

# 52-week Sustained Efficacy and Treatment Burden Reduction with OTX-TKI in the US Phase 1 Trial for nAMD

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**American Academy of Ophthalmology Annual Meeting | October 18-21, 2024 | Chicago, IL, USA**

# Disclosures

## FINANCIAL DISCLOSURES (DAVID A. EICHENBAUM)

4DMT I; Aerie/Alcon I; Alexion I; Alimera C,S; Allogene I; Allergan C,S; Amaro C,E; Annexon C,I; Apellis C,S; Astellas I,C,S; Aviceda I; Bausch & Lomb C; Bayer I,S; Boston Image Reading Center E; Coherus C; Complement Therapeutics C; CorEvitas/Vestrum C; Crinetics C; EyeBio I; EyePoint I,C; Gemini I; Genentech C,I,S; Gyroscope I; Harrow C; Ionis I; Janssen I,E; Kodiak I,C; Kyowa Kirin I; Mylan I; Network Eye E,F; Neurotech C; NGM I; Novartis I,C; **Ocular Therapeutix I,C**; Oculis C; Ocuphire C; OcuTerra I; Opthea I,C; ONL I; Outlook C; Priovant I; RecensMedical I,C; Regeneron C,I,S; Regenxbio I,C; ReVive C,E; RetinAI C; Roche I,C; Samsara C; Stealth I,C; Tilak C; Unity I; US Retina E

*S: Speaker, C: Consultant, I: Investigator, E: Equity/Stockholder/Options, F: Founder*

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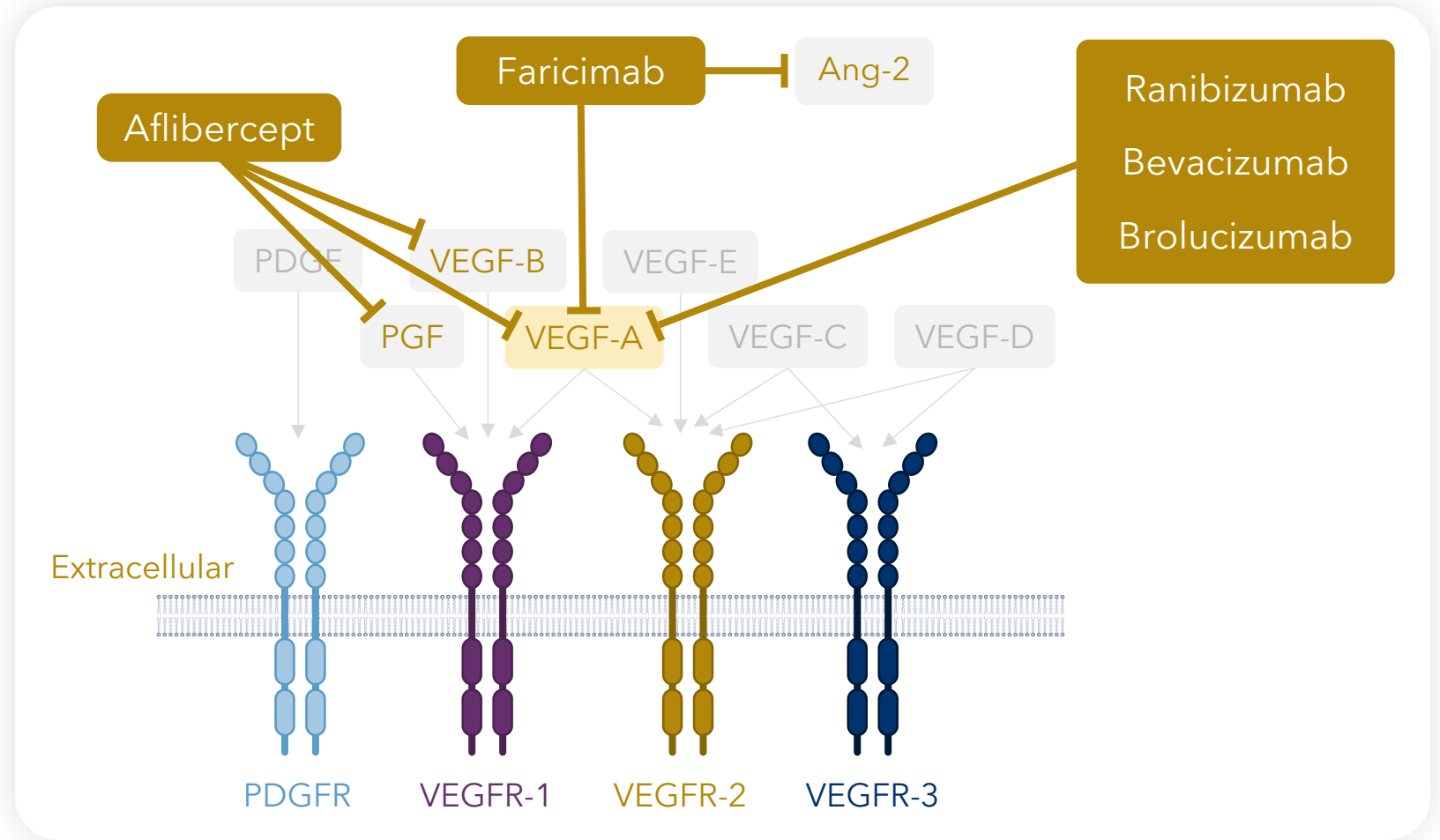
## STUDY AND PRODUCT DISCLOSURES

