Stellest®

The first FDA market authorized spectacle lens to slow myopia progression in children*[1]

Essilor® Stellest® lenses slowed myopia progression by 71% on average over 2 years*[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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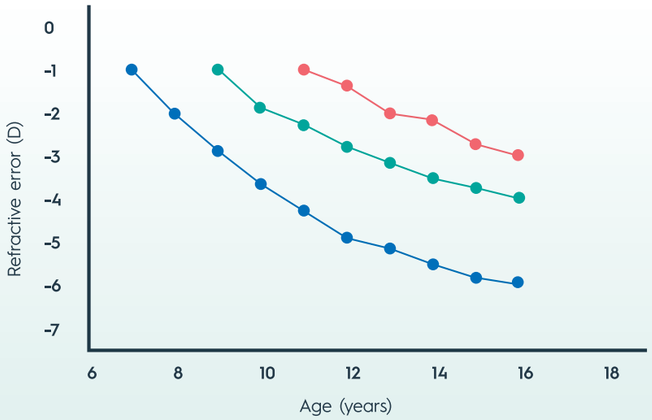
evolving vision

By 2050, half the world's population, 5 billion people, could be myopic.[2]

Myopia is an eye condition in which people can see closer objects clearly, but objects farther away appear blurred.[3]

Today, myopia is becoming increasingly common in younger generations across the world.[4]

The younger a child becomes myopic the faster their myopia progresses.[5]



- Onset at 7 YO with -1.00D likely to reach -6.00D at 16 YO
- Later onset at 11 YO with -1.00D likely to reach -3.00D at 16 YO

Extracted from reference number 5

Don't just correct myopia with single vision lenses. Choose to slow its progression.

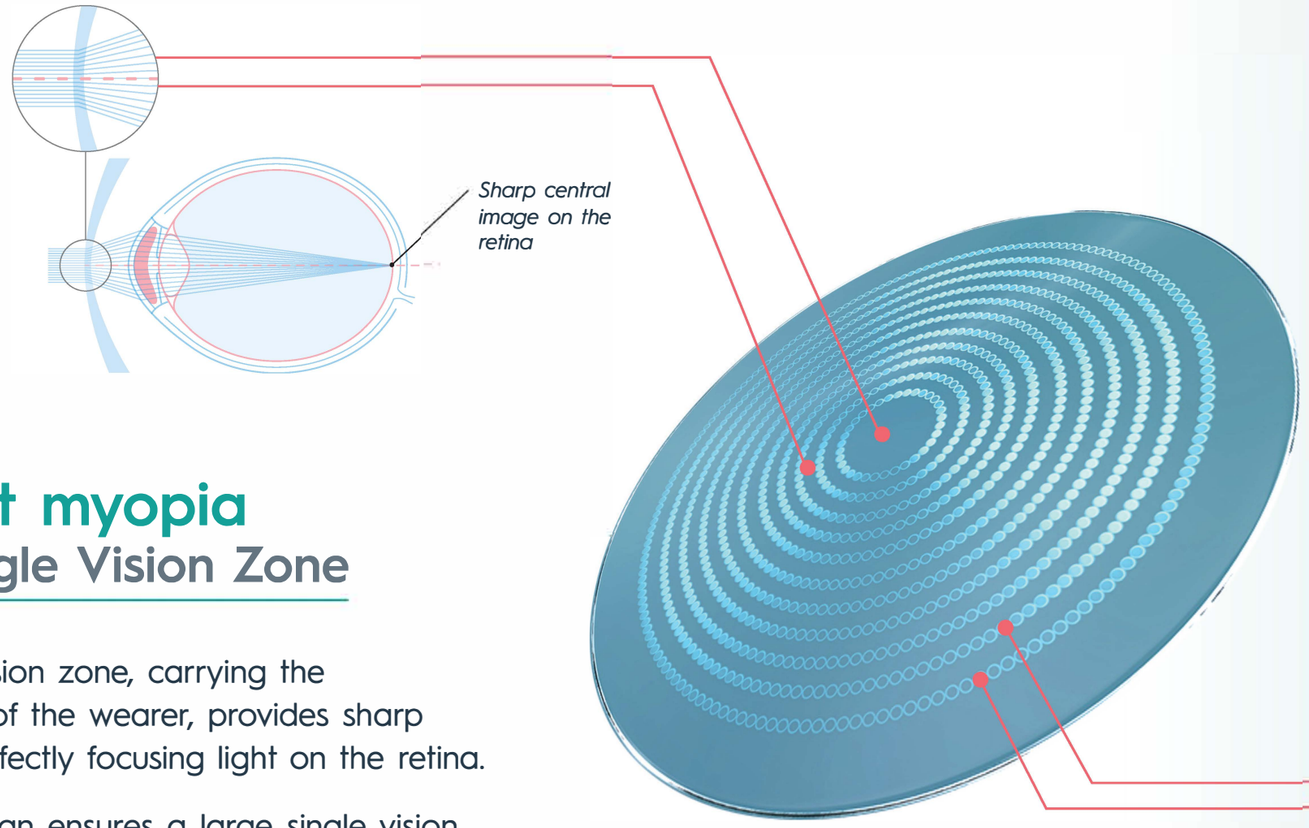
The first FDA market authorized spectacle lens to slow myopia progression in children*[1]

