Roclatan™
Mercury 1 Phase 3 12-month Topline Results
Important Information

Any discussion of the potential use or expected success of our product candidates is subject to our product candidates being approved by regulatory authorities.

The information in this presentation is current only as of its date and may have changed or may change in the future. We undertake no obligation to update this information in light of new information, future events or otherwise. We are not making any representation or warranty that the information in this presentation is accurate or complete.

Certain statements in this presentation are “forward-looking statements” within the meaning of the federal securities laws. Words such as “may,” “will,” “should,” “would,” “could,” “believe,” “expects,” “anticipates,” “plans,” “intends,” “estimates,” “targets,” “projects,” “potential” or similar expressions are intended to identify these forward-looking statements. These statements are based on the Company’s current plans and expectations. Known and unknown risks, uncertainties and other factors could cause actual results to differ materially from those contemplated by the statements. In evaluating these statements, you should specifically consider various factors that may cause our actual results to differ materially from any forward-looking statements. These risks and uncertainties are described more fully in the quarterly and annual reports that we file with the SEC, particularly in the sections titled “Risk Factors” and “Management’s Discussion and Analysis of Financial Condition and Results of Operations.” In particular, the topline Mercury 1 data presented herein is preliminary and based solely on information available to us as of the date of this press release and additional information about the results may be disclosed at any time. Such forward-looking statements only speak as of the date they are made. We undertake no obligation to publicly update or revise any forward-looking statements, whether because of new information, future events or otherwise, except as otherwise required by law.
Roclatan™ Achieves Positive 12-Month Safety and Efficacy Results

- Safety data over the 12 months were consistent with previous Roclatan™ 3-month results
- There were no drug-related serious or systemic adverse events
- The main adverse event for Roclatan™ was conjunctival hyperemia, which was reported in ~60% of patients, scored as mild for ~70% of these patients and sporadic
- IOP-lowering effect of Roclatan™ through Month 12 remained stable and consistent with the primary efficacy analysis at Month 3, maintaining superiority over both latanoprost and Rhopressa™
  - 1-3 mmHg greater than monotherapy with either latanoprost or Rhopressa™ throughout the duration of the study (i.e., Week 2, Week 6, Month 3, Month 6, Month 9 and Month 12)
  - At Month 12, Roclatan™ reduced mean diurnal IOPs to 16 mmHg or lower in 60% of patients, a significantly higher percentage than observed in the comparator arms

**Data on File**
Based on Mercury 1 Topline 12-month

Product candidates have not approved by the FDA
For Investor Use
Mercury 1 Trial Design

Patients with open angle glaucoma (OAG) or ocular hypertension (OHT) with IOP >20 mmHg and < 36 mmHg
N=718 subjects randomized at 58 US sites

Patients randomized 1:1:1

- **Roclatan™**
  - PG324 (netarsudil/latanoprost)
  - QD (PM)

- **Rhopressa™**
  - Netarsudil (AR-13324) 0.02%
  - QD (PM)

- **Latanoprost**
  - 0.005%
  - QD (PM)

Primary endpoints:
- Efficacy: Mean IOP at nine time points (08:00, 10:00, and 16:00 at Week 2, Week 6, and Month 3)
- Safety: Ocular and systemic safety during a 12-month treatment period
## Disposition

<table>
<thead>
<tr>
<th>Reason for Discontinuation</th>
<th>Roclatan™ N = 238</th>
<th>Rhopressa™ N = 244</th>
<th>Latanoprost N = 236</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adverse Event</td>
<td>47 (19.7%)</td>
<td>53 (21.7%)</td>
<td>4 (1.7%)</td>
</tr>
<tr>
<td>Withdrawal of Consent</td>
<td>13 (5.5%)</td>
<td>9 (3.7%)</td>
<td>8 (3.4%)</td>
</tr>
<tr>
<td>Non-Compliant</td>
<td>0</td>
<td>1 (0.4%)</td>
<td>3 (1.3%)</td>
</tr>
<tr>
<td>Lost to Follow-up</td>
<td>5 (2.1%)</td>
<td>5 (2.0%)</td>
<td>4 (1.7%)</td>
</tr>
<tr>
<td>Lack of Efficacy</td>
<td>0</td>
<td>13 (5.3%)</td>
<td>1 (0.4%)</td>
</tr>
<tr>
<td>Disallowed Concurrent Medication</td>
<td>6 (2.5%)</td>
<td>7 (2.9%)</td>
<td>5 (2.1%)</td>
</tr>
<tr>
<td>Investigator Decision</td>
<td>2 (0.8%)</td>
<td>2 (0.8%)</td>
<td>0</td>
</tr>
<tr>
<td>Protocol Violation</td>
<td>6 (2.5%)</td>
<td>3 (1.2%)</td>
<td>8 (3.4%)</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
<td>3 (1.2%)</td>
<td>0</td>
</tr>
</tbody>
</table>

