

IMPORTANT: Please read carefully and keep this information for future use.
 This package insert is intended for the eyecare practitioner, but should be made available to the patient upon request.

clear55A UV (METHAFILCON A) FREQUENT REPLACEMENT WEAR SOFT (HYDROPHILIC) SPHERICAL CONTACT LENS
















Symbols key

The table shows the symbols that may appear on label or carton

Symbol	Description
℞ Only	CAUTION: Federal Law (USA) restricts this device to sale by or on the order of a Licensed Eye Care Practitioner.
	Sterilized using steam or dry heat
	Caution
	Do not use if package is damaged and consult instructions for use
	Manufacturer
	Date of manufacture
	Authorized Representative in European Community

Symbol	Description
	Temperature limits
	Do not resterilize
	Medical Device
	Catalogue number
	Model number
	Unique Device Identifier
	Single sterile barrier system

	Batch code (Lot number)
	Use by date (Expiry date)
	Consult instructions for use or consult electronic instructions for use
	European conformity sign
	Base Curve
	Diopter (Lens Power)
	Diameter

	Keep dry
	Keep away from sunlight
	Fragile, Handle with care
	Importer
	UV Blocking
	Recyclable material

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

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DESCRIPTION OF LENS:

The **clear55A UV (Methafilcon A) Soft (hydrophilic) Contact Lens** is available as a single vision lens. The hydrophilic nature of this material allows the lens to become soft and pliable when immersed in an aqueous solution.

MATERIAL CHARACTERISTICS:

The ionic lens material (Methafilcon A) is a hydrophilic polymer of 2-hydroxyethyl methacrylate (HEMA) and methacrylic acid cross-linked with ethylene glycol dimethacrylate. The lens consists of 45% Methafilcon A and 55% water by weight when immersed in buffered saline solution. The lens polymer contains a UV absorbing compound and a blue visibility-handling tint, color additive 'Reactive Blue 19', 21 CFR part 73.2121. The Methafilcon A name has been adopted by the United States Adopted Names Council (USAN).

In the hydrated state, the lens conforms to the curvature of the eye covering the cornea and extending slightly beyond the limbus forming a colorless, transparent optical surface. The hydrophilic properties of the lens require that it to be maintained in a fully hydrated state in a solution compatible with the eye. If the lens dries out, it will become hard and appear somewhat warped however, it will return to its proper configuration when completely rehydrated in the proper storage solution.

The hydrophilic characteristics allow aqueous solutions to enter the lens and in its fully hydrated state the lens is approximately 55% water by weight. The physical properties of the lens are:

Refractive Index	1.42 (hydrated)
Light Transmission	>90% over the visible spectrum
Water Content	55 %
Specific Gravity	1.06 (hydrated)
Oxygen Permeability	24.26 x 10 ⁻¹¹ (cm ² /sec) (mlO ₂ /ml x mm Hg @ 35°C), (revised FATT method)
UV Absorbance	UVA <30% UVB <5%

The lenses are hemispherical flexible shells which cover the cornea and portion of the adjacent sclera with the following dimensions:

Diameter	14.30mm to 14.70mm
Center Thickness (Wet)	0.090mm ± 0.019 mm (Minus Power) 0.122 to 0.229mm ± 0.021 to 0.026 mm (Plus Power)
Base Curve	8.50mm to 8.90mm

Powers	-12.00 Dioptres to +6.00 Dioptres
	0.00 [^] to -6.00 D in 0.25 D increment
	-6.50 to -12.00 D in 0.50 D increment
	+0.25 to +4.00 D in 0.25 D increment
	+4.50 to +6.00 D in 0.50 D increment

Note: [^]Plano lens (0.00D – without corrective power) is not being sold in EU. Plano lens is used for the manufacture of cosmetically tinted lenses (colored lenses). Standard Minus Power SKU starts at -0.25D.

