Vision for What They Love.

INDICATIONS: The TECNIS Symfony® Extended Range of Vision IOL, model ZXR00, 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 lens mitigates the effects of presbyopia by providing an extended depth of focus. Compared to an aspheric monofocal IOL, the lens provides improved intermediate and near visual acuity, while maintaining comparable distance visual acuity. The model ZXR00 IOL is intended for capsular bag placement only. The TECNIS® Multifocal 1-Piece Intraocular Lenses are indicated for primary implantation for the visual correction of aphakia in adult patients with and without presbyopia in whom a cataractous lens has been removed by phacoemulsification and who desire near, intermediate, and distance vision with increased spectacle independence. The intraocular lenses are intended to be placed in the capsular bag.

See page 19 for continued Indications and Important Safety Information.

TECNIS®
Presbyopia-Correcting IOLs

See the Passion in Each Patient.

Johnson & Johnson VISION

The Passion to Grow. The Vision to Flourish.

Understand Your Patients.
Deliver Vision for Living.

Stay ahead of rising expectations with a **complete portfolio** designed to **empower visual freedom in each patient's life** — all from the leading presbyopia-correcting (PC) IOL Brand in the US.

INDICATIONS: The TECNIS Symfony® Toric Extended Range of Vision IOLs, Models ZXT150, ZXT225, ZXT300, and ZXT375, are indicated for primary implantation for the visual correction of aphakia and for reduction of residual 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. The lens mitigates the effects of presbyopia by providing an extended depth of focus. Compared to an aspheric monofocal IOL, the lens provides improved intermediate and near visual acuity, while maintaining comparable distance visual acuity. The Model Series ZXT IOLs are intended for capsular bag placement only.

The first and only extended depth of focus (EDOF) IOL in the US[1]

TECNIS Symfony® Extended Range of Vision IOLs

TECNIS Symfony® Extended Range of Vision IOLs Toric

Continuous range of high-quality vision at all distances

TECNIS® Multifocal IOLs

Tailored clarity to meet each patient's lifestyle

LEADING INNOVATION | HIGH-QUALITY VISION | EXCEPTIONAL SATISFACTION

TECNIS® Family of IOLs

From Johnson & Johnson VISION

Start with the TECNIS® Platform.

The material and design of the TECNIS® platform provide high-quality vision.

Correct Spherical Aberration (SA)[2]

- Provides sharp quality of vision by correcting SA to essentially zero[2]

Residual Spherical Aberration (SA) of Monofocal Lenses[3]*

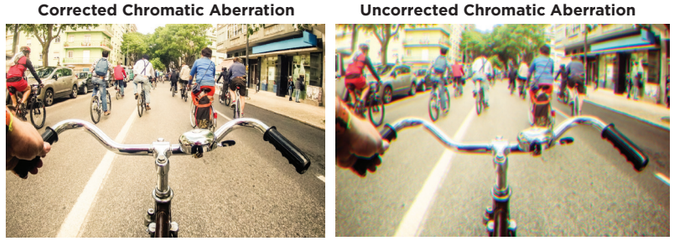
	Tecnis® IOL	AcrySof® IQ IOL	SA Neutral IOL
Average Corneal SA	+0.27	+0.27	+0.27
Lens SA†	-0.27	-0.17	+0.00
Total Residual SA	0.00	+0.10	+0.27
20/20	E	E	E

Increasing Asphericity

*Images simulated using Zemike Tool, 6mm aperture, created by George Dai, PhD.
†SA correction of lens at corneal plane. Values are for a 6 mm corneal aperture.

Lower Chromatic Aberration (CA)[4]

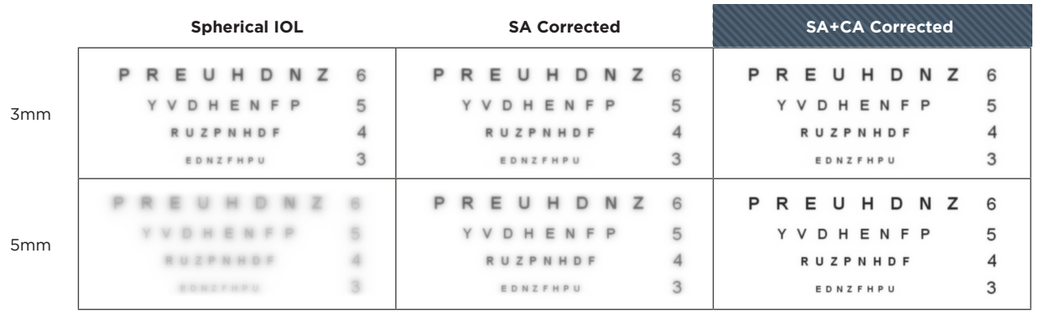
- High Abbe number of 55 (Low material refractive Index of 1.47) results in high image contrast performance under different lighting conditions[4]

