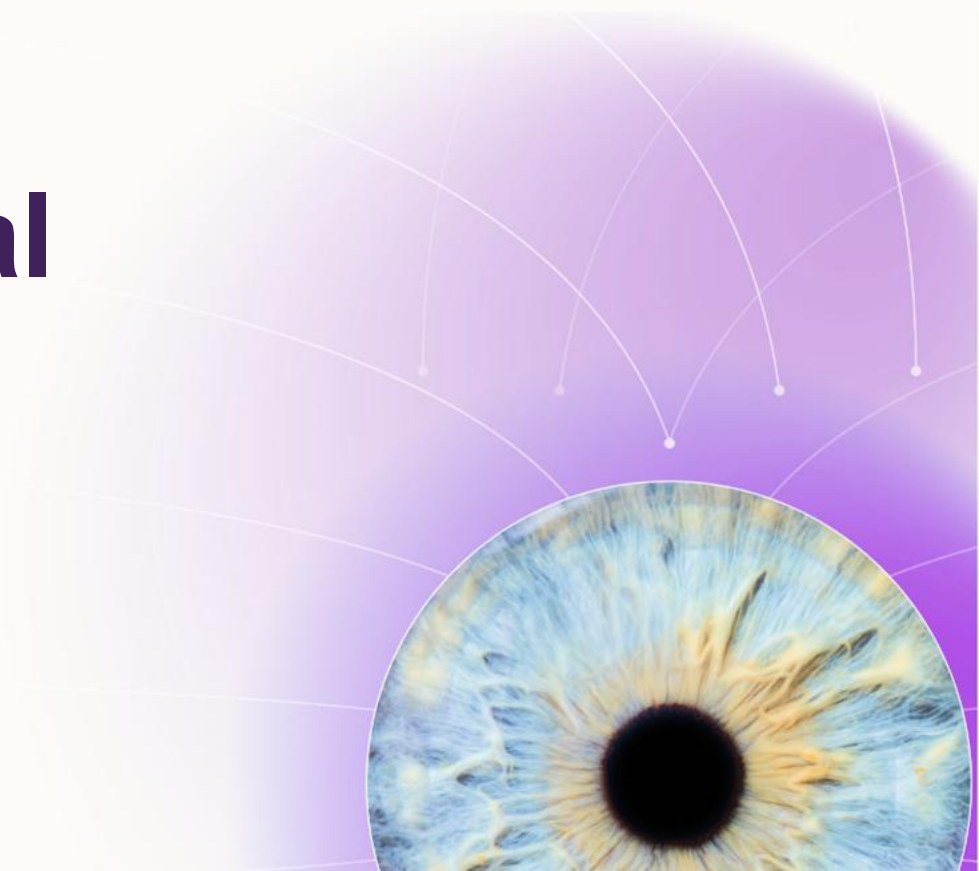




LUCIA Phase 3 Clinical Trial

DURAVYU in Wet AMD

Topline Results | October 2026



Legal Disclaimers

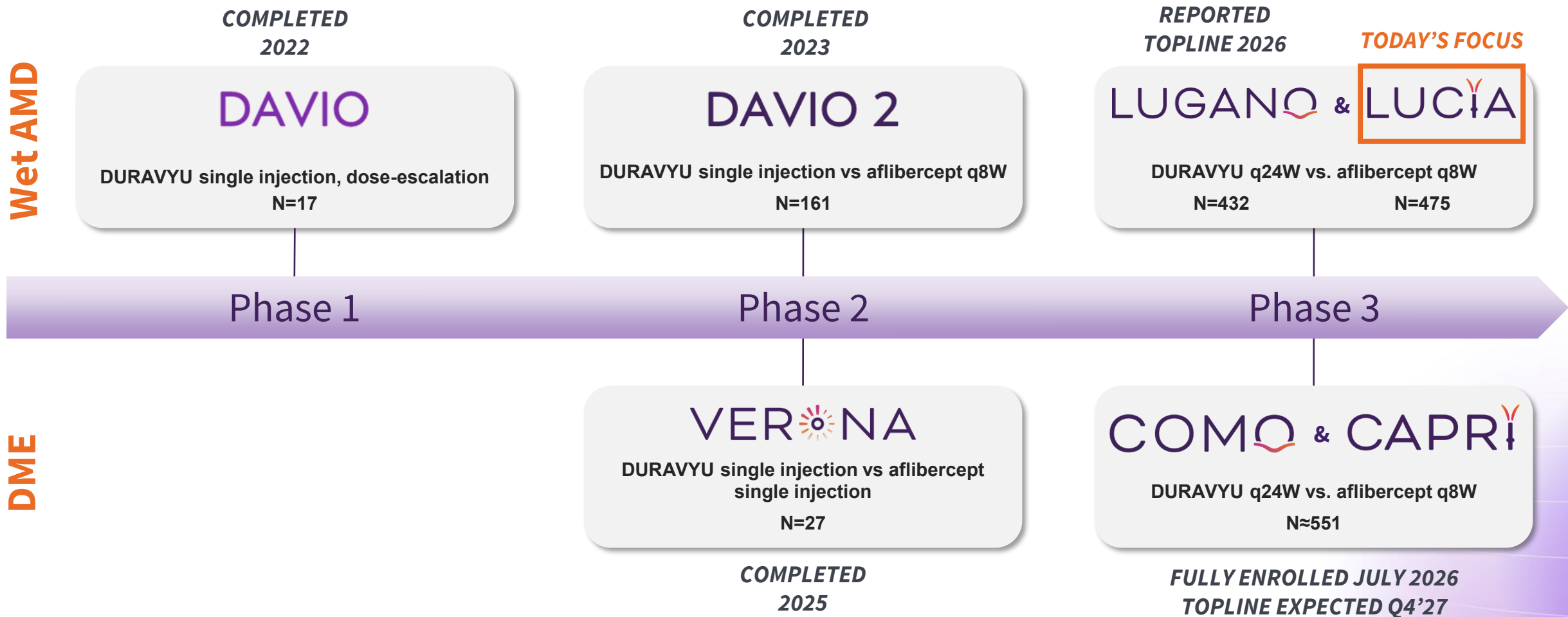
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Introduction

Overview of DURAVYU Development Program

Follows non-inferiority pathway of five most recent FDA approvals in wet AMD



Note: Timeline not to scale.
AMD: age-related macular degeneration; DME: diabetic macular edema; q24W, every 24 weeks; q8W, every 8 weeks.
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The DURAVYU™ Advantage: A Differentiated Program in Retina

- **LATE-STAGE CLINICAL PROGRAM**

DME topline readout in Q4 2027

- **FAVORABLE SAFETY PROFILE**

Comprehensive safety database - favorable profile with **redosing**

- **CLINICALLY RELEVANT TRIAL DESIGN**

On-label SOC dosing as control

- **MULTI-MOA ADVANTAGE**

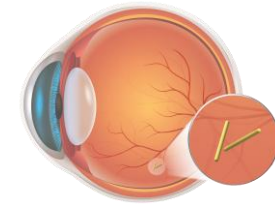
Potential mechanistic edge as only TKI combining VEGF receptor blockade + IL-6/JAK1 anti-inflammatory¹ + PDGF antifibrotic² benefit

- **PROVEN DELIVERY TECHNOLOGY**

DURASERT technology in FDA approved in 4 products

DURAVYU™

vorolanib in bioerodible Durasert E™



Insert not drawn to scale and is enlarged for illustrative purposes.

