



Visionary Innovation

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Safe Harbor Statements

Cautionary note on forward-looking statements

These slides and the accompanying oral presentation contain forward-looking statements and information. The use of words such as “may,” “might,” “will,” “should,” “expect,” “plan,” “anticipate,” “believe,” “estimate,” “project,” “intend,” “future,” “potential,” or “continue,” and other similar expressions are intended to identify forward-looking statements. For example, all statements we make regarding the initiation, timing, progress and results of our preclinical studies, our clinical studies, our research and development programs, our regulatory strategy, our future development plans, our ability to advance product candidates into, and successfully complete clinical studies, and the timing or likelihood of regulatory filings and approvals, our cash runway, and statements regarding the potential therapeutic benefits of our product candidates are forward looking. All forward-looking statements are based on estimates and assumptions by our management that, although we believe to be reasonable, are inherently uncertain. All forward-looking statements are subject to risks and uncertainties that may cause actual results to differ materially from those that we expected. Factors that may cause actual results to differ materially from current expectations include, but are not limited to: the possibility that Oculis may be adversely affected by economic, business, and/or competitive factors; Oculis' estimates of expenses and profitability; Oculis' ability to develop, manufacture and commercialize the product candidates in its pipeline; actions of regulatory authorities, which may affect the initiation, timing and progress of clinical studies or future regulatory approvals or marketing authorizations; the ability of Oculis or its partners to enroll and retain patients in clinical studies; the ability of Oculis or its partners to gain approval from regulators for planned clinical studies, study plans or sites; Oculis' ability to obtain and maintain regulatory approval or authorizations of its products, including the timing or likelihood of expansion into additional markets or geographies; the success of Oculis' current and future collaborations, joint ventures, partnerships or licensing arrangements; financial position, strategy and anticipated milestones; and other risks and uncertainties set forth in the sections entitled “Risk Factors” and “Cautionary Note Regarding Forward-Looking Statements” in documents that Oculis may from time to time file or furnish with the SEC. Any forward-looking statement speaks only as of the date on which it was made. We undertake no obligation to update or revise any forward-looking statement, whether as a result of new information, future events or otherwise, except as required by law.

Oculis (Nasdaq / XICE: OCS)

Three registrational programs in ophthalmic and neuro-ophthalmic indications provide multi-billion-dollar market opportunities



- Global biopharma **Nasdaq-listed** company with **three registrational-stage candidates** targeting a **market opportunity of over >\$25B**
- **OCS-01 (DME)**: First non-invasive eye-drop treatment for **diabetic macular edema**, in **DIAMOND 1&2** trials with topline results anticipated in Q2 2026
- **Licaminlimab (Precision Med. DED)**: First genotype-based dev. for **dry eye disease**, in **PREDICT-1** trial with topline results anticipated in **Q4 2026**
- **Privosegtor (ON & NAION)**: First-in-class **neuroprotective candidate**, in the **PIONEER** program for **optic neuritis** and **non-arteritic anterior ischemic optic neuropathy** with plans to **expand into broader indications** addressing **neuroaxonal diseases**
- **Financials**: Strong balance sheet, no debt, and current cash runway into **2029**, excluding a CHF100m loan facility

A Catalyst-rich 12-month Horizon Driven by Three Core Transformative Assets in Active Registrational Programs

	Candidate	Phase 1	Phase 2	Phase 3	Value Catalysts
OPHTHALMOLOGY	OCS-01 OPTIREACH®	Diabetic Macular Edema			DIAMOND-1 & DIAMOND-2 topline readout Q2 2026 NDA submission for DME in Q4 2026
	Licaminlimab	Precision Med. Dry Eye Disease			Topline readout from PREDICT-1 in Q4 2026
NEURO-OPHTHALMOLOGY		Optic Neuritis	<u>Breakthrough Therapy Designation</u>		Started PIONEER-1 registrational trial in Q4 2025 Start of PIONEER-2 registrational trial in 1H 2026
	Privosegtor	NAION			Start of PIONEER-3 registrational trial in mid-2026
		Multiple Sclerosis Relapses			Cross-reference Optic Neuritis IND for new IND submission in MS Relapses in 2026

Privosegtor, OCS-01 and Licaminlimab are investigational drugs, their safety or efficacy has not been established, and they have not received regulatory approval for commercial use in any country.

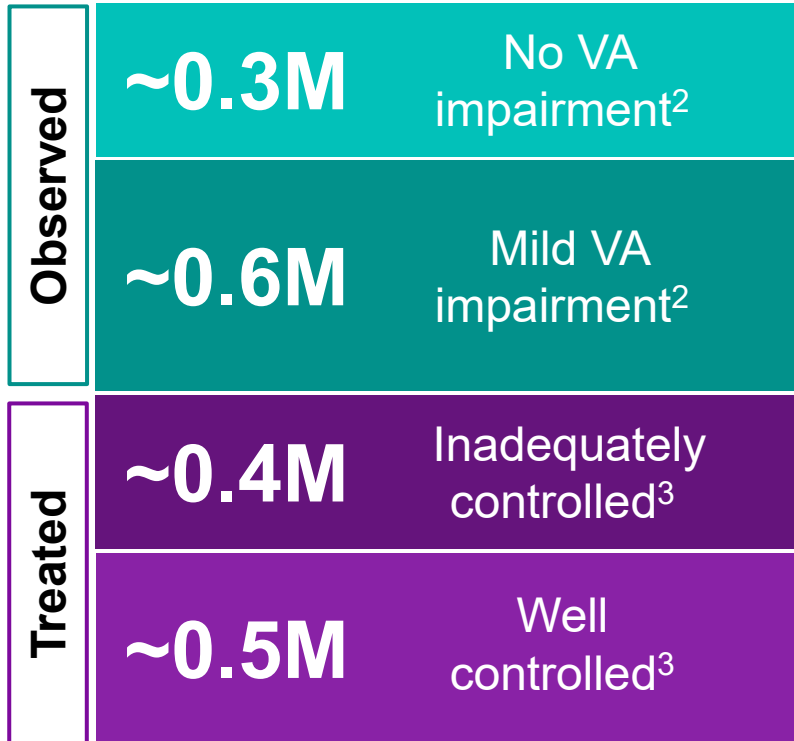
OCS-01

OPHTHALMOLOGY – Diabetic Macular Edema



OCS-01 to Transform DME Treatment Paradigm by Enabling Early Intervention and Effectively Treating Inadequately Controlled Patients

~1.8M Diagnosed DME U.S. prevalence¹



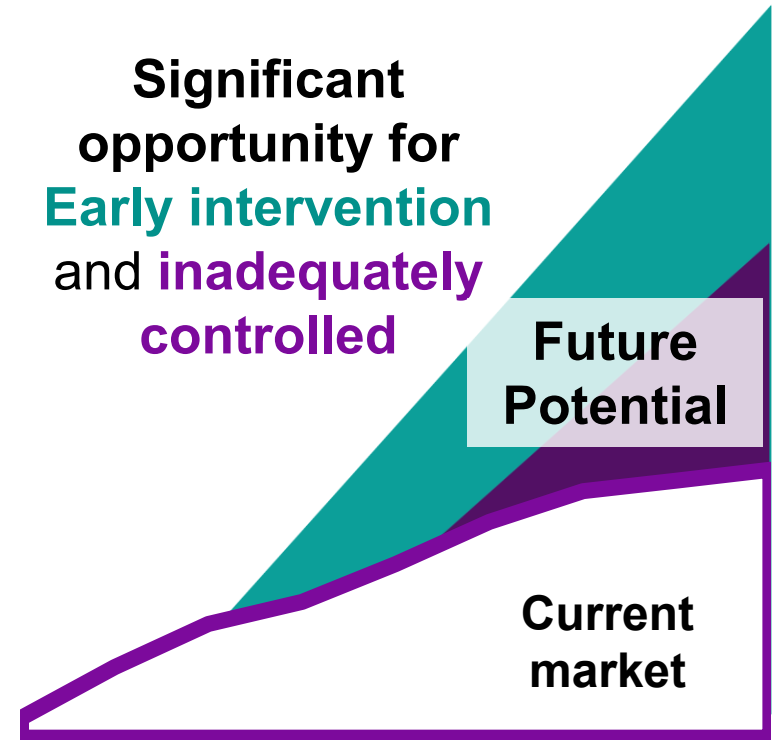
Only invasive treatments approved



High burden of treatment
Low patient compliance¹

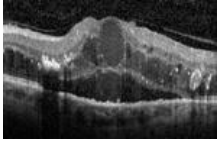

~\$3B Current DME U.S. market¹

Significant opportunity for Early intervention and inadequately controlled



6 1. Decision Resources Group: DME – DR Landscape Forecast – Disease Landscape Forecast 2020
2. Iris Registry – Baseline characteristics and demographics of treatment naïve patients at diagnosis (Table S1)
3. Gonzalez 2016 Early and Long-term Responses to VEGF Therapy in DME: Analysis of protocol I data

Non-invasive Self-administered Eye Drop Offers Significant Opportunity to Expand Current Market into Two New Segments

	Diagnosed & Untreated	Diagnosed & Treated
 <p>Current Treatments (U.S. patients)</p>	<p>Observation</p> <p>~900K</p>	<p>Anti-VEGF  Steroid implant</p> <p>~900K</p>
Unmet Needs	~65% mild VA impairment ¹ & progressing without early treatment available	~40% of treated patients are inadequately controlled with current SoC ²
Opportunities for OCS-01 (U.S. patients)	<p>✓ Early intervention</p> <p>~600K</p>	<p>✓ Inadequately controlled</p> <p>~400K</p>
Current and future U.S. prescriber base	<p>Retina Specialists (~2K)³</p> <p>General Ophthalmologists (~7k)³</p>	

OCT, Optical coherence tomography imaging.

1. Iris Registry – Baseline characteristics and demographics of treatment naïve patients at diagnosis (Table S1)

2. Gonzalez 2016 Early and Long-term Responses to VEGF Therapy in DME: Analysis of protocol I data

3. Active members of the American Academy of Ophthalmology, self-reported subspecialty, June 2024 from EyeNet Media Kit 2025, triangulated with ASRS membership and DocwireNews “Distribution and Practice Patterns of Retina Providers Across the United States, July 27, 2019

Positive and Consistent Results Across Four Completed Studies

Four clinical trials completed showing positive results



DME Exploratory 1 & 2
19 pts Tanito & 22 pts Ohira studies^{1,2}



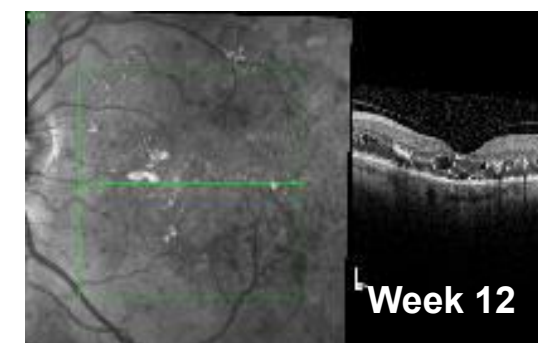
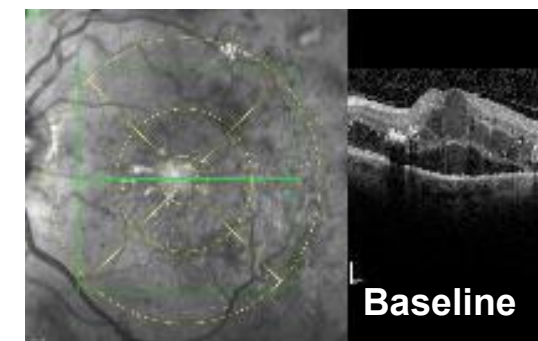
DME Phase 2
144 pts
Randomized & double-masked³



DME Phase 3 DIAMOND Stage 1
148 pts
Randomized & double-masked⁴

Patient Case (Phase 2 DX-211)
OCS-01 showed consistent biological effect in CMT reduction and BCVA improvement³

Age	55
Treatment Group	OCS-01
DME Duration	4 m
Prior DME Tx	No
Baseline CMT	765
Week 12 CMT	328
Baseline BCVA	40
W12 BCVA	56



