KEY OPINION LEADER ROUNDTABLE

The Future of Drug Delivery for Wet Age-Related Macular Degeneration

EyePoint® PHARMACEUTICALS

EYEPOINT
PHARMACEUTICALS

Welcome & Company Overview

Nancy Lurker, President & CEO

Forward Looking

Various statements made in this presentation are forward-looking, 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, including but not limited to statements about our expectations regarding the potential benefits of our partnerships and strategic alliances with other companies, as well as the timing and clinical development of our product candidates, including EYP-1901; and the potential for EYP-1901 as a vital, novel six-month treatment for serious eye diseases, including wet age-related macular degeneration, diabetic retinopathy and retinal vein occlusion; and our longer term financial and business goals, are forward-looking statements. Some of the factors that could cause actual results to differ materially from the anticipated results or other expectations expressed, anticipated or implied in our forward-looking statements are risks and uncertainties inher- ent in our business including, without limitation: the extent to which COVID-19 impacts our business; the effectiveness and timeliness of clinical trials, and the usefulness of the data; the timeliness of regulatory approvals; our ability to achieve profitable operations and access to needed capital; fluctuations in our operating results; our ability to successfully produce sufficient commercial quantities of YUTIQ and DEXYCU and to successfully commercialize YUTIQ and DEXYCU in the U.S.; our ability to sustain and enhance an effective commercial infrastructure and enter into and maintain commercial agreements for YUTIQ and DEXYCU; the development of our YUTIQ line extension shorter-duration treatment for non-infectious uveitis affecting the posterior segment of the eye; potential off-label sales of ILUVIEN for non-infectious uveitis affecting the posterior segment of the eye; consequences of fluocinolone acetonide side effects for YUTIQ; consequences of dexamethasone side effects for DEXYCU; successful commer- cialization of, and receipt of revenues from, ILUVIEN for diabetic macular edema, or DME; Alimera's ability to obtain additional marketing approvals and the effect of pricing and reimbursement decisions on sales of ILUVIEN for DME; Alimera's ability to commercialize ILUVIEN for non-infectious uveitis affecting the posterior segment of the eye in the territories in which Alimera is licensed to do so; our ability to market and sell products; the success of current and future license agreements, including our agreement with Equinox Science; termination or breach of current license agreements, including our agreement with Equinox Science; our dependence on contract research organizations, contract sales organizations, vendors and investigators; effects of competition and other developments affecting sales of products; market acceptance of products; effects of guidelines, recommendations and studies; protection of intellectual property and avoiding intellectual property infringement; retention of key personnel; product liability; industry consolidation; compliance with environmental laws; manufacturing risks; risks and costs of international business operations; volatility of our stock price; possible dilution; absence of dividends; and other factors described in our filings with the Securities and Exchange Commission. We cannot guarantee that the results and other ex- pectations 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. We do not undertake any obligation to publicly update or revise our forward-looking statements even if experience or future changes makes it clear that any projected results expressed or implied in such statements will not be realized.

KEY OPINION LEADER ROUNDTABLE

On Today's Call

Nancy Lurker
PRESIDENT & CHIEF EXECUTIVE OFFICER

Jay S. Duker, M.D.
CHIEF STRATEGIC SCIENTIFIC OFFICER

Bob Avery, M.D.
FOUNDER & CEO, CALIFORNIA RETINA CONSULTANTS

Elias Reichel, M.D.
PROFESSOR AND VICE CHAIR, DIRECTOR, VITREORETINAL SERVICE, NEW ENGLAND EYE CENTER, TUFTS UNIVERSITY OF MEDICINE

Charles Wykoff, M.D., Ph.D.
DIRECTOR OF RESEARCH, RETINA CONSULTANTS OF HOUSTON, DEPUTY CHAIR FOR OPHTHALMOLOGY, BLANTON EYE INSTITUTE

