Medos International SARL
% Ms. Julie Vafides
Manager, Regulatory Affairs
DePuy Mitek, a Johnson & Johnson Company
325 Paramount Drive
Raynham, Massachusetts 02767

November 27, 2017

Re: K171114
Trade/Device Name: HEALIX ADVANCE KNOTLESS™ Anchor
Regulation Number: 21 CFR 888.3030
Regulation Name: Single/multiple component metallic bone fixation appliances and accessories
Regulatory Class: Class II
Product Code: MAI, MBI
Dated: October 19, 2017
Received: October 23, 2017

Dear Ms. Vafides:

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.

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.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (https://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/) and CDRH Learn (http://www.fda.gov/Training/CDRHLearn). Additionally, you may contact the Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (http://www.fda.gov/DICE) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Mark N. Melkerson -S

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

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

Indications for Use

Form Approved: OMB No. 0910-0120
Expiration Date: January 31, 2017
See PRA Statement on last page.

510(k) Number *(if known)*

K171114

Device Name
HEALIX ADVANCE™ KNOTLESS Anchor

Indications for Use *(Describe)*

The HEALIX ADVANCE KNOTLESS Anchors are indicated for use in the following procedures for reattachment of soft tissue to bone:

Shoulder:	Rotator Cuff, Biceps Tenodesis, Deltoid Repair
Knee:	Posterior Oblique, Medial Collateral Ligament (MCL), Lateral Collateral Ligament (LCL), Iliotibial (IT) Band Tenodesis
Foot/Ankle*:	Achilles Tendon Repair

*HEALIX ADVANCE KNOTLESS PEEK Anchors only

Type of Use *(Select one or both, as applicable)*

☒ Prescription Use (Part 21 CFR 801 Subpart D) ☐ Over-The-Counter Use (21 CFR 801 Subpart C)

PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON A SEPARATE PAGE IF NEEDED.

FOR FDA USE ONLY

Concurrence of Center for Devices and Radiological Health (CDRH) *(Signature)*

This section applies only to requirements of the Paperwork Reduction Act of 1995.

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510(k) SUMMARY

HEALIX ADVANCE™ KNOTLESS Anchor

Submitter's Name and Address	Medos International SARL Chemin-Blanc 38, Case Postale Le Locle CH 2400 Switzerland Date Prepared: April 13, 2017
Contact Person	Julie Vafides Manager, Regulatory Affairs DePuy Mitek, Inc. a Johnson & Johnson company 325 Paramount Drive Raynham, MA 02767, USA Telephone: 508-977-6645 e-mail: jvafides@its.jnj.com
Name of Medical Device	Proprietary Name: a) HEALIX ADVANCE™ KNOTLESS BR Anchor b) HEALIX ADVANCE™ KNOTLESS PEEK Anchor Classification Name: a) Single/multiple component metallic bone fixation appliances and accessories b) Smooth or threaded metallic bone fixation fasteners Common Name: Suture Anchor
Substantial Equivalence	The HEALIX ADVANCE™ KNOTLESS Anchor is substantially equivalent to: ▪ K130917, K131974 HEALIX ADVANCE™ KNOTLESS BR Anchor ▪ K130539, K131683 HEALIX ADVANCE™ KNOTLESS PEEK Anchor ▪ K101679, K082810, K071177, K061863, K051219 Arthrex PushLock Anchors
Device Classification	➢ HEALIX ADVANCE™ KNOTLESS BR Anchor is classified as: Single/multiple component metallic bone fixation appliances and accessories, classified as Class II, product code MAI, regulated under 21 CFR 888.3030. ➢ HEALIX ADVANCE™ KNOTLESS PEEK Anchor is classified as: Smooth or threaded metallic bone fixation fasteners, classified as Class II, product code MBI, regulated under 21 CFR 888.3040.

