

Daily disposable hydrogel contact lenses in practice today: Perspectives on Biotrue ONEday®

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Soft contact lenses for vision care today

Refractive errors affect an estimated 800 million to 2.3 billion people worldwide,¹ with undercorrected refractive errors being the leading cause of moderate and severe vision impairment.² Left uncorrected, refractive errors can limit educational and economic opportunities, reduce quality of life, and increase the risk of mortality.^{3,4} Shaped by a complex interplay of factors, each patient presents with a unique combination of physiological, lifestyle, and ocular health considerations that can influence the selection of an appropriate vision care strategy (Figure 1).^{1,3}

Soft contact lenses are a popular option for correcting refractive errors.^{5,6} Hydrogels and silicone hydrogels (SiHys) still represent the two primary categories of soft contact lens materials today.⁶ While both are designed to provide clear vision and comfort, they can differ in terms of material properties (eg, oxygen permeability) and suitability for different wearing schedules.^{6,7} In real-world clinical practice, these differences in materials can help us tailor lens performance to diverse patient needs (Figure 2).^{6,7}

Figure 1. Factors influencing appropriate vision care strategy¹⁻⁷

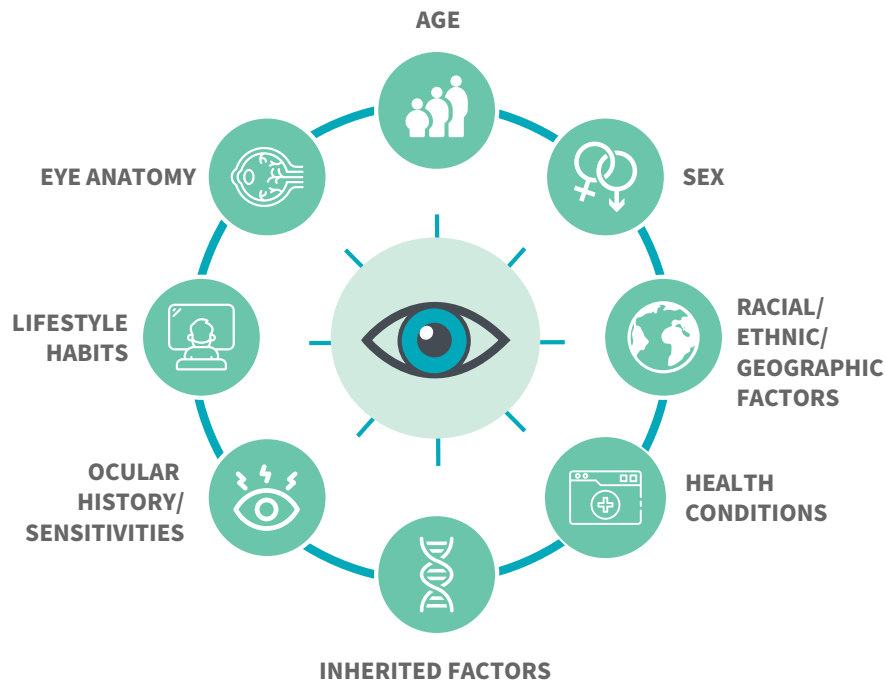
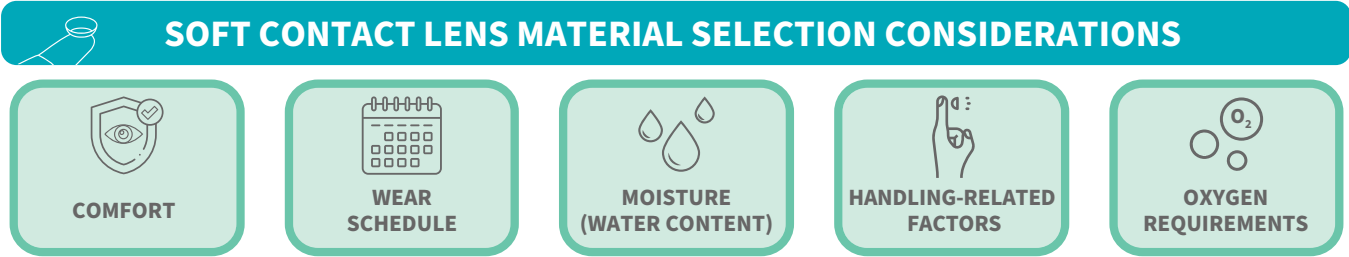


Figure 2. Key considerations in soft contact lens material selection^{6,7}



“When the first silicone hydrogel contact lens became available over 20 years ago, we wondered about the future of hydrogel lenses, but over time we’ve seen there’s definitely still a place for hydrogel lenses today.”

