

PACKAGE INSERT / FITTING GUIDE

BAUSCH + LOMB
BIO true
ONEday
(nesofilcon A)
Soft (Hydrophilic)
Contact Lenses

BAUSCH + LOMB
BIO true
ONEday
for Presbyopia
(nesofilcon A)
Soft (Hydrophilic)
Contact Lenses



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Name and Address of Manufacturer:
Bausch & Lomb Incorporated
1400 North Goodman Street
Rochester, New York, USA 14609

BAUSCH + LOMB
BIO true
ONEday
for Astigmatism
(nesofilcon A)
Soft (Hydrophilic)
Contact Lenses

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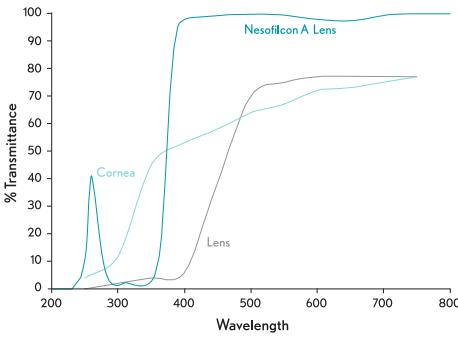
SYMBOL REFERENCE GUIDE

For label and cartons:

	Do Not Reuse
	Temperature Limitation
	Sterile Using Steam or Dry Heat
	See Instruction Leaflet
	Indicates the CE Conformity Marking and the Notified Body Number
	Authorized Representative in European Community
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The typical transmittance profile of nesofilcon A lenses vs a Human Cornea and Human Lens:

Nesofilcon A Lens –Nominal Center Thickness 0.1mm (125D).

Cornea—Human Cornea from a 24-year-old person as described in Lerman, S., Radiant Energy and the Eye, MacMillan, New York, 1980, p.58, fig. 2-21.

Lens—Human crystalline lens from a 25-year-old person as described in Waxler M., Hitchins VM., Optical Radiation and Visual Health, CRC Press, Boca Raton, Florida, 1986, p.19, fig. 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. You should continue to use UV absorbing eyewear as directed.

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.

Note

The effectiveness of wearing UV absorbing contact lenses in preventing or reducing the incidence of ocular disorders associated with exposure to UV light has not been established at this time. However, clinical studies have not been done to demonstrate that wearing UV blocking contact lenses reduce the risk of developing cataracts or other eye disorders. Consult your Eye Care Professional for more information.

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CAUTION

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

IMPORTANT

This package insert and fitting guide has been developed to provide practitioners with information covering characteristics of the Bausch + Lomb Biotrue® ONEday (nesofilcon A) Soft (Hydrophilic) Contact Lens, Bausch + Lomb Biotrue® ONEday for Presbyopia (nesofilcon A) Soft (Hydrophilic) Contact Lens and Bausch + Lomb Biotrue® ONEday for Astigmatism (nesofilcon A) Soft (Hydrophilic) Contact Lens and to illustrate fitting procedures. It is effective as of July 2017 (2017-07-31) and supersedes all prior fitting guides for the product described. Please read carefully and keep this information for future use.

This package insert and fitting guide 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 patient instructions that pertain to the patient's prescribed lens and the recommended wearing schedule.

DESCRIPTION

The Bausch + Lomb Biotrue® ONEday lens material, HyperGel™ (nesofilcon A), is a hydrophilic copolymer of 2-hydroxyethyl methacrylate and N-vinyl pyrrolidone and is 78% water by weight when immersed in a sterile saline solution. A benzotriazole UV-absorbing monomer is incorporated into the manufacturing process to block UV radiation. The transmittance characteristics are less than 5% in the UVB range of 280nm to 315nm and less than 50% in the UVA range of 316nm to 380nm. This lens is tinted blue with Reactive Blue Dye 246. The physical / optical properties of the lens are:

Specific Gravity:	1.039
Refractive Index:	1.374
Light Transmittance:	C.I.E. Y value - approximately 99%
Water Content:	78%

Oxygen Permeability (Dk): $42 \times 10^{-11} [\text{cm}^2 \text{O}_2 (\text{STP}) \times \text{cm}] / (\text{sec} \times \text{cm}^2 \times \text{mmHg})$ @ 35°C (Polarographic Method)

The lens is to be prescribed for single-use disposable wear, and is to be discarded after each removal.

