* Euromonitor, Eyewear 2024 edition; Essilor International company; worldwide retail value sales at RSP.
† Compared to single vision lenses. Results from a prospective, randomized, double-masked, multicenter U.S. clinical trial in myopic children aged 6–12 years at initiation of treatment.
1. Essilor International, data on file (2025)

Medical & Professional Affairs

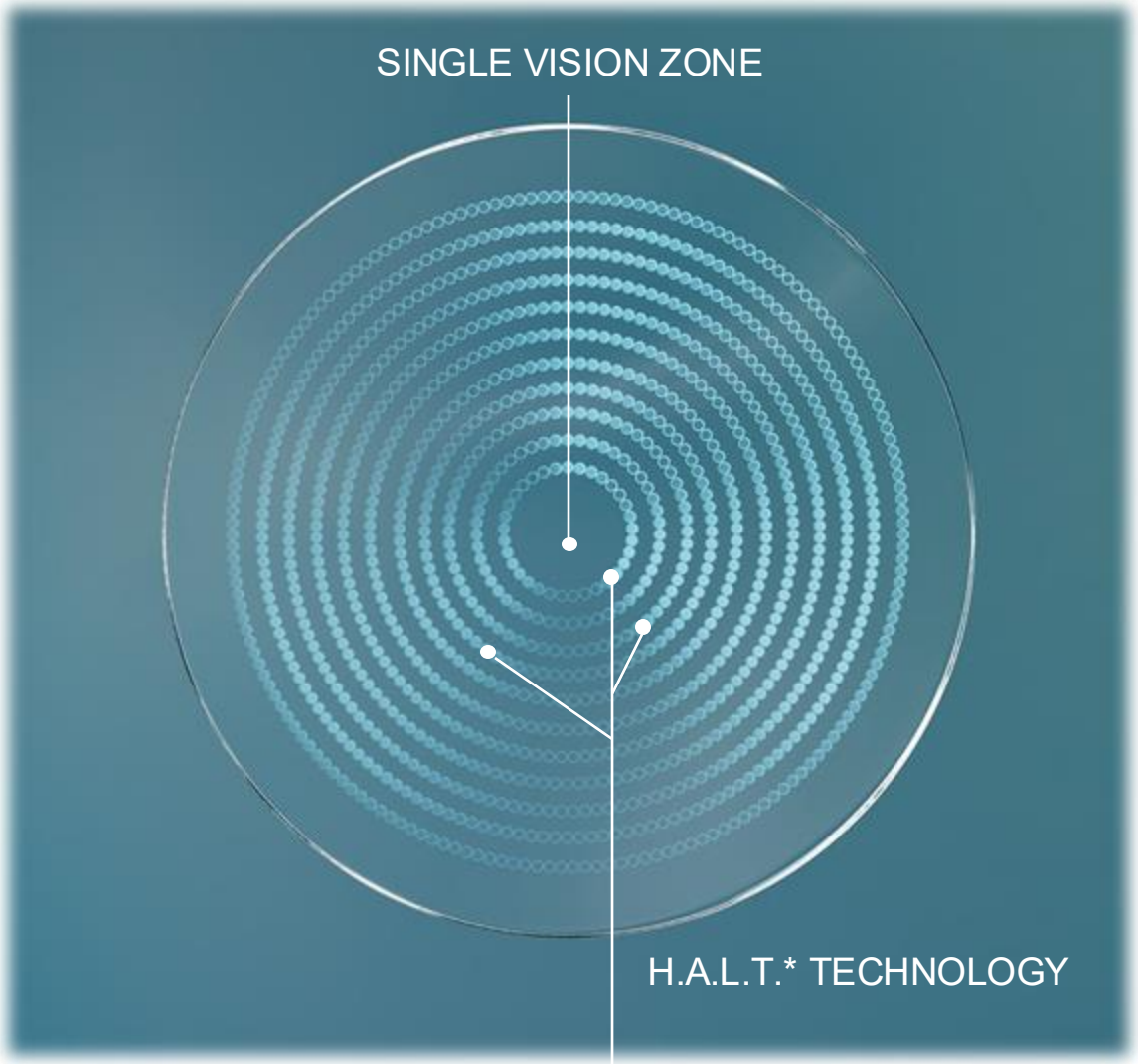
What Essilor® Stellest® lenses offer to children with myopia

Correct myopia

Slow myopia progression

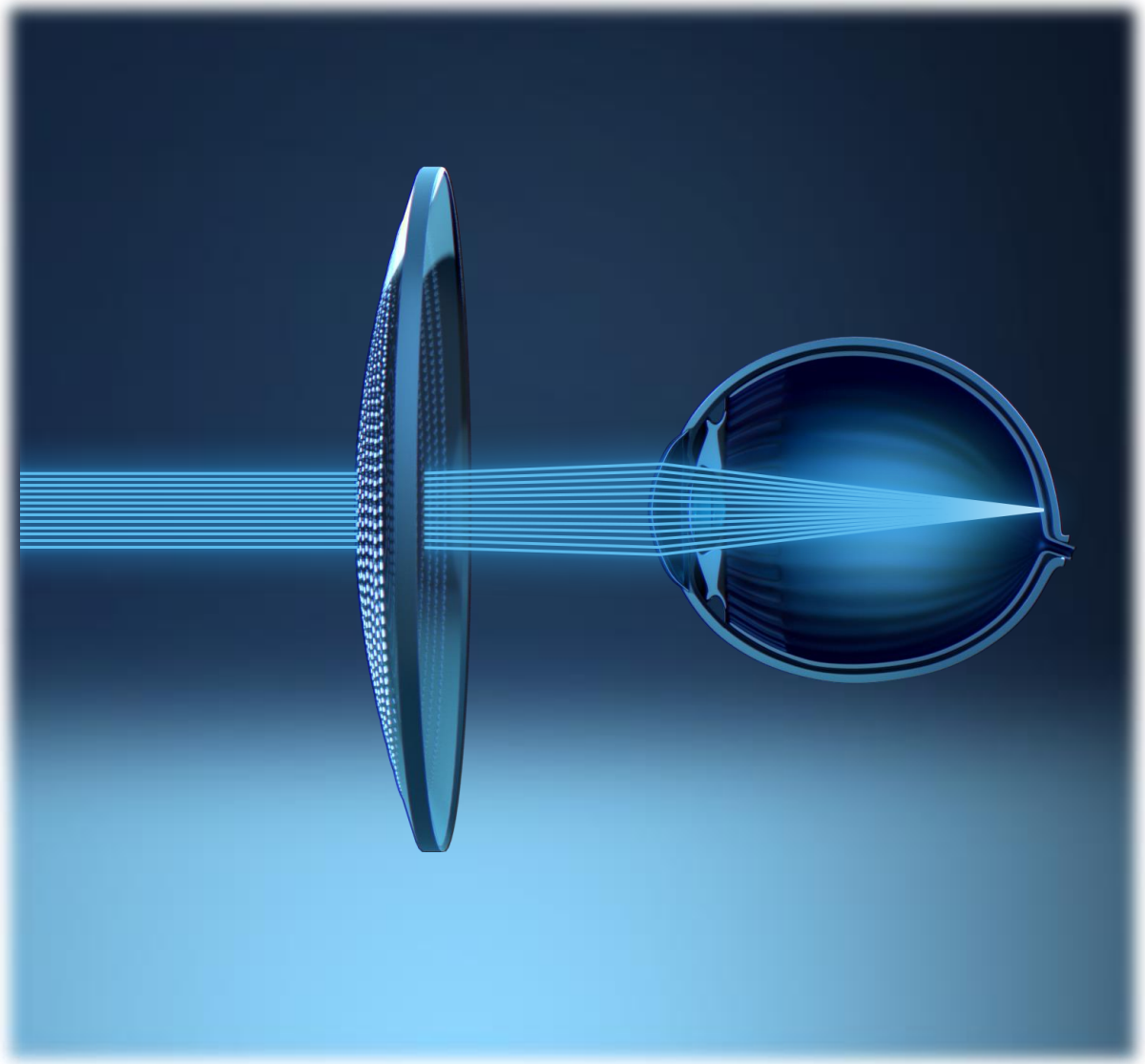
Essilor® Stellest® lenses slowed myopia progression by **71%** on average over 2 years†[1]

