



Delivering the **Power of Sight™**

Investor Presentation

May 2023

Forward-Looking Statements

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Our Mission

To transform the treatment of Glaucoma and Dry Eye through a broad portfolio of innovative solutions

Our solutions are designed for earlier intervention and to help restore the natural functionality of healthy eyes



Eye Care Innovation in Glaucoma and Dry Eye

Current Product Portfolio and Market Opportunity

Surgical Glaucoma



\$6B

U.S. TAM

3.4M

Diagnosed U.S.
patients

>160K

Cases
performed³

\$10B

U.S. TAM

14M

Evaporative DED
diagnosed U.S.
patients

>35K

Cases
performed³

1. OMNI® Surgical System is indicated for canaloplasty followed by trabeculotomy to reduce intraocular pressure in adult patients with primary open-angle glaucoma (POAG).
2. SION is a manually operated device used in ophthalmic surgical procedures to excise trabecular meshwork.
3. Based on units shipped as of March 31, 2023.

Developing a comprehensive portfolio of POAG and DED treatment options

Strategic Value-Creation Initiatives

SURGICAL GLAUCOMA

Train New OMNI Surgeons

Expand OMNI Usage in
Standalone and Combination
Cataract MIGS Procedures

Extend Portfolio by introducing
SION for certain customer
subsegments



DRY EYE

SAHARA RCT: Validate Health
and Economic Value
Proposition for
TearCare® against the Market
Leader in Dry Eye Treatment

Pursue Reimbursement for
TearCare Procedures


Bedrock of Clinical Excellence: numerous completed, ongoing and planned trials in POAG and DED

Underlying POAG Diseased Anatomy

Three primary points of resistance in the conventional outflow pathway

Canaloplasty using OMNI expands and dilates **Schlemm's canal and collector channels**

Trabeculotomy using OMNI unroofs the **trabecular meshwork**

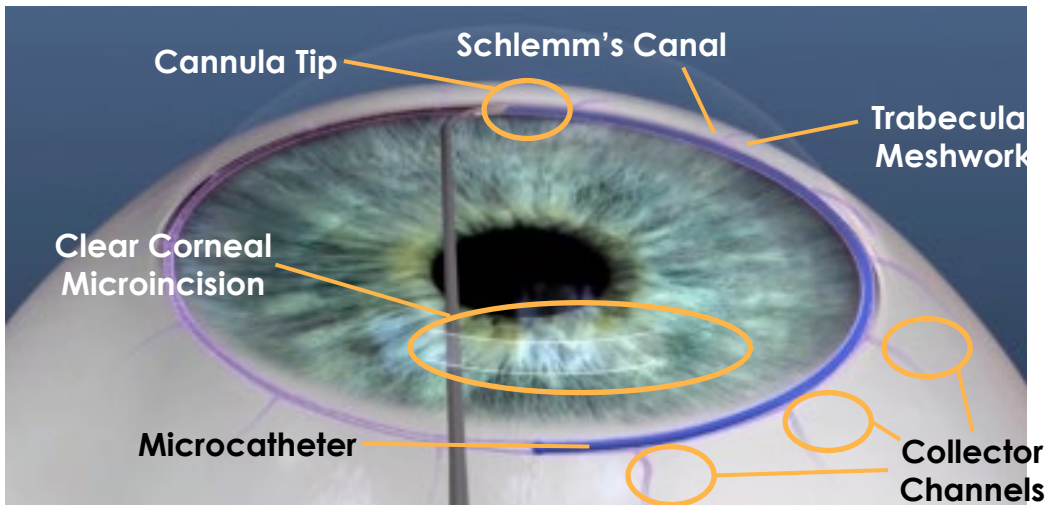


	① TRABECULAR MESHWORK	② SCHLEMM'S CANAL	③ COLLECTOR CHANNELS
Trabecular Bypass Stents	✓		
Canaloplasty Only		✓	✓
Trabeculotomy Only	✓		
OMNI SURGICAL SYSTEM	✓	✓	✓

