DEPARTMENT OF HEALTH & HUMAN SERVICES Public Health Service

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

Medtronic, Inc. December 30, 2014
Ms. Jenny Andersen
Sr. Principal Regulatory Affairs Specialist
3576 Unocal Place
Santa Rosa, CA 95403

Re: P140010
Trade/Device Name: IN.PACT™ Admiral™ Paclitaxel-coated Percutaneous Transluminal Angioplasty (PTA) Balloon Catheter
Filed: May 29, 2014
Amended: July 21, 2014, August 7, 2014, August 26, 2014, September 2, 2014, September 15, 2014
Product Code: ONU

Dear Ms. Andersen,

The Center for Devices and Radiological Health (CDRH) of the Food and Drug Administration (FDA) has completed its review of your premarket approval application (PMA) for the IN.PACT™ Admiral™ Paclitaxel-coated Percutaneous Transluminal Angioplasty (PTA) Balloon Catheter. This device is indicated for percutaneous transluminal angioplasty, after pre-dilatation, of de novo or restenotic lesions up to 180 mm in length in native superficial femoral or popliteal arteries with reference vessel diameters of 4-7 mm. We are pleased to inform you that the PMA is approved. You may begin commercial distribution of the device in accordance with the conditions of approval described below.

The sale and distribution of this device are restricted to prescription use in accordance with 21 CFR 801.109 and under section 515(d)(1)(B)(ii) of the Federal Food, Drug, and Cosmetic Act (the act). The device is further restricted under section 515(d)(1)(B)(ii) of the act insofar as the labeling must specify the specific training or experience practitioners need in order to use the device. FDA has determined that these restrictions on sale and distribution are necessary to provide reasonable assurance of the safety and effectiveness of the device. Your device is therefore a restricted device subject to the requirements in sections 502(q) and (r) of the act, in addition to the many other FDA requirements governing the manufacture, distribution, and marketing of devices.

Expiration dating for this device has been established and approved at 12 months.

Continued approval of this PMA is contingent upon the submission of periodic reports, required under 21 CFR 814.84, at intervals of one year (unless otherwise specified) from the date of approval of the original PMA. Two copies of this report, identified as "Annual Report" and

bearing the applicable PMA 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 814.84. 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). Additionally, 21 CFR 814.84 (b)(4) requires PMA annual reports submitted after September 24, 2014, to identify each device identifier currently in use for the subject device, and the device identifiers for devices that have been discontinued since the previous periodic report. It is not necessary to identify any device identifier discontinued prior to December 23, 2013. For more information on these requirements, please see the UDI website, http://www.fda.gov/udi.

In addition to the above, and in order to provide continued reasonable assurance of the safety and effectiveness of the device, the Annual Report must include, separately for each model number (if applicable), the number of devices sold and distributed during the reporting period, including those distributed to distributors. The distribution data will serve as a denominator and provide necessary context for FDA to ascertain the frequency and prevalence of adverse events, as FDA evaluates the continued safety and effectiveness of the device.

You have agreed to provide the following data as part of a future report, as indicated below:

1. Within 12 months of PMA approval, please submit a non-clinical post-approval report discussing the results of particulate testing conducted on manufactured lots. If this information indicates that tightening of the particulate specification is appropriate, you have agreed to submit a PMA supplement requesting such a change.

2. Please provide stability data confirming the 12-month shelf-life of your commercial product.

In addition to the Annual Report requirements, you must provide the following data in post-approval study reports (PAS). Two (2) copies, identified as "PMA Post-Approval Study Report" and bearing the applicable PMA reference number, should be submitted to the address below.

1. *IN.PACT SFA Extended Follow-Up Study:* You have agreed to a study outline on November 7, 2014 (email). This study will evaluate the long-term safety and effectiveness of the IN.PACT Admiral DCB in 331 subjects from the premarket study (IN.PACT SFA trial). The IN.PACT SFA trial was designed as a two-phase, global, multicenter, single-blind, randomized (2:1 IN.PACT Admiral DCB to PTA) trial. Subjects will be followed annually through 5 years post-procedure with no more than 20% attrition.

   The primary effectiveness endpoint is primary patency of the target lesion at 24 months. A minimum of 241 subjects evaluable at 24 months are required to show superiority of the IN.PACT Admiral DCB to PTA. This sample size assumes a two-sided 0.05 alpha and at least 80% power.

The primary safety endpoint is a composite of freedom from device- and procedure-related death at 30 days and freedom from target limb major amputation and clinically-driven target vessel revascularization (CD-TVR) at 24 months. A minimum of 224 subjects evaluable at 24 months are required to show non-inferiority of the IN.PACT Admiral DCB to PTA. This sample size assumes a one-sided 0.025 alpha, at least 80% power and 10% margin.

