

March 10, 2023

Eitan Medical Ltd. % Rhona Shanker President Z & B Enterprises, Inc. 12154 Darnestown Road, #236 Gaithersburg, Maryland 20878

Re: K213744

Trade/Device Name: Avoset Infusion Pump System Regulation Number: 21 CFR 880.5725 Regulation Name: Infusion Pump Regulatory Class: Class II Product Code: FRN, MRZ, FPA Dated: February 14, 2023 Received: February 14, 2023

Dear Rhona Shanker:

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 <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) 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.

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 <u>https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems</u>.

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

Sincerely,

Courtney H. Lias -S

Courtney H. Lias, Ph.D. Director OHT3: Office of GastroRenal, ObGyn, General Hospital and Urology Devices Office of Product Evaluation and Quality Center for Devices and Radiological Health

Enclosure

Indications for Use

510(k) Number *(if known)* K213744

Device Name Avoset Infusion Pump

Indications for Use (Describe)

Intended use:

The Avoset Infusion Pump is a single-channel, volumetric infusion pump. Medication is delivered at continuous rate, and/or with an intermittent bolus, and/or with a patient bolus and/or with taper.

Indication of use:

Routes: Parenteral (intra-arterial, intra-venous, subcutaneous, perineural, epidural)

and enteral infusions

Fluids: IV medication (including fluids), Total Parenteral Nutrition (TPN), enteral medication and nutrition, lipids, epidural medication.

Program Types (specific uses): The pump delivers in one of four program types: a continuous rate of infusion, and/or an intermittent bolus, and/or with patient-controlled intermittent doses, and/or with tapering.

Patient Population: Pediatric: infants, children, and adolescents and adult patients.

Intended Environments. Intended to be used in clinical environment and ambulatory environment including, home, plane and ground transportation.

Users: licensed health care professional and lay users

The dedicated Administration Sets for the Avoset Infusion Pump are intended for single-patient use and single-use only. Set configurations are: (i) Enteral; (ii) Epidural and (iii) General purpose for the balance of the routes: intra-arterial, intravenous, subcutaneous, perineural.

The Avoset Programming Tool is intended to be used with a computer to create a treatment-based protocol that is loaded onto the pump. The programming tool is intended for use by professional users.

Type of Use (Select one or both, as applicable)		
Rrescription Use (Part 21 CFR 801 Subpart D)	Over-The-Counter Use (21 CFR 801 Subpart C)	

CONTINUE ON A SEPARATE PAGE IF NEEDED.

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K213744 510(k) Summary

Owner/Submitter	Eitan Medical Ltd. 29 Yad Haruzim St. Netanya 4250529 ISRAEL Ph: +972-73-2388888 Fax: +972-73-2388800
Contact Person	Rhona Shanker FDA Regulatory Consultant to Eitan Medical Ltd Ph: 301-251-9570 Email: rhonashanker07@verizon.net
Trade Name	Avoset Infusion Pump
Common Name	Infusion Pump
Classification Name	Infusion Pump 21 CFR 880.5725 Product Codes: FRN - Infusion pump MRZ - Infusion pump accessories FPA - Administration Sets (21 CFR 880.5440) Class II
Predicate Device For Infusion pump	CADD-Solis system (pump and PC Tool) cleared under K170982
Predicate Device for Administration sets	(K192860) Sapphire administration sets
Date of Preparation	8 March 2023

Device Description

The Avoset Infusion system (pump and accessories) covered by this submission is the Avoset infusion pump, an ambulatory pump intended for controlled infusion at rates between 0.1-300 mL/h at a continuous rate, and/or with an intermittent bolus, and/or with a patient bolus and/or with taper, in the hospital and home environments for pediatric and adult patients.

The Avoset infusion pump weighs 365 grams, has 89 parts, and allows infusion from (i) bags; (ii) syringes; and (iii) non collapsible medication reservoirs.

