



**PAN-90806: Once-daily topical anti-VEGF eye drop  
for wet AMD and other neovascular eye disease**

*OIS@AAO 2019*

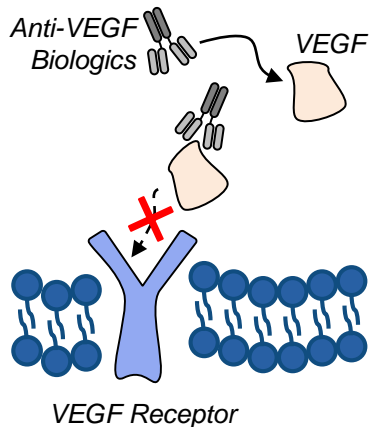
---

# Potent anti-VEGF pharmacology and the right physical chemistry enables delivery to central choroid and central retina with topical administration

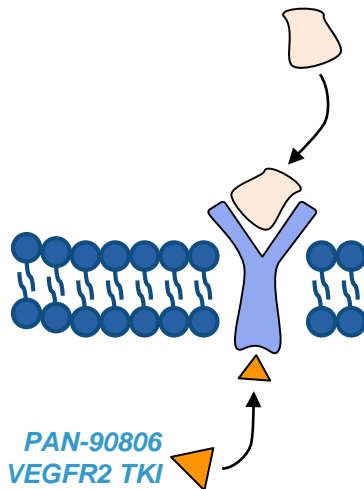
ILLUSTRATIVE

## Inhibition of VEGF Signaling

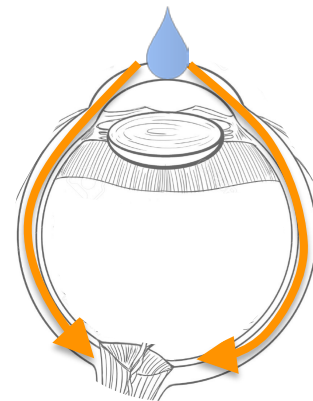
### Current Treatments



### PAN-90806



## Delivery to Target Tissues



***Trans-scleral vascular route  
to reach target tissues***

## ***PAN-90806 Development History with abandoned solution formulation***

**Previous Ph 1/2 trials *confirmed anti-VEGF biological signal* with QD topical dosing:**

- As monotherapy in nAMD patients over 8 weeks of treatment (n=20)
- As maintenance therapy in nAMD following a single injection of ranibizumab over 12 weeks (n=10)
- As monotherapy in PDR+/- DME over 8 weeks (n=10)

**These studies also identified reversible punctate keratopathy due to off-target inhibition of corneal epithelial EGFR (IOVS 2016;57:5864)**

**PanOptica developed a new, patented suspension formulation with an improved safety and tolerability profile in non-clinical primate studies for further development**

***Now, for the rest of the story...***

## PAN-01-102: Objectives for Ph1/2 nAMD Trial with PAN-90806 Suspension

---

**Solidify the rationale for late-stage development as a potential maintenance therapy alongside intravitreal standard of care by achieving the following:**

- 1 Confirmation of clinical safety & tolerability for once-daily eyedrop at expanded dose range as monotherapy over three months**
- 2 Demonstration of anti-VEGF biological response with eyedrops alone**
  1. Clinical improvement in structure / function in treatment naïve pts w/nAMD **OR**
  2. Clinical stability in structure/function
  3. Avoidance of need for rescue with intravitreal anti-VEGF (Lucentis®)

# Randomized, double-masked, dose-ranging, Phase 1/2 monotherapy study in treatment naïve nAMD patients with PAN-90806 suspension

