1. Trade Name: Easy•Touch Pen Needle  
   Common Name: Pen Needle  
   Classification Name: Syringe, piston, product code FMI, Regulation: 880.5570  
   Class of device: Class I.

2. The legally marketed device to which we are claiming equivalence [807.92(a)(3)]: 
   Feel Fine insulin pen needle K080904 (Easy•Touch is a relabeled version of this product) as well as K100005 and K051899 Becton Dickenson Pen Needles.

3. Description of device: The Pen Needle consists of a sterile cap, needle cap needle hub, which can be fixed with needle and protected by blister paper. The sterile cap functions to maintain the sterility of the needle because sterile cap covers the needle hub and needle cap with blister paper sealed on the opening hole of sterile cap. The needle hub can be connected to the pen. The needle cap cover is intended to provide physical protection to the needle tube. They are supplied with a sterile fluid path, (EO), nontoxic, and non pyrogenic, for single use only, disposable. The devices operate on the principles of common piston syringes.

4. Intended use: These disposable sterile insulin pen needles are intended for subcutaneous injection of insulin in the treatment of diabetes.

5. Technological characteristics: The Easy•Touch Pen Needles and the predicate devices have identical technological characteristics and perform the same way as common piston syringes. These syringes are EO sterilized. The sterility assurance level is $10^{-6}$. They are compatible with ISO “Type A” standard pens.

6. Performance: Bench tests were performed. Bench testing included biocompatibility, compatibility with ISO Type A pens, mechanical testing, sterility testing including EO residues. The tests demonstrated that the device is as safe, as effective, and performs in a substantially equivalent manner to the previous predicate devices. The Easy•Touch devices are relabeled versions of the Feel Fine (K080904) product. Predicate labeling (BD) was evaluated and found to be comparable to our current labeling.
I certify that, in my capacity as Vice President of MHC Medical Products, I believe, to the best of my knowledge, that all data and information submitted in this premarket notification are truthful and accurate, and that no material fact has been omitted.

JOHN EDMISTON
September 19, 2011
MHC Medical Products  
C/O Mr. Daniel Kamm  
Principal Consultant  
Kamm & Associates  
8870 Ravello Court  
Naples, Florida 34114

Re: K112789  
Trade/Device Name: Easy-Touch Pen Needle  
Regulation Number: 21 CFR 880.5570  
Regulation Name: Hypodermic Single Lumen Needle  
Regulatory Class: II  
Product Code: FMI  
Dated: November 17, 2011  
Received: November 22, 2011

Dear Mr. Kamm:

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. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

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.

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/MedicalDevices/Safety/ReportaProblem/default.htm 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/MedicalDevices/ResourcesforYou/Industry/default.htm.

Sincerely yours,

Anthony D. Watson, B.S., M.S., M.B.A.
Director
Division of Anesthesiology, General Hospital,
Infection Control and Dental Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure
Indications for Use

510(k) Number (if known): K112789.

Device Name: Easy-Touch Pen Needle

Indications For Use:

These disposable sterile insulin pen needles are intended for subcutaneous injection of insulin in the treatment of diabetes

Prescription Use _____ AND/OR Over-The-Counter Use X (21 CFR 807 Subpart C)

(Please do not write below this line-continue on another page if needed)

Concurrence of CDRH, Office of Device Evaluation (ODE)

[Signature]

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

510(k) Number: K112789