Stellest® 2.0 Lenses

Essilor*
#1 lens brand
recommended by eye care professionals worldwide*

Higher power,† higher efficacy.‡1,2

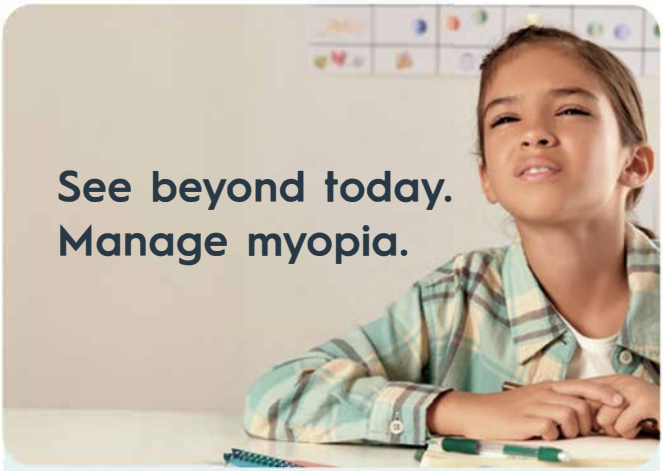
Essilor Stellest® 2.0 lenses provide twice the signal for slowing myopia progression,§ delivering significantly better results.‡1,2

*Based on an average recommendation with quantitative research conducted in 8 countries (Brazil, Canada, China, France, India, Italy, UK and the US) among a representative sample of 1560 Eye Care Professionals: 1,047 opticians, 513 optometrists between January and June 2022. These 8 countries represent: 63% of the world in lens volume. †Higher power refers to the increased depth of volume of non-focused light in front of the retina—twice that of Essilor® Stellest® lenses by design—and is not associated with a doubling of lens power, lenslet power, or efficacy.

‡Based on 12-month results from a prospective, randomised, double-masked contralateral crossover clinical trial conducted in Singapore on 50 children. §Higher power refers to the increased depth of volume of non-focused light in front of the retina—twice that of Essilor® Stellest® lenses by design—and is not associated with a doubling of lens power, lenslet power, or efficacy. 1. Raveendran RN, Ong WS, Lim SY, Lim EW, Chua HR, Drobe B. Effect of increased power and asphericity of lenslets on myopia control efficacy: 6-month interim results of a contralateral crossover clinical trial. Invest Ophthalmol Vis Sci. 2025;66:5192.

2. Raveendran RN, Ong WS, Wong YL, Zhan SJ, Lee CF, Lim SY, Drobe B. Effect of increased power and asphericity of highly aspherical lenslets on myopia control efficacy: a contralateral crossover study. Transl Vis Sci Technol. 2025;14(11):9. doi:10.1167/tvst.14.11.9.

essilor
evolving vision



See beyond today. Manage myopia.

Commonly caused by **increased eye length,**[3] myopia (or nearsightedness) is not just a common vision condition – it is a **lifelong condition** and not to be taken lightly.

Myopia can progress rapidly in children.[4]

Short Term

- Undetected myopia progression can affect learning.
- Frequent prescription changes can be costly.
- High myopia can impact your child's quality of life.
- Increased risks of sight-threatening eye conditions later in life.[5,6]

Long Term

Essilor®'s mission to fight myopia progression.

Don't just correct myopia with single vision lenses.

Choose to control its progression.

The first generation of **Essilor® Stellest® lenses**, powered by **H.A.L.T. technology**, provides a signal to **slow down myopia progression by 67%** on average.*[7]

....helping millions of children around the world.

H.A.L.T.: Highly Aspherical Lenslet Target
*compared to single vision lenses, when worn 12 hours per day every day for two consecutive years.

Building on the success of the first generation, Essilor® Stellest® 2.0 lenses enter another realm of performance.

Higher power,* higher efficacy.[†1,2]

Manage myopia progression via **H.A.L.T. MAX technology**.

Essilor® Stellest® 2.0 lenses provide **twice the signal** for slowing myopia progression,[‡] delivering significantly better results.[†1,2]

H.A.L.T.: Highly Aspherical Lenslet Target

Other main benefits.

Correct myopia.

Aesthetic, simple and safe.§

Airwear®

Polycarbonate material.

Up to 40x more impact resistant.¶

Up to 21% thinner.#

Up to 16% lighter.#

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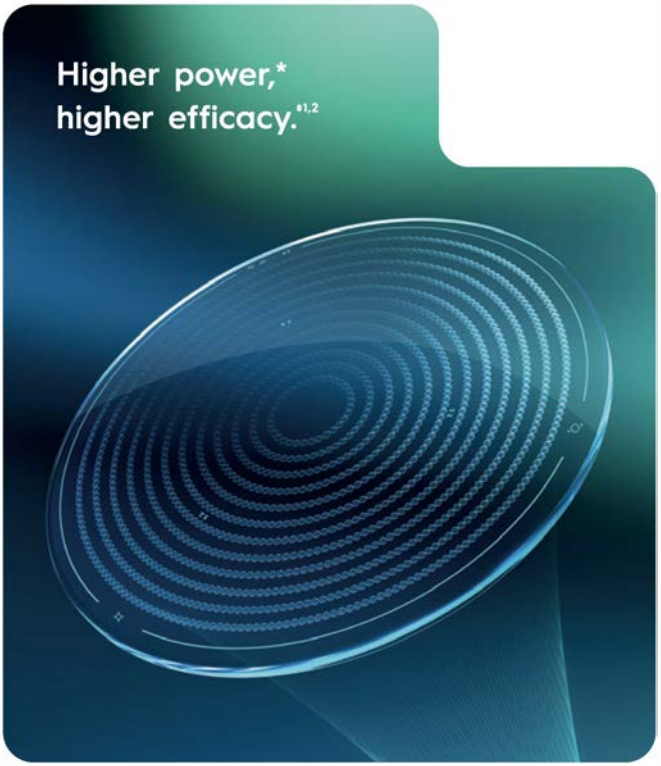
§Essilor® Stellest® 2.0 lenses are made from AIRWEAR® polycarbonate which provides impact-resistance and blocks 100% transmission of UV.
¶Test conducted on multiple materials 1.50, 1.53, 1.56, 1.60, 1.67 and 1.74 in comparison with 1.59 by an accredited external laboratory using method defined in the 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 coating and 2.0 mm+/-0.2 mm centre thickness
#Compared to 1.50 lenses

Give your children a brighter future with Essilor® Stellest® 2.0 lenses.



Lighting the path to a brighter future

Stellest®

essilor

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3. Flitcroft, et al, 2019. IMI – Defining and Classifying Myopia: A Proposed Set of Standards for Clinical and Epidemiologic Studies. Invest. Ophthalmol. Vis. Sci. 60, M20–M30. https://doi.org/10.1167/iovs.18-25957.
4. Gifford KL, et al. IMI–clinical management guidelines report. Investigative ophthalmology & visual science. 2019 Feb 28;60(3):M184–203.
5. Holden BA, et al. Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050. Ophthalmology. 2016;123:1036–42.
6. Sankaridurg P, et al. IMI Impact of Myopia. Invest Ophthalmol Vis Sci. 2021;62:2–2.
7. Bao J, et al. Spectacle lenses with aspherical lenslets for myopia control vs single-vision spectacle lenses: a randomized clinical trial. JAMA ophthalmology. 2022;140(5):472–8. doi:10.1001/jamaophthalmol.2022.0401.