

IMPORTANT: Please read carefully and keep this information for future use.

This Package Insert is intended for the Eye Care Professional, but should be made available to patients upon request.

The Eye Care Professional should provide the patient with the appropriate instructions that pertain to the patient's prescribed lenses. Copies are available for download at www.acuvue.com.

ACUVUE® Brand Contact Lenses

ACUVUE® Brand Contact Lenses BIFOCAL

ACUVUE® 2 Brand Contact Lenses

ACUVUE® 2 COLOURS Brand Contact Lenses

1-DAY ACUVUE® Brand Contact Lenses

**1-DAY ACUVUE® Brand Contact Lenses
for ASTIGMATISM**

SUREVUE™ Brand Contact Lenses













**etafilcon A Soft (hydrophilic) Contact Lenses
Visibility Tinted with UV Blocker
for Daily and Extended Wear**



CAUTION: U.S. Federal law restricts this device to sale by or on the order of a licensed practitioner.

SYMBOLS KEY

The following symbols may appear on the label or carton:

SYMBOL	DEFINITION
	Consult Instructions for Use
	Manufactured by or in
	Date of Manufacture
	Use By Date (expiration date)
	Batch Code
	Sterile Using Steam or Dry Heat
DIA	Diameter
BC	Base Curve
D	Diopter (lens power)
CYL	Cylinder
AXIS	Axis
	Quality System Certification Symbol
	UV-Blocking
	Fee Paid for Waste Management
	CAUTION: U.S. Federal law restricts this device to sale by or on the order of a licensed practitioner
	Lens Orientation Correct
	Lens Orientation Incorrect (Lens Inside Out)
E-AQU	Enhancer Aqua
E-BLU	Enhancer Blue
E-GRN	Enhancer Green
O-GRY	Opaque Gray
O-GRN	Opaque Green
O-HNY	Opaque Honey
O-CHN	Opaque Chestnut
O-SPH	Opaque Sapphire
O-BLU	Opaque Blue
O-HZL	Opaque Hazel

DESCRIPTION

The ACUVUE® Brand, ACUVUE® 2 Brand, ACUVUE® 2 COLOURS Brand, 1-DAY ACUVUE® Brand, and SUREVUE™ Brand soft (hydrophilic) contact lenses are available as spherical lenses. The ACUVUE® Brand BIFOCAL soft (hydrophilic) contact lenses are available as spherical bifocal lenses. The 1-DAY ACUVUE® Brand for ASTIGMATISM soft (hydrophilic) contact lenses are available as toric lenses.

The lens material (etafilcon A) is a copolymer of 2-hydroxyethyl methacrylate and methacrylic acid cross-linked with 1,1,1-trimethylol propane trimethacrylate and ethylene glycol dimethacrylate.

The lenses are tinted blue using Reactive Blue Dye #4 to make the lenses more visible for handling. The ACUVUE® 2 COLOURS Brand Contact Lenses contain a pigmented area that will mask or enhance the color of the natural iris. The lens is colored with one or more of the following color additives: iron oxides, titanium dioxide, phthalocyaninato (2-) copper, phthalocyanine green, vat orange 1, and Reactive Blue Dye #4. The ACUVUE® 2 COLOURS Brand Contact Lenses are available in the following opaque colors: Blue, Gray, Green, Honey, Chestnut, Hazel, and Sapphire. They are also available in the following enhancer colors: Blue, Green, and Aqua.

A benzotriazole UV absorbing monomer is used to block UV radiation. The UV-Blocking averages:

	UVA in the range of 316 nm to 380 nm	UVB in the range of 280 nm to 315 nm
ACUVUE®	82%	97%
ACUVUE® BIFOCAL	86%	98%
ACUVUE® 2	88%	99%
ACUVUE® 2 COLOURS	81%	97%
1-DAY ACUVUE®	82%	97%
1-DAY ACUVUE® for ASTIGMATISM	82%	97%
SUREVUE™	87%	99%

Lens Properties:

The physical/optical properties of the lens are:

