Clinical Study Protocol
Johnson & Johnson Vision Care, Inc.

Clinical Evaluation of senofilcon A Contact Lenses Using a Novel Manufacturing Technology

Protocol CR-6474

Version: 2.0

Date: 19 April 2022

Investigational Products: senofilcon A

Keywords: Sphere, senofilcon A prototype, ACUVUE® OASYS Max 1-Day, daily wear, daily disposable, dispensing, preservative-free rewetting drops, CLUE comfort, CLUE vision, logMAR acuity.

Statement of Compliance to protocol, GCP and applicable regulatory guidelines:
This trial will be conducted in compliance with the protocol, ISO 14155:2020,[1] the International Council for Harmonization Good Clinical Practice E6(R2) (ICH GCP),[2] the Declaration of Helsinki,[3] and all applicable regulatory requirements.

Confidentiality Statement:

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PROTOCOL TITLE, NUMBER, VERSION AND DATE

Title: Clinical Evaluation of senofilcon A Contact Lenses Using a Novel Manufacturing Technology
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SPONSOR NAME AND ADDRESS

Johnson & Johnson Vision Care, Inc. (JJVC)
7500 Centurion Parkway
Jacksonville, FL 32256

MEDICAL MONITOR

The Medical Monitor must be notified by the clinical institution/site by e-mail or telephone within 24 hours of learning of a Serious Adverse Event. The Medical Monitor may be contacted during business hours for adverse event questions. General study related questions should be directed towards your assigned clinical research associate.

The Medical Monitoring Plan is maintained as a separate document and included in the Trial Master File.

AUTHORIZED SIGNATURES

The signatures below constitutes the approval of this protocol and the attachments and provide the necessary assurances that this trial will be conducted according to all stipulations of the protocol, including all statements regarding confidentiality, and according to local legal and regulatory requirements and applicable U.S. federal regulations,[4] ISO 14155:2020,[1] ICH guidelines,[2] and the Declaration of Helsinki.[3]

Author/Study Responsible Clinician	*See Electronic Signature Report* [redacted]	DATE
Clinical Operations Manager	*See Electronic Signature Report* [redacted]	DATE
Biostatistician	*See Electronic Signature Report* [redacted]	DATE
Reviewer	*See Electronic Signature Report* [redacted]	DATE
Data Management	*See Electronic Signature Report* [redacted]	DATE
Medical Safety Officer	*See Electronic Signature Report* [redacted]	DATE
Approver	*See Electronic Signature Report* [redacted]	DATE

CHANGE HISTORY

Version	Originator	Description of Change(s) and Section Number(s) Affected	Justification for Change	Date
1.0	[redacted]	Original Protocol	NA	24 Mar 2022
2.0		Enrollment period expanded to 6 weeks, with corresponding adjustment to overall study duration. Updates made to: synopsis and section 4.3.	Accommodate investigational sites.	19 Apr 2022

SYNOPSIS

Protocol Title	Clinical Evaluation of senofilcon A Contact Lenses Using a Novel Manufacturing Technology
Sponsor	JJVC, 7500 Centurion Parkway, Jacksonville, FL 32256
Clinical Phase	Clinical trial phase: Feasibility Design control phase: Phase 3
Trial Registration	This study will be registered on ClinicalTrials.gov by the Sponsor.
Test Article(s)	Investigational Products: • senofilcon A contact lenses made with a novel manufacturing technology (Test). • senofilcon A contact lenses made with the current manufacturing technology (Control). Approved Products: None
Wear and Replacement Schedules	Wear Schedule: daily wear Replacement Schedule: daily disposable
Objectives	To evaluate the clinical performance of senofilcon A contact lenses made with a new manufacturing technology as compared to senofilcon A contact lenses made with the existing manufacturing technology.
Study Endpoints	Co-primary endpoint(s): • Monocular distance visual performance after 1- and 2-weeks of lens wear • Average daily wear time (in hour) after 1- and 2-weeks of lens wear Secondary endpoint(s): • Overall comfort after 2-weeks of lens wear • Overall quality of vision after 2-week of lens wear Additional Endpoints: • Slit lamp findings • Subject reported ocular symptoms • Lens fitting characteristics • Lens wettability • Adverse events • Reasons for discontinuation • Lens damage • MRD/GSI items

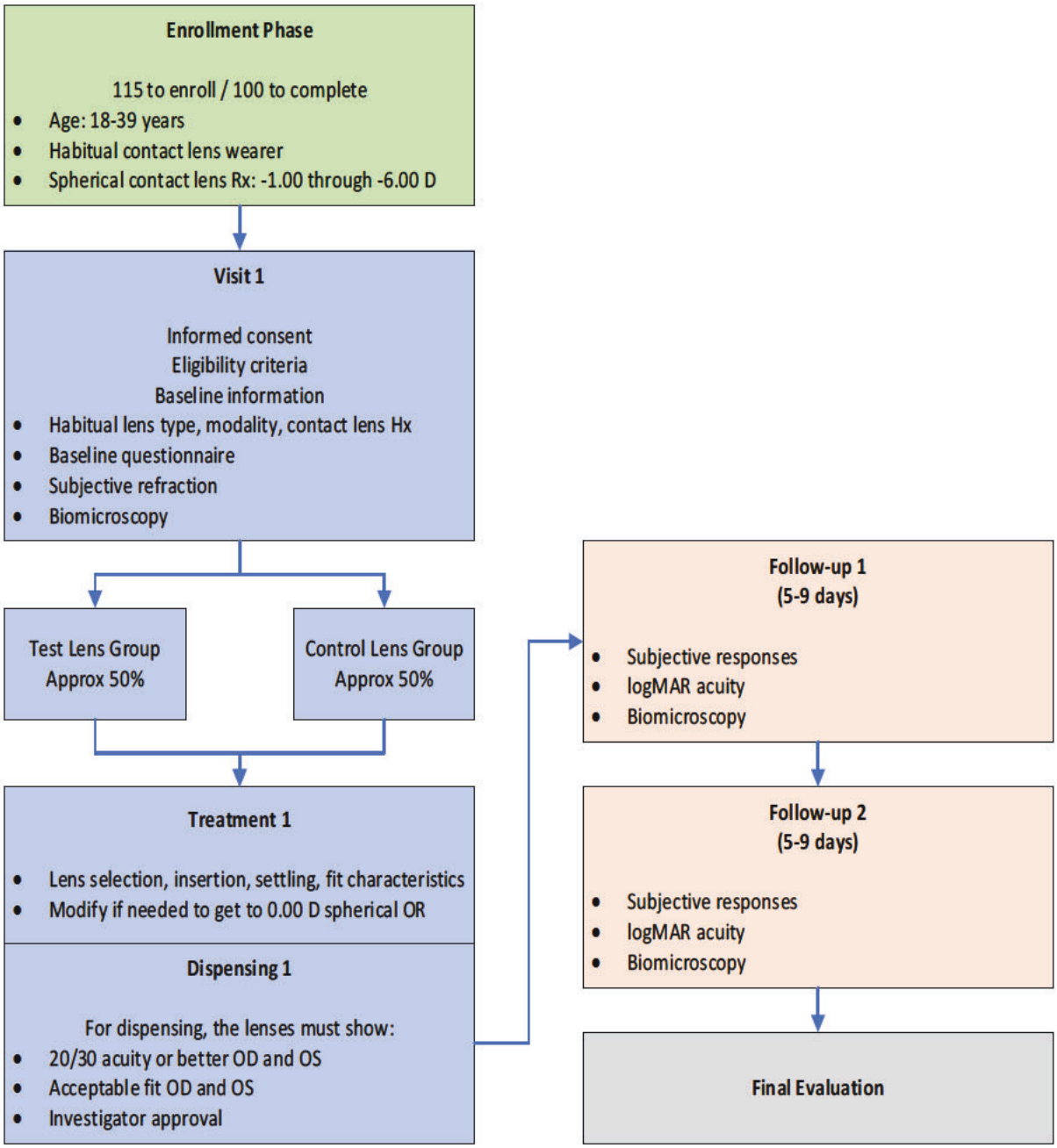
Study Design	This study is a feasibility, multi-site, randomized, double-masked, 2-arm parallel group design, 2-week dispensing study with weekly visits. Subjects will wear bilaterally either the Test or Control lenses (randomly assigned) for 2-weeks in a daily disposable modality. See the flow chart at the end of the synopsis table for the schematic of the study visits and procedures of main observations (Figure 1).
Sample Size	Approximately 115 eligible subjects will be enrolled and randomized into the study to ensure that approximately 100 subjects (~50 in the Test group and ~50 in the Control group) complete as cohort.
Study Duration	There will be a 6-week enrollment window. The study will last approximately 2 weeks per subject. Therefore, the entire study will last approximately 8 weeks per site.
Anticipated Study Population	Healthy male and female adults of any race and ethnicity who meet the eligibility criteria can participate. The study will target habitual wearers of daily disposable silicone hydrogel contact lenses.

Eligibility Criteria - Inclusion	Potential subjects must satisfy all of the following criteria to be enrolled in the study: Inclusion Criteria following Screening The subject must: 1. Read, understand, and sign the STATEMENT OF INFORMED CONSENT and receive a fully executed copy of the form. 2. Appear able and willing to adhere to the instructions set forth in this clinical protocol. 3. Be between 18 and 39 (inclusive) years of age at the time of screening. 4. By self-report, habitually wear spherical soft silicone hydrogel contact lenses in both eyes in a daily reusable or daily disposable wear modality (i.e. not extended wear modality). Habitual wear is defined as a minimum of 6 hours of wear per day, for a minimum of 5 days per week during the past 30 days. 5. Possess a wearable pair of spectacles that provide correction for distance vision. Inclusion Criteria at Baseline Evaluation 6. The spherical equivalent of the subject's vertex-corrected distance refraction must be between -1.00 and -6.00 DS (inclusive) in each eye. 7. The magnitude of the cylindrical component of the subject's vertex-corrected distance refraction must be between 0.00 and 1.00 DC (inclusive) in each eye. 8. The best corrected, monocular, distance visual acuity must be 20/25 or better in each eye.

Eligibility Criteria – Exclusion	Potential subjects who meet any of the following criteria will be excluded from participating in the study: Exclusion Criteria following Screening The subject must not: 1. Be currently pregnant or lactating. 2. Be currently using any ocular medications or have any ocular infection of any type. 3. By self-report, have any ocular or systemic disease, allergies, infection, or use of medication that the investigator believes might contraindicate or interfere with contact lens wear, or otherwise compromise study endpoints, including infectious disease (e.g., hepatitis, tuberculosis), contagious immunosuppressive disease (e.g., Human Immunodeficiency Virus [HIV]), autoimmune disease (e.g. rheumatoid arthritis, Sjögren's syndrome), or history of serious mental illness or seizures. See section 9.1 for additional details regarding excluded systemic medications. 4. Be currently wearing monovision or multifocal contact lenses. 5. Be currently wearing lenses in an extended wear modality. 6. Have participated in a contact lens or lens care product clinical trial within 7 days prior to study enrollment. 7. Be an employee (e.g., Investigator, Coordinator, Technician) or immediate family member of an employee (including partner, child, parent, grandparent, grandchild or sibling of the employee or their spouse) of the clinical site. Exclusion Criteria at Baseline Evaluation The subject must not: 8. Have clinically significant (grade 3 or higher on the FDA grading scale) slit lamp findings (e.g., corneal edema, neovascularization or staining, tarsal abnormalities or bulbar injection) or other corneal or ocular disease or abnormalities that the investigator believes will contraindicate contact lens wear or may otherwise compromise study endpoints (including entropion, ectropion, chalazia, recurrent styes, glaucoma, history of recurrent corneal erosions, aphakia, moderate or above corneal distortion, herpetic keratitis). (Specify method of determination if needed). 9. Have fluctuations in vision due to clinically significant dry eye or other ocular conditions.

	10. Have had or have planned (within the study period) any ocular or intraocular surgery (e.g., radial keratotomy, PRK, LASIK, iridotomy, retinal laser photocoagulation, etc.).
Disallowed Medications/Interventions	Disallowed medications include any medication that may interfere with contact lens wear (at the investigator's discretion). See section 9.1 for details regarding disallowed systemic medications.
Measurements and Procedures	Subjective assessments, physiological responses, fitting characteristics.
Microbiology or Other Laboratory Testing	None
Study Termination	The occurrence of an Unanticipated Adverse Device Effect (UADE) or Serious Adverse Event (SAE) for which a causal relationship to a test article cannot be ruled out, will result in stopping further dispensing investigational product. In the event of a UADE or SAE, the Sponsor Medical Monitor may unmask the treatment regimen of subject(s) and may discuss this with the Principal Investigator before any further subjects are enrolled.
Ancillary Supplies/ Study-Specific Materials	Sterile rewetting drops, ACUVUE Revitalens
Principal Investigator(s) and Study Institution(s)/Site(s)	A full list of Principal Investigators, clinical sites, and institutions is kept separately from the Study Protocol and is included in the study Trial Master File.

Figure 1: Study Flowchart



COMMONLY USED ABBREVIATIONS, ACRONYMS AND DEFINITIONS OF TERMS

ADE	Adverse Device Effect
ADHD	Attention Deficit Hyperactivity Disorder
AE	Adverse Event/Adverse Experience
BSCVA	Best Spectacle Corrected Visual Acuity
CFR	Code of Federal Regulations
CLUE	Contact Lens User Experience
COM	Clinical Operations Manager
CRA	Clinical Research Associate
CRF	Case Report Form
CRO	Contract Research Organization
[redacted]	[redacted]
D	Diopter
DMC	Data Monitoring Committee
eCRF	Electronic Case Report Form
EDC	Electronic Data Capture
ETDRS	Early Treatment Diabetic Retinopathy Study
FDA	Food and Drug Administration
GCP	Good Clinical Practice
HEV	High Energy Visible
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
IB	Investigator's Brochure
ICH	The International Council for Harmonization
IEC	Independent Ethics Committee
IRB	Institutional Review Board
ISO	International Organization for Standardization
ITT	Intent-to-Treat
JJVC	Johnson & Johnson Vision Care, Inc.
LASIK	Laser-Assisted in Situ Keratomileusis
OD	Right Eye
OS	Left Eye
OU	Both Eyes
PIG	Patient Instruction Guide
PQC	Product Quality Complaint
PRK	Photorefractive Keratectomy
PRO	Patient Reported Outcome
QA	Quality Assurance
SAE	Serious Adverse Event/Serious Adverse Experience
SAS	Statistical Analysis System
SD	Standard Deviation
UADE	Unanticipated Adverse Device Effect
USADE	Unanticipated Serious Adverse Device Effect
UV	Ultraviolet
VA	Visual Acuity

1. INTRODUCTION AND BACKGROUND

In the spirit of continuous improvement, JJVC has identified a new manufacturing technology for senofilcon A. The purpose of this clinical trial is to demonstrate whether this new manufacturing technology has any clinically relevant impact on the clinical performance of the contact lens.

1.1. Name and Descriptions of Investigational Products

This study will test two (2) senofilcon A design prototypes against each other. The Test lens will utilize a new manufacturing technology, while the Control lens will be made with the current manufacturing technology. Further details about the test articles are found in section 6 of this protocol.

1.2. Intended Use of Investigational Products

The intended use of the investigative products is for correcting refractive error. During the study, the study article will be worn bilaterally in daily wear, daily disposable modality for at least 6 hours per day, 5 days per week, for approximately 2 weeks. Only one study article will be worn by each subject.

1.3. Summary of Findings from Nonclinical Studies

All previous pre-clinical findings were deemed satisfactory prior to proceeding with clinical trials on humans. For the most comprehensive nonclinical information regarding senofilcon A refer to the latest version of the Investigator's Brochure (IB).

1.4. Summary of Known Risks and Benefits to Human Subjects

For the most comprehensive risk and benefit information regarding the senofilcon A prototypes, refer to the latest version of the Investigator's Brochure (IB).[5]

1.5. Relevant Literature References and Prior Clinical Data Relevant to Proposed Clinical Study

Neither the Test nor the Control are marketed products, and therefore no relevant literature exists. Refer to the Investigator Brochure for additional information of the study articles.

2. STUDY OBJECTIVES, ENDPOINTS AND HYPOTHESES

2.1. Objectives

Primary Objective(s)

To evaluate the clinical performance of senofilcon A contact lenses made with a new manufacturing technology as compared to senofilcon A contact lenses made with the existing manufacturing technology in the following areas:

- Monocular distance visual performance (in logMAR) after 2-weeks of wear
- Average daily wear time (in hours)

Secondary Objective(s)
To evaluate the clinical performance of senofilcon A lenses made with a new manufacturing technology by comparison to senofilcon A lenses made with the manufacturing technology in the following areas:

- Overall comfort after 2-weeks of lens wear
- Overall quality of vision after 2-weeks of lens wear

2.2. Endpoints

Primary Endpoint(s)
Average daily wear time (in hours):
Average daily wear time will be calculated as the number of hours between subjects reported time of insertion and time of removal of the study lenses, on an average day, at 2-Week Follow up evaluation.

Visual performance
Visual performance will be calculated as monocular contact lens-corrected distance visual acuity using a logMAR visual acuity scale. This will be evaluated under both high luminance/low contrast conditions and low luminance/high contrast conditions at 4 meters from Early Treatment Diabetic Retinopathy Study (ETDRS) charts at the 2 Week Follow-up visit.

Secondary Endpoint(s)
CLUE Comfort and Vision Scores:
The co-primary endpoints for this study are subjective assessment of comfort and quality of vision after 14±4 days of wearing the study lenses as a daily disposable.

Subjective assessment of comfort and vision will be performed using the Contact Lens User Experience™ (CLUE) questionnaire.[5] CLUE is a validated patient reported outcomes (PRO) questionnaire used to assess patient experience attributes of soft contact lenses (comfort, vision, handling, and packaging) in a US contact-lens wearing population between 18 and 65 years of age. CLUE composite scores are derived using Item Response Theory (IRT) and follow a normal distribution with a population average score of 60 (SD 20), where higher scores indicate a more favorable/positive response. A 5-point increase in an average CLUE score translates into 10% shift in the distribution of scores for the population of soft disposable contact lens wearers.

