MiYOSMART Essentials for Eye Care Professionals

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FOR THE VISIONARIES

Dear Colleagues,

The MiYOSMART Essentials for Eye Care Professionals paper comprises the prescription protocol and the guidelines, as noted below, to ensure maximised benefits of MiYOSMART spectacle lens (MiYOSMART) for the wearer. It is strongly recommended to follow the prescription protocol and the dispensing guidelines as provided in this paper.

Content overview

Prescription protocol

Guidelines for myopia management using MiYOSMART

Prescription protocol

1. First visit

1. History & background

A. Patient's ocular and optical history

2. Complaints (e.g. poor vision at distance or at near, symptoms, headaches, etc.)
3. Age at onset of myopia, progression rate of myopia (diopter and/or mm/year)
4. Myopia management treatment history (if any)
5. Current spectacle prescription
6. How long have they been wearing spectacles

B. Risk factor

1. Relationship between age and refractive error value[1]

The following table is a guideline of the expected refraction value based on a child's age. If a 6-year-old child is found to be emmetropic, s/he is at an increased risk of becoming myopic.

Age (years)	Refraction
6	+0.75 D or less
7 to 8	+0.50 or less
9 to 10	+0.25 D or less
11	emmetropia

2. Outdoor activities (hours/day)
3. Near work (hours/day)

Environmental risk factors analysis

Name: Record: Date:

Please estimate the time that your child/you spend on the following activities:

Activities	With spectacles? (Yes/No)	Hours per day on average
Near work (e.g. reading, doing homework, using digital devices)		
Middle working distance activities (e.g. watching TV, computer, playing musical instruments, etc.)		
Outdoor activities		
Indoor activities		
Sleeping time		

4. Parents' ocular and optical history

- Current spectacle correction
- Age at which they started wearing spectacles with a myopic correction
- Progression rate of myopia at different time points in their life
- Complications and pathologies (if any)

The following graphs[2] show the probability of remaining not myopic based on the number of myopic parents (Fig. 1), based on risk factor status and number of myopic parents (Fig. 2). The greater the number of myopic parents, the greater the risk of developing myopia.

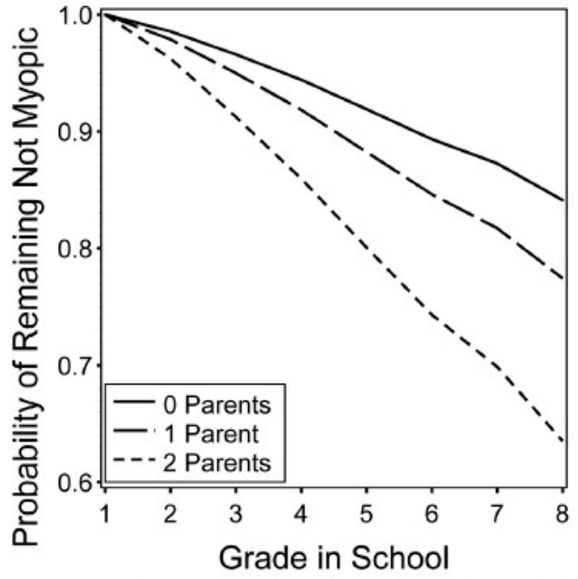

FIGURE 1. Survival curves for remaining nonmyopic by number of myopic parents.

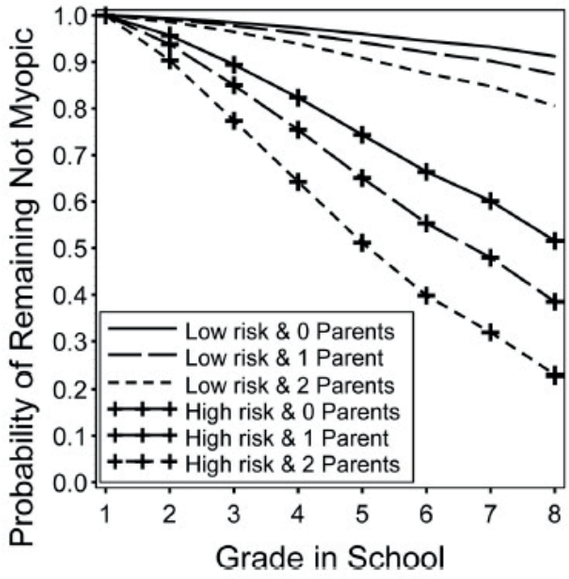

FIGURE 2. Survival probabilities for remaining nonmyopic by risk status and number of myopic parents.

