JOHN W. KITCHENS, MD

RETINA NOW & NEXT 2026: THERAPIES, PIPELINES, AND PRACTICAL IMPLICATIONS

DISCLOSURES

SPEAKER IS BEING COMPENSATED FOR HIS PRESENTATION TODAY BY CENCORA.

HOWEVER, NEITHER CENCORA NOR ANY PHARMACEUTICAL COMPANY HAS INFLUENCED THE CONTENT OF THIS PRESENTATION, NOR HAS CENCORA INDEPENDENTLY VERIFIED THE PRESENTATION FOR ACCURACY.

FINANCIAL DISCLOSURES

AbbVie – Advisor
Alcon – Advisor/Consultant/Speaker
Amgen – Advisor
ANI – Advisor/Speaker
Annexon – Advisor/Consultant
Astellas – Speaker
Bayer – Advisor/Speaker
Biogen – Advisor/Speaker
Cencora – Advisor/Consultant/Speaker
EyePoint – Advisor
Harrow – Advisor
Neurotech – Advisor
Ocular Therapeutix – Advisor
Outlook – Advisor
Regeneron – Advisor/Consultant/Speaker
Roche – Advisor/Consultant/Speaker

LAST YEAR I SAID...

THE 2025 REPORT CARD

2025 REPORT CARD

2025 prediction	Grade	2026 reality (US, PAT 2026)
Biosimilars making “headway” thanks to aflibercept-ayyh (aka PavBlu)	Partial	7.7% choose a biosimilar first-line; 27.5% refuse them
GA drugs are likely underutilized	Confirmed	54.5% treat 10% or fewer of their GA patients
TKIs and gene therapy are coming	Split	One TKI won, one lost; gene therapy readouts pending
AI and home OCT are “game changers”	Not yet	72.2% interested, only 8.1% using AI for documentation

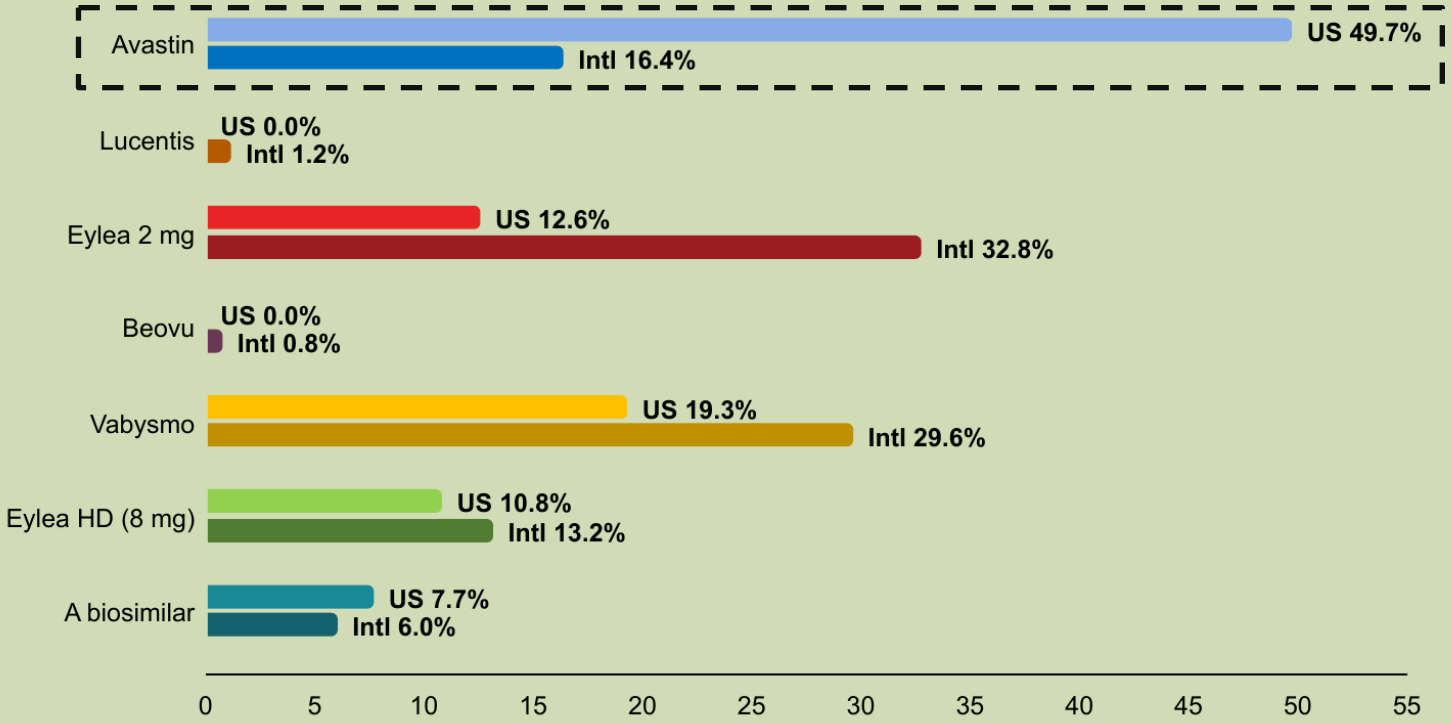
Source: Hahn P, ed. ASRS 2026 Preferences and Trends Membership Survey (n = 993). Q5, Q9, Q37, Q70.



THE CURRENT LANDSCAPE


cencora
HALL OF JUSTICE
Vabysmo®
EYLEA® HD

Considering all indications, what is your most commonly used first-line anti-VEGF agent?



35. Considering all indications, what is your most commonly employed FIRST-LINE anti-VEGF agent? *n = 981*

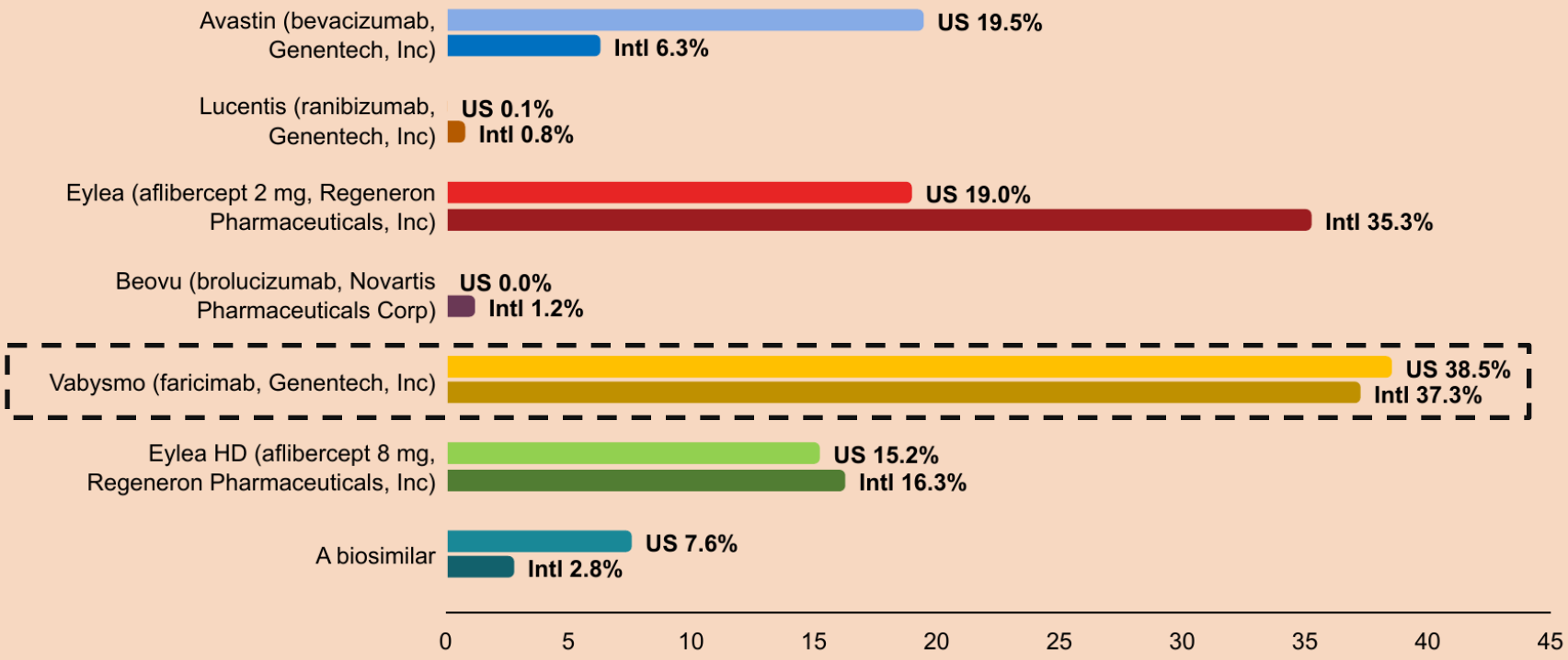
49.7%

STILL START WITH BEVACIZUMAB

35

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What is your preferred first-line anti-VEGF for wet AMD if no payor access restrictions?



