Travoprost Intracameral Implant (OTX-TIC) for Open-angle Glaucoma or Ocular Hypertension: Results from a Phase 2 Clinical Trial

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On behalf of the PAXTRAVA Phase 2 clinical trial investigators

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Disclosures

Financial Disclosures

- Presenter is an investigator, speaker, and consultant for the following companies: Glaukos, Alcon, Abbvie/Allergan, Nova Eye, Elios, and Sight Sciences
- Presenter also reports royalties and grant support from Glaukos and Abbvie/Allergan respectively and is an investigator for Ocular Therapeutix Inc. and a consultant for Zeiss

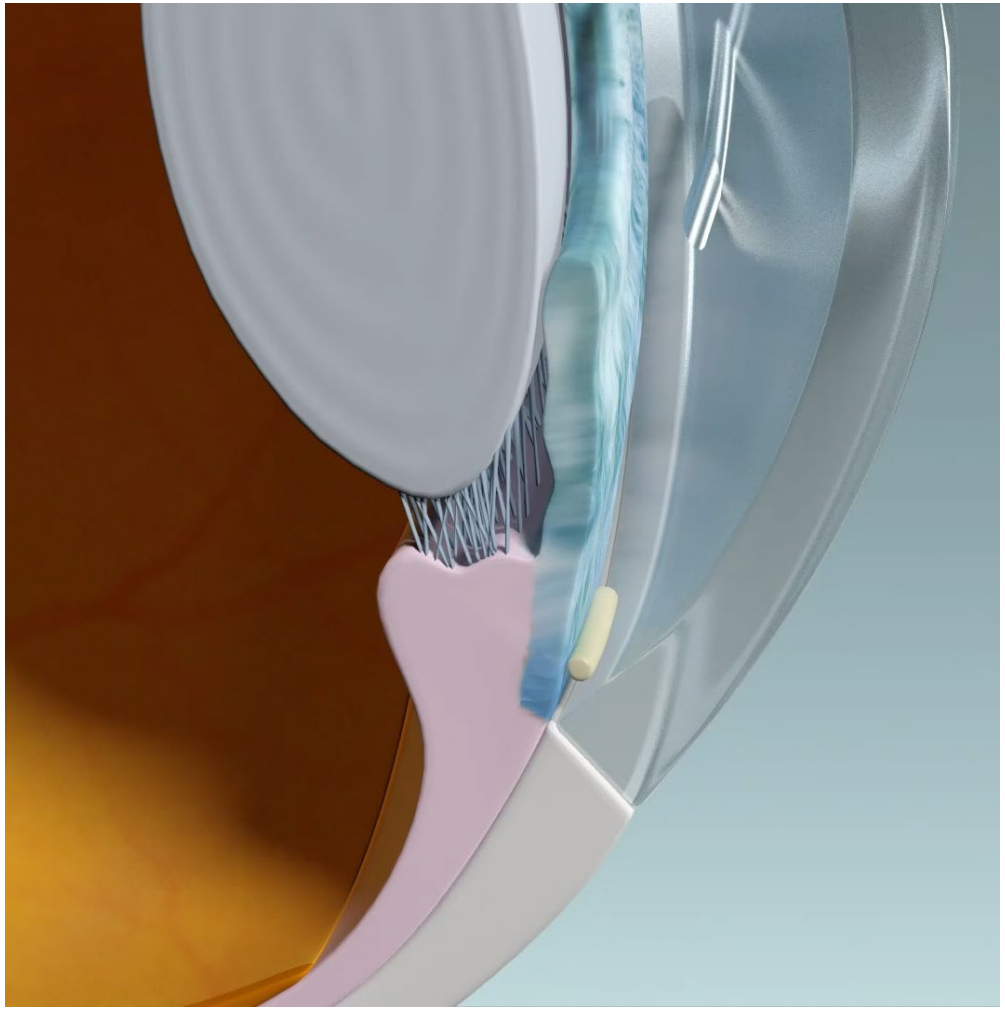
Study Disclosures

This study was supported by Ocular Therapeutix, Inc.

PAXTRAVA™ (travoprost intracameral implant), also referenced by laboratory code OTX-TIC, is an investigational product candidate currently undergoing clinical evaluation. This presentation is not intended to convey any conclusion of safety or efficacy, and there is no guarantee that PAXTRAVA will successfully complete development or gain FDA approval

PAXTRAVA (travoprost intracameral implant)

- PAXTRAVA combines travoprost with a proprietary bioresorbable hydrogel
- Designed to deliver steady-state travoprost for 6 months or longer from a single completely bioresorbable implant with potential for repeat dose for durable IOP control
- Administered via a single 26G injection

