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KODIAK

THE OPHTHALMOLOGY MEDICINES COMPANY

BARCLAYS GLOBAL HEALTHCARE CONFERENCE

MARCH 12, 2019

SPECIAL NOTE REGARDING

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 and clinical studies and our research and development programs, our ability to advance product candidates into, and successfully complete, clinical studies, and the timing or likelihood of regulatory filings and approvals 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. These statements are also subject to a number of material risks and uncertainties that are described in our most recent quarterly report on Form 10-Q, as well as our subsequent filings with the Securities and Exchange Commission. Any forward-looking statement speaks only as of the date on which it was made. We undertake no obligation to publicly update or revise any forward-looking statement, whether as a result of new information, future events or otherwise, except as required by law.

POTENTIAL

2019-2020 CATALYSTS

1ST HALF 2019

- Complete recruitment into phase 1b multiple-dose study in patients with wet AMD, DME, and RVO
- Start of global pivotal phase 2/3 head-to-head study against Eylea in wet AMD
- Submit China IND's for phase 2 trials in wet AMD, DME and DR

2ND HALF 2019

- Present phase 1b data at key ophthalmology meetings (e.g. ASRS, AAO)
- Initiate China studies in wAMD and DME
- Disclose NPDR strategy
- Initiate global pivotal phase 2/3 in DME
- R&D Day

1ST HALF 2020

- Continued phase 1b data

2ND HALF 2020

- Interim phase 2/3 data from global wet AMD
- Interim phase 2 data from China studies

OUR MISSION

The Ophthalmology Medicines Company

1 HIGH SCIENCE INSIDE

Medicines and platforms with designed-in features to tackle the biggest challenges in ophthalmology.

2 "GO-TO" MEDICINES

Our investigational candidate KSI-301 has the potential to be the anti-VEGF of choice for all patients with retinal vascular disease.

Our pipeline is being built with multiple shots on goal across the major retina indications of wet AMD, dry AMD, Glaucoma.

3 GLOBAL FRANCHISE

A singular focus in ophthalmology with a global scope.

From discovery through commercialization.

STRONG

COMPANY LEADERSHIP

Management Team with Experience
to Build a Leading Biotech Company

BOARD OF DIRECTORS
Deep Biotech and Governance Experience

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KODIAK

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Director
Baker Brother Advisors LP

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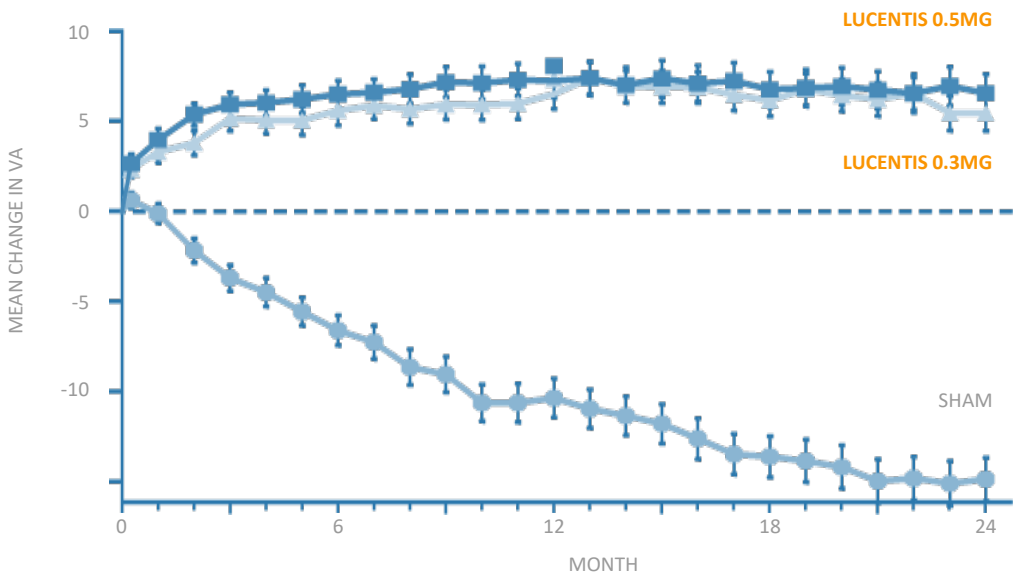
OPHTHOTECH eyetech

Intravitreal anti-VEGF agents improve & maintain vision when dosed per label…

PHASE III STUDY OF MONTHLY ANTI-VEGF[1]



Recommended dosing in first year:

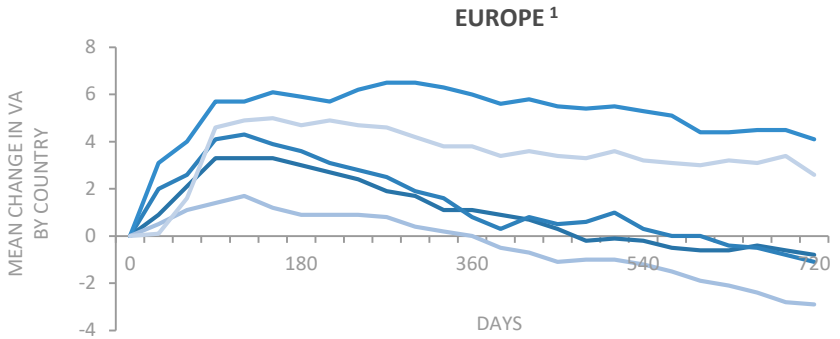
Lucentis **12** (MONTHLY)

