(NASDAQ: OCUL)

TRANSFORMING DRUG DELIVERY

LEVERAGING A NOVEL TECHNOLOGY PLATFORM

ANTONY MATTESSICH, CHIEF EXECUTIVE OFFICER

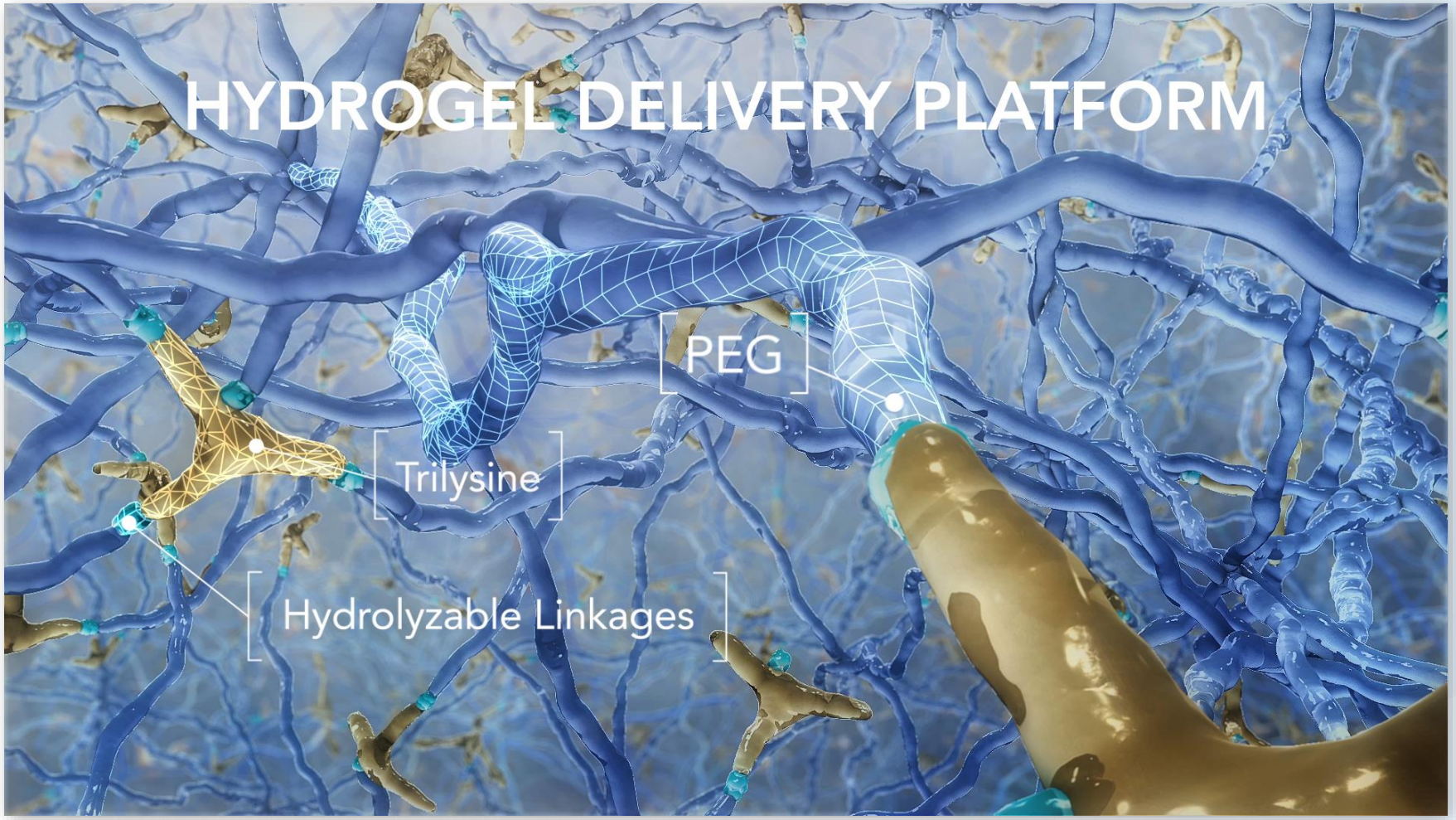
July 2020

Ocular Therapeutix™

FORWARD LOOKING STATEMENTS

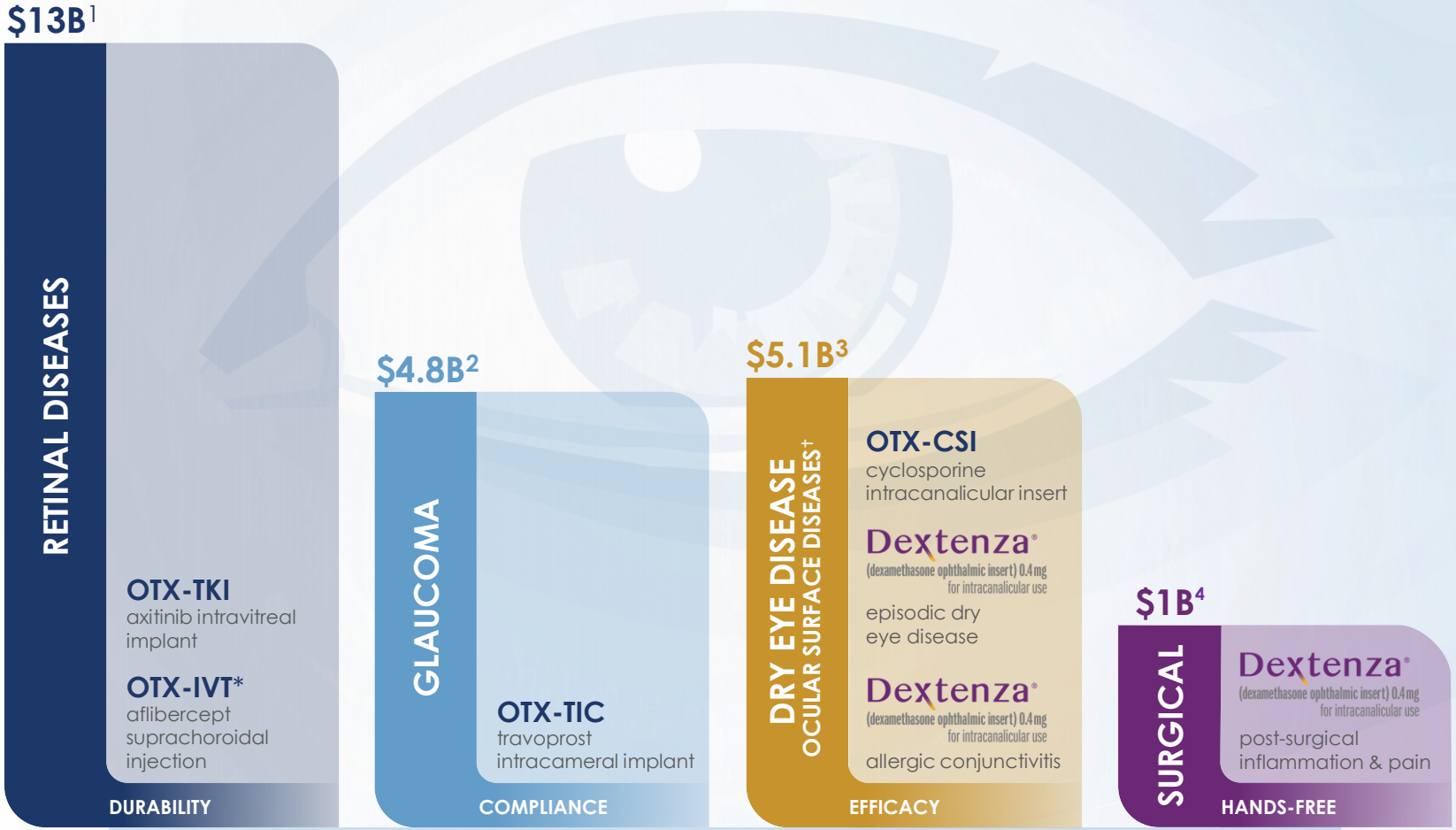
Any statements in this presentation about future expectations, plans, and prospects for the Company, including the commercialization of DEXTENZA®, ReSure Sealant, or any of the Company's product candidates; the commercial launch of, and effectiveness of reimbursement codes for, DEXTENZA; the development and regulatory status of the Company's product candidates, such as the Company's development of and prospects for approvability of DEXTENZA for additional indications including allergic conjunctivitis, OTX-TP for the treatment of primary open-angle glaucoma and ocular hypertension, OTX-CSI for the treatment of dry eye disease, OTX-TIC for the treatment of primary open-angle glaucoma and ocular hypertension, OTX-TKI for the treatment of retinal diseases including wet AMD, and OTX-IVT as an extended-delivery formulation of the VEGF trap aflibercept for the treatment of retinal diseases including wet AMD; the ongoing development of the Company's extended-delivery hydrogel depot technology; the potential utility of any of the Company's product candidates; the potential benefits and future operation of the collaboration with Regeneron Pharmaceuticals, including any potential future payments thereunder; the expected impact of the COVID-19 pandemic on the Company and its operations; the sufficiency of the Company's cash resources and other statements containing the words "anticipate," "believe," "estimate," "expect," "intend", "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 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, ReSure Sealant or any product candidate that receives regulatory approval, including the conduct of post-approval studies, the ability to retain regulatory approval of DEXTENZA, ReSure Sealant or any product candidate that receives regulatory approval, the ability to maintain reimbursement codes for DEXTENZA, the initiation, timing and conduct of clinical trials, availability of data from clinical trials and expectations for regulatory submissions and approvals, the Company's scientific approach and general development progress, the availability or commercial potential of the Company's product candidates, the Company's ability to generate its projected net product revenue on the timeline expected, if at all, the sufficiency of cash resources, the Company's existing indebtedness, the ability of the Company's creditors to accelerate the maturity of such indebtedness upon the occurrence of certain events of default, the outcome of the Company's ongoing legal proceedings, the severity and duration of the COVID-19 pandemic including its effect on the Company's and relevant regulatory authorities' operations, the need for additional financing or other actions 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 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.

TRANSFORMING DRUG DELIVERY WITH A NOVEL TECHNOLOGY PLATFORM



TOTAL GLOBAL MARKETS

DEVELOPING PRODUCTS WITH THE POTENTIAL TO BECOME A STANDARD OF CARE FOR SELECT INDICATIONS IN SEVERAL OF THE LARGEST SEGMENTS IN OPHTHALMOLOGY



These data reflect the total global market for the respective indications. Our market opportunity for such indications reflects a portion of this market.

* In collaboration with REGENERON; †Data shown here is only representative of Dry Eye and not other Ocular Surface Diseases

1. 2019 Retina Pharma Market Scope Report 2. 2019 Glaucoma Pharma Market Scope Report 3. 2019 Dry Eye Market Scope Report 4. Estimated using historical costs of topical eyedrops (not DEXTENZA) and the total addressable market based on the total US ocular surgical steroid market value 2019

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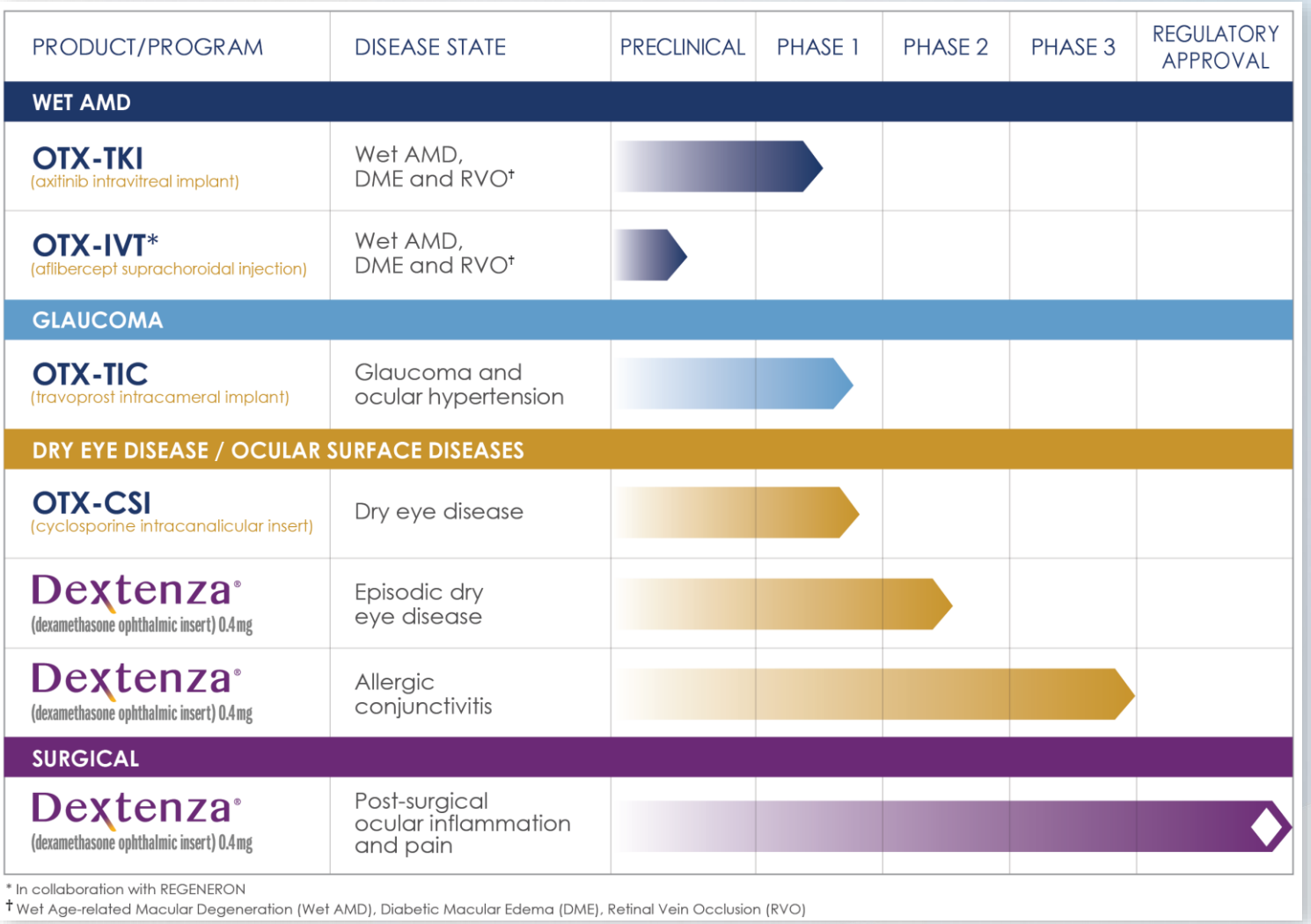
PIPELINE AT A GLANCE