Each insert:

94% drug / 6% matrix

1/5000th of vitreous volume

Drug release ≥ 6 months

No PEG/PLGA

Room temperature **storage**

1. Data from preclinical studies. Following a single DURAVYU 900 µg dose in Dutch-Belted rabbits, vorolanib reached concentrations exceeding IC50 in the choroid and retina within hours of administration. 2. Wykoff CC, et al. J Vitreoretin Dis. 2024;8(5):577–86. 2. Eyecelerator @AAO 2025 presentation. TKI, tyrosine kinase inhibitor; SOC, standard of care; VEGF, vascular endothelial growth factor; IL-6, interleukin 6; JAK, janus kinase; PDGF, platelet-derived growth factor; PEG, polyethylene glycol; PLGA, polylactic-co-glycolic acid.

Summary

LUCIA **did not meet** primary endpoint of mean change in BCVA, despite visual improvement

Meaningful reduction in treatment burden (nominal p-value <0.0001) with strong **anatomic control** demonstrates activity of DURAVYU

Continued **favorable safety profile with redosing**

Additional analyses ongoing to assess next steps for DURAVYU as a potential treatment for wet AMD

Focused on **DME program** with ongoing, pivotal clinical trials (COMO & CAPRI) topline data readout expected in 4Q 2027



Phase 3 Wet AMD Program

LUGANO and LUCIA Pivotal Trials

LUGANO & LUCIA Follow Established Non-Inferiority Regulatory Path in Wet AMD

Design

- **Patients:** 432 in LUGANO, 475 in LUCIA
- **Two arms (1:1)**
 - DURAVYU 2.7mg
 - **On-label** aflibercept 2mg control given q8W
- DURAVYU dosing every **6 months** (q24W)
- One year efficacy and safety endpoints for NDA submission

Endpoints

Primary Endpoint:

- Non-inferior (NI) mean change in BCVA from Day 1 to Week 52 and Week 56 (blended) vs aflibercept control (NI margin of -4.5 letters)

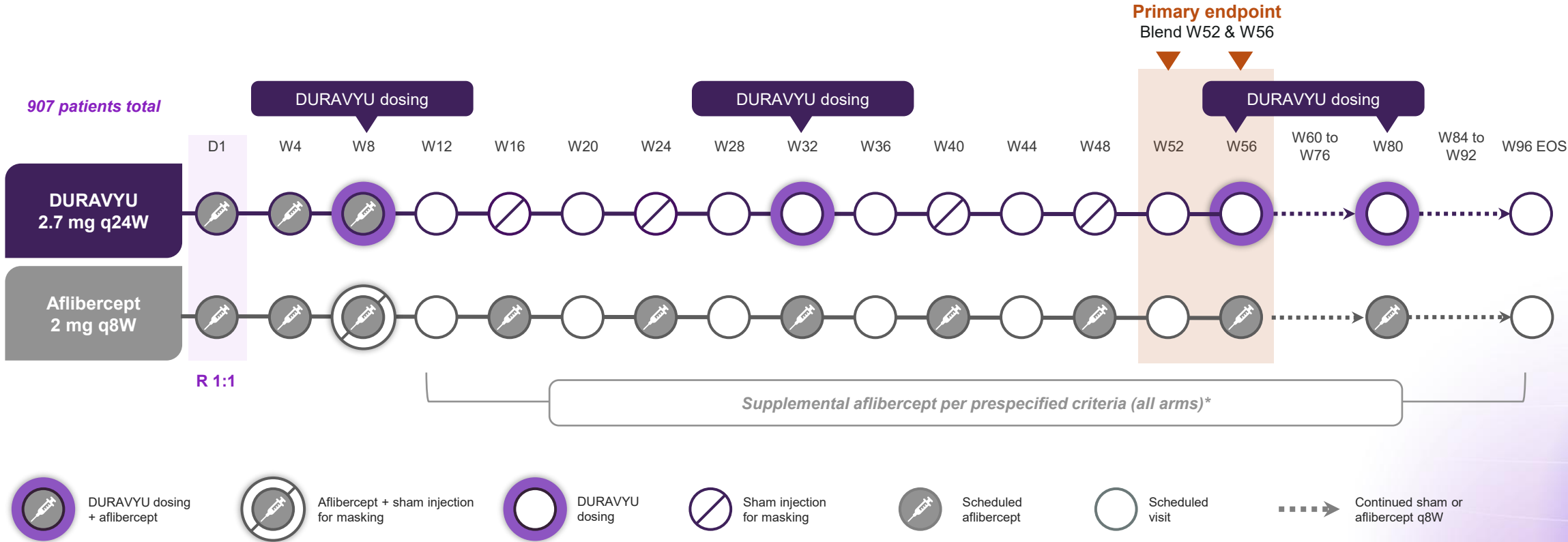
Key Secondary Endpoints:

- Safety
- Reduction in treatment burden (superiority vs on-label aflibercept)
- Percent of eyes supplement-free
- Anatomic stability

Program objective is to demonstrate DURAVYU, administered every six months, achieves similar visual outcomes to on-label aflibercept while reducing treatment burden

Pivotal Phase 3 Program Follows Established Non-Inferiority Regulatory Pathway

LUGANO & LUCIA



*> 5 letter drop with 75 microns new fluid from AMD compared to best on study, or new, sight threatening hemorrhage due to wet AMD
DURAVYU dosing consists of 2 inserts delivered in a single injection.
D, day; W, week; EOS, end-of-study; q24W, every 24 weeks; q8W, every 8 weeks; R, randomization



LUCIA Topline Results

Baseline Characteristics

LUCIA Baseline Characteristics

	DURAVYU 2.7mg (n=232)	Aflibercept 2mg q8W (n=238)
Age (years), mean (SD)	76.8 (8.4)	77.2 (8.5)
≥ 65, n (%)	215 (92.7)	217 (91.2)
Female, n (%)	144 (62.1)	129 (54.2)
Treatment Naïve, n (%)	176 (75.9)	179 (75.2)
Previously Treated, n (%)	56 (24.1)	59 (24.8)
Annualized number of anti-VEGF for previously treated, mean (SD)	8.3 (2.6)	7.9 (2.4)
BCVA (ETDRS letters), mean (SD)	65.0 (10.0)	64.5 (10.3)
> 20/40 Snellen equivalent ¹ , n (%)	90 (38.8)	93 (39.1)
≤ 20/40 Snellen equivalent ¹ , n (%)	142 (61.2)	145 (60.9)
Central CST (um), mean (SD)	314.8 (76.5)	318.3 (82.3)
Total CNV Area by FA (mm ²), mean (SD)	5.8 (4.6)	5.4 (4.1)