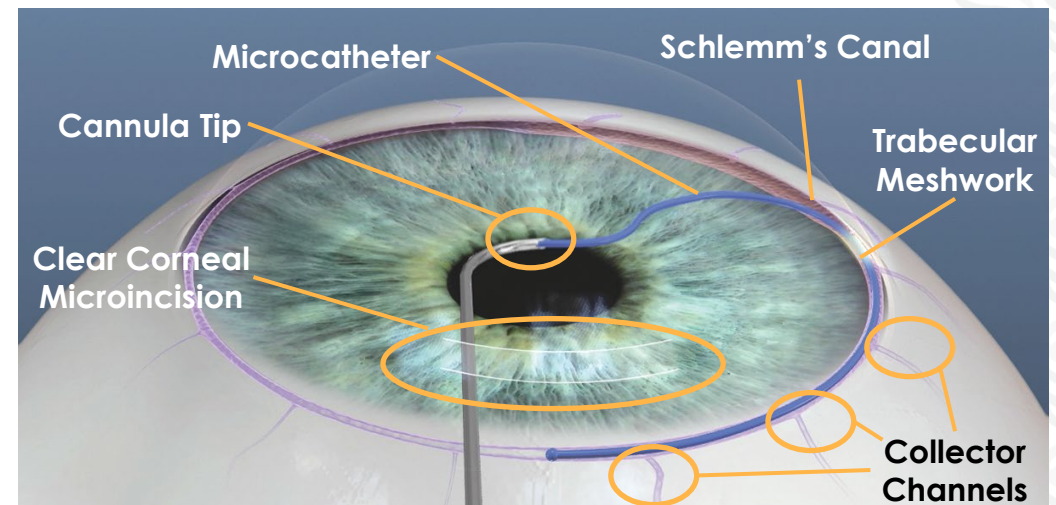
We believe OMNI is singularly well-suited to address all three primary points of resistance

OMNI: Interventional POAG Procedure

- Two sequential, *ab interno* MIGS procedures to help restore natural drainage in the eye
- Up to 360° coverage with a single clear corneal microincision

