Goldman Sachs Global Healthcare Conference

June 10, 2025

Jay Duker, M.D.

President and CEO

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The Leader in Sustained Release Drug Delivery for Retinal Disease

DURAVYU™: vorolanib - best-in-class, patent protected TKI in Durasert E™ sustained delivery technology

Pivotal Phase 3 trial in wet AMD, LUGANO fully enrolled; LUCIA 60% enrolled and randomized

Highly positive efficacy and safety data in DME from VERONA Phase 2 trial

Favorable safety profile across multiple indications in 190+ patients

$318M at 3/31/25 – runway into 2027 post Phase 3 LUGANO/LUCIA data in 2026

TKI tyrosine kinase inhibitor; wet AMD, wet age-related macular degeneration; DME, diabetic macular edema

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Pipeline Leveraging Durasert E™ Drug Delivery Technology Pursuing Large Market Opportunities

Durasert E™ Programs	Indication	Discovery	Pre-Clin	Phase 1	Phase 2	Phase 3	Anticipated Next Milestone
DURAVYU™ – (vorolanib intravitreal insert) **(f/k/a EYP-1901)**	**Wet AMD**				**LUGANO fully enrolled – topline data mid-2026**		LUCIA full enrollment 3Q 25
	DME					**POSITIVE 24-WEEK DATA**	FDA EOP2 July 2025
EYP-2301 – razuprotafib **(TIE-2 agonist)**	**serious retinal diseases**						Pre-clin tox and PK data

Evaluating additional pipeline opportunities

non-clinical *trial underway*

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wet AMD, wet age-related macular degeneration; DME, diabetic macular edema; PK, pharmacokinetic; GA, geographic atrophy

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There is a Significant Need for More Durable Therapies in Wet AMD

Many patients with wet AMD are chronically undertreated

>80% of Retina Specialists say undertreatment is due to patient noncompliance, scheduling limitations or provider preference for less frequent dosing[1]

Chronic disease treated with short acting anti-VEGFs places significant burden on physicians and patients

77% of Retina Specialists say improved durability is most important when choosing a treatment[2].

A delay in care/missed visit can result in vision loss

A delay in treatment of only 5.34 weeks resulted in vision loss[3]

An increasing lifespan means significantly more injections in a patient's lifetime

Current anti-VEGF treatments are dosed on average every two months in the United States[4]

1. 2022 PAT Survey; 2. 2024 PAT Survey; 3. American Academy of Ophthalmology, The Effect of Delay in Care Among Patients Requiring Intravitreal Injections, Welin Song, BS et al; 4. NIH Current and Upcoming Anti-VEGF Therapies and Dosing Strategies for the treatment of wet AMD: a comparative review, Saira Khanna et al, Dec. 2019

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Diabetic Macular Edema: Large Market Opportunity with Significant Unmet Need for More Durable Treatments

Patients in the US with diabetes by 2030[1]

Develop DME within 10 years[2]

Global branded market by 2030[3]

Delayed/missed treatment visits[4]

Vision loss from missed injection[5]

By 2050, diabetes-related vision loss is expected to cost 500 million US dollars annually[6]

1. William R. Rowley, Clement Bezold, Yasemin Arikan, et al. Diabetes 2030: Insights from Yesterday, Today and Future Trends. PubMed Central. 2017 PMCID: PMC5278808 PMID: 27124621 . 2. Russel Lazarus. Optometrists Network. *Guide to Eye Conditions; Diabetic Macular Edema*. 3. DelveInsights DME Market Report -2030. 4. Monique A. Rose, Meri Vukicevic, Konstandina Koklanis. Adherence of patients with diabetic macular oedema to intravitreal injections: A systematic review. PubMed 2020 PMID: 32829485 DOI: 10.1111/ceo.13845. 5. Lee, R., Wong, T.Y. & Sabanayagam, C. Epidemiology of diabetic retinopathy, diabetic macular edema and related vision loss. Eye and Vis 2, 17 (2015). https://doi.org/10.1186/s40662-015-0026-2. 6. Nagda D, Mitchell W, Zebardast N. The functional burden of diabetic retinopathy in the United States. Graefes Arch Clin Exp Ophthalmol. 2021;259(10):2977–2986. https://doi.org/10.1007/s00417-021-05210-3.

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TECHNOLOGY

DURASERT E™

Insert is 1/5000 of Vitreous Volume

Sustained-Release Drug Delivery

- Standard in-office IVT injection
- Continuous dosing
- Zero-order kinetics drug release

- Solid injectable insert
- Drug formulated within a **bioerodible** matrix
- Designed to release drug load before **matrix fully erodes**
- **Favorable safety** profile across multiple indications
- No non-erodible polyamide coating from legacy Durasert technology

IVT, intravitreal

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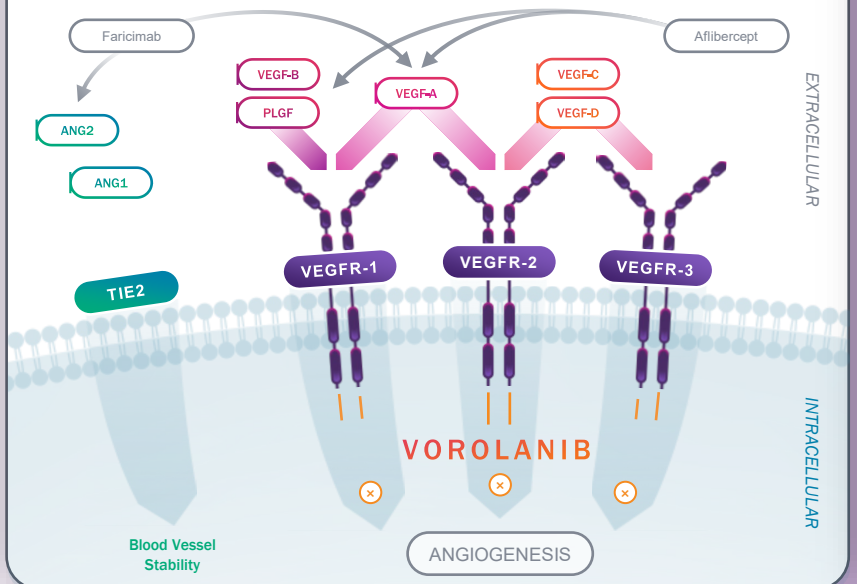
DURAVYU™: Vorolanib in bioerodible Durasert E™