The following presentation discusses an investigational drug, OTX-TKI (also referred to as AXPAXLI™), in development. OTX-TKI's efficacy and safety profiles have not been established, and it has not been approved for marketing by the U.S. Food and Drug Administration (FDA) or any other health agency.

Ocular Therapeutix sponsored this clinical trial.

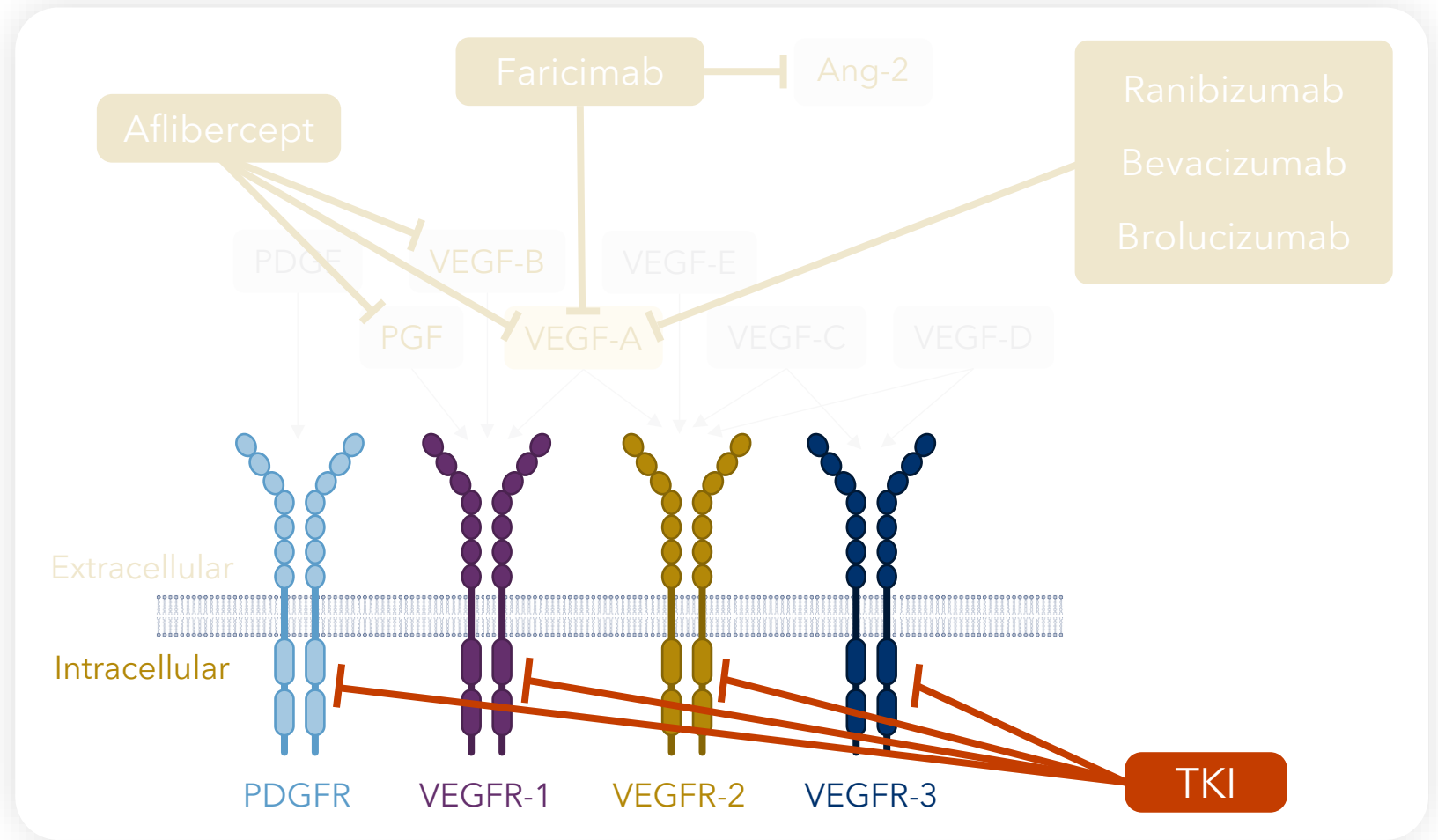
# Current Anti-VEGF Treatments Selectively Target Only Extracellular VEGF Ligands