**Data on File**

Based on Mercury 1 Topline 12-month

Product candidates have not approved by the FDA

For Investor Use
Roclatan™ Maintained Superior Efficacy Over Individual Components for 12 Months

Mean IOP at Each Time Point (ITT)

- Roclatan™ statistically superior to latanoprost and Rhopressa™ at all time points
- Roclatan™ IOP-lowering 1-3 mmHg greater than monotherapy through Month 12

**Data on File**
Based on Mercury 1 Topline 12-month
Roclatan™ Maintained Superior Efficacy Over Individual Components for 12 Months

Mean Diurnal IOP at Each Visit (ITT)

p<0.0001 at All Visits vs. Latanoprost and Rhopressa™

**Data on File
Based on Mercury 1 Topline 12-month Product candidates have not approved by the FDA For Investor Use
Roclatan™ Phase 3 Month 12 Responder Analysis: Goal is to Achieve Lowest IOP Possible

At Month 12: % of Patients with IOP Reduced to 18 mmHg or Lower

<table>
<thead>
<tr>
<th>IOP on Treatment</th>
<th>Rhopressa™ (n=148)</th>
<th>Latanoprost (n=203)</th>
<th>Roclatan™ (n=158)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 14 mmHg</td>
<td>16%</td>
<td>27%</td>
<td><strong>82%</strong></td>
</tr>
<tr>
<td>≤ 15 mmHg</td>
<td>26%</td>
<td>22%</td>
<td><strong>66%</strong></td>
</tr>
<tr>
<td>≤ 16 mmHg</td>
<td>43%</td>
<td>35%</td>
<td><strong>57%</strong></td>
</tr>
<tr>
<td>≤ 17 mmHg</td>
<td>49%</td>
<td>49%</td>
<td><strong>60%</strong></td>
</tr>
<tr>
<td>≤ 18 mmHg</td>
<td>72%</td>
<td>57%</td>
<td><strong>72%</strong></td>
</tr>
</tbody>
</table>

*p<0.05, **p<0.01, ***p<0.0001

**Data on File
Based on Mercury 1 Topline 12-month

Product candidates have not approved by the FDA

For Investor Use
Efficacy in Subjects with Baseline IOP <25 mmHg

Mean IOP at Each Time Point (ITT)

- Rhopressa™ efficacy similar to latanoprost and stable for 12 months

**Data on File**
Based on Mercury 1 Topline 12-month
Roclatan™ Responder Analysis
Baseline IOP <25 mmHg

At Month 12: % of Patients with IOP Reduced to 18 mmHg or Lower

<table>
<thead>
<tr>
<th>IOP on Treatment</th>
<th>Rhopressa™ (n=85)</th>
<th>Latanoprost (n=106)</th>
<th>Roclatan™ (n=87)</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 14 mmHg</td>
<td>22%</td>
<td>20%</td>
<td>22%</td>
</tr>
<tr>
<td>≤ 15 mmHg</td>
<td>34%</td>
<td>36%</td>
<td>39%</td>
</tr>
<tr>
<td>≤ 16 mmHg</td>
<td>48%</td>
<td>55%</td>
<td>55%</td>
</tr>
<tr>
<td>≤ 17 mmHg</td>
<td>69%</td>
<td>70%</td>
<td>76%</td>
</tr>
<tr>
<td>≤ 18 mmHg</td>
<td>85%</td>
<td>80%</td>
<td>83%</td>
</tr>
</tbody>
</table>

*% of Patients IOP on Treatment

*p<0.05, **p<0.01

**Data on File
Based on Mercury 1 Topline 12-month

Product candidates have not approved by the FDA

For Investor Use
At Month 12: % of Patients with IOP Reduced to 18 mmHg or Lower

- ≤ 14 mmHg: Rhopressa™ (8%), Latanoprost (3%), Roclatan™ (13%)
- ≤ 15 mmHg: Rhopressa™ (14%), Latanoprost (7%), Roclatan™ (28%)
- ≤ 16 mmHg: Rhopressa™ (21%), Latanoprost (12%), Roclatan™ (21%)
- ≤ 17 mmHg: Rhopressa™ (21%), Latanoprost (27%), Roclatan™ (27%)
- ≤ 18 mmHg: Rhopressa™ (27%), Latanoprost (27%), Roclatan™ (46%)

**p<0.05 vs Latanoprost
**p<0.05 vs Rhopressa™, p<0.0001 Latanoprost
***p<0.0001 vs Rhopressa™, p<0.01 Latanoprost

**Data on File
Based on Mercury 1 Topline 12-month

Product candidates have not approved by the FDA
For Investor Use
Safety/Tolerability Overview of Roclatan™

• There were no drug-related serious adverse events (SAEs) and no evidence of treatment-related systemic effects

• The most common adverse event was conjunctival hyperemia with ~60% incidence, scored as mild on biomicroscopy for ~70% of these patients and sporadic

• Other ocular AEs
  – AEs occurring in ~5-18% of subjects receiving Roclatan™ included: cornea verticillata, conjunctival hemorrhage, eye pruritus, lacrimation increased, visual acuity reduced, blepharitis and punctate keratitis.