Note: The figure above uses Grades in School on the x-axis. Grade 1 children were 6 years of age

2. Preliminary investigation

C. Visual acuity (monocular and binocular) at distance and near without correction and with their current spectacles
D. Pupillary examination
E. Cover-uncover test (with habitual correction)
F. Ocular motility test
G. Visual field test (optional, based on child's complaints and parents' history)
H. Color vision test (optional, only if it hasn't been checked before)

Highly recommended for myopia management

3. Refraction & biometry

D. Cycloplegic auto-refraction or retinoscopy (recommended)
E. Subjective refraction with visual acuity (monocular and binocular at distance) (recommended)
F. Axial length measurement (recommended if available)

4. Visual functions assessment (with new correction)

E. Binocular vision assessment at distance and near*

6. Cover and uncover test
7. Stereo-acuity
8. Amplitude of accommodation (monocular and binocular)
9. Lag of accommodation
10. Accommodative Facility (monocular and binocular)
11. Convergence

*Please perform the tests normally done in the practice

5. Additional assessment based on the treatment strategy

F. Anterior eye examination (slit-lamp)*
G. Central posterior eye exam (optic disc & macula)*
H. Corneal topography*
I. Intraocular pressure*

*Rule out secondary myopias and complications[3]

2. Aftercare (2 weeks after delivery)

1. Adaptation

A. Complete the Adaptation & Performance questionnaire and share it with your Eye Care Professional (ECP)

Adaptation & Performance questionnaire

Please rate the performance of your new spectacles by circling your choice

	Poor	Acceptable	Fair	Good	Excellent
1. Vision clarity at distance	1	2	3	4	5
2. Vision clarity at intermediate distance (e.g. computer, watching TV)	1	2	3	4	5
3. Vision clarity for near tasks (e.g. reading, using smartphone)	1	2	3	4	5
4. Vision stability	1	2	3	4	5
5. Vision comfort	1	2	3	4	5
6. Vision during outdoor activities	1	2	3	4	5
7. Ease of lens adaptation	1	2	3	4	5
8. Overall performance	1	2	3	4	5

2. Results

C. After completing the Adaptation & Performance questionnaire, if any of the following statements are true, please continue and complete Section B.

4. Question 8 has a score of 1 or 2
5. Combined score of all questions is less than 16
6. Any question has a rating of 1

B. Do you / your child experience any of the following symptoms?

	Never	Seldom	Sometimes	Often	Always
1. Difficulty or slowness when refocusing your eyes from one distance to other	1	2	3	4	5
2. Blurred vision	1	2	3	4	5
3. Double vision	1	2	3	4	5
4. Dizziness	1	2	3	4	5
5. Headache	1	2	3	4	5

Other comments:

3. Follow-up visits (every 6 months)

1. Environmental factors

A. Visual comfort/adaptation/complaints
B. Outdoor activities (hours/day) (see the appendix)
C. Near work (hours/day) (see the appendix)

2. VA & refraction & biometry

A. Distance visual acuity with current prescription.
B. If any changes in VA or changes in refraction ≥ -0.50D in one or both eyes perform:

- Cycloplegic auto-refraction or retinoscopy (recommended)
- Subjective refraction with visual acuity (monocular and binocular at distance) (recommended)

C. Axial length measurement (recommended if available)

3. Visual functions assessment (only if a new correction was found)

D. Binocular vision assessment at distance and near*

- Cover and uncover test
- Stereo-acuity
- Amplitude of accommodation (monocular and binocular)
- Lag of accommodation
- Accommodative Facility (monocular and binocular)

Note: Children below the age of 8 and/or with faster progression should have visual functions development assessments at every follow-up visits.

