Sight Sciences®

Investor Presentation

May 2026

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Our Mission

Develop transformative, interventional technologies that allow eyecare providers to procedurally elevate the standards of care — empowering people to keep seeing.

A Glimpse Ahead

1

Innovation leader in two large, growing, underserved markets

2

TearCare market access has started with first two MACs establishing fee schedules in Oct 2025

3

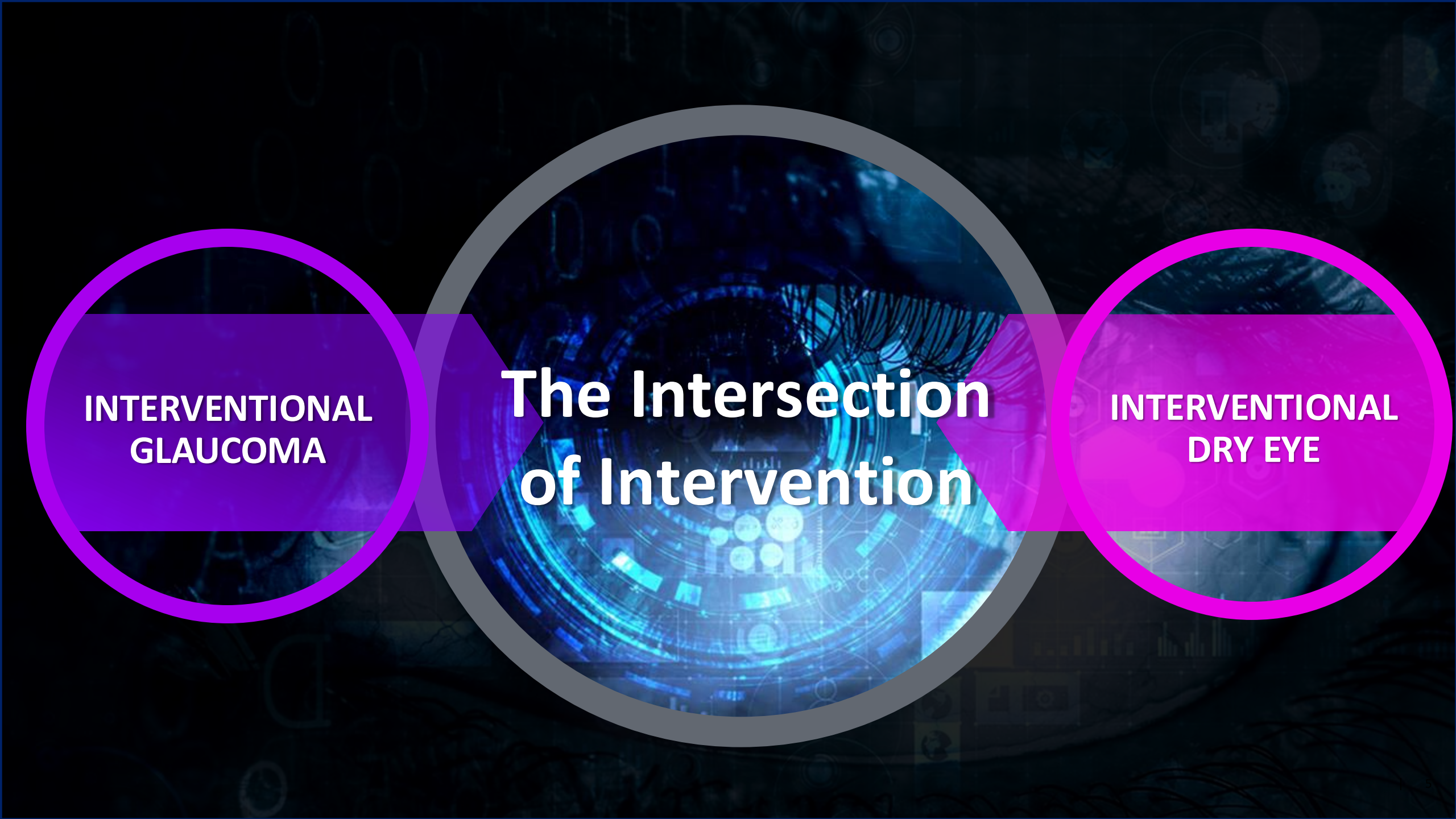
Strong balance sheet in place to drive commercial growth and long-term investments

4

Strong gross margins and disciplined operating expense spend

5

The intersection of Interventional Glaucoma and Interventional Dry Eye is underway


INTERVENTIONAL GLAUCOMA
The Intersection of Intervention
INTERVENTIONAL DRY EYE

The Path to Early Intervention

A strategic roadmap to transform eyecare for glaucoma and dry eye patients by reducing patient burden, slowing disease progression, and improving outcomes.

EMBRACE	IDENTIFY	EDUCATE	INTERVENE
Embrace procedural intervention as a better alternative to medication management	Identify patients who can benefit from procedural intervention as a better alternative to medication management	Educate the patient on the benefits of procedural intervention	Activate the workflow to procedurally intervene and address underlying disease over symptom management

Interventional Glaucoma

Glaucoma

- Leading cause of irreversible blindness[1]

- Predominantly managed with daily eye drops (compliance often poor)[2]

Normal

Mild

Moderate

Severe

Large + Underserved Market

$6 BILLION addressable U.S. market[3]

>4 MILLION U.S. patients diagnosed with Glaucoma[1]

[1] Source: Market Scope 2025 report and JAMA Ophthalmology Prevalence of Glaucoma Among US Adults in 2022 Oct 17, 2024 .
[2] Newman-Casey PA, Robin AL, Blachley T, Farris KB, Heisler M, Resnicow K, Lee PP. The most common barriers to glaucoma medication adherence: A cross-sectional survey. Ophthalmology. 2015 Jul;122(7):1308-16. doi: 10.1016/j.ophtha.2015.03.026.
[3] Represents Company analysis of third-party estimates in 2025.

Primary Open-Angle Glaucoma (POAG)

THE CONVENTIONAL OUTFLOW PATHWAY IS AN IMPORTANT FOCAL POINT IN TREATING POAG, THE MOST COMMON FORM OF GLAUCOMA.

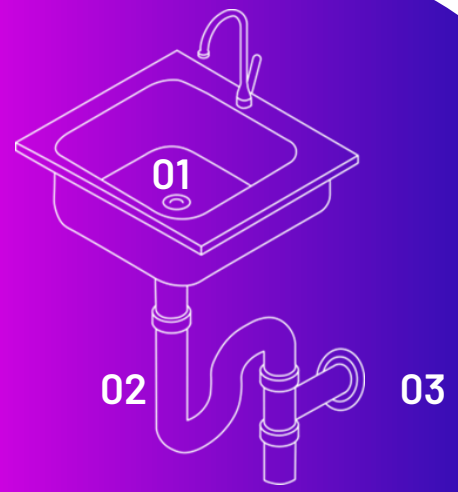
POAG is similar to a clog in a kitchen sink:

The eye's natural drainage system is called the **conventional outflow pathway.** → Blockage of this system prevents aqueous fluid from draining. → When aqueous fluid cannot drain, intraocular pressure (IOP) rises. → Elevated IOP can lead to optic nerve damage and may result in irreversible blindness.

