Ocular Therapeutix Corporate Overview

43rd Annual J.P. Morgan Healthcare Conference | January 2025

Forward Looking Statements and Disclaimers

Any statements in this presentation about future expectations, plans, and prospects for the Company, including the development and regulatory status of the Company's product candidates, including the design of, and the timing of the enrollment of the Company's SOL-1 and SOL-R Phase 3 clinical trials of AXPAXLI™ (also called OTX-TKI) for the treatment of wet AMD; the Company's plans to advance the development of AXPAXLI and its other product candidates, including in additional indications such as NPDR; the size of potential markets for the Company's product candidates; the potential utility or adoption, if approved, of any of the Company's product candidates; the sufficiency of the Company's cash resources; and other statements containing the words "anticipate", "believe", "estimate", "expect", "intend", "designed", "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 preclinical and 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, the timing and costs involved in commercializing DEXTENZA® or any product or product candidate that receives regulatory approval; the ability to retain regulatory approval of DEXTENZA or any product or product candidate that receives regulatory approval; the initiation, design, timing, conduct, and outcomes of clinical trials, including the SOL-1 trial, the SOL-R trial, and the Company's other ongoing clinical trials; the risk that the U.S. Food and Drug Administration, or FDA, will not agree with the Company's interpretation of the written agreement under the SPA for the SOL-1 trial and the FDA's other written guidance for the SOL clinical program; the risk that even though the FDA has agreed with the overall design of the SOL clinical program, the FDA may not agree that protocol and statistical analysis plan or the data generated by the SOL clinical program supports potential marketing approval, even if both SOL-1 and SOL-R are successful and meet their primary endpoints; the risk that the Company and the FDA may not agree on the registrational pathway for AXPAXLI for NPDR or any other indication; uncertainty as to whether the data from earlier clinical trials will be predictive of the data of later clinical trials, particularly later clinical trials that have a different design or utilize a different formulation than the earlier trials, whether preliminary or interim data from a clinical trial will be predictive of final data from such trial, or whether data from a clinical trial assessing a product candidate for one indication will be predictive of results in other indications; the timing of availability of data from clinical trials and expectations regarding the timing and sufficiency of regulatory submissions and approvals; the Company's scientific approach and general development progress; the availability or commercial potential of the Company's product candidates; uncertainties inherent in estimating the Company's cash runway, future expenses, and other financial results, including its ability to fund future operations, including clinical trials; the Company's existing indebtedness and the ability of the Company's creditors to accelerate the maturity of such indebtedness upon the occurrence of certain events of default; the Company's ability to enter into strategic alliances or generate additional funding on a timely basis, on favorable terms, or at all; 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, whether as a result of new information, future events or otherwise, 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.

This presentation discusses investigational product candidates in development. Their efficacy and safety profiles have not been established, and they have not been approved for marketing by the FDA.

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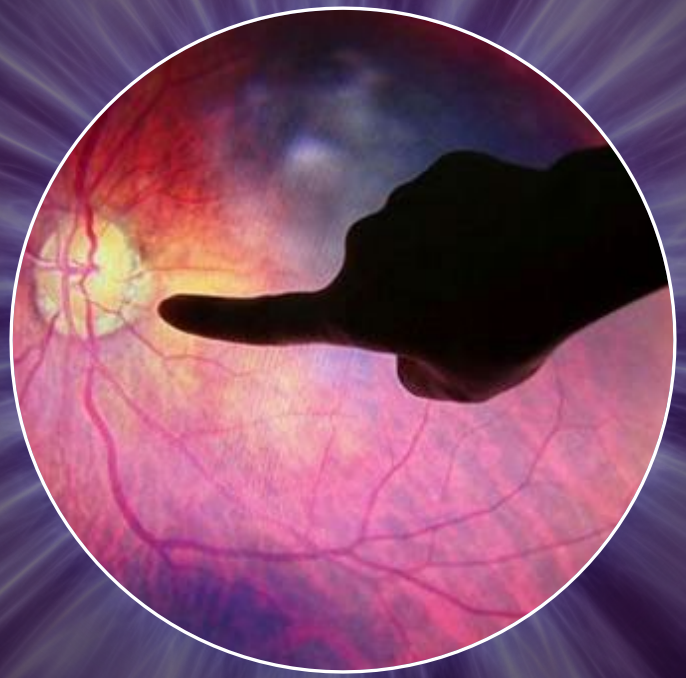
Ocular Therapeutix®

Retina Experience Redefined

Our retina experience is redefining your retina experience

Redefining
treatment



Redefining
development

Redefining
outcomes

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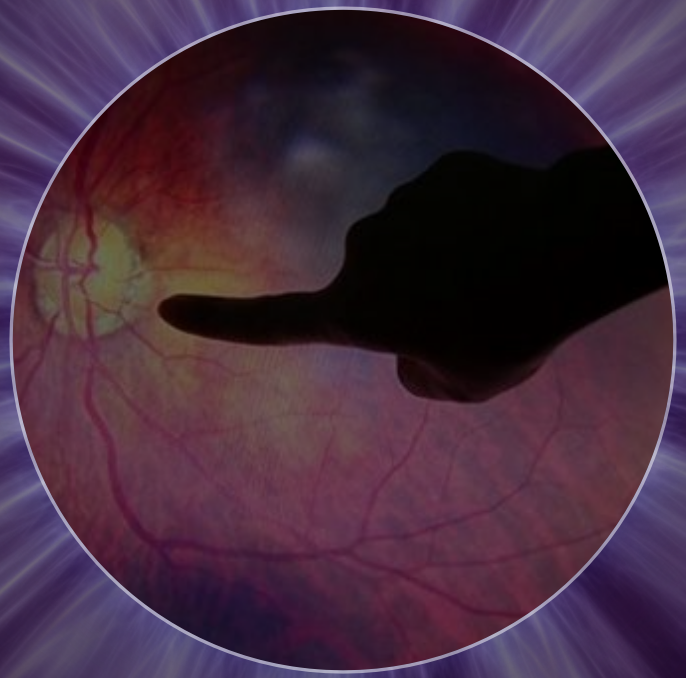


Redefining
development

Redefining
outcomes

Ocular Therapeutix®

Wet AMD: Significant Unmet Need

1.6M
people with wet AMD in U.S.[1]

Poor long-term visual outcomes

INJECTION BURDEN

90% of patients require injection every 1-3 months[2]

up to
12 injections/yr for patients

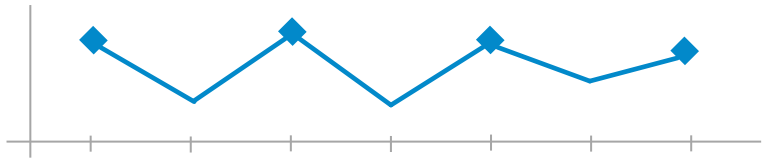
up to
12 PTO days/yr for caregivers

1 2 3 4 5 6 7 8 9 10 11 12

40% discontinue by one year[3]

FIBROSIS & ATROPHY

Pulsatile dosing leads to fibrosis and atrophy[4,5]

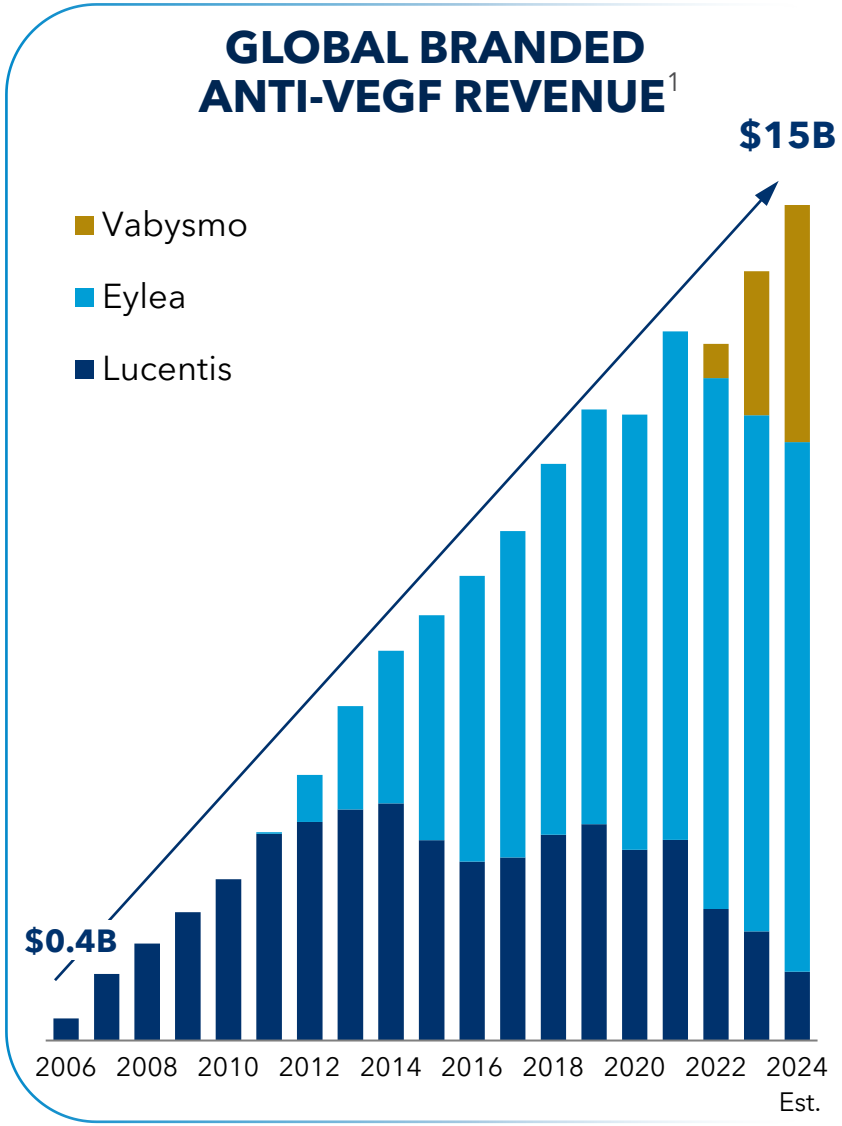


Illustrative OCT

AMD (age-related macular degeneration); OCT (optical coherence tomography).

1. Downs P. *2023 Retinal Pharmaceuticals Market Report: Global analysis for 2022 to 2028*. Market Scope; 2023. **2.** Ophthalmic Market Trends: Quarterly US Retina Edition: Q3-2024 Analysis of Historical Trends and Latest Developments. Market Scope; 2024. **3.** MacCumber et al. Canadian Ophthalmology Society. 2021; 10.1016/j.jcjo.2021.10.008. **4.** Llorente-Gonzalez S, et al. *Acta Ophthalmol.* 2022;100(2):e521-e531. **5.** Evans RN, et al. *JAMA Ophthalmol.* 2020;138(10):1109.

