

PACKAGE INSERT

Contamac®

OPTIMUM GP (roflufocan A, C, D & E)
Rigid Gas Permeable (RGP) CONTACT LENSES
FOR DAILY WEAR

Optimum GP with Tangible Hydra-Peg (roflufocan C, D & E)
(Optimum GP with HPT)
Rigid Gas Permeable (RGP) CONTACT LENSES
FOR DAILY WEAR

CAUTION: FEDERAL LAW RESTRICTS THIS DEVICE TO SALE BY OR ON THE ORDER OF A LICENSED PRACTITIONER

IMPORTANT

Please read carefully and keep this information for future use. This package insert is intended for the eye care practitioner, but should be made available to the patient upon request. The eye care practitioner should provide the patient with the wearer's guide that pertains to the patients prescribed lens.

DESCRIPTION OF LENSES

The **OPTIMUM GP** (roflufocan A, C, D, and E) and **Optimum GP with HPT** (roflufocan C, D, and E) Contact Lens for Daily Wear is a rigid gas permeable methacrylate copolymer of Methyl methacrylate, 1,1,1,3,3,3 - Hexafluoroisopropyl Methacrylate, Methacryloxypropyl Tris (trimethylsilyloxy) silane, 1,3-bis (methacryloxypropyl)-1,1,3,3-tetrakis (trimethyl silyloxy) disiloxane, 2-Hydroxyethyl Methacrylate, and Methacrylic acrylic acid cross-linked with Ethylene Glycol Dimethacrylate.

The **OPTIMUM GP** (roflufocan A, C, D, and E) and **Optimum GP with HPT** (roflufocan C, D, and E) Contact Lens for Daily Wear incorporates a visibility tint to make the lens more visible for handling. The tinted lenses contain one or more of the following color additives: D&C Green No.6, C.I. Solvent yellow No. 18, and FD&C Red No. 17.

The physical properties of the **OPTIMUM GP** and **Optimum GP with HPT** Contact Lens are:

Physical Property	(roflufocan A) *not available with HPT	(roflufocan C)	(roflufocan d)	(roflufocan e)
Refractive Index	1.4527	1.4406	1.4333	1.4332
Light Transmission (clear)	>97%	>97%	>97%	>97%
Light Transmission (tinted)	>90%	>90%	>90%	>90%
Wetting Angle (Dynamic contact receding angle)	12°	6°	3°	6°
Specific Gravity	1.189	1.178	1.166	1.155
Oxygen Permeability (Dk) ISO/FATT Method	26	65	100	125
Visitint lenses contain one or more of the following color additives	D & C Green No. 6, FD & C Red No. 17, CI Solvent Yellow 18	D & C Green No. 6, FD & C Red No. 17, CI Solvent Yellow 18	D & C Green No. 6, FD & C Red No. 17, CI Solvent Yellow 18	D & C Green No. 6, FD & C Red No. 17, CI Solvent Yellow 18

The **Optimum GP with HPT** (roflufocan C, D, and E) Daily Wear Contact Lens is treated to incorporate Hydra-PEG Technology (HPT)—which is a thin polyethylene glycol (PEG)-based polymer that is covalently (permanently) bonded to the surface of the contact lens and is designed to enhance the surface properties of the contact lens while retaining the mechanical properties of the underlying material. When treated with HPT, the underlying material (roflufocan C, D, and E) is encapsulated in a thin layer of polymer that results in measurable improvement of wettability (dynamic contact receding angle) compared to untreated lenses. The resulting layer is hydrophilic and approximately 30nm in thickness. The following table depicts the enhanced contact angle of the **Optimum GP with HPT Daily Wear Contact Lens** versus an uncoated contact lens:

	roflufocan C		roflufocan D		roflufocan E	
	Uncoated	HPT Coated	Uncoated	HPT Coated	Uncoated	HPT Coated
Average Captive Bubble Dynamic Contact Angle (degrees) n=3	95.30	40.28	93.28	40.40	93.64	36.90

The **OPTIMUM GP** (roflufocan A, C, D, and E) Contact Lens for Daily Wear may be packaged and shipped wet in the Optimum Cleaning, Disinfecting and Storage (CDS) GP solution. The product is a sterile solution containing lauryl sulfate salt of imidazoline octylphenoxypolyethoxyethanol, and preserved with benzyl alcohol (0.3%) and disodium edetate (0.5%).

