Professional Fitting and Information Guide

AIR OPTIX* COLORS (lotrafilcon B) Soft Contact Lenses For Daily Wear

CAUTION: FEDERAL LAW (USA) RESTRICTS THIS DEVICE TO SALE BY OR ON THE ORDER OF A LICENSED EYE CARE PROFESSIONAL.
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INTRODUCTION

Thank you for prescribing AIR OPTIX* COLORS (lotrafilcon B) soft contact lenses. The lenses may be worn for daily wear with removal for disposal, or cleaning and disinfection (chemical, not heat) prior to reinsertion, and frequent replacement with a fresh new lens.

However, you will determine the wear and replacement schedule as well as the length of time the patient’s lenses are to be worn each day before removal for cleaning, rinsing, and disinfection. Based on these schedules, you will also determine the number of lenses each patient requires. This guide contains important information regarding fitting procedures and aftercare of patients wearing AIR OPTIX* COLORS (lotrafilcon B) lenses.

PRODUCT DESCRIPTION

AIR OPTIX* COLORS (lotrafilcon B) soft contact lenses are available in a spherical lens design. The lens material is approximately 33% water and 67% lotrafilcon B, 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.

A cosmetic pattern is embedded into the back surface of the lens, containing a combination of the following color additives: carbazole violet, iron oxides, [phthalocyaninato (2-) copper, phthalocyanine green, and titanium dioxide.

- **Lens Properties**
  - Refractive Index (hydrated): 1.42
  - Light Transmittance: > 95% (380 – 780 nm)
  - Oxygen Permeability (Dk): $110 \times 10^{-11}$ (cm$^2$/sec)(mLO$_2$/ml x mm Hg), measured at 35° C (intrinsic Dk - Coulometric method)
  - Water Content: 33% by weight in normal saline

- **Lens Parameters**
  - Diameter Range: 13.0 to 15.0 mm
  - Spherical Power Range: -20.00 to +20.00D
  - Base Curve Range: 8.0 to 9.2 mm

- **Available Lens Parameters**
  - AIR OPTIX* COLORS (lotrafilcon B) spherical contact lenses
    - Chord Diameter: 14.2 mm
    - Center Thickness: 0.08 mm @ -3.00D (varies with power)

1Check for actual product availability as additional parameters may be introduced over time
Base Curve: 8.6 mm
Powers: +6.00D to -6.00D (0.25D steps; incl. plano);
-6.50D to -8.00D (0.50D steps)

Actions
When hydrated and placed on the cornea AIR OPTIX* COLORS (lotrafilcon B) contact lenses with refractive power act as a refracting medium to focus light rays on the retina.

INDICATIONS (USES)
AIR OPTIX* COLORS (lotrafilcon B) spherical soft contact lenses with refractive power are indicated for daily wear for the optical correction of refractive ametropia (myopia and hyperopia) in phakic or aphakic persons with non-diseased eyes and up to approximately 1.50 diopters of astigmatism that does not interfere with visual acuity.

AIR OPTIX* COLORS (lotrafilcon B) contact lenses with or without refractive power act to enhance or alter the apparent color of the eye.

The lenses may be prescribed for frequent/planned replacement wear with daily removal for cleaning and disinfection (chemical, not heat) prior to reinsertion, as recommended by the eye care professional.

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

CONTRAINDICATIONS, WARNINGS, PRECAUTIONS & ADVERSE EFFECTS
For additional important prescribing and safety information, refer to the Package Insert that is printed in the back of this guide.

ADVERSE EFFECT REPORTING
If a patient experiences any serious adverse effects associated with the use of AIR OPTIX* COLORS (lotrafilcon B) contact lenses, please notify Alcon Medical Safety in the USA at 1-800-757-9780.

LENS CARE DIRECTIONS
For general information about contact lens care, refer to the Package Insert that is printed in the back of this guide.

FITTING GUIDELINES
Please see the appropriate sections of this booklet that contain guidelines for spherical and monovision fitting techniques.

FITTING GUIDELINES (Spherical Lenses)
1. Patient Selection
The patient characteristics necessary to achieve success with AIR OPTIX* COLORS (lotrafilcon B) spherical contact 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.