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LENS PARAMETERS AVAILABLE

The Bausch + Lomb Biotrue® ONEday (nesofilcon A) Soft (Hydrophilic) Contact Lens is a hemispherical shell of the following dimensions:

Diameter:	14.2mm 14.5mm (Astigmatism)
Center Thickness:	0.05mm to 0.75mm (varies with power)
Base Curve:	8.6mm 8.4mm (Astigmatism)
Powers (Spherical):	+6.00D to -6.00D in 0.25D steps -6.50D to -9.00D in 0.50D steps
Powers (Presbyopia):	+6.00D to -9.00D in 0.25D steps Low (+0.75D to +1.50D) and High (+1.75D to +2.50D)
Add Powers:	+4.00D to -6.00D in 0.25D steps -6.50D to -9.00D in 0.50D steps
Powers (Astigmatism):	+4.00D to -6.00D in 0.25D steps -6.50D to -9.00D in 0.50D steps
Cylinder Powers:	-0.75D, -1.25D, -1.75D and -2.25D
Axis:	0° to 180°

Additional parameters may be introduced over time, check for product availability.

HOW THE LENS WORKS (ACTIONS)

In its hydrated state, the Bausch + Lomb Biotrue® ONEday (nesofilcon A) Soft (Hydrophilic) Contact Lens, Bausch + Lomb Biotrue® ONEday for Presbyopia (nesofilcon A) Soft (Hydrophilic) Contact Lens and Bausch + Lomb Biotrue® ONEday for Astigmatism (nesofilcon A) Soft (Hydrophilic) Contact Lens, when placed on the cornea, act as a refracting medium to focus light rays on the retina. The transmittance characteristics are less than 5% in the UVB range of 280nm to 315nm and less than 50% in the UVA range of 316nm to 380nm.

INDICATIONS

SVS

The Bausch + Lomb Biotrue® ONEday (nesofilcon A) Soft (Hydrophilic) Contact Lens is indicated for daily wear correction of refractive ametropia (myopia, hyperopia and astigmatism) in aphakic and/or non-aphakic persons with non-diseased eyes, exhibiting astigmatism of 2.00 diopters or less, that does not interfere with visual acuity. The lens may be prescribed in spherical powers ranging from +20.00D to -20.00D.

Presbyopia

The Bausch + Lomb Biotrue® ONEday for Presbyopia (nesofilcon A) Soft (Hydrophilic) Contact Lens is indicated for daily wear for the correction of refractive ametropia (myopia, hyperopia, and astigmatism) and presbyopia in aphakic and/or non-aphakic persons with non-diseased eyes, exhibiting astigmatism of up to 5.00 diopters, that does not interfere with visual acuity. The lens may be prescribed in powers ranging from +20.00D to -20.00D with add power ranging from +0.75D to +5.00D.

The lens is to be prescribed for single-use disposable wear, and is to be discarded after each removal.

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WARNINGS

After a thorough eye examination, including appropriate medical background, patients should be fully apprised by the prescribing professional of all the risks with contact lens wear. Patients should be advised of the following warnings pertaining to contact lens wear:

- 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 direction 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.
- Daily wear lenses are not indicated for overnight wear, and patients should be instructed not to wear lenses while sleeping. Clinical studies have shown that the risk of serious adverse reactions is increased when daily wear lenses are worn overnight.
- Studies have shown that contact lens wearers who are smokers have a higher incidence of adverse reactions than nonsmokers.
- 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 his or her eye care professional.
- Patients should be instructed not to expose their contact lenses to water while wearing them.
- Water can harbor microorganisms that can lead to severe infection, vision loss or blindness. If their contact lenses have been submerged in water when swimming in pools, lakes or oceans, the contact lenses should be discarded and replaced with a new pair. Recommendations for wearing lenses during any water activity should be discussed with the patient.

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 eye should be carefully monitored by the prescribing eye care professional.
- Patients who wear contact lenses to correct presbyopia 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.
- Eye care professionals should instruct the patient to REMOVE A LENS IMMEDIATELY if an eye becomes red or irritated.
- 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 sterile saline solution that is recommended for in-eye use.
- The patient should be instructed to always discard disposable lenses and lenses worn on a frequent/planned replacement schedule after the recommended wearing schedule prescribed by the eye care professional.