*Please perform the tests normally done in the practice

4. Additional assessment based on the treatment strategy

A. Anterior eye examination (slit-lamp)*
B. Central posterior eye exam (optic disc & macula)*
C. Corneal topography*
D. Intraocular pressure*

*Rule out secondary myopias and complications[3]

Guidelines for myopia management using MiYOSMART

1. Patient suitability

A. Age

In general, MiYOSMART spectacle lenses are suitable for myopic patients aged 5-18,[16,17] although final decision should be made by an Eye Care Professional.
Experts at HOYA Advisory Meeting suggest prescribing a non-invasive optical intervention should be the first choice for children under 8 years of age for safety reasons.[9]

B. Candidates

MiYOSMART spectacle lenses can be prescribed when myopia progression is first detected.

C. Side effects

There are no side effects associated with MiYOSMART spectacle lenses.[9,15-20]

D. Sports activities

During first two weeks of adaptation, advise the patients to be cautious while performing intensive sports and operating vehicles such as scooters, bicycles or driving a car.
(See the trade brochure “The Smart way to manage myopia in children”).

E. Conditions to be aware of

If patients have Binocular Vision Anomalies (e.g. Strabismus, Nystagmus and so on), Keratoconus and Systemic diseases that affect eye health consult an eye doctor/ ophthalmologist for advice before prescribing MiYOSMART spectacle lenses.

2. Dispensing and frame selection

There is a big difference between the facial features of a child and those of an adult. Children's faces are still developing. When selecting spectacle frames for younger patients, it is important that both their age and stage of facial development are taken into consideration.

A. Frames that are suitable for children should share these key features:[4-6]

1. Larger splay angle
2. Larger frontal angle
3. Smaller frontal width
4. Shorter length of drop
5. Lower crest height
6. Smaller angle of side
7. Shorter length to bend
8. Smaller boxed lens size
9. Shorter cornea vertex distance
10. Lower pantoscopic angle (ideally close to zero)

B. When fitting MiYOSMART spectacle lenses:

1. There are no special restrictions for the frame selection, use a full frame (metal or plastic) for younger children.
   Pay attention that the frame sits well on the nose - frames with nose pads are particularly useful.
   To ensure best anatomical fit, select a frame which can be adjusted. For example, frames with strong end pieces are not ideal.
   Nylon frames are suitable for teenagers, but it is recommended to advise children to handle them with care.

2. Eye point (pupil center) – at the center of the boxing system. We recommend selecting a frame in which the centers of the eyes (pupil center) are positioned in the center of the frame aperture (center of the lens). It is not mandatory to have the full treatment zone of the lens positioned within the frame aperture.
   It is recommended that the frame aperture is covering superior eyelid.

C. The table below is a rough guide to obtaining the right size of frame for a child:[7]

Child's Age (Years)	Frame Size
0 to 1	35 to 37
1 to 2.5	37 to 38
2.5 to 4	40 to 42
4 to 7	43 to 45
7 to 10	45 to 47
10 to 16	47 to 52
Child's Pupil Distance (mm)	**Frame Size**
42 to 48	37 to 38
48 to 52	40 to 42
53 to 55	43 to 45
56 to 58	45 to 47
58 to 62	47 to 52

D. Fitting recommendations

1. Fit MiYOSMART spectacle lenses as you would fit progressive lenses: the fitting eye point is at the pupil center.
   Use monocular eye point (EP) heights and monocular pupil distances (PD) in the zero visual direction and the body in the natural position.
2. Respect the difference (if any) in monocular PD and EP.
3. It is not possible to use Position of Wear measurements.
4. Suggested wearing parameters for children to get maximum defocus effect are:
   - FFFA = 0 - 5°
   - WPA = close to 0°
   - FCD = ≤ 10 mm
5. Manual adjustment of the EP is necessary when prescribing prism (1 dpt = 0.25mm decentration in the opposite direction of the prism base).
6. We recommend to use visuReal for the highest level of fitting accuracy.

