Redefining the Management of nAMD

The Impact of Durability and Sustained Disease Control

May 15, 2026

Retina World Congress | Fort Lauderdale, FL

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Forward-Looking Statements

Any statements in this presentation about future expectations, plans, and prospects for the Company, including statements regarding the development and regulatory status of the Company's or its competitors' product candidates, including statements regarding the SOL-1 Phase 3 superiority trial being conducted under a Special Protocol Assessment (SPA) agreement with the U.S. FDA and aligned with FDA draft guidance for neovascular AMD drug development; the timing, design, enrollment, randomization, conduct and retention of subjects in the Company's clinical trials, including the Company's SOL-1 trial and its SOL-R Phase 3 non-inferiority trial and SOL-X open-label extension trial of OTX-TKI for the treatment of wet age-related macular degeneration (wet AMD), also known as neovascular age-related macular degeneration (nAMD); statements regarding the potential utility or adoption of OTX-TKI or its competitors, if approved; statements regarding the Company's intention to submit a new drug application for OTX-TKI, based on data from the Company's SOL-1 trial in wet AMD, subject to planned formal discussions with the FDA; and other statements containing the words "anticipate", "become", "believe", "estimate", "expect", "intend", "designed", "goal", "may", "might", "plan", "position", "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 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 design, timing, conduct and outcomes of ongoing and planned clinical trials, including the SOL-R trial, the second year of the SOL-1 trial and the SOL-X trial; the risk that the FDA will not agree with the Company's interpretation of the written agreements under the Special Protocol Assessments for OTX-TKI, including for the SOL-1 trial; uncertainty as to whether the FDA will accept a new drug application for OTX-TKI on the basis of a single pivotal clinical trial, namely SOL-1; uncertainty as to the minimum clinical data required to demonstrate the safety of a proposed product candidate such as OTX-TKI, even if the FDA recognizes that only one pivotal clinical trial may be required to demonstrate efficacy; the risk that even though the FDA has agreed with the overall design of the SOL-1 trial, the FDA may not find that the data generated by the trial and submitted by the Company are sufficient to demonstrate the safety and efficacy of OTX-TKI to the degree necessary to support marketing approval for wet AMD; uncertainty as to whether the Company will be able to timely satisfy the FDA's other requirements for regulatory approval of OTX-TKI, including the FDA's Chemistry, Manufacturing and Control's requirements, even if the Company can satisfy the FDA's clinical requirements to demonstrate safety and efficacy; uncertainty as to what restrictions, if any, may be imposed on the label for OTX-TKI, if approved, pending the receipt of additional clinical data or otherwise; the risk that the FDA might not agree to the Company's design, protocol, and statistical analysis plan of the SOL-R trial; the risk that the Company and the FDA may not agree on the registrational pathway for any of its product candidates, including OTX-TKI; uncertainty as to whether the data from earlier clinical trials will be predictive of the data of later clinical trials, particularly later clinical trials that have a different design or utilize a different formulation than the earlier trials; uncertainty as to whether preliminary or interim data from a clinical trial will be predictive of final data from such trial; uncertainty as to whether data from the Company's SOL-X trial will demonstrate additional clinically meaningful, long-term benefits; uncertainties regarding the potential commercial advantages and/or position of the Company's product candidates; availability of data from clinical trials and expectations for regulatory submissions and approvals; the Company's scientific approach and general development progress; uncertainties inherent in translating, or in the applicability of, laboratory results to clinical applications; uncertainties inherent in estimating the Company's cash runway, future expenses and other financial results, including its ability to fund future operations, including clinical trials; 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 may 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.

Disclaimer

The following presentation discusses OTX-TKI - an investigational product candidate that has not been approved by the FDA or any other regulatory body; safety and effectiveness have not been established

Faculty

Mark R. Barakat, MD

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Dilsher S. Dhoot, MD

Vitreoretinal Specialist, California Retina Consultants, Santa Barbara, CA

Patricio G. Schlottmann, MD

Director of Research, Charles Ophthalmic Center, Buenos Aires, Argentina

Disclosures

Mark R. Barakat

- **Consultant:** AbbVie Inc, Adverum, Alcon, Alkeus, Annexon Biosciences, Apellis, Astellas, Bausch and Lomb, Beacon, Biocryst, Boehringer Ingelheim, Celltrion, Cencora, Clearside, Eyepoint Pharma, Genentech, Glaukos, Harrow, Janssen, Kodiak Sciences, Ocular Therapeutix, Oculis, Opthea, Outlook Therapeutics, Palatin Technologies, Regeneron, RegenxBio, RevOpsis Therapeutics, Roche, Sanofi, Stealth Biotherapeutics, Surrozen
- **Research Support:** 4DMT, Adverum, Annexon Biosciences, Astellas, Beacon, Boehringer Ingelheim, Clearside, Eyebio, Eyepoint Pharma, Genentech, Glaukos, Kanghong/Vanotech, Kodiak Sciences, Ocular Therapeutix, Oculis, Opthea, Perfuse, Perceive Bio, Regeneron, RegenxBio, Sanofi, Stealth Biotherapeutics
- **Speaker:** Alcon, ANI Pharmaceuticals, Apellis, Astellas, Genentech, Regeneron,
- **Stock/Stock Options:** NeuBase, Oxurion, RevOpsisTherapeutics

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Dilsher S. Dhoot

- **Consultant:** 4DMT, Abbvie, Adverum, Alcon Pharmaceuticals, Alimera Sciences, Inc., Alkeus, Allergan, ANI Pharmaceuticals, Amgen, Annexon, Apellis Pharmaceuticals, Inc., Astellas; Bausch and Lomb, Bayer Healthcare Pharmaceuticals, Inc., Biocryst, Coherus, EyePoint Pharmaceuticals, Genentech, Harrow, IvericBio, Novartis, Ocular Therapeutix, Oculis, Optos, Inc., Opthea, Outlook Therapeutics, Oxular, Regeneron, REGENXBIO, RetinaAI, Roche, Sanofi, Santen, Inc.
- **Research Support:** 4DMT, Adverum, Annexon Biosciences, Eyebio, Eyepoint Pharma, Genentech, Kodiak Sciences, Ocular Therapeutix, Inc, Oculis, Ophthea, Regeneron, RegenxBio, Sanofi
- **Speaker:** Amgen, ANI Pharmaceuticals, Apellis, Genetech, Regeneron

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Patricio G. Schlottmann

- **Consultant**: Ocular Therapeutix, Novartis, Roche/Genentech, Janssen, Ora, Nanoscope, EyeBio/Merck, 4DMT, Kodiak, Oculis, Abbvie, Horizon Surgical, Adverum, Revopsis, Merit, Amgen, Kodiak
- **Research support:** Ocular Therapeutix, 4DMT, EyeBio/Merck, Roche/Genentech, Priovant, Kodiak

Agenda

Science Behind the Therapy
Dilsher Dhoot, MD

SOL-1: Trial Overview & Primary Endpoint
Mark Barakat, MD

SOL-1: Additional Outcomes
Patricio Schlottmann, MD

SOL-1: Clinical Evidence
Mark Barakat, MD

Key Insights
Dilsher Dhoot, MD

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Science Behind the Therapy

Dilsher Dhoot, MD

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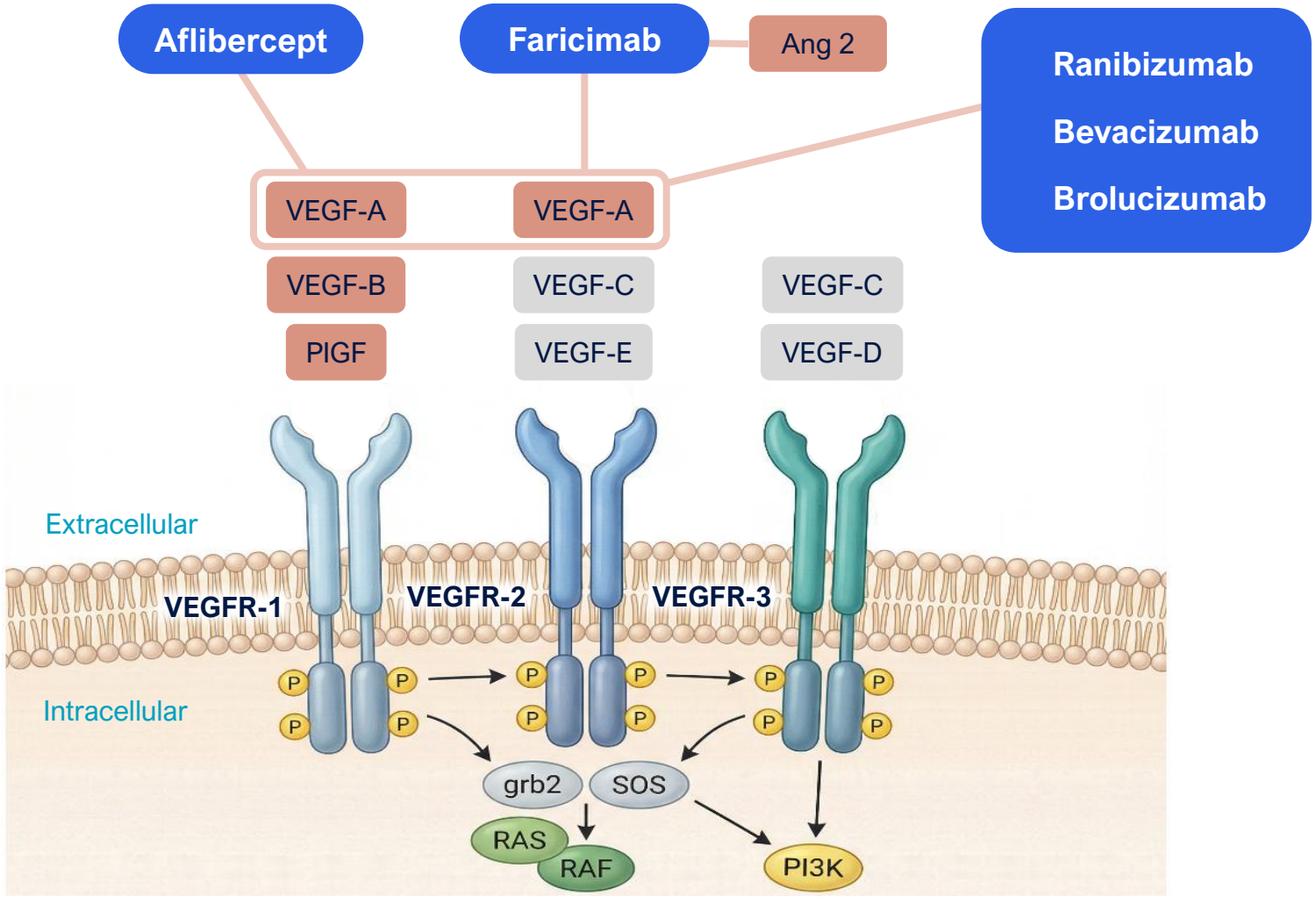
Current Anti-VEGF Therapies Selectively Target Only Extracellular VEGF

Current **Anti-VEGF** agents act **extracellularly by binding selective ligands**, like VEGF-A, preventing receptor binding and activation[1,2]



Select extracellular target binding of VEGF, PlGF and Ang-II to inhibit angiogenesis. Adapted from Zhao et al. 2015.[2-4]

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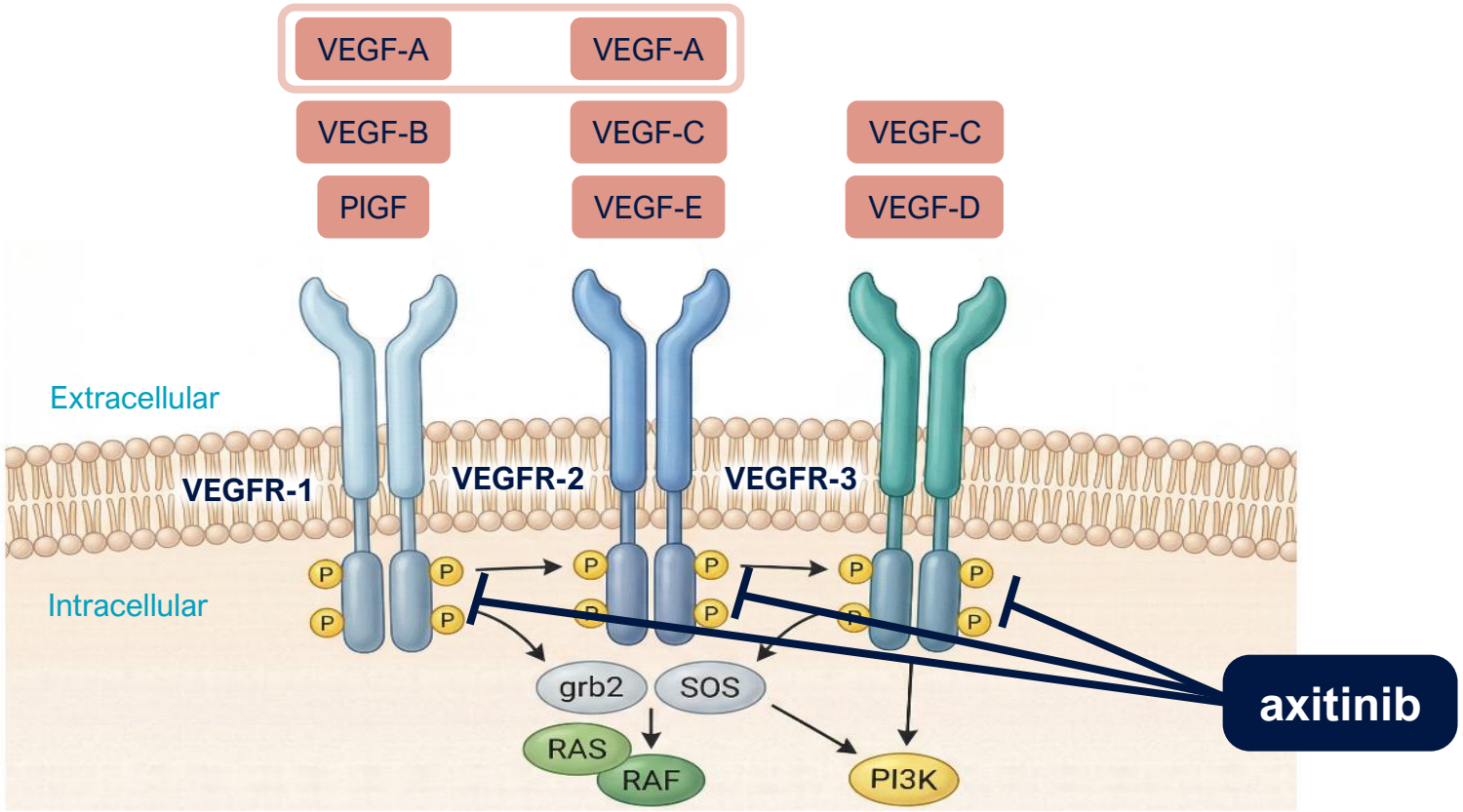
1. Hu-Lowe DD, et al. *Clin Cancer Res*. 2008;14(22):7272-7283. 2. Zhao Y, et al. *Oncologist*. 2015;20(6):660-673. 3. Tan CS, et al. *Clin Ophthalmol*. 2022;16:917-933. 4. Khachigian LM, et al. *J Transl Med*. 2023;21(1):133.

PlGF, placenta growth factor; VEGF(R), vascular endothelial growth factor (receptor); P, phosphate; grb2, growth factor receptor-bound protein 2; SOS, son of sevenless; RAS, rat sarcoma viral oncogene homolog; RAF, rapidly accelerated fibrosarcoma; PI3K, phosphatidylinositol 3-kinase; TKI, tyrosine kinase inhibitor; Ang 2, angiopoietin-2

Tyrosine Kinase Inhibitors Act Intracellularly to Inhibit Receptor Signaling

Tyrosine Kinase Inhibitors (TKI) bind at the **intracellular tyrosine kinase domains** of VEGF receptors, inhibiting ATP binding and preventing activation of pro-angiogenic signaling[1,2]



Select angiogenesis intracellular targets of inhibition for tyrosine kinase inhibitors. Adapted from Zhao et al. 2015.[2-4]

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1. Hu-Lowe DD, et al. *Clin Cancer Res*. 2008;14(22):7272-7283. 2. Zhao Y, et al. *Oncologist*. 2015;20(6):660-673. 3. Tan CS, et al. *Clin Ophthalmol*. 2022;16:917-933. 4. Khachigian LM, et al. *J Transl Med*. 2023;21(1):133.

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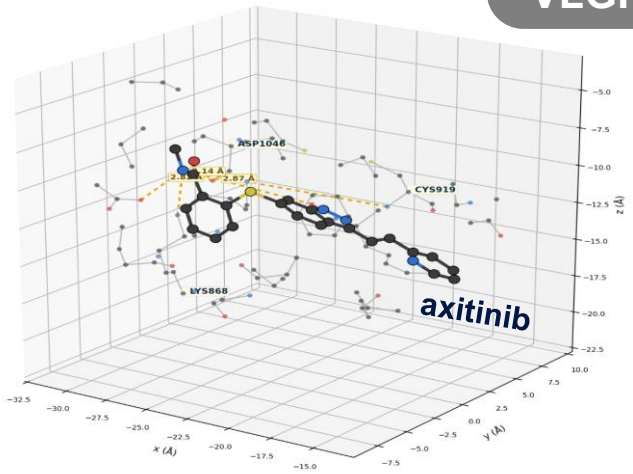
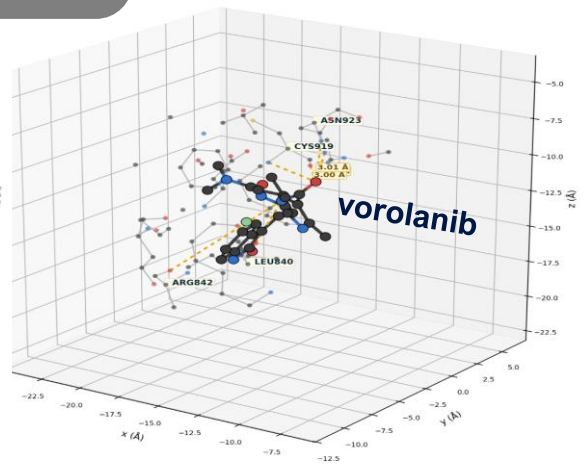
in silico Binding Site Docking Study

Axitinib demonstrates stronger binding affinity for VEGFR-2 and JAK1 kinases vs other retinal TKIs

VEGFR-2



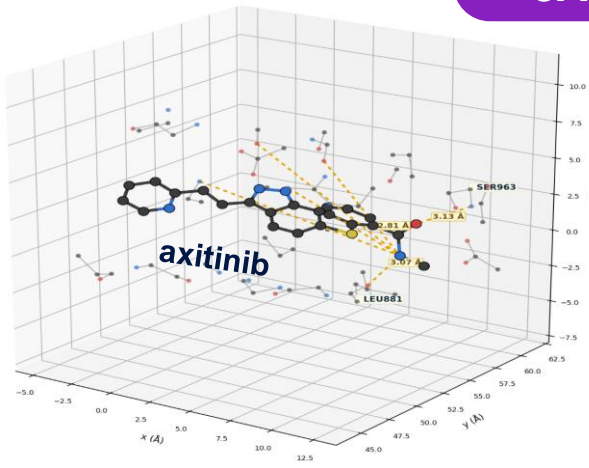


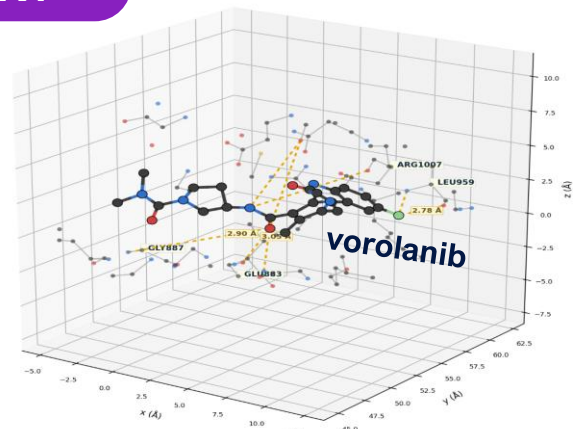
Ligand	Best ΔG affinity
Axitinib	**–12.49 kcal/mol**
Vorolanib	–8.83 kcal/mol
Sunitinib	–9.08 kcal/mol

Axitinib demonstrates full-pocket, type I/II VEGFR-2 binder.

Lower values, stronger binding

JAK1





Ligand	Best ΔG affinity
Axitinib	**–9.70 kcal/mol**
Vorolanib	–9.04 kcal/mol
Sunitinib	–8.89 kcal/mol

Axitinib demonstrates stable interaction in binding domain, but not meaningful inhibition.

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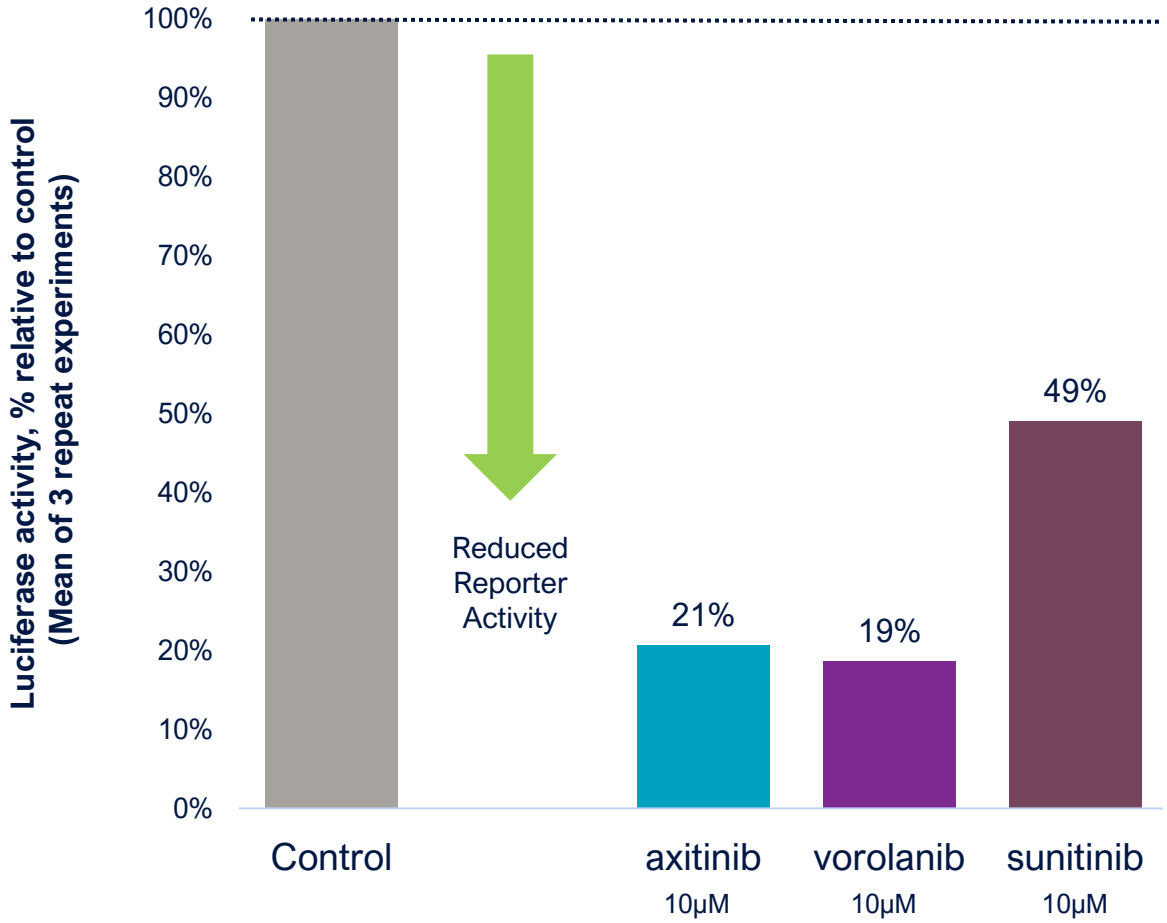
Docking Study performed with AutoDock Vina 1.2.7 (Python bindings) with PDB 4EHZ, chain A; waters/ligand/EDO stripped; PTR retained; pH 7.; 10 runs; JAK1 receptor; ligands from PubChem: CIDs 6450551 (axitinib), 59215954 (vorolanib), 5329102 (sunitinib); RDKit ETKDGv3 + MMFF94; Meeko 0.7.1; Redock RMSD = 0.56 Å; Data on file Ocular Therapeutix; ΔG, predicted binding free energy of a ligand pose (more negative = better); 1. Smyth and Collins. *J Chem Biol*. 2009 Jun 6;2(3):131–151.

In vitro IL-6 Luciferase Assay

Axitinib demonstrates similar reduction in IL-6 luciferase reporter activity as other retinal TKIs



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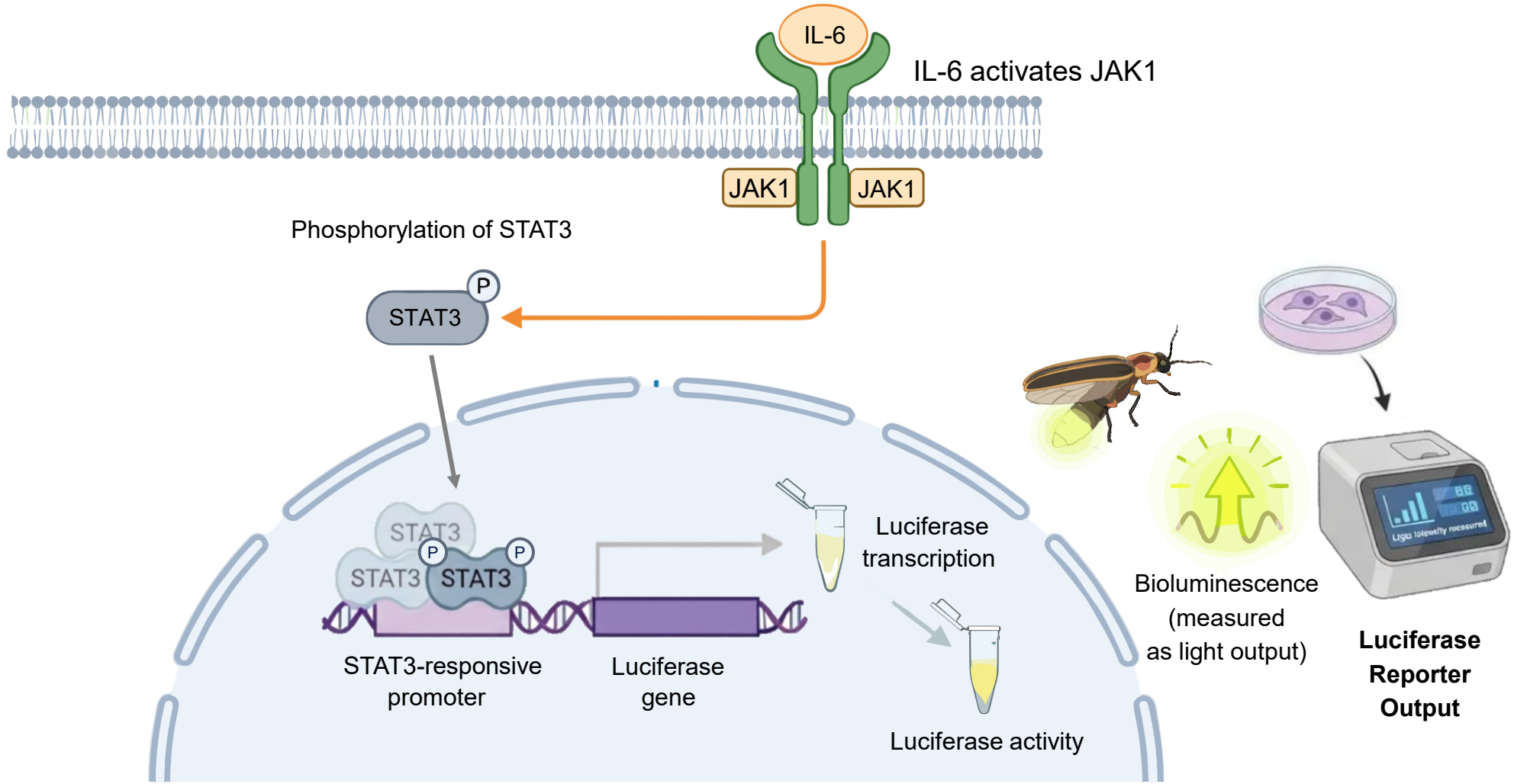
BPS Bioscience ONE-Step Luciferase Assay system (BPS Bioscience #60690); Conditions: 30,000 cells of HEK293 cell line cultured in MEM medium with 10% FBS, 1% non-essential amino acid, 1mM Na-pyruvate, 1% Pen-strep, and 0.5 μg/mL Puromycin, incubated overnight at 37°C and 5% CO2, 10 ng/ml IL-6 stimulation; IC50 against STAT3 reporter activity; Data on File

FBS, fetal bovine serum; HEK, human embryonic kidney; IL-6, interleukin-6; IC50, half maximal inhibitor concentration; JAK1, janus kinase 1; MEM, minimum essential medium; STAT3, signal transducer and activator of transcription 3; TKI, tyrosine kinase inhibitor

In vitro IL-6 Luciferase Assay

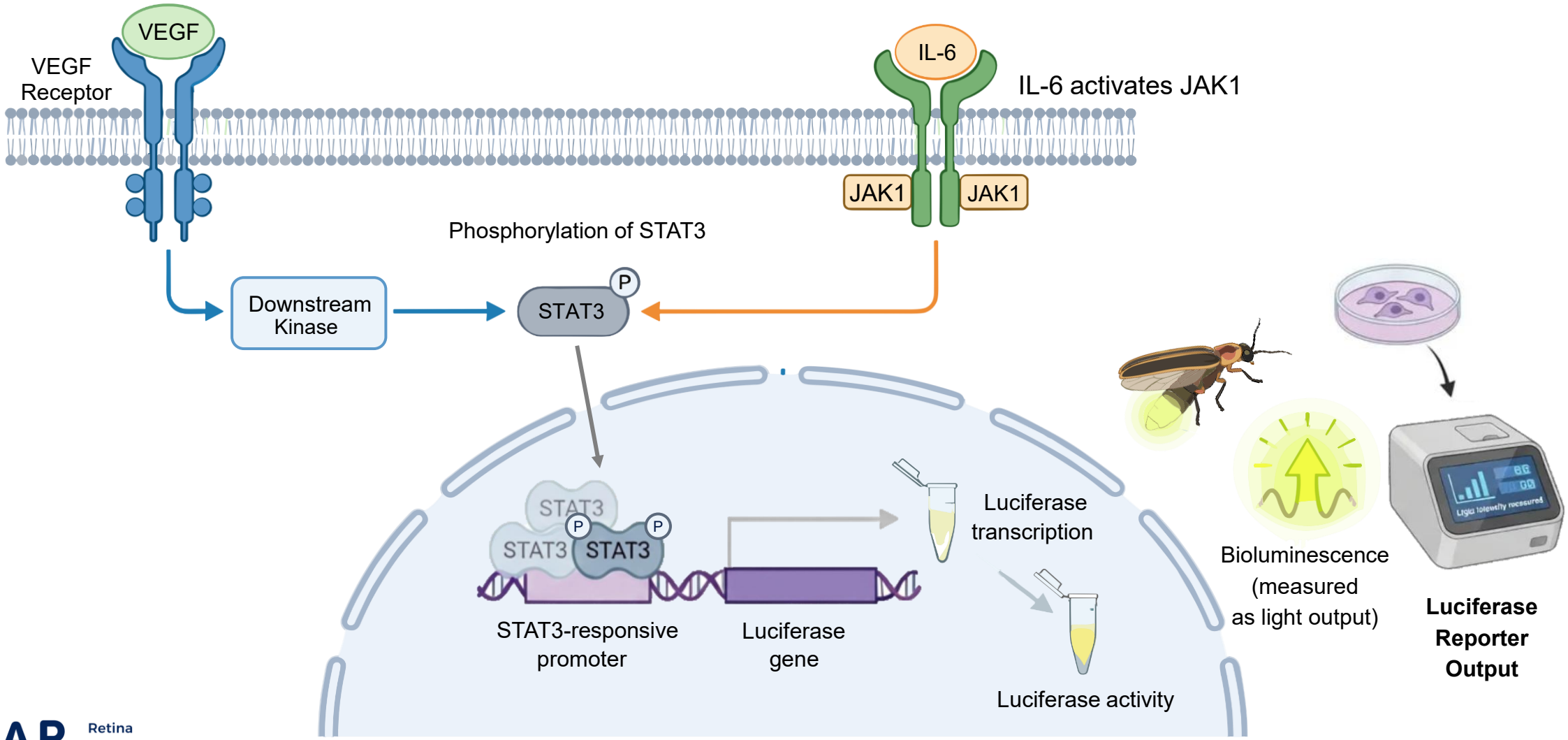
IL-6[4,5] induce STAT3 activation in cells