– Karen Hoffman

The evolution of hydrogel and SiHy lenses in practice

SiHy lenses are currently the type of soft contact lenses most commonly recommended by eye care practitioners.⁶ Their broad availability in various designs and modalities, including toric, multifocal, and daily disposable formats, makes them adaptable to a wide range of refractive needs and patient lifestyles. The high oxygen permeability of SiHy also supports improved ocular health outcomes given this attribute has been shown to reduce the risk of some complications, such as corneal inflammation and neovascularization.^{6,8} However, risk of microbial keratitis has been found to be similar across materials, and overnight lens wear remains the primary risk factor for corneal infection irrespective of lens material type.⁹

Oxygen transmissibility, which depends on both permeability and lens thickness, was once a key differentiator in clinical performance; while still a relevant metric for assessing lens performance, it has become moreso a baseline expectation of modern soft lens materials.¹⁰ This attribute was critical when soft contact lenses were constrained by earlier materials and offered relatively limited oxygen transmissibility (up to Dk/t 30),¹⁰ but as materials have evolved over the past 15 years to deliver higher oxygen levels to the cornea, the non-linear relationship between Dk/t and oxygen flux has yielded a plateau effect on downstream outcomes.^{10,11} Studies have established that Dk/t values of 30–40 are sufficient to prevent hypoxia-related complications in daily wear.^{10,12,13} As such, selection of lenses today, particularly that of

daily disposables, should be guided by individual patient needs rather than any one parameter, such as Dk/t.^{7,14-18}

With this in mind, we may revisit the well-established alternative of hydrogel lenses, particularly as a daily disposable option for our patients.¹⁹ Earlier hydrogel lenses have been critiqued over the years for their limitations, including relatively low oxygen transmissibility and thus their unsuitability for extended wear and associated risk of corneal swelling.^{6,20} However, several decades of advancements in materials science combined with newer lens designs have driven improvements in vision, safety, comfort, and handling, contributing to innovations in hydrogel lenses such as Biotrue ONEday®, which

was first cleared by the FDA in 2012.^{21,22} The high water content and low modulus of a modern hydrogel lens may now be preferred for some patients with ocular surface sensitivities or those who experience discomfort with SiHy lenses.^{17,23,24} The ability to offer patients options across lens categories supports a more successful long-term contact lens experience for patients.^{7,14,16-18}

Biotrue ONEday: a unique hydrogel lens

The Biotrue ONEday contact lens is composed of a unique hydrogel material called nesofilcon A. This material is formed of a highly hydrophilic polymer (polyvinylpyrrolidone) in a manner that

matches the water content of the human cornea (78%). The lens also features a patented dehydration barrier, composed of polyoxamer 407, that is designed to mimic the tear film’s lipid layer and maintains moisture for up to 16 hours.²⁵ The combination is intended to support a smooth optical surface (Figure 3) and has demonstrated the longest non-invasive tear break-up time after 10 hours of wear among lenses tested in an *in vivo* (on-eye) clinical study (Figure 4).²⁵ Importantly, the lens offers an oxygen transmissibility of 42 Dk/t at –3.00D, the highest among its class of lens materials, supporting corneal health during daily wear and providing a highly breathable option without the presence of silicone.²⁶

“There are still many scenarios where patients may be interested in trying out the daily disposable modality and there’s no reason not to fit a modern hydrogel contact lens today, if it helps as a starting point or gateway into this modality.”

