



**EYEPOINT**  
PHARMACEUTICALS

Delivering Innovative Ophthalmic Products to  
Patients with Serious Eye Disorders

**New Treatments Following Cataract Surgery**

October 23, 2018

NASDAQ: EYPT

# Forward Looking

SAFE HARBOR STATEMENTS UNDER THE PRIVATE SECURITIES LITIGATION REFORM ACT OF 1995: Various statements made in this release are forward-looking, and are inherently subject to risks, uncertainties and potentially inaccurate assumptions. This presentation is intended for communication for investors only. Nothing in this presentation should be construed as promoting the use of Dexycu™ or product candidates. All statements that address activities, events or developments that we intend, expect or believe may occur in the future 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 include uncertainties with respect to: our ability to achieve profitable operations and access to needed capital; fluctuations in our operating results; successful commercialization of, and receipt of revenues from, ILUVIEN® for diabetic macular edema ("DME"), which depends on Alimera's ability to continue as a going concern; Alimera's ability to obtain marketing approvals and the effect of pricing and reimbursement decisions on sales of ILUVIEN; the number of clinical trials and data required for the Durasert technology for the treatment of non-infectious uveitis affecting the posterior segment of the eye, uveitis marketing application approval in the U.S.; our ability to use data in promotion for Durasert micro insert for the treatment of non-infectious uveitis affecting the posterior segment of the eye, U.S. NDA approval which includes clinical trials outside the U.S. U.S. NDA including clinical trials outside the U.S.; our ability to successfully commercialize DEXYCU in the U.S.; our ability to obtain stockholder approval for portions of the EW and SWK investments; our ability to successfully commercialize Durasert three-year uveitis, if approved, in the U.S.; potential off-label sales of ILUVIEN for uveitis; consequences of fluocinolone acetonide side effects; the development of our next-generation Durasert shorter-duration treatment for posterior segment uveitis; potential declines in Retisert® royalties; efficacy and the future development of an implant to treat severe osteoarthritis; our ability to successfully develop product candidates, initiate and complete clinical trials and receive regulatory approvals; our ability to market and sell products; the success of current and future license agreements, including our agreement with Alimera; termination or breach of current license agreements, including our agreement with Alimera; our dependence on contract research 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; effects of the potential U.K. exit from the EU; legislative or regulatory changes; volatility of stock price; possible dilution; absence of dividends; and other factors described in our filings with the Securities and Exchange Commission. You should read and interpret any forward-looking statements in light of these risks. 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.



# Internationally Recognized Cataract Surgery Expert

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## **Dr. Eric Donnenfeld**

- Clinical Professor of Ophthalmology NYU
- Trustee Dartmouth Medical School
- Managing Partner, Ophthalmic Consultants of Long Island and Connecticut
- Surgeon Director, Lions Eyebank for Long Island
- Past President, American Society of Cataract and Refractive Surgery
- President Elect, International Intraocular Implant Society
- Editor in Chief of EyeWorld, official publication of ASCRS

*Dr. Donnenfeld is not an employee of EyePoint Pharmaceuticals and has been compensated for transportation and meals in relation with this event. All opinions expressed during this discussion belong to Dr. Donnenfeld and do not reflect the opinions of the NYU Medical Center.*

# EyePoint Management in Attendance

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## **Nancy Lurker**

*President & Chief Executive Officer*

- Former President & CEO of PDI
- VP & CMO of Novartis U.S.
- President & CEO of ImpactRx
- Senior-level roles at Pharmacia and Bristol-Myers Squibb



## **Dr. Dario Paggiarino**

*Vice President & Chief Medical Officer*

- Former SVP & CDO of Lpath
- VP & Head of Retina Unit at Alcon
- Senior-level roles at Pfizer, Pharmacia and Angelini



## **David Price**

*Chief Financial Officer*

- Former CFO of Concordia, BioVentus, Cornerstone Therapeutics & Edgar Online
- Investment banking at Jefferies & Bear Stearns
- Began career in public accounting at Arthur Anderson





**DEXYCU™**

(dexamethasone intraocular  
suspension) 9%

Prevention of Post Ocular Surgery Inflammation

# DEXYCU™: Well Positioned for Commercial Success

**4.4 Million**

Cataract surgeries  
per year

- 3.1% annual growth rate in the U.S.
- Most performed surgery in the U.S.

- *Baby boomers; longer life expectancy*
- *Improvements to intraocular lenses (IOLs)*
- *Experienced surgeons*

**1,000**

Ambulatory surgical centers  
that perform more than 500  
surgeries per year

- Surveyed cataract surgeons have expressed strong intent to use DEXYCU™
- Major advance in treatment of post cataract surgery inflammation

- ✓ *Offsets significant eyedrop burden*
- ✓ *Easy-to-use / non-disruptive to surgeon*

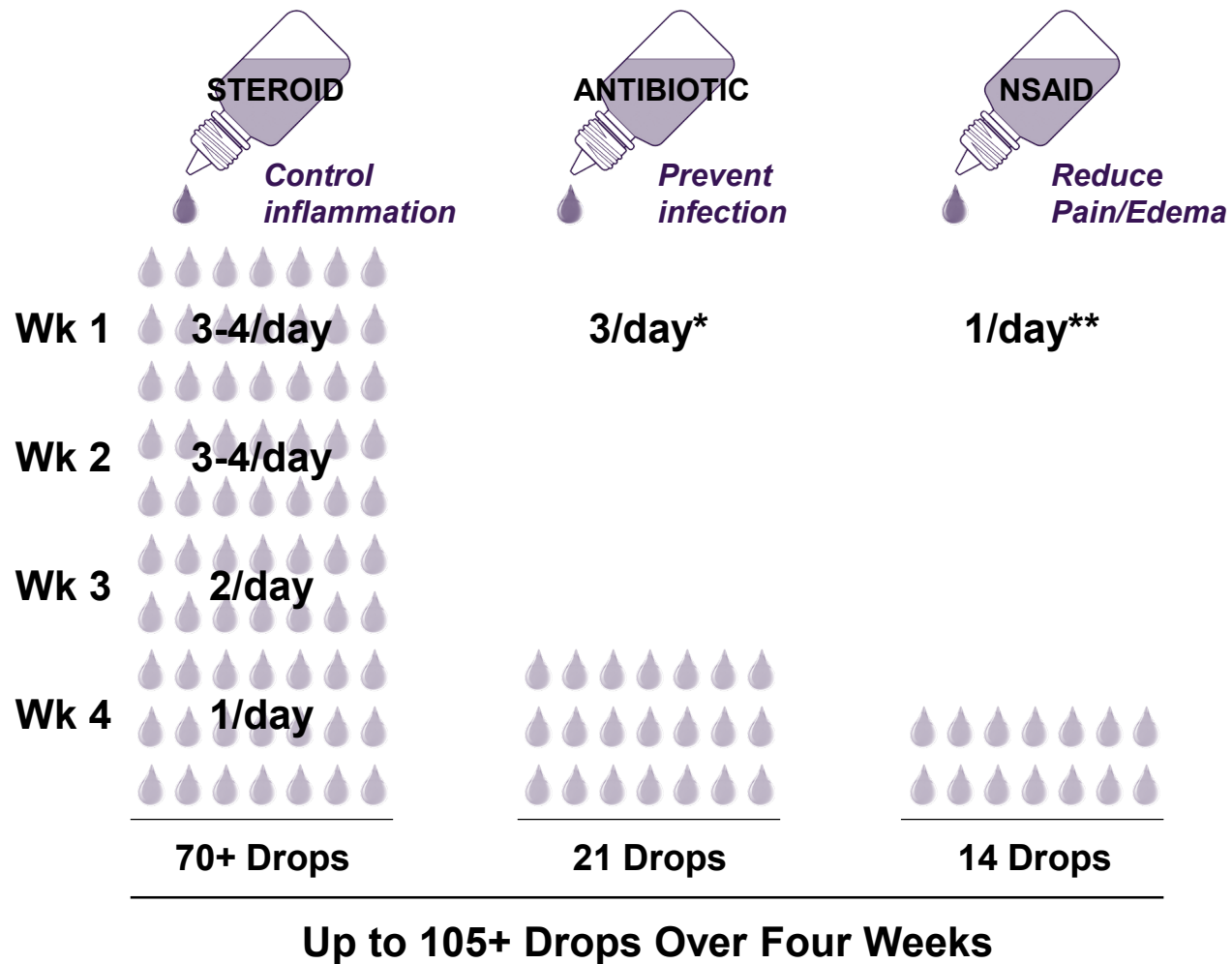
**C-Code**

Reimbursement in place

- C-Code pass through reimbursement for three years post commercialization
- Potential pathway to reimbursement within Medicare Part B
- Two year C-Code extension granted to three ASC drugs in March 2018



