

PHARMACODYNAMIC EFFICACY OF OPTIMIZED INTRAVITREAL AXITINIB IMPLANT (OTX-TKI) IN A VEGF CHALLENGE RABBIT MODEL

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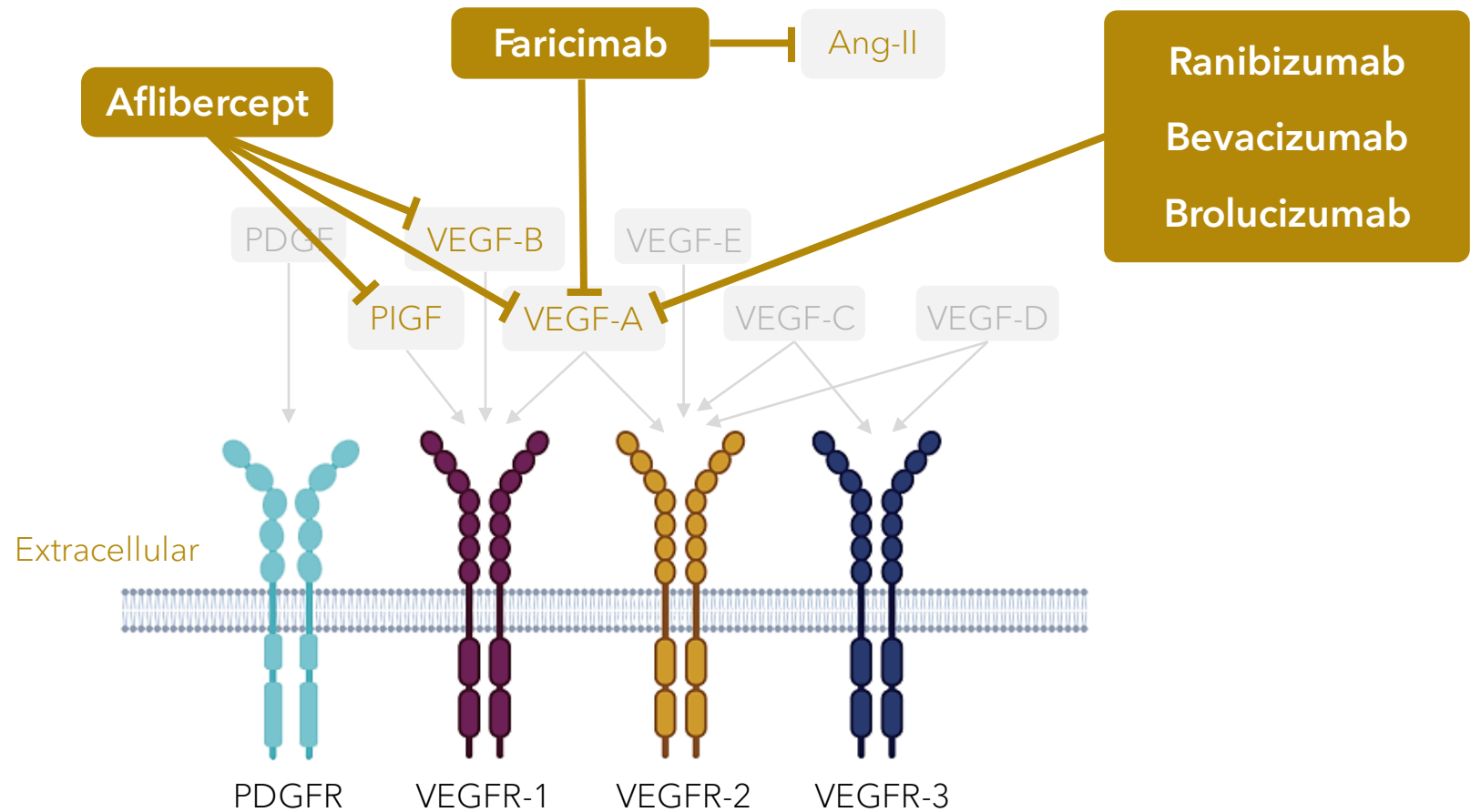
Ocular Therapeutix

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The following presentation discusses an investigational drug, OTX-TKI, in development. OTX-TKI's efficacy and safety profiles have not been established, and it has not been approved for marketing by the FDA.

