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EYEPOINT PHARMACEUTICALS

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™ IVT delivery technology

- **EYP-1901** – 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
  - First patient dosed in Phase 2 trial in **DME**; topline 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

- Over **$330M** of cash and investments on December 31, 2023
- $230M equity financing completed December 5, 2023
- Cash runway through topline data for Phase 3 wet AMD pivotal trials

IVT, intravitreal injection

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Pipeline Represents Multibillion 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 160 patients complete with positive Phase 2 topline data*					EOP2 Mtg with FDA, Phase 3 initiation in 2H 2024
	NPDR	*single-dose, 9-month treatment 77 patients*					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 in 2024
Complement inhibition	GA						Potential product candidate in 2024

non-clinical *trial planned* *trial underway*

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

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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

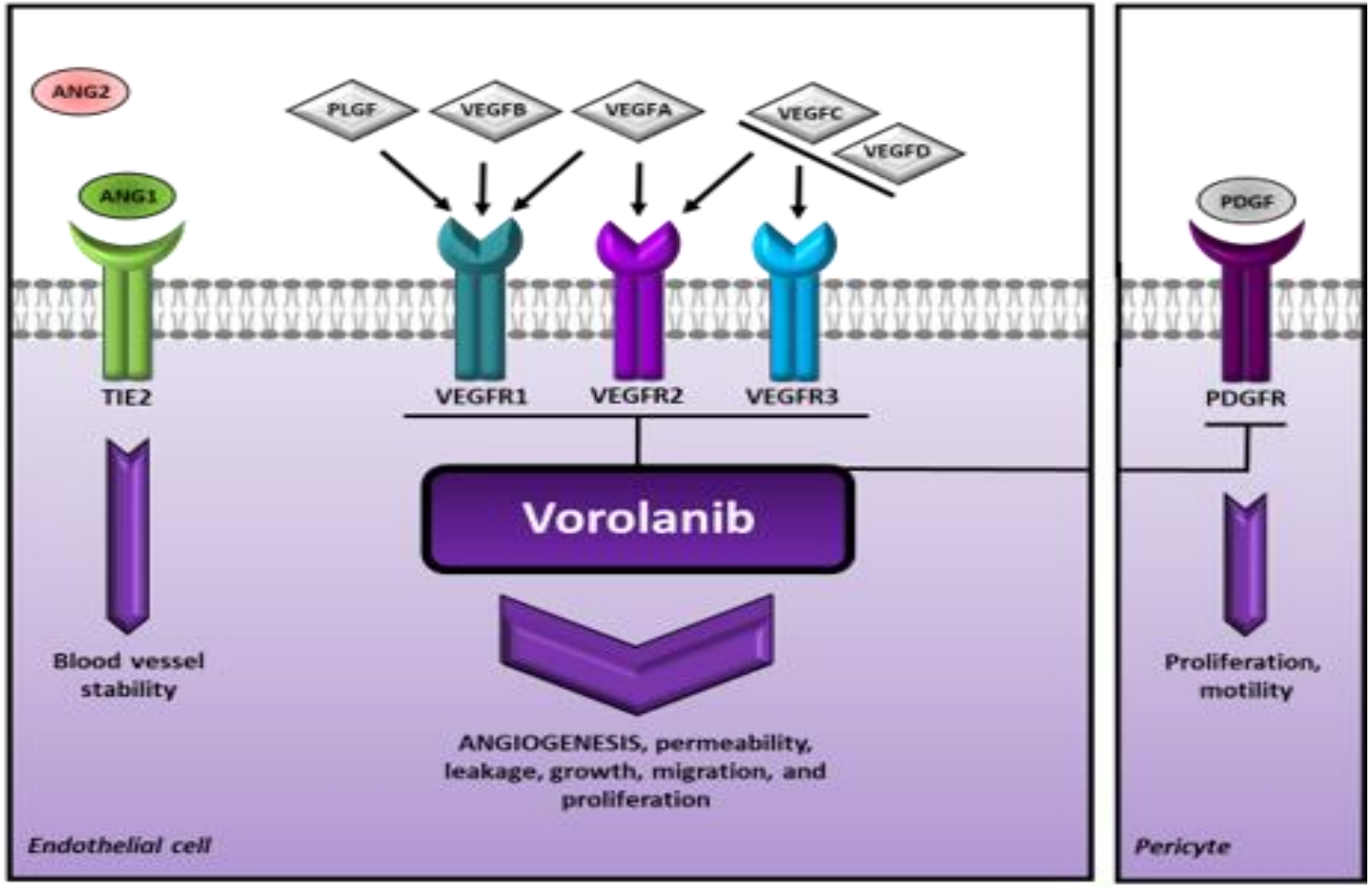
Durasert®: non-erodible

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

1- licensed to Alimera; 2 – licensed to Bausch and Lomb

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

- Potent and selective pan–VEGF receptor inhibition
- Composition of matter patent into 2037 (potential patent term extension to 2042)
- Demonstrated neuroprotection in a validated retinal detachment animal model
- Blocks 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).

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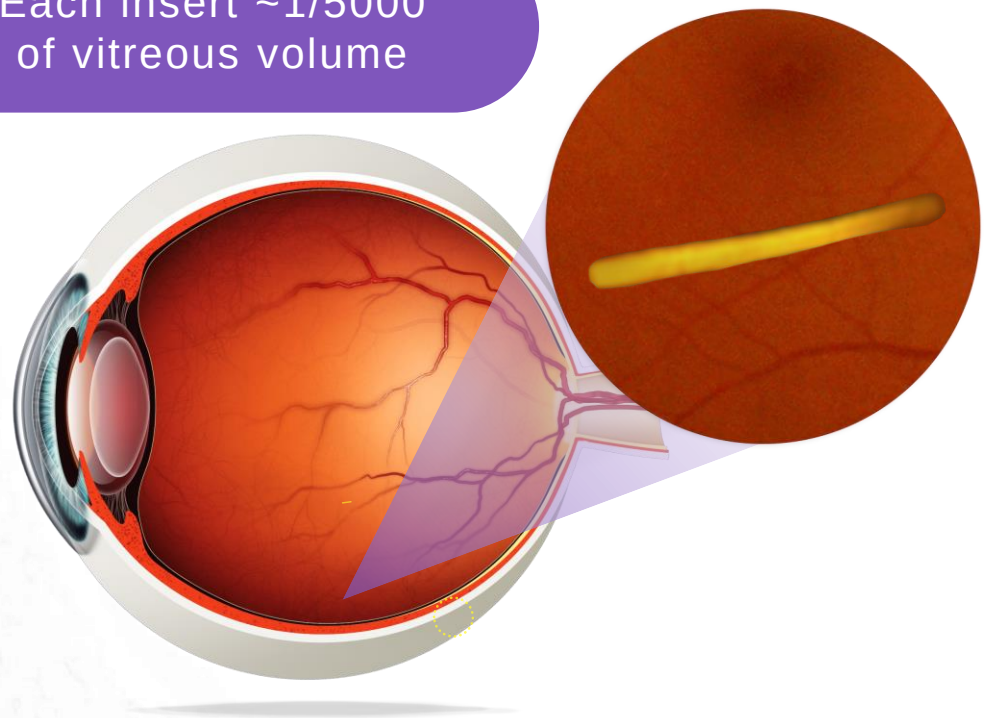
EYP-1901: Receptor Binding Vorolanib In Bioerodible Durasert E™