DURAVYU
vorolanib intravitreal insert

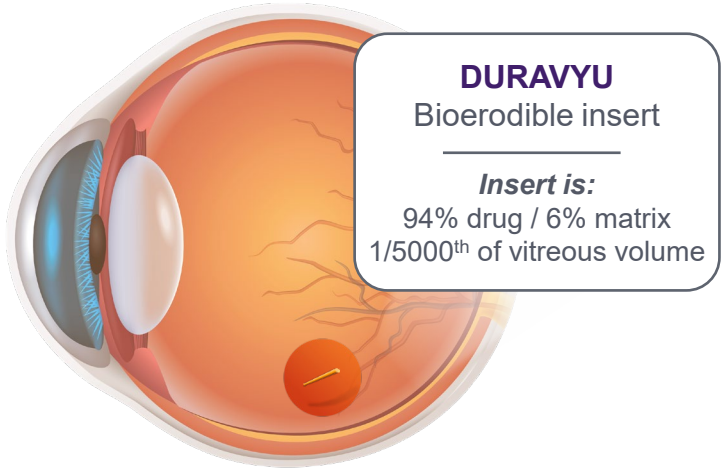
Vorolanib

Patented and potent receptor tyrosine kinase inhibitor (TKI): selectively inhibits all VEGF signaling



Durasert E

Bioerodible, sustained IVT drug delivery



Controlled release for at least 6 months

No delay –
reaches target tissues at therapeutic levels within hours of administration

No fluctuation –
delivered as a continuous dose with zero-order kinetics

No free-floating drug particles –
fully eluted before matrix bioerosion

No cold storage needed –
shipped and stored at ambient temperature

No PEG or PLGA –
no risk of PEG-induced inflammation

1. Bakri SJ, et al. *PLoS One*. 2024;19(6):e0304782. **2.** Patel S, et al. *Ophthalmol Sci.* Sep-Oct 2024;4(5):100527. **3.** Wykoff CC et al. *J Vitreoretin Dis.* Sep-Oct 2024;8(5):577-586. **ANG,** angiopoietin; **IVT,** intravitreal; **TIE2,** tyrosine-protein kinase receptor TIE-2; **TKI,** tyrosine kinase inhibitor; **VEGF(R),** vascular endothelial growth factor (receptor).

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DURAVYU Demonstrated Positive Efficacy Outcomes and Excellent Safety Profile Across Multiple Indications

DURAVYU Has Been Evaluated in >190 Patients to Date Across Multiple Indications

17 patients received DURAVYU	**DAVIO** **Phase 1 Wet AMD**	**Favorable safety profile** **No DURAVYU–related ocular or systemic SAEs**	• Stable BCVA and OCT • 74% reduction in treatment burden
102 patients received DURAVYU	**DAVIO 2** **Phase 2 Wet AMD**		• Statistically non-inferior BCVA compared to aflibercept • >80% reduction in treatment burden • Stable OCT
51 patients received DURAVYU	**PAVIA** **Phase 2 NPDR**		• Prevent worsening of disease severity
21 patients received DURAVYU	**VERONA** **Phase 2 DME**		• Met primary and secondary endpoints • Immediate and sustained improvement in vision with corresponding anatomical control

BCVA, best-corrected visual acuity; OCT, optical coherence tomography; wet AMD, wet age-related macular degeneration; NPDR, non-proliferative diabetic retinopathy; DME, diabetic macular edema

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LUGANO/LUCIA Phase 3 Pivotal Trials in wet AMD

NON-INFERIORITY VERSUS AN AFLIBERCEPT CONTROL

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DURAVYU De-Risked Clinical Approach in Wet AMD

Established FDA approval Path

- Last **four FDA approvals** followed the **noninferiority** pathway
- Recent **superiority trial failure**

Completed robust Phase 2 trial

- **Derisked** and informed **Phase 3**
- **Statistically non-inferior** to “on-label” aflibercept in tough to treat population

Proactive FDA interaction

- Formal **EOP2 and Type C** meetings
- **Written alignment** on NI trial design and -4.5 NI margin

Patient-focused approach

- **Real-world trial design** measured against on-label standard of care
- **All patients receive treatment** with the goal of maintaining vision

wet AMD, wet age-related macular degeneration; EOP2, End of Phase 2; NI, noninferiority

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Ongoing DURAVYU Phase 3 Trials in Wet AMD Supported by Phase 2 DAVIO 2 Results - All Primary and Secondary Endpoints Met

DAVIO2 Endpoint	2mg	3mg
☑ **Primary**: Non-inferior change in BCVA vs. aflibercept	- 0.3 letters	- 0.4 letters
☑ **Secondary:** Favorable safety profile	No DURAVYU-related SAEs	
☑ **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

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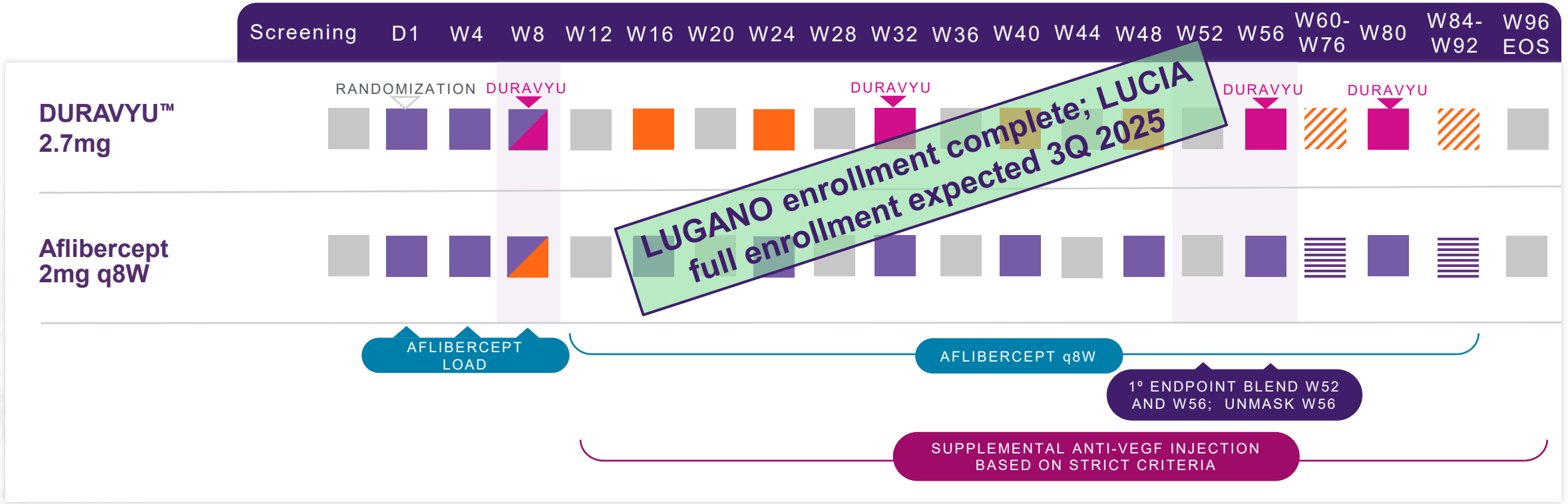
Phase 3 Pivotal Trials - Designed to Evaluate Non-Inferiority of DURAVYU vs Aflibercept Control