* In collaboration with REGENERON

† Wet Age-related Macular Degeneration (Wet AMD), Diabetic Macular Edema (DME), Retinal Vein Occlusion (RVO)

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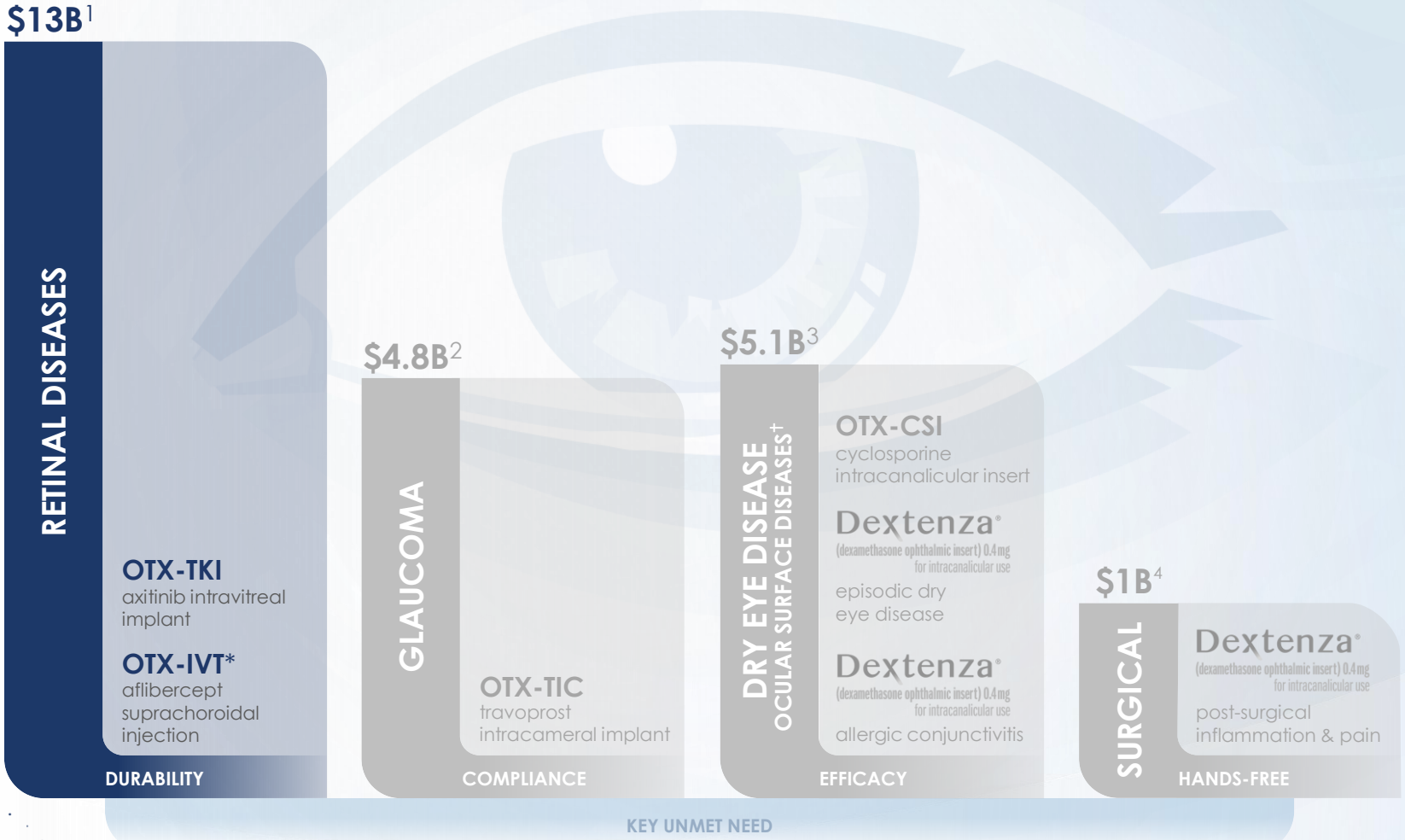

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THE UNMET NEED IN RETINAL DISEASES

PROBLEMS WITH IMMEDIATE-RELEASE INJECTIONS

- While anti-VEGF drugs are effective, they are also rapidly cleared from the vitreous humor; therefore, to reach and to maintain effective concentrations, repeated administrations every 4-8[1,2] weeks are necessary[1]
- Repeated intravitreal injections may cause side effects such as endophthalmitis, hemorrhage, damage to the lens, retinal detachment, and poor patient tolerance over time[3]
- Discomfort, eye pain, decreased vision, increased photosensitivity, and floaters are just some of the patient complaints with injections[3]
- Repeated injections also have a significant impact on patients emotionally and financially and place a time and transportation burden on caregivers[4]

A New Therapy is Needed.

New Mechanism of Action
TKIs act upstream of Anti-VEGF

Longer Duration of Action
TKIs are potent small molecules

Clinical Question:

Does axitinib (a tyrosine kinase inhibitor) injected into the eye have biological activity?

1. EYLEA Full Prescribing information 2019 2. Lucentis full Prescribing Information 2019 3. Bochot A, Fattal E. Liposomes for intravitreal drug delivery: a state of the art. *J Control Release*. 2012;161(2):628-634. 4. Boyle J, Vukicevic M, Koklanis K, Itsiopoulos C, Rees G. Experiences of patients undergoing repeated intravitreal anti-vascular endothelial growth factor injections for neovascular age-related macular degeneration. *Psychol Health Med*. 2018;23(2):127-140.

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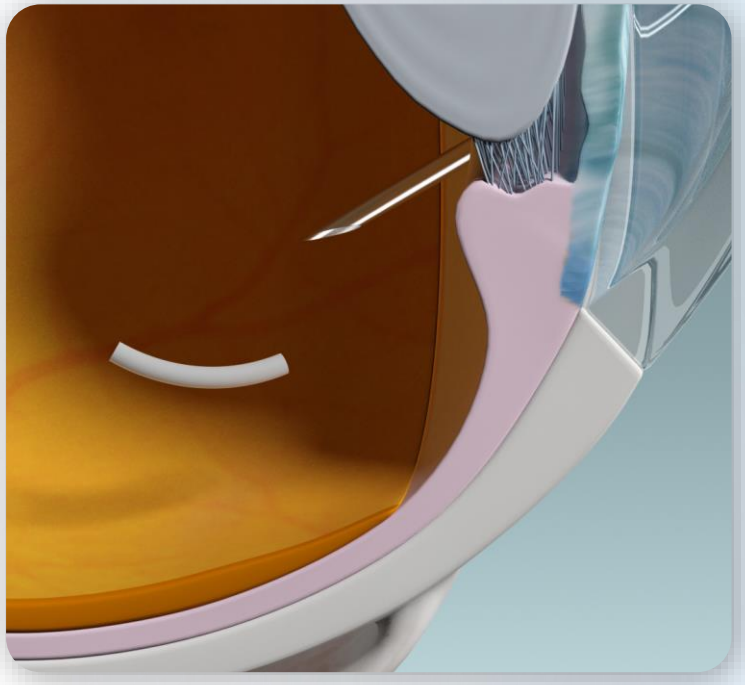
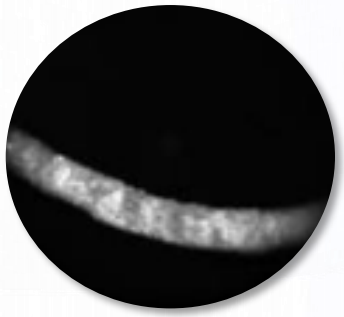
DRUG DELIVERY TO THE INTRAVITREAL SPACE

FACTORS FOR CONSIDERATION IN DESIGNING A LONG DURATION INTRAVITREAL IMPLANT:

- **Clinically-meaningful decrease in retinal fluid**
  Well-tolerated with clinically-meaningful efficacy
- **Extended duration of therapy**
  3 months or more
- **Consistently bioresorbable**
  Duration of drug and duration of carrier vehicle
- **Implant location and limited movement**
  Compact geometry, designed to avoid optical impact, but able to be monitored





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INTRAVITREAL INJECTION FOR THE TREATMENT OF AGE-RELATED MACULAR DEGENERATION

OTX-TKI (axitinib intravitreal implant)

DESCRIPTION:

- Targeting sustained release for 6+ months
- Broader anti-angiogenic profile than anti-VEGF alone and longer duration (small molecule)
- Systemic TKI efficacy established in oncology
- Small fiber (27-30G needle) with minimal/no visual impact; product candidate can be monitored by physician
- Potential to provide an additional option for patients and providers
- Different target than traditional VEGF therapies
- Preservative-free

Video shown in real time
in simulated vitreous humor

IN PRECLINICAL MODELS (RABBIT CHALLENGE):

- Sustained, steady state in vitro and in vivo release for up to 12 months with a single insert
- PK, PD and tolerability with no negative safety signals reported to date

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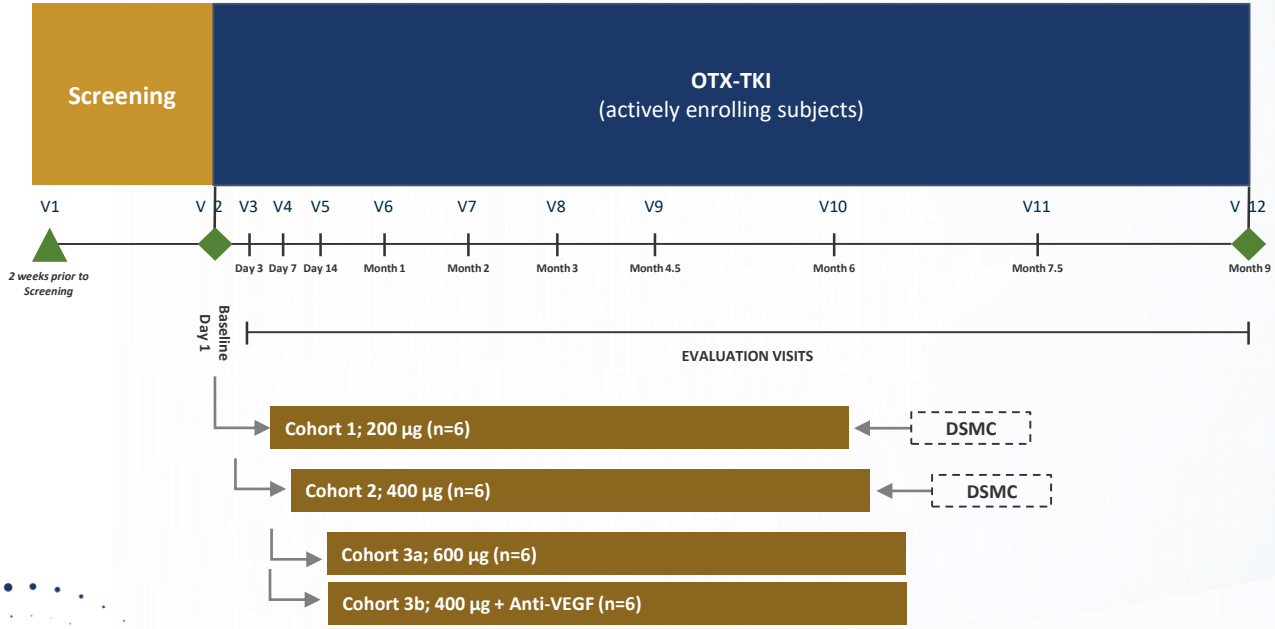
OTX-TKI PHASE 1 STUDY

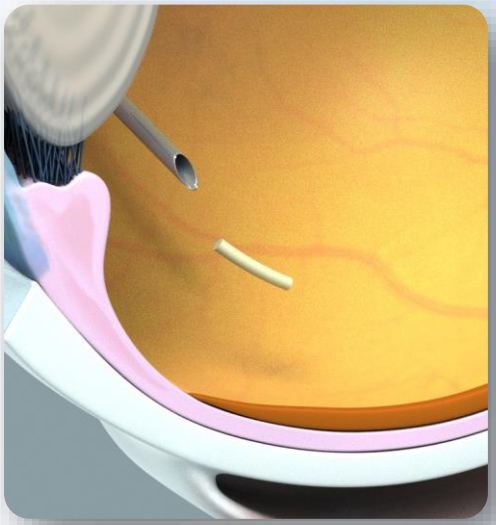
DESIGN

- Open-label, dose-escalation, feasibility study
- 5 sites in Australia
- 9-month study
- One eye treated per patient
- Key Inclusion criteria:
  - Active primary subfoveal neovascularization (SFNV) secondary to AMD – previously treated or naïve subjects but with retinal fluid present

OBJECTIVES

- Safety, tolerability, and biological activity
- Safety evaluations at all visits; mean change in central subfield thickness (CSFT) measured by SD-OCT, BCVA, and clinically-significant leakage on FA and/or OCT-A at 6 months





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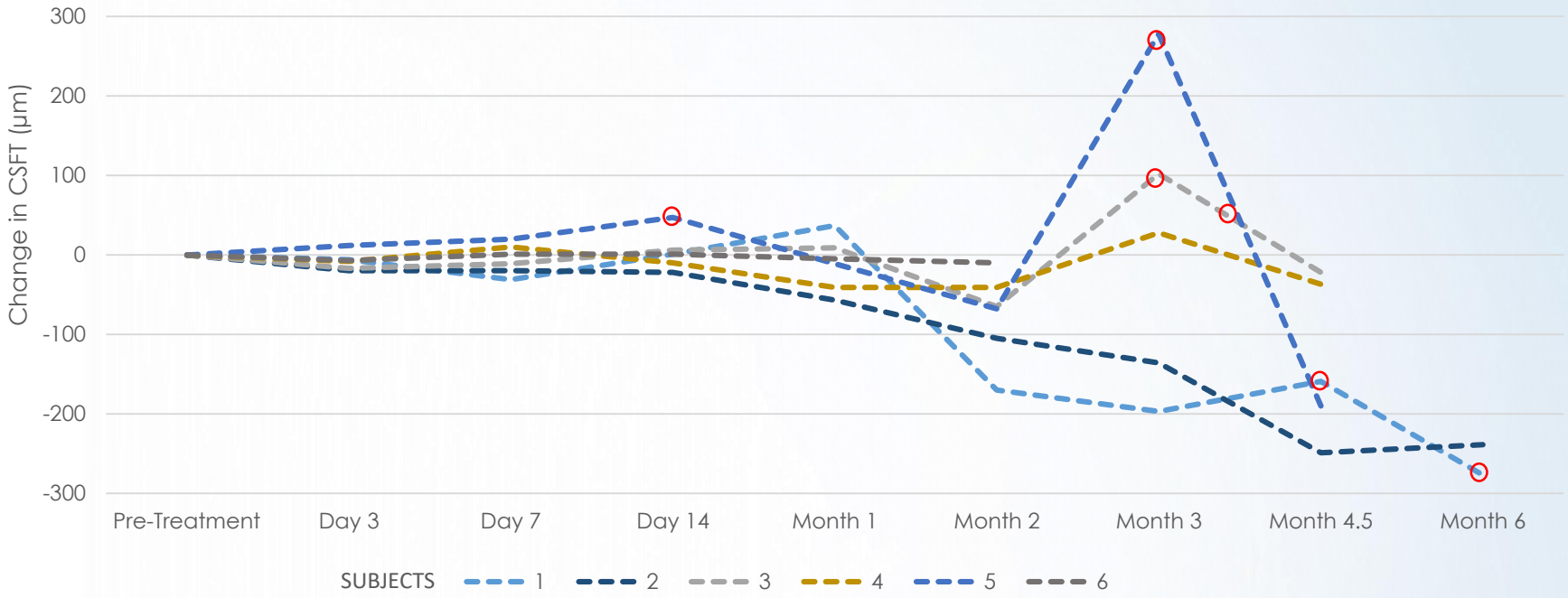
INDIVIDUAL CHANGE IN CENTRAL SUBFIELD THICKNESS

