



DEVELOPING TRANSFORMATIVE THERAPIES FOR RETINAL DISEASES

July 2022
NASDAQ: ISEE

Forward-looking statements

Any statements in this presentation about IVERIC bio (the Company)'s future expectations, plans and prospects constitute forward-looking statements for purposes of the safe harbor provisions under the Private Securities Litigation Reform Act of 1995. Forward-looking statements include statements about the strategy, operations and future expectations and plans and prospects for the Company, and any other statements containing the words “anticipate,” “believe,” “estimate,” “expect,” “intend”, “goal,” “may”, “might,” “plan,” “predict,” “project,” “seek,” “target,” “potential,” “will,” “would,” “could,” “should,” “continue,” and similar expressions.

In this presentation, the Company's forward-looking statements include statements about the hypotheses underlying, the results of and the implications of post-hoc analyses of the Company's GATHER1 clinical trial evaluating Zimura (avacincaptad pegol or ACP) for the treatment of geographic atrophy, the design of, and the timing for receipt of topline data from, the Company's second, Phase 3 trial (GATHER2) evaluating Zimura for the treatment of geographic atrophy, and the potential utility of Zimura. Such forward-looking statements involve substantial risks and uncertainties that could cause the Company's research and development programs, future results, performance or achievements to differ significantly from those expressed or implied by the forward-looking statements. Such risks and uncertainties include, among others, the progress and results of clinical trials and other research and development programs, developments from the scientific and medical community and from the Company's competitors, and other factors discussed in the “Risk Factors” section contained in the quarterly and annual reports that the Company files with the Securities and Exchange Commission.

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Progression of Atrophy in AMD: Post Hoc Analysis From the GATHER1 Study

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- **David A. Eichenbaum:** 4DMT (I), AsclepiX (I), Genentech (C,I,S), Regeneron (C,I), Bayer (I,S), Allergan (C,S), Clearside (E), Novartis (C,I,S), Alimera (C), Opthea (C,I), Ocular Therapeutix (I), US Retina (E,C), Hemera Biopharmaceuticals (E), Boston Image Reading Center (E), EyePoint (C,I,S), Mylan (I), Chengdu (I; PANDA Trial stopped 04/2021), Gemini (I), Gyroscope (I,C), Kodiak (I,C), NGM (I), Network Eye (E,F), RecensMedical (I,C), DORC (C,S)Alkahest (I), Ionis (I), IvericBio (I,C), Apellis (C,S), KKR (C), Regenxbio (I,C), Bausch & Lomb (C,S), Unity (I), Annexon (I), Vial (C), Coherus (C), Outlook (E)
- **Carl Danzig:** Contracted researcher for Adverum, Bayer, Genentech, Gyroscope, Iveric Bio, Kodiak, Roche, Alexion, and Novartis. Consultant for DORC, Genentech, Iveric Bio, Novartis, Regeneron, and Adverum. Speaker for Genentech and Novartis.

GATHER1 post hoc analysis: Minimum distance from fovea center

Objective: To assess the effect of avacincaptad pegol on GA lesion growth as a function of minimum distance from the foveal center

- GATHER1 OCT & FAF data was reviewed by Duke Reading Center.
- Images were reviewed from patients who had Heidelberg FAF and Spectralis OCT images at selected study visits (N=205)
 - n=22 avacincaptad pegol 1 mg*
 - n=47 avacincaptad pegol 2 mg
 - n=57 avacincaptad pegol 4 mg
 - n=79 sham
- Minimum distance measured from the closest lesion edge to the foveal center point

*Used in description of baseline lesion location only. Data from these patients was not utilized in building multivariate regression model.

GA, geographic atrophy; FAF, fundus autofluorescence; OCT, optical coherence tomography.

Jaffe GJ. Presented at: RWC. May 13, 2022.

GATHER1 key inclusion and exclusion criteria^{1,2}

Key Inclusion Criteria ^a	Key Exclusion Criteria ^a
Male or female aged ≥50 years	CNV in either eye
Nonfoveal GA (non-center point involving GA)^b	GA secondary to any condition other than AMD in either eye (eg, drug induced)
Total GA area ≥2.5 and ≤17.5 mm ² (1 and 7 DAs, respectively), determined by screening images of FAF	Any prior treatment for AMD or any prior intravitreal treatment for any indication in either eye, except oral supplements of vitamins and minerals
If GA is multifocal, ≥1 focal lesion should measure ≥1.25 mm ² (0.5 DA)	Any ocular condition that would progress during the study that could affect central vision or otherwise be a confounding factor
GA in part within 1500 microns from foveal center	

BCVA study eye: 20/25 to 20/320

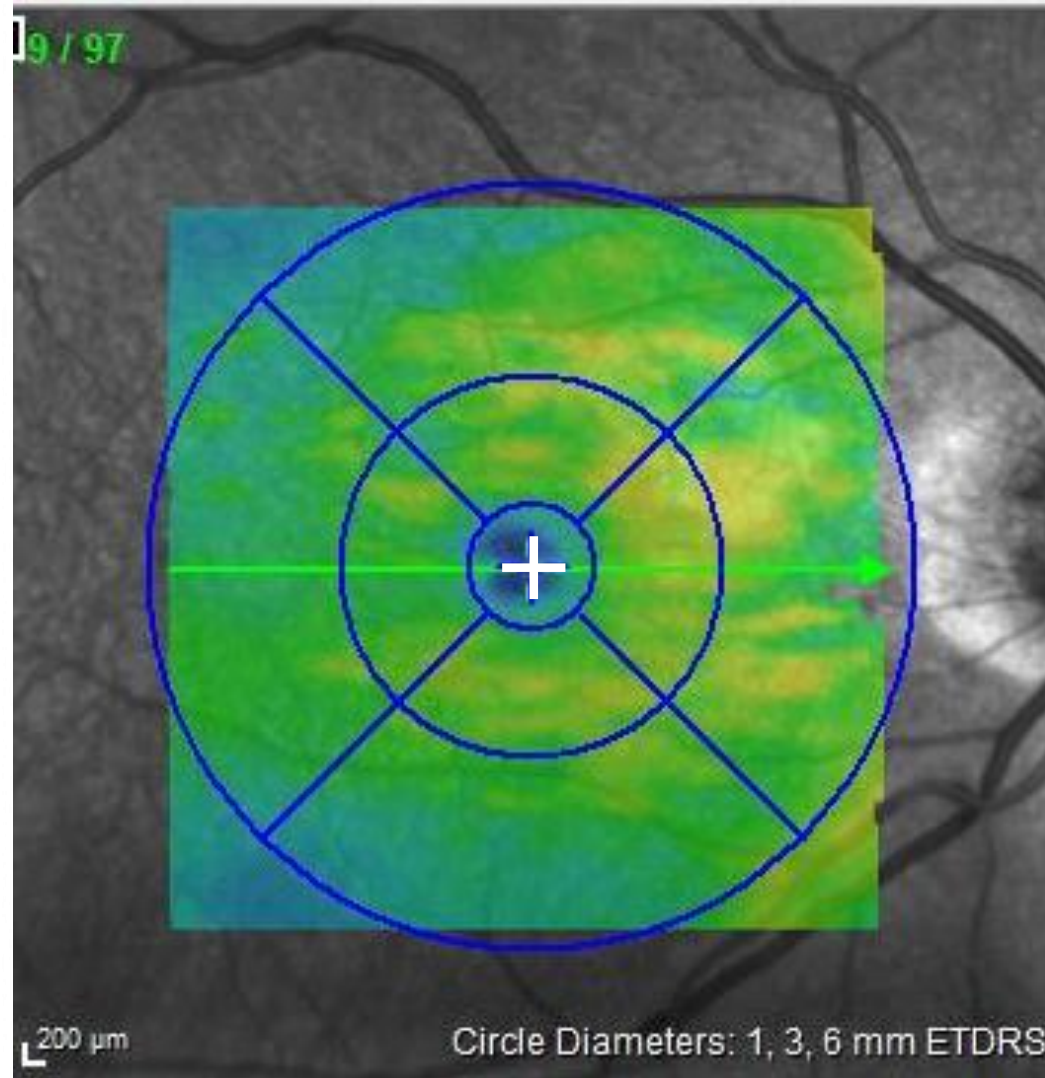
^aOcular inclusion criteria apply to the study eye.