For over 45 years, Essilor® has been dedicated to improving myopia management solutions for children through continuous research and innovation

*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.

How do the Essilor® Stellest® lenses work?

Whereas standard single vision lenses only correct myopia, Essilor® Stellest® lenses correct and can slow myopia progression:



Correct myopia
with Single Vision Zone

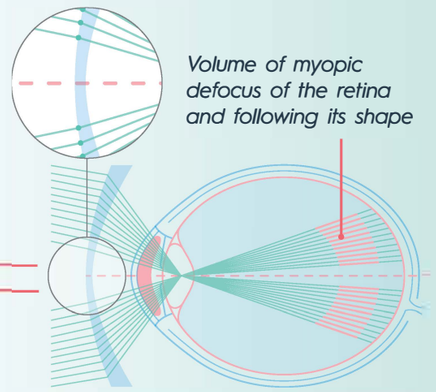
The single vision zone, carrying the prescription of the wearer, provides sharp vision by perfectly focusing light on the retina.

The lens design ensures a large single vision zone, providing good vision and comfort.

Slow myopia progression in children,[†1] with H.A.L.T.[†] Technology

H.A.L.T.† technology consists of 1021 highly aspherical lenslets, arranged over 11 rings of contiguous lenslets, covering 40% of the lens surface.

When light rays passes through these aspherical lenslets they create a volume of myopic defocus in front of the retina, which follows the shape of a child's theoretical myopic retina.[6]