1. Korpelainen et al. *Oncogene* 1999;18(1):1-8. 2. Bartoli M, et al. *FASEB J*. 2003;17(11):1562-1564. 3. Chen SH, et al. *Cancer Biol Ther*. 2008;7(12):1994-2003.. 4. Koskela et al. *N Engl J Med* 2012;366:1905-1913. 5. Ohbayashi et al. *Biol Pharm Bull.* 2007;30(10):1860-4.
IL-6, interleukin-6; VEGF, vascular endothelial growth factor; STAT3, signal transducer and activator of transcription 3; JAK1, janus kinase 1

In vitro IL-6 Luciferase Assay is not a direct JAK1 Assay

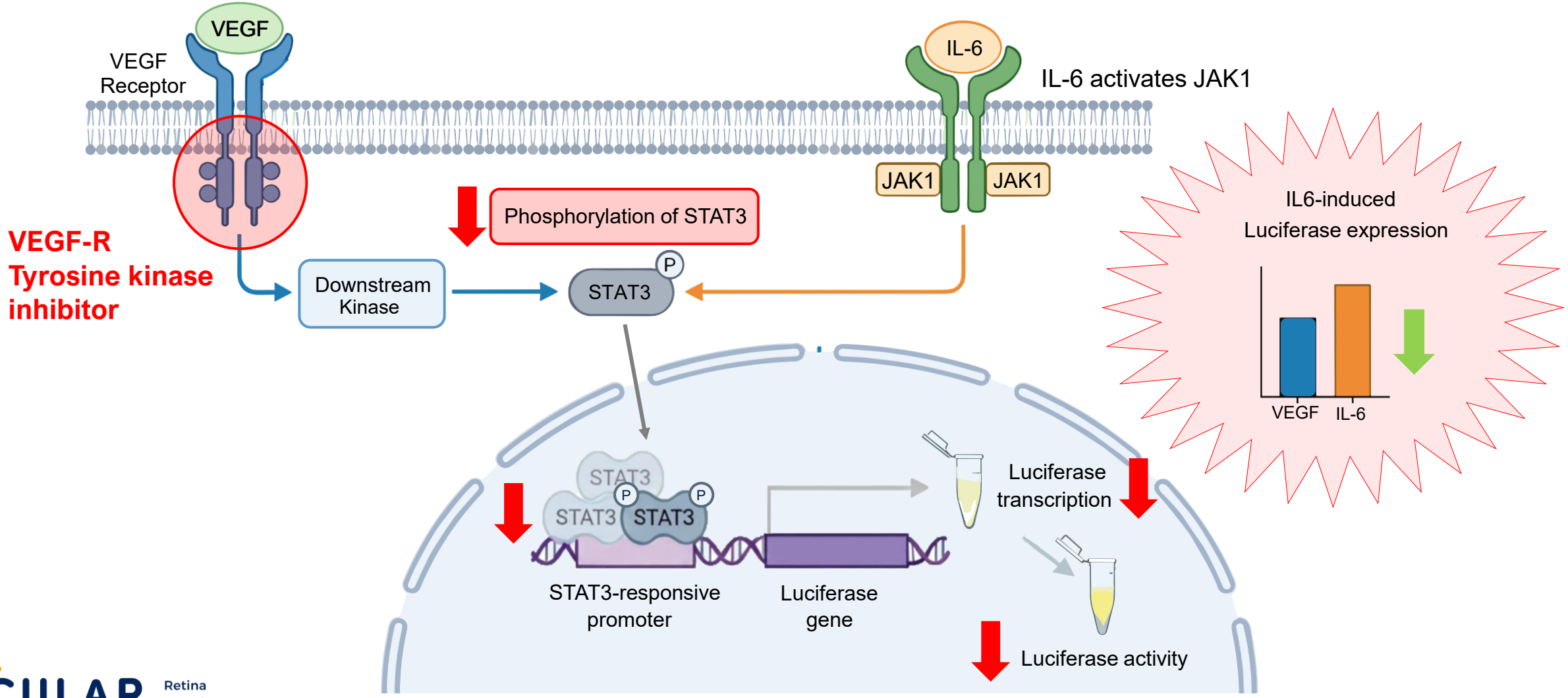
VEGF[1-3] and IL-6[4,5] induce STAT3 activation in cells



1. Korpelainen et al. *Oncogene* 1999;18(1):1-8. 2. Bartoli M, et al. *FASEB J*. 2003;17(11):1562-1564. 3. Chen SH, et al. *Cancer Biol Ther*. 2008;7(12):1994-2003.. 4. Koskela et al. *N Engl J Med* 2012;366:1905-1913. 5. Ohbayashi et al. *Biol Pharm Bull.* 2007;30(10):1860-4.
IL-6, interleukin-6; VEGF, vascular endothelial growth factor; STAT3, signal transducer and activator of transcription 3; JAK1, janus kinase 1

In vitro IL-6 Luciferase Assay is not a direct JAK1 Assay

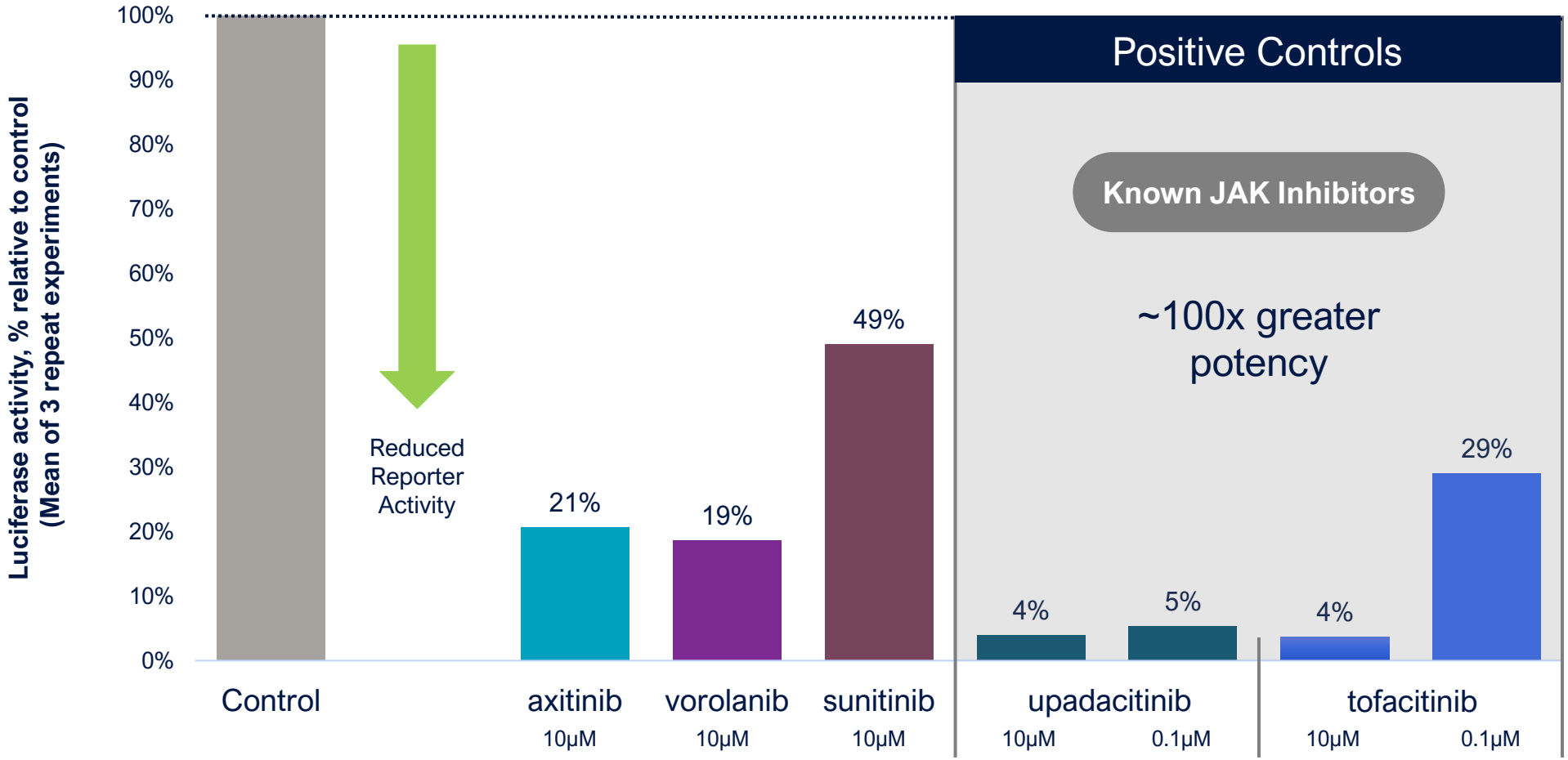
VEGF-R TKI inhibition reduces STAT3 levels[1-3] and Luciferase Reporter Activity, independent of IL-6



1. Chen SH, et al. *Cancer Biol Ther*. 2008;7(12):1994-2003.. 2. Carter et al. *Br J Pharmacol.* 2015;172(12):3141-50. 3. Xin et al. *Cancer Res.* 2009 ;69(6):2506-13.
IL-6, interleukin-6; VEGF, vascular endothelial growth factor; STAT3, signal transducer and activator of transcription 3; JAK1, janus kinase 1

In vitro IL-6 Luciferase Assay

Axitinib activity is weak compared to known JAK inhibitors



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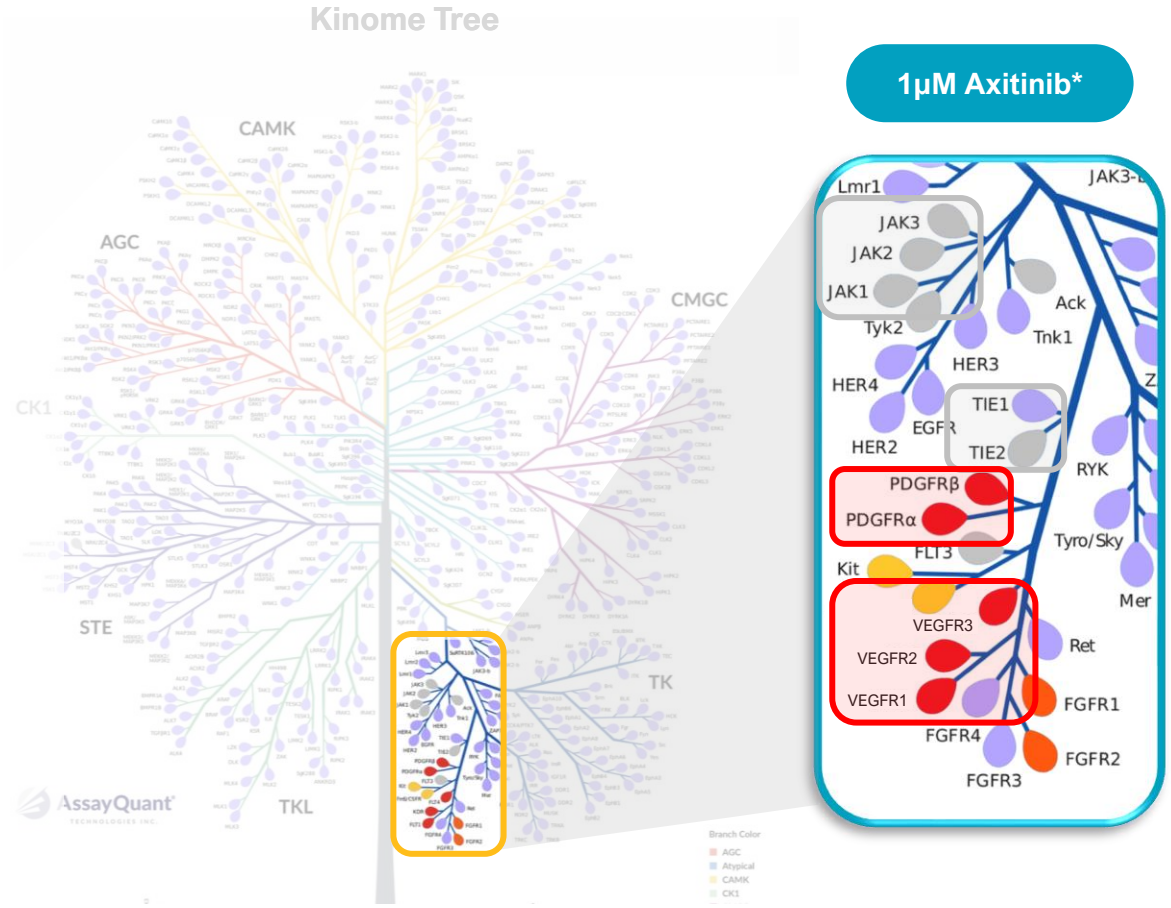
AssayQuant Independent Potency Comparison Among TKIs

Axitinib demonstrates stronger inhibition of VEGF/PDGF vs other retinal TKIs



Physiologic Dose for Testing

1μM*

Axitinib intraocular conc = 1.03 to 1.13 μM
Vorolanib intraocular conc = 0.23 to 0.95 μM[3,4,6]

Kinase[1,2]	Axitinib	Vorolanib[3-5]	Sunitinib
VEGF RECEPTORS			
VEGFR1	100%	32%	59%
VEGFR2	98%	53%	51%
VEGFR3	92%	51%	41%
OTHER RECEPTORS			
PDGFRα	94%	65%	70%
PDGFRβ	88%	64%	78%
JAK1	9%	15%	16%
JAK2	9%	16%	17%
JAK3	<0%	<0%	14%
TIE2	22%	<0%	19%

Inhibition Key: <50% | 50-70% | 70-85% | 85-100% | Not tested

*Kinome Tree inhibition analysis conducted in collaboration with AssayQuant. PhosphoSens® assay (AssayQuant®) conducted at 1mM ATP and 1μM drug concentrations.

1. Data on file, Ocular Therapeutix. 2. Patel C, et al. Target and Selectivity Profiling of Axitinib in Cell-Based and Biochemical Assays. Presented at the Association for Research in Vision and Ophthalmology. May 8, 2025, Salt Lake City, UT. 3. Singh RP, et al. A 12-Month, Ocular Pharmacokinetic Study of EYP-1901, a Sustained-release, Intravitreal Formulation of the Tyrosine Kinase Inhibitor Vorolanib. Presented at the American Society of Retina Specialists Annual Meeting; July 28–August 1, 2023; Seattle, WA; 4. Kupperman BD, et al. Poster B0301. Presented at ARVO 2024 Annual Meeting, May 5–9, 2024; Seattle, WA; 5. Xiu X, et al. *Organic Process Research & Development*. 2024;28(2):492-499; 6. Saim, S., Howard-Sparks, M., Paggiarino, D., Karzoun, B. and Chen, J., Eyepoint Pharmaceuticals Inc, 2026. Bioerodible ocular drug delivery insert and therapeutic method. U.S. Patent 12,551,368.; TKI, tyrosine kinase inhibitor; ATP, adenosine triphosphate; VEGFR, vascular endothelial growth factor receptor; PDGFR, platelet-derived growth factor receptor; JAK, janus kinase. TIE2, tyrosine kinase with immunoglobulin-like and epidermal growth factor–like domains-2.

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AssayQuant Independent Potency Comparison Among TKIs

Supra-physiologic drug concentration artificially increases apparent inhibition

10μM** ← **Non-physiologic Dose**
9 to 43x max drug solubility

Kinase[1,2]	Axitinib	Vorolanib	Sunitinib
VEGF RECEPTORS			
VEGFR1	100%	92%	100%
VEGFR2	99%	95%	99%
VEGFR3	100%	100%	99%
OTHER RECEPTORS			
PDGFRα	96%	98%	98%
PDGFRβ	97%	99%	96%
JAK1	20%	86%	86%
JAK2	31%	77%	91%
JAK3	37%	68%	86%
TIE2	53%	31%	49%

Physiologic Dose for Testing

1μM* — Axitinib intraocular conc = 1.03 to 1.13 μM
Vorolanib intraocular conc = 0.23 to 0.95 μM[3,4,6]

Kinase[1,2]	Axitinib	Vorolanib[3-5]	Sunitinib
VEGF RECEPTORS			
VEGFR1	100%	32%	59%
VEGFR2	98%	53%	51%
VEGFR3	92%	51%	41%
OTHER RECEPTORS			
PDGFRα	94%	65%	70%
PDGFRβ	88%	64%	78%
JAK1	9%	15%	16%
JAK2	9%	16%	17%
JAK3	<0%	<0%	14%
TIE2	22%	<0%	19%

Inhibition Key: <50% | 50-70% | 70-85% | 85-100%

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*Kinome Tree inhibition analysis conducted in collaboration with AssayQuant. PhosphoSens® assay (AssayQuant®) conducted at 1mM ATP and 1μM drug concentrations.
**Kinome Tree inhibition analysis conducted in collaboration with AssayQuant. PhosphoSens® assay (AssayQuant®) conducted at Km ATP and 10μM drug concentrations.
1. Data on file, Ocular Therapeutix. 2. Patel C, et al. Target and Selectivity Profiling of Axitinib in Cell-Based and Biochemical Assays. Presented at the Association for Research in Vision and Ophthalmology. May 8, 2025, Salt Lake City, UT. 3. Singh RP, et al. A 12-Month, Ocular Pharmacokinetic Study of EYP-1901, a Sustained-release, Intravitreal Formulation of the Tyrosine Kinase Inhibitor Vorolanib. Presented at the American Society of Retina Specialists Annual Meeting; July 28–August 1, 2023; Seattle, WA; 4. Kupperman BD, et al. Poster B0301. Presented at ARVO 2024 Annual Meeting, May 5–9, 2024; Seattle, WA; 5. Xiu X, et al. *Organic Process Research & Development*. 2024;28(2):492-499; 6. Saim, S., Howard-Sparks, M., Paggiarino, D., Karzoun, B. and Chen, J., Eyepoint Pharmaceuticals Inc, 2026. Bioerodible ocular drug delivery insert and therapeutic method. U.S. Patent 12,551,368.; TKI, tyrosine kinase inhibitor; ATP, adenosine triphosphate; VEGFR, vascular endothelial growth factor receptor; PDGFR, platelet-derived growth factor receptor; JAK, janus kinase. TIE2, tyrosine kinase with immunoglobulin-like and epidermal growth factor–like domains-2.

OTX-TKI: Axitinib via Hydrogel Allows for Tunable Sustained Release

AXITINIB

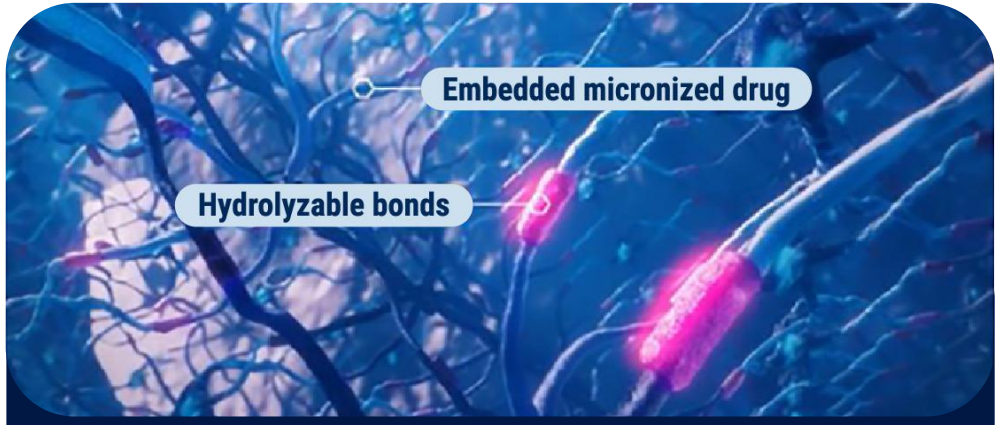
Multi-target Tyrosine Kinase Inhibitor (TKI)

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

+

HYDROGEL TECHNOLOGY

Bioresorbable, Sustained Drug Delivery



Proprietary hydrogel
Versatile, biocompatible, tunable platform[3]

OTX-TKI

is being developed with the aim to provide:

A single injection, single hydrogel insert[3,4]

Continuous and consistent delivery up to 12 months[3,5]

Complete and predictable bioresorption[3,5]

OTX-TKI is an investigational product candidate which has not been approved by the FDA or any regulatory authority.

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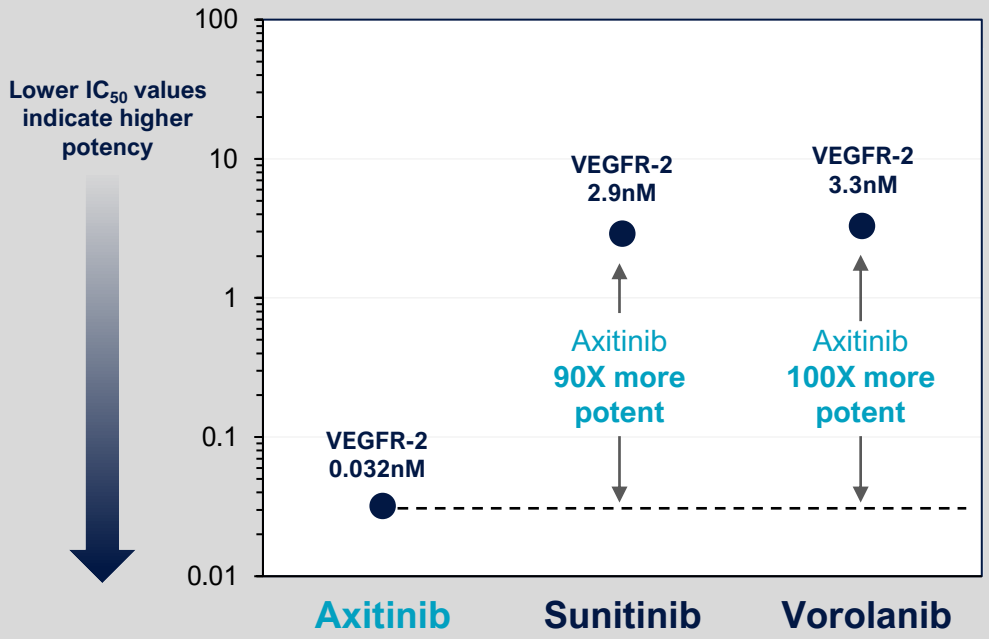
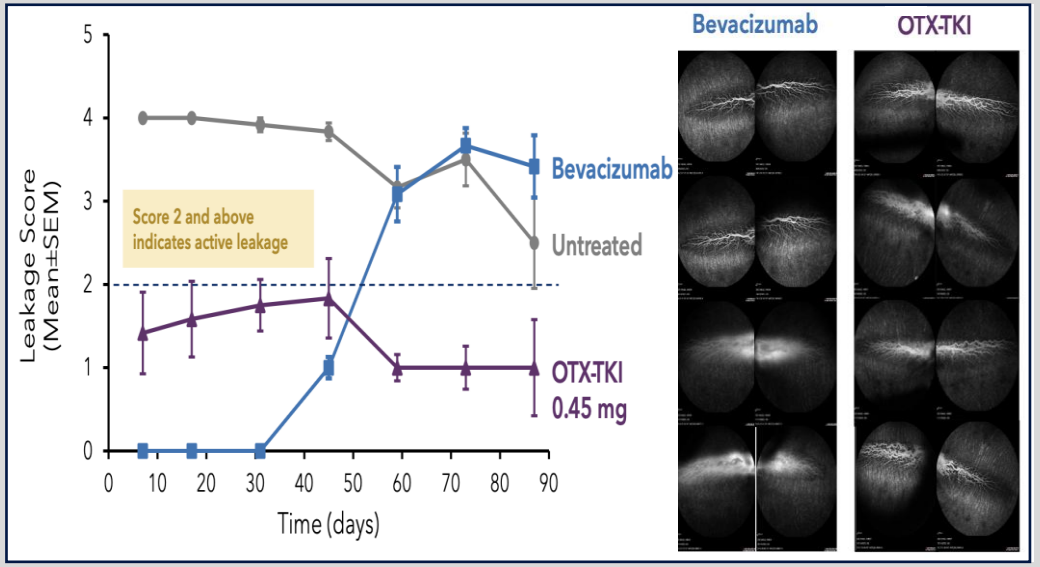
1. Zhao Y, et al. *Oncologist.* 2015;20(6):660-673. 2. Gross-Goupil M, et al. *Clin Med Insights Oncol.* 2013;7:269-277. 3. Blizzard CD, et al. Ocular Implant Containing a Tyrosine Kinase Inhibitor. US Patent 11,439,592 B2. September 13, 2022. 4. Tan CS, et al. *Clin Ophthalmol*. 2022;16:917-933. 5. Data on File 033. Ocular Therapeutix. 2026.
TKI, Tyrosine Kinase Inhibitor; VEGF, Vascular Endothelial Growth Factor

Axitinib: Highly Selective, Very Potent Pan-VEGFR Inhibitor

Independent IC_{50} Cell Phosphorylation (nM)[1,2,3]



VEGF Challenge Rabbit Model[2]



Highly selective for all VEGF receptors, ~100x more potent for VEGFR-2[1,2,3]

Sustained leakage control in repeat VEGF challenge animal model[2]

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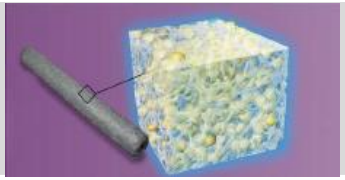
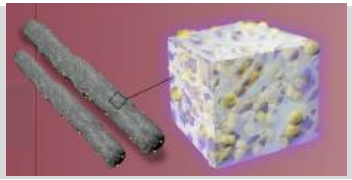
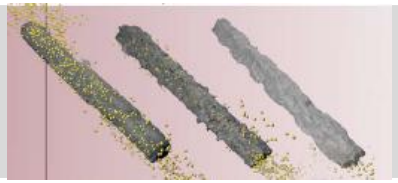
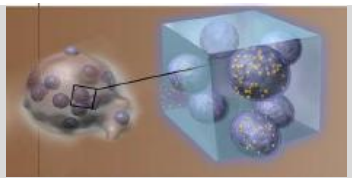
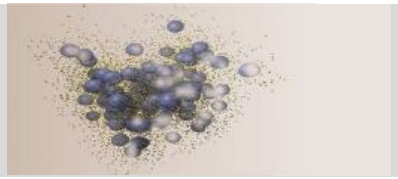
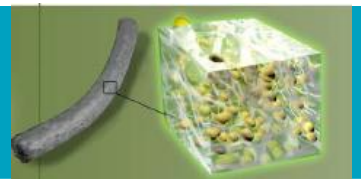
1. Patel C, et al. Target and Selectivity Profiling of Axitinib in Cell-Based and Biochemical Assays. Presented at Association in Vision and Ophthalmology. May 4, 2025. Salt Lake City, UT. **2.** Blizzard, C et al. Pharmacodynamic efficacy of optimized intravitreal axitinib implant (OTX-TKI) in a VEGF challenge rabbit model. Presented at the Association in Vision and Ophthalmology. May 9, 2024. Seattle, WA, US. **3.** Reaction Biology, Germany; Cellular Phosphorylation Assay Service. (https://www.reactionbiology.com) CHO Cellular assay data demonstrated no TIE2 inhibition within physiological drug solubility range at normal cellular ATP levels via the gold standard cell phosphorylation assay; Ocular Therapeutix. Data on File 042. 2026.

VEGFR, vascular endothelial growth factor receptor; IC50, inhibitory concentration 50%; SEM, standard error of mean

Comparison of Hydrogel vs Other Retinal Polymer Implants

	Implant (Full View)	Implant Dimensions (Length x Diameter)	Needle Size	Matrix Degradation & Release^^	Polymer Byproduct	Implant Remnants at 12 Months
OZURDEX abbvie		6mm x 0.46mm*	22-gauge*		Lactic acid and glycolic acid†	**Remnant** lasts ~12 months‡
EYP-1901 EyePoint Pharmaceuticals		**Two implants** with length of 8mm each¶	22-gauge#		>75 KDa polyvinyl alcohol‖	**Two remnants** last 18-24 months**
GB-102 graybug		N/A	27-gauge††		Lactic acid and glycolic acid††	N/A
OTX-TKI OCULAR THERAPEUTIX		**7mm x 0.40mm^**	**25-gauge^**		**Inert hydrogel PEG chains^**	**No remnants^^**

OTX-TKI is an investigational product candidate which has not been approved by the FDA or any regulatory authority.

