

Professional Fitting and Information Guide



AIR OPTIX™ NIGHT & DAY® AQUA
(Iotrafilcon A) Soft Contact Lenses
For Daily Wear and Up to 30 Nights Continuous Wear

Rx only

CIBA VISION™
Shared Passion for Healthy Vision and Better Life

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INTRODUCTION

Thank you for prescribing CIBA VISION® AIR OPTIX™ NIGHT & DAY® AQUA (lotrafilcon A) soft contact lenses. AIR OPTIX NIGHT & DAY AQUA lenses allow you, the eye care professional, to offer your patients the comfort and convenience of extended wear lenses that can be worn for up to 30 nights of continuous wear.

Fitting AIR OPTIX NIGHT & DAY AQUA contact lenses is easy and predictable. This guide contains important information regarding fitting procedures and aftercare of the AIR OPTIX NIGHT & DAY AQUA patient.

Lotrafilcon A soft contact lenses are also available to eye care professionals for therapeutic use as a bandage, and can be worn after surgery, in the treatment of corneal complications of corneal erosions and edema, and after trauma. Patients can benefit from high oxygen levels (175 Dk/t) without hypoxic stress, maintaining sound corneal metabolism and physiology. Close professional supervision is necessary, and patient compliance is essential for successful therapeutic use.

PRODUCT DESCRIPTION

• Lens Material

AIR OPTIX NIGHT & DAY AQUA (lotrafilcon A) soft contact lenses are available in a spherical lens design. The lens material is approximately 24% water and 76% lotrafilcon A, a fluoro-silicone containing hydrogel that is surface treated. This breakthrough lens material provides a high level of oxygen to the eyes and has been surface treated to wet with the tears. Lenses contain the color additive copper phthalocyanine, a light blue handling tint which makes them easier to see when handling.

• Lens Properties

- Oxygen Permeability (Dk): 140 x 10⁻¹¹ (cm²/sec)
(mL O₂/mL x mm Hg),
measured at 35°C
(intrinsic Dk-Coulometric method)
- Refractive Index (hydrated): 1.43
- Light Transmittance: ≥ 96%
- Water Content: 24% by weight in normal saline

• Available Lens Parameters¹

- Chord Diameter: 13.8 mm
- Powers: plano to -8.00D (0.25D steps);
-8.50D to -10.00D (0.50D steps);
+0.25D to +6.00D (0.25D steps)
- Base Curve: 8.4 mm, 8.6 mm
- Center Thickness: 0.080 mm @ -3.00D
(varies with power)

¹Check for actual product availability as additional parameters may be introduced over time.

INTENDED USE

Vision Correction

- AIR OPTIX NIGHT & DAY AQUA (lotrafilcon A) soft contact lenses are intended for on eye use to improve vision in persons who are nearsighted (myopia) or farsighted (hyperopia) with up to approximately 1.50 diopters of astigmatism.

Therapeutic Use

- In addition, lotrafilcon A soft contact lenses are also indicated for therapeutic use. Use as a bandage to protect the cornea and to relieve corneal pain in the treatment of acute or chronic ocular pathologies such as bullous keratopathy, corneal erosions, entropion, corneal edema, and corneal dystrophies as well as post-surgical conditions resulting from cataract extraction and corneal surgery. Lotrafilcon A soft contact lenses for therapeutic use can also provide optical correction during healing if required.

The lenses may be prescribed for daily wear or extended wear for up to 30 nights of continuous wear, with removal for disposal, or cleaning and disinfection prior to reinsertion, as recommended by the eye care professional.

See Warnings for information about the relationship between wearing schedule and corneal complications.

Environmental Impact and Recycling

The sterile saline in which lotrafilcon A lenses are stored can be poured away. The carton and polypropylene pack are recyclable.

RECOMMENDED WEAR AND REPLACEMENT SCHEDULE

In the interest of maintaining the eye health and safety, the wear and replacement schedule should be determined by the eye care professional.

- **DAILY WEAR** (less than 24 hours per day, while awake)
To start daily wear, the eye care professional may prescribe an hourly schedule of increasing wear time per day over a period of several days or weeks until the wearer has successfully adapted to contact lens wear. Normal daily wear assumes a minimum of 6 hours of non-lens wear per 24 hour period, however individual wearing schedule will vary. The eye care professional should determine how many hours per day lenses may be worn.
- **EXTENDED WEAR** (greater than 24 hours, including while sleeping)
The eye care professional should establish an extended wear period up to 30 continuous nights that is appropriate for each patient. Once the lens is removed, the patient's eyes should have a rest period without lens wear for at least one overnight, or longer, as recommended by the eye care professional.

- For therapeutic use, close professional supervision is necessary. The eye care professional should provide specific instructions regarding lens wear, removal and insertion.
- CIBA VISION recommends monthly replacement for lotrafilcon A lenses.

Although lotrafilcon A lenses may be prescribed for up to 30 nights of continuous wear, not everyone can reach the maximum wear period. Clinical studies have shown that approximately 90% of patients dispensed lenses are able to achieve some period of extended wear and approximately 65% are able to wear their lenses for the full 30 nights extended wear.

CONTRAINDICATIONS (REASONS NOT TO USE)

Contact lenses are not recommended when any of the following exists:

- Allergy, inflammation, infection or irritation on or around the eye or eyelids.
- The use of some medications, including eye medications.
- A systemic disease that may be affected by or impact contact lens wear.
- Certain types of allergic conditions.
- Inadequate tear film (dry eyes).
- Water sports without use of goggles.
- If eyes become red or irritated.

For Therapeutic Use, the eye care professional may prescribe lotrafilcon A lenses to aid in the healing process of certain corneal conditions.

WARNINGS (IMPORTANT INFORMATION)

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

- Possible problems with contact lenses and lens care products could result in serious injury to the eye. It is essential that patients follow their eye care professional's directions and all labeling instructions for proper use of lenses and lens care products, including the lens case. Eye problems, including corneal ulcers, can develop rapidly and lead to loss of vision.
- Patients should be instructed not to wear lenses while sleeping unless you have prescribed overnight wear. Clinical study results² have shown that the risk of serious adverse reactions is increased when lenses are worn overnight.
- Studies² have shown that contact lens wearers who are smokers have a higher incidence of adverse reactions than nonsmokers.
- Tap water, distilled water, or homemade saline solution should NOT be used as a substitute for any component in the lens care process. The use of tap and distilled water has been associated with Acanthamoeba keratitis, a corneal infection that is resistant to treatment and cure.
- Exposure to water while wearing contact lenses in activities such as swimming, water skiing and hot tubs may increase the risk of ocular infection, including but not limited to Acanthamoeba keratitis.