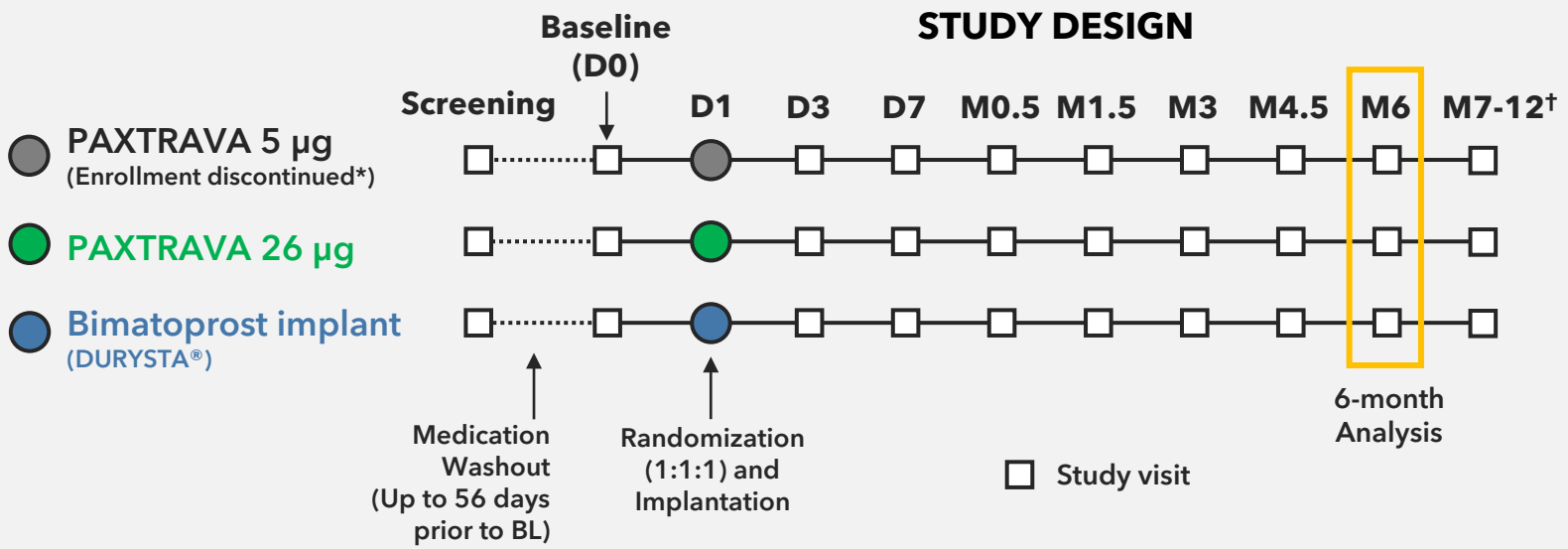


Reference: Blizzard C, Desai A, et al, inventors; Ocular Therapeutix, Inc., assignee. Methods of Treating Ocular Disease Using Polyalkylene Glycol Intracameral Implants with Polyactide Travoprost Particles. US patent 11,622,935 B2. April 11, 2023

PAXTRAVA Phase 2 Study Design

Phase 2 randomized, parallel-group, controlled study to evaluate safety and efficacy of PAXTRAVA in subjects with OAG or OHT

- **Key inclusion criteria**: Subjects with controlled OHT or OAG; Open, normal anterior chamber angles on gonioscopy



PRIMARY EFFICACY ENDPOINT:

IOP changes from baseline at 8AM, 10AM, 4PM at Week 2 (M0.5), Week 6 (M1.5) and Week 12 (M3) in the study eye using censored data§

*PAXTRAVA 5 µg discontinued due to IOP elevations; †Monthly visits until IOP is within 10% of baseline for up to Month 12, if needed; §Data collected after the receipt of additional IOP lowering medication are excluded from subsequent visits
M0.5, M1.5 and M3 study visits correspond to week 2, week 6 and week 12 study visits, respectively
BL=baseline; D=day; M=month; OHT=ocular hypertension; OAG=open angle glaucoma
Reference: A Study to Evaluate the Efficacy and Safety of OTX-TIC (Travoprost) Intracameral Implant for Patients With Open-angle Glaucoma (OAG) or Ocular Hypertension (OHT). ClinicalTrials.gov identifier: NCT05335122. Updated December 12, 2023. Accessed March 27, 2024. https://classic.clinicaltrials.gov/ct2/show/study/NCT05335122

Demographics were Well-Balanced Across Treatment Arms

	PAXTRAVA 26 µg (N=32)	DURYSTA (N=34)	Overall (N=66)
Subject Disposition			
Randomized	33*	34	67*
mITT Population	32	34	66
Safety Population	32	34	66
Age, mean (SD), years	65.1 (8.8)	64.9 (12.8)	65.0 (11.0)
Female, n (%)	15 (46.9)	15 (44.1)	30 (45.5)
Race, n (%)			
White	24 (75.0)	26 (76.5)	50 (75.8)
Black or African American	7 (21.9)	6 (17.6)	13 (19.7)
American Indian or Alaska Native	1 (3.1)	0	1 (1.5)
Asian	0	0	0
Other	0	1 (2.9)	1 (1.5)
Multiple	0	1 (2.9)	1 (1.5)
Ethnicity, n (%)			
Hispanic or Latino	4 (12.5)	7 (20.6)	11 (16.7)
Non-Hispanic or Latino	28 (87.5)	27 (79.4)	55 (83.3)

Analysis population: mITT population
mITT population will include all subjects who received an implant in the study eye; safety population will include all subjects who received an implant and were analyzed as treated
*One subject was randomized to PAXTRAVA 26µg arm but had unsuccessful intracameral injection due to injector failure
mITT= modified intent-to-treat; SD = standard deviation

