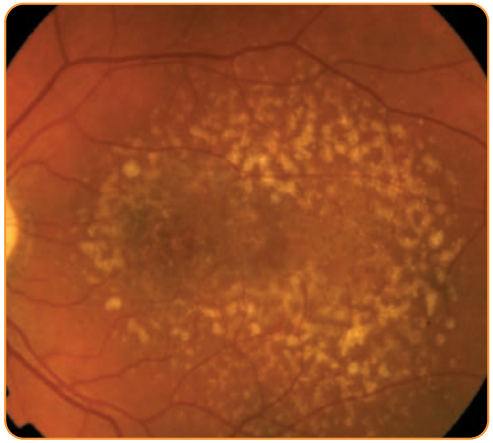
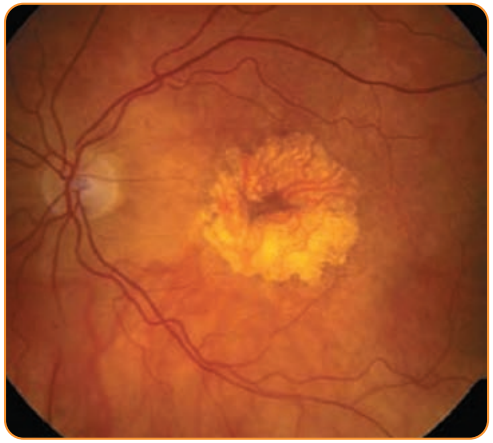
Identification of patients suitable for EyeMax Mono™ implantation



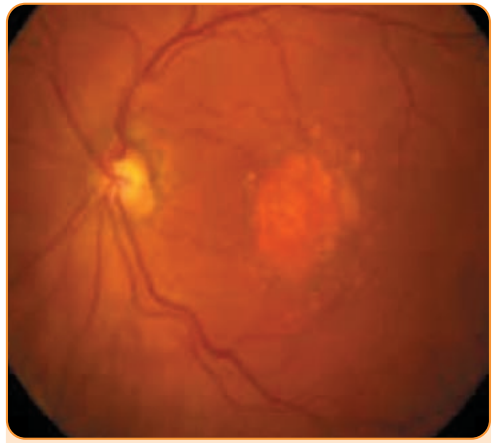
Early/intermediate AMD

- EyeMax Mono used as 'insurance' against progression to geographic atrophy (GA)
- No initial benefit vs standard monofocal IOL; benefit with EyeMax Mono is conferred with the onset of central GA
- Caution with rapidly progressing phenotypes (e.g. diffuse trickling)



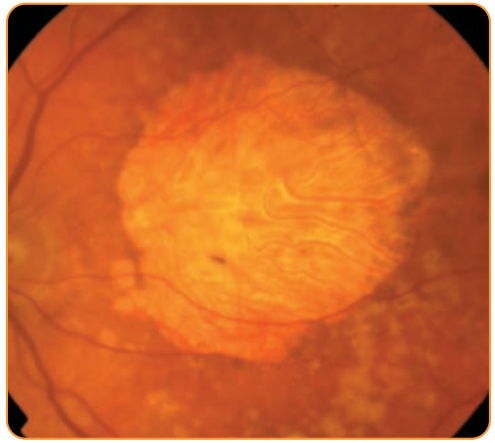
GA with foveal island

- Proceed with caution
- No initial benefit over standard monofocal IOL; benefit with EyeMax Mono is conferred when the foveal island is lost
- Counsel the patient to expect significant loss of function when the central foveal island is lost



Centre-involving GA with functioning retina within 2 disc diameters of anatomical centre[1,2]

- **Ideal initial patient for EyeMax Mono surgery**
- Ensure glasses are prescribed post-operatively (avoid varifocals)
- Allow time for neuroadaptation
- Likely no value in using eccentric fixation as criterion for implantation, the patient may adopt this post-operatively even if not present before



Centre-involving GA with no functioning retina within 2 disc diameters of anatomical centre

- Likely no optical benefit of EyeMax Mono vs a standard monofocal IOL

eyemax mono™

Dry AMD is a progressive condition and patients lose visual acuity and function over time

But EyeMax Mono maximises the capacity of surviving retina to support activities of daily living

EyeMax Mono should be used in patients with:

- **Cataract requiring surgery**[1,2]
- **Centre-involving dry AMD**[1,2]
- **Sufficient remaining macular function within 10° of the foveal centre**[1,2]

EyeMax Mono may be implanted binocularly or monocularly, with the crystalline lens retained or a standard monofocal lens implanted in the fellow eye.[1–3] If there is significant interocular difference in visual acuity then consider operating on the better-seeing eye first

- Counsel the patient that gains in visual acuity may not necessarily translate to functional improvement
- Approximately 5% of patients may experience no gain in visual acuity[1]

EyeMax Mono is designed to optimise visual outcomes in patients with dry AMD. Please refer to the Instructions For Use. Adverse events should be reported as soon as possible to eventreporting@invua.com.

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Post-operative target refraction for EyeMax Mono should be between emmetropia and +3 D[1–3]

Avoid anisometropia of >2 D[1–4]

- By refining the optic of EyeMax Mono for a 0 to +3 D outcome it gives the option of leaving the patient with +3 D correction with glasses, providing 10–20% 'magnification' if their vision is very poor

Target refraction will depend on:[1–3]

- Existing refraction
- Patient preference
- Severity of the maculopathy

Patient's original vision:	Target for:
Better than 0.1 decimalised	Emmetropia (not myopic side of emmetropia)
Worse than 0.1 decimalised	+3 D
Already hypermetropic	Consider leaving hypermetropic

Determine the IOL power using the correct biometry formula for the patient's axial length[1,2,4]

Select the appropriate EyeMax Mono lens using the A-constant of 119.2[1,2,4]

- The need for continued use of glasses should be explained upfront to manage patient expectations[1–3]
- Separate glasses for near and distance are probably better than varifocals for this patient group
- Low vision aids should be used/prescribed as normal

No toric version of EyeMax Mono available. Astigmatism should be managed as for implantation of a standard monofocal lens

References:
1. Qureshi MA, et al. Eur J Ophthalmol 2018;28:198–203; **2.** Robbie SJ, et al. J Refract Surg 2018;34:718–25; **3.** EyeMax Mono, data on file 2019; **4.** National Institute for Health and Clinical Excellence. 2018. Available at: https://www.nice.org.uk/guidance/ng77/. Accessed January 2020.