Redefining the Management of nAMD

The Impact of Durability and Sustained Disease Control

August 29, 2026

Asia-Pacific Vitreo-retina Society Congress | Gold Coast, Australia

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Any statements in this presentation about future expectations, plans, and prospects for the Company, including statements regarding the development and regulatory status of the Company's or its competitors' product candidates, including statements regarding the SOL-1 Phase 3 superiority trial being conducted under a Special Protocol Assessment (SPA) agreement with the U.S. FDA and aligned with FDA draft guidance for neovascular AMD drug development; the timing, design, enrollment, randomization, conduct and retention of subjects in the Company's clinical trials, including the Company's SOL-1 trial and its SOL-R Phase 3 non-inferiority trial and SOL-X open-label extension trial of OTX-TKI for the treatment of wet age-related macular degeneration (wet AMD), also known as neovascular age-related macular degeneration (nAMD); statements regarding the potential utility or adoption of OTX-TKI or its competitors, if approved; statements regarding the Company's intention to submit a new drug application for OTX-TKI, based on data from the Company's SOL-1 trial in wet AMD, subject to planned formal discussions with the FDA; and other statements containing the words "anticipate", "become", "believe", "estimate", "expect", "intend", "designed", "goal", "may", "might", "plan", "position", "predict", "project", "target", "potential", "will", "would", "could", "should", "continue", and similar expressions, constitute forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995. 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The following presentation discusses OTX-TKI - an investigational product candidate that has not been approved by the FDA or any other regulatory body; safety and effectiveness have not been established

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Disclosures

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- **Consultant/Advisor:** Alcon, Apellis, Astellas, Bayer, Roche, Samsara, Zeiss
- **Lecture honoraria**: 4DMT, AbbVie, Alcon, Bayer, Novartis, Ocular Therapeutix, Roche
- **Research support:** AbbVie, Bayer, Ionis Pharmaceuticals, Roche
- **Travel support**: AbbVie, Bayer, Novartis
- **Equity:** Macuject, Opthea

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- **Consultant**: 4DMT, Adverum, Annexon, Apellis, Aviceda, Boehringer Ingleheim, Eyebio, Astellas, Janssen, Kanghong, Nanoscope, Novartis, OcuTerra, Ocular Therapeutix, Regenxbio, Roche/Genentech
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- **Research support:** 4DMT, Abbvie/Regenxbio, Annexon, Apellis, Astellas, Bayer, Beacon, Boehringer Ingleheim, Cognition Therapeutics, Curacle, Janssen R&D, Kodiak, Notal Vision, Novartis, Oculis, Perceive Bio, Sanofi, Skyline, Stealth Biotherapeutics, Vanotech
- **Stock/Stock options:** Adverum, Aldeyra, Alzheon, Aviceda, Caeregen, Inflammx, jCyte, Ocular Therapeutix, Osanni Bio, Ray Therapeutics, RevOpsis, Vinci, Visgenx, Vitranu

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- **Board of Directors:** AAVAntgarde Bio

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Agenda

The Unmet Need
Adrian Fung

Science Behind the Therapy
Peter K. Kaiser

SOL-1 Results
Darius M. Moshfeghi

SOL-1 Clinical Evidence
Adrian Fung

Key Insights
Adnan Tufail

Clinical Program Update
Jeffrey S. Heier

The Unmet Need

Adrian Fung, MD

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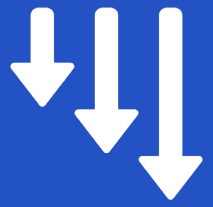
The Unmet Needs of Intravitreal Therapy for nAMD



Reduced Treatment Burden[1]

Better Visual Outcomes[2]

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1. Shahzad H, et al. *Syst Rev*. 2023;12:92. 2. Wykoff CC, et al. *Ophthalmol Sci*. 2024;4(2):100421.
nAMD, neovascular age-related macular degeneration

Neovascular AMD Prevalence: Asia & Australia

Asia

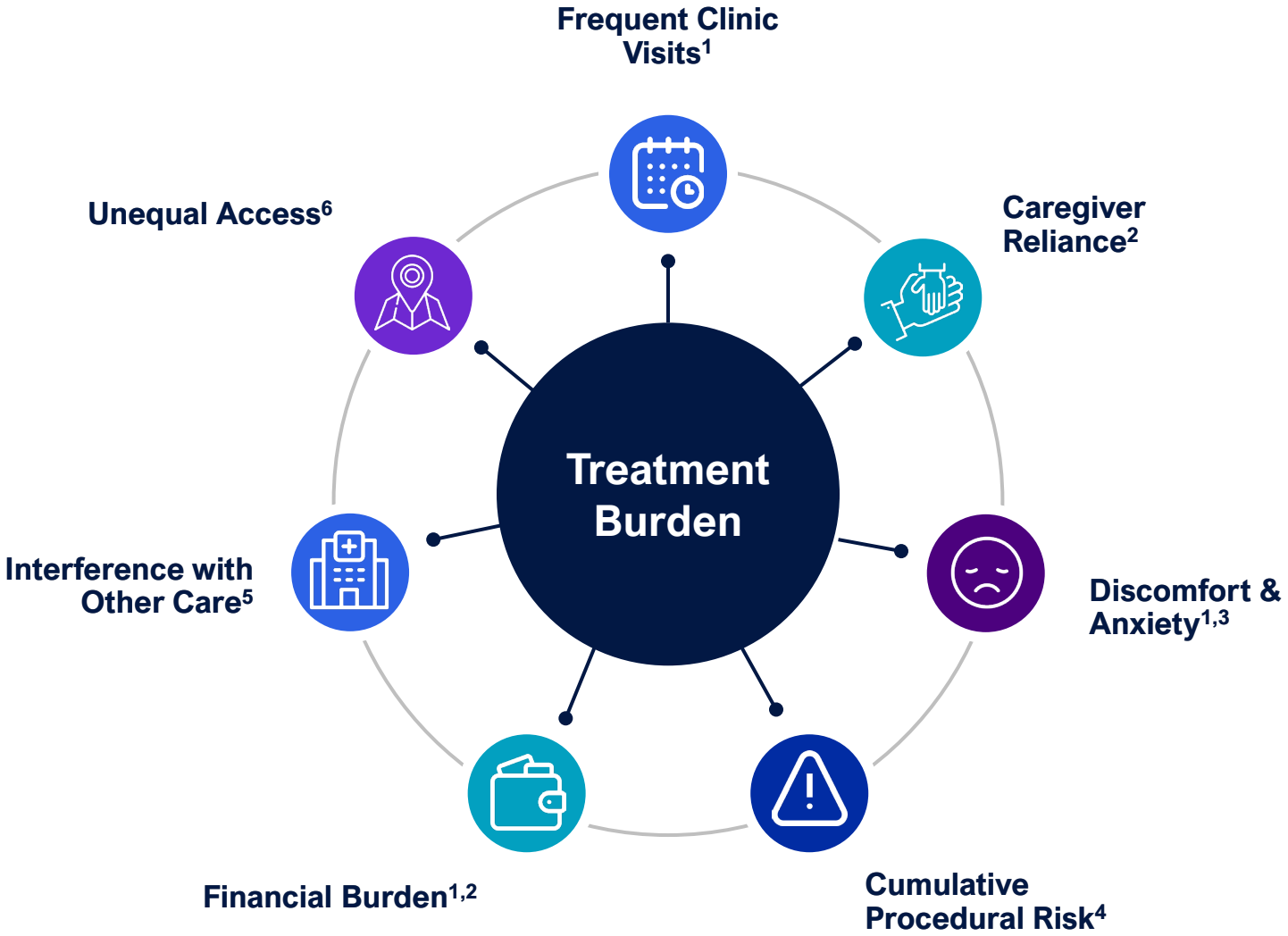
~8 million[1,2]

Australia

~160,000[3]

1. Rim TH, et al. *Ophthalmology*. 2020;127(10):1371-1381. 2. US Census Bureau. Table A-7b: Total population by age group, region, and country: 2025. In: Global Population Profile: 2002. International Population Reports WP/02. US Government Printing Office; 2004. Accessed August 26, 2026. https://www2.census.gov/programs-surveys/international-programs/tables/time-series/glob-pop-app-a/tab-07b.pdf. 3.Hunyor A, Kwan A. Everything you need to know about age-related macular degeneration. Macular Disease Foundation Australia. Published May 22, 2024. Accessed August 19, 2026. https://www.mdfoundation.com.au/news/everything-you-need-to-know-about-amd/AMD, age-related macular degeneration

Treatment Burden of Anti-VEGF Therapy



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1. Holekamp N, et al. *Ophthalmic Res*. 2024;67(1):311-321. 2. Viola F, et al. *Ophthalmic Res*. 2024;67(1):516-527. 3. Senra H, et al. *Am J Ophthalmol*. 2017;177:213-224. 4. Israilevich RN, et al. *Ophthalmology*. 2024;131(6):667-673. 5. Loewenstein A, et al. *Ophthalmol Ther*. 2025;14:211–228. 6. Acharya B, et al. *Ophthalmology*. 2025;132:1411–1421.
VEGF, vascular endothelial growth factor

Australian Approved Anti-VEGF Dosing Intervals in Neovascular AMD

Approved maintenance interval following initial monthly loading doses

Ranibizumab	Aflibercept 2 mg	Brolucizumab	Faricimab	Aflibercept 8 mg
≥4 weeks[1]	8 weeks[2]	8–12 weeks[3]	8–16 weeks[4]	8–20 weeks[2]

All agents dosed monthly (q4w) during the initial loading phase; intervals shown are the approved/individualized maintenance ranges thereafter.

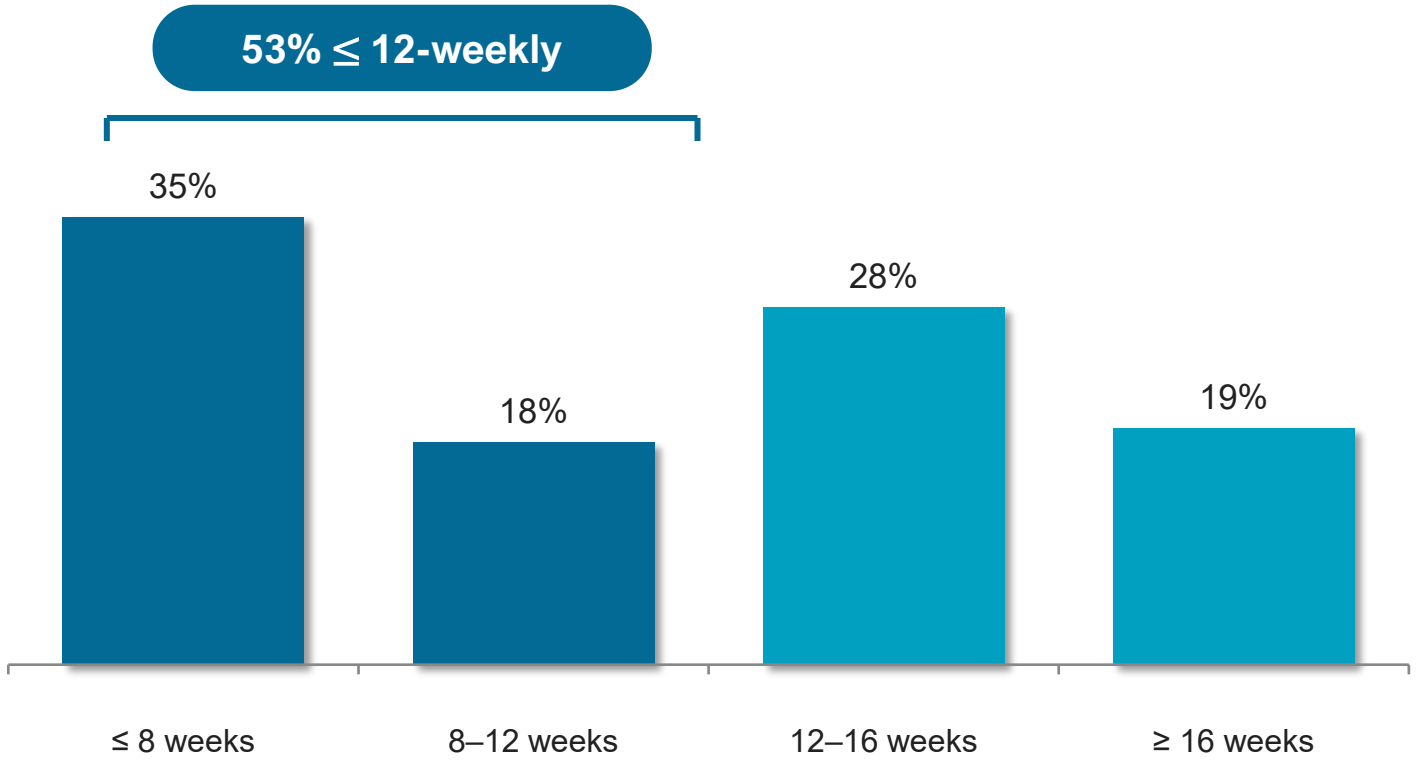
1. Lucentis (ranibizumab) [Australian product information]. Novartis Pharmaceuticals Australia Pty Limited; revised December 4, 2025. Accessed August 14, 2026. https://medsinfo.com.au/api/searchapi/Lucentis_PI?format=pdf 2. EYLEA (aflibercept) [Australian product information]. Bayer Australia Ltd; revised August 7, 2025. Accessed August 14, 2026. https://www.safetyandquality.gov.au/medicine-finder/eylea 3. Beovu (brolucizumab) [Australian product information]. Novartis Pharmaceuticals Australia Pty Limited; revised June 19, 2024. Accessed August 14, 2026. https://medsinfo.com.au/api/searchapi/Beovu_PI?format=pdf 4. Vabysmo (faricimab) [Australian product information]. Roche Products Pty Limited; revised September 30, 2024. Accessed August 14, 2026. https://medsinfo.com.au/api/searchapi/Vabysmo_PI?format=pdf

AMD, age-related macular degeneration; VEGF, vascular endothelial growth factor

But in the Real-World We Inject More Frequently…

Fight Retinal Blindness! Registry Injection Intervals in Neovascular AMD

Percentage of Treatment-naive Eyes by Injection Interval at 24 Months[1*]
(First-generation Anti-VEGF: Ranibizumab / Aflibercept 2 mg)



Faricimab Treatment Naïve (12 mo)[2†]

52% on ≤12 week dosing

Faricimab Switch Cohort (12 mo)[3‡]

7.2 → 10.5 weeks

*National retrospective FRB Spain study of treatment-naïve nAMD eyes treated with ranibizumab or aflibercept 2 mg. The 24-month distribution reflects 557 eyes meeting additional treat-and-extend–range criteria and their final observed injection interval.
†Retrospective Australian FRB registry study of 160 treatment-naïve nAMD eyes initiating faricimab across 23 practitioners and followed for 12 months. Outcomes were compared with historical aflibercept 2 mg controls using overlap weighting; 48% of faricimab-treated eyes attained a dosing interval of ≥12 weeks.
‡ Retrospective Australian FRB registry study of previously treated nAMD eyes switched—primarily from aflibercept 2 mg—to faricimab and followed for 12 months. The 7.2-to-10.5-week result represents the cohort-level change in mean injection interval before versus after switching.
1. Zarranz-Ventura J, et al. *Eye (Lond).* 2025;39(18):3306-3313. 2. Gillies M, et al. *Clin Exp Ophthalmol*. 2026;54(4):500-506. 3. Hunt A, et al. *Clin Exp Ophthalmol*. 2025;53(9):1156-1167.
AMD, age-related macular degeneration; FRB, Fight Retinal Blindness; nAMD. Neovascular AMD; VEGF, vascular endothelial growth factor;

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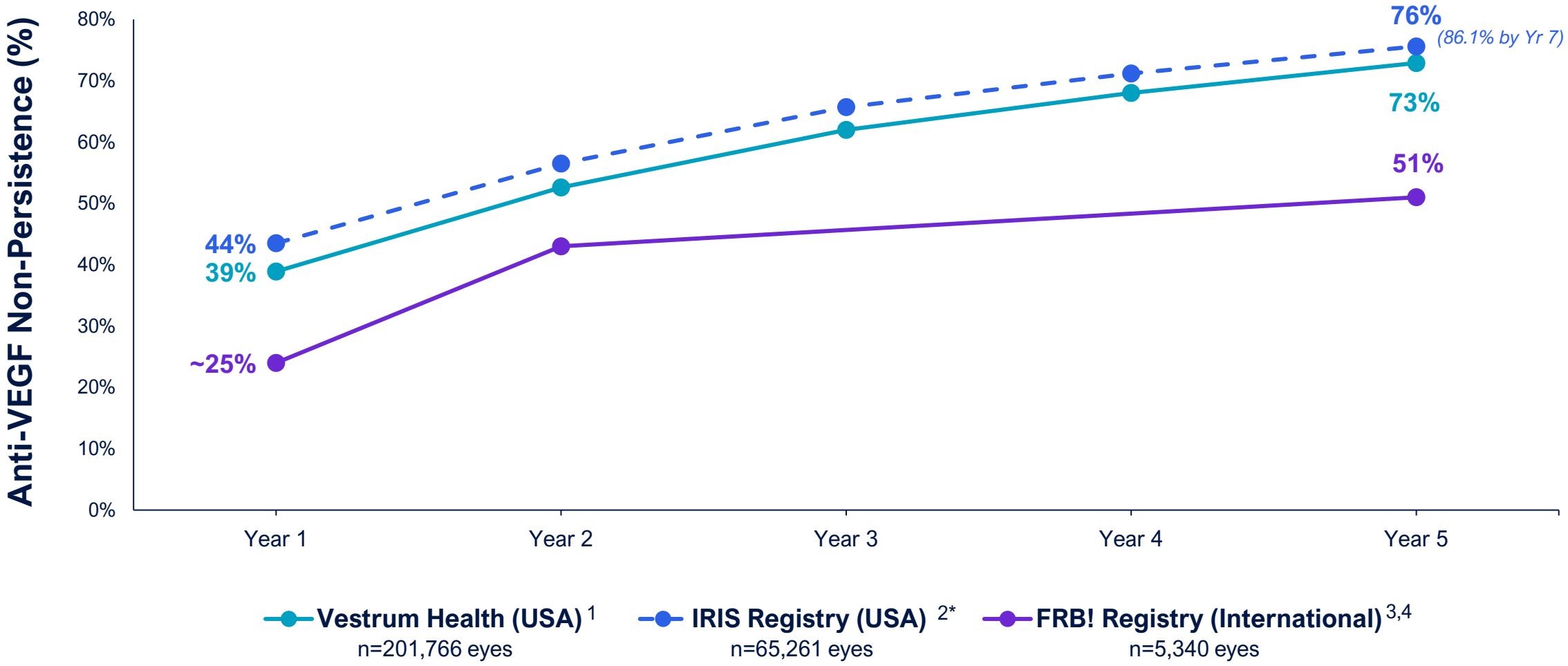
Real-World Anti-VEGF Non-Persistence Increases Over Time

Cumulative non-persistence over time – three independent real-world registries/databases



*Includes eyes that experienced a treatment gap (≥ 180 days gap with restart of treatment) or treatment discontinuation (≥ 180 days without injections, not lost to follow up)

1. Moshfeghi AA, et al. Real-world anti-VEGF treatment utilization and vision outcomes in neovascular age-related macular degeneration: analysis of the Vestrum database. Poster presented at: Association for Research in Vision and Ophthalmology Annual Meeting; May 7, 2026; Denver, CO. 2. Weng CY, et al. Anti-VEGF treatment patterns and long-term vision outcomes in patients with nAMD in the Academy IRIS Registry. Poster presented at: Association for Research in Vision and Ophthalmology Annual Meeting; May 7, 2026; Denver, CO.. 3. Teo KYC, et al. *Eye (Lond).* 2023;37:467-473. 4. Bhandari S, et al. *Eye (Lond).* 2023;37:1145-1154.

FRB, Fighting Retinal Blindness; VEGF, vascular endothelial growth factor

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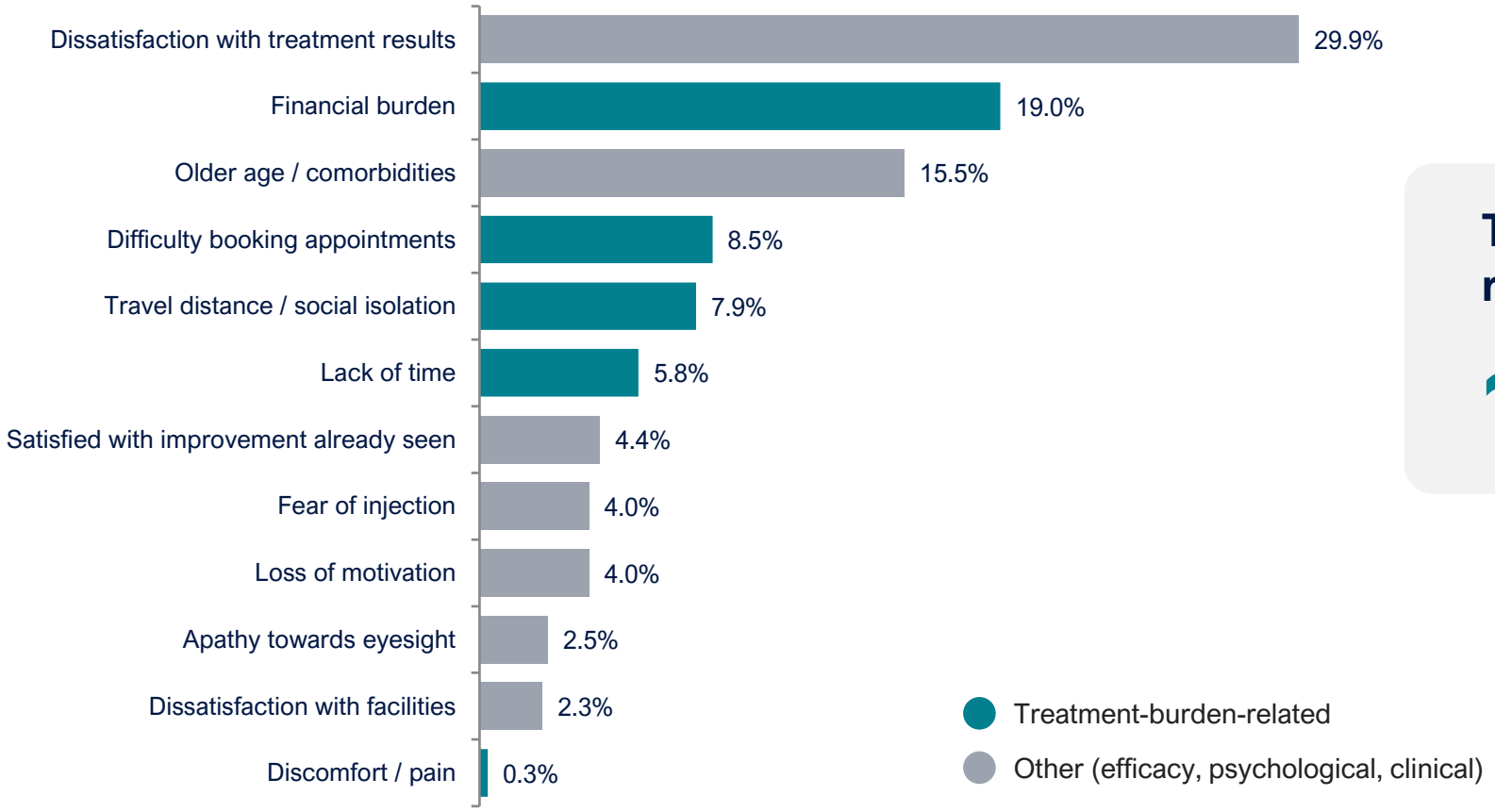
Many Patients Stop Due to Treatment Burden

Patient-Reported Reasons for Non-Adherence/Non-Persistence

Meta Analysis of 22 Studies (N=409,215 patients)



Treatment burden-related reasons combined

~41%

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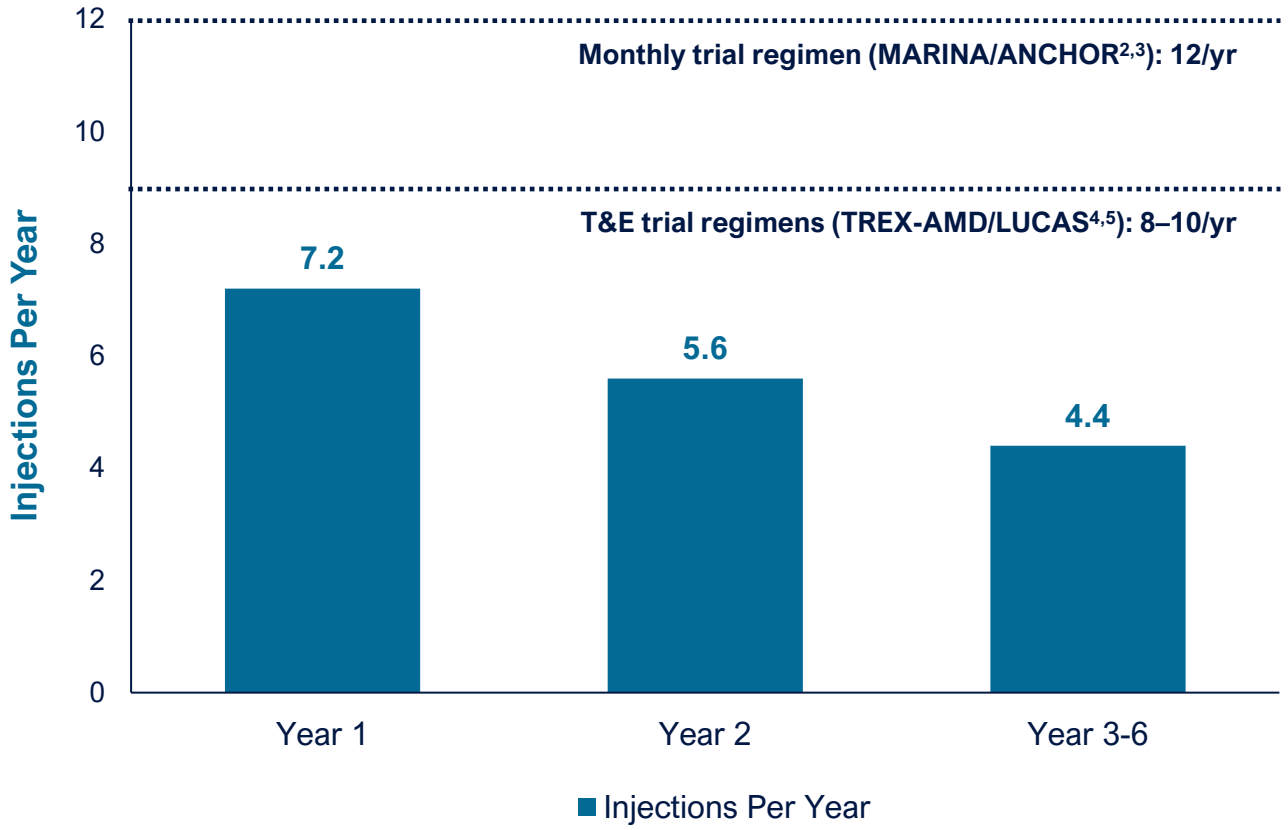
Shahzad H, et al. *Syst Rev*. 2023;12:96.

…Or Are Under-Treated, Which Leads to Worse Visual Outcomes

Mean Anti-VEGF Injections per Year:
Real-World (IRIS Registry[1]) vs. Trial Benchmarks



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1. Wykoff CC, et al. *Ophthalmol Sci*. 2024;4(2):100421. 2. Rosenfeld PJ, et al. *N Engl J Med*. 2006;355(14):1419-1431 3. Brown DM, et al. *N Engl J Med*. 2006;355(14):1432-1444. 4. Wykoff CC, et al. *Ophthalmology*. 2015;122(12):2514-2522; 5. Berg K, et al. Ophthalmology. 2015;122(1):146-152.
IRIS, Intelligent Research in Sight; VEGF, vascular endothelial growth factor; T&E, treat and extend

…Or Are Under-Treated, Which Leads to Worse Visual Outcomes

Mean Anti-VEGF Injections per Year:
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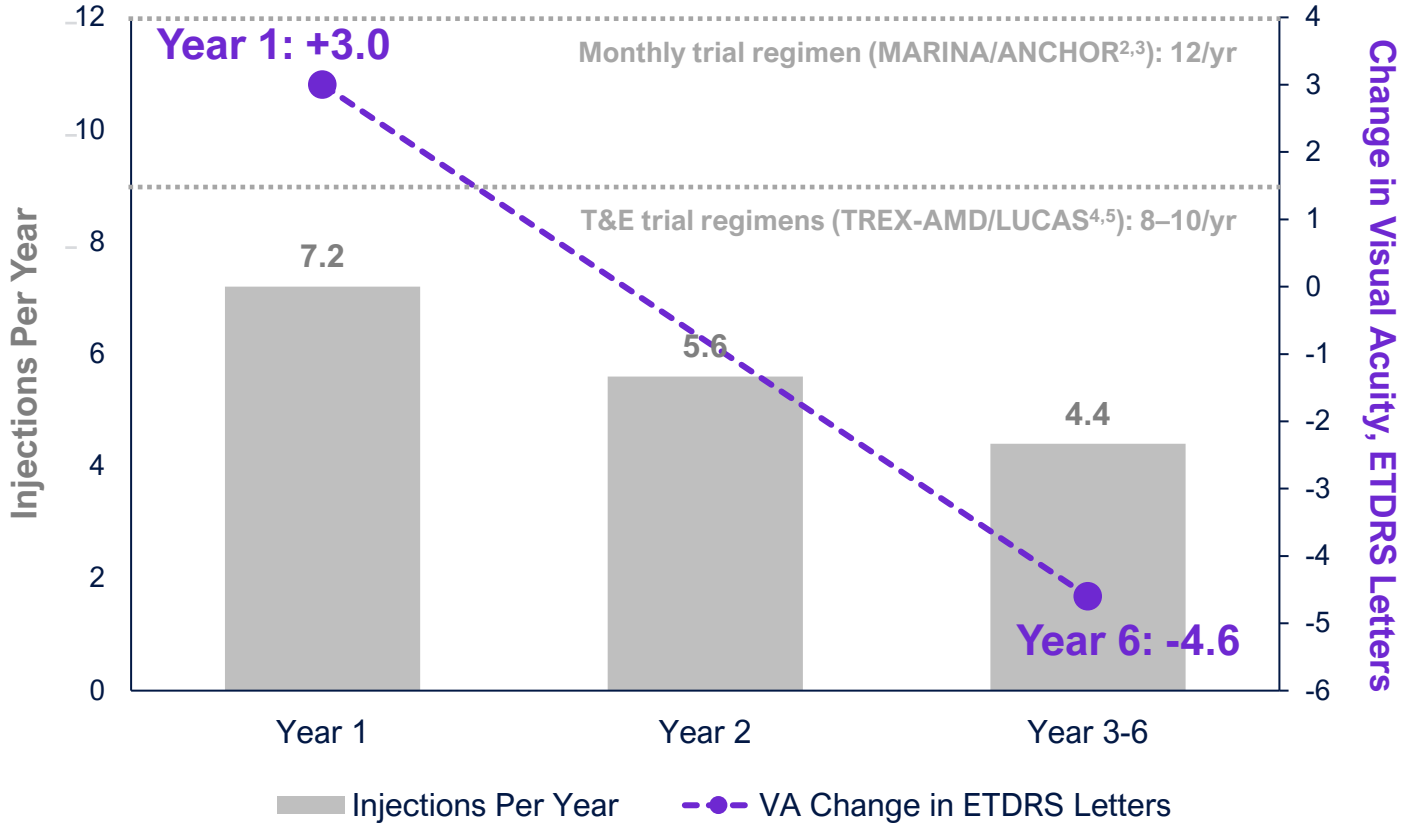

Same IRIS cohort: VA trajectory over time[1]

+3.0 → -4.6 letters

Mean VA change from baseline: a +3.0 letter gain at Year 1 erodes to a net loss of 4.6 letters by Year 6

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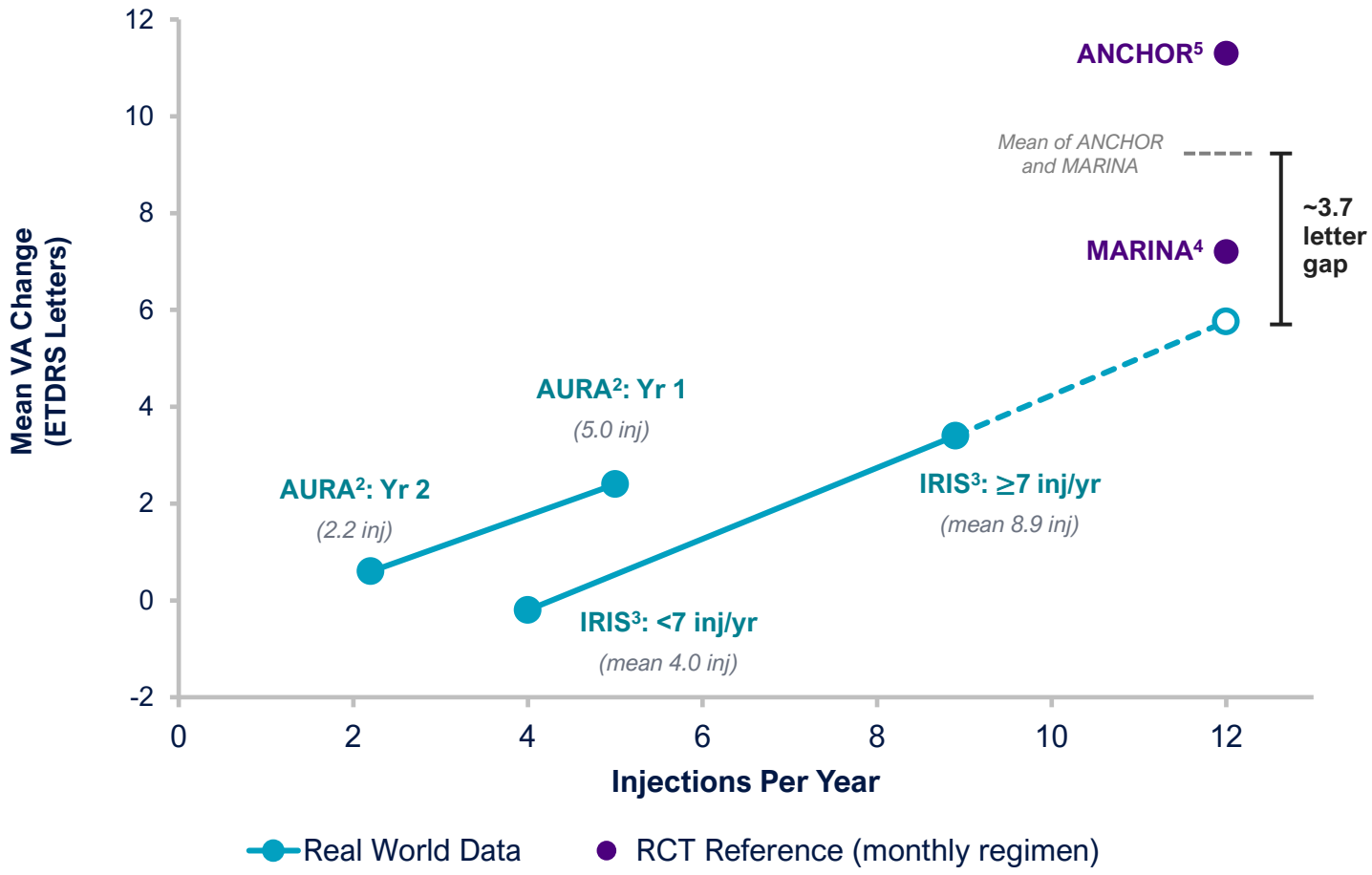
1. Wykoff CC, et al. *Ophthalmol Sci*. 2024;4(2):100421. 2. Rosenfeld PJ, et al. *N Engl J Med*. 2006;355(14):1419-1431 3. Brown DM, et al. *N Engl J Med*. 2006;355(14):1432-1444. 4. Wykoff CC, et al. *Ophthalmology*. 2015;122(12):2514-2522; 5. Berg K, et al. Ophthalmology. 2015;122(1):146-152.
IRIS, Intelligent Research in Sight; VEGF, vascular endothelial growth factor; T&E, treat and extend; VA, visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study