^bNonfoveal GA included lesions inside and outside of the 1.5 mm diameter area of the fovea but not the fovea center point.

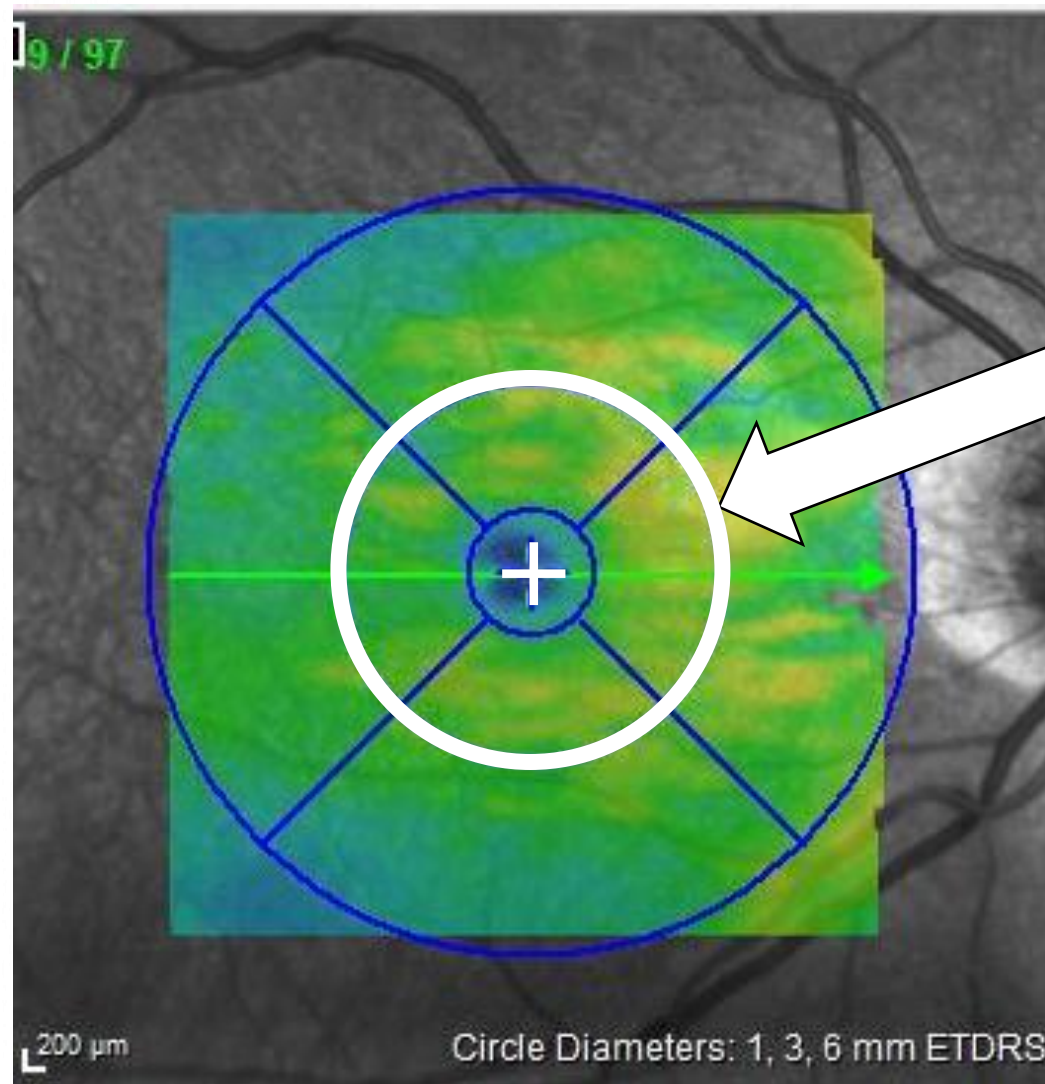
AMD, age-related macular degeneration; BCVA, best corrected visual acuity; CNV, choroidal neovascularization; DA, disk area; FAF, fundus autofluorescence; GA, geographic atrophy.

