

# aveo<sup>®</sup>

**Aveo Hello<sup>®</sup> Daily Aspheric,  
Aveo Joy<sup>®</sup> Daily Toric  
(omafilcon A) Soft Contact Lenses  
with AquaLock<sup>®</sup> Technology**

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

## **PROFESSIONAL FITTING AND INFORMATION GUIDE**

**R<sub>X</sub> ONLY**

CAUTION: U.S. Federal law restricts this device to sale by  
or on the order of a licensed practitioner.












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## SYMBOLS KEY

The following symbols may appear on the label or packaging:

Symbol	Definition
	Caution
	Do not use if package is damaged
	Material is recyclable
	Do not re-use / single use only
	Sterilized using steam heat
	By prescription only
	Quality system certification
	Authorized representative in the European Community
	Manufacturer
	Use by date / expiration date
	Batch code
BC	Base curve
DIA	Diameter
D	Diopter (lens power)
CYL	Cylinder
AXIS	Axis

## DESCRIPTION

The Aveo Hello® Daily Aspheric Soft Contact Lenses with AquaLock® Technology and Aveo Joy® Daily Toric Soft Contact Lenses with AquaLock® Technology are soft (hydrophilic) contact lenses made from omafilcon A. The lenses are intended for single-use daily disposable wear.

In its hydrated state, the lens contains 58% water and 42% omafilcon A. The lenses are packed immersed in a phosphate buffered saline solution.

The lenses are tinted in light blue to make them more visible for handling. The lenses contain a UV absorbing ingredient to block UV radiation.

## LENS PROPERTIES

Specific Gravity (Hydrated)	1.117 g/cm <sup>3</sup>
Refractive Index (Hydrated)	1.4002
Light Transmittance	98%
Surface Character	Hydrophilic
Water Content	58%
Oxygen Permeability <sup>1</sup>	25.7 x 10 <sup>-11</sup> (cm <sup>2</sup> /sec) (ml O <sub>2</sub> /ml x mm Hg)
Oxygen Transmissibility	36.7 x 10 <sup>-9</sup> (cm/sec) (ml O <sub>2</sub> /ml x mm Hg)
UV Blocking	Class II — blocks 97% UVB and 87% UVA
Visibility Tint	Light blue

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<sup>1</sup> Measured at 35°C using the Fatt method, corrected for boundary and edge effects.

## LENS PARAMETERS

Aveo Hello® Daily Aspheric Soft Contact Lenses with AquaLock® Technology:

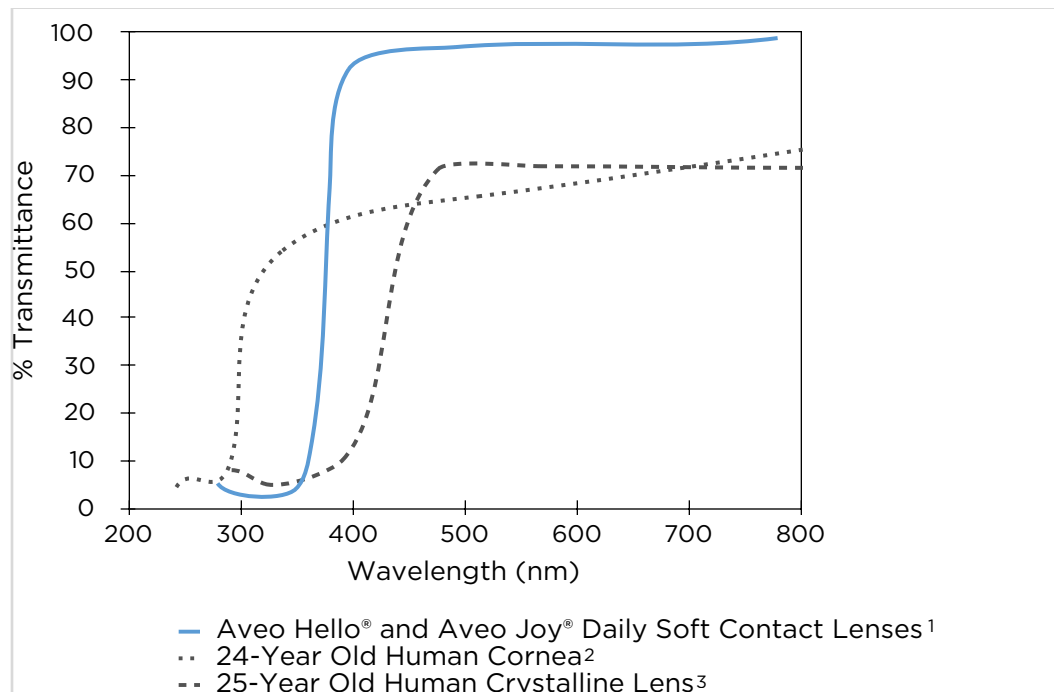
Base Curve	8.6 mm
Diameter	14.2 mm
Center Thickness	0.070 mm at -3.00D (varies with power)
Power Range	-0.50D to -6.00D (0.25D steps) -6.50D to -10.00D (0.50D steps) +0.50D to +4.00D (0.25D steps) +4.50D to +6.00D (0.50D steps)