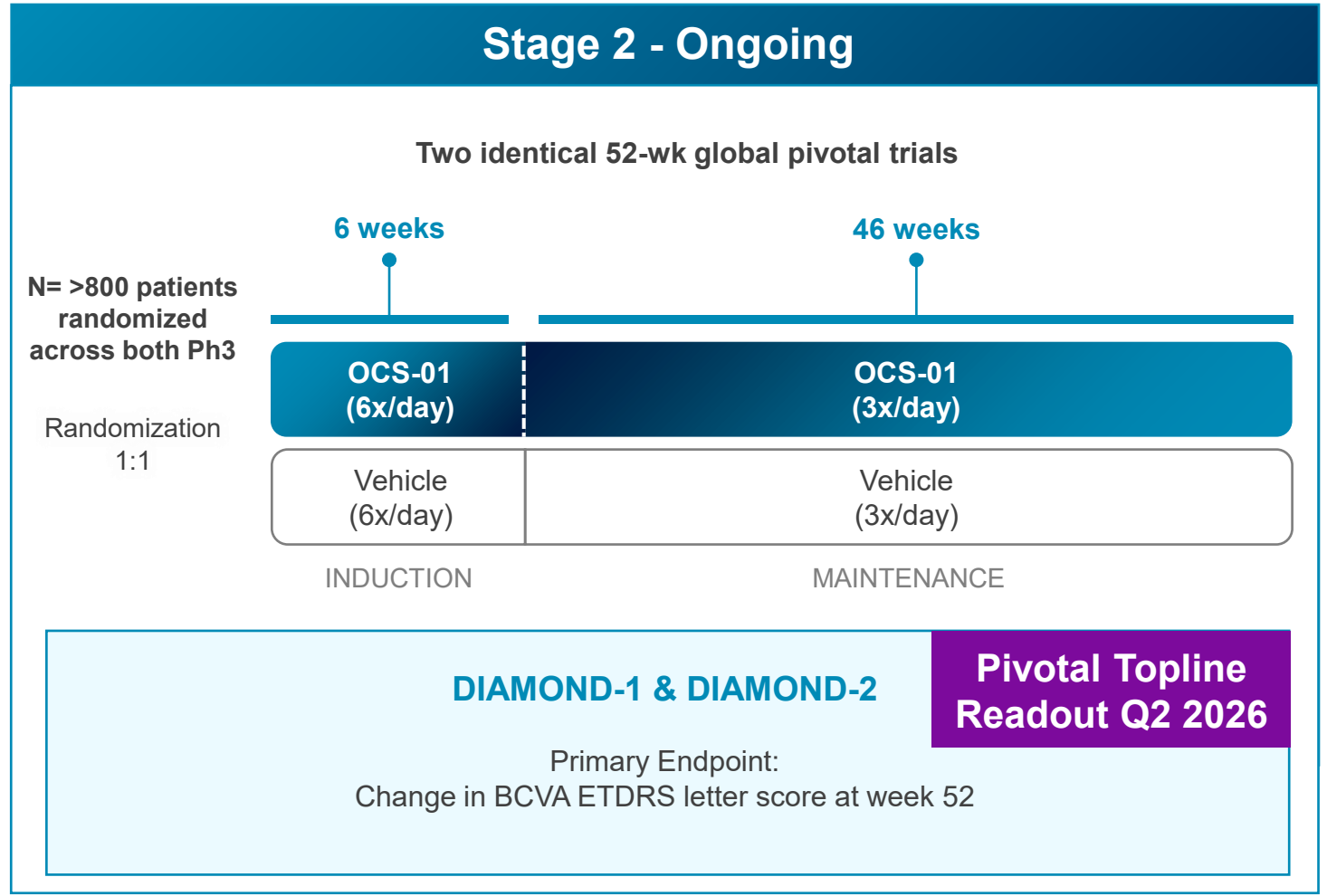
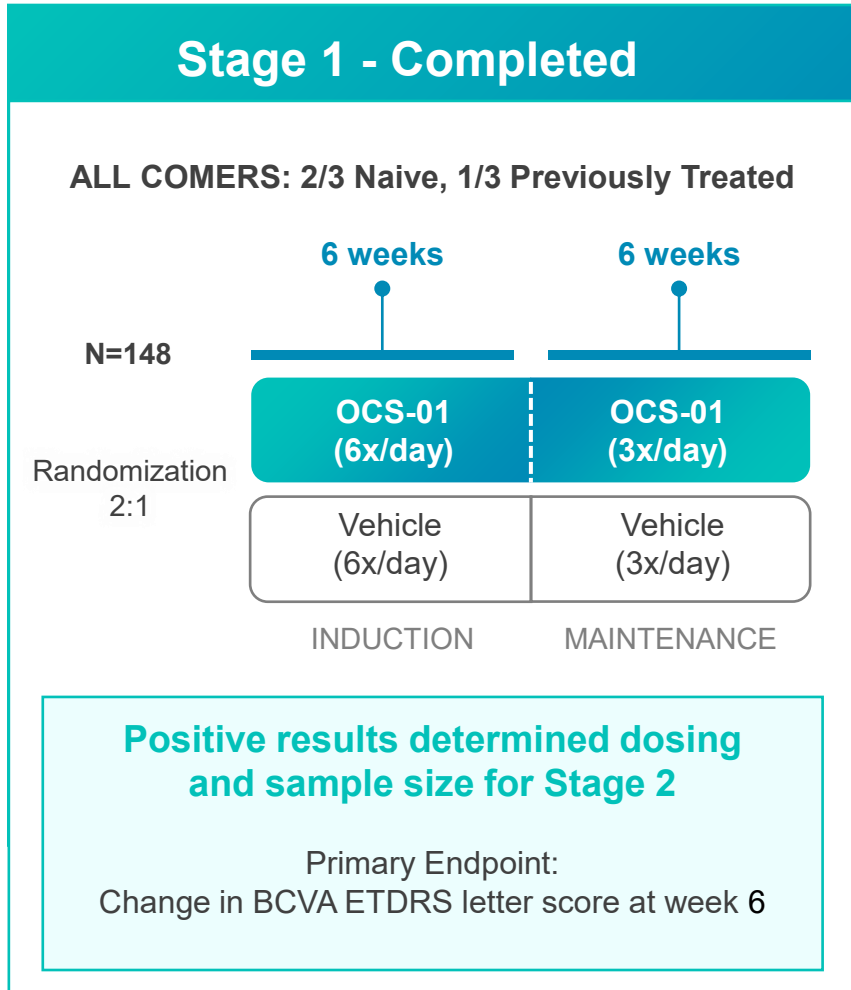
1. Exploratory 1: Investigator-initiated, open-label, single-center study. Tanito M, et al. Invest Ophthalmology Vis Sci. 2011;52:7944-7948

2. Exploratory 2: Ohira A, et al. Acta Ophthalmologica. 2015;93:610-615. Ohira A, et al. Acta Ophthalmologica. 2015;93:610-615.

3. DME Phase 2 (DX-211): Presented by R. Tadayoni at EURETINA 2020, Late-breaking session on October 3rd, 2020

4. Tadayoni R, et al. A 12-week phase 2/3 double-masked, randomized, multicenter study of OCS-01 OPTIREACH® technology topical dexamethasone eye drops in subjects with diabetic macular edema (DME): efficacy and safety findings Presented at: EURETINA; 2023

OCS-01 Phase 3 DIAMOND Program in DME – Stage 1 Completed, Stage 2 Ongoing with >800 Patients Randomized



BCVA: best corrected visual acuity; DME: diabetic macular edema; ETDRS: early treatment diabetic retinopathy study.
 Multicenter Study on the Efficacy and Safety of OCS-01 in Subjects With Diabetic Macular Edema. ClinicalTrials.gov identifier: NCT05066997
 Study of the Efficacy and Safety of OCS-01 Eye Drops in Subjects With Diabetic Macular Edema (DIAMOND-2). ClinicalTrials.gov identifier: NCT06172257

DIAMOND Stage 1 Showed Substantial and Clinically Relevant Vision Improvement with OCS-01 and Rapid Reduction in Retinal Edema in Both Targeted Groups: Treatment-naïve and Previously Treated

- 1 Function-BCVA: 7.6 letter gain vs. baseline and 27.4% of patients gaining ≥ 15 letters at Week 12
- 2 Retina: Rapid and sustained reduction in retinal edema already at Week 2
- 3 Positive results in both population: treatment-naïve and previously treated

SAFETY: Well-tolerated with no unexpected AEs

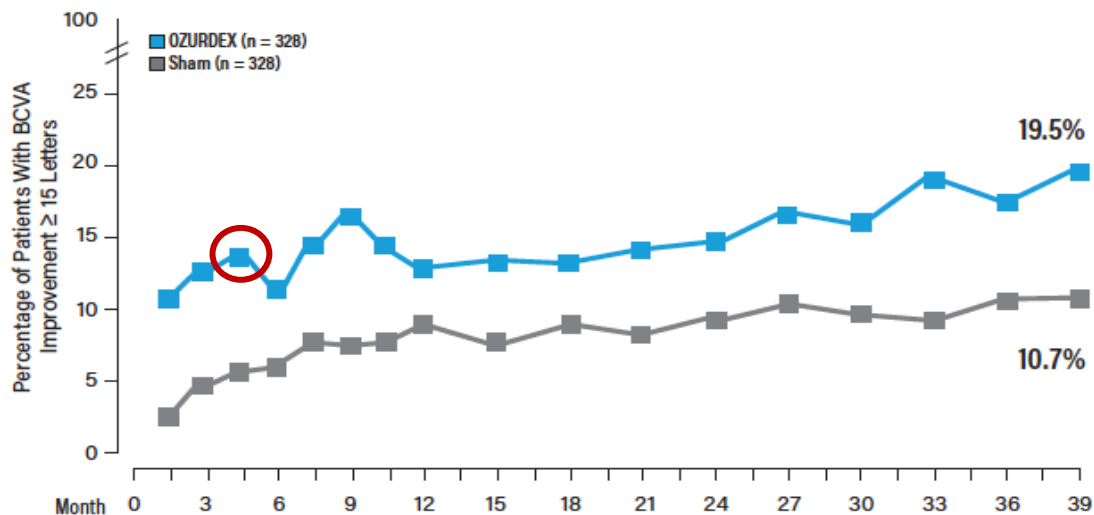
AE: adverse event; BCVA: best corrected visual acuity, SoC: Standard of Care.

Tadayoni R, et al. A 12-week phase 2/3 double-masked, randomized, multicenter study of OCS-01 OPTIREACH® technology topical dexamethasone eye drops in subjects with diabetic macular edema (DME): efficacy and safety findings Presented at: EURETINA; 2023, Data on file.

OCS-01 Eye Drops Showed a Favorable Efficacy Profile in the DIAMOND Stage 1 Study

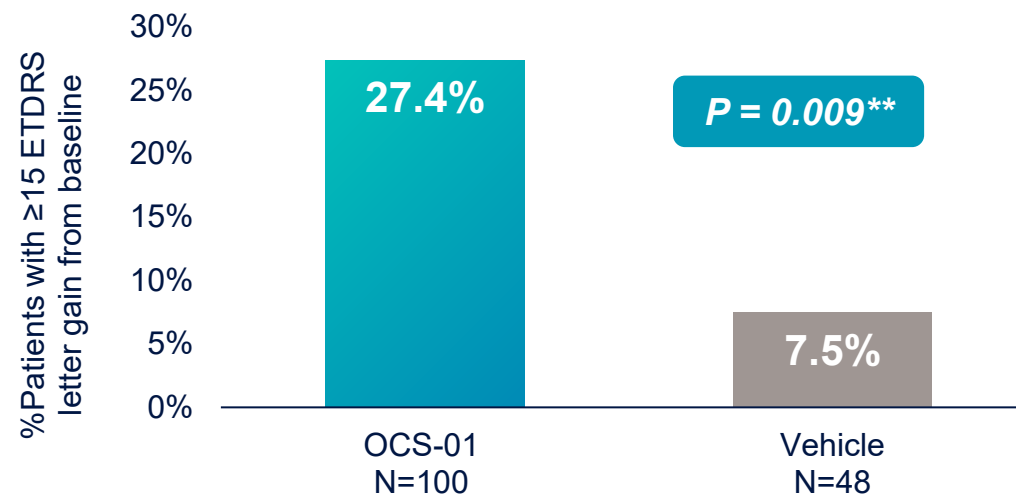
OZURDEX 3-year MEAD Study¹ (dexamethasone intravitreal implant)

Primary Endpoint: Percentage of All Patients with ≥ 15 -letter (3-Line) Gains in BCVA from Baseline