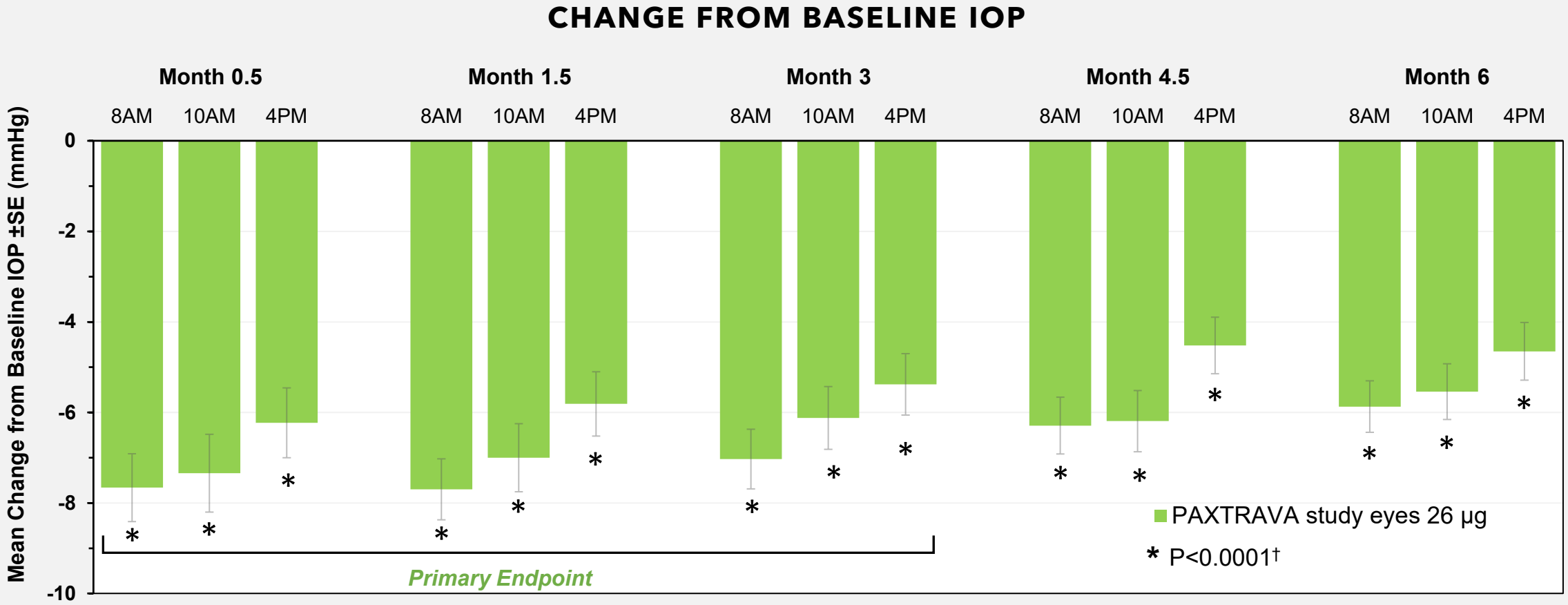
Baseline Ocular Characteristics were Well-Balanced Across Treatment Arms

Ocular Characteristics	PAXTRAVA 26 µg (N=32)	DURYSTA (N=34)	Overall (N=66)
Diagnosis*, n (%)			
Open-angle glaucoma	27 (84.4)	23 (67.6)	50 (75.8)
Ocular hypertension	5 (15.6)	11 (32.4)	16 (24.2)
Mean Diurnal IOP (SD), mmHg	**22.9 (2.2)**	**23.1 (2.4)**	**23.0 (2.3)**
Number of IOP-lowering agents prior to study entry†, mean (SD)	1.17 (0.39)	1.26 (0.54)	1.22 (0.47)
Corneal endothelial cell count, mean (SD), cells/mm^2	2416.64 (366.56)	2407.72 (321.25)	2412.05 (341.31)
Central corneal thickness, mean (SD), µm	556.91 (35.02)	557.77 (25.87)	557.35 (30.41)
Visual Field			
Mean Deviation, mean (SD), dB	-1.08 (2.75)	-1.68 (3.67)	-1.39 (3.25)
Pattern Standard Deviation, mean (SD), dB	2.97 (2.43)	2.95 (2.55)	2.96 (2.47)
Visual Field Index, mean (SD), %	96.0 (6.04)	97.0 (3.43)	96.6 (4.81)
Location of implantation procedure, n (%)			
Slit-Lamp	10 (31.3)	11 (32.4)	21 (31.8)
Operation Microscope (small procedure room)	21 (65.6)	23 (67.6)	44 (66.7)
Operation Microscope (operating room)	1 (3.1)	0	1 (1.5)

Analysis population: mITT population
†Prior to study entry is counted starting from one week prior to screening (exclusion of screening)
dB = decibels; IOP = intraocular pressure; SD = standard deviation

PAXTRAVA 26 µg Primary Efficacy Endpoints

Statistically Significant IOP Change from Baseline for All Individual Diurnal Measurements at Week 2 (M0.5), Week 6 (M1.5), and Week 12 (M3)†