01 **Drain Cover** (trabecular meshwork): allows excess aqueous fluid to enter drainage system

02 **Sink Pipe** (Schlemm's Canal): conducts excess aqueous fluid to exit pathways known as collector channels

03 **House Plumbing** (collector channels): leads excess aqueous fluid out of the eye into the venous system



OMNI Offers Leading Clinical Outcomes for Primary Open-Angle Glaucoma (POAG)

OMNI
Sight Sciences

Comprehensive treatment of diseased conventional outflow pathway

Leading clinical trial and registry results: ROMEO, GEMINI, AAO IRIS® Registry

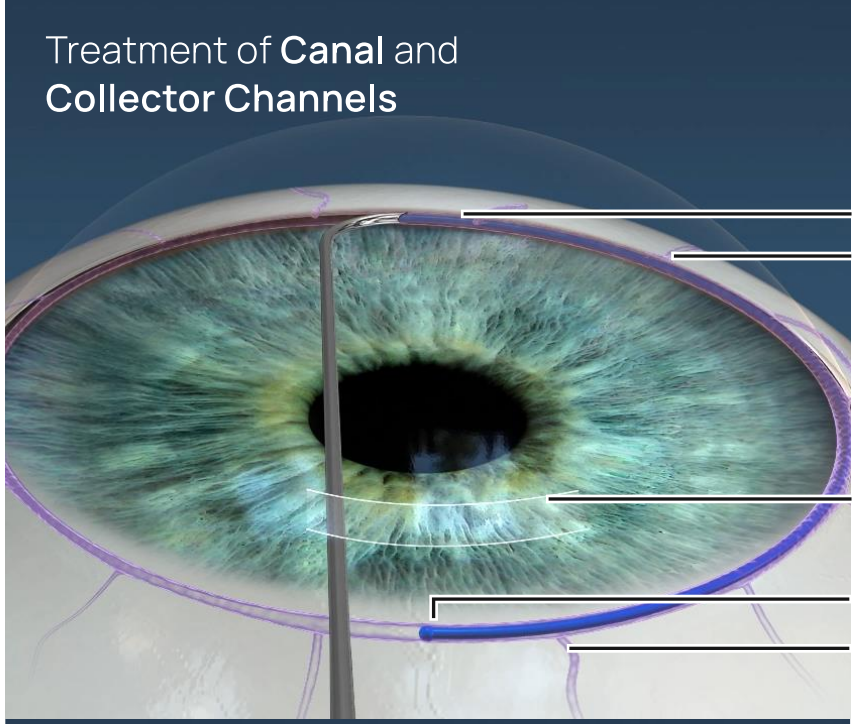
~390K **Procedures Performed[1]**

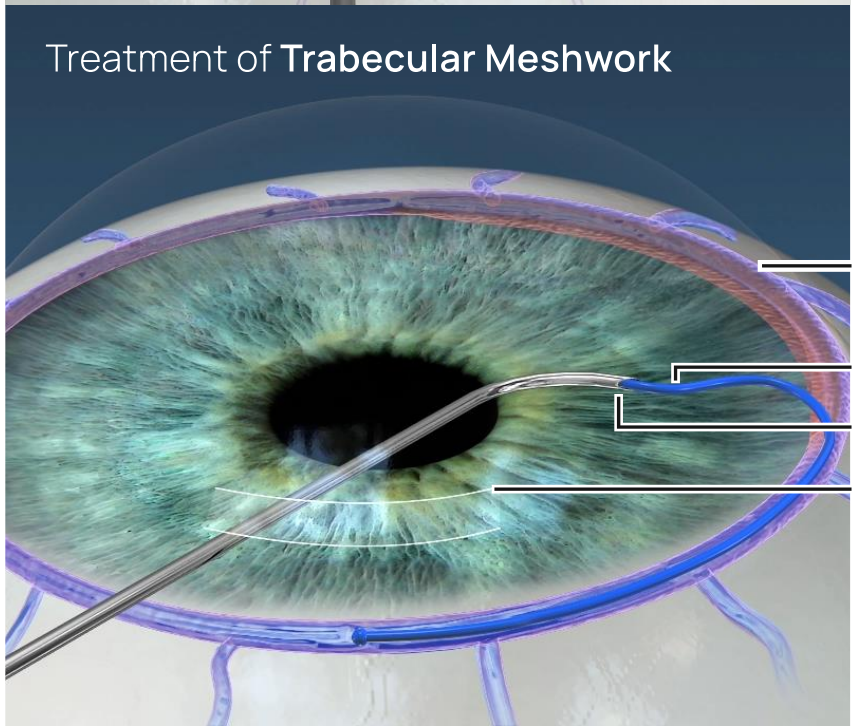
[1] Estimate based on units of OMNI (and predicates) and SION products shipped as of March 31, 2026

OMNI Comprehensively Treats the Conventional Outflow Pathway

Minimally Invasive + Efficacious

A comprehensive procedure enabled by the OMNI® Surgical System to help restore natural outflow in the eye with up to 360° treatment of all three areas of resistance* in the conventional outflow pathway





* Trabecular meshwork, Schlemm's Canal, and collector channels

OMNI is Proven with Robust Clinical Evidence & Broad FDA Indication

OMNI is the most comprehensive implant-free Minimally Invasive Glaucoma Surgery (MIGS) technology, designed to effectively treat the full spectrum of primary open-angle glaucoma (POAG)[1]

OMNI with patented TruSync™ Technology is the only MIGS device with an FDA indication that allows for:

- Use in combination cataract or standalone (without cataract) procedures
- Access to 360 degrees of the diseased conventional outflow pathway through a clear corneal microincision
- Comprehensive treatment of all three areas of resistance[2] in the diseased conventional outflow pathway
- Use in adult patients with POAG across the spectrum of disease severity

AGIS-7 Findings[3]

<18 mmHg is the target IOP to limit the progression of glaucoma.

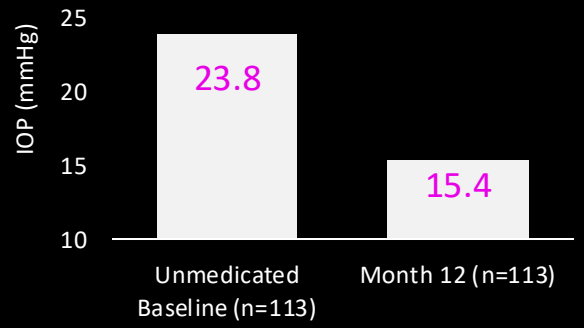
On average, there was zero change in visual field defect score for patients whose IOP stayed below 18 mmHg over 6 years.

[1] Dickerson J, et al. Ab Interno Canaloplasty and Trabeculotomy Outcomes for Mild, Moderate, and Advanced Open-Angle Glaucoma: A ROMEO Analysis. Clin Ophthalmol. 2024: 18 1433-1440.
[2] Trabecular meshwork, Schlemm's Canal, and collector channels
[3] The Advanced Glaucoma Intervention Study (AGIS): 7. The relationship between control of intraocular pressure and visual field deterioration. The AGIS Investigators
[4] GEMINI 36-month paper (Greenwood MR, Yadgarov A, Flowers BE, Sarkisian SR, Ohene-Nyako A, Dickerson JE Jr. 36-month outcomes from the prospective GEMINI study: canaloplasty and trabeculotomy combined with cataract surgery for patients with primary open-angle glaucoma. Clin Ophthalmol 2023;17:3817-3824.)