Other Endpoint(s)
Slit Lamp Findings
Frequency and severity by eye of slit lamp findings (SLFs) including conjunctival injection, corneal edema, corneal neovascularization, corneal staining, tarsal abnormalities or any other complications. SLFs will be evaluated at fitting and post-fitting evaluation visits including unscheduled visits.

Subject's Reported Ocular Symptoms
Frequency and severity by eye of subject's reported ocular symptoms and problems with the study lens at fitting and post-fitting evaluation visits including unscheduled visits.

Lens Fitting characteristics
Frequency by eye of mechanical lens fitting characteristics including lens centration and lens movement and overall lens fitting acceptability at fitting and 2-week follow-up evaluations.

Lens wettability:
Frequency and Grade by eye of lens wettability at 2-Week Follow-up evaluation.

MRD/GSI items:
The individual MRD/GSI items will be descriptively summarized

The following will be monitored and descriptively evaluated:

- Adverse events
- Reasons for discontinuation
- Lens damage

2.3. Hypotheses

This is a feasibility study and all the hypotheses are exploratory in nature.

Primary Hypotheses:
There are two co-primary hypotheses in this study. Both of them must be met to satisfy the primary objective of the study.

1. The Test lens will be non-inferior to the Control lens with respect to logMAR visual performance (using ETDRS visual acuity charts) at the 2-week follow-up visit. A non-inferiority margin of 0.05 logMAR will be used.

2. The Test lens will be non-inferior to the Control lens with respect to average daily wear time at 2-week follow-up visit. A non-inferiority margin of 1 hour will be used.

Secondary Hypotheses:

1. The Test lens will be non-inferior to the Control lens with respect to overall CLUE comfort score at the follow-up visit. A non-inferiority margin of -5 points will be used.

2. The Test lens will be non-inferior to the Control lens with respect to overall CLUE vision score at the follow-up visit. A non-inferiority margin of -5 points will be used.

All primary hypotheses of this study have to be met for study success.

3. TARGETED STUDY POPULATION

3.1. General Characteristics

The population to be studied will be healthy male and female volunteers (at least 18 and not more than 39 years old) who are habitual wearers of daily disposable silicone hydrogel contact lenses, and have a spectacle astigmatism of ≤1.00 D in both eyes. Approximately 115 subjects will be enrolled to ensure approximately 100 subjects successfully complete the study.

3.2. Inclusion Criteria

Potential subjects must satisfy all of the following criteria to be enrolled in the study:

Inclusion Criteria following Screening
The subject must:

1. Read, understand, and sign the STATEMENT OF INFORMED CONSENT and receive a fully executed copy of the form.
2. Appear able and willing to adhere to the instructions set forth in this clinical protocol.
3. Be between 18 and 39 (inclusive) years of age at the time of screening.
4. By self-report, habitually wear spherical soft silicone hydrogel contact lenses in both eyes in a daily reusable or daily disposable wear modality (i.e. not extended wear modality). Habitual wear is defined as a minimum of 6 hours of wear per day, for a minimum of 5 days per week during the past 30 days.
5. Possess a wearable pair of spectacles that provide correction for distance vision.

Inclusion Criteria at Baseline Evaluation

6. The spherical equivalent of the subject's vertex-corrected distance refraction must be between -1.00 and -6.00 DS (inclusive) in each eye.
7. The magnitude of the cylindrical component of the subject's vertex-corrected distance refraction must be between 0.00 and 1.00 DC (inclusive) in each eye.
8. The best corrected, monocular, distance visual acuity must be 20/25 or better in each eye.

3.3. Exclusion Criteria

Potential subjects who meet any of the following criteria will be excluded from participating in the study:

Exclusion Criteria following Screening
The subject must not:

1. Be currently pregnant or lactating.
2. Be currently using any ocular medications or have any ocular infection of any type.
3. By self-report, have any ocular or systemic disease, allergies, infection, or use of medication that the investigator believes might contraindicate or interfere with contact lens wear, or otherwise compromise study endpoints, including infectious disease (e.g., hepatitis, tuberculosis), contagious immunosuppressive disease (e.g., Human Immunodeficiency Virus [HIV]), autoimmune disease (e.g. rheumatoid arthritis,

Sjögren's syndrome), or history of serious mental illness or seizures. See section 9.1 for additional details regarding excluded systemic medications.
4. Be currently wearing monovision or multifocal contact lenses.
5. Be currently wearing lenses in an extended wear modality.
6. Have participated in a contact lens or lens care product clinical trial within 7 days prior to study enrollment.
7. Be an employee (e.g., Investigator, Coordinator, Technician) or immediate family member of an employee (including partner, child, parent, grandparent, grandchild or sibling of the employee or their spouse) of the clinical site.

Exclusion Criteria at Baseline Evaluation
The subject must not:
8. Have clinically significant (grade 3 or higher on the FDA grading scale) slit lamp findings (e.g., corneal edema, neovascularization or staining, tarsal abnormalities or bulbar injection) or other corneal or ocular disease or abnormalities that the investigator believes will contraindicate contact lens wear or may otherwise compromise study endpoints (including entropion, ectropion, chalazia, recurrent styes, glaucoma, history of recurrent corneal erosions, aphakia, moderate or above corneal distortion, herpetic keratitis). (Specify method of determination if needed).
9. Have fluctuations in vision due to clinically significant dry eye or other ocular conditions.
10. Have had or have planned (within the study period) any ocular or intraocular surgery (e.g., radial keratotomy, PRK, LASIK, iridotomy, retinal laser photocoagulation, etc.).

3.4. Enrollment Strategy

Study subjects will be recruited from the Institution/clinical site's subject database and/or utilizing Independent Ethics Committee (IEC) or Institutional Review Board (IRB) approved materials.

4. STUDY DESIGN AND RATIONALE

4.1. Description of Study Design

This study is a controlled, randomized, double-masked, 2-arm parallel group, 2-treatment, 1-period, 2-week dispensing (minimum of 6 hours/day, 5 days/week), bilateral, daily wear, daily disposable study. Subjects will not have access to the study articles after study closure.

There are three scheduled visits:

1. Visit 1: Subjects will be consented and screened for inclusion/exclusion criteria. If a subject is found to meet all eligibility criteria, they will be randomly assigned to either Test lenses on both eyes or Control lenses on both eyes at 1:1 ratio. Subjects will fit their assigned lenses in both eyes and advised to wear the study lenses at least 6 hours

a day for a minimum of 5 days per week during the subsequent 2 weeks. Follow-up 1 will be scheduled for approximately one week.

2. Visit 2: The follow-up visit will occur approximately 7±2 days after Visit 1. Unscheduled follow-up visits may occur during the study. At this visit, CLUE comfort and vision, slit lamp findings will be captured. The same lens type will be dispensed again, and the procedures repeated for an additional week.
3. Visit 3: The follow-up visit will occur approximately 7±2 days after Visit 2. Unscheduled follow-up visits may occur during the study. At this visit, CLUE comfort and vision, slit lamp findings will be captured. Complete the Final Evaluation forms.

4.2. Study Design Rationale

The purpose of this study is to evaluate the performance of a new manufacturing method in a 2-arm parallel design. In this parallel design, subjects are randomized to one of the two study arms and after randomization each participant will stay in their assigned treatment arm for the duration of the study. Randomization eliminates the selection bias and balances both the known and unknown confounding factors that may affect the study outcomes.

4.3. Enrollment Target and Study Duration

Approximately 115 subjects will be initially enrolled and approximately 100 are targeted to complete the study. Subjects will be in the study for approximately 2 weeks. The enrollment period is approximately 6 weeks, making the entire study approximately 8 weeks in duration.

5. TEST ARTICLE ALLOCATION AND MASKING

5.1. Test Article Allocation

Use of the test articles will be randomized using a lens fitting schedule supplied by the study biostatistician. The clinical site will follow the lens fitting schedule provided and will complete enrollment according to the randomization list and will not pre-select or pre-assign subjects.

Randomly-permuted block randomization will be used to avoid bias in the assignment of subjects to treatment and to enhance the validity of statistical comparisons across treatment groups.

Randomization will be performed at visit 1. The following must have occurred prior to randomization:

- Informed consent must have been obtained.
- The subject must have met all eligibility criteria.
- The subject's screening and baseline information must have been collected.

When dispensing test articles, the following steps should be followed to maintain randomization codes:

1. Investigator or designee (documented on the Delegation Log) will consult the lens fitting schedule to obtain the test article assignment for that subject prior to dispensing.
2. Investigator or designee will record the subject's number on the appropriate line of the lens fitting schedule.
3. Investigator or designee will pull the appropriate test articles from the study supply. All test articles that are opened, whether dispensed (placed/fit on eye or dispensed outside the clinical site) or not, must be recorded on the Test Article Accountability Log in the "Dispensed" section.

5.2. Masking

This is a double-masked study where neither the subjects nor investigators or clinical team interacting with subjects or data during the trial are aware of the identity of the assigned treatment. Masking will be used to reduce potential bias.

5.3. Procedures for Maintaining and Breaking the Masking

Every attempt will be made to keep the clinical trial personnel involved in the study (e.g. data management, biostatistician and clinical operations) unaware of the identity of the assigned study lenses. The identity of the study lenses will be masked by having the blister packs labeled with the study number, lot number, sphere power, expiration date and the randomization codes. Only the unmasked biostatistician generating the lens fitting schedule will have access to the decode information that allows matching of the randomization codes to the test articles. The medical monitor will also have access to the decode information in case breaking the mask is necessary for the urgent medical treatment of a subject.

Under normal circumstances, the mask should not be broken until all subjects have completed the study and the database is finalized. Otherwise, the mask should be broken only if specific emergency treatment/course of action would be dictated by knowing the treatment status of the subject. In such cases, the investigator may, in an emergency, contact the medical monitor. In the event the mask is broken, the sponsor must be informed as soon as possible. The date, time, and reason for the unmasking must be documented in the subject record. The investigator is also advised not to reveal the study treatment assignment to the clinical site or sponsor personnel.

Subjects who have had their treatment assignment unmasked are expected to return for all remaining scheduled evaluations. Subjects who are discontinued will be replaced.

6. STUDY INTERVENTION

6.1. Identity of Test Articles

The following contact lenses will be used in this study:

Table 1: Test Articles

	Test	Control
Name	senofilcon A with novel manufacturing technology	senofilcon A with current manufacturing technology
Manufacturer	JJVC – 4GT	JJVC – 4GT
[redacted]	[redacted]	[redacted]
Lens Material	senofilcon A	senofilcon A
Nominal Base Curve @ 22°C	8.5	8.5
Nominal Diameter @ 22°C	14.3	14.3
Nominal Distance Powers (D)	-1.00 through -6.00 in 0.25 steps	-1.00 through -6.00 in 0.25 steps
Wear Schedule in Current Study	Daily wear	Daily wear
Replacement Frequency	Daily disposable	Daily disposable
Packaging Form (vial, blister, etc.)	Sterile blister pack	Sterile blister pack
New UV/HEV filter	Yes	Yes

Each subject will wear a maximum of 19 study lenses in each eye, and maximum of 38 study lenses for both eyes. With a total enrollment of 115 subjects approximately 4,370 lenses will be used in this study. As a parallel design, approximately 16,826 lenses for each study article, for a total of 33,652 will be over-labeled for this study.

6.2. Ancillary Supplies/Products

The following solutions will be used in this study:

Table 2: Ancillary Supplies

	Non-Preserved Rewetting Drops / Multipurpose Lens Care Solution			
Solution Name/Description	Acuvue™ RevitaLens Multipurpose Solution	Single use Eye-Cept® Rewetting Drops	LacriPure Saline Solution	ScleralFil Preservative Free Saline Solution
Manufacturer	Johnson & Johnson Vision	Optics Laboratory	Menicon	Bausch & Lomb
Preservative	alexidine dihydrochloride 0.00016% and polyquaternium-1 0.0003%	None	None	None

Lens cases and fluorescein strips (either 0.6 mg or 1.0 mg) will be supplied for use as needed.

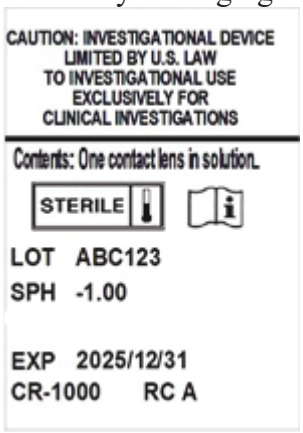
6.3. Administration of Test Articles

Test articles will be dispensed to subjects meeting all eligibility requirements, including any dispensing requirements set forth in this clinical protocol. Subjects will be dispensed an adequate supply of test articles to complete the study. Lost or damaged test articles may be replaced at the discretion of the investigator and/or the sponsor.

6.4. Packaging and Labeling

The study articles will be packaged in blisters as the primary packaging. The study articles will be over-labeled to mask the subject and investigators to the identity of the lens. The study articles will be in plastic bags as the secondary packaging form. The sample study label is shown below. The information represented on the label below is sample information only and is not representative of the actual study lens information.

Primary Packaging



Secondary Packaging

6.5. Storage Conditions

Test articles will be maintained at ambient temperatures at the clinical site. Test articles must be kept under secure conditions.

6.6. Collection and Storage of Samples

The study articles worn into the follow-up visits will be collected. The OD and OS lenses will be stored wet (using RevitaLens solution) in separate glass vials with labels that minimally contain study number, date, subject number, and eye from which the lens was removed in a study specific refrigerator. (Temperature monitoring of refrigerator not required). The lenses will be shipped back to the Sponsor ambiently once the study has completed.

When possible, any lens or test article associated with an Adverse Event and/or a Product Quality Complaint must be retained and stored in a glass vial with moderate solution pending directions from the sponsor for potential return to JJVC.

6.7. Accountability of Test Articles

JJVC will provide the Investigator with sufficient quantities of study articles and supplies to complete the investigation. The Investigator is asked to retain all lens shipment documentation for the test article accountability records.

Test articles must be kept in a locked storage cabinet, accessible only to those assigned by the Investigator for dispensing. The Investigator may delegate this activity to authorized study site personnel listed on the Site Delegation Log. All test articles must be accounted. This includes:

1. What was dispensed for the subject for trial fitting, to wear out of the office, or issued for the subject to replace appropriately between visits.
2. What was returned to the Investigator unused, including expired or malfunctioning product.
3. The number and reason for unplanned replacements.

The Investigator will collect all unused test articles from the subjects at the end of the subject's participation. Subject returned unused test articles must be separated from the clinical study inventory of un-dispensed test articles and must be labeled with the subject number and date of return. Following final reconciliation of test articles by the monitor, the Investigator or monitor will return all unused test articles to JJVC.

If there is a discrepancy between the shipment documents and the contents, contact the study monitor immediately.

[redacted]

7. STUDY EVALUATIONS

7.1. Time and Event Schedule

Table 3: Time and Events

Visit Information	Visit 1 Screening, Baseline, Treatment 1	Visit 2 Treatment 1 Follow-up 1	Visit 3 Treatment 1 Follow-up 2	Final Evaluation
Time Point	Day 0	7 ± 2 days following Visit 1	7 ± 2 days following Visit 2	Normally immediately after Visit 3
Minimum lens wear time immediately prior to visit	Must wear habitual lenses	NA	NA	NA
Estimated Visit Duration	2.5 hours	1.5 hours	1.0 hours	0.5 hours
Study Informed Consent	X			
Demographics	X			
Medical History	X			
Eligibility Assessment	X			
Background CLUE Questionnaire	X			
Subject Reported Symptoms	X	X	X	
Distance Visual Acuity	X	X	X	
Spherocylindrical Refraction & VA	X			
Biomicroscopy & Eye Rinse	X	X	X	
Study Lenses Dispensed	X			
Lens Damage	X	X	X	
10 minutes settling	X			
Spherical Over-Refraction	X			
logMAR visual acuity (ETDRS charts)		X	X	

Visit Information	Visit 1 Screening, Baseline, Treatment 1	Visit 2 Treatment 1 Follow-up 1	Visit 3 Treatment 1 Follow-up 2	Final Evaluation
Time Point	Day 0	7 ± 2 days following Visit 1	7 ± 2 days following Visit 2	Normally immediately after Visit 3
Minimum lens wear time immediately prior to visit	Must wear habitual lenses	NA	NA	NA
Estimated Visit Duration	2.5 hours	1.5 hours	1.0 hours	0.5 hours
Lens Fit Assessment	X	X	X	
Lens Surface Deposits & Lens Wettability Assessment	X	X	X	
Compliance		X	X	
Contact Lens Wear Time	X	X	X	
Follow-up CLUE Questionnaire		X	X	
Follow-up MRD/GSI Questionnaire		X	X	
Adverse Event Review		X	X	
Concomitant Medication Review	X	X	X	
Final Evaluation Form				X
Exit Refraction				X

7.2. Detailed Study Procedures

VISIT 1

The subjects must present to Visit 1 wearing their habitual contact lenses.