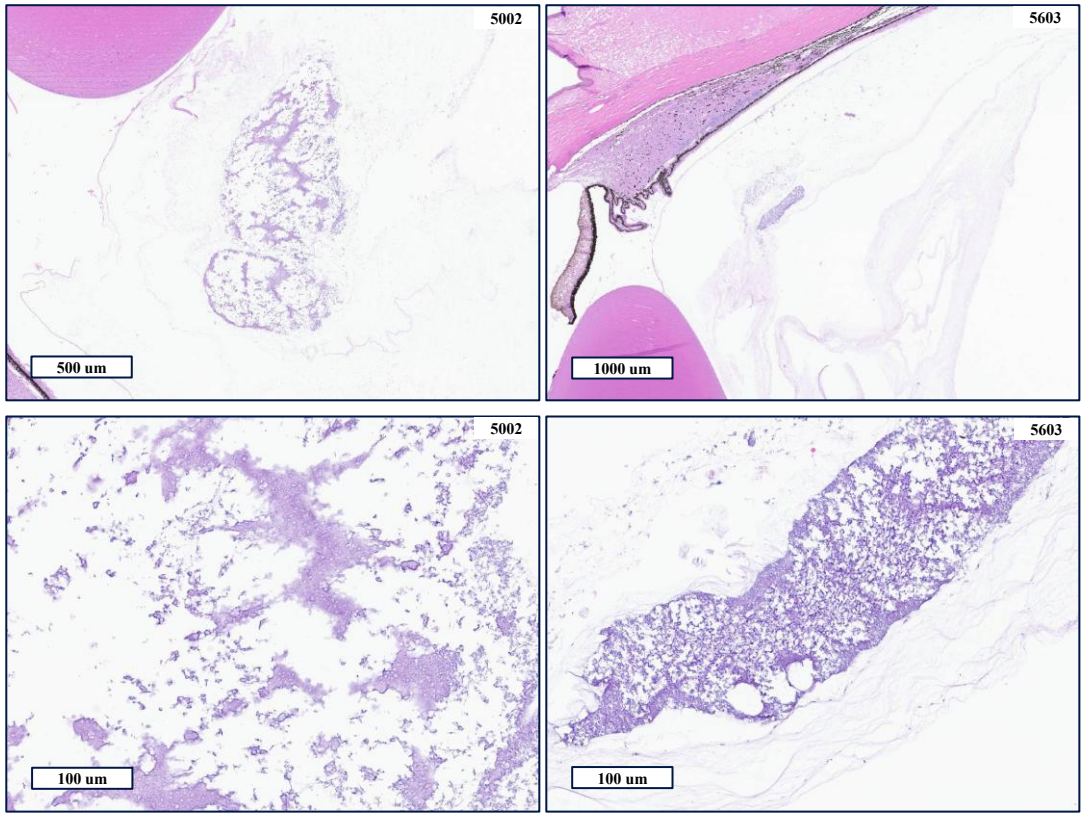
Schematic drawings, not drawn to scale or color, for illustrative purposes only; yellow or gray dots/spheres depict therapeutic agents released by implants

*. Li M, et al. *Heliyon.* 2022;8(12):e12219. †. Pellegrini GABP, et al. *Int J Retina Vitreous.* 2025;11(1):7. ‡. Kim JT, et al. *Retina*. 2020; 40(11):p 2226-2231. §. Schmit-Eilenberger VK. Clin *Ophthalmol.* 2015;9:801-811. ¶. Diameter of EYP-1901 unconfirmed; EyePoint Pharmaceuticals. Clinical Study Protocol. Protocol No. EYP-1901-201. Published January 25, 2024. ClinicalTrials.gov identifier: NCT05381948.. #. EyePoint Pharmaceuticals DAVIO2 Topline Results Conference Call, December 4, 2023. ‖. Wykoff CC, et al. *J Vitreoretin Dis*. 2024;8(5):577-586. **EyePoint Pharmaceuticals. TD Cowen 44th Annual Health Care Conference. March 5, 2024. https://investors.eyepointpharma.com/events-and-presentations. ††. Graybug Vision Inc. Clinical Study Protocol. Protocol No. GBV-102-002. Published September 8, 2020. ClinicalTrials.gov identifier: NCT03953079. ^. Blizzard CD, et al. Ocular Implant Containing a Tyrosine Kinase Inhibitor. US Patent 11,439,592 B2. September 13, 2022. ^^ Data on File 044. Ocular Therapeutix. 2026.
PEG, polyethylene glycol

OCULAR THERAPEUTIX Retina experience redefined™

Histology of Ocular Tissues Demonstrates Axitinib Elution with No Inflammatory Cells

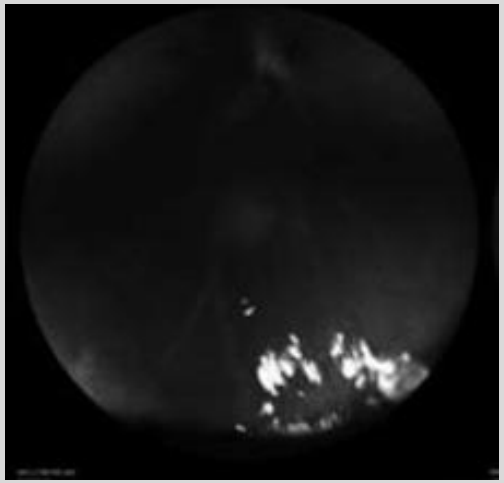
Histology of Ocular Tissues from 0.7 mg OTX-TKI in NHPs



Microscopic Findings

White, refractile, basophilic, granular axitinib in the vitreous

No inflammatory cells in vitreous, retina, or AC



From NHP Toxicity Study, not human picture

OCULAR THERAPEUTIX Retina experience redefined™

Data on File 043. Ocular Therapeutix; 2026
AC, anterior chamber; NHP, non-human primates

OTX-TKI is Designed for Seamless, Immediate Adoption

Ideal Target Product Profile

Pan-VEGF and PDGF inhibitory activity[1]

Axitinib has best-in-class (TKI) potency[1]

Extended durability up to 12 months[2]

Single Bioresorbable Hydrogel

No remnants[3]

Tunable hydrogel[4]

Hydrogel used in over 5 million patients[5]

Optimizing for Retina Practices

Familiar IVT injection with **25g needle**[6]

Predictable schedule for patients[2]

Designed for **improved treatment adherence**[2]

OTX-TKI is an investigational product candidate which has not been approved by the FDA or any regulatory authority.

OCULAR THERAPEUTIX Retina experience redefined™

1. Gross-Goupil M, et al. *Clin Med Insights Oncol*. 2013;7:269-277. 2. Eichenbaum, DA, et al. American Academy of Ophthalmology Annual Meeting; October 18-21, 2024; Chicago, IL. 3. Data on File 044. Ocular Therapeutix. 2026.. 4. Blizzard CD, et al. Ocular Implant Containing a Tyrosine Kinase Inhibitor. US Patent 11,439,592 B2. September 13, 2022. 5. Stuart M. Instylla: An easy, predictable, and simpler way to embolize tumors. MedTech Strategist. 2021.. 6. Almony A. *Am J Manag Care*. 2023;29(suppl 6):S81-S89 .
VEGF, vascular endothelial growth factor; PDGF, platelet-derived growth factor; IVT, intravitreal.

SOL-1: Trial Overview & Primary Endpoint

Mark Barakat, MD

SOL: OTX-TKI Phase 3 Clinical Program in nAMD

Evaluating the efficacy, durability and safety of OTX-TKI in nAMD

Registrational Trials

SOL-1

Phase 3
Superiority Trial

Durability of a single OTX-TKI injection

SOL-R

Phase 3
Non-Inferiority Trial

Repeat dosing every 6 months

Complementary studies designed to provide a comprehensive characterization of OTX-TKI across patient populations

Extension Study

SOL-X

Open-Label Extension

Long-term safety and disease modifying potential of continuous VEGF suppression

Eligible patients who complete end of Year 2 visit in SOL-1 or SOL-R

OCULAR THERAPEUTIX Retina experience redefined

nAMD, neovascular age-related macular degeneration; VEGF, vascular endothelial growth factor

SOL: OTX-TKI Phase 3 Clinical Program in nAMD

Evaluating the efficacy, durability and safety of OTX-TKI in nAMD

Registrational Trials

Extension Study

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Phase 3
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Repeat dosing every 6 months

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Complementary studies designed to provide a comprehensive characterization of OTX-TKI across patient populations

OCULAR THERAPEUTIX Retina experience redefined

nAMD, neovascular age-related macular degeneration; VEGF, vascular endothelial growth factor

OTX-TKI Evaluated in a Superiority nAMD Trial Designed to Align with FDA Guidance

	FDA Guidance for nAMD Trials	SOL-1 Trial Design
Dosing Schedule	**One comparator arm should have the same dosing schedule** as the investigational drug[1]	✓ **Both study arms have same dosing schedule**
Sham Injections	**Sham injections are not recommended;** considered inadequate masking[2,3]	✓ **No sham injections**
Superiority Endpoint	**≥15-Letter**[1] **Decrease** OR **Increase** OR **Difference**	✓ **≥15-Letter Decrease** Proportion with <15 ETDRS letters of BCVA loss from baseline at Week 36

SOL-1

- Compares a single OTX-TKI (0.45 mg) dose to a single aflibercept (2 mg) dose
- Designed to show superiority on efficacy and durability
- SOL-1 is being conducted under a **Special Protocol Assessment**

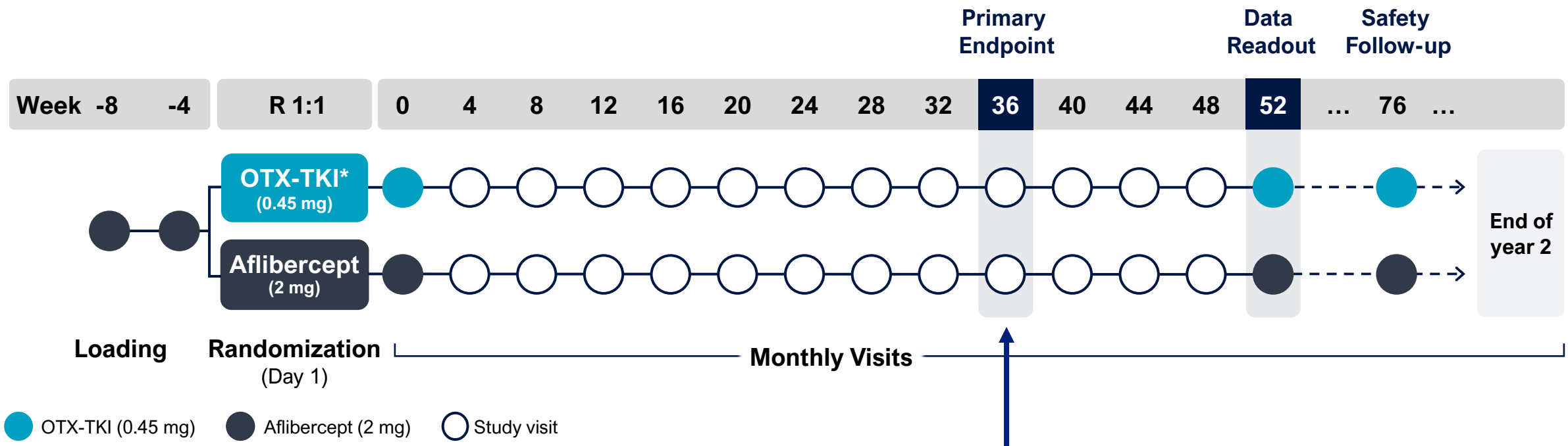
OCULAR THERAPEUTIX Retina experience redefined™

ClinicalTrials.gov. identifier: NCT06223958

1. U.S. Food and Drug Administration. *Neovascular AMD: Developing Drugs for Treatment Guidance for Industry*. Updated February 2023. Accessed April 1, 2026. https://www.fda.gov/regulatory-information/search-fda-guidance-documents/neovascular-age-related-macular-degeneration-developing-drugs-treatment. 2. Type C WRO [written response only] Aug 2024. **3.** Weiss J, Boyd B, Event: Q&A with FDA, at the American Academy of Ophthalmology Annual Meeting, October 20, 2024

BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study; nAMD, neovascular age-related macular degeneration

Study Design: OTX-TKI and Aflibercept Direct Comparison



Rescue Treatment Criteria

BCVA loss ≥15 ETDRS letters from baseline due to nAMD

— OR —

New macular hemorrhage that would likely lead to irreversible vision loss if left untreated in the opinion of the investigator after discussion with Medical Monitor

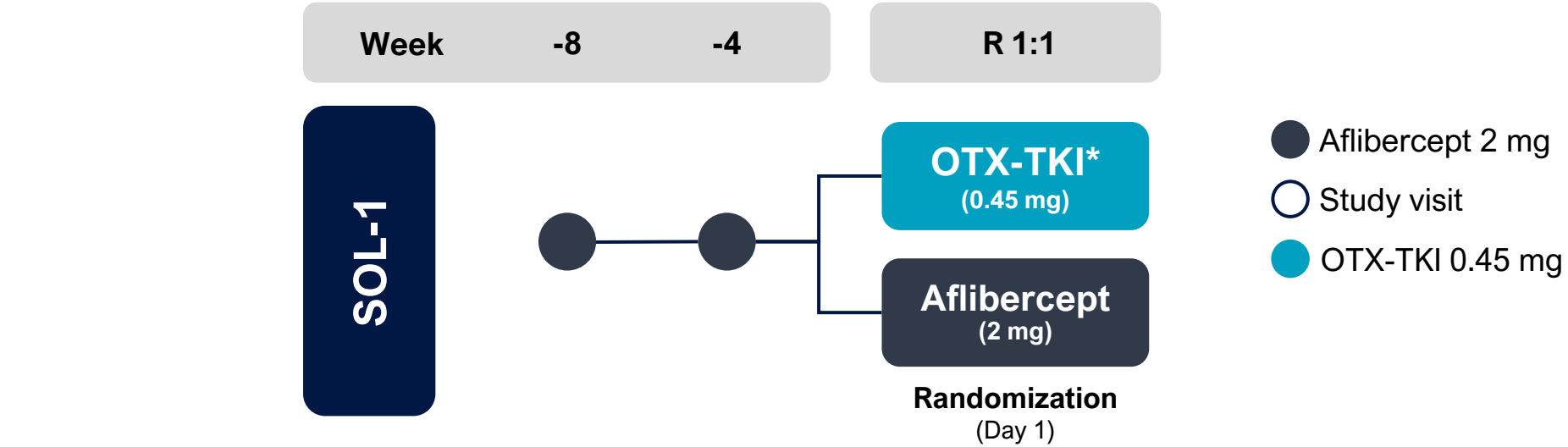
Primary Endpoint (Week 36)

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

*No aflibercept injection is given at baseline
ClinicalTrials.gov. identifier: NCT06223958
BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study

Eligibility and Enrollment Criteria

Key Inclusion Criteria



Enrollment Criteria
Screening Visit (Week -8)

Treatment naïve CNV due to nAMD

BCVA ≥54 ETDRS letters
(~20/80 Snellen equivalent)

CSFT of ≤500 µm

Randomization Criteria
Baseline Visit (Day 1)

BCVA gain ≥10 ETDRS letters

- OR -

BCVA ≥84 ETDRS letters
(~20/20 Snellen equivalent)

CSFT of ≤350 µm

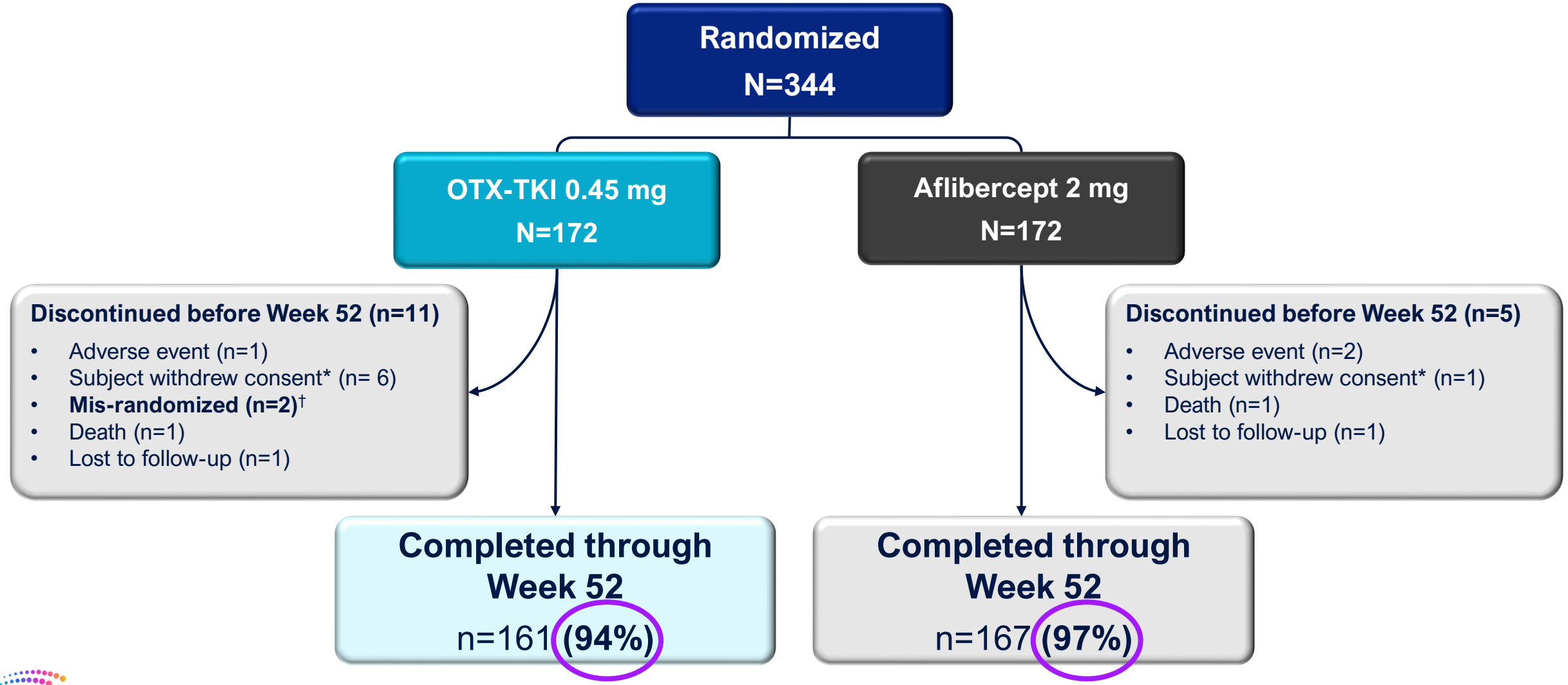
*No aflibercept injection is given at baseline

ClinicalTrials.gov. identifier: NCT06223958

CNV, choroidal neovascularization; nAMD, neovascular age-related macular degeneration; BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study; CSFT; central subfield thickness, measured from the internal limiting membrane to the retinal pigment epithelium

Strong Subject Retention Maintained through Week 52

Subject Disposition



* Reasons included: personal reason, no reason, travel, offered another treatment at a different practice; only Day 1 completed, subject refused week 52 assessment
† Subjects did not receive study treatment and were not included in the full analysis set

Treatment Groups were Well Balanced

Baseline Demographics

Demographics	OTX-TKI 0.45 mg N = 172	Aflibercept 2 mg N = 172
Age, years, mean (SD)	75.7 (8.3)	76.3 (7.4)
Sex, n (%)		
Female	103 (59.9)	108 (62.8)
Ethnicity, n (%)		
Hispanic or Latino	33 (19.2)	47 (27.3)
Not Hispanic or Latino	139 (80.8)	125 (72.7)
Race, n (%)		
White	168 (97.7)	170 (98.8)
Asian	3 (1.7)	0
Native Hawaiian or Other Pacific Islander	1 (0.6)	0
American Indian or Alaska Native	1 (0.6)	2 (1.2)
Black or African American	0	1 (0.6)

SD, standard deviation

Excellent Vision at Baseline; Majority Demonstrated ≥10-letter Gain from Screening

SOL-1

Best-Corrected Visual Acuity

Screening Visit *(Week -8)*

Study Eye Characteristics	OTX-TKI 0.45 mg N = 172	Aflibercept 2 mg N = 172
BCVA, ETDRS letter score, mean (SD) Snellen Equivalent	70.9 (11.3) ~20/40	69.5 (10.8) ~20/40

Baseline *(Randomization)*

Study Eye Characteristics	OTX-TKI 0.45 mg N = 172	Aflibercept 2 mg N = 172
BCVA, ETDRS letter score, mean (SD) Snellen Equivalent	80.8 (7.6) ~20/25	79.2 (7.9) ~20/25
Change from Screening to Baseline, n (%) ≥ 10 ETDRS letter gain ≥84 ETDRS letters (~20/20)	 107 (62.9) 63 (37.1)	 114 (67.1) 56 (32.9)

OCULAR THERAPEUTIX Retina experience redefined™

BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study; SD, standard deviation.

Anatomic Improvement Observed After Two Aflibercept Injections

SOL-1

Central Subfield Thickness

Screening Visit *(Week -8)*

Study Eye Characteristics	OTX-TKI 0.45 mg N = 172	Aflibercept 2 mg N = 172
BCVA, ETDRS letter score, mean (SD) Snellen Equivalent	70.9 (11.3) ~20/40	69.5 (10.8) ~20/40
CSFT, µm, mean (SD)	303.6 (72.5)	302.7 (78.3)

Baseline *(Randomization)*

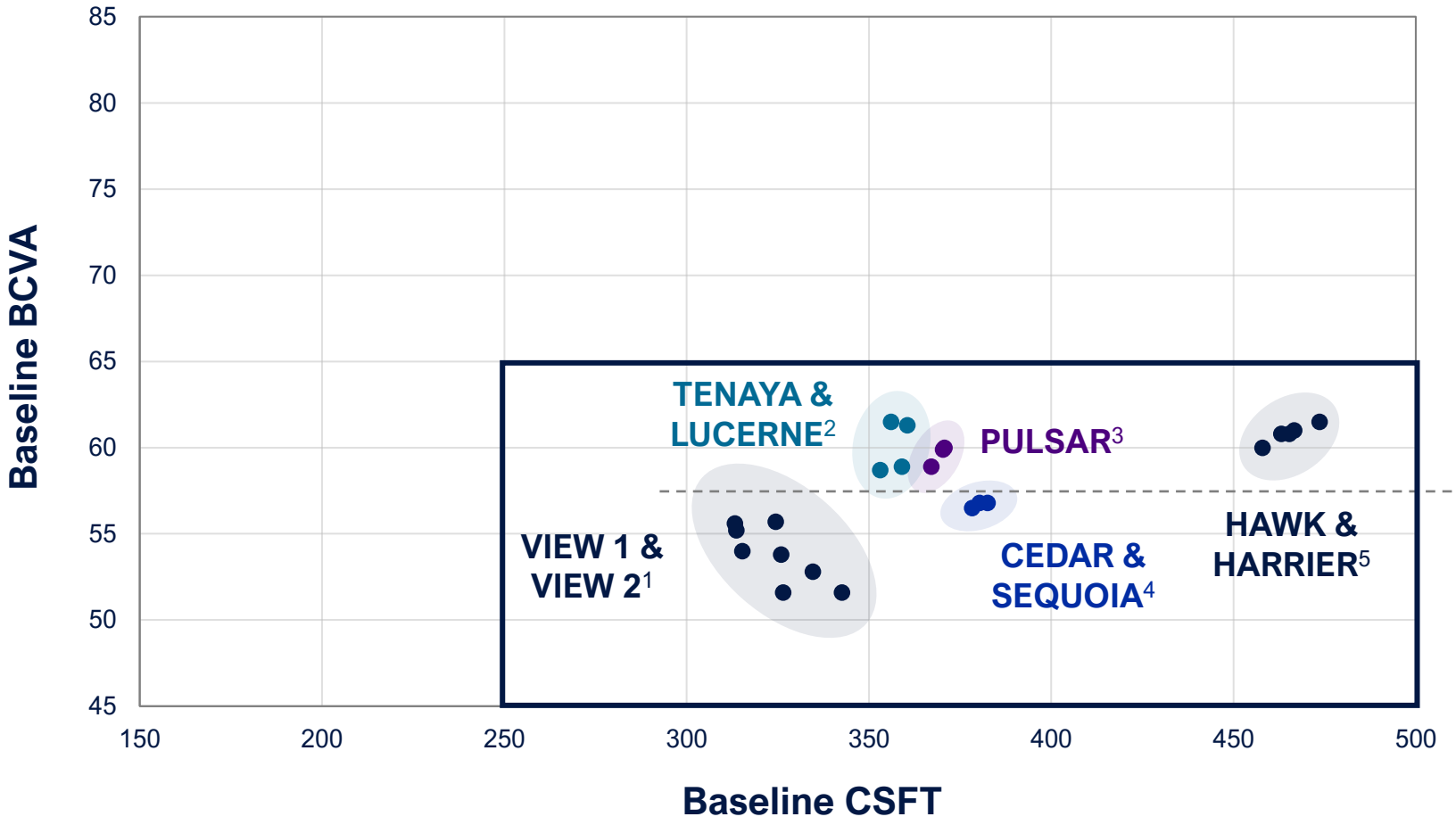
Study Eye Characteristics	OTX-TKI 0.45 mg N = 172	Aflibercept 2 mg N = 172
BCVA, ETDRS letter score, mean (SD) Snellen Equivalent	80.8 (7.6) ~20/25	79.2 (7.9) ~20/25
CSFT, µm, mean (SD)	219.3 (37.1)	226.8 (42.1)

OCULAR THERAPEUTIX Retina experience redefined

BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study; CSFT, central subfield thickness, measured from the internal limiting membrane to the retinal pigment epithelium; SD, standard deviation

SOL-1 Evaluates a Distinct nAMD Cohort with Excellent Baseline Vision

Baseline BCVA Across nAMD Trials



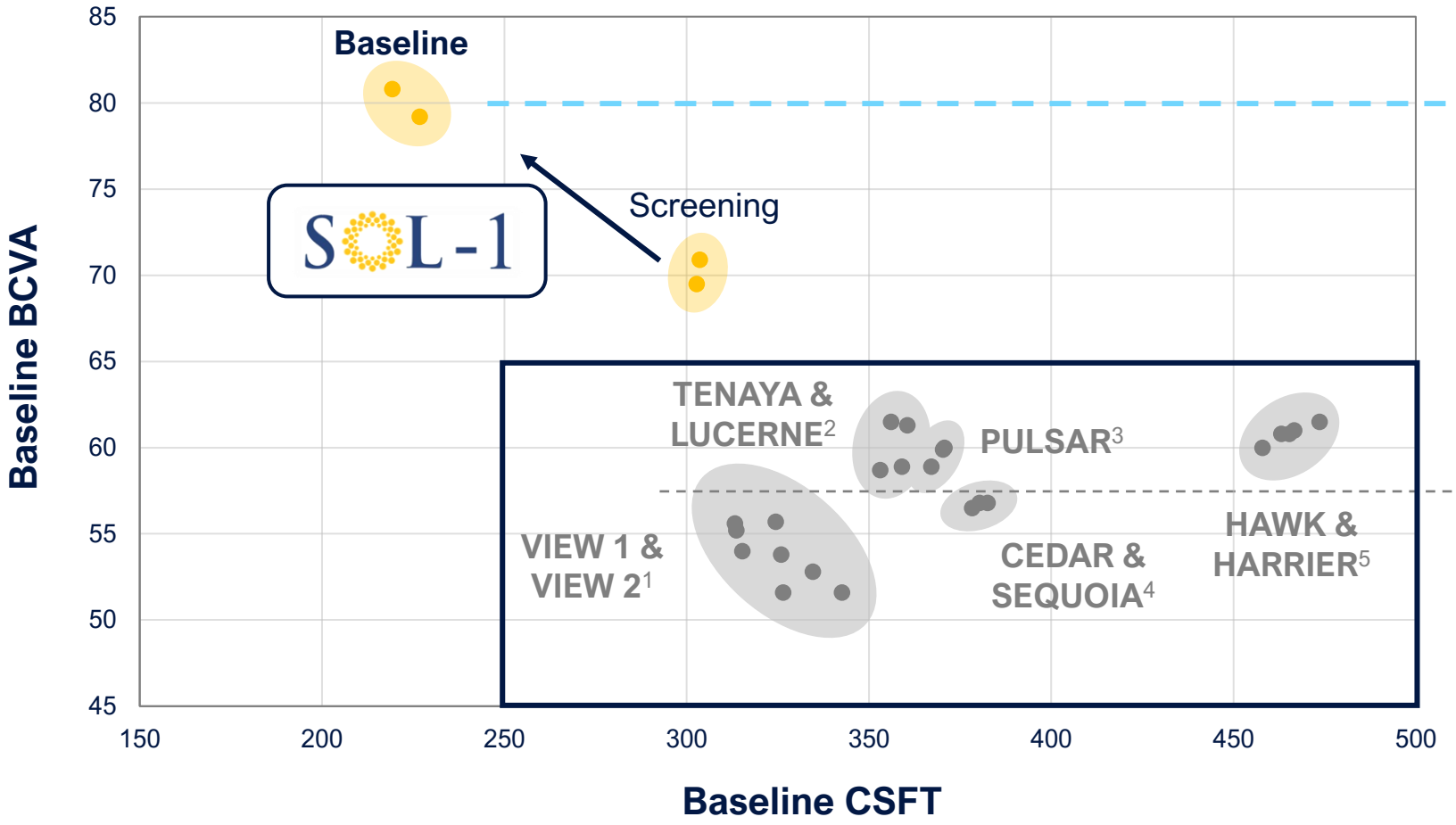
nAMD Trials
mean BCVA: **52 to 62 letters (~20/100 to 20/60)**

OCULAR THERAPEUTIX Retina experience redefined

1. Heier JS, et al. *Ophthalmology*. 2012;119(12):2537-2548. 2. Heier JS, et al. *Lancet*. 2022;399(10326):729-740. 3. Lanzetta P, et al. *Lancet*. 2024;403(10432):1141-1152. 4. Kunimoto D, et al. *Ophthalmology*. 2020;127(10):1331-1344. 5. Dugel PU, et al. *Ophthalmology*. 2020;127(1):72-84.
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; nAMD, neovascular age-related macular degeneration

SOL-1 Evaluates a Distinct nAMD Cohort with Excellent Baseline Vision

Baseline BCVA Across nAMD Trials



SOL-1
mean BCVA: **81 letters (~20/25)**
mean CSFT: **219 µM**

nAMD Trials
mean BCVA: **52 to 62 letters (~20/100 to 20/60)**

OCULAR THERAPEUTIX Retina experience redefined

1. Heier JS, et al. *Ophthalmology*. 2012;119(12):2537-2548. 2. Heier JS, et al. *Lancet*. 2022;399(10326):729-740. 3. Lanzetta P, et al. *Lancet*. 2024;403(10432):1141-1152. 4. Kunimoto D, et al. *Ophthalmology*. 2020;127(10):1331-1344. 5. Dugel PU, et al. *Ophthalmology*. 2020;127(1):72-84.
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; nAMD, neovascular age-related macular degeneration

SOL-1 Results Demonstrate Potential Treatment Benefit of OTX-TKI

SOL-1

Superiority Primary Endpoint Successfully Met

OTX-TKI Demonstrated Superior Maintenance of Vision

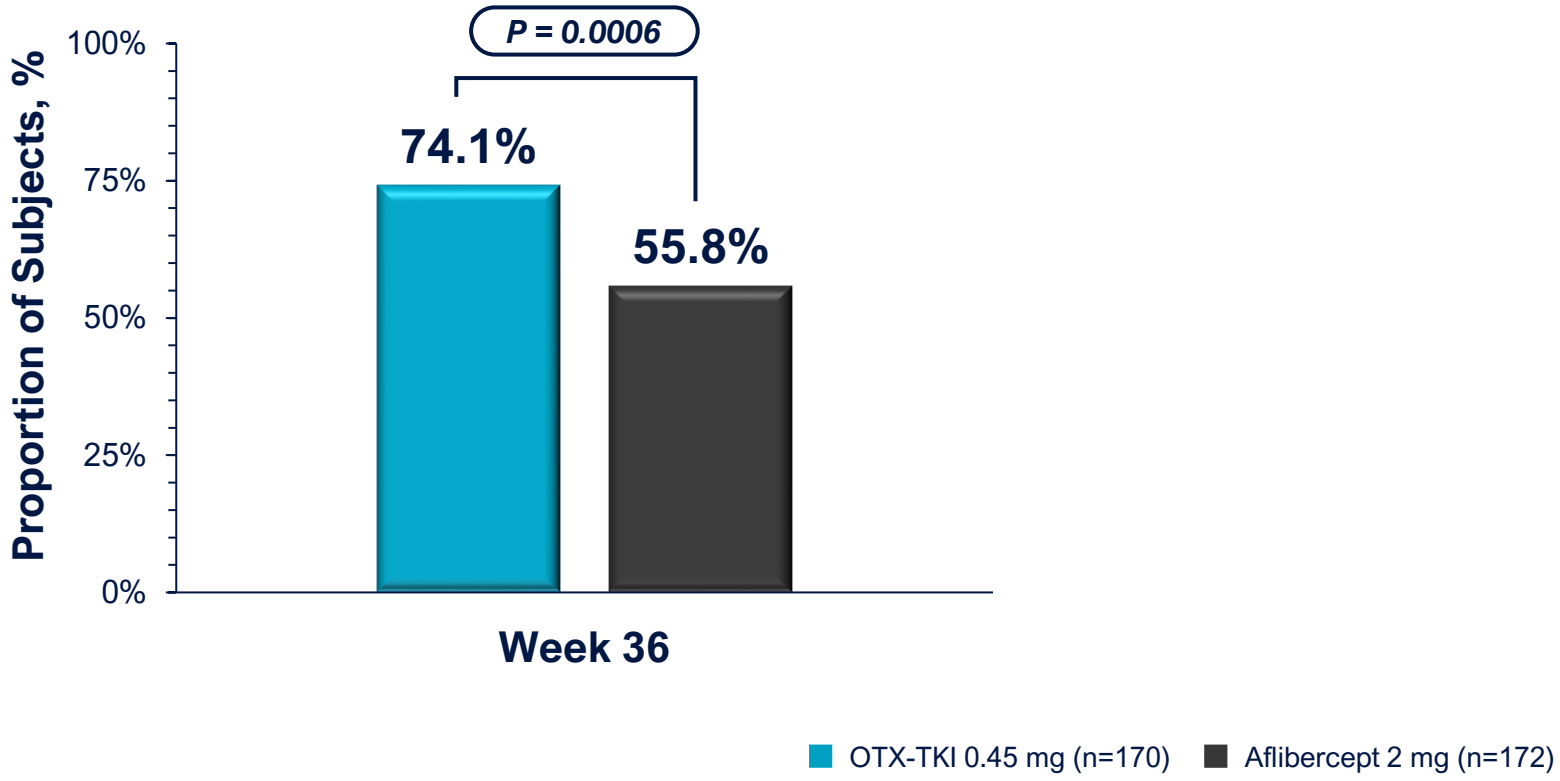
OTX-TKI is an investigational product candidate which has not been approved by the FDA or any regulatory authority.