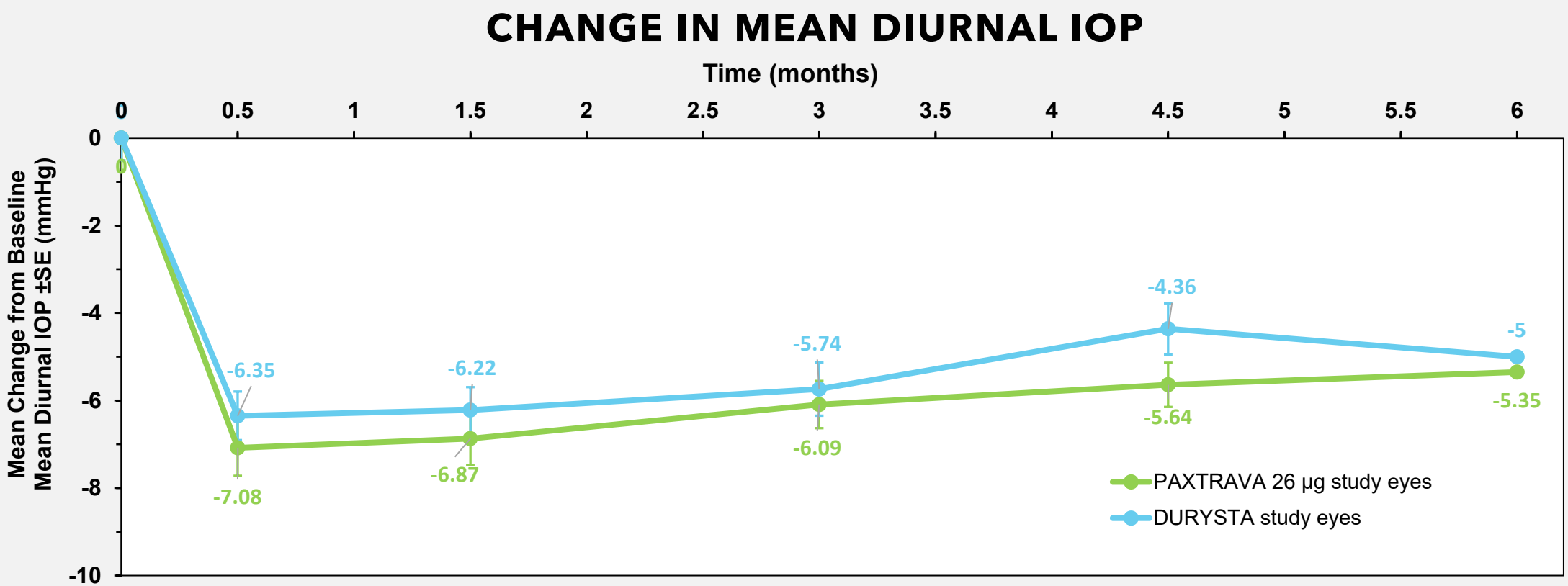
Analysis population: mITT population of 26µg with data collected after the receipt of additional IOP lowering medication excluded from subsequent visits (censored); Sample sizes: n=32 at Month 0.5, n=30 at Month 1.5 and Month 3, n=28 at Month 4.5 and n=26 at Month 6; Data from subjects who received additional IOP lowering therapy in an unscheduled visit were excluded from the scheduled visit

*P value from 1-sample t test with an alpha level of 0.05 comparing the mean IOP change from baseline to zero; IOP changes from baseline at all other study visits (except those in the primary efficacy evaluations) in the study eye were secondary endpoints; Month 0.5, 1.5 and 3 timepoints refer to study visits at week 2, week 6 and week 12, respectively

Mean baseline IOP (mmHg): 23.70 (8AM), 23.05 (10AM) and 21.94 (4PM)

† IOP change from baseline at 8am, 10am, and 4pm at Week 2, Week 6 and Week 12 in the study eye were the primary efficacy endpoints. No formal statistical testing was prespecified

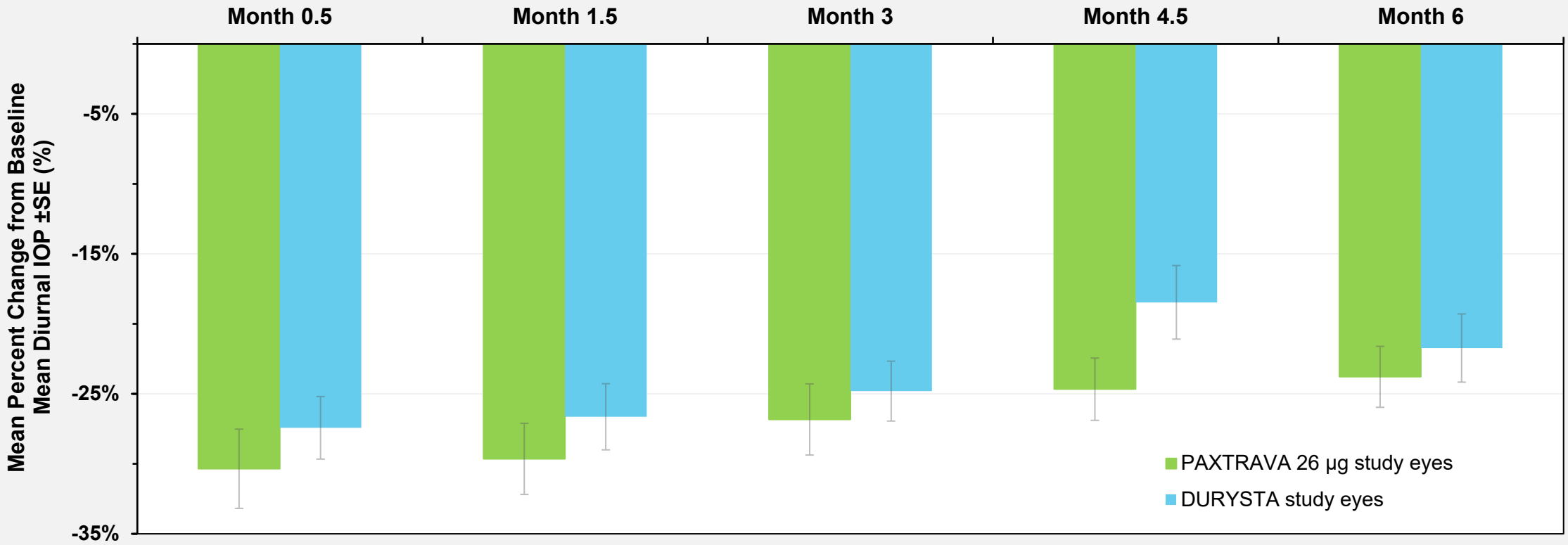
Treatment with PAXTRAVA 26 µg shows Similar IOP Reduction to DURYSTA-Treated Eyes