ACTIONS:

In their hydrated state, the **clear55 UV (Methafilcon A) Soft (hydrophilic) Contact Lens**, when placed on the cornea, act as refracting media (except for plano lenses) to focus light rays on the retina. The near portion of the aspherical design places the incoming light rays on the retina when viewing reading material at the reading distance.

INDICATIONS (USES):

The **clear55A UV (Methafilcon A) Soft (hydrophilic) Contact Lens** for frequent replacement is indicated for the correction of refractive ametropia (except for Plano lens) in phakic and aphakic person with non-diseased eyes who have myopic or hypermetropic vision. The lens (except for Plano lens) may be worn by persons who exhibit refractive astigmatism of 2.00 diopters or less where the astigmatism does not interfere with visual acuity. The lens may be cleaned and disinfected using a chemical lens care system.

Eye care practitioners may prescribe the lens for frequent/planned replacement wear, within 1 to 30 days, with cleaning, disinfection, and scheduled replacement. When prescribed for frequent/ planned replacement wear, the lens is to be cleaned, rinsed, and disinfected each time it is removed from patient’s eye, with an approved chemical lens care system. The **clear55A UV (Methafilcon A) Soft (hydrophilic) Contact Lens** are to be discarded after the recommended wearing period, from 1 to 30 days, as prescribed by the Eye Care Professional.

The target population for the use of this device are adults of 18 years or older. There is no clinical data to support the use of this device by individuals under 18 years of age. Use of this device by individuals less than 18 years of age is at the sole discretion of the eye care professionals (ECP).

CONTRAINDICATIONS (REASONS NOT TO USE):

DO NOT USE the **clear55 UV (Methafilcon A) Soft (hydrophilic) Contact Lens** when any of the following conditions exist:

- Use of eye medication.
- Any eye disease, injury, redness, inflammation, infection or abnormality that affects the cornea, conjunctiva, eyelids or anywhere in or around the eyes.
- Insufficiency of lacrimal secretion or inadequate tear fluid (dry eyes).
- Corneal hypoesthesia (reduced corneal sensitivity).
- Any systemic disease that may affect the eye or be exaggerated by wearing contact lens. If the patient is diagnosed or has reason to believe that such systemic disease exists, please consult and inform the eye care practitioner for proper evaluation and advice on contact lens wear. These are the common systemic diseases that may affect the eye: Diabetes mellitus; AIDS; Graves' disease; Rheumatoid arthritis, Lupus and other autoimmune conditions; Hypertension and Atherosclerosis; Multiple sclerosis; Shingles.
- Allergic reactions of ocular surfaces or adnexa that may be induced or exaggerated by wearing contact lenses or use of contact lens solutions.
- Allergy to any ingredient, such as mercury or Thimerosal in a solution which is to be used to care for the lens.
- Any active corneal infection (bacterial, fungal, or viral).
- If the eyes become red or irritated.
- If patient is unable to follow lens care regimen or unable to obtain assistance to do so due to a sickness.
- Patient history of recurring eye or eyelid infections, adverse effects associated with contact lens wear, intolerance or abnormal ocular response to contact lens wear.
- Poor health affecting the eye such as cold and flu.
- Previous medical intervention which may adversely affect the use of the lens.

CAUTION:

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

The potential impact of these factors on the patient's ocular health must be carefully weighed against the patient's need for refractive correction therefore, the continuing ocular health of the patient and lens performance on the eye should be carefully monitored by the prescribing eyecare practitioner.

Read this Package Insert carefully. It contains the information you need to know to wear, handle, and care for your **clear55A UV (Methafilcon A) Soft (hydrophilic) Contact Lens**. If you are in doubt about any instructions, please request clarification

WARNINGS:

Please refer to Warnings in the Package Insert.

PRECAUTIONS:

Please refer to Precautions in the Package Insert.

ADVERSE REACTIONS:

Please refer to Adverse Reactions in the Package Insert.