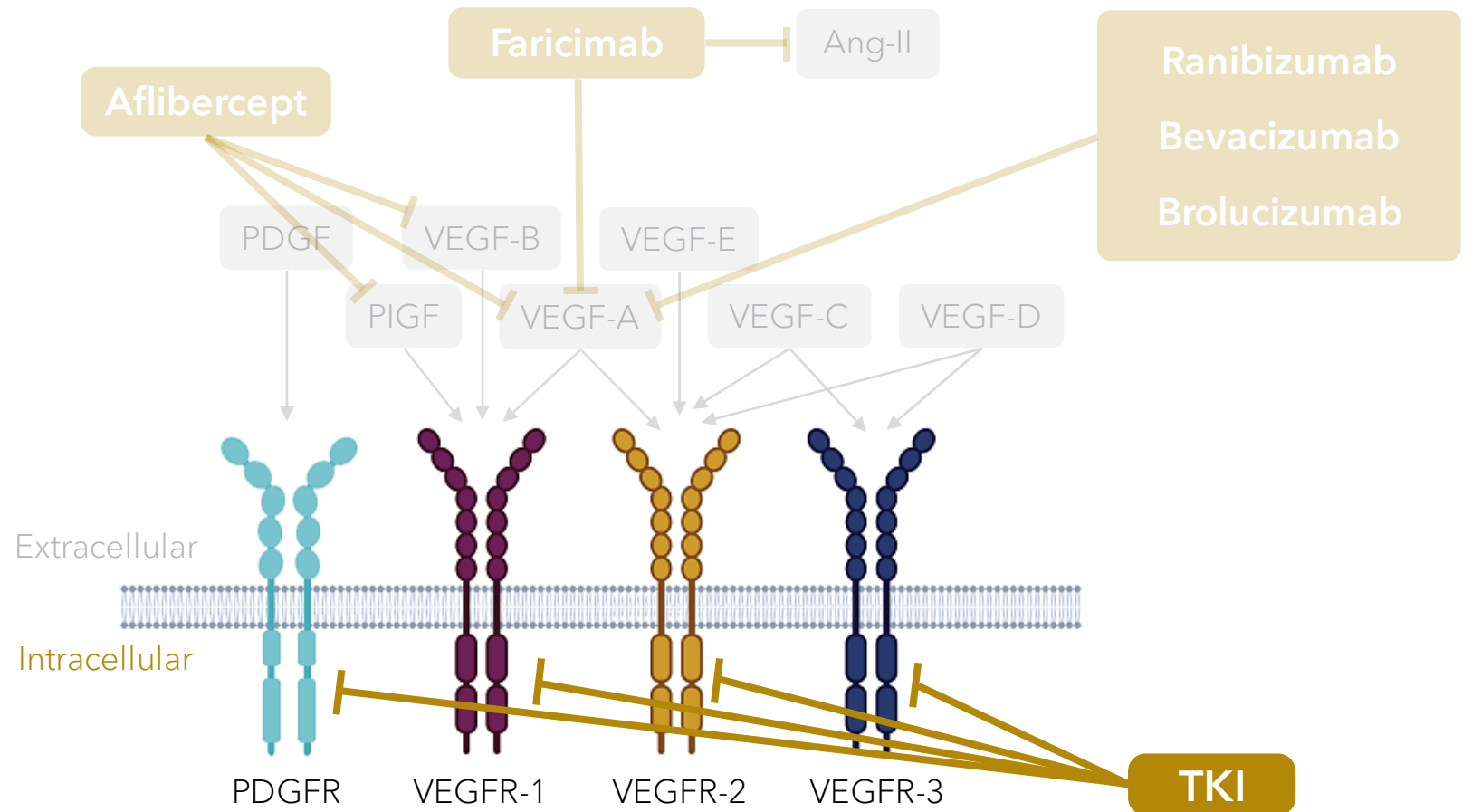
CURRENT ANTI-VEGF THERAPIES SELECTIVELY TARGET ONLY EXTRACELLULAR VEGF RECEPTORS

Anti-VEGFs act on the extracellular side by binding selective ligands, like VEGF-A, to prevent receptor binding and pro-angiogenic activity



AXITINIB ACTS INTRACELLULARLY TO INHIBIT VEGF RECEPTORS

TKIs bind the intracellular tyrosine kinase domains of VEGF receptors, inhibiting ATP binding and preventing activation of pro-angiogenic signaling



OTX-TKI (AXITINIB INTRAVITREAL IMPLANT): SUSTAINED RELEASE OF A POTENT TKI FOR RETINAL VASCULAR DISEASES

OTX-TKI HYDROGEL IMPLANT

Delivers axitinib, a TKI

IVT administration with single-use applicator (25G needle)

