(NASDAQ: OCUL)

TRANSFORMING GLAUCOMA CARE WITH DRUG DELIVERY

LEVERAGING A NOVEL TECHNOLOGY PLATFORM

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GLAUCOMA 360 | FEBRUARY 7, 2020

Ocular Therapeutix™

FINANCIAL DISCLOSURE

The author(s) do have financial interest in this presentation:

Dr. Goldstein is an employee of Ocular Therapeutix

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Any statements in this presentation about future expectations, plans and prospects for the Company, including the commercialization of ReSure Sealant, DEXTENZA® or any of the Company's product candidates, including the impact of and restructuring costs and potential future savings associated with the Company's operational restructuring, workforce reduction and development program deferrals; the commercial launch of, and effectiveness of reimbursement codes for, DEXTENZA; the development and regulatory status of the Company's product candidates, such as the Company's regulatory submissions for and the timing and conduct of, or implications of results from, clinical trials of, and the prospects for approvability of, DEXTENZA for any additional indications including allergic conjunctivitis, OTX-TP for the treatment of primary open-angle glaucoma and ocular hypertension, OTX-TIC for the treatment of primary open-angle glaucoma and ocular hypertension, OTX-TKI for the treatment of retinal diseases including wet AMD, and OTX-IVT as an extended-delivery formulation of the VEGF trap aflibercept for the treatment of retinal diseases including wet AMD; the Company's post-approval studies of ReSure® Sealant; the ongoing development of the Company's extended-delivery hydrogel depot technology; the potential utility or commercial potential of any of the Company's product candidates; the potential benefits and future operation of the collaboration with Regeneron Pharmaceuticals, including any potential future payments thereunder; the sufficiency of the Company's cash resources and other statements containing the words "anticipate," "believe," "estimate," "expect," "intend", "goal," "may", "might," "plan," "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. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors. Such forward-looking statements involve substantial risks and uncertainties that could cause the Company's clinical development programs, future results, performance or achievements to differ significantly from those expressed or implied by the forward-looking statements. Such risks and uncertainties include, among others, those related to the implementation of the operational restructuring, the timing and costs involved in commercializing ReSure Sealant, DEXTENZA or any product candidate that receives regulatory approval, including the conduct of post-approval studies, the ability to retain regulatory approval of ReSure Sealant, DEXTENZA or any product candidate that receives regulatory approval, the ability to maintain reimbursement codes for DEXTENZA, the initiation, timing and conduct of clinical trials, availability of data from clinical trials and expectations for regulatory submissions and approvals, the Company's scientific approach and general development progress, the availability or commercial potential of the Company's product candidates, the sufficiency of cash resources, the Company's existing indebtedness, the ability of the Company's creditors to accelerate the maturity of such indebtedness upon the occurrence of certain events of default, the outcome of the Company's ongoing legal proceedings and need for additional financing or other actions and other factors discussed in the "Risk Factors" section contained in the Company's quarterly and annual reports on file with the Securities and Exchange Commission. In addition, the forward-looking statements included in this presentation represent the Company's views as of the date of this presentation. The Company anticipates that subsequent events and developments will cause the Company's views to change. However, while the Company may elect to update these forward-looking statements at some point in the future, the Company specifically disclaims any obligation to do so except as required by law. These forward-looking statements should not be relied upon as representing the Company's views as of any date subsequent to the date of this presentation.

PIPELINE AT A GLANCE

PRODUCT/PROGRAM	DISEASE STATE	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	REGULATORY APPROVAL
INTRACANALICULAR INSERTS						
Dextenza® (dexamethasone ophthalmic insert) 0.4mg	Post-surgical ocular inflammation and pain					
Dextenza® (dexamethasone ophthalmic insert) 0.4mg	Allergic conjunctivitis					
Dextenza® (dexamethasone ophthalmic insert) 0.4mg	Episodic dry eye					
OTX-CSI (cyclosporine)	Chronic dry eye					
OTX-TP (travoprost insert)	Glaucoma and ocular hypertension					
OTX-BPI (bupivacaine)	Acute ocular pain					
OTX-BDI (besifloxacin & dexamethasone)	Post-op pain, inflammation & anti-bacterial					
INTRACAMERAL IMPLANT						
OTX-TIC (travoprost implant)	Glaucoma and ocular hypertension					
INTRAVITREAL IMPLANTS						
OTX-TKI (tyrosine kinase inhibitor implant)	Wet AMD, DME and RVO†					
OTX-IVT* (anti-VEGF antibody implant)	Wet AMD, DME and RVO†					