- REQUIRED AFLIBERCEPT INJECTION VISIT
- VISIT SCHEDULED
- DURAVYU™ DOSE
- SHAM INJECTION FOR MASKING
- AFLIBERCEPT Q8W
- SHAM INJECTION FOR MASKING

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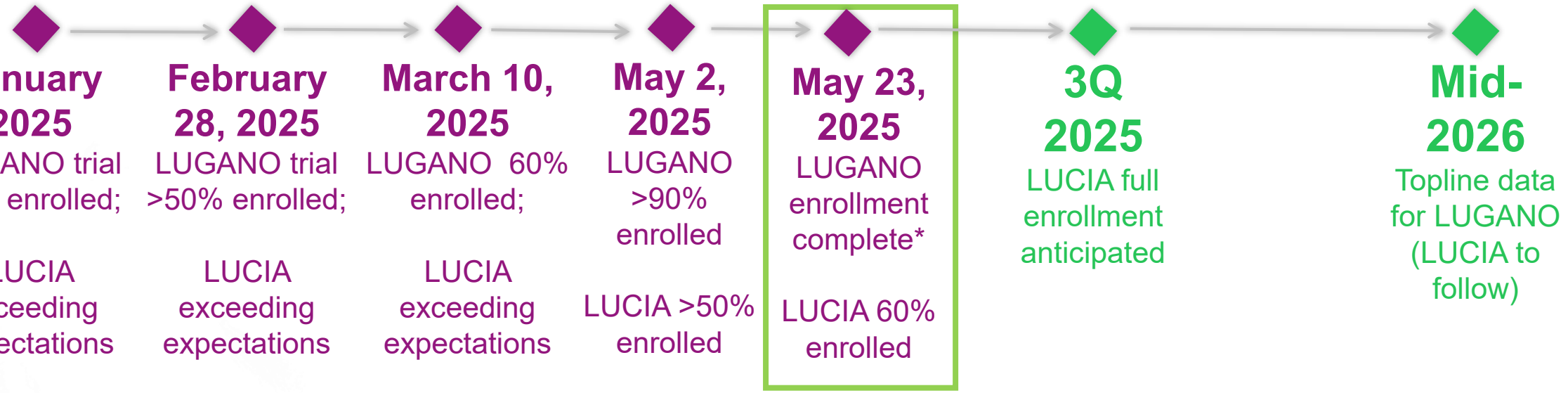
Phase 3 Clinical Trials for DURAVYU in wet AMD Seeing Exceptional Enrollment Rates Driven by Significant Investigator and Patient Enthusiasm



LUGANO topline data anticipated in mid-2026
LUCIA topline anticipated in 2H 2026

*Screening is closed for the LUGANO pivotal Phase 3 trial. Over 400 patients are enrolled and randomized. Any remaining patients in screening at the time of screening closure may also be randomized into the trial over the next several weeks.

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Phase 2 VERONA Clinical Trial in DME

24 WEEK RESULTS

PRIMARY AND SECONDARY ENDPOINTS ACHIEVED

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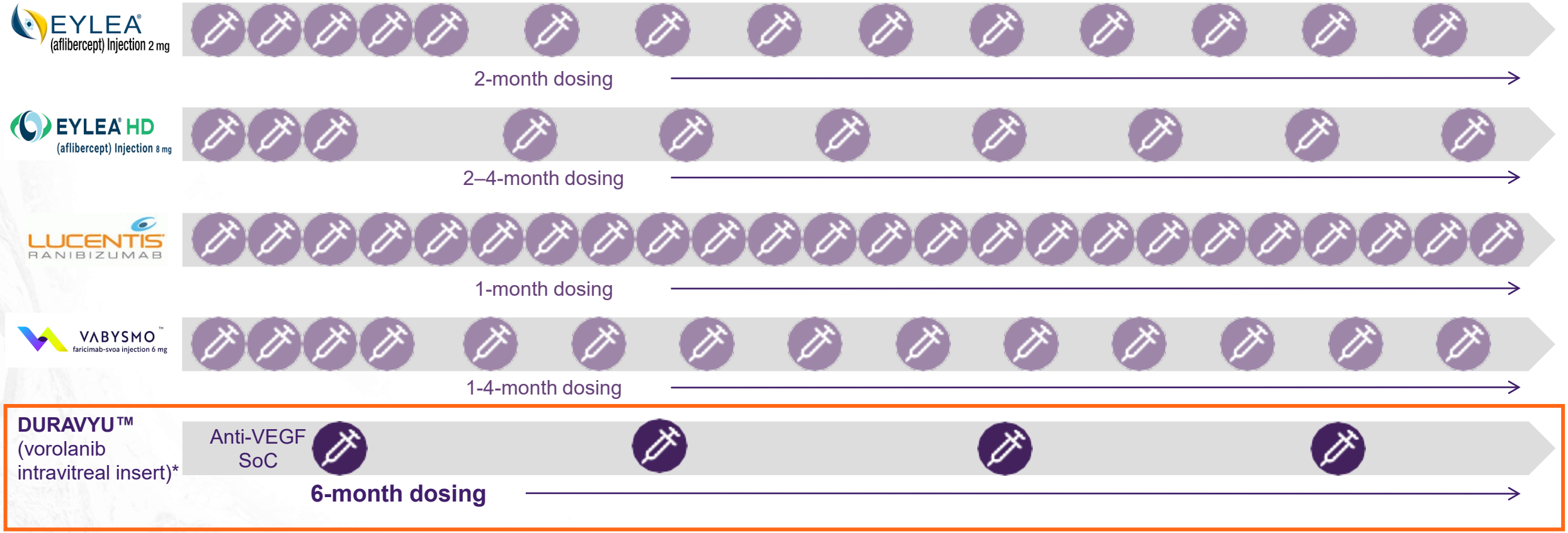
DME, diabetic macular edema

DURAVYU is Uniquely Positioned to Provide an Improved DME Treatment Paradigm Compared to Current Anti-VEGF Therapies

24-Month Treatment Regimens for DME:



*Potential positioning for DURAVYU, if approved, based on Phase 3 protocol for wet AMD.
SoC, standard of care