Visit 1: Screening			
Step	Procedure	Details	[redacted]
1.1	Statement of Informed Consent	Each subject must read, understand, and sign the Statement of Informed Consent before being enrolled into the study. The Principal Investigator or his/her designee conducting the informed consent discussion must also sign the consent form. **Note:** The subject must be provided a signed copy of this document.	
1.2	Demographics	Record the subject's year of birth, age, gender, race and ethnicity.	
1.3	Medical History and Concomitant Medications	Record the subject's medical history and concomitant medications.	
1.4	Habitual Lenses	Record the subject's habitual lens type, parameters, wear modality and duration.	
1.5	Contact lens wear times	Record the current wear time (WT) and comfortable wear time (CWT).	
1.6	Eligibility after Screening	All responses to Screening Inclusion Criteria questions must be answered "yes" and all responses to Exclusion Criteria must be answered "no" for the subject to be considered eligible. *If subject is deemed to be ineligible after screening, proceed to Final Evaluation and complete Subject Disposition. Refraction and Biomicroscopy forms do not need to be completed as part of Final Evaluation.*	

Visit 1: Baseline			
Step	Procedure	Details	[redacted]
1.7	Background PRO Questionnaire	Subject will complete questions regarding their experiences with their habitual lenses.	
1.8	Subject-reported Ocular Symptoms	Subject Reported Ocular Symptoms and Problems	

Visit 1: Baseline			
Step	Procedure	Details	[redacted]
1.9	Distance visual acuity (VA)	Record the distance Snellen VA for OD, OS and OU with their habitual contact lenses in place. Subject must keep reading smaller lines until less than half the letters are correctly identified.	
1.10	Remove habitual lenses	The subject's habitual lenses will be removed and stored in their own lens case. If they forgot to bring their lens case, one will be provided to them.	
1.11	Subjective spherocylinder refraction and VA	Perform binocular subjective best spherocylinder refraction and record the best corrected Snellen VA for OD, OS and OU.	
1.12	Biomicroscopy	FDA Slit Lamp Classification Scale will be used to grade the findings and determine eligibility. If any of these slit lamp findings are Grade 3 or higher, the subject is discontinued from the visit as ineligible and may be rescheduled for another baseline visit for the randomization period. Limbal and Bulbar Conjunctival Hyperemia findings and detailed Corneal Staining Assessment will be recorded using a more detailed scale for internal purposes only. Conjunctival hyperemia should be assessed using the 0.5 increment grading scale.	
1.13	Eye Rinse	The investigator or technician may rinse the subject's eyes thoroughly with sterile saline.	
1.14	Iris Color	The investigator will record the subject's iris color based on the scale provided.	

Visit 1: Baseline			
Step	Procedure	Details	[redacted]
1.15	Eligibility after Baseline	All responses to Inclusion Criteria questions must be answered "yes" and all responses to Exclusion Criteria questions must be answered "no" for the subject to be considered eligible. One additional baseline examination is permitted to be performed if the subject does not meet the eligibility criteria at the initial baseline visit If subject is deemed to be ineligible after baseline, proceed to Final Evaluation and complete all forms.	

Visit 1: Treatment 1 Lens Fitting			
Step	Procedure	Details	[redacted]
1.16	Lens Selection	Assign the study lens based on the randomization scheme. Subjects will only wear the Test lens on both eyes or the Control lens on both eyes. Select the contact lens power based on vertex-corrected subjective best sphere refraction.	
1.17	Lens Insertion	The Investigator or the subject inserts the study lenses. Record the time of lens insertion. Check for lens damage under the slit lamp before proceeding with lens settling. Replace damaged lenses if applicable. Ensure the subject is given a Patient Instruction Guide.	
1.18	Lens Settling	Allow the study lenses to settle for a minimum of 5 minutes.	
1.19	Subjective Best Sphere Over Refraction	Perform subjective best sphere refraction over the study lenses with a phoropter (adopt the maximum plus to maximum visual acuity (MPMVA) approach and record the best corrected distance visual acuity to the nearest letter (OD, OS, and OU).	[redacted]

Visit 1: Treatment 1 Lens Fitting			
Step	Procedure	Details	[redacted]
1.20	Lens Power Modification (if applicable)	Adjust the lens power if the subject's best sphere over-refraction is not plano. For each power modification, select the adjusted fitting lens power as appropriate and repeat steps 1.16 through 1.18. One power modification is allowed.	
1.21	Distance visual acuity (VA)	Record the distance Snellen VA for OD, OS and OU with their study contact lenses in place. Subject must keep reading smaller lines until less than half the letters are correctly identified.	[redacted]
1.22	Subject Reported Ocular Symptoms	Subjects will respond to a verbal open-ended symptoms questionnaire.	[redacted]
1.23	Post-Fit Questionnaire	Subjects will respond to the MRD/GSI Post-Fit Questionnaire.	[redacted]
1.24	General Lens Fit Assessment	Evaluate lens centration, movement on blink, and push-up test for each eye. An unacceptable fit is deemed by one of the following criteria: • limbal exposure at primary gaze or with extreme eye movement. • edge lift. • excessive movement in primary and up gaze. • insufficient movement in all three of the following conditions: primary gaze, up gaze, and push-up test. **Note:** if lens fit is unacceptable for either eye, the subject will be discontinued from the study.	[redacted]
1.25	White Light Lens Surface Wettability	Record the white light lens wettability of both lenses.	[redacted]
1.26	Surface Deposits	Record any front and back surface lens deposits.	[redacted]

Visit 1: Treatment 1 Lens Fitting			
Step	Procedure	Details	[redacted]
1.27	Continuance	For the subject to continue in the study, they must meet all three of the following criteria: • Visual acuity is 20/30 or better OD and OS. • The lens fit is acceptable OD and OS. • Investigator approval. If the Investigator does not approve the dispensing of the first study lens, then the study is terminated for that subject.	

Visit 1: Treatment 1 Lens Fitting			
Step	Procedure	Details	[redacted]
1.28	Dispense	The lenses will be dispensed for a 5-9 day wearing period. During this time, they are required to wear the lenses at least 5 days and at least 6 hours per day that they are worn. • Dispense enough lenses to last the subject to their scheduled follow-up visit. Do not dispense extras* • The lenses will be worn as daily wear/daily disposable only • Rewetting drops are permitted if needed • A patient instruction booklet will be provided • Subjects will be scheduled for their 1-week follow-up visit • Subjects should be instructed to wear the study lenses to the follow-up visit. * **Note:** In the event a lens is lost or damaged, the subject will return to the clinical site for replacement. As much as reasonably possible, a damaged lens and packaging should be returned to the clinical site (wet, if possible) and then returned to the Sponsor. If lens damage is present, complete the Product Quality Complaint Form. The lens will be stored in labeled vial with saline, and clearly differentiated from the other worn lenses that will be shipped back to the Sponsor.	
1.29	Schedule next visit	Schedule the follow-up visit to occur in 7 ± 2 days (counting the day of this visit as day 0, the subject may return on day 5 through 9).	

VISIT 2

The subjects must present to Visit 2 wearing the study lenses.

Visit 2: Treatment 1 Follow-Up 1			
Step	Procedure	Details	[redacted]
2.1	Adverse Events and Concomitant Medications Review	Review any changes to the subject's medical history or concomitant medications from the previous study visit. Record any changes, and any adverse events.	
2.2	Wearing Time	Record the average wearing time and comfortable wearing time.	
2.3	Compliance	Confirm compliance with the prescribed wear schedule.	
2.4	Subject Reported Ocular Symptoms	Subjects will respond to a verbal open-ended symptoms questionnaire.	[redacted]
2.5	Follow-Up Questionnaire	The subject will complete the Follow-Up Questionnaire directly.	[redacted]
2.6	Visual Acuity	Record the distance Snellen visual acuity with the contact lenses (OD, OS and OU) to the nearest letter. Subjects must read the smallest line until at least 50% of the letters are read incorrectly.	[redacted]

<table>
<tr><th colspan="4">Visit 2: Treatment 1 Follow-Up 1</th></tr>
<tr><th>Step</th><th>Procedure</th><th>Details</th><th>[redacted]</th></tr>
<tr><td>2.7</td><td>Distance ETDRS LogMAR Visual Acuity</td><td>Measure monocular distance high luminance low contrast (HLLC), and low luminance high contrast (LLHC) visual acuity using ETDRS charts at 4 meters. Chart luminance will be reduced with a filter placed in front of the light box.
Measure each eye once using the charts shown in the tables below:

<table>
<tr><td>Condition</td><td colspan="2">HLLC</td></tr>
<tr><td>Room illumination</td><td colspan="2">> 400 lux</td></tr>
<tr><td>Chart luminance</td><td colspan="2">120 - 200 cd/m^2</td></tr>
<tr><td>Eye</td><td>OD</td><td>OS</td></tr>
<tr><td>Charts</td><td>LC-1</td><td>LC-2</td></tr>
</table>

<table>
<tr><td>Condition</td><td colspan="2">LLHC</td></tr>
<tr><td>Room illumination</td><td colspan="2">≤ 2.5 lux</td></tr>
<tr><td>Chart luminance</td><td colspan="2">1.5 - 5.0 cd/m^2</td></tr>
<tr><td>Eye</td><td>OD</td><td>OS</td></tr>
<tr><td>Charts</td><td>HC-1</td><td>HC-2</td></tr>
</table>

Recorded letter-by-letter results into EDC.</td><td></td></tr>
</table>

Visit 2: Treatment 1 Follow-Up 1			
Step	Procedure	Details	[redacted]
2.8	Subjective Lens Fit Assessment	Evaluate overall lens fit acceptance (acceptable or unacceptable) based on centration, movement and other fitting characteristics. An unacceptable fit is deemed by one of the following criteria: • limbal exposure at primary gaze or with extreme eye movement. • edge lift. • excessive movement in primary and up gaze. • insufficient movement in all three of the following conditions: primary gaze, up gaze, and push-up test. **Note:** if lens fit is unacceptable subject will be discontinued from the study.	[redacted]
2.9	Wettability Characteristics	Record the white light lens wettability of both lenses.	[redacted]
2.10	Surface Deposits	Record any front and back surface lens deposits.	[redacted]
2.11	Lens Damage	Using the slit lamp, assess lenses for damage.	
2.12	Lens Removal	The lenses will be removed and stored in the following manner: The OD and OS lenses will be stored wet (using RevitaLens solution) in separate glass vials with labels that minimally contain study number, date, subject number, and eye from which the lens was removed in a study specific refrigerator. (Temperature monitoring of refrigerator not required) *The lenses will be shipped back to the Sponsor ambiently once the study has completed.	

Visit 2: Treatment 1 Follow-Up 1			
Step	Procedure	Details	[redacted]
2.13	Slit Lamp Biomicroscopy	FDA Slit Lamp Classification Scale will be used to grade the findings. If the subject has a Grade 3 slit lamp finding, it will be recorded as an Adverse Event and the subject will be monitored as per the guidelines given in section 13. In addition, Limbal and Bulbar Conjunctival Hyperemia findings and detailed Corneal Staining Assessment will be recorded using a more detailed scale for internal purposes only. Conjunctival hyperemia should be assessed using the 0.5 increment grading scale. If the clearance of the fluorescein needs to be expedited, preservative-free rewetting drops may be instilled.	[redacted]
2.14	Lens Insertion	The identical lenses used in Period 1 will be re-dispensed in Period 2. Place a fresh pair on the eyes.	
2.15	Distance visual acuity (VA)	Record the distance Snellen VA for OD, OS and OU with their study contact lenses in place. Subject must keep reading smaller lines until less than half the letters are correctly identified.	[redacted]
2.16	Continuance	For the subject to continue in the study, they must meet all three of the following criteria: • Visual acuity is 20/30 or better OD and OS. • The lens fit is acceptable OD and OS. • Investigator approval. If the Investigator does not approve the dispensing of the first study lens, then the study is terminated for that subject.	

Visit 2: Treatment 1 Follow-Up 1			
Step	Procedure	Details	[redacted]
2.17	Dispense	The lenses will be dispensed for a 5-9 day wearing period. During this time, they are required to wear the lenses at least 5 days and at least 6 hours per day that they are worn. • Dispense enough lenses to last the subject to their scheduled follow-up visit. Do not dispense extras* • The lenses will be worn as daily wear/daily disposable only • Rewetting drops are permitted if needed • Subjects will be scheduled for their 1-week follow-up visit • Subjects should be instructed to wear the study lenses to the follow-up visit and bring their habitual correction with them. * **Note:** In the event a lens is lost or damaged, the subject will return to the clinical site for replacement. As much as reasonably possible, a damaged lens and packaging should be returned to the clinical site (wet, if possible) and then returned to the Sponsor. If lens damage is present, complete the Product Quality Complaint Form. The lens will be stored in labeled vial with saline, and clearly differentiated from the other worn lenses that will be shipped back to the Sponsor.	

VISIT 3

The subjects must present to Visit 3 wearing the study lenses.

Visit 3: Treatment 1 Follow-Up 2			
Step	Procedure	Details	[redacted]
3.1	Adverse Events and Concomitant Medications Review	Review any changes to the subject's medical history or concomitant medications from the previous study visit. Record any changes, and any adverse events.	
3.2	Wearing Time	Record the average wearing time and comfortable wearing time.	
3.3	Compliance	Confirm compliance with the prescribed wear schedule.	
3.4	Lens Collection	Collect any unworn study lenses from the subject.	
3.5	Subject Reported Ocular Symptoms	Subjects will respond to a verbal open-ended symptoms questionnaire.	[redacted]
3.6	Follow-Up Questionnaire	The subject will complete the Follow-Up Questionnaire directly.	[redacted]
3.7	Visual Acuity	Record the distance Snellen visual acuity with the contact lenses (OD, OS and OU) to the nearest letter. Subjects must read the smallest line until at least 50% of the letters are read incorrectly.	[redacted]

<table>
<tr><th colspan="4">Visit 3: Treatment 1 Follow-Up 2</th></tr>
<tr><th>Step</th><th>Procedure</th><th>Details</th><th>[redacted]</th></tr>
<tr><td>3.8</td><td>Distance ETDRS LogMAR Visual Acuity</td><td>Measure monocular distance high luminance low contrast (HLLC), and low luminance high contrast (LLHC) visual acuity using ETDRS charts at 4 meters. Chart luminance will be reduced with a filter placed in front of the light box.
Measure each eye once using the charts shown in the tables below:

<table>
<tr><td>Condition</td><td colspan="2">HLLC</td></tr>
<tr><td>Room illumination</td><td colspan="2">> 400 lux</td></tr>
<tr><td>Chart luminance</td><td colspan="2">120 - 200 cd/m^2</td></tr>
<tr><td>Eye</td><td>OD</td><td>OS</td></tr>
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<table>
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<tr><td>Chart luminance</td><td colspan="2">1.5 - 5.0 cd/m^2</td></tr>
<tr><td>Eye</td><td>OD</td><td>OS</td></tr>
<tr><td>Charts</td><td>HC-1</td><td>HC-2</td></tr>
</table>

Recorded letter-by-letter results into EDC.</td><td></td></tr>
</table>

Visit 3: Treatment 1 Follow-Up 2			
Step	Procedure	Details	[redacted]
3.9	Subjective Lens Fit Assessment	Evaluate overall lens fit acceptance (acceptable or unacceptable) based on centration, movement and other fitting characteristics. An unacceptable fit is deemed by one of the following criteria: • limbal exposure at primary gaze or with extreme eye movement. • edge lift. • excessive movement in primary and up gaze. • insufficient movement in all three of the following conditions: primary gaze, up gaze, and push-up test. **Note:** if lens fit is unacceptable subject will be discontinued from the study.	[redacted]
3.10	Wettability Characteristics	Record the white light lens wettability of both lenses.	[redacted]
3.11	Surface Deposits	Record any front and back surface lens deposits.	[redacted]
3.12	Lens Damage	Using the slit lamp, assess lenses for damage.	
3.13	Lens Removal	The lenses will be removed and stored in the following manner: The OD and OS lenses will be stored wet (using saline solution) in separate glass vials with labels that minimally contain study number, date, subject number, and eye from which the lens was removed in a study specific refrigerator. (Temperature monitoring of refrigerator not required) *The lenses will be shipped back to the Sponsor ambiently once the study has completed.	

Visit 3: Treatment 1 Follow-Up 2			
Step	Procedure	Details	[redacted]
3.14	Slit Lamp Biomicroscopy	FDA Slit Lamp Classification Scale will be used to grade the findings. If the subject has a Grade 3 slit lamp finding, it will be recorded as an Adverse Event and the subject will be monitored as per the guidelines given in section 13. In addition, Limbal and Bulbar Conjunctival Hyperemia findings and detailed Corneal Staining Assessment will be recorded using a more detailed scale for internal purposes only. Conjunctival hyperemia should be assessed using the 0.5 increment grading scale. If the clearance of the fluorescein needs to be expedited, preservative-free rewetting drops may be instilled.	[redacted]

FINAL EVALUATION

The final evaluation will ordinarily take place immediately following the last scheduled follow-up visit per the study protocol. It may also take place at any point the subject discontinues the study or is terminated from the study.

Final Evaluation			
Step	Procedure	Details	[redacted]
F.1	Final Exam Form	Indicate if the subject completed the study successfully. If subject discontinued from the study, indicate the reason.	
F.2	Exit Refraction	Perform bare-eye subjective spherocylindrical refraction with a phoropter and record the best-corrected distance visual acuity (OD, OS and OU) to the nearest letter. **Note**: This step is not necessary if the subject was exited due to screen failure.	[redacted]

Final Evaluation			
Step	Procedure	Details	[redacted]
F.3	Exit Slit Lamp Biomicroscopy (for subjects that are discontinued early)	FDA Slit Lamp Classification Scale will be used to grade the findings. If the subject has a Grade 3 slit lamp finding, it will be recorded as an Adverse Event and the subject will be monitored as per the guidelines given in section 13. In addition, Limbal and Bulbar Conjunctival Hyperemia findings and detailed Corneal Staining Assessment will be recorded using a more detailed scale for internal purposes only. Conjunctival hyperemia should be assessed using the 0.5 increment grading scale. If the clearance of the fluorescein needs to be expedited, preservative-free rewetting drops or saline may be instilled. This step is not necessary if the subject was exited due to screen failure. **Note**: This step is not necessary if the subject was exited due to screen failure, or if biomicroscopy was performed as part of the final follow-up visit procedures (i.e., immediately prior to the final evaluation).	[redacted]

7.3. Unscheduled Visits

If, during the investigation, a subject requires an unscheduled visit to the clinical site, the following information will be collected, as appropriate:

- Chief complaint prompting the visit. If the reason is an adverse event, the applicable eCRF for the adverse event must be completed and subject record completed as appropriate.
- Date and time of the visit and all procedures completed at the unscheduled visit.
- Review of adverse event and concomitant medications.
- Documentation of any test article dispensed or collected from the subject, if applicable.
- Slit lamp findings (using the Slit Lamp Classification Scale).

