Johnson&Johnson

TECNIS
Odyssey™ IOL

Introducing
TECNIS Odyssey™ IOL

Precise vision. Every distance. Any lighting.

*According to ISO 11979-7:2024, based on the clinical study of the parent IOL
¶Compared to PanOptix® based on bench testing
†Compared to TECNIS Synergy™ based on bench testing
**Continuous 20/25 or better

TECNIS Odyssey™ Overview
A high-quality, full visual range IOL unlike any other.*[1]

Enhanced Tolerance to Refractive Error†[2]
More consistent and reliable visual outcomes.

Optimized Dysphotopsia Profile†[3]
Improved night vision quality.

Unmatched Range of Vision**¶[4]
Continuous vision from far through near.

Best-in-Class Contrast¶†[5–7]
Sharper vision in all lighting conditions.

Read Important Safety Information

ENTER

TECNIS Odyssey™: Delivering Exceptional Patient Satisfaction

Precise Vision

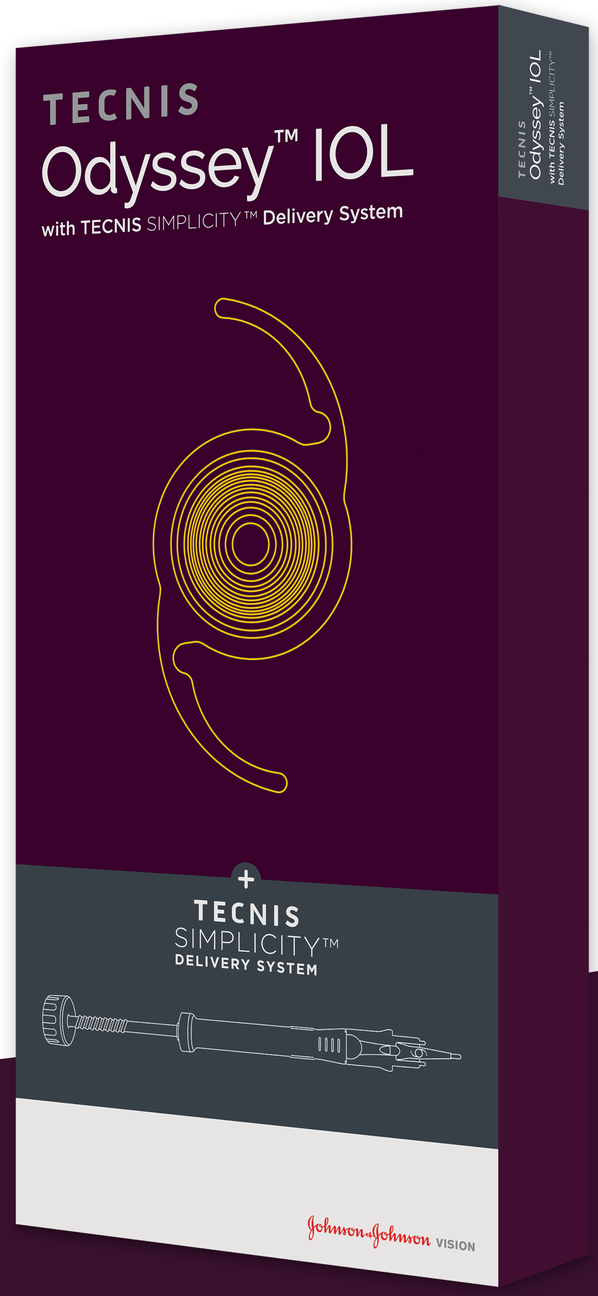
94%
satisfaction with overall vision without glasses.[8]

Every Distance

96%
satisfaction with reading on a smartphone or tablet.[9]

Any Lighting

92%
satisfaction with ability to see steps and curbs at night.[9]



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*Values rounded to the nearest 1%.
** Based on 3-month postoperative data from a multi-center, observational clinical study in the U.S.

BACK

Explore the technology behind TECNIS Odyssey™

TECNIS Odyssey™ | Enhanced Tolerance to Refractive Error | Optimized Dysphotopsia Profile | Unmatched Range of Vision | Best-in-Class Contrast | TECNIS™ Platform | Exceptional Rotational Stability

TECNIS Odyssey™: A Full Visual Range IOL Unlike Any Other*[1]

Only TECNIS Odyssey™ features an ***all-new*** **Freeform Diffractive Profile.**

Technologies	Features
New with TECNIS Odyssey™: **Freeform Diffractive Profile**	→ Enhances tolerance to refractive error†[2] → Optimizes the dysphotopsia profile†[3]
Hybrid Multifocal-EDOF Design *Best of both worlds*	→ Delivers a continuous, full range of vision:**[4] • Multifocal elements provide excellent distance and near VAs • EDOF elements provide continuous vision without gaps
Achromatic Technology & TECNIS™ Platform	→ Maximizes contrast, even in low-light conditions¶†[5–6]

*According to ISO 11979-7:2024, based on the clinical study of the parent IOL
¶Compared to PanOptix® based on bench testing
†Compared to TECNIS Synergy™ based on bench testing
**Continuous 20/25 or better

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All-New Freeform Diffractive Profile

Digitally-optimized process enables **new degrees of freedom in design.**

Digital Optimization:

Digitally fine-tuning the optical profile minimizes aberrations, effectively enhancing tolerance to residual refractive errors.[2]

+

Advanced Design:

Custom-shaped echelettes and minimized step heights provide precise light control, minimizing halos, glare, and starbursts.[3]