– Ryan Witt

Figure 3. Biotrue ONEday lens cross-section and key features²⁵

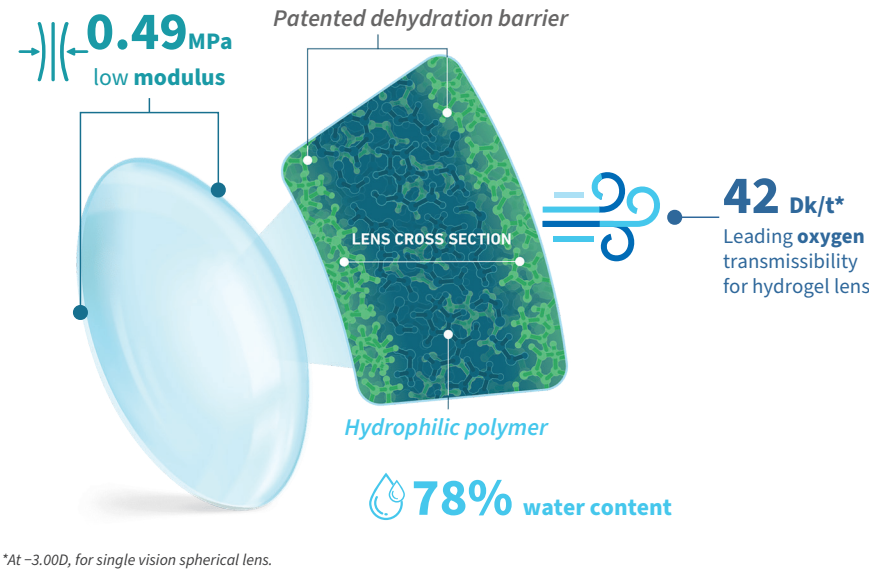
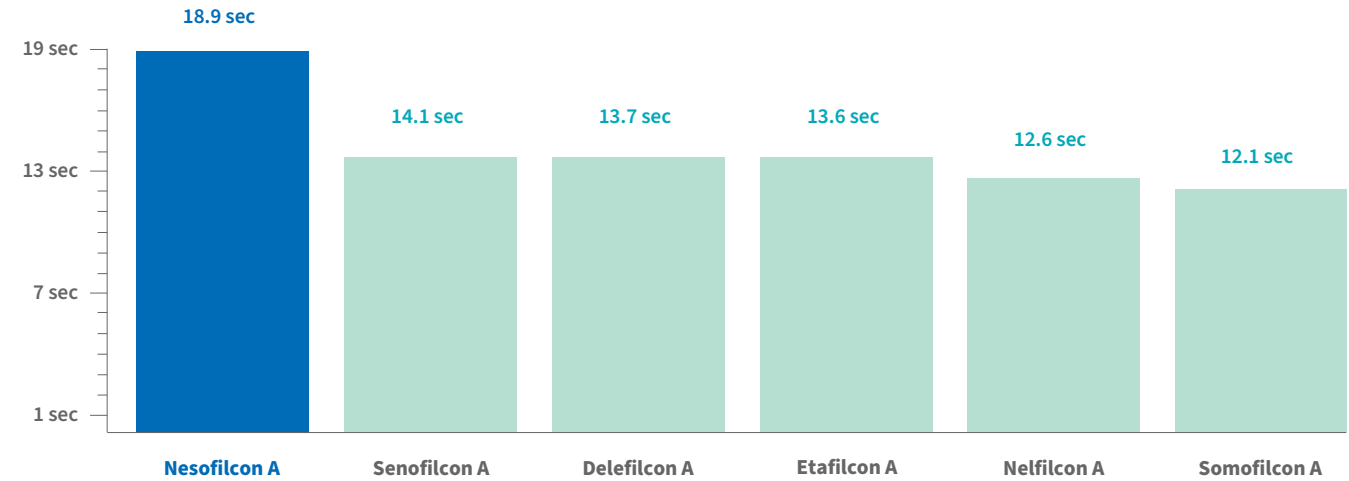


Figure 4. Average non-invasive tear break-up time after 10 hours of daily disposable lens wear²⁵



Results of a randomized, masked evaluation of the non-invasive tear break-up time measured using an Oculus Keratograph 5M after 10 hours of wear. Twelve patients wore one pair of lenses per day on 6 individual days. Data represents the mean of measured “average” non-invasive tear break-up time.²⁵

Key clinical study data²⁷

A meta-analysis of three randomized, multicenter, 3-month, registrational clinical trials was conducted to evaluate the safety profile of Biotrue ONEday lenses. This included the initial registrational trial of Biotrue ONEday (NCT01365039), as well as two subsequent trials assessing Biotrue ONEday (NCT04158466) and Biotrue ONEday for astigmatism (NCT03681808).



Patient population

- A total of 338 participants (676 eyes) who wore Biotrue ONEday contact lenses were analyzed across the three trials (N=87 [174 eyes], N=128 [256 eyes], N=123 [246 eyes] in each trial individually; intent-to-treat population)
- Participants were between 18–59 years of age, with mean (SD) of 32.6 (8.6) years, and the majority were female (67.8%)



Key effectiveness outcomes

- Participants reported a mean (SD) daily wear time of 13.0 (3.2) hours and demonstrated high contrast distance logMAR visual acuity of –0.04 (0.08)—better than 20/20 on average—at both screening/dispensing as well as the final 3-month visit with the Biotrue ONEday lens



