(NASDAQ: OCUL)

OCULAR THERAPEUTIX

BUILDING A NEW STRATEGIC IN OPHTHALMOLOGY

August 2022

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 the effectiveness of and amounts of reimbursement codes for, DEXTENZA; the conduct of post-approval studies of and compliance with related labeling requirements for DEXTENZA and ReSure Sealant; the Company's sales and marketing strategy; the development and regulatory status of the Company's product candidates, such as the Company's development of and prospects for approvability of OTX-CSI for the chronic treatment of dry eye disease, OTX-DED for the short-term treatment of the signs and symptoms of dry eye disease, OTX-TIC for the treatment of primary open-angle glaucoma or ocular hypertension, and OTX-TKI for the treatment of retinal diseases including wet AMD; the Company's plan to advance the development of its product candidates; the ongoing development of the Company's extended-delivery hydrogel depot technology; the size of potential markets for its product candidates; the potential utility of any of the Company's product candidates; the potential benefits and future operations of Company collaborations, including any potential future costs or payments thereunder; projected net product revenue, in-market sales and other financial and operational metrics of DEXTENZA and ReSure Sealant; potential market sizes for indications targeted by the Company's product candidates, if approved; 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 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, ReSure Sealant or any product candidate that receives regulatory approval, including the conduct of post-approval studies, the ability to successfully develop and commercialize products for the ophthalmology office setting, the ability to retain regulatory approval of DEXTENZA, ReSure Sealant or any product candidate that receives regulatory approval, the ability to maintain and the sufficiency of product, procedure and any other reimbursement codes for DEXTENZA, the initiation, timing, conduct and outcomes of clinical trials, whether clinical trial data such as the data reported in this presentation will be indicative of the results of subsequent clinical trials, availability of data from clinical trials and expectations for regulatory submissions and approvals, the Company's ability to enter into and perform its obligations under collaborations and the performance of its collaborators under such collaborations, 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 meet supply demands, the Company's ability to generate its projected net product revenue and in-market sales 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 severity and duration of the COVID-19 pandemic including its effect on the Company's revenues and relevant regulatory authorities' operations, any additional financing needs 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 agents in development. Their efficacy and safety profiles have not been established, and they have not been approved for marketing by the FDA.

Ocular Therapeutix™

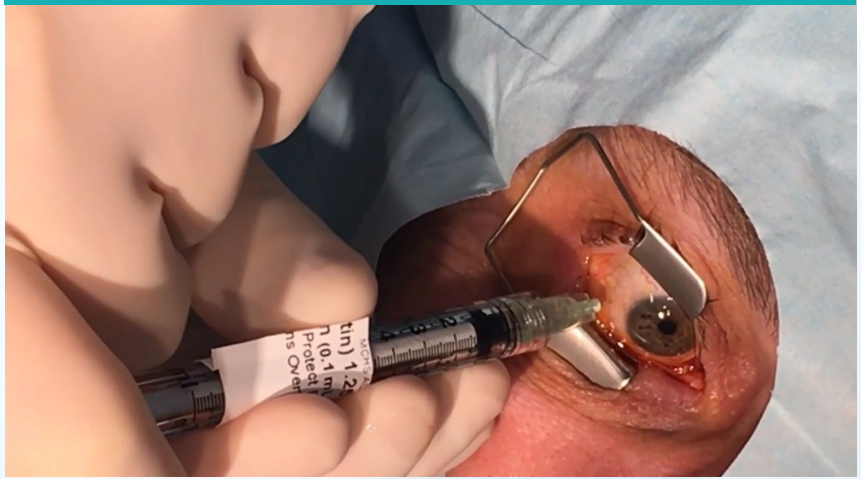
OCULAR THERAPEUTIX AIMS TO CREATE A NEW STANDARD OF CARE IN OPHTHALMOLOGY

OBSOLETE EYE DROPS

Video Courtesy Dr. Alan Robin

Provide physician-administered, preservative-free, and compliance-improved treatments for ophthalmic diseases that improve outcomes and practice economics

OBSOLETE IMMEDIATE RELEASE INJECTIONS



Video Courtesy Dr. Leonid Skorin

Create more durable treatments for retinal diseases that minimize the need for multiple injections into the eye resulting in better compliance and potentially better preservation of vision

OPHTHALMOLOGY IS RIPE FOR DISRUPTION

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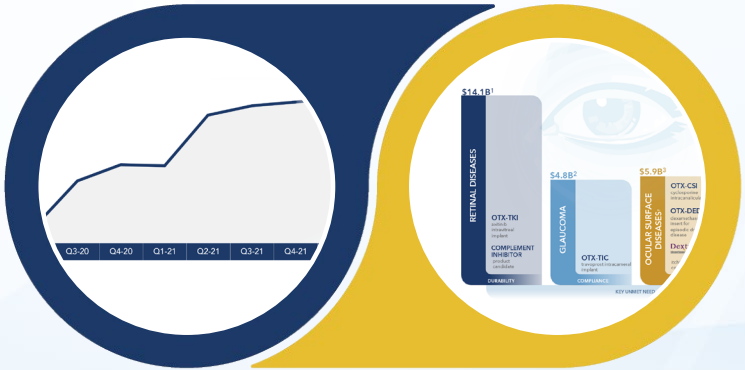
ESTABLISHING COMMERCIAL EXCELLENCE TODAY TO FUND INNOVATION FOR TOMORROW

Future of Ophthalmology Lies in Buy and Bill Treatments with Associated Procedure Codes

COMMERCIAL EXCELLENCE TODAY

- Expertise in “buy and bill”
- Optimize reimbursement/coding for product and procedure
- Execution of true key account management in ASC, HOPD, and office environments
- Understanding of compliance framework
- Rapidly reaching positive product contribution



INNOVATION FOR TOMORROW

- Innovative ophthalmology pipeline addressing unmet needs in large, growing eye care markets
- 4 products in clinic for front- and back-of-eye conditions with the potential to become the standard of care
- Targeting select indications within markets having an aggregate of $25B in global sales[1]

1. Estimated using costs of topical steroid eyedrops (not DEXTENZA) based on sales [IQVIA Market data breakdown 2021 (Feb 2022)] + ophthalmic anti-allergy sales and 2021 Retina Pharma Market Scope Report and 2021 Glaucoma Pharma Market Scope Report and 2021 Dry Eye Market Scope Report

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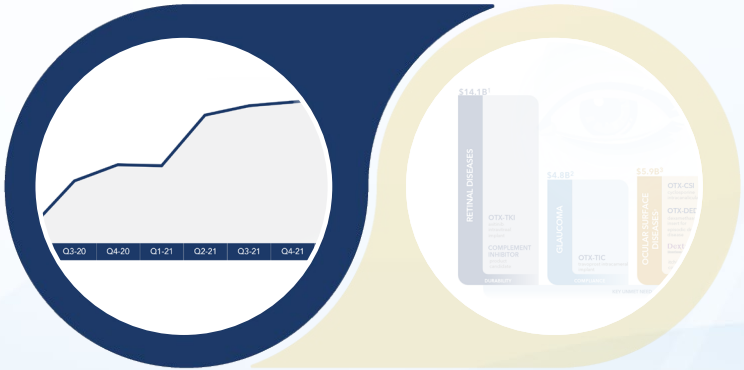

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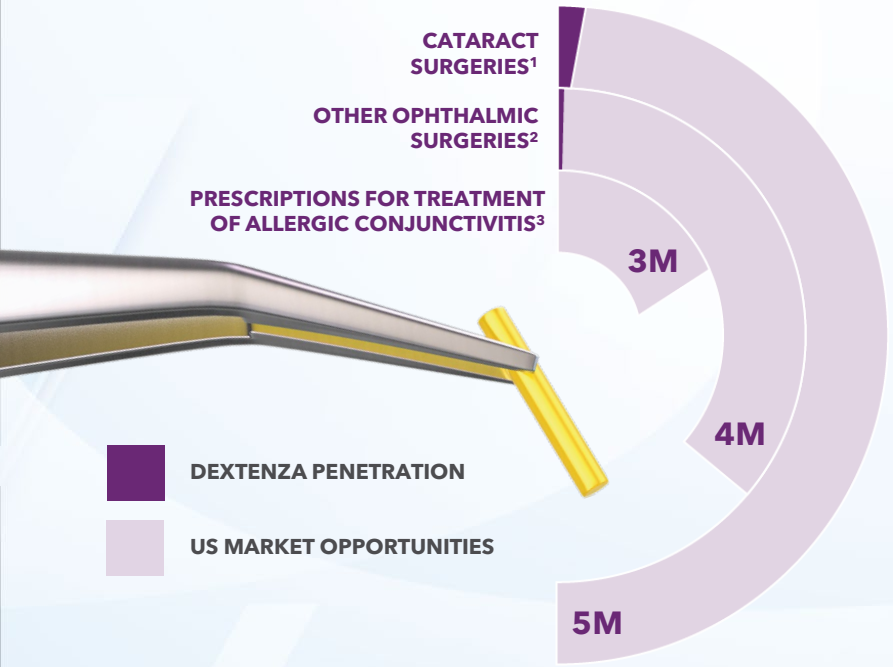
DEXTENZA IS A BETTER WAY TO DELIVER STEROID TO THE OCULAR SURFACE

Numerous Growth Drivers Have Potential to Deliver Penetration in Large, Attractive Markets



Market Opportunities

- Opportunity in surgery starts with Medicare Part B cataract procedures but builds to all ophthalmic surgeries across all payers
- Opportunity for DEXTENZA in cataract surgery alone at an assumed 20% penetration is approximately $500M per year
- Opportunity in the ophthalmology and optometry offices starts with allergic conjunctivitis

1. Volume of cataract procedure from 2021 US Annual Procedure Volume Market Scope Report 2. Volume of other ophthalmic procedures (excluding cataract) from 2021 US Annual Procedure Volume Market Scope Report (DEXTENZA penetration assumes 10% market share) 3. Number of anti-allergy prescriptions data from IQVIA Market data breakdown 2021 (Feb 2022)

NB for title: Goldstein, M.H., Silva, F.Q., Blender, N. et al. Ocular benzalkonium chloride exposure: problems and solutions. Eye 36, 361–368 (2022). https://doi.org/10.1038/s41433-021-01668

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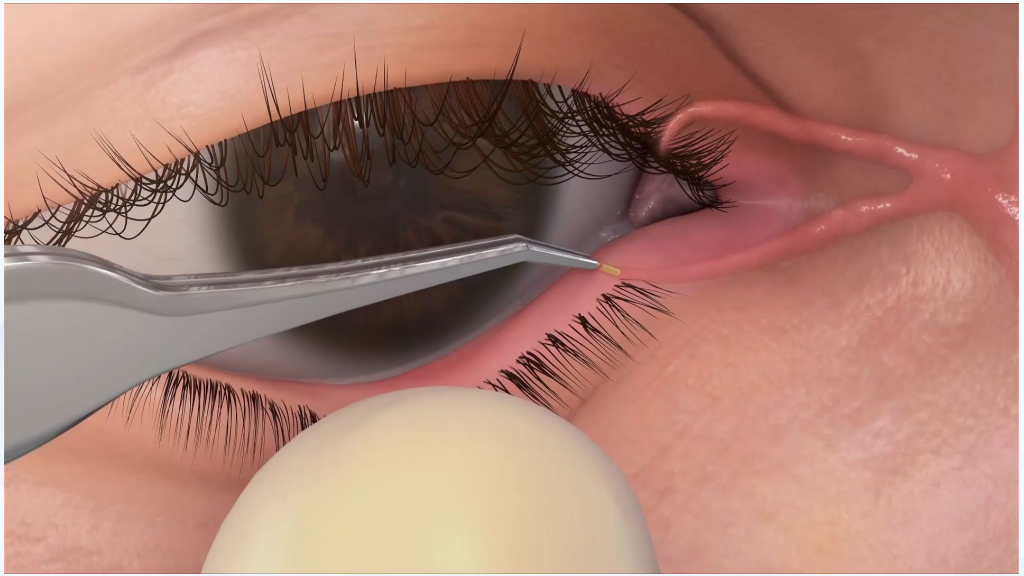
DEXTENZA'S POTENTIAL IS DRIVEN BY ITS CLINICAL BENEFITS