Each insert ~1/5000 of vitreous volume



- Delivered in the physician office via standard intravitreal injection technique
- **Immediately** bioavailable featuring an initial burst of drug followed by zero order kinetics release for ~9 months
- **Positive efficacy** data in wet AMD from Phase 1 DAVIO and Phase 2 DAVIO 2 clinical trials
- **Favorable safety** data in ongoing Phase 2 clinical trials
- Shipped and stored at **ambient temperature**

IVEGF – vascular endothelial growth factor: AMD – age related macular degeneration;

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Phase 2 DAVIO 2 Clinical Trial Topline Results

A NON-INFERIORITY TRIAL VERSUS AN AFLIBERCEPT CONTROL

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The DAVIO 2 Clinical Trial

A non-inferiority trial evaluating two doses of EYP-1901 against an aflibercept control in wet AMD

The DAVIO 2 clinical trial was designed to evaluate EYP-1901 in wet AMD and support Phase 3 clinical trials based on a Type C meeting with FDA

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

Anti-VEGF supplement criteria:

- 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 retinal hemorrhage from wet AMD
  - Investigator discretion

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 and anatomical results

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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

*Aflibercept on-label control required by FDA

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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 (2.4-273.6)	24.2 (2.4-168.0)	28.1 (2.4-145.2)
Mean # of injections normalized to 12 months prior to screening (range)	9.5 (2.0-12.0)	10.1 (2.0-13.0)	10.0 (2.0-13.3)

EYP-1901 Phase 2 DAVIO 2 Clinical Trial Met All Objectives

Endpoint	Achieved Endpoint?	2mg	3mg
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

1. As of November 7, 2023 data cut
PRELIMINARY DATA – PENDING FINAL ANALYSIS

EYEPOINT PHARMACEUTICALS

DAVIO 2 Achieved Primary Endpoint of Non-Inferiority Change in Visual Acuity in Both EYP-1901 Arms; Statistically and Numerically Non-Inferior to Control (95% CI)

	EYP-1901 2mg	EYP-1901 3mg	Aflibercept 2mg q8W
Change in BCVA* vs. Baseline	+ 1.0 letters	+ 0.9 letters	+ 1.3 letters
Difference vs. Aflibercept Control	**- 0.3 letters**	**- 0.4 letters**	NA
Statistics	NI (95% CI)	NI (95% CI)	NA

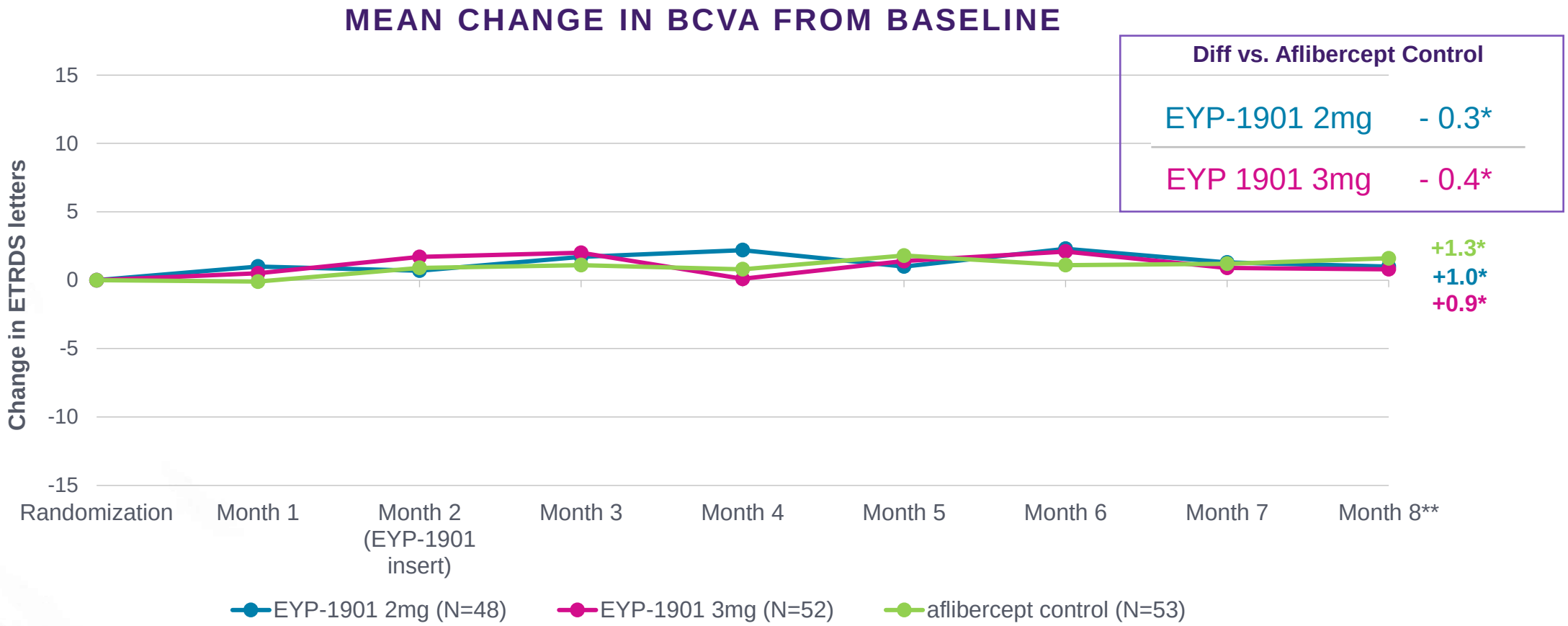
Non-inferiority Margin = - 4.5 letters per FDA guidance

