Alphatec Spine, Inc.
Ruby Zheng
Regulatory Affairs Specialist
5818 El Camino Real
Carlsbad, California 92008

Re: K200936
   Trade/Device Name: Invictus™ CT Spinal Fixation System
   Regulation Number: 21 CFR 888.3075
   Regulation Name: Posterior Cervical Screw System
   Regulatory Class: Class II
   Product Code: NKG
   Dated: April 7, 2020
   Received: April 8, 2020

Dear Ruby Zheng:

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. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database located at https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm identifies combination product submissions. 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) for devices or postmarketing safety reporting (21 CFR 4, Subpart B) for combination products (see https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.


For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance) and CDRH Learn (https://www.fda.gov/training-and-continuing-education/cdrh-learn). 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 (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Colin O'Neill -S

Colin O'Neill, M.B.E.
Acting Assistant Director
DHT6B: Division of Spinal Devices
OHT6: Office of Orthopedic Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure
Indications for Use

Device Name
Invictus™ CT Spinal Fixation System

Indications for Use (Describe)
The Invictus™ CT Spinal Fixation System is intended to provide immobilization and stabilization of spinal segments as an adjunct into fusion for the following acute and chronic instabilities of the cervical spine (C1 to C7), and the thoracic spine (T1-T3): traumatic spinal fractures and/or traumatic dislocations; instability or deformity; failed previous fusions (e.g., pseudoarthrosis); tumors involving the cervical spine; and degenerative disease, including intractable radiculopathy and/or myelopathy, neck and/or arm pain of discogenic origin as confirmed by radiographic studies, and degenerative disease of the facets with instability. The Invictus CT Spinal Fixation System is also intended to restore the integrity of the spinal column even in the absence of fusion for a limited time period in patients with advance stage tumors involving the cervical spine in whom life expectancy is of insufficient duration to permit achievement of fusion.

In order to achieve additional levels of fixation, the Invictus CT Spinal Fixation System may be connected to the components in the Arsenal® Spinal Fixation System or the Invictus™ Spinal Fixation System offered by Alphatec Spine using various rod-to-rod connectors and/or transitional rods.
This 510(k) summary of safety and effectiveness is being submitted in accordance with the requirements of 21 CFR 807.92.

I. SUBMITTER: Alphatec Spine, Inc.
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Contact Person: Ruby Zheng
Regulatory Affairs Specialist
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Date Summary Prepared: May 14, 2020

II. DEVICE

Name of Device: Invictus™ CT Spinal Fixation System
Common or Usual Name: Posterior Cervical Screw System
Classification Name: Posterior Cervical Screw System (21 CFR 888.3075)
Regulatory Class: Class II
Product Code: NKG

III. LEGALLY MARKETED PREDICATE DEVICES

<table>
<thead>
<tr>
<th>510(k)</th>
<th>Product Code</th>
<th>Trade Name</th>
<th>Manufacturer</th>
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<tbody>
<tr>
<td>Primary Predicate Device</td>
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<tr>
<td>K191185</td>
<td>NKG, KWP</td>
<td>Solanas® Posterior OCT Fixation System</td>
<td>Alphatec Spine</td>
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</tbody>
</table>

| Additional Predicate Devices |
| K192938 | NKB, KWP | Invictus™ Spinal Fixation System | Alphatec Spine |
| K200130 | NKG, KWP | M.U.S.T. Mini Posterior Cervical Screws System | Medacta International |
| K161591 | NKG, KWP, OLO | QUARTEXTM Occipito-Cervico-Thoracic Spinal System | Globus Medical |
| K182182 | NKG, KWP | YUKON OCT Spinal System | K2M |
| K181440 | NKG | Proficient® Posterior Cervical Spine System | Spine Wave |
IV. DEVICE DESCRIPTION

The Invictus™ CT Spinal Fixation System is a posterior approach system designed to stabilize the cervico-thoracic spine. The Invictus CT system is intended to be compatible with Arsenal® Spinal Fixation System or the Invictus™ Spinal Fixation System offered by Alphatec Spine using various rod-to-rod connectors and/or transitional rods.

The Invictus CT implants are manufactured from titanium alloy (Ti-6Al-4V ELI) per ASTM F136, and cobalt chromium (Co-28Cr-6Mo) alloy per ASTM F1537. The Invictus CT System consists of a variety of shapes and sizes of screws, rods, cross connectors, rod-to-rod connectors and general surgical instruments that provide internal fixation and stabilization during bone graft healing and/or fusion mass development.

The Invictus CT implants are provided non-sterile to be steam sterilized by the end user. The instruments are made of stainless steel and other materials, and are provided non-sterile to be cleaned and sterilized by the end user.

V. INDICATIONS FOR USE

The Invictus™ CT Spinal Fixation System is intended to provide immobilization and stabilization of spinal segments as an adjunct into fusion for the following acute and chronic instabilities of the cervical spine (C1 to C7), and the thoracic spine (T1-T3): traumatic spinal fractures and/or traumatic dislocations; instability or deformity; failed previous fusions (e.g., pseudoarthrosis); tumors involving the cervical spine; and degenerative disease, including intractable radiculopathy and/or myelopathy, neck and/or arm pain of discogenic origin as confirmed by radiographic studies, and degenerative disease of the facets with instability. The Invictus CT Spinal Fixation System is also intended to restore the integrity of the spinal column even in the absence of fusion for a limited time period in patients with advance stage tumors involving the cervical spine in whom life expectancy is of insufficient duration to permit achievement of fusion.

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VI. TECHNOLOGICAL COMPARISON TO PREDICATES

The technological design features of the subject implants were compared to the predicates in intended use, indications for use, design, function and technology and it was demonstrated that they are substantially equivalent.

VII. PERFORMANCE DATA

Nonclinical testing performed on the Invictus CT system supports substantial equivalence to the predicate devices. The following testing was performed:

- Static and dynamic compression per ASTM F1717
- Static torsion per ASTM F1717
- Static axial pull-off testing per ASTM F1798

The results demonstrate that the proposed Invictus CT system is substantially equivalent to the predicate devices for nonclinical testing.

Clinical Information
Not applicable; determination of substantial equivalence is not based on an assessment of clinical performance data.

VIII. CONCLUSION

Based upon the information provided in this 510(k) submission, it has been determined that the subject devices are substantially equivalent to legally marketed devices in regards to indications for use, intended use, design, technology, and performance.