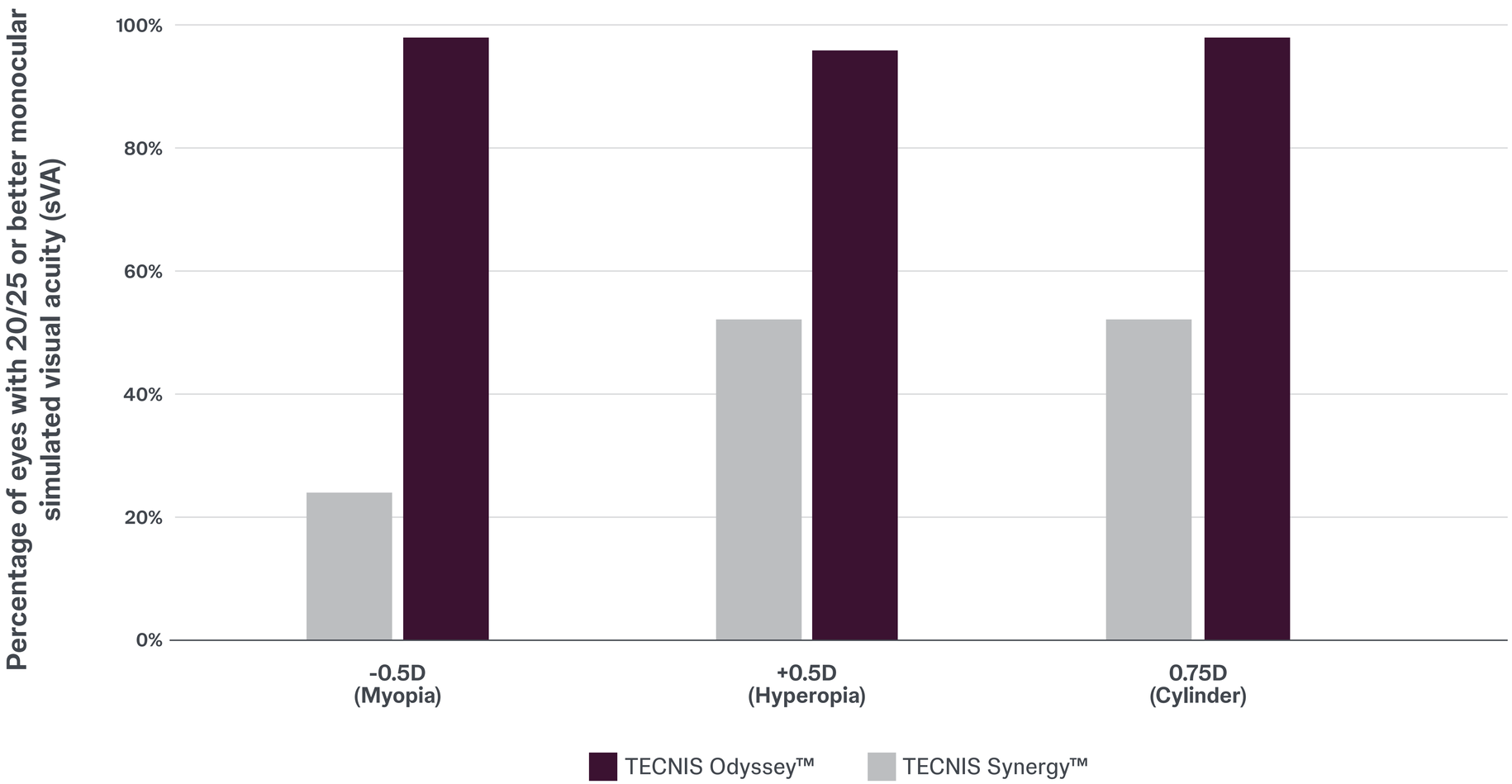
50%
smaller step heights*

For illustrative purposes only

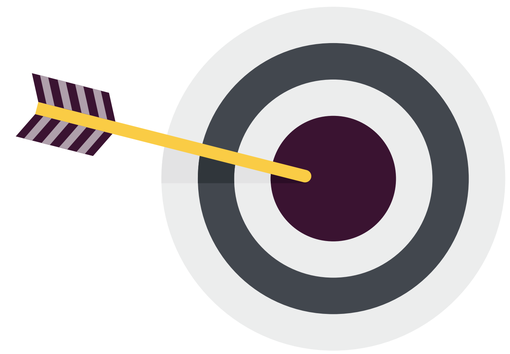
*TECNIS Odyssey™ step heights are at least 50% smaller compared to the largest step height of TECNIS Synergy™

Engineered for Surgeon Confidence

Freeform diffractive profile contributes to **enhanced tolerance to residual refractive errors.***§[2,10]



>95%
of eyes achieved good distance VA, even under defocus.*[2,10]



Preoperative Guidance:

- **Astigmatism Management:** Aim for ≤ 0.5 D of residual astigmatism postoperatively.
- **Target Plano to First Minus (slight myopia):** Targeting plus or beyond first minus is neither recommended nor necessary with this lens.

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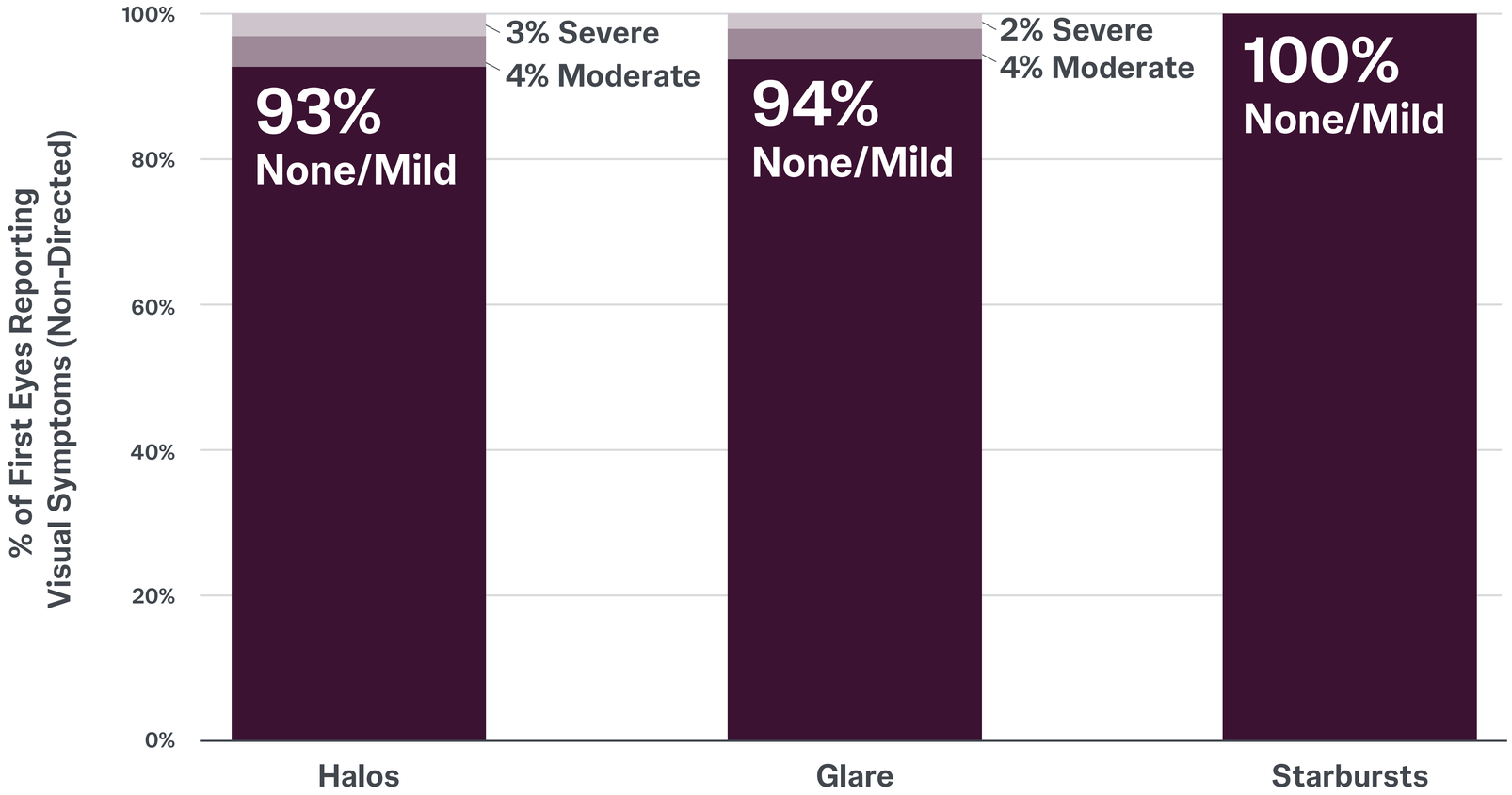
*Based on bench testing.
§Compared to TECNIS Synergy™