In the Pulsar trial, HD Eylea (16-week 8mg arm) change in BCVA vs. 2mg Eylea was -1.4 letters[1]

*Blended week 28 and week 32
1 – AAO 2022 presentation, Paolo Lanzetta, on behalf of the PULSAR study investigators
NI, Non-inferior; CI, Confidence Interval
PRELIMINARY DATA – PENDING FINAL ANALYSIS

EyePoint PHARMACEUTICALS

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 letters[1]

*Blended week 28 and week 32 change vs. baseline
**Month 8 represents 6 months after first EYP-1901 injection
1 – AAO 2022 presentation, Paolo Lanzetta, on behalf of the PULSAR study investigators
CI, Confidence Interval
PRELIMINARY DATA – PENDING FINAL ANALYSIS

EYP-1901 Demonstrated a Favorable Safety Profile in the Phase 2 DAVIO 2 Clinical Trial[1]

- No reported EYP-1901-related ocular or systemic SAEs
  - Four ocular SAEs reported in a study eye – none deemed EYP-1901 related[2]
- >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

SAE, serious adverse event; AE, adverse event; IVT, intravitreal injection
PRELIMINARY DATA CUT– PENDING FINAL ANALYSIS

1- As of November 7, 2023 data cut
2- as deemed by the investigator

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In the Phase 2 DAVIO 2 Trial the Reported SAEs Occurred After an Aflibercept Injection or Paracentesis and Were Deemed Unrelated to EYP-1901[1]

Four ocular SAEs reported in study eyes – all determined to be unrelated to EYP-1901[2]

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**

SAE, serious adverse event; CPAP, continuous positive airway pressure
PRELIMINARY DATA CUT– PENDING FINAL ANALYSIS

1- As of November 7, 2023 data cut
2- As deemed by the investigator

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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%)
Study eyes with ≥1 EYP-1901-related ocular SAE[1]	N/A	0 (0.0%)	0 (0.0%)
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%)	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%)

SAE, serious adverse event; AE, adverse event
PRELIMINARY DATA CUT– PENDING FINAL ANALYSIS

Data as of November 7, 2023 data cut
1- as deemed by the investigator

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In DAVIO 2, the Safety Profile of EYP-1901 was Comparable with the Safety Profile of Intravitreal Anti-VEGF Therapies

N (%)	VABYSMO (faricimab)		HD EYLEA (aflibercept 8mg)
	AVENUE*[1] N=262	STAIRWAY*[2] N=71	CANDELA[3] (Treatment-emergent AEs only)** N=106
Study eyes with ocular AEs	125 (47.7%)	28 (39.4%)	40 (37.7%)
Study eyes with serious ocular AEs	5 (1.9%)	0 (0.0%)	3 (2.8%)

*Multiple occurrences of the same event in one individual counted only once. In the AVENUE study, 214 (81.7%) participants experienced at least one adverse event during the study. In the STAIRWAY study, 54 (76.1%) of participants experiences at least one adverse event during the study.
**Data reflects treatment-emergent AEs only. Overall AEs not reported.

Sources: 1. Jama Ophthalmology, *Safety and Efficacy of Different Doses and Regimens of Faricimab vs Ranibizumab in Neovascular Age-Related Macular Degeneration,* Jayashree Sahni, MBBS, MD; Pravin U. Dugel, MD; Sunil S. Patel, MD, PhD; et al. 2. Jama Ophthalmology, *Efficacy of Every Four Monthly and Quarterly Dosing of Faricimab vs Ranibizumab in Neovascular Age-Related Macular Degeneration,* Arshad M. Khanani, MD, MA; Sunil S. Patel, MD, PhD; Philip J. Ferrone, MD; et al. 3. Jama Ophthalmology, *Effect of High-Dose Intravitreal Aflibercept, 8 mg, in Patients With Neovascular Age-Related Macular Degeneration,* Charles C. Wykoff, MD, PhD[1]; David M. Brown, MD[1]; Kimberly Reed, OD[2]; et al.

EYEPOINT PHARMACEUTICALS

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

Data as of Nov. 7th 2023 data cut
1-Data are preliminary pending study completion and final report.
SAE, serious adverse event

EYEPOINT PHARMACEUTICALS

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%**

*Normalized
PRELIMINARY DATA – PENDING FINAL ANALYSIS

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**

PRELIMINARY DATA – PENDING FINAL ANALYSIS.

EYEPOINT PHARMACEUTICALS

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 injections	**64%** 83% of eyes had 0 or only 1 supplemental injections

