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# OPHTHOTECH

*36<sup>th</sup> Annual J.P. Morgan Healthcare Conference*

*Glenn Sblendorio, Chief Executive Officer and President*

# Forward-looking statements

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*Any statements in this presentation about Ophthotech’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 any statements about Ophthotech’s strategy, future operations and future expectations and plans and prospects for Ophthotech, and any other statements containing the words “anticipate,” “believe,” “estimate,” “expect,” “intend,” “goal,” “may,” “might,” “plan,” “predict,” “project,” “target,” “potential,” “will,” “would,” “could,” “should,” “continue,” and similar expressions. In this presentation, Ophthotech’s forward looking statements include statements about the implementation of its strategic plan, Ophthotech's projected use of cash and cash balances, the timing, progress and results of clinical trials and other development activities, and the potential for its business development strategy, including any potential in-license or acquisition opportunities. Such forward-looking statements involve substantial risks and uncertainties that could cause Ophthotech’s clinical 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 the initiation and conduct of clinical trials, availability of data from clinical trials, expectations for regulatory matters and negotiation and consummation of in-license and/or acquisition transactions, need for additional financing and other factors discussed in the “Risk Factors” section contained in the quarterly and annual reports that Ophthotech files with the Securities and Exchange Commission. Any forward-looking statements represent Ophthotech’s views only as of the date of this presentation. Ophthotech anticipates that subsequent events and developments will cause its views to change. While Ophthotech may elect to update these forward-looking statements at some point in the future, Ophthotech specifically disclaims any obligation to do so except as required by law.*

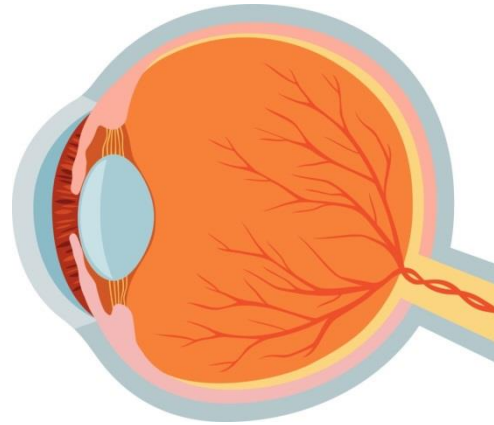
# Ophthalmology: Age-related and Orphan Indications

## Science Driven and Retina Focused

- **Deep Expertise in Ophthalmic Drug Development**
  - Multiple retina specialists
  - Strong global KOL network to facilitate clinical execution
  - Highly experienced clinical development team
- **Current Clinical Programs**
  - **Age-related**
    - Clinical trials in wet and dry AMD currently ongoing
    - Multi-billion dollar market opportunities
  - **Orphan**
    - Significant unmet medical need
    - Multiple programs ongoing or planned, led by a program in autosomal recessive Stargardt disease
- **Business Development Strategy**
  - Orphan ophthalmic and retinal diseases with therapeutic and gene therapy solutions
- **Strong Cash Position**
  - ~\$167 million in cash and cash equivalents as of 12/31/17<sup>1</sup>

<sup>1</sup>Unaudited estimate

# Value Creation: Multiple Track Strategy



## Age-related Diseases

Multiple opportunities  
in large markets where medical  
need remains for patients

## Orphan Diseases

Focus on underserved  
patients with the potential for  
an accelerated path to market

Business Development  
Disciplined approach to  
evaluation of therapeutic and  
gene therapy solutions to  
ophthalmic diseases

# Diversified Pipeline in Age-related and Orphan Diseases

## Zimura<sup>®</sup> (Complement C5 inhibitor)

**Dry AMD (GA)**



- Phase 2b trial ongoing (monotherapy)
- ~ 200 Patients / Primary endpoint at Month 12
- Top-line data expected in 2H/2019

**Wet AMD**



- Phase 2a trial ongoing (in combination with anti-VEGF)
- ~ 60 Patients / 6 month study
- Top-line data expected in late 2018

**Autosomal Recessive  
Stargardt Disease (Orphan)**



- Phase 2b trial ongoing (monotherapy)
- ~ 120 Patients / Primary endpoint at Month 18
- Top-line data expected in 2020

**Idiopathic Polypoidal Choroidal  
Vasculopathy (IPCV)**



- Phase 2a trial ongoing (in combination with anti-VEGF)
- ~ 20 Patients / 9 month study
- Top-line data expected in 2H/2019

