EyePoint®

Investor Presentation

April 2026

Legal Disclaimers

Various statements made in this presentation are forward-looking, within the meaning of the U.S. Private Securities Litigation Reform Act of 1995, and are inherently subject to risks, uncertainties and potentially inaccurate assumptions. All statements that address activities, events or developments that we intend, expect, plan or believe may occur in the future, are forward-looking statements, including but not limited to statements regarding: our expectations regarding our clinical development and regulatory plans; our belief that DURAVYU™ is on track and well-positioned to be the first-in-class, best-in-class and the first-to-market among all investigational sustained release treatments for the two largest retinal disease markets, wet AMD and DME; our belief that DURAVYU is the only TKI in development for DME; our belief that DURAVYU is uniquely positioned to potentially address both VEGF-mediated vascular leakage and IL-6 mediated inflammatory drivers of DME as a sustained delivery therapy; our belief that DURAVYU's potential real-world application in multiple retinal disease indications and established, de-risked trial designs position DURAVYU for clinical and commercial success; our expectations regarding the timing of the availability and release of wet AMD and DME clinical data; our financial position and expected cash runway; our belief that DURAVYU has the potential to maintain a majority of patients with active disease with no supplemental anti-VEGF therapy for six months or longer; our beliefs regarding potential market opportunity for wet AMD and DME; our ability to continue to scale operations at our commercial manufacturing facility in Northbridge, Massachusetts; our expectations that our manufacturing facility will continue to meet FDA and EMA standards and support commercialization efforts of DURAVYU upon regulatory approval; and our expectations regarding the timing and clinical and regulatory development of DURAVYU and our other product candidates; and other statements regarding the Company's future plans, objectives, strategies and beliefs, including the use of future dates. Forward-looking statements by their nature address matters that are, to different degrees, uncertain. Uncertainties and risks may cause EyePoint's actual results to be materially different than those expressed in or implied by EyePoint's forward-looking statements. For EyePoint, these risks and uncertainties include the timing, progress and results of the Company's clinical development activities, including DURAVYU; uncertainties and delays relating to communications with the U.S. Food and Drug Administration and the ability to obtain regulatory approval from FDA for the commercialization of DURAVYU; unanticipated costs and expenses; the Company's cash and cash equivalents may not be sufficient to support its operating plan for as long as anticipated; the risk that results of clinical trials may not be predictive of future results, and interim and preliminary data are subject to further analysis and may change as more data becomes available; unexpected safety or efficacy data observed during clinical trials; uncertainties related to the regulatory authorization or approval process, and available development and regulatory pathways for approval of the Company's product candidates; changes in the regulatory environment; disruptions at the FDA, including due to a reduction in the FDA's workforce and/or inadequate funding for the FDA; the impact of government shutdowns on our business operations; changes in U.S. and international trade policies; changes in expected or existing competition; the success of current and future license agreements; our dependence on contract research organizations, and other outside vendors and service providers; product liability; the impact of general business and economic conditions; protection of our intellectual property and avoiding intellectual property infringement; retention of key personnel; delays, interruptions or failures in the manufacture and supply of our product candidates, including due to unanticipated regulatory compliance issues or warning letters relating to the Company's manufacturing facilities; the availability of and the need for additional financing; our ability to obtain additional funding to support our clinical development programs; uncertainties regarding the timing and results of the August 2022 subpoena from the U.S. Attorney's Office for the District of Massachusetts; uncertainties regarding the FDA warning letter pertaining to the Company's Watertown, Massachusetts manufacturing facility; and other factors described in our filings with the Securities and Exchange Commission (SEC). More detailed information on these and additional factors that could affect our actual results are described in our filings with the SEC, including our Annual Report on Form 10-K for the fiscal year ended December 31, 2025, as revised or supplemented by our Quarterly Reports on Form 10-Q and other documents filed with the SEC. We cannot guarantee that the results and other expectations expressed, anticipated or implied in any forward-looking statement will be realized. A variety of factors, including these risks, could cause our actual results and other expectations to differ materially from the anticipated results or other expectations expressed, anticipated or implied in our forward-looking statements. Should known or unknown risks materialize, or should underlying assumptions prove inaccurate, actual results could differ materially from past results and those anticipated, estimated or projected in the forward-looking statements. You should bear this in mind as you consider any forward-looking statements. Our forward-looking statements speak only as of the dates on which they are made. EyePoint undertakes no obligation to update or revise any forward-looking statement, whether as a result of new information, future events, or otherwise.

A Leader in Sustained Release Drug Delivery for Retinal Disease

DURAVYU™ Phase 3 trials in wet AMD – topline data anticipated beginning in mid-2026

DURAVYU™ Phase 3 DME trials COMO and CAPRI full enrollment anticipated in 3Q 2026

Commercial manufacturing scale-up underway in state-of-art facility Northbridge MA, USA

Veteran leadership team with 3+ decades of expertise across clinical drug development, commercialization and manufacturing

Robust safety and efficacy data for DURAVYU in 190+ patients across four Phase 1 & 2 trials

~$220M+ in cash and investments supports runway into Q4 2027[1]

DURAVYU™ has been conditionally accepted by the FDA as the proprietary name for DURAVYU. DURAVYU is an investigational product; it has not been approved by the FDA.
FDA approval and the timeline for potential approval is uncertain. These data are preliminary. Conclusive evidence of efficacy and safety of DURAVYU will require further investigation in well-controlled Phase 3 clinical trials.

1. As of March 31, 2026. Unaudited estimate.
AMD, age-related macular degeneration; DME, diabetic macular edema; IVT, intravitreal

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DURAVYU™ in Phase 3 Trials For the Two Largest Retinal Disease Markets

Durasert E™ Programs	Indication	Discovery	Pre-Clin	Phase 1	Phase 2	Phase 3	Anticipated Milestone
DURAVYU™ (vorolanib intravitreal insert f/k/a EYP-1901)	**Wet AMD**	**LUGANO and LUCIA fully enrolled**					LUGANO topline data in mid-2026
	DME	**COMO and CAPRI pivotal trials underway**					Enrollment completion in 3Q 2026
Undisclosed candidates	**Retinal diseases**						

Wet AMD and DME represent a combined $15B+ global market opportunity and >80% of the total branded retinal market

AMD, wet age-related macular degeneration; DME, diabetic macular edema

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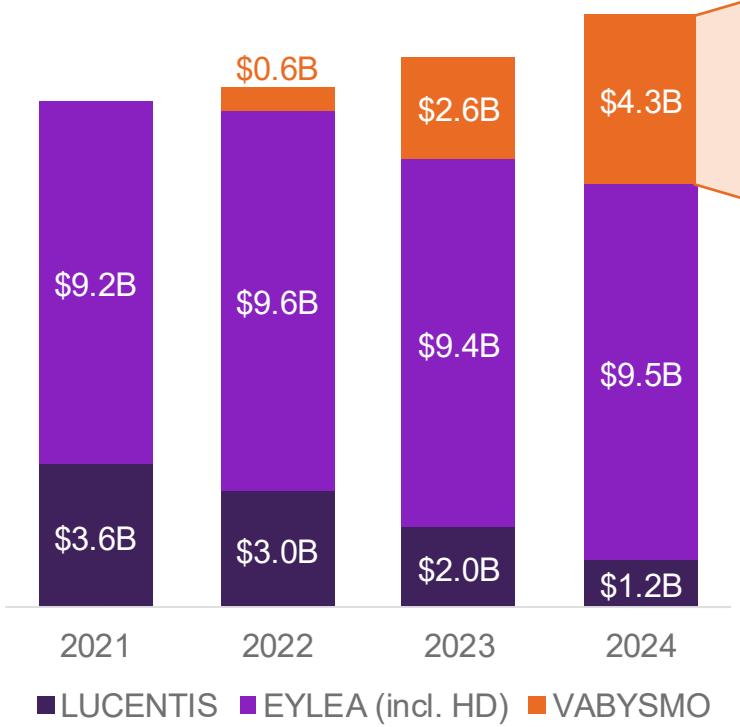
Products Addressing Unmet Needs in Retinal Disease Capture Meaningful Market Share in $15B Anti-VEGF Market

Total Global Branded Anti-VEGF Sales[1]



Modest improvements in **durability** and **disease control** are **rewarded by the market**

LUCENTIS® RANIBIZUMAB INJECTION	EYLEA® (aflibercept) Injection	VABYSMO™ faricimab-svoa injection 6 mg
~30 days[2] Durability	**~44 days[3]** Durability	**~57 days[3]** Durability
$1.8B Year 3 Sales	**$3.3B** Year 3 Sales	**$4.3B** Year 3 Sales

1. Publicly reported sales; 2. Lucentis package insert; 3. Khanani et. al, The Real-World Efficacy and Safety of Faricimab in Neovascular Age Related Macular Degeneration: TRUCKEE Study – 2 Year Results
VEGF, vascular endothelial growth factor.