COMPANY OVERVIEW

Proven technology supporting rapid growth

Two FDA-approved commercialized products — Yutiq® and Dexycu®

- Commercial launches continuing as clinics adjust to COVID-19 environment

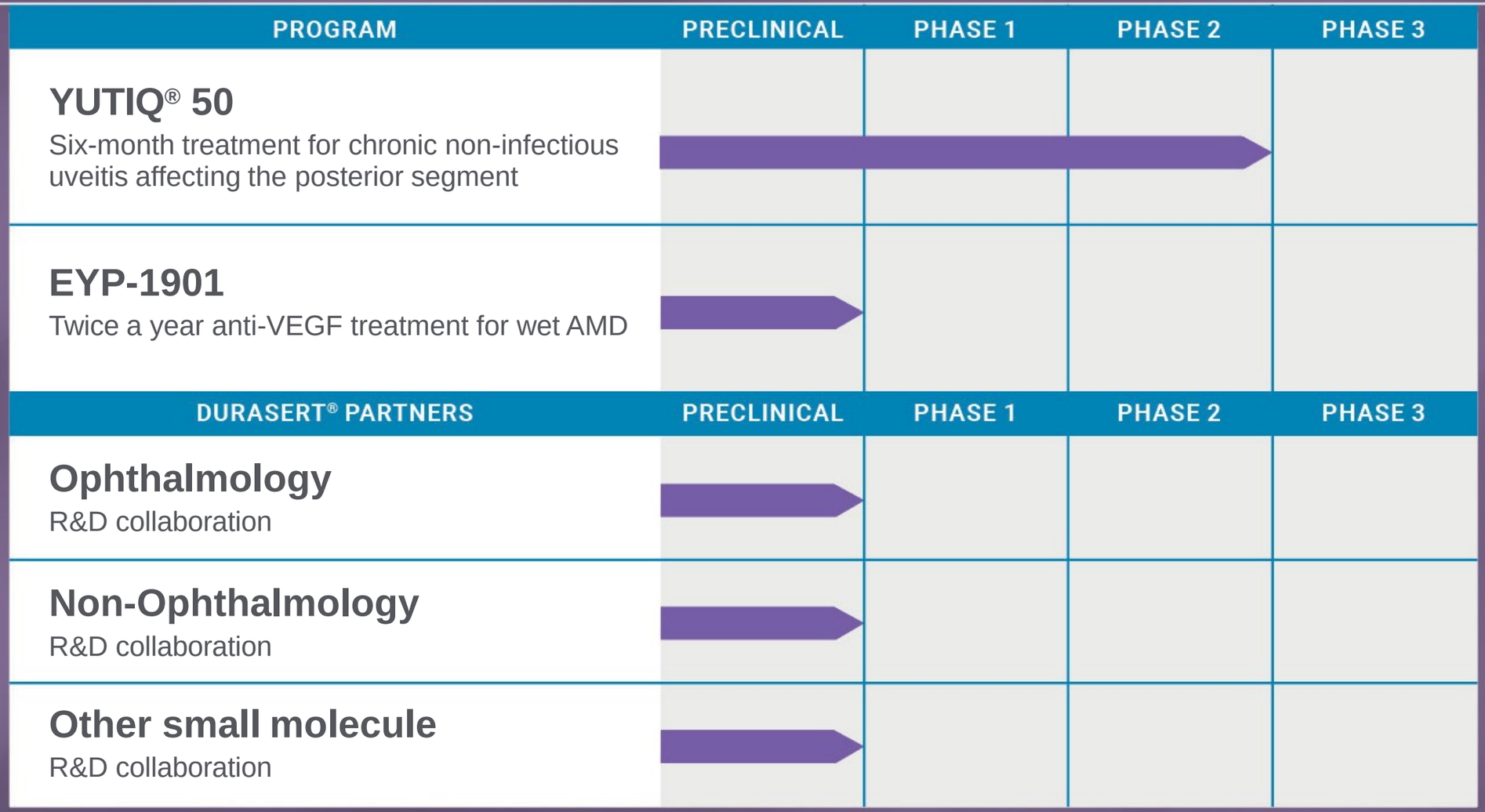
Durasert — FDA validated delivery platform