OCS-01 DIAMOND Stage 1 Study (Optireach form. dexamethasone eye drops)

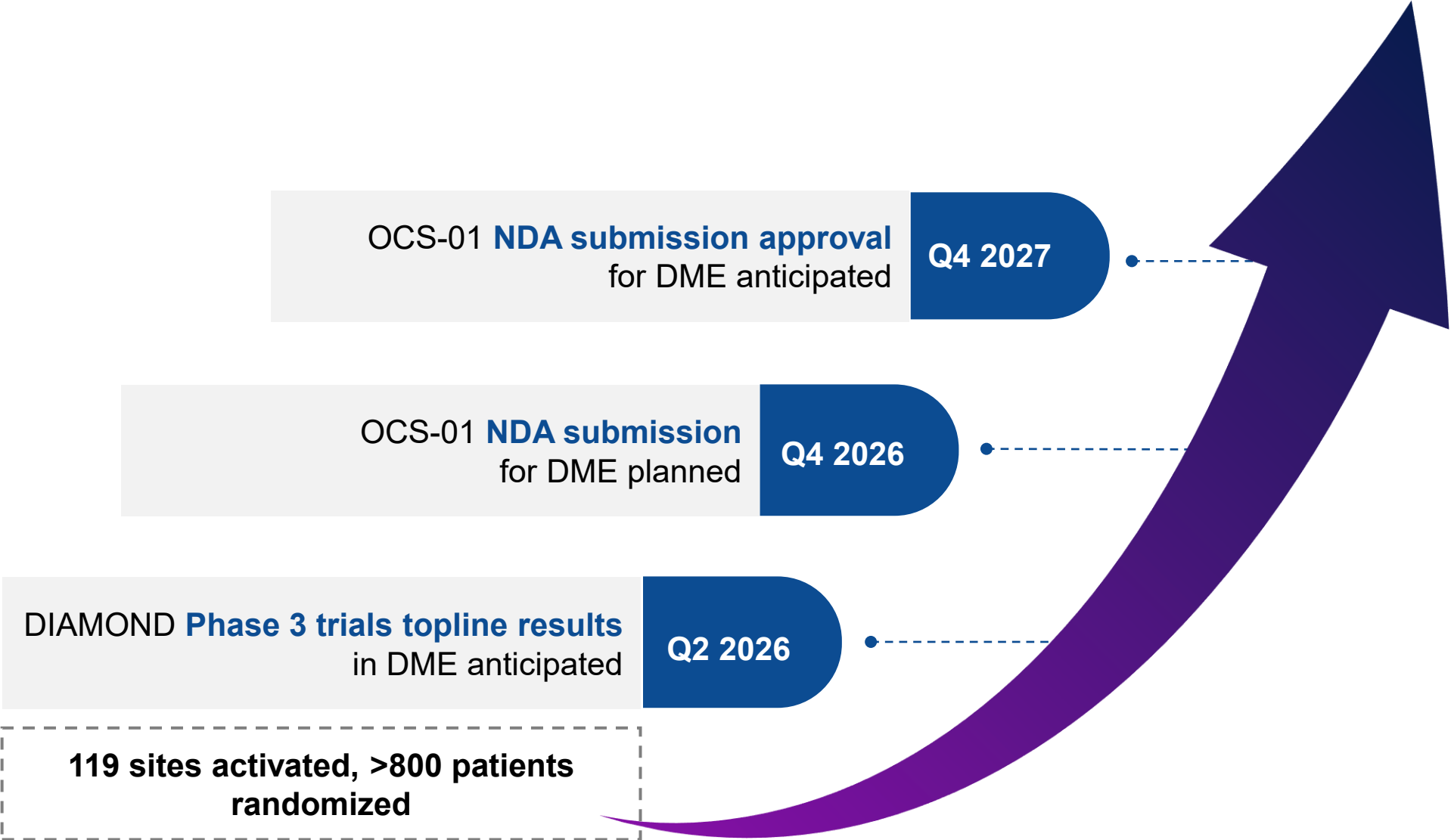
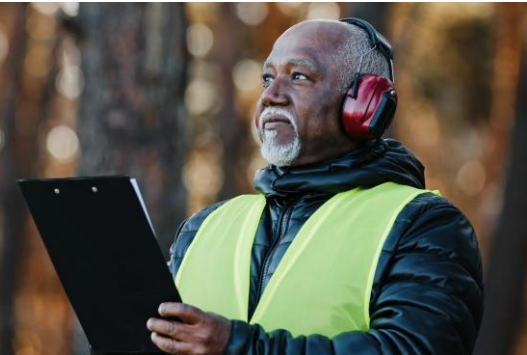
DIAMOND Stage 1 Results:
% of ≥ 15 -letter Gainers at Week 12



No unexpected AEs
with IOP increase consistent with literature

Results from two independent studies

Topline Results from Both DIAMOND Phase 3 Trials Expected in Q2 2026



Licaminlimab

Dry Eye Disease



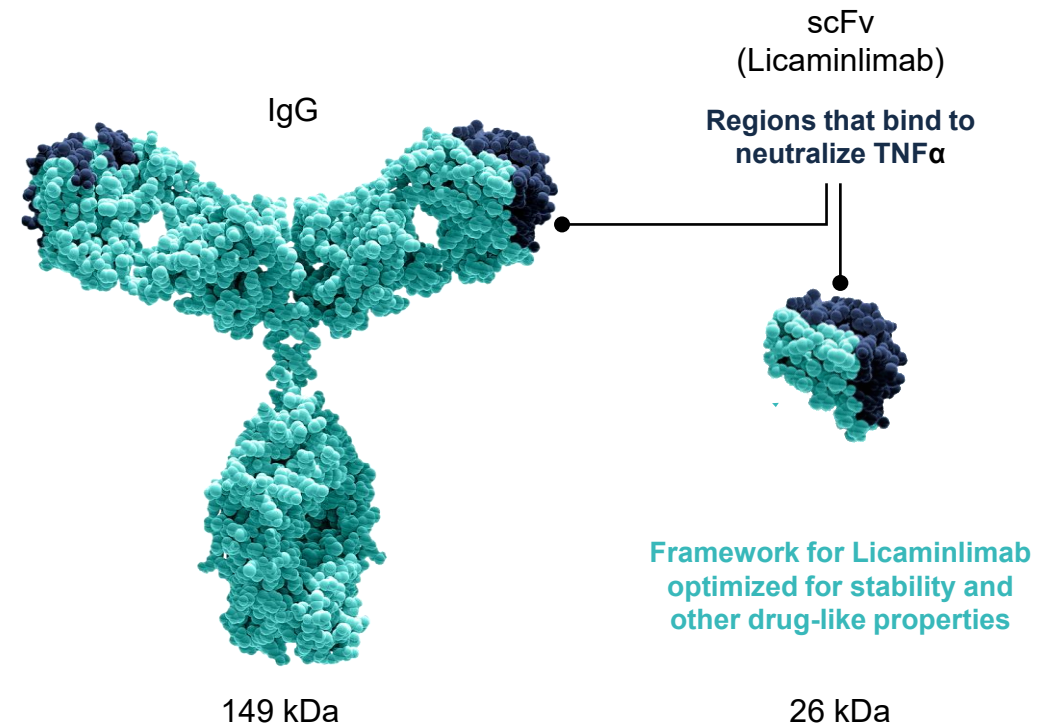
Licaminlimab is a Novel Anti-TNF α Eye Drop for Ocular Inflammation with Clinically Proven MoA

Topical Biologic Candidate

Licaminlimab is an **anti-TNF α antibody fragment** specifically formulated for **topical** delivery

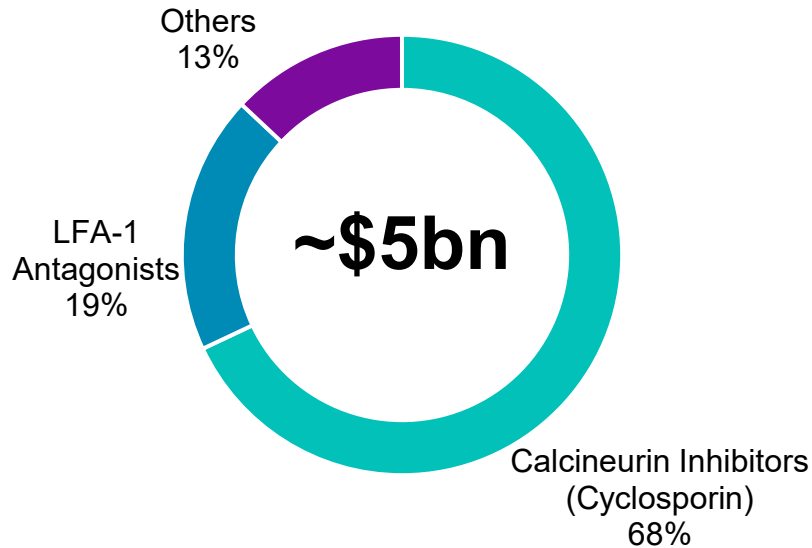
- ✓ **Clinically proven MoA**
Anti-inflammation and anti-apoptosis MoA approved as systemic treatment for ocular disease and with **transformative** impact in other areas
- ✓ **Enhanced ocular penetration**
Lower molecular weight, **enhanced ocular penetration** and **higher concentration**
- ✓ **Proprietary genetic biomarker**
Associated with **Licaminlimab** response highlights opportunity to drive **precision medicine** in DED

Innovative Antibody Fragment Technology



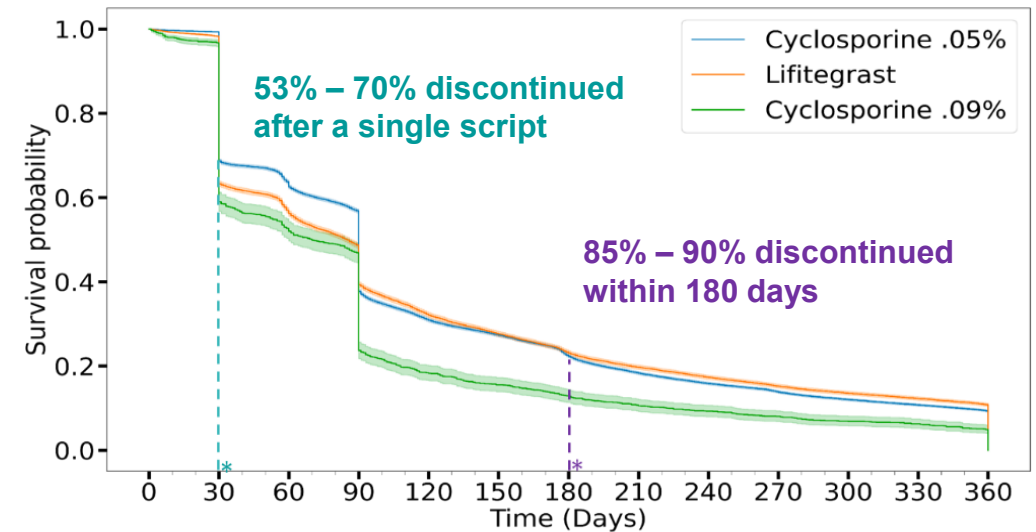
Large Unsatisfied Market with Only 13% of Patients Experiencing Lasting Relief After 12 Months with Current Treatments¹

2024 Dry Eye Rx drug market in G7 countries² and U.S. Rx split³



Driven by trial and error with significant unmet needs

Discontinuation & switching is commonplace in DED⁴



Establishing Licaminlimab as a precision-based approach, in a market with high failure and discontinuation rates, is expected to provide a clear option for physicians and payors for TNFR1 genotype patients

1. Health Union Community Editorial Team. 2021 In America Survey Findings: Living With Chronic Dry Eye. Chronic Dry Eye. 2021. <https://chronicdryeye.net/infographic/in-america-findings>.
 2. DRG Dry Eye Disease Landscape and Forecast 2020 (market value in 2024)
 3. IQVIA DED report, data on file. Prescriptions volume in DED March 2024 for split per drug class
 4. Mbagwu M, et al. Characterization of Discontinuation and Switching Patterns of Dry Eye Disease Medications Using Linked EHR Registry and Claims Data. Presented at: ASCRS Annual Meeting 2024 <https://ophthalmology360.com/study-finds-high-discontinuation-rate-of-dry-eye-medications/>

Licaminlimab: Three Positive DED Phase 2 Trials Completed with Consistent Results and Potential for Precision Medicine Approach