5. What is your preferred first-line anti-VEGF therapy for wet age-related macular degeneration (AMD) in the absence of any payor access restrictions? *n = 989*

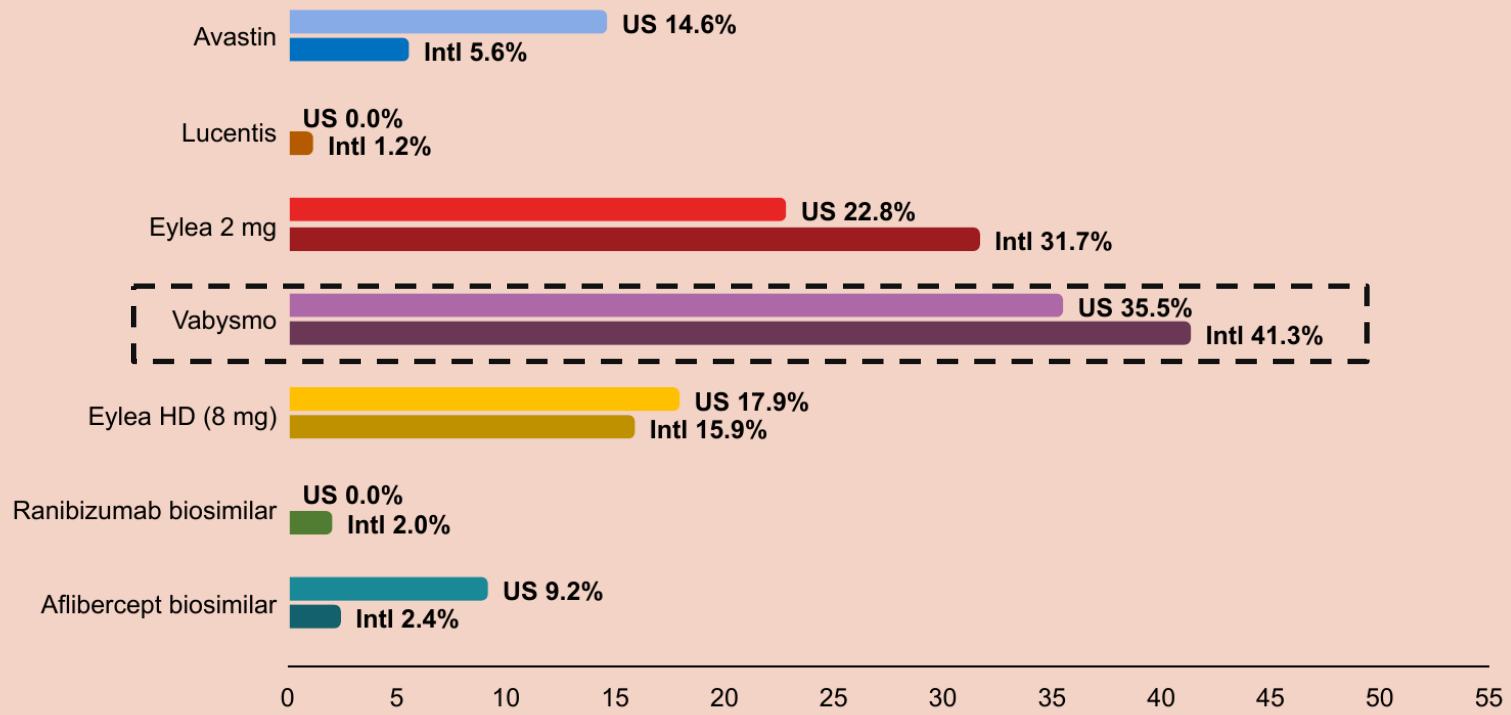
38.5%

FARICIMAB FIRST IN WET AMD

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What is your preferred first-line anti-VEGF for DME and VA < 20/40 with no payor access restrictions?



19. What is your preferred first-line anti-VEGF therapy for diabetic macular edema (DME) and visual acuity (VA) worse than 20/40 in the absence of any payor access restrictions? *n = 984*

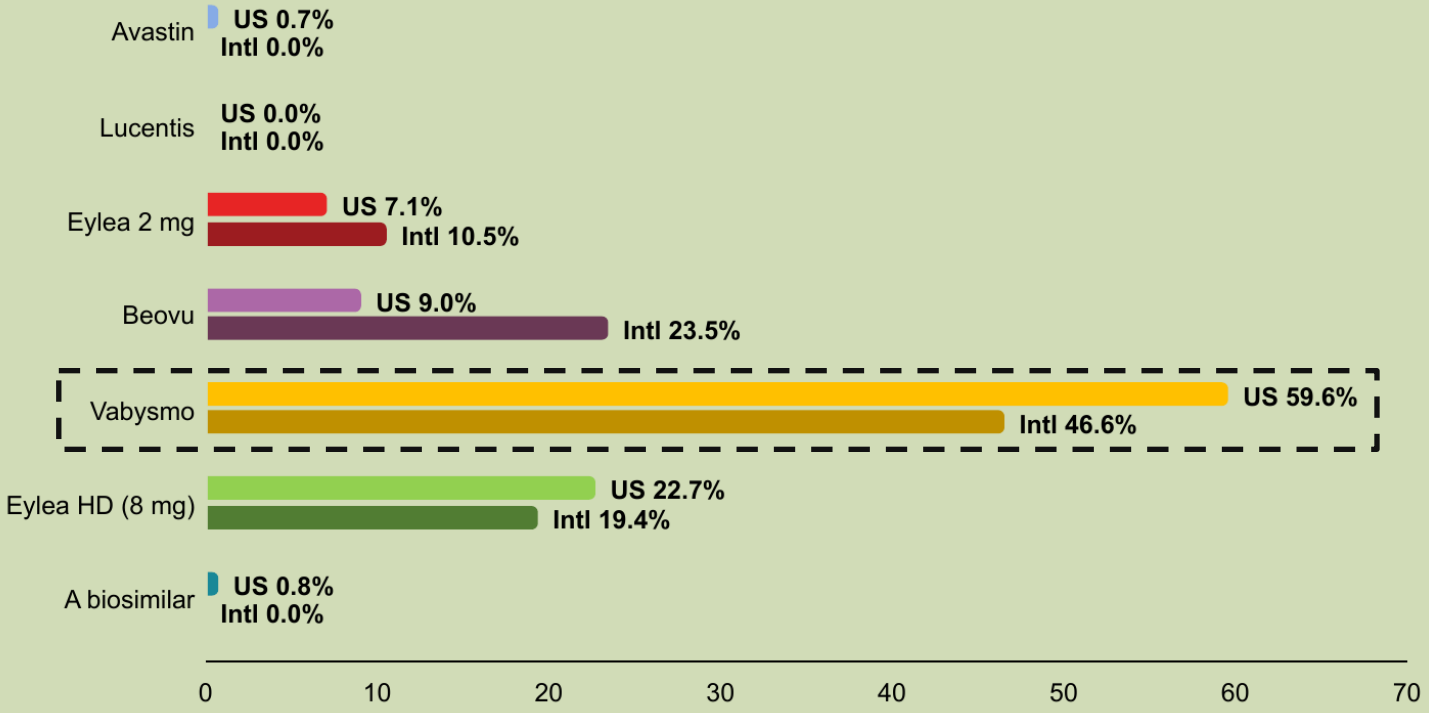
35.5%

FARICIMAB FIRST IN DME

19

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Which IVT injection delivers the best anatomic outcomes in wet AMD, DME, and RVO?



33. With respect to anatomic DRYING, which intravitreal (IVT) injection do you believe is most effective across wet AMD, DME, and RVO? *n = 978*

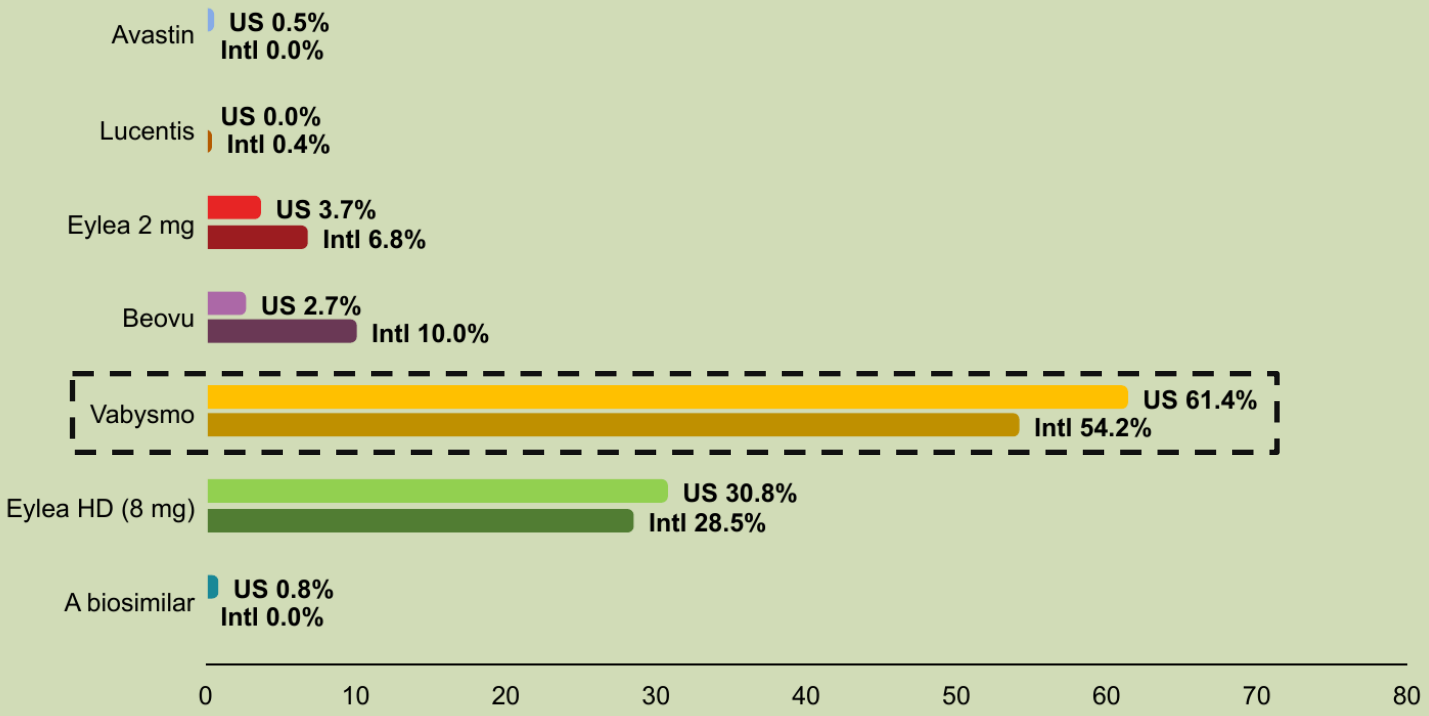
59.6%

FARICIMAB DRIES BEST

33

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Which IVT injection do you believe has the most durability in treating wet AMD, DME, and RVO?