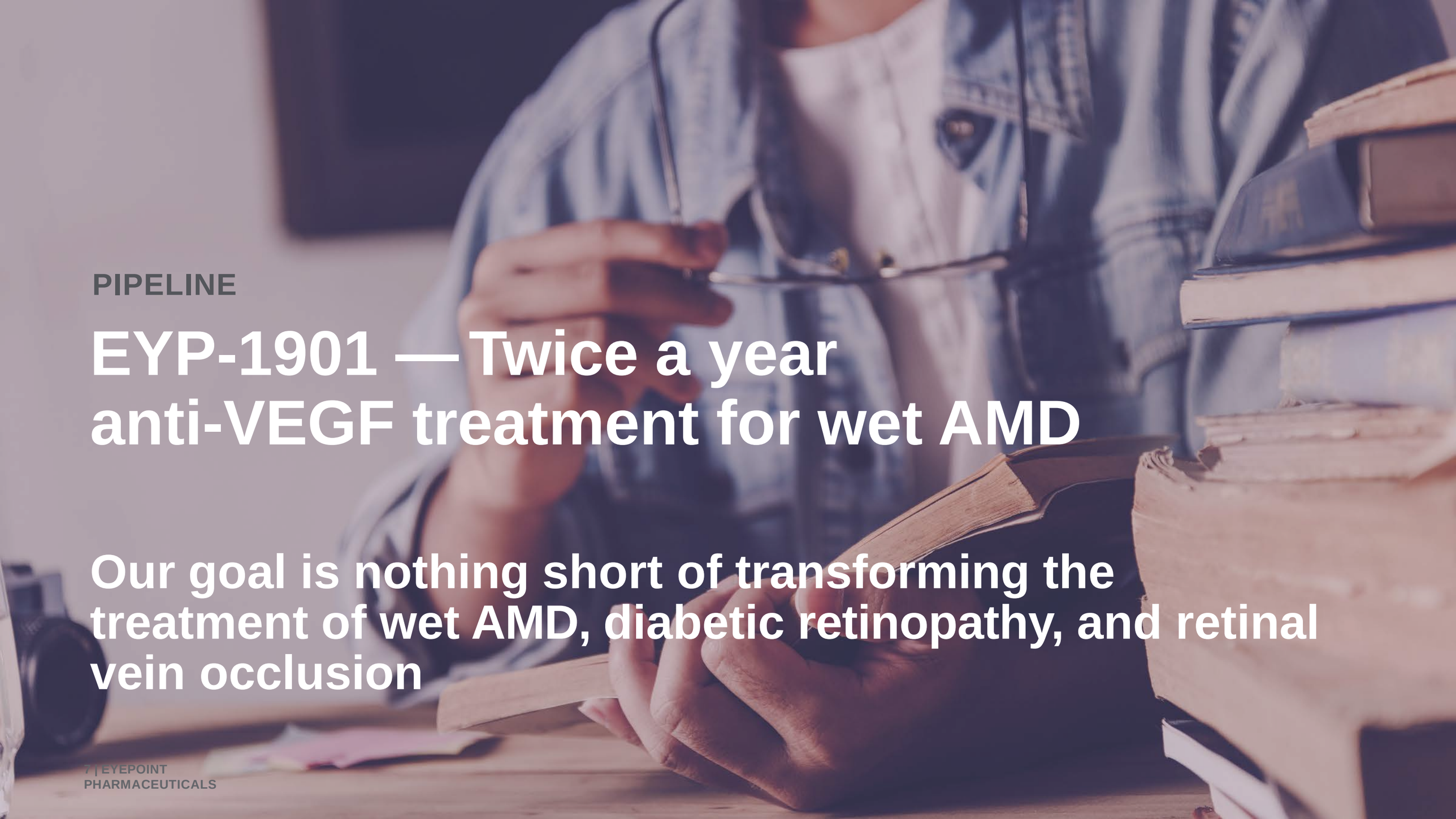
- Zero order kinetics provides sustained and stable release of therapeutics to ocular targets
- Delivered safely to thousands of patients' eyes across 4 FDA approved products

Compelling pipeline

- EYP-1901 — potential for twice a year treatments for wet AMD, Diabetic Retinopathy and Retinal Vein Occlusion
- Yutiq 50
- R&D collaborations

Retinal Disease Focused Pipeline





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EYP-1901 — Twice a year anti-VEGF treatment for wet AMD

Our goal is nothing short of transforming the treatment of wet AMD, diabetic retinopathy, and retinal vein occlusion

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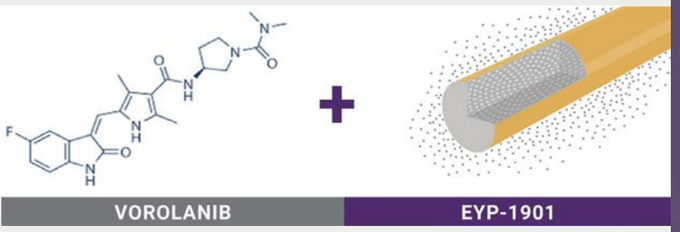
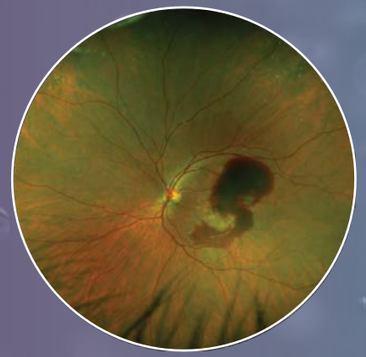
EYP-1901



Wet AMD opportunity: $7.9B worldwide therapeutic market



- Anti-VEGF intravitreal injections are effective and very safe
- The short duration of effect (1 to 2 months) coupled with the life-long need for therapy means a tremendous burden to patients, families, physicians and the health care system
- Strong evidence suggests that treatment less than “on-label” (i.e. monthly or bimonthly) results in long term erosion of initial visual gains
- On average in the USA, wet AMD patients receive only 6.1 injections yearly suggesting many are under-treated