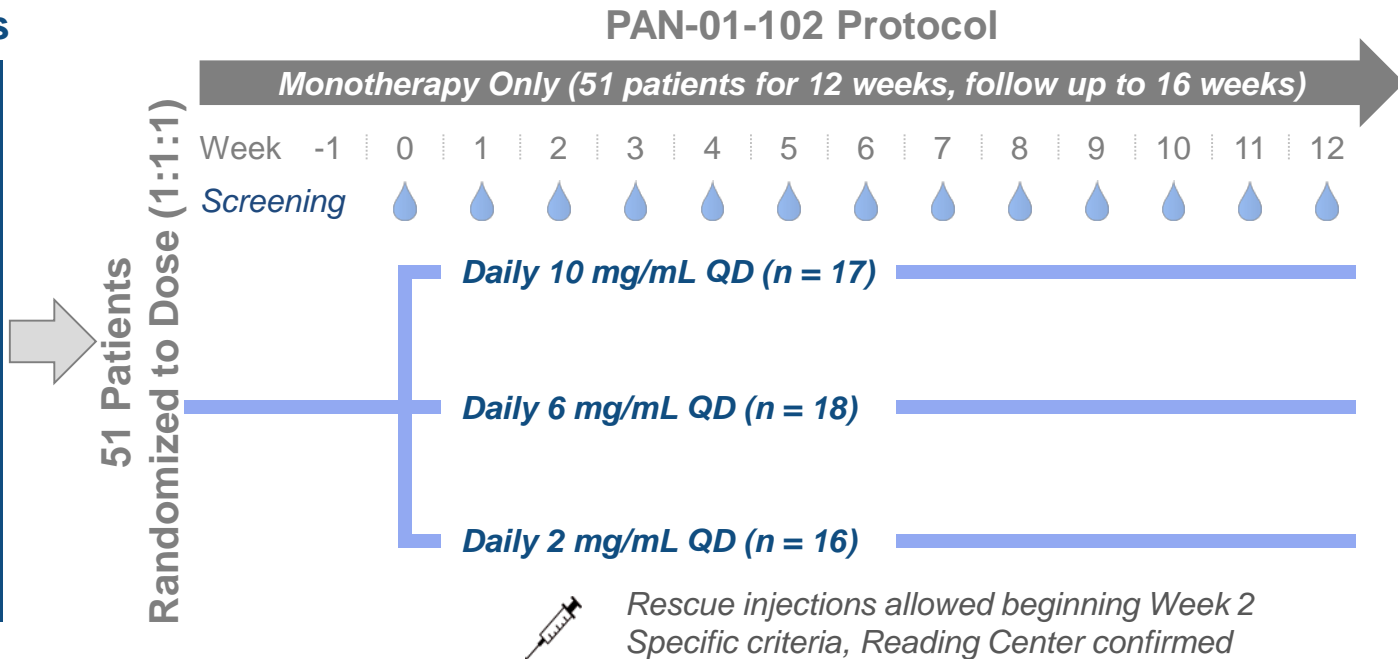
## Endpoints / Objectives

**Primary**

**Safety / Tolerability**

**Secondary**

**Anti-VEGF Biological Response**



## PAN-01-102 Primary Objective: Safety

*Final independent DSMC safety assessment week 12 (last on-treatment visit)*

**No significant drug-related safety concerns or trends in PAN-01-102**

**Conclusions stated by the SMC following final review of all safety data for all 51 patients:**

**“No major or serious untoward (unfavorable and unintended) safety issues or trends were observed....**

**PAN-90806 ophthalmic suspension, administered once-daily at concentrations of 2 mg/ml, 6 mg/ml, and 10 mg/ml, is reasonably safe and well-tolerated in treatment-naïve patients with neovascular age-related macular degeneration.”**

**PAN-90806 Suspension demonstrated significantly improved safety & tolerability compared to the prior (solution) formulation**

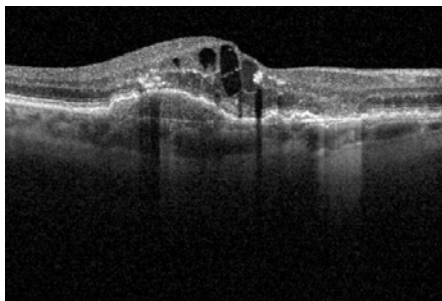
## PAN-01-102 Secondary Objective: anti-VEGF Biological Response

---

A topical eye drop demonstrated anti-VEGF biological response at all doses (2 mg/mL, 6 mg/mL, 10 mg/mL) in treatment naïve wet AMD patients as once daily monotherapy

