

AUG 22 2002

K022128

510(k) SUMMARY

FOR

BOSTON® EQUALENS® II (oprifocon A) RIGID GAS PERMEABLE CONTACT LENSES

1. SUBMITTER INFORMATION

Bausch & Lomb Incorporated
1400 North Goodman Street
Rochester, NY 14609

Contact Person: Debra Ketchum
Manager, Regulatory Affairs
Telephone No.: (585) 338-8638

2. DEVICE NAME

Classification Name: Rigid Gas Permeable (hydrophobic) Contact Lens

Proprietary Name: BOSTON® EQUALENS® II (oprifocon A)
Rigid Gas Permeable Contact Lenses

3. PREDICATE DEVICE

The BOSTON® EQUALENS® (itafluorofacon A) Rigid Gas Permeable Contact Lens approved in Premarket Application, P860022, on November 30, 1987, has been selected as the predicate device for the BOSTON® EQUALENS® II (oprifocon A) Rigid Gas Permeable Contact Lenses.

4. DESCRIPTION OF DEVICE

The BOSTON® EQUALENS® II (oprifocon A) is a Rigid Gas Permeable Contact Lens material composed of methyl methacrylate fluoroitaconate siloxanyl copolymer with an ultraviolet absorber.

The color additives conform to 21 CFR Part 74. The lens may also be supplied clear (no tint).

The physical / optical properties of the lens are:

Property	BOSTON EQUALENS II
Specific Gravity	1.24
Refractive Index	1.423
Light Absorbance (Absorbance Units/Inch)	9.4 Blue 4.8 Green
Water Content	<1%
Oxygen Permeability (Dk)	127* 85**

*gas to gas

**ISO/Fatt

5. INDICATIONS FOR USE

The BOSTON® EQUALENS® II (oprifocon A) RGP contact lens is indicated for daily wear for the correction of refractive ametropia (myopia, hyperopia, astigmatism and presbyopia) in aphakic and not-aphakic persons with non-diseased eyes.

The lens may be disinfected using a chemical disinfection system only.

6. DESCRIPTION OF SAFETY AND SUBSTANTIAL EQUIVALENCE

The safety and efficacy of BOSTON® EQUALENS® II (oprifocon A) Rigid Gas Permeable Contact Lenses was demonstrated in Premarket Application P860022 approved for daily wear in Supplement S007 on April 12, 1989.

BOSTON® EQUALENS® II (oprifocon A) Rigid Gas Permeable Contact Lenses are substantially equivalent to BOSTON® EQUALENS® (itafluorofoccon A) Rigid Gas Permeable Contact Lenses approved in Premarket Application, P860022, on November 30, 1987. BOSTON® EQUALENS® II (oprifocon A) Rigid Gas Permeable Contact Lenses for daily wear aspheric, bifocal/multifocal and toric designs are substantially equivalent to BOSTON® EQUALENS® (itafluorofoccon A) Rigid Gas Permeable Contact Lenses subsequently approved in Supplements S007 on April 12, 1989, S016 on December 27, 1989, and S054 on May 6, 2002, respectively.



Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

Ms. Debra L.B. Ketchum
Bausch & Lomb
Manager, Regulatory Affairs
1400 N Goodman Street
P.O. Box 30450
Rochester, NY 14603-0450

AUG 22 2002

Re: K022128

Trade/Device Name: Boston® EQUALENS® II (oprifocon A) Rigid Gas Permeable
Contact Lenses for Daily Wear
(Spherical, Aspherical, Toric & Bifocal/Multifocal with UV absorber)

Regulation Number: 21 CFR 886.5916

Regulation Name: Rigid Gas Permeable Contact Lens

Regulatory Class: Class II

Product Code: HQD

Dated: August 6, 2002

Received: August 7, 2002

Dear Ms. Ketchum:

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 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4613. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained 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/dsma/dsmamain.html>

Sincerely yours,



A. Ralph Rosenthal, M.D.
Director
Division of Ophthalmic and Ear,
Nose and Throat Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Bausch & Lomb
1400 North Goodman Street
Rochester, NY 14609

Indications for Use Statement

510(k) Number (if known): K022128

Device Name: BOSTON® EQUALENS® II (oprifocon A) RGP Contact Lens

Indications for Use:


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

Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use ✓ OR Over-The-Counter-Use _____


(Division Sign-Off)
Division of Ophthalmic Ear,
Nose and Throat Devices
510(k) Number K022128