

Investor Presentation

March 2024



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

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

- **EYP-1901 (vorolanib intravitreal insert)** – vorolanib, a selective and patented TKI in Durasert E™
 - Positive topline Phase 2 data in **wet AMD**
 - First Phase 3 trial in **wet AMD** planned to initiate in 2H 2024
 - Topline Phase 2 data in **NPDR** anticipated in Q2 2024
 - Topline Phase 2 data in **DME** anticipated in Q1 2025
- **EYP-2301** – razuprotafib, a patented TIE-2 agonist for serious retinal diseases in Durasert E™

Durasert® - proven, safe IVT drug delivery technology

- Bioerodible Durasert E™ and non-erodible formulations
- Safely administered to thousands of patient eyes across four FDA approved products with non-erodible formulations

Strong Balance Sheet

- **\$331M** of cash and investments on December 31, 2023
- Cash runway through Phase 3 wet AMD pivotal trials topline data in 2026

Pipeline Represents Potential Multi Billion-Dollar Product Opportunities

Durasert E™ Programs	Indication	Discovery	Pre-Clin	Phase 1	Phase 2	Phase 3	Next Milestone
EYP-1901 – vorolanib in Durasert E™ (tyrosine kinase inhibitor)	Wet AMD	single-dose, 6-month maintenance therapy					EOP2 Mtg with FDA Q2 2024
	NPDR	single-dose, 9-month treatment					Topline data in Q2 2024
	DME	single-dose, 6-month treatment					Topline data in Q1 2025
EYP-2301 – razuprotafib in Durasert E™ (TIE-2 agonist)	serious retinal diseases						Pre-clin tox and PK data
Complement inhibition	GA						Potential product candidate in 2024



wet AMD, wet age-related macular degeneration; EOP2, End of Phase 2; FPI, first patient in; NPDR, non-proliferative diabetic retinopathy; DME, diabetic macular edema; GA, geographic atrophy



Durasert - Intravitreal Sustained-Release Drug Delivery

TECHNOLOGY
DURASERT®



Safe, Sustained IVT Drug Delivery

- Delivered via a standard in-office IVT injection
- Continuous, stable release of drug
- Zero-order kinetics

Durasert E™: bioerodible

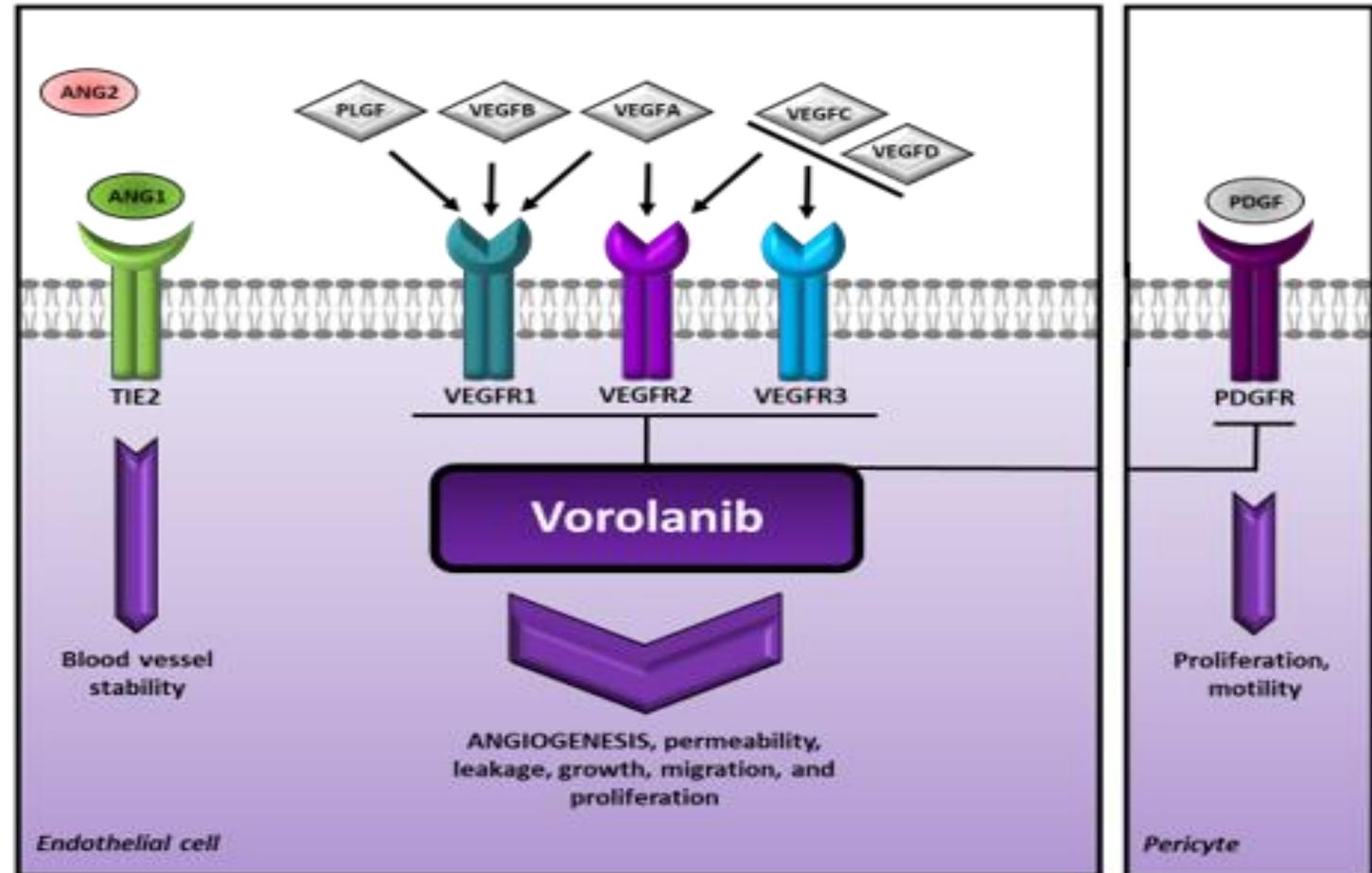
- Insert consists of drug embedded within a bioerodible matrix
- Designed to deplete drug load before matrix fully erodes

Durasert®: non-erodible

- Drug embedded within a bioerodible matrix covered with non-erodible polyimide shell:
 - YUTIQ®¹
 - ILUVIEN®¹
 - RETISERT®²
 - VITRASERT®²

Vorolanib Brings a Potential New MOA to the Treatment of VEGF-Mediated Retinal Diseases by Inhibiting all Isoforms of VEGF and PDGF

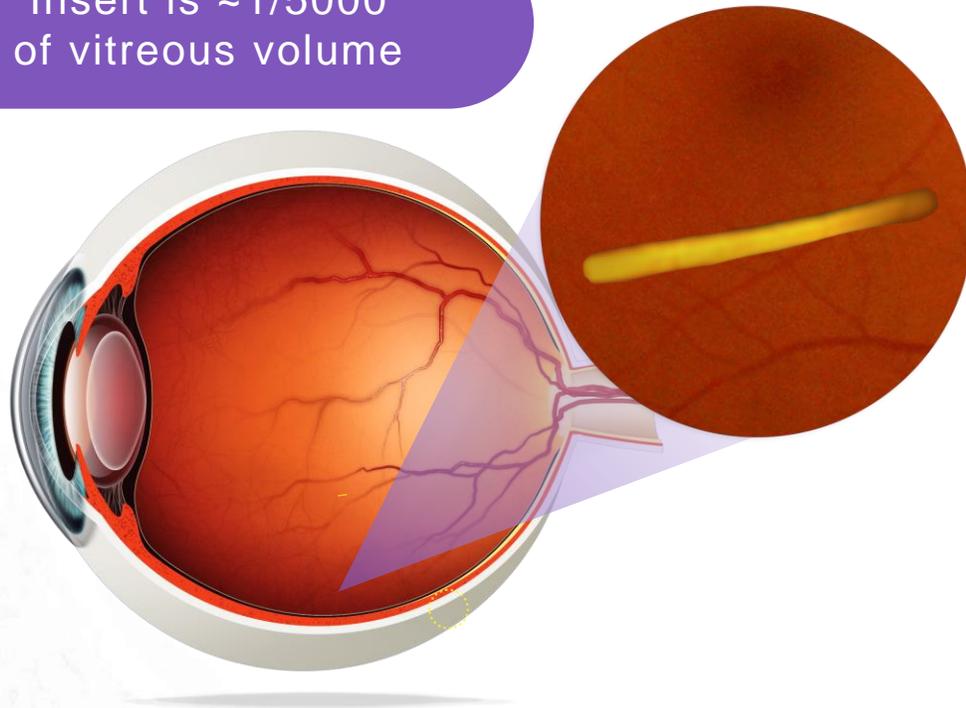
- Potent and selective pan-VEGF receptor inhibition
- Composition of matter patent into 2037
- Demonstrated neuroprotection in a validated retinal detachment animal model
- Inhibits PDGF which may lead to antifibrotic benefit
- Reduced off-target binding - does not inhibit TIE-2 at clinically relevant doses



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

EYP-1901: VEGF Receptor Binding Vorolanib In Bioerodible Durasert E™

Insert is ~1/5000
of vitreous volume



- **Positive efficacy** data in wet AMD from Phase 1 DAVIO and Phase 2 DAVIO 2 clinical trials
- **Favorable safety profile with no ocular or systemic EYP-1901-related SAEs** reported in ongoing Phase 2 clinical trials
- **Immediately** bioavailable featuring an initial burst of drug followed by zero order kinetics release for ~9 months
- Vorolanib fully eluted prior to complete bioerosion of the matrix to **control release** and allow **redosing** regimen
- Delivered in the physician office via **routine intravitreal injection**
- Shipped and stored at **ambient temperature**