Optimized Dysphotopsia Profile

Freeform diffractive profile contributes to a **low incidence of bothersome visual disturbances.**[12]



93%
reported no or mild halos, glare, or starbursts at one month post-op[12]

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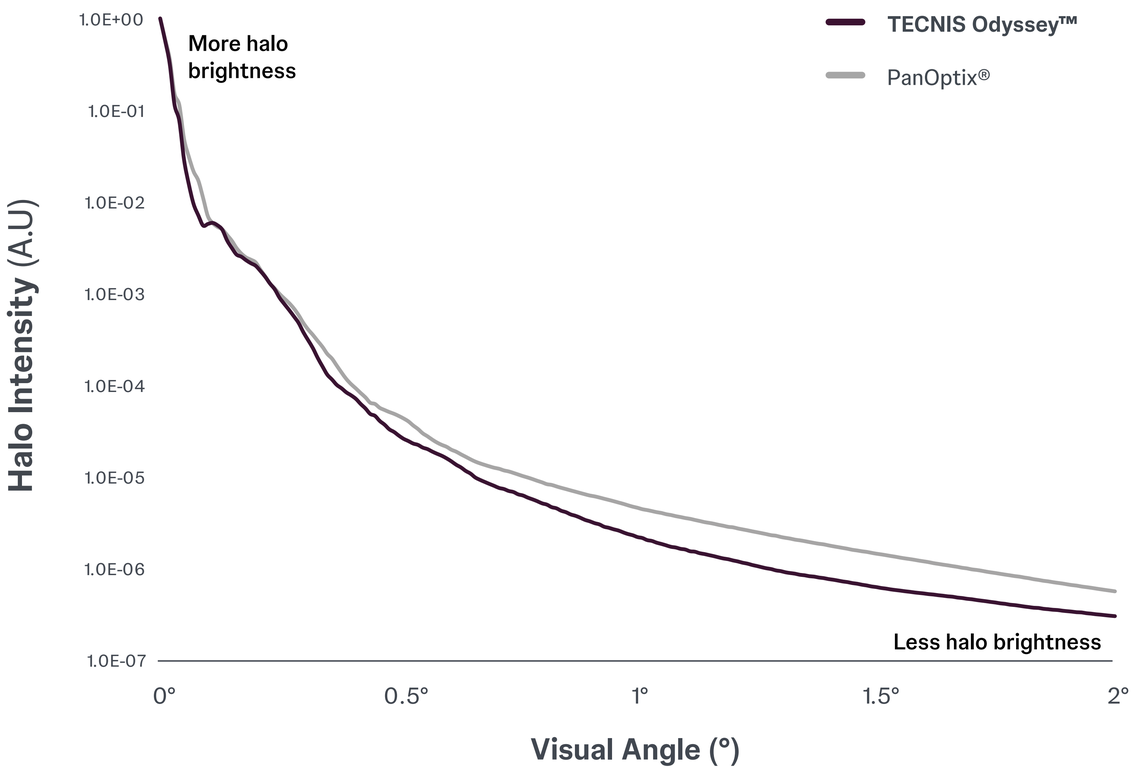
Values rounded to the nearest 1%
Retrospective, multi-center, real-world clinical analysis of reported outcomes at 1 month post-operative visit, n=96. Symptoms reported without a specified severity level were classified as mild in the chart above.

Minimized Visual Disturbances

TECNIS Odyssey™ demonstrates a **reduced halo profile.***[3,11]

Halo Performance

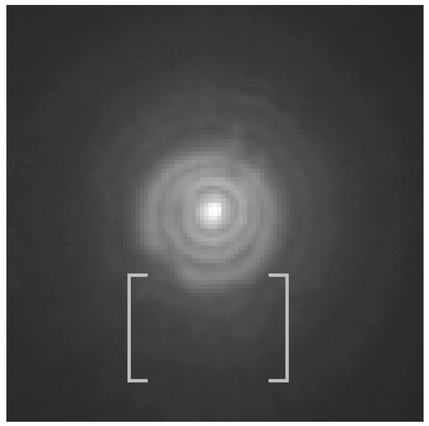


Visual angle

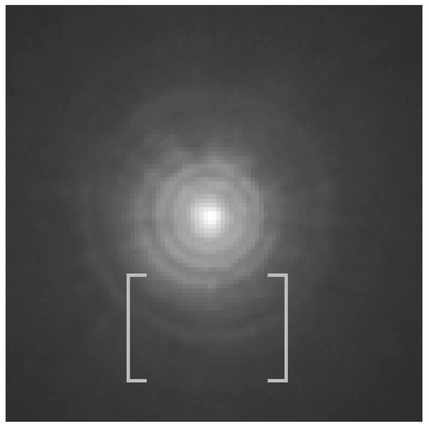
For illustration purposes only. Not shown to scale.

Optical Bench Halo Measurements
(4.0mm Pupil Size)[11]

TECNIS Odyssey™



PanOptix®



TECNIS Odyssey™ delivers lower halo intensity as the distance from the halo center increases.*[3,11]

In a pre-clinical lab assessment, TECNIS Odyssey™ IOL demonstrated lower intensity for most visual angles (0.67 to 2.0 degrees), indicating better halo performance than PanOptix® IOL. The light intensity values were normalized with reference to the peak intensity (center of the image), and a gamma correction of 0.1 was used. Presentation of the halos are shown in the images above. The assessment used the CDD, a research device designed to evaluate intraocular lenses. The device complies with ANSI standard Z80.35, section A.4.1.

