



# Corporate Presentation

October 2021

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*Enhancing the standard of care for retinal disorders by working to achieve the first FDA approval for bevacizumab in ophthalmology*

# Investment Highlights

## ONS-5010 (bevacizumab-vikg)<sup>1</sup> Targeting \$13.1 Billion Global Ophthalmic Anti-VEGF Market<sup>2</sup>

### Differentiated Drug Product

- Designed to meet stringent standards required for FDA ophthalmic approval
- Eliminates risks associated with off-label repackaged bevacizumab
- Delivery through a convenient pre-filled syringe

### Potential for 1<sup>st</sup> FDA Approved Bevacizumab

- Compelling pivotal data supports U.S. FDA BLA submission, targeted for calendar Q1 2022
- Launch anticipated Q1 2023

### Attractive Market Opportunity

- Over 50% of the U.S. market available for conversion to ONS-5010 representing billions in yearly sales
- 12-years US regulatory exclusivity expected
- Label expansion opportunity into DME and BRVO

# Goal of ONS-5010 (Bevacizumab-vikg) Program

## **Provide Physicians and Patients an Ophthalmic FDA Approved Alternative of a Drug Adopted from IV Use in Other Specialties**

Deliver cGMP formulation to ensure essential drug strength, quality, and purity

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Eliminate potential impurities and particulates from legacy re-packaging processes

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Create a product offering with a differentiated ophthalmic drug solution and delivery system to enhance physician ease of use

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Provide an economically elegant anti-VEGF solution for patients, payers and doctors

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# Leadership Team: Global Ophthalmic Development and Commercial Launch Excellence



**C. RUSSELL TRENARY III**  
President, CEO and Director



**LAWRENCE KENYON**  
Chief Financial Officer and Director



**JEFF EVANSON**  
Chief Commercial Officer



**TERRY DAGNON**  
Chief Operating Officer



**RANDY THURMAN**  
Executive Chairman of the Board

**MARK HUMAYUN, MD, PhD**  
Medical Advisor



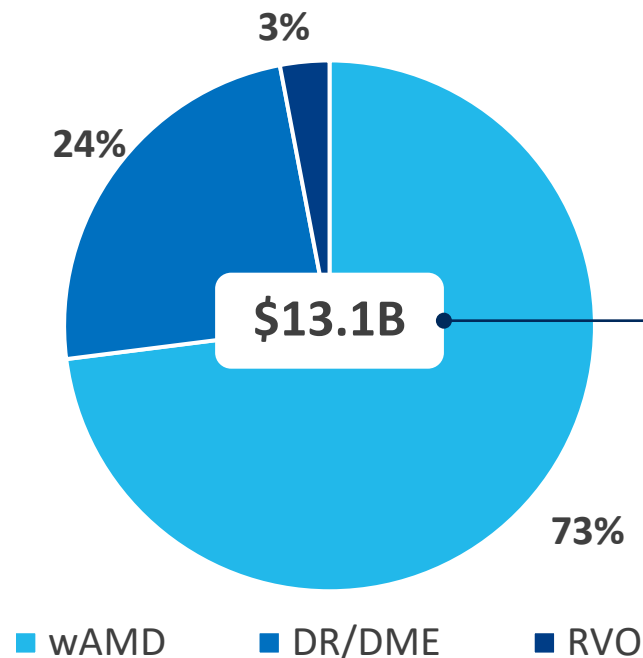
# Wet AMD Landscape

## *Current and Future*

# Targeting Large and Growing Ophthalmic Markets

**ONS-5010, If Approved, Will Be a Significant Therapy In the Retinal Anti-VEGF Market, Currently Estimated To Be In Excess of \$13.1 Billion Worldwide**