BETTER FOR PATIENTS[1-4]

- Eliminates need for steroid eye drops for most patients
- Hands-free
- No need for caregiver to administer steroid
- Ideal solution for poor drop compliance
- Occludes the punctum leaving more tears to soothe the ocular surface
- Preservative free
- No need for removal

BETTER FOR CLINICIANS[1,3,5]

- Puts control back in the hands of the physician
- Delivers 0.4mg dexamethasone for up to 30 days
- May prevent overuse of steroid by patients

BETTER FOR PRACTICE/STAFF[6]

- Saves time for practice on callbacks and patient education

1. Tyson SL, et al. *J Cataract Refract Surg*. 2019;45(2):204-212. 2. Walters TR, et al. *Journal of Clinical & Experimental Ophthalmology*. 2016;(7)1-11. 3. McLaurin EB, et al. *Am J Ophthalmol*. 2021 ;229:288-300. 4. DEXTENZA [package insert]. Bedford, MA: Ocular Therapeutix, Inc; 2021. **FULL PRESCRIBING INFORMATION.** 5. Blizzard C, et al. *J Ocul Pharmacol Ther*. 2016;32(9):595-600. 6. Matossian C, et al. Presented at the ASCRS Annual Meeting. July 23-27, 2021. Las Vegas, NV.

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DEXTENZA HAS GROWTH POTENTIAL BASED ON ITS ECONOMICS

DEXTENZA® (Medical Benefit) vs Standard of Care (Pharmacy Benefit)

	PATIENTS	DOCTORS	SITE OF CARE
 **MEDICAL BENEFIT** Dextenza® (dexamethasone ophthalmic insert) 0.4 mg for intracanalicular use	**No Co-pay for Patients*** • Practice purchases DEXTENZA	**Physician Administered** • Physician paid for administration	**Practice Economics** • ASP + (up to) 6% drug payment • Opportunity for rebate
 **PHARMACY BENEFIT** **Standard of Care**	Patients pay out-of-pocket for drug at pharmacy	No physician payment for insertion procedure or drug	Likely no improvement to practice economics

*with Medicare with supplemental insurance

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DEMONSTRATED COMMERCIAL PERFORMANCE IN THE "BUY AND BILL" SPACE

PRODUCT REIMBURSEMENT

- 07/1/19 C-Code Effective
- 10/1/19 J-Code Effective
- 07/19/21 Pass-Through Extended
- 11/5/21 Continued Separate Payment Signaled*

PROCEDURE PAYMENT

- 7/15/19 First MAC Fee Schedule Published — Payment Established Across All MACs
- 1/1/22 Category 1 Effective

INDICATIONS

- 06/20/19 Post-Ophthalmic Surgery Inflammation and Pain**
- 10/7/21 Itching Associated with Allergic Conjunctivitis

*Per 2022 OPPS final rule, CMS identified DEXTENZA as a product that would qualify for separate payment in the ASC setting as a non-opioid pain management drug
** Indication for post-surgical pain was approved in November, 2018
†DEXTENZA Net product revenue and †Selling and Marketing expense as reflected on the Company's quarterly income statements and in the company's periodic reports.

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DEVELOPING TREATMENTS TO SET THE STANDARD OF CARE, TARGETING SELECT INDICATIONS WITHIN MARKETS WITH $25B ANNUAL GLOBAL SALES

Future of Ophthalmology Lies in Buy and Bill Treatments with Associated Procedure Codes

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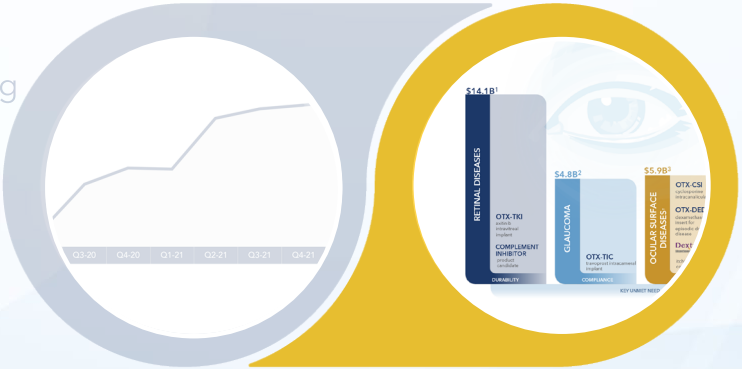

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This presentation discusses investigational agents in development and their efficacy and safety profile has not been established and have not been approved by the FDA.

Ocular Therapeutix™

BUILDING A PIPELINE THAT HAS THE PROMISE OF BECOMING THE STANDARD OF CARE IN SELECT INDICATIONS WITHIN MARKETS WORTH OVER $25B IN GLOBAL SALES

PIPELINE AT A GLANCE

*Age-related Macular Degeneration (AMD), Diabetic Macular Edema (DME), Retinal Vein Occlusion (RVO)
**Adeno-Associated Virus (AAV) Delivery

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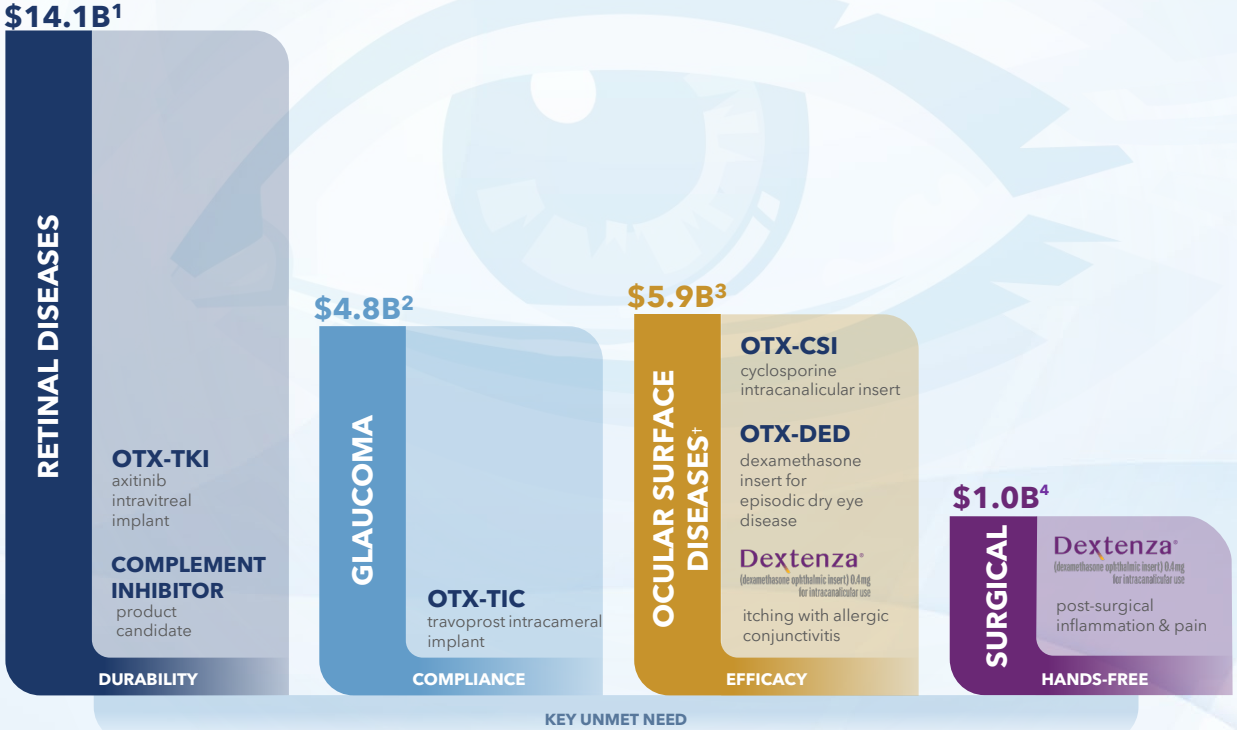
DEVELOPING PRODUCTS WITH THE POTENTIAL TO BECOME STANDARD OF CARE IN SEVERAL OF THE LARGEST INDICATIONS IN OPHTHALMOLOGY

Targeting Key Unmet Needs in Select Indications in Large and Fast-Growing Markets Having an Aggregate of $25B in Annual Global Revenue



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

† Data shown here is only representative of Dry Eye and not other Ocular Surface Diseases

1. 2021 Retina Pharma Market Scope Report **2.** 2021 Glaucoma Pharma Market Scope Report **3.** 2021 Dry Eye Market Scope Report **4.** Estimated using costs of topical steroid eyedrops (not DEXTENZA) based on sales [IQVIA Market data breakdown 2021 (Feb 2022)] + ophthalmic anti-allergy sales

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DEVELOPING PRODUCTS WITH THE POTENTIAL TO BECOME STANDARD OF CARE IN SEVERAL OF THE LARGEST INDICATIONS IN OPHTHALMOLOGY

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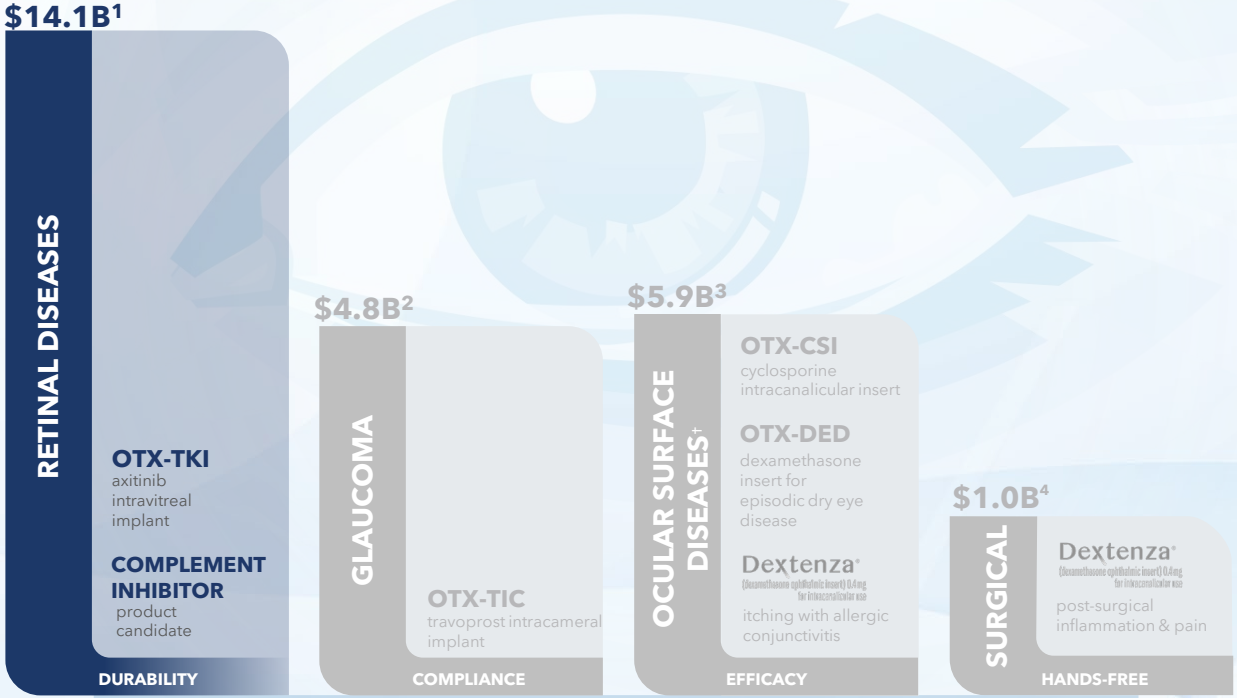