²New England Journal of Medicine, September 21, 1989; 321 (12), pp. 773 to 783.

If a patient experiences eye discomfort, excessive tearing, vision changes, or redness of the eye the patient should be instructed to immediately remove lenses and promptly contact their eye care professional. It is recommended contact lens wearers see their eye care professional twice each year or as recommended by the eye care professional.

OTHER IMPORTANT INFORMATION

For additional important prescribing and safety information, refer to the *Patient Leaflet* that is printed in the back of this guide.

Special precautions for the eye care professional:

- Clinical studies have shown that contact lenses made from the lotrafilcon A material are safe and effective for their intended use. However, the clinical studies may not have included all design configurations or lens parameters that are currently available. 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. The continuing ocular health of the patient and lens performance on eye should be carefully monitored.
- Fluorescein, a yellow dye, should not be used while the lenses are on the eyes. The lenses may absorb this dye and become discolored. Whenever fluorescein is used, the eyes should be flushed thoroughly with sterile saline solution that is recommended for in eye use prior to inserting lenses. Do not dispense saline from an aerosol can directly into the eye.
- Before leaving the eye care professional's office, the patient should be able to promptly remove their lenses or should have someone else available who can remove their lenses for them.
- Eye care professionals should instruct the patient to remove the lenses immediately if the eye becomes red or irritated.
- Routine eye examinations are necessary to help assure the continuing health of the patient's eyes. Eye care professionals should make arrangements with the patient for appropriate follow-up visits. CIBA VISION recommends that patients see their eye care professional twice each year, or as recommended by the eye care professional.
- Visual changes or changes in lens tolerance may occur during pregnancy or use of oral contraceptives. Caution patients accordingly.
- Patients should be advised to always have a pair of spectacles that they are willing to wear if a problem occurs with their contacts. This is especially important for patients with high refractive error, since they may be hesitant to discontinue lens wear if back-up spectacles are not readily available.

In addition, for therapeutic use:

- Close professional supervision is necessary for therapeutic use of lotrafilcon A lenses.
- Medications necessary for treatment should be used with caution under close supervision by the eye care professional.
- In some circumstances only the eye care professional will insert and remove lenses and if so, patients should be instructed NOT to handle lenses themselves.
- Advise patients that during therapeutic use, an adverse effect may be due to the original disease or injury or may be due to the effects of wearing a contact lens. There is a possibility that the existing disease or condition might become worse when a soft contact lens for therapeutic use is used to treat an already diseased or damaged eye. The patient should be instructed to avoid serious eye damage by contacting the eye care practitioner IMMEDIATELY if there is any increase in symptoms while wearing the lens.

POSSIBLE PROBLEMS

While wearing lenses, eyes should look well, feel comfortable, and vision should be clear. Although contact lenses provide many benefits to the wearer, it is possible that problems can occur. Advise patients to check their eyes every day for the following conditions:

- Feeling of something in the eye
- Uncomfortable lens
- Eye redness
- Sensitivity to light
- Burning, stinging, itching or watering eyes
- Reduced sharpness of vision
- Rainbows or halos around lights
- Increased eye secretions
- Severe or persistent dry eyes

These symptoms, if ignored, can lead to more serious complications.

WHAT TO DO IF A PROBLEM OCCURS

If any of the above symptoms occur, patients should be advised to:

- **IMMEDIATELY REMOVE THE LENSES.**
- **If the discomfort or problem stops, then look closely at the lens(es):**
 - If a lens is in any way damaged, DO NOT put the lens back on the eye. Replace with a new lens or consult the eye care professional.
 - If a lens has dirt, an eye lash or other foreign body on it, or the problem stops and the lens appears undamaged, thoroughly clean, rinse, and disinfect prior to reinsertion.

- **If the discomfort or problem continues after removing lens(es) or upon reinsertion, IMMEDIATELY remove the lens(es) and contact the eye care professional for identification of the problem and prompt treatment to avoid serious eye damage.**

A serious condition such as infection, corneal ulcer (ulcerative keratitis), corneal vascularization, or iritis may be present. These conditions could progress rapidly and may lead to permanent loss of vision. Less serious reactions such as abrasions, infiltrates, and bacterial conjunctivitis must be managed and treated carefully to avoid more serious complications. Professional identification of the problem and prompt treatment are necessary to avoid serious ocular complications.

ADVERSE EFFECT REPORTING

If a patient experiences any serious adverse effects associated with the use of AIR OPTIX NIGHT & DAY AQUA (lotrafilcon A) contact lenses, please notify CIBA VISION Corporation at 1-800-241-7468.

FITTING GUIDELINES

Please see the appropriate sections of this booklet that contain guidelines for spherical fitting techniques, monovision fitting techniques and for therapeutic use.

FITTING GUIDELINES (SPHERICAL LENSES)

1. Patient Selection

The patient characteristics necessary to achieve success with AIR OPTIX NIGHT & DAY AQUA lenses are similar to those for other spherical soft contact lenses. A thorough pre-fitting examination should be conducted to ensure the patient is a suitable candidate for soft contact lens wear.

To provide the contact lens patient with experience inserting and removing lenses, you may wish to prescribe a daily wear schedule at first. Then, if the patient is judged to be an acceptable extended wear candidate, you may determine an extended wear schedule based upon the response of the patient.

The following procedures should be followed when fitting lotrafilcon A lenses. For additional tips on fitting the monovision patient refer to the section *Monovision Fitting Guidelines*.

2. *Pre-fitting Examination*

A pre-fitting examination is necessary to:

- Assess the patient's motivation, physical state and willingness to comply with instructions regarding hygiene and wear schedule
- Make ocular measurements for initial contact lens parameter selection
- Collect baseline clinical information to which post-fitting examination results can be compared

A pre-fitting examination should include:

- a thorough case history
- spherocylindrical refraction
- keratometry
- tear assessment
- biomicroscopy

3. *Trial Lens Evaluation*

A. Lens Base Curve Selection

A well-fitted lens provides good movement, centration and comfort. If the steepest keratometry reading is less than 44.00 diopters the initial lens of choice should be the 8.6 base curve. If comfort is reduced, movement is excessive or fluctuation of vision occurs, then switch to the 8.4 base curve. If the steeper keratometry reading is 44.00 diopters or greater then select the 8.4 base curve as the initial lens for evaluation. If this provides insufficient movement or fluctuation of vision occurs, then switch to the 8.6 base curve.

B. Initial Lens Power Selection

The initial power selection should be as close as possible to the patient's prescription, after taking into account spherical equivalent and vertex calculations (if necessary).