- Specific Gravity (calculated):
ACUVUE[®], ACUVUE[®]
BIFOCAL, ACUVUE[®] 2,
1-DAY ACUVUE[®],
1-DAY ACUVUE[®] for
ASTIGMATISM, and
SUREVUE[™]: 0.98 – 1.12

ACUVUE[®] 2 COLOURS: 0.98 – 1.13
- Refractive Index: 1.40
- Visible Light Transmission: 85% minimum, visibility tint
95% minimum, clear
greater than 70%, color
- Surface Character: Hydrophilic
- Water Content: 58%
- Oxygen Permeability:

VALUE

28.0 x 10⁻¹¹ (cm²/sec)
(ml O₂/ml x mm Hg) at 35°C

21.4 x 10⁻¹¹ (cm²/sec)
(ml O₂/ml x mm Hg) at 35°C

METHOD

Fatt (boundary corrected, non-
edge corrected)

Fatt (boundary corrected, edge
corrected)

Lens Parameters:

These lenses are hemispherical or hemitoric shells of the following dimensions:

- Diameter Range: 12.0 mm to 15.0 mm
- Center Thickness: varies with power
- Base Curve Range: 7.85 mm to 10.00 mm
- Spherical Power Range: Daily Wear: -20.00D to +20.00D
Extended Wear: -20.00D to +14.00D

The following parameters also apply to the brands listed below.

1-DAY ACUVUE® for ASTIGMATISM

- Cylinder Power Range: -0.25D to -10.00D
- Axis Range: 2.5° to 180°

ACUVUE® BIFOCAL

- Bifocal ADD Power Range: +0.25D to +4.00D
- Bifocal ADD Power Diameter Range: 1.8 mm to 13.0 mm

AVAILABLE LENS PARAMETERS

Base Curve

Diameter

Power Range

ACUVUE® Contact Lenses

8.4 mm, 8.8 mm	14.0 mm	-0.50D to -6.00D (in 0.25D increments) -6.50D to -9.00D (in 0.50D increments)
8.8 mm	14.0 mm	-9.50D to -11.00D (in 0.50D increments)
9.1 mm	14.4 mm	+0.50D to +6.00D (in 0.25D increments) +6.50D to +8.00D (in 0.50D increments)

ACUVUE® Contact Lenses BIFOCAL

8.5 mm	14.2 mm	+6.00D to -9.00D (in 0.25D increments) (Labeled Power = Measured Distance Power +0.25D)
	ADD Powers:	+1.00D to +2.50D (in 0.50D increments) (Labeled Power = Measured ADD Power -0.50D)

<u>Base Curve</u>	<u>Diameter</u>	<u>Power Range</u>
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ACUVUE® 2 Contact Lenses

8.3 mm, 8.7 mm	14.0 mm	-0.50D to -6.00D (in 0.25D increments) -6.50D to -12.00D (in 0.50D increments) +0.50D to +6.00D (in 0.25D increments) +6.50D to +8.00D (in 0.50D increments)
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ACUVUE® 2 COLOURS Contact Lenses

8.3 mm, 8.7 mm* (*Enhancers Only)	14.0 mm	Plano to -6.00D (in 0.25D increments) -6.50D to -9.00D (in 0.50D increments) +0.25D to +6.00D (in 0.25D increments)
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1-DAY ACUVUE® Contact Lenses

8.5 mm, 9.0 mm	14.2 mm	-0.50D to -6.00D (in 0.25 increments) -6.50D to -12.00D (in 0.50D increments) +0.50D to +6.00D (in 0.25D increments)
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1-DAY ACUVUE® Contact Lenses for ASTIGMATISM