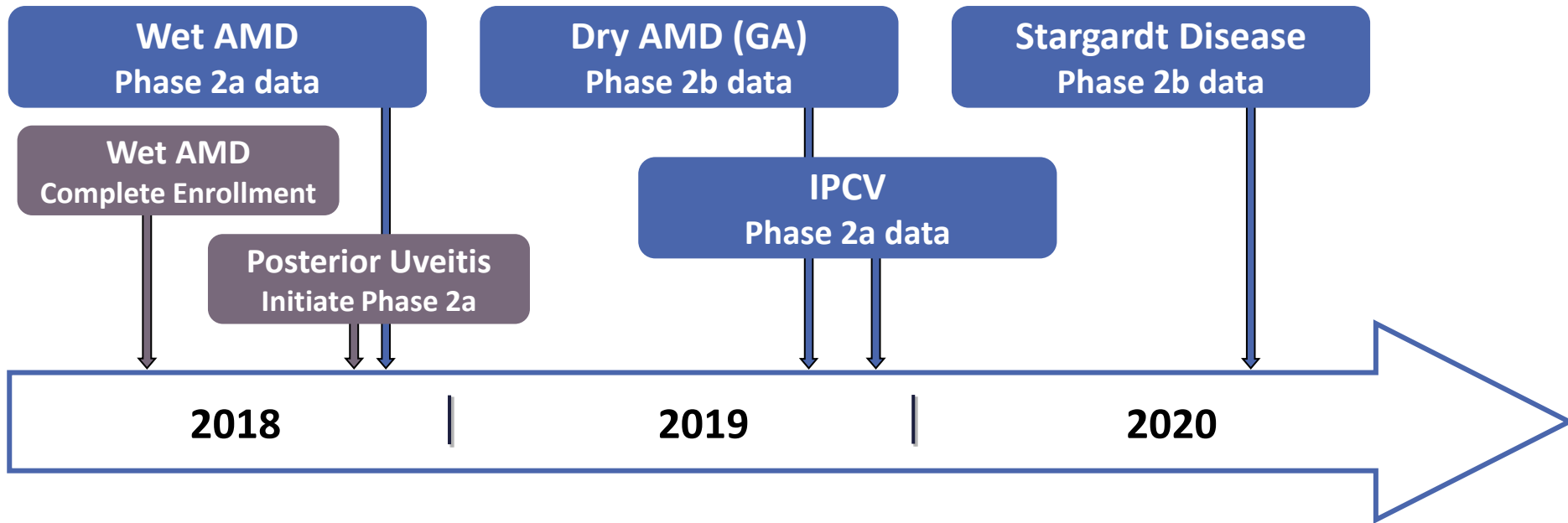
**Intermediate/Posterior Uveitis  
(Orphan)**





- Phase 2a trial planning to initiate in 2018 (monotherapy)

# Multiple Catalysts Near-term and Beyond

## Zimura (Complement C5 inhibitor)



 Top-line data based on current projections

 Clinical milestones based on current projections

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# ***Zimura, C5 Complement Inhibitor***

