IVERIC BIO

# DEVELOPING TRANSFORMATIVE THERAPIES FOR RETINAL DISEASES

November 2022

NASDAQ: ISEE

# Forward-looking statements

Any statements in this presentation about IVERIC bio, Inc. (the Company) 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 any statements about the Company's strategy, future operations and future expectations, plans and prospects, 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 its expectations regarding the robustness and clinical relevance of the clinical data from its GATHER1 and GATHER2 trials of avacincaptad pegol (ACP) in geographic atrophy (GA) secondary to age-related macular degeneration (AMD), its development and regulatory strategy for ACP, including its plans to complete the submission of a New Drug Application (NDA) to the U.S. Food and Drug Administration (FDA), the impact of FDA designations and potential approvability of and label for ACP, its expectations regarding the market dynamics for the treatment of GA, its commercial plans and strategy and other commercial matters, the potential utility of ACP and its other product candidates, the implementation of its business and hiring plan, estimates regarding the number of patients affected by the diseases and indications the Company's product candidates are intended to treat and the Company's expectations regarding borrowing $50 million under its term loan facility with Hercules Capital and Silicon Valley Bank and regarding its cash and financial resources.

Such forward-looking statements involve substantial risks and uncertainties that could cause the Company's 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, those related to expectations for regulatory matters, interpretation of clinical trial results by the scientific and medical community, the initiation, progress and success of research and development programs and clinical trials, reliance on clinical trial sites, contract development and manufacturing organizations and other third parties, developments from the Company's competitors and the marketplace for the Company's products, human capital matters, need for and availability of additional financing and consummation of business development transactions 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 ("SEC").

Any forward-looking statements represent the Company's views only as of the date of this presentation. The Company anticipates that subsequent events and developments may cause its views to change. While the Company may elect to update these forward-looking statements at some point in the future, the Company specifically disclaims any obligation to do so except as required by law.

# Executive summary: Positioned for GA market leadership

## Large Market Opportunity: Therapeutics for Age-Related Retinal Diseases

**First of its kind:**
**Avacincaptad pegol (ACP), a C5 inhibitor, for the treatment of Geographic Atrophy (GA)**

- First investigational therapy in geographic atrophy to achieve the 12-month, prespecified primary endpoint vs sham with statistical significance, coupled with a consistent safety profile, in two independent, pivotal phase 3 clinical trials (GATHER1 and GATHER2)
- Received **Special Protocol Assessment (SPA)** agreement for GATHER2, **Fast Track** and **Breakthrough Therapy Designations**
- Accelerating completion of NDA by YE 2022
- Received favorable feedback from FDA; ongoing discussions to use GATHER1 and GATHER2 data in current NDA to support treatment of GA associated with earlier stage disease (i.e., intermediate AMD)



**Accelerating commercial build efforts:**

Operationalized with seasoned professionals for potential market leading position

**Cash position**

Expected YE 2022 cash:
$265 million - $275 million*

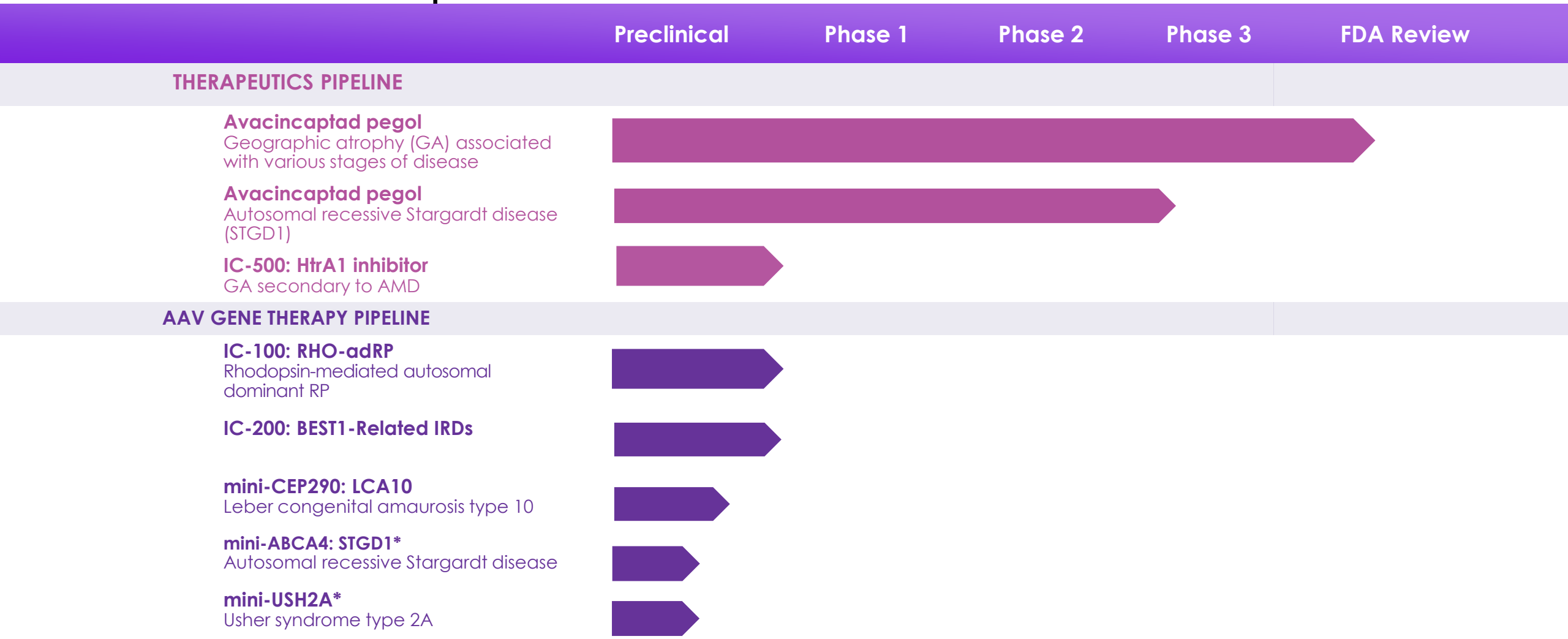


- Estimate as of 11/3/2022
  Does not include the $50M Company plans to borrow under its term loan credit facility in Q4 2022

# Strong senior team with significant ophthalmology experience

| | |
|---|---|
| **GLENN SBLENDORIO**<br>Chief Executive Officer | The Medicines Company · eyetech · Roche · MPM |
| **PRAVIN DUGEL, MD**<br>President | RCA · USC Roski Eye Institute, Keck Medicine of USC · Spectra Eye Institute · UCLA School of Medicine · Columbia University in the City of New York |
| **DAVID CARROLL**<br>Chief Financial Officer | The Medicines Company · Genentech, A Member of the Roche Group · Novartis · Bristol-Myers Squibb |
| **TONY GIBNEY**<br>Chief Business & Strategy Officer | fog pharma · Achillion · Leerink · Merrill Lynch |
| **KEITH WESTBY**<br>Chief Operating Officer | Pharmasset · eyetech · Tunnell Consulting, Stronger Performance Ahead · Roche · Pfizer |
| **XIAO-PING DAI, PhD**<br>Chief Technical Officer | WuXi Advanced Therapies · Celgene · Bristol Myers Squibb · MEDAREX · REGENERON |
| **CHRISTOPHER SIMMS**<br>Chief Commercial Officer | Novartis · Genentech, A Member of the Roche Group · J&J |
| **EVELYN HARRISON**<br>Chief Clinical Operations Officer | eyetech · Roche |
| **DHAVAL DESAI, PHARMD**<br>Chief Development Officer | Onyx Pharmaceuticals · ThromboGenics, Advancing Science. Enhancing Vision. · aerpio · Novartis |
| **SNEHAL SHAH, PHARMD**<br>Chief Regulatory & Pharmacovigilance Officer | Kyowa Kirin · Noven · Roche |