* In Partnership with REGENERON

† Wet Age-related Macular Degeneration (Wet AMD), Diabetic Macular Edema (DME), Retinal Vein Occlusion (RVO)

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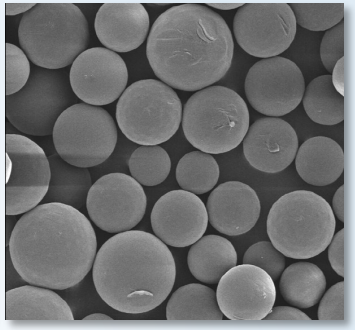
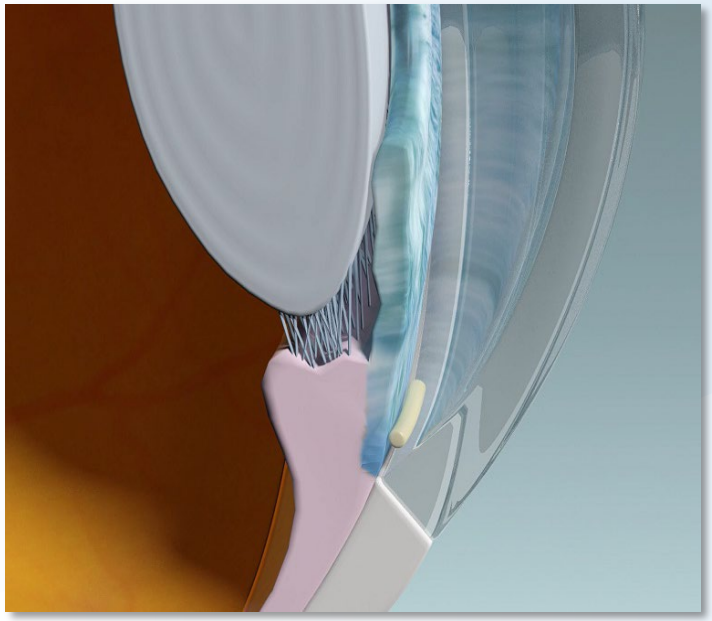
DRUG DELIVERY TO THE INTRACAMERAL SPACE

FACTORS FOR CONSIDERATION IN DESIGNING A LONG DURATION INTRACAMERAL IMPLANT:

- Clinically-meaningful decrease in IOP
  Well-tolerated with clinically-meaningful efficacy
- Duration of therapy
  4 months or more
- Bioresorbable
  Duration of drug and duration of carrier vehicle
- Implant location and movement
  Limited movement and cosmetically invisible, but able to be monitored
- Corneal health
  Gentle to the endothelium





