

TECNIS
Symfony™
Extended Range of Vision IOLs

Adoption Pathway

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**TECNIS™
IOL Family**

**First sales
contact**

Trial

Evaluation

Broadening

Adoption

**Addressing
challenges**

**Practice
support tools**



Objectives

- Introduce all advantages of the **TECNIS™** IOL family
- Gain trust in the **TECNIS™** IOL technology
- Convince customers to use the complete **TECNIS™** IOL family



Targeting

- **TECNIS Symphony™** IOL targets who are not familiar with **TECNIS™** IOL technology



Tools

- **TECNIS™** IOL family brochure



Key messages

Improved vision

- 70% of patients had best corrected binocular distance visual acuities **20/16 or better** with the **TECNIS™** 1-Piece IOL¹
- 96% of patients had best corrected binocular distance visual acuities **20/20 or better** with the **TECNIS™** 1-Piece IOL¹
- **TECNIS™** IOLs provide 14–35% improved image contrast compared to AcrySof™ IQ IOL from chromatic aberration reduction and correction of spherical aberration to essentially zero²

Improved patient safety under low-visibility conditions³

- There is likely to be a meaningful safety benefit for elderly drivers with **TECNIS™** IOLs and to the drivers and pedestrians with whom they share the road³
- Safety that may extend beyond driving: the **TECNIS™** IOL improves functional vision, which may improve patient safety for other life situations under low-visibility conditions³

Improved low-light optical performance²

- **TECNIS™** 1-Piece Monofocal IOL demonstrates 35% improvement in image contrast with large pupil (5 mm) vs. AcrySof™ IQ IOL²

TECNIS™ IOL material is not associated with glistenings⁴

- AcrySof™ IQ IOLs have glistenings⁵⁻⁸
- Glistenings cause light scatter, which can result in a reduction in image contrast⁹⁻¹¹

ProTEC 360° barrier edge for reduced LEC migration^{12,13}

References:

1. Data on File – Key clinical outcomes from the IDE clinical study of the **TECNIS™** Multifocal low-add 1-Piece IOL - 2015. DOF2015CT0015. 2. Data on File – **TECNIS™** Monofocal ZCB00 and AcrySof IQ SN6AWF MTF data - 8 May 2015. DOF2015CT0016. 3. **TECNIS™** 1-Piece IOLs DfU - Doc. #Z311252P, Rev. C, Sep. 2019. REF2019CT4495. 4. Data on File 150 - **Sensar** not associated with glistenings - Literature analysis. 2013. REF2014OTH0002. 5. Christiansen G, et al. Glistenings in the AcrySof® intraocular lens: Pilot study. *JCRS* 2001; 27:728-733. REF2014MLT0005. 6. Colin J, et al. Incidence of glistenings with the latest generation of yellow-tinted hydrophobic acrylic intraocular lenses. *JCRS* 2012; 38:1140–1146. REF2014MLT0006. 7. Gunenc U, et al. Effects on visual function of glistenings and folding marks in AcrySof® intraocular lenses. *JCRS* 2001; 27:1611-1614. REF2014MLT0011. 8. Nagata M, et al. Clinical evaluation of the transparency of hydrophobic acrylic intraocular lens optics. *JCRS* 2010; 36:2056- 2060. REF2015CT0080. 9. Bousquet M, PhD, Health Canada. Intraocular lenses and the development of glistenings. *Canadian Adverse Reaction Newsletter* 2013. REF2015CT0254. 10. Miyata A, Yaguchi S. Equilibrium water content and glistenings in acrylic intraocular lenses. *JCRS* 2004; 30:1768–1772. REF2014OTH0032. 11. van der Mooren M, et al. Explanted multifocal intraocular lenses. *JCRS* 2015; 41:873–877. REF2015OTH0117. 12. Nixon DR. New technologies for premium outcomes: next generation phaco and **TECNIS™** 1-Piece IOL. Presented at: 25th Congress of ESCRS; September 8–12, 2007; Stockholm, Sweden. REF2014CT0191. 13. Kugelberg M, Wejde G, Jayaram H, Zetterström C. Posterior capsule opacification after implantation of a hydrophilic or a hydrophobic acrylic intraocular lens: one-year follow-up. *JCRS* 2006; 32(10):1627–1631. REF2014CT0096.