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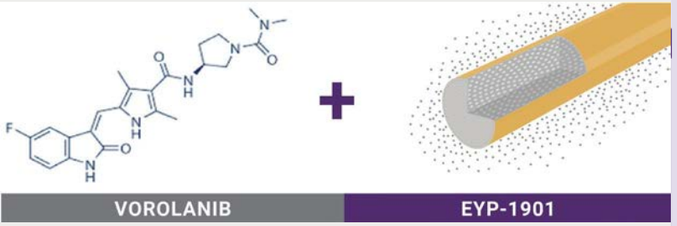
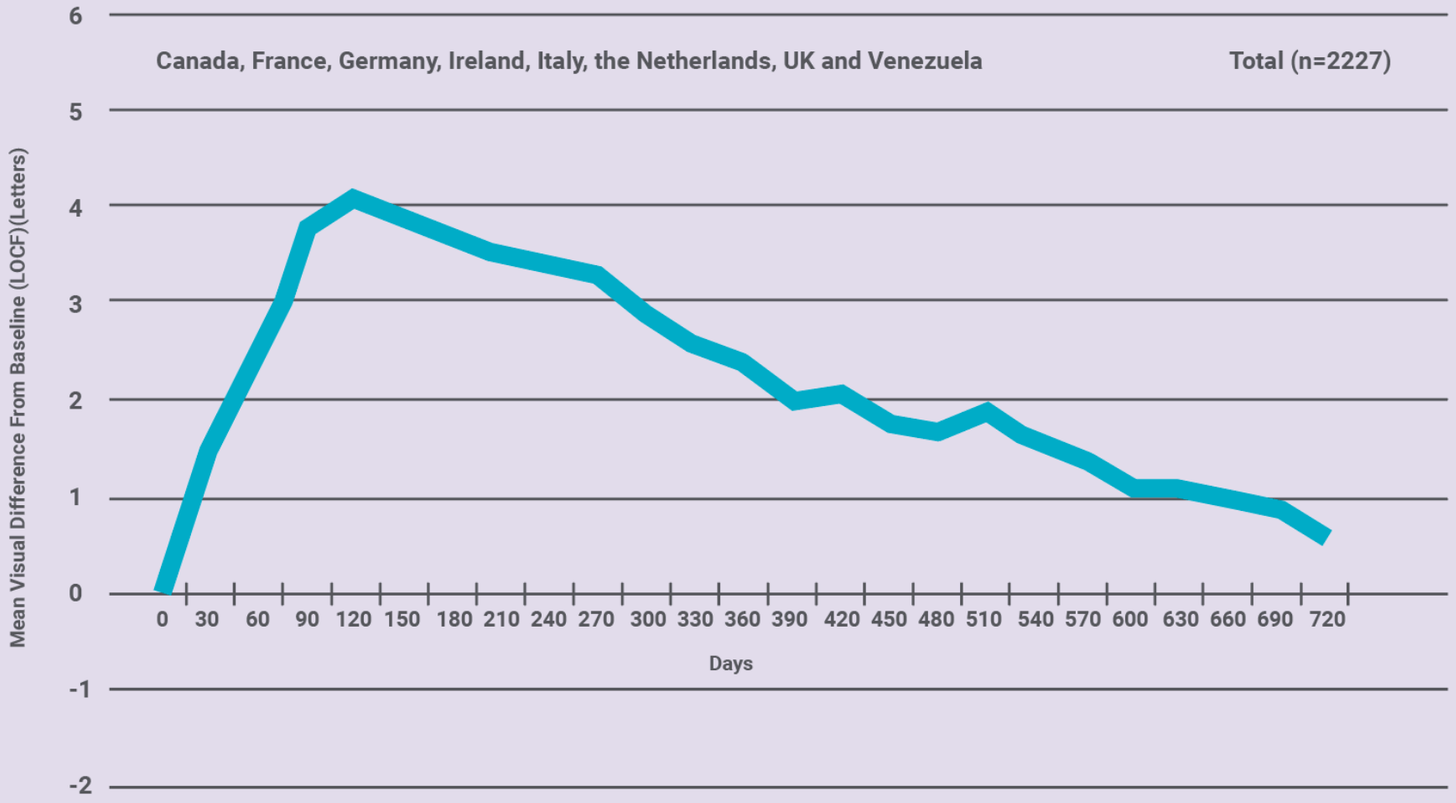
EYP-1901



Real world experience with today's treatment shows vision loss over time...