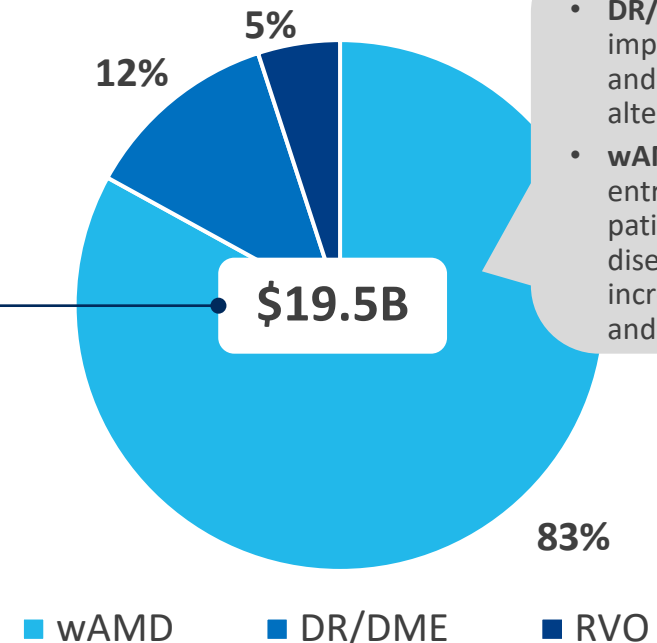
2020 9MM Anti-VEGF Revenue Share (USD)



CAGR

4.1%

2030 9MM Anti-VEGF Revenue Share (USD)



**MARKET DRIVERS:**

- **DR/DME** is more directly impacted by biosimilars and lower cost alternatives (-2.2% CAGR)
- **wAMD** is buoyed by new entrants targeting patients earlier in the disease cascade, increasing awareness, and earlier diagnosis



# Unapproved Bevacizumab Represents 50% of U.S. Wet AMD Market Injections

## Anti-VEGF U.S. Market Share in Wet AMD<sup>1</sup>



*Used Off-Label in Retina from Formulation Designed for IV Use*

50%



36%



12%



1%



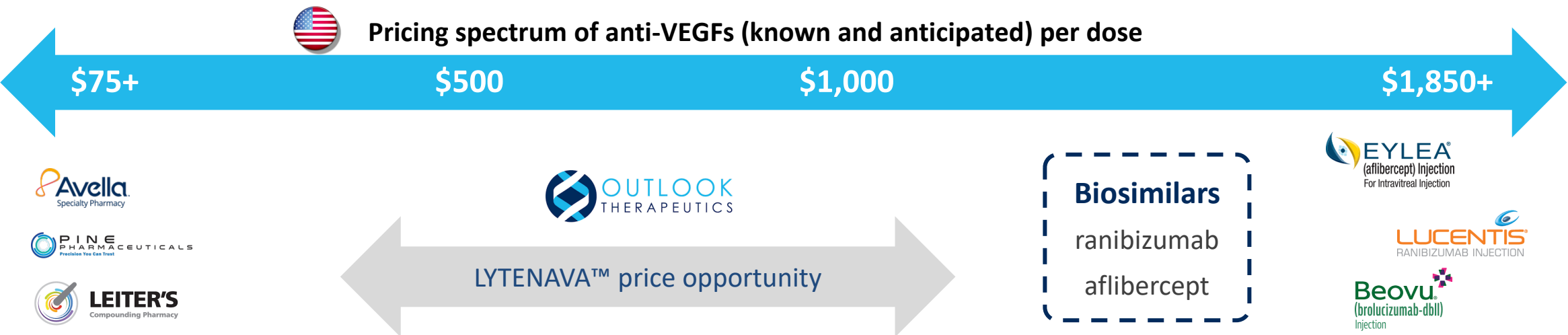
1%

Expected Drivers to Compete Across All Ophthalmic Anti-VEGF Therapeutics, if Approved by FDA

- 1 Provide cost-effective FDA approved ophthalmic bevacizumab
- 2 Become first-line “step-edit” drug of choice
- 3 12 years market exclusivity
- 4 Penetrate EU and developing markets

# LYTENAVA™ Pricing Opportunity

Optimize uptake: Compounding product prescribers while creating separation from biosimilars and other branded price points



| Compounded Avastin (off-label)  | LYTENAVA™  | Biosimilars to Ranibizumab and/or Aflibercept  | Branded Premium Priced   |
|---|--|--|--|
| <p>Cost of compounded Avastin is increasing due to quality issues including syringe failures.</p> <p>Cost per dose could increase to <b>\$100/dose+</b></p> | <p>Pricing Strategy: Price low enough to move off-label users to branded LYTENAVA™, while still creating significant margin and value compared to any biosimilar and significantly less than the premium branded products.</p> | <p>Biosimilars, if approved, are likely to price at a 10-30% discount to the branded WAC.</p> <p>Mylan, Coherus and Biogen have thus far discounted ~20-30% from WAC in other biologic areas where they have launched biosimilars.</p> | <p>WAC (list) price for Lucentis is <b>\$1,950/dose</b>, both Beovu and Eylea are priced at <b>\$1,850/dose</b>.</p> <p>Practice rebates based on volume expected to continue.</p> |

