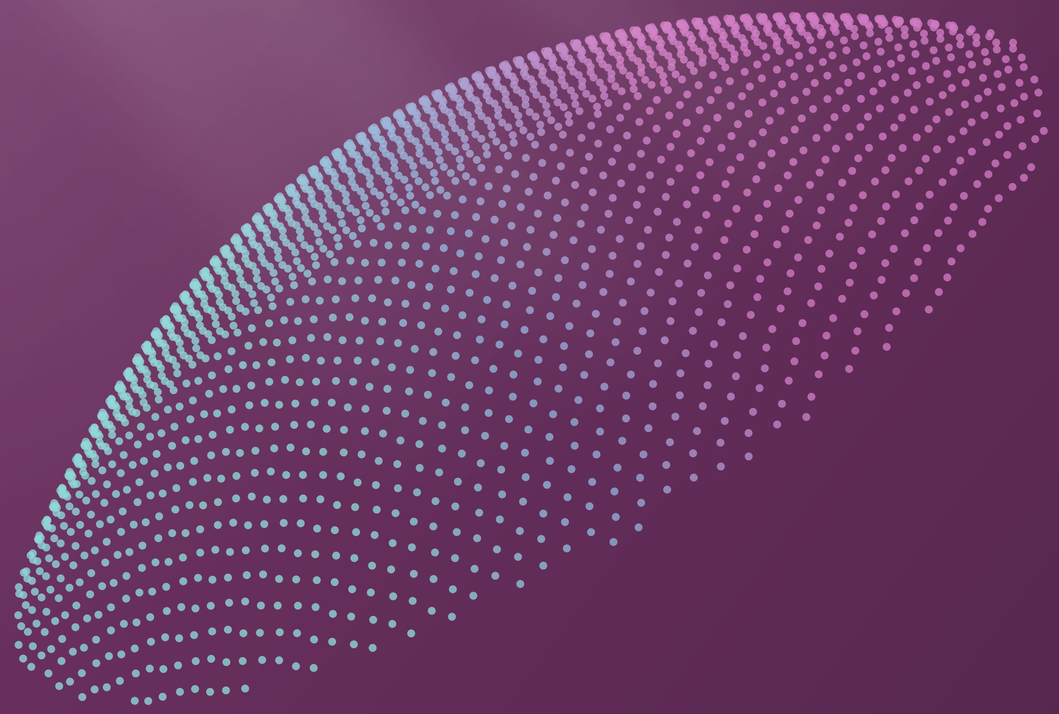
Light Adjustable Lens™



Changing the Shape of Cataract Surgery

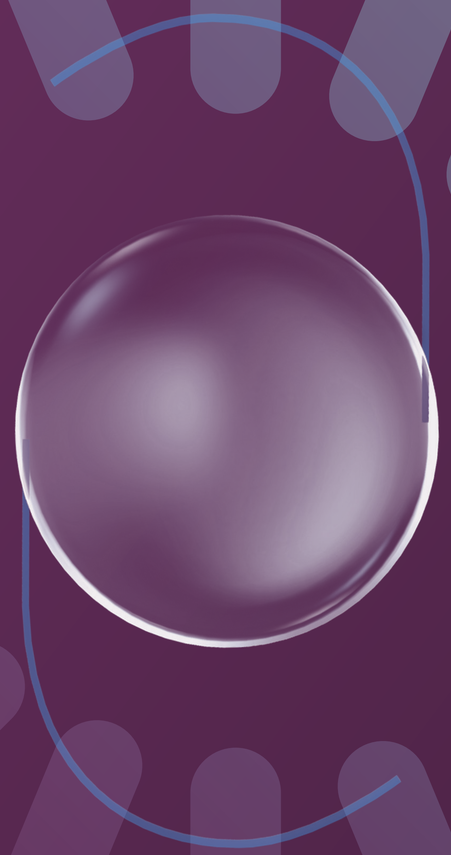
The Light Adjustable Lens™ (LAL®) is the first and only lens that can be adjusted in the eye, after cataract surgery. Precise UV light treatments adjust the shape of the Light Adjustable Lens, giving your patients truly custom vision that is literally transformative.

Imagine what the Light Adjustable Lens could do for your practice.

