

QUICKStart

MiSight® 1 day*

Parent Conversation FAQs

A tool to support your conversations with parents about prescribing MiSight® 1 day



1. Why haven't I heard about myopia management before?

- In April 2021, the World Council of Optometry passed a resolution that declares support for myopia management as the standard of care.¹
- MiSight® 1 day launched in the United States within the past 5 years, and we are now a certified MiSight® Practice.
- We are excited to finally have a treatment in our practice proven to slow the progression of myopia in age-appropriate children with MiSight® 1 day!^{†2}

2. Why does MiSight® 1 day cost more than other contact lenses?

- MiSight® 1 day contact lenses with ActivControl® Technology are dual-purpose: they help your child see clearly and help to control the progression of myopia in age-appropriate children.^{†2}

3. How long will my child have to wear MiSight® 1 day?

- Myopia often gets worse in growing children and is irreversible, so the sooner we start age-appropriate kids in myopia control, the better the long-term eye health outcomes.^{‡3-8} Kids grow at different rates and stabilize at different ages.

4. Is it still necessary for my child to wear glasses?

- MiSight® 1 day should be worn at least 10 hours per day, 6 days per week to give your child the best chance at getting a favorable outcome when considering the 6-year study results.^{*§9,10}
- All contact lens wearers should have a pair of glasses to wear when they're not wearing contact lenses.

5. Are you able to bill my insurance for MiSight® 1 day?

- Insurance contributions are plan dependent, but you have access to the contact lens allowance for your MiSight® 1 day supply.
- CooperVision (the company that manufactures MiSight® 1 day) offers a \$200 national rebate on an annual supply of MiSight® 1 day with purchase.

6. What happens if the MiSight® 1 day contact lenses tear or rip?

- MiSight® 1 day are single use daily disposable contact lenses. If a lens rips, please throw the lens away and start with a new lens for your child.
- If this is a consistent issue, please let us know – we can schedule additional lens handling training for your child.
- We can provide additional trial lenses if needed.

*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.

‡ Children ages 8 to 15 when starting MiSight 1 day treatment experienced a slowing of myopia progression.

§ Using measured and modeled data, pooled across ages (8–17), MiSight® 1 day slowed myopia progression by an average of approximately 50%.

| Myopic children fit with MiSight® 1 day contact lenses ages 8–15 continued to experience slowed myopia progression as long as they remained wearing the lenses as prescribed.]

1. Resolution: The standard of care for Myopia Management by Optometrists. World Council of Optometry. (2021, May 17). <https://worldcouncilofoptometry.info/resolution-the-standard-of-care-for-myopia-management-by-optometrists>. 2. Chamberlain P, et al. A 3-year randomized clinical trial of MiSight® lenses for myopia control. *Optom Vis Sci*. 2019;96(8):556–567. 3. K. Zadnik, G.L. Mitchell, L.A. Jones, D.O. Mutti; Factors Associated with Rapid Myopia Progression in School aged Children. *Invest. Ophthalmol. Vis. Sci*. 2004;45(13):2306. 4. Arumugam B, Bradley A, Hammond D, Chamberlain P. Modelling Age Effects of Myopia Progression for the MiSight 1 day Clinical Trial. *Invest. Ophthalmol. Vis. Sci*. 2021;62(8):2333. 5. Xu L, Wang Y, Wang S, Jonas JB. High myopia and glaucoma susceptibility, the Beijing Eye Study. *Ophthalmology*. 2007;114(2):216–20. 6. Flitcroft DJ. The complex interactions of retinal, optical and environmental factors in myopia aetiology. *Prog Retin Eye Res*. 2013;31(6):622–60. 7. Younan C, et al. Myopia and incident cataract and cataract surgery: the blue mountains eye study. *Invest Ophthalmol Vis Sci*. 2002;43(12):3625–3632. 8. Chen SJ, et al. Prevalence and associated risk factors of myopic maculopathy in elderly Chinese: the Shihpai eye study. *Invest Ophthalmol Vis Sci*. 2012;53(8):4868–73. 9. Arumugam B, Bradley A, Hammond D, Chamberlain P. Modelling Age Effects of Myopia Progression for the MiSight 1 day Clinical Trial. *Invest. Ophthalmol. Vis. Sci*. 2021;62(8):2333. 10. Chamberlain P et al. Long-Term Effect of Dual-Focus Contact Lenses on Myopia Progression in Children: A 6-year Multicenter Clinical Trial. *Optom Vis Sci* 2022 In Press.