# ONS-5010

# ONS-5010 Ophthalmic Bevacizumab Target Product Profile

## ONS-5010 (bevacizumab-vikg)

### Patient Population

- Patients diagnosed with **wet AMD, DME, or BRVO**

### Description

- Anti-VEGF **bevacizumab** designed for ophthalmic indications wet AMD, DME, and BRVO
- Known high affinity to bind to all isoforms of VEGF A

### Dosing and Administration

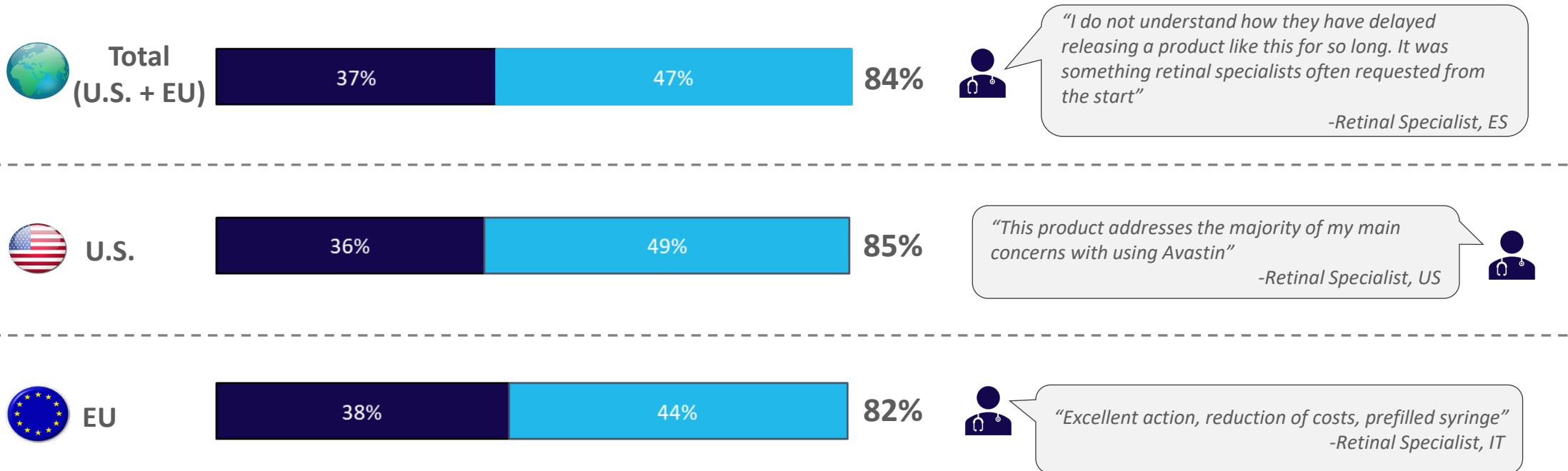
- Supplied either as **pre-filled ophthalmic syringe for intravitreal 1.25 mg injection** administered once monthly, **or in a glass vial**

### Efficacy, Safety, and AEs

- Demonstrated significant efficacy and safety in NORSE ONE, TWO, and THREE trials
- Comparable to data from the National Eye Institute (NEI) Comparison of Age-Related Macular Degeneration Treatments Trials (CATT) study as equivalent to LUCENTIS®

# Do Physicians Want an Ophthalmic Approved Bevacizumab?

**>80% of Retinal Specialists Express Interest/High Interest In an FDA-Approved Ophthalmic Bevacizumab to Treat Wet AMD, DME and BRVO**



# ONS-5010 Ophthalmic Bevacizumab Value Proposition

## ONS-5010 (bevacizumab-vikg)

### Potential Value Proposition

- Potential FDA approved bevacizumab for the treatment of wet AMD
- **Priced to allow a cost-effective FDA approved option for first-line**
- Ability for **bilateral administration with malpractice insurance coverage**
- **Addresses compounding pharmacy quality control issues** causing potential AEs, product shortages, and liability risks associated with off-label repackaged IV Avastin<sup>®</sup>
  - Ensures cGMP quality and delivery system designed for retinal disorders