The **Optimum GP with HPT** (roflufocan C, D, and E) Daily Wear Contact Lens may be packaged and shipped "dry" or "wet" in a polypropylene contact lens case. The primary container for shipping the **Optimum GP with HPT** lenses is the PolyVial Contact Lens Case. When shipped "wet", the **Optimum GP with HPT** lenses may be packaged and shipped in the Unique pH contact lens care system by Menicon Co., Ltd. The active ingredients in Unique pH solution are Edetate Disodium 0.01% and Polyquaternium 10.0011%.

The **OPTIMUM GP** (roflufocan A, C, D, and E) and **Optimum GP with HPT** (roflufocan C, D, and E) Contact Lens for Daily Wear are available in Spherical, Toric, Multifocal/Bifocal, Irregular Cornea (Scleral) Designs with the following lens parameters:

- Spherical, Toric, Multifocal/Bifocal, Keratoconus and Large Diameter Scleral -
 - Chord Diameter: 7.0 mm to 22.0 mm
 - Center Thickness: Varies
 - Base Curve: 5.0 mm to 8.0 mm
 - Spherical Powers: -20.00 Diopters to +20.00 Diopters
 - Toric Powers: up to -10.00 Diopters cylinder
 - Add Powers: up to + 4.00 Diopters

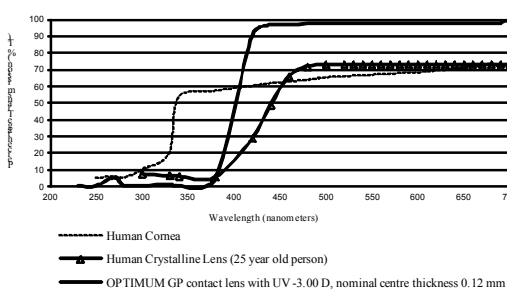
UV Blocker

In the **OPTIMUM GP** (roflufocan A, C, D, and E) and **Optimum GP with HPT** (roflufocan C, D, and E) Contact Lens for Daily Wear with UV Blocker, a Benzophenone UV blocker is used to block UV radiation. The UV Blocker is 2,2'-Dihydroxy-4,4'-dimethoxybenzophenone. The UV blocking for **OPTIMUM GP** averages > 98% in the UVB range of 280nm – 315nm and 95% in the UVA range of 316 – 380nm.

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

The following graph compares the UV transmittance profile of the **OPTIMUM GP** (roflufocan A, C, D, and E) and **Optimum GP with HPT** (roflufocan C, D, and E) Contact Lens for Daily Wear, -3.00 D & .06mm thick, to that of a cornea and crystalline lens. Data was obtained from measurements taken through the central 3-5mm portion of the thinnest marketed version of the UV lens.

Typical Transmittance Profile of -3.00 D OPTIMUM GP and Optimum GP with HPT Contact Lens with UV versus a Human Cornea and Human Lens



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. **Crystalline Lens** - Human crystalline lens from a 25-year-old person as described in Waxler, M., Hitchins, V.M., *Optical Radiation and Visual Health*, CRC Press, Boca Raton, Florida, 1986, p. 19, figure 5.

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. Consult your eye-care practitioner for more information.

ACTIONS

When placed on the cornea, the **OPTIMUM GP** (roflufocan A, C, D, and E) and **Optimum GP with HPT** (roflufocan C, D, and E) Contact Lens for Daily Wear acts as a refracting media to focus light rays on the retina.

CAUTION – Non-sterile. Clean and condition lenses prior to use.

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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 eyecare practitioner 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 must 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 eyecare practitioner.

INDICATIONS

The **OPTIMUM GP** (roflufocan A, C, D, and E) and **Optimum GP with HPT** (roflufocan C, D, and E) **Spherical Rigid Gas Permeable (RGP) Contact Lens** is indicated for daily wear for the correction of visual acuity in aphakic and not aphakic persons with non-diseased eyes with myopia or hyperopia. The lens may be disinfected with a chemical disinfection system only.

The **OPTIMUM GP** (roflufocan A, C, D, and E) and **Optimum GP with HPT** (roflufocan C, D, and E) **Toric Rigid Gas Permeable (RGP) Contact Lens** is indicated for daily wear for the correction of visual acuity in aphakic and not aphakic persons with non-diseased eyes with myopia and/or possesses refractive astigmatism not exceeding 10.00 diopters. The lens may be disinfected with a chemical disinfection system only.

