Investor Presentation

November 2024

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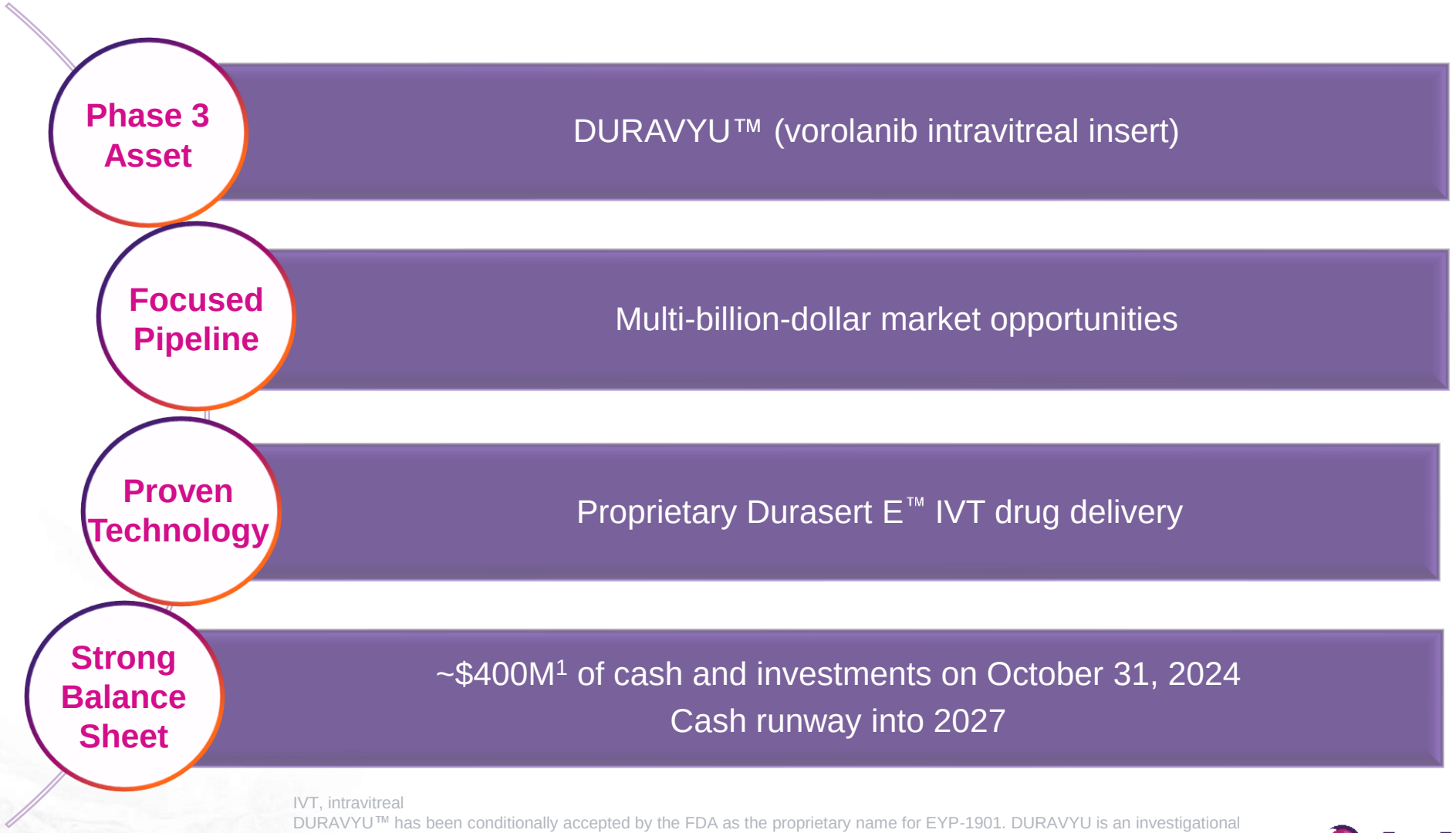
Committed to Developing Innovative Therapeutics to Improve the Lives of Patients with Serious Retinal Diseases

Phase 3 Clinical Stage Biotech Company Pursuing Multi-Billion-Dollar Markets



IVT, intravitreal

DURAVYU™ has been conditionally accepted by the FDA as the proprietary name for EYP-1901. DURAVYU is an investigational product; it has not been approved by the FDA. FDA approval and the timeline for potential approval is uncertain.

1. unaudited estimate, inclusive of net proceeds from October 2024 equity financing.

Potential Multi-Billion-Dollar Product Opportunities Leveraging Bioerodible Durasert E™ Drug Delivery Technology

Durasert E™ Programs	Indication	Discovery	Pre-Clin	Phase 1	Phase 2	Phase 3	Anticipated Next Milestone
DURAVYU – vorolanib (tyrosine kinase inhibitor) (f/k/a EYP-1901)	**Wet AMD**	**PIVOTAL TRIALS UNDERWAY – LUGANO FPD OCT. 2024**					2nd Pivotal Trial LUCIA FPD in 2024
	DME	**POSITIVE 16-WEEK INTERIM BCVA AND CST DATA**					Full topline data in Q1 2025
EYP-2301 – razuprotafib (TIE-2 agonist)	**serious retinal diseases**						Pre-clin tox and PK data
Complement inhibition	**GA**						Formulation and target ID

trial underway *non-clinical*

wet AMD, wet age-related macular degeneration; FPD, first patient dosed; DME, diabetic macular edema; BCVA, best corrected visual acuity; CST, central subfield thickness; GA, geographic atrophy

EYEPOINT

TECHNOLOGY

BIOERODIBLE DURASERT E™

Sustained-Release Drug Delivery with favorable safety profile

- Delivered via a **standard in-office IVT** injection
- Continuous dosing
- **Zero-order kinetics** drug release

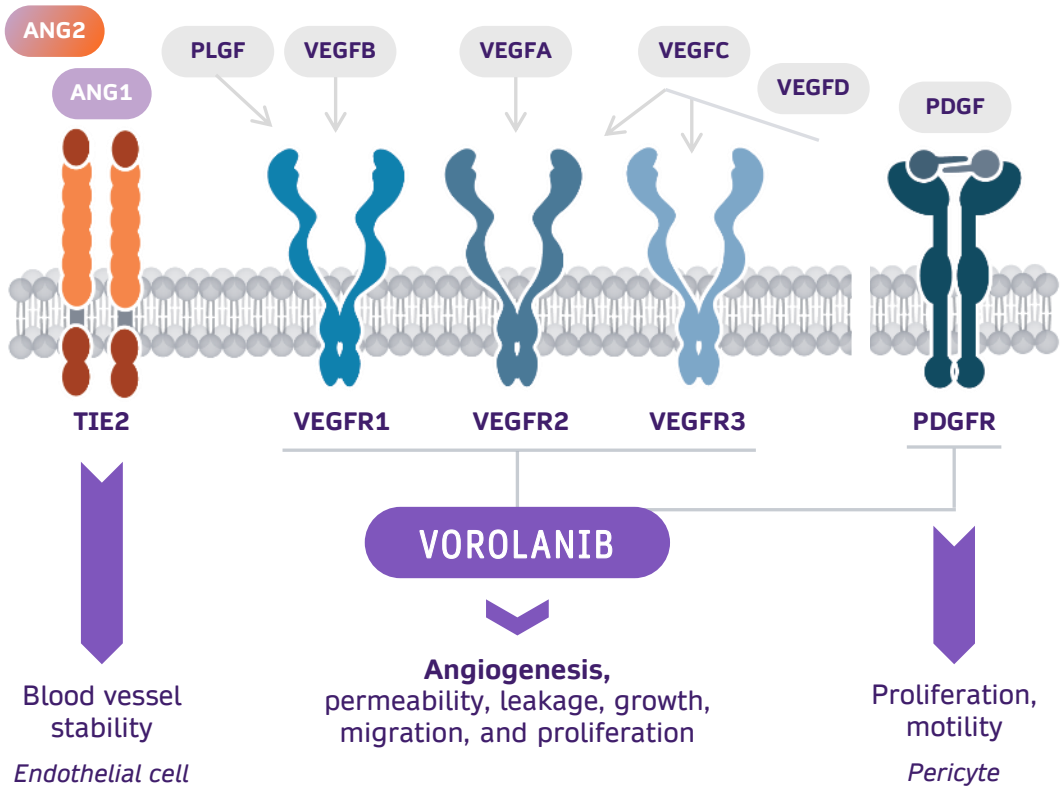
Durasert E™: bioerodible

- Drug formulated within a **bioerodible matrix** as a solid insert
- Designed to deplete drug load before **matrix fully erodes**
- **Favorable safety profile** across multiple indications

