

- 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.

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.

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 spare lenses or spectacles are not available.

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.

Care for a Dehydrated (Dried Out) 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 a Sticking (Non-Moving) Lens

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** consult the Eye Care Professional.

- Ask your Eye Care Professional about wearing lenses during sporting activities, especially swimming and other water sports. Exposing contact lenses to water during swimming or while in a hot tub may increase the risk of eye infection from microorganisms.

- Always discard lenses worn as prescribed by the Eye Care Professional.

Solution 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.

Lens Case Precautions:

- Contact lens cases can be a source of bacterial growth and require proper use, cleaning, and replacement at regular intervals as recommended by the lens case manufacturer or Eye Care Professional.

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.

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:

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

If the discomfort or problem stops, the patient should then look closely at the lens.

If the lens is in any way damaged, the patient SHOULD NOT put the lens back on the eye. The patient should discard the lens and place a new fresh lens on the eye.

If the lens has dirt, an eyelash, or foreign body on it, or the problem stops and the lens appears undamaged, he or she should be instructed to dispose of the lens and apply a new fresh lens.

If the problem continues, the patient SHOULD NOT put the lens back on the eye but IMMEDIATELY CONSULT HIS OR HER EYE CARE PROFESSIONAL.

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 from:

<p>Johnson & Johnson Vision Care, Inc. 7500 Centurion Parkway Jacksonville, FL 32256 USA Tel: 1-800-843-2020 www.acuvueprofessional.com</p>

WEARING SCHEDULE

The wearing and replacement schedules should be determined by the Eye Care Professional. Patients tend to over wear the lenses initially. The Eye Care Professional should emphasize the importance of adhering to the initial maximum wearing schedule. Regular checkups, as determined by the Eye Care Professional, are also extremely important.

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

When worn as a daily disposable lens, the lenses may provide improved comfort for many patients who experience mild discomfort and itching associated with allergies during contact lens wear, compared to lenses replaced at intervals of greater than 2 weeks.

Clinical Research has shown that when worn on a daily disposable basis, these lenses may provide improved comfort for 2 out of 3 patients who reported suffering from discomfort associated with allergies during contact lens wear.

Daily Wear (less than 24 hours, while awake)

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

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

Extended Wear (greater than 24 hours, including while asleep)

Lenses indicated for Extended Wear are recommended for 1-7 days/ 6 nights of continuous wear. Once the lens is removed, it is recommended that the patient’s eyes should have a rest period of overnight or longer.

The wearing time of soft (hydrophilic) contact lenses used for extended wear should be determined by the Eye Care Professional.

It is recommended that the new contact lens wearer first be evaluated on a daily wear schedule. If, in the opinion of the Eye Care Professional, the patient is determined to be an acceptable extended wear candidate, the Eye Care Professional is encouraged to determine a wearing schedule based upon the response of the patient.

^[1] The CLAO Journal, July 1999, Volume 25, Number 3

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.

<p>ACUVUE® Brand Contact Lenses</p> <p>ACUVUE® Brand Contact Lenses BIFOCAL</p> <p>ACUVUE® 2® Brand Contact Lenses</p> <p>ACUVUE® 2® COLOURS® Brand Contact Lenses</p> <p>1-DAY ACUVUE® Brand Contact Lenses</p> <p>1-DAY ACUVUE® Brand Contact Lenses for ASTIGMATISM</p> <p>1-DAY ACUVUE® MOIST® Brand Contact Lenses with LACREON® Technology</p> <p>SUREVUE™ Brand Contact Lenses</p>
<p>etafilcon A Soft (hydrophilic) Contact Lenses</p> <p>Visibility Tinted with UV Blocker</p> <p>for Daily and Extended Wear</p>

	CAUTION: U.S. federal law restricts this device to sale by or on the order of a licensed practitioner.
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ACUVUE®, ACUVUE® 2®, ACUVUE® 2® COLOURS®, 1-DAY ACUVUE®, 1-DAY ACUVUE® MOIST®, and SUREVUE™ are Trademarks of Johnson & Johnson Vision Care, Inc.

