Flourish at every step

enVista ENVY™
HYDROPHOBIC ACRYLIC IOL

enVista ENVY™ TORIC
HYDROPHOBIC ACRYLIC IOL

Full Range of Vision IOLs.
ActivSync Optic.
Smoothing technology
diffractive profile.

BAUSCH + LOMB

enVista ENVY™

HYDROPHOBIC ACRYLIC IOL

Flourish at every step

Discover the Full Range of Vision IOL that launches a new era of confidence with enviable outcomes.[1]

Remarkable performance in all lighting conditions with ActivSync – Intelligent energy distribution[1,2] and excellent patient tolerance to glare, halos and starbursts.[1,3]

1. Mitchell C. Shultz , William F. Wiley , Eva Liang , Alice T. Epitropoulos , Jeffrey Whitman , Visual and patient-reported outcomes of a novel full visual range IOL versus a monofocal IOL: A randomized multicenter US trial, American Journal of Ophthalmology (2025), doi: https://doi.org/10.1016/j.ajo.2025.08.050
2. R&D report: Optical Design Release for enVista Envy (MX60EF) IOL V16-070M1_Rev B (Aug 2023)
3. Muzychuk A. and Harasymowycz H.: Efficacy and Safety Evaluation of a New Full Visual Range versus Monofocal IOL in Cataract Patients: A Randomized, Controlled Canadian Clinical Trial. JCRS (2025), doi: 10.1097/j.jcrs.0000000000001714

BAUSCH + LOMB

Advanced enVista™ IOL platform features

TruSight™ technology

Glistening-free material[4]

StableFlex™ technology

Formulated for efficient unfolding

SureEdge™ design

With a low PCO rate[5]

Accuset™ Haptics

Designed for refractive predictability and stable centration[4,6]

4. Heiner P, Ligabue E, Fan A and Lam D. Safety and effectiveness of a singlepiece hydrophobic acrylic intraocular lens (enVista®) – results of a European and Asian- Pacific study. Clinical Ophthalmology 2014:8 629-635
5. Ton Van C, Tran THC. Incidence of posterior capsular opacification requiring Nd:YAG capsulotomy after cataract surgery and implantation of enVista® MX60 IOL. J Fr Ophtalmol. 2018 Dec;41(10):899-90
6. Parker et al. Safety and effectiveness of a glistening-free single-piece hydrophobic acrylic intraocular lens (enVista). Clin Ophthalmol. 2013:7 1905–1912.

enVista
HYDROPHOBIC ACRYLIC IOL
ENVY™

Full Range of Vision Optics

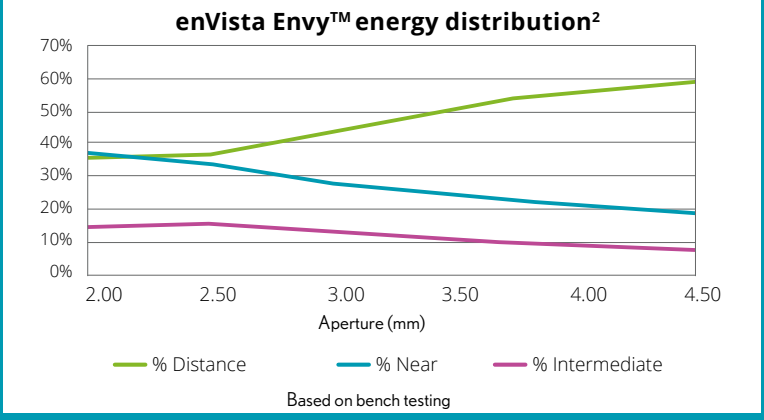
Diffractive anterior surface

- 1.2 mm central zone
- Intermediate vision: +1.60 D
- Near vision: +3.10 D
- Consistent -0.15 µm spherical aberration (SA) profile across full diopter range

ActiveSync apodization, combined with proprietary smoothing technology, refines the diffractive profile to enhance optical performance by minimizing unwanted artifacts while preserving light distribution efficiency.[7]

By integrating a smoothed diffractive surface with a gradual reduction in step height (ActiveSync), the lens design optimizes diffraction efficiency, for improving contrast sensitivity under mesopic and large-pupil conditions and reducing visual disturbances.