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DESIGNED TO BECOME THE LEADING DURABILITY PRODUCT FOR THE TREATMENT OF WET AMD

OTX-TKI (axitinib intravitreal implant)

Axitinib
(Active Ingredient)

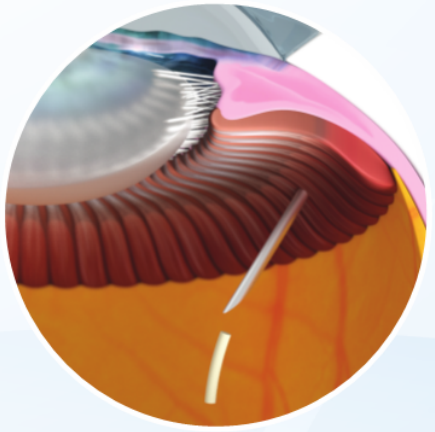
- Potential for broader anti-angiogenic profile compared to anti-VEGF agents[1]
- Highly potent compared to other TKIs[2]
- Systemic TKI efficacy established in oncology[3]

Polyethylene Glycol
(PEG)-based Hydrogel Platform[4]

- Demonstrated biocompatibility with low potential for inflammation
- Highly programmable bioresorption

OTX-TKI, a novel hydrogel-based, biodegradable, sustained-release axitinib implant[5]

- Goal of delivering axitinib for 6 to 9 months at near zero-order kinetics
- Delivered through 25 gauge needle or smaller
- Biodegrades completely and is cleared from the vitreous
- Small fiber with minimal to no visual impact but still allows for physician monitoring
- Free of antimicrobial preservatives



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. 3. Gotink KJ, et al. *Angiogenesis.* 2010;13(1):1-14. 4. Sawhney AS, et al. US patent 8,409,606 B2. April 2, 2013. 5. Moshfeghi AA, et al. Presented at the Angiogenesis, Exudation and Degeneration Meeting; 2022.

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AXITINIB EXHIBITS HIGH POTENCY, HIGH SELECTIVITY & LOW WATER SOLUBILITY COMPARED TO OTHER TKIS

- Small molecule multi-receptor tyrosine kinase inhibitor[1]
- Acts intracellularly and interferes with cellular signaling through inhibition of the receptor tyrosine kinases[2]
- Lower doses of axitinib (at nanomolar concentrations) exhibit high potency and selectivity[2]
  - Lower doses may minimize the TKI class-related adverse events resulting from systemic drug concentrations[3]
  - Highly selective inhibitor of VEGFR-1, 2, 3 and PDGFR signaling[2]

Inhibitory Concentrations (IC50 in nmol) for Multitargeted TKIs[2]

Drug	VEGFR-1	VEGFR-2	VEGFR-3	PDGFR α	PDGFR β
Axitinib	**0.1**	**0.2**	**0.1-0.3**	**5**	**1.6**
Pazopanib	10	30	47	71	84
Sunitinib	10	10	10	5-10	10
Sorafenib	--	90	20	50-60	50-60

- Low water solubility[4] compared to other TKIs (e.g., sunitinib, pazopanib, nintedanib),[5-7] allowing for controlled drug release

1. Zhao Y, Adjei AA. Oncologist. 2015;20(6):660-673. 2. Gross-Goupil M, François L, Quivy A, Ravaud A. Clin Med Insights Oncol. 2013;7:269-277. (Table adapted from manuscript) 3. Giddabasappa A, Lalwani K, Norberg R, et al.. Experimental Eye Research. 2016;145:373-379. doi:10.1016/j.exer.2016.02.010. 4. PubChem. Axitinib. Accessed October 15, 2021. https://pubchem.ncbi.nlm.nih.gov/compound/6450551. 5. PubChem. Sunitinib. Accessed October 15, 2021. https://pubchem.ncbi.nlm.nih.gov/compound/5329102. 6. PubChem. Pazopanib. Accessed October 15, 2021. https://pubchem.ncbi.nlm.nih.gov/compound/10113978. 7. PubChem. Nintedanib. Accessed October 15, 2021. https://pubchem.ncbi.nlm.nih.gov/compound/135423438
Abbreviations: AMD, age-related macular degeneration; Ang, angiopoietin; FGFR, fibroblast growth factor receptor; PDGFR, platelet-derived growth factor receptor; VEGFR, vascular endotheliall growth factor receptor

STUDYING SUBJECTS WITH PRE-EXISTING INTRARETINAL/SUBRETINAL FLUID TO EVALUATE OTX-TKI ACTIVITY AS A MONOTHERAPY TO GET RID OF FLUID

PHASE 1 AUSTRALIA TRIAL

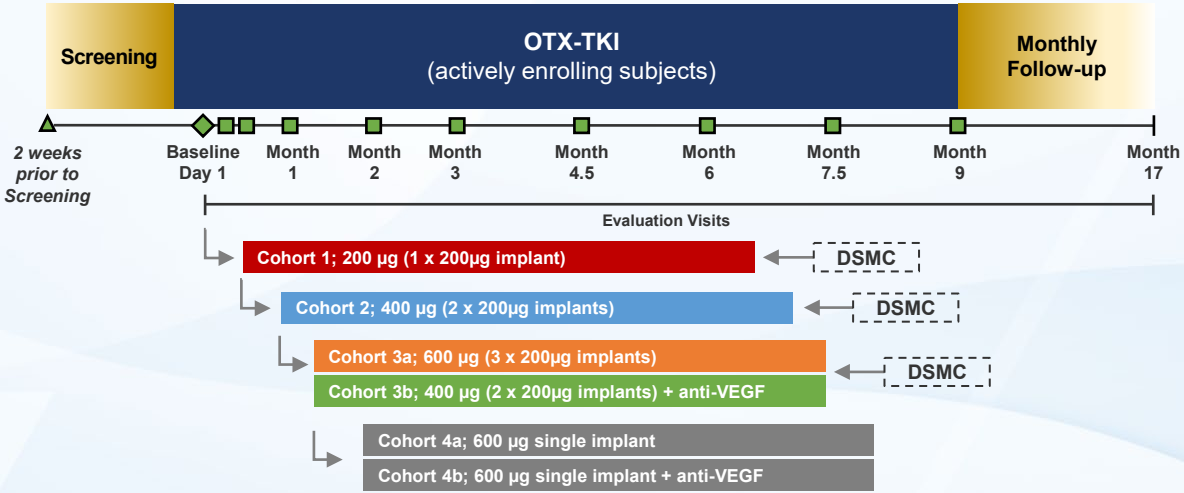
Key Inclusion Criteria

- Active primary sub foveal neovascularization secondary to AMD
- Previously treated or naïve subjects
- Presence of retinal fluid

OBJECTIVES

- Safety and tolerability
- Biological activity - mean change in central subfield thickness measured by SD-OCT, BCVA, and clinically-significant leakage on FA and/or OCT-A

Open-label, Dose Escalation, Feasibility Trial



Study Question:

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

NOTE: Interim review, unmonitored data; Data cut off January 11, 2022

Moshfeghi AA, et al. Presented at the Angiogenesis, Exudation, and Degeneration Virtual Meeting, Feb 11-12, 2022

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THERAPY DURABILITY SUGGESTS EXTENDED DURATION OF ACTION

Over 60% of all subjects showed durability of 6 months or longer and approximately 50% of subjects showed durability of 7.5 months or longer

PHASE 1 AUSTRALIA TRIAL

	Month 1 % (n/N)	Month 3 % (n/N)	Month 6 % (n/N)	Month 7.5 % (n/N)	Month 9 % (n/N)	Month 12 % (n/N)	Month 14 % (n/N)	Month 17 % (n/N)
Cohort 1 (200 µg)	**100%** (6/6)	**67%** (4/6)	**50%** (3/6)	**50%** (3/6)	**50%** (3/6)	NA	NA	NA
Cohort 2 (400 µg)	**86%** (6/7)	**71%** (5/7)	**57%** (4/7)	**43%** (3/7)	**43%** (3/7)	**29%** (2/7)	**29%** (2/7)	**14%** (1/5)
Cohort 3a (600 µg)	**100%** (6/6)	**83%** (5/6)	**83%** (5/6)	**50%** (3/6)	**17%** (1/6)	**20%** (1/5)*	**50%** (1/2)*	**100%** (1/1)*
Cohort 3b (400 µg + anti-VEGF)	**100%** (4/4)	**100%** (4/4)	**50%** (2/4)	**50%** (2/4)	**33%** (1/3)*	**0%** (0/2)*	**0%** (0/2)*	TBD
All Cohorts (Pooled)	**96%** (22/23)	**78%** (18/23)	**61%** (14/23)	**48%** (11/23)	**36%** (8/22)*	**21%** (3/14)*	**27%** (3/11)*	**33%** (2/6)*

Rescue Criterion:

- If needed, any subject in any treatment arm may receive rescue therapy (i.e., anti-VEGF) at the Investigator's discretion
- The following criteria used to identify subjects who will likely require rescue therapy:
  - i. Loss of ≥ 15 letters from best previous BCVA due to AMD, with current BCVA not better than baseline; or
  - ii. Loss of ≥ 10 letters on 2 consecutive visits from best previous BCVA due to AMD, with current BCVA score not better than baseline
  - iii. Evidence of worsening disease activity manifest by greater than 75 microns CSFT from previous best value

If subjects received rescue anti-VEGF therapy at a study visit, they were counted as rescued at the following study visit in the table above.
* Follow-up is ongoing
NOTE: Interim review, unmonitored data; Data cut off January 11, 2022

Moshfeghi AA, et al. Presented at the Angiogenesis, Exudation, and Degeneration Virtual Meeting, Feb 11-12, 2022

