

K080131

**RESMED**

VPAP ST Traditional 510(k) Premarket Notification

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**510(k) Summary – VPAP ST**

Date Prepared

14<sup>th</sup> Jan, 2008

APR - 1 2008

Official Contact

Dr Lionel King  
V.P., Quality Assurance & Regulatory Affairs  
ResMed Ltd  
1 Elizabeth Macarthur Drive  
Bella Vista, NSW 2153  
Australia  
Tel: +61 (2) 8884 1000  
Fax: +61 (2) 8884 2004

Classification Reference

21 CFR 868.5905

Product Code

73 BZD

Common/Usual Name

Noncontinuous ventilator (IPPB).

Proprietary Name

VPAP ST

Predicate Device(s)

VPAP Malibu (K062291) – Primary  
S8 Pioneer (K041209) – Secondary  
Sullivan VPAP II ST (K961783) – Secondary  
VPAP Auto (K071171) – Secondary

Reason for submission

New Device

Intended for Use

The VPAP ST is indicated for the treatment of Obstructive Sleep Apnea (OSA) in patients weighing more than 66 lb (30 kg). The optional integrated HumidAire 4i is indicated for humidification of the air delivered from a ResMed compatible CPAP therapy device. The VPAP ST and HumidAire 4i are intended for use in the hospital and home.

### **Substantial Equivalence**

The new device has the following similarities to the previously cleared predicate device.

- Similar intended use
- Similar operating principle
- Same technologies
- Same manufacturing process

Design and Verification activities were performed on the VPAP ST as a result of the risk analysis and product requirements. All tests confirmed the VPAP ST met the predetermined acceptance criteria. ResMed has determined that the new device is Substantially Equivalent to the predicate devices. The new device complies with the applicable standards and requirements referenced in the FDA guidance documents:

- FDA Draft Reviewer Guidance for Ventilators (July 1995)
- FDA Guidance for the Content of Premarket Submissions for Software Contained in Medical Devices (May 11, 2005)
- FDA Off-the-Shelf Software Use in Medical Devices (September 9, 1999)

### **Intended Use**

The VPAP ST is indicated for the treatment of Obstructive Sleep Apnea (OSA) in patients weighing more than 66 lb (30 kg). The optional integrated HumidAire 4i is indicated for humidification of the air delivered from a ResMed compatible CPAP therapy device. The VPAP ST and HumidAire 4i are intended for use in the hospital and home.

### **Device Description**

The VPAP ST is similar to the predicate devices, VPAP Malibu (K062291), S8 Pioneer (K041209), Sullivan VPAP II ST (K961783), and VPAP Auto (K071171). The VPAP ST provides CPAP, Bilevel and VAuto therapy modes to adult patients with OSA. This is achieved through the use of a micro-processor controlled blower system that generates airway pressures as required to maintain an "air splint" for effective treatment of OSA.

The system comprises the Flow Generator, HumidAire 4i, patient tubing, mask (patient interface), Smart Card and USB Adapter.

The performance and functional characteristics of the VPAP ST includes all the clinician and user friendly features of the predicate devices, VPAP Malibu (K062291), S8 Pioneer (K041209), Sullivan VPAP II ST (K961783), and VPAP Auto (K071171).

### **Conclusion**

The VPAP ST is substantially equivalent to the VPAP Malibu (K062291), S8 Pioneer (K041209), Sullivan VPAP II ST (K961783), and VPAP Auto (K071171).

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Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

**APR - 1 2008**

ResMed Limited  
C/O Mr. David D' Cruz  
Vice President, Clinical & Regulatory Affairs  
ResMed Corporation  
14040 Danielson Street  
Poway, California 92064-6857

Re: K080131  
Trade/Device Name: VPAP ST  
Regulation Number: 21 CFR 868.5905  
Regulation Name: Noncontinuous Ventilator (IPPB)  
Regulatory Class: II  
Product Code: BZD, BTT  
Dated: January 14, 2008  
Received: January 18, 2008

Dear Mr. D' Cruz:

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.

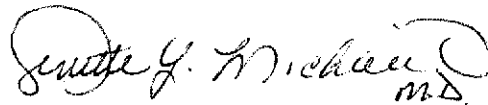
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish 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); 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.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0115. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Chiu Lin, M.D.", with a stylized flourish at the end.

Chiu Lin, Ph.D.

Director

Division of Anesthesiology, General Hospital,

Infection Control and Dental Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

**Indication for Use**

510(k) Number (if known):

Device Name: VPAP ST

Indication for Use

The VPAP ST is indicated for the treatment of Obstructive Sleep Apnea (OSA) in patients weighing more than 66 lb (30 kg). The optional integrated HumidAire 4i is indicated for humidification of the air delivered from a ResMed compatible CPAP therapy device. The VPAP ST and HumidAire 4i are intended for use in the hospital and home.

Prescription Use  X

AND/OR

Over-The-Counter Use

(Part 21 CFR 801 Subpart D)

(Part 21 CFR 807 Subpart C)

(PLEASE DO NOT WRITE BELOW THIS LINE – CONTINUE ON ANOTHER PAGE IF NEEDED)

Concurrence of CDRH; Office of Device Evaluation (ODE)

  
\_\_\_\_\_  
(Division Sign-Off)

Division of Anesthesiology, General Hospital  
Infection Control, Dental Devices

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