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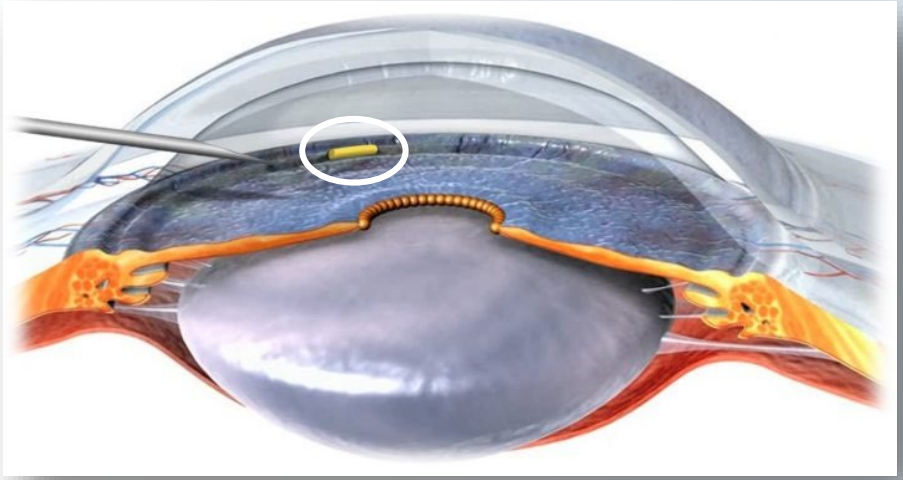
INTRACAMERAL INJECTION IN A PHASE 1 CLINICAL TRIAL FOR THE TREATMENT OF GLAUCOMA

OTX-TIC (travoprost implant) for intracameral injection

Description:

- Travoprost loaded microparticles in hydrogel
- Preservative-free
- Administered via a single injection with proprietary injector (27G)
- Implant resides in the iridocorneal angle, hydrates in 2 minutes
- Fully biodegradable



In preclinical models (beagle dogs):

- Steady state in vitro and in vivo release through 4 months, which correlates to a duration of 4-6 months in humans
- Demonstrated IOP lowering effect of approximately 25-30% through 4 months

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OTX-TIC PHASE 1 STUDY DESIGN

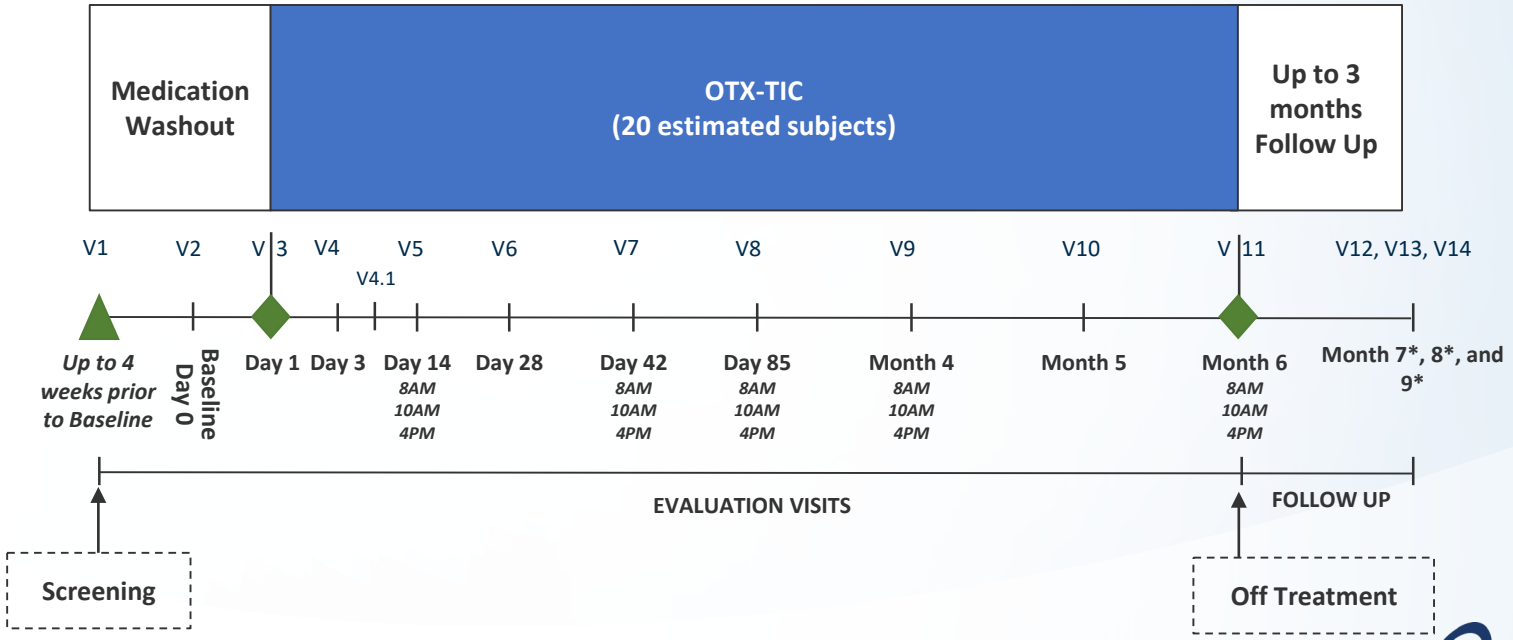
- Open-label, proof-of-concept study
- US study, approximately 20 subjects at 5 sites
- 5 subjects per cohort, 4 cohorts
- 7 month study
- One eye per patient will be treated
- Key Inclusion criteria:
  - Controlled ocular HTN or POAG
  - Open, normal anterior chamber angles on gonioscopy