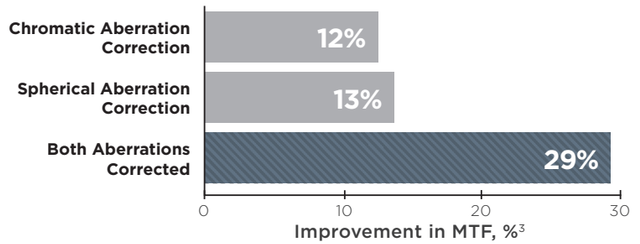


Simulated images for illustrative purposes only

Address Both Optical (SA & CA) Aberrations

- Correcting both optical aberrations delivers higher-quality vision than correcting either alone[3]

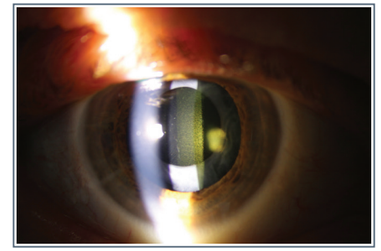




Modulation transfer function (MTF) *is a measure of the amount of contrast transferred by the optics in a visual system. The higher the MTF value, the more contrast transferred to the image, which means higher image contrast. These measurements were calculated using the ACE model under white light conditions.*

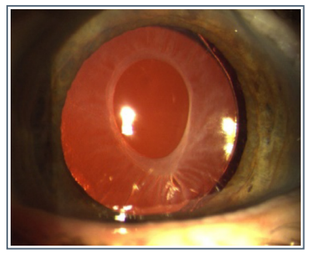
Not Associated with Glistenings[5]

- TECNIS® IOLs do not cause light scatter that creates a reduction in image contrast[6,7]
- AcrySof® IQ IOLs have glistenings[7,8]

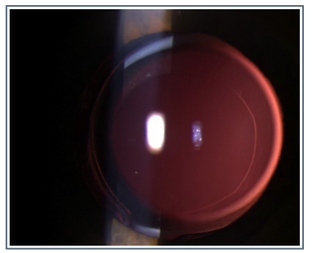


Property of Alex Buller, MD.

Maintain Capsular Clarity[9]



Capsular phimosis in an eye with an interrupted optic edge IOL (ACO grade 4). **AcrySof® SA60AT**



ACO grade 0. The anterior capsule is clear with no sign of fibrosis. **TECNIS® ZCB00**

- Capsular phimosis was observed significantly (P<0.01) more frequently in AcrySof® (48%) than TECNIS® IOL (4%) (5-year follow up)[9]

Images provided by Guenal Kahraman, MD.

Johnson & Johnson VISION

TECNIS
Symfony®
Extended Range of Vision IOLs

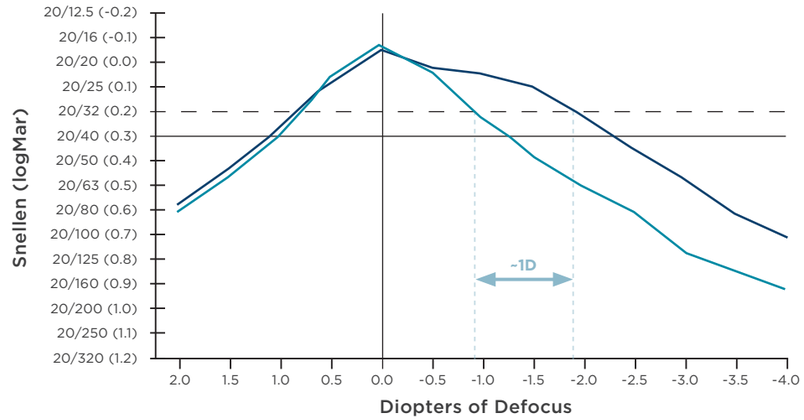
Drive Total Quality.

Deliver high-quality, continuous vision throughout the full range.