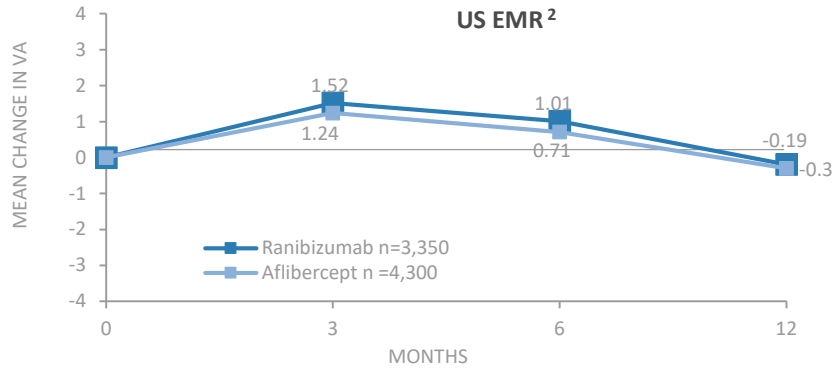
Eylea **8** (BI-MONTHLY AFTER 3 MONTHLY LOADING DOSES)

1. Rosenfeld PJ et al; MARINA Study Group. N Engl J Med. 2006;355:1419-14313. 2. Brown DM et al; ANCHOR Study Group. Ophthalmology. 2009;116:57-65 3. Schmidt-Erfurth et al. Ophthalmology 2014; 121:193

...yet minimal visual gains are achieved in real-world practice.

- Without high intensity treatment, vision loss can begin after only 3 months of anti-VEGF therapy
- This pattern is seen globally, with all current agents





1. The AURA Study, adapted from Holz FG et al. Br J Ophthalmol 2015; 99 (2): 220–226.
2. Adapted from Lotery A, et al. Eye (Lond). 2017 Dec;31(12):1697-1706.

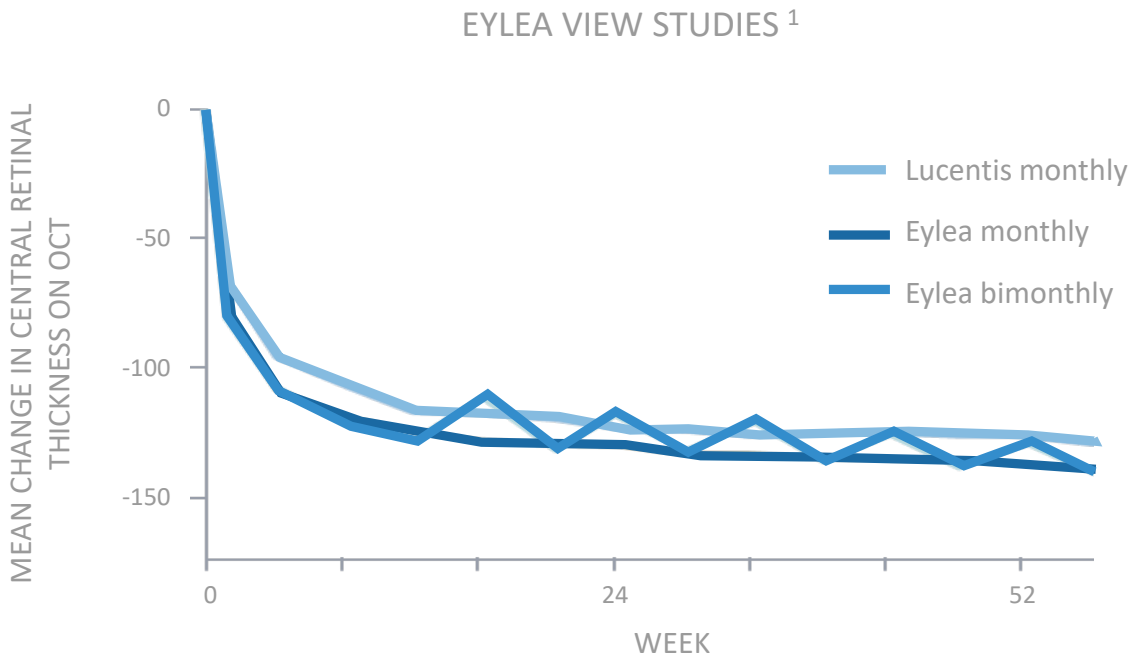
EMR= Electronic Medical Records

WHY?

Current anti-VEGF drugs do not control disease for long enough between doses.

Undertreatment (over-extension of the treatment interval) leads to disease progression and permanent retinal damage.

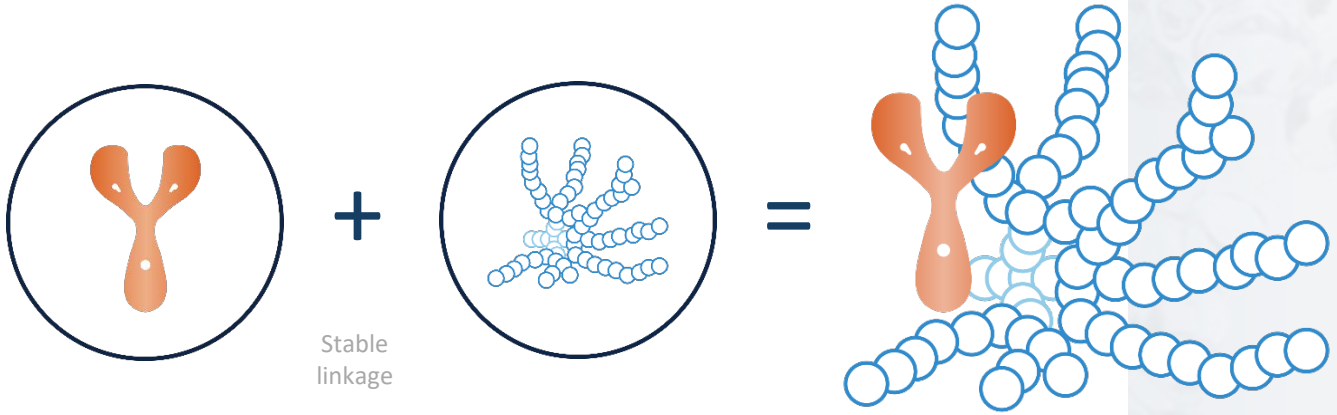
Bimonthly Anti-VEGF Results in Disease Activity between Doses



1 Heier JS. Ophthalmology. 2012 Dec;119(12):2537-48. 3. Dugel PU. Ophthalmology. 2017 Sep;124(9):1296-1304. CRT= Central Retinal Thickness

KSI-301

THE ‘GO-TO’ ANTI-VEGF



ANITIBODY
IgG1 with inert immune effector function

Stable linkage

BIOPOLYMER
Optically clear, high molecular weight phosphorylcholine polymer

ABC PLATFORM MEDICINES

KSI-301 is designed to be the go-to anti-VEGF to solve the real-world problem.