PRELIMINARY DATA – PENDING FINAL ANALYSIS

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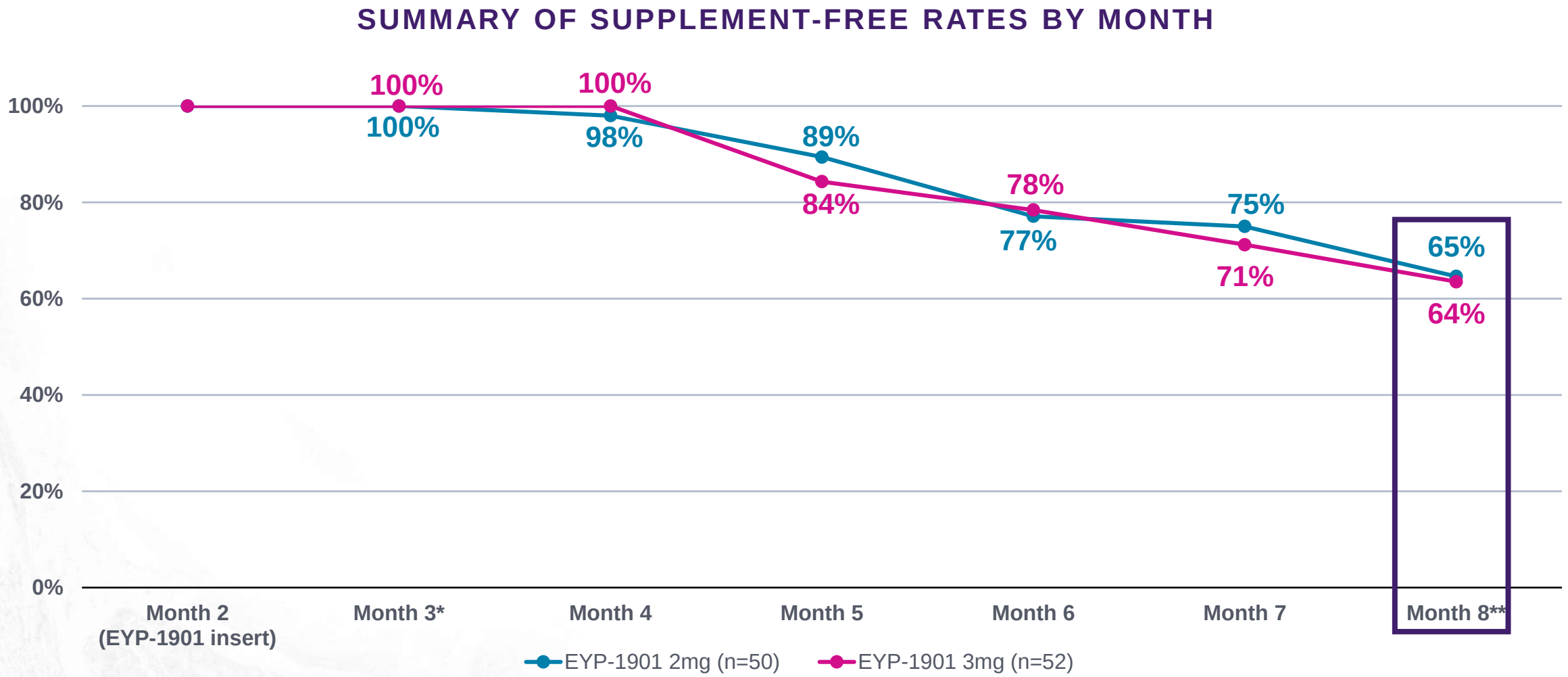
Nearly Two-Thirds of Eyes Treated with EYP-1901 were Supplement-Free up to Six Months After a Single Injection



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

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Stable Anatomy via OCT in EYP-1901 Arms

	EYP-1901 2mg	EYP-1901 3mg	Aflibercept 2mg q8W
Baseline CST (mean)	262.9	267.0	265.7
Change in OCT at Week 32 vs. Baseline	+ 15.1 microns	+ 10.6 microns	+ 5.4 microns
Difference vs. Aflibercept Control	**+ 9.7 microns**	**+ 5.2 microns**	**NA**

- Based on market research, CST within approximately 30-50 microns is an acceptable range for the potential adoption of a new treatment
- The standard deviation on the measure is 10 microns; anything under 10 microns is within the margin of error

PRELIMINARY DATA – PENDING FINAL ANALYSIS

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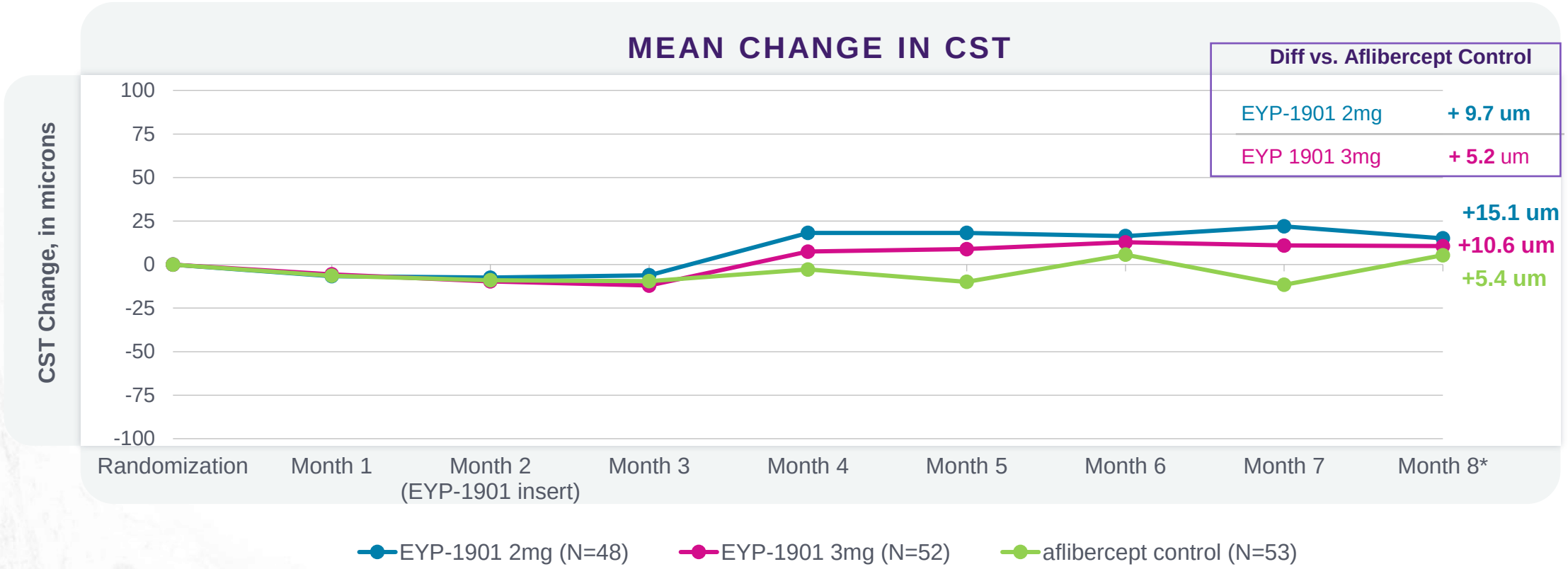
Data from DAVIO 2 Suggests Strong Anatomic Control with OCT Change Below 10 microns at Week 32 Compared to the Aflibercept Control



*Month 8 represents 6 months after first EYP-1901 injection
PRELIMINARY DATA – PENDING FINAL ANALYSIS