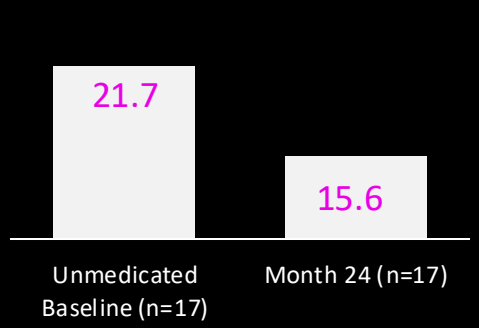
Consistent Efficacy of OMNI in Combination Cataract (CC) and Standalone (SA) Clinical Trials

COMBINATION CATARACT

GEMINI (12 Months)*

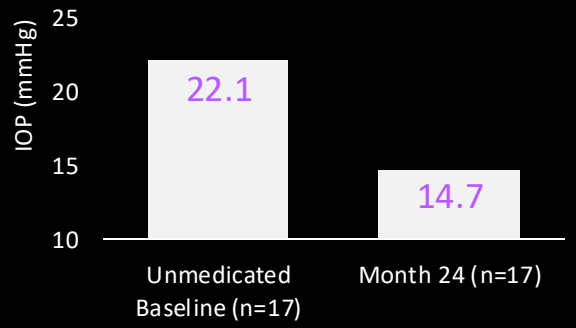


ROMEO Elevated IOP CC (24 Months)

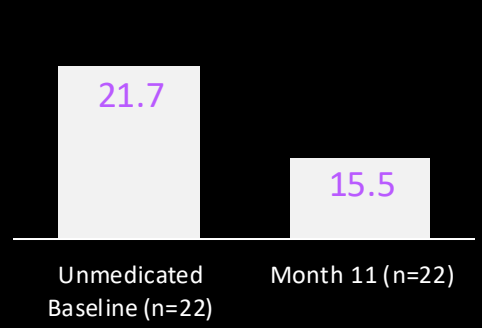


STANDALONE

ROMEO Elevated IOP SA (24 Months)

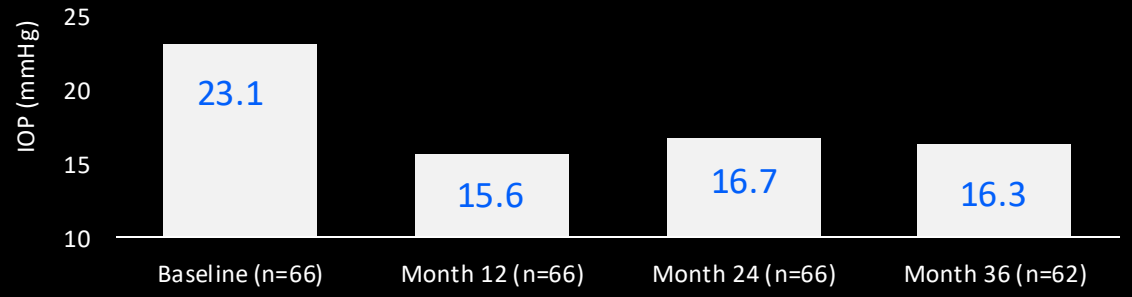


TREY SA (11 Months)*

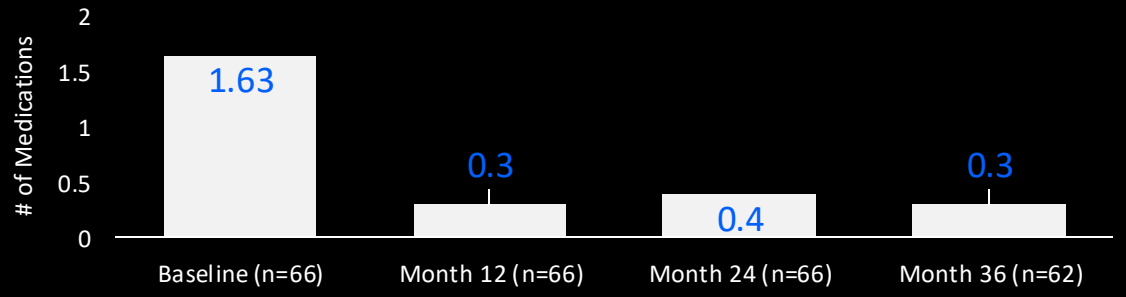


EFFICACY DEMONSTRATED OUT TO 3 YEARS

GEMINI 2 IOP Outcomes CC (36 Months)

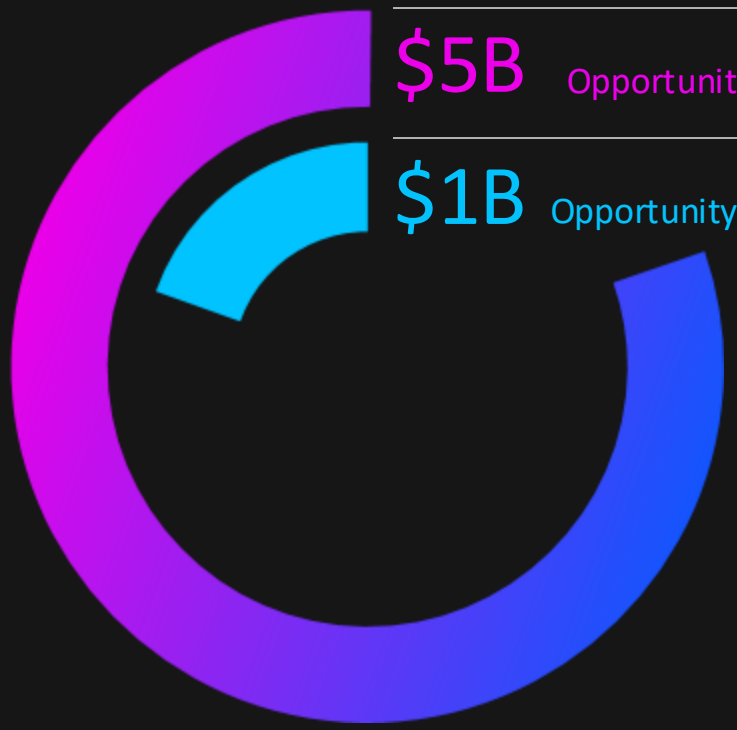


GEMINI 2 # of Medications Outcomes CC (36 Months)



References: GEMINI (Clin Ophthalmol. 2022;16:1225–1234); TREY (Int Ophthalmol (2022)); ROMEO 2 Year (Clin Ophthalmol. 2023:17 1057–1066); GEMINI 2: Greenwood MD et al. 36-Month Outcomes from the Prospective GEMINI Study: Canaloplasty and Trabeculotomy Combined with Cataract Surgery for Patients with Primary Open-Angle Glaucoma. Clinical Ophthalmology (December 2023). *Data refers to sub-populations of POAG patients

OMNI Addresses All Six MIGS POAG Categories and Allows Surgeons to Customize Treatment