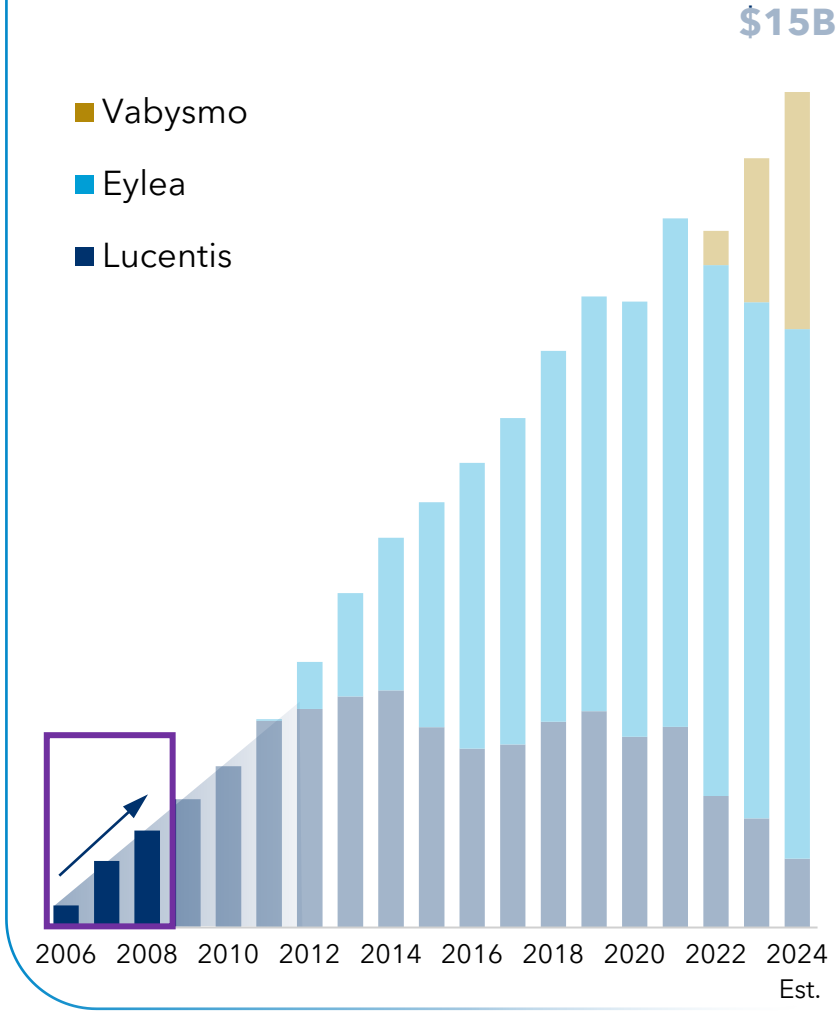
Incremental Durability Improvements Deliver Significant Market Opportunity



1. Data aggregated from company reports. Captures revenue across all labeled indications. Figure excludes BEOVU®. Q3 '24 Revenues carried forward to Q4 '24 to curate FY '24 estimate. EYLEA® HD FDA approved in August 2023 captured in EYLEA® sales figures. **2.** LUCENTIS® package insert. San Francisco, CA: Genentech, Inc. 2018. **3.** Real-World Evidence (TRUCKEE Study): VABYSMO® offers 1-2 week extension over EYLEA® in switch patients. Study Results presented at Roche Ophthalmology Day, July 2024.

Incremental Durability Improvements Deliver Significant Market Opportunity

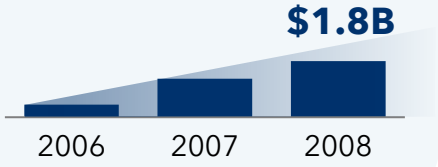
GLOBAL BRANDED ANTI-VEGF REVENUE[1]



LUCENTIS®

30 Days[2]

LUCENTIS



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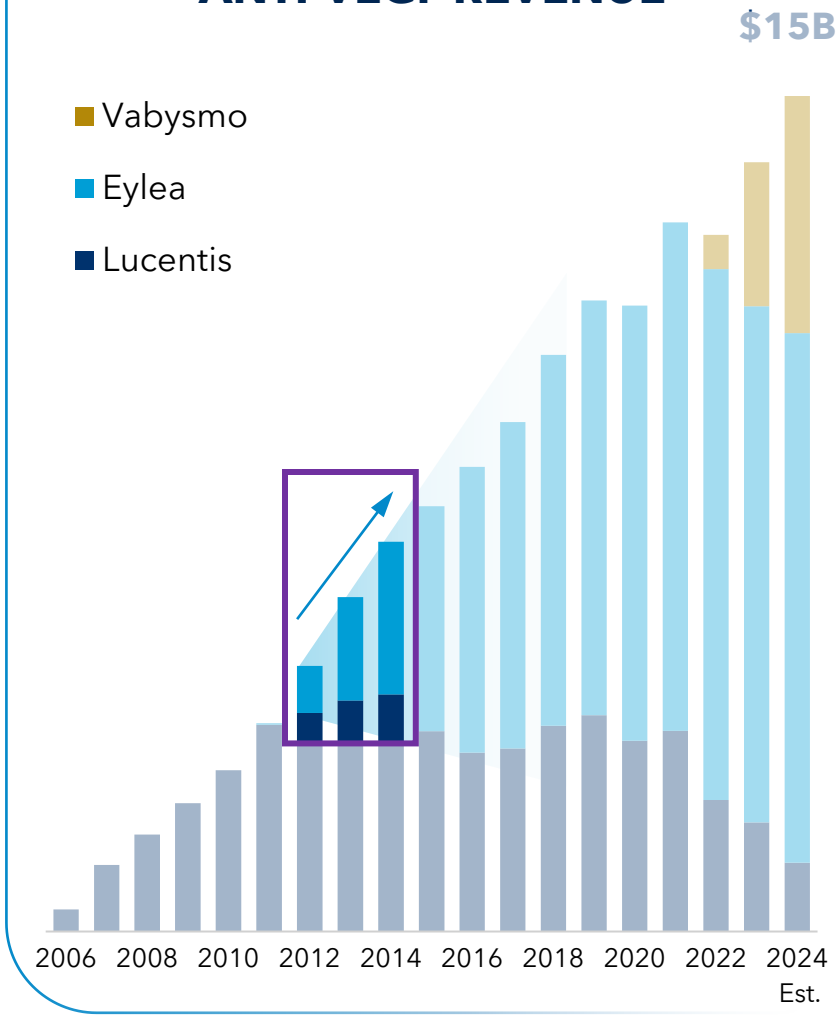
Incremental Durability Improvements Deliver Significant Market Opportunity

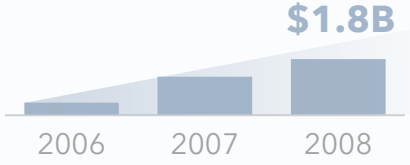
GLOBAL BRANDED ANTI-VEGF REVENUE[1]



LUCENTIS®

30 Days[2]

LUCENTIS

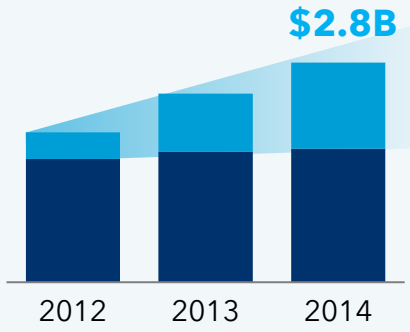


EYLEA®

+2 weeks

44 Days[3]

LUCENTIS v EYLEA



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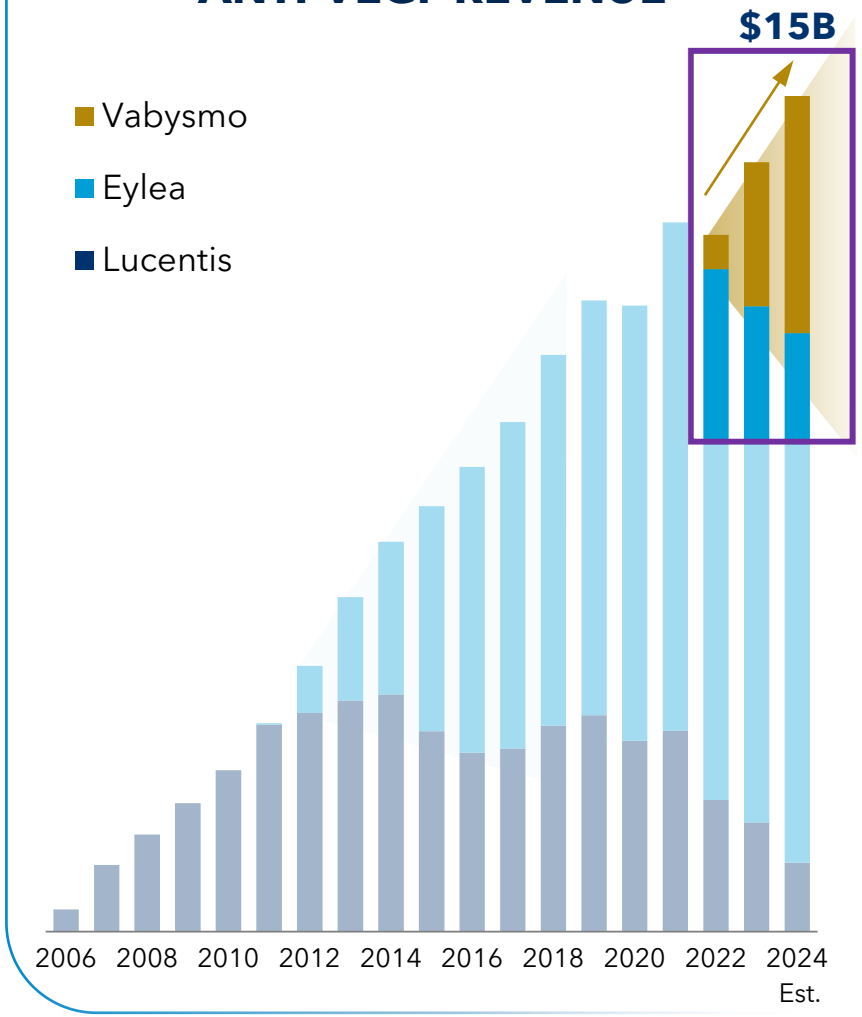
Incremental Durability Improvements Deliver Significant Market Opportunity

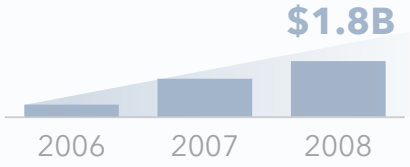
GLOBAL BRANDED ANTI-VEGF REVENUE[1]