Phase 2 DAVIO 2 Clinical Trial Topline Results in wet AMD

**A NON-INFERIORITY TRIAL
VERSUS AN AFLIBERCEPT
CONTROL**



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The DAVIO 2 Clinical Trial in wet AMD

A non-inferiority
trial evaluating two
doses of EYP-
1901 against an
aflibercept control
as a 6-month
maintenance
therapy

Design:

Multi-center, randomized, double-masked trial in patients with previously treated wet AMD

Primary outcome:

Difference in mean change in BCVA from Day 1 to Week 28 and 32 (blended)

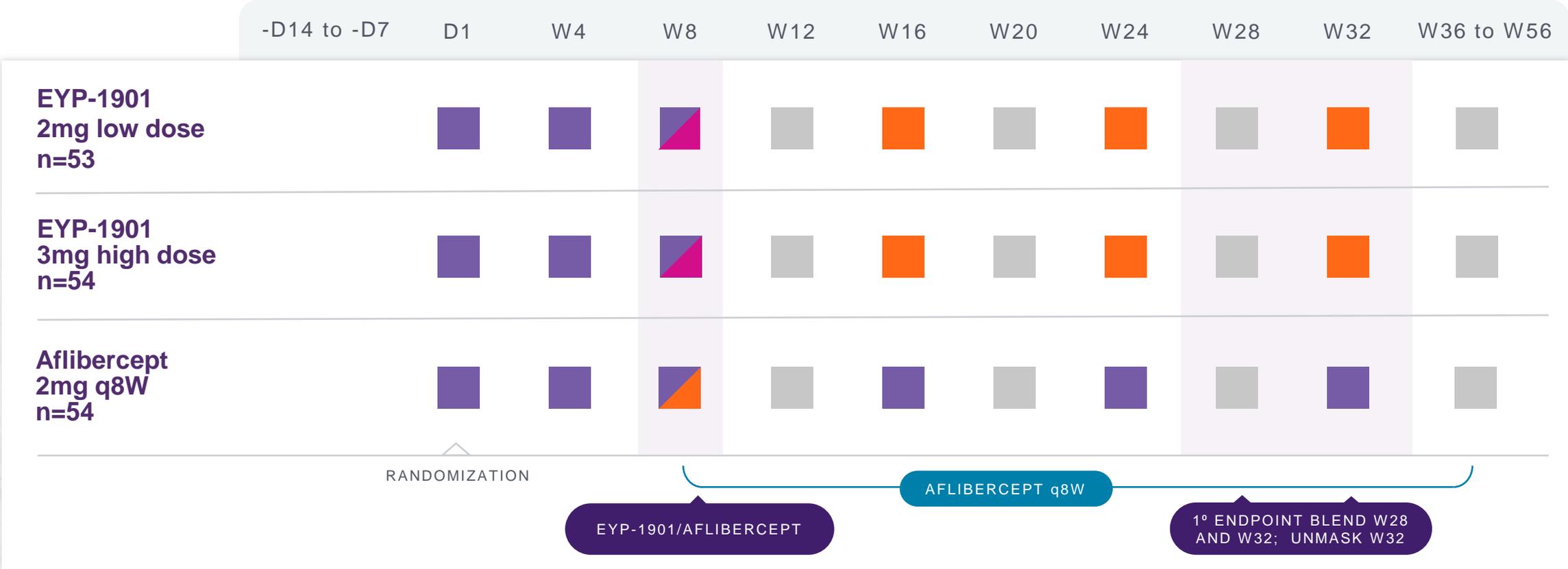
Key secondary endpoints:

- Safety
- Reduction in treatment burden
- Percent of eyes supplement-free up to six months Anatomical results

Anti-VEGF supplement criteria:

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

DAVIO 2 Clinical Trial is 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 Phase 2 DAVIO 2 Clinical Trial Met All Primary and Secondary Objectives

Endpoint	Endpoint Achieved	2mg Arm	3mg Arm
Primary: Non-inferior change in BCVA vs. aflibercept	✓	- 0.3 letters	- 0.4 letters
Secondary: Favorable safety profile ¹	✓	No EYP-1901 related SAEs	
Secondary: Reduction in Treatment Burden vs. 6 mos prior	✓	89%	85%
Secondary: Reduction in Treatment Burden vs. aflibercept	✓	83%	79%
Secondary: Supplement-free up to 6 months	✓	65% 88% of eyes had 0 or only 1 supplemental injections	64% 83% of eyes had 0 or only 1 supplemental injections
Secondary: Anatomical control vs aflibercept	✓	+9.7um	+5.2um

DAVIO 2 Patient Baseline Characteristics Well Balanced Across Arms

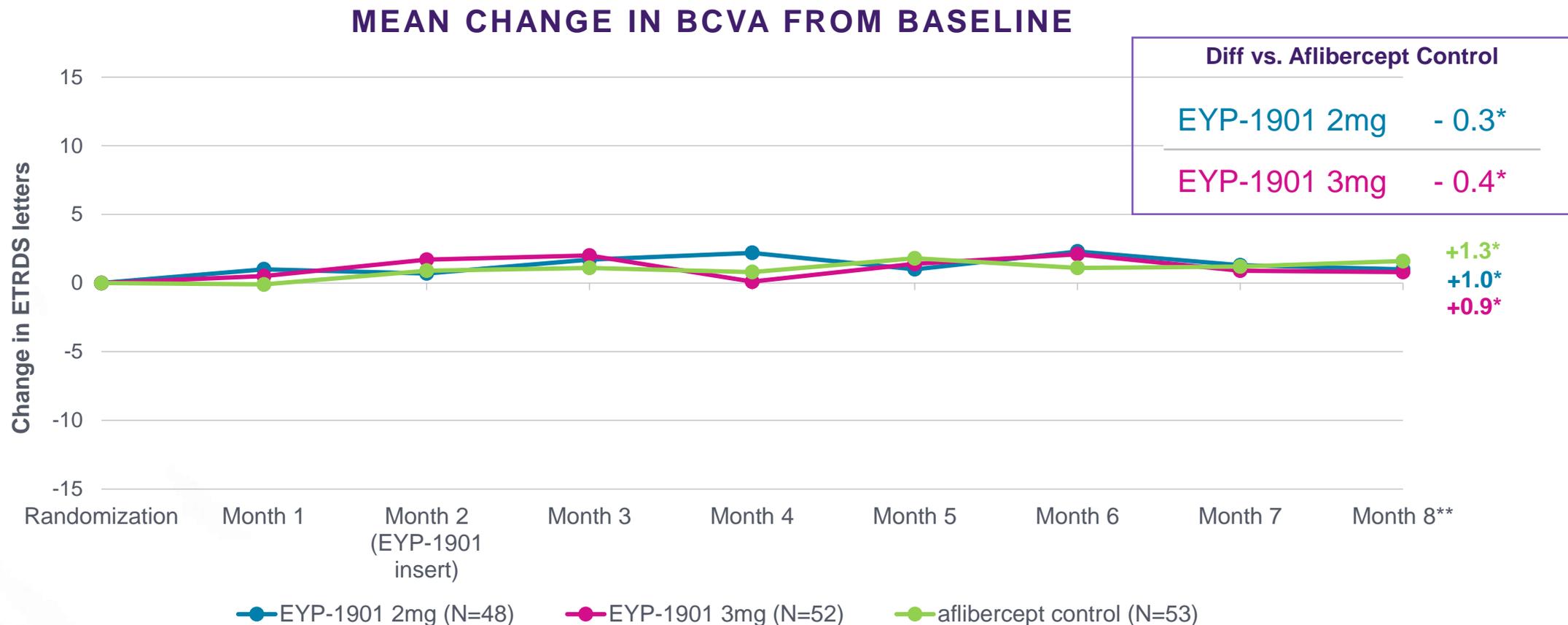
	Aflibercept 2mg q8W (n=54)	EYP-1901 2mg (n=50)	EYP-1901 3mg (n=52)
Mean age, years (range)	75.9 (52-93)	76.4 (61-93)	75.4 (56-89)
Female, %	53.7%	64.0%	67.3%
Mean BCVA, ETDRS letters (range)	73.4 (41-85)	73.9 (52-84)	74.9 (46-85)
Mean CST, μm (range)	265.7 (178-348)	267.0 (192-400)	262.9 (186-345)
Median length of time for wet AMD diagnosis prior to screening, months (range)	28.1 (2.4-273.8)	24.3 (2.4-168.1)	28.1 (2.4-145.3)
Mean # of injections normalized to 12 months prior to screening (range)*	9.5 (2-12)	10.2 (2-13)	10.0 (2-13)

Heavily pre-treated group

PRELIMINARY DATA – PENDING FINAL ANALYSIS
 AMD, age-related macular degeneration; BCVA, best-corrected visual acuity; CST, central subfield thickness;
 ETDRS, Early Treatment Diabetic Retinopathy Study;
 VEGF, vascular endothelial growth factor.