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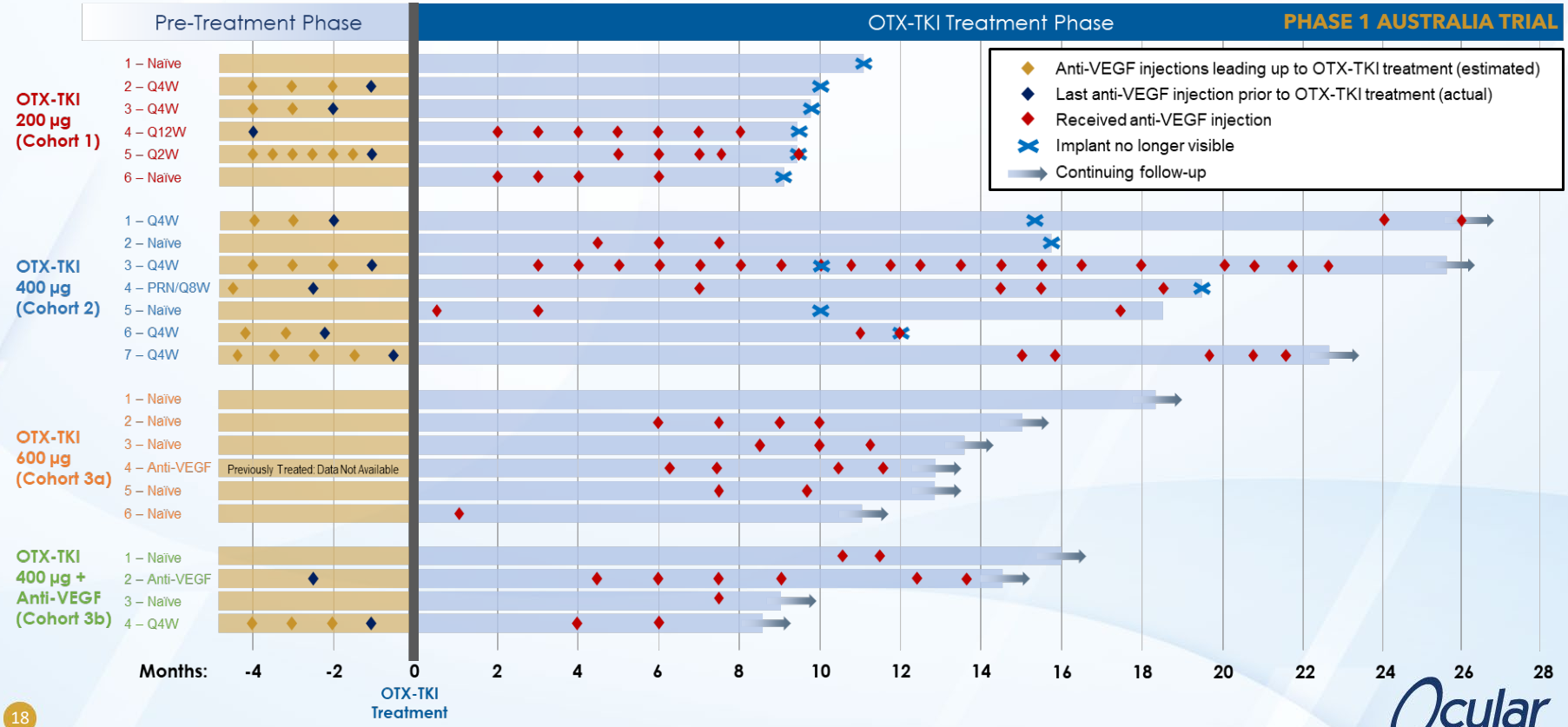
DURABILITY OF RESPONSE FOR INDIVIDUAL SUBJECTS TREATED WITH OTX-TKI



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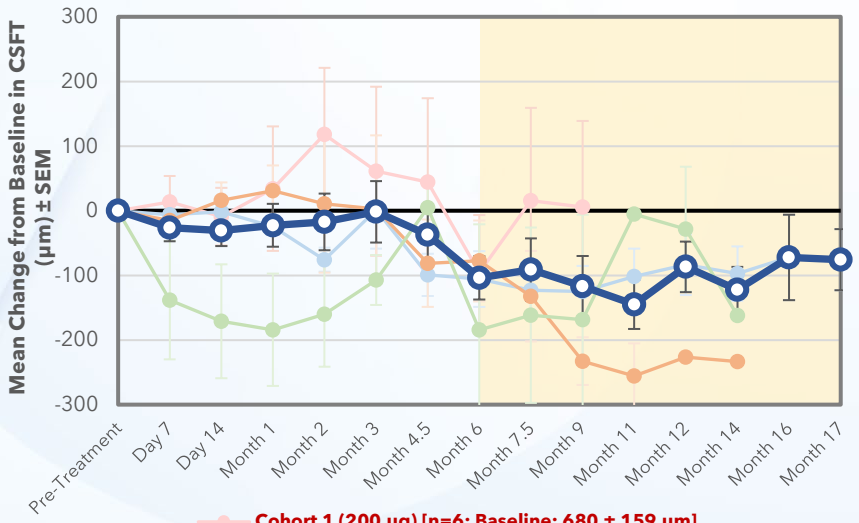
EFFECTIVE CONTROL OF RETINAL FLUID AND VISION DEMONSTRATING SUSTAINED ACTIVITY OVER TIME AS A MONOTHERAPY

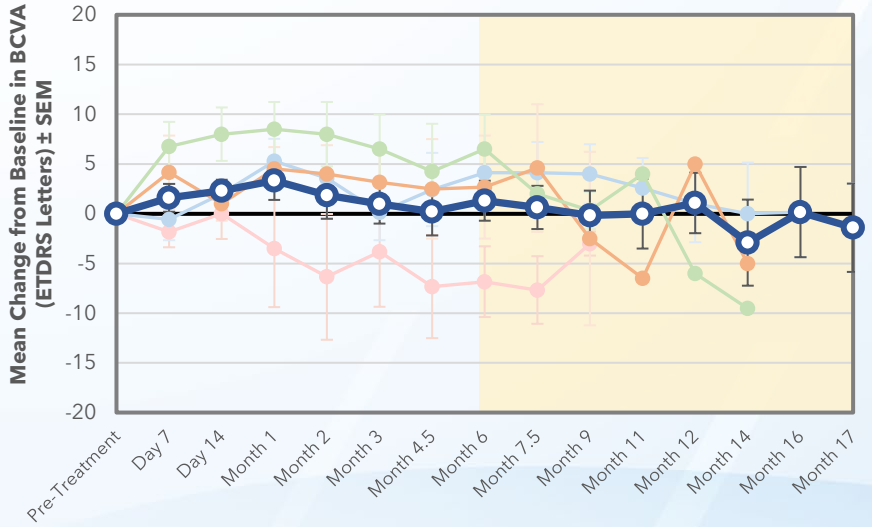
PHASE 1 AUSTRALIA TRIAL

CSFT



- Cohort 1 (200 µg) [n=6; Baseline: 680 ± 159 µm]
- Cohort 2 (400 µg) [n=7; Baseline: 450 ± 29 µm]
- Cohort 3a (600 µg) [n=6; Baseline: 521 ± 68 µm]
- Cohort 3b (400 µg + Anti-VEGF) [n=4; Baseline: 435 ± 58 µm]
- All Cohorts (Pooled) [n=23; Baseline: 526.3 ± 48.9 µm)

BCVA



- Cohort 1 (200 µg) [n=7; Baseline: 48 ± 12.0]
- Cohort 2 (400 µg) [n=7; Baseline: 62 ± 8.5]
- Cohort 3a (600 µg) [n=6; Baseline: 46 ± 6.4]
- Cohort 3b (400 µg + Anti-VEGF) [n=4; Baseline: 47 ± 11.8]
- All Cohorts (Pooled) [n=23; Baseline: 51.3 ± 4.7]

Cohort 1: n=6 until Month 9; Cohort 2: n=7 until Month 12, n=6 for Month 14, n=5 for Month 16 and 17
Cohort 3a: n=6 until Month 11, n=5 for Month 12, n=2 for Month 14, n=1 for Month 16 and 17; Cohort 3b: n=4 until Month 7.5; n=3 for Month 9, n=2 for Month 11 to 14; n=1 for Month 16
All BCVA (best correct visual acuity) and CSFT (central subfield thickness) values compared to baseline visit; NOTE: Interim review, unmonitored data; Data cut off January 11, 2022

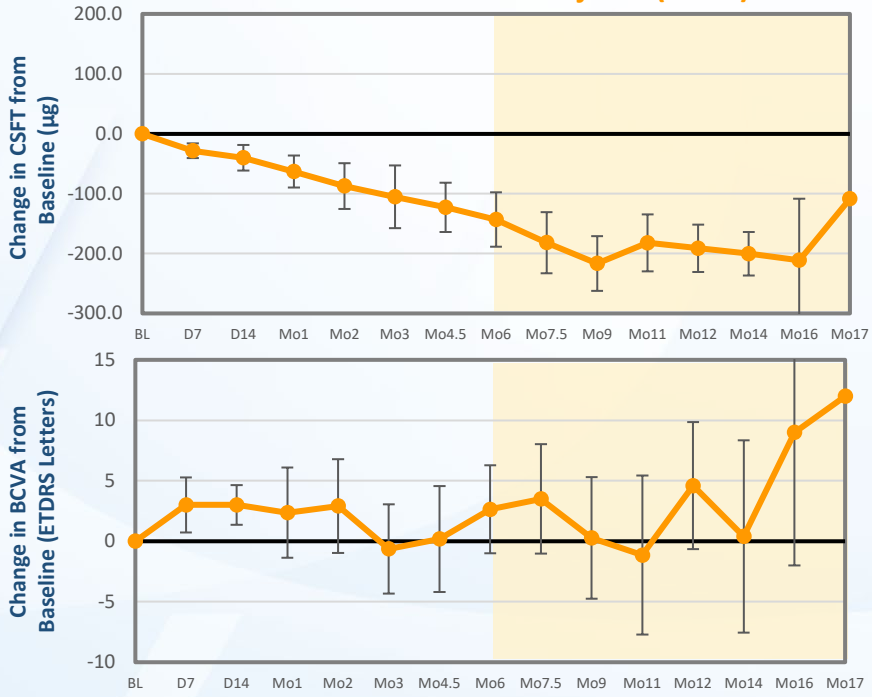
Moshfeghi AA, et al. Presented at the Angiogenesis, Exudation, and Degeneration Virtual Meeting, Feb 11-12, 2022

Ocular Therapeutix™

EFFECTIVE CONTROL OF RETINAL FLUID AND VISION DEMONSTRATING SUSTAINED ACTIVITY OVER TIME AS A MONOTHERAPY

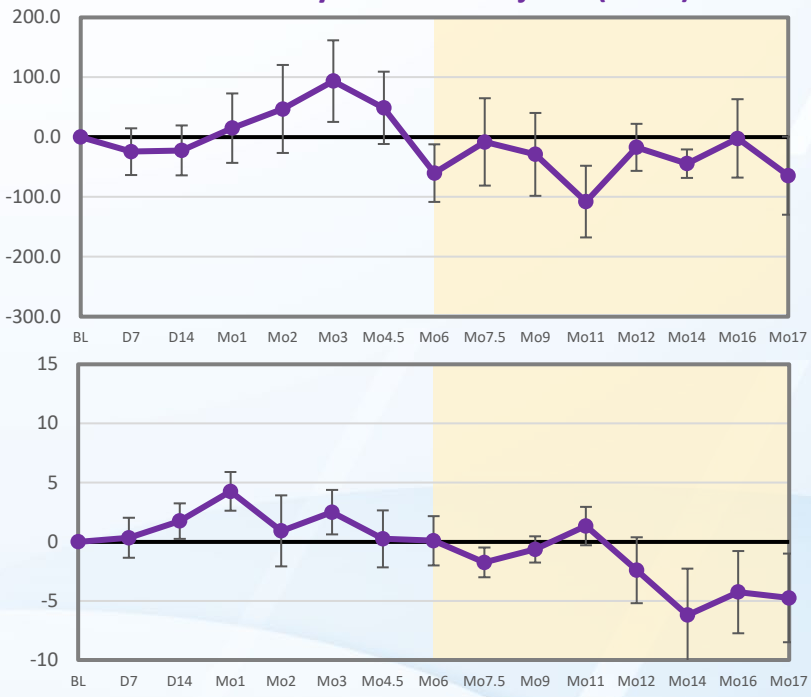
PHASE 1 AUSTRALIA TRIAL

Treatment Naïve Subjects (n=11)



Treatment Naïve Subjects from Cohorts 1, 2, 3a & 3b (Pooled)

Previously Treated Subjects (n=12)



Previously Treated Subjects from Cohorts 1, 2, 3a & 3b (Pooled)