If the Investigator withdraws a subject from the study, the final study visit case report forms must be completed indicating the reason(s) why the subject was withdrawn. The subject record

must be completed documenting the date and primary reason for withdrawal and the study CRA notified.

Any ocular and non-ocular Adverse Events that are ongoing at the time of the study visit will be followed by the Investigator, within licensure, until they have resolved, returned to pre-treatment status, stabilized, or been satisfactorily explained. If further treatment i.e., beyond licensure is required, the subject will be referred to the appropriate health care provider.

The following information will be collected during an unscheduled visit.

Unscheduled Visit			
Step	Procedure	Details	[redacted]
U.1	Reason for unscheduled visit	Indicate if the only reason for the visit is that the subject requires additional test articles. If the reason is other than resupply of previously dispensed lenses, specify the reason for the visit.	
U.2	Chief Complaints (if applicable)	Record the subject's chief complaints for reasons for the unscheduled visit.	
U.3	Adverse Events and Concomitant Medications Review (if applicable)	Review any changes to the subject's medical history or concomitant medications from the previous study visit. Record any changes, and any adverse events.	
U.4	Entrance VA (if applicable)	Record the entrance distance visual acuity (OD, OS, OU) to the nearest letter.	[redacted]
U.5	Subjective Sphero-cylindrical Refraction (if applicable)	Perform bare-eye subjective spherocylindrical refraction with a phoropter (adopt the maximum plus to maximum visual acuity (MPMVA) approach and record the best corrected distance visual acuity to the nearest letter (OD, OS, OU).	[redacted]

Unscheduled Visit			
Step	Procedure	Details	[redacted]
U.6	Slit Lamp Biomicroscopy (if applicable)	FDA Slit Lamp Classification Scale will be used to grade the findings. If the clearance of the fluorescein needs to be expedited, preservative-free rewetting drops may be instilled. If the subject has a Grade 3 slit lamp finding, it will be recorded as an Adverse Event and the subject will be monitored as per the guidelines given in section 13. In addition, Limbal and Bulbar Conjunctival Hyperemia findings and detailed Corneal Staining Assessment will be recorded using a more detailed scale for internal purposes only. Conjunctival hyperemia should be assessed using the 0.5 increment grading scale.	[redacted]
U.7	Dispensing (if applicable)	If the subject requires additional lenses to complete the wear period and is eligible to do so, provide additional lenses per the dispensing instructions given in the detailed study procedures.	
U.8	Exit Visual Acuity (if applicable)	Record the subject's exit distance visual acuity (OD, OS and OU) to the nearest letter.	[redacted]

NOTE: If the only reason for the unscheduled visit is that the subject requires additional test articles, only the dispensing information needs to be recorded.

7.4. Laboratory Procedures

Not Applicable.

8. SUBJECTS COMPLETION/WITHDRAWAL

8.1. Completion Criteria

Subjects are considered to have completed the study if they:

- provided informed consent.
- they are eligible.
- have not withdrawn/discontinued from the study for any reason described in section 8.2.
- completed all visits through the final visit (Visit 3).

- If all visits were completed but an additional visit is considered necessary for subject care, follow the requirements for unscheduled visits in section 7.3.

8.2. Withdrawal/Discontinuation from the Study

A subject will be withdrawn from the study for any of the following reasons:

- Subject withdrawal of consent.
- Subject not compliant to protocol (e.g., out of window more than 2 days).
- Subject lost to follow-up.
- Subject no longer meets eligibility criteria (e.g. the subject becomes pregnant).
- Subject develops significant or serious adverse events necessitating discontinuation of study lens wear.
- Subjects who have experienced a Corneal Infiltrative Event (CIE).
- Investigator's clinical judgment regarding the subject safety reasons (that it is in the best interest of the subject to stop treatment).
- Subject missed any study visits.
- Subject not compliant with study lens wear schedule.
- Subject not successfully dispensed due to lack of efficacy and safety including poor vision, poor comfort or unacceptable fit.

For discontinued subjects, the Investigator will:

- Complete the current visit (scheduled or unscheduled).
- Complete the Final Evaluation, indicating the reason that the subject was discontinued from the study.
- Record the spherocylindrical refraction with best corrected distance visual acuity.
- Collect used test article(s) (worn or brought to the visit) from the subject and discard them, unless otherwise stated in section 7.2.
- Collect all unused test article(s) from the subject.
- Make arrangements for subject care, if needed, due to their study participation

Additional subjects will be enrolled if a subject discontinues from the study prematurely.

In cases where a subject is lost to follow-up, every possible effort must be made to contact the subject and determine the reason for discontinuation/withdrawal. The measures taken to follow up must be documented including two written attempts and a certified letter (or equivalent) as the final attempt.

9. PRE-STUDY AND CONCOMITANT INTERVENTION/MEDICATION

Concomitant medications will be documented during screening and updated during the study.

- Disallowed medications for this study include: any ocular medication.
- Concomitant therapies that are disallowed include: See section 9.1.

9.1. Systemic Medications

Certain systemic medications are known to have a higher likelihood to interfere with contact lens wear, chiefly by disrupting the tear film.

A summary of disallowed systemic medications is shown in Table 4. Subjects with a history of taking these medications will be allowed to enroll only if:

- The medications have been taken on a continual, routine basis for at least 6 months, and
- The subject has demonstrated successful contact lens wear during this time.

Or:

- The subject was taking the medication on a temporary basis and ceased taking that medication at least 2 weeks prior to signing the informed consent (this is considered sufficient time for the medication to have left the body prior to enrollment).

Subjects with a history of taking medications listed in Table 4 on a long-term, routine basis for less than 6 months will not be allowed to participate in the study.

Table 4: Disallowed systemic medications

Class of Drug	Common Indication(s)	Common Examples
Estrogens (not including contraceptive medication)	Menopause, osteoporosis, vaginitis	Vagifem, Estrace, Climara, Vivelle-Dot, Premarin, Minivelle, etc.
Anticholinergics	Irritable bowel syndrome, Parkinson's disease, peptic ulcer, cystitis, nasal congestion, cold symptoms, overactive bladder, COPD	Bentyl, Spiriva, Atrovent, Hyosyne, Levsin, Symax Fastab, Symax SL, Homax SL, Cogentin, Transderm Scop, etc.
Beta-blockers	Hypertension, angina, heart attack, migraine, atrial fibrillation, adrenal cancer, essential tumor, glaucoma	Toprol XL, Lopressor, Tenormin, Propranolol, Timoptic, Trandate, Inderal LA, etc.
Psychotropics	Antipsychotic (schizophrenia, mania), antidepression, antiobsessive, antianxiety, mood stabilizer, stimulants (ADHD)	Zoloft, Celexa, Prozac, Lexapro, Effexor, Cymbalta, Ativan, Xanax, Desyrel, Wellbutrin, etc.
Vitamin A analogs	Cystic acne	Isotretinoin

Examples of disallowed systemic antihistamines are given in Table 5. Subjects with a history of taking systemic antihistamines will be allowed to enroll only if:

- They have taken antihistamines continuously for at least 2 weeks, and
- They have demonstrated successful wear while taking the medication

Or:

- They stopped taking the medication for at least 2 weeks prior to enrollment.

Table 5: Disallowed systemic antihistamines

Class of Drug	Common Indication(s)	Common Examples
Antihistamines	Allergic rhinitis, sedation, hives, allergic conjunctivitis, skin allergy, itching, motion sickness	Hydroxyzine, Promethagan, Phenadoz, Vistaril, Claritin, Zyrtec, Astepro, Astelin, Optivar, Allegra, Benedryl, etc.

10. DEVIATIONS FROM THE PROTOCOL

Investigator will notify study sponsor upon identification of a protocol deviation. Protocol deviations must be reported to the sponsor within 24 hours after discovery of the protocol deviation. The Investigator will report deviations per IRB/IEC requirements. All deviations will be tracked, and corrective actions implemented as appropriate.

If it becomes necessary for the Investigator to implement a deviation in order to eliminate an immediate hazard to the trial subject, the Investigator may implement the deviation immediately without notification to the sponsor. Within 24 hours after the implemented deviation, the Investigator must notify and provide the rationale to the Sponsor and as required, to the IEC/IRB.

If the deviation potentially impacts the safety of patient or changes the technical integrity of the study, then it must be reported to IEC/IRB. This is a "Major Deviation". Deviations that contradict the information contained in the Informed Consent/Assent forms will be considered Major Deviations.

Minor deviations have no substantive effect on patient safety or technical integrity of the study. They are often logistical in nature.

Protocol waivers are prohibited.

Table 6 lists examples of deviations that will constitute major and minor protocol deviations for this study.

Table 6: Examples of major and minor protocol deviations

Deviation category	Major deviation	Minor deviation
Out-of-window visit	Visit attended more than 2 days out of visit window defined in study procedures.	Visit attended 2 or fewer days out of visit window defined in study procedures.
Unanswered PRO questions	For questionnaires where data is related to a primary or secondary endpoint, more than 2 PRO questions are unanswered (i.e., left blank).	For questionnaires where data is related to a primary or secondary endpoint, 2 or fewer PRO questions are unanswered (i.e., left blank). For questionnaires where data is not related to a primary or secondary endpoint, any PRO questions are unanswered (i.e., left blank).
Insufficient wear of study lenses	Subject does not wear study lenses for at least 6 hours on at least 5 days of a study lens wear period.	Subject does not wear study lenses attending a follow-up visit.

11. STUDY TERMINATION

If more than 2 subjects in the investigational soft contact lens group develop serious expected (e.g., definite or probable MK) or unexpected device related adverse events, the study will be suspended. Upon review and consultation with IRB, DMC, and JJVC Safety Management Team , the study may be terminated.

The occurrence of one or more Unanticipated Serious Adverse Device Effect (USADE), or any SAE where the relationship to study agent cannot be ruled out, may result in stopping further dispensing of test article. In the event of a USADE or SAE, the Sponsor may unmask the treatment regimen for the subject(s) and will discuss this with the Investigator before any further subjects are enrolled.

The Sponsor will determine when a study will be stopped. The Principal Investigator always has the discretion to initiate stopping the study based on patient safety or if information indicates the study's results are compromised.

JJVC reserves the right to terminate the study at any time for any reason. Additionally, the IEC/IRB reserves the right to terminate the study if an unreasonable risk is determined. The study can be terminated by the Principal Investigator at the individual clinical site due to specific clinical observations, if in their opinion, after a discussion with JJVC, it is determined that it would be unwise to continue at the clinical site.

JJVC (and the IEC/IRB and DMC, if applicable) will evaluate all adverse events. If it is determined that an adverse event presents an unreasonable risk, the investigation, or that part of the investigation presenting the risk, will be terminated as soon as possible.

Should the study be terminated (either prematurely or as scheduled), the Investigator will notify the IEC/IRB and Regulatory Authority as required by local regulatory requirements.

12. PROCEDURE FOR HANDLING PRODUCT QUALITY COMPLAINTS

A Product Quality Complaint (PQC) refers to any written, electronic, or oral communication that alleges deficiencies related to the identity, quality, durability, reliability, safety, effectiveness or performance of test articles after they have been released for clinical trial use.

Potential complaints may come from a variety of sources including but not limited to subjects, clinical research associates (CRA), clinical operations managers (COM), medical monitors, and site personnel, etc. The following are not considered product quality complaints:

- Subject satisfaction inquiries reported via “Subjective Questionnaires” and “Patient Reported Outcomes (PRO).”
- Clinical test articles that are stored improperly or damaged after receipt at the investigational site.
- Lens replacements that occur due to drops/fall-outs.
- Damage deemed by clinicians or clinical staff to be caused by handling by the user, and not indicative of a quality deficiency (i.e. tears, rips, etc.), only in situations where there is no deficiency alleged by the subject.

Within 24 hours of site personnel becoming aware that a PQC has occurred, the PQC must be recorded in the EDC system, which will trigger an automatic email notification to the appropriate COM/CRA and Clinical QA representative. In cases where the EDC system in use is not configured to send automatic notifications or when an EDC system is not used, the COM/CRA is responsible for notifying Clinical QA upon discovery that a PQC has occurred.

Upon receipt of the EDC notification, the COM/CRA will contact the study site to collect additional information which will include:

- Date the complaint was received/recorded in the EDC System (Date of Sponsor Awareness).
- Who received the complaint.

- Study number.
- Clinical site information (contact name, site ID, telephone number).
- Lot number(s).
- Unique Subject Identifier(s).
- Indication of who first observed complaint (site personnel or subject).
- OD/OS indication, along with whether the lens was inserted.
- Any related AE number if applicable.
- Detailed complaint description (scheduled/unscheduled visit, wear time, symptoms, resolution of symptoms, etc.).
- Eye Care Provider objective (slit lamp) findings if applicable.
- Confirmation of product availability for return (and tracking information, if available), or rationale if product is not available for return [redacted]

Once a complaint is received, it will be assessed by the COM, CRA, or trained site personnel to determine if it is an Adverse Event/Serious Adverse Event (AE/SAE). If the complaint results in an AE/SAE, the COM/CRA, or trained site personnel will follow section 13 of this protocol. If the AE/SAE was potentially the result of a product quality related deficiency, these procedures also applies and will be executed in parallel.

In some cases, a PQC form may be generated in EDC by the site in error. In this event, the PQC forms will be marked "Intentionally Left Blank" or "ILB". Justification for ILB must be documented.

13. ADVERSE EVENTS

13.1. Definitions and Classifications

Adverse Event (AE) – An AE is "any untoward medical occurrence, unintended disease or injury, or untoward clinical signs (including abnormal laboratory findings) in subjects, users or other persons, whether or not related to the investigational medical device."
Note: This definition includes events related to the investigational medical device or the comparator, and to the procedures involved. For users or other persons, this definition is restricted to events related to investigational medical devices.[1]

An AE includes any condition (including a pre-existing condition) that:

1. Was not present prior to the study, but appeared or reappeared following initiation of the study.
2. Was present prior to the study but worsened during the study. This would include any condition resulting from concomitant illnesses, reactions to concomitant medications, or progression of disease states.

Note: Pregnancy must be documented as an adverse event and must be reported to the clinical monitor and to the Sponsor immediately upon learning of the event.

Serious Adverse Event (SAE) – An SAE is any adverse event that led to any of the following:

- Death
- Serious deterioration in the health of the subject that resulted in any of the following:
- Life-threatening illness or injury
- Permanent or persistent impairment of a body structure or a body function
- Hospitalization or prolongation of patient hospitalization
- Medical or surgical intervention to prevent life-threatening illness or injury or permanent impairment to a body structure or a body function.
- Chronic disease
- Foetal distress, foetal death or a congenital physical or mental impairment of birth defect.

Diagnoses and conditions that are considered Ocular Serious Adverse Events include, but not limited to:

- Microbial Keratitis (MK)
- Iritis (including cells in the anterior chamber)
- Permanent decrease in best spectacle corrected visual acuity equivalent to 2 acuity lines or greater
- Central Corneal Opacity
- Central Corneal Neovascularization
- Uveitis
- Endophthalmitis
- Hypopyon
- Hyphemia
- Penetration of Bowman's Membrane
- Persistent Epithelial Defect
- Limbal cell Damage leading to Conjunctivalization

Significant Adverse Events – are defined as events that are symptomatic and warrant discontinuation (temporary or permanent) of the contact lens wear

Diagnoses and conditions that are considered Ocular Significant Adverse Events include, but not limited to the following:

- Contact Lens Induced Peripheral Ulcer (CLPU)
- Significant Infiltrative Events (SIE)
- Superior Epithelial Arcuate Lesions (SEALs)
- Any Temporary Loss of > 2 Lines of BSCVA
- Other grade 3 or higher corneal findings, such as abrasions or edema
- Non-contact lens related corneal events - e.g. Epidemic Keratoconjunctivitis (EKC)
- Asymptomatic Corneal Scar

- Any corneal event which necessitates temporary lens discontinuation > 2 weeks

Non-Significant Adverse Events – are defined as those events that are usually asymptomatic and usually do not warrant discontinuation of contact lens wear but may cause a reduction in wear time. However, the Investigator may choose to prescribe treatment as a precautionary measure.

Diagnoses and conditions that are considered Ocular Non-Significant Adverse Events include, but not limited to the following:

- Non-significant Infiltrative Event (NSIE)
- Contact Lens Papillary Conjunctivitis (CLPC)
- Superficial Punctate Keratitis (SPK)
- Conjunctivitis: Bacterial, Viral, Allergic
- Blepharitis
- Meibomianitis
- Contact Dermatitis
- Localized Allergic Reactions
- Any corneal event not explicitly defined as serious or significant adverse event, which necessitates temporary lens discontinuation < 2 weeks

Adverse Device Effect (ADE) – An ADE is an "adverse event related to the use of an investigational medical device."

- NOTE 1: This definition includes adverse events resulting from insufficient or inadequate instructions for use, deployment, implantation, installation, or operation, or any malfunction of the investigational medical device.

- NOTE 2: This definition includes any event resulting from use error or from intentional misuse of the investigational medical device.[1]

Unanticipated Adverse Device Effect (UADE) – A UADE is any serious adverse effect on health or safety or any life-threatening problem or death caused by, or associated with, the test article, if that effect, problem, or death was not previously identified in nature, severity, or degree of incidence in the investigational plan, Investigator's Brochure or protocol, or any other unanticipated serious problem associated with the test article that relates to the rights, safety and welfare of subjects.