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Longer Duration and New MOA are Key Unmet Needs in Current Retinal Disease Treatment Paradigm

THE UNMET NEEDS

1 Effective, durable disease control

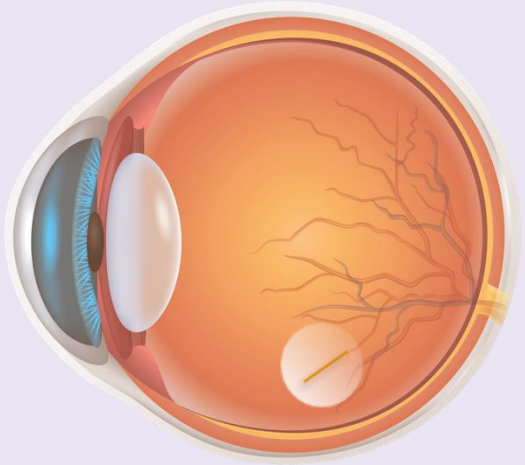
Many patients still lose vision despite available anti-VEGF biologic therapies

2 Suppression of inflammation via IL-6

VEGF suppression is not the entire story – multi-target therapies may improve disease control

THE POTENTIAL SOLUTION

DURAVYU



Sustained drug release for ≥6 months with vorolanib, a multi-MOA TKI

Insert not drawn to scale and is enlarged for illustrative purposes. The investigational dose for phase 3 trials is 2.7mg (two inserts) administered with one injection.
MOA, mechanism of action; IL-6, interleukin 6; VEGF, vascular endothelial growth factor; TKI, tyrosine kinase inhibitor.

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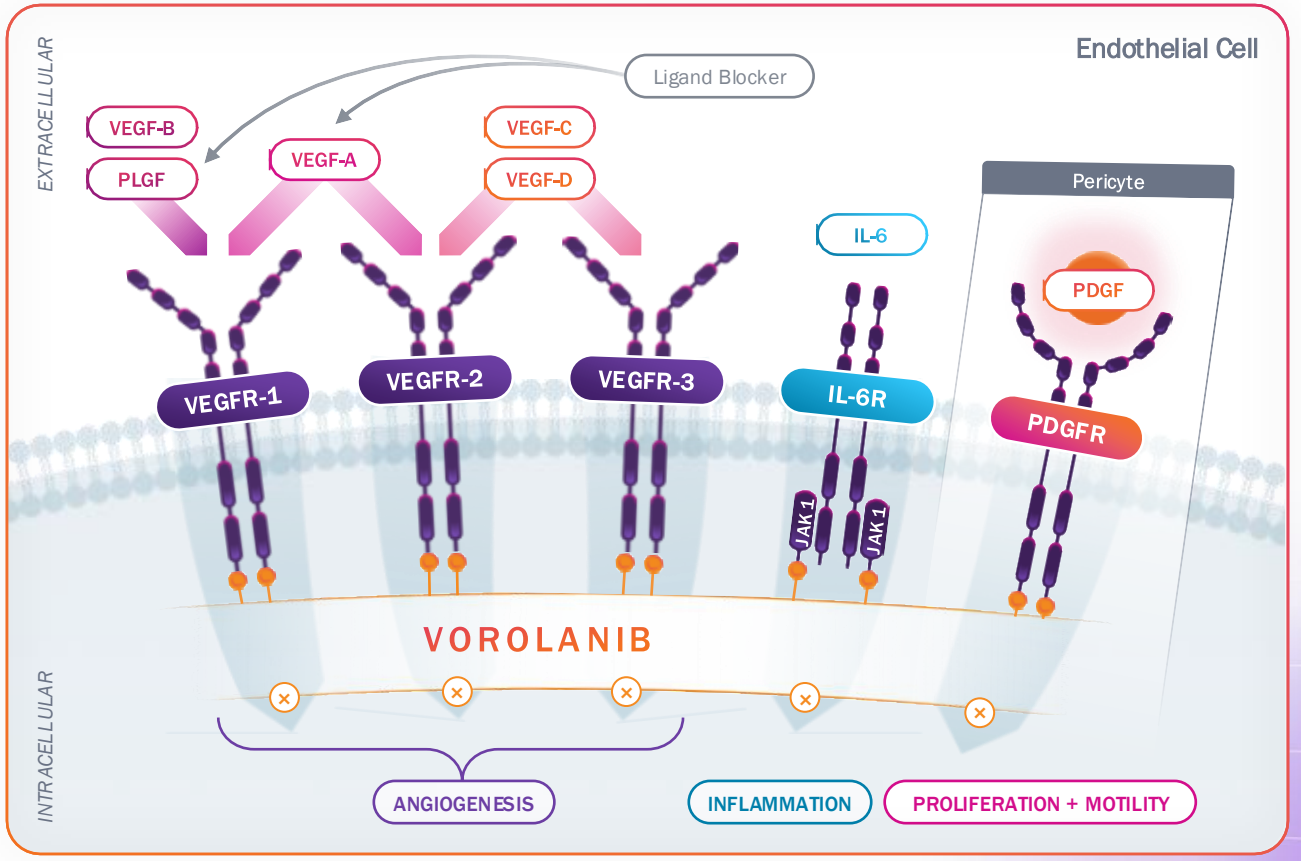
Vorolanib Features a Multi-MOA, Addressing Both Vascular Leakage and Inflammation

VEGFRs and PDGFR play a prominent role in angiogenesis

- Vorolanib works at the receptor level to block signaling from all VEGF isoforms as well as PDGF

IL-6 signaling is pro-inflammatory, and promotes vascular leakage and neovascularization

- Vorolanib inhibits IL-6 signaling by targeting the JAK kinases particularly JAK-1