2.1 Lens replacement guideline

A.

It is recommended that spectacle lenses are replaced when there is a monocular (one eye) or binocular (both eyes) increase in myopia of ≥ -0.50D. We recommend replacing both lenses even if the change is noted for one eye.

If the lenses are in perfect condition (i.e. not damaged or scratched), the Eye Care Professional might decide to change only the lens where the prescription has been increased by ≥ -0.50D.

The final decision rests with the Eye Care Professional.

2.2 MiYOSMART Chameleon and Sunbird spectacle lens prescription

A. MiYOSMART Chameleon is an all-in-one photochromic solution, and can be prescribed as a first or second pair (in addition to MiYOSMART clear spectacle lens) of spectacles to offer:

- 100% block of harmful UV light according to the UV definition in the ISO 8980-3 (2022) standard.[24]
- Improvement in comfort and visual function in intense sunlight conditions.[10,11]
- Improvement in visual symptoms (photophobia, glare, halo, near blurred vision, diplopia, and fluctuating vision) in children on topical low-dose atropine treatment.[12]

B. MiYOSMART Sunbird is the ideal polarized addition to MiYOSMART clear spectacle lenses, to offer:

- Continuous myopia management indoor and outdoors.[13,24]
- 100% block of harmful UV light according to the UV definition in the ISO 8980-3 (2022) standard.[21]
- Reduction of glare and providing greater comfort, especially for light-sensitive children.[25]
- Enhancement in contrast sensitivity, which improves clarity of vision.[14]

C. Both MiYOSMART Sunbird and Chameleon spectacle lenses meet the traffic light signal recognition requirements of the ISO 8980-3 (2022) standard.[24]

D. MiYOSMART Sunbird is not recommended for usage at night.

3. Centration and processing guide

A. Centration

The geometric centre of the segment-free zone should be aligned with the pupil centre in the zero-gaze direction when the patient is looking into the distance, in the zero visual direction with head and body in a natural position.

In MiYOSMART, the spectacles must be centred using the geometric centre point (rather than the optical centre point). The optical centre can be decentred from the geometric centre within the ISO tolerances. Use our centration card to mark the geometric centre.

Rules of centration:

- Pupil centre coincides with the geometric centre, in the middle of the segment-free zone.
- Use monocular eye point (EP) heights and monocular pupil distances (PD), respecting the difference (if any) between the eyes.

Recommendation of carrying parameters:

- FCD ≤ 10 mm
- FFA 0-5°
- WPA close to 0°
- Frame height at least 20 mm (25mm is optimal)
- Distance upwards: 12 mm. Distance downwards: 13 mm.

Tolerance:

HOYA specifies using the ISO 8980-1 standard for the subgroup of single-vision spectacle lenses under paragraph 5.5.2. A maximum horizontal and vertical decentration from the geometrical centre of 1 mm from the nominal value is acceptable.

B. Processing

MiYOSMART spectacle lenses are made from polycarbonate, requiring a different edging process than other high-index materials. To ensure the best edging of MiYOSMART spectacle lenses and a perfect fit with the chosen frame, we suggest the following:

1. Edge MiYOSMART spectacle lenses with the edging programme for polycarbonate

- On most edge banding machines, the polycarbonate programme is under the letters 'PC'. This programme uses dry edging, which is essential for polycarbonate lenses.
- Bevel the lens at a 45° angle with a width of 0.2 - 0.5 mm to ensure the edges are not too sharp.
- Using an anti-slip pad when edging polycarbonate lenses with an anti-reflective coating on machines that require a block can reduce the chances of the lenses slipping.

2. **Polish the lenses, regardless of the frame type**

- Polishing could be done but is not mandatory, considering that the polished edge of the lens could create some reflection inside the lens with higher thickness in high-power prescription.
- If the lens is not polished, please clean the edge well with isopropyl alcohol and a vaporiser after cutting.
- A high polishing speed increases lens temperature (due to friction), which may cause the coating to break at the edges. Unseen at first, yet started after dispensing.
- Do not use chemical polishing agents. These may contain solvents that can damage polycarbonate lens material.