An easy to use and proven[1] way to help manage myopia in children



*H.A.L.T. Highly Aspherical Lenslet Target. H.A.L.T. is an acronym for Highly Aspherical Lenslet Target and does not imply a "halt" or "stop" of myopia progression.
†Compared to single vision lenses. Results from a prospective, randomized, double-masked, multicenter U.S. clinical trial in myopic children aged 6–12 years at initiation of treatment
1. Essilor International, data on file (2025)

Stellest® essilor



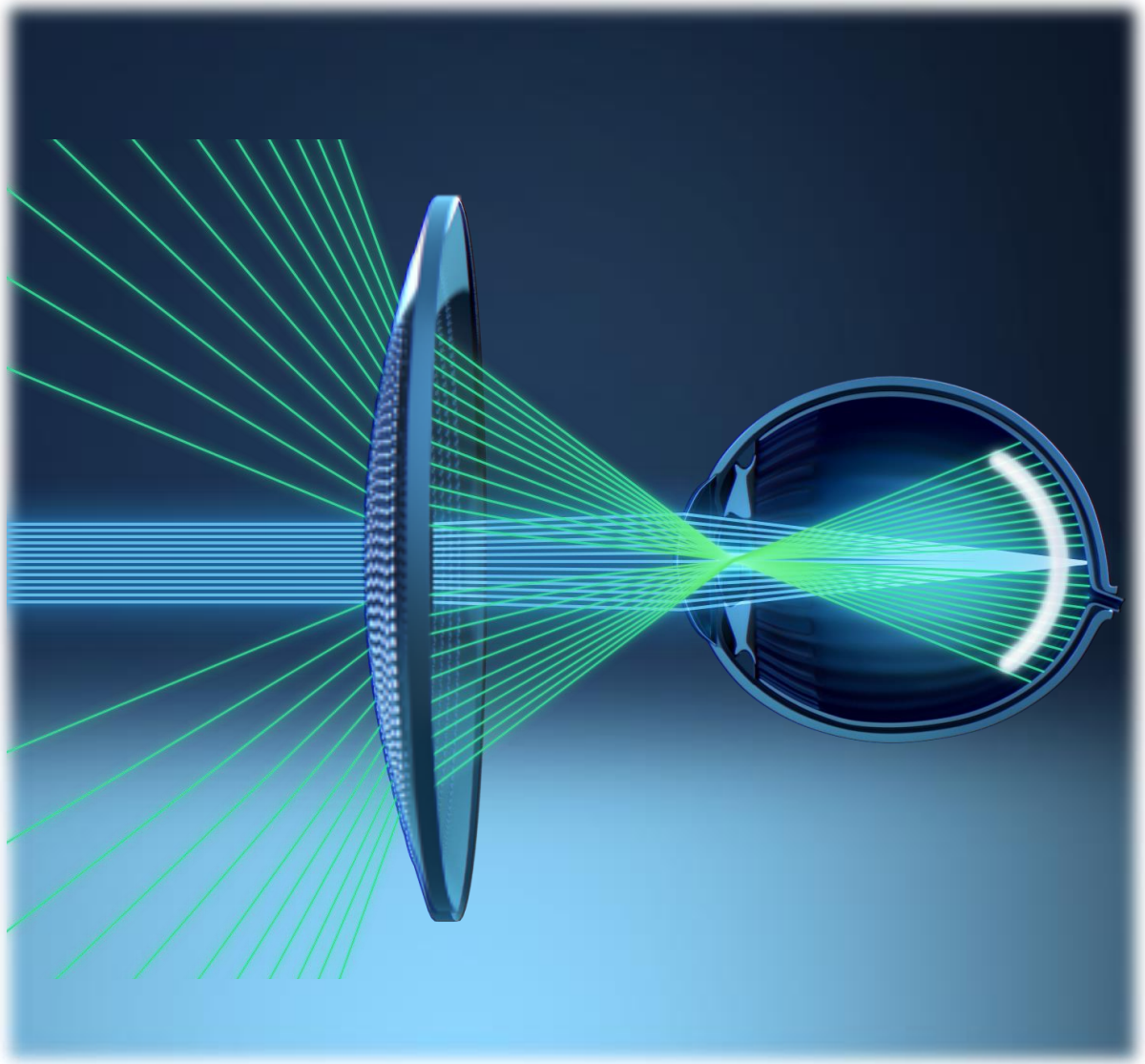
Correct myopia through a single vision zone carrying the prescription of the wearer

Correction

The single vision zone focuses light on the retina and is designed to provide sharp vision

The lens design ensures a large prescription zone **providing best corrected visual acuity and comfort**

Slow myopia progression with H.A.L.T.* technology†[1]