Each Additional Year-1 Injection Was Associated With a 0.68-Letter VA Gain

More injections per year is associated with better mean visual acuity outcomes



Adjusted Regression Estimate[1]

+0.68 letters

Mean VA gain per additional anti-VEGF injection in Year 1, adjusted for baseline differences

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1. Wykoff CC, et al. *Ophthalmol Sci*. 2024;4(2):100421. 2. Holz FG, et al. *Br J Ophthalmol*. 2015;99(2):220-226. 3. Barikian A, et al. *Ophthalmol Retina*. 2026;10(1):71-80. 4. Rosenfeld PJ, et al. *N Engl J Med*. 2006;355(14):1419-1431. 4. Brown DM, et al. *N Engl J Med*. 2006;355(14):1432-1444.
ETDRS, Early Treatment Diabetic Retinopathy Study; VA, visual acuity; RCT, randomized controlled trial; VEGF, vascular endothelial growth factor

Greater Retinal Thickness Variability During Anti-VEGF Therapy is Associated with Suboptimal Anatomic and Visual Outcomes

Retinal Thickness Fluctuations

Development of Fibrosis and Atrophy

Poorer Long-Term Visual Outcomes

Repeated cycles of fluid resolution and recurrence are reflected in fluctuations in retinal thickness over time

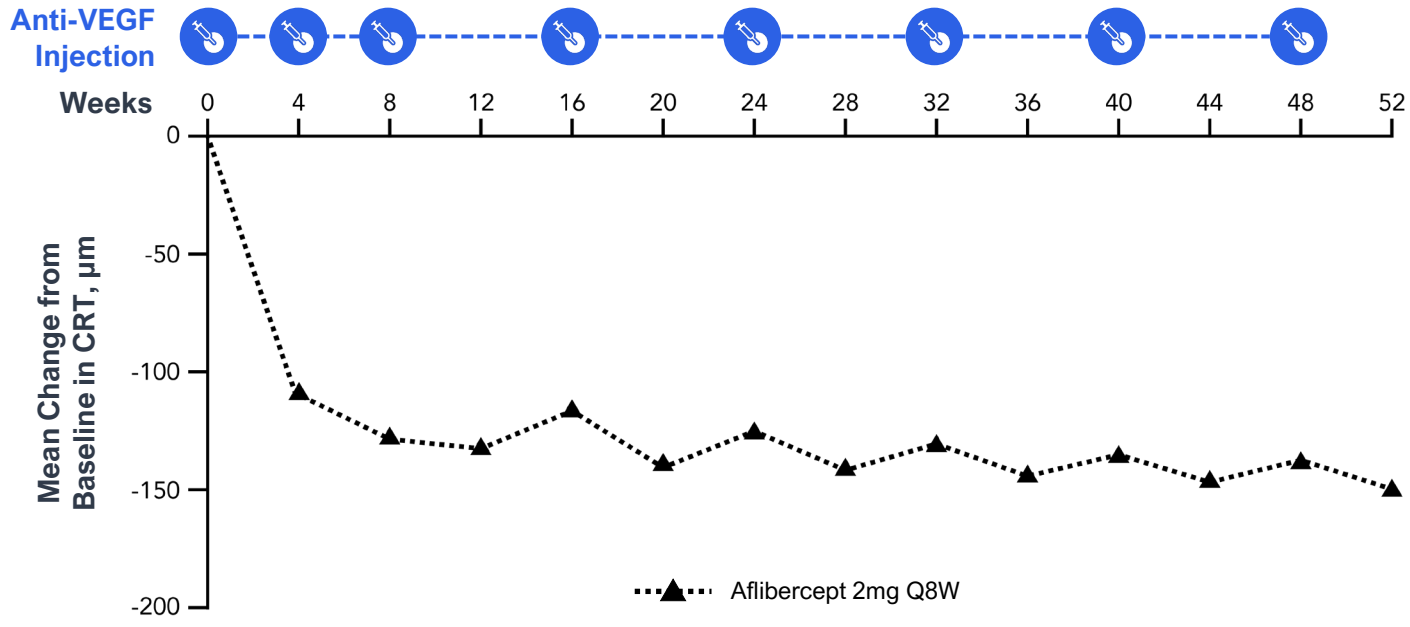


Figure adapted from Heier JS, et al. *Ophthalmology*. 2012;119(12):2537-2548.
VIEW 1 and VIEW 2 were similarly designed, randomized, double-masked, active-controlled Phase 3 trials in patients with nAMD (N=2419) comparing aflibercept dosing regimens with ranibizumab Q4W; figure illustrates mean CRT change through Week 52 with aflibercept 2mg Q8W following 3 monthly doses.
CRT, central retinal thickness; nAMD, neovascular age-related macular degeneration; Q, every; VEGF, vascular endothelial growth factor; W, week

Greater Retinal Thickness Variability During Anti-VEGF Therapy is Associated with Suboptimal Anatomic and Visual Outcomes

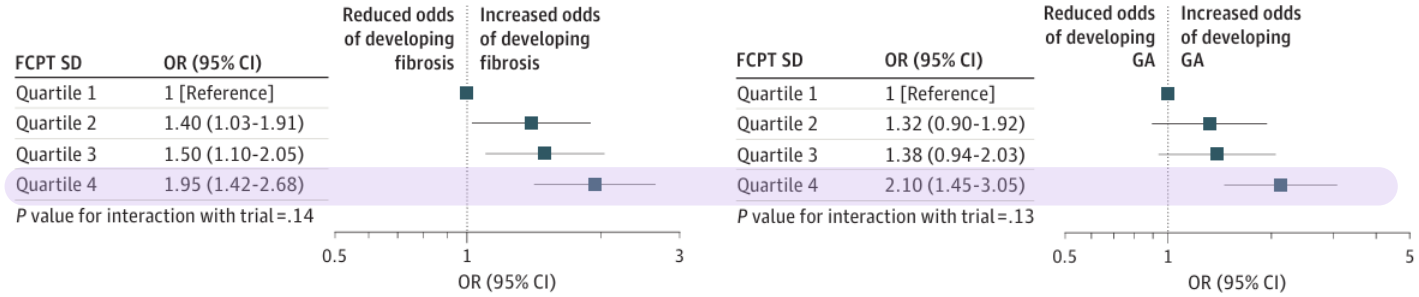
Retinal Thickness Fluctuations

Development of Fibrosis and Atrophy

Poorer Long-Term Visual Outcomes

JAMA Ophthalmology | Original Investigation

Associations of Variation in Retinal Thickness With Visual Acuity and Anatomic Outcomes in Eyes With Neovascular Age-Related Macular Degeneration Lesions Treated With Anti-Vascular Endothelial Growth Factor Agents



In a post hoc analysis, highest retinal thickness variability had approximately **double the odds** of developing fibrosis/macular atrophy

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Post hoc analysis of 1731 previously untreated nAMD eyes from CATT (Comparison of Age-Related Macular Degeneration Treatment Trials) and IVAN (Inhibition of VEGF in Age-related Choroidal Neovascularization) randomized trials. Retinal thickness variability was defined as the SD of FCPT measurements and categorized into quartiles. Adjusted analyses evaluated associates with BCVA, development of fibrosis, and development of macular atrophy at Month 24 or the last available visit.

Evans RN, et al. *JAMA Ophthalmol*. 2020;138(10):1043-1051.

BCVA, best-corrected visual acuity; CI, confidence interval; FCPT, foveal center-point thickness; GA, geographic atrophyOR, odds ratio; VEGF, vascular endothelial growth factor; SD, standard deviation

Greater Retinal Thickness Variability During Anti-VEGF Therapy is Associated with Suboptimal Anatomic and Visual Outcomes

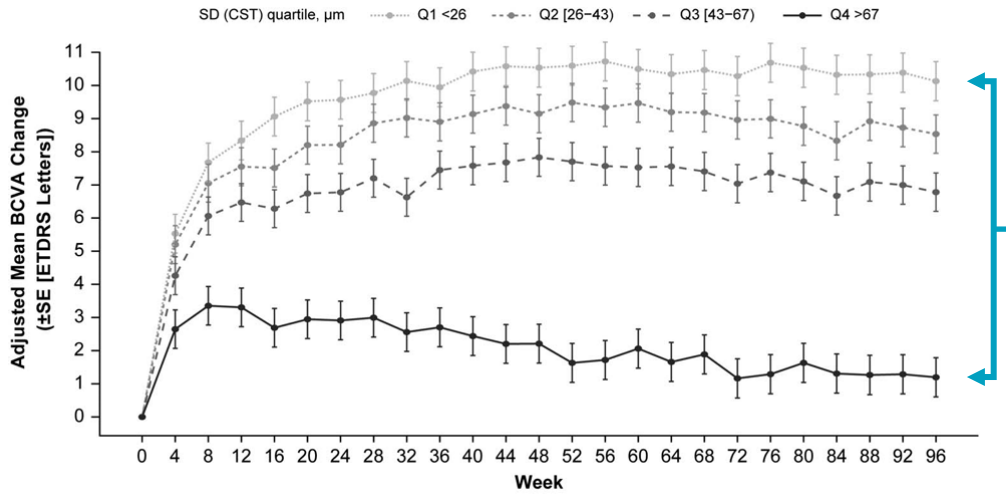
Retinal Thickness Fluctuations

Development of Fibrosis and Atrophy

Poorer Long-Term Visual Outcomes

EFFECT OF RETINAL THICKNESS VARIABILITY ON VISUAL OUTCOMES AND FLUID PERSISTENCE IN NEOVASCULAR AGE-RELATED MACULAR DEGENERATION

A Post Hoc Analysis of the HAWK and HARRIER Studies



Vision deteriorates by ~9 letters between patients with most and least stable retinal thicknesses

Post hoc, treatment-agnostic analysis of pooled HAWK and HARRIER data from 1752 patients with nAMD treated with brolucizumab or aflibercept. Patients were categorized into quartiles based on the SD of CST measurements from baseline through Week 96, and adjusted BCVA change was evaluated using a repeated measure model.

Dugel PU, et al. *Retina*. 2022;42(3):511-518.

BCVA, best-corrected visual acuity; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; SE, standard error; SD, standard devliation; Q, quartiles

Two Decades of Innovation Have Improved Durability, But Treatment Burden Persists

2007
Ranibizumab
4 weeks[1]

2012
Aflibercept 2 mg
8 weeks[2]

2020
Brolucizumab
8-12 weeks[3]

2023
Faricimab
8-16 weeks[4]

2024
Aflibercept 8 mg
8-20 weeks[2]

2019 | Phase 1 Trial in Australia[5]

OTX-TKI

29 participants, 6 sites

A new approach:
Sustained intraocular delivery[6]

Can durability be extended without sacrificing disease control?

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1. Lucentis (ranibizumab) [Australian product information]. Novartis Pharmaceuticals Australia Pty Limited; revised December 4, 2025. Accessed August 14, 2026. https://medsinfo.com.au/api/searchapi/Lucentis_PI?format=pdf 2. EYLEA (aflibercept) [Australian product information]. Bayer Australia Ltd; revised August 7, 2025. Accessed August 14, 2026. https://www.safetyandquality.gov.au/medicine-finder/eylea 3. Beovu (brolucizumab) [Australian product information]. Novartis Pharmaceuticals Australia Pty Limited; revised June 19, 2024. Accessed August 14, 2026. https://medsinfo.com.au/api/searchapi/Beovu_PI?format=pdf 4. Vabysmo (faricimab) [Australian product information]. Roche Products Pty Limited; revised September 30, 2024. Accessed August 14, 2026. 5. CLN-0046: Treatment of AMD Subjects With OTX-TKI. ClinicalTrials.gov. NCT03630315. Updated July 10, 2024. Accessed August 19, 2026. https://clinicaltrials.gov/study/NCT03630315 https://medsinfo.com.au/api/searchapi/Vabysmo_PI?format=pdf. 6. Data on File 033. Ocular Therapeutix.
AMD, age-related macular degeneration; VEGF, vascular endothelial growth factor

Key Takeaways

Treatment burden is an issue and contributes to discontinuation and under-treatment.[1]

Fluid fluctuations are associated with worse vision.[2,3]

More durable agents don't just reduce visits – they may support better visual outcomes too.[3]

1. Shahzad H, et al. *Syst Rev*. 2023;12:96. 2. Evans RN, et al. *JAMA Ophthalmol*. 2020;138(10):1043-1051. 3. Dugel PU, et al. *Retina*. 2022;42(3):511-518.

Science Behind the Therapy

Peter K. Kaiser, MD

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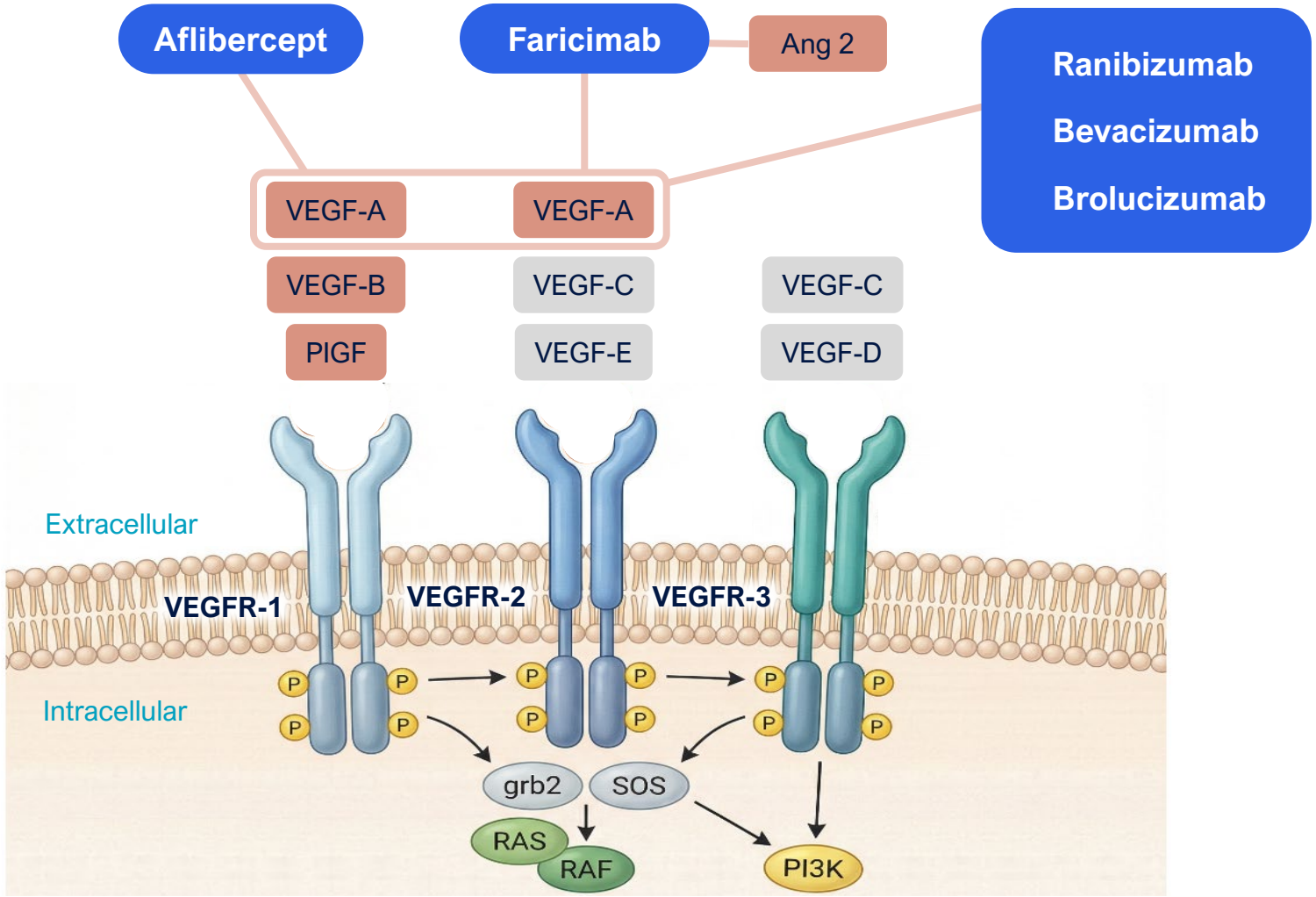
Current Anti-VEGF Therapies Selectively Target Only Extracellular VEGF

Current **Anti-VEGF** agents act **extracellularly by binding selective ligands**, like VEGF-A, preventing receptor binding and activation[1,2]



Select extracellular target binding of VEGF, PlGF and Ang-II to inhibit angiogenesis. Adapted from Zhao et al. 2015.[2-4]

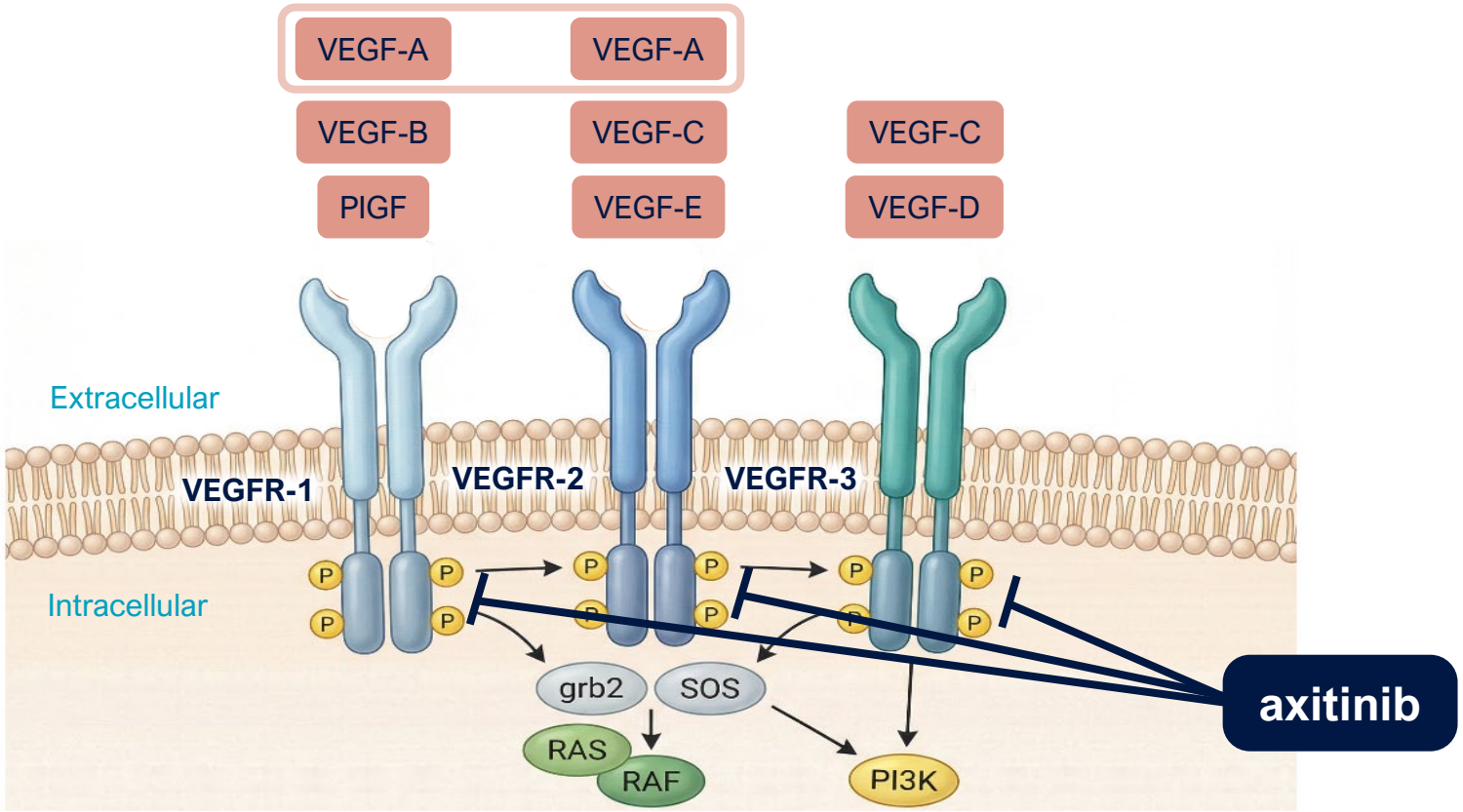
OCULAR THERAPEUTIX Retina experience redefined™

1. Hu-Lowe DD, et al. *Clin Cancer Res*. 2008;14(22):7272-7283. 2. Zhao Y, et al. *Oncologist*. 2015;20(6):660-673. 3. Tan CS, et al. *Clin Ophthalmol*. 2022;16:917-933. 4. Khachigian LM, et al. *J Transl Med*. 2023;21(1):133.

PlGF, placenta growth factor; VEGF(R), vascular endothelial growth factor (receptor); P, phosphate; grb2, growth factor receptor-bound protein 2; SOS, son of sevenless; RAS, rat sarcoma viral oncogene homolog; RAF, rapidly accelerated fibrosarcoma; PI3K, phosphatidylinositol 3-kinase; TKI, tyrosine kinase inhibitor; Ang 2, angiopoietin-2

Tyrosine Kinase Inhibitors Act Intracellularly to Inhibit Receptor Signaling

Tyrosine Kinase Inhibitors (TKI) bind at the **intracellular tyrosine kinase domains** of VEGF receptors, inhibiting ATP binding and preventing activation of pro-angiogenic signaling[1,2]



Select angiogenesis intracellular targets of inhibition for tyrosine kinase inhibitors. Adapted from Zhao et al. 2015.[2-4]

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PlGF, placenta growth factor; VEGF(R), vascular endothelial growth factor (receptor); P, phosphate; grb2, growth factor receptor-bound protein 2; SOS, son of sevenless; RAS, rat sarcoma viral oncogene homolog; RAF, rapidly accelerated fibrosarcoma; PI3K, phosphatidylinositol 3-kinase; TKI, tyrosine kinase inhibitor.

OTX-TKI: Axitinib via Hydrogel Allows for Tunable Sustained Release

AXITINIB

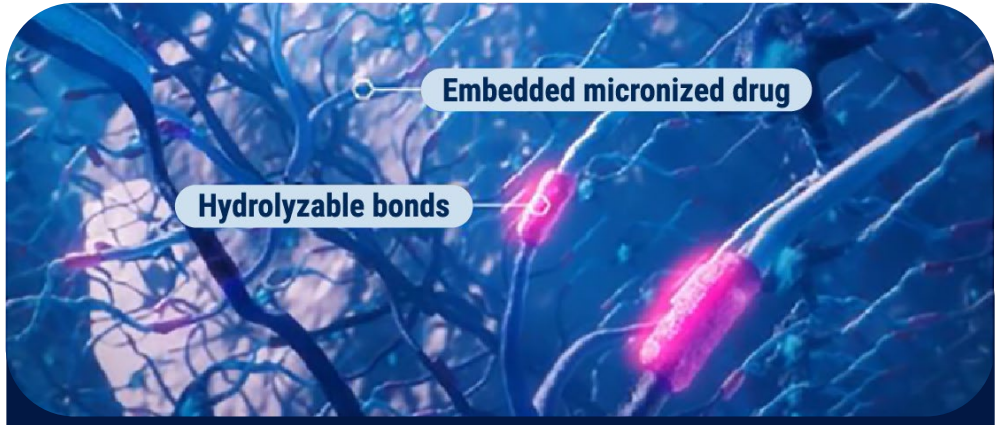
Multi-target Tyrosine Kinase Inhibitor (TKI)

Highly selective pan VEGF inhibitor[1]
Highly potent TKI[2]

+

HYDROGEL TECHNOLOGY

Bioresorbable, Sustained Drug Delivery



Proprietary hydrogel
Versatile, biocompatible, tunable platform[3]

OTX-TKI

is being developed with the aim to provide:

- **A single hydrogel insert**[3,4]
- **Continuous and consistent delivery up to 12 months**[3,5]
- **Complete and predictable bioresorption**[3,5]

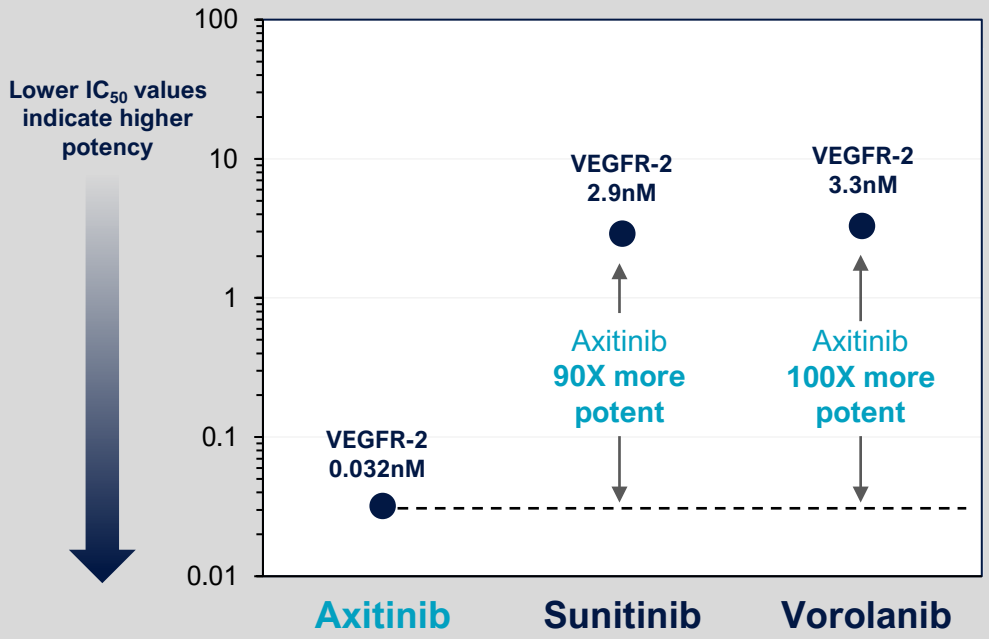
OTX-TKI is an investigational product candidate which has not been approved by the FDA or any regulatory authority.

OCULAR THERAPEUTIX Retina experience redefined™

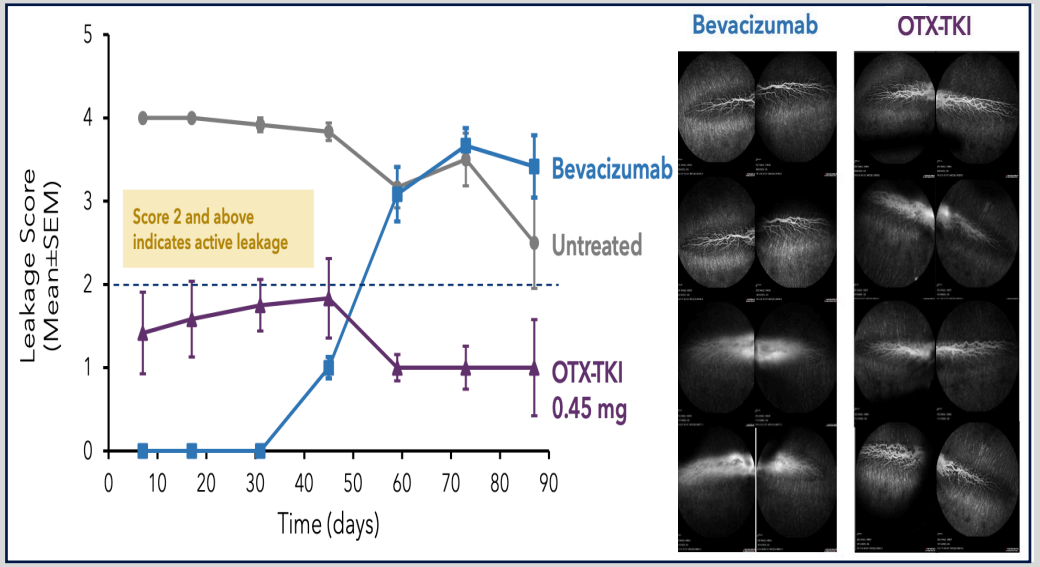
1. Zhao Y, et al. *Oncologist.* 2015;20(6):660-673. 2. Gross-Goupil M, et al. *Clin Med Insights Oncol.* 2013;7:269-277. 3. Blizzard CD, et al. Ocular Implant Containing a Tyrosine Kinase Inhibitor. US Patent 11,439,592 B2. September 13, 2022. 4. Tan CS, et al. *Clin Ophthalmol*. 2022;16:917-933. 5. Data on File 033. Ocular Therapeutix. 2026.
TKI, Tyrosine Kinase Inhibitor; VEGF, Vascular Endothelial Growth Factor

Axitinib: Highly Selective, Very Potent VEGFR Inhibitor

IC_{50} for VEGF Receptor 2 (nM)[1-3]



VEGF Challenge Rabbit Model[2]



Highly selective for all VEGF receptors, ~100x more potent for VEGFR-2[1-3]

Sustained leakage control in repeat VEGF challenge animal model[2]

OCULAR THERAPEUTIX Retina experience redefined™

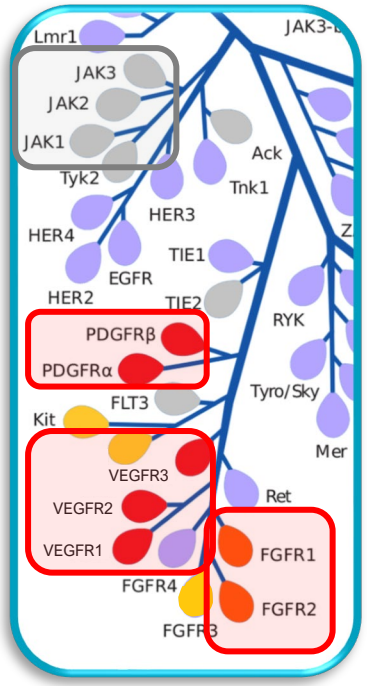
1. Patel C, et al. Target and Selectivity Profiling of Axitinib in Cell-Based and Biochemical Assays. Presented at Association in Vision and Ophthalmology. May 4, 2025. Salt Lake City, UT. **2.** Blizzard, C et al. Pharmacodynamic efficacy of optimized intravitreal axitinib implant (OTX-TKI) in a VEGF challenge rabbit model. Presented at the Association in Vision and Ophthalmology. May 9, 2024. Seattle, WA, US. **3.** Reaction Biology, Germany; Cellular Phosphorylation Assay Service. (https://www.reactionbiology.com) CHO Cellular assay data demonstrated no TIE2 inhibition within physiological drug solubility range at normal cellular ATP levels via the gold standard cell phosphorylation assay; Ocular Therapeutix. Data on File 042. 2026.

VEGFR, vascular endothelial growth factor receptor; IC50, inhibitory concentration 50%; SEM, standard error of mean

Axitinib demonstrates strongest inhibition of all VEGF/PDGF/FGF Receptors

AssayQuant (Fluorescence Assay)*

1μM Axitinib*



1 mM ATP | **Physiologic Testing Conditions**

1μM* | Axitinib intraocular conc = 1.03 to 1.13 μM; Vorolanib intraocular conc = 0.23 to 0.95 μM[3,4,6]

Kinase[1,2]	Axitinib	Vorolanib[3-5]	Sunitinib
VEGF RECEPTORS			
VEGFR1	99%	39%	83%
VEGFR2	97%	28%	71%
VEGFR3	95%	59%	72%
OTHER RECEPTORS			
PDGFRα	79%	42%	70%
PDGFRβ	88%	41%	87%
FGFR1	76%	0%	45%
FGFR2	76%	16%	54%
FGFR3	67%	15%	63%
JAK1	18%	21%	52%

Reaction Biology (Radiometric Assay)**

1 mM ATP | **Physiologic Testing Conditions**

1μM* | Axitinib intraocular conc = 1.03 to 1.13 μM; Vorolanib intraocular conc = 0.23 to 0.95 μM[3,4,6]

Kinase[1,2]	Axitinib	Vorolanib[3-5]	Sunitinib
VEGF RECEPTORS			
VEGFR1	72%	6%	12%
VEGFR2	76%	6%	14%
VEGFR3	63%	27%	18%
OTHER RECEPTORS			
PDGFRα	54%	37%	37%
PDGFRβ	79%	75%	76%
FGFR1	69%	12%	28%
FGFR2	62%	17%	28%
FGFR3	87%	40%	58%
JAK1	5%	14%	0%

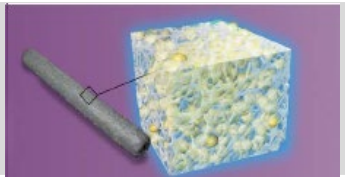
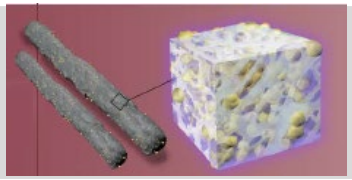
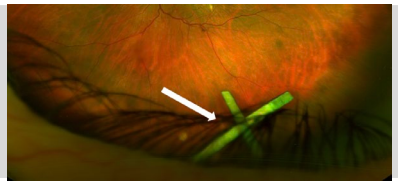
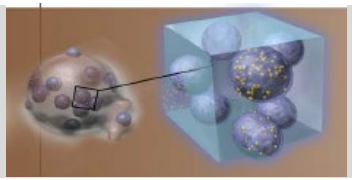
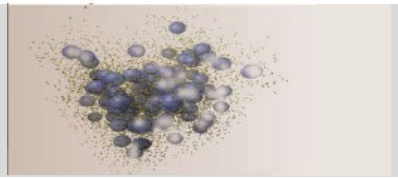
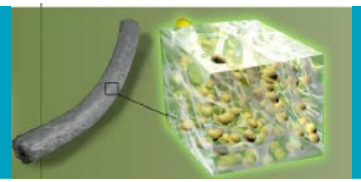
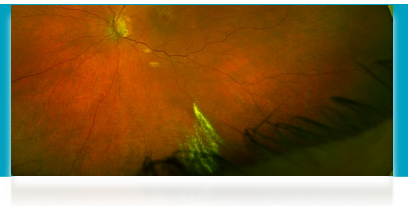
Inhibition Key: <50% | 50-70% | 70-85% | 85-100% | Not tested

OCULAR THERAPEUTIX — Retina experience redefined™

*Kinome Tree inhibition analysis conducted in collaboration with AssayQuant. PhosphoSens® assay (AssayQuant®) conducted at 1mM ATP and 1μM drug concentrations. **Reaction Biology HotSpot kinase screening (Radiometric Assay) conducted at 1mM ATP and 1μM drug concentrations.

