

12-Month Update on Randomized, Controlled, Trial of OTX-TKI (Axitinib Intravitreal Implant) for the Treatment of Wet AMD

Arshad M. Khanani, MD¹

On behalf of the clinical study investigators: Stephen S. Couvillion, MD²; David A. Eichenbaum, MD³; Nathan C. Steinle, MD⁴; Charles C. Wykoff, MD, PhD⁵; Samantha Xavier, MD⁶

¹Sierra Eye Associates, Reno, NV; ²California Retina Consultants, Bakersfield, CA; ³Retina Vitreous Associates of Florida, St Petersburg, FL; ⁴California Retina Consultants, Santa Barbara, CA; ⁵Retina Consultants of Texas, Houston, TX; ⁶Florida Eye Clinic, Altamonte Springs, FL

Disclosures

Financial Disclosures (Arshad M. Khanani):

Consultant:

Abbvie, Adverum Biotechnologies, AGTC, Alimera Sciences, Allergan, Apellis Pharmaceuticals, Arrowhead, Pharmaceuticals, AsclepiX Therapeutics, Aviceda Therapeutics, Bausch & Lomb, BroadWing Bio, Cholgene Therapeutics, 4D Molecular Therapeutics, Eyepoint Pharmaceuticals, Fronterra Therapeutics, Gemini Pharmaceuticals, Genentech, Graybug Vision, Gyroscope Therapeutics, IVERIC bio, Janssen Pharmaceuticals, Kato Pharmaceuticals, Kartos Therapeutics, Kodiak Sciences, Kriya Therapeutics, Ocular Therapeutix, Oculis, Ocuterra, Opthea, Oxurion, Novartis, Perfuse, PolyPhotonix, Ray Therapeutics, Recens Medical, Regeneron Pharmaceuticals, REGENXBIO, Roche, Stealth Biotherapeutics Therapeutics, Thea Pharma, UNITY Biotechnology, Vanotech

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Speaker:

Abbvie, Apellis, Genentech, Novartis

Financial:

Aviceda Therapeutics, PolyPhotonix, Recens Medical

Study and Product Disclosures:

- 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 U.S. Food and Drug Administration (FDA) or any other health agency
- Ocular Therapeutix sponsored this clinical trial

OTX-TKI Implant: Axitinib Delivered Using Elutyx™ Technology

ELUTYX TECHNOLOGY

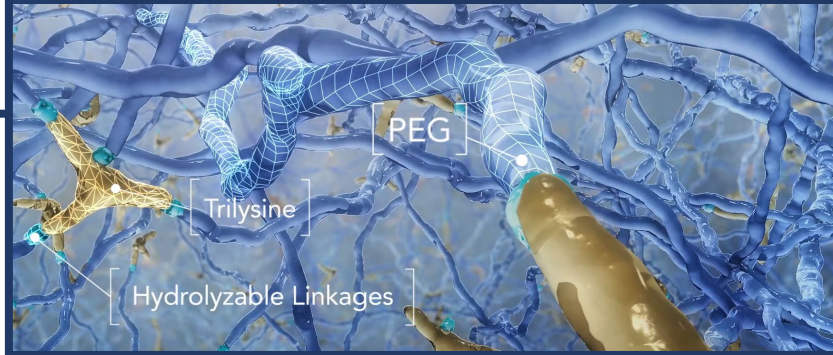
BIORESORBABLE,
TARGETED,
SUSTAINED DRUG
DELIVERY