1. Data on file. IVERIC Bio; 2. Jaffe GJ, et al. *Ophthalmology*. 2021;128:576-586.

Non-foveal was defined as non-center point involving

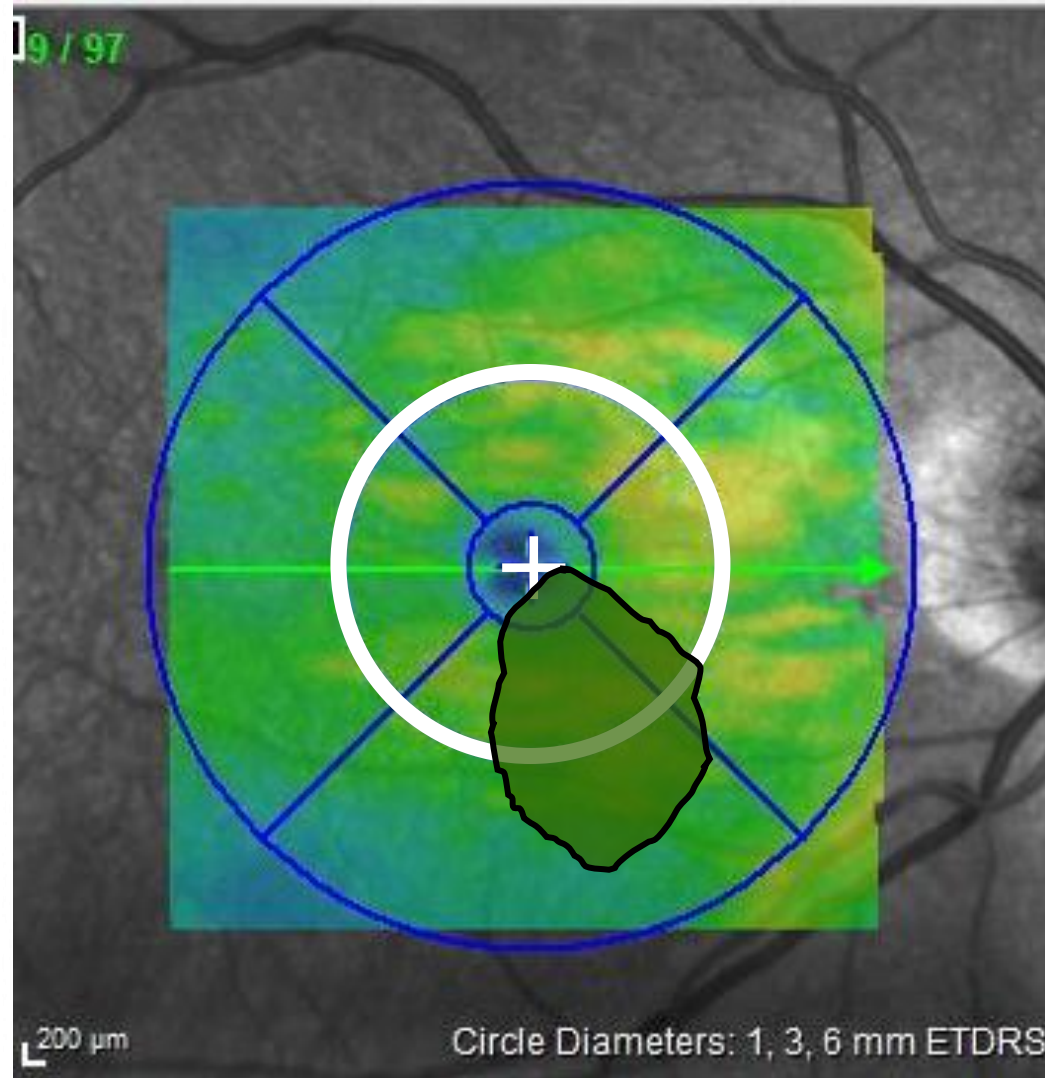


GA had to be in part within 1500 microns from foveal center point



All patients had to have disease within this circle to be eligible for GATHER1 (and GATHER2)