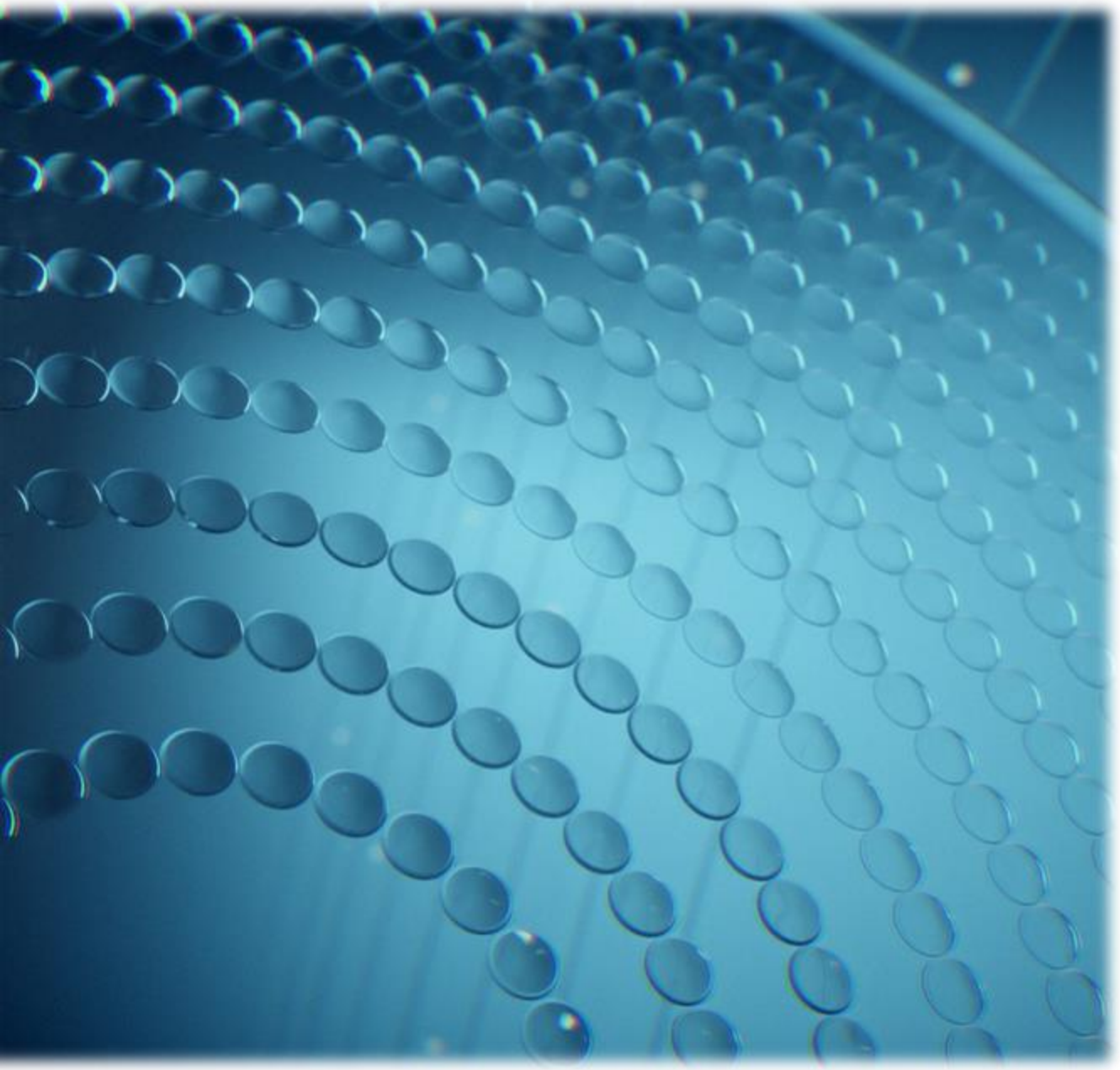


Essilor® created Highly Aspherical Lenslet Target (H.A.L.T.*) technology to slow down myopia progression.

H.A.L.T.* technology comprises **1021** highly aspherical contiguous **lenslets**, arranged over 11 rings. Light rays passing through the aspherical lenslets create **a volume of myopic defocus** in front of the retina and which follows the shape of a child's theoretical myopic retina,[2] **to slow down eye elongation.**

*H.A.L.T. is an acronym for Highly Aspherical Lenslet Target and does not imply a "halt" or "stop" of myopia progression.
†Compared to single vision lenses. Results from a prospective, randomized, double-masked, multicenter U.S. clinical trial in myopic children aged 6–12 years at initiation of treatment.
1. Essilor International, data on file (2025); 2. Atchison DA. Optical models for human myopic eyes. Vision Res 2006; 46: 2236–50

Stellest® essilor



Deep dive into H.A.L.T.* technology

Aspherical lenslets

Result: A volume of myopic defocus.

Spread on 11 rings

The lenslets of the same ring are identical. The lenslets of different rings have different optical characteristics.

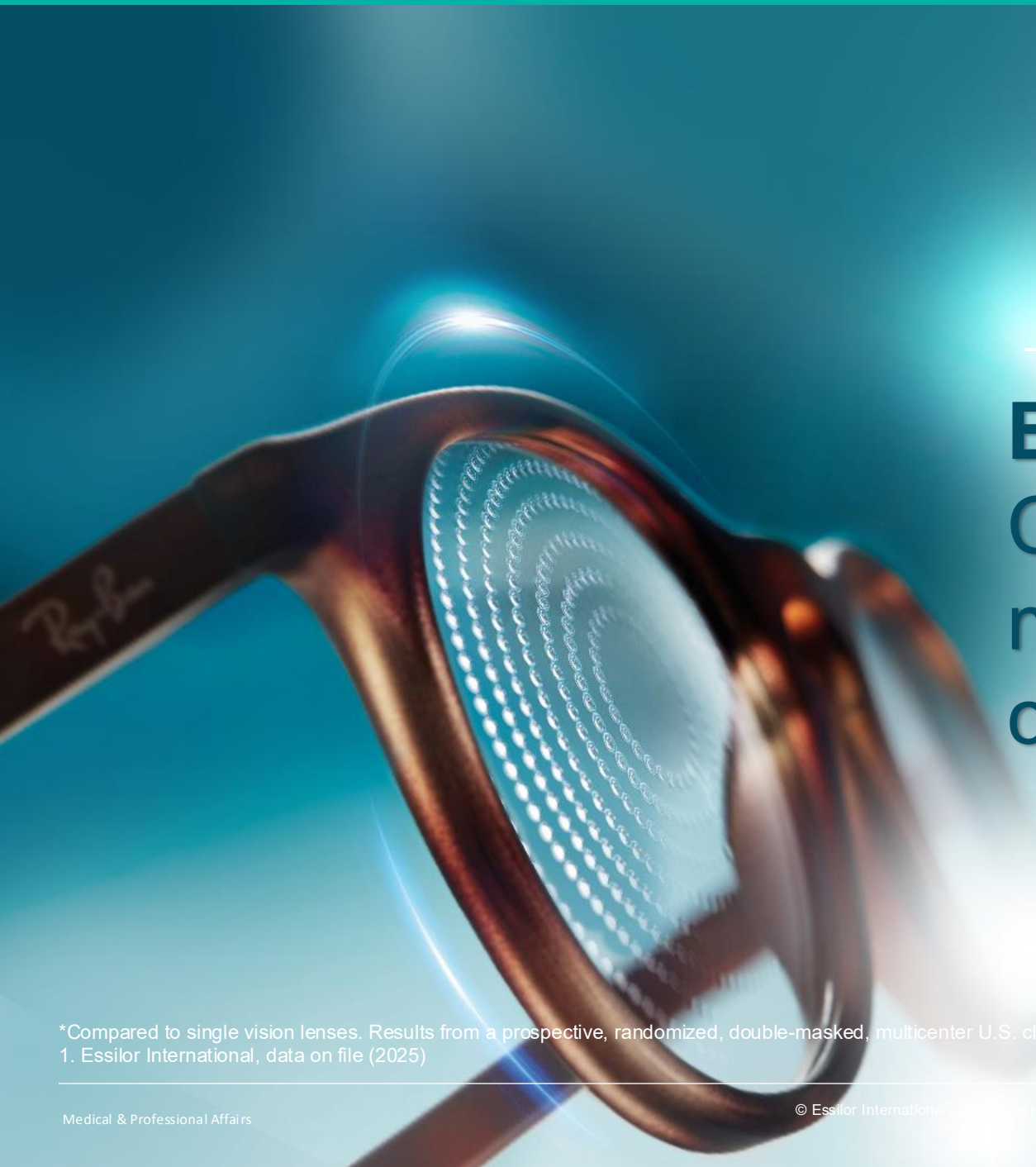
Result: A volume of slowdown signal in front of the retina and following its shape.