The endpoints to be assessed through 5 years post-procedure are: (1) major adverse event (MAE) composite and its individual components (all-cause mortality, CD-TVR, major target limb amputation, and thrombosis at the target lesion site), (2) clinically-driven target lesion revascularization (CD-TLR), (3) all TVR, (4) all TLR, and (5) serious adverse events. The endpoints to be assessed at 2 and 3 years post-procedure are: (1) primary sustained clinical improvement, (2) secondary sustained clinical improvement, (3) duplex-defined binary restenosis (peak systolic velocity ratio (PSVR) > 2.4) of the target lesion, (4) duplex-defined binary restenosis (PSVR > 3.4) of the target lesion, (5) quality of life assessment by EQ-5D questionnaire, and (6) walking capacity assessment by walking impairment questionnaire (WIQ).

2. *Continued Follow-up of Subjects in the IN.PACT SFA Global Clinical Program:* You have agreed to a study outline on November 7, 2014 (email). This study will continue the follow-up of subjects enrolled in the IN.PACT SFA Global Clinical Program. The objective of the study is to descriptively characterize the long-term safety and effectiveness of the IN.PACT Admiral DCB in patients enrolled in the IN.PACT SFA Global Clinical Program. Subjects will be followed annually through 5 years post-procedure with no more than 20% attrition.

   The study population includes at least 1,600 IN.PACT Admiral DCB subjects from the IN.PACT SFA Trial (n=220), the IN.PACT SFA PK Sub-study (n=25), and the IN.PACT Global Study (n=1,400).The endpoints to be assessed through 5 years post-procedure are: (1) MAE composite and its individual components (all-cause mortality, CD-TVR, major target limb amputation, and thrombosis at the target lesion site), (2) CD-TLR, (3) all TVR, (4) all TLR, and (5) serious adverse events. The endpoints to be assessed at 2 and 3 years post-procedure are: (1) primary sustained clinical improvement, (2) secondary sustained clinical improvement, (3) quality of life assessment by EQ-5D questionnaire, and (4) walking capacity assessment by WIQ.

Please be advised that the results from these studies should be included in the labeling as these data become available. Any updated labeling must be submitted to FDA in the form of a PMA Supplement.

Within 30 days of your receipt of this letter, you must submit a PMA supplement that includes a complete protocol of your post-approval study. Your PMA supplement should be clearly labeled as a "Post-Approval Study Protocol" and submitted in triplicate to the address below. Please reference the PMA number above to facilitate processing. If there are multiple protocols being finalized after PMA approval, please submit each protocol as a separate PMA supplement. For more information on post-approval studies, see the FDA guidance document entitled, "Procedures for Handling Post-Approval Studies Imposed by PMA Order"

http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm070974.htm

Be advised that the failure to conduct any such study in compliance with the good clinical laboratory practices in 21 CFR part 58 (if a non-clinical study subject to part 58) or the institutional review board regulations in 21 CFR part 56 and the informed consent regulations in 21 CFR part 50 (if a clinical study involving human subjects) may be grounds for FDA withdrawal of approval of the PMA.

Before making any change affecting the safety or effectiveness of the device, you must submit a PMA supplement or an alternate submission (30-day notice) in accordance with 21 CFR 814.39. All PMA supplements and alternate submissions (30-day notice) must comply with the applicable requirements in 21 CFR 814.39. For more information, please refer to the FDA guidance document entitled, "Modifications to Devices Subject to Premarket Approval (PMA) - The PMA Supplement Decision-Making Process" http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/GuidanceDocuments/ucm089274.htm

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 http://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 http://www.fda.gov/Safety/Recalls/IndustryGuidance/default.htm

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 PMA by making available, among other information, a summary

of the safety and effectiveness data upon which the approval is based. The information can be found on the FDA CDRH Internet HomePage located at http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/DeviceApprovalsandClearances/PMAApprovals/default.htm. Written requests for this information can also be made to the Food and Drug Administration, Dockets Management Branch, (HFA-305), 5630 Fishers Lane, Rm. 1061, Rockville, MD 20852. The written request should include the PMA 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 submitting a petition for review under section 515(g) of the act and requesting either a hearing or review by an independent advisory committee. FDA may, for good cause, extend this 30-day filing period.

Failure to comply with any post-approval requirement constitutes a ground for withdrawal of approval of a PMA. 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.

You are reminded that, as soon as possible and before commercial distribution of your device, you must submit an amendment to this PMA submission with copies of all approved labeling in final printed form. Final printed labeling that is identical to the labeling approved in draft form will not routinely be reviewed by FDA staff when accompanied by 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.

All required documents should be submitted in 6 copies, unless otherwise specified, to the address below and should reference the above PMA number to facilitate processing.

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If you have any questions concerning this approval order, please contact Eleni Whatley at 301-796-6372 or Eleni.Katsanevakis@fda.hhs.gov.

Sincerely yours,

Kenneth J. Cavanaugh -S

for

Bram D. Zuckerman, M.D.
Director
Division of Cardiovascular Devices
Office of Device Evaluation
Center for Devices and Radiological Health