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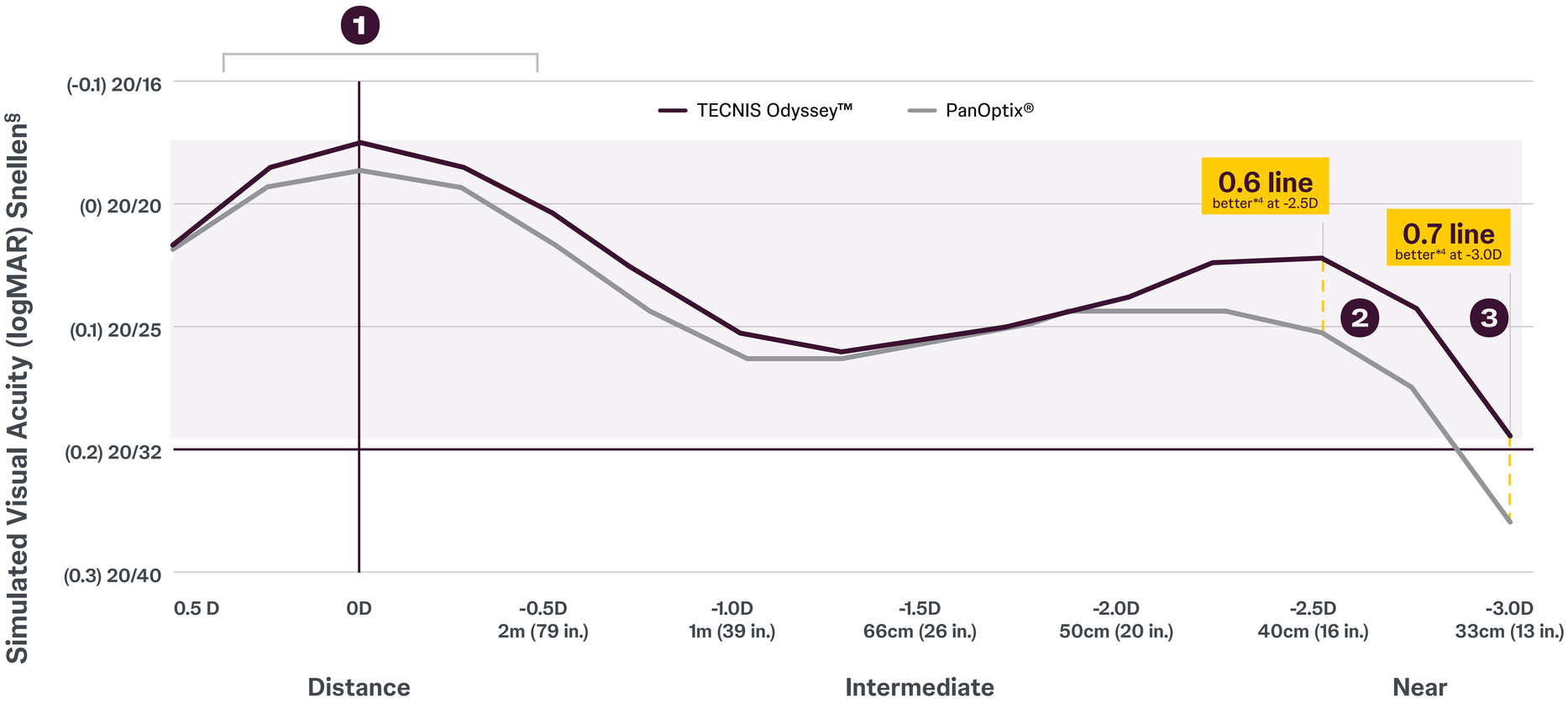
*Compared to PanOptix® based on bench testing

Unmatched Range of Vision

A **continuous, full range of vision with better near** compared to PanOptix®.*†[4]



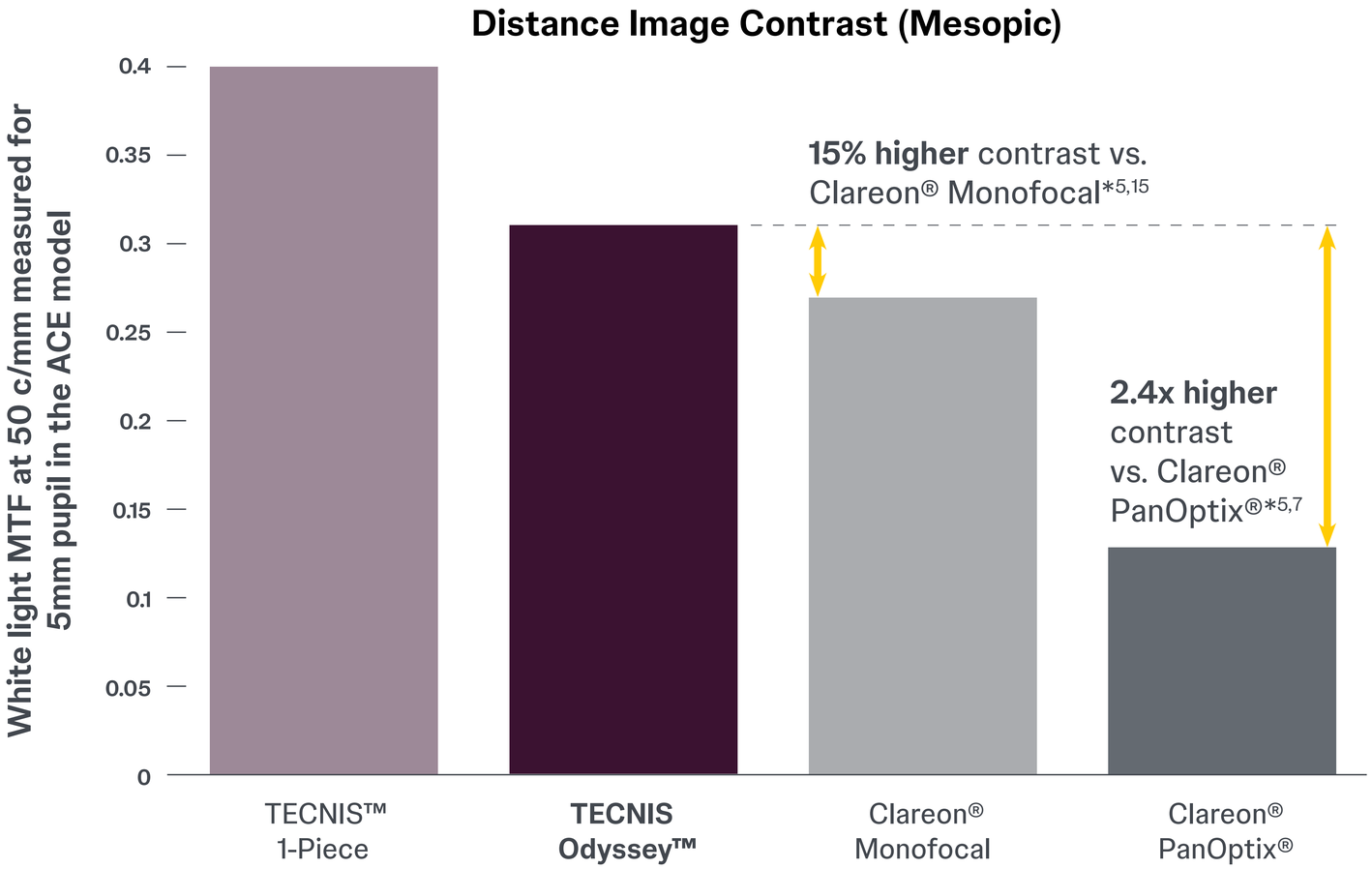
1. **Wide sweet spot*[4]**
2. **17% more AUC**‡[13]**
3. **14% smaller readable print size*[14]**