Covering 40% of the lens surface

Result: A myopia control function active in all gaze directions.

*H.A.L.T. is an acronym for Highly Aspherical Lenslet Target and does not imply a “halt”or “stop” of myopia progression.

Stellest® essilor



Essilor® Stellest® lenses
Clinically proven to slow myopia progression in children*[1]

*Compared to single vision lenses. Results from a prospective, randomized, double-masked, multicenter U.S. clinical trial in myopic children aged 6–12 years at initiation of treatment.
1. Essilor International, data on file (2025)

Essilor® Stellest® lenses clinical trial demonstrated an acceptable safety profile and positive benefit-risk assessment

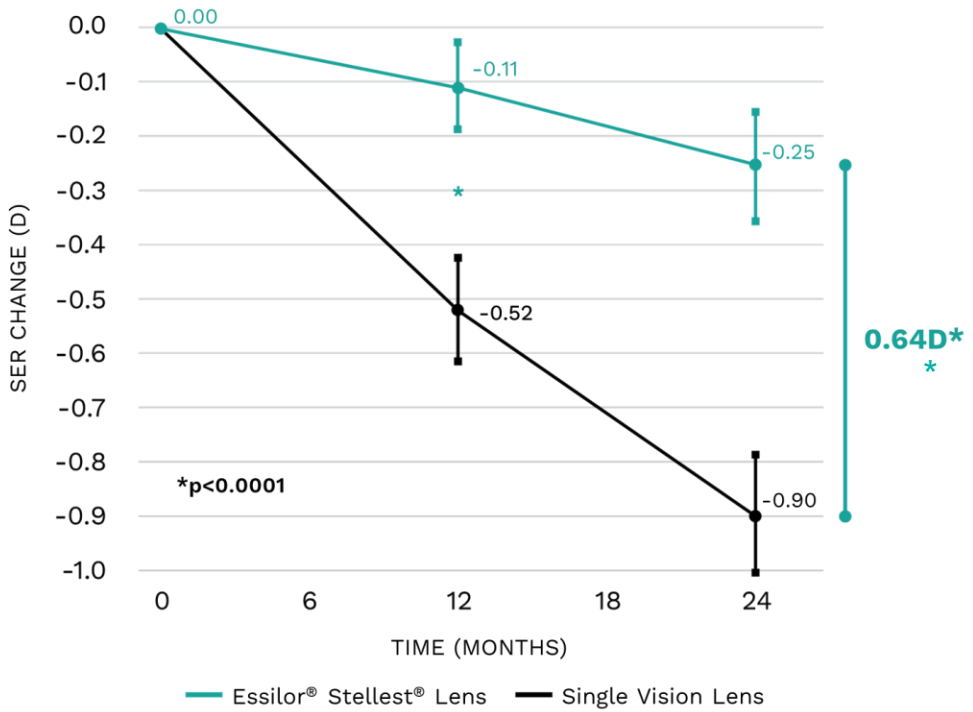
PROSPECTIVE, RANDOMIZED, DOUBLE-MASKED MULTICENTER CLINICAL TRIAL

- Location: 9 clinical sites in US
- Duration: 3 years
- Essilor® Stellest® lens: 69 children
  Single Vision Lens (SVL): 66 children
- 6-monthly visits
- ClinicalTrials.gov identifier: NCT05174780

INCLUSION CRITERIA

- Age: 6-12 years
- Myopia: -0.75D to -4.50D
- Astigmatism: ≤1.50D
- Anisometropia: ≤1.00D
- Normal vision
- No history of myopia control

Clinically proven to slow myopia progression in children†1



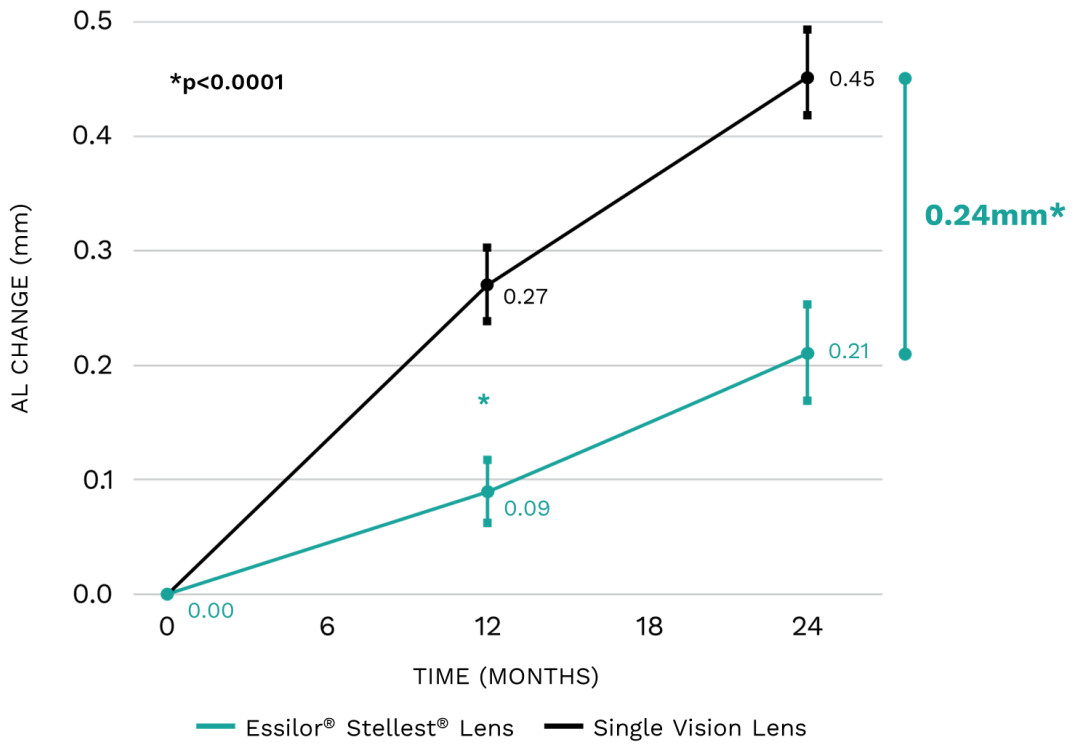
Mean change in Spherical Equivalent Refraction (D) – adjusted values. Error bars represent 95% confidence intervals.
Myopia progression in SVL group is consistent with published data in Caucasian children.[2]

