Clinical Study Protocol
Johnson & Johnson Vision Care, Inc.

Protocol Title: Evaluation of Comfort for two marketed daily disposable contact lenses

Protocol Number: CR-6456

Version: 1.0

Date: 11 June 2021

Approved Products: ACUVUE® OASYS Brand Contact Lenses 1-Day with HydraLuxe™ Technology (O1D), Alcon Precision1™ Soft Contact Lenses (P1)

Keywords: Sphere, senofilcon A (C3), verofilcon A, dispensing, daily disposable, daily wear, patient reported outcomes, comfort, digital device.

Statement of Compliance to protocol, GCP and applicable regulatory guidelines:
This trial will be conducted in compliance with the protocol, ISO 14155,[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: Evaluation of Comfort for two marketed daily disposable contact lenses
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SPONSOR NAME AND ADDRESS

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

MEDICAL MONITOR

[redacted]

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,[1] ICH guidelines,[2] and the Declaration of Helsinki.[3]

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

Approver *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	Date
1.0	[redacted]	Original protocol	11 Jun 2021

SYNOPSIS

Protocol Title	Evaluation of Comfort for two marketed daily disposable contact lenses
Sponsor	JJVC, 7500 Centurion Parkway, Jacksonville, FL 32256
Clinical Phase	Clinical trial phase: Post-Market Design control phase: Post-market (phase 4) marketing claims
Trial Registration	This study will be registered on ClinicalTrials.gov based on the following: The test articles are both marketed types of soft contact lens.
Test Article(s)	Investigational Products: None Approved Products: ACUVUE® OASYS Brand Contact Lenses 1-Day with HydraLuxe™ Technology (O1D), Alcon Precision1™ Soft Contact Lenses (P1)
Wear and Replacement Schedules	Wear Schedule: Daily Wear Replacement Schedule: Daily Disposable
Objectives	The Primary Objective of this study is to compare the performance of O1D relative to P1 with respect to overall subjective comfort, as well as subjective comfort and dryness at the end of the day. The Secondary Objectives of the study are to compare the performance of O1D relative to P1 with respect to subjective comfort throughout the day, subjective comfort and dryness while using digital devices, initial subjective comfort and lens awareness upon insertion, overall ease of handling, ease of insertion, and ease of removal.

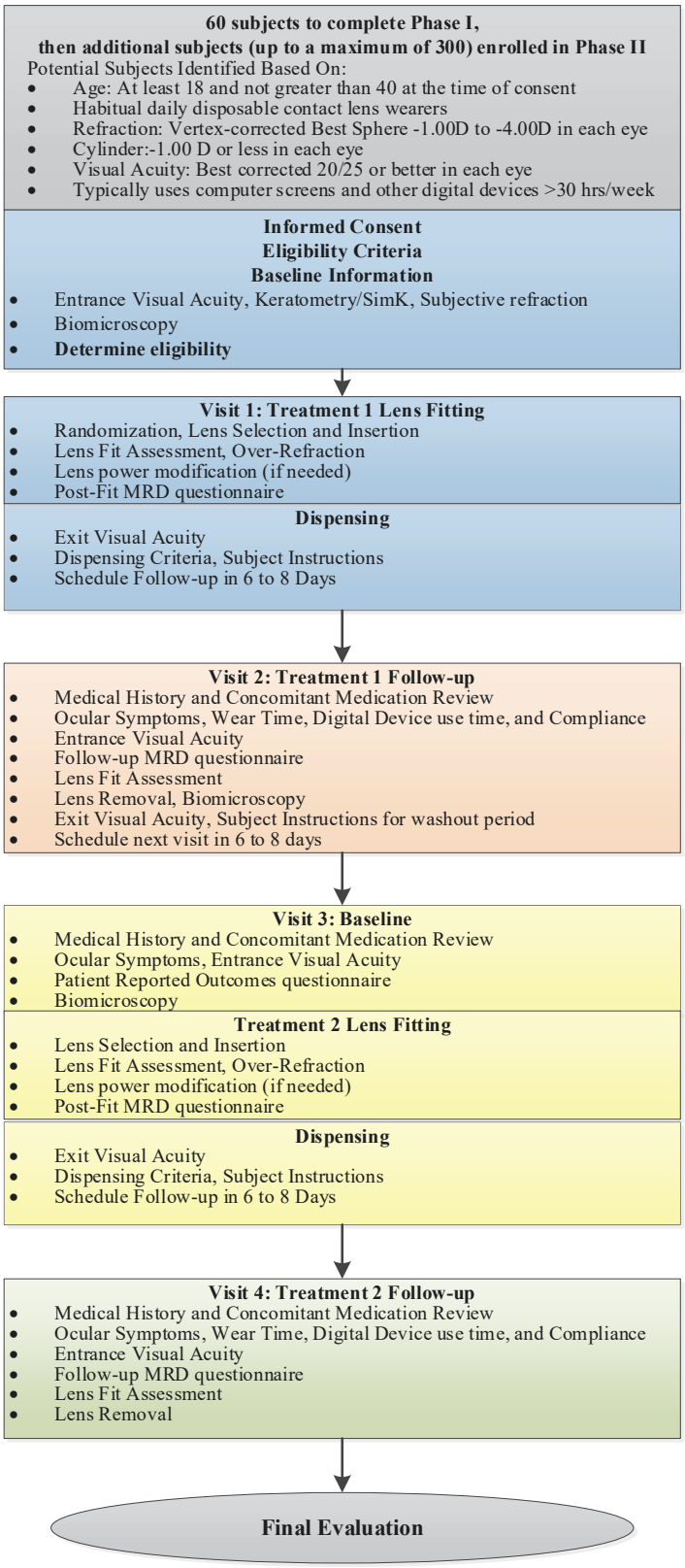
Study Endpoints	Primary Endpoints: Subjective responses to individual items at the 1-week follow-up evaluation: 1. Overall comfort 2. Comfort at the end of the day 3. Dryness at the end of the day Secondary Endpoints: Subjective responses to individual items at the 1-week follow-up evaluation: 1. Secondary Group 1: Comfort Performance a. Comfort throughout the day 2. Secondary Group 2: Digital Device Performance a. Comfort while using digital devices b. Dryness while using digital devices 3. Secondary Group 3: Performance at lens fitting a. Lens awareness upon insertion b. Comfort upon insertion 4. Secondary Group 4: Lens Handling Performance a. Overall ease of handling b. Ease of insertion c. Ease of removal
Study Design	This study is a 2-phase adaptive approach utilizing a 2×2 crossover design. The study lenses will be worn in a bilateral fashion for a period of approximately 1-week each. Each phase will have a total of 4 visits: • Visit 1: Baseline Evaluation. Fitting of first lens type, then dispense for 6 to 8 days • Visit 2: Follow-up for first dispensed lens type, then commence washout period for 6 to 8 days. • Visit 3: Fitting of second lens type, then dispense for 6 to 8 days. • Visit 4: Follow-up for second dispensed lens type. 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 65 subjects will be enrolled in Phase I with a target of completing 60 subjects. An interim analysis based on Phase I will determine the number of subjects to be enrolled into Phase II, with a maximum of 300 additional subjects.
Study Duration	The timeframe between anticipated First Subject First Visit (FSFV) and anticipated Last Subject Last Visit (LSLV) is 6 months.
Anticipated Study Population	Habitual daily disposable soft contact lens wearers in the age range of 18 to 40.
Eligibility Criteria - Inclusion	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 40 (inclusive) years of age at the time of screening. 4. By self-report, habitually wear soft spherical contact lenses in both eyes in a daily disposable wear modality. Habitual wear is defined as a minimum of 8 hours of wear per day, for a minimum of 4 days per week during the past 4 weeks. 5. By self-report, typically uses computer screens and other digital devices (phones, tablets) at least 30 hours per week. Inclusion Criteria at Baseline Evaluation 6. The vertex-corrected best spherical distance refraction (rounded to nearest 0.25 D) must be between -1.00 and -4.00 DS (inclusive) in each eye. 7. The magnitude of the cylinder component of the subject's distance refraction must be 1.00 DC or less. 8. The subject must have best corrected visual acuity of 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 breastfeeding 2. By self-report, have any ocular or systemic disease, allergies, infection, or use of medication that 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. 3. Have had any previous ocular or intraocular surgery (e.g., radial keratotomy, PRK, LASIK, cataract, etc.). 4. Habitually wear monovision, multifocal, toric, or extended wear contact lens correction 5. Have participated in any contact lens or lens care product clinical trial within 14 days prior to study enrollment 6. Be an employee or immediate family member of an employee of clinical site (e.g., Investigator, Coordinator, Technician) 7. Have a history of amblyopia or strabismus. 8. Have habitually worn rigid gas permeable (RGP) lenses, orthokeratology lenses, or hybrid lenses (eg, SynergEyes) within the past 6 months. Exclusion Criteria at Baseline Evaluation The subject must not: 9. 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 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). 10. Have any ocular infection.

Disallowed Medications/Interventions	Use of any prescription or over-the-counter (OTC) medications that may affect contact lens wear from 24 hours prior to the study visit. Habitual medications taken by successful soft contact lens wearers are generally considered acceptable (see Section 9.1).
Measurements and Procedures	Subjective questionnaires will be the primary outcome measure. Slit lamp assessments will be collected as safety endpoints.
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	Preservative-free saline and lens vials will be supplied in case needed for lenses associated with any adverse events or product quality complaints.
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
COM	Clinical Operations Manager
COVID-19	Coronavirus Disease 2019
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
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
IB	Investigator's Brochure
ICH	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
SAP	Statistical Analysis Plan
SAS	Statistical Analysis System
SD	Standard Deviation
UADE	Unanticipated Adverse Device Effect
USADE	Unanticipated Serious Adverse Device Effect
VA	Visual Acuity

1. INTRODUCTION AND BACKGROUND

The ACUVUE® OASYS 1-Day (O1D) contact lens has been available in the US market since early 2016. In late 2015, a clinical study ([redacted])[6] was conducted to compare the clinical performance of O1D lenses to an existing marketed lens: Alcon DAILIES TOTAL1® (DT1)The current study will be similar to [redacted] but will compare the clinical performance of O1D lenses to a newer marketed lens from Alcon called PRECISION1™ (P1).

1.1. Name and Descriptions of Investigational Products

ACUVUE® OASYS Brand Contact Lenses 1-Day with HydraLuxe™ Technology (O1D), and Alcon PRECISION1™ Soft Contact Lenses (P1) will be used as the Test and Control lens types, respectively. Further details about the test articles are found in Section 6 of this protocol.

1.2. Intended Use of Investigational Products

ACUVUE® OASYS 1-Day contact lenses are indicated for daily disposable wear for the optical correction of refractive ametropia (myopia and hyperopia) in phakic or aphakic persons with non-diseased eyes who may have 1.00 D or less of astigmatism.

PRECISION1™ spherical soft contact lenses are indicated for the optical correction of refractive ametropia (myopia and hyperopia) in phakic or aphakic persons with non-diseased eyes with up to approximately 1.50 diopters (D) of astigmatism that does not interfere with visual acuity.

In this research study, the test articles will be available in a limited range of minus powers suitable for use by participants with certain levels of myopia. The study population will be limited to persons between the ages of 18 to 40 who may have 1.00 D or less of astigmatism.

The study participants will wear each of the study lens types in random order. Each study lens type will be worn bilaterally in daily wear, daily disposable modality for approximately one week (6 to 8 days).

1.3. Summary of Findings from Nonclinical Studies

Not applicable – Marketed product only.

1.4. Summary of Known Risks and Benefits to Human Subjects

A summary of the risks and benefits of the marketed study lenses are contained in the package inserts located in Appendix C.

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

Both of the study lens types are approved and marketed daily disposable soft contact lenses. For more information, refer to the package inserts located in Appendix C.

2. STUDY OBJECTIVES, ENDPOINTS AND HYPOTHESES

2.1. Objectives

The Primary Objective of this study is to compare the performance of O1D relative to P1 with respect to overall subjective comfort, as well as subjective comfort and dryness at the end of the day.

The Secondary Objectives of the study are to compare the performance of O1D relative to P1 with respect to subjective comfort throughout the day, subjective comfort and dryness while using digital devices, initial subjective comfort and lens awareness upon insertion, overall ease of handling, ease of insertion, and ease of removal.

2.2. Endpoints

Primary Endpoints

1. Overall comfort (Item: How would you rate the study contact lenses on: Overall Comfort; [redacted])
2. Comfort at the end of the day (Item: How would you rate the study contact lenses on: Comfort at the end of the day; [redacted])
3. Dryness at the end of the day (Item: How would you rate the study contact lenses on: Keeping your eyes from feeling dry at the end of the day; [redacted])

Each primary endpoint will be assessed at the 1-week follow-up evaluation using individual questionnaire items. All primary endpoints utilize an Excellence response set (0: Not Applicable, 1: Excellent, 2: Very Good, 3: Good, 4: Fair and 5: Poor).

Secondary Endpoints

1. Secondary Group 1: Comfort Performance
    a. Comfort throughout the day (Item: How would you rate the study contact lenses on: Keeping your eyes feeling comfortable from morning to night; [redacted])

Response set : Excellence (0: Not Applicable, 1: Excellent, 2: Very Good, 3: Good, 4: Fair and 5: Poor).

2. Secondary Group 2: Digital Device Performance
    a. Comfort while using digital devices (Item: How would you rate the study contact lenses on: Remaining comfortable while using computer screens and other digital devices (phones, tablets); [redacted])
    b. Dryness while using digital devices (Item: How would you rate the study contact lenses on: Keeping your eyes from feeling dry while using computer screens and other digital devices (phones, tablets); [redacted])

Response set: Excellence (0: Not Applicable, 1: Excellent, 2: Very Good, 3: Good, 4: Fair and 5: Poor).

3. Secondary Group 3: Performance at lens fitting
    a. Lens awareness upon insertion (Item: I lost awareness of these lenses shortly after inserting them (within one minute); [redacted])
    b. Comfort upon insertion (Item: These lenses were comfortable shortly after inserting them (within one minute) ; [redacted])

Response set: Agreement (1: Strongly disagree, 2: Disagree, 3: Neither agree nor disagree, 4: Agree and 5: Strongly agree)

4. Secondary Group 4: Lens Handling Performance
    a. Overall ease of handling (Item: How would you rate the study contact lenses on: Overall ease of handling the lenses (putting them on and taking them off); [redacted])
    b. Ease of insertion (Item: How would you rate the study contact lenses on: Ease of putting the lenses on your eyes; [redacted])
    c. Ease of removal (Item: how would you rate the study contact lenses on: Ease of taking the lenses off your eyes; [redacted])

Response set: Excellence (0: Not Applicable, 1: Excellent, 2: Very Good, 3: Good, 4: Fair and 5: Poor).