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Objectives

- Gain commitment to test the lens in at least one patient
- Introduce **TECNIS™** IOL family

Targeting

- High-value accounts (A and B segment) using > 100 PC IOLs per annum
- Prioritise users of competitor PC IOLs

Patient selection guidance

- Has cataract but otherwise has healthy eyes
- Was previously hyperopic³
- Wants to maximise spectacle independence without compromising quality of vision
- Deprioritises activities at 30-40 cm vs those from 45 cm to distance
- Accepts potential to need occasional reading spectacles
- Satisfaction is not dependent on being fully spectacle independent at 30-40 cm



Key messages

The **TECNIS Symfony™** IOL was the first presbyopia-correcting Extended Range of Vision IOL

- Offers a full range of continuous high-quality vision¹
- Subsequent studies involving hundreds of patients have shown the incidence of halo and glare to be low and less than with multifocal technologies²
- Offers a high degree of spectacle independence¹
- Provides a high degree of patient satisfaction¹



Tools

- Sales brochure: print and iPad device
- Updated clinical data presentation
- FAQ/Objection handler
- Getting started guide



Mandatory information to deliver at this stage by sales person activity

- First patient selection guidance
- Target to emmetropia
- If available, use optimised A-constant from **TECNIS™** 1-Piece IOL

References:

1. Cochener B, et al. Clinical outcomes of a new extended range of vision intraocular lens: International Multicenter Concerto Study. *J Cataract Refract Surg* 2016; 42:1268–1275 . REF2016CT0489. **2.** Hamid A, Sokwala A – A More Natural Way of Seeing: Visual Performance of Three Presbyopia Correcting Intraocular Lenses, *Open Journal of Ophthalmology*, 22 August 2016. 6, 176-183. REF2016CT0390. **3.** Ganesh S, et al. Visual and Refractive Outcomes following Bilateral Implantation of Extended Range of Vision Intraocular Lens with Micromonovision. *J Ophthalmol.* Vol. 2018, Article ID 7321794. REF2018CT4397.

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Objectives

- Ensure first experience is positive



Patient selection guidance

- Has cataract but otherwise has healthy eyes
- Was previously hyperopic¹
- Wants to maximise spectacle independence without compromising quality of vision
- Deprioritises activities at 30-40 cm vs those from 40 cm to distance
- Accepts potential to need occasional reading glasses
- Satisfaction is not dependent on being fully spectacle independent at 30-40 cm



Key messages

The **TECNIS Symfony™** IOL was the first presbyopia-correcting Extended Range of Vision IOL

- Offers a full range of continuous high-quality vision²
- Subsequent studies involving hundreds of patients have shown the incidence of halo and glare to be low and less than with multifocal technologies³
- Offers a high degree of spectacle independence²
- Provides a high degree of patient satisfaction²



Tools

- Getting started guide
- FAQ/Objection handler
- Patient selection questionnaire*
- Patient brochure*
- Patient flipchart*



Mandatory information to deliver at this stage by sales person activity

- Sales person to:
 - support first case in operating room
 - attend first postoperative refraction - ensure correct technique
 - manage expectations regarding halo and glare
 - manage expectations regarding near vision
 - agree next steps
- Target to emmetropia
- If available, use optimised A-constant from **TECNIS™** 1-Piece IOL
- No duochrome test (also known as “red-green” test)
- Incompatibility with auto-refractors
- “Maximum plus” technique for post-operative refraction

*Patient materials may not be available in all countries due to regulatory requirements.

References:

1. Ganesh S, et al. Visual and Refractive Outcomes following Bilateral Implantation of Extended Range of Vision Intraocular Lens with Micromonovision. *J Ophthalmol.* Vol. 2018, Article ID 7321794. REF2018CT4397. 2. Cochener B, et al. Clinical outcomes of a new extended range of vision intraocular lens: International Multicenter Concerto Study. *J Cataract Refract Surg* 2016; 42:1268 -1275. REF2016CT0489. 3. Hamid A, Sokwala A - A More Natural Way of Seeing: Visual Performance of Three Presbyopia Correcting Intraocular Lenses, *Open Journal of Ophthalmology*, 22 August 2016. 6, 176-183. REF2016CT0390.