LUCENTIS®

30 Days[2]

LUCENTIS

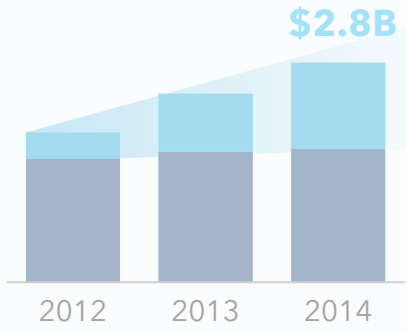


EYLEA®

+2 weeks

44 Days[3]

LUCENTIS v EYLEA



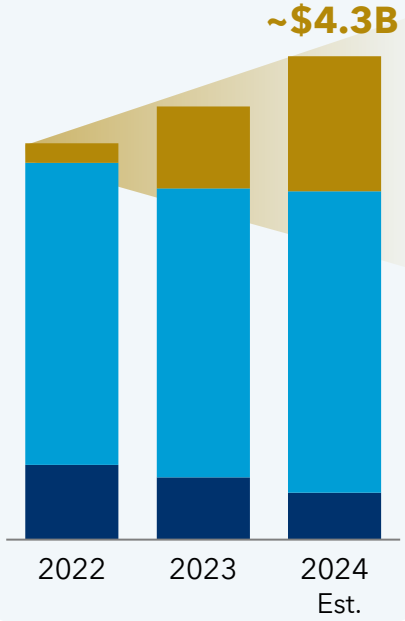
VABYSMO®

+2 weeks

57 Days[3]

(After 6 Injections)

EYLEA v VABYSMO



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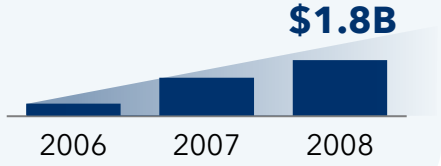
Incremental Durability Improvements Deliver Significant Market Opportunity

LUCENTIS®

30 Days[1]

LUCENTIS

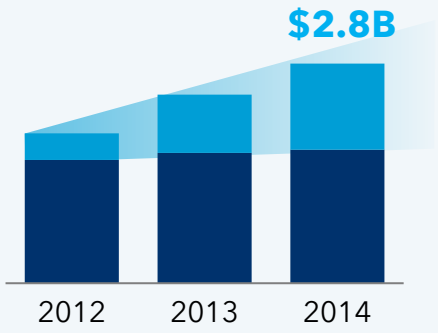


EYLEA®

+2 weeks

44 Days[2]

LUCENTIS v EYLEA



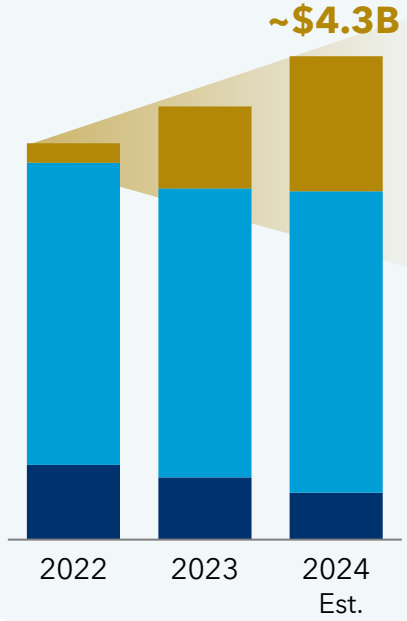
VABYSMO®

+2 weeks

57 Days[2]

(After 6 Injections)

EYLEA v VABYSMO



AXPAXLI™

+MONTHS

6-12 Months

Data aggregated from company reports. Captures revenue across all labeled indications. Figure excludes BEOVU®. Q3 '24 Revenues carried forward to Q4 '24 to curate FY '24 estimate. EYLEA® HD FDA approved in August 2023 captured in EYLEA® sales figures. **1.** LUCENTIS® package insert. San Francisco, CA: Genentech, Inc. 2018. **2.** Real-World Evidence (TRUCKEE Study): VABYSMO® offers 1-2 week extension over EYLEA® in switch patients. Study Results presented at Roche Ophthalmology Day, July 2024.

AXPAXLI is Designed to Redefine the Market

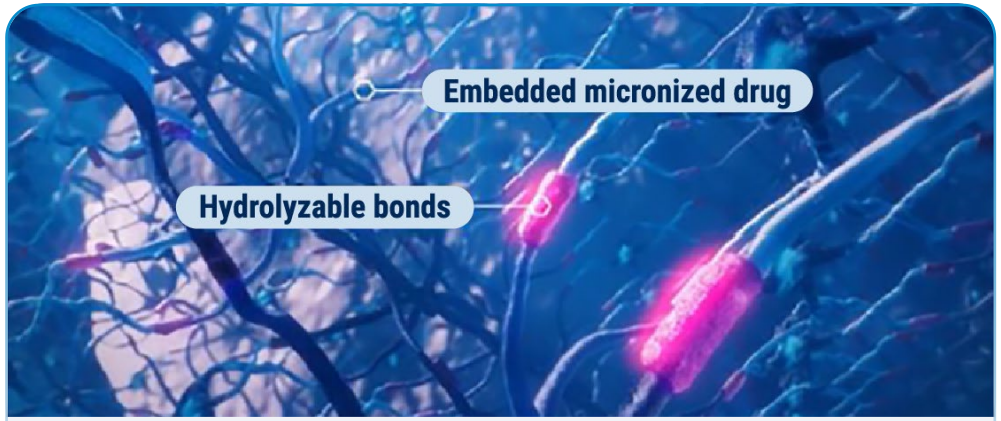
AXITINIB

Multi-target Tyrosine Kinase Inhibitor (TKI)

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

ELUTYX™ TECHNOLOGY

Bioresorbable, Sustained Drug Delivery



Proprietary hydrogel
Versatile, biocompatible, tunable platform[3]

AXPAXLI

Single injection, single hydrogel[3]	Continuous and consistent delivery up to 12 months[3]	Complete and predictable bioresorption[3]

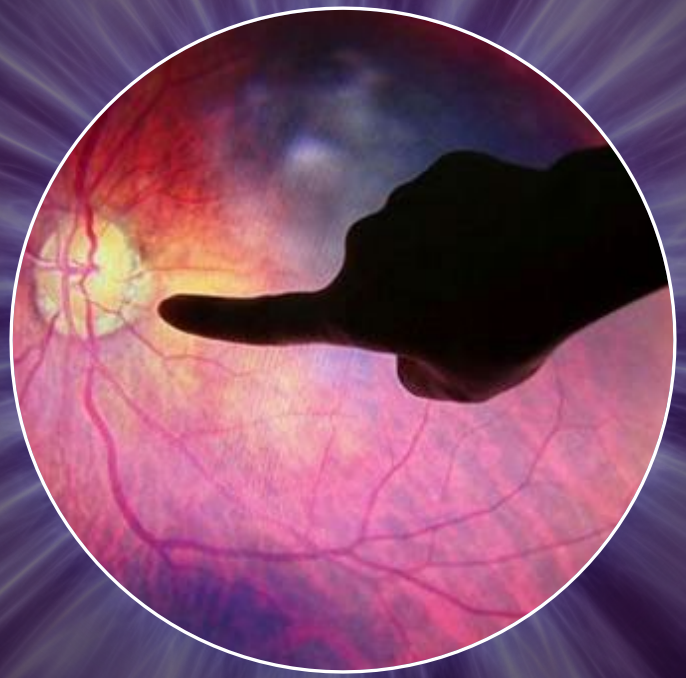
VEGF (vascular endothelial growth factor).

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; Liang C, et al. Mol Ther Oncolytics. 2022;24:577-584. **3.** Blizzard CD, Driscoll A, El-Hayek R, et al. Ocular implant containing a tyrosine kinase inhibitor. Published online September 13, 2022. Accessed September 26, 2022.

Retina Experience Redefined

Our retina experience is redefining your retina experience

Redefining
treatment



Redefining
development

Redefining
outcomes

Ocular Therapeutix®

AXPAXLI Wet AMD Clinical Program Summary

Proof of Concept

PHASE 1

Demonstrated
Activity and Durability

U.S.[1]

100% rescue free
per protocol at 6 months;

80% at 10 months

Australia[2]

Monotherapy activity
in treatment-naive wAMD

Phase 3 Registrational Trials

SOL-1

Designed to Show
Superiority

Single injection AXPAXLI

SOL-R

Designed to Show
Non-Inferiority to SoC

Repeat dosing

Complementary studies designed to show durability, repeatability, and flexibility

wAMD (wet age-related macular degeneration); SoC (standard of care).
1. U.S. Phase I wet AMD trial (NCT06223958). AXPAXLI-treated N=15. Previous reported numbers (80% at 6 months, 73% at 10 months) include investigator discretion rescues. **2.** Australia Phase I wet AMD Trial (NCT03630315). Treatment-naïve AXPAXLI monotherapy N=11.

Redefining Development
De-risking Registrational Program

SOL | AXPAXLI Registrational Program in Wet AMD

SOL-1 + SOL-R
De-risking Complementary Trials

- ✓ Compelling Phase 1 data
- ✓ De-risking Phase 3 designs
- ✓ De-risking regulatory path

AMD (age-related macular degeneration).

SOL-1 Design: AXPAXLI First Registration Study in Wet AMD

Superiority Study *Comparing a Single AXPAXLI Dose to a Single Aflibercept (2 mg) Dose*

DESIGN

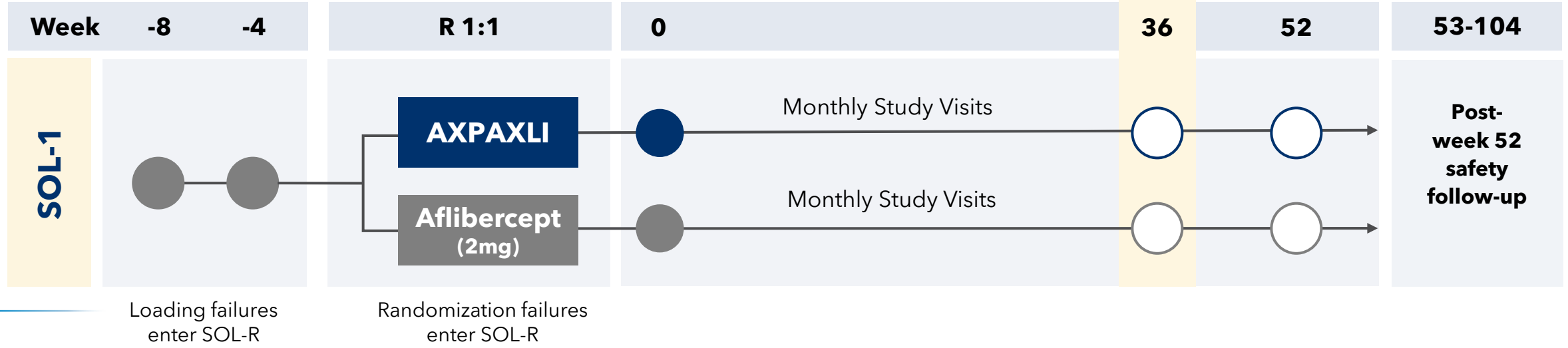
Two-arm trial with ~150 subjects per group

PRIMARY ENDPOINT (36 WEEKS)

Demonstrate that a single AXPAXLI dose is superior to a single aflibercept 2 mg dose based on proportion of subjects who maintained visual acuity, defined as <15 ETDRS letters of BCVA loss at Week 36

PRIMARY ENDPOINT

TRIAL SCHEMATIC



AMD (age-related macular degeneration); BCVA (best-corrected visual acuity); ETDRS (Early Treatment Diabetic Retinopathy Study).