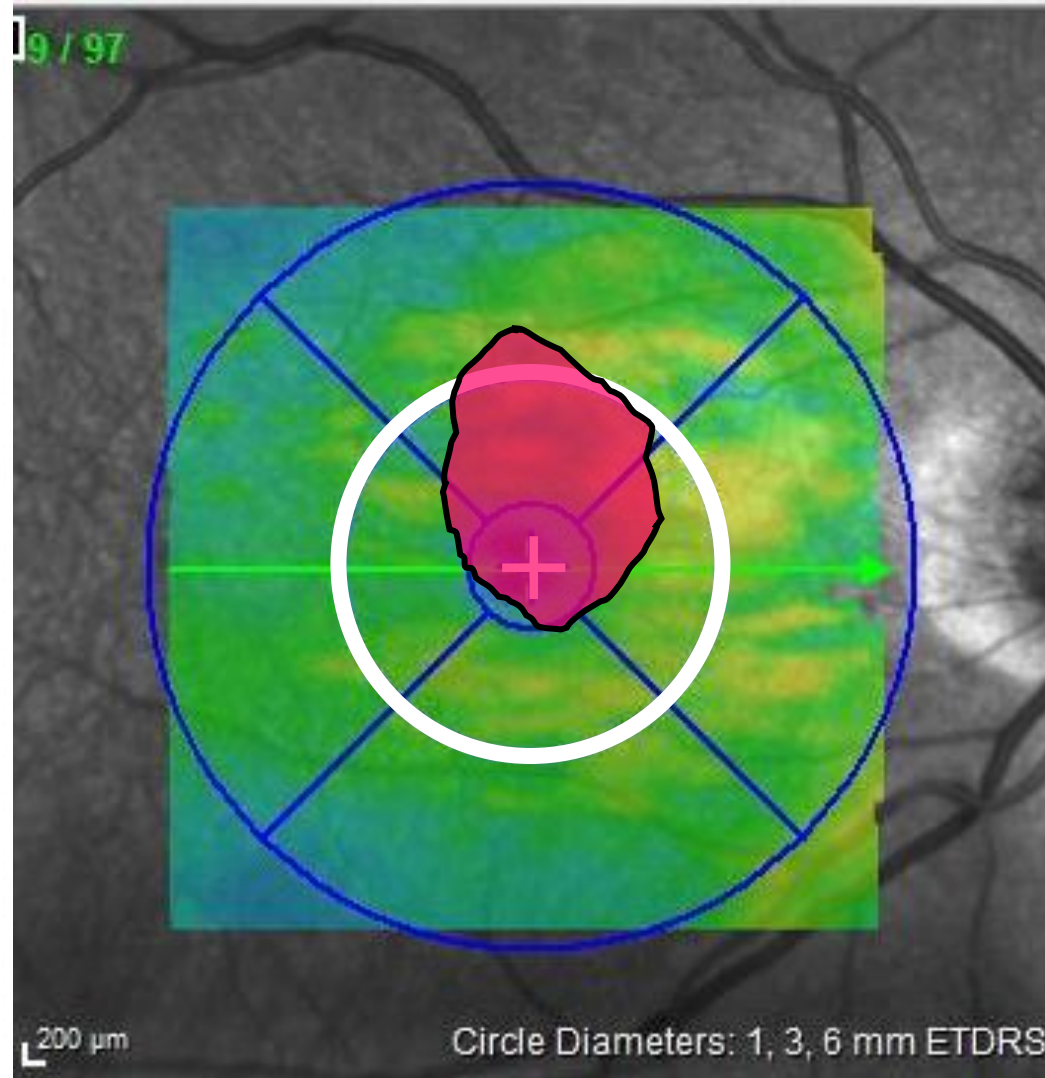
GATHER1 inclusion/exclusion examples



Included

Within 1500 microns
of, but not involving,
the foveal center point

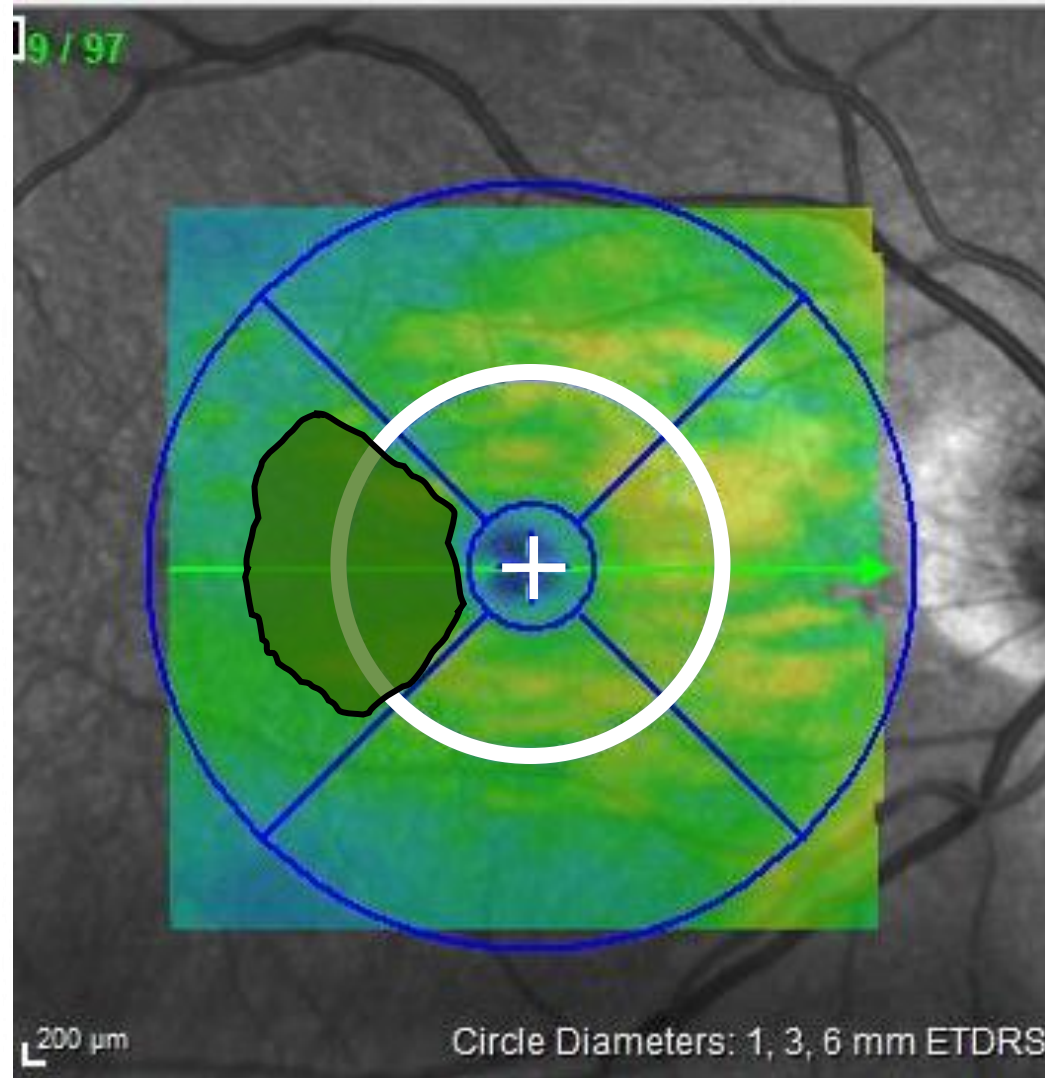
GATHER1 inclusion/exclusion examples



Excluded

Foveal center point
involvement

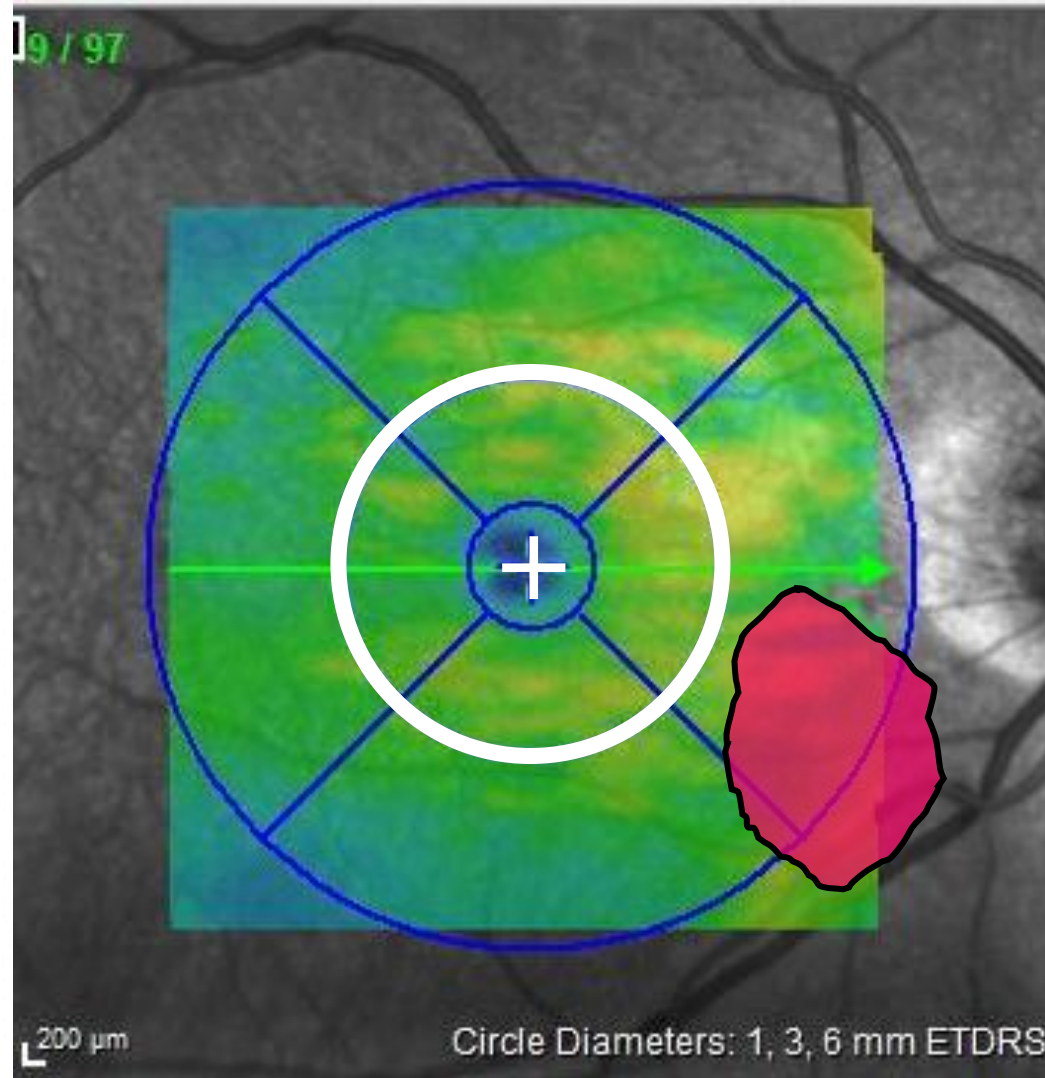
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GATHER1 inclusion/exclusion examples