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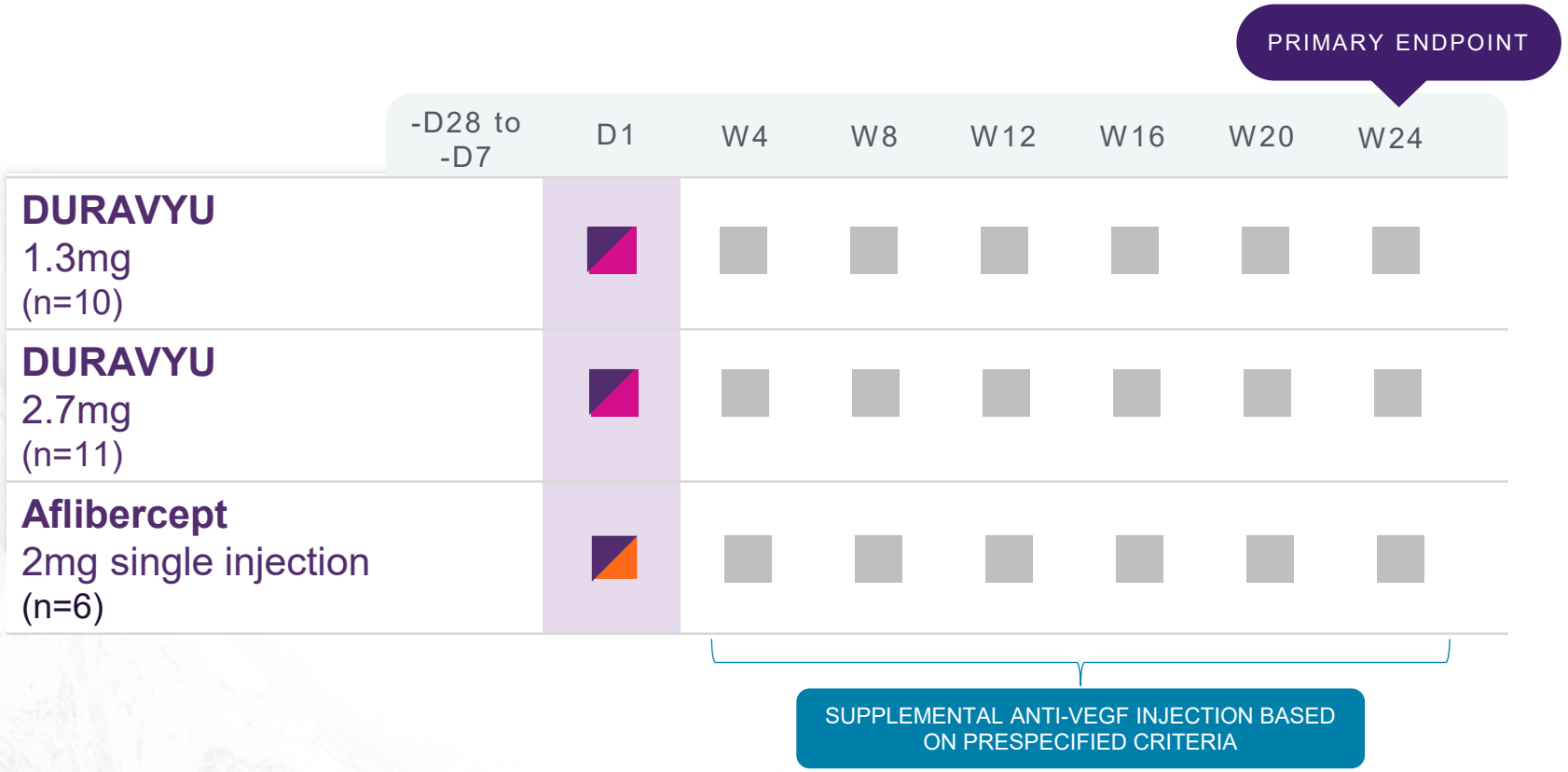
The VERONA Phase 2 Clinical Trial is the First Trial DURAVYU was Evaluated in Patients with Active Disease

Randomized, Open-Label, Aflibercept Controlled Trial as a Potential Treatment for DME



- Objectives:
  - Evaluate the safety and efficacy of DURAVYU in patients with active DME (CST >325µm)
  - Collect dose-ranging data to inform Phase 3 clinical trials
- Primary endpoint: time to supplemental anti-VEGF injection up to week 24
- Key Secondary endpoints: safety, change in BCVA vs. aflibercept control and anatomical control (CST)
- First clinical trial to evaluate higher payload inserts (1.34mg)

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DME, diabetic macular edema; VEGF, vascular endothelial growth factor; BCVA, best corrected visual acuity; OCT, optical coherence tomography; CST, central subfield thickness

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VERONA: Phase 2 Clinical Trial Met Primary and Key Secondary Endpoints

Data supports DURAVYU as a Potential Treatment for DME with improvement in vision and anatomy with superior dosing intervals

DURAVYU 2.7mg EFFICACY:

- **Primary endpoint achieved** - extended time to first supplemental injection vs. aflibercept control
- Early and sustained **BCVA improvement = +7.1** letters
- Early and sustained **CST improvement = -76** microns

DURAVYU SAFETY RESULTS:

- **No DURAVYU-related** ocular or systemic SAEs
- **No cases of**:
  - Impaired vision
  - Endophthalmitis
  - Retinal vasculitis (occlusive or non-occlusive)
  - Intraocular inflammation (IOI)
  - Insert migration

DME, diabetic macular edema; BCVA, best-corrected visual acuity; CST, central subfield thickness; SAEs, serious adverse events.

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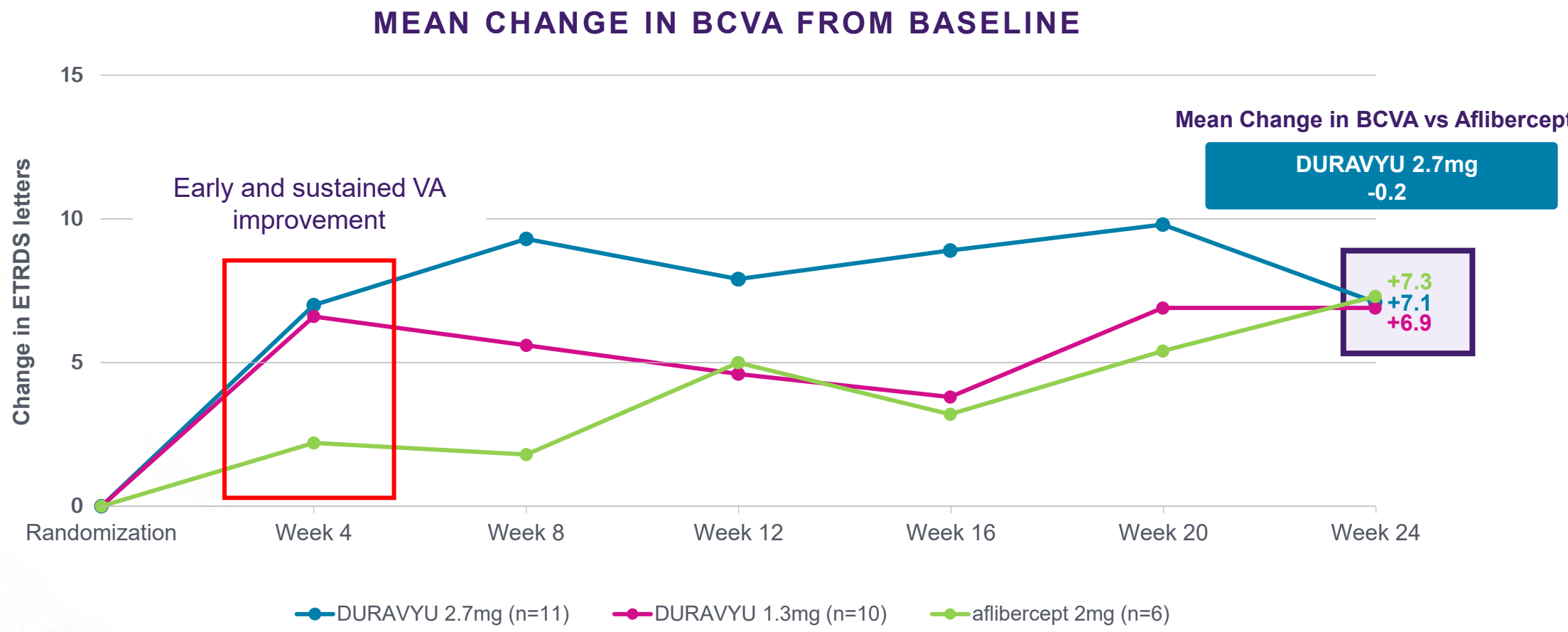
Single DURAVYU 2.7mg Treatment Demonstrated Clinically Meaningful Improvement in BCVA; Supports Noninferiority in Pivotal Trial