# Iveric Bio Pipeline



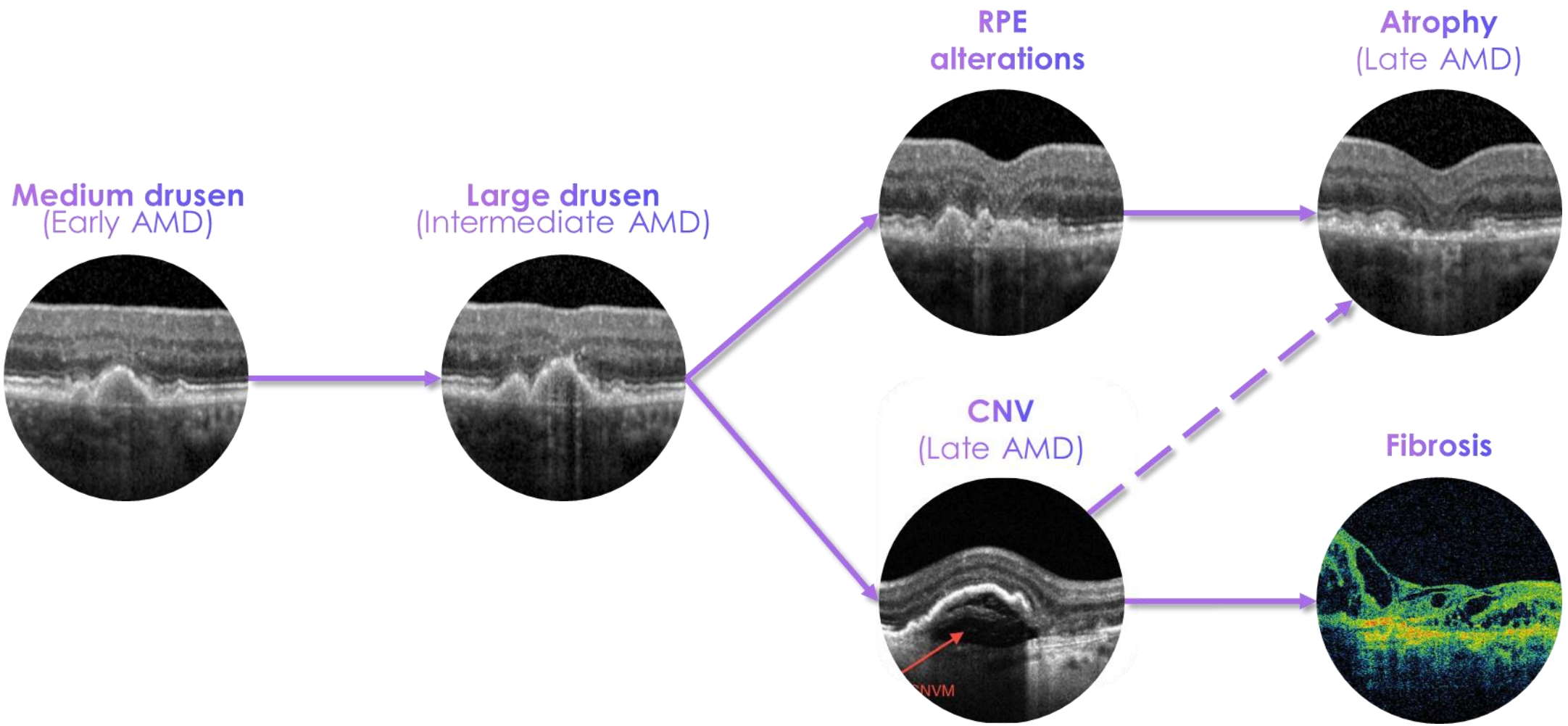

*IVERIC bio has an option to exclusively in-license intellectual property resulting from these programs.

# Age-Related Macular Degeneration

Disease overview & market size

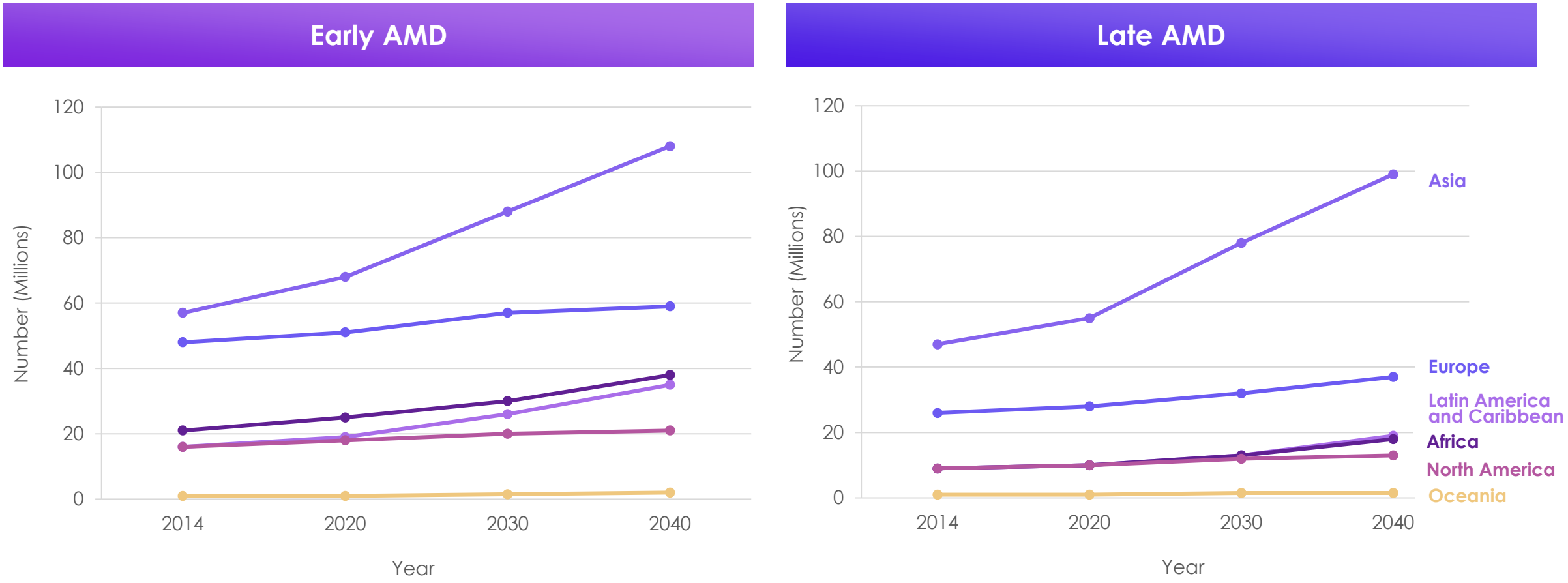
# AMD leads to progressive vision loss with end-stage atrophy

# GA is associated with various stages of AMD



# AMD is projected to increase in global prevalence

Projected number of individuals with AMD by region[1]






1. Wong WL, Su X, Li X, et al. *Lancet Glob Health*. 2014;2(2):e106-e116.

# GATHER1 & GATHER2

Two pivotal, independent, phase 3 trials with positive 12-month data

# Genetic link: Role of complement in AMD

**Complement Activation Levels Are Related to Disease Stage in AMD**

Thomas J. Heesterbeek,[1] Yara T. E. Lechanteur,[1] Laura Lorés-Motta,[1,2] Tina Schick,[3] Mohamed R. Daha,[4] Lebriz Altay,[3] Sandra Liakopoulos,[3] Dzenita Smailhodzic,[1] Anneke I. den Hollander,[1,2] Carel B. Hoyng,[1] Eiko K. de Jong,[1] and B. Jeroen Klevering[1]

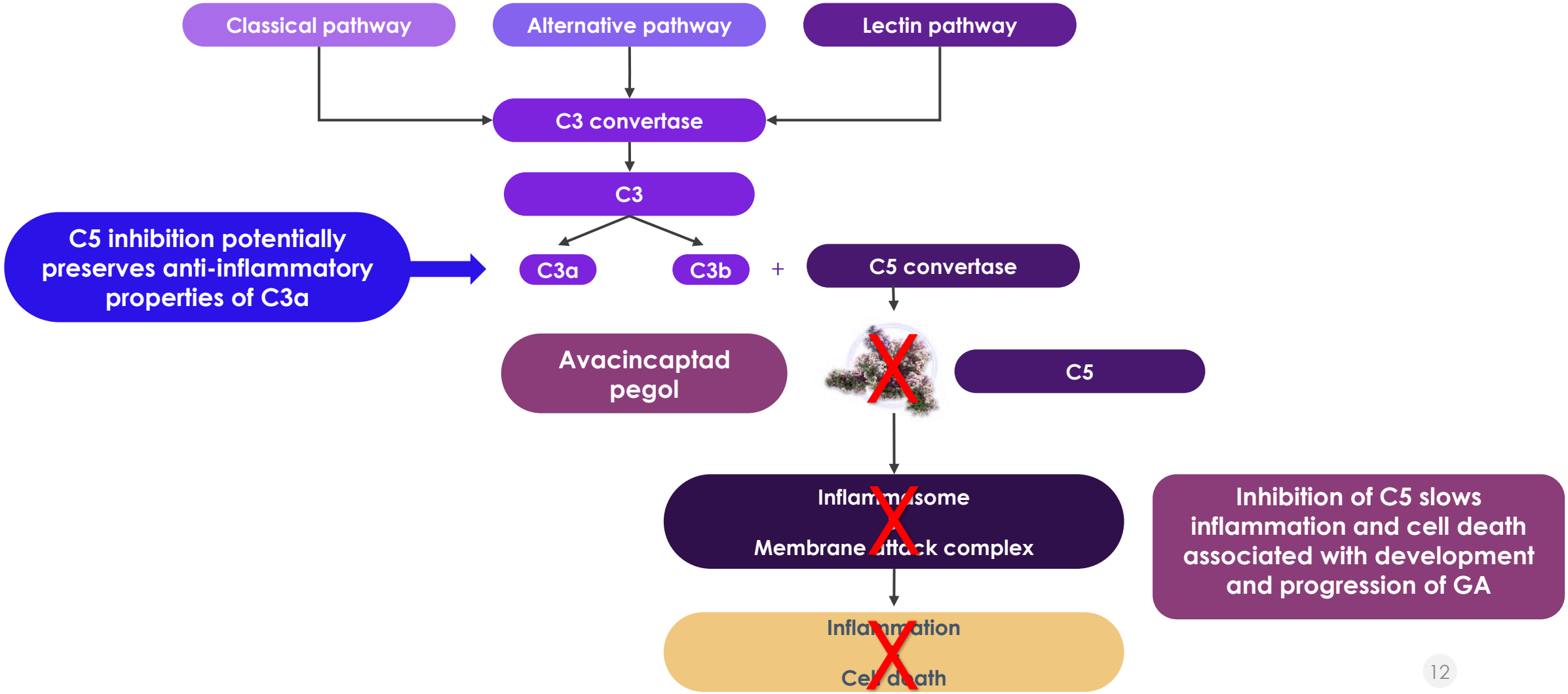
**THE PATHOPHYSIOLOGY OF GEOGRAPHIC ATROPHY SECONDARY TO AGE-RELATED MACULAR DEGENERATION AND THE COMPLEMENT PATHWAY AS A THERAPEUTIC TARGET**