# Current Post-Cataract Regimen Requires Polypharmacy and Places Significant Burden on Patients and Physician Offices



## PHYSICIAN PERSPECTIVE

POOR PATIENT COMPLIANCE WITH DROP REGIMEN COULD LEAD TO POOR OUTCOMES

SIGNIFICANT NUMBER OF PATIENT CALL BACKS ARE TIME CONSUMING AND DISRUPTIVE TO OFFICE

PATIENTS/CAREGIVERS ARE FRUSTRATED AND CONFUSED WITH REGIMEN IMPACTING SATISFACTION

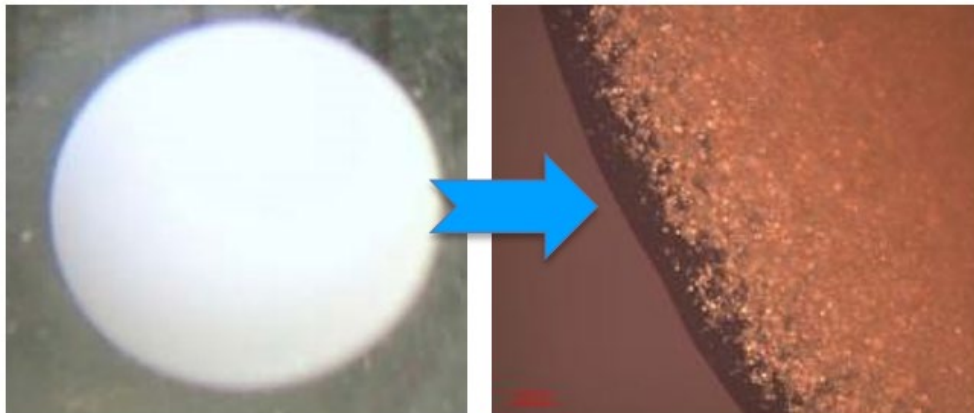
\* Source: Vigamox/Besivance product labeling (not specifically indicated for this use, but are commonly prescribed for use).

\*\* Source: Prolenza/Bromday product labeling (not specifically indicated for this use, but are commonly prescribed for use).

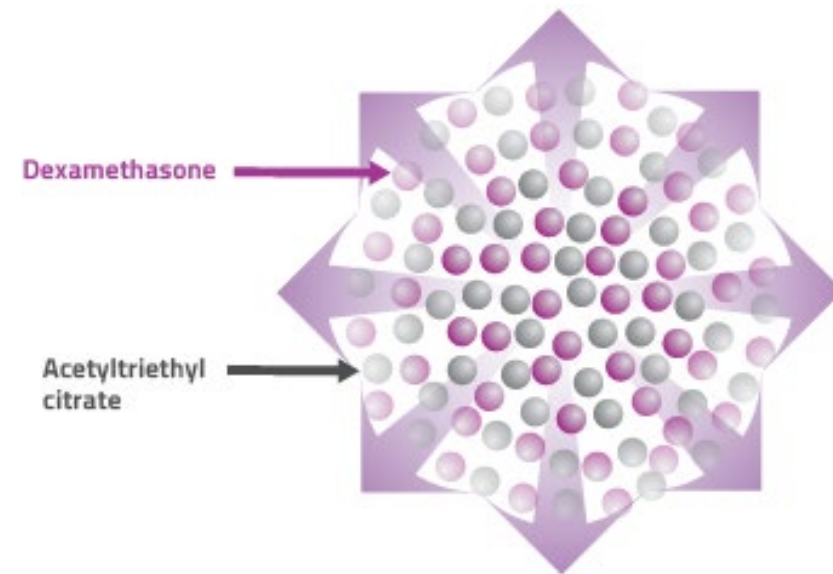


# DEXYCU™ (dexamethasone intraocular suspension) 9% Formulated with Verisome®

- DEXYCU is dexamethasone suspended in a delivery vehicle of acetyltriethyl citrate<sup>1-3</sup>
- When injected into an aqueous medium, DEXYCU forms a 2-mm spherical bolus, which gradually shrinks as drug is released
- Delivers a relatively high initial release of dexamethasone that tapers rapidly<sup>3</sup>



**DROPLET IMAGES UNDER OPTICAL MICROSCOPY**



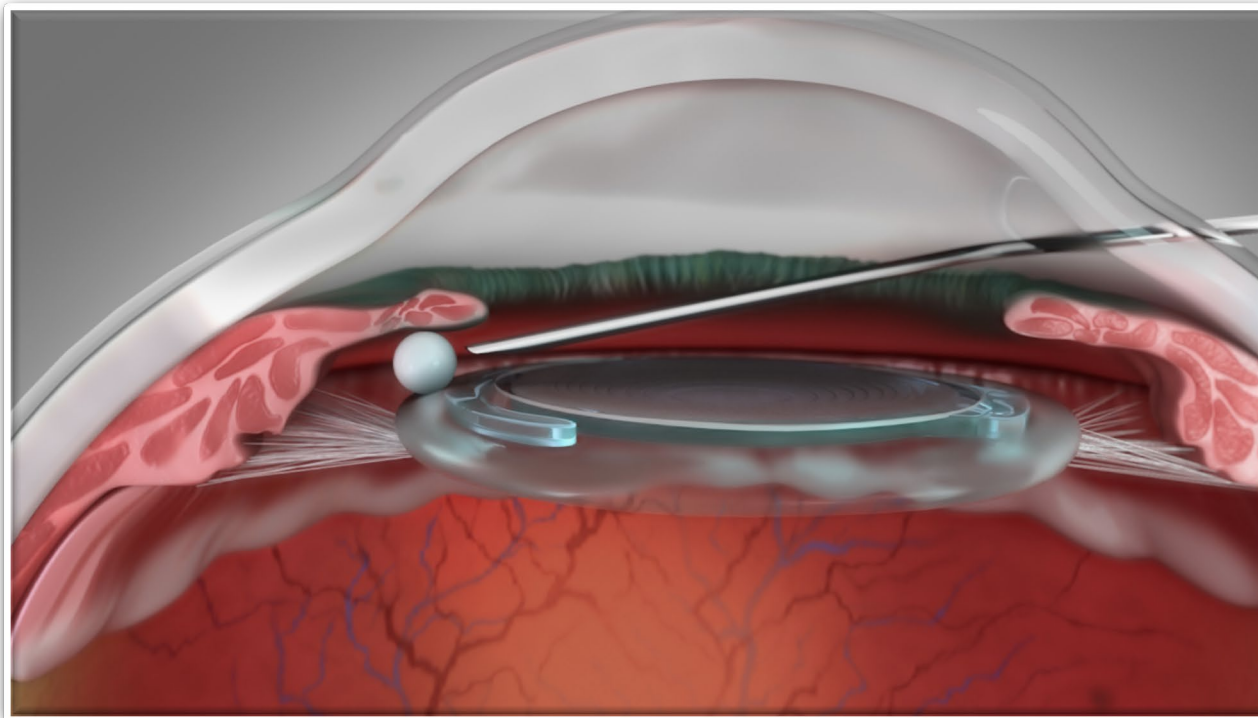
8 1. DEXYCU [package insert]. EyePoint Pharmaceuticals. May 2018. 2. Donnenfeld E, Holland E. *Ophthalmology*. 2018. 3. Wong VG, et al. US Patent application. 2016.

Please see Important Safety Information for DEXYCU on slides 107 & 108 and full Prescribing Information

# DEXYCU™ Uses Verisome Technology to Deliver 517 µg of Dexamethasone<sup>1</sup>

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- Administered as a single dose of 5-µL, intraocularly into the posterior chamber inferiorly behind the iris at the end of ocular surgery
- Formulated in the fully bioerodible Verisome® technology



# DEXYCU™ (dexamethasone intraocular suspension) 9% Highlights of Prescribing Information

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**INDICATIONS AND USAGE:** DEXYCU is a corticosteroid indicated for the treatment of postoperative inflammation

**DOSAGE AND ADMINISTRATION:** For intraocular administration; 0.005mL into the posterior chamber inferiorly behind the iris at the end of ocular surgery

**CONTRAINDICATIONS:** None

**WARNINGS AND PRECAUTIONS:**

- Increase in intraocular pressure (IOP): Monitor for increases in IOP
- Delayed Healing: Monitor for delayed healing
- Infection Exacerbation: Monitor and treat for any exacerbations of bacterial, viral, or fungal infections
- Cataract Progression: Cataracts may develop or progress in phakic patients



# **DEXYCU™**

## **Placebo-controlled Phase 3 Clinical Study**

Please see Important Safety Information for DEXYCU on slides XX & XX and full Prescribing Information

# DEXYCU™

## Placebo-controlled Phase 3 Clinical Study Design

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- Prospective, randomized, double-masked, multicenter trial of 394 patients undergoing cataract surgery
- Patients randomized 1:2:2 to receive: 5 µL of placebo (vehicle); 5 µL of 342 µg dexamethasone drug delivery suspension\*; or 5 µL of 517 µg dexamethasone drug delivery suspension (DEXYCU)
- Primary outcome measure: anterior chamber cell (ACC) clearing (score of 0) in study eye at POD 8
- Secondary outcome measures: anterior chamber flare (ACF) and ACC plus ACF in study eye
- Ocular non-steroidal antiinflammatory drugs (NSAIDs) and other corticosteroids were not allowed during the study except where rescue criteria were met