3. **Cleaning the glasses**

- Do not use acetone!
- Isopropyl alcohol can be used.
- Caution: Use solvents suitable for polycarbonate material and ensure no drops or splashes hit the lens surface.

4. **Drilling the lenses**

- Use a very sharp drill bit, preferably made from carbide.
- It is recommended to use a reduced drill speed, ideally between 160 and 180 rpm.
- Drill in small increments, and do not drill through the lens in one go.
- Avoid high pressure when drilling the lenses. Low pressure ensures a better appearance and reduces the risk of breakage.
- Do not use a milling cutter to enlarge the drill hole, as this will cause cracks in the lens.
- Chamfer the drill holes. The use of plastic sleeves is recommended.

5. **Insert MiYOSMART spectacle lenses into a frame**

- Ensure that the frame's curvature will not bend the lens. First, adjust the frame shape manually to follow the lens's curvature.
- With metal frames, the lenses should be inserted loosely.
- If you insert the lenses into a plastic frame, check the lens tension at each follow-up appointment to ensure it has not increased due to the natural shrinkage of plastic frames.
- Clean any dirt from the inside of the metal frame. This can create tension in the lens and cause problems in the long term.
- If you are using a nylon frame, ensure the nylon thread does not press too tightly against the underside of the lens, especially in the corners.

4. Use of atropine & combination treatments

A.

The LAMP study in Chinese children tested 0.01%, 0.025%, and 0.05% atropine over a three-year period. A dose-dependent myopia management effect was observed. The higher the dosage, the better the myopia management. Whilst it was noted that the side effects when using 0.05% atropine are well tolerated in Asian children, the same is not reported when using the same dose in Caucasian children who have light colored eyes.[22,23]

B.

The experts reported no significant changes in visual acuity or binocular vision between MiYOSMART spectacle lens alone or in combination with low dosage atropine. Contrast sensitivity was also measured with MiYOSMART spectacle lens alone and in combination with atropine 0.01%, no difference was found.[15] If the expected treatment goal is not achieved with MiYOSMART spectacle lens only, the experts noted a better control effect in combination treatment.[17]

5. Discontinuing myopia management

A.

There is no official consensus on when myopia stops progressing. As a rough guide, this usually happens by the age of 18 ± 2 years. Based on the COMET study, 90% had myopia stabilized by 21 y.o.[21] Ideally, myopia management treatment should be continued until myopia stops progressing.

When does Myopia stabilize?

Large variation in age of stabilization:[21]	
48% stabilise by 15 years	52% progress beyond 15 years
77% stabilise by 18 years	23% progress beyond 18 years
90% stabilise by 21 years	10% progress beyond 21 years
96% stabilise by 24 years	4% progress beyond 24 years

B.

The current guidance is to monitor myopia progression every 6 months. If no changes in SER and AL are detected during two consecutive follow-up visits, the Eye Care Professional may consider stopping treatment. After discontinuing MiYOSMART wear, the patients should be prescribed an option that is most suitable for them; single vision spectacle lenses, spectacle lenses with accommodative support (SYNC), or contact lenses.

Upon discontinuing myopia management treatment, it is important to continue to monitor the SER and AL every six months. If a progression in myopia or increase in axial length is noted, treatment should be resumed.

The final decision rests with the Eye Care Professional.

C.