SAME WHERE IT MATTERS

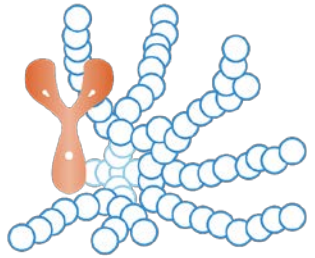
- Clinically proven target: VEGF
- Antibody-based biologic
- Intravitreal injection
- Optically clear solution
- No ocular residues

DIFFERENT WHERE IT MATTERS

- ☐ Designed-in ocular durability
- ☐ Fast systemic clearance
- ☐ Improved bioavailability
- ☐ Improved biocompatibility
- ☐ Improved stability

KSI-301 optimizes size & formulation strength to improve durability.

Drug/Candidate:	BROLUCIZUMAB	RANIBIZUMAB	AFLIBERCEPT
Molecule type	Single-chain antibody fragment	Antibody fragment	Recombinant fusion protein
Molecular structure			
Molecular weight	26 kDa	48 kDa	115 kDa
Clinical dose	6 mg	0.3-0.5 mg	2 mg
Equivalent molar dose	22	1	2
Equivalent ocular PK	<1	1	1.5
Equivalent ocular concentration at 3 months	10	1	1,000

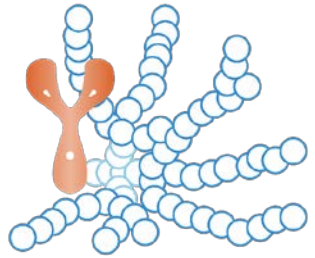
KSI-301
Antibody Biopolymer Conjugate (ABC)

950 kDa
5 mg (by weight of antibody)
7
4
1,000,000

Equivalent values are showed as fold changes relative to Ranibizumab.

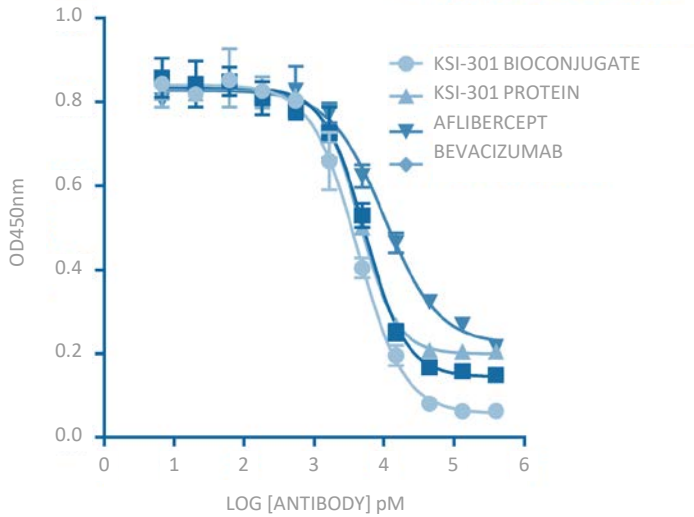
KSI-301 bioconjugate has shown greater potency in vitro than unconjugated anti-VEGFs

In vitro assays demonstrate KSI-301 bioconjugate has a **deeper potency** compared to bevacizumab, ranibizumab, and aflibercept **because of the special nature of its phosphorylcholine biopolymer**.

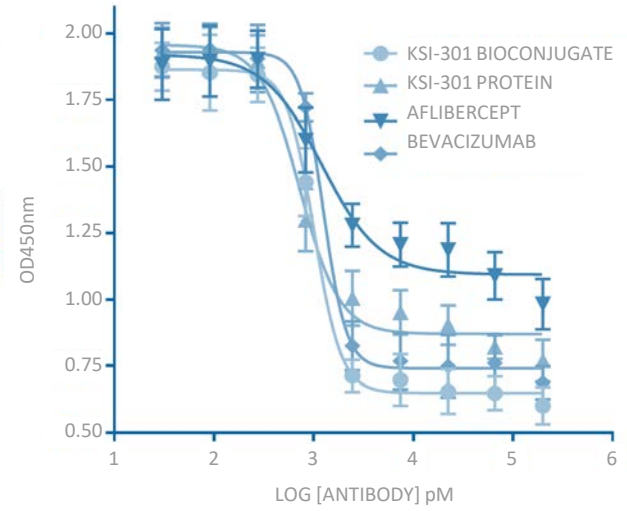
- KSI-301 has high binding affinity to VEGF (K_D 6.75 pM, KinExA 37°C)
- KSI-301 bioconjugate has a deeper potency than other anti-VEGF and even its unconjugated starting protein



BIOCHEMICAL ASSAY
Anti-VEGF Inhibition of VEGF: VEGFR binding



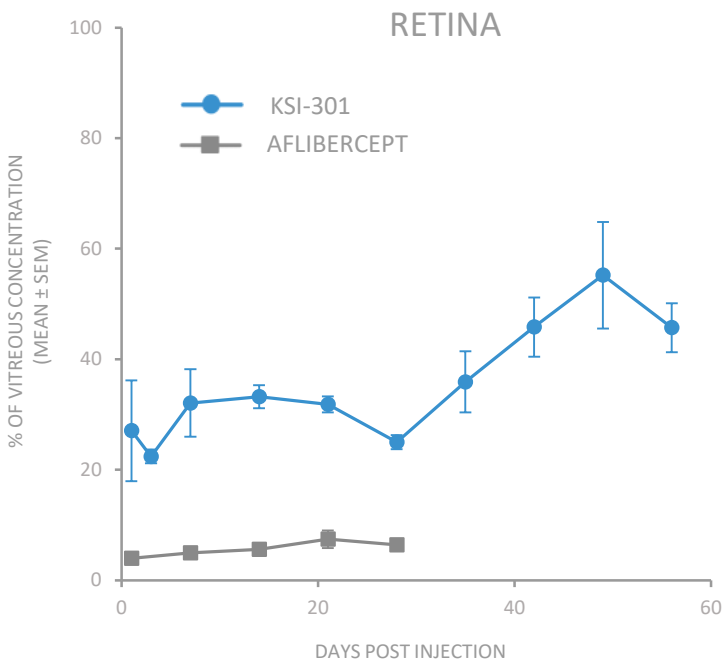
PRIMARY HUMAN RETINAL CELL-BASED ASSAY
Anti-VEGF Inhibition of HRMVEC Proliferation