PATIENT SELECTION:

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

- Motivation to wear lenses
- General ocular health
- Ability to follow instructions regarding lens handling and wearing
- Ability to adhere to a recommended care regimen
- Ability to understand the benefits and risk of lens wear

Patients who do not meet the above criteria should not be provided with **clear55A UV (Methafilcon A) Soft (hydrophilic) Contact Lens**. Patient communication is vital. All necessary precautions and warnings should be discussed and understood by the patient (*review Package Insert with the patient.*)

Failure to follow handling and wearing instructions could lead to serious eye infections, which might result in corneal ulcers.

FITTING PROCEDURE for CLEAR55A UV

1. Pre-fitting Examination

A pre-fitting patient history and examination are necessary to:

- Determine whether a patient is a suitable candidate for frequent replacement wear contact lenses (refer to contraindications)
- Collect and record baseline clinical information to which post-fitting examination results can be compared
- Make ocular measurements for initial contact lens parameter selection

2. Parameter Selection

The preferred fitting method is by the use of a trial lens, selecting the steeper base curve as first choice and then evaluates the CRITERIA OF A WELL FITTED LENS.

The alternative method is to determine the K readings and apply the following:

Average K Reading	Suggested Lens Design
39.50 – 41.50 and higher	8.7 mm base curve / 14.5 mm Diameter

Lens power can be calculated from spectacle Rx

Sphere Lenses:

First convert the spectacle Rx in minus cylinder form (if applicable), compensate the power of both major meridians for a vertex distance of 0mm and then add half the cylinder power to the sphere.

Example:

Rx at 12mm vertex distance	-5.00 -1.00 x180
Power on horizontal meridians @ 0 vertex	-5.00 @ 12 mm vertex compensate to -4.75
Power on vertical meridians @ 0 vertex	-6.00 @ 12 mm vertex compensate to -5.50
Rx at 0mm vertex distance	-4.75, -0.75 x180

Add half the cylinder to the sphere and round to the higher 0.25 step $(-4.75) + (-0.75/2) = -5.25$ final power of the lens

CLINICAL ASSESSMENT:

1. Criteria of a Well-Fitted Lens

The criteria of a well fitted lens is one which centers easily after a blink, bridges the limbus, and extends onto the sclera about 1.25mm, lags downward about 1.0 to 1.5mm on upward gaze and does not move excessively as a result of blinking or exaggerated eye movements.

After the trial lens has settled on the eye (5-10 minutes), manipulate the lens using lid pressure and observe for indications of excessive tightness. The lens should move freely and easily with slightest pressure and return to the centered position when released.

Movement of the lens on the eye is very important in assessing the fit and performance of the lens. In primary gaze, slight vertical post-blinking lens movement should occur. On upward gaze, the lens should be sagged approximately 1 – 1.5 mm.

2. Characteristics of a Tight (Steep) Lens

A tight (steep) lens does not move easily on the cornea with slight pressure.

3. Characteristics of a Loose (Flat) Lens

A loose (flat) lens sags more than 2.0 mm on upward gaze.

4. Final Lens Power

After the characteristics of a well-fitted lens have been satisfied, the spherical over-refraction should be combined with the trial lens power to determine the final lens prescription.

Example:

Trial Lens: -5.00D

Over-refraction: -0.25D

Final Lens Power: -5.25D

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 assessment.

FOLLOW-UP CARE

1. Follow-up examinations are recommended by the Eye Care Practitioner, they are necessary to ensure continued successful contact lens wear.
2. Prior to a follow up examination, the contact lens should be worn for at least one continuous hour and the patient should be asked to identify any problems which might be occurring related to contact lens wear.
3. With lenses in place on the eyes, evaluate the fitting performance to assure the criteria of a well-fitted lens continue to be satisfied. Examine the lenses closely for surface deposition and/or damage.
4. After the lens removal, conduct a thorough bio-microscopy examination.
 - a. The presence of vertical corneal striate in the posterior central cornea and /or cornea neovascularization is indicative of excessive corneal edema.
 - b. 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.
 - c. Papillary conjunctival changes may be indicative of an unclean and/or damaged lens.