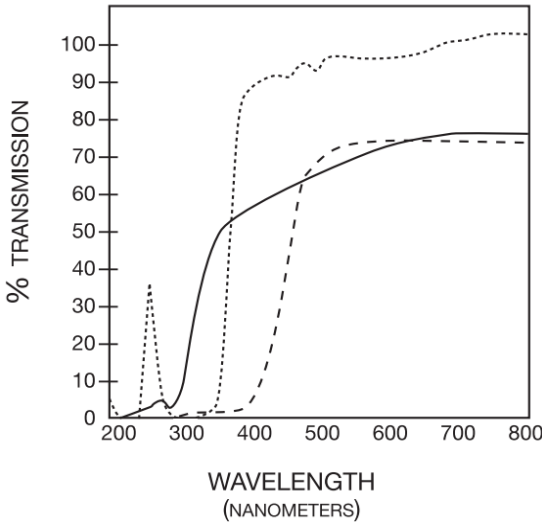
8.5 mm	14.5 mm	Plano to -6.00D (in 0.25D increments) Cylinders: -0.75D, -1.25D, -1.75D Axis: 20°, 90°, 160°, 180° -6.50D to -9.00D (in 0.50D increments) Cylinders: -1.25D, -1.75D Axis: 20°, 90°, 160°, 180°
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SUREVUE™ Contact Lenses

8.4 mm, 8.8 mm	14.0 mm	-0.50D to -6.00D (in 0.25D increments) -6.50D to -9.00D (in 0.50D increments)
9.1 mm	14.4 mm	+0.50D to +6.00D (in 0.25D increments)

TRANSMITTANCE CURVES

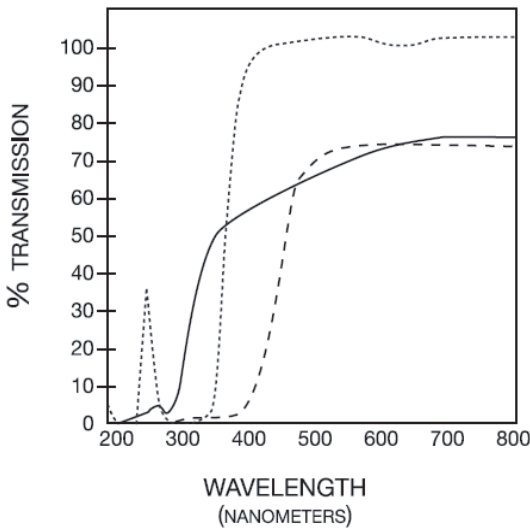
ACUVUE® Brand Contact Lenses (etafilcon A) Visibility Tinted with UV Blocker vs. 24 yr. old human cornea vs. 25 yr. old human crystalline lens.



- ACUVUE® Brand Contact Lens (etafilcon A)*
- 24 YR. OLD HUMAN CORNEA¹
- - - - 25 YR. OLD HUMAN CRYSTALLINE LENS²

* The data was obtained from measurements taken through the central 3-5 mm portion for the thinnest marketed lens (-3.00D lens, 0.070 mm center thickness).

ACUVUE® 2 COLOURS Brand Contact Lenses (etafilcon A) Cosmetically Tinted with UV Blocker vs. 24 yr. old human cornea vs. 25 yr. old human crystalline lens.



- ACUVUE® 2 COLOURS Contact Lens (etafilcon A)*
- 24 YR. OLD HUMAN CORNEA¹
- - - - 25 YR. OLD HUMAN CRYSTALLINE LENS²

* The data was obtained from measurements taken through the central 3-5 mm portion for the thinnest marketed lens (-3.00D lens, 0.084 mm center thickness).

¹Lerman, S., Radiant Energy and the Eye, MacMillan, New York, 1980, p. 58, figure 2-21

²Waxler, M., Hitchins, V.M., Optical Radiation and Visual Health, CRC Press, Boca Raton, Florida, 1986, p. 19, figure 5

WARNING: UV absorbing contact lenses are NOT substitutes for protective UV absorbing eyewear, such as UV absorbing goggles or sunglasses because they do not completely cover the eye and surrounding area. The patient should continue to use UV absorbing eyewear as directed.

ACTIONS

In its hydrated state, the contact lens, when placed on the cornea, acts as a refracting medium to focus light rays onto the retina.

The UV blocking averages for these contact lenses are as follows:

	UVA in the range of 316 nm to 380 nm	UVB in the range of 280 nm to 315 nm
ACUVUE®	82%	97%
ACUVUE® BIFOCAL	86%	98%
ACUVUE® 2	88%	99%
ACUVUE® 2 COLOURS	81%	97%
1-DAY ACUVUE®	82%	97%
1-DAY ACUVUE® for ASTIGMATISM	82%	97%
SUREVUE™	87%	99%

NOTE: Long-term exposure to UV radiation is one of the risk factors associated with cataracts. Exposure is based on a number of factors such as environmental conditions (altitude, geography, cloud cover) and personal factors (extent and nature of outdoor activities). UV-Blocking contact lenses help provide protection against harmful UV radiation. However, clinical studies have not been done to demonstrate that wearing UV-Blocking contact lenses reduces the risk of developing cataracts or other eye disorders. The Eye Care Professional should be consulted for more information.