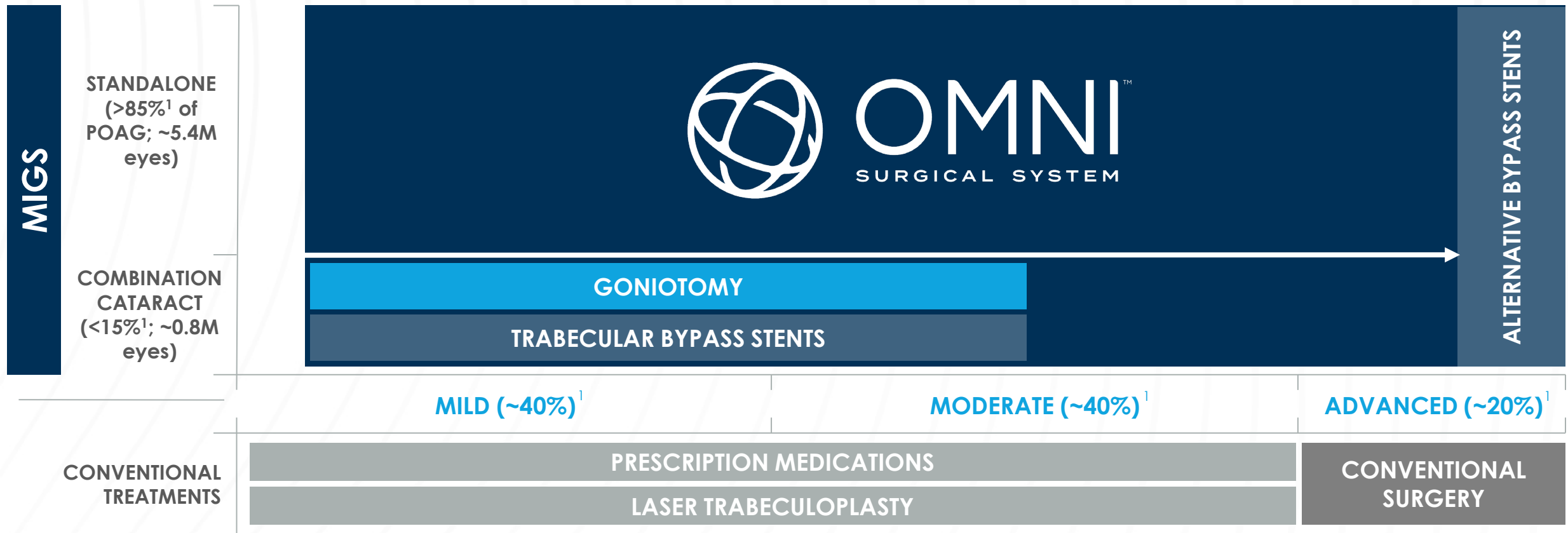


Canaloplasty using OMNI



Trabeculotomy using OMNI

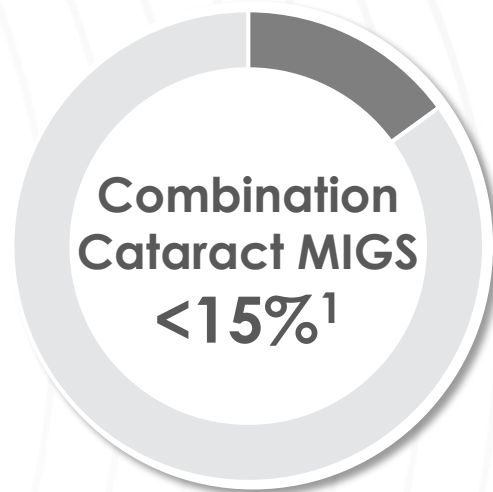
Market Leading Label Allows Broad Use in POAG



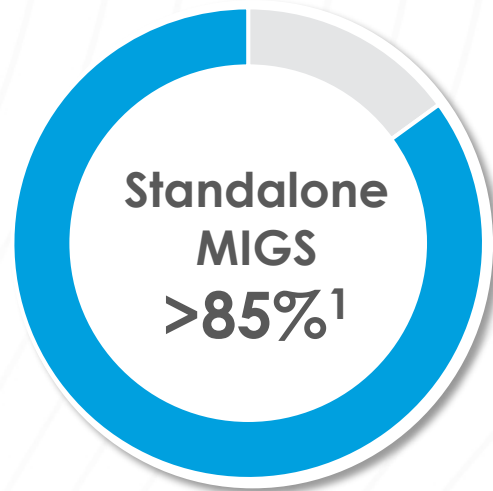
1. Represents internal analysis of third-party estimates for % of U.S. POAG patients.

OMNI: Customizable to All Six MIGS Categories in POAG²

\$1B
TAM



\$5B
TAM



Mild Disease
(40%)¹

360° Canaloplasty
+ 45° - 90° Trab or
Goniotomy

Moderate Disease
(40%)¹

360°
Canaloplasty +
90° - 180° Trab

Advanced Disease
(20%)¹

360°
Canaloplasty +
180° - 360° Trab



360°
Canaloplasty +
90° - 180° Trab

360°
Canaloplasty
+ 180° Trab

360°
Canaloplasty
+ 360° Trab

Primary Distinguishing Treatment Requirements for MIGS Procedures:

Low Risk of Hyphema
 Consistency of Efficacy
 Degree of Efficacy

1. Represents internal analysis of third-party estimates for % of U.S. POAG TAM.

2. The described procedures are presented for illustrative purposes only and are based on observed physician practice.

OMNI[®] Clinical Roadmap

AAO IRIS[®] Registry

- Database of over 483 million real-world visits by 78 million de-identified patients submitted by ophthalmologists
- Compares OMNI, iStent[®] and Hydrus[®] in combination with cataract surgery
 - Two year IOP reduction and medication usage
 - Plan to publish in peer-reviewed journal by end of 2023
- Additional IRIS[®] studies in development, including Standalone MIGS with OMNI

PRECISION

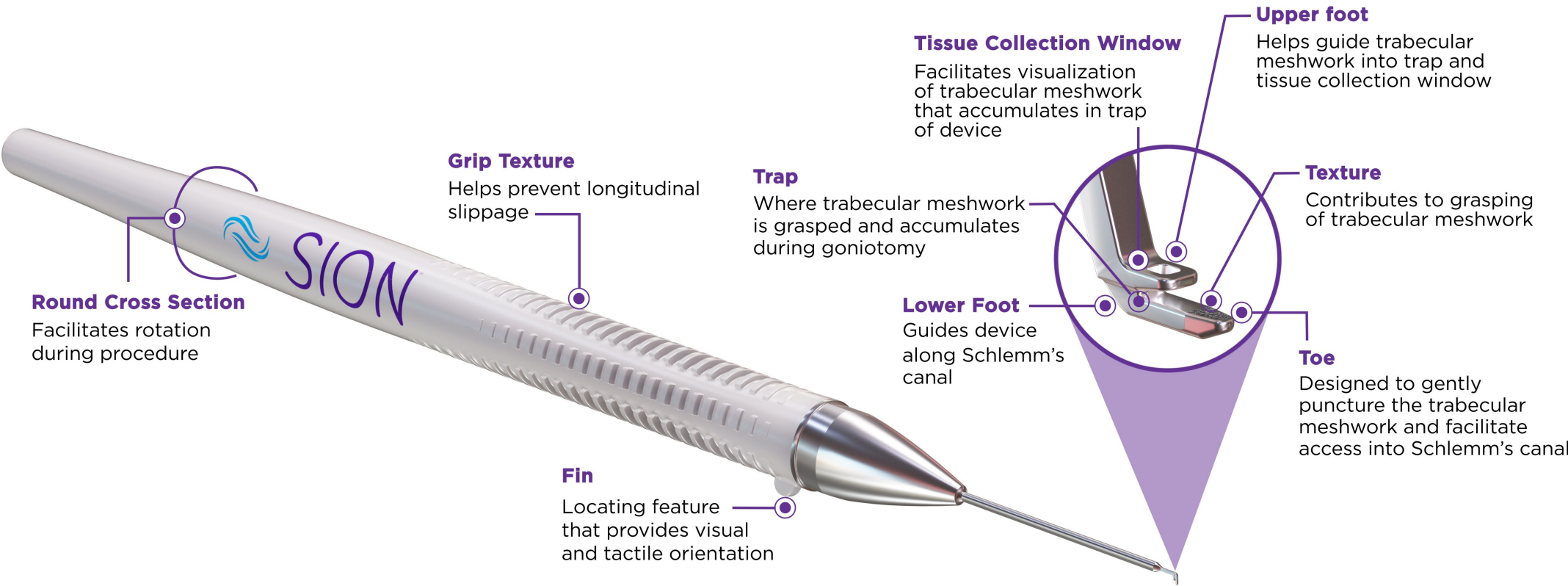
- First randomized clinical trial comparing a MIGS technology versus standard of care hypotensive medication
- Pseudophakic mild-to-moderate POAG
- N > 200, randomized 2:1 / OMNI : prostaglandin analog
- 12-month endpoint
- Plan to begin enrollment 4Q23

Note: Clinical trials, including their design, endpoints and timing, are subject to change at the Company's discretion. Initial results may include preliminary data and interim analyses that are subject to change.