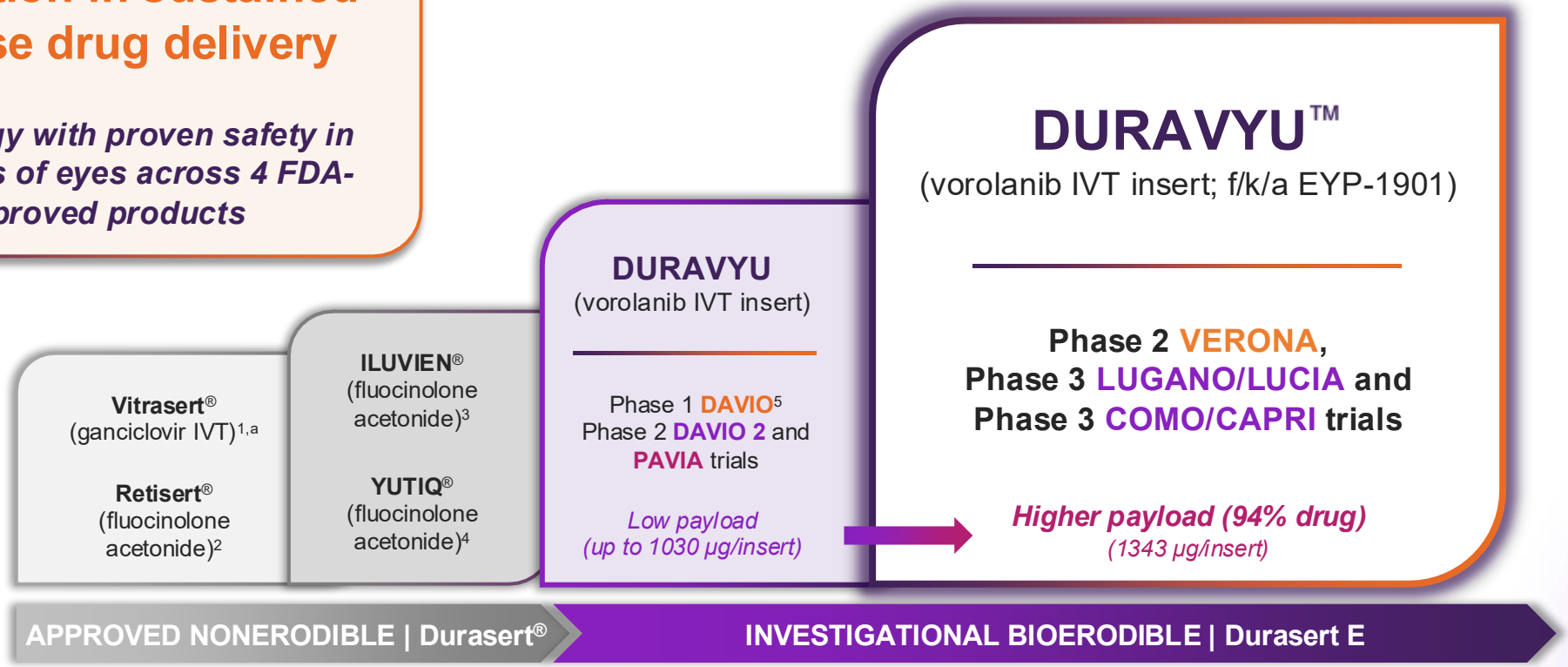


Data on file. Bakri SJ, et al. PLoS One. 2024;19(6):e0304782.
IL-6 (R), interleukin 6 (receptor); JAK, janus kinase; MOA, mechanism of action; PDGF(R), platelet-derived growth factor (receptor); PLGF, placental growth factor; TKI, tyrosine kinase inhibitor; VEGF(R), vascular endothelial growth factor (receptor).

Durasert E™: A Next Generation in Sustained-Release Intravitreal Drug Delivery

Over 3 decades of innovation in sustained-release drug delivery

Technology with proven safety in thousands of eyes across 4 FDA-approved products



Insert not drawn to scale, for illustrative purposes only. a Vitrasert now discontinued. 1. Wykoff CC, et al. J Vitreoretin Dis. 2024;8(5):577–86. 2. Bausch and Lomb (2025). RETISERT (fluocinolone acetonide intravitreal implant). [Available at: Prescribing Information - RETISERT]. 3. Alimera Sciences (2016). ILUVIEN® (fluocinolone acetonide intravitreal implant). [Available at: Prescribing Information – ILUVIEN]. 4. Alimera Sciences (2023). YUTIQ® (fluocinolone acetonide intravitreal implant). [Available at: Prescribing Information - YUTIQ]. 5. Patel S, et al. Ophthalmol Sci. 2024;4(5):100527.
IVT, intravitreal; ClinicalTrials.gov identifiers: DAVIO NCT04747197; DAVIO 2 NCT05381948; PAVIA NCT05383209; VERONA NCT06099184; LUGANO NCT06668064; LUCIA NCT06683742.

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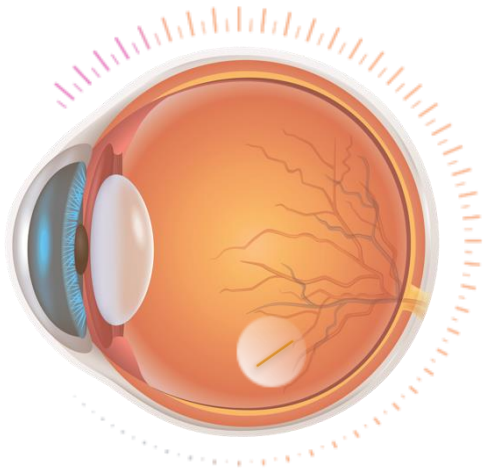
DURAVYU™: Best-in-Class TKI for Retinal Disease

DURAVYU™

vorolanib in bioerodible Durasert E™



Each IVT insert is:

94% drug / 6% matrix
1/5000th of vitreous volume
No PEG/PLGA

- Inhibition of VEGF receptors, PDGF and pro-inflammatory IL-6–mediated signaling[a]
- Therapeutic levels of vorolanib reached within hours[1,a]
- Consistent daily dosing with target inhibition for ≥6 months
- Full elution of vorolanib before matrix bioerosion; no free-floating drug particles
- No cold storage required unlike approved biologics ; pre-loaded IVT syringe injector

Insert not drawn to scale and is enlarged for illustrative purposes. The investigational dose for phase 3 trials is 2.7mg (two inserts) administered with one injection.
a. Data from preclinical studies. Following a single DURAVYU 900 µg dose in Dutch-Belted rabbits, vorolanib reached concentrations exceeding IC50 in the choroid and retina within hours of administration. 1. Wykoff CC, et al. J Vitreoretin Dis. 2024;8(5):577–86.
TKI, tyrosine kinase inhibitor; MOA, mechanism of action; VEGF, vascular endothelial growth factor; PDGF, platelet-derived growth factor; IL-6, interleukin 6; IVT, intravitreal; PEG, polyethylene glycol; PLGA, polylactic-co-glycolic acid.

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DURAVYU Has Demonstrated Robust Efficacy Outcomes and a Positive Safety Profile Across Multiple Indications

Favorable safety profile in >190 patients to date across four clinical trials, with no DURAVYU related ocular or systemic SAEs

17 patients received DURAVYU	**DAVIO** **Phase 1** **Wet AMD**	• Stable vision and OCT with 74% reduction in treatment burden
102 patients received DURAVYU	**DAVIO 2** **Phase 2** **Wet AMD**	• Stable vision & strong anatomical control with >80% reduction in treatment burden
51 patients received DURAVYU	**PAVIA** **Phase 2** **NPDR**	• Favorable safety and tolerability profile
21 patients received DURAVYU	**VERONA** **Phase 2** **DME**	• Rapid & sustained improvements in vision and anatomical control with fewer injections

Based on interim Phase 3 LUGANO/LUCIA masked safety data, the observed **safety profile is consistent** with previous DURAVYU clinical trials

(no safety signals observed)[1]

1. EyePoint. Press release November 19, 2025: EyePoint Announces Positive Recommendation from Independent Data Safety Monitoring Committee for Pivotal Phase 3 Trials for DURAVYU™ in Wet Age-Related Macular Degeneration [Available online]. ClinicalTrials.gov identifiers: DAVIO NCT04747197; DAVIO 2 NCT05381948; PAVIA NCT05383209; VERONA NCT06099184. Data on file.

