

FOCUS ON VALUE



TECNIS Synergy™ IOLs – a Breakthrough Innovation that:

Delivers a wider range of continuous vision than a leading presbyopia-correcting IOL^{1,2,*}

Provides better near vision, day and night^{1,2,*}

Combines the unique TECNIS® optical benefits of multifocal and EDOF IOL diffractive technologies^{1,†}

TECNIS Synergy™ IOLs are built on the strength of the TECNIS® platform

Correction of spherical aberration to virtually zero, resulting in **sharp quality of vision**³

Low induction of chromatic aberration and **high image contrast, day and night**⁴

Observe less capsular phimosis to **minimize decreased vision and IOL decentration**⁵

TECNIS® IOLs are **not associated with glistenings**⁶

Powered by IntelliLight™, an innovative combination of three proprietary technologies⁷



High-resolution Echelette

Extends the depth of focus for uninterrupted vision.⁷ Advanced lathing helps reduce light scatter and halo intensity.⁸



Violet Light Filter

Designed to mitigate dysphotopsia including halo, glare and starburst^{8,10}



Why filter violet (360-460 nm) but not blue (460-500 nm) light?

High-energy violet wavelengths **create more light scatter**, resulting in poor image quality. Blocking these wavelengths may reduce dysphotopsia.¹¹⁻¹⁴

Blue light transmission **aids image quality in low light**. Transmission decreases with age, which may reduce the ability to walk on uneven surfaces or read in dim light.^{14,15}



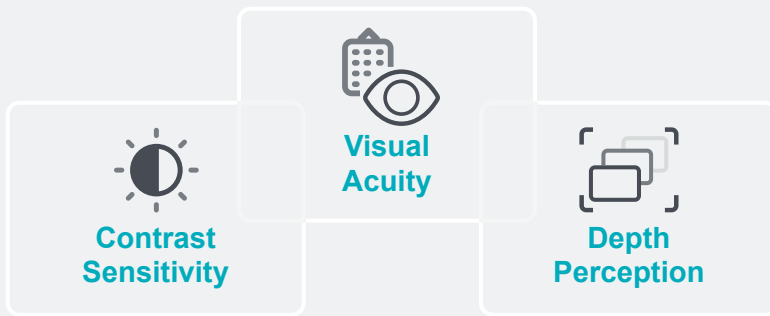
Achromatic Technology

Achromatic design that corrects chromatic aberration to enhance image contrast, day and night⁹

*Versus AcrySof® IQ PanOptix® Trifocal IOL; continuous 20/32 or better based on defocus curve. †EDOF = extended depth of focus.

Visual acuity, contrast sensitivity, and depth perception are key elements of visual function^{16,17}

Visual acuity, contrast sensitivity, and depth perception are **highly interrelated elements of vision** and impact health-related quality of life^{16,17}



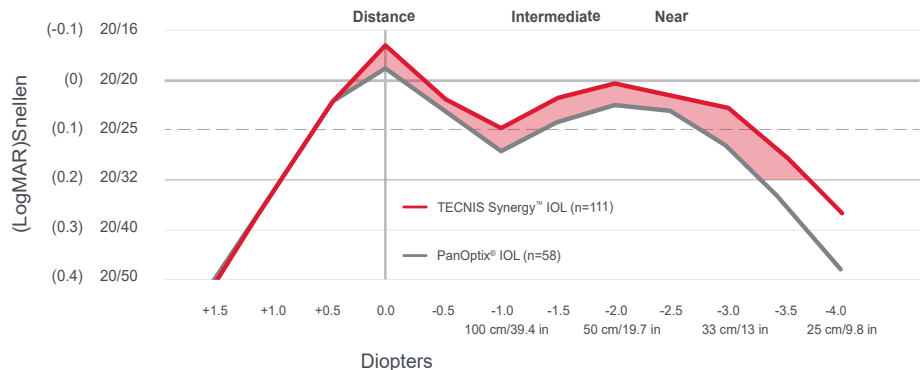
These visual functions **play an important role** in the ability of patients to safely carry out activities of daily living¹⁶⁻²⁰

TECNIS Synergy™ IOLs showed better performance across every distance tested compared with PanOptix® 2,*