Key safety outcomes

- Over the 3 months of follow-up, and accounting for a total of over 2000 documented eye assessments across all scheduled study visits:
- Zero significant changes in ocular condition or slit lamp findings Grade >2 were reported (**Figure 5**)
 - Incidence of treatment-emergent ocular adverse events was low across studies
 - Taking these findings together, Biotrue ONEday lenses demonstrated robust and consistent safety

Figure 5. Slit lamp assessments analyzed across the registrational Biotrue ONEday lens clinical trials²⁷

NO EYES WITH SLIT LAMP FINDING GRADE >2 AT ANY SCHEDULED STUDY VISIT*



UPPER LID TARSA
CONJUNCTIVAL
ABNORMALITIES



CORNEAL INFILTRATES



BULBAR INJECTION



EPITHELIAL EDEMA



LIMBAL INJECTION



EPITHELIAL MICROCYSTS



CORNEAL
NEOVASCULARIZATION



CORNEAL STAINING

*Graded slit lamp findings were assessed at each scheduled follow-up visit. Each eye was classified with respect to findings at any follow-up visit, including unscheduled visits. The number and percentage of eyes with any findings Grade >2 at any follow-up visit were summarized. One eye in the initial registrational study had a Grade >2 finding at an unscheduled visit early in the study, which was not an adverse event and did not result in discontinuation. No eyes in subsequent visits or studies had a Grade >2 finding.

The current findings are derived from a large population across key registrational trials conducted over nearly a decade.^{28–30} The results demonstrate the consistent and robust safety profile of Biotrue ONEday lenses during daily wear, providing meaningful evidence of the clinical value of hydrogel daily disposable lenses for both patients and eye care practitioners.

“I think of Biotrue ONEday as a step up. It’s a huge value to patients, including those who just want to wear lenses part time. I’ve seen this throughout the over 8 years I’ve fitted this lens. The patient outcomes are great.”

– John Womack

Clinical perspectives

Drs Karen Hoffman, Martin Spiro, Gina Wesley, Ryan Witt, and John Womack summarize their clinical experiences with Biotrue ONEday lenses in their practices.



Material sensitivities

We recognize that not every patient always responds well to SiHy lenses. While SiHy lenses provide high oxygen transmissibility, we occasionally encounter an individual who experiences increased deposit accumulation, which can affect vision stability and overall comfort. We also encounter patients who report sensitivity or discomfort with a SiHy lens. For these patients, hydrogel lenses can provide a valuable alternative. They also tend to have a lower modulus compared with several SiHy lenses, which can help accommodate some individual comfort and material tolerance needs.^{17, 23, 24}

Ease of handling

Ease of handling is a shared priority across our practice teams and for patients. The Biotrue ONEday lens features a subtle visibility tint and a thin, flexible design that makes insertion and removal intuitive, even for those unfamiliar with the process.³¹ We have found its low modulus and user-friendly handling properties help facilitate a smooth transition into contact lens wear. Indeed, we often prescribe Biotrue ONEday lenses to neophyte wearers, whether younger or older, because

of the ease of handling the lens. Our patients consistently report that Biotrue ONEday lenses are comfortable to apply and remove, which is critical for early success and long-term adoption. A lens that supports both patient comfort and provider confidence adds meaningful value to our clinical care.

Modality

In our clinical experience, Biotrue ONEday lenses are a good starting point for patients considering a shift to the daily disposable modality. We recommend them not only for the added health and safety benefits of wearing fresh lenses each day, but also for the convenience they offer in eliminating the need for cleaning, storage, and maintenance. This modality resonates strongly with patients transitioning from frequent or planned replacement lenses, and we’ve seen growing enthusiasm for daily disposables across a wide range of users.

Moisture retention and oxygen

In clinical practice, we often see patients who report dryness and diminishing comfort with contact lens wear, especially over extended hours. Biotrue ONEday has become a valuable option in our practices due to its ability

to maintain moisture throughout the day. We’ve also found the lens to offer plenty of oxygen permeability for a hydrogel daily disposable lens. Its high Dk/t supports corneal health, and we consistently observe good safety in terms of corneal neovascularization or infiltrates. Biotrue ONEday continues to perform reliably, even in patients with demanding wear schedules.

“We had a teenager with seasonal allergies specifically in the spring; once we got him started in these lenses for that season, he found that having the fresh new lenses each day made a big difference in his experience.”

– Gina Wesley



Biotrue ONEday is also a versatile choice for contact lens wearers, including children, athletes, and occasional users who benefit from the flexibility of part-time lens wear. For seasonal allergies or travel, Biotrue ONEday can serve as a flexible complement to a patient's vision correction strategy, including for those who are frequent replacement lens wearers the majority of the time. Moreover, many patients who begin with this lens on a part-time basis often transition to full-time use after experiencing its comfort and convenience.

