use of this device are limited to prescription use in accordance with 21 CFR 801.109 within the meaning of section 520(e) of the Federal Food, Drug, and Cosmetic Act (the act) under the authority of section 515(d)(1)(B)(ii) of the act. In addition, in order to ensure the safe use of the device, FDA has further restricted the device within the meaning of section 520(e) of the act under the authority of section 515(d)(1)(B)(ii) of the act insofar as (1) the labeling shall specify the training requirements for practitioners who may use the device as approved in this order and (2) the sale, distribution, and use must not violate sections 502(q) and (r) of the act.

Under section 519(e) of the act, as amended by the Safe Medical Devices Act in 1990, manufacturers of certain devices must track their products to the final user or patient so that these devices can be located quickly if serious problems occur with the products. The tracking requirements apply to: (1) permanent implants, the failure of which would be reasonably likely to have serious adverse health consequences; (2) life-sustaining or life-supporting devices that are used outside of device user facilities, the failure of which would be reasonably likely to have serious adverse health consequences; and (3) other devices that FDA has designated as requiring tracking.

FDA has designated your device for tracking because the Melody TPV meets the discretionary criteria of section 519(e) of the act. The Melody TPV is a first-of-a-kind percutaneously delivered heart valve that is a permanent implant, the failure of which would be reasonably likely to have serious adverse health consequences. Pursuant to 21 CFR 821.20(d), FDA will be adding "Prosthesis, pulmonary valve, percutaneously Delivered"/Class III, product code NPV, to the list of tracked devices by publishing a notice in the Federal Register announcing that FDA has designated this device for tracking under section 519(e)(2) of the act. This notice will also serve to solicit public comment on FDA's determination.

FDA's tracking regulation published in the Federal Register of August 16, 1993 (58 FR 43442) and appears at 21 CFR Part 821. The regulation describes your responsibilities in tracking a device. In addition, 21 CFR 821.20(b) lists examples of permanent implants and life-sustaining or life-supporting devices that FDA believes must be tracked, and 21 CFR 821.20(c) lists devices that FDA has designated for tracking. FDA's rationale for identifying these devices is set out in

the Federal Register of March 27, 1991 (57 FR 10705-10709); May 29, 1992 (57 FR 22973-22975), and August 16, 1992 (58 FR 43451-43455).

FDA wishes to remind you that failure to comply with any postapproval requirement constitutes a ground for withdrawal of the HDE. Commercial distribution of a device that is not in compliance with these conditions is a violation of the act.

The Pediatric Medical Device Safety and Improvement Act of 2007 allows HDEs indicated for pediatric use and approved on or after September 27, 2007, to be sold for profit as long as the number of devices distributed in any calendar year does not exceed the annual distribution number (ADN). This device is indicated for use in pediatric patients and, based on the information provided in your HDE application, the ADN for this device is determined to be 2996. As stated in section 520(m)(8) of the Act, the agency's Pediatric Advisory Committee will annually review all HUDs intended for use in pediatric patients that are approved on or after September 27, 2007, to ensure that the HDE remains appropriate for the pediatric populations for which it is granted. You must immediately notify the agency by submitting an HDE report whenever the number of devices shipped or sold in a year exceeds the ADN. For additional information on the ADN, please see the "Draft Guidance for HDE Holders, Institutional Review Boards (IRBs), Clinical Investigators, and FDA Staff – Humanitarian Device Exemption (HDE) Regulation: Questions and Answers" at:

<http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm110194.htm>

CDRH will notify the public of its decision to approve your HDE by making available a summary of the safety and probable benefit of the device upon which the approval was based. The information can be found on the FDA CDRH Internet HomePage located at <http://www.fda.gov/cdrh/ode/hdeinfo.html>. Written requests for this information can also be made to the Dockets Management Branch (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. The written request should include the HDE number or docket number. Within 30 days from the date that this information is placed on the Internet, any interested person may seek review of this decision by requesting an opportunity for administrative review, either through a hearing or review by an independent advisory committee, under section 515(g) of the act.