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

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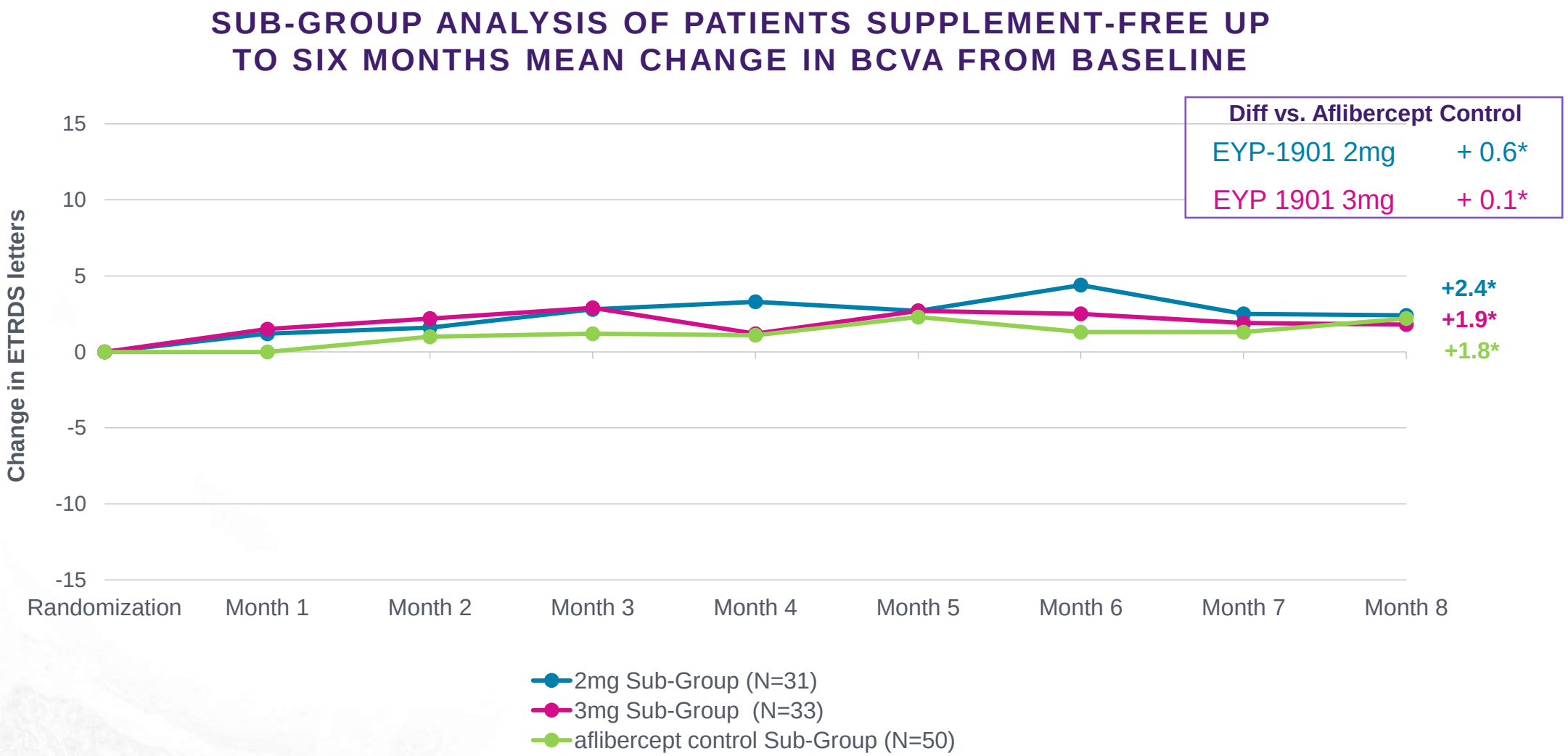
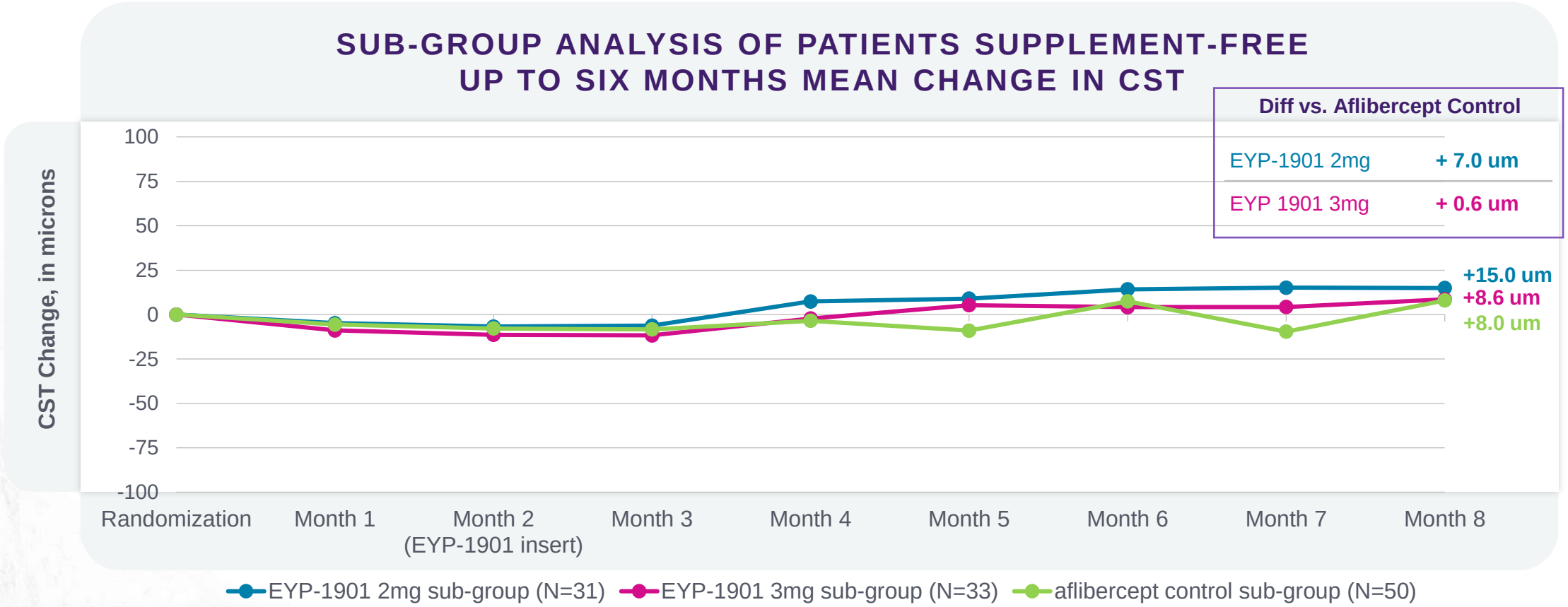
EYP-1901 Demonstrated Numerical Superiority in Change in BCVA in Sub-Group Analysis of Patients Supplement-Free Up to 6 Months