AXITINIB

MULTI-TARGET
TYROSINE KINASE
INHIBITOR FOR
RETINAL VASCULAR
DISEASES

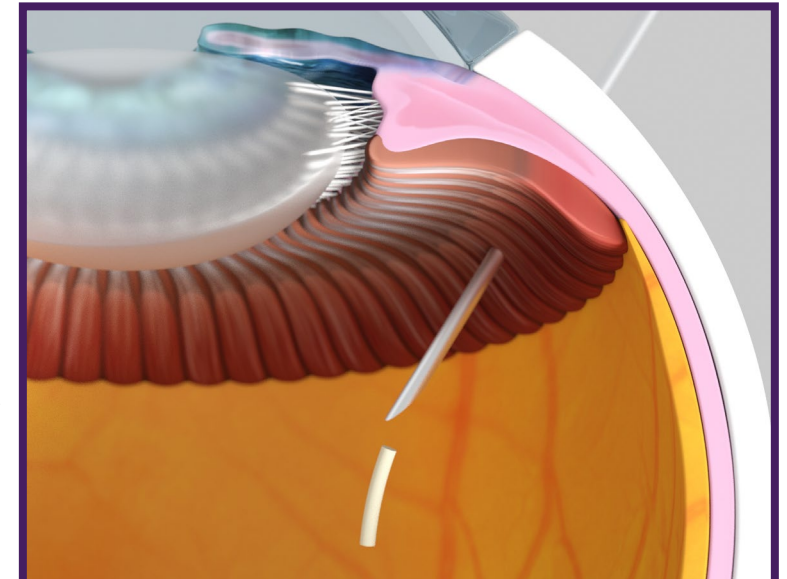
OTX's proprietary bioresorbable polymer matrix hydrogel is a versatile platform for localized sustained drug delivery



Axitinib is a highly selective inhibitor of all VEGF and PDGF receptors with high affinity and low solubility compared to other ocular TKIs¹

Drug	Inhibitory Concentrations for VEGFR2/KDR (IC ₅₀ in nM) (lower values indicate higher affinity)
Axitinib²	0.2
Sunitinib ³	43
Vorolanib ³	52

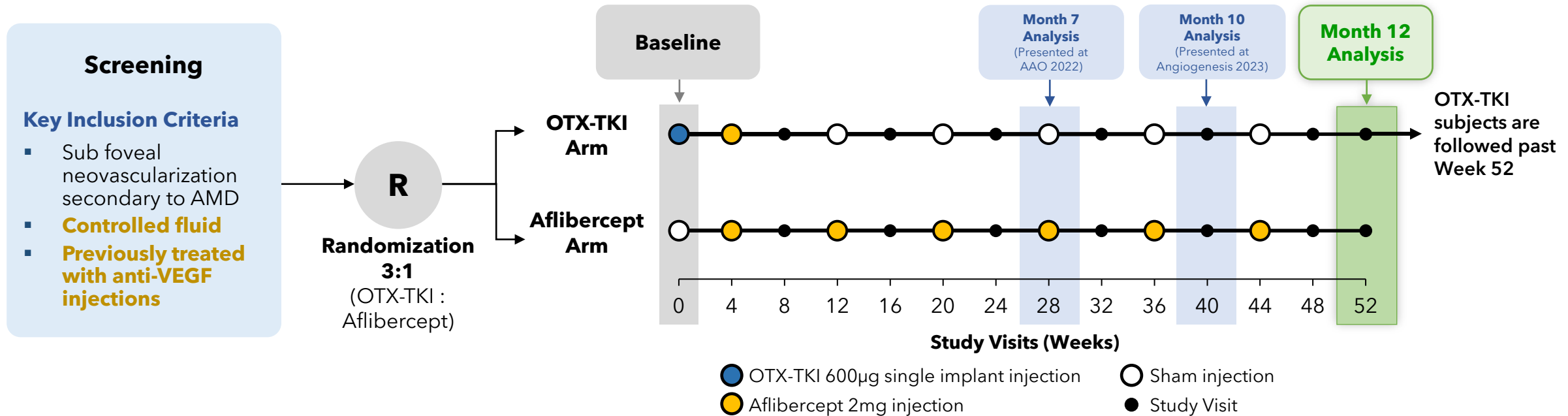
OTX-TKI INTRAVITREAL IMPLANT: AXITINIB DELIVERED USING ELUTYX TECHNOLOGY



- Single implant
- Administered by a 25G needle
- Target release for 9-12 months
- Completely bioresorbable

OTX-TKI U.S.-based Wet AMD Clinical Trial Design

Multicenter, Randomized, Double-masked Trial



Rescue Anti-VEGF Injection Criteria:

- Loss of ≥ 10 letters from best previous BCVA with current BCVA worse than baseline, or
- Evidence of $\geq 75\mu\text{m}$ CSFT increase from previous best value and ≥ 5 letters loss from best previous BCVA, or
- New macular hemorrhage