OTX-TKI STUDY EYE – COHORT 2



*All CSFT values compared to Baseline visit

○ Denotes administration of rescue therapy

NOTE: Values shown are Mean ± SEM;
Interim review, unmonitored data

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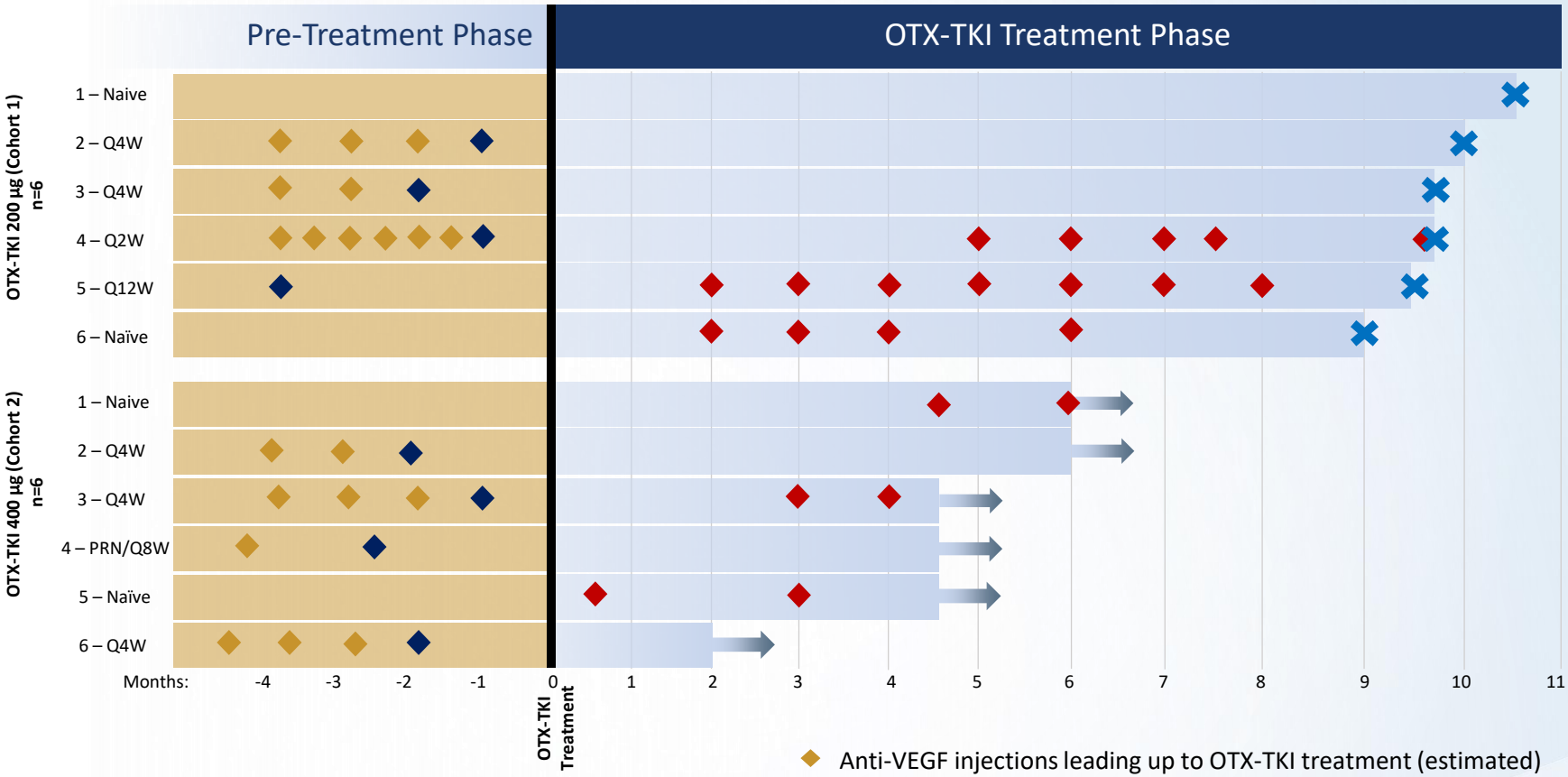
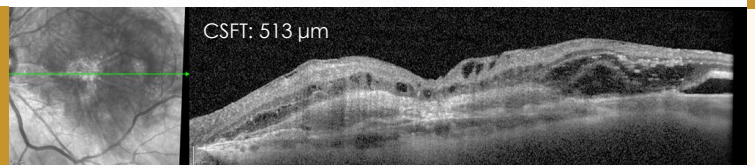
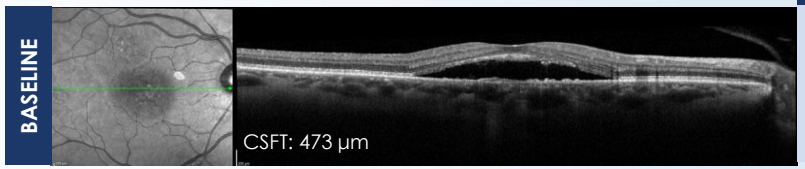
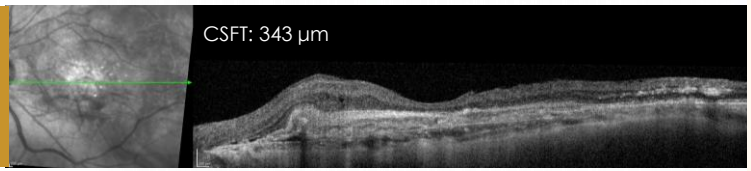
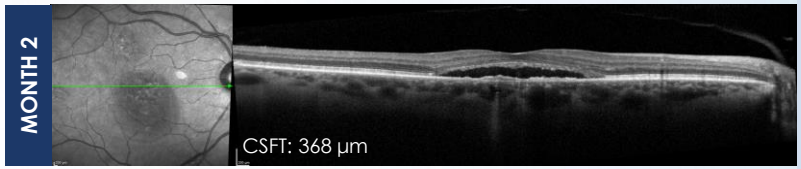
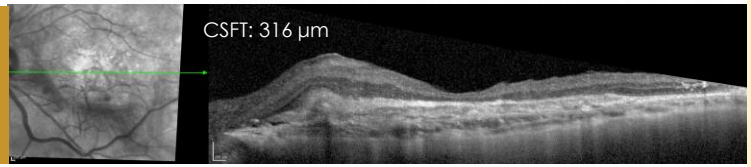
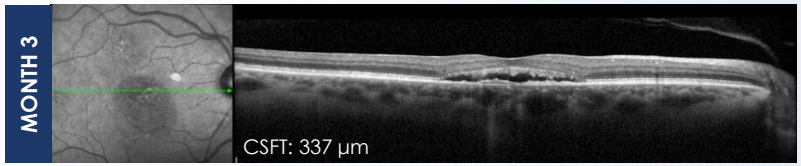
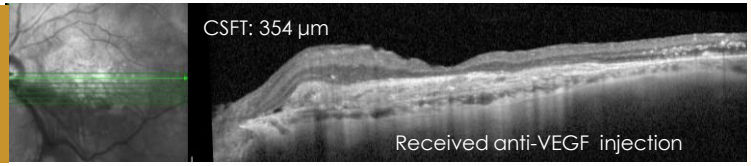
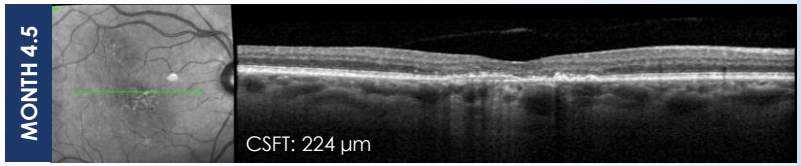
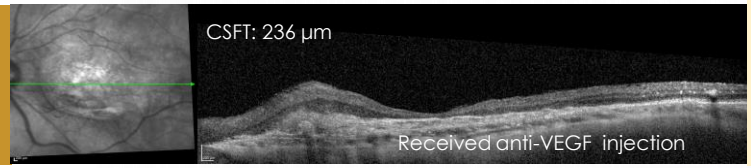
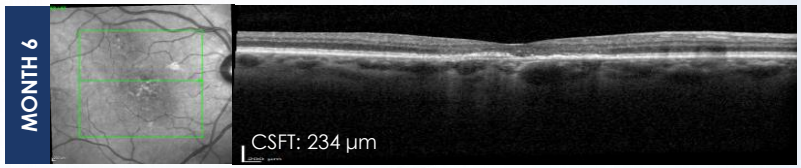
INDIVIDUAL SUBJECT DURABILITY ASSESSMENT



*Each bar represents a single subject
Total n=12

COHORT 2: SD-OCT EVALUATION

	Subject 1: Treatment Naïve (OS)	BCVA	Subject 2: History of EYLEA Q4 Weeks (OD)	BCVA
BASELINE		1.40 @ 1m (20/502)		-0.04 (20/18)
MONTH 2		1.40 @ 1m (20/502)		-0.06 (20/17)
MONTH 3		1.48 @ 1m (20/604)		-0.06 (20/17)
MONTH 4.5		1.36 @ 1m (20/458)		0.30 (20/40)
MONTH 6		1.34 @ 1m (20/438)		-0.08 (20/17)

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OTX-TKI CONCLUSIONS TO DATE

- **OTX-TKI was generally well tolerated**
  To date, observed to have a favorable safety profile in both fully enrolled cohorts
- **Preliminary biological signal of clinically-meaningful decrease in retinal fluid**
  Some subjects showed a decrease in intraretinal and/or subretinal fluid by 2 months
- **Therapy durability suggests extended duration of action**
  In the higher dose cohort, subjects have demonstrated durability of therapy for 4.5-6 months. Patients still being followed in cohort 2, to be further determined
- **Consistent bio-resorption observed**
  Implant biodegraded in all subjects in cohort 1 by 9-10.5 months
- **Implant location observation suggests limited movement**
  Implant was able to be adequately monitored

Study is ongoing;

continued long-term evaluation of both cohorts

- Need to establish durability of treatment
- Identify Maximum Tolerated Dose (MTD)
- Understand utility of OTX-TKI with anti-VEGF injection

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REGENERON PARTNERSHIP
OTX-IVT (AFLIBERCEPT SUPRACHOROIDAL INJECTION)

UPDATE MAY 8, 2020

REGENERON

AMENDED AGREEMENT TO DEVELOP A NOVEL, SUSTAINED-RELEASE FORMULATION OF EYLEA® (AFLIBERCEPT)

- **EYLEA is a vascular endothelial growth factor (VEGF) trap approved for the treatment of wet age-related macular degeneration (wet AMD) and other serious retinal diseases**
  - EYLEA is the global market leader with $7.5 billion in revenue in 2019[1]
- **Evaluating opportunity to incorporate aflibercept with our sustained release hydrogel for injection in the suprachoroidal space**
  - Goal is to overcome limitations of intravitreal injections and extend aflibercept's duration of activity, thereby decreasing dosing frequency
- **Deal parameters**
  - Regeneron subsidizes Ocular Therapeutix formulation efforts
  - Regeneron to fund personnel and material costs associated with pre-clinical development
  - Regeneron to fund up to $305 million in milestone payments with royalties in high single digits to low-to-mid-teens as a % of net sales
  - Includes only large molecule anti-VEGFs

1. 2019 Regeneron annual report

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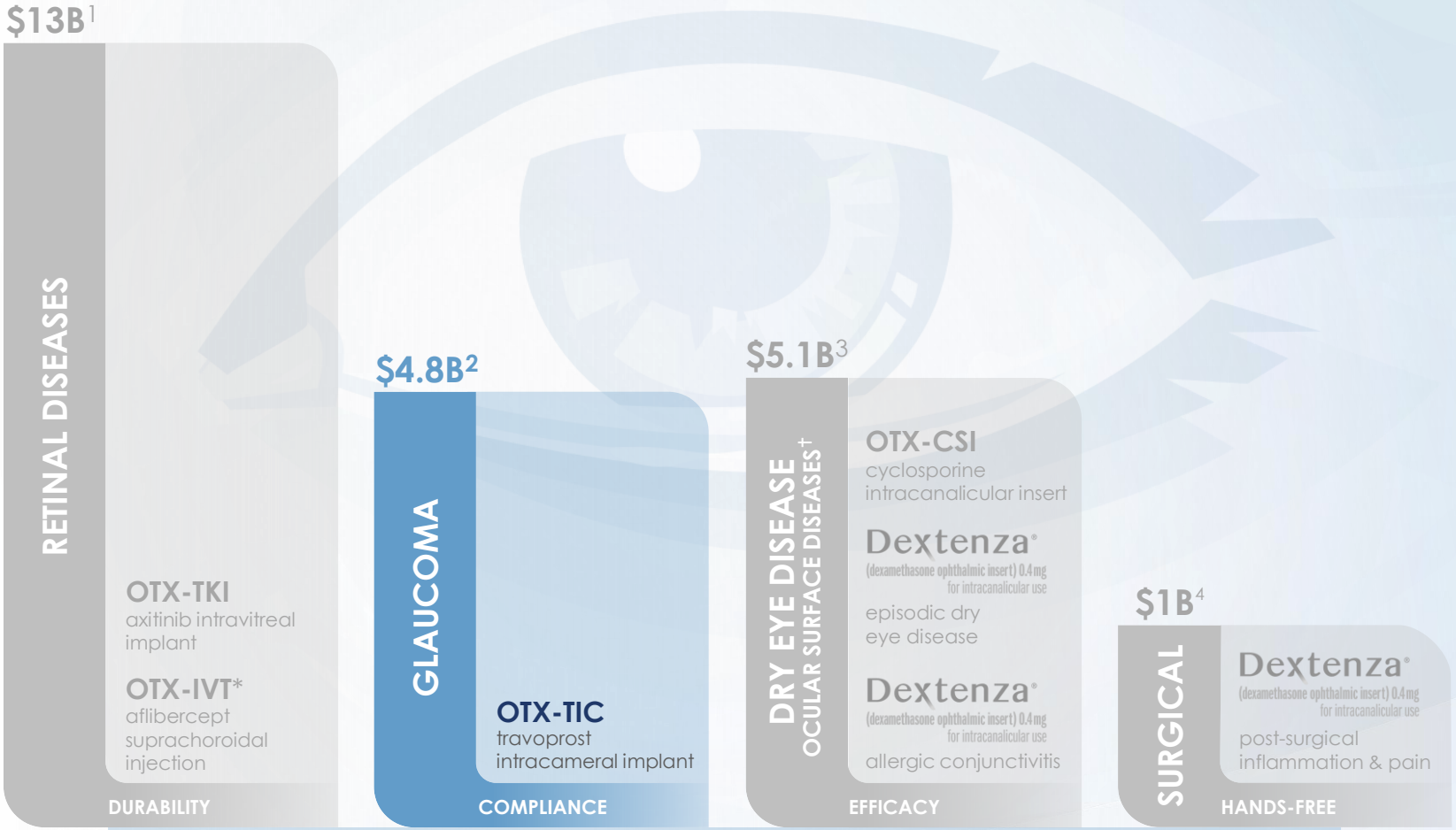

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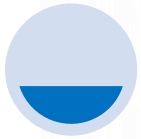
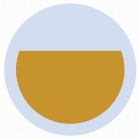
THE UNMET NEED IN GLAUCOMA TREATMENT

POOR ADHERENCE HAS BEEN SHOWN TO BE ASSOCIATED WITH DISEASE PROGRESSION AND BLINDNESS



Glaucoma is an incurable, generally painless, chronic disease



Approximately 2.7 million individuals over 40 years old are affected in the U.S.