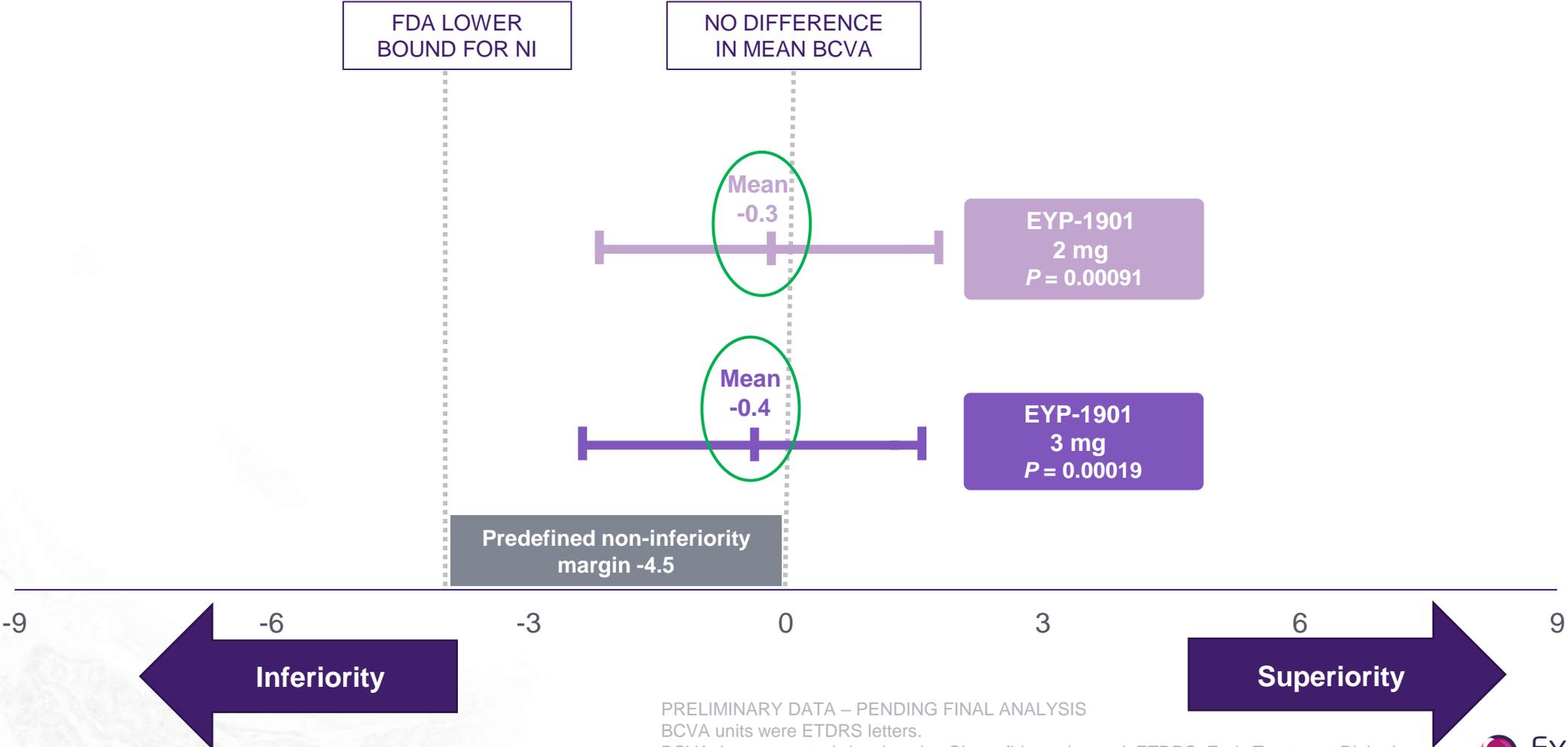
EYP-1901 was Statistically Non-Inferior in Change in BCVA Compared to the Aflibercept Control (95% CI)



In the Pulsar trial, HD Eylea (16-week 8mg arm) change in BCVA vs. 2mg Eylea was -1.4 letters¹

95% Confidence Intervals Showed Statistical Non-Inferiority for Primary End Point with EYP-1901 vs Aflibercept Control

Mean Change in BCVA from Baseline



PRELIMINARY DATA – PENDING FINAL ANALYSIS

BCVA units were ETDRS letters.

BCVA, best-corrected visual acuity; CI, confidence interval; ETDRS, Early Treatment Diabetic Retinopathy Study; FDA, Food and Drug Administration; q16W, every 16 weeks.

EYP-1901 Demonstrated a Favorable Safety Profile in the Phase 2 DAVIO 2 Clinical Trial¹

- No reported EYP-1901-related ocular or systemic SAEs
 - Four ocular SAEs reported in a study eye – none deemed EYP-1901 related²
- >97% of AEs reported were mild (Grade 1 or 2) and generally expected with IVT
- No insert migration into the anterior chamber
- No retinal occlusive vasculitis
- Low patient discontinuation rate of 4% up to week 32
 - No discontinuations were related to EYP-1901 treatment

In the Phase 2 DAVIO 2 Trial the Reported SAEs Occurred After an Aflibercept Injection or Paracentesis and Were Deemed Unrelated to EYP-1901¹

Four ocular SAEs reported in study eyes – all determined to be unrelated to EYP-1901²

1. Retinal detachment at week 1; **one week after initial aflibercept injection**, prior to EYP-1901 injection
2. Bacterial endophthalmitis at week 32; two days after **anterior chamber paracentesis** in a patient using CPAP
3. Non-infectious endophthalmitis at week 29; **seven days after aflibercept injection**
4. Retinal tears at week 36; **four weeks after aflibercept injection**

EYP-1901 was Well Tolerated - AE's Generally Mild and Self-Limiting Through Six Months

N (%)	Aflibercept 2mg q8W (n=54)	EYP-1901 2mg (n=53)	EYP-1901 3mg (n=53)
Study eyes with ≥1 ocular AE	20 (37.0%)	30 (56.6%)	29 (54.7%)
Ocular AEs reported in ≥5% of study eyes:			
Worsening wet AMD	2 (3.7%)	7 (13.2%)	6 (11.3%)
Conjunctival hemorrhage	2 (3.7%)	6 (11.3%)	3 (5.7%)
Vitreous floaters	0 (0.0%)	3 (5.7%)	4 (7.5%)
Retinal hemorrhage	1 (1.9%)	1 (1.9%)	5 (9.4%)
Cataract	3 (5.6%)	2 (3.8%)	3 (5.7%)
Eye pain	1 (1.9%)	2 (3.8%)	3 (5.7%)
Vitreous detachment	2 (3.7%)	3 (5.7%)	2 (3.8%)
Subretinal fluid	1 (1.9%)	3 (5.7%)	0 (0.0%)

EYP-1901 Continues to Show a Favorable Safety Profile Across Multiple Clinical Trials

Summary:

DAVIO (Phase 1): 17 patients treated

DAVIO 2 (Phase 2)¹: 102 patients treated

PAVIA (Phase 2)¹: ~51 patients treated

~170 treated patients with a minimum of six months post EYP-1901 injection with no EYP-1901-related ocular or systemic SAE's

Clinically Meaningful Reduction in Treatment Burden Supports EYP-1901 as a Maintenance Treatment For Wet AMD

	EYP-1901 2mg	EYP-1901 3mg
Mean number of injections week 8 through week 32	0.55	0.71
Mean number of injections 6 months prior to screening*	5.07	4.98
Reduction in treatment burden vs. 6 months prior (%)	89%	85%

EYP-1901 Demonstrated a Meaningful Reduction in Treatment Burden vs. the Aflibercept Control Arm

	EYP-1901 2mg	EYP-1901 3mg	Aflibercept 2mg q8W
Mean number of injections week 8 through week 32	0.55	0.71	3.32
Reduction in treatment burden vs. aflibercept control (%)	83%	79%	NA

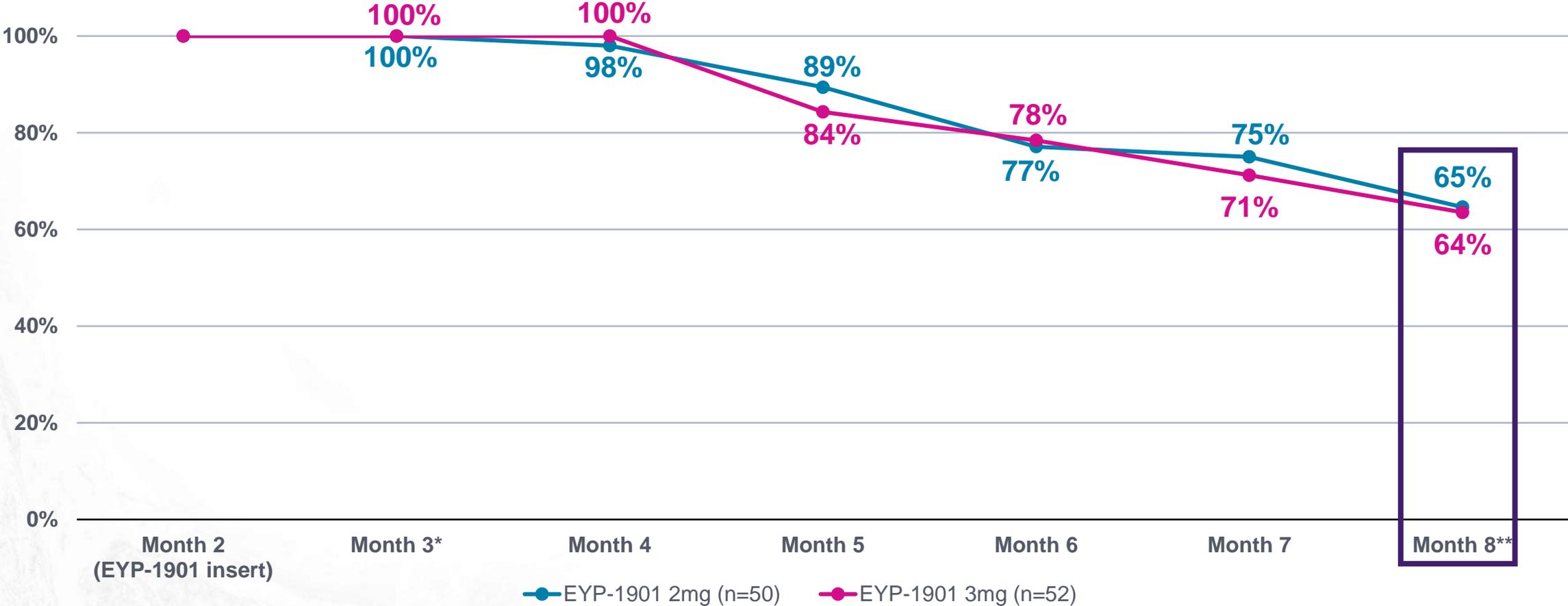
EYP-1901 Demonstrated Clinically Meaningful Supplement-Free Rates