Important Treatment Information for Adverse Reactions

Sight-threatening ocular complications associated with contact lens wear can develop rapidly, and therefore early recognition and treatment of problems are critical. Infectious corneal ulceration is one of the most serious potential complications, and may be ambiguous in its early stage. Signs and symptoms of infectious corneal ulceration include discomfort, pain, inflammation, purulent discharge, sensitivity to light, cells and flare, and corneal infiltrates. Initial symptoms of a minor abrasion and an early infected ulcer are sometimes similar. Accordingly, such epithelial defect, if not treated properly, may develop into an infected ulcer. In order to prevent serious progression of these conditions, a patient presenting symptoms of abrasions or early ulcers should be evaluated as a potential medical emergency, treated accordingly, and be referred to a corneal specialist when appropriate. Standard therapy for corneal abrasions such as eye patching, the use of steroids or steroid/antibiotic combinations may exacerbate the condition. If the patient is wearing a contact lens on the affected eye when examined, the lens should be removed immediately and the lens and lens care products retained for analysis and culturing.

A detailed history is crucial to determining patient needs and expectations. Your patient should be questioned regarding vocation, desired lens wearing time (full or part time), and desired lens usage (reading, recreation or hobbies). Initial evaluation of the trial lens should be preceded by a complete eye examination, including visual acuity with and without correction at both distance and near, keratometry and slit lamp examination.

It is normal for the patient to experience mild symptoms such as lens awareness, variable vision, occasional tearing (watery eyes) and slight redness during the adaptation period. Although the adaptation period varies for each individual, generally within one week these symptoms will disappear.

If these symptoms persist, the patient should be instructed to contact his or her eye care professional.

SELECTION OF PATIENTS

The eye care professional should not fit patients who cannot or will not adhere to a recommended care or replacement regimen, or are unable to place and remove the lenses. Failure to follow handling and cleaning instructions could lead to serious eye infections which might result in corneal ulcers.

Patient communication is vital because it relates not only to patient selection but also

GENERAL FITTING PROCEDURE

1. Pre-Fitting Examination

A pre-fitting patient history and examination are necessary to:

- Determine whether a patient is a suitable candidate for contact lenses (consider patient hygiene and mental and physical state),
- Make ocular measurements for initial contact lens parameter selection, and
- Collect and record baseline clinical information to which post-fitting examination results can be compared.

A pre-fitting examination should include spherocylinder refraction and VA, keratometry, and biomicroscopic examination.

2. Initial Lens Power Selection

- a. Lens power is determined from the patient's spherical equivalent prescription corrected to the corneal plane.
- b. Select the appropriate lens and place on the eye. Allow the lens to remain on the eye long enough (10 to 20 minutes) to achieve a state of equilibrium. Small variations in the tonicity, pH of the lens solutions, and individual tear composition may cause slight changes in fitting characteristics.
- c. Allow any increase in tear flow to subside before evaluating the lens. The time required will vary with the individual.

3. Initial Lens Evaluation

- a. To determine proper lens parameters observe the lens relationship to the eye using a slit lamp.
- Movement: The lens should provide discernible movement with:
 - Primary gaze blink
 - Upgaze blink
 - Upgaze lag
- Centration: The lens should provide full corneal coverage.
- b. Lens evaluation allows the contact lens fitter to evaluate the lens/cornea relationship in the same manner as would be done with any soft lens.

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4. Criteria of a Well-Fitted Lens

If the initial lens selection fully covers the cornea, provides discernible movement after a blink, is comfortable for the patient and provides satisfactory visual performance, it is a well fitted lens and can be dispensed.

5. Characteristics of a Tight (Steep) Lens

A lens which is much too steep may subjectively and objectively cause distortion which will vary after a blink. However, if a lens is only marginally steep, the initial subjective and objective vision and comfort findings may be quite good. A marginally steep lens may be differentiated from a properly fitted lens by having the patient gaze upward. A properly fitted lens will tend to slide downward approximately 0.5mm while a steep lens will remain relatively stable in relationship to the cornea, particularly with the blink.

6. Characteristics of a Loose (Flat) Lens

If the lens is too flat, it will:

- Decenter, especially on post-blink.
- Have a tendency to edge lift inferiorly and sit on the lower lid, rather than positioning between the sclera and palpebral conjunctiva.
- Have a tendency to be uncomfortable and irritating with fluctuating vision.
- Have a tendency to drop or lag greater than 2.0mm on upgaze post-blink.

7. Follow-Up Care

The wearing and replacement schedules should be determined by the eye care professional. Regular checkups, as determined by the eye care professional, are extremely important.

Daily Wear:

There may be a tendency for the daily wear patient to over-wear the lenses initially. Therefore, the importance of adhering to a proper, initial daily wearing schedule should be stressed to these patients. The wearing schedule should be determined by the eye care professional. The wearing schedule chosen by the eye care professional should be provided to the patient.