All BCVA and CSFT values compared to baseline visit. Baseline CSFT and BCVA ± SEM for treatment naïve subjects was 571 ± 88.7 µm and 46 ± 5.6 letters, respectively. Baseline CSFT and BCVA ± SEM for previously treated subjects was 485 ± 47.6 µm and 57 ± 7.4 letters, respectively.
NOTE: Interim review, unmonitored data; Data cut off January 11, 2022

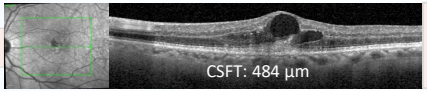
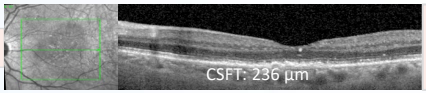
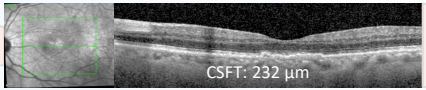
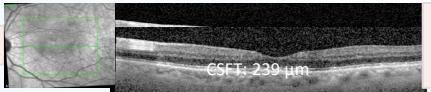
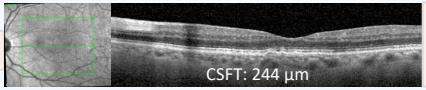
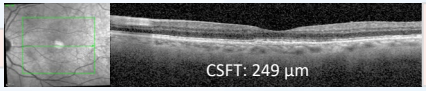
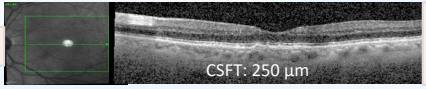
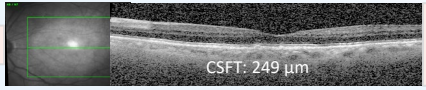
Moshfeghi AA, et al. Presented at the Angiogenesis, Exudation, and Degeneration Virtual Meeting, Feb 11-12, 2022

Ocular Therapeutix™

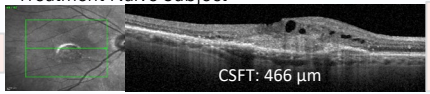
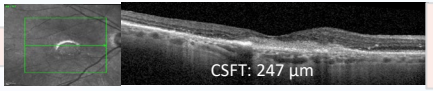
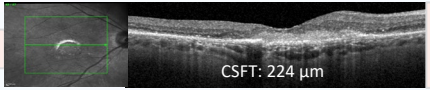
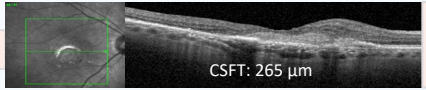
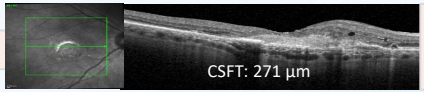
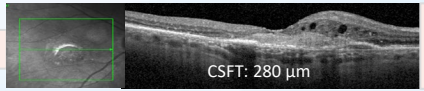
PRELIMINARY BIOLOGICAL SIGNAL OF CLINICALLY-MEANINGFUL DECREASE IN RETINAL FLUID AS MONOTHERAPY

PHASE 1 AUSTRALIA TRIAL

Cohort 3a (600µg): Subject 1 (OS)
Treatment Naïve Subject

		BCVA
Baseline		56 (20/80)
Month 2		74 (20/30)
Month 3		73 (20/40)
Month 6		80 (20/25)
Month 6		
Month 9		81 (20/25)
Month 11		76 (20/30)
Month 14		70 (20/40)
Month 15		60 (20/63)

Cohort 3a (600µg): Subject 6 (OD):
Treatment Naïve Subject

		BCVA
Baseline		28 (20/320)
Received anti-VEGF at Month 1		
Month 2		30 (20/252)
Month 3		31 (20/250)
Month 6		27 (20/320)
Month 6		
Month 7.5		40 (20/160)
Month 10		41 (20/160)

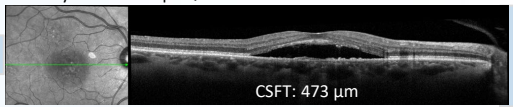
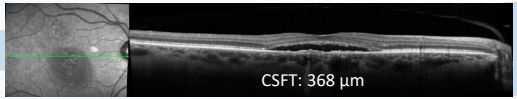
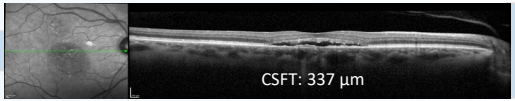
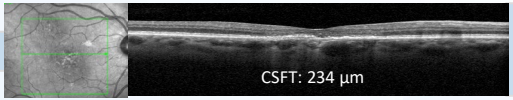
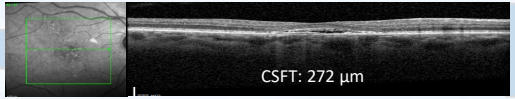
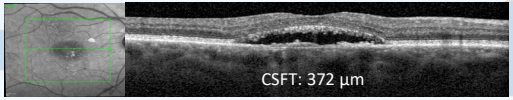
NOTE: Interim review, unmonitored data; Data cut off January 11, 2022 Moshfeghi AA, et al. Presented at the Angiogenesis, Exudation, and Degeneration Virtual Meeting, Feb 11-12, 2022

Ocular Therapeutix™

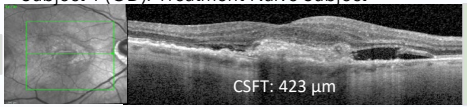
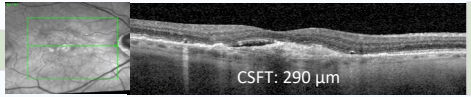
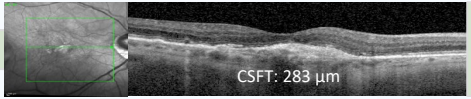
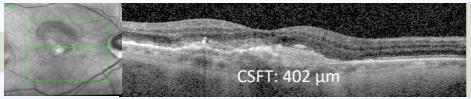
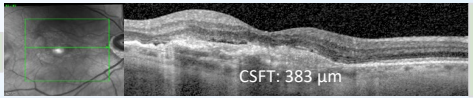
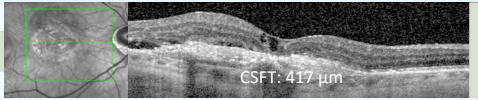
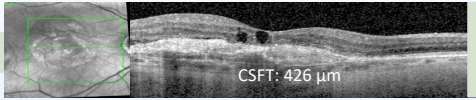
PRELIMINARY BIOLOGICAL SIGNAL OF CLINICALLY-MEANINGFUL DECREASE IN RETINAL FLUID

PHASE 1 AUSTRALIA TRIAL

Cohort 2 (400µg): Subject 1 (OD):
History of Aflibercept Q4 Weeks for 16 months

		BCVA
Baseline		87 (20/18)
Month 2		88 (20/20)
Month 3		88 (20/20)
Month 6		89 (20/17)
Month 6		
Month 9		88 (20/20)
Month 15.5		90 (20/15)

Cohort 3b (400µg + Anti-VEGF):
Subject 1 (OD): Treatment Naïve Subject

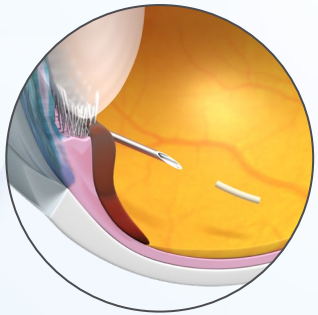
		BCVA
Baseline		39 (20/160)
Month 2		54 (20/80)
Month 3		52 (20/100)
Month 6		52 (20/100)
Month 6		
Month 7.5		46 (20/125)
Month 9		38 (20/200)
Month 10.5		35 (20/200)

NOTE: Interim review, unmonitored data; Data cut off January 11, 2022
Moshfeghi AA, et al. Presented at the Angiogenesis, Exudation, and Degeneration Virtual Meeting, Feb 11-12, 2022

Ocular Therapeutix™

OTX-TKI SHOWS POTENTIAL AS A DURABLE SUSTAINED-RELEASE MONOTHERAPY IN SUBJECTS WITH PRE-EXISTING RETINAL FLUID

PHASE 1 AUSTRALIA TRIAL



OTX-TKI

- **OTX-TKI was generally well tolerated**
  - To date, observed to have a favorable safety profile, with no ocular serious adverse events in treatment naïve & previously treated wet AMD patients
  - No measurable systemic exposure to axitinib observed in Cohort 1, 2, 3a and 3b
- **Preliminary biological signal of clinically-meaningful decrease in retinal fluid**
  - Some subjects showed a decrease in intraretinal or subretinal fluid by 2 months in Cohorts 2 (400 µg) & 3a (600 µg)
  - Combination of OTX-TKI + Anti-VEGF (Cohort 3b) showed a decrease in intraretinal or subretinal fluid as early as a week after treatment in two subjects
- **Therapy durability suggests extended duration of action (follow-up ongoing)**
  - Over 60% of all subjects showed durability of 6 months or longer (including over 80% in the 600 µg group) and approximately 50% of subjects showed durability of 7.5 months or longer
- **Consistent bio-resorption observed**
  - Implant biodegraded in Cohort 1 (single implant) by 9-10.5 months
- **Implant location observation suggests limited movement**
  - Implant was able to be adequately monitored

NOTE: Interim review, unmonitored data; Data cut off January 11, 2022

Moshfeghi AA, et al. Presented at the Angiogenesis, Exudation, and Degeneration Virtual Meeting, Feb 11-12, 2022

Ocular Therapeutix™

STUDYING PREVIOUSLY ANTI-VEGF TREATED SUBJECTS TO EVALUATE TKI DURABILITY WITHOUT NEED FOR RETREATMENT

PHASE 1 US TRIAL

Key Inclusion Criteria

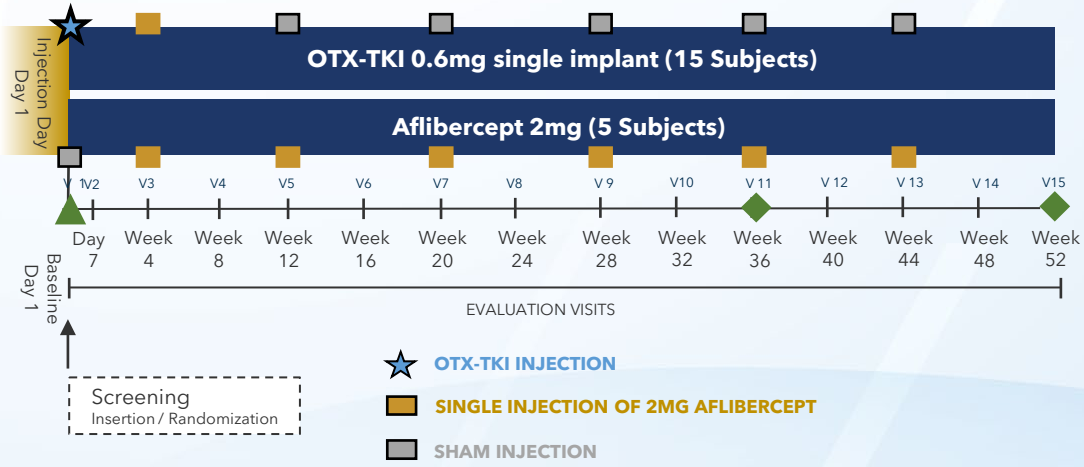
- Sub foveal neovascularization secondary to AMD
- No active fluid

OBJECTIVES

- Safety, tolerability, durability and biological activity
- BCVA, mean change in central subfield thickness (CSFT) measured by SD-OCT and safety evaluations at all visits