$5B Opportunity[1]

STANDALONE MIGS
~85%[1] of POAG Eyes

$1B Opportunity[1]

COMBINATION CATARACT MIGS
~15%[1] of POAG Eyes

MARKET OPPORTUNITY[1]

MILD DISEASE (40%)	MODERATE DISEASE (40%)	ADVANCED DISEASE (20%)
~$2B opportunity	~$2B opportunity	~$1B opportunity
~$0.4B opportunity	~$0.4B opportunity	~$0.2B opportunity

[1] Represents Company analysis of third-party estimates based on 2025 data

Large and Unmet Clinical Need for Standalone MIGS

Combination Cataract

~15% of POAG eyes[1], ~90% of MIGS procedures[1]

Established, growing market

Benefits from inherent IOP-lowering effect of cataract surgery

Share-taking driven by efficacy, fast recovery times and attractive safety profile

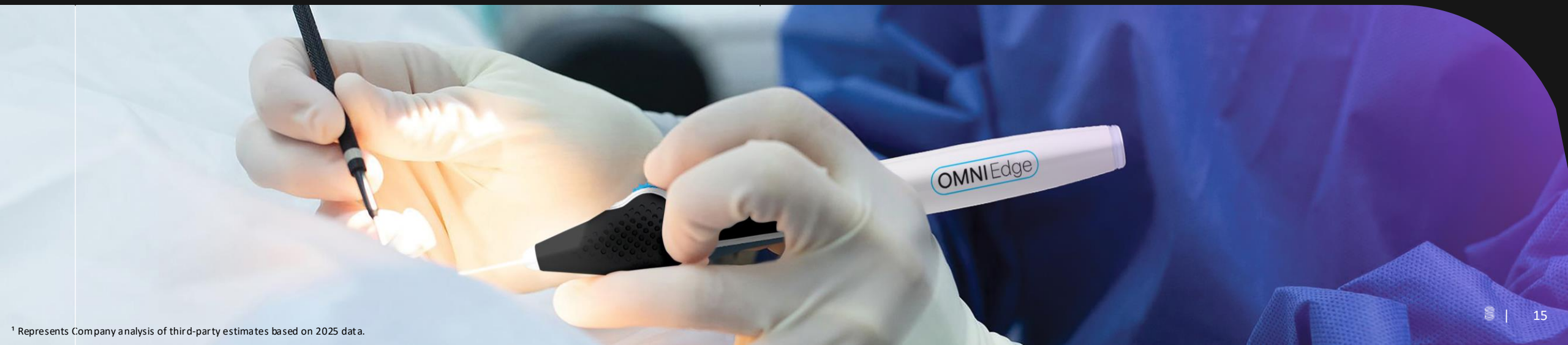
Standalone

~85% of POAG eyes[1], ~10% of MIGS procedures[1]

Large, underserved patient population

MIGS procedure is the SOLE reason for operating room visit

Standalone adoption requires a procedure with robust safety and efficacy, without the benefit of cataract surgery



[1] Represents Company analysis of third-party estimates based on 2025 data.

MIGS for the Standalone Pseudophakic Patient

The Glaucoma Patient Journey[1]

Glaucoma Diagnosis

Patient diagnosed with glaucoma and begins their journey fighting the disease

Cataract +/- MIGS

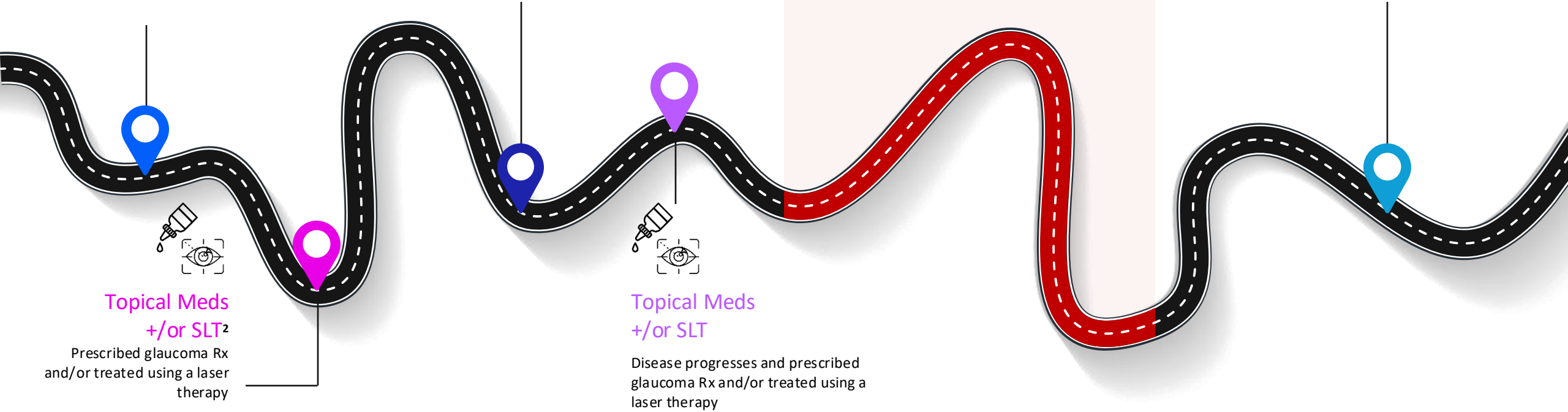
Now a candidate for cataract surgery, which may or may not include a MIGS procedure

Zone of unmet clinical need

Pseudophakic POAG Patients
3-7 yrs post-op

Advanced Filtration

Continues to progress until it needs to be treated with a trabeculectomy or tube shunt



Topical Meds +/or SLT[2]

Prescribed glaucoma Rx and/or treated using a laser therapy

Topical Meds +/or SLT

Disease progresses and prescribed glaucoma Rx and/or treated using a laser therapy

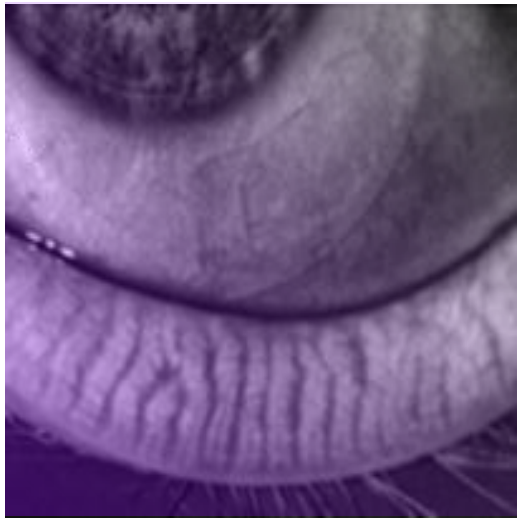
[1] ESCRS. "Glaucoma Treatment Paradigm Shift." By Dr. Karl Mercieca. EuroTimes. [2] Selective Laser Trabeculoplasty.