34. With respect to DURABILITY, which IVT injection do you believe is most effective across wet AMD, DME, and RVO? *n = 980*

34

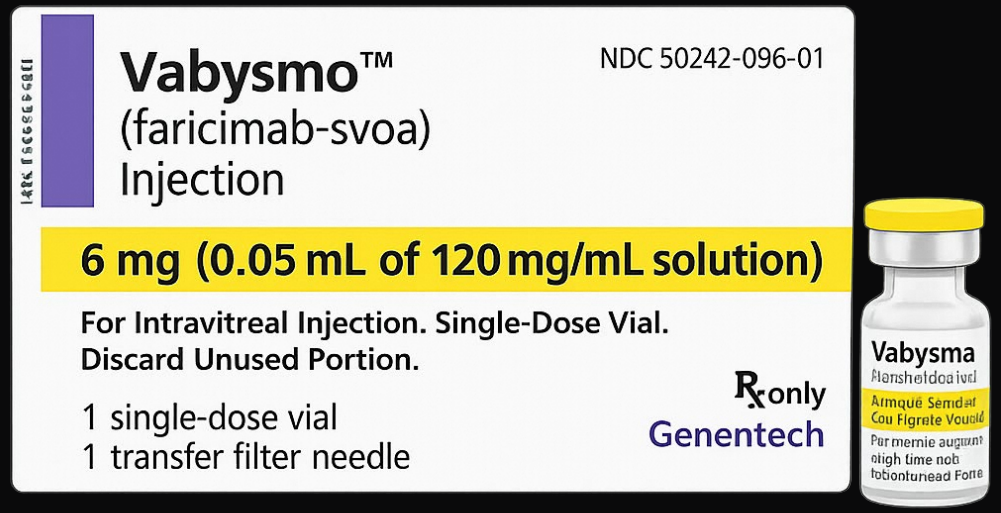
61.4%

FARICIMAB MOST DURABLE

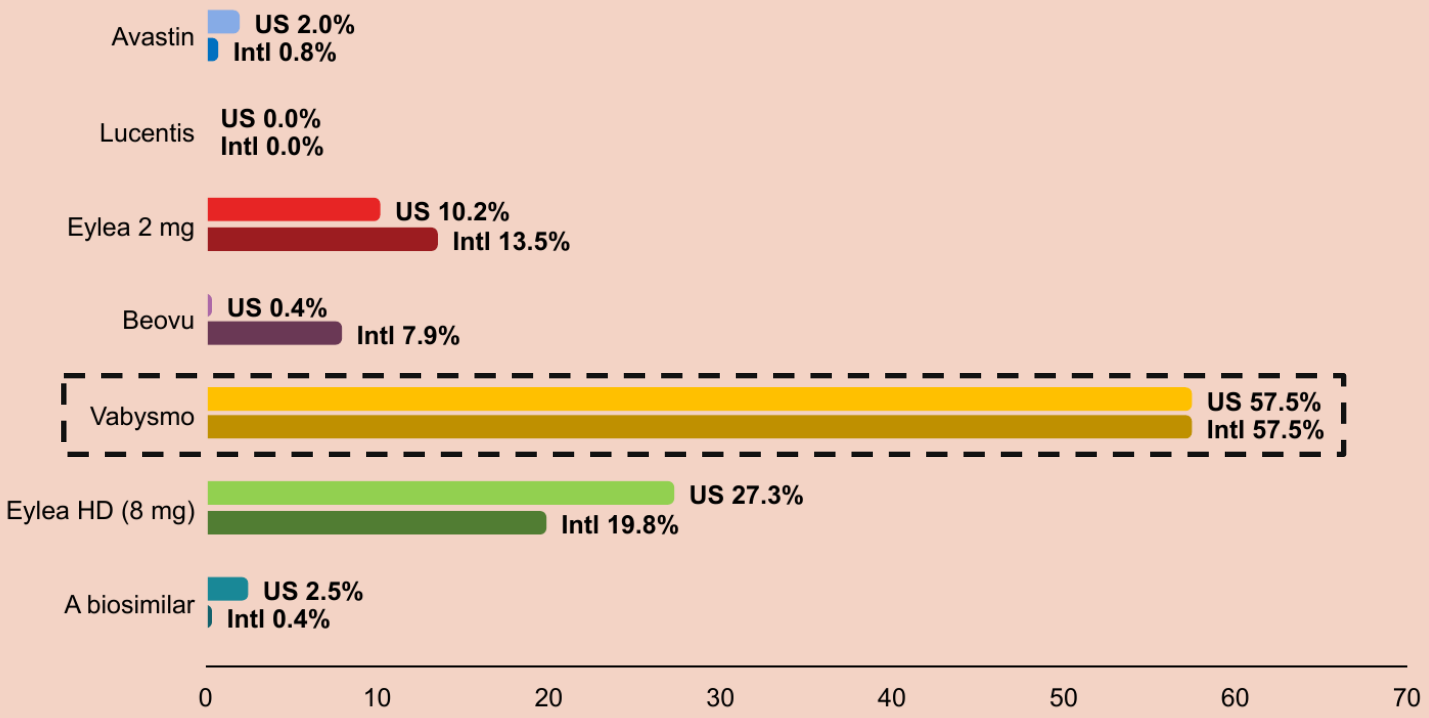
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FARICIMAB

Who?	AMD, DME, RVO
What?	Bispecific: VEGF-A and Ang-2
When?	Every 4 to 16 weeks
Why?	Drying and durability, in our eyes



What is your preferred anti-VEGF drug for patients with difficult-to-treat DME?



21. What is your preferred anti-VEGF drug for patients with difficult-to-treat DME (eg, high central subfield thickness values and/or severity biomarkers)? *n = 984*

21

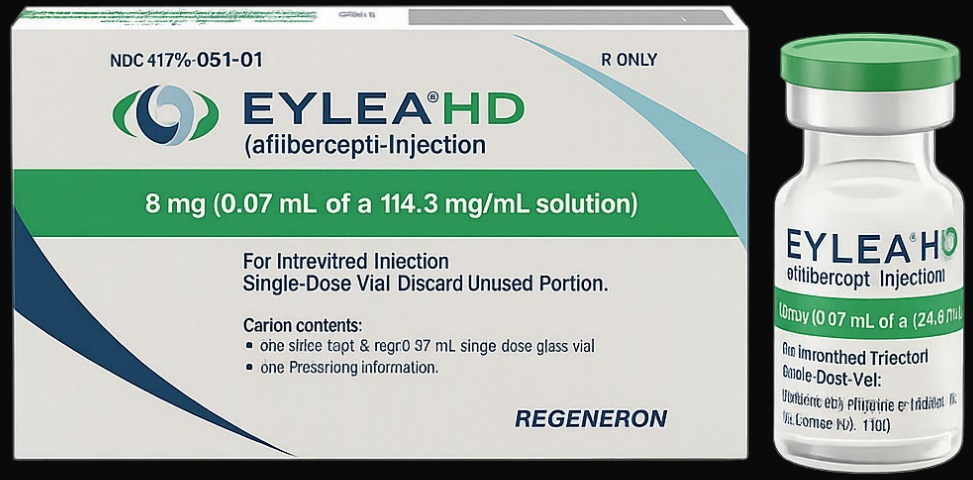
57.5%

FARICIMAB FOR TOUGH DME

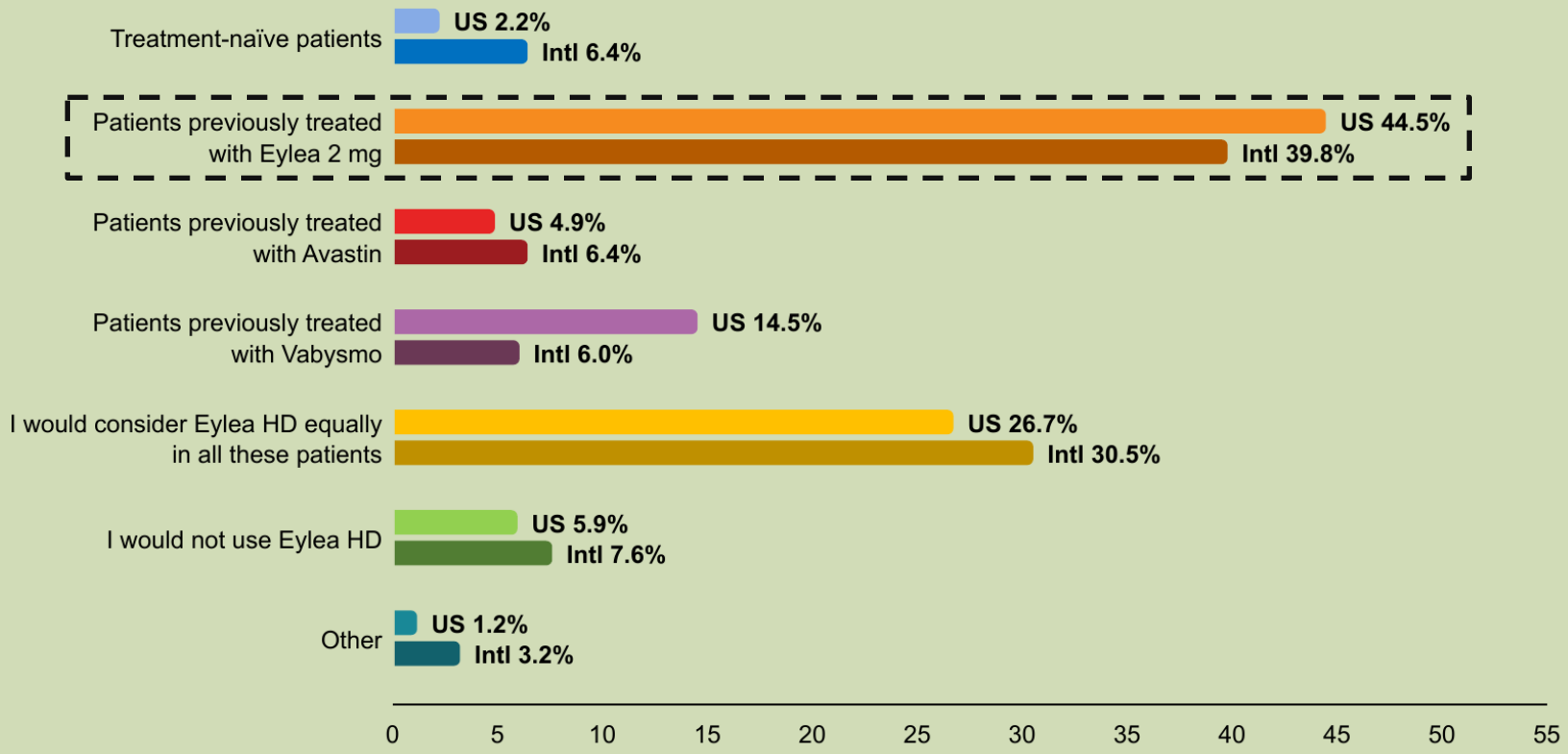
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AFLIBERCEPT 8 MG

Who?	AMD, DME, and now RVO
What?	Aflibercept 8 mg
When?	Every 4 weeks up to every 20 weeks
Why?	Longest labeled interval of any injection



Which patient types are you most likely to treat with Eylea HD?