Seamless Brilliance

Extend the range of high-quality vision.

Bilateral Defocus 6-Month Adjusted Data[10]

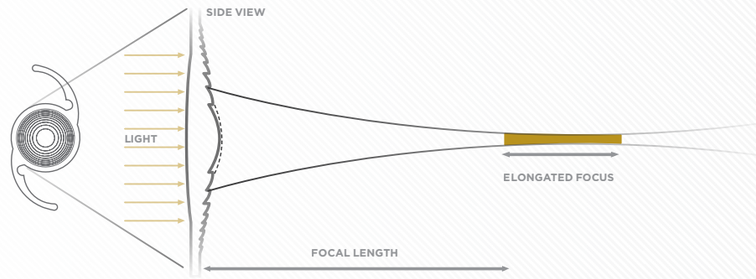


Increase patients' range of vision by 1.0 D across the defocus curve compared to a monofocal IOL.[10]

TECNIS Symfony® IOL

TECNIS® Monofocal IOL

Proprietary Echelette Design



The proprietary diffractive echelette design creates an extended depth of focus, resulting in an extended range of vision.[10]

Based on the proprietary echelette design, **TECNIS Symfony® utilizes 92% of light** in the full range of vision[11]

Uncorrected Visual Acuity[10]

91.2% of patients — **20/25** at Distance

96.6% of patients — **20/25** at Intermediate

84.4% of patients — **20/32** at Near

Johnson & Johnson VISION

TECNIS Symfony® IOLs

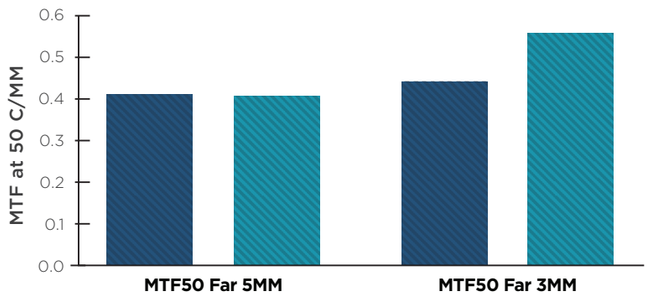
Tee Up Brilliance.

Combine seamless visual acuity with high image contrast for enhanced performance.[10,12]

Outstanding Image Contrast

Give patients image contrast that's comparable to a monofocal IOL due to active chromatic aberration correction.[12,13]

MTF (50 c/mm) Day and Night[12]



Enhance image contrast not only by reducing chromatic aberration but also by correcting existing chromatic aberration of the phakic eye.[10]

Chromatic Aberration[14,15]

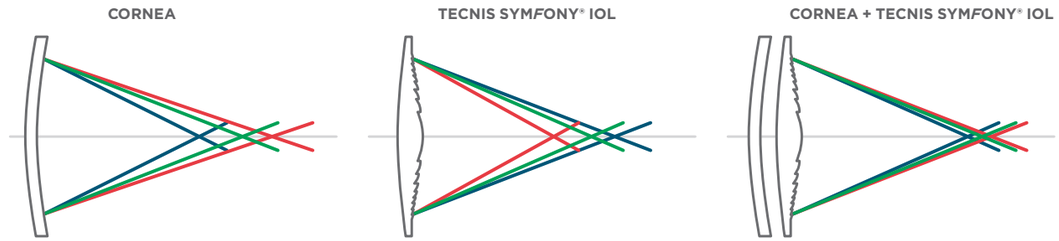
TECNIS® Symfony® IOL:
1.28 D

Phakic Eye:
1.69 D

AcrySof® ReSTOR® +2.5 D:
2.92 D

Proprietary Achromatic Technology

Only **TECNIS Symfony®** IOLs correct chromatic aberration at distance, intermediate and near to deliver a sharp image over the entire range of vision.[10,14]*



*Based on feature comparison and data among PC IOL brands (AcrySof® IQ ReSTOR®, Bausch and Lomb Crystalens, HOYA Acrylic IOLs) in the US.

Johnson & Johnson VISION

Right on Course.

Deliver enduring performance that helps patients see more of life with improved focus.