*Blended week 28 and week 32 change vs. baseline
CI, Confidence Interval
PRELIMINARY DATA – PENDING FINAL ANALYSIS

EYEPOINT PHARMACEUTICALS

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



PRELIMINARY DATA – PENDING FINAL ANALYSIS

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EYP-1901 Phase 2 DAVIO 2 Clinical Trial Met All Primary and Secondary Endpoints

Endpoint	DAVIO 2 Topline	DAVIO 2 Lower Limit (as included in November deck)
Mean change in BCVA vs. aflibercept control	• - 0.3 letters (EYP-1901 2mg) • - 0.4 letters (EYP-1901 3mg) • Statistically non-inferior (CI 95%)	< - 3.0 letters (potentially underpowered)
Safety	• No reported EYP-1901-related ocular SAEs[1] • No reported EYP-1901- related systemic SAEs[1]	Favorable safety profile
Reduction in treatment burden	• 89% (EYP-1901 2mg)* • 85% (EYP-1901 3mg)*	50% or better
Supplement-free rate	• 65% (EYP-1901 2mg), 88% 0-1 supplements • 64% (EYP-1901 3mg), 83% 0-1 supplements	50% or better
Mean change in CST on OCT	• + 15.1 microns (EYP-1901 2mg) • + 10.6 microns (EYP-1901 3mg)	Within ~30 microns

1. As of November 7, 2023 data cut
*vs. mean number of injections normalized 6 months prior to screening
PRELIMINARY DATA – PENDING FINAL ANALYSIS

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Preliminary Phase 3 Pivotal Trial Overview

A NON-INFERIORITY TRIAL VERSUS AN AFLIBERCEPT CONTROL

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Positive DAVIO 2 Data Supports Advancement to Non-Inferiority Phase 3 Pivotal Trials in Wet AMD

- DAVIO 2 and Phase 3 Pivotal trials plans were **informed by Type C meeting with FDA** and consistent with subsequent wet AMD draft guidance for non-inferiority clinical trials
- The Phase 3 **non-inferiority trial** design is similar to DAVIO 2 except:
  - **Reinjection** of EYP-1901 at six-month intervals
  - Primary efficacy endpoint at **12 months blended** (basis of NDA submission)
  - Safety monitored for up to 24 months; NDA submission planned with 12-month safety data
  - Aflibercept control arm dosed for initial 12 months only
- Two registration trials: parallel US and OUS
  - DAVIO 2 statistics with high CI suggests **meaningfully smaller sized and lower cost** Phase 3 trials
  - EYP-1901 dosing likely 1 or 2 inserts (vs 2 or 3 in DAVIO 2)
- Initiation of the first pivotal trial anticipated in **2H 2024**

FDA, Food and Drug Administration; NDA, New Drug Application; OUS, outside the United States; CI, confidence interval

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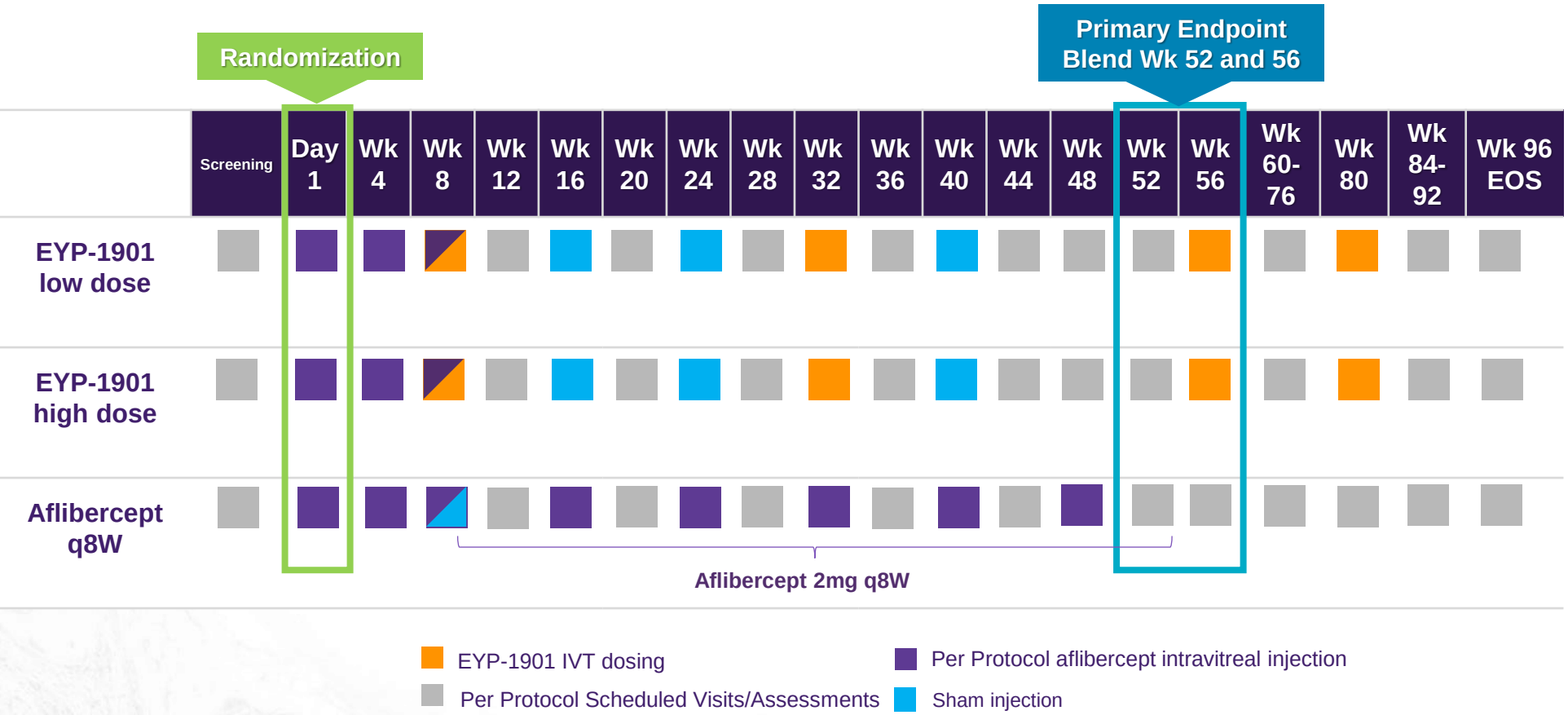
EYP-1901 Wet AMD Non-Inferiority Phase 3 Trial Concept: Randomized, Double-Masked, Aflibercept Control – 12 Month Endpoint