Great quality of optics

We consider the optical quality of Biotrue ONEday lenses to be great across the entire portfolio. The toric lens is

particularly stable on the eye, offering excellent astigmatism correction, even for patients with higher cylinder powers. This stability helps ensure clear, uninterrupted vision throughout the day, which is critical for patients with astigmatism. The multifocal lens is equally valuable, providing a smooth transition between near, intermediate, and distance vision, with a design that has even delivered an immediate “wow” response from patients. Across the spherical, toric, and multifocal designs, the lenses demonstrate consistent fitting characteristics, streamlining the fitting process and giving us confidence in prescribing Biotrue ONEday to a broad patient population.

Conclusions

Having options available across soft contact lens categories is important for supporting patients through a lifetime of lens wear. Hydrogel lenses continue to hold a meaningful place in modern eye care, offering a dependable balance of comfort, performance, and accessibility. Among these, Biotrue ONEday lenses are recognized for their high water content, patented dehydration barrier, and relatively high oxygen transmissibility. Their impressive comfort, consistent safety profile, and positive clinical outcomes can make them a highly valuable option for a wide range of wearers, further reinforcing their relevance for both patients and eye care professionals today.

Overall value and accessibility

In our experience, many patients initially assume daily disposables are significantly more expensive than frequent replacement lenses. This perception often stems from only being familiar with SiHy options. However, especially when considering the added convenience and elimination of cleaning solutions and storage cases associated with reusable lenses, the overall value of daily disposable hydrogel lenses becomes clear. Even patients who are hesitant at first find the comfort, simplicity, and performance of Biotrue ONEday compelling to make a full transition.

“Biotrue ONEday doesn’t just have high water content—it really does maintain its water content over time. In my experience, it offers plenty of oxygen availability for a wide range of patients to help support a healthy ocular surface.”

– Martin Spiro

Scan for more information



Author biographies



Dr Karen Hoffman earned her Doctor of Optometry degree in 2006 from the University of Alabama at Birmingham. She provides comprehensive eye care for both adults and children, with clinical interests in specialty scleral and hybrid contact lenses, glaucoma management, and pre- and post-operative care for ophthalmic surgery. She is an active member of the American Optometric Association and the Florida Optometric Association and a recent past President of the Northeast Florida Optometric Society.



Dr Martin Spiro earned his Doctor of Optometry degree from the University of Montreal in 2014, where he was honored with the Optometric Association’s prestigious Student of the Year Award. Dr Spiro provides vision care to the West Island community of Montreal at Optika Eye-Care Center. He also dedicates time to the Montreal Association of the Blind (MAB-Mackay), working with patients with visual impairments, and has collaborated in humanitarian efforts travelling to South America to provide eye examinations.



Dr Gina Wesley earned her bachelor’s degree from the College of Saint Benedict in St. Joseph, Minnesota. She then went on to The Ohio State University, completing concurrent degrees in clinical optometry and vision science. She was awarded Graduate of the Year at Ohio State University College of Optometry. Dr Wesley enjoys all aspects of primary care, especially contact lenses and children’s eye examinations. She is a Fellow of the American Academy of Optometry.



Dr Ryan Witt graduated with honors from the University of Illinois in 2010 and earned his Doctor of Optometry from the Illinois College of Optometry in 2014. He has previously served as President of the East Central Illinois Optometric Society and is active with the Illinois Optometric Association. In addition to his role as Medical Director at Chittick Eye Care, Dr Witt has a broad interest in patient care and is continually exploring new technologies that benefit his patients.



Dr John Womack serves as Chief Medical Officer at West Point Optical Group/Family First Vision Care. He earned his Doctor of Optometry degree from the Southern College of Optometry in Memphis, Tennessee, in 2002 and has been part of the Pearle Vision network since 2012. Dr Womack was recognized as a 2023 Contact Lens Institute Culture Award Winner.

References

1. Dunaway D, Berger I. Worldwide Distribution of Visual Refractive Errors and What to Expect at a Particular Location. Available from: <https://www.v2020eresource.org/content/files/Worldwidedistribution.pdf> (Accessed August 2025).

2. GBD 2019 Blindness and Vision Impairment Collaborators, Vision Loss Expert Group of the Global Burden of Disease Study. Lancet Glob Health 2021;9(2):e144–e160.

3. Ba M, Zhijie L. AJO International 2024;1(1):100010.

4. Vision Loss Expert Group of the Global Burden of Disease Study, GBD 2019 Blindness and Vision Impairment Collaborators. Eye (Lond) 2024;38(11):2083–2101.