**Geographic Atrophy Secondary to Dry AMD**

# Development of Zimura for Geographic Atrophy Secondary to Dry AMD

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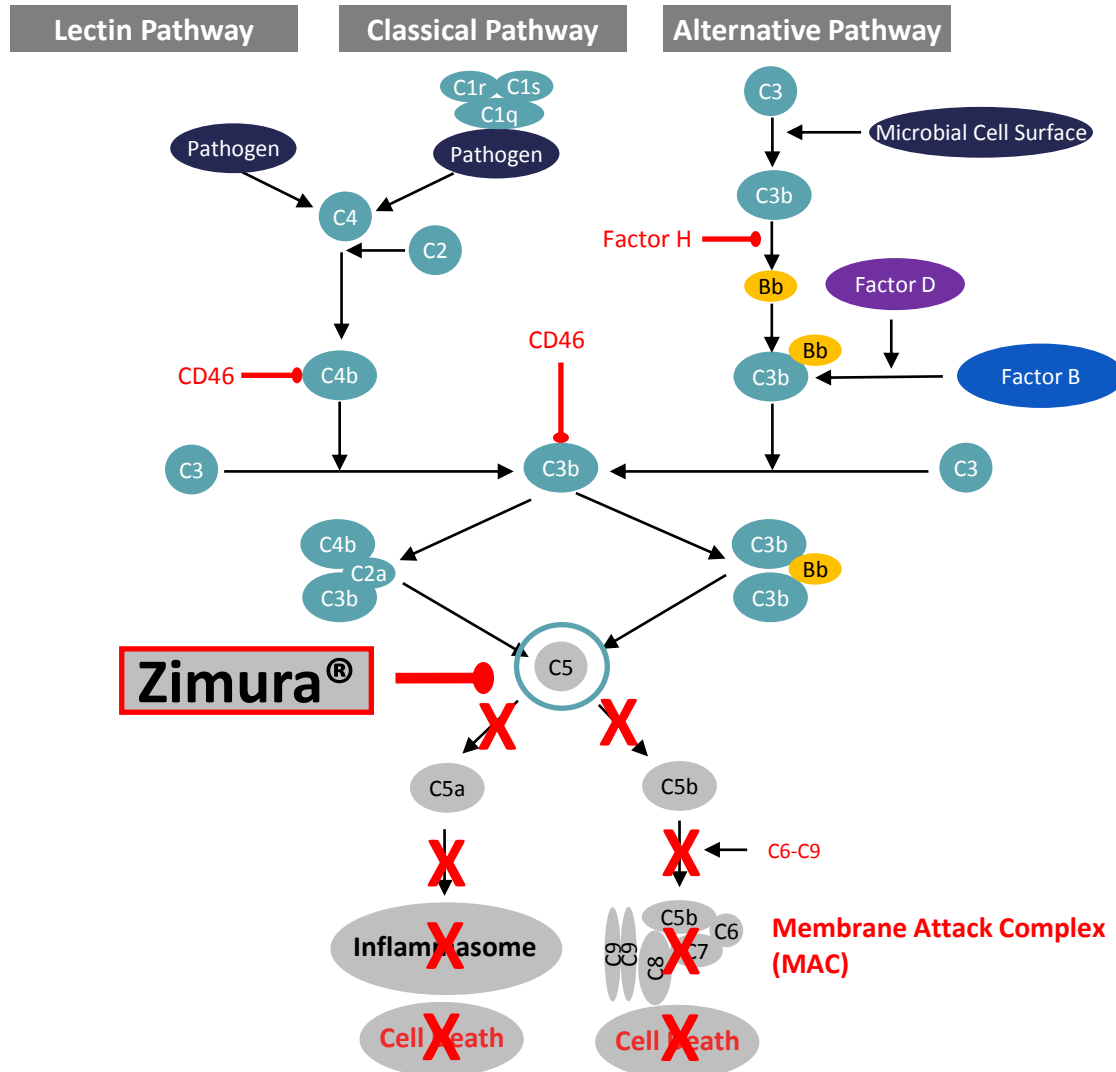
- Major unmet medical need
  - Large market with no approved treatment options available
- Role of complement in dry AMD<sup>1</sup>
  - Complement deposition increases with aging
  - Complement activation leads to the formation and accumulation of inflammasomes and Membrane Attack Complex (MAC)
  - Inflammasomes and MAC lead to retinal pigment epithelial (RPE) cell death
  - RPE degeneration leads to photoreceptor cell death and loss of vision

<sup>1</sup> The Journal of Biological Chemistry Vol. 290, NO. 52, pp. 31189–31198, December 25, 2015. Invest Ophthalmol Vis Sci. 2013;54:110–120. J Immunol. 2015; 195:3382-3389. Med Sci Monit, 2010; 16(1): BR17-23. Am J Ophthalmol 2002;134:411–431. Proc Natl Acad Sci USA. 2005, 102(20), 7053-7054.



# Zimura - Complement C5 Inhibitor

Inhibition of C5 prevents the formation of C5a and C5b-9, regardless of complement pathway

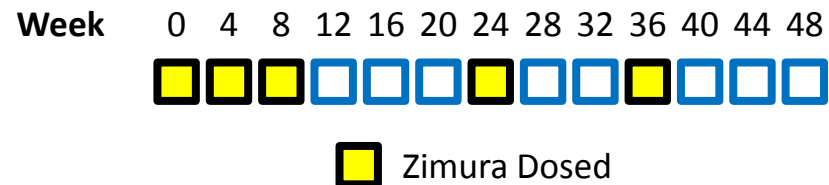


Source: OPHT internal

# Zimura Phase 1/2a Dry AMD (GA) – Completed\*

## Study Design

Intravitreal Zimura was administered for a maximum of 5 injections at one of two dose levels (0.3 mg/eye or 1mg/eye)



