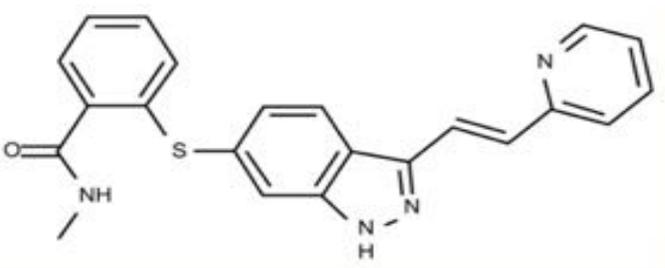


Pharmacokinetics and Ocular Tolerability of Suprachoroidal CLS-AX (axitinib injectable suspension)

ARVO 2020 Program: #B0130

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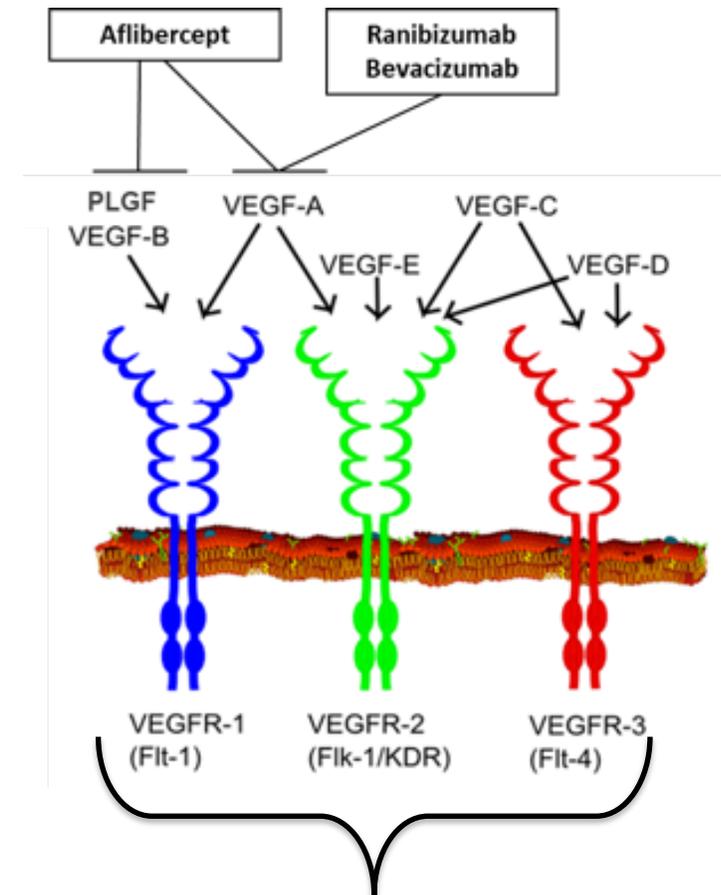
Financial Disclosures

- LM: Commercial Relationship(s);Clearside Biomedical, Inc.:Code E (Employment);Clearside Biomedical, Inc.:Code I (Personal Financial Interest)
- VK: Commercial Relationship(s);Clearside Biomedical, Inc.:Code E (Employment);Clearside Biomedical, Inc.:Code I (Personal Financial Interest)
- TC: Commercial Relationship(s);Clearside Biomedical, Inc.:Code E (Employment);Clearside Biomedical, Inc.:Code I (Personal Financial Interest)

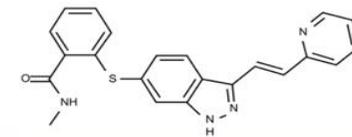


Inhibition of multiple VEGF receptors by CLS-AX may provide more complete blockade of the neo-angiogenesis process associated with nAMD versus currently available monotherapy

- Anti-VEGF-A drugs provide clinically sub-optimal efficacy and create an unmet need to develop new drugs and optimize drug delivery techniques with the goal of improving and maintaining visual acuity^{1,3,5}
- Axitinib is a potent and highly selective pan-VEGF receptor inhibitor²
- Approved as an oral agent for renal cell carcinoma (Inlyta[®])
- A recent Phase 2 study demonstrated that targeting VEGF-A, VEGF-C & VEGF-D may result in improved efficacy compared to targeting VEGF-A alone⁶