Interventional Dry Eye

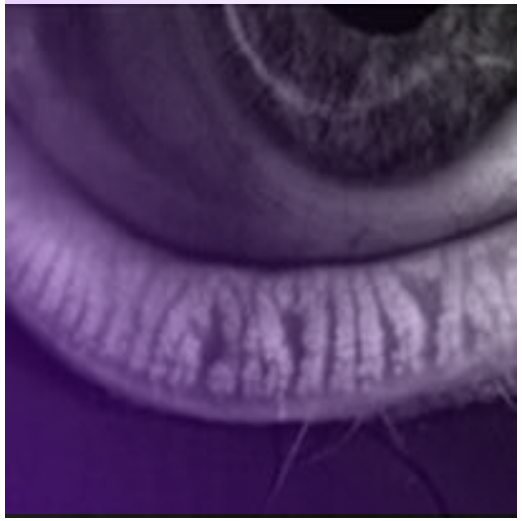
Dry Eye Disease

- Linked to screen time, age (postmenopausal women, men 50+), systemic medication use

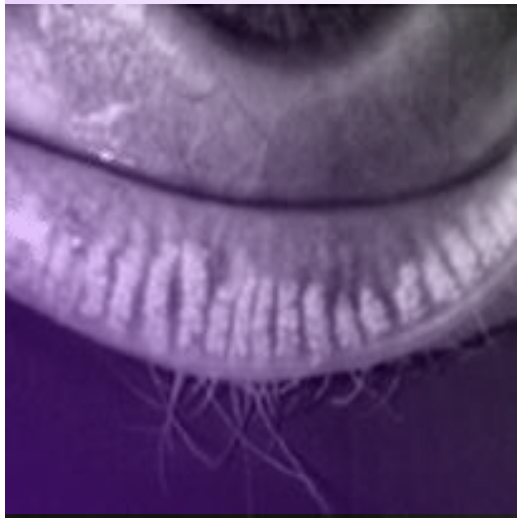
- Predominantly managed with daily eye drops (compliance often poor)[1]



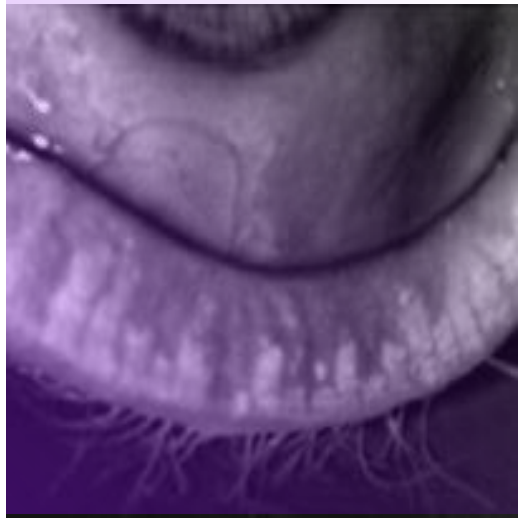
Normal



Mild



Moderate



Severe

Large + Underserved Markets

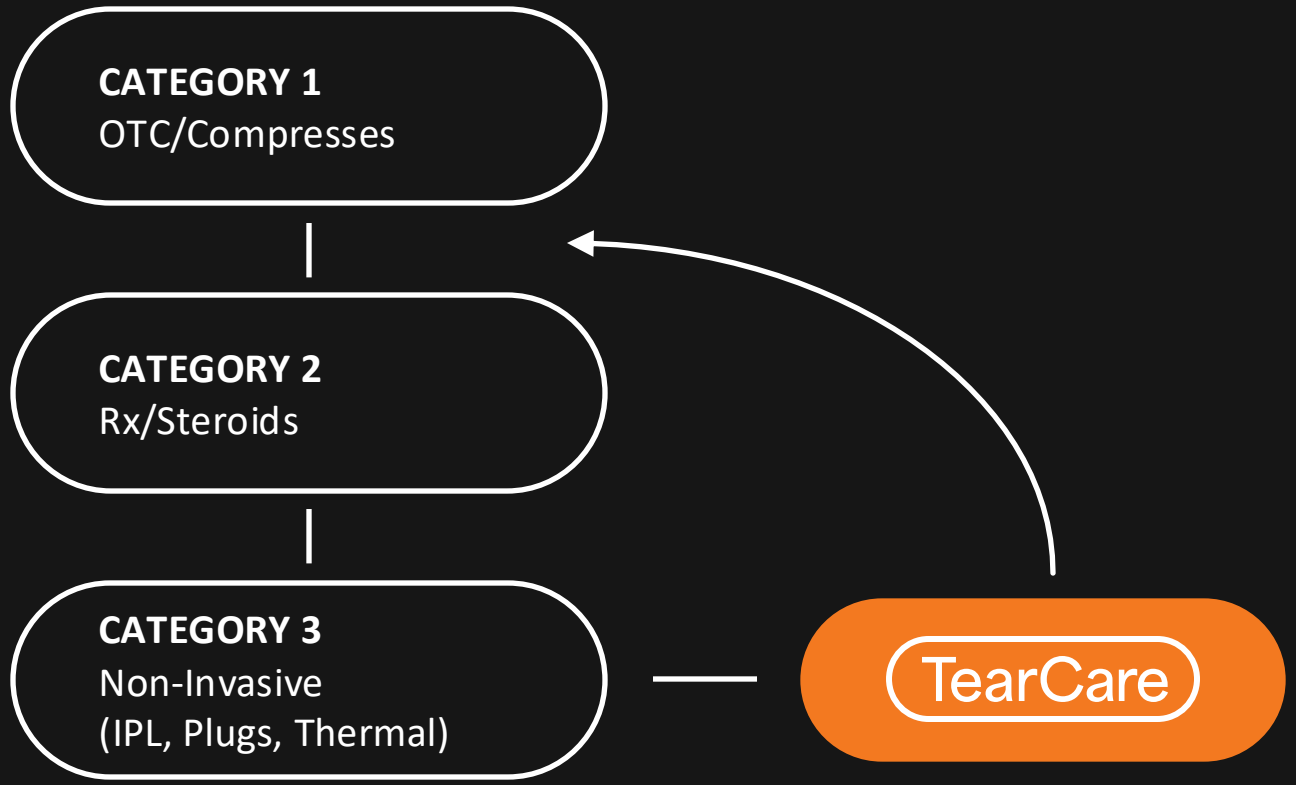
$2.3 billion US market for dry eye treatments [2]

~19 million U.S. patients diagnosed with dry eye disease[2]

[1] Uchino M. Adherence to Eye Drops Usage in Dry Eye Patients and Reasons for Non-Compliance: A Web-Based Survey. J Clin Med. 2022 Jan; 11(2): 367.1. [2]2025 Market Scope Report.

