

MiSight® 1 day Myopia Management Program Agreement

By PEDIATRIC EYE ASSOCIATES, LLC

1. Introduction:

MiSight® 1 day contact lens is the only FDA approved soft contact lens indicated to slow the progression of myopia (nearsightedness) in children, aged 8-12 at the initiation of treatment^{1†}. Slowing of myopia progression is expected but not guaranteed. We are excited to journey together with your family in this program now and into the future. We are committed to be available along this journey and we ask for your commitment to the visit schedule and lens wear expectations.

2. Wear Time

The children in the clinical trial were asked to wear their lenses ≥ 10 hours per day and ≥ 6 days per week. Most enjoyed wearing their lenses 11 to 14 hours per day.^{2‡}

3. Lens Wear – Insertion and Removal

To optimize a successful wearing experience, please review and follow the insertion and removal instructions provided separately. You can find instructional videos on the MiSight® YouTube channel.

If at any time during the program your child experiences eye pain, discomfort, and/or redness, your child should remove the lenses immediately and you should contact our practice to speak with your doctor (or if the office is closed, contact our after-hours phone number at (973) 422-1230.



4. Follow-Up Visits

This is an expected visit schedule to monitor your child's myopia progression and response to treatment. Your doctor will determine the most appropriate interval and number of visits, all included in the program.

* Indications for use: MiSight® 1 day (omafilcon A) soft (hydrophilic) contact lenses for daily wear are indicated for the correction of myopic ametropia and for slowing the progression of myopia in children with non-diseased eyes, who at the initiation of treatment are 8-12 years of age and have a refraction of -0.75 to -4.00 diopters (spherical equivalent) with ≤ 0.75 diopters of astigmatism. The lens is to be discarded after each removal.

†Compared to a single vision 1 day lens over a 3 year period.

‡ Mean wearing times at 72-month visit 13.92 hours/day (children refit to M1D) and 13.90 hours/day (children wearing M1D for 6-year study duration).

¹Chamberlain P, et al. A 3-year randomized clinical trial of MiSight® lenses for myopia control. *Optom Vis Sci.* 2019; 96(8):556-567.

² Chamberlain P, Arumugam B, Jones D et al. Myopia Progression in Children wearing Dual-Focus Contact Lenses: 6-year findings. *Optom Vis Sci* 2020;97(E-abstract):200038.

Year 1	Year 2 and onwards
Comprehensive Eye Exam	Comprehensive Eye Exam
Myopia Consultation Contact Lens Training	-
1 week	-
1 month	-
6 months	6 months

5. Costs

Program fee (each year): \$1740.00 (this averages out to be \$145.00 per month)

If you decide to opt out of the program for any reason, you may receive a refund for the cost of any remaining services or materials (you will not be refunded for what materials have already been used or any services or time already utilized). If you choose another form of myopia management offered by our practice, you may apply any amount already paid to that service.

What's included in your MiSight® 1 day Myopia Management Program fee:

- 12 month supply of lenses
- free shipping of contact lenses
- exchanges and returns for any power changes for unopened boxes
- parent/child starter kit
- all visits related to myopia management outside of the comprehensive eye exam.

Diagnosis and treatment of any eye infection, corneal abrasions, or other eye conditions other than myopia are not part of the Brilliant Futures™ Myopia Management Program and are therefore subject to additional expenses and, if applicable, your medical insurance co-pays and deductibles.

6. Acknowledgement:

I have read all the above information and understand the commitment asked of my child and I to maximize my child's success. I agree to contact my doctor as outlined in section 3 if anything abnormal were to arise. I hereby authorize Dr. Rachel Bloom and Team to initiate the MiSight® 1 day Myopia Management Program for the child identified below.

Child's name: _____

Parent or legal guardian signature: _____

Doctor signature: _____

MiSight® 1 day Certified Eye Care Professional
AMY LAMBERT, MD
RACHEL BLOOM, MD
CHIZOBA HEATHER OGOKE, OD
PEDIATRIC EYE ASSOCIATES, LLC

Date: ___ / ___ / _____