Quality for What Counts.

INDICATIONS: The **TECNIS Symfony®** Toric Extended Range of Vision IOLs, models ZXT150, ZXT225, ZXT300, ZXT375, ZXT450, ZXT525, and ZXT600, are indicated for primary implantation for the visual correction of aphakia and pre-existing corneal astigmatism in adult patients with and without presbyopia in whom a cataractous lens has been removed by extracapsular cataract extraction, and aphakia following refractive lensectomy in presbyopic adults, who desire useful vision over a continuous range of distances including far, intermediate and near, a reduction of residual refractive cylinder, and increased spectacle independence. The model series ZXT IOLs are intended for capsular bag placement only. The **TECNIS®** Toric 1-Piece Lens is indicated 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 by extracapsular cataract extraction and who desire improved uncorrected distance vision, reduction of residual refractive cylinder and increased spectacle independence for distance vision. The device is intended to be placed in the capsular bag.

See page 14 for continued Indications and Important Safety Information.

TECNIS®
Astigmatism-Correcting IOLs

See the Passion in Each Patient.

Johnson & Johnson VISION

Take The Next Step.

Navigate Astigmatism Management with a Proven Guide.

Equip your patients for life with a proven portfolio known for **high quality of vision.**

TECNIS Symfony® Extended Range of Vision IOLs

Toric

Astigmatism correction with a continuous range of high-quality vision at all distances[1]

TECNIS® Monofocal IOLs

Toric

Astigmatism correction with proven, high-quality distance vision[2]

TECNIS® Toric IOL Calculator

Comprehensive toric power calculations

TECNIS® Family of IOLs

EXCEPTIONAL SATISFACTION | LEADING INNOVATION | HIGH-QUALITY VISION

From Johnson & Johnson VISION

The Big Picture.

Addressing astigmatism and presbyopia can dramatically improve the way your patients see life.

Today's Patients

72%

About 7 in 10 patients can benefit from astigmatism correction.[3]

Uncorrected astigmatism — even as low as 1.0 D — places a significant burden on patients' vision, which can impact quality of life.

If left untreated, astigmatism can decrease your patients':[4]

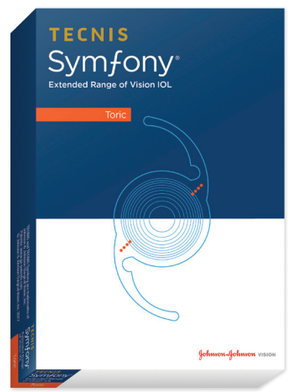
- Distance vision
- Near vision and reading speed
- Clarity when viewing a mobile or computer screen
- Clarity when driving

Today's Opportunity

Satisfy more patient needs with outstanding extended depth of focus toric and proven monofocal toric options.

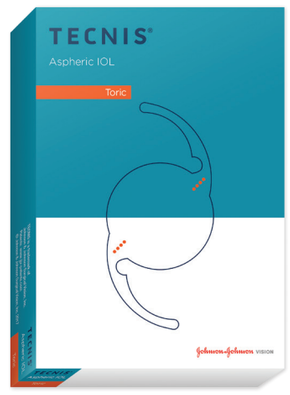
TECNIS Symfony®
Extended Range of Vision IOLs
Toric

Presbyopia and astigmatism management that seamlessly translate into brilliant, continuous vision[1]



TECNIS®
Monofocal IOLs
Toric

Excellent corrected and uncorrected distance visual acuity with enduring contrast performance[2]



INDICATIONS: The **TECNIS®** Toric 1-Piece Lenses are indicated 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 by extracapsular cataract extraction and who desire improved uncorrected distance vision, reduction of residual refractive cylinder and increased spectacle independence for distance vision. The device is intended to be placed in the capsular bag.
See page 14 for continued Indications and Important Safety Information.

Johnson & Johnson VISION

TECNIS Symfony®
Extended Range of Vision IOLs
Toric

Seamlessness in Sight.

Discover the first presbyopia-correcting toric IOL to deliver a full range of high-quality, continuous vision for patients with astigmatism.

Continuous Vision

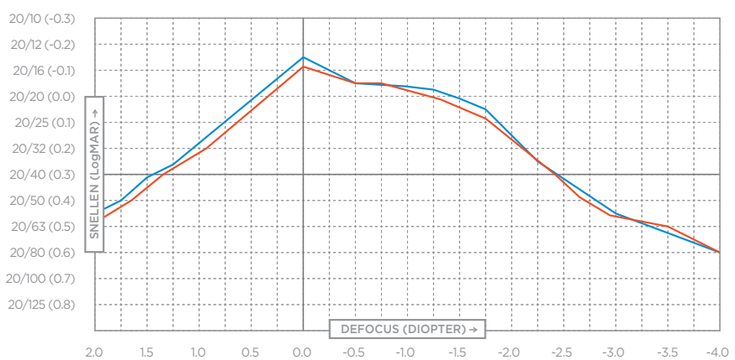
Match the full, continuous range of the **TECNIS Symfony®** IOL with the **TECNIS Symfony®** Toric IOL.[1]