36. Which of the following patient types are you most likely to treat with Eylea HD?

n = 979

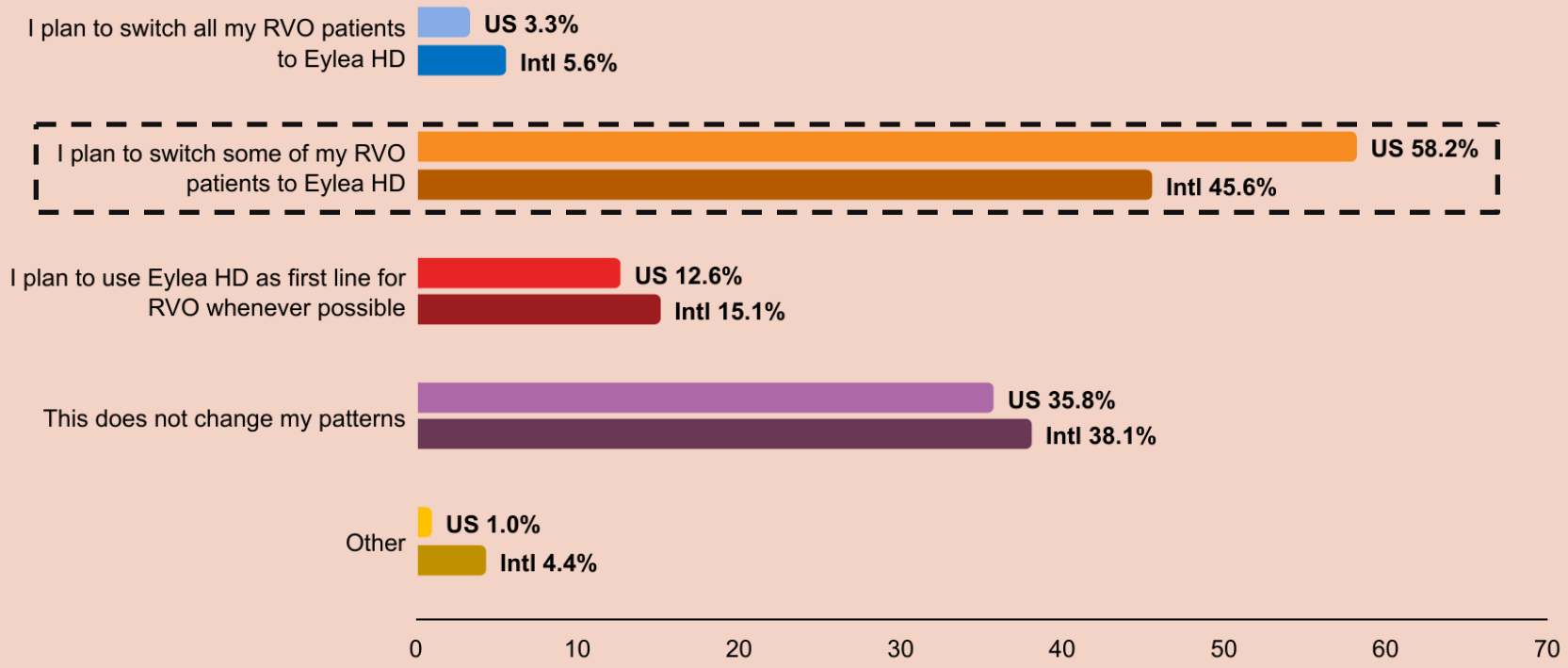
44.5%

USE 8 MG MAINLY AS A STEP-UP FROM 2 MG

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How does the recent approval of Eylea HD for treating ME following RVO change your practice patterns?



29. Eylea HD was recently approved for the treatment of macular edema (ME) following retinal vein occlusion (RVO). How does this change your practice patterns? (Select all that apply.) *n = 984*

58.2%

WILL SWITCH SOME RVO PATIENTS

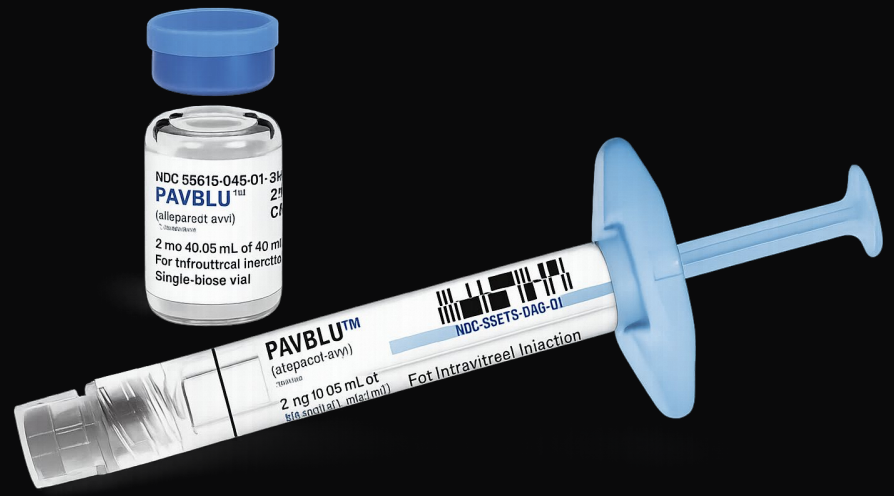
29

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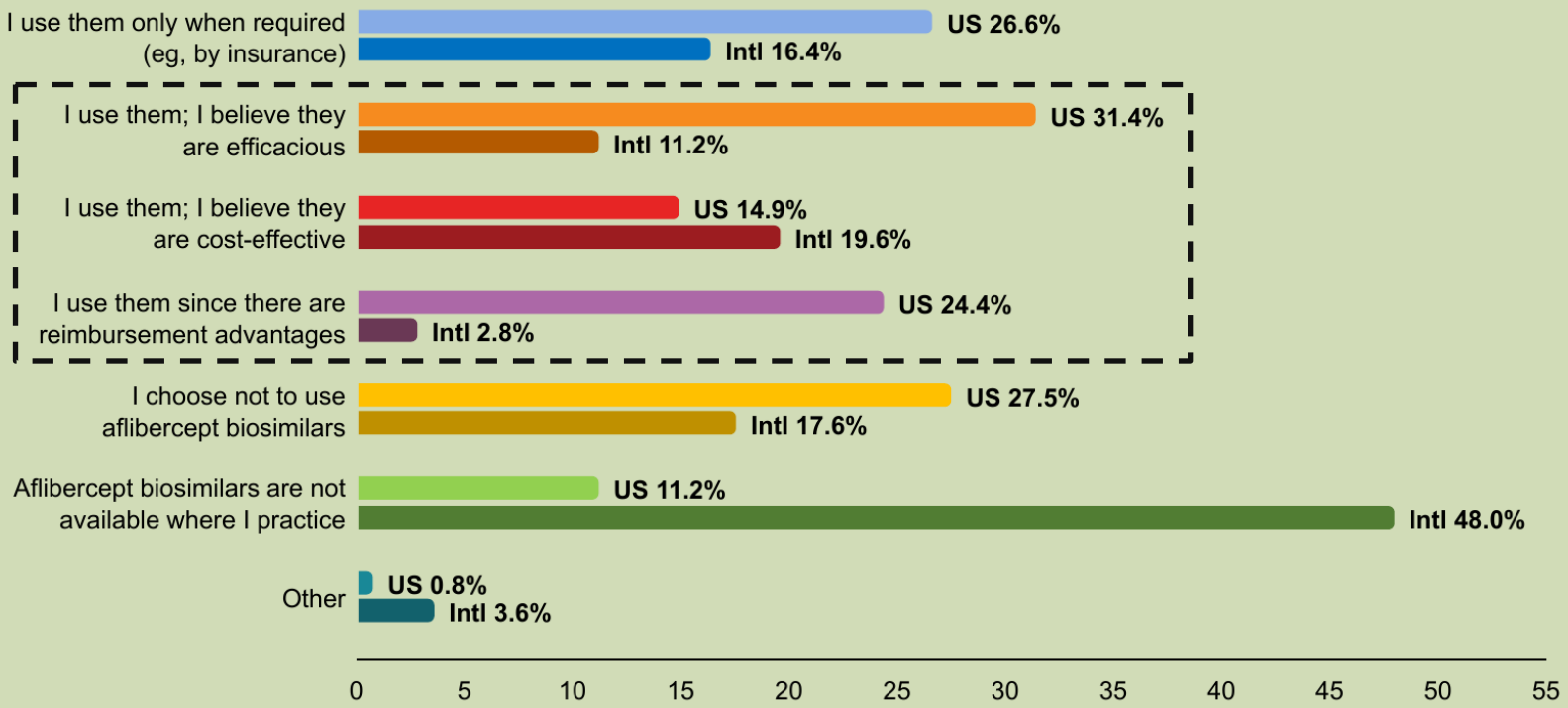
THE 60-SECOND VERSION

BIOSIMILARS

- 7.7% pick a biosimilar first-line in wet AMD
- 27.5% choose not to use aflibercept biosimilars
- Next wave: an aflibercept 8 mg biosimilar (AVT29) filed with the EMA, October 2026



How do you incorporate approved aflibercept biosimilars into your practice?