## 47 Patients Enrolled

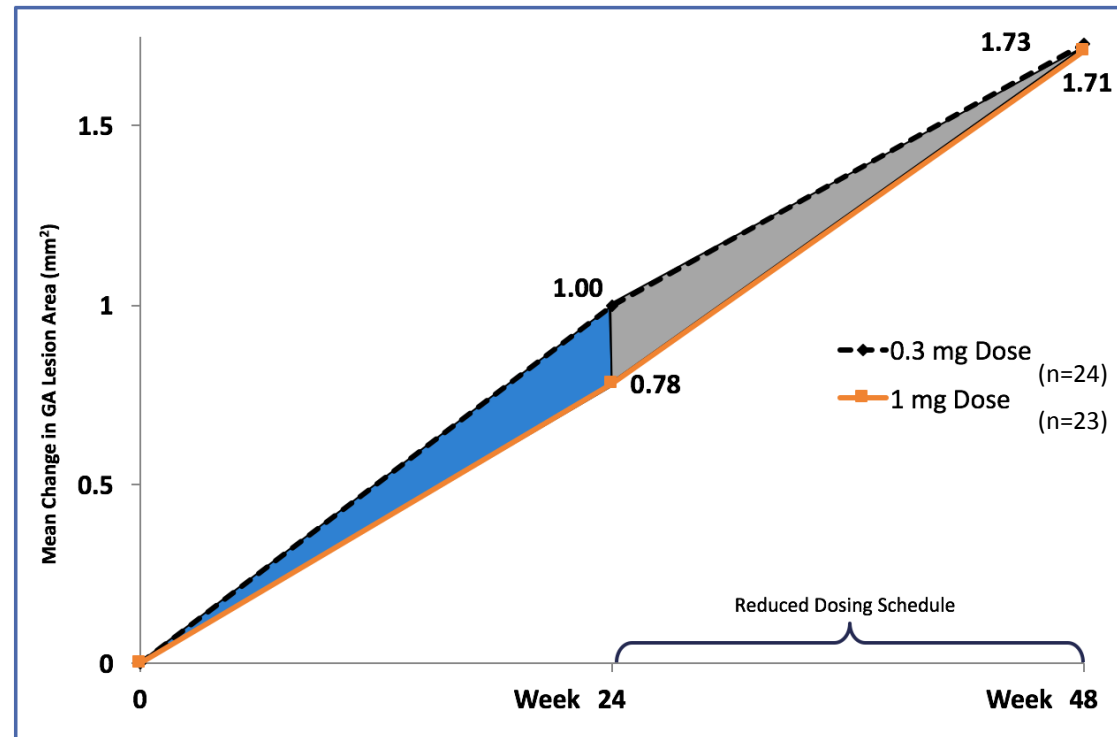
0.3 mg dose group (n=24)

1 mg dose group (n=23)

\*Uncontrolled safety trial; small sample size

# Zimura Phase 1/2a Dry AMD (GA) – Completed\*

- **Potential efficacy signal(s)**
  - Presence of a dose-response trend with “on-off effect”
- **Safety**
  - No Zimura related adverse events
  - Zero incidence of wet AMD in eyes treated with Zimura



\*Uncontrolled safety trial; small sample size

# Zimura Phase 2b Dry AMD (GA) Clinical Trial – Ongoing

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- Phase 2b, randomized, double masked, sham controlled clinical trial
- Study recently amended to accelerate anticipated timeline to obtain data
- ~ 200 subjects will be treated with monthly study treatment (Zimura or Sham) for 18 months
- Primary Efficacy Endpoint
  - Mean rate of change in GA over 12 months measured by fundus autofluorescence (FAF) at three time points

**Top-line data expected in 2H 2019**

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# *Zimura, C5 Complement Inhibitor*

**Wet Age-Related Macular Degeneration**

# Current Standard of Care – Anti-VEGF Monotherapy



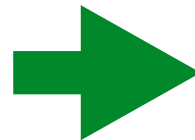
AMERICAN ACADEMY™  
OF OPHTHALMOLOGY



## Five-Year Outcomes with Anti-Vascular Endothelial Growth Factor Treatment of Neovascular Age-Related Macular Degeneration

### Unmet Need

“The processes responsible for the decrease in vision in CATT and other studies are multiple, but seem to be related to an increase in the proportion patients with an abnormally thin retina ( $< 120 \mu\text{m}$ ), an increase in prevalence of geographic atrophy, . . . ”



“These data highlight the need for agents that can prevent or minimize geographic atrophy . . . ”