Spherical Equivalent Calculation

To determine initial lens power, convert the spherocylindrical spectacle Rx to its spherical equivalent as follows:

$$\text{Spherical Equivalent} = \text{Sphere Power} + \frac{1}{2} (\text{Cylinder Power})$$

Example:	Spectacle Rx:	-4.50D -1.00 x 180
	Spherical equivalent:	-4.50D + (-0.50D) = -5.00D

Vertex Distance Conversion

If the spherical equivalent is greater than -4.00D, a vertex distance correction is necessary (see Vertex Distance Conversion Chart in the back of this Guide) to determine the lens power required at the corneal plane.

Example:	Spectacle Rx:	-4.50D -1.00 x 180
	Spherical equivalent:	-4.50D + -0.50D = -5.00D
	Vertex compensation:	-4.75 (initial lens power)

C. *Lens Fit Assessment*

Allow the lenses to settle on the eyes for approximately **15** minutes. This allows time for the patient to adapt to the lenses and time for the lens to equilibrate.

Evaluate the fit and movement of the lenses on the eye. The **Push-Up Test**, as described below, is an important part of the lens evaluation. The following guidelines will be helpful in fit evaluation:

Characteristics of a Well-Fitted Lens

A well-fitted lotrafilcon A contact lens satisfies the following criteria:

1. **Good centration and full corneal coverage** in all fields of gaze.
2. **Sufficient lens movement to allow tear exchange** under the lens during a blink in primary or upgaze.
3. **Satisfactory Push-Up Test**
 - This test is a reliable indicator of a good fit. With the patient looking straight ahead, place your index finger on the patient's lower lid and nudge the edge of the lens upward while observing lens movement. Then pull the lid back down and observe the return of the lens.
 - A well fitted lens will move freely upward, stopping shortly after passing the limbus and then return freely to its original position.
4. **Good comfort and stable visual response** (with over refraction).

Characteristics of a Tight (Steep) Lens Fit

A tight or steep fit should not be dispensed. If a lens fit is judged to be too steep a flatter lens (larger base curve radius), if available, should be evaluated. A tight or steep lens fit would display some or all of the following characteristics:

1. Insufficient or no lens movement during a blink in primary or upgaze.
2. Unsatisfactory Push-Up Test
 - **A tight fitting lens will resist movement.** If successfully nudged upward, the lens may remain decentered or return slowly to its original position.
3. Good centration.
4. Good comfort.
5. Fluctuating vision between blinks.

Characteristics of a Loose (Flat) Lens Fit

If a lens fit is judged to be too flat, a steeper lens (smaller base curve radius), if available, should be evaluated. A loose lens fit would display some or all of the following characteristics:

1. Lens edge standoff. Even minor lifting of the edge indicates a loose fitting lens.
2. Reduced comfort. This finding is often the only signal of a loose fitting lens. If initial comfort doesn't improve quickly, try a steeper base curve, if available.
3. Excessive lens movement during the blink in primary or upgaze.
 - A loose fitting lens will move very easily, well beyond the limbus and possibly encroaching upon or going beyond the pupil. It will then return very quickly to its original position and often times return lower than its original position.
4. Poor centration with limbal exposure on exaggerated eye movement.
5. Vision may be blurred after the blink.

General Fitting Tips

- Trial fitting of the individual eye is strongly recommended.
- A well fitting lens will show movement of 0.1 to 0.5 mm.
- When prescribing lotrafilcon A lenses for **extended wear**, it is important to **reevaluate** the lens fit for adequate movement at various times after the patient sleeps while wearing lenses. This reevaluation should include a follow-up visit as soon as possible after the patient awakens from sleeping, as well as at other times of the day. If the fit is judged to be too tight or steep, the patient must be refit into a lens that provides the criteria of a well-fitted lens.

D. Final Lens Power Determination

After the characteristics of a well fitted lens have been satisfied, conduct a **spherical over-refraction** to determine the proper lens power to be dispensed.

Example:	Diagnostic lens:	-4.50
	Over-refraction:	-0.25
	Final lens power:	-4.75

MONOVISION FITTING GUIDELINES

Patient Selection

A. Monovision Needs Assessment

For a good prognosis, the patient should have adequately corrected distance and near visual acuity in each eye. Patients with reduced visual acuity, such as the amblyopic patient, may not be a good candidate for monovision. Occupational and environmental visual demands should be considered. If the patient requires critical vision (visual acuity and stereopsis), it must be determined by trial whether this patient can function adequately with monovision. Monovision contact lens wear may not be optimal for such activities as:

1. visually demanding situations such as operating potentially dangerous machinery or performing other potentially hazardous activities; and
2. driving automobiles (e.g., driving at night). Patients who cannot pass requirements for a driver's license with monovision correction should not drive with this correction. An additional over-correction can be prescribed to improve vision.

B. Patient Education

All patients do not function equally well with monovision correction. Patients may not perform as well for certain tasks with this correction as they have with bifocal or reading glasses. Each patient must understand that monovision, as well as other presbyopic contact lenses, or other alternatives, can create a vision compromise that may reduce visual acuity and depth perception for distance and near tasks. During the fitting process, it is necessary for the patient to realize the disadvantages as well as the advantages of clear near vision in straight ahead and upward gaze that monovision contact lenses provide compared to spectacle bifocals.

Eye Selection

Generally, the non-dominant eye is corrected for near vision. The following test for eye dominance can be used:

A. Ocular Preference Determination Methods

Method 1 - Determine which eye is the "sight eye". Have the patient point to an object at the far end of the room. Cover one eye. If the patient is still pointing directly at the object, the eye being used is the dominant (sighting) eye.

Method 2 - Determine which eye will accept the added power for near with the least reduction in distance vision. Place a trial spectacle near add lens in front of one eye and then the other while the distance refractive error correction is in place for both eyes. Determine whether the patient functions best with the near add lens over the right or left eye.

B. Refractive Error Method

For anisometropic corrections, it is generally best to fit the more hyperopic (less myopic) eye for distance and the more myopic (less hyperopic) eye for near.

C. Visual Demands Method

Consider the patient's occupation during the eye selection process to determine the critical vision requirements. If a patient's gaze for near tasks is usually in one direction, correct the eye on that side for near.

Example:

A person who places copy to the left side of the desk will usually function best with the near lens on the left eye.

Special Fitting Considerations

Unilateral Lens Correction

There are circumstances where only one contact lens is required. As an example, an emmetropic patient would only require a near lens while a bilateral myope may require only a distance lens.