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BCVA, best-corrected visual acuity; VA, visual acuity

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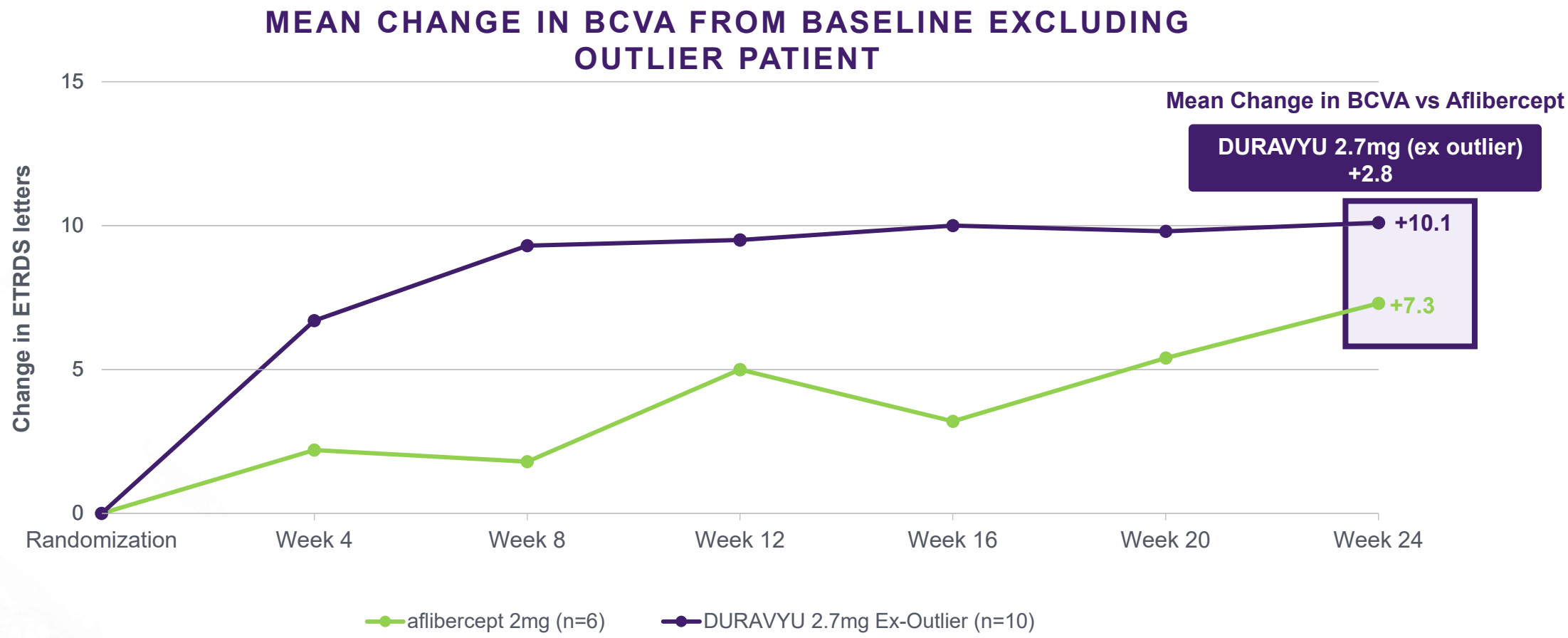
Excluding a Single Outlier Patient, DURAVYU 2.7mg Improved +10 Letters vs. Baseline; Nearly +3 Letters Better than Control



Outlier patient missed multiple visits including the Week 20 visit resulting in vision loss of >20 letters at the Week 24 visit.

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BCVA, best-corrected visual acuity; VA, visual acuity

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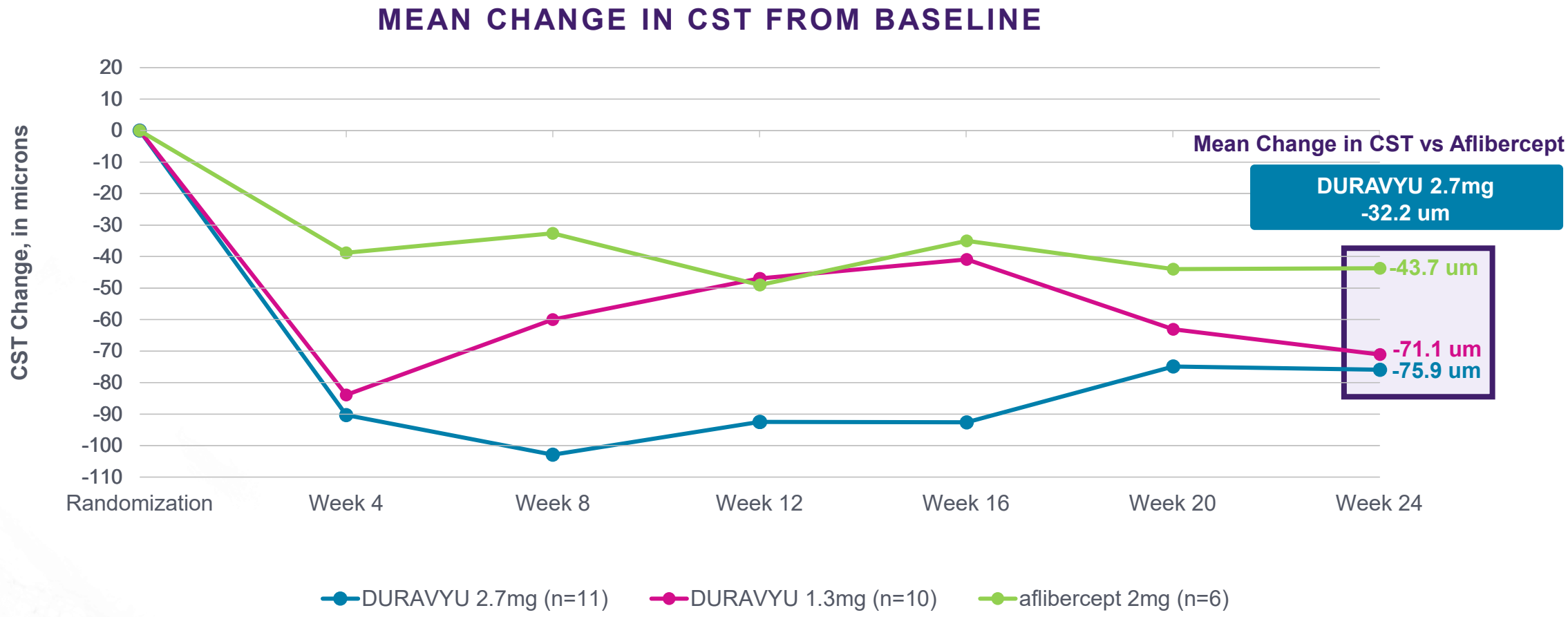
DURAVYU 2.7mg Demonstrated Improved and Controlled Anatomy with 74% More Drying than Aflibercept Control