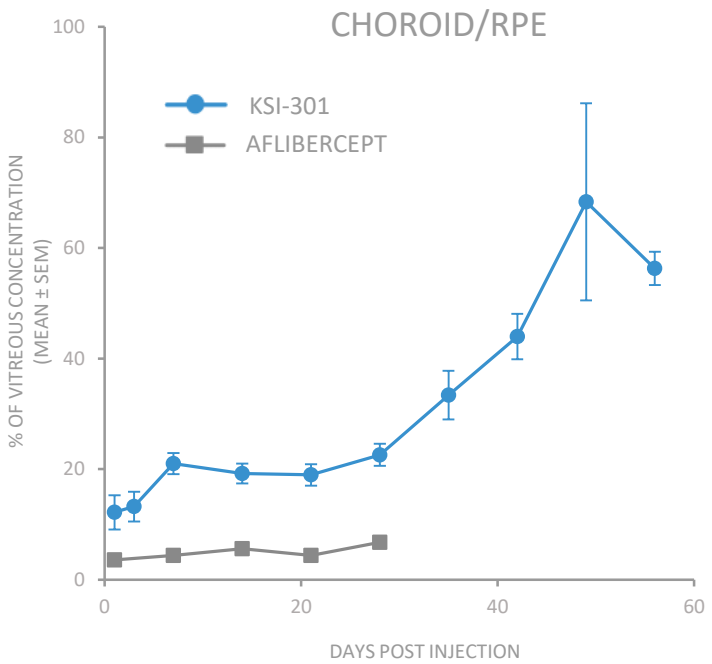


Kodiak data on file

KSI-301 bioconjugate drives enhanced bioavailability because of its phosphorylcholine biopolymer

- Ocular tissue bioavailability after single intravitreal injection
- Data from in vivo rabbit models
- Despite 8x larger size, KSI-301 has 8x greater access to retina than aflibercept

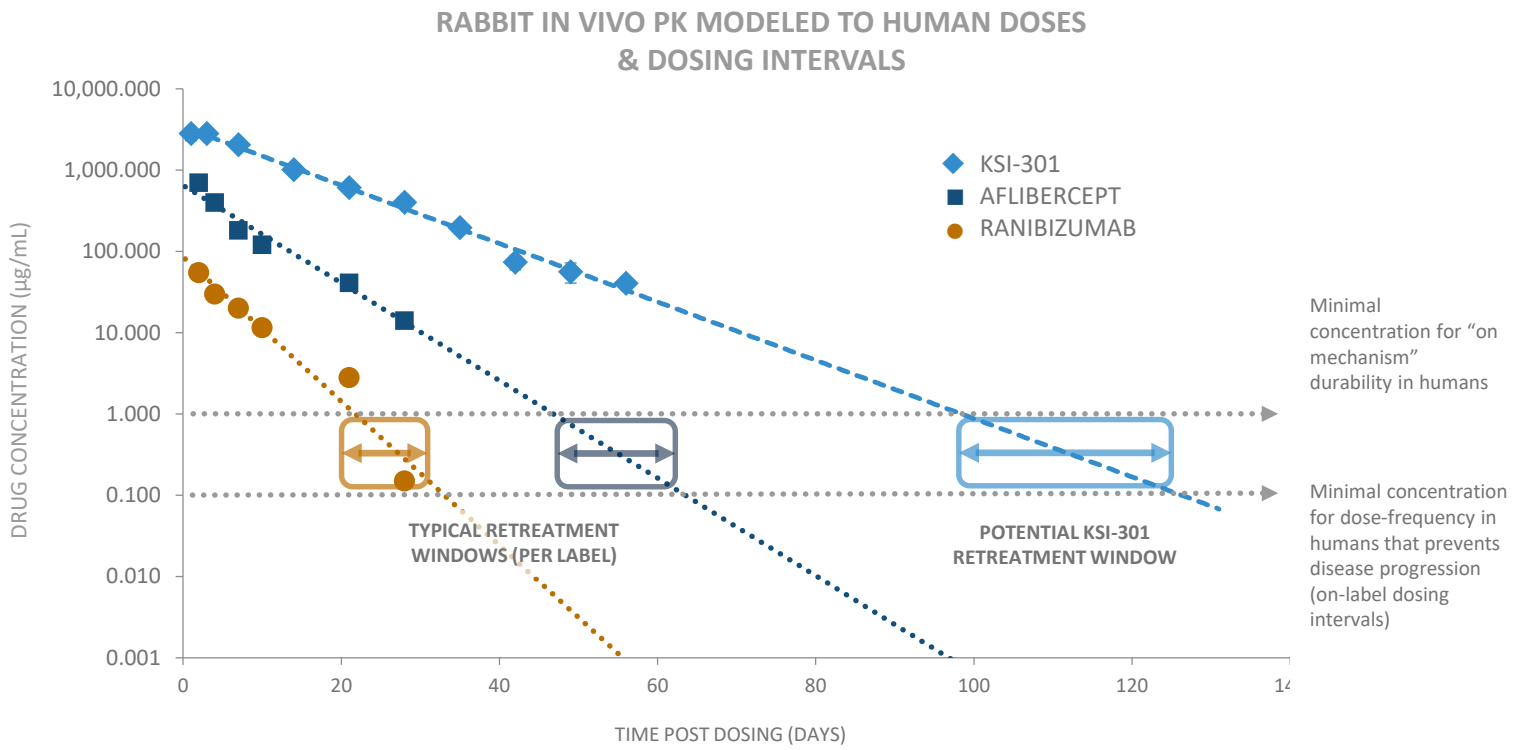




Covance rabbit ADME (absorption, distribution, metabolism, elimination) model: Aflibercept data (2008): EVER Congress Portoroz Slovenia Struble (Covance), Koehler-Stec (Regeneron) / KSI-301 data (2017): Struble (Covance), Kodiak / Error bars reflects standard error of the mean