You are reminded that, as soon as possible and before commercial distribution of your device, you must submit an amendment to this HDE submission with copies of all approved labeling in final printed form. The labeling will not routinely be reviewed by FDA staff when HDE applicants include with their submission of the final printed labeling a cover letter stating that the final printed labeling is identical to the labeling approved in draft form. If the final printed labeling is not identical, any changes from the final draft labeling should be highlighted and explained in the amendment.

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Any information to be submitted to FDA regarding this HDE should be submitted in triplicate, unless otherwise specified, to the address below and should reference the above HDE number to facilitate processing:

U.S. Food and Drug Administration
Center for Devices and Radiological Health
Document Mail Center – WO66-G609
10903 New Hampshire Avenue
Silver Spring, MD 20993-0002

If you have any questions concerning this approval order, please contact Carolyn Vaughan at (301) 796-6338.

Sincerely yours,

A handwritten signature in black ink, appearing to read "D. Tillman", written over a faint, illegible typed name.

Donna-Bea Tillman, Ph.D., M.P.A.
Director
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

CONDITIONS OF APPROVAL FOR AN HDE

I. APPROVED LABELING

As soon as possible and before commercial distribution of the device, the holder of an HDE should submit three copies of the approved labeling in final printed form as an amendment (if submitted prior to HDE approval) or supplement (if submitted after HDE approval) to the HDE. The amendment/supplement should be submitted to the U.S. Food and Drug Administration, Center for Devices and Radiological Health, HDE Document Mail Center – WO66-G609, 10903 New Hampshire Avenue, Silver Spring, MD 20993-0002.

II. ADVERTISEMENTS

Advertisements and other descriptive printed materials issued by the HDE holder or private label distributor with respect to this device should not recommend or imply that the device may be used for any use that is not included in the FDA approved labeling for the device. If the FDA approval order has restricted the sale, distribution and use of the device to prescription use in accordance with 21 CFR 801.109 and specified that this restriction is being imposed in accordance with the provisions of section 520(e) of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 360j(e)) under the authority of section 515(d)(1)(B)(ii) of the act (21 U.S.C. 360e(d)(1)(B)(ii)), all advertisements and other descriptive printed material issued by the holder or distributor with respect to the device shall include a brief statement of the intended uses of the device and relevant warnings, precautions, side effects, and contraindications.

III. HDE SUPPLEMENTS

Before making any change affecting the safety or probable benefit of the device, the HDE holder should submit a supplement for review and approval by FDA unless a "Special HDE Supplement" is permitted as described under 21 CFR 814.39(d)(2) or an alternate submission is permitted as described under 21 CFR 814.39(e). All HDE supplements or alternate submissions must comply with the applicable requirements under 21 CFR 814.39 of the Premarket Approval (PMA) regulation and under 21 CFR 814.108 of the Humanitarian Device Exemption regulation. The review timeframe for HDE supplements is 75 days except for those submitted under 21 CFR 814.39(e).

Since all situations which require an HDE supplement cannot be briefly summarized, please consult the HDE regulation for further guidance. The guidance provided below is only for several key instances. In general, an HDE supplement must be submitted:

- 1) When unanticipated adverse effects, increases in the incidence of anticipated adverse effects, or device failures necessitate a labeling, manufacturing, or device modification; or
- 2) If the device is to be modified, and animal/laboratory or clinical testing is needed to determine if the modified device remains safe and continues to provide probable benefit.

HDE supplements submitted under 21 CFR 814.39(d)(2) "Special HDE Supplement - Changes Being Effected" are limited to the labeling, quality control, and manufacturing process changes as specified under this section of the regulation. This provision allows for the addition of, but not the

replacement of previously approved, quality control specifications and test methods. These changes may be implemented upon acknowledgment by FDA that the submission is being processed as a "Special HDE Supplement - Changes Being Effectuated." Please note that this acknowledgment is in addition to that issued by the Document Mail Center for all HDE supplements submitted. This procedure is not applicable to changes in device design, composition, specifications, circuitry, software, or energy source.

Alternate submissions permitted under 21 CFR 814.39(e) apply to changes that otherwise require approval of an HDE supplement before implementation and include the use of a *30-day HDE supplement* or *periodic postapproval report*. FDA must have previously indicated in an advisory opinion to the affected industry or in correspondence to the HDE holder that the alternate submission is permitted for the change. Before this can occur, FDA and the HDE holder must agree upon any needed testing, the testing protocol, the test results, the reporting format, the information to be reported, and the alternate submission to be used.