DAVID S. BOYER, MD,* URSULA SCHMIDT-ERFURTH, MD,† MENNO VAN LOOKEREN CAMPAGNE, PHD,‡ ERIN C. HENRY, PHD,‡ CHRISTOPHER BRITTAIN, MBBS§

**Complement System in Pathogenesis of AMD: Dual Player in Degeneration and Protection of Retinal Tissue**

Milosz P. Kawa,[1] Anna Machalinska,[2,3] Dorota Roginska,[1] and Boguslaw Machalinski[1]

# Benefits of C5 inhibition

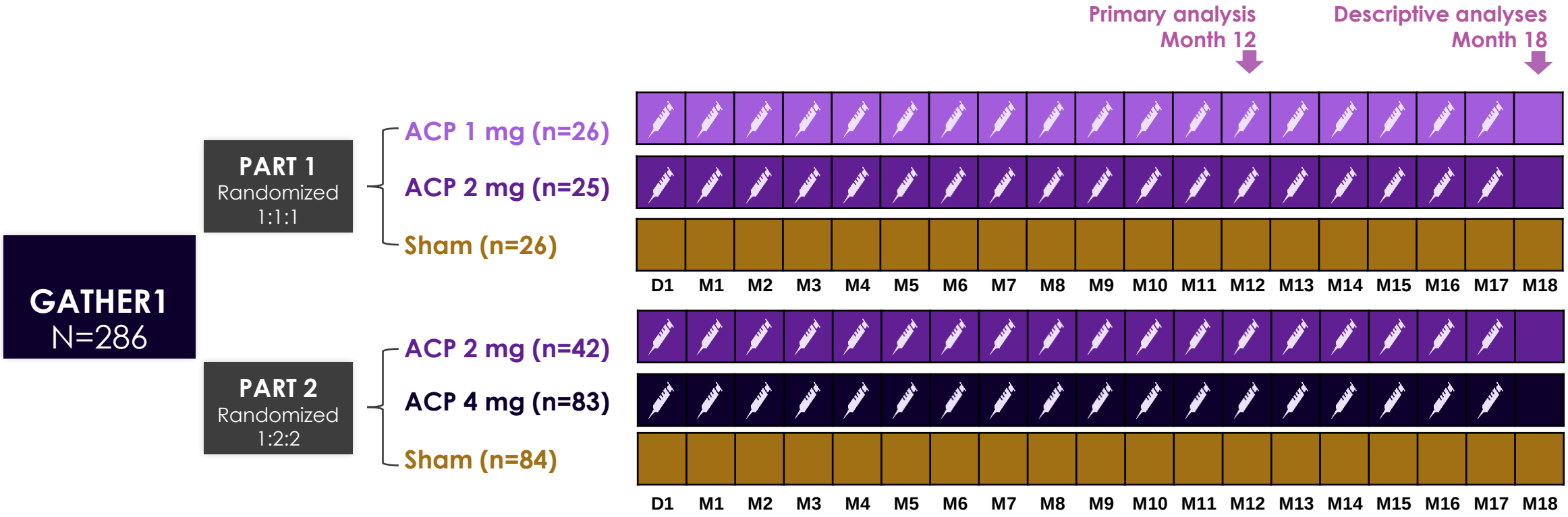


# Robust pivotal clinical trial designs

- ✓ Similar adequate and well controlled pivotal study designs in GATHER1 and GATHER2 support NDA submission
- ✓ Clinically meaningful primary endpoint required by FDA based on Special Protocol Assessment (SPA)
- ✓ Appropriate sample sizes and statistical controls to demonstrate efficacy and safety at Month 12
- ✓ Diverse patient population with GA located inside and/or outside of the clinical fovea
- ✓ Product and dosing regimen intended for commercial use, if approved, evaluated in pivotal studies
- ✓ Comprehensive and transparent adverse event reporting

# Phase 2/3, international, prospective, randomized, double-masked, sham-controlled trial

(NCT02686658)



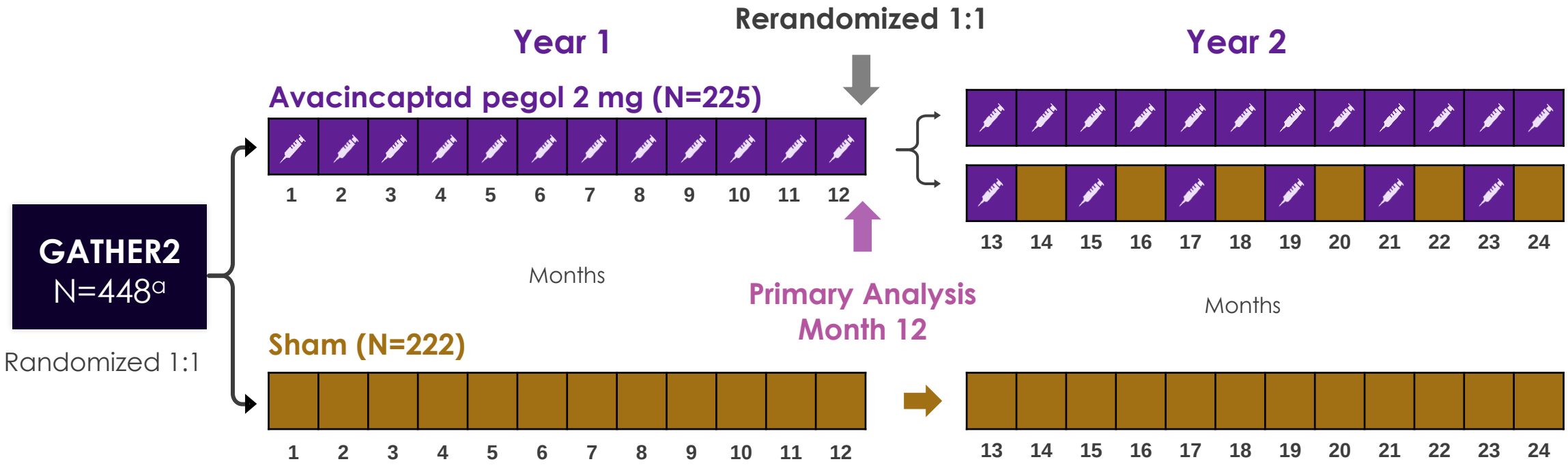

## Primary Endpoint/Analysis

**Mean change in GA area from baseline to Month 12 (square root transformation)**

ACP – avacincaptad pegol, D – day, GA – geographic atrophy, M – month.
Khanani AM, et al. Presented at: Retina Society; November 2-5, 2022.

# Phase 3, international, multicenter, prospective, randomized, double-masked, sham-controlled trial

(NCT04435366)




## Primary Endpoint/Analysis

**Mean rate of growth (slope) in GA area from baseline to Month 12 (square root transformation)**

[a]448 randomized, with 447 treated (one patient in the sham arm did not receive any treatments after randomization)
Khanani AM, et al. Presented at: Retina Society; November 2-5, 2022.

# 12 months is the typical timeframe for pre-specified primary endpoints in pivotal studies in retinal diseases

| Drug | Trial | Disease | Timeframe for Primary Endpoint |
|---|---|---|---|
| Lampalizumab | Chroma / Spectri | GA | 48 weeks |
| Pegcetacoplan | DERBY / OAKS | GA | 48 weeks |
| **Avacinaptad pegol** | **GATHER1 / GATHER2** | **GA** | **12 months** |
| Aflibercept | VIEW 1/2 | nAMD | 52 weeks |
| Aflibercept | VIVID and VISTA | DME | 52 weeks |
| Aflibercept | PANORAMA | NPDR | 24 and 52 weeks |
| Faricimab | LUCERNE | nAMD | 48 weeks |
| Faricimab | TENAYA | nAMD | 48 weeks |
| Faricimab | RHINE | DME | 48, 52, and 56 weeks |
| Faricimab | YOSEMITE | DME | 48, 52, and 56 weeks |
| Brolucizumab | HAWK / HARRIER | nAMD | 48 weeks |
| PDS (Susvismo®) | ARCHWAY | nAMD | 36-40 weeks |

# Key inclusion and exclusion criteria

## Inclusion Criteria

- Age ≥50 years
- BCVA between 20/25 and 20/320
- GA lesion:
  - Non-center point involving
  - GA in part within 1500 µm from the foveal center
  - Total area between 2.5 $mm^2$ and 17.5 $mm^2$ (1 – 7 DA, respectively)
  - If multifocal lesions, at least 1 lesion had to be ≥1.25 $mm^2$ (0.5 DA)