Discontinuing treatment with MiYOSMART spectacle lenses will not result in a rebound effect, as shown in the 6-year follow-up results.[19]

6. Appendix

1. Kate L. Gifford, Kathryn Richdale, Pauline Kang, Thomas A. Aller, Carly S. Lam, Y. Maria Liu, Langis Michaud, Jeroen Mulder, Janis B. Orr, Kathryn A. Rose, Kathryn J. Saunders, Dirk Seidel, J. Willem L. Tideman, Padmaja Sankaridurg; IMI – Clinical Management Guidelines Report. Invest. Ophthalmol. Vis. Sci. 2019;60(3):M184-M203. doi:10.1167/iovs.18-25977.
2. Lisa A. Jones-Jordan, Loraine T. Sinnott, Ruth E. Manny, Susan A. Cotter, Robert N. Kleinstein, Donald O. Mutti, J. Daniel Twelker, Karla Zadnik, the Collaborative Longitudinal Evaluation of Ethnicity and Refractive Error (CLEERE) Study Group; Early Childhood Refractive Error and Parental History of Myopia as Predictors of Myopia. Invest. Ophthalmol. Vis. Sci. 2010;51(1):115-121. https://doi.org/10.1167/iovs.08-3210.
3. Holden BA, Fricke TR, Wilson DA, Jong M, Naidoo KS, Sankaridurg P, Wong TY, Naduvilath TJ, Resnikoff S. Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050. Ophthalmology. 2016 May;123(5):1036-42. doi: 10.1016/j.ophtha.2016.01.006. Epub 2016 Feb 11. PMID: 26875007.
4. Hughes E. Key considerations when dispensing children spectacles. Dispensing Optics. January 2014. https://www.abdo.org.uk/wp-content/uploads/2012/06/CET144.pdf (accessed date 06.10.2023)
5. Obstfeld H. Spectacle Frames and their Dispensing. Bailliere Tindall. 1997. ISBN 10: 0702019283 ISBN 13: 9780702019289
6. Association of British Dispensing Opticians, Pathway to Dispensing to Children, A reference guide for ABDO members, 2017, Available from: http://www.abdo.org.uk/wp content/uploads/2012/06/Pathway-for- dispensing-tochildren-0617.pdf (accessed date 06.10. 2023)
7. https://tomatoglasses.me/pages/sizing-advice (accessed date 06.10. 2023)
8. Lam CSY, Tang WC, Tse DY, Lee RPK, Chun RKM, Hasegawa K, Qi H, Hatanaka T, To CH. Defocus Incorporated Multiple Segments (DIMS) spectacle lenses slow myopia progression: a 2-year randomised clinical trial. British Journal of Ophthalmology. Published Online First: 29 May 2019. doi: 10.1136/bjophthalmol-2018-313739.
9. HOYA data on file. Initiating Myopia Management. Consensus finding of the Advisory Meeting with world leading experts.12/2021.
10. 10. Lakkis C, Weidemann K. Evaluation of the performance of photochromic spectacle lenses in children and adolescents aged 10 to 15 years. Clin Exp Optom. 2006 Jul;89(4):246-52. DOI:10.1111/j.1444-0938.2006.00056.
11. Renzi-Hammond LM, Hammond Jr BR. The effects of photochromic lenses on visual performance. Randomized Controlled Trial Clin Exp Optom. 2016 Nov;99(6):568-574. DOI: 10.1111/cxo.12394
12. Wu PC, Kuo HK. Effect of photochromic spectacles on visual symptoms and contrast sensitivity of myopic schoolchildren treated with low dose concentration atropine. Invest Ophthalmol Vis Sci 2016;57: 2484. https://iovs.arvojournals.org/article.aspx?articleid=2560920 (accessed on 06/10/2023)
13. HOYA data on file. PSF test on MiYOSMART clear and Sun spectacle lenses. 06/2022
14. Quintana MS, Langa A, del Moral-Martinez I, et al. Polarized Filters Enhance Contrast Sensitivity When Glare Is Produced On A Flat Surface Under Photopic Conditions. Invest Ophthalmol Vis Sci 2006;47(13):1225. https://iovs.arvojournals.org/article.aspx?articleid=2390714 (accessed on 06/10/2023)
15. Kaymak H, Mattern AI, Graff B, et al. Safety of DIMS Spectacle Lenses and Atropine as Combination treatment for Myopia Progression. Klinische Monatsblatter fur Augenheilkunde. 2022 Oct;239(10):1197-1205. DOI: 10.1055/a-1930-7116. PMID: 36008055; PMCID: PMC9578763.