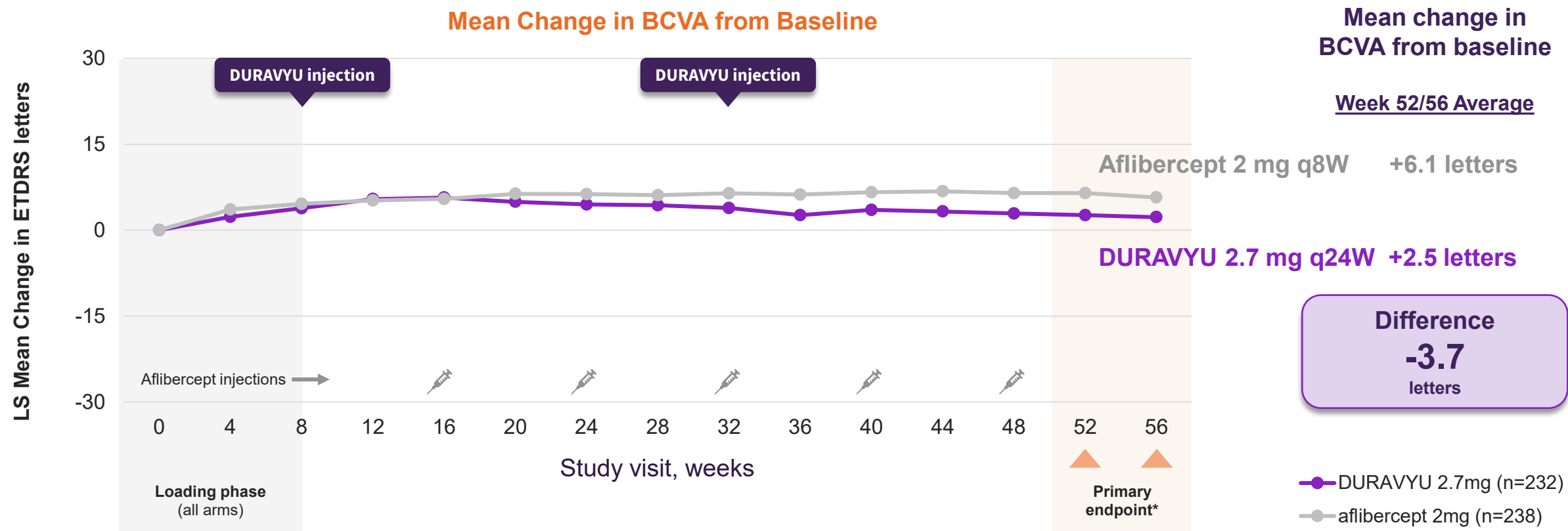
1. Snellen equivalent of 20/40 is 69 ETDRS letters.
SD: standard deviation, n: number of patients
Preliminary data – pending final analysis



LUCIA Topline Results

Visual Acuity

Primary Endpoint: Mean Change in BCVA from Baseline



**DURAVYU did not meet non-inferiority (CI outside 4.5 letters)
BCVA vs. on-label aflibercept control**

*Blended week 52 and week 56 change vs. baseline by MMRM
BCVA, best-corrected visual acuity; ETDRS, early treatment diabetic retinopathy study; LS, least squares; CI, confidence interval; MMRM, mixed model repeated measures; q24W, every 24 weeks; q8W, every 8 weeks.

Preliminary data – pending final analysis

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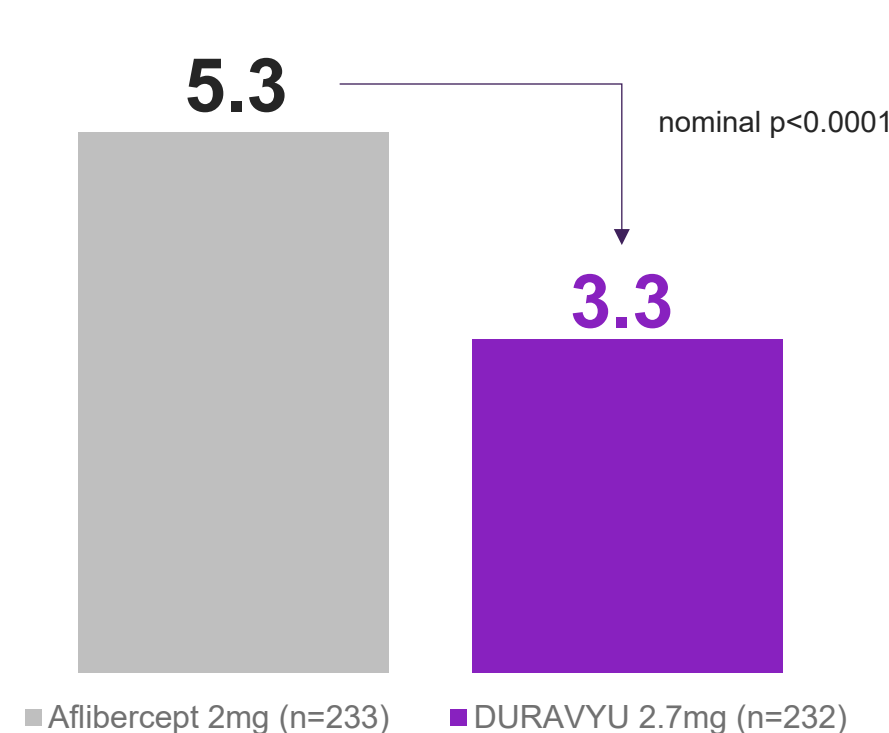


LUCIA Topline Results

**Reduction in Treatment Burden &
Supplement-Free Rates**

Meaningful Treatment Burden Reduction

Total Injections* After Loading Doses (Avg.)



38%

Treatment Burden Reduction
achieving superiority to on-label
aflibercept (maximum 60%)

1.3

Average Supplements
in DURAVYU patients¹

2

Fewer Injections
on average, in DURAVYU patients
vs. on-label aflibercept

1. Approximately 1.3 average supplemental injection annualized

*Participants who discontinued treatment or study early without any Week 8 or later injections of study drug were not included.

For DURAVYU group: the number of injections includes the DURAVYU injections at Week 8 and Week 32, and all supplemental injections after Week 8 through Week 56. For aflibercept group: the number of injections includes all aflibercept and supplemental injections after Week 8 up to Week 56. Week 56 study treatment injection was excluded from this analysis. Scheduled aflibercept injections from Day 1 through Week 8 were excluded. Week 56 study treatment injection was excluded from this analysis.