Essilor® Stellest® lenses **slowed myopia progression by 71%** (0.64D) on average for all subjects over 2 years†1

*p<0.0001
†Compared to single vision lenses. Results from a prospective, randomized, double-masked, multicenter U.S. clinical trial in myopic children aged 6–12 years at initiation of treatment.

1. Essilor International, data on file (2025)

Clinically proven to slow axial elongation in children†1



Mean change in axial length (mm) – adjusted values. Error bars represent 95% confidence intervals. Axial elongation in single vision lens group is consistent with published data in Caucasian children.[2]

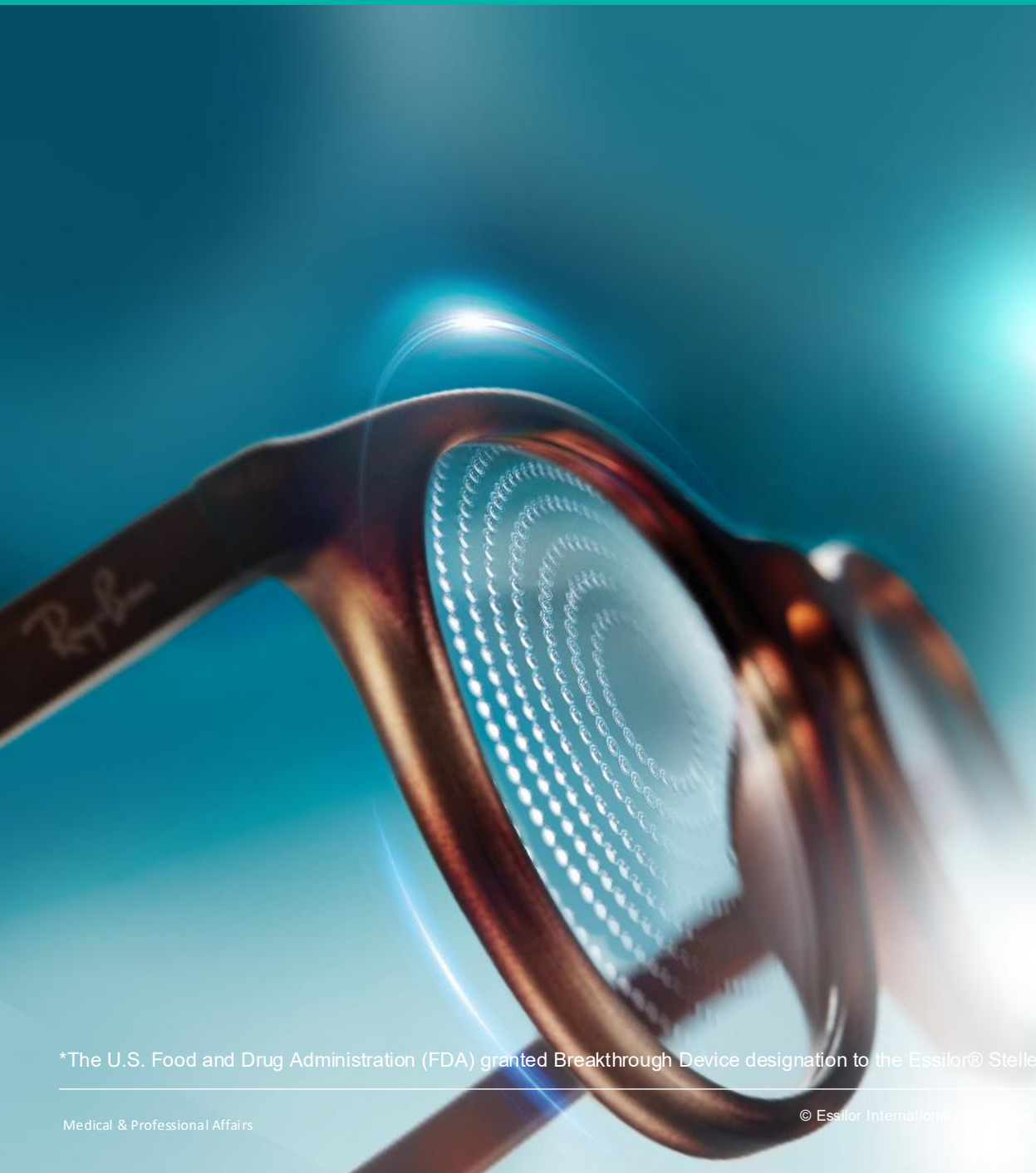
Essilor® Stellest® lenses **slowed axial elongation by 53%** (0.24mm) on average for all subjects over 2 years†1

*p<0.0001

†Compared to single vision lenses. Results from a prospective, randomized, double-masked, multicenter U.S. clinical trial in myopic children aged 6–12 years at initiation of treatment.