PERCENT OF PATIENTS SUPPLEMENT-FREE UP TO SIX MONTHS AFTER ADMINISTRATION OF EYP-1901

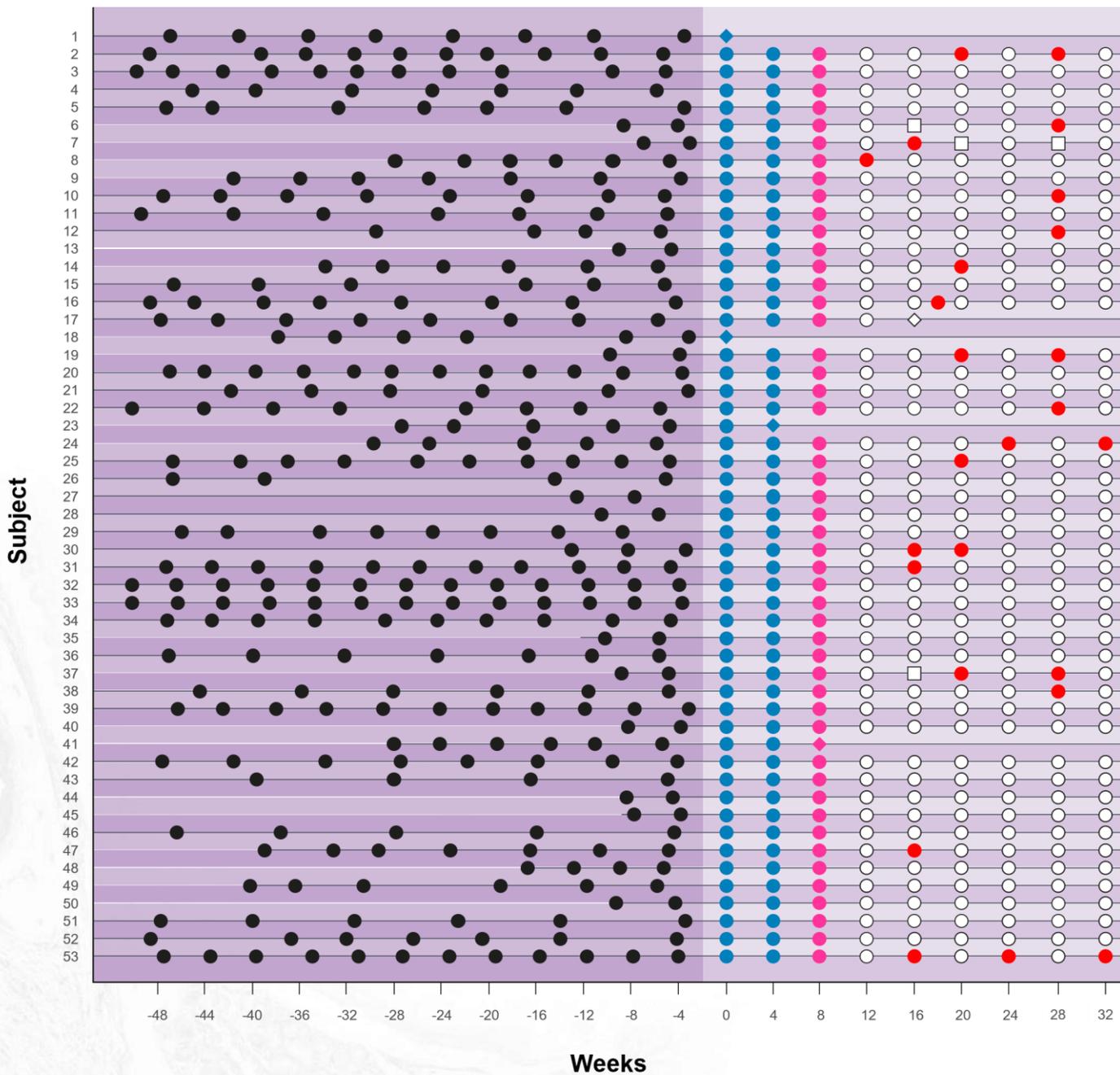
	EYP-1901 2MG	EYP-1901 3mg
Supplement-Free Rates	65% 88% of eyes had 0 or only 1 supplemental injection	64% 83% of eyes had 0 or only 1 supplemental injection

Nearly Two-Thirds of Eyes Treated with EYP-1901 were Supplement-Free up to Six Months After a Single Injection

SUMMARY OF SUPPLEMENT-FREE RATES BY MONTH



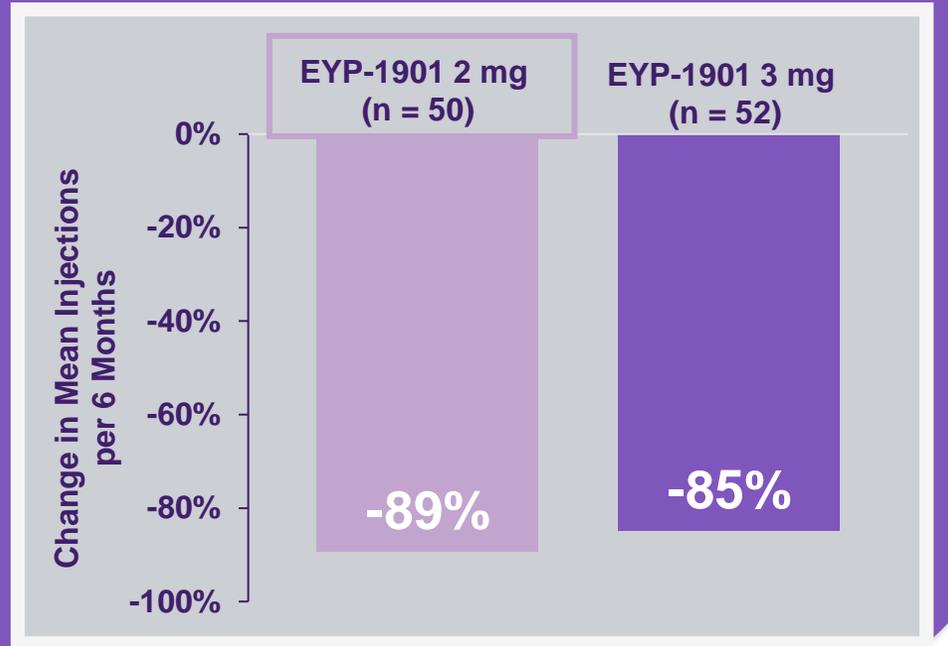
*First visit patients are eligible to be rescued
**Month 8 represents 6 months post EYP-1901 injection
PRELIMINARY DATA – PENDING FINAL ANALYSIS



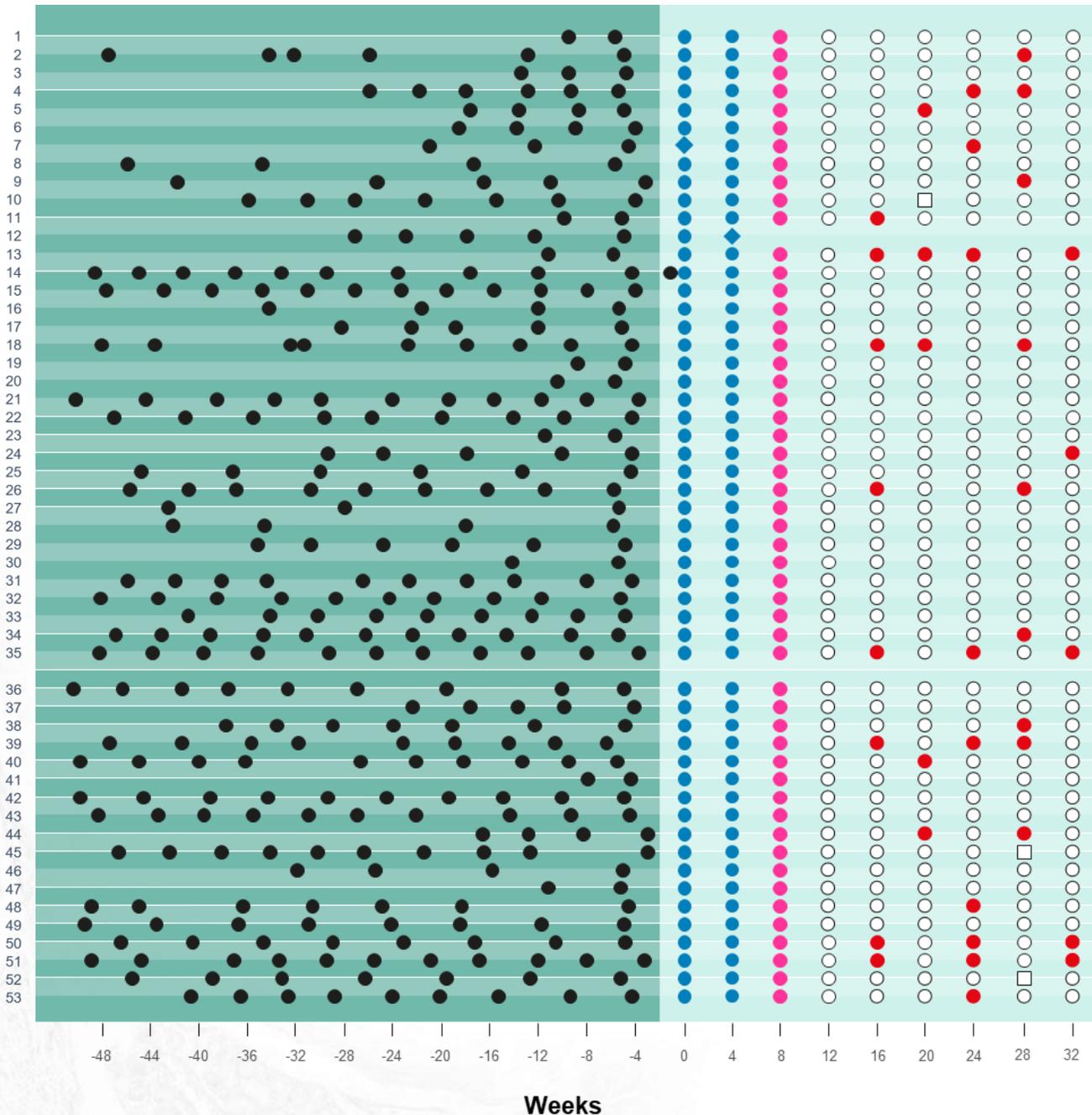
EYP-1901 2mg Dose Reduced Treatment Burden by 89% Compared to Prior 6 Months

