



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

NOV 13 1998

Mr. Jim Webb, President  
MetroSoft, Inc.  
15802 Vision Drive  
Pflugerville, TX 78660

Re: K983021

Trade Name: MetroSoft II and MetroLite (polymacon) and SaturEyes (hioxyficon A) soft  
(hydrophilic) Daily Wear Contact Lenses (parametric release)

Regulatory Class: II

Product Code: 86 LPL

Dated: June 30, 1998

Received: August 31, 1998

Dear Mr. Webb:

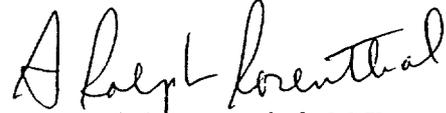
We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of 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 any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

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) 594-4613. 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" (21 CFR 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/dsmamain.html>".

Sincerely yours,



A. Ralph Rosenthal, M.D.

Director

Division of Ophthalmic Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

**INDICATIONS FOR USE**

MetroSoft II, MetroTint and MetroLite contact lens are indicated for daily wear for the correction of visual acuity in aphakic or non-aphakic persons with non-diseased eyes who may have 1.50 diopters or less of astigmatism that does not interfere with visual acuity. The lens power range is -20.00 diopters to +20.00 diopters.

MetroSoft Toric contact lens for daily wear are indicated for use by patients with non-diseased eyes who are not aphakic or aphakic and who have refractive and/or corneal astigmatism of up to 6.00 diopters and require powers from -20.00 to +20.00 diopters.

SaturEyes spherical (hioxifilcon A) soft (hydrophilic) contact lenses for daily wear are indicated for the correction of visual acuity in non aphakic persons with non-diseased eyes with myopia or hyperopia and astigmatism of up to 1.5 Diopters where the astigmatism does not interfere with visual acuity.

SaturEyes Toric (hioxifilcon A) soft (hydrophilic) contact lenses for daily wear are indicated for the correction of visual acuity in non aphakic persons with non-diseased eyes with myopia or hyperopia and corneal astigmatism of up to 4.00 Diopters or less where the astigmatism does not interfere with visual acuity.

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(Concurrence of CDRH, Office of Device Evaluation (ODE))

Prescription Use  OR Over the Counter Use

Myra Smith  
(Division Sign-Off)  
Division of Ophthalmic Devices  
510(k) Number K983021

(Optional Format 1-2-96)