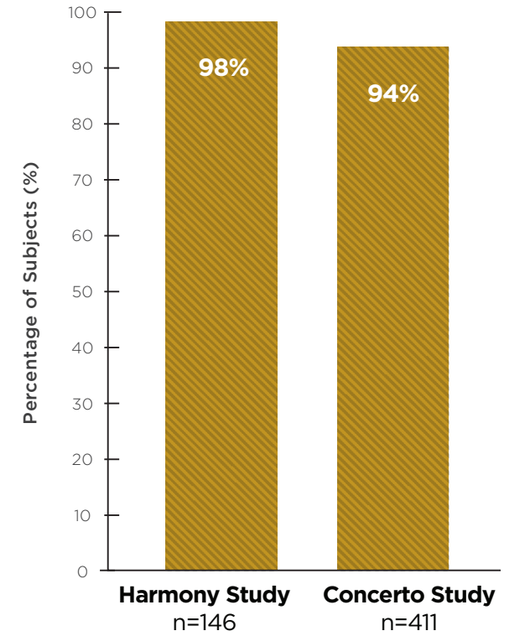
The Difference is Night and Day

Pupil-size independence enables patients to maintain their active lifestyles in all lighting conditions.[10]

Score Card

In large, multi-center, multi-geographic clinical studies, > 1000 eyes have shown very low spontaneous reports of halo with the **TECNIS Symfony®** IOL.[10,16,17]

Patients who would recommend TECNIS Symfony® IOLs to friends and family[18]



Deliver More Than Improved Distance Vision

Provide high-quality, continuous vision at all distances, day and night

Distance, Redefined

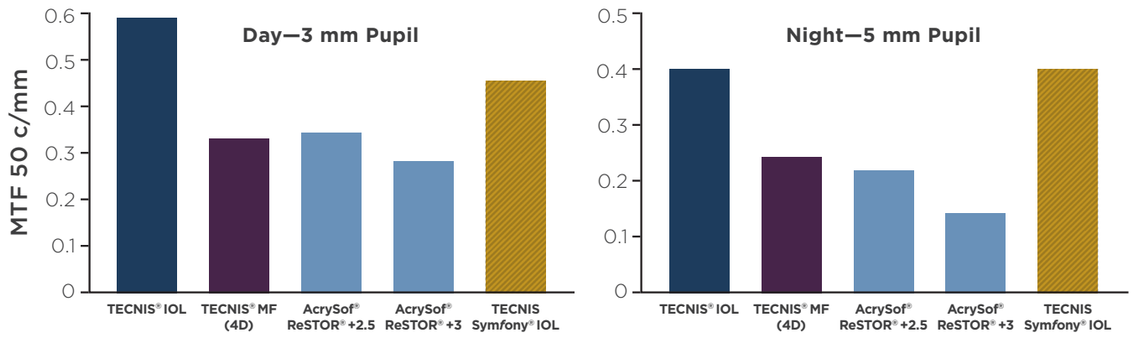
>90% of patients in each respective TECNIS Symfony® and AcrySof® ReSTOR® study achieved **20/25 or greater UCDVA**[10,15*]

*Data are sourced from respective product Directions for Use; these are not based on a head-to-head study.

Only TECNIS Symfony® IOLs use achromatic technology to correct chromatic aberration for enhanced image contrast[12†]

†Based on feature comparison and data among PC IOL brands (AcrySof® IQ ReSTOR®, Bausch and Lomb Crystalens, HOYA Acrylic IOLs) in the US.

TECNIS Symfony® IOLs provide up to **1.5X** better image contrast during the day and **up to 2.0X** better image contrast at night than AcrySof® ReSTOR® +2.5 D at distance[10,15]

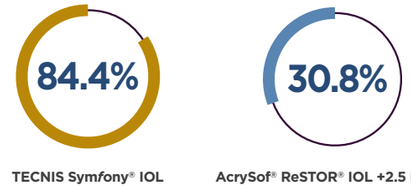


Strong Intermediate and Near Vision

Percentage of patients achieving **20/25 or greater UCIVA**[10,15‡]

‡Data are sourced from respective product Directions for Use; these are not based on a head-to-head study. Intermediate vision for AcrySof® ReSTOR® +2.5 D IOL patients was measured at 60 cm. Intermediate vision for TECNIS Symfony® patients was measured at 66 cm.