70.7%

FAVORABLE OPINION

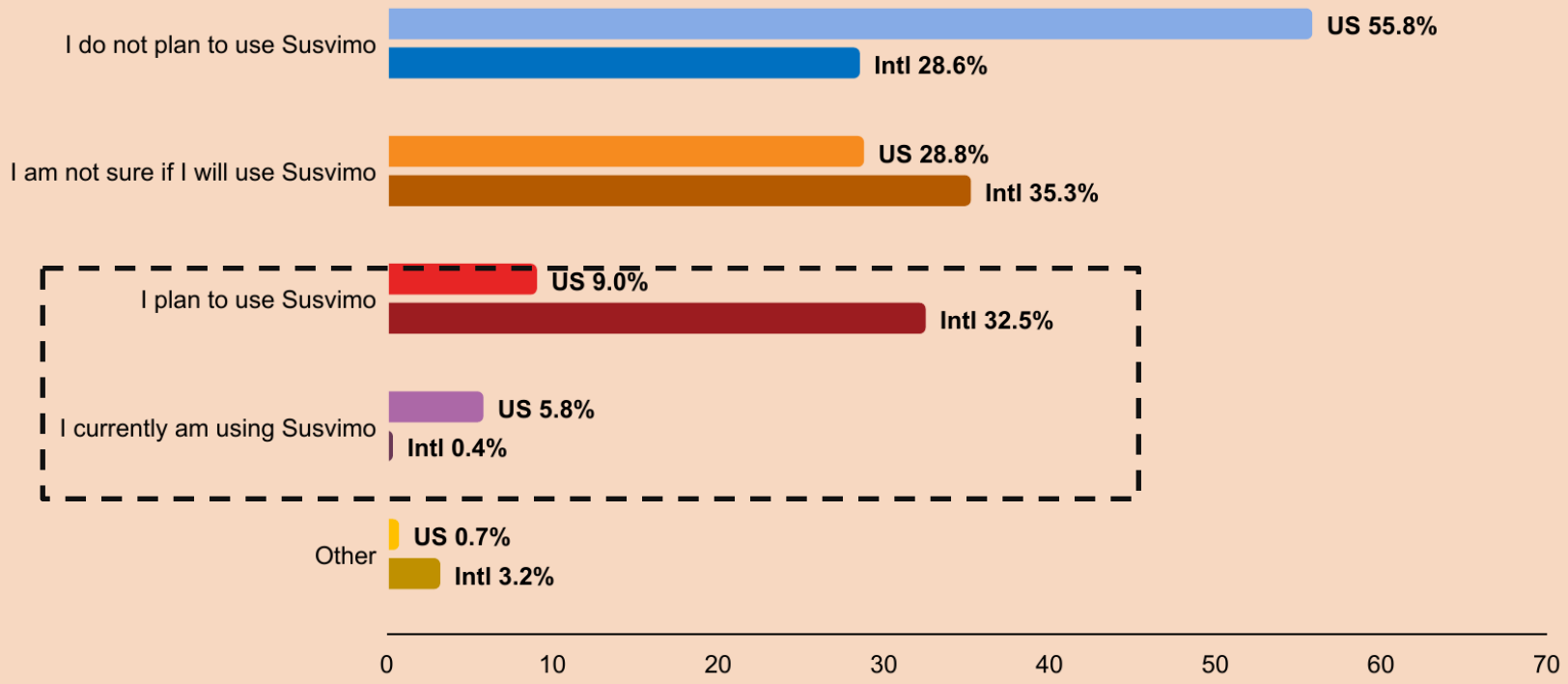
37. **How do you incorporate approved aflibercept biosimilars, eg, Pavblu (aflibercept-ayyh, Amgen, Inc) into your practice? (Select all that apply.)**

n = 980

37

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Assuming availability where you practice, what is your plan for using Susvimo?



14.8%

USE OR PLAN TO USE SUSVIMO

13. **Assuming availability where you practice, what is your plan for using Susvimo (Port Delivery System with ranibizumab, Genentech, Inc)?** *n = 989*

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STEROIDS

- Topical dexamethasone (OCS-01) missed both phase 3 DME trials (May 2026)
- Fluocinolone implant EC-104 beat the dexamethasone implant in anti-VEGF-resistant DME (phase 2 BETTIS-1, 24 weeks)
- RVO: 69.2% use steroids second-line, 35.2% in combination

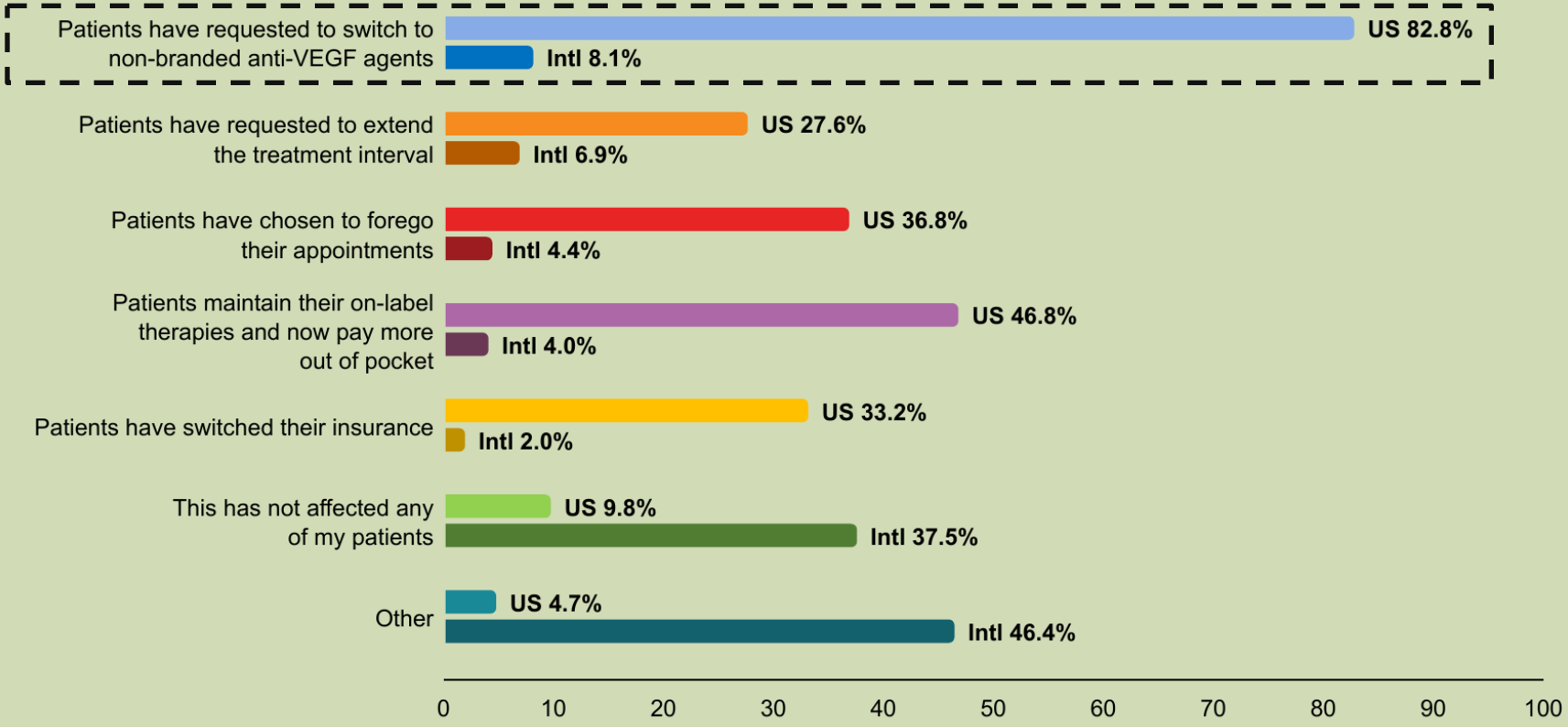




ACCESS & ECONOMICS

LIFE AFTER GOOD DAYS

How has the loss of Good Days funding affected your patients?



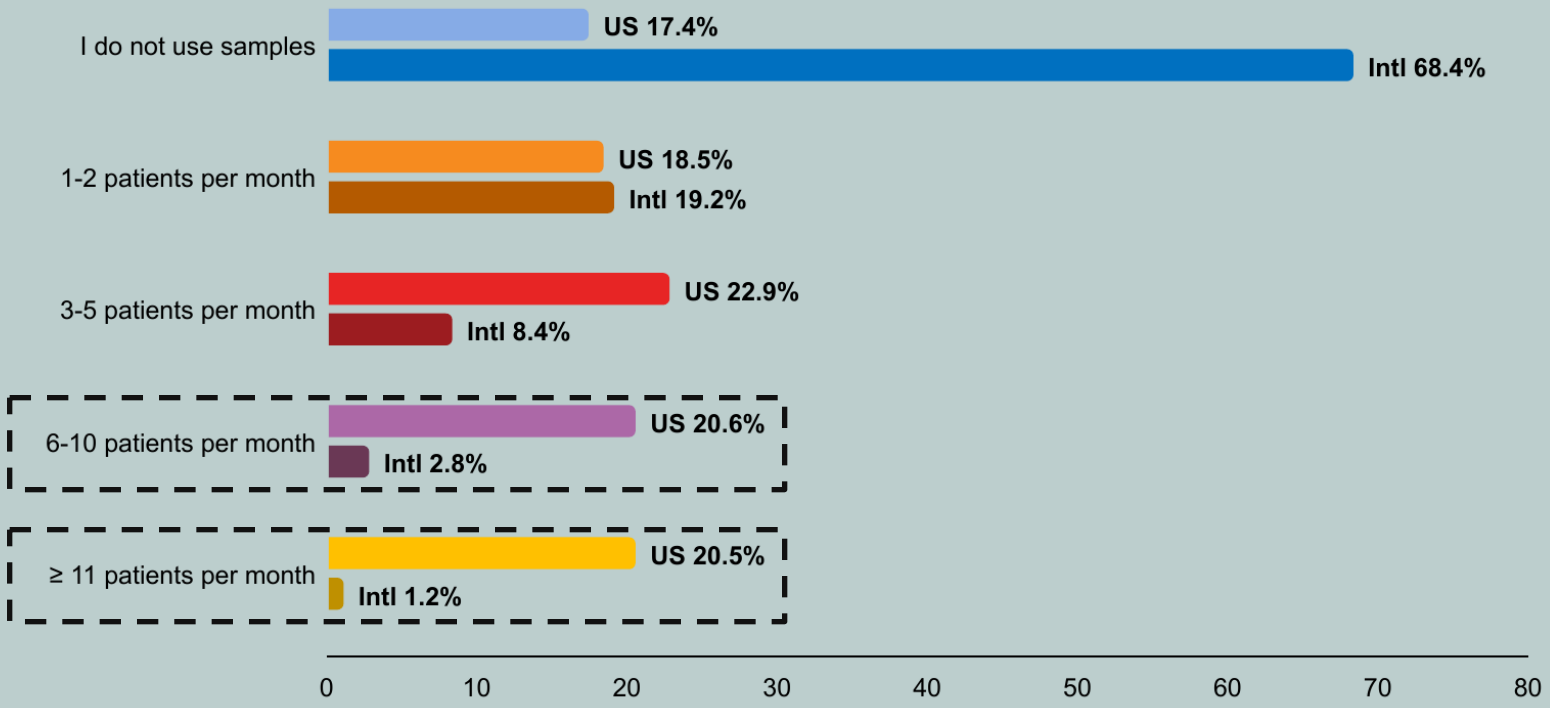
39. How has the loss of Good Days funding affected your patients? (Select all that apply.) *n = 979*

82.8%

PATIENTS ASKED TO SWITCH TO NON-BRANDED DRUGS

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How often did you need anti-VEGF samples due to access issues over the past 3 months?