SAE, severe adverse event; AMD, age-related macular degeneration; OCT, optical coherence tomography; NPDR, non proliferative diabetic retinopathy; DME, diabetic macular edema

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DURAVYU for Wet AMD

POSITIONED TO BE FIRST TO MARKET AMONG ALL INVESTIGATIONAL SUSTAINED DELIVERY THERAPIES WITH A POTENTIAL BEST-IN-CLASS PROFILE

LUGANO and LUCIA: Clinically Rigorous, De-risked Phase 3 Wet AMD Program Following Established Non-Inferiority Regulatory Path

Key Elements of Phase 3 Trial Design:

- Informed by the **Phase 1 'DAVIO'** and **large Phase 2 'DAVIO 2'** trials
- **Developed in alignment** with the FDA and EMA
- **Patient-centric design;** all patients receive active treatment with goal of **maintaining or improving vision**
- Key secondary endpoints include **safety** and **statistical superiority** in **reduction in treatment burden** vs. on-label aflibercept
- **Evaluating every 6-month dosing** for potential unlimited redosing label

LUGANO & LUCIA

Both trials fully enrolled at industry-leading pace

Topline 56-week data expected for LUGANO mid-2026; LUCIA anticipated shortly after

Clinical trial identifiers: LUGANO NCT06668064; LUCIA NCT06683742. Data on file.
AMD, age-related macular degeneration; TKI, tyrosine kinase inhibitor

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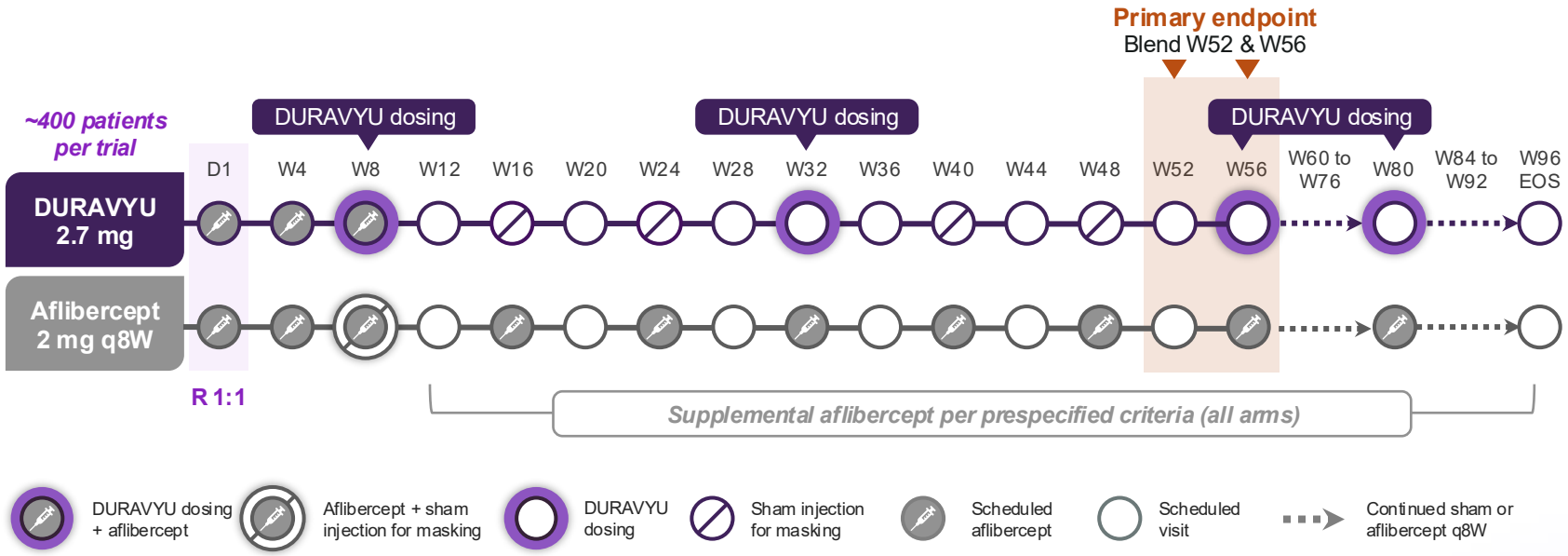
Phase 3 Pivotal Trials in Wet AMD: Trial Design Following an Established Non-Inferiority Regulatory Pathway

LUGANO & LUCIA

Pivotal Phase 3 Trials of Repeat-Dose DURAVYU vs On-Label Aflibercept



Primary endpoint	Difference in mean change in BCVA from Day 1 to W52 and W56 (blended) vs aflibercept control
Secondary endpoints	• Safety • Reduction in treatment burden (superiority vs on-label aflibercept) • Percent of eyes supplement-free • Anatomical stability

DURAVYU dosing consists of 2 inserts delivered in a single injection.
AMD, age-related macular degeneration; BCVA, best-corrected visual acuity; D, day; W, week; EOS, end-of-study; q6M, every 6 months; q8W, every 8 weeks; R, randomization; SD-OCT, spectral domain optical coherence tomography;

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DURAVYU Phase 3 Trials in Wet AMD Supported by DAVIO 2 Results: All Primary and Secondary Endpoints Were Achieved

DAVIO 2 Endpoints in Wet AMD*	2mg	3mg
☑ **Primary**: Statistically significant non-inferior change in BCVA vs. aflibercept	- 0.3 letters	- 0.4 letters
☑ **Secondary:** Change in BCVA vs. baseline	+1.0 letters	+0.9 letters
☑ **Secondary:** Reduction in treatment burden vs. 6 mos. prior	89%	85%
☑ **Secondary:** Reduction in treatment burden vs. aflibercept	82%	76%
☑ **Secondary:** Supplement-free up to 6 months	63% 88% of eyes had 0 or 1 supplemental injections	63% 83% of eyes had 0 or 1 supplemental injections
☑ **Secondary:** Anatomical control vs. aflibercept	+12.4um	+5.2um
☑ **Secondary:** Favorable safety profile	No DURAVYU-related SAEs	

*DAVIO 2 population entered trial requiring more frequent annual injections (10) than the average US wet AMD patient (6)[1]

Note: 6 month timing is post-DURAVYU dosing (8 months of data)

1. NIH Current and Upcoming Anti-VEGF Therapies and Dosing Strategies for the treatment of neovascular AMD: a comparative review, Saira Khanna et al, Dec. 2019.

AMD, age-related macular degeneration; BCVA, best-corrected visual acuity; SAE, severe adverse event

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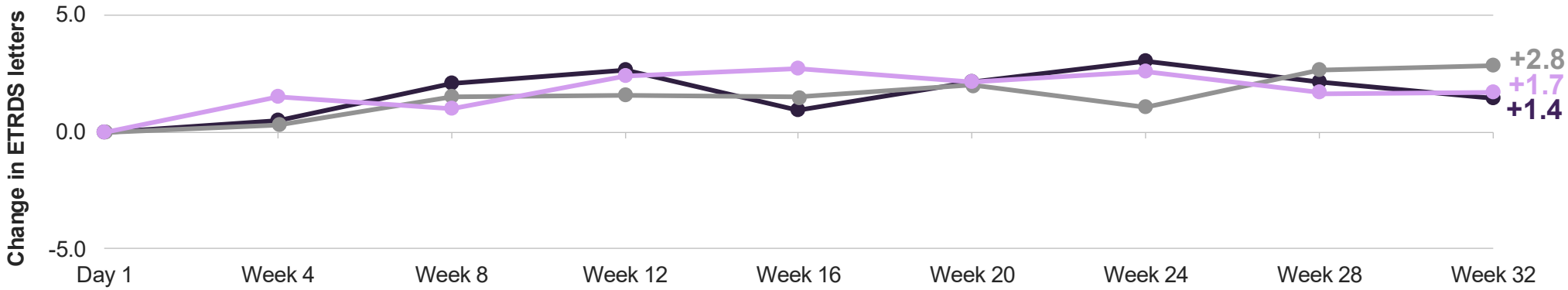
DURAVYU in Wet AMD:

Subgroup analysis of DAVIO 2 patients eligible for Phase 3 demonstrates favorable outcomes adding confidence to the Phase 3 plan

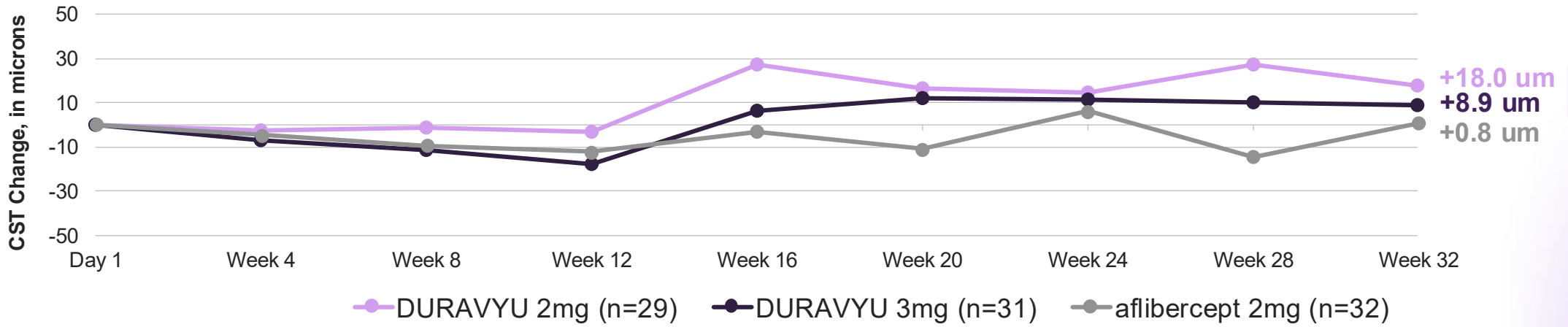
BCVA Change from Baseline, Phase 3 Eligible Patients



DAVIO 2 Total Pt. Population

2mg: +1.0
3mg: +0.9

CST Change from Baseline, Phase 3 Eligible Patients



DAVIO 2 Total Pt. Population

2mg: +17.8 um
3mg: +10.6 um

Data on file. Data includes patients in DAVIO 2 with baseline BCVA of 35-78 letters.
BCVA, best-corrected visual acuity; CST, central subfield thickness; ETDRS, Early Treatment of Diabetic Retinopathy Study

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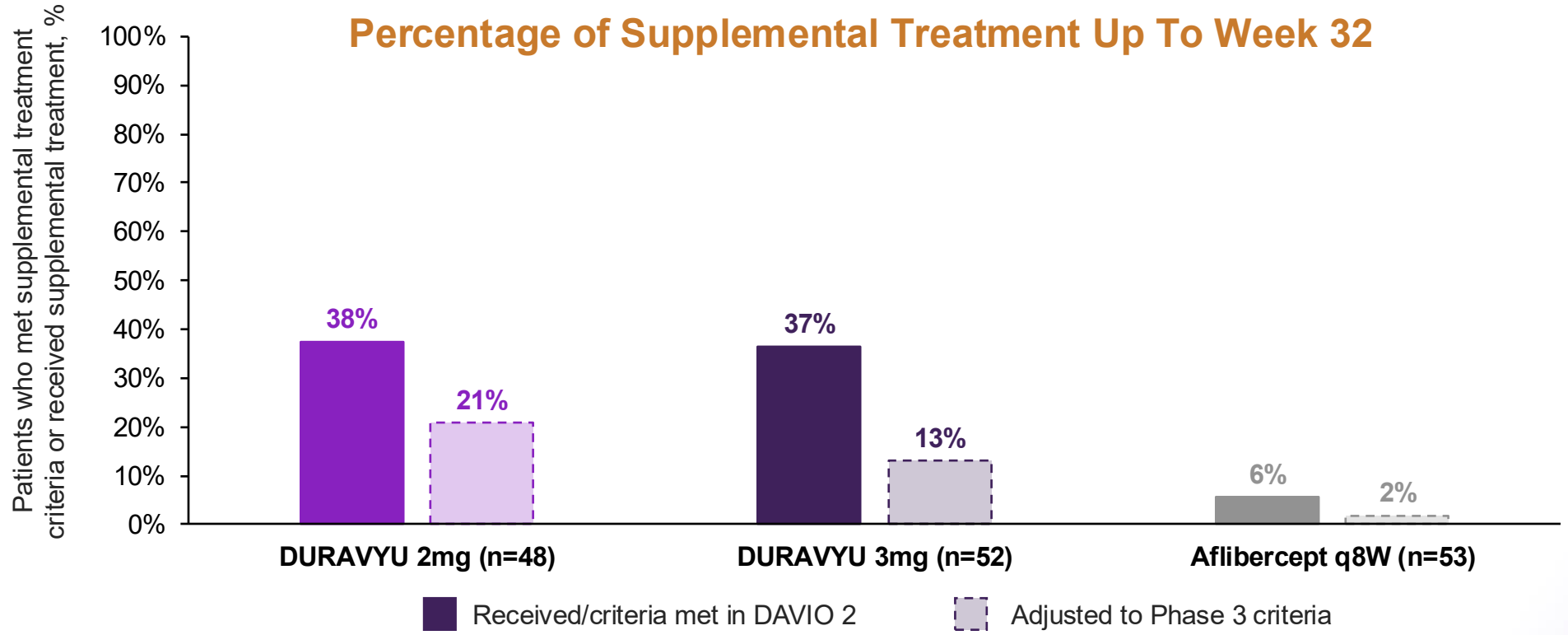
DURAVYU in Wet AMD:

Significantly lower supplemental injection rate in DAVIO 2 when applying stricter Phase 3 supplement criteria



Outcomes from this analysis build confidence in Phase 3 Pivotal program

Data on file.

New Commercial Manufacturing Facility to Support DURAVYU Through Potential NDA Approval and U.S. Commercial Launch

- 41,000sf dedicated facility
- USA based in Northbridge, MA
- Built to EyePoint specifications by landlord preserving upfront cash investment
- Built to US FDA and EU EMA standards
- DURAVYU registration batches underway to support anticipated NDA filing

NDA, New Drug Application; FDA, Food and Drug Administration; EMA, European Medicines Agency

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DURAVYU for DME

PHASE 3 PROGRAM UNDERWAY IN SECOND LARGEST RETINAL DISEASE MARKET

COMO and CAPRI: Phase 3 DME Program Designed to Enable Global Regulatory and Commercial Success

Key Elements of Phase 3 Trial Design:

- Informed by **positive Phase 2 VERONA trial**
- Aligned with the FDA and EMA on the pivotal program; **established non-inferiority regulatory path**
- **Leverages existing clinical trial infrastructure** from LUGANO/LUCIA
- **High physician enthusiasm** observed with ~90 sites from wet AMD trial participation
- With 240 patients each, trials are **meaningfully smaller** than wet AMD program, enabling **efficient execution and path to market**

COMO & CAPRI

Global, randomized, double-masked, aflibercept controlled

Identical non-inferiority trials vs. on-label aflibercept

First patients dosed in both trials in February 2026; full enrollment expected 3Q 2026

AMD, age-related macular degeneration; DME, diabetic macular edema; FPI, first patient in