Secondary endpoint groups 1,2 and 4 will be assessed at the 1-week follow-up evaluation while secondary endpoint group 3 will be assessed at lens fitting. All secondary endpoints are assessed using individual questionnaire items.

Exploratory Endpoints

Amount of digital device use is collected by self-report at the follow-up visit. The subject is asked their average number of hours of digital device use on the days between visits that they wore the study lenses.

2.3. Hypotheses

After phase I, the planned interim analysis will only test the primary hypotheses. If the study continues to phase II, all hypotheses may be tested. See full details about the strategy for testing study hypotheses in Section 14.4.

Primary Hypotheses – Phase I

After approximately one week of wear, O1D will have non-inferior performance to P1 with respect to each of the following endpoints:

1. Overall comfort
2. Comfort at the end of the day
3. Dryness at the end of the day

A non-inferiority margin of 10% will be used.

Primary Hypotheses – Phase II

After approximately one week of wear, O1D will have superior performance to P1 with respect to each of the following endpoints:

1. Overall comfort
2. Comfort at the end of the day
3. Dryness at the end of the day

All primary hypotheses must be met in order to begin testing any secondary hypotheses.

Secondary Hypotheses

Secondary Group 1: Comfort Performance
After approximately one week of wear, O1D will have superior performance to P1 with respect to the endpoint: Comfort throughout the day.

Secondary Group 2: Digital Performance
After approximately one week of wear, O1D will have superior performance to P1 with respect to each of the following endpoints:

a. Comfort while using digital devices
b. Dryness while using digital devices

Secondary Group 3: Performance at Lens Fitting
After approximately one week of wear, O1D will have non-inferior performance to P1 with respect to each of the following endpoints:

a. Lens awareness upon insertion
b. Comfort upon insertion

A non-inferiority margin of 10% will be used.

Secondary Group 4: Lens Handling Performance
After approximately one week of wear, O1D will have non-inferior performance to P1 with respect to each of the following endpoints:

a. Overall ease of handling
b. Ease of insertion
c. Ease of removal

A non-inferiority margin of 10% will be used.

Exploratory Hypotheses
All primary and secondary group 2 hypotheses must be met in order to test exploratory hypotheses.

3. TARGETED STUDY POPULATION

3.1. General Characteristics

Habitual daily disposable soft contact lens wearers in the age range of 18 to 40 will be enrolled in 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 40 (inclusive) years of age at the time of screening.
4. By self-report, habitually wear soft spherical contact lenses in both eyes in a daily disposable wear modality. Habitual wear is defined as a minimum of 8 hours of wear per day, for a minimum of 4 days per week during the past 4 weeks.
5. By self-report, typically uses computer screens and other digital devices (phones, tablets) at least 30 hours per week.

Inclusion Criteria at Baseline Evaluation

6. The vertex-corrected best spherical distance refraction (rounded to nearest 0.25 D) must be between -1.00 and -4.00 DS (inclusive) in each eye.
7. The magnitude of the cylinder component of the subject's distance refraction must be 1.00 DC or less.
8. The subject must have best corrected visual acuity of 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 breastfeeding
2. By self-report, have any ocular or systemic disease, allergies, infection, or use of medication that 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.
3. Have had any previous ocular or intraocular surgery (e.g., radial keratotomy, PRK, LASIK, cataract, etc.).

4. Habitually wear monovision, multifocal, toric, or extended wear contact lens correction
5. Have participated in any contact lens or lens care product clinical trial within 14 days prior to study enrollment
6. Be an employee or immediate family member of an employee of clinical site (e.g., Investigator, Coordinator, Technician)
7. Have a history of amblyopia or strabismus.
8. Have habitually worn rigid gas permeable (RGP) lenses, orthokeratology lenses, or hybrid lenses (eg, SynergEyes) within the past 6 months.

Exclusion Criteria at Baseline Evaluation
The subject must not:

9. 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 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).
10. Have any ocular infection.

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 is a two-phase adaptive design. Each phase will be a multi-site 4-visit bilateral 2x2 dispensing crossover trial. In Phase I, approximately 65 subjects will be enrolled with a target of 60 subjects to complete. After Phase I, an interim analysis will be conducted to determine the number of subjects that will be enrolled into phase II if the study continues; a maximum of up to 300 additional subjects maybe enrolled.

The subjects enrolled in each phase will be randomized separately. Whenever possible, the same clinical sites will be used to enroll subjects throughout the entire course of the study. Furthermore, both phases will utilize the same crossover design and will be conducted as follows: at Visit 1 (Day 0), eligible subjects will be randomized to one of two lens wear sequences (O1D/P1 or P1/O1D). Subjects will be dispensed their first study lens per the randomization scheme and will wear the study lenses for 6 to 8 days and return for their follow-up evaluation (Visit 2). Study measurements will be performed, and subjects will be instructed to wear their habitual contact lenses or spectacles for a period of 6 to 8 days. Subjects will then return for Visit 3 not having worn their habitual contact lenses the day of the visit and will be dispensed their second study lens. Subjects will return for their follow-up evaluation and final

visit (visit 4) 6 to 8 days after Visit 3. Study measurements will be performed, and the subject will exit from the study.

Study lenses are to be worn as daily disposable. Unscheduled visits may occur during the course of the study. Any unworn lenses are to be collected prior to the subject being exited from the study.

4.2. Study Design Rationale

A two-phase adaptative approach utilizing a 2x2 crossover was chosen as the most optimal design to achieve the study objectives. An adaptive design was considered since no historical data was available for P1 with respect to the primary endpoints. Therefore, incorporating an adaptive approach into this study will facilitate the ability to estimate the number of subjects needed to demonstrate the primary hypotheses. This approach can help reduce the number of subjects and the amount of time to conduct a study to achieve the same results as compared to conducting a separate pilot and confirmatory study. Furthermore, a 2x2 crossover was also implemented into the study design since this can help reduce the number of subjects required to complete a study since participants in a crossover study act as their own Control. Moreover, subjects acting as their own control can help reduce the effects of potential confounding factors between subjects, such as vision correction, age and race.[6] All crossover studies have an inherent risk of observing a carryover effect. To help mitigate the risk of a carryover effect, subjects will undergo a washout period for approximately 1-week (6 to 8 days) between study lenses. During the washout period subjects will wear either their spectacles or habitual lenses.

4.3. Enrollment Target and Study Duration

During Phase I, approximately 65 subjects will be enrolled to target 60 subjects completing. The number of subjects enrolled in phase II will depend on the interim analysis conducted after phase I. A maximum of 300 subjects can be enrolled into phase II. The study duration including the enrollment period is expected to be approximately 6 weeks for phase I and additional 18 weeks for phase II. Subjects who are discontinued prior to the final evaluation in each phase may be replaced at the discretion of the study sponsor. The investigation will end at the time that the study data is hard locked.

5. TEST ARTICLE ALLOCATION AND MASKING

5.1. Test Article Allocation

The randomization scheme will be provided by the study responsible biostatistician for each phase separately. In both phases, the study randomization will be stratified by site. Eligible subjects will randomly be assigned to one of two unique lens wear sequences (O1D/P1 or P1/O1D) using permuted block randomization in block sizes of 2, to avoid bias in the assignment of subjects to treatment, and to enhance the validity of statistical comparisons between treatment groups. The randomization scheme will be generated using the Statistical Analysis System (SAS) software Version 9.4 or higher[7] (SAS Institute, Cary, NC).

The study site will follow the randomization scheme provided and will complete enrollment according to the randomization list and will not pre-select or assign subjects. Randomization will be performed at Visit 1 of each phase. 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 will be a double-masked trial to reduce potential bias. Subjects will be unaware of the identity of the investigational product. Investigators and clinical site personnel involved in the data collection will be masked as to the identity of the investigational product.

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 are discontinued will not be replaced.

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 not 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
Test Article Form	Soft contact lens	Soft contact lens
Design / Description	Acuvue® Oasys 1-Day	Precision1™
Manufacturer	Johnson & Johnson Vision Care, Inc.	Alcon
Packaging Form	Blister packaging	Blister packaging
Lens Material	senofilcon A (C3)	verofilcon A
Sphere Powers (DS)	-1.00 to -4.00 in 0.25 steps	-1.00 to -4.00 in 0.25 steps
Cylinder Powers (DC)	none	none
Cylinder Axes (°)	none	none
Add Powers (DS)	none	none
Nominal Base Curve(mm)	8.5	8.3
Nominal Lens Diameter(mm)	14.3	14.2
Nominal Water Content (%)	38	51
Nominal Center Thickness (µm) at -3.00 DS	85	90
Dk ($\times 10^{-11}$ [cm^2 /sec] [ml O_2/ml × mm Hg] at 35°C)	103	90
Wear Modality in Current Study	Daily wear	Daily wear
Replacement Frequency	Daily disposable	Daily disposable
[redacted]	[redacted]	[redacted]

Each subject will wear approximately 14 lenses of each type per eye, so for a total enrollment of 124 subjects approximately 1736 lenses will be used.

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	Single use Eye-Cept® Rewetting Drops	LacriPure Saline Solution	ScleralFil Preservative Free Saline Solution
Manufacturer	Optics Laboratory	Menicon	Bausch & Lomb
Preservative	None	None	None

Preservative-free saline and lens vials will be supplied in case needed for lenses associated with any adverse events or product quality complaints.

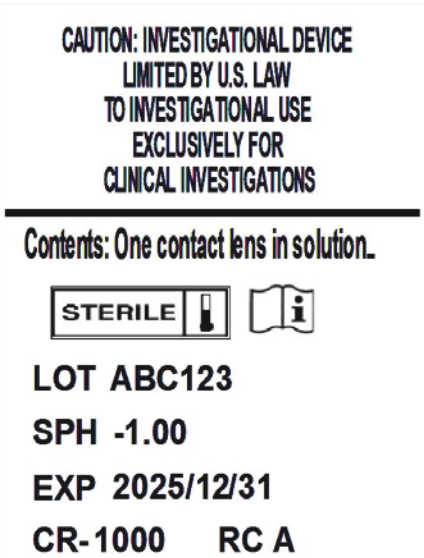
6.3. Administration of Test Articles

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 test articles will be packaged in blisters as the primary packaging. The test article will be over-labeled to mask the subject and investigators to the identity of the lens. The test articles will be in investigational cartons sealed with a tamper evident seal as the secondary packaging form. The sample study label is shown below:

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

No samples will be collected as part of the study procedures.

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 Fitting	Visit 2 Treatment 1 Follow-up	Visit 3 Treatment 2 Fitting	Visit 4 Treatment 2 Follow-up
Time Point	Day 0	7 ± 1 days after Visit 1	7 ± 1 days after Visit 2	7 ± 1 days after Visit 3
Estimated Visit Duration	1.5 hours	1 hour	1.5 hours	1.5 hours
Statement of Informed Consent	X			
Demographics	X			
Medical History and Concomitant Medications	X			
AE & Con Meds Review		X	X	X
Habitual Contact Lens Information	X			
Habitual Contact Lens Wear Schedule	X			
Contact lens wear time		X		X
Typical usage of digital devices	X			
Digital Device usage		X		X
Compliance		X		X
Eligibility after Screening	X			
Subject Reported Ocular Symptoms	X	X	X	X
Entrance Visual Acuity	X	X	X	X
Keratometry/SimK	X			
Subjective Sphero-cylindrical Refraction	X			
Subjective Best Sphere Refraction	X			
Vertex-corrected best sphere refraction	X			
Slit Lamp Biomicroscopy	X	X	X	
Continuance			X	
Eligibility after Baseline	X			
Randomization	X			
Lens Selection	X		X	

Visit Information	Visit 1 Screening, Baseline, Treatment 1 Fitting	Visit 2 Treatment 1 Follow-up	Visit 3 Treatment 2 Fitting	Visit 4 Treatment 2 Follow-up
Time Point	Day 0	7 ± 1 days after Visit 1	7 ± 1 days after Visit 2	7 ± 1 days after Visit 3
Estimated Visit Duration	1.5 hours	1 hour	1.5 hours	1.5 hours
Lens Insertion	X		X	
Lens Settling	X		X	
Lens Fit Assessment	X	X	X	X
Distance Over-Refraction and Visual Acuity	X		X	
Lens Power Modification (if needed)	X		X	
PRO questionnaire	X	X	X	X
Lens Removal		X		X
Exit Visual Acuity	X	X	X	
Dispensing Criteria	X		X	
Schedule next visit	X	X	X	
Dispensing	X		X	
Subject Instructions	X	X	X	
Final Evaluation				X

7.2. Detailed Study Procedures

VISIT 1

The subjects must present to Visit 1 wearing spectacles, having not worn contact lenses on the day of the visit.

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.	

Visit 1: Screening			
Step	Procedure	Details	[redacted]
1.4	Habitual Contact Lens Information	Questions regarding the subject's habitual lens type and parameters.	
1.5	Habitual Contact Lens Wear Schedule	Record the duration of wearing this contact lens type and power (number of years and months). During the past 4 weeks, what is the minimum number of days per week that the subject has worn their lenses for at least 8 hours.	
1.6	Typical usage of digital devices	In a typical week, how many hours does the subject use computer screens and other digital devices (phones, tablets)?	
1.7	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]
1.8	Subject Reported Ocular Symptoms	Subjects will respond to a verbal open-ended symptoms questionnaire.	
1.9	Entrance Visual Acuity	Record the distance Snellen visual acuity (OD, OS, OU) to the nearest letter with their habitual spectacle correction in place. Subjects must read the smallest line until at least 50% of the letters are read incorrectly.	
1.10	Keratometry/SimK	Record the keratometry or SimK readings OD and OS in diopters.	
1.11	Subjective Sphero-cylindrical Refraction	Complete subjective spherocylindrical refraction with a phoropter and record the resultant distance visual acuity (OD, OS, and OU) to the nearest letter.	