PAXTRAVA 26 µg, n	32	30	30	28	26
DURYSTA, n	34	32	32	30	30

Analysis population: mITT population of 26µg and Durysta, with data collected after the receipt of additional IOP lowering medication excluded from subsequent visits (censored)
Data from subjects who received additional IOP lowering therapy in an unscheduled visit were excluded from the following scheduled visit
IOP measures were taken at 8AM, 10AM and 4PM and averaged to determine the mean diurnal IOP
Month 0.5, 1.5 and 3 timepoints refer to study visits at week 2, week 6 and week 12, respectively

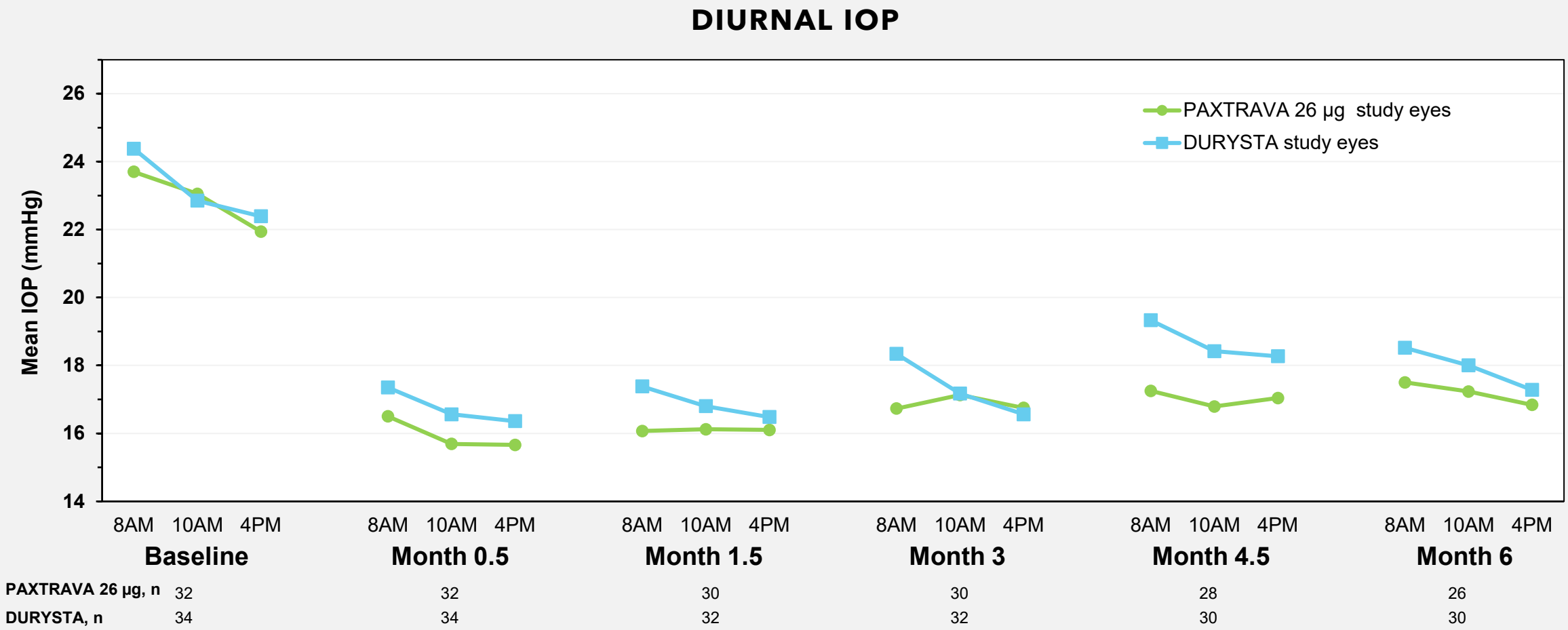
On Average, PAXTRAVA Achieved a Reduction in IOP of ~24-30% From Baseline Mean Diurnal IOP During the First Six Months of Treatment



	Month 0.5	Month 1.5	Month 3	Month 4.5	Month 6
PAXTRAVA 26 µg, n	32	30	30	28	26
DURYSTA, n	34	32	32	30	30

Analysis population: mITT population of 26µg and Durysta with data collected after the receipt of additional IOP lowering medication excluded from subsequent visits (censored)
Data from subjects who received additional IOP lowering therapy in an unscheduled visit were excluded from the following scheduled visit
Month 0.5, 1.5 and 3 timepoints refer to study visits at week 2, week 6 and week 12, respectively

