

August 19, 2020

Tokuyama Dental Corporation % Keith Barritt Official Correspondent Fish & Richardson P.C. 1000 Maine Avenue, S.W. Suite 1000 Washington, District of Columbia 20024

Re: K193537

Trade/Device Name: Omnichroma Flow Regulation Number: 21 CFR 872.3690

Regulation Name: Tooth Shade Resin Material

Regulatory Class: Class II

Product Code: EBF Dated: May 21, 2020 Received: May 22, 2020

#### Dear Keith Barritt:

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 <a href="https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm">https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm</a> 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

K193537 - Keith Barritt Page 2

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 <a href="https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products">https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products</a>); 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 <a href="https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems">https://www.fda.gov/medical-device-problems</a>.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (<a href="https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance</a>) and CDRH Learn (<a href="https://www.fda.gov/training-and-continuing-education/cdrh-learn">https://www.fda.gov/training-and-continuing-education/cdrh-learn</a>). 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 (<a href="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">https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice</a>) for more information or contact DICE by email (<a href="DICE@fda.hhs.gov">DICE@fda.hhs.gov</a>) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

For Srinivas "Nandu" Nandkumar Director DHT1B: Division of Dental Devices OHT1: Office of Ophthalmic, Anesthesia, Respiratory, ENT and Dental Devices Office of Product Evaluation and Quality Center for Devices and Radiological Health

Enclosure

# DEPARTMENT OF HEALTH AND HUMAN SERVICES Food and Drug Administration

# **Indications for Use**

510(k) Number (if known)

Form Approved: OMB No. 0910-0120

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

K193537					
Device Name OMNICHROMA FLOW					
Indications for Use (Describe)	_				
The device is indicated for use for direct anterior and posterior restorations, cavity base or liner, and repair of porcelain/composite.					
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.

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 Tokuyama Dental Corporation OMNICHROMA FLOW tooth shade resin material

## **Submitter**

## (i) 510(k) Submitter

Tokuyama Dental Corporation 38-9 Taitou 1-chome, Taitou-ku Tokyo 110-0016

Japan

Phone: 011-81-3-3835-2261

# (ii) 510(k) Submitter Contact

Keith A. Barritt Fish & Richardson P.C. 1000 Maine Avenue, S.W. Suite 1000 Washington, DC 20024

Phone: (202) 783-5070 Facsimile: (202) 783-2331 Email: barritt@fr.com

# (iii) Preparation Date

August 14, 2020

#### **Device**

Trade or Proprietary Name: OMNICHROMA FLOW tooth shade resin material material, tooth shade, resin

Class: 2 Product Code: EBF

#### **Predicate Device**

Primary Predicate: Tokuyama Dental Corporation's OMNICHROMA (K#173275) Reference Device: Tokuyama Dental Corporation's ESTELITE UNIVERSAL FLOW

(K#180613)

#### **Device Description**

The OMNICHROMA FLOW tooth shade resin material is a paste that comes in a plastic syringe (1.8mL). The device is a low viscosity, light-cured, radiopaque composite resin for use in anterior and posterior restorations for all carious classes. OMNICHROMA FLOW is a single shade material. Direct placement of OMNICHROMA FLOW into a prepared cavity allows for easy handling.

OMNICHROMA FLOW is designed to be cured by either a halogen or LED curing-light with a wavelength of 400-500 nm. Be sure to light-cure OMNICHROMA FLOW extra-orally and check the time needed for complete hardening of OMNICHROMA FLOW with your light-curing unit before performing the bonding procedure.

The device is intended for use by licensed healthcare professionals only. The device does not come sterilized and is not intended to be sterilized prior to use.

The OMNICHROMA FLOW device contains methacrylic monomers and a UV absorber. The device should not be used on patients who are allergic to or hypersensitive to methacrylic and related monomers, UV absorber, or any of the other ingredients.

#### **Indications for Use**

The device is indicated for use for direct anterior and posterior restorations, cavity base or liner, and repair of porcelain/composite.

#### **Comparison of Technological Characteristics**

The OMNICHROMA FLOW device has the same basic technological characteristics in terms of design, material, and chemical composition as the predicate device identified above, as each device is a tooth shade resin material that is cured by photo polymerization. The OMNICHROMA FLOW device does not have its own energy source.

For purposes of performance characteristics for obtaining FDA marketing authorization, the OMNICHROMA FLOW device is substantially equivalent to Tokuyama's own primary predicate, the OMNICHROMA device (K#173275), as shown below:

