

510(k) Summary

APR 23 2009

**Medartis AG
APTUS® 2.0 Radial Head System**

ADMINISTRATIVE INFORMATION

Manufacturer Name: Medartis AG
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Official Contact: Rosina Cifelli
Regulatory Affairs Manager, Medartis AG

Representative/Consultant: Kevin A. Thomas, PhD
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DEVICE NAME AND CLASSIFICATION

Trade/Proprietary Name: APTUS® 2.0 Radial Head System
Common Name: Plate, fixation, bone
Classification Regulations: Single/multiple component metallic bone fixation appliances
and accessories
21 CFR 888.3030
Class II

Product Code: HRS
Classification Panel: Orthopedic Products Panel
Reviewing Branch: Orthopedic Devices Branch

INTENDED USE

The APTUS® 2.0 Radial Head System is intended for use in proximal radial fractures and osteotomies.

K090053 2/2

510(k) Summary

APTUS® 2.0 Radial Head System

DEVICE DESCRIPTION

The APTUS® 2.0 Radial Head System consists of small titanium fixation plates, conventional screws and locking screws. The system is intended to be used for internal fixation of small bones.

EQUIVALENCE TO MARKETED DEVICE

Medartis AG demonstrated that, for the purposes of FDA's regulation of medical devices, the APTUS® 2.0 Radial Head System is substantially equivalent in indications and design principles to predicate devices, each of which has been determined by FDA to be substantially equivalent to preamendment devices. Overall, the APTUS® 2.0 Radial Head System has the following similarities to the predicate devices:

- has the same intended use,
- uses the same operating principle,
- incorporates the same basic design,
- incorporates the same materials, and
- has similar packaging and is sterilized using the same materials and processes.



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

APR 23 2009

Medartis AG
% Kevin A. Thomas, PhD
PaxMed International, LLC
11234 El Camino Real, Suite 200
San Diego, CA 92130

Re: K090053

Trade/Device Name: APTUS 2.0 Radial Head System
Regulation Number: 21 CFR 888.3030
Regulation Name: Single/multiple component metallic bone fixation appliances and accessories
Regulatory Class: II
Product Code: HRS, HWC
Dated: March 20, 2009
Received: March 23, 2009

Dear Dr. Thomas:

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.

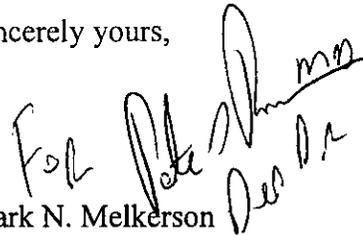
If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further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

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Center for Devices and Radiological Health's (CDRH's) Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please contact the CDRH/Office of Surveillance and Biometrics/Division of Postmarket Surveillance at 240-276-3464. For more information regarding the reporting of adverse events, please go to <http://www.fda.gov/cdrh/mdr/>.

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 (240) 276-3150 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 "For Mark N. Melkerson". The signature is written in a cursive style and is positioned above the printed name.

Mark N. Melkerson
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): K090053

Device Name: APTUS® 2.0 Radial Head System

Indications for Use:

The APTUS® 2.0 Radial Head System is intended for use in proximal radial fractures and osteotomies.

Prescription Use X
(Part 21 CFR 801 Subpart D)

AND/OR Over-The-Counter Use _____
(21 CFR 801 Subpart C)



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

(Division Sign-Off)

**Division of General, Restorative,
Concurrence of CDRH, Office of Device Evaluation (ODE)
and Neurological Devices**

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