Supplement-Free Rates Demonstrate DURAVYU’s Durability

Over half of eyes were controlled by DURAVYU alone up to Week 56

	DURAVYU 2.7mg	
	Up to Week 32	Up to Week 56
Supplement-Free Patients	70%	52%
Patients with 0 or 1 Supplement	94%	71%
Patients with 2 or fewer Supplements	99.6%	83%

Note: For DURAVYU group: the number of injections includes the DURAVYU injections at Week 8 and Week 32, and all supplemental injections after Week 8 and up to Week 56. Week 56 study treatment injection was excluded from this analysis. Scheduled loading dose aflibercept injections from Day 1 through Week 8 were excluded.

Preliminary data – pending final analysis

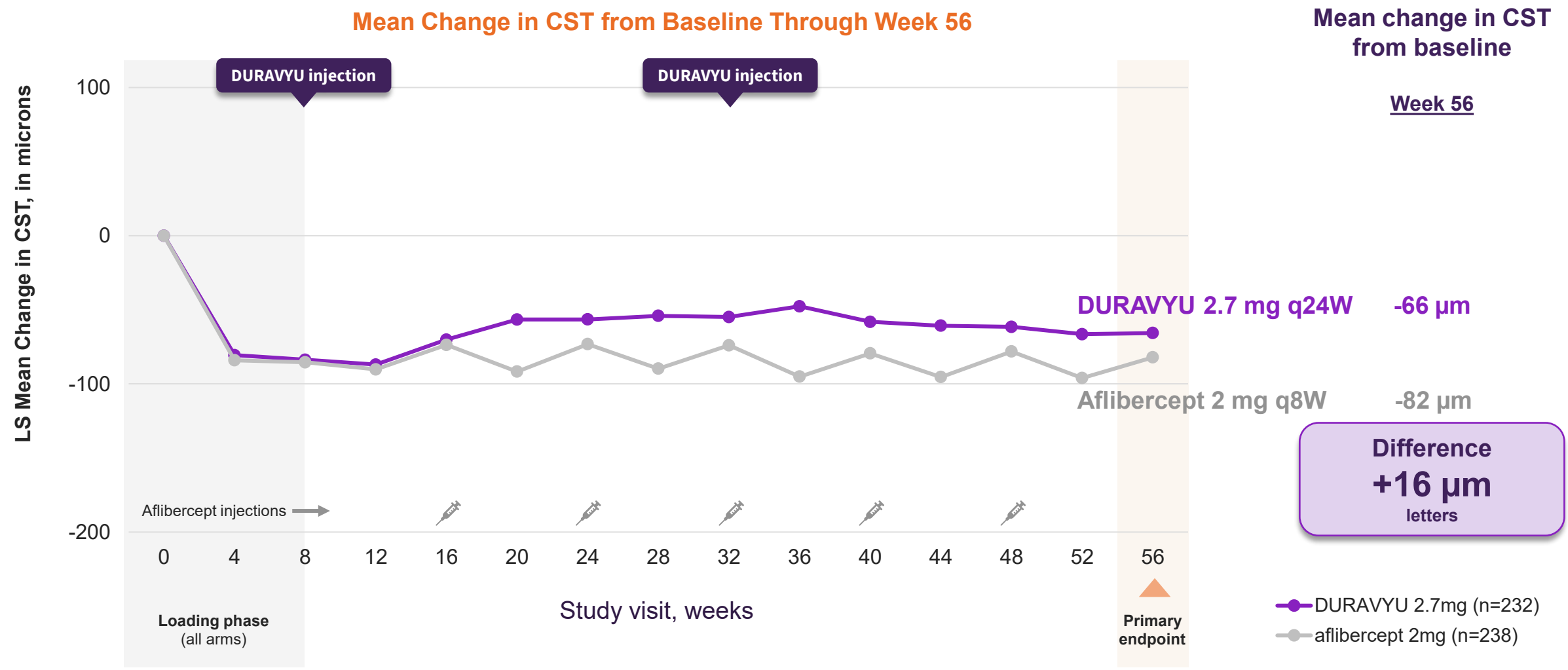
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LUCIA Topline Results

Anatomic Control

Anatomic Results Demonstrate Fluid Control





LUCIA Topline Results

Safety Data

DURAVYU Favorable Safety Profile With Repeat Dosing

- **No cases of:**
 - Insert migration into the anterior chamber
 - Anterior chamber opacities
 - Free-floating particles
 - Retinal vasculitis (occlusive or non-occlusive)
- AEs of particular interest – all **<1%** in both arms:
 - Severe intraocular inflammation
 - Endophthalmitis
- Majority of cases of floaters were mild
- Low patient discontinuation rate of ~8% through Week 56 in each arm
 - No study or treatment discontinuations were related to DURAVYU

DURAVYU Favorable Safety Profile With Repeat Dosing

Subjects with Ocular AEs in Study Eye ≥2% through Week 56	DURAVYU 2.7mg (n=232)	Aflibercept 2mg (n=243)
Conjunctival haemorrhage	9.1%	3.7%
Vitreous floaters	8.2%	2.1%
Cataract	4.7%	5.3%
Neovascular age-related macular degeneration	4.7%	2.1%
Retinal haemorrhage	4.7%	1.2%
Posterior capsule opacification	4.3%	2.9%
Intraocular pressure increased	4.3%	2.5%
Visual impairment	3.0%	0.8%
Vitreous haemorrhage	3.0%	0.0%
Eye pain	2.6%	0.4%
Subretinal fluid	2.6%	1.2%
Visual acuity reduced	2.6%	0.8%
Ocular hypertension	2.2%	0.4%
Retinal oedema	2.2%	0.4%

AE, adverse event.
Preliminary data – pending final analysis

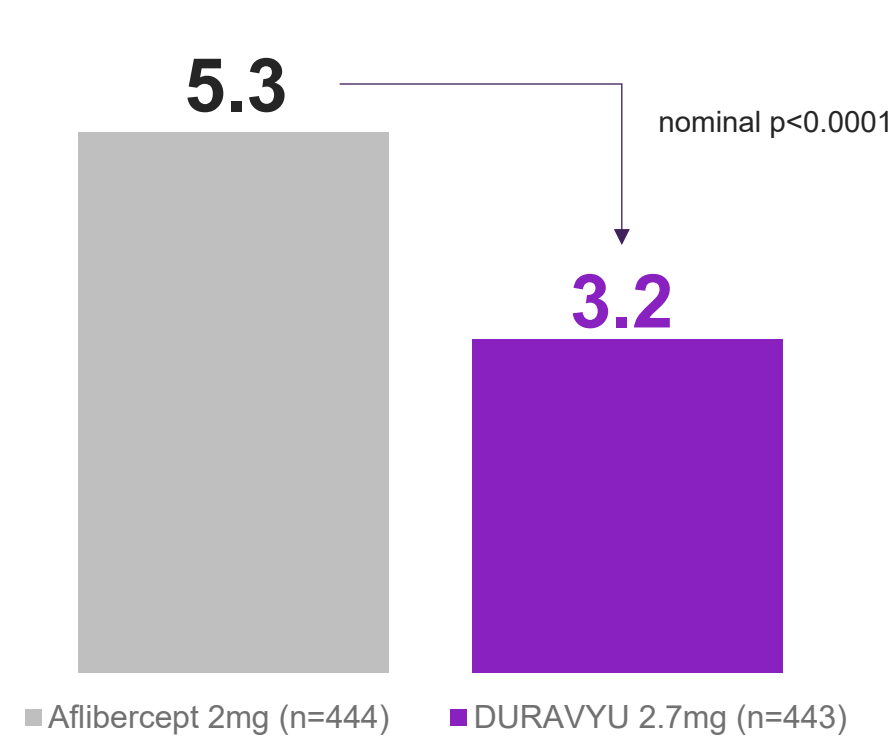


Pooled Results

LUGANO and LUCIA

Pooled Treatment Burden Reduction is Meaningful

Total Injections* After Loading Doses (Avg.)