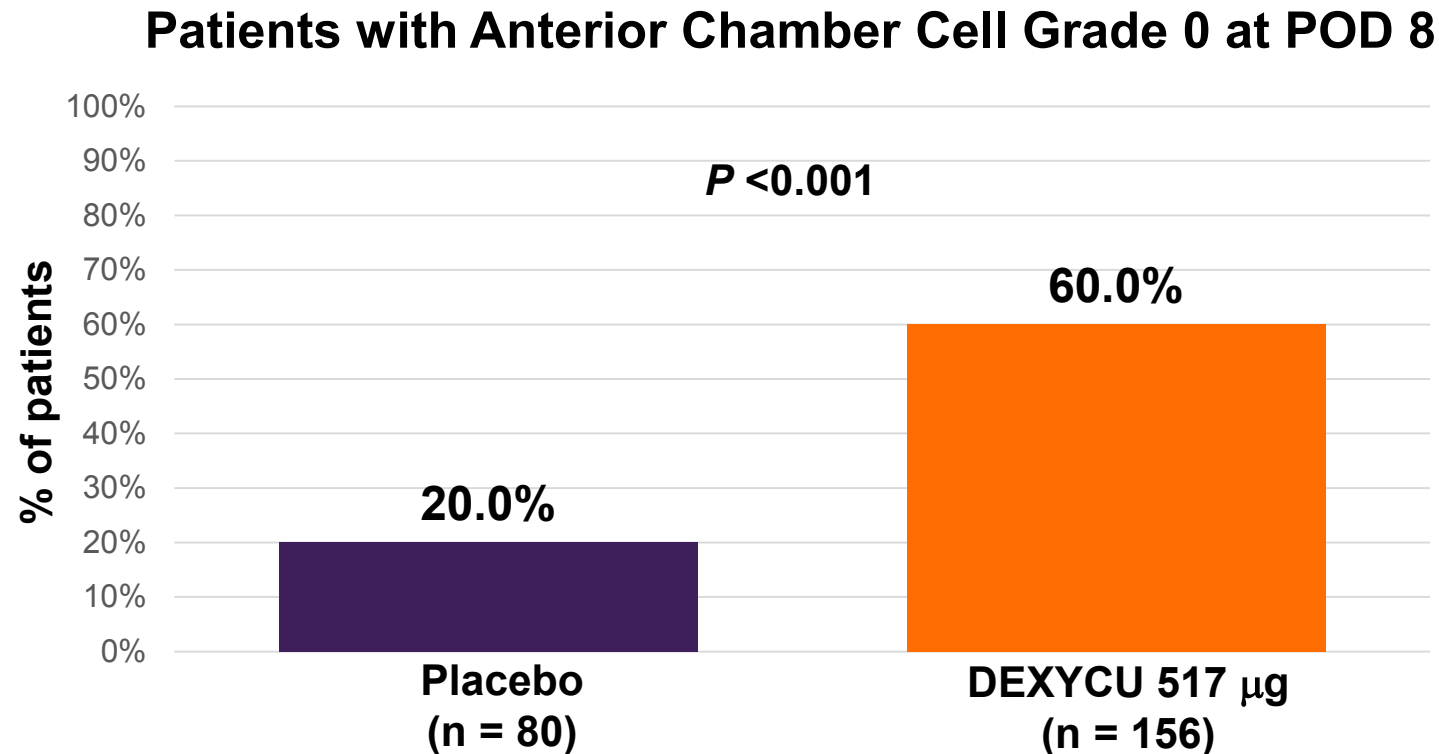
\*342 µg dexamethasone drug delivery suspension is not an approved dose

DEXYCU [package insert]. EyePoint Pharmaceuticals. May 2018. Donnenfeld E, Holland E. *Ophthalmology*. 2018. Data on file. Phase III Study 13-04.

<sup>12</sup> Please see Important Safety Information for DEXYCU on slides 107 & 108 and full Prescribing Information

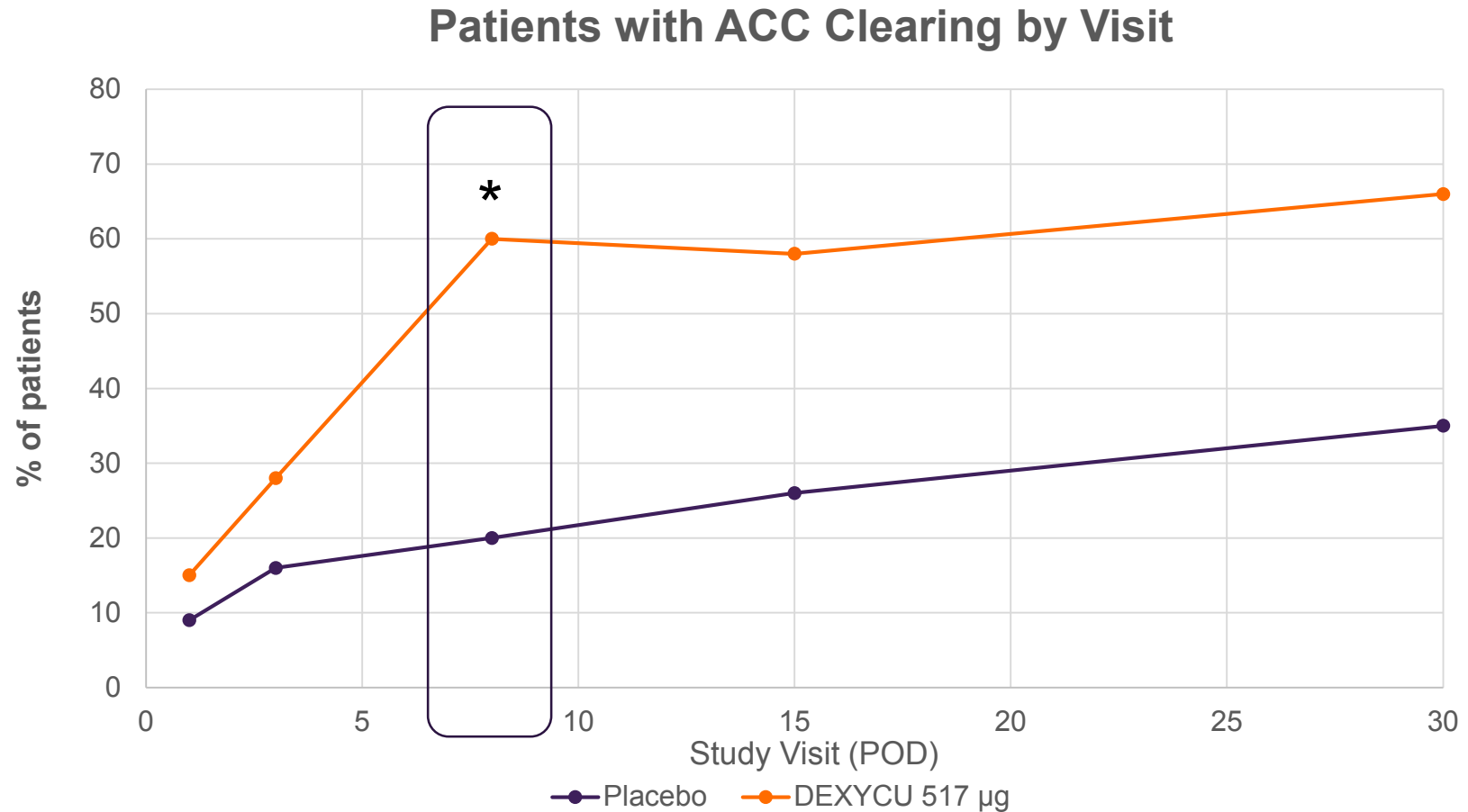
# DEXYCU™

## Placebo-controlled Phase 3 Clinical Study – Primary Outcome



DEXYCU [package insert]. EyePoint Pharmaceuticals. May 2018.