CST: central subfield thickness
Source: Independent reading center results available as of the full 24-week data cut.

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Phase 2 VERONA Clinical Trial in DME

SUB-GROUP ANALYSIS OF PATIENTS SUPPLEMENT-FREE AT 24 WEEKS

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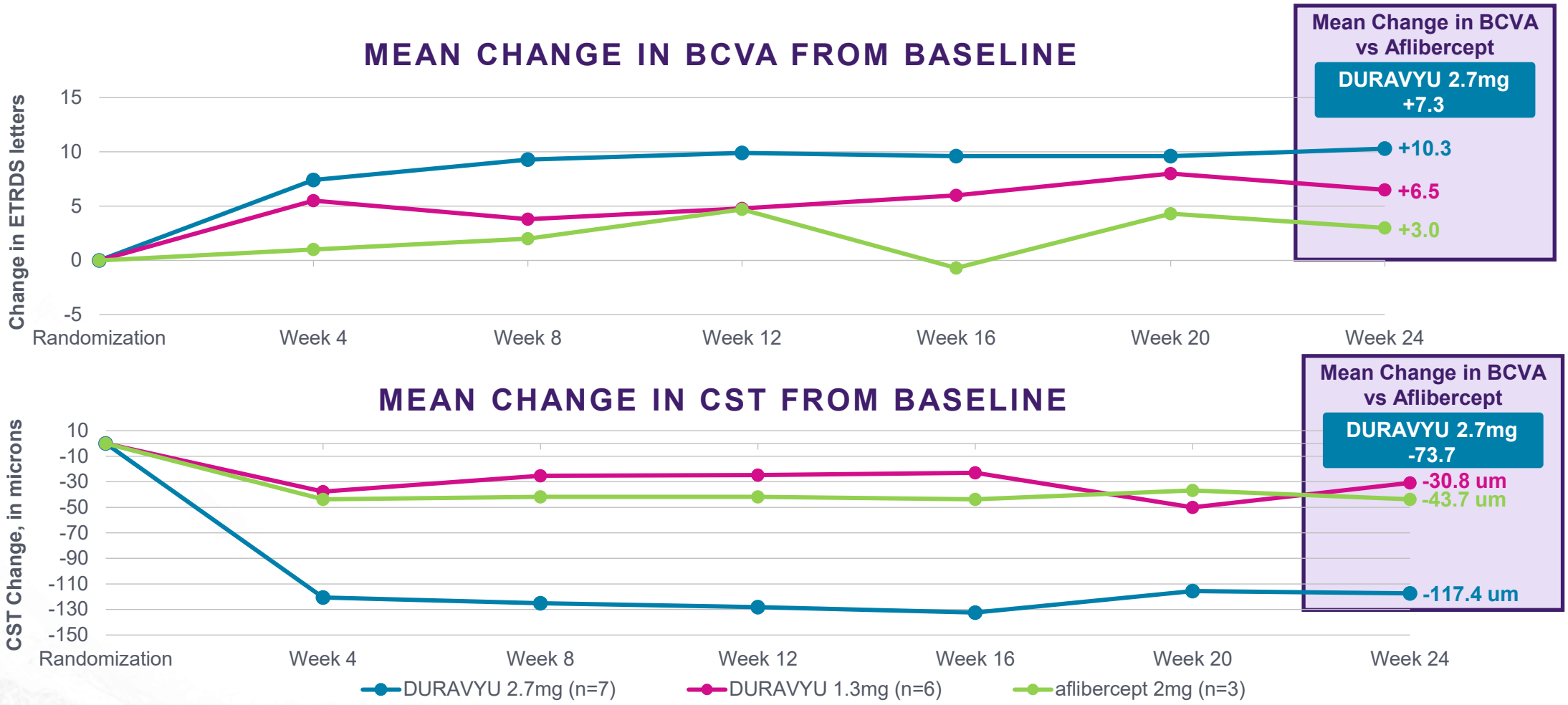
©2025 EyePoint Pharmaceuticals, Inc. All Rights Reserved. DME, diabetic macular edema

Sub-Group of Supplement-Free Patients Demonstrated Eyes Treated with DURAVYU 2.7mg had Better Visual and Anatomical Outcomes



Supplement-free is defined as patients who did not receive a supplement at any point during the study.

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BCVA, best-corrected visual acuity; VA, visual acuity

