



May 18, 2020

MiRus, LLC  
Mr. Jordan Bauman  
Director of Regulatory Affairs and Quality  
2150 Newmarket Parkway  
Marietta, Georgia 30067

Re: K191906

Trade/Device Name: MiRus™ 3D Printed Lumbar Interbody Fusion Systems consisting of the Callisto™ 3D Printed PLIF, HYPERION™ 3D Printed TLIF, CALYPSO™ 3D Printed LLIF, and ANTARES™ 3D Printed ALIF

Regulation Number: 21 CFR 888.3080

Regulation Name: Intervertebral body fusion device

Regulatory Class: Class II

Product Code: MAX

Dated: April 22, 2020

Received: April 23, 2020

Dear Mr. Bauman:

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 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) 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-devices/medical-device-safety/medical-device-reporting-mdr-how-report-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>) for more information or contact DICE by email ([DICE@fda.hhs.gov](mailto:DICE@fda.hhs.gov)) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

Brent Showalter, Ph.D.  
Assistant Director (Acting)  
DHT6B: Division of Spinal Devices  
OHT6: Office of Orthopedic Devices  
Office of Product Evaluation and Quality  
Center for Devices and Radiological Health

Enclosure

## Indications for Use

See PRA Statement below.

510(k) Number (if known) Not Known

K191906

Device Name

MiRus™ 3D Printed Lumbar Interbody Fusion System consisting of the CALLISTO™ 3D Printed PLIF, HYPERION™ 3D Printed TLIF, CALYPSO™ 3D Printed LLIF, and ANTARES™ 3D Printed ALIF

Indications for Use (Describe)

The MiRus™ 3D Printed Lumbar Interbody Fusion System is indicated for intervertebral body fusion procedures in skeletally mature patients with degenerative disc disease (DDD) of the lumbar spine at one or two contiguous levels from L1-L2 to L5-S1. DDD is defined as discogenic back pain with degeneration of the disc confirmed by history and radiographic studies. These DDD patients may also have up to Grade I spondylolisthesis or retrolisthesis at the involved level(s). Devices are to be used with autogenous or allogenic bone graft comprised of cancellous and/or corticocancellous bone graft and supplemental fixation. Patients should have at least six (6) months of non-operative treatment prior to treatment with an intervertebral body fusion device.

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

Prescription 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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# K191906

## 510(k) Summary

This 510(k) summary is being submitted in accordance with the requirements of 21 CFR 807.92(c).

### I. SUBMITTER

MiRus™, LLC  
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Marietta, Georgia 30067  
Tel: (678)-324-6272  
Fax: (678) 401-5607

### II. OFFICIAL CORRESPONDENT

Jordan Bauman  
  
Director of Regulatory Affairs and Quality  
MiRus™, LLC  
2150 Newmarket Parkway SE  
Suite 108  
Marietta, Georgia 30067  
Tel: (678)-324-6272  
Fax: (678) 401-5607

### III. DATE PREPARED

July 15, 2019

### IV. DEVICE

#### Name of Device

MiRus™ 3D Printed Lumbar Interbody Fusion System consisting of the CALLISTO™ 3D Printed PLIF, HYPERION™ 3D Printed TLIF, CALYPSO™ 3D Printed LLIF, and ANTARES™ 3D Printed ALIF

#### Common Name

Intervertebral body fusion device

#### Classification Name

21 CFR 888.3080

#### Regulatory Class

Class II

#### Product Codes

MAX

#### Submission Type

Traditional 510(k)

### V. PREDICATE DEVICE

#### Primary Predicate

MiRus Lumbar Interbody Fusion System (K182920)

#### Additional Predicates

EIT Cellular Titanium® Lumbar Cage (K172888, K181644)

### VI. DEVICE DESCRIPTION

The MiRus™ 3D Printed Lumbar Interbody Fusion System consist of implants manufactured from titanium alloy (Ti-6Al-4V ELI) per ASTM F3001-14 and are offered in four configurations of various sizes to accommodate different patient anatomy and the surgical approaches listed; Posterior Lumbar Approach (PLIF), Transforaminal Lumbar Approach (TLIF), Lateral Lumbar Approach (LLIF), and Anterior Lumbar Approach (ALIF). The implants are provided sterile and are intended for single use only.

## **VII. INDICATIONS FOR USE**

The MiRus™ 3D Printed Lumbar Interbody Fusion System is indicated for intervertebral body fusion procedures in skeletally mature patients with degenerative disc disease (DDD) of the lumbar spine at one or two contiguous levels from L1-L2 to L5-S1. DDD is defined as discogenic back pain with degeneration of the disc confirmed by history and radiographic studies. These DDD patients may also have up to Grade I spondylolisthesis or retrolisthesis at the involved level(s). Devices are to be used with allogenic bone graft comprised of cancellous and/or corticocancellous bone graft and supplemental fixation. Patients should have at least six (6) months of non-operative treatment prior to treatment with an intervertebral body fusion device.

## **VIII. PREDICATE DEVICE COMPARISON**

The MiRus™ 3D Printed Lumbar Interbody Fusion System has the same intended use, indications for use, labeling, and technological characteristics as the predicate systems, including the same design features, geometries, sizes, and materials.

## **IX. PERFORMANCE DATA**

The mechanical performance profile of the MiRus™ 3D Printed Lumbar Interbody Fusion System was assessed through static and fatigue construct testing in accordance with the following test methods:

- Static and dynamic compression testing (ASTM F2077-17)
- Static and dynamic compression shear testing (ASTM F2077-17)
- Subsidence testing (ASTM F2267-04)
- Expulsion testing

## **X. CONCLUSIONS**

The MiRus™ 3D Printed Lumbar Interbody Fusion System has the same intended use, indications for use, labeling, and technological characteristics as the predicate systems, including the same design features, geometries, sizes, and materials. Performance data demonstrate that the MiRus™ 3D Printed Lumbar Interbody Fusion System is substantially equivalent to legally marketed predicate systems.