**Anti-VEGF agents function on the extracellular side by binding selective ligands, like VEGF-A, to prevent receptor binding and pro-angiogenic activity in nAMD**



# Axitinib Acts Intracellularly to Inhibit VEGF Receptors

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



# Sustained-release Axitinib Implant (OTX-TKI) for nAMD

## OTX-TKI

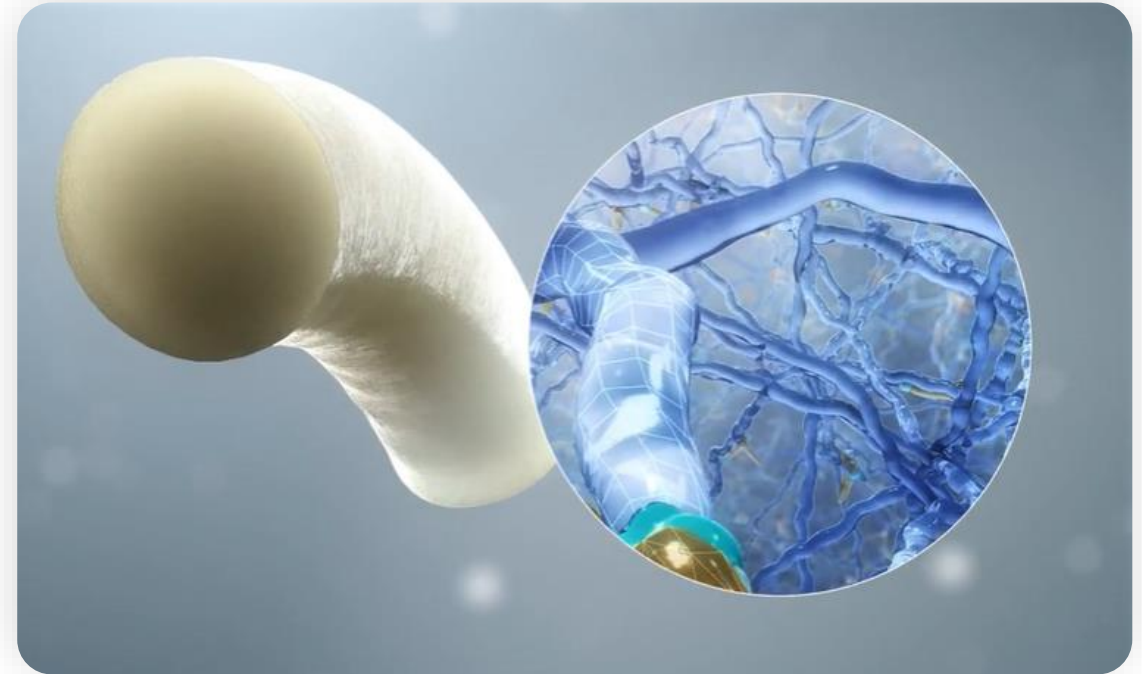
Delivers axitinib, a potent TKI

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

Steady-state axitinib release until implant bioresorption

Hydrogel implant bioresorbs at ~8-9 months

Terminal drug release at bioresorption creates a potential flexible redosing period



