URGENT
FIELD SAFETY NOTICE

October 31, 2017

Dear Customer:

RE: Voluntary Field Action of specific ACUVUE® ADVANCE®, ACUVUE® OASYS® and 1-DAY ACUVUE® MOIST® for ASTIGMATISM Brand Contact Lenses (FSCA # QRB-07-2017)

Johnson & Johnson Vision Care Inc., (JJVC) is recalling product lots of ACUVUE® ADVANCE®, ACUVUE® OASYS® and 1-DAY ACUVUE® MOIST® for ASTIGMATISM® Brand Contact Lenses. This Action only affects the lot numbers listed below. No other JJVC lots are affected by this Action.

<table>
<thead>
<tr>
<th>Brand name</th>
<th>Product Specification</th>
<th>Lot Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACUVUE® ADVANCE®</td>
<td>Base Curve 8.7, Refractive Power -4.75D</td>
<td>L002FNl</td>
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<tr>
<td>ACUVUE® ADVANCE®</td>
<td>Base Curve 8.7, Refractive Power -5.00D</td>
<td>L002V94</td>
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<tr>
<td>ACUVUE® ADVANCE®</td>
<td>Base Curve 8.7, Refractive Power -10.00D</td>
<td>B00DHLP</td>
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<tr>
<td>ACUVUE® OASYS®</td>
<td>Base Curve 8.8, Refractive Power -4.50D</td>
<td>L002QH9</td>
</tr>
<tr>
<td>ACUVUE® OASYS®</td>
<td>Base Curve 8.8, Refractive Power -4.00D</td>
<td>L002NCS</td>
</tr>
<tr>
<td>1-DAY ACUVUE® MOIST® for ASTIGMATISM</td>
<td>Base Curve 8.5, Refractive Power -7.50D, -1.25 x 180</td>
<td>B00LF41 (Converted Lot Number F00LF41)</td>
</tr>
</tbody>
</table>

The ACUVUE® ADVANCE®, ACUVUE® OASYS® and 1-DAY ACUVUE® MOIST® for ASTIGMATISM® Brand Contact Lens lot numbers are displayed on the individual contact lens package and for product in 6 pack, 30 pack and 90 pack units of measure also on the barcode area on the back of each individual unit carton.

JJVC has voluntarily initiated this Action to assure that you receive the highest quality products. We received a limited number of reports of a brush bristle found between the blister package and foil. The bristles in question were part of a cleaning brush used periodically in our manufacturing process. We have replaced this brush with alternative, safety-tested equipment. No adverse events have been reported as the brush bristle in all instances has been visible to the consumer or customer when opening the contact lens blister package.

The local competent authority has been informed of this Action.

Since you have received potentially affected product, please take the following actions:

1. Review your inventory and determine if you have ACUVUE® ADVANCE®, ACUVUE® OASYS® and/or 1-DAY ACUVUE® MOIST® for ASTIGMATISM lenses from the impacted lots.
2. STOP using all affected product. You can continue to use all other lots not affected by this voluntary recall.
3. Please pass this notice on to anyone in your organization who needs to be aware of the issue and ensure that they maintain awareness as necessary.

4. **Contact** Customer Service at XXXXXXXX to arrange return and replacement product.

5. **Complete** the enclosed Customer Reply Form and return via fax to XXXXXXXX or via email to XXXXX@XXX.com. **EVEN IF YOU HAVE NO INVENTORY REMAINING** affected by this recall, JJVC requires this information for reconciliation purposes with regulatory agencies.

As always, any ACUVUE® patient who has a complaint about the product is urged to stop using it and contact Johnson & Johnson Vision Customer Service, the store where the product was purchased, or their eye doctor immediately. If any user experiences persistent irritation, pain or redness, or a change in vision after removing the lens, they should contact their doctor immediately.

Our top priority is patient safety and we hold ourselves to high standards for product quality and customer satisfaction. We remain fully committed to serving our customers with safe and effective products. We recognize the inconvenience this causes you and appreciate your assistance in expediting return of the affected product.

Sincerely,

Roman Lakaschus  
Sr. Quality Manager  
Johnson & Johnson Vision Care, Inc.  
European Vision Center  
Hanworth Road  
Sunbury-on-Thames  
TW16 5LN
JJVC FIELD ACTION
CUSTOMER REPLY FORM

Please complete and return immediately EVEN IF YOU HAVE NO STOCK via Fax:XXXXXXX or email: XXXXXXX@XXX

Please place an “X” in one of the boxes below.

☐ All affected products have been used or discarded.
☐ We are returning affected product

<table>
<thead>
<tr>
<th>Lot Number</th>
<th>Quantity to be Returned</th>
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Customer Name: ____________________________
Customer Acct #: _________________________
Address: __________________________________
City, State, Postal Code: ________________
Country: ________________________________
Telephone Number: _______________________

Person completing this form acknowledges the receipt and understanding of the actions, as stated in the Product Recall letter:

Name: (print) ______________________________________
Title/Position ______________________________________
Signature: ________________________________________
Date: ___________________________________________