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Objectives

- Ensure first experience is positive
- Begin optimising the A-constant



Patient selection guidance

- Has cataract and perhaps a manageable astigmatism but otherwise healthy eyes
- Was previously hyperopic¹
- Wants to maximise spectacle independence without compromising quality of vision
- Deprioritises activities at 30-40 cm vs those from 40 cm to distance
- Accepts potential to need occasional reading spectacles
- Satisfaction is not dependent on being fully spectacle independent at 30-40 cm



Key messages

The **TECNIS Symfony™** IOL was the first presbyopia-correcting Extended Range of Vision IOL

- Offers a full range of continuous high-quality vision²
- Subsequent studies involving hundreds of patients have shown the incidence of halo and glare to be low and less than with multifocal technologies³
- Offers a high degree of spectacle independence²
- Provides a high degree of patient satisfaction²

Sales person should avoid overpromising:

- The incidence of halo and glare are similar to monofocal (meaning there is still some)¹
- Degree of spectacle independence²
- No guarantee of spectacle freedom for near vision²



Tools

- Getting started guide
- FAQ/Objection handler
- Patient selection questionnaire*
- Patient brochure*
- Patient flipchart*



Mandatory information to deliver at this stage by sales person activity

Sales person to:

- support first case in operating room
- attend first postoperative refraction of patients
- agree next steps with the surgeon
- train surgeon and refraction team on postoperative refraction
- Begin personalising the A-constant
- Target to emmetropia
- If surgeon agrees to evaluation phase:
 - Ensure high frequency of contacts (every 2 weeks, including phone contact)
- If surgeon does not agree:
 - Visit Addressing challenges section

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References:

1. Ganesh S, et al. Visual and Refractive Outcomes following Bilateral Implantation of Extended Range of Vision Intraocular Lens with Micromonovision. *J Ophthalmol.* Vol. 2018, Article ID 7321794. REF2018CT4397. 2. Cochener B, et al. Clinical outcomes of a new extended range of vision intraocular lens: International Multicenter Concerto Study. *J Cataract Refract Surg* 2016; 42:1268 -1275. REF2016CT0489. 3. Hamid A, Sokwala A - A More Natural Way of Seeing: Visual Performance of Three Presbyopia Correcting Intraocular Lenses, *Open Journal of Ophthalmology*, 22 August 2016. 6, 176-183. REF2016CT0390.

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Objectives

- Maximise potential for the **TECNIS Symfony™** IOL usage in the practice
- Ensure appropriate patient selection:



Patient selection guidance

- Has presbyopia or cataract and perhaps a manageable astigmatism, otherwise has healthy eyes
- Was previously hyperopic¹ or emmetropic
- Wants to maximise spectacle independence without compromising quality of vision
- Satisfaction is not dependent on being fully spectacle independent at 30-40 cm



Key messages

The **TECNIS Symfony™** IOL was the first presbyopia-correcting Extended Range of Vision IOL

- Offers a full range of continuous high-quality vision²
- Subsequent studies involving hundreds of patients have shown the incidence of halo and glare to be low and less than with multifocal technologies³
- Offers a high degree of spectacle independence²
- Provides a high degree of patient satisfaction²



Tools

- Micro-monovision with the **TECNIS Symfony™** IOL (if the surgeon expresses an interest)
- Patient selection questionnaire*
- FAQ/Objection handler
- Patient brochure*
- Patient flipchart*



Mandatory information to deliver at this stage by sales person activity

The “Trade off” discussion

- Highlight that the **TECNIS Symfony™** IOL is designed to provide high contrast and continuous vision with perhaps occasional need for reading glasses
- Multifocals and trifocals may offer closer near vision, but vision is not continuous, there might be a greater degree of contrast loss, and higher risk of bothersome halos
- For patients still concerned about near vision (target first eye to emmetropia, second eye if necessary to -0.5 D micro-monovision):
 - Check attitude towards micro-monovision
 - Promote TMF +3.25 for these patients

*Patient materials may not be available in all countries due to regulatory requirements.

References:

1. Ganesh S, et al. Visual and Refractive Outcomes following Bilateral Implantation of Extended Range of Vision Intraocular Lens with Micromonovision. *J Ophthalmol.* Vol. 2018, Article ID 7321794. REF2018CT4397. 2. Cochener B, et al. Clinical outcomes of a new extended range of vision intraocular lens: International Multicenter Concerto Study. *J Cataract Refract Surg* 2016; 42:1268 -1275. REF2016CT0489. 3. Hamid A, Sokwala A - A More Natural Way of Seeing: Visual Performance of Three Presbyopia Correcting Intraocular Lenses, *Open Journal of Ophthalmology*, 22 August 2016. 6, 176-183. REF2016CT0390.