Aveo Joy® Daily Toric Soft Contact Lenses with AquaLock® Technology:

Base Curve	8.6 mm
Diameter	14.5 mm
Center Thickness	0.120 mm to 0.210 mm (varies with power)
Power Range	-0.50D to -6.00D (0.25D steps) Cylinders (CYL): -0.75D, -1.25D, -1.75D Axes (AXIS): 10°, 20°, 90°, 160°, 170°, 180°

# TRANSMITTANCE CURVES

Aveo Hello® and Aveo Joy® Daily Soft Contact Lenses (omafilcon A), visibility tinted with UV blocker vs. 24 year old human cornea and 25 year old human crystalline lens.



**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.**

<sup>1</sup> Obtained from measurements taken through the central 3-5 mm portion of the thinnest marketed lens

<sup>2</sup> Lerman, S., Radiant Energy and the Eye, MacMillan, New York, 1980, p. 58, figure 2-21

<sup>3</sup> Waxler, M., Hitchins, V.M., Optical Radiation and Visual Health, CRC Press, Boca Raton, Florida, 1986, p. 19, figure 5

## **ACTIONS**

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

The UV Blocking for these lenses averages 97% in the UVB range (280 nm to 315 nm) and 87% in the UVA range (316 nm to 380 nm).

**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 patient should consult the Eye Care Professional for more information.**

## **INDICATIONS (USES)**

The Aveo Hello® Daily Aspheric Soft Contact Lenses with AquaLock® Technology are indicated for single-use daily disposable wear for the optical correction of refractive ametropia in phakic persons with non-diseased eyes that are myopic or hyperopic and exhibit 0.75D or less of astigmatism.

The Aveo Joy® Daily Toric Soft Contact Lenses with AquaLock® Technology are indicated for single-use daily disposable wear for the optical correction of refractive ametropia in phakic persons with non-diseased eyes that are myopic and exhibit up to 2.00D of astigmatism.

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



The lenses are intended for single-use daily disposable wear. The lenses are not intended to be cleaned or disinfected, and should be discarded upon removal.

## **CONTRAINDICATIONS (REASONS NOT TO USE)**

DO NOT USE these 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 eyes)
- 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
- Any active corneal infection (bacterial, fungal, or viral)
- If eyes become red or irritated
- The use of any medication, including eye medication, that is contraindicated with contact lens wear
- Periods of poor health, such as severe cold or influenza

## **WARNINGS**

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

Problems with contact lenses could result in serious injury to the eye. It is essential that patients follow their Eye Care Professional's direction and all labeling instructions for proper use of lenses. 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 studies have shown that the risk of serious adverse reactions is increased when lenses are worn overnight.

Studies have shown that contact lens wearers who smoke have a higher incidence of adverse reactions than those who do not smoke.

The overall risk of ulcerative keratitis may be reduced by adhering to proper lens wearing and care instructions.

If the patient experiences one or more of the following:

- Eye discomfort/pain
- Excessive tearing
- Sensitivity to light
- Vision changes
- Loss of vision
- Eye redness
- Severe and/or persistent dry eyes
- Other eye problems

The patient should be instructed to immediately remove lenses and promptly contact the Eye Care Professional.

## **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 the lenses and replace them with a fresh new pair. The Eye Care Professional should be consulted for recommendations regarding wearing lenses during any water activity.