41.1%

USE SAMPLES FOR 6+ PATIENTS A MONTH

63. Over the past 3 months, how often did you rely on anti-VEGF samples to provide care to a patient due to access issues (eg, prior authorization requirements, specialty pharmacy issues, Avastin unavailability)?

n = 978

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FORCED SWITCHES TO BEVACIZUMAB

WHAT HAPPENED TO THE EYES

8.6 → 7.5

Median injection interval, weeks, after switching

15.7%

Of eyes had a poor outcome (15+ letters lost or CST increase)

16.9%

Of patients switched back to a branded drug

Mammo D, et al. Cleveland Clinic, ASRS 2026 (89 eyes, 69 patients).

CMS · FINAL RULE SEPTEMBER 30, 2026

THE GLOBE MODEL

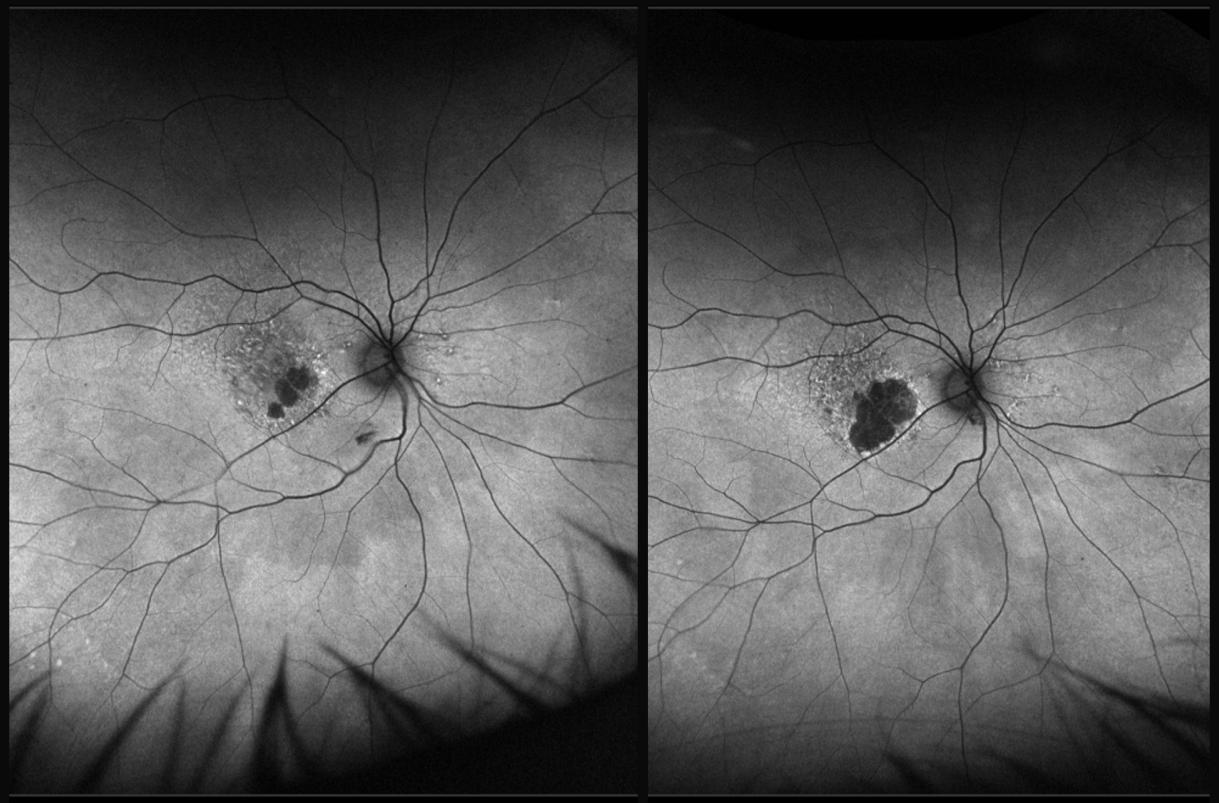
- Part B “most favored nation” pricing
- Manufacturers pay rebates; not a provider payment cut
- Single-source biologics over $100M in Part B spend; ophthalmic agents can qualify
- Rebates excluded from ASP

	Proposed	Final
Manufacturers	~40	~4
7-year savings	$11.9B	~$440M
Start		Jan 2027
Coverage		~25% of FFS Part B

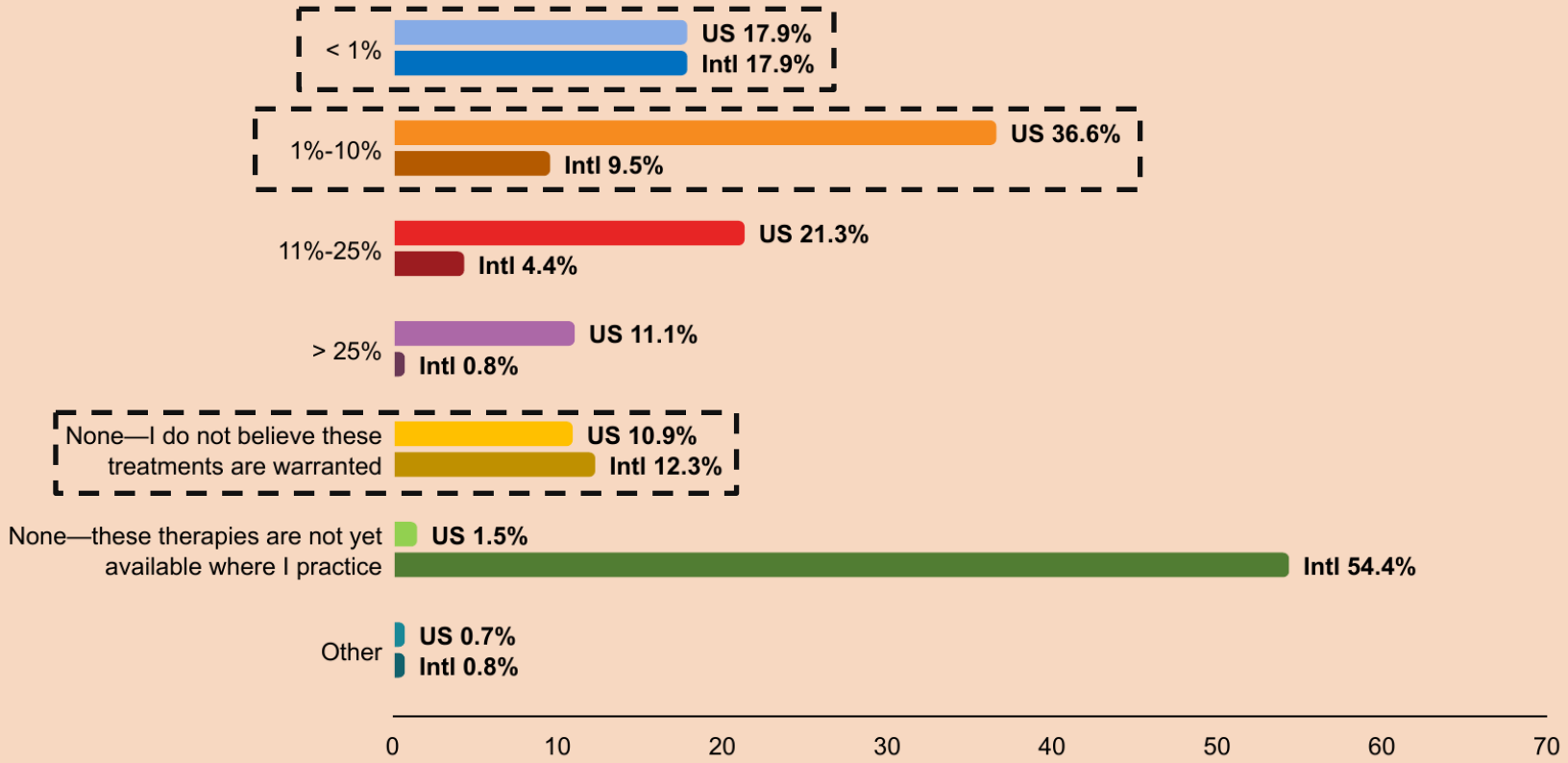
Source: CMS GLOBE final rule, September 30, 2026; Goodwin Procter analysis, October 2026.


HALL OF JUSTICE
C3
C5

GEOGRAPHIC ATROPHY



What percentage of your patients with GA are you currently treating?



9. What percentage of your patients with geographic atrophy (GA) are you currently treating? *n = 989*

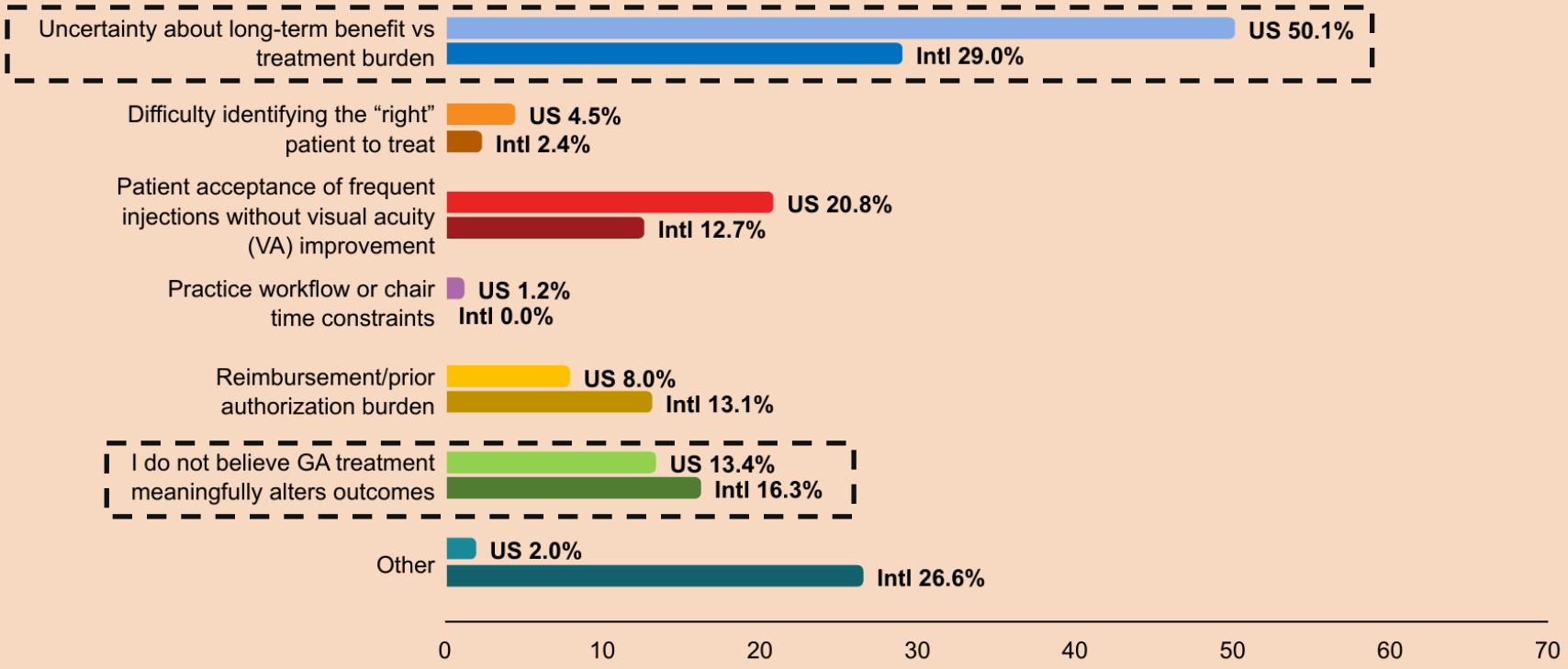
65.4%

TREAT 10% OR FEWER OF THEIR GA PATIENTS

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What is the greatest barrier preventing you from treating more GA patients with complement inhibitors?