• **Examples:**

- **Emmetrope:** A presbyopic emmetropic patient who requires a +1.75 diopter add would have a +1.75 lens on the near eye and the other eye left without a lens. The patient may need a plano lens for comfort.
- **Bilateral myope:** A presbyopic patient requiring a +1.50 diopter add who is -2.50 diopters myopic in the right eye and -1.50 diopters myopic in the left eye may have the right eye corrected for distance and the left uncorrected for near. The patient may need a plano lens for comfort.

• **Unilateral astigmat:**

- a) Emmetropic in one eye, astigmatic in the other

<u>Spectacle Rx</u>	<u>Potential Spherical Monovision Rx</u>
O.D. Plano	O.D. Uncorrected for distance
O.S. -2.00 -1.00 x 090	O.S. -1.00 sph
Add: +1.50	

- b) Myopic in one eye, astigmatic in the other

<u>Spectacle Rx</u>	<u>Potential Spherical Monovision Rx</u>
O.D. -1.50	O.D. Uncorrected for near
O.S. -2.00 -1.00 x 090	O.S. -2.50 sph
Add: +1.50	

Amblyopia

The amblyopic patient may not be a good candidate for monovision.

Astigmatism

Patients with less than 1.50 diopters of astigmatism might be successfully fit in Iotrafalcon A spherical lenses. Use spherical equivalent calculation to determine lens power.

- Determine which eye to use for the near prescription (see Eye Selection, A-C, above)
- Add the appropriate near add power to the spherical component of the astigmatic prescription for that eye.
- Example:

<u>Spectacle Rx</u>	<u>Potential Spherical Monovision Rx</u>
O.D. -2.50 -1.00 x 180	O.D. -3.00 sph for distance
O.S. -3.00 -1.25 x 165	O.S. -2.50 sph for near
Add: +1.00	
Dominant eye: O.D	

Near Add Determination

Always prescribe the lens power for the near eye that provides optimal near acuity at the midpoint of the patient's habitual reading distance. However, when more than one power provides optimal reading performance, prescribe the least plus (most minus) of the powers.

Trial Lens Fitting

A trial lens fitting is performed in the office to allow the patient to experience monovision correction. Lenses are fit according to the directions in the General Fitting Guidelines and Base Curve Selection described earlier in the guide.

Case history and standard clinical evaluation procedures should be used to determine the suitability of monovision. Determine which eye is to be corrected for distance and which eye is to be corrected for near. Next determine the near add. With trial lenses of the proper power in place, observe the reaction to this mode of correction.

Immediately after the correct power lenses are in place, walk across the room and have the patient look at you. Assess the patient's reaction to distance vision under these circumstances. Then have the patient look at familiar near objects such as a watch face or fingernails. Again assess the reaction. As the patient continues to look around the room at both near and distance objects, observe the reactions. Only after these vision tasks are completed, should the patient be asked to read print. Evaluate the patient's reaction to large print (e.g., typewritten copy) at first and then graduate to news print and finally smaller type sizes.

After evaluating the patient's performance under the above conditions, tests of visual acuity and reading ability under conditions of moderately dim illumination should be attempted.

An initial unfavorable response in the office, while indicative of a less favorable prognosis, should not immediately rule out a more extensive trial under the usual conditions in which a patient functions.

Adaptation

Visually demanding situations should be avoided during the initial wearing period. A patient may at first experience some mild blurred vision, dizziness, headaches, and feeling of slight imbalance. You should explain the adaptational symptoms to the patient. These symptoms may last for a few minutes or for several weeks. The longer these symptoms persist, the poorer the chance for successful adaptation.

To help in the adaptation process, the patient can be advised to first use the lenses in a comfortable, familiar environment such as in the home.

Some patients feel that automobile driving performance may not be optimal during the adaptation process. This is particularly true when driving at night. Before driving a motor vehicle, it is recommended that patients be a passenger first to make sure that their vision is satisfactory for operating an automobile. During the first several weeks of wear (when adaptation is occurring), it may be advisable for the patient to only drive under optimal driving conditions. After adaptation, and success with these activities, the patient should be able to drive under other conditions with caution.

Other Suggestions

The success of the monovision technique may be further improved by having your patient follow the suggestions below:

- Have a third contact lens (distance power) to use when critical distance viewing is needed.
- Have a third contact lens (near power) to use when critical near viewing is needed.
- Have supplemental spectacles to wear over the monovision contact lenses for specific visual tasks. This is particularly applicable for those patients who cannot meet driver's licensing requirements with a monovision correction.
- Make use of proper illumination when carrying out visual tasks.

Success in fitting monovision can be improved by the following suggestions:

- Reverse the distance and near eyes if a patient is having trouble adapting.
- Refine the lens powers if there is trouble with adaptation. Accurate lens power is critical for presbyopic patients.
- Emphasize the benefits of the clear near vision in straight ahead and upward gaze with monovision.

The decision to fit a patient with a monovision correction is most appropriately left to the eye care professional in conjunction with the patient after carefully considering the patient's needs. All patients should be supplied with a copy of the **Patient Instructions for the Monovision Wearer**, which appears in the back of this booklet.

THERAPEUTIC USE

Patient Management

Close professional supervision is necessary for therapeutic use of lotrafilcon A lenses, and patient compliance will be critical to the success of this program. In some cases, application and removal of lenses will only be performed by the eye care practitioner. Please emphasize to your patient the importance of following the wear, disposal and follow-up care schedule you prescribe. Should you become aware through monitoring a patient is not adhering to the prescribed wear and replacement schedule it is recommended the patient be discontinued from the program. Patient files should be maintained to monitor routine patient follow-up schedules.

Patients fitted with lotrafilcon A lenses for therapeutic use must be monitored closely and instructed as to the risks, benefits and proper use of the lenses. The eye care practitioner should discuss with the patient the possibility the existing disease or condition might become worse when a soft contact lens for therapeutic use is used to treat an already diseased or damaged eye. Since in these cases the cornea may already be compromised, the cornea must be examined carefully and monitored continually to ensure that the lens is not interfering with the healing process.

Fitting

Follow the general guidelines for fitting spherical lenses and consider this additional important information:

- For therapeutic fitting objectives, fit is evaluated by patient comfort, the interface space, amount of lens movement and ability of the lens to center on the cornea.
- The therapeutic environment can be controlled by increasing or decreasing tear film, that is increasing or decreasing interface space between the lens and cornea. Considerable lens movement against the cornea may increase pain and further erode the already damaged epithelium. Depending on patient circumstance, a desired fit should permit only limited lens movement and provide an appropriate interface space.
- Good tear volume and quality are important aspects of soft lens wear and should be critically evaluated as part of the pre-fit diagnostic work-up.
- Patients fitted with contact lenses for therapeutic use should be followed closely during treatment. Patients should be examined frequently for proper fit of the lens. A healing cornea may change in geometric relationship between the eye and lens.
- Medications necessary for treatment should be used with caution and under close supervision by the eye care practitioner. Tonicity and pH of solutions can effect lens fit and movement and may require lens removal after applying a recommended lubricating solution.