Executing Groundbreaking Clinical Trials

SION: Bladeless Goniotomy Procedure

Innovative design **bladelessly** excises diseased trabecular meshwork within **several clock-hours**

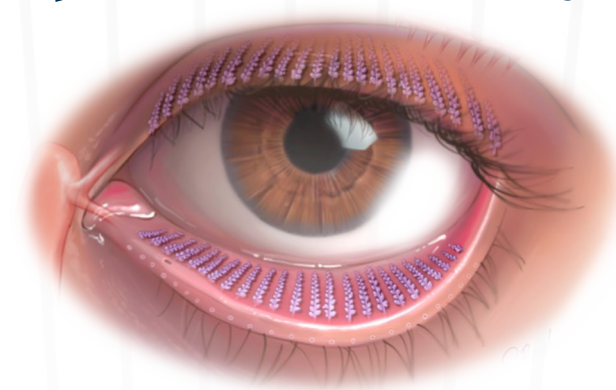


Complement to OMNI for Certain Customer Subsegments

Large Market Opportunity in Evaporative Dry Eye / Meibomian Gland Disease

- MGD is present in 14 million diagnosed dry eye cases
- Growing prevalence: linked to many prominent demographic, medical and sociological trends
- **Currently, Medicare and most commercial health plans do not cover MGD procedures**

MEIBOMIAN GLANDS



86%
of DED
caused by MGD¹

38M
affected in U.S.
(14 million diagnosed
evaporative DED)²

\$10B
U.S. TAM, **hugely**
underserved

1. 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.
2. Represents third party market data from Market Scope Dry Eye Report

Our Solution: TearCare

The only wearable eyelid technology designed to melt and remove meibomian gland obstructions

Eyelid Therapy for Evaporative Dry Eye

- MGD: hardened meibum forms obstructions, reducing tear quality leading to premature evaporation
- Liquefying meibum requires **precise** (40-42° C at the inner eyelid) and **consistent** (15 minutes) heat¹
- Manual expression clears glands

TearCare Technology

- Steady temperature and precise heat delivery
- Single-use SmartLids™ conform to variable eyelid anatomy while allowing natural blinking
- Designed for intuitive provider training and comfortable patient experience
- Expect 1 to 2 treatments per patient per year



The SAHARA RCT

Designed to drive reimbursement with input from eight payor medical directors

Head-to-head vs. market leading DED Rx eyedrop

- Multi-center U.S. RCT; enrollment complete
- 24-month study period (n = 300)
- Goal: demonstrate safety and effectiveness of TearCare® procedures compared to Restasis® to treat the signs and symptoms of dry eye disease in adult patients
 - Six-month period to study superiority to 2x / day use of Restasis®
 - Restasis arm receives TearCare treatment and 6-month follow-up
 - TearCare arm: 24-month durability study period
 - Primary outcome measures: tear break-up time, OSDI score

SAHARA RCT (ongoing)