IVT, intravitreal

Vorolanib is a Potent and Highly Selective Pan-VEGF Receptor Inhibitor

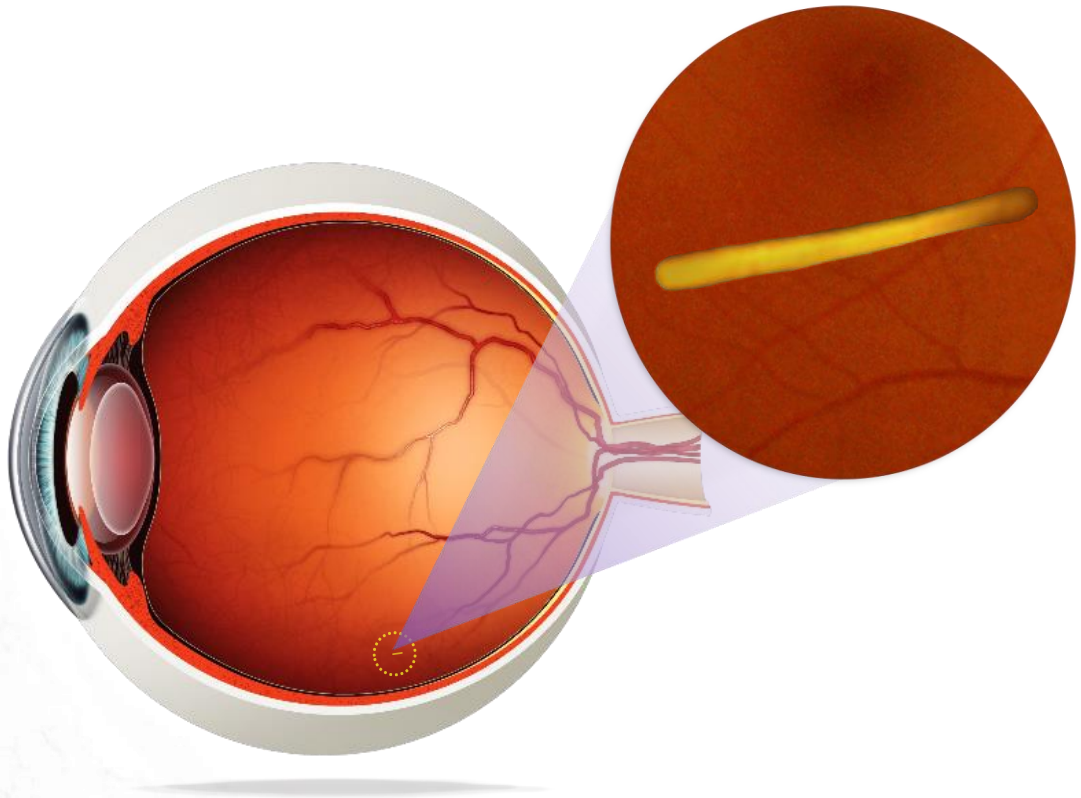
- **Potential best-in-class** TKI
- Composition of matter **patent into 2037**
- Demonstrated **neuroprotection** in an animal model
- Potential **antifibrotic**
- Does **not inhibit TIE-2**[1]



1. Sophie Bakri, M.D., et al. PLOS ONE, https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0304782, 2024.

VEGF(R), vascular endothelial growth factor (receptor); TKI, tyrosine kinase inhibitor; PDGF(R), platelet-derived growth factor (receptor); TIE-2, tyrosine-protein kinase receptor

DURAVYU: Vorolanib in Bioerodible Durasert E™



- Solid insert is **94% drug** and only **1/5000** of vitreous volume
- **Immediately bioavailable** – reaches therapeutic levels in target tissues within hours
- **Constant dosing** – zero-order kinetics release for at least six months
- **Controlled drug release** – bioerodible matrix controls drug release; **no free-floating drug**
- Shipped and stored at **ambient temperature** in preloaded sterile injector – no refrigeration/freezing required

DURAVYU Demonstrated Positive Clinical Activity and Favorable Safety Profile Across Multiple Clinical Trials and Indications

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

Clinical Trial	Indication	Safety	Key Efficacy Outcomes
DAVIO	wet AMD	**Favorable safety profile** **No DURAVYU related ocular or systemic SAEs**	• Stable BCVA and CST • 74% reduction in treatment burden
DAVIO 2	wet AMD		• Statistically non-inferior BCVA vs on-label aflibercept • >80% reduction in treatment burden • Stable anatomy (CST)
PAVIA	NPDR		• Stable or prevention of worsening disease severity
VERONA[1]	DME		• Improvement in BCVA and CST vs. aflibercept control at 16 weeks

1. Interim data as of October 1, 2024. Preliminary data which may differ from future results of the same trial, or different conclusions or considerations may qualify such results, once additional data have been received fully evaluated.

Wet AMD, wet age-related macular degeneration; NPDR, non-proliferative diabetic retinopathy; DME, diabetic macular edema; SAEs, serious adverse events; BCVA, best-correct visual acuity; OCT, optical coherence tomography.