DISPENSING VISIT

To help ensure patient success the following steps should be conducted with each patient, even if they have previously worn contact lenses. Even experienced wearers are prone to develop bad habits over time.

Lotrafilcon A lenses are supplied sterile in foil sealed blister pack containers. Open the foil pack by peeling back the foil lidding material and gently slide the lens out of the container with your finger, or pour the lens onto the palm of your clean hand.

Conduct the following steps with each patient, even if they have previously worn contact lenses:

A. Verification of Lens Fit

Evaluate lens fit and visual response with the lens on the eye. The criteria of a well-fitted lens should be met and the patient's visual acuity should be acceptable. If not, the patient should be refitted with a more appropriate lens.

B. Hygiene and Lens Handling Instructions

Good hygiene and proper lens handling are important factors in achieving safe, comfortable lens wear. Instruct the patient on hygiene and handling of lenses. Patients who are unable to place and remove lenses should not be provided with them.

C. Lens Wear and Replacement Schedules (see Patient Leaflet)

Prescribe and explain the patient's wearing and replacement schedules.

D. Lens Care Directions (see Patient Leaflet)

Recommend an appropriate cleaning, rinsing, and disinfecting system, and provide the patient with instructions for proper lens care, including the case.

E. Additional Instructions

Provide the AIR OPTIX NIGHT & DAY AQUA Patient Leaflet.

Provide the patient with all relevant information and precautions on the proper use of the lenses that are prescribed. Give the patient a copy of the CIBA VISION **Patient Leaflet** for AIR OPTIX NIGHT & DAY AQUA soft contact lenses. Review the contents so the patient clearly understands the prescribed lens wear, care, and replacement schedule. You can obtain copies of the instruction book by contacting a customer service representative, at 1-800-268-3968.

FOLLOW-UP EXAMINATIONS

Follow-up care is extremely important for continued successful contact lens wear and for monitoring the patient's ocular response to lens wear. Follow-up care should include:

- Case history, including questions to identify any problems related to contact lens wear
- Management of specific problems, if any, and
- A review with the patient of the lens wearing schedule, replacement schedule, and proper lens care and handling procedures.

NOTE: If you have prescribed an **extended wear** schedule, more frequent or additional visits may be necessary to monitor corneal health and to see that the characteristics of a **Well-Fitted Lens** are maintained.

Follow-up Examination Procedures

- Prior to a follow-up examination, the contact lenses should be worn for at least four continuous hours.
- Record patient's symptoms, if any.
- Measure visual acuity monocularly and binocularly with the contact lenses in place.
- Perform an over-refraction to check for residual refractive error.
- With a biomicroscope, evaluate lens fitting characteristics and examine the lens surface for deposits.
- Remove the lenses and conduct a thorough biomicroscopic examination with fluorescein. Rinse eyes with saline before re-inserting lenses.
- Evert upper lids to determine condition of tarsal conjunctiva.
- Periodically perform keratometry and spectacle refractions. These results should be recorded to compare to the initial measurements.
- If any observations are abnormal, use professional judgment to manage the problem and restore the eye to optimal conditions. If visual requirements are not satisfied during any follow-up examination, the patient should be re-fitted with a more appropriate lens.

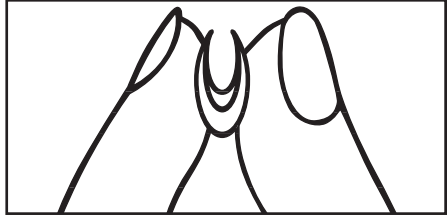
LENS HANDLING HINTS

Lens Insertion

- When about to place the lens on the eye, make sure the lens sits up on the placement finger. The finger should be dry so surface tension does not cause the lens to adhere to the finger.
- Check to see that the lens is right side out. A lens that is placed on the eye inside out may not feel comfortable or provide good vision.

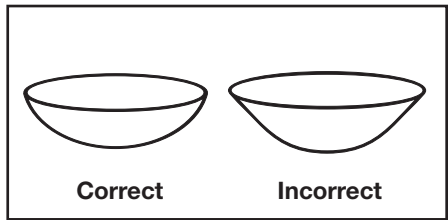
One way to do this is to place the lens between the thumb and index finger and squeeze the edges together gently.

- If the edges come together, the lens is right side out.
- If the edges turn outward, the lens is wrong side out. Carefully reverse it with the fingers.



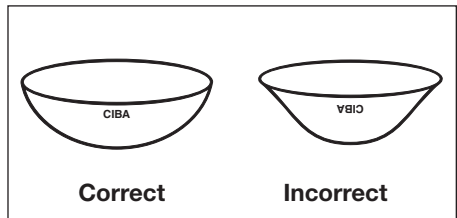
Another way is to place the lens on the tip of the index finger and check its shape.

- If the edge appears bowl-shaped, it is right side out.
- If the edge has a lip or flares outward, it is wrong side out and must be reversed.

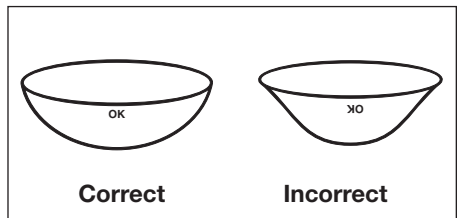


A third way to tell if the lens is right side out is to look at the lens engravings at the edge of the lens.

- Place the lens on the tip of the index finger and hold it up against a light source.
- If the lens is right side out, the patient should be able to read "CIBA" or "OK" at the edge of the lens. If the lens is inside out, the engravings will be reversed. Carefully turn the lens right side out with the fingers.



- Place the lens directly onto the cornea (placing it on the lower sclera can lead to the lens folding after a blink). While continuing to hold both lids in place, the patient should look down to seat the lens. The lids may then be released.



Lens Removal

- To remove the lens from the cornea, assure that the fingers are clean and dry.
- Slide the lens off the cornea (down or to the side) onto the sclera. This produces a fold in the lens, which assists in removal. With the index finger and thumb, gently pinch the lens off the eye.
- Remember to remove the same lens first (right or left), then the other lens. This helps avoid getting the lenses mixed up.
- It may be easier to remove the contact lenses if the patient uses rewetting drops (approved for use with soft lenses) recommended by the eye care professional 10 to 15 minutes before lens removal. This will also help prevent lens tearing during the removal process.

