December 12, 2014

Dean Bruhn-Ding  
Vice President Regulatory Affairs and Quality Assurance  
CVRx, Inc.  
9201 West Broadway, Suite 650  
Minneapolis, MN 55445

Re:  H130007  
HUD #13-0307  
Barostim neo® Legacy System  
Filed: December 30, 2013  
Amended: March 27, 2014 and October 6, 2014  
Procode: DSR

Dear Mr. Bruhn-Ding:

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 Barostim neo® Legacy System. This device is indicated for use in patients with resistant hypertension who have had bilateral implantation of the Rheos® Carotid Sinus Leads Models 1010R, 1010L, 1014L, and 1014R (which have been discontinued and are obsolete) and were determined responders in the Rheos® pivotal clinical study. We are pleased to inform you that your HDE is approved. You may begin commercial distribution of the device in accordance with the conditions of approval described below.

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 FD&C Act) under the authority of section 515(d)(1)(B)(ii) of the FD&C 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 FD&C Act under the authority of section 515(d)(1)(B)(ii) of the FD&C 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 FD&C Act.

Expiration dating for this device has been established and approved at two (2) years. This is to advise you that the protocol you used to establish this expiration dating is considered an approved protocol for the purpose of extending the expiration dating as provided by 21 CFR 814.39(a)(7).

Continued approval of this HDE is contingent upon the submission of periodic reports, required under 21 CFR 814.126, at intervals of one year (unless otherwise specified) from the date of
approval of the original HDE. Two (2) copies of this report, identified as "Annual Report" and bearing the applicable HDE reference number, should be submitted to the address below. The Annual Report should indicate the beginning and ending date of the period covered by the report and should include the information required by 21 CFR 814.126.

In addition to the above, 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.

In addition, because your device is a pulse generator and system leads, FDA has determined that the following additional information is necessary to provide continued reasonable assurance of the safety and effectiveness of the device. In the Annual Report, provide the following information known by or reported to the applicant:

1. The number of pulse generators/leads domestically implanted and the number of reported explants and deaths.

2. A breakdown of the reported deaths into pulse generator/leads related and non-pulse generator/leads related.

3. A breakdown of the reported explants into the number reported that were:
   a. For pulse generators: at end of battery life, the number that had complications not resolvable by programming, and, as applicable, the numbers that experienced other safety and effectiveness complications as ascertained by the user, applicant, or otherwise, or
   b. For leads: associated with mechanical failure, associated with clinical complications, and as applicable, the numbers that experienced other safety and effectiveness complications as ascertained by the user, applicant, or otherwise.

4. The number of pulse generators/leads returned to the applicant for cause from domestic sources, with a breakdown into:
   a. For pulse generators: the number currently in analysis, the number operating properly, and the number at normal battery depletion and failed (with the failure mechanisms described).
   b. For leads: the number currently in analysis, the number operating properly, the number failed (with failure mechanisms described); broken down into groupings for full leads and partial leads.

5. A cumulative survival table for the pulse generators/leads.

This is a reminder that as of September 24, 2014, class III devices are subject to certain provisions of the final UDI rule. These provisions include the requirement to provide a UDI on
the device label and packages (21 CFR 801.20), format dates on the device label in accordance with 21 CFR 801.18, and submit data to the Global Unique Device Identification Database (GUDID) (21 CFR 830 Subpart E). For more information on these requirements, please see the UDI website, http://www.fda.gov/udi.

Before making any change affecting the safety or effectiveness of the device, you must submit an HDE supplement or an alternate submission (30-day notice) in accordance with 21 CFR 814.39 except a request for a new indication for use of for a humanitarian use device (HUD). A request for a new indication for use for an HUD shall comply with the requirements set forth in 21 CFR 814.110 which includes obtaining a new designation of HUD status for the new indication for use and submission of 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.

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.

In accordance with the recall requirements specified in 21 CFR 806.10, you are required to submit a written report to FDA of any correction or removal of this device initiated by you to: (1) reduce a risk to health posed by the device; or (2) remedy a violation of the act caused by the device which may present a risk to health, with certain exceptions specified in 21 CFR 806.10(a)(2). Additional information on recalls is available at www.fda.gov/Safety/Recalls/IndustryGuidance/default.htm.

This device may not be sold for an amount that exceeds the costs of research and development, fabrication, and distribution of the device. See section 520(m)(3) of the Federal Food, Drug, and Cosmetic Act.

Failure to comply with any post-approval requirement constitutes a ground for withdrawal of approval of an HDE. The introduction or delivery for introduction into interstate commerce of a device that is not in compliance with its conditions of approval is a violation of law.
CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading. 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/MedicalDevices/ProductsandMedicalProcedures/DeviceApprovalsandClearances/HDEApprovals/ucm161827.htm. 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 FD&C 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.

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
HDE Document Control Center – WO66-G609
10903 New Hampshire Avenue
Silver Spring, MD 20993-0002

If you have any questions concerning this approval order, please contact Shawn Forrest at (301) 796-5554.

Sincerely yours,

William H. Maisel -S

William H. Maisel, M.D.
Director, Office of Device Evaluation (Acting)
Deputy Director for Science
Center for Devices and Radiological Health