Holz FG, et al. Br J Ophthalmol 2015;99:220–226. doi:10.1136/bjophthalmol-2014-305327

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...including real world data from the U.S.

RETROSPECTIVE STUDY OF 3350 RANIBIZUMAB AND 4300 AFLIBERCEPT TREATMENT-NAIVE EYES WITH WET AMD

Lotery et al., Eye (2017) 31, 1697–1706

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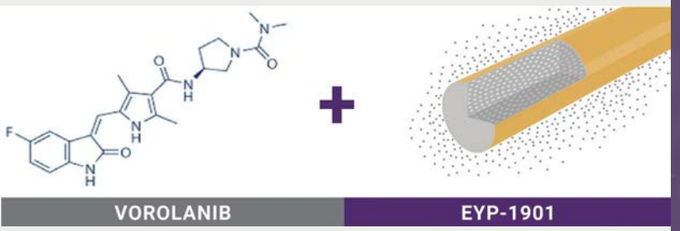
EYP-1901



The need for EYP-1901

- **Strong demand for a durable, reliable, sustained delivery option**
- **When polled, retinal experts said they would prefer a single injection providing 6 to 12 months of consistent anti-VEGF activity**
- **Benefits:**
  - Improved visual outcomes by lessening recurrences of fluid and hemorrhage
  - Increasing patient compliance
  - Reduced frequency of injections and physician visits

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New Therapeutic Candidates in Development for Wet AMD

DRUG	Mechanism	Targeted Duration of Treatment	Phase of Developement	Most Recent Data Readout
PDS with ranibizumab	Refillable reservoir PDS	6 months	Phase 3 completed	98.4% of patients in Phase 3 showed durability of six months; Endophthalmitis more frequent (4/248 or 1.6%) in PDS vs. intravitreal monthly ranibizumab (0 %)
Allergan Abicipar pegol	Anti-VEGF biologic	1-3 months	BLA submitted / CRL issued	CRL issued by FDA in June 2020 Risk-benefit not acceptable due to ocular inflammation rates
KSI-301	Anti-VEGF antibody biopolymer	4-6 months	Phase 2b/3	82% of wet AMD eyes extended to 4-months or longer before first retreatment, with 49% achieving a six-month treatment-free interval
Opthea OPT-302	Anti-VEGF trap	1- 2 months	Phase 3	Positive topline data from the Phase 2b trial in treatment-naïve nAMD treated with both OPT-302 + Lucentis or Lucentis alone Phase 2a randomized, controlled clinical study in DME currently enrolling

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New Therapeutic Candidates in Development for Wet AMD

DRUG	Mechanism	Targeted Duration of Treatment	Phase of Developement	Most Recent Data Readout
OTX-TKI	TKI Implant	4-6 months	Phase 1	Cohort 2 demonstrated durability of 71.4% at 3 months, 57.1% at 6 months, 42.9% at 7.5 months and 20% at 9 months
GB-102	Anti-VEGF TKI	6 months	Phase 2	88% and 68% of evaluable patients showed durability of one dose of 3- and 6-months, respectively. The most common AE was the presence of medication in the anterior chamber
ADVM-022	Gene therapy	Lifetime ?	Phase 1	Durability out to 92 weeks from a single IVT injection with zero supplemental injections in Cohort 1 (high dose) Low grade inflammation.
RGX-314	Gene therapy	Lifetime ?	Phase 2	Mean of 4.1 injections over one year, a 61% reduction in treatment burden (cohort 4). Mean of 1.4 injections over one year, a reduction in treatment burden of 85% (cohort 5)

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EYP-1901 - Ready for the clinic

EYP-1901 – Summary and Current Status

- Anti-VEGF intravitreal therapy with sustained, consistent delivery of drug over at least 6 months. Initial clinical target — wet AMD
- Utilizes Durasert technology and an anti-VEGF small molecule called vorolanib — a tyrosine kinase inhibitor (TKI)
- Vorolanib previously studied as an oral agent for wet AMD through Phase 2. Strong efficacy signal and no significant ocular adverse events
- GLP toxicology study showed no unexpected safely issues
- Additional efficacy and safety study completed in a laser CNV mini pig model with EYP-1901 demonstrated dose-related efficacy and no clinically observed toxicity
- IND filing on track for Q4 2020

