



# REASONS TO CHANGE



Patients with cataracts have an increasing need for good intermediate vision because it is important for activities of daily living<sup>1</sup>



Computer Work



Walking on uneven surfaces



Cooking



Seeing prices while shopping

The European Society for Cataract & Refractive Surgery consensus statement states that poor intermediate vision may limit patient quality of life<sup>1</sup>

## Intermediate vision is a key unmet need for cataract surgery

### Patients<sup>1,2</sup>

Patients have access to conventional monofocal IOLs, which do not improve intermediate vision\*

6 of 9 quality of life questions highlight intermediate vision

### Providers<sup>1</sup>

Referral for cataract surgery should consider activities of daily living

Intermediate vision may play a large role

### Payors<sup>1,3</sup>

Value-based healthcare may reduce variation of outcomes

Reduce costly and avoidable complications (eg, falls)

\* TECNIS Eyhance™ IOL is the first monofocal IOL to improve intermediate vision.<sup>4</sup>

Improved intermediate vision after cataract surgery may be associated with healthy aging

# We Are Changing The Paradigm For The Standard Of Care In Cataract Surgery Once Again



The efficacy and safety of the TECNIS Eyhance™ IOL is supported by **rigorous, high-quality clinical evidence**<sup>5-12</sup>

LEVEL  
**1**

The TECNIS Eyhance™ IOL is the only monofocal IOL shown to improve intermediate vision in **randomized controlled trials (RCTs)**<sup>5-7</sup>

Compared to a conventional monofocal IOL, the TECNIS Eyhance™ IOL provided:<sup>5,13</sup>



Better  
intermediate  
vision



Less difficulty  
walking on  
uneven surfaces  
and stairs



Same  
distance  
vision



Same  
low level of  
photic phenomena



A growing number of published, peer-reviewed, real-world studies further **support the benefits of the TECNIS Eyhance™ IOL**<sup>8-12</sup>

The TECNIS Eyhance™ IOL addresses the unmet need in cataract surgery and provides outcomes that matter to patients

# Introducing Innovative Technology



Public authorities created legislation that allows unique technologies **to gain access to closed tenders**

*The TECNIS Eyhance™ IOL is qualified for the addition to closed tenders based on the Voluntary Ex-ante Tender procedure [Article 31 of Directive 2014/24/EU]<sup>14</sup>*

The reasons to change include embracing the new standard of care and allowing patient access to new innovations



Multidisciplinary stakeholders have highlighted **the unmet need**



Generation of **high-quality evidence:** Level 1 RCT and peer-reviewed real-world data



Example: “Intraocular lens that improves **intermediate vision**”



To date, the TECNIS Eyhance™ IOL has been **implanted in >750,000 eyes** in the EMEA region\*

\* As of February 14, 2022. This includes both TECNIS Eyhance™ and TECNIS Eyhance™ Toric II IOLs.

There is a pathway for patients to access TECNIS Eyhance™ IOLs and countries across Europe are rapidly changing the standard of care

# Considerations For Moving Forward

## Next Steps

1

**DEFINE**

**Award Criteria & Timeline**

2

**ASSESS**

**Technical Requirements**

3

**ESTABLISH**

**Tender Details**

## Call to Action

Components may include:



List of products



Description



Quantity



Maximum unit price



Budget maximum



Unit price offered



Total offered

**REFERENCES:** 1. Ribeiro F, et al. Definition and clinical relevance of the concept of functional vision in cataract surgery, ESCRS Position Statement on Intermediate Vision: ESCRS Functional Vision Working Group. *J Cataract Refract Surg* 2020;46, Suppl. 1:S1-S3. REF2020CT4036. 2. Catquest-9SF Questionnaire 2011. REF2020OTH4267. 3. Lord SR. Visual risk factors for falls in older people. *Age and Ageing* 2006;35 Suppl 2:ii42-ii45. REF2019CT4404. 4. **TECNIS Eyhance™** IOL Product Monograph 2019 – Table 4.1, p. 10. REF2018CT4402. 5. Auffarth GU, et al. Clinical evaluation of a new monofocal IOL with enhanced intermediate function in patients with cataract. *J Cataract Refract Surg* 2021;47 (2):184-191. REF2021CT4157. 6. de Luis Equileor B, et al. Differences in intermediate vision: monofocal intraocular lenses vs. monofocal extended depth of focus intraocular lenses. *Arch Soc Esp Ophthalmol (Engl Ed)* 2020;95 (11): 523-527. REF2021CT4085. 7. Nanavaty MA, et al. Visual Acuity, Wavefront Aberrations, and Defocus Curves With an Enhanced Monofocal and a Monofocal Intraocular Lens: A Prospective, Randomized Study. *J Refract Surg* 2022; 38 (1): 10-20. REF2022CT4115. 8. Mencucci R, et al. Visual outcome, optical quality, and patient satisfaction with a new monofocal IOL, enhanced for intermediate vision: Preliminary results. *J Cataract Refract Surg* 2020; 46 (3): 378-387. REF2020CT4072. 9. Corbelli E, et al. Comparative analysis of visual outcome with three intraocular lenses: monofocal, enhanced monofocal, and extended range of vision. *J Cataract Refract Surg* 2022;48 (1): 67-74. REF2021CT4235. 10. Cinar E, et al. Vision outcomes with a new monofocal IOL. *Int Ophthalmol* 2021;41 (2): 491-498. REF2021CT4082. 11. Unsal U, Sabur H. Comparison of new monofocal innovative and standard monofocal intraocular lens after phacoemulsification. *Int Ophthalmol* 2021;41 (1): 273-282. REF2020CT4277. 12. Lopes D, et al. Comparative evaluation of visual outcomes after bilateral implantation of an advanced or conventional monofocal intraocular lens. *Eur J Ophthalmol* 2022;32 (1): 229-234. REF2021CT4173. 13. Johnson & Johnson Vision. DOF2018CT4015 – Clinical Investigation of the **TECNIS Eyhance™** IOL, Model ICB00, EDOF-111-QTRE: 6-Month Clinical Study. Sep. 2018. 14. European Parliament and Council – Directive 2014/24/EU of the European Parliament and of the Council of 26 February 2014 on public procurement and repealing Directive 2004/18/EC. Text with EA relevance. Available at: <https://eur-lex.europa.eu/eli/dir/2014/24/oj>. Official Journal of the European Union. REF2020OTH4268.

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