# Compounded Bevacizumab Compared to FDA Approved

| Ophthalmic Solution Requirement  | Off-Label Compounded Repackaged IV Solution | FDA Approved Ophthalmic Solution for Intravitreal Injection |
|--|---|---|
| Sterile USP <71> <sup>1</sup>  | ?   | Yes   |
| FDA approved ophthalmic package consistent with USP <771> <sup>1</sup> | No  | Yes   |
| FDA reviewed stability data supporting shelf life <sup>2,3</sup>       | No  | Yes   |
| Particulates per USP <789> for ophthalmic solutions <sup>1</sup>       | ?   | Yes   |
| pH FDA approved and consistent with USP <771> <sup>1,2,3</sup>         | No  | Yes   |
| Potency FDA approved specifications for shelf life <sup>2,3</sup>      | No  | Yes   |
| Osmolarity specification for ophthalmic solution <sup>2,3</sup>        | No  | Yes   |
| Bacterial endotoxins USP <85> <sup>1</sup>                             | ?   | Yes   |
| GMP <sup>2,3</sup>   | ?   | Yes   |

# Unmet Medical Needs Due To Repackaged and Off-Label Use of Bevacizumab Designed for Other Specialties and Delivery Systems

## Variability in Potency<sup>1</sup>

JAMA Ophthalmology

- 81% of samples had lower protein concentrations than required
- Samples had statistically significant variations in protein concentration among samples

## Safety and Sterility Adverse Events<sup>2</sup>

Warning Letter FDA

- Unvalidated hold times in syringes
- Patients have lost eyesight due to infections
- Multiple unapproved repackaged IV bevacizumab recalls due to unsterile compounding practices

## Syringe Adverse Events<sup>3</sup>

ASRS American Society of Retina Specialists

- Variability in repackaging can lower quality of syringe products, resulting in adverse events
- Silicone oil droplets may be released from the syringe into the eye

## Not Held to FDA Ophthalmic Quality Standards When Repackaged



400 mg/16 mL, single-use vial;  
100 mg/4 mL, single-use vial



# U.S. Law and FDA Regulations for Compounding and Repackaging

- The Food Drug and Cosmetic Act (FD&CA) and Drug Quality and Security Act of 2013 define what is legal for 503A and 503B Compounding Pharmacies.<sup>1</sup>
  - **Once a drug or biologic is FDA approved and commercially available compounding is no longer authorized.**<sup>2,3,4,5</sup>
    - 503A Compounding pharmacies are regulated by federal regulations and state laws and can only compound or repackage for individual prescriptions in limited quantities and cannot distribute across state lines for > 5% of business.
    - 503B Compounding pharmacies / outsourcing facilities must comply with CGMP regulations, are inspected by FDA and must adhere to reporting requirements.
    - Neither 503A nor 503B pharmacies can compound or repackage commercially available drugs unless they appear on the official FDA drug shortage list.
- **“Compounded drug products are not FDA approved, which means they have not undergone FDA premarket review for safety, effectiveness, and quality.” – FDA<sup>6</sup>**
- “The restrictions on making drugs that are essentially copies ensure that pharmacists and physicians do not compound drug products under the exemptions for patients who could use a commercially available drug product.” – FDA<sup>6</sup>
- “Such a practice would create significant public health risks because patients would be unnecessarily exposed to drug products that have not been shown to be safe and effective and that may have been prepared under substandard manufacturing conditions.” – FDA<sup>6</sup>
- **“Under the statutory scheme, only very rarely should a compounded drug product that is essentially a copy of a commercially available drug product be offered to a patient.” – FDA<sup>6</sup>**

# Pathway Towards Potential FDA Approval in Wet AMD – NORSE TWO Top-Line Results Recently Unveiled

U.S. BLA Submission Targeted Calendar Q1 2022

✓ Positive Signals



Clinical Experience Trial  
1<sup>st</sup> Registration Trial

✓ Positive Top-Line Data



Pivotal Trial  
2<sup>nd</sup> Registration Trial

✓ Completed



Open-Label Safety Study  
Supports BLA Requirements



## Pivotal Trial

2<sup>nd</sup> Registration Trial



### Trial Highlights:

- Randomized masked controlled trial
- ONS-5010 (bevacizumab-vikg) vs LUCENTIS® (ranibizumab)
- 228 patients enrolled
- Trial conducted in the United States
- Trial arms included >95% treatment-naïve patients
- Safety & efficacy data support planned U.S. BLA submission in calendar Q1 2022