Please note that unlike the PMA process, a supplement may not be submitted for a new indication for use for a humanitarian use device (HUD). An HDE holder seeking a new indication for use for an HUD approved under the provisions of Subpart H of 21 CFR 814, must obtain a new designation of HUD status for the new indication for use and submit an original HDE application in accordance with §814.104. The application for the new indication for use may incorporate by reference any information or data previously submitted to the agency.

IV. POSTAPPROVAL RECORD KEEPING REQUIREMENTS

An HDE holder is required to maintain records of the names and addresses of the facilities to which the HUD has been shipped, correspondence with reviewing institutional review boards (IRBs), as well as any other information requested by a reviewing IRB or FDA.

V. POSTAPPROVAL REPORTING REQUIREMENTS Continued approval of the HDE is contingent upon the submission of postapproval reports required under 21 CFR 814.84 and 21 CFR 814.126.

A. ANNUAL REPORT

Annual reports should be submitted at intervals of 1 year from the date of approval of the original HDE. Reports for supplements approved under the original HDE should be included in the next and subsequent periodic reports for the original HDE unless otherwise specified in the approval order for the HDE supplement. Three copies identified as "Annual Report" and bearing the applicable HDE reference number are to be submitted to the U.S. Food and Drug Administration, Center for Devices and Radiological Health, HDE Document Mail Center – WO66-G609, 10903 New Hampshire Avenue, Silver Spring, MD 20993-0002. Reports should indicate the beginning and ending date of the period covered by the report and include the following information required by 21 CFR 814.126(b)(1):

1. An update of the information required under §814.102(a) in a separately bound volume;

2. An update of the information required under §814.104(b)(2), (b)(3), and (b)(5);
3. The number of devices that have been shipped or sold and, if the number shipped or sold exceeds 4,000, an explanation and estimate of the number of devices used per patient. If a single device is used on multiple patients, an estimate of the number of patients treated or diagnosed using the device together with an explanation of the basis for the estimate;
4. Information describing the applicant's clinical experience with the device. This shall include safety information that is known or reasonably should be known to the applicant, a summary of medical device reports made pursuant to 21 CFR 803, any data generated from postmarketing studies, and information (whether published or unpublished) that is known or reasonably expected to be known by the applicant that may affect an evaluation of the safety of the device or that may affect the statement of contraindications, warnings, precautions, and adverse reactions in the device labeling; and
5. A summary of any changes made to the device in accordance with supplements submitted under §814.108 and any changes required to be reported to FDA under §814.39(b).

B. ADVERSE REACTION AND DEVICE DEFECT REPORTING

As provided by 21 CFR 814.82(a)(9), FDA has determined that in order to provide continued reasonable assurance of the safety and probable benefit of the device, the holder shall submit three copies of a written report identified, as applicable, as an "Adverse Reaction Report" or "Device Defect Report" to the to the U.S. Food and Drug Administration, Center for Devices and Radiological Health, HDE Document Mail Center – WO66-G609, 10903 New Hampshire Avenue, Silver Spring, MD 20993-0002. Such reports should be submitted within 10 days after the HDE holder receives or has knowledge of information concerning:

- (1) A mixup of the device or its labeling with another article.
- (2) Any adverse reaction, side effect, injury, toxicity, or sensitivity reaction that is attributable to the device and
 - (a) has not been addressed by the device's labeling or
 - (b) has been addressed by the device's labeling, but is occurring with unexpected severity or frequency.
- (3) Any significant chemical, physical or other change or deterioration in the device or any failure of the device to meet the specifications established in the approved HDE that could not cause or contribute to death or serious injury but are not correctable by adjustments or other maintenance procedures described in the approved labeling. The report shall include a discussion of the HDE holder's assessment of the change, deterioration or failure and any proposed or implemented corrective action by the firm. When such events are correctable by adjustments or other maintenance procedures described in the approved labeling, all such events known to the holder shall be

included in the "Annual Report" described under "Postapproval Reports" above unless otherwise specified in the conditions of approval for this HDE. This postapproval report shall appropriately categorize these events and include the number of reported and otherwise known instances of occurrence for each category during the reporting period. Additional information regarding the events discussed above shall be submitted by the HDE holder when determined by FDA to be necessary to provide continued reasonable assurance of the safety and probable benefit of the device for its intended use.