## **PRECAUTIONS**

### **Special Precautions for Eye Care Professionals:**

- 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, 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 aspheric contact lenses to correct presbyopia 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 will 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.
- Before leaving the Eye Care Professional's office, the patient should be able to promptly remove lenses or should have someone else available who can remove the lenses for him or her.
- The Eye Care Professional should instruct the patient to remove lenses immediately if the eye becomes red or irritated.

### **Lens Handling Precautions:**

- 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. Microscopic scratches of the lenses may occur and cause distorted vision and/or injury to the eye.
- Carefully follow the handling, insertion, removal, and wearing instructions in the Patient Instruction Guide for these lenses and those prescribed by the Eye Care Professional.
- Always handle lenses carefully and avoid dropping them.
- If the lens is dropped, contaminated, or damaged, discard the lens and replace it with a fresh new lens.

- 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:**

- For continued eye health, the lens should move freely on the eye. If the lens sticks (stops moving) on the eye, 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 attempting to remove it. If non-movement of the lens continues, immediately consult the Eye Care Professional.
- Never wear lenses beyond the period recommended by the Eye Care Professional.
- 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.
- Ask the Eye Care Professional about wearing lenses during sporting activities.
- The patient should be advised to never allow anyone else to wear their lenses. Sharing lenses greatly increases the chance of eye infections.

### **Lens Care Precautions:**

- When prescribed for single-use daily disposable wear, the lenses are not intended to be cleaned or disinfected, and should be discarded upon removal. Always have spare lenses or spectacles available.

## **Other Topics to Discuss with Patients:**

- Patients should always inform all doctors (Health Care Professionals) about being a contact lens wearer.
- Patients should 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 symptoms such as dry eyes, increased lens awareness, or blurred vision. Should such conditions exist, proper remedial measures should be prescribed.
- Oral contraceptive users could develop visual changes or changes in lens tolerance when using contact lenses. Patients should be cautioned accordingly.
- Patients should always inform their employer about being a contact lens wearer. Some jobs may require that the patient use eye protection equipment or not wear contact lenses.
- As with any contact lens, follow-up visits are necessary to assure the continuing health of the patient's eyes. The patient should be instructed as to a recommended follow-up schedule.

## **ADVERSE REACTIONS (POSSIBLE PROBLEMS WITH LENS WEAR AND WHAT TO DO)**

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

- Stinging, burning, or itching (irritation) of the eye
- Eye discomfort or pain
- Less comfort than when the lens was first placed on the eye

- Feeling that something, such as a foreign body or scratched area, is in the eye
- Excessive watering (tearing) of the eye
- Unusual eye secretions
- Redness of the eye
- Potential for poor visual acuity, blurred vision, rainbows, halos around objects, sensitivity to light (photophobia), or dry eyes if the lenses are worn continuously or for too long a time
- Potential for some temporary impairment due to peripheral infiltrates, peripheral corneal ulcers, or corneal erosion
- 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

If the patient reports any of the above problems, he or she should be instructed to immediately remove the lenses. If the problem or discomfort stops, the patient should discard the lenses and replace them with a fresh new pair. If the symptoms persist after inserting the new lenses, the patient should immediately remove the lenses and consult the Eye Care Professional. To avoid serious eye damage, the patient should keep lenses off the eyes and seek immediate professional identification of the problem and prompt treatment.

# **GENERAL FITTING GUIDELINES**

## **A. Patient Selection**

The Eye Care Professional should determine if the patient is a good candidate for contact lens wear based on the following criteria:

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

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

## **B. Pre-Fitting Examination**

The Eye Care Professional should cover the following procedures during the pre-fitting examination:

- A thorough case history, including assessing the patient's visual needs and expectations, as well as their overall ocular, physical, and mental health, to determine if there are any contraindications to contact lens wear
- A comprehensive ocular evaluation, including but not limited to visual acuity measurement, spherocylindrical refraction, slit lamp examination, tear film assessment, keratometry, and biomicroscopic evaluation

## **C. Initial Power Selection**

The Eye Care Professional should perform a spectacle refraction to establish the patient's baseline refractive status and to guide in the selection of the



appropriate lens power. The Eye Care Professional should remember to compensate for vertex distance if the refraction is greater than  $\pm 4.00D$ .

