

Virtual KOL Event

November 9, 2023



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PHARMACEUTICALS

Forward-Looking Statements

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Featured Speakers



Jay Duker, M.D.
President and CEO

- >30 years experience managing retinal diseases in clinical practice
- Previous Director of the New England Eye Center (NEEC) and Professor and Chair of the Department of Ophthalmology at Tufts Medical Center and the Tufts University School of Medicine in Boston



David S. Boyer, M.D.

- Senior Partner at Retina-Vitreous Associates Medical Group
- Adjunct Clinical Professor of Ophthalmology at University of Southern California, Keck School of Medicine



David R. Lally, M.D.

- Retinal Surgeon at Baystate Medical Center
- Assistant Professor of Ophthalmology at the University of Massachusetts Medical School-Baystate
- Director of Retina Research Institute at New England Retinal Consultants

Agenda

	PRESENTATION SPEAKER
Introductions	Jay Duker, M.D.
Presentation: EYP-1901 in Wet AMD	Jay Duker, M.D.
Key Opinion Leader Insights and Discussion	Jay Duker, M.D. David S. Boyer, M.D. David R. Lally, M.D.
Q&A	All
Closing Remarks	Jay Duker, M.D.



Company Overview

Jay Duker, M.D.

President and CEO



COMPANY OVERVIEW

Committed to developing therapeutics to improve the lives of patients with serious retinal diseases

Pipeline represents multi billion-dollar opportunities using our bioerodible Durasert E™ intravitreal (IVT) delivery technology

- **EYP-1901** –vorolanib, a patented tyrosine kinase inhibitor (TKI)
 - Topline Phase 2 data in **wet AMD** anticipated in Dec 2023
 - Topline Phase 2 data in **NPDR** anticipated in Q2 2024
 - Phase 2 trial in **DME** planned to commence in Q1 2024
- **EYP-2301** –razuprotafib, a patented TIE-2 agonist for serious retinal diseases

Durasert® - proven, safe IVT drug delivery technology

- Routine in-office IVT injection
- Bioerodible and non-erodible formulations
- Safely administered to ~80,000 patient eyes across four FDA approved products with non erodible formulations

Strong Balance Sheet

- \$136.0M of cash and investments on September 30, 2023
- Cash runway into 2025

There is a Significant Need for More Durable Therapies in Wet AMD



1

• Many patients with wet AMD are chronically undertreated

- >80% of Retina Specialists say undertreatment is due to patient noncompliance, scheduling limitations or provider preference for less frequent dosing¹



2

• Current “treat and extend” protocol still places significant burden on physicians and patients

- Chronic disease treated with short acting anti-VEGF biologics



3

• A delay in care/missed visit can result in vision loss


- A delay in treatment of only 5.34 weeks resulted in vision loss²



4

• An aging population means significantly more injections in a patient’s lifetime

- Current anti-VEGF treatments are dosed on average every two months in the United States³



EYP-1901 a potential sustained delivery 6- month treatment for wet AMD

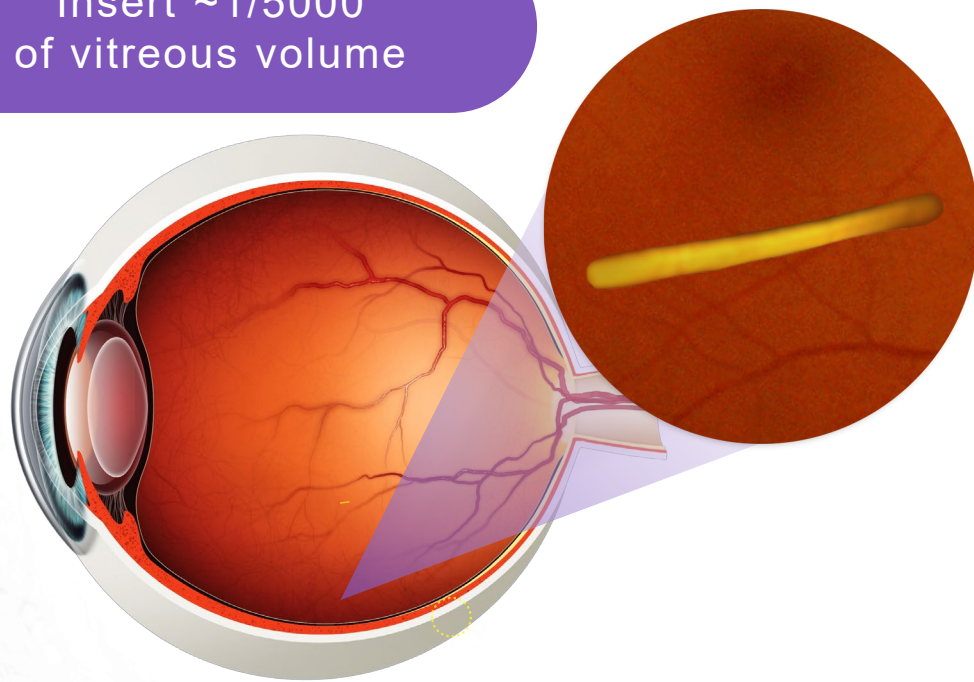
Jay Duker, M.D.