Phase 2 Randomized Controlled Studies in DED



DED#1 Symptoms
85 patients Phase 2 PoC



DED#2 Symptoms
134 patients Phase 2 PoC



DED#3 (RELIEF) Signs
122 patients Phase 2b

Consistent positive results across studies and unique genotype-based development opportunity

01

Meaningful and rapid treatment effect in signs and symptoms

02

More pronounced treatment effect in TNFR1 genotype positive (5X in signs and 7X in symptoms)

03

Well-tolerated, drop comfort like artificial tears

PREDICT genotype-based registrational trial initiated in Q4 2025 with topline results anticipated in Q4 2026

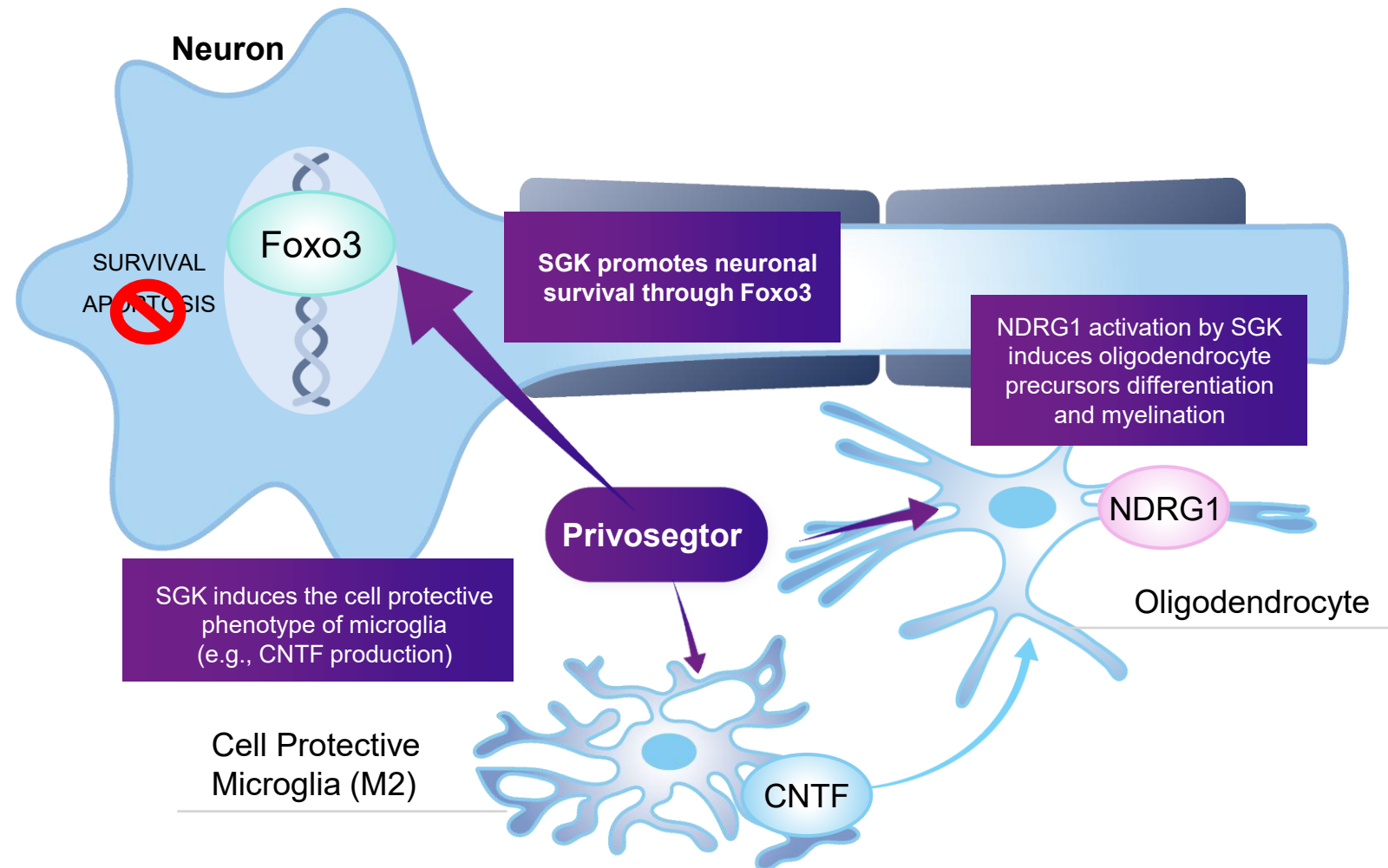
Privosegtor

Optic Neuropathies

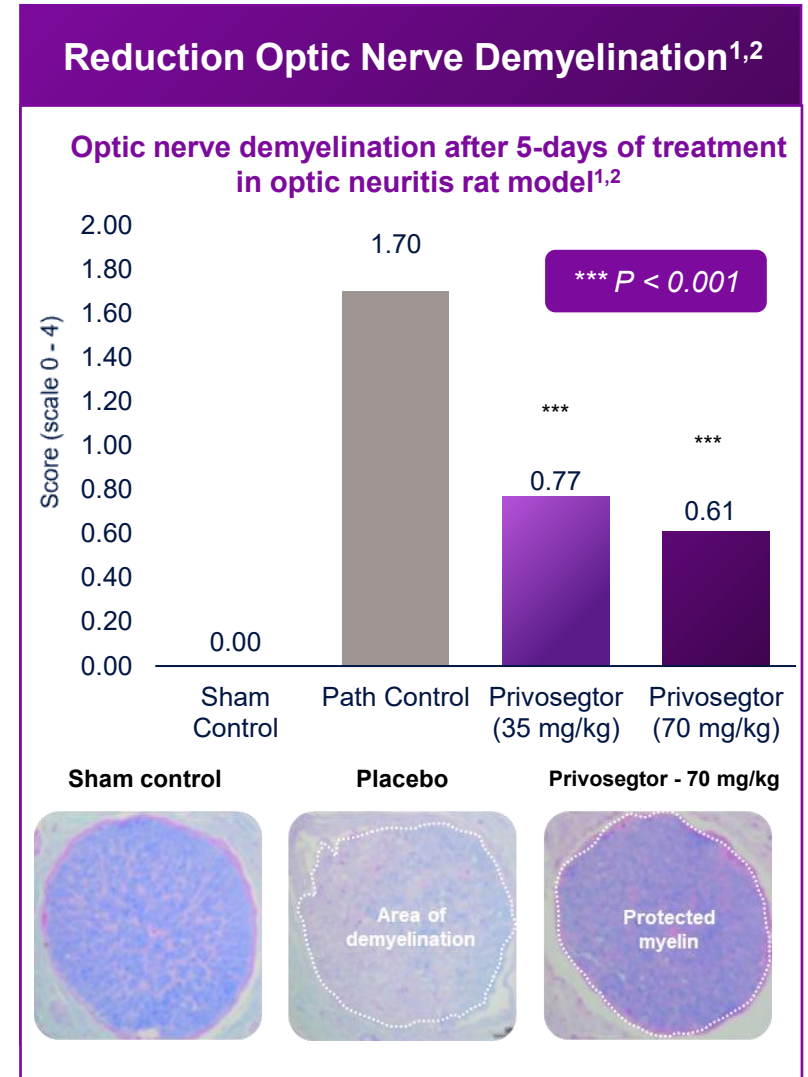
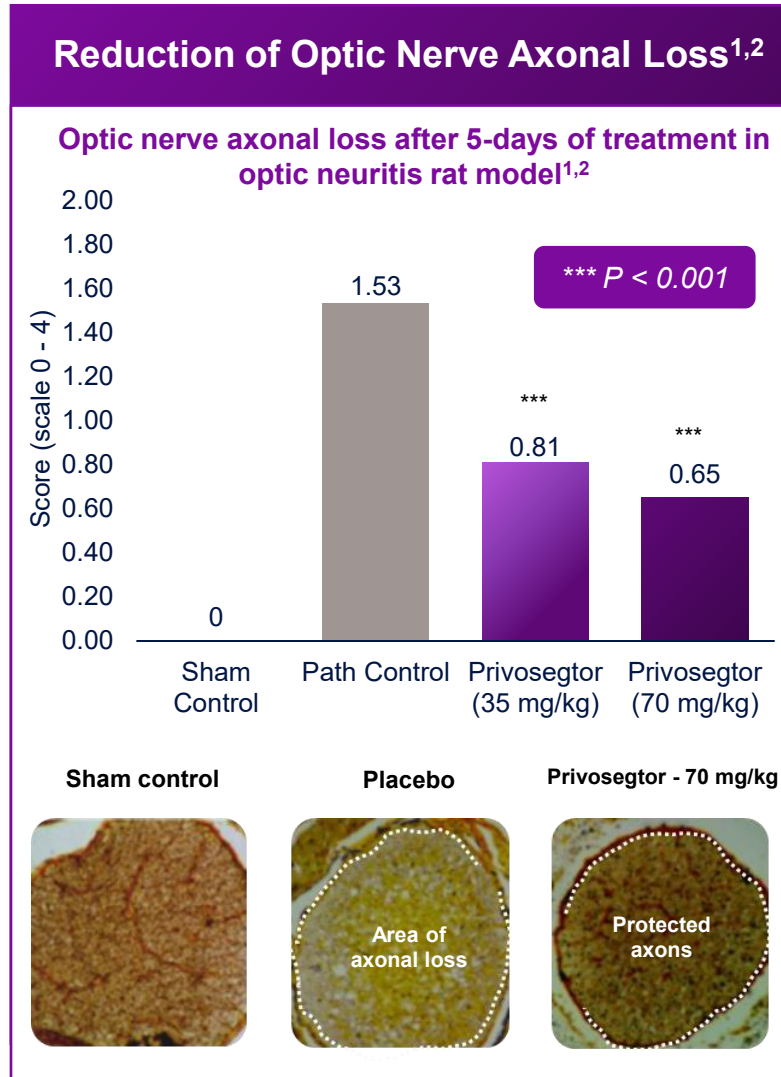
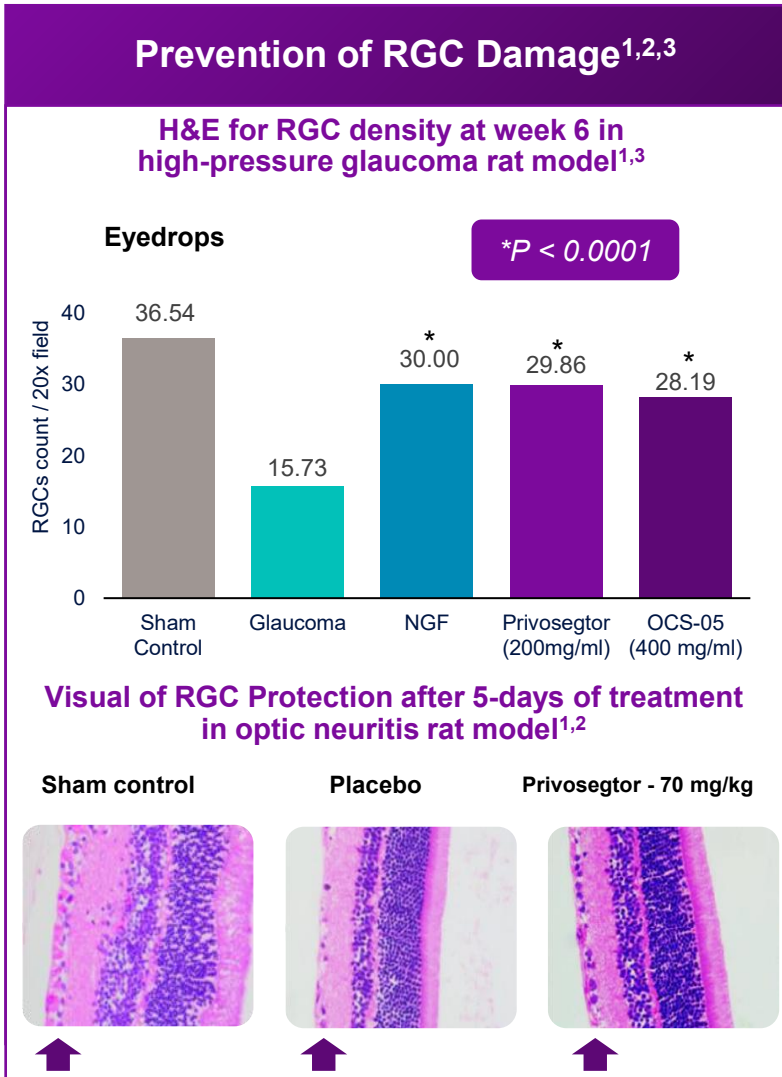


Privosegtor is a Novel Neuroprotective Candidate with Broad Potential for Neuro-axonal Diseases

- Peptoid small molecule that **penetrates blood brain and retinal barriers**
- **Selected by high-throughput screening (HTS) for neuroprotective properties**, confirmed in vivo in glaucoma, MS, and optic neuritis models
- It activates SGK and triggers **multiple beneficial effects on apoptosis, oxidation, and inflammation**
- Received **Breakthrough Therapy Designation** for Optic Neuritis



Compelling Preclinical Data Showed Neuroprotection Benefits with Neurons and Axons Preservation/Survival



H&E: hematoxylin and eosin staining; RGC: retinal ganglion cell.