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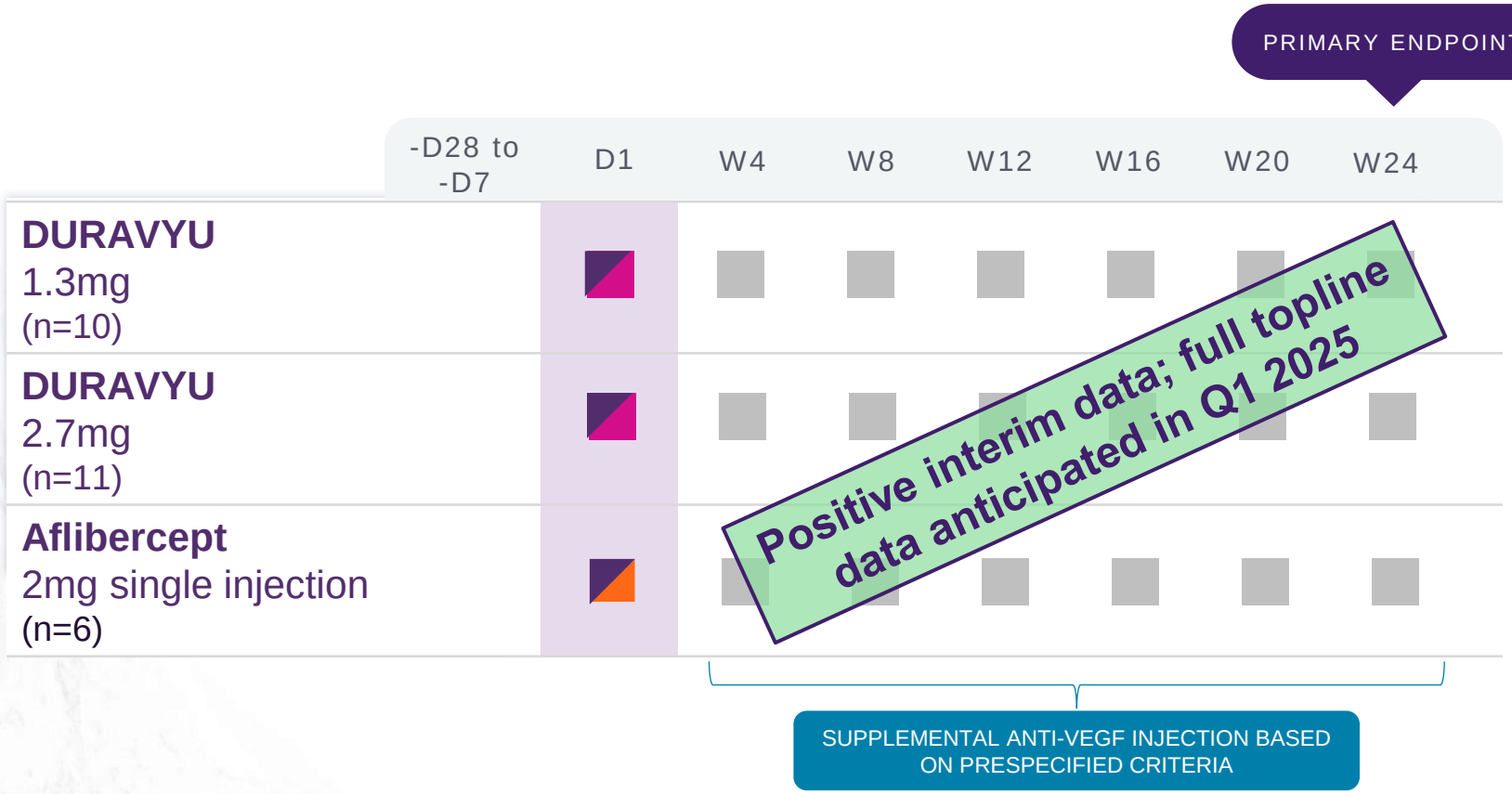
Phase 2 VERONA Clinical Trial in DME – 16-Week Interim Results

ALL PATIENTS HAVE COMPLETED THE WEEK 16 VISIT

EyePoint

DME, diabetic macular edema
Interim data as of October 1, 2024. Preliminary data which may differ from future results of the same trial, or different conclusions or considerations may qualify such results, once additional data have been received fully evaluated.

Phase 2 VERONA Clinical Trial is a Randomized, Open-Label, Aflibercept Controlled Trial as a Potential Treatment for DME



- Objectives:
  - Evaluate the safety and efficacy of DURAVYU in DME
  - 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)

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

VERONA Clinical Trial Supplemental Injection Anti-VEGF Criteria After Initial Dosing

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

EyePoint

Positive Interim Data Supports DURAVYU as a Potential Treatment for DME

Data support potential for vision improvement in DME as well as superior dosing intervals

DURAVYU 2.7MG EFFICACY 16-WEEK RESULTS:

- Early and sustained **BCVA improvement**
- Early and sustained **CST improvement**
- Greater proportion of **supplement-free eyes** vs. aflibercept control[1]

DURAVYU OVERALL SAFETY RESULTS:

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

1. Time to aflibercept supplementation and supplement rates will be analyzed once all patients have completed the trial.

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

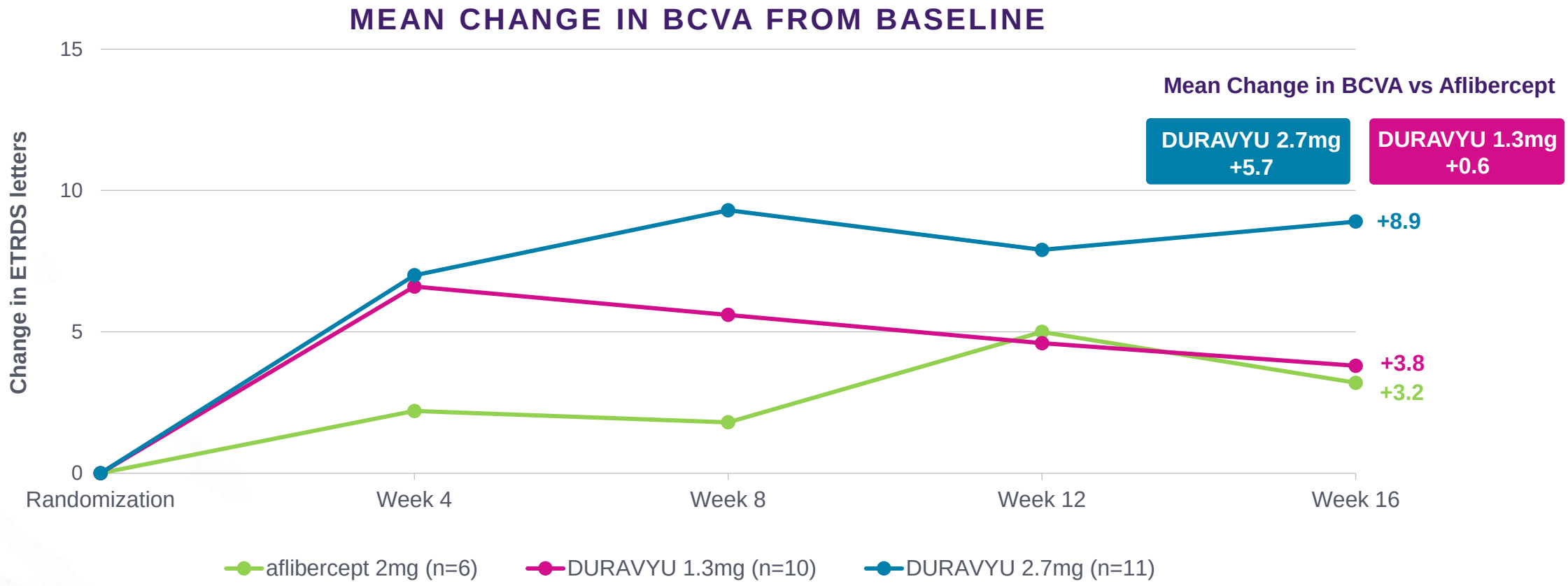
Interim data as of October 1, 2024. Preliminary data which may differ from future results of the same trial, or different conclusions or considerations may qualify such results, once additional data have been received fully evaluated.

Baseline BCVA and CST Demonstrate Patients with Active DME (CST >325µm)

	Aflibercept 2mg (n=6)	DURAVYU 1.3mg (n=10)	DURAVYU 2.7mg (n=11)
Mean BCVA, ETDRS letters (range)	67.5 (57-73)	66.9 (53-75)	65.5 (46-75)
Mean CST, µm (range)	400.3 (341-463)	405.2 (342-589)	421.0 (329-557)

BCVA, best-corrected visual acuity; CST, central subfield thickness; DME, diabetic macular edema; ETDRS, Early treatment diabetic retinopathy study
Interim data as of October 1, 2024. Preliminary data which may differ from future results of the same trial, or different conclusions or considerations may qualify such results, once additional data have been received fully evaluated.

