




The First and Only presbyopia-correcting IOL with wavefront-shaping technology and a clinically proven exceptionally low rate of visual disturbances¹⁻⁵

WATCHOUT: If "First and Only" can not be used due to local regulations, it can be replaced with "First-of-its-kind"

WATCHOUT: If "Exceptional" can not be used due to local regulations, it can be replaced with "Monofocal visual disturbance profile"

AcrySof IQ Vivity® IOL Delivers Excellent Distance, Intermediate and Functional Near Vision^{4,5}


WATCHOUT: If "Excellent" can not be used due to local regulations, it can be replaced with "very good distance and intermediate vision and functional near vision"



Binocular Mean Uncorrected Distance Visual Acuity (4 m)^{4,5††}

20/20


DISTANCE



Binocular Mean Uncorrected Intermediate Visual Acuity (66 cm)^{4,5††}

BETTER THAN 20/25

INTERMEDIATE



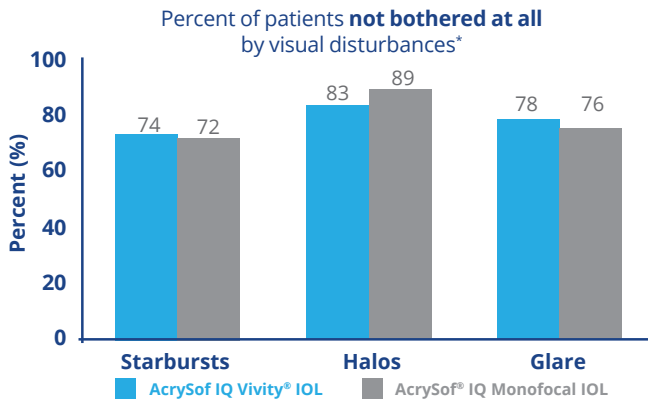
Binocular Mean Uncorrected Near Visual Acuity (40 cm)^{4,5††}

20/32

NEAR

*Results from a prospective, randomized, parallel group, subject- and assessor-masked, multisite trial of 107 subjects bilaterally implanted with the AcrySof IQ Vivity® Extended Vision IOL and 113 with the AcrySof® IQ IOL with 6 months' follow-up. †Snellen VA was converted from logMAR VA. A Snellen notation of 20/20-2 or better indicates a logMAR VA of 0.04 or better, which means 3 or more of the 5 ETDRS chart letters in the line were identified correctly.

Visual Disturbance Profile is Comparable to the Best-in-Class AcrySof® IQ Monofocal⁵



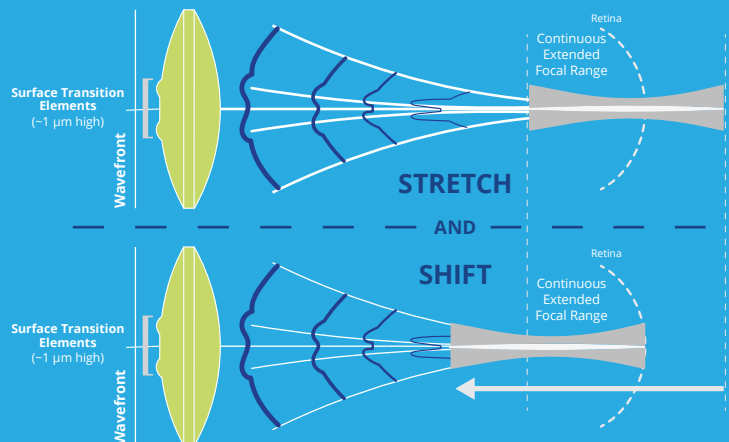
*Assessed using QUID questionnaire at 6 months.