OCULAR THERAPEUTIX Retina experience redefined

Maintenance of vision defined as proportion of subjects who maintain visual acuity, a loss of <15 ETDRS letters of BCVA from baseline

Primary Endpoint Successfully Met

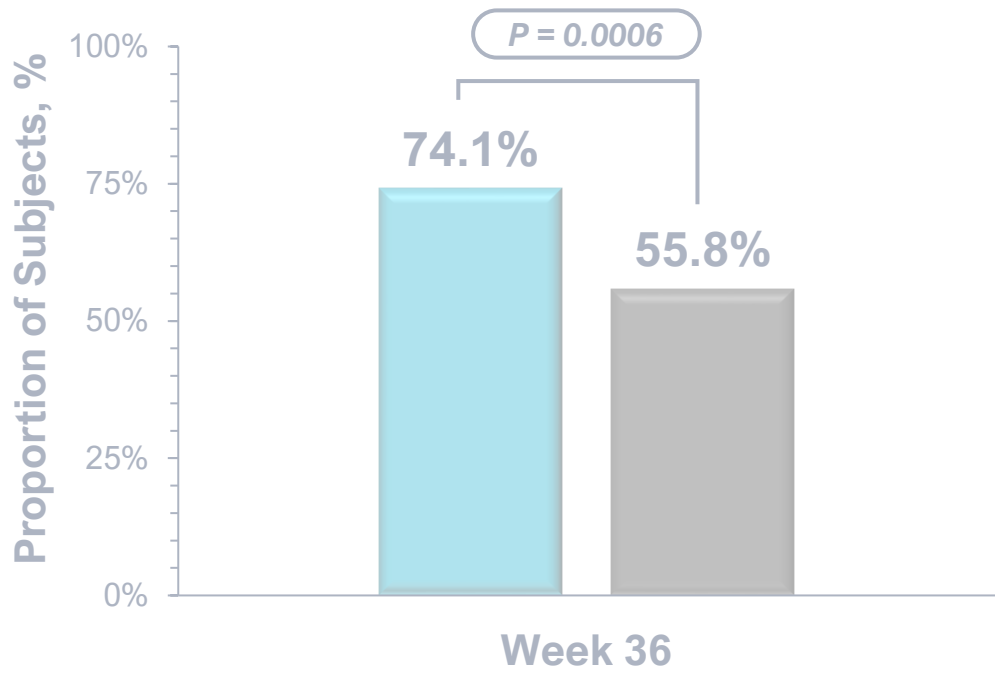
Statistically Significant Higher Proportion of Subjects Maintained Visual Acuity* with OTX-TKI vs. Aflibercept 2 mg at Week 36

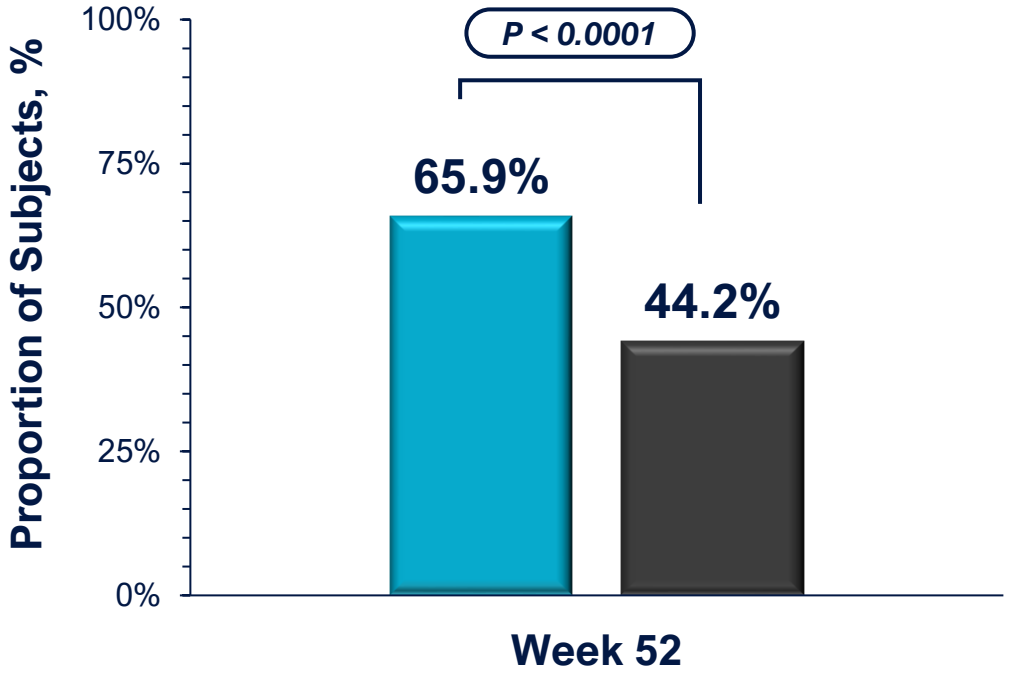


*Maintenance of vision defined as proportion of subjects who maintain visual acuity, a loss of <15 ETDRS letters of BCVA from baseline

Difference in Proportion of Subjects Maintaining Visual Acuity Sustained Through Week 52

Key Secondary Endpoint: Maintenance of Visual Acuity* at Week 52





OTX-TKI 0.45 mg (n=170) Aflibercept 2 mg (n=172)

*Maintenance of vision defined as proportion of subjects who maintain visual acuity, a loss of <15 ETDRS letters of BCVA from baseline

Key Secondary and Secondary Efficacy Endpoints

SOL-1

Superiority Analysis per Statistical Analysis Plan

Key Secondary Endpoints

1	**Proportion of subjects who maintained visual acuity*** with one rescue injection or fewer at Week 52	✓
2	**Proportion of subjects who maintained visual acuity*** at Week 52	✓
3	**Proportion of subjects who maintained visual acuity*** with one rescue injection or fewer at Week 36	✓
4	**BCVA change from baseline** at Week 36	✗
5	**BCVA change from baseline** at Week 52	✗

Secondary Endpoints

1	**CSFT changes from baseline** at Weeks 36	✓
2	**Proportion with no CSFT increase** (≤50 microns) at Weeks 36	✓
3	**Proportion CSFT ≤ 350 microns** at Weeks 36 and 52	✓
4	**Mean time to the first rescue injection**	✓
5	**Mean time to the second rescue injection**	✓
6	**Proportion of subjects who lose ≥ 10 letters** at Weeks 36 and 52	✓

OCULAR THERAPEUTIX Retina experience redefined

*Maintained visual acuity defined as <15 ETDRS letters of BCVA loss from baseline
BCVA, Best-corrected visual acuity; CSFT Central subfield thickness

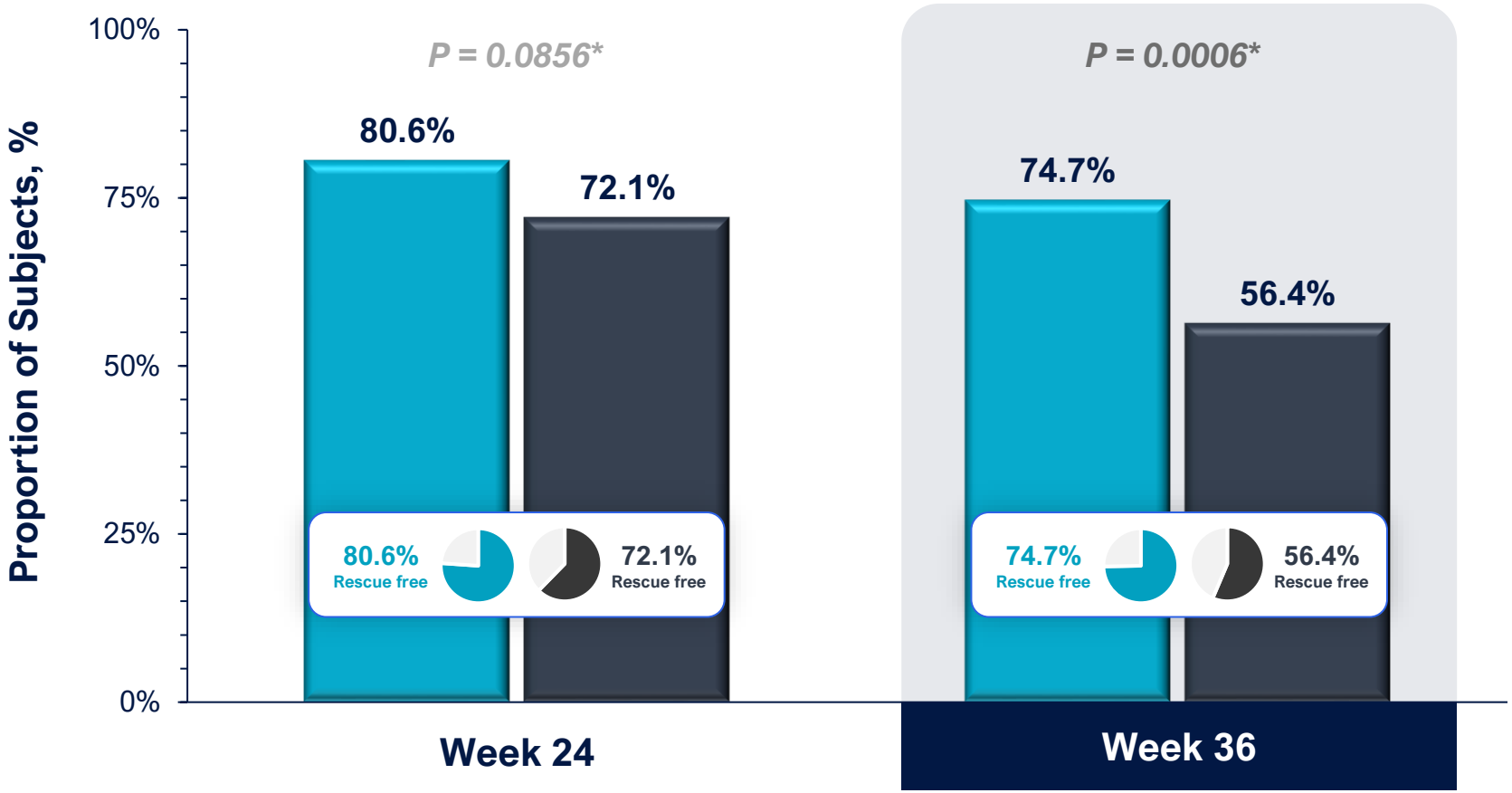
✓ indicates endpoint met

SOL-1: Additional Outcomes

Patricio Schlottman, MD

Most Subjects (~75%) in the OTX-TKI Arm Did Not Receive Rescue Injections

Proportion of Rescue-Free Subjects

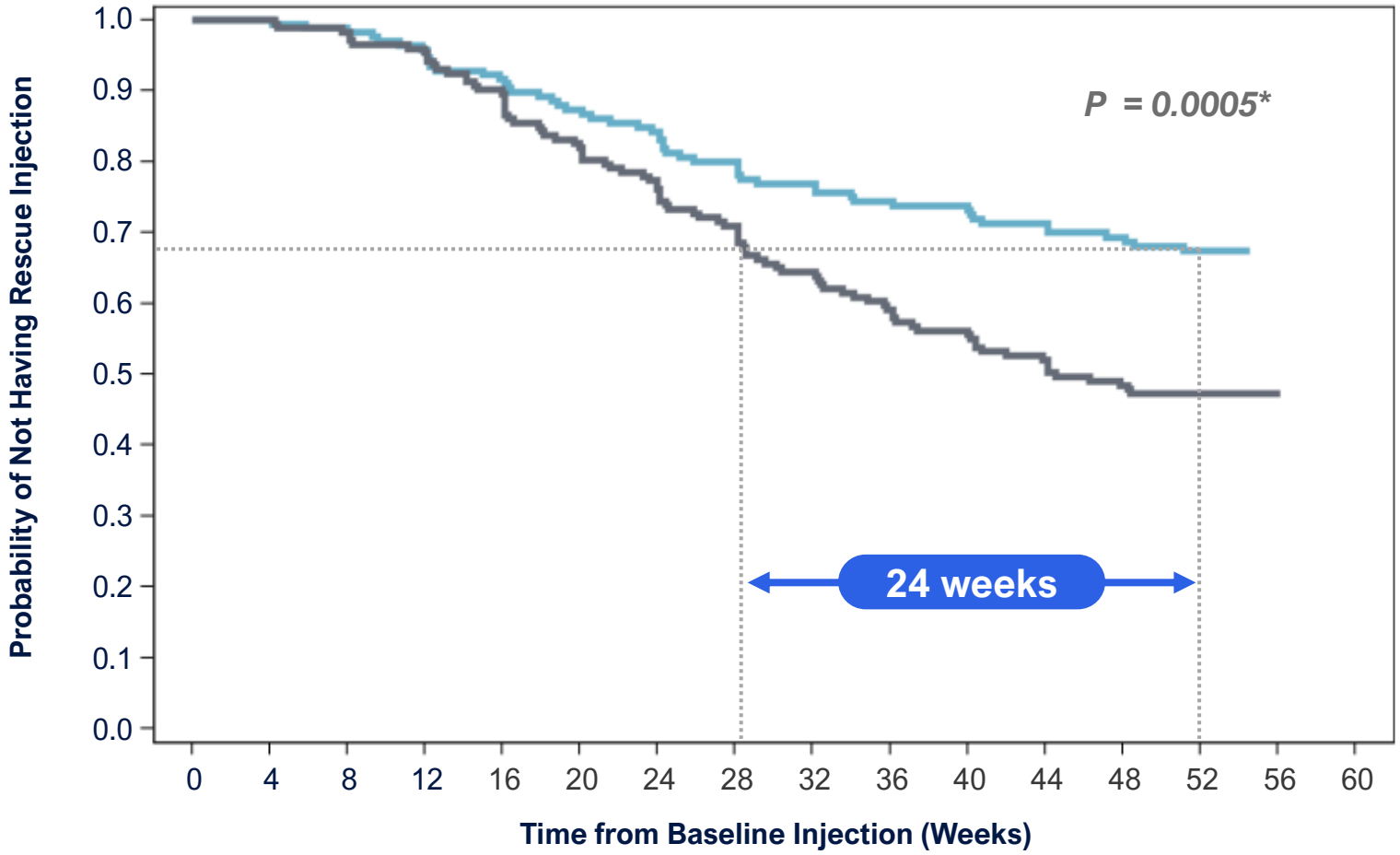


Post hoc analysis

Rescue-free subjects include those who did not require rescue injections as specified by the protocol
Full analysis set; *Descriptive p-values

OTX-TKI Extended Durability, Significantly Delaying First Rescue Injection

Secondary Endpoint: Time to First Rescue Treatment

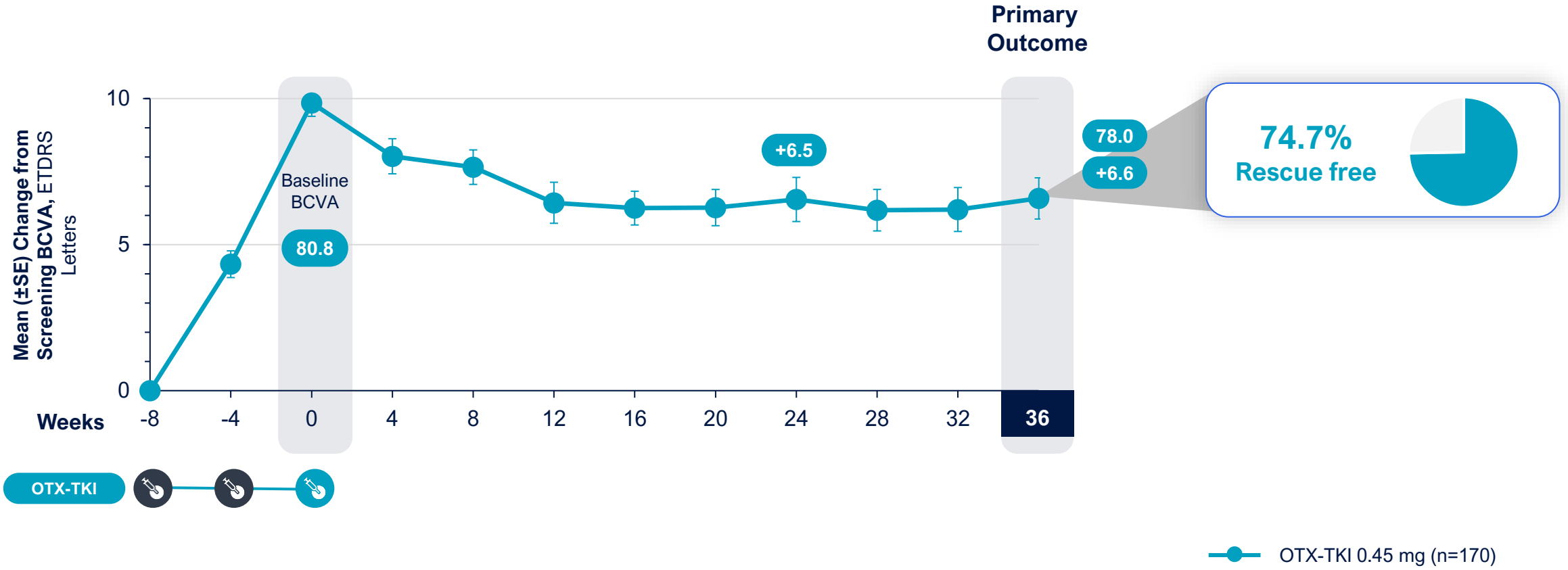


Rescue-free subjects include those who did not require rescue injections as specified by the protocol
*Nominal P value

On Average, OTX-TKI Subjects Maintained Vision and Anatomy, with Most Remaining Rescue-Free

SOL-1

Mean Change in BCVA from Screening



Post hoc analysis

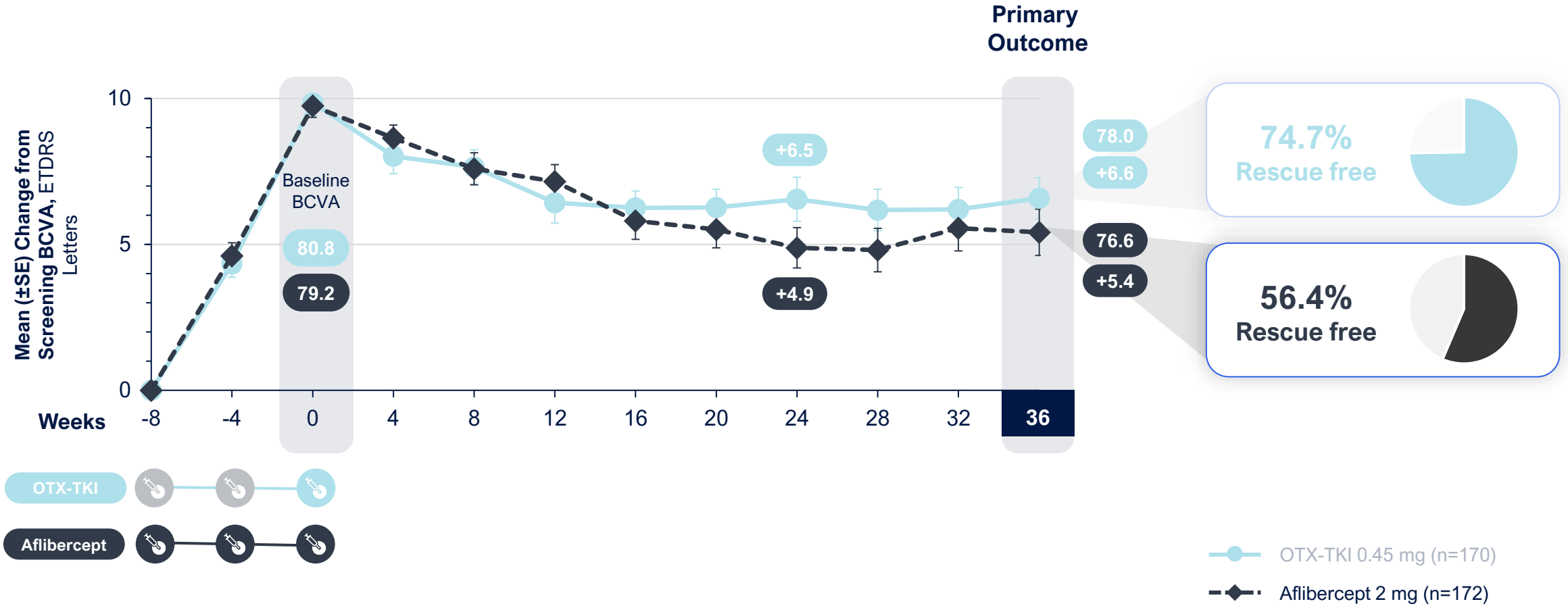
Full analysis set; Data up to Week 36 is included in the analyses.
For subjects who received any rescue injections, their observed BCVA and CSFT values after the 1st rescue injection are set to missing. Baseline measurements are the last non-missing measurement prior to the study drug injection on Day 1
BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study; SE, standard error

OCULAR THERAPEUTIX Retina experience redefined™

A Greater Portion of Aflibercept Subjects Required Rescue Injections Relative to OTX-TKI Subjects

SOL-1

Mean Change in BCVA from Screening



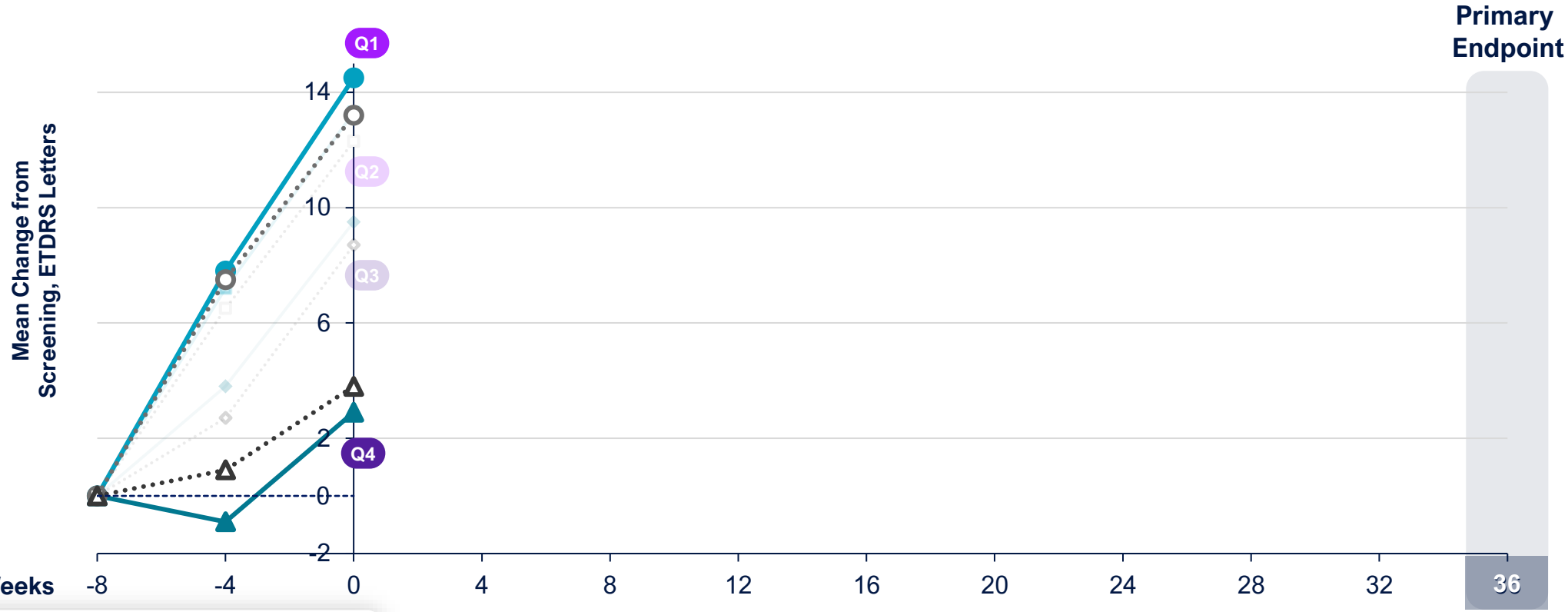
Post hoc analysis

Full analysis set; Data up to Week 36 is included in the analyses.
For subjects who received any rescue injections, their observed BCVA and CSFT values after the 1st rescue injection are set to missing. Baseline measurements are the last non-missing measurement prior to the study drug injection on Day 1
BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study; SE, standard error

OCULAR THERAPEUTIX Retina experience redefined™

Subjects Generally Maintained Their Initial Vision Gains

Mean Change in BCVA: By Screening BCVA



	Mean Screening BCVA, ETDRS letters			
	Q1	Q2	Q3	Q4
OTX-TKI 0.45 mg	55.5	67.2	75.7	83.6
Aflibercept 2 mg	56.8	66.3	75.7	82.7
	~20/80	~20/50	~20/32	~20/25

OTX-TKI — Q1 (n=41) — Q2 (n=39) — Q3 (n=46) — Q4 (n=44)

Aflibercept — Q1 (n=52) — Q2 (n=39) — Q3 (n=41) — Q4 (n=40)

Post hoc analysis

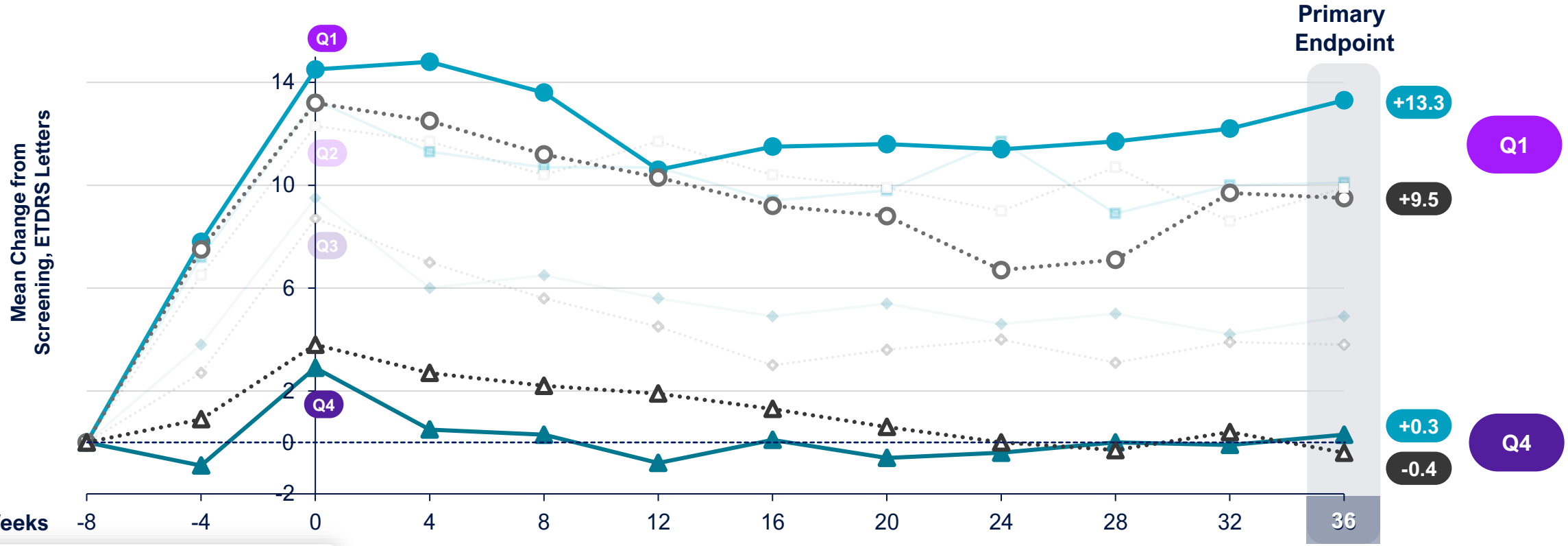
Full analysis set

For subjects who received any rescue injections, their observed BCVA values after the 1st rescue injection are set to missing

BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study, Q, quartile

Subjects Generally Maintained Their Initial Vision Gains

Mean Change in BCVA: By Screening BCVA



	Mean Screening BCVA, ETDRS letters			
	Q1	Q2	Q3	**Q4**
OTX-TKI 0.45 mg	**55.5**	67.2	75.7	**83.6**
Aflibercept 2 mg	**56.8**	66.3	75.7	**82.7**
	~20/80	~20/50	~20/32	**~20/25**

Post hoc analysis

Full analysis set

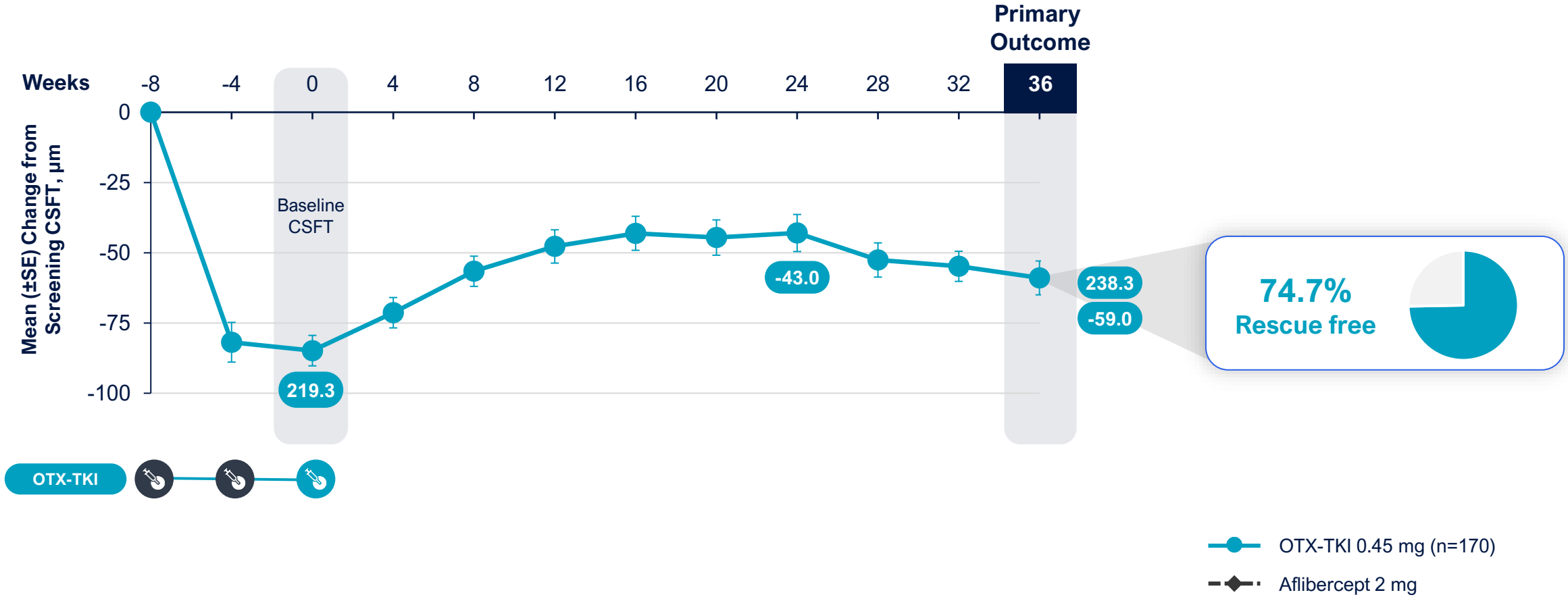
For subjects who received any rescue injections, their observed BCVA values after the 1st rescue injection are set to missing

BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study, Q, quartile

On Average, OTX-TKI Subjects Maintained Vision and Anatomy, with Most Remaining Rescue-Free