Baseline Characteristics

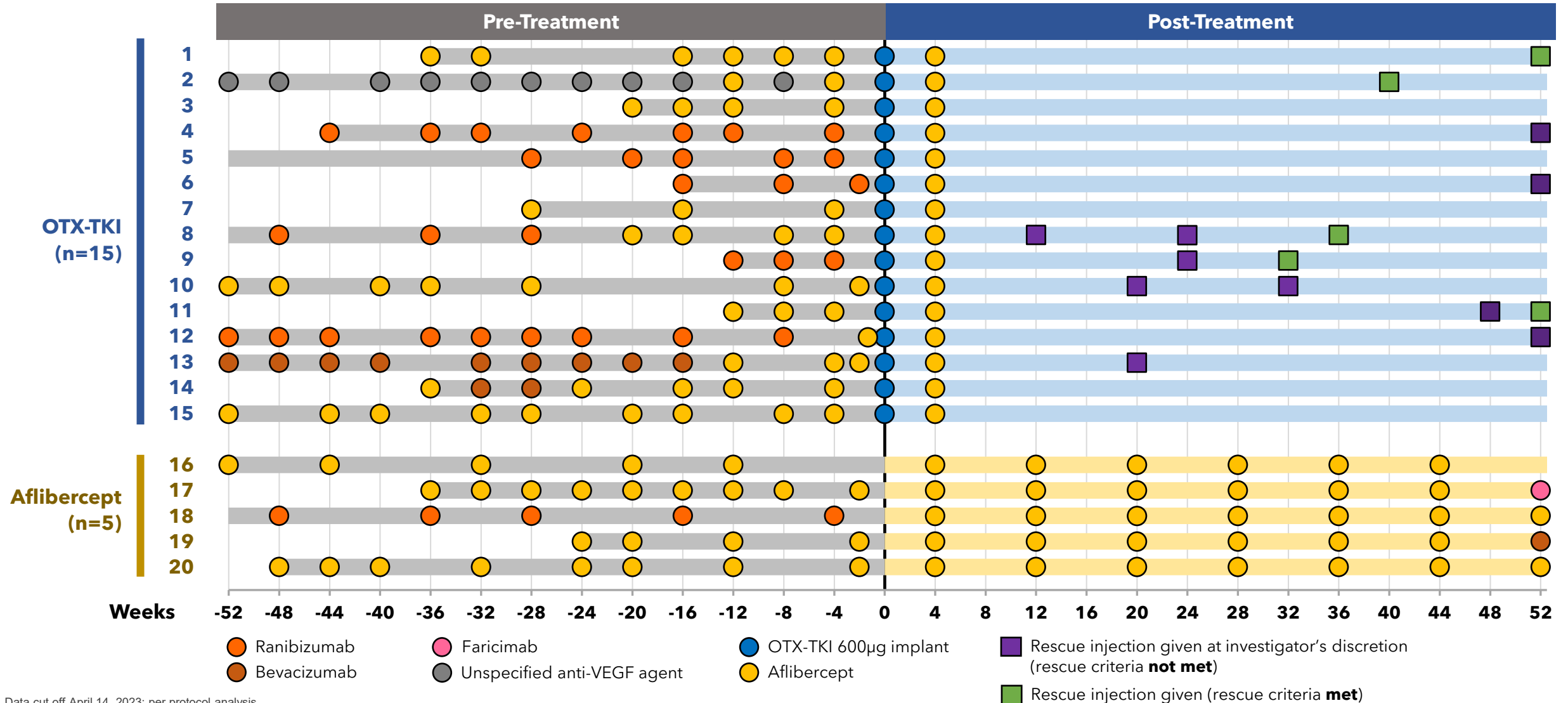
Baseline Characteristic	OTX-TKI (N=16) [†]	Aflibercept (N=5)
Mean (SD) Age, Years	76 (8)	84 (8)
Male, n (%) Female, n (%)	8 (50) 8 (50)	3 (60) 2 (40)
Mean (SD) Months since wet AMD diagnosis	18 (12)	18 (12)
Mean (SD) Number of anti-VEGF Injections within 12 Months Prior to baseline*	8 (3)	8 (4)
Mean (SD) BCVA in ETDRS Letters	70.9 (17.7)	73.8 (9.0)
Mean (SD) CSFT, μm	273.8 (43.0)	240.6 (29.6)