SOL-1 Design: De-risking

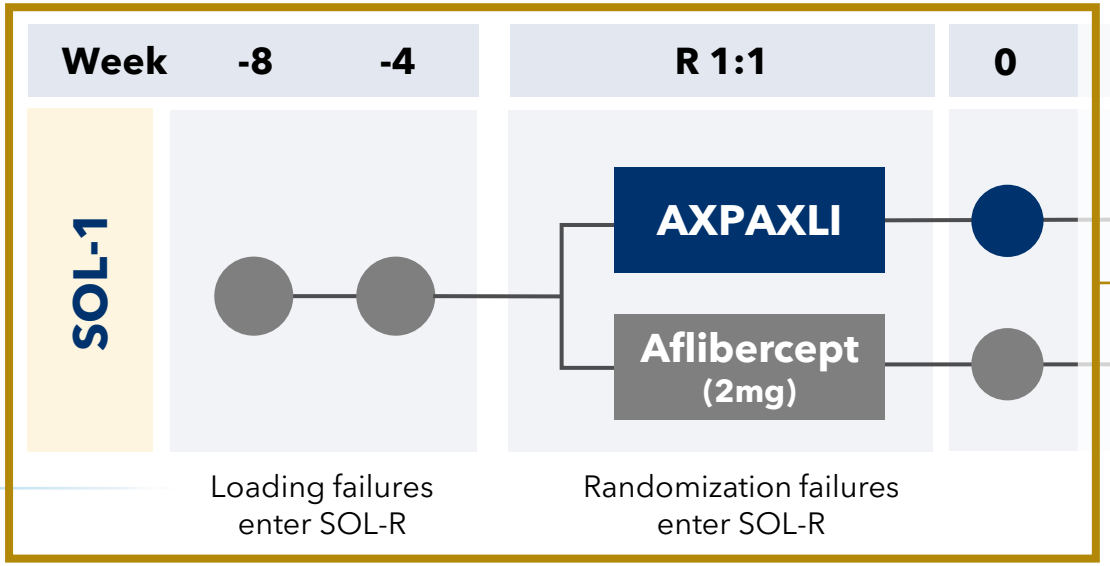
DESIGN

Two-arm trial with ~150 subjects per group

PRIMARY ENDPOINT (36 WEEKS)

Demonstrate that a single AXPA
to a single aflibercept 2 mg bas
of subjects who maintained visu
as <15 ETDRS letters of BCVA l

TRIAL SCHEMATIC



SOL-1 *Superiority Trial*

- Randomizing strong anti-VEGF responders
- Designed to establish AXPAXLI durability
- Designed to enable superiority claim on label
- FDA alignment through SPA

VEGF (vascular endothelial growth factor); SPA (Special Protocol Agreement).

Redefining Development
De-risking Registrational Program

AXPAXLI Registrational Program in Wet AMD

SOL-1 + SOL-R
De-risking Complementary Trials

- Compelling Phase 1 data
- De-risking Phase 3 designs
- De-risking regulatory path

AMD (age-related macular degeneration).

SOL-R Design: AXPAXLI Second Registration Study in Wet AMD

Non-Inferiority Study *Comparing AXPAXLI Q6M to Aflibercept (2mg) Q8W*

DESIGN

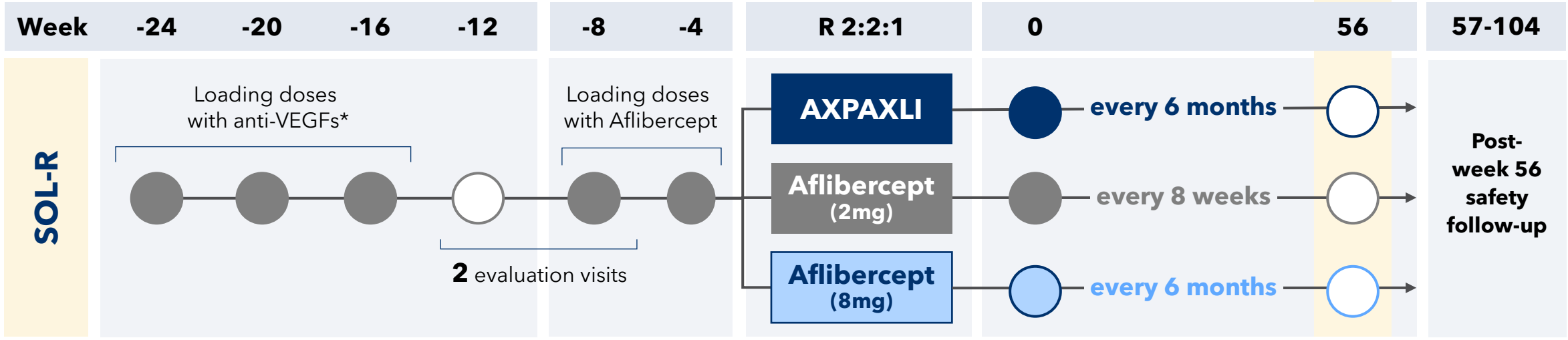
Three-arm trial with 825 total subjects randomized 2:2:1

PRIMARY ENDPOINT (56 WEEKS)

Demonstrate that AXPAXLI is non-inferior to fixed-dose aflibercept 2mg Q8W with respect to mean change in BCVA at Week 56 from baseline in wet AMD patients

PRIMARY ENDPOINT

TRIAL SCHEMATIC



AMD (age-related macular degeneration); BCVA (best-corrected visual acuity); VEGF (vascular endothelial growth factor).
*Except BEOVU®.

SOL-R Design: De-risking

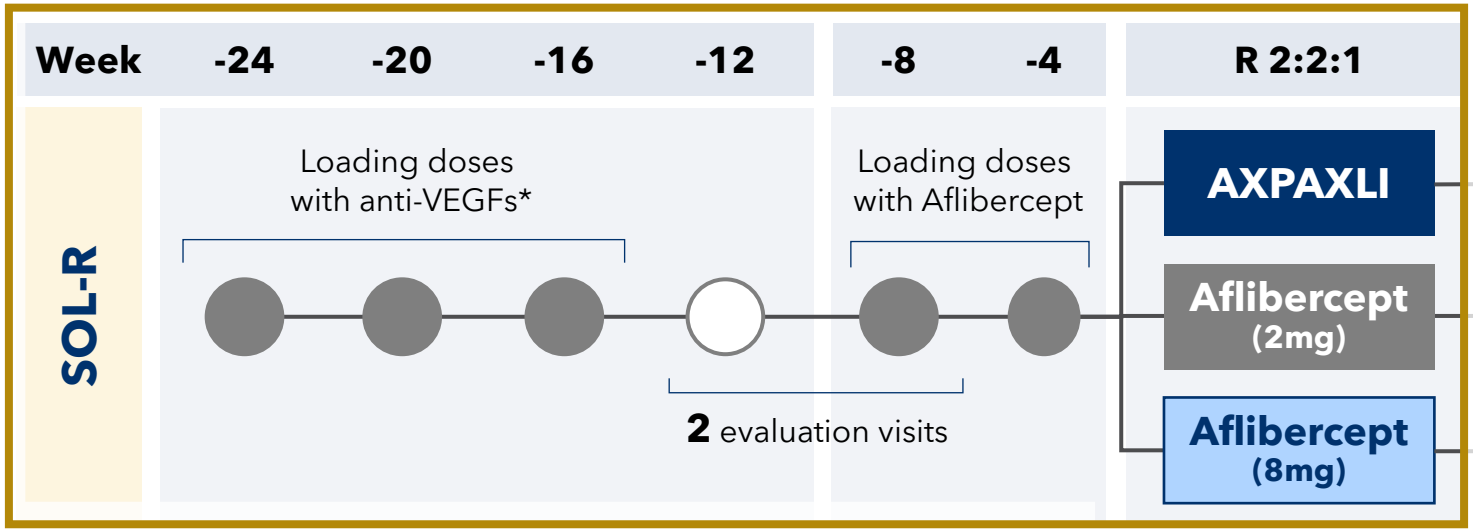
DESIGN

Three-arm trial with 825 total subjects randomized 2:2:1

PRIMARY ENDPOINT (56 WEEKS)

Demonstrate that AXPAXLI is non-inferior to fixed-aflibercept 2mg Q8W with respect to mean chang at Week 56 from baseline in wet AMD patients

TRIAL SCHEMATIC



SOL-R *Non-Inferiority Trial*

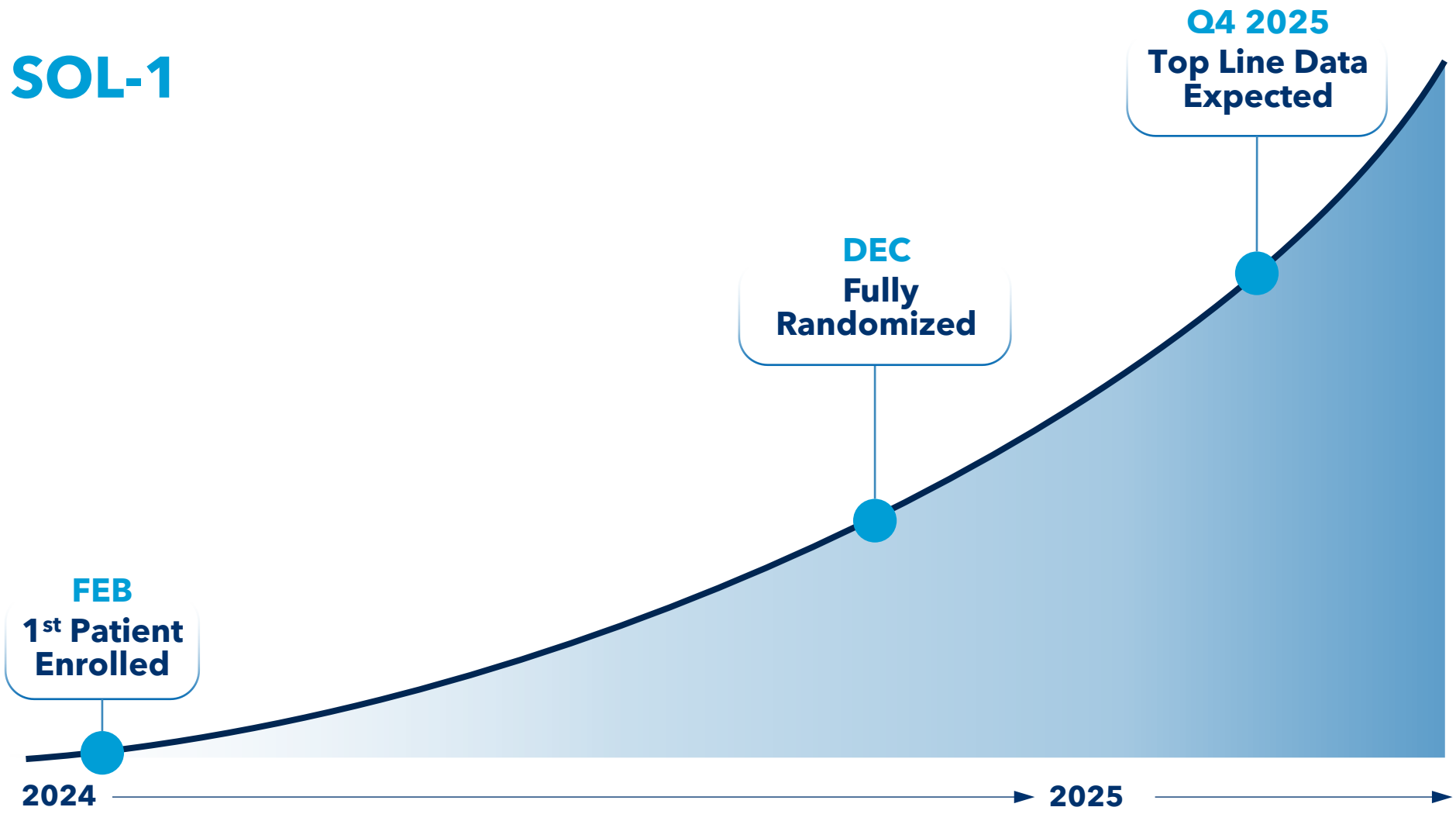
- Randomizing reliable anti-VEGF responders
- Designed to enable Q6M dosing on label
- Provides commercially relevant data
- FDA alignment with Type C written response

AMD (age-related macular degeneration); BCVA (best-corrected visual acuity); VEGF (vascular endothelial growth factor).
*Except BEOVU®.