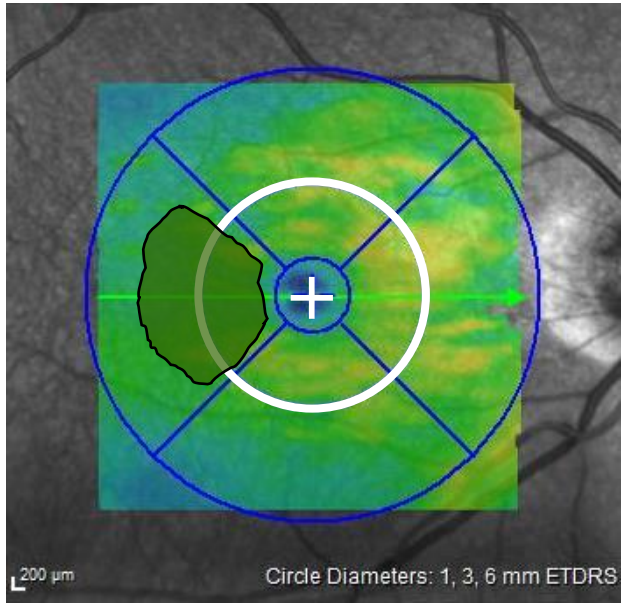
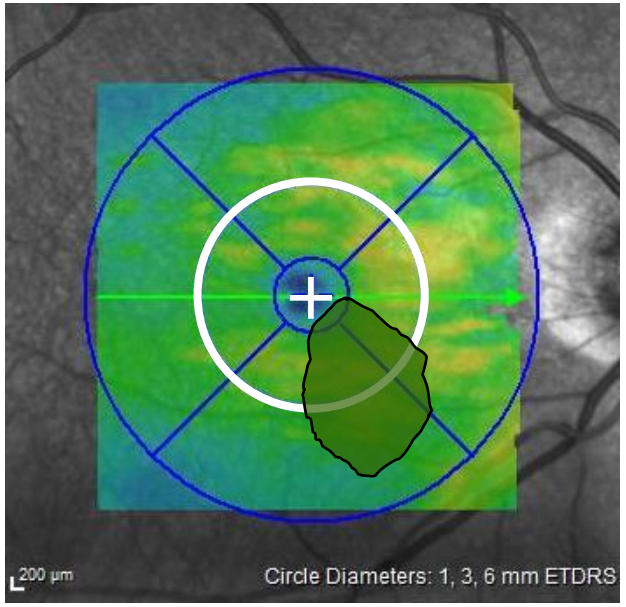
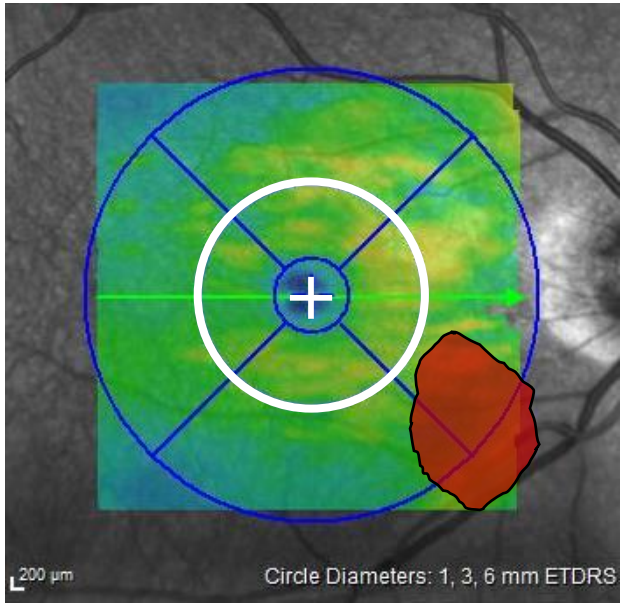
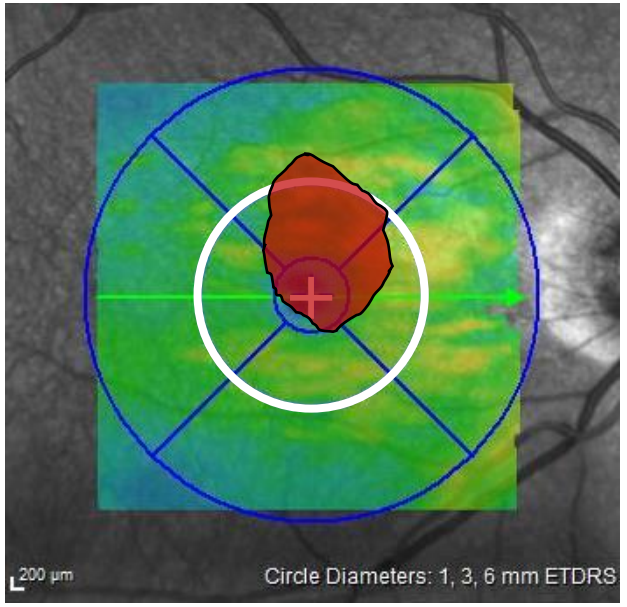
## Exclusion Criteria

- Evidence of CNV in either eye at baseline
- GA secondary to any condition other than AMD in either eye
- Any prior treatment for AMD or any prior intravitreal treatment for any indication in either eye (except oral vitamin or mineral supplements)
- Any ocular condition in study eye that could progress during the study and potentially affect central vision or otherwise act as a confounding factor
- Any sign of diabetic retinopathy in either eye

AMD – age-related macular degeneration, BCVA – best-corrected visual acuity, CNV – choroidal neovascularization, DA – disc area, GA – geographic atrophy.
Khanani AM, et al. Presented at: Retina Society; November 2-5, 2022.

# GA had to be in part within 1500 µm, but not involving the center point

Center point involvement was determined by the Duke Reading Center using multimodal imaging

| ✓ Included | ✓ Included | ✗ Excluded | ✗ Excluded |
|---|---|---|---|
|  |  |  |  |
| **Within 1500 µm of, but not involving the foveal center point** | **Within 1500 µm of, but not involving the foveal center point** | **Outside of 1500 µm from the foveal center point** | **Foveal center point involvement** |



**NOTE:** unifocal lesion for example only, patients could have had multi-focal lesions

GA – geographic atrophy.

Khanani AM, et al. Presented at: Retina Society; November 2-5, 2022.

# Treatment fidelity through year one was high in both trials[1]

| | GATHER1 | GATHER2 |
|---|---|---|
| Injection Fidelity Rate* | 87% | 93% |

*Injection fidelity rate is calculated by dividing the total number of administered injections by the total number of expected injections based on the number of enrolled patients

1. Data on file, Iveric Bio.
Khanani AM, et al. Presented at: Retina Society; November 2-5, 2022.

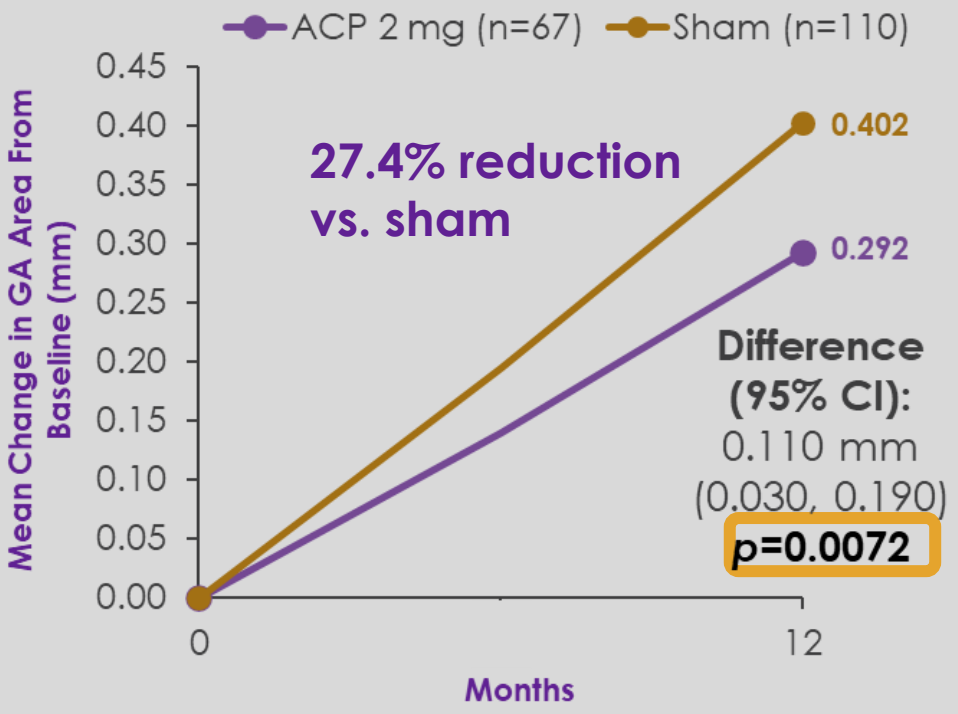
# Baseline characteristics were balanced between the two groups in both trials

| | GATHER1 | | GATHER2 | |
|---|---|---|---|---|
| | ACP 2 mg (N=67) | Sham (N=110) | ACP 2 mg (N=225) | Sham (N=222) |
| Mean age, years (SD) | 78.8 (10.2) | 78.2 (8.8) | 76.3 (8.6) | 76.7 (8.8) |
| Female, n (%) | 45 (67.2) | 79 (71.8) | 154 (68.4) | 156 (70.3) |
| Caucasian, n (%) | 67 (100) | 107 (97.3) | 182 (80.9) | 186 (83.8) |
| Active smoker, n (%) | 25 (37.3) | 36 (32.7) | 106 (47.1) | 107 (48.2) |
| Mean total GA area, $mm^2$ (SD)[a] | 7.33 (3.79) | 7.42 (3.84) | 7.48 (4.01) | 7.81 (3.89) |
| Mean square root GA area, mm (SD)[a] | 2.62 (0.70) | 2.63 (0.70) | 2.64 (0.71) | 2.71 (0.70) |
| Bilateral GA, n (%) | 67 (100) | 108 (98.2) | 212 (94.2) | 210 (94.6) |
| Mean BCVA, letters (SD)[a] | 70.2 (10.0) | 69.0 (10.4) | 70.9 (8.9) | 71.6 (9.4) |
| Mean LL-BCVA, letters (SD)[a] | 36.7 (21.1) | 34.5 (19.3) | 41.0 (19.7) | 39.6 (19.6) |