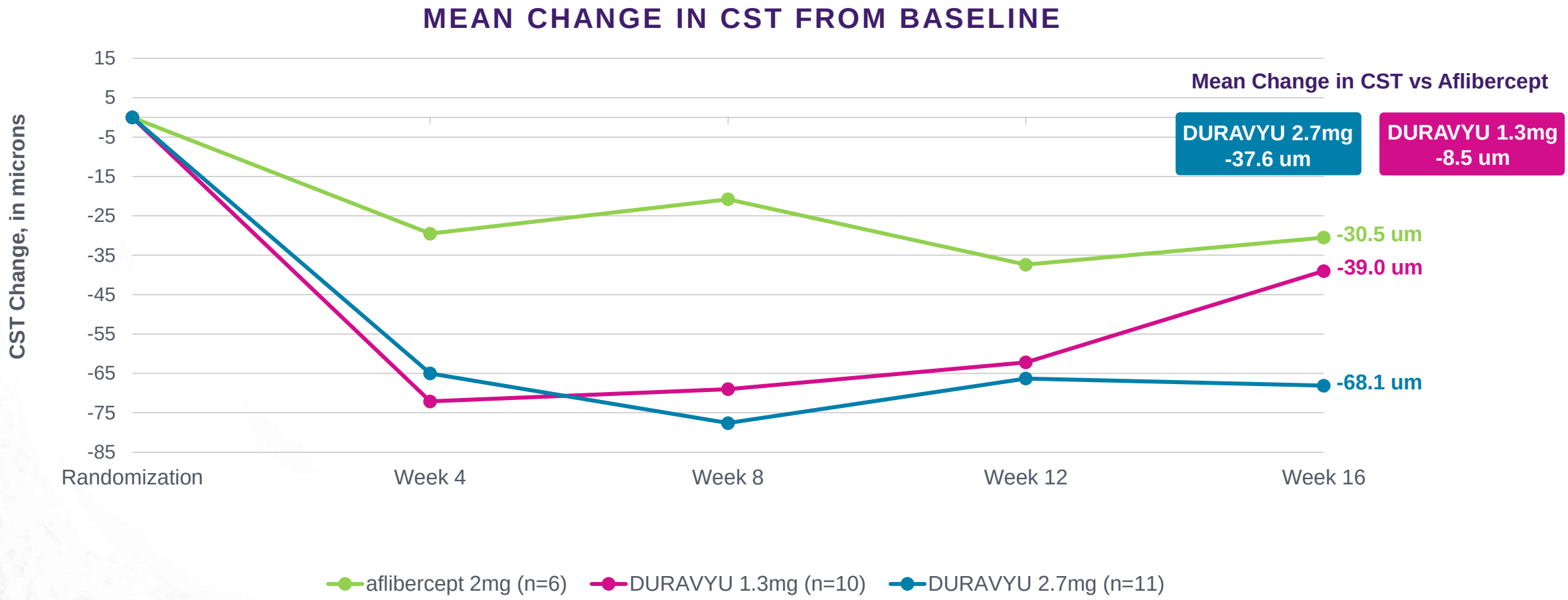
DURAVYU 2.7mg Demonstrated Clinically Meaningful Improvement in BCVA at 16 Weeks ~Six Letters Better vs. Aflibercept Control



BCVA, best-corrected visual acuity
Interim data as of October 1, 2024. Preliminary data which may differ from future results of the same trial, or different conclusions or considerations may qualify such results, once additional data have been received fully evaluated.

EyePoint

Improved and Controlled Anatomy Demonstrated with DURAVYU 2.7mg and Mirror BCVA Results ~38 Microns Improved vs. Aflibercept Control



CST: central subfield thickness
Interim data as of October 1, 2024. Preliminary data which may differ from future results of the same trial, or different conclusions or considerations may qualify such results, once additional data have been received fully evaluated.

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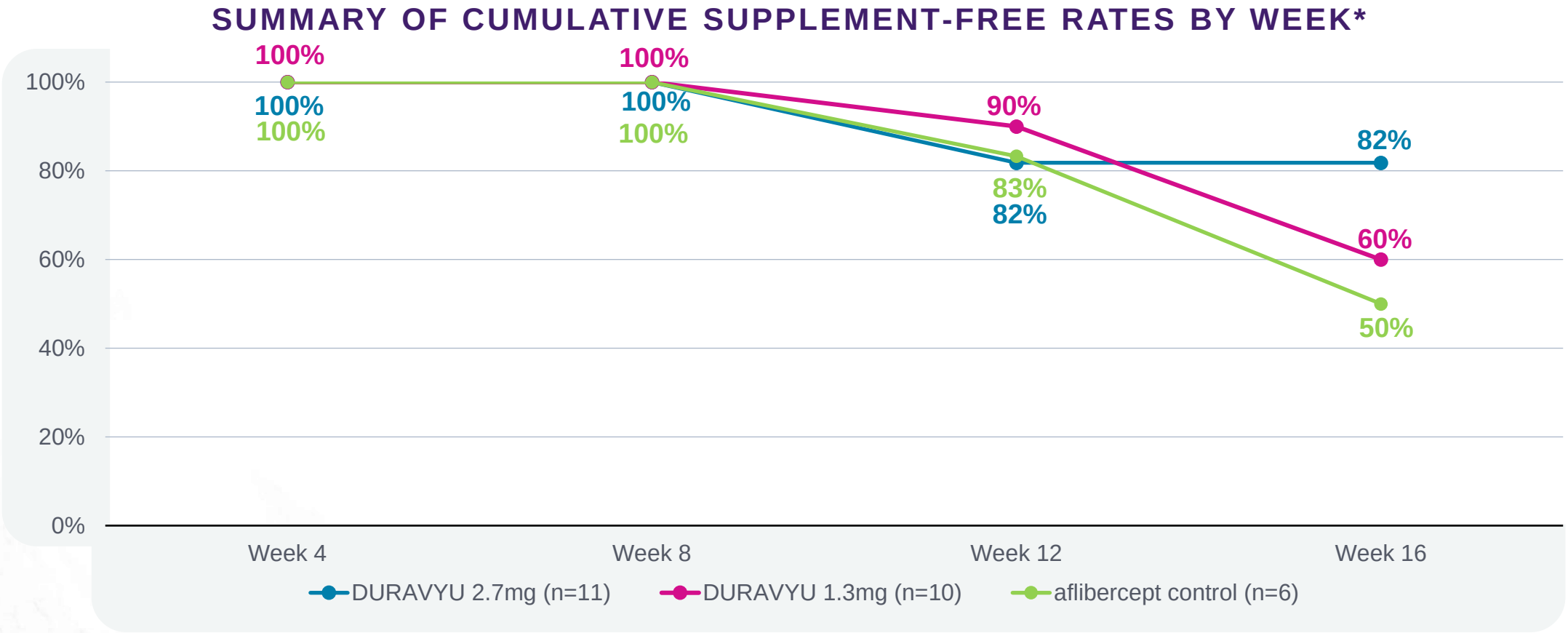
Eyes Treated with DURAVYU had a Greater Proportion of Supplement-Free Eyes vs. Aflibercept Control at 16 Weeks



Majority of the rescue (>80 %) were given due to the lack of 10% reduction in CST from baseline

*Time to aflibercept supplementation and supplement rates will be analyzed once all patients have completed the trial.
Interim data as of October 1, 2024. Preliminary data which may differ from future results of the same trial, or different conclusions or considerations may qualify such results, once additional data have been received fully evaluated.

