Johnson&Johnson VISION

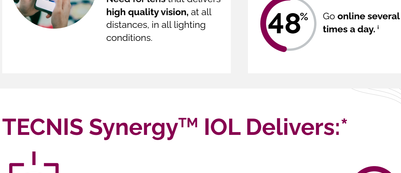
TECNIS Synergy™ IOL

Improving How Patients See After Cataract Surgery

New **TECNIS Synergy™ IOL** combines the best of extended depth of focus and multifocal technologies to meet the demands of today's cataract patients

Meaningful Innovation

Other PC-IOL technologies can create **gaps within the patients' visual range**



Increased digital device use & LED lighting

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Need for lens that delivers **high quality vision**, at all distances, in all lighting conditions.

31% About three-in-ten U.S. adults say they are **'almost constantly'** online [i]

48% Go **online several times a day.** [ii]

TECNIS Synergy™ IOL Delivers:*

Widest† range of continuous^^ vision among leading PC-IOLs **without gaps** seen with some existing multifocal technology^ [i, ii, iv, v, vi]

Best **near vision** versus leading PC-IOLs ^^^ [vi]

Superior **image contrast** ^^^

2X better image contrast in low lighting conditions compared to IOLs of comparable range.[i, viii, ix]

Reduced need for glasses

9 out of 10 patients studied did not wear glasses after surgery. [x]

High **patient satisfaction**

96% Were able to see a menu in a dimly lit restaurant

90% Were able to see objects and read street signs*

*vs Acrysof® IQ PanOptix® IOL. TECNIS Symfony™ IOL, TECNIS® Multifocal IOL (United States). vs. Acrysof® IQ PanOptix® IOL, AT Lisa Trifocal IOL and FineVision IOL (Canada). Based on comparison of DFU defocus curves and a head to head clinical study vs. Acrysof® IQ PanOptix® IOL.

^^Continuous 20/32 or better.

^^^vs. Acrysof® IQ PanOptix®

To learn more about the TECNIS Synergy™ PC-IOL, please visit: www.jnjvisionpro.com

† Compared to IOLs of comparable range. (ie. trifocal IOLs (PanOptix®, FineVision, AT Lisa)

*Based on interim 6-months post-operative data

[i] Pew Research Center. "About three-in-ten U.S. adults say they are 'almost constantly' online." https://www.pewresearch.org/fact-tank/2021/03/26/about-three-in-ten-u-s-adults-say-they-are-almost-constantly-online/

[ii] DOF2019OTH4005 – Perez G. Simulated VA of the TECNIS Synergy™ IOL and AT Lisa Tri IOL. 5 May 2019.

[iii] DOF2019OTH4006 – Perez G. Simulated VA of the TECNIS Synergy™ IOL and FineVision IOL. 5 May 2019.

[iv] TECNIS® Multifocal 1-Piece IOL ZKB00 and ZLB00 DFU – US – Doc. #ZJ31328. Rev. A. 04/2018. REF2019CT4049. TECNIS® Multifocal 1-Piece IOL ZKB00 and ZLB00 DFU - CAN – Doc. #ZJ311006. Rev. A. 04/2015. REF 2018 CT4348.

[v] DOF2020CT4014 – 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

[vi] TECNIS Symfony™ Extended Range of Vision IOL DFU - US -Doc. #ZJ31215. Rev. 01. 12/2017 REF2020MLT4051. TECNIS SYMFONY®

EXTENDED RANGE OF VISION IOL AND TECNIS SYMFONY® TORIC EXTENDED RANGE OF VISION IOL IOL DFU – CAN – Doc. #ZJ311359. Rev. D. 11/2017

[vii] DOF2020CT4014 – 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

[viii] DOF2019OTH4002 – Weeber H. MTF of the TECNIS Synergy™ OptiBlue® . and other lens models. 27 Mar 2020

[ix] DOF2019OTH4003 – Clinical Investigation of the TECNIS® Next-Generation IOL Model ZFR00 (TECNIS Synergy™ IOL) 6-Month POC Data. 23 Apr 2019

[x] DOF2020CT4055- ('Forte 1'): A Comparative Clinical Evaluation of a New TECNIS® Presbyopia Correcting Intraocular Lens Against a PanOptix® Intraocular Lens-spectacle wear and satisfaction results

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, in the United States

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.

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

INDICATIONS FOR USE: The TECNIS Simplicity™ Delivery System is used to fold and assist in inserting the TECNIS Synergy™ Toric II OptiBlue® IOLs which are indicated for primary implantation for the visual correction of aphakia and pre-existing corneal astigmatism in adult patients with or without presbyopia, in whom a cataractous lens has been removed. The lens mitigates the effects of presbyopia by providing vision far through near and reduced spectacle dependence across a range of distances.