The device also contains an optional module (referred to as "Insight Tool"). The module receives data from the pump and uses it for (i) fleet management and (ii) treatment monitoring applications to ensure patient has completed the treatment. This module does not impact or pass data into the pump.

The dedicated Avoset Administration Sets are sterile (apart of the Enteral sets) and intended for singlepatient use and single-use only.

Intended and Indications for Use

Intended Use

The Avoset Infusion Pump is a single-channel, volumetric infusion pump. Medication is delivered at continuous rate, and/or with an intermittent bolus, and/or with a patient bolus and/or with taper. Indication for use

Routes: Parenteral (intra-arterial, intra-venous, subcutaneous, perineural, epidural) and enteral infusions **Fluids:** IV medication (including fluids), Total Parenteral Nutrition (TPN), enteral medication and nutrition, lipids, epidural medication.

Program Types (specific users): The pump delivers in one of four program types: a continuous rate of infusion, and/or an intermittent bolus, and/or with patient-controlled intermittent doses, and/or with tapering

Patient Population: Pediatric: infants, children, adolescents and adult patients

Intended Environments: Intended to be used in clinical environment and ambulatory environment including, home, plane and ground transportation.

Users: licensed health care professional and lay users

The dedicated Administration Sets for the Avoset Infusion Pump are intended for single-patient use and single-use only.

Set configurations are: (i) Enteral; (ii) Epidural and (iii) General purpose for the balance of the routes: intra-arterial, intra-venous, subcutaneous, perineural.

The Avoset Programming Tool: is intended to be used with a computer to create a treatment-based protocol that is loaded onto the pump. The programming tool is intended for use by professional users.

Pump Substantial Equivalence Discussion summary

The table below includes a comparison of the indications for use between the new device and that of the predicate:

Characteristic	Subject Device - Avoset Infusion Pump	CADD®-Solis Infusion Pump, Model
		2110 (K170982)
Indications for	Intended Use	Intended use
Use	The Avoset Infusion Pump is a single-	Intended to be used for patient care for
	channel, volumetric infusion pump.	adult and pediatric patients in multiple
	Medication is delivered at continuous rate,	clinical care areas, including but not limited
	and/or with an intermittent bolus, and/or with	to post-operative, trauma, critical care,
	a patient bolus and/or with taper.	oncology, and labor and delivery. The
	Indication for use	pump can be programmed with a protocol
	Routes: Parenteral (intra-arterial, intra-	configuration consisting of a therapy,
	venous, subcutaneous, perineural, epidural)	qualifier, and drug. Medication is delivered
	and enteral infusions	at a constant rate, and/or with an

	Fluids: IV medication (including fluids), Total Parenteral Nutrition (TPN), enteral medication and nutrition, lipids, epidural medication. Program Types (specific users): The pump delivers in one of four program types: a continuous rate of infusion, and/or an intermittent bolus, and/or with patient- controlled intermittent doses, and/or with tapering Patient Population: Pediatric: infants, children, adolescents and adult patients Intended Environments: Intended to be used in clinical environment and ambulatory environment including, home, plane and ground transportation. Users: licensed health care professional and lay users The dedicated Administration Sets for the Avoset Infusion Pump are intended for single-patient use and single-use only. Set configurations are: (i) Enteral; (ii) Epidural and (iii) General purpose for the balance of the routes: intra-arterial, intra- venous, subcutaneous, perineural. The Avoset Programming Tool: is intended to be used with a computer to create a treatment-based protocol that is loaded onto the pump. The programming tool is intended for use by professional users.	intermittent bolus, and/or with a patient dose. <u>Indication for use</u> Indicated for intravenous, intra-arterial, subcutaneous, intraperitoneal, in close proximity to nerves, into an intraoperative site (soft tissue, body cavity/surgical wound site), epidural space or subarachnoid space. The pump is intended for therapies that require a continuous rate of infusion, and/or an intermittent bolus, and/or with patient- controlled demand doses
Prescription or	Prescription	Prescription
over the counter	1	L
Intended	Pediatric (infants, children, and adolescents)	Pediatric and adult patients.
population	and adult patients.	
Environment of	Clinical environment and ambulatory	Multiple clinical care areas, including but
Use	environment including home, plane and	not limited to post-operative, trauma, critical
	ground transportation	care, oncology, and labor and delivery

