

JUN 1 9 2001

**Ocu-Ease Optical Products, Inc.**

510(k) Premarket Notification

**Ocu-Flex 55 Spherical, Toric, Thin Zone Toric, Aspherical, Toric Aspherical and Thin Zone  
Toric Aspherical (methafilcon A) Soft Contact Lenses for Daily Wear  
(clear or tinted)**



629 Tennent Avenue

Pinole, California 94564

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**510(k) SUMMARY OF SAFETY AND EFFECTIVENESS**

This summary of 510(k) safety and effectiveness information is being submitted in accordance with the requirements of SMDA 1990 and 21 CFR 807.92.

**Assigned 510(k) Number:**

K011577

**Applicant Information:**

Date Prepared:

May 10, 2001

Name:

Ocu-Ease Optical Products, Inc.

Address:

629 Tennent Avenue  
Pinole, CA. 94564

Contact Person:

Charles R. Vermette  
President OR Kelli Wayne

Phone/Fax Number:

Phone: (510)724-0384 Fax: (510)724-4842

**Device Information:**

Device Classification:

Class II

Classification Number:

LPL

Classification Name:

Lenses, Soft Contact, Daily Wear

Device Trade Name:

Ocu-Flex 55 Spherical, Toric, Thin Zone  
Toric, Aspherical, Toric Aspherical and  
Thin Zone Toric Aspherical (methafilcon  
A) Soft Contact Lenses for Daily Wear  
(Clear and Tinted, lathe-cut)

## **Ocu-Ease Optical Products, Inc.**

**510(k) Premarket Notification**

**Ocu-Flex 55 Spherical, Toric, Thin Zone Toric, Aspherical, Toric Aspherical and Thin Zone Toric Aspherical (methafilcon A) Soft Contact Lenses for Daily Wear (clear or tinted)**

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### **SUMMARY OF SAFETY AND EFFECTIVENESS**

(continued)

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#### **Equivalent Devices:**

The Ocu-Flex 55 Spherical, Toric, Thin Zone Toric, Aspherical, Toric Aspherical and Thin Zone Toric Aspherical (methafilcon A) Soft Contact Lens for Daily Wear is substantially equivalent to the predicate device(s) identified below in terms of intended use and design.

#### **Predicate Device:**

Horizon 55 (methafilcon A) Sphere, Toric, Progressive, Progressive Toric  
510(k) #K992010  
Manufactured By: Westcon Contact Lens

#### **Device Description:**

The Ocu-Flex 55 Spherical, Toric, Thin Zone Toric, Aspherical, Toric Aspherical and Thin Zone Toric Aspherical (methafilcon A) Soft Contact Lenses are fabricated from methafilcon A, which in the dry (unhydrated) state may be machined and polished. The hydrophilic nature of this material allows the lens to become soft and pliable when immersed in an aqueous solution.

In the hydrated state, the lens conforms to the curvature of the eye covering the cornea and extending slightly beyond the limbus forming a colorless, transparent optical surface. The hydrophilic properties of the lens require that it be maintained in a fully hydrated state in a solution compatible with the eye. If the lens dries out, it will become hard and appear somewhat warped however, it will return to its proper configuration when completely rehydrated in the proper storage solution.

The ionic lens material (methafilcon A) is a hydrophilic co-polymer of 2-hydroxyethyl methacrylate and methacrylic acid crosslinked with ethylene glycol dimethacrylate. When fully hydrated in a 0.9% sodium chloride solution, the lens is 55% water by weight. In that fully hydrated state the lens is soft and readily wet by saline and aqueous solution.

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Ocu-Flex 55 Spherical, Toric, Thin Zone Toric, Aspherical, Toric Aspherical and Thin Zone Toric Aspherical (methafilcon A) Soft Contact Lenses for Daily Wear  
(clear or tinted)

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### SUMMARY OF SAFETY AND EFFECTIVENESS

(continued)

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The Ocu-Flex 55 Spherical, Toric, Thin Zone Toric, Aspherical, Toric Aspherical and Thin Zone Toric Aspherical (methafilcon A) Soft Contact Lenses are available as a spherical, toric, aspheric and toric aspheric design.