13.2. Assessing Adverse Events

In conjunction with the medical monitor, the Investigator will evaluate adverse events to ensure the events are categorized correctly. Elements of categorization will include:

- Seriousness/Classifications (see definition in section 13.1).

- Causality or Relatedness – i.e. the relationship between the test article, study treatment or study procedures and the adverse event (not related, unlikely related, possibly related, or related - see definition in section 13.2.1).
- Adverse Event Severity – Adverse event severity is used to assess the degree of intensity of the adverse event (mild, moderate, or severe - see definition in section 13.2.2).
- Outcome – not recovered or not resolved, recovering or resolving, recovered or resolved with sequelae, recovered or resolved, death related to adverse event, or unknown.
- Actions Taken – none, temporarily discontinued, permanently discontinued, or other.

13.2.1. Causality Assessment

Causality Assessment – A determination of the relationship between an adverse event and the test article. The test article relationship for each adverse event should be determined by the investigator using these explanations:

- Not Related- An adverse event that is not related to the use of the test article, study treatment or study procedures.
- Unlikely Related – An adverse event for which an alternative explanation is more likely, e.g. concomitant treatment, concomitant disease(s), or the relationship of time suggests that a causal relationship is not likely.
- Possibly Related – An adverse event that might be due to the use of the test article, or to the study treatment or study procedures. An alternative explanation, e.g. concomitant treatment, concomitant disease(s), is inconclusive. The relationship in time is reasonable. Therefore, the causal relationship cannot be excluded.
- Related – An adverse event that is listed as a possible adverse effect (device) or adverse reaction (drug) and cannot be reasonably explained by an alternative explanation, e.g. concomitant treatment of concomitant disease(s). The relationship in time is very suggestive, e.g. it is confirmed by de-challenge and re-challenge.

13.2.2. Severity Assessment

Severity Assessment – A qualitative assessment of the degree of intensity of an adverse event as determined by the Investigator or reported to him/her by the subject. The assessment of severity is made irrespective of test article, study treatment or study procedure relationship or seriousness of the event and should be evaluated according to the following scale:

- Mild – Event is noticeable to the subject but is easily tolerated and does not interfere with the subject's daily activities.
- Moderate – Event is bothersome, possible requiring additional therapy, and may interfere with the subject's daily activities.
- Severe – Event is intolerable, necessitates additional therapy or alteration of therapy and interferes with the subject's daily activities.

13.3. Documentation and Follow-Up of Adverse Events

The recording and documenting of adverse events (ocular and non-ocular) begin when the subjects are exposed to the test article, study treatment or study procedure. Adverse events reported before the use of test article, start of study treatment, or study procedures will be recorded as medical history. However, if the condition deteriorates at any time during the study it will be recorded and reported as an AE. Untoward medical events reported after the subject's exit from the study will be recorded as adverse events at the discretion of the Investigator.

Upon finding an adverse event, the Principal Investigator will document the condition in the subject record and in the eCRFs and complete the Adverse Event eCRF.

Complete descriptions of all adverse events must be available in the subject record. All Adverse Events including local and systemic reactions not meeting the criteria for "serious adverse events" shall be captured on the appropriate case report form or electronic data system. All adverse events occurring while the subject is enrolled in the study must be documented appropriately regardless of relationship.

It is the Investigator's responsibility to maintain documentation of each reported adverse event. All adverse events will be followed in accordance with applicable licensing requirements. Such documentation will include the following:

- Adverse event (diagnosis not symptom).
- Drawings or photographs (where appropriate) that detail the finding (e.g., size, location, and depth, etc.).
- Date the clinical site was notified.
- Date and time of onset.
- Date and time of resolution.
- Adverse event classification, severity, and relationship to test articles, as applicable.
- Treatment regimen instituted (where appropriate), including concomitant medications prescribed, in accordance with applicable licensing requirements.
- Any referral to another health care provider if needed.
- Outcome, ocular damage (if any).
- Likely etiology.
- Best corrected visual acuity at the discovery of the event and upon conclusion of the event, if the AE is related to the visual system.

Upon discovery of an AE that is deemed 'possibly related' or 'related' to the test article or study procedures (whether related to the visual system or not), an AE review form [redacted] must be completed. Additional dated and initialed entries should be made at follow-up evaluations. Separate forms must be completed for each eye if the AE is bilateral.

In addition, if an infiltrate(s) is present, he/she will complete the Corneal Infiltrate Assessment eCRF. Where necessary, a culture of the corneal lesion will be collected to determine if the

infection is microbial in nature. If cultures are collected, the date of culture collection and laboratory utilized will be recorded.

Changes in the severity of an AE shall be documented to allow an assessment of the duration of the event at each level of intensity to be performed. Adverse events characterized as intermittent require documentation of the onset and duration of each episode. Changes in the assessment of relationship to the Test Article shall also be clearly documented.

Subjects who present with an adverse event shall be followed by the Investigator, within licensure, until all signs and symptoms have returned to pre-treatment status, stabilized, or been satisfactorily resolved. If further treatment beyond licensure is required, the patient will be referred to the appropriate health care provider. The Investigator will use his/her clinical judgment as to whether a subject reporting with an adverse event will continue in the study. If a subject is discontinued from the study, it will be the responsibility of the Investigator to record the reason for discontinuation. The Investigator will also document the adverse event appropriately and complete the Adverse Event eCRF. Any subjects with ongoing adverse events related to the test article, study treatment or study procedures, as of the final study visit date, should be followed to resolution of the adverse event or until referral to an appropriate health care provider, as recommended by the Investigator. Non-ocular adverse events that are not related to the test article, study treatment, or study procedures may be recorded as "ongoing" without further follow-up.

13.4. Reporting Adverse Events

The Investigator will notify the Sponsor of an adverse event by e-mail, facsimile, or telephone as soon as possible and no later than 24 hours from discovery for any serious /significant adverse events, and 2 days from discovery for any non-significant adverse event. In addition, a written report will be submitted by the Principal Investigator to the IEC/IRB according to their requirements (section 13.4.2). The report will comment whether the adverse event was considered to be related to the test article, study treatment or study procedures.

13.4.1. Reporting Adverse Events to Sponsor

Serious/Significant Adverse Events

The Investigator will inform the sponsor of all serious/significant adverse events occurring during the study period as soon as possible by e-mail or telephone, but no later than 24 hours following discovery of the event. The Investigator is obligated to pursue and obtain information requested by the Sponsor in addition to that information reported on the eCRF. All subjects experiencing a serious/significant adverse event must be followed up and all outcomes must be reported.

When medically necessary, the Investigator may break the randomization code to determine the identity of the treatment that the subject received. The Sponsor and study monitor should be notified prior to unmasking the test articles.

In the event of a serious/significant adverse event, the Investigator must:

- Notify the Sponsor immediately.
- Obtain and maintain in the subject's records all pertinent medical information and medical judgment for colleagues who assisted in the treatment and follow-up of the subject.
- Provide the Sponsor with a complete case history which includes a statement as to whether the event was or was not related to the use of the test article.
- Notify the IEC/IRB as required by the IEC/IRB reporting procedure according to national regulations.

Unanticipated (Serious) Adverse Device Effect (UADE)
In the event of an Unanticipated (Serious) Adverse Device Effect (UADE), the Investigator will submit a report of the UADE to the Sponsor and IEC/IRB as soon as possible, but no later than 24 hours after the Investigator first learns of the effect. This report is in addition to the immediate notification mentioned above.

The Sponsor must conduct an evaluation of the UADE and must report the results of the evaluation to FDA, the IEC/IRB and participating Investigators within 10 working days after the Sponsor first receives notification of the effect.

Non-Serious Adverse Events
All non-serious adverse events, including non-serious adverse device effects, will be reported to the sponsor by the Investigator no later than 2 days from discovery.

13.4.2. Reporting Adverse Events to the Responsible IEC/IRB and Health Authorities

Adverse events that meet the IEC/IRB requirements for reporting must be reported within the IEC/IRB's written guidelines. Each clinical site will refer to and follow any guidelines set forth by their Approving IEC/IRB. Each clinical site will refer to and follow any guidelines set forth by their local governing Health Authorities.

The Sponsor will report applicable Adverse Events to the local health authorities according to the written guidelines, including reporting timelines.

13.5. Event of Special Interest

None

13.6. Reporting of Pregnancy

Subjects reporting pregnancy (by self-report) during the study will be discontinued after the event is recorded as an Adverse Event. Once discontinued, pregnant participants and their fetuses will not be monitored for study related purposes. Pregnant participants are not discontinued from contact lens or solution related studies for safety concerns, but due to general concerns relating to pregnancy and contact lens use. Specifically, pregnant women are

discontinued due to fluctuations in refractive error and/or visual acuity that occur secondary to systemic hormonal changes, and not due to unforeseen health risks to the mother or fetus.

14. STATISTICAL METHODS

14.1. General Considerations

Statistical Analysis will be undertaken by the sponsor or under the authority of the sponsor. A general description of the statistical methods to be implemented in this clinical trial is outlined below.

All data summaries and statistical analyses will be performed using the SAS software Version 9.4 or higher (SAS Institute, Cary, NC). Throughout the analysis of data, the results for each subject/eye will be used when available for summarization and statistical analysis. Unscheduled visits will be summarized separately and will be excluded from the statistical analysis.

Summary tables (descriptive statistics and/or frequency tables) will be provided for all baseline variables, efficacy variables and safety variables as appropriate. Continuous variables will be summarized with descriptive statistics (n, mean, standard deviation [SD], median, minimum and maximum). Frequency count and percentage of subjects or eyes within each category will be provided for categorical data.

14.2. Sample Size Justification

The plan is to enroll 115 subjects with a target completion of 100 subjects with approximately 50 subjects in the Test group and approximately 50 in the Control group. This is a feasibility study, and the sample size is chosen not based on estimates from historical studies with the product characteristics. The data collected for this study will be used to design future clinical trials. Thus, power calculations were conducted under different scenarios for the primary hypotheses to provide estimates on power with 2-sided type I error of 0.05 given the parallel design and 1:1 randomization ratio for average daily wear time and LogMAR visual acuity test at a 4-meter distance under high luminance/low contrast (HLLC) and low luminance/high contrast (LLHC) conditions.

Table 7 provides a summary of power based on the hypothesis of non-inferiority for logMAR visual acuity test at a 4-meter distance under either HLLC or LLHC at 1 Week Follow-up visit with a non-inferiority margin of 0.05 logMAR. Table 8 provides a summary of power based on the hypothesis of non-inferiority for average daily wear time at 1-week follow-up visit with a non-inferiority margin of 1 hour. The power calculation based on two sample t-test is conducted using the POWER procedure in SAS 9.4.

Table 7: Power Calculation for the first primary hypothesis of logMAR visual acuity for either HLLC or LLHC at 2-week follow-up with a non-inferiority margin of 0.05.

Mean Difference (Test - Control)	Type I error	Standard Deviation	Total Sample Size (n/2 per arm)	Power
-0.01	0.05	0.08	100	0.981
-0.01	0.05	0.09	100	0.952
-0.01	0.05	0.10	100	0.909
0.00	0.05	0.08	100	0.928
0.00	0.05	0.09	100	0.867
0.00	0.05	0.10	100	0.799

As shown in the Table 7, the power is 0.8 or higher to show non-inferiority of the Test relative to the Control with respect to logMAR VA test at a 4-meter distance under either HLLC or LLHC when the Test - Control ≤ 0 and the standard deviation for both Test and Control < 0.10.

Table 8: Power Calculation for the second primary hypothesis of average daily wear time at 2-week follow-up with a non-inferiority margin of 1.

Mean Difference (Test - Control)	Type I error	Standard Deviation	Total Sample Size (n/2 per arm)	Power
-0.05	0.05	1.90	100	0.799
-0.05	0.05	1.93	100	0.788
0.00	0.05	1.90	100	0.834
0.00	0.05	1.93	100	0.823
0.05	0.05	1.90	100	0.864
0.05	0.05	1.93	100	0.855

As shown in the Table 8, the power is 0.8 or higher to show non-inferiority of the Test relative to the Control with respect to when the Test - Control ≥ 0 and the standard deviation for both Test and Control ≤ 1.93.

14.3. Analysis Populations

Safety Population:
All subjects who are administered any test article excluding subjects who drop out prior to administering any test article. At least one observation should be recorded.

Per-Protocol Population:
All subjects who successfully complete all visits and do not substantially deviate from the protocol as determined by the trial cohort review committee prior to database hard lock. Justification for the exclusion of subjects with protocol deviations from the per-protocol population set will be documented in a memo to file.

Intent-to-Treat (ITT) Population:
All randomized subjects regardless of actual treatment and subsequent withdrawal from the study or deviation from the protocol. At least one observation should be recorded.

14.4. Level of Statistical Significance

Since this is a feasibility study, the primary and secondary endpoints will be each tested under a Type I error rate of 5%. If exploratory statistical analysis is conducted after reviewing the descriptive summary of an endpoint, a type I error rate of 5% will be used with no multiplicity adjustments.

14.5. Primary Analysis

The co-primary endpoints for this study are the logMAR VA test at a 4-meter distance under either HLLC or LLHC and the average daily wear time at 2-week follow-up evaluated after 14±4 days of lens wear. The primary analysis will be conducted on per-protocol populations.

Visual Performance
Monocular distance visual performance in logMAR scale at follow-up visits will be analyzed using a mixed model of repeated measurement (MMRM) for HLLC and LLHC respectively to compare between Test and Control lenses at 2-week follow-up. The model will include baseline logMAR, lens type, visit, and the interaction of lens type and visit as the fixed effect, and investigational site and patient as random effects. Baseline demographics such as age and gender have historically limited influence on objective visual performance; thus, in accordance with the principle of parsimony, will not be included in the model. The covariance of residual errors between two follow-up visits across periods for the same eye and subject across wearing periods will be modeled using an unstructured (UN) covariance structure.

The null and alternative hypotheses for non-inferiority of Test lens relative to Control are as follows:

$$H_0: \Delta > 0.05$$
$$H_A: \Delta \leq 0.05$$

where Δ is the mean difference in logMAR between Test lens and Control lens (Test minus Control) at 2-week follow-up. Non-inferiority will be declared if the upper bound of the confidence interval of the mean difference between Test and Control is less than 0.05.

Average Daily Wearing Time

Average daily wear time will be analyzed using a similar MMRM model with fixed and random effects described in the primary analysis. Age and gender will also be included as fixed effects.

The null and alternative hypotheses for non-inferiority of Test lens relative to Control are as follows:

$$H_0: \Delta < -1$$
$$H_A: \Delta \geq -1$$

where Δ is the mean difference in average daily wearing time between Test lens and Control lens (Test minus Control) at 2-week follow-up. Non-inferiority will be declared if the lower bound of the confidence interval of the mean difference between Test and Control is greater than -1.

14.6. Secondary Analysis

CLUE Comfort and Vision scores

CLUE scores at follow-up visits will be analyzed using a MMRM model for comfort and vision respectively to compare between Test and Control lenses at 2-week follow-up. Each regression model will include the baseline score, lens type, visit, and the interaction of lens type and visit as fixed effects and investigational site as a random effect (G-side). Age and gender will also be included as fixed effects. The covariance of residual errors between different periods for the same subject will be modeled using an unstructured (UN) covariance structure. The Kenward and Roger method will be used for the calculation of the denominator degree of freedom.[8]

The null and alternative hypotheses for non-inferiority of Test lens relative to Control are as follows:

$$H_0: \Delta < -5$$
$$H_A: \Delta \geq -5$$

where Δ is the CLUE score mean difference between Test lens and Control lens (Test minus Control) at 2-week follow-up. The hypothesis will be tested via the corresponding two-sided 95% confidence interval (CI) for least squares mean (LSM) difference (Test - Control) in CLUE scores. Non-inferiority will be declared if the lower bound of the confidence interval of the mean difference between Test and Control is greater than -5.

14.7. Other Exploratory Analysis

Not applicable.

14.8. Interim Analysis

Not applicable.

14.9. Procedure for Handling Missing Data and Drop-Outs

Missing or spurious values will not be imputed. The count of missing values will be included in the summary tables and listings.

Subject dropout due to reasons other than Adverse Event is expected to be the main reason of missing data in this study and is expected to be no larger than 10 percent. Prior studies don't provide the evidence that subject dropout or major protocol deviation is systematic or not-at-random. Therefore, the primary and secondary analyses based on mixed model which is robust under missing-at-random (MAR) would be sufficient for this study[9]. If the percentage of missing data for primary or secondary endpoints is greater than 15 percent, further sensitivity analyses will be conducted to confirm the validity of the missing data assumptions.

14.10. Procedure for Reporting Deviations from Statistical Plan

The analysis will be conducted according to that specified in above sections. There are no known reasons for which it is planned to deviate from these analysis methods. If for any reason a change is made, the change will be documented in the study report along with a justification for the change.

15. DATA HANDLING AND RECORD KEEPING/ARCHIVING

15.1. Electronic Case Report Form/Data Collection

The data for this study will be captured on electronic case report forms (eCRFs) using the BioClinica EDC system. An authorized data originator will enter study data into the eCRFs using the EDC system. Data collected on equipment that is not captured in EDC will be formatted to the specification of the JJVC database manager and sent to JJVC for analysis.

External data sources for this study include: Not Applicable

The clinical data will be recorded on dedicated eCRFs specifically designed to match the study procedures for each visit. Only specifically delegated staff can enter data on a CRF. Once completed, the eCRFs will be reviewed for accuracy and completeness and signed by the Investigator. The sponsor or sponsor's representatives will be authorized to gain access to the subject recordation for the purposes of monitoring and auditing the study.

Edit checks, electronic queries, and audit trails are built into the system to ensure accurate and complete data collection. Data will be transmitted from the clinical site to a secure central database as forms are completed or updated, ensuring information accuracy, security, and confidentiality. After the final database lock, the Investigator will be provided with Individual Patient Profiles (IPP) including the full audit trail on electronic media in PDF format for all of the study data. The IPP must be retained in the study files as a certified copy of the source data for the study.