INDICATIONS (USES)

The indications are described by brand name below. The definitions of daily wear and extended wear within these indications follow:

- **EXTENDED WEAR: 1 to 7 days/6 nights of continuous wear including while asleep.**
- **DAILY WEAR: Periods of less than 1 day while awake.**

The ACUVUE® and ACUVUE® 2 Brand Contact Lenses are indicated for daily and extended wear for the correction of refractive ametropia (myopia and hyperopia) in phakic or aphakic persons with non-diseased eyes who may have 1.00D or less of astigmatism.

The ACUVUE® Brand Contact Lens BIFOCAL is indicated for daily and extended wear for the correction of distance and near vision in presbyopic phakic or aphakic persons with non-diseased eyes who may have 0.75D or less of astigmatism.

The SUREVUE™ Brand Contact Lens is indicated for daily wear for the correction of refractive ametropia (myopia and hyperopia) in phakic and aphakic persons with non-diseased eyes who may have 1.00D or less of astigmatism.

The 1-DAY ACUVUE® Brand Contact Lens is indicated for daily disposable wear for the correction of refractive ametropia (myopia and hyperopia) in phakic and aphakic persons with non-diseased eyes who may have 1.00D or less of astigmatism.

The 1-DAY ACUVUE® Brand Contact Lens for ASTIGMATISM is indicated for daily disposable wear for the correction of visual acuity in phakic or aphakic persons with non-diseased eyes who are hyperopic or myopic and may have 0.50D to 2.50D of astigmatism.

The ACUVUE® 2 COLOURS Brand Contact Lens is indicated for daily and extended wear to enhance or alter the apparent color of the eye and/or for the correction of refractive ametropia (myopia and hyperopia) in phakic or aphakic persons with non-diseased eyes who may have 1.00D or less of astigmatism.

These contact lenses contain a UV Blocker to help protect against transmission of harmful UV radiation to the cornea and into the eye.

Frequent Wear Replacement:

When prescribed for frequent/planned replacement wear (see “Replacement Schedule”), the contact lenses are to be cleaned, rinsed, and disinfected each time the lens is removed. The contact lens is to be discarded after the recommended wearing period prescribed by the Eye Care Professional. When prescribed for frequent/planned replacement wear, the contact lens may be disinfected using a chemical disinfection system only.

Disposable Wear:

When prescribed for disposable wear (see “Replacement Schedule”), the contact lenses are to be discarded after each removal.

CONTRAINDICATIONS (REASONS NOT TO USE)

DO NOT USE these contact lenses when any of the following conditions exist:

- Acute or subacute inflammation or infection of the anterior chamber of the eye.
- Any eye disease, injury or abnormality that affects the cornea, conjunctiva or eyelids.
- Severe insufficiency of lacrimal secretion (dry eye).
- Corneal hypoesthesia (reduced corneal sensitivity).
- Any systemic disease that may affect the eye or be exaggerated by wearing contact lenses.
- Allergic reactions of ocular surfaces or adnexa that may be induced or exaggerated by wearing contact lenses or use of contact lens solutions.
- Ocular irritation due to allergic reactions which may be caused by use of contact lens solutions (i.e., cleaning and disinfecting solutions, rewetting drops, etc.) that contain chemicals or preservatives (such as mercury, Thimerosal, etc.) to which some people may develop an allergic response.
- Any active corneal infection (bacterial, fungal, protozoal or viral).
- If eyes become red or irritated.