35% more Area Under the Curve (AUC) defocus range of 20/32 or better vision compared with PanOptix® 2,*

The AUC metric provides an overview of visual range, accounting for the **level of visual acuity within the range as well as the range itself**. It represents the subjective experience better than intermediate and near visual acuities alone.²¹

Mean photopic binocular distance-corrected defocus curves demonstrating the range of functional vision[†]



20/25 or better vision from infinity to <13 inches that allows patients to seamlessly move between different activities^{2,23}

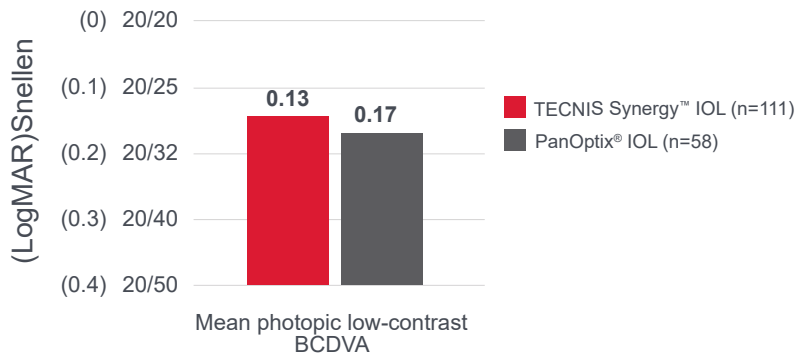
* Based on interim data collected at 3 months after surgery in a head-to-head clinical study.
 † Direct comparisons of defocus curves provide a detailed comparison of visual acuity at every level of defocus.^{21,22}

A breakthrough presbyopia solution designed for optimal binocular vision, which is important for depth perception^{2,24}

TECNIS Synergy™ IOLs deliver better image contrast in photopic and mesopic lighting conditions^{2,*}

Better visual acuity under low-contrast and mesopic conditions compared with PanOptix®^{2,†}

Better distance vision under photopic conditions at 25% contrast compared with PanOptix®^{2,†}

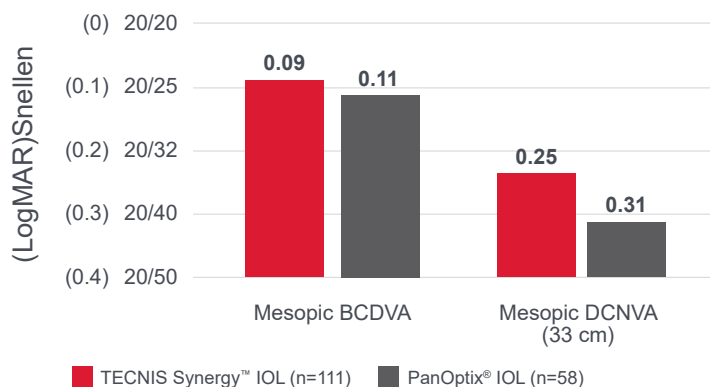


Photopic Image
Well-lit conditions; e.g., exam room setting[‡]

100% contrast
75% contrast
50% contrast
25% contrast

Contrast loss contributes considerably to age-related visual decline, especially under dim light²⁵

Better distance and near vision under mesopic conditions compared with PanOptix® (sharper nighttime vision)^{2,†}



Mesopic Image
Low-light conditions; real-world setting[‡]



*Versus PanOptix® IOLs. † Based on interim data collected at 3 months after surgery in a head-to-head clinical study.

‡ Images are depicting accurate contrast percentages to conceptualize contrast sensitivity metrics. These specific images were not used in clinical testing.

Compared to PanOptix® IOL patient responses, TECNIS Synergy™ patient-reported outcomes revealed more satisfaction with some common night-time activities²³

TECNIS Synergy™ IOLs provide the key elements of vision that impact patient quality of life^{2,16,17}

TECNIS Synergy™ IOLs may support patients to safely navigate their environment day and night^{8,23}



~700 older adults per day are injured in motor vehicle crashes²⁶

What is the potential visual impact toward motor vehicle accidents?