Injections in year prior and during the DAVIO 2 trial

- Anti-VEGF injection
- Afibercept loading dose
- Afibercept + EYP-1901
- No injection
- Missed Visit
- Supplemental injection



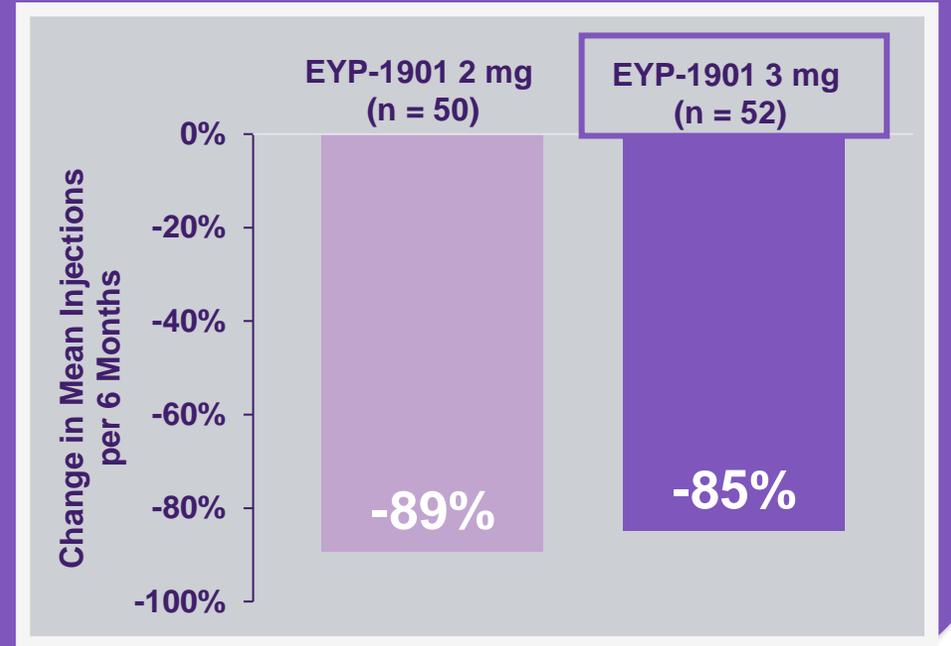
Subject



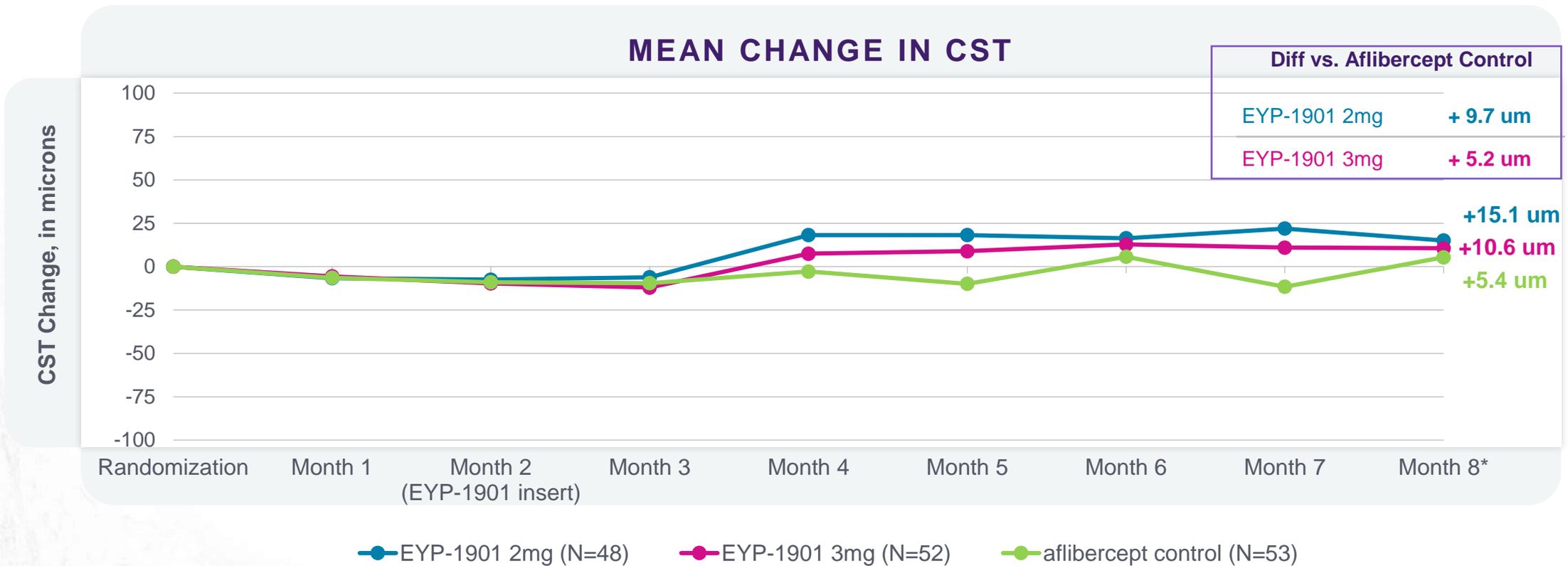
EYP-1901 3mg Dose Reduced Treatment Burden by 85% Compared to Prior 6 Months

Injections in year prior and during DAVIO 2 trial

- Anti-VEGF injection
- Aflibercept loading dose
- Aflibercept + EYP-1901
- No injection
- Missed Visit
- Supplemental injection



Data from DAVIO 2 Suggests Strong Anatomic Control with OCT Change Below 10 microns at Week 32 Compared to the Aflibercept Control





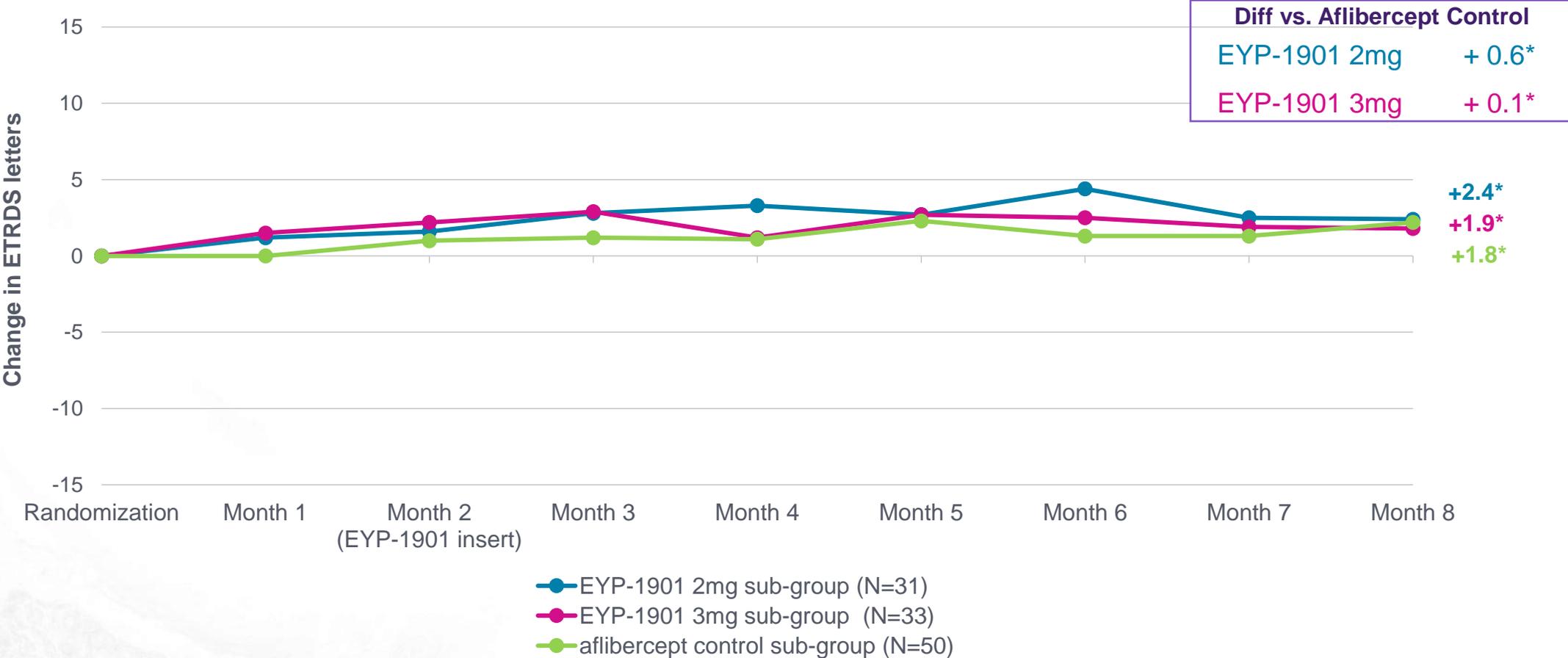
Phase 2 DAVIO 2 Sub-Group Analysis of Patients Anti-VEGF Supplement-Free Up to 6 Months