President and CEO



EYP-1901 Delivers VEGF Receptor Binding Vorolanib In Durasert E™

Insert ~1/5000
of vitreous volume

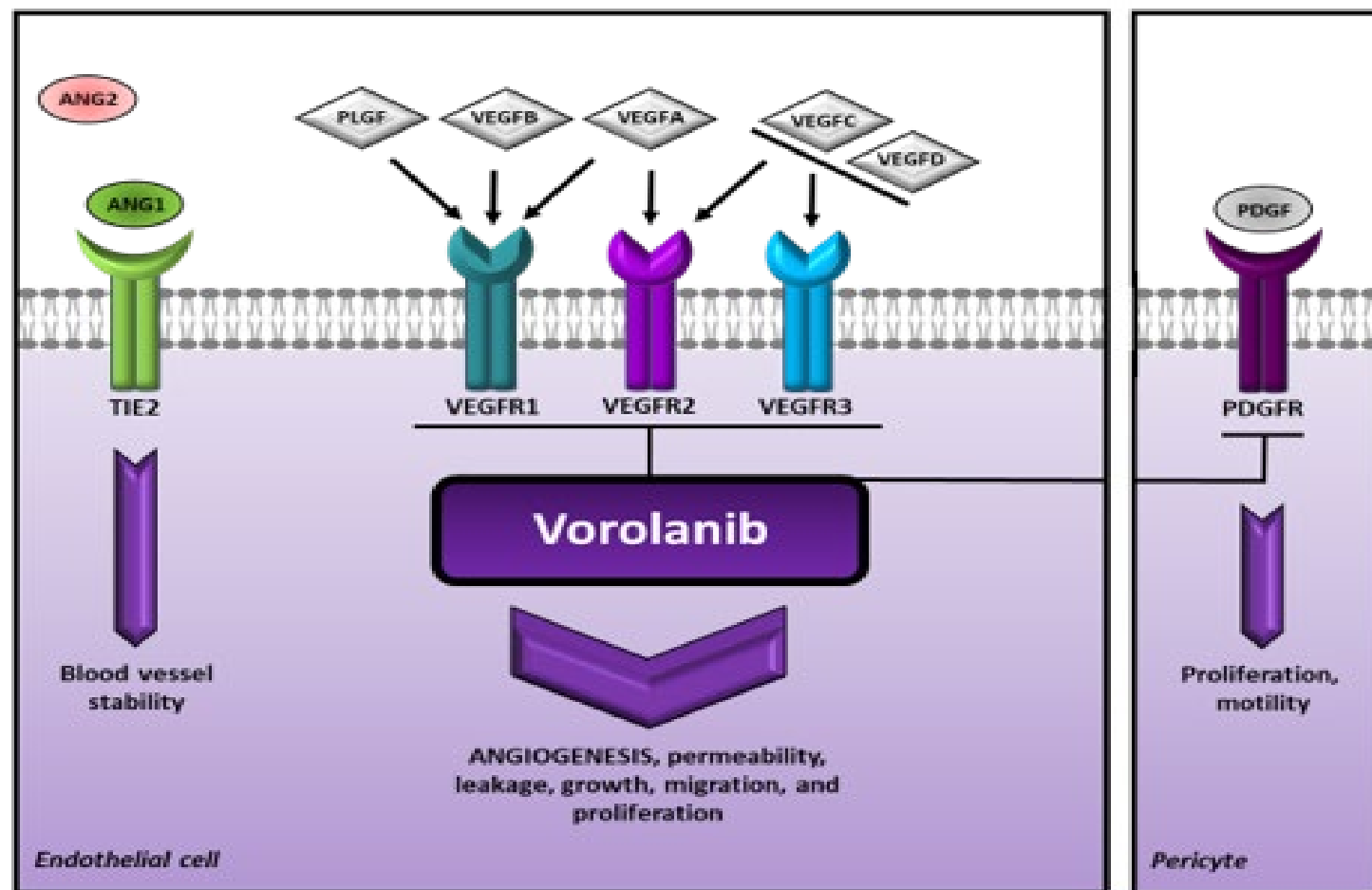


- Vorolanib – a potential new MOA to the treatment of wet AMD
- Sustained release with zero order kinetics blocking all isoforms of VEGF
- Immediately bioavailable, featuring an initial burst of drug followed by near constant zero order kinetic release for approximately 9 months
- Positive safety results and efficacy data in wet AMD from Phase 1 DAVIO clinical trial
- Ongoing positive safety through October 1, 2023 in ongoing Phase 2 clinical trials with all patients at least 4-months post injection
- Shipped and stored at ambient temperature

Vorolanib Brings a New MOA to the Treatment of VEGF-Mediated Retinal Diseases by Blocking all Isoforms of VEGF as well as PDGF

Vorolanib is a novel molecule

- Potent and selective pan-VEGF receptor inhibitor
- Demonstrated neuroprotection in a validated retinal detachment animal model
- Blocks PDGF which may lead to antifibrotic effects
- Reduced off-target binding and does not inhibit TIE-2 at clinically relevant doses



SoC, standard of care; ANG, angiopoietin; PDGF(R), platelet-derived growth factor (receptor); PLGF, placental growth factor; TIE2, tyrosine-protein kinase receptor TIE-2; VEGF(R), vascular endothelial growth factor (receptor).

DAVIO Phase 1 Clinical Trial in Wet AMD Enrollment Summary

- Multicenter, open-label, single-injection dose-escalation
- Enrolled patients previously treated (8.6 mean injections previous 12 months)
- Fluid status at entry was not an exclusion criterion