2021

First patient, first visit 2Q 2021

2022

Enrollment completed 3Q 2022

2023

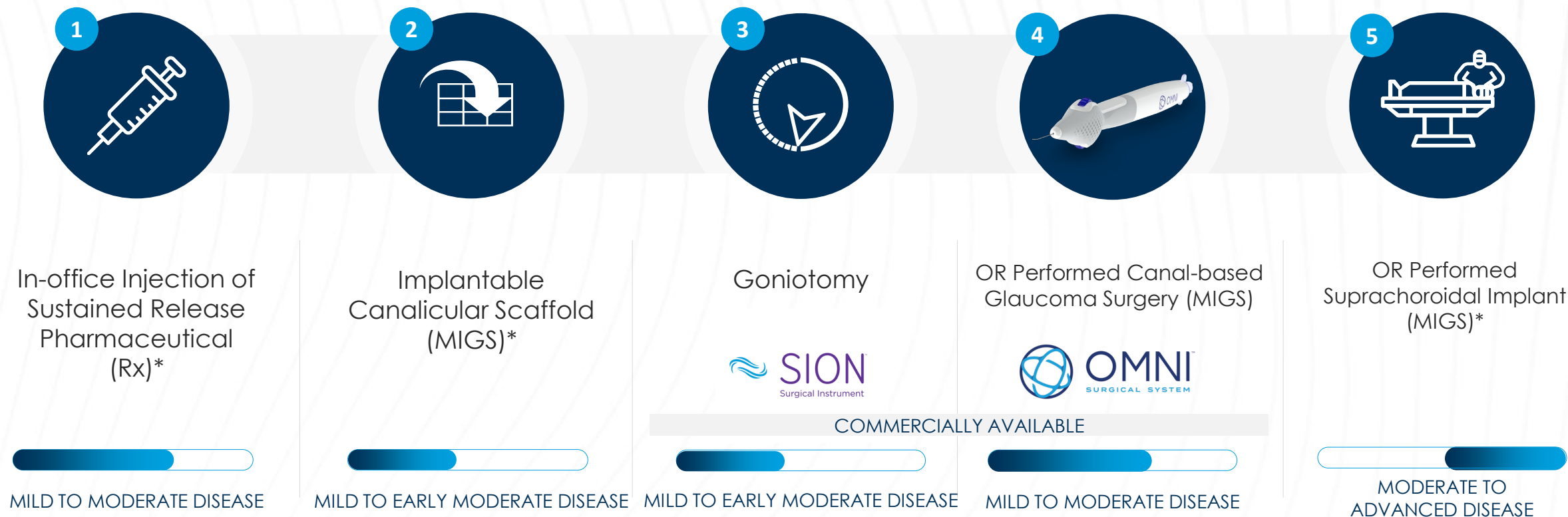
6-month superiority endpoint: plan to release topline results summer 2023; publish and present full results Q4 2023