92% of patients achieve ≤ **0.5 D** of residual refractive cylinder.[5]

Binocular Defocus
Distance-Corrected Defocus at 6 Months[5]

TECNIS Symfony Toric

TECNIS Symfony



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 and without presbyopia in whom a cataractous lens has been removed by extracapsular cataract extraction, and aphakia following refractive lensectomy in presbyopic adults, who desire useful vision over a continuous range of distances including far, intermediate and near, and increased spectacle independence. The model ZXR00 IOL is intended for capsular bag placement only.

Proprietary Innovations

TECNIS Symfony® and **TECNIS Symfony®** Toric IOLs deliver:

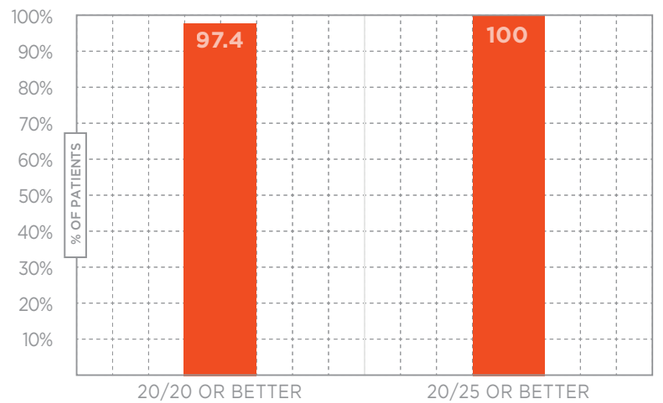
- An extended range of continuous vision due to echelette design[1]
- Enhanced image contrast due to active chromatic aberration correction[1]

Simulated vision

Relentless Quality

Make 20/20 vision a reality for patients by preserving high-quality visual acuity in the presence of residual astigmatism.[5,6]

Binocular Uncorrected Distance Visual Acuity at 6 Months[7]



n=39

Sustain 20/20 or better visual acuity in the presence of **as much as 1.0 D of astigmatism.**[5,8]

TECNIS Symfony Toric

Johnson & Johnson VISION

TECNIS®
Monofocal IOLs
Toric

Passion Meets Proof.

Strengthen overall quality of vision with impressive visual acuity and low-light performance.

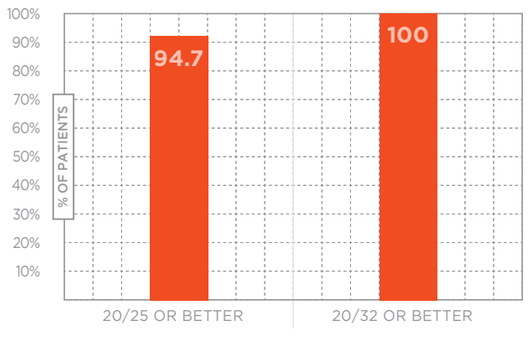
Start Sharp

Leverage toric IOLs to reduce residual refractive cylinder and increase spectacle independence for distance.[9]

Postoperative Cylinder Correction Results:[9*]

94% of eyes achieve ≤ 1.00 D.

Binocular Uncorrected Distance Visual Acuity At 6 Months[10**]



n=19

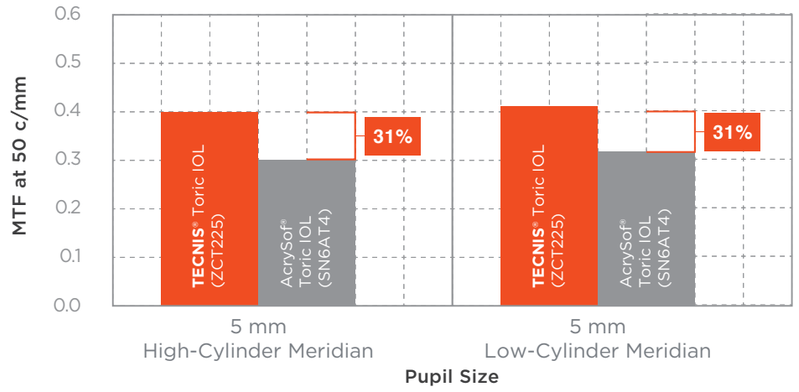
*In a separate (IDE) study, 72.3% of eyes achieved ≤ 0.50 diopters of residual refractive cylinder (ZCT150)[2]. By comparison, 69.3% AcrySof® IQ Toric IOL (SA60T3) eyes achieved ≤ 0.50D of residual refractive cylinder.[11]

**Data collected on 8/30/17 from an interim look at a post-approval study.

Stay Sharp

Deliver enduring visual quality, day and night.