*Annualized data

[†] Includes one subject not treated per protocol who has been removed from efficacy analysis as subject incorrectly received aflibercept instead of sham injection at Month 3 and 5 visits

Reduction in Anti-VEGF Injections Following OTX-TKI at 12 Months

89% reduction in treatment burden with OTX-TKI at 12 months

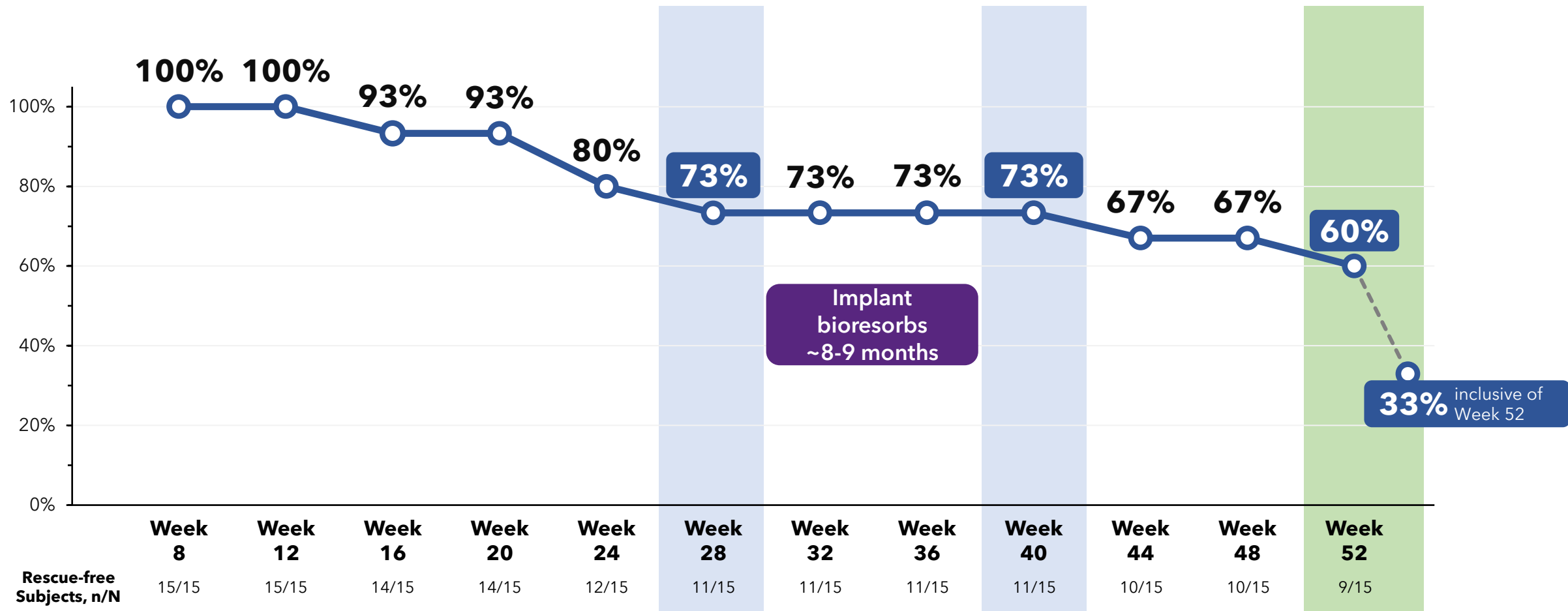


Data cut off April 14, 2023; per protocol analysis
 Reduction in treatment burden calculation includes all rescue injections
 Sham injection was given at Week 0 in the Aflibercept Arm and at Weeks 12, 20, 28, 36 and 44 in the OTX-TKI Arm (not shown). At Week 52, subjects in the aflibercept group were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

OTX-TKI Demonstrated Extended Duration of Action

60% were rescue-free up to 12 months with 4 additional subjects rescued at 12 months