Furthermore, the ActiveSync diffractive profile progressively attenuates peripheral diffractive contributions, ensuring a more uniform and balanced energy distribution across the optic. This advanced design provides surgeons with a technology for delivering both visual quality and consistency for a broad range of patients.



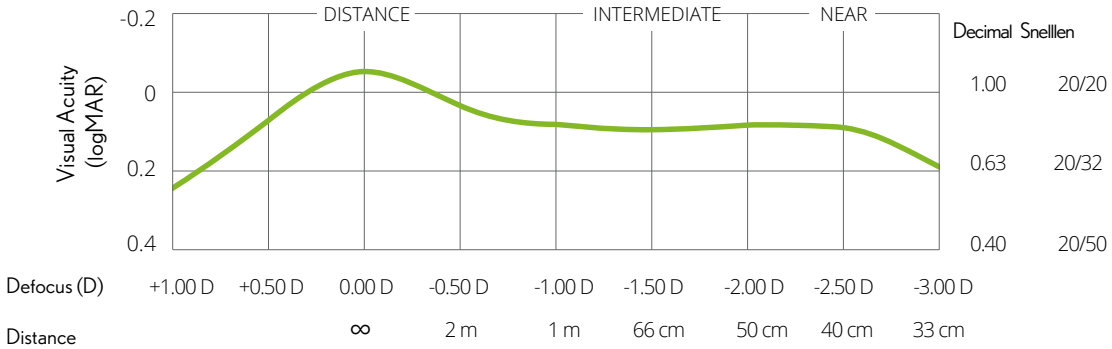
BAUSCH + LOMB

ActivSync optic delivers intelligent energy distribution

enVista Envy™ demonstrated excellent performance

In photopic conditions, ActivSync optic maintained excellent full range of vision for patients.[1]

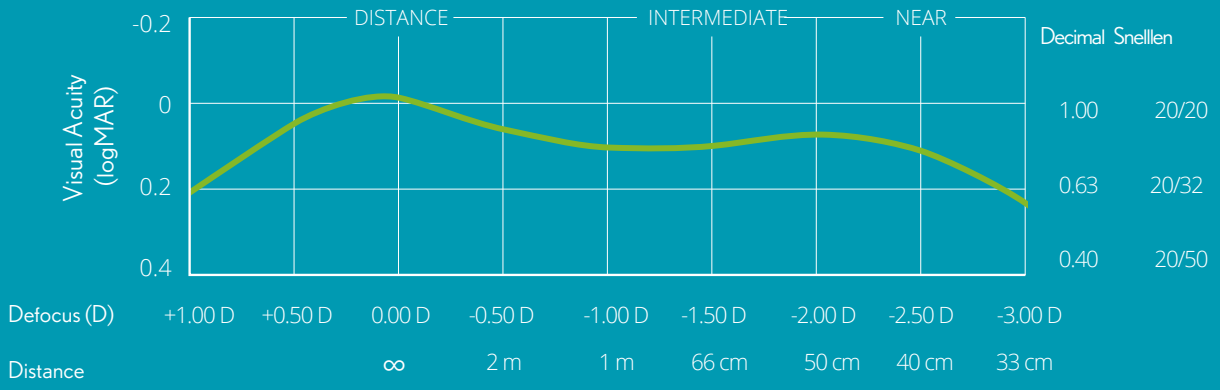
enVista Envy™ 4-6 months post-op binocular defocus curve 3–4 mm pupil size (n=21 patients)[1]



...in all lighting conditions

In pupils larger than 4 mm, ActivSync optic is able to prioritize light energy, without compromising visual acuity under mesopic conditions.[1]

enVista Envy™ 4-6 months post-op binocular defocus curve > 4mm pupil size (n=18 patients)[1]