13 Please see Important Safety Information for DEXYCU on slides 107 & 108 and full Prescribing Information



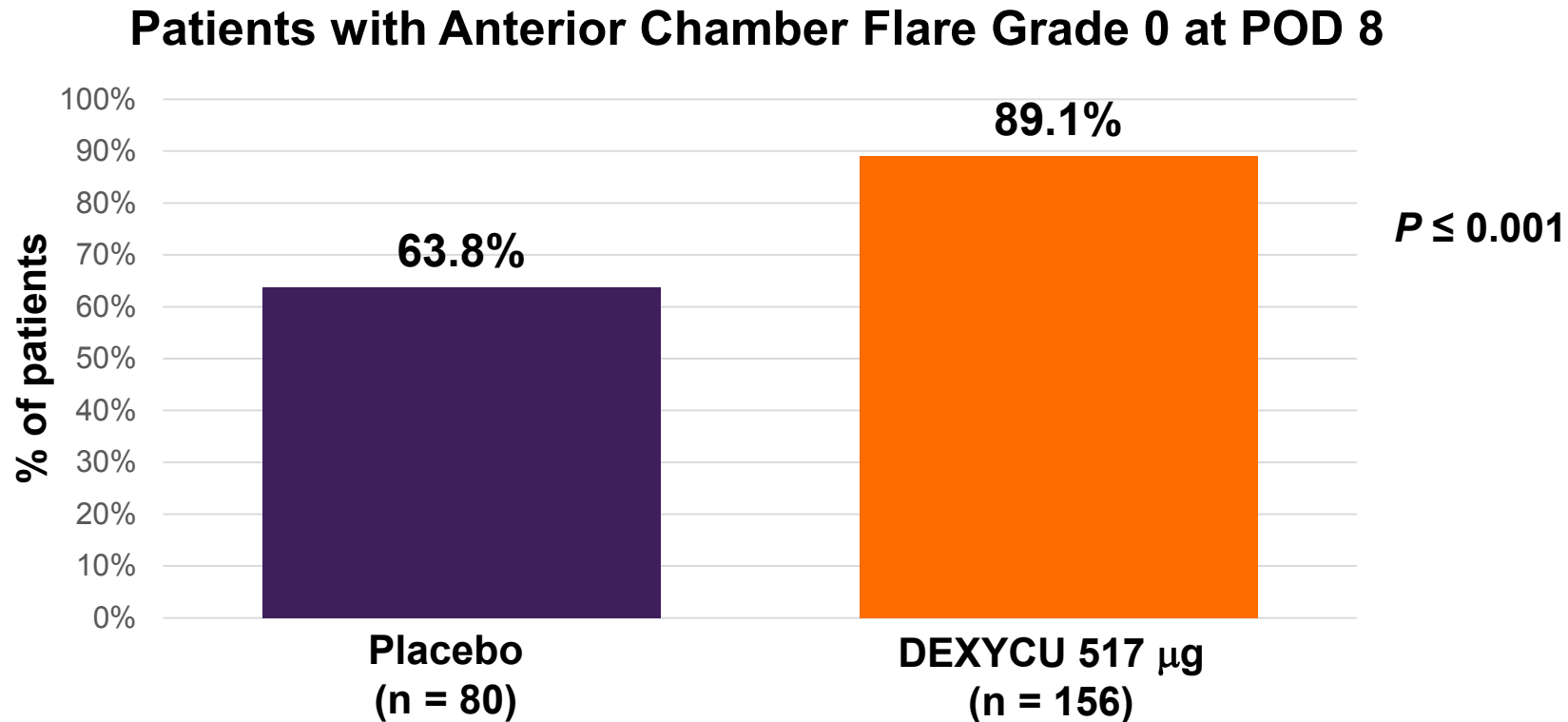
Primary  
endpoint at  
POD 8

\*  $p < 0.001$



# DEXYCU™

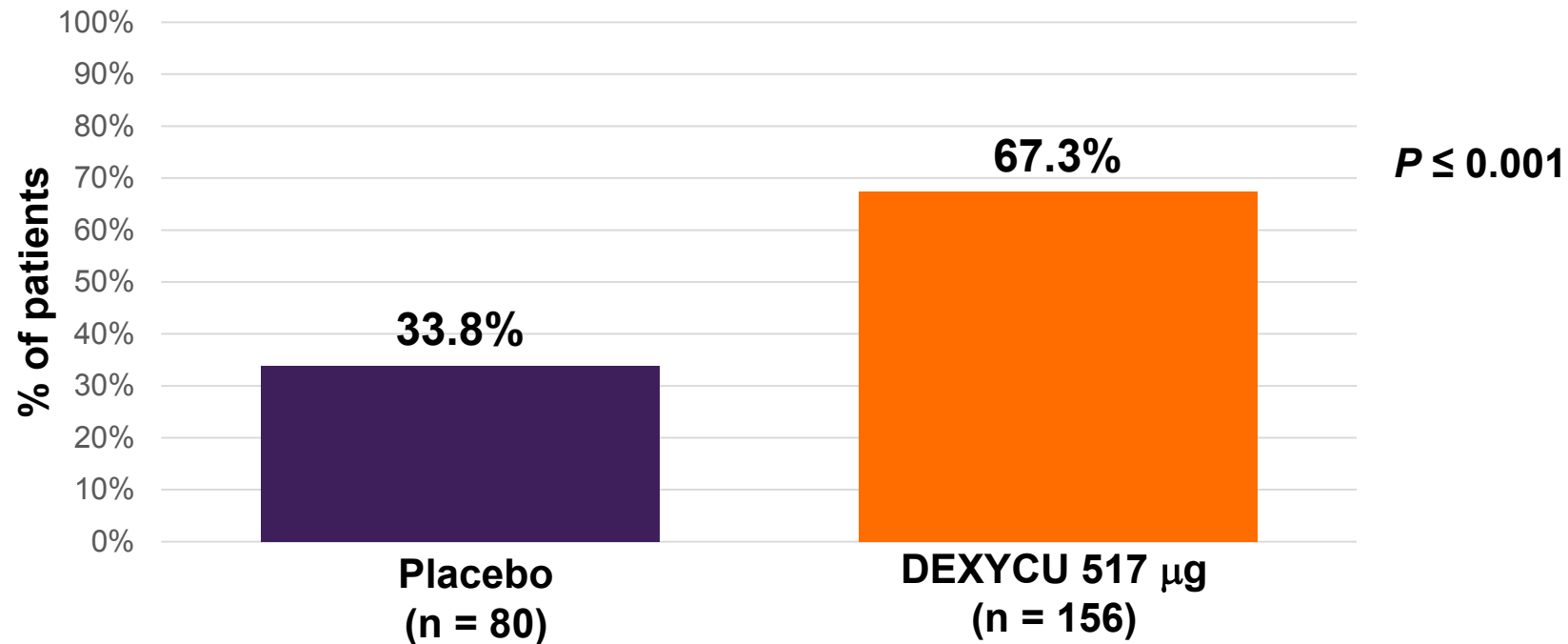
## Placebo-controlled Phase 3 Clinical Study – Secondary Outcome