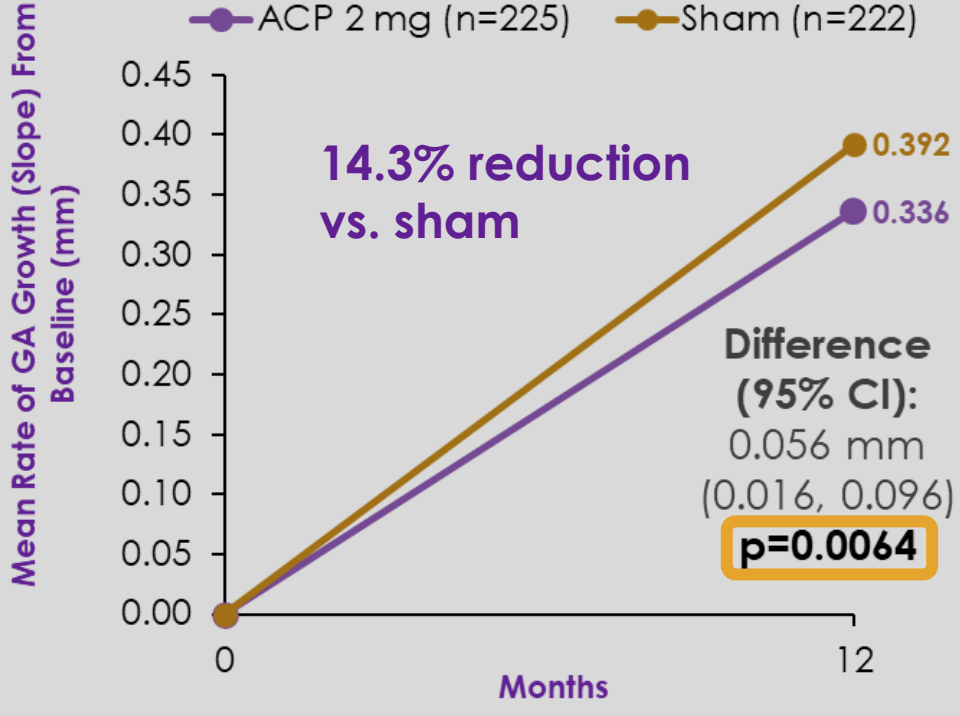
[a]Study eye
ACP – avacincaptad pegol, BCVA – best-corrected visual acuity, DA – disc area, GA – geographic atrophy, LL-BCVA – low luminance best-corrected visual acuity, SD – standard deviation.
Khanani AM, et al. Presented at: Retina Society; November 2-5, 2022.

# Pre-specified primary endpoint met in both trials in the GATHER development program

## GATHER1



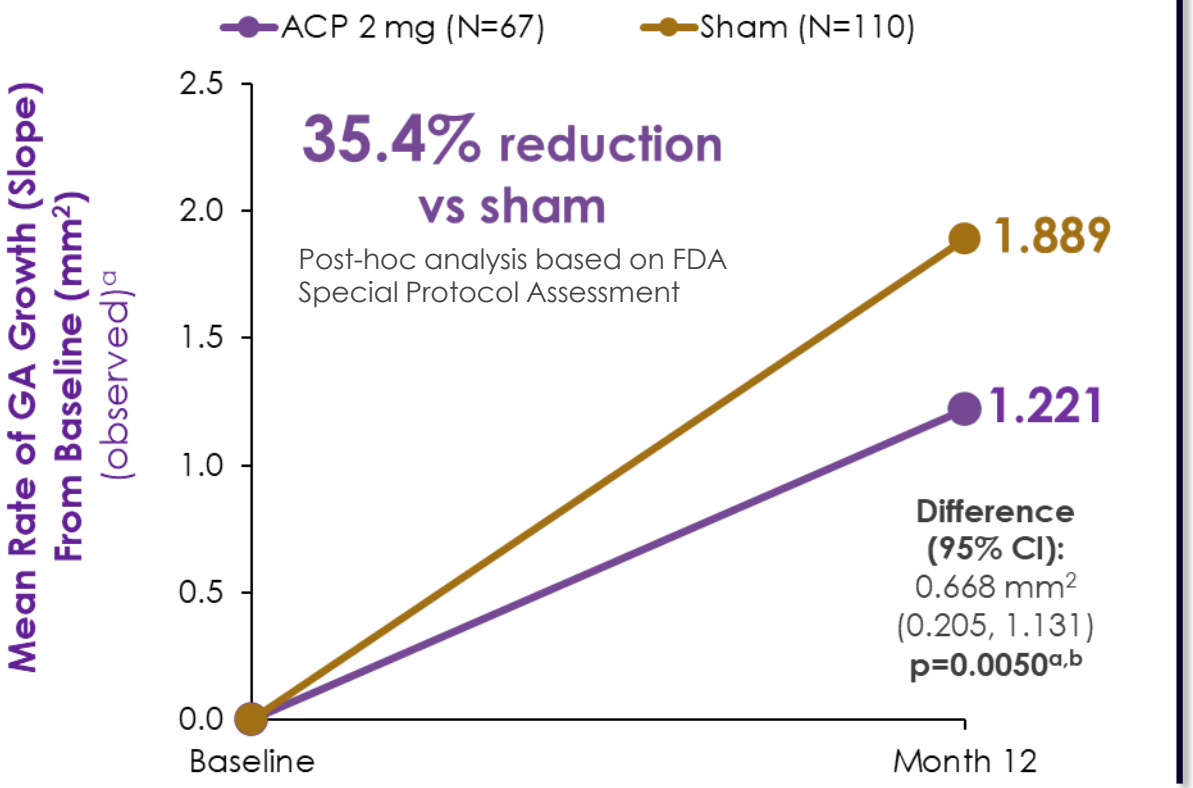

## GATHER2



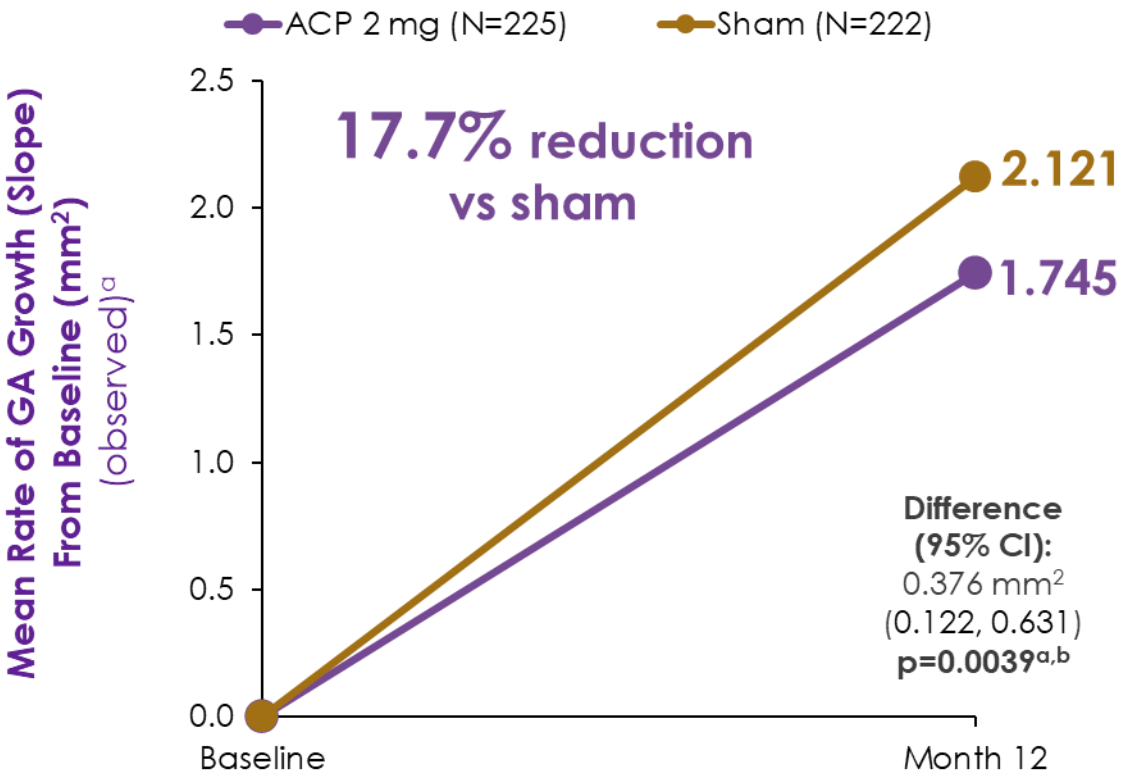

ACP – avacincaptad pegol, CI – confidence interval, GA – geographic atrophy.
Khanani AM, et al. Presented at: Retina Society; November 2-5, 2022.

