



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

MAY - 7 2012

Ms. Jennifer Wong
St. Jude Medical, Inc
15900 Valley View Court
P.O. Box 9221
Sylmar, CA 91342

Re: P910023/S279
Cadence, Ellipse, Fortify Assura Family of ICDs
Filed: November 1, 2011
Amended: March 7, 2012
Procode: NVZ

P030054/S206
Epic HF, Atlas+ HF, Quadra Assura, Unify Assura, Family of CRT-Ds
Filed: November 1, 2011
Amended: March 7, 2012
Procode: NIK

P880086/S211
Affinity, Integrity, Victory, Zephyr, Accent Family of Pacemakers
Filed: November 1, 2011
Amended: March 7, 2012
Procode: NVZ

P880006/S075
Sensolog, Dialog, Regency, Family of Pacemakers
Filed: November 1, 2011
Amended: March 7, 2012
Procode: NIK

Page 2 – Ms. Jennifer Wong

P970013/S044
Microny Family of Pacemakers
Filed: November 1, 2011
Amended: March 7, 2012
Procode: NIK

P030035/S089
Frontier, Frontier II, Anthem CRT-P Devices
Filed: November 1, 2011
Amended: March 7, 2012
Procode: NIK

Dear Ms. Wong:

The Center for Devices and Radiological Health (CDRH) of the Food and Drug Administration (FDA) has completed its evaluation of your premarket approval application (PMA) supplement, which requested approval for lead failure detection and telemetry enhancements. Based upon the information submitted, the PMA supplement is approved. You may begin commercial distribution of the device as modified by your PMA supplement in accordance with the conditions 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). FDA has determined that this restriction on sale and distribution is 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.

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" (please use this title even if the specified interval is more frequent than one year) 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.

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.

In addition, because your device is a pacemaker, implantable cardioverter-defibrillator (ICD), or system lead, FDA has determined that the following additional information is necessary to provide continued reasonable assurance of the safety and effectiveness of the device. In the Annual Report, provide the following information known by or reported to the applicant:

1. The number of pulsegenerators domestically implanted and the number of reported explants and deaths.
2. A breakdown of the reported deaths into pulse generator related and non-pulse generator related.
3. A breakdown of the reported explants into the number reported that were at end of battery life, the number that had complications not resolvable by programming, and, as applicable, the numbers that experienced other safety and effectiveness complications as ascertained by the user, applicant, or otherwise, or
4. The number of pulse generators returned to the applicant for cause from domestic sources, with a breakdown into the number currently in analysis, the number operating properly, and the number at normal battery depletion and failed (with the failure mechanisms described).
5. A cumulative survival table for the pulse generators.

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" (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 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 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.

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.

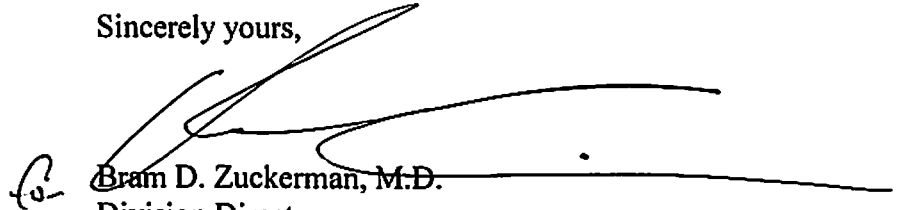
All required documents should be submitted in triplicate, unless otherwise specified, to the address below and should reference the above PMA number to facilitate processing. One of those three copies may be an electronic copy (eCopy), in an electronic format that FDA can process, review and archive (general information: <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/HowtoMarketYourDevice/PremarketSubmissions/ucm134508.htm>; clinical and statistical data: <http://www.fda.gov/MedicalDevices/DeviceRegulationandGuidance/HowtoMarketYourDevice/PremarketSubmissions/ucm136377.htm>).

U.S. Food and Drug Administration
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Page 5 – Ms. Jennifer Wong

If you have questions concerning this approval order, please contact Nilit Muley at 301-796-0389

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Bram D. Zuckerman, M.D.', is written over a horizontal line. The signature is stylized and extends across the line.

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