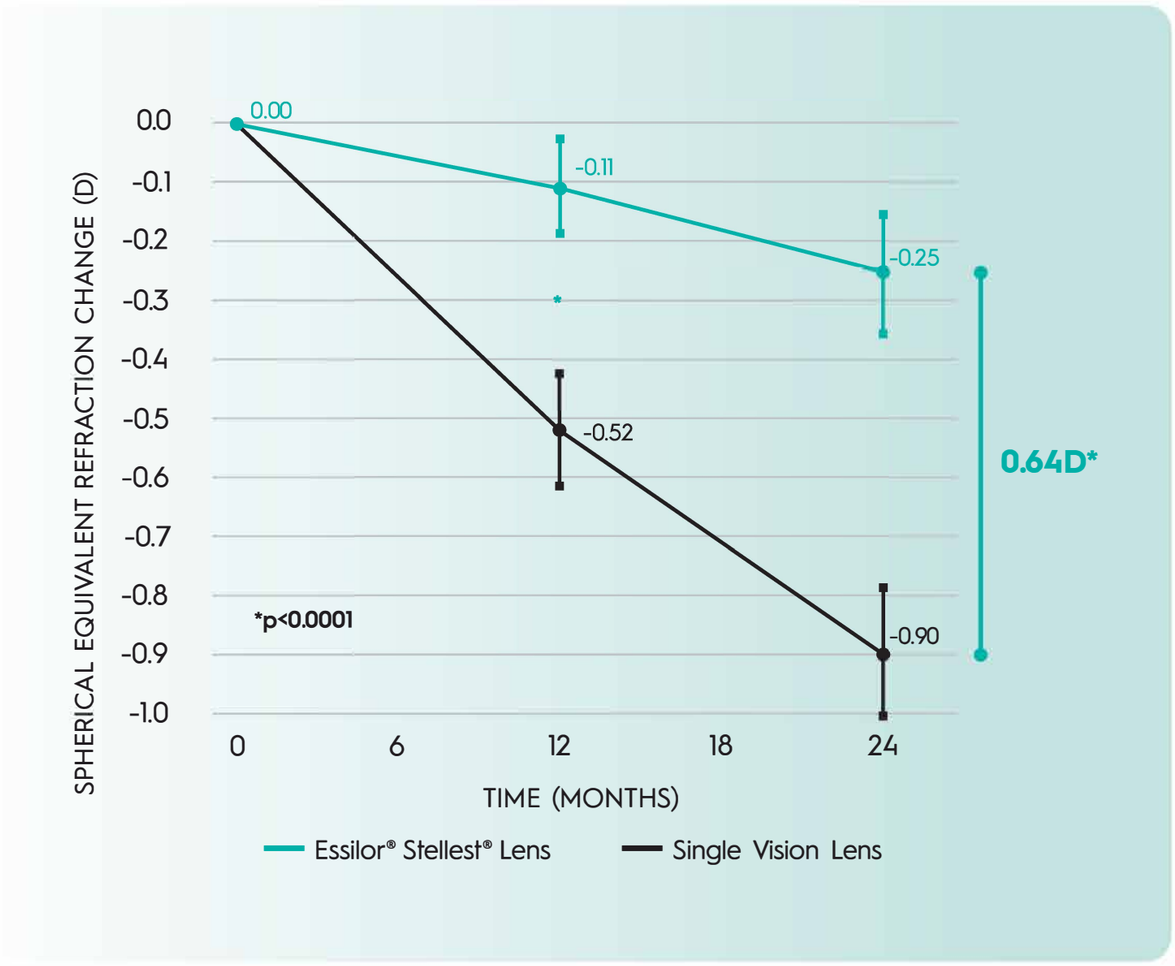
The volume of myopic defocus provides a myopia progression slow down signal.