1. Data on file, Ocular Therapeutix. 2. Patel C, et al. Target and Selectivity Profiling of Axitinib in Cell-Based and Biochemical Assays. Presented at the Association for Research in Vision and Ophthalmology. May 8, 2025, Salt Lake City, UT. 3. Singh RP, et al. A 12-Month, Ocular Pharmacokinetic Study of EYP-1901, a Sustained-release, Intravitreal Formulation of the Tyrosine Kinase Inhibitor Vorolanib. Presented at the American Society of Retina Specialists Annual Meeting; July 28–August 1, 2023; Seattle, WA; 4. Kupperman BD, et al. Poster B0301. Presented at ARVO 2024 Annual Meeting, May 5–9, 2024; Seattle, WA; 5. Xiu X, et al. *Organic Process Research & Development*. 2024;28(2):492-499; 6. Saim, S., Howard-Sparks, M., Paggiarino, D., Karzoun, B. and Chen, J., Eyepoint Pharmaceuticals Inc, 2026. Bioerodible ocular drug delivery insert and therapeutic method. U.S. Patent 12,551,368.; TKI, tyrosine kinase inhibitor; ATP, adenosine triphosphate; VEGFR, vascular endothelial growth factor receptor; PDGFR, platelet-derived growth factor receptor; FGFR, fibroblast growth factor receptor; JAK, janus kinase. TIE2, tyrosine kinase with immunoglobulin-like and epidermal growth factor–like domains-2.

Comparison of Hydrogel vs Other Retinal Polymer Implants

	Implant (Full View)	Implant Dimensions (Length x Diameter)	Needle Size	Matrix Degradation & Release^^	Polymer Byproduct	Implant Remnants at 12 Months
OZURDEX abbvie		6mm x 0.46mm*	22-gauge*		Lactic acid and glycolic acid†	**Remnant** lasts ~12 months‡
EYP-1901 EyePoint Pharmaceuticals		**Two implants** with length of 8mm each¶	22-gauge#		>75 KDa polyvinyl alcohol‖	**Two remnants** last 18-24 months**
GB-102 graybug		N/A	27-gauge††		Lactic acid and glycolic acid††	N/A
OTX-TKI OCULAR THERAPEUTIX		**7mm x 0.40mm^**	**25-gauge^**		**Inert hydrogel PEG chains^**	**No remnants^^**

OTX-TKI is an investigational product candidate which has not been approved by the FDA or any regulatory authority.

Schematic drawings, not drawn to scale or color, for illustrative purposes only; yellow or gray dots/spheres depict therapeutic agents released by implants. Images of EYP-1901 implants from Abbey, AM. Topline Data from DAVIO 2: a Phase 2 Study of a Single Injection of DURAVYU (Vorolanib Intravitreal Insert). Presented at Retina World Congress. Fort Lauderdale, FL; May 9-12, 2024.
*. Li M, et al. *Heliyon.* 2022;8(12):e12219. †. Pellegrini GABP, et al. *Int J Retina Vitreous.* 2025;11(1):7. ‡. Kim JT, et al. *Retina*. 2020; 40(11):p 2226-2231. §. Schmit-Eilenberger VK. Clin *Ophthalmol.* 2015;9:801-811. ¶. Diameter of EYP-1901 unconfirmed; EyePoint Pharmaceuticals. Clinical Study Protocol. Protocol No. EYP-1901-201. Published January 25, 2024. ClinicalTrials.gov identifier: NCT05381948.. #. EyePoint Pharmaceuticals DAVIO2 Topline Results Conference Call, December 4, 2023. ‖. Wykoff CC, et al. *J Vitreoretin Dis*. 2024;8(5):577-586. **EyePoint Pharmaceuticals. TD Cowen 44th Annual Health Care Conference. March 5, 2024. https://investors.eyepointpharma.com/events-and-presentations. ††. Graybug Vision Inc. Clinical Study Protocol. Protocol No. GBV-102-002. Published September 8, 2020. ClinicalTrials.gov identifier: NCT03953079. ^. Blizzard CD, et al. Ocular Implant Containing a Tyrosine Kinase Inhibitor. US Patent 11,439,592 B2. September 13, 2022. ^^ Data on File 044. Ocular Therapeutix. 2026.
PEG, polyethylene glycol

OCULAR THERAPEUTIX Retina experience redefined™

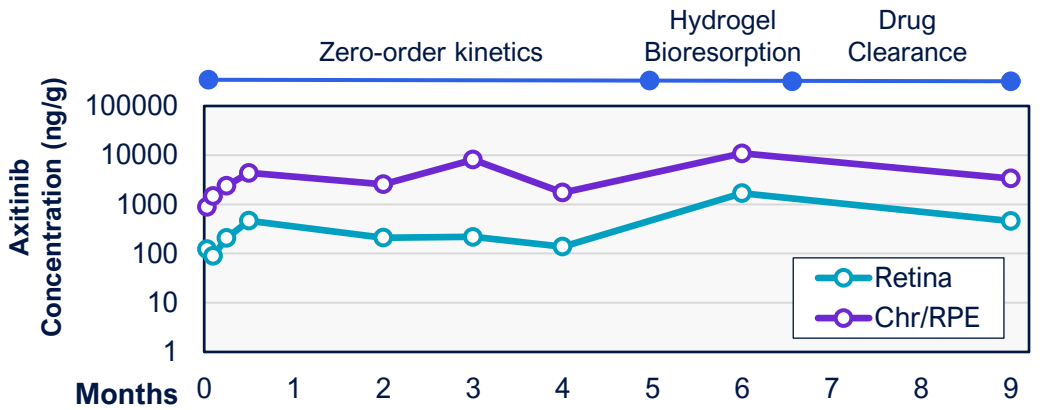
OTX-TKI is Designed to Release Axitinib and Maintain Intraocular Drug Levels Over Time

OTX-TKI In Vivo Delivery Profile[1]

Rapid, continuous and consistent axitinib delivery

Targeted drug delivery to retina and choroid

Axitinib concentrations following a single OTX-TKI in NHPs[1]



OCULAR THERAPEUTIX Retina experience redefined™

1. Data on File 033. Ocular Therapeutix. 2. Li J, et al. *Nat Rev Mater.* 2016;1(12):16071. 3. Müller DA, et al. *J Orthop Surg Res*. 2016;11(1):111.
Chr, choroid; RPE, retinal pigment epithelium; NHP, non-human primate.

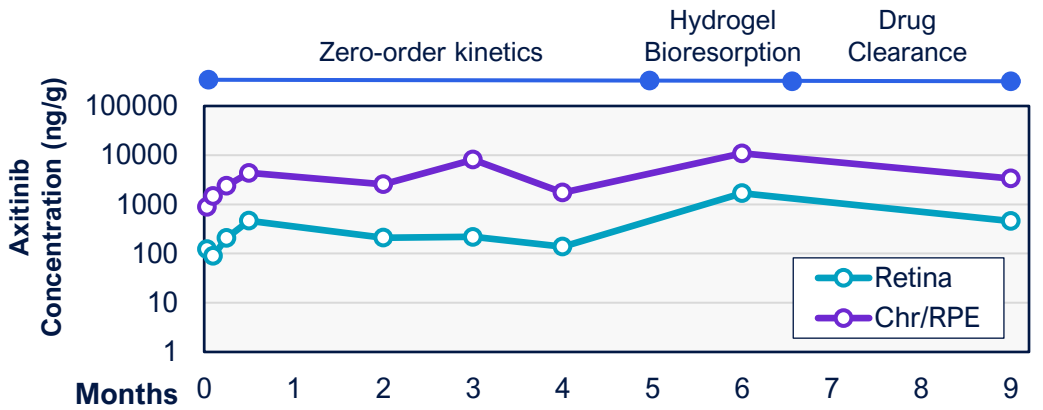
OTX-TKI is Designed to Release Axitinib and Maintain Intraocular Drug Levels Over Time with Complete Bioresorption

OTX-TKI In Vivo Delivery Profile[1]

Rapid, continuous and consistent axitinib delivery

Targeted drug delivery to retina and choroid

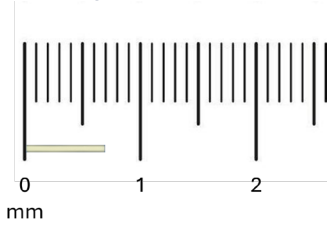
Axitinib concentrations following a single OTX-TKI in NHPs[1]

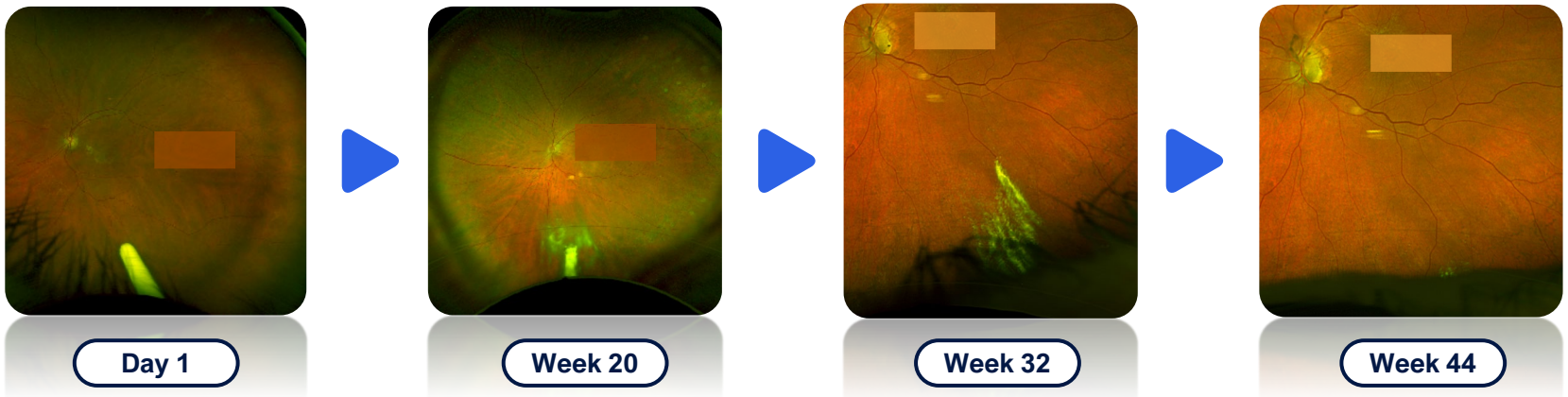


Hydrogel bioresorbs completely and predictably via hydrolysis for potential redosing[1-3]

Dry OTX-TKI Dimensions

7mm length, 0.4mm diameter





OCULAR THERAPEUTIX Retina experience redefined™

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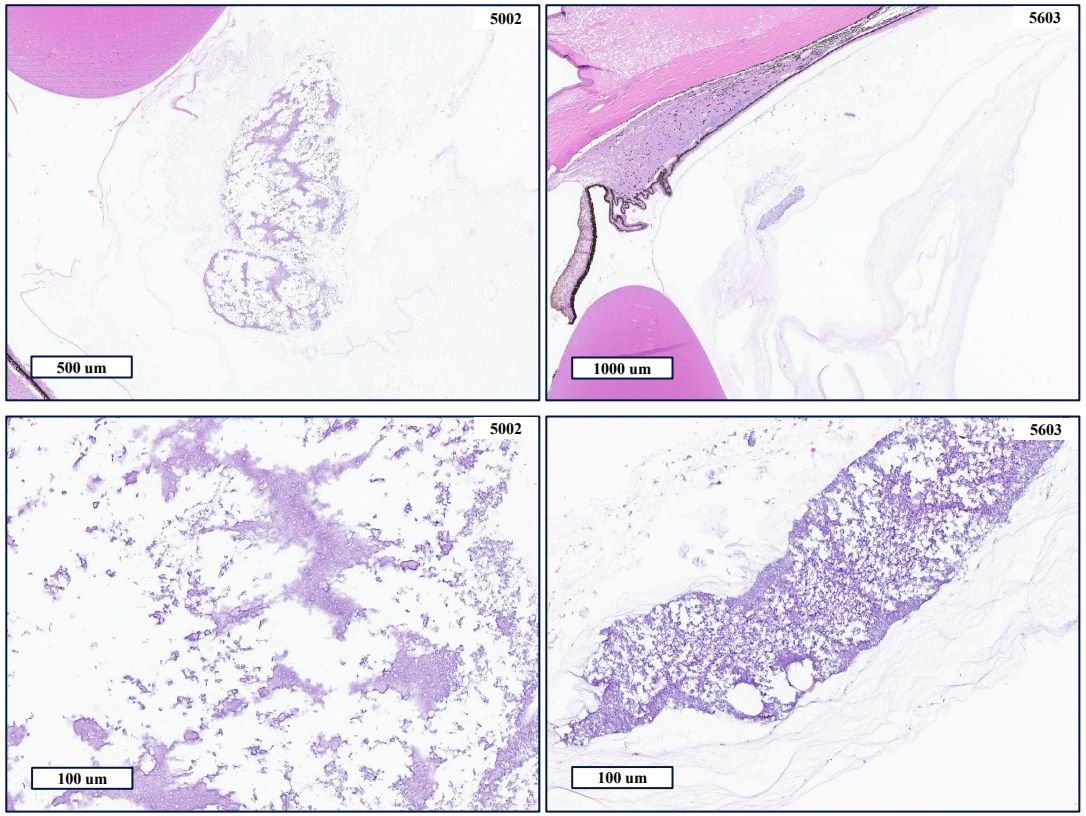
Chr, choroid; RPE, retinal pigment epithelium; NHP, non-human primate.

Histology of Ocular Tissues Demonstrates Axitinib Elution with No Inflammatory Cells

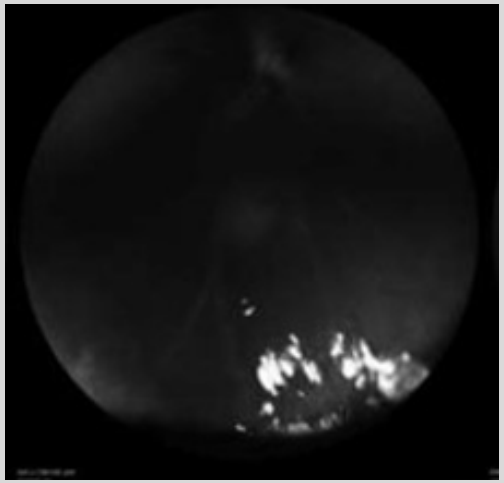
Histology of Ocular Tissues from 0.7 mg OTX-TKI in NHPs



Microscopic Findings

White, refractile, basophilic, granular axitinib in the vitreous

No inflammatory cells in vitreous, retina, or AC



From NHP Toxicity Study, not human picture

OCULAR THERAPEUTIX Retina experience redefined™

Data on File 043. Ocular Therapeutix; 2026
AC, anterior chamber; NHP, non-human primates

OTX-TKI is Designed for Seamless, Immediate Adoption

Ideal Target Product Profile

Pan-VEGF and PDGF inhibitory activity[1]

Axitinib has best-in-class (TKI) potency[1]

Extended durability up to 12 months[2]

Single Bioresorbable Hydrogel

No remnants[3]

Tunable hydrogel[4]

Hydrogel used in over 5 million patients[5]

Optimizing for Retina Practices

Familiar IVT injection with **25g needle**[6]

Predictable schedule for patients[2]

Designed for **improved treatment adherence**[2]

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OCULAR THERAPEUTIX Retina experience redefined™

1. Gross-Goupil M, et al. *Clin Med Insights Oncol*. 2013;7:269-277. 2. Eichenbaum, DA, et al. American Academy of Ophthalmology Annual Meeting; October 18-21, 2024; Chicago, IL. 3. Data on File 044. Ocular Therapeutix. 2026.. 4. Blizzard CD, et al. Ocular Implant Containing a Tyrosine Kinase Inhibitor. US Patent 11,439,592 B2. September 13, 2022. 5. Stuart M. Instylla: An easy, predictable, and simpler way to embolize tumors. MedTech Strategist. 2021.. 6. Almony A. *Am J Manag Care*. 2023;29(suppl 6):S81-S89 .
VEGF, vascular endothelial growth factor; PDGF, platelet-derived growth factor; IVT, intravitreal.

SOL-1: Results

Darius Moshfeghi, MD

SOL: OTX-TKI Phase 3 Clinical Program in nAMD

Evaluating the efficacy, durability and safety of OTX-TKI in nAMD

Registrational Trials

SOL-1

Phase 3
Superiority Trial

Durability of a single OTX-TKI injection

SOL-R

Phase 3
Non-Inferiority Trial

Repeat dosing every 6 months

Complementary studies designed to provide a comprehensive characterization of OTX-TKI across patient populations

Extension Study

SOL-X

Open-Label Extension

Long-term safety and disease modifying potential of continuous VEGF suppression

Eligible patients who complete end of Year 2 visit in SOL-1 or SOL-R

OCULAR THERAPEUTIX Retina experience redefined

nAMD, neovascular age-related macular degeneration; VEGF, vascular endothelial growth factor

SOL: OTX-TKI Phase 3 Clinical Program in nAMD

Evaluating the efficacy, durability and safety of OTX-TKI in nAMD

Registrational Trials

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OCULAR THERAPEUTIX Retina experience redefined

nAMD, neovascular age-related macular degeneration; VEGF, vascular endothelial growth factor

OTX-TKI Evaluated in a Superiority nAMD Trial Designed to Align with FDA Guidance

	FDA Guidance for nAMD Trials	SOL-1 Trial Design
Dosing Schedule	**One comparator arm should have the same dosing schedule** as the investigational drug[1]	**Both study arms have same dosing schedule**
Sham Injections	**Sham injections are not recommended;** considered inadequate masking[2,3]	**No sham injections**
Superiority Endpoint	**≥15-Letter**[1] **Decrease** OR **Increase** OR **Difference**	**≥15-Letter Decrease** Proportion with <15 ETDRS letters of BCVA loss from baseline at Week 36

SOL-1

- Compares a single OTX-TKI (0.45 mg) dose to a single aflibercept (2 mg) dose
- Designed to show superiority on efficacy and durability
- SOL-1 is being conducted under a **Special Protocol Assessment**

OCULAR THERAPEUTIX Retina experience redefined

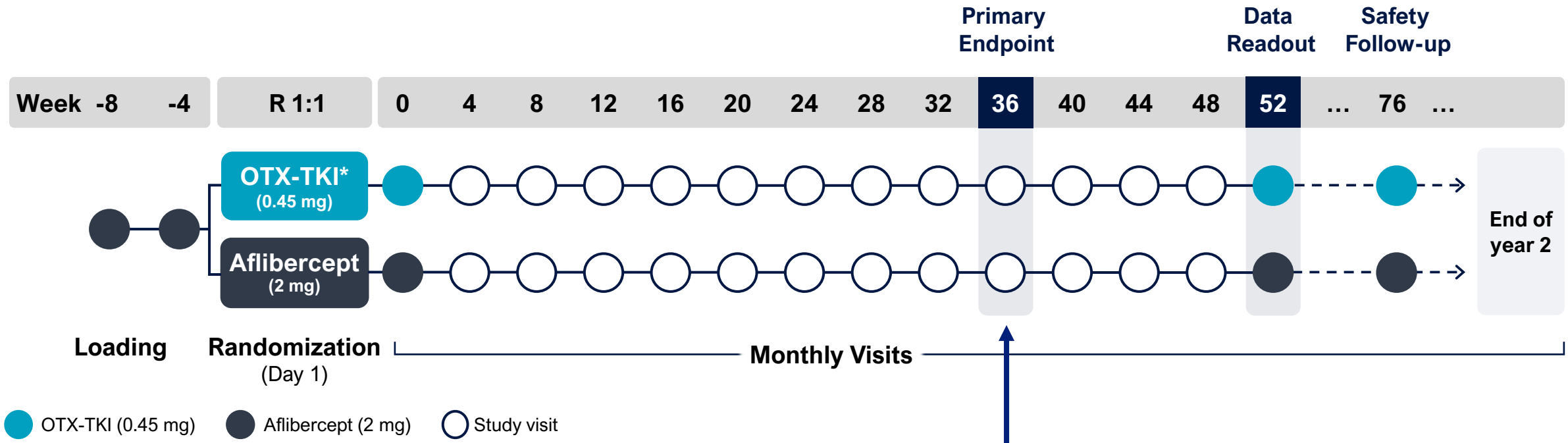
ClinicalTrials.gov. identifier: NCT06223958

1. U.S. Food and Drug Administration. *Neovascular AMD: Developing Drugs for Treatment Guidance for Industry*. Updated February 2023. Accessed April 1, 2026. https://www.fda.gov/regulatory-information/search-fda-guidance-documents/neovascular-age-related-macular-degeneration-developing-drugs-treatment. 2. Type C WRO [written response only] Aug 2024. **3.** Weiss J, Boyd B, Event: Q&A with FDA, at the American Academy of Ophthalmology Annual Meeting, October 20, 2024

BCVA, best-corrected visual acuity; ETDRS, early treatment diabetic retinopathy study; nAMD, neovascular age-related macular degeneration

Study Design: OTX-TKI and Aflibercept Direct Comparison

SOL-1



Rescue Treatment Criteria

BCVA loss ≥15 ETDRS letters from baseline due to nAMD

— OR —

New macular hemorrhage that would likely lead to irreversible vision loss if left untreated in the opinion of the investigator after discussion with Medical Monitor

Primary Endpoint (Week 36)

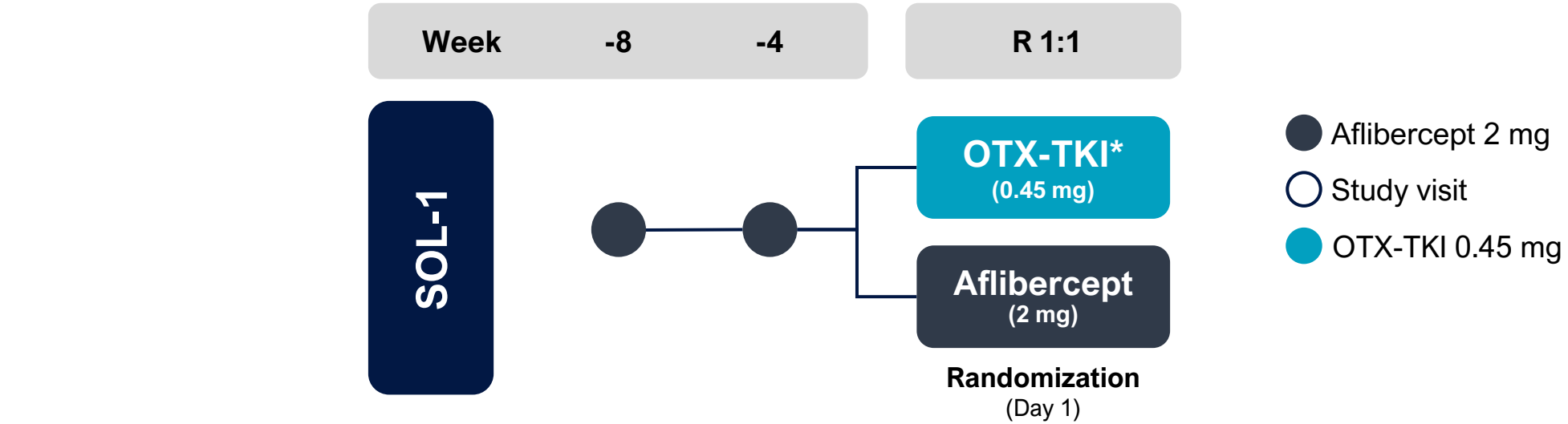
Proportion of subjects who maintained visual acuity, defined as <15 ETDRS letters of BCVA loss from baseline at Week 36

OCULAR THERAPEUTIX Retina experience redefined™

*No aflibercept injection is given at baseline
ClinicalTrials.gov. identifier: NCT06223958
BCVA, best-corrected visual acuity; ETDRS, early treatment diabetic retinopathy study

Eligibility and Enrollment Criteria

Key Inclusion Criteria



Enrollment Criteria
Screening Visit (Week -8)

Treatment naïve CNV due to nAMD

BCVA ≥54 ETDRS letters
(~20/80 Snellen equivalent)

CSFT of ≤500 µm

Randomization Criteria
Baseline Visit (Day 1)

BCVA gain ≥10 ETDRS letters

- OR -

BCVA ≥84 ETDRS letters
(~20/20 Snellen equivalent)

CSFT of ≤350 µm

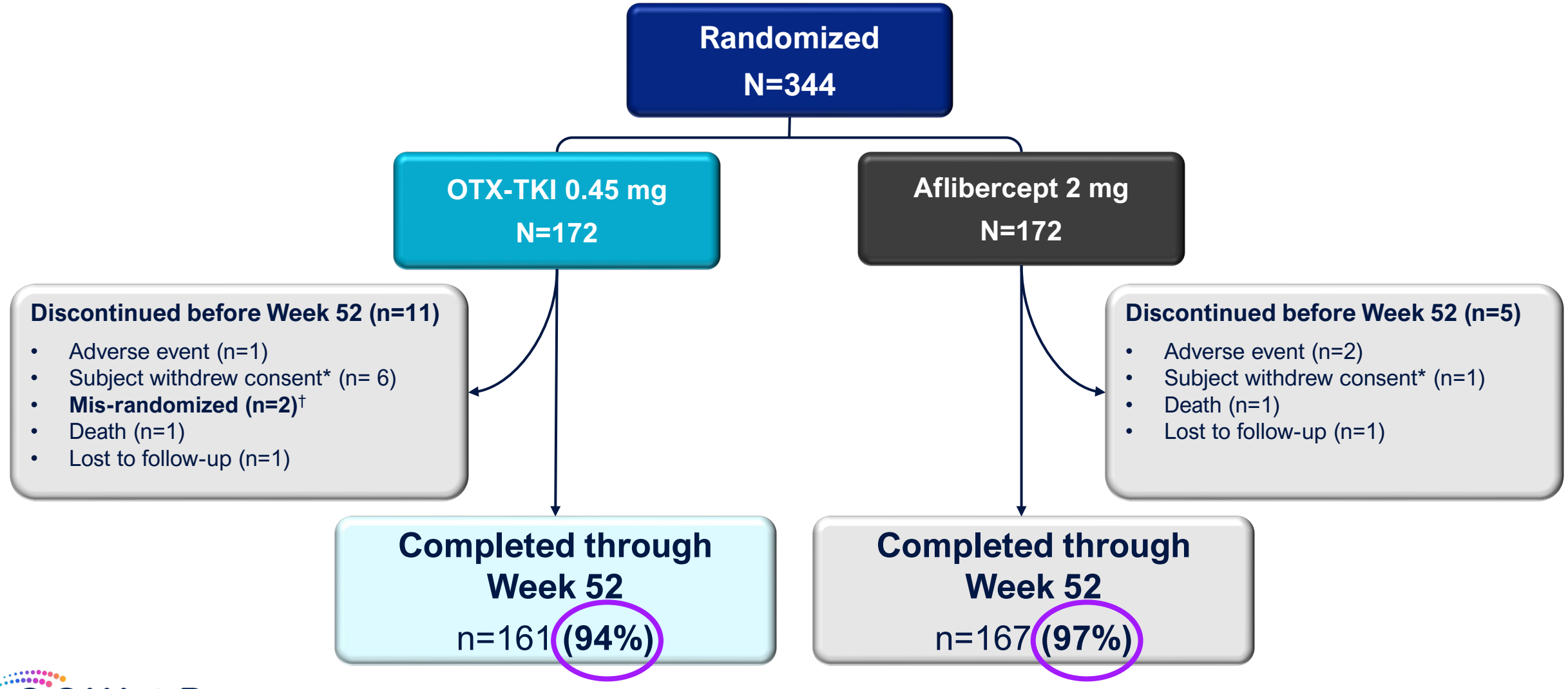
*No aflibercept injection is given at baseline

ClinicalTrials.gov. identifier: NCT06223958

CNV, choroidal neovascularization; nAMD, neovascular age-related macular degeneration; BCVA, best-corrected visual acuity; ETDRS, early treatment diabetic retinopathy study; CSFT; central subfield thickness, measured from the internal limiting membrane to the retinal pigment epithelium

Strong Subject Retention Maintained through Week 52

Subject Disposition



* Reasons included: personal reason, no reason, travel, offered another treatment at a different practice; only Day 1 completed, subject refused week 52 assessment
† Subjects did not receive study treatment and were not included in the full analysis set

Excellent Vision at Baseline; Majority Demonstrated ≥10-letter Gain from Screening

SOL-1

Best-Corrected Visual Acuity

Screening Visit *(Week -8)*

Study Eye Characteristics	OTX-TKI 0.45 mg N = 172	Aflibercept 2 mg N = 172
BCVA, ETDRS letter score, mean (SD) Snellen Equivalent	70.9 (11.3) ~20/40	69.5 (10.8) ~20/40

Baseline *(Randomization)*

Study Eye Characteristics	OTX-TKI 0.45 mg N = 172	Aflibercept 2 mg N = 172
BCVA, ETDRS letter score, mean (SD) Snellen Equivalent	80.8 (7.6) ~20/25	79.2 (7.9) ~20/25
Change from Screening to Baseline, n (%) ≥ 10 ETDRS letter gain ≥84 ETDRS letters (~20/20)	 107 (62.9) 63 (37.1)	 114 (67.1) 56 (32.9)

OCULAR THERAPEUTIX Retina experience redefined™

BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study; SD, standard deviation.

Anatomic Improvement Observed After Two Aflibercept Injections

Central Subfield Thickness

Screening Visit *(Week -8)*

Study Eye Characteristics	OTX-TKI 0.45 mg N = 172	Aflibercept 2 mg N = 172
BCVA, ETDRS letter score, mean (SD) Snellen Equivalent	70.9 (11.3) ~20/40	69.5 (10.8) ~20/40
CSFT, µm, mean (SD)	303.6 (72.5)	302.7 (78.3)

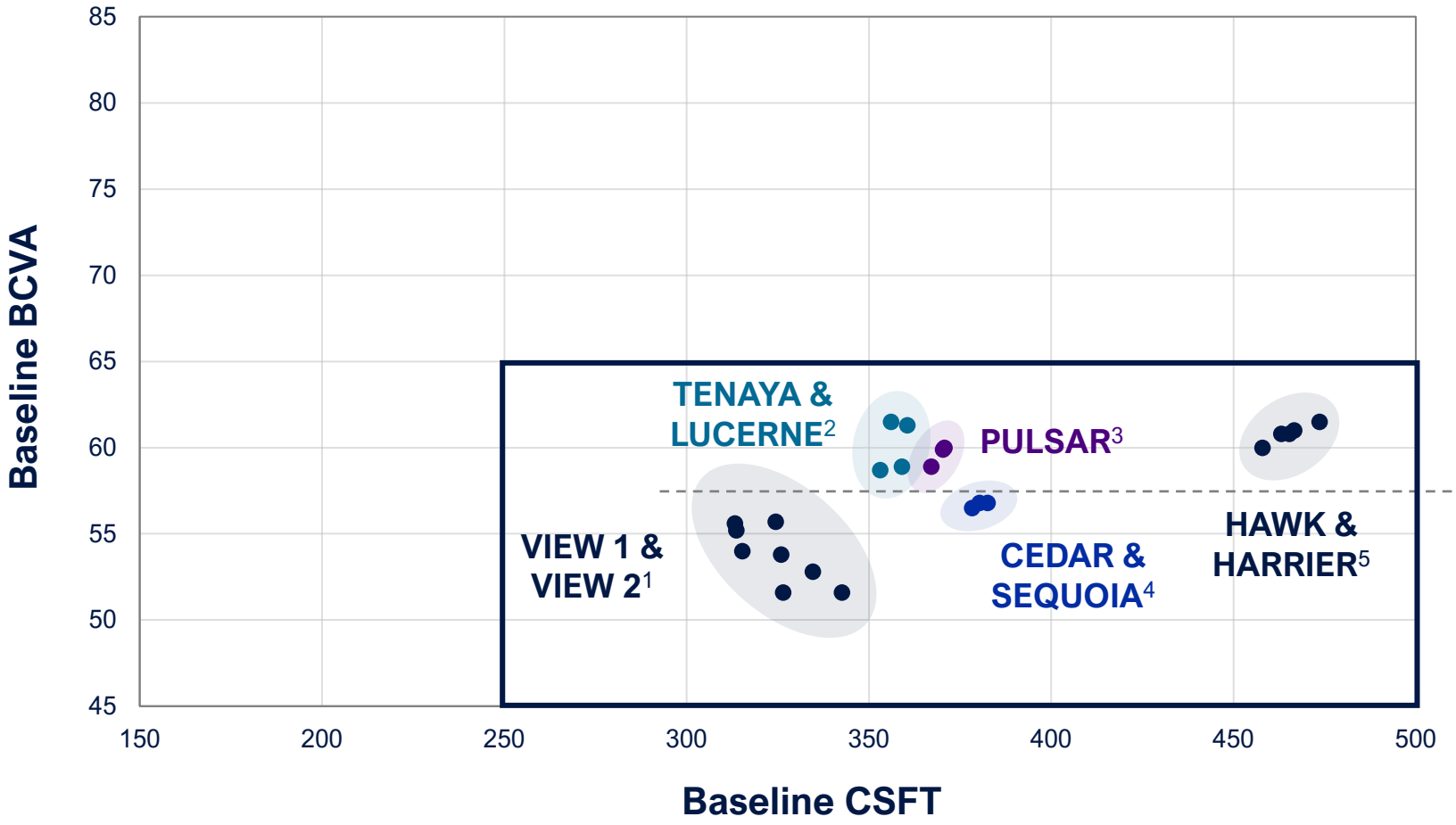
Baseline *(Randomization)*

Study Eye Characteristics	OTX-TKI 0.45 mg N = 172	Aflibercept 2 mg N = 172
BCVA, ETDRS letter score, mean (SD) Snellen Equivalent	80.8 (7.6) ~20/25	79.2 (7.9) ~20/25
CSFT, µm, mean (SD)	219.3 (37.1)	226.8 (42.1)

BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study; CSFT, central subfield thickness, measured from the internal limiting membrane to the retinal pigment epithelium; SD, standard deviation