40%

Treatment Burden Reduction
achieving superiority to on-label
aflibercept (maximum 60%)

1.2

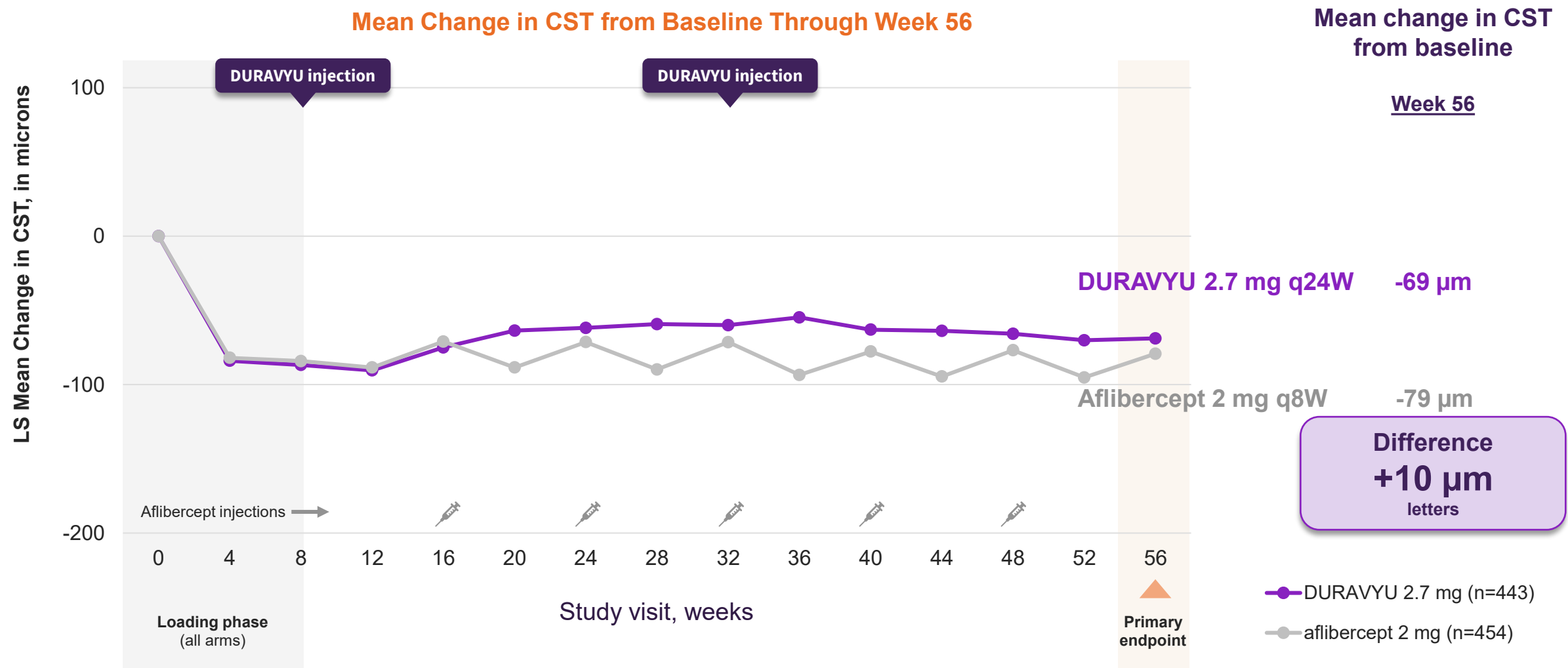
Average Supplements
in DURAVYU patients¹

2

Fewer Injections
on average, in DURAVYU patients
vs. on-label aflibercept

1. Approximately 1.2 average supplemental injection annualized
*Participants who discontinued treatment or study early without any Week 8 or later injections of study drug were not included.
For DURAVYU group: the number of injections includes the DURAVYU injections at Week 8 and Week 32, and all supplemental injections after Week 8 through Week 56. For aflibercept group: the number of injections includes all aflibercept and supplemental injections after Week 8 up to Week 56. Week 56 study treatment injection was excluded from this analysis. Scheduled aflibercept injections from Day 1 through Week 8 were excluded. Week 56 study treatment injection was excluded from this analysis.

Pooled Anatomic Results Demonstrate Fluid Control



LS, least squares; CST, central subfield thickness; q24W, every 24 weeks; q8W, every 8 weeks.
Preliminary data – pending final analysis
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Pooled Safety Favorable with Redosing

Subjects with Ocular AEs in Study Eye $\geq 2\%$ through Week 56	DURAVYU 2.7mg (n=443)	Aflibercept 2mg (n=464)
Conjunctival haemorrhage	10.2%	4.3%
Vitreous floaters	8.6%	2.8%
Neovascular age-related macular degeneration	5.9%	1.7%
Retinal haemorrhage	4.7%	1.5%
Cataract	4.5%	5.4%
Posterior capsule opacification	4.3%	2.6%
Intraocular pressure increased	4.1%	2.8%
Visual acuity reduced	3.2%	3.0%
Vitreous detachment	3.2%	2.6%
Dry eye	2.9%	4.5%
Visual impairment	2.7%	0.4%
Eye pain	2.5%	0.6%
Retinal oedema	2.5%	0.6%
Subretinal fluid	2.5%	1.3%
Vitreous haemorrhage	2.3%	0.0%
Dry age-related macular degeneration	2.0%	1.9%

AE, adverse event.