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Objectives

- The **TECNIS Symfony™** IOL becomes the default lens for presbyopia correction
- Help the surgeons grow the practice based on their **TECNIS Symfony™** IOL usage
- Use the **TECNIS Symfony™** IOL as the lever for further Johnson & Johnson Vision premium technology adoption



Patient selection guidance

- Has presbyopia or cataract and perhaps a manageable astigmatism, otherwise has healthy eyes
- Wants to maximise spectacle independence without compromising quality of vision
- Satisfaction is not dependent on being fully spectacle independent at 30-40 cm



Key messages

- Johnson & Johnson Vision has the technology and tools that will help grow your practice



Tools

- Web assets
- Waiting room video*
- Deal calculators



Mandatory information to deliver at this stage by sales person activity

The “Trade off” discussion

- Highlight that the **TECNIS Symfony™** IOL is designed to provide high contrast and continuous vision with perhaps occasional need for reading glasses
- Multifocals and trifocals may offer closer near vision, but vision is not continuous, there might be a greater degree of contrast loss, and higher risk of bothersome halos
- For patients still concerned about near vision (target first eye to emmetropia, second eye if necessary to -0.5 D micro-monovision):
 - Check attitude towards micro-monovision
 - Promote TMF +3.25 for these patients

*Patient materials may not be available in all countries due to regulatory requirements.

Question: Why did you slow down or stop implantation?

Surgeon's answer:

My patients experienced poor near vision

My patients experienced glare and halos

I don't have many suitable patients

Trifocals provide better vision

I've seen publications showing that the **TECNIS Symfony™** IOL is just another low-add IOL

Mandatory agreements with your surgeon at the end of the troubleshooting

- Agree on next steps
- If surgeon agrees to continue using the **TECNIS Symfony™** IOL, keep high-frequency visit schedule
- If surgeon does not agree to continue using the **TECNIS Symfony™** IOL, consider opportunities for the **TECNIS™** IOL family and consider timeline for reassessment

My patients experienced poor vision



Questions to ask the surgeon

- What do you consider near vision to be?
- What near vision are you, or your patient, looking for?



If objection is based on expectations of doctor and patient for near vision at 30-40 cm

Objectives

If the patient is happy:

- Manage surgeon expectations
- Train surgeon that most daily activities are at a distance of 40-50 cm

If the patient is not happy: talk about patient selection

- What are the patient's pre-op priorities and expectations?
- How were these assessed?
- Patients who prioritise near vision or fine print may be better suited for the **TECNIS™** multifocal lens



Key messages

The **TECNIS Symfony™** IOL was the first presbyopia-correcting Extended Range of Vision IOL

- Patients report high satisfaction when they achieve good quality vision for most tasks, even if spectacles are required for near vision¹
- Patients whose satisfaction depends on spectacle independence for near vision such as reading small print at 30-40 cm may be more suited for the **TECNIS™** multifocal lens



If objection is based on doctor and patient expectations regarding tasks at 40-50 cm

Objectives

If the biometry is not satisfactory

1. Ensure that refraction is being done using the "maximum plus" technique. Discuss the plateau in the **TECNIS Symfony™** IOL defocus curve and why it is therefore important to push plus when refracting the patient
2. Gain commitment to optimise A-constant based on outcomes

If the biometry is satisfactory

1. Once points 1 and 2 are accepted, discuss how some surgeons choose to enhance near vision with the **TECNIS Symfony™** IOL by using 0.5 D of micro-monovision (target to emmetropia in first eye, if necessary push to micro-monovision in second eye)
2. Recommend **TECNIS™** multifocal lens for patients who prioritise near vision or fine print



Key messages

- In clinical trials, the **TECNIS Symfony™** IOL has demonstrated a high degree of spectacle independence and satisfaction¹



Tools

- Sales brochure: print and iPad device
- Updated clinical data presentation
- FAQ/Objection handler
- Patient selection questionnaire
- Key studies

Reference:

1. Cochener B, et al. Clinical outcomes of a new extended range of vision intraocular lens: International Multicenter Concerto Study. *J Cataract Refract Surg* 2016; 42:1268–1275 . REF2016CT0489.

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Questions to ask the surgeon

- How do you talk about IOL dysphotopsia with your patient?
 - Explain that monofocal IOLs may also cause halo and glare¹. Discuss the key studies
- Is your patient disturbed by halo and glare?
 - Patients may see halos or glare, but it may not be as disturbing as with a multifocal lens
- How do your patients comment about halo and glare compared with patients who have received a multifocal lens?
- Do you ask your monofocal patients if they see halo and glare following surgery?