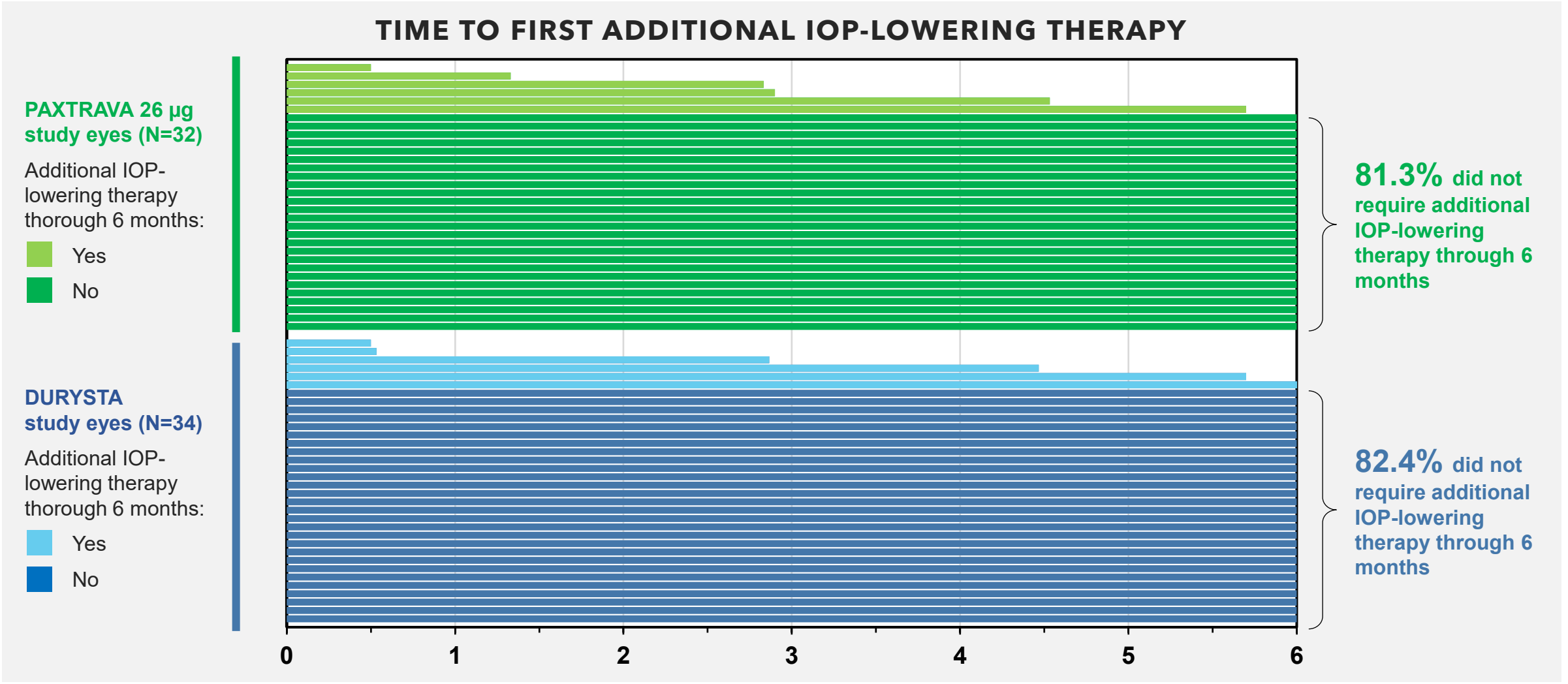
Sustained and Consistent Reduction in Diurnal IOP for Six Months Following a Single PAXTRAVA 26 µg Implant and Similar to DURYSTA



	Baseline	Month 0.5	Month 1.5	Month 3	Month 4.5	Month 6
PAXTRAVA 26 µg, n	32	32	30	30	28	26
DURYSTA, n	34	34	32	32	30	30

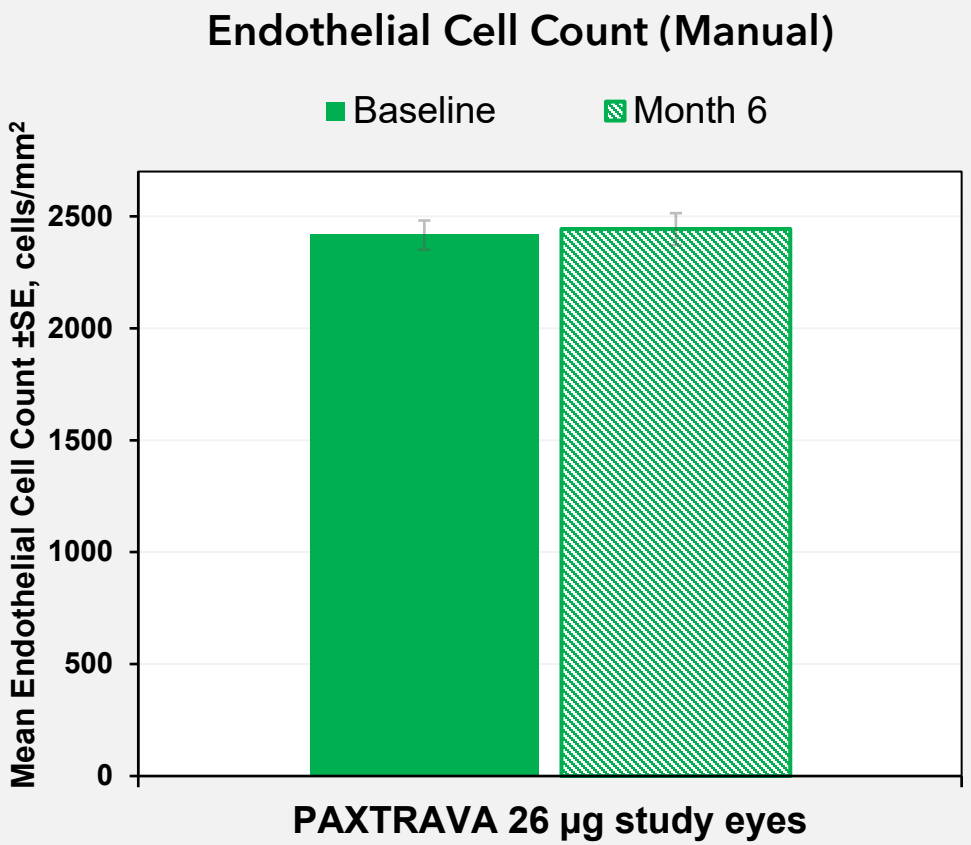
Analysis population: mITT population of 26µg and Durysta with data collected after the receipt of additional IOP lowering medication excluded from subsequent visits (censored)
Data from subjects who received additional IOP lowering therapy in an unscheduled visit were excluded from the following scheduled visit
Month 0.5, 1.5 and 3 timepoints refer to study visits at week 2, week 6 and week 12, respectively