*Based on bench testing compared to PanOptix®
**AUC=Area under the curve
†continuous 20/25 or better
‡above 0.2 LogMar (~20/32 Snellen) compared to PanOptix®

§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

Best-in-Class Contrast

Superior low-light contrast compared to PanOptix®*[5, 7, 15]



Modulation transfer function (MTF) measures the ratio of object contrast to image contrast. Higher MTF means more contrast transfer, enhancing the perceived image.

TECNIS™ IOLs deliver high-quality vision by minimizing primary optical aberrations.[17–18]

TECNIS Odyssey™ features a proprietary Achromatic Technology, further enhancing contrast by actively correcting chromatic aberration at all distances.[16]

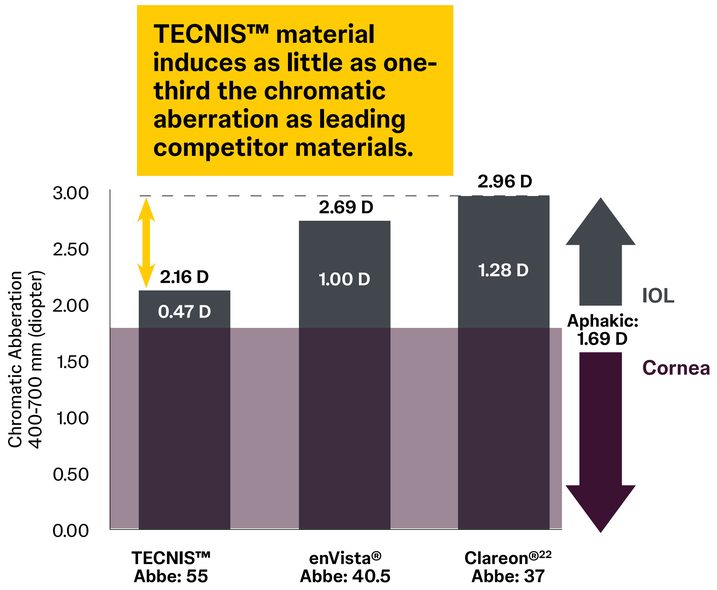
*Based on bench testing
Best-in-class compares to competitor full range of vision IOLs.

High Quality Vision Starts with TECNIS™

Experience the strength of a **proven 20+ year platform**.

1 Unmatched contrast, day and night.*[18]

TECNIS™ material **induces the least amount of chromatic aberration.**



2 Sharp quality of vision.[17]

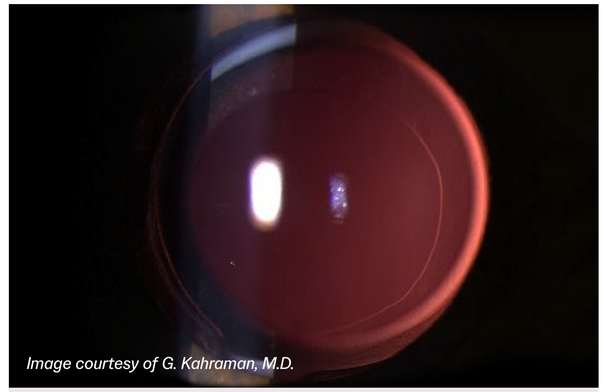
TECNIS™ IOLs are the first and only IOLs that **correct spherical aberration (SA) to essentially zero.**

	TECNIS™	Clareon®	enVista®
Average Corneal SA	**+0.27**	+0.27	+0.27
Lens SA‡	**-0.27**	-0.20	0.00
Total Residual SA	**0.00**	+0.07	+0.27
20/20 ≠ 20/happy	E	E	E

Increasing Asphericity†

3 Sustained optical clarity and stability.[19–20,22]

TECNIS™ design and material lead to **low rates of PCO and capsular phimosis**[21]



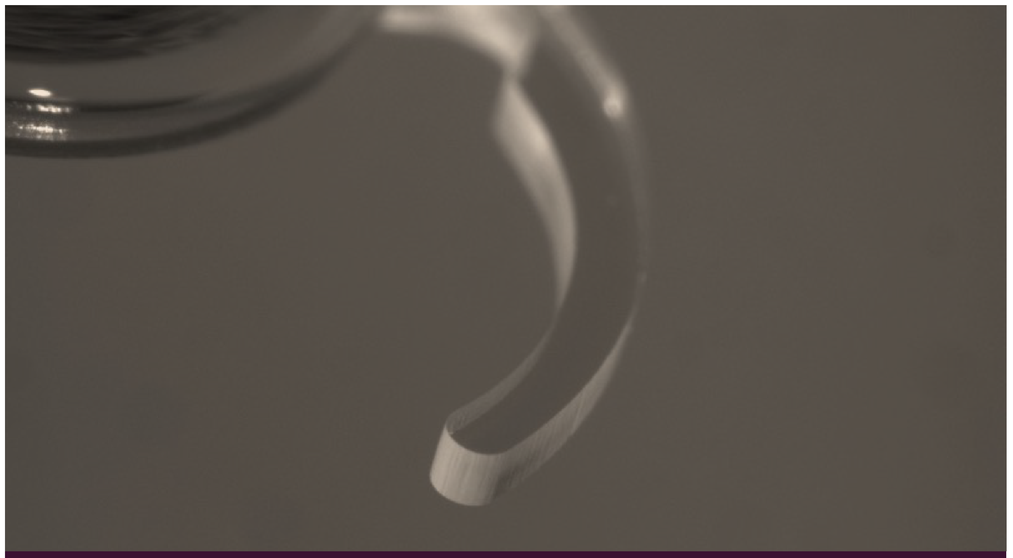
Clear anterior capsule (ACO grade 0) and no signs of fibrosis was observed at 5-year follow up.[21]