If any of the above observations are considered as abnormal, various professional judgments are necessary to alleviate the problem and restore the eye to its optimal conditions. If the **Criteria of a Well-Fitted Lens** is not satisfied during any follow-up examinations, the patient should be refitted with a more appropriate lens.

FOLLOW-UP EXAMINATIONS:

- Within one week of lens dispensing
- After three weeks of lens wear
- After seven weeks of lens wear
- After each six-month period of lens wear

At the follow up examinations, the patient should report good subjective quality of vision. Adaptation to the vision with **clear55A UV (Methafilcon A) Soft (hydrophilic) Contact Lens** should occur almost immediately and should definitely be reported within the first (1 week) follow-up visit. At these follow-up visits the practitioner should:

1. Check distance and near acuity with lens in place
2. Over-refract to verify lens prescription
3. Observe position of lens on the cornea. The lens should be centered and move on upward gaze and with blink.
4. Evert the lids to examine the tarsal conjunctiva and check for incidence of giant papillary conjunctivitis.
5. Remove the lens. Check corneal curvature. There should be no substantial changes in either meridian.
6. Perform a slit-lamp examination with and without Fluorescein. Check for corneal edema, corneal abrasion, vascularization, corneal infiltrates and perilimbal injection. Reinsert the lens only after all residual Fluorescein has dissipated from the eye.
7. Clean the lens with a prophylactic surfactant cleaner and examine for deposits, foreign bodies, or physical imperfections of the lens surface.

LENS HANDLING (IN-OFFICE CLEANING, DISINFECTING AND STORAGE):

Wash and rinse hands thoroughly, making certain that all soap residues have been rinsed away before drying with a lint free towel. It is suggested to wet the lens while in the eye using wetting drops before removal. Always start with the right eye first in order to avoid mixing the lenses. Avoid touching the inside (concave) surface of the lens during handling. It is possible, though not likely, that the lens might be inside out; therefore, check the lens by placing it on the index finger and examine its profile. If the edges of the lens tend to point outward, the lens is inside out. After removing the lens from its container assure that it is clean, clear, and wet.

Each **clear55A UV (Methafilcon A) Soft (hydrophilic) Contact Lens** is received in the Eye Care Practitioner's office in a sterile blister pack with sterile buffered normal saline solution and labeled to the parameters of the lens contained. To assure sterility, the blister pack should not be opened until ready for use. To open the blister pack, pull back the lid

where indicated. Upon removing the cover, the lens may be removed and is ready for use. **clear55A UV (Methafilcon A) Soft (hydrophilic) Contact Lens** are not to be reused in diagnostic procedures. For the full details of lens handling, refer to the Package Insert.

After opening the blister pack, if the lens sticks to the under-surface of the foil and has become partially dried-out, fully immersed the lens in the buffered saline solution that is inside the blister pack and wait for minimum 15 minutes before lens fitting.

1. Cleaning:

A surfactant cleaner may be used with the **clear55A UV (Methafilcon A) Soft (hydrophilic) Contact Lens** to ensure a clean lens surface. A single procedure is as follows:

Apply 3 to 4 drops to the lens and then rub the surface of the lens against the palm of one hand with the index finger of the other hand or between thumb and forefinger for 20 seconds.

2. Rinsing:

After cleaning, thoroughly rinse both surfaces of the lens with a steady stream of fresh, sterile rinsing solution.

3. Chemical Lens Care Systems:

A sterile rinsing, storing, and disinfecting multipurpose solution should be used to rinse and chemically disinfect the **clear55A UV (Methafilcon A) Soft (hydrophilic) Contact Lens**. After cleaning the lenses, rinse with liberal amounts of fresh multipurpose solution to remove loosened debris and traces of cleaner. The lens should then be placed in the lens case supplied in the multipurpose solution kit and filled with enough fresh disinfecting solution to completely submerge the lens. To ensure disinfection, the lens must remain in the disinfecting solution for the recommended period of time as written on the multipurpose solution bottle instruction-for-use. Follow the instruction and timings recommended by the lens care solution manufacturer. Before reinsertion, the lens should be rinsed with fresh sterile rinsing solution.