Light Adjustable Lens full indications for use and Important Safety Information

The World's First Adjustable Intraocular Lens

- Custom vision driven by patient preferences and needs
- Delivers LASIK-level refractive outcomes[1,2]
- No reduction in contrast compared to a monofocal IOL[1]
- No increase in glare and halo compared to a monofocal IOL[1]
- Empowers a wide group of patients and doctors
- Higher practice revenue and profit[3]



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Current premium intraocular lens (IOL) offerings do not meet the demands of ophthalmologists or their patients.

Ophthalmologists go to great lengths to consistently meet patients' rising expectations.[4]

Preoperative Diagnostics

- Biometry
- Topography
- OCT Imaging

Intraoperative Tools

- Femtosecond Lasers
- Aberrometry
- Alignment Tools

Additional Procedures

- LASIK Enhancement
- IOL Exchange

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Fixed IOLs rely on preoperative refraction estimations.

Residual refractive errors are common even after premium cataract surgery.

As a result, surgeons struggle with "multifocal anxiety syndrome."

Jim Davies, MD

"I would get a grinding feeling in my stomach wondering 'do I really want to recommend this?' If we don't have a good result, I feel it, but not nearly as much as my patients who will deal with it 24/7."

Only 7 out of 10 cataract patients achieve their target vision with fixed IOLs.[5]

ERROR SOURCE[6]	
35%	Postop IOL position
15%	Postop corneal power
17%	Axial length

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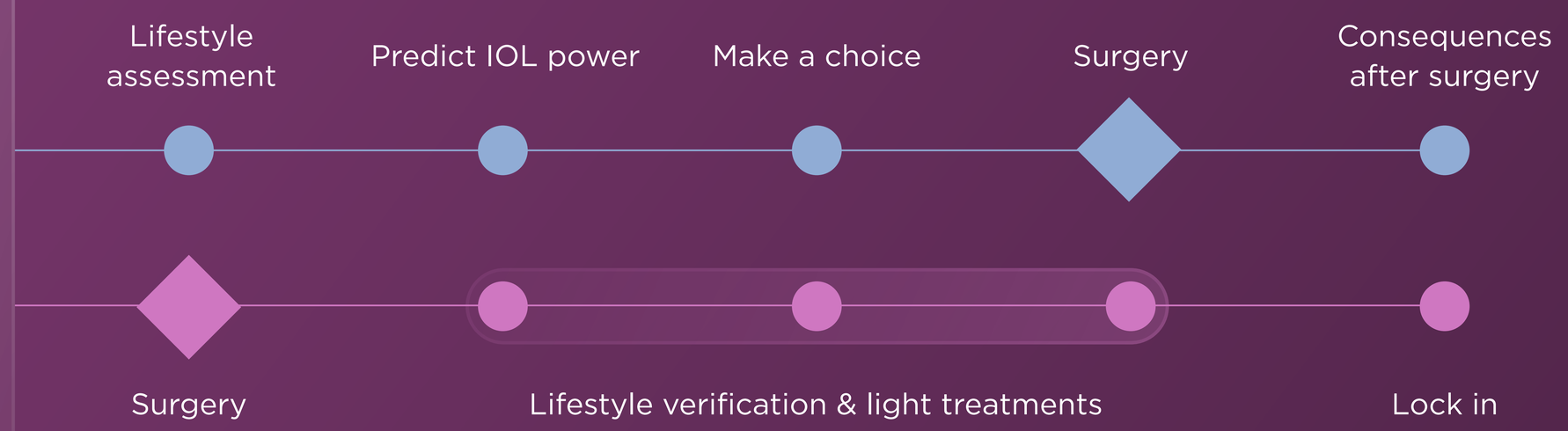
Redefining the Patient Journey

The Light Adjustable Lens has revolutionized cataract surgery, moving the important decisions about final lens power to its ideal place: after surgery. This way, the process is now more precise than ever, accounting for lens shift and refractive changes during the healing process, to achieve the best possible outcome.