Steady-state axitinib release until implant bioresorption

Hydrogel implant bioresorbs at 8 to 9 months

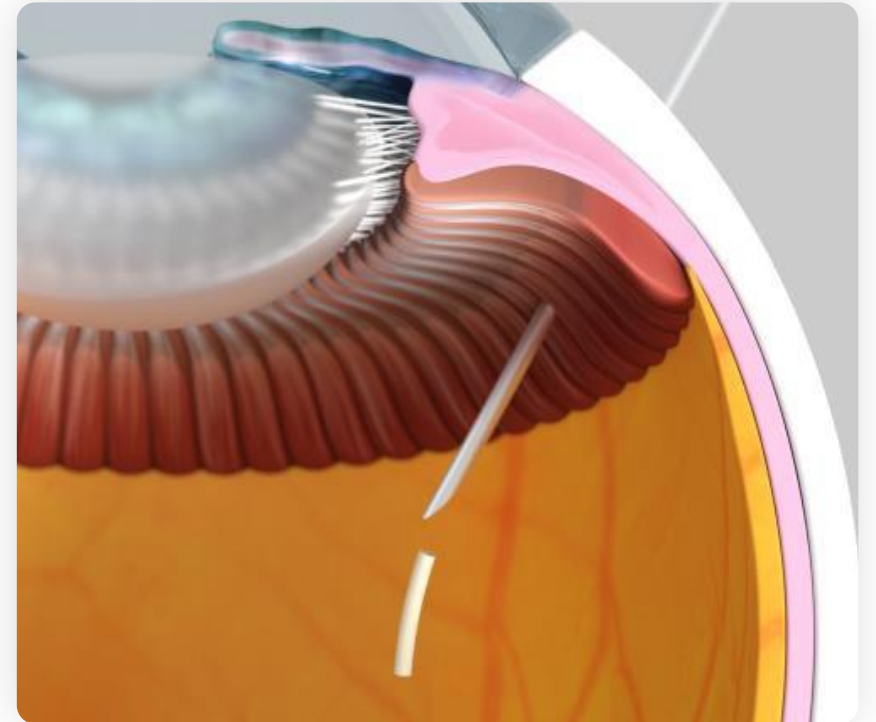
Optimized in same hydrogel but with a more soluble form of axitinib, delivering the targeted daily release rate in a 0.45-mg dose