**Data on File
Based on Mercury 1 Topline 12-month

Product candidates have not approved by the FDA
For Investor Use
## Roclatan™ Phase 3 Safety Profile

<table>
<thead>
<tr>
<th>Adverse Events</th>
<th>Roclatan™ n=238</th>
<th>Rhopressa™ n=243</th>
<th>Latanoprost n=237</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye Disorders</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conjunctival Hyperemia</td>
<td>150 (63.0%)</td>
<td>125 (51.4%)</td>
<td>52 (21.9%)</td>
</tr>
<tr>
<td>Conjunctival Hemorrhage</td>
<td>31 (13.0%)</td>
<td>44 (18.1%)</td>
<td>3 (1.3%)</td>
</tr>
<tr>
<td>Cornea Verticillata</td>
<td>42 (17.6%)</td>
<td>33 (13.6%)</td>
<td>0</td>
</tr>
<tr>
<td>Eye Pruritus</td>
<td>27 (11.3%)</td>
<td>22 (9.1%)</td>
<td>3 (1.3%)</td>
</tr>
<tr>
<td>Punctate Keratitis</td>
<td>12 (5.0%)</td>
<td>18 (7.4%)</td>
<td>10 (4.2%)</td>
</tr>
<tr>
<td>Lacrimation Increased</td>
<td>17 (7.1%)</td>
<td>20 (8.2%)</td>
<td>1 (0.4%)</td>
</tr>
<tr>
<td>Visual Acuity Reduced</td>
<td>13 (5.5%)</td>
<td>13 (5.3%)</td>
<td>6 (2.5%)</td>
</tr>
<tr>
<td>Vision Blurred</td>
<td>11 (4.6%)</td>
<td>15 (6.2%)</td>
<td>3 (1.3%)</td>
</tr>
<tr>
<td>Blepharitis</td>
<td>14 (5.9%)</td>
<td>8 (3.3%)</td>
<td>5 (2.1%)</td>
</tr>
<tr>
<td><strong>Administration Site Conditions</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Instillation site pain</td>
<td>55 (23.1%)</td>
<td>60 (24.7%)</td>
<td>18 (7.6%)</td>
</tr>
</tbody>
</table>

Patients with known contraindications or hypersensitivity to latanoprost were excluded.

**Data on File**

Based on Mercury 1 Topline 12-month

For Investor Use
Roclatan™ Conjunctival Hyperemia Was Sporadic And Severity Did Not Increase With Continued Dosing

- Hyperemia severity did not increase with continued dosing
- Hyperemia was sporadic
  - Only ~10% of patients had hyperemia on each study visit day from week 2 to month 12 (~7% Rhopressa™, ~3% latanoprost)
  - Only ~8% of all patients discontinued due to hyperemia (~7% of all patients at Month 3)

**Data on File**
Based on Mercury 1 Topline 12-month

Product candidates have not approved by the FDA  For Investor Use
Consistent statistically superior efficacy over both latanoprost and Rhopressa™ at all time points demonstrated in 2 Phase 3 trials (Mercury 1 and Mercury 2)

IOP-lowering effect was greater (1-3 mmHg) than monotherapy with either latanoprost or Rhopressa™ throughout the duration of the study

Stable efficacy through 12 months

Well tolerated with no evidence of treatment-related serious or systemic effects
Rhopressa™ efficacy similar to latanoprost with baseline IOP < 25 mmHg

Rhopressa™ maintained consistent IOP lowering across all baseline IOPs including ≥ 25 mmHg

Stable efficacy through 12 months

Adverse event profile consistent with previous studies
Key Upcoming Milestones

Rhopressa™

- PDUFA February 28, 2018
  - Expected FDA Advisory Committee
- Initiating clinical program for Japan market (Phase 1 and 2 to be conducted in the U.S. in Japanese patients)
  - To commence in Q3/Q4 2017

Roclatan™

- NDA filing expected 1H 2018
- Mercury 3 (Europe): 6-month study, comparing to Ganfort®
  - To commence in Q3 2017