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

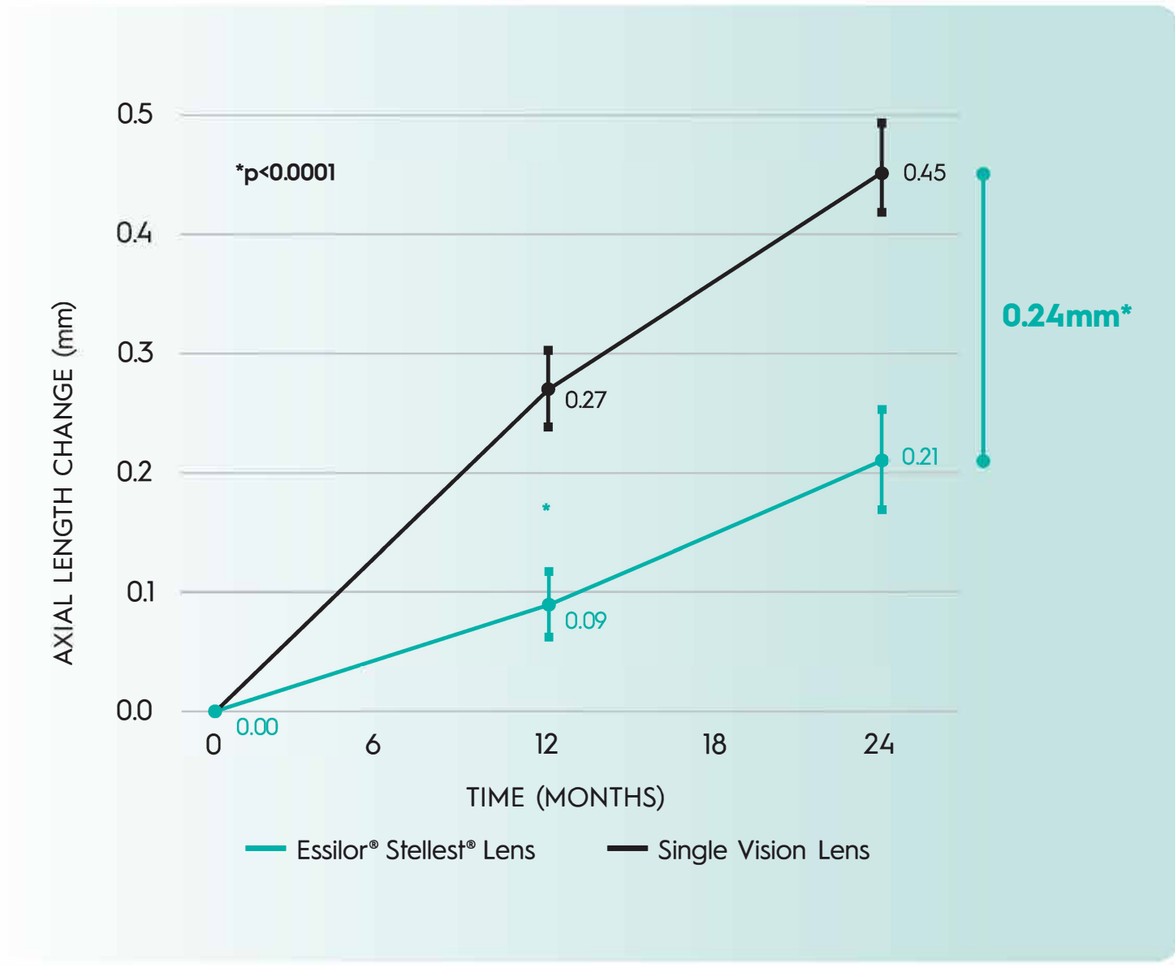
*H.A.L.T. is an acronym for Highly Aspherical Lenslet Target and does not imply a "halt" or "stop" of myopia progression.
†Compared to single vision lenses. Results from a prospective, randomized, double-masked, multicenter U.S. clinical trial in myopic children aged 6–12 years at initiation of treatment.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

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

Essilor® Stellest® lenses slowed myopia progression by 0.64D (71%) on average over a 2-year period.*[1]



Essilor® Stellest® lenses slowed eye growth by 0.24mm (53%) on average over a 2-year period.*[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.

What do Essilor® Stellest® lenses bring to children with myopia?

Correct myopia

Single vision zone to correct refractive error

Slow myopia progression

71% on average*[1]

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

Children can also benefit from...

- A wide choice of frames
- Crizal® coating

PROTECTED WITH Crizal SHIELD

Crizal® coating is 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.

Polycarbonate material:

- Blocks 100% transmission of UV rays.‡
- Up to 40x more impact-resistant than other materials.§
- Up to 16% lighter.¶
- Up to 21% thinner.¶

* 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.
‡ ISO 8980-3 Standard defines UV upper limit at 380nm.
§ Test conducted on multiple materials 1.50, 1.53, 1.56, 1.60, 1.67 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.