# NORSE TWO Pivotal Trial Design



Randomized masked controlled trial with 228 subjects



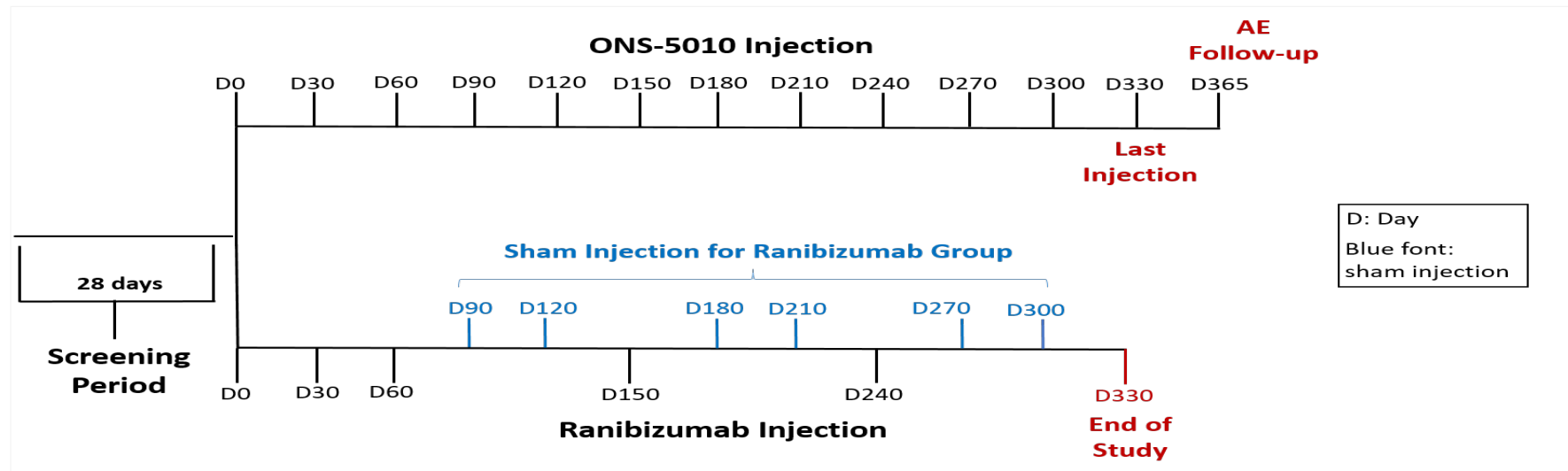
ONS-5010 (bevacizumab-vikg) administered monthly X 12



LUCENTIS dosing arm (PIER dosing) – Three initial monthly injections followed by fixed quarterly dosing with sham injections at monthly intervals in between



Primary endpoint difference in proportion of subjects gaining 15 letters of BCVA at Day 330





# NORSE TWO: Positive Efficacy Data

**Unprecedented 41% ONS-5010 with 3-Line Gainers<sup>1</sup>**

**Statistically Significant Difference Across Both Primary and Key Secondary Endpoints**

|  | ONS-5010<br>(bevacizumab-vikg) | LUCENTIS®<br>(ranibizumab) | p-value    |
|--|--------------------------------|----------------------------|------------|
| <b>Primary Endpoint:</b>   |                                |                            |            |
| Difference in subjects who gained at least 15 letters in the best corrected visual acuity (BCVA) at 11 months <sup>2</sup> |                                |                            |            |
| Intent-to-Treat (ITT) Primary Dataset  | 41%                            | 23%                        | p = 0.0052 |
| Secondary Per-Protocol (PP) Dataset  | 41%                            | 24%                        | p = 0.04   |
| <b>Key Secondary Endpoint:</b>   |                                |                            |            |
| Mean change in the BCVA through 11 months <sup>2</sup>   |                                |                            |            |
| Intent-to-Treat (ITT) Primary Dataset  | 11.2 letters                   | 5.8 letters                | p = 0.0043 |
| Secondary Per-Protocol (PP) Dataset  | 11.1 letters                   | 7.0 letters                | p = 0.05   |