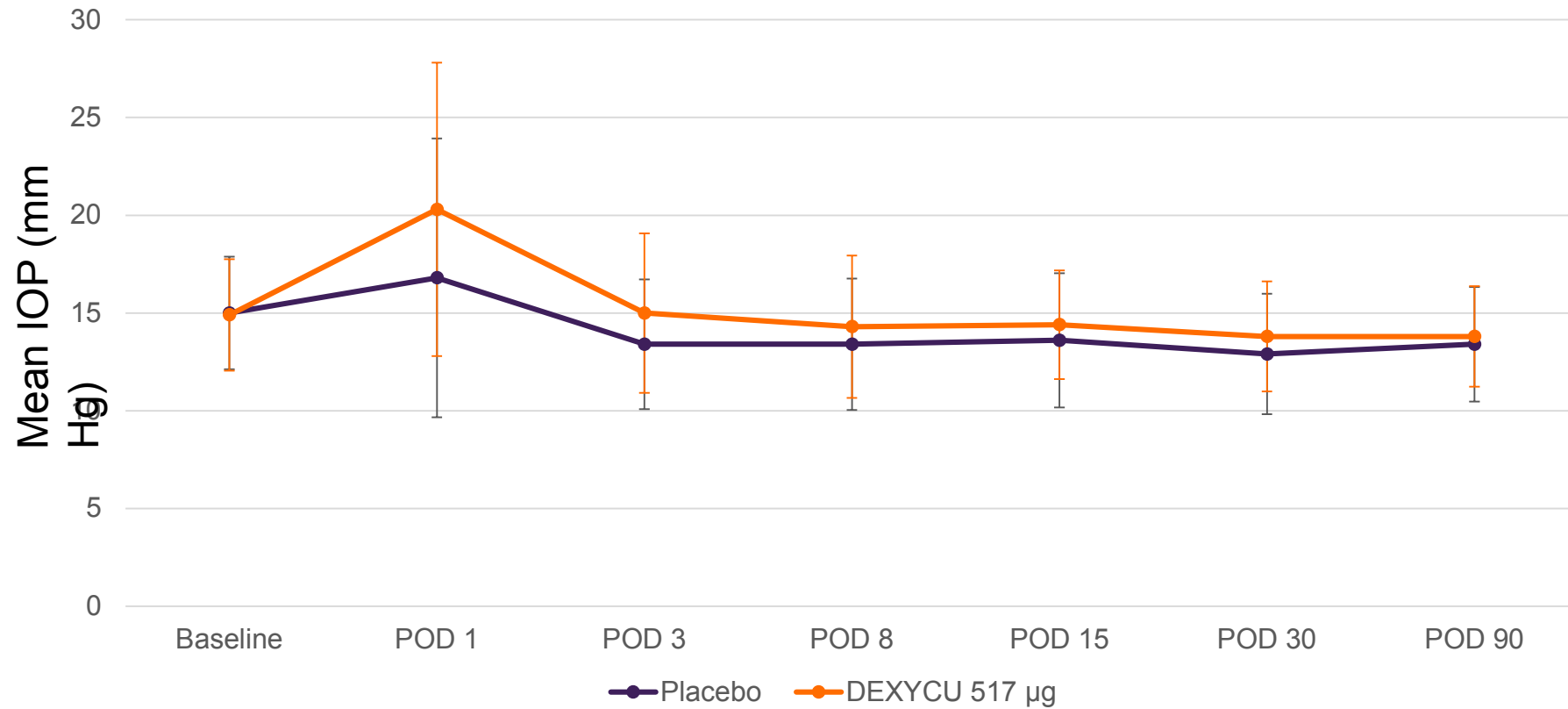
# DEXYCU™

## Placebo-controlled Phase 3 Clinical Study – Secondary Outcome

### Patients with Anterior Chamber Cell and Flare Grades 0 at POD 8



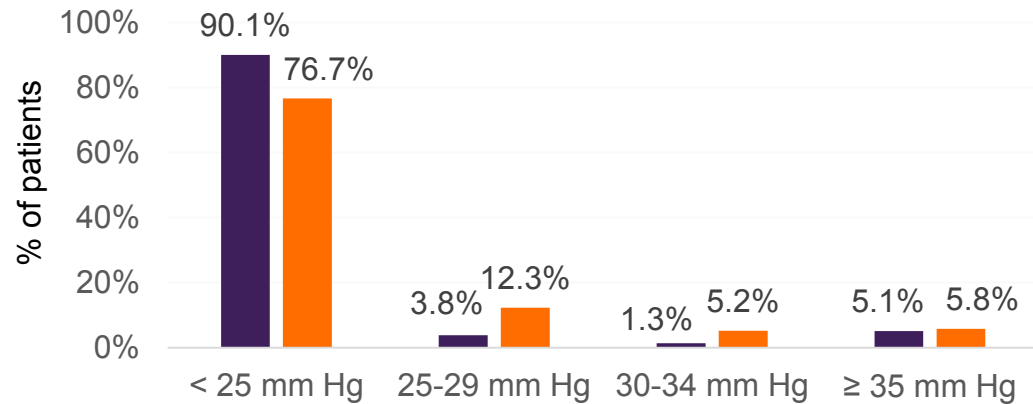
### Summary of IOP in Study Eye by Visit