Reduced mesopic contrast sensitivity and **poor depth perception** are associated with motor vehicle collision risk^{17,20,27}

The economic cost of motor vehicle crashes is equivalent to **~\$784** for every person in the US per year²⁸



Every second of every day someone 65+ years of age falls in the US²⁹

What is the potential visual impact toward falls among older adults?

Poor visual acuity, contrast sensitivity, and depth perception are risk factors for falls.^{16,18,19,30} Monovision can be particularly disruptive for older patients when navigating their environment.²⁴

PC-IOLs* may avoid the need for full-time glasses, providing **better depth perception** and reduced fall risk when compared to spectacle use³¹

\$9,780 is the average direct cost of a non-fatal fall (fatal fall injury is \$26,340)³²



Visual Acuity



Contrast Sensitivity



Depth Perception[†]

TECNIS Synergy™ IOLs provide continuous, high-contrast, binocular vision[†] even under mesopic conditions, which may address some known vision-related risk factors for motor vehicle accidents and falls^{2,8,16,20,23,24}

TECNIS Synergy™ IOLs can provide lifetime cost savings to patients as a result of reduced spectacle needs^{23,31,33}



Spectacles needed after implantation of a monofocal IOL **may be costly**, particularly over the course of a patient's lifetime^{31,33,34}

Patients are willing to pay at least **\$5.00 per day** for PC-IOLs* to reduce spectacle wear³³

92% of patients that received TECNIS Synergy™ IOLs did not wear glasses after cataract surgery^{23,‡}

* PC-IOLs = presbyopia-correcting IOLs. † When comparing PC-IOL to monovision cataract surgery. ‡ Based on interim data collected 6 months after surgery in a post-market clinical study (n=101).