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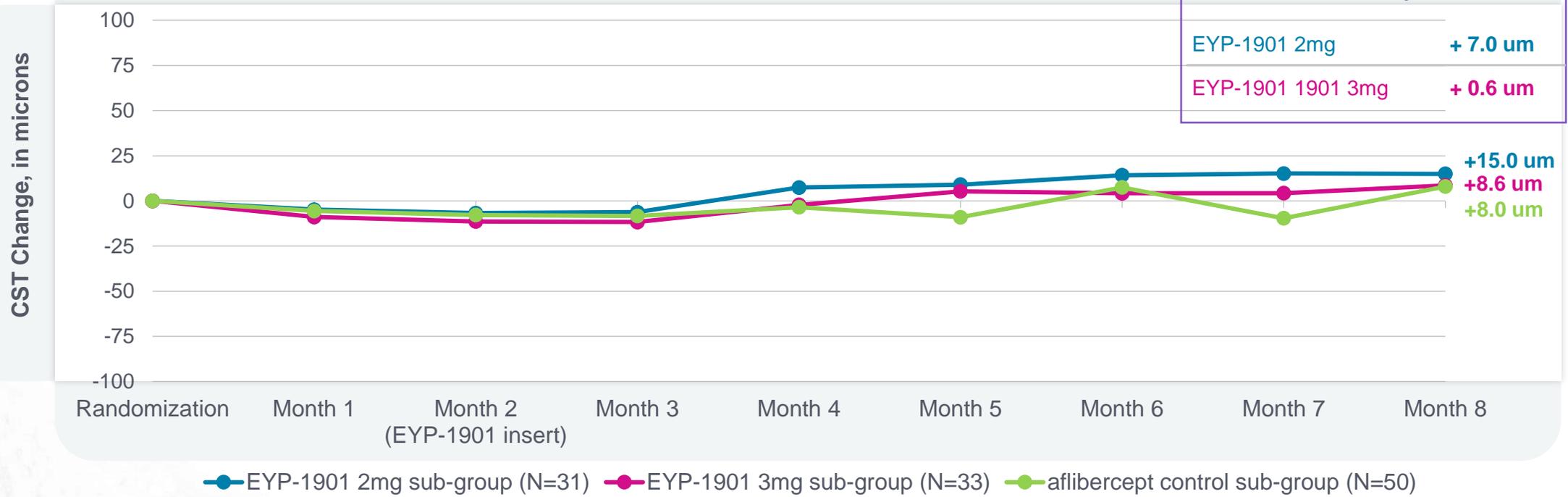
EYP-1901 Demonstrated Numerical Superiority in Change in BCVA in Sub-Group Analysis of Patients Supplement-Free Up to 6 Months

SUB-GROUP ANALYSIS OF PATIENTS SUPPLEMENT-FREE UP TO SIX MONTHS MEAN CHANGE IN BCVA FROM BASELINE



Strong Anatomic Control in Patients with No Supplement Up to Month 8 with OCT Change Below 10 microns Compared to the Aflibercept Control

SUB-GROUP ANALYSIS OF PATIENTS SUPPLEMENT-FREE UP TO SIX MONTHS MEAN CHANGE IN CST





Preliminary Phase 3 Pivotal Trials Overview

**A NON-INFERIORITY TRIAL
VERSUS AN AFLIBERCEPT
CONTROL**

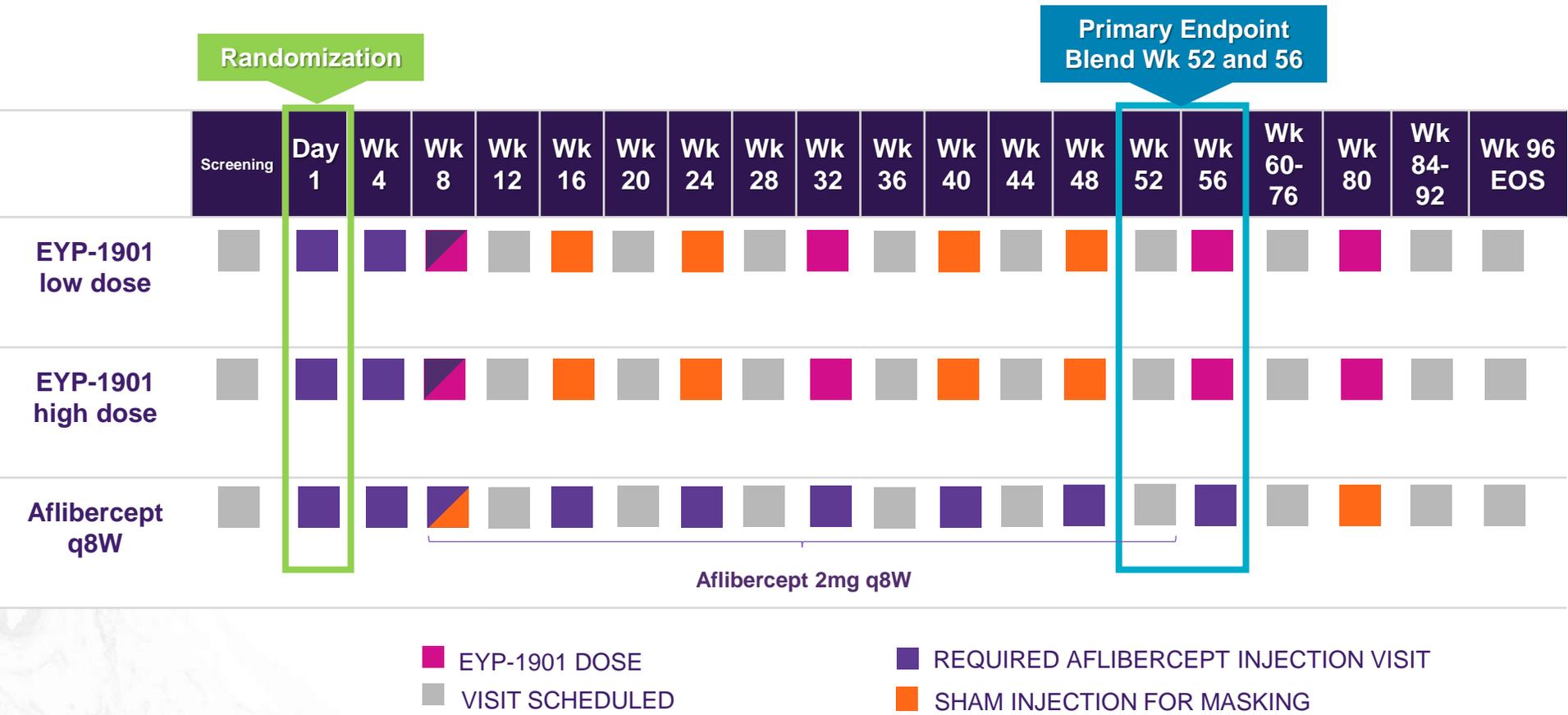


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Positive DAVIO 2 Data Supports Advancement to Pivotal Phase 3 Clinical Trials in Wet AMD

- Phase 3 Pivotal non-inferiority trials in wet AMD
 - Informed by previous **Type C meeting with FDA** and **positive DAVIO 2 data**
 - Consistent with FDA wet AMD draft guidance
 - EOP2 meeting with FDA **scheduled for April 23, 2024**
- The Phase 3 **trial** design is similar to DAVIO 2 but modified for FDA approval and label considerations
 - **12-month** primary efficacy endpoint (blended) – FDA requirement
 - NDA submission planned with 12-month safety and efficacy data
 - Safety monitored up to 24 months
 - **Re-dosing** of EYP-1901 at six-month intervals – 4 total
 - EYP-1901 arms will be **one and two** inserts
- **LUGANO trial** is primarily USA sites initiating **in 2H 2024**
- **LUCIA trial** is USA and OUS sites – follows Lugano

EYP-1901 Wet AMD Non-Inferiority Phase 3 Trial Concept: Randomized, Double-Masked, Aflibercept Control – 12 Month Endpoint



Key Endpoints

Primary endpoint:

- Mean change in BCVA at W52 and W56 (blended)
- Non-inferiority margin defined at -4.5 letters

Key secondary endpoints:

- Safety
- Anti-VEGF injection burden reduction
- Supplement-free rate up to week 56
- CST change measured by OCT