2024-25

**12-month results expected 2H 2024
24-month results expected 2H 2025**

SURGICAL GLAUCOMA PIPELINE

Develop Comprehensive Best-in-Class Portfolio



*This pipeline product is under development and is not commercially available

DRY EYE PIPELINE

Develop Comprehensive Best-in-Class Portfolio



Over-the-counter
Artificial Tear With A
Differentiated Lipid
Layer Technology*



Dry Eye Disease
Prescription
Pharmaceutical
Eyelid Ointment*



Office-Based Eyelid
Procedure



Home-Based Eyelid
Device Treatment*

*This pipeline product is under development and is not commercially available

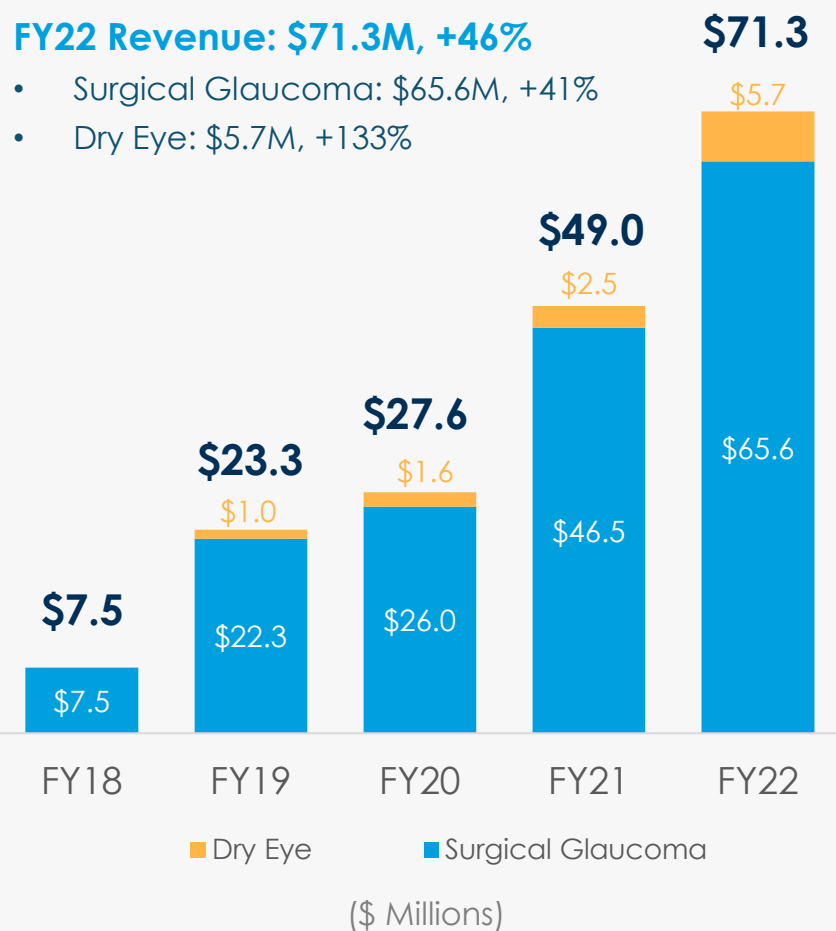
Strong Financial Profile

Annual Revenue

FY18-FY22 CAGR: +76%

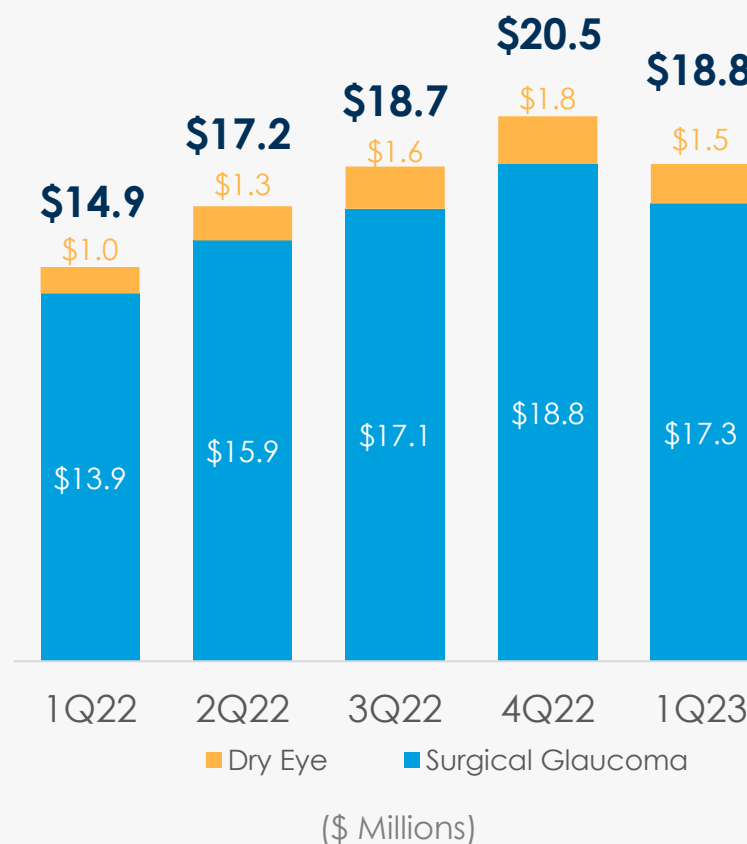
FY22 Revenue: \$71.3M, +46%

- Surgical Glaucoma: \$65.6M, +41%
- Dry Eye: \$5.7M, +133%



Quarterly Revenue

Q1'23 Growth: +26% vs. Q1'22



2023 Revenue Guidance

\$89M to \$94M, +25% - 32% growth compared to 2022

Gross Margin

84% Gross Margin Q1 2023
83% Gross Margin in 2022

Balance Sheet

\$167.3M cash and cash equivalents and \$35M long-term debt* as of 3/31/23