Objectives

1. Convince using data that halo and glare with the **TECNIS Symfony™** IOL show a low incidence and are less than with multifocal technologies^{2,3}
2. As astigmatism can contribute to halo and glare, ensure that the surgeon is aiming to minimize post-operative astigmatism (use the **TECNIS Symfony™** toric IOL).
3. Further reasons could be:
 - Monovision (two images, one from each eye could cause halos)
 - Dry eye, corneal irregularities



Key messages

- The **TECNIS Symfony™** IOL was the first presbyopia-correcting Extended Range of Vision IOL
- Subsequent studies involving hundreds of patients have shown the incidence of halo and glare to be low and less than with multifocal technologies³
- The **TECNIS Symfony™** IOL provides a high degree of patient satisfaction¹
- Monofocal IOLs could cause halo and glare^{1,4}
- Offers a full range of continuous high-quality vision²



Tools

- Study regarding halo and glare with monofocal IOL^{1,4}

References:

1. Puell MC, et al. Disk halo size measured in individuals with monofocal versus diffractive multifocal lenses. *J Cataract Refract Surg* 2015;41(11):2417-2423. REF2017CT0198. 2. Cochener B, et al. Clinical outcomes of a new extended range of vision intraocular lens: International Multicenter Concerto Study. *J Cataract Refract Surg* 2016; 42:1268–1275 . REF2016CT0489. 3. Hamid A, Sokwala A – A More Natural Way of Seeing: Visual Performance of Three Presbyopia Correcting Intraocular Lenses, *Open Journal of Ophthalmology*, 22 August 2016. 6, 176-183. REF2016CT0390. 4. Calladine D, et al. Multifocal versus monofocal intraocular lenses after cataract extraction. *Cochrane Database Syst Rev*. 2012 Sep (p. 59). REF2014CT0569.

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I don't have many suitable patients

QA Questions to ask the surgeon

Scenario 1: Surgeon doesn't believe in the lens (just for a niche)

- Is there a reason why you see limited patient numbers?
- How many premium procedures take place in your practice?
- How do you decide which premium lens you offer?
- How do you decide if a patient is suitable for the **TECNIS Symfony™** IOL?

Scenario 2: Needs help developing the business

- What is your view on the PC IOL segment in your practice?
- Do you think more of your patients could benefit from a multifocal or extended range of vision IOL?

Objectives

- Discuss patient selection and the benefits of the **TECNIS Symfony™** IOL
- Explore partnership (practice development) opportunities
 - Offer tools and training to develop business

Key messages

The **TECNIS Symfony™** IOL was the first presbyopia-correcting Extended Range of Vision IOL

- Offers a full range of continuous high-quality vision¹
- Subsequent studies involving hundreds of patients have shown the incidence of halo and glare to be low and less than with multifocal technologies²
- Offers a high degree of spectacle independence¹
- Provides a high degree of patient satisfaction¹

Johnson & Johnson Vision has the technology and tools that will help grow your practice

Tools

- FAQ/Objection handler
- Patient selection questionnaire*
- Patient brochure*
- Patient flipchart*

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References:

1. Cochener B, et al. Clinical outcomes of a new extended range of vision intraocular lens: International Multicenter Concerto Study. *J Cataract Refract Surg* 2016; 42:1268–1275 . REF2016CT0489. 2. Hamid A, Sokwala A – A More Natural Way of Seeing: Visual Performance of Three Presbyopia Correcting Intraocular Lenses, *Open Journal of Ophthalmology*, 22 August 2016. 6, 176-183. REF2016CT0390.

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Questions to ask the surgeon

- How do you define better vision?
- How do you balance between visual outcomes, quality of vision and optical side effects when choosing a PC IOL?



Objectives

- Ensure the surgeon understands the differences between multifocal and **TECNIS Symfony™** IOL technologies
 - Talk about the compromises of trifocals
 - Sacrificing quality
 - Sacrificing contrast
 - Light divided into 3 focal points, where there are 2 halos and 1 focus
 - Talk about the advantages of the **TECNIS Symfony™** IOL versus trifocals
 - The **TECNIS Symfony™** IOL offers a high level of contrast¹
 - Patients may occasionally require reading glasses for small prints¹
 - We believe that most patients will choose the **TECNIS Symfony™** IOL vision over trifocal vision if given the choice



Key messages

- The **TECNIS Symfony™** IOL provides a full range of continuous, high-quality vision with high levels of spectacle independence.²
- Highlight nighttime dysphotopsia and the contrast advantages of the **TECNIS Symfony™** IOL versus multifocal technologies



Tools

- Objection handler “Trifocals”
- PP2019CT4168 **TECNIS Symfony™** IOL Argumentation

References:

1. Post-market clinical follow-up investigation of an extended range of vision IOL. Symfony Harmony EMEA trial 3-month interim results. Dec. 18, 2014. DOF2014OTH0001. 2. Cochener B, et al. Clinical outcomes of a new extended range of vision intraocular lens: International Multicenter Concerto Study. *J Cataract Refract Surg* 2016; 42:1268–1275 . REF2016CT0489.