The following procedures should be followed when fitting AIR OPTIX* COLORS (lotrafilcon B) spherical contact 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 and assessments 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
- a spherocylindrical refraction
- keratometry
- tear film assessment
- biomicroscopy

3. Trial Lens Evaluation

A. Lens Base Curve Selection:

A well-fitted lens provides good movement, centration and comfort. An optimal fit can be achieved for the vast majority of patients with the single 8.6 mm 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:

\[
\text{Spherical Equivalent} = \text{Sphere power} + \frac{1}{2} \times (\text{Cylinder Power})
\]

Example: Spectacle Rx: \(-4.50D -1.00 \times 180\)

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**) 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 Evaluation**
Allow the lenses to settle on the eyes for approximately 5 to 10 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 in primary and up gaze positions. 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 AIR OPTIX® COLORS (lotrafilcon B) spherical 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 upward gaze.
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), 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 upward gaze.
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), if available, should be evaluated. A loose lens fit would display some or all of the following characteristics:

1. **Reduced comfort**, usually accompanied by lower lid sensation
2. **Poor centration** with limbal exposure on exaggerated eye movement.
3. **Lens edge standoff**
4. **Excessive lens movement** during the blink in primary or upward gaze.
5. **Unsatisfactory Push-Up Test**
   • A loose fitting lens will move easily but may remain decentered or slip under the upper lid.
6. **Vision may be blurred** after the blink

An inverted lens may mimic the characteristics of a loose lens. If any of the above signs occur remove the lens and check to make sure it is not inverted.

**General Fitting Tips**

- Trial fitting of the individual eye is strongly recommended.
- A well-fitted lens will show movement of 0.1 to 0.5 mm.

**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**

**FITTING GUIDELINES (MONOVISION)**

**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 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 or, in case of AIR OPTIX* COLORS (lotrafilcon B) color contact lenses, be fit with a plano lens (0.00D) of the same lens color.
  - **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.
  - **Unilateral astigmat:**
    a) Emmetropic in one eye, astigmatic in the other
    
    | Spectacle Rx | Potential Monovision Rx |
    |-------------|-------------------------|
    | O.D. Plano  | Uncorrected for distance|
    | O.S. -1.00 -1.00 x 090 | +0.50 -1.00 x 090 for near |
    | Add: +1.50  |                         |
    
    b) Myopic in one eye, astigmatic in the other
    
    | Spectacle Rx | Potential Monovision Rx |
    |-------------|-------------------------|
    | O.D. -1.50 | Uncorrected for near    |
    | O.S. -2.00 -1.75 x 090 | -2.00 -1.75 x 090 for distance |
**Amblyopia**
The amblyopic patient may not be a good candidate for monovision.

**Astigmatism**
Although patients with less than 1.50 diopters of astigmatism might be successfully fit in AIR OPTIX* COLORS (lotrafilcon B) spherical contact lenses, patients with ≤ 0.75 diopters of astigmatism might be better candidates for monovision. See section 3.B for Spherical Equivalent Calculation.

**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 Instruction Booklet**, which
contains important instructions for the monovision wearer. You can obtain copies of the instruction booklet by contacting Alcon Customer Service in the USA at 1-800-241-5999.

**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.

AIR OPTIX* COLORS (lotrafilcon B) contact 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 Schedule (see Package Insert)**

Prescribe and explain the patient’s wearing and replacement schedules. Determine the maximum suggested daily wearing period based on the patient’s physiological eye condition. There may be a tendency for the patient to over wear their lenses initially. For some patients who have never worn contact lenses consider a wearing schedule that allows for a gradual increase in wearing time.

Studies have not been conducted to show that AIR OPTIX* COLORS (lotrafilcon B) contact lenses are safe to wear during sleep, therefore patients should be advised to **remove their lenses while sleeping**. Normal daily wear of lenses assumes a minimum of 6 hours of non-lens wear per 24 hour period. Optimum individual wearing schedule will vary.
D. **Lens Care Directions (see Package Insert)**

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

E. **Additional Instructions**

**Review the Package Insert**

Provide the patient with all relevant information and precautions on the proper use of the lenses that are prescribed.

**Provide the Patient Instruction Booklet for AIR OPTIX® COLORS (lotrafilcon B) Soft Contact Lenses.**

Give the patient a copy of the Patient Instruction Booklet for AIR OPTIX® COLORS (lotrafilcon B) 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 booklet by contacting Alcon Customer Service in the USA at 1-800-241-5999.