SOL-1

Mean Change in CSFT from Screening



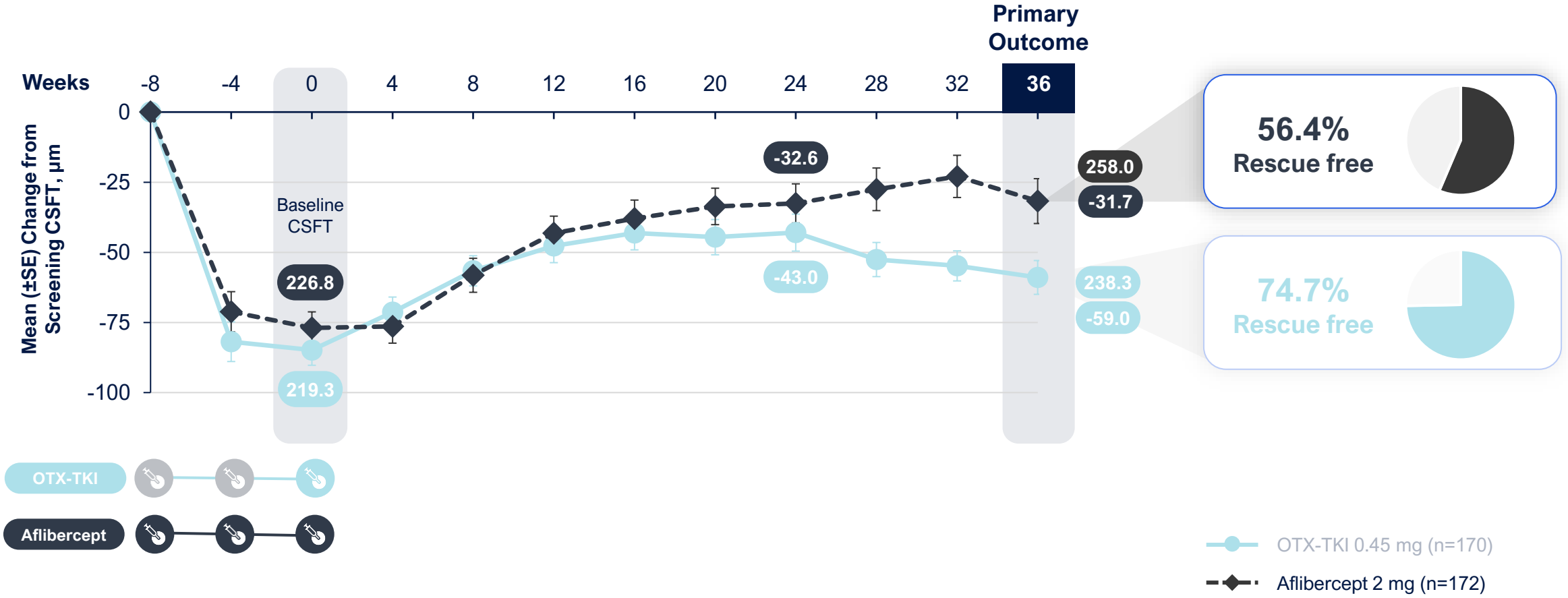
Post hoc analysis

Full analysis set; Data up to Week 36 is included in the analyses.
For subjects who received any rescue injections, their observed BCVA and CSFT values after the 1st rescue injection are set to missing. Baseline measurements are the last non-missing measurement prior to the study drug injection on Day 1
CSFT; central subfield thickness, measured from the internal limiting membrane to the retinal pigment epithelium; SE, standard error

OCULAR THERAPEUTIX Retina experience redefined

A Greater Portion of Aflibercept Subjects Required Rescue Injections Relative to OTX-TKI Subjects

Mean Change in CSFT from Screening

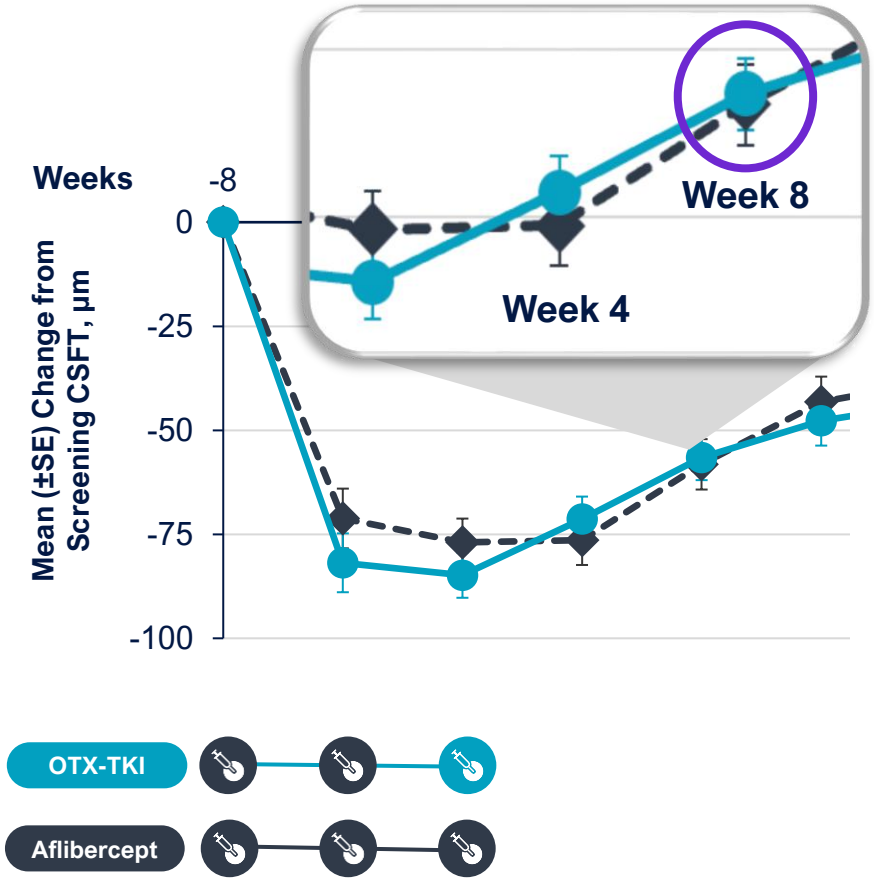


Post hoc analysis

Full analysis set; Data up to Week 36 is included in the analyses.
For subjects who received any rescue injections, their observed BCVA and CSFT values after the 1st rescue injection are set to missing. Baseline measurements are the last non-missing measurement prior to the study drug injection on Day 1
CSFT; central subfield thickness, measured from the internal limiting membrane to the retinal pigment epithelium; SE, standard error

Week 8: Similar Outcomes in Both Groups

Mean Change in CSFT from Screening



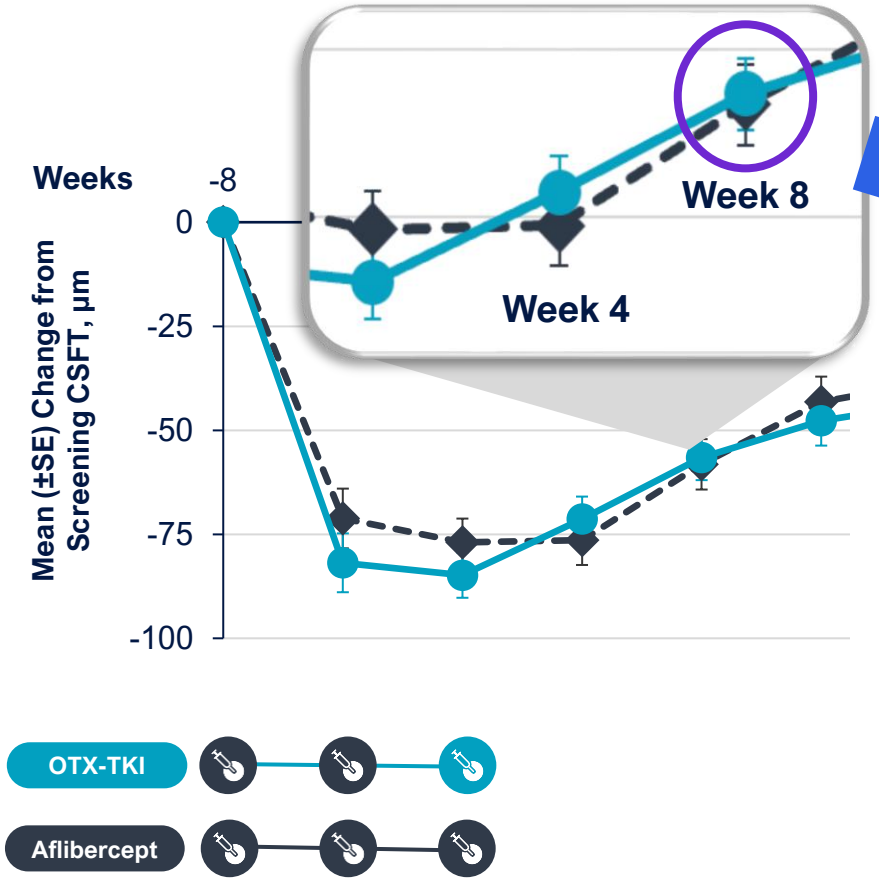
Post hoc analysis

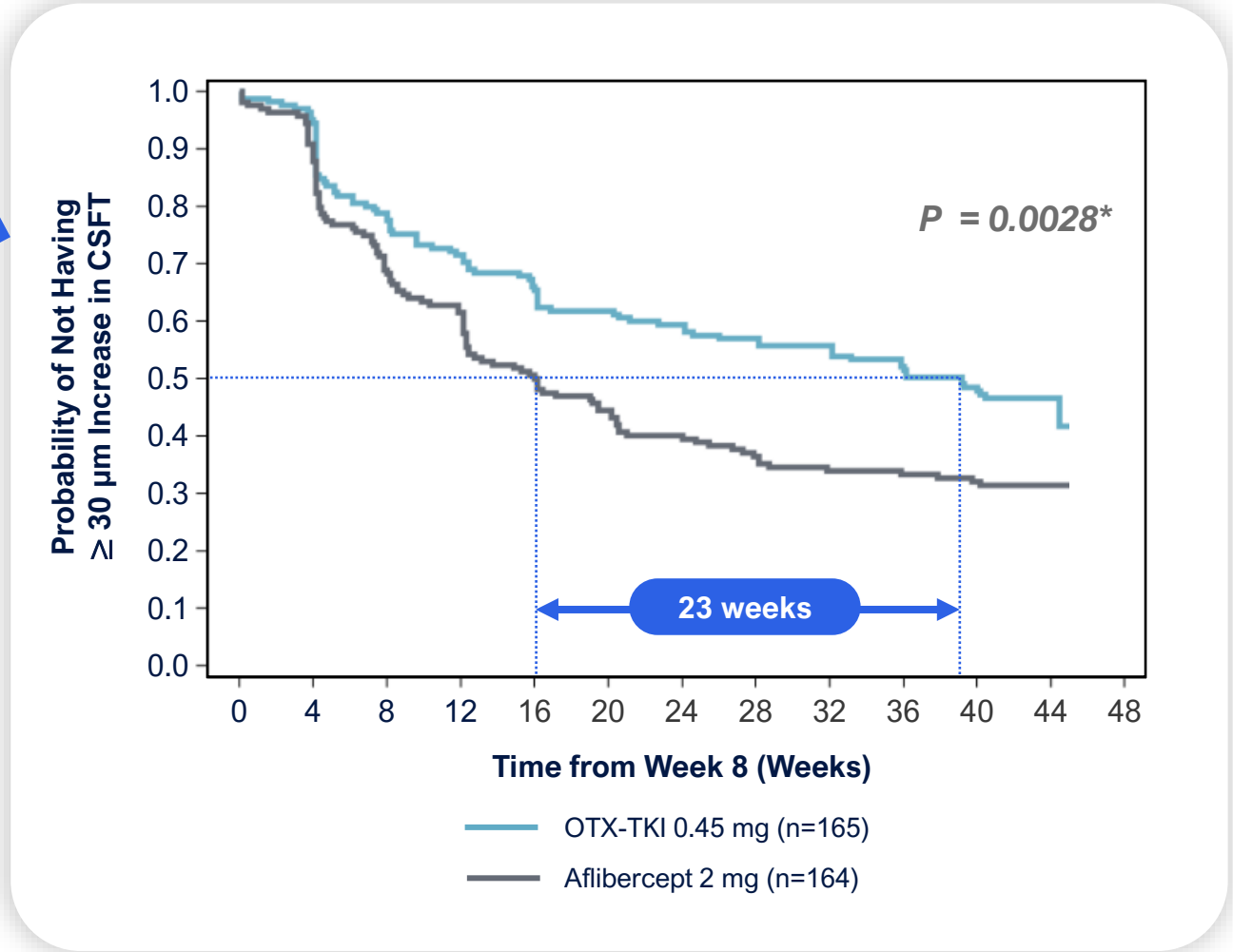
Full analysis set. For subjects who received any rescue injections, their observed BCVA and CSFT values after the 1st rescue injection are set to missing. Baseline measurements are the last non-missing measurement prior to the study drug injection on Day 1
CSFT; central subfield thickness, measured from the internal limiting membrane to the retinal pigment epithelium; SE, standard error

Anatomic Control in Subjects Treated with OTX-TKI

SOL-1

Time to ≥ 30 µm Increase in CSFT from Week 8





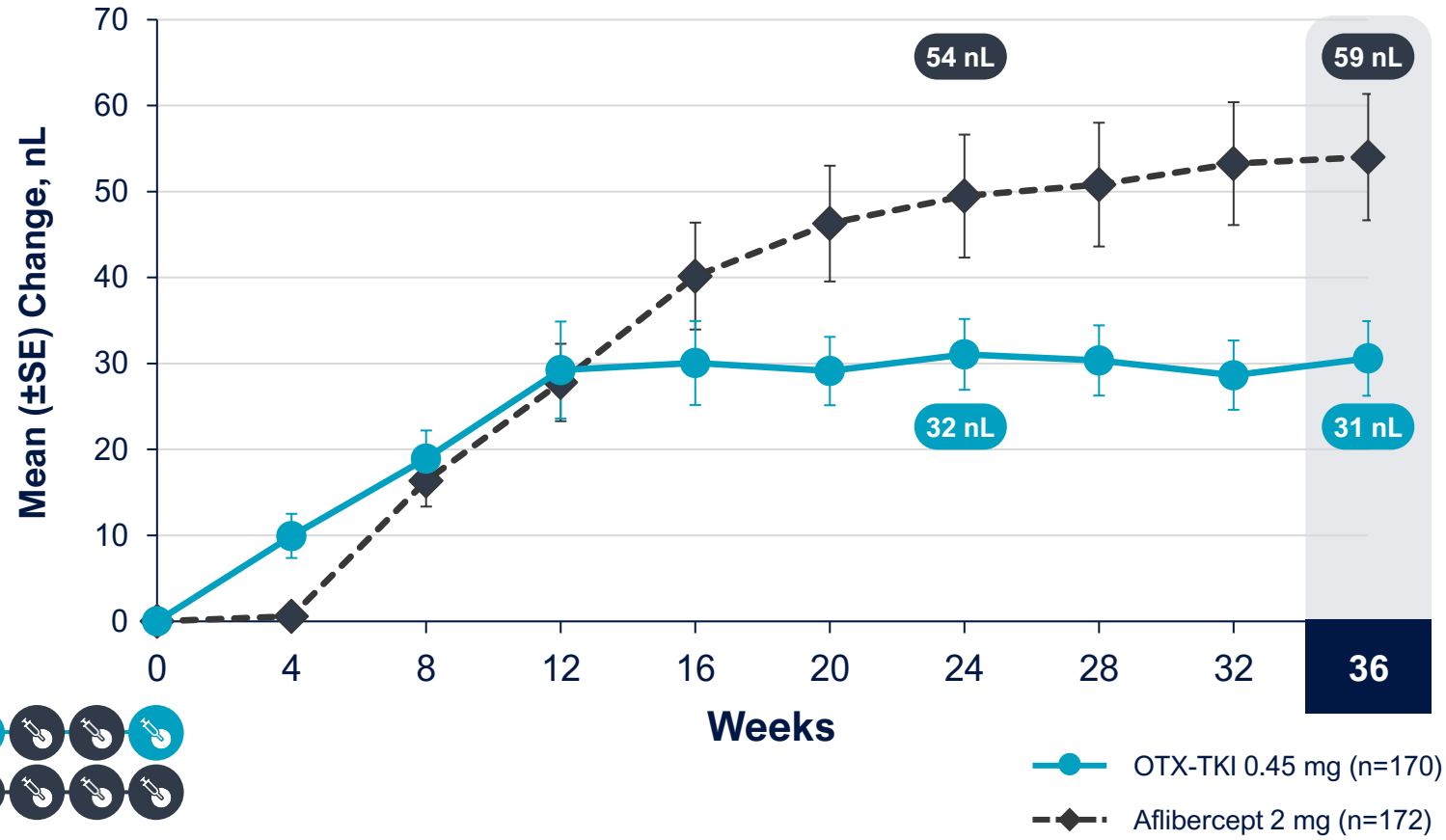
Post hoc analysis

OCULAR THERAPEUTIX Retina experience redefined

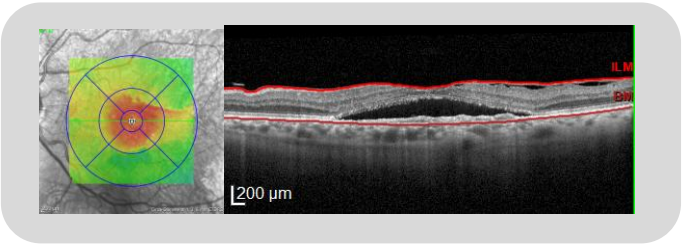
Full analysis set. For subjects who received any rescue injections, their observed BCVA and CSFT values after the 1st rescue injection are set to missing. Baseline measurements are the last non-missing measurement prior to the study drug injection on Day 1
CSFT; central subfield thickness, measured from the internal limiting membrane to the retinal pigment epithelium; SE, standard error

OTX-TKI Delivered Sustained Fluid Control

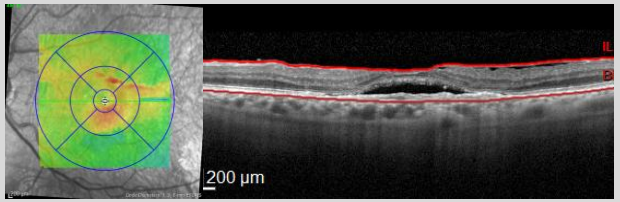
Mean Change in Intra-Retinal and Sub-Retinal Fluid Volume



Total Fluid Volume: 60 nL



Total Fluid Volume: 30 nL



Pre-specified exploratory analysis

Full analysis set

SE, standard error

No Treatment or Procedure Related SAEs

Non-Ocular and Ocular Adverse Events in the Study Eye

Subjects with AEs Through Week 52, n (%)	OTX-TKI 0.45 mg n = 170	Aflibercept 2 mg n = 172
Non-ocular AEs		
≥ 1 AE	84 (49.4)	73 (42.4)
≥ 1 SAE	19 (11.2)	21 (12.2)
≥ 1 treatment-related AE	0	0
≥ 1 treatment-related SAE	0	0
≥ 1 study procedure-related AE	1 (0.6)	0
≥ 1 study procedure-related SAE	0	0
AE leading to study discontinuation	3 (1.8)	3 (1.7)
AE leading to death*	2 (1.2)	1 (0.6)
Ocular AEs in the study eye		
≥ 1 AE	90 (52.9)	58 (33.7)
≥ 1 SAE†	1 (0.6)	0
≥ 1 treatment-related AE	15 (8.8)	1 (0.6)
≥ 1 treatment-related SAE	0	0
≥ 1 study procedure-related AE	15 (8.8)	7 (4.1)
≥ 1 study procedure-related SAE	0	0
Ocular AE leading to study discontinuation	0	0

*Stroke (day 103); worsening of metastatic melanoma (day 319); lung cancer metastatic (day 503)
†Severe vision loss due to 3+ PSC cataract, 78 ETDRS letters at baseline, recovered to 70 ETDRS letters after cataract surgery
AE, adverse event; SAE, serious AE; PSC, posterior subcapsular cataract; ETDRS, Early Treatment Diabetic Retinopathy Study

OTX-TKI was Generally Well Tolerated

Ocular Adverse Events in the Study Eye

Subjects with Ocular AEs (> 2%) Through Week 52, n (%)	OTX-TKI 0.45 mg n = 170	Aflibercept 2 mg n = 172
Vitreous floaters	21 (12.4)	2 (1.2)
Cataract	12 (7.1)	5 (2.9)
Conjunctival hemorrhage	11 (6.5)	5 (2.9)
Retinal hemorrhage	10 (5.9)	17 (9.9)
Dry eye	7 (4.1)	2 (1.2)
Vitreous detachment	7 (4.1)	3 (1.7)
Punctate keratitis	6 (3.5)	0
Vitreous opacities	6 (3.5)	0
Eye pain	5 (2.9)	1 (0.6)
Anterior chamber opacity	4 (2.4)	0
Posterior capsule opacification	4 (2.4)	6 (3.5)

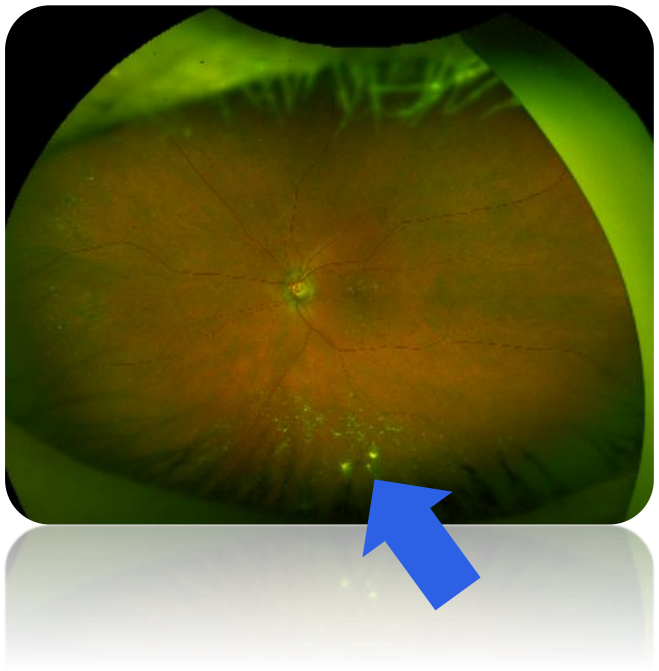
- Nine IOI events observed in study eyes of 7 subjects in the OTX-TKI arm
  - All cases were mild or moderate in severity and resolved
- **There were no cases of endophthalmitis, occlusive or non-occlusive retinal vasculitis**

AE, adverse event; IOI, intraocular inflammation

Appearance of Floaters May Correspond to Hydrogel Dissolution and Drug Elution

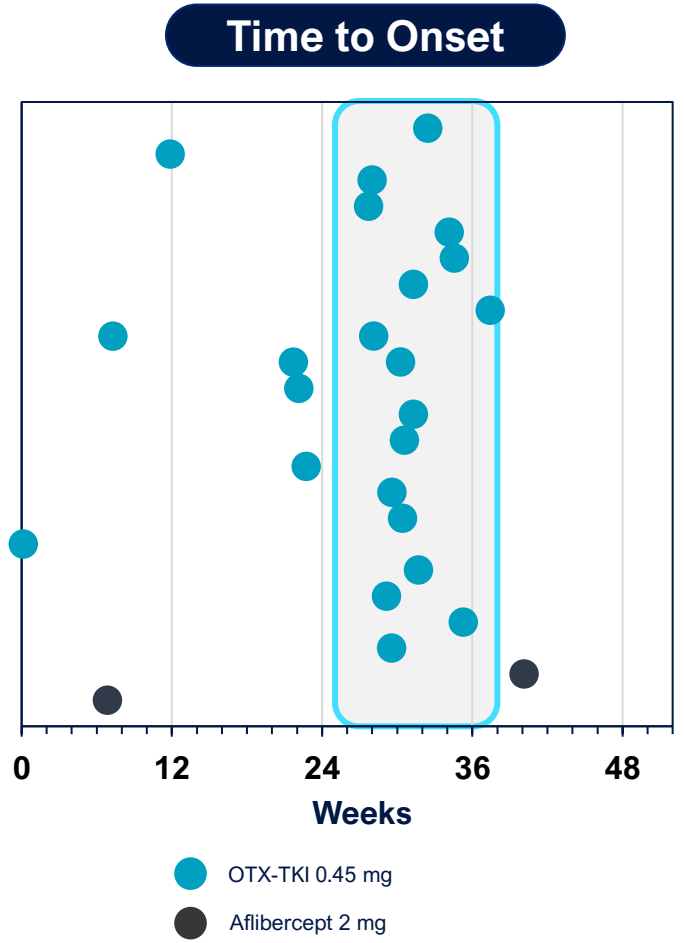
SOL-1

Evaluation of Vitreous Floaters



	OTX-TKI 0.45 mg n = 23*	Aflibercept 2 mg n = 2
Time to onset, days		
Mean (SD)	187.9 (64.0)	164.5 (164.8)
Median	207.0	164.5
BCVA change from prior visit before onset of floaters, ETDRS letters		
Mean change (SD)	-0.4 (5.0)	-5.5 (6.4)
Median change	0.0	-5.5

- All cases were mild to moderate in severity
- No evidence of IOI associated with floaters
- Onset of vitreous floaters AE coincides with drug elution stage of OTX-TKI hydrogel bioresorption process
- **For all subjects** with vitreous floaters AE reported, **drug particles are no longer visible**



OCULAR THERAPEUTIX Retina experience redefined

*23 events in the study eye, 21 subjects; No case observed to be associated with cataract formation
Optos images on day of onset of AE of vitreous floaters
OTK-TKI: Mean change from baseline (SD) in BCVA, -3.3 (8.2) ETDRS letters; median change from baseline, -1.0 ETDRS letters
Study is ongoing until Year 2
SD, standard deviation; BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study; AE, adverse events; IOI, intraocular inflammation

SOL-1 Results Demonstrate Potential Treatment Benefit of OTX-TKI

SOL-1

Superiority Primary Endpoint Successfully Met

First trial to demonstrate durability ≥ 9 months

~75% of subjects treated with OTX-TKI did not receive rescue treatments by Week 36

Unmatched Durability

Visual and anatomic stability with OTX-TKI

On average, OTX-TKI subjects maintained visual and anatomical outcomes, with most remaining rescue-free

Sustained Disease Control

OTX-TKI demonstrated a well-tolerated safety profile through Week 52

There were no cases of endophthalmitis, occlusive or non-occlusive retinal vasculitis

Well-Tolerated

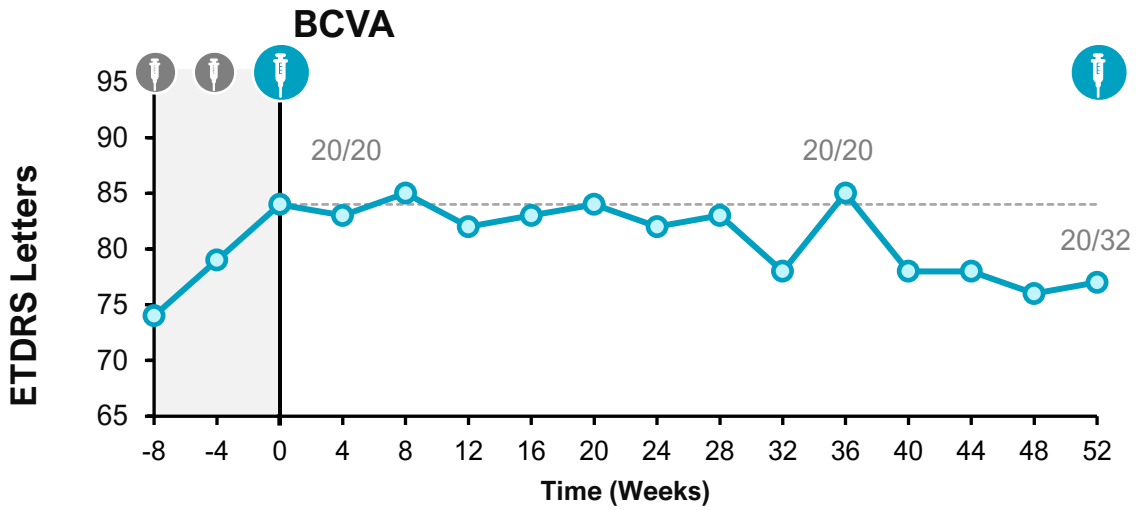
OCULAR THERAPEUTIX Retina experience redefined

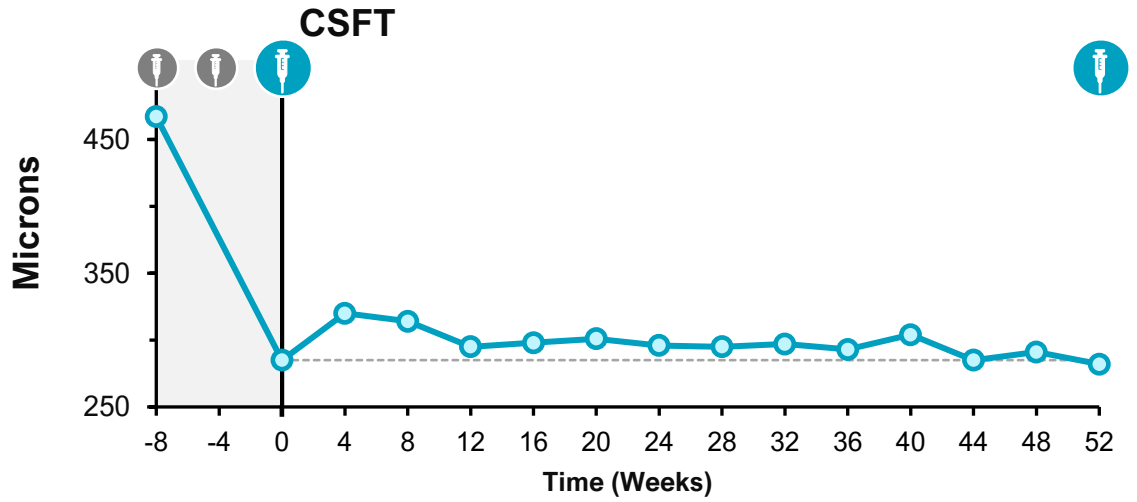
Rescue-free subjects include those who did not require rescue injections as specified by the protocol

Clinical Evidence

Mark Barakat, MD

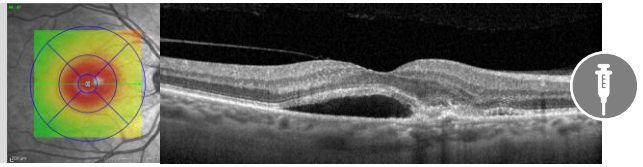
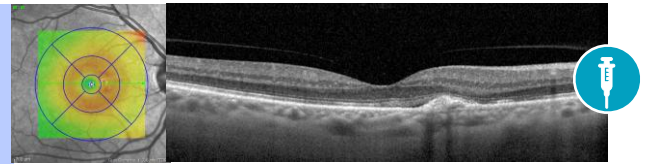
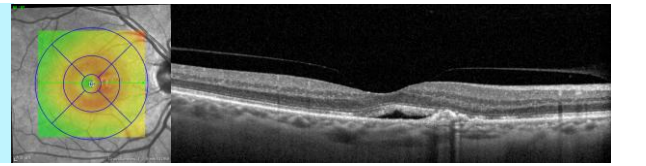
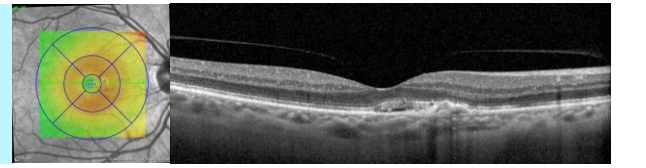
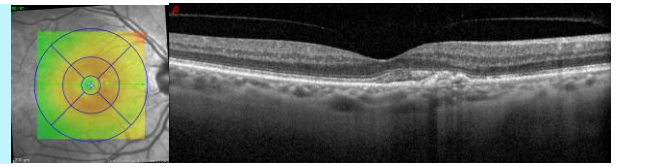
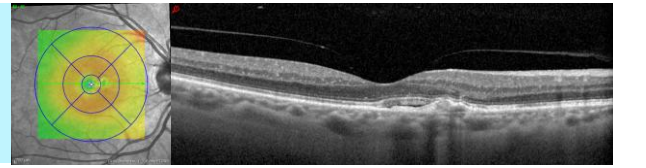
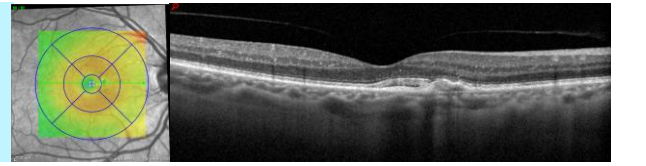
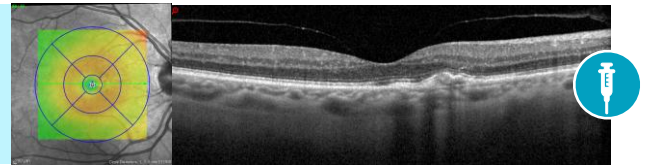
OTX-TKI Case 1