Percentage of OTX-TKI Subjects Rescue-Free Up to Each Visit (n=15)

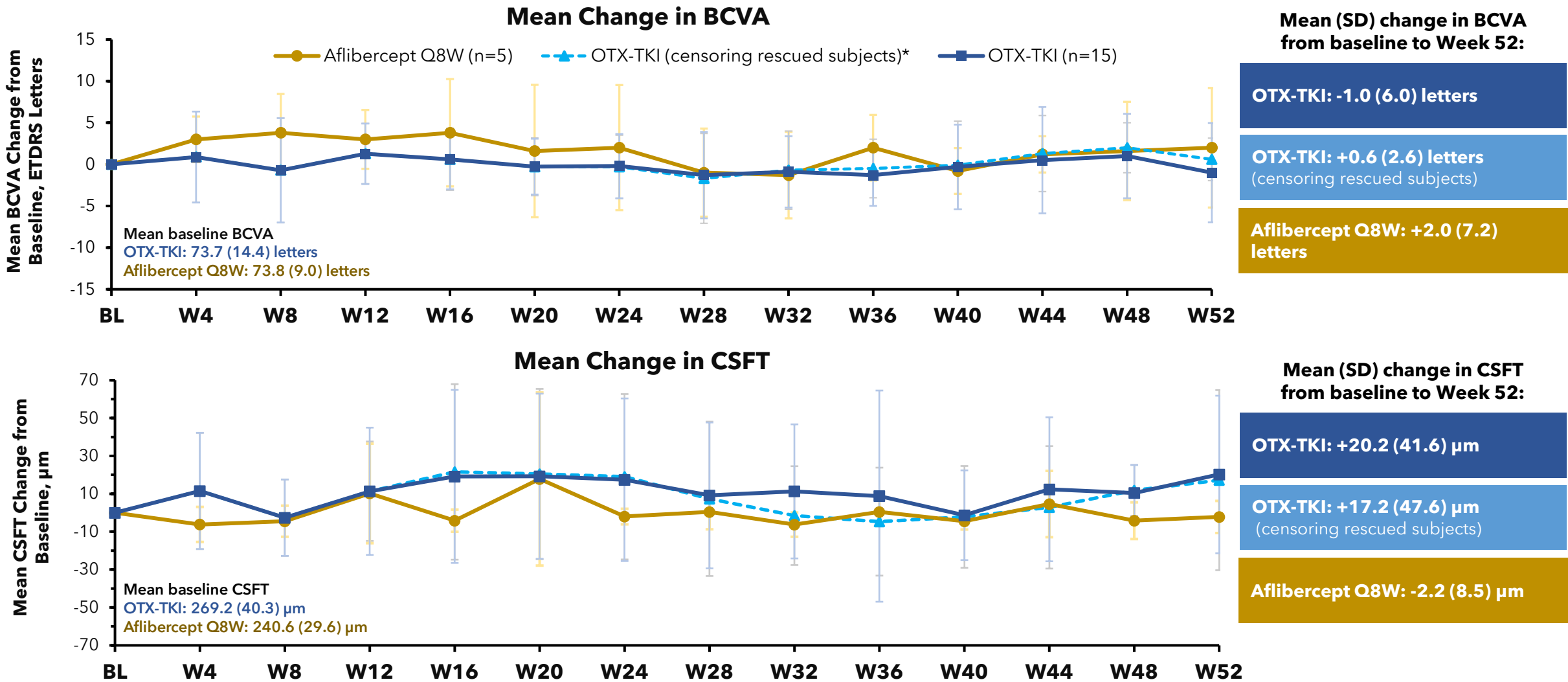


Data cut off April 14, 2023

Rescue-free rate calculations: If subjects received rescue anti-VEGF therapy at a study visit, those were reflected to count 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

Vision and CSFT with OTX-TKI were Comparable to Aflibercept Q8W



Data cut off April 14, 2023

Error bars represent standard deviation; n=14 in OTX-TKI arm at Weeks 8, 28, 40 and 48 due to missed visits

*Sample size for OTX-TKI (censoring rescued subjects): 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; W, week