The physical properties of the lens are:

<b>Refractive Index</b>	1.4153
<b>Light Transmission</b>	greater than 95% T
<b>Specific Gravity</b>	1.090 g/cc
<b>Water Content</b>	55%
<b>Color Pigment Name</b>	Phthalocyanine Blue
<b>Oxygen Permeability</b>	$Dk=18 \times 10^{-11}$ @ 35°C

#### Intended Use:

The Ocu-Flex 55 Spherical, Toric, Thin Zone Toric, Aspherical, Toric Aspherical and Thin Zone Toric Aspherical (methafilcon A) Soft Contact Lenses are indicated for daily wear for the correction of refractive ametropia (myopia, hyperopia and astigmatism) in not-aphakic persons with non-diseased eyes.

The Ocu-Flex 55 Spherical (methafilcon A) Soft Contact Lens is indicated for daily wear for the correction of visual acuity in aphakic or not-aphakic persons with non-diseased eyes that are nearsighted (myopic) or farsighted (hyperopic) and may exhibit astigmatism of 1.50D or less that does not interfere with visual acuity.

The Ocu-Flex 55 Toric and Thin Zone Toric (methafilcon A) Soft Contact Lens is indicated for daily wear for the correction of visual acuity in aphakic or not-aphakic persons with non-diseased eyes that are myopic or hyperopic and is intended to correct astigmatism of 4.50D or less that does not interfere with visual acuity.

The Ocu-Flex 55 Aspherical (methafilcon A) Soft Contact Lens is indicated for daily wear for the correction of visual acuity in aphakic or not-aphakic persons with non-diseased eyes that are myopic, or hyperopic, and/or presbyopic, and which may exhibit astigmatism of up to 1.50D or less that does not interfere with visual acuity.

## Ocu-Ease Optical Products, Inc.

### 510(k) Premarket Notification

Ocu-Flex 55 Spherical, Toric, Thin Zone Toric, Aspherical, Toric Aspherical and Thin Zone Toric Aspherical (methafilcon A) Soft Contact Lenses for Daily Wear  
(clear or tinted)

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### SUMMARY OF SAFETY AND EFFECTIVENESS

(continued)

The Ocu-Flex 55 Toric Aspherical and Thin Zone Toric Aspherical (methafilcon A) Soft Contact Lens is indicated for daily wear for the correction of visual acuity in aphakic or not-aphakic persons with non-diseased eyes that are myopic, or hyperopic, and/or presbyopic and is intended to correct astigmatism of 4.50D or less that does not interfere with visual acuity.

The lens may be disinfected with chemical (not heat) disinfection system.

#### Substantial Equivalence:

The new device will be manufactured according to specified process controls and a Quality Management System certified to CGMP guidelines currently in place. The device will undergo manufacturing, packaging and sterilization procedures similar to devices currently manufactured, marketed and distributed by Ocu-Ease Optical Products, Inc. The established safety profile (pre-clinical toxicology and manufacturing/chemistry data) of the device is equivalent to the BENZ – MF (methafilcon A), 510k #K980418 and K003861. Being similar with respect to indications for use, materials, physical construction and safety and effectiveness to the predicate devices, this meets the requirements per section 510(k) of the act regarding substantial equivalence and *does not raise different questions of safety and effectiveness than the predicate devices identified above.*

The following matrix illustrates that the production method, lens function and material of the Ocu-Flex 55 Spherical, Toric, Thin Zone Toric, Aspherical, Toric Aspherical and Thin Zone Toric Aspherical (methafilcon A) Soft Contact Lenses for Daily Wear is substantially equivalent to the predicate device. In addition, the water content, polymer, Dk value, refractive index, specific gravity, and light transmission are as well substantially equivalent to the predicate device.

Signed:

  
Charles R. Vermette, President

Date: 05/10/2001

## Ocu-Ease Optical Products, Inc.

510(k) Premarket Notification

**Ocu-Flex 55 Spherical, Toric, Thin Zone Toric, Aspherical, Toric Aspherical and Thin Zone Toric Aspherical (methafilcon A) Soft Contact Lenses for Daily Wear (clear or tinted)**

### SUMMARY OF SAFETY AND EFFECTIVENESS

(continued)