Objectives

- Safety, tolerability, and biological activity
- Diurnal IOP at Baseline, 2 weeks, 6 weeks, 12 weeks, Month 4, and Month 6 (8 AM)

Active Comparator:

Non-study eye receives topical travoprost daily



* Monthly visits until IOP is within 10% of baseline or until clinically stable

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COHORT 1: MEAN IOP CHANGE FROM BASELINE

NB: Interim look; Unmonitored data.

*If the study eye was given other IOP lowering medication, the IOP value was removed from the analysis.

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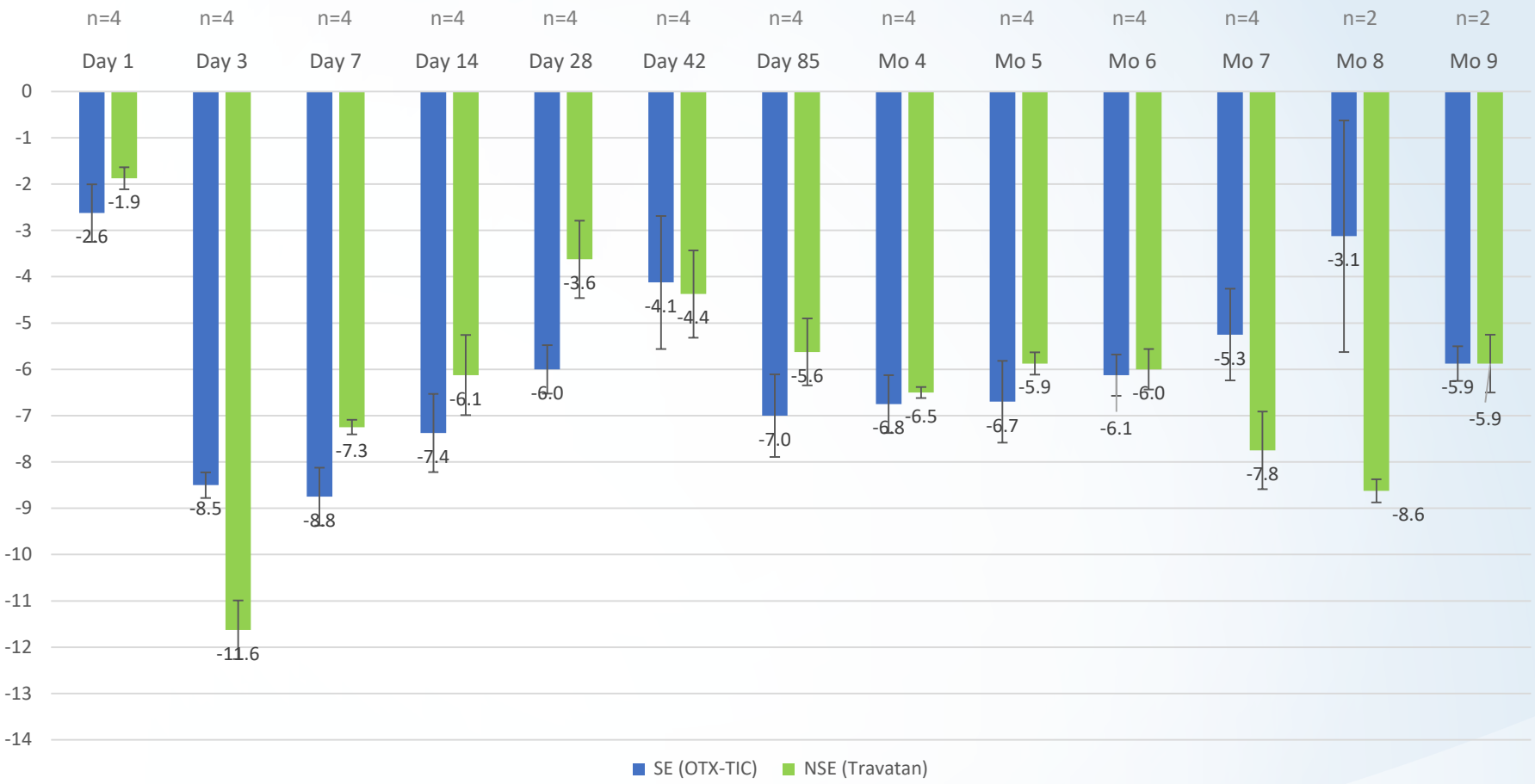
COHORT 2: MEAN IOP CHANGE FROM BASELINE