Safety Summary

- No reports of drug-related ocular or systemic SAEs in either arm
- One event of acute endophthalmitis in OTX-TKI arm which occurred following mandated aflibercept injection at Month 1
 - Reported as moderate
 - Injection procedure related
 - Unrelated to the study drug
 - Resolved after intravitreal 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)

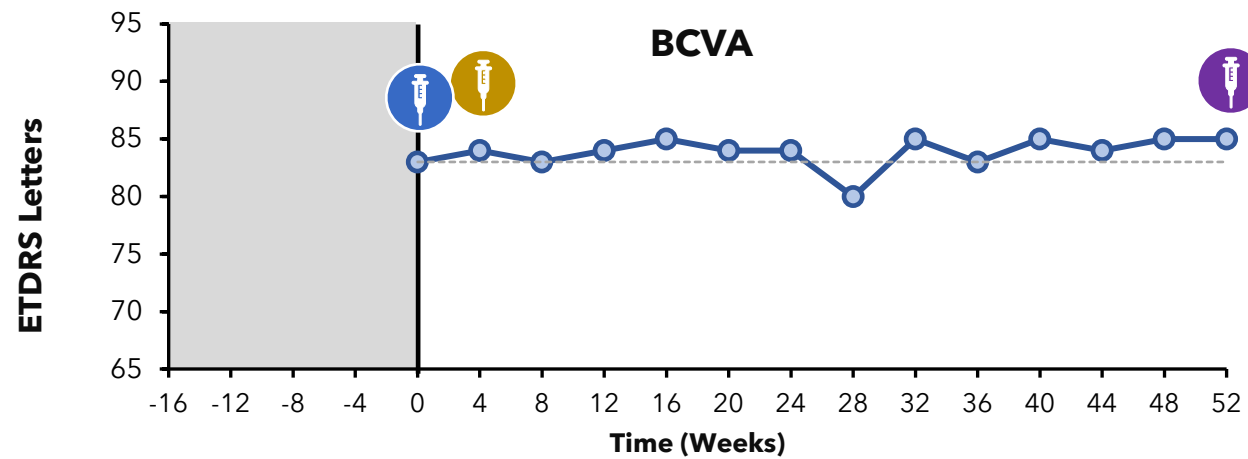
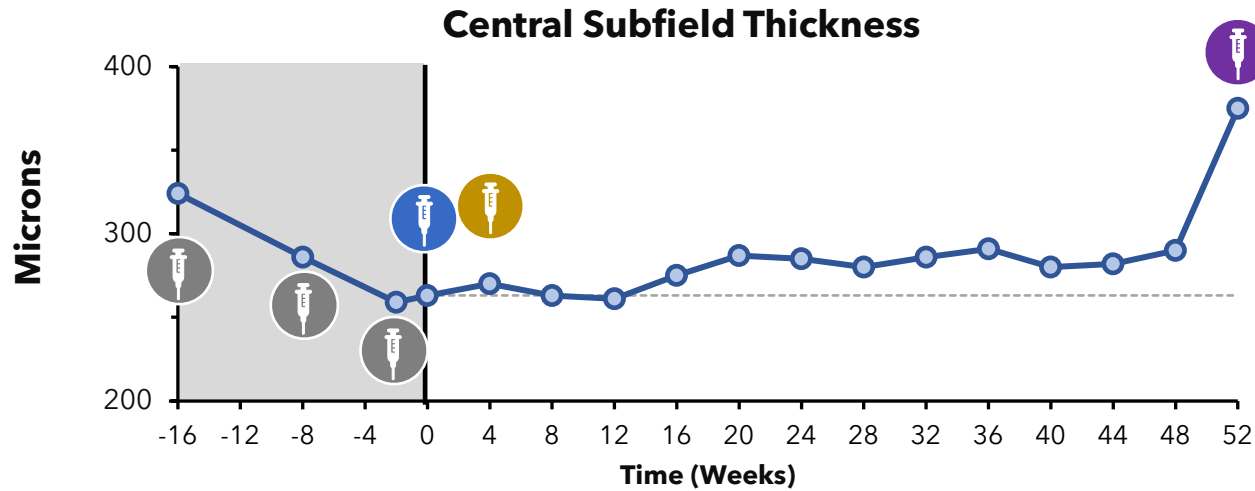
	OTX-TKI n=16	Aflibercept n=5
Subjects with Adverse Events in the Study Eye, n (%)		
Elevated IOP	2 (12.5)	1 (20.0)**
Retinal detachment	0	0
Retinal vasculitis	0	0
Implant migration into the anterior chamber	0	NA
Acute endophthalmitis	1 (6.25)*	0
Subjects with Ocular Adverse Events in the Study Eye Reported by Severity, n (%)		
Ocular AEs	16 (100.0)	3 (60.0)
Mild	14 (87.5)	2 (40.0)
Moderate	2 (12.5)*	1 (20.0)**
Severe	0	0
Serious AEs	1 (12.5)*	0