			device	Primary predicate	Reference	Difference	
Device name		OMNICHROMA FLOW		OMNICHROMA	ESTELITE UNIVERSAL FLOW	-	
Manufacturer		Tokuyama Dental		Tokuyama Dental	Tokuyama Dental	-	
510(k) No.		K193537		K173275 101564	K180613 101263	-	
Health Canada licence No.		(Pending)					
Classification name		Material, Tooth Shade, Resin		Material, Tooth Shade, Resin	Material, Tooth Shade, Resin	-	
Indications for Use		<ul> <li>Direct anterior and posterior restorations</li> <li>Cavity base or liner</li> <li>Repair of porcelain/composite</li> </ul>		For use as a tooth shade resin material in dental procedures, such as: - Direct anterior and posterior restorations - Direct bonded composite veneer - Diastema closure - Repair of porcelain/composite	- Direct anterior and posterior restorations - Cavity base or liner - Blocking out cavity undercuts before fabricating indirect restorations - Repair of porcelain/composite	Similar  The indications for Use of subject device is within that of the predicate and reference devices.	
Component		Container	Syringe or Pre- loaded tip	Syringe or Pre-loaded tip	Syringe or Pre-loaded tip	Identical	
		Shade	1 shade	1 shade	12 shade	Similar  The number of shades of the subject device is within that of the predicate and reference devices.	
Principle of operation		Tooth shade resin material that is cured by photo polymerization. (Light-cure)		Tooth shade resin material that is cured by photo polymerization. (Light-cure)	Tooth shade resin material that is cured by photo polymerization. (Light-cure)	Identical	
Material	Filler	- Silica-zirconia filler - Composite filler		- Silica-zirconia filler - Composite filler	- Silica-zirconia filler - Composite filler	Similar  The subject device consists mainly of	
	Resin matrix monomer	hyl hexane - Nonamethy dimethacry	nino)trimet (UDMA) ylenediol rlate (ND)	- 1,6-bis(methacrylethyloxy carbonylamino)trimethy 1 hexane (UDMA) - Triethylene glycol dimethacrylate (TEGDMA)	- Bisphenol A polyethoxy methacrylate (Bis- MPEPP) - Bisphenol A di(2- hydroxypropoxy) dimethacrylate (Bis- GMA) - Triethylene glycol dimethacrylate (TEGDMA) - 1,6-bis(methacryl- ethyloxy carbonylamino)trimethy l hexane (UDMA)	fillers and methacrylates as with the predicate and reference devices. The biocompatibility of the device has been thoroughly evaluated and performance tested.	
Physical property	Sensitivity	Conformed to the requirement of ISO 4049		Conformed to the	Conformed to the	Similar but all	
	to ambient light			requirement of ISO 4049	requirement of ISO 4049	devices conform to the requirements of	
	Depth of cure	Conform	ed to the ent of ISO	Conformed to the requirement of ISO 4049	Conformed to the requirement of ISO 4049	the requirements of ISO 4049 and therefore the subjected device is	
	Flexural strength	Conform	ed to the ent of ISO	Conformed to the requirement of ISO 4049	Conformed to the requirement of ISO 4049	substantially equivalent.	

	Water	Conformed to the	Conformed to the	Conformed to the	
	sorption	requirement of ISO	requirement of ISO	requirement of ISO	
	_	4049	4049	4049	
Solubility		Conformed to the	Conformed to the	Conformed to the	
		requirement of ISO	requirement of ISO	requirement of ISO	
		4049	4049	4049	
	Color	Conformed to the	Conformed to the	Conformed to the	
	stability	requirement of ISO	requirement of ISO	requirement of ISO	
		4049	4049	4049	
	Radio-	Conformed to the	Conformed to the	Conformed to the	
	opacity	requirement of ISO	requirement of ISO	requirement of ISO	
		4049	4049	4049	
Sterilization		Non-sterile	Non-sterile	Non-sterile	Identical
Shelf life		3 years at a	3 years at a temperature	3 years at a temperature	Identical
		temperature between	between	between	
		0-25°C (32-77F°)	0-25°C (32-77F°)	0-25°C (32-77F°)	

# **Shelf Life Testing**

Tokuyama tested the device to establish a shelf life of three years at a temperature between 0-25°C (32-77F°).

# **Material And Chemical Composition**

The device does come into direct contact with the patient.

For purposes of material and chemical composition, the OMNICHROMA FLOW device has the same basic characteristics as Tokuyama's own OMNICHROMA (K#173275) and ESTELITE UNIVERSAL FLOW (K#180613).

Additional biocompatibility assessment included cytotoxicity, sensitization, oral mucosa irritation, subacute systemic toxicity, acute systemic toxicity, and genotoxicity testing.

# **Performance Data Summary**

Non-clinical testing of the physical properties of the OMNICHROMA FLOW device was conducted in accordance with ISO 4049:2009, "Dentistry -- Polymer-based Restorative Materials." There were no clinical tests performed for the OMNICHROMA FLOW device.

# Comparison of OMNICHROMA FLOW device with the primary predicate and reference device:

		Subject device	Primary predicate	Reference	Difference
Device name		OMNICHROMA FLOW	OMNICHROMA	ESTELITE UNIVERSAL FLOW	-
Physical property	Sensitivity to ambient light	Conformed to the requirement of ISO 4049	Conformed to the requirement of ISO 4049	Conformed to the requirement of ISO 4049	Similar but all devices conform to the
	Depth of cure	Conformed to the requirement of ISO 4049	Conformed to the requirement of ISO 4049	Conformed to the requirement of ISO 4049	requirements of ISO 4049 and therefore the
	Flexural strength	Conformed to the requirement of ISO 4049	Conformed to the requirement of ISO 4049	Conformed to the requirement of ISO 4049	subjected device is substantially
	Water sorption	Conformed to the requirement of ISO 4049	Conformed to the requirement of ISO 4049	Conformed to the requirement of ISO 4049	equivalent.
	Solubility	Conformed to the requirement of ISO 4049	Conformed to the requirement of ISO 4049	Conformed to the requirement of ISO 4049	
	Color stability	Conformed to the requirement of ISO 4049	Conformed to the requirement of ISO 4049	Conformed to the requirement of ISO 4049	
	Radio- opacity	Conformed to the requirement of ISO 4049	Conformed to the requirement of ISO 4049	Conformed to the requirement of ISO 4049	
Sterilization		Non-sterile	Non-sterile	Non-sterile	Identical
Shelf life		3 years at a temperature between 0-25°C (32-77F°)	3 years at a temperature between 0-25°C (32-77F°)	3 years at a temperature between 0-25°C (32-77F°)	Identical

# **Conclusion**

Based on the non-clinical testing conducted of the physical properties of the OMNICHROMA FLOW device in comparison to the predicate device identified above, and based on the biocompatibility of authorized devices with similar ingredients for the same use and additional biocompatibility testing, it is concluded that the OMNICHROMA FLOW device is substantially equivalent to the predicate device.

41429091.doc