Key Endpoints

Primary endpoint:
- Mean change in BCVA at W52 and W56
- Non-inferiority margin 4.5 letters

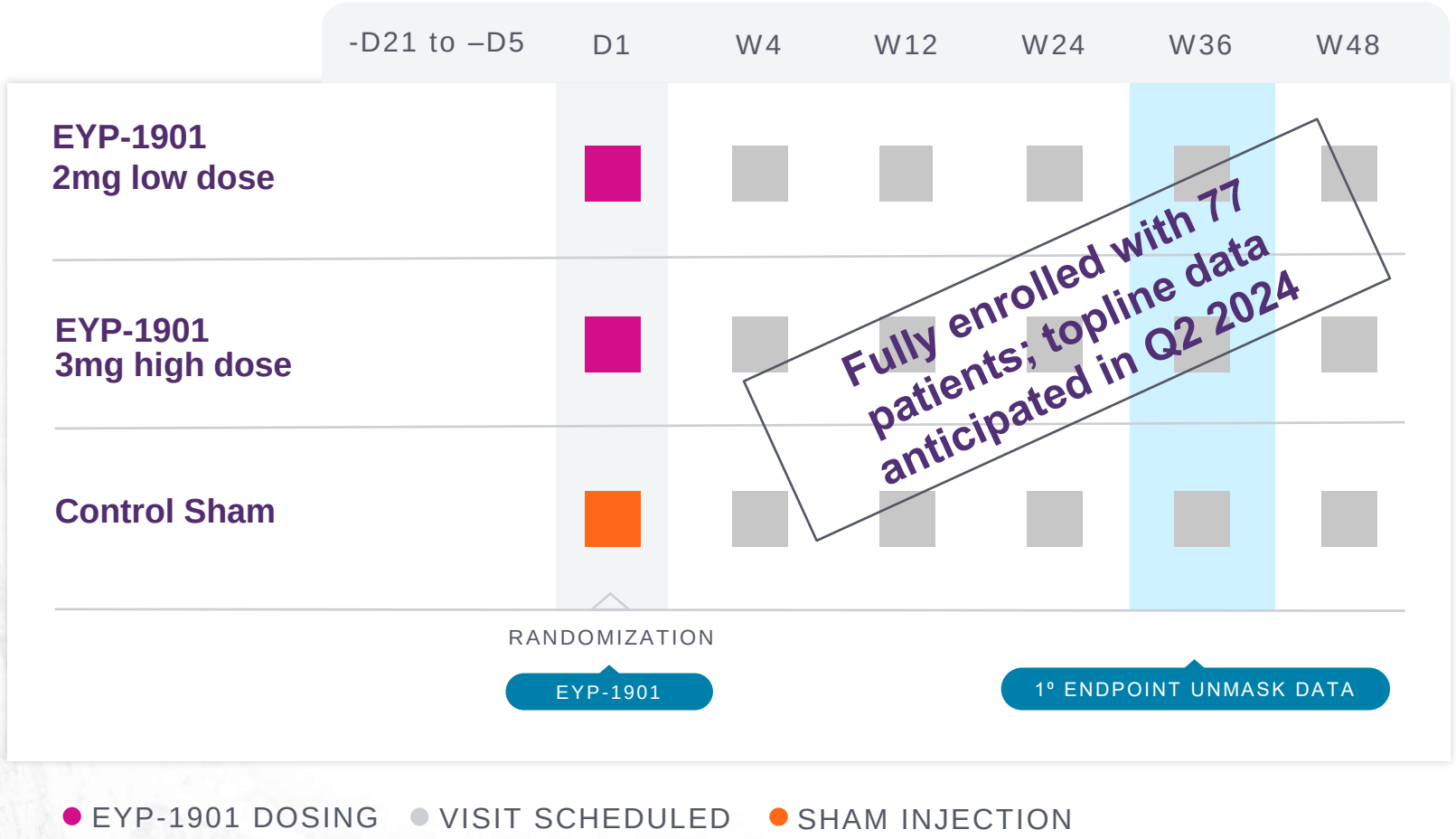
Key secondary endpoints:
- Safety
- Anti-VEGF injection burden reduction
- Supplement-free rate up to week 56
- CST change

EYP-1901: vorolanib in Durasert E™

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

EyePoint Pharmaceuticals

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

DRSS – diabetic retinopathy severity score

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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