*Moderate and serious ocular AE in OTX-TKI arm was Acute Endophthalmitis 6 days after mandated aflibercept injection at Month 1

**Moderate AE in Aflibercept arm was Elevated Intraocular pressure

OTX-TKI-Treated Subject 6

81-year-old female with anti-VEGF Q8W prior to study and rescue-free up to 1 year



anti-VEGF injection



OTX-TKI administration



study-mandated aflibercept



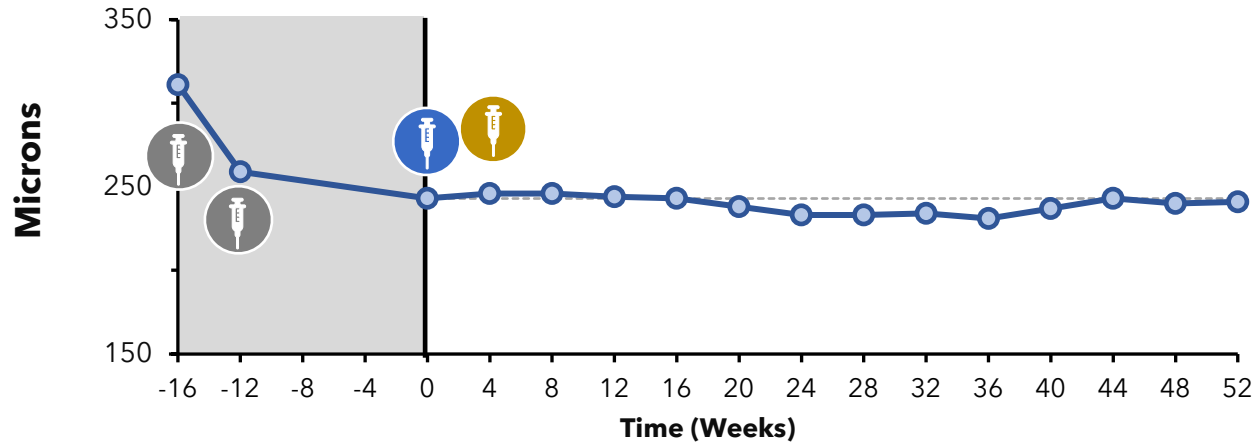
rescue injection given at investigator's discretion

-16 Weeks	CSFT: 324 μ m BCVA: Not available		
-8 Weeks	CSFT: 286 μ m BCVA: Not available		
Baseline	CSFT: 263 μ m BCVA: 83 letters		
Week 4	CSFT Δ: +7 μ m BCVA Δ: +1 letter		
Week 8	CSFT Δ: 0 μ m BCVA Δ: 0 letters		
Week 24	CSFT Δ: +22 μ m BCVA Δ: +1 letter		
Week 48	CSFT Δ: +27 μ m BCVA Δ: +2 letters		
Week 52	CSFT Δ: +112 μ m BCVA Δ: +2 letters		