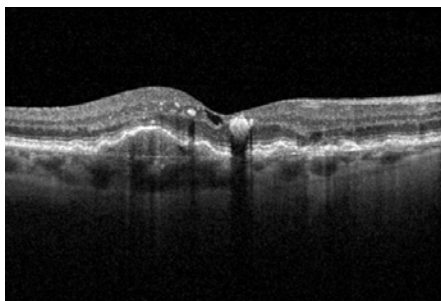
- 51% of patients completed the study on PAN-90806 eyedrops alone – never rescued through the 1 month post-treatment (week 16) visit
- 23 of 26 (88%) non-rescued patients showed clinical improvement or stability based on independent masked review by panel of retina experts

## PAN-01-102: Examples of clinical improvement on monotherapy



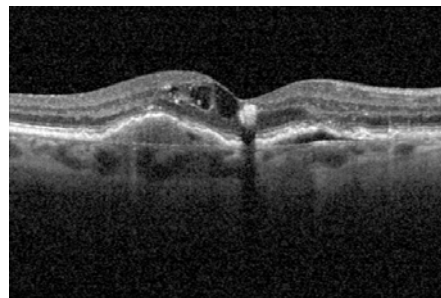
**Day 1**

CST: 395    VA: 61



**Week 12**

CST: 283    VA: 66

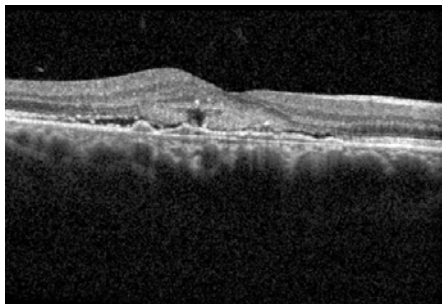


**1 Month Post Tx Follow-up**

CST: 328    VA: 65

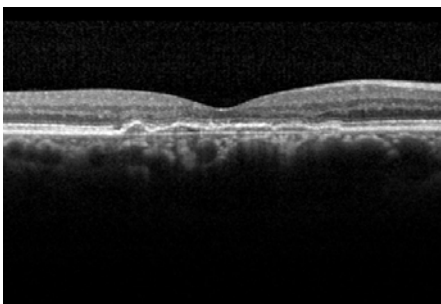
**Type 2 lesion**  
**2 mg/ml**

**112 $\mu$ M ↓ CST**  
**5 letter gain**



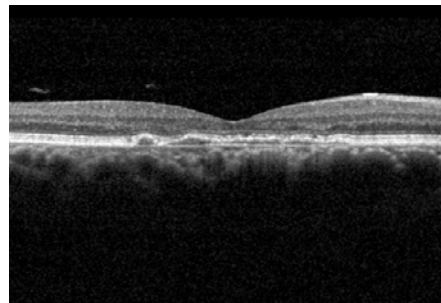
**Day 1**

CST: 298    VA: 44



**Week 12**

CST: 156    VA: 70



**1 Month Post Tx Follow-up**

CST: 156    VA: 70

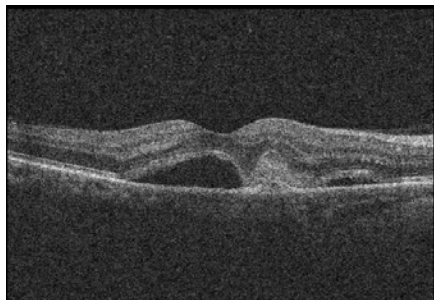
**Type 1 lesion**  
**6 mg/ml**

**142 $\mu$ M ↓ CST**  
**26 letter gain**



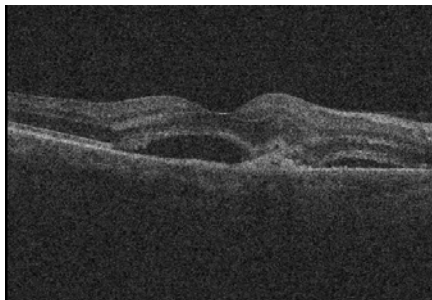
## PAN-01-102: Pharmacodynamic activity occurs in 4-6 weeks