Terminal drug release at bioresorption creates a flexible redosing period

OTX-TKI PROGRAM STATUS

Phase 3: Neovascular age-related macular degeneration¹

Phase 1: Non-proliferative diabetic retinopathy²



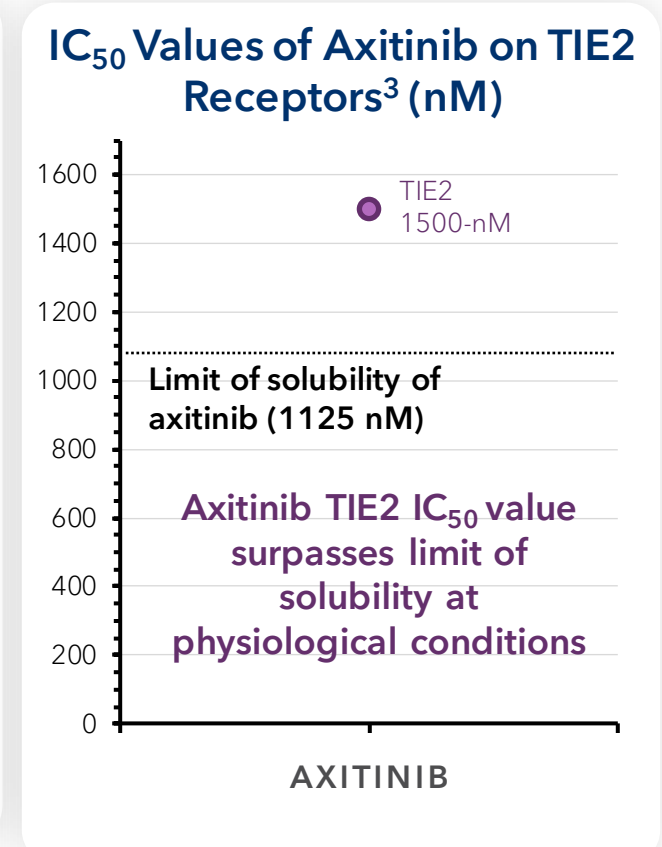
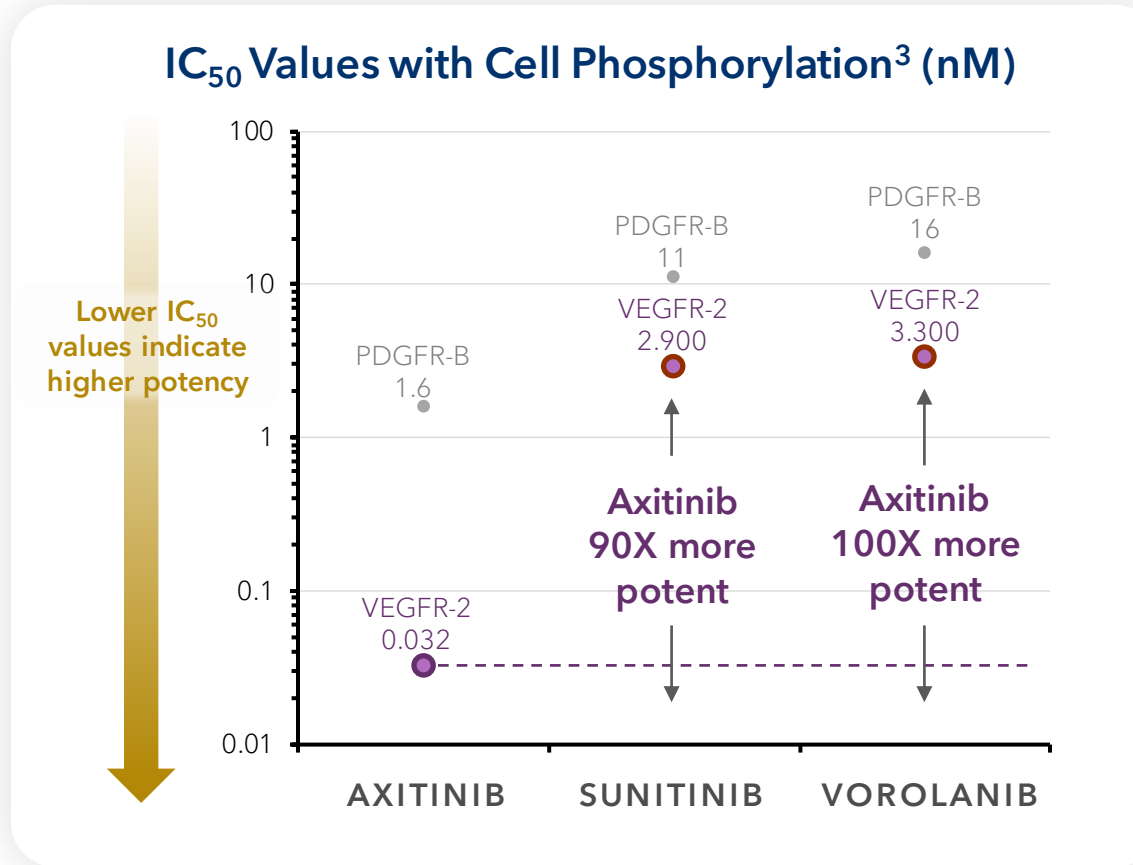
AXITINIB IS A POTENT PAN-VEGFR INHIBITOR, HIGHLY SELECTIVE, WITH NO TIE2 ACTIVITY AT PHYSIOLOGIC OCULAR TISSUE CONCENTRATIONS

Axitinib has **high selectivity** for VEGFR and PDGFR^{1,2}

Axitinib was **~100X more potent** for VEGFR-2 compared to sunitinib and vorolanib³

IC₅₀ values for axitinib and sunitinib are **consistent with literature**^{1,2}

No TIE2 inhibition at physiological tissue concentrations* via the gold standard cell phosphorylation assay