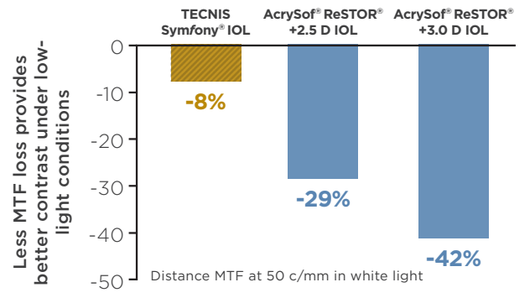
Percentage of patients achieving **20/32 or greater UCNVA**[10,15§]



§Data are sourced from respective product Directions for Use; these are not based on a head-to-head study.

Best Low-Light Performance

Pupil-independent optic delivers better image contrast in low light[12]



Johnson & Johnson VISION

TECNIS®
Multifocal IOLs

Inspired Design.

Tailor your patients' vision to meet their lifestyle needs.

Full Palette

Best spectacle independence in any lighting condition.[19,20]*

Tailor Selection Based on Patient Lifestyle

+4.0 D
Reading and knitting

+3.25 D
Multimedia work

+2.75 D
Grocery shopping

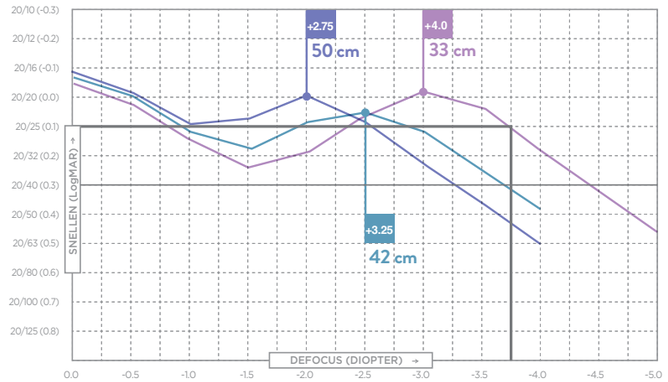
*Compared to TECNIS® Multifocal IOL models (ZKB00 and ZLB00) and TECNIS® Monofocal IOL (ZCB00).

Tailored Clarity

Personalize near visual acuity while delivering high-quality vision across the full range.

Binocular Defocus 6-Month Data[19,20]

20/25 or better vision from 0 D through –3.5 D of defocus[19,20]



TECNIS® Multifocal IOL **+2.75 D**

TECNIS® Multifocal IOL **+3.25 D**

TECNIS® Multifocal IOL **+4.0 D**

+4.0 D data are historical from a separate clinical study using the same test methodology.

WARNINGS: Some visual effects associated with multifocal IOLs may be expected because of the superposition of focused and unfocused images. These may include a perception of halos/glare around lights under nighttime conditions. It is expected that, in a small percentage of patients, the observation of such phenomena will be annoying and may be perceived as a hindrance, particularly in low illumination conditions. On rare occasions, these visual effects may be significant enough that the patient will request removal of the multifocal IOL. Contrast sensitivity is reduced with a multifocal lens compared to a monofocal lens. Therefore, patients with multifocal lenses should exercise caution when driving at night or in poor visibility conditions.

Johnson & Johnson VISION

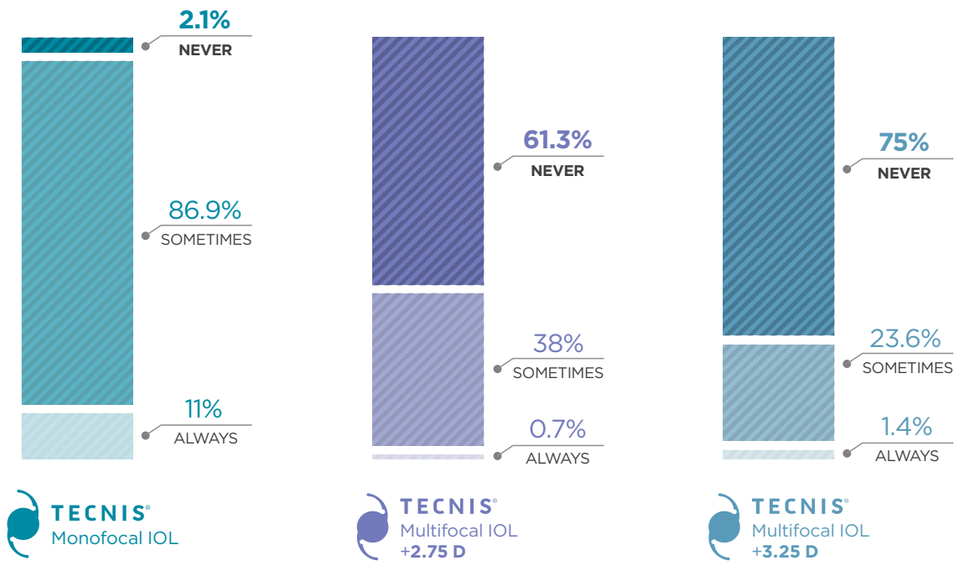
TECNIS®
Multifocal IOLs

A Fresh Perspective.