Clinical Execution Exceeds Expectations

Retina Leadership Drives AXPAXLI Program for Wet AMD and Beyond

SOL-1



SOL-1

Randomization complete

>300
subjects randomized

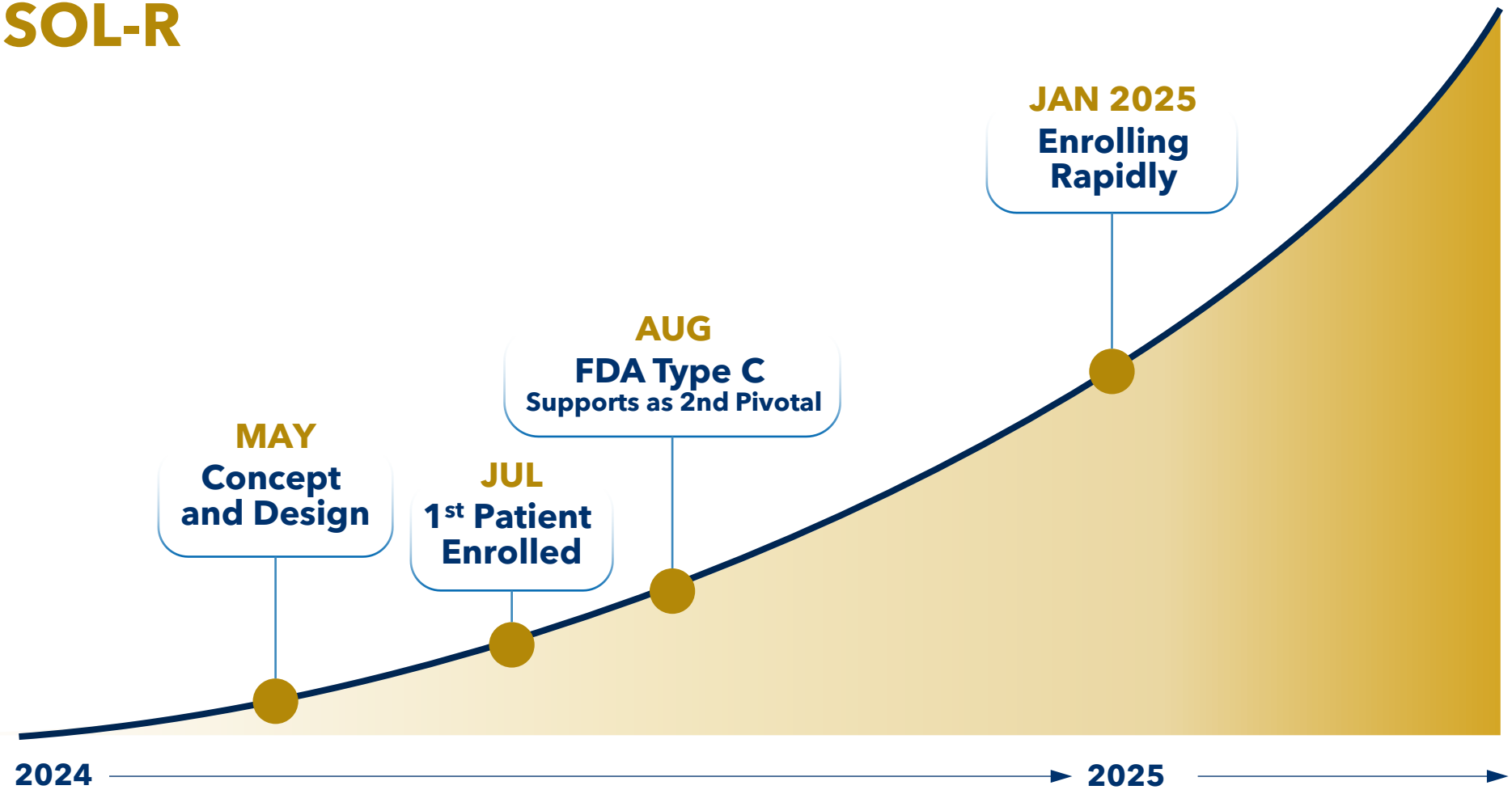
Dec. 2024

Ocular Therapeutix data on file as of January 10, 2025.
AMD (age-related macular degeneration).

Clinical Execution Exceeds Expectations

Retina Leadership Drives AXPAXLI Program for Wet AMD and Beyond

SOL-R



SOL-R

311
subjects enrolled

across various stages of loading and randomization

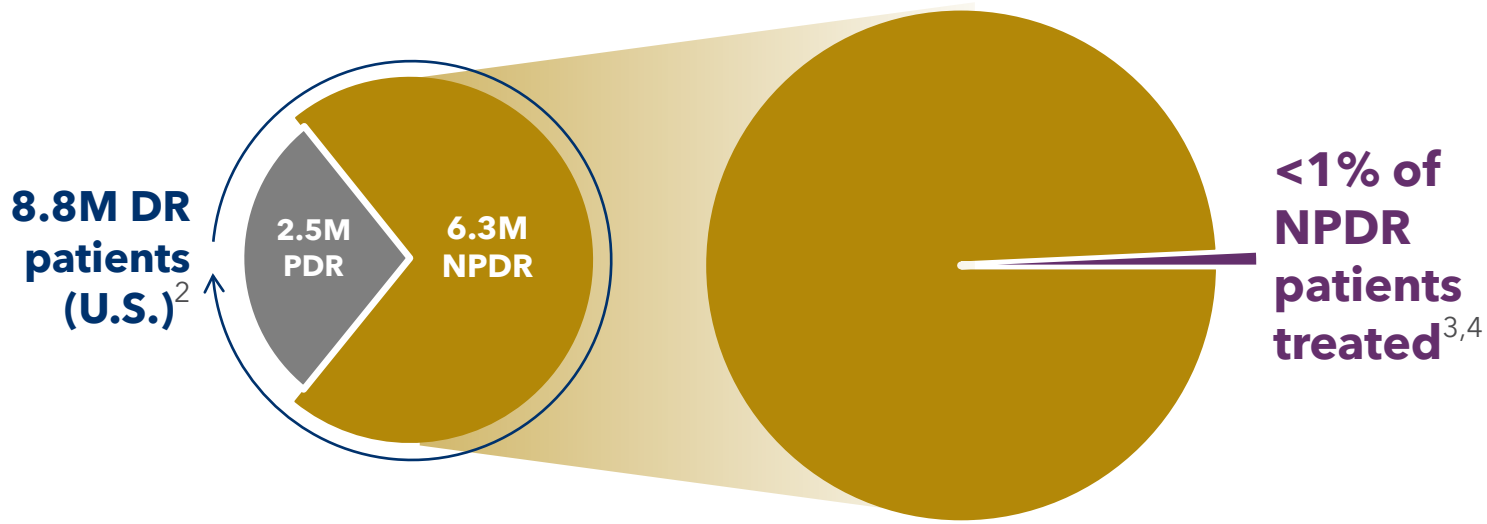
Jan. 10, 2025

Ocular Therapeutix data on file as of January 10, 2025.
AMD (age-related macular degeneration).

Diabetic Retinopathy (DR): Large and Unrealized Market Opportunity

DR is the leading cause of blindness
in the working-age population[1]

HIGH BURDEN, LOW TREATMENT RATE



NPDR = 72% of total DR population

PDR (proliferative diabetic retinopathy); NPDR (non-proliferative diabetic retinopathy).

1. Mohamed Q, et al. JAMA. 2007;298(8):902-916. **2.** Market Scope. 2023 Retinal Pharmaceuticals Market Report. **3.** Market Scope. 2022 Retinal Pharmaceuticals Market Report: Global Analysis for 2021 to 2027. Published August 2022. **4.** Market Scope. US Retina Quarterly Update: Q2 2022 Analysis of Historical Trends and Latest Developments. Published August 2022.

HELIOS: Phase 1 Study of AXPAXLI in NPDR

HELIOS

DESIGN

Multi-center, double-masked, randomized, parallel group study of AXPAXLI in mod-severe to severe NPDR without CI-DME

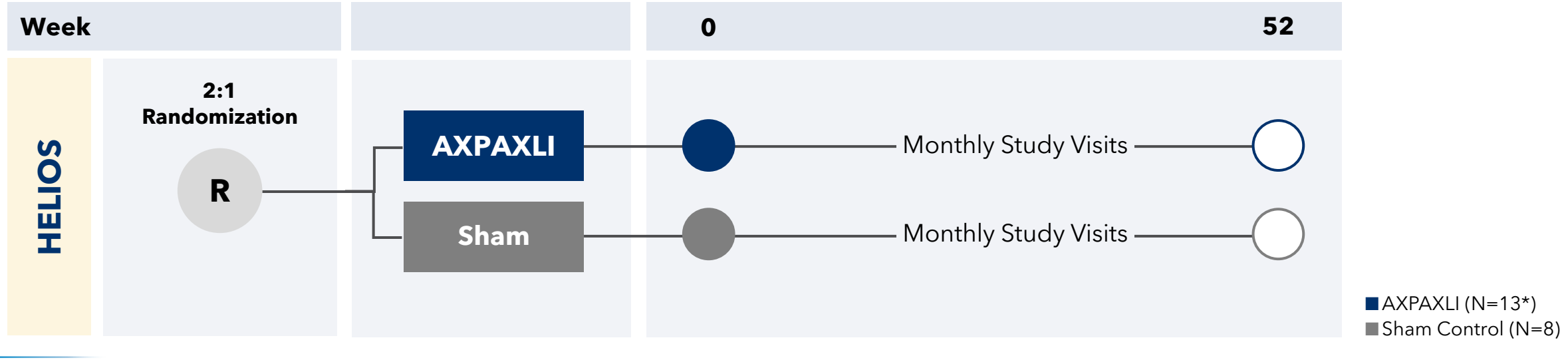
PRIMARY ENDPOINT

Safety and tolerability of AXPAXLI

SECONDARY ENDPOINT

DRSS changes, rescue therapy, BCVA / CSFT, vision threatening complications (VTCs)