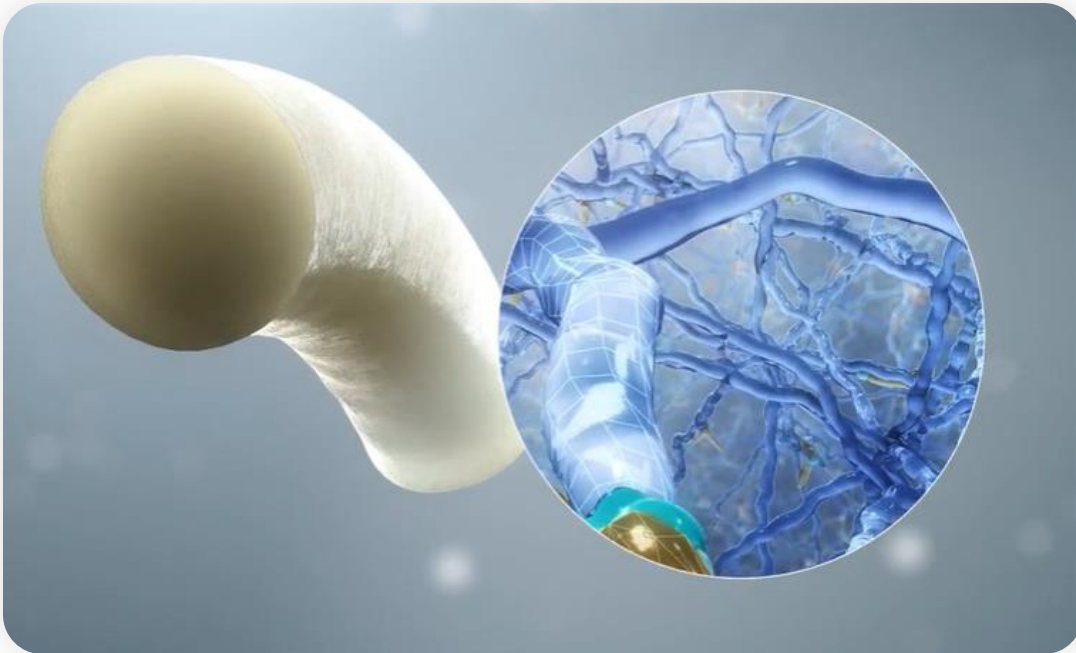
Limit of solubility is 1 μ M for axitinib in physiological conditions; therefore, testing conducted at concentrations exceeding the drug's saturation concentration (eg, 10 μ M by adding in co-solvents like DMSO) to evaluate for TIE2 inhibition is not reflective of expected effects in humans, as there are no organic solvents in the eye.

*Following extensive protein and melanin binding in ocular tissues.

CHO (Chinese hamster ovary); HUVEC (Human umbilical vein endothelial cells); MET (Mesenchymal-epithelial transition); PDGFR (Platelet-derived growth factor receptor); IC₅₀ (Half-maximal inhibitory concentration); TIE2 (Tyrosine kinase with immunoglobulin-like and EGF-like domains-2); VEGFR (Vascular endothelial growth factor receptor); DMSO (Dimethylsulfoxide).

1. Hu-Lowe DD, et al. *Clin Cancer Res*. 2008; 14(22):7272-7283. 2. McTigue M, et al. *Proc Natl Acad Sci U S A*. 2012; 109(45):18281-18289. 3. Unpublished data; Data on File. In vitro cell-based assays used to characterize IC50 values of axitinib for receptors VEGFR-2 (using HUVECs), PDGFR-Beta (in murine fibroblast cells), and a non-target receptor TIE2 (utilizing CHO cells).

AXITINIB RELEASED FROM HYDROGEL BY SLOW DIFFUSION



1. HYDROGEL MESHWORK

Cross-linked multi-arm PEG hydrogel network with hydrolyzable ester linkages¹

2. DRUG SLOWLY DIFFUSES OUT OF HYDROGEL

Micronized axitinib entrapped in hydrogel steadily dissolves into vitreous, then diffuses into ocular tissues^{1,2}

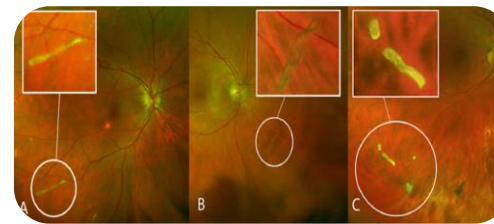
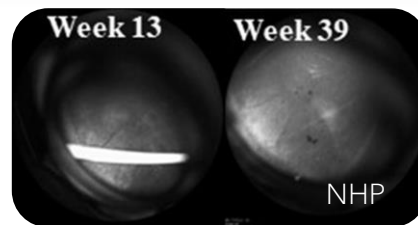
3. DRUG RELEASE AND IMPLANT BIORESORPTION

Hydrogel degrades via hydrolysis (like dissolvable sutures), implant bioresorbs, and remaining axitinib is released for continued delivery^{1,3}

Drug release is regulated by drug solubility, implant shape, and clearance mechanisms⁴

HYDROGEL: A DIFFERENTIATED PLATFORM FOR RETINAL DRUG DELIVERY

| | | Hydrogel | PLA/PLGA | PVA |
|-----------------------------------|---|---|--|---|
| Key Platform Characteristics | Rigidity | Soft | Rigid | Rigid |
| | Mechanism of release | Diffusion | Degradation | Bioerosion |
| | Biodegradation | Bioresorbs completely and synchronized with drug release | Biodegrades completely long after drug release | Bioerodes completely long after drug release |
| | Byproducts upon biodegradation | PEG polymer chains | Local acidic milieu (lactic and glycolic acid) | PVA polymer chains |
| Examples | Investigational retinal candidates | Axitinib intravitreal implant (OTX-TKI, Ocular Therapeutix) | No investigational candidates currently | Vorolanib intravitreal implant (EYP-1901, EyePoint Pharmaceuticals) |
| Key Attributes of Retinal Product | Formulated as a single implant per dose | ✓ | N/A | ✗ |
| | Redosing interval | 6-12 months ¹ | N/A | 6 months ³ |
| | Vehicle persistence | 8-9 months ¹ | Months to years ² | 18 to 24 months ⁴ |