Preliminary data – pending final analysis



Review of DME Program

COMO and CAPRI: Phase 3 DME Program Designed to Enable Potential Global Regulatory and Commercial Success

Key Elements of Phase 3 Trial Design:

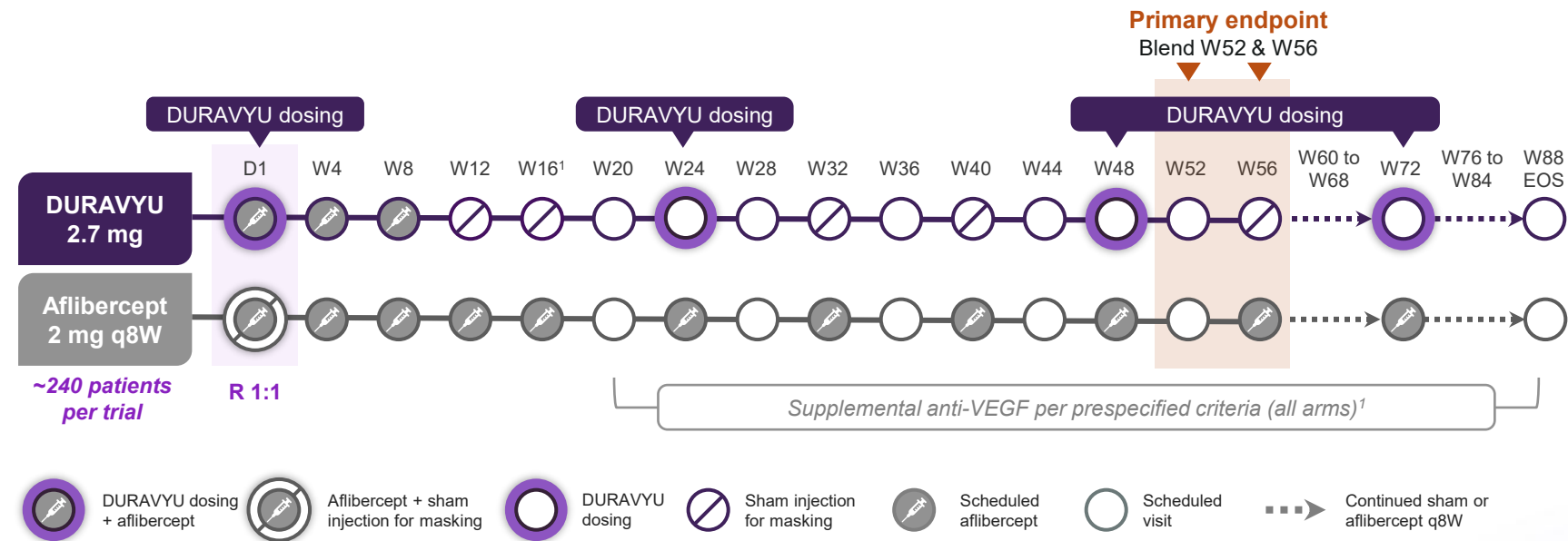
- Informed by **positive Phase 2 VERONA trial**
- Aligned with the FDA and EMA on the pivotal program; **established non-inferiority regulatory path**
- **High physician enthusiasm** with participation from all ~90 sites invited from wet AMD Program
- Enrolled **over 550** patients across both DME trials

COMO & CAPRI

- **First patients dosed in both trials in February 2026**
- **Full enrollment in July 2026**
- **Topline data expected in 4Q 2027**

Phase 3 Pivotal Trials in DME: Designed to Evaluate Non-Inferiority of DURAVYU vs On-Label Aflibercept Control

COMO
&
CAPRI



Primary Endpoint

Difference in mean change in BCVA from Day 1 to W52 and W56 (blended) vs. aflibercept control

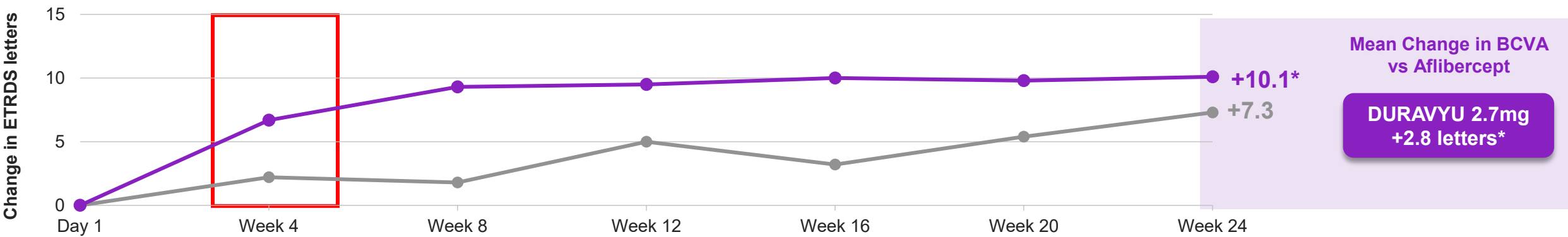
Secondary Endpoints

- Safety
- Reduction in treatment burden (superiority vs on-label aflibercept)
- Percent of eyes supplement-free
- Anatomical stability

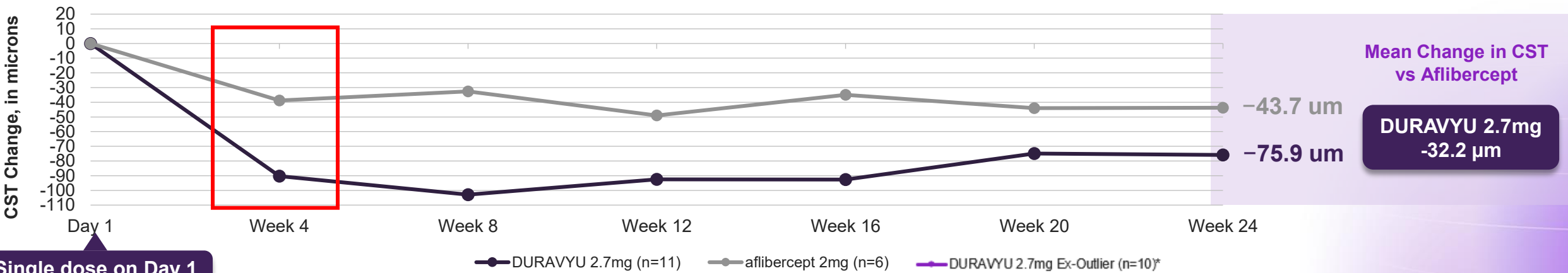
DURAVYU dosing consists of 2 inserts delivered in a single injection. 1. Criteria for supplemental injection assessed starting after Week 16 and at every subsequent visit. D, day; W, week. EOS, end of study; q8W, every 8 weeks; R, randomization; DME, diabetic macular edema; BCVA, best-corrected visual acuity

Phase 2 VERONA: Single DURAVYU 2.7mg Treatment Demonstrated Meaningful Vision and Anatomical Improvement as Early as Week 4