## **D. Trial Lens Fitting**

The Aveo Hello<sup>®</sup> Daily Aspheric Soft Contact Lenses with AquaLock<sup>®</sup> Technology are available in a single base curve of 8.6 mm and a single diameter of 14.2 mm. The Aveo Joy<sup>®</sup> Daily Toric Soft Contact Lenses with AquaLock<sup>®</sup> Technology are available in a single base curve of 8.6 mm and a single diameter of 14.5 mm.

Following initial power selection, the trial lens should be placed on each of the patient's eyes. Allow the lenses to settle on the eyes for approximately 10 minutes. Then, assess patient comfort, evaluate the fit of the lenses on the eyes, and verify the power.

### Criteria of a Well-Fitted Lens

The lens will display good centration and full corneal coverage, and will have sufficient movement to provide tear exchange under the contact lens with each blink, will be comfortable, and will provide stable acuity. The lens should move freely on push-up tests and return to its properly centered position when released.

### Characteristics of a Tight (Steep) Lens

The lens will have insufficient movement on push-up tests, and there may be conjunctival indentation and fluctuating visual acuity. A lens that is judged to be steep should not be dispensed to the patient. A flatter lens (with a higher base curve), if available, should be trial fit and evaluated.

### Characteristics of a Loose (Flat) Lens

The lens will display decentration and incomplete corneal coverage, and will have excessive movement on push-up tests. Visual acuity will be variable and there may be excessive lens movement with each blink in straight ahead or upward gaze. A lens that is judged to be flat should not be dispensed to the

patient. A steeper lens (with a lower base curve), if available, should be trial fit and evaluated.

## **E. Final Power Determination**

The Eye Care Professional should perform a spherical over-refraction to determine the final lens power. Complete over-refraction using the best vision spheres first.

Example:	Diagnostic lens	-3.00D
	Spherical over-refraction	-0.25D
	Final lens power	-3.25D

The patient should experience good visual acuity with the correct lens power unless there is excessive residual astigmatism. Perform a full refraction with cylinder lenses if the acuity remains poorer than with spectacles.

If fit and vision are acceptable, dispense the lenses and instruct the patient to return in one week for reassessment (see “Patient Management” section).

All patients should be supplied with a copy of the PATIENT INSTRUCTION GUIDE for the Aveo Hello® Daily Aspheric Soft Contact Lenses with AquaLock® Technology and Aveo Joy® Daily Toric Soft Contact Lenses with AquaLock® Technology. Copies are available for download at [www.aveovision.com](http://www.aveovision.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 0.75D) 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 their state driver's license requirements with mono vision 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 dimly lit 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 “sight eye.” Have the patient point to an object at the far end of the room. Cover one eye. If the patient is still pointing directly at the object, the eye being used is the dominant (sighting) eye.

#### Method 2

Determine which eye will accept the added power 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. 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.

### **3. 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 myope would require corrective lenses on both eyes.

Example:

A presbyopic emmetropic patient requiring 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 eye 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 earlier in the guide.

Case history and a 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.

Immediately after the correct power lenses are in place, walk across the room and have the patient look at you. Assess the patient's reaction to distance vision under these circumstances. Then have the patient look at familiar near objects such as a watch face or fingernails. Again assess the reaction. As the patient continues to look around the room at both near and distance objects, observe the reactions. Only after these vision 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 news print and finally smaller type sizes.

After evaluation of the patient's performance under the above conditions is completed, tests of visual acuity and reading ability under conditions of moderately dim illumination should be attempted.

An initial unfavorable response in the office, while indicative of a 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 your patient follow the suggestions below:

- Have a third contact lens (distance power) to use when critical distance viewing is needed.
- Have a third contact lens (near power) to use when critical near viewing is needed.
- 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 to patients who cannot meet state driver's licensing requirements with monovision correction.
- Make use of proper illumination when carrying out visual tasks.

Success in fitting monovision can be improved by the following suggestions:

- Reverse the distance and near eyes if a patient is having trouble adapting.
- Refine the lens powers if there is trouble with adaptation. Accurate lens power is critical for presbyopic patients.
- Emphasize the benefits of 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 the Aveo Hello® Daily Aspheric Soft Contact Lenses with AquaLock® Technology and Aveo Joy® Daily Toric Soft Contact Lenses with AquaLock® Technology. Copies are available for download at [www.aveovision.com](http://www.aveovision.com).