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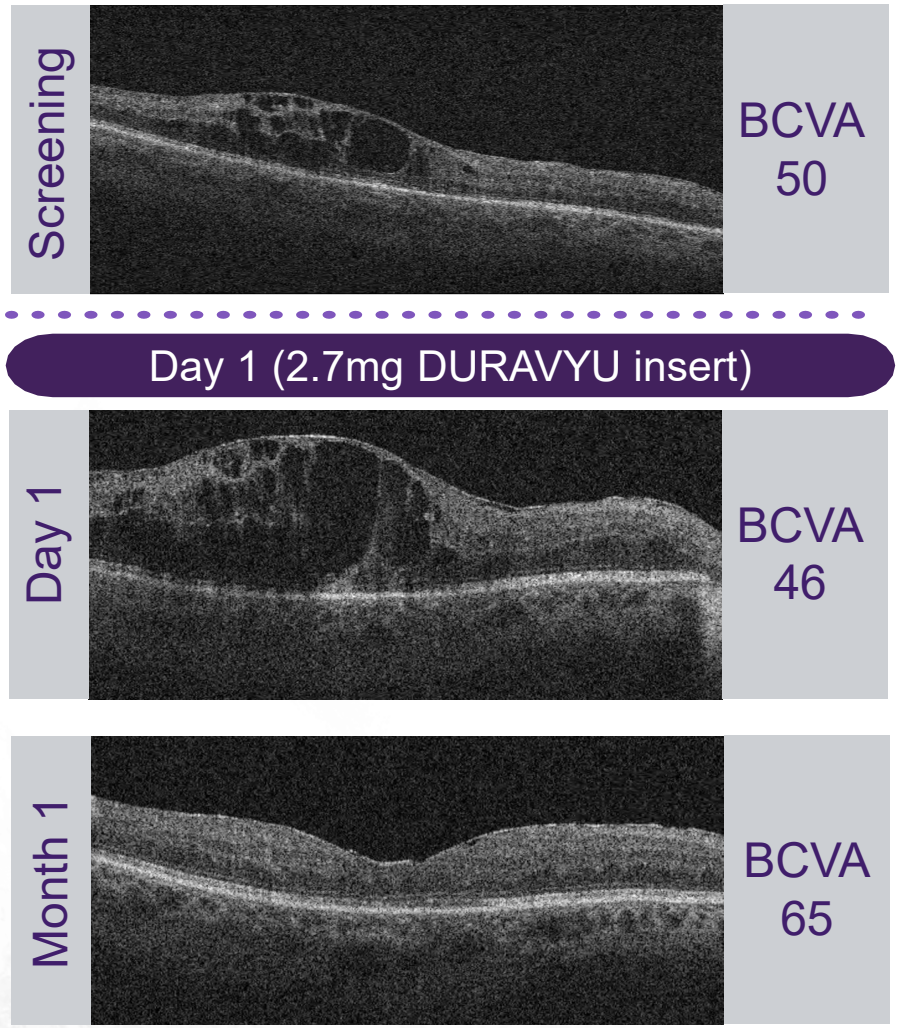
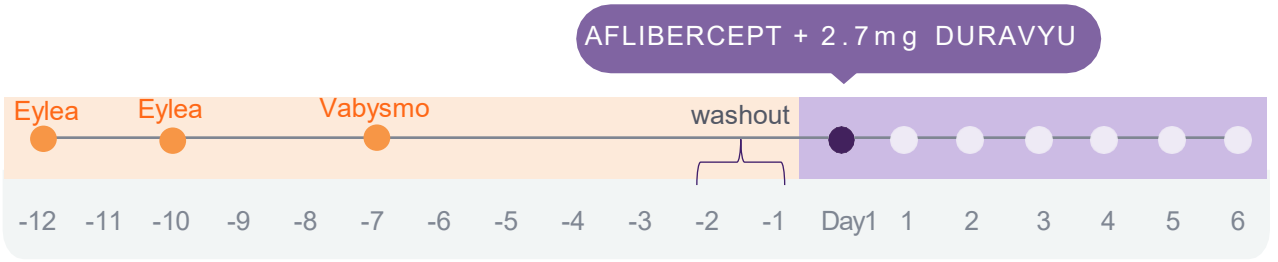
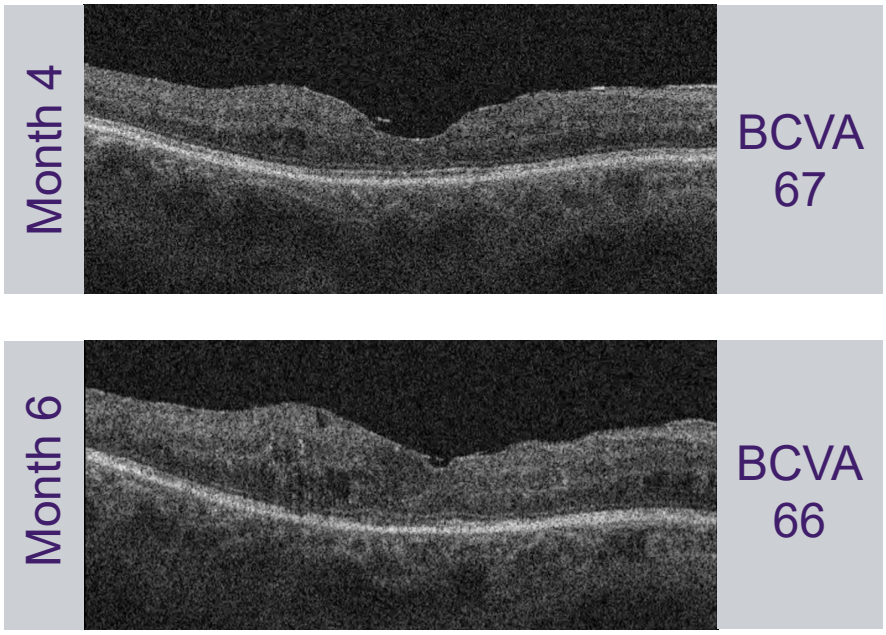
VERONA Clinical Trial Case Study 1 - Rapid Drying with Improved Vision After Single DURAVYU 2.7mg Treatment and No Supplementation





Case 1: SOC Anti-VEGF Injections Before and After Treatment



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BCVA, best-corrected visual acuity