Best-Focus MTF at Night[12]



Modular 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. The measurements were calculated using the ACE model under white light conditions.*

31% Outperform AcrySof® IQ Toric IOL contrast by as much as 31%.[12]

91.9% of patients report no difficulty driving at night without glasses at six months.[2†]

93% 93% of eyes measure 0°-5° of rotation from 1-3 months.[2]

94% 94% of eyes measure 0°-5° of rotation from 3-6 months.[2]

97% of patients would choose to have the **TECNIS®** Toric IOL implanted again.[2]

†Randomized control arm of the study; 92% ZCT150 versus 73% control. In a clinical study, there was no proven difference between the lowest power toric lens and the conventional lens in terms of the need for glasses. A high number of patients in both groups did not need glasses for far vision. Difficulty with certain activities without glasses at six months, bilateral subjects in the randomized control arm and the open label arm safety population.

WARNINGS: Rotation of the **TECNIS®** Toric 1-Piece IOL away 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. ***See page 14 for continued Indications and Important Safety Information.***

Johnson & Johnson VISION

TECNIS®
Toric IOL
Calculator

Command Precision.

Approach astigmatism correction with greater predictability by accounting for posterior corneal astigmatism (PCA).[13]

PRECAUTIONS: The PCA is based on an algorithm that combines published literature (Koch et.al, 2012) and a retrospective analysis of data from a **TECNIS**® Toric IOL multi-center clinical study. The PCA algorithm for the selection of appropriate cylinder power and axis of implantation was not assessed in a prospective clinical study and may yield results different from those in the TECNIS® Toric IOL labeling. Please refer to the Johnson & Johnson Surgical Vision, Inc. Toric Calculator user manual for more information. ***See page 14 for continued Indications and Important Safety Information.***

TECNIS® Toric IOL Calculator

Accounting for anterior corneal measurements alone can yield incorrect astigmatism estimation:[14]

Can underestimate total corneal astigmatism by **0.22 D at 180°**[13]

Shown to exceed **0.50 D in 5%** of eyes[13]

Improve predictability of residual astigmatism by accounting for PCA with the TECNIS® Toric IOL Calculator.[14]

High Capability Advancements

- Account for total corneal astigmatism with posterior cylinder calculations
- Compensate for axial length and keratometry
- Consider individual eye measurements
- Three lens choices with estimated residual astigmatism

Get started at TecnisToricCalc.com.

Johnson&Johnson VISION

TECNIS Symfony®

Extended Range of Vision IOLs

Toric

- Continuous range of high-quality vision at all distances[1]
- High image contrast due to active chromatic aberration correction[1]
- Low visual symptoms[1]

Corneal Plane:

0.69 D	1.03 D	1.54 D	2.06 D
ZXT100	ZXT150	ZXT225	ZXT300
2.57 D	3.08 D	3.60 D	4.11 D
ZXT375	ZXT450	ZXT525	ZXT600

TECNIS® Monofocal IOLs

Toric

- As much as 31% improved image contrast over AcrySof® IQ IOLs[12]
- Proven low-light performance[2]
- High-quality distance vision[2]

Corneal Plane:

0.69 D	1.03 D	1.54 D	2.06 D
ZCT100	ZCT150	ZCT225	ZCT300
2.57 D	3.08 D	3.60 D	4.11 D
ZCT375	ZCT450	ZCT525	ZCT600
4.80 D	5.48 D		
ZCT700	ZCT800		

TECNIS® Toric IOL Calculator

Comprehensive toric power calculations

Ask how you can learn more about astigmatism correction or try **TECNIS®** Toric IOLs in your practice today.