KSI-301 bioconjugate has potential for extended durability and a more flexible retreatment window

- KSI-301 bioconjugate has a flatter (better) ocular PK curve
- This translates into a large concentration advantage versus other biologics over time



Lucentis data: Gaudrealt et al (2007) IOVS 46(2) 726 Gaudrealt et al (2007) Retina 27(9) 1260 Bakri et al (2007) Ophthalmol 114(12) 2179 || Aflibercept data: EVER Congress Portoroz Slovenia (2008) Struble (Covance) Koehler-Stec (Regeneron). Aflibercept data adjusted arithmetically to reflect 2,000µg dose administered (based on rabbit in vivo dosing of 500 µg) || KSI-301 data adjusted arithmetically to reflect 5,000 µg dose administered (based on rabbit in vivo dosing of 725 µg). Error bars reflects standard error of the mean

KSI-301's "high science" design positions it well versus competing efforts

- Over 26 million intravitreal injections of anti-VEGFs performed globally in 2018
- KSI-301 can be the single "go-to" anti-VEGF for all patients with retinal vascular diseases - encompassing all stages of therapy (induction, maintenance, supplemental)

OUR GOAL WITH KSI-301

Develop KSI-301 to be “first off-the-shelf” by meeting the individual needs of all stakeholders

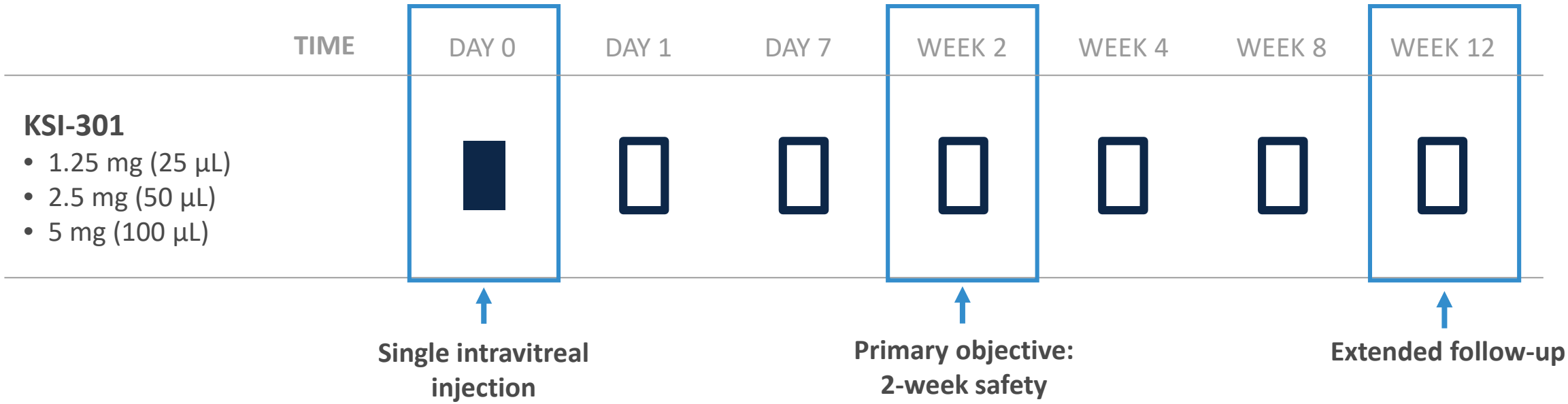
- **Patient & Patient’s Family**
- **Retina Specialist & Care Team**
- **Retina Practice Owner**
- **Payer**
- **Health System**
- **Globally**
  (US, Japan, EU, China/Asia, ROW)

KSI-301

PHASE 1 CLINICAL STUDY

KSI-301 PHASE 1 CLINICAL STUDY

Single Ascending Dose Study in Diabetic Macular Edema Patients



- Eyes with diabetic macular edema (DME), one eye per subject
- 9 subjects – 3 per dosing cohort, 7-day safety review between each cohort
- Conducted at 5 US sites
- Single dose with observation to 12 weeks (no retreatment)

PATIENT INFORMATION

Demographic and Ocular Baseline Characteristics

DEMOGRAPHICS	
Age (years, mean)	62
Gender	7M, 2F
OCULAR CHARACTERISTICS Study Eye, n=9	
Previously Received Anti-VEGF	8/9
Number of Anti-VEGF Treatments in Last Year median (range)	3 (0, 7)
Time Since Last Anti-VEGF, Days median (range)	95 (52,>365)
IOP, mmHg mean (SD)	15 (2)
OCT Central Subfield Thickness, Microns mean (SD)	565 (182)
Baseline BCVA, ETDRS Letters mean (SD)	47 (12)
Baseline BCVA, Snellen Equivalent	20/100

