

## Myopia Management Program

Myopia, also referred to as nearsightedness, is a vision condition in which people can see close objects clearly, but objects farther away appear blurred. If one or both parents are myopic (nearsighted), there is an increased chance their child will be too. A child's eyes grow the fastest when they are between the ages of 5-18 years old, and myopia most often occurs when a child's eyes grow too long. Due to this extra growth, individuals with high myopia are at a greater life-time risk of developing cataracts, glaucoma, myopic maculopathy, and retinal detachments. There are several tools available that can help us slow the progression of nearsightedness in children, and help preserve eye health. For more information, please visit [mymyopia.com](http://mymyopia.com).

Treatment options in our office include special-designed soft contact lenses and low-dose atropine eye drops.

1. **MiSight contact lenses** from CooperVision help slow the progression of a child's myopia by about 60%. These specially designed lenses are the only FDA approved contact lens for myopia management. MiSight is a soft daily disposable lens that must be worn 6 days a week to achieve maximum treatment
2. **Atropine drop therapy** requires the use of a low-dose dilating drop every night before bed. This treatment has also been shown to slow the progression of nearsightedness without increasing pupil size or decreasing near vision dramatically in a large majority of patients. Low-dose atropine has not yet been approved by the FDA in the United States for myopia control. Patients will need to continue to wear their normal eyeglasses during the day for vision correction

### Cost of Treatments

1. **MiSight contact lenses:**
  - Lens cost: \$626 per 6-month supply of lenses for both eyes
  - Contact lens exam cost: \$60 annual contact lens exam
  - Your vision insurance or vision plan coverage may help towards the cost of soft contact lenses and fitting
2. **Atropine drop therapy:**
  - \$120 annually for program, this will cover all necessary follow-up visits
  - \$45 per 3.5 mL bottle (35 day supply)
  - Must be purchased from a compounding pharmacy. After the doctor sends your child's prescription, the pharmacy will contact you for payment and shipping details. The drops will be shipped directly to your home.
    - i. These specially formulated drops and the necessary follow-ups are not covered by insurance

## Myopia Management Informed Consent

### MiSight Contact Lenses

- The MiSight lenses are daily disposable, single use contact lenses. These lenses should be disposed of after wearing and are never approved for sleeping in. Based on the clinical study, it is recommended that the patient wear the lens for a minimum of 10 hours per day for at least 6 days per week. There are no additional risks associated with this lens compared to regular daily contact lens wear.
- Diagnosis and treatment of any eye infection, corneal abrasions, or other eye conditions other than myopia are not part of the Myopia Management Program and are therefore subject to additional expenses and, if applicable, your medical insurance co-pays and deductibles.
- For more information please visit <https://www.misight.com/>

### Atropine

- Atropine is an eye drop that typically makes lights seem brighter because it makes the pupil (the black hole in the middle of the eye) bigger. It also blurs near vision because it reduces the eye's ability to focus when looking at nearby objects. For the purpose of myopia control this drop has been significantly diluted, and only 8% of children complained of symptoms with low-concentration atropine. Glasses can be used to reduce these symptoms if your child notices poor reading vision or light sensitivity. Atropine has been FDA approved for treatment in other eye conditions; however, low-dose atropine has not yet been FDA approved for use in myopia management. The use of these drops is considered off-label use.

I understand the risks as indicated above. I further understand that there is no guarantee or assurance of any treatment outcome for my child, and that this treatment may not slow the progression of nearsightedness.

Treatment selected (circle)                      MiSight                      Atropine

Child's name (print) \_\_\_\_\_

Parent's name (sign) \_\_\_\_\_

Date \_\_\_\_\_