ACRYSOF® IQ VIVITY™ IOL PATIENT SELECTION GUIDE

As you prepare to implant the AcrySof® IQ Vivity™ IOL with your first 5 bilateral patients, use the following guidelines to determine ideal candidates and help ensure optimal IOL outcomes. After gaining familiarity with AcrySof® IQ Vivity™ IOLs, subsequent candidates will depend on your clinical discretion.

Key Considerations for Patient Selection

For ideal **AcrySof® IQ Vivity™ IOL** candidates, start with patients who:

- Are candidates for a monofocol lens but would benefit from extended vision
- May not be candidates for a diffractive lens or a lens that splits light
- Are candidates for bilateral implantation
- If moderate to severe ocular surface disease (such as dry eye) is diagnosed, treat and resolve prior to cataract surgery
- Have astigmatism levels within the available toric range of up to T5

Identifying Ideal Candidates and Setting Expectations

An important step in patient care and satisfaction is ensuring that your staff educates patients about what to expect after surgery.

- To further determine candidacy for the **AcrySof® IQ Vivity™ IOL**, learn about your patients' post-surgery vision goals, including:
  - Hobbies, activities, and current lifestyle
  - Tolerance of potential visual disturbances, including halos or rings around lights at night
- Educate your staff on the potential outcomes for the **AcrySof® IQ Vivity™ IOL**
  - Teach your staff to communicate to your patients the benefits of the **AcrySof® IQ Vivity™ IOL**, including:
    - Monofocal-quality distance with excellent intermediate and functional near vision[1]
    - A monofocal-like visual disturbance profile[1]
- Ensure your staff knows how to perform preoperative testing and measurements for optimal postoperative outcomes
- Determine the magnitude of your patients' preoperative astigmatism and target ≤0.5D of postoperative residual astigmatism
  - Identify potential candidates for the **AcrySof® IQ Vivity™ Toric IOL** by looking for patients with ≥0.5D of astigmatism
  - Use the Alcon Online Toric IOL Calculator that incorporates the Barrett Toric Algorithm to account for posterior corneal astigmatism
- Make a firm IOL recommendation based on your patients' lifestyle and vision goals

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The **AcrySof® IQ Vivity™ IOL** will be available in both BLF and UV-only at market launch.

AcrySof® IQ Vivity™
EXTENDED VISION IOL

Preparing to Implant the AcrySof® IQ Vivity™ IOL

Resources developed specifically for **AcrySof® IQ Vivity™ IOL** surgeons help ensure accurate outcomes during the implantation process.

- Start by using the provided, theoretically derived A-constant of 119.2 from the **AcrySof® IQ Vivity™ IOL** product labeling*
- It is highly recommended to personalize your lens constant
- Consider dedicating 1 person from your practice to complete biometry measurements specifically for your first 5 bilateral patients to ensure consistency

  Consider using the same biometer to measure every time
- In targeting for **AcrySof® IQ Vivity™ IOL**, it is recommended that surgeons target emmetropia. In selecting IOL powers, it is recommended to select a power that predicts a postoperative spherical equivalent of plano to the first minus
- Use modern formulas, such as Barrett Universal II or Hill-RBF, from the chart below that take into account your patient's anatomy

Formula	Parameters for ELP Prediction	Uses	Optimal Axial Length[2]
Barrett Universal II	**AL, K, ACD, WTW, LT**	**Lens Factor**	**Short, Normal, Long**
Hill-RBF	**AL, K, ACD**	**A-Constant**	**Short, Normal, Long**
Hoffer Q	AL, K	ACD	Short, Normal
Haigis	AL, ACD	a0, a1, and a2	Short, Normal, Long
Holladay I	AL, K	Surgeon Factor	Short, Normal, Long
Holladay II	AL, K, ACD, WTW, LT, age, pre-op refraction	ACD	Short, Normal, Long
Olsen	Uses pre-op ACD and lens thickness to provide a C-Constant for effective lens position	C-Constant	Short, Normal, Long
SRK/T	AL, K	A-Constant	Normal, Long

*Constants are for optical biometry unless otherwise indicated.

Managing Postoperative Care

- Schedule and see your **AcrySof® IQ Vivity™ IOL** patients at the 1-day and 1-week postoperative visit to evaluate lens performance
  - After the first 5 bilateral patients, if you have a network of referring ODs, collaborate with them during the early postoperative visits so that they can also assess how the **AcrySof® IQ Vivity™ IOL** performs
- Remind your patients to avoid evaluating their vision until surgery is complete
  - Explain that the brain has difficulty accepting the difference between the vision in the 2 eyes
  - Assure them that once surgery is performed in the second eye, the eyes will work together and adjust to their new vision
- Encourage patients to share their experiences with their new vision and validate their comments regarding their visual outcomes

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References: 1: AcrySof® IQ PanOptix™ Directions For Use. **2**. IOL Power Calculation Formulas. http://www.doctor-hill.com/iol-main/formulas.htm. Accessed December 12, 2017.

AcrySof® IQ Vivity™
EXTENDED VISION IOL

ACRYSOF® IQ VIVITY™ FAMILY OF EXTENDED VISION IOLs
IMPORTANT PRODUCT INFORMATION

CAUTION: Federal (USA) law restricts this device to the sale by or on the order of a physician.

INDICATIONS: The AcrySof® IQ Vivity™ Extended Vision IOLs include AcrySof® IQ Vivity™ and AcrySof® IQ Vivity™ Toric IOLs and are indicated for primary implantation for the visual correction of aphakia in adult patients with <1.00 D of preoperative corneal astigmatism, in whom a cataractous lens has been removed by extracapsular cataract extraction. The lens mitigates the effects of presbyopia by providing an extended depth of focus. Compared to an aspheric monofocal IOL, the lens provides improved intermediate and near visual acuity, while maintaining comparable distance visual acuity. The AcrySof® IQ Vivity™ IOL is intended for capsular bag placement only. In addition, the AcrySof® IQ Vivity™ Toric IOL is indicated for the reduction of residual refractive astigmatism in adult patients with pre-existing corneal astigmatism.

WARNINGS/PRECAUTIONS: Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting a lens in a patient with any of the conditions described in the Directions for Use labeling. This lens should not be implanted if the posterior capsule is ruptured, if the zonules are damaged, or if a primary posterior capsulotomy is planned. Rotation can reduce astigmatic correction; if necessary lens repositioning should occur as early as possible prior to lens encapsulation. Most patients implanted with the AcrySof® IQ Vivity™ IOL are likely to experience significant loss of contrast sensitivity as compared to a monofocal IOL. Therefore, it is essential that prospective patients be fully informed of this risk before giving their consent for implantation of the AcrySof® IQ Vivity™ IOL. In addition, patients should be warned that they will need to exercise caution when engaging in activities that require good vision in dimly lit environments, such as driving at night or in poor visibility conditions, especially in the presence of oncoming traffic. It is possible to experience very bothersome visual disturbances, significant enough that the patient could request explant of the IOL. In the AcrySof® IQ Vivity™ IOL clinical study, 1% to 2% of AcrySof® IQ Vivity™ IOL patients reported very bothersome starbursts, halos, blurred vision, or dark area visual disturbances; however, no explants were reported. Prior to surgery, physicians should provide prospective patients with a copy of the Patient Information Brochure available from Alcon informing them of possible risks and benefits associated with the AcrySof® IQ Vivity™ IOLs.

ATTENTION: Reference the Directions for Use labeling for each IOL for a complete listing of indications, warnings and precautions.

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