SOL-1 Evaluates a Distinct nAMD Cohort with Excellent Baseline Vision

Baseline BCVA Across nAMD Trials



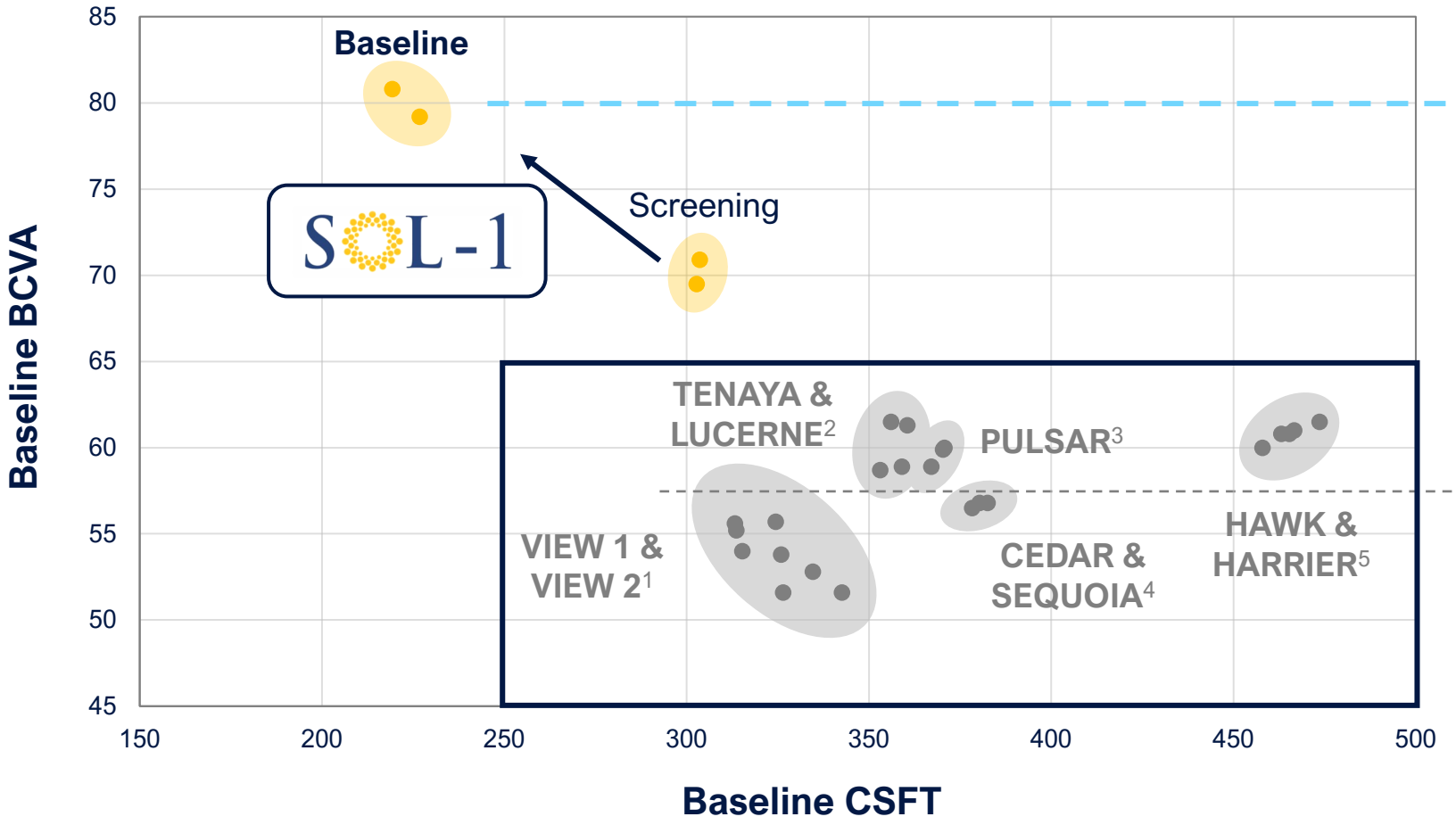
nAMD Trials
mean BCVA: **52 to 62 letters (~20/100 to 20/60)**

OCULAR THERAPEUTIX Retina experience redefined

1. Heier JS, et al. *Ophthalmology*. 2012;119(12):2537-2548. 2. Heier JS, et al. *Lancet*. 2022;399(10326):729-740. 3. Lanzetta P, et al. *Lancet*. 2024;403(10432):1141-1152. 4. Kunimoto D, et al. *Ophthalmology*. 2020;127(10):1331-1344. 5. Dugel PU, et al. *Ophthalmology*. 2020;127(1):72-84.
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; nAMD, neovascular age-related macular degeneration

SOL-1 Evaluates a Distinct nAMD Cohort with Excellent Baseline Vision

Baseline BCVA Across nAMD Trials



SOL-1
mean BCVA: **81 letters (~20/25)**
mean CSFT: **219 µM**

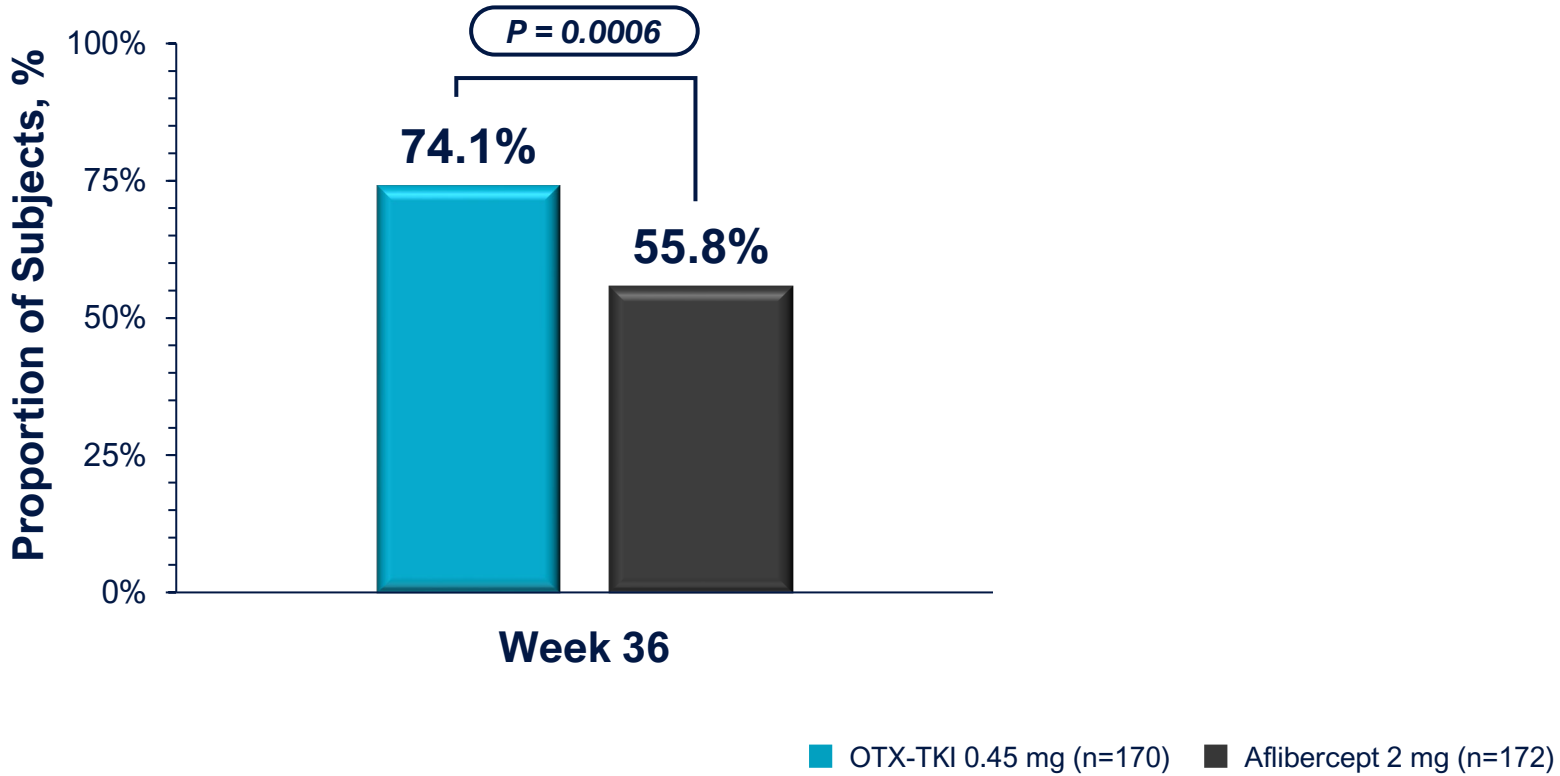
nAMD Trials
mean BCVA: **52 to 62 letters (~20/100 to 20/60)**

OCULAR THERAPEUTIX Retina experience redefined

1. Heier JS, et al. *Ophthalmology*. 2012;119(12):2537-2548. 2. Heier JS, et al. *Lancet*. 2022;399(10326):729-740. 3. Lanzetta P, et al. *Lancet*. 2024;403(10432):1141-1152. 4. Kunimoto D, et al. *Ophthalmology*. 2020;127(10):1331-1344. 5. Dugel PU, et al. *Ophthalmology*. 2020;127(1):72-84.
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; nAMD, neovascular age-related macular degeneration

Primary Endpoint Successfully Met

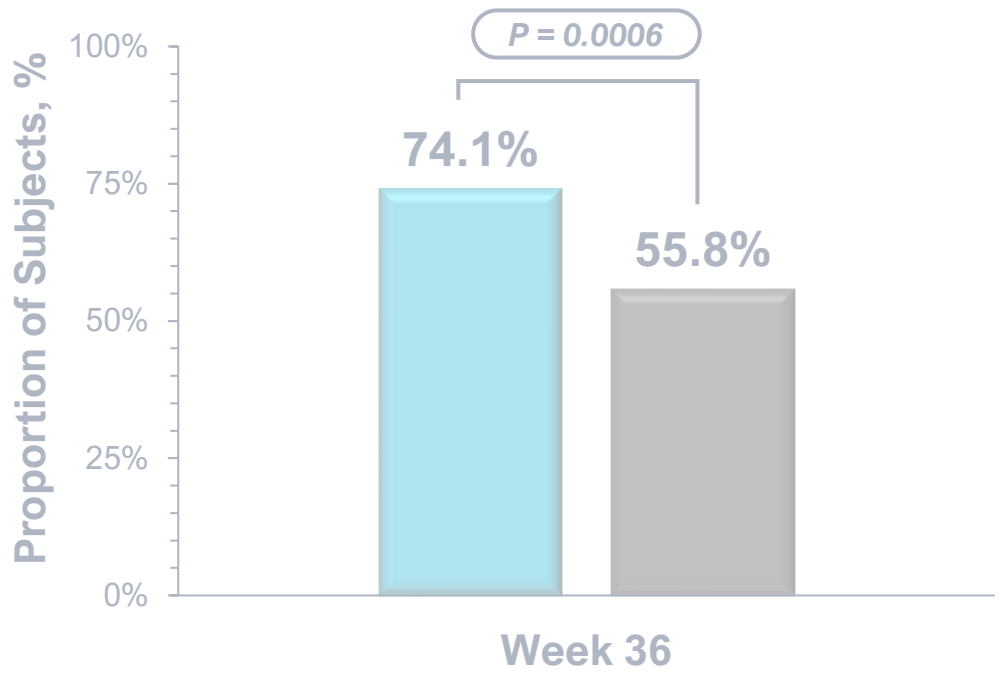
Statistically Significant Higher Proportion of Subjects Maintained Visual Acuity* with OTX-TKI vs. Aflibercept 2 mg at Week 36

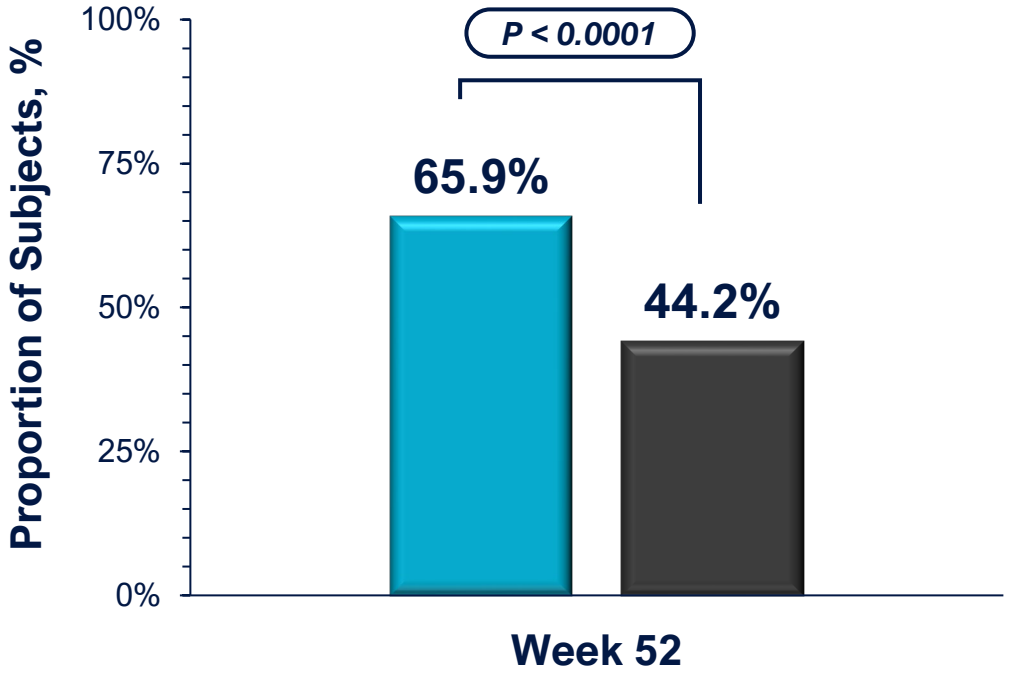


*Maintenance of vision defined as proportion of subjects who maintain visual acuity, a loss of <15 ETDRS letters of BCVA from baseline

Difference in Proportion of Subjects Maintaining Visual Acuity Sustained Through Week 52

Key Secondary Endpoint: Maintenance of Visual Acuity* at Week 52



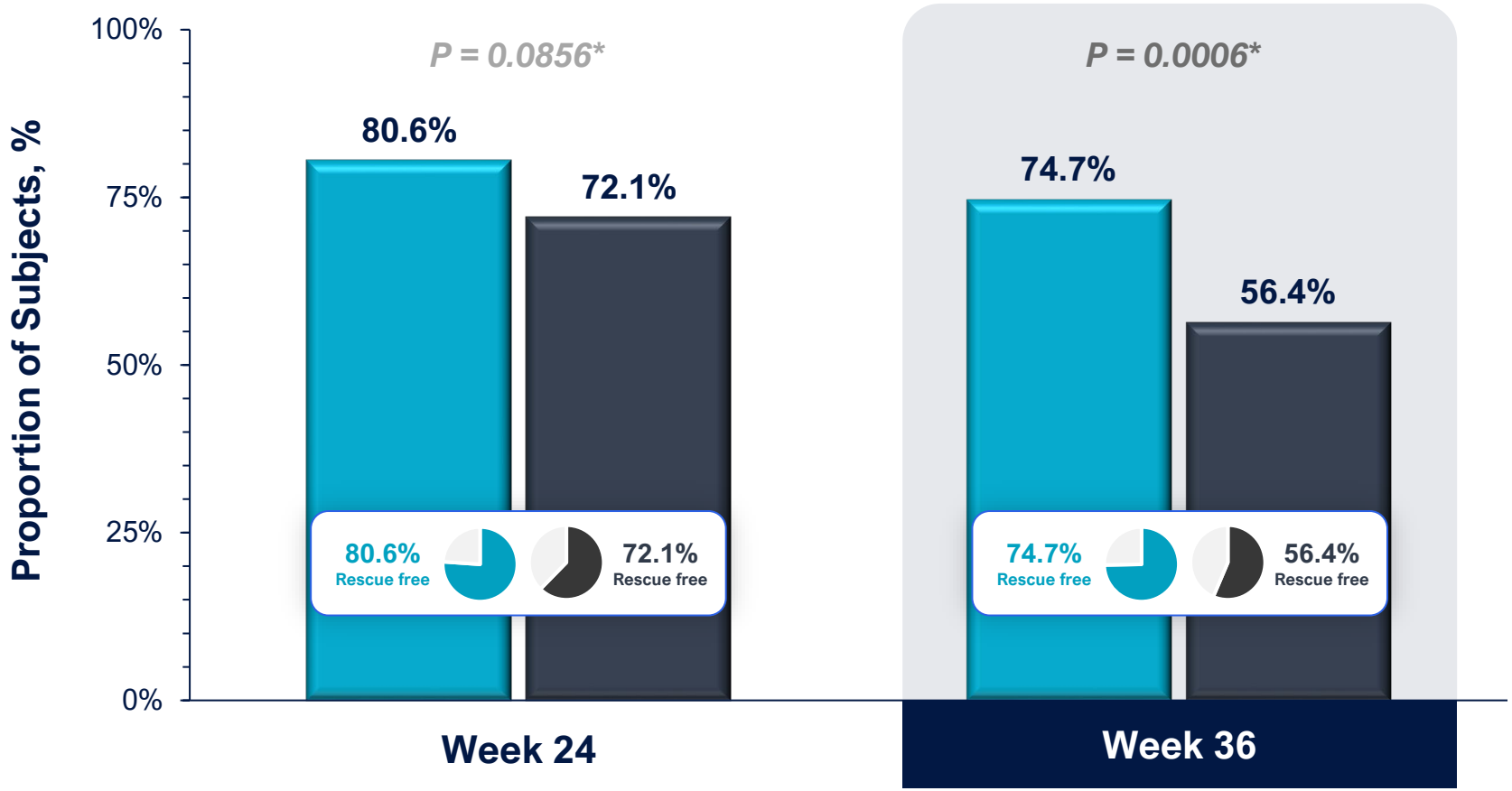


OTX-TKI 0.45 mg (n=170) Aflibercept 2 mg (n=172)

*Maintenance of vision defined as proportion of subjects who maintain visual acuity, a loss of <15 ETDRS letters of BCVA from baseline

Most Subjects (~75%) in the OTX-TKI Arm Did Not Receive Rescue Injections at Week 36

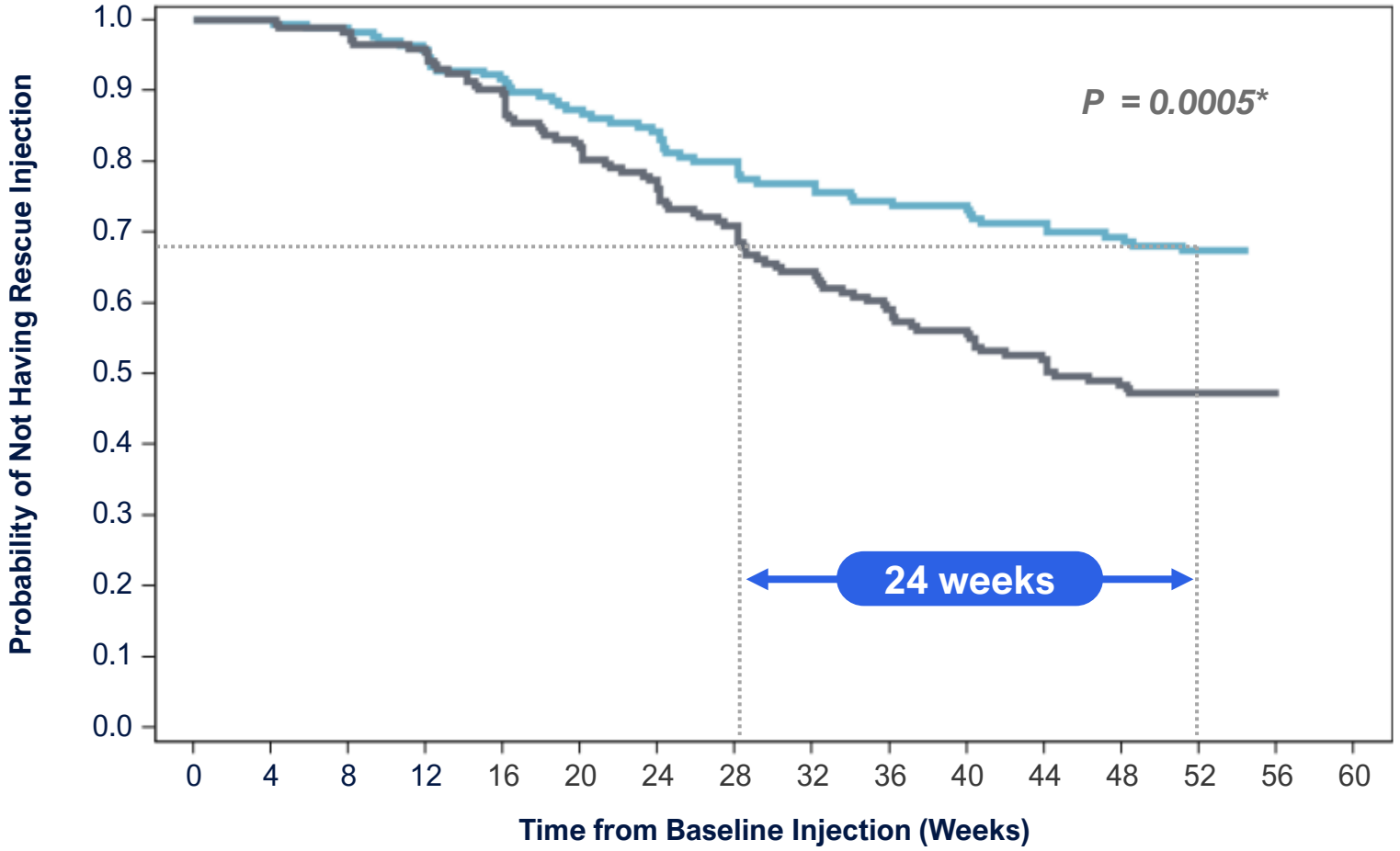
Post Hoc Analysis: Proportion of Rescue-Free Subjects



At Week 52, the proportion of rescue-free subjects was 68.8% in the OTX-TKI arm and 47.7% in the aflibercept 2mg arm
Rescue-free subjects include those who did not require rescue injections as specified by the protocol
Full analysis set; *Descriptive p-values

OTX-TKI Extended Durability, Significantly Delaying First Rescue Injection

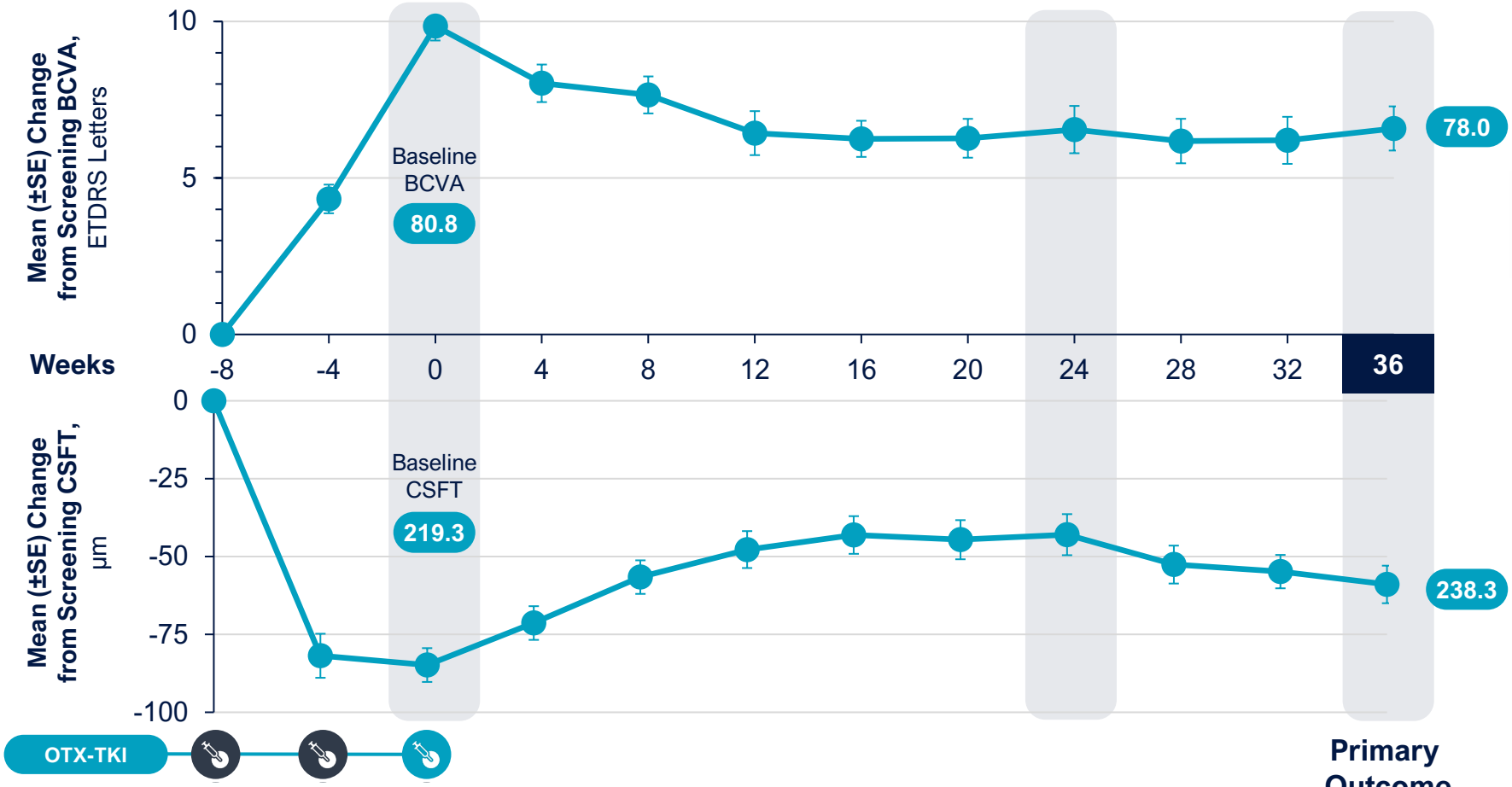
Secondary Endpoint: Time to First Rescue Treatment



Rescue-free subjects include those who did not require rescue injections as specified by the protocol
*Nominal P value

On Average, OTX-TKI Subjects Maintained Vision and Anatomy, with Most Remaining Rescue-Free

Post Hoc Analysis: Mean Change in BCVA and CSFT from Screening



74.7%
Rescue free

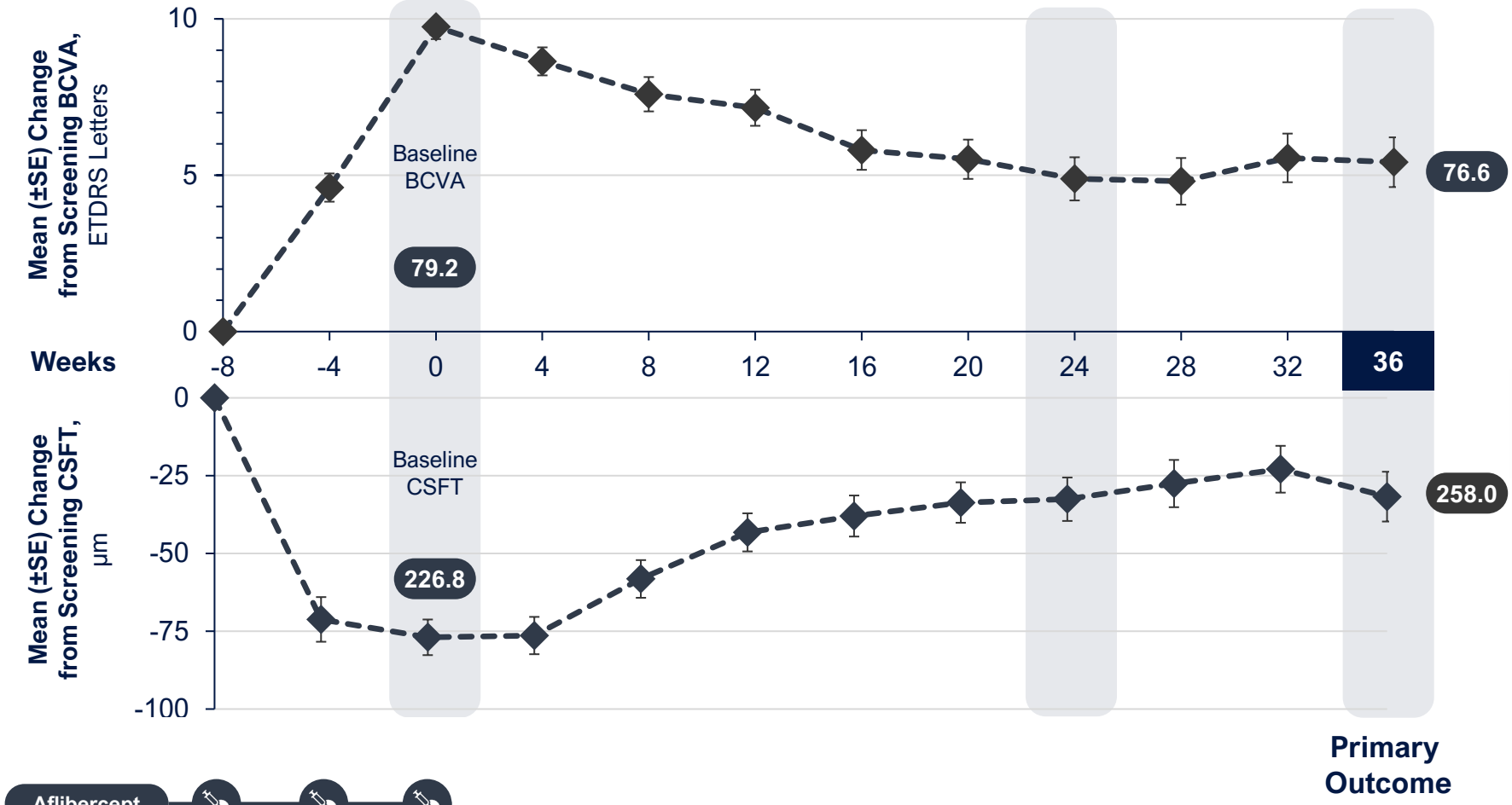
Full analysis set. For subjects who received any rescue injections, their observed BCVA and CSFT values after the 1st rescue injection are set to missing
Baseline measurements are the last non-missing measurement prior to the study drug injection on Day 1
BCVA, best-corrected visual acuity; CSFT; central subfield thickness, measured from the internal limiting membrane to the retinal pigment epithelium; ETDRS, Early Treatment Diabetic Retinopathy Study; SE, standard error

OTX-TKI 0.45 mg (n=170)
Aflibercept 2 mg (n=172)

On Average, OTX-TKI Subjects Maintained Vision and Anatomy, with Most Remaining Rescue-Free

SOL-1

Post Hoc Analysis: Mean Change in BCVA and CSFT from Screening



Aflibercept

Full analysis set. For subjects who received any rescue injections, their observed BCVA and CSFT values after the 1st rescue injection are set to missing

Baseline measurements are the last non-missing measurement prior to the study drug injection on Day 1

BCVA, best-corrected visual acuity; CSFT; central subfield thickness, measured from the internal limiting membrane to the retinal pigment epithelium; ETDRS, Early Treatment Diabetic Retinopathy Study; SE, standard error

OCULAR THERAPEUTIX Retina experience redefined

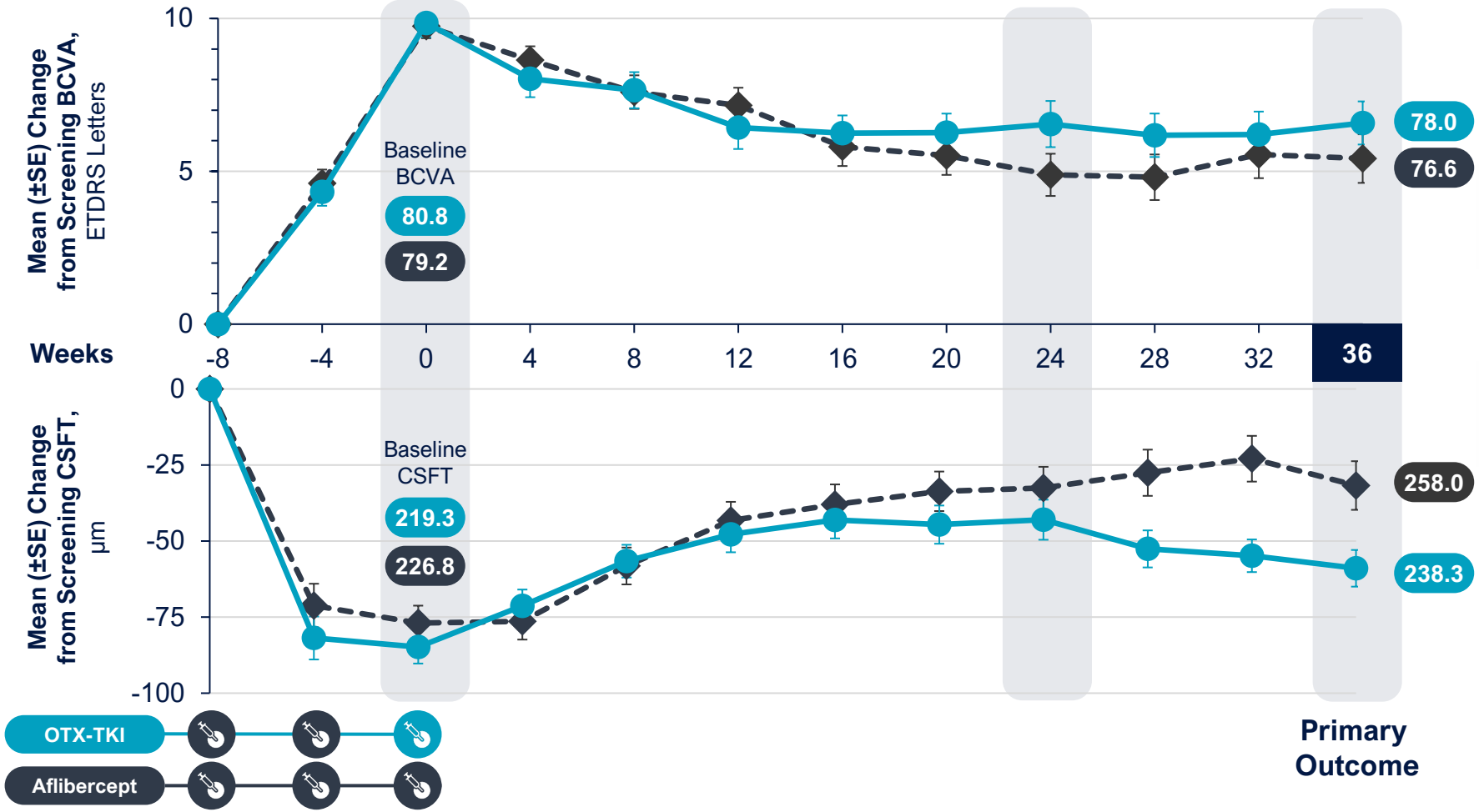
OTX-TKI 0.45 mg (n=170)

Aflibercept 2 mg (n=172)

On Average, OTX-TKI Subjects Maintained Vision and Anatomy, with Most Remaining Rescue-Free

SOL-1

Post Hoc Analysis: Mean Change in BCVA and CSFT from Screening



OCULAR THERAPEUTIX Retina experience redefined

Full analysis set. For subjects who received any rescue injections, their observed BCVA and CSFT values after the 1st rescue injection are set to missing

Baseline measurements are the last non-missing measurement prior to the study drug injection on Day 1

BCVA, best-corrected visual acuity; CSFT; central subfield thickness, measured from the internal limiting membrane to the retinal pigment epithelium; ETDRS, Early Treatment Diabetic Retinopathy Study; SE, standard error