The content and structure of the eCRFs are compliant with ISO14155:2020.[1]

15.2. Subject Record

At a minimum, subject record should be available for the following:

- subject identification
- eligibility
- study identification
- study discussion
- provision of and date of informed consent
- visit dates
- results of safety and efficacy parameters as required by the protocol
- a record of all adverse events
- follow-up of adverse events
- medical history and concomitant medication
- test article receipt/dispensing/return records
- date of study completion
- reason for early discontinuation of test article or withdrawal from the study, if applicable

The subject record is the eCRF or an external record. The author of an entry in the subject record must be identifiable. The first point of entry is considered to be the source record.

Adverse event notes must be reviewed and initialed by the Investigator.

15.3. Trial Registration on ClinicalTrials.gov

This study will be registered on ClinicalTrials.gov by the Sponsor.

16. DATA MANAGEMENT

16.1. Access to Source Data/Document

The Investigator/Institution will permit trial-related monitoring, audits, IEC/IRB review and regulatory inspection(s) by providing direct access to source data/documents. Should the clinical site be contacted for an audit by an IEC/IRB or regulatory authority, JJVC must be contacted and notified in writing within 24 hours.

16.2. Confidentiality of Information

Information concerning the investigational product and patent application processes, scientific data or other pertinent information is confidential and remains the property of JJVC. The Investigator may use this information for the purposes of the study only. It is understood by the Investigator that JJVC will use information developed in this clinical study in connection with the development of the investigational product and therefore may disclose it as required to other clinical investigators and to regulatory agencies. In order to allow the use of the

information derived from this clinical study, the Investigator understands that he/she has an obligation to provide complete test results and all data developed during this study to the Sponsor.

16.3. Data Quality Assurance

Steps will be taken to ensure the accuracy and reliability of data, include the selection of qualified investigators and appropriate clinical sites and review of protocol procedures with the Principal Investigator. The Principal Investigator, in turn, must ensure that all Sub-Investigators and clinical site personnel are familiar with the protocol and all study-specific procedures and have appropriate knowledge of the study article.

Training on case report form completion will be provided to clinical site personnel before the start of the study. The Sponsor will review case report forms for accuracy and completeness remotely during the conduct of the study, during monitoring visits, and after transmission to data management. Any data discrepancies will be resolved with the Investigator or designee, as appropriate.

Quality Assurance representatives from JJVC may visit clinical sites to review data produced during the study and to access compliance with applicable regulations pertaining to the conduct of clinical trials. The clinical sites will provide direct access to study-related source data/documents and reports for the purpose of monitoring and auditing by JJVC and for inspection by local and regulatory authorities.

16.4. Data Monitoring Committee (DMC)

Not applicable

17. CLINICAL MONITORING

The study monitors will maintain close contact with the Principal Investigator and the Investigator's designated clinical site personnel. The monitor's responsibilities will include:

- Ensuring that the investigation is being conducted according to the protocol, any subsequent versions, and regulatory requirements are maintained.
- Ensuring the rights and wellbeing of subjects are protected.
- Ensuring adequate resources, including facilities, laboratories, equipment, and qualified clinical site personnel.
- Ensuring that protocol deviations are documented with corrective action plans, as applicable.
- Ensuring that the clinical site has sufficient test article and supplies.
- Clarifying questions regarding the study.
- Resolving study issues or problems that may arise.
- Reviewing of study records and source documentation verification in accordance with the monitoring plan.

18. ETHICAL AND REGULATORY ASPECTS

18.1. Study-Specific Design Considerations

Potential subjects will be fully informed of the risks and requirements of the study and, during the study, subjects will be given any new information that may affect their decision to continue participation. Subjects will be told that their consent to participate in the study is voluntary and may be withdrawn at any time with no reason given and without penalty or loss of benefits to which they would otherwise be entitled. Subjects will only be enrolled if the subject is fully able to understand the risks, benefits, and potential adverse events of the study and provide their consent voluntarily.

18.2. Investigator Responsibility

The Principal Investigator is responsible for ensuring that the clinical study is performed in accordance with the signed agreement, the investigational plan, section 4 of the ICH E6(R2) guidelines on Good Clinical Practice (GCP),[2] and applicable regulatory requirements. GCP is an international ethical and scientific quality standard for designing, conducting, recording, and reporting studies that involve the participation of human subjects. Compliance with this standard provides public assurance that the rights, safety, and well-being of study subjects are protected, consistent with the principles of the Declaration of Helsinki 64th WMA General Assembly 2013[3] and that the clinical study data are credible. The Investigator must maintain clinical study files in accordance with section 8 of the ICH E6(R2) guidelines on Good Clinical Practice (GCP),[2] and applicable regulatory requirements.

18.3. Independent Ethics Committee or Institutional Review Board (IEC/IRB)

Before the start of the study, the Investigator (or Sponsor when applicable) will provide the IEC/IRB with current and complete copies of the following documents (where applicable):

- Final protocol.
- Sponsor-approved informed consent form (and any other written materials to be provided to the subjects)
- Investigator's Brochure (or equivalent information).
- Sponsor-approved subject recruitment materials.
- Information on compensation for study-related injuries or payment to subjects for participation in the study.
- Investigator's curriculum vitae, clinical licenses, or equivalent information (unless not required, as documented by IEC/IRB).
- Information regarding funding, name of the Sponsor, institutional affiliations, other potential conflicts of interest, and incentives for subjects.
- Any other documents that the IEC/IRB requests to fulfill its obligation.

This study will be undertaken only after IEC/IRB has given full approval of the final protocol, the informed consent form, applicable recruiting materials, and subject compensation

programs, and the Sponsor has received a copy of this approval. This approval letter must be dated and must clearly identify the documents being approved.

During the study, the Investigator (or Sponsor when applicable) will send the following documents to the IEC/IRB for their review and approval, where appropriate:

- Protocol revisions
- Revision(s) to informed consent form and any other written materials to be provided to subjects
- If applicable, new or revised subject recruitment materials approved by the Sponsor
- Revisions to compensation for study-related injuries or payment to subjects for participation in the study
- Investigator's Brochure revisions
- Summaries of the status of the study (at least annually or at intervals stipulated in guidelines of the IEC/IRB)
- Reports of adverse events that are serious, unanticipated, and associated with the test articles, according to the IRB's requirements
- New information that may adversely affect the safety of the subjects or the conduct of the study
- Major protocol deviations as required by the IEC/IRB
- Report of deaths of subjects under the Investigator's care
- Notification if a new Investigator is responsible for the study at the clinical site
- Any other requirements of the IEC/IRB

For protocol revisions that increase subject risk, the revisions and applicable informed consent form revisions must be submitted promptly to the IEC/IRB for review and approval before implementation of the change(s).

At least once a year, the IEC/IRB will review and reapprove this clinical study. This request should be documented in writing.

At the end of the study, the Investigator (or Sponsor where required) will notify the IEC/IRB about the study completion. Documentation of this notification must be retained at the clinical site and a copy provided to the CRO or Sponsor as applicable.

18.4. Informed Consent

Each subject or their representative, must give written consent according to local requirements after the nature of the study has been fully explained. The consent form must be signed before performance of any study-related activity. The consent form that is used must be approved by both the Sponsor and by the reviewing IEC/IRB. The informed consent is in accordance with principles that originated in the Declaration of Helsinki,[3] current ICH GCP[2] and ISO 14155:2020[1] guidelines, applicable regulatory requirements, and Sponsor Policy.

Before entry into the study, the Investigator or an authorized member of the clinical site personnel must explain to potential subject the aims, methods, reasonably anticipated benefits, and potential hazards of the study, and any discomfort it may entail. Subjects will be informed that their participation is voluntary and that they may withdraw consent to participate at any time.

The subject will be given sufficient time to read the informed consent form and the opportunity to ask questions. After this explanation and before entry into the study, consent should be appropriately recorded by means of the subject's dated signature. After having obtained the consent, a copy of the informed consent form must be given to the subject.

18.5. Privacy of Personal Data

The collection, processing and disclosure of personal data and medical information related to the Study Subject, and personal data related to Principal Investigator and any clinical site personnel (e.g., name, clinic address and phone number, curriculum vitae) is subject to compliance with the Health Information Portability and Accountability Act (HIPAA) in the United States[4] and other applicable personal data protection and security laws and regulations. Appropriate measures will be employed to safeguard these data, to maintain the confidentiality of the person's related health and medical information, to properly inform the concerned persons about the collection and processing of their personal data, to grant them reasonable access to their personal data and to prevent access by unauthorized persons.

All information obtained during the course of the investigation will be regarded as confidential. All personal data gathered in this trial will be treated in strictest confidence by Investigators, monitors, Sponsor's personnel and IEC/IRB. No data will be disclosed to any third party without the express permission of the subject concerned, with the exception of Sponsor personnel (monitor, auditor), IEC/IRB and regulatory organizations in the context of their investigation related activities that, as part of the investigation will have access to the CRFs and subject records.

The collection and processing of personal data from subjects enrolled in this study will be limited to those data that are necessary to investigate the efficacy, safety, quality, and utility of the investigational product(s) used in this study.

These data must be collected and processed with adequate precautions to ensure confidentiality and compliance with applicable data privacy protection laws and regulations.
The Sponsor ensures that the personal data will be:

- processed fairly and lawfully.
- collected for specified, explicit, and legitimate purposes and not further processed in a way incompatible with these purposes.
- adequate, relevant, and not excessive in relation to said purposes.
- accurate and, where necessary, kept current.

Explicit consent for the processing of personal data will be obtained from the participating subject before collection of data. Such consent should also address the transfer of the data to other entities and to other countries.

The subject has the right to request through the Investigator access to his personal data and the right to request rectification of any data that are not correct or complete. Reasonable steps should be taken to respond to such a request, taking into consideration the nature of the request, the conditions of the study, and the applicable laws and regulations.

Appropriate technical and organizational measures to protect the personal data against unauthorized disclosures or access, accidental or unlawful destruction, or accidental loss or alteration must be put in place. Sponsor personnel whose responsibilities require access to personal data agree to keep the identity of study subjects confidential.

19. STUDY RECORD RETENTION

In compliance with the ICH GCP guidelines,[2] the Investigator/Institution will maintain all CRFs and all subject records that support the data collected from each subject, as well as all study documents as specified in ICH GCP[2] and all study documents as specified by the applicable regulatory requirement(s). The Investigator/Institution will take measures to prevent accidental or premature destruction of these documents.

Essential documents must be retained until at least two (2) years after the last approval of a marketing application in an ICH region and until there are no pending or contemplated marketing applications in an ICH region or until at least two (2) years have elapsed since the formal discontinuation of clinical development of the investigational product. These documents will be retained for a longer period if required by the applicable regulatory requirements or instructed by the Sponsor. It is the responsibility of the Sponsor to inform the Investigator/Institution as to when these documents no longer need to be retained.

If the responsible Investigator retires, relocates, or for other reasons withdraws from the responsibility of keeping the study records, custody must be transferred to a person who will accept the responsibility. The Sponsor must be notified in writing of the name and address of the new custodian. Under no circumstance shall the Investigator relocate or dispose of any study documents before having obtained written approval from the Sponsor.

If it becomes necessary for the Sponsor or the appropriate regulatory authority to review any documentation relating to this study, the Investigator must permit access to such reports.
If the Investigator has a question regarding retention of study records, he/she should contact JJVC.

20. FINANCIAL CONSIDERATIONS

Remuneration for study services and expenses will be set forth in detail in the Clinical Research Agreement. The Research Agreement will be signed by the Principal Investigator and a JJVC management representative prior to study initiation.

JJVC reserves the right to withhold remuneration for costs associated with protocol violations such as:

- Continuing an ineligible subject in the study.
- Scheduling a study visit outside the subject's acceptable visit range.

JJVC reserves the right to withhold final remuneration until all study related activities have been completed, such as:

- Query resolution.
- Case Report Form signature.
- Completion of any follow-up action items.

21. PUBLICATION

There is no plan to publish this outcome of this investigation.

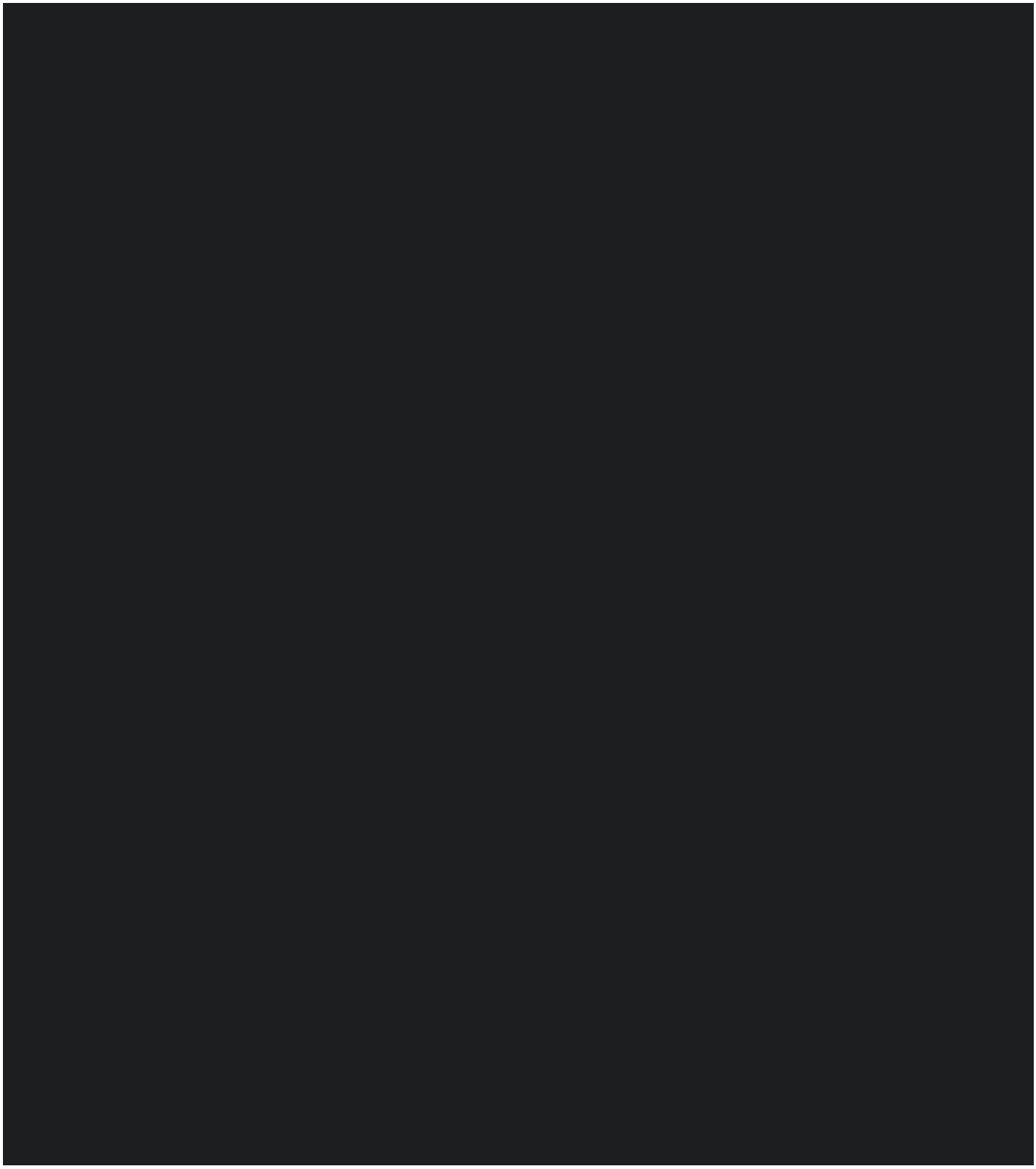
22. REFERENCES

1. ISO 14155:2020: Clinical Investigation of Medical Devices for Human Subjects — Good Clinical Practice. Available at: https://www.iso.org/standard/71690.html
2. International Council for Harmonization Good Clinical Practice E6(R2) (ICH GCP). Available at: https://www.ich.org/page/efficacy-guidelines
3. Declaration of Helsinki - Ethical principles for Medical Research Involving Human Subjects. Available at: https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/
4. United States (US) Code of Federal Regulations (CFR). Available at: https://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR
5. Health Information Portability and Accountability Act (HIPAA). Available at: https://www.hhs.gov/hipaa/for-professionals/privacy/index.html
6. General Data Protection Regulation. Available at: https://eur-lex.europa.eu/eli/reg/2016/679/oj
7. Regulation (EU) 2017/745 of the European Parliament and of the Council of 5 April 2017 on medical devices. Available at: http://data.europa.eu/eli/reg/2017/745/2017-05-05
8. Little, Roderick JA, and Donald B. Rubin. Statistical analysis with missing data. Vol. 793. John Wiley & Sons, 2019.
9. Little, Roderick JA, and Donald B. Rubin. Statistical analysis with missing data. Vol. 793. John Wiley & Sons, 2019.