TRIAL SCHEMATIC



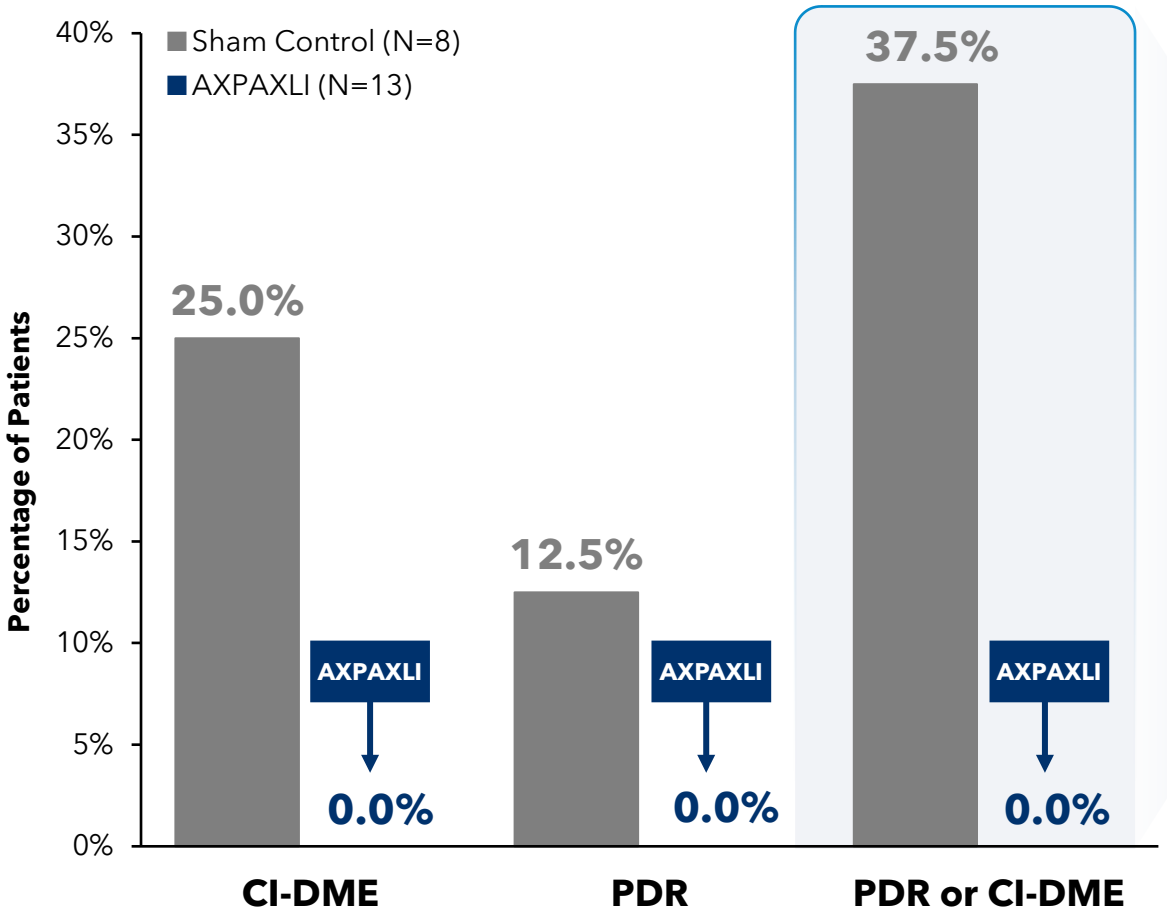
Ocular Therapeutix

*14 patients enrolled in AXPAXLI treatment arm, with one patient death unrelated to treatment.
Ocular Therapeutix data on file as of May 22, 2024.
BCVA (best-corrected visual acuity); DRSS (diabetic retinopathy severity scale); CSFT (central subfield thickness); NPDR (non-proliferative diabetic retinopathy); CI-DME (center involved diabetic macular edema).

Phase 1: No Disease Progression with AXPAXLI at Week 48

HELIOS

MONOTHERAPY ACTIVITY IN NPDR



0% in the AXPAXLI arm developed PDR or CI-DME at Week 48 compared to 37.5% in the sham arm

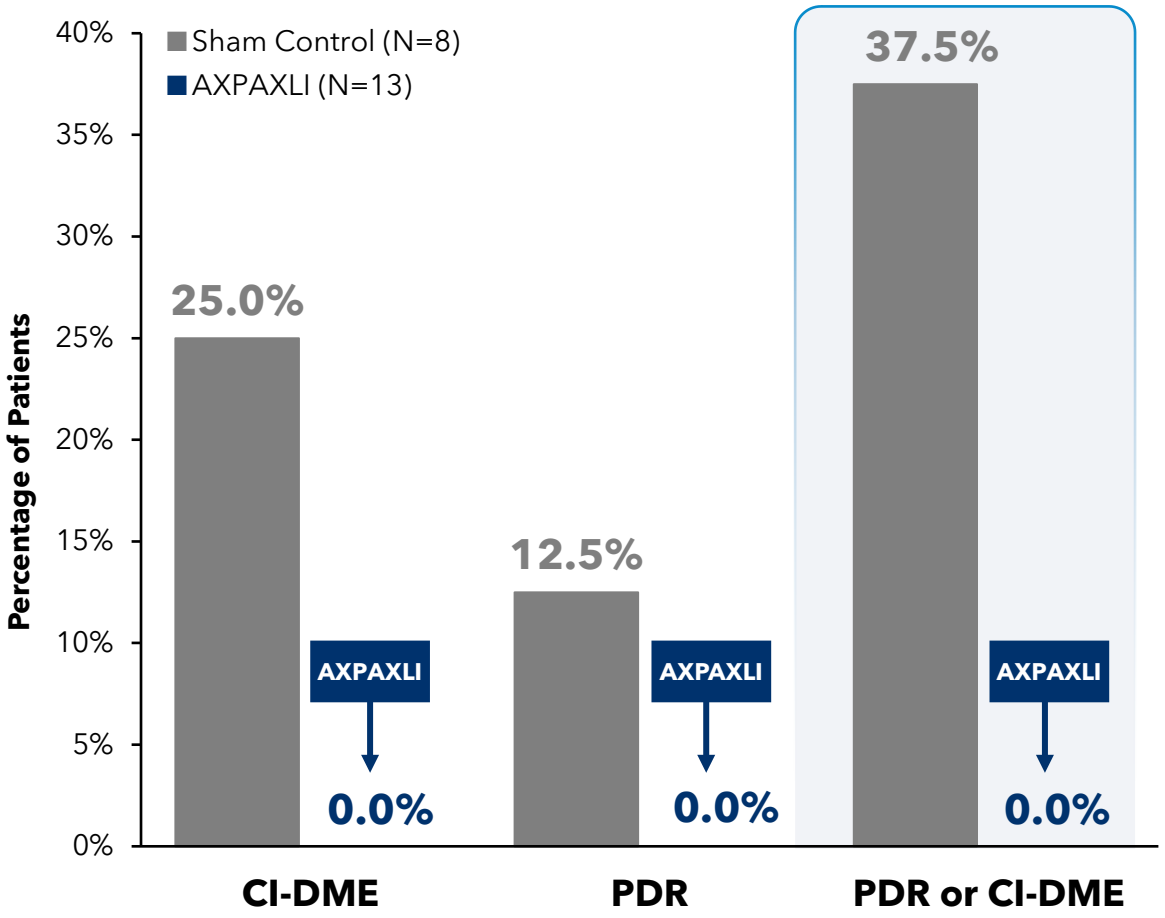
Ocular Therapeutix

Ocular Therapeutix data on file as of May 22, 2024.
PDR (proliferative diabetic retinopathy); CI-DME (center involved diabetic macular edema).

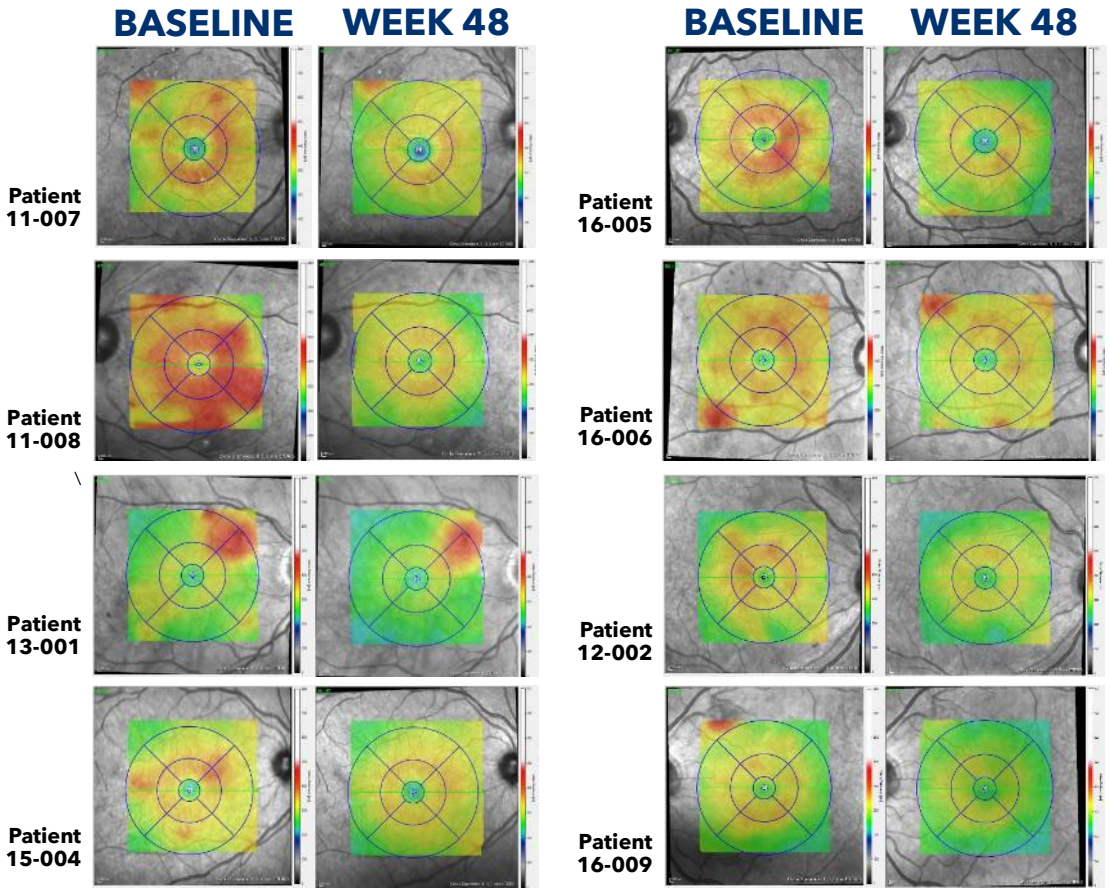
Phase 1: No Disease Progression with AXPAXLI at Week 48