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I've seen publications showing that the TECNIS Symfony™ IOL is just another low-add IOL

QA Questions to ask the surgeon

- What do you think, taking your experience with the **TECNIS Symfony™** IOL into account?

Objectives

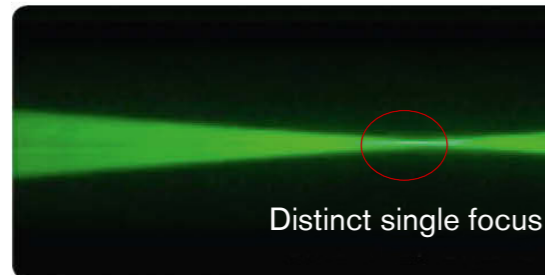
- Ensure that the surgeon understands how data from optical bench can be used in a selective way, by using different light sources or not using the average cornea eye model
- Ensure that clinical data (and his own experience) are more relevant than bench data

Key messages

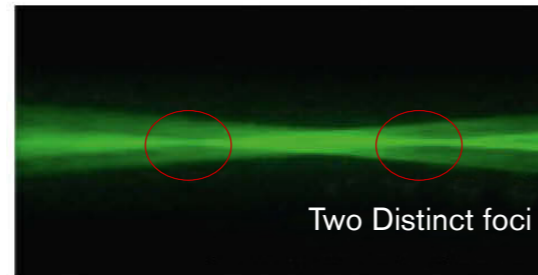
- The **TECNIS Symfony™** IOL was the first presbyopia-correcting Extended Range of Vision IOL. Patients report high satisfaction when they achieve good quality vision for most tasks, even if spectacles are required for near vision¹

Tools

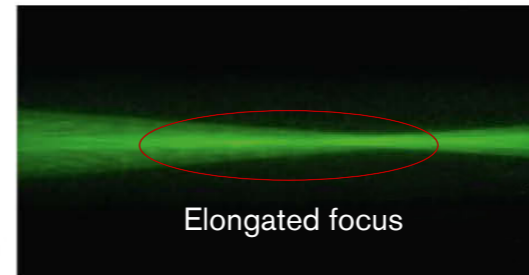
- Objection handler "It is just another low add"
- Use clinical outcomes - Defocus curve
- Use outcomes with contrast vision, photic phenomena, specacle independence



TECNIS™ Monofocal IOL



TECNIS™ Multifocal IOL



TECNIS Symfony™ IOL

Images taken from Weeber H, Piers P - Visualization of green light traveling through the **TECNIS Symfony™** IOL - Data on file, Aug. 13, 2014. DOF2014CT0005.

Reference:

1. Cochener B, et al. Clinical outcomes of a new extended range of vision intraocular lens: International Multicenter Concerto Study. *J Cataract Refract Surg* 2016; 42:1268–1275 . REF2016CT0489.

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Overview of the **TECNIS Symfony™** IOL materials

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materials

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materials

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materials

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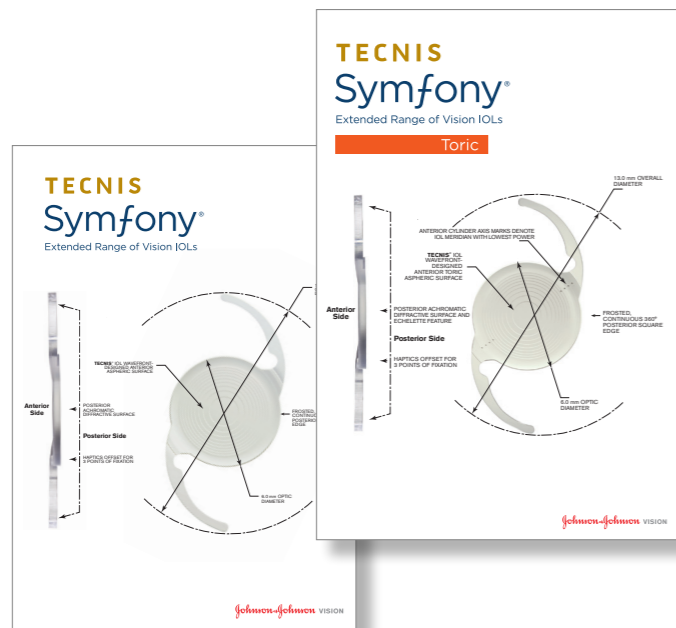