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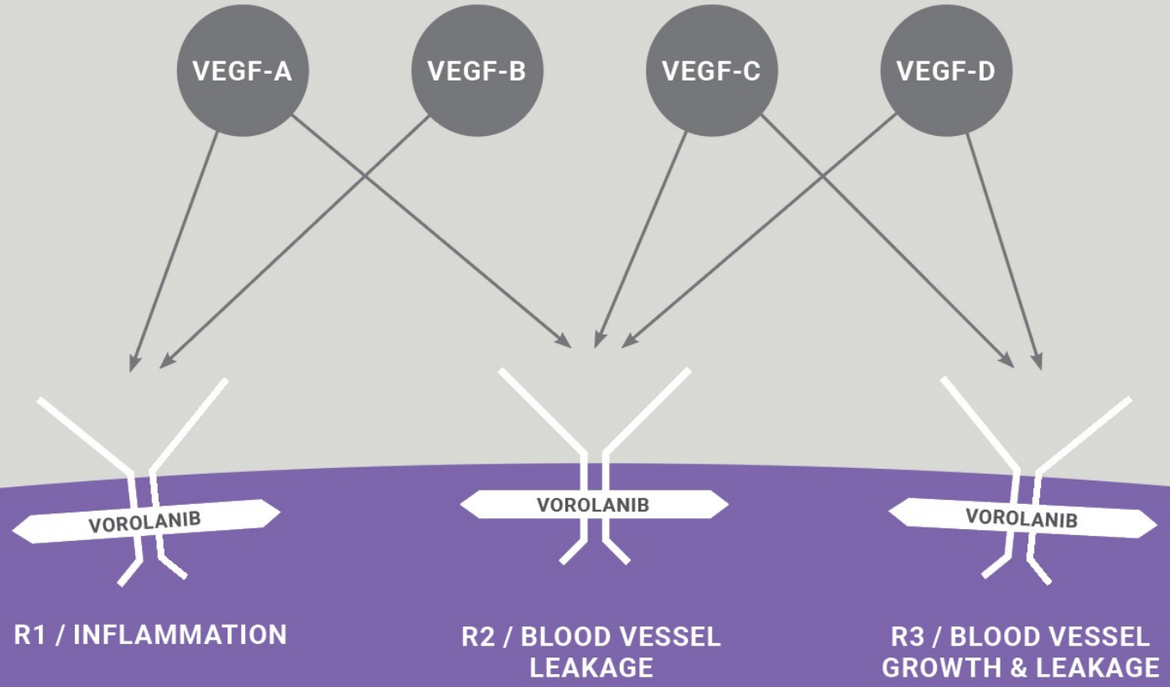
Vorolanib - effective VEGFR blockade - should prevent exudation in wet AMD

VEGF SIGNALING PATHWAYS



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Vorolanib - A potent inhibitor of VEGFR2

Receptor blockade equivalency

BIOCHEMICAL SELECTIVITY (IC50, ng/mL)	
SUNITINIB	22.9
VOROLANIB	22.9

The inhibition constant of sunitinib for VEGFR (Ki) is reported to be low (5 ng/g), an indication on strong inhibition. Since Ki is related to IC50, similar inhibition (Ki) is expected for vorolanib

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Vorolanib Experience: Phase 1 Clinical Trial — Oral Delivery

Phase 1 Trial — open label, 24 weeks, dose escalation, no control, oral delivery. 80 % of eyes enrolled previously treated. 4 eyes treatment naïve.

Visual Acuity (BCVA)	Anti—VEGF Rescue Injections	Central Retinal Thickness
Despite low retreatment rates, BCVA was maintained to within 4 letters of baseline at 24-week endpoint, or improved in all but 1 participant	60% of patients (15 of 25) required no rescue injections while on 24-week study	Mean OCT thickness in completers was reduced by -50 +/- 97 µm (CST)
Mean change was +3.8 +/- 9.6 letters (n=25 completers)	Mean time to the first rescue injection was 130 days in the 10 participants who completed the study and required an injection	Mean OCT thickness in treatment - naïve patients was reduced by ~80 µm

Study completed by Tyrogenix, Inc.
Jackson TL et al. JAMA Ophthalmology July 2017 Volume 135, Number 7, 2017