Visit 1: Baseline			
Step	Procedure	Details	[redacted]
1.12	Subjective Best Sphere Refraction	Perform subjective best sphere refraction with a phoropter adopting the maximum plus to maximum visual acuity (MPMVA) approach, and record the resultant distance visual acuity (OD, OS, and OU) to the nearest letter.	
1.13	Vertex-corrected best sphere refraction	Record the vertex-corrected best sphere refraction for each eye, rounded to the nearest 0.25 D.	
1.14	Slit Lamp Biomicroscopy	FDA Slit Lamp Classification Scale will be used to grade the findings. If any of these slit lamp findings are grade 3 or higher, the subject may not continue at this time, but may return up to one additional time to determine eligibility. If discontinued a final examination must be completed. If the clearance of the fluorescein needs to be expedited, preservative-free rewetting drops or saline may be instilled.	
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. *If subject is deemed to be ineligible after baseline, 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: Treatment 1 Lens Fitting			
Step	Procedure	Details	[redacted]
1.16	Randomization	Record the randomization ID	

Visit 1: Treatment 1 Lens Fitting			
Step	Procedure	Details	[redacted]
1.17	Lens Selection	Assign the study lens type based on the randomization scheme. Select the contact lens powers based on vertex-corrected subjective best sphere refraction for each eye.	
1.18	Lens Insertion	The subject inserts the study lenses. Record the time of last lens insertion. *If a lens is uncomfortable, inspect for damage and remove, reinsert or replace as necessary. Damaged lenses will be stored in labeled vial with sterile saline for subsequent shipment to the Sponsor. Complete the Product Quality Complaint form.*	
1.19	Lens Settling	Allow approximately 10 minutes after last lens insertion.	
1.20	Lens Fit Assessment	Evaluate lens centration, movement on blink, and push-up test for each eye. An unacceptable fit is defined by one or more of the following criteria: • limbal exposure at primary gaze or with extreme eye movement • edge lift • excessive movement with blink in primary gaze • insufficient movement with blink in upgaze • insufficient movement in push-up test **Note:** if lens fit is unacceptable for either eye, the subject will be discontinued from the study.	[redacted]
1.21	Distance Over-Refraction and Visual Acuity	Perform subjective best sphere over-refraction with a phoropter adopting the maximum plus to maximum visual acuity (MPMVA) approach, and record the resultant distance visual acuity (OD, OS, and OU) to the nearest letter.	[redacted]
1.22	Lens Power Modification (if needed)	One or both lenses may be modified if necessary (ie. if the over-refraction result is not plano). Repeat steps 1.17 to 1.21 if needed for one or both eyes.	

Visit 1: Treatment 1 Lens Fitting			
Step	Procedure	Details	[redacted]
1.23	PRO questionnaire	The subject will respond to the Post-Fit PRO (MRD) Questionnaire.	[redacted]
1.24	Exit Visual Acuity	Record the distance Snellen visual acuity (OD, OS, OU) to the nearest letter with the study contact lenses. Subjects must read the smallest line until at least 50% of the letters are read incorrectly.	[redacted]
1.25	Dispensing Criteria	For lenses to be dispensed, the following criteria must be met: • Exit Snellen visual acuity is equal to or better than 20/30 in each eye • Subject indicates that vision and comfort with the lenses is acceptable	
1.26	Schedule next visit	The next scheduled visit is 6 to 8 days after Visit 1.	
1.27	Dispensing	A quantity of study lenses of the same type and power that the subject is currently wearing will be dispensed for daily disposable wear on days up to and including the scheduled follow-up visit. No spare lenses will be dispensed.	
1.28	Subject Instructions	Instruct the Subject on the following: • The lenses will be worn on a daily disposable wear basis (ie. a new lens will be opened and worn each day). • Subjects will be instructed to wear the study lenses for a minimum of 6 hours a day, every day until the next visit. One missed day of study lens wear between visits is allowable. • The subject is to wear the study lenses to the next scheduled visit. It is not required to have worn the study lenses for at least 6 hours on that day. • Instruct the subject to bring back all unworn study lenses. • Instruct the subject no cleaning or disinfecting solutions will be used for this lens type. • If determined necessary by the Investigator, sterile non-preserved	[redacted]

Visit 1: Treatment 1 Lens Fitting			
Step	Procedure	Details	[redacted]
		rewetting drops may be dispensed to be used as needed for dryness. • Subjects will be instructed to wear their glasses when not wearing the study lenses**.** • Subjects will be instructed to bring their habitual spectacles to the next visit as they will be needed for measuring exit acuity. • A patient instruction booklet will be provided. ***Note:*** *In the event a lens is lost or damaged, the subject will return to the investigational site for replacement. As much as reasonably possible, a damaged lens should be returned to the investigational site 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 sterile saline and returned to the Sponsor.*	

VISIT 2

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

Visit 2: Treatment 1 Follow-up			
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	Subject Reported Ocular Symptoms	Subjects will respond to a verbal open-ended symptoms questionnaire.	[redacted]
2.3	Contact lens wear time	On the days between visits (ie. not including the day of fitting and day of follow-up) when contact lenses were worn, what was the average wearing time and comfortable wearing time per day?	

Visit 2: Treatment 1 Follow-up			
Step	Procedure	Details	[redacted]
2.4	Digital Device usage	On the days between visits (ie. not including the day of fitting and day of follow-up) when contact lenses were worn, what was the average amount of time per day spent using computer screens and other digital devices (phones, tablets)?	
2.5	Compliance	Confirm compliance with the prescribed wear schedule.	
2.6	Entrance Visual Acuity	Record the distance Snellen visual acuity (OD, OS, OU) to the nearest letter with the study contact lenses in place. Subjects must read the smallest line until at least 50% of the letters are read incorrectly.	[redacted]
2.7	PRO questionnaire	The subject will respond to the Follow-Up PRO (MRD) Questionnaire.	[redacted]
2.8	Lens Fit Assessment	Evaluate lens centration, movement on blink, and push-up test for each eye. An unacceptable fit is defined by one or more of the following criteria: • limbal exposure at primary gaze or with extreme eye movement • edge lift • excessive movement with blink in primary gaze • insufficient movement with blink in upgaze • insufficient movement in push-up test **Note:** if lens fit is unacceptable for either eye, the subject will be discontinued from the study.	[redacted]
2.9	Lens Removal	Have the subject remove the study lenses. Temporarily store the worn lenses until Biomicroscopy has been completed. If no adverse event or PQC was recorded, the worn lenses may be discarded.	

Visit 2: Treatment 1 Follow-up			
Step	Procedure	Details	[redacted]
2.10	Slit Lamp Biomicroscopy	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 or saline may be instilled.	[redacted]
2.11	Exit Visual Acuity	Record the distance Snellen visual acuity (OD, OS, OU) to the nearest letter with their habitual spectacle correction in place. Subjects must read the smallest line until at least 50% of the letters are read incorrectly.	[redacted]
2.12	Schedule next visit	The next scheduled visit is 6 to 8 days after Visit 2.	
2.13	Subject Instructions	Instruct the Subject on the following: • Subjects may wear their habitual spectacles or contact lenses during the washout period. • The subject must wear their spectacles to the next scheduled visit, having not worn their contact lenses on the day of the visit.	

VISIT 3

The subjects must present to Visit 3 wearing spectacles, having not worn contact lenses on the day of the visit.

Visit 3: Baseline			
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	Subject Reported Ocular Symptoms	Subjects will respond to a verbal open-ended symptoms questionnaire.	[redacted]
3.3	Entrance Visual Acuity	Record the distance Snellen visual acuity (OD, OS, OU) to the nearest letter with their habitual spectacle correction in place. Subjects must read the smallest line until at least 50% of the letters are read incorrectly.	[redacted]

Visit 3: Baseline			
Step	Procedure	Details	[redacted]
3.4	Slit Lamp Biomicroscopy	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 or saline may be instilled.	
3.5	Continuance	Determine whether the visit can continue based on the biomicroscopy findings.	

Visit 3: Treatment 2 Fitting			
Step	Procedure	Details	[redacted]
3.6	Lens Selection	Assign the study lens type based on the randomization scheme. Select the contact lens powers based on vertex-corrected subjective best sphere refraction for each eye.	
3.7	Lens Insertion	The subject inserts the study lenses. Record the time of last lens insertion. *If a lens is uncomfortable, inspect for damage and remove, reinsert or replace as necessary. Damaged lenses will be stored in labeled vial with sterile saline for subsequent shipment to the Sponsor. Complete the Product Quality Complaint form.*	
3.8	Lens Settling	Allow approximately 10 minutes after last lens insertion.	

Visit 3: Treatment 2 Fitting			
Step	Procedure	Details	[redacted]
3.9	Lens Fit Assessment	Evaluate lens centration, movement on blink, and push-up test for each eye. An unacceptable fit is defined by one or more of the following criteria: • limbal exposure at primary gaze or with extreme eye movement • edge lift • excessive movement with blink in primary gaze • insufficient movement with blink in upgaze • insufficient movement in push-up test **Note:** if lens fit is unacceptable for either eye, the subject will be discontinued from the study.	[redacted]
3.10	Distance Over-Refraction and Visual Acuity	Perform subjective best sphere over-refraction with a phoropter adopting the maximum plus to maximum visual acuity (MPMVA) approach, and record the resultant distance visual acuity (OD, OS, and OU) to the nearest letter.	[redacted]
3.11	Lens Power Modification (if needed)	One or both lenses may be modified if necessary (ie. if the over-refraction result is not plano). Repeat steps 3.6 to 3.10 if needed for one or both eyes.	
3.12	PRO questionnaire	The subject will respond to the Post-Fit PRO (MRD) Questionnaire.	[redacted]
3.13	Exit Visual Acuity	Record the distance Snellen visual acuity (OD, OS, OU) to the nearest letter with the study contact lenses. Subjects must read the smallest line until at least 50% of the letters are read incorrectly.	[redacted]
3.14	Dispensing Criteria	For lenses to be dispensed, the following criteria must be met: • Exit Snellen visual acuity is equal to or better than 20/30 in each eye • Subject indicates that vision and comfort with the lenses is acceptable	
3.15	Schedule next visit	The next scheduled visit is 6 to 8 days after Visit 3.	

Visit 3: Treatment 2 Fitting			
Step	Procedure	Details	[redacted]
3.16	Dispensing	A quantity of study lenses of the same type and power that the subject is currently wearing will be dispensed for daily disposable wear on days up to and including the scheduled follow-up visit. No spare lenses will be dispensed.	
3.17	Subject Instructions	Instruct the Subject on the following: • The lenses will be worn on a daily disposable wear basis (ie. a new lens will be opened and worn each day). • Subjects will be instructed to wear the study lenses for a minimum of 6 hours a day, every day until the next visit. One missed day of study lens wear between visits is allowable. • The subject is to wear the study lenses to the next scheduled visit. It is not required to have worn the study lenses for at least 6 hours on that day. • Instruct the subject to bring back all unworn study lenses. • Instruct the subject no cleaning or disinfecting solutions will be used for this lens type. • If determined necessary by the Investigator, sterile non-preserved rewetting drops may be dispensed to be used as needed for dryness. • Subjects will be instructed to wear their glasses when not wearing the study lenses**.** • Subjects will be instructed to bring their habitual spectacles to the next visit as they will be needed for measuring exit acuity. ***Note:*** *In the event a lens is lost or damaged, the subject will return to the investigational site for replacement. As much as reasonably possible, a damaged lens should be returned to the investigational site and then returned to the Sponsor. If lens damage is present, complete the Product Quality Complaint*	[redacted]

Visit 3: Treatment 2 Fitting			
Step	Procedure	Details	[redacted]
		Form. The lens will be stored in labeled vial with sterile saline and returned to the Sponsor.	

VISIT 4

The subjects must present to Visit 4 wearing study contact lenses.

Visit 4: Treatment 2 Follow-up			
Step	Procedure	Details	[redacted]
4.1	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.	
4.2	Subject Reported Ocular Symptoms	Subjects will respond to a verbal open-ended symptoms questionnaire.	[redacted]
4.3	Contact lens wear time	On the days between visits (ie. not including the day of fitting and day of follow-up) when contact lenses were worn, what was the average wearing time and comfortable wearing time per day?	
4.4	Digital Device usage	On the days between visits (ie. not including the day of fitting and day of follow-up) when contact lenses were worn, what was the average amount of time per day spent using computer screens and other digital devices (phones, tablets)?	
4.5	Compliance	Confirm compliance with the prescribed wear schedule.	
4.6	Entrance Visual Acuity	Record the distance Snellen visual acuity (OD, OS, OU) to the nearest letter with the study contact lenses in place. Subjects must read the smallest line until at least 50% of the letters are read incorrectly.	[redacted]
4.7	PRO questionnaire	The subject will respond to the Follow-Up PRO (MRD) Questionnaire.	[redacted]

Visit 4: Treatment 2 Follow-up			
Step	Procedure	Details	[redacted]
4.8	Lens Fit Assessment	Evaluate lens centration, movement on blink, and push-up test for each eye. An unacceptable fit is defined by one or more of the following criteria: • limbal exposure at primary gaze or with extreme eye movement • edge lift • excessive movement with blink in primary gaze • insufficient movement with blink in upgaze • insufficient movement in push-up test **Note:** if lens fit is unacceptable for either eye, the subject will be discontinued from the study.	[redacted]
4.9	Lens Removal	Have the subject remove the study lenses. Temporarily store the worn lenses until Biomicroscopy has been completed. If no adverse event or PQC was recorded, the worn lenses may be discarded.	

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 and OS, OU) to the nearest letter. **Note**: This step is not necessary if the subject exited due to screen failure.	[redacted]

Final Evaluation			
Step	Procedure	Details	[redacted]
F.3	Exit Slit Lamp Biomicroscopy	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 or saline may be instilled. **Note**: This step is not necessary if the subject exited due to screen failure.	[redacted]
F.4	Exit Visual Acuity	Record the distance Snellen visual acuity (OD, OS, OU) to the nearest letter with their habitual spectacle correction in place. Subjects must read the smallest line until at least 50% of the letters are read incorrectly.	[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 distance Snellen visual acuity (OD, OS, OU) to the nearest letter, and the type of visual correction being worn (study lenses, habitual lenses, distance spectacles or unaided).	[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 use the duo-chrome test for binocular balancing) and record the best corrected distance visual acuity to the nearest letter (OD, OS, OU).	[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.	[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 distance Snellen visual acuity (OD, OS, OU) to the nearest letter, and the type of visual correction being worn (study lenses, habitual lenses, distance spectacles or unaided).	[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

Completion criteria will be assessed for each phase separately. Subjects are considered to have completed a study phase 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 scheduled visits through the final visit (Visit 4).

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
- 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 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 not 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: Table 4
Concomitant therapies that are disallowed include: Table 4

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 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 or routine basis for at least 6 months and the subject has demonstrated successful contact lens wear during this time.

Or

- The subject previously used these medications on a temporary basis and has ceased that medication at least 1 week prior to signing the informed consent.

Table 4: Disallowed Systemic Medications

Class of Drug	Common Indication(s)	Common Examples
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.
Oral Phenothiazines	Antipsychotic disorders (schizophrenia, mania)	Compazine, Mellarill, Thorazine, Phenagran, etc.
Oral/Inhaled Corticosteroids	Arthritis, colitis, asthma, bronchitis, allergic or inflammatory conditions	Cortisone, Prednisone, Hydrocortisone, Medrol, Kenalog, Flonase etc.
Oral Retinoids	Seborrhea, acne	Isotretinoin, Acitretin, Alitretinoin, etc.
Oral Tetracycline	Urinary Tract Infection, acne, chlamydia, gonorrhea	Sumycin, Achromycin V, 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, 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 5 lists examples of deviations that will constitute major and minor protocol deviations for this study.

Table 5: 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).
Insufficient wear of study lenses	Subject does not wear study lenses for 3 or more days between fitting and follow-up visits.	Subject does not wear study lenses for 2 days between fitting and follow-up visits.