10mg/mL Pt: 6 letter gain / 142 micron reduction CST (Week 12)



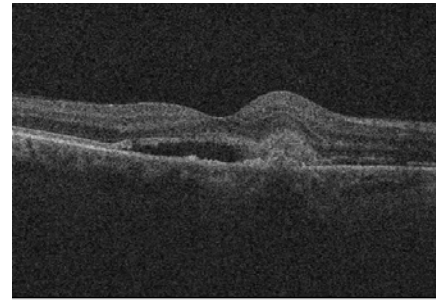
**Day 1**

CST: 423    VA: 67



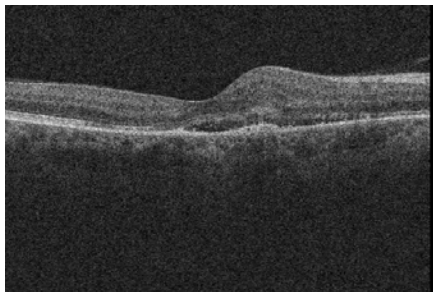
**Week 4**

CST: 387    VA: 75



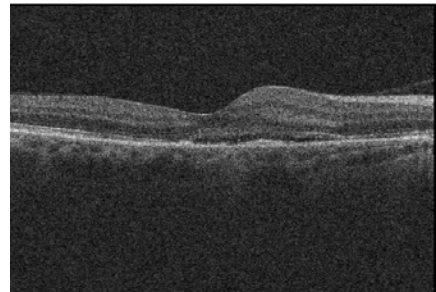
**Week 8**

CST: 350    VA: 68



**Week 12**

CST: 281    VA: 73



**1 Mo Post Tx Follow-up**

CST: 258    VA: 78

# Rescued patients had thicker retinas and worse VA at baseline vs those never rescued or rescued late

Patients rescued earliest ( $\leq 4$  wk) had baseline CST 113 $\mu$ m higher than never rescued pts

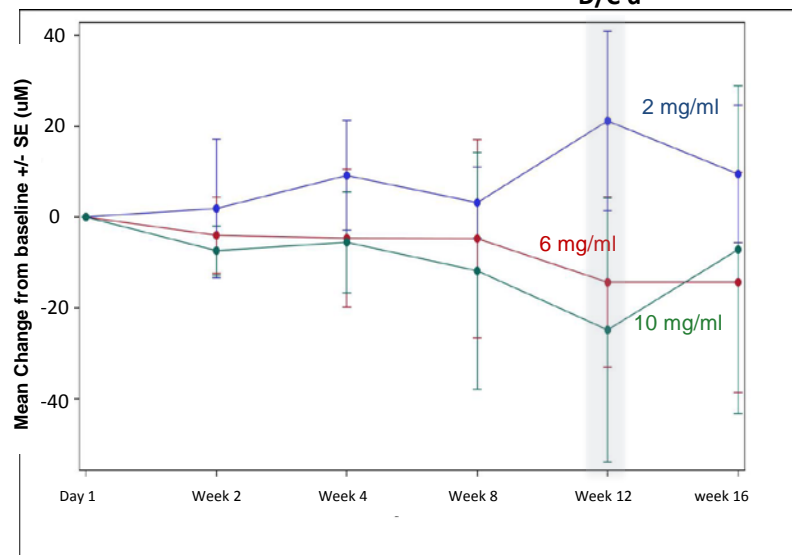
Time of 1st Injection based on OCT at	Number of Pts	Baseline CST (Day 1) Mean	Snellen VA
$\leq 4$ weeks	13	444 $\mu$ m	20/100
$> 4 < 8$ weeks	0	365 $\mu$ m	20/80
8 to 12 weeks	10		
$> 12$ weeks	2		
All Rescued Pts	25	406 $\mu$ m	20/80
All Non-Rescued Pts	26	331 $\mu$ m	20/63
All Patients	51	368 $\mu$ m	20/80