Audience: Surgeons

Purpose: To provide surgeons with information about the **TECNIS™** Presbyopia-Correcting IOLs, including lens design and lens specifications, the technology behind the lenses and trial data to support their efficacy.

Updated to show MTF comparison with competitor multifocal IOLs.

TECNIS Symfony™ IOL Specification Sheets



The **TECNIS Symfony™** IOL and the **TECNIS Symfony™** Toric IOL Specification Sheets

Audience: Surgeons

Purpose: To provide surgeons with a detailed summary of the **TECNIS Symfony™** IOL specifications, including optical characteristics, biometry, haptic characteristics and recommended insertion instruments.

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Audience: Surgeons

Purpose: A comprehensive guide to share with surgeons who have decided to offer the **TECNIS Symfony™** IOL within their practice, detailing the technology behind the lens, instructions for use, optimal patient selection, postoperative refraction details and pre- and postoperative considerations for the surgeon.

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TECNIS Symfony™ IOL Web Assets

Audience: Surgeons

Purpose: TECNIS Symfony™ IOL picture kit for surgeons' use e.g. websites, brochures

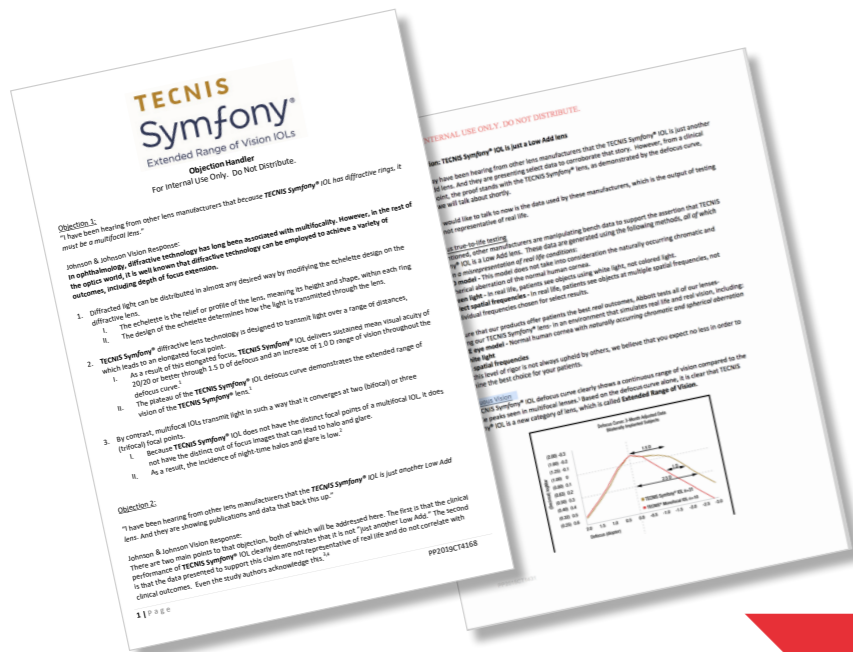


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TECNIS Symfony™ IOL Objection Handler



Audience: Sales force internal only

Purpose: To be used as a discussion tool when visiting customers, outlining answers to any FAQs on lens design, suitable patients for implantation, and positioning the lens in their practice, such as:

What is an echelette?

Why not extend the range of vision further?

How will a **TECNIS Symfony™** IOL patient differ from a multifocal patient?

3 available documents:

1. FAQ
2. Competitive response vs. trifocals
3. Response for "It's just a low add"

TECNIS Symfony™ IOL Adoption Pathway



Audience: Sales force internal only

Purpose: Clear guidance as to objectives, messages and tools available to support negotiations with surgeons. The guidance also clearly defines communications that must be delivered at different times.