Fixed Lens

Tries to predict lens power for patients *before* surgery



Light Adjustable Lens

Adjusts the lens to fit the patient *after* surgery

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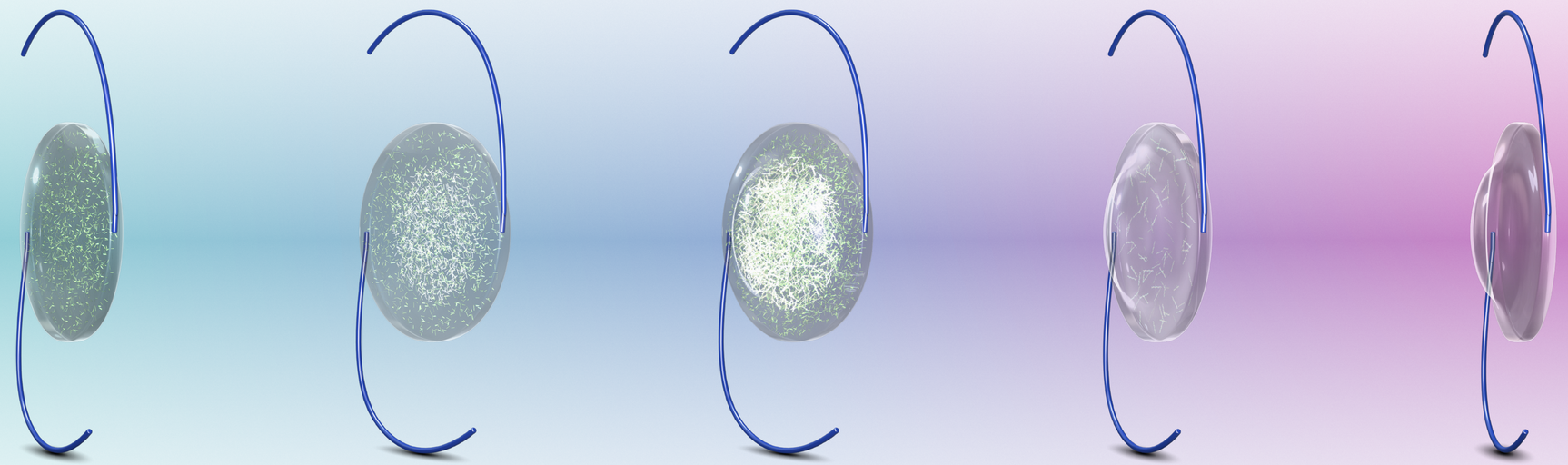
How Adjustability Works

Non-surgical light treatments are performed in the clinic.



Adjustment Beam

Light from the RxSight® LDD is directed by the surgeon to the Light Adjustable Lens

Photopolymerization

Macromers in the path of the light are photo-polymerized

Diffusion and Power Change

Unpolymerized macromers move into the polymerized area, causing precise shape and power change

Lock-In Beam

The entire lens is exposed to light to polymerize all the remaining macromers

Final Result

The outcome is a precise change in the Light Adjustable Lens power to match the patient's individual prescription

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Light treatments are painless, non-invasive, and take approximately 90 seconds.

Initial light treatment

At least 17 days after surgery.

Secondary light treatment

At least 3 days after initial light treatment.

Additional light treatments

As desired. At least 3 days after each prior light treatment.

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Only Adjustability Will Do

Practices love the Light Adjustable Lens for its accuracy, quality of vision, and unparalleled customization.

Accuracy

With adjustability in your workflow, you can measure refraction postoperatively, rather than make predictions before surgery.

Quality

The LAL demonstrates no loss of contrast or increased visual symptoms compared to a standard monofocal IOL.[1]

Customization

Adjustments driven by real-life patient trials: patients can experience their vision firsthand before customizing the lens to meet their needs.

2X

the number of eyes with 20/20 vision or better without glasses[1]

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Powerful Practice Economics[3]

More patients choose a premium option when the Light Adjustable Lens is available to them.

40% of LAL patients would have received a non-premium monofocal IOL

Lens category	% of LALs coming from category	Net additional revenue per LAL
Toric IOL	28%	$374
Presbyopia-correcting IOL	32%	$226
Monofocal IOL	**40%**	**$1,464**
Blended net additional revenue		**$2,064**

$386K

Average incremental annual revenue

Surveyed practices averaged 187 LALs per year. At $2,064 per LAL, that's $385,968 in additional revenue.