1. Essilor International, data on file (2025)

Stellest® essilor



Essilor® Stellest® lenses

The breakthrough* in children's eye care that parents have been waiting for

*The U.S. Food and Drug Administration (FDA) granted Breakthrough Device designation to the Essilor® Stellest® spectacle lens in April 2021

A quick reminder of Essilor® Stellest® lenses' key benefits

Correct myopia

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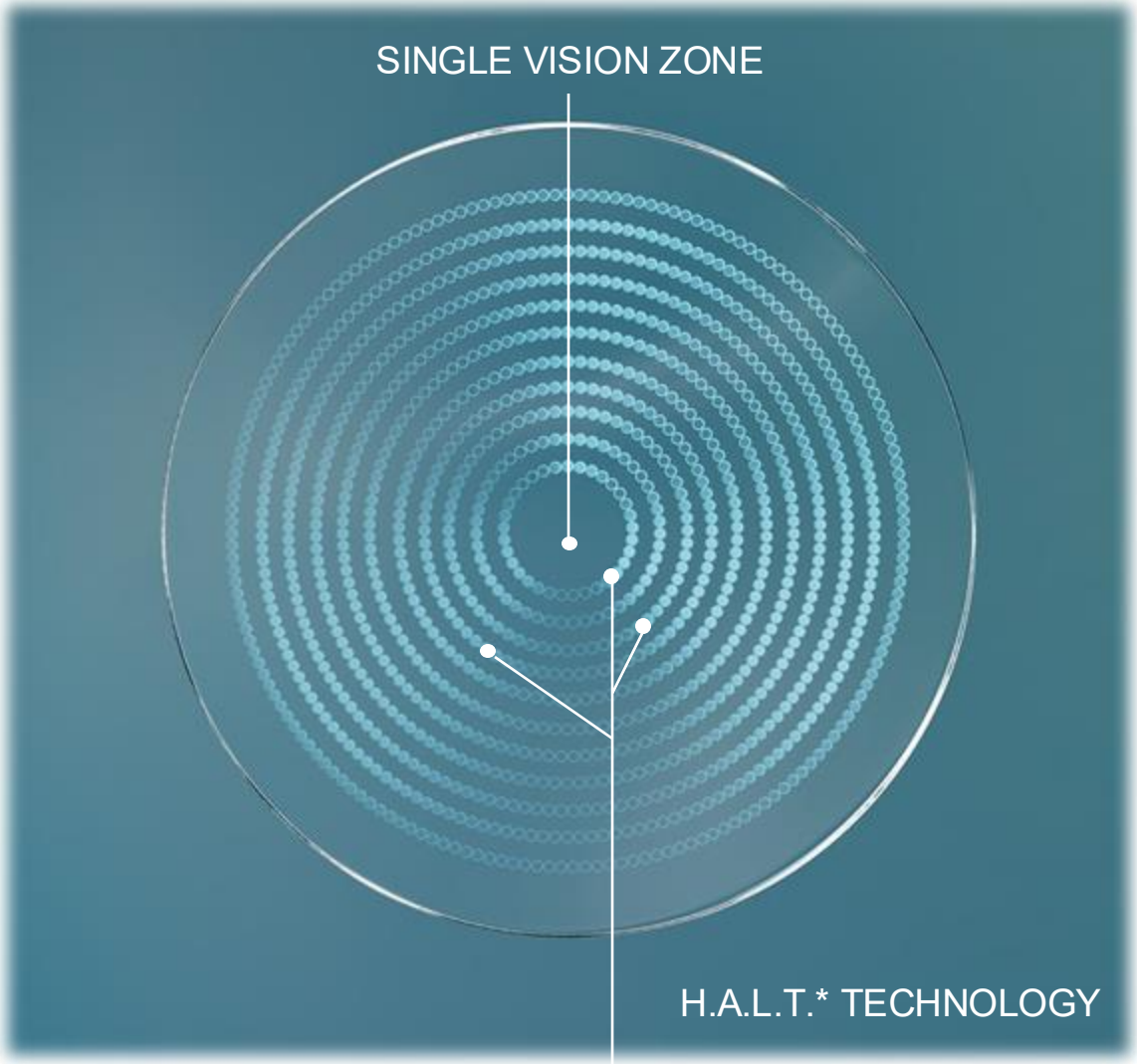
An easy to use and proven[1] way to help manage myopia in children



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Stellest® essilor

Indication for Use

INDICATIONS FOR USE

- The Essilor® Stellest® spectacle lens is indicated for the correction of myopia with and without astigmatism and for slowing the progression of myopia in children with non-diseased eyes, who, at the initiation of treatment, are aged **6-12 years** and have spherical equivalent refraction of **-0.75 D to - 4.50 D with astigmatism up to 1.50 D.**

RECOMMENDED WEARING SCHEDULE

- It is recommended that the patient wears their Essilor® Stellest® spectacle lenses for a minimum of **10 hours per day, at least 6 days per week.** This is the first FDA-authorized eyeglass lens designed to slow myopia progression.

Additonal benefits of Essilor® Stellest® lenses

Essilor® Stellest® Lenses are made from polycarbonate

Up to 40 times
More impact resistant*

Up to 16%
lighter†

Up to 21%
thinner†

Blocks 100%
of UV‡

Crizal® coating

Crizal® coating is the Essilor® Stellest® lenses treatment that acts as an invisible shield of protection. Combined with Essilor® Stellest® lenses, Crizal® protects the lenses from reflections, scratches, smudges, dust, water; and the eyes from UV rays.

A wide choice of frames

*Test realised on multiple materials 1.50, 1.53, 1.56, 1.60, 1.71 and 1.74 in comparison with 1.59 by an accredited external laboratory using method defined in the safety US standard ANSI/ISEA Z87.1- 2020 clause(s) 7.1.4.3 on High Velocity Impact and 9.14 on Prescription Lenses Material Qualification Test using plano Lenses with the same hard coat and 2.0mm+/-0.2mm center thickness.
†compared to 1.50 Lenses
‡ISO 8980-3 Standard defines UV upper limit at 380nm

Stellest®
essilor

Dispensing Essilor® Stellest® lenses

Seamless to prescribe, simple to dispense, proven to perform*[1]

*Compared to single vision lenses. Results from a prospective, randomized, double-masked, multicenter U.S. clinical trial in myopic children aged 6–12 years at initiation of treatment.
1. Essilor International, data on file (2025)

Who?

Essilor® Stellest® lenses can be recommended to children, as soon as **myopia progression has been detected** in a child, after an eye exam performed by an eye care professional (optometrist/ophthalmologist)

Early intervention would be beneficial[1,2]

1. Sankaridurg P. A less myopic future: what are the prospects?. Clinical and Experimental Optometry. 2015;98(6):494-6
2. Bullimore MA, et al. Myopia: An ounce of prevention is worth a pound of cure. Ophthalmic and Physiological Optics. 2023;43(1):116-21

Stellest® essilor

How to introduce Essilor® Stellest® lenses?

STEP 1 Educate parents on the importance of slowing myopia progression

Make sure parents understand that correcting myopia with single vision lenses is not enough, and slowing myopia progression should be the right solution for their myopic children.

STEP 2 Introduce Essilor® Stellest® lenses

Explain the product, its efficacy with proven clinical trial results, and its additional benefits.

STEP 3 Give recommendations to maximize effectiveness

Provide additional patient education for slowing down myopia progression, such as having regular eye exams, more outdoor time, limiting near work etc.