NB: Interim look; Unmonitored data.

*If the study eye was given other IOP lowering medication, the IOP value was removed from the analysis.

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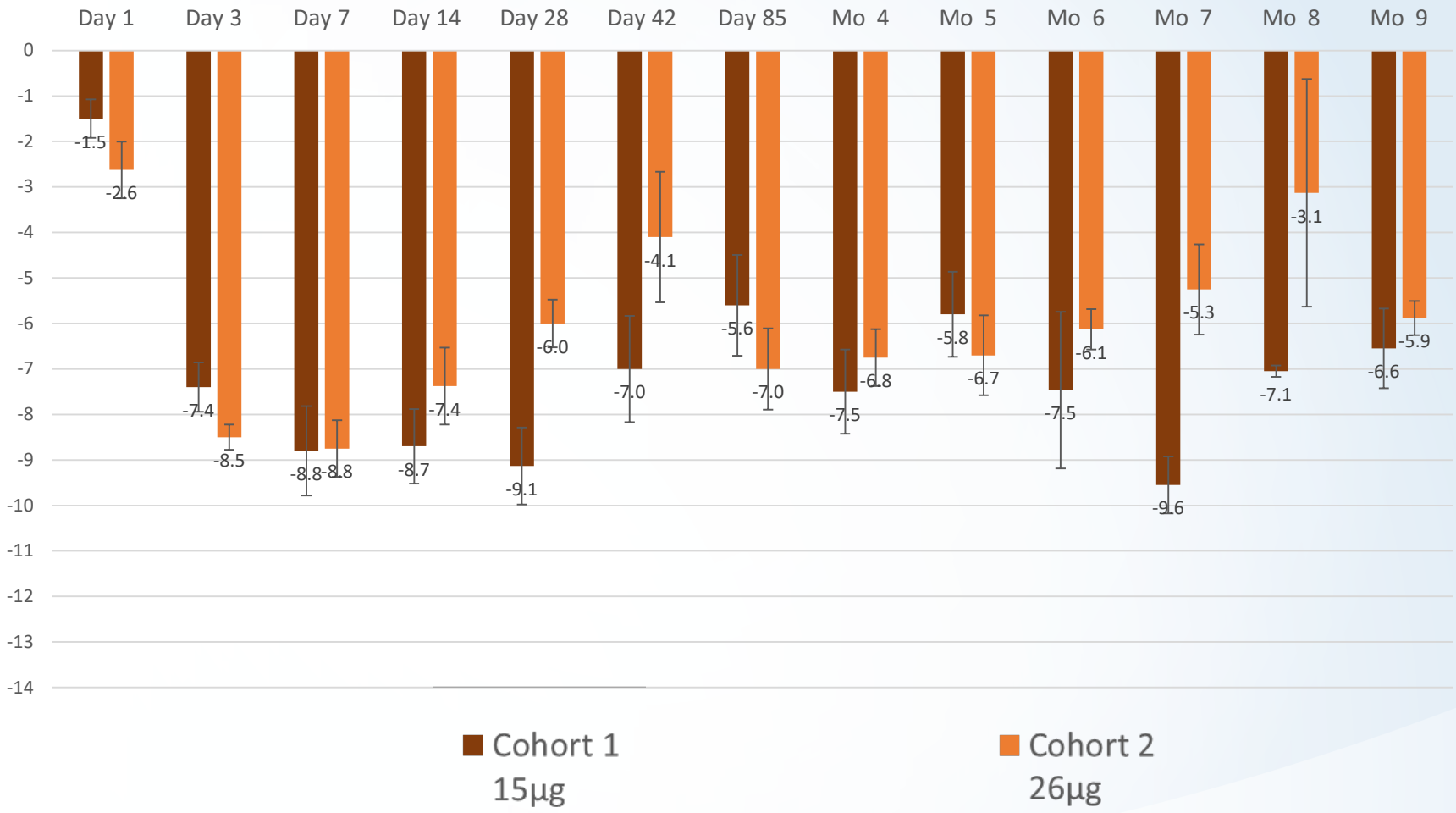
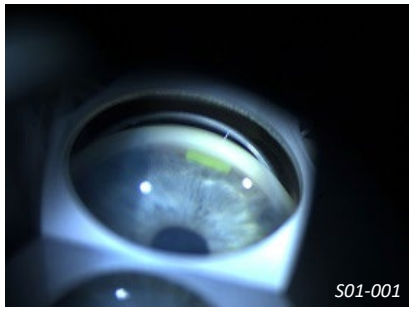
COHORT 1 VS COHORT 2: IOP CHANGE FROM BASELINE