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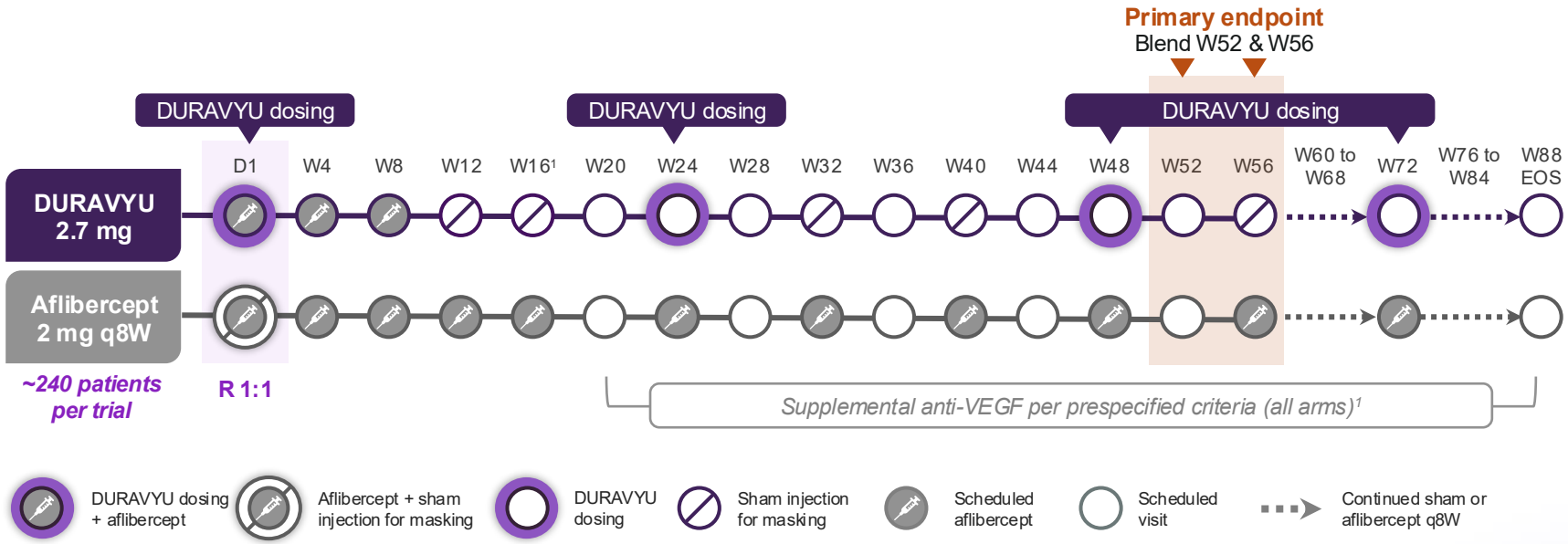
Phase 3 Pivotal Trials in DME: Designed to Evaluate Non-Inferiority of DURAVYU vs On-Label Aflibercept Control

COMO & CAPRI



Primary endpoint	Difference in mean change in BCVA from Day 1 to W52 and W56 (blended) vs aflibercept control
Secondary endpoints	• Safety • Reduction in treatment burden (superiority vs on-label aflibercept) • Percent of eyes supplement-free • Anatomical stability

DURAVYU dosing consists of 2 inserts delivered in a single injection. 1. Criteria for supplemental injection assessed starting after Week 16 and at every subsequent visit.
D, day; W, week. EOS, end of study; q8W, every 8 weeks; R, randomization; DME, diabetic macular edema; BCVA, best-corrected visual acuity

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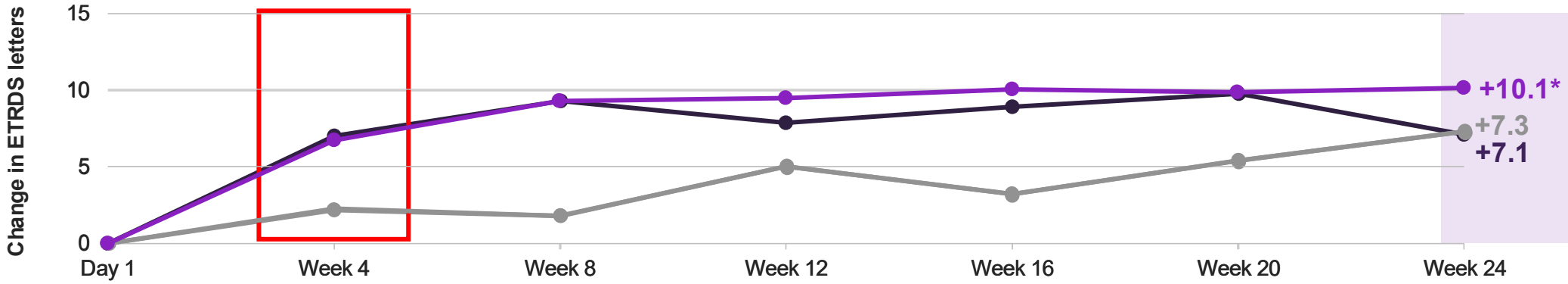
Single DURAVYU 2.7mg Treatment Demonstrated Meaningful Vision and Anatomical Improvement as Early as Week 4

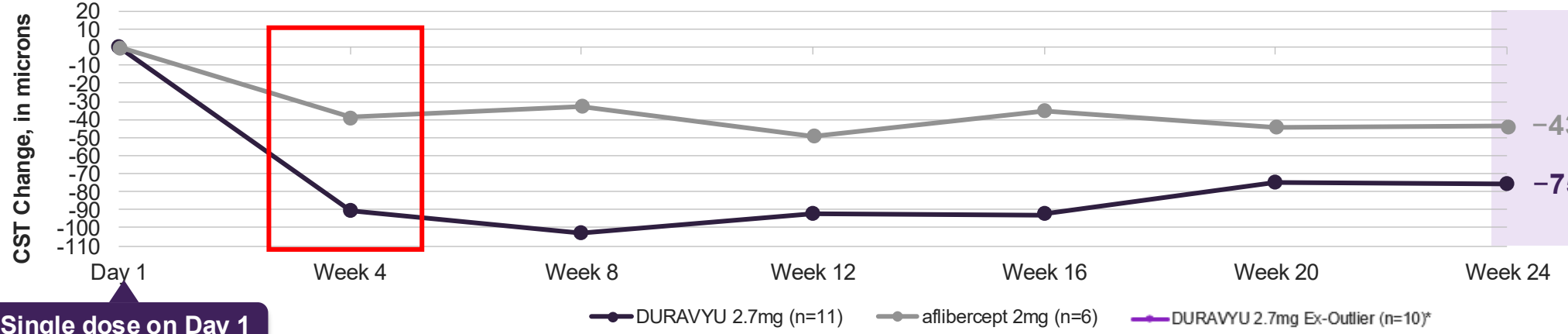
BCVA Change from Baseline



Mean Change in BCVA vs Aflibercept

DURAVYU 2.7mg +2.8 letters*

CST Change from Baseline



Mean Change in CST vs Aflibercept

DURAVYU 2.7mg -32.2 µm

Single dose on Day 1

*Data excludes one outlier patient. Outlier patient was removed from analysis because the patient missed multiple visits including the Week 20 visit resulting in vision loss of >20 letters at the Week 24 visit.
BCVA, best-corrected visual acuity; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study;. VERONA Clinicaltrials.gov Identifier: NCT06099184. Data on file.