1. Villoslada P, et al. *Neurotherapeutics*. 2019;16(3):808-827
2. Lysolecithin induced demyelinating model in rat (model of acute optic neuritis)- Assessment after 5-days of treatment
3. High pressure Glaucoma rat model of neurodegeneration without inflammation

Neuro-Protective Benefits of Privosogtor Translate into Several Neuro-Ophthalmic Indications and Beyond

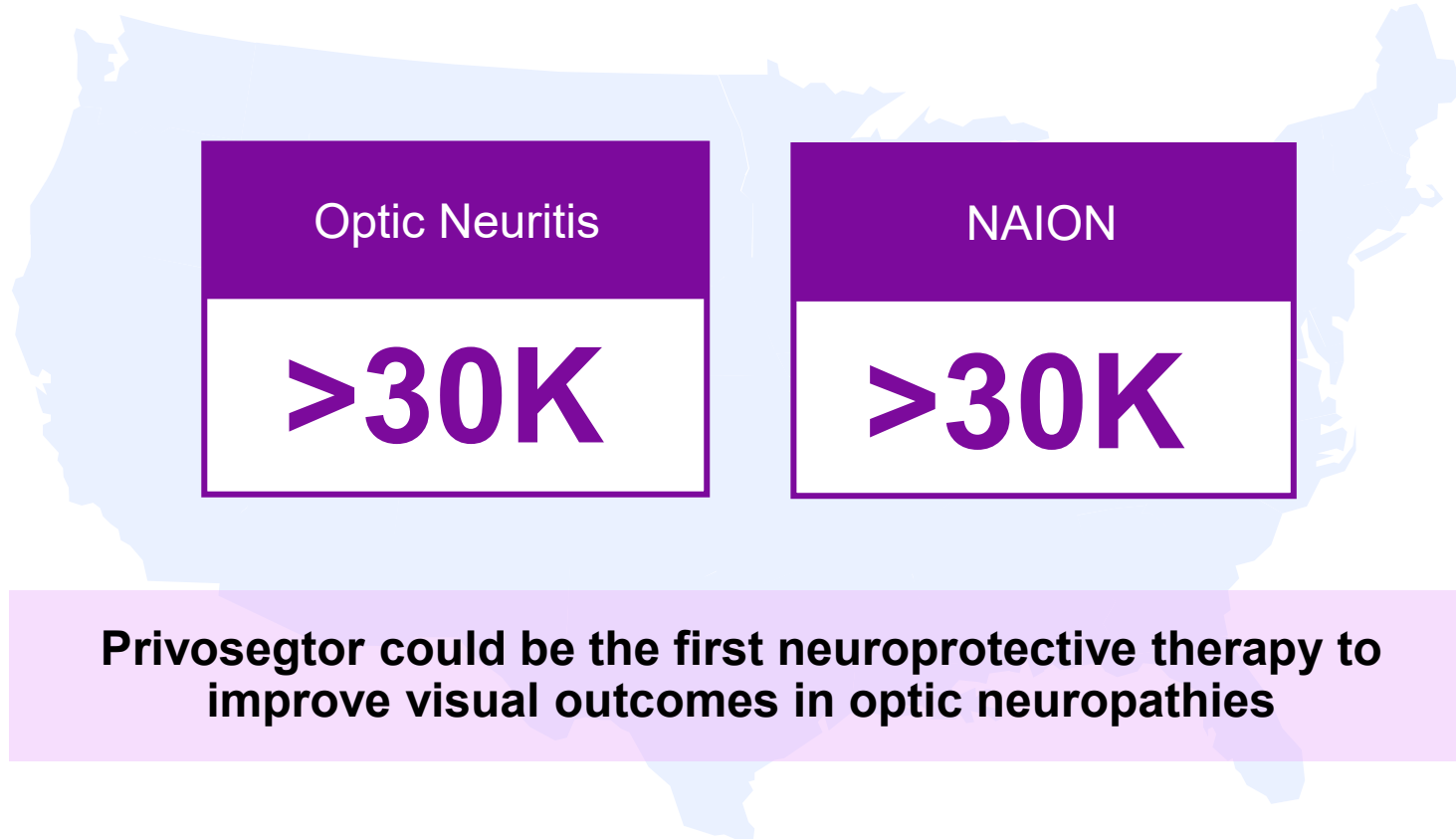
Serious conditions in Neuro-Ophthalmology that can cause **permanent visual deficits and even blindness**, ranging from rare to prevalent conditions

	Examples of acute & chronic indications	US prevalence*	
ACUTE	Optic Neuritis	~ 30k	First wave of development focused on acute indications
	NAION	~ 30k	
CHRONIC	Glaucoma	~ 4m	
	Undisclosed	~ Xm	

Broad potential also applies to several neurological conditions due to **lack of neuroprotective therapies** including for the treatment of MS relapses (Second wave of development)

Privosegtor's First Wave of Development Targets the Two Main Optic Neuropathies Under Same IND

Estimated U.S. Patient Incidence



Privosegtor could be the first neuroprotective therapy to improve visual outcomes in optic neuropathies

Estimated U.S. Market Potential

>\$7B

- Rare diseases without approved therapies often under-diagnosed
- Price analogs: \$100k-\$400k per treatment^{3,4}
- Highly concentrated: ~450 neuro-ophthalmologists in U.S.⁵

1. Weidong Gu et al. (2023) Incidence of Optic Neuritis and the Associated Risk of Multiple Sclerosis for Service Members of U.S. Armed Forces, *Military Medicine*, vol. 188, March/April 2023
2. [Incidence of nonarteritic anterior ischemic optic neuropathy – PubMed](#) and [Incidence of nonarteritic anterior ischemic optic neuropathy: increased risk among diabetic patients – PMC](#) and discussions with experts
3. <https://www.medicalmex.com/oxervate-cenegermin-bkbj/> Oxervate pricing in U.S. \$96k-\$120k
4. <https://iovs.arvojournals.org/article.aspx?articleid=2783085> Tepezza pricing in U.S. \$386k
5. Active members of the American Academy of Ophthalmology, self-reported subspecialty, EyeNet Media Kit 2025

Optic Neuritis, an Acute Inflammation of the Optic Nerve which Can Lead to Permanent Visual Impairment

Orphan indication with
~ 65k patients a year (US/EU)^{1,2}

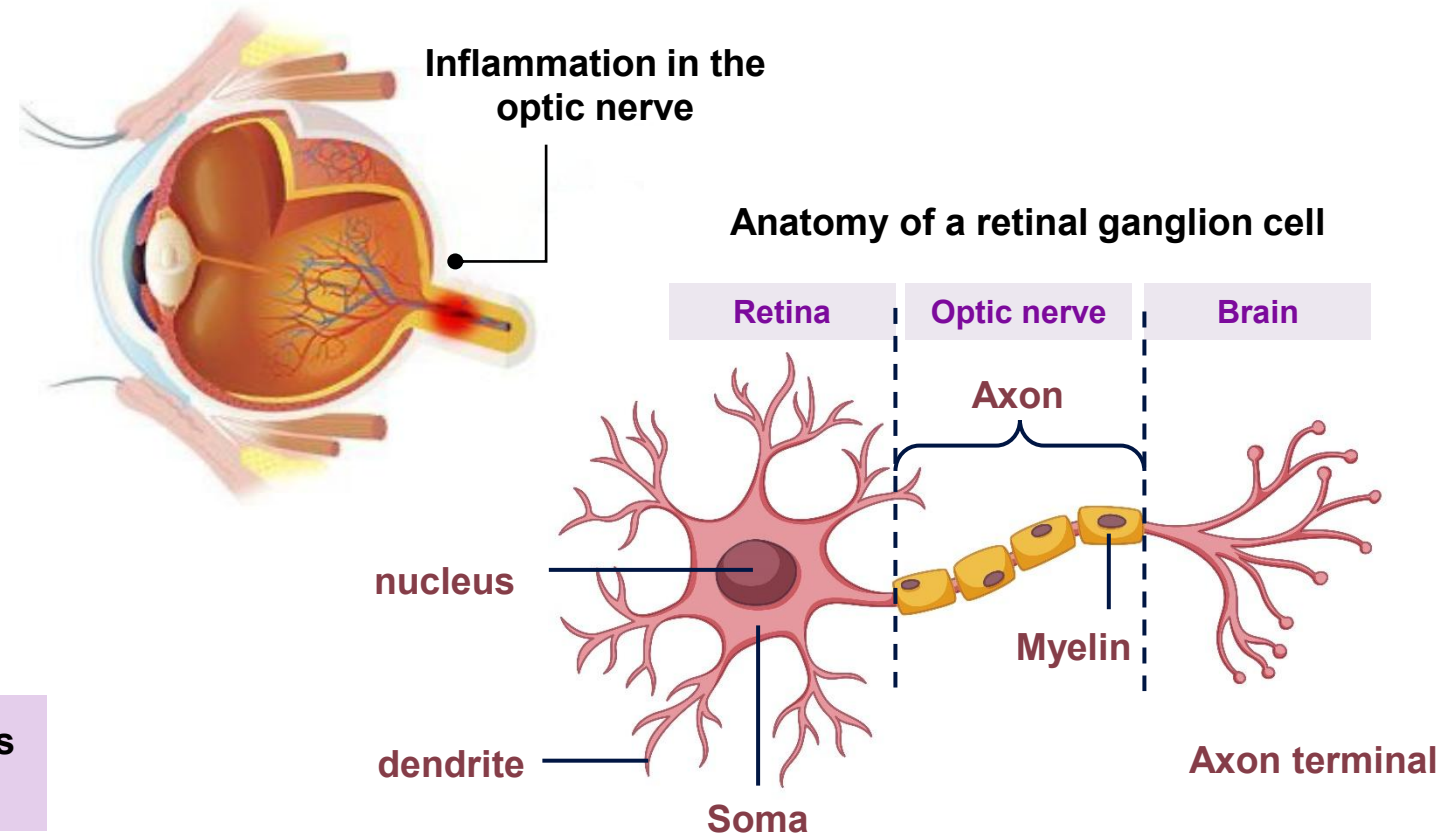
Acute inflammation of the optic nerve
impacting retinal ganglion cells and leading to vision loss

- Type of neuropathy causing vision loss and pain, and can lead to permanent visual impairment



- Inflammation** affects the signals through the **optic nerve**, which connects the eyes and the brain
- Mainly affecting young women** with an average onset at age 32³

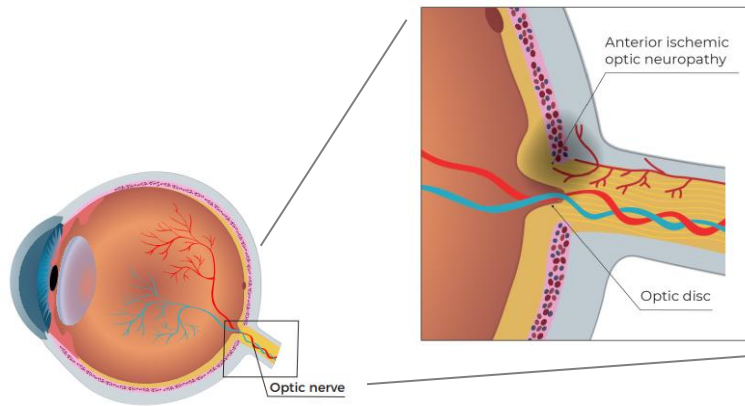
Direct link with chronic conditions like **multiple sclerosis (MS)** and other autoimmune diseases