Device Description	The HEALIX ADVANCE™ KNOTLESS Anchor is a one piece implantable cannulated, threaded anchor designed to secure soft tissue to bone. The anchor is provided loaded on a disposable inserter driver device. The proposed anchor is offered in three sizes, 4.75 mm, 5.5 mm and 6.5mm. The HEALIX ADVANCE™ KNOTLESS Anchors are molded from Biocryl Rapide® (BR) and polyetheretherketone (PEEK) materials. The HEALIX ADVANCE™ KNOTLESS Anchor is provided sterile and is for single use only.
Technological Characteristics	The suture anchor design, anchor and suture materials, and finished good assembly design remain the same when compared to the predicate HEALIX ADVANCE™ KNOTLESS Anchors (BR: K130917, K131974; PEEK: K130539, K131683). Minor modifications have been made to the distal tip geometry of the BR Anchors. Additional minor changes have been made to the disposable inserter to increase suture management usability.
Indications for Use	The HEALIX ADVANCE KNOTLESS Anchors are indicated for use in the following procedures for reattachment of soft tissue to bone: Shoulder: Rotator Cuff Repair, Biceps Tenodesis, Deltoid Repair Knee: Posterior Oblique, Medial Collateral Ligament (MCL), Lateral Collateral Ligament (LCL), Iliotibial (IT) Band Tenodesis Foot/Ankle*: Achilles Tendon Repair *HEALIX ADVANCE™ KNOTLESS PEEK Anchors only
Non-clinical Testing	Non-clinical testing has been performed on the proposed device and / or its predicates. Performance testing included in-vitro anchor pull out, time zero anchor pull out and torque testing. Safety evaluations were conducted to address biological, sterility, packaging and shelf-life. Note: The proposed device has been determined to be non-pyrogenic per the requirements set forth in ANSI/AAMI ST-72:2011, United States Pharmacopeia (USP), and European Pharmacopeia (EP) using the bacterial endotoxin testing (BET) method.
Safety and Performance	Results of safety and performance testing have demonstrated that the proposed devices are suitable for their intended use. Based on similarities in the indications for use, technological characteristics, and performance in comparison to the predicate devices, the proposed HEALIX ADVANCE™ KNOTLESS Anchor has shown to be substantially equivalent to the predicate device under the Federal Food, Drug and Cosmetic Act.

INDICATIONS FOR USE

Proposed Device	
HEALIX ADVANCE™ KNOTLESS Anchor	The HEALIX ADVANCE KNOTLESS Anchors are indicated for use in the following procedures for reattachment of soft tissue to bone: **Shoulder:** Rotator Cuff Repair, Biceps Tenodesis, Deltoid Repair **Knee:** Posterior Oblique, Medial Collateral Ligament (MCL), Lateral Collateral Ligament (LCL), Iliotibial (IT) Band Tenodesis **Foot/Ankle*:** Achilles Tendon Repair * HEALIX ADVANCE™ KNOTLESS PEEK Anchors only
Predicate Devices	
HEALIX ADVANCE™ KNOTLESS Anchors (K130917, K131974, K130539, K131683)	**Shoulder:** Rotator Cuff Repair, Biceps Tenodesis
Arthrex PushLock™ (K101679, K082810, K071177, K061863, K051219)	**Shoulder:** Rotator Cuff Repair, Bankart Repair, SLAP Lesion Repair, Biceps Tenodesis, Acromio-Clavicular Separation Repair, Deltoid Repair, Capsular Shift or Capsulolabral Reconstruction **Foot/Ankle**: Lateral Stabilization, Medial Stabilization, Achilles Tendon Repair, Metatarsal Ligament Repair/Tendon Repair, Hallux Valgus Reconstruction, Mid-Foot Reconstruction, Bunionectomy **Knee**: Medial Collateral Ligament Repair, Lateral Collateral Ligament Repair, Patellar Tendon Repair, Posterior Oblique Ligament Repair, Iliotibial Band Tenodesis **Hand/Wrist**: Scapholunate Ligament Reconstruction, Ulnar or Radial Collateral Ligament Reconstruction **Elbow**: Biceps Tendon Reattachment, Tennis Elbow Repair, Ulnar or Radial Collateral Ligament Reconstruction, Lateral Epicondylitis Repair **Hip**: Capsular Repair, Acetabular Labral Repair