5. Shaker LM, et al. J Opt 2023;53:949–958.

6. Haworth K, et al. Cochrane Database Syst Rev 2023;9(9):CD014791.

7. Diec J, et al. Eye Contact Lens 2018;44(Suppl 1):S167–S172.

8. Potter WB. SiHy Lenses for Healthier Eyes, Happier Patients. Alcon 2012.

9. Stapleton F, et al. Ophthalmology 2008;115(10):1655–1662.

10. Brennan N, Morgan P. Optician 2009;238(6209):16–20.

11. Brennan N. Optom Vis Sci 2005;82(6):467–472.

12. Harvitt DM, Bonanno JA. Optom Vis Sci 1999;76(10):712–719.

13. Yeung KK, et al. Eye Contact Lens 2018;44(Suppl 1):S291–S295.

14. Tighe BJ. Eye Contact Lens 2013;39(1):4–12.

15. Bonanno J. Cont Lens Anterior Eye 2011;34(Suppl 1):S1.

16. Guillon M. Eye Contact Lens 2013;39(1):86–92.

17. Morgan P, Brennan N. Evaluating Corneal Oxygenation During Lens Wear. Contact Lens Spectrum 2013;22:6–13.

18. Efron N. Cont Lens Anterior Eye 2011;34(Suppl 1):S2–S3.

19. The College of Optometrists. Optometry in Practice 2003; 4(2). Available from: <https://www.college-optometrists.org/professional-development/college-journals/optometry-in-practice/volume-4-issue-2/hydrogel-lenses-materials-and-manufacture> (Accessed August 2025).

20. Bhamra TS, Tighe BJ. Cont Lens Anterior Eye 2017;40(2):70–81.

21. Bausch + Lomb. History + Heritage. 2023. Available from: <https://www.bausch.com/about-bausch-lomb/history-heritage/> (Accessed August 2025).

22. Nalley C. Review of Cornea & Contact Lenses Apr 2021:10–14. Available from: <https://www.reviewofcontactlenses.com/CMSDocuments/2021/04/rcc0321i.pdf> (Accessed August 2025).

23. Jones L. Contact Lens Spectrum 2018;33:44–46, 51. Available from: <https://clspectrum.com/issues/2018/may/reader-and-industry-forum/> (Accessed August 2025).

24. Miller JR, Wesley G. Review of Cornea & Contact Lenses Jan 2012:31–34. Available from: <https://www.reviewofcontactlenses.com/CMSDocuments/2012/1/rc10112i.pdf> (Accessed August 2025).

25. Biotrue ONEday Lenses. Spherical Lenses. Available from: <https://www.biotrue.com/biotrueonedaylenses-ecp/spherical-lens/> (Accessed August 2025).

26. Biotrue ONEday Lenses. Parameters. Available from: <https://www.biotrue.com/biotrueonedaylenses-ecp/parameters/> (Accessed August 2025).

27. Bausch + Lomb. Data on File. 2025.

28. Safety and Efficacy of a Contact Lens for Daily Disposable Use. Available from: <https://clinicaltrials.gov/study/NCT01365039> (Accessed August 2025).

29. A Study to Evaluate the Safety and Efficacy of Kalifilcon A Daily Disposable Contact Lens. Available from: <https://clinicaltrials.gov/study/NCT04158466> (Accessed August 2025).

30. Evaluate the Safety and Effectiveness of the Biotrue ONEday for Astigmatism. Available from: <https://clinicaltrials.gov/study/NCT03681808> (Accessed August 2025).

31. Optix-now. Biotrue ONEday - Reviews and Ratings. Available from: <https://www.optix-now.com/bausch-lomb/biotrue-oneday/1101-reviews-and-ratings.html> (Accessed August 2025).

Disclosures

Karen Hoffman, Martin Spiro, Gina Wesley, and John Womack are consultants for Bausch + Lomb.

IMPORTANT SAFETY INFORMATION

INDICATIONS FOR USE

SVS

The Bausch + Lomb Biotrue® ONEday (nesofilcon A) Soft (Hydrophilic) Contact Lens is indicated for the daily wear correction of refractive ametropia (myopia, hyperopia, and astigmatism) in aphakic and/or non-aphakic persons with non-diseased eyes, exhibiting astigmatism of 2.00 diopters or less, that does not interfere with visual acuity. The lens may be prescribed in spherical powers ranging from +20.00D to -20.00D.