Source: Ophthalmology 2016;123:1751-1761

# Development of Zimura for Wet AMD

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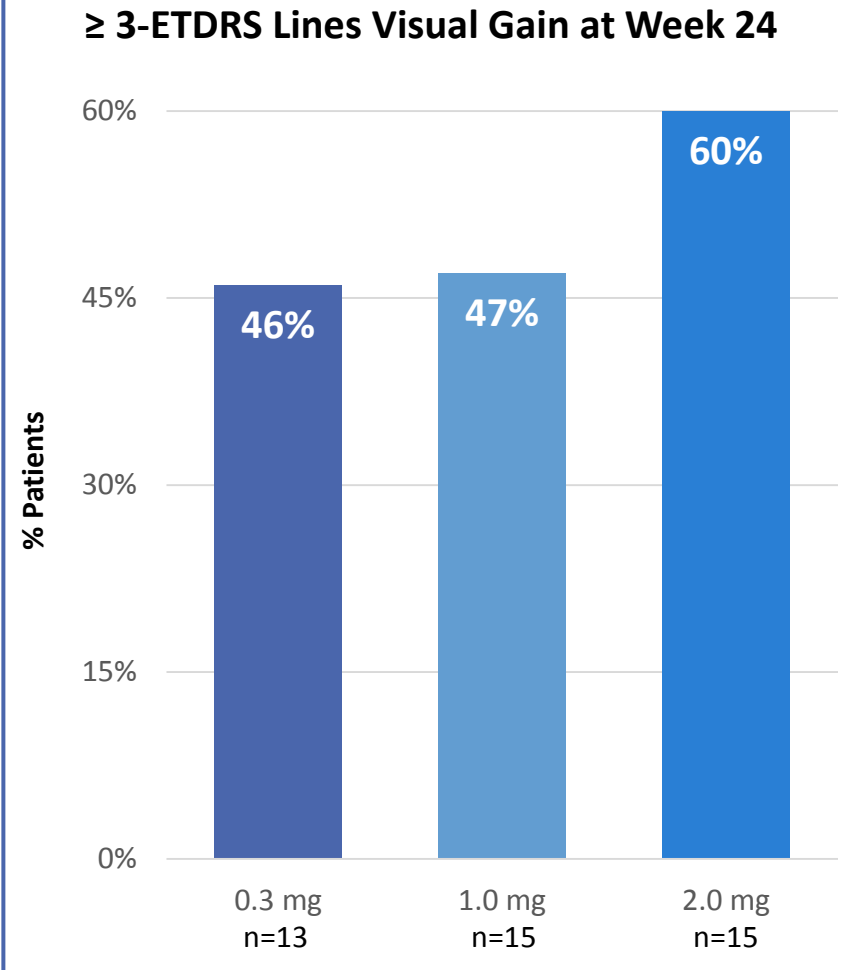
- Unmet medical need remains— major market opportunity
- Anti-VEGF monotherapy:
  - Shown to reach a ceiling effect
  - Majority of patients do not reach a visual acuity of 20/40 or better
  - In the real world most patients lose vision over time
- Role of Complement in Wet AMD<sup>1</sup>
  - VEGF Increases Complement Factor H (CFH) (regulator of complement activation)
  - CFH decreases complement activation
  - Anti-VEGF Increases complement activation
  - Patients receiving anti-VEGF monotherapy may develop geographic atrophy<sup>2</sup>
- Adding Zimura to anti-VEGF therapy may improve the efficacy and safety of anti-VEGF

<sup>1</sup>J Clin Invest. 2017;127(1):199-214

<sup>2</sup>Ophthalmology 2014; 121:150-161.

# Zimura Phase 1/2a Wet AMD – Completed\*

- Included:
  - Treatment-naïve patients
  - All CNV subtypes
  - Patients receiving six monthly doses of Zimura in combination with Lucentis® 0.5mg
- Safety:
  - All doses well tolerated; no safety concerns were identified



\*Uncontrolled safety trial; small sample size; subgroup analysis



# Zimura Wet AMD Clinical Trial – Ongoing

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- Phase 2a open label clinical trial
- N = ~ 60 subjects
- Objectives:
  - To assess the safety of intravitreal Zimura administered in combination with Lucentis® 0.5 mg in treatment naïve subjects with wet AMD
  - Dose ranging
  - Validate results from previously completed Phase 1/2a
- Duration: 6 months

**Top-line data expected in late 2018**

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# ***Zimura, C5 Complement Inhibitor***