# NORSE TWO Safety Results:

Consistent with Previously Reported Results from NORSE ONE and NORSE THREE

**In All Three Studies Only One Subject Has Reported Ocular Inflammation**

| Characteristic                              | Statistic | ONS-5010<br>(Masked Data)<br>(N=113) | Ranibizumab<br>(N=115) | Overall<br>(Masked Data)<br>(N=228) |
|---|-----------|--------------------------------------|------------------------|-------------------------------------|
| At Least 1 TEAE                             | n (%)     | 83 (73.5)                            | 88 (76.5)              | 171 (75.0)                          |
| At Least 1 Related TEAE                     | n (%)     | 6 (5.3)                              | 2 (1.7)                | 8 (3.5)                             |
| Maximum Severity                            |           |                                      |                        |                                     |
| CTCAE Grade 1 Mild                          | n (%)     | 46 (40.7)                            | 45 (39.1)              | 91 (39.9)                           |
| CTCAE Grade 2 Moderate                      | n (%)     | 23 (20.4)                            | 30 (26.1)              | 53 (23.2)                           |
| CTCAE Grade 3 Severe                        | n (%)     | 11 (9.7)                             | 9 (7.8)                | 20 (8.8)                            |
| CTCAE Grade 4 Life-threatening              | n (%)     | 0                                    | 2 (1.7)                | 2 (0.9)                             |
| CTCAE Grade 5 Death                         | n (%)     | 3 (2.7)                              | 2 (1.7)                | 5 (2.2)                             |
| At Least 1 Ocular TEAE                      | n (%)     | 55 (48.7)                            | 60 (52.2)              | 115 (50.4)                          |
| At Least 1 Ocular TEAE in Study Eye         | n (%)     | 47 (41.6)                            | 47 (40.9)              | 94 (41.2)                           |
| At Least 1 Non-Ocular TEAE                  | n (%)     | 55 (48.7)                            | 57 (49.6)              | 112 (49.1)                          |
| At Least 1 >= Grade 3 Related TEAE          | n (%)     | 2 (1.8)                              | 1 (0.9)                | 3 (1.3)                             |
| At Least 1 Serious TEAE                     | n (%)     | 14 (12.4)                            | 16 (13.9)              | 30 (13.2)                           |
| At Least 1 Related Serious TEAE             | n (%)     | 2 (1.8)                              | 1 (0.9)                | 2 (0.9)                             |
| At Least 1 TEAE Leading to Study Withdrawal | n (%)     | 2 (1.8)                              | 4 (3.5)                | 6 (2.6)                             |

# NORSE ONE and NORSE THREE Results



## Completed Clinical Experience Trial

Demonstrated anticipated safety and efficacy signals consistent with previously published results for ophthalmic use of bevacizumab

### Trial Highlights:

- Desired proportion of 3-line visual acuity gainers achieved
- Desired mean gain in visual acuity achieved
- Zero ocular inflammation observed
- Safety was comparable to published bevacizumab studies, such as CATT



## Open-Label Safety Study

Positive safety profile reinforces previously reported safety data for ONS-5010 (bevacizumab-vikg)

### Trial Highlights:

- Provided adequate number of patient exposure required for BLA submission
- No unexpected safety trends
- Zero cases of ocular inflammation

# Manufacturing and Regulatory Progress Towards Commercialization



## Manufacturing

Best-in-class cGMP  
manufacturing partners

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## Pre-Filled Syringes

Supply agreement for a convenient  
pre-filled ophthalmic syringe

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## Regulatory

Achieved clinical requirements  
agreed upon with the FDA

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# The Outlook Therapeutics Opportunity for Patients, Physicians, and Payers



**Mission is to enhance the standard of care**



**Plan is to be the first FDA approved bevacizumab in ophthalmology**



**Market opportunity is billions in yearly sales with potential for significant momentum upon approval**



**Data are compelling and statistically significant**



**Aim is to launch directly in the U.S. and consider OUS licensing**



## Company Summary

- **Targeting \$13.1 billion global ophthalmic anti-VEGF market<sup>1</sup>**
  - *Initial U.S. target segment worth potentially billions in yearly revenue are served by compounding pharmacies which by law should give way to Outlook Therapeutics' ONS 5010, if FDA approved*
- **Potential for first FDA approved ophthalmic formulation of bevacizumab**
- **U.S. FDA BLA submission targeted for calendar Q1 2022 with anticipated approval to follow 9-12 months later**
- **Management team with proven ophthalmic commercial launch expertise**