- Minimum of three anti-VEGF injections in previous 6 months
- Single intravitreal aflibercept followed by single EYP-1901 injection
- Primary endpoint: Safety (ocular & non-ocular TEAEs through month 12)
- Secondary endpoint: Change in BCVA & CST; supplemental anti-VEGF therapy

EYP-1901 Phase 1 DAVIO Clinical Trial Met All Objectives And Informed Phase 2 Design

FAVORABLE SAFETY PROFILE

- No ocular SAEs reported
- No drug-related systemic SAEs reported
- Ocular AEs – majority are mild and expected with IVT administration

POSITIVE EFFICACY & DURABILITY

Endpoint (6-month)	DAVIO	DAVIO Subgroup Analysis*
Change in BCVA	-2.5	-0.4
Reduction in Treatment Burden	75%	92%
Percent of Eyes Supplement-Free	53%	67%
OCT	-3.4 μm	-1.0 μm

EYP-1901 Is Positioned As A Potential Maintenance Therapy In Wet AMD

- **Treat** wet AMD patients with anti-VEGF of choice to reach desired “dry” outcome and maximize visual improvement
- **Maintain** with EYP-1901, a new MOA with sustained delivery and zero order kinetics for six-months or longer providing physicians and patients the potential flexibility to reduce the number of visits without sacrificing visual outcomes
- **Supplement** with current anti-VEGF biologic, if needed

Based on DAVIO Phase 1 outcomes, we believe the majority of patients may be maintained visually and anatomically with EYP-1901 alone

EYP-1901 May Provide Greater Flexibility in Managing Patients

- Tailor dosing schedule to patient needs
- Manage the disease with different, complementary MOAs
- Potentially treat a chronic disease with both short- and long-acting drugs
- Optimize patient visit and flow