Essilor® Stellest® lenses – product range

	Essilor® Stellest® lenses
Technology	H.A.L.T.*
Sphere / cylinder power*	SPH [0.00; -10.00] CYL [0.00; -4.00]
Coating	Crizal® Easy pro
Material	1.59 polycarbonate
UV cut off	100% UV protection†

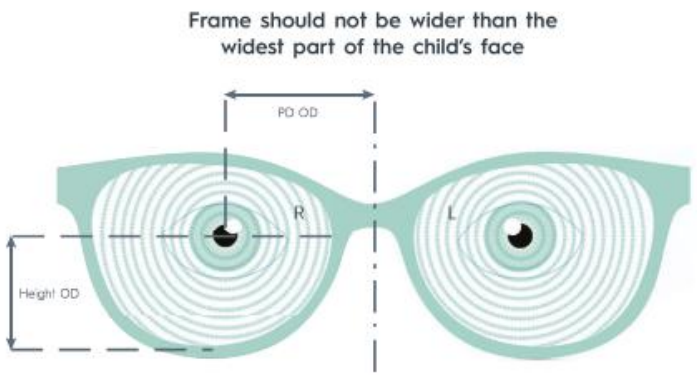
CYL, cylinder; SPH, sphere.
*H.A.L.T. is an acronym for Highly Aspherical Lenslet Target and does not imply a “halt” or “stop” of myopia progression.
†By absorption. Additional UV back side reflection reduction when combined with Crizal® coating.

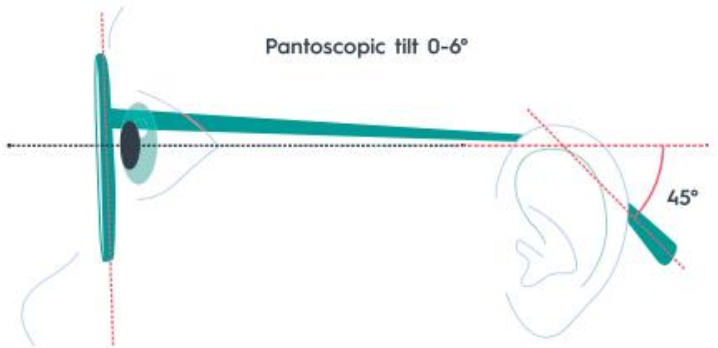
Frame selection

THE FRAME SIZE MATTERS:

1. Should not be wider than the widest part of the child's face.
2. Choose a frame with a boxed centre distance similar to the patient's PD.
3. This reduces the amount of decentration required when glazing and thus reduces edge thickness, giving a lighter, more comfortable pair of glasses with the best cosmetics.
4. Eyes should be centered in the frame.
5. No narrow frames.

Check the frame fit





Frame parameters :

Pantoscopic angle ~ 0° (vs adults ~8°)
Wrap angle ~ 0°
Back vertex distance < 12 mm

Fitting Essilor® Stellest® lenses

HORIZONTALLY

monocular pupillary distances OD and OS

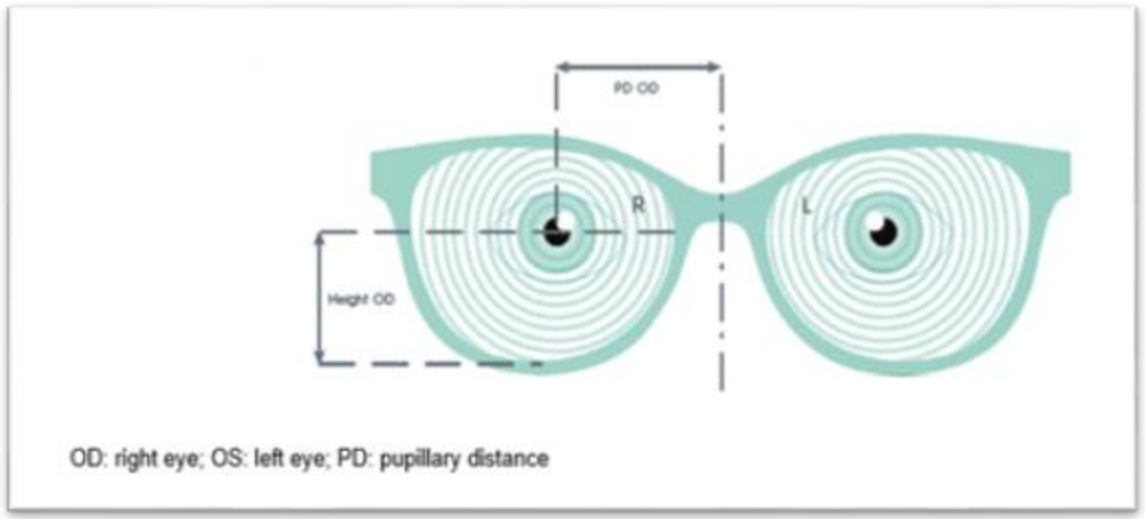
VERTICALLY

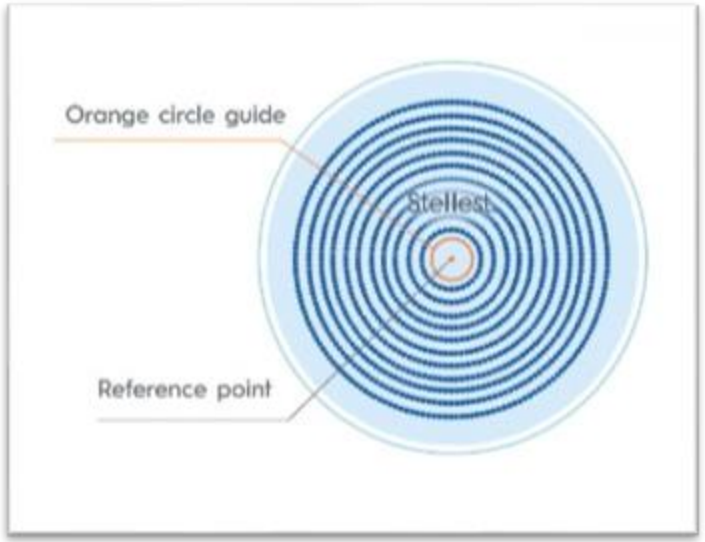
monocular heights OD and OS :

mark the monocular pupil centers in horizontal gaze direction

CENTRATION

The position of the reference point is the center of the rings of the lenslets. It is the point where the prescription is measured and controlled. This marking (dot) is to be used as the reference point for the centering of the lens (center of pupil).