# Mean rate of observed GA growth (slope analysis) demonstrated consistent efficacy results between the two trials

## GATHER1




## GATHER2

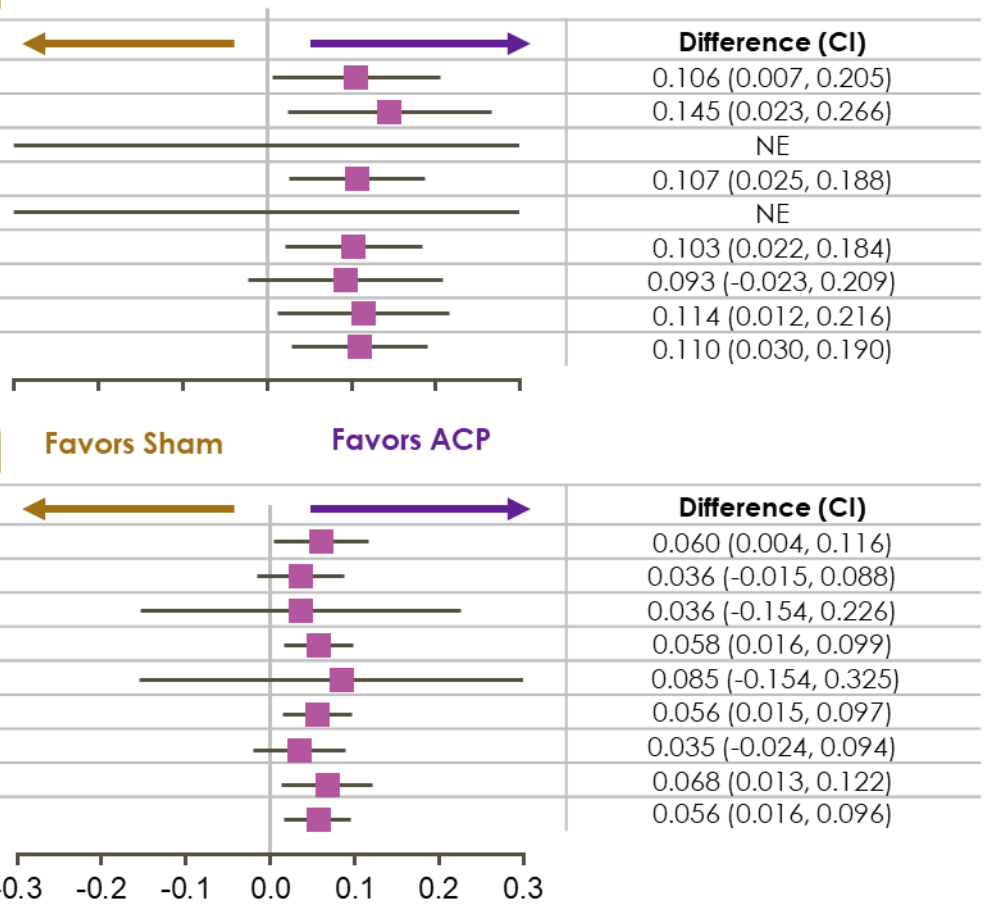



The primary analysis for GATHER1 (mean change in square root transformed GA area from baseline to month12 (mm)) is consistent with the slope analysis utilizing observed data.
The estimates for the GATHER1 ACP 2 mg group vs. sham are from the MMRM model, drawing on all available data, including data from groups with different randomization ratios in Part 1 and Part 2 of the trial, and should not be interpreted as directly observed data.
[a]Non-square root transformation; [b]Descriptive p-value based on post-hoc analysis
ACP – avacincaptad pegol, CI – confidence interval, GA – geographic atrophy.
Data on file, Iveric Bio.
Khanani AM, et al. Presented at: Retina Society; November 2-5, 2022.

# Benefit across subgroups is consistent among the pivotal GATHER1 and GATHER2 trials

| GATHER 1: 12 Month | ACP 2 mg | | Sham | | Favors Sham / Favors ACP | |
|---|---|---|---|---|---|---|
| **Subgroup** | **n** | **LS Mean** | **n** | **LS Mean** | | **Difference (CI)** |
| Baseline GA <4 disc area | 48 | 0.33 | 70 | 0.43 | | 0.106 (0.007, 0.205) |
| Baseline GA ≥4 disc area | 11 | 0.29 | 29 | 0.43 | | 0.145 (0.023, 0.266) |
| Baseline VA <50 Letters | 1 | NE | 4 | NE | | NE |
| Baseline VA ≥50 Letters | 58 | 0.27 | 95 | 0.37 | | 0.107 (0.025, 0.188) |
| FAF pattern: None/Focal | | NE | 1 | NE | | NE |
| FAF pattern: Banded/Diffuse | 54 | 0.37 | 87 | 0.47 | | 0.103 (0.022, 0.184) |
| Part 1 | 22 | 0.33 | 20 | 0.42 | | 0.093 (-0.023, 0.209) |
| Part 2 | 37 | 0.31 | 79 | 0.42 | | 0.114 (0.012, 0.216) |
| Overall | 59 | 0.29 | 99 | 0.40 | | 0.110 (0.030, 0.190) |

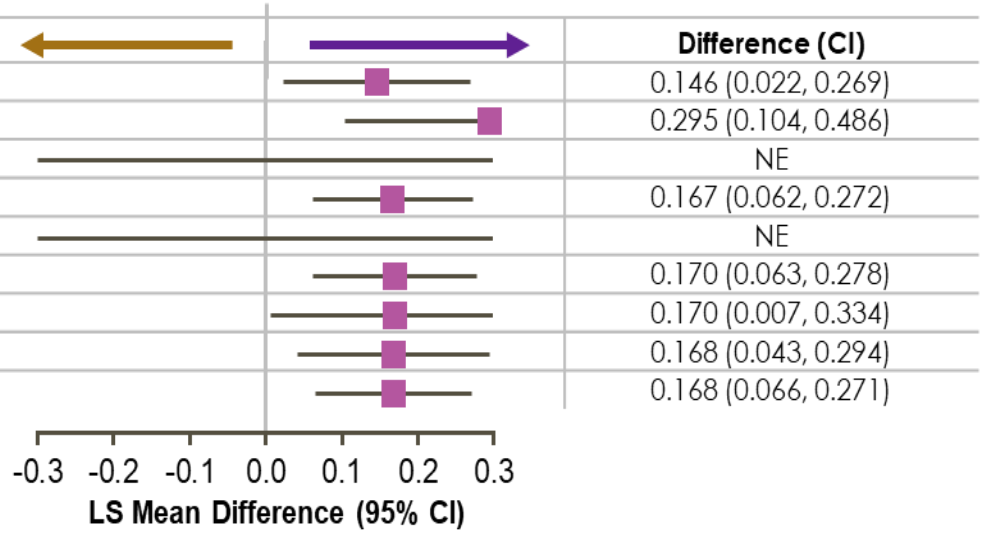
| GATHER 2: 12 Month | ACP 2 mg | | Sham | | Favors Sham / Favors ACP | |
|---|---|---|---|---|---|---|
| **Subgroup** | **n** | **Growth Rate** | **n** | **Growth Rate** | | **Difference (CI)** |
| Baseline GA <4 disc area | 142 | 0.34 | 139 | 0.40 | | 0.060 (0.004, 0.116) |
| Baseline GA ≥4 disc area | 83 | 0.55 | 83 | 0.58 | | 0.036 (-0.015, 0.088) |
| Baseline VA <50 Letters | 15 | 0.32 | 13 | 0.36 | | 0.036 (-0.154, 0.226) |
| Baseline VA ≥50 Letters | 210 | 0.32 | 209 | 0.37 | | 0.058 (0.016, 0.099) |
| FAF pattern: None/Focal | 12 | 0.26 | 9 | 0.34 | | 0.085 (-0.154, 0.325) |
| FAF pattern: Banded/Diffuse | 213 | 0.39 | 213 | 0.45 | | 0.056 (0.015, 0.097) |
| <75 years old | 91 | 0.32 | 85 | 0.35 | | 0.035 (-0.024, 0.094) |
| ≥75 years old | 134 | 0.35 | 137 | 0.42 | | 0.068 (0.013, 0.122) |
| Overall | 225 | 0.34 | 222 | 0.39 | | 0.056 (0.016, 0.096) |




Subgroup analysis based on square root transformation data (mm).
ACP – avacincaptad pegol, CI – confidence interval, FAF – fundus autofluorescence, GA – geographic atrophy, LS – least squares, NE – not estimated, VA – visual acuity.
Khanani AM, et al. Presented at: Retina Society; November 2-5, 2022.