In the case of a major protocol deviation, the decision of whether or not the subject will be excluded from the Per-Protocol analysis population will be made at the time of cohort review.

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 Review committee, the study may be terminated. This potential stopping rule is established based on our trial involving approximately 200 subjects wearing the investigational soft contact lens for up to 3 years with an assumed MK rate that is below 0.2% per patient-year. The rate of 0.2% per patient year is the established rate for extended wear lenses in adults, which was requested by the FDA as a criterion for evaluating a contact lens for pediatric use in an FDA response to a pre-IDE submission. To be conservative, 200 independent patient years were used in the calculation. The probability of observing 2 cases or more incidents of MK is 0.061, and 3 cases or more incidents of MK is 0.007 (given an MK rate of 0.2% per patient year).

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 apply 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 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. More details will be included in the stand-alone Statistical Analysis Plan (SAP). The SAP will be developed and finalized prior to database lock.

All data summaries and statistical analyses will be performed using the Statistical Analysis System (SAS) software Version 9.4 or higher[7] (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.

Summaries will be presented by separately for each phase and lens type (O1D (Test) and P1 (Control)) and will be performed separately by completion status (Safety Population, Per-Protocol Population and Intent-to-Treat Population, when appropriate).

The interim analysis will be performed on the Per-Protocol population while the primary and secondary analyses for phase II will be performed on the Intent-to-Treat Population (see Section 14.3 for additional details).

14.2. Sample Size Justification

Phase I of this study was not powered to test non-inferiority of O1D relative to P1 with respect to the primary endpoints. However, data collected during Phase I of the study will be used to power Phase II to test for superiority of the O1D relative to P1 with respect to *Overall comfort*,

Comfort at the End of the Day and *Dryness at the End of the Day*. Based on these results from testing for non-inferiority for each primary endpoint from the interim analysis (Phase I analysis), the sample size will be calculated to test all three primary hypotheses for superiority with at least 80% power. This will be calculated using an approximation of the power of an F-test derived from the non-centrality parameter calculated from the observed F-statistic from the generalized linear model described in Section 14.5 for Phase I.[9] If the sample size calculation for Phase II exceeds 300 then then the Sponsor reserves the right to terminate the study. Alpha will be adjusted as described in Section 14.4. Complete details of the sample size calculation for Phase II are described in Section 14.5.

14.3. Analysis Populations

Safety Population:
All subjects who were 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 have successfully completed all study visits and did not substantially deviate from the protocol as determined by the trial cohort review committee prior to database hard lock (Per-Protocol Population). Justification of excluding subjects with protocol deviations in 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 or deviation from protocol. At least one observation should be recorded.

14.4. Level of Statistical Significance

All type I error adjustments utilized in this study were calculated using a Bonferroni[10] correction.

Primary hypotheses in Phase I will be tested using a familywise type I error rate of 5%; each hypothesis with be tested using an individual type I error rate of 1.67%.

Hypotheses in Phase II will be tested using the following strategy:
Primary hypotheses will be tested using a familywise type I error rate of 5%; each hypothesis with be tested using an individual type I error rate of 1.67%. All primary hypotheses must be met in order to test any secondary hypotheses. Secondary hypotheses were grouped according to item sematic similarities. Each secondary hypothesis group will be tested using an overall type I error rate of 5% and in a sequential order. Each preceding secondary hypothesis group must be fully met in order to continue testing the remaining secondary hypotheses. Exploratory hypotheses will only be tested if all primary and secondary group 2 hypotheses are met.

14.5. Primary Analysis

Phase I (Interim Analysis)
Overall comfort, Comfort at the end of the day, and Dryness at the end of the day

Subjective responses to each primary endpoint will be grouped as: aval=1 is a subject responds' 'Excellent' or 'Very Good', aval=2 is a subject responds' 'Good' and aval=3 if a subject responds' 'Fair' or 'Poor'. Aval will be analyzed separately for each primary endpoint using a generalized linear model with a multinomial distribution and the general logit as the link function. In each model, sequence of lens wear, period, lens type and site id will be included as fixed effects. Prior to fitting the final models for the primary endpoints, allocation of subjects' completion between sites will be evaluated. If a difference of more than 30% is observed between sites, a likelihood ratio test for homogeneous variance will be conducted using a generalized linear mixed model with a multinomial distribution and the general logit as the link function. Comparisons between O1D and P1 will be carried out under the final model using 1-sided 97.5% confidence intervals (CIs) constructed for the odds ratio (O1D over P1).

The Model:
Let $aval_{ijkl} = (aval1_{ijklm}, aval2_{ijklm}, aval3_{ijklm})$ denote the rating for l^{th}subject at the m^{th} site assigned to the k^{th} sequence for the i^{th} study lens during the j^{th} study period (i=1, 2; j=1, 2; k=1,2; l=1….n_m; m=1,…,10). Possible values of $aval_{ijklm}$ are $aval_{ijklm}$=1 if a subject responds: 'Excellent' or 'Very Good', $aval_{ijklm}$=2 if a subject responds: 'Good' and $aval_{ijklm}$=3 if a subject responds: 'Fair' or 'Poor'. The Likelihood will be constructed as follows:

$$aval_{ijklm} \sim \text{Multinomial } (p1_{ijklm}, p2_{ijklm}, p3_{ijklm})$$
$$p1_{ijklm} = aval1_{ijklm}$$
$$p2_{ijklm} = aval2_{ijklm} - aval1_{ijklm}$$
$$p3_{ijklm} = 1 - \sum_{X=1,2} pX_{ijklm}$$

$$\text{Logit } (avalX_{ijklm}) = \beta_o + \beta_1 * sequence_k + \beta_2 * period_j + \beta_3 * lens_{i[j,k]} + \beta_4 * Site_m$$

Where, β_o is the intercept for X=1,2,3; $sequence_k$=1 if O1D/P1 and $sequence_k$= 0 if P1/O1D; $period_j$=1 if first period and $period_j = 0$ if second period; $lens_{i[j,k]}$=1 if O1D and $lens_{i[j,k]}$ = 0 if P1.

Hypothesis Testing
Hypothesis testing will be conducted separately for each primary endpoint as follows:

$$\text{Ho: OR} \leq 0.67$$
$$\text{Ha: OR} > 0.67$$

Where, the OR represents the odds of having a more positive experience (Excellent or Very Good) while wearing O1D compared to P1. Non-inferiority of O1D relative to P1 will be concluded if the lower limit of the 97.5% CI is above 0.67 (using 10% as non-inferiority margin and assuming a reference proportion of 0.5) .

Sample size Estimation for Phase II

If non-inferiority is demonstrated for the primary endpoints, the sample size required to test superiority for each primary endpoint will be estimated. The odds ratio and the cumulative log-odds from the model described above for each endpoint will be used to create a new dataset with the same structure and design as Phase I. This new dataset will then be analyzed using the same model. The statistical power of each endpoint will be calculated using the F-statistics as Power=P(F[Fcrit, v, ncp] > Fcrit); where Fcrit is the critical value of the central F distribution (Fcrit=$F_{[numdf,dmdf,0,alpha]}$) under Ho (Ho: centrality param = 0), v is the magnitude of the departure from Ho and ncp is the non-centrality parameter (Stroup).[9]

Phase II

Overall comfort, Comfort at the end of the day, and Dryness at the end of the day

Subjective responses to each primary endpoint will be grouped as: aval=1 is a subject responds' 'Excellent' or 'Very Good', aval=2 is a subject responds' 'Good' and aval=3 if a subject responds' 'Fair' or 'Poor'. Aval will be analyzed separately for each primary endpoint using a generalized linear mixed model with a multinomial distribution and the cumulative logit as the link function. In each model, sequence of lens wear, period and lens type will be included as fixed effects. Site and subject nested within site will be included as a random effect. Errors between measurements within the same subject across study periods will be modeled using an unstructured covariance (UN) structure. Comparisons between O1D and P1 will be carried out using 1-sided 97.5% confidence intervals (CIs) constructed for the odds ratio (O1D over P1). Superiority of O1D relative to P1 will be concluded if the lower limit of the 97.5% CI is above 1.

14.6. Secondary Analysis

All secondary items will be analyzed individually regardless of grouping and will model using the same model as described for the primary endpoints in Phase II above. Comparisons between O1D and P1 will be carried out using 1-sided 97.5% confidence intervals (CIs) constructed for the odds ratio (O1D over P1). For Secondary Group 1 – Comfort Performance and Secondary Group 2- Digital Device Performance, superiority of O1D relative to P1 will be concluded if the lower limit of the 97.5% CI is above 1. For Secondary Group 3 – Performance at Lens Fitting and Secondary Group 4- Lens Handling Performance, non-inferiority of O1D relative to P1 will be concluded if the lower limit of the 97.5% CI is above 0.67 (using 10% as non-inferiority margin and assuming a reference proportion of 0.5) .

Note. Aval will be derived as follows for Secondary Group 3 – Performance at Lens Fitting; aval=1 if a subject responds' 'Strongly Agree' or 'Agree', aval=2 if a subject responds' 'Neither Agree Nor Disagree' and aval=3 if a subject responds' 'Strongly Disagree' or 'Disagree')

14.7. Other Exploratory Analysis

Digital Device Performance by amount of digital device use

Subjective responses to digital device items will be grouped as: aval=1 is a subject responds' 'Excellent' or 'Very Good', aval=2 is a subject responds' 'Good' and aval=3 if a subject

responds' 'Fair' or 'Poor'. Amount of digital device use is collected by self-report at the follow-up visit: the subject is asked their average number of hours of digital device use on the days between visits that they wore the study lenses. Subjects with digital device use below the 50th percentile of the distribution of digital device use for all subjects in the study will be classified as grp1 (lower digital device usage), and subjects with digital device use above the 50th percentile will be classified as grp2 (higher digital device usage). Digital device items will be analyzed separately using a generalized linear mixed model with a multinomial distribution and the cumulative logit as the link function. Sequence of lens wear, period, lens type, group (grp 1 and grp 2) and the interaction between lens type and group will be included in each model as fixed effects. Site and subject nested within site will be included as a random effect. Errors between measurements within the same subject across study periods will be modeled using an unstructured covariance (UN) structure. Comparisons between O1D and P1 will be carried for each group separately (grp 1 and grp 2) out using 1-sided 97.5% confidence intervals (CIs) constructed for the odds ratio (O1D over P1). Non-inferiority of O1D relative to P1 will be concluded if the lower limit of the 97.5% CI is above 0.67 (using 10% as non-inferiority margin and assuming a reference proportion of 0.5) .

14.8. Interim Analysis

This is a two-phase adaptive approach utilizing stopping rules. Approximately 65 subject swill be enrolled in Phase with a target of 60 to complete. An interim analysis will be performed after all subjects have completed Phase I on primary endpoints only. Data from Phase I will be utilized to calculate the number of subjects required to complete Phase II to achieve all primary hypotheses with at least 80% power. However, maximum enrollment for Phase II can be no more than 300 subjects (based on resources and study timing). After reviewing the results from the interim analysis, the study may be stopped prior to beginning enrollment for Phase II for one of the following reasons:

1. Lack of efficacy with respect to primary endpoints (results are inconclusive)
2. Required sample size too large to achieve primary endpoints

Full details regarding the planned interim analysis are located in Section 14.5 above. Information about how the sample size calculations for Phase II will be conducted is located in Section 14.2. Addition safety endpoints such as adverse events, slit lamp findings and lens fitting characteristics may also be descriptive summarized and provided.

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 is expected to be one of the main reasons of missing data in this clinical trial. Past clinical trials don't provide the evidence that subject dropout is systematic or not-at-random. To evaluate the impact of missing data, sensitivity analysis will be conducted using multiple imputation methods if the proportion of subject dropout is greater than the 10%. The SAS/STAT procedures PROC MI and PROC MIANALYZE will be utilized with a parametric regression method used to make at least 50 imputations.

14.10. Procedure for Reporting Deviations from Statistical Plan

The analysis will be conducted according to that specified in this protocol and the stand-alone statistical analysis plan. 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 ISO14155:2011.[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 based on the following: The test articles are both marketed types of soft contact lens.

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[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)[11] 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 14155:2011: Clinical Investigation of Medical Devices for Human Subjects — Good Clinical Practice. Available at: https://www.iso.org/standard/45557.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. Wang T, Malone J, Fu H, Heilmann C, Qu Y, Huster WJ. Crossover design and its application in late-phase diabetes studies. J Diabetes 2016;8:610-618.
6. Young G. [redacted] *Clinical Study Report v1.0: Clinical evaluation of two Silicone Hydrogel Daily Disposable Contact Lenses*. 29 February 2016.
7. SAS Institute Inc: SAS® 9.4 Statements: Reference TEC, NC: SAS Institute Inc; 2014.
8. SAS Institute Inc. 2016 SAS/STAT® 14.3 User's Guide. Cary NC: SAS Institute Inc.
9. Mixed Model Procedures To Assess Power, Precision, And Sample Size In The Design Of Experiments. Walter W. Stroup, University of Nebraska
10. Bonferroni C. Calculation of the insurance groups of heads. Studies in Honour of Professor Salvatore Ortu Carboni. 1935;Rome: Italy:13-60
11. Health Information Portability and Accountability Act (HIPAA). Available at: https://www.hhs.gov/hipaa/for-professionals/privacy/index.html

APPENDIX A: PATIENT REPORTED OUTCOMES (STUDY QUESTIONNAIRES)

APPENDIX B: PATIENT INSTRUCTION GUIDE

To be provided separately.

APPENDIX C: PACKAGE INSERT (APPROVED PRODUCT)

1.) **ACUVUE OASYS® Brand Contact Lenses 1-Day with HydraLuxeTM Technology**

2.) **Alcon PRECISION1™ and PRECISION1™ for Astigmatism (verofilcon A) soft contact lenses for Daily Disposable Wear**

IMPORTANT: Please read carefully and keep this information for future use.

This Package Insert and Fitting Guide is intended for the Eye Care Professional, but should be made available to patients upon request.

The Eye Care Professional should provide the patient with the appropriate instructions that pertain to the patient's prescribed lenses. Copies are available for download at www.acuvue.com.

ACUVUE® 1-Day
oasys WITH HydraLuxe™
BRAND CONTACT LENSES

ACUVUE OASYS® Brand Contact Lenses 1-Day with HydraLuxe™ Technology

ACUVUE OASYS® Brand Contact Lenses 1-Day with HydraLuxe™ Technology for ASTIGMATISM

senofilcon A Soft (hydrophilic) Contact Lenses Visibility Tinted with UV Blocker for Daily Disposable Wear

℞ Only CAUTION: U.S. Federal law restricts this device to [redacted] practitioner.