## OTX-TKI PROGRAM STATUS

Phase 3: nAMD<sup>1,2</sup>

Phase 1: NPDR<sup>3</sup>

# Phase 1 US-based Clinical Trial Design of OTX-TKI in nAMD

## MULTICENTER, RANDOMIZED, DOUBLE-MASKED TRIAL

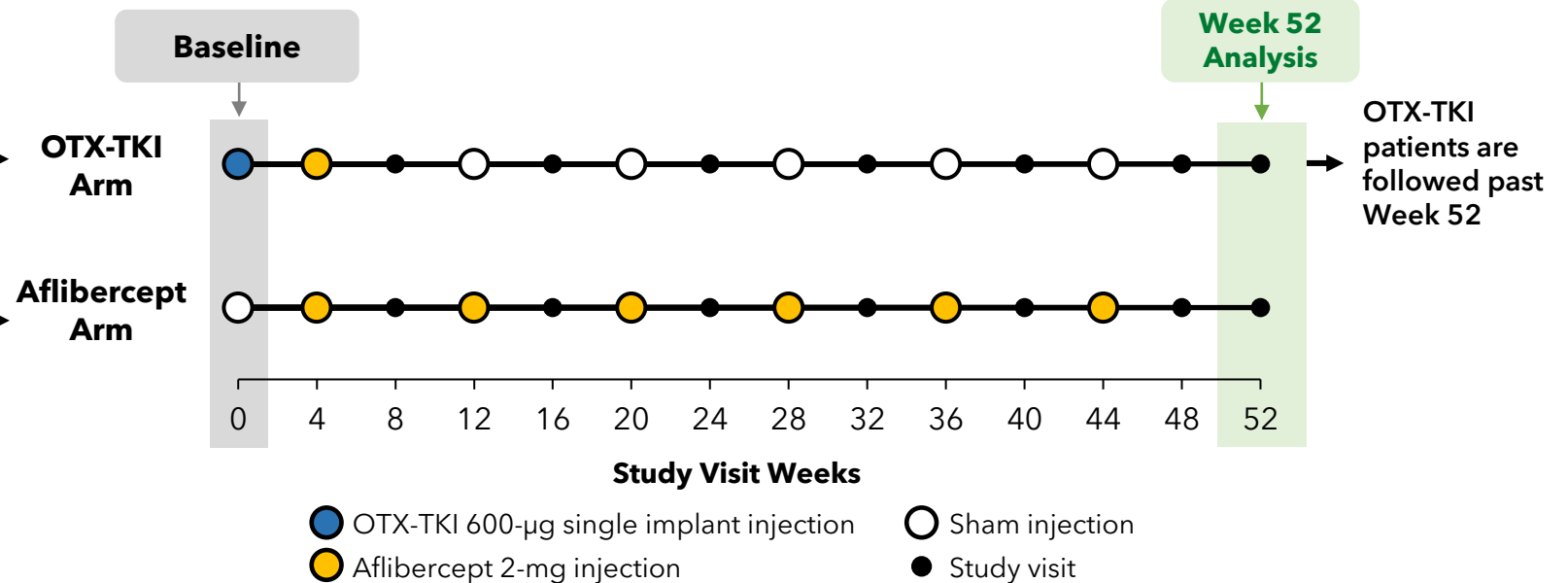
### KEY INCLUSION CRITERIA

Subfoveal neovascularization secondary to AMD

Controlled fluid

Previously treated with anti-VEGF injections

**R**  
Randomization  
**3:1**  
(OTX-TKI:  
Aflibercept)