An estimated 3 million+ will be affected in 2020[1]

- The primary goal of glaucoma treatment is to reduce intraocular pressure
- Various medications can significantly lower intraocular pressure and reduce the progression of glaucoma, but these are almost always life-long medications that must be taken on a daily basis
- Adherence to glaucoma therapies is particularly poor, with reported rates of non-adherence ranging from 30–80%[2,3,4]
- Poor adherence has been shown to be associated with disease progression and blindness[5,6]

1) Tham YC, Li X, Wong TY, et al. Global Prevalence of Glaucoma and Projections of Glaucoma Burden through 2040: A Systematic Review and Meta-Analysis. Ophthalmol 2014;121:2081-90. **2)** Olthoff CM, et al. Noncompliance with ocular hypotensive treatment in patients with glaucoma or ocular hypertension an evidence-based review. Ophthalmology. 2005; 112:953–61. **3)** Schwartz GF, et al. Adherence and persistence with glaucoma therapy. Surv Ophthalmol. 2008; 53(suppl1):S57–68. **4)** Nordstrom BL, et al. Persistence and adherence with topical glaucoma therapy. Am J Ophthalmol. 2005; 140:598–606. **5)** Rossi GC, et al. Do adherence rates and glaucomatous visual field progression correlate? Eur J Ophthalmol. 2011; 21:410–4. **6)** Sleath B, et al. The relationship between glaucoma medication adherence, eye drop technique, and visual field defect severity. Ophthalmology. 2011; 118:2398–402.

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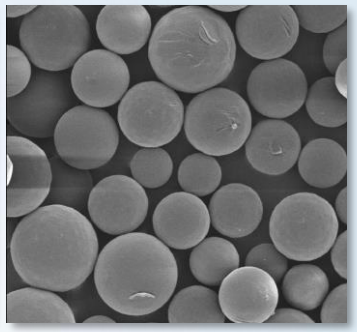
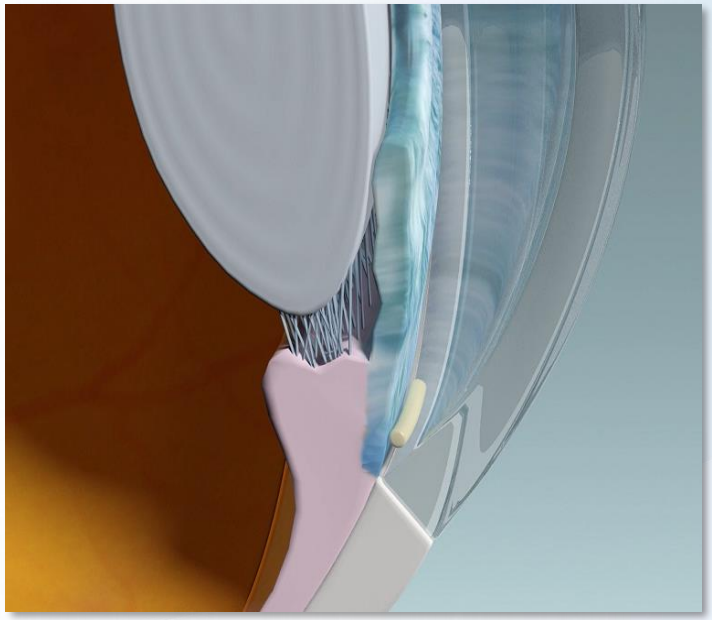
INTRACAMERAL DRUG DELIVERY

FACTORS FOR CONSIDERATION IN DESIGNING A LONG DURATION INTRACAMERAL IMPLANT:

- **Clinically-meaningful decrease in IOP**
  Well-tolerated with clinically-meaningful efficacy
- **Extended duration of therapy**
  4 months or more
- **Consistently bioresorbable**
  Duration of drug and duration of carrier vehicle
- **Implant location and limited movement**
  Limited movement and cosmetically invisible, but able to be monitored
- **Corneal health**
  Gentle to the endothelium





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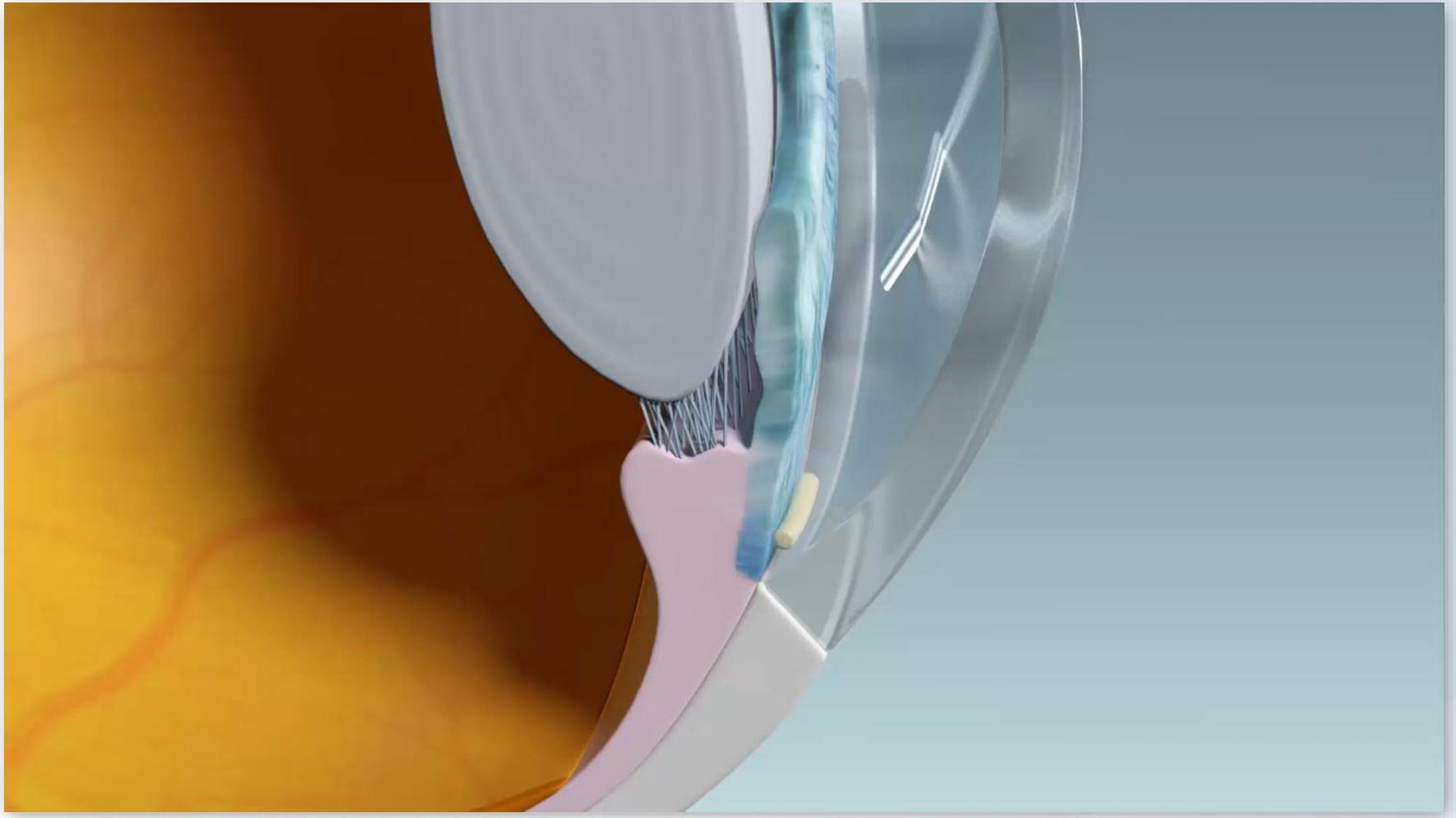
OTX-TIC – INTRACAMERAL INJECTION

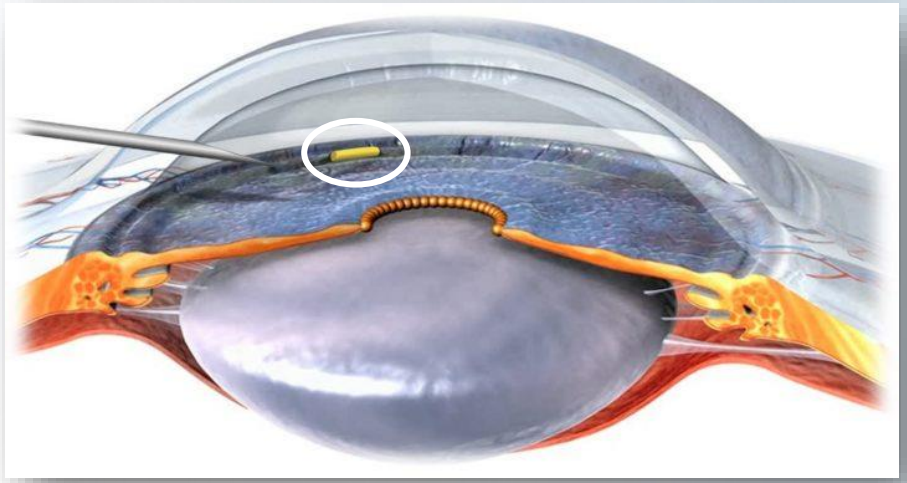


INTRACAMERAL INJECTION IN A PHASE 1 CLINICAL TRIAL FOR THE TREATMENT OF GLAUCOMA

OTX-TIC (travoprost intracameral implant)

Description:

- Travoprost loaded microparticles in hydrogel
- Preservative-free
- Administered via a single injection with proprietary injector (27G)
- Implant resides in the iridocorneal angle, hydrates in 2 minutes
- Fully biodegradable



In preclinical models (beagle dogs):

- Steady state in vitro and in vivo release through 4 months, which correlates to a duration of 4-6 months in humans
- Demonstrated IOP lowering effect of approximately 25-30% through 4 months

OTX-TIC FOR THE TREATMENT OF GLAUCOMA

Phase 1 Study Design

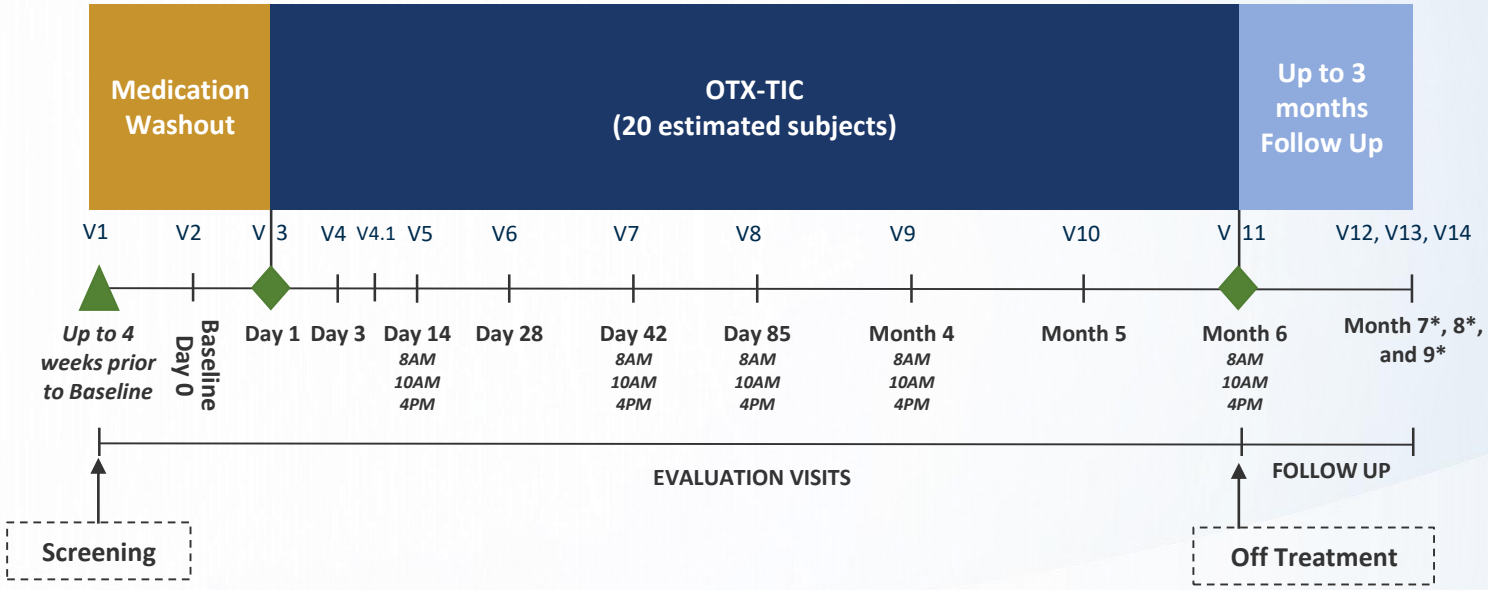
- Open-label, proof-of-concept study
- US study, approximately 20 subjects at 5 sites
- 5 subjects per cohort, 4 cohorts
- 7 month study
- One eye per patient will be treated
- Key Inclusion criteria:
  - Controlled ocular HTN or POAG
  - Open, normal anterior chamber angles on gonioscopy