TECNIS™ IOL material is **not associated with glistenings.**[22]

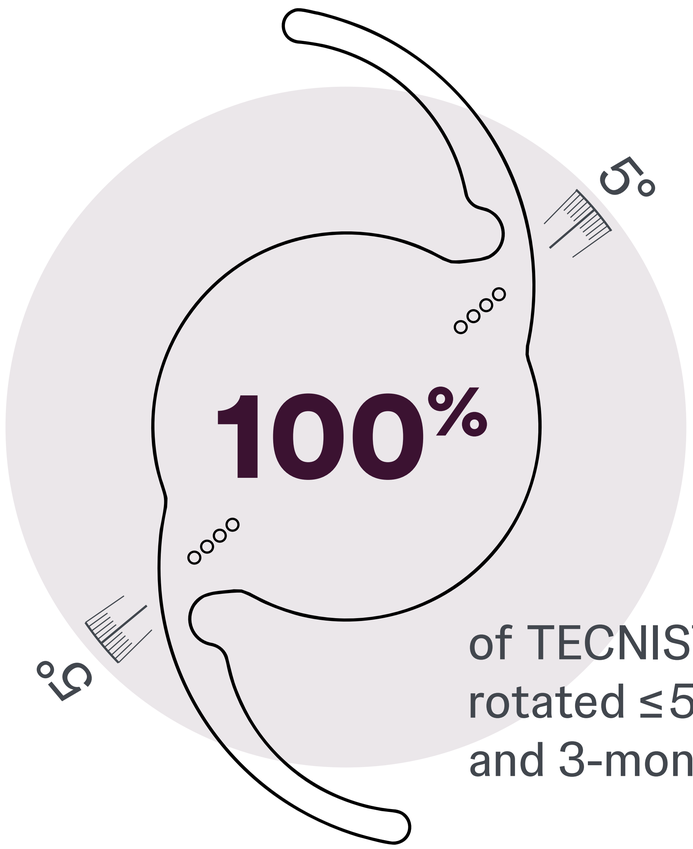
*Compared to Clareon® and enVista® IOL platforms.
†Images simulated using Zemike Tool, 6mm aperture, created by George Dai, PhD.
‡SA correction of lens at corneal plane.

Exceptional Rotational Stability

TECNIS™ Toric II IOLs have the
lowest likelihood of needing repositioning**[25]



Advanced squared, frosted haptic design engineered for increased friction.[16,24]



of TECNIS™ Toric II IOLs rotated ≤5° at 1-month and 3-months post-op*[24]

Outstanding mean rotational stability at post-op:*[24]

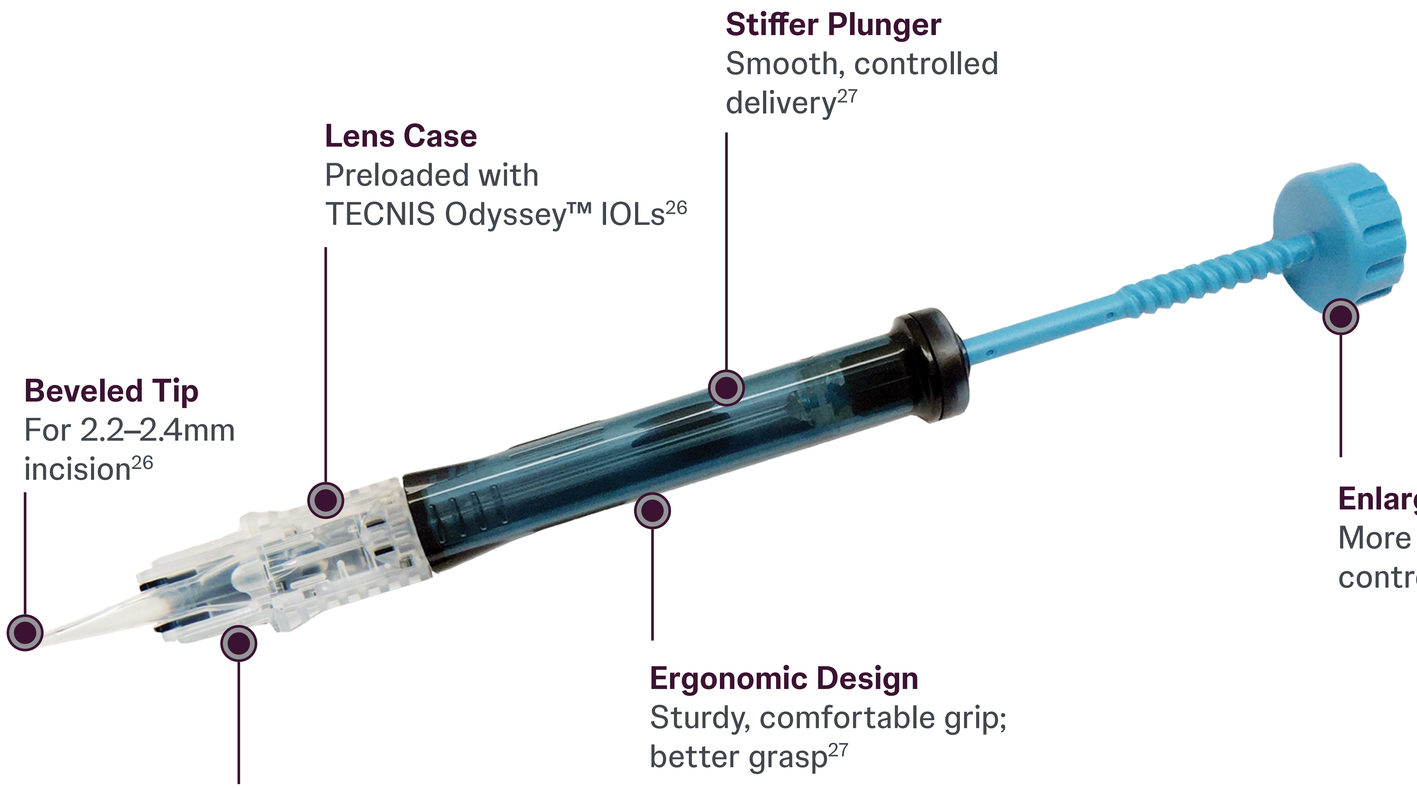
Day 1	0.82°
Month 3	0.94°

*Based on data from 200 eyes after 3 months postoperative follow-up in a postmarket prospective, multicenter, single-arm, open-label study of the TECNIS™ Toric II 1-Piece IOL conducted in the US. Outcomes differ from the pivotal investigation data in the product labeling and were collected using different measurement methods, study design and clinical conditions