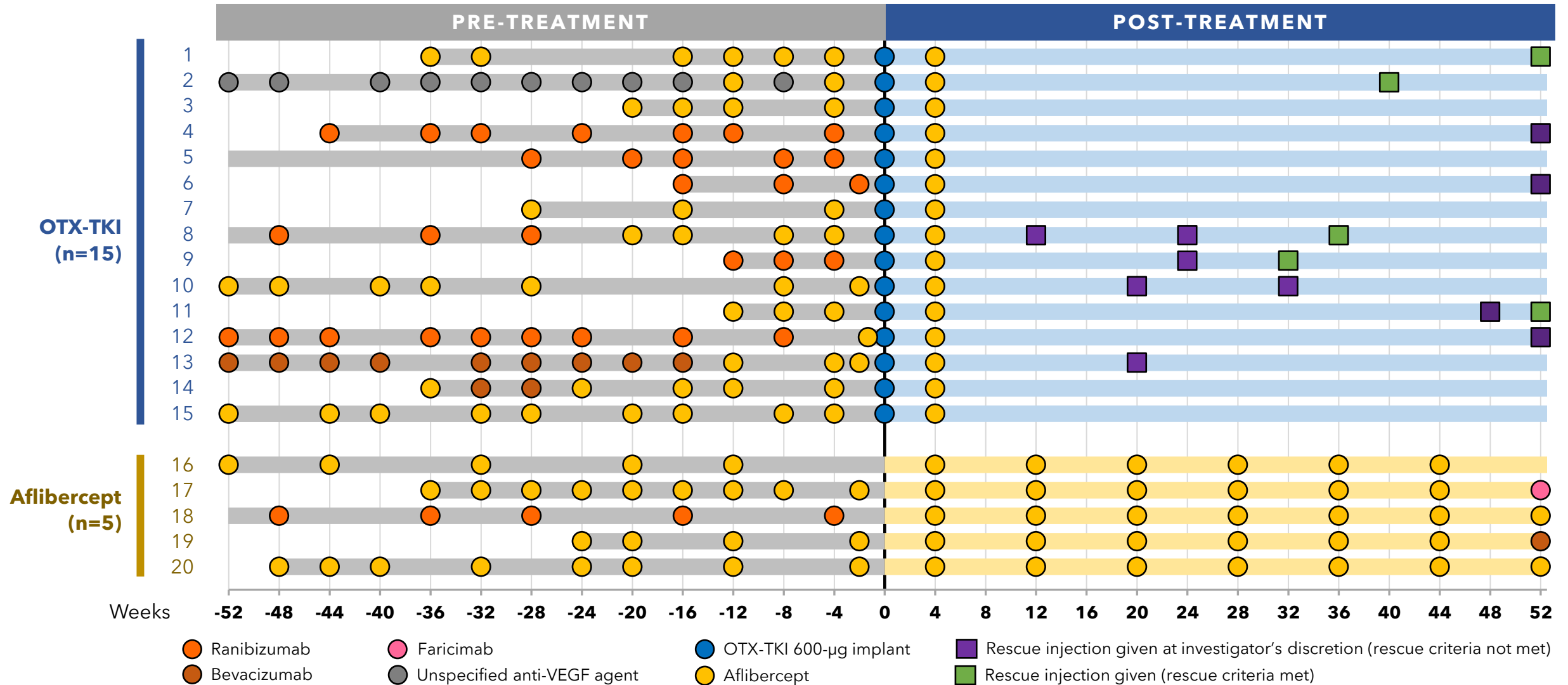
### RESCUE ANTI-VEGF INJECTION CRITERIA

Loss of  $\geq 10$  letters from best previous BCVA with current BCVA worse than baseline, or...

Evidence of  $\geq 75$ -µm CSFT increase from previous best value and  $\geq 5$ -letter loss from best previous BCVA, or...

New macular hemorrhage

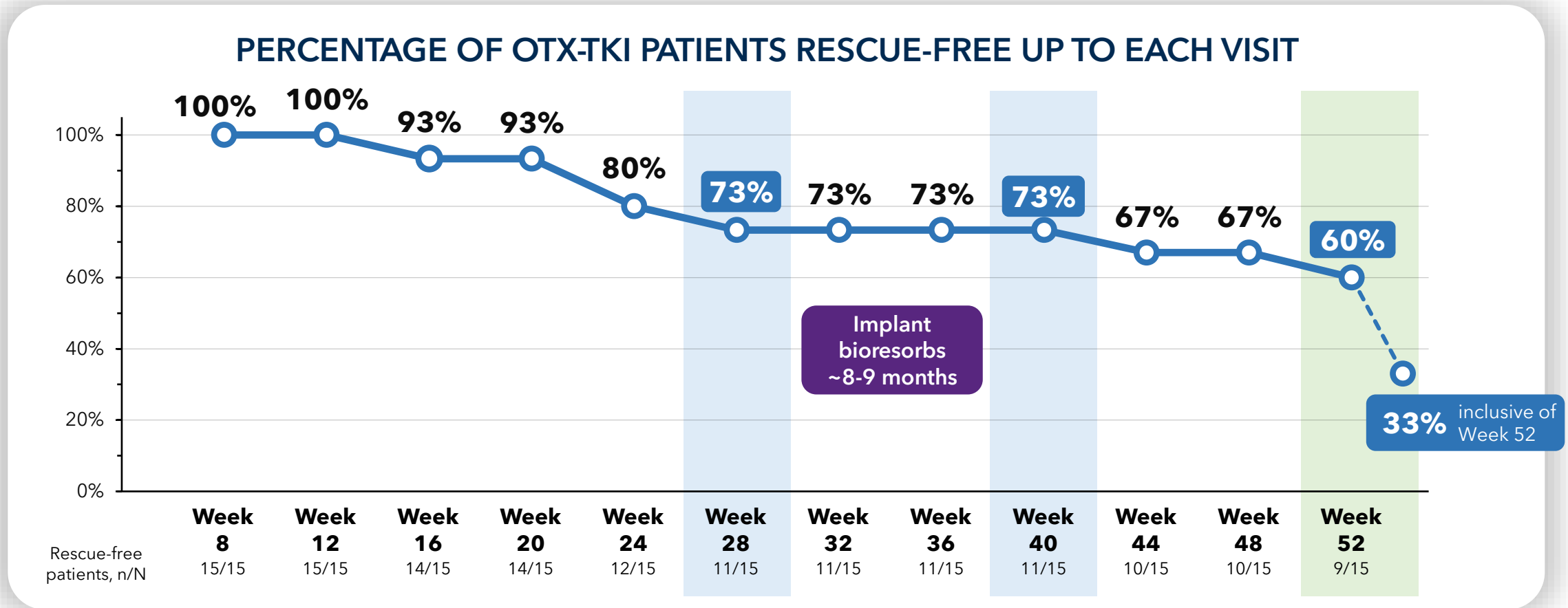
# 89% Reduction in Anti-VEGF Treatment Burden at Week 52 With OTX-TKI Treatment