Objectives

- Safety, tolerability, and biological activity
- Diurnal IOP at Baseline, 2 weeks, 6 weeks, 12 weeks, Month 4, and Month 6 (8 AM, 10 AM, 4 PM)

Active Comparator:

- Non-study eye receives topical travoprost daily



- Monthly visits until IOP is within 10% of baseline or until clinically stable

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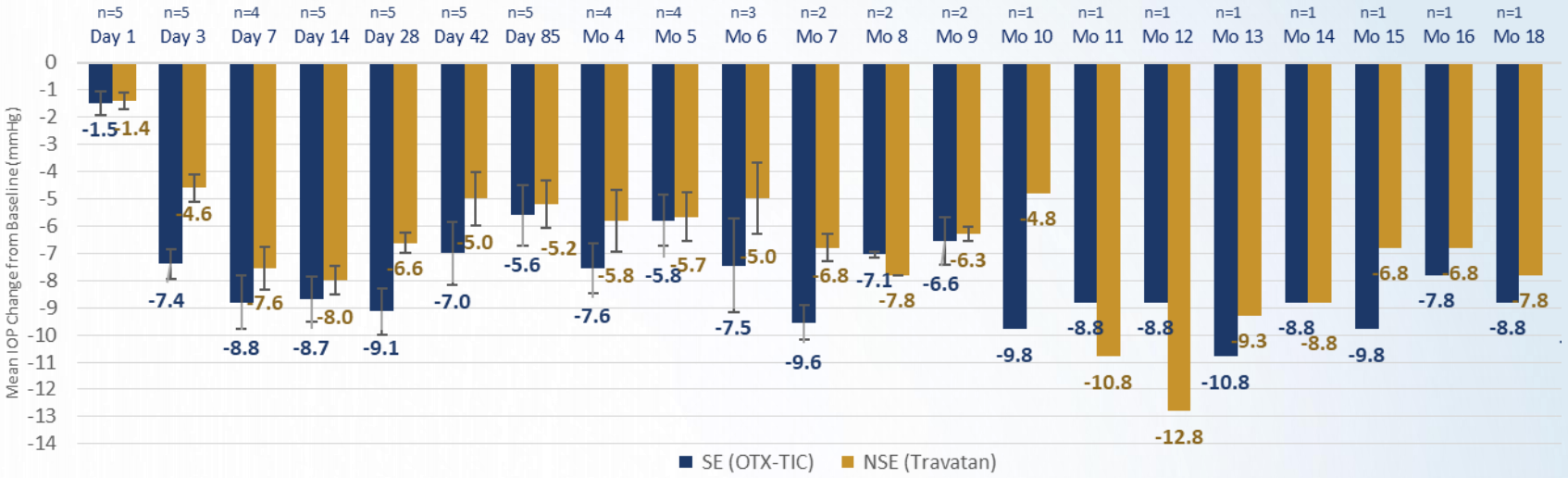
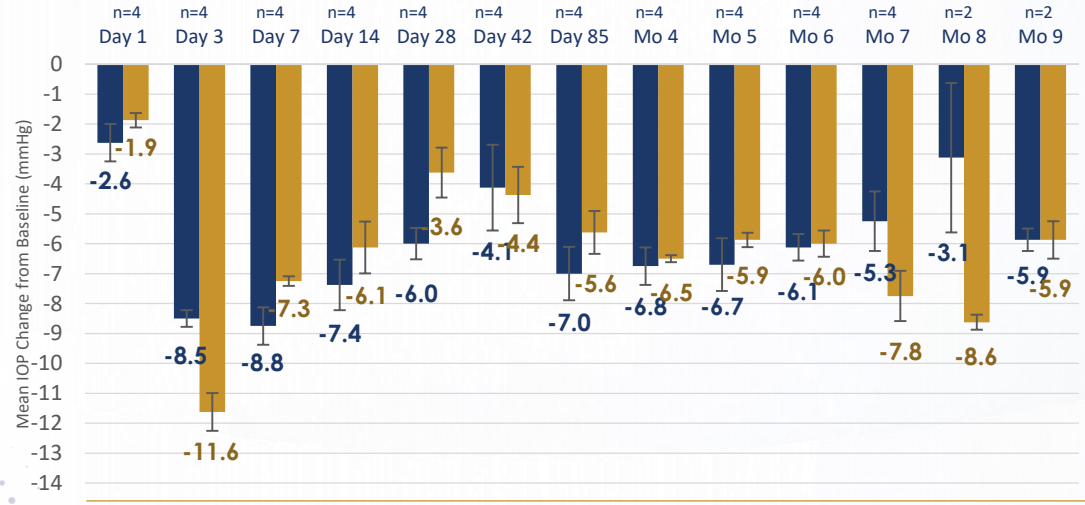
DECREASED IOP AS EARLY AS TWO DAYS AFTER OTX-TIC IMPLANTATION

IOP DECREASE UP TO 7-10 mmHG RECORDED IN COHORTS 1 (UP TO 18 MONTHS) & 2 (UP TO 9 MONTHS)

Cohort 1: 15µg



Cohort 2: 26µg



NB: Interim look; Unmonitored data *If the study eye was given other IOP lowering medication, the IOP value was removed from the analysis.

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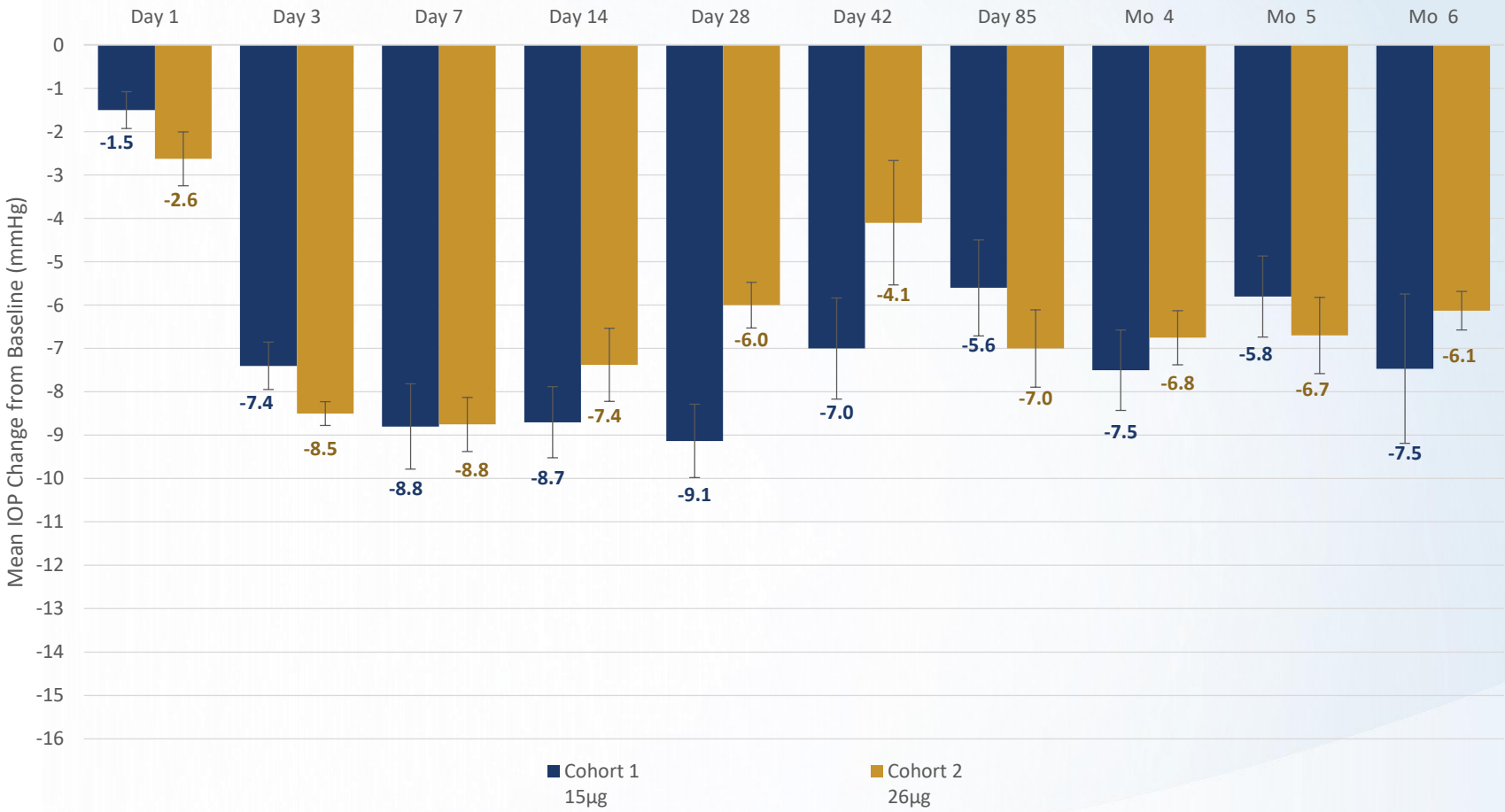
IOP DECREASE COMPARISON BETWEEN THE TWO COHORTS

MEAN IOP DECREASED FROM BASELINE VALUES SIMILARLY ACROSS BOTH COHORTS



NB: Interim look; Unmonitored data

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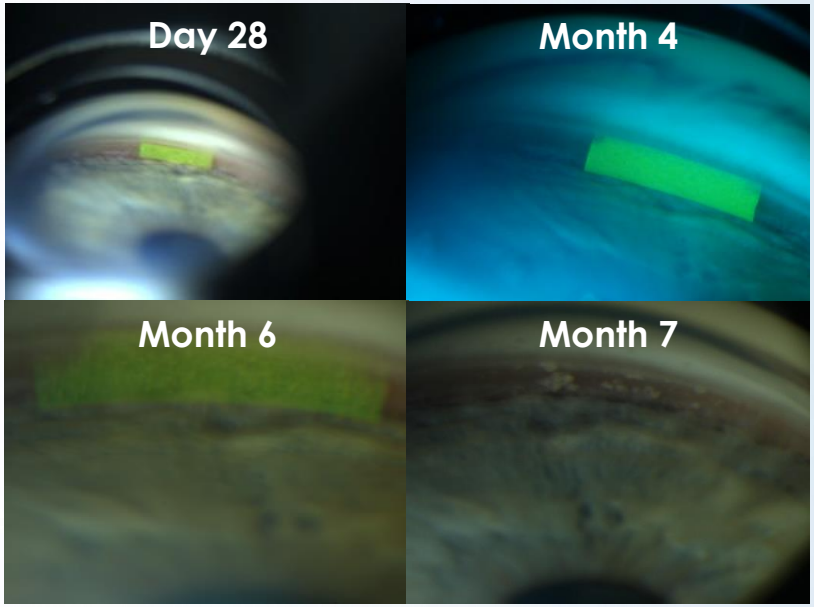
OTX-TIC PHASE 1 INTERIM FINDINGS

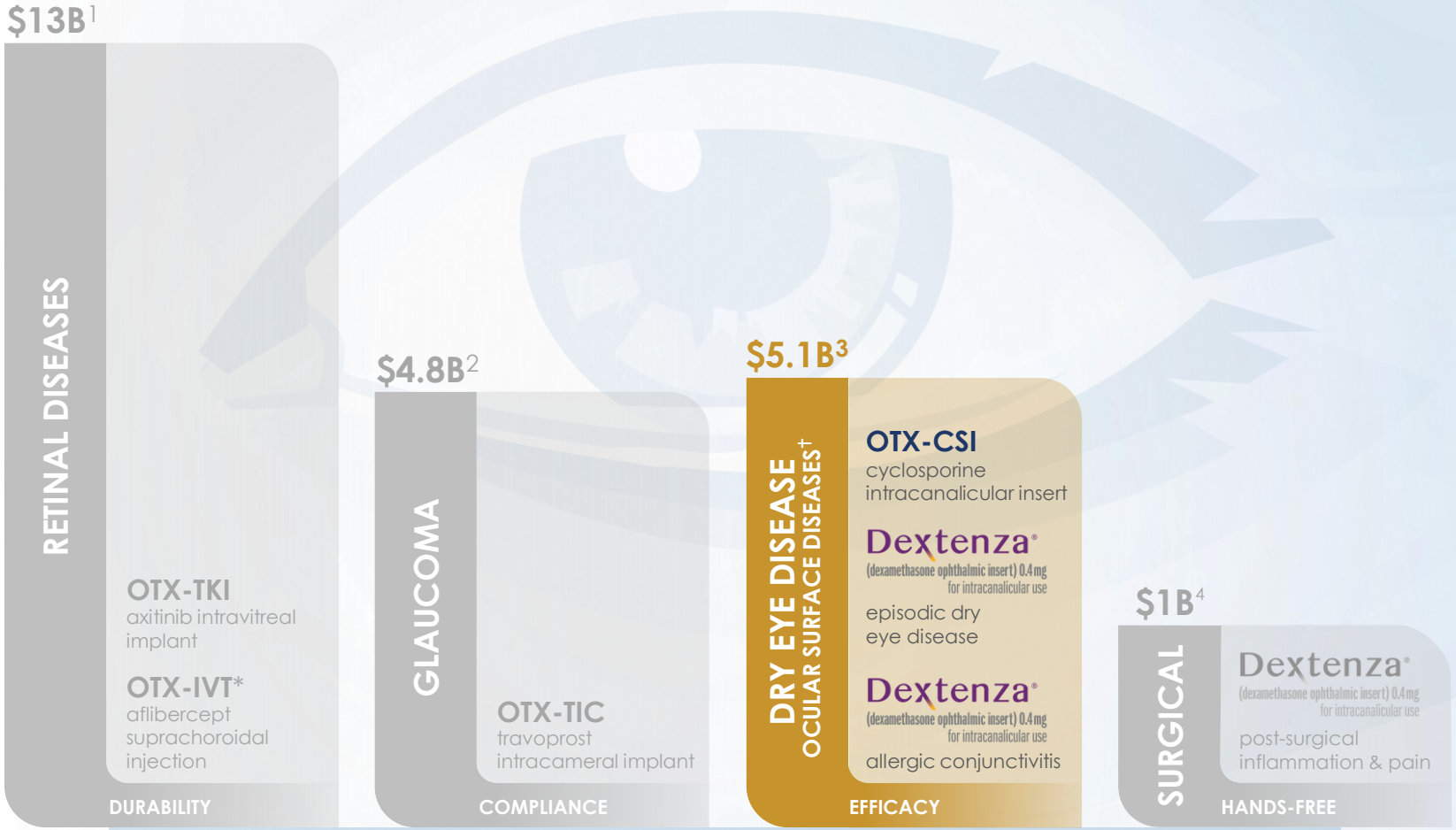
- **Clinically-meaningful decrease in IOP**
  Mean IOP values were decreased in patients receiving both OTX-TIC and topical travoprost as early as two days following administration, and mean IOP values remained decreased from baseline values
- **Extended duration of therapy**
  Many subjects exhibited duration of IOP lowering effect of 6 months or longer
- **Consistently bioresorbable**
  Implant biodegraded in most subjects by 6-7 months
- **Implant location and limited movement**
  Implant was not observed to move at slit lamp and was visible at all exams in all patients; in one subject, there was slight rotation noted at the Day 14 visit as compared to the Day 7 visit
- **Corneal health**
  Endothelial cell counts and pachymetry assessments indicate no changes from baseline

IMPLANTS VISUALIZED IN ALL SUBJECTS AT ALL VISITS THROUGH 7 MONTHS



TOTAL GLOBAL MARKETS

DEVELOPING PRODUCTS WITH THE POTENTIAL TO BECOME A STANDARD OF CARE FOR SELECT INDICATIONS IN SEVERAL OF THE LARGEST SEGMENTS IN OPHTHALMOLOGY



These data reflect the total global market for the respective indications. Our market opportunity for such indications reflects a portion of this market.