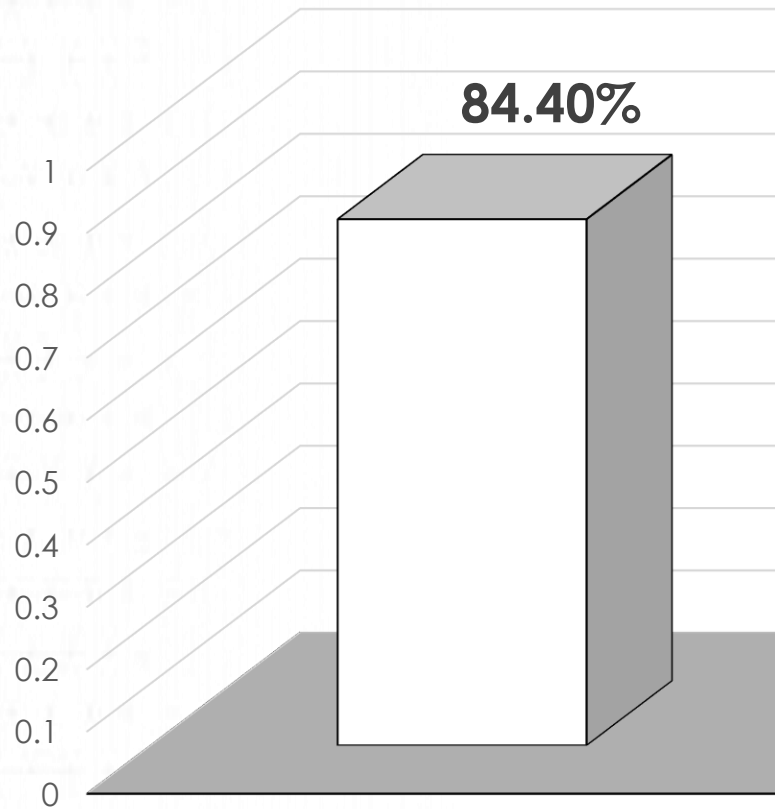


Excluded

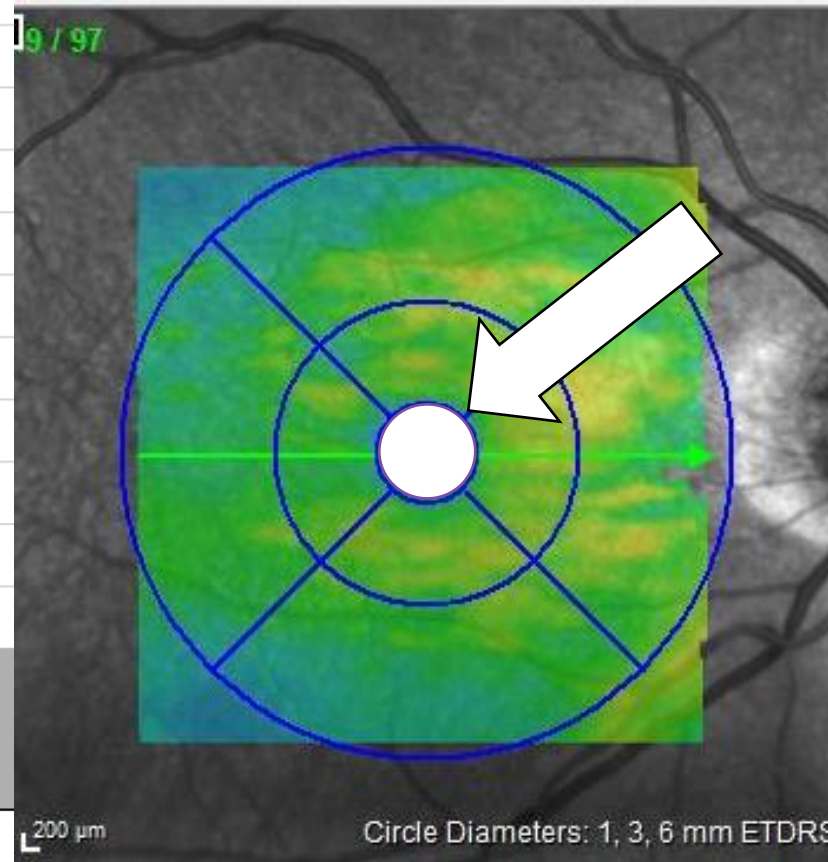
Outside of 1500
microns from the
foveal center point

~84% of patients had disease within 500 μm of the foveal center point at baseline (within the central subfield)