SYMBOLS KEY

The following symbols may appear on the label or carton:

SYMBOL	DEFINITION
	Consult Instructions for Use
	Manufactured by or in
	Date of Manufacture
	Use By Date (expiration date)
LOT	Batch Code
STERILE 	Sterile Using Steam or Dry Heat
	Single-Use
DIA	Diameter
BC	Base Curve
D	Diopter (lens power)
CYL	Cylinder
AXIS	Axis
CE 0086	Quality System Certification Symbol
 UV Blocking	UV-Blocking
	Fee Paid for Waste Management
Rx Only	CAUTION: U.S. Federal law restricts this device to sale by or on the order of a licensed practitioner
	Lens Orientation Correct
	Lens Orientation Incorrect (Lens Inside Out)

DESCRIPTION

ACUVUE OASYS® Brand Contact Lenses 1-Day and ACUVUE OASYS® Brand Contact Lenses 1-Day for ASTIGMATISM are soft (hydrophilic) contact lenses made with HydraLuxe™ Technology. They are available as spherical or toric lenses respectively.

These lenses are made of a silicone hydrogel material containing an internal wetting agent, visibility tint, and UV absorbing monomer and are tinted blue using Reactive Blue Dye #4 to make the lenses more visible for handling.

A benzotriazole UV absorbing monomer is used to block UV radiation. The transmittance characteristics for these lenses are less than 1% in the UVB range of 280 nm to 315 nm and less than 10% in the UVA range of 316 nm to 380 nm for the entire power range.

Lens Properties:

The physical/optical properties of the lens are:

- Specific Gravity (calculated): 0.98 - 1.12
- Refractive Index: 1.42
- Light Transmission: 85% minimum
- Surface Character: Hydrophilic
- Water Content: 38%
- Oxygen Permeability:

VALUE	METHOD
122 x 10^{-11} (cm^2/sec) (ml O_2/ml x mm Hg) at 35°C	Fatt (boundary corrected, non-edge corrected)
103 x 10^{-11} (cm^2/sec) (ml O_2/ml x mm Hg) at 35°C	Fatt (boundary corrected, edge corrected)

Lens Parameters:

- Diameter Range: 12.0 mm to 15.0 mm
- Center Thickness: varies with power
- Base Curve Range: 7.85 mm to 10.00 mm
- Spherical Power Range: -20.00D to +20.00D
- Cylinder Power Range: -0.25D to -10.00D
- Axis Range: [redacted]5° to 180°

AVAILABLE LENS PARAMETERS

ACUVUE OASYS® Brand 1-Day with HydraLuxe™ Technology are hemispherical shells of the following dimensions:

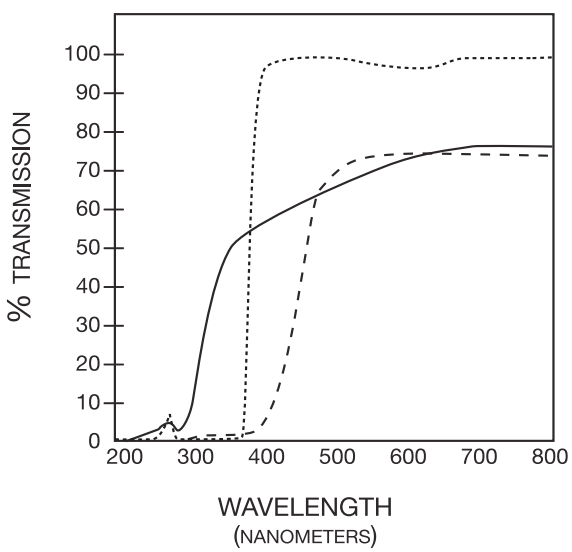
Diameter:	14.3 mm
Center Thickness:	0.085 mm to 0.221 mm (varies with power)
Base Curve:	8.5 mm, 9.0 mm
Powers:	-0.50D to -6.00D (in 0.25D increments) -6.50D to -12.00D (in 0.50D increments) +0.50D to +6.00D (in 0.25D increments) +6.50D to +8.00D (in 0.50D increments)

ACUVUE OASYS® Brand 1-Day with HydraLuxe™ Technology for ASTIGMATISM are hemitoric shells of the following dimensions:

Diameter:	14.3 mm
Center Thickness:	0.075 mm to 0.172 mm (varies with power)
Base Curve:	8.5 mm
Powers:	+0.00D to -6.00D (in 0.25D increments) Cylinders: -0.75D, -1.25D, -1.75D, -2.25D* Axis: 10° to 180° in 10° increments *-2.25D cylinder is availble in 10°, 20°, 70°, 80°, 90°, 100°, 110°, 160°, 170°, 180° axes only. +0.25D to +4.00D (in 0.25D increments) -6.50D to -9.00D (in 0.50D increments) Cylinders: -0.75D, -1.25D, -1.75D Axis: 10°, 20°, 70°, 80°, 90°, 100°, 110°, 160°, 170°, 180°

TRANSMITTANCE CURVES

ACUVUE OASYS® 1-Day with HydraLuxe™ Technology (senofilcon A) Visibility Tinted with UV Blocker vs. 24 yr. old human cornea and 25 yr. old human crystalline lens.



ACUVUE OASYS® 1-Day with HydraLuxe™ Technology (senofilcon A)*

24 YR. OLD HUMAN CORNEA[1]

25 YR. OLD HUMAN CRYSTALLINE LENS[2]

* The data was obtained from measurements taken through the central 3-5 mm portion for the thinnest marketed lens (-9.00D lens, 0.075 mm center thickness).

[1]Lerman, S., Radiant Energy and the Eye, MacMillan, New York, 1980, p. 58, figure 2-21

[2]Waxler, M., Hitchins, V.M., Optical Radiation and Visual Health, CRC Press, Boca Raton, Florida, 1986, p. 19, figure 5

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

ACTIONS

In its hydrated state, the contact lens, when placed on the cornea, acts as a refracting medium to focus light rays onto the retina.

The transmittance characteristics for these lenses are less than 1% in the UVB range of 280 nm to 315 nm and less than 10% in the UVA range of 316 nm to 380 nm for the entire [redacted]ge. CR JJVC

NOTE: Long-term exposure to UV radiation is one of the risk factors associated with cataracts. Exposure is based on a number of factors such as environmental conditions (altitude, geography, cloud cover) and personal factors (extent and nature of outdoor activities). UV-Blocking contact lenses help provide protection against harmful UV radiation. However, clinical studies have not been done to demonstrate that wearing UV-Blocking contact lenses reduces the risk of developing cataracts or other eye disorders. The Eye Care Professional should be consulted for more information.

INDICATIONS (USES)

ACUVUE OASYS® Brand Contact Lenses 1-Day with HydraLuxe™ Technology are indicated for daily disposable wear for the optical correction of refractive ametropia (myopia and hyperopia) in phakic or aphakic persons with non-diseased eyes who may have 1.00D or less of astigmatism.

ACUVUE OASYS® Brand Contact Lenses 1-Day with HydraLuxe™ Technology for ASTIGMATISM are indicated for daily disposable wear for the optical correction of refractive ametropia (myopia and hyperopia) in phakic or aphakic persons with non-diseased eyes who may have 0.50D to 3.00D of astigmatism.

These lenses contain a UV Blocker to help protect against transmission of harmful UV radiation to the cornea and into the eye.

CONTRAINDICATIONS (REASONS NOT TO USE)

DO NOT USE these contact lenses when any of the following conditions exist:

- Acute or subacute inflammation or infection of the anterior chamber of the eye.
- Any eye disease, injury or abnormality that affects the cornea, conjunctiva, or eyelids.
- Severe insufficiency of lacrimal secretion (dry eye).

- Corneal hypoesthesia (reduced corneal sensitivity).
- Any systemic disease that may affect the eye or be exaggerated by wearing contact lenses.
- Allergic reactions of ocular surfaces or adnexa that may be induced or exaggerated by wearing contact lenses or use of contact lens solutions.
- Ocular irritation due to allergic reactions which may be caused by use of contact lens solutions (i.e., rewetting drops) that contain chemicals or preservatives (such as mercury, Thimerosal, etc.) to which some people may develop an allergic response.
- Any active corneal infection (bacterial, fungal, protozoal, or viral).
- If eyes become red or irritated.

WARNINGS

Patients should be advised of the following warnings pertaining to contact lens wear:

EYE PROBLEMS, INCLUDING CORNEAL ULCERS, CAN DEVELOP RAPIDLY AND LEAD TO LOSS OF VISION; IF THE PATIENT EXPERIENCES:

- **Eye Discomfort,**
- **Excessive Tearing,**
- **Vision Changes,**
- **Loss of Vision,**
- **Eye Redness,**
- **Or Other Eye Problems,**

THE PATIENT SHOULD BE INSTRUCTED TO IMMEDIATELY REMOVE THE LENSES AND PROMPTLY CONTACT THE EYE CARE PROFESSIONAL.

- When prescribed for daily wear, patients should be instructed not to wear lenses while sleeping. Clinical studies have shown that the risk of serious adverse reactions is increased when lenses are worn overnight, and that [redacted] ulcerative keratitis is greater for

extended wear contact lens users than for daily wear users.[3]

- Studies have shown that contact lens wearers who are smokers have a higher incidence of adverse reactions than nonsmokers.
- Problems with contact lenses or lens care products could result in serious injury to the eye. Patients should be cautioned that proper use and care of contact lenses and lens care products are essential for the safe use of these products.
- The overall risk of ulcerative keratitis may be reduced by carefully following directions for lens care.

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

Specific Instructions for Use and Warnings:

- **Water Activity**

  Instructions for Use

  Do not expose contact lenses to water while wearing them.

  WARNING:
  Water can harbor microorganisms that can lead to severe infection, vision loss or blindness. If lenses have been submersed in water when participating in water sports or swimming in pools, hot tubs, lakes, or oceans, the patient should be instructed to discard them and replace them with a new pair. The Eye Care Professional should be consulted for recommendations regarding wearing lenses during any activity involving water.

PRECAUTIONS

Special Precautions for Eye Care Professionals:

- Due to the small number of patients enrolled in clinical investigation of lenses, all refractive powers, design configurations, or lens parameters available in the lens material are not evaluated in significant numbers. Consequently, when selecting an appropriate lens design and parameters, the Eye Care Professional should consider all characteristics of the lens that can affect lens performance and ocular health, including oxygen permeability, wettability, central and peripheral thickness, and optic zone diameter.

- The potential impact of these factors on the patient's ocular health should be carefully weighed against the patient's need for refractive correction; therefore, the continuing ocular health of the patient and lens performance on the eye should be carefully monitored by the prescribing Eye Care Professional.
- Patients who wear these lenses to correct presbyopia using mono-vision may not achieve the best corrected visual acuity for either far or near vision. Visual requirements vary with the individual and should be considered when selecting the most appropriate type of lens for each patient.
- Fluorescein, a yellow dye, should not be used while the lenses are on the eyes. The lenses absorb this dye and become discolored. Whenever fluorescein is used in eyes, the eyes should be flushed with a sterile saline solution that is recommended for in-eye use.
- Eye Care Professionals should instruct the patient to remove the lenses immediately if the eyes become red or irritated.

Eye Care Professionals should carefully instruct patients about the following care regimen and safety precautions.

Handling Precautions:

- Before leaving the Eye Care Professional's office, the patient should be able to promptly remove the lenses or should have someone else available who can remove the lenses for him or her.
- DO NOT use if the sterile blister package is opened or damaged.
- Always wash and rinse hands before handling lenses. Do not get cosmetics, lotions, soaps, creams, deodorants, or sprays in the eyes or on the lenses. It is best to put on lenses before putting on makeup. Water-based cosmetics are less likely to damage lenses than oil-based products.
- DO NOT touch contact lenses with the fingers or hands if the hands are not free of foreign materials, as microscopic scratches of the lenses may occur, causing distorted vision and/or injury to the eye.
- Carefully follow the handling, insertion, removal, and wearing instructions in the "Patien[redacted] Guide" for the prescribed

wearing schedule and those prescribed by the Eye Care Professional.

- Always handle lenses carefully and avoid dropping them.
- Never use tweezers or other tools to remove lenses from the lens container unless specifically indicated for that use. Slide the lens up the side of the bowl until it is free of the container.
- Do not touch the lens with fingernails.

Lens Wearing Precautions:

- If the lens sticks (stops moving) on the eye, follow the recommended directions in “Care for a Sticking (Non-Moving) Lens." The lens should move freely on the eye for the continued health of the eye. If non-movement of the lens continues, the patient should be instructed to immediately consult his or her Eye Care Professional.
- Never wear lenses beyond the period recommended by the Eye Care Professional.
- The patient should be advised to never allow anyone else to wear their lenses. They have been prescribed to fit their eyes and to correct their vision to the degree necessary. Sharing lenses greatly increases the chance of eye infections.
- If aerosol products, such as hair spray, are used while wearing lenses, exercise caution and keep eyes closed until the spray has settled.
- Avoid all harmful or irritating vapors and fumes while wearing lenses.
- Always discard lenses worn as prescribed by the Eye Care Professional.

Lens Care Precautions:

- The patient should be informed that no cleaning or disinfection is needed when lenses are worn for daily disposable wear. Patients should always dispose of lenses when removed and have spare lenses or spectacles available.

Other Topics to Discuss with Patients:

- Always contact the Eye Care Professional before using any medicine in the eyes.
- Certain medications, such as antihistamines, decongestants, diuretics, muscle relaxants, tranquilizers, and those for motion sickness may cause dryness of the eye, increased lens awareness, or blurred vision. Should such conditions exist, proper remedial measures should be prescribed. Depending on the severity, this could include the use of lubricating drops that are indicated for use with soft contact lenses or the temporary discontinuance of contact lens wear while such medication is being used.
- Oral contraceptive users could develop visual changes or changes in lens tolerance when using contact lenses. Patients should be cautioned accordingly.
- As with any contact lens, follow-up visits are necessary to assure the continuing health of the patient's eyes. The patient should be instructed as to a recommended follow-up schedule.

Who Should Know That the Patient is Wearing Contact Lenses?

- Patients should inform all doctors (Health Care Professionals) about being a contact lens wearer.
- Patients should always inform their employer of being a contact lens wearer. Some jobs may require use of eye protection equipment or may require that the patient not wear contact lenses.

ADVERSE REACTIONS

The patient should be informed that the following problems may occur when wearing contact lenses:

- The eye may burn, sting, and/or itch.
- There may be less comfort than when the lens was first placed on the eye.
- There may be a feeling of something in the eye (foreign body, scratched area).
- There may be the potent[redacted] temporary impairment due to

peripheral infiltrates, peripheral corneal ulcers, or corneal erosion. There may be the potential for other physiological observations, such as local or generalized edema, corneal neovascularization, corneal staining, injection, tarsal abnormalities, iritis, and conjunctivitis; some of which are clinically acceptable in low amounts.

- There may be excessive watering, unusual eye secretions, or redness of the eye.
- Poor visual acuity, blurred vision, rainbows, or halos around objects, photophobia, or dry eyes may also occur if the lenses are worn continuously or for too long a time.