## **PATIENT MANAGEMENT**

### **Dispensing Visit**

Each sterile lens is supplied in a foil-sealed blister package containing phosphate buffered saline solution. To remove the lens from the blister package, peel back the foil seal and gently slide the lens out of the container with your finger.

- Evaluate the lens fit and visual acuity with the lens on each eye.
- Instruct the patient on proper handling and care of the lenses.
- Teach the patient how to properly apply and remove the lenses.
- Explain daily disposable contact lens wear.
- Schedule the appropriate follow-up examination.
- Provide the patient with a copy of the PATIENT INSTRUCTION GUIDE for the Aveo Hello® Daily Aspheric Soft Contact Lenses with AquaLock® Technology and Aveo Joy® Daily Toric Soft Contact Lenses with AquaLock® Technology. Copies are available for download at [www.aveovision.com](http://www.aveovision.com). Review these instructions with the patient so that she or he clearly understands the prescribed wearing and replacement schedules.



## **Follow-Up Care**

Follow-up examinations, as recommended by the accepted standard of care (e.g., the American Optometric Association), are necessary to ensure continued successful contact lens wear.

At the follow-up visit, the lenses should have been worn for at least six continuous hours and the patient should be asked to identify any problems that might be occurring related to contact lens wear.

The follow-up examination should include evaluation of fitting performance, management of specific problems, if any, and a review with the patient of the lens wear and replacement schedule, daily disposable modality, and proper lens handling procedures.

## **WEARING SCHEDULE**

The wearing schedule should be determined by the Eye Care Professional based upon the patient's physiological eye condition because individual response to contact lenses varies. As there is a tendency for patients to overwear their lenses initially, the Eye Care Professional should emphasize the importance of adhering to the initial maximum wearing schedule. Regular checkups, as determined by the Eye Care Professional, are also extremely important.

## **REPLACEMENT SCHEDULE**

These lenses are intended for single-use daily disposable wear and should be discarded upon removal. Studies have not been completed to show that these lenses are safe to wear during sleep. The patient should be instructed to remove the lenses before sleeping, and begin the next wearing period with a fresh new pair.

Daily disposable contact lenses eliminate the need for cleaning and disinfecting using lens care products. They may provide improved comfort for wearers who experience discomfort associated with allergies during contact lens wear or reactions to lens care products.

## **LENS CARE DIRECTIONS**

Patients should be informed that no cleaning or disinfection is required with daily disposable contact lenses. Patients should always discard the lenses upon removal and have spare lenses or spectacles available.

For complete information concerning contact lens handling and care, refer to the PATIENT INSTRUCTION GUIDE for the Aveo Hello® Daily Aspheric Soft Contact Lenses with AquaLock® Technology and Aveo Joy® Daily Toric Soft Contact Lenses with AquaLock® Technology. Copies are available for download at [www.aveovision.com](http://www.aveovision.com).

### **Care for a Sticking (Non-Moving) Lens**

For continued eye health, the lens should move freely on the eye. If the lens sticks (stops moving) on the eye, 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 attempting to remove it. If non-movement of the lens continues, 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.

## **REPORTING OF ADVERSE REACTIONS**

All serious adverse experiences and adverse reactions observed in patients wearing Aveo Hello® Daily Aspheric Soft Contact Lenses with AquaLock® Technology and Aveo Joy® Daily Toric Soft Contact Lenses with AquaLock® Technology or experienced with the lenses should be reported to:

Supermax Inc.  
1899 Sequoia Drive  
Aurora, IL 60506  
United States of America  
Toll-Free: 1-833-HEY-AVEO  
Email: [hello@aveovision.com](mailto:hello@aveovision.com)

## **HOW SUPPLIED**

Aveo Hello® Daily Aspheric Soft Contact Lenses with AquaLock® Technology and Aveo Joy® Daily Toric Soft Contact Lenses with AquaLock® Technology are supplied sterile in a foil-sealed blister package consisting of a medical-grade polypropylene blister and a polypropylene-laminated aluminum foil lid. The packaging is marked with the base curve, diameter, diopter power, lot number, expiration date, and a 2D barcode. Each UV-absorbing sterile lens is packed immersed in a phosphate buffered saline solution.

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