A new order of care

Providers can intervene sooner with the power to **preserve**



The case for the TearCare® System

Effective intervention shouldn't wait, because meibomian gland dropout is **irreversible and critical to ocular surface health**[1-3]

TearCare targets the root cause of MGD: **obstructed glands** with demonstrated improvement of meibomian gland function[4]

SAHARA Results: TearCare was clinically superior in its primary signs endpoint (TBUT) as compared to Restasis, and showed significant improvements in all signs and symptoms [5]

Published budget impact analysis demonstrates **economic savings** for payors as compared to a commonly used prescription dry eye medication [6]

1. Gutgesell VJ et al. *Am J Ophthalmol*. 1982;94(3):383-387. **2.** Liu S, et al. *Invest Ophthalmol Vis Sci*. 2011;52(5):2727-2740. doi: 10.1167/iovs.10-6482. **3**. Finis D, et al Curr Eye Res. 2015;40(10):982-989. doi:10.3109/02713683.2014.971929. **4.** Gupta PK, et al. Cornea. 2022;41(4):417-426. doi:10.1097/ICO.0000000000002837. **5**. Ayres BD, Bloomenstein M, Loh J, Chester T, Saenz B, Echegoyen J, Kannarr SR, Perez V, Rodriguez T, Dickerson JE Jr. A randomized, controlled trial comparing TearCare and cyclosporine ophthalmic emulsion for the treatment of dry eye disease (SAHARA). Clin Ophthalmol 2023;17:3925-3940. **6.** Chester T, Longo R, Masseria C, Riley P, Patel C, Mody **L.** Budget impact analysis (BIA) of the TearCare System for the treatment of meibomian gland dysfunction (MGD)-associated dry eye disease (DED) in the United States (US). Exp Rev Ophthalmol 2025;20: 55-61, DOI: 10.1080/17469899.2024.2444930

MGD Opportunity

U.S. patients diagnosed with Dry Eye Disease (DED) [1]

~19

Million DED patients

Up to 86% of DED is associated with poor tear quality due to Meibomian Gland Dysfunction (MGD)[1, 2]

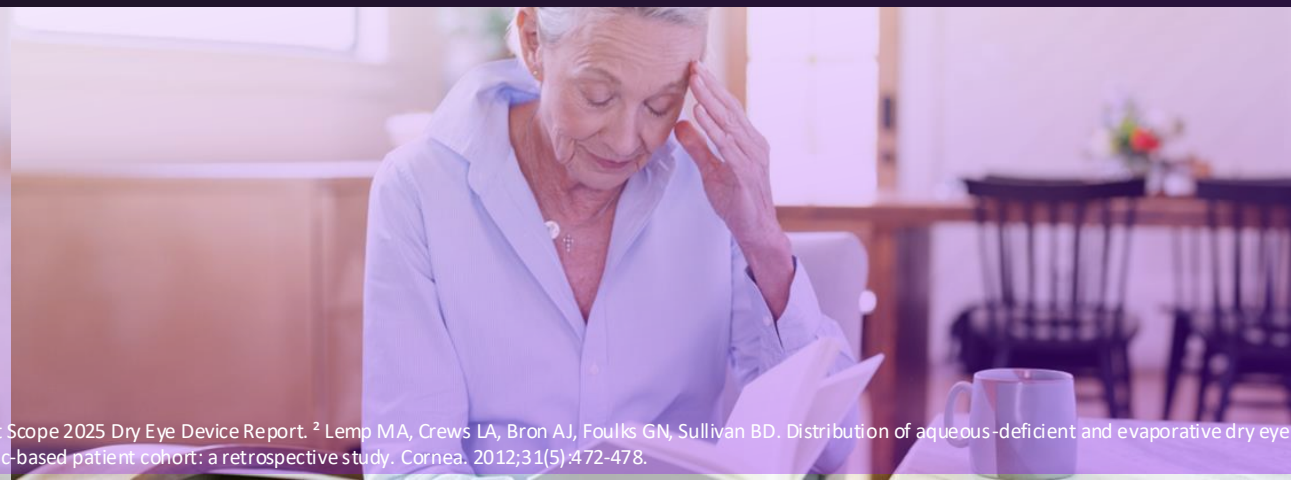
~13 – 16

Million MGD patients

~50% of DED patients have moderate to severe symptoms [1] (most likely to seek treatment + targeted patient population in SAHARA RCT)

~7 – 8

Million moderate to severe MGD DED patients



[1] Market Scope 2025 Dry Eye Device Report. [2] Lemp MA, Crews LA, Bron AJ, Foulks GN, Sullivan BD. Distribution of aqueous-deficient and evaporative dry eye in a clinic-based patient cohort: a retrospective study. Cornea. 2012;31(5):472-478.

MGD is an Underserved Disease State

- The current market is dominated by eyedrops that do not address the underlying causes of MGD [1]
- Many dry eye treatments focus on increasing tear volume in aqueous deficient patients
- No interventional standard of care for treatment of MGD
- There is poor patient compliance with the use of Rx and OTC eyedrops for treatment [2]

The US market for dry eye treatments was $2.4 billion in 2025 [1]

[1] Market Scope 2025 Dry Eye Device Report and Dry Eye Pharmaceuticals Report and internal estimates. [2] Uchino M. Adherence to Eye Drops Usage in Dry Eye Patients and Reasons for Non-Compliance: A Web-Based Survey. J Clin Med. 2022 Jan; 11(2): 367.1.

OUR TECHNOLOGY: TEARCARE

TearCare Offers a Comprehensive Therapy Intervention Driving Leading Clinical Outcomes for Evaporative Dry Eye Disease Due to MGD

TearCare

Sight Sciences

Comprehensive therapy to treat diseased meibomian glands

Leading Clinical Trial Results: SAHARA, OLYMPIA

>70K **Procedures Performed[1]**

[1] Estimate based on Dry Eye Treatment Lids shipped as of March 31, 2026.

TearCare: Designed to Preserve and Improve Gland Functionality

TearCare is the only FDA-cleared interventional, open-eye, thermal-activated gland expression therapy designed to treat MGD conveniently and comfortably

Thermal Adaptive Gland Expression

01 Application

Thin, wearable SmartLids® conform to the eyelid and allow natural blinking

02 Therapy

Precise, consistent, software-controlled thermal therapeutic melting cycle (at 45°C +/- 0.7°C for 15 minutes)[1]

03 Expression

Comprehensive gland clearing protocol allows providers to manually evacuate the melted meibum comfortably

[1] Gupta et al. Cornea 2022;41:417–426

SAHARA RCT

Randomized Controlled Trial comparing TearCare and Restasis®[1]

Signs Superiority + Durability [2]

+

Head-to-Head Study TearCare vs Restasis[1]

+

Large Trial (N=345)

+

Randomized

+

Assessor Masked

+

3 Stages

+

Long-term (2-year trial)

[1] Restasis is a trademark of Allergan™ an AbbVie company

[2] Endpoints for SAHARA include superiority over Restasis at six months in our primary objective endpoint, tear break-up time. Study through 24 months to show duration of effectiveness. Ayres BD, Bloomenstein MR, Loh J, et al. A Randomized, Controlled Trial Comparing TearCare® and Cyclosporine Ophthalmic Emulsion for the Treatment of Dry Eye Disease (SAHARA). *Clin Ophthalmol*. 2023;17:3925-3940. Hovanesian J, Ayres BD, Bloomenstein MR, Loh J, Chester T, Saenz B, Echegoyen J, Kannarr SR, Rodriguez TC, Dickerson JE Jr. Durability of the TearCare treatment effect in subjects with dry eye disease: Stage 3 of the Sahara randomized controlled trial.Optom Vision Sci 2025;102:495-504 doi:10.1097/OPX.0000000000002278.