Recommended follow up

1. First follow-up visit after 2 weeks
(Dispensing Eye Care Professional)

- Check for adaptation and compliance/wearing time
- Frame fitting check
- Ask about vision at distance and near
- Answer any questions the patient and parents may have
- If needed, additional visits to adjust the frame

2. Follow-up every 6 months
(Prescribing Eye Care Professional)

- Distance & near visual acuity
- Check compliance/wearing time
- Objective and subjective refraction and axial length measurement as indicated
- Best corrected visual acuity
- Any additional test or examination as clinically indicated

3. Annual comprehensive eye examination
(Prescribing Eye Care Professional)

- Update Essilor® Stellest® spectacle lenses if Rx progression is 0.50D or more
- Ongoing monitoring should include objective and subjective refraction at 6-month intervals, as indicated by the prescribing eye care professional

Source: Essilor International. Essilor® Stellest® spectacle lenses: Professional fitting and information guide. Instructions for Use. September 2025.

Recommendations

Encourage child to wear their Essilor® Stellest® spectacle lenses consistently: minimum of 10 hours per day for at least 6 days per week

Spend time outside everyday playing, walking, to be exposed to the natural daylight. It is recommended to spend **2h per day outside.**

Observe the adaptation phase and ensure that the frame is well fiited and later the size of frame is still suitable

The 20/20 rule: every 20 min, advise to **look away at least 20 seconds during** near work activities

Lifestyle advice

Initial Dispense

What to check when the patient is here to collect their glasses with Essilor® Stellest® lenses:

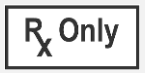
- Verify frame fit and adjust if necessary
- 15-minute spectacle trial (e.g., reading, walking), to ensure vision feels clear
- Recommended that the patient wears Essilor® Stellest® spectacle lenses as much as possible
- Advise there may be an adaptation period of up to 1 week
- If there is any discomfort or their vision does not feel right, advise to please return to their eye care professional
- Ensure follow-up with OD is scheduled

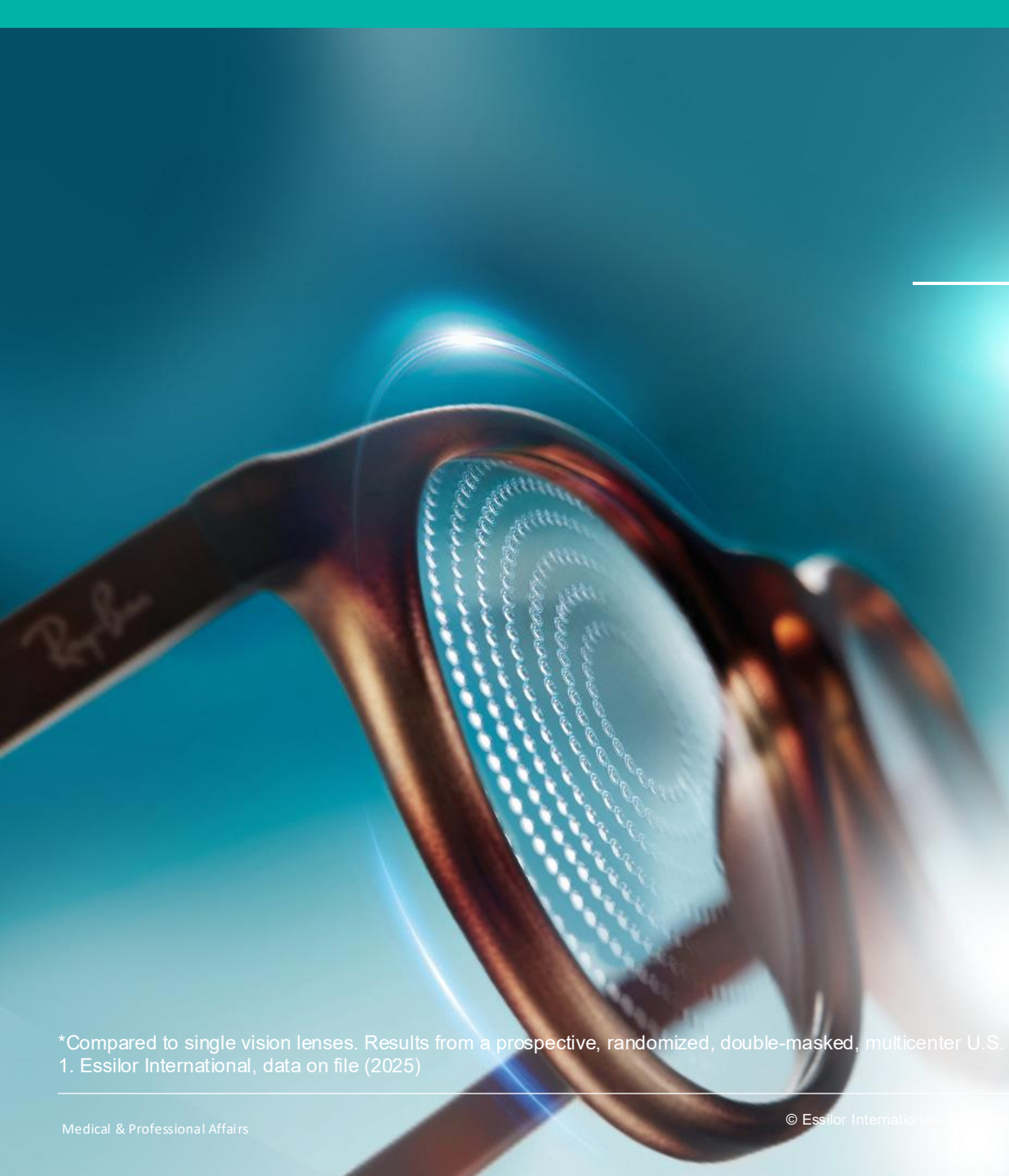
Source: Essilor International. Essilor® Stellest® spectacle lenses: Professional fitting and information guide. Instructions for Use. September 2025.

Regulatory

- ✓ Breakthrough designation using De Novo pathway April 2021
- ✓ Class II medical device as defined by FDA moderate risk classification
- ✓ Developed in close collaboration and communication with FDA as a novel breakthrough device. Given priority review consideration by FDA as a result of the designation
- ✓ Special controls include complaint monitoring. Contact information included in the patient and caregiver guide

The Essilor® Stellest® spectacle lens is a class 2 product according to FDA regulation. The following symbols may appear on the label:

Symbol	Meaning
	Caution: Federal (USA) law restricts this device to sale by or on the order of a licensed practitioner.
	Legal Manufacturer
	Date of Manufacture
	CE Marking (European regulation relating to medical devices).
	Medical Device
	Catalogue or Model Number



Set your practice apart with the first and only FDA market authorized spectacle lens designed for myopia control in children*[1]

*Compared to single vision lenses. Results from a prospective, randomized, double-masked, multicenter U.S. clinical trial in myopic children aged 6–12 years at initiation of treatment.

1. Essilor International, data on file (2025)

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Thank you.

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