* In collaboration with REGENERON; †Data shown here is only representative of Dry Eye and not other Ocular Surface Diseases

1. 2019 Retina Pharma Market Scope Report 2. 2019 Glaucoma Pharma Market Scope Report 3. 2019 Dry Eye Market Scope Report 4. Estimated using historical costs of topical eyedrops (not DEXTENZA) and the total addressable market based on the total US ocular surgical steroid market value 2019

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THE UNMET NEED IN THE TREATMENT OF DRY EYE DISEASE

More than 16 million adults in the US have been diagnosed with Dry Eye Disease (DED)[1]

9 million US diagnoses of DED are classified as moderate to severe[1]

Current standard of care:

- Artificial tears, gels and ointments (over-the-counter)
- Topical cyclosporine and lifitegrast
- Topical corticosteroids
- Lid hygiene
- Punctal plugs

Unmet Needs:

- Better tolerability
- More rapid onset of action
- Better efficacy

1. Farrand et al, 2017; Prevent Blindness, 2019

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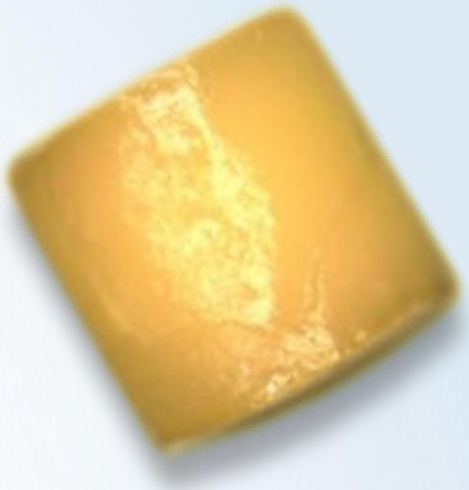
INTRACANALICULAR INSERT IN A PHASE 1 CLINICAL TRIAL FOR THE TREATMENT OF DRY EYE DISEASE

OTX-CSI (cyclosporine intracanalicular insert)



Description:

- Cyclosporine loaded in hydrogel
- Preservative-free
- Designed to provide effective therapy up to 12 weeks with a single insert
- Hands-free alternative to traditional eye drops
- Occludes the punctum
- Fully biodegradable insert
- Conjugated with fluorescein for visualization

First patient dosed in PH1 clinical trial in May 2020

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OTX-CSI STUDY DESIGN FOR DRY EYE DISEASE

Phase 1 Study Design

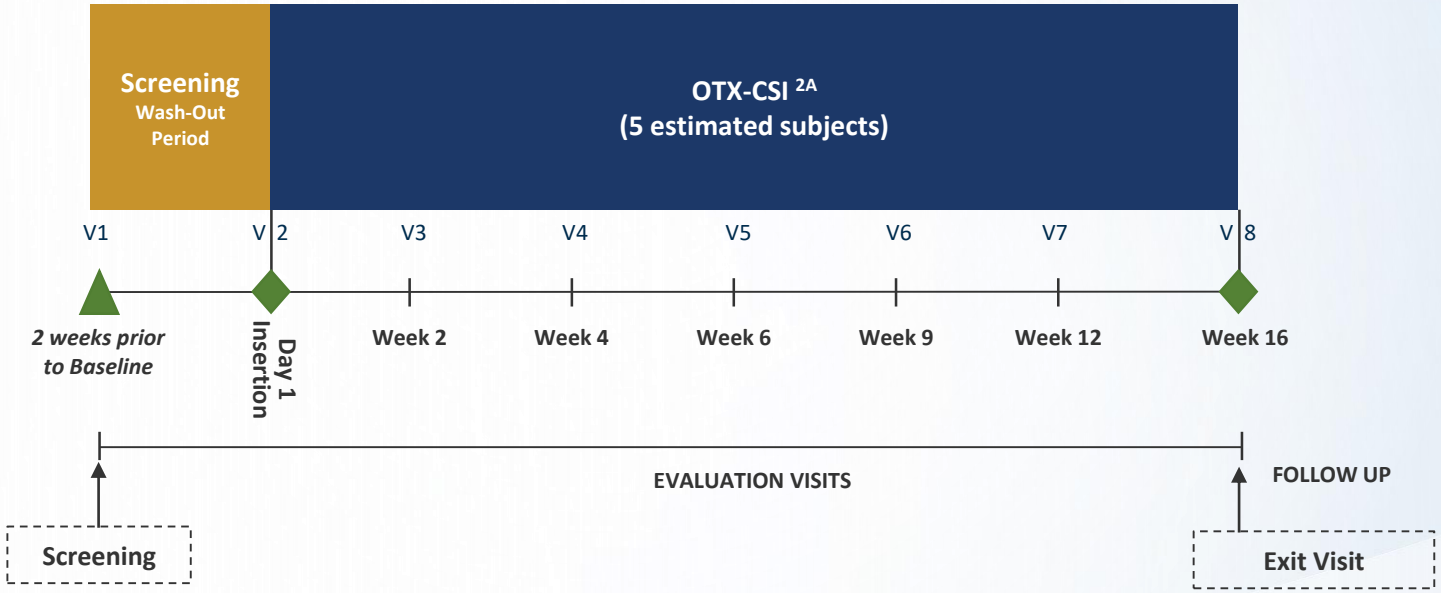
- Open-label, proof-of-concept study
- US study, approximately 5 subjects at 1 site
- 4 month study
- Both eyes will be treated

Objectives

- Safety, tolerability, durability and biological activity

Endpoints:

- Tear production
- Corneal fluorescein staining
- Patient reported outcomes



Subject remains in study until insert is no longer visible and no evidence of biological activity.

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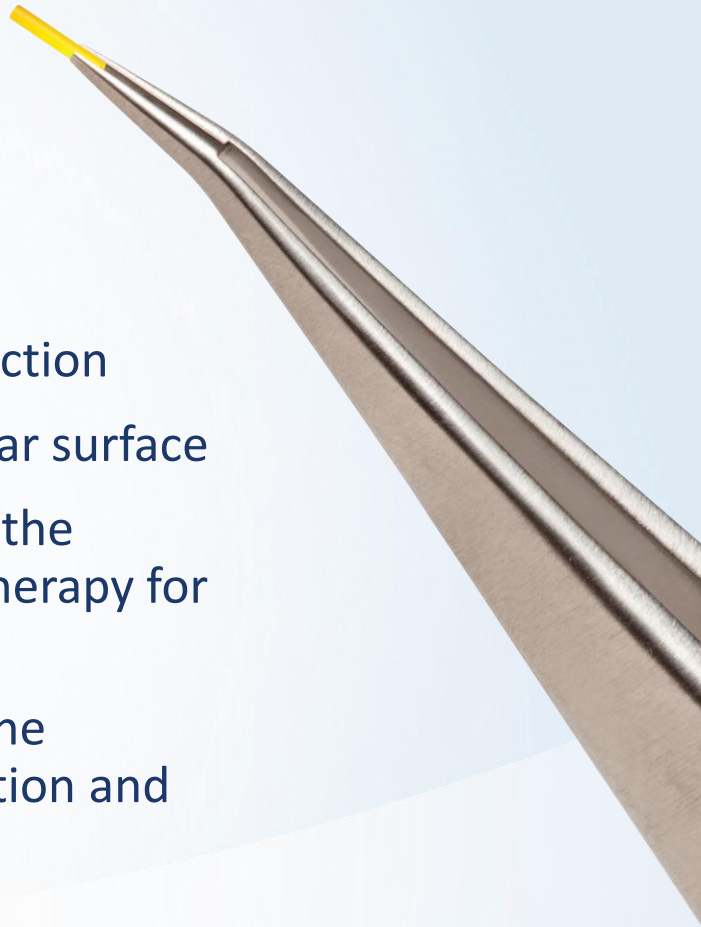
DEXTENZA FOR THE TREATMENT OF EPISODIC DRY EYE

STEROIDS ARE KNOWN TO BE EFFECTIVE

Dextenza®
(dexamethasone ophthalmic insert) 0.4 mg
for intracanalicular use



- A non-abusable formulation
- Occludes the canaliculus giving it rapid onset of action
- Preservative-free so it is less irritating to the ocular surface
- May have a clearer regulatory pathway following the possible approval of a competitive steroid drop therapy for episodic dry eye
- Leverages strong safety profile for DEXTENZA in the treatment of allergic conjunctivitis and inflammation and pain following ophthalmic surgery

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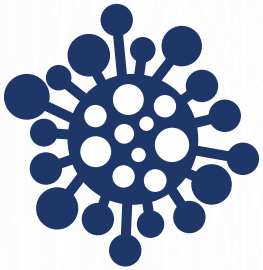
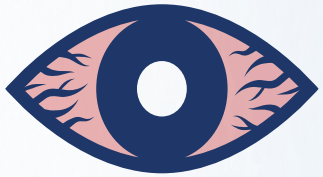
THE UNMET NEED IN ALLERGIC CONJUNCTIVITIS

SEASONAL AND PERENNIAL ALLERGIC CONJUNCTIVITIS ARE INFLAMMATORY-MEDIATED OCULAR SURFACE DISORDERS INDUCED BY ALLERGENS



Standard of Care:

- Topical antihistamines and mast cell stabilizers act to reduce the signs and symptoms of the early phase allergic response1.
- There is evidence that patients with ocular allergies exhibit a persistent late phase response[2,3]



- **Corticosteroids are effective** in treating both signs and symptoms of acute and chronic allergy
- However, corticosteroids are atypically prescribed due to the **ability to abuse** and/or overuse the treatment

- Most common symptoms are itchy, watery, red eyes[6]
- Treatment requires frequent administration of eyedrops, and **hands touching the face** several times per day

1) Carr W, Schaeffer J, Donnenfeld E. Treating allergic conjunctivitis: A once-daily medication that provides 24-hour symptom relief. Allergy Rhinol (Providence). 2016;7(2):e107-e114.; 2.) Choi SH, Bielory L. Late-phase reaction in ocular allergy. Curr Opin Allergy Clin Immunol. 2008;8(5):438-444.; 3) Bielory BP, O'Brien TP, Bielory L. Management of seasonal allergic conjunctivitis: guide to therapy. Acta Ophthalmologica. 2012;90(5):399-407.; 4) Bielory L, Meltzer EO, Nichols KK, Melton R, Thomas RK, Bartlett JD. An algorithm for the management of allergic conjunctivitis. Allergy Asthma Proc. 2013;34(5):408-420.; 5) Leonardi A, Castegnaro A, Valerio ALG, Lazzarini D. Epidemiology of allergic conjunctivitis: clinical appearance and treatment patterns in a population-based study. *Curr Opin Allergy Clin Immunol.* 2015;15(5):482-488.; 6) Rosario N, Bielory L. Epidemiology of allergic conjunctivitis. *Curr Opin Allergy Clin Immunol*. 2011;11(5):471-476

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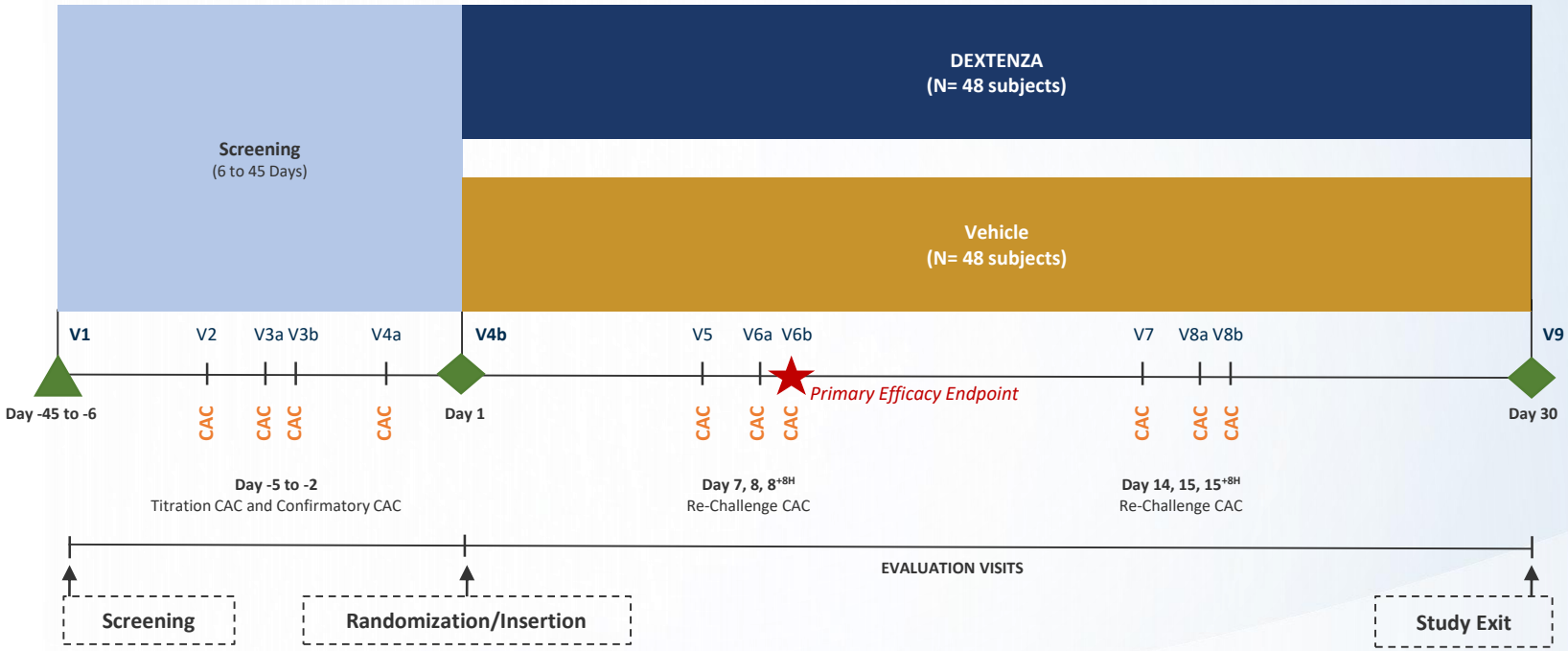
DEXTENZA FOR THE TREATMENT OF ALLERGIC CONJUNCTIVITIS