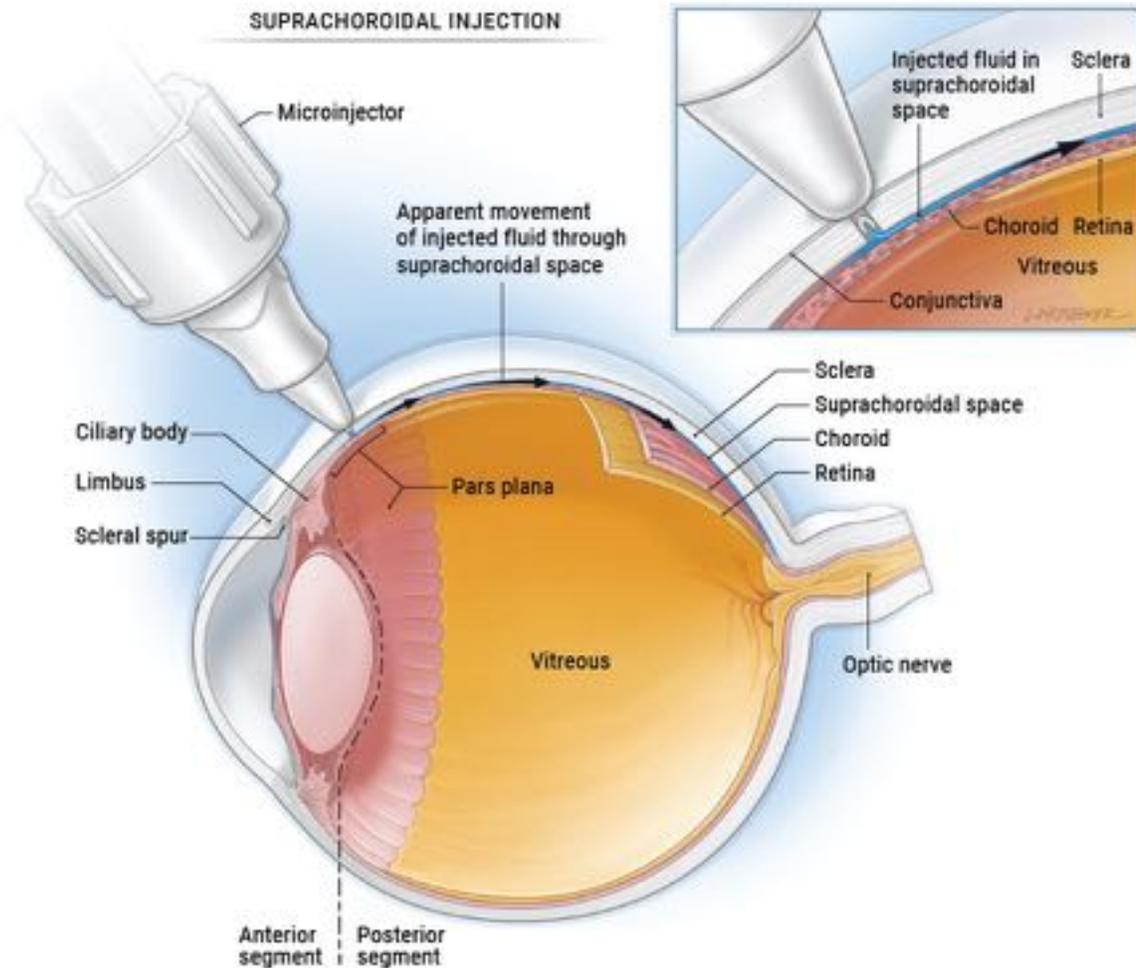
Axitinib



Sources: 1. Park YG, Rhu HW, Kang S, Roh YJ. New Approach of Anti-VEGF Agents for Age-Related Macular Degeneration. *J Ophthalmol.* 2012;2012:637316. doi:10.1155/2012/637316. 2. Lledó Riquelme M, Campos-Mollo E, Fernández-Sánchez L. Topical axitinib is a potent inhibitor of corneal neovascularization. *Clin Exp Ophthalmol.* 2018; 46(9), 1063–1074. 3. Singer MA, Awh CC, Sadda S, et al. HORIZON: an open label extension trial of ranibizumab for choroidal neovascularization secondary to age-related macular degeneration. *Ophthalmology.* 2012;119:1175e1183. 4. Cabral T, Lima LH, Mello LGM, Polido J, Correa ÉP, Oshima A, Duong J, Serracarbassa P, Regatieri CV, Mahajan VB, Belfor R Jr. Bevacizumab injection in patients with neovascular age-related macular degeneration increases angiogenic biomarkers. *Ophthalmol Retina.* 2018;2(1):31–37. 5. Lieu CH, Tran H, Jiang ZQ, Mao M, Overman MJ, Lin E, Eng C, Morris J, Ellis L, Heymach JV, Kopetz S. The association of alternate VEGF ligands with resistance to anti-VEGF therapy in metastatic colorectal cancer. *PLoS ONE.* 2013;8:e77117. 6. Opthea Limited. (2019, August 6). *Opthea Meets Primary Endpoint in Phase 2b Study of OPT-302 in Wet AMD* [Press Release]. Retrieved from <https://www.globenewswire.com/news-release/2019/08/06/1898066/0/en/Opthea-Meets-Primary-Endpoint-in-Phase-2b-Study-of-OPT-302-in-Wet-AMD.html>



CLS-AX, administered suprachoroidally, has the potential to be a longer-acting therapy for nAMD Treatment



Reference: Clearside Biomedical Inc.

