Topline Results from Rhopressa (netarsudil ophthalmic solution) 0.02% Phase 4 **M**ulti-center **O**pen-label **St**udy (MOST)

November 6, 2019

For Investor Use

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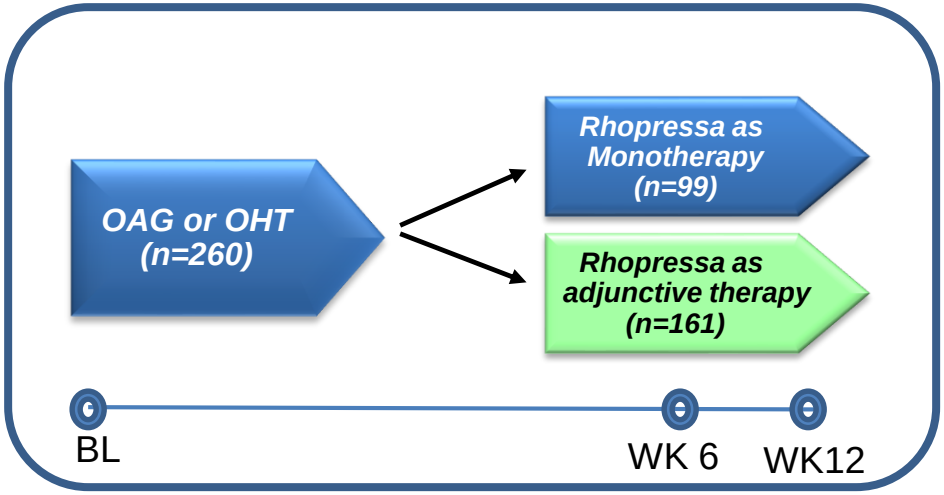
Efficacy Summary for MOST Study

- 12-week MOST study evaluated efficacy, tolerability and safety of Rhopressa use in 260 patients in a real-world clinical setting
  - Use of Rhopressa as monotherapy or adjunct was at discretion of the physician
- Used adjunctively (n=151, mITT):
  - Rhopressa was similarly effective when added to prior PGA monotherapy or when added to prior multi-drug therapy
    - Additional IOP reductions of 4.3 mmHg and 4.5 mmHg, respectively (12 weeks)
- Used as monotherapy (n=91, mITT):
  - Rhopressa maintained IOP levels comparable to prior PGA following switch (n=57)
- Rhopressa was well tolerated as monotherapy and adjunctive therapy
  - No treatment-related serious adverse events (AEs)
  - Most common AEs were Conjunctival Hyperemia (20.8%) and Vision Blurred (7.3%)
  - 89% of patients reported Rhopressa was tolerated “well” or better in survey (mITT)

Rhopressa Multi-center Open-label Study (MOST)

- 12-week, prospective, multi-center, non-comparative, open-label
- 260 subjects diagnosed with open-angle glaucoma (OAG) or ocular hypertension (OHT)



- Primary Endpoint:
  - Percent change from baseline (BL) in mean IOP at Week 12
- Secondary Endpoints:
  - Change from BL in mean IOP at Week 12
  - Mean IOP at Week 12

Rhopressa Added to Previous Therapy

Adjunct Therapy Treatment Group	Baseline	Week 6	Week 12
Rhopressa + PGA (n=55)			
Mean IOP (mmHg)	21.1	17.0	16.9
Δ from BL (mmHg)	--	-4.1 (-19.0%)	**-4.3 (-20.2%)**
Rhopressa + ≥2 Meds (n=64)			
Mean IOP (mmHg)	20.6	16.9	16.2
Δ from BL (mmHg)	--	-3.7 (-17.5%)	**-4.5 (-20.9%)**

Note: Excludes patients where a prior medication was switched out for Rhopressa

Rhopressa provided consistent IOP reductions whether added to prior PGA monotherapy (-4.3 mmHg) or prior combination therapy (-4.5 mmHg)

Subjects On PGA Monotherapy Switched to Rhopressa Monotherapy

Monotherapy Treatment Group	Baseline	Week 6	Week 12
PGA Switched to Rhopressa (n=57)			
Mean IOP (mmHg)	18.2	17.4	17.5
Δ from BL (mmHg)	--	-0.8 (-3.2%)	**-0.6 (-2.5%)**

Switch to Rhopressa monotherapy provided similar efficacy to prior PGA monotherapy

Adverse Events

- There were no treatment-related serious adverse events
- 10.6% – 12.1% of subjects discontinued due to adverse events

Adverse Events	Rhopressa as Monotherapy N=99	Rhopressa as Adjunct N= 161
Adverse Events (≥ 5%)		
Conjunctival hyperemia	22 (22.2%)	32 (19.9%)
Vision blurred	9 (9.1%)	10 (6.2%)
Conjunctival hemorrhage	6 (6.1%)	8 (5.0%)
Instillation site pain	6 (6.1%)	8 (5.0%)
Adverse Events Leading to DC (≥ 2%)		
Vision Blurred	5 (5.1%)	3 (1.9%)
Eye pruritis	2 (2.0%)	1 (0.6%)
Conjunctival hyperemia	1 (1.0%)	7 (4.3%)

DC: Discontinuation

Patient Reported Tolerance (WK 12 or exit visit)

How well are you able to tolerate the study eye medication?

	Overall N= 238	Previously Treatment Naïve N=24	Rhopressa Switches N= 66	Adjunct Therapy N=148
Very well	**45.0%**	**50.0%**	**37.9%**	**47.3%**
Mostly well	**23.9%**	**16.7%**	**28.8%**	**23.0%**
Well	**20.2%**	**25.0%**	**22.7%**	**18.2%**
Very Little	8.0%	4.2%	10.6%	7.4%
Not able to tolerate	2.9%	4.2%	0%	4.1%
Rated as "Well" or better	**89.1%**	**91.7%**	**89.4%**	**88.5%**

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