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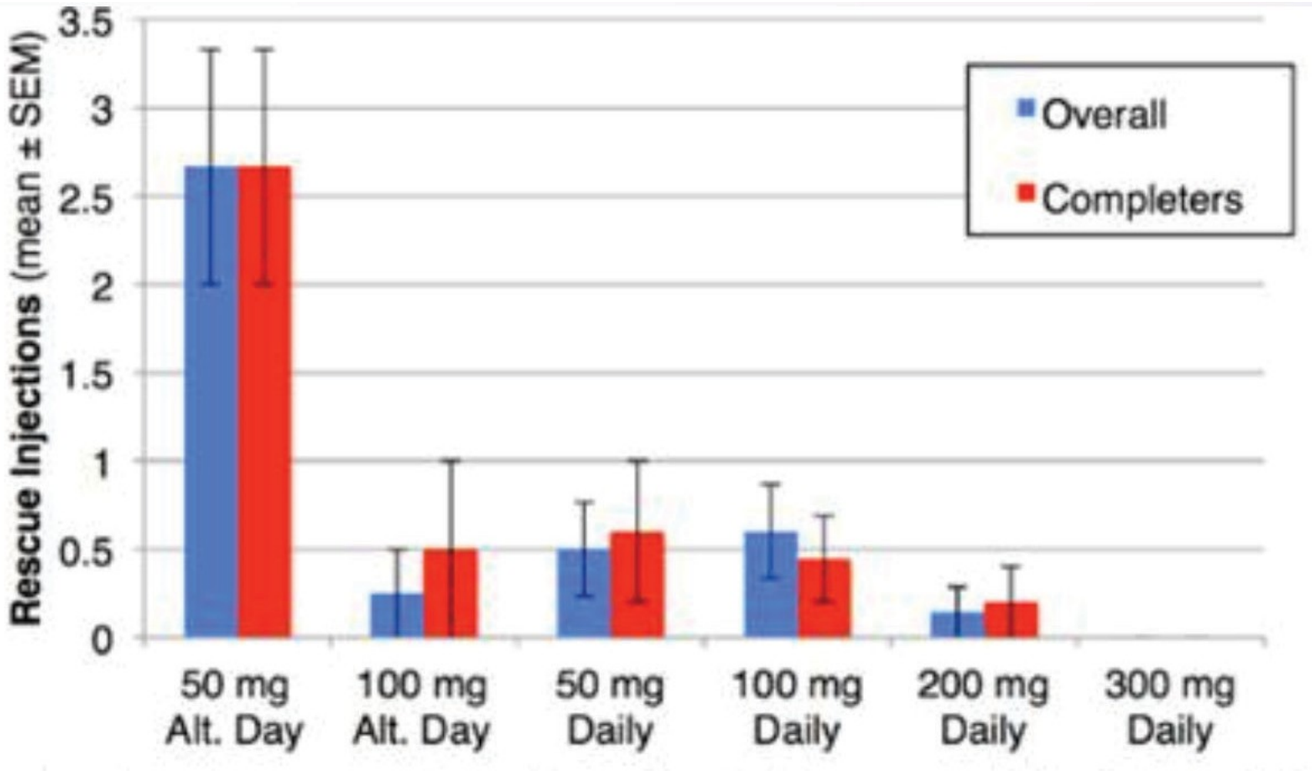
Vorolanib Experience - Phase 1 Clinical Trial — Oral Delivery

Phase 1 Trial — Rescue Injections

25 of 35 completed at the 6 month follow-up



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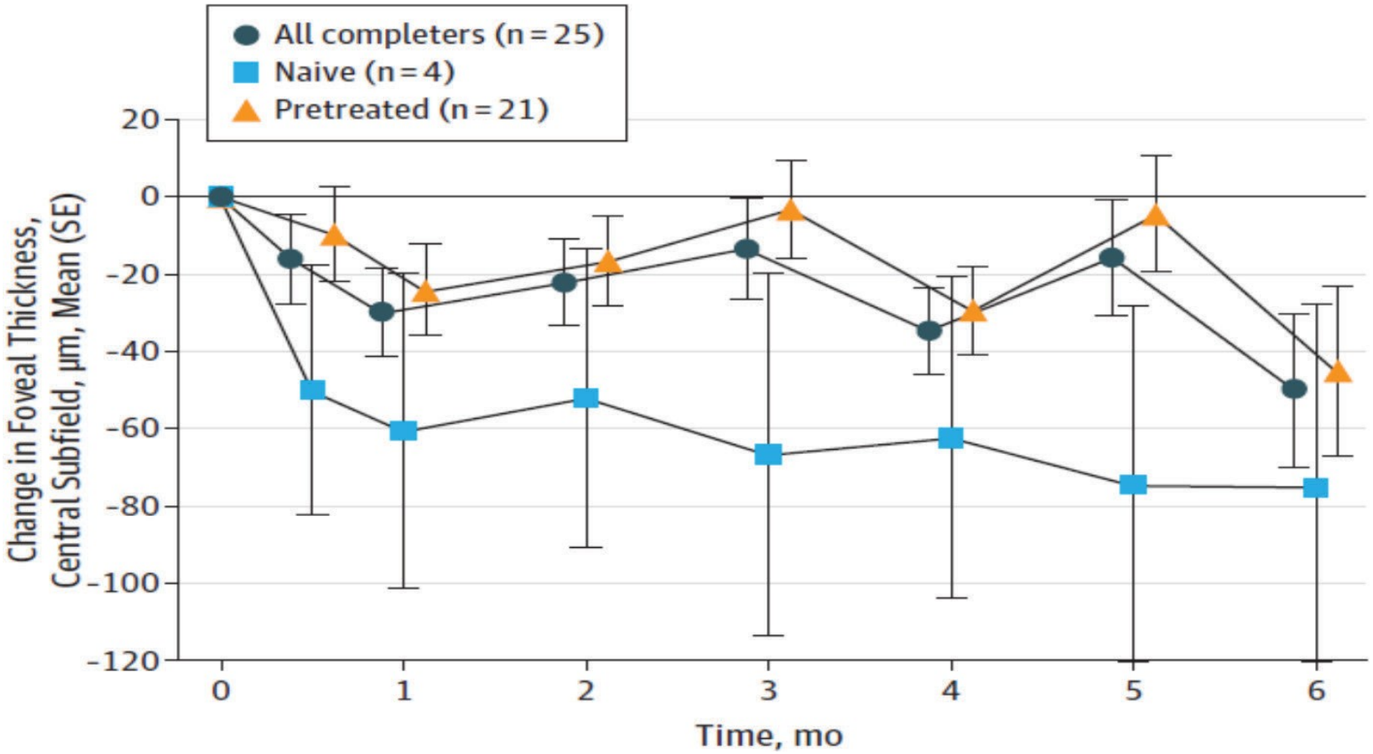
Vorolanib Experience - Phase 1 Trial - Oral delivery