PRECAUTIONS: Recent contact lens usage may affect the patient's refraction; therefore, in contact lens wearers, surgeons should establish corneal stability without contact lenses prior to determining IOL power. Prior to implanting, examine the lens package for proper lens model, dioptric power, and expiration date. The surgeon should target emmetropia, as this lens is designed for optimum visual performance when emmetropia is achieved. Care should be taken to achieve centration of the intraocular lens. When the insertion system is used improperly, the haptics of the IOL may become broken. Please refer to the specific instructions for use provided with the insertion instrument or system. Safety and effectiveness in patients 21 years or younger have not been established in clinical studies. The intraocular pressure of implanted patients with glaucoma should be carefully monitored for postoperative changes.

WARNINGS: Physicians considering lens implantation under any of the following circumstances should weigh the potential risk/benefit ratio. The lens should be placed entirely in the capsular bag. Do not place the lens in the ciliary sulcus. Well-informed patients with well-defined visual needs and preferences should be selected for lens model ZFW implantation. The patients should be informed of the possibility of visual effects (such as halo or glare) in nighttime or poor visibility conditions. Patients with a predicted postoperative astigmatism greater than 1.0 diopter may not be suitable candidates for lens model ZFW implantation since they may not fully benefit in terms of potential spectacle independence. Patients may perceive these visual effects as an annoyance or hindrance, which, on rare occasions, may be significant enough for the patient to request removal of the IOL. Patients with a predicted postoperative astigmatism greater than 1.0 diopter may not be suitable candidates for lens model ZFR00V implantation since they may not fully benefit in terms of potential spectacle independence. The lens model ZFR00V may affect image quality and lead to some reduction of contrast sensitivity compared to a monofocal lens. Therefore, patients should exercise caution when driving at night or in poor visibility conditions.

Rotation of toric lens model ZFW 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. Carefully remove all viscoelastic from the capsular bag. Residual viscoelastic may allow the lens to rotate, causing misalignment of the toric lens model ZFW with the intended axis of placement.

ADVERSE EVENTS: Potential adverse events during or following cataract surgery with implantation of the IOL may include but are not limited to: Endophthalmitis/intraocular infection, IOL dislocation, Persistent cystoid macular edema, Persistent corneal stromal edema, Persistent raised intraocular pressure (IOP) requiring treatment, Secondary surgical intervention (including implant repositioning, removal, AC tap, or other surgical procedure). Adverse events can lead to permanent visual impairment and may require secondary surgical intervention, including intraocular lens exchange or explantation.

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

INDICATIONS and IMPORTANT SAFETY INFORMATION FOR TECNIS SYNERGY™ OPTIBLUE® WITH TECNIS SIMPLICITY™ DELIVERY SYSTEM, MODEL DFR00V, IN CANADA

INDICATIONS FOR USE: The TECNIS Simplicity™ Delivery System is used to fold and assist in inserting the TECNIS Synergy™ OptiBlue® IOL which is indicated for primary implantation for the visual correction of aphakia in adult patients with or without presbyopia, in whom a cataractous lens has been removed. The lens mitigates the effects of presbyopia by providing vision far through near and reduced spectacle dependence across a range of distances. The lens is intended to be placed in the capsular bag.

PRECAUTIONS: Recent contact lens usage may affect the patient's refraction; therefore, in contact lens wearers, surgeons should establish corneal stability without contact lenses prior to determining IOL power. Prior to implanting, examine the lens package for proper lens model, dioptric power, and expiration date. The surgeon should target emmetropia, as this lens is designed for optimum visual performance when emmetropia is achieved. Care should be taken to achieve centration of the intraocular lens. When the insertion system is used improperly, the haptics of the IOL may become broken. Please refer to the specific instructions for use provided with the insertion instrument or system. Safety and effectiveness in patients 21 years or younger have not been established in clinical studies. The intraocular pressure of implanted patients with glaucoma should be carefully monitored for postoperative changes.

WARNINGS: Physicians considering lens implantation under any of the following circumstances should weigh the potential risk/benefit ratio. The lens should be placed entirely in the capsular bag. Do not place the lens in the ciliary sulcus. Well-informed patients with well-defined visual needs and preferences should be selected for lens model ZFR00V implantation. The patients should be informed of the possibility of visual effects (such as halo or glare) in nighttime or poor visibility conditions. Patients may perceive these visual effects as an annoyance or hindrance, which, on rare occasions, may be significant enough for the patient to request removal of the IOL. Patients with a predicted postoperative astigmatism greater than 1.0 diopter may not be suitable candidates for lens model *ZFR00V* implantation since they may not fully benefit in terms of potential spectacle independence. The lens model ZFR00V may affect image quality and lead to some reduction of contrast sensitivity compared to a monofocal lens. Therefore, patients should exercise caution when driving at night or in poor visibility conditions.

ADVERSE EVENTS: Potential adverse events during or following cataract surgery with implantation of the IOL may include but are not limited to: Endophthalmitis/intraocular infection, IOL dislocation, Persistent cystoid macular edema, Persistent corneal stromal edema, Persistent raised intraocular pressure (IOP) requiring treatment, Secondary surgical intervention (including implant repositioning, removal, AC tap, or other surgical procedure). Adverse events can lead to permanent visual impairment and may require secondary surgical intervention, including intraocular lens exchange or explantation.

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