Key Differences in Trial Design:

	US Phase 1 Trial	Australia Phase 1 Trial
Inclusion Criteria	No active fluid	Presence of retinal fluid
OTX-TKI Implant	One 0.6 mg (600 µg) single implant	Cohorts 1-3 used one to three 0.2 mg (200 µg) implants to achieve different dose levels (0.2, 0.4 and 0.6 mg)
Anti-VEGF Induction	Yes, all subjects	Only in Cohort 3b and 4b
Rescue Criteria	i. Loss of 10 letters[i] ii. Evidence of >75µm CSFT & ≥5 letters loss[ii] iii. New macular hemorrhage	i. Loss of ≥15 letters[i] ii. Loss of ≥10 letters on 2 consecutive visits[i] iii. Evidence of >75µm CSFT[ii]



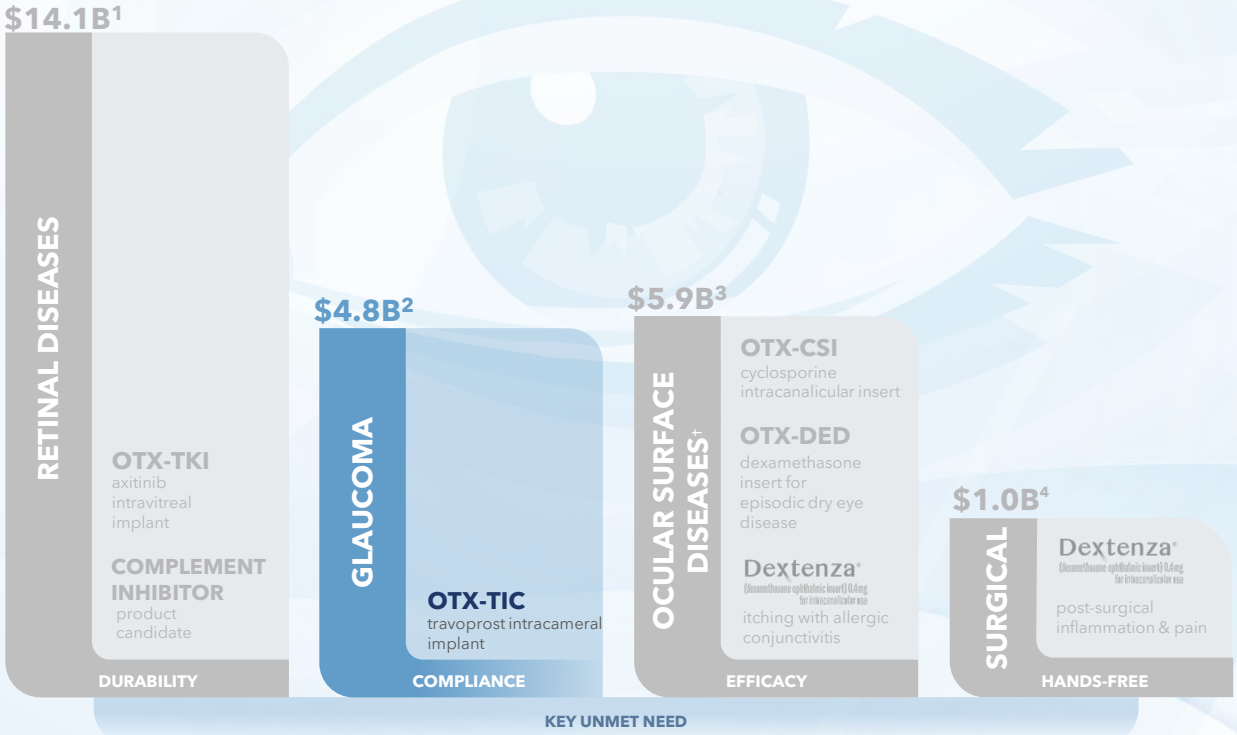
INTERIM DATA EXPECTED IN Q3 2022

[i] From best previous BCVA due to AMD, with current BCVA not better than baseline
[ii] Evidence of worsening disease activity manifest by greater than 75µm CSFT from previous best value (letters loss compared to best previous value)
Moshfeghi AA, et al. Presented at the Angiogenesis, Exudation, and Degeneration Virtual Meeting, Feb 11-12, 2022

Ocular Therapeutix™

DEVELOPING PRODUCTS WITH THE POTENTIAL TO BECOME STANDARD OF CARE IN SEVERAL OF THE LARGEST INDICATIONS IN OPHTHALMOLOGY

Targeting Key Unmet Needs in Select Indications in Large and Fast-Growing Markets Having an Aggregate of $25B in Annual Global Revenue



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

† Data shown here is only representative of Dry Eye and not other Ocular Surface Diseases

1. 2021 Retina Pharma Market Scope Report **2.** 2021 Glaucoma Pharma Market Scope Report **3.** 2021 Dry Eye Market Scope Report **4.** Estimated using costs of topical steroid eyedrops (not DEXTENZA) based on sales [IQVIA Market data breakdown 2021 (Feb 2022)] + ophthalmic anti-allergy sales

Ocular Therapeutix™

DESIGNED TO ADDRESS THE ISSUE OF COMPLIANCE IN THE TREATMENT OF GLAUCOMA

OTX-TIC

OTX-TIC (travoprost intracameral implant)

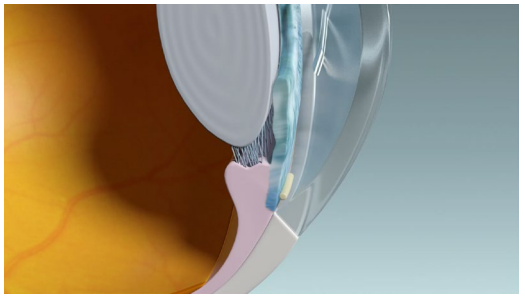
Travoprost
(Active Ingredient)

- Encapsulated in microparticles for controlled and sustained delivery over months[1,2]

Polyethylene Glycol
(PEG)-based Hydrogel Platform

- Demonstrated biocompatibility with low potential for inflammation[3]
- Highly programmable bioresorption[3]

OTX-TIC, a novel hydrogel-based, biodegradable, travoprost implant[4]



- Goal of delivering travoprost for 6 months or longer with a single implant[4]
- Preservative-free[4]
- Hands-free alternative to traditional chronic eye drop therapy[4]
- Administered via a single injection with proprietary injector (26G-27G)[4]
- Fully biodegradable[5]

1. Goldstein M, et al. Presented at the ARVO Annual Meeting. San Diego, CA. May 3-7, 2019. 2. Goldberg D, et al. Presented at the AAO Annual Meeting. New Orleans, LA. November 12-15, 2021. 3. Sawhney AS, et al. US patent 8,409,606 B2. April 2, 2013. 4. Goldstein M. Presented at the Glaucoma 360 New Horizons Forum. San Francisco, CA. February 11, 2022. 5. Blizzard C, et al. Presented at the ARVO Annual Meeting. Washington, DC. April 13-17, 2018.

Ocular Therapeutix™

PHASE 1 TRIAL EVALUATING OTX-TIC IN TREATING SUBJECTS WITH GLAUCOMA OR OCULAR HYPERTENSION

PHASE 1 TRIAL

DESIGN

- Open-label, proof-of-concept study
- US study, 19 subjects at 5 sites
- One eye per patient will be treated

KEY INCLUSION CRITERIA

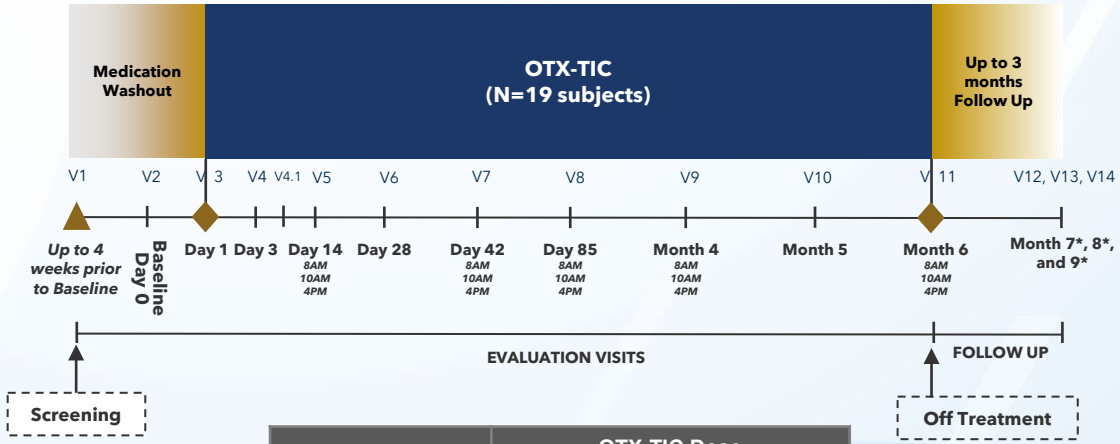
- Controlled ocular hypertension (HTN) or Primary Open Angle Glaucoma (POAG)
- Open, normal anterior chamber angles on gonioscopy

OBJECTIVES

- Safety, tolerability, and biological activity
- Diurnal IOP changes from baseline (8AM, 10AM, 4PM) at 2, 6, and 12 weeks, and 4, 6 months

NON-STUDY EYE TREATMENT

- Non-study eye receives topical PGA daily



	OTX-TIC Dose
Cohort 1 (n=5)	15 µg
Cohort 2 (n=4)	26 µg
Cohort 3 (n=5)	15 µg (fast-degrading hydrogel)
Cohort 4 (n=5)	5 µg (fast-degrading hydrogel)

NOTE: unmonitored data
* Monthly visits until IOP is within 10% of baseline or until clinically stable

Goldstein MH, et al. Presented at the Glaucoma 360 New Horizons Forum, Feb 11, 2022