74% of surveyed practices anticipate growing LAL procedure volumes

Procedure	Average selling price	LAL premium over category
Toric IOL	$2,704	$1,956
Presbyopia-correcting IOL	$3,954	$706
LAL	$4,460	—

$706

Light Adjustable Lens premium over a presbyopia-correcting IOL

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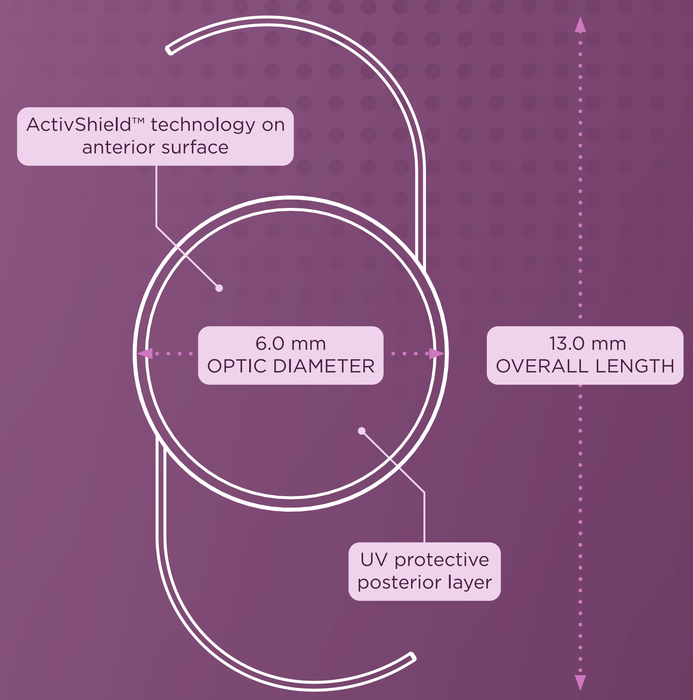
Light Adjustable Technology

Light Adjustable Lens™

Optic body:
- Photoreactive UV-absorbing silicone
- Biconvex
- Anterior surface with rounded edge
- Posterior surface with squared edge
- 6 mm diameter

Haptics:
- Blue core PMMA monofilament
- Modified C
- Haptic angle of 10°
- 13 mm total diameter



Light Delivery Device™ (LDD™)

Includes all components needed for lens customization:
- Anterior segment biomicroscope
- Patient chin and headrest
- Computer system for planning and performing light treatments
- UV light projection system

RxSight Insertion Device

Proprietary insertion device specially designed for the Light Adjustable Lens

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Don’t Get Left in the Dark

97% willingness to recommend[7]

82% would choose the LAL for themselves, over any other lens[7]

“Patient satisfaction is through the roof! With the Light Adjustable Lens, patients can test drive their new vision and I can fine tune it to meet their individual needs, in much the same way that a fine suit or a wedding dress can be custom tailored for just one person. There is simply nothing else like it.”

KIPER NELSON, MD
Southern Eye Center

“The Light Adjustable Lens has such excellent accuracy and quality of vision. We are able to optimize our patient’s vision after the LAL is placed, after the procedure. We love the lens almost as much as our patients.”

STEVE SLADE, MD
Slade & Baker Vision

“Not only did we return our investment in the LAL in under five months, but it has allowed us to invest more in our most important resource: our staff. We’ve generated enough revenue to give generous wage increases we might not have been able to provide otherwise.”

MARIANNE SLOAN, MBA
Four Corners Eye Clinic

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Light Adjustable Lens™

Be Part of the Transformation

Bring adjustability to your practice.
Learn more at RxSight.com

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INDICATIONS FOR USE AND IMPORTANT SAFETY INFORMATION

INDICATIONS: The Light Adjustable Lens™ (LAL®) and Light Delivery Device™ (LDD™) system is indicated for the reduction of residual astigmatism to improve uncorrected visual acuity after removal of the cataractous natural lens by phacoemulsification and primary implantation of the intraocular lens in the capsular bag in adult patients with preexisting corneal astigmatism of ≥ 0.75 diopters and without preexisting macular disease. The system also reduces the likelihood of clinically significant residual spherical refractive errors.

CONTRAINDICATIONS: The LAL is contraindicated in patients who are taking systemic medication that may increase sensitivity to ultraviolet (UV) light as the LDD treatment may lead to irreversible phototoxic damage to the eye; patients who are taking a systemic medication that is considered toxic to the retina (e.g., tamoxifen) as they may be at increased risk of retinal damage during LDD treatment; patients with a history of ocular herpes simplex virus due to the potential for reactivation from exposure to UV light; patients with nystagmus as they may not be able to maintain steady fixation during LDD treatment; and patients who are unwilling to comply with the postoperative regimen for adjustment and lock-in treatments and wearing of UV protective eyewear.