SAHARA RCT: Results

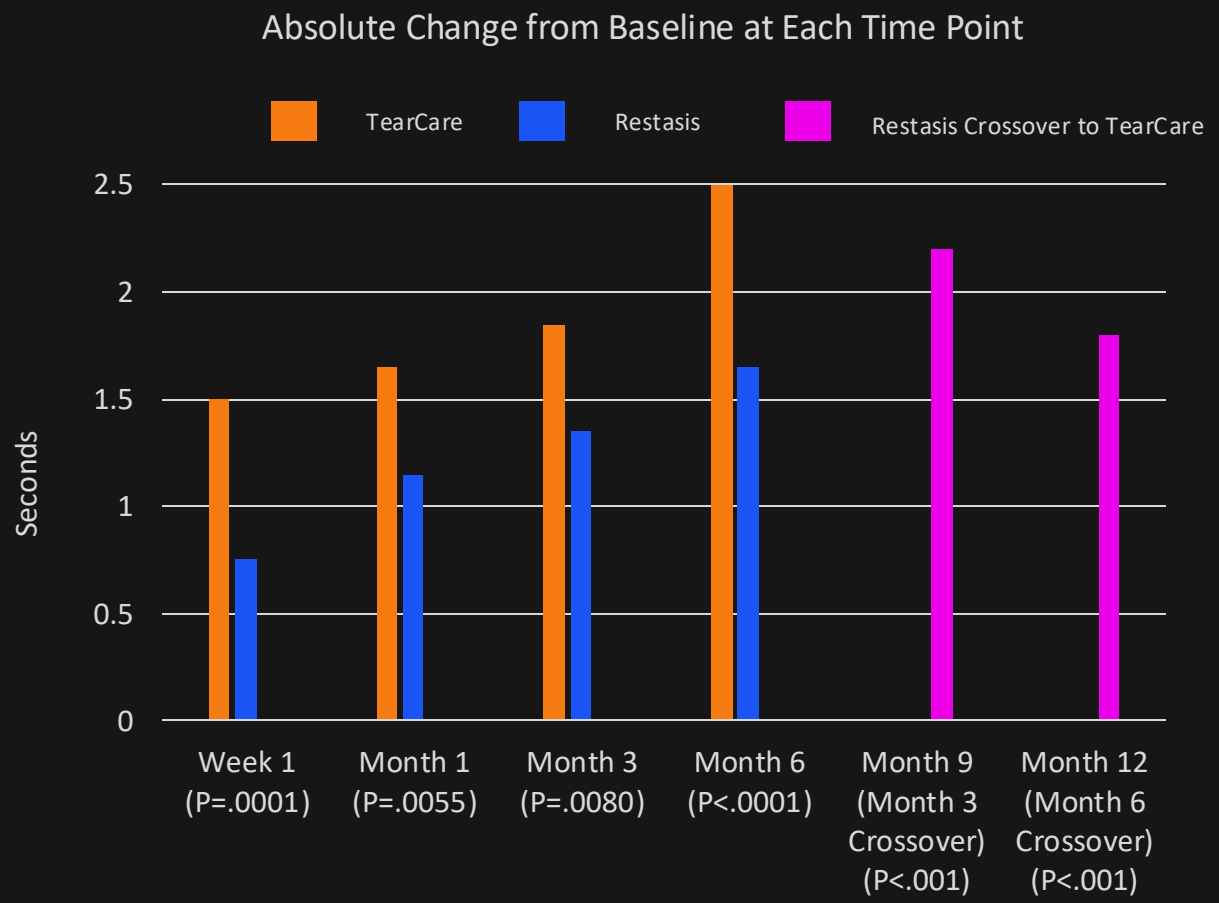
PHASE 1: TearCare Results at 6 Months

- Superior to Restasis[1, 2] in tear break-up time (TBUT)
- Non-inferior to Restasis in ocular surface disease index (OSDI) [3]
- Significant improvements in all signs and symptoms measured

PHASE 2: Restasis Cross-Over to TearCare Results at 12 Months

- Patients previously treated with Restasis had additional clinically meaningful improvements in the signs and symptoms of DED when crossed over to TearCare at Month 6. These improvements persisted through Month twelve without continued Restasis use.
- TBUT improved by an additional 1.1 seconds three months after cross-over to TearCare and improvement persisted (0.6 seconds) at month twelve, six months later

TearCare Superior to Restasis in Tear Breakup Time Improvement[4]



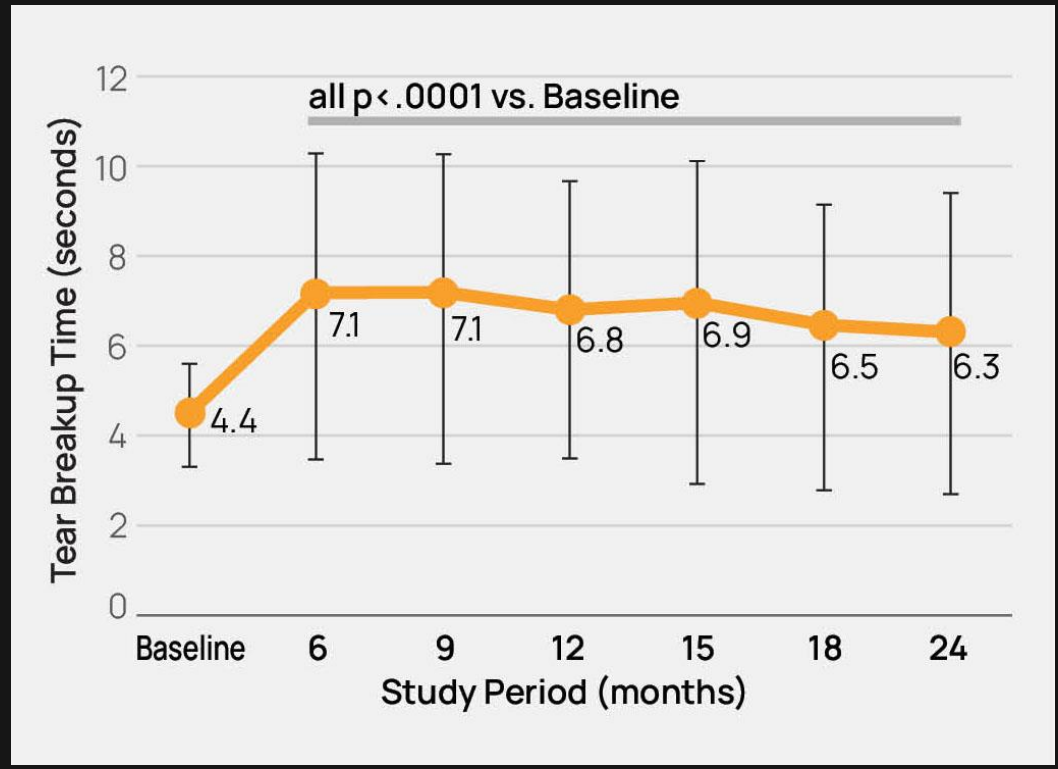
[1] Endpoints for SAHARA include superiority over Restasis at six months in our primary objective endpoint, tear break-up time. TearCare treatment at Baseline and Month 5, Restasis twice a day for six months. Study through 24 months to show duration of effectiveness.
[2] Restasis is a trademark of Allergan™ an AbbVie company
[3] Ocular Surface Disease Index is a commonly used patient-reported survey to assess dry eye severity.
[4] Ayres BD, Bloomenstein M, Loh J, Chester T, Saenz B, Echegoyen J, Kannarr SR, Rodriguez T, Dickerson JE Jr. Improved Signs and Symptoms of Dry Eye Disease for Restasis® Patients Following a Single Tearcare® Treatment: Phase 2 of the SAHARA Study. Clin Ophthalmol 2024;18:1525-1534

SAHARA RCT: Results

PHASE 3: 24 Month Data

- All mean signs and symptoms remained statistically significantly better than study baseline at all time points measured through the end of study at 24 months
- Showed the durability and procedural treatment effect of TearCare - the majority (66%) of participants treated with TearCare at baseline and again at Month 5 required no additional treatment based on pre-defined retreatment criteria[1]
- Treatment twice per year can provide meaningful improvement and symptomatic relief for patients with moderate to severe dry eye.