7. B+L_PRJ-000435238_Clear Path Technology_Jan 30, 2025
1. Mitchell C. Shultz , William F. Wiley , Eva Liang , Alice T. Epitropoulos , Jeffrey Whitman , Visual and patient-reported outcomes of a novel full visual range IOL versus a monofocal IOL: A randomized multicenter US trial, American Journal of Ophthalmology (2025), doi: https://doi.org/10.1016/j.ajo.2025.08.050
2. R&D report: Optical Design Release for enVista Envy (MX60EF) IOL V16-070M1_Rev B (Aug 2023)

enVista ENVY™
HYDROPHOBIC ACRYLIC IOL

A full range of vision comes with high expectations

A lens with an enviable tolerance to dysphotopsia[1,3,8*]

	enVista Envy™[1,3*]			
Types of dysphotopsia	**% of patients with little to no bothersomeness**		**% of patients with severe disturbance**	
Country	**US trial (n=332)[1]**	**Canada trial (n=110)[3]**	**US trial (n=332)[1]**	**Canada trial (n=110)[3]**
Glares	88.0 %	95.5 %	3.2 %	0 %
Halos	79.6 %	88.2 %	6.1 %	5.5 %
Starbursts	90.7 %	93.6 %	2.6 %	0.9 %

	PanOptix (n=127)[8*]	
Types of dysphotopsia	**% of patients with little to no bothersomeness**	**% of patients with severe disturbance**
Glares	73.1 %	3.0 %
Halos	72.5 %	12.6 %
Starbursts	72 %	16 %

enVista Envy™ can enhance your patients' visual experience in their daily-life activities[3]

93%
of patients were completely to moderately satisfied with their vision[3]

92%
of patients performed near-vision tasks without the need for spectacles[3]

92.6 %
LITTLE TO NO DIFFICULTY
READING MOBILE SCREEN[3]

95.4 %
LITTLE TO NO DIFFICULTY
VIEWING CLOSE OBJECTS[3]

97.2 %
LITTLE TO NO DIFFICULTY
READING COMPUTER SCREEN[3]

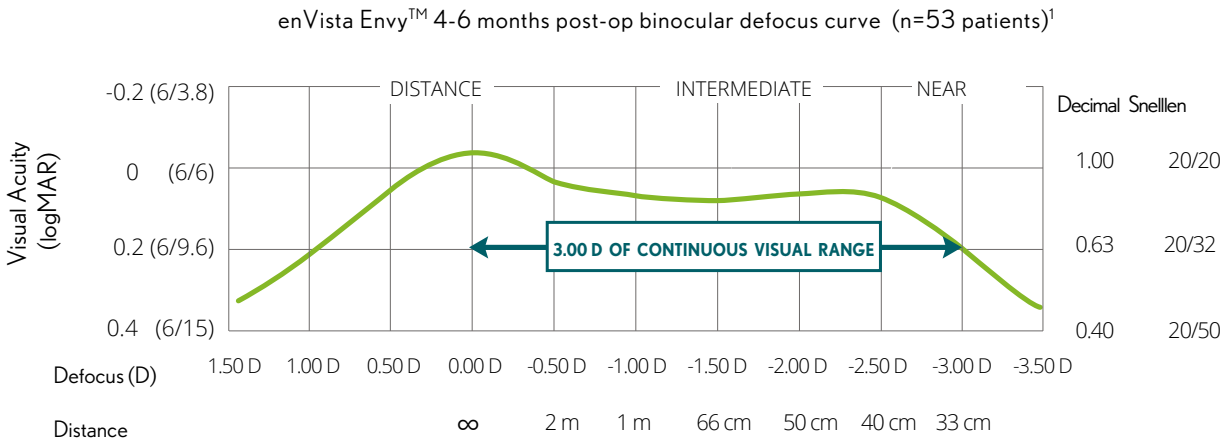
enVista Envy™ Clinical Study n=110 patient reported outcomes 4–6-month post-op, bilateral implantation[3]

*Respective patient reported outcome data at 4–6 months post-op (non-head-to-head comparison) from enVista Envy US clinical study (n=332), 4–6 months post-op enVista Envy Canadian clinical study (n=110) and 6-month post-op AcrySof PanOptix clinical study (n=127)