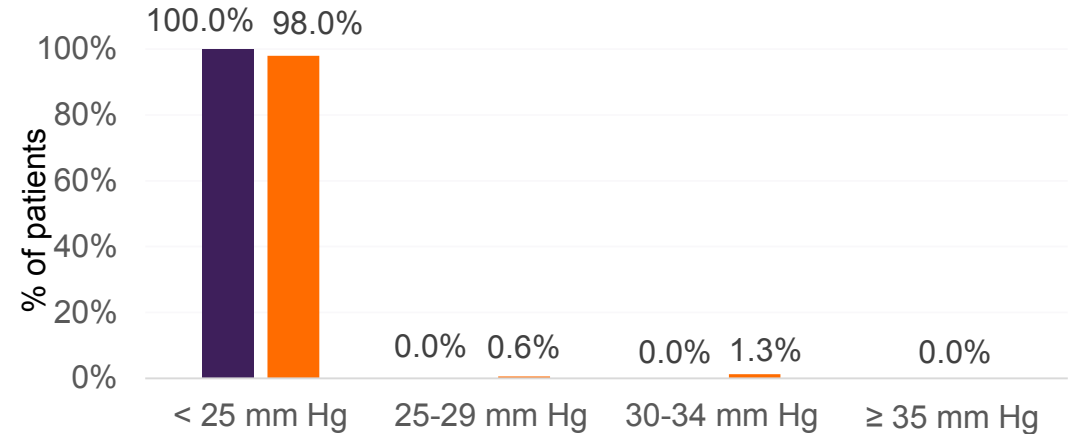
# DEXYCU™

## Placebo-controlled Phase 3 Clinical Study

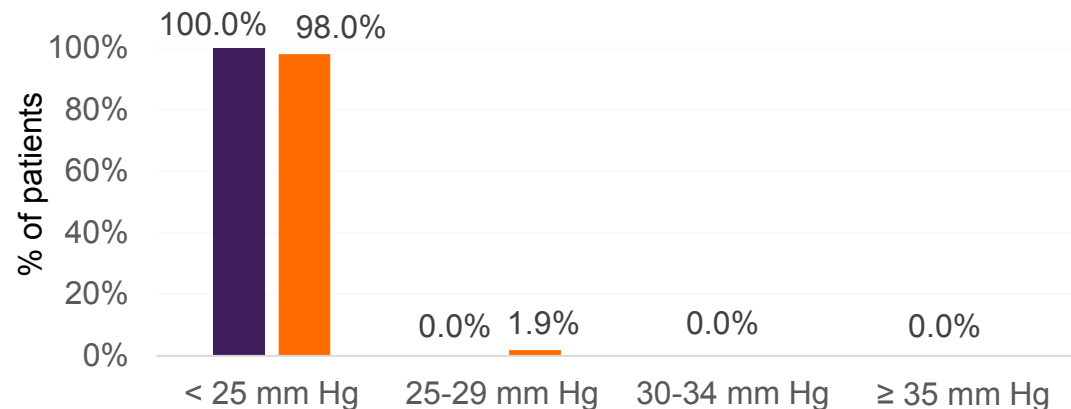
### IOP Intervals on POD 1



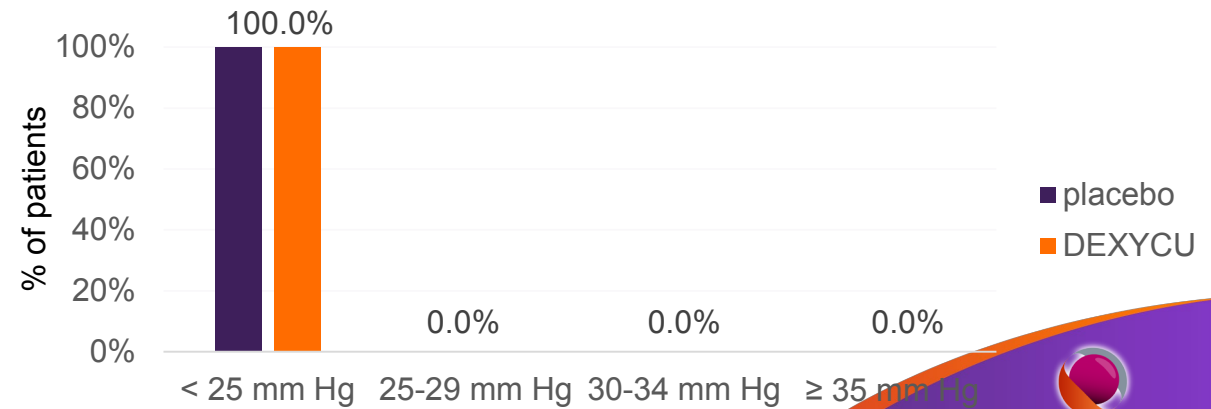
### IOP Intervals on POD 3



### IOP Intervals on POD 8



### IOP Intervals on POD 15

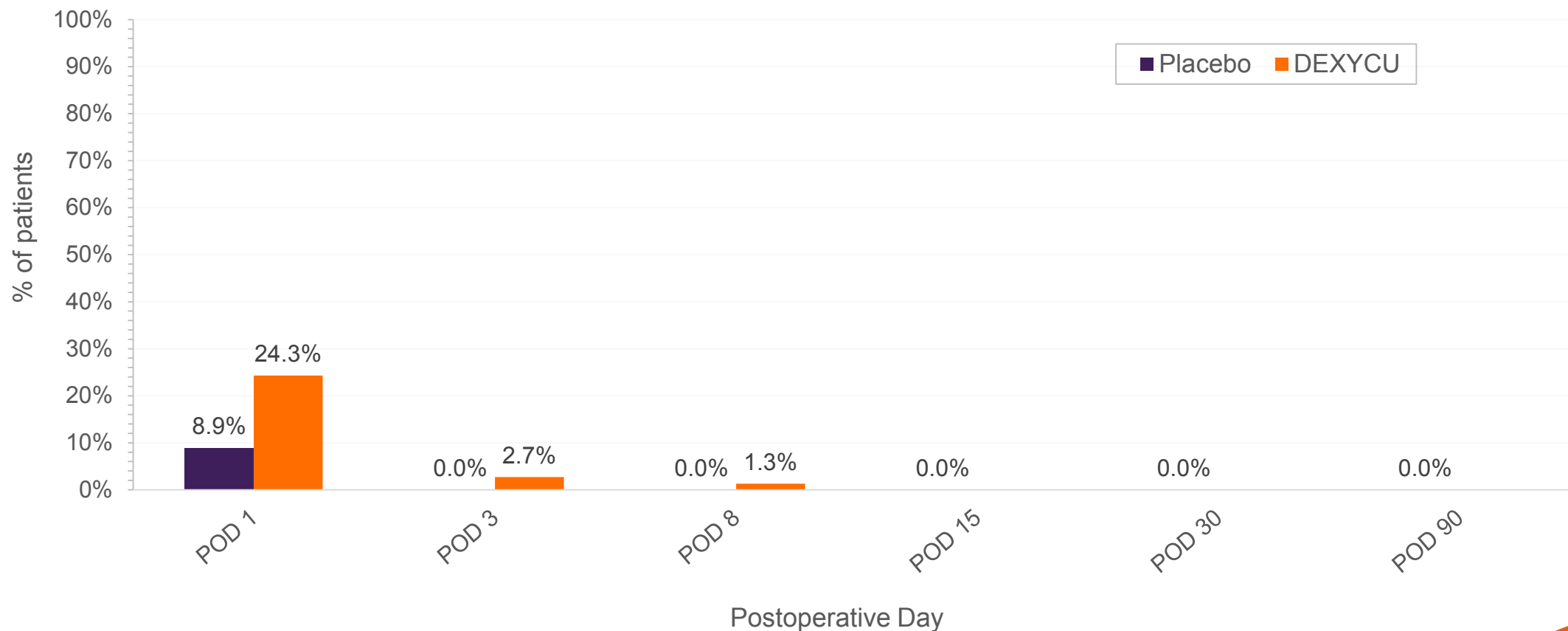


■ placebo  
■ DEXYCU

# DEXYCU™

## Placebo-controlled Phase 3 Clinical Study

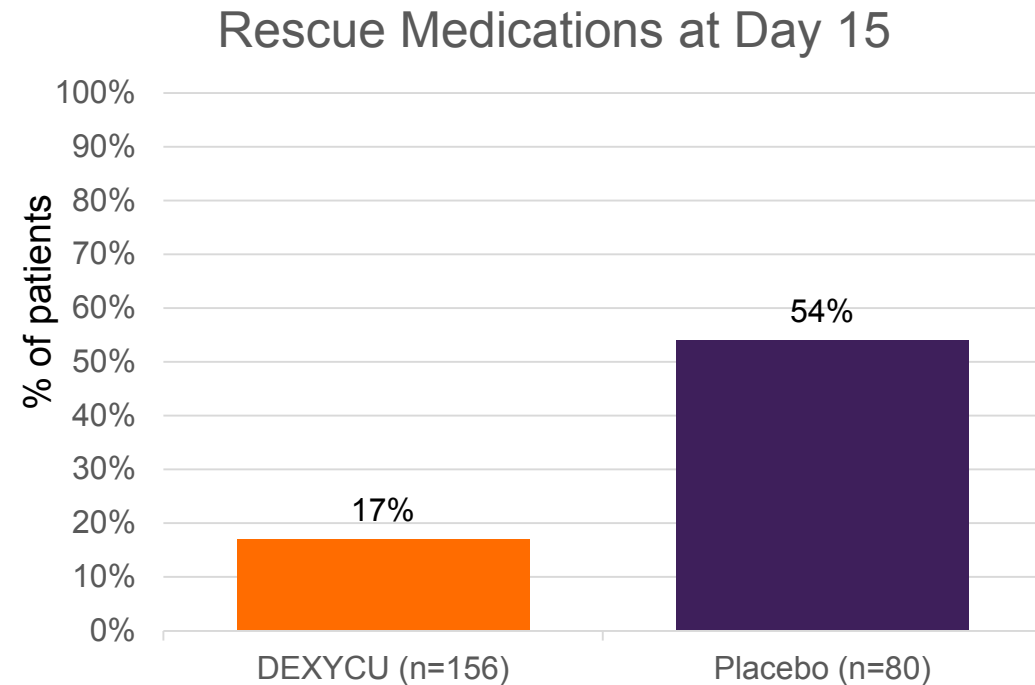
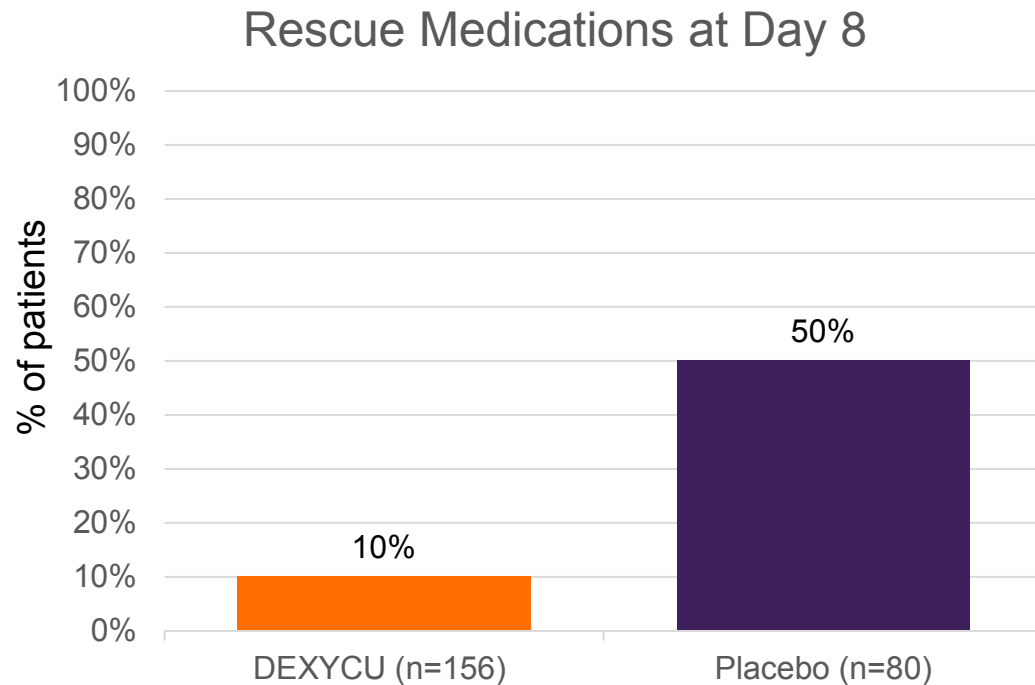
Proportion of Patients with IOP Increase  $\geq 10$  mm Hg from Baseline



# DEXYCU™

## Placebo-controlled Phase 3 Clinical Study

### Proportion of Patients Receiving Rescue Medications



Rescue medications included ocular corticosteroids or nonsteroidal antiinflammatory drugs (NSAIDs) in the study eye; subjects who received rescue medications were treated as failure

# DEXYCU™

## Placebo-controlled Phase 3 Clinical Study – Adverse Events

Preferred term, n (%)	Placebo n = 80	DEXYCU 517 µg n = 156
Any TEAE in study eye	51 (63.8)	72 (46.2)
Any ocular SAE in study eye	0	0
Any non-ocular SAE	4 (5.0)	4 (2.6)
<b>Study eye AEs occurring in ≥ 5% of at least one active treatment group</b>		
Intraocular pressure increase	7 (8.8)	21 (13.5)
Corneal edema	8 (10.0)	12 (7.7)
Eye pain	7 (8.8)	4 (2.6)
Anterior chamber inflammation	10 (12.5)	8 (5.1)
Dry eye	0	6 (3.8)

AE, adverse event; TEAE, treatment-emergent adverse event; SAE, severe adverse event