The **OPTIMUM GP** (roflufocan A, C, D, and E) and **Optimum GP with HPT** (roflufocan C, D, and E) **Multifocal/Bifocal Rigid Gas Permeable (RGP) Contact Lens** is indicated for daily wear for the correction of visual acuity in aphakic and not aphakic persons with non-diseased eyes with myopia or hyperopia and/or possesses refractive astigmatism not exceeding 4 diopters and are presbyopic requiring add power of up to +4.00 diopters. The lens may be disinfected with a chemical disinfection system only.

The **OPTIMUM GP** (roflufocan A, C, D, and E) and **Optimum GP with HPT** (roflufocan C, D, and E) **Irregular Cornea Rigid Gas Permeable (RGP) Contact Lens** is indicated for daily wear and may be prescribed in otherwise non-diseased eyes that require a rigid gas permeable lens for the management of irregular corneal conditions such as keratoconus, pellucid marginal degeneration or following penetrating keratoplasty or following refractive (e.g. LASIK) surgery.

Eyecare practitioners may prescribe the lenses for frequent/planned replacement wear, with cleaning, disinfection and scheduled replacement. When prescribed for frequent/planned replacement wear, the lens may be cleaned and disinfected using a chemical (not heat) lens care system.

CONTRAINDICATIONS (REASONS NOT TO USE)

DO NOT USE the **OPTIMUM GP** (roflufocan A, C, D, and E) and **Optimum GP with HPT** (roflufocan C, D, and E) Contact Lens for Daily Wear when any of the following conditions are present:

- Acute and subacute inflammation or infection of the anterior chamber of the eye.
- Any eye disease, injury, or abnormality that affects the cornea, conjunctiva, or eyelids.
- Aphakic patients should not be fitted with **OPTIMUM GP** (roflufocan A, C, D, and E) and **Optimum GP with HPT** (roflufocan C, D, and E) Contact Lens for Daily Wear until the determination is made that the eye has healed completely.
- Severe insufficiency of lacrimal secretion (dry eyes).
- Corneal hypoesthesia (reduced corneal sensitivity), if not-aphakic.
- 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.
- Allergy to any ingredient, such as mercury or thimerosal, in a solution which is to be used to care for **OPTIMUM GP** (roflufocan A, C, D, and E) and **Optimum GP with HPT** (roflufocan C, D, and E) Contact Lenses for Daily Wear.
- Allergy to any active ingredient in Optimum by Loboc cleaning, disinfecting and storage solution, such as lauryl salt of imidazoline octylphenoxypolyethoxyethanol, benzyl alcohol 0.3% and disodium edetate 0.5%, if **OPTIMUM GP** lenses are shipped wet.
- Any active corneal infection (bacterial, fungi, or viral)
- If eyes become red or irritated.
- Patients unable to follow lens care regimen or unable to obtain assistance to do so.

WARNINGS

- 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 practitioner'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; THEREFORE, IF YOU EXPERIENCE EYE DISCOMFORT, EXCESSIVE TEARING, VISION CHANGES, OR REDNESS OF THE EYE, IMMEDIATELY REMOVE YOUR LENSES AND PROMPTLY CONTACT YOUR EYE CARE PRACTITIONER.**
- All contact lens wearers must see their eye care practitioner as directed.
- 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 these lenses are worn overnight.
- Studies have shown that contact lens wearers who are smokers have a higher incidence of adverse reactions than nonsmokers.

PRECAUTIONS

Special Precautions for eye care practitioner and/or physician:

Inspect contact lens packaging for leakage when lenses are wet shipped. If the packaging is damaged or leaking, throw away damaged packaging and replace with a new contact lens container and refill with new cleaning, disinfection and storage solution.

Prior to dispensing, it is important to THOROUGHLY RINSE all solution from the lens since it will sting and cause irritation if instilled directly in the eye. After rinsing is complete and prior to inserting into patients eye, apply 2 drops of wetting and rewetting drops to each surface of the lens WITHOUT rubbing the lens.

When lenses are shipped/stored wet the solution needs to be replaced with fresh, sterile, and unexpired solution every 30 days from initial manufacture date.

Clinical studies have demonstrated that contact lenses manufactured from (roflufocan A, C, D & E) are safe and effective for their intended use. However, the clinical studies may not have included all design configurations or lens parameters that are presently available in this lens material.

Consequently, when selecting an appropriate lens design and parameters, the eye care practitioner 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. The continuing ocular health of the patient and lens performance on the eye should be carefully monitored by the prescribing eye care practitioner.