**Autosomal Recessive Stargardt Disease (STGD1)  
(Orphan Indication)**

# Development of Zimura in Autosomal Recessive Stargardt Disease

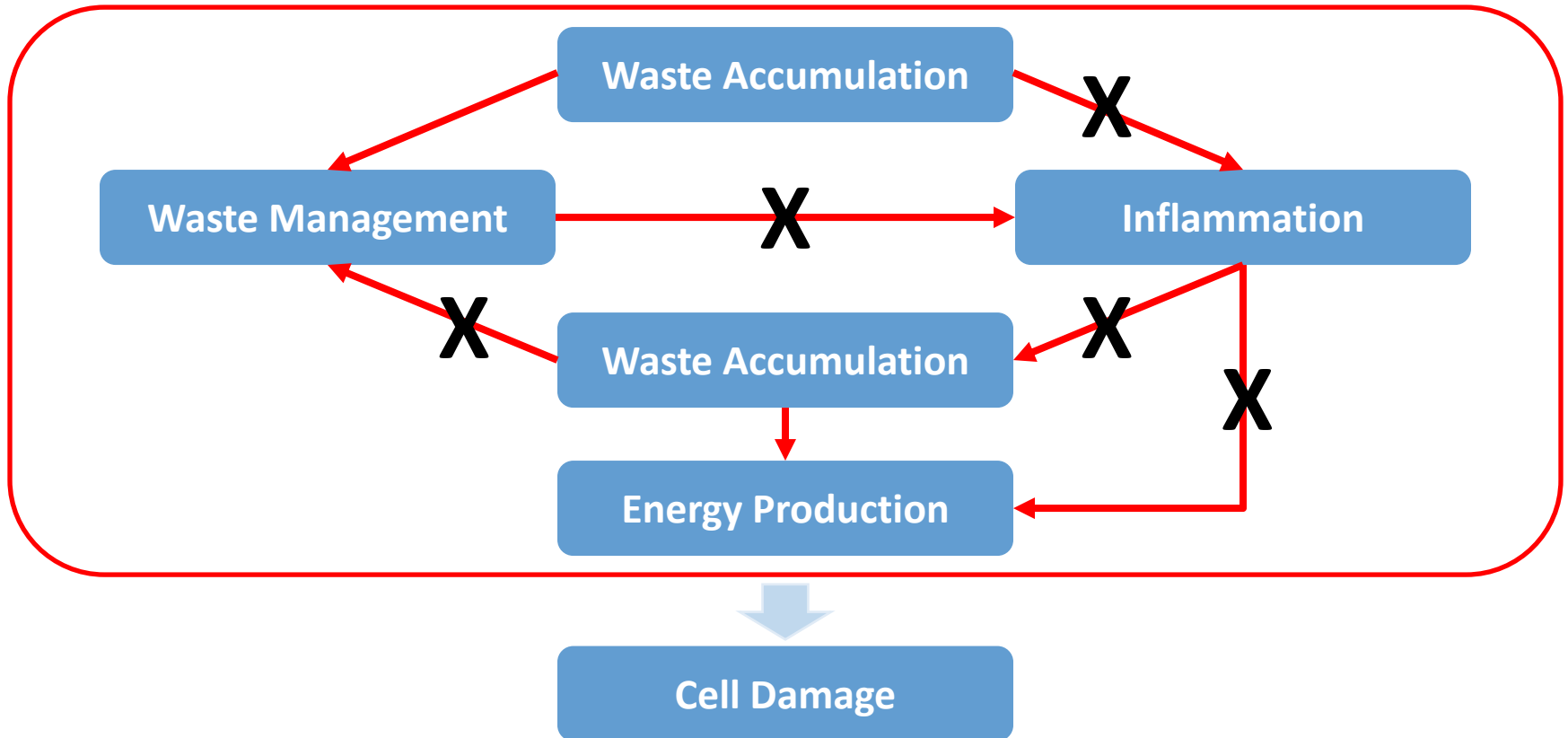
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- High unmet medical need – Orphan disease
  - No FDA or EMA approved treatment available
- Role of Complement in Stargardt Disease<sup>1</sup>
  - Bisretinoids (visual cycle waste) activate complement
  - Complement inhibition rescues photoreceptor cells in a Stargardt animal model
  - Anti-C5 improved RPE cell viability in bisretinoid/complement cell culture model

<sup>1</sup>The Journal of Biological Chemistry. 2011; 286(21): 18593–18601. Proc Natl Acad Sci U S A. 2017; 114(15):3987-3992. Invest Ophthalmol Vis Sci. 2013;54:2669-2677

# ABCA4 Gene Mutation (Autosomal Recessive Stargardt, STGD1): Waste Accumulation $\xrightarrow{\text{X}}$ Inflammation

*Complement inhibition may potentially lead to healthier RPE cells =  
Better ability to process and recycle the waste and therefore slow down the  
progression of Stargardt disease <sup>(1)</sup>*



(1) Sources: FASEB J. 2004 Mar;18(3):562-4. Graefe's Arch Clin Exp Ophthalmol (2002) 240:983-988. The Journal of Biological Chemistry. 2011; 286(21): 18593-18601. Proc Natl Acad Sci U S A. 2017; 114(15):3987-3992. Invest Ophthalmol Vis Sci. 2013;54:2669-2677

# Stargardt Albino *Abca4*<sup>-/-</sup> Mice: Complement Inhibition Rescues Photoreceptors

**Expression of Complement Inhibitory Protein (CRRY)**



**Normalized Complement Activity**



**~2 fold decrease in  
bisretinoid accumulation**



**~30% increase in the number  
of photoreceptor nuclei**

**PNAS**

Complement modulation in the retinal pigment epithelium rescues photoreceptor degeneration in a mouse model of Stargardt disease

Tamara L. Lenis<sup>1,2</sup>, Shanta Sarfare<sup>1,2</sup>, Zhichun Jiang<sup>1,2</sup>, Marcia B. Lloyd<sup>1,2</sup>, Dean Bok<sup>1,2</sup>, and Roxana A. Radu<sup>1,2,3</sup>

Source: Proc Natl Acad Sci U S A. 2017; 114(15):3987-3992.