1. Martínez-Lapiscina EH, et al. (2014): Is the incidence of optic neuritis rising? Evidence from an epidemiological study in Barcelona (Spain) 2008-2012. *J Neurol.* 2014 Apr; 261(4): 759-767.
2. Weidong Gu et al. (2023) Incidence of Optic Neuritis and the Associated Risk of Multiple Sclerosis for Service Members of U.S. Armed Forces, *Military Medicine*, vol. 188, March/April 2023
3. Guier CP, Kaur K, Stokkermans TJ. Optic Neuritis. January 2025. StatPearls. <https://www.ncbi.nlm.nih.gov/books/NBK557853>

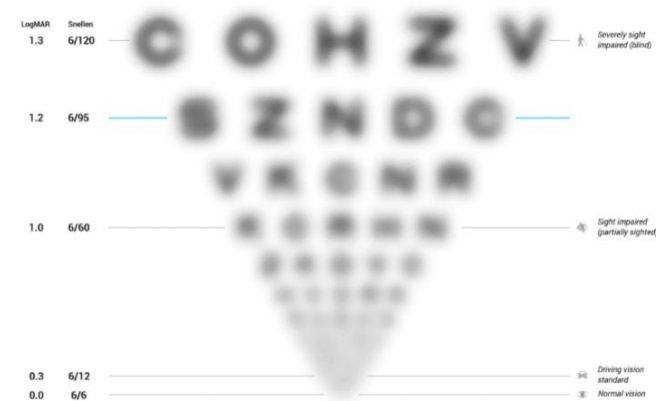
NAION: Rare Disease Leading to Significant and Permanent Visual Impairment in Most Patient with No Treatment Available

NAION: RGC, axons and optic nerve atrophy caused by hypoperfusion¹ leading to vision loss



One of the most important causes of blindness or severely impaired vision in **middle-aged and elderly people**

Causes sudden vision loss, and **lead to significant visual impairment in >60% of patients²**



Eliran t, CC BY-SA 4.0

<<https://creativecommons.org/licenses/by-sa/4.0/>>, via
Wikimedia Commons

Currently, no medical or surgical treatment has been shown to improve the prognosis³

NAION: nonarteritic anterior ischemic optic neuropathy, RGC: retinal ganglion cells.

1. Cen LP, Park KK, So KF. Optic nerve diseases and regeneration: How far are we from the promised land? Clin Exp Ophthalmol. 2023 Aug;51(6):627-641.
2. Hayreh, Sohan Singh et al. Nonarteritic Anterior Ischemic Optic Neuropathy. Ophthalmology, Volume 115, Issue 2, 298 - 305.
3. Hattenhauer MG, Leavitt JA, Hodge DO, Grill R, Gray DT. Incidence of nonarteritic anterior ischemic optic neuropathy. Am J Ophthalmol. 1997 Jan;123(1):103-7.

Successful Phase 2 ACUIY Trial Investigated Safety and Efficacy of Privosegtor in Optic Neuritis

Study Design

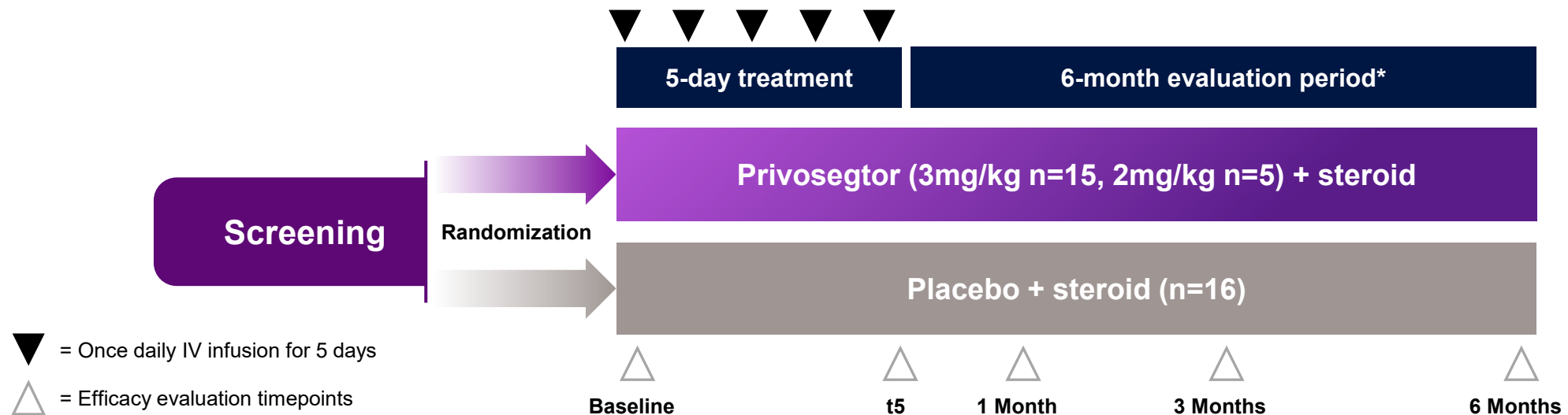
- Randomized, double-masked, placebo-controlled study
- Multi-center, 6-month trial with 36 patients randomized (mITT: 33)

Key endpoints

- Primary:** Safety
- Secondary:**
- Function: LCVA
 - Anatomy: GCIPL and RNFL thickness
 - Biology: Neurofilaments

Study Population

- Unilateral optic neuritis with a demyelinating origin
- Onset of visual loss symptoms in the last 12 days before randomization



mITT: Modified Intent to Treat

<https://clinicaltrials.gov/study/NCT04762017>

* D1 is when treatment starts and D180 is at Month 6

Patients in the Privosegtor 3mg/kg/day Arm Achieved Clinically Meaningful and Sustained Improvement in Visual Function

FUNCTION

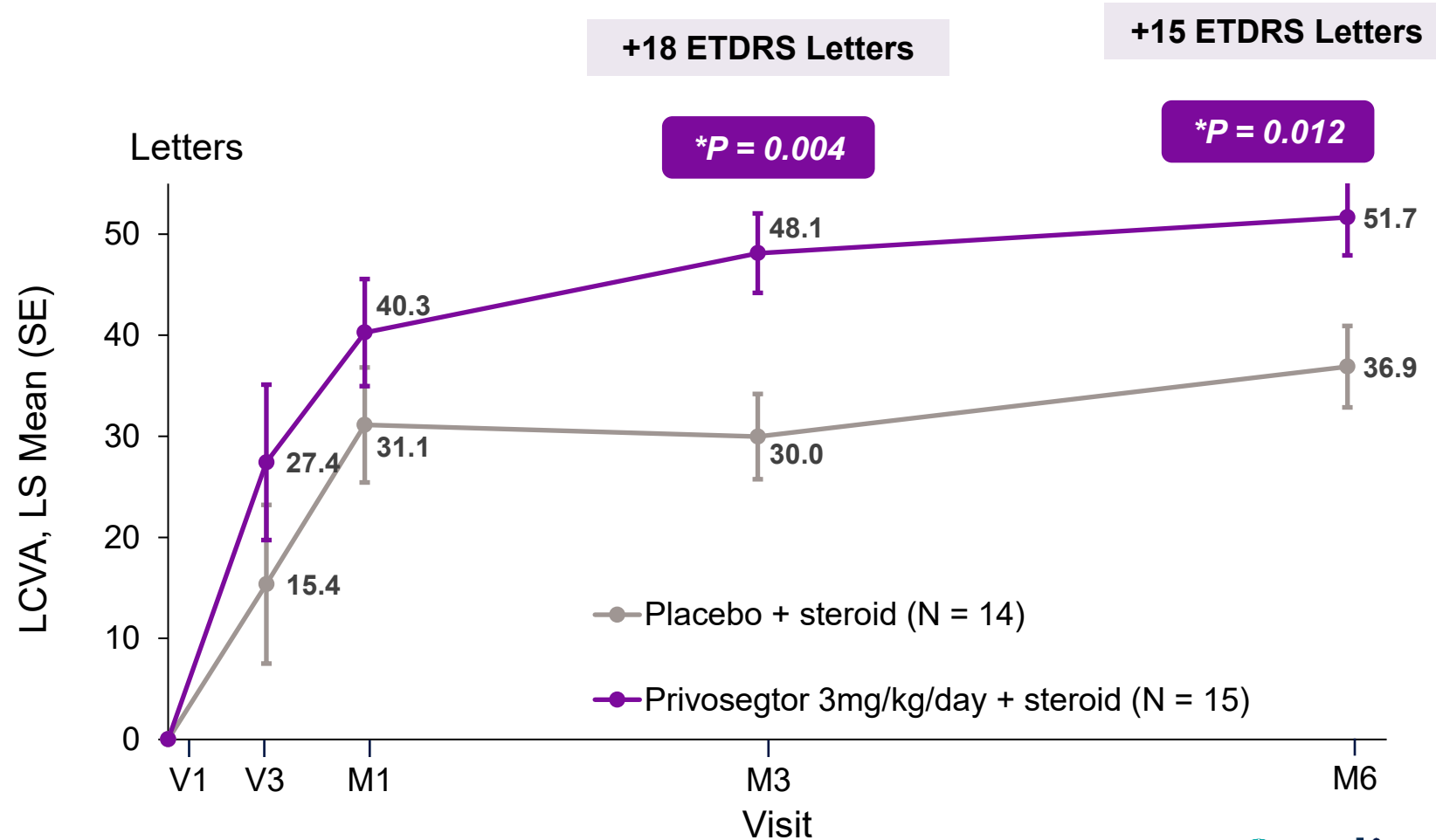
LCVA: Low-contrast visual acuity is often affected in patients with ON

LCVA



7 letters (1.5 lines) change in LCVA has clinical relevance¹

2.5% ETDRS LCVA in the Affected Eye: MMRM, LS Mean Change From Baseline, mITT



1. <https://pubmed.ncbi.nlm.nih.gov/28206829/>

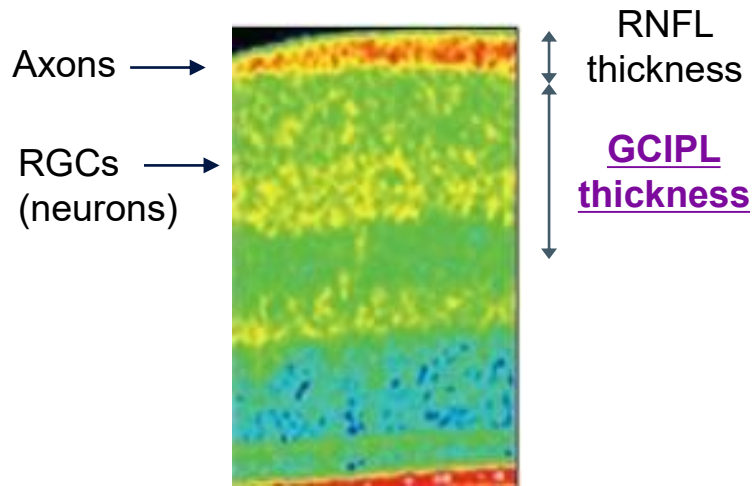
LCVA; low contrast visual acuity.

*Mixed Model for Repeated Measures (MMRM); Least-Squares Mean Change from Baseline: (2-sided nominal p-value), mITT population (affected eye).