#### Substantial Equivalence Matrix

	Characteristic	Ocu-Flex 55 Spherical, Toric, Thin Zone Toric, Aspherical, Toric Aspherical and Thin Zone Toric Aspherical (methafilcon A) Soft Contact Lenses		<i>Predicate Device:</i> Westcon Horizon 55 (methafilcon A) Soft Contact Lens
1.)	<b>PRODUCTION METHOD</b>	Lathe-cut		Lathe-cut
2.)	<b>LENS FUNCTION</b>	Refractive medium that focuses light rays from near and distant objects on the retina, while compensating for refractive error		Refractive medium that focuses light rays from near and distant objects on the retina, while compensating for refractive error
3.)	<b>INDICATION</b>	Correction of visual acuity in aphakic and not-aphakic persons with non-diseased eyes with myopia, hyperopia and astigmatism		Correction of visual acuity in aphakic and not-aphakic persons with non-diseased eyes with myopia, hyperopia and astigmatism
3.)	<b>MATERIAL</b>	hydrophilic (methafilcon A)		hydrophilic (methafilcon A)
4.)	<b>WATER CONTENT</b>	55%		55%
5.)	<b>Dk Value</b>	$Dk=18 \times 10^{-11}$ @ 35°C		$Dk=18 \times 10^{-11}$ @ 35°C



JUN 19 2001

Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

Mr. Charles R. Vermette  
President  
Ocu-Ease Optical Products, Inc.  
629 Tennent Avenue  
Pinole, California 94564

Re: K011577

Trade Name: Ocu-Flex 55 Spherical, Toric, Thin Zone Toric, Aspherical, Toric Aspherical  
and Thin Zone Toric Aspherical (methafilcon A) Soft Contact Lenses  
(Clear & Tinted, Lathe-cut from Lens Blank)

Regulation Number: 886.5925

Regulatory Class: II

Product Code: LPL

Dated: May 10, 2001

Received: May 22, 2001

Dear Mr. Vermette:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to 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). 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 (Premarket Approval), 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 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the Federal Register. Please note: this response to your premarket notification submission does not affect

This letter will allow you to begin marketing your device as described in your 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 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-6413. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers 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. Ralph Rosenthal, M.D.  
Director  
Division of Ophthalmic and Ear,  
Nose and Throat Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

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**Toric Aspherical (methafilcon A) Soft Contact Lenses for Daily Wear**  
**(clear or tinted)**

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**INDICATIONS FOR USE STATEMENT**

Page 1 of 1

Device Name:

**Ocu-Flex 55 Spherical, Toric, Thin Zone Toric, Aspherical, Toric Aspherical**  
**and Thin Zone Toric Aspherical (methafilcon A) Soft Contact Lenses**  
**(Clear & Tinted, Lathe-cut from Lens Blank)**

**INDICATIONS FOR USE:**

The Ocu-Flex 55 Spherical, Toric, Thin Zone Toric, Aspherical, Toric Aspherical and Thin Zone Toric Aspherical (methafilcon A) Soft Contact Lenses are indicated for daily wear for the correction of refractive ametropia (myopia, hyperopia and astigmatism) in not-aphakic persons with non-diseased eyes.

The Ocu-Flex 55 Spherical (methafilcon A) Soft Contact Lens is indicated for daily wear for the correction of visual acuity in aphakic or not-aphakic persons with non-diseased eyes that are nearsighted (myopic) or farsighted (hyperopic) and may exhibit astigmatism of 1.50D or less that does not interfere with visual acuity.

The Ocu-Flex 55 Toric and Thin Zone Toric (methafilcon A) Soft Contact Lens is indicated for daily wear for the correction of visual acuity in aphakic or not-aphakic persons with non-diseased eyes that are myopic or hyperopic and is intended to correct astigmatism of 4.50D or less that does not interfere with visual acuity.

The Ocu-Flex 55 Aspherical (methafilcon A) Soft Contact Lens is indicated for daily wear for the correction of visual acuity in aphakic or not-aphakic persons with non-diseased eyes that are myopic, or hyperopic, and/or presbyopic, and which may exhibit astigmatism of up to 1.50D or less that does not interfere with visual acuity.

The Ocu-Flex 55 Toric Aspherical and Thin Zone Toric Aspherical (methafilcon A) Soft Contact Lens is indicated for daily wear for the correct of visual acuity in aphakic or not-aphakic persons with non-diseased eyes that are myopic, or hyperopic, and/or presbyopic and is intended to correct astigmatism of 4.50D or less that does not interfere with visual acuity.

The lens may be disinfected with a chemical (not heat) disinfection system.

(PLEASE DO NOT WRITE BELOW THIS LINE - CONTINUE ON ANOTHER PAGE IF NEEDED)

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Concurrence of CDRH, Office of Device Evaluation (ODE) Division of Ophthalmic Devices

Prescription Use   x    
(Per 21 CFR 801.109)

OR

Over-The-Counter Use       

*Daniel W. C. Brown, Ph.D.*

(Division Sign-Off)  
Division of Ophthalmic Devices

510(k) Number (Optional Format 1-2-96) K011577