C. **REPORTING UNDER THE MEDICAL DEVICE REPORTING REGULATION**

You are reminded that many FDA requirements govern the manufacture, distribution, and marketing of devices. For example, in accordance with the Medical Device Reporting (MDR) regulation, 21 CFR 803.50 and 21 CFR 803.52, you are required to report adverse events for this device. Manufacturers of medical devices, including in vitro diagnostic devices, are required to report to FDA no later than 30 calendar days after the day they receive or otherwise becomes aware of information, from any source, that reasonably suggests that one of their marketed devices:

1. May have caused or contributed to a death or serious injury; or
2. Has malfunctioned and such device or similar device marketed by the manufacturer would be likely to cause or contribute to a death or serious injury if the malfunction were to recur.

Additional information on MDR, including how, when, and where to report, is available at www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm.



Food and Drug Administration
10903 New Hampshire Avenue
Silver Spring, MD 20993

JAN 25 2010

Medical Device Tracking Order

Ms. Donna Saito
Regulatory Affairs Manager
Medtronic, Incorporated
1851 Deere Avenue
Santa Ana, California 92705

RE: Transcatheter Pulmonary Valve (TPV) Prothesis (H080002)

Dear Ms. Saito:

You are notified by this letter of your obligation to adopt a method of tracking for the devices referenced above, as authorized by section 519(g) of the Federal Food, Drug, and Cosmetic Act, (the Act) as amended by section 211 of the Food and Drug Administration Modernization Act of 1997 (FDAMA). The implementation of section 519(g) of the Act, as amended, requires the Food and Drug Administration (FDA) to issue an order to manufacturers when FDA determines that a person who manufactures and distributes a device meets the relevant statutory requirements and tracking is required to protect the public health. This order is effective immediately.

Section 519(g) of the Act, as amended, states that FDA, "...may by order require a manufacturer to adopt a method of tracking a class II or class III device—

- (A) the failure of which would be reasonably likely to have serious adverse health consequences; or
- (B) which is—
 - (i) intended to be implanted in the human body for more than one year, or
 - (ii) a life sustaining or life supporting device used outside a device user facility."

As you know, the corresponding medical device tracking regulations, found in Title 21 Code of Federal Regulations (CFR) Part 821, are intended to ensure that tracked devices can be traced from the device manufacturing facility to the person by whom the device is intended to be used when patient notification (under section 518(a) of the act) or device recall (under section 518(e) of the act) actions are ordered by the agency.

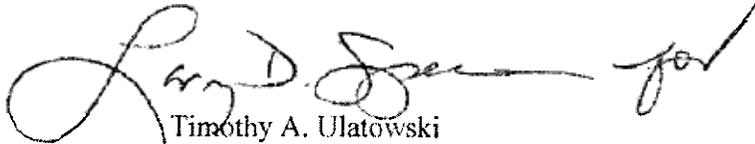
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The device tracking requirements for exemptions and variances, system and content requirements of tracking, the obligations of persons other than device manufacturers, such as distributors, records and inspection requirements, confidentiality, and record retention requirements, which were published in the Federal Register on August 16, 1993, remain in effect.

(21 CFR sections 821.2, 821.25, 821.30, 821.50, 821.55 and 821.60, copy enclosed.)

This order to adopt a tracking method does not change your obligations concerning other existing FDA regulations affecting your device. FDA published in the Federal Register on February 28, 2002, an amendment to the final rule to revise the scope of the regulation and add certain patient confidentiality requirements, and non-substantive changes to remove outdated references and simplify terminology. (67 FR 6943) If you need specific guidance, please contact Chet Reynolds, in the Office of Compliance at (301) 796-5500. Other general information on your responsibilities under the Act, or more specific information, such as non-binding guidance on medical device tracking (copy enclosed), may be obtained from the Division of Small Manufacturers, International, and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 796-5680, or at the internet address www.fda.gov/cdrh.

Sincerely yours,



Timothy A. Ulatowski
Director
Office of Compliance
Center for Devices and
Radiological Health

Enclosures