EyePoint

Positive Interim Data for Ongoing Phase 2 VERONA Clinical Trial –

Data support potential for vision improvement in eyes with active DME as well as superior dosing intervals

- DURAVYU 2.7mg demonstrated **an early and sustained improvement in both BCVA and CST**
  - 2.7mg dose being evaluated in the Phase 3 pivotal trials for wet AMD
- Eyes treated with DURAVYU 2.7mg **improved nearly six letters more** than aflibercept control
- Eyes treated with DURAVYU 2.7mg **showed improved anatomy of ~38 microns better** than aflibercept control
- DURAVYU drug release profile demonstrates **immediate bioavailability**
- DURAVYU had a **greater proportion of supplement-free eyes** vs. aflibercept control (82% v 50%)[1]
- Continued **favorable safety profile** for DURAVYU to date (n = >190 patients)

1. Time to aflibercept supplementation and supplement rates will be analyzed once all patients have completed the trial.

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

Interim data as of October 1, 2024. Preliminary data which may differ from future results of the same trial, or different conclusions or considerations may qualify such results, once additional data have been received fully evaluated.

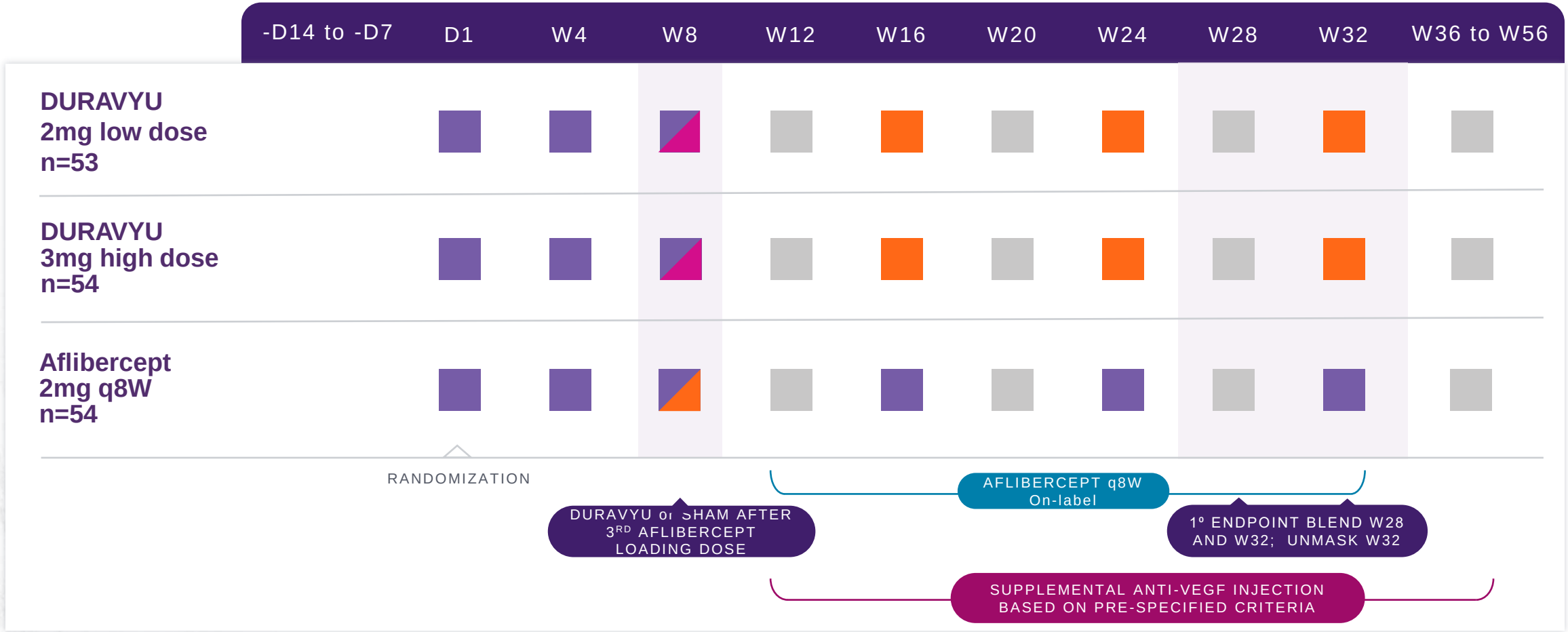
EYEPOINT

Phase 2 DAVIO 2 Positive Results in wet AMD as a 6-Month Maintenance Therapy

A NON-INFERIORITY TRIAL VERSUS AN AFLIBERCEPT CONTROL

EYEPOINT

DAVIO 2 is Randomized, Double-Masked, Aflibercept Controlled* Clinical Trial to Assess Efficacy and Safety of DURAVYU at Two Doses



REQUIRED AFLIBERCEPT INJECTION VISIT

VISIT SCHEDULED

DURAVYU DOSE

SHAM INJECTION FOR MASKING

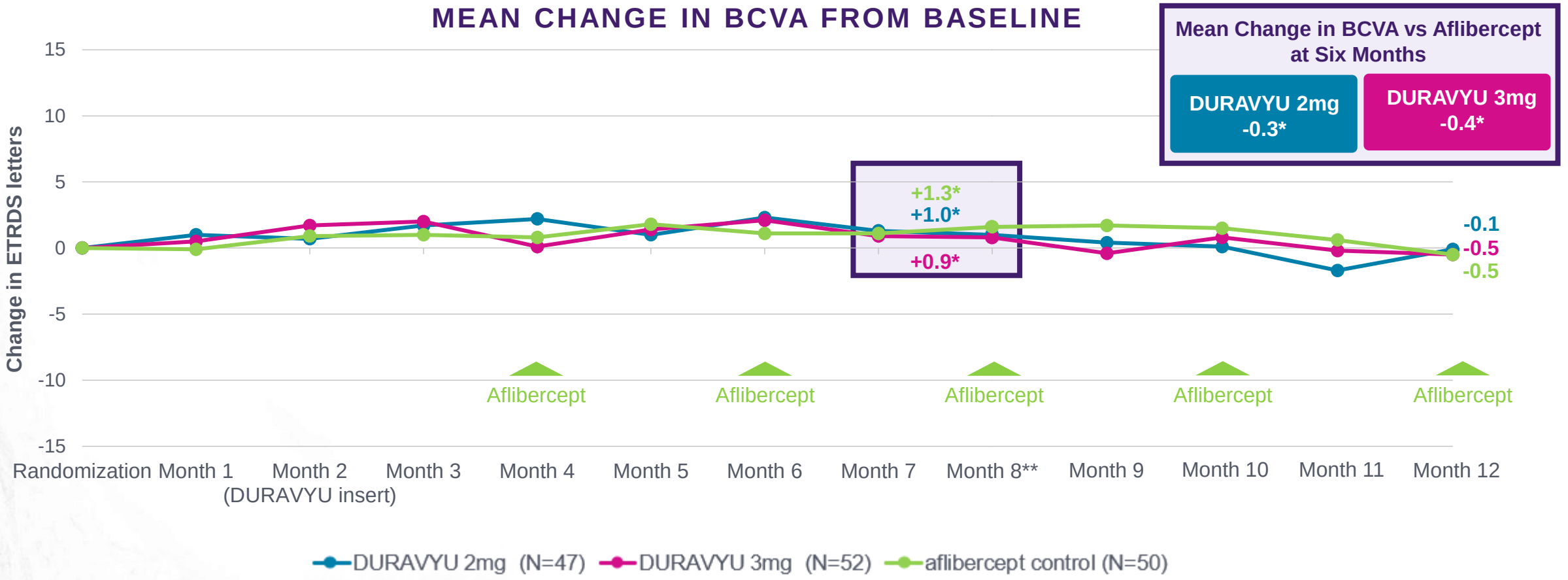
*Aflibercept on-label control required by FDA

EyePoint

DURAVYU Phase 2 DAVIO 2 Clinical Trial in Wet AMD Met All Primary and Secondary Endpoints

Endpoint	2mg	3mg
☑ **Primary**: Non-inferior change in BCVA vs. aflibercept	- 0.3 letters	- 0.4 letters
☑ **Secondary:** Favorable safety profile[1]	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