2 TearCare therapies in the first 5 months provided **2 years of relief** for the majority of study patients[1]



[1] 66% of TearCare® patients experienced dry eye relief for 2 years from study baseline. Study baseline refers to assessment at the start of SAHARA prior to any treatment and 5 months prior to the start of the Stage 3 durability stage. Months are measured from Study Baseline. Error bars are ± 1 standard deviation. Hovanesian J, Ayres BD, Bloomenstein MR, Loh J, Chester T, Saenz B, Echegoyen J, Kannarr SR, Rodriguez TC, Dickerson JE Jr. Durability of the TearCare treatment effect in subjects with dry eye disease: Stage 3 of the Sahara randomized controlled trial. Optom Vision Sci 2025;102:495-504 doi:10.1097/OPX.0000000000002278.

Interventional Dry Eye Strategy: Targeted + Scalable Growth

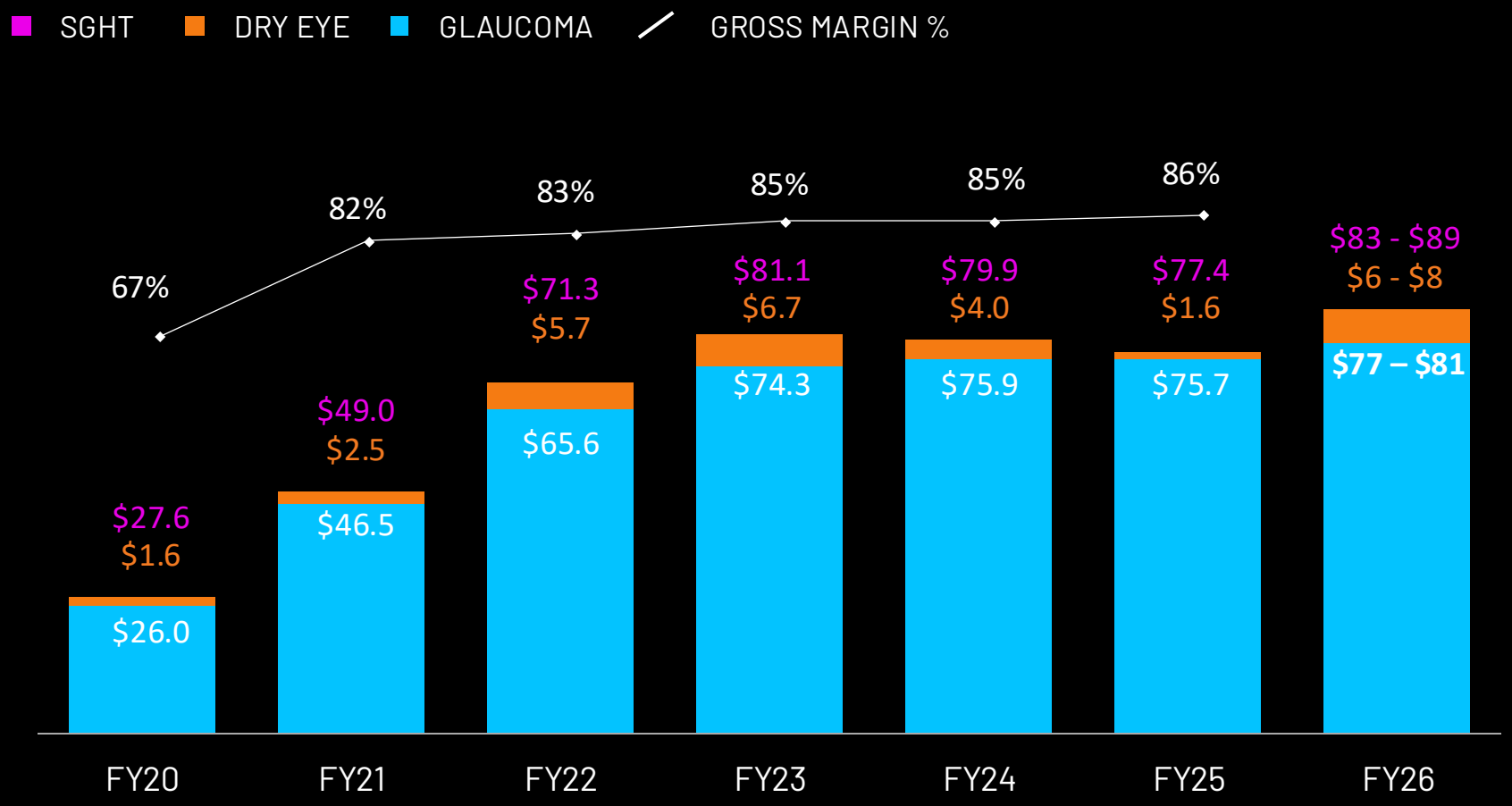
Scaling Commercially While Actively Pursuing Expanded Market Access

With the power of TearCare, we can:

- **Improve the lives of U.S. MGD patients**
- Scale commercial resources with market access wins
- Target ~6,500 physicians identified as most likely to adopt MGD treatment procedures[1]
- Activate a large installed customer base, over 70,000 SmartLids sold[2], built across real-world testing and data collection since 2019
- Leverage synergies with our Interventional Glaucoma customer base and commercial infrastructure

[1] Estimated as of June 30, 2025 based on review of claims data and Company analytics
[2] As of March 31, 2026

Annual Revenue and Gross Margin %



Historical financial results, including with respect to revenue and gross margin, may not be indicative of future financial results due to numerous risks and uncertainties, including those addressed in the "Risk Factors" section of the Company's filings with the U.S. Securities and Exchange Commission. [1]The Company expects full year 2026 revenue of approximately $83.0 to $89.0 million and adjusted operating expenses of $93.0 to $96.0 million, as of the Company's earnings release dated May 6, 2026. [2]"Adjusted operating expenses" is a non-GAAP financial measure, which is calculated as operating expenses less stock-based compensation expense, depreciation and amortization, restructuring costs, and other one-time costs. For a reconciliation of adjusted operating expenses to operating expenses, please refer to our earnings release issued on May 6, 2026.

+23%

Revenue CAGR
FY20 to FY25

FY26 Guidance

Revenue $83M - $89M[1]
Adj. OpEx[2] 93M - $96M[1]

FY25 Gross Margin %

86.2%	SGHT
86.8%	Interventional Glaucoma
59.3%	Interventional Dry Eye

Sight Sciences®

Keep Seeing™