SAFETY OUTCOMES

Every dose level was well-tolerated through 12 week follow-up period

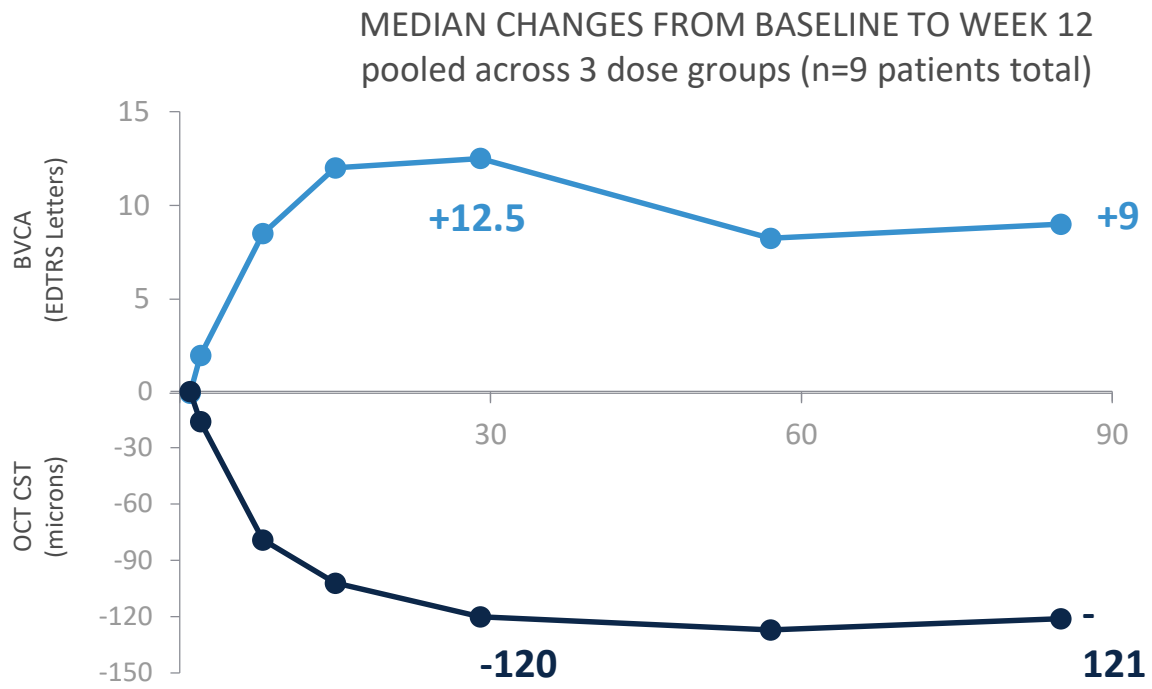
- No dose limiting toxicities
- No drug-related adverse events or drug-related serious adverse events
- No intraocular inflammation
- Optically clear media after each injection
- No anti-drug antibodies detected in any patient
- Systemic levels 1/3 of bevacizumab C_{max} and 1/6 of D28 level (1.25mg dose)[1]

NUMBER OF PATIENTS WITH ANY AE=4	N	SERIOUS	RELATED
OCULAR AEs			
Foreign body sensation	1	N	N
Subconjunctival hemorrhage	2	N	N
Floaters (reported in both eyes)	1	N	N
Visual flashes	1	N	N
NON-OCULAR AEs			
Fall	1	N	N
Worsening of coronary artery disease	1	Y	N
Swollen Feet	1	N	N

1. Avery RL et al. Retina. 2017 Oct;37(10):1847-1858

Improvements in vision and retinal thickness after single-dose KSI-301 maintained through 12 weeks

- Rapid, high magnitude responses as early as 1 week after dosing
- Durable improvements out to 12 weeks



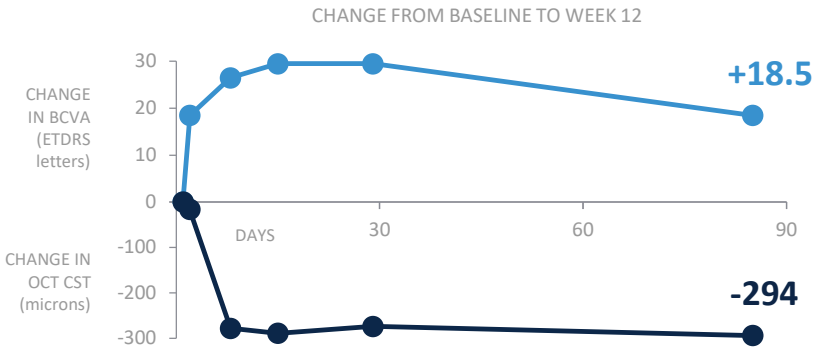
1. Avery RL et al. Retina. 2017 Oct;37(10):1847-1858

KSI-301

CASE EXAMPLES

KSI-301

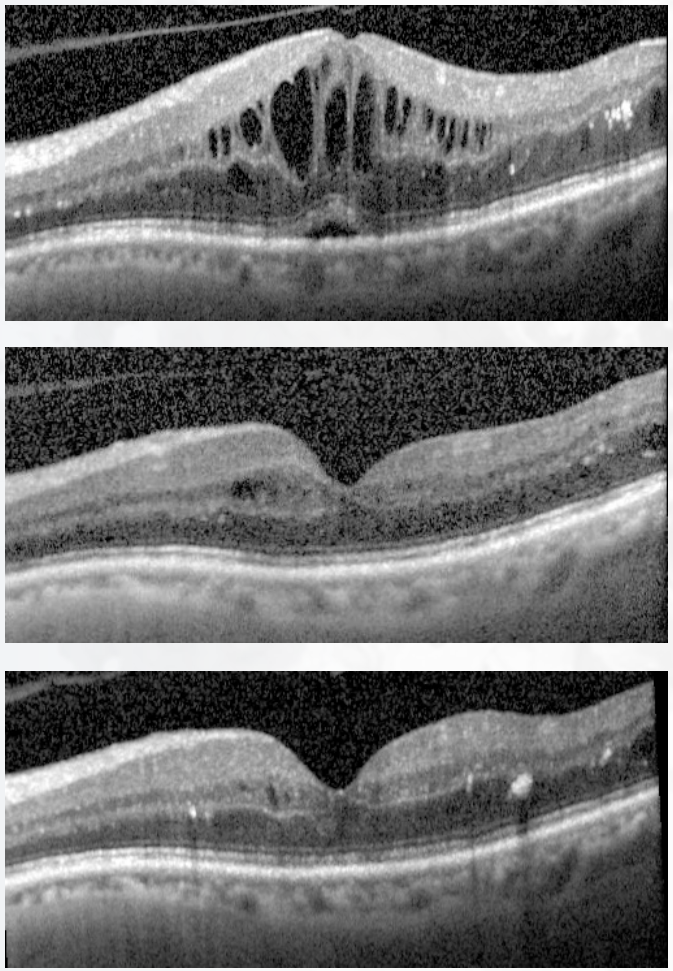
CASE EXAMPLE 1



CLINICAL HISTORY SUMMARY (SITE REPORTED):