16. McCullough, SJ. Poster 4945-C0130 "2-Year Multi-Site Observational Trial of Hoya MiYOSMART myopia control spectacle lenses in UK children: 1-year results. The Association for Research in Vision and Ophthalmology (ARVO) 2023 Annual Meeting, April 23-27, New Orleans, US.
17. Nucci P, Lembo A, Schiavetti I, et al. A comparison of myopia control in European children and adolescents with defocus incorporated multiple segments (DIMS) spectacles, atropine, and combined DIMS/atropine. PLoS ONE. 2023, 18(2):e0281816. https://doi.org/10.1371/journal.pone.0281816
18. Lam CS, Tang WC, Lee PH, et al. Myopia control effect of defocus incorporated multiple segments (DIMS) spectacle lens in Chinese children: results of a 3-year follow-up study. Br J Ophthalmol. 2022;106(8):1110-1114. doi:10.1136/bjophthalmol-2020-317664
19. Lam CSY, Tang WC, Zhang HY, et al. Long-term myopia control effect and safety in children wearing DIMS spectacle lenses for 6 years. Sci Rep 13, 5475 (2023). https://doi.org/10.1038/s41598-023-32700-7
20. Kaymak H, Mattern AI, Graff B, Neller K, Langenbucher A, Seitz B, Schwahn H. Safety of DIMS Spectacle Lenses and Atropine as Combination Therapy for Myopia Progression. Klin Monbl Augenheilkd. 2022 Oct;239(10):1197-1205. doi: 10.1055/a-1930-7116. Epub 2022 Aug 25. PMID: 36008055; PMCID: PMC9578763
21. Hou W, Norton T, Hyman L, et al. Axial elongation in myopic children and its association with myopia progression in the Correction of Myopia Evaluation Trial (COMET). Eye Contact Lens. 2018 July; 44(4): 248–259. doi:10.1097/ICL.0000000000000505.
22. Yam JC, Zhang XJ, Zhang Y, Wang YM, Tang SM, Li FF, Kam KW, Ko ST, Yip BHK, Young AL, Tham CC, Chen LJ, Pang CP. Three-Year Clinical Trial of Low-Concentration Atropine for Myopia Progression (LAMP) Study: Continued Versus Washout: Phase 3 Report. Ophthalmology. 2022 Mar;129(3):308-321. doi: 10.1016/j.ophtha.2021.10.002. Epub 2021 Oct 7. PMID: 34627809.
23. Joachimsen L, Farassat N, Bleul T, Bohringer D, Lagreze WA, Reich M. Side effects of topical atropine 0.05% compared to 0.01% for myopia control in German school children: a pilot study. Int Ophthalmol. 2021;41(6):2001-2008. doi:10.1007/s10792- 021-01755-8
24. HOYA data on file: Transmission, traffic light recognition, and UV blocking test for MiYOSMART clear and MYOSMART Photochromic lenses. 02/2023. *Tests were conducted at room temperature (23 °C). Un-activated MiYOSMART photochromic spectacle lenses block 100% of harmful UV light according to the ISO8980-3 (2022) standard. Reliable UV measurements are not possible during photochromic lens activation. Activation does not alter UVblocking characteristics compared to clear lenses. MiYOSMART Chameleon spectacle lens meets the requirements for both faded and darkened states in day time and faded state in night time. MiYOSMART Sunbird spectacle lens meets the requirements in day time.
25. WSPOS Sunlight Exposure & Children's Eyes Consensus Statement – 2016. https://wspos.org/wspos-sunlight-exposure-childrens-eyes-consensus-statement-2016/ (accessed on 06/10/2023)

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MiYOSMART Essentials includes recommendations for ophthalmological, optometric and optical procedures.

Eye Care Professional is responsible to ensure that using the recommended procedure is allowed to conduct in the country where they practice. Suitability of each recommended procedure for the patient shall be evaluated by the Eye Care Professionals based on their personal professional judgment. Issued in November 2023.