The patient should be instructed to conduct a simple 3-part self-examination at least once a day. They should ask themselves:

- How do the lenses feel on my eyes?
- How do my eyes look?
- Have I noticed a change in my vision?

If the patient reports any problems, he or she should be instructed to IMMEDIATELY REMOVE THE LENS. If the problem or discomfort stops, the patient should discard the lens and place a new fresh lens on the eye.

If after inserting the new lens, the problem continues, the patient should be directed to IMMEDIATELY REMOVE THE LENS AND CONTACT HIS OR HER EYE CARE PROFESSIONAL.

The patient should be instructed NOT to use a new lens as self-treatment for the problem.

The patient should be advised that when any of the above symptoms occur, a serious condition such as infection, corneal ulcer, neovascularization, or iritis may be present. He or she should be instructed to seek immediate professional identification of the problem and prompt treatment to avoid serious eye damage.

GENERAL FITTING GUIDELINES

A. Patient Selection

Patients selected to wear these lenses should be chosen based on:

- Motivation to wear lenses
- Ability to follow instructions regarding lens wear care
- General health
- Ability to adequately handle and care for the lenses
- Ability to understand the risk and benefits of lens wear

Patients who do not meet the above criteria should not be provided with contact lenses.

B. Pre-fitting Examination

Initial evaluation of the patient should begin with a thorough case history to determine if there are any contraindications to contact lens wear. During the case history, the patient's visual needs and expectations should be determined as well as an assessment of their overall ocular, physical, and mental health.

Preceding the initial selection of trial contact lenses, a comprehensive ocular evaluation should be performed that includes, but is not limited to, the measurement of distance and near visual acuity, distance and near refractive prescription (including determining the preferred reading distance for presbyopes), keratometry, and biomicroscopic evaluation.

Based on this evaluation, if it is determined that the patient is eligible to wear these lenses, the Eye Care Professional should proceed to the lens fitting instructions as outlined below.

C. Initial Power Determination

A spectacle refraction should be performed to establish the patient's baseline refractive status and to guide in the selection of the appropriate lens power. Remember to compensate for vertex distance if the refraction is greater than ±4.00D.

D. Base Curve Selection (Trial Lens Fitting)

The following trial lenses should be selected for patients regardless of keratometry readings. However, re measurements should be performed to establish the ar status.

- ACUVUE OASYS® 1-Day: 8.5 mm/14.3 mm
- ACUVUE OASYS® 1-Day for ASTIGMATISM: 8.5 mm/14.3 mm

The trial lens should be placed on each of the patient's eyes and evaluated after the patient has adjusted to the lenses.

1. Criteria of a Properly Fit Lens

   A properly fit lens will center and completely cover the cornea (i.e., no limbal exposure), have sufficient movement to provide tear exchange under the contact lens with the blink, and be comfortable. The lens should move freely when manipulated digitally with the lower lid, and then return to its properly centered position when released.

2. Criteria of a Flat Fitting Lens

   A flat fitting lens may exhibit one or more of the following characteristics: decentration, incomplete corneal coverage (i.e., limbal exposure), excessive movement with the blink, and/or edge standoff. If the lens is judged to be flat fitting, it should not be dispensed to the patient.

3. Criteria of a Steep Fitting Lens

   A steep fitting lens may exhibit one or more of the following characteristics: insufficient movement with the blink, conjunctival indentation, and resistance when pushing the lens up digitally with the lower lid. If the lens is judged to be steep fitting, it should not be dispensed to the patient.

If the initial trial base curve is judged to be flat or steep fitting, the alternate base curve, if available, should be trial fit and evaluated after the patient has adjusted to the lens. The lens should move freely when manipulated digitally with the lower lid, and then return to a properly centered position when released. If resistance is encountered when pushing the lens up, the lens is fitting tightly and should not be dispensed to the patient.

E. Final Lens Power (Spherical)

A spherical over-refraction should be performed to determine the final lens power after the lens fit is judged acceptable. The spherical over-refraction should be combined with the trial lens power to determine the final lens prescription. The patient should experience good visual acuity with the correct lens power unless there[redacted]e residual astigmatism.

Example 1	
Diagnostic lens:	-2.00D
Spherical over-refraction:	-0.25D
Final lens power:	-2.25D

Example 2	
Diagnostic lens:	-2.00D
Spherical over-refraction:	+0.25D
Final lens power:	-1.75D

If vision is acceptable, perform a slit lamp examination to assess adequate fit (centration and movement). If the fit is acceptable, dispense the lenses and instruct the patient to return in one week for reassessment (see dispensing and follow up information in **PATIENT MANAGEMENT**).

All patients should be supplied with a copy of the PATIENT INSTRUCTION GUIDE for these lenses. Copies are available for download at www.acuvue.com.

TORIC FITTING GUIDELINES

Although most aspects of the fitting procedure are identical for all types of soft contact lenses, including toric lenses, there are some additional steps and/or rules to follow to assure the proper fit of toric lenses.

The only new steps you must follow in prescribing ACUVUE OASYS® 1-Day for ASTIGMATISM are that you must determine the stability, repeatability, and drift angle of the lens axis so that you can prescribe the correct lens axis for the patient.

A. How to Determine Lens Cylinder and Axis Orientation

1. Locate the Orientation Marks

To help determine the proper orientation of the toric lens, you'll find two primary marks approximately 1 mm from the lens edge representing the vertical position on opposite ends of the lens at 6 and 12 o'clock (Fig. 1). Because of the lens' ballasting system, either mark can represent the vertical position – there is no "top" and "bottom" as in a prism-ballasted lens. You don't need to view both marks to assess orientation; simply look for the 6 o'clock mark as you would with a prism-ballasted lens.

Figure 1

You'll need a slit lamp biomicroscope with a 1 to 2 mm parallelepiped beam to highlight the marks when the lens is fitted to the eye. There are a number of techniques you can use to improve the visibility of the 6 o'clock mark. Using a parallelepiped beam and medium magnification (10x or 15x), slowly pan down the lens, looking just below the direct illumination at the retroilluminated area. Backlighting the mark this way should make it more visible. Sometimes manipulating the lower lid may be necessary to uncover the mark.

2. Observe Lens Rotation and Stability

Observe the position and stability of the "bottom" mark. It usually stabilizes at the 6 o'clock position. If it does, calculation of the lens power will be straightforward. The 6 o'clock position is not a "must"; however, the absolute requirement is that the axis position be stable and repeatable.

The mark may stabilize somewhat left or right (drift) of the vertical meridian and still enable you to fit a toric lens for that eye, as long as the lens always returns to the same "drift axis" position after settling. The deviation can be compensated for in the final prescription. Your objective is to ensure that whatever position the initial lens assumes near 6 o'clock, this position must be stable and repeatable. With full eye movement or heavy blink, you may see the marks swing away, but they must return quickly to the original stable position. If the lens does not return quickly, you may need to select a different lens.

3. Assessing Rotation

Imagine the eye as a clock dial and every hour represents a 30° interval. If the orientation mark of the initial lens stabilizes somewhat left or right of the vertical position, the final lens will orient on the eye with the same deviation. You can use an axis reticule in the slit lamp or use a line-scribed lens in a spectacle trial frame to measure or estimate the "drift angle" of the cylinder axis.

To compensate for this "drift", measure or estimate the "drift", then add or subtract it from the refractive axis to determine the correct cylinder axis. Use the LARS (Left Add, Right Subtract) method to determine which direction to compensate.

B. Final Lens Power

When the diagnostic lens has its axis aligned in the same meridian as the patient's refractive axis, a spherocylindrical over-refraction may be performed and visual acuity determined. However, in the case of crossed axes, such as when the diagnostic lens axis is different from the spectacle cylinder axis, it is not advisable to perform a full spherocylindrical over-refraction because of the difficulty in computing the resultant power. A spherical over-refraction without cylinder refraction may be performed.

If the required cylinder correction falls between two available cylinder powers, it is recommended to prescribe the lower cylinder power lens. See below for instructions on how to determine the final lens power.

1. For the Sphere

If sphere alone or combined sphere and cylinder Rx > ±4.00D, compensate for vertex distance. If sphere alone or combined sphere and cylinder Rx ≤ ±4.00D, vertex compensation is not necessary.

2. For the Cylinder

Adjust the axis by the drift angle using the LARS method. Choose a cylinder that is ≤ 0.50D from the refractive cylinder.

3. Case Examples

Example 1

Manifest (spectacle) refraction:
O.D. -2.50D / -1.25D x 180° 20/20
O.S. -2.00D / -1.00D x 180° 20/20

Choose a diagnostic lens for each eye with axis 180°. Place the lens on each eye and allow a minimum of 3 minutes for it to equilibrate, based on the patient's initial response to the lens. If the lens has not yet stabilized, recheck until stable.

Check the orientation of the axis mark. If the bottom axis mark is in the 6 o'clock position on both eyes, choose the appropriate cylinder as listed previously. If the lens has not yet stabilized, recheck until stable.

Here is the Rx Prescribed:
O.D. -2.50D / -1.25D x 180°
O.S. -2.00D / -0.75D x 180°

Example 2
Manifest (spectacle) refraction:
O.D. -3.00D / -1.00D x 90° 20/20
O.S. -4.75D / -2.00D x 90° 20/20

Choose diagnostic lenses of -3.00D / -0.75D x 90° for the right eye and -4.50D / -1.75D x 90° for the left eye, the nearest lenses available to the spherical power, cylinder power, and axis needed. For the left eye, since the manifest refraction called for -4.75D, compensating for vertex distance the sphere is reduced by 0.25D to -4.50D. The cylinder power will be -1.75D. Place the lens on each eye and allow a minimum of 3 minutes for it to equilibrate, based on the patient's initial response to the lens. If the lens has not yet stabilized, recheck until stable.

Right Eye

The orientation mark on the right lens rotates left from the 6 o'clock position by 10° and remains stable in this position. Compensation for this rotation should be done as follows:

Compensate the 10° axis drift by adding it to the manifest refraction axis.

Here is the Rx Prescribed:
O.D. -3.00D / -0.75D x 100°

Left Eye

The orientation mark on the left lens rotates right from the 6 o'clock position by 10° and remains stable in this position.

Compensate for the 10° axis drift by subtracting it from the manifest refraction axis.

Here is the Rx Prescribed:
O.S. -4.50D / -1.75D x 80°

If vision is acceptable, perform a slit lamp examination to assess adequate fit (centration and movement). If fit is acceptable, dispense the lenses instructing the patient to return in one week for reassessment (see dispensing and follow-up information in PATIENT MANAGEMENT).

All patients should be supplied with a copy of the PATIENT INSTRUCTION GUIDE for these lenses. Copies are available for download at www.acuvue.com.

MONOVISION FITTING GUIDELINES

A. Patient Selection

1. Monovision Needs Assessment

For a good prognosis, the patient should have adequately corrected distance and near visual acuity in each eye. The amblyopic patient or the patient with significant astigmatism (greater than 1.00D) in one eye may not be a good candidate for monovision correction with these lenses.

Occupational and environmental visual demands should be considered. If the patient requires critical vision (visual acuity and stereopsis), it should be determined by trial whether this patient can function adequately with monovision correction. Monovision contact lens wear may not be optimal for activities such as:

- visually demanding situations such as operating potentially dangerous machinery or performing other potentially hazardous activities; and
- driving automobiles (e.g., driving at night). Patients who cannot meet state driver's licensing requirements with monovision correction should be advised to not drive with this correction, OR may require that additional over-correction be prescribed.

2. Patient Education

All patients do not function equally well with monovision correction. Patients may not perform as well for certain tasks with this correction as they have with spectacles (multifocal, bifocal, trifocal, readers, progressives). Each patient should understand that monovision, as well as other presbyopic alternatives, can create a vision compromise that may reduce visual acuity and depth perception for distance and near tasks. Therefore, caution should be exercised when the patient is wearing the correction for the first time until they are familiar with the vision provided in visually challenging environments (e.g., reading a menu in a dim restaurant, driving at night in rainy/foggy conditions, etc.). During the fitting process, it is necessary for the patient to realize the disadvantages as well as the advantages of clear near vision and straight ahead and upward gaze that monovision contact lenses provide.

B. Eye Selection

1. Ocular Preference Determination Methods

Generally, the non-dominant eye is corrected for near vision. The following two methods for eye dominance can be used.

Method 1: Determine which eye is the “sighting eye.” Have the patient point to an object at the far end of the room. Cover one eye. If the patient is still pointing directly at the object, the eye being used is the dominant (sighting) eye.

Method 2: Determine which eye will accept the added power with the least reduction in vision. Place a hand-held trial lens equal to the spectacle near ADD in front of one eye and then the other while the distance refractive error correction is in place for both eyes. Determine whether the patient functions best with the near ADD lens over the right or left eye.

2. Other Eye Selection Methods

Other methods include the "Refractive Error Method" and the "Visual Demands Method."

Refractive Error Method

For anisometropic correction, it is generally best to fit the more hyperopic (less myopic) eye for distance and the more myopic (less hyperopic) eye for near.

Visual Demands Method

Consider the patient’s occupation during the eye selection process to determine the critical vision requirements. If a patient’s gaze for near tasks is usually in one direction, correct the eye on that side for near.

Example: A secretary who places copy to the left side of the desk will function best with the near lens on the left eye.

C. Special Fitting Characteristics

1. Unilateral Vision Correction

There are circumstances where only one contact lens is required. As an example, an emmetropic patient would only require a near lens, whereas a bilateral [redacted] would require corrective lenses on

both eyes.

Examples:

A presbyopic emmetropic patient who requires a +1.75D ADD would have a +1.75D lens on the near eye and the other eye left without correction.

A presbyopic patient requiring a +1.50D ADD who is -2.50D myopic in the right eye and -1.50D myopic in the left eye may have the right eye corrected for distance and the left uncorrected for near.

2. Near ADD Determination

Always prescribe the lens power for the near eye that provides optimal near acuity at the midpoint of the patient's habitual reading distance. However, when more than one power provides optimal reading performance, prescribe the least plus (most minus) of the powers.

3. Trial Lens Fitting

A trial fitting is performed in the office to allow the patient to experience monovision correction. Lenses are fit according to the GENERAL FITTING GUIDELINES for base curve selection described in this Package Insert.

Case history and standard clinical evaluation procedure should be used to determine the prognosis. Determine the distance correction and the near correction. Next determine the near ADD. With trial lenses of the proper power in place, observe the reaction to this mode of correction.

Allow the lenses to settle for about 20 minutes with the correct power lenses in place. Walk across the room and have the patient look at you. Assess the patient's reaction to distance vision under these circumstances. Then have the patient look at familiar near objects such as a watch face or fingernails. Again assess the reaction. As the patient continues to look around the room at both near and distance objects, observe the reactions. Only after these vision tests are completed should the patient be asked to read print. Evaluate the patient's reaction to large print (e.g., typewritten copy) at first and then graduate to newsprint and finally smaller type sizes.