1. Mitchell C. Shultz , William F. Wiley , Eva Liang , Alice T. Epitropoulos , Jeffrey Whitman , Visual and patient-reported outcomes of a novel full visual range IOL versus a monofocal IOL: A randomized multicenter US trial, American Journal of Ophthalmology (2025), doi: https://doi.org/10.1016/j.ajo.2025.08.050
3. Muzychuk A. and Harasymowycz H.: Efficacy and Safety Evaluation of a New Full Visual Range versus Monofocal IOL in Cataract Patients: A Randomized, Controlled Canadian Clinical Trial. JCRS (2025), doi: 10.1097/j.jcrs.0000000000001714
8. Alcon AcrySoft PanOptix FDA SSED,https://www.accessdata.fda.gov/cdrh_docs/pdf4/P040020S087B.pdf. accessed 11-Mar-2025

enVista Envy™ delivers continuous full range of vision spectacle independence[1]

Help your patients achieve spectacle independence[1]



enVista Envy™ achieved excellent mean visual acuity results in a robust clinical study[1]

Patients achieving 20/32 Snellen (0.63 Decimal) or better Binocular Uncorrected Visual Acuity, 4-6 months post-op[1]

Distance	Distance (66 cm)	Near
97.8 %	96.1 %	92.3 %
n=313	n=284	n=284

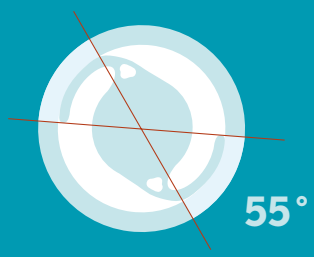
1. Mitchell C. Shultz , William F. Wiley , Eva Liang , Alice T. Epitropoulos , Jeffrey Whitman , Visual and patient-reported outcomes of a novel full visual range IOL versus a monofocal IOL: A randomized multicenter US trial, American Journal of Ophthalmology (2025), doi: https://doi.org/10.1016/j.ajo.2025.08.050

BAUSCH + LOMB

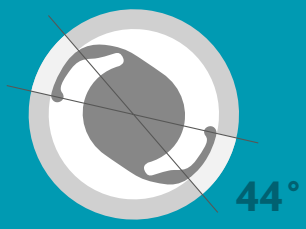
Lock in rotational stability you can count on

Accuset™ Haptics - designed for refractive predictability and stable centration[4,6,9]

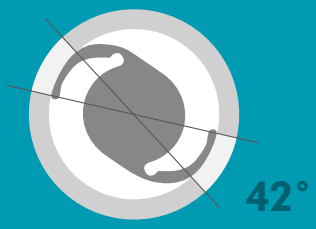
- **Fenestrated haptics** to prevent transfer of stress from the haptic to the optic
- **Haptics designed to** maximize the contact angle against the capsular bag



enVista™ IOL[10]
(Based on 10 mm capsular bag)



AcrySof IQ®[11]
(Based on 10 mm capsular bag)



Tecnis IOL®[12]
(Based on 10 mm capsular bag)

100 % of eyes ≤ 5° rotation

enVista™ Toric delivered proven rotational stability **from visit 1-2 months to visit 4-6 months[13]**

4. P. Heiner et al. Safety and effectiveness of a single-piece hydrophobic acrylic intraocular lens (enVista®) – results of a European and Asian-Pacific study. Clin Ophthalmol. 2014:8 629–635.
6. Parker et al. Safety and effectiveness of a glistening-free single-piece hydrophobic acrylic intraocular lens (enVista). Clin Ophthalmol. 2013:7 1905–1912.
9. Garzon et al. Evaluation of Visual Outcomes After Implantation of Monofocal and Multifocal Toric Intraocular Lenses. J Refract Surg. 2015;31(2):90-97.
10. BAUSCH + LOMB: Intraocular lens design verification report- July 2016.
11. BAUSCH + LOMB R&D Bench data: IOL competitive benchmarking study report_DEC 2009.
12. PMA P980040/S039: FDA Summary of Safety and Effectiveness Data_Tecnis Toric IOL.
13. enVista Toric data (MX60T). Packer M, Williams JI, Feinerman G, Hope RS. Prospective multicenter clinical trial to evaluate the safety and effectiveness of a new glistening-free onepiece acrylic toric intraocular lens. Clinical Ophthalmology 2018:12 1031-1039

Removing cataracts. **Correcting** astigmatism. Both at the same time.