WARNINGS

Patients should be advised of the following warnings pertaining to contact lens wear:

EYE PROBLEMS, INCLUDING CORNEAL ULCERS, CAN DEVELOP RAPIDLY AND LEAD TO LOSS OF VISION; IF THE PATIENT EXPERIENCES:

- **Eye Discomfort,**
- **Excessive Tearing,**
- **Vision Changes,**
- **Loss of Vision,**
- **Eye Redness,**
- **Or Other Eye Problems,**

THE PATIENT SHOULD BE INSTRUCTED TO IMMEDIATELY REMOVE THE LENSES AND PROMPTLY CONTACT THE EYE CARE PROFESSIONAL.

- When prescribed for daily wear, patients should be instructed not to wear lenses while sleeping. Clinical studies have shown that the risk of serious adverse reactions is increased when lenses are worn overnight, and that the risk of ulcerative keratitis is greater for extended wear contact lens users than for daily wear users.³
- Studies have shown that contact lens wearers who are smokers have a higher incidence of adverse reactions than nonsmokers.
- Problems with contact lenses or lens care products could result in serious injury to the eye. Patients should be cautioned that proper use and care of contact lenses and lens care products, including lens cases, are essential for the safe use of these products.
- The overall risk of ulcerative keratitis may be reduced by carefully following directions for lens care, including cleaning the lens case.

³New England Journal of Medicine, September 21, 1989; 321 (12), pp. 773-783

Specific Instructions for Use and Warnings:

• Water Activity

Instructions for Use

Do not expose contact lenses to water while wearing them.

WARNING:

Water can harbor microorganisms that can lead to severe infection, vision loss or blindness. If lenses have been submersed in water when participating in water sports or swimming in pools, hot tubs, lakes or oceans, the patient should be instructed to discard them and replace them with a new pair. The Eye Care Professional should be consulted for recommendations regarding wearing lenses during any activity involving water.

• Soaking and Storing Your Lenses

Instructions for Use

Use only fresh multi-purpose (contact lens disinfecting) solution each time the lenses are soaked (stored).

WARNING:

Do not reuse or “top off” old solution left in the lens case since solution reuse reduces effective lens disinfection and could lead to severe infection, vision loss, or blindness.

“Topping-Off” is the addition of fresh solution to solution that has been sitting the case.

• Discard Date on Multi-Purpose Solution Bottle

Instructions for Use

- Discard any remaining solution after the recommended time period indicated on the bottle of multi-purpose solution used for disinfecting and soaking the contact lenses.
- The Discard date refers to the time that the patient can safely use contact lens care product after the bottle has been opened. It is not the same as the expiration date, which is the last date that the product is still effective before it is opened.

WARNING:

Using multi-purpose solution beyond the discard date could result in contamination of the solution and can lead to severe infection, vision loss, or blindness.

- To avoid contamination, DO NOT touch tip of container to any surface. Replace cap after using.
- To avoid contaminating the solution, DO NOT transfer to other bottles or containers.

• **Rub and Rinse Time**

Instructions for Use

To adequately disinfect the lenses, the patient should rub and rinse the lenses according to the recommended lens rubbing and rinsing times in the labeling of the multi-purpose solution.

WARNING:

- Rub and rinse lenses for the recommended amount of time to help prevent serious eye infections.
- Never use water, saline solution, or rewetting drops to disinfect the lenses. These solutions will not disinfect the lenses. Not using the recommended disinfectant can lead to severe infection, vision loss, or blindness.

• **Lens Case Care**

Instructions for Use

- Empty and clean contact lens cases with digital rubbing using fresh, sterile disinfecting solutions/contact lens cleaner. Never use water. Cleaning should be followed by rinsing with fresh, sterile disinfecting solutions (never use water) and wiping the lens cases with fresh, clean tissue is recommended. Never air dry or recap the lens case lids after use without any additional cleaning methods. If air drying, be sure that no residual solution remains in the case before allowing it to air dry.
- Replace the lens case according to the directions provided by the Eye Care Professional or the manufacturer's labeling that accompanies the case.
- Contact lens cases can be a source of bacterial growth.

WARNING:

Do not store lenses or rinse lens cases with water or any non-sterile solution. Only fresh multi-purpose solution should be used to prevent contamination of the lenses or lens case. Use of non-sterile solution can lead to severe infection, vision loss, or blindness.

