



K101860

**Special 510(k): Device Modification Summary  
NovaBone Putty – Bioactive Synthetic Bone Graft**

06/30/10

**1. Submitter Information:**

Name: NovaBone Products, LLC  
Address: 13631 Progress Boulevard, #600  
Alachua, FL 32615  
Telephone: (386) 462-7661  
Facsimile: (386) 418-1636  
Contact: David M. Gaisser

SEP 1 2010

**2. Name of Device:**

Trade Name: NovaBone Putty – Bioactive Synthetic Bone Graft  
Common Name: Osteoconductive Bone Void Filler  
Synthetic Resorbable Bone Graft Material  
Regulation Number: 21 CFR 888.3045  
Regulation Name: Bone Void Filler

**3. Legally Marketed Predicate Device:**

Predicate #1: NovaBone Putty – Bioactive Synthetic Graft  
[K060728, K080009, K082672]

**4. Device Description**

NovaBone Putty is an osteoconductive, bioactive, bone void filler device. It is composed of a calcium-phosphorus-sodium-silicate (Bioglass) particulate mixed with a synthetic binder that acts as a temporary binding agent for the particulate. The particulate and binder are provided premixed as a pliable cohesive material. The mixed device is supplied sterile, packaged in a disposable plastic syringe with one or more attachable cannula allowing for placement of the putty at a predetermined distance from the syringe. On implantation, the binder is absorbed to permit tissue infiltration between the Bioglass particles. The particles then are slowly absorbed and replaced by new bone tissue during the healing process.

**5. Intended Use**

NovaBone Putty is indicated only for bony voids or gaps that are not intrinsic to the stability of the bony structure. NovaBone Putty is indicated to be gently packed into bony voids or gaps of the skeletal system (i.e. the extremities, posterolateral spine, and pelvis). These defects may be surgically created osseous defects or osseous defects created from traumatic injury to the bone. The product provides a bone void filler that resorbs and is replaced with bone during the healing process.

NovaBone Putty is not indicated for use in load-bearing applications; therefore, standard internal or external stabilization techniques must be followed to obtain rigid stabilization.

**6. Technological Characteristics and Substantial Equivalence**

The technological characteristics of the NovaBone Putty device are identical to the NovaBone Putty device cleared per K060728, K080009, and K082672. The device and predicate are designed as osteoconductive space-filling devices to be gently packed into defect sites and used as non-structural scaffolds for the body's natural healing and bone regeneration process. The device indications are the same as for the predicate. The device is intended to be used alone, or in combination with autogenous bone.

The primary component of NovaBone Putty is bioactive glass (45S5 Bioglass) particulate. This synthetic material is both biocompatible and osteoconductive. The NovaBone Putty includes a synthetic binder as an inert carrier for ease of handling and delivery, forming a premixed cohesive material. The binder is biocompatible and is absorbed after implantation, opening space between the bioactive glass particles for cell infiltration and bone formation. The bioactive glass particulate remains for a longer post-implantation period, acting as a scaffold for bone ingrowth. This particulate is absorbed and replaced by new bone tissue. Animal testing has demonstrated that the majority of the material is absorbed within six months of implantation, with >98% of the material being absorbed by 12 months. The timeframe for full absorption in humans has not been determined, but is expected to be at least 12 months.

The NovaBone Putty device of this submission has been modified from that of the predicate solely in terms of the device packaging; the device itself is unchanged. The previous syringe packaging has been modified to permit attachment of an extension cannula (included) to better access more remote graft sites. The device action as a synthetic, inorganic, biocompatible and osteoconductive scaffold into which new bone will grow is unchanged.

**7. Conclusion**

The NovaBone Putty device modification subject to this submission is to include a new syringe package format. The syringe applicator has been modified from that of prior devices to permit interfacing with a large-bore cannula. This device modification does not result in a change in technological characteristics of the NovaBone Putty device. NovaBone Putty continues to be safe and effective as a non-structural osteoconductive bone void filler for osseous defects.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration  
10903 New Hampshire Avenue  
Document Control Room -WO66-G609  
Silver Spring, MD 20993-0002

NovaBone Products, LLC  
% Mr. David M. Gaisser  
13631 Progress Boulevard, #600  
Alachua, Florida 32615

SEP 1 2010

Re: K101860

Trade/Device Name: NovaBone Putty – Bioactive Synthetic Bone Graft  
Regulation Number: 21 CFR 888.3045  
Regulation Name: Resorbable calcium salt bone void filler device  
Regulatory Class: II  
Product Code: MQV  
Dated: July 29, 2010  
Received: August 2, 2010

Dear Mr. Gaisser:

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 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. 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); medical device reporting (reporting of medical device-related adverse events) (21 CFR 803); 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.

Page 2 – Mr. David M. Gaisser

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please go to <http://www.fda.gov/AboutFDA/CentersOffices/CDRH/CDRHOffices/ucm115809.htm> for the Center for Devices and Radiological Health's (CDRH's) Office of Compliance. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to <http://www.fda.gov/cdrh/mdr/> for the CDRH's Office of Surveillance and Biometrics/Division of Postmarket Surveillance.

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) 796-7100 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Mark N. Melkerson". The signature is written in a cursive style with a large initial "M".

Mark N. Melkerson  
Director  
Division of Surgical, Orthopedic  
and Restorative Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

K101860

STATEMENT OF INDICATIONS FOR USE

SEP 1 2010

510(k) Number (if known):                     **K101860**                    

Device Name:                     NovaBone Putty – Bioactive Synthetic Bone Graft                    

Indications For Use:

NovaBone Putty – Bioactive Synthetic Bone Graft is indicated only for bony voids or gaps that are not intrinsic to the stability of the bony structure. NovaBone Putty is indicated to be gently packed into bony voids or gaps of the skeletal system (i.e. the extremities, posterolateral spine, and pelvis). These defects may be surgically created osseous defects or osseous defects created from traumatic injury to the bone. The product provides a bone void filler that resorbs and is replaced with bone during the healing process.

NovaBone Putty is not indicated for use in load-bearing applications; therefore, standard internal or external stabilization techniques must be followed to obtain rigid stabilization.

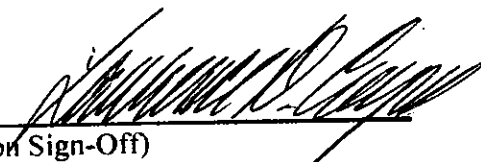
Prescription Use   XX  

OR  
(Per 21 CFR 801.109)

Over-The-Counter Use           

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

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



(Division Sign-Off)  
Division of Surgical, Orthopedic,  
and Restorative Devices

510(k) Number                     **K101860**