Discussions of differences in Indications for Use statement

The Avoset pump has two additions to the Indications for Use statement:

- Enteral Route: The enteral delivery route was added.
- **Taper Delivery profile**: This delivery mode was added to allow for infusion that require this mode.

Discussion of differences in the intended population

The target population includes adults and pediatrics excluding neonates. The predicate device does not exclude neonates.

Discussion of differences in the Environment of Use

The Avoset pump includes use in ambulatory environments: The predicate device is limited to use in clinical environments.

<u>Conclusion</u>: The CADD is the appropriate predicate device with respect to the indications/ intended use, despite of the differences identified above.

Pump system Technological Characteristics

The table below includes a comparison of the technological characteristics between the new pump system and those of the predicate pump:

	Description	Subject Device - Avoset	CADD®-Solis Infusion Pump Model 2110	Comments
			(K170982)	
		Pump	• •	
Design	Pumping	Microprocessor controlled	Microprocessor controlled	Identical
	mechanism	linear peristaltic pumping	linear peristaltic pumping	
		mechanism (Single channel	mechanism (Single channel	
		volumetric)	volumetric)	
	Dimensions	Approximately 424 cm ³ (96	Approximately 500 cm ³	Similar
		mm x 96 mm x 46 mm);	(40mm x 101mm X 127mm);	dimensions
		Approximately 400 grams	Approximately 600 grams	and weight
	Motor	DC motor operated by internal	DC motor operated by	Identical
		batteries and controlled by SW	internal batteries and	
			controlled by SW	
	Accuracy	\pm 5% (including boluses) under	6%	Supported
		most conditions. Additional		through
		details provided in the labeling.		performance
				testing
	Flow rate	0.1-300 mL/h	0.1-500 mL/h	Within
				predicate
				range
	VTBI capacity	0- 9,999mL	0- 9,999mL	Identical
	range			
	Occlusion	Upstream: fixed (pre-set in the	Upstream: fixed (pre-set in	Identical
	detection	pump; no option for user to	the pump; no option for user	
	pressure	modify) threshold	to modify) threshold	
		Downstream: 0.5 - 1.6 Bar	0.62 - 1.68 bar	Tighter range
				than the
				predicate

	Description	Subject Device - Avoset Infusion Pump	CADD®-Solis Infusion Pump, Model 2110 (K170982)	Comments
	Air detection	100 μL minimal detection level	150 μL	Tighter spec than predicate
	Air off	Optional mode	Optional mode	Identical
	Alarms	Low Battery, battery depletion, battery extraction, pump unattended, action incomplete, cassette misplaced, key stuck, upstream occlusion, downstream occlusion, infusion complete, add bag, air in line, HW/mechanical/SW failures. Alarms comply with IEC 60601-1-8	Low Battery, battery depletion, battery extraction, pump unattended, action incomplete, cassette misplaced, key stuck, upstream occlusion, downstream occlusion, infusion complete, add bag, air in line, HW/mechanical/SW failures. Alarms comply with IEC 60601-1-8	Identical
Material	Administration sets	The fluid path of the administration sets is biocompatible	The fluid path of the administration sets is biocompatible	Identical
Energy source	Powered by	Rechargeable: Duracell DX1500 Alkaline: Duracell MN1500 (a.k.a. coppertop)	Rechargeable battery pack or AC adaptor	Within predicate power options
Other device	UI	LCD screen, keypad user interface	LCD screen, keypad user interface	Identical
features	Reservoir	Syringe (5-60mL) (in addition to infusion bag and a dedicated cartridge)	Infusion bag, dedicated cartridge, no syringe	See comment 2
	Connectivity	BLE and NFC	Wi-Fi	See comment 3
Pump Service life	Service life	7 years	5 years	Difference supported through performance testing
Pump Altitude operation range	Altitude operation range	50 kPa to 106 kPa [equivalent to altitude of -381 m to 6096 m (-1210 ft to 20000 ft)]	70 kPa to 106 kPa	Difference supported through performance testing
Use environme nt	Ambulatory	Ambulatory (home, plane, and ground transportation)	Ambulatory	Difference supported through performance testing. See comment 1