# Zimura Stargardt Disease (STGD1) Clinical Trial - Initiated

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- Phase 2b, randomized, double masked, sham controlled clinical trial
- N = ~ 120 subjects
- Duration of treatment: 18 months
- Primary Endpoint: Mean rate of change in the area of ellipsoid zone defect measured by en face SD-OCT

**Top-line data expected in 2020**

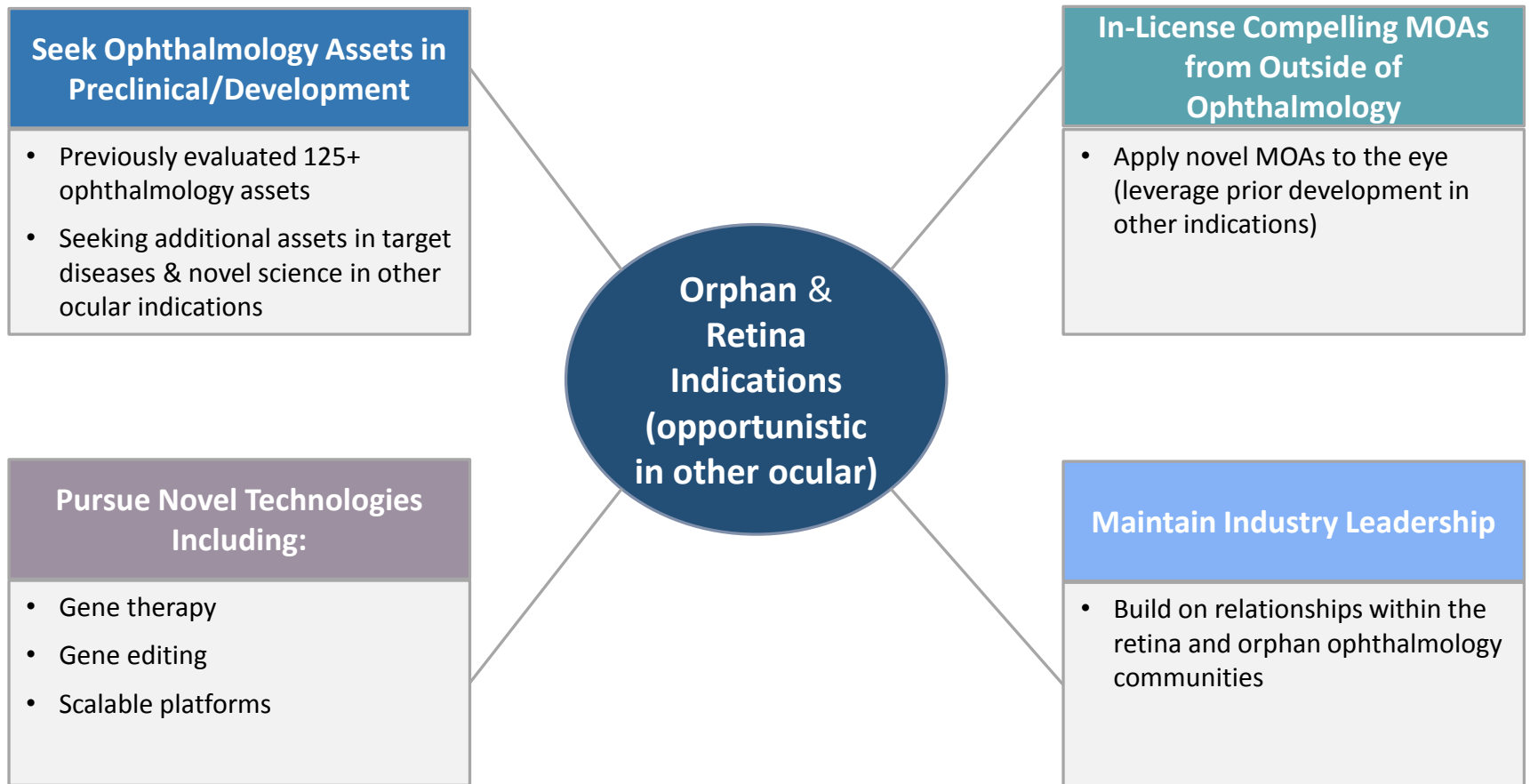
# OPHT / Foundation Fighting Blindness

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- OPHT agreement with Foundation Fighting Blindness (FFB)
  - Highly-distinguished organization recognized for its scientific commitment to orphan inherited retinal diseases
  - Established network of scientists and a robust patient registry
- Access to FFB's publicly available **ProgStar** study
  - Largest Natural History Study of Stargardt Disease
  - Data leveraged for Zimura Stargardt study design