TECNIS® Family of IOLs

EXCEPTIONAL SATISFACTION | LEADING INNOVATION | HIGH-QUALITY VISION

Indications & Important Safety Information

TECNIS SYMFONY® EXTENDED RANGE OF VISION TORIC 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 or 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®** and **TECNIS Symfony®** Toric IOLs, models ZXR00, ZXT150, ZXT225, ZXT300 ZXT375, ZXT450, ZXT525, and ZXT600 as they may not obtain the benefits of reduced spectacle wear or improved intermediate and near vision seen in patients with lower astigmatism. The effectiveness of **TECNIS Symfony®**Toric IOLs in reducing postoperative residual astigmatism in patients with preoperative corneal astigmatism less than 1.0 diopter has not been demonstrated. Rotation of TECNIS Symfony® Toric IOLs away from their intended axis can reduce their 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. 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 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, or zonular damage. Carefully remove all viscoelastic and do not over-inflate the capsular bag at the end of the case. Residual viscoelastic and/or overinflation of the capsular bag may allow the lens to rotate, causing misalignment of the **TECNIS Symfony®** Toric IOL with the intended axis of placement. The use of methods other than the **TECNIS®** Toric IOL Calculator to select cylinder power and appropriate axis of implantation were not assessed in the parent **TECNIS®** Toric IOL U.S. IDE study and may not yield similar results. Accurate keratometry and biometry, in addition to the use of the **TECNIS®** Toric IOL Calculator (www.TecnisToricCalc.com), are recommended to achieve optimal visual outcomes for the **TECNIS Symfony®** Toric IOL. All preoperative surgical parameters are important when choosing a **TECNIS Symfony®** Toric IOL for implantation, including preoperative keratometric cylinder (magnitude and axis), incision location, 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. All corneal incisions were placed temporally in the parent **TECNIS®** Toric IOL U.S. IDE study. If the surgeon chooses to place the incision at a different location, outcomes may be different from those obtained in the clinical study for the parent **TECNIS®** Toric IOL. Note that the **TECNIS®** Toric IOL Calculator incorporates the surgeon's estimated SIA and incision location when providing IOL options. 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, and 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

Indications & Important Safety Information

replacement due to refractive error, unacceptable optical/visual symptoms and 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.

TECNIS® MONOFOCAL TORIC IOL

WARNINGS: Physicians considering lens implantation should weigh the potential risk/benefit ratio for any circumstances described in the **TECNIS®** Toric 1-Piece IOL Directions for Use that could increase complications or impact patient outcomes. These circumstances include recurrent severe anterior or posterior segment inflammation or uveitis; 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; or 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. The clinical study for the **TECNIS®** Toric 1-Piece IOL did not show evidence of effectiveness for the treatment of preoperative corneal astigmatism of < 1.0 diopter. The **TECNIS®** Toric 1-Piece IOL should not be placed in the ciliary sulcus. Rotation of the **TECNIS®** Toric 1-Piece IOL away 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. **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. Do not soak or rinse with any solution other than sterile balanced salt solution or sterile normal saline. Do not store in direct sunlight or at greater than 45° C 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®** Toric 1-Piece IOL with the intended axis of placement. When the insertion system is used improperly, the haptics of the **TECNIS®** Toric 1-Piece IOL may become broken. Please refer to the specific instructions for use provided with the insertion instrument or system. The use of methods other than the **TECNIS®** Toric IOL Calculator to select cylinder power and appropriate axis of implantation were not assessed in the clinical study and may not yield similar results. Accurate keratometry and biometry in addition to the use of the **TECNIS®** Toric IOL Calculator (www.TecnisToricCalc.com) are recommended to achieve optimal visual outcomes. The safety and effectiveness of the toric intraocular lens have not been substantiated in patients with certain preexisting ocular conditions, and intraoperative complications. 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. Preexisting conditions include: 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, or irregular corneal astigmatism. Intraoperative conditions include: excessive vitreous loss, capsulotomy by any technique other than a circular tear, the presence of radial tears known or suspected at the time of surgery, situations in which the integrity of the circular tear cannot be confirmed by direct visualization, cataract extraction by techniques other than phacoemulsification or liquefaction, situations where the need for a large capsulotomy can be anticipated (e.g., diabetics, retinal detachment in the fellow eye, peripheral retinal pathology, etc.), capsular rupture, significant anterior chamber hyphema, uncontrollable positive intraocular pressure, zonular damage. All preoperative surgical parameters are important when choosing a toric lens for implantation, including preoperative keratometric cylinder (magnitude and axis), incision location, 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. All corneal incisions were placed temporally in the clinical study. If the surgeon chooses to place the incision at a different location, outcomes may be different from those obtained in the clinical study. Note that the **TECNIS®** Toric IOL Calculator incorporates the surgeon's estimated SIA and incision location when providing IOL options. Do not reuse, resterilize, or autoclave. **ADVERSE EVENTS:** Potential adverse events during or following cataract surgery with implantation of an IOL may include but are not limited to: endophthalmitis/intraocular infection, hypopyon, pupillary block, retinal detachment, IOL dislocation, persistent corneal stromal edema, persistent cystoid macular edema, or secondary surgical intervention (including implant repositioning, removal, or other surgical procedure). The most frequently reported cumulative adverse event that occurred during the **TECNIS®** Toric 1-Piece IOL clinical trial was surgical re-intervention which occurred at a rate of 3.4% (lens repositioning procedures and retinal repair procedures). Other reported events included cystoid macular edema which occurred at a rate of 2.9% and retinal detachment which occurred at a rate of 0.6%.

Johnson & Johnson VISION

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Not actual patients. Images for illustrative purposes only.

Only for healthcare professionals. Please read the Directions for Use and consult our specialists if you have any questions.

TECNIS®
Astigmatism-Correcting IOLs

Bring Vision to Life.

Johnson & Johnson VISION

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