EYP-1901: vorolanib in Durasert E™

**NON-PROLIFERATIVE DIABETIC
RETINOPATHY (NPDR) – PHASE 2
PAVIA CLINICAL TRIAL**

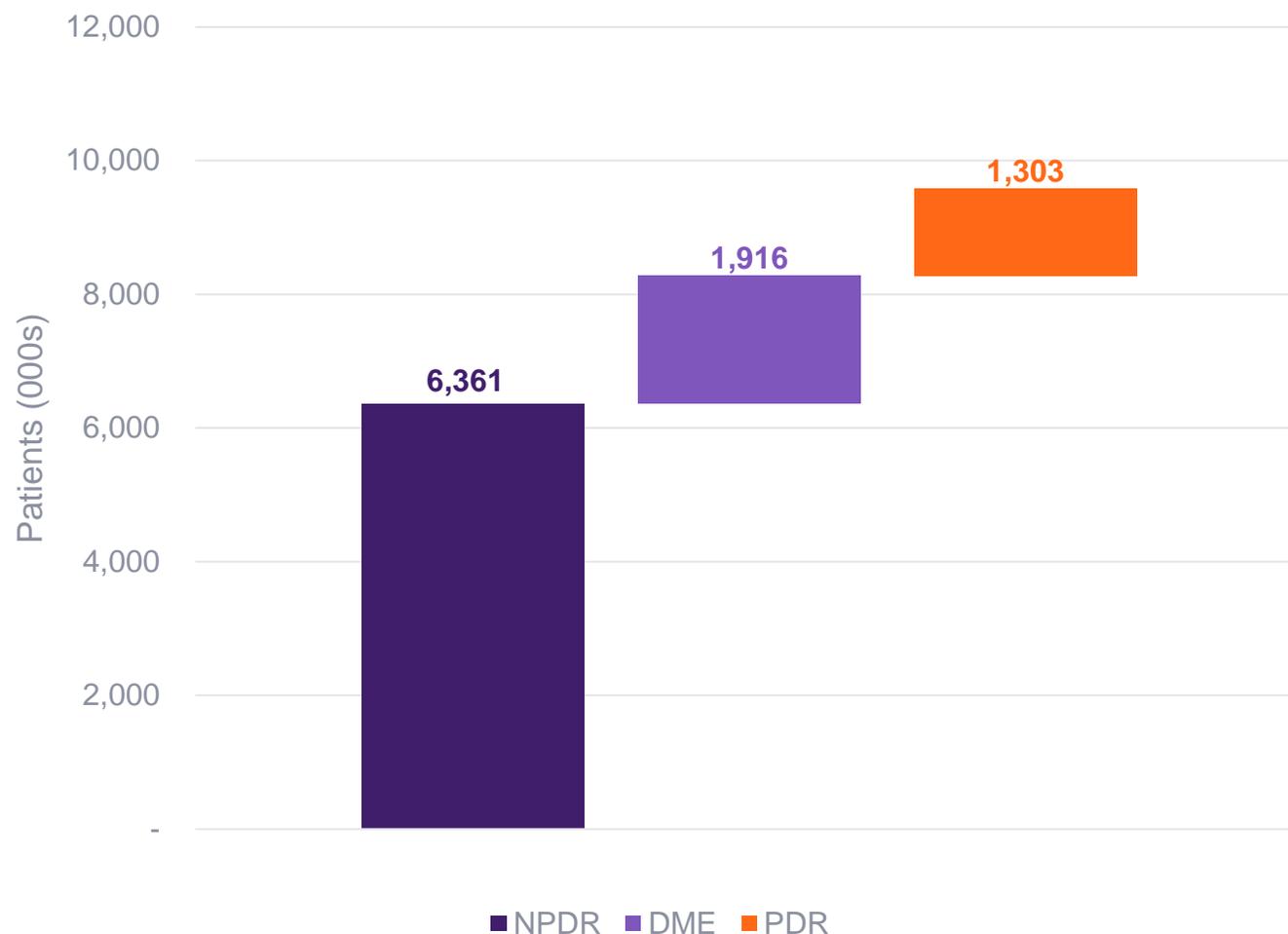


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Diabetic Retinopathy Market Opportunity

- Diabetic retinopathy is the **leading cause of blindness** in the working-age population.¹
- DR market includes NPDR, PDR, and DME; growing 3.2% annually.²
- ~90% of patients with NPDR currently receive **no course of therapy** apart from observation by their eye doctor.³
- **Injection frequency is the largest barrier** to initiating treatment; EYP-1901 could potentially **create a new market** by providing an **every nine-month treatment option** that matches a patient's visit cadence.

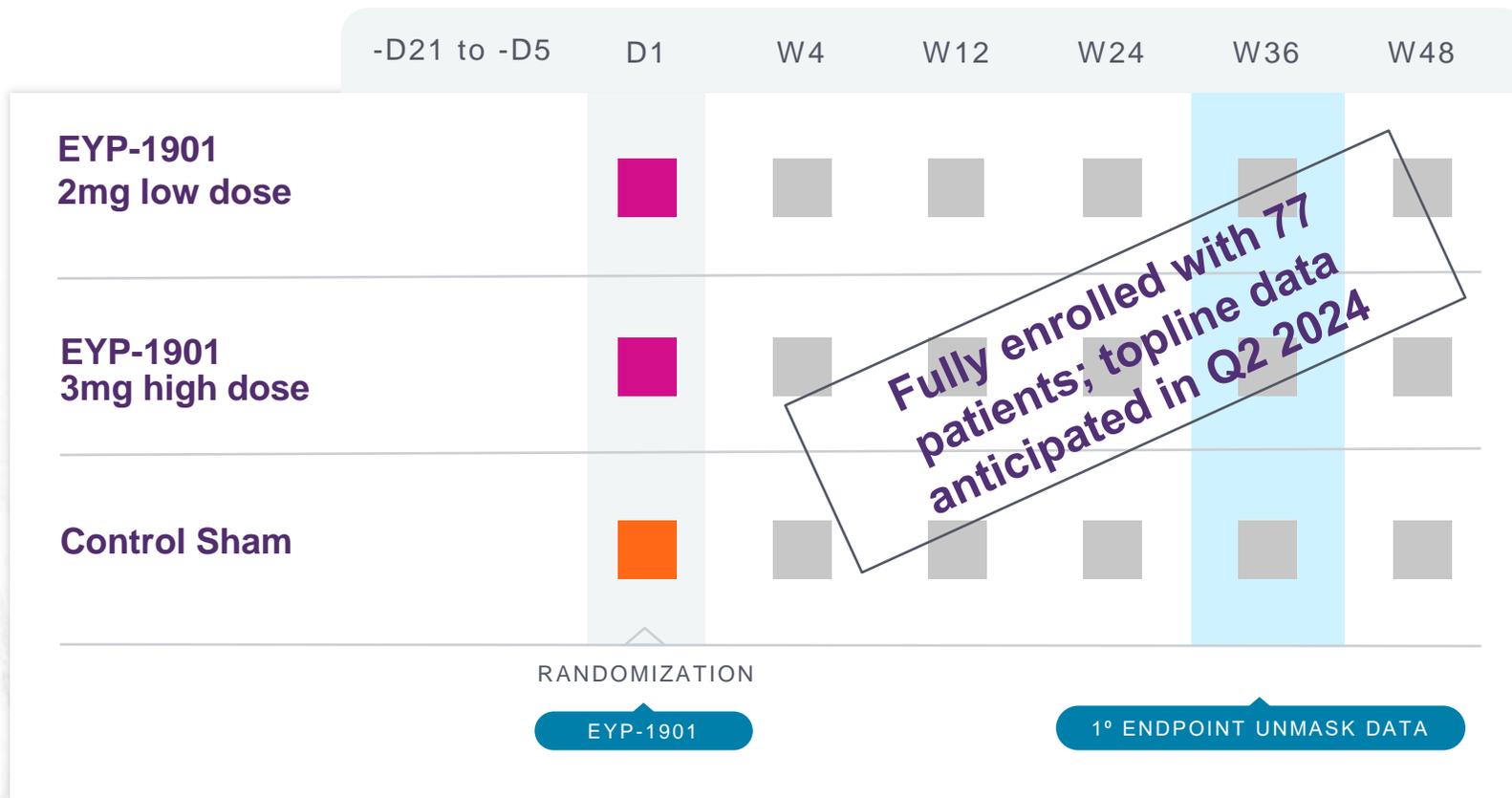
2024 US Diabetic Retinopathy Estimated Patient Market (>9.5M patients)⁴



1. CDC, Vision Health Initiative, Basics of Vision and Eye Health – Common Eye Disorders 2. DelveInsight Diabetic Macular Edema (DME) Market Insight, Epidemiology & Market Forecast- 2030, April 2021.3. Moshfeghi A, Garmo V, Sheinson D, et al. Five-year patterns of diabetic retinopathy progression in US clinical practice. Clin Ophthalmol 2020;14:3651–9. 4. Internal Eyepoint Data based on IRIS registry

NPDR, Non-Proliferative Diabetic Retinopathy; PDR, Proliferative Diabetic Retinopathy; DME, Diabetic Macular Edema

EYP-1901 Phase 2 PAVIA Clinical Trial is a Randomized Double-Masked, EYP-1901 Single Injection with Sham Control as a 9-Month Treatment in NPDR



- Moderately severe to severe NPDR patients enrolled
- Primary endpoint is ≥ 2 step DRSS improvement score at week 36
- Secondary endpoints:
 - Reduction in vision-threatening complications
 - DME occurrence and/or proliferative disease
 - Retinal ischemia
 - Safety

PAVIA Masked Safety Summary ¹

Key findings:

- ✓ No drug-related ocular SAEs
- ✓ No drug-related systemic SAEs
- ✓ Two ocular SAEs, deemed not EYP-1901 related by investigators:
 - Hemorrhagic posterior vitreous detachment (PVD) in a study eye eight-weeks after dosing
 - Macular edema leading to vision loss in the non-study fellow eye