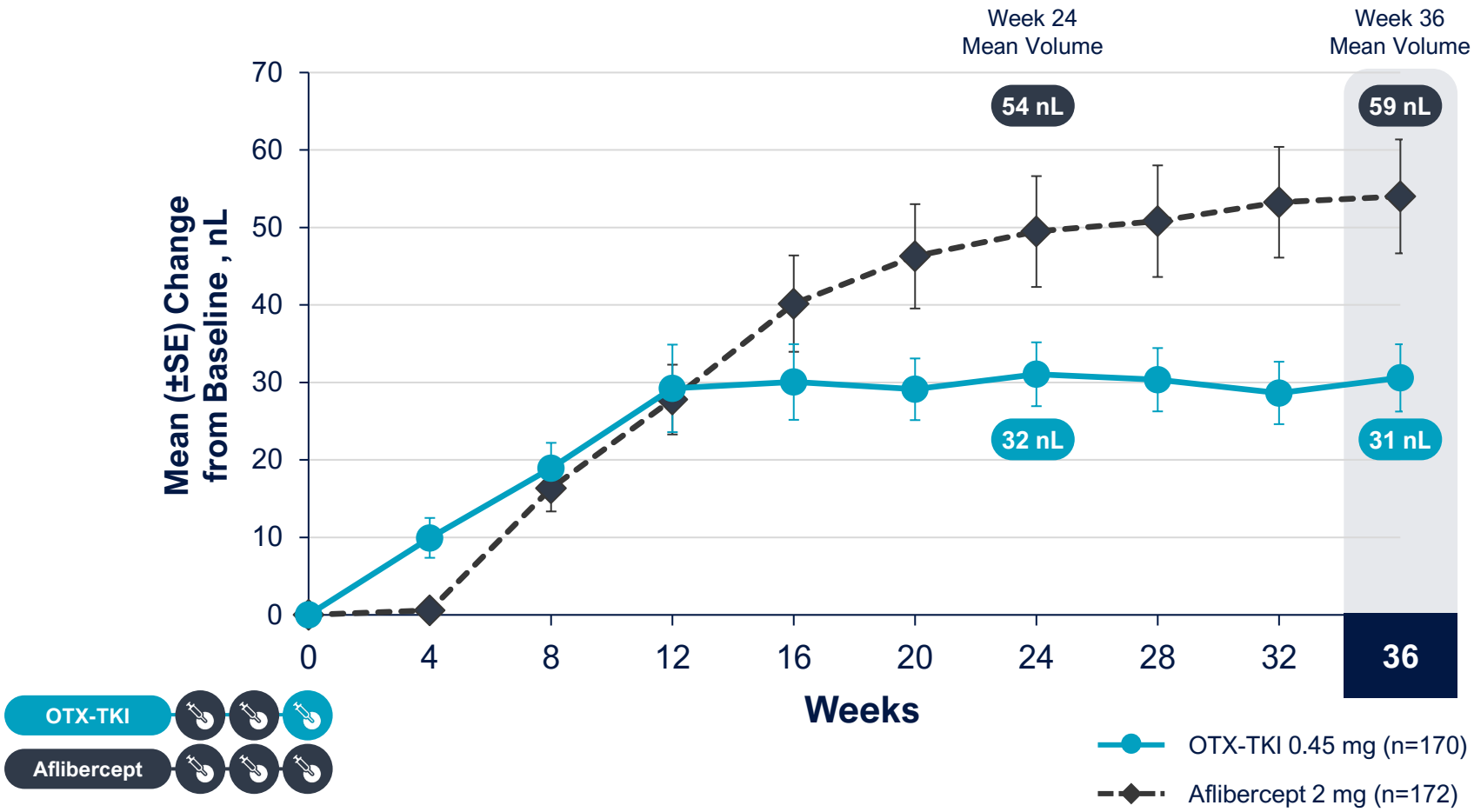
OTX-TKI 0.45 mg (n=170)

Aflibercept 2 mg (n=172)

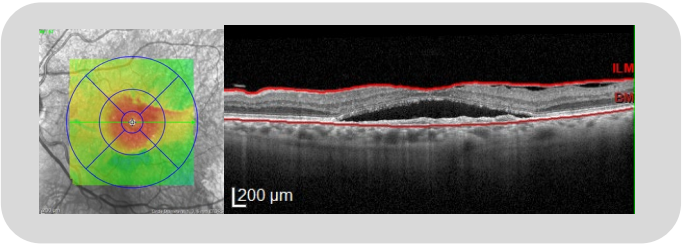
OTX-TKI Delivered Sustained Fluid Control

SOL-1

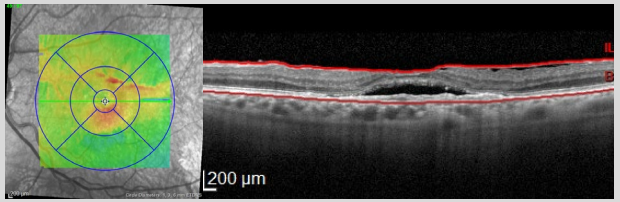
Prespecified Exploratory Analysis: Mean Change in Intra-Retinal and Sub-Retinal Fluid Volume



Total Fluid Volume: 60 nL



Total Fluid Volume: 30 nL



OCULAR THERAPEUTIX Retina experience redefined

Full analysis set
SE, standard error

No Treatment or Procedure Related SAEs

SOL-1

Non-Ocular and Ocular Adverse Events in the Study Eye

Subjects with AEs Through Week 52, n (%)	OTX-TKI 0.45 mg n = 170	Aflibercept 2 mg n = 172
Non-ocular AEs		
≥ 1 AE	84 (49.4)	73 (42.4)
≥ 1 SAE	19 (11.2)	21 (12.2)
≥ 1 treatment-related AE	0	0
≥ 1 treatment-related SAE	0	0
≥ 1 study procedure-related AE	1 (0.6)	0
≥ 1 study procedure-related SAE	0	0
AE leading to study discontinuation	3 (1.8)	3 (1.7)
AE leading to death*	2 (1.2)	1 (0.6)
Ocular AEs in the study eye		
≥ 1 AE	90 (52.9)	58 (33.7)
≥ 1 SAE†	1 (0.6)	0
≥ 1 treatment-related AE	15 (8.8)	1 (0.6)
≥ 1 treatment-related SAE	0	0
≥ 1 study procedure-related AE	15 (8.8)	7 (4.1)
≥ 1 study procedure-related SAE	0	0
Ocular AE leading to study discontinuation	0	0

OCULAR THERAPEUTIX Retina experience redefined

*Stroke (day 103); worsening of metastatic melanoma (day 319); lung cancer metastatic (day 503)

†Severe vision loss due to 3+ PSC cataract, 78 ETDRS letters at baseline, recovered to 70 ETDRS letters after cataract surgery

AE, adverse event; SAE, serious AE; PSC, posterior subcapsular cataract; ETDRS, Early Treatment Diabetic Retinopathy Study

OTX-TKI was Generally Well Tolerated

Ocular Adverse Events in the Study Eye

Subjects with Ocular AEs (> 2%) Through Week 52, n (%)	OTX-TKI 0.45 mg n = 170	Aflibercept 2 mg n = 172
Vitreous floaters	21 (12.4)	2 (1.2)
Cataract	12 (7.1)	5 (2.9)
Conjunctival hemorrhage	11 (6.5)	5 (2.9)
Retinal hemorrhage	10 (5.9)	17 (9.9)
Dry eye	7 (4.1)	2 (1.2)
Vitreous detachment	7 (4.1)	3 (1.7)
Punctate keratitis	6 (3.5)	0
Vitreous opacities	6 (3.5)	0
Eye pain	5 (2.9)	1 (0.6)
Anterior chamber opacity	4 (2.4)	0
Posterior capsule opacification	4 (2.4)	6 (3.5)

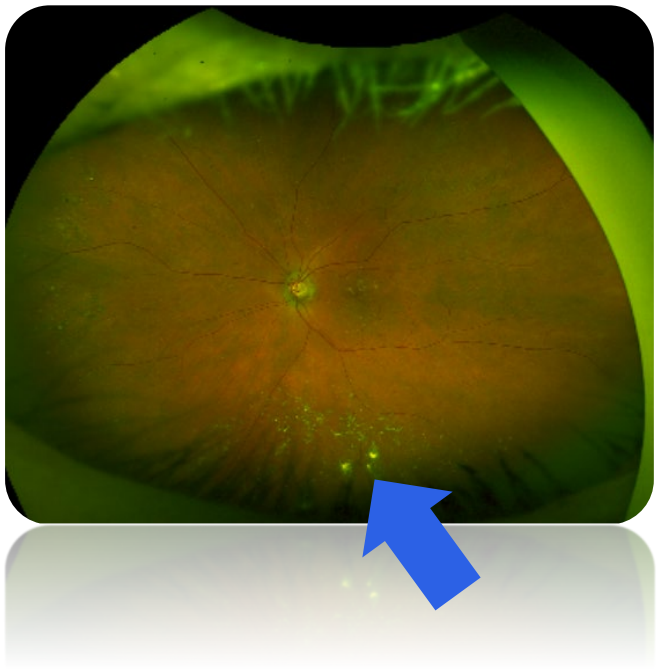
- Nine IOI events observed in study eyes of 7 subjects in the OTX-TKI arm
  - All cases were mild or moderate in severity and resolved
- **There were no cases of endophthalmitis, occlusive or non-occlusive retinal vasculitis**

AE, adverse event; IOI, intraocular inflammation

Appearance of Floaters May Correspond to Hydrogel Dissolution and Drug Elution

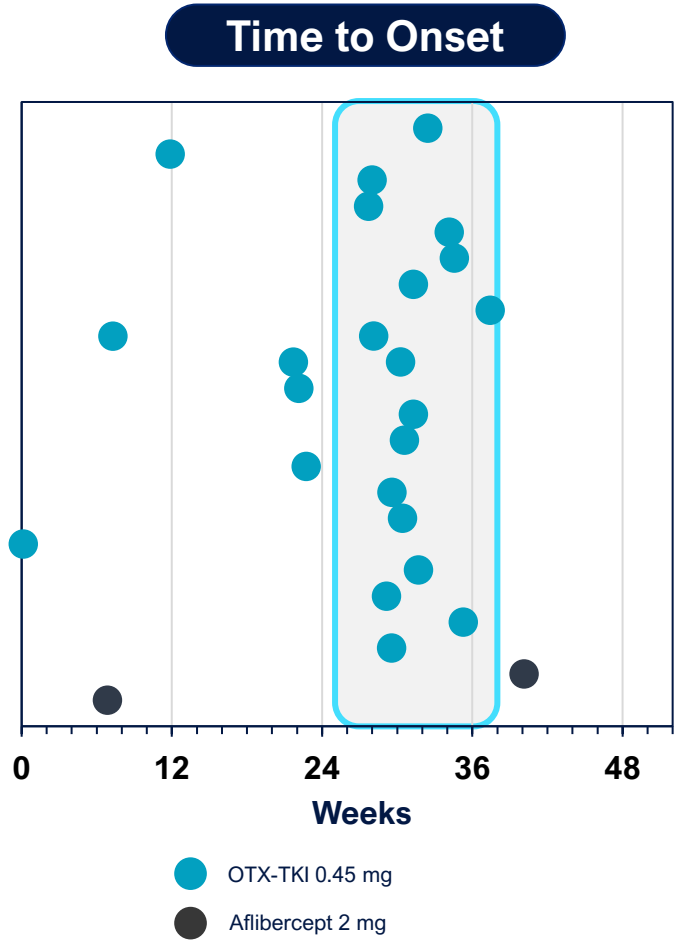
SOL-1

Evaluation of Vitreous Floaters



	OTX-TKI 0.45 mg n = 23*	Aflibercept 2 mg n = 2
Time to onset, days		
Mean (SD)	187.9 (64.0)	164.5 (164.8)
Median	207.0	164.5
BCVA change from prior visit before onset of floaters, ETDRS letters		
Mean change (SD)	-0.4 (5.0)	-5.5 (6.4)
Median change	0.0	-5.5

- All cases were mild to moderate in severity
- No evidence of IOI associated with floaters
- Onset of vitreous floaters AE coincides with drug elution stage of OTX-TKI hydrogel bioresorption process
- **For all subjects** with vitreous floaters AE reported, **drug particles are no longer visible**



OCULAR THERAPEUTIX Retina experience redefined

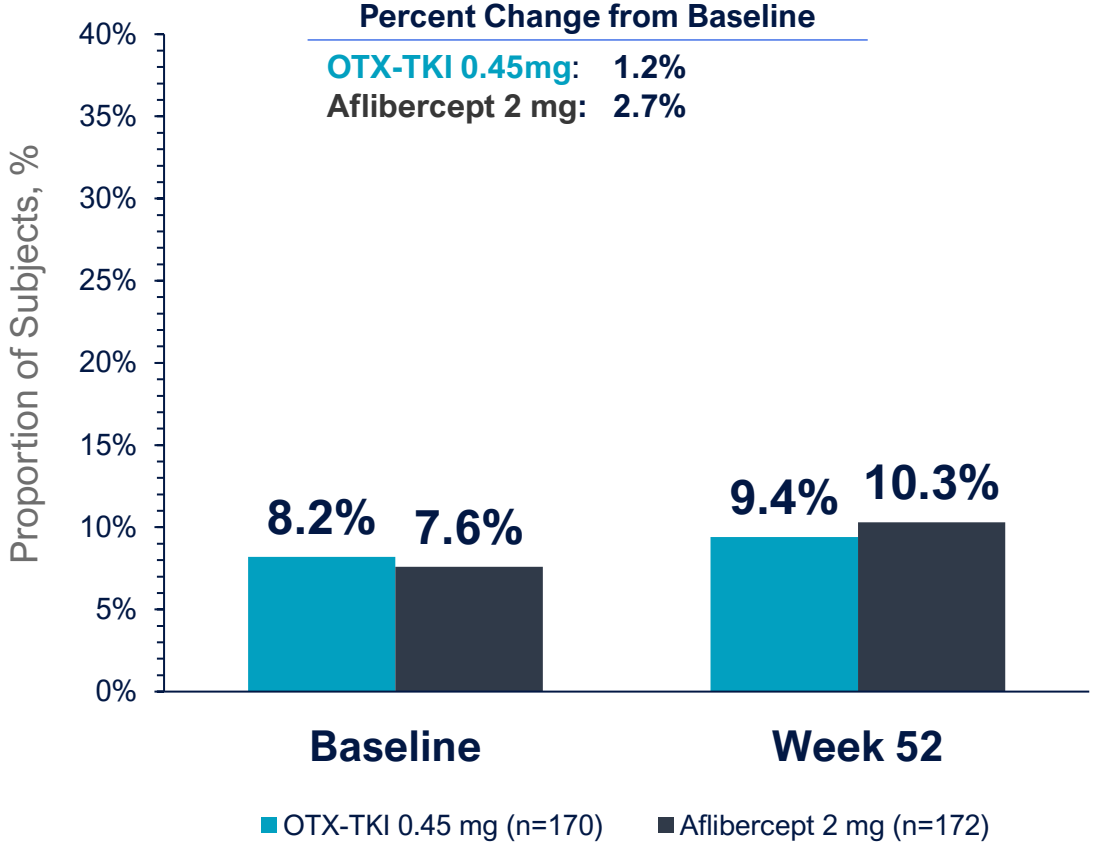
*23 events in the study eye, 21 subjects; No case observed to be associated with cataract formation
Optos images on day of onset of AE of vitreous floaters
OTK-TKI: Mean change from baseline (SD) in BCVA, -3.3 (8.2) ETDRS letters; median change from baseline, -1.0 ETDRS letters
Study is ongoing until Year 2
SD, standard deviation; BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study; AE, adverse events; IOI, intraocular inflammation

Incidence of Macular Atrophy in SOL-1

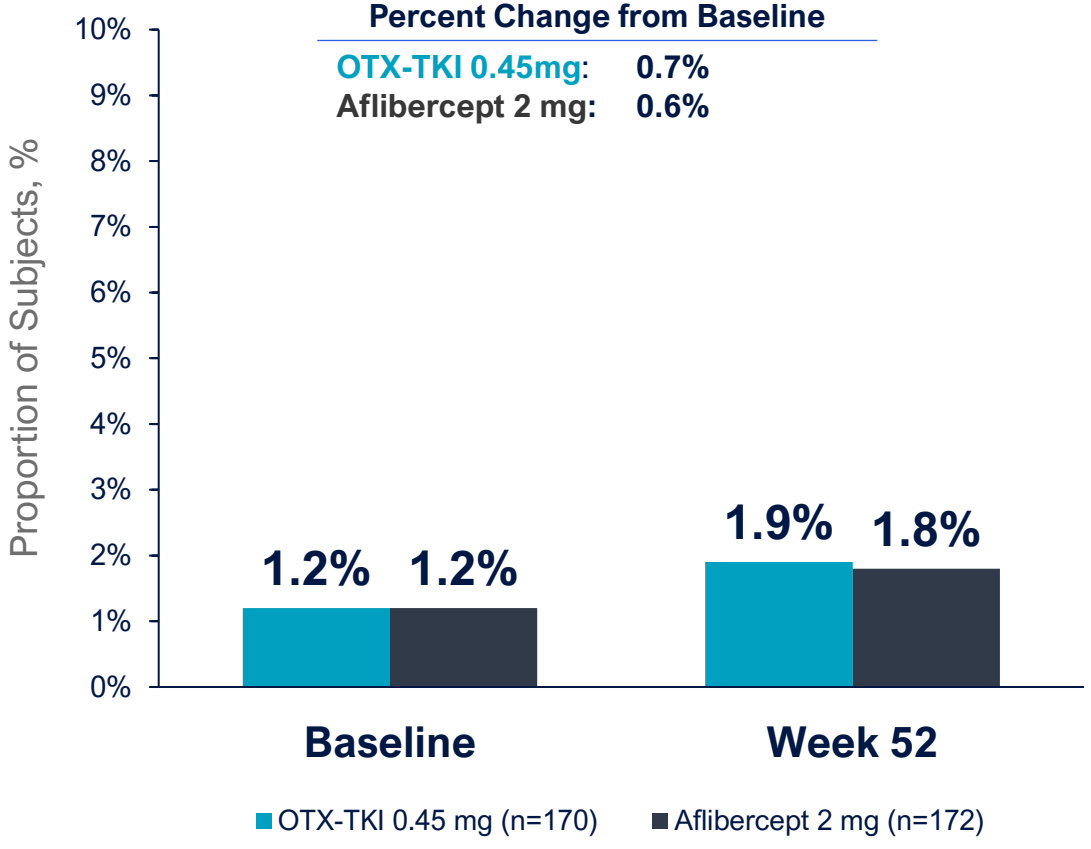
SOL-1

Safety Analysis

Any Macular Atrophy[1]



Macular Atrophy in the Central 1mm[1]



OCULAR THERAPEUTIX Retina experience redefined

[1]cRORA measured by the reading center

cRORA, complete retinal pigment epithelium and outer retinal atrophy

SOL-1 Results Demonstrate Potential Treatment Benefit of OTX-TKI

SOL-1

Superiority Primary Endpoint Successfully Met

OTX-TKI Demonstrated Superior Maintenance of Vision Compared to Aflibercept 2mg at Week 36*

First trial to demonstrate durability ≥ 9 months

In a post hoc analysis, 74.7% of subjects treated with OTX-TKI did not receive rescue treatments by Week 36

Unmatched Durability

Visual and anatomic stability with OTX-TKI

In a post hoc analysis, OTX-TKI subjects maintained visual and anatomical outcomes, with most remaining rescue-free through Week 36

Sustained Disease Control

OTX-TKI demonstrated a well-tolerated safety profile through Week 52

There were no cases of endophthalmitis, occlusive or non-occlusive retinal vasculitis

Well-Tolerated

OTX-TKI is an investigational product candidate which has not been approved by the FDA or any regulatory authority.

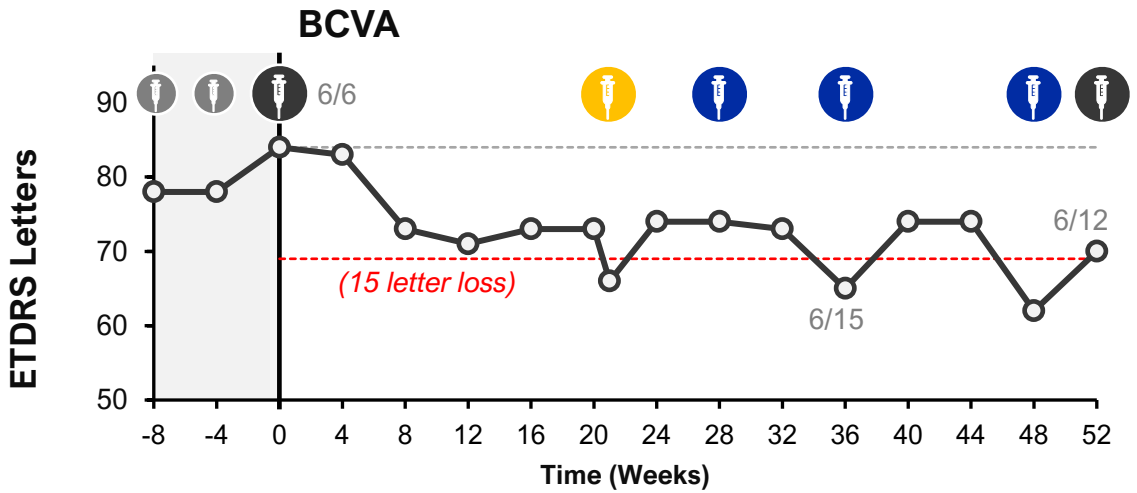
OCULAR THERAPEUTIX Retina experience redefined

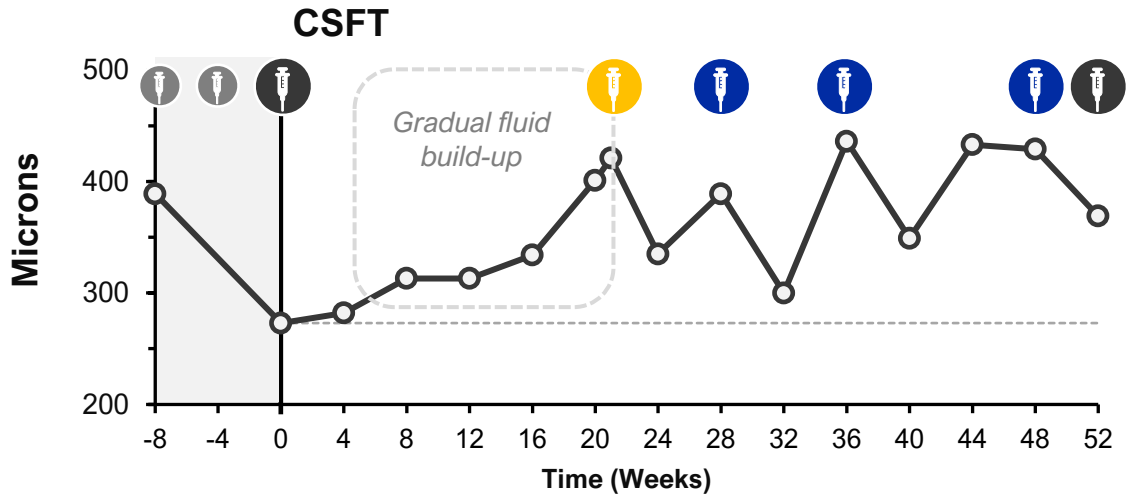
*Maintenance of vision defined as proportion of subjects who maintain visual acuity, a loss of <15 ETDRS letters of BCVA from baseline
Rescue-free subjects include those who did not require rescue injections as specified by the protocol

Clinical Evidence

Adrian Fung, MD

Aflibercept Case 1



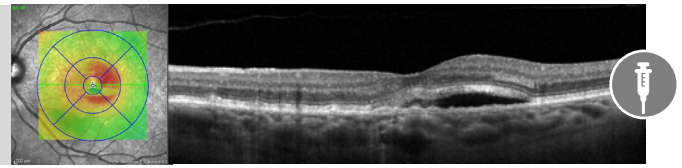
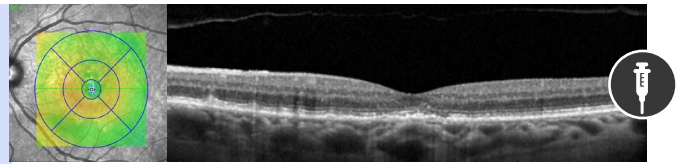
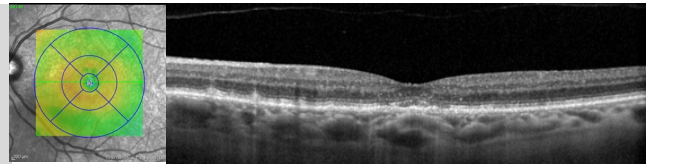
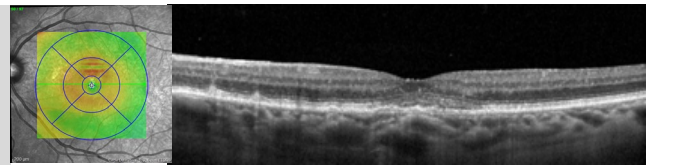
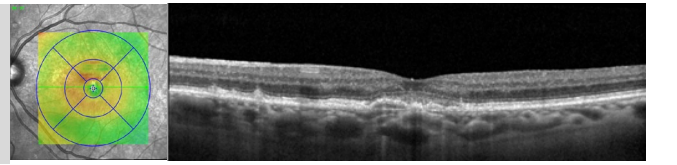
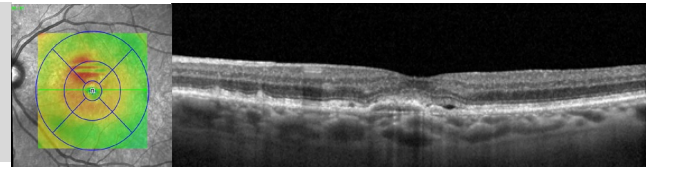
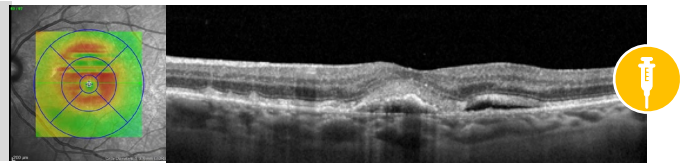


Screening Aflibercept (2mg)

Study Aflibercept (2 mg)

Per-Protocol Rescue Aflibercept (2mg)

Investigator Discretion Rescue

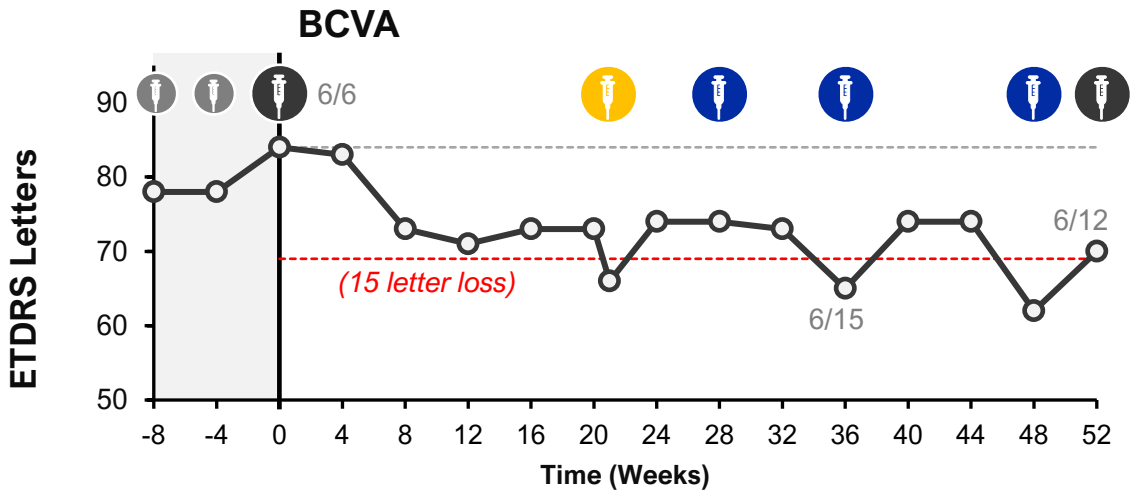
-8 Weeks	**BCVA:** 78 Ltrs **CSFT:** 389 µm	
Baseline	**BCVA:** 84 Ltrs *Metric Snellen: 6/6* **CSFT:** 273 µm	
Week 4	**BCVA (Δ):** 83 (-1) Ltrs **CSFT (Δ):** 282 (+9) µm	
Week 8	**BCVA (Δ):** 73 (-11) Ltrs **CSFT (Δ):** 313 (+40) µm	
Week 12	**BCVA (Δ):** 71 (-13) Ltrs **CSFT (Δ):** 313 (+40) µm	
Week 16	**BCVA (Δ):** 73 (-11) Ltrs **CSFT (Δ):** 334 (+61) µm	
Week 21 *unscheduled*	**BCVA (Δ):** 66 (-18) Ltrs **CSFT (Δ):** 421 (+148) µm	

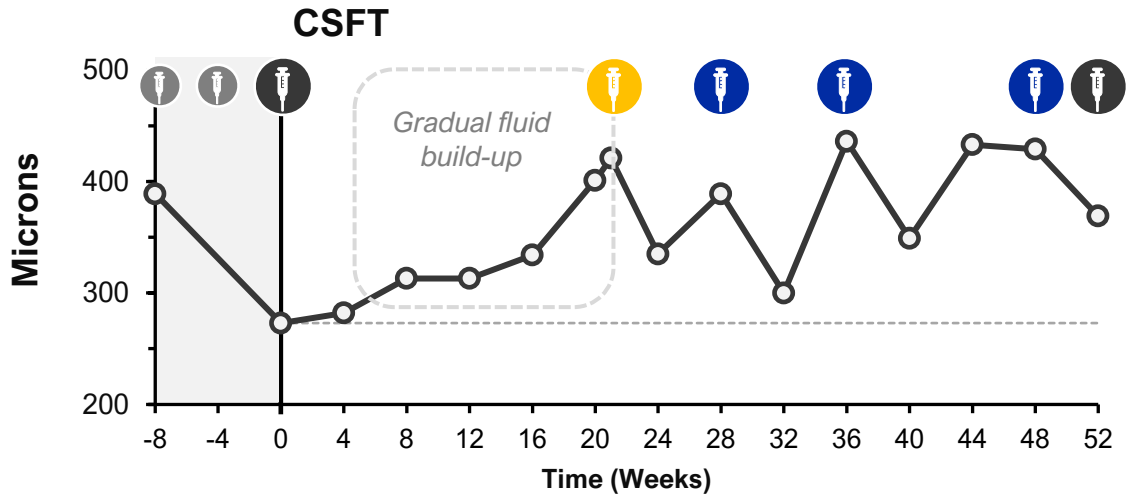
OCULAR THERAPEUTIX

Retina experience redefined

Case study of one subject; individual results may vary
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; Ltrs, letters

Aflibercept Case 1



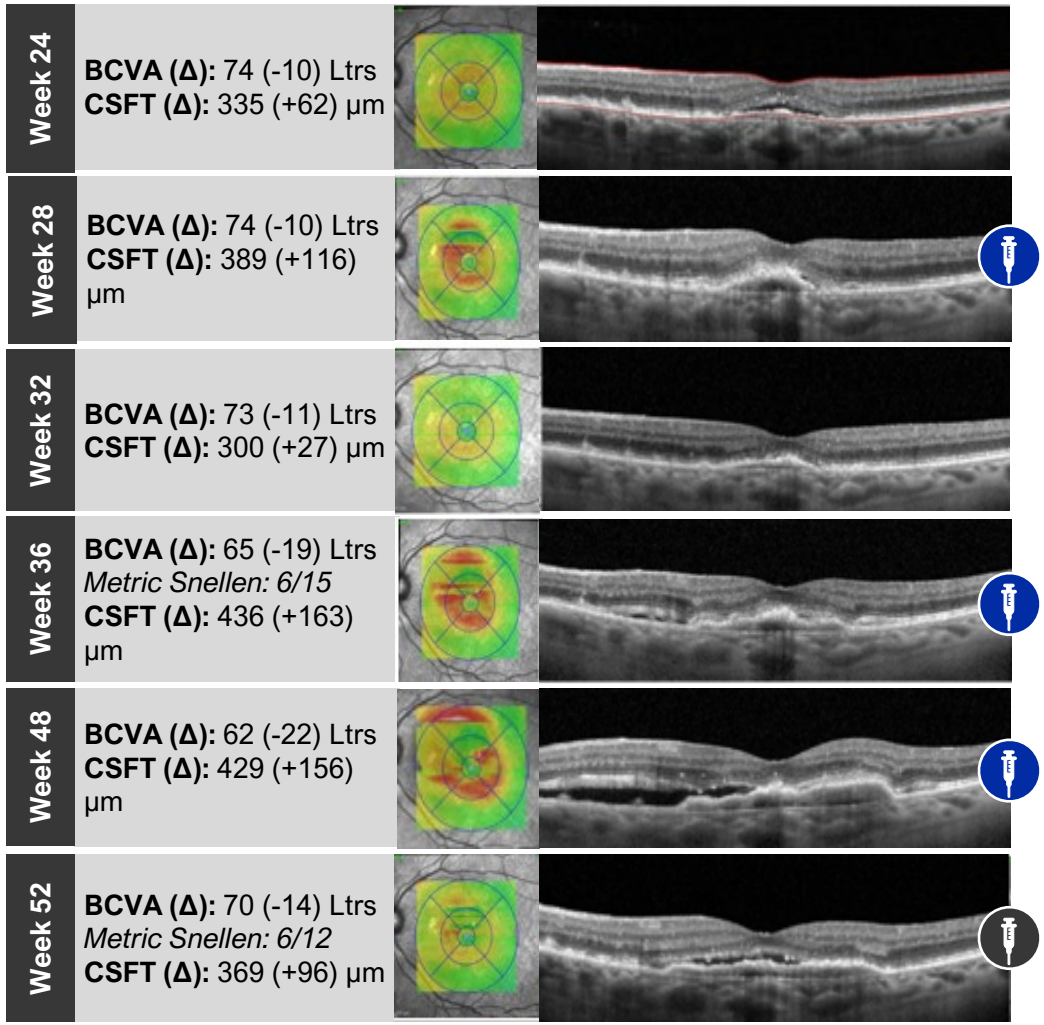


Screening Aflibercept (2mg)

Study Aflibercept (2 mg)

Per-Protocol Rescue Aflibercept (2mg)

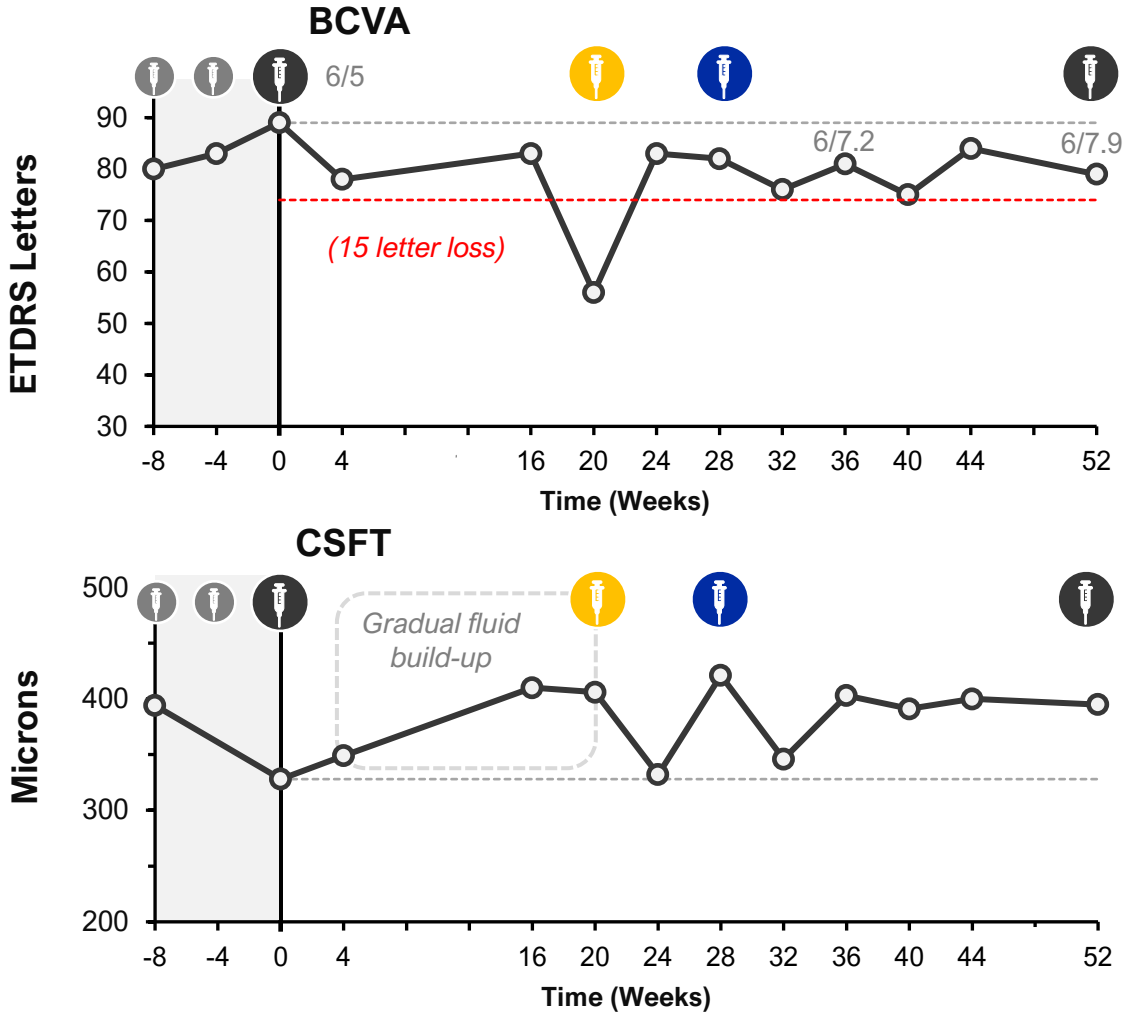
Investigator Discretion Rescue



OCULAR THERAPEUTIX Retina experience redefined

Case study of one subject; individual results may vary
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; Ltrs, letters