**Compared to AcrySof® Toric, enVista® Toric, and TECNIS™ Toric IOLs based on a retrospective chart review that looked at the rate of surgical IOL repositioning due to clinically significant IOL rotation comparing case records for 993 eyes implanted with TECNIS™ Toric II (n=308), AcrySof® Toric (n=362), enVista® Toric IOLs (n=270), or TECNIS™ Toric (n=53).

Extraordinary Simplicity

Simplify lens delivery with **TECNIS SIMPLICITY™** preloaded delivery system.



Improved efficiency
Simple 3-step process: hydrate, advance and deliver[27]

Enhanced safety
Minimize risk of infection associated with contamination[26]

Smooth & controlled delivery
Designed to safely place the IOL into the capsular bag[26–27]

Flexibility
Hydrate with balanced salt solution or OVD[26]

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Specifications

Optical Characteristics

Model numbers:	DRN00V	DRT150	DRT225	DRT300	DRT375
Cylinder Powers–IOL Plane:	N/A	1.50 D	2.25 D	3.00 D	3.75 D
Cylinder Powers–Corneal Plane:	N/A	1.03 D	1.54 D	2.06 D	2.57 D
SE Powers:	+5.0 D to +34.0 D in 0.5 diopter increments				
Diameter:	6.0 mm				
Center Thickness:	0.7 mm (20.0 D)				
Shape:	Biconvex, wavefront-designed anterior aspheric surface, proprietary posterior **freeform diffractive profile** to provide a full range of vision[1]				
Material:	UV-absorbing hydrophobic acrylic with violet-light filter				
Refractive Index:	1.47 at 35°C				
Edge Design:	ProTEC frosted, continuous 360° posterior square edge				
Achromatic Technology:	Proprietary technology for chromatic aberration correction to enhance contrast				

Biometry*

	Contact Ultrasound†	Optical‡
A-constant:	118.8	119.3
AC Depth:	5.4 mm	5.7 mm
Surgeon Factor:[29]	1.68 mm	1.96 mm

Haptic Characteristics[28]

Overall Diameter:	13.0 mm
Thickness:	0.46 mm
Style:	C
Material:	UV-absorbing hydrophobic acrylic with violet-light filter
Design:	TRI-FIX, Haptics offset from optics; 1-piece lens

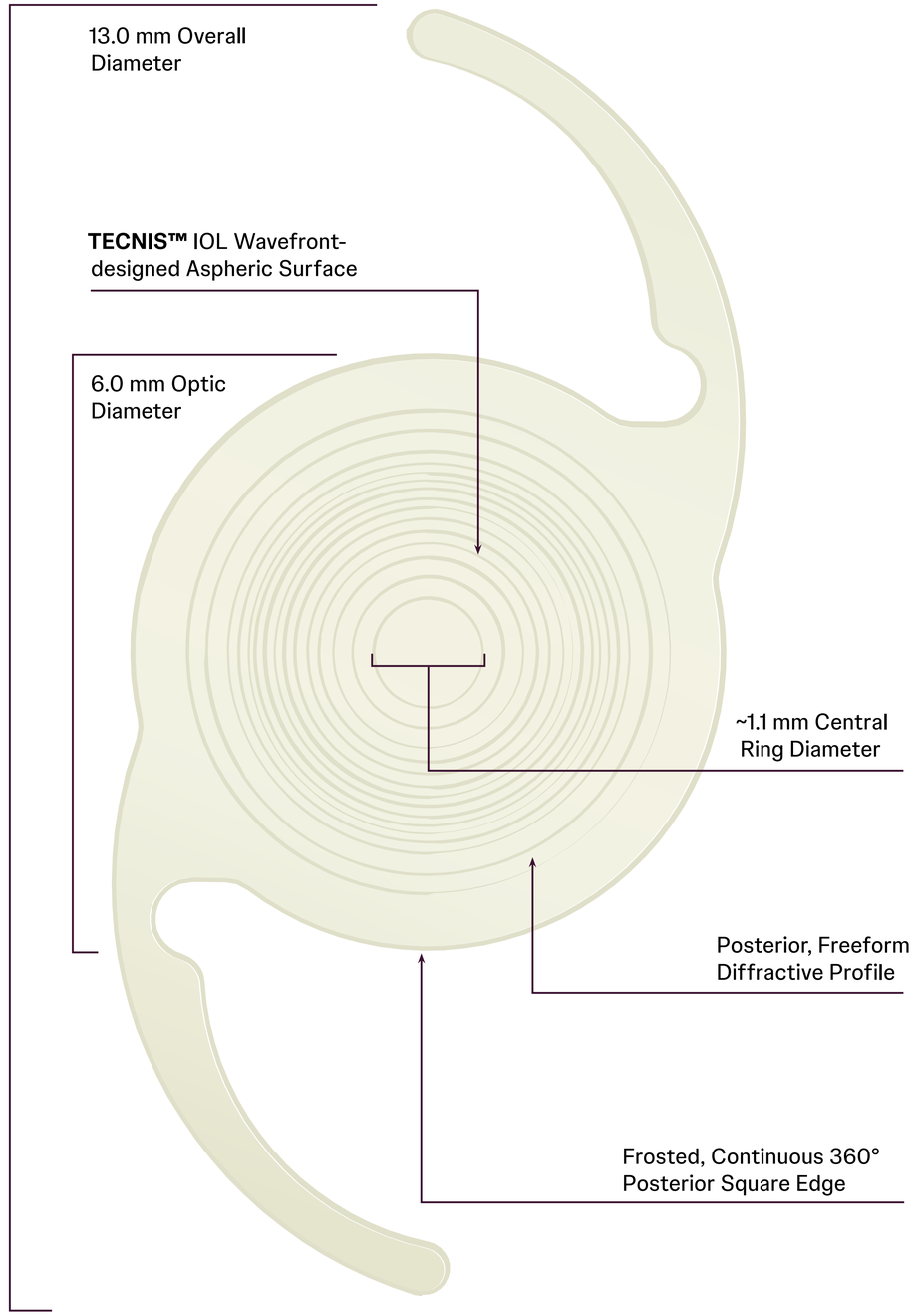
Preloaded TECNIS SIMPLICITY™ Delivery System

* Values theoretically derived for a typical 20.0 D lens. Johnson & Johnson recommends that surgeons personalize their A-constant based on their surgical techniques and equipment, experience with the lens model and postoperative results.

