



Groundbreaking Technology for Vision Restoration

**Introducing PRIMA for geographic atrophy
due to dry age-related macular degeneration.**

4 in 5 patients demonstrated clinically meaningful improvement of visual acuity with PRIMA at 12 months in clinical trials.¹

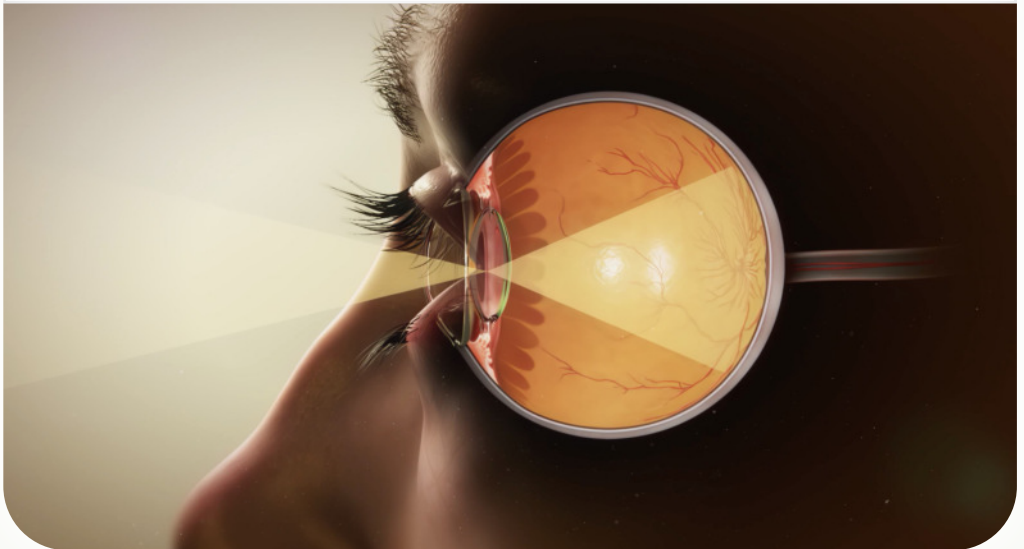
An overview for healthcare professionals.

PRIMA Addresses an Unmet Need in GA

Geographic atrophy (GA) is an advanced form of dry AMD, characterized by the progressive and irreversible loss of photoreceptors and retinal pigment epithelial cells, culminating in profound central vision impairment.

5+ million people

worldwide are living with GA, a leading cause of irreversible blindness in adults over 65.²



A hard truth about
GA today

Antioxidant supplementation (AREDS) may delay progression in earlier stages of AMD but offers no benefit in late-stage GA. Conventional low-vision aids rely on magnification and do not address the underlying sensory deficit.

What is PRIMA?

The intended use of the PRIMA System is for restoration of limited visual perception in severely sight-impaired persons with a functional optic nerve and retinal ganglion cell layer who have lost central vision due to geographic atrophy from dry age-related macular degeneration (AMD).

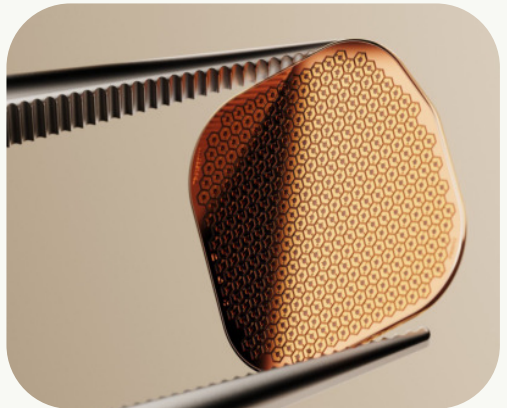
Research is ongoing to evaluate PRIMA for other inherited retinal diseases, including Stargardt disease and retinitis pigmentosa.

PRIMA System Components

PRIMA Implant

2 X 2 mm CHIP

A 378-pixel photovoltaic microchip, 2×2 mm and $30 \mu\text{m}$ thick, placed beneath the retina by a trained vitreoretinal surgeon. Approximately the size of a pinhead, and about half the thickness of a human hair.



PRIMA Glasses

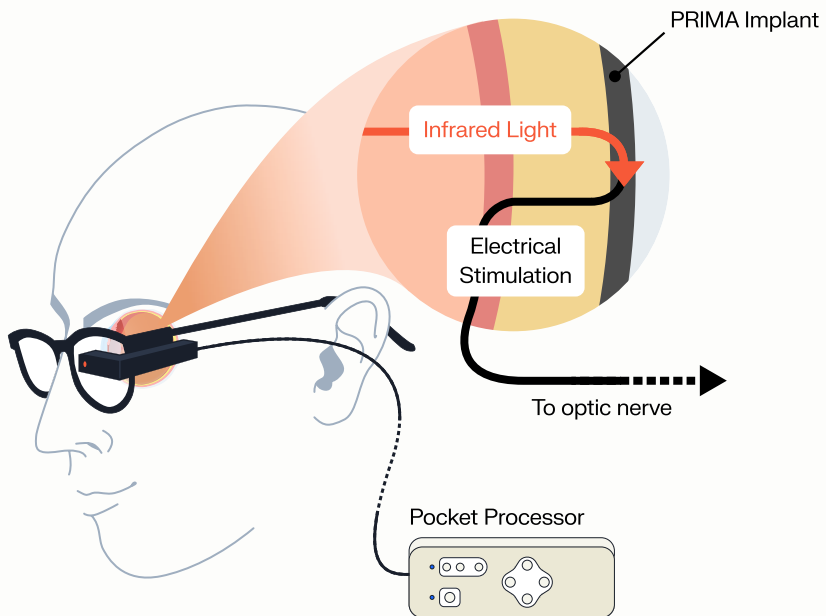
CAMERA AND INFRARED PROJECTOR

A built-in projector transmits the visual scene as near-infrared light onto the implant. A pocket processor manages image capture, signal processing, and wireless transmission of stimulation parameters.