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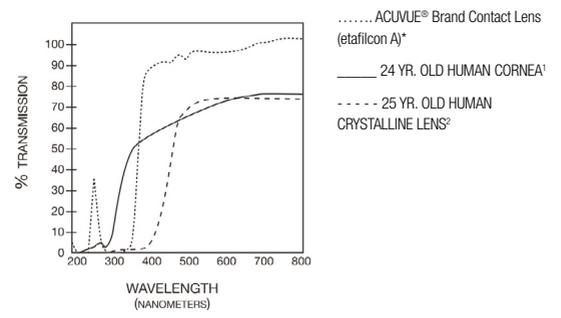
SYMBOLS KEY

The following symbols may appear on the label or carton:

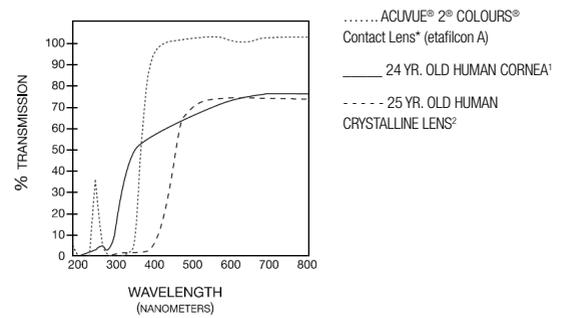
SYMBOL	DEFINITION
	Consult Instructions for Use
	Manufactured by or in
	Date of Manufacture
	Use By Date (expiration date)
	Batch Code
	Sterile Using Steam or Dry Heat
DIA	Diameter
BC	Base Curve
D	Dioptr (lens power)
CYL	Cylinder
AXIS	Axis
	Quality System Certification Symbol
	UV-Blocking
	Fee Paid for Waste Management
	CAUTION: Federal law restricts this device to sale by or on the order of a of a licensed practitioner
	Lens Orientation Correct
	Lens Orientation Incorrect (Lens Inside Out)
	Lens Orientation Correct
	Lens Orientation Incorrect (Lens Inside Out)
	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

TRANSMITTANCE CURVES

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



* 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).



* 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).

DESCRIPTION

The ACUVUE® Brand, ACUVUE® 2® Brand, ACUVUE® 2® COLOURS® Brand, 1-DAY ACUVUE® Brand, 1-DAY ACUVUE® MOIST® Brand with LACREON® Technology, 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, phytalocyanine 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.

	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%	
1-DAY ACUVUE® MOIST®	82%	97%	
SUREVUE™	87%	99%	

nest 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, VM., 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 refract- ing 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%	
1-DAY ACUVUE® MOIST®	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.

Lens Properties:

The physical/optical properties of the lens are:

- Specific Gravity (calculated):

<ul style="list-style-type: none">ACUVUE®, ACUVUE® BIFOCAL, ACUVUE® 2®, 1-DAY ACUVUE®, 1-DAY ACUVUE® for ASTIGMATISM, 1-DAY ACUVUE® MOIST®, and SUREVUE™:	0.98 – 1.12
<ul style="list-style-type: none">ACUVUE® 2® COLOURS®:	0.98 – 1.13
- Refractive Index:

<ul style="list-style-type: none">Refractive Index:	1.40
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- Visible Light Transmission:

<ul style="list-style-type: none">Visible Light Transmission:	85% minimum, visibility tint
<ul style="list-style-type: none">Visible Light Transmission:	95% minimum, clear greater than 70%, color
- Surface Character:

<ul style="list-style-type: none">Surface Character:	Hydrophilic
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- Water Content:

<ul style="list-style-type: none">Water Content:	58%
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- Oxygen Permeability:

VALUE	METHOD
28.0 x 10 ⁻¹¹ (cm ² /sec) (ml O ² /ml x mm Hg) at 35°C	Fatt (boundary corrected, non-edge corrected)
21.4 x 10 ⁻¹¹ (cm ² /sec) (ml O ² /ml x mm Hg) at 35°C	Fatt (boundary corrected, edge corrected)

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® 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® 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™ 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® and 1-DAY ACUVUE® MOIST® Contact Lenses are 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 astigmatism.