Minimum distance from foveal center at baseline

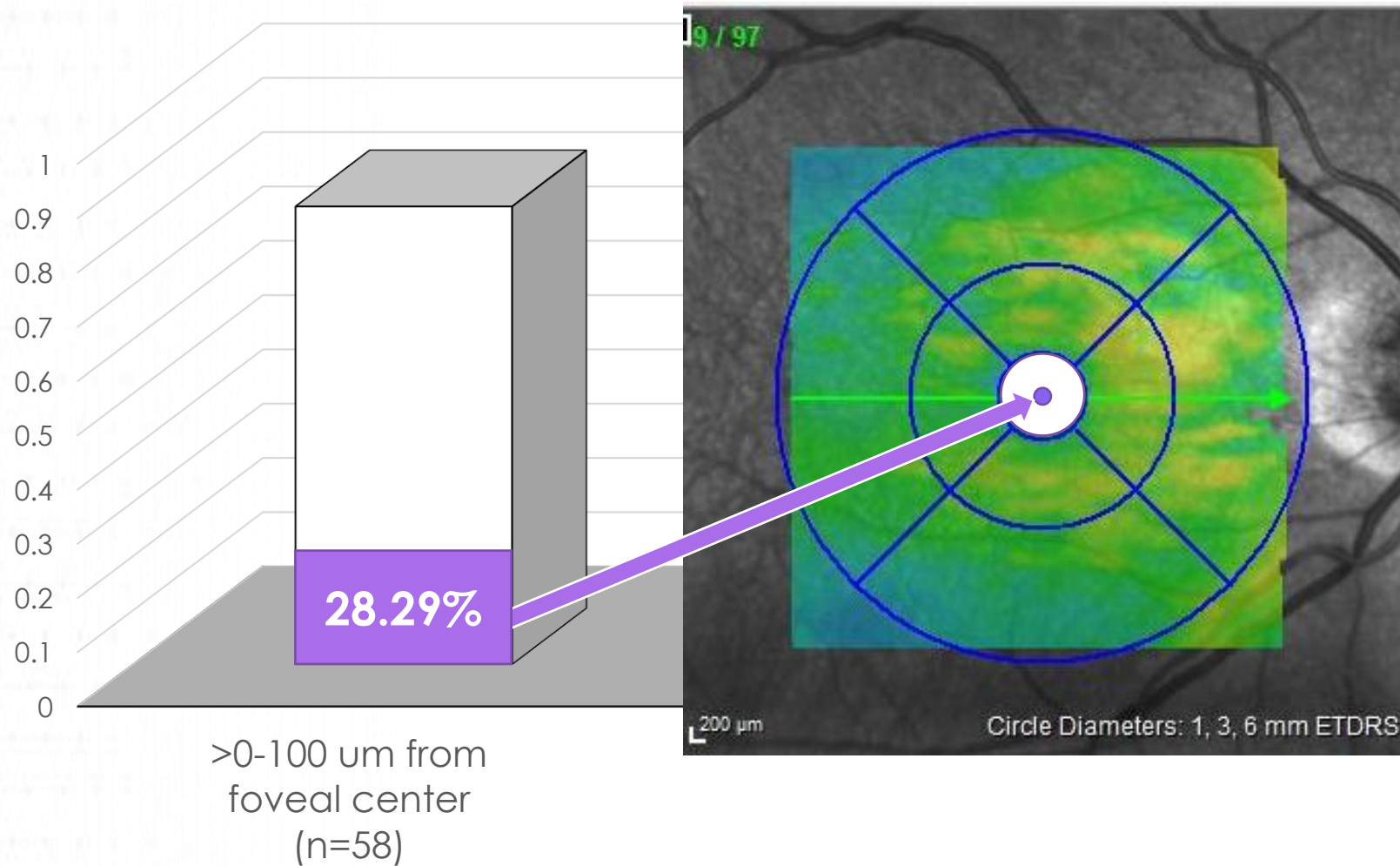


>0-500 μm from
foveal center
(n=173)

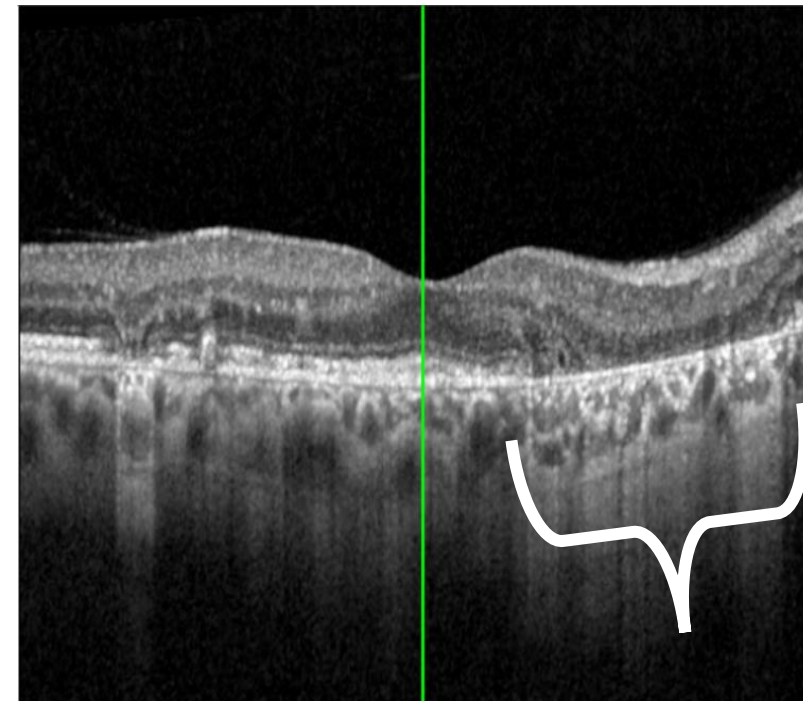
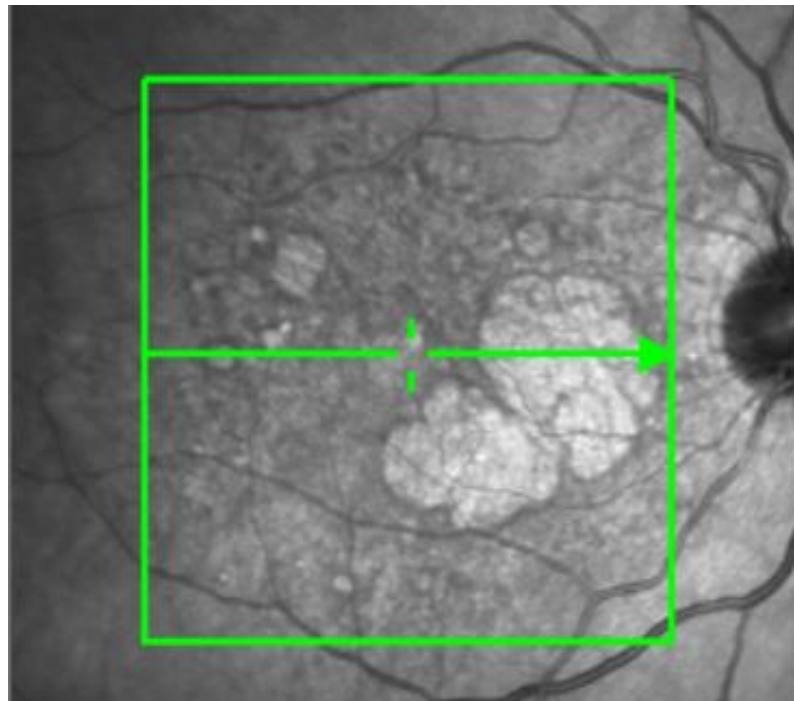
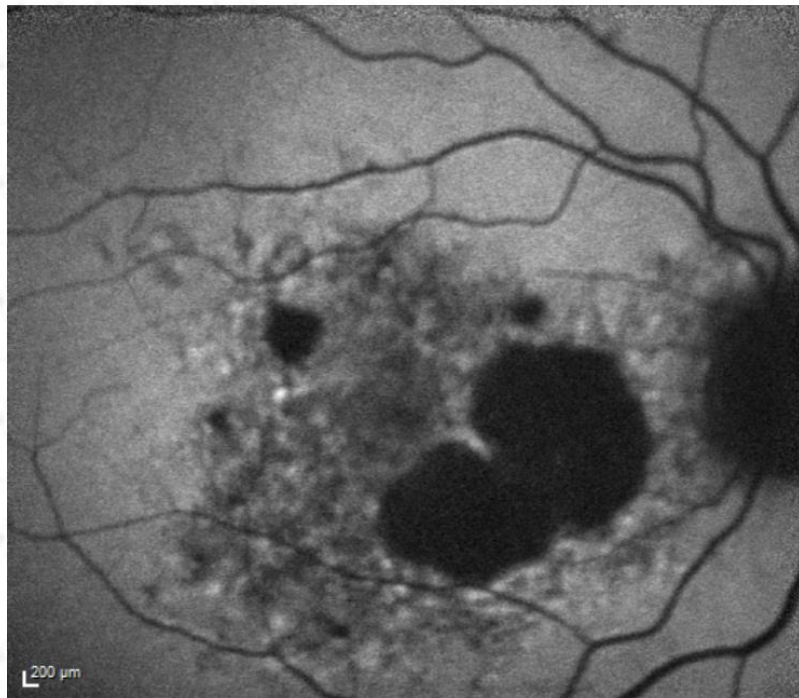