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MONOVISION FITTING GUIDELINES

1. Patient Selection

a. Monovision Needs Assessment

For a good prognosis the patient should have adequately corrected distance and near visual acuity in each eye. The amblyopic patient or the patient with significant astigmatism (greater than one [1] diopter) in one eye may not be a good candidate for monovision with the Bausch + Lomb Biotrue® ONEday (nesofilcon A) Soft (Hydrophilic) Contact Lenses or Bausch + Lomb Biotrue® ONEday for Astigmatism (nesofilcon A) Soft (Hydrophilic) Contact Lenses.

Occupational and environmental visual demands should be considered. If the patient requires critical vision (visual acuity and stereopsis) it should 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 their state drivers license requirements with monovision correction should be advised to not drive with this correction, OR may require that additional over-correction be prescribed.

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 reading glasses. Each patient should understand that monovision 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.

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TORIC FITTING GUIDELINES

- a. Determine contact lens power. The toric trial lens is used to optimize lens fitting characteristics and determine axis orientation. Lens power is determined by the spectacle refraction. It is preferable to use the spectacle Rx as the basis for the contact lens power. The sphere and cylinder power of the spectacle Rx becomes the closest sphere and cylinder power of the contact lens.

There are two exceptions:

- 1. If spectacle cylinder power falls between available contact lens cylinder powers, prescribe the lesser contact lens cylinder power. The sphere power can be increased -0.25D to compensate if desired. Of course, this can vary depending on your interpretation of the patient's subjective responses.

Example: Spectacle Rx: -2.00-100 X 180

Contact Lens Power Ordered: -2.25-0.75 X 180

- 2. When the spectacle lens power in any principle meridian is greater than 4.00D, the spectacle refraction should be vertexed to the corneal plane. This can affect both the sphere and cylinder powers ordered.

Example: Spectacle Rx: -5.00-275 X 180

Contact Lens Power Ordered: -4.75-2.25 X 180

- b. Determine contact lens axis, the center guide mark should locate at the Inferior limbus. Once oriented, rotational rocking should be limited to less than 5°.

- c. Allow the lens to settle for at least 3 minutes to achieve a state of equilibrium. Note the orientation of the guide mark relative to the vertical meridian. Regardless of which eye the lens is on, if the rotation is clockwise but stable, note the amount of rotation, add it to the refractive cylinder axis and order the resulting axis. If the rotation has stabilized counterclockwise, again note the rotation, subtract it from the refractive axis and order the resulting axis. The guide mark can be used to help you calculate the axis of the desired Rx lens.

Example: Spectacle Rx: -2.50-125 X 80

Rotation: 20° clockwise

Final Lens Prescription: -2.50-125 X 100

- d. Select patient's lenses.

- e. Evaluate orientation of final Rx lenses. The orientation of the prescription should be the same as that observed for the trial lenses. For example, if the trial lens rotated clockwise 15° then the final prescription lens should also rotate clockwise 15°.

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4. To Refine Distance Vision

If patient is wearing two Low Add lenses:

- Refinement 1:
Fit Bausch + Lomb Biotrue® ONEday SVS in dominant eye while keeping Bausch + Lomb Biotrue® ONEday for Presbyopia Low Add in non-dominant eye.
- Refinement 2:
If vision is still unsatisfactory, add -0.25D at a time to dominant eye using hand held lenses. Adjust contact lens power when vision in satisfactory.

5. Patient Education

All patients do not function equally well with multifocal correction. Patients may not perform as well for certain tasks with this correction as they have with multifocal reading glasses. Each patient should understand that multifocal correction 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 multifocal contact lenses provide.

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6. 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 a feeling of slight imbalance. You should explain the adaptational symptoms to the patient. These symptoms may last for a brief minute or for several weeks. The longer these symptoms persist, the poorer the prognosis 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 may be recommended that the patient 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 during optimal driving conditions. After adaptation and success with these activities, the patient should be able to drive under other conditions with caution.

7. Other Suggestions

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

- Having a third contact lens (distance power) to use when critical distance viewing is needed.
 - Having a third contact lens (near power) to use when critical near viewing is needed.
 - Having supplemental spectacles to wear over the monovision contact lenses for specific visual tasks may improve the success of monovision correction. This is particularly applicable for those patients who cannot meet state 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 Bausch + Lomb Biotrue® ONEday (nesofilcon A) Soft (Hydrophilic) Contact Lens / Bausch + Lomb Biotrue® ONEday for Presbyopia (nesofilcon A) Soft (Hydrophilic) Contact Lens / Bausch + Lomb Biotrue® ONEday for Astigmatism (nesofilcon A) Soft (Hydrophilic) Contact Lens Patient Information Booklet.