# PAN-01-102: Biological Activity is also Confirmed by Patient Stability in Non-Rescued Patients through week 16 (one month post tx)

## Mean Change from Baseline (Day 1)

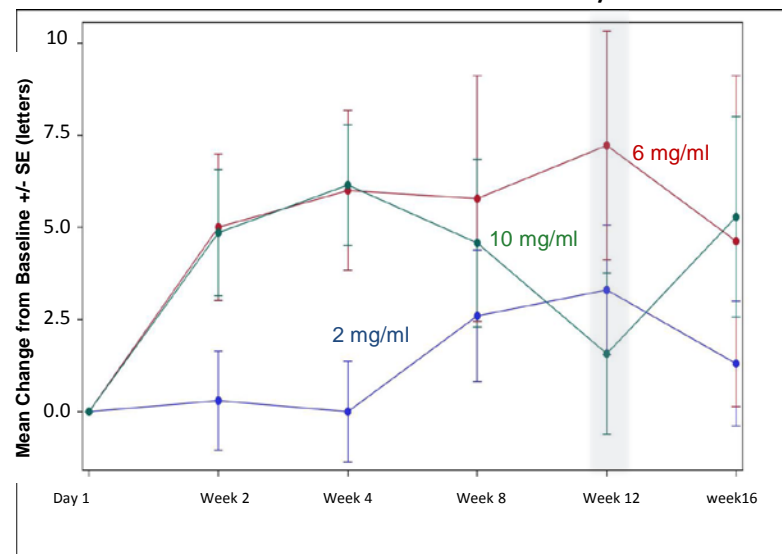
### SD-OCT CST

Drops  
D/C'd



### ETDRS BCVA

Drops  
D/C'd



# nAMD Natural History shows mean VA loss at of 5-15 letters with 50% of patients progressing to legal blindness at 3 months

## The Natural History and Prognosis of Neovascular Age-Related Macular Degeneration

*A Systematic Review of the Literature and Meta-analysis*

*Ophthalmology* 2008 (115):116-26  
4300+ patients meta-analysis  
Baseline VA 20/87

Tien Wong, MD, PhD,<sup>1</sup> Usha Chakravarthy, MD, PhD,<sup>2</sup> Ronald Klein, MD, MPH,<sup>3</sup> Paul Mitchell, MD, PhD,<sup>4</sup>  
Gergana Zlateva, PhD,<sup>5</sup> Ronald Buggage, MD,<sup>5</sup> Kyle Fahrback, PhD,<sup>6</sup> Corey Probst, BS,<sup>6</sup>  
Isabella Sledge, MD, MPH<sup>6</sup>

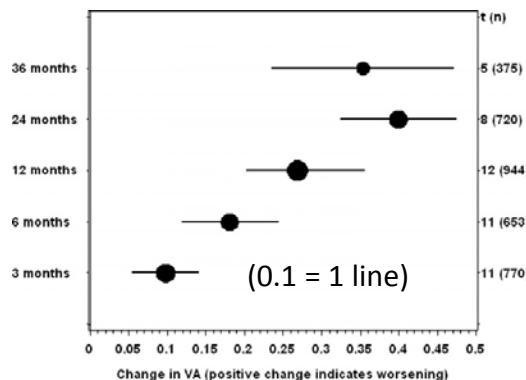


Figure 1. Mean visual acuity (VA) change (logarithm of the minimum angle of resolution). t = no. of studies in meta-analysis.

### Outcome

3 months

VA lines lost

<3

≥3–≤6

>6



≥ 3 lines = 24%

76.0 (69.0–82.3)

14.1 (10.5–18.2)

10.1 (6.0–15.1)