**DEXYCU™**  
**Prednisolone-controlled Phase 3 Clinical Safety Study**

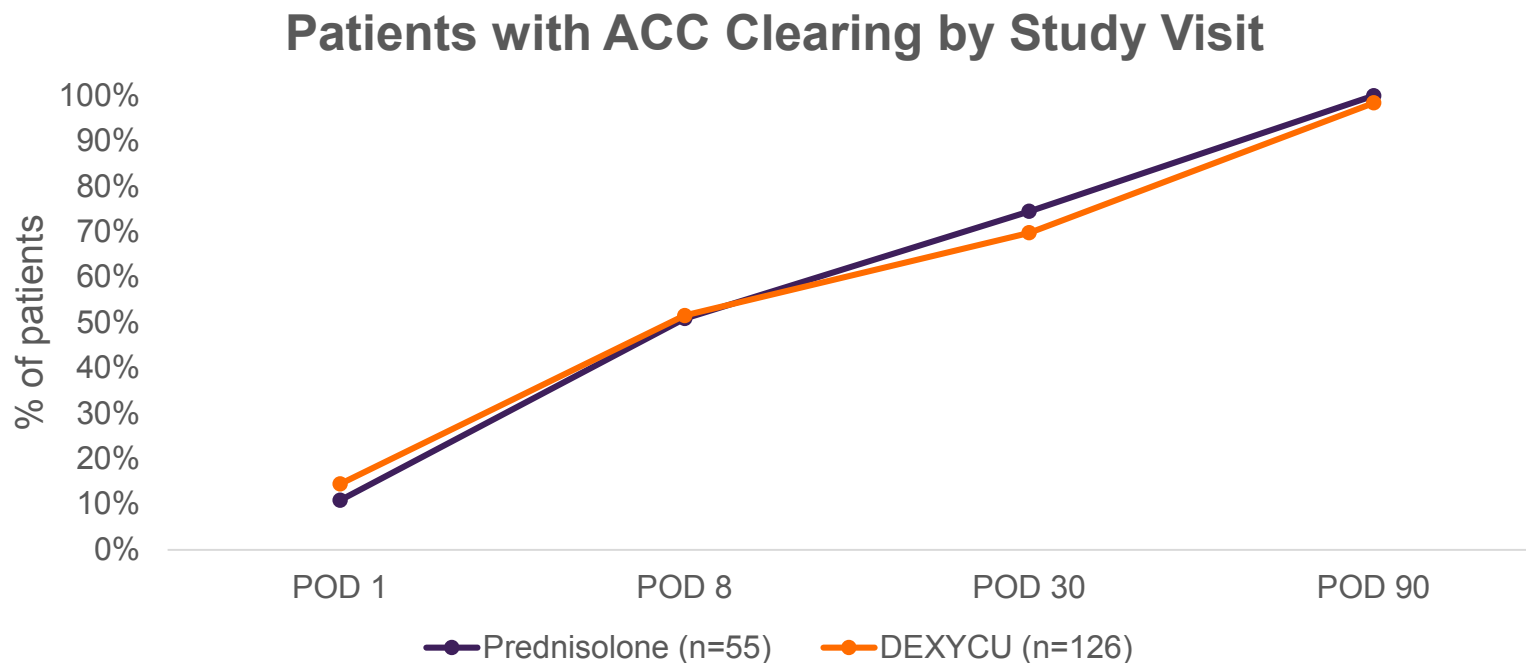
# DEXYCU™

## Prednisolone-controlled Phase 3 Safety Study Design

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- Prospective, randomized, open-label, parallel-design, multicenter trial of 181 patients undergoing cataract surgery
- Patients randomized 2:1 to receive:
  - A single 5 µL injection of 517 µg dexamethasone drug delivery suspension (DEXYCU)
  - Three weeks of treatment with topical prednisolone acetate 1%, one drop QID
- **Safety outcome measures:** Incidence and severity of treatment-emergent adverse events (TEAEs)
- **Exploratory efficacy outcome measures:** Study not powered to detect differences in efficacy, but anterior chamber cell and flare were graded

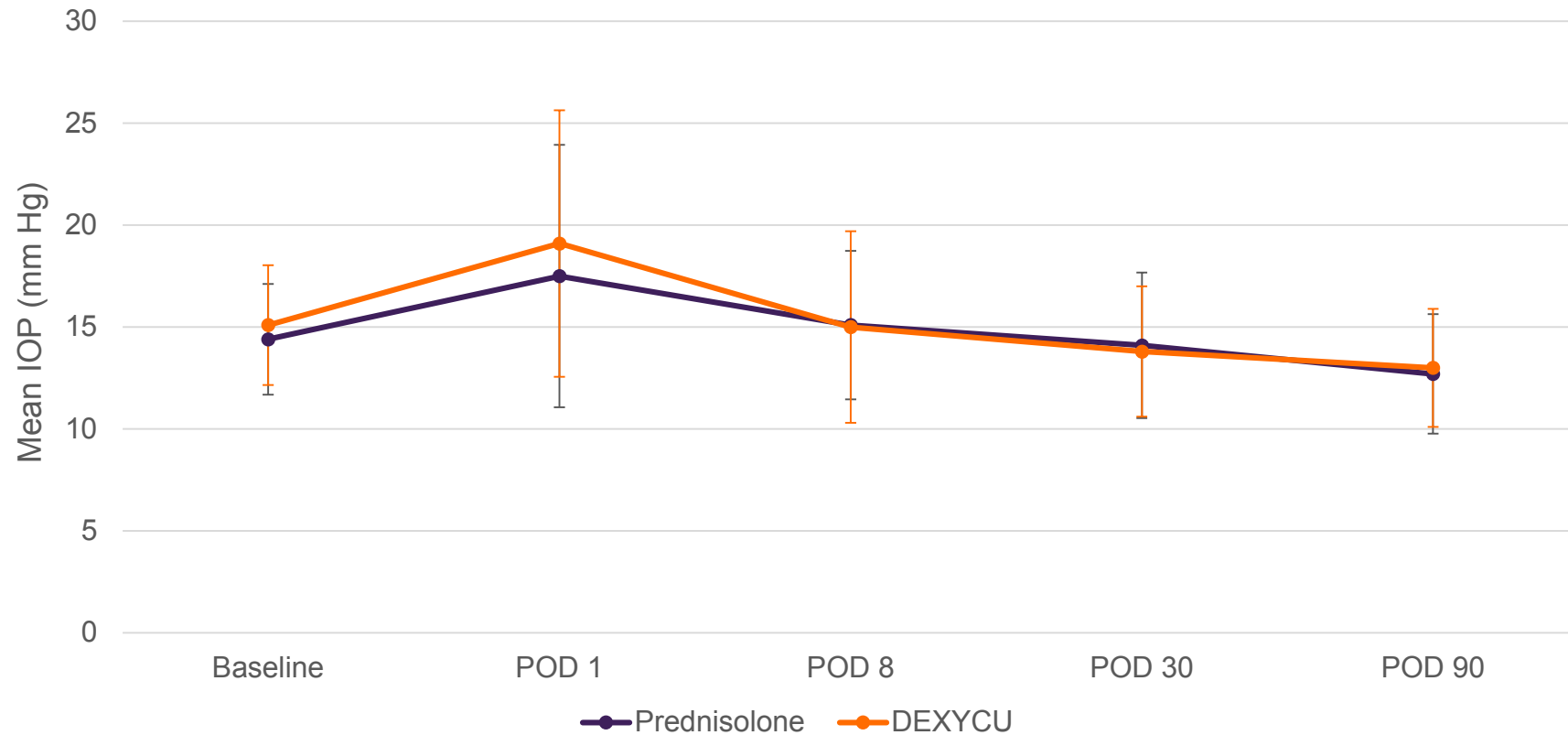
# DEXYCU™ Prednisolone-controlled Phase 3 Clinical Safety Study Time Course of ACC Clearing (LOCF)



Though the study was not powered to compare efficacy, clearing of ACC and ACF were similar between the two groups

ITT, intent to treat; LOCF, last observation carried forward

### Summary of IOP in Study Eye by Visit



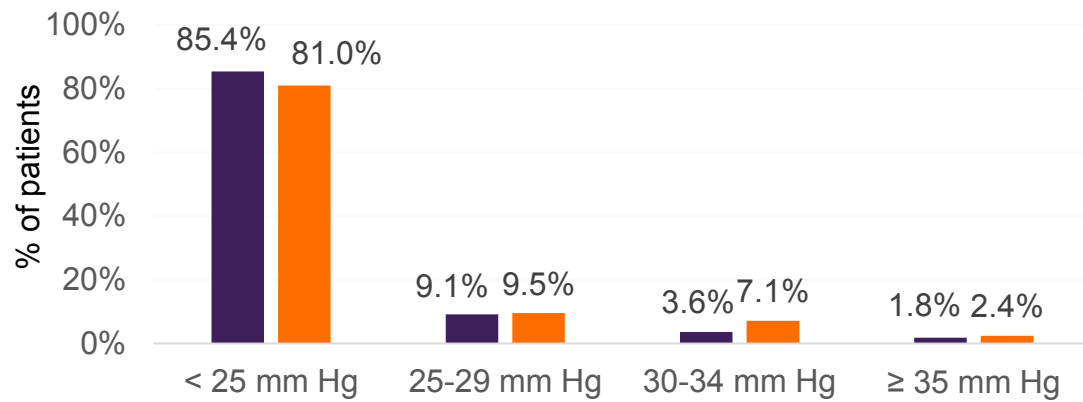
Data on file. Phase III Study 15-01.