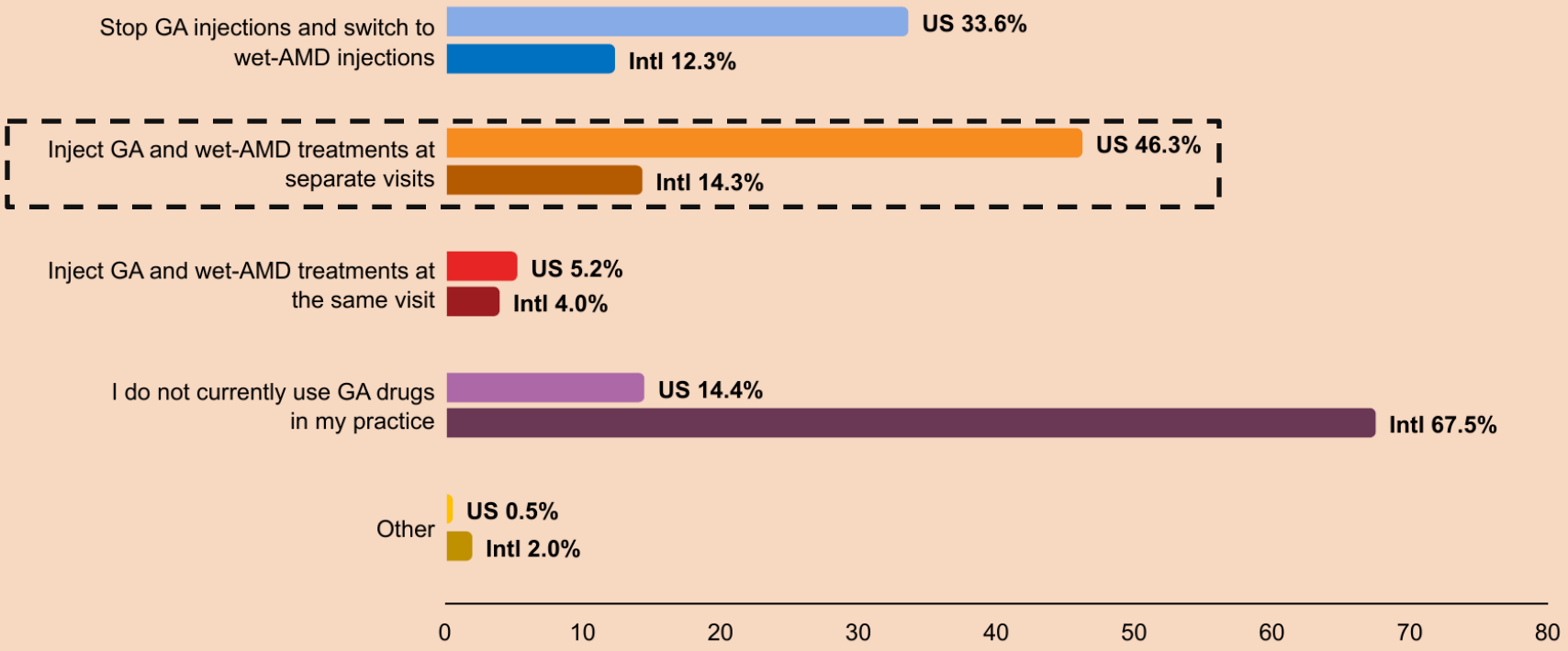
10. What is the single greatest barrier preventing you from treating a larger proportion of your GA patients with complement inhibitors? *n = 989*

63.5%

UNCERTAIN BENEFIT VS. BURDEN OR DO NOT BELIVE IN THEM

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How would you manage an eye that develops wet AMD during ongoing GA treatment?



12. How would you manage an eye that develops wet AMD in the setting of ongoing GA treatment? *n = 987*

46.3%

INJECT BOTH, AT SEPARATE VISITS

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NEUROTECH · MACULAR TELANGIECTASIA TYPE 2

REVAKINAGENE TARORETCEL

Encapsulated cell implant, placed surgically, that releases ciliary neurotrophic factor (CNTF) continuously to protect photoreceptors.

54.8%

Slower ellipsoid zone loss vs sham at 24 months (NTMT-03-A)

30.6%

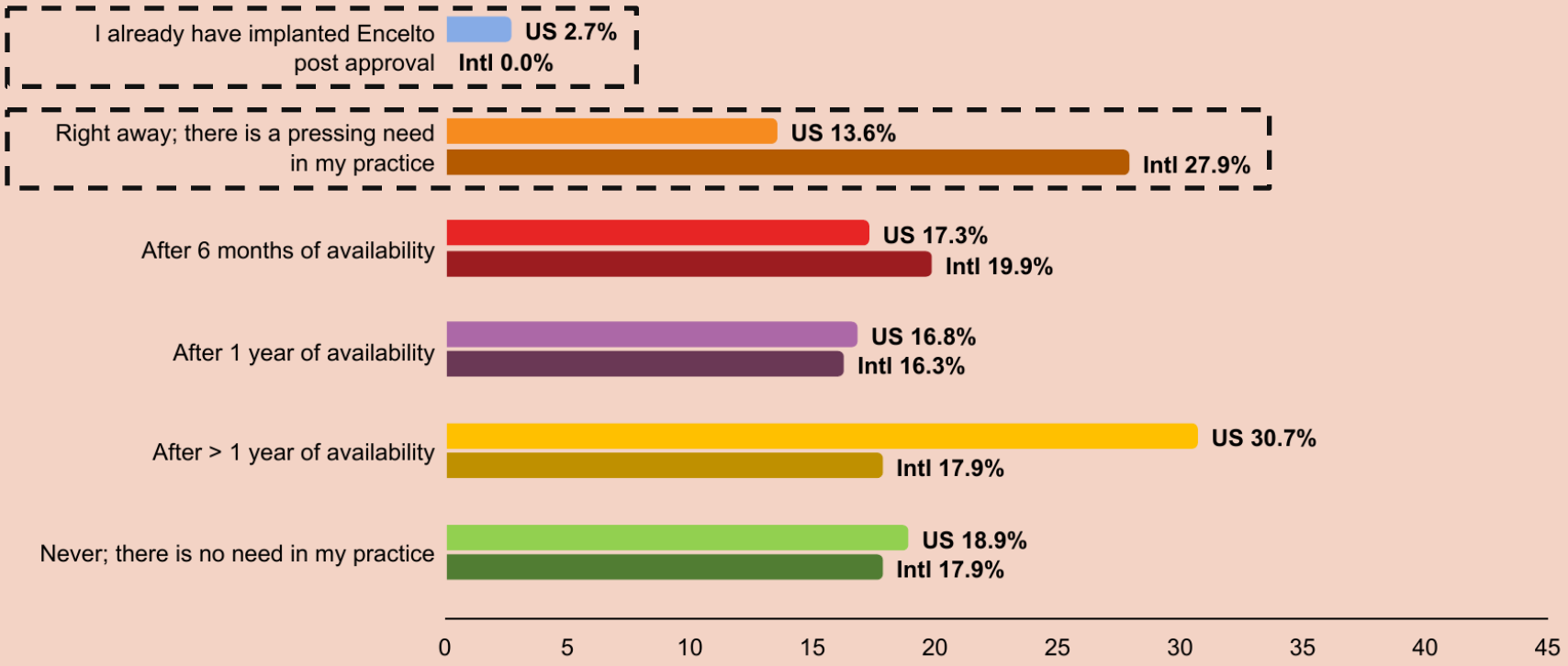
Slower ellipsoid zone loss vs sham at 24 months (NTMT-03-B)

1st

And only FDA-approved therapy for MacTel type 2 (March 2025)

October 2026: Alcon agreed to acquire Neurotech ($550M upfront plus milestones).

Assuming availability and accessibility, how quickly will you adopt Encelto for your MacTel patients?



32. Assuming current availability and accessibility in your practice, how quickly do you plan to adopt Encelto (revakinagene taroretcel-lwey, Neurotech Pharmaceuticals) for your macular telangiectasia (MacTel) patients?

n = 981

16.3%

ALREADY IMPLANTING OR ADOPTING RIGHT AWAY

32

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GEOGRAPHIC ATROPHY

WHAT'S NEW IN 2026

Biogen buys Apellis

$5.6B deal (March 2026). Pegcetacoplan now sits inside big pharma.

Vonaprument

C1q inhibitor. ARCHER II primary endpoint is vision: prevent 15-letter loss. Topline guided for 2H 2026.

Kamuvudine

Inflammasome inhibitor implant, every 3 months. Phase 2: 54% less GA growth at 6 months (0.7 mg).