AXPAXLI WAS OPTIMIZED TO SYNCHRONIZE AXITINIB DELIVERY WITH IMPLANT RESORPTION

DRUG SOLUBILITY

Modified to use a more soluble axitinib form

DAILY RELEASE RATE

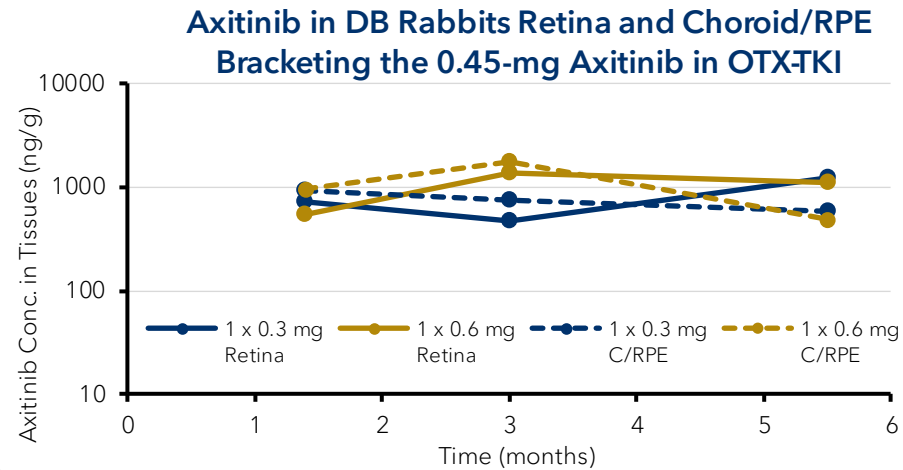
Provides greater daily release rate of axitinib than implants in the US trial and comparable release rate to 3 implants used in the AUS trial

STEADY STATE RELEASE

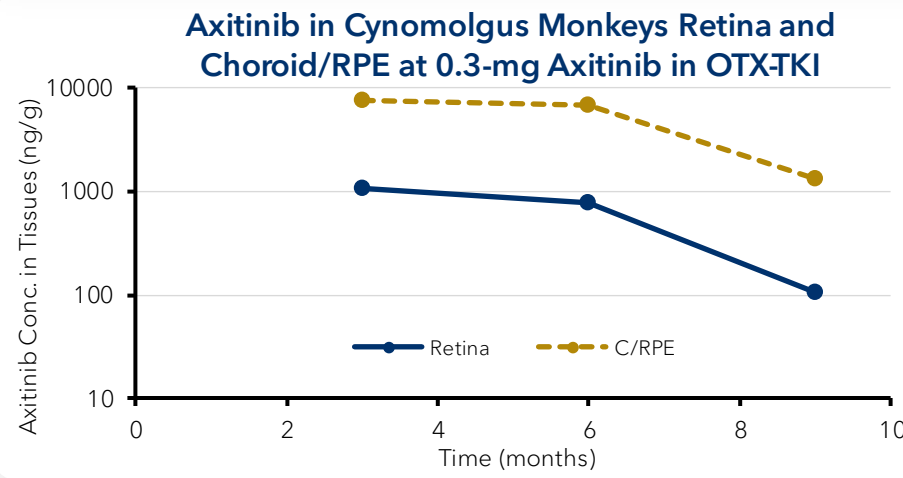
Better maintains steady-state concentrations after hydrogel bioresorption

DRUG RELEASE

Designed to improve synchronization of axitinib drug depletion with hydrogel bioresorption



Steady axitinib tissue concentrations in DB rabbits through 5.5 months bracketing 0.45-mg dose



Steady axitinib tissue concentrations in NHP through 6 months prior to depletion. Dose well synchronized to NHPs