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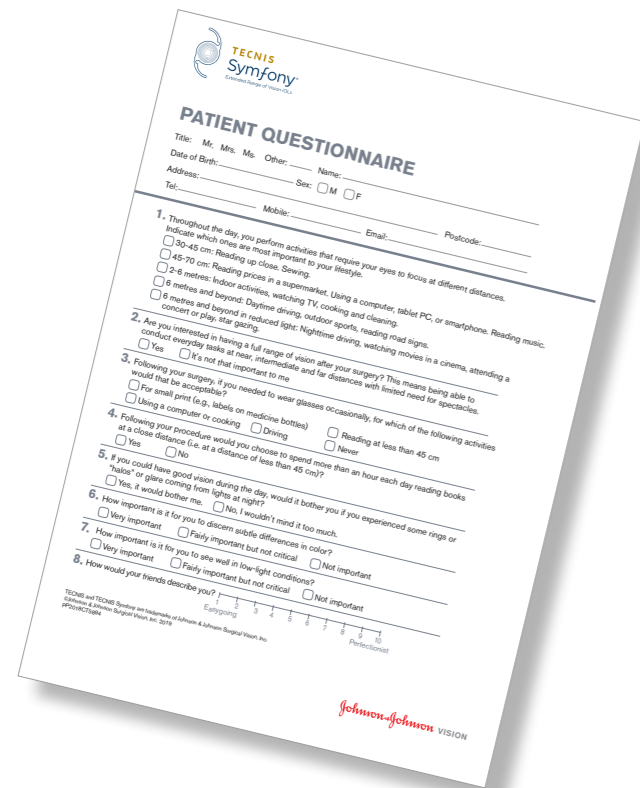
TECNIS Symfony™ IOL Patient Brochure



Audience: Patients*

Purpose: An informative brochure for patients explaining what cataracts, presbyopia and astigmatism are, whilst also giving a background on the **TECNIS Symfony™** IOL and patient satisfaction figures following surgery.

TECNIS Symfony™ IOL Patient Questionnaire



Audience: Patients*

Purpose: For patients to fill in prior to undergoing lens replacement surgery, enabling surgeons to understand the priorities and requirements of the patient and make a decision about whether the **TECNIS Symfony™** IOL is a suitable option for them based on this feedback.

*Patient materials may not be available in all countries due to regulatory requirements.

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TECNIS Symfony™ IOL Customisable Poster

Audience: Patients*

Purpose: Allow surgeons to advertise their practice in offering the **TECNIS Symfony™** IOL.

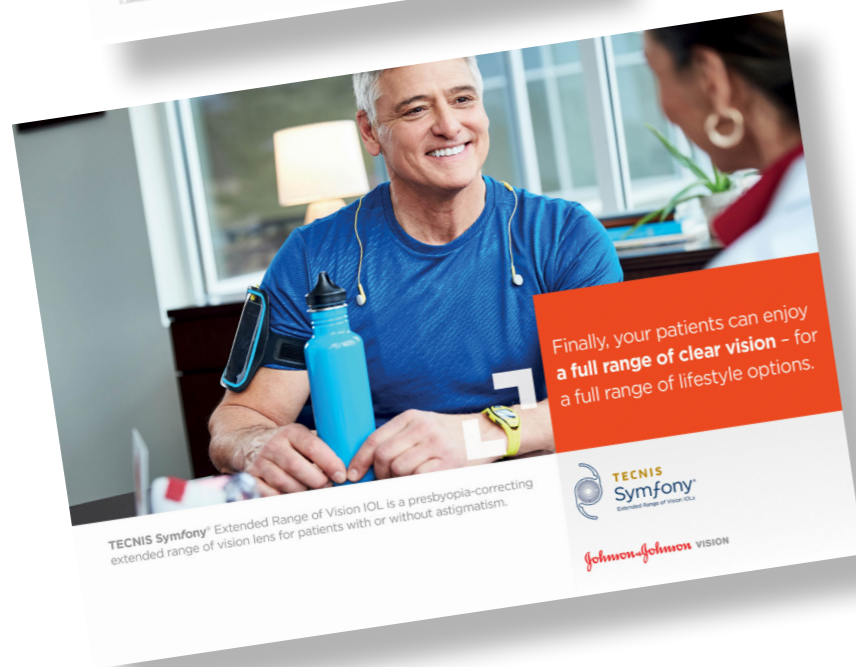


TECNIS Symfony™ Flip Chart

Audience: Patients*

Purpose: Allow surgeons to explain the features of the **TECNIS Symfony™** IOL to the patients. Facilitates the doctor - patient pre-surgery discussion.

*Patient materials may not be available in all countries due to regulatory requirements.



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