Roughly 1/3 of patients had disease within 100 μm of the foveal center point at baseline

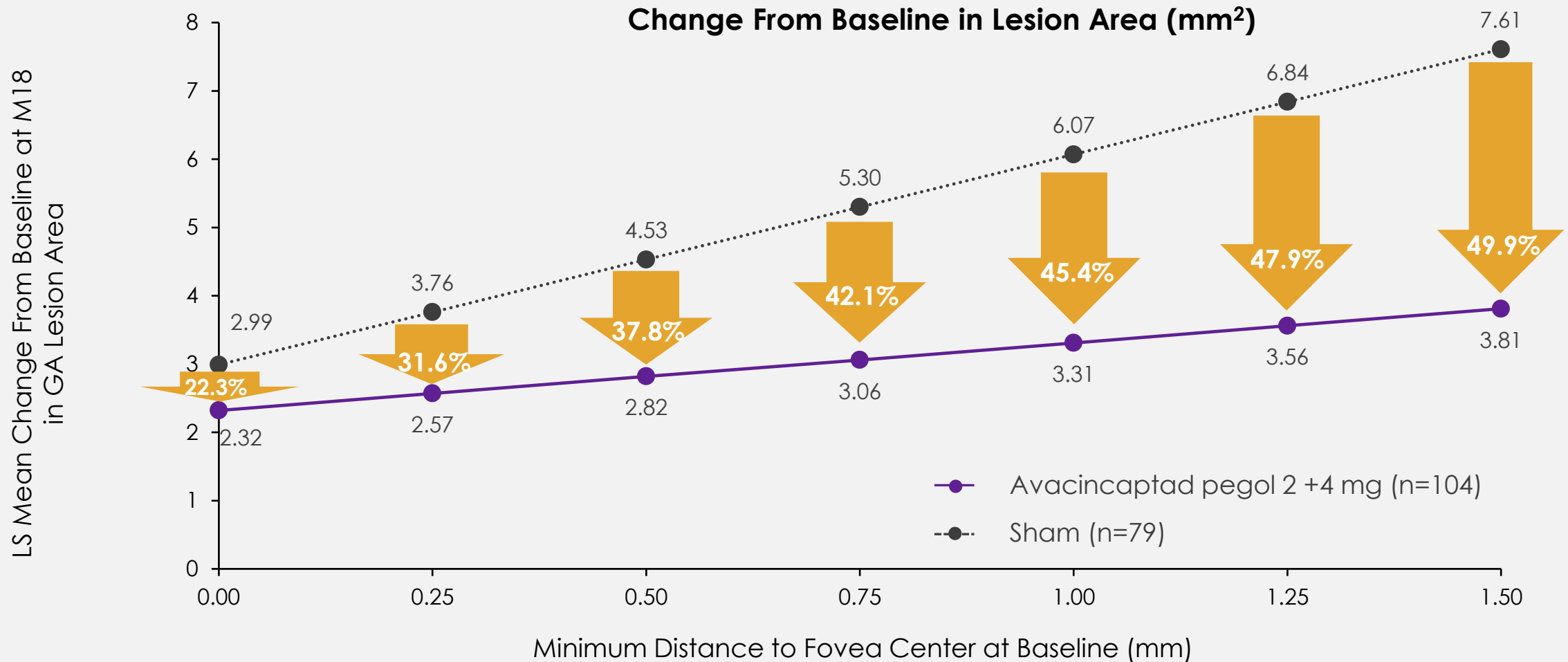
Minimum distance from foveal center at baseline



GATHER1 example: Lesion close to fovea



Greater growth reduction with avacincaptad pegol vs sham for patients with lesions farther away from fovea center at Month 18



Ocular treatment emergent adverse events

Patients With ≥1 Event, n (%)	12 Months ^{1,2,a}			18 Months ^{1,b}		
	Avacincaptad pegol 2 mg (n=67)	Avacincaptad pegol 4 mg (n=83)	Sham (n=110)	Avacincaptad pegol 2 mg (n=67)	Avacincaptad pegol 4 mg (n=83)	Sham (n=110)
Ocular TEAE (study eye)	35 (52.2)	57 (68.7)	38 (34.5)	39 (58.2)	61 (73.5)	45 (40.9)
Ocular TEAE related to injection procedure	21 (31.3)	42 (50.6)	26 (23.6)	23 (34.3)	46 (55.4)	26 (23.6)
Ocular TEAE related to treatment	0	0 ^c	0	0	0	0
Serious ocular TEAE	0	0	0	1 (1.5)	1 (1.2)	0
Severe ocular TEAE	1 (1.5)	1 (1.2)	1 (0.9)	3 (4.5)	1 (1.2)	2 (1.8)
Ocular TEAE leading to study drug discontinuation	0	1 (1.2)	0	1 (1.5)	2 (2.4)	0
Endophthalmitis	0	0	0	0	0	0
Intraocular inflammation related to study drug	0	0	0	0	0	0

^aTEAEs are AEs occurring after the first injection on Day 1 up to the Month 12 injection or 30 days after the last dose of study drug if no Month 12 injection was given.

^bTEAEs are AEs occurring after the first injection on Day 1 up to the Month 17 injection + 30 days or 30 days after the last dose of study drug if no Month 17 injection is given.

^c1 ocular TEAE was noted as related to avacincaptad pegol at Month 12; however, the investigator changed the relationship to "not related" after the closure of the Month 12 database; therefore, no events are presented as related to avacincaptad pegol in the Clinical Study Report.

AE, adverse event; SAE, serious AE; TEAE, treatment-emergent AE.

1. Data on file. IVERIC Bio; 2. Jaffe GJ, et al. *Ophthalmology*. 2021;128:576-586.

CNV conversion rates were increased with avacincaptad pegol compared with sham^{1,2}

	12 Months ¹			18 Months ¹		
	Avacincaptad pegol 2 mg (n=67)	Avacincaptad pegol 4 mg (n=83)	Sham (n=110)	Avacincaptad pegol 2 mg (n=67)	Avacincaptad pegol 4 mg (n=83)	Sham (n=110)
CNV, n (%)	6 (9.0)	8 (9.6)	3 (2.7)	8 (11.9)	13 (15.7)	3 (2.7)

For reporting purposes, conventional CNV terminology was followed and included **any type of CNV**, including nonexudative lesions, as determined by the investigator

Key takeaways

- Most patients in GATHER1, ~84%, had disease within the central subfield at baseline
 - Roughly 1/3 of all patients had disease within 100 μm of the foveal center point