**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.

**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. When placed correctly on the eye, all parts of the 3-print design should be visible and blend into the characteristic 3-in-1 pattern for optimal cosmetic performance.

One way to do this is to place the lens between your 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 your fingers.

Another way is to place the lens on the tip of your 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 a lens is right side out is to look at the colored pattern. When viewing the inside of the bowl-shaped lens as it sits on your finger, if the dark outer and inner ring prints are less visible, the lens is correct.
• 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 contact lenses if you use 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 buffered saline solution with 0.2% VP/DMAEMA Copolymer. Hands should be thoroughly washed and rinsed and dried with a lint free towel prior to handling a lens. In order to ensure 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**

ALCON is pleased to assist with fitting or clinical questions regarding AIR OPTIX* COLORS (lotrafilcon B) contact lenses. Eye care professionals having questions or problems should contact the Technical Consultation department, in the USA at 1-800-241-7468. To order AIR OPTIX* COLORS (lotrafilcon B) contact lenses contact your Alcon sales representative or call Customer Service, in the USA at 1-800-241-5999.
WARNINGS

• Allergy to an ingredient in a solution which must be used to care for the reinsertion, as recommended by the eye care professional.

• Refractive power are indicated for daily wear for the optical correction of spherical soft contact lenses with

ACTIONS

CAUTION: Federal (United States) law restricts this device to sale by or on the direction of a physician.

Non-sterile liquids (i.e. tap water, distilled water, homemade saline solution, sterile saline solution that is recommended for in-eye use prior to inserting a lens, non-sterile saline solution, non-sterile liquid that is recommended for cleaning or disinfecting, tears, saline, or salt water) can cause serious eye infections. The eye care professional should review the following instructions with the patient and needs to ensure proper fit on the patient's individual eyes.

Patients who are unable or unwilling to understand or comply with directions, instructions, or recommendations, may not be a candidate for contact lens wear.

Conventional methods of fitting contact lenses apply to AIR OPTIX* COLORS FITTING GUIDE AND PATIENT BOOKLET

Both the professional fitting guide and a patient instruction booklet should be included with each lens. Each lens is packaged in a foil-sealed plastic container containing isotonic saline solution. Both the professional fitting guide and a patient instruction booklet should be included with each lens. Each contact lens is shipped sterile in a blister pack containing phosphate buffered saline solution that is recommended for in-eye use before inserting the lens. To help avoid serious eye injury from contamination:

• Always keep the lenses completely immersed in the recommended lens care solution at all times, except when in your eyes.

• Each lens is packaged in a foil-sealed plastic container containing isotonic saline solution. Both the professional fitting guide and a patient instruction booklet should be included with each lens. Each contact lens is shipped sterile in a blister pack containing phosphate buffered saline solution that is recommended for in-eye use before inserting the lens. To help avoid serious eye injury from contamination:

• Use only fresh contact lens care solution each time you soak lenses for disinfection. Use only fresh saline solution or tap water for rinsing and cleaning.

• Lenses must be cleaned, rinsed, disinfected, and stored in accordance with the manufacturer's instructions in the package inserts provided with the lens care products, the lenses may not be reinserted, but should be stored removed, for any reason.

• Do not store lenses beyond their expiration date. Do not share lenses with anyone as this may spread micro-organisms which can result in serious eye health problems.

Solution Precautions:

• Eye injury or irritation or infection may result from long-term, improper, or incorrect use of solution.

• Use only fresh, unexpired contact lens solutions recommended for use with soft contact lenses and follow directions in the product package insert.

• For a lens to be effective on either side of the eye it may become dry, stinging, and permanently damaged. If this should occur, the lens should be removed and replaced with a new one to avoid possible irritation or injury to the eye.

• Always keep the lenses completely immersed in the recommended lens solution when lenses are not being worn.

• Do not use thermal (heat) distribution and do not heat lens care products.

• Saline or anything other than the recommended solution for lubricating or disinfecting the lenses.

Lense Care Precautions:

• Contact lens case can be a source of bacterial growth and require proper care, cleaning, and replacement at regular intervals as recommended by the eye care professional or visit a hospital emergency room without delay.

Other Topics to Discuss with Patients:

• Patients should be informed that they are wearing contact lenses.

• Patients may require at least 1 vision correction device at any time over a few days. This allows more gradual adaptation of the ocular surfaces to the contact lens.