- Directly targets drug delivery to the back of the eye at high doses
- Potentially lower drug concentrations are needed at dosing compared to other routes of administration
- Minimizes drug exposure to non-diseased tissues
- Less invasive, in-office procedure



Suprachoroidal injection results in posterior and circumferential drug delivery



- Administered drug flows **posteriorly and circumferentially** in the suprachoroidal space within the posterior segment
- Suprachoroidal injections are administered **4 – 4.5 mm from the limbus**, in the superior temporal quadrant.
- Each injection utilizes a proprietary **SCS Microinjector[®]** device

Reference: Clearside Biomedical Inc.



Study Objective

Assess the durability (PK) and ocular tolerability of suprachoroidally administered CLS-AX (axitinib injectable suspension) in Dutch Belted (pigmented) rabbits during a 10-week study



Methods



- CLS-AX was administered as a single bilateral injection to the suprachoroidal space at a dose of **0.03 mg/eye** or **0.1 mg/eye** (n=2 animals per group/ time-point)
- Clinical ocular exams were performed via **indirect ophthalmoscopy** and **slit-lamp biomicroscopy** at pre-dose and at wks. 1, 2 and 4. **OCT** was performed at pre-dose, wk. 6 and wk. 9 or 10
- **Plasma** samples were collected at predose and on days 2, 8, 15, 31, 45, 61, 66 and 68. **RPE-choroid-sclera (RCS), retina, aqueous humor** and **vitreous humor** samples were collected at terminal end-points
- Bioanalytical assays were performed via an LC-MS/MS method. Pharmacokinetic parameters were calculated using Phoenix WinNonlin (Version 6.4)