EYP-1901 in Wet AMD

DAVIO 2 Clinical Trial Update



The DAVIO 2 clinical trial was designed to support initiation of Phase 3 clinical trials based on a Type C meeting with FDA

Objective: Evaluate efficacy and safety of a single injection of two doses of EYP-1901

Key changes in enrollment from DAVIO trial

- CST below 350um at screening to exclude poor responders to standard of care treatment **but still allows for fluid**
- Response to recent (2-5 weeks) anti-VEGF treatment
- No significant intraretinal fluid (IRF)

Anti-VEGF supplement criteria tightened for visual acuity in DAVIO 2

- 5 letter loss with 75 microns of new fluid
- Other criteria
 - 10 letter loss due to wet AMD
 - 100 microns new fluid x 2 visits
 - New heme from wet AMD
 - Investigator discretion

Primary outcome is difference in change in BCVA from Day 1 to Week 28 and 32 (blended)

EYP-1901 DAVIO 2 Clinical Trial Is A Randomized, Double-Masked, Aflibercept Controlled* With A Single EYP-1901 Treatment At Two Doses



● REQUIRED AFLIBERCEPT INJECTION VISIT

● VISIT SCHEDULED

● EYP-1901 DOSE

● SHAM INJECTION FOR MASKING

EYP-1901 Continues to Show a Favorable Safety Profile Across Multiple Clinical Trials Through October 1, 2023

Summary:

DAVIO (Phase 1): 17 patients treated

DAVIO 2 (Phase 2): ~105 patients treated

PAVIA (Phase 2): ~51 patients treated

~173 treated patients with a minimum of four months post EYP-1901 injection with no drug-related ocular or systemic SAE's

Masked Patient Demographic Reflects A More Stable Population in DAVIO 2 Compared to the DAVIO Phase 1 Trial

Phase 1 DAVIO Baseline Characteristics (N = 17)*

Mean age, years	77
Female, %	76%
Mean BCVA, ETDRS letters	69
Mean CST, μm	299

Phase 2 DAVIO 2 Baseline Characteristics (N = 160)**

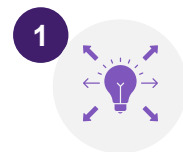
Mean age, years	76
Female, %	62%
Mean BCVA, ETDRS letters	74
Mean CST, μm	265

Outcome Scenarios for DAVIO 2 Primary Endpoint of Non-Inferior Change in BCVA to Aflibercept

- FDA defined the lower bound for non-inferiority as -4.5 letters
- Outcome scenario ranges for EYP-1901 BCVA versus aflibercept control:
 - **Superior:** >0.0 letter VA change and numerically and/or statistically superior
 - **Outstanding*:** -1.4 to 0.0 letter VA change and likely statistically non-inferior
 - **Great:** -1.5 to -2.9 letter VA change and possibly statistically non-inferior
 - **Revisit:** -4.0 letter or worse VA change

DAVIO 2 Outcomes: Lower Limit Ranges to Support Potential Phase 3 Trials

Primary/Critical Endpoints



1

- < -3 letters change in visual acuity difference between treatment arms and control¹



2

- Favorable safety profile



3

- 50% or better reduction in treatment burden



4

- 50% or better percent of eyes supplement-free up to six months



5

- Stable anatomical outcome as measured by OCT (within ~30 microns)

Secondary Endpoints

Reduction in Treatment Burden is an Important Secondary Outcome Given the Unmet Need in wet AMD for More Durable Therapies

- Treatment burden = Number of injections an eye receives for the 24-week period following EYP-1901 dosing or sham injection in control arm
- Treatment burden will be assessed and reported in two ways:
 - **Prospectively** against the aflibercept control
 - **Retrospectively** against the mean number of treatments prior to enrollment
- Market research suggests a reduction in treatment burden of 50% or greater in one or both arms of EYP-1901 could provide physicians the flexibility to reduce the number of visits without sacrificing visual outcomes



Key Opinion Leader Insights and Discussion

EYP-1901 in wet AMD and Topline
Data Considerations for the DAVIO 2
Clinical Trial





Q&A



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