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WEARING SCHEDULE

The wearing and replacement schedules should be determined by the eye care professional. Regular checkups, as determined by the eye care professional, are extremely important.

Daily Wear:

There may be a tendency for the daily wear patient to over-wear the lenses initially. Therefore, the importance of adhering to a proper, initial daily wearing schedule should be stressed to these patients. The wearing schedule should be determined by the eye care professional. The wearing schedule chosen by the eye care professional should be provided to the patient. The lens is to be prescribed for single-use disposable wear, and is to be discarded after each removal.

HANDLING OF LENSES

Patient Lens Care Direction

When lenses are dispensed, the patient should be provided with appropriate and adequate instructions and warnings for lens care handling. The eye care professional should recommend appropriate and adequate procedures for each individual patient in accordance with the particular lens wearing schedule.

CARE FOR A STICKING (NONMOVING) LENS

If the lens sticks (stops moving), the patient should be instructed to use a lubricating or rewetting solution in their eye. The patient should be instructed to **not** use plain water, or anything other than the recommended solutions. The patient should be instructed to contact the eye care professional if the lens does not begin to move upon blinking after several applications of the solution, and to not attempt to remove the lens except on the advice of the eye care professional.

MULTI-FOCAL FITTING GUIDELINES

1. Lens Selection

- a. Update spectacle refraction and Add power.
- b. Determine ocular dominance for distance vision.
- c. Select lens distance prescription based upon spherical equivalent from spectacle prescription, adjusted for vertex distance if necessary.
- d. Choose trial lenses based upon the above calculation and select Add power.
 - Bausch + Lomb Biotrue® ONEday for Presbyopia Low Add: +0.75D to +1.50D
 - Bausch + Lomb Biotrue® ONEday for Presbyopia High Add: +1.75D to +2.50D

2. Lens Fitting

- a. Allow lens to equilibrate for at least 10 minutes before assessing fit and vision.

- b. Evaluate distance and near vision binocularly in normal room illumination.
- c. If vision at distance and near are satisfactory, dispense lenses and schedule follow-up exam within 1-2 weeks.

3. To Refine Near Vision

If patient is wearing two Low Add lenses:

- Refinement 1:
Place Bausch + Lomb Biotrue® ONEday for Presbyopia High Add in non-dominant eye while keeping Bausch + Lomb Biotrue® ONEday for Presbyopia Low Add in dominant eye.
- Refinement 2:
If vision is still unsatisfactory, continue adding +0.25D at a time to the non-dominant eye using handheld lenses. Adjust contact lens power when vision in satisfactory.

If patient is wearing two High Add lenses:

- Refinement 1:
Add +0.25D to the non-dominant eye.
- Refinement 2:
If vision is still unsatisfactory, continue adding +0.25D at a time to the non-dominant eye using handheld lenses.

4. 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.

5. Trial Lens Fitting

A trial 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.

Case history and standard clinical evaluation procedure should be used to determine the prognosis. 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 distant 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 newsprint and finally smaller type sizes.

After the patient's performance under the above conditions are completed, 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 guarded prognosis, should not immediately rule out a more extensive trial under the usual conditions in which a patient functions.

EMERGENCIES

If chemicals of any kind (household products, gardening solutions, laboratory chemicals, etc.) are splashed into your eyes, you should: FLUSH EYES IMMEDIATELY WITH TAP WATER AND THEN REMOVED LENSES PROMPTLY. CONTACT YOUR EYE CARE PROFESSIONAL OR VISIT A HOSPITAL EMERGENCY ROOM WITHOUT DELAY.

REPORTING OF ADVERSE REACTIONS

All serious adverse experiences and adverse reactions observed in patients wearing Bausch + Lomb Biotrue® ONEday (nesofilcon A) Soft (Hydrophilic) Contact Lenses, Bausch + Lomb Biotrue® ONEday for Presbyopia (nesofilcon A) Soft (Hydrophilic) Contact Lenses or Bausch + Lomb Biotrue® ONEday for Astigmatism (nesofilcon A) Soft (Hydrophilic) Contact Lens, experienced with the lenses, should be reported to:

Bausch & Lomb Incorporated
1400 North Goodman Street
Rochester, New York 14609

Toll Free Telephone Number
In the Continental U.S., Alaska, Hawaii
1-800-553-5340
In Canada
1-888-459-5000 (Option 1 - English, Option 2 - French)

HOW SUPPLIED

Each sterile lens is supplied in a plastic package containing borate buffered saline solution with poloxamer. Each container is marked with the manufacturing lot number of the lens, diopter power, and expiration date.