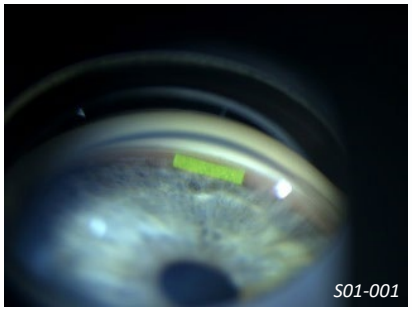
NB: Interim look; Unmonitored data.

IMPLANT VISUALIZATION

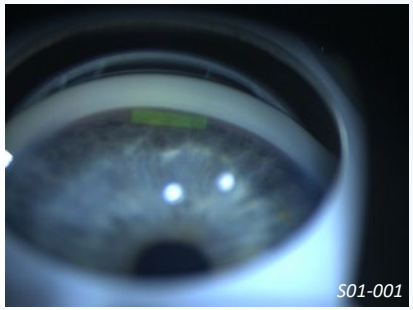
Day 1



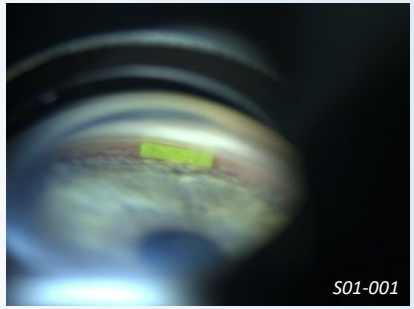
Day 3



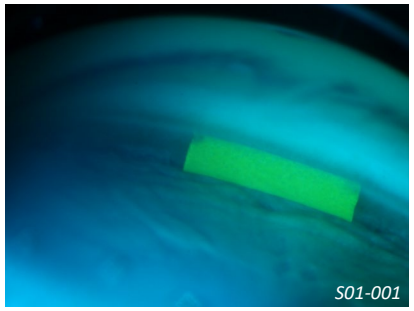
Day 14



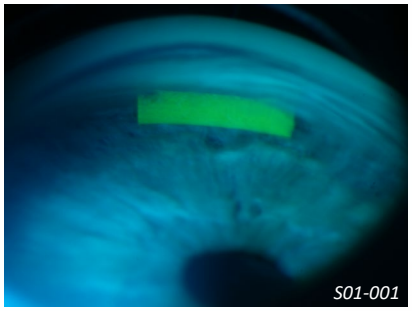
Day 28



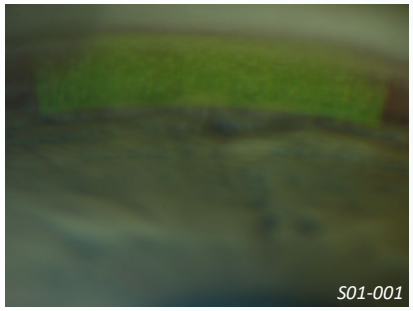
Month 4



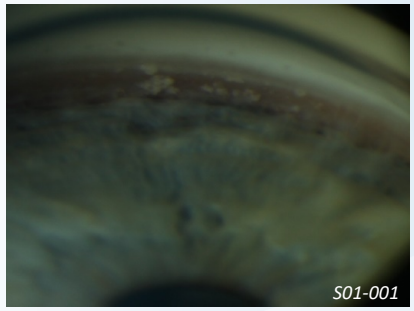
Month 5



Month 6



Month 7



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COHORT 1 & 2: SAFETY OVERVIEW

OCULAR ADVERSE EVENTS IN THE STUDY EYE

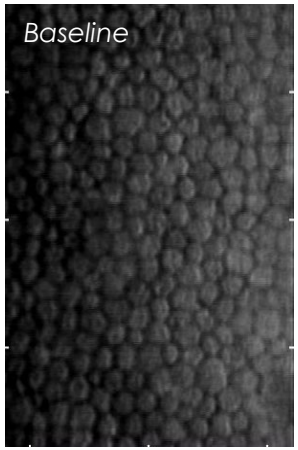
Number of subjects with ocular AEs:	OTX-TIC N=9
Iritis	4
Peripheral anterior synechiae	3
Corneal Edema	1