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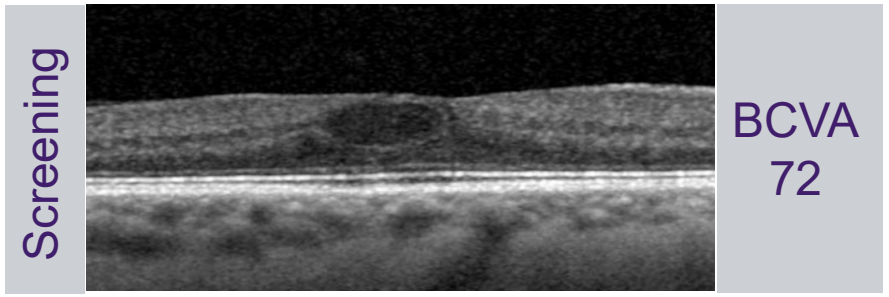
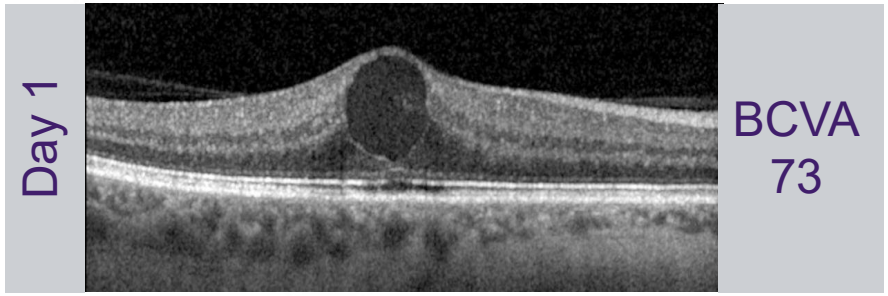
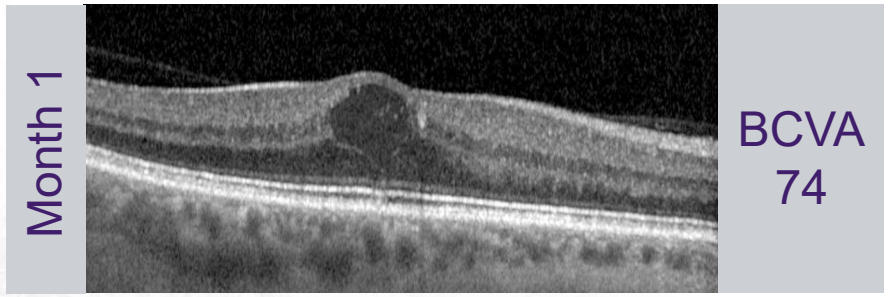
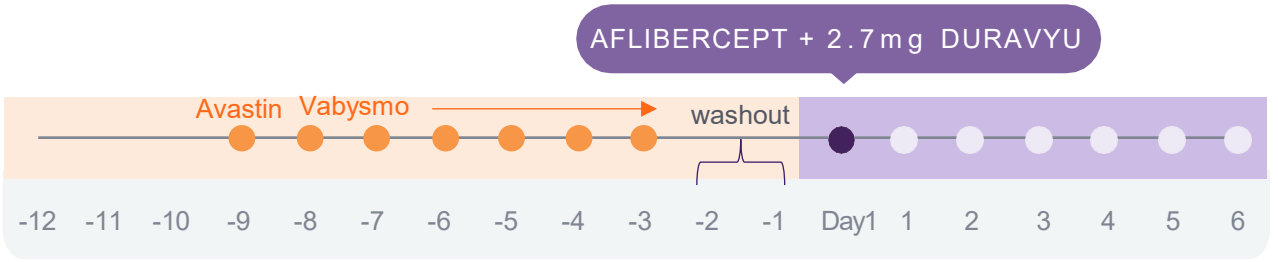
VERONA Clinical Trial Case Study 2 - Continued Drying at Week 24 with Improved VA After Single DURAVYU 2.7mg Treatment and No Supplementation



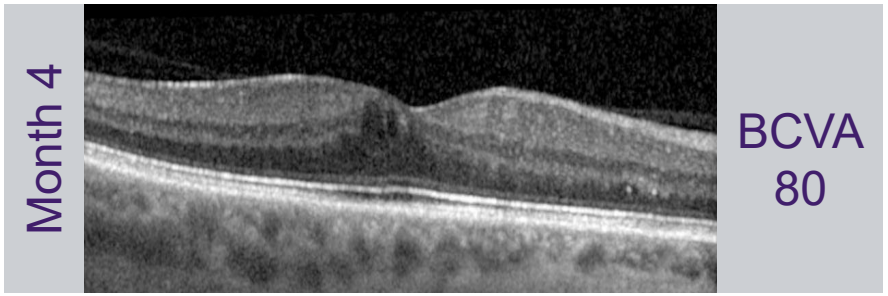
Day 1 (2.7mg DURAVYU insert)

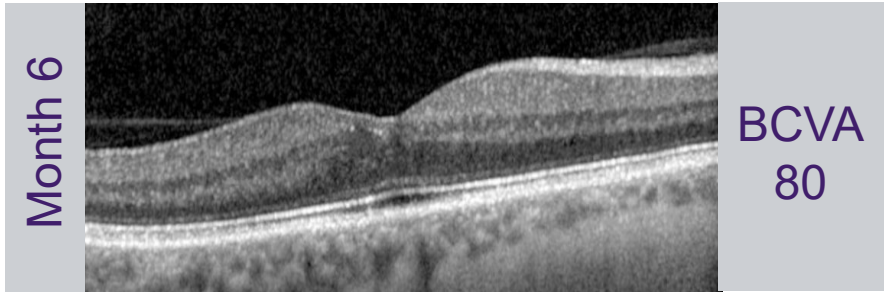






Case 2: SOC Anti-VEGF Injections Before and After Treatment





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VA, visual acuity; BCVA, best-corrected visual acuity

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VERONA: Phase 2 Clinical Trial Summary

- ✓ **Primary endpoint met** for both DURAVYU doses
- ✓ Demonstrated **immediate** and **clinically meaningful results without a full load** of aflibercept
- ✓ Significant improvement in vision and anatomic results paired with a **meaningful reduction in treatment burden**
- ✓ Sub-group analysis of supplement-free eyes demonstrated **results are driven by treatment with DURAVYU** and not by supplemental injections
- ✓ Continued **favorable safety** and tolerability
- ✓ EOP2 meeting scheduled with FDA in July 2025 to solidify plans for **pivotal program**

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State-Of-The-Art cGMP Manufacturing Facility to Support DURAVYU through Phase 3 and Global Commercial Production

- 40,000sf+ commercial manufacturing site
- Located in Northbridge, MA
- Built to EYPT specifications by landlord preserving upfront cash investment
- Built to US FDA and EU EMA standards
- DURAVYU registration batches in-motion to support future NDA filing

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cGMP, current good manufacturing practices; FDA, Federal Drug Administration; EMA, European Medicines Agency; cGMP, current good manufacturing practice

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On Track for Continued Execution And Well-Funded Through Key Anticipated DURAVYU Milestones

DURAVYU™

✓	DAVIO 2 12-month data	June 2024
✓	Positive interim VERONA data	October 2024
✓	First patient dosed – LUGANO	October 2024
✓	First patient dosed – LUCIA	December 2024
✓	VERONA Phase 2 DME full 24-week data	February 2025
✓	VERONA Phase 2 subgroup analyses	March 2025
✓	Completed enrollment of LUGANO Phase 3 trial in wet AMD	May 2025
☐	**FDA EOP2 meeting for DME**	**July 2025**
☐	**Full enrollment of LUCIA Phase 3 trial in wet AMD**	**3Q 2025**
☐	**Topline data for LUGANO**	**Mid-2026**

Corporate

✓	R&D Day - NYC	June 2024
✓	Fred Hassan appointed to Board of Directors	September 2024
✓	Northbridge manufacturing facility grand opening	October 2024
✓	Reginald Sanders, MD appointed to Board of Directors	January 2025

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DME, diabetic macular edema; EOP2, End of Phase 2; wet AMD, wet age-related macular degeneration; SAB, Scientific Advisory Board

EyePoint

Goldman Sachs Global Healthcare Conference

June 10, 2025

Jay Duker, M.D.

President and CEO

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