Care for a Sticking Lens

- If the lens sticks (stops moving) or begins to dry on the eye, instruct the patient to apply several drops of a recommended lubricating solution (used in accordance with package labeling). The patient should wait until the lens begins to move freely on the eye before attempting to remove it. If the lens continues to stick, the patient should **immediately** consult the eye care professional.

IN OFFICE CARE OF TRIAL LENSES

Eye care professionals should understand and educate contact lens technicians concerning proper use of trial lenses.

Each contact lens is shipped sterile in a sealed blister pack containing phosphate buffered saline with or without 1% Copolymer 845 additive. Hands should be thoroughly washed and rinsed and dried with a lint free towel prior to handling a lens. In order to insure sterility, the blister pack should not be opened until immediately prior to use.

For fitting and diagnostic purposes, the **lenses should be disposed of after a single use and not be re-used from patient to patient.**

ADDITIONAL INFORMATION

CIBA VISION is pleased to assist with fitting or clinical questions regarding AIR OPTIX NIGHT & DAY AQUA contact lenses. Contact the CIBA VISION Technical Consultation department at 1-800-241-7468.

To order AIR OPTIX NIGHT & DAY AQUA contact lenses or additional copies of the Canadian Patient Leaflet, contact your CIBA VISION sales representative or call Customer Service at 1-800-268-3968.

VERTEX DISTANCE CONVERSION CHART

For minus lenses, read left to right; for plus lenses, read right to left.
(12 mm Vertex Distance)

-	+	-	+	-	+	-	+
4.00	3.87	7.50	6.87	12.00	10.37	19.00	15.50
4.25	4.00	7.62	7.00	12.50	10.75	19.25	15.62
4.50	4.25	7.75	7.12	12.75	11.00	19.25	15.75
4.75	4.50	7.87	7.25	13.00	11.25	19.75	16.00
5.00	4.75	8.00	7.37	13.50	11.50	20.00	16.12
5.12	4.87	8.12	7.50	13.75	11.75	20.25	16.25
5.37	5.00	8.25	7.62	14.00	12.00	20.50	16.50
5.50	5.12	8.50	7.75	14.25	12.25	20.75	16.62
5.62	5.25	8.75	8.00	14.75	12.50	21.00	16.75
5.75	5.37	9.00	8.25	15.00	12.75	21.25	17.00
5.87	5.50	9.25	8.37	15.50	12.75	21.75	17.25
6.00	5.62	9.50	8.62	15.75	13.25	22.25	17.50
6.12	5.75	9.75	8.75	16.25	13.50	22.50	17.75
6.37	5.87	10.00	9.00	16.75	13.75	23.00	18.00
6.50	6.00	10.25	9.12	17.00	14.00	23.50	18.25
6.62	6.12	10.50	9.25	17.25	14.25	23.75	18.50
6.75	6.25	10.75	9.37	17.62	14.37	24.25	18.75
6.87	6.37	11.00	9.62	18.00	14.50	24.75	19.00
7.00	6.50	11.25	9.75	18.12	14.75	25.00	19.25
7.12	6.62	11.50	10.00	18.50	15.00	25.50	19.50
7.37	6.75	11.75	10.25	18.75	15.25	26.00	19.75

⚠ INSTRUCTIONS FOR USE – This leaflet contains important product use and safety information. Please read carefully and retain for future reference. Contact lenses are made of different materials and dimensions and should always be fitted by an eye care professional. It is essential that contact lens wearers see their eye care professional regularly, and follow their directions and all labeling instructions for proper use of contact lenses and lens care products.

**PRODUCT NAME(s)**

AIR OPTIX™ NIGHT & DAY® AQUA

DESCRIPTION

AIR OPTIX NIGHT & DAY AQUA (lotrafilcon A) soft contact lenses are available in a spherical design in a range of dimensions and prescriptive powers [measured in diopters (D)]. The eye care professional will prescribe the appropriate prescriptive power (Rx) that's needed to correct vision in your right and left eye.

When placed on the cornea (front part of the eye), the lenses act to correct vision by refocusing light rays on the retina (back part of the eye). For therapeutic use, the lenses act as a bandage to protect the cornea.

The lens material is approximately 24% water and 76% lotrafilcon A, a fluoro-silicone containing hydrogel that is surface treated to wet with your tears. Lenses contain the color additive copper phthalocyanine, a light blue handling tint, which makes them easier to see when handling. Each lens is packaged in a foil-sealed blister pack containing isotonic phosphate buffered saline with 1% Copolymer 845 and is steam sterilized. The package is marked with the base curve, diameter, dioptric power, manufacturing lot number and expiration date. Lenses are available in an 8.4mm base curve (Model/Device ID CIBA Z4u) and an 8.6mm base curve (Model/Device ID CIBA Z6u).

STERILE



Use only if pack and printed foil are intact.

INTENDED USE:*Vision Correction*

AIR OPTIX NIGHT & DAY AQUA (lotrafilcon A) soft contact lenses are used to improve vision in persons who are nearsighted (myopia) or farsighted (hyperopia). The lenses may be worn for daily wear or extended wear for up to 30 nights and days of continuous wear as recommended by your eye care professional.

Therapeutic Use

In addition, lotrafilcon A lenses are for therapeutic use. They may be used as a bandage to protect the cornea, to relieve corneal pain, to aid corneal healing in the treatment of various acute or chronic ocular conditions, and for post-surgical conditions resulting from cataract extraction and corneal surgery. Lotrafilcon A soft contact lenses for

therapeutic use can also provide optical correction during healing if required.

RECOMMENDED WEAR AND REPLACEMENT SCHEDULE

In the interest of maintaining the health and safety of your eyes, the wear and replacement schedule should be determined by your eye care professional.