Diffraction trifocal technology IOLs can deliver reduced spectacle dependence, but it's not for every patient. Some patients are not candidates due to low tolerance for visual disturbances or certain ocular pathology.⁶⁻⁸

AcrySof IQ Vivity® IOL patients reported similar rates of starburst, halos, and glare as AcrySof® IQ monofocal patients.^{4,5}

First and Only Wavefront-shaping IOL³

AcrySof IQ Vivity® IOL features proprietary wavefront-shaping technology (X-WAVE™), where two smooth surface transition elements simultaneously stretch and shift the wavefront, enabling patients to enjoy a continuous range of vision with a clinically proven exceptionally low rate of visual disturbances.^{4,5}



AcrySof IQ Vivity® IOL and AcrySof IQ Vivity® Toric IOL Technical Specifications^{1,2}

Model	DFT015	DFT215	DFT315	DFT415	DFT515	DFT615
Optic Type	Biconvex wavefront-shaping technology	Biconvex toric wavefront-shaping technology				
Optic Material	Ultraviolet & blue light filtering Hydrophobic Acrylate/Methacrylate Copolymer					
Optic Powers	+10.0 to +30.0 diopters (in 0.5 diopter increments)					
IOL Cylinder Powers (Diopters)	N/A	1.00	1.50	2.25	3.00	3.75
Spectral Transmission	10% transmittance at 401 nm (UV) for + 20.0 diopter IOL					
Index of Refraction	1.55					
Haptic Configuration	STABLEFORCE® Modified-L Haptics					
Haptic Material	Ultraviolet & blue light filtering Hydrophobic Acrylate/Methacrylate Copolymer					
Optic Diameter/ \varnothing_g (mm)	6.0					
Overall Length/ \varnothing_T (mm)	13.0					
Haptic Angle	0°					
Asphericity (μ m)	-0.2					
A-constant (SRK/T)	Optical 119.2* Ultrasound: 118.8†					
Position	Planar (Posterior optic edge is aligned with posterior haptic edge)					
Haptic Thickness (mm)	0.43 ± 0.1					
Cartridge	MONARCH™ III D (8065977763), Diopter range: +10.0 to +25.0 D					
	MONARCH™ III C (8065977762), Diopter range: +10.0 to +30.0 D					
Handpiece	MONARCH™ III (blue) (8065977773)					
Ophthalmic Viscosurgical Device (OVD)	Viscoat™ OVD ProVisc™ OVD DisCoVisc™ OVD					

*Clinically validated. †Theoretical.

A-Constant SRK/T recommended starting point is 119.2 (for optical biometry) ^{1,2}	
Lens Constant	OCI Value
SRK/T A-Constant (OCI)	119.2*
Holladay I (S factor)	1.90
Holladay II (ACD)	5.67
RBF-Hill	119.15
Hoffer-Q	5.67
Barrett	1.99

A-Constant SRK/T recommended starting point is 118.8 (Theoretical ultra sound biometry) ^{1,2}	
Lens Constant	OCI Value
SRK/T A-Constant (U/S)	118.8
Holladay I (S factor)	1.68
Holladay II (ACD)	5.43
RBF-Hill	118.8
Hoffer-Q	5.43
Barrett	1.78

The recommended starting value for SRK/T: 119.2 (OCI) due to the design and Lens Index. If the surgeon wishes to have a personalized SRK/T for AcrySof® IQ monofocal then they can add 0.2 to their personalized lens constant. These starting values should be optimized by the surgeons. Typically, 20-30 eyes are recommended to begin the lens constant personalization.

References: 1. AcrySof IQ Vivity® Toric Extended Vision IOL Directions for Use. 2. AcrySof IQ Vivity® Extended Vision IOL Directions for Use. 3. Alcon Data on File, US Patent 9968440 B2, May 15, 2018. 4. Alcon Data on File, TDOC-0055575. 09 Apr 2019. 5. Alcon Data on File, TDOC-0055576. 23-Jul-2019. 6. Braga-Mele R, et al. Multifocal intraocular lenses: relative indications and contraindications for implantation. *J Cataract Refract Surg.* 2014;40(2):313-322. 7. Gundersen KG, et al. Retirements after multifocal intraocular lens implantation: an analysis. *Clin Ophthalmol.* 2016;10:365-371. 8. Zvornicanin J, et al. Premium intraocular lenses: The past, present and future. *J Curr Ophthalmol.* 2018;30(4):287-296.