Aflibercept Case 2

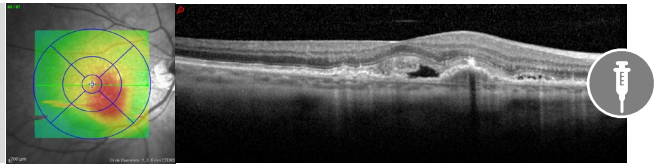
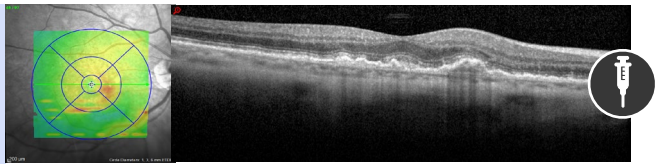
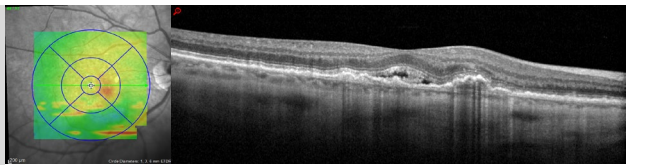
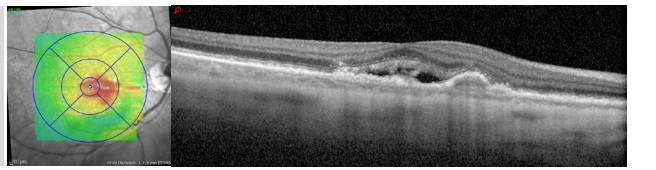
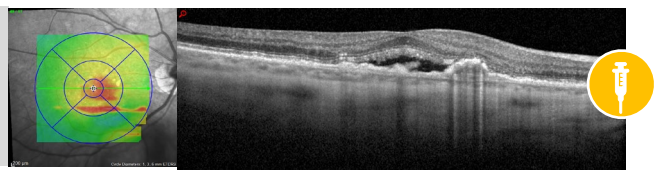
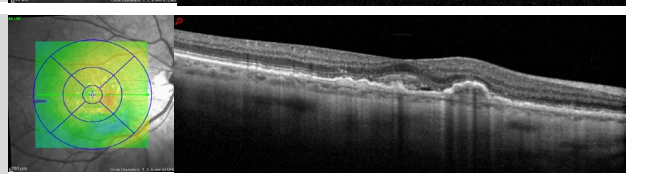
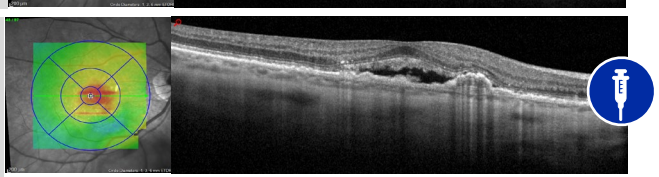
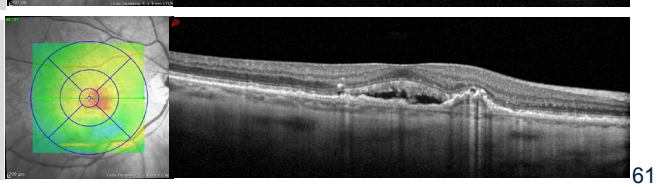


Screening Aflibercept (2mg)

Study Aflibercept (2 mg)

Per-Protocol Rescue Aflibercept (2mg)

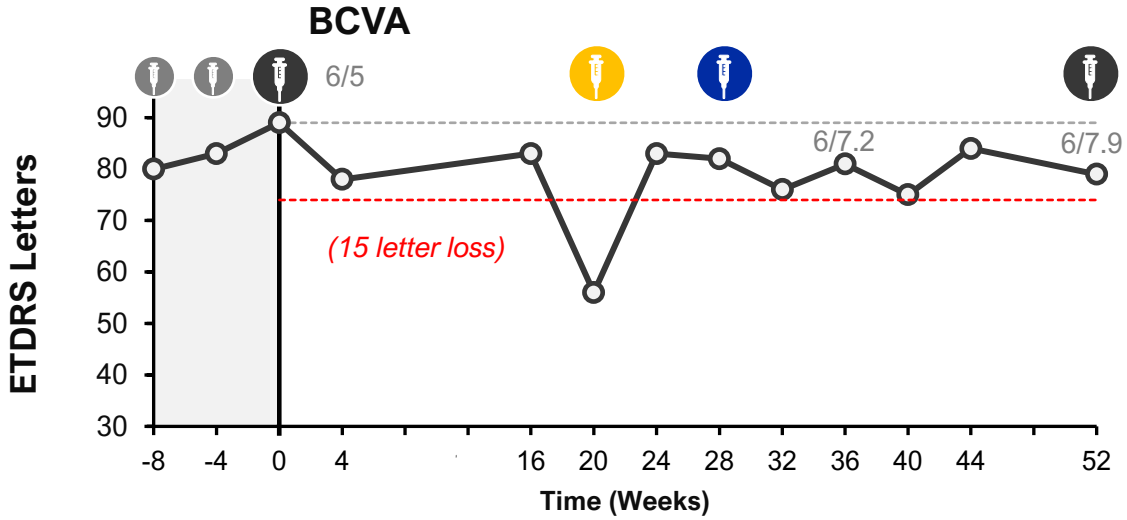
Investigator Discretion Rescue

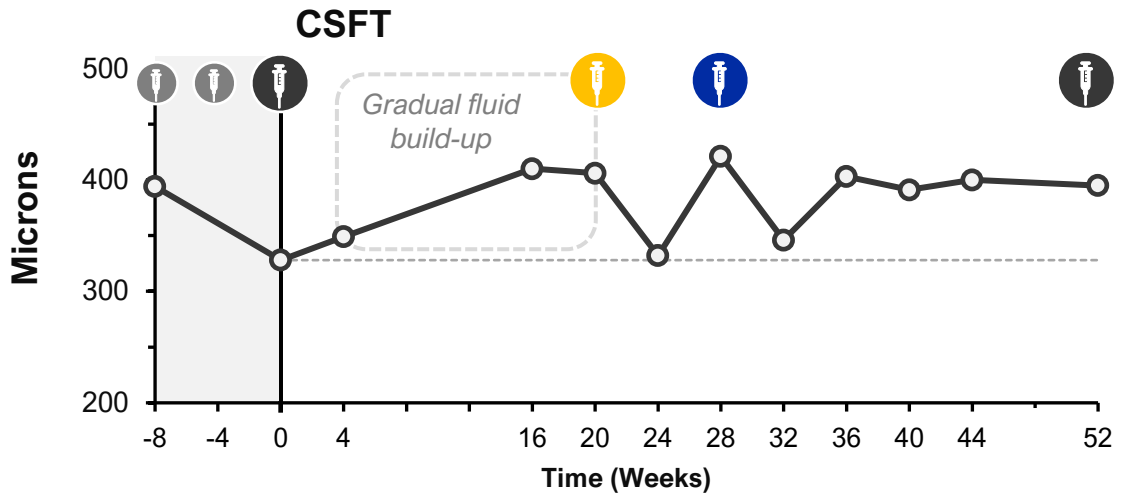
-8 Weeks	**BCVA:** 80 Ltrs **CSFT:** 394 µm	
Baseline	**BCVA:** 89 Ltrs *Metric Snellen: 6/5* **CSFT:** 328 µm	
Week 4	**BCVA (Δ):** 78 (-11) Ltrs **CSFT (Δ):** 349 (+21) µm	
Week 16	**BCVA (Δ):** 83 (-6) Ltrs **CSFT (Δ):** 410 (+82) µm	
Week 20	**BCVA (Δ):** 56 **(-33)** Ltrs **CSFT (Δ):** 406 (+78) µm	
Week 24	**BCVA (Δ):** 83 (-6) Ltrs **CSFT (Δ):** 332 (+4) µm	
Week 28	**BCVA (Δ):** 82 (-7) Ltrs **CSFT (Δ):** 421 (+93) µm	
Week 36	**BCVA (Δ):** 81(-8) Ltrs *Metric Snellen: 6/7.2* **CSFT (Δ):** 403 (+75) µm	

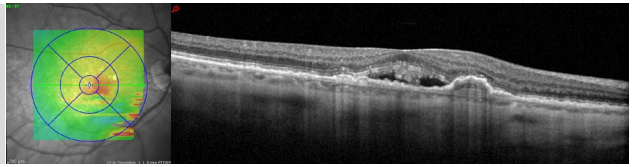
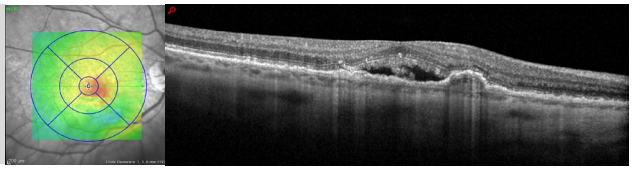
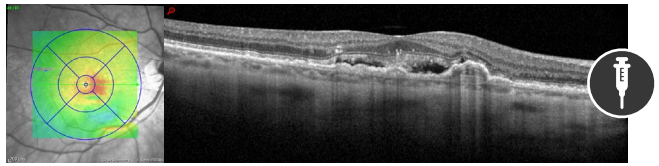
OCULAR THERAPEUTIX Retina experience redefined

Subject missed W8/W12/W48 Visits
Case study of one subject; individual results may vary
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; Ltrs, letters

Aflibercept Case 2





Week 40	**BCVA (Δ):** 75 (-14) Ltrs **CSFT (Δ):** 391 (+63) µm	
Week 44	**BCVA (Δ):** 84 (-5) Ltrs **CSFT (Δ):** 400 (+72) µm	
Week 52	**BCVA (Δ):** 79 (-10) Ltrs *Metric Snellen: 6/7.9* **CSFT (Δ):** 395 (+67) µm	

Screening Aflibercept (2mg)

Study Aflibercept (2 mg)

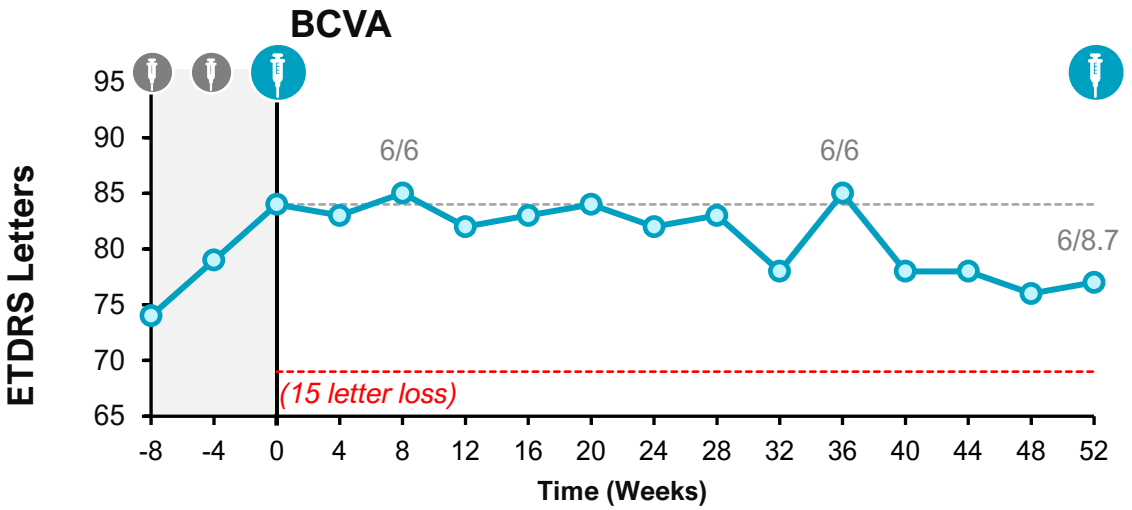
Per-Protocol Rescue Aflibercept (2mg)

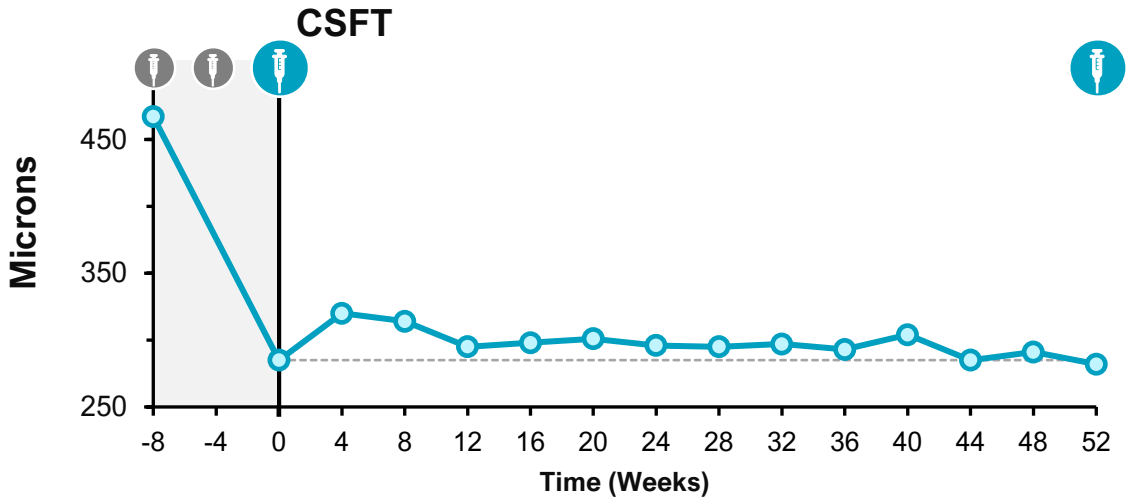
Investigator Discretion Rescue

OCULAR THERAPEUTIX Retina experience redefined

Subject missed W8/W12/W48 Visits
Case study of one subject; individual results may vary
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; Ltrs, letters

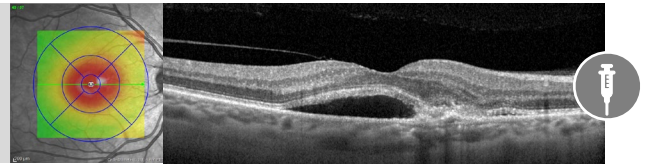
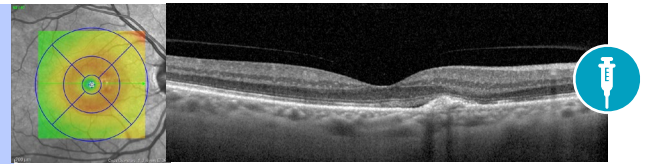
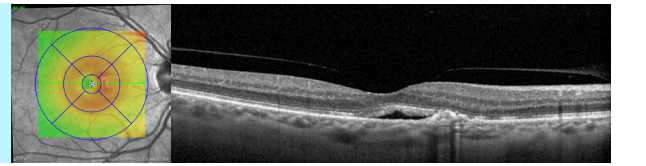
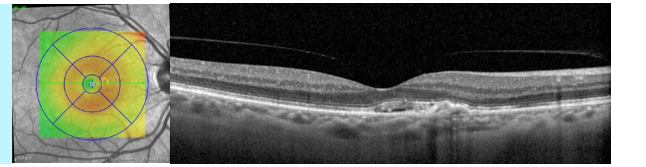
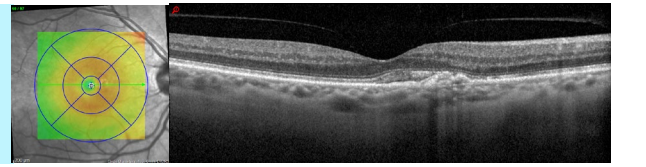
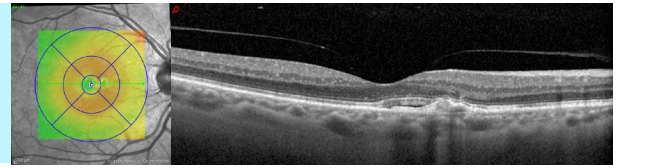
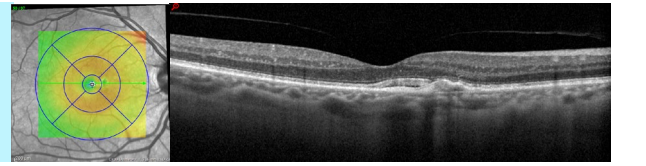
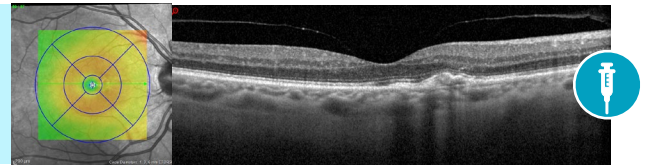
OTX-TKI Case 1





Screening Aflibercept (2mg)

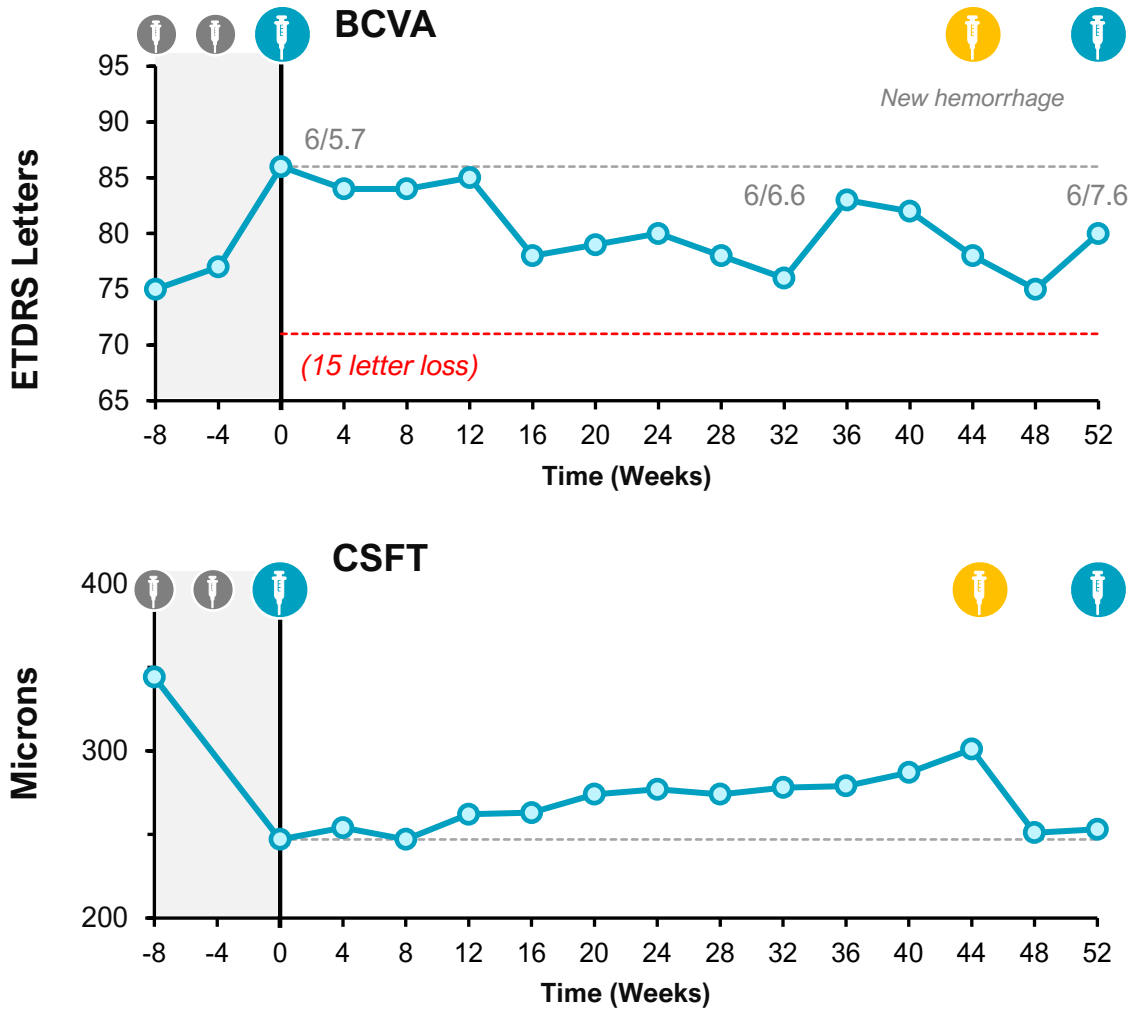
OTX-TKI (0.45mg)

-8 Weeks	**BCVA:** 74 Ltrs (-10) **CSFT:** 467 µm	
Baseline	**BCVA:** 84 Ltrs *Metric Snellen: 6/6* **CSFT:** 285 µm	
Week 4	**BCVA (Δ):** 83 (-1) Ltrs **CSFT (Δ):** 320 (+35) µm	
Week 12	**BCVA (Δ):** 82 (-2) Ltrs **CSFT (Δ):** 295 (+10) µm	
Week 24	**BCVA (Δ):** 82 (-2) Ltrs **CSFT (Δ):** 296 (+11) µm	
Week 36	**BCVA (Δ):** 85 (+1) Ltrs *Metric Snellen: 6/6* **CSFT (Δ):** 293 (+8) µm	
Week 44	**BCVA (Δ):** 78 (-6) Ltrs **CSFT (Δ):** 285 (0) µm	
Week 52	**BCVA (Δ):** 77 (-7) Ltrs *Metric Snellen: 6/8.7* **CSFT (Δ):** 282 (-3) µm	

OCULAR THERAPEUTIX Retina experience redefined

Case study of one subject; individual results may vary
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; Ltrs, letters

OTX-TKI Case 2

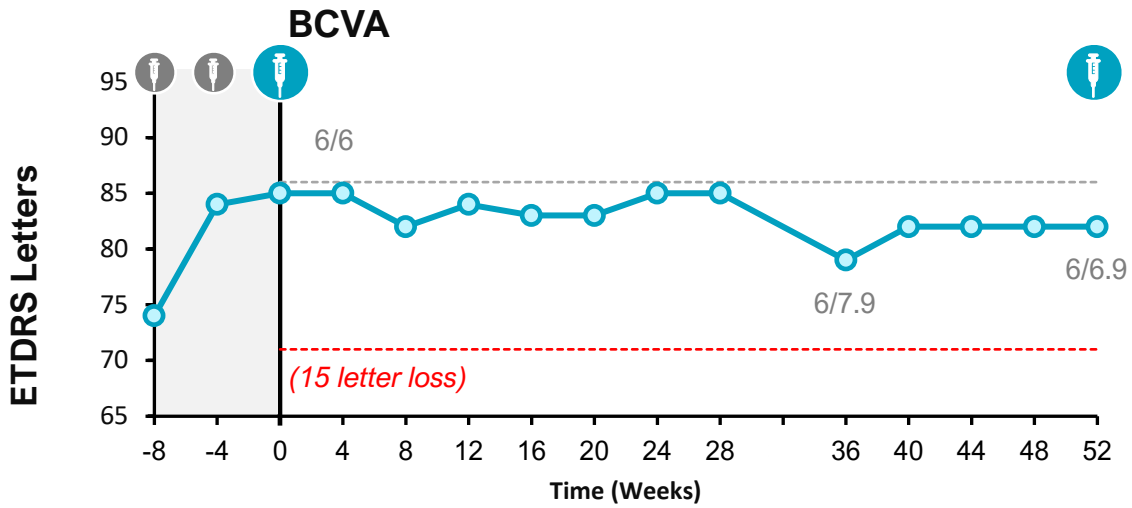


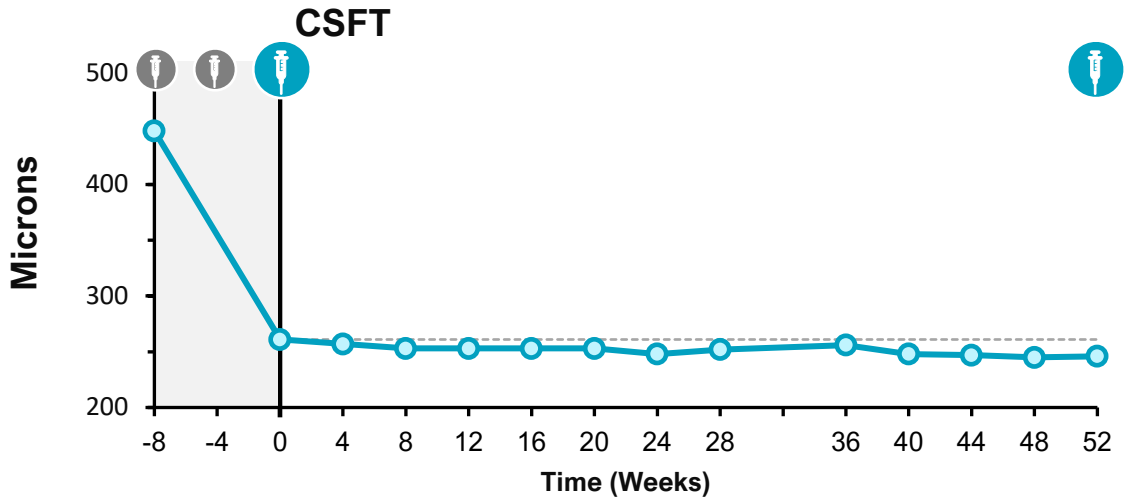
-8 Weeks	**BCVA:** 75 Ltrs **CSFT:** 344 µm	
Baseline	**BCVA:** 86 Ltrs *Metric Snellen: 6/5.7* **CSFT:** 247 µm	
Week 4	**BCVA (Δ):** 84 (-2) Ltrs **CSFT (Δ):** 254 (+7) µm	
Week 12	**BCVA (Δ):** 85 (-1) Ltrs **CSFT (Δ):** 262 (+15) µm	
Week 24	**BCVA (Δ):** 80 (-6) Ltrs **CSFT (Δ):** 277 (+30) µm	
Week 36	**BCVA (Δ):** 83 (-3) Ltrs *Metric Snellen: 6/6.6* **CSFT (Δ):** 279 (+32) µm	
Week 44	**BCVA (Δ):** 78 (-8) Ltrs **CSFT (Δ):** 301 (+54) µm	
Week 52	**BCVA (Δ):** 80 (-6) Ltrs *Metric Snellen: 6/7.6* **CSFT (Δ):** 253 (+6) µm	

OCULAR THERAPEUTIX Retina experience redefined

Case study of one subject; individual results may vary
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; Ltrs, letters

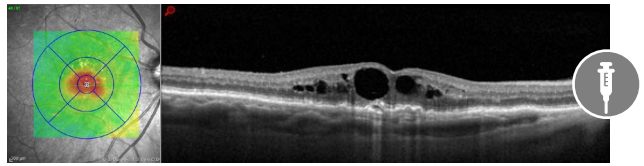
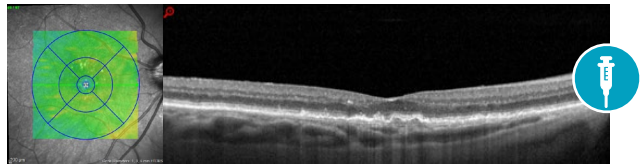
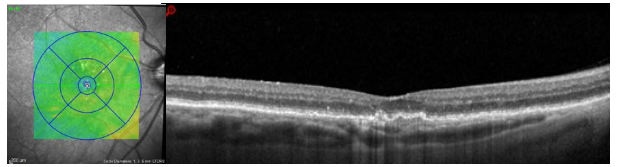
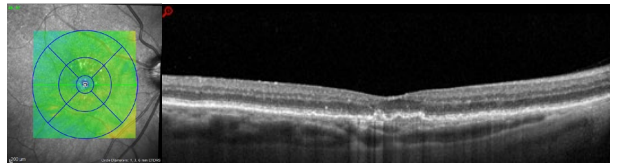
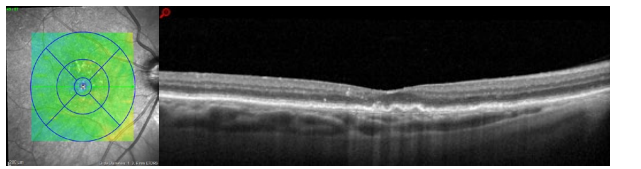
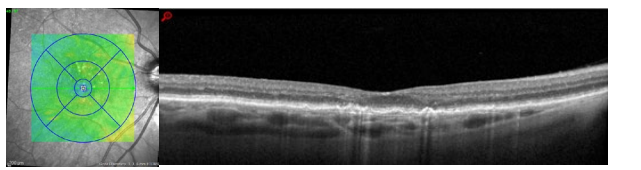
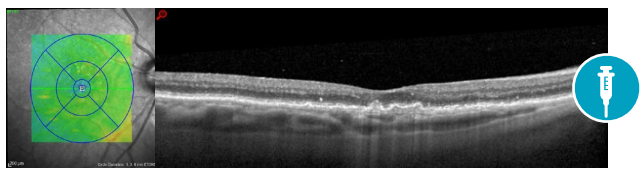
OTX-TKI Case 3





Screening
Aflibercept (2mg)

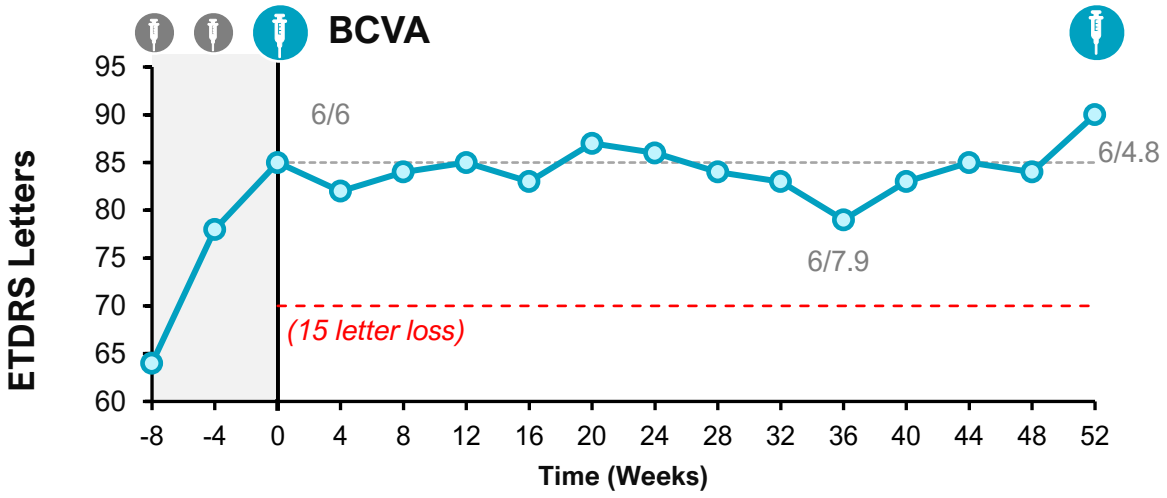
OTX-TKI
(0.45mg)

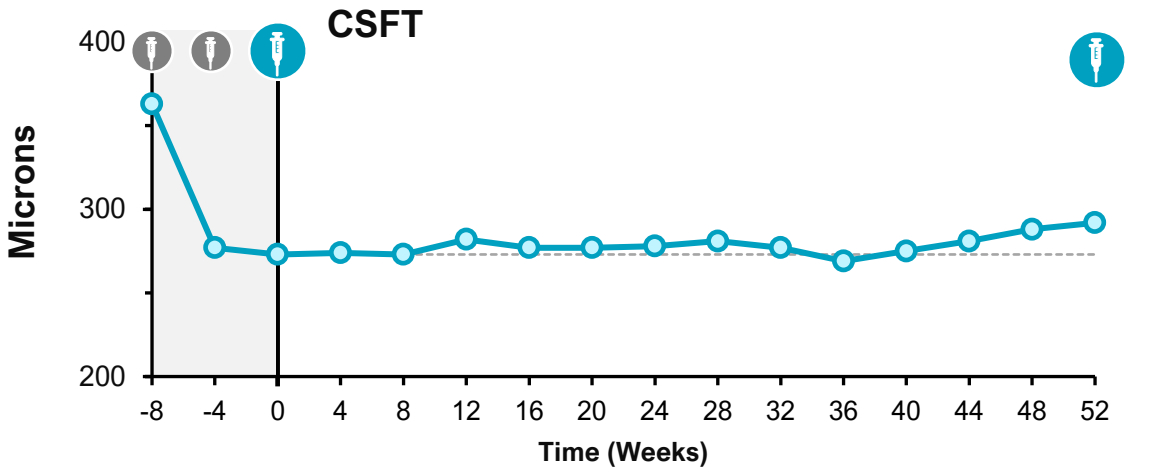
-8 Weeks	**BCVA:** 74 Ltrs **CSFT:** 448 µm	
Baseline	**BCVA:** 85 Ltrs *Metric Snellen: 6/6* **CSFT:** 261 µm	
Week 4	**BCVA (Δ):** 85 (0) Ltrs **CSFT (Δ):** 257 (-4) µm	
Week 12	**BCVA (Δ):** 84 (-1) Ltrs **CSFT (Δ):** 253 (-8) µm	
Week 24	**BCVA (Δ):** 85 (0) Ltrs **CSFT (Δ):** 248 (-13) µm	
Week 36	**BCVA (Δ):** 79 (-6) Ltrs *Metric Snellen: 6/7.9* **CSFT (Δ):** 256 (-5) µm	
Week 52	**BCVA (Δ):** 82 (-3) Ltrs *Metric Snellen: 6/6.9* **CSFT (Δ):** 246 (-15) µm	

OCULAR THERAPEUTIX
Retina experience redefined

Subject missed Week 32 visit
Case study of one subject; individual results may vary
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; Ltrs, letters