	Date	Treatment	VA Snellen	CST
Retrospective	1/2018		20/40	-
	4/2018	Bevacizumab	20/40	431
	6/2018	Bevacizumab	20/60	655
	8/2018	**KSI-301**	20/160	636

Resolution of macular edema sustained through 12 weeks in patient with prior suboptimal response



BASELINE

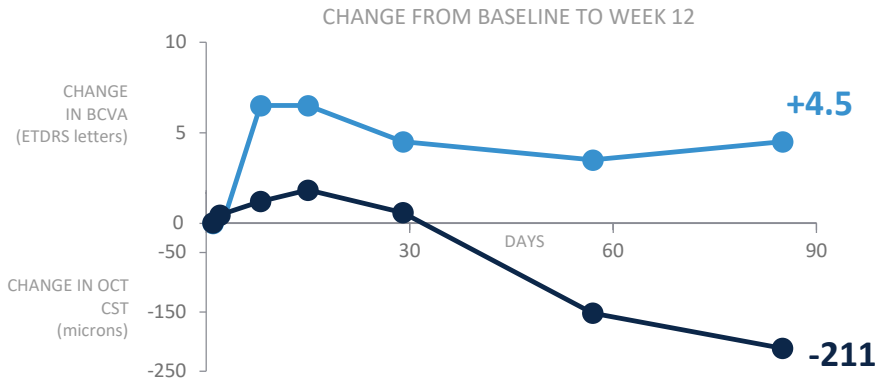
Single dose
KSI-301 (5 mg)

WEEK 4

WEEK 12

KSI-301

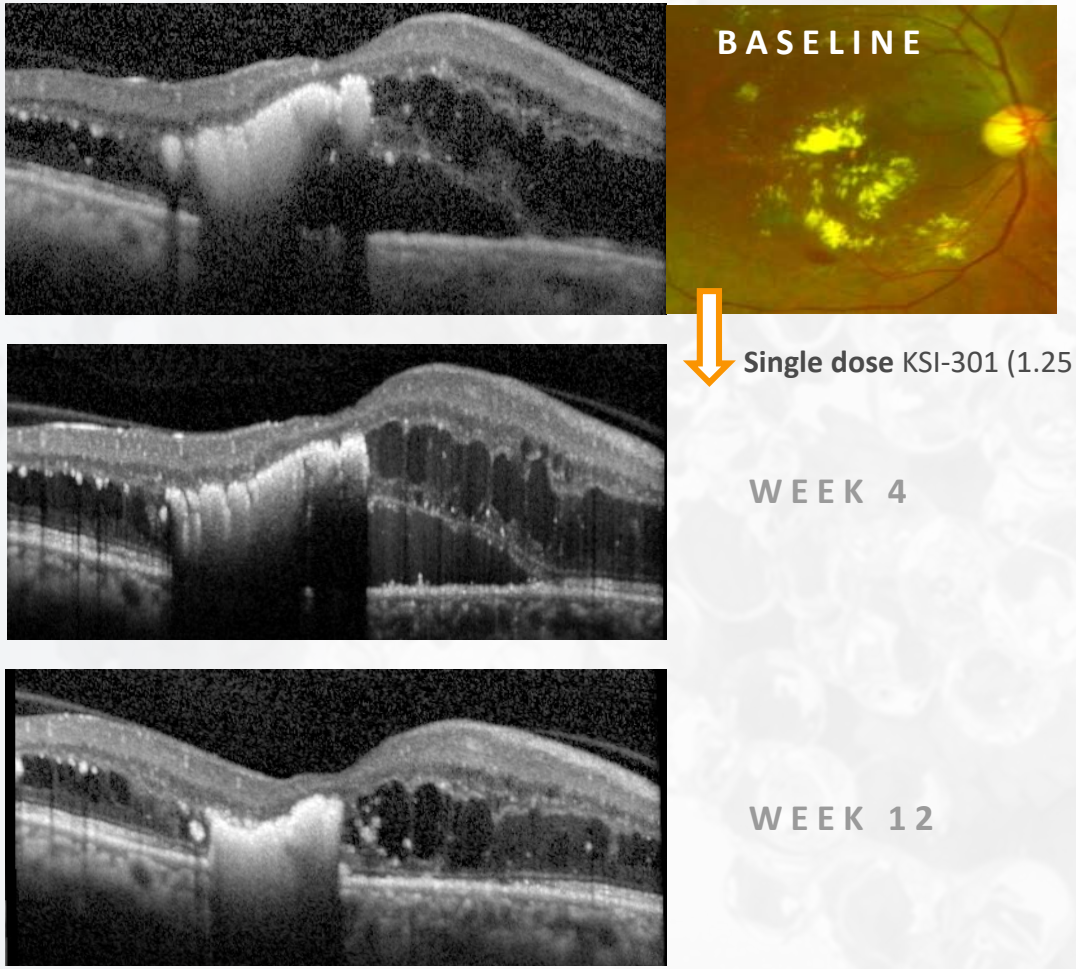
CASE EXAMPLE 2



CLINICAL HISTORY SUMMARY (SITE REPORTED):

	Date	Treatment	VA Snellen
Retrospective	1/2018	Bevacizumab	20/60
	3/2018	Bevacizumab	20/100
	4/2018	Bevacizumab	20/150
	5/2018		20/350
	7/2018	**KSI-301**	20/80

Resolution of subretinal fluid through 12 weeks in patient with **extensive foveal lipid exudates**



IMPORTANT EARLY DEVELOPMENT QUESTIONS

SUCCESSFULLY ADDRESSED

- Manufacturability
- Optical Clarity
- Target Tissue Access
- Safety
- Speed of Onset
- Potency
- Clinical Durability