APPENDIX A: PATIENT REPORTED OUTCOMES (STUDY QUESTIONNAIRES)

[redacted]

[redacted]



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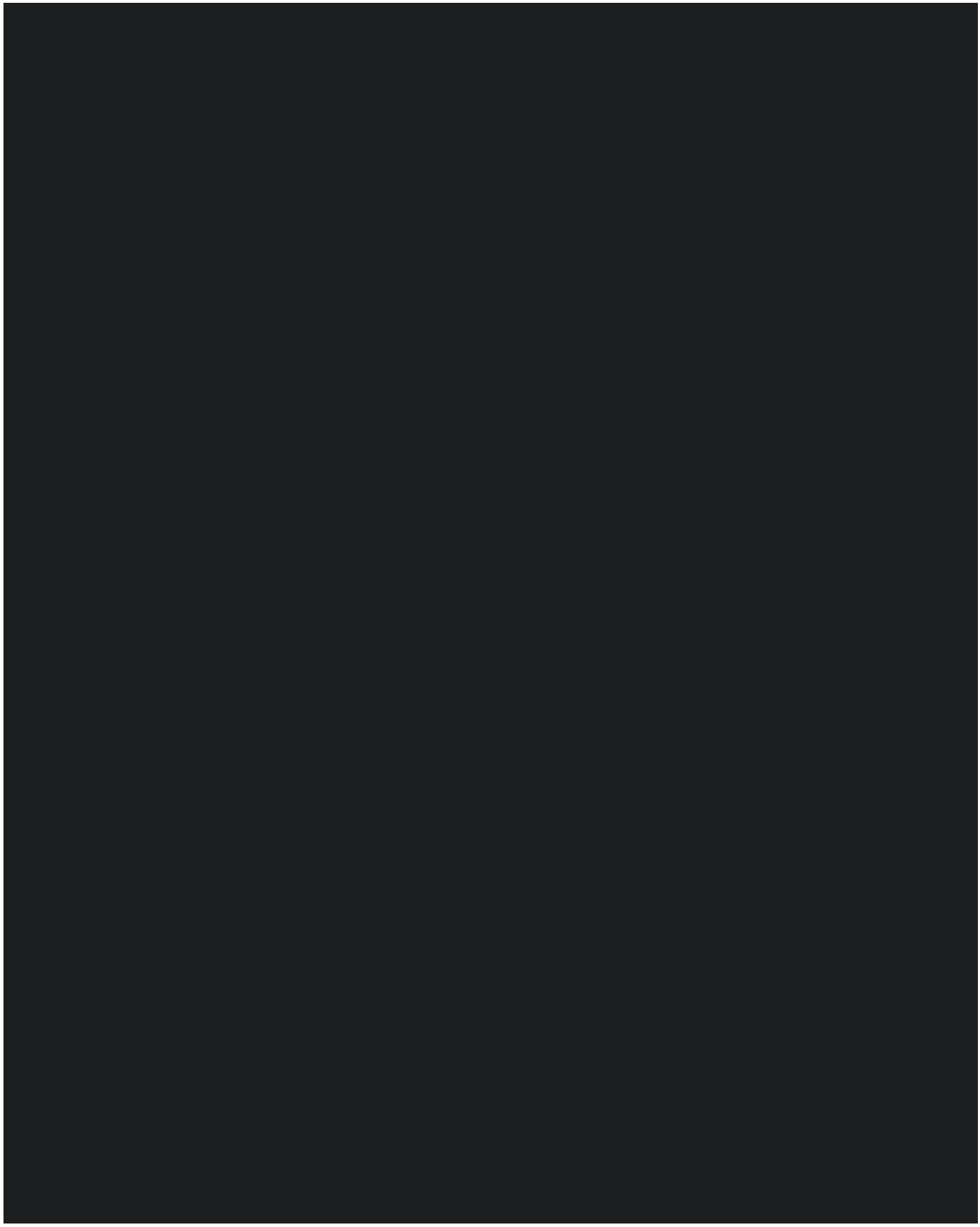

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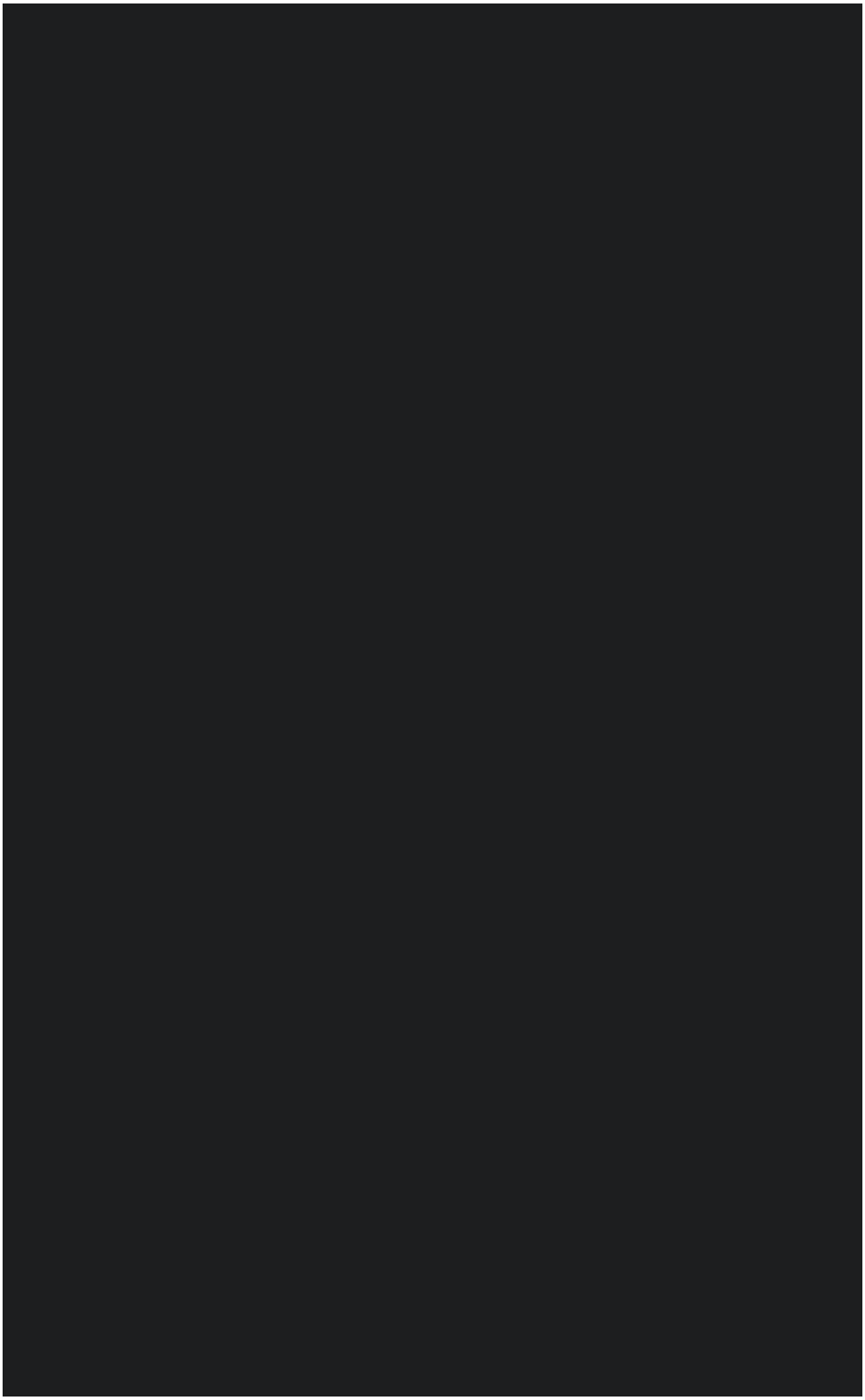

APPENDIX B: PATIENT INSTRUCTION GUIDE

The Patient Instruction Guide (PIG) will be provided separately.

APPENDIX C: PACKAGE INSERT (APPROVED PRODUCT)

Not Applicable for Investigational Products

APPENDIX D: [redacted]

[redacted] Limbal & Conjunctival (Bulbar) Redness
Expanded Sodium Fluorescein Corneal Staining
Lens Fitting Characteristics
Subject Reported Ocular Symptoms/Problems
Front and Back Surface Lens Deposit Grading Procedure
Determination of Distance Spherocylindrical Refractive Error
Biomicroscopy Scale
Distance and Near Snellen Visual Acuity Evaluation
Distance LogMAR Visual Acuity Measurement Procedure
Patient Reported Outcomes
White Light Lens Surface Wettability
Visual Acuity Chart Luminance and Room Illumination Testing

[redacted] **LIMBAL & CONJUNCTIVAL (BULBAR) REDNESS**

[redacted]

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[redacted] EXPANDED SODIUM FLUORESCEIN CORNEAL STAINING

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[redacted] **SUBJECT REPORTED OCULAR SYMPTOMS/PROBLEMS**

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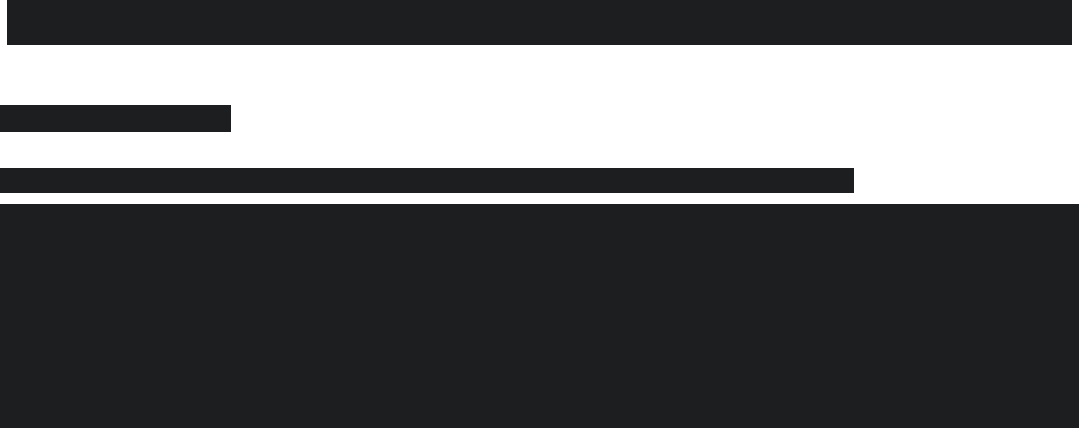
[redacted] FRONT AND BACK SURFACE LENS DEPOSIT GRADING PROCEDURE

[redacted]



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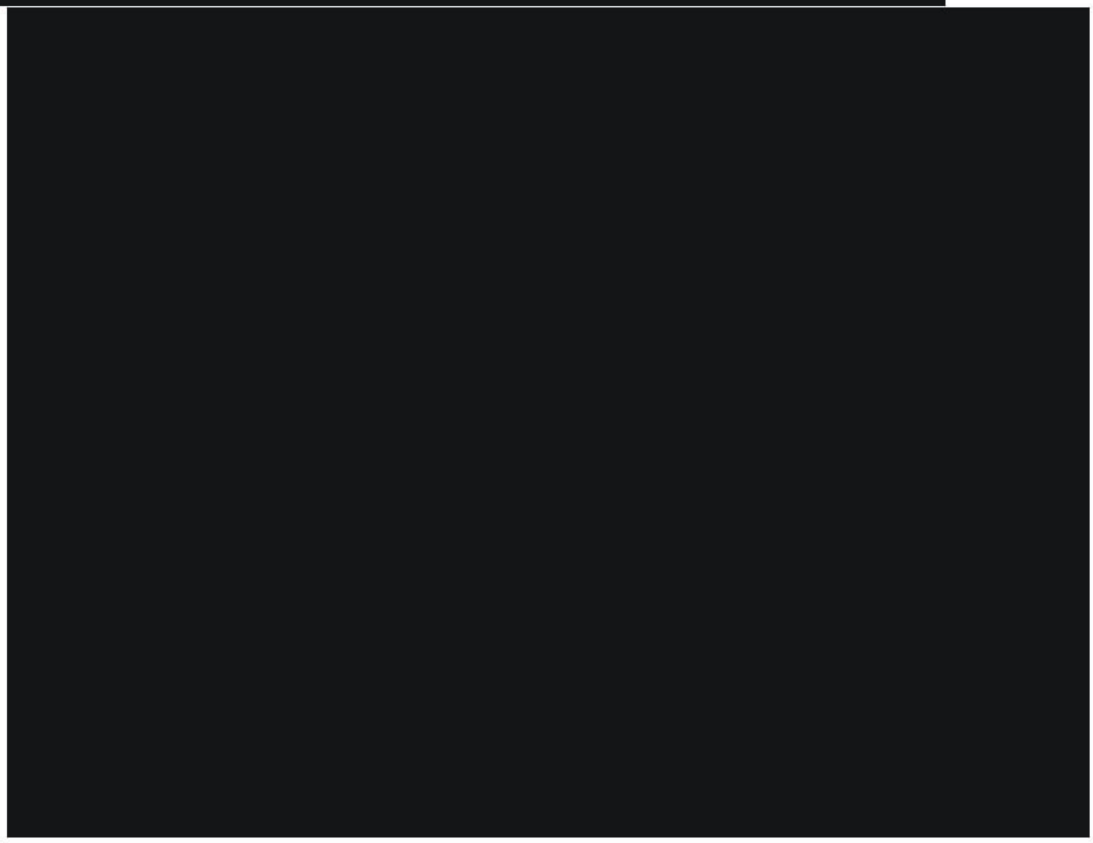

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[redacted] BIOMICROSCOPY SCALE

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[redacted] **KERATOMETRY PROCEDURE**

[redacted]

[redacted] DISTANCE AND NEAR SNELLEN VISUAL ACUITY EVALUATION

[redacted]

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[redacted] DISTANCE LOGMAR VISUAL ACUITY MEASUREMENT PROCEDURE

[redacted]

[redacted]

[redacted]

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[redacted]

[redacted] PATIENT REPORTED OUTCOMES

Title:	**Patient Reported Outcomes**		
Document Type:	[redacted]		
Document Number:	[redacted]	**Revision Number:**	**3**

[redacted] [redacted]

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[redacted] WHITE LIGHT LENS SURFACE WETTABILITY

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[redacted] VISUAL ACUITY CHART LUMINANCE AND ROOM ILLUMINATION TESTING

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APPENDIX E: GUIDELINES FOR COVID-19 RISK MITIGATION

1.0 PURPOSE

The purpose of this document is to provide guidelines for the re-opening or initiation of clinical study sites participating in Johnson & Johnson Vision Care, Inc. (JJVCI) clinical studies during the COVID-19 pandemic.

2.0 SCOPE

This document provides guidelines for Johnson & Johnson Vision Care (JJVCI) to address the potential risks from COVID-19 to study subjects, investigators, study site staff, and monitors at study sites. The guidance provided in this document is in effect from the date of approval through the date of retirement of this Work Instruction. At a minimum, this Work Instruction will be reviewed and updated on a quarterly basis, as appropriate.

NOTE: Re-opening of sites outside of the US will be evaluated on a country by country basis subject to local health authority guidance.

3.0 DEFINITIONS

American Academy of Optometry (AAO): The American Academy of Optometry is an organization of optometrists based in Orlando, Florida. Its goal is to maintain and enhance excellence in optometric practice, by both promoting research and the dissemination of knowledge. The AAO holds an annual meeting, publishes a monthly scientific journal, gives credentials to optometrists through the fellowship process and publishes position statements.

American Optometric Association (AOA): The American Optometric Association, founded in 1898, is the leading authority on quality care and an advocate for our nation's health, representing more than 44,000 Doctors of Optometry (O.D.), optometric professionals, and optometry students. Doctor of Optometry take a leading role in patient care with respect to eye and vision care, as well as general health and well-being. As primary health care providers, Doctor of Optometry have extensive, ongoing training to examine, diagnose, treat and manage ocular disorders, diseases and injuries and systemic diseases that manifest in the eye. The American Optometric Association is a federation of state, student, and armed forces optometric associations. Through these affiliations, the AOA serves members consisting of optometrists, students of optometry, paraoptometric assistants and technicians. The AOA and its affiliates work to provide the public with quality vision and eye care.

Centers for Disease Control and Prevention (CDC): The Centers for Disease Control and Prevention is a national public health institute in the United States. It is a United States federal agency, under the Department of Health and Human Services, and is headquartered in Atlanta, Georgia.

COVID-19: Current outbreak of respiratory disease caused by a novel coronavirus. The virus has been named "SARS-CoV-2" and the disease it causes has been named "Coronavirus Disease 2019" (COVID-19).

Clinical Study: Voluntary research studies conducted in people and designed to answer specific questions about the safety or effectiveness of drugs, vaccines, other therapies, or new ways of using existing treatments. May also be called clinical trials, studies, research, trials, or protocols.

Clinical Study Site: Location where a clinical study is conducted, such as a doctor's office, university, or laboratory. Clinical studies are conducted by Investigators who are individual(s) responsible for the conduct of the clinical study at a study site. If a study is conducted by a team of individuals, the Investigator is the responsible leader of the team and may be called the Principal Investigator.

Clinical Operations Manager (COM): The Johnson & Johnson Vision Care (JJVCI) individual responsible for the overall management of a clinical trial.

Monitor: An individual designated to oversee the progress of a clinical study and ensure that it is conducted, recorded, and reported in accordance with the protocol, Standard Operating Procedures (SOPs), Good Clinical Practice (GCP), and applicable regulatory requirements.

Medical Safety Officer (MSO): Physician who has primary accountability in their product portfolio for product health and safety, and who serves as an independent medical voice for patient safety.

Safety Management Team (SMT): A cross-functional, collaborative team responsible for review, assessment and evaluation of medical safety data arising from any source throughout the product life cycle.

4.0 GUIDANCE FOR STUDY DOCUMENTS

In alignment with recent health authority guidance, JJVCI is providing recommendations for study-related management in the event of disruption to the conduct of the clinical study. This guidance does not supersede any local or government requirements or the clinical judgement of the investigator to protect the health, safety and well-being of participants and site staff. If, at any time, a participant's safety is considered to be at risk, study intervention will be discontinued, and study follow-up will be conducted as outlined in the protocol.