VOROLANIB + EYP-1901

Change in CST on OCT from Baseline through Week 24



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Vorolanib Experience - Phase 2 trial – Efficacy Signal in wet AMD orally

- **1 year study. 157 pts. 3 doses w placebo. All eyes previously treated.**
- **Study not completed due to systemic toxicity - only half completed 1 year**
- **Result - Less rescue vs placebo for all doses with no ocular toxicity**

For subjects followed ≥ 6 months	Placebo n=33	50 mg n=34	100 mg n=30	200 mg n=26
Median number of anti-VEGF injections*	9.0	6.1	5.8	4.6
Percent of Patients w/ no rescue	2.6	7.5	10.3	20.5

Very strict pre-defined rescue criteria with approved anti-VEGF therapy

- Any increase in fluid on OCT compared to screening visit 2 (~14 days after an IVT injection)
- New or increased macular hemorrhage by fundus photography

Study completed by Tyrogenix, Inc.
Cohen MN et al. *Br J Ophthalmol*. 2020.

* Normalized for number of months on study

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Summary of Clinical Observations from EyePoint's Rabbit GLP Tox study at 6 months

- No serious adverse findings from the inserts or the medication
- No systemic adverse findings
- No IOP issues
- Some injection related findings - focal lens opacities (common in rabbit studies)
- Mild, self resolving post-injection inflammation
- No observed events that should preclude progressing to an IND

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DAVIO (Durasert and Vorolanib in ophthalmology) Wet AMD ph1 trial on track for late 2021 read out

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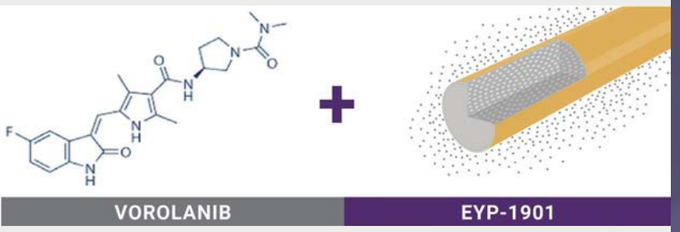

DAVIO Wet AMD Phase 1 clinical trial – previously treated pts

1-2 weeks following last injection

ENROLLMENT

13 patients with wet AMD responsive to previous anti-VEGF therapy

Open label, dose escalation, no control arm (results to be monitored on an ongoing basis)

Primary endpoint is safety. Secondary endpoints are BCVA and central subfield thickness

- DOSE A
- DOSE B
- DOSE C

RESULTS

6-month readout

12 month readout

Rescue with anti-VEGF therapy if necessary

Potential expansion to provide additional efficacy and safety data

Potential extension 12 pts

KEY OPINION LEADER ROUNDTABLE

The Current and Future of Wet AMD Therapy

Moderated by Jay Duker, M.D, Chief Strategic Scientific Officer, EyePoint Pharmaceuticals

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Audience Q&A

- Dial *1 to be added to the operator question queue
- Send questions electronically to EyePoint@Argotpartners.com

Thank you

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