PRECAUTIONS

Special Precautions for Eye Care Professionals:

- Due to the small number of patients enrolled in clinical investigation of lenses, all refractive powers, design configurations, or lens parameters available in the lens material are not evaluated in significant numbers. Consequently, when selecting an appropriate lens design and parameters, the Eye Care Professional should consider all characteristics of the lens that can affect lens performance and ocular health, including oxygen permeability, wettability, central and peripheral thickness, and optic zone diameter.

The potential impact of these factors on the patient's ocular health should be carefully weighed against the patient's need for refractive correction; therefore, the continuing ocular health of the patient and lens performance on the eye should be carefully monitored by the prescribing Eye Care Professional.

- Patients who wear these lenses to correct presbyopia using monovision may not achieve the best corrected visual acuity for either far or near vision. Visual requirements vary with the individual and should be considered when selecting the most appropriate type of lens for each patient.
- Fluorescein, a yellow dye, should not be used while the lenses are on the eyes. The lenses absorb this dye and become discolored. Whenever fluorescein is used in eyes, the eyes should be flushed with a sterile saline solution that is recommended for in-eye use.
- Eye Care Professionals should instruct the patient to remove the lenses immediately if the eyes become red or irritated.

Eye Care Professionals should carefully instruct patients about the following care regimen and safety precautions:

Handling Precautions:

- Before leaving the Eye Care Professional's office, the patient should be able to promptly remove the lenses or should have someone else available who can remove the lenses for him or her.
- **DO NOT** use if the sterile blister package is opened or damaged.
- Always wash and rinse hands before handling lenses. Do not get cosmetics, lotions, soaps, creams, deodorants, or sprays in the eyes or on the lenses. It is best to put on lenses before putting on makeup. Water-based cosmetics are less likely to damage lenses than oil-based products.
- **DO NOT** touch contact lenses with the fingers or hands if the hands are not free of foreign materials, as microscopic scratches of the lenses may occur, causing distorted vision and/or injury to the eye.
- Carefully follow the handling, insertion, removal, cleaning, disinfecting, storing, and wearing instructions in the "Patient Instruction Guide" for the prescribed wearing schedule and those prescribed by the Eye Care Professional.
- Always handle lenses carefully and avoid dropping them.
- Never use tweezers or other tools to remove lenses from the lens container unless specifically indicated for that use. Slide the lens up the side of the bowl until it is free of the container.
- Do not touch the lens with fingernails.

Lens Wearing Precautions:

- If the lens sticks (stops moving) on the eye, follow the recommended directions in "Care for a Sticking (Non-Moving) Lens." The lens should move freely on the eye for the continued health of the eye. If non-movement of the lens continues, the patient should be instructed to immediately consult his or her Eye Care Professional.
- Never wear lenses beyond the period recommended by the Eye Care Professional.
- The patient should be advised to never allow anyone else to wear their

lenses. They have been prescribed to fit their eyes and to correct their vision to the degree necessary. Sharing lenses greatly increases the chance of eye infections.

- If aerosol products, such as hair spray, are used while wearing lenses, exercise caution and keep eyes closed until the spray has settled.
- Avoid all harmful or irritating vapors and fumes while wearing lenses.
- Always discard lenses worn as prescribed by the Eye Care Professional.

Lens Care Precautions:

- Different solutions cannot always be used together and not all solutions are safe for use with all lenses. Use only recommended solutions.
- Never use solutions recommended for conventional hard contact lenses only.
- Chemical disinfection solutions should not be used with heat unless specifically indicated on product labeling for use in both heat and chemical disinfection.
- Always use fresh, unexpired lens care solutions and lenses.
- Do not change solution without consulting with the Eye Care Professional.
- Always follow directions in the package insert for the use of contact lens solutions.
- Use only a chemical (not heat) lens care system. Use of a heat (thermal) care system can damage the contact lenses.
- Sterile unpreserved solutions, when used, should be discarded after the time specified in the directions.
- Do not use saliva or anything other than the recommended solutions for lubricating or wetting lenses.
- Always keep the lenses completely immersed in the recommended storage solution when the lenses are not being worn (stored). Prolonged periods of drying will reduce the ability of the lens surface to return to a wettable state. Follow the lens care directions in “Care for A Dehydrated (Dried Out) Lens” if lens surface does become dried out.