Increased spectacle independence with proven all-day performance.

Ready for Life

How often do you wear glasses?[19]

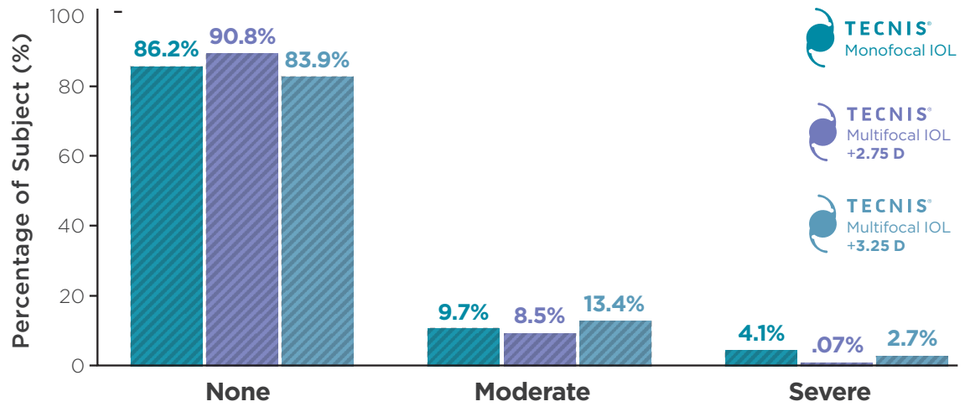


The Difference is Night and Day

Pupil independence enables optimal performance in all lighting conditions.[19,20]

Help your patients see life clearly — all day long.

Degree of difficulty with night vision[19]*
(with glasses if you need them)



*On a scale of 1-7. The questionnaire was not determined to be a psychometrically valid assessment of the concept of spectacle independence.

WARNINGS: Contrast sensitivity is reduced with a multifocal lens compared to a monofocal lens. Therefore, patients with multifocal lenses should exercise caution when driving at night or in poor visibility conditions.

Johnson & Johnson VISION

TECNIS
Symfony®
Extended Range of Vision IOLs

- **Continuous range of high-quality vision at all distances**
- **High image contrast due to active chromatic aberration correction**[10]
- **Low visual symptoms**[10]
- **Available in Toric**

TECNIS®
Multifocal IOLs

- **Tailored clarity to meet each patient's lifestyle**
- **Best-in-class image contrast**[21]
- **Best spectacle independence in any lighting condition**[19,20]*

Put your patients first with the leader in presbyopia-correcting IOLs.[22]

*Qualified against TECNIS® Multifocal IOL models (ZKB00 and ZLB00) and TECNIS® Monofocal IOL (ZCB00).