TECNIS Synergy™ IOLs can provide value to your patients

References and Important Safety Information

REFERENCES: 1. Johnson & Johnson Surgical Vision (2021) TECNIS Synergy™ IOL DFW. 2. Johnson & Johnson Surgical Vision (2020) Forte 1: A Comparative Clinical Evaluation of a New TECNIS® Presbyopia Correcting Intraocular Lens Against a PanOptix® Intraocular Lens- DEFOCUS CURVES AND VISUAL ACUITY RESULTS. DOF2020CT4014. 3. Piers P, Manzanera S, Prieto P, Gorceix N, Artal P (2007) Use of adaptive optics to determine the optimal ocular spherical aberration. *J Cataract Refract Surg* 33: 1721-1726. 4. Johnson & Johnson Surgical Vision (2018) Data on file. DOF2018OTH4004. 5. Kahraman G, Ferdinano C, Wetzel B, Bernhart C, Prager F et al. (2017) Intraindividual comparison of capsule behavior of 2 hydrophobic acrylic intraocular lenses during a 5-year follow-up. *J Cataract Refract Surg* 43 (2): 228-233. 6. Johnson & Johnson Surgical Vision (2013) Data on file. DOF2014OTH0002. 7. Johnson & Johnson Surgical Vision (2020) Data on File, PP2020CT4791. 8. Canovas C, Weeber HA, Trentacost D, Janakiraman P, Tarantino N et al. (2019) Optical and Visual performance of violet blocking intraocular lenses. *Invest Ophthalmol Vis Sci* 60 (9): 3717-3717. 9. Johnson & Johnson Surgical Vision (2020) Data on File. DOF2020OTH4010. 10. Johnson & Johnson Surgical Vision (2020) Data on File. DOF2020CT4011. 11. Puell MC, Palomo-Alvarez C (2017) Effects of Light Scatter and Blur on Low-Contrast Vision and Disk Halo Size. *Optom Vis Sci* 94 (4): 505-510. 12. Johnson & Johnson Surgical Vision (2020) Data on file. DOF2020OTH4005. 13. Johnson & Johnson Surgical Vision (2019) Data on file. DOF2019CT4010. 14. Mainster MA (2006) Violet and blue light blocking intraocular lenses: photoprotection versus photoreception. *Br J Ophthalmol* 90 (6): 784-792. 15. Cuthbertson FM, Peirson SN, Wulff K, Foster RG, Downes SM (2009) Blue light-filtering intraocular lenses: review of potential benefits and side effects. *J Cataract Refract Surg* 35 (7): 1281-1297. 16. Shader RI (2019) Falls, Frailty, Vision, and Aging. *Clin Ther* 41 (3): 369-372. 17. Datta S, Foss AJ, Grainge MJ, Gregson RM, Zaman A et al. (2008) The importance of acuity, stereopsis, and contrast sensitivity for health-related quality of life in elderly women with cataracts. *Invest Ophthalmol Vis Sci* 49 (1): 1-6. 18. Harwood RH (2001) Visual problems and falls. *Age Ageing* 30 Suppl 4 13-18. 19. Saftari LN, Kwon OS (2018) Ageing vision and falls: a review. *J Physiol Anthropol* 37 (1): 11. 20. Owsley C, Swain T, Liu R, McGwin G, Jr., Kwon MY (2020) Association of Photopic and Mesopic Contrast Sensitivity in older drivers with risk of motor vehicle collision using naturalistic driving data. *BMC Ophthalmol* 20 (1): 47. 21. Buckhurst PJ, Wolffsohn JS, Naroo SA, Davies LN, Bhogal GK et al. (2012) Multifocal intraocular lens differentiation using defocus curves. *Invest Ophthalmol Vis Sci* 53 (7): 3920-3926. 22. Plaza-Puche AB, Alio JL (2016) Analysis of defocus curves of different modern multifocal intraocular lenses. *Eur J Ophthalmol* 26 (5): 412-417. 23. Johnson & Johnson Surgical Vision (2020) Forte 1: A Comparative Clinical Evaluation of a New TECNIS® Presbyopia Correcting Intraocular Lens Against a PanOptix® Intraocular Lens- SPECTACLE WEAR AND SATISFACTION RESULTS. DOF2020CT4015. 24. Smith CE, Allison RS, Wilkinson F, Wilcox LM (2019) Monovision: Consequences for depth perception from large disparities. *Exp Eye Res*:183 62-67. 25. Silvestre D, Arleo A, Allard R (2019) Healthy Aging Impairs Photon Absorption Efficiency of Cones. *Invest Ophthalmol Vis Sci* 60 (2): 544-551. 26. CDC (2017) National Center for Injury Prevention and Control. Web-based Injury Statistics and Reporting System (WISQARS). Atlanta, GA: CDC; 2017. Available at: https://www.cdc.gov/motorvehiclesafety/older_adult_drivers/index.html. Accessed 16 October 2020. 27. Sandlin D, McGwin G, Jr., Owsley C (2014) Association between vision impairment and driving exposure in older adults aged 70 years and over: a population-based examination. *Acta Ophthalmol* 92 (3): e207-212. 28. NHTS Administration (2015) The economic and societal impact of motor vehicle crashes, 2010 (revised). DOT HS 812 013. 1-304. 29. Mahal M (2020) Risk Assessment and Mitigation Approach for Falls Prevention and Ageing In Place Concepts. Available at: <https://ankura.com/insights/risk-assessment-and-mitigation-approach-for-falls-prevention-and-ageing-in-place-concepts>. 30. Marks R (2014) Falls Among the Elderly and Vision: A Narrative Review. *Open Med J*: 1 54-65. 31. Hamilton DR (2019) Barriers to success with PC-IOLs: Improve your presbyopia-correcting IOL conversion rates by communicating their value and benefits. Available at: <https://www.ophthalmologymanagement.com/issues/2019/december-2019/barriers-to-success-with-pc-iols>. 32. America's Health Rankings (2020) Falls – Ages 65+. Available at: https://www.americashealthrankings.org/explore/senior/measure/falls_sr/state/U.S. 33. Maxwell WA, Waycaster CR, D'Souza AO, Meissner BL, Hileman K (2008) A United States cost-benefit comparison of an apodized, diffractive, presbyopia-correcting, multifocal intraocular lens and a conventional monofocal lens. *J Cataract Refract Surg* 34 (11): 1855-1861. 34. Lafuma A, Berdeaux G (2008) Modelling lifetime cost consequences of ReSTOR in cataract surgery in four European countries. *BMC Ophthalmol* 8: 12.