- For the most accurate fluorescein interpretation, it is recommended that the blue cobalt and the yellow Wratten filter be used. Whenever fluorescein is used in eyes, the eyes should be flushed with a sterile saline solution that is recommended for in eye use.
- Thoroughly rinse the **OPTIMUM GP** (roflufocan A, C, D, and E) and **Optimum GP with HPT** (roflufocan C, D, and E) Contact Lens for Daily Wear with fresh, sterile saline or rinsing solution prior to insertion.
- Before leaving the eye care practitioner's office, the patient should be able to promptly remove lenses or should have someone else available who can remove the lenses for him or her.
- Eye care practitioners should instruct the patient to remove the lenses immediately if the eye becomes red or irritated.

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

Different solutions cannot always be used together, and not all solutions are safe for use with all lenses. Use only recommended solutions that are fresh and sterile. 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, STERILE UNEXPIRED** lens care solutions. Always follow directions in the package inserts for the use of contact lens solutions. Sterile unexpired solutions, when used, should be discarded after the time specified in the labeling directions. Do not use saliva or anything other than the recommended solution for lubricating or rewetting 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 damage the lenses. Follow the lens care directions for care for a dried out (dehydrated) dry lens if the lens surface does become dried out.

If the lens sticks (stops moving) on the eye, follow the recommended directions on **Care For Sticking (non-moving) Lens**. The lens should move freely on the eye for the continued health of the eye. If nonmovement of the lens continues, the patient should be instructed to IMMEDIATELY consult his or her eye care practitioner.

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-base cosmetics are less likely to damage lenses than oil-base.

Do not touch contact lenses with the fingers or hands if the hands are not free of foreign materials, as microscope scratches of the lenses may occur, causing distorted vision and/or injury to the eye.

Carefully follow the handling, insertion, removal, cleaning, disinfection, storing and wearing instructions in the patient instructions for the **OPTIMUM GP** (RGP) and the **Optimum GP with HPT** (RGP) Contact Lens and those prescribed by the eye care practitioner.

Never wear lenses beyond the period recommended by the eye care practitioner.

If aerosol products such as hair spray are used while wearing lenses, exercise caution and keep eyes closed until the spray has settled.

Always handle lenses carefully and avoid dropping them.

Avoid all harmful or irritating vapors and fumes while wearing lenses.

Ask the eye care practitioner about wearing lenses during sporting activities.

Inform the doctor (health care practitioner) about being a contact lens wearer.

Never use tweezers or other tools to remove lenses from the lens container unless specifically indicated for that use. Pour the lens into the hand.

Do not touch the lens with fingernails.

Always contact the eye care practitioner before using any medicine or medications in the eyes.

Always inform the 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 lens.

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.

ADVERSE REACTIONS

The patient should be informed that the following problems may occur:

- Eyes stinging, burning, itching (irritation), or other eye pain.
- Comfort is less than when lens was first placed on eye.
- Feeling that something is in the eye such as a foreign body or scratched area.
- Excessive watering (tearing) or the eye.
- Unusual eye secretions.
- Redness of the eye.
- Reduced sharpness of vision (poor visual acuity).
- Blurred vision, rainbows, or halos around objects.
- Sensitivity to light (photophobia).
- Dry eyes.

If the patient notices any of the above, he or she should be instructed to:

- IMMEDIATELY REMOVE LENSES.**
- If discomfort or problems stops, then look closely at the lens. If the lens is in any way damaged, **DO NOT PUT THE LENS BACK ON THE EYE.** Place the lens in the storage case and contact the eye practitioner. If the lens has dirt, an eyelash, or other foreign body on it, or the problem stops and the lens appears undamaged, the patient should thoroughly clean, rinse, and disinfect the lenses; then reinsert them. After reinsertion, if the problem continues, the patient should **IMMEDIATELY REMOVE THE LENSES AND CONSULT THE EYE CARE PRACTITIONER.**

When any of the above problems occur, a serious condition such as infection, corneal ulcer, neovascularization, or iritis may be present. The patient should be instructed to **KEEP LENS OFF THE EYE AND SEEK IMMEDIATE PROFESSIONAL IDENTIFICATION** of the problem and prompt treatment to avoid serious eye damage.

During use for the management of irregular corneal conditions, an adverse effect may be due to the original condition or may be due to the effect of wearing a contact lens. There is a possibility that the existing condition might become worse when a lens is used on an eye with an irregular cornea condition. The patient should be instructed to avoid serious eye damage by contacting the eyecare professional IMMEDIATELY if there is an increase in symptoms while wearing the lens.