PHASE 1B

OPEN LABEL STUDY

In wet AMD, DME & RVO

- **Study now recruiting** (NCT03790852)
- Open-label study to further explore KSI-301 safety, bioactivity, durability (approximately 50 patients)
- Anti-VEGF treatment naïve patients only
- 3 loading doses followed by indication-specific re-evaluation and retreatment criteria
- OCT Angiography to generate novel data for “on mechanism” durability

Primary Endpoint

Week		0	4	8	12	16	20	24	28	32	36
KSI-301 5 or 2.5 mg	wAMD	■	■	■	□	□	□	□	□	□	
	DME/ DR	■	■	■	□	□	□	□	□	□	
	RVO	■	■	■	□	□	□	□	□	□	

■ KSI-301 injection □ Dosing as needed (PRN) □ Retreatment criteria assessment

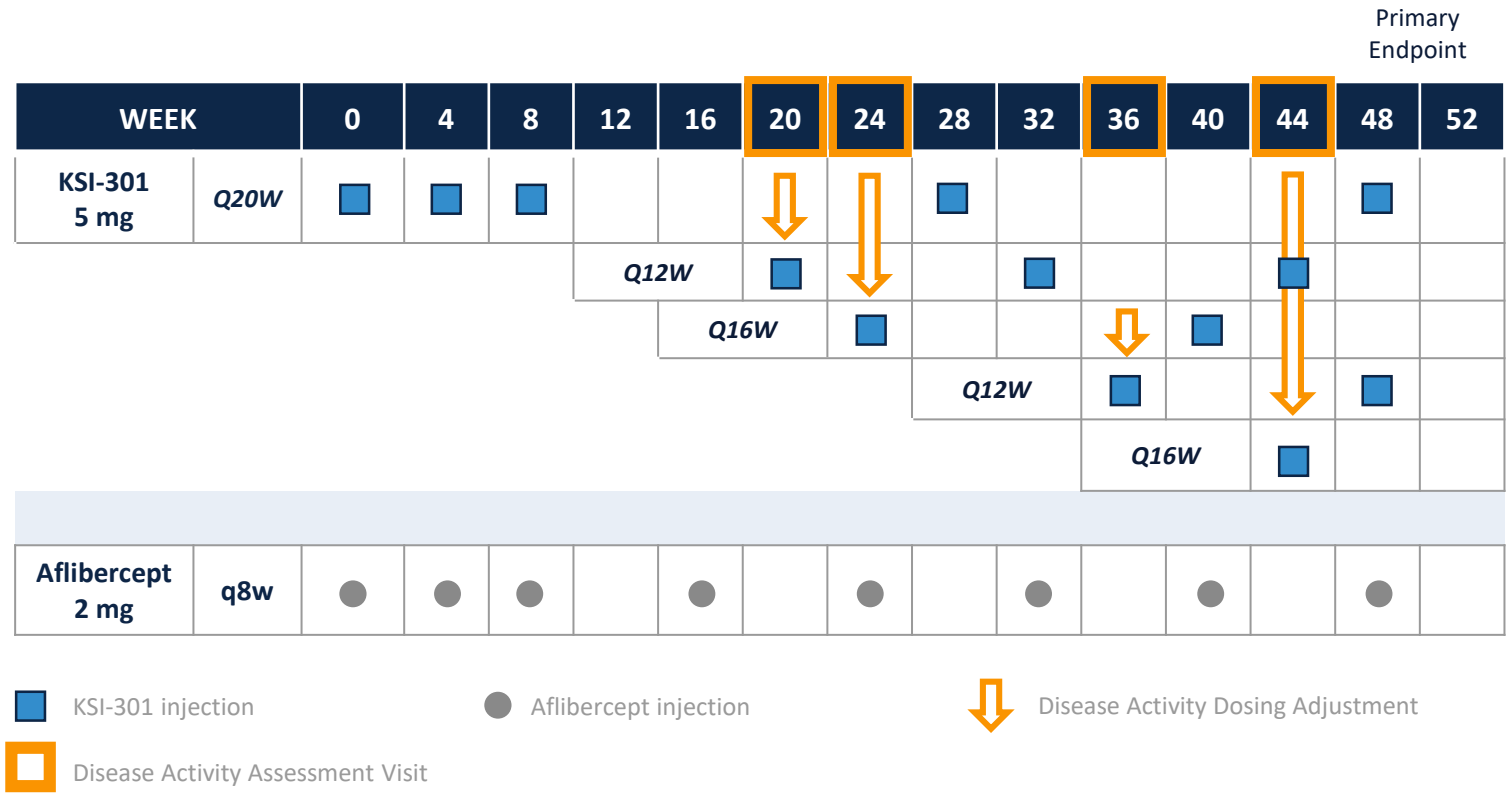
PHASE 2

RANDOMIZED CONTROLLED STUDY

In wet AMD (US/EU)

Pivotal study design, head-to-head against standard of care Aflibercept

- **All patients ≥Q12W with KSI-301**
- **As infrequent as Q20W dosing with KSI-301**
- Non-inferiority pivotal design study
- Estimated ~400 patients (US/EU)
- On track to begin enrolling in 2Q 2019, with interim and primary readouts in 2020 and 2021



KSI-301

KEY TAKEAWAYS

KSI-301 is a novel **Antibody Biopolymer Conjugate** that inhibits VEGF

- Same where it matters, different where it matters

Phase 1a Single Ascending Dose Study Results:

- Well-tolerated at all dose levels
- **Rapid-onset, high-magnitude improvements sustained to 12 weeks**

Kodiak executing on a comprehensive and aggressive clinical strategy for KSI-301 in retinal vascular diseases:

- Phase 1b data in 2019
- Initiating multiple Phase 2 pivotal studies in 2019

Objective
The “go-to” anti-VEGF encompassing all treatment needs for VEGF-mediated retinal vascular diseases

KODIAK

THE OPHTHALMOLOGY MEDICINES COMPANY

THANK YOU