- AIR OPTIX NIGHT & DAY AQUA lenses may be prescribed for daily wear or extended wear for up to 30 nights of continuous wear, with removal for disposal, or cleaning and disinfection prior to reinsertion, as recommended by your eye care professional. However, not everyone can reach the maximum wear period. Clinical studies have shown that approximately 90% of patients dispensed lenses are able to achieve some period of extended wear and approximately 65% are able to wear their lenses for the full 30 nights extended wear.
- Your eye care professional may recommend daily wear, or a shorter period of continuous wear depending on your individual needs, and you should always adhere to his or her recommendations. If you need to wear lenses for less than 30 nights your eye care professional will advise you on the appropriate use of contact lens care products, or may recommend disposable use.
- For extended wear, lenses can be worn continuously for up to 30 nights. Once lenses are removed, your eyes should have a rest without lens wear for at least one overnight. Your eye care professional will tell you how long to rest your eyes in between wearing periods and will also recommend a replacement period and appropriate lens care products that are right for you.
- For daily wear (less than 24 hours per day, while awake), normal daily wear assumes a minimum of 6 hours of non lens wear per 24 hour period, however individual wearing schedule will vary. The eye care professional should determine how many hours per day lenses may be worn.
- For therapeutic use, close professional supervision is necessary. The eye care professional should provide specific instructions regarding lens wear, removal and insertion.
- CIBA VISION recommends monthly replacement for lotrafilcon A lenses. Based on this recommendation, it is up to your eye care professional to determine the actual wear and replacement schedule that is best for you.

WHEN NOT TO WEAR LENSES

DO NOT USE AIR OPTIX NIGHT & DAY AQUA (Iotraficon A) contact lenses when any of the following exists:

- Allergy, inflammation, infection or irritation on or around the eye or eyelids
- Periods of poor health, such as during severe colds or influenza
- The use of some medications, including eye medications. Always consult your eye care professional before using any medicines in your eyes.
- A systemic disease that may be affected by or impact contact lens wear
- Inadequate tear film (dry eyes)
- Excessively dry or dusty environments that make contact lens wear uncomfortable
- Water sports without use of goggles
- If eyes become red or irritated

Consult with your eye care professional specifically regarding these or other conditions.

For THERAPEUTIC USE, the eye care professional may prescribe Iotraficon A lenses to aid in the healing process of certain corneal conditions.

POSSIBLE PROBLEMS

While wearing lenses your eyes should look well, feel comfortable, and your vision should be clear.

Although contact lenses provide many benefits to the wearer, it is possible that problems can occur. Check your eyes every day for the following conditions:

- Moderate to severe eye pain not relieved by removing the lens
- Feeling of something in the eye
- Uncomfortable lens
- Eye redness
- Sensitivity to light
- Burning, stinging, itching or watering eyes
- Reduced sharpness of vision
- Rainbows or halos around lights
- Unusual eye secretions
- Severe or persistent dry eyes
- Feeling of dryness

These symptoms, if ignored, can lead to more serious complications.

During therapeutic use, an adverse effect may be due to the original disease or injury or may be due to the effects of wearing a contact lens. Your eye care professional should discuss the possibility that the existing disease or condition might become worse when a soft contact lens for therapeutic use is used to treat an already diseased or damaged eye. The patient should be instructed to avoid serious eye damage by contacting the eye care practitioner IMMEDIATELY if there is any increase in symptoms while wearing the lens.

WHAT TO DO IF A PROBLEM OCCURS

When lenses are being used for vision correction in healthy eyes, if any of the above signs or symptoms occur:

- IMMEDIATELY REMOVE THE LENS.
- If the discomfort or problem stops, then look closely at the lens for problems.
- If a lens is damaged, DO NOT put the lens back on the eye. Replace with a new lens or consult the eye care professional.
- If the lens has dirt, an eyelash or other spots on it, thoroughly clean, rinse and disinfect it before insertion. If the problem returns on reinsertion, the lens should be discarded and a new lens placed on the eye.
- If dryness persists, consult the eye care professional. If the condition does not stop after the lens has been removed, or returns after insertion of a new lens, IMMEDIATELY REMOVE THE LENS AND CONTACT THE EYE CARE PROFESSIONAL. Prompt attention is necessary or serious eye problems, including corneal ulcers, can develop. Loss of vision or scarring of the cornea may result.

During therapeutic use, if problems occur or worsen, YOU SHOULD IMMEDIATELY CONTACT YOUR EYE CARE PROFESSIONAL and follow the directions provided.

ADDITIONAL INFORMATION

- The risk of microbial keratitis, a rare but serious condition resulting in corneal scarring and leading to permanent reduction of vision, has been shown to be greater among users of extended wear contact lenses (0.2% or 20/10,000 wearers per year) than among users of daily wear contact lenses (0.04% or 4/10,000 wearers per year).
- Possible problems may be reduced by recognizing the signs and following the advice under What to do if a Problem Occurs.
- For therapeutic use, medications necessary for treatment should be used with caution under close supervision by the eye care professional.

IF YOU SMOKE

Smoking increases the risk of serious problems with contact lens wear, especially when lenses are worn overnight or while sleeping. If you smoke, be sure to inform your eye care professional.

IMPORTANT THINGS TO REMEMBER

- It is recommended that contact lens wearers see their eye care professional regularly as directed. CIBA VISION recommends contact lens wearers see their eye care professional at least twice per year, or as recommended by the eye care professional. More frequent visits will be required for therapeutic use and may be needed for first time contact lens wearers or starting continuous wear.
- You should always have a pair of spectacles (eyeglasses) that you are willing to wear if a problem occurs with your contact lenses.
- Never exceed the prescribed wearing schedule, even if lenses still feel comfortable.
- Do not use lenses after the expiration date.
- Know the correct lens power for each eye.

- Cosmetics, lotions, soaps, creams or deodorant can all cause irritation if they come in contact with your lenses. Use them carefully.
- Avoid spraying aerosols such as hair spray near your eyes while wearing your lenses as they may cause irritation.
- Consult your eye care professional about wearing lenses during sporting activities including swimming.
- Remove your lenses when exposed to noxious or irritating vapors.
- Never expose contact lenses to any non-sterile water (including tap water) as microbial contamination can occur, which may lead to permanent eye damage.

In addition, for therapeutic use:

- Your vision may be compromised during contact lens therapy. This may require supplemental spectacles for vision correction, and limitations to daily activities, such as driving. You should discuss this with your eye care practitioner.
- Exposure to water may temporarily affect the fit of the lens and could lead to a serious eye infection. Do not get water in the eye while bathing or showering. While wearing contact lenses for therapeutic use, discontinue water activities such as swimming or use of hot tubs.

HANDLING YOUR LENSES

The eye care professional should provide wearers with detailed contact lens wear, care, insertion and removal instructions.