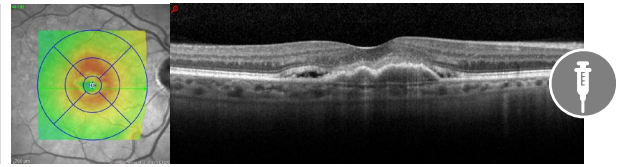
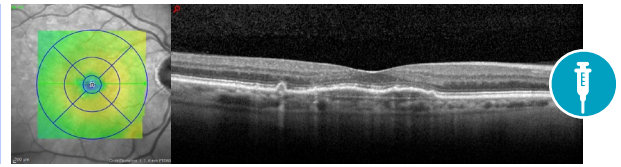
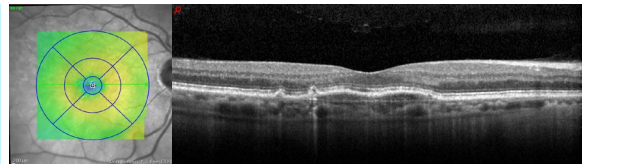
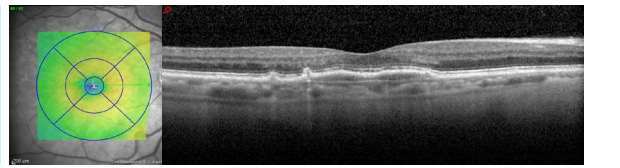
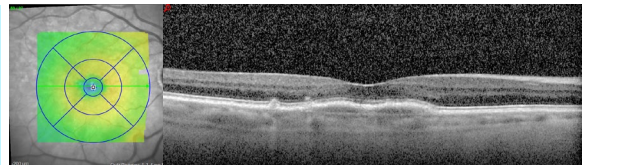
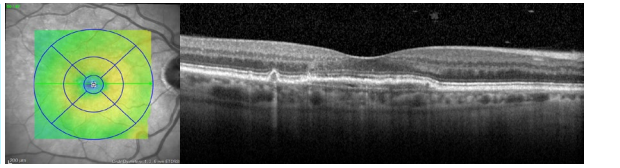
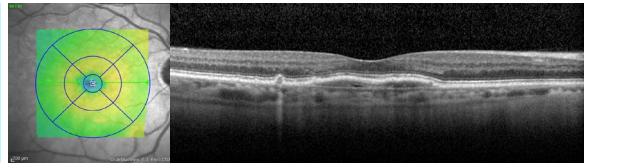
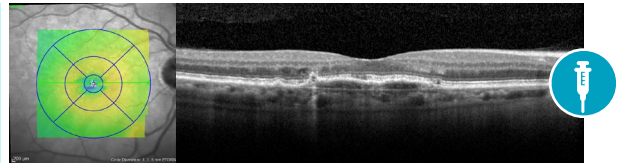
OTX-TKI Case 4





Screening
Aflibercept (2mg)

OTX-TKI
(0.45mg)

-8 Weeks	**BCVA:** 64 Ltrs **CSFT:** 363 µm	
Baseline	**BCVA:** 85 Ltrs *Metric Snellen: 6/6* **CSFT:** 273 µm	
Week 4	**BCVA (Δ):** 82 (-3) Ltrs **CSFT (Δ):** 274 (+1) µm	
Week 16	**BCVA (Δ):** 83 (-2) Ltrs **CSFT (Δ):** 277 (+4) µm	
Week 24	**BCVA (Δ):** 86 (+1) Ltrs **CSFT (Δ):** 278 (+5) µm	
Week 36	**BCVA (Δ):** 79 (-6) Ltrs *Metric Snellen: 6/7.9* **CSFT (Δ):** 269 (-4) µm	
Week 44	**BCVA (Δ):** 85 (0) Ltrs **CSFT (Δ):** 281 (+8) µm	
Week 52	**BCVA (Δ):** 90 (+5) Ltrs *Metric Snellen: 6/4.8* **CSFT (Δ):** 292 (+19) µm	

OCULAR THERAPEUTIX
Retina experience redefined

Case study of one subject; individual results may vary
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; Ltrs, letters

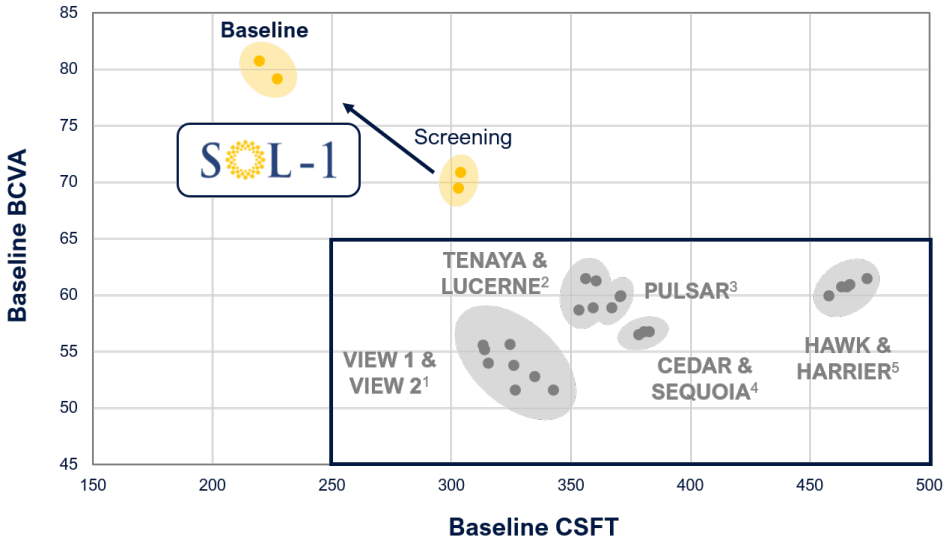
Key Insights

Adnan Tufail, MD

OCULAR THERAPEUTIX Retina experience redefined

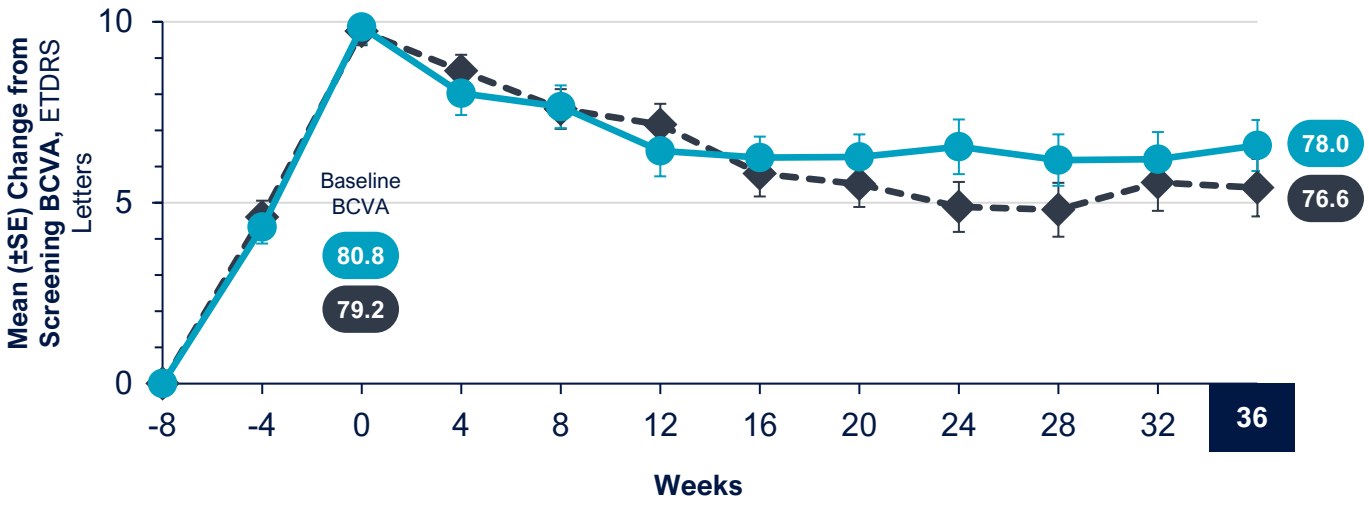
SOL-1 Evaluates a Distinct nAMD Cohort with Excellent Baseline Vision

Baseline BCVA Across nAMD Trials



SOL-1 : Mean Change in BCVA from Screening

Post Hoc Analysis



1. Heier JS, et al. *Ophthalmology*. 2012;119(12):2537-2548. 2. Heier JS, et al. *Lancet*. 2022;399(10326):729-740. 3. Lanzetta P, et al. *Lancet*. 2024;403(10432):1141-1152. 4. Kunimoto D, et al. *Ophthalmology*. 2020;127(10):1331-1344. 5. Dugel PU, et al. *Ophthalmology*. 2020;127(1):72-84.
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; nAMD, neovascular age-related macular degeneration

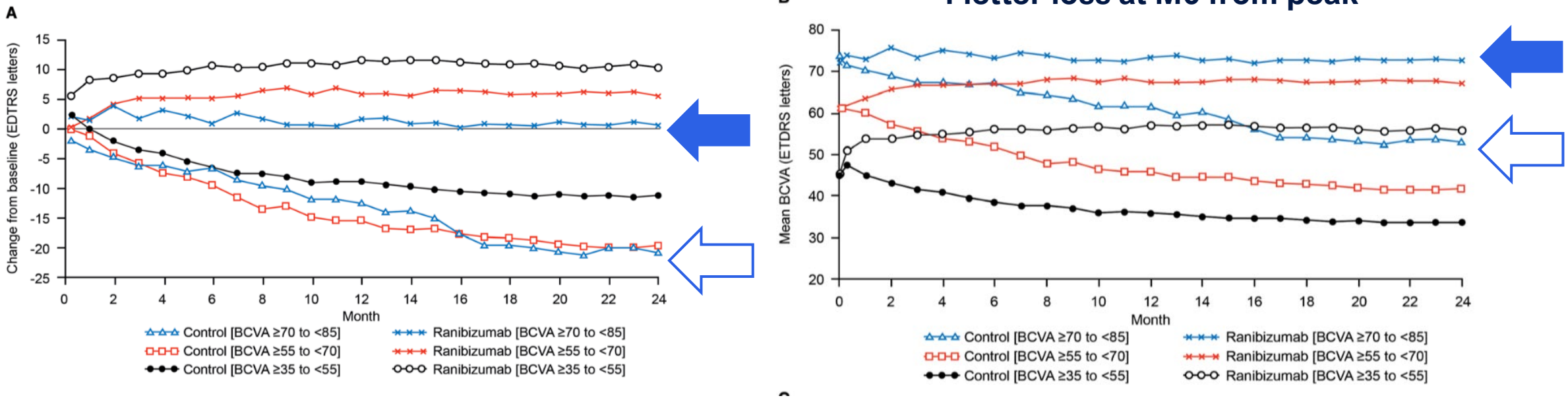
Does Reduced Potential for Visual Acuity Gain Occur in Pivotal Trials?

Sub-Analysis of ANCHOR and MARINA

Visual benefit versus visual gain: what is the effect of baseline covariants in the treatment arm relative to the control arm? A pooled analysis of ANCHOR and MARINA

Adnan Tufail [1], Philippe Margaron,[2] Tadhg Guerin,[3] Michael Larsen[4]

In good VA group (baseline 70-85 letters), ~4 letter loss at M6 from peak



OCULAR THERAPEUTIX Retina experience redefined™

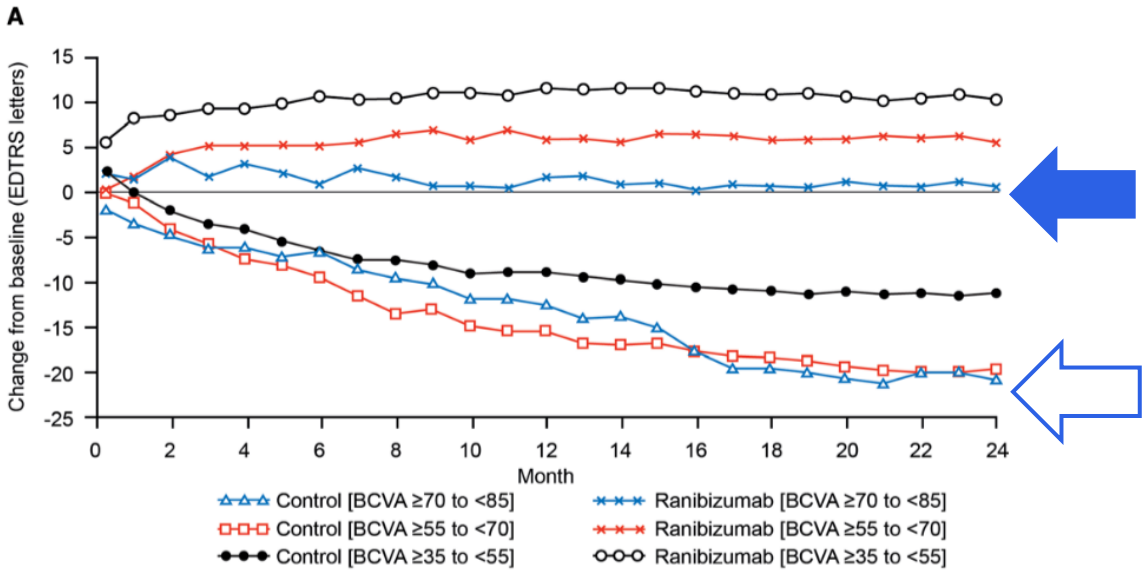
Tufail A, et al.. *Br J Ophthalmol*. 2020;104(5):672-677.
BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study; M, month

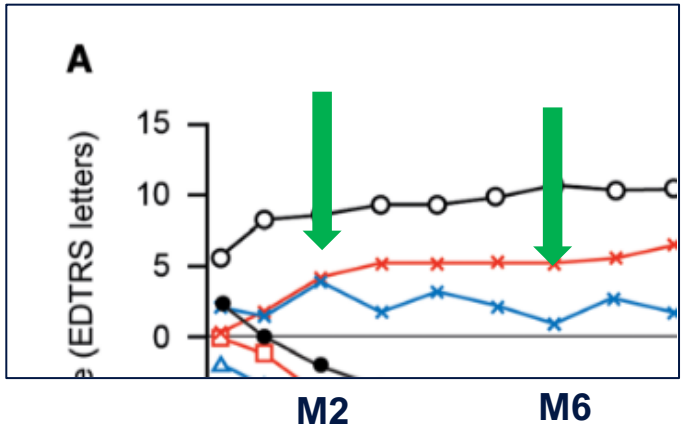
Does Reduced Potential for Visual Acuity Gain Occur in Pivotal Trials?

Sub-Analysis of ANCHOR and MARINA

Visual benefit versus visual gain: what is the effect of baseline covariants in the treatment arm relative to the control arm? A pooled analysis of ANCHOR and MARINA

Adnan Tufail [1], Philippe Margaron,[2] Tadhg Guerin,[3] Michael Larsen[4]





Tufail A, et al.. *Br J Ophthalmol*. 2020;104(5):672-677.
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Received: 20 August 2020 | Revised: 4 December 2020 | Accepted: 21 December 2020

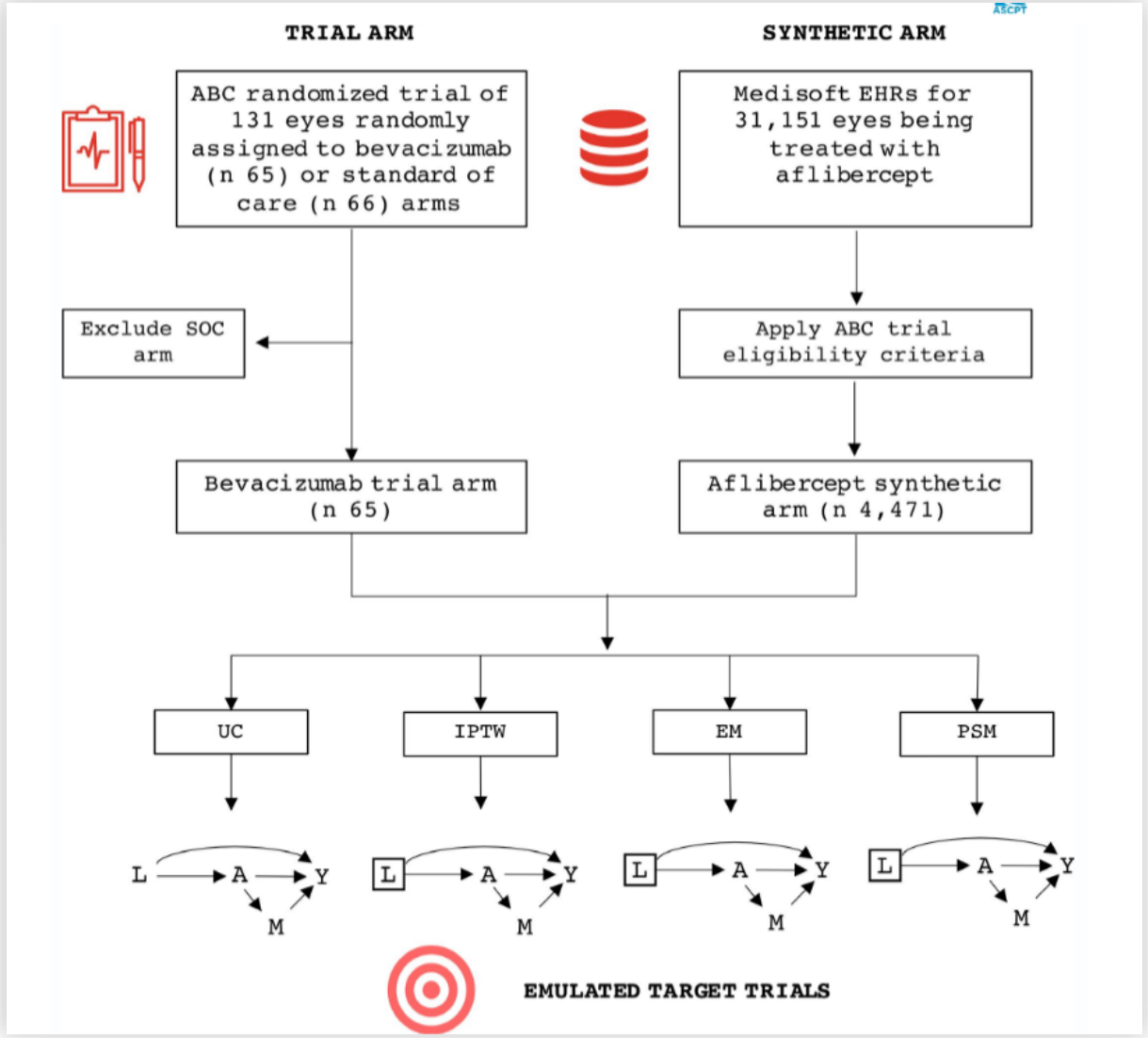
DOI: 10.1111/cts.12974

ARTICLE

Contextualizing single-arm trials with real-world data: An emulated target trial comparing therapies for neovascular age-related macular degeneration

Darren S. Thomas[1] | Aaron Y. Lee[2] | Philipp L. Müller[3,4,5] | Roy Schwartz[4,5,6] | Abraham Olvera-Barrios[4,5] | Alasdair N. Warwick[4,7] | Praven J. Patel[6] | Tjebo F.C. Heeren[4,5] | Catherine Egan[4,5,6] | Paul Taylor[1] | Adnan Tufail[4,5,6] | on behalf of the UK AMD EMR Users Group[7]

Using a similar methodology, we emulated SOL-1 entry criteria to the IRIS Registry

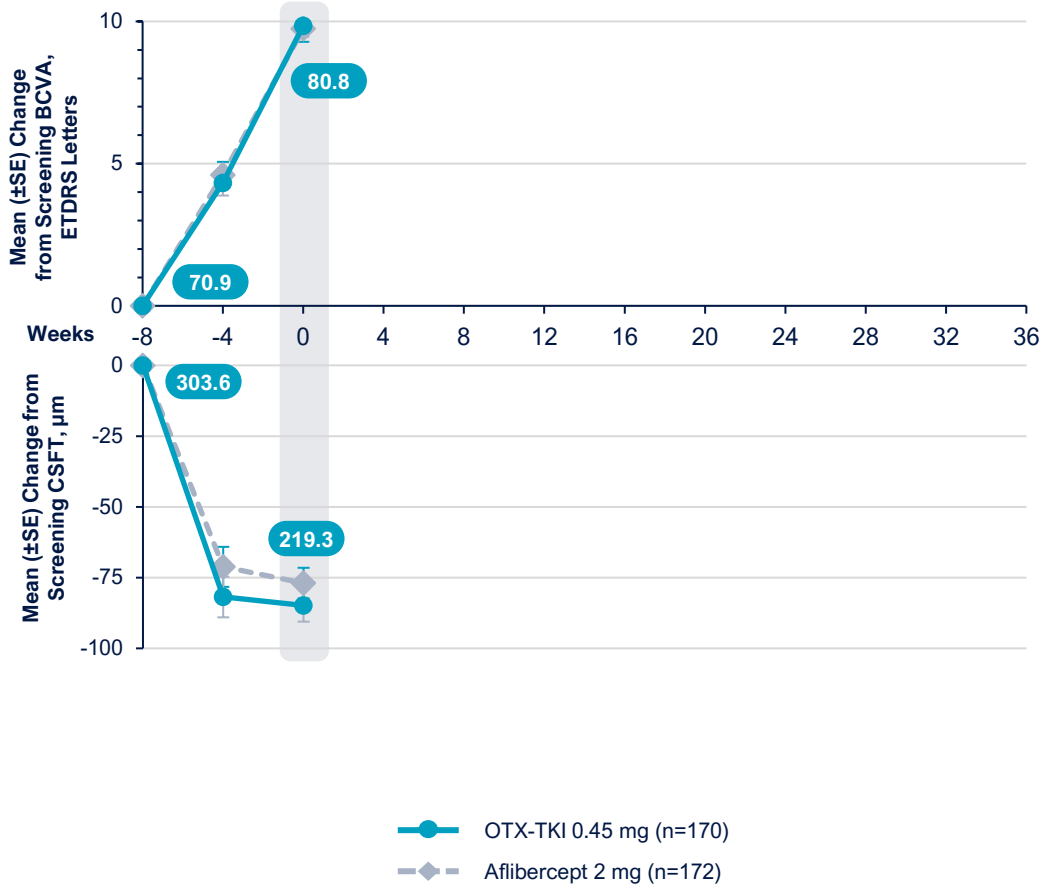


Thomas DS, et al. *Clin Transl Sci*. 2021;14(3):1166-1175.

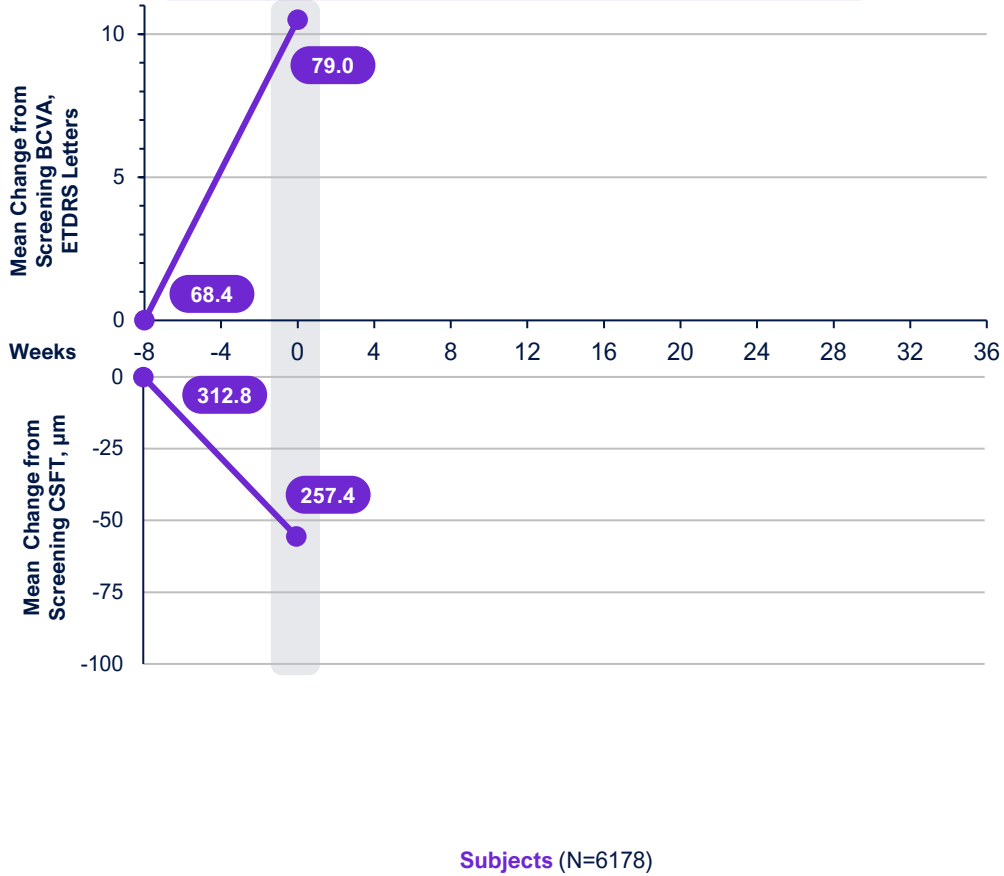
EHRs, electronic health records; EM, exact matching; IPTW, inverse probability of treatment weighting; PSM, propensity score matching; SOC, standard of care; UC, unconditional

How Does SOL-1 Data Align with Real World Outcomes?

SOL-1 Clinical Trial
Post Hoc Analysis



SOL-1 Emulated Population
IRIS Registry



Subjects (N=6178)

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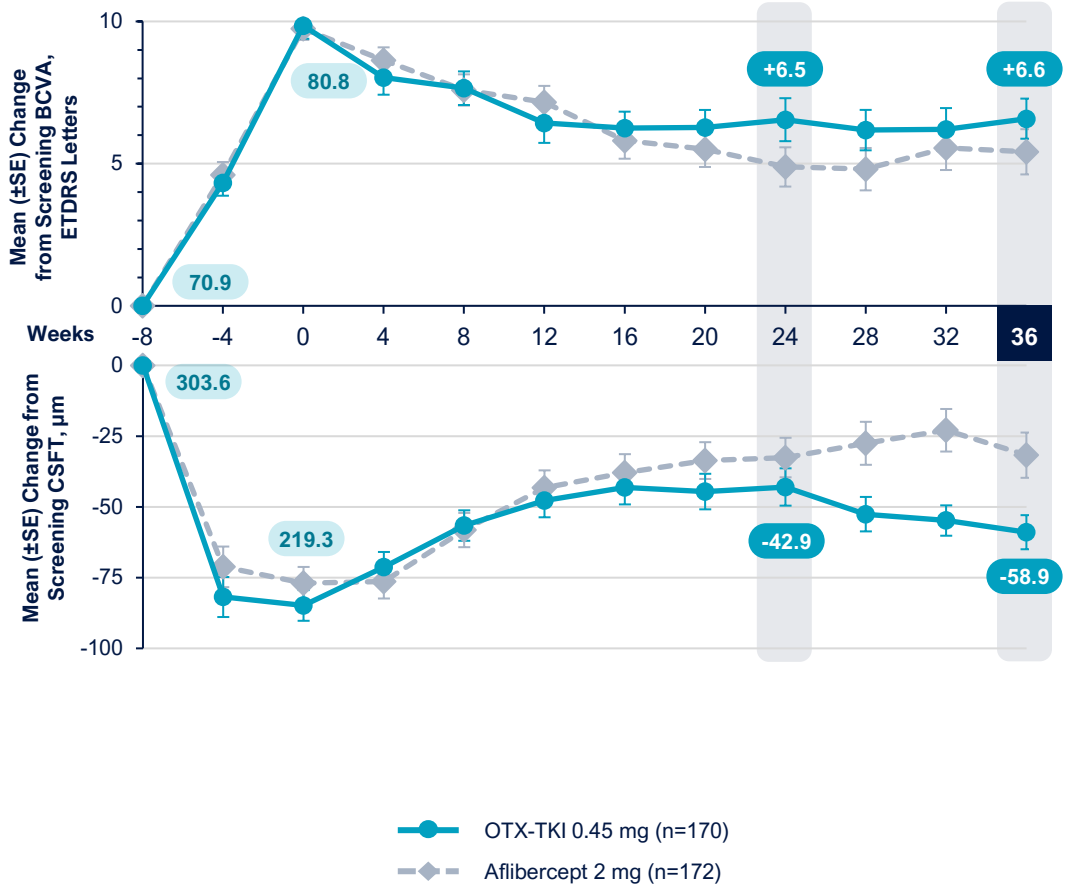
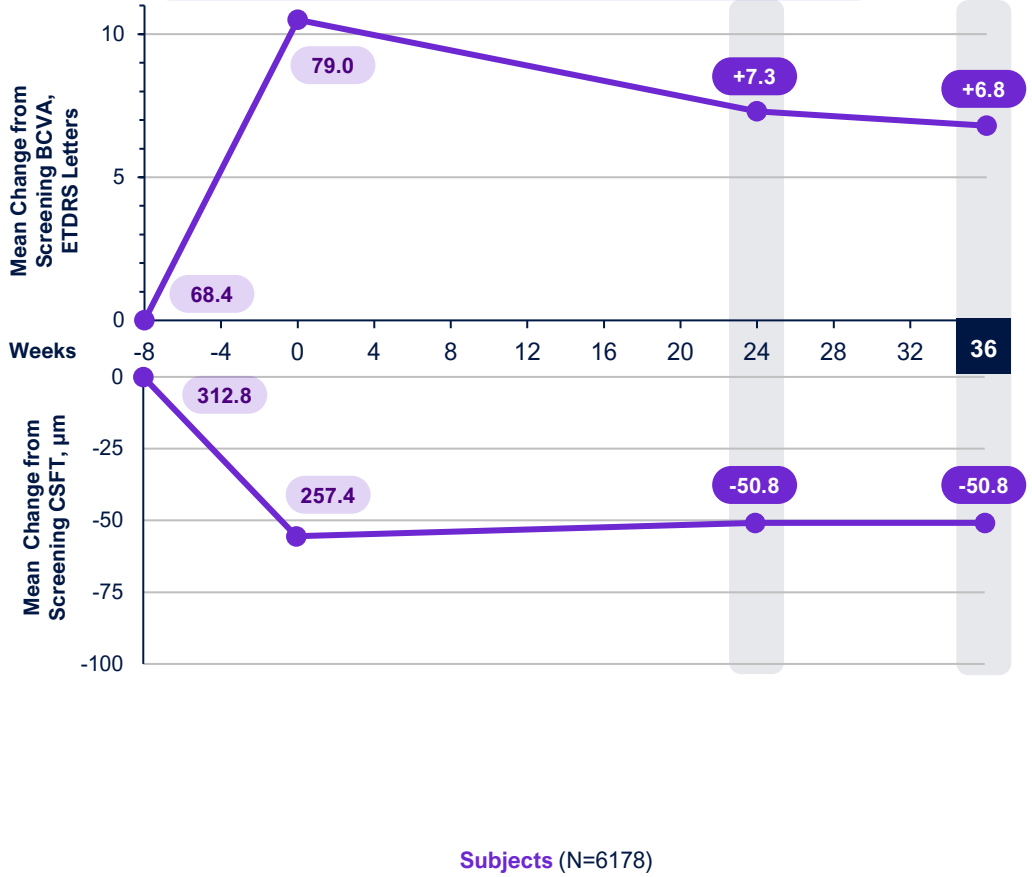
Data on File. Ocular Therapeutix. 2026

How Does SOL-1 Data Align with Real World Outcomes?