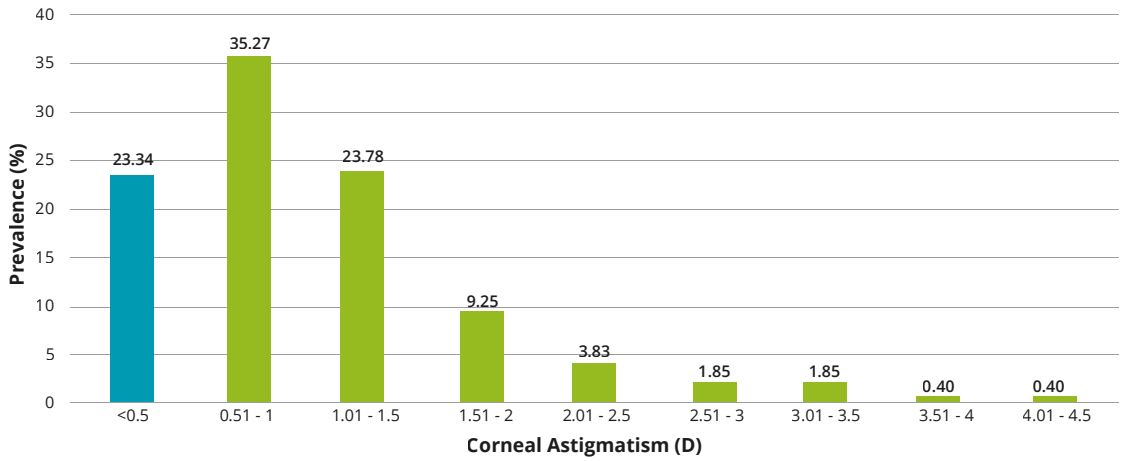
Benefits of toric IOLs

- Avoid the need to perform other procedures during cataract surgery
- Shown to provide greater accuracy and range of corrective power than corneal incisional and limbal relaxing procedures[14]

A significant number of patients today are not treated for astigmatism, despite the need.

A small amount of astigmatism (as little as 0.50 D) has the potential to affect functional and low contrast visual acuity and has an impact on the visual comfort of computer users.[15]

Prevalence of corneal astigmatism before cataract surgery in Caucasian patients[16]



Corneal astigmatism distribution in 0.50 D steps in the entire sample (757 eyes).

of cataract patients have more than 0.50 D of corneal astigmatism[16]

14. Lake JC, Victor G, Clare G, et al. Toric intraocular lens versus limbal relaxing incisions for corneal astigmatism after phacoemulsification. Cochrane Database Syst Rev. 2019;12(12):CD012801. doi: 10.1002/14651858. CD012801.pub2
15. Miller AD, Kris MJ, Griffiths AC. Effect of small focal errors on vision. Optom Vis Sci. 1997;74(7):521-526. Novis C. Astigmatism and Toric Intraocular Lenses. Current Opinion in Ophthalmology 2000; Vol. 11, Issue 1: 47-50.
16. De Bernardo M, Zeppa L, Cennamo M, Iaccarino S, Zeppa L, Rosa N. Prevalence of Corneal Astigmatism before Cataract Surgery in Caucasian Patients. European Journal of Ophthalmology. 2014;24(4):494-500. doi:10.5301/ejo.5000415