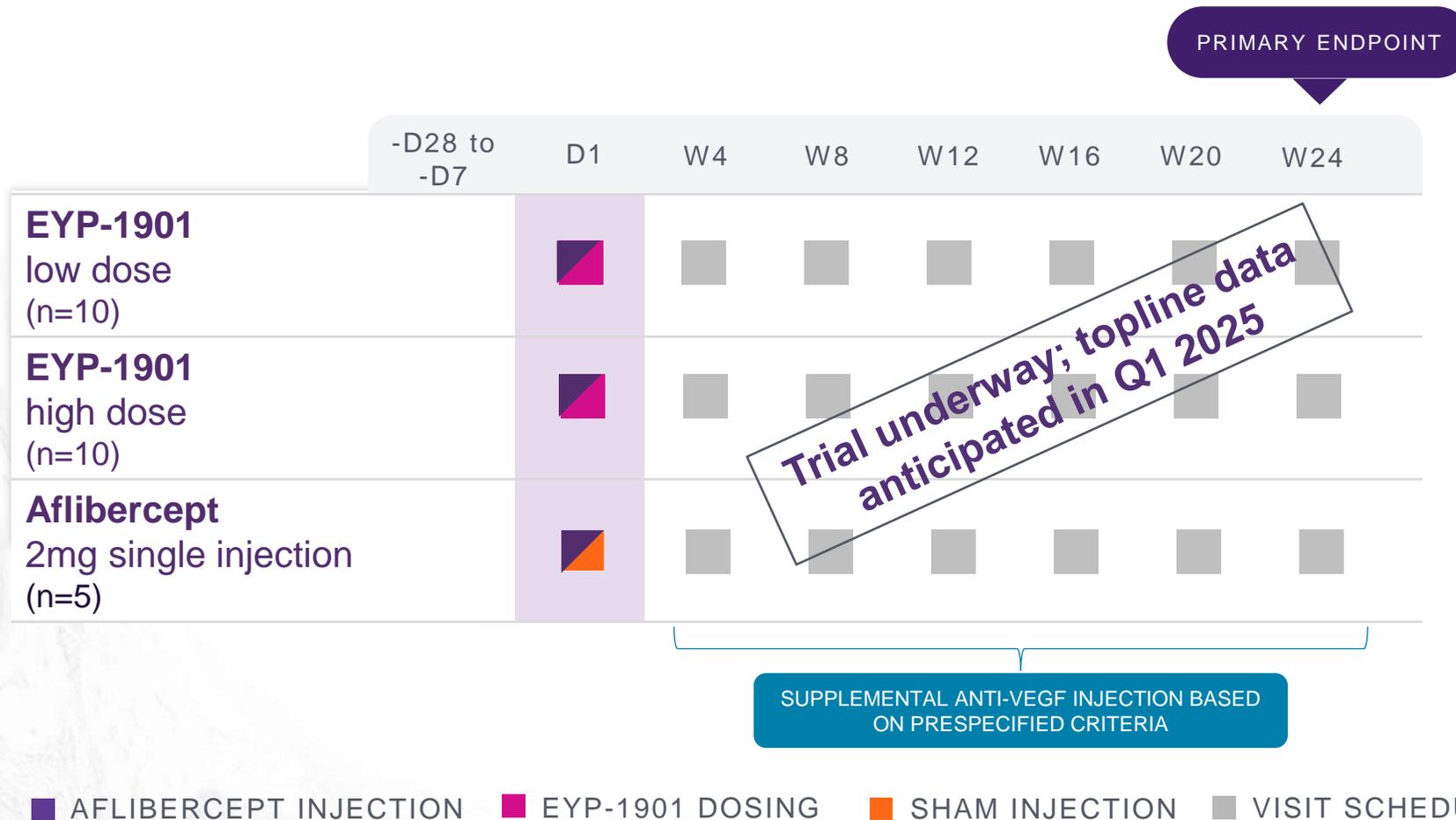


EYP-1901: vorolanib in Durasert E™

**PHASE 2 VERONA CLINICAL
TRIAL IN DIABETIC MACULAR
EDEMA (DME)**



Phase 2 VERONA Clinical Trial is a Randomized, Open-Label, Aflibercept Controlled Trial with a Single EYP-1901 Injection



- Potential 6-month treatment in previously treated DME patients
- Objectives:
 - Evaluate the safety and efficacy of two doses of EYP-1901 in the DME patient population
 - Collect dose-ranging data to inform future clinical trials
- Primary endpoint: time to supplemental anti-VEGF injection up to week 24
- Secondary endpoints: Change in BCVA vs. aflibercept control, stable anatomical outcome as measured by OCT, DRSS over time



VERONA Primary Endpoint: Time to Supplemental Injection up to Week 24 – Supplement Criteria

Starting at Week 4:

- Reduction in BCVA ≥ 10 letters due to DME¹
- Reduction in BCVA of 5-9 letters **and** >75 microns of new fluid at two consecutive visits¹
- Increase of ≥ 100 microns of new fluid vs. Baseline (Day 1)²
- Investigator discretion

Starting at Week 12:

- Lack of 10% reduction in CST compared to Baseline (Day 1)



EYP-2301: razuprotafib in Durasert E™

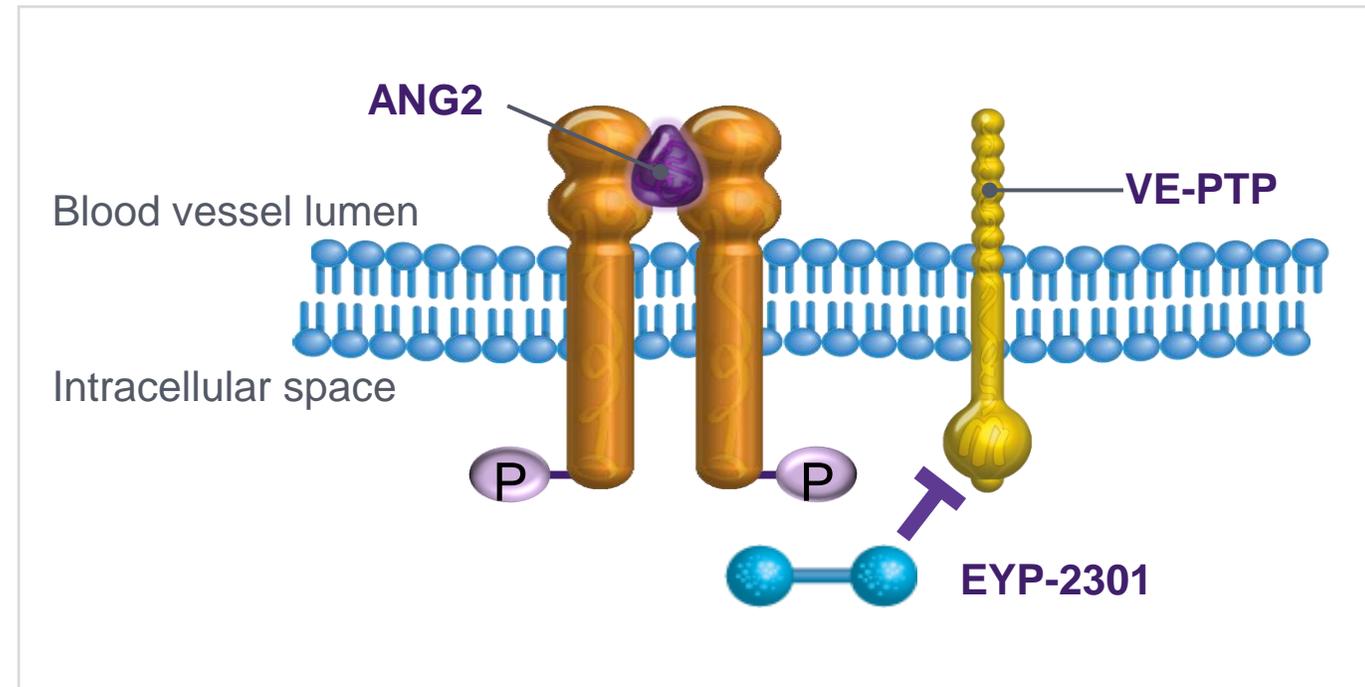
**A SUSTAINED DELIVERY TIE-2
AGONIST FOR SEVERE RETINAL
DISEASES**



EYP-2301: Razuprotafib in Durasert E™ is Being Developed as a Sustained Delivery Treatment for Serious Retinal Diseases

EYP-2301 targets vascular endothelial protein tyrosine phosphatase (VE-PTP) to promote TIE-2 activation and maintain vascular stability in the retina

- Tie-2 activation combined with VEGF inhibition has the potential to **enhance efficacy and extend durability**¹ of treatment
- In the retina, activated TIE-2 controls endothelial cell proliferation, barrier function and intercellular contacts, **stabilizing vessels and the blood-retinal barrier**²
- Razuprotafib (f/k/a AKB-9778) delivered subcutaneously was previously studied demonstrating preclinical and **clinical proof of concept** in posterior segment disease^{3,4}



Cash runway
through topline
data in 2026 of
pivotal Phase 3
clinical trials for
EYP-1901 in wet
AMD

Strong Balance Sheet

- **\$331M** of cash and investments on December 31, 2023
- No debt

Multiple key data and value inflection points within the next 12 months

Continued Execution And Well Funded Through Key EYP-1901 Milestones

EYP-1901

✓	DAVIO 2 enrollment complete	Q1 2023
✓	PAVIA enrollment complete	Q2 2023
✓	DAVIO 2 topline data	December 2023
✓	VERONA - DME Phase 2 Trial initiation	Q1 2024
<input type="checkbox"/>	EOP2 meeting with FDA for wet AMD	April 2024
<input type="checkbox"/>	PAVIA topline data	Q2 2024
<input type="checkbox"/>	First wet AMD Phase 3 trial (LUGANO) initiation	2H 2024
<input type="checkbox"/>	VERONA topline data	Q1 2025

Corporate

✓	YUTIQ transacted for \$82.5M plus royalties	Q2 2023
✓	Retired debt and extended cash runway	Q2 2023
✓	Oversubscribed \$230M equity financing closed	December 2023
✓	Appointed new Chief Medical Officer	March 2024

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March 2024



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