• Periodic eye examinations are extremely important for contact lens wearers. Patients who are unable or unwilling to understand or comply with directions, instructions, or recommendations, may not be a candidate for contact lens wear.

• The replacement schedule is determined by the eye care professional based on the patient and their needs. Contact lenses should be replaced according to the package labeling. The patient should make sure to wait until the lenses are removed, for any reason.

• Lenses should be cleaned, rinsed, and disinfected after removal and prior to reinsertion on the eye.

• Irregular changes or changes in lens tolerance may occur during pregnancy or use of oral contraceptives. Caution patients accordingly.

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• For a lens to be effective on either side of the eye it may become dry, stinging, and permanently damaged. If this should occur, the lens should be removed and replaced with a new one to avoid possible irritation or injury to the eye.

• Always keep the lenses completely immersed in the recommended lens solution when lenses are not being worn.

• Do not use thermal (heat) distribution and do not heat lens care products.

• Saline or anything other than the recommended solution for lubricating or disinfecting the lenses.

Lense Care Precautions:

• Contact lens case can be a source of bacterial growth and require proper care, cleaning, and replacement at regular intervals as recommended by the eye care professional or visit a hospital emergency room without delay.

Other Topics to Discuss with Patients:

• Patients should be informed that they are wearing contact lenses.

• Patients may require at least 1 vision correction device at any time over a few days. This allows more gradual adaptation of the ocular surfaces to the contact lens.

• Periodic eye examinations are extremely important for contact lens wearers. Patients who are unable or unwilling to understand or comply with directions, instructions, or recommendations, may not be a candidate for contact lens wear.

• The replacement schedule is determined by the eye care professional based on the patient and their needs. Contact lenses should be replaced according to the package labeling. The patient should make sure to wait until the lenses are removed, for any reason.

• Lenses should be cleaned, rinsed, and disinfected after removal and prior to reinsertion on the eye.

• Irregular changes or changes in lens tolerance may occur during pregnancy or use of oral contraceptives. Caution patients accordingly.

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• Contact lens case can be a source of bacterial growth and require proper care, cleaning, and replacement at regular intervals as recommended by the eye care professional or visit a hospital emergency room without delay.
ADVERSE EFFECT REPORTING
In a controlled environment any serious adverse effects associated with the use of this product should be reported. If patients experience serious adverse events, please notify Alcon Medical
FINDING GUIDE AND PATIENT REMARK
Conventional methods of fitting contact lenses apply to AIR OPTIX COLORS (lotrafilcon B) contact lenses. For a detailed description of the fitting process refer to the instruction manual of this product or contact your eye care professional for information and assistance.

WARNINGS
Microbial infection of the eye
(REASONS NOT TO USE)
The lenses may be prescribed for frequent/planned replacement wear with AIR OPTIX* COLORS (lotrafilcon B) contact lenses with or without refractive correction. The lenses are designed to be disposed after the last time they are worn. The lenses may be used, however, for frequent or planned replacement wear for up to two years, provided the lenses are used in accordance with the lens care instructions provided by the manufacturer.

CAUTION: Federal (United States) law restricts this device to sale by or on the instructions of a licensed eye care professional.

To prevent damage to the eyes or to the contact lenses, the following section should be read. If non-movement of the lens continues, the patient should remove lenses from the lens container or your eyes. Warning:

• If a patient experiences eye discomfort, foreign body sensation, excessive tearing, or any other symptom, the patient should remove the lenses from the lens container and consult their eye care professional.

• The patient should not use fluorescein while the lenses are on the eye. Whenever fluorescein is used, the eyes should be flushed thoroughly with sterile saline solution when lenses are not being worn.

• Use of an enzymatic cleaner is optional and may be recommended by the eye care professional if necessary.

• The lenses should not be disinfected with a high Temp Disinfection System.

• Use of oral contraceptives. Caution patients accordingly.

• Certain medications may cause dryness of the eye, increased lens dehydration, blurred vision, rainbows or halos around objects, and eye irritation.

• Avoid wearing the lenses while driving or working or living conditions that may result in product contamination which can lead to a serious eye infection.

• Always wash and rinse hands thoroughly and dry completely with a clean, lint free towel after handling, inserting or removing the lenses.