WARNINGS: Careful preoperative evaluation and sound clinical judgment should be used by the surgeon to decide the risk/benefit ratio before implanting an IOL in a patient with any of the conditions described in the LAL and LDD Professional Use Information document. Caution should be used in patients with eyes unable to dilate to a pupil diameter of ≥ 7 mm to ensure that the edge of the LAL can be visualized during LDD light treatments; patients who the doctor believes will be unable to maintain steady fixation that is necessary for centration of the LDD light treatment; and patients with sufficiently dense cataracts that preclude examination of the macula as patients with preexisting macular disease may be at increased risk for macular disease progression. Patients at high risk for future vitreoretinal disease that may require silicone oil as part of therapy. The LAL must be implanted in the correct orientation with the back layer facing posteriorly. There is no clinical data to demonstrate the safety and effectiveness of ciliary sulcus placement of the LAL. Patients with any of the following conditions may not be suitable candidates for the LAL: recurrent severe anterior or posterior segment inflammation or uveitis of unknown origin, or any disease producing an inflammatory reaction in the eye; surgical difficulties at the time of cataract surgery before LAL implantation; a compromised eye; eyes with neither the posterior capsule nor the zonules are intact enough to provide support for the LAL.

PRECAUTIONS: The long-term effect on vision due to exposure to UV light that causes erythropsia (after LDD treatment) has not been determined. The implanted LAL MUST undergo a minimum of 2 LDD treatments (1 adjustment procedure plus 1 lock-in treatment) beginning at least 17-21 days post-implantation. All clinical study outcomes were obtained using LDD power adjustments targeted to emmetropia post-LDD treatments. The safety and performance of targeting to myopic or hyperopic outcomes have not been evaluated. The safety and effectiveness of the LAL and LDD have not been substantiated in patients with certain preexisting ocular conditions and intraoperative complications. Patients must be instructed to wear the RxSight-specified UV protective eyewear during all waking hours after LAL implantation until 24 hours post final lock-in treatment. Unprotected exposure to UV light during this period can result in unpredictable changes to the LAL, causing aberrated optics and blurred vision, which might necessitate explantation of the LAL. Concurrent light treatments in both eyes after bilateral LAL implantation was not performed in the clinical study. Poorer refractive results may occur with the use of corneal sutures if refractive stability is not achieved prior to LDD treatments. Light treatments should be delayed in the case of an ocular adverse event that could be negatively impacted by light treatment or negatively impact the effectiveness or safety of a light treatment.

ADVERSE EVENTS: The most common adverse events (AEs) reported in the randomized pivotal trial included cystoid macular edema (3 eyes, 0.7%), hypopyon (1 eye, 0.2%), and endophthalmitis (1 eye, 0.2%). The rates of AEs did not exceed the rates in the ISO historical control except for the category of secondary surgical interventions (SSI); 1.7% of eyes (7/410) in the Light Adjustable Lens group had an SSI ($p < .05$). AEs related to the UV light from the LDD include phototoxic retinal damage causing temporary loss of best spectacle corrected visual acuity (1 eye, 0.2%), persistent induced tritan color vision anomaly (2 eyes, 0.5%), persistent induced erythropsia (1 eye, 0.3%), reactivation of ocular herpes simplex Infection (1 eye, 0.3%), and persistent unanticipated significant increase in manifest refraction error (≥ 1.0 D cylinder or MRSE) (5 eyes, 1.3%).

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

Please see the Professional Use Information document for a complete list of contraindications, warnings, precautions, and adverse events.

References

1. RxSight P160055: FDA Summary of Safety and Effectiveness Data. 2017.
2. Sandoval HP, Donnenfeld ED, Kohnen T, et al. Modern laser in situ keratomileusis outcomes. *J Cataract Refract Surg*. 2016;42(8):1224-1234.
3. RxSight 2024 Economic Survey.
4. Market Scope 2019 Annual Survey of Cataract Surgeons.
5. Market Scope 2020 IOL Market Report: A Global Analysis for 2019 to 2025.
6. Norrby S. Sources of error in intraocular lens power calculation. *J Cataract Refract Surg*. 2008;34(3):368-376.
7. RxSight 2024 Customer Survey.

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