# Benefit across subgroups seen in GATHER1 increases with duration of therapy over 18 months

| GATHER 1: 18 Month | ACP 2 mg | | Sham | | Favors Sham / Favors ACP |
|---|---|---|---|---|---|
| **Subgroup** | **n** | **LS Mean** | **n** | **LS Mean** | **Difference (CI)** |
| Baseline GA <4 disc area | 48 | 0.52 | 70 | 0.66 | 0.146 (0.022, 0.269) |
| Baseline GA ≥4 disc area | 11 | 0.27 | 30 | 0.57 | 0.295 (0.104, 0.486) |
| Baseline VA <50 Letters | 1 | NE | 5 | NE | NE |
| Baseline VA ≥50 Letters | 58 | 0.36 | 95 | 0.53 | 0.167 (0.062, 0.272) |
| FAF pattern: None/Focal | | NE | 1 | NE | NE |
| FAF pattern: Banded/Diffuse | 54 | 0.50 | 88 | 0.67 | 0.170 (0.063, 0.278) |
| Part 1 | 22 | 0.46 | 20 | 0.63 | 0.170 (0.007, 0.334) |
| Part 2 | 37 | 0.44 | 80 | 0.61 | 0.168 (0.043, 0.294) |
| Overall | 59 | 0.43 | 100 | 0.60 | 0.168 (0.066, 0.271) |




Subgroup analysis based on square root transformation data (mm).
ACP – avacincaptad pegol, CI – confidence interval, FAF – fundus autofluorescence, GA – geographic atrophy, LS – least squares, NE – not estimated, VA – visual acuity.
Khanani AM, et al. Presented at: Retina Society; November 2-5, 2022.

# Avacincaptad pegol: An aptamer which inhibits C5

## AVACINCAPTAD PEGOL

### A pegylated RNA aptamer

- Small physical size
- Synthetic, as opposed to biological, production
- No biologic intermediary

RNA – ribonucleic acid.
Kaiser PK, et al. Presented at: Retina Society; November 2-5, 2022.

# Patient disposition through month 12

## GATHER1

**Randomized and Treated** (N=286)

| ACP 2 mg (N=67) | |
|---|---|
| **Discontinued study** | **12** |
| Adverse event | **0** |
| Protocol violation | 0 |
| Investigator decision | 1 |
| Sponsor decision | 5 |
| Patient request | 6 |
| Loss to follow-up | 0 |
| Patient noncompliance | 0 |
| Death | 0 |

| Sham (N=110) | |
|---|---|
| **Discontinued study** | **14** |
| Adverse event | **1** |
| Protocol violation | 0 |
| Investigator decision | 1 |
| Sponsor decision | 2 |
| Patient request | 8 |
| Loss to follow-up | 1 |
| Patient noncompliance | 0 |
| Death | 1 |

## GATHER2

**Randomized and Treated** (N=447)

| ACP 2 mg (N=225) | |
|---|---|
| **Discontinued study** | **25** |
| Adverse event | **3** |
| Protocol violation | 0 |
| Investigator decision | 0 |
| Sponsor decision | 0 |
| Patient request | 17 |
| Loss to follow-up | 2 |
| Patient noncompliance | 1 |
| Death | 2 |

| Sham (N=222) | |
|---|---|
| **Discontinued study** | **17** |
| Adverse event | **2** |
| Protocol violation | 0 |
| Investigator decision | 0 |
| Sponsor decision | 0 |
| Patient request | 13 |
| Loss to follow-up | 1 |
| Patient noncompliance | 0 |
| Death | 1 |

ACP – avacincaptad pegol.
Kaiser PK, et al. Presented at: Retina Society; November 2-5, 2022.

# Treatment emergent adverse events (TEAEs)

| | GATHER1 12 months[a] | | GATHER2 12 months | |
|---|---|---|---|---|
| | ACP 2 mg (N=67) | Sham (N=110) | ACP 2 mg (N=225) | Sham (N=222) |
| **TEAEs, n (%)** | **50 (74.6)** | **77 (70.0)** | **178 (79.1)** | **157 (70.7)** |
| Ocular in study eye | 35 (52.2) | 38 (34.5) | 110 (48.9) | 83 (37.4) |
| Non-ocular | 39 (58.2) | 60 (54.5) | 125 (55.6) | 127 (57.2) |
| **Serious TEAEs, n (%)** | **7 (10.4)** | **20 (18.2)** | **30 (13.3)** | **37 (16.7)** |
| Ocular in study eye | 0 | 0 | 2 (0.9) | 2 (0.9) |
| Non-ocular | 7 (10.4) | 20 (18.2) | 29 (12.9) | 35 (15.8) |
| **TEAEs leading to study drug discontinuation, n (%)** | **0** | **1 (0.9)** | **6 (2.7)** | **2 (0.9)** |
| Ocular in study eye | 0 | 0 | 2 (0.9) | 0 |
| Non-ocular | 0 | 1 (0.9) | 4 (1.8) | 2 (0.9) |

[a]Both ACP and sham groups are a combination of Part 1 and Part 2.
Note: N = study eyes with events. A patient with multiple occurrences of an AE under one treatment is counted only once.
ACP – avacincaptad pegol.
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# Ocular TEAEs ≥2% in study eye

| Ocular TEAEs, n (%) | GATHER1 12 months[a] | | GATHER2 12 months | |
|---|---|---|---|---|
| | ACP 2 mg (N=67) | Sham (N=110) | ACP 2 mg (N=225) | Sham (N=222) |
| Conjunctival hemorrhage | 10 (14.9) | 13 (11.8) | 27 (12.0) | 17 (7.7) |
| Punctate keratitis | 4 (6.0) | 8 (7.3) | 11 (4.9) | 14 (6.3) |
| Conjunctival hyperemia | 3 (4.5) | 4 (3.6) | 12 (5.3) | 13 (5.9) |
| Choroidal neovascularization | **6 (9.0)** | **3 (2.7)** | **15 (6.7)** | **9 (4.1)** |
| Dry eye | 0 | 2 (1.8) | 8 (3.6) | 8 (3.6) |
| Eye pain | 2 (3.0) | 3 (2.7) | 9 (4.0) | 6 (2.7) |
| Vitreous detachment | 2 (3.0) | 5 (4.5) | 7 (3.1) | 6 (2.7) |
| Visual acuity reduced | 2 (3.0) | 4 (3.6) | 3 (1.3) | 5 (2.3) |
| Vision blurred | 1 (1.5) | 2 (1.8) | 6 (2.7) | 2 (0.9) |
| Visual impairment | 0 | 0 | 6 (2.7) | 2 (0.9) |
| Intraocular pressure increased[b] | **4 (6.0)** | **1 (0.9)** | **21 (9.3)** | **2 (0.9)** |
| Vitreous floaters | 1 (1.5) | 1 (0.9) | 6 (2.7) | 1 (0.5) |
| Visual acuity reduced transiently | --- | --- | 6 (2.7) | 1 (0.5) |
| Blepharitis | 0 | 1 (0.9) | 6 (2.7) | 0 |
| Ocular hypertension | --- | --- | 5 (2.2) | 0 |

[a]Both ACP and sham groups are a combination of Part 1 and Part 2.
[b]Majority of cases were transient and resolved on the same day.
Note: N = study eyes with events. A patient with multiple occurrences of an AE under one treatment is counted only once; --- indicates data not collected.
ACP – avacincaptad pegol, TEAE – treatment emergent adverse event.
Kaiser PK, et al. Presented at: Retina Society; November 2-5, 2022.

# Serious Ocular TEAEs

| | GATHER1 12 months[a] | | GATHER2 12 months | |
|---|---|---|---|---|
| | ACP 2 mg (N=67) | Sham (N=110) | ACP 2 mg (N=225) | Sham (N=222) |
| **Ocular serious TEAEs in study eye, n (%)** | **0** | **0** | **2 (0.9)** | **2 (0.9)** |
| Choroidal neovascularization | 0 | 0 | 2 (0.9) | 1 (0.5) |
| Visual acuity reduced | 0 | 0 | 0 | 1 (0.5)[b] |
| Visual acuity reduced transiently | 0 | 0 | 0 | 1 (0.5)[b] |

[a]Both ACP and sham groups are a combination of Part 1 and Part 2.
[b]Occured in the same patient.
Note: N = study eyes with events. A patient with multiple occurrences of an AE under one treatment is counted only once.
ACP – avacincaptad pegol; TEAE – treatment emergent adverse event.
Data on file. Iveric Bio.
Kaiser PK, et al. Presented at: Retina Society; November 2-5, 2022.

# Study eye cases of intraocular inflammation, endophthalmitis, or ischemic optic neuropathy

| | GATHER1 12 months[a,b] | | GATHER2 12 months | |
|---|---|---|---|---|
| | ACP 2 mg (N=67) | Sham (N=110) | ACP 2 mg (N=225) | Sham (N=222) |
| Intraocular inflammation, n | 1 (1.5) | 0 | 0 | 0 |
| Endophthalmitis, n | 0 | 0 | 0 | 0 |
| Ischemic optic neuropathy, n | 0 | 0 | 0 | 0 |

[a]Both ACP and sham groups are a combination of Part 1 and Part 2.
[b]1 case of ischemic optic neuropathy was reported in the ACP 2 mg group in GATHER1 at 18 months.
ACP – avacincaptad pegol.
Data on file. Iveric Bio.
Kaiser PK, et al. Presented at: Retina Society; November 2-5, 2022.