Mechanism of Action

PRIMA restores central vision using a special pair of glasses with a front-facing camera and an eye-facing infrared projector that shines light onto a subretinal implant. Each pixel converts near-infrared light (880 nm) into electrical signals that stimulate the overlying retinal bipolar cells. PRIMA restores vision to the area of scotoma, leaving residual natural vision unaffected.



STEP 1 Image Capture

A built-in camera captures the visual scene. A pocket processor translates it into near-infrared (NIR) light patterns in real time.

STEP 2 Image Projection

A built-in infrared projector transmits patterned NIR light through the pupil onto the implant.

STEP 3 Retinal Stimulation

378 photovoltaic pixels convert NIR light into localized electrical current, stimulating retinal bipolar cells and carrying visual signals to the brain via the optic nerve.

Clinical Evidence

The PRIMA clinical study was a multicenter, prospective, single-arm clinical study across 17 centers in 5 European countries evaluating the safety and efficacy of the PRIMA System in 38 patients with GA involving the central macula due to dry AMD.¹

80%

of participants achieved clinically meaningful visual acuity improvement (≥ 10 ETDRS letters) $n=32$, 95% CI, 66-94, $P<0.001$ ¹

~25 letters

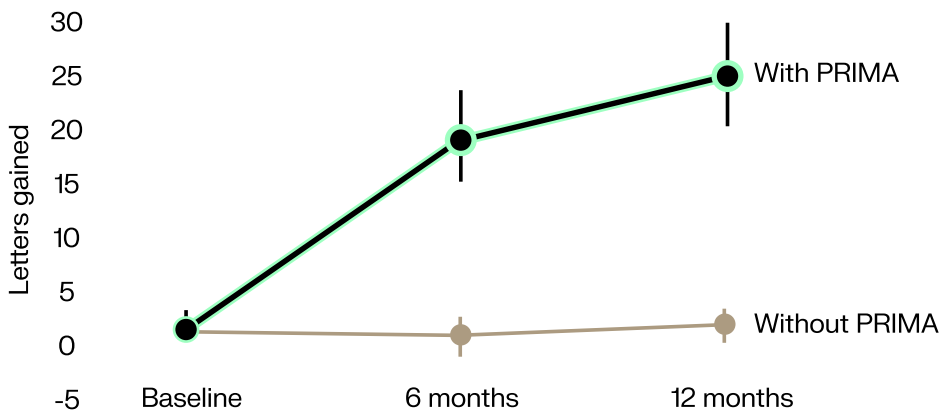
at 12 months; best individual improvement: 59 letters¹

84%

reported reading letters, numbers, and words at home with artificial vision¹

Visual Acuity

Average Improvement with Standard Error



The results were published in The New England Journal of Medicine in October 2025. In a follow-up NEJM editorial, PRIMA was described as "the first treatment to restore vision" in patients with advanced GA.

Initial Patient Screening

Consider referring to a certified PRIMA Center of Excellence if your patient presents with all of the following.

- ☐ Age ≥ 60 years
- ☐ Geographic atrophy due to dry AMD confirmed in both eyes
- ☐ Best-corrected visual acuity (BCVA) ≥ 1.2 logMAR in the candidate eye ($\leq 20/320$ Snellen; ≤ 0.06 decimal)
- ☐ BCVA ≥ 1.0 logMAR or worse in the fellow eye ($\leq 20/200$ Snellen; ≤ 0.1 decimal)
- ☐ Foveal atrophy $> 4.5 \text{ mm}^2$ and $> 2.4 \text{ mm}$ minimum diameter

For complete description of the product, the surgical procedure and contra indications please refer to the manual(s) provided with the product or visit science.xyz/prima-docs.

Referral Pathway

- **Clinical evaluation:** Confirm visual acuity and geographic atrophy, with no neovascular (wet) AMD in the candidate eye.
- **Imaging:** Obtain optical coherence tomography (OCT) and fundus autofluorescence (FAF) to assess foveal atrophy.
- **Referral:** Refer to a certified PRIMA Center of Excellence.

■ REFER A PATIENT

Find a certified PRIMA center at prima.science.xyz/prima-specialists to discuss patient eligibility and begin the referral process today.

■ JOIN OUR HEALTHCARE PROFESSIONAL NETWORK

Sign up at **prima.science.xyz** to learn more about how PRIMA can help your patients and how to refer them to a certified PRIMA center.



Contact Science

Get in touch to discuss a patient, request patient brochures and referral materials for your practice, or arrange training for your team.

La Science

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For more information visit <https://prima.science.xyz>



On average, patients
in clinical trials gained
25 letters on the eye
chart with PRIMA over
12 months.¹

References:

1. Holz FG, Le Mer Y, Muqit MMK, et al. Subretinal Photovoltaic Implant to Restore Vision in Geographic Atrophy Due to AMD. *N Engl J Med*. 2025;394(3):232-242. doi:10.1056/NEJMoa2501396*Results include use of digital zoom and contrast.
2. Wong WL, Su X, Li X, et al. Global prevalence of age-related macular degeneration and disease burden projection for 2020 and 2040: a systematic review and meta-analysis. *Lancet Glob Health*. 2014;2(2):e106-e116. doi:10.1016/S2214-109X(13)70145-1.



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