- Always wash and dry your hands before handling lenses.
- Peel back the foil lid and, gently pour the lens onto the palm of your clean hand. Ensure that the lens is right side out and that the correct lens is available for each eye.
- Inspect lenses prior to insertion. Do not insert if damaged.
- To insert lenses:
 - Place a lens on the tip of your clean and dry right or left index finger, place the middle finger of the same hand close to your lower eyelashes and pull down the lower eyelid.
 - Use the fingers of the other hand to lift the upper eyelid.
 - Place the lens directly on the eye (cornea) and gently roll your finger away from the lens.
 - Look down and slowly remove your hand, releasing the lower lid.
 - Look straight ahead and slowly remove your other hand, releasing the upper lid.
 - Blink gently.
- To remove lenses:
 - When removing lenses, make sure hands are completely dry.
 - Blink fully several times. While looking up, slide the lens down onto the white part of the eye.
 - Remove the lens by pinching gently between the thumb and forefinger.
 - If a lens de-centers on the eye, close eye and gently massage the eyelid to return the lens to the central position. If the problem persists, consult the eye care professional.
- Never uses tweezers, sharp objects or fingernails to move, insert or remove lenses from your eyes or the lens container.

For therapeutic use, your eye care professional may instruct you NOT to insert or remove your lenses by yourself. Under these circumstances, the eye care professional will insert and remove your lenses for you.

TAKING CARE OF LENSES

- Good hygiene and correct care of lenses are essential.
- DO NOT use saliva, tap water, distilled water or homemade saline solution for any purpose in caring for your lenses. The use of these solutions has been associated with serious eye infections, including Acanthamoeba keratitis, a corneal infection which is resistant to treatment and cure.
- DISINFECT lenses each time they are removed to destroy harmful germs and to ensure safe and comfortable contact lens wear. Use a chemical, not heat, disinfection system.
- A separate CLEANING & RINSING step may be recommended by the eye care professional to remove contaminants from the lens surface.
- Remove one lens first (always the same lens first to avoid mix-ups) and place the lens into the correct chamber of the lens storage case. Repeat this procedure for the second lens.
- The eye care professional should recommend an appropriate lens care system. CIBA VISION recommends the following lens care products:
 - Hydrogen peroxide disinfecting systems - Clear Care®
 - Chemical cleaning & disinfecting solutions – SOLOCARE AQUA® All-In-One Solution
 - Cleaners – AOFLOW® Extra Strength Daily Cleaner
 - Lubricating & rewetting drops – AQUify® Long-Lasting Comfort Drops
- To store lenses, clean, disinfect, neutralize, rinse, and leave them in the closed/unopened lens storage case until ready to wear. If the lenses have been stored in the unopened lens storage case for more than 24 hours, repeat the cleaning, disinfecting, neutralizing and rinsing procedures using fresh solutions prior to wearing the lenses.
- Contact lens cases require proper use, cleaning and replacement at regular intervals. To prevent contamination and avoid serious eye injury, follow the manufacturer's instructions for use and care of the lens case and replace the lens case according to the manufacturer's instructions, or as recommended by the eye care professional.
- If a lens is exposed to air while off the eye it may become dry and permanently damaged. If this should occur, discard the lens and use a new one to avoid possible irritation or injury to the eye.
- Do not use heat or products designed only for hard or rigid gas permeable lenses.
- Refer to the package inserts of each individual lens care product for important safety information and complete directions.

CARE FOR A STICKING LENS

If the lens sticks (stops moving) or begins to dry on the eye, apply several drops of a recommended lubricating solution (used in accordance with package labeling). Wait until the lens begins to move freely on the eye before attempting to remove it. If the lens continues to stick, IMMEDIATELY consult the eye care professional.

EMERGENCIES

If chemicals of any kind (household products, gardening solutions, laboratory chemicals, etc.) are splashed into the eyes:

- **Flush eyes immediately with tap water or fresh saline solution.**
- **Remove and discard the lens, and immediately contact the eye care professional or a visit a hospital emergency room without delay.**



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Patient Instructions for the Monovision Wearer

- You should be aware that as with any type of lens correction, there are advantages and compromises to monovision contact lens therapy. The benefit of clear near vision in straight ahead and upward gaze that is available with monovision may be accompanied by a vision compromise that may reduce your distance visual acuity and depth perception for distance and near tasks. Some patients have experienced difficulty adapting to it. Symptoms, such as mild blurred vision, dizziness, headaches and a feeling of slight imbalance, may last for a brief minute or for several weeks as adaptation takes place. The longer these symptoms persist, the poorer your prognosis for successful adaptation. You should avoid visually demanding situations during the initial adaptation period. It is recommended that you first wear these contact lenses in familiar situations, which are not visually demanding. For example, it might be better to be a passenger, rather than a driver of an automobile, during the first few days of lens wear. It is recommended that you drive with monovision correction only if you pass the driver's license requirements with your monovision correction.
- Some monovision patients will never be fully comfortable functioning under low levels of illumination, such as driving at night. If this happens, you may want to discuss with your eye care professional having additional contact lenses prescribed so that both eyes are corrected for distance when sharp distance binocular vision is required.
- If you require very sharp near vision during prolonged close work, you may want to have additional lenses prescribed so that both eyes are corrected for near when sharp near vision binocular vision is required.
- Some monovision patients require supplemental spectacles to wear over the monovision contact lens correction to provide the clearest vision for critical tasks. You should discuss this with your eye care professional.
- It is important that you follow your eye care professional's suggestions for adaptation to monovision contact lens therapy. You should discuss any concerns that you may have during and after the adaptation period.
- The decision to be fit with a monovision correction is most appropriately left to the eye care professional in conjunction with you, after carefully considering and discussing your needs.

LENS CARE PRODUCT CHART FOR SOFT CONTACT LENSES

CLEAR CARE®

Hydrogen peroxide based solution for cleaning, disinfecting and protein removal

SOLOCARE AQUA® All-In-One Solution

SOLOCARE AQUA All-In-One solution is ideal for cleaning, daily protein removal, rinsing, disinfecting and storing lenses, including silicone hydrogel lenses. SOLOCARE AQUA also offers a convenient 5 minute option to clean and disinfect lenses easily whenever needed.

Includes MICROBLOCK®
Antibacterial Lens Case

The MICROBLOCK lens case is made of a special plastic infused with an antibacterial agent throughout the lens case and lens cap. The MICROBLOCK lens case not only kills bacteria but also inhibits the growth of microorganisms in the lens case.

Other CIBA VISION® Lens Care Products AQuify® Long-Lasting Comfort Drops

Lubricating and rewetting. Gentle relief from dryness and discomfort from contact lens wear.

AOSEPT® Plus

AOSEPT Cleaning and Disinfecting Solution plus lens cup and disc

SoftWear® Saline

Rinsing, storage and wetting

AOFLOW® Extra Strength Daily Cleaner

Cleaner

Unizyme® Enzymatic Cleaner

Enzymatic cleaner for contact lens protein removal



Shared Passion for Healthy Vision and Better Life

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