Functional Improvement Correlated with Significant Preservation of Neurons in the Retina (RGCs)

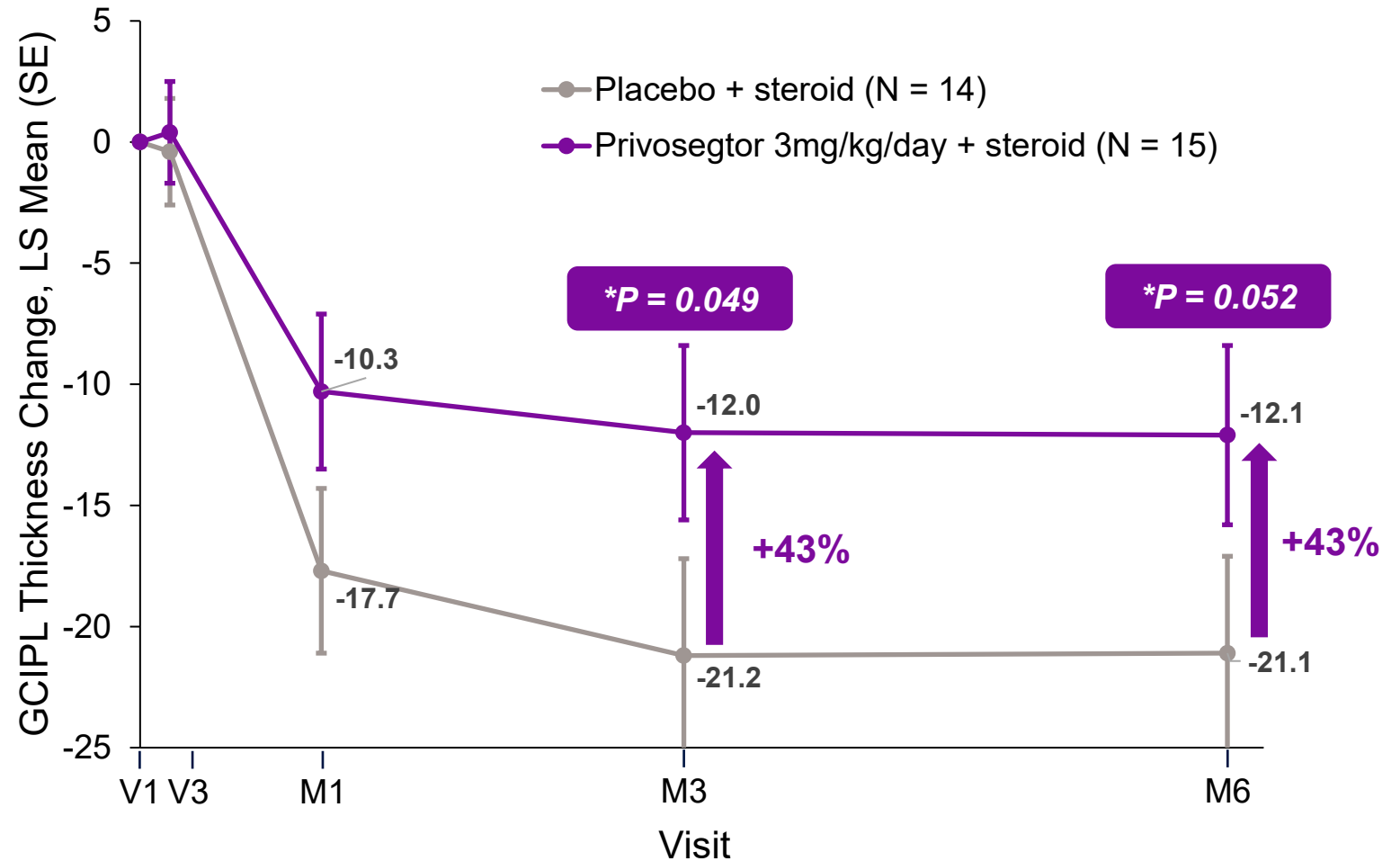
ANATOMY

GCIPL and RNFL: layers of the retina measured by OCT to monitor nerve damage



Decrease in GCIPL predicts poor LCVA, VF and CVA¹

GCIPL Thickness in the Affected Eye: MMRM, LS Mean Change From Baseline, mITT



1. Gabilondo et al. Ann Neurol. 2015 Mar;77(3):517-28.

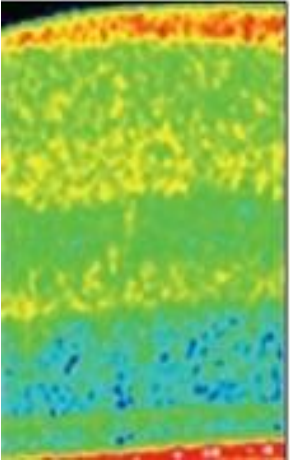
GCIPL; ganglion cell plus inner plexiform layer. RNFL: retinal nerve fiber layer. OCT: optical coherence tomography. LCVA: low-contrast visual acuity, VF: visual field, CVA: color visual acuity.

*Mixed Model for Repeated Measures (MMRM); Least-Squares Mean Change from Baseline: (1-sided directional nominal p-value), mITT population (affected eye)

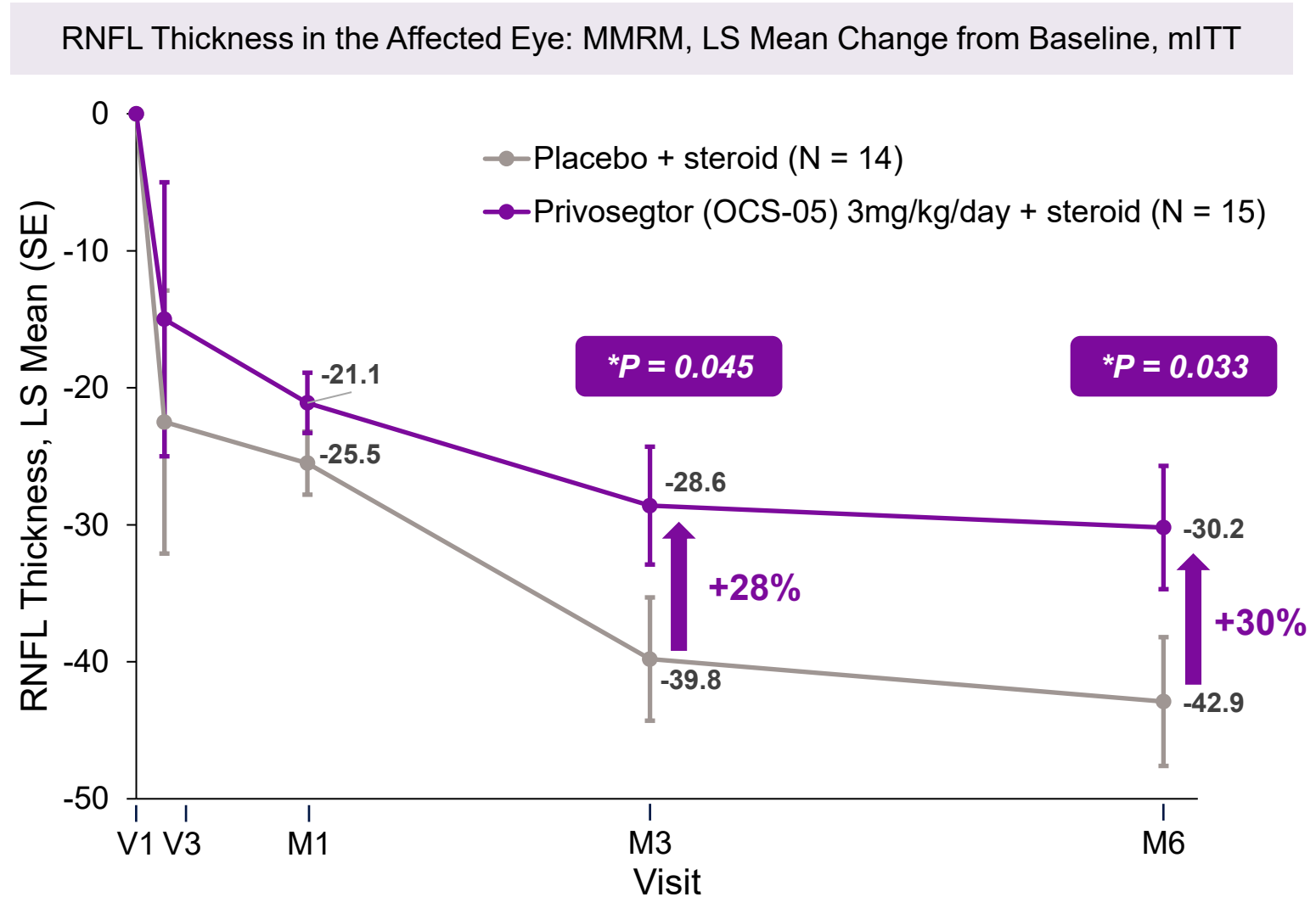
Functional Improvement Correlated also with Significant Preservation of Axons (RNFL Thickness)

ANATOMY

GCIPL and RNFL: layers of the retina measured by OCT to monitor nerve damage



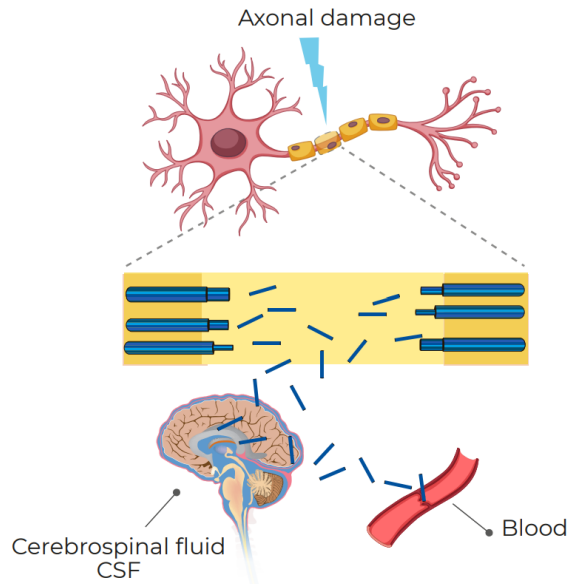
RNFL indicates damage or loss of retinal ganglion cell axons



Neuroprotective Benefits with Privosegtor Also Observed in Biological Sign of Neuronal and Axonal Death

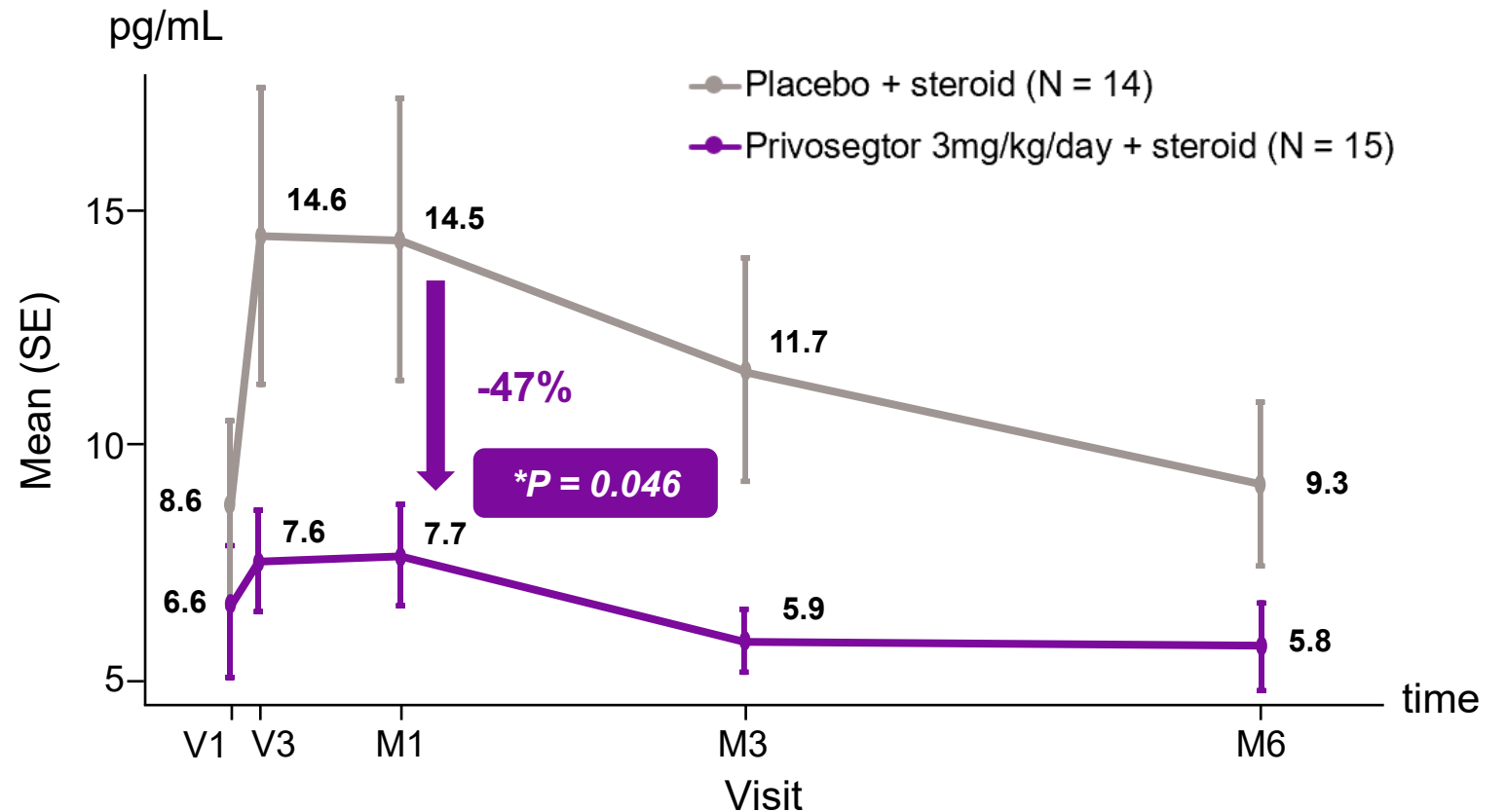
BIOLOGY

Neurofilaments: Released into CSF and blood as a result of axonal and neuronal death¹



Biomarker for regulatory approval of neurodegenerative disease²

Mean Neurofilaments Over Time, mITT



*Mixed Model for Repeated Measures (MMRM); Least-Squares Mean Change from Baseline: (2-sided nominal p-value), mITT population (affected eye).