NB: In Cohort 1, same subjects had iritis and peripheral anterior synechiae. Events were mild and inflammation resolved with medical treatment.

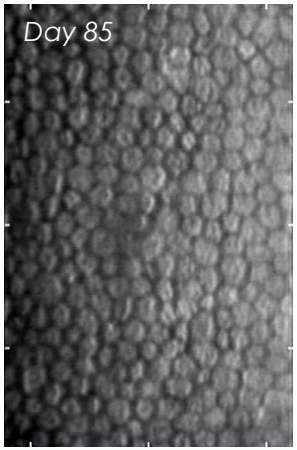
NB: Interim look; Unmonitored data.

COHORT 1 & 2: CORNEAL HEALTH

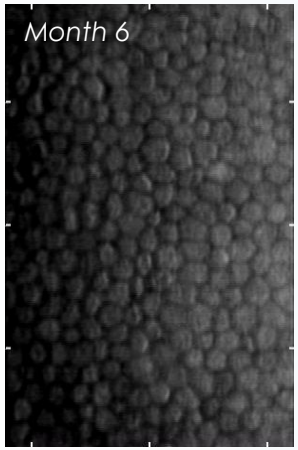
- No clinically-meaningful changes in endothelial cell counts or pachymetry from baseline through for 9/9 subjects in Month 3; 8/8 subjects through Month 6; 6/6 subjects through Month 9
- No clinically-meaningful changes observed in quality of cells
- No changes in values in patients who have reached 9+ months of follow-up (n=5) or 12+ months of follow-up (n=2)



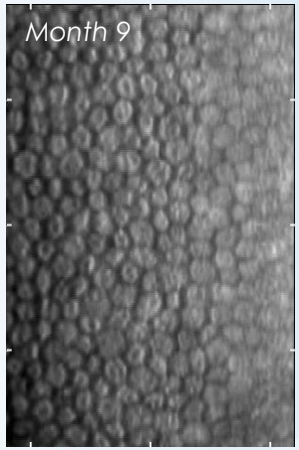
ECC M 3012/mm^2
ECC A: 2584/mm^2
Pachymetry: 590 µm