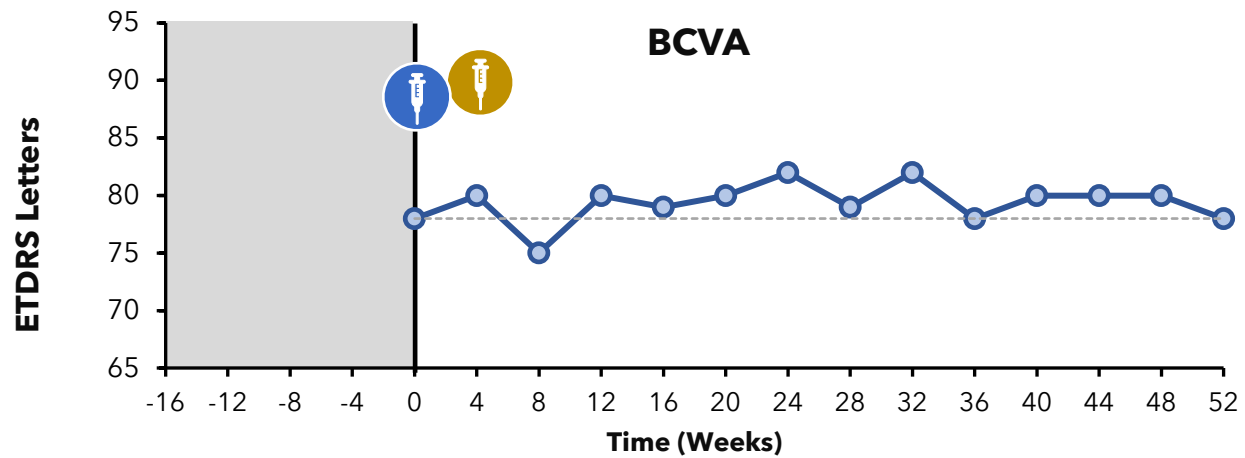
OTX-TKI-Treated Subject 14

65-year-old female with anti-VEGF Q4-8W prior to study and rescue-free through 1 year

Central Subfield Thickness



BCVA



anti-VEGF injection



OTX-TKI administration



study-mandated aflibercept

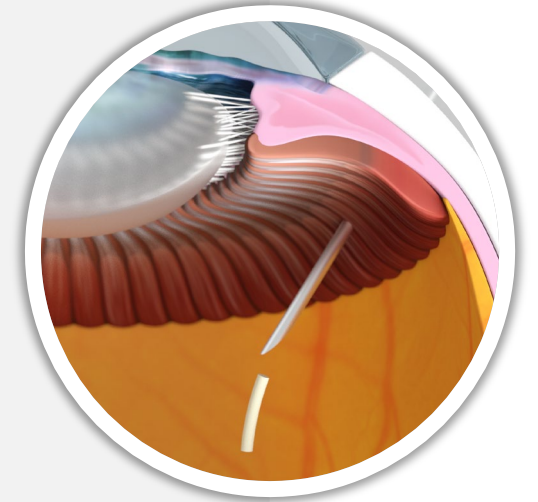


rescue injection given at investigator's discretion

-16 Weeks	CSFT: 311 μ m BCVA: Not available		
-12 Weeks	CSFT: 259 μ m BCVA: Not available		
Baseline	CSFT: 243 μ m BCVA: 78 letters		
Week 4	CSFT Δ: +3 μ m BCVA Δ: +2 letters		
Week 8	CSFT Δ: +3 μ m BCVA Δ: -3 letters		
Week 24	CSFT Δ: -10 μ m BCVA Δ: +4 letters		
Week 48	CSFT Δ: -3 μ m BCVA Δ: +2 letters		
Week 52	CSFT Δ: -2 μ m BCVA Δ: 0 letters		

12 Month Results Support the Advancement of OTX-TKI to Pivotal Trials in Wet AMD

- OTX-TKI maintained vision and CSFT comparable to aflibercept Q8W with 89% reduction in treatment burden over a 12-month period
- Safety data showed OTX-TKI was generally well-tolerated
- Implant bioresorption and axitinib elution were consistent with previous clinical data, potentially allowing a window for redosing
- Pharmacodynamic effects observed in this trial support the characteristics of a potential treatment for wet AMD with durability between 9-12 months with a single injection



Next Steps: OTX-TKI Pivotal Trials in Wet AMD Prepared to Initiate as Early as Q3 2023*

Acknowledgements

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- **Nathan Steinle, MD** (Santa Barbara, CA)
- **Charles Wykoff, MD, PhD** (Houston, TX)
- **Samantha Xavier, MD** (Altamonte Springs, FL)