1. Gafson AR and al. Neurofilaments: neurobiological foundations for biomarker applications. Brain. 2020 Jul 1;143(7):1975-1998.
 2. Stern S and al. Trends in clinical studies evaluating neurofilament light chain as a biomarker. Biomark Med. 2025 Sep;19(17):813-823.

Safety Profile Reported in ACUIITY Phase 2 Trial Showed No AEs Leading to Drug Withdrawal or Study Discontinuation

- No AEs leading to drug withdrawal or study discontinuation
- No drug-related serious adverse events (SAEs)

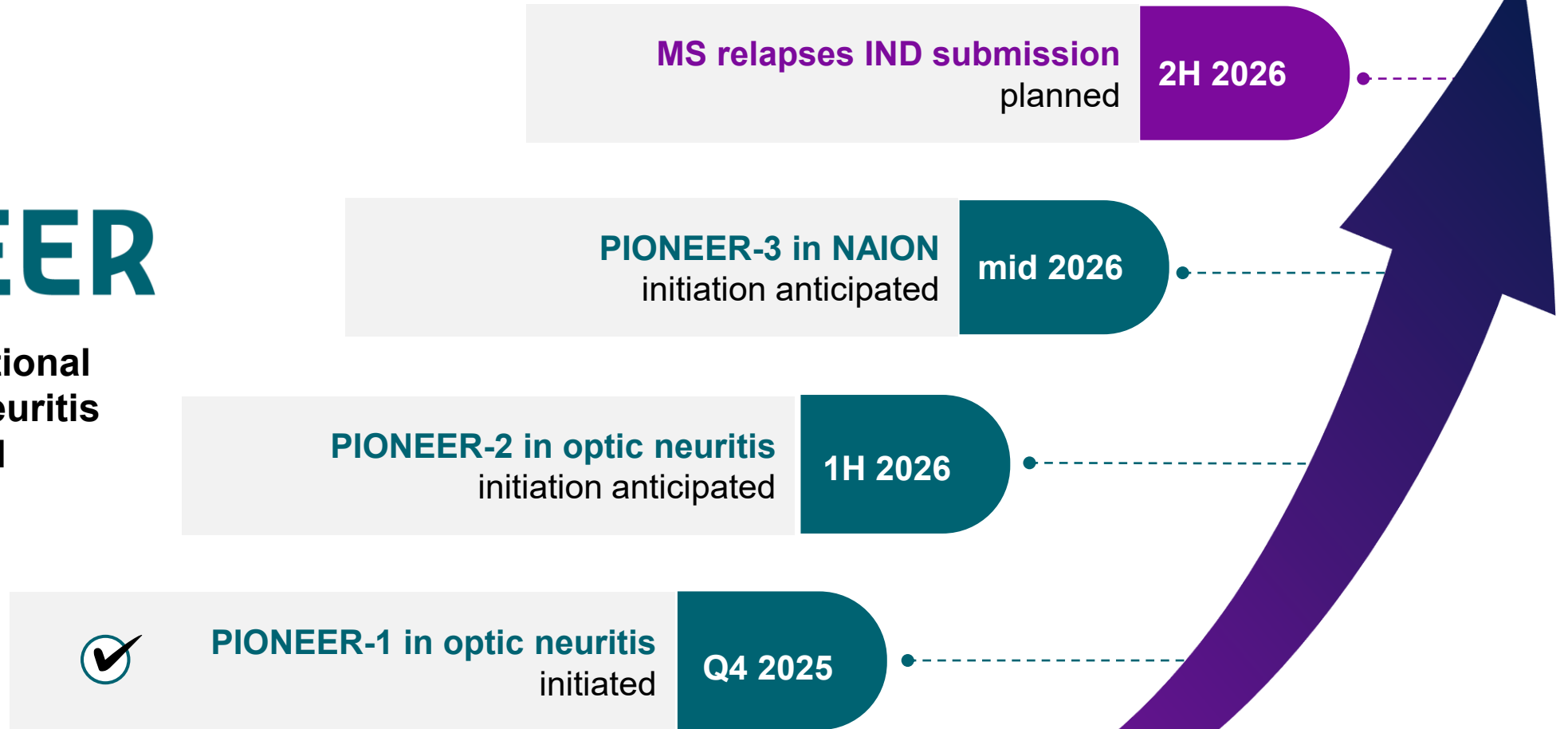
Event, n (%)	Privosegtor + steroid			Placebo + steroid (N = 14)
	2 mg/kg/day (N = 4)	3 mg/kg/day (N = 15)	Pooled (N = 19)	
At least one TEAE <i>Related to study treatment</i>	4 (100.0%) 4 (100.0%)	12 (80.0%) 6 (40.0%)	16 (84.2%) 10 (52.6%)	14 (100.0%) 6 (42.9%)
At least one grade ≥2 TEAE <i>Related to study drug</i>	2 (50.0%) 0	9 (60.0%) 2 (13.3%)	11 (57.9%) 2 (10.5%)	6 (42.9%) 0
At least one serious TEAE <i>Related to study drug</i>	0 0	1 (6.7%) 0	1 (5.3%) 0	1 (7.1%) 0
At least one SAE leading to death	0	0	0	0
At least one TEAE leading to a dose reduction	0	0	0	0
At least one TEAE leading to a dose interruption	0	0	0	0
At least one TEAE leading to a drug withdrawn	0	0	0	0
At least one TEAE leading to premature discontinuation of the study	0	0	0	0

SAE, serious adverse event; TEAE, treatment emergent adverse event.
Two (2) unrelated SAEs: Hospitalization due to MS relapse (Privosegtor (OCS-05 + steroid) and due to myelitis (placebo + steroid)

Privosegtor, a Breakthrough Therapy Designated Candidate, in Global Registrational PIONEER Program in Optic Neuropathies



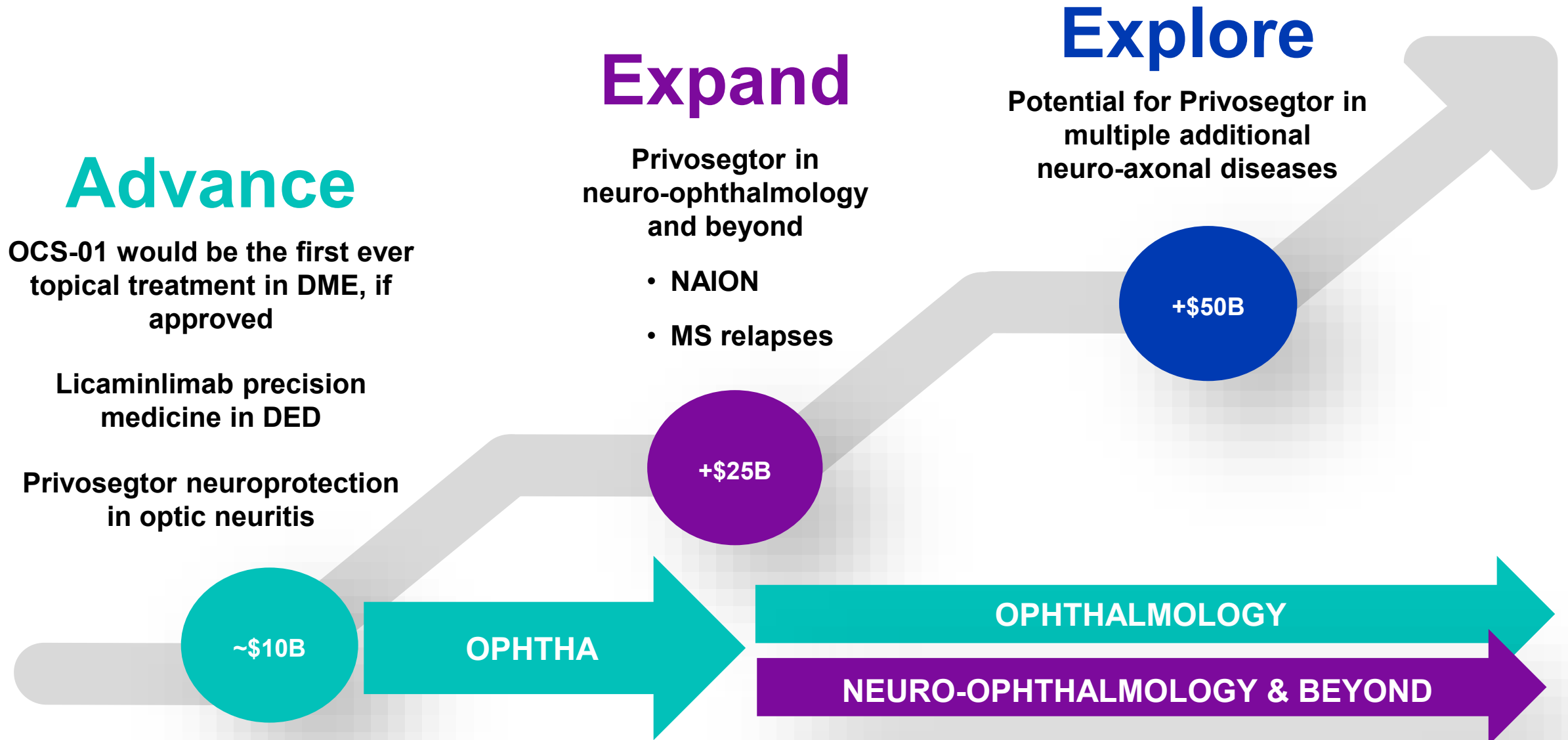
Three Registrational trials in optic neuritis and NAION



PIONEER studies run concurrently to create operational synergies, improve cost efficiency, and accelerate development timelines

Conclusion

Oculis Pipeline Development Strategic Evolution



DME diabetic macular edema, DED: dry eye disease, NAION: Non-arteritic Anterior Ischemic Optic Neuropathy MS: Multiple Sclerosis.

1. DR and DME Disease and Landscape report Nov. 2020 – 2024 market value estimate for G7, 2. DED Disease and Landscape report 2020 - 2024 market value estimate for G7, 3. MS Disease and Landscape report October 2024 – 2024 market value estimate for G7, 4. Optic nerve disorders, Transparency Market Research, 5. Global Market Insights, March 2024 <https://www.gminsights.com/industry-analysis/neuroprotection-market>

A Catalyst-rich 12-month Horizon Driven by Three Core Transformative Assets in Active Registrational Programs

	Candidate	Phase 1	Phase 2	Phase 3	Value Catalysts
OPHTHALMOLOGY	OCS-01 OPTIREACH®	Diabetic Macular Edema			DIAMOND-1 & DIAMOND-2 topline readout Q2 2026 NDA submission for DME in Q4 2026
	Licaminlimab	Precision Med. Dry Eye Disease			Topline readout from PREDICT-1 in Q4 2026
NEURO-OPHTHALMOLOGY		Optic Neuritis	<u>Breakthrough Therapy Designation</u>		Started PIONEER-1 registrational trial in Q4 2025 Start of PIONEER-2 registrational trial in 1H 2026
	Privosegtor	NAION			Start of PIONEER-3 registrational trial in mid-2026
		Multiple Sclerosis Relapses			Cross-reference Optic Neuritis IND for new IND submission in MS Relapses in 2026

Privosegtor, OCS-01 and Licaminlimab are investigational drugs, their safety or efficacy has not been established, and they have not received regulatory approval for commercial use in any country.

Thank you



Oculis | Visionary
Innovation