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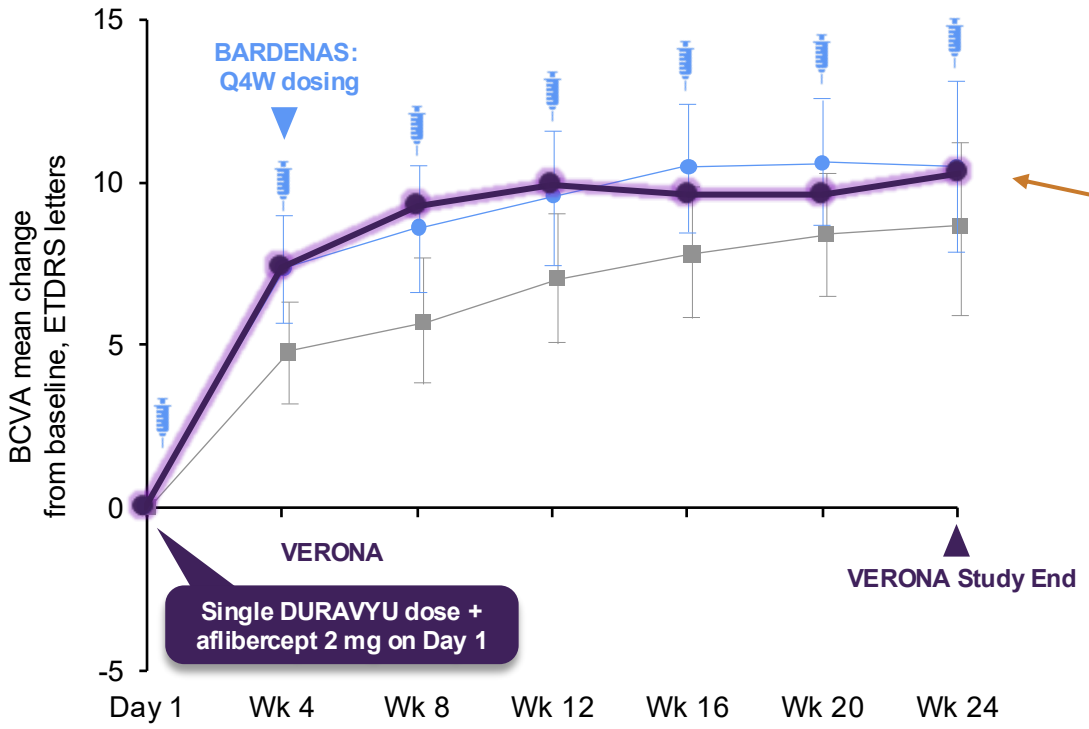
DURAVYU 2.7mg in Supplement-Free Eyes Achieved Similar BCVA as Anti-VEGF + Anti-IL-6 Dosed Monthly

BCVA: VERONA DME results superimposed on BARDENAS Phase 2 Trial of anti-IL6 (vamikibart)



Comparable VA with:

TWO INJECTIONS	TWELVE INJECTIONS
DURAVYU 2.7 mg single dose + aflibercept 2 mg single dose in VERONA	Vamikibart 1.0 mg Q4W + ranibizumab 0.5 mg Q4W in BARDENAS

BARDENAS

- Vamikibart 1.0 mg + ranibizumab 0.5 mg Q4W
- Ranibizumab 0.5 mg Q4W

VERONA (Supplemental-free subgroup)

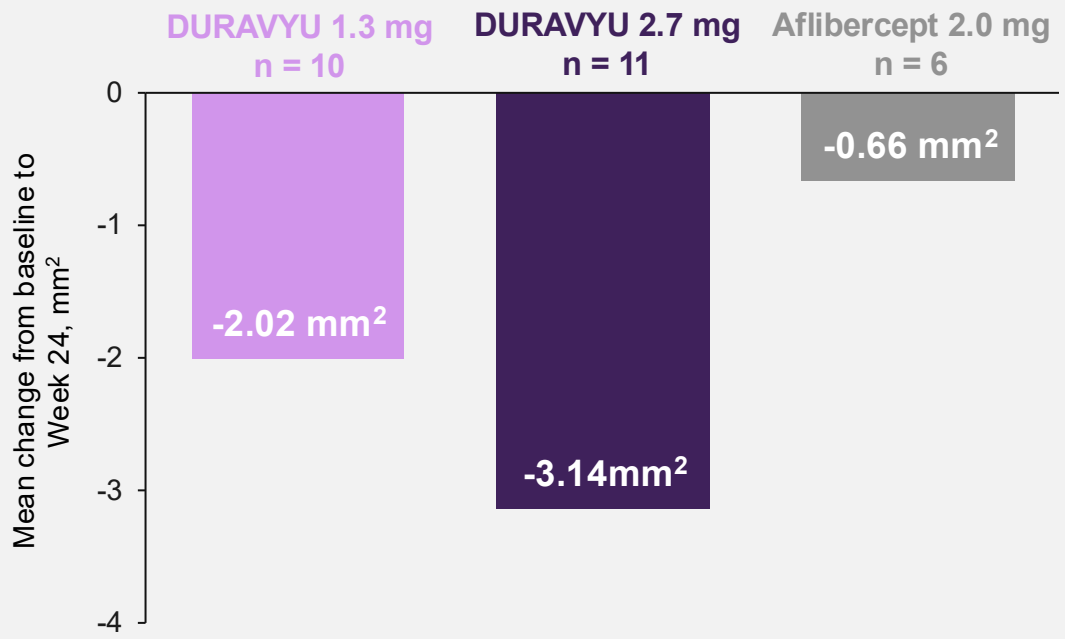
- DURAVYU 2.7 mg, single dose (n=7/11)

BARDENAS Phase 2 clinical trial results adapted from Roche's Pharma Day presentation, September 22, 2025 [Available Online]. Data depicted represent adjusted mean change from baseline in BCVA with 95% confidence intervals. Data points are slightly offset to distinguish error bars. Primary endpoint at Week 44/48, averaged. In VERONA, supplement-free is defined as patients who did not receive a supplement at any point during the study. VERONA Clinicaltrials.gov Identifier: NCT06099184. Data on file. BCVA, best-corrected visual acuity; ETDRS, Early Treatment Diabetic Retinopathy Study; Q4W, every 4 weeks; VA, visual acuity; Wk, week.

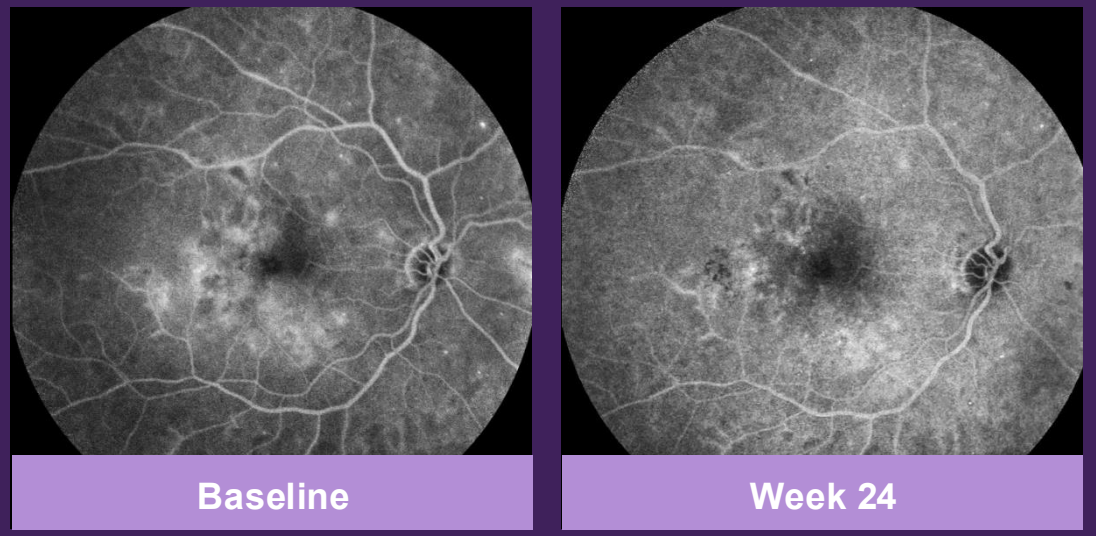
Dose-Dependent Reduction in Macular Leakage Area with a Single DURAVYU Injection in DME

Macular leakage is a biomarker of vascular instability in DME[1]

Vascular Leakage Area Change from Baseline to Week 24[1]



Case: DURAVYU 2.7 mg Treatment



Marked reduction in leakage area at Week 24 after a single DURAVYU 2.7 mg dose and no supplementation

1. Goldberg RA, et al. Opthalmol Retina. 2025 Jun;9(6):515-526; 2. Change from baseline in vascular leakage (mm2) in the macula and in the total retinal area. Full analysis set. DME, diabetic macular edema. VERONA Clinicaltrials.gov Identifier: NCT06099184. Data on file.