	Description	Subject Device - Avoset Infusion Pump	CADD®-Solis Infusion Pump, Model 2110	Comments
		PC Tool	(K170982)	
Intended Use	Intended Use	The Avoset Programming Tool is intended to be used with a computer to create a treatment- based protocol that is loaded onto the pump. The programming tool is intended for use by professional users	Allows the use of a computer to create therapy-based protocol libraries to be used with the CADD®-Solis Infusion Pump.	See comment 4
Design	Treatment data transfer	Allow the transfer of treatment data to the pump: Delivery profile, Drug, rate, VTBI, PCA dose, dose lockout, maximum dose, hard limits for VTBI, rate and KVO, weight-based units, concentration, air detection threshold, occlusion threshold, alarm volume, delayed start.	Allow the transfer of treatment data to the pump: Delivery profile, Drug, rate, VTBI, PCA dose, dose lockout, maximum dose, hard limits for VTBI, rate and KVO, weight-based units, concentration, air detection threshold, occlusion threshold, alarm volume, delayed start.	Identical
	Number of treatments	Only one treatment is sent to the pump at a time	Several treatments are sent ("therapy-based libraries") to the pump from which a single treatment is manually selected on the pump by the user	See comment 4
	-	Accessories	· · · ·	-
Design	Accessory	Cassette lock	Lockbox	Identical
Design	Accessory	Avoset Cradle	Pole mount adapter	Identical

Discussions of differences in technological characteristics

Comment 1

These uses are supported by compliance with:

- RTCA DO-160 section 20 (category R): for plane environment
- IEC 60601-1-11: for ground environment

demonstrating safe and effective operation also under plane environment

Comment 2

The Avoset pump has the ability to draw from a syringe. This capability does not raise new questions of safety and/or effectiveness since the Avoset's pumping mechanism is such that accuracy is not impacted by the source from which medication is drawn.

Comment 3

The Avoset pump wireless communication technology is BLE and NFC (opposed to Wi-Fi in the predicate). Avoset wireless complies with FCC, EMC (IEC 60601-1-2) and coexistence (as required) according to FDA guidance. Respective technologies are well established and

comparable. The connection does not allow for remote programming or control of the connected pump.

Comment 4

Avoset's PC (software) tool is within the scope of the predicate's software tool Intended and Indication for use.

Both tools allow the programing and transferring of treatment information from the tool to the pump. The Avoset tool sends a single treatment ("a treatment") while the predicate can send more than one treatment to the pump.

Conclusion: The technological differences do not raise new questions of safety and effectiveness

Administration Sets Substantial Equivalence Discussion summary

Set configurations are: (i) Enteral; (ii) Epidural and (iii) General purpose for the balance of the routes: intra-arterial, intra-venous, subcutaneous, perineural.

Avoset has identified as the predicate the Sapphire's Administrations sets (K192860). Below is a discussion of how the two compare with respect to the Intended use/Indications for use and the technological characteristics.