Data cut off April 14, 2023; per protocol analysis. Reduction in treatment burden calculation includes all rescue injections. Sham injection was given at Week 0 in the aflibercept arm and at Weeks 12, 20, 28, 36, and 44 in the OTX-TKI arm (not shown). At Week 52, patients in the aflibercept group were treated with wet AMD standard of care at the investigator's discretion. VEGF (Vascular endothelial growth factor).

# OTX-TKI Demonstrated Extended Duration of Action

60% of OTX-TKI-treated patients were rescue-free up to Week 52

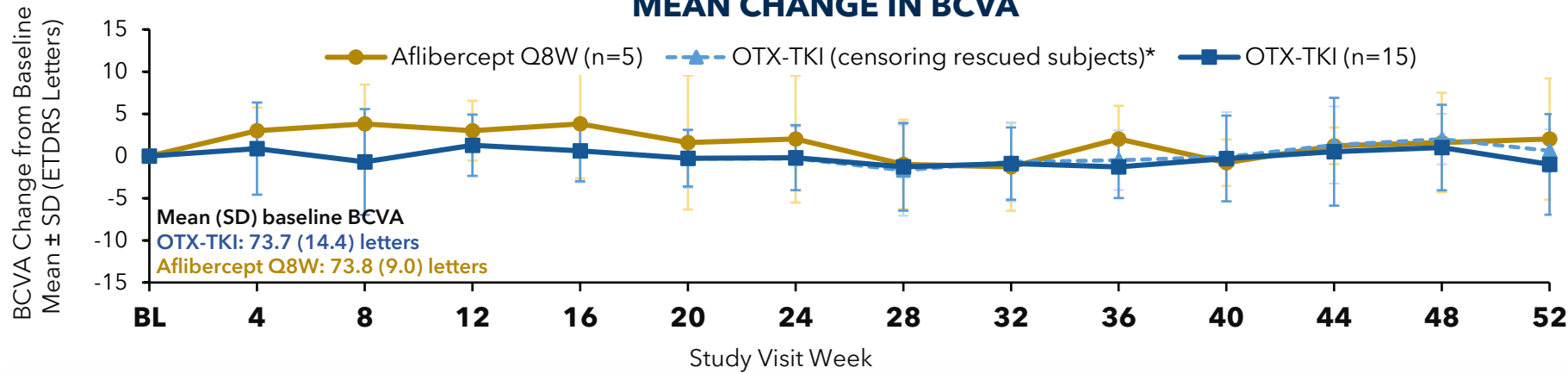


Data cut off April 14, 2023. Rescue-free rate calculations: If patients received rescue anti-VEGF therapy at a study visit, those were reflected at the following study visit in the graph above. Percentages presented in the graph above represent rescue-free rates up to each study visit, except for the 33% at Week 52, which includes rescue injections given at the Week 52 study visit. VEGF (Vascular endothelial growth factor).



# Mean BCVA and CSFT with OTX-TKI were Comparable to Standard-of-care Aflibercept 2mg Q8W

**MEAN CHANGE IN BCVA**



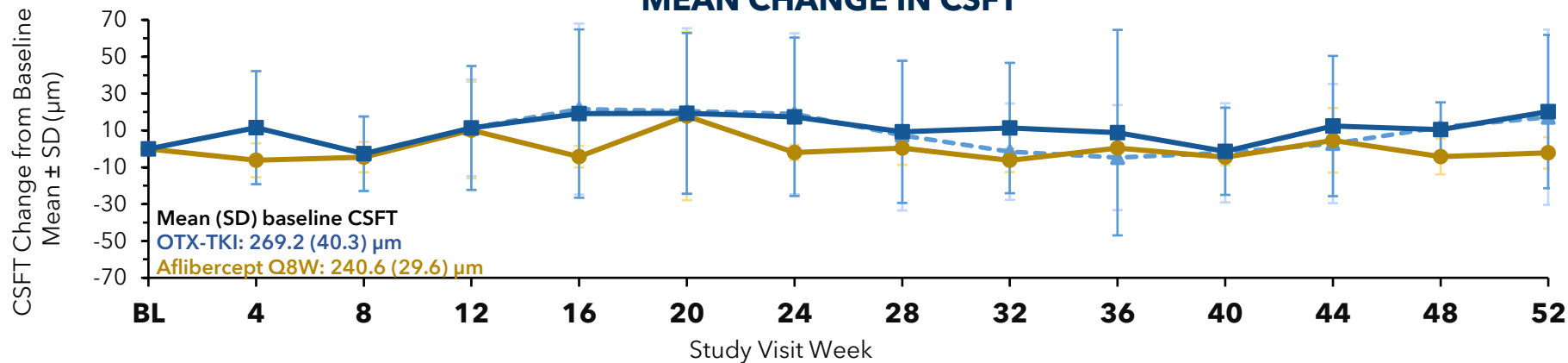
Mean (SD) change in BCVA from baseline to Week 52:

**OTX-TKI: -1.0 (6.0) letters**

**OTX-TKI: +0.6 (2.6) letters**  
(censoring rescued patients)

**Aflibercept 2mg Q8W: +2.0 (7.2) letters**

**MEAN CHANGE IN CSFT**



Mean (SD) change in CSFT from baseline to Week 52:

**OTX-TKI: +20.2 (41.6)  $\mu\text{m}$**

**OTX-TKI: +17.2 (47.6)  $\mu\text{m}$**   
(censoring rescued patients)

**Aflibercept 2mg Q8W: -2.2 (8.5)  $\mu\text{m}$**

Data cut off April 14, 2023. n=14 in OTX-TKI arm at Weeks 8, 28, 40, and 48 due to missed visits.

\*Sample size for OTX-TKI (censoring rescued patients): n=15 at baseline and Weeks 4 and 12; n=14 at Week 8 (missed visit) and Weeks 16 and 20; n=12 at Week 24 and n=11 at Weeks 28, 32, 36, and 40; n=10 at Week 44; n=9 at Weeks 48 and 52; BCVA (Best corrected visual acuity); BL (Baseline); CSFT (Central subfield thickness); ETDRS (Early Treatment Diabetic Retinopathy Study).

# Safety Data

No reports of drug-related ocular or systemic SAEs in either arm

One event of acute endophthalmitis in the OTX-TKI arm that occurred following mandated aflibercept injection at Month 1

Reported as moderate

Injection procedure related, unrelated to study drug

Resolved after IVT antibiotic injection, with vision returning to baseline

All events were mild except:

Acute endophthalmitis SAE (moderate and resolved) and worsening of cataract (moderate) in OTX-TKI arm

Elevated IOP in aflibercept arm (moderate and resolved)

	OTX-TKI N=16	AFLIBERCEPT N=5
Patients With AEs in the Study Eye, n (%)		
Elevated IOP	2 (12.5)	1 (20.0) <sup>b</sup>
Retinal detachment	0	0
Retinal vasculitis	0	0
Implant migration into the anterior chamber	0	N/A
Acute endophthalmitis	1 (6.25) <sup>a</sup>	0
Patients With Ocular AEs in the Study Eye Reported by Severity, n (%)		
Ocular AEs	16 (100.0)	3 (60.0)
Mild	14 (87.5)	2 (40.0)
Moderate	2 (12.5) <sup>a</sup>	1 (20.0) <sup>b</sup>
Severe	0	0
SAEs	1 (6.25) <sup>a</sup>	0

<sup>a</sup>Moderate and serious ocular AE in OTX-TKI arm was acute endophthalmitis 6 days after mandated aflibercept injection at Month 1.

<sup>b</sup>Moderate AE in aflibercept arm was elevated IOP.