Presbyopia

The Bausch + Lomb Biotrue® ONEday for Presbyopia (nesofilcon A) Soft (Hydrophilic) Contact Lens is indicated for daily wear for the correction of refractive ametropia (myopia, hyperopia, and astigmatism) and presbyopia in aphakic and/or non-aphakic persons with non-diseased eyes, exhibiting astigmatism of 2.00 diopters or less, that does not interfere with visual acuity. The lens may be prescribed in powers ranging from +20.00D to -20.00D with Add power ranging from +0.75D to +5.00D.

Astigmatism

The Bausch + Lomb Biotrue® ONEday for Astigmatism (nesofilcon A) Soft (Hydrophilic) Contact Lens is indicated for daily wear for the correction of refractive ametropia (myopia, hyperopia, and astigmatism) in aphakic and/or non-aphakic persons with non-diseased eyes, exhibiting astigmatism of up to 5.00 diopters, that does not interfere with visual acuity. The lens may be prescribed in powers ranging from +20.00D to -20.00D for daily wear.

The lens is to be prescribed for single-use disposable wear and is to be discarded after each removal.

SAFETY INFORMATION

CONTRAINDICATIONS

DO NOT USE the Bausch + Lomb Biotrue® ONEday (nesofilcon A) Soft (Hydrophilic) Contact Lens, Bausch + Lomb Biotrue® ONEday for Presbyopia (nesofilcon A) Soft (Hydrophilic) Contact Lens, or Bausch + Lomb Biotrue® ONEday for Astigmatism (nesofilcon A) Soft (Hydrophilic) Contact Lens when any of the following conditions exist:

- Acute and 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 (surrounding tissue) that may be induced or exaggerated by wearing contact lenses or use of contact lens solutions
- Any active corneal infection (bacterial, fungal, or viral)
- If eyes become red or irritated

WARNINGS

After a thorough eye examination, including appropriate medical background, patients should be fully apprised by the prescribing professional of all the risks with contact lens wear. Patients should be advised 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 practitioner's direction and all labeling instructions for proper use of lenses and lens care products, including the lens case. 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 daily wear lenses are worn overnight.
- Studies have shown that contact lens wearers who are smokers have a higher incidence of adverse reactions than nonsmokers.
- If a patient experiences eye discomfort, excessive tearing, vision changes, or redness of the eye, the patient should be instructed to immediately remove the lenses and promptly contact his or her eye care practitioner.
- Patients should be instructed not to expose their contact lenses to water while wearing them. Water can harbor microorganisms that can lead to severe infection, vision loss, or blindness. If their contact lenses have been submersed in water when swimming in pools, lakes, or oceans, the contact lenses should be discarded and replaced with a new pair. Recommendations for wearing lenses during any water activity should be discussed with the patient.

PRECAUTIONS

Special Precautions for Eye Care Practitioners

- 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 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 should be carefully weighed against the patient's need for refractive correction; therefore, the continuing ocular health of the patient and lens performance on eye should be carefully monitored by the prescribing eye care practitioner.
- Patients who wear 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.
- Eye care practitioners should instruct the patient to REMOVE A LENS IMMEDIATELY if an eye becomes red or irritated.
- 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 sterile saline solution that is recommended for in-eye use.
- The patient should be instructed to always discard disposable lenses and lenses worn on a frequent/planned replacement schedule after the recommended wearing schedule prescribed by the eye care practitioner.
- As with any contact lens, follow-up visits are necessary to ensure the continuing health of the patient's eyes. The patient should be instructed as to a recommended follow-up schedule.
- Aphakic patients should not be fitted with Bausch + Lomb Biotrue® ONEday (nesofilcon A) Soft (Hydrophilic) Contact Lenses, Bausch + Lomb Biotrue® ONEday for Presbyopia (nesofilcon A) Soft (Hydrophilic) Contact Lenses, or Bausch + Lomb Biotrue® ONEday for Astigmatism (nesofilcon A) Soft (Hydrophilic) Contact Lenses until the determination is made that the eye has healed completely.
- The lenses are prescribed for disposable wear and are to be disposed of once they are removed from the patient's eye. It is important that patients be instructed to always have available a pair of replacement lenses. In the event that a lens must be removed from the eye because of dust, a foreign body or other contaminant gets on the lens or the lens becomes dehydrated, the lens should be removed and replaced with a replacement lens.
- Eye care practitioners should carefully instruct patients about the following safety precautions. It is strongly recommended that patients be provided with a copy of the Patient Information Booklet for Bausch + Lomb Biotrue® ONEday (nesofilcon A) Soft (Hydrophilic) Contact Lens/ Bausch + Lomb Biotrue® ONEday for Presbyopia (nesofilcon A) Soft (Hydrophilic) Contact Lens/ Bausch + Lomb Biotrue® ONEday for Astigmatism (nesofilcon A) Soft (Hydrophilic) Contact Lens, available from Bausch + Lomb, and understand its contents prior to dispensing the lenses.