DURAVYU was Statistically Non-Inferior in Change in BCVA Compared to the Aflibercept Control



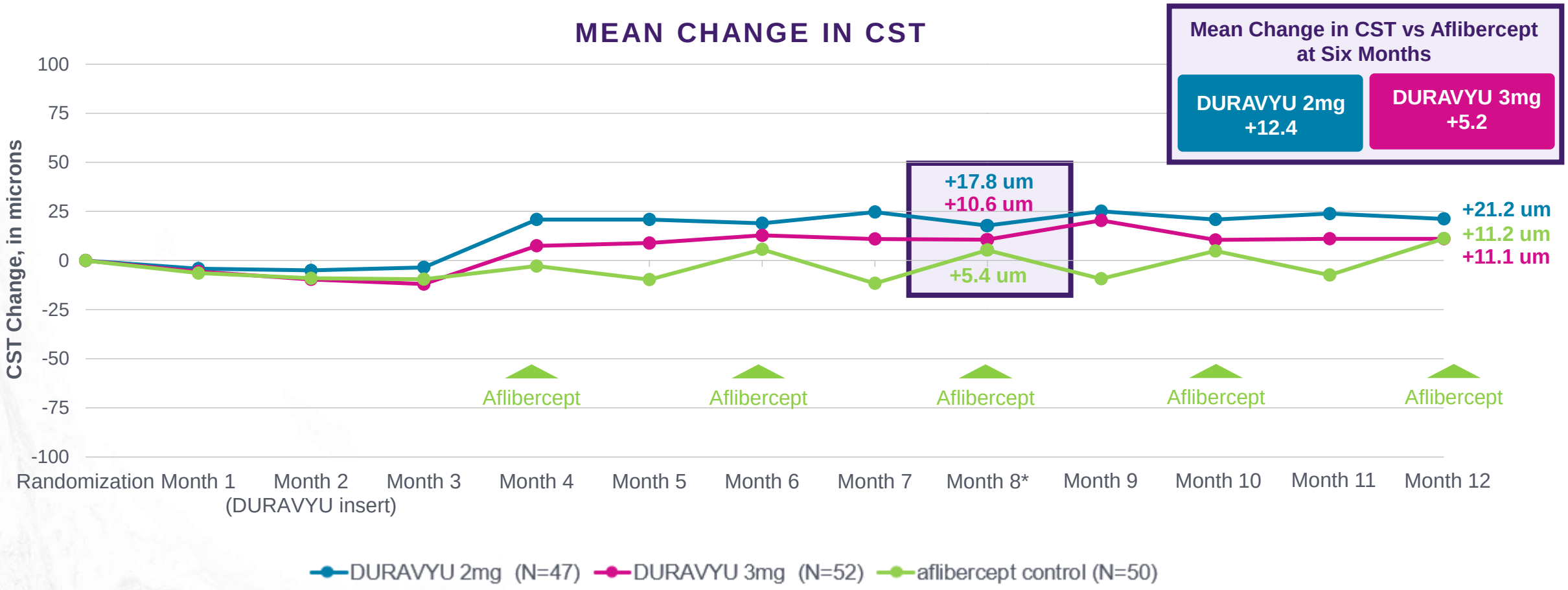
In the Pulsar trial, HD Eylea (16-week 8mg arm) change in BCVA vs. 2mg Eylea was -1.4 letters[1]

1 – AAO 2022 presentation, Paolo Lanzetta, on behalf of the PULSAR study investigators

*Blended week 28 and week 32 change vs. baseline
**Month 8 represents 6 months after DURAVYU injection

EyePoint

DURAVYU Treated Patients Showed Strong Anatomic Control



*Month 8 represents 6 months after DURAVYU injection

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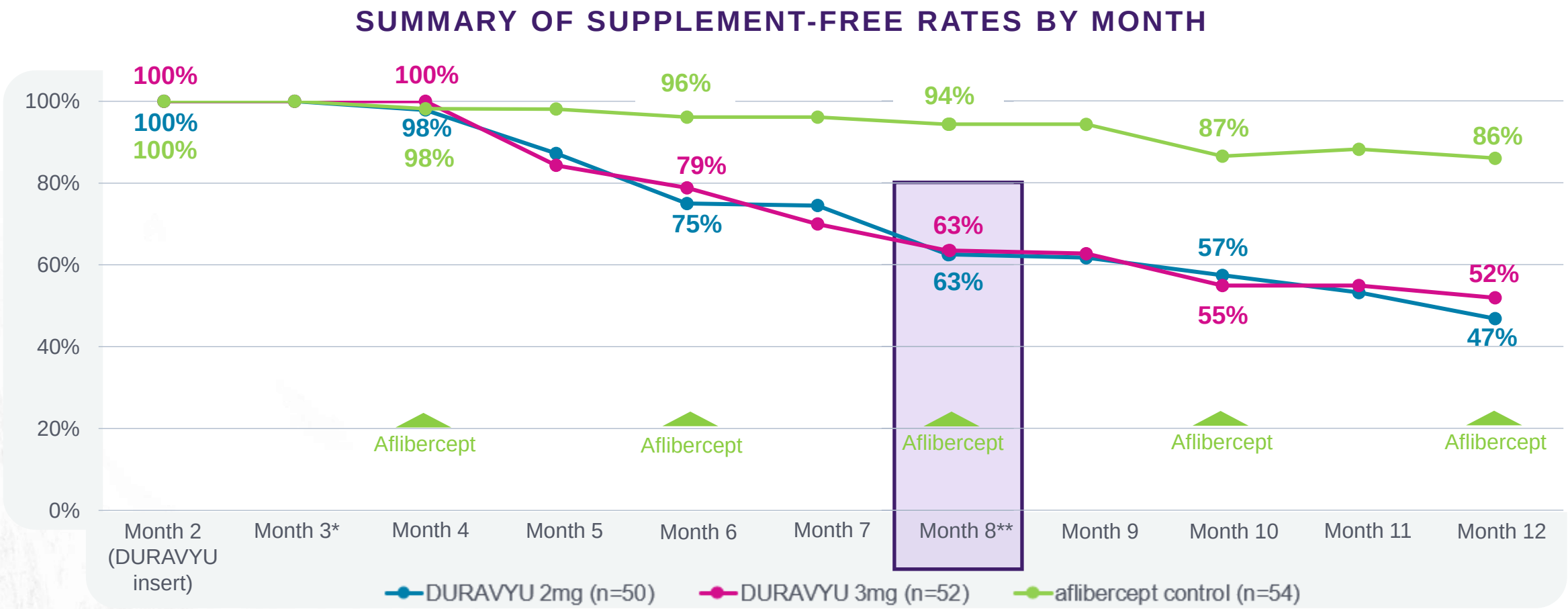
Meaningful Supplement-Free Rates in Eyes Treated with DURAVYU Support DURAVYU as a Potential 6-Month Treatment for Wet AMD



*First visit patients are eligible to be supplemented
**Month 8 represents 6 months post DURAVYU injection

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Phase 2 DAVIO 2 Clinical Trial in Wet AMD