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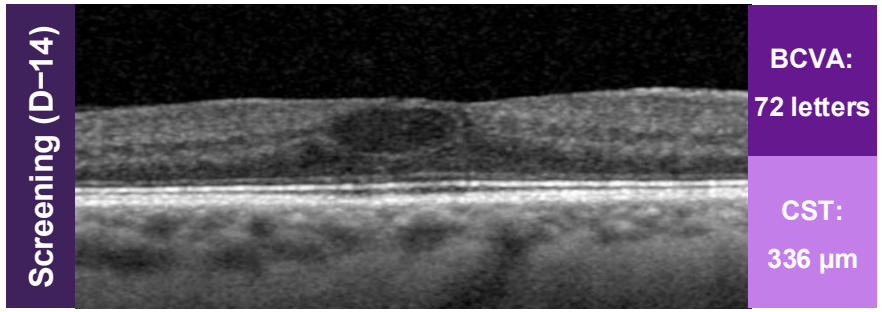
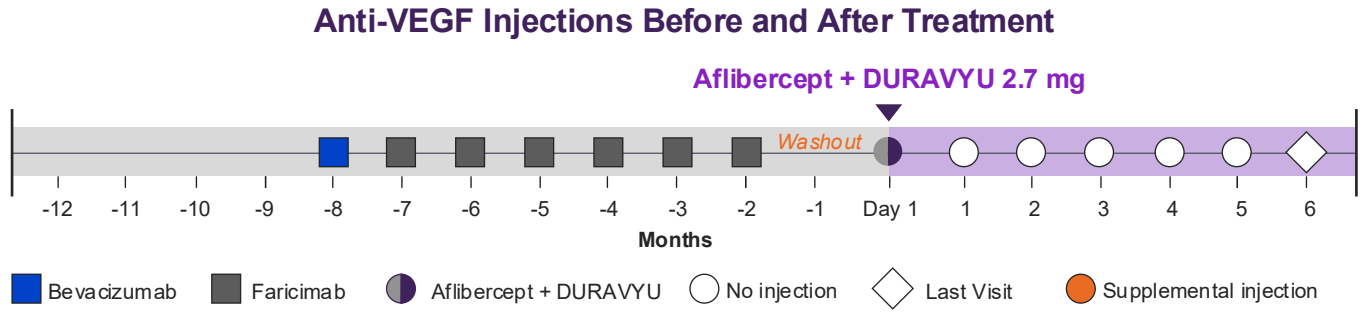
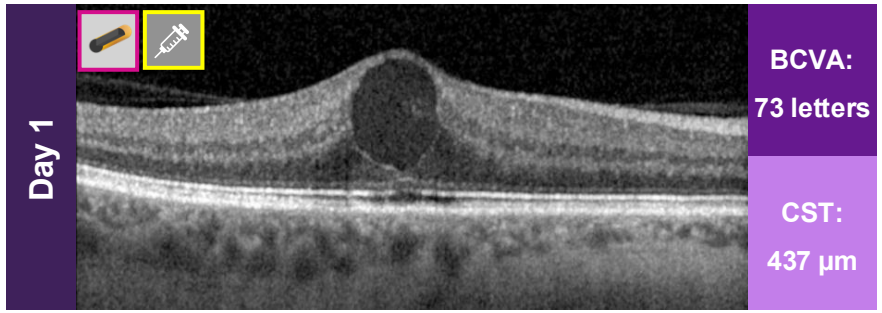
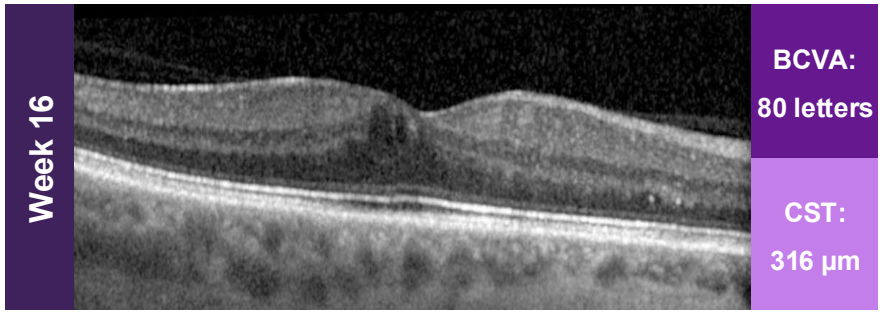
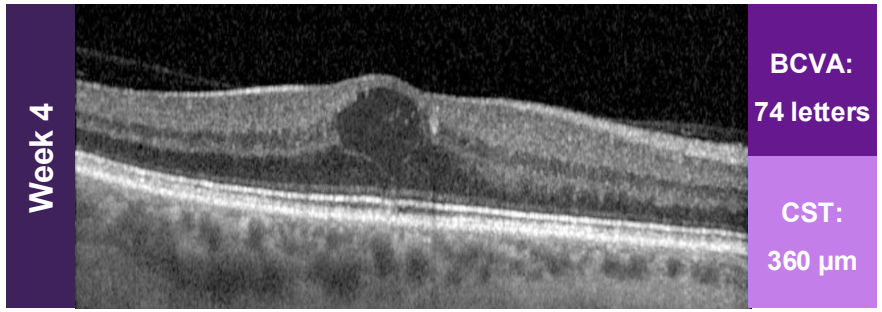
Continued Drying at Week 24 with Improved BCVA After a Single DURAVYU 2.7mg Dose and No Supplementation

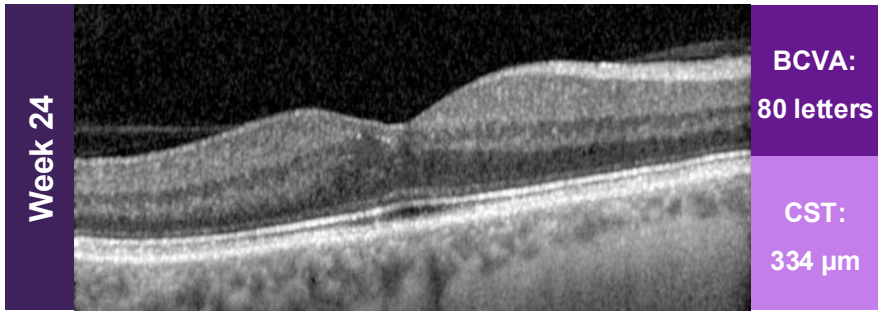












Patient presented with fluid at Screening and Day 1

Fluid dried after a single dose of DURAVYU

Vision improved by +8 letters

DURAVYU
Scheduled aflibercept
Supplemental aflibercept

BCVA, best-corrected visual acuity; CST, central subfield thickness; D, day; VA, visual acuity; VEGF, vascular endothelial growth factor.
VERONA Clinicaltrials.gov Identifier: NCT06099184. Data on file.

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DURAVYU™: Potential to be the First and Best in Class TKI in Largest Retinal Disease Indications

Vorolanib, a **multi-MOA TKI** with 6-month durability

Robust Phase 1 and 2 efficacy data in wet AMD and DME

Favorable safety and tolerability with **no safety signals** across **four clinical trials**

Topline data for Phase 3 trials in wet AMD **expected to begin in mid-2026**

Phase 3 DME program **full enrollment expected in 3Q 2026**

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Investor Presentation

April 2026