The 1-DAY ACUVUE® for ASTIGMATISM Contact Lens 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® 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 "Wearing 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

AVAILABLE LENS PARAMETERS

The ACUVUE®, ACUVUE® BIFOCAL, ACUVUE® 2®, ACUVUE® 2® COLOURS®, 1-DAY ACUVUE®, 1-DAY ACUVUE® MOIST®, and SUREVUE™ Contact Lenses are hemispherical shells. The 1-DAY ACUVUE® for ASTIGMATISM Contact Lenses are hemitoric shells.

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) <p>-6.50D to -9.00D (in 0.50D increments)</p>
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) <p>+6.50D to +8.00D (in 0.50D increments)</p>
ACUVUE® BIFOCAL Contact Lenses		
8.5 mm	14.2 mm	+6.00D to -9.00D (in 0.25D increments) <p>(Labeled Power = Measured Distance Power +0.25D)</p>
ADD Powers:		+1.00D to +2.50D (in 0.50D increments) <p>(Labeled Power = Measured ADD Power -0.50D)</p>

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

ACUVUE® 2® COLOURS® Contact Lenses		
8.3 mm, 8.7 mm* (*Enhancers only)	14.0 mm	Plano to -6.00D (in 0.25D increments) <p>-6.50D to -9.00D (in 0.50D increments) <p>+0.25D to +6.00D (in 0.25D increments)</p></p>

ACUVUE® 2® COLOURS® Contact Lenses		
8.3 mm, 8.7 mm	14.0 mm	-0.50D to -6.00D (in 0.25D increments) <p>-6.50D to -9.00D (in 0.50D increments) <p>+0.25D to +6.00D (in 0.25D increments)</p></p>

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 "Wearing 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:

- 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.
- Eye problems, including corneal ulcers, can develop rapidly and lead to loss of vision.
- Studies have shown that the risk of ulcerative keratitis is greater for extended wear contact lens

Base Curve	Diameter	Power Range
1-DAY ACUVUE® Contact Lenses		
8.5 mm, 9.0 mm	14.2 mm	-0.50D to -6.00D (in 0.25 increments) <p>-6.50D to -12.00D (in 0.50D increments) <p>+0.50D to +6.00D (in 0.25D increments)</p></p>

1-DAY ACUVUE® for ASTIGMATISM Contact Lenses		
8.5 mm	14.5 mm	Plano to -6.00D (in 0.25D increments) <p>Cylinders: -0.75D, -1.25D, -1.75D <p>Axis: 20°, 90°, 160°, 180°</p></p>
		-6.50D to -9.00D (in 0.50D increments) <p>Cylinder: -1.25D and -1.75D <p>Axis: 20°, 90°, 160°, 180°</p></p>

1-DAY ACUVUE® MOIST® Contact Lenses		
8.5 mm, 9.0 mm	14.2 mm	-0.50D to -6.00D (in 0.25 increments) <p>-6.50D to -12.00D (in 0.50D increments) <p>+0.50D to +6.00D (in 0.25D increments)</p></p>

SUREVUE™ Contact Lenses		
8.4 mm, 8.8 mm	14.0 mm	-0.50D to -6.00D (in 0.25D increments) <p>-6.50D to -9.00D (in 0.50D increments)</p>
9.1 mm	14.4 mm	+0.50D to +6.00D (in 0.25D increments)

users than for daily wear users.³

- When daily wear users wear their lenses overnight (outside the approved indication), the risk of ulcerative keratitis is greater than among those who do not wear them overnight.

- The overall risk of ulcerative keratitis may be reduced by carefully following directions for lens care, including cleaning the lens case.

- Studies have shown that the risk of ulcerative keratitis among contact lens users who smoke is greater than among non-smokers.

If patients experience eye discomfort, excessive tearing, vision changes, redness of the eye or other problems, they should be instructed to immediately remove their lenses and promptly contact their Eye Care Professional. It is recommended that contact lens wearers see their Eye Care Professional routinely as directed.

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

PRECAUTIONS

Special Precautions for the Eye Care Professional:

- 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.

- Due to the reduction in light transmittance with cosmetically tinted lenses, some patients may experience visual symptoms while wearing ACUVUE® 2® COLOURS® Contact Lenses. In addition, some patients may experience peripheral awareness due to the opaque iris pattern.

- 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.