Generally, CLS-AX was well tolerated in DB rabbits



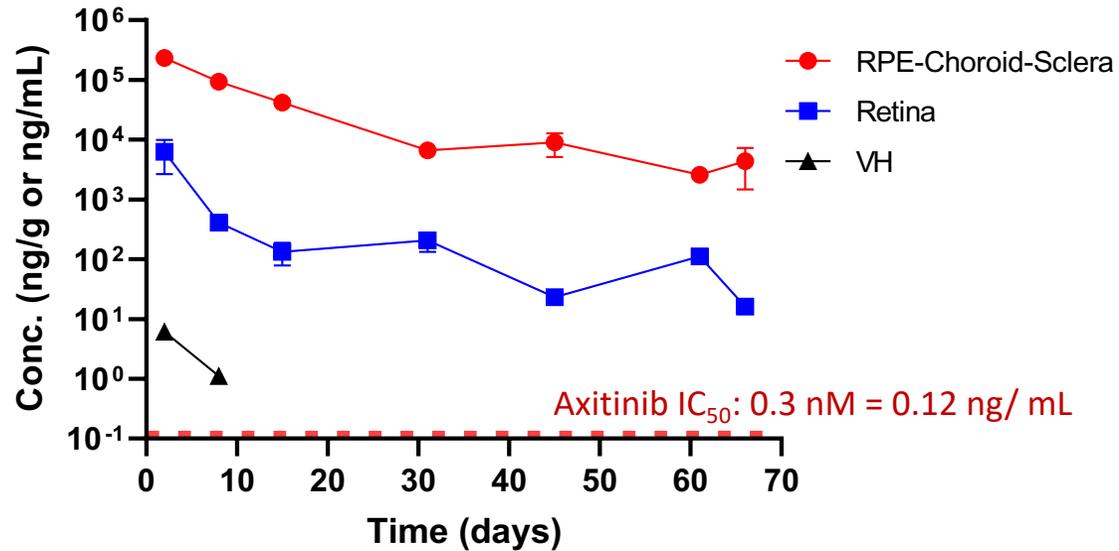
- ✓ No ophthalmic abnormalities were observed in any of the animals beyond wk. 1
 - On study day 3, there was an observation of moderately severe (+3) aqueous flare in one animal and mild (+1) conjunctival hyperemia in 5 animals
- ✓ OCT showed no evidence of abnormalities and choroidal or retinal degeneration for the duration of the study



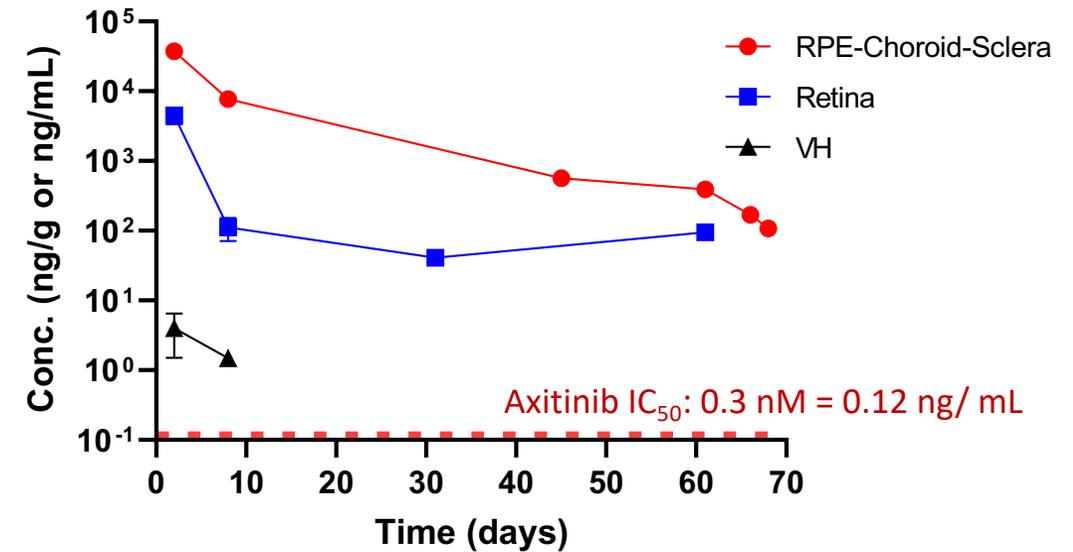
CLS-AX injected suprachoroidally exhibited high, efficacious and sustained levels of axitinib to posterior ocular tissues



Mean Concentrations of Suprachoroidally Administered CLS-AX in Ocular Tissues (0.1 mg/eye)