Topline data anticipated in Q2 2024

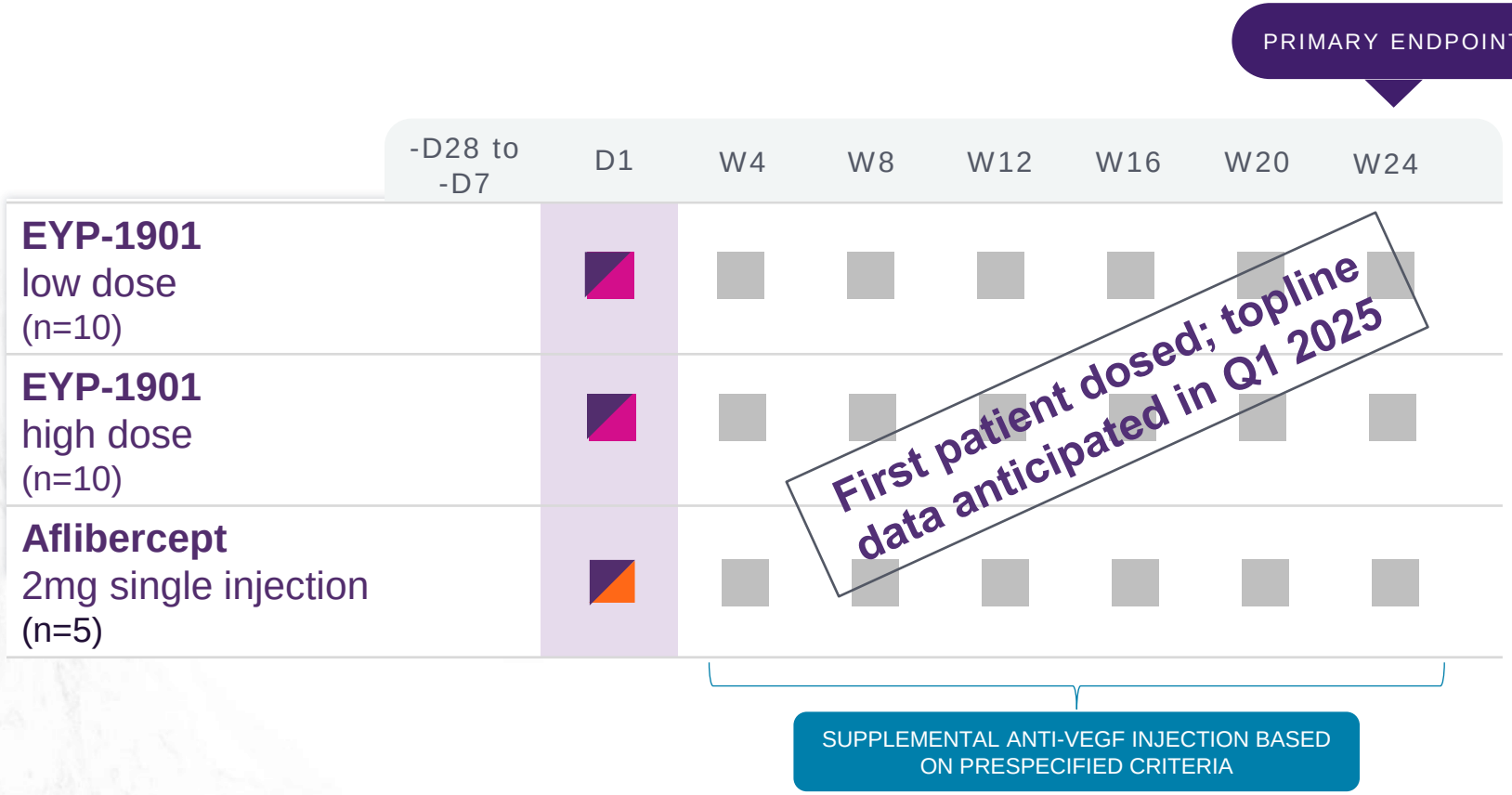
1- As of October 1, 2023 data cut off

EYP-1901: vorolanib in Durasert E™

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

EyePoint Pharmaceuticals

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 DME[1]
- Reduction in BCVA of 5-9 letters **and** >75 microns of new fluid at two consecutive visits[1]
- 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)

1. vs. best on study measurement; 2. as measured by Spectral domain OCT (SD-OCT)
BCVA, best corrected visual acuity; CST, central subfield thickness

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EYP-2301: razuprotafib in Durasert E™

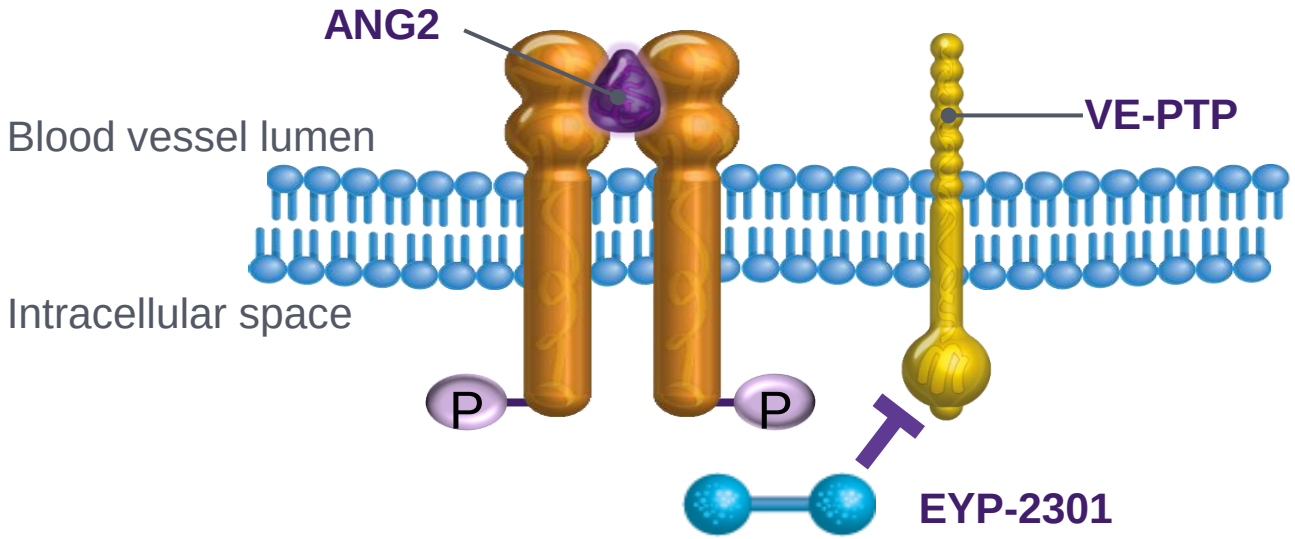
A SUSTAINED DELIVERY TIE-2 AGONIST FOR SEVERE RETINAL DISEASES

EyePoint Pharmaceuticals

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]



1. Heier et al. Retina, 2021;41:1-19. and Joussen et al. Eye 2021; 35:1305-1316.; 2. Hammes, et. Al – Diabetes.2011 Jan 1; 3. Shen et al. JCI, 2014; 124:4564; 4. Campochiaro et al. Ophthalmology, 2016; 123:1722-1730

Solid balance sheet and cash runway through topline data of Phase 3 trials for EYP-1901 in wet AMD

Strong Cash Position

- Over **$330M** of cash and investments on December 31, 2023
- $230M equity financing completed December 5, 2023

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

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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
☐	**EOP2 meeting with FDA for wet AMD**	**March/April 2024**
☐	**PAVIA topline data**	**Q2 2024**
☐	**First wet AMD Phase 3 trial initiation**	**2H 2024**
☐	**VERONA topline data**	**Q1 2025**

Corporate

✓	YUTIQ transacted for $82.5M plus royalties	Q2 2023
✓	Debt retired and cash runway extended into 2025	Q2 2023
✓	Oversubscribed $230M equity financing closed	December 2023

EyePoint PHARMACEUTICALS

J.P. Morgan Healthcare Conference Presentation

January 10, 2024

Jay Duker, M.D.

President and CEO

EyePoint Pharmaceuticals