

March 19, 2018

Captiva Spine, Inc.
Ms. Jackie Ferro
Vice President, Quality Assurance & Regulatory Affairs
967 North Alternate A1A, Suite 1
Jupiter, Florida 33477-3206

Re: K180475

Trade/Device Name: CapLOX II® / TowerLOX® MIS Pedicle Screw System

Regulation Number: 21 CFR 888.3070

Regulation Name: Thoracolumbosacral pedicle screw system

Regulatory Class: Class II

Product Code: NKB Dated: March 8, 2018 Received: March 12, 2018

Dear Ms. Ferro:

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 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 <u>Federal Register</u>.

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,

Ronald P. Jean -S

for 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: 06/30/2020 See PRA Statement below.

| 510(k) Number (if known) |
|--|
| K180475 |
| Device Name |
| CapLOX II® / TowerLOX® MIS Pedicle Screw System |
| |
| Indications for Use (Describe) |
| The CapLOX II® / TowerLOX® Pedicle Screw System is a posterior, non-cervical pedicle fixation system intended to |
| provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the |
| treatment of the following acute and chronic instabilities or deformities of the thoracic, lumbar and sacral spine including |
| degenerative spondylolisthesis with objective evidence of neurologic impairment, fracture, dislocation, scoliosis, |
| kyphosis, spinal tumor, pseudarthrosis and failed previous fusion. |

In addition, when used as a pedicle screw fixation system, the CapLOX II® / TowerLOX® Pedicle Screw System is intended for skeletally mature patients with severe spondylolisthesis (Grades 3 and 4) of the fifth lumbar-first sacral, L5-S1 vertebra, who are receiving fusion by autogenous bone graft only, who are having the device attached to the lumbar and sacral spine (levels may be from L3 to the sacrum/ilium), who are having the device removed after the attainment of a solid fusion.

| CONTINUE ON A SEPARA | ATE DAGE IS NISSED |
|---|---|
| Prescription Use (Part 21 CFR 801 Subpart D) | Over-The-Counter Use (21 CFR 801 Subpart C) |
| Type of Use (Select one or both, as applicable) | |
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This section applies only to requirements of the Paperwork Reduction Act of 1995.

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| 510(k) Summary: CapLOX II® / TowerLOX® MIS Pedicle Screw System | | |
|---|--|--|
| Line Extension | | |
| Manufacturer / | Captiva Spine, Inc. | |
| Submitter | 967 N. Alternate A1A Ste.1 | |
| | Jupiter, FL 33477-3206 | |
| Contact Person | Jackie Ferro | |
| | VP Quality Assurance & Regulatory Affairs | |
| | Phone: (877) 772-5571 x719 | |
| | Fax: (866) 318-3224 | |
| | Email: jackie.ferro@captivaspine.com | |
| Date Prepared | March 8, 2018 | |
| Trade Name | CapLOX II® / TowerLOX® MIS Pedicle Screw System | |
| | | |
| Common Name | Pedicle Screw System | |
| Proposed Class | Class II | |
| Classification | Thoracolumbosacral pedicle screw system (21 CFR § 888.3070) | |
| Name | | |
| Product Code | NKB | |
| Classification | Division of Orthopedic Devices | |
| Panel | | |
| Predicate | Primary Predicate: | |
| Devices | CapLOX II® / TowerLOX® Pedicle Screw System (K131538) | |
| Submission | The purpose of this submission is the addition of a line extension for | |
| Scope | extended tab pedicle screws, accessory fixation devices and instrumentation | |
| | in order to provide additional device offerings under the CapLOX II [®] / | |
| | TowerLOX® MIS Pedicle Screw System portfolio when performing | |
| | surgical corrections to the thoracic, lumbar and sacral spine using minimally | |
| | invasive surgical techniques. | |
| Device | The CapLOX II® / TowerLOX® MIS Pedicle Screw System is an implant | |
| Description | device made from a titanium alloy Ti-6Al-4V ELI per ASTM F136. It is to | |
| | be implanted from the posterior approach. The screws are currently | |
| | available in diameters from 4.9-9.0mm and in lengths from 30-100mm. | |
| | The line extension will include the addition of 4.9-9.0mm extended tab | |
| | screws to be marketed as TowerLOX® EXT MIS Extended Tab Pedicle | |
| | Screws in lengths of 30-100mm. All screws with a 5.5mm, 6.5mm and | |
| | 7.5mm screw diameters will have an updated tip angle. The set screws | |
| | currently have a 5mm hex, will also be available with a T25 Torx interface. | |
| | Additional instrumentation will also be added to the system. Overall, the | |
| | system includes set screws, pedicle screws, and rods with the associated | |
| | instrumentation in order to complete the procedure and implant construct | |
| | when performed using minimally invasive surgical techniques. | |
| | | |



| Indications for | The CapLOX II [®] / TowerLOX [®] Pedicle Screw System is a posterior, non- | |
|-----------------|---|--|
| Use | cervical pedicle fixation system intended to provide immobilization and | |
| | stabilization of spinal segments in skeletally mature patients as an adjunct to | |
| | fusion in the treatment of the following acute and chronic instabilities or | |
| | deformities of the thoracic, lumbar and sacral spine including degenerative | |
| | spondylolisthesis with objective evidence of neurologic impairment, | |
| | fracture, dislocation, scoliosis, kyphosis, spinal tumor, pseudarthrosis and | |
| | failed previous fusion. In addition, when used as a pedicle screw fixation | |
| | system, the CapLOX II [®] / TowerLOX [®] Pedicle Screw System is intended | |
| | for skeletally mature patients with severe spondylolisthesis (Grades 3 and 4) | |
| | of the fifth lumbar-first sacral, L5-S1 vertebra, who are receiving fusion by | |
| | autogenous bone graft only, who are having the device attached to the | |
| | lumbar and sacral spine (levels may be from L3 to the sacrum/ilium), who | |
| | are having the device removed after the attainment of a solid fusion. | |
| | | |
| Summary of the | All CapLOX II [®] / TowerLOX [®] MIS Pedicle Screws are made from | |
| Technological | titanium alloy that conforms to ASTM F136. The line extension adds | |
| Characteristics | extended tab screws, an updated tip angle on the 5.5mm, 6.5mm, and | |
| | 7.5mm screws and an additional interface for the set screws. These | |
| | modifications have been assessed using risk management techniques and | |
| | were concluded as not creating a new worst case when compared against | |
| | the predicate devices. The subject and predicate devices have the following | |
| | characteristics that are identical: | |
| | • Indications for Use | |
| | Materials of manufacture | |
| | Structural support mechanism | |
| | The minor differences in the subject and predicate devices were assessed | |
| Conclusion | and concluded as not raising any new issues for safety and effectiveness. | |
| Coliciusion | The devices associated with this line extension are the same as the previously cleared CapLOX II®/TowerLOX® Pedicle Screw System. There | |
| | are no changes in the intended use, indications, technological characteristics | |
| | and principles of operation in comparison to the predicate devices. The | |
| | proposed modifications raise no new types of safety or effectiveness | |
| | concerns. The overall technology characteristics lead to the conclusion that | |
| | the devices under the line extension are substantially equivalent to the | |
| | predicate devices. | |
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