Characteristic	Subject Device - Avoset Infusion Pump	Sapphire's Administrations sets (K192860)
Indications for	Intended Use	The Sapphire Infusion pump is intended for
Use	The Avoset Infusion Pump is a single-	controlled delivery through intravascular,
	channel, volumetric infusion pump.	subcutaneous, intra-arterial, perineural and
	Medication is delivered at continuous rate,	epidural routes.
	and/or with an intermittent bolus, and/or with	
	a patient bolus and/or with taper.	The pump is designed to deliver saline, Total
	Indication for use	Parenteral Nutrition (TPN),lipids, IV
	Routes: Parenteral (intra-arterial, intra-	medication, perineural medication, epidural
	venous, subcutaneous, perineural, epidural)	medication, blood and blood products.
	and enteral infusions	
	Fluids: IV medication (including fluids),	The Sapphire Infusion pump includes the
	Total Parenteral Nutrition (TPN), enteral	following infusion modes for all intended
	medication and nutrition, lipids, epidural	uses: Continuous, Intermittent, TPN, PCA,
	medication.	Multi-step, and Epidural.
	Program Types (specific users): The pump	It is intended to be used in the following
	delivers in one of four program types: a	It is intended to be used in the following
	intermittent holys, and/or with notiont	environments of use: clinical, ambulatory,
	antrolled intermittent desse, and/or with	transportation and home. The nump is
	toporing	intended to be used by both licensed health
	Detionst Dopulation: Dedictric: infente	intended to be used by both incensed health
	children adolescents and adult nationts	care professionals and by fay users.
	Intended Environments: Intended to be used	The Sepphire and the administration sets are
	in clinical anyironment and ambulatory	indicated for use by both adult and redistric
	in chinear environment and amounatory	mulcated for use by both adult and pediatric

Intended use & Indication for use:

environment including, home, plane and	populations.
ground transportation.	
Users: licensed health care professional and	The dedicated Q Core administration sets for
lay users	the Sapphire pump are intended for single-
The dedicated Administration Sets for the	patient use and single-use only.
Avoset Infusion Pump are intended for	
single-patient use and single-use only.	
Set configurations are: (i) Enteral; (ii)	
Epidural and (iii) General purpose for the	
balance of the routes: intra-arterial, intra-	
venous, subcutaneous, perineural.	
The Avoset Programming Tool: is intended	
to be used with a computer to create a	
treatment-based protocol that is loaded onto	
the pump. The programming tool is intended	
for use by professional users.	

Discussions of differences in Indications for Use statement

The indications for use statement for the subject device is identical to the predicate device.

Technology characteristics:

As shown in the table below, all technological characteristics listed in the table below are the same except for the design of Avoset's dedicated cartridge. (V&V demonstrates that this difference does not have an impact on safety or effectiveness):

	Description	Subject Device - Avoset Infusion Pump	Sapphire's Administrations sets (K192860)	Comments
Design	Used with	Sets intended for use with only the specified infusion pump to allow peristaltic flow (by the pump pressing on the cassette tube)	Sets intended for use with only the specified infusion pump to allow peristaltic flow (by the pump pressing on the cassette tube)	Identical
	Interaction with the pump	Each administration sets includes a dedicated administration cassette responsible for pump interaction	Each administration sets includes a dedicated administration cassette responsible for pump interaction	Identical
	Free flow prevention	Anti-Free Flow Valve in the administration cassette	Anti-Free Flow Valve in the administration cassette	Identical
	Length	1.7-3.2m	2.1-3m	Difference supported through performance testing (Slightly wider