BCVA Change from Baseline



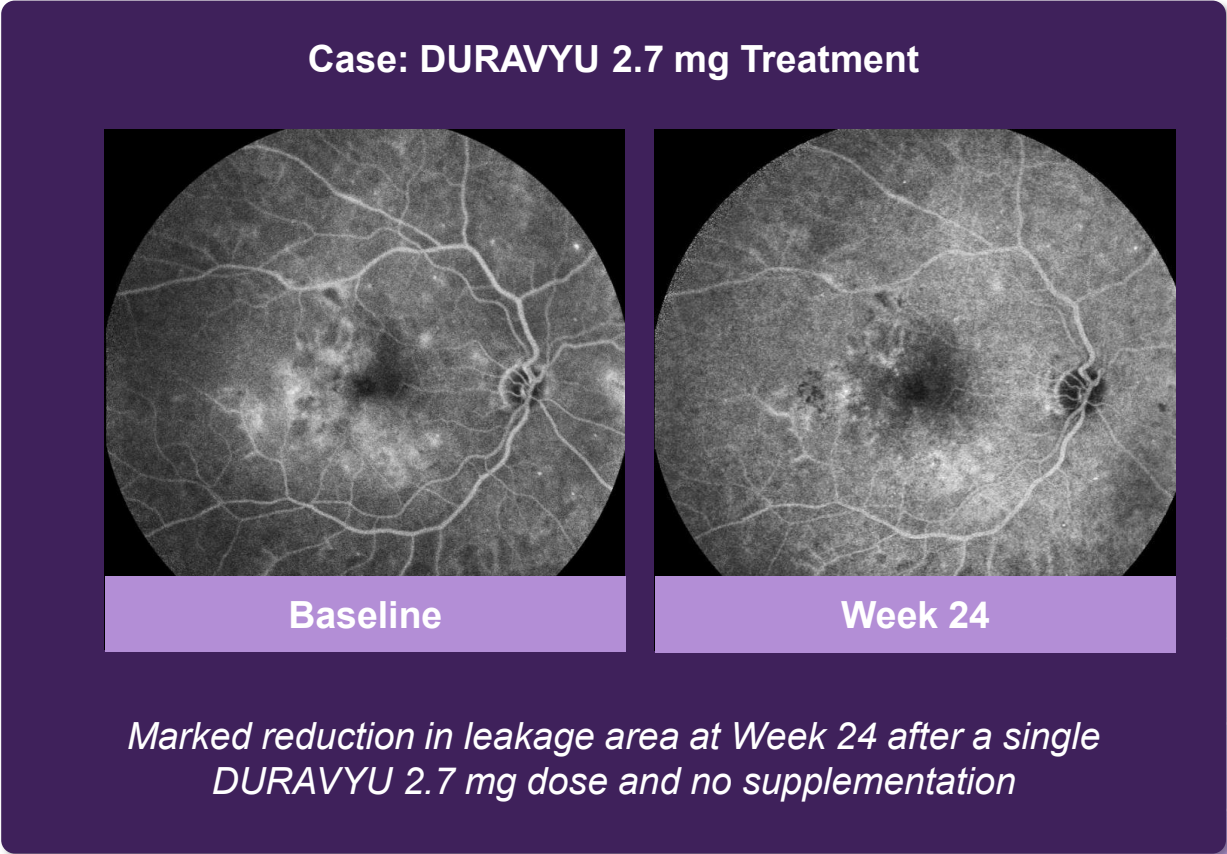
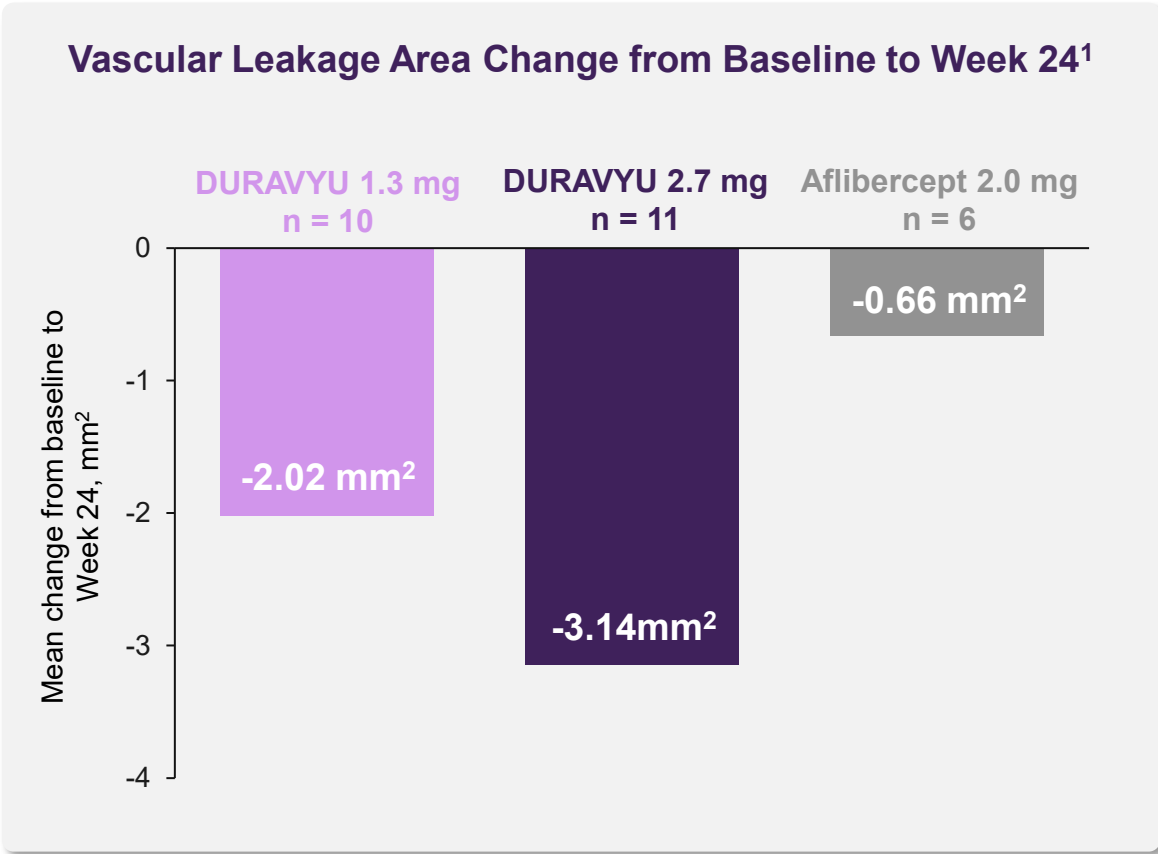
CST Change from Baseline



*Data excludes one outlier patient. Outlier patient was removed from analysis because the patient missed multiple visits including the Week 20 visit resulting in vision loss of >20 letters at the Week 24 visit. BCVA, best-corrected visual acuity; CST, central subfield thickness; ETDRS, Early Treatment Diabetic Retinopathy Study; VERONA Clinicaltrials.gov Identifier: NCT06099184. Data on file.