Other Topics to Discuss with Patients:

- Always contact the Eye Care Professional before using any medicine in the eyes.
- Certain medications, such as antihistamines, decongestants, diuretics, muscle relaxants, tranquilizers, and those for motion sickness may cause dryness of the eye, increased lens awareness, or blurred vision. Should such conditions exist, proper remedial measures should be prescribed. Depending on the severity, this could include the use of lubricating drops that are indicated for use with soft contact lenses or the temporary discontinuance of contact lens wear while such medication is being used.
- Oral contraceptive users could develop visual changes or changes in lens tolerance when using contact lenses. Patients should be cautioned accordingly.
- As with any contact lens, follow-up visits are necessary to assure the continuing health of the patient's eyes. The patient should be instructed as to a recommended follow-up schedule.

Who Should Know That the Patient is Wearing Contact Lenses?

- Patients should inform all doctors (Health Care Professionals) about being a contact lens wearer.
- Patients should always inform their employer of being a contact lens wearer. Some jobs may require use of eye protection equipment or may require that the patient not wear contact lenses.

ADVERSE REACTIONS

The patient should be informed that the following problems may occur when wearing contact lenses:

- The eye may burn, sting and/or itch.
- There may be less comfort than when the lens was first placed on the eye.
- There may be a feeling of something in the eye (foreign body, scratched area).
- There may be the potential for some temporary impairment due to peripheral infiltrates, peripheral corneal ulcers, or corneal erosion. There may be the potential for other physiological observations, such as local or generalized edema, corneal neovascularization, corneal staining, injection, tarsal abnormalities, iritis, and conjunctivitis; some of which are clinically acceptable in low amounts.
- There may be excessive watering, unusual eye secretions, or redness of the eye.
- Poor visual acuity, blurred vision, rainbows or halos around objects, photophobia, or dry eyes may also occur if the lenses are worn continuously or for too long a time.

The patient should be instructed to conduct a simple 3-part self-examination at least once a day. They should ask themselves:

- How do the lenses feel on my eyes?
- How do my eyes look?
- Have I noticed a change in my vision?

If the patient reports any problems, he or she should be instructed to IMMEDIATELY REMOVE THE LENS. If the problem or discomfort stops, the patient should discard the lens and place a new fresh lens on the eye.

If after inserting the new lens, the problem continues, the patient should be directed to IMMEDIATELY REMOVE THE LENS AND CONTACT HIS OR HER EYE CARE PROFESSIONAL.

The patient should be instructed NOT to use a new lens as self-treatment for the problem.

The patient should be advised that when any of the above symptoms occur, a serious condition such as infection, corneal ulcer, neovascularization, or iritis may be present. He or she should be instructed to seek immediate professional identification of the problem and prompt treatment to avoid serious eye damage.

FITTING GUIDELINES

Conventional methods of fitting contact lenses apply to these contact lenses. For a detailed description of the fitting techniques, refer to the brand-specific “Fitting and Patient Management Guide.” Copies are available for download at www.acuvueprofessional.com.

WEARING SCHEDULE

The wearing schedule should be determined by the Eye Care Professional. Regular checkups, as determined by the Eye Care Professional, are also extremely important.

For Daily Wear:

Patients tend to over wear the lenses initially. The Eye Care Professional should emphasize the importance of adhering to the initial maximum wearing schedule. Maximum wearing time should be determined by the Eye Care Professional based upon the patient’s physiological eye condition, because individual response to contact lenses varies.

The maximum suggested wearing time for these lenses is:

Day	Hours
1	6-8
2	8-10
3	10-12
4	12-14
5 and after	all waking hours

For Extended Wear:

It is recommended that the contact lens wearer first be evaluated on a daily wear schedule. If successful, then a gradual introduction of extended wear can be followed as determined by the prescribing Eye Care Professional. The Eye Care Professional should examine the patient during the early stages of extended wear.

These lenses have been approved for extended wear from 1 to 7 days / 6 nights of continuous wear. Not all patients can achieve the maximum wear time.