Phase 3C Study Design

- Double-masked, parallel-arm, vehicle-controlled study
- US study, 96 randomized subjects at 6 sites
- Key Inclusion criteria:
  - History of allergic conjunctivitis;
  - Positive skin test to both seasonal and perennial allergen
  - Bilateral Conjunctival Allergan Challenge (CAC) reaction

Primary Endpoint

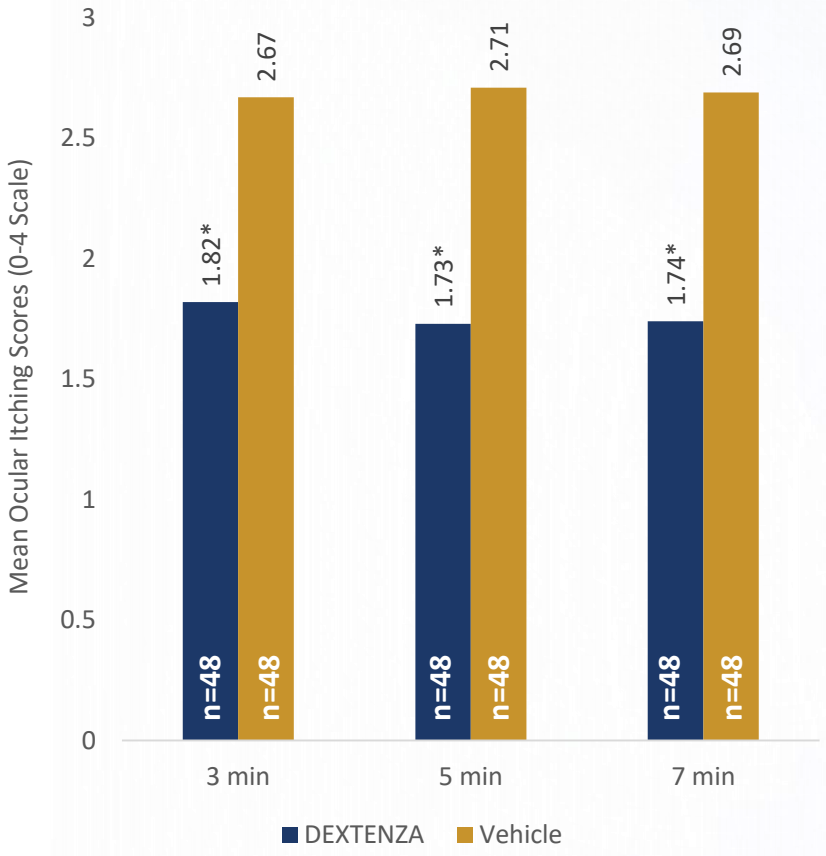
- Ocular itching evaluated by the subject on Day 8 (Visit 6b) at 3, 5, and 7 minutes post-challenge



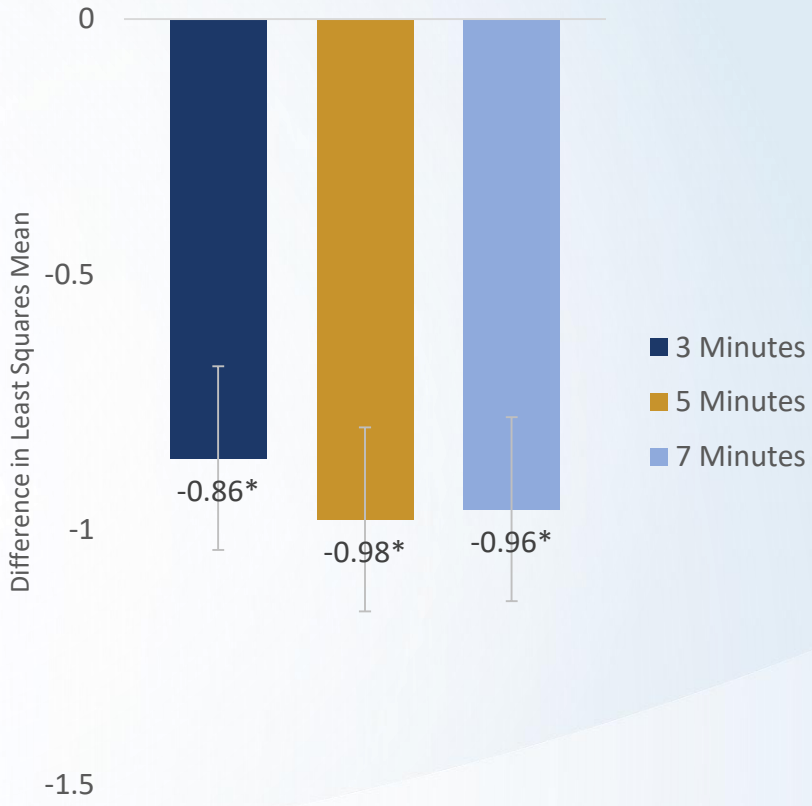
RESULTS: PRIMARY EFFICACY ENDPOINT

OCULAR ITCHING SCORES ON DAY 8 (VISIT 6B)

MEAN OCULAR ITCHING SCORES



DIFFERENCE BETWEEN DEXTENZA AND VEHICLE



*Statistically Significant; P≤0.0001; Least Squares Means; Population: ITT + MCMC; Bars represent Standard Error

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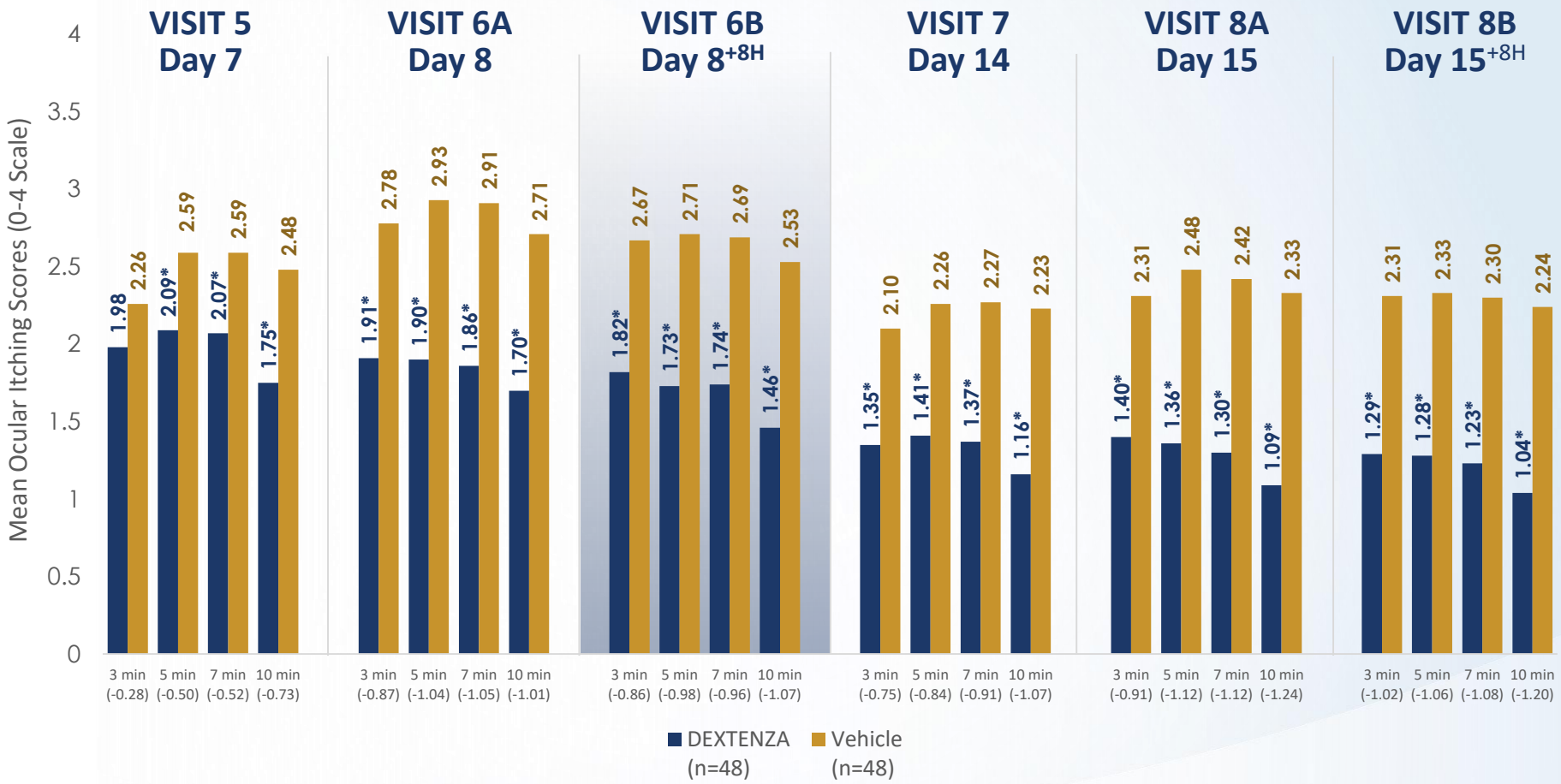
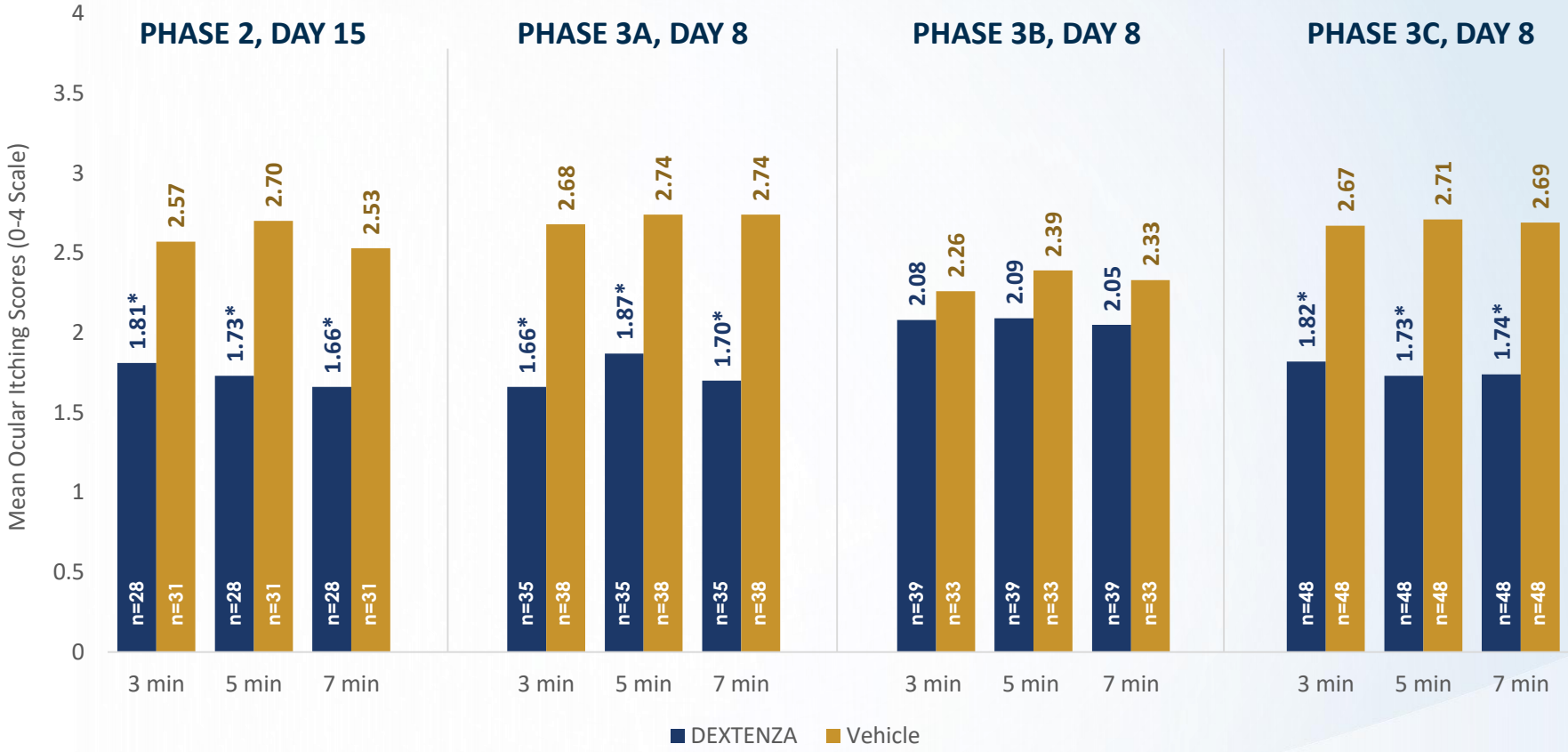
RESULTS: SECONDARY EFFICACY ENDPOINTS
MEAN OCULAR ITCHING SCORES ACROSS ALL VISITS



*$P \leq 0.05$; Least Squares Means; Population: ITT + MCMC

RESULTS: PRIMARY EFFICACY ENDPOINT
MEAN OCULAR ITCHING SCORES ACROSS ALL STUDIES



*Statistically Significant; $P \leq 0.0025$; Population: ITT + LOCF (Phase 2) & ITT + MCMC (Phase 3)

McLaurin E, et al. Evaluating the Safety and Efficacy of DEXTENZA, a Dexamethasone Insert (0.4 mg) for the Treatment of Ocular Itching. Presented at the American Society of Cataract and Refractive Surgery Annual Meeting; San Diego, CA, May 3-7, 2019.