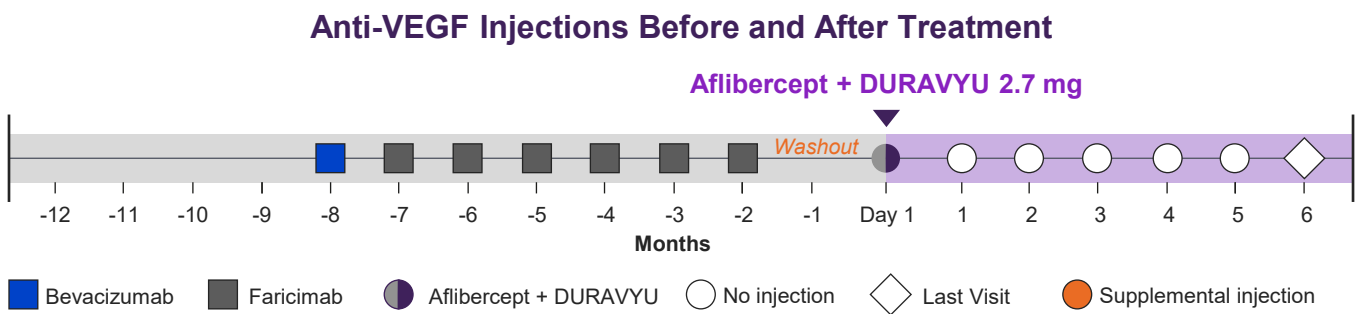
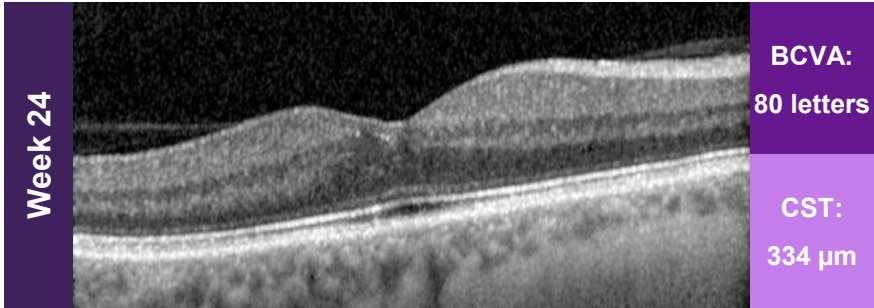
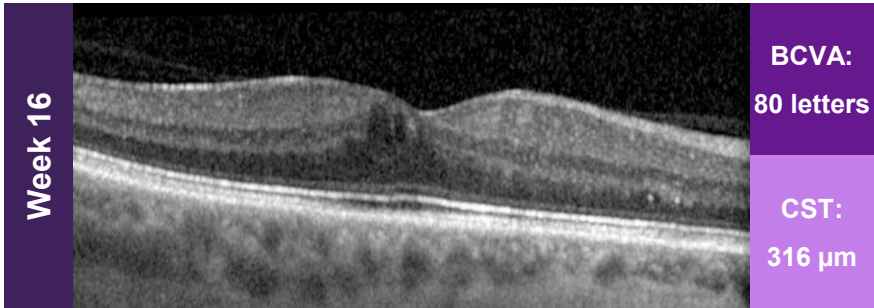
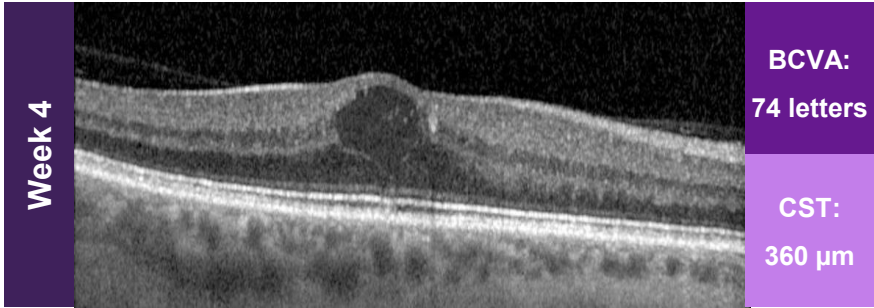
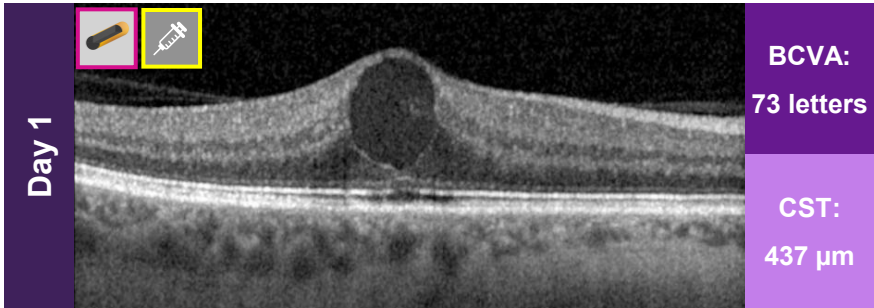
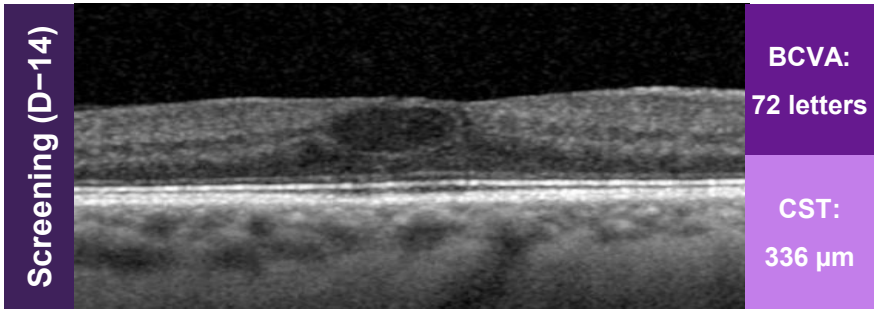
Dose-Dependent Reduction in Macular Leakage Area with a Single DURAVYU Injection in DME

Macular leakage is a biomarker of vascular instability in DME



Illustrative patient case; not representative of all observed cases or predictive of treatment outcomes
1. Change from baseline in vascular leakage (mm²) in the macula and in the total retinal area. Full analysis set. DME, diabetic macular edema.
VERONA Clinicaltrials.gov Identifier: NCT06099184. Data on file.

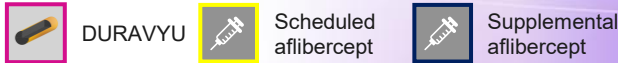
Continued Drying at Week 24 with Improved BCVA After a Single DURAVYU 2.7mg Dose and No Supplementation



Patient presented with fluid at Screening and Day 1

Fluid dried after a single dose of DURAVYU

Vision improved by +8 letters



Illustrative patient case; not representative of all observed cases or predictive of treatment outcomes.
BCVA, best-corrected visual acuity; CST, central subfield thickness; D, day; VA, visual acuity; VEGF, vascular endothelial growth factor.
VERONA Clinicaltrials.gov Identifier: NCT06099184. Data on file.



Conclusions & Next Steps

Summary

LUCIA **did not meet** primary endpoint of mean change in BCVA, despite visual improvement

Meaningful reduction in treatment burden (nominal p-value <0.0001) with strong **anatomic control** demonstrates activity of DURAVYU

Continued **favorable safety profile with redosing**

Additional analyses ongoing to assess next steps for DURAVYU as a potential treatment for wet AMD

Focused on **DME program** with ongoing, pivotal clinical trials (COMO & CAPRI) topline data readout expected in 4Q 2027



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