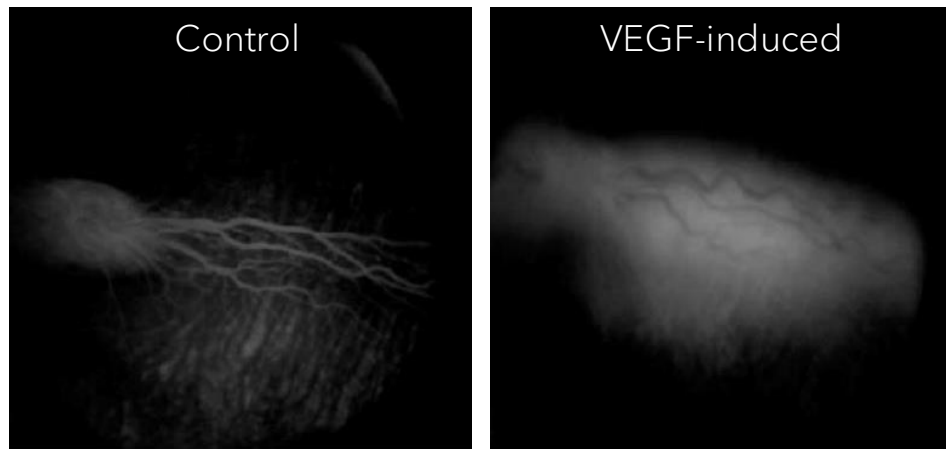
NONCLINICAL STUDY EVALUATING OTX-TKI EFFICACY IN THE VEGF CHALLENGE MODEL OF nAMD

VEGF CHALLENGE MODEL IN RABBITS^{1,2}

VEGF injection creates transient retinal vascular leakage

Leakage peaks 2-3 days post VEGF injection

Very useful to quickly assess anti-VEGF efficacy



OTX-TKI STUDY DESIGN

Day 0: Dutch-Belted rabbits administered bilateral IVT injections of 0.45-mg optimized OTX-TKI, bevacizumab, or nothing (untreated control)