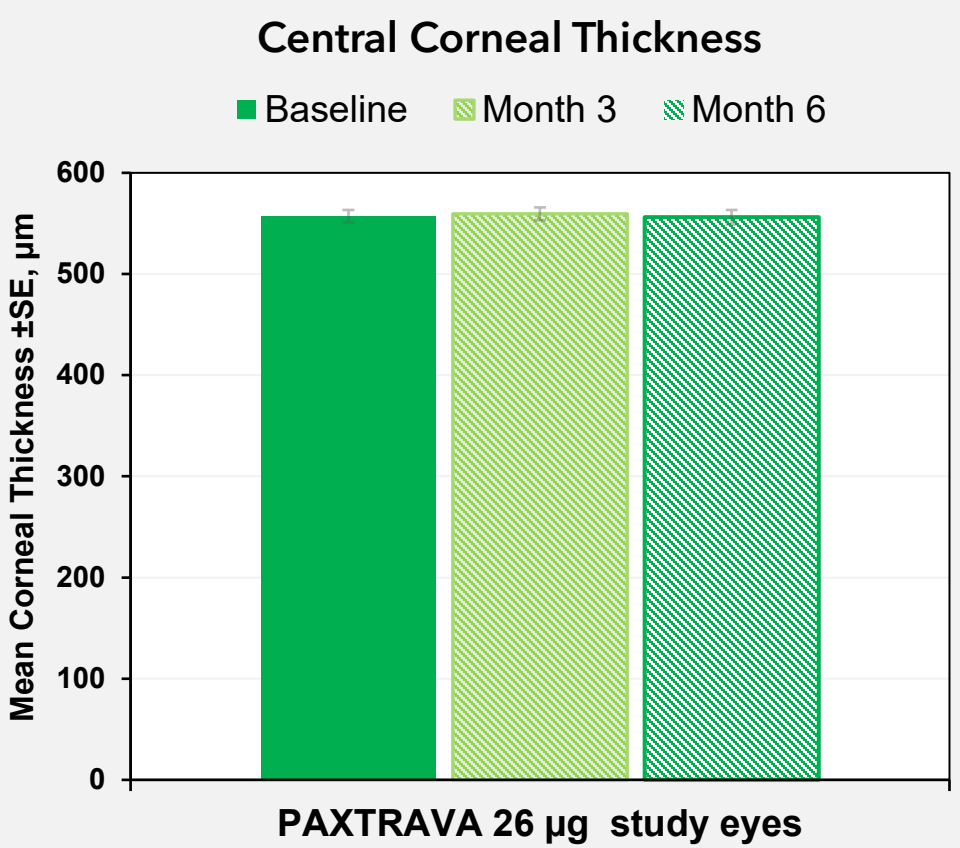
Majority (81.3%) of PAXTRAVA 26 µg Eyes Did Not Require Additional IOP-Lowering Therapy Through Six Months



Analysis population: Safety population. Sample size: N=32 for PAXTRAVA 26 µg and N=34 for DURYSTA. Each line represents one subject showing time to first additional IOP lowering therapy
Additional IOP-lowering therapy refers to IOP-lowering drops provided as rescue therapy at the Investigator's discretion after determining the subject's IOP is not adequately controlled

No Clinically Meaningful Change in Endothelial Cell Count or Corneal Thickness Observed 6 Months Following a Single Administration of PAXTRAVA 26 µg





Analysis population: Safety population
Endothelial cell count sample size: PAXTRAVA 26 µg eyes N=32 at baseline and N=30 at Month 6. Central corneal thickness sample size: PAXTRAVA 26 µg eyes N=32 at baseline and Month 3, and N=31 at Month 6
Month 3 timepoints refer to study visit at week 12

Safety

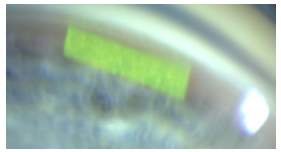
- PAXTRAVA 26 µg was **generally well-tolerated** with majority of adverse events (AEs) **mild in severity and deemed related to injection procedure by the investigator**
- Most ocular adverse events within 3 days of injection were deemed related to injection procedure by the investigator
  - Most iritis events were mild in severity (0.5+/1+ cell) and resolved with short-term, topical steroid treatment
- One ocular SAE reported in a PAXTRAVA 26 µg-treated subject which led to implant removal and recovered without sequalae
  - Most likely a peri-implantation, low-grade bacterial infection per investigator
- No systemic SAEs deemed related to study drug or injection procedure reported