Screening Aflibercept (2mg)

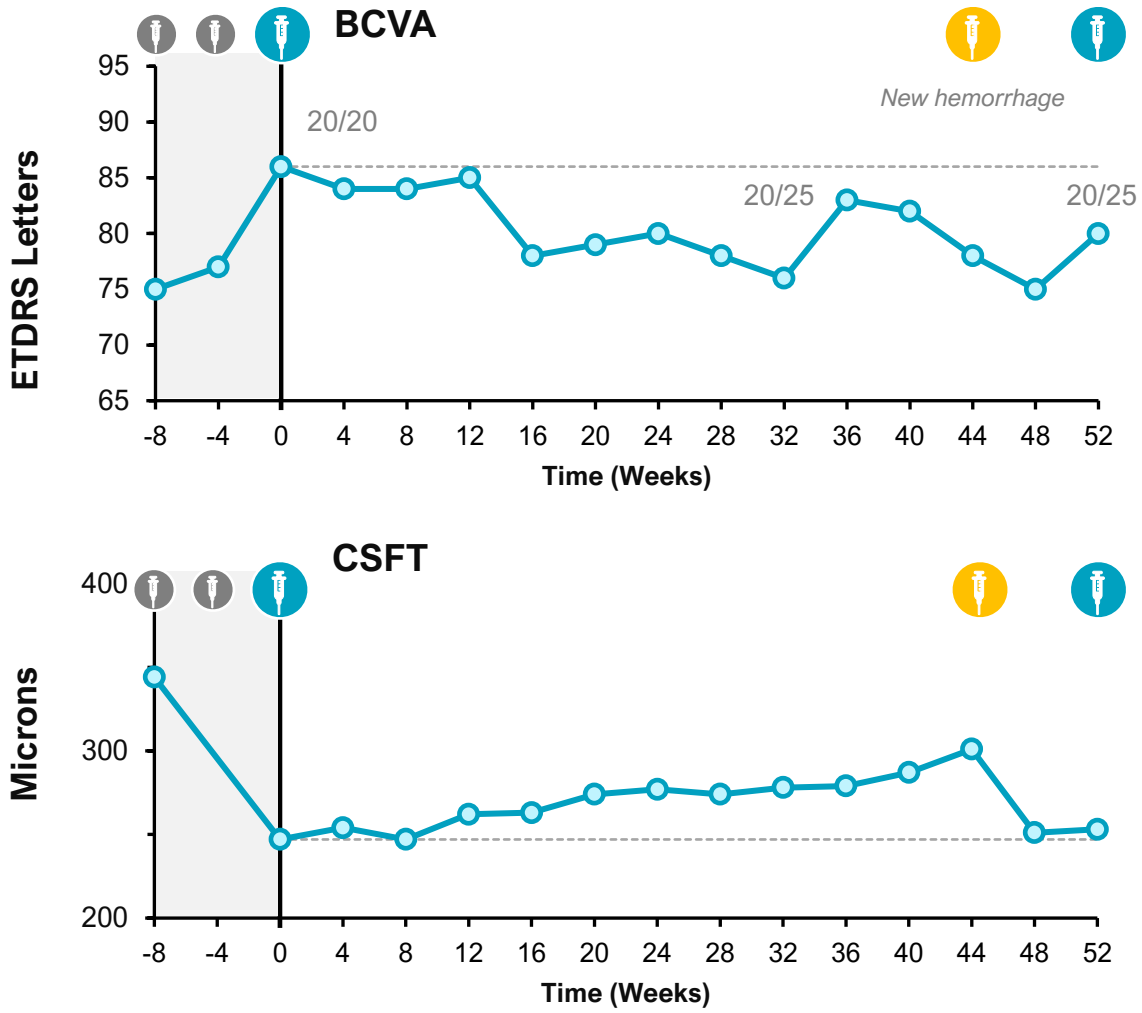
OTX-TKI (0.45mg)

-8 Weeks	**BCVA:** 74 Ltrs (-10) **CSFT:** 467 µm	
Baseline	**BCVA:** 84 Ltrs *Snellen: 20/20* **CSFT:** 285 µm	
Week 4	**BCVA (Δ):** 83 (-1) Ltrs **CSFT (Δ):** 320 (+35) µm	
Week 12	**BCVA (Δ):** 82 (-2) Ltrs **CSFT (Δ):** 295 (+10) µm	
Week 24	**BCVA (Δ):** 82 (-2) Ltrs **CSFT (Δ):** 296 (+11) µm	
Week 36	**BCVA (Δ):** 85 (+1) Ltrs *Snellen: 20/20* **CSFT (Δ):** 293 (+8) µm	
Week 44	**BCVA (Δ):** 78 (-6) Ltrs **CSFT (Δ):** 285 (0) µm	
Week 52	**BCVA (Δ):** 77 (-7) Ltrs *Snellen: 20/32* **CSFT (Δ):** 282 (-3) µm	

OCULAR THERAPEUTIX Retina experience redefined

Case study of one subject; individual results may vary
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; Ltrs, letters

OTX-TKI Case 2

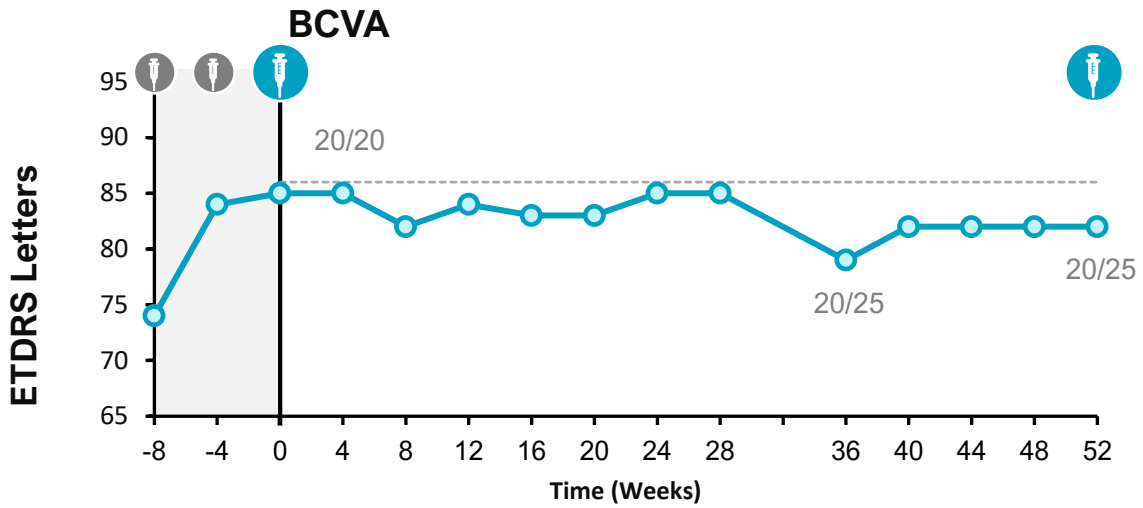


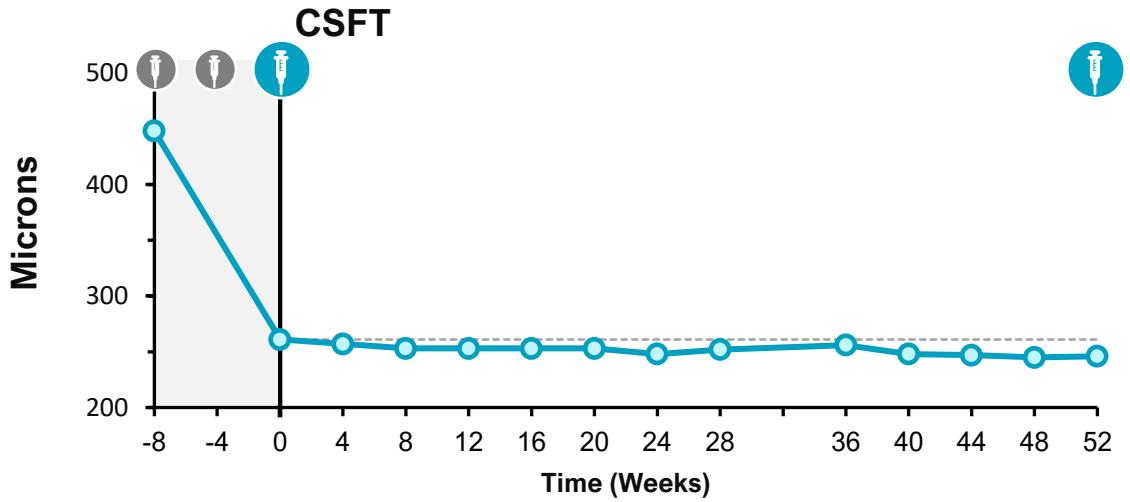
-8 Weeks	**BCVA:** 75 Ltrs **CSFT:** 344 µm	
Baseline	**BCVA:** 86 Ltrs *Snellen: 20/20* **CSFT:** 247 µm	
Week 4	**BCVA (Δ):** 84 (-2) Ltrs **CSFT (Δ):** 254 (+7) µm	
Week 12	**BCVA (Δ):** 85 (-1) Ltrs **CSFT (Δ):** 262 (+15) µm	
Week 24	**BCVA (Δ):** 80 (-6) Ltrs **CSFT (Δ):** 277 (+30) µm	
Week 36	**BCVA (Δ):** 83 (-3) Ltrs *Snellen: 20/25* **CSFT (Δ):** 279 (+32) µm	
Week 44	**BCVA (Δ):** 78 (-8) Ltrs **CSFT (Δ):** 301 (+54) µm	
Week 52	**BCVA (Δ):** 80 (-6) Ltrs *Snellen: 20/25* **CSFT (Δ):** 253 (+6) µm	

OCULAR THERAPEUTIX Retina experience redefined

Case study of one subject; individual results may vary
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; Ltrs, letters

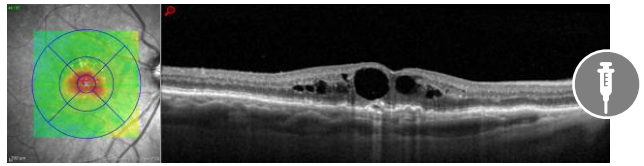
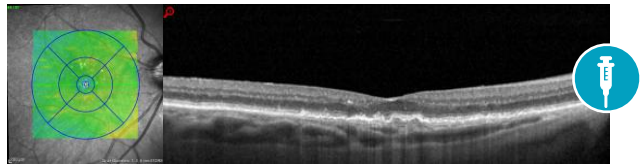
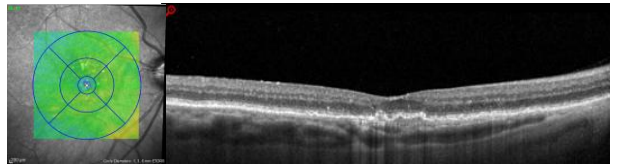
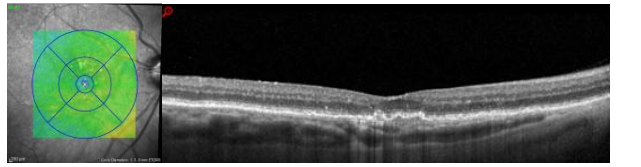
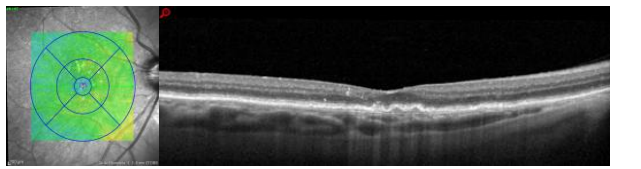
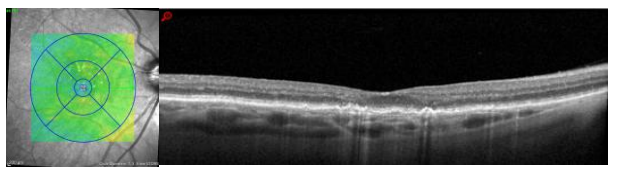
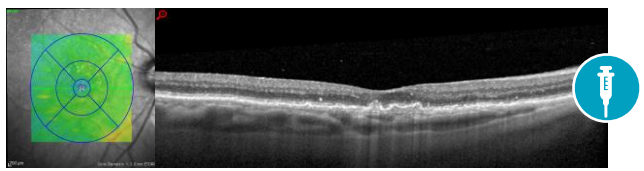
OTX-TKI Case 3





Screening
Aflibercept (2mg)

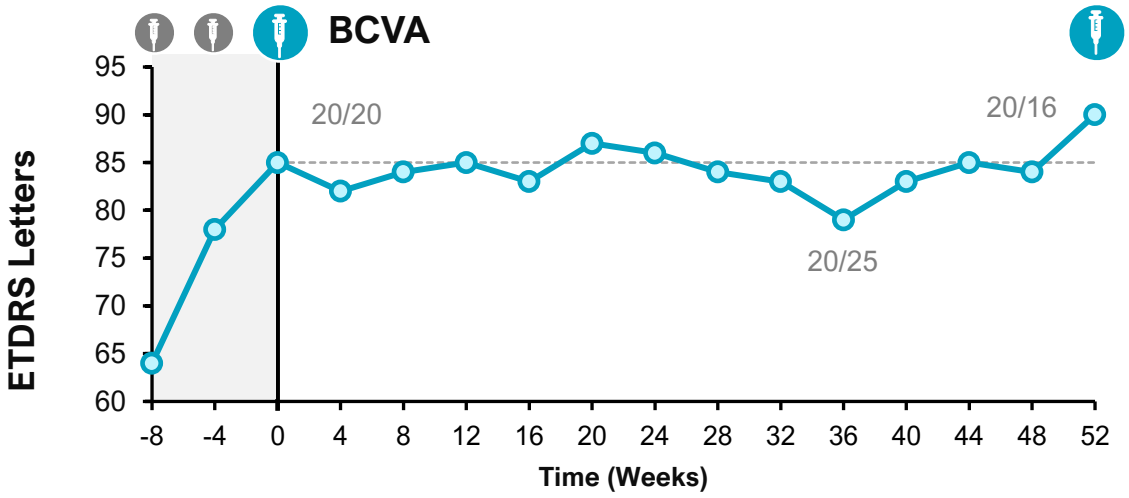
OTX-TKI
(0.45mg)

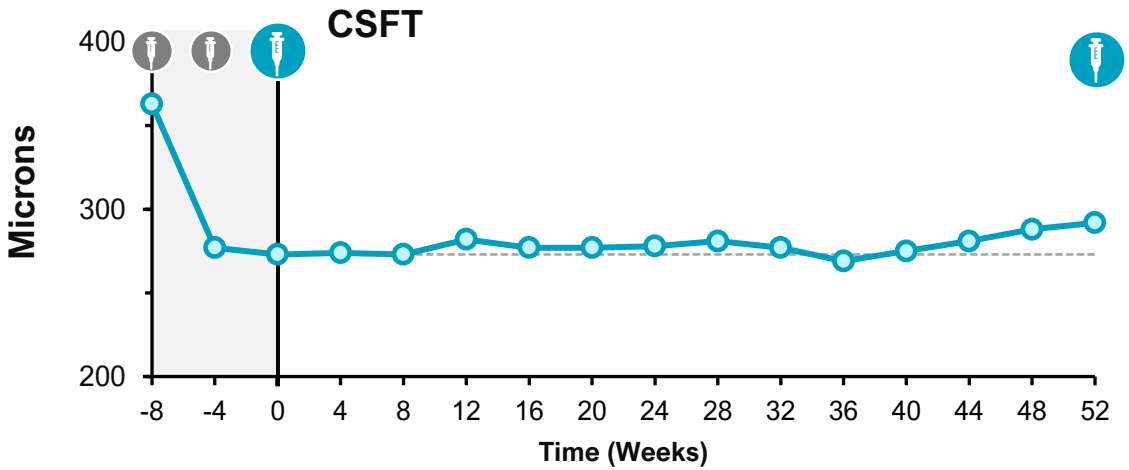
-8 Weeks	**BCVA:** 74 Ltrs **CSFT:** 448 µm	
Baseline	**BCVA:** 85 Ltrs *Snellen: 20/20* **CSFT:** 261 µm	
Week 4	**BCVA (Δ):** 85 (0) Ltrs **CSFT (Δ):** 257 (-4) µm	
Week 12	**BCVA (Δ):** 84 (-1) Ltrs **CSFT (Δ):** 253 (-8) µm	
Week 24	**BCVA (Δ):** 85 (0) Ltrs **CSFT (Δ):** 248 (-13) µm	
Week 36	**BCVA (Δ):** 79 (-6) Ltrs *Snellen: 20/25* **CSFT (Δ):** 256 (-5) µm	
Week 52	**BCVA (Δ):** 82 (-3) Ltrs *Snellen: 20/25* **CSFT (Δ):** 246 (-15) µm	

OCULAR THERAPEUTIX Retina experience redefined

Subject missed Week 32 visit
Case study of one subject; individual results may vary
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; Ltrs, letters

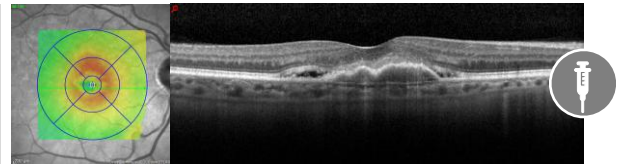
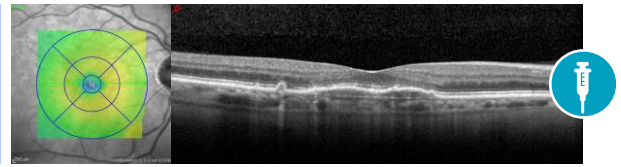
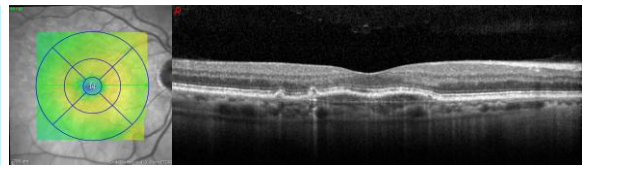
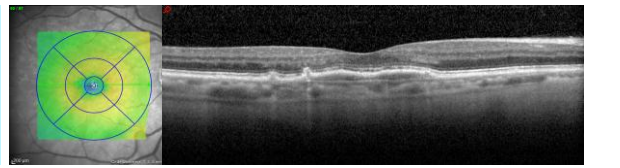
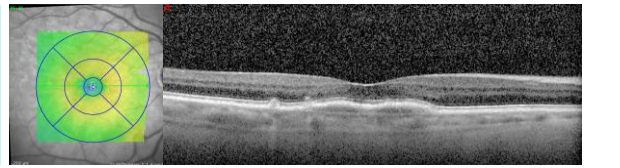
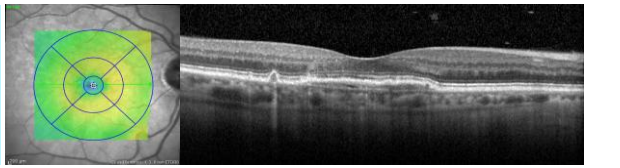
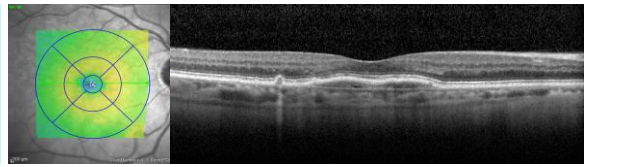
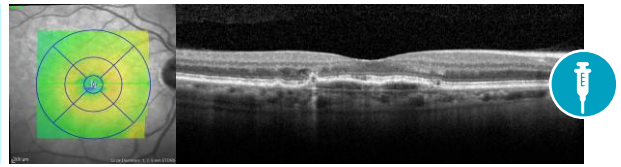
OTX-TKI Case 4





Screening
Aflibercept (2mg)

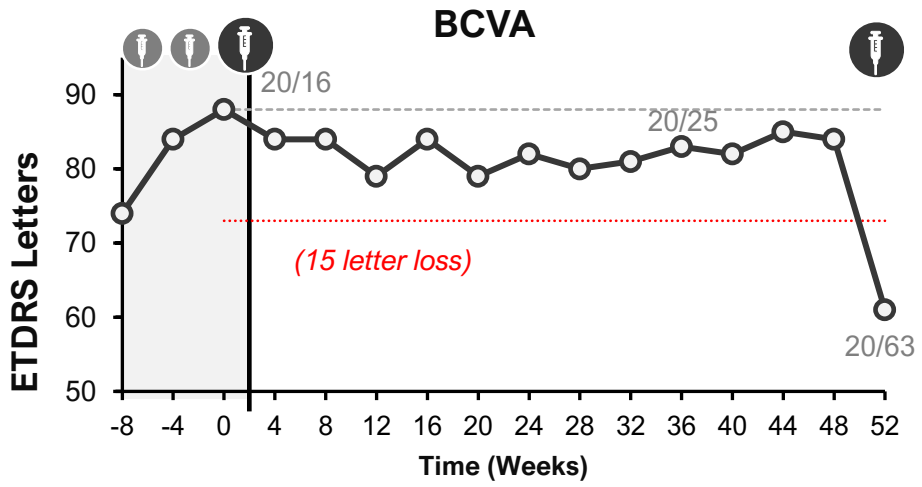
OTX-TKI
(0.45mg)

-8 Weeks	**BCVA:** 64 Ltrs **CSFT:** 363 µm	
Baseline	**BCVA:** 85 Ltrs *Snellen: 20/20* **CSFT:** 273 µm	
Week 4	**BCVA (Δ):** 82 (-3) Ltrs **CSFT (Δ):** 274 (+1) µm	
Week 16	**BCVA (Δ):** 83 (-2) Ltrs **CSFT (Δ):** 277 (+4) µm	
Week 24	**BCVA (Δ):** 86 (+1) Ltrs **CSFT (Δ):** 278 (+5) µm	
Week 36	**BCVA (Δ):** 79 (-6) Ltrs *Snellen: 20/26* **CSFT (Δ):** 269 (-4) µm	
Week 44	**BCVA (Δ):** 85 (0) Ltrs **CSFT (Δ):** 281 (+8) µm	
Week 52	**BCVA (Δ):** 90 (+5) Ltrs *Snellen: 20/16* **CSFT (Δ):** 292 (+19) µm	

OCULAR THERAPEUTIX
Retina experience redefined

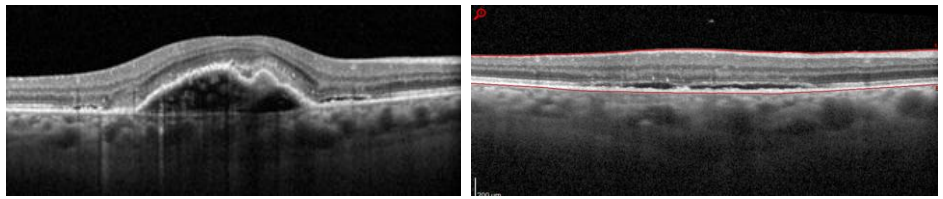
Case study of one subject; individual results may vary
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; Ltrs, letters

Aflibercept Case 1



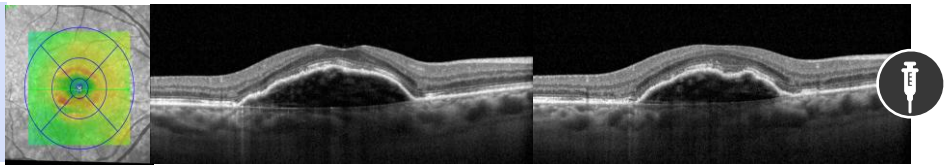
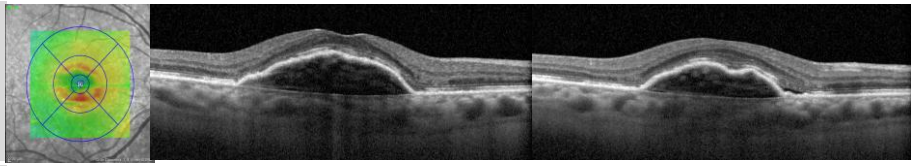
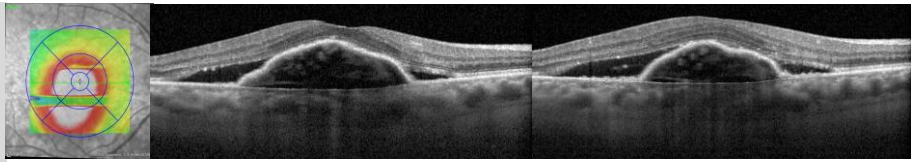
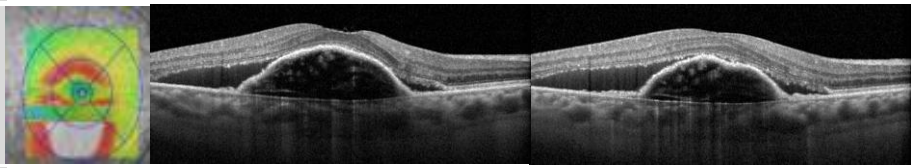
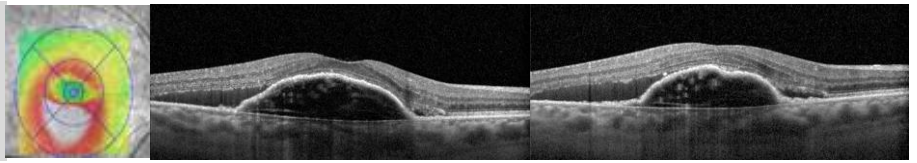
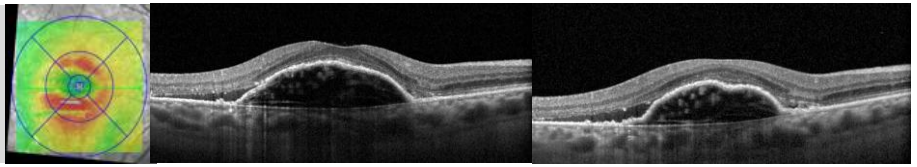
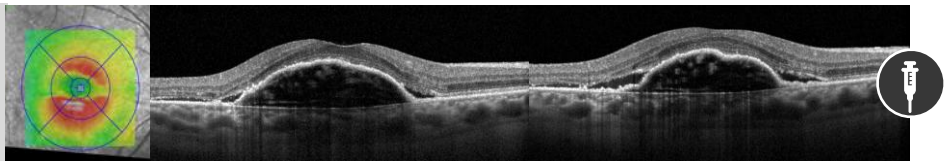
-8 Weeks

BCVA: 74 Ltrs **CSFT:** 227 µm



Screening Aflibercept (2mg)

Study Aflibercept (2 mg)

Baseline	**BCVA:** 88 Ltrs *Snellen: 20/16* **CSFT:** 210 µm	
Week 4	**BCVA (Δ):** 84 (-4) Ltrs **CSFT (Δ):** 213 (+3) µm	
Week 12	**BCVA (Δ):** 79 (-9) Ltrs **CSFT (Δ):** 208 (-2) µm	
Week 24	**BCVA (Δ):** 82 (-6) Ltrs **CSFT (Δ):** 209 (-1) µm	
Week 36	**BCVA (Δ):** 83 (-5) Ltrs *Snellen: 20/25* **CSFT (Δ):** 207 (-3) µm	
Week 48	**BCVA (Δ):** 84 (-4) Ltrs **CSFT (Δ):** 203 (-7) µm	
Week 52	**BCVA (Δ):** 61 (-27) Ltrs *Snellen: 20/63* **CSFT (Δ):** 204 (-6) µm	

OCULAR THERAPEUTIX Retina experience redefined

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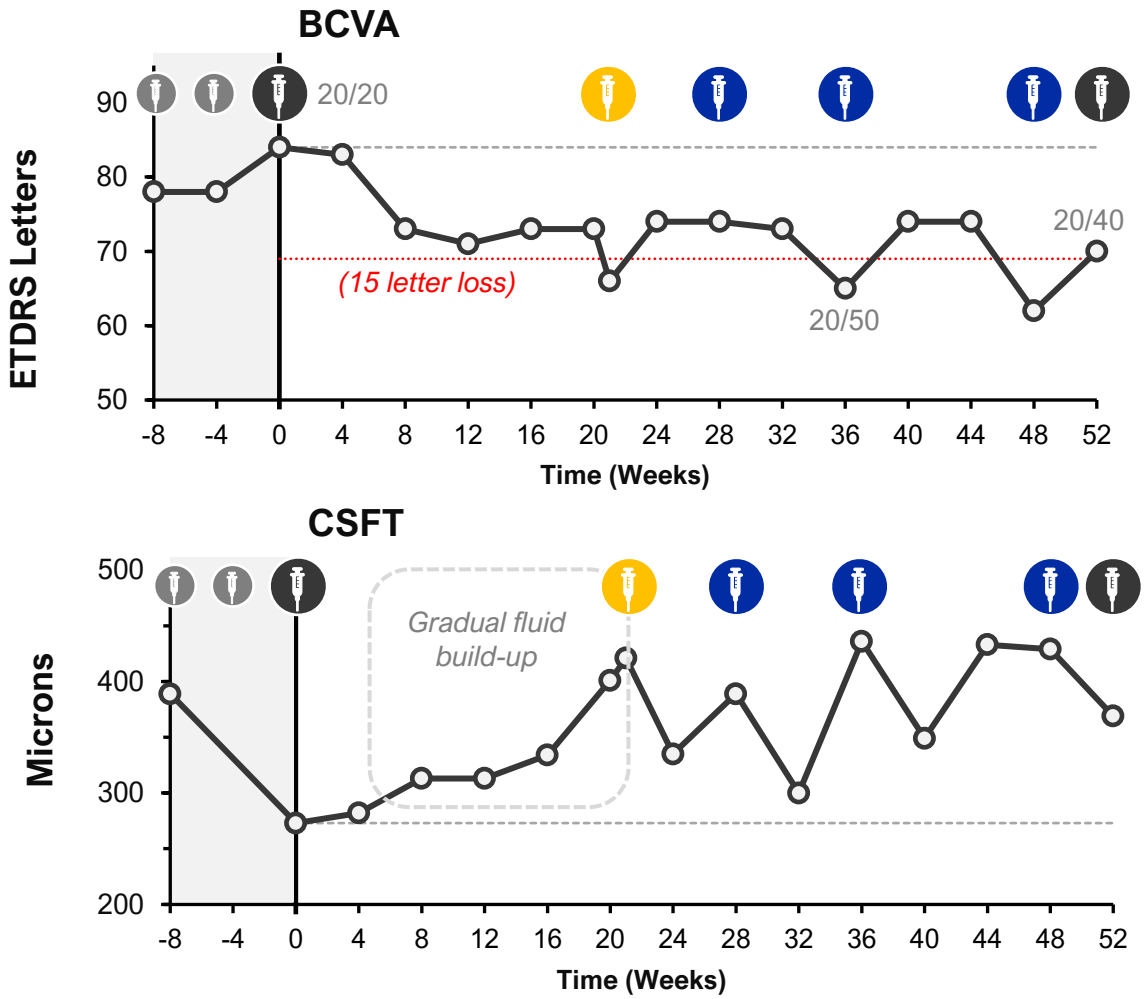
Aflibercept Case 2