During the COVID-19 pandemic, the additional risks listed below need to be considered for study participants and study personnel:

4.1 Additional Risks Related to the COVID-19 Pandemic:

- The possible transmission of the Coronavirus infection and consequent complications, beyond the risk of adverse events due to the investigational device and/or procedures.
- The risk may be higher in an optometric clinical study because of the close contact the subject will have with health care professionals during the procedures and assessments (since the investigator must make the measurements close to the subject's face) and, in addition the need for multiple follow-up visits/exams which may expose the subject to other patients and/or healthcare professionals who might be transmitting the virus, even if they do not have symptoms.
- Potential disruptions to the study may be necessary due to current or future pandemic-related emergency restrictions, which may lead to delays in scheduled follow-up visits.
- Subjects experiencing an adverse event related to contact lens wear may receive delayed treatment due to COVID-19 restrictions. In this event, all assessments that can be conducted virtually will be completed by the investigator to determine the best course of treatment for the subject, including an unscheduled visit, up to discontinuation from the study, as appropriate.

If a study subject is found to have contracted COVID-19 during participation in a study, he/she will be discontinued from the study and followed until COVID-19 Adverse Event (AE) resolution.

To help minimize the above potential risks, JJVCI recommend reviewing/complying with local, state, and governmental guidance for COVID-19 risks.

JJVCI will provide the following study specific documents with language pertaining to COVID-19 risks:

4.1.1 Informed Consent:

Will include information concerning the study-associated risks related to the COVID-19 pandemic in bold font and/or boxed on the first page of the Informed Consent document:

STUDY ASSOCIATED RISKS RELATED TO COVID-19 (CORONAVIRUS) PANDEMIC

It is important to note that this study will be conducted, at least in part, during the COVID-19 pandemic. As such, additional risks associated with the infection with COVID-19 exist for you. This is particularly important for this study due, in part, to the closeness of the doctor during the study examinations.

The potential effects of the disease are not fully known, at this time, and may include long-term serious health consequences. In severe cases, this may result in hospitalization and/or death. Based on current knowledge from the Centers for Disease Control and Prevention (CDC), those at high-risk for severe illness from COVID-19 include older adults and people with underlying medical conditions.

During this study, all appropriate measures will be taken to minimize risks including the use of personal protective equipment such as masks and gloves, as well as proper sanitization. This is in conformance to guidance from the CDC, local health departments, and the state and county in which the study doctor's office is located. However, these measures may not completely eliminate the risks associated with contracting COVID-19.

If you are found to have contracted COVID-19 or feel ill with flu-like symptoms during participation in the study, you will not be permitted to continue in-office study follow-up visits, but you will receive instructions and your condition will be monitored by the doctor and/or study staff.

4.1.2 COVID-19 Risk Control Checklist (Attachment-B):

Will include COVID-19 risk control methods that are required by a site to conduct JJVCI clinical studies. The risk controls are consistent with CDC, AOA, AAO Guidance. The Principal Investigator will review/sign the study specific checklist prior to the Site Initiation Meeting.

4.1.3 Protocol Compliance Investigator(s) Signature Page:

Will include a statement indicating that the Principal Investigator (PI) agrees to conduct the study in compliance with all local, state, and governmental guidance's for COVID-19 risk mitigation.

I have read the suggested guidance provided by JJVCI pertaining to the COVID-19 risk mitigation, (COVID-19 Work Instruction in the Appendix of this protocol). I agree to conduct this study in compliance with local, state, governmental guidance for COVID-19 risks.

4.1.4 Study Site Initiation Training Slides:

Will include suggestions to help mitigate potential transmission of COVID-19. Suggestions may include maintaining social distancing in the clinical site by staggered scheduling of study patients, wearing proper PPEs, frequent disinfection, and installing shields on the slit lamp and other applicable equipment.

5.0 GUIDANCE FOR REMOTE SUBJECT VISITS

Potential disruptions to the study may be necessary due to current or future pandemic-related emergency restrictions. Possible disruption of the study as a result of COVID-19 control measures may lead to delays in scheduled follow-up visits.

Subjects may be delayed in being seen for study follow up visit(s), for example due to COVID-19 control measures or due to the subject's concerns or fears about COVID-19 risk. When appropriate, the remote assessment will be conducted to the extent possible. Discussions with the subject during remote assessments may include:

Procedure	Details
Subject Reported Ocular Symptoms	Subjects will respond to a verbal open-ended symptoms questionnaire regarding the test article when applicable and feasible.
Change of Medical History (Adverse Events) and Concomitant Medications / Therapies Review	Record any adverse events or medical history changes from the previous study visit with the subject/parents. Review the subject's concomitant medications/therapies and record any changes from the previous study visit.
Wearing Time and Compliance	Record the average wearing time (including number of hours per day during weekdays and weekends, and number of days per week). Confirm compliance with the prescribed wear schedule. • Record and discuss the lens wear compliance based on the subject's self-report. For example, the subjects will be asked the time of the day the subject typically puts on the study lenses in the morning and takes off in the evening, the number of days per week lenses were worn, and the number of consecutive days the subject didn't wear the study lenses, etc.

The discussion with the subject will be documented in EDC under Tele-Visit and a minor protocol deviation will be noted. If during the telephone consultation, a subject states he/she wishes to discontinue participating in the study, instruct the subject to stop wearing the study lenses and schedule the subject to return to the clinic for a Final Evaluation at the at earliest possible time. Subjects should return all unused lenses to the clinic at the last visit.

Changes in study visit schedules, missed visits, or participant discontinuations may lead to missing data, including data related to protocol-specified procedures. Case report forms should capture specific information regarding the basis of missing data, including the relationship to the COVID-19 pandemic.

6.0 STUDY CONDUCT DURING PANDEMIC

It is recognized that the Coronavirus Disease 2019 (COVID-19) pandemic may have an impact on the conduct of this clinical study due to, for example, self-isolation/quarantine by participants and study-site personnel; travel restrictions/limited access to public places, including Optometry Clinics; and changes in clinic procedures required to address the COVID-19 challenge.

Every effort should be made to adhere to protocol-specified assessments for study participants, including follow-up. However, if scheduled visits cannot be conducted in person at the study site it is suggested that assessments be performed to the extent possible remotely/virtually or delayed until such time that on-site visits can be resumed in order to continue participant monitoring in accordance with the protocol where possible. At each contact, participants will be interviewed to collect safety data. Key efficacy endpoint assessments should be performed if required and as feasible.

Modifications to protocol-required assessments may be permitted via COVID-19 Appendix after consultation with the participant, investigator, and the sponsor. Missed assessments/visits will be captured in the clinical trial management system for protocol deviations. Interruptions of test article wear or discontinuations of study interventions and withdrawal from the study should be documented with the prefix "COVID-19-related" in the case report form (CRF).

The sponsor will continue to monitor the conduct and progress of the clinical study, and any changes will be communicated to the sites and to the health authorities according to local guidance.

If a participant has tested positive for COVID-19, the investigator should contact the sponsor's responsible medical monitor to discuss initial plans for study intervention and follow-up. The medical monitor will notify the Safety Management Team of any subject(s) that have reported "COVID-19", "Asymptomatic COVID-19", or "Suspected COVID-19" adverse events within 24 hours of the notification.

Modifications made to the study conduct as a result of the COVID-19 pandemic will be summarized in the clinical study report.

COVID-19 screening procedures that may be mandated by local healthcare systems do not need to be reported as an amendment to the protocol even if done during clinical study visits.

6.1 Monitoring Visits

When on-site monitoring by the sponsor is not feasible, the sponsor's site monitor will contact the study site to schedule remote visits. In such cases, on-site monitoring visits will resume when feasible, with increased frequency to address the source data verification backlog.

Even with staffing limitations during this COVID-19 pandemic, all routine operations related to clinical trials should be well-documented and archived as part of standard process. When conditions permit, all parties involved in this clinical trial should communicate relevant information in a timely manner so that all relevant parties remain sufficiently informed.

6.1.1 Study Site Initiation:

During the period that this Work Instruction is in effect, Site Initiation Meetings and training of study site staff will be conducted remotely. The JJVCI study team will conduct training via Skype, Zoom, Microsoft Teams or similar software as well as utilize online training materials, as applicable. Study site training will be documented utilizing Site Initiation Report [redacted] per Study Site Initiation [redacted]

On-site visits may be considered when, for example, hands-on training or evaluation of site facilities is required. While on site, the Clinical Research Associate (CRA) will follow all local, state, and governmental policies for COVID-19 Risk Mitigation, including social distancing, wearing of PPE, etc. as applicable for the location of the study site.

6.1.2 Interim Monitoring Visits (if applicable):

During the period that this Work Instruction is in effect, Interim Monitoring On-site visits will be kept to a minimum and include only those tasks that the CRA cannot perform remotely (e.g., source document verification, test article reconciliation, etc.).

To ensure data integrity during the conduct of all JJVC studies, clinical study teams will follow the study specific Clinical Monitoring Plan [redacted]

While on site, the CRA will follow all local, state, and governmental policies for COVID-19 Risk Mitigation, including social distancing, wearing of PPE, etc. as applicable for the location of the study site.

6.1.3 Study Site Closure:

During the period that this Work Instruction is in effect, the duration of the Study Site Closure Visit will be limited to tasks that the CRA cannot perform remotely (e.g., source document verification, test article final reconciliation and return, etc.).

Attachment A: Study Site Correspondence

XXXX XX, 2020

Re: COVID-19 Mitigation Plan, <<CR-xxxx/protocol title>>

Dear <<Principal Investigator>> and Study Team,

Coronavirus (COVID-19) has impacted several communities and business activities over the past several months. While we work toward the successful conduct of clinical studies, our commitment continues to be the safety of patients, healthcare professionals, and to our communities.

Therefore, we would like to share the following revisions/additions related to the above referenced Johnson & Johnson Vision Care company sponsored clinical trial(s) you are currently working on or considering participation within.

Protocol:

- Guidelines for COVID-19 Risk Mitigation provided in the Appendix section.

Protocol Signature Page:

- Will include a statement indicating the Principal Investigator agrees to conduct the study in compliance with all local, state, and governmental guidelines for COVID-19 risk mitigation.

Informed Consent:

- Will include information concerning the study-associated risks related to the COVID-19 pandemic in bold font and/or boxed on the first page of the Informed consent document.

COVID-19 Risk Control Checklist for Clinical Studies:

- Will include COVID-19 risk control measures that are required to ensure the safety and health of subjects, site staff and monitors during the pandemic.

We want to encourage the need for open lines of communication about potential challenges you may foresee as the result of the current COVID-19 situation. Therefore, we encourage you to regularly connect with your respective Johnson & Johnson clinical study team (Clinical Research Associate (CRA), Lead CRA or Study Managers).

Thank you for your continued engagement, collaboration, and dedication to your study subjects during this challenging time.

Please file this letter in your site file study correspondence.

COVID-19 Risk Control Checklist (Attachment-B):

Study Number
Site Number
Principal Investigator (PI) Name

The following COVID-19 risk control methods are required to conduct Johnson & Johnson Vison Care clinical studies. Please review the following requirements and Initial each requirement.

PI Initials	General Site Safety Planning Measures
	Signage within site describing Risk Control methods
	Social Distancing practices throughout site (waiting rooms, lobby, exam rooms, etc.)
	Non-contact thermometer available to assess temperatures of staff and patients
	Training on patient flow and physical distancing in waiting room
	Establish longer time frame between patient appointments to reduce persons in the site
	Staff should receive job-specific training on PPE and demonstrate competency with selection and proper use of PPE and wear at all times during interactions with subjects (e.g., putting on and removing without self-contamination)

PI Initials	Site Staff Daily Safety Measures
	As part of routine practice, site staff should regularly monitor themselves for fever and symptoms of COVID-19, including temperature checks
	Any staff member (including non-study clinic staff and Investigators) showing signs of being sick or testing positive for COVID-19 must not be permitted to work on activity that may expose study related staff and subject and the Sponsor shall be informed **NOTE: Inform JJVC in 24 hours of any COVID-19 cases and all potential exposure during the clinical study.**
	Ensure that all staff wear a mask Gloves should be required when working directly with patients and changed between each patient
	Have staff thoroughly wash hands for at least 20 seconds or use an alcohol-based hand sanitizer when they arrive, before and after each patient, before eating and after using the bathroom.
	Cleaning and disinfection procedures for exam rooms and instruments or equipment between patients with gloves.
	Cleaning and disinfection procedures for commonly touched surfaces (doors, chairs, computers, phones, etc.) with gloves.

PI Initials	Before a Patient or Study Visit:
	Patients should be asked prior to entering the site about fever and respiratory illness and whether they or a family member have had contact with another person with confirmed COVID-19 in the past 14 days. Patients exhibiting signs of being sick should be rescheduled when their symptoms resolve.
	Instruct patients that companions should remain outside of the facility and not accompany the patient into the facility unless they are a parent/guardian of the patient or if they are a true caregiver and need to assist the patient
	Request the patient to call or text the office upon arrival so entrance to and movement through facility can be coordinated by site staff

PI Initials	Patients Entering the site:
	Temperature checks utilizing a non-contact thermometer for all patients and companions entering the site.
	All patients and companions must wear cloth or disposable mask at all times in the site
	Maintain social distancing. Waiting rooms or lobbies should be as empty as possible. Advise seated patients to remain at least 6 feet from one another.
	Communal objects in (e.g. toys, reading materials, etc.) should be removed or cleaned regularly.

I certify that I have read and agree to implement all the listed COVID-19 Risk Control Measures required for the conduct of Johnson & Johnson Vision Care studies.

Principal Investigator Signature and Date

RESOURCE LINKS

US Resource Links

- OSHA Training
  https://www.osha.gov/SLTC/covid-19/controlprevention.html

  Personal Protective Equipment (PPE) Training
  CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

- I&R Training
  ACUVUE® LensAssist: https://www.acuvue.com/lensassist

- Clinic Preparedness Guides
  CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinic-preparedness.html
  AOA: https://aoa.uberflip.com/i/1240437-aoa-guidance-for-re-opening-practices-covid·19/1?m4=
  American Optometric Association: https://www.aoa.org/optometry-practice-reactivation-preparedness-guide

- In-Office Disinfection of Multi-Patient Use Diagnostic Contact Lenses
  https://www.gpli.info/wp-content/uploads/2020/03/2020-01-15-in-office-disinfecting-of-diagnostic-lenses.pdf

OUS Resource Links

- Updates on local regulations in Hong Kong
  https://www.coronavirus.gov hk/eng/index.html

- Resumption of optical services in England: Letter from Matt Neligan and Poonam Sharma
  https://www.england nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0601-reopening-of-optical-services-letter-17-june-2020.pdf

- NHS Optical Letter
  https://www.england nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0127-optical-letter-1-april-2020.pdf

- The College of Optometrists primary eye care COVID-19 guidance: Red phase
  https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-covid-19-guidance-for-optometrists.html

- The College of Optometrists COVID-19: College updates
  https://www.college-optometrists.org/the-college/media-hub/news-listing/coronavirus-2019-advice-for-optometrists html#CollegeGuidelines

- Infection Control Guidelines. (n.d.). Retrieved from Canadian Association Of Optometrists: https://opto.ca/sites/default/files/resources/documents/infection_control_guidelines_2016.pdf

- Infection prevention and control for COVID-19: Interim guidance for outpatient and ambulatory care settings. (2020, May 23 May). Retrieved from Government of Canada: https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/guidance-documents/interim-guidance-outpatient-ambulatory-care-settings html

- Information for Members On Coronavirus (COVID-19). (n.d.). Retrieved from Canadian Association Of Optometrists: https://opto.ca/sites/default/files/resources/documents/information_for_members_on_coronavirus.pdf

- Coronavirus (COVID-19) resources for health professionals, including aged care providers, pathology providers and health care managers. (2020, September 24). Retrieved from Australian Government Department of Health: https://www health.gov.au/resources/collections/coronavirus-covid-19-resources-for-health-professionals-including-aged-care-providers-pathology-providers-and-health-care-managers

- Environmental Cleaning and Disinfection Principles for COVID-19. (n.d.). Retrieved from Australian Government Department of Health: https://www.health.gov.au/sites/default/files/documents/2020/03/environmental-cleaning-and-disinfection-principles-for-covid-19.pdf

- Infection control guidelines and advice. (n.d.). Retrieved from Optometry Australia : https://www.optometry.org.au/practice-professional-support/coronavirus-covid-19-what-optometrists-need-to-know/covid-19-clinical-advice/infection-control-guidelines-and-advice/

PROTOCOL COMPLIANCE INVESTIGATOR(S) SIGNATURE PAGE

Protocol Number and Title: CR-6474 Clinical Evaluation of senofilcon A Contact Lenses Using a Novel Manufacturing Technology

Version and Date: 2.0 19 April 2022

I have read and understand the protocol specified above and agree on its content.

I agree to conduct this study according to ISO 14155:2020,[1] GCP and ICH guidelines,[2] the Declaration of Helsinki,[3] United States (US) Code of Federal Regulations (CFR),[4] and the pertinent individual country laws/regulations and to comply with its obligations, subject to ethical and safety considerations. The Principal Investigator is responsible for ensuring that all clinical site personnel, including Sub-Investigators adhere to all ICH[2] regulations and GCP guidelines regarding clinical trials during and after study completion.

I will assure that no deviation from or changes to the protocol will take place without prior agreement from the Sponsor and documented approval from the Institutional Review Board (IRB), except where necessary to eliminate an immediate hazard(s) to the trial participants.

I am responsible for ensuring that all clinical site personnel including Sub-Investigators adhere to all ICH[2] regulations and GCP guidelines regarding clinical trials during and after study completion.

All clinical site personnel involved in the conduct of this study have completed Human Subjects Protection Training.

I agree to ensure that all clinical site personnel involved in the conduct of this study are informed about their obligations in meeting the above commitments.

I shall not disclose the information contained in this protocol or any results obtained from this study without written authorization.

I have read the suggested guidance provided by JJVCI pertaining to the COVID-19 risk mitigation, (COVID-19 Work Instruction in the Appendix E of this protocol). I agree to conduct this study in compliance with local, state, governmental guidance for COVID-19 risks.

Principal Investigator: _____ _____
Signature Date

_____
Name and Professional Position (Printed)

Institution/Site: _____
Institution/Site Name

_____
Institution/Site Address