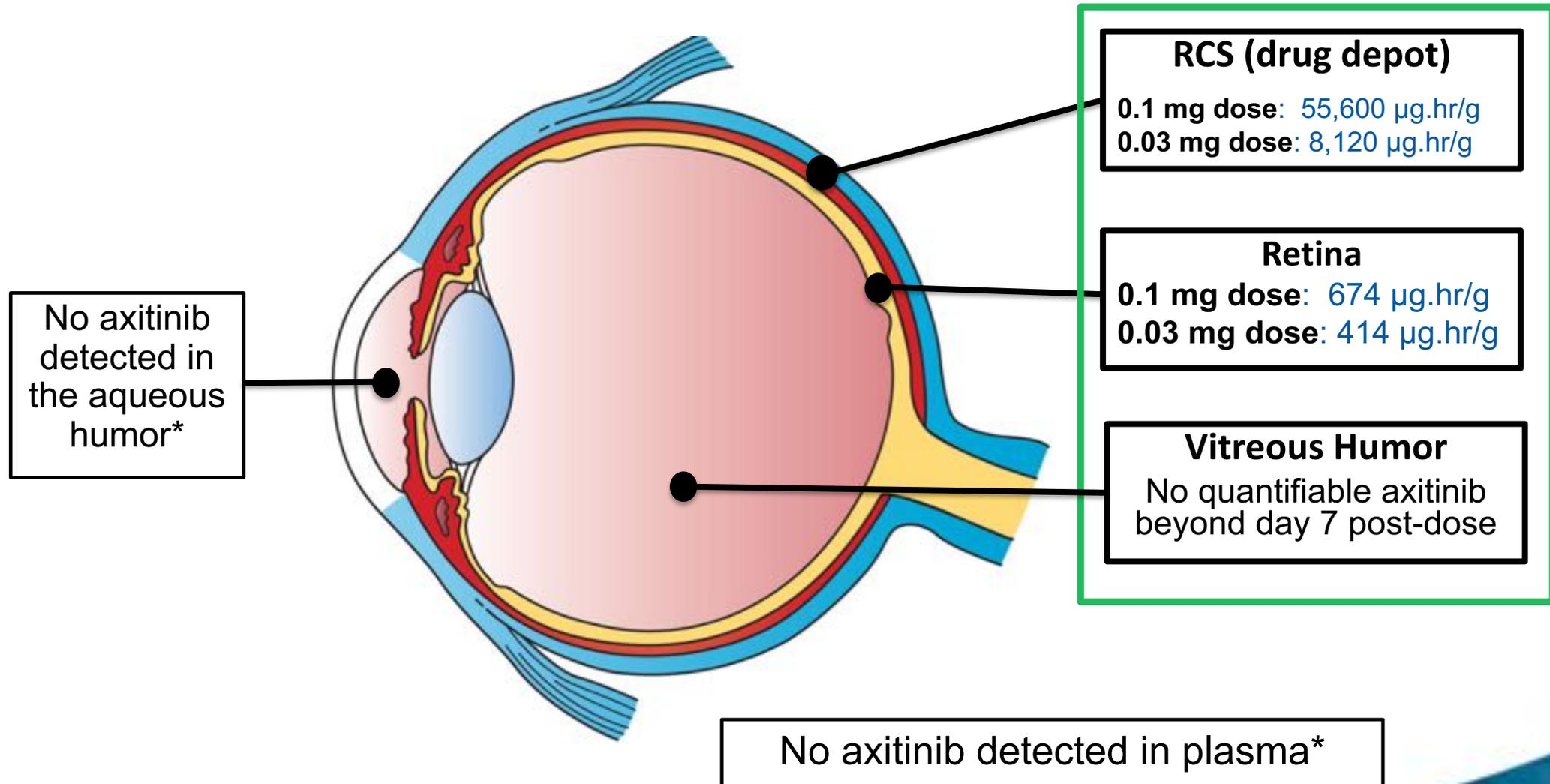
Mean Concentrations of Suprachoroidally Administered CLS-AX in Ocular Tissues (0.03 mg/eye)



- Axitinib concentrations within the **RCS (drug depot)** and **retina** were maintained 3-5 log orders **above IC₅₀** over the study duration
- **Plasma** and **aqueous humor levels** of axitinib were **below the limit of quantitation**



Area Under the Curve (AUC) values for CLS-AX were maintained at high levels in the Retina and RCS for the duration of the study



*LLOQ = 1 ng/mL



Conclusion



CLS-AX administered via **suprachoroidal injection**, provided **sustained, targeted, high levels** of axitinib to the back of the eye and was **well-tolerated**. Given this durability, intrinsic high potency and pan-VEGF inhibition, CLS-AX administered suprachoroidally has the potential to be a bi-annual therapy for nAMD

THANK YOU!