After the patient's performance under the above conditions is completed, tests of vis[redacted] and reading ability under

conditions of moderately dim illumination should be attempted.

An initial unfavorable response in the office, while indicative of a guarded prognosis, should not immediately rule out a more extensive trial under the usual conditions in which a patient functions.

4. Adaptation

Visually demanding situations should be avoided during the initial wearing period. A patient may at first experience some mild blurred vision, dizziness, headaches, and a feeling of slight imbalance. You should explain the adaptational symptoms to the patient. These symptoms may last for a brief minute or for several weeks. The longer these symptoms persist, the poorer the prognosis for successful adaptation.

To help in the adaptation process, the patient can be advised to first use the lenses in a comfortable familiar environment such as in the home.

Some patients feel that automobile driving performance may not be optimal during the adaptation process. This is particularly true when driving at night. Before driving a motor vehicle, it may be recommended that the patient be a passenger first to make sure that their vision is satisfactory for operating an automobile. During the first several weeks of wear (when adaptation is occurring), it may be advisable for the patient to only drive during optimal driving conditions. After adaptation and success with these activities, the patient should be able to drive under other conditions with caution.

D. Other Suggestions

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

- Have a third contact lens (distance power) to use when critical distance viewing is needed.
- Have a third contact lens (near power) to use when critical near viewing is needed.
- Having supplemental spectacles to wear over the monovision contact lenses for specific visual tasks may improve the success of monovision correction. This is particularly applicable for those patients who cannot meet state driver's licensing requirements with monovision correction.
- Make use of proper illumination when carrying out visual tasks.

Monovision fitting success can be improved by the following suggestions:

- Reverse the distance and near eyes if a patient is having trouble adapting.
- Refine the lens powers if there is trouble with adaptation. Accurate lens power is critical for presbyopic patients.
- Emphasize the benefits of clear near vision and straight ahead and upward gaze with monovision.

The decision to fit a patient with monovision correction is most appropriately left to the Eye Care Professional in conjunction with the patient after carefully considering the patient's needs.

All patients should be supplied with a copy of the PATIENT INSTRUCTION GUIDE for these lenses. Copies are available for download at www.acuvue.com.

PATIENT MANAGEMENT

Dispensing Visit

Each sterile lens is supplied in a foil-sealed plastic package containing buffered saline solution with methyl ether cellulose. To remove the lens from the container, peel back the foil seal, place a finger on the lens, and slide the lens up the side of the bowl of the lens package until it is free of the container.

- Evaluate the physical fit and visual acuity of the lens on each eye.
- Teach the patient how to apply and remove his or her lenses.
- Explain daily disposable lens wear and schedule a follow-up examination.
- **Provide the patient with a copy of the PATIENT INSTRUCTION GUIDE for these lenses. Copies are available for download at www.acuvue.com.**

  REVIEW THESE INSTRUCTIONS WITH THE PATIENT SO THAT HE OR SHE CLEARLY UNDERSTANDS THE PRESCRIBED WEARING AND REPLACEMENT SCHEDULES.

Follow-Up Examinations

Follow-up care (necessary to ensure continued successful contact lens wear) should include routine periodic progress examinations, management of specific problems, if any, and a review with the patient of the wear schedule, daily disposable moda[redacted] per lens handling procedures.

Recommended Follow-up Examination Schedule (complications and specific problems should be managed on an individual patient basis):

1. One week from the initial lens dispensing to patient
2. One month post-dispensing
3. Every three to six months thereafter

NOTE: Preferably, at the follow-up visits, lenses should be worn for at least six hours.

Recommended Procedures for Follow-up Visits:

1. Solicit and record patient's symptoms, if any.
2. Measure visual acuity monocularly and binocularly at distance and near with the contact lenses.
3. Perform an over-refraction at distance and near to check for residual refractive error.
4. With the biomicroscope, judge the lens fitting characteristics (as described in the **GENERAL FITTING GUIDELINES**) and evaluate the lens surface for deposits and damage.
5. Following lens removal, examine the cornea and conjunctiva with the biomicroscope and fluorescein (unless contraindicated).
   - The presence of vertical corneal striae in the posterior central cornea and/or corneal neovascularization is indicative of excessive corneal edema.
   - The presence of corneal staining and/or limbal-conjunctival hyperemia can be indicative of an unclean lens, a reaction to solution preservatives, excessive lens wear and/or a poorly fitting lens.
   - Papillary conjunctival changes may be indicative of an unclean and/or damaged lens.
6. Periodically perform keratometry and spectacle refractions. The values should be recorded and compared to the baseline measurements.

If any observations are ab[redacted]sional judgment to alleviate the problem and[redacted]optimal conditions. If

the criteria for successful fit are not satisfied during any follow-up examinations, repeat the patient's trial fitting procedure and refit the patient.

WEARING SCHEDULE

The wearing schedule should be determined by the Eye Care Professional. Regular checkups, as determined by the Eye Care Professional, are also extremely important.

Patients tend to overwear the lenses initially. The Eye Care Professional should emphasize the importance of adhering to the initial maximum wearing schedule. Maximum wearing time should be determined by the Eye Care Professional based upon the patient's physiological eye condition, because individual response to contact lenses varies.

The maximum suggested wearing time for these lenses is:

Day	Hours
1	6-8
2	8-10
3	10-12
4	12-14
5 and after	all waking hours

REPLACEMENT SCHEDULE

These lenses are indicated for daily disposable wear and should be discarded upon removal.

LENS CARE DIRECTIONS

When lenses are prescribed for daily disposable wear, the Eye Care Professional should provide the patient with appropriate and adequate warnings and instructions for daily disposable lens wear at the time they are dispensed.

The Eye Care Professional should review with patients that no cleaning or disinfection is needed with daily disposable lenses. Patients should always dispose of lenses when they are removed and have spare lenses or spectacles available.

Basic Instructions

- Always wash, rinse, and dry hands before handling contact lenses.
- Do not use saliva or anything other than the recommended solutions for lubricating or rewetting lenses. Do not put lenses in the mouth.
- Eye Care Professionals may recommend a lubricating/rewetting solution which can be used to wet (lubricate) lenses while they are being worn to make them more comfortable.

Care for a Sticking (Non-Moving) Lens

If the lens sticks (stops moving), the patient should be instructed to apply a few drops of the recommended lubricating or rewetting solution directly to the eye and wait until the lens begins to move freely on the eye before removing it. If non-movement of the lens continues after a few minutes, the patient should immediately consult the Eye Care Professional.

EMERGENCIES

The patient should be informed that if chemicals of any kind (household products, gardening solutions, laboratory chemicals, etc.) are splashed into the eyes, the patient should: FLUSH EYES IMMEDIATELY WITH TAP WATER AND IMMEDIATELY CONTACT THE EYE CARE PROFESSIONAL OR VISIT A HOSPITAL EMERGENCY ROOM WITHOUT DELAY.

HOW SUPPLIED

Each UV-blocking sterile lens is supplied in a foil-sealed plastic package containing buffered saline solution with methyl ether cellulose. The plastic package is marked with the following:

- ACUVUE OASYS® 1-Day: base curve, power, diameter, lot number, and expiration date
- ACUVUE OASYS® 1-Day for ASTIGMATISM: base curve, power, diameter, cylinder, axis, lot number, and expiration date

REPORTING OF ADVERSE REACTIONS

All serious adverse experiences and adverse reactions observed in patients wearing these lenses or experienced with these lenses should be reported to:

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

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

20401080

In Canada: Johnson & Johnson Vision Care, division of Johnson & Johnson, Inc.
In USA: Johnson & Johnson Vision Care, Inc.
Printed in USA.
Revision date: 09/16
Revision number: AO-03-16-13

IMPORTANT: This package insert is effective as of June 2020 and applicable to the verofilcon A contact lenses described below. Please read carefully and keep this information for future use.
This package insert is intended for the eye care professional, but should be made available to patients upon request. The eye care professional should provide the patient with appropriate instructions that pertain to the patient's prescribed lenses. Copies of this package insert are available without charge from Alcon by calling Customer Service at 1-800-241-5999 or download from our website at www.alcon.com. Alcon makes available a Patient Instruction Booklet, which is recommended to be given to patients.

℞ only

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

PRODUCT DESCRIPTION

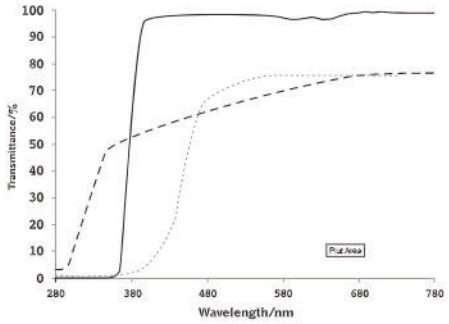
PRECISION1™ and PRECISION1™ for Astigmatism (verofilcon A) soft contact lenses are made from a lens material that is 51% water and 49% verofilcon A, a silicone containing hydrogel. The color additive Reactive Blue 247 is added to the lens material to create a light blue edge-to-edge color to make it easier to see when handling. In addition, lenses contain a benzotriazole UV-absorbing monomer to block UV radiation. The transmittance characteristics are less than 1% in the UVB range of 280 nm to 315 nm and less than 10% in the UVA range of 316 to 380 nm for the entire power range.

Lens Properties

Refractive Index (hydrated):	1.4
Light Transmittance:	≥ 90% (@ 640 nm, -3.00 D)
Oxygen Permeability (Dk):	90 x 10^{-11} (cm^2/sec) (ml O_2 /ml x mm Hg), measured at 35 °C (intrinsic Dk-Coulometric method)
Water Content:	51% by weight in normal saline
• Diameter Range:	13.0 to 15.0 mm
• Spherical Power Range:	-20.00 to +20.00 D
• Base Curve Range:	8.0 to 9.2 mm

Transmittance Curves:

PRECISION1™ (verofilcon A) Contact Lens versus a Human Cornea and a Human Crystalline Lens



——— Verofilcon A contact lens measured through central 6 mm portion for the thinnest marketed lens (-3.00 D, 0.090 mm center thickness).

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

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

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

LENS PARAMETERS AVAILABLE[1]

PRECISION1™ (verofilcon A) contact lenses (spherical)

• Chord Diameter:	14.2 mm
• Center Thickness:	0.09 mm @ -3.00 D (varies with power)
• Base Curve:	8.3 mm
• Powers:	Minus: -0.50 to -6.00 D (0.25 D steps); -6.50 to -12.00 D (0.50 D steps) Plus: +0.50 to +6.00 D (0.25 D steps); +6.50 to +8.00 D (0.50 D steps)

PRECISION1™ for Astigmatism (verofilcon A) contact lenses (toric)

• Chord Diameter:	14.5 mm
• Center Thickness:	0.10 mm @ -3.00 D (varies with power)
• Base Curve:	8.5 mm
• Powers and Axes:	Sphere: +0.25 D to +4.00 D (0.25 D steps) Cylinder: -0.75 D, -1.25 D, -1.75 D Axes: 10°, 20°, 70°, 80°, 90°, 100°, 110°, 160°, 170°, 180° Cylinder: -2.25 D Axes: 10°, 20°, 160°, 170°, 180° Sphere: Plano (0.00 D) to -6.00 D (0.25 D steps) Cylinder: -0.75 D, -1.25 D, -1.75 D Axes: 10° to 180° (full circle, in 10° steps) Cylinder: -2.25 D Axes: 10°, 20°, 70°, 80°, 90°, 100°, 110°, 160°, 170°, 180° Sphere: -6.50 D to -8.00 D (0.50 D steps) Cylinder: -0.75 D, -1.25 D, -1.75 D Axes: 10°, 20°, 70°, 80°, 90°, 100°, 110°, 160°, 170°, 180° Cylinder: -2.25 D Axes: 10°, 20°, 160°, 170°, 180°

ACTIONS

When hydrated and placed on the cornea, **verofilcon A** contact lenses act as a refracting medium to focus light rays on the retina.
The lenses contain a UV blocker to help protect against transmission of harmful UV radiation to the cornea and into the eye. The thinnest **verofilcon A** lenses (-3.00 diopters) block 93% UVA radiation and 99% UVB radiation. The degree of UV radiation blockage will increase for thicker lenses. Patients should be advised of the following: NOTE: Long term exposure to UV radiation is one of the risk factors associated with cataracts. Exposure is based on a number of factors such as environmental conditions (altitude, geography, cloud cover) and personal factors (extent and nature of outdoor activities). UV-absorbing contact lenses help provide protection against harmful UV radiation. However, clinical studies have not been done to demonstrate that wearing UV-absorbing contact lenses reduces the risk of developing cataracts or other eye disorders.

[1]Check for actual product availability as additional parameters may be introduced over time.

INDICATIONS (Uses)

PRECISION1™ (verofilcon A) spherical soft contact lenses are indicated for the optical correction of refractive ametropia (myopia and hyperopia) in phakic or aphakic persons with non-diseased eyes with up to approximately 1.50 diopters (D) of astigmatism that does not interfere with visual acuity.

PRECISION1™ for Astigmatism (verofilcon A) toric soft contact lenses are indicated for the optical correction of refractive ametropia (myopia and hyperopia) in phakic or aphakic persons with non-diseased eyes with 6.00 diopters (D) or less of astigmatism.

The lenses are to be prescribed for single use, daily disposable wear. The lenses are not intended to be cleaned or disinfected and should be discarded after a single use.

CONTRAINDICATIONS (REASONS NOT TO USE)

DO NOT use verofilcon A contact lenses when any of the following exists:

- Inflammation or infection of the anterior chamber of the eye
- Active disease, injury or abnormality affecting the cornea, conjunctiva, or eyelids
- Microbial infection of the eye
- Insufficiency of lacrimal secretion (dry eye) that interferes with contact lens wear
- Corneal hypoesthesia (reduced corneal sensitivity)
- Use of any medication that is contraindicated or interferes with contact lens wear, including eye medications
- Any systemic disease which may be exacerbated by or interferes with contact lens wear
- Allergic reactions or irritation of the ocular surfaces or adnexa that may be caused by or exaggerated by the wearing of contact lenses
- Patient history of recurring eye or eyelid infections, adverse effects associated with contact lens wear, intolerance or abnormal ocular response to contact lens wear
- If eyes become red or irritated

WARNINGS

Advise patients of the following warnings pertaining to contact lens wear:

- Problems with contact lenses and lens care products could result in serious injury to the eye. It is essential that patients follow their eye care professional's directions and all labeling instructions for proper use of lenses and lens care products. **Eye problems, including corneal ulcers, can develop rapidly and lead to loss of vision.**
- Daily wear lenses are not indicated for overnight wear, and patients should be instructed not to wear lenses while sleeping. Clinical study results[2] have shown that the risk of serious adverse reactions is increased when lenses are worn overnight.
- Studies[2] have shown that contact lens wearers who are smokers have a higher incidence of adverse reactions than nonsmokers.
- If a patient experiences eye discomfort, foreign body sensation, excessive tearing, vision changes, or redness of the eye, the patient should be instructed to immediately remove lenses and promptly contact his or her eye care professional. It is recommended that contact lens wearers see their eye care professional regularly as directed.