Range availability

Technology	H.A.L.T†
Sphere/Cylinder power*	SPH: [0.00; -10.00]; CYL [0.00; -4.00]
Diameter	70mm
Coating	Crizal® Easy Pro
Material	Polycarbonate 1.59
UV cut off	100% UV Protection#

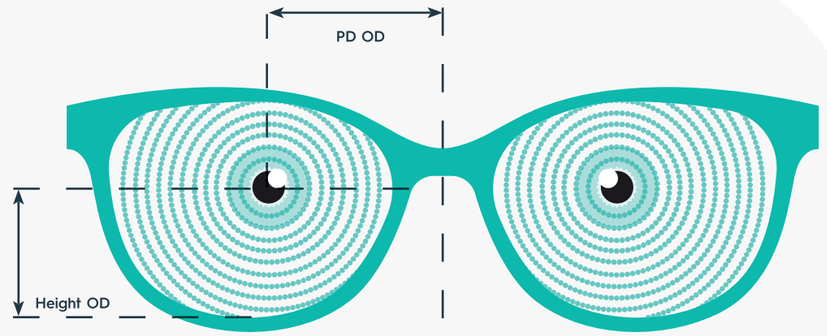
Fitting

Horizontally

Monocular pupillary distances OD and OS.

Vertically

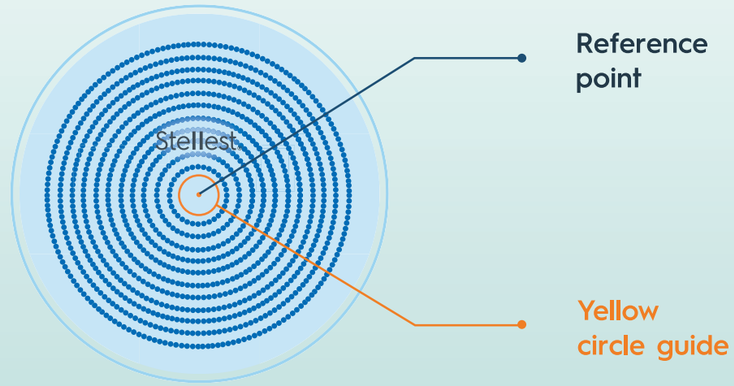
Monocular heights OD and OS: mark the monocular pupil centers in horizontal gaze direction.



OD: right eye; OS: left eye; PD: pupillary distance

Centration

The position of the reference point is the centre 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).



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# By absorption. Additional UV back side reflection reduction when combined with Crizal® coating.

Essilor® Stellest® lenses recommended follow up schedule

Visit 01

EXAMINATION
PRESCRIBING
DISPENSING

Visit 02
+2 weeks

FIRST FOLLOW UP
CHECK FIT & ADVISE

Visit 03
+6 months

FOLLOW UP EVERY
6 MONTHS CHECK
FIT & PRESCRIPTION

Additional recommendations to give to parents

Increase children's outdoor time up to at least two hours a day.[7]

Follow the 20/20/20 rule (every 20 minutes, focus on an object 20 feet away for 20 seconds) to give children's eyes a constant break.

Maintain regular eye checkups.

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

Scan to access the official Practitioner Guide which includes the Instructions for Use (IFU)

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1. Essilor International, data on file (2025)
2. Holden BA, et al. Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050. Ophthalmology. 2016;123:1036-42.
3. Yu L, et al. Epidemiology, genetics and treatments for myopia. International journal of ophthalmology. 2011;4(6):658-669.
4. Sankaridurg P, et al. IMI Impact of Myopia. Invest Ophthalmol Vis Sci. 2021;62:2-2. https://doi.org/10.1167/iovs.62.5.2
5. Sankaridurg P. A less myopic future: what are the prospects?. Clinical and Experimental Optometry. 2015;98(6):494-6
6. Atchison DA. Optical models for human myopic eyes. Vision Res Published Online First: 2006. doi:10.1016/j.visres.2006.01.004
7. Xiong S et al. Time spent in outdoor activities in relation to myopia prevention and control a meta-analysis and systematic review. Acta ophthalmologica. 2017 Sep;95(6)551-66