SOL-1 Clinical Trial
Post Hoc Analysis



SOL-1 Emulated Population
IRIS Registry



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OCULAR THERAPEUTIX Retina experience redefined™

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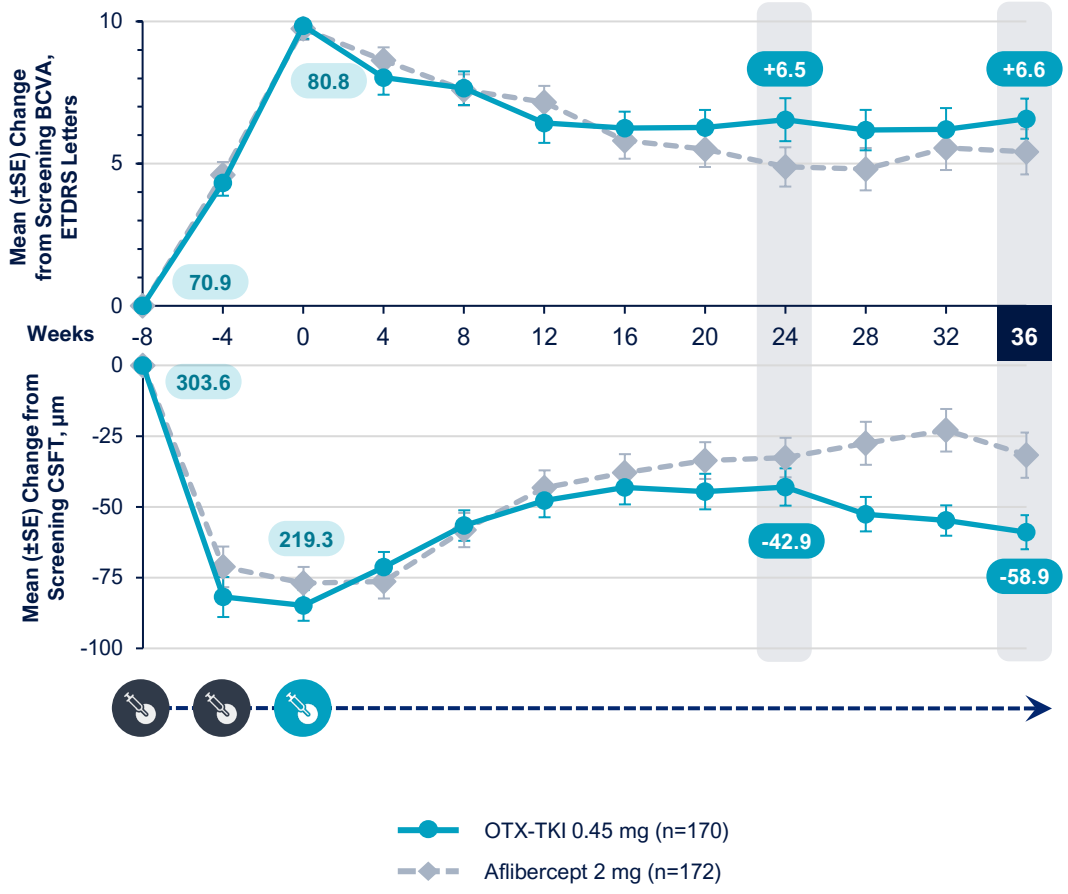
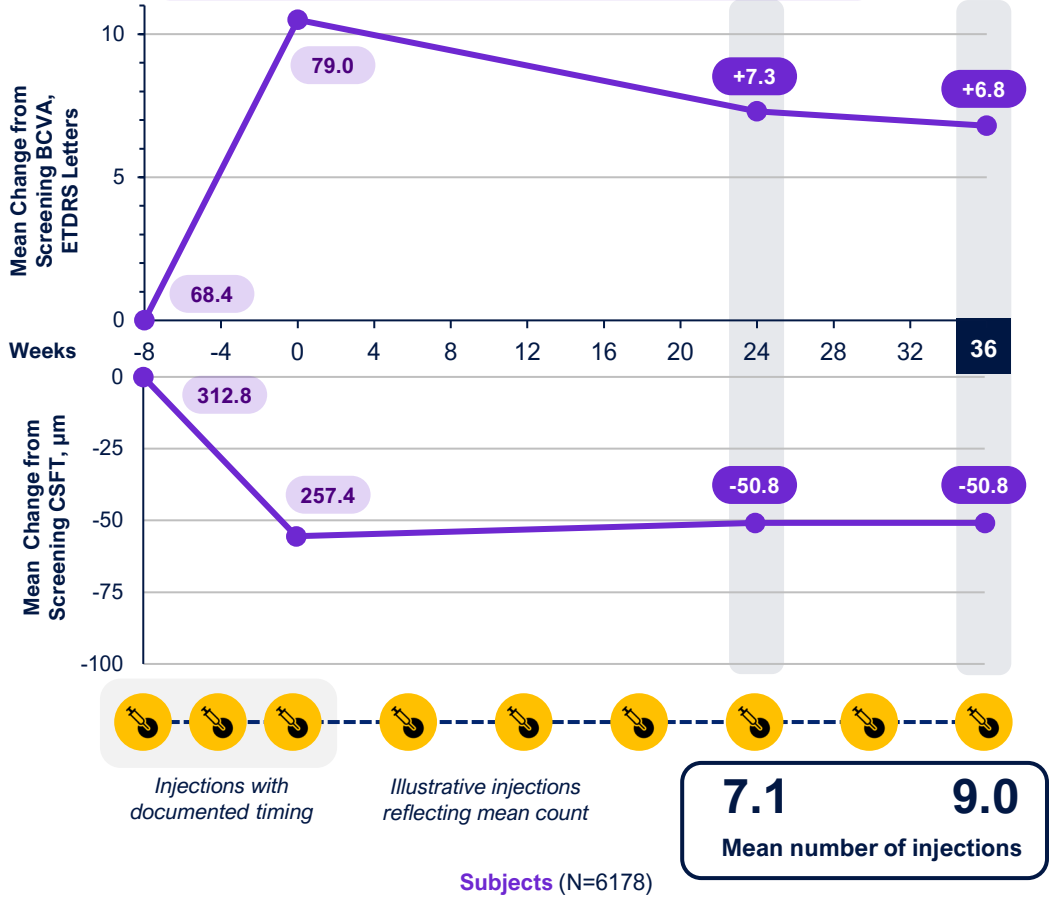


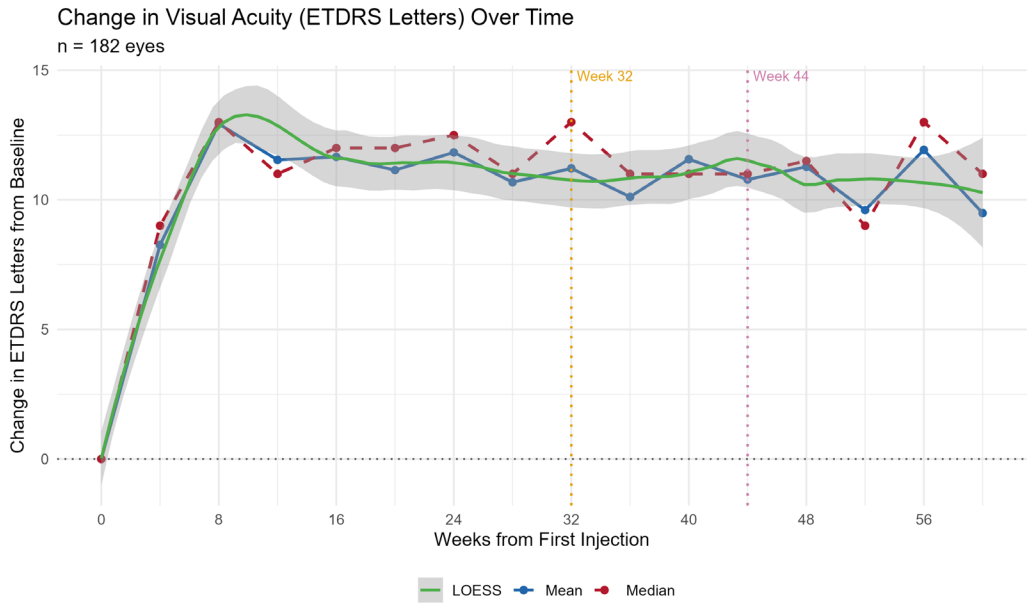
SOL-1 Emulated Population
IRIS Registry

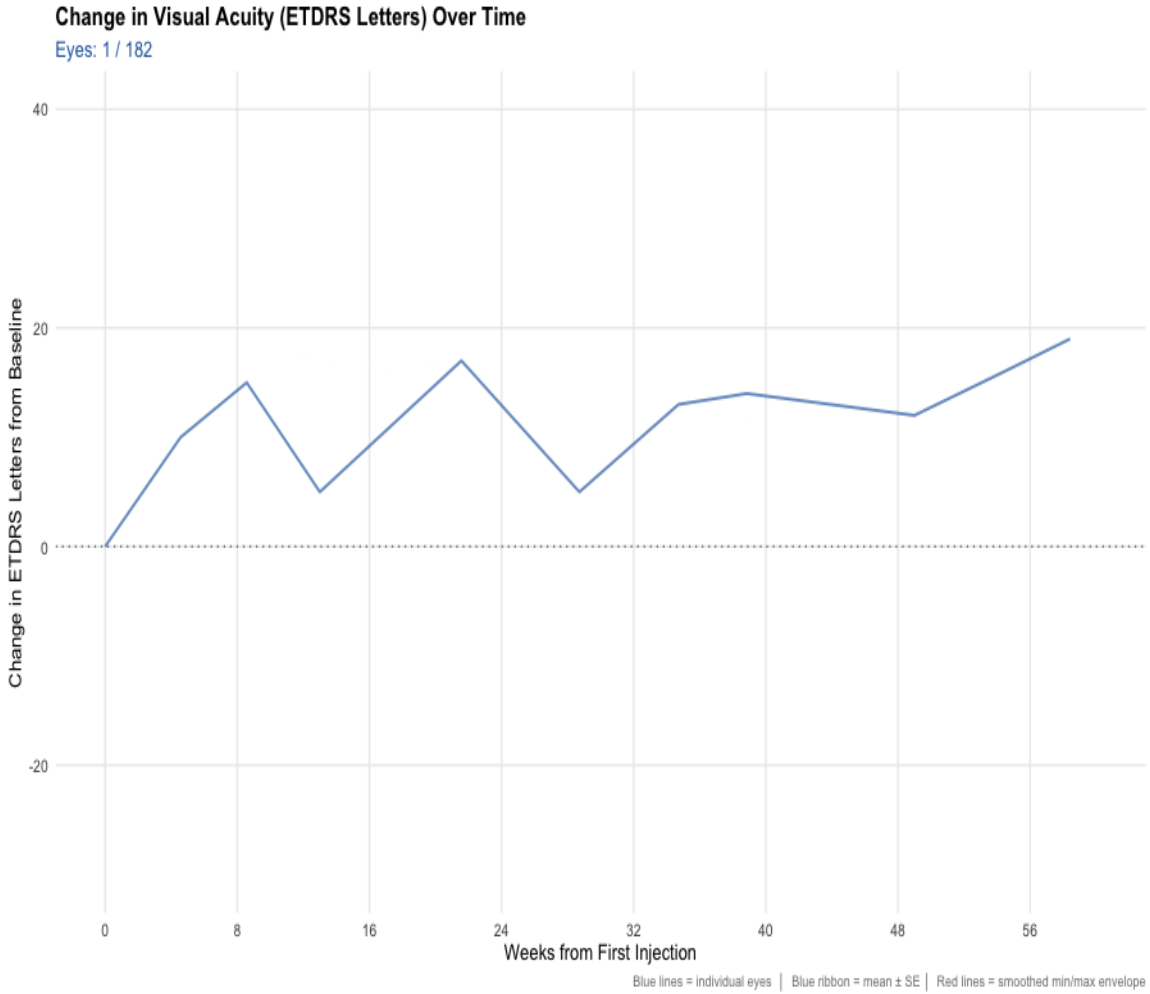


Data on File. Ocular Therapeutix. 2026

How Does SOL-1 Data Align with Real World Outcomes?

UK Dataset (2022 -2025)





Age, mean = 78.9 years
Screen VA, mean = 65 letters
Baseline VA, mean = 78 letters

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Analysis of a UK real-world cohort (2022–2025): 182 nAMD eyes selected using key SOL-1 entry criteria
ETDRS, Early Treatment Diabetic Retinopathy Study; LOESS, locally estimated scatterplot smoothing; VA, visual acuity

Clinical Program Update

Jeffrey Heier, MD

OCULAR THERAPEUTIX Retina experience redefined

Timeline to OTX-TKI NDA Submission Package for nAMD

Feb 2026 — **Positive SOL-1 Week 52 results** announced on February 17, 2026

May 2026 — **Early Alignment at Type C Meeting:**
FDA agreed in writing on NDA submission with SOL-1 trial plus confirmatory evidence

3Q 2026 — **Pre-NDA meeting:**
To align on format and content of information to be submitted in NDA

4Q 2026 — **SOL-R interim safety database lock** to reach >300 patients planned

4Q 2026 — **Complete OTX-TKI NDA package to be submitted to FDA**

Post-NDA — **Year 2 Safety from SOL-1**
Intended to support repeat dosing to be submitted at 120-day safety update

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NDA, New Drug Application

SOL: OTX-TKI Phase 3 Clinical Program in nAMD

Evaluating the efficacy, durability and safety of OTX-TKI in nAMD

Registrational Trials

Extension Study

SOL-1

Phase 3
Superiority Trial

Durability of a single OTX-TKI injection

SOL-R

Phase 3
Non-Inferiority Trial

Repeat dosing every 6 months

SOL-X

Open-Label Extension

Long-term safety and disease modifying potential of continuous VEGF suppression

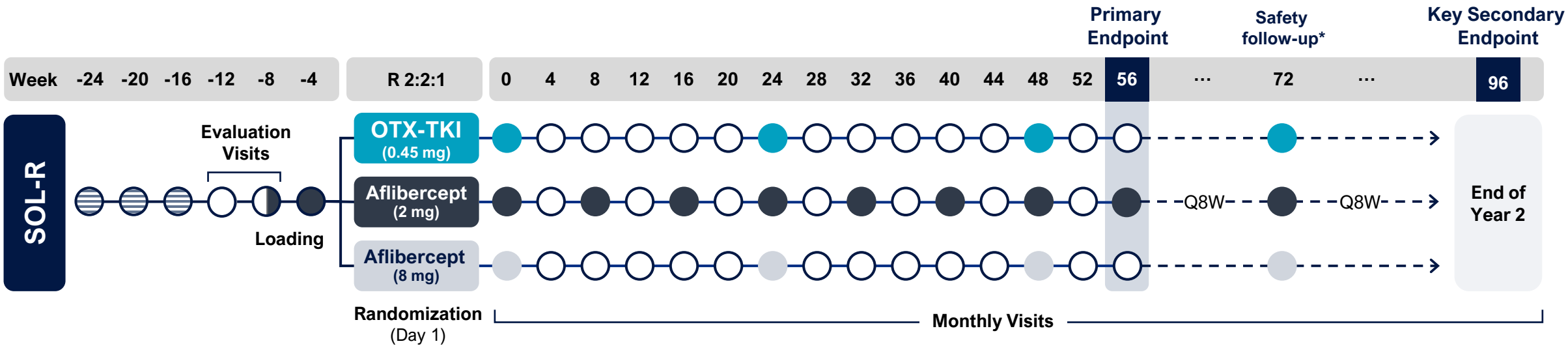
Eligible patients who complete end of Year 2 visit in SOL-1 or SOL-R

Complementary studies designed to provide a comprehensive characterization of OTX-TKI across patient populations

OCULAR THERAPEUTIX Retina experience redefined™

nAMD, neovascular age-related macular degeneration; VEGF, vascular endothelial growth factor

SOL-R: Evaluation of with OTX-TKI relative to aflibercept 2 mg and 8 mg



Aflibercept 8mg dosing identical with no sham injections

Primary analysis:

OTX-TKI dosed Q24W vs. aflibercept 2mg Q8W

Key Secondary Endpoint:

Superiority comparison at Year 2 vs. aflibercept 8mg

Secondary Endpoint:

Evaluating prevention of fibrosis & atrophy vs. aflibercept 2mg

Screening Dose, Any Anti VEGF† | 2nd evaluation & Aflibercept 2mg | OTX-TKI 0.45mg | Aflibercept 2 mg | Aflibercept 8 mg | Study visit

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ClinicalTrials.gov identifier: NCT06495918
† Any anti-VEGF except Beovu
Q24W, every 24 weeks; Q8W, every 8 weeks; VEGF, vascular endothelial growth factor;

SOL: OTX-TKI Phase 3 Clinical Program in nAMD

Evaluating the efficacy, durability and safety of OTX-TKI in nAMD

Registrational Trials

Extension Study

SOL-1

Phase 3
Superiority Trial

Durability of a single OTX-TKI injection

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Open-Label Extension

Long-term safety and disease modifying potential of continuous VEGF suppression

Eligible patients who complete end of Year 2 visit in SOL-1 or SOL-R

OCULAR THERAPEUTIX Retina experience redefined™

nAMD, neovascular age-related macular degeneration; VEGF, vascular endothelial growth factor

SOL-X: Unlocking Long-Term Value with OTX-TKI

Designed to evaluate safety and disease modifying potential of OTX-TKI

Primary Trials

Initial Treatment Arms

SOL-1

- OTX-TKI
- Aflibercept (2 mg)

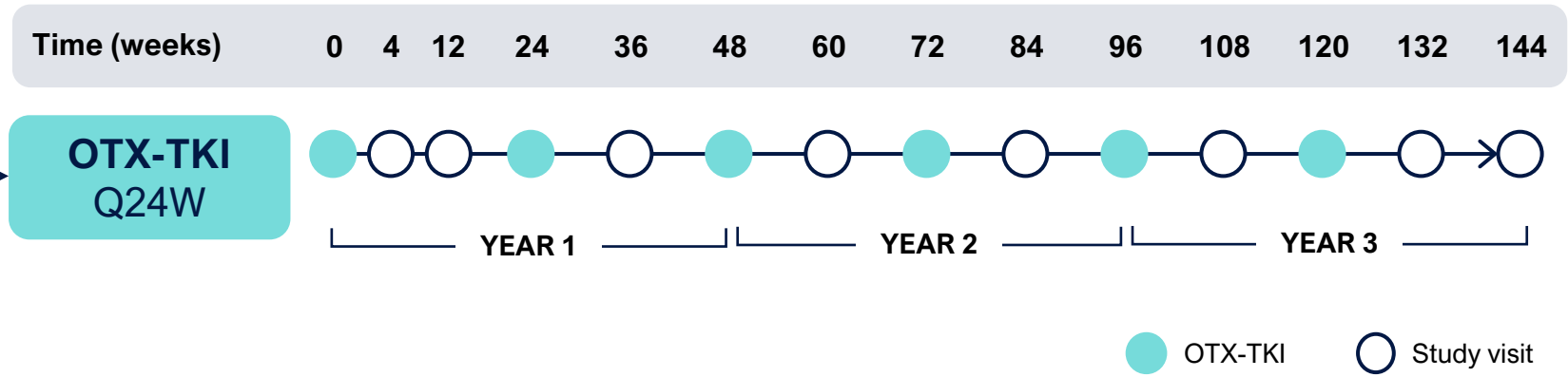
SOL-R

- OTX-TKI
- Aflibercept (2 mg)
- Aflibercept (8 mg)

SOL-X

Three-year additional follow-up

OTX-TKI Q24W



OCULAR THERAPEUTIX Retina experience redefined

ClinicalTrials.gov Identifier: NCT07516132

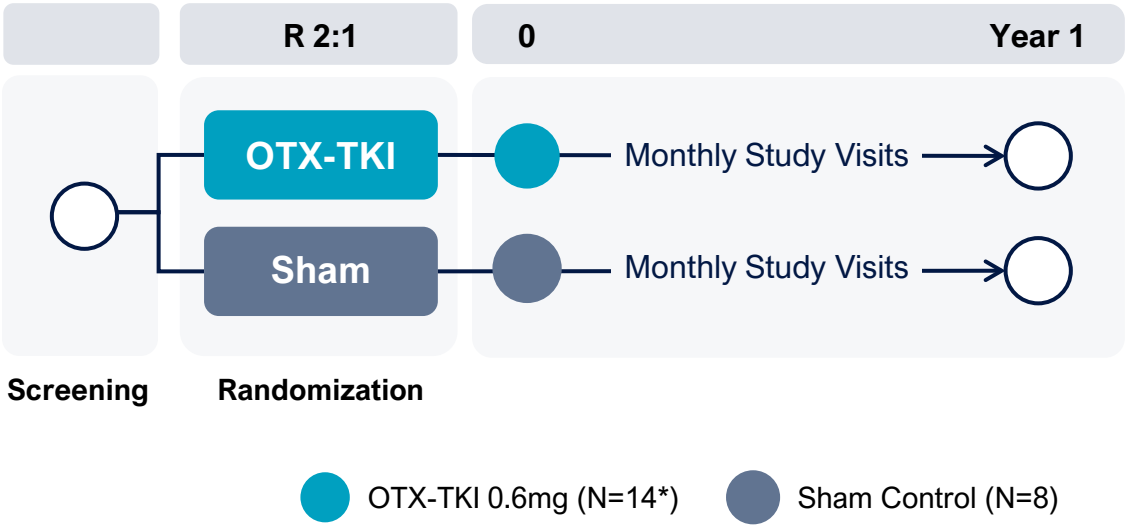
Q24W, every 24 weeks

HELIOS-1 Study of OTX-TKI in NPDR

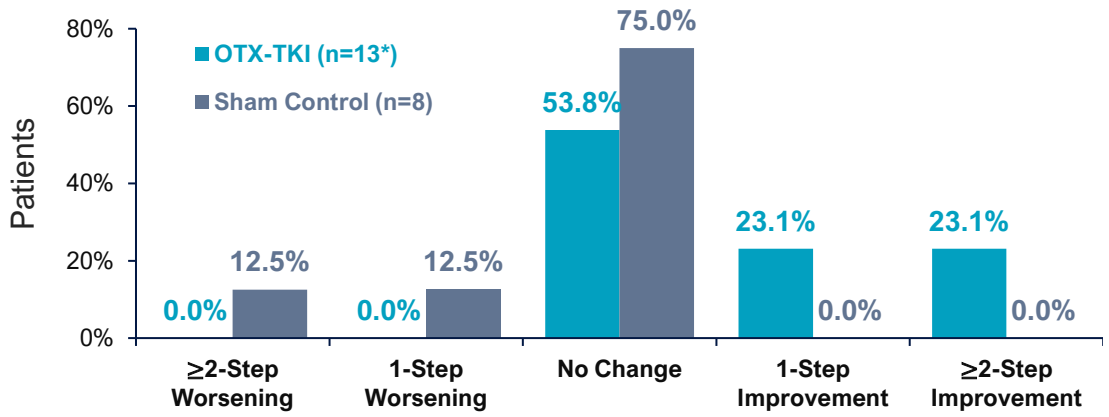
HELIOS-1

Design

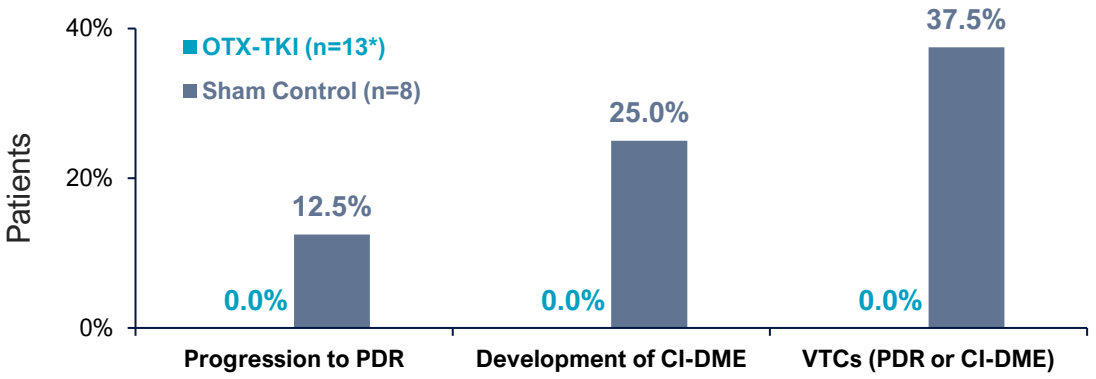
Multi-center, double-masked, randomized, parallel group study of OTX-TKI in moderately-severe to severe NPDR without CI-DME



Change in DRSS from Baseline to Week 48[1]



Progression to VTCs at Week 48[2]



OCULAR THERAPEUTIX Retina experience redefined

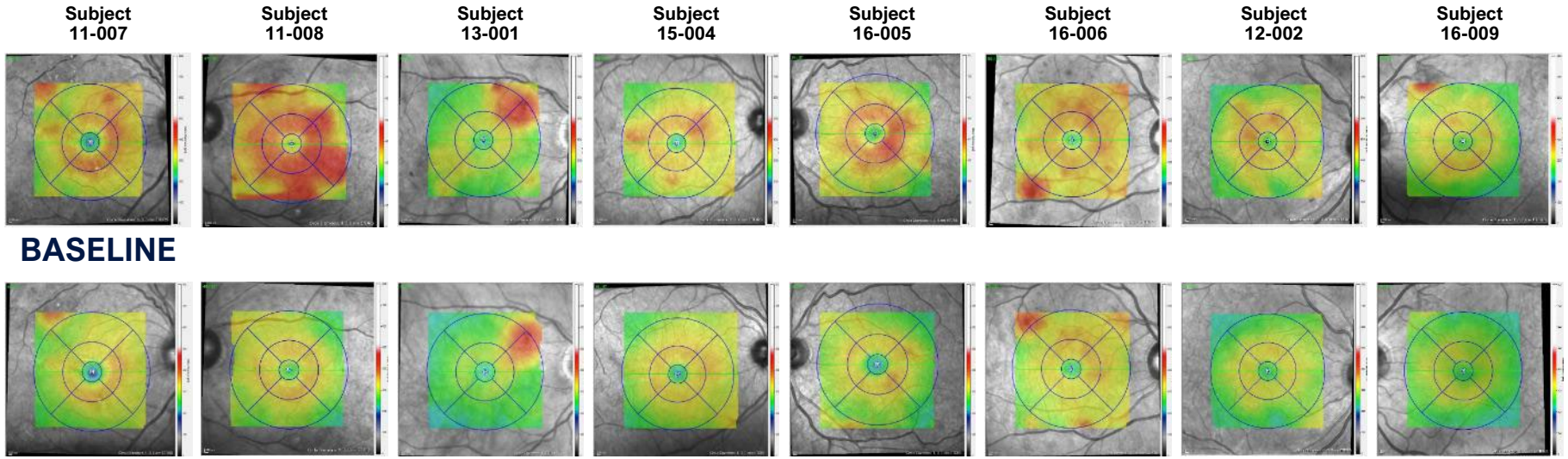
*14 subjects enrolled in OTX-TKI treatment arm, with one subject death unrelated to treatment.
DRSS, diabetic retinopathy severity scale; NPDR, non-proliferative diabetic retinopathy; CI-DME, center-involved diabetic macular edema; PDR, proliferative diabetic retinopathy; VTC, vision-threatening complication

HELIOS-1: DME Improvement in All Subjects with OTX-TKI

HELIOS-1

HELIOS

HELIOS-1 OTX-TKI Subjects with Non-CI DME (N=8)



OTX-TKI

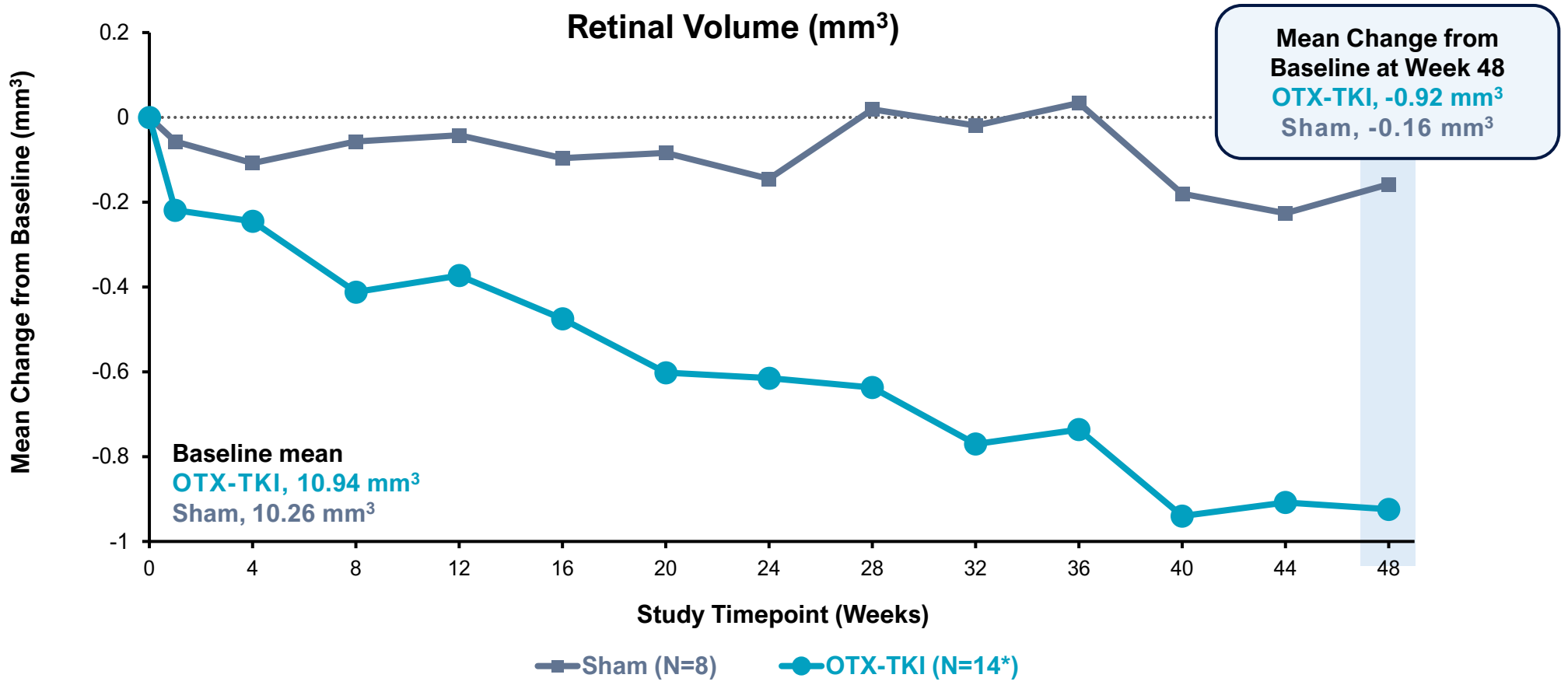
OCULAR THERAPEUTIX Retina experience redefined

Marcus D, et al. Safety and Efficacy of OTX-TKI in Moderately Severe to Severe NPDR: One Year Results from the HELIOS Phase 1 Trial. Presented at Retina Society. Lisbon, Portugal. September 14, 2024.
DME, diabetic macular edema; non-CI-DME, non-center-involved diabetic macular edema

OTX-TKI Subjects Consistently Had Greater Reductions from Baseline in Retinal Volume Compared to Sham

HELIOS-1

Post Hoc Analysis



OCULAR THERAPEUTIX Retina experience redefined

*14 were enrolled, with one death unrelated to treatment prior to week 24 visit.

Danzig C, et al. Volumetric Macular Fluid Analysis of the Impact of a Single Axitinib Intravitreal Injection (OTX-TKI) from the HELIOS Clinical Trial for Diabetic Retinopathy. Presented at Retina World Congress. Fort Lauderdale, FL. May 10, 2025.

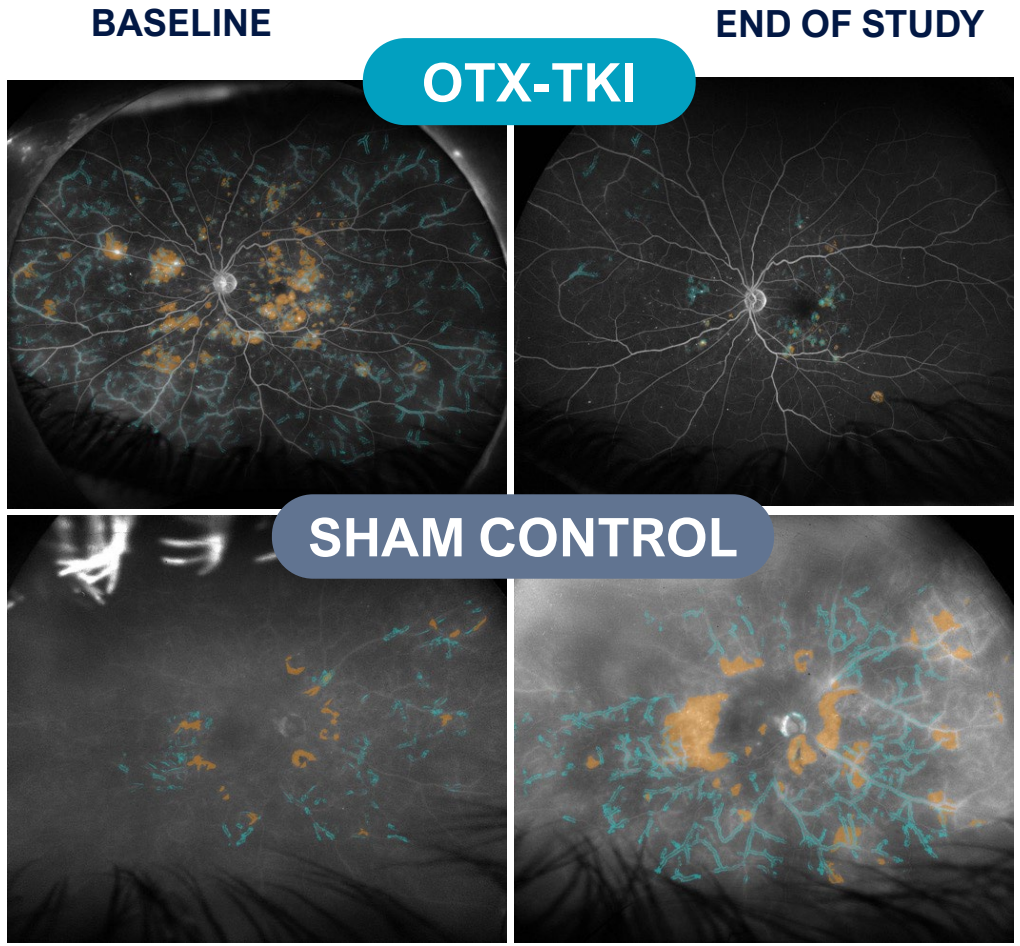
HELIOS-1: Total Retinal Vascular Leakage

Post Hoc Analysis

HELIOS-1

Higher levels of total retinal vascular leakage associated with[1]:

- More advanced DR
- Greater risk of disease progression
- Worse visual outcomes



Clinical images of ultrawidefield fluorescein angiography (UWF-FA) leakage of one patient. Individual results may vary.

OTX-TKI is an investigational product candidate which has not been approved by the FDA or any regulatory authority.

OCULAR THERAPEUTIX Retina experience redefined

*14 patients enrolled in OTX-TKI treatment arm, with one patient death unrelated to treatment.
1. Ehlers J, et al. *Ophthalmol Retina*. 2025;9(3):243-252. 2. Figures from Ehlers J, et al. Volumetric Macular Fluid Analysis of the Impact of a Single Axitinib Intravitreal Implant (OTX-TKI) from the HELIOS Clinical Trial for Diabetic Retinopathy. Presented at Angiogenesis. Virtual. February 8, 2025.
DR, diabetic retinopathy

Diabetic Retinopathy Program

HELIOS-3 Study Design

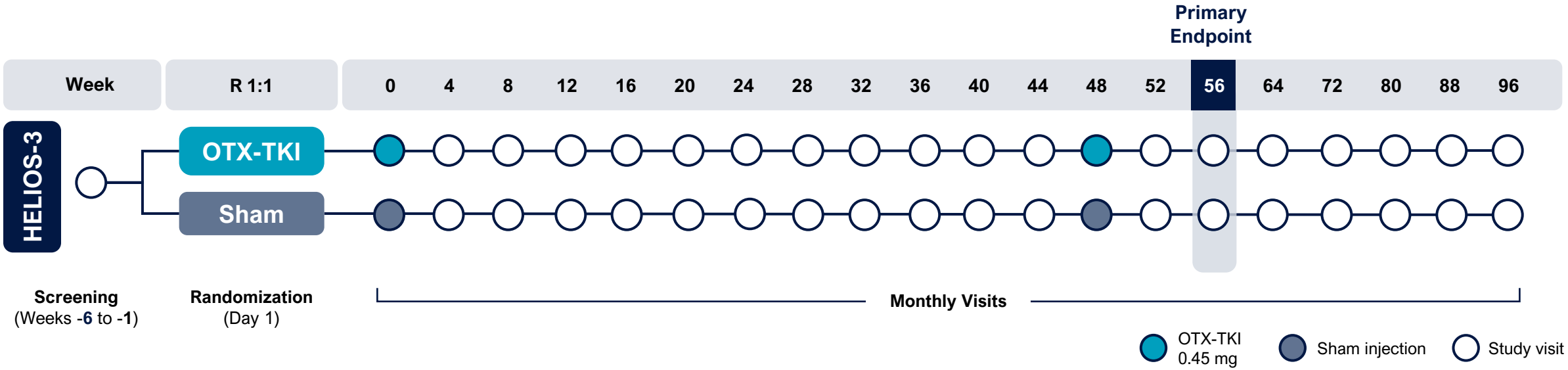
Evaluation of only Q12M OTX-TKI regimen vs Sham

Design

Superiority study of OTX-TKI in **~620** subjects with moderately-severe to severe NPDR without CI-DME

Primary Endpoint (Week 56)

Ordinal DRSS 2-step change status at **Week 56** from baseline
(≥ 2 step improvement, ≥ 2-step worsening, < 2-step change in either direction)



ClinicalTrials.gov Identifier: NCT07235085
CI-DME, center involved diabetic macular edema; DR, diabetic retinopathy; NPDR, non-proliferative DR; DRSS, Diabetic Retinopathy Severity Score; Q12M, every 12 months

OTX-TKI Development Program Summary

OTX-TKI

OTX-TKI demonstrated superior maintenance of vision* to aflibercept 2 mg at Week 36 in nAMD

nAMD Program

PHASE 3

Superiority Trial

Durability of a single OTX-TKI injection

Primary endpoint met

SOL-1

PHASE 3

Non-Inferiority Trial

Repeat dosing every 6 months

Randomization complete - topline data expected in Q1 ‘28

SOL-R

DR Program

PHASE 3

Superiority Trial

Evaluating yearly dosing

Enrollment in HELIOS-3 is underway

HELIOS-3

OCULAR THERAPEUTIX Retina experience redefined

*Maintenance of vision defined as proportion of subjects who maintain visual acuity, a loss of <15 ETDRS letters of BCVA from baseline
DR, diabetic retinopathy; nAMD, neovascular age-related macular degeneration; VEGF, vascular endothelial growth factor;

Redefining the Management of nAMD

The Impact of Durability and Sustained Disease Control

August 29, 2026

Asia-Pacific Vitreo-retina Society Congress | Gold Coast, Australia

OCULAR THERAPEUTIX

Retina experience redefined

MC-US-OTX-0275