HELIOS

MONOTHERAPY ACTIVITY IN NPDR



IMPROVEMENT IN DIABETIC MACULAR EDEMA



AXPAXLI-Treated Patients with non-CI-DME

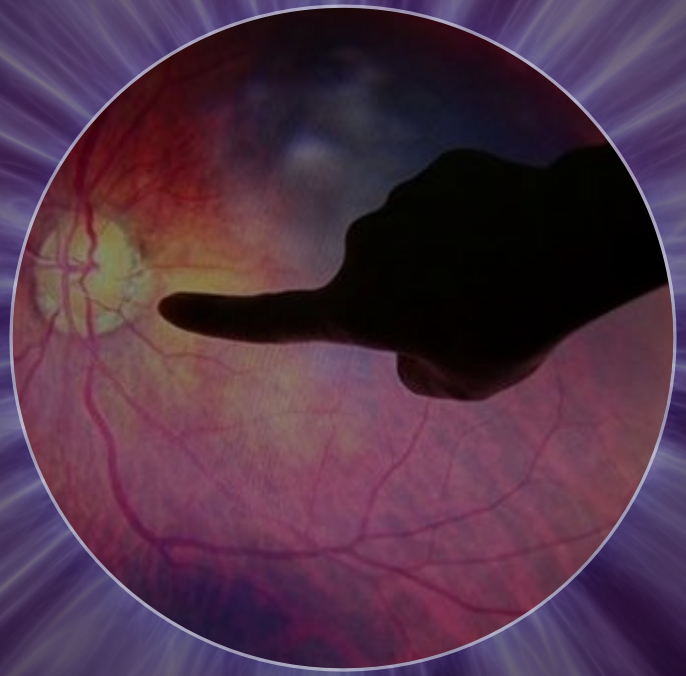
Ocular Therapeutix

Ocular Therapeutix data on file as of May 22, 2024.
PDR (proliferative diabetic retinopathy); CI-DME (center involved diabetic macular edema).

Retina Experience Redefined

Our retina experience is redefining your retina experience

Redefining
treatment



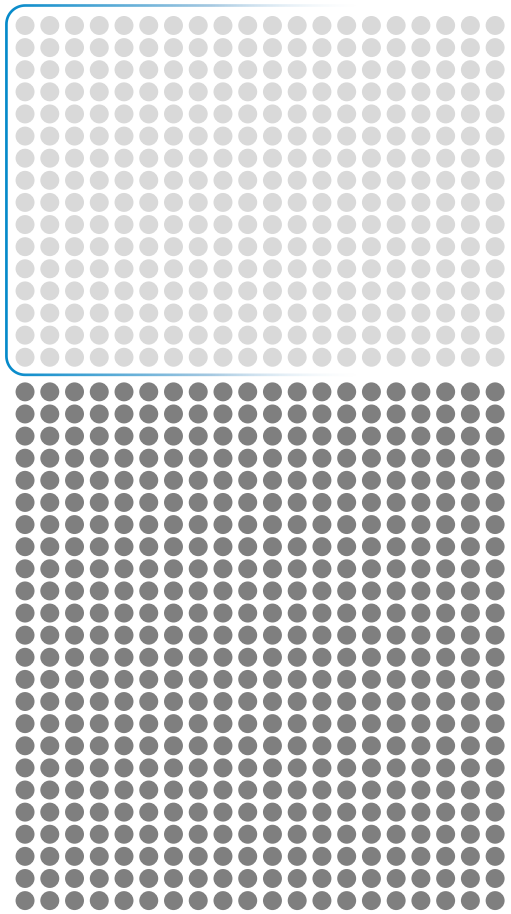
Redefining
development

Redefining
outcomes

Ocular Therapeutix®

Redefining Outcomes in Wet AMD: Keeping Patients on Treatment

40% discontinue by one year[1]

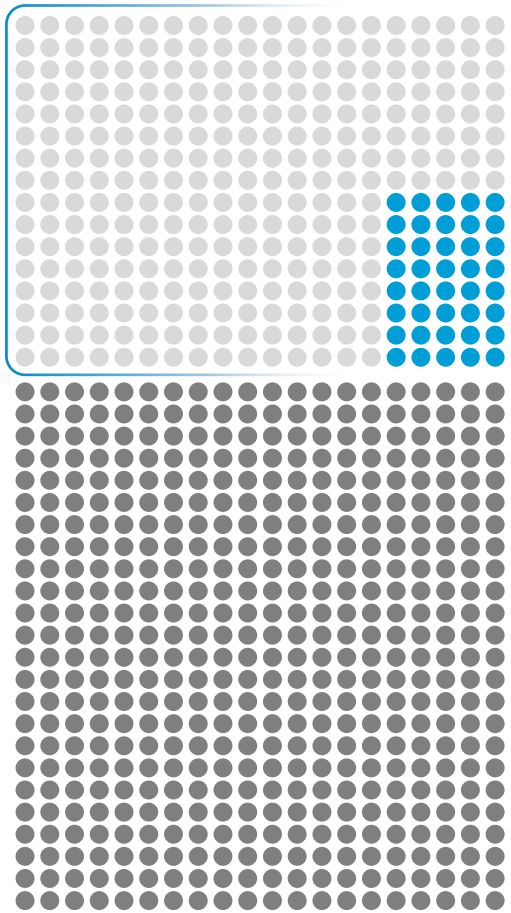


AMD (age-related macular degeneration).

1. MacCumber et al. Canadian Ophthalmology Society. 2021; 10.1016/j.jcjo.2021.10.008.

Redefining Outcomes in Wet AMD: Keeping Patients on Treatment

If **35%** discontinued treatment



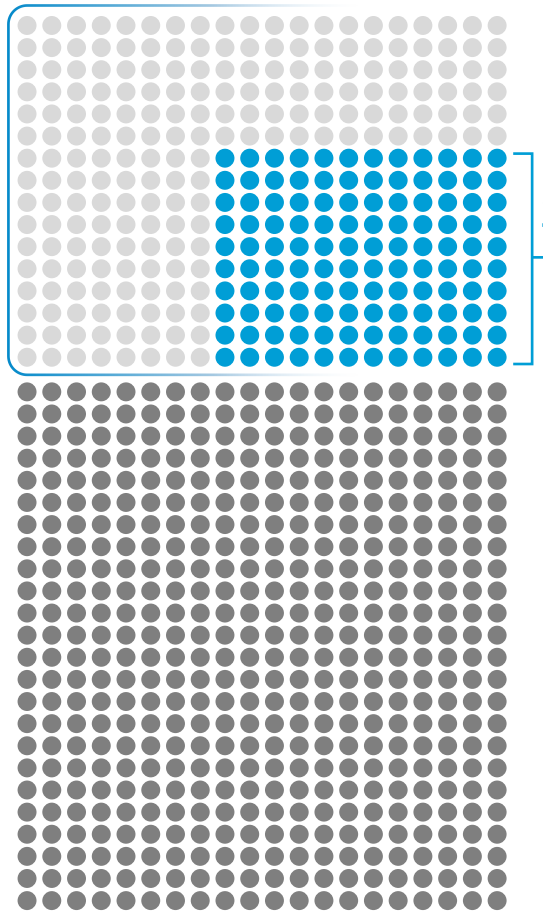
>50K additional patients could avoid vision loss in the U.S. alone

Ocular Therapeutix company estimates.
AMD (age-related macular degeneration).

Redefining Outcomes in Wet AMD: Keeping Patients on Treatment

If **25%** discontinued treatment

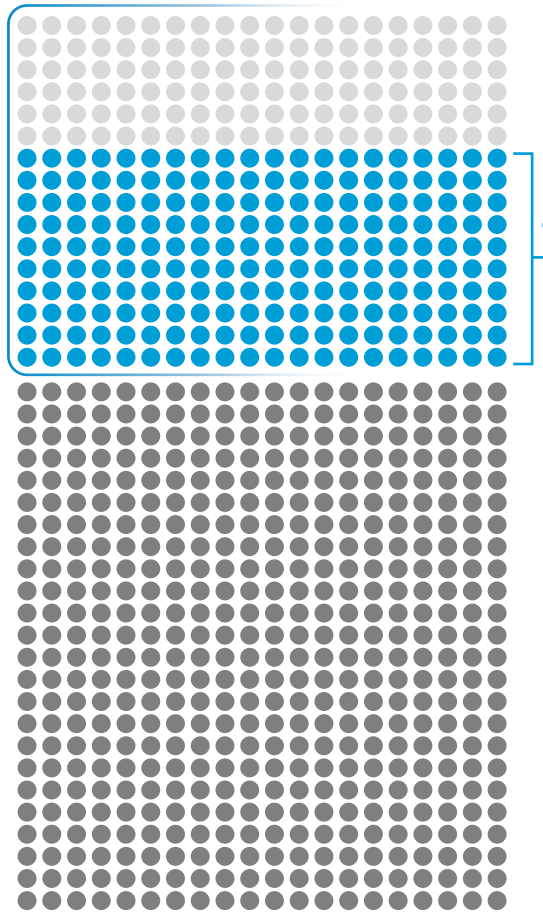
>150K additional patients could avoid vision loss in the U.S. alone



Ocular Therapeutix company estimates.
AMD (age-related macular degeneration).

Redefining Outcomes in Wet AMD: Keeping Patients on Treatment

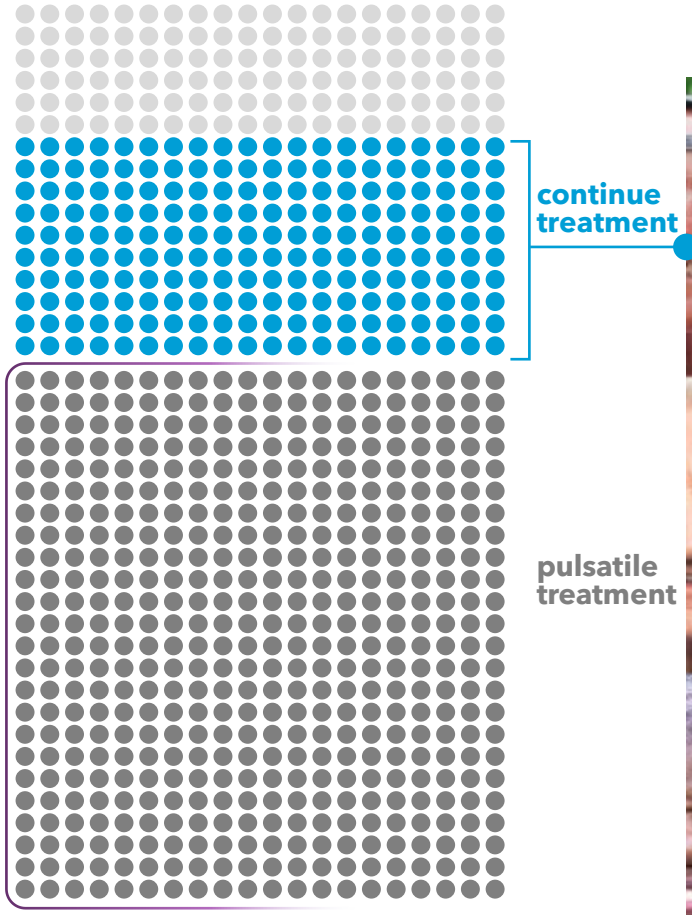
If **15%** discontinued treatment



>250K additional patients could avoid vision loss in the U.S. alone

Ocular Therapeutix company estimates.
AMD (age-related macular degeneration).