The enVista Envy™

Your partner in accuracy

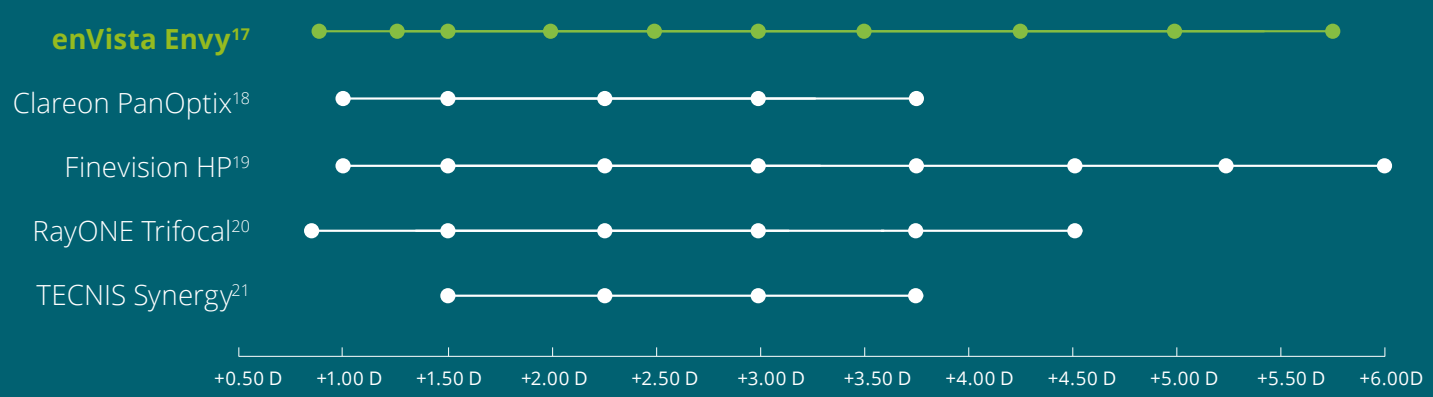
68% of eyes with >0.50 D cyl

Thanks to our extended range of cyls and ultra low +0.90 D, enVista Envy™ Toric covers 68 % of the cataract surgery population with > +0.50 D of corneal astigmatism[16*]

Precise astigmatism correction with balanced cylinder steps

- **Ultra low** cylinder treatment: +0.90 D at IOL plane (+0.64 D at corneal plane)[17]
- **Maximum available** cylinder treatment: +5.75 D at IOL plane (+0.64 D at corneal plane)[17]
- **Only** toric platform that offers equal or less than half-step cylinders (up to +3.50 D at IOL plane)[17]

Astigmatism treatment (IOL plane)



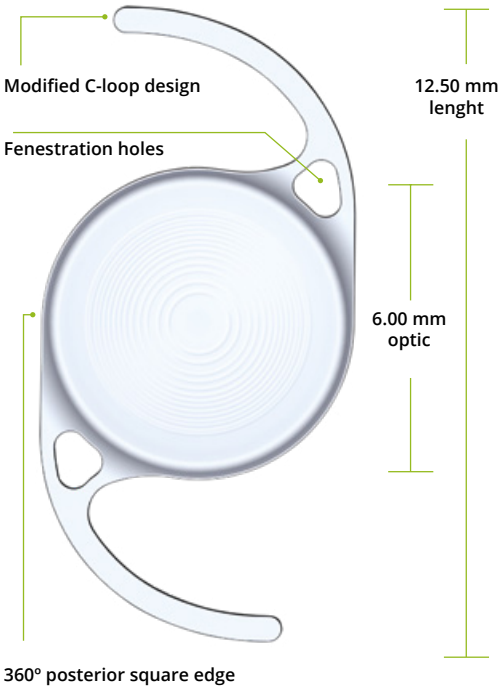
Scan to access
the EVO toric calculator
https://www.evoiolcalculator.com

* Calculation from the Bernardo histogram Figure 1. Assuming a Linear interpolation of the area under the curve of the range of cylinders.