ALCON · VALEDA · DRY AMD

PHOTOBIOMODULATION

- Non-invasive light therapy for dry AMD, no injection
- Three wavelengths aimed at mitochondrial function and inflammation
- Treatment given in repeated courses over 2 years in LIGHTSITE III

590 nm

Increases nitric oxide synthesis and vasodilation which can improve local oxygenation and nutrient delivery[12]

660 nm

Promotes O_2 binding (Cu_B), stimulates metabolic activity (ATP), and inhibits inflammation and cell death[13]

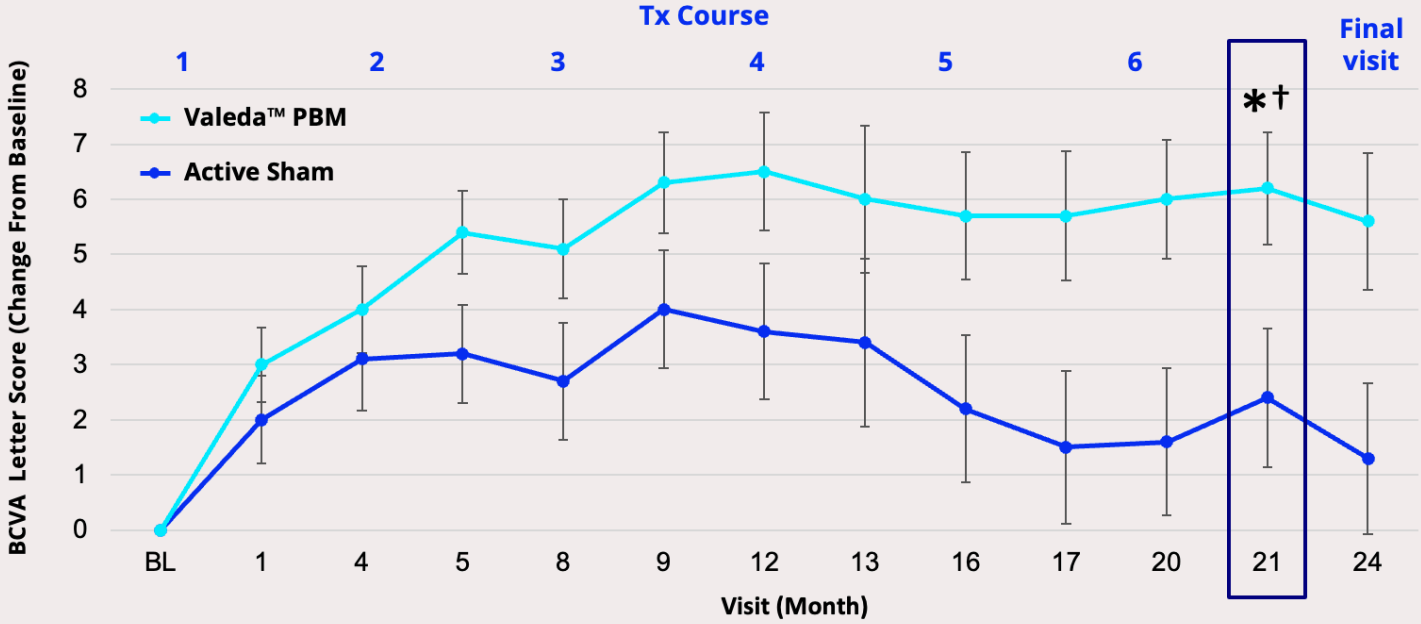
850 nm

Drives electron transfer (Cu_A), stimulates metabolic activity (ATP), and inhibits inflammation and cell death[13]

LIGHTSITE III · PRIMARY ENDPOINT

VISION AT 2 YEARS

84% of Valeda™ PBM–treated patients maintained or improved vision at about 2 years compared to baseline (n=98 subjects and 145 eyes)[9,10]



Primary efficacy endpoint

Mean BCVA change from baseline to Month 13 or Month 21

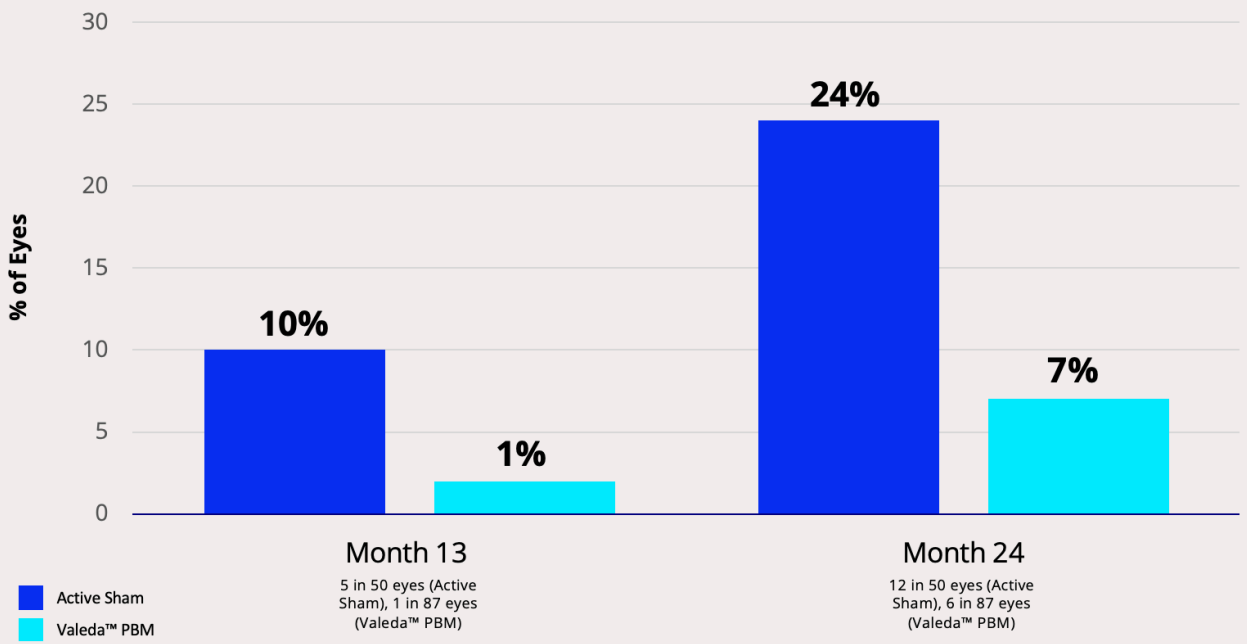
Valeda™ PBM improved BCVA with a **mean 6.2 letter gain** from baseline at Month 21 (*P*<0.0001), which was **maintained with a mean 5.9 letter gain** from baseline at Month 24 (*P*<0.0001)[9,11]

LIGHTSITE I (2017, n = 30) · LIGHTSITE II (2019, n = 44) · LIGHTSITE III (2020, n = 100; 2:1 PBM vs sham; 24 months)

LIGHTSITE III · NEW-ONSET GA

FEWER EYES PROGRESSED TO GA

Geographic Atrophy at 2 Years[9]

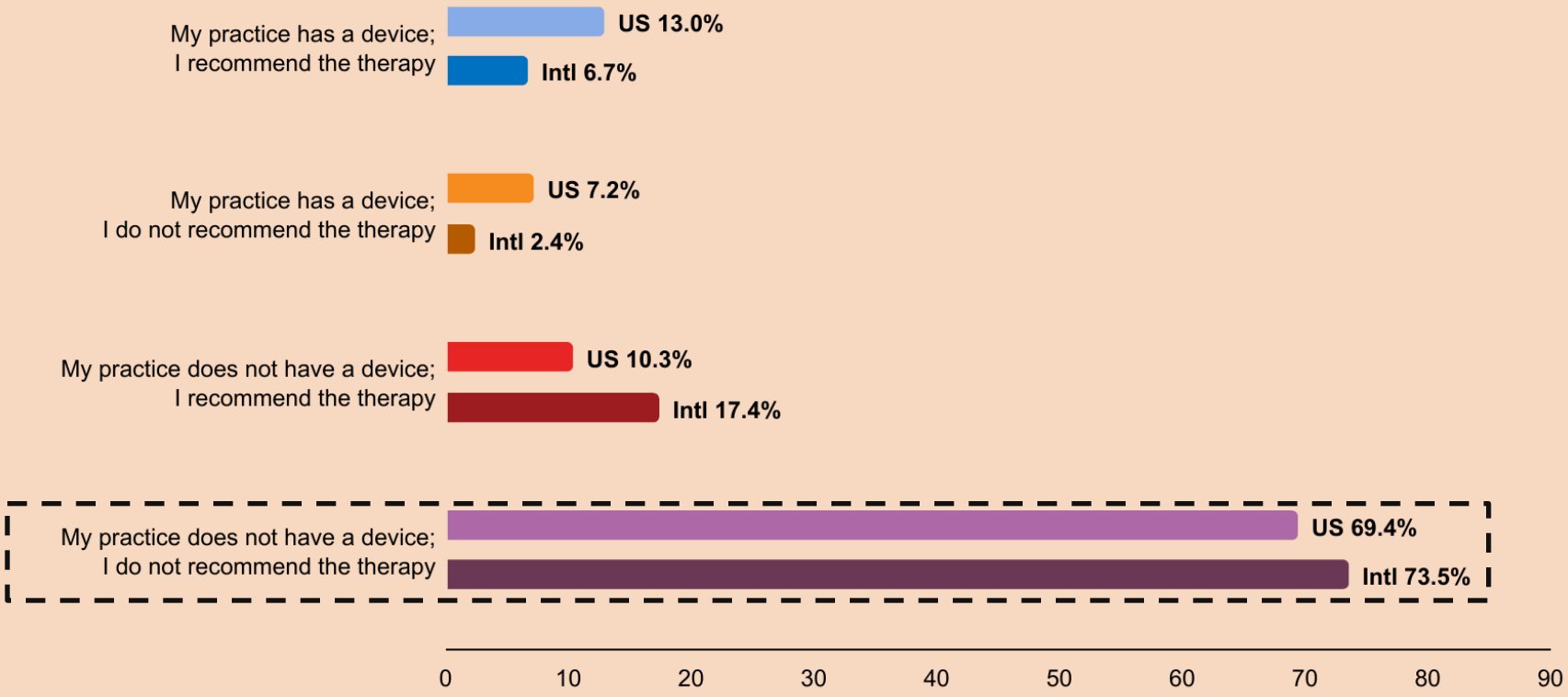


24% of patients in the Active Sham group

7% of patients in the Valeda™ PBM group

Month 24: 12 of 50 sham eyes vs 6 of 87 PBM eyes. Small numbers; not the primary endpoint.

How are you using PBM in your AMD clinical management?



15. How is photobiomodulation (PBM, eg, Valeda, Alcon, Inc) being used in your clinical management of AMD? (Select all that apply.) *n = 989*

69.4%