	Description	Subject Device - Avoset Infusion Pump	Sapphire's Administrations sets (K192860)	Comments
				range than
	D · · ·	1.00	2.20 I	predicate)
	Priming	1-28mL	3-30mL	Within predicates
	Components	Filters	Filters	Identical
	on the	Drip chamber	Drip chamber	Identical
	infusion line	Slide clamps	Slide clamps	
		Roller clamp	Roller clamp	
		• Spike	• Spike	
		• Needless y site	Needless y site	
	Dicc	Connectors	Connectors	Diff
	Different	• Different configurations are	• Different configurations are	Difference
	s of the Sets	component options as above	component options as above	performance testing
	are available	• Optional Cartridge (for	component options as above	(The last set
	depending	100mL bag)		component
	upon the			(bolded) has the
	required use			same
				administration
				cassette &
				functionality and
				materials)
Sterility	Method	EtO	EtO	Identical
	SAL	10-6	10-6	Identical
	Use	Single use	Single use	Identical
	frequency			
	Shelf life	2.3 years	5	within the predicate
	Net	New DEUD later free and	New DEUD later for each	range
waterial	containing	non-pyrogenic	non-pyrogenic	Identical
	Pyrogenicity	Non-pyrogenic	Non-pyrogenic	Identical
	Materials	• PVC	• PVC	Difference
		• ABS	• ABS	supported through
		Acrylic	Acrylic	performance testing
		• Polyethylene	• Polyethylene	(last additional 4
		Polyethersulfone	Polyethersulfone	bolded materials)
		Polytetrafluoroethylene	Polytetrafluoroethylene	
		Silicone Polypropylene	Silicone Polypropylone	
		Polyamide	 Polyamide 	
		Polyamide Polyamide	- i oryannice	
		Polyurethane		
		Rigid PVC		
		• TPE		

<u>Conclusion</u>: The respective administration sets have the same intended & indication for use and technological characteristics and thus the Sapphire sets are appropriate predicates.

Performance Testing

The following bench testing was performed and reviewed to support the substantial equivalence of the subject device:

Software	Software verification and validation per the FDA Guidance for the Content of Premarket Submissions for Software Contained in Medical Devices (May 11, 2005)
	for a Major Level of Concern and IEC62304:2006/AMD 2015
Electrical safety	Electrical Safety per IEC 60601-1; 2012
EMC	EMC testing per IEC 60601-1-2; 2014
Home use	Per IEC 60601-1-11; 2015
Alarms	Alarms per IEC 60601-1-8; 2012
Device Performance	FDA Guidance "Infusion Pumps Total Product Life Cycle"
	Accuracy testing under anticipated environments of use and routes
	• Performance per ISO 8536-4, -8, -9, -10, -11
	• Administration sets performance testing per ISO 80369-6:2016
Biocompatibility	ISO 10993-1 (Administration sets)
Sterility	Validation per ISO 11135
Human Factors	Human factors studies per the FDA Guidance Applying Human Factors and Usability Engineering to Medical Devices (February 3, 2016). The human factors studies were conducted with the intended user population, use environment, and use scenarios to simulate clinical conditions. Results of the human factors testing demonstrate validation of the device per the intended use.
Cybersecurity	Cybersecurity was evaluated per the FDA Guidance Content of Premarket Submissions for Management of Cybersecurity in Medical Devices Guidance for Industry and Food and Drug Administration Staff, (Draft guidance, October, 2018). Postmarket Management of Cybersecurity in Medical Devices – Guidance for Industry and FDA Staff (2016) and AAMI TIR57 – Principles for Medical Device Security (2016) Specifically, addressing the following areas: Identify and Protect, Detect, Response and Recovery
Reprocessing/Cleaning	Validation per the FDA Guidance for Reprocessing Medical Devices in Health Care Settings: Validation Methods and Labeling (March 17, 2015) confirmed cleaning and disinfection instruction provided in instructions for use
Shipping	Per ASTM D4169-16

The testing conducted demonstrates that the Avoset Infusion pump system meets its design requirements and is substantially equivalent to the cleared CADD Solis system. Therefore, the Avoset Infusion Pump system that is the subject of this submission is substantially equivalent to the identified predicates.

Conclusion

The Avoset Infusion system (pump, sets and accessories) is substantially equivalent to the CADD-Solis system (pump and PC Tool) cleared under K170982¹ with respect to the indications for use, target populations, the basic infusion pump hardware and software used to control delivery of the infusion, technological characteristics, the delivery modes, and safety features.

¹ And K192860 for the administration sets