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7. If we run out of MiSight® 1 day contact lenses, how can we order more?

- Please notify our practice to order more.
- It is important that we see your child every 6 months to assess response to treatment, meaning any potential prescription changes. If necessary, we can provide additional trial lenses if you run out before your next visit.

8. What if my child's prescription changes prior to the completion of my purchased supply?

- CooperVision, the manufacturer of MiSight® 1 day soft contact lenses, will accept the return and refund the unopened boxes through their Simply Satisfied guarantee.

9. How often does my child need follow up appointments?

- New patients will come back in 1 week to evaluate lens wearing experience, vision, comfort, fit, eye health, and compliance to treatment.
- After the 1-week visit, the next appointment will be a myopia evaluation at 6 months.

10. Are MiSight® 1 day contact lenses safe for kids?

- Across the 6-years of the MiSight® study, there were no serious adverse events related to contact lens wear.^{11,12}
- Results suggest that children this age can successfully wear daily-disposable hydrogel contact lenses with minimal impact on their eye health.^{†**2,9,11-12}

11. If my child can't insert and remove their contact lenses by themselves, can I do it for them?

- Children as young as 8 can confidently insert and remove contact lenses on their own.^{††2}
- In the beginning, you can train with our team and your child to assist with insertion and removal, but we are happy to set up additional training to ensure they can do it on their own!

12. Instead of purchasing MiSight® 1 day today, can we wait and see how my child is doing at our next visit?

- We can't go back in time, and prior change doesn't predict the future.
- Myopia is progressive and irreversible³, but MiSight® 1 day contact lenses have been shown to reduce the rate of myopia progression by nearly 60% on average for children ages 8-12 at the initiation of treatment.^{†2}
- As myopia worsens, it also increases the risk for eye health complications down the road, so it's important to start treatment as soon as possible.^{3,5-8}
- There's no other eye or body disease that we would wait to get worse before treating, but if you prefer to wait and see let's schedule your child for a follow-up in the next 1 to 6 months at the latest.

Getting started with MiSight® 1 day has never been easier. The MiSight® Quickstart Program offers tools to help practices start prescribing today with in-person or on-demand guided sessions, parent conversation tips and techniques from peer doctors, staff training resources and more!



EXPLORE THE MISIGHT QUICKSTART PROGRAM

† No slit-lamp observations recorded above grade 2 at any visits apart from 1 observation of grade 3 GPC attributed to a foreign body at the 1 month visit.

** Children aged 8-12 at the initiation of treatment.

†† At initial dispense, 66/67 children successfully fit with MiSight® 1 day aged 8-12 were able to handle their lenses.

2. Chamberlain P, et al. A 3-year randomized clinical trial of MiSight® lenses for myopia control. *Optom Vis Sci.* 2019; 96(8):556-567. 3. K. Zadnik, G.L. Mitchell, L.A. Jones, D.O. Mutti; Factors Associated with Rapid Myopia Progression in School aged Children. *Invest. Ophthalmol. Vis. Sci.* 2004;45(13):2306. 5. Xu L, Wang Y, Wang S, Jonas JB. High myopia and glaucoma susceptibility, the Beijing Eye Study. *Ophthalmology.* 2007;114(2):216-20. 6. Flitcroft DJ. The complex interactions of retinal, optical and environmental factors in myopia aetiology. *Prog Retin Eye Res.* 2013;31(6):622-60. 7. Younan C, et al. Myopia and incident cataract and cataract surgery: the blue mountains eye study. *Invest Ophthalmol Vis Sci.* 2002;43(12):3625-3632. 8. Chen SJ, et al. Prevalence and associated risk factors of myopic maculopathy in elderly Chinese: the Shihpai eye study. *Invest Ophthalmol Vis Sci.* 2012;53(8):4868-73. 9. Arumugam B, Bradley A, Hammond D, Chamberlain P. Modelling Age Effects of Myopia Progression for the MiSight 1 day Clinical Trial. *Invest. Ophthalmol. Vis. Sci.* 2021;62(8):2333. 11. Woods J, Jones D, Jones L, Jones S, Hunt C, Chamberlain P, McNally J. Ocular health of children wearing daily disposable contact lenses over a 6-year period. *Cont Lens Anterior Eye.* 2021 Aug;44(4):101391. 12. CVI data on file, 2022.