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DEXTENZA FOR ALLERGIC CONJUNCTIVITIS NEXT STEPS

PLAN TO DISCUSS WITH FDA AND SUBMIT A SUPPLEMENTAL NDA IN 2020

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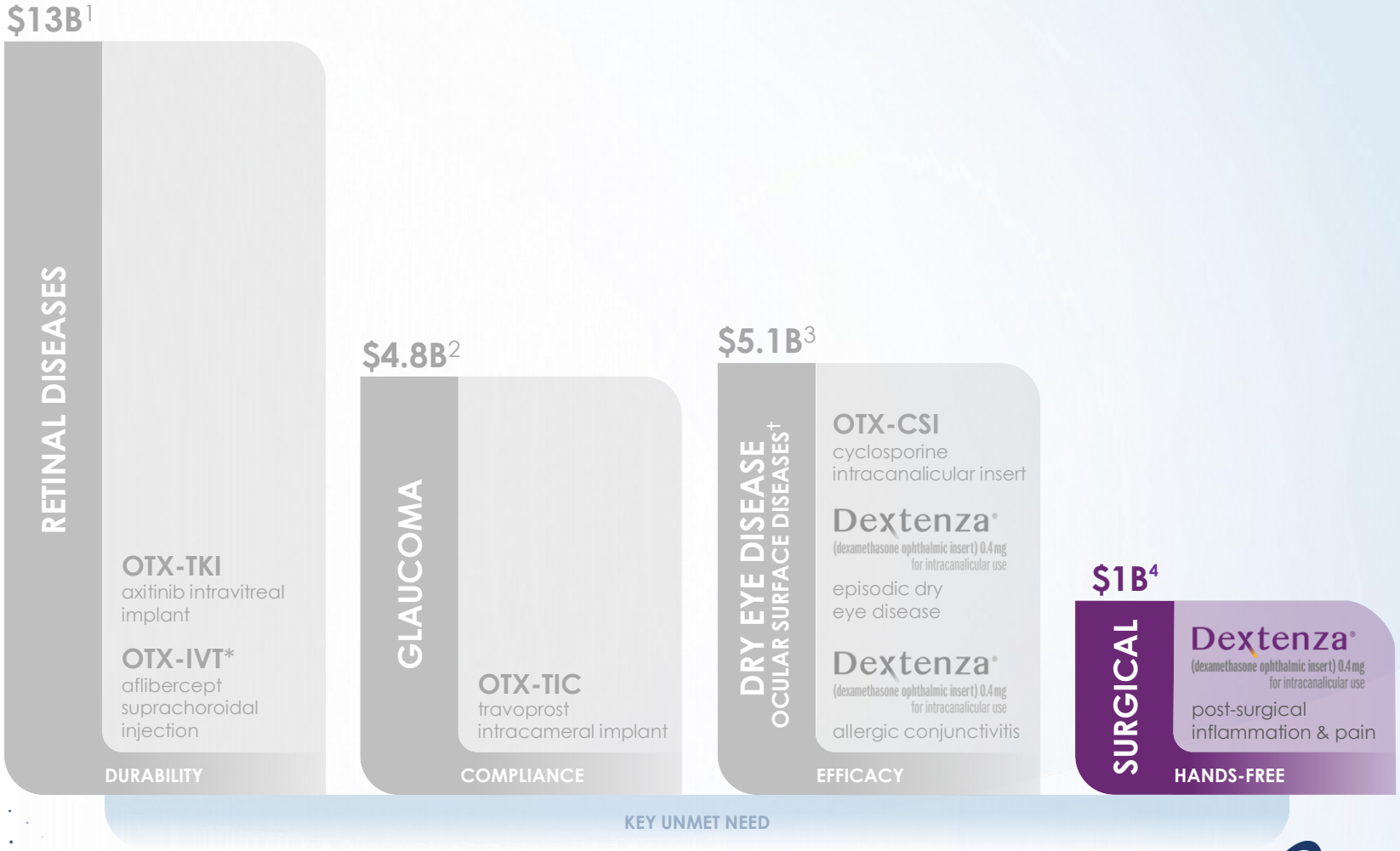
GLOBAL MARKET VALUES

DEVELOPING PRODUCTS WITH THE POTENTIAL TO BECOME A STANDARD OF CARE FOR SELECT INDICATIONS IN SEVERAL OF THE LARGEST SEGMENTS IN OPHTHALMOLOGY



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THE UNMET NEED IN TREATMENT OF PAIN AND INFLAMMATION FOLLOWING SURGERY

EYE DROPS HAVE POOR CORNEAL RESIDENCE TIME[3,4]

STEROID DROPS ARE THE MOST COMPLEX POST-OP CATARACT TREATMENT REGIMEN

Common clinical approach: 4 weeks with taper[1]

	SUN	MON	TUES	WED	THURS	FRI	SAT	TAPER
Week 1								~ 28 drops
Week 2								~ 21 drops
Week 3								~ 14 drops
Week 4								~ 7 drops

~70 DROPS[2]

Ocular rebound inflammation may develop secondary to rapid tapering or abrupt discontinuation of steroids[3]

1. Kessel L et al. *Ophthalmology*. 2014;121(10):1915-24. 2. Data on file 00663. Ocular Therapeutix Inc. 3. Renfro L, Snow JS. *Dermatol Clin*. 1992;10(3):505-512 3. Kushwaha SK et al. *Int J* Pharm Investig. 2012;2(2):54-60. 4. Gaudana,R, et al. AAPS Journal. 2010;12 (3):348-360.

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AN INNOVATIVE INTRACANALICULAR INSERT

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DEXTENZA® STATUS

FDA APPROVED

DEXTENZA® is a corticosteroid indicated for the treatment of ocular inflammation and pain following ophthalmic surgery.

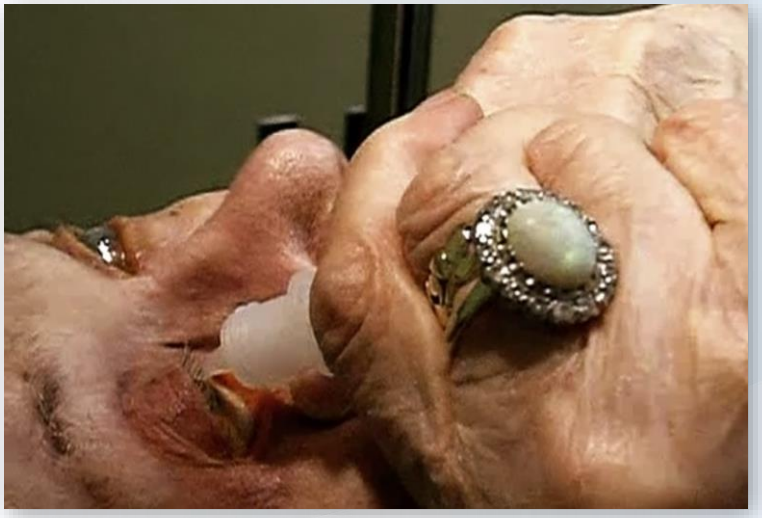
Provides a tapered delivery of preservative-free steroid onto the ocular surface for 30 days

REIMBURSEMENT AND CODING

- Product **J-code 1096**
- Procedure **CPT code 0356T**
- Reimbursement support services DEXTENZA360™

LIFECYCLE MANAGEMENT

- Multiple active investigator-initiated trials (IIT) program
- P3 studies for the treatment of ocular itching associated with allergic conjunctivitis being completed
- Plan to request meeting with FDA and to file sNDA for ocular itching associated with allergic conjunctivitis by end of 2020



1. DEXTENZA [package insert]. Bedford, MA: Ocular Therapeutix Inc; 2019.
2. Data on file 00663. Ocular Therapeutix Inc.

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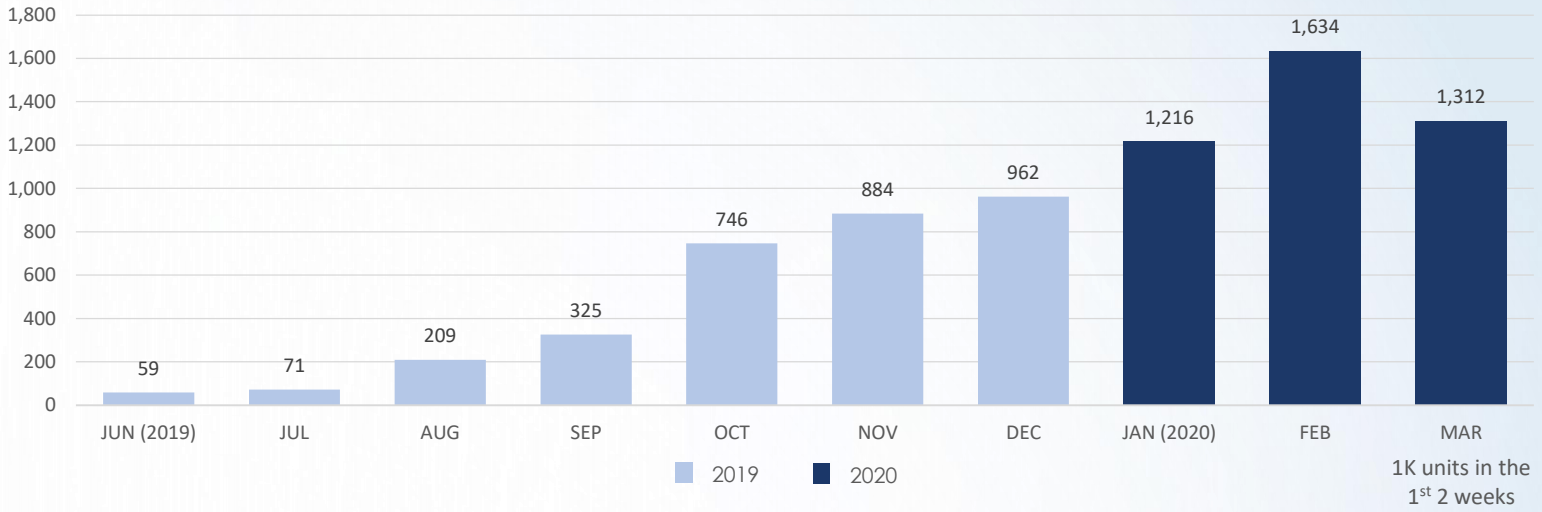
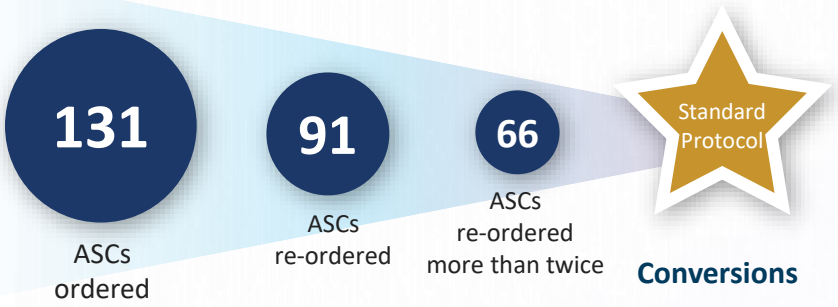
DEXTENZA® LAUNCH METRICS

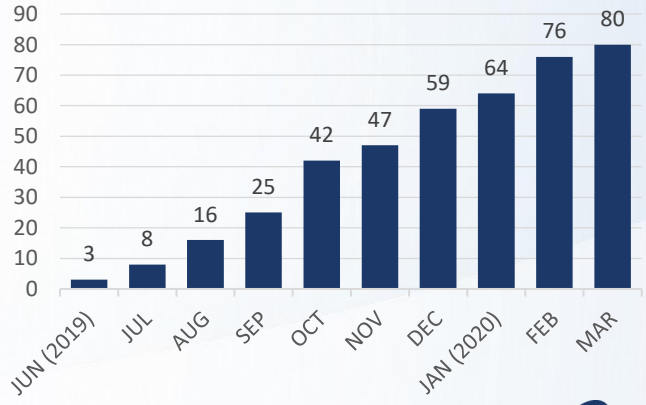
BILLABLE INSERTS



ACCOUNT ORDERING TRENDS



OF ORDERING ACCOUNTS BY MONTH



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RECENT AND ANTICIPATED NEAR-TERM MILESTONES

OTX-TKI - first two cohorts fully enrolled, enrolling cohort 3 for PH1 clinical trial

OTX-IVT – Recently amended collaboration agreement with Regeneron

OTX-TIC - first 3 cohorts fully enrolled and 4th cohort currently enrolling in PH1 clinical trial

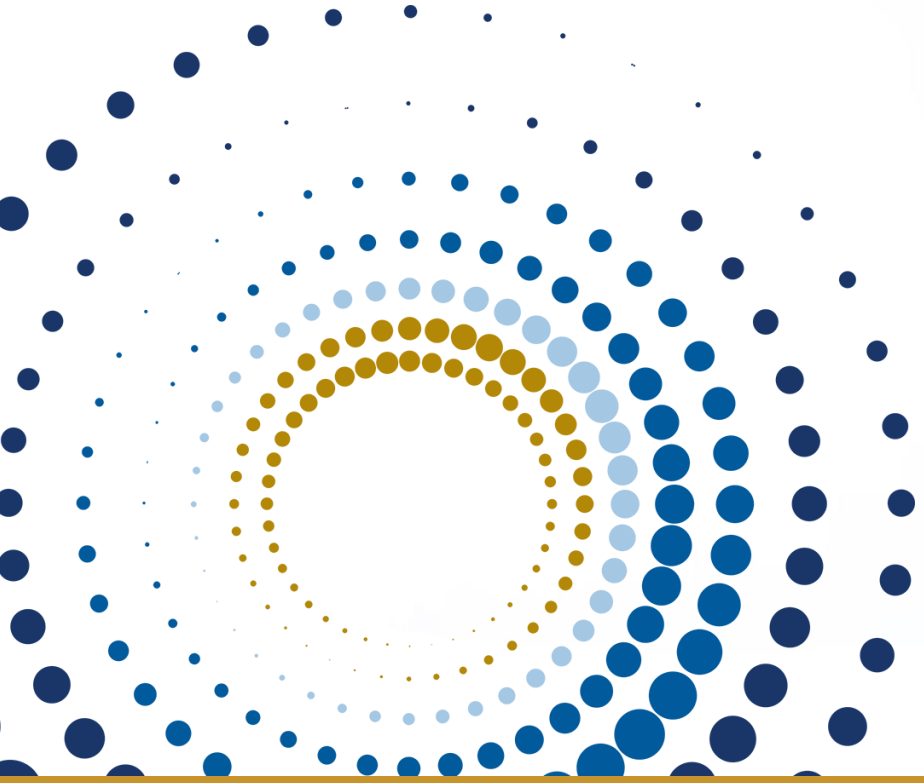
OTX-CSI – PH1 clinical trial initiated with first patient dosed May 2020

DEXTENZA® - sNDA for ocular itching associated with allergic conjunctivitis to be filed by end of 2020

(NASDAQ: OCUL)

TRANSFORMING DRUG DELIVERY

LEVERAGING A NOVEL TECHNOLOGY PLATFORM



THANK YOU

Ocular Therapeutix™