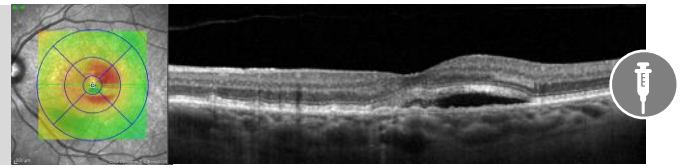
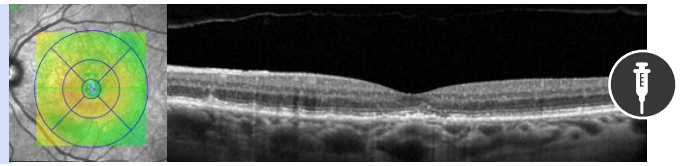
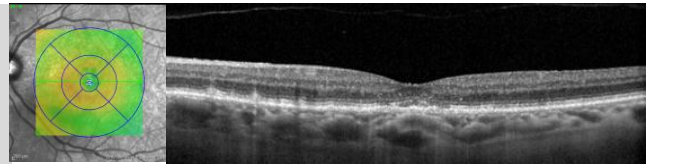
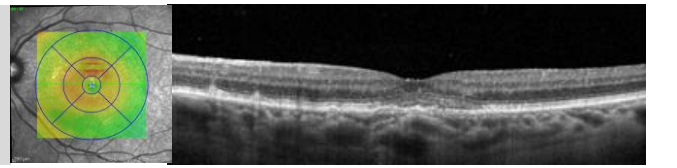
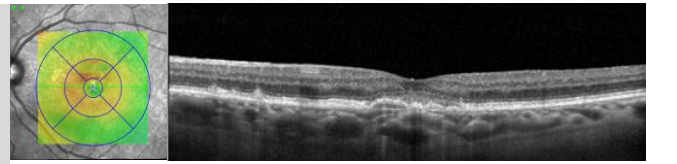
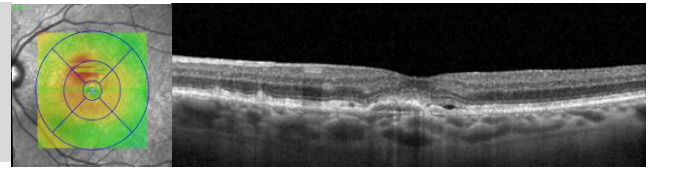
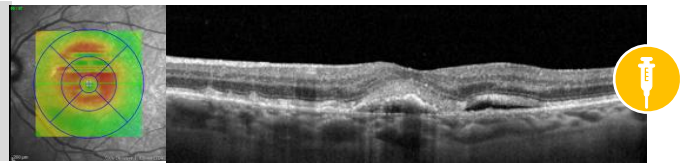


Screening Aflibercept (2mg)

Study Aflibercept (2 mg)

Per-Protocol Rescue Aflibercept (2mg)

Investigator Discretion Rescue

-8 Weeks	**BCVA:** 78 Ltrs **CSFT:** 389 µm	
Baseline	**BCVA:** 84 Ltrs *Snellen: 20/20* **CSFT:** 273 µm	
Week 4	**BCVA (Δ):** 83 (-1) Ltrs **CSFT (Δ):** 282 (+9) µm	
Week 8	**BCVA (Δ):** 73 (-11) Ltrs **CSFT (Δ):** 313 (+40) µm	
Week 12	**BCVA (Δ):** 71 (-13) Ltrs **CSFT (Δ):** 313 (+40) µm	
Week 16	**BCVA (Δ):** 73 (-11) Ltrs **CSFT (Δ):** 334 (+61) µm	
Week 21 *unscheduled*	**BCVA (Δ):** 66 (-18) Ltrs **CSFT (Δ):** 421 (+148) µm	

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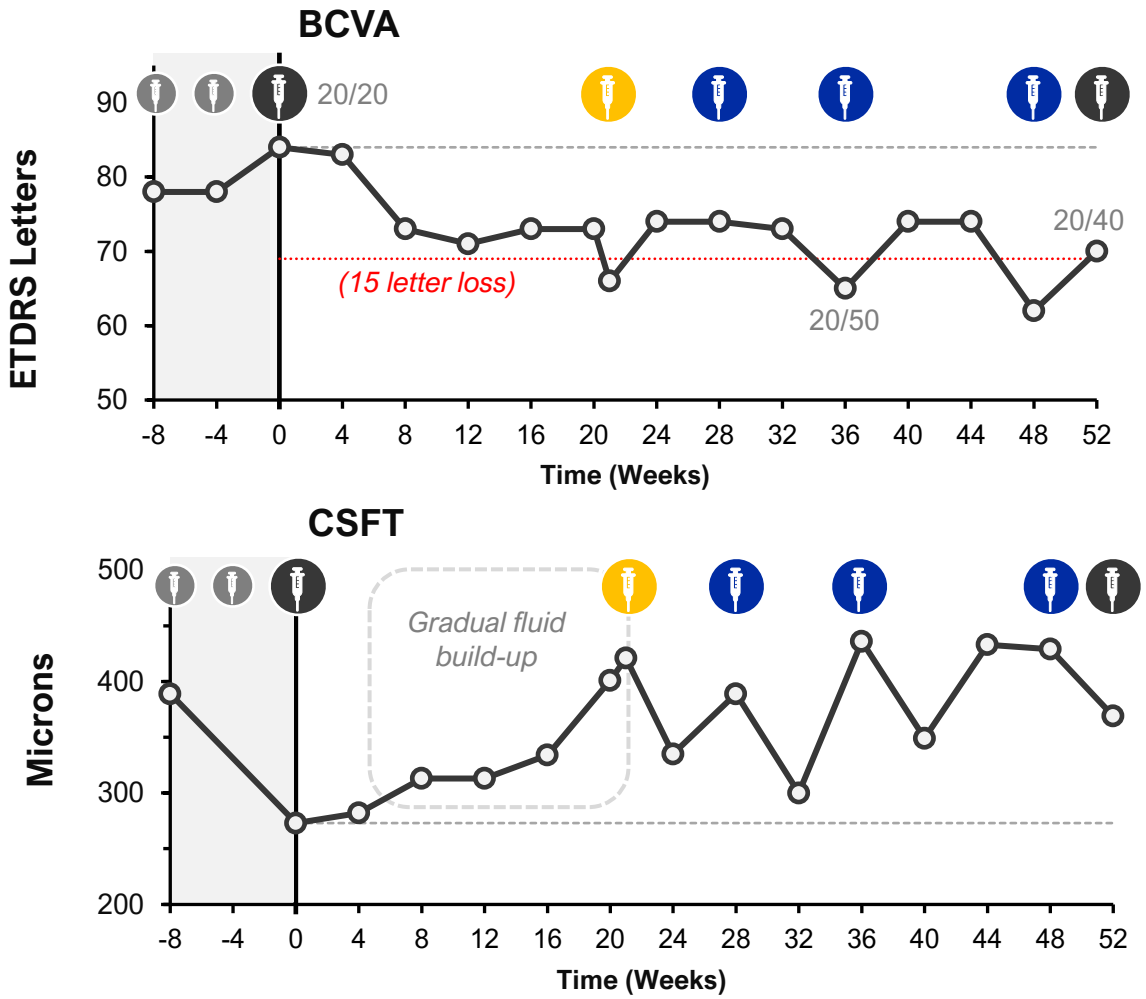
Aflibercept Case 2

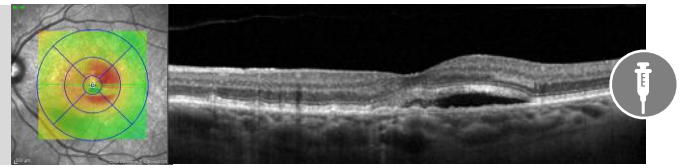
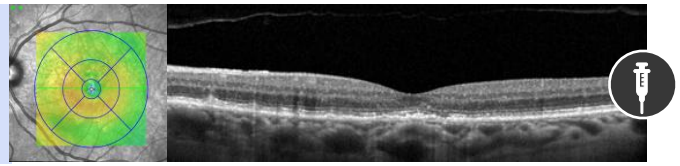
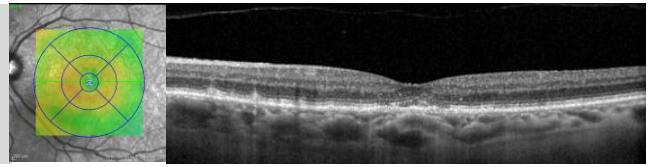
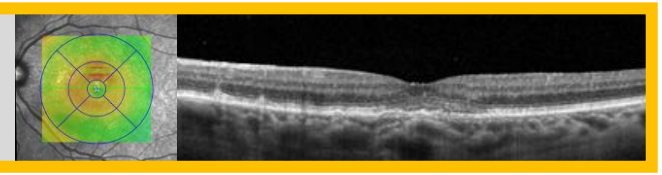
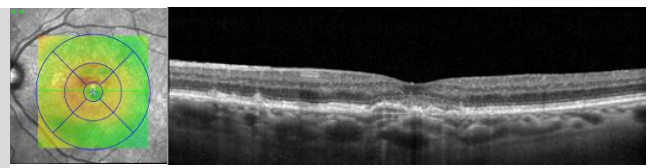
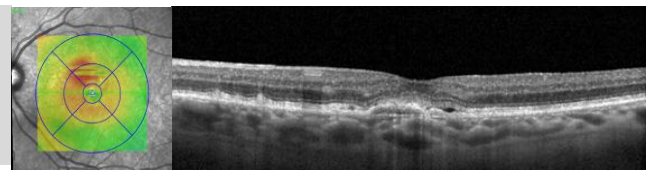
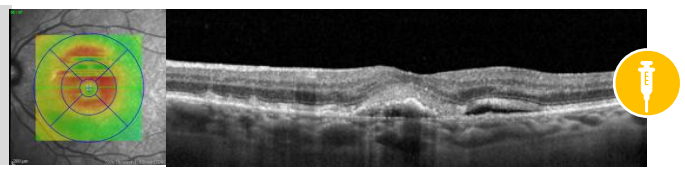


Screening Aflibercept (2mg)

Study Aflibercept (2 mg)

Per-Protocol Rescue Aflibercept (2mg)

Investigator Discretion Rescue

-8 Weeks	**BCVA:** 78 Ltrs **CSFT:** 389 µm	
Baseline	**BCVA:** 84 Ltrs *Snellen: 20/20* **CSFT:** 273 µm	
Week 4	**BCVA (Δ):** 83 (-1) Ltrs **CSFT (Δ):** 282 (+9) µm	
Week 8	**BCVA (Δ):** 73 (-11) Ltrs **CSFT (Δ):** 313 (+40) µm	
Week 12	**BCVA (Δ):** 71 (-13) Ltrs **CSFT (Δ):** 313 (+40) µm	
Week 16	**BCVA (Δ):** 73 (-11) Ltrs **CSFT (Δ):** 334 (+61) µm	
Week 21 *unscheduled*	**BCVA (Δ):** 66 (-18) Ltrs **CSFT (Δ):** 421 (+148) µm	

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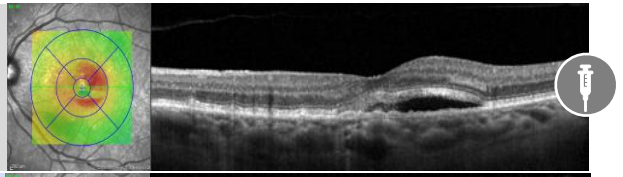
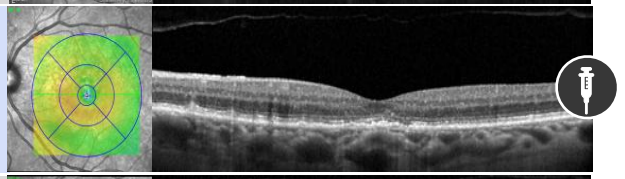
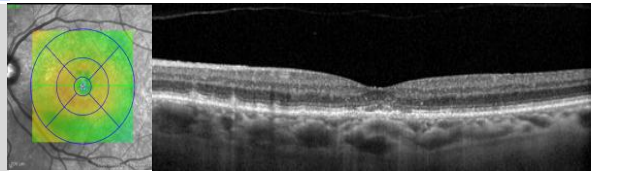
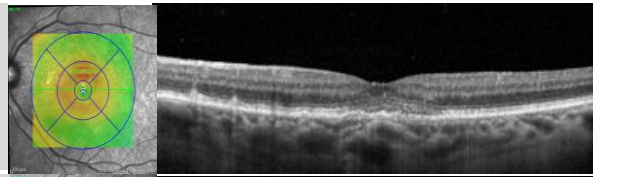
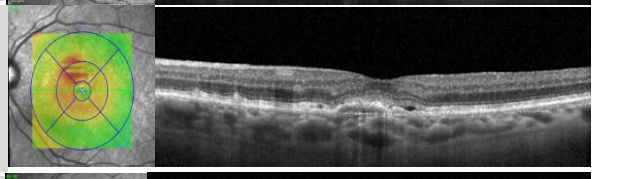
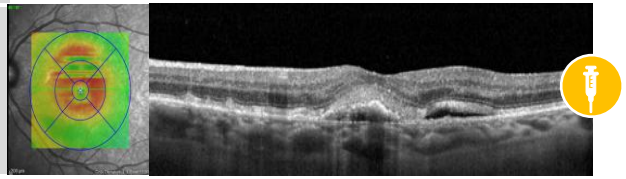
Aflibercept Case 2

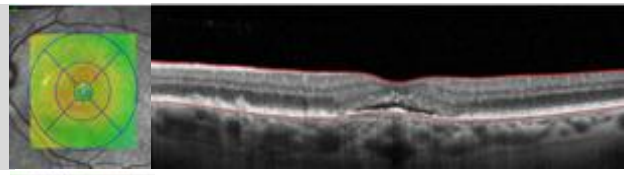
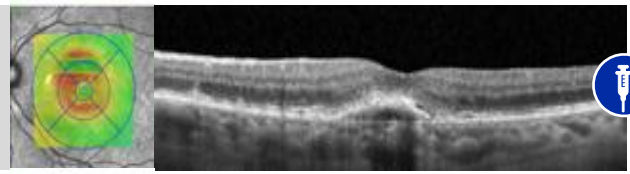
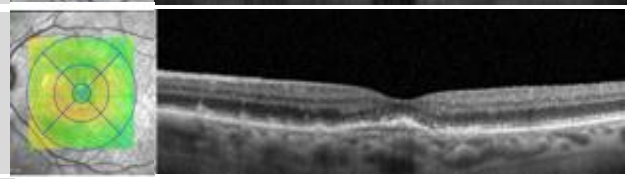
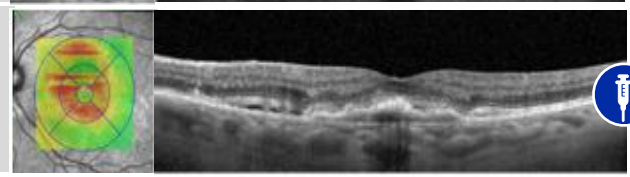
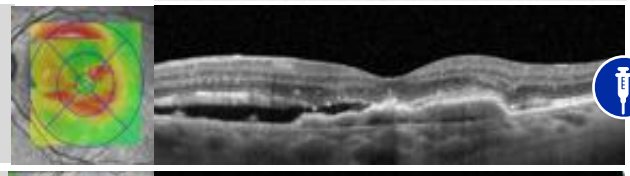
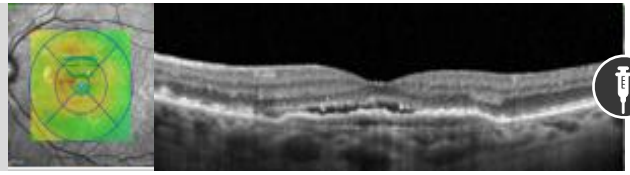
Screening Aflibercept (2mg)

Study Aflibercept (2 mg)

Per-Protocol Rescue Aflibercept (2mg)

Investigator Discretion Rescue

-8 Weeks	**BCVA:** 78 Ltrs **CSFT:** 389 µm	
Baseline	**BCVA:** 84 Ltrs *Snellen: 20/20* **CSFT:** 273 µm	
Week 4	**BCVA (Δ):** 83 (-1) Ltrs **CSFT (Δ):** 282 (+9) µm	
Week 8	**BCVA (Δ):** 73 (-11) Ltrs **CSFT (Δ):** 313 (+40) µm	
Week 16	**BCVA (Δ):** 73 (-11) Ltrs **CSFT (Δ):** 334 (+61) µm	
Week 21 *unscheduled*	**BCVA (Δ):** 66 (-18) Ltrs **CSFT (Δ):** 421 (+148) µm	

Week 24	**BCVA (Δ):** 74 (-10) Ltrs **CSFT (Δ):** 335 (+62) µm	
Week 28	**BCVA (Δ):** 74 (-10) Ltrs **CSFT (Δ):** 389 (+116) µm	
Week 32	**BCVA (Δ):** 73 (-11) Ltrs **CSFT (Δ):** 300 (+27) µm	
Week 36	**BCVA (Δ):** 65 (-19) Ltrs *Snellen: 20/50* **CSFT (Δ):** 436 (+163) µm	
Week 48	**BCVA (Δ):** 62 (-22) Ltrs **CSFT (Δ):** 429 (+156) µm	
Week 52	**BCVA (Δ):** 70 (-14) Ltrs *Snellen: 20/40* **CSFT (Δ):** 369 (+96) µm	

OCULAR THERAPEUTIX Retina experience redefined

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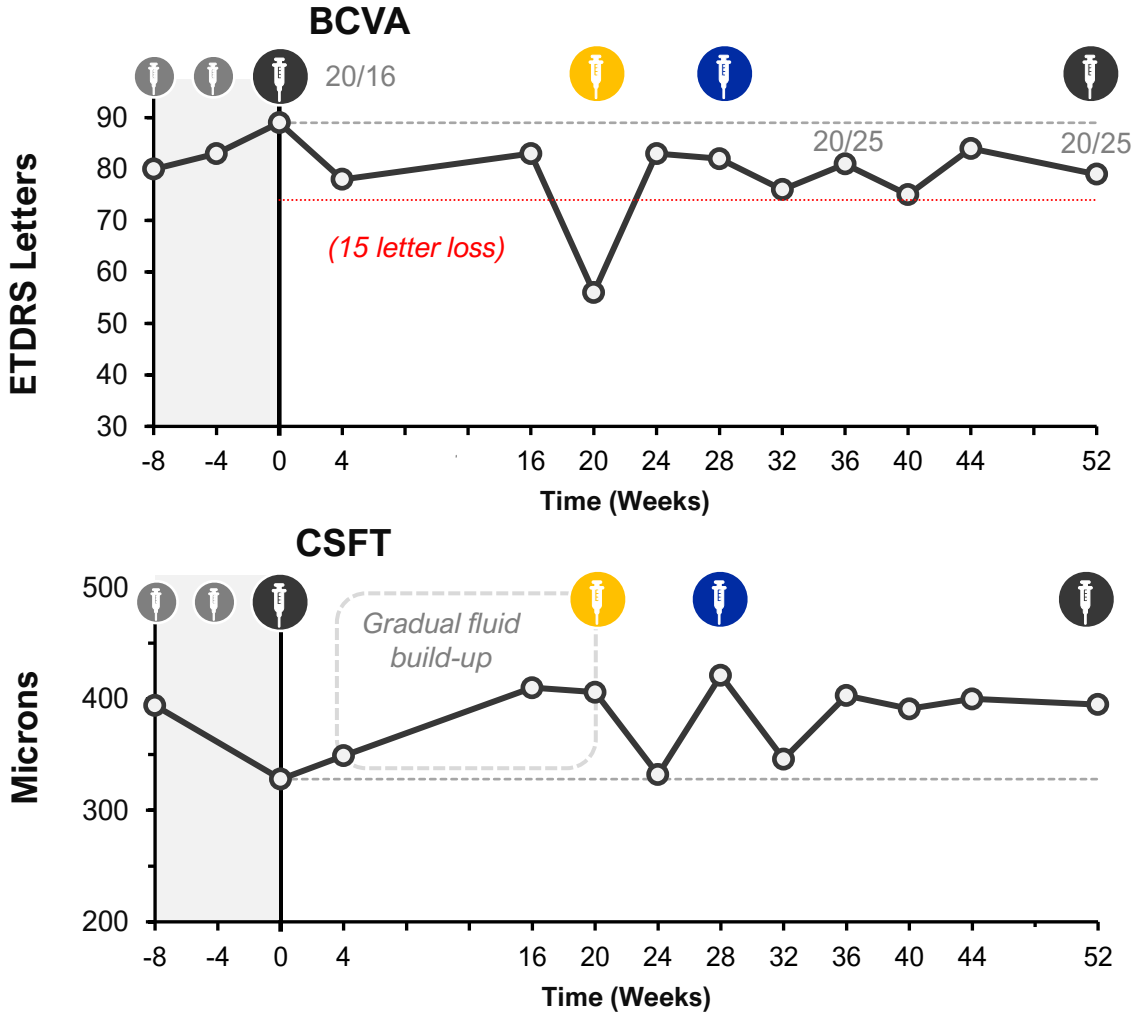
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; Ltrs, letters

Aflibercept Case 3

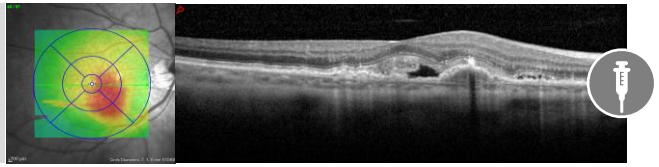
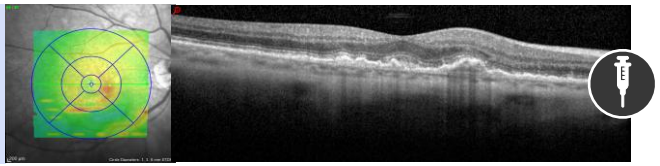
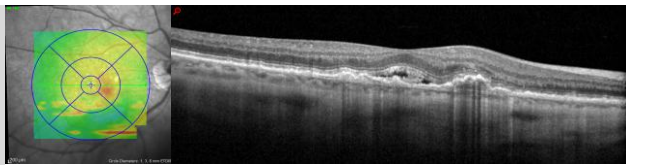
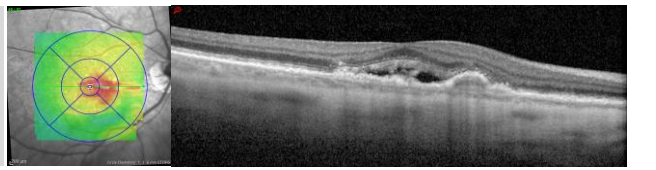
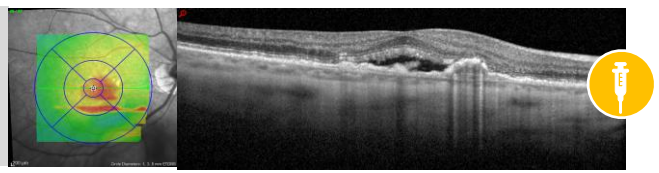
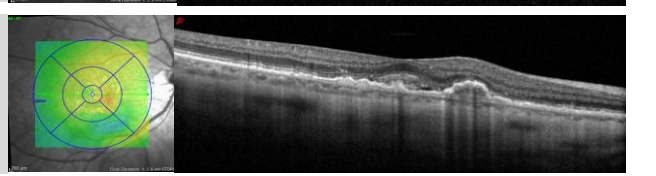
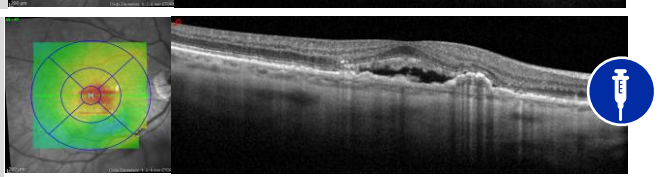
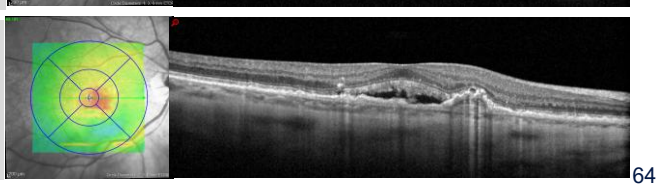


Screening Aflibercept (2mg)

Study Aflibercept (2 mg)

Per-Protocol Rescue Aflibercept (2mg)

Investigator Discretion Rescue

-8 Weeks	**BCVA:** 80 Ltrs **CSFT:** 394 µm	
Baseline	**BCVA:** 89 Ltrs *Snellen: 20/16* **CSFT:** 328 µm	
Week 4	**BCVA (Δ):** 78 (-11) Ltrs **CSFT (Δ):** 349 (+21) µm	
Week 16	**BCVA (Δ):** 83 (-6) Ltrs **CSFT (Δ):** 410 (+82) µm	
Week 20	**BCVA (Δ):** 56 **(-33)** Ltrs **CSFT (Δ):** 406 (+78) µm	
Week 24	**BCVA (Δ):** 83 (-6) Ltrs **CSFT (Δ):** 332 (+4) µm	
Week 28	**BCVA (Δ):** 82 (-7) Ltrs **CSFT (Δ):** 421 (+93) µm	
Week 36	**BCVA (Δ):** 81(-8) Ltrs *Snellen: 20/25* **CSFT (Δ):** 403 (+75) µm	

OCULAR THERAPEUTIX Retina experience redefined

Subject missed W8/W12/W48 Visits
Case study of one subject; individual results may vary
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; Ltrs, letters

Aflibercept Case 3

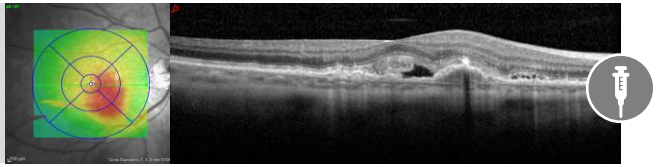
Screening Aflibercept (2mg) injection

Study Aflibercept (2 mg) administration

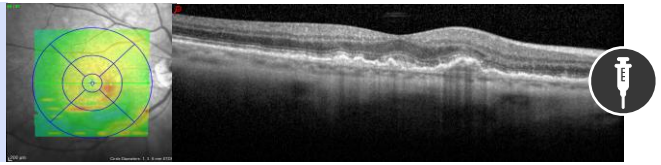
Per-Protocol Rescue Aflibercept (2mg)

Investigator Discretion Rescue

-8 Weeks
BCVA: 80 Ltrs
CSFT: 394 µm



Baseline
BCVA: 89 Ltrs
Snellen: 20/16
CSFT: 328 µm



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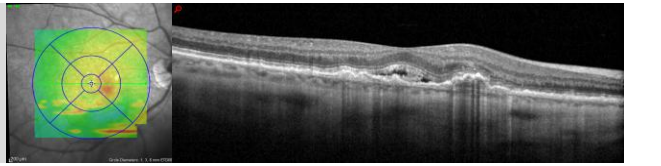

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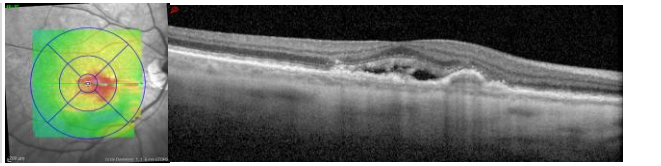

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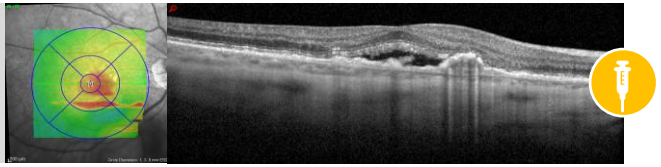

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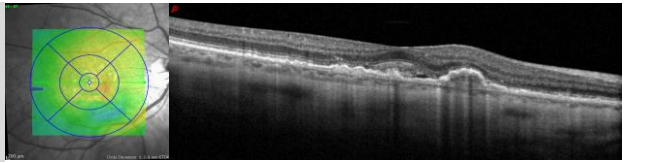

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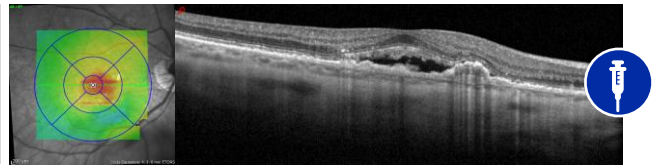

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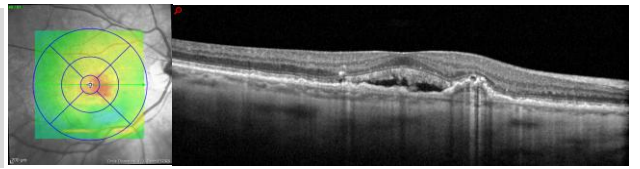
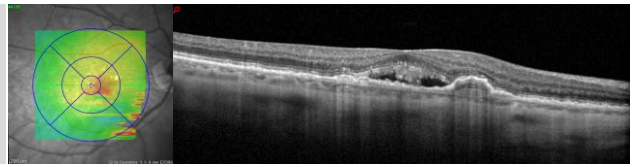
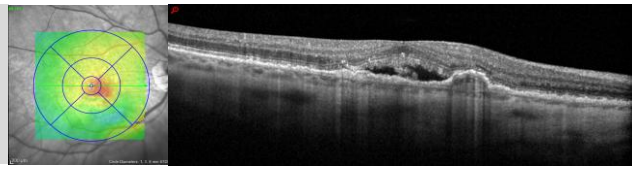


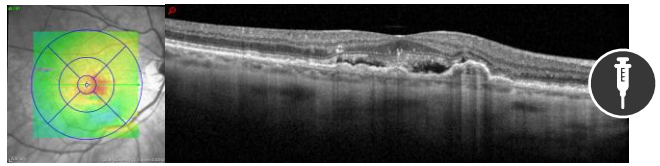
Week 40
BCVA (Δ): 75 (-14) Ltrs
CSFT (Δ): 391 (+63) µm