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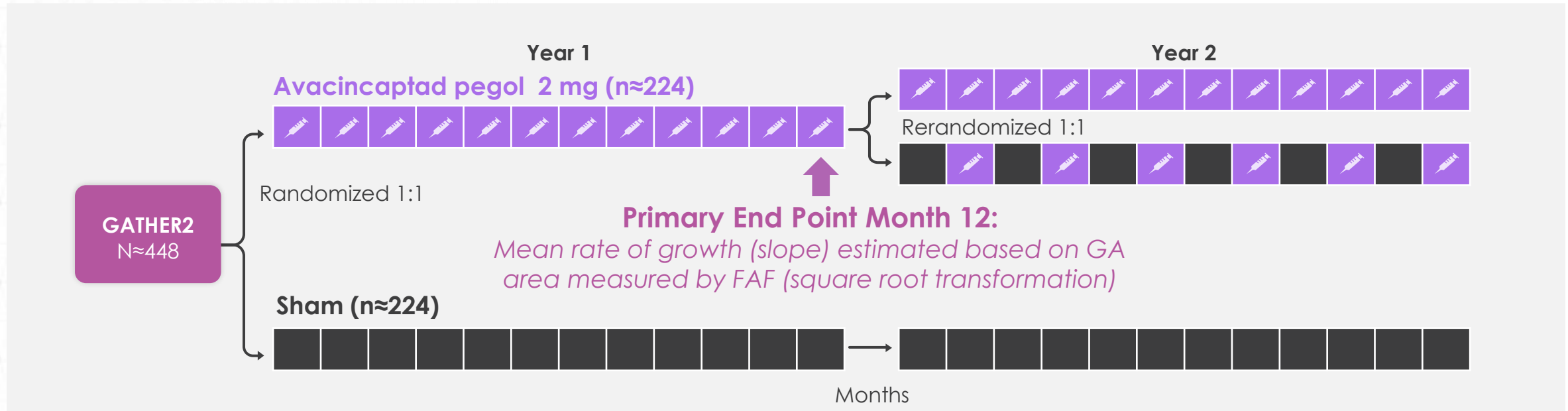
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- Avacincaptad pegol reduced lesion growth, compared to sham, across all distances from the foveal center point

Key takeaways

- Most patients in GATHER1, ~84%, had disease within the central subfield at baseline
 - Roughly 1/3 of all patients had disease within 100 μm of the foveal center point
- Avacincaptad pegol reduced lesion growth, compared to sham, across all distances from the foveal center point
- The most frequently reported ocular AEs over 18 months in GATHER1 were related to the injection procedure

GATHER2 is a phase 3, international, multicenter, prospective, randomized, double-masked, sham-controlled study^{1,2}

Patients will receive intravitreal injections of avacincaptad pegol and/or sham for 24 months (2 years)^{1,2}

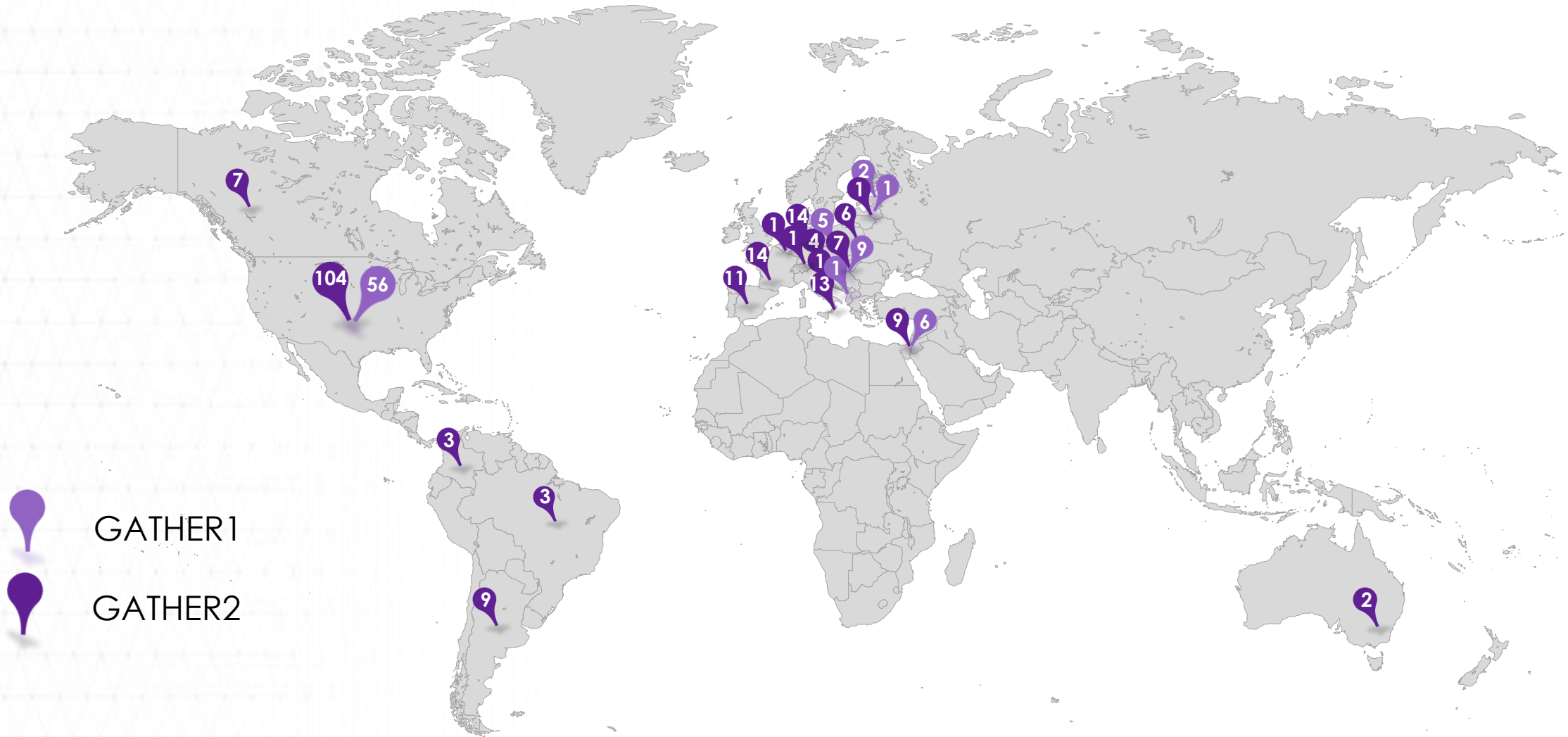


Year 1 GATHER2 data will be available in the **third quarter of 2022**

FAF, fundus autofluorescence; GA, geographic atrophy; IVT, intravitreal.

1. Data on file, IVERIC Bio; 2. <https://clinicaltrials.gov/ct2/show/NCT04435366>. Accessed April 4, 2022. 3. Iveric Bio press release 04 May, 2022. <https://investors.ivericbio.com/news-releases/news-release-details/iveric-bio-reports-first-quarter-2022-operational-highlights-and>

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THANK YOU