Handling Precautions

- 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.
- Be sure that before leaving the eye care practitioner's office, the patient is able to remove lenses promptly or have someone else available to remove them.
- Be certain that the fingers or hands are free of foreign materials before touching lenses, as microscopic scratches of the lenses may occur, causing distorted vision and/or injury to the eye.
- Always handle lenses carefully and avoid dropping them.
- Do not touch the lens with fingernails.
- Carefully follow the handling, insertion, removal, cleaning, disinfecting, storing, and wearing instructions in the Patient Information Booklet for the Bausch + Lomb Biotrue® ONEday (nesofilcon A) Soft (Hydrophilic) Contact Lenses/ Bausch + Lomb Biotrue® ONEday for Presbyopia (nesofilcon A) Soft (Hydrophilic) Contact Lenses/ Bausch + Lomb Biotrue® ONEday for Astigmatism (nesofilcon A) Soft (Hydrophilic) Contact Lenses and those prescribed by the eye care practitioner.
- Never use tweezers or other tools to remove lenses from the lens container unless specifically indicated for that use. Pour the lens into the hand. Topics to Discuss with the Patient
- As with any contact lens, follow-up visits are necessary to ensure the continuing health of the eyes. The patient should be instructed as to a recommended follow-up schedule.

- Patients should be advised about wearing lenses during sporting and water related activities. Exposure to water 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.
- 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 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.

Who Should Know That the Patient is Wearing Contact Lenses

- Patients should inform their doctor (health care professional) about being a contact lens wearer.
- Patients should always inform their employer of being a contact lens wearer. Some jobs may require the use of eye protection equipment or may require that you do not wear lenses.

ADVERSE REACTIONS

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

- Eyes stinging, burning, itching (irritation), or other eye pain
- Comfort is less than when lens was first placed on eye
- Abnormal feeling of something in the eye (foreign body, scratched area)
- Excessive watering (tearing) of the eyes
- Unusual eye secretions
- Redness of the eyes
- Reduced sharpness of vision (poor visual acuity)
- Blurred vision, rainbows, or halos around objects
- Sensitivity to light (photophobia)
- Dry eyes

If the patient notices any of the above, he or she should be instructed to:

- Immediately remove the lenses.
- If the discomfort or problem stops, then look closely at the lens. If the lens is in any way damaged, **do not** put the lens back on the eye. Place the lens in the storage case and contact the eye care practitioner. If the lens has dirt, an eyelash, or other foreign body on it, or the problem stops, and the lens appears undamaged, the patient should thoroughly clean, rinse, and disinfect the lenses; then reinsert them. After reinsertion, if the problem continues, the patient should **immediately remove the lenses and consult his or her eye care practitioner.**
- If the above symptoms continue after removal of the lens, or upon reinsertion of a lens, or upon insertion of a new lens, the patient should **immediately remove the lenses and contact his or her eye care practitioner** or physician, who must determine the need for examination, treatment, or referral without delay. (See Important Treatment Information for Adverse Reactions.) A serious condition such as infection, corneal ulcer, corneal vascularization, or iritis may be present and may progress rapidly. Less serious reactions such as abrasions, epithelial staining, or bacterial conjunctivitis must be managed and treated carefully to avoid more serious complications.

Important Treatment Information for Adverse Reactions

Sight-threatening ocular complications associated with contact lens wear can develop rapidly, and therefore early recognition and treatment of problems are critical. Infectious corneal ulceration is one of the most serious potential complications, and may be ambiguous in its early stage. Signs and symptoms of infectious corneal ulceration include discomfort, pain, inflammation, purulent discharge, sensitivity to light, cells and flare, and corneal infiltrates.

Initial symptoms of a minor abrasion and an early infected ulcer are sometimes similar. Accordingly, such epithelial defect, if not treated properly, may develop into an infected ulcer. In order to prevent serious progression of these conditions, a patient presenting symptoms of abrasions or early ulcers should be evaluated as a potential medical emergency, treated accordingly, and be referred to a corneal specialist when appropriate. Standard therapy for corneal abrasions such as eye patching or the use of steroids or steroid/antibiotic combination may exacerbate the condition. If the patient is wearing a contact lens on the affected eye when examined, the lens should be removed immediately, and the lens and lens care products retained for analysis and culturing.

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