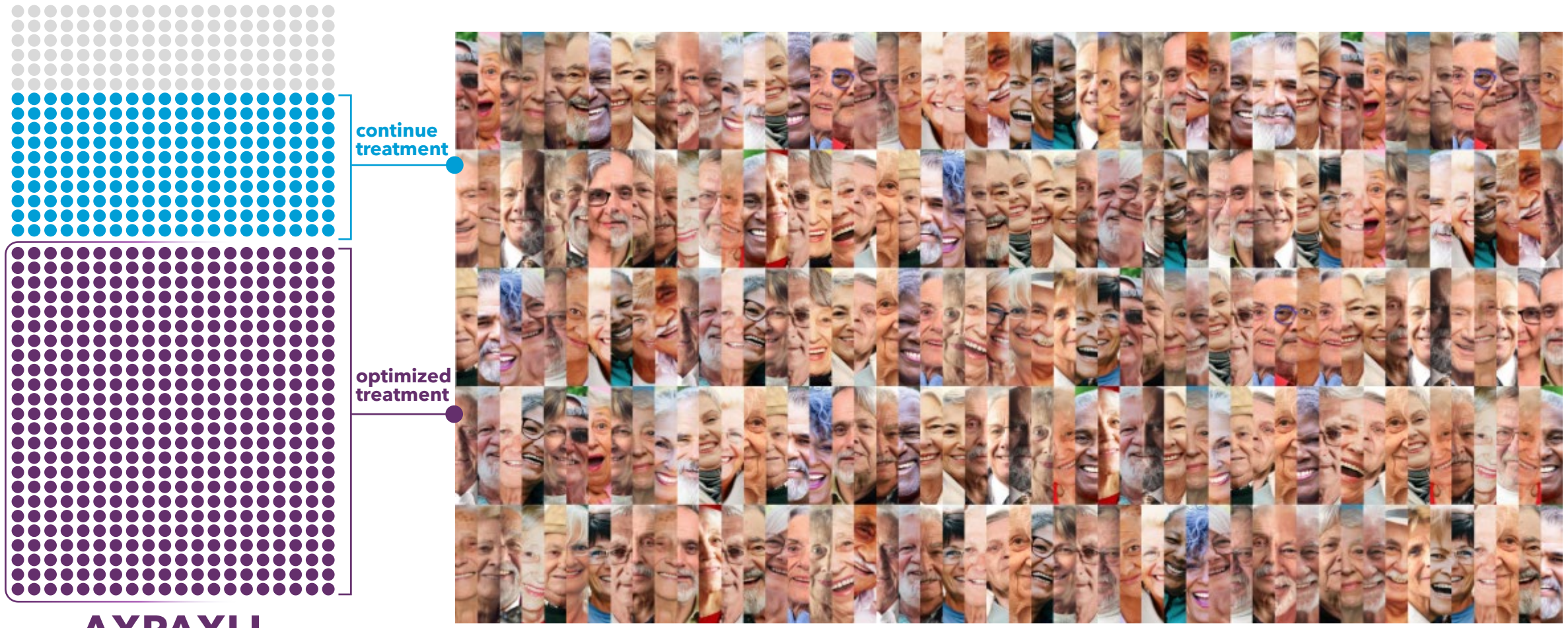
Redefining Outcomes in Wet AMD: Addressing Pulsatile Dosing



Current SoC
frequent, pulsatile dosing

AMD (age-related macular degeneration); SoC (standard of care).

Redefining Outcomes in Wet AMD: Addressing Pulsatile Dosing



AMD (age-related macular degeneration).

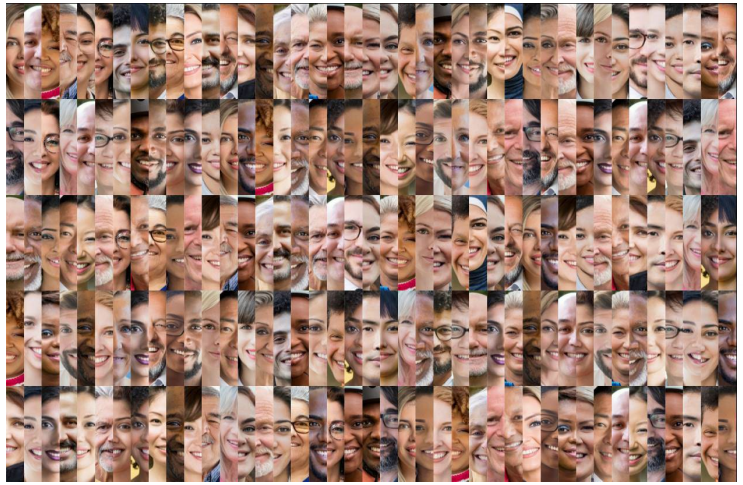
AXPAXLI Estimated U.S. Market Potential: 9.2M Patients[1]

Registrational Trials Ongoing

wAMD: 1.65M

Over half (52%) of anti-VEGF injections today are for wet AMD[2]

Registrational Trials in Planning



Mod-Severe NPDR: 2.7M*

Future Opportunities

RVO: 1.4M

PDR: 1.7M*

DME: 1.7M

wAMD (wet age-related macular degeneration); DME (diabetic macular edema); NPDR (non-proliferative diabetic retinopathy); PDR (proliferative diabetic retinopathy); RVO (retinal vein occlusion).
*Excludes patients with DME as some patients have both NPDR/PDR and DME. **1.** Downs P. 2023 Retinal Pharmaceuticals Market Report: Global analysis for 2022 to 2028. Market Scope; 2023. **2.** Ophthalmic Market Trends: Quarterly US Retina Edition: Q3-2024 Analysis of Historical Trends and Latest Developments. Market Scope; 2024.

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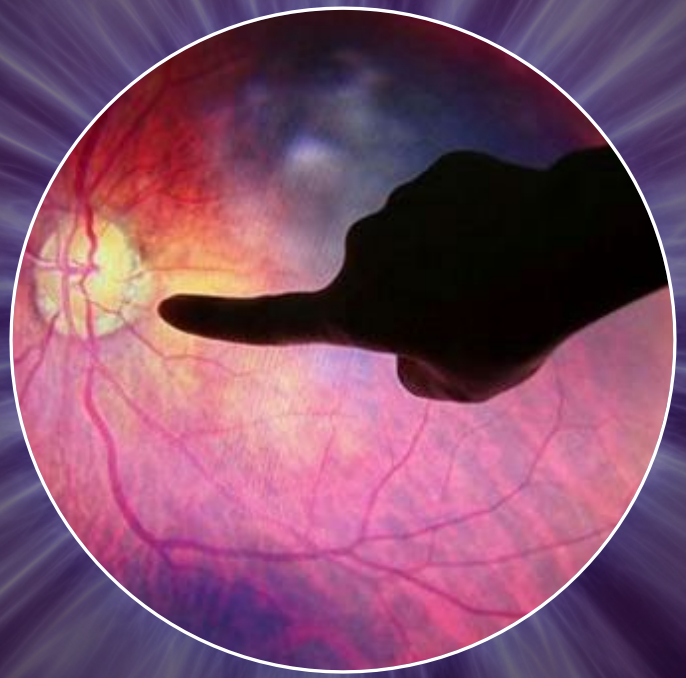
Redefining
treatment



Redefining
development

Redefining
outcomes

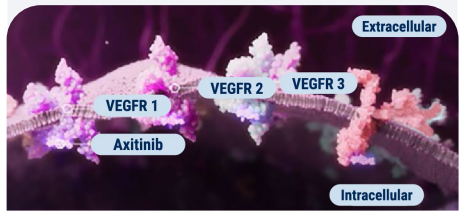
Ocular Therapeutix®

Redefining Treatment: AXPAXLI

Potential for up to 12-month dosing across retinal diseases

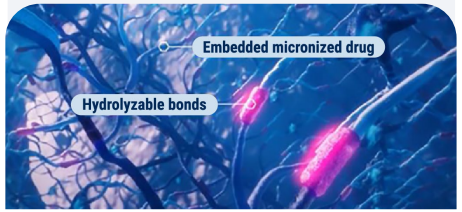
Proven MoA / Proven Delivery

AXITINIB



Multi-targeted
Highly selective
Most potent TKI

ELUTYX™ TECHNOLOGY



Bioresorbable
Tunable
Hydrogel

Compelling Early Results

wAMD

100% rescue free
per protocol at 6 months[1]

80% rescue free
per protocol at 10 months[1]

Monotherapy activity
in treatment-naive wAMD[2]

NPDR

0% vision threatening complications
at one year[3]

Improvement in DME[3]

MoA (mechanism of action); TKI (tyrosine kinase inhibitor); wAMD (wet age-related macular degeneration); NPDR (non-proliferative diabetic retinopathy); DME (diabetic macular edema).
1. U.S. Phase I wet AMD trial (NCT06223958). AXPAXLI-treated N=15. Previous reported numbers (80% at 6 months, 73% at 10 months) include investigator discretion rescues. **2.** Australia Phase I wet AMD Trial (NCT03630315). Treatment-naïve AXPAXLI monotherapy N=11. **3.** HELIOS Phase I NPDR Trial (NCT05695417). AXPAXLI-treated N=14.

Redefining Development: Risk-Off Approach to Registrational Program

SOL

Complementary trials with measures taken to de-risk outcomes

SOL-1 *Superiority Trial*

- Randomizing strong anti-VEGF responders
- Designed to establish AXPAXLI durability
- Designed to enable superiority claim on label
- FDA alignment through SPA

SOL-R *Non-Inferiority Trial*

- Randomizing reliable anti-VEGF responders
- Designed to enable Q6M dosing on label
- Provides commercially relevant data
- FDA alignment with Type C written response

Ocular Therapeutix®

VEGF (vascular endothelial growth factor); SPA (Special Protocol Agreement).

Redefining the Market: AXPAXLI Designed with Ease of Adoption In Mind

Our retina experience tells us…

To succeed in the retinal vascular disease market, new products **MUST** meet three key criteria:

- **Safe**
- **Effective**
- **Durable**

To drive utilization **QUICKLY**, new products should also be:

- **Flexible**
- **Adoptable**

With AXPAXLI, we intend to check all these boxes, and more.

Ocular Therapeutix®

Resourced for Success: Infrastructure, Capital, and Expertise to Execute

Infrastructure

Clinical and commercial capabilities to execute successfully

Capital

Strong cash position ($427M at 9/30/24) expected to fund operations into 2028[1]

Expertise

World-class team played key roles in the approvals of Lucentis, Eylea, and Vabysmo

1. As of September 30, 2024. Current cash expected to fund operations through topline data for both wet AMD pivotal trials, with support from continued DEXTENZA® growth; does not include expenses related to future clinical trials.

Retina Experience Redefined

Our retina experience is redefining your retina experience

Redefining **treatment**

Redefining **development**

Redefining **outcomes**

Ocular Therapeutix®

THANK YOU.

Investor Relations

bslattery@ocutx.com