FITTING

Conventional methods of fitting contact lenses do and do not apply to **OPTIMUM GP** (roflufocan A, C, D, and E) and **Optimum GP with HPT** (roflufocan C, D, and E) Contact Lens for Daily Wear. For a detailed description of the fitting techniques, refer to **OPTIMUM GP** (RGP) or **Optimum GP with HPT** Professional Fitting and Information Guide, copies of which are available from:

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WEARING SCHEDULE

THE WEARING AND REPLACEMENT SCHEDULES SHOULD BE DETERMINED BY THE EYE CARE PRACTITIONER. Patients tend to over wear the lenses initially. The eye care practitioner should emphasize the importance of adhering to the initial maximum wearing schedule. Regular checkups, as determined by the eye care practitioner, are also extremely important.

The maximum suggested wearing schedule for the **OPTIMUM GP** (roflufocan A, C, D, and E) and **Optimum GP with HPT** (roflufocan C, D, and E) Contact Lens for Daily Wear is reflected below.

DAY	HOURS
1	3
2	4
3	5
4	6
5	7
6	8
7	9
8	10
9	11
10 – 14	12
15+	All waking hours

STUDIES HAVE NOT BEEN COMPLETED TO SHOW THAT THE OPTIMUM GP (RGP) OR THE OPTIMUM GP WITH HPT (RGP) CONTACT LENS IS SAFE TO WEAR DURING SLEEP.

SCHEDULES SHOULD BE DETERMINED BY THE EYE CARE PRACTITIONER.

LENS CARE DIRECTIONS

Eye care practitioners should review with the patient lens care directions, including both basic lens care information and specific instructions on the lens care regimen recommended for the patient:

- Basic Instructions:** Care of contact lenses takes very little time and involves three essential steps – **CLEANING, RINSING AND DISINFECTION.** Each step in itself is important, and one step is not to be replaced by the other. Always wash, rinse and dry hands before handling contact lenses. Always use **FRESH, STERILE UNEXPIRED** lens care solutions. Use the recommended chemical (not heat) lens care system. Different solutions cannot always be used together, and not all solutions are safe for use with all lenses. **DO NOT ALTERNATE OR MIX LENS CARE SYSTEMS UNLESS INDICATED ON SOLUTION LABELING.**

Do not use saliva or anything other than the recommended solutions for lubricating or rewetting lenses. Do not put lenses in the mouth. Lenses should be **cleaned, rinsed, and disinfected** each time they are removed. **Cleaning and rinsing** are necessary to remove mucus and film from the lens surface. **Disinfecting** is necessary to destroy harmful germs. The lens case must be emptied and refilled with fresh, sterile recommended storage and disinfection solution prior to disinfecting the lenses. Eye care practitioners may recommend a lubricating/rewetting solution, which can be used to rewet (lubricate) lenses while they are being worn to make them more comfortable.

Note: Some solutions may have more than one function, which will be indicated on the label. Read the label on the solution bottle, and follow instructions.

Specific Instructions for Use and Warnings:

a. Soaking and Storing the Lenses

Instruction for Use:

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

WARNING:

- Do not reuse or "top off" old solution left in the lens case since solution reuse reduces effective lens disinfection and could lead to severe infection, vision loss or blindness.
- "Topping-Off" is the addition of fresh solution to solution that has been sitting the case.

b. Rub and Rinse Time

Instruction for Use:

- Rub and rinse the lenses according to the recommended lens rubbing and rinsing times in the labeling of the multi-purpose solution to adequately disinfect the lenses.

WARNING:

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

c. Lens Case Care

Instruction for Use:

- Empty and clean contact lens cases with digital rubbing using fresh, sterile disinfecting solutions/contact lens cleaner. Never use water. Cleaning should be followed by rinsing with fresh, sterile disinfecting solutions (never use water) and wiping the lens cases with fresh, clean tissue is recommended. Never air-dry or recap the lens case lids after use without any additional cleaning methods. If air drying, be sure that no residual solution remains in the case before allowing it to air dry.

WARNING:

- Replace the lens case according to the directions given by the eye care professional or the labeling that came with the case.
- Contact lens cases can be a source of bacterial growth.

WARNING:

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

d. Water Activity

Instruction for Use:

- Do not expose the contact lenses to water while wearing them.

WARNING:

- Water can harbor microorganisms that can lead to severe infection, vision loss or blindness. If the lenses have been submerged in water when swimming in pools, lakes or oceans, the patient should discard them and replace them with a new pair. The patient should ask the eye care practitioner (professional) for recommendations about wearing the lenses during any activity involving water.

e. Discard Date on Multipurpose Solution Bottle

Instruction for Use:

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