4. Lens Care Directions:

Please refer to LENS CARE DIRECTIONS in the Package Insert.

5. Storage:

The **clear55A UV (Methafilcon A) Soft (hydrophilic) Contact Lens** must be stored in the recommended solutions. If exposed to air, the lens will dehydrate. If a lens dehydrates, it should be discarded and replaced with a fresh-sterile lens.

RECOMMENDED WEARING SCHEDULE:

Close professional supervision is recommended to ensure safe and successful contact lens wear. If the patient complains of discomfort, decreased vision, ocular injection or corneal edema, the lens should be removed, and the patient scheduled for examination. The problem may be relieved by putting the patient on a different wearing schedule or possibly by refitting the lens.

Patients tend to over wear the lens initially. It is important not to exceed the wearing schedule. Regular checkups, as determined by the Eye Care Practitioner, are also extremely important. The maximum suggested wearing schedule for the **clear55A UV (Methafilcon A) Soft (hydrophilic) Contact Lens** is suggested below.

Day	1	2	3	4	5	6
Hours	6	8	10	12	14	Up to 14 hours

It is recommended that the **clear55A UV (Methafilcon A) Soft (hydrophilic) Contact Lens** be discarded and replaced with a new lens every after 30 days. However, as the Eye Care Practitioner, you are encouraged to determine an appropriate lens replacement schedule based upon the response of the patient.

STUDIES HAVE NOT BEEN COMPLETED TO SHOW THAT THE **clear55A UV (Methafilcon A) Soft (hydrophilic) Contact Lens** IS SAFE TO WEAR DURING SLEEP.

FREQUENT/PLANNED REPLACEMENT:

It is recommended that the **clear55A UV (Methafilcon A) Soft (hydrophilic) Contact Lens** be discarded and replaced with a new lens every after 30 days. When removed between replacement periods lenses must be cleaned and disinfected prior to reinsertion or be discarded and replaced with a fresh lens.

However, patient should adhere to the recommended replacement schedule given by their eye care professional based upon their individual needs and physiological conditions.

RECOMMENDED LENS CARE PRODUCTS:

The Eye Care Practitioner should recommend a care system that is appropriate for the **clear55A UV (Methafilcon A) Soft (hydrophilic) Contact Lens** . Each lens care product contains specific instructions for use and important safety information, which should be read and carefully followed.

STORAGE CONDITIONS:

Store lenses between 20°C to 25°C.

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 patients should:

FLUSH EYES IMMEDIATELY WITH TAP WATER AND IMMEDIATELY CONTACT THE EYE CARE PRACTITIONER OR VISIT A HOSPITAL EMERGENCY ROOM WITHOUT DELAY.

REPORTING OF ADVERSE REACTIONS:

All serious adverse experiences and adverse reactions observed in patients wearing **clear55A UV (Methafilcon A) Soft (hydrophilic) Contact Lens** or experienced with the lens should be reported immediately to the manufacturer and the competent authority of the member state.

Additional Package Insert are available from:

Clearlab SG Pte. Ltd.

139 Joo Seng Road,

Singapore 368362

Tel: +65 6749 1090

Fax: +65 6282 3953

Email: Regulatory@clearlab.com

Website: www.clearlab.com

HOW SUPPLIED:

Each lens is supplied sterile in blister packs containing buffered saline solution. The blister pack is labeled with the base curve, dioptric power, diameter, lot number, and expiration date of the lens. The blister pack is also marked as 'NOT FOR INDIVIDUAL RESALE.'

DISPOSAL:

There is no special disposal required for soft contact lens and its blister. The carton packaging, aluminum lidding and polypropylene (PP) plastic case should be placed properly in the waste bin or recycled according to local waste guidance or local regulations.

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