# Pipeline Expansion Strategy

Become a leader in the development of novel therapeutics for age-related and orphan diseases of the eye





# Financial Highlights

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## Strong Cash Position

- ~\$167 million in cash and cash equivalents as of 12/31/17<sup>1</sup>
- External costs to bring Zimura programs to next phase of development expected to range between \$25 million and \$35 million<sup>2</sup>
- Cash corporate overhead expenses expected to average less than \$2 million per month and continues to decline<sup>2, 3</sup>

<sup>1</sup>Unaudited estimate

<sup>2</sup>Guidance as of 11/8/17 and excludes any potential business development activities or any other changes to the Company's current clinical development programs

<sup>3</sup>Cash corporate overhead expenses consist of cash expenditures for employees and external G&A expenses

# Executing on Strategic Plan: Age-related and Orphan Ophthalmic Indications

## ➤ Zimura

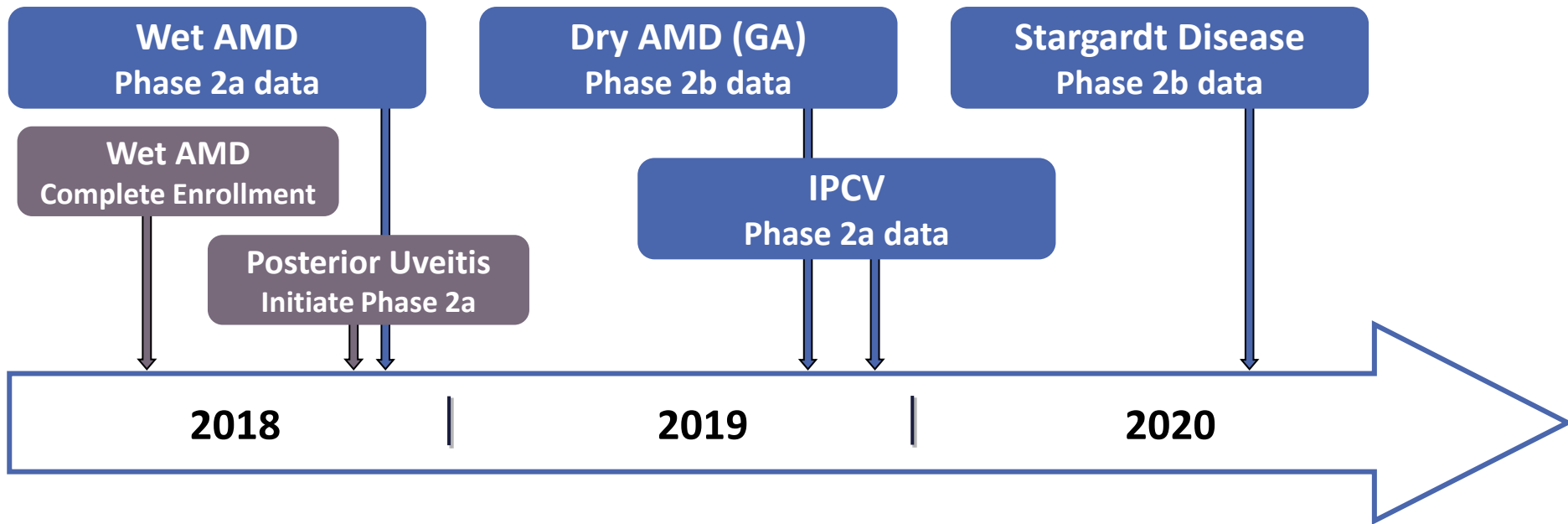
- ✓ Wet AMD *Phase 2a ongoing*
- ✓ Dry AMD *Phase 2b ongoing*
- ✓ Stargardt Disease *Phase 2b ongoing*
- ✓ IPCV *Phase 2a ongoing*
- Posterior Uveitis *Phase 2a to initiate in 2018*


## ➤ Business Development


- Orphan ophthalmic and retinal diseases with therapeutic and/or gene therapy solutions

# Multiple Catalysts Near-term and Beyond

## Zimura (Complement C5 inhibitor)



 Top-line data based on current projections

 Clinical milestones based on current projections

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