Week 44
BCVA (Δ): 84 (-5) Ltrs
CSFT (Δ): 400 (+72) µm



Week 52
BCVA (Δ): 79 (-10) Ltrs
Snellen: 20/25
CSFT (Δ): 395 (+67) µm

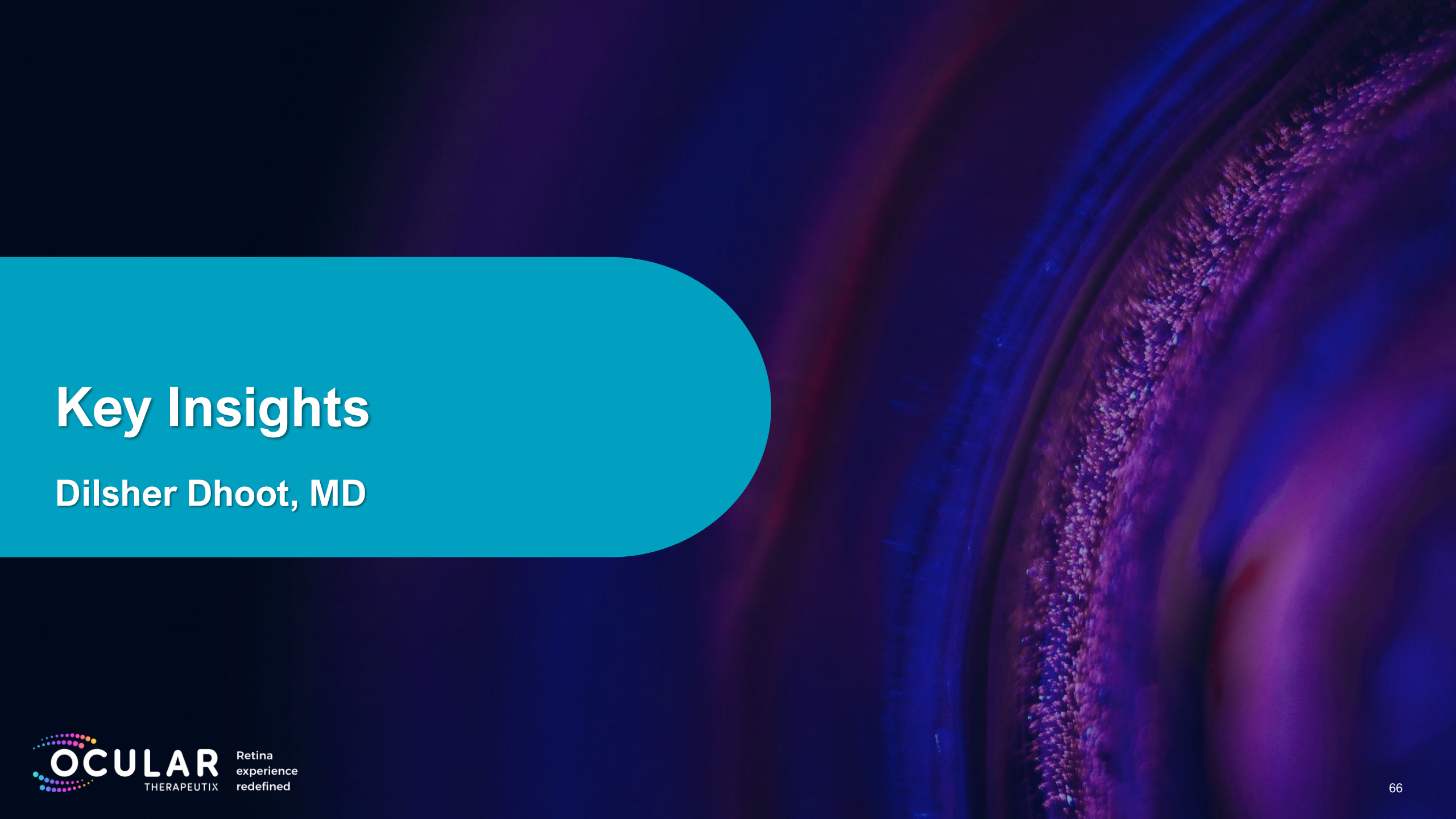


OCULAR THERAPEUTIX Retina experience redefined

Subject missed W8/W12/W48 Visits
Case study of one subject; individual results may vary
BCVA, best-corrected visual acuity; CSFT, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; Ltrs, letters

Key Insights

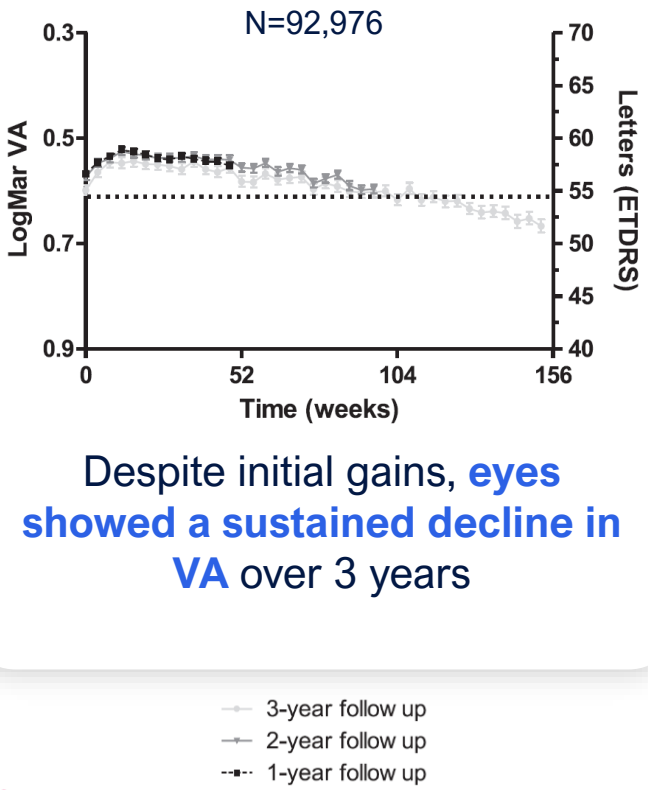
Dilsher Dhoot, MD



OCULAR THERAPEUTIX Retina experience redefined

Eyes with Excellent Baseline Vision Decline on Average in Real-World Studies

Visual Acuity Over Time



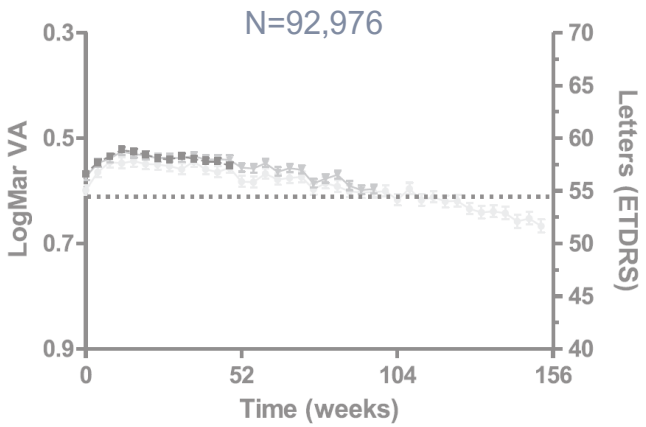
Despite initial gains, **eyes showed a sustained decline in VA** over 3 years

OCULAR THERAPEUTIX Retina experience redefined™

Writing Committee for the UK Age-Related Macular Degeneration EMR Users Group. The neovascular age-related macular degeneration database: multicenter study of 92 976 ranibizumab injections: report 1: visual acuity. *Ophthalmology*. 2014;121(5):1092-1101.
ETDRS, Early Treatment Diabetic Retinopathy Study; VA, visual acuity; RWE, real world evidence

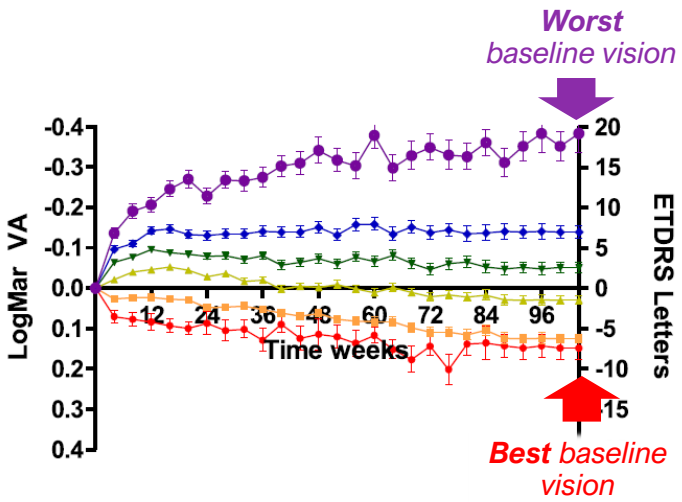
Eyes with Excellent Baseline Vision Decline on Average in Real-World Studies

Visual Acuity Over Time



Despite initial gains, **eyes showed a sustained decline in VA** over 3 years

Change in Vision
Stratified by Baseline VA



Change in vision is dependent on baseline status with **eyes starting with better vision showing greater decline**

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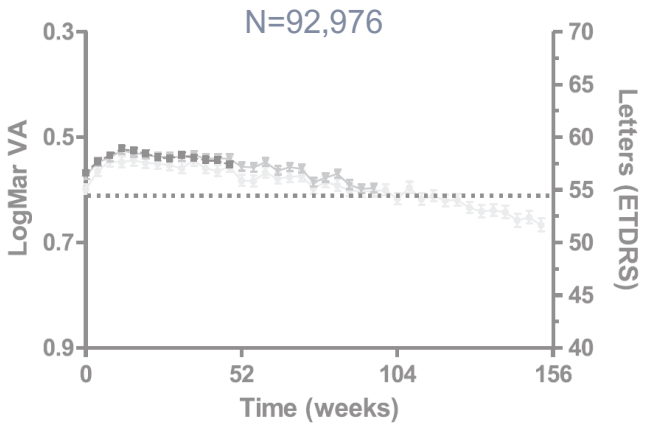
ETDRS, Early Treatment Diabetic Retinopathy Study; VA, visual acuity; RWE, real world evidence

Actual Visual Acuity, NOT Change, is What is Meaningful to Patients

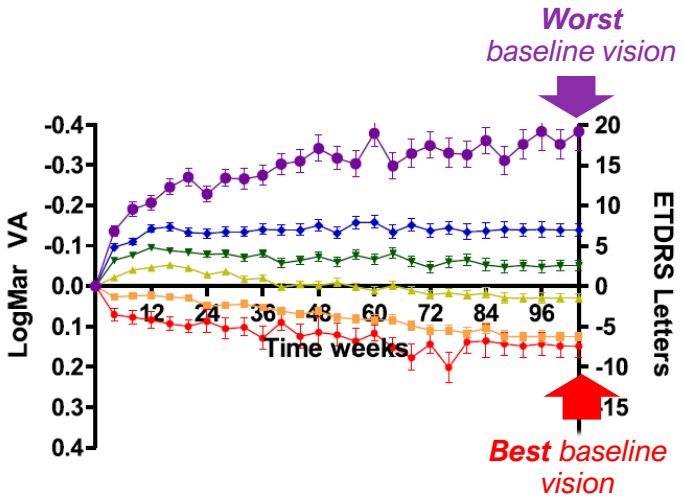
Visual Acuity Over Time



Despite initial gains, **eyes showed a sustained decline in VA** over 3 years

3-year follow up
2-year follow up
1-year follow up

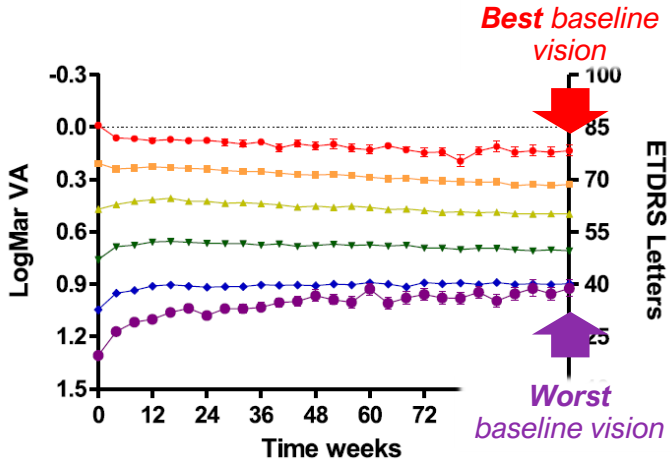
Change in Vision
Stratified by Baseline VA



Change in vision is dependent on baseline status with **eyes starting with better vision showing greater decline**

Baseline -0.29-0.00 (n=166)
Baseline 0.01-0.30 (n=2166)
Baseline 0.31-0.60 (n=3729)
Baseline 0.61-0.90 (n=2905)
Baseline 0.91-1.20 (n=1843)
Baseline 1.21-1.50 (n=411)

Mean Vision
Stratified by Baseline VA



Best baseline vision maintains the highest overall visual acuity

Baseline -0.29-0.00 (n=166)
Baseline 0.01-0.30 (n=2166)
Baseline 0.31-0.60 (n=3729)
Baseline 0.61-0.90 (n=2905)
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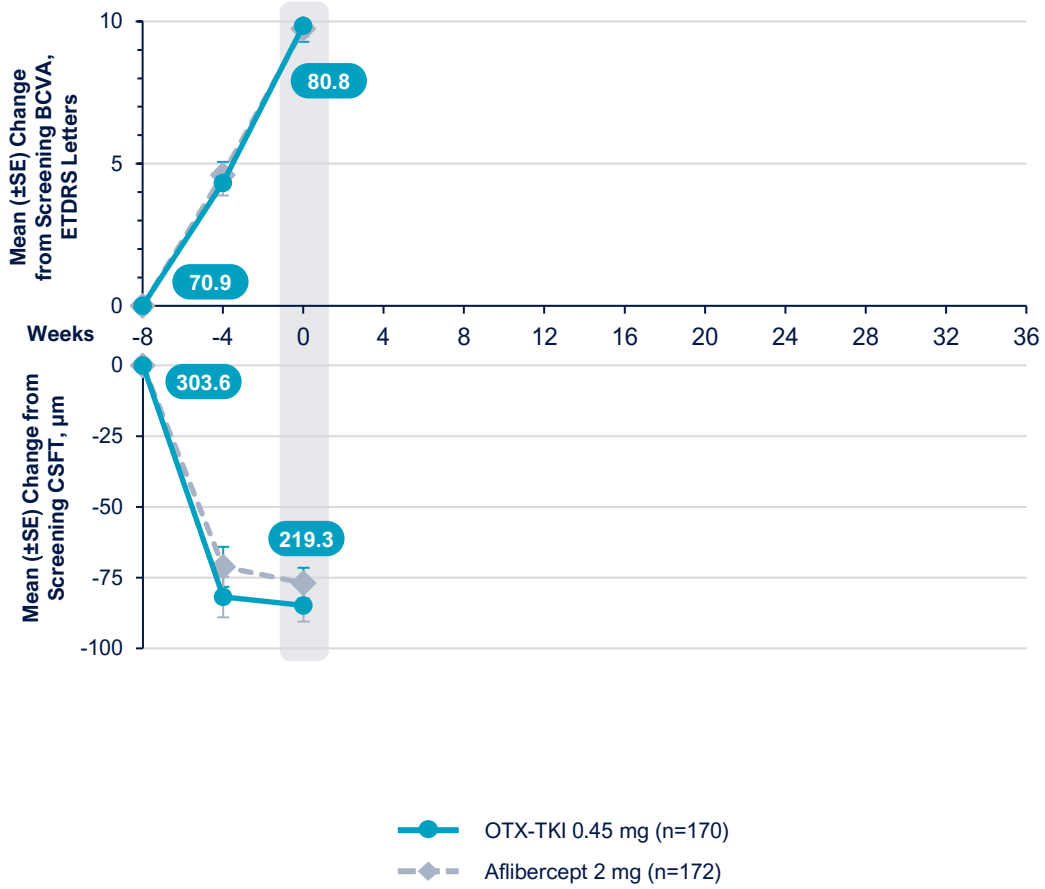
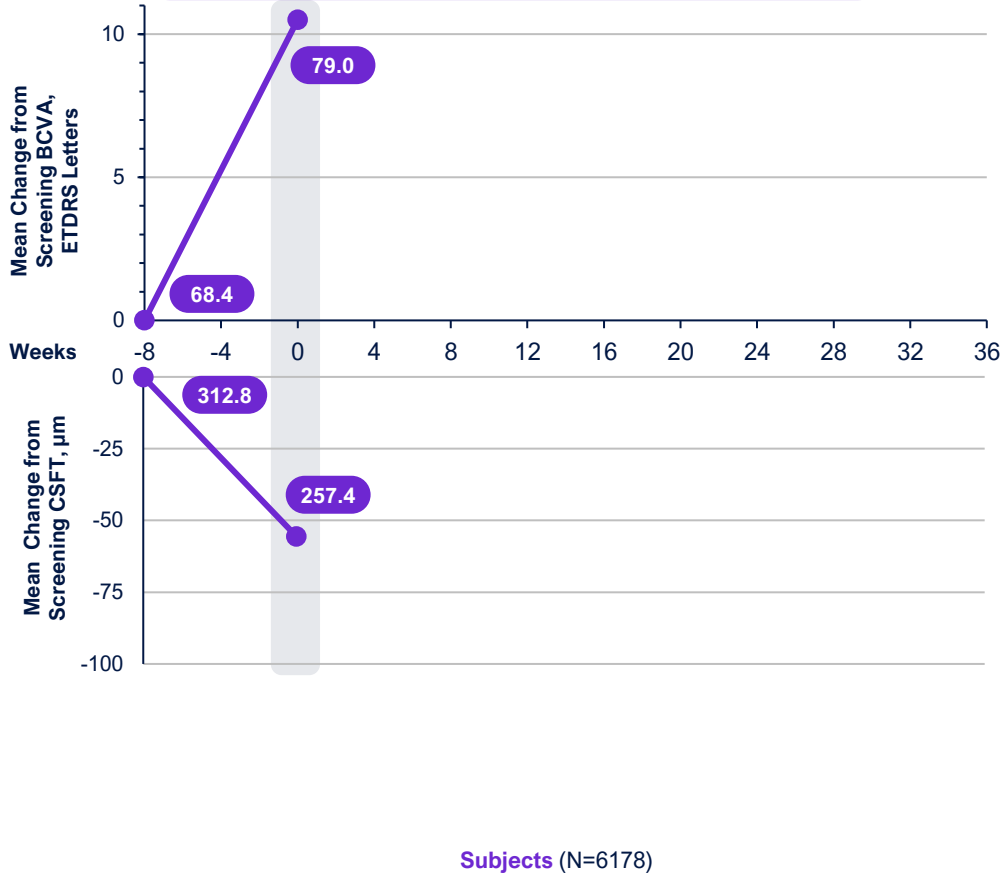
How Does SOL-1 Data Align with Real World Outcomes?

SOL-1 Clinical Trial



SOL-1 Emulated Population

IRIS Registry



Subjects (N=6178)

OCULAR THERAPEUTIX Retina experience redefined™

Post hoc analysis

Data on File. Ocular Therapeutix. 2026

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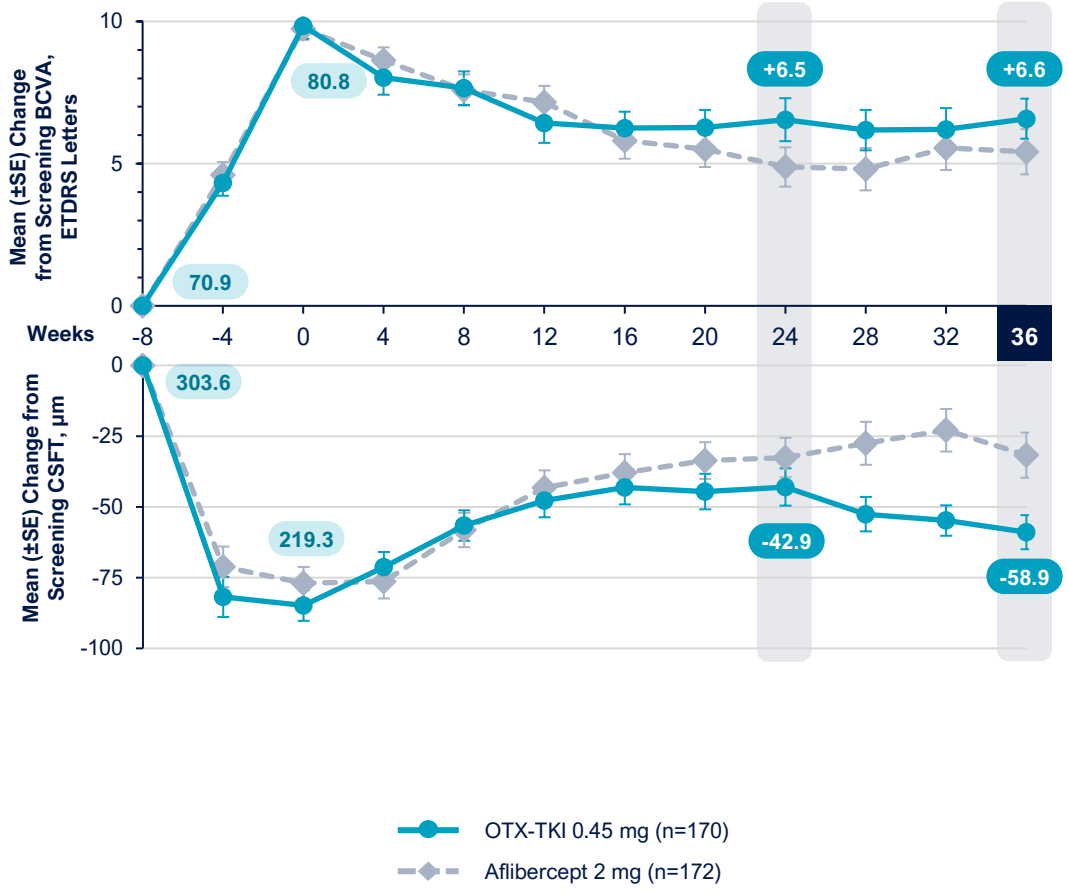
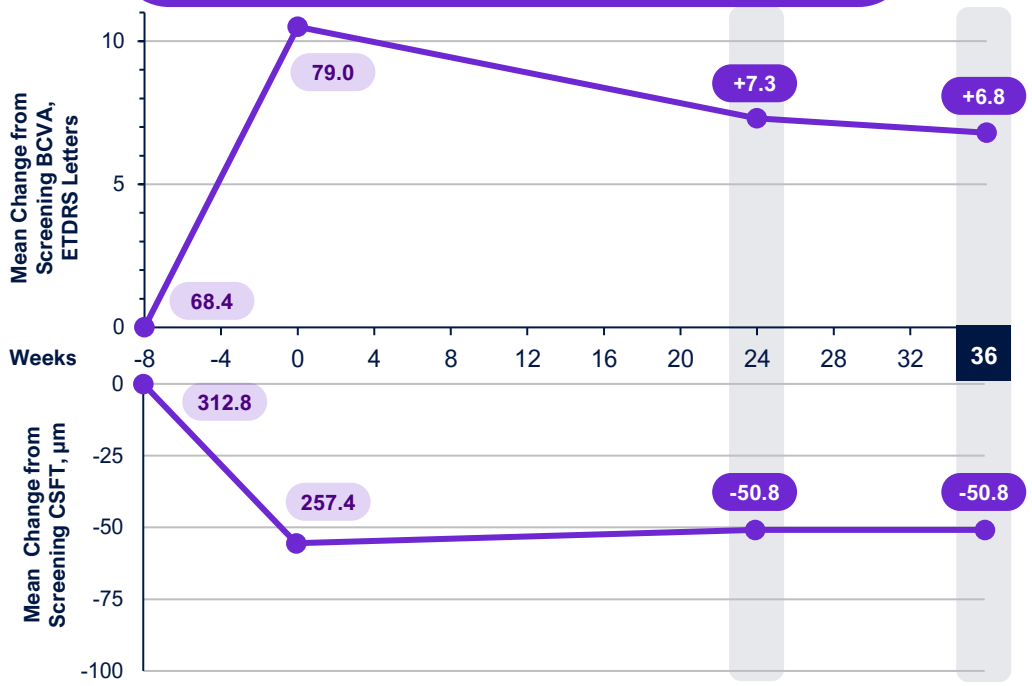
SOL-1 Clinical Trial



SOL-1 Emulated Population
IRIS Registry



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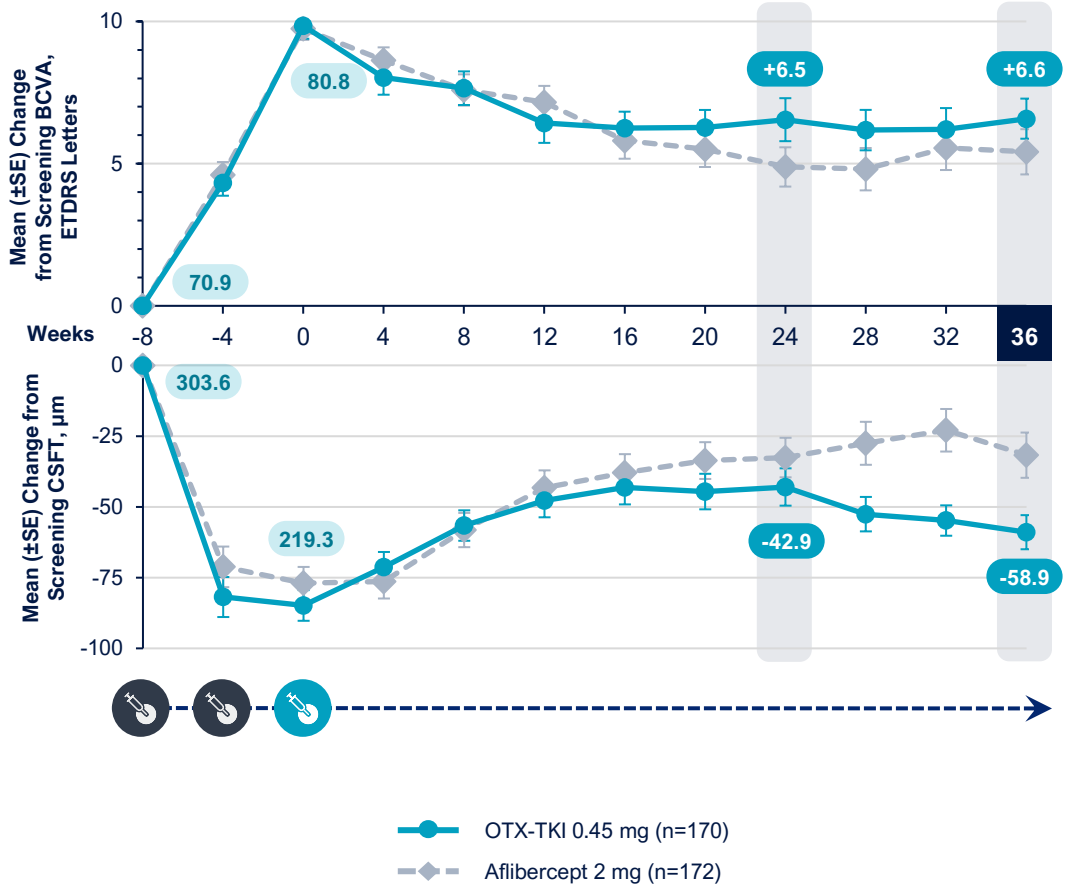

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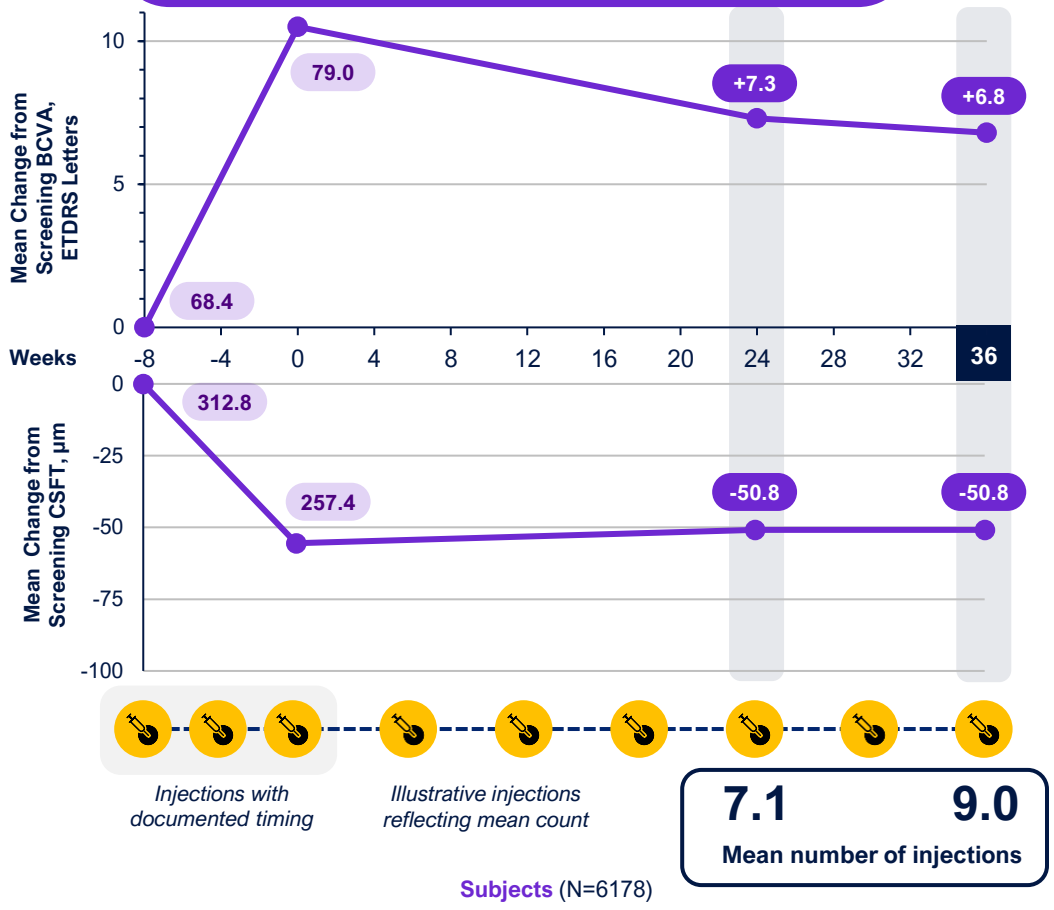


Post hoc analysis

Data on File. Ocular Therapeutix. 2026

SOL: OTX-TKI Phase 3 Clinical Program in nAMD

Evaluating the efficacy, durability and safety of OTX-TKI in nAMD

Registrational Trials

SOL-1

Phase 3
Superiority Trial

Durability of a single OTX-TKI injection

SOL-R

Phase 3
Non-Inferiority Trial

Repeat dosing every 6 months

Complementary studies designed to provide a comprehensive characterization of OTX-TKI across patient populations

Extension Study

SOL-X

Open-Label Extension

Long-term safety and disease modifying potential of continuous VEGF suppression

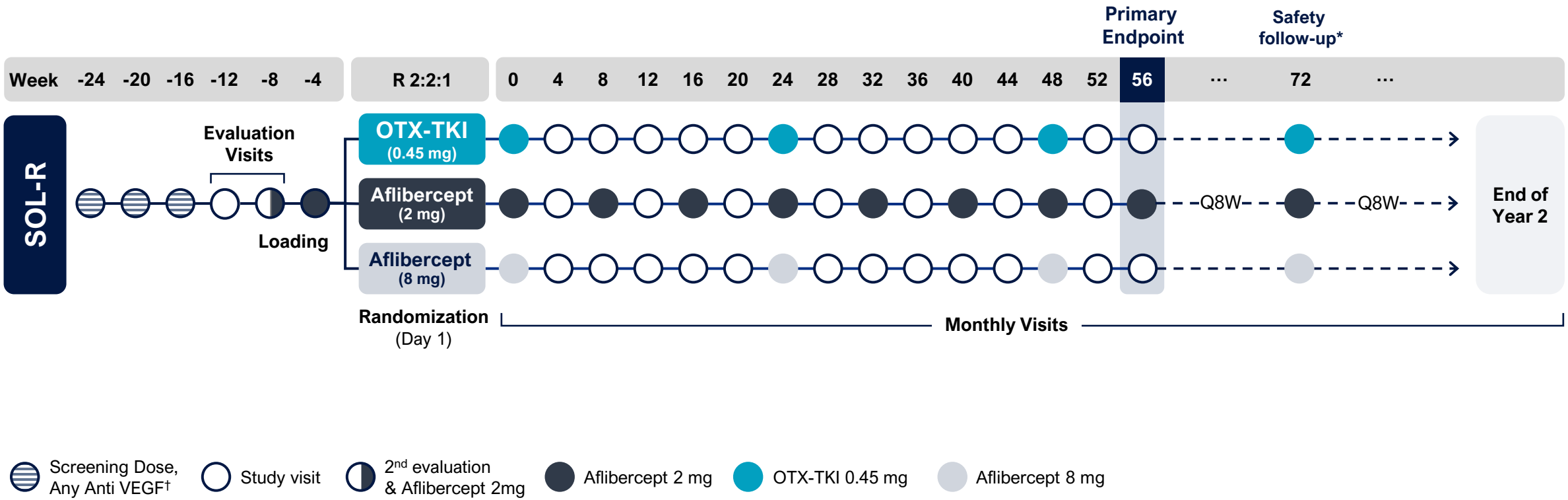
Eligible patients who complete end of Year 2 visit in SOL-1 or SOL-R

OCULAR THERAPEUTIX Retina experience redefined™

nAMD, neovascular age-related macular degeneration; VEGF, vascular endothelial growth factor

SOL-R: Phase 3 nAMD Study Design

Non-Inferiority Study Comparing OTX-TKI q24w to Aflibercept (2mg) q8w



Redefining the Management of nAMD

The Impact of Durability and Sustained Disease Control

May 15, 2026

Retina World Congress | Fort Lauderdale, FL

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MC-US-OTX-0231