# Comprehensive CNV surveillance program

| | GATHER1 12 months[a] | | GATHER2 12 months | |
|---|---|---|---|---|
| | ACP 2 mg (N=67) | Sham (N=110) | ACP 2 mg (N-225) | Sham (N=222) |
| **Total CNV, n (%)** | 6 (9.0) | 3 (2.7) | 15 (6.7) | 9 (4.1) |

- In GATHER1, if CNV developed in the study eye during the study, the patient was withdrawn from the study
- In GATHER2, suspected development of CNV in the study eye by the principal investigator triggered full imaging workup assessed with FP, FA, and OCT and confirmed by the Duke Reading Center within 1 hour of submission
  - If the diagnosis was confirmed, the patient continued receiving the study treatment in the trial, and the study eye was also treated with ranibizumab or aflibercept according to the country label
  - No patients in GATHER2 received anti-VEGF therapy without a Duke-confirmed CNV diagnosis
  - All Month 12 imaging (FA, FP and OCT) was evaluated by the Duke Reading Center for CNV, irrespective of suspicion by the principal investigator

[a]Both ACP and sham groups are a combination of Part 1 and Part 2.
ACP – avacincaptad pegol, CNV – choroidal neovascularization, FA – fluorescein angiography, FP – fundus photography, OCT – optical coherence tomography.
Kaiser PK, et al. Presented at: Retina Society; November 2-5, 2022.

# Exudative MNV in the study eye

## Post hoc analysis

| | GATHER 1 12 months[a] | | GATHER 2 12 months | |
|---|---|---|---|---|
| | ACP 2 mg (N=67) | Sham (N=110) | ACP 2 mg (N=225) | Sham (N=222) |
| **Total CNV, n (%)** | **6 (9.0)** | **3 (2.7)** | **15 (6.7)** | **9 (4.1)** |
| eMNV, n (%) | 4 (6.0) | 3 (2.7) | 11 (4.9) | 7 (3.2) |
| neMNV, n (%) | 2 (3.0) | 0 | 1 (0.4) | 0 |
| Peripapillary NV, n (%) | 0 | 0 | 3 (1.3) | 2 (0.9) |

- Exudation status was read by the CORE Reading Center at Cole Eye Institute of the Cleveland Clinic
- OCT images were read to determine the number of CNV cases that were (1) macular neovascularization (MNV), versus peripapillary neovascularization and (2) exudative vs. non-exudative

**The Reading Center classifies cases of MNV as exudative or non-exudative based on the following OCT criteria:**

- **"eMNV"** is MNV that presents with new onset fluid in either the subretinal space or the intraretinal space
- **"neMNV"** is MNV which does not present with new onset fluid in the subretinal or intraretinal spaces. In some cases, isolated fluid may be present in the sub-RPE space. A case is considered to be neMNV when the MNV may not be visible but both a double-layer sign and sub-RPE fluid are present

[a]Both ACP and sham groups are a combination of Part 1 and Part 2.
ACP – avacincaptad pegol, CNV – choroidal neovascularization, CORE – Center for Ocular Research and Evaluation, eMNV – exudative macular NV, neMNV – non-exudative macular NV, NV – neovascularization, OCT – optical coherence tomography, RPE – retinal pigment epithelium.
Kaiser PK, et al. Presented at: Retina Society; November 2-5, 2022.

# Avacincaptad pegol at-a-glance

The **only investigational therapy in GA** to achieve the 12-month, prespecified primary endpoint with statistical significance, demonstrating **consistent efficacy** in reducing GA growth across two pivotal phase 3 trials

Primary endpoint achieved at year one with **up to 35% reduction** in observed GA growth versus sham

Treatment benefit across **patient subgroups consistent** between GATHER1 and GATHER2

**Consistent safety profile** across clinical trials with a **comprehensive CNV surveillance** program

# Accelerated Regulatory Approval Strategy

# Avacincaptad Pegol accelerated global regulatory strategy for treatment of GA secondary to AMD

**Strategic Health Authority Interactions**

- ✓ GATHER2 Special Protocol Assessment (SPA) agreement
- ✓ Agreement on Clinical, Clinical Pharmacology, Non-clinical, and CMC development programs through Type C meetings w/ FDA
- ✓ Clear pathway for NDA submission based on 12-month primary endpoint in GATHER1 and GATHER2 pivotal trials confirmed at pre-NDA meeting
- EMA and MHRA Pre-submission and EMA Rapporteur /co-Rapp meetings planned for 1H2023

**Expedited Programs for Serious Conditions**

- ✓ Fast track granted April 2020
- ✓ First and only Breakthrough Therapy Designation (BTD) in GA granted November 2022

**NDA Submission Strategy**

- ✓ Rolling review granted and Full Clinical and Nonclinical data packages submitted November 2022
- CMC (final) portion of NDA on target for submission by Year-end 2022
- Priority review designation anticipated based on pre-NDA feedback and BTD

**MAA Submission Strategy**

- MAA (EU and UK) submissions targeted 2023
- Potential for EMA Accelerated Assessment

**Efficient Regulatory Execution**

- Clinical and nonclinical NDA data packages submitted within 90 days of receiving topline data

# ACP profile may offer advantages that support a favorable benefit risk profile for treatment of GA associated with earlier stage AMD*

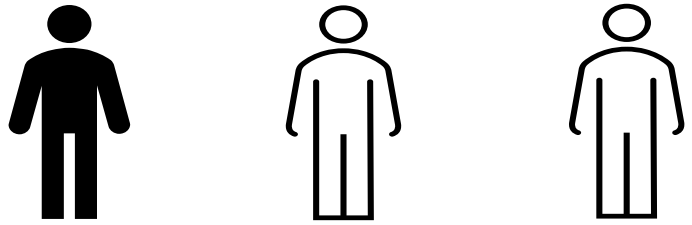
- **Safety and efficacy data submitted with current NDA has potential to support treatment of GA associated with earlier stage AMD, including intermediate AMD**
  - Favorable feedback received from FDA through Type C advice meeting
  - Company does not believe that an additional clinical trial of ACP in patients with intermediate AMD is required
- **Overall safety profile is an important consideration when treating earlier stages of a chronic disease**
  - Specifically targeting C5 does not disrupt important upstream host defense mechanisms
  - Aptamers are not manufactured using biological systems, possibly reducing the risk of inflammatory reactions
  - In pivotal studies GATHER1 and GATHER2 there were no reported events of serious intraocular inflammation, vasculitis, or endophthalmitis
- **Important physiochemical properties of ACP are expected to make ACP compatible with various extended-release technologies that the Company is pursuing**

**Avacincaptad pegol (ACP) is an investigational drug that has not yet been evaluated by any regulatory body for safety and efficacy*

# Preparing for Commercialization

# Patient need: GA represents a significant unmet patient need in retinal disease, with majority of patients undiagnosed

**GA Prevalence (US): Estimated ~1.6M patients[1]**



"It's frustrating not to have a treatment. I want to save the vision I have and will do whatever I can. I want to fight." (GA Patient)

Only ~1/4 of GA patients are diagnosed in the US[2]. Diagnosis rate for the remaining **~1.2M+ undiagnosed patients** expected to accelerate upon treatment availability.

~50% of GA patients present with bilateral disease[2], increasing the overall U.S. prevalence to **~2.4M patient eyes**.

Patient **motivation expected to be high**, notably with patients with concomitant wAMD and bilateral GA, representing the majority of patients.

**In the absence of treatment, 66% of eyes with GA may become blind or severely visually impaired during patients' lifetimes[3]**


1. Klein et. Al., JAMA Ophthalmology 2011
2. IQVIA Medical Claims (Dx) Data Jan'20 – Dec'21 : 24 Months
3. Colijn JM, et al. *JAMA Ophthalmology*. 2021;139(7):743-750.

# Eye Care Providers: High level of excitement for a potential GA treatment

## Retina Specialists: Primary treater targets with both intention and capacity to treat

Almost all (**96%**) of Retina Specialists interviewed[1] anticipated using a potential treatment within the first 6 months post-approval

With additional patient volume expected, over **80%** of Retina Offices interviewed report ability to create the capacity to handle an influx of additional patients

**~3.5K Retina Specialists (U.S.)** with ~1.6K performing 80% of retinal procedures currently. Existing buy and bill business model and referral networks well established

## Referral Optometrists and Ophthalmologists: Key audience for patient diagnosis and referral

Very **adept at diagnosing GA** and will become key for patient diagnosis and referral

"We have been looking for some form of treatment for decades and we're on the brink of having treatments and that's really exciting."

(Retina Specialist)

"We don't know how many potential GA patients are out there. There could be a substantial influx in terms of number of patients we would be doing injections for…"

(Retina Specialist)

"This is reducing the progression which is what we're after. We just need to beat the disease. The bar is low but it's still a game changing thing when there's nothing."

(Retina Specialist)

1. Retina Specialist Pulse Tracker Research 2022.

# Our Team & Programs: preparation well underway for potential first to market launch

## Seasoned team with deep ophthalmology commercialization experience

**Fully operationalized infrastructure and expertise across all core commercial functions:** *Marketing, Sales, Patient Access / Distribution, Analytics/Operations, and Professional Affairs*

**Field Force readiness underway:**

- **Medical Team** deployed, currently engaging with both retina and potential referral providers
- **Field Commercial Team** planned to deploy early 2023 with goal of covering 100% of retina accounts and their local referral networks upon approval

## Market development: Readying eye care professionals for a new treatment paradigm

**Shaping the market to facilitate diagnosis:**

- Disease state education campaigns underway directed to all relevant ECP segments
- Digital and media engagement for broad education

**Implementation plan across span of patient journey:** From awareness, through disease recognition, to treatment and access

**Optimized market access and support for patients and providers**

- Manufacturing, Distribution and Patient Access partners engaged and preparing for potential launch
- Comprehensive market and patient access programs will be in place to accelerate patient access and education at launch
- ~90%+ of patients in the U.S. are expected to be Medicare Part B beneficiaries (buy-and-bill reimbursement model similar to anti-VEGF)

# Thank you