REPLACEMENT SCHEDULE

For Lenses Prescribed for Frequent Replacement:

When prescribed for daily wear (frequent replacement), it is recommended that the lenses be discarded and replaced with a new lens every 2 weeks. However, the Eye Care Professional is encouraged to determine an appropriate replacement schedule based upon the response of the patient.

When these lenses are replaced at intervals ranging from 1 day to 2 weeks, the risk of developing giant papillary conjunctivitis may be reduced.⁴

⁴ The CLAO Journal, July, 1999, Volume 25, Number 3

For Lenses Prescribed for Disposable Wear:

When prescribed for disposable wear, lenses should be discarded after the prescribed wearing schedule.

Once removed, it is recommended that the lens remain out of the eye for a period of rest of overnight or longer and discarded in accordance with the prescribed wearing schedule.

LENS CARE DIRECTIONS

When lenses are dispensed, the Eye Care Professional should provide the patient with appropriate and adequate warnings and instructions in accordance with the individual patient's lens type and wearing schedule. The Eye Care Professional should recommend an appropriate care system tailored to the patient's individual requirements.

For complete information concerning contact lens handling, care, cleaning, disinfecting, and storage, refer to the "Patient Instruction Guide" for the prescribed wearing schedule. Copies are available for download at www.acuvue.com.

For Contact Lenses Prescribed for Frequent Replacement Wear:

The Eye Care Professional should review with the patient, the lens care directions for cleaning, disinfecting, and storing, including both basic lens care information and specific instructions on the lens care regimen recommended for the patient.

For Contact Lenses Prescribed for Disposable Wear:

The Eye Care Professional should review with the patient that no cleaning or disinfection is needed with disposable lenses. Patients should always dispose of lenses when they are removed and have spare lenses or spectacles available. Lenses should only be cleaned, rinsed, and disinfected on an emergency basis when replacement lenses or spectacles are not available.

Care for a Dried Out (Dehydrated) Lens

If the frequent replacement lens is off the eye and exposed to air from 30 minutes to 1 hour or more, its surface will become dry and gradually become non-wetting. If this should occur, discard the lens and use a new one.

Care for Sticking (Non-Moving) Lenses

If the lens sticks (stops moving), the patient should be instructed to apply a few drops of the recommended lubricating or rewetting solution directly to the eye and wait until the lens begins to move freely on the eye before removing it. If non-movement of the lens continues after a few minutes, the patient should **immediately** contact the Eye Care Professional.

EMERGENCIES

The patient should be informed that if chemicals of any kind (household products, gardening solutions, laboratory chemicals, etc.) are splashed into the eyes, the patient should: FLUSH EYES IMMEDIATELY WITH TAP WATER AND IMMEDIATELY CONTACT THE EYE CARE PROFESSIONAL OR VISIT A HOSPITAL EMERGENCY ROOM WITHOUT DELAY.

HOW SUPPLIED

ACUVUE[®], ACUVUE[®] 2, ACUVUE[®] BIFOCAL, 1-DAY ACUVUE[®], and SUREVUE[™] Contact Lenses:

Each sterile lens is supplied in a foil-sealed plastic package containing buffered saline solution. The plastic package is marked with base curve, diopter power, diameter, lot number, and expiration date.

1-DAY ACUVUE[®] for ASTIGMATISM Contact Lenses:

Each sterile lens is supplied in a foil-sealed plastic package containing buffered saline solution. The plastic package is marked with base curve, diopter power, axis, cylinder, diameter, lot number, and expiration date.

ACUVUE[®] 2 COLOURS Contact Lenses:

Each sterile lens is supplied in a foil-sealed plastic package containing buffered saline solution. The plastic package is marked with base curve, diopter power, diameter, lens color, lot number, and expiration date.

REPORTING OF ADVERSE REACTIONS

All serious adverse experiences and adverse reactions observed in patients wearing these lenses or experienced with these lenses should be reported to:

Johnson & Johnson Vision Care, Inc.
7500 Centurion Parkway
Jacksonville, FL 32256
USA
Tel: 1-800-843-2020
www.acuvue.com

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and SUREVUE™ are Trademarks of
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