• A serious condition such as infection, corneal ulcer (ulcerative keratitis) or serious eye infection may result if cosmetics, lotion, or anything other than a recommended sterile solution indicated for use in the lens case is used to top-off or fill the lens case.

• Wash and rinse hands thoroughly, and dry completely with a clean, lint free towel before handling contact lenses. Always wash and rinse hands thoroughly, and dry completely with a clean, lint free towel after handling the lenses. Never use tap water to wash your hands. Do not use tap water to fill the lens case. Do not store the lens case in tap water.

• The eye care professional should review the following instructions with the patient:

The eye care professional should review the following instructions with the patient:

• Wash and rinse hands thoroughly, and dry completely with a clean, lint free towel.

• Use the fingers of the other hand to lift the upper eyelid.

• Do not use tap water for filling or top-off of the lens case. Do not use any liquids other than a recommended sterile solution indicated for use in the lens case. Do not use tap water to leave the lens case.

• Do not use the lens case for storage.

• The lenses should be cleaned, rinsed, and disinfected after every wearing period to remove any debris.

• A serious condition such as infection, corneal ulcer (ulcerative keratitis) or serious eye infection may result.

• IF the lens sticks (stops moving) or begins to dry on the eye, instruct the patient to remove the lens immediately, then promptly contact your eye care professional.

• Gently pushing the off-centered lens onto the cornea with light finger pressure

• The lenses may be used for up to two years, provided the lenses are used in accordance with the lens care instructions provided by the manufacturer.

• Keep lenses completely immersed in the recommended storage solution when the lenses are not being worn to avoid lens dehydration.

• Wash and rinse hands thoroughly and dry completely with a clean, lint free towel before handling contact lenses. Always wash and rinse hands thoroughly, and dry completely with a clean, lint free towel after handling the lenses. Never use tap water to wash your hands. Do not use tap water to fill the lens case.

• Always use a fresh contact lens care solution at each time you wear your lenses.

• Do not use the "top-off" or "fill" solution in your lens care system since solution made in this manner can reduce effectiveness of disinfection and could lead to serious infection, vision loss or blindness.

• Storage and Disinfection Solutions are not all-purpose solutions. For hydrogen peroxide disinfection solutions consult your manufacturer’s instructions.

• The lenses are not to be used for eyes with active infections.

• Always wash and rinse hands thoroughly and dry completely with a clean, lint free towel after handling the lenses. Never use tap water to wash your hands. Do not use tap water to fill the lens case.

• Do not use the lens case for storage.

• The lenses should be cleaned, rinsed, and disinfected after every wearing period to remove any debris.

• A serious condition such as infection, corneal ulcer (ulcerative keratitis) or serious eye infection may result.

• IF the lens sticks (stops moving) or begins to dry on the eye, instruct the patient to remove the lens immediately, then promptly contact your eye care professional.

• Gently pushing the off-centered lens onto the cornea with light finger pressure
**VERTEX DISTANCE CONVERSION CHART**

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

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**LENS CARE PRODUCT CHART FOR SOFT CONTACT LENSES**

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<th>Product</th>
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<td><em><em>CLEAR CARE</em> Cleaning &amp; Disinfecting Solution</em>*</td>
<td>3% Hydrogen peroxide based solution for cleaning, disinfecting and protein removal.</td>
</tr>
<tr>
<td><em><em>CLEAR CARE</em> PLUS Cleaning &amp; Disinfecting Solution</em>*</td>
<td>3% Hydrogen peroxide based solution for cleaning, disinfecting and protein removal. Contains HydraGlyde* Moisture Matrix multi-functional block copolymer that is primarily designed for wetting and lubricating silicone hydrogel lenses.</td>
</tr>
<tr>
<td><em><em>OPTI-FREE</em> PureMoist</em> Multi-Purpose Disinfecting Solution**</td>
<td>Multi-purpose solution for cleaning, rinsing, disinfecting, and protein removal. Contains HydraGlyde* Moisture Matrix multi-functional block copolymer that is primarily designed for wetting and lubricating silicone hydrogel lenses.</td>
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<tr>
<td><strong>Other Alcon® Lens Care Products</strong></td>
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<td>OPTI-FREE* Rewetting Drops</td>
<td>Lubricating and rewetting</td>
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<tr>
<td>CLEAR CARE* RINSE &amp; GO* Rinsing Solution</td>
<td>Rinsing and storage</td>
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