## Patients avoided 79% of possible injections compared with on-label monthly injection regime (all 51 patients)

### Mean number of rescues per patient <1 (all patients)

	2mg/ml N=17	6mg/ml N=18	10mg/ml N=16	Total N=51
Subjects with at least 1 Ranibizumab injection	7 (41.2%)	9 (50.0%)	9 (56.3%)	24 (49.0%)
Mean number of Ranibizumab injections given per patient	0.82	0.83	0.81	0.84
<b>Mean number of Ranibizumab injections avoided per patient</b>	<b>3.18</b>	<b>3.17</b>	<b>3.19</b>	<b>3.18</b>
<b>Total number of Ranibizumab injections avoided in all patients</b>	<b>54 (79.4%)</b>	<b>57 (79.2%)</b>	<b>51 (79.7%)</b>	<b>162 (79.4%)</b>

## PAN-01-102: Independent Masked Retina Expert Review

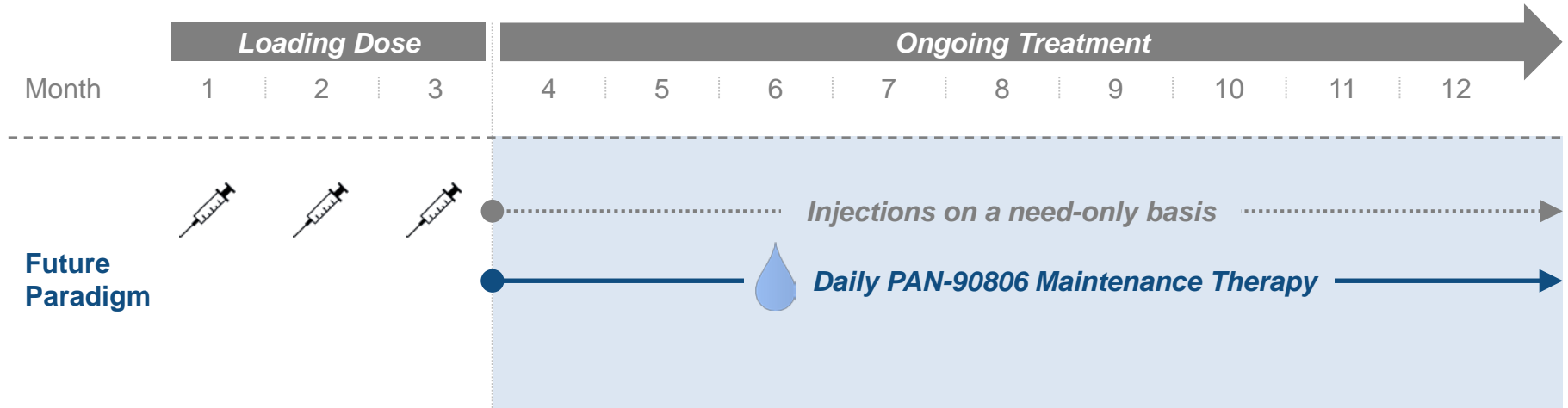
---

- For the first time, a topical anti-VEGF eyedrop has demonstrated both safety and biological response in treatment naïve wet AMD patients **as monotherapy**
- 51% of PAN-01-02 patients completed the study on PAN-90806 eyedrops alone through week 16 (drops were d/c'd after week 12)
- Masked KOL review suggests study entry criteria VA (<20/50) and baseline severity (e.g. CST > 400uM) predisposed patients to early rescue

The P1/2 trial data supports advancing the drug into clinical studies to assess its potential benefit in nAMD, DME, RVO, prophylaxis, and chronic maintenance

# PAN-90806: a potential game changer in wet AMD by creating a new paradigm to address adherence, undertreatment, & loss to follow-up

## Potential Future Treatment Paradigm



Imagine a “treat-and-extend” regimen with the benefit of continuous VEGF suppression using a self-administered once-daily eyedrop

# PanOptica has a strong intellectual property portfolio with newly issued, pending and planned patents expiring $\geq 2034$

Delivery to back of the eye requires ability to deliver high concentration to choroid/retina as well as reduce or eliminate off-target corneal AEs



## Global Rights to All Ophthalmic Indications

- Licensed extensive portfolio of issued patents from OSI/Astellas out of a Pfizer cancer devt collaboration



## New IP from Original PanOptica Inventions

- USA: 6 Granted, 3 Pending Patents
- OUS: 31 Granted Patents, including AU, EU & JP  
31 Pending, Incl AU, CA, CN, EU, JP, KR
- Pursuing additional patents for other discoveries



US009446026B2

(12) **United States Patent**  
Bingaman et al.