From Johnson & Johnson VISION

Indications & Important Safety Information

Rx Only

TECNIS SYMFONY® EXTENDED RANGE OF VISION IOL

WARNINGS: Physicians considering lens implantation under any of the following circumstances should weigh the potential risk/benefit ratio. Patients with any of the following conditions may not be suitable candidates for an intraocular lens because the lens may exacerbate an existing condition, may interfere with diagnosis or treatment of a condition, or may pose an unreasonable risk to the patient's eyesight: patients with recurrent severe anterior or posterior segment inflammation or uveitis of unknown etiology, or any disease producing an inflammatory reaction in the eye, patients in whom the intraocular lens may affect the ability to observe, diagnose or treat posterior segment diseases, surgical difficulties at the time of cataract extraction, which may increase the potential for complications (e.g., persistent bleeding, significant iris damage, uncontrolled positive pressure or significant vitreous prolapse or loss), a compromised eye due to previous trauma or developmental defects in which appropriate support of the IOL is not possible, circumstances that would result in damage to the endothelium during implantation, suspected microbial infection, patients in whom neither the posterior capsule nor the zonules are intact enough to provide support for the IOL, children under the age of 2 years are not suitable candidates for intraocular lenses, congenital bilateral cataracts, previous history of, or a predisposition to, retinal detachment, patients with only one good eye with potentially good vision, medically uncontrollable glaucoma, corneal endothelial dystrophy, proliferative diabetic retinopathy. The TECNIS Symfony® IOL should be placed entirely in the capsular bag and should not be placed in the ciliary sulcus. The TECNIS Symfony® IOL may cause a reduction in contrast sensitivity under certain conditions, compared to an aspheric monofocal IOL. The physician should carefully weigh the potential risks and benefits for each patient, and should fully inform the patient of the potential for reduced contrast sensitivity before implanting the lens in patients. Special consideration of potential visual problems should be made before implanting the lens in patients with macular disease, amblyopia, corneal irregularities, or other ocular disease which may cause present or future reduction in acuity or contrast sensitivity. Because the TECNIS Symfony® IOL may cause a reduction in contrast sensitivity compared to a monofocal IOL, patients implanted with the lens should be informed to exercise special caution when driving at night or in poor visibility conditions. Some visual effects associated with the TECNIS Symfony® IOL may be expected due to the lens design that delivers elongation of focus. These may include a perception of halos, glare, or starbursts around lights under nighttime conditions. The experience of these phenomena will be bothersome or very bothersome in some people, particularly in low-illumination conditions. On rare occasions, these visual effects may be significant enough that the patient may request removal of the IOL. Patients with a predicted postoperative astigmatism greater than 1.0 diopter may not be suitable candidates for implantation with the TECNIS Symfony® IOL, models ZXR00, as they may not obtain the benefits of reduced spectacle wear or improved intermediate and near vision seen in patients with lower astigmatism. AMO IOLs are single-use devices only. Do not reuse this IOL.

PRECAUTIONS: Prior to surgery, the surgeon must inform prospective patients of the possible risks and benefits associated with the use of this device and provide a copy of the patient information brochure to the patient. When performing refraction in patients implanted with the TECNIS Symfony® IOL, 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 recommended. The ability to perform some eye treatments (e.g. retinal photocoagulation) may be affected by the TECNIS Symfony® IOL optical design. 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. Do not resterilize the lens. Most sterilizers are not equipped to sterilize the soft acrylic material without producing undesirable side effects. Do not soak or rinse the intraocular lens with any solution other than sterile balanced salt solution or sterile normal saline. Do not store the lens in direct sunlight or at a temperature greater than 113° F (45°C). Do not autoclave the intraocular lens. The surgeon should target emmetropia as this lens is designed for optimum visual performance when emmetropia is achieved. Care should be taken to achieve IOL centration, as lens decentration may result in a patient experiencing visual disturbances under certain lighting conditions. When the insertion system is used improperly, TECNIS Symfony® IOLs may not be delivered properly (i.e., haptics may be broken). Please refer to the specific instructions for use provided with the insertion instrument or system. The safety and effectiveness of TECNIS Symfony® IOLs have not been substantiated in patients with preexisting ocular conditions and intraoperative complications (see below for examples). Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the benefit/risk ratio before implanting a lens in a patient with one or more of these conditions: [before surgery] pupil abnormalities, prior corneal refractive or intraocular surgery, choroidal hemorrhage, chronic severe uveitis, concomitant severe eye disease, extremely shallow anterior chamber, medically uncontrolled glaucoma, microphthalmos, non-age-related cataract, proliferative diabetic retinopathy (severe), severe corneal dystrophy, severe optic nerve atrophy, irregular corneal astigmatism, amblyopia, macular disease, pregnancy, [during surgery] excessive vitreous loss, non-circular capsulotomy/capsulorhexis, the presence of radial tears known or suspected at the time of surgery, situations in which the integrity of the circular capsulotomy/capsulorhexis cannot be confirmed by direct visualization, cataract extraction by techniques other than phacoemulsification or liquefaction, capsular rupture, significant anterior chamber hyphema, uncontrollable positive intraocular pressure, zonular damage. Potential adverse effects (e.g., complications) associated with the use of the device include the following: infection (endophthalmitis), hypopyon, IOL dislocation, cystoid macular edema, corneal edema, pupillary block, iritis, retinal detachment/tear, raised IOP requiring treatment, visual symptoms requiring lens removal, tilt and decentration requiring repositioning, residual refractive error resulting in secondary intervention. Secondary surgical interventions include, but are not limited to: lens repositioning (due to decentration, rotation, subluxation, etc.), lens replacement, vitreous aspirations or iridectomy for pupillary block, wound leak repair, retinal detachment repair, corneal transplant, lens replacement due to refractive error, unacceptable optical/visual symptoms, severe inflammation.