SUB-GROUP ANALYSIS OF PATIENTS ANTI-VEGF SUPPLEMENT-FREE UP TO 6 MONTHS

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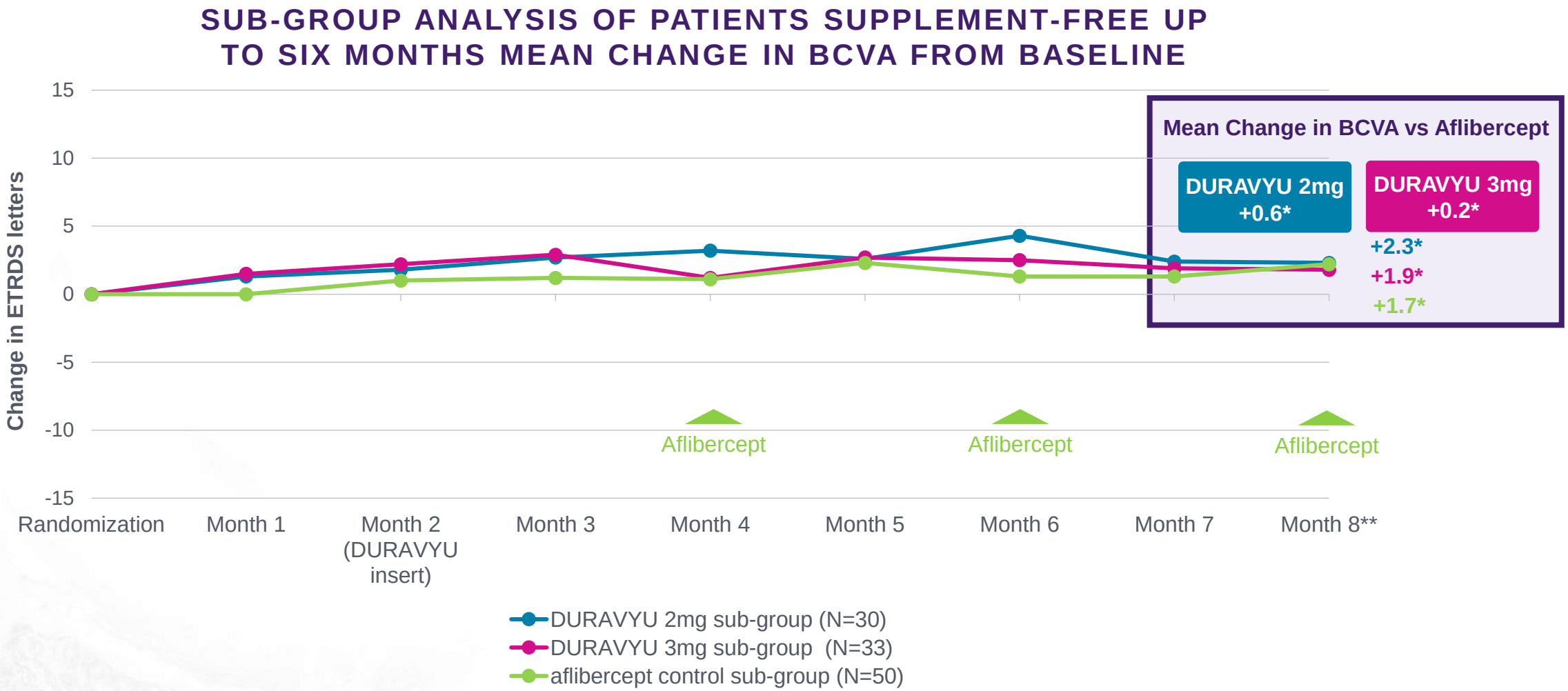
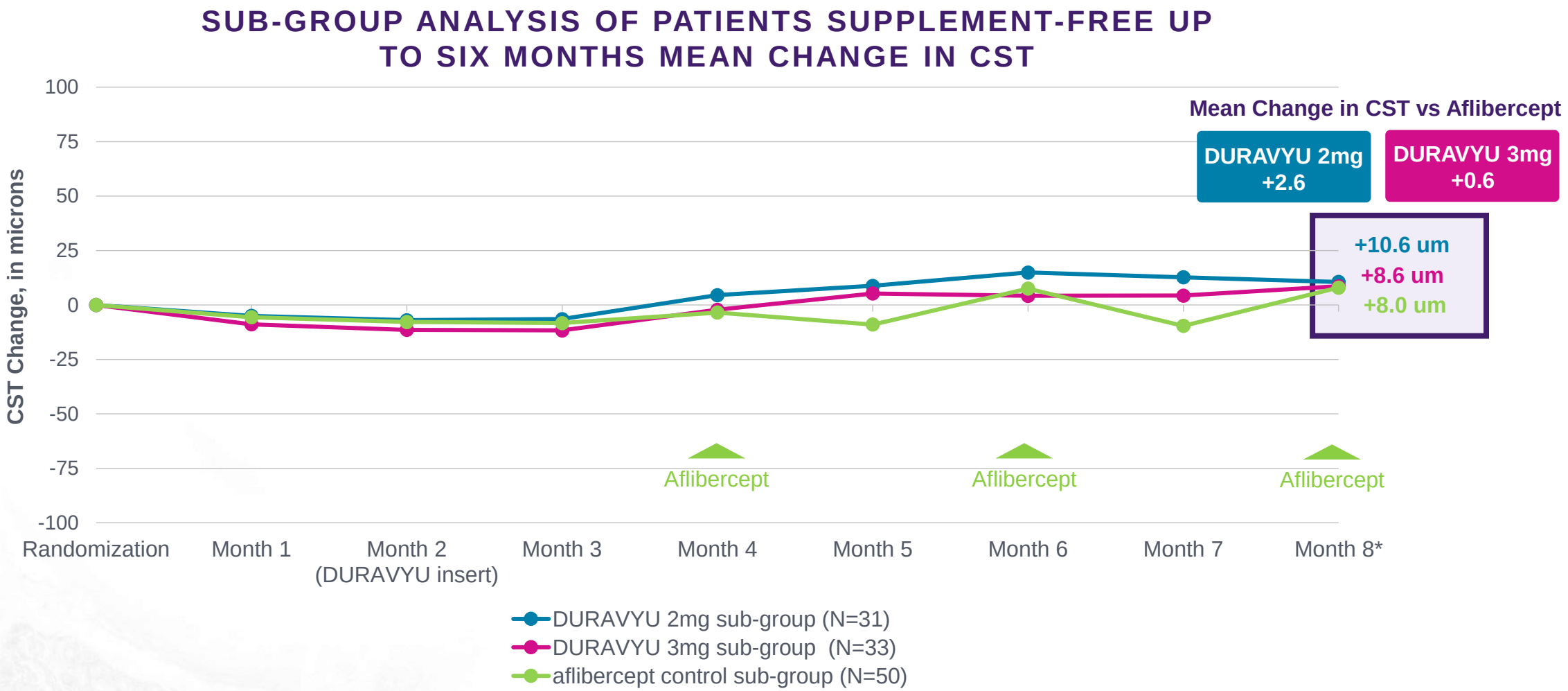
DURAVYU Treated Patients had Numerically Better Visual Acuity vs. Aflibercept On-Label Control Patients in Supplement-Free Sub-Group



*Blended week 28 and week 32 change vs. baseline
**Month 8 represents 6 months after DURAVYU injection

DURAVYU Treated Patients had Strong and Sustained Anatomic Control vs. Aflibercept On-Label Control Patients in Supplement-Free Sub-Group



*Month 8 represents 6 months after first DURAVYU injection

Phase 3 Pivotal Trials Design

NON-INFERIORITY VERSUS AN AFLIBERCEPT CONTROL

EYEPOINT

Phase 3 Trials are Designed to Enable Global Regulatory Approval of DURAVYU

LUGANO AND LUCIA TRIALS: GLOBAL, RANDOMIZED, DOUBLE-MASKED, AFLIBERCEPT CONTROLLED

OBJECTIVE

Demonstrate DURAVYU, when administered **every six months**, achieves similar visual outcomes to **on-label aflibercept** while **reducing treatment burden**