ECC M: 3022/mm^2
ECC A: 3067/mm^2
Pachymetry: 594.33 µm



ECC M: 2950/mm^2
ECC A: 2571/mm^2
Pachymetry: 574 µm



ECC M: 2950/mm^2
ECC A: 3003/mm^2
Pachymetry: 573.67 µm

Note: M: manual; A: auto-tracing

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CONCLUSIONS

☑ **Clinically-meaningful decrease in IOP**

Mean IOP values were decreased in patients receiving both OTX-TIC and topical travoprost as early as two days following administration, and mean IOP values remained decreased from baseline values

☑ **Duration of therapy**

Two subjects exhibited duration of IOP-lowering effect of 9+ months

☑ **Bioresorbable**

Implant biodegraded in 9 of 9 subjects by 7 months

☑ **Implant location and movement**

Implant was not observed to move at slit lamp and was visible at all exams in all patients;
In one subject, there was slight rotation noted at the Day 14 visit as compared to the Day 7 visit

☑ **Corneal health**

Endothelial cell counts and pachymetry assessments indicate no changes from baseline

NEXT STEPS

- Study is ongoing; Continued long-term evaluation of both cohorts
- Reformulation for implant that degrades more rapidly, with potential for lower drug concentrations to lower risk of inflammation
- Patient screening and enrollment has begun in Cohort 3 and Cohort 4

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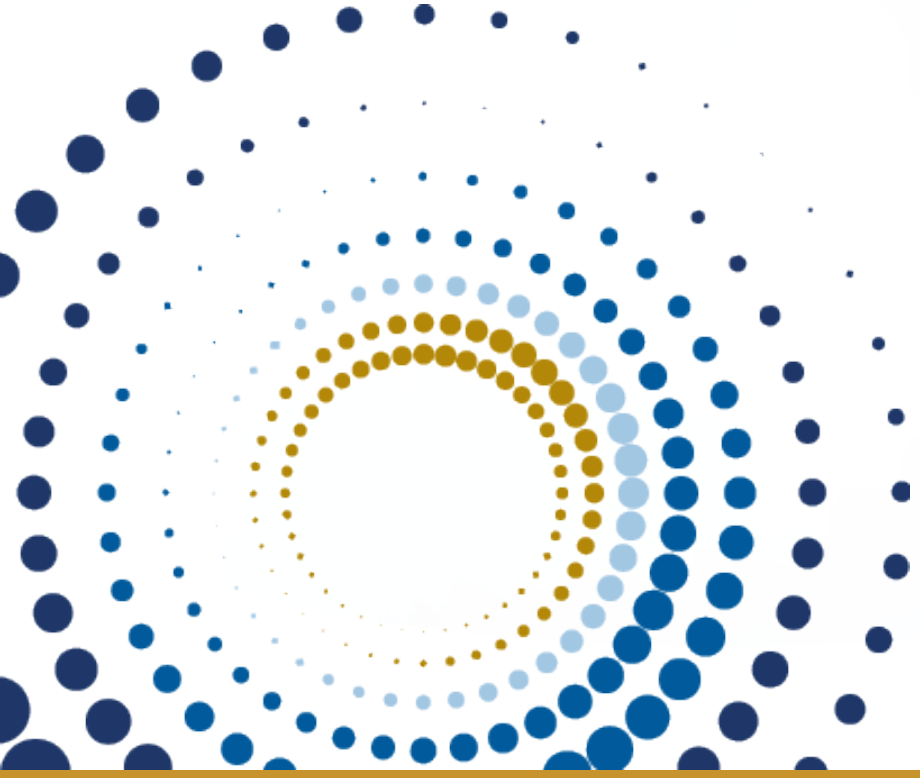

THANK YOU

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