SERIOUS ADVERSE EVENTS: The most frequently reported serious adverse events that occurred during the clinical trial of the TECNIS Symfony® Lens were cystoid macular edema (2 eyes, 0.7%) and surgical reintervention (treatment injections for cystoid macular edema and endophthalmitis, 2 eyes, 0.7%). One eye was reported with pupillary capture and the eye that had endophthalmitis also had a small hypopyon. No other serious adverse events and no lens-related adverse events occurred during the trial.

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

Johnson & Johnson VISION

Indications & Important Safety Information *Continued*

Rx Only

TECNIS® MULTIFOCAL FAMILY OF 1-PIECE IOLs

WARNINGS: Physicians considering lens implantation under any of the conditions described in the Directions for Use should weigh the potential risk/benefit ratio prior to implanting a lens. Some visual effects associated with multifocal IOLs may be expected because of the superposition of focused and unfocused images. These may include a perception of halos/glare around lights under nighttime conditions. It is expected that, in a small percentage of patients, the observation of such phenomena will be annoying and may be perceived as a hindrance, particularly in low illumination conditions. On rare occasions, these visual effects may be significant enough that the patient will request removal of the multifocal IOL. Contrast sensitivity is reduced with a multifocal lens compared to a monofocal lens. Therefore, patients with multifocal lenses should exercise caution when driving at night or in poor visibility conditions. Patients with a predicted postoperative astigmatism >1.0D may not be suitable candidates for multifocal IOL implantation since they may not fully benefit from a multifocal IOL in terms of potential spectacle independence. Care should be taken to achieve centration, as lens decentration may result in patients experiencing visual disturbances, particularly in patients with large pupils under mesopic conditions. Multifocal IOL implants may be inadvisable in patients where central visual field reduction may not be tolerated, such as macular degeneration, retinal pigment epithelium changes, and glaucoma. Patients with certain medical conditions may not be suitable candidates for IOLs. Consult the Directions for Use for more information.

PRECAUTIONS: Prior to surgery, the surgeon must inform prospective patients of the possible risks and benefits associated with the use of this device and provide a copy of the patient information brochure to patient. There were no patients 21 years old or younger included in the clinical studies; therefore there are insufficient clinical data to demonstrate safety and effectiveness in this age group. The central one millimeter area of the lens creates a far image focus, therefore patients with abnormally small pupils (~1mm) should achieve, at a minimum, the prescribed distance vision under photopic conditions; however, because this multifocal design has not been tested in patients with abnormally small pupils, it is unclear whether such patients will derive any near vision benefit. Autorefractors may not provide optimal postoperative refraction of multifocal patients; manual refraction is strongly recommended. In contact lens wearers, surgeons should establish corneal stability without contact lenses prior to determining IOL power. Care should be taken when performing wavefront measurements as two different wavefronts are produced (one will be in focus (either far or near) and the other wavefront will be out of focus); therefore incorrect interpretation of the wavefront measurements is possible. The long-term effects of intraocular lens implantation have not been determined; therefore implant patients should be monitored postoperatively on a regular basis. Secondary glaucoma has been reported occasionally in patients with controlled glaucoma who received lens implants. The intraocular pressure of implant patients with glaucoma should be carefully monitored postoperatively. Do not resterilize or autoclave. Use only sterile irrigating solutions such as balanced salt solution or sterile normal saline. Do not store in direct sunlight or over 45°C (113°). Emmetropia should be targeted as this lens is designed for optimum visual performance when emmetropia is achieved. Please refer to the specific instructions for use provided with the insertion instrument or system for the amount of time the IOL can remain folded before the IOL must be discarded. 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.

ADVERSE EVENTS: The most frequently reported adverse event that occurred during the clinical trials of the TECNIS® Multifocal lenses was surgical re-intervention, most of which were non-lens-related. Lens-related re-interventions occurred at a rate of 0.6% to 1.0%. Other surgical re-interventions included lens exchanges (for incorrect IOL power), retinal repair, ruptured globe repair, macular hole repair, removal of retained lens material, treatment injections for cystoid macular edema and iritis, and blepharoplasty.

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