

July 14, 2021

Globus Medical Inc. Jennifer Antonacci Group Manager, Regulatory Affairs 2560 General Armistead Ave. Audubon, Pennsylvania 19403

Re: K201733

Trade/Device Name: Provident II Hip Stems Regulation Number: 21 CFR 888.3358

Regulation Name: Hip Joint Metal/Polymer/Metal Semi-Constrained Porous-Coated Uncemented

Prosthesis

Regulatory Class: Class II

Product Code: LPH, JDI, LWJ, LZO, OQH, OQI, KWY

Dated: July 13, 2021 Received: July 14, 2021

Dear Jennifer Antonacci:

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/efdocs/efpmn/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 https://www.fda.gov/medical-device-problems.

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">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,

Limin Sun, PhD
Assistant Director
DHT6A: Division of Joint
Arthroplasty Devices
OHT6: Office of Orthopedic Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

Indications for Use

Type of Use (Select one or both, as applicable)

Prescription Use (Part 21 CFR 801 Subpart D)

Form Approved: OMB No. 0910-0120

Expiration Date: 06/30/2020 See PRA Statement below.

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510(k) Number (if known)	
K201733	
Device Name	
Provident II Hip Stem	
Indications for Use (Describe)	
1. Non-inflammatory degenerative joint disease including osteoarthritis, traumatic ar	thritis, and avascular necrosis.
2. Rheumatoid arthritis.	
3. Correction of functional deformity	
4. Treatment of non-union, femoral neck fracture, and trochanteric fractures of the primary language and trackers and trochanteric fractures of the primary language.	oximal femur with head
involvement, unmanageable using other techniques. 5. Revision of previously failed total hip arthroplasty.	
6. Cemented and uncemented applications.	
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CONTINUE ON A SEPARATE PAGE IF NEEDED.

Over-The-Counter Use (21 CFR 801 Subpart C)

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 79 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services Food and Drug Administration Office of Chief Information Officer Paperwork Reduction Act (PRA) Staff PRAStaff@fda.hhs.gov

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."

510(k) Summary: Provident II Hip Stem

Company: Globus Medical Inc.

2560 General Armistead Ave.

Audubon, PA 19403

610-930-1800

Contact: Jennifer Antonacci, Ph.D.

Group Manager, Regulatory Affairs

Date Prepared: June 24, 2020

Device Name: Provident II Hip Stems

Common Name: Hip Prosthesis

Classification: Per 21 CFR as follows:

§888.3350 Hip joint metal/polymer semi-constrained cemented or nonporous uncemented prosthesis §888.3353 Hip joint metal/ceramic/polymer semi-constrained cemented or nonporous uncemented

prosthesis

§888.3358 Hip joint metal/polymer/metal semi-constrained

porous-coated uncemented prosthesis

§888.3360 Hip joint femoral (hemi-hip) metallic cemented

or uncemented prosthesis

§888.3390 Hip joint femoral (hemi-hip) metal/polymer

cemented or uncemented prosthesis

Product Codes: LPH, JDI, LWJ, LZO, OQH, OQI, KWY

Regulatory Class: II, Panel Code: 87

Primary Predicate: Provident II Hip Stem (K190276)

Additional Predicate: Provident Hip System (K935484)

Purpose:

The purpose of this submission is to request clearance for additional Provident II Hip Stem implants.

Device Description:

The Provident II Hip Stem is a femoral prosthesis intended to replace a hip joint. The subject stem is a line extension of the Provident II Hip System and is fully compatible with existing femoral heads and liners. The stem is composed of titanium alloy, and is coated with commercially pure titanium.

Indications for Use:

- 1. Non-inflammatory degenerative joint disease including osteoarthritis, traumatic arthritis, and avascular necrosis.
- 2. Rheumatoid arthritis.
- 3. Correction of functional deformity.
- 4. Treatment of non-union, femoral neck fracture, and trochanteric fractures of the proximal femur with head involvement, unmanageable using other techniques.
- 5. Revision of previously failed total hip arthroplasty.
- 6. Cemented and uncemented applications.

Technological Characteristics:

The subject Provident II Hip Stem has the same technological characteristics as the predicate devices including design, intended use, material composition, and function.

Performance Testing:

Mechanical testing (Stem Fatigue, Neck Fatigue) was conducted in accordance with ISO 7206-4:2010, ISO 7206-6:2013, and the "Guidance for Industry and FDA Staff: Non-clinical Information for Femoral Stem Prostheses," September 17, 2007, to demonstrate substantial equivalence of the subject stem to the predicate devices.

Basis of Substantial Equivalence:

The subject Provident II Hip Stem is similar to the predicate devices with respect to technological characteristics, performance, design, and intended use. The information provided within this premarket notification supports substantial equivalence to the predicate devices.