Please see Important Safety Information for DEXYCU on slides 107 & 108 and full Prescribing Information

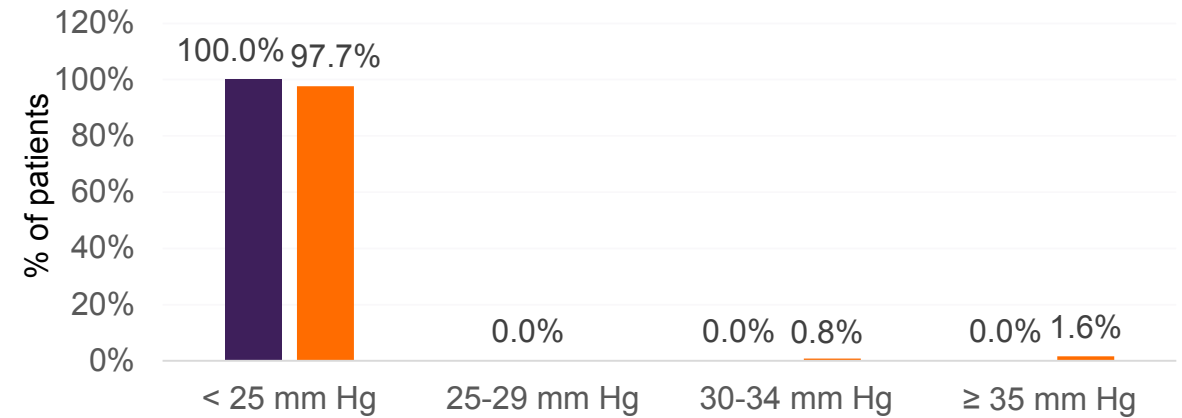
# DEXYCU™

## Prednisolone-controlled Phase 3 Clinical Safety Study

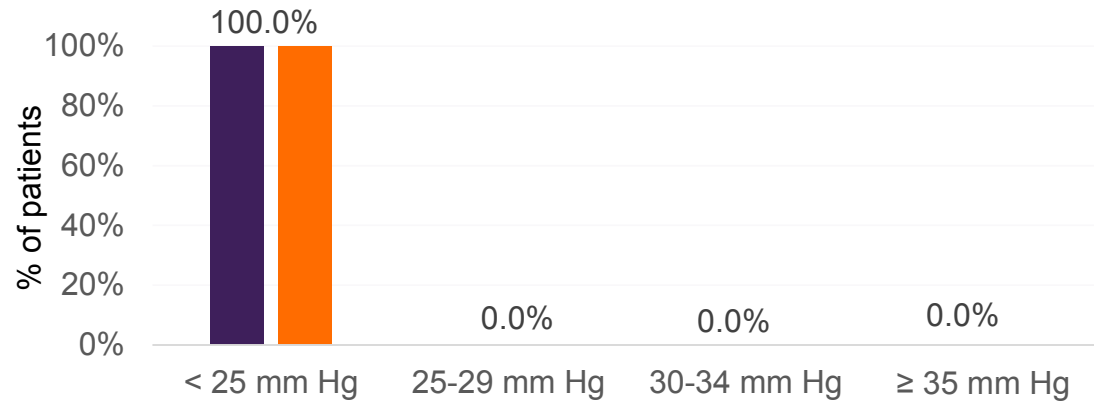
### IOP Intervals on POD 1



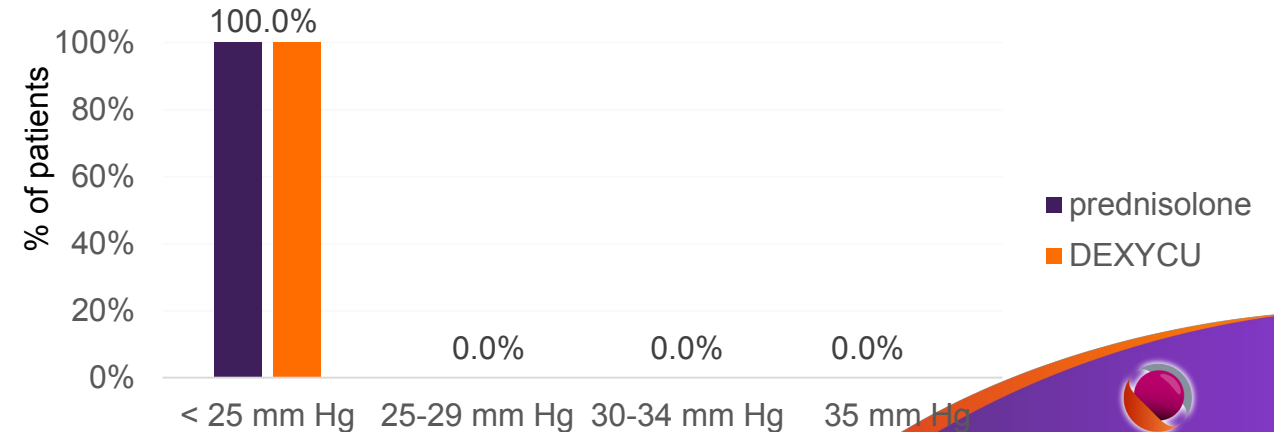
### IOP Intervals on POD 8



### IOP Intervals on POD 30



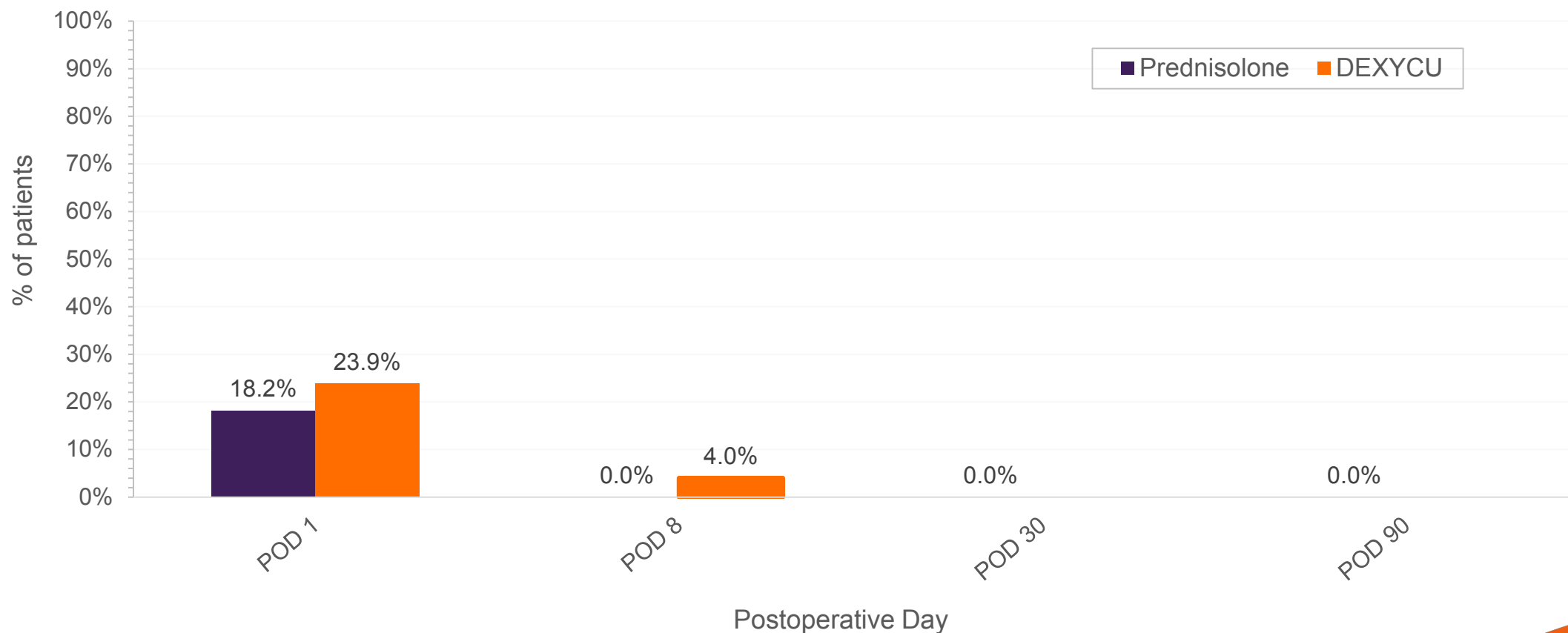
### IOP Intervals on POD 90



# DEXYCU™

## Prednisolone-controlled Phase 3 Clinical Safety Study

Proportion of Patients with IOP Increase  $\geq 10$  mm Hg from Baseline



# DEXYCU™ (dexamethasone intraocular suspension) 9% Prednisolone-controlled Phase 3 Clinical Safety Study – Summary of Adverse Events

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- 42.1% (53/126 patients) in the DEXYCU group and 23.6% (13/55 patients) in the prednisolone group had one or more AEs in the study eye
- The most frequently reported ocular AEs in the DEXYCU group (occurring  $\geq$  5% of patients) were increased IOP (11.1%) anterior chamber inflammation (9.5%) and iritis (6.3%); no AEs occurred in  $\geq$  5% of the prednisolone-treated patients
- No TEAEs of corneal endothelial cell loss were reported in either treatment group



# Market Research Involving Over 100 Cataract Surgeons Shows High Intent To Use

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**86%** indicated intent to use

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**72%** of patients would be appropriate candidates  
(see product label for warnings, precautions, and adverse reactions)

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**87%** would recommend to a colleague upon commercial availability

# Cataract Surgery Market Potential

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## US Cataract Surgery Market

- Over 4 million surgeries in 2017
- Steroid drops used post surgery in majority of patients
- C-Code effective October 2018; valid for 3 years once commercial sale commences
- Precedent exists for extended C-Code reimbursement period post 3 year horizon