† IOL constants have been theoretically derived for contact ultrasound.

‡ IOL constants have been derived from clinical evaluation results of the 1-Piece IOL Platform.

For optimal results, utilize the TECNIS™ Toric IOL calculator at **www.TecnisToricCalc.com** to determine the appropriate Toric model and power.



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INDICATIONS AND IMPORTANT SAFETY INFORMATION FOR TECNIS ODYSSEY™ IOL WITH TECNIS SIMPLICITY™ DELIVERY SYSTEM, MODEL DRN00V AND TECNIS ODYSSEY™ TORIC II IOL WITH TECNIS SIMPLICITY™ DELIVERY SYSTEM, MODELS DRT150, DRT225, DRT300, DRT375

Rx Only

INDICATIONS: The TECNIS SIMPLICITY™ Delivery System is used to fold and assist in inserting the TECNIS Odyssey™ IOL, which 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 TECNIS SIMPLICITY™ Delivery System is used to fold and assist in inserting the TECNIS Odyssey™ Toric II IOLs that are indicated for primary implantation for the visual correction of aphakia and for reduction of 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. Compared to an aspheric monofocal lens, the TECNIS Odyssey™ IOLs mitigate the effects of presbyopia by providing improved visual acuity at intermediate and near distances to reduce eyeglass wear, while maintaining comparable distance visual acuity. The lens is intended for capsular bag placement only.

WARNINGS: Intraocular lenses may exacerbate an existing condition, may interfere with diagnosis or treatment of a condition or may pose an unreasonable risk to the eyesight of patients. Patients should have well-defined visual needs and be informed of possible visual effects (such as a perception of halo, starburst or glare around lights), which may be expected in nighttime or poor visibility conditions. Patients may perceive these visual effects as bothersome, which, on rare occasions, may be significant enough for the patient to request removal of the IOL. The physician should carefully weigh the potential risks and benefits for each patient. Patients with a predicted postoperative residual astigmatism greater than 1.0 diopter, with or without a toric lens, may not fully benefit in terms of reducing spectacle wear. Rotation of the TECNIS Odyssey™ Toric II IOL 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. The lens and delivery system should be discarded if the lens has been folded within the cartridge for more than 10 minutes. Not doing so may result in the lens being stuck in the cartridge. Do not attempt to disassemble, modify, or alter the delivery system or any of its components, as this can significantly affect the function and/or structural integrity of the design.

PRECAUTIONS: 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 strongly recommended. The ability to perform some eye treatments (e.g., retinal photocoagulation) may be affected by the IOL optical design. The surgeon should target emmetropia, as this lens is designed for optimum visual performance when emmetropia is achieved. The TECNIS Odyssey™ IOLs should not be placed in the ciliary sulcus. 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 Odyssey™ Toric II IOL. All preoperative surgical parameters are important when choosing a TECNIS Odyssey™ Toric II IOL for implantation, including preoperative keratometric cylinder (magnitude and axis), incision location, the 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. The effectiveness of TECNIS Odyssey™ Toric II IOLs in reducing postoperative residual astigmatism in patients with preoperative corneal astigmatism < 1.0 diopter has not been demonstrated. Patients with a predicted postoperative astigmatism greater than 1.0 D may not be suitable candidates for implantation with the TECNIS Odyssey™ IOLs, as they may not obtain the benefits of reduced spectacle wear or improved intermediate and near vision seen in patients with lower predicted postoperative astigmatism.

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

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References

1. Data On File, Johnson & Johnson Surgical Vision, Inc. 2024. 2024DOF4002.
2. Data on File. 2024DOF4003
3. Data on File. 2024DOF4005
4. Data on File. DOF2023CT4023
5. Data on File. DOF2023CT4007
6. Data on File. DOF2019OTH4002
7. Data on File. 2024DOF4033
8. Data on File. 2024DOF4027
9. Data on File. 2024DOF4029
10. Data on File. 2024DOF4017
11. Data on File. 2024DOF4016
12. Data on File. DOF2023CT4050
13. Data on File. 2024DOF4015
14. Data on File. DOF2023CT4056
15. Data on File. DOF2018OTH4004
16. TECNIS Odyssey™ Toric II IOL with TECNIS SIMPLICITY™ Delivery System, Model DRT (US), Z311927E, revision A.
17. TECNIS™ 1 piece IOL [package insert] DFU
18. Data On File, Johnson & Johnson Surgical Vision, Inc. 2018. DOF2018CT4007 (AcrySof® Clareon® equivalent)
19. Nixon DR. Pattern of posterior capsule opacification models 2 years postoperatively with 2 single-piece acrylic intraocular lenses. 2010.
20. Kugelberg M, et al. Posterior capsule opacification after implantation of a hydrophilic or a hydrophobic acrylic intraocular lens: one-year follow up. JCRS 2006;32 (10):1627–1631
21. Kahraman et al., Intraindividual comparison of capsule behavior of 3 acrylic hydrophobic IOL during 5-year follow up. Volume 43, February 2017
22. REF2014OTH0002 150 Data on File – Sensar Not associated with Glistenings – Literature Analysis.
23. Zhao H, Piers PA, Mainster MA. The additive effects of different optical design elements contributing to contrast loss in pseudophakic eyes implanted with different aspheric IOLs. Presented at: 27th Congress of the ESCRS; 2009 Sep 4–8; Barcelona, Spain.
24. Data on File. DOF2021CT4019.
25. 2024REF4080 —Hu (2023). Repositioning Rates of Toric IOLs Implanted in Cataract Surgery Patients: A Retrospective Chart Review
26. TECNIS Odyssey™ IOL with TECNIS SIMPLICITY™ Delivery System DFU, Z311926E
27. Data on file, Johnson & Johnson Surgical Vision, Inc. Delta IOL System Validation Report. JVC-DEL_S1. December 12, 2018.
28. TECNIS Odyssey™ Toric II IOLs with TECNIS SIMPLICITY™ Delivery System DFU, Z311927E.
29. Holladay JT. International Intraocular Lens & Implant Registry 2003. J Cataract Refract Surg. 2003; 29:176-197.

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