TRIAL DESIGN

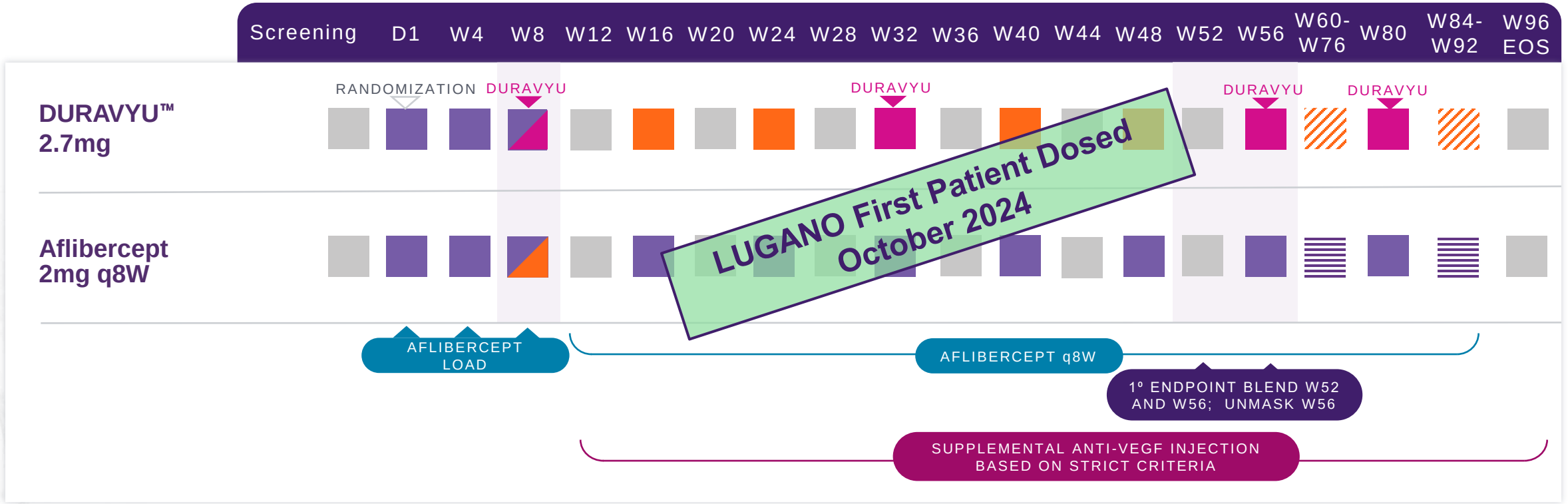
- **~400** patients per trial
- **Two arms**
  - 2.7mg DURAVYU
  - aflibercept on-label control
- DURAVYU dosing every **6-months**
- One-year efficacy and safety endpoint for NDA submission

ENDPOINTS

Primary Endpoint: difference in mean change in BCVA from Day 1 to Week 52 and 56 (blended) versus aflibercept control

Secondary endpoints: safety, reduction in treatment burden, percent of eyes supplement-free, anatomical stability

DURAVYU™ in Wet AMD Phase 3 Pivotal Trial Design



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

Commercial Manufacturing Facility

- New manufacturing site for late-stage clinical and commercial products
- Located in Northbridge, MA
- Built to EYPT specifications with limited capital investment, preserving cash
- Built to US FDA and EU EMA standards
- 40,000sf cGMP manufacturing facility

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

EyePoint

EYP-2301: razuprotafib in Durasert E™

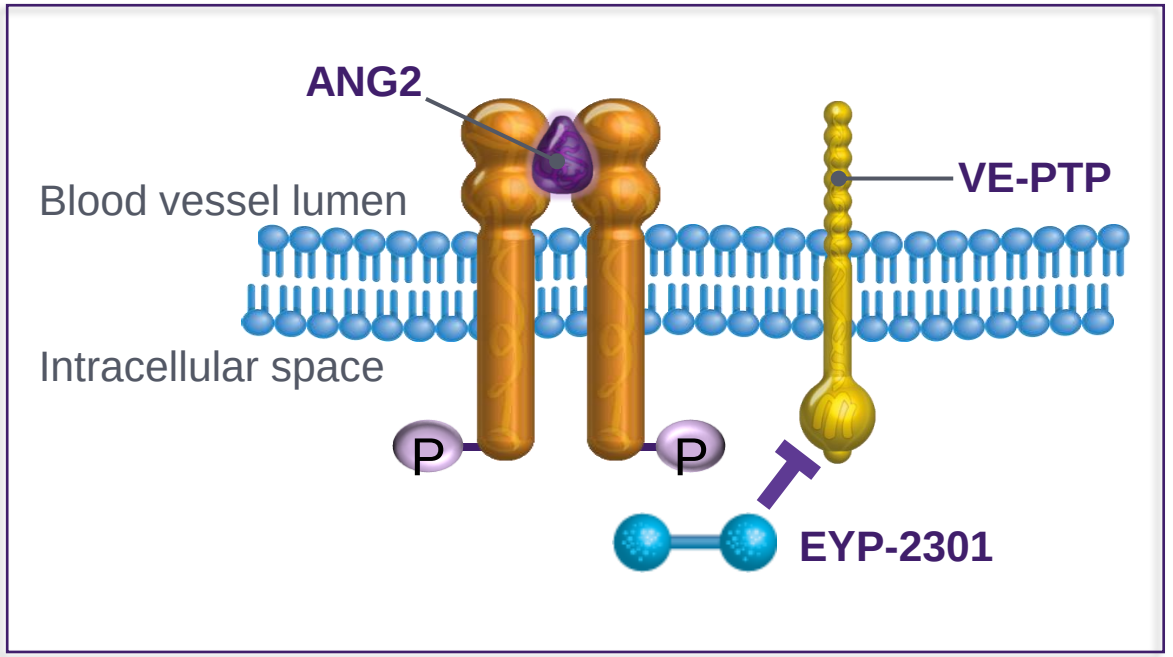
A SUSTAINED DELIVERY TIE-2 AGONIST FOR SEVERE RETINAL DISEASES

EyePoint

EYP-2301: Razuprotafib in Durasert E™ is a Patented TIE-2 Agonist as a Potential New MOA for Treating Serious Retinal Diseases

EYP-2301 targets vascular endothelial protein tyrosine phosphatase (VE-PTP) activating TIE-2 and downregulating ANG2 to 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
- Razuprotafib (f/k/a AKB-9778) delivered subcutaneously demonstrated preclinical and **clinical proof of concept** in posterior segment disease [2,3]
- In a Phase 2 clinical trial, razuprotafib combined with ranibizumab, was **more effective** than ranibizumab alone at **reducing macular edema** with a **favorable safety** and tolerability profile[4,5]



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; 3. Campochiaro et al. Ophthalmology, 2016; 123:1722-1730; 4. Phase 2 TIME 2a clinical trial conducted by Aerpio. 5.Campochiaro et al. PubMed 2016 123(8):1722-1730. DOI: 10.1016/j.ophtha.2016.04.025

EyePoint

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

DURAVYU™	
✓ Positive EOP2 meeting with FDA for wet AMD	Q2 2024
✓ PAVIA for NPDR topline data	Q2 2024
✓ DAVIO 2 12-month data	Q2 2024
✓ Positive interim VERONA data	October 2024
✓ First patient dosed – LUGANO –Phase 3	October 2024
☐ **First patient dosed – LUCIA – Phase 3**	**Q4 2024**
☐ **VERONA Phase 2 DME full topline data**	**Q1 2025**

Corporate	
✓ Expanded SAB with world-renowned retina specialists	April 2024
✓ R&D Day - NYC	June 2024
✓ Fred Hassan appointed to Board of Directors	September 2024
✓ Northbridge manufacturing facility grand opening	October 2024
✓ Completed $161M oversubscribed financing; cash runway into 2027	October 2024

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

EyePoint

Investor Presentation

November 2024