16. De Bernardo M, Zeppa L, Cennamo M, Iaccarino S, Zeppa L, Rosa N. Prevalence of Corneal Astigmatism before Cataract Surgery in Caucasian Patients. European Journal of Ophthalmology. 2014;24(4):494-500. doi:10.5301/ejo.5000415
17. enVista Envy Toric Directions for Use, Bausch + Lomb.
18. Clareon PanOptix Directions for Use, Alcon.
19. Finevision HP Directions for Use
20. RayONE Trifocal Directions for Use, Rayner
21. TECNIS Synergy Directions for Use, Johnson & Johnson

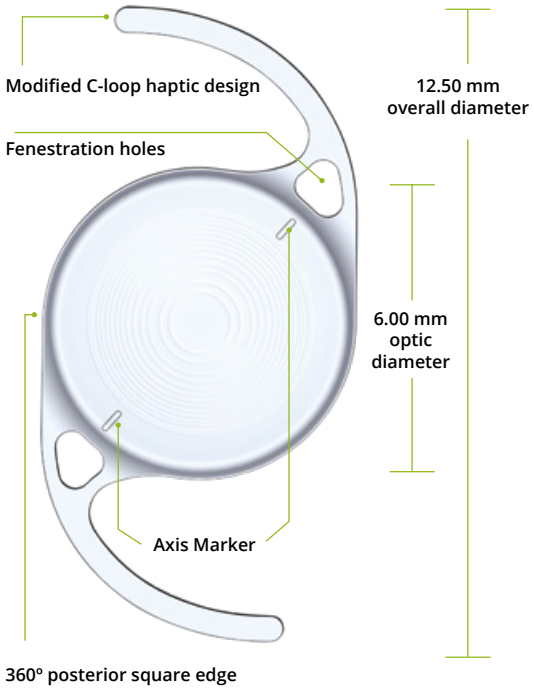
enVista ENVY™
HYDROPHOBIC ACRYLIC IOL

SKU ENxxxx



enVista ENVY™ TORIC
HYDROPHOBIC ACRYLIC IOL

SKU ETNxxx+xxx



MATERIAL	• Hydrophobic Acrylic
OPTIC DESIGN	• One-piece • Aspheric, biconvex • Anterior apodized diffractive • Posterior refractive • Posterior aspheric surface • +1.6 D intermediate • +3.1 D near
OPTIC SIZE	• 6 mm
LENGTH	• 12.5 mm
OPTIC EDGE DESIGN	• Sharp 360° square posterior edge
HAPTICS	• Modified C, fenestrated
REFRACTIVE INDEX	• 1.53 at 35° C
UV CUTOFF	• 389 nm at 10 % transmittance
OPTICAL BIOMETRY	
Barrett Universal II	• A-constant 119.28, LF 2.03
EVO 2.0	• A-constant 119.24
Hill-RBF 3.0	• Hill-RBF 3.0 A-constant 119.26
SRK/T	• A-constant 119.25
Hoffer Q	• pACD: 5.788
Holliday I	• SF: 1.981
Haigis	• a_0: 0.871 a_1: 0.143 a_2: 0.165
OTHER FEATURES	• Glistening free

*Constants are estimates only. It is recommended that each surgeon develops their own values.

DIOPTER RANGE

enVista Envy™
From +6.00 D to +34.00 D:
• From +6.00 D to +10.00 D (1.00 D steps)
• From +10.00 D to +34.00 D (0.50 D steps)

enVista Envy™ TORIC
Spherical equivalent power:
From +6.00 D to +34.00 D (0.50 D steps)

Cylinder power – IOL Plane:
+0.90 D / +1.25 D / +1.50 D / +2.00 D / +2.50 D / +3.00 D / +3.50 D / +4.25 D / +5.00 D / +5.75 D

Cylinder power - Corneal plane:
+0.64 D / +0.90 D / +1.06 D / +1.40 D / +1.76 D / +2.11 D / +2.45 D / +2.98 D / +3.50 D / +4.03 D

DELIVERY SYSTE

Non-preloaded
BLIS (screw type, controlled delivery) reusable inserter and single use cartridge
Inserter: BLIS-R1 (1 Unit/box)
Cartridge: BLIS-X1 (10 Units/box)
Recommended incision size ≥ 2.2 mm

INJ100 (Silicone tip, push type single handed)
Single-use inserter (10 Units/box)
Recommended incision size ≥ 2.2 mm

Preloaded
EyeGility™ inserter
(Silicone tip, push type single handed)
Single-use inserter
Recommended incision size ≥ 2.0 mm

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CATARACT
GLAUCOMA
REFRACTIVE
RETINA
VISUALIZATION