(10) **Patent No.:** US 9,446,026 B2  
(45) **Date of Patent:** Sep. 20, 2016

(54) **OCULAR FORMULATIONS FOR  
DRUG-DELIVERY TO THE POSTERIOR  
SEGMENT OF THE EYE**

(56) **References Cited**  
U.S. PATENT DOCUMENTS

(71) Applicant: **PanOptica, Inc.**, Bernardsville, NJ  
(US)

5,891,913 A 4/1999 Sallmann  
6,235,764 B1 5/2001 Larson et al.  
2002/0151573 A1 10/2002 Gant  
2005/0074497 A1 4/2005 Schultz  
2007/0020336 A1 1/2007 Loftsson

(72) Inventors: **David P. Bingaman**, Weatherford, TX  
(US); **Paul G. Chaney**, Mount  
Arlington, NJ (US); **Martin B. Wax**,  
Westlake, TX (US)

FOREIGN PATENT DOCUMENTS

(73) Assignee: **PanOptica, Inc.**, Bernardsville, NJ  
(US)

WO WO 2013/126799 A1 8/2013  
OTHER PUBLICATIONS

(\*) Notice: Subject to any disclaimer, the term of this  
patent is extended or adjusted under 35  
U.S.C. 154(b) by 20 days.

Fleisher, D. et al., "Improved oral drug delivery: solubility limitations overcome by the use of produgs", *Advanced Drug Delivery Reviews*, vol. 19, (1996), pp. 115-130.  
Stella V. et al., "Cyclodextrins", *Toxicologic Pathology*, vol. 36, (2008), pp. 30-42.  
Robinson R. et al., "Discovery of the Hemifumarate and ( $\alpha$ -L-Alanyloxy)methyl Ether as Prodrugs of an Antirheumatic Oxindole: Prodrugs for the Enolic OH Group", *J. Med. Chem.*, vol. 39, (1996), pp. 10-18.

(21) Appl. No.: **14/211,427**

(22) Filed: **Mar. 14, 2014**

(65) **Prior Publication Data**

US 2014/0303219 A1 Oct. 9, 2014

*Primary Examiner* — Zohreh Fay  
(74) *Attorney, Agent, or Firm* — Cooley LLP; Heidi A. Erlacher; Chen Chen



# PanOptica is led by individuals with extensive ophthalmology research, development, and commercial experience

---

## PanOptica Leadership



**Paul G. Chaney**  
**President & CEO**

Former President of OSI Eyetech with 35+ years experience and 20+ in ophthalmology



**Martin B. Wax, MD**  
**CMO & EVP of Dev.**

Former VP of R&D at Alcon who led dev. in retina, dry eye, and glaucoma (over 200 publications)



**David Bingaman, DVM, ACVO, PhD**

**Head, Retina Dev.**

Former Director of Retina R&D at Alcon with 20+ years of experience in ophthalmology



**Kristine Curtiss**  
**ED, Clinical Operations**

Previously Dir. Clinical Affairs at Opko and Oraya with 20+ years of clinical trial experience



**Lori Forrest**  
**ED, Finance & Controller**

Former controller at Helsinn Therapeutics with 20+ years of acct. experience in pharmaceuticals



**Angela Kothe, OD, PhD**  
**Consultant, Reg. Affairs**

VP of Silver Pharma Consulting with 25+ years of regulatory experience

# PanOptica is backed by highly credible investors

---

## Board of Directors



**David Guyer, MD**

*Executive Chairman- IVERIC bio*



**Bruce Peacock**

*Venture Partner- Angel Capital*



**Abbie Celniker, PhD**

*Partner- Third Rock Ventures*



**Mike Ross, PhD**

*Managing Partner- SV Health Investors*

## Investor Syndicate





*13 McGregor Avenue*

*Mount Arlington, NJ 07856*

*[www.panopticapharma.com](http://www.panopticapharma.com)*