PRECAUTIONS

To prevent damage to the eyes or to the contact lenses, the following precautions should be taken:

Special Precautions for the Eye Care Professional:

Due to the small number of patients enrolled in the clinical investigation of lenses, all refractive powers, design configurations, or lens parameters available in the lens material are not evaluated in significant numbers. Consequently, when selecting an appropriate lens design and parameters, the eye care professional should consider all characteristics of the lens that can affect lens performance and ocular health, including oxygen permeability, central and peripheral thickness and optic zone diameter.

The potential impact of these factors on the patient's ocular health should be carefully weighed against the patient's need for refractive correction; therefore the continuing ocular health of the patient and lens performance on the eye should be carefully evaluated on initial dispensing and monitored on an ongoing basis by the prescribing eye care professional.

- Fluorescein, a yellow dye, should not be used while the lenses are on the patient's eyes. The lenses absorb this dye and become discolored. Whenever fluorescein is used, the eyes should be flushed thoroughly with sterile saline solution that is recommended for in eye use prior to inserting lenses. Avoid dispensing saline from an aerosol can directly into the eye.
- Before leaving the eye care professional's office, the patient should be able to promptly remove their lenses or should have someone else available who can remove their lenses for them.
- Eye care professionals should instruct the patient to remove the lenses immediately if the eye becomes red or irritated.
- Routine eye examinations are necessary to help assure the continued health of the patient's eyes. Eye care professionals should make arrangements with the patient for appropriate follow-up visits. Alcon recommends that patients see their eye care professional once each year, or more often, as recommended by the eye care professional.
- Diabetics may have reduced corneal sensitivity and thus are more prone to corneal injury and do not heal as quickly or completely as non-diabetics.
- Visual changes or changes in lens tolerance may occur during pregnancy or use of oral contraceptives. Caution patients accordingly.

[2]Schein, OD, Glynn RJ, Poggio EC, Seddon JM, Kenyon KR. The Relative Risk of Ulcerative Keratitis Among Users of Daily Wear and Extended Wear Soft Contact lenses. *New England Journal of Medicine*, September 21, 1989;321 (12), pp.773-783.

Eye Care Professionals should carefully instruct patients about the following safety precautions:

Handling Precautions:

- Be sure that before leaving the eye care professional's office the patient is able to promptly remove lenses or have someone else available to remove them.
- Good hygiene habits help promote safe and comfortable lens wear. **Always wash, rinse and thoroughly dry hands with a clean lint-free towel before handling lenses.**
- **REMOVE A LENS IMMEDIATELY** if an eye becomes red or irritated.
- Always handle lenses carefully. Never use tweezers or other sharp objects such as fingernails to remove lenses from the lens container unless specifically indicated for that use.
- Shake the blister pack gently prior to opening. Remove the lens from the blister pack by carefully pouring the lens onto the palm of your clean hand. Ensure the lens is right side out and that the correct lens for each eye is available. Inspect lenses prior to insertion. Do not insert damaged lenses.
  - To insert lenses:
    - Place a lens on the tip of your clean and dry right or left index finger, place the middle finger of the same hand close to lower eyelashes and pull down the lower eyelid.
    - Use the fingers of the other hand to lift the upper eyelid.
    - Place the lens directly on the eye (cornea) and gently roll finger away from the lens.
    - Look down and slowly remove the hand, releasing the lower lid.
    - Look straight ahead and slowly remove the other hand, releasing the upper lid.
    - Blink gently.
  - To remove lenses:
    - **Make sure hands are clean and completely dry.**
    - Blink fully several times.
    - While looking up, slide the lens down onto the white part of the eye.
    - Remove the lens by pinching gently between the thumb and forefinger. Do not pinch the eye tissue.
    - If the lens is difficult to grasp, dry fingers once more and try again. Do not use rewetting drops in this instance.
- If a lens decenters on the eye, close the eye and gently massage the eyelid to return the lens to the central position. If the problem persists, consult the eye care professional.
- If a lens tears in the eye it will feel uncomfortable. Advise wearers it is impossible to lose a contact lens or part of a contact lens behind the eye and to remain calm. Lens pieces may be removed by pinching them as for normal lens removal, carefully avoiding pinching the eye tissue. If the lens pieces do not seem to remove easily, rinsing with saline is recommended. If this does not help, the wearer should contact an eye care professional for assistance.

WATER ACTIVITIES

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

  Warning:
  Water can harbor microorganisms that can lead to severe infection, vision loss or blindness. If lenses have been submersed in water when showering or swimming, discard them and replace with a new pair. Ask the eye care professional for recommendations about wearing lenses during any activity involving water.

Lens Wearing Precautions:

- Patients should never exceed the prescribed wearing schedule regardless of how comfortable the lenses feel. Doing so may increase the risk of adverse effects.
- The lens should move freely on the eye at all times. If the lens sticks (stops moving) on the eye, follow the recommended directions in the *Care for a Sticking Lens* section. If non-movement of the lens continues, the patient should be instructed to consult their eye care professional immediately.
- The eye care professional should be consulted about wearing lenses during water sports and water related activities. Exposure to water or other non-sterile liquids while wearing contact lenses in activities such as swimming, water skiing, and hot tubs may increase the risk of ocular infection, including but not limited to *Acanthamoeba* keratitis.
- Eye irritation, infection, or lens damage may result if cosmetics, lotion, soap, cream, hair spray, deodorant, aerosol products or foreign particles come in contact with lenses.
- Environmental fumes, smoke, and vapors should be avoided in order to reduce the chance of lens contamination or physical trauma to the cornea.
- Lenses should be disposed of each day upon removal from the eye.
  - Discard any lens which has become dehydrated or damaged. Replace with a sterile, fresh, new lens.
  - Note the correct lens power for each eye to prevent getting them mixed up.
  - Always keep a supply of replacement lenses on hand.
  - Do not use lenses beyond their expiration date.

Other Topics to Discuss with Patients:

- Periodic eye examinations are extremely important for contact lens wearers. Schedule and conduct appropriate follow-up examinations to determine ocular response. Alcon recommends that patients see their eye care professional once each year or as recommended by the eye care professional.
- Certain medications may cause dryness of the eye, increased lens awareness, lens intolerance, and blurred vision or visual changes. These include, but are not limited to, antihistamines, decongestants, diuretics, muscle relaxants, tranquilizers, and those for motion sickness. Caution patients using such medications accordingly and prescribe proper remedial measures.
  - Visual changes or changes in lens tolerance may occur during pregnancy or use of oral contraceptives. Caution patients accordingly.

Who Should Know that the Patient is Wearing Contact Lenses:

- Patients should inform their health care professionals that they are wearing contact lenses.
- Patients should inform their employers that they are wearing contact lenses. Some jobs may require the use of eye protection equipment or may require that contact lenses not be worn.

It is strongly recommended that patients be provided with a copy of the *Patient Instruction Booklet* available from Alcon and understand its contents prior to dispensing the lenses.

ADVERSE EFFECTS

Patients should be instructed to check eyes regularly to make sure they look well, feel comfortable and vision is clear. Potentially serious complications are usually accompanied by one or more of the following signs or symptoms:

- Moderate to severe eye pain not relieved by removing the lens
- Foreign body sensation
- Excessive watering or other eye secretions including mucopurulent discharge
- Redness of the eyes
- Photophobia (light sensitivity)
- Burning, stinging or itching or other pain associated with the eyes
- Comfort is less compared to when the lens was first placed on eye
- Poor visual acuity (reduced sharpness of vision)
- Blurred vision, rainbows or halos around objects
- Feeling of dryness

Patients should be instructed that if any of the above signs or symptoms is noticed, he or she should:

- **IMMEDIATELY REMOVE THE LENSES.**
- **If the discomfort or problem stops,** discard the lens and replace it with a new one.
- **If the discomfort or problem continues after removing lens(es) or upon insertion of a new lens, IMMEDIATELY remove the lens(es) and contact the eye care professional for identification of the problem and prompt treatment to avoid serious eye damage.**
- **The patient should be informed that a serious condition such as corneal ulcer, infection, corneal vascularization, or iritis may be present, and may progress rapidly. Less serious reactions such as abrasions, infiltrates, and bacterial conjunctivitis must be managed and treated carefully to avoid more serious complications.**
- Additionally, contact lens wear may be associated with ocular changes that require consideration of discontinuation or restriction of wear. These include but are not limited to local or generalized corneal edema, epithelial microcysts, epithelial staining, infiltrates, neovascularization, endothelial polymegathism, tarsal papillary changes, conjunctival injection or iritis.

ADVERSE EFFECT REPORTING

If a patient experiences any serious adverse effects associated with the use of **verofilcon A** contact lenses, please notify: **Alcon Medical Safety**, in the USA at 1-800-757-9780.

FITTING GUIDE AND PATIENT BOOKLET

Conventional methods of fitting contact lenses apply to **verofilcon A** contact lenses. For a detailed description of the fitting techniques, refer to the **PRECISION1™ (verofilcon A)** contact lenses *Professional Fitting and Information Guide*. Both the professional fitting guide and a patient instruction booklet are available free of charge from:

Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth, TX 76134-2099 USA

or by calling Alcon Customer Service in the USA at 1-800-241-5999.

LENS WEAR & REPLACEMENT SCHEDULES

Daily Wear (less than 24 hours, while awake):

- It may be advisable for patients who have never worn contact lenses previously to be given a wearing schedule that gradually increases wearing time over a few days. This allows more gradual adaptation of the ocular tissues to contact lens wear.
- The maximum daily wearing time should be determined by the eye care professional based upon the patient's physiological eye condition because individual responses to contact lenses vary. There may be a tendency for patients to over wear the lenses initially. The eye care professional should stress the importance of adhering to the initial maximum wearing schedule. Studies have not been conducted to show that **verofilcon A** contact lenses are safe to wear during sleep, therefore patients should be advised to remove their lenses while sleeping. Normal daily wear of lenses assumes a minimum of 6 hours of non-lens wear per 24-hour period. Optimum individual wearing schedules will vary.

Verofilcon A contact lenses are intended to be worn once (daily disposable wear) and then discarded at the end of each wearing period. The patient should be instructed to start the next wearing period with a fresh new lens.

EMERGENCY LENS CARE

Cleaning and disinfection of daily disposable lenses is not recommended. The patient should be reminded to have replacement lenses or back-up spectacles available at all times.

CARE FOR A STICKING LENS

If the lens sticks (stops moving) or begins to dry on the eye, instruct the patient to apply several drops of a recommended lubricating solution (used in accordance with package labeling). The patient should wait until the lens begins to move freely on the eye before attempting to remove it. It is important that the patient wash and dry their hands thoroughly before removing the lens. If the lens continues to stick, the patient should IMMEDIATELY consult the eye care professional.

IN OFFICE USE OF TRIAL LENSES

Eye care professionals should educate contact lens technicians concerning proper use of trial lenses.

Each contact lens is shipped sterile in a blister pack containing phosphate buffered saline solution. Hands should be thoroughly washed and rinsed and dried with a lint free towel prior to handling a lens. In order to ensure sterility, the blister pack should not be opened until immediately prior to use. For fitting and diagnostic purposes lenses should be disposed of after a single use and not be re-used from patient to patient.

EMERGENCIES

The patient should be informed that if chemicals of any kind (household products, gardening solutions, laboratory chemicals, etc.) are splashed into the eyes, the patient should:

Flush eyes immediately with tap water or fresh saline solution and immediately contact the eye care professional or visit a hospital emergency room without delay.

DISPOSAL AND RECYCLING

Dispose of contact lenses and the blister pack lidding in the waste bin, not down the sink or toilet. The carton packaging and the polypropylene (PP) plastic shell of the blister pack should be placed in the waste bin or recycled according to local waste management guidance.

HOW SUPPLIED

Each lens is packaged in a foil-sealed plastic pack containing phosphate buffered saline solution with approximately 0.3% of polymeric wetting agents consisting of copolymers of polyamidoamine and poly(acrylamide-acrylic) acid and is steam sterilized. The package is marked with the base curve, diameter, dioptric power, manufacturing lot number, date of manufacture (when available), and expiration date.

Lenses are supplied sterile in cartons containing up to 90 individually sealed contact lenses.

The following may appear on labels or cartons:

SYMBOL / ABBREVIATION	DESCRIPTION
Rx only	CAUTION: Federal (United States) law restricts this device to sale by or on the order of a licensed eye care professional.
	Single sterile barrier system
STERILE	Sterilized using steam
EXP	Use-by date (Expiry date)
LOT	Batch code
en	Two letter code for the language (Example shown: English)
	Do not re-use
MD	Medical device
	Do not use if blister package is damaged
CE	European conformity mark
EC REP	Authorized representative in the European Community
	Packaging waste license sign
	Caution
	Consult instructions for use
	Manufacturer
	Date of manufacture
PWR	Power
D	Diopter (lens power)
DIA	Diameter
BC	Base curve
L	Left
R	Right
UV	Ultra-violet
UVA	Ultra-violet A
UVB	Ultra-violet B
CYL	Cylinder power

Manufacturer:
Alcon Laboratories, Inc.
6201 South Freeway
Fort Worth, TX 76134-2099 USA

www.alcon.com

U.S. Pat.: www.alconpatents.com

Date: June 2020

Alcon

APPENDIX D: [redacted]

- [redacted] LENS FITTING CHARACTERISTICS
- [redacted] SUBJECT REPORTED OCULAR SYMPTOMS
- [redacted] DETERMINATION OF DISTANCE SPHEROCYLINDRICAL REFRACTIONS
- [redacted] BIOMICROSCOPY SCALE
- [redacted] KERATOMETRY PROCEDURE
- [redacted] DISTANCE AND NEAR SNELLEN VISUAL ACUITY EVALUATION
- [redacted] PATIENT REPORTED OUTCOMES

[redacted] LENS FITTING CHARACTERISTICS

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted] SUBJECT REPORTED OCULAR SYMPTOMS

[redacted]

[redacted] DETERMINATION OF DISTANCE SPHEROCYLINDRICAL REFRACTIONS

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted] **BIOMICROSCOPY SCALE**

[redacted] [redacted]

[redacted] [redacted]

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[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted] **KERATOMETRY PROCEDURE**

[redacted] DISTANCE AND NEAR SNELLEN VISUAL ACUITY EVALUATION

[redacted]

[redacted]

[redacted]

[redacted]

[redacted]

[redacted] PATIENT REPORTED OUTCOMES

[redacted]

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]

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

- ln-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-6456 Evaluation of Comfort for two marketed daily disposable contact lenses

Version and Date: 1.0 11 June 2021

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

I agree to conduct this study according to ISO 14155,[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 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