INDICATIONS and IMPORTANT SAFETY INFORMATION FOR TECNIS SYNERGY™ IOL WITH TECNIS SIMPLICITY® DELIVERY SYSTEM, MODEL DFR00V AND TECNIS SYNERGY™ TORIC II IOL WITH TECNIS SIMPLICITY® DELIVERY SYSTEM, MODELS DFW150, DFW225, DFW300, DFW375

INDICATIONS: The TECNIS Simplicity® Delivery System is used to fold and assist in inserting the TECNIS Synergy™ IOL which is indicated for primary implantation for the visual correction of aphakia in adult patients, with less than 1 diopter of pre-existing corneal astigmatism, in whom a cataractous lens has been removed. The TECNIS Simplicity® Delivery System is used to fold and assist in inserting the TECNIS Synergy™ Toric II IOLs that are indicated for primary implantation for the visual correction of aphakia and for reduction of refractive astigmatism in adult patients with greater than or equal to 1 diopter of preoperative corneal astigmatism, in whom a cataractous lens has been removed. Compared to an aspheric monofocal lens, the TECNIS Synergy™ IOLs mitigate the effects of presbyopia by providing improved visual acuity at intermediate and near distances to reduce eyeglass wear, while maintaining comparable distance visual acuity. The lens is intended for capsular bag placement only.

WARNINGS: Intraocular lenses may exacerbate an existing condition, may interfere with diagnosis or treatment of a condition or may pose an unreasonable risk to the eyesight of patients. Patients should have well-defined visual needs and be informed of possible visual effects (such as a perception of halo, starburst or glare around lights), which may be expected in nighttime or poor visibility conditions. Patients may perceive these visual effects as bothersome, which, on rare occasions, may be significant enough for the patient to request removal of the IOL. The physician should carefully weigh the potential risks and benefits for each patient. Patients with a predicted postoperative residual astigmatism greater than 1.0 diopter, with or without a toric lens, may not fully benefit in terms of reducing spectacle wear. Rotation of the TECNIS Synergy™ Toric II IOL from its intended axis can reduce its astigmatic correction. Misalignment greater than 30° may increase postoperative refractive cylinder. If necessary, lens repositioning should occur as early as possible, prior to lens encapsulation. The lens and delivery system should be discarded if the lens has been folded within the cartridge for more than 10 minutes. Not doing so may result in the lens being stuck in the cartridge. Do not attempt to disassemble, modify, or alter the delivery system or any of its components, as this can significantly affect the function and/or structural integrity of the design.

PRECAUTIONS: Interpret results with caution when using autorefractors or wavefront aberrometers that utilize infrared light, or when performing a duochrome test. Confirmation of refraction with maximum plus manifest refraction technique is strongly recommended. The ability to perform some eye treatments (e.g., retinal photocoagulation) may be affected by the IOL optical design. The surgeon should target emmetropia, as this lens is designed for optimum visual performance when emmetropia is achieved. The TECNIS Synergy™ IOLs should not be placed in the ciliary sulcus. Carefully remove all viscoelastic and do not over-inflate the capsular bag at the end of the case. Residual viscoelastic and/or over-inflation of the capsular bag may allow the lens to rotate, causing misalignment of the TECNIS Synergy™ Toric II IOL. All preoperative surgical parameters are important when choosing a TECNIS Synergy™ Toric II IOL for implantation, including preoperative keratometric cylinder (magnitude and axis), incision location, the surgeon's estimated surgically induced astigmatism (SIA) and biometry. Variability in any of the preoperative measurements can influence patient outcomes and the effectiveness of treating eyes with lower amounts of preoperative corneal astigmatism. The effectiveness of TECNIS Synergy™ Toric II IOLs in reducing postoperative residual astigmatism in patients with preoperative corneal astigmatism < 1.0 diopter has not been demonstrated. Patients with a predicted postoperative astigmatism greater than 1.0 D may not be suitable candidates for implantation with the TECNIS Synergy™ and TECNIS Synergy™ Toric II IOLs, as they may not obtain the benefits of reduced spectacle wear or improved intermediate and near vision seen in patients with lower predicted postoperative astigmatism.

ATTENTION: Reference the Directions for Use for a complete listing of Indications and Important Safety Information.