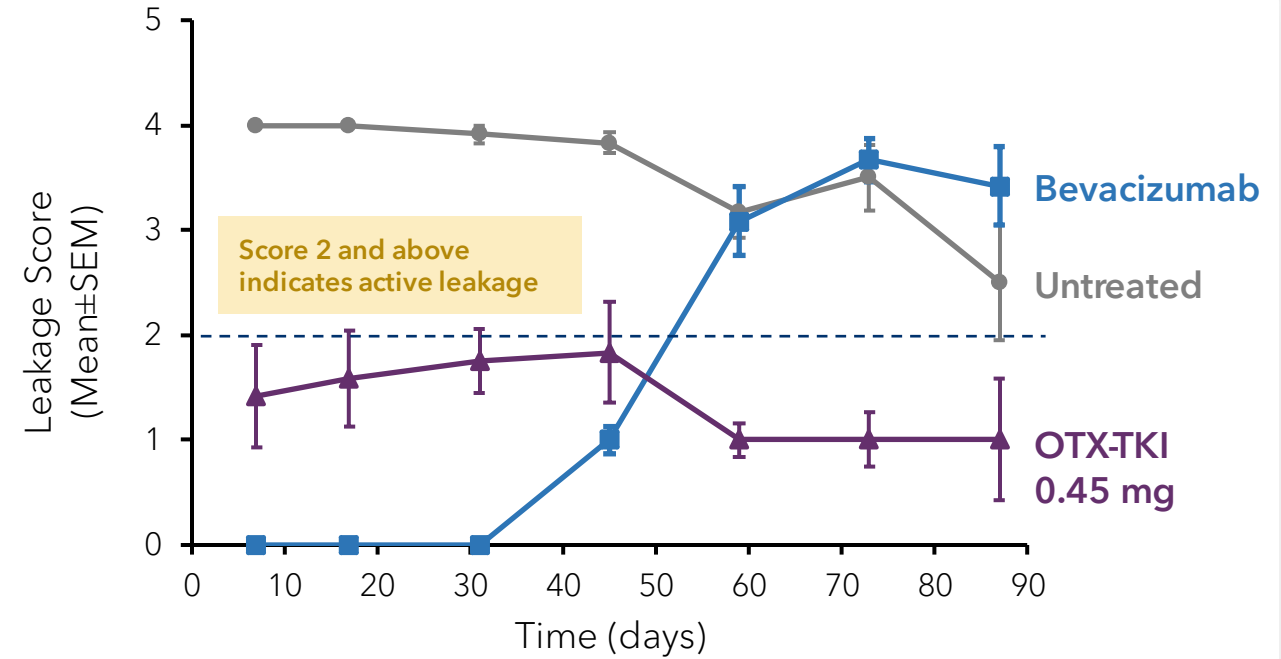
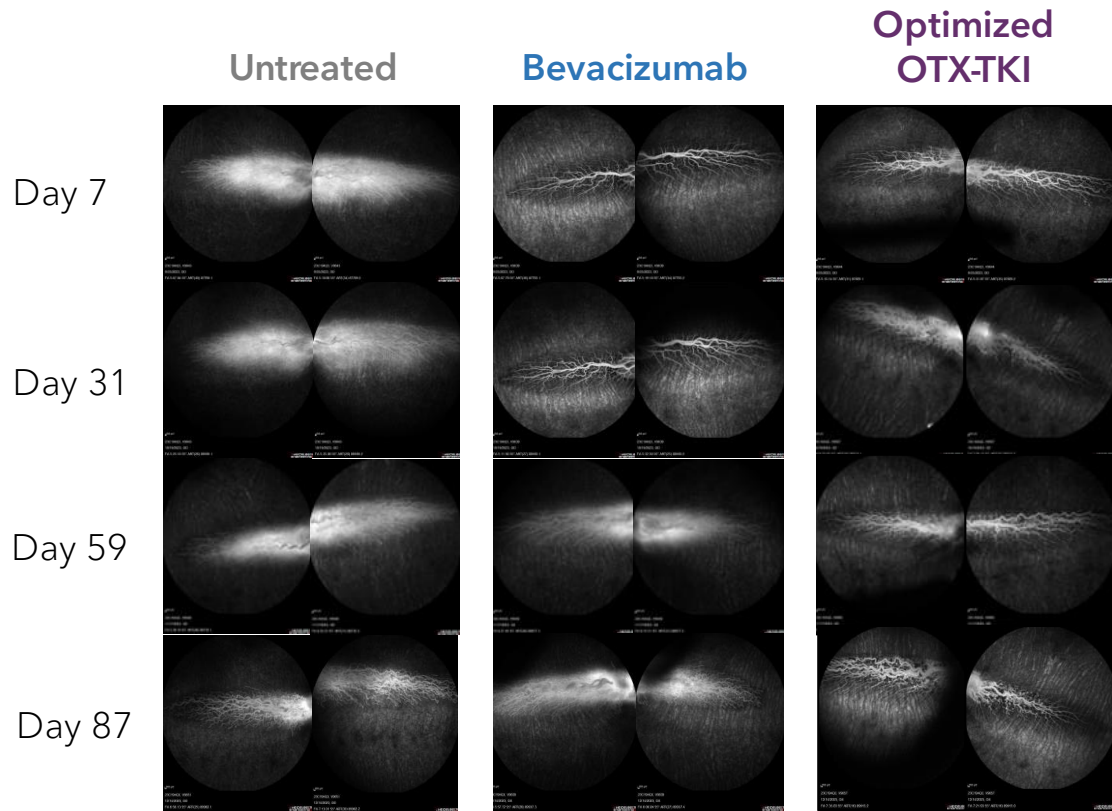
1- μ g VEGF IVT given to induce retinal blood vessel leakage

Three days post VEGF challenge, fluorescein injected and severity scoring performed after 5-6 min using fluorescein angiography (below)

N=6 eyes/timepoint over 87 days

| Score | Scoring Descriptor |
|-------|--|
| 0 | Major vessels straight, some tortuosity of smaller vessels, no vessel dilation |
| 1 | Increased tortuosity of major vessels and/or some vessel dilation |
| 2 | Leakage between major vessels, significant vessel dilation |
| 3 | Leakage between major and minor vessels, minor vessels still visible |
| 4 | Leakage between major and minor vessels, minor vessels poorly/not visible |

SUBSTANTIAL REDUCTION IN VASCULAR LEAKAGE WITH OPTIMIZED 0.45-MG OTX-TKI IN VEGF-CHALLENGED RABBITS



OTX-TKI maintained low leakage scores throughout the study period

Bevacizumab had a marked reduction in efficacy after day 31

At day 73, bevacizumab had similar scores to untreated control

CONCLUSIONS

Current anti-VEGFs only target extracellular VEGFR ligands vs TKIs that act intracellularly by binding pan-VEGF receptors to inhibit neovascularization

OTX-TKI (axitinib hydrogel implant) is a sustained-release potent TKI currently in a Phase 3 trial for nAMD

Optimized 0.45-mg implant designed to improve synchronization of axitinib drug depletion with hydrogel bioresorption

In the nonclinical study, 0.45-mg optimized OTX-TKI implant reduced vascular leakage following repeat VEGF challenges, demonstrating sustained activity and surpassed duration over bevacizumab

OTX-TKI has potential to continuously control retinal vascular diseases with a sustained-release TKI



THANK YOU