Subjects with ocular TEAEs by Maximum Severity, n (%)	PAXTRAVA 26 µg (N=32)	DURYSTA (N= 34)
Subjects with at least one ocular TEAE in the study eye	19 (59.4)	6 (17.6)
Mild	16 (50.0)	6 (17.6)
Moderate	3 (9.4)*	0
Severe	0	0

Most Common (≥5%) Ocular TEAEs in Study Eyes, n (%)	Onset within 3 days of Injection Procedure**		Onset > 3 days of Injection Procedure**	
	PAXTRAVA 26 µg (N=32)	DURYSTA (N= 34)	PAXTRAVA 26 µg (N=32)	DURYSTA (N= 34)
Iritis*	4† (12.5)	1 (2.9)	2‡ (6.3)	0
Conjunctival hyperaemia	1 (3.1)	0	3 (9.4)	0
Punctate keratitis	1 (3.1)	0	3 (9.4)	0
Ocular hyperaemia	1 (3.1)	0	2 (6.3)	1 (2.9)
Seidel test positive	3 (9.4)	0	0	0
Eye pain	2† (6.3)	0	0	0
Foreign body sensation in eyes	0	0	2 (6.3)	1 (2.9)

*Includes subject with ocular serious AE
** Onset within and after 3 days was chosen due to study visit schedule (Injection at Day 1 and follow-up visit at Day 3 ± 1 day)
†Subjects with AE onset within and after 3 days of injection procedure, are counted only the first time
‡One subject had no prior history of PGA use (had their iritis events > 10 days following the injection procedure)
TEAE=treatment emergent adverse event; SAE=serious adverse event
Due to IOP elevations the 5ug arm enrollment was discontinued; IOP elevations resolved with additional IOP lowering medications; Other adverse events related to IOP elevations were observed

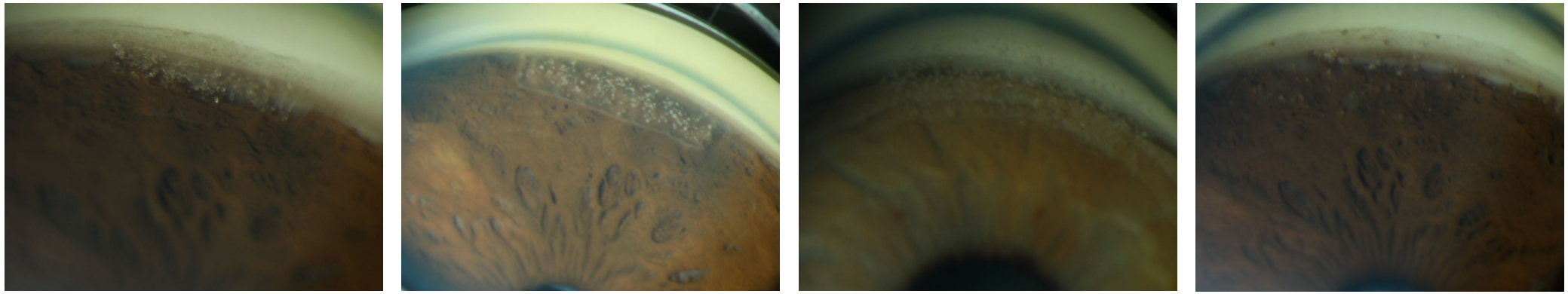
Majority (64.5%) of PAXTRAVA Implants were Significantly or Fully Bioresorbed by Month 6 & Maintained a Consistent Inferior Position*



*Example of PAXTRAVA **with** fluorescein†*

BASELINE IMPLANT	PARTIALLY DEGRADED IMPLANT	SIGNIFICANTLY DEGRADED IMPLANT	FULLY DEGRADED IMPLANT
Implant is intact	*Implant is intact, but borders are less well-defined. Initiation of degradation is observable. Microparticles can be seen.*	*Implant borders can barely be seen. Implant may be fragmented. Microparticles can be seen.*	*Full clearance of the hydrogel component of the implant. Complete liquefication of hydrogel. Microparticles may still be seen.*

*Example of PAXTRAVA **without** fluorescein†*



- Majority (64.5%) of PAXTRAVA 26 µg implants were **significantly or fully bioresorbed** by Month 6
- Over 90% PAXTRAVA 26 µg implants **consistently stayed inferiorly** in the 5-7 o'clock location following injection within the anterior chamber

Analysis population: Safety population
*PAXTRAVA implant bioresorption and location were assessed by gonioscopy
†Representative images collected from the Phase 1 trial

Conclusions: Phase 2 Results Demonstrate Consistent and Sustained IOP Reductions Through 6 Months with PAXTRAVA 26 µg

- **PAXTRAVA 26 µg single implant demonstrated consistent IOP control through 6 months**:
  - IOP reduction of ~24-30% from baseline
  - A majority (81.3%) of treated eyes did not require additional IOP-lowering therapy through 6 months indicating sustained & consistent treatment effect
- **Similar IOP reductions to** DURYSTA-treated eyes
- PAXTRAVA 26 µg was **generally well-tolerated**; majority of adverse events (AEs) **mild in severity and deemed related to injection procedure by the investigator**
- **No impact on corneal endothelium** observed at 6 months following a single administration
- **Repeat dose sub-study** is ongoing

Company is planning an end-of-Phase 2 meeting with the FDA to finalize development plans for PAXTRAVA Phase 3 trials

Thank You to the PAXTRAVA Phase 2 Investigators and Study Teams

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