# SOL Phase 3 Pivotal Trial of OTX-TKI in nAMD Is Currently Enrolling



Multicenter, double-masked, randomized, parallel-group trial

## DESIGN

Primarily conducted in the US

Two-arm trial with ~150 patients per group

## KEY INCLUSION CRITERIA

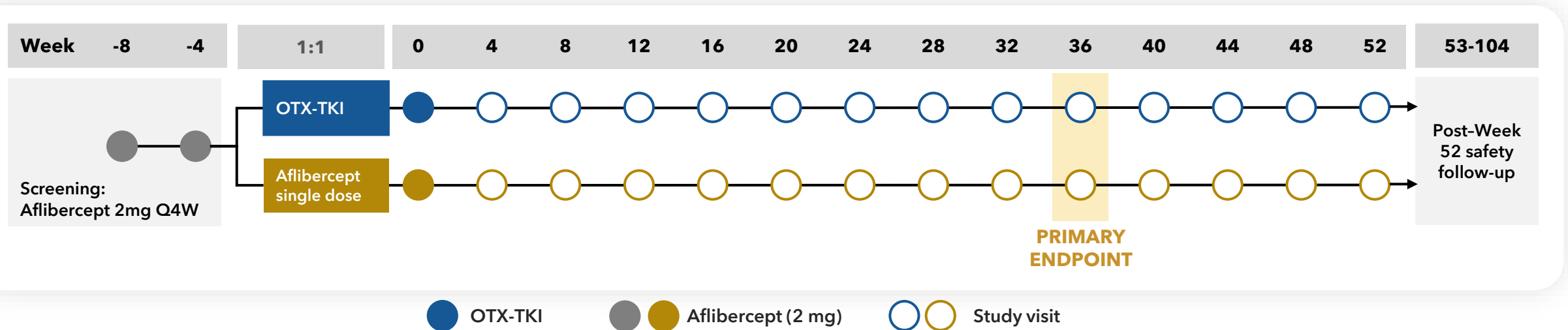
Patients who are treatment naïve in the study eye with a diagnosis of choroidal neovascularization or subfoveal neovascularization at screening

Visual acuity of **20/80 or better at screening**

Visual acuity of **20/20 or better at Day 1** OR **gain at least 10 ETDRS letters at Day 1**

## PRIMARY ENDPOINT (36 WEEKS)

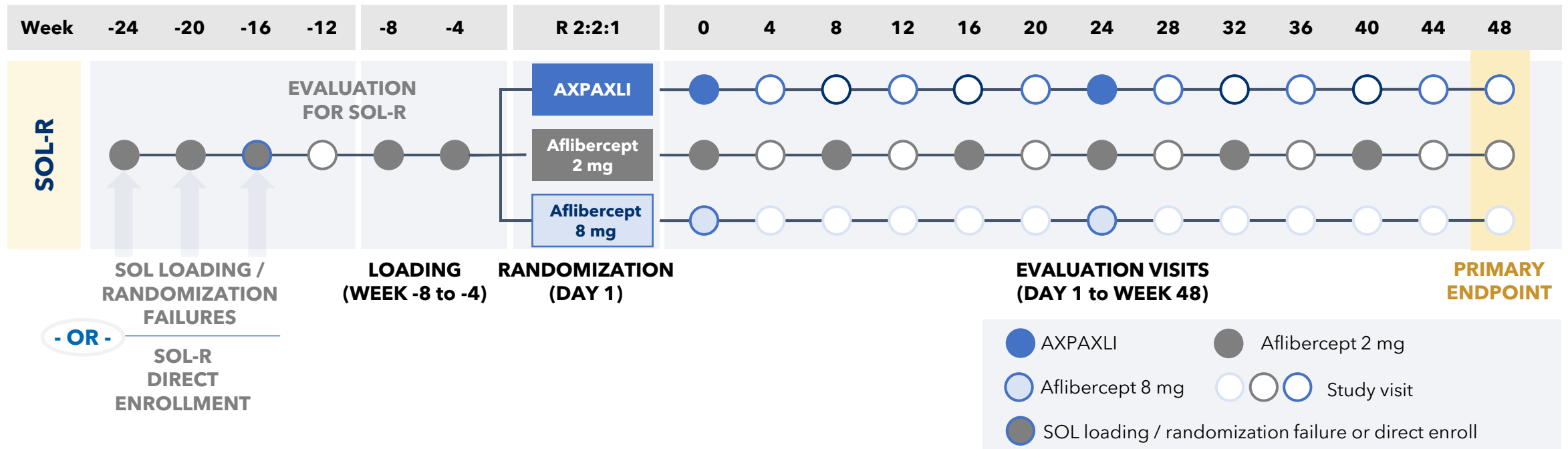
Proportion of patients who maintained visual acuity, defined as <15 ETDRS letters of BCVA loss at Week 36



# SOL-R Phase 3 Wet AMD Study Design

## THE PRIMARY OBJECTIVE

Demonstrate that AXPAXLI is non-inferior to fixed-dose aflibercept 2 mg with respect to mean change in BCVA at Week 48 from baseline in wAMD patients



# US Phase 1 Study Showed Durability and Biological Activity of OTX-TKI for nAMD

Changes in BCVA and CSFT were comparable to the standard-of-care, aflibercept 2mg Q8W

OTX-TKI provided an 89% reduction in anti-VEGF treatment burden for treated patients at 52 weeks

60% of OTX-TKI-treated patients were rescue-free up to Week 52

No drug-related ocular or systemic SAEs reported

Pharmacodynamic effects observed in this trial support the characteristics of a potential treatment for nAMD with durability between 9-12 months with a single OTX-TKI injection

**The first patients have been screened in the subsequent Phase 3 SOL and SOL-R clinical trials, marking the next step in the development of OTX-TKI for nAMD**