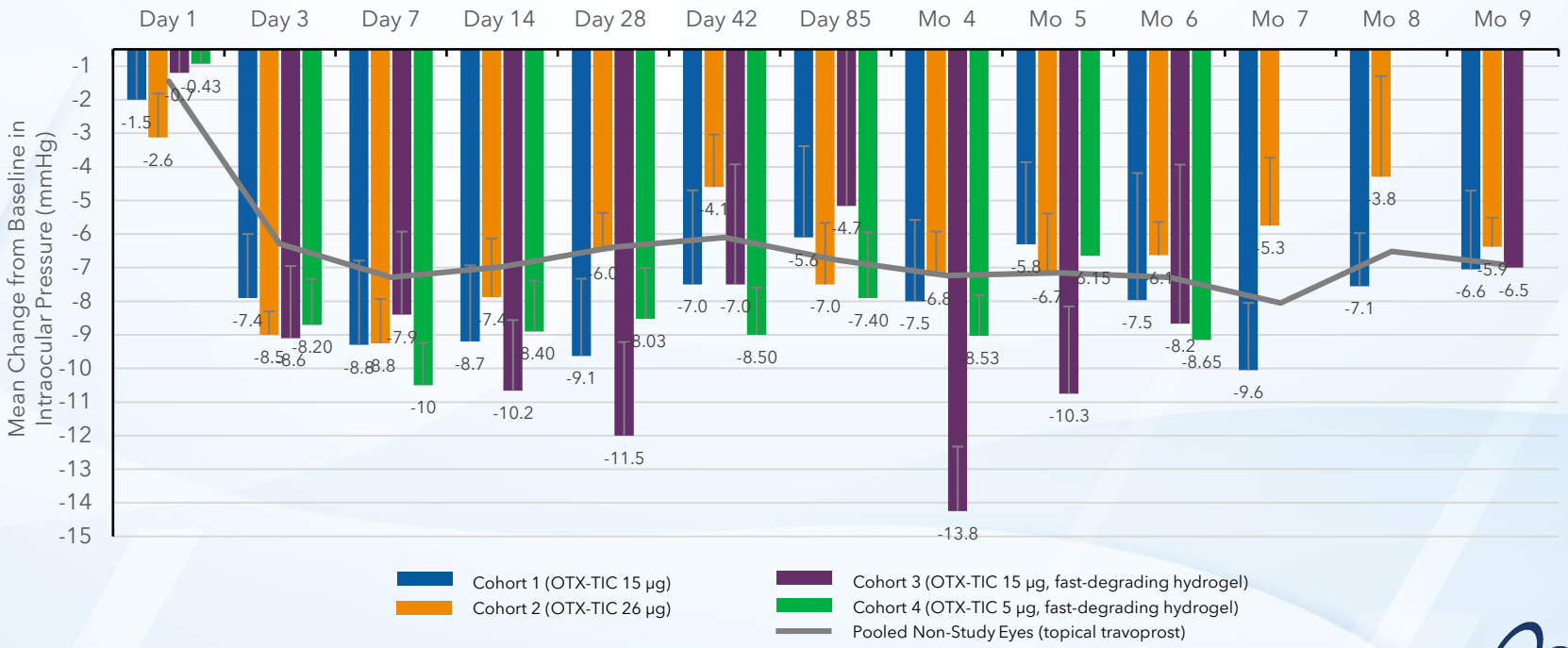
Ocular Therapeutix™

OTX-TIC

CLINICALLY-MEANINGFUL DECREASE IN IOP FOR ALL COHORTS

PHASE 1 TRIAL

IOP Reduction Began 2 Days Following Implantation of OTX-TIC and was Comparable to Topical Travoprost



Data shown is 8AM; Data was consistent at 10AM and 4 PM; NOTE: unmonitored data

Goldstein MH, et al. Presented at the Glaucoma 360 New Horizons Forum, Feb 11, 2022

Ocular Therapeutix™

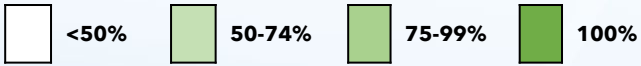
THERAPY DURABILITY SUGGESTS EXTENDED DURATION OF ACTION OVER SEVERAL MONTHS

PHASE 1 TRIAL

Cohort 2 (26µg) Showed the Most Consistent Durable Response in All Subjects Up to Month 6 & 50% of Subjects Up to Month 9

Percentage of Study Eyes Not Requiring Rescue Therapy After a Single Implant Administration

	Day 42 % (n/N)	Day 85 % (n/N)	Month 4 % (n/N)	Month 5 % (n/N)	Month 6 % (n/N)	Month 7 % (n/N)	Month 8 % (n/N)	Month 9 % (n/N)	Month 10-22 % (n/N)
Cohort 1 (15 µg) N=5	**100%** (5/5)	**100%** (5/5)	**80%** (4/5)	**80%** (4/5)	**60%** (3/5)	40% (2/5)	40% (2/5)	40% (2/4)	20 (1/5)
Cohort 2 (26 µg) N=4	**100%** (4/4)	**100%** (4/4)	**100%** (4/4)	**100%** (4/4)	**100%** (4/4)	**100%** (4/4)	**75%** (3/4)	**50%** (2/4)	NA
Cohort 3 (15 µg) (Fast-degrading) N=5	**100%** (5/5)	**60%** (3/5)	40% (2/5)	40% (2/5)	40% (2/5)	20% (1/5)	20% (1/5)	20% (1/5)	NA
Cohort 4 (5 µg) (Fast-degrading) N=5	**100%** (5/5)	**100%** (5/5)	**80%** (4/5)	**80%** (4/5)	**80%** (4/5)	NA	NA	NA	NA
All Cohorts N=19	**100% (19/19)**	**89% (17/19)**	**74% (14/19)**	**74% (14/19)**	**68% (13/19)**	**50% (7/14)**	**43% (6/14)**	**39% (5/13)**	**20% (1/5)**



NOTE: unmonitored data

Goldstein MH, et al. Presented at the Glaucoma 360 New Horizons Forum, Feb 11, 2022

Ocular Therapeutix™

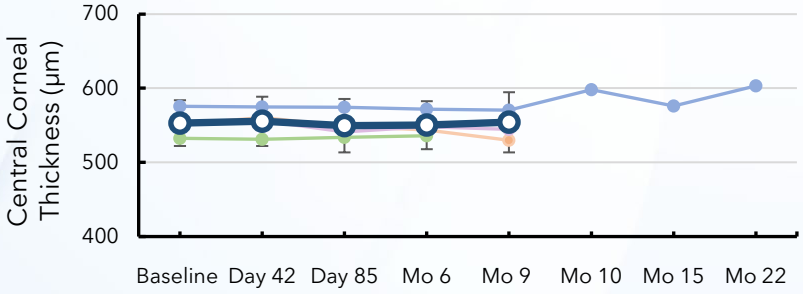
OTX-TIC

NO IMPACT ON CORNEAL HEALTH & CONSISTENT IMPLANT RESORPTION

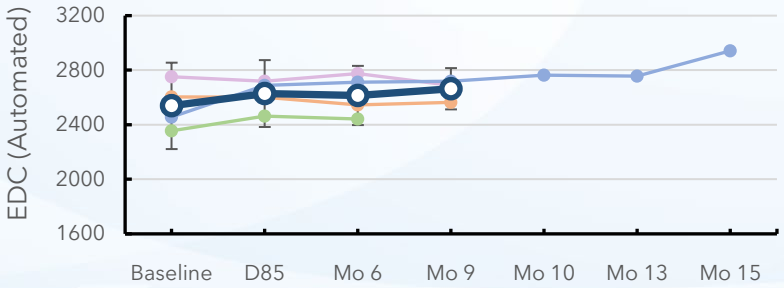
PHASE 1 TRIAL

No Observed Clinically-Meaningful Change to Corneal Health Over Time

Pachymetry



Endothelial Cell Counts (EDC)



All Cohorts
Cohort 1 (OTX-TIC 15 µg)
Cohort 2 (OTX-TIC 26 µg)
Cohort 3 (OTX-TIC 15 µg, fast-degrading hydrogel)
Cohort 4 (OTX-TIC 5 µg, fast-degrading hydrogel)

Consistent Implant Resorption Over Time

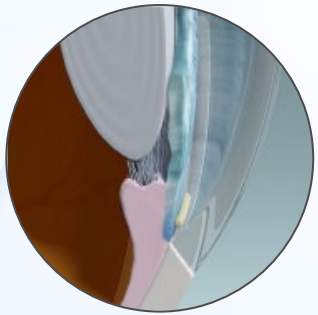
Error bars represent standard deviations for all study eyes data. Images belong to subject in Cohort 1
NOTE: unmonitored data

Goldstein MH, et al. Presented at the Glaucoma 360 New Horizons Forum, Feb 11, 2022

Ocular Therapeutix™

OTX-TIC SHOWS POTENTIAL AS A DURABLE, SUSTAINED-RELEASE GLAUCOMA THERAPY WHILE PRESERVING CORNEAL HEALTH

PHASE 1 TRIAL



OTX-TIC

- **Clinically-meaningful decrease in IOP**
  OTX-TIC produced IOP lowering effects comparable to travoprost therapy as early as two days following administration
- **Therapy durability suggests extended duration of action over several months**
  Many subjects exhibited duration of IOP-lowering effect of 6+ months in Cohorts 1 and 2, and between 3-6 months in Cohorts 3 and 4 (fast degrading implant) with a single implant; longest and most consistent IOP lowering in Cohort 2
- **Consistent implant resorption over time**
  Implant biodegraded in 5-7 months (Cohorts 1 & 2); fast degrading implants biodegraded in 3-5 months (Cohorts 3 & 4)
- **Implant location observation suggests no movement**
  Implant was not observed to move at slit lamp and was visible at all exams in all patients using gonioscopy
- **No clinically-meaningful change to corneal health over time**
  Endothelial cell counts, pachymetry assessments, and slit lamp examinations indicate no changes from baseline

Goldstein MH, et al. Presented at the Glaucoma 360 New Horizons Forum, Feb 11, 2022

PHASE 2 TRIAL EVALUATING OTX-TIC COMPARED TO DURYSTA CONTROL ARM

PHASE 2 TRIAL

DESIGN

- Prospective, multi-center, randomized, parallel-group, controlled study with approximately 105 subjects at 15-20 US sites

KEY INCLUSION CRITERIA

- Controlled ocular hypertension (HTN) or Primary Open Angle Glaucoma (POAG)
- Open, normal anterior chamber angles on gonioscopy

OBJECTIVES

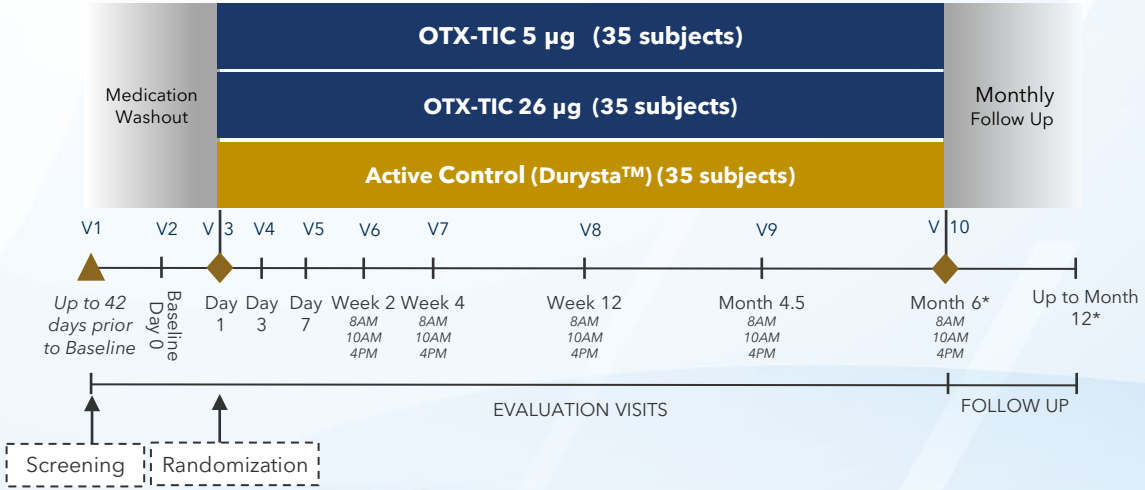
- Safety, tolerability, and efficacy
- Diurnal IOP changes from baseline (8AM, 10AM, 4PM) at 2, 6, and 12 weeks

NON-STUDY EYE TREATMENT

- Non-study eye receives topical PGA daily

ACTIVE COMPARATOR

- Control arm eye receives one injection of Durysta™



CURRENTLY ENROLLING PHASE 2 TRIAL

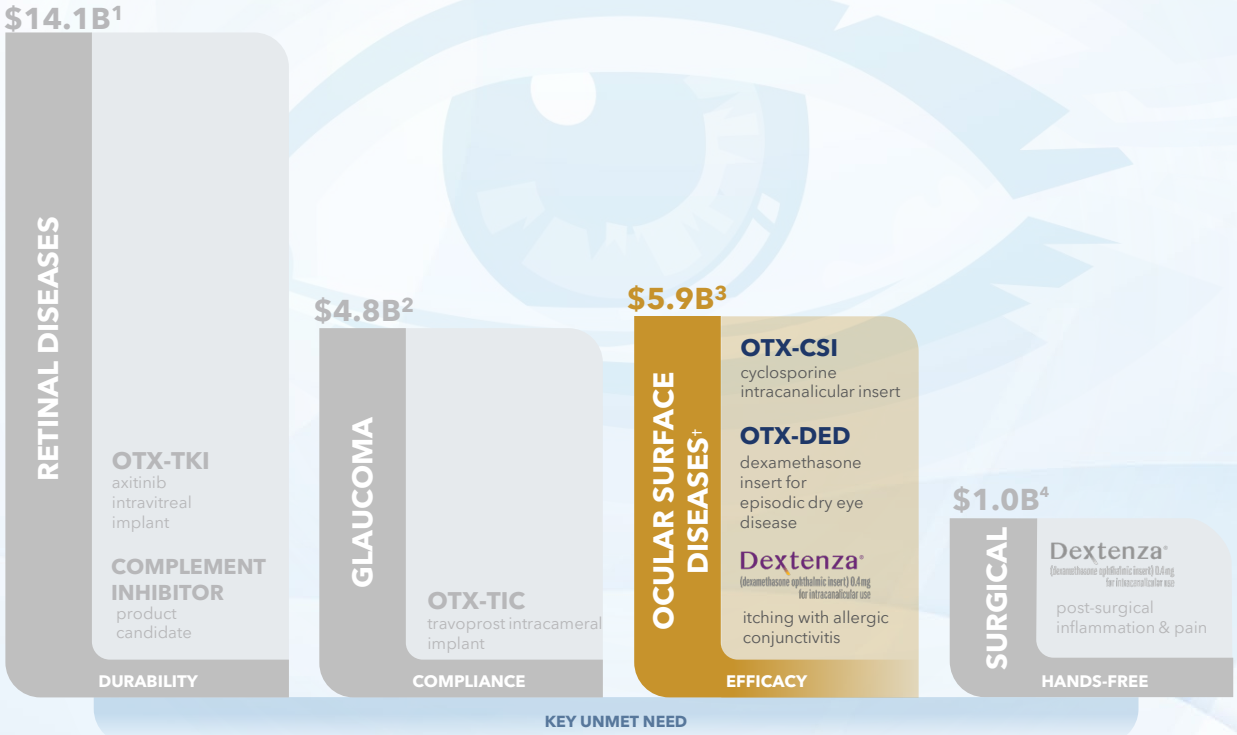
*Open label after 6 months

Goldstein MH, et al. Presented at the Glaucoma 360 New Horizons Forum, Feb 11, 2022

Ocular Therapeutix™

DEVELOPING PRODUCTS WITH THE POTENTIAL TO BECOME STANDARD OF CARE IN SEVERAL OF THE LARGEST INDICATIONS IN OPHTHALMOLOGY

Targeting Key Unmet Needs in Select Indications in Large and Fast-Growing Markets Having an Aggregate of $25B in Annual Global Revenue



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

† Data shown here is only representative of Dry Eye and not other Ocular Surface Diseases

1. 2021 Retina Pharma Market Scope Report **2.** 2021 Glaucoma Pharma Market Scope Report **3.** 2021 Dry Eye Market Scope Report **4.** Estimated using costs of topical steroid eyedrops (not DEXTENZA) based on sales [IQVIA Market data breakdown 2021 (Feb 2022)] + ophthalmic anti-allergy sales

Ocular Therapeutix™

DESIGNED TO ADDRESS EFFICACY ISSUES FOR THE CHRONIC TREATMENT OF DRY EYE

OTX-CSI (cyclosporine intracanalicular insert)

ISSUES WITH EXISTING TREATMENTS[1-5]

- Slow onset of action for therapy
- High level of burning, stinging and irritation upon administration
- Burden of patient administration due to chronic condition
- Preservatives which have the potential to cause ocular surface toxicity

KEY PRODUCT ATTRIBUTES[6]

- Cyclosporine loaded in hydrogel
- Preservative-free
- Designed to delivery therapy up to 12 weeks with a single insert
- Occludes the punctum
- Fully biodegradable insert

OTX-CSI CLINICAL DEVELOPMENT PROGRAM

In Phase 2 trial[6,7]

- [x] Improvement from baseline observed in signs and symptoms of DED, however not statistically significant

- [ ] No separation of effect observed between active drug and vehicle at 12 weeks on tear production (Schirmer's) → Develop an appropriate vehicle comparator to set the foundation for dry eye clinical development programs
- [ ] Insert retention was problematic and is currently being re-formulated to allow for better product retention → Reformulate OTX-CSI insert to allow improved product retention

PLANNING IN PROGRESS TO ADVANCE CLINICAL DEVELOPMENT

1. RESTASIS [prescribing information]. Irvine, CA; Allergan, Inc; 2012. 2. CEQUA [prescribing information]. Cranbery, NJ; Sun Pharmaceuticals; 2018. 3. XIIDRA [prescribing information]. Lexington, MA; Shire US Inc.; 2016. 4. Fraunfelder FT, et al. *J Ophthalmol*. 2012;2012:285851. 5. Epstein SP, et al. *J Ocul Pharmacol Ther*. 2009;25(2):113-119. 6. Christie W et al. Presented at the American Academy of Ophthalmology, Nov 12-14, 2021. 7. Ocular Therapeutix Announces Topline Results of Phase 2 Clinical Trial of OTX-CSI for the Treatment of Dry Eye Disease Did Not Meet Primary Endpoint. 2021. Available at: https://ocutx.gcs-web.com/news-releases/news-release-details/ocular-therapeutixtm-announces-topline-results-phase-2-clinical. Accessed February 29, 2022.

Ocular Therapeutix™

DESIGNED TO ADDRESS EFFICACY ISSUES FOR THE TREATMENT OF EPISODIC DRY EYE

OTX-DED

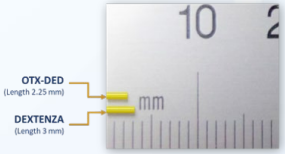
OTX-DED (dexamethasone intracanalicular insert)

ISSUES WITH EXISTING TREATMENTS[1-6]

- Approved therapies for treatment of DED are known for slow onset of action and burning/stinging upon application
- All currently approved topical steroid eye drops in the US have preservatives which have the potential to cause ocular surface toxicity

KEY PRODUCT ATTRIBUTES[7]

- Dexamethasone (0.2 mg or 0.3 mg) loaded in hydrogel
- Preservative-free
- Occludes the punctum
- Fully biodegradable insert
- Leverages safety profile of DEXTENZA



OTX-DED CLINICAL DEVELOPMENT PROGRAM

In Phase 2 trial[8]

☑ Statistically significant improvement* in primary endpoint (conjunctival hyperemia in the worst zone) for OTX-DED relative to vehicle hydrogel

☐ Symptoms (eye dryness score) improved from baseline, with no separation between active groups and vehicle

→ Develop an appropriate vehicle comparator to set the foundation for dry eye clinical development programs

PLANNING SMALL TRIAL TO DETERMINE AN APPROPRIATE PLACEBO COMPARATOR

*Trial was not powered for statistical significance

1. RESTASIS [prescribing information]. Irvine, CA; Allergan, Inc; 2012. 2. CEQUA [prescribing information]. Cranbery, NJ; Sun Pharmaceuticals; 2018. 3. XIIDRA [prescribing information]. Lexington, MA; Shire US Inc.; 2016. 4. EYSUVIS [prescribing information]. Watertown, MA; Kala Pharmaceuticals, Inc; 2020. 5. Fraunfelder FT, et al. *J Ophthalmol*. 2012;2012:285851. 6. Epstein SP, et al. *J Ocul Pharmacol Ther*. 2009;25(2):113-119. 7. Blizzard C, et al. Presented at ARVO Annual Meeting. May 2021. Virtual. 8. OTX-DED (dexamethasone intracanalicular insert) Phase 2 Topline Results Investor Call Presentation. 2021. Available at: https://ocutx.gcs-web.com/static-files/b0f750e8-7f6e-47f1-a995-0ed9e88c00ff. Accessed February 28, 2022.

Ocular Therapeutix™

SAFEGUARDING OUR INNOVATIONS IS A TOP PRIORITY

PATENTS

Commercial Product Patents

- 2 patents for DEXTENZA in Orange Book (expiration: 2030)
- Patent pending for DEXTENZA AC (expected expiration: 2041)

Pipeline Patents

- Issued: OTX-CSI expiring in 2041
- Pending: Expiration 2040+ if granted
  - OTX-TIC
  - OTX-TKI

FDA

REGULATORY

Drug delivery via non-standard dosage forms

- Non-systemic therapies
- No established pathway for traditional generic
- Potential competitors would be required to invest time and capital in full clinical trials

MANUFACTURING

Technical know-how of core hydrogel technology

- Fully integrated manufacturer
- Proprietary know-how developed over more than 15+ yrs.
- Covered by trade secrets

Ocular Therapeutix™

OCULAR THERAPEUTIX IS WELL POSITIONED TO BECOME A STRATEGIC PLAYER IN THE OPHTHALMOLOGY SPACE

Commercial Excellence in US buy-and-bill space

- DEXTENZA is now product contribution positive* in the surgical setting
- Launching into the ophthalmology and optometric office environment
- Future opportunities in retina

Innovation Potential

- Strong pipeline targeting major unmet needs in select indications within markets with $25B in global annual sales
- Highly leverageable core hydrogel technology for new product opportunities
- Clinical/regulatory expertise in front and back of the eye

AffaMed Therapeutics

mosaic

Corporate Development

- Established collaboration with AffaMed in Asia
- Able to in-license opportunities to leverage US commercial structure
- Able to out-license technology and ex-US rights to products and product candidates as a source of non-dilutive capital
- Strong balance sheet
- Collaboration with Mosaic – developing long duration complement inhibitor.

*Defined as DEXTENZA net product revenue,; exceeding the selling and marketing expense in the applicable period, in each case as reflected on the Company's quarterly income statements and in the Company's periodic reports in 1H 2022

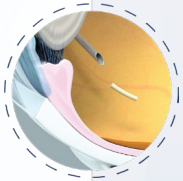
Ocular Therapeutix™

ANTICIPATED 2022-2023 MILESTONES

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

Post surgical ocular inflammation and pain

Estimated $55-60 Million in 2022 Net Product Revenues in the US

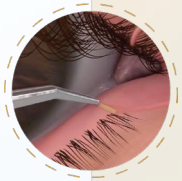


OTX-TKI

(axitinib intravitreal implant)

Wet AMD, DME and RVO

Interim Data Expected in Q3 2022



OTX-CSI

(cyclosporine intracanalicular insert)

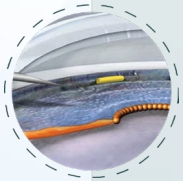
Dry eye disease

Planning in progress to advance clinical development

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

Ocular itching associated with allergic conjunctivitis

Created a new business unit focused on optimizing the commercial opportunity for DEXTENZA in the office setting

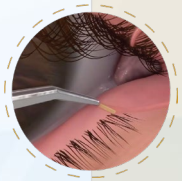


OTX-TIC

(travoprost intracameral implant)

Glaucoma and ocular hypertension

Enrolling Phase 2 Trial



OTX-DED

(dexamethasone intracanalicular insert)

Episodic dry eye disease

Planning small trial to determine an appropriate placebo comparator

Ocular Therapeutix™

(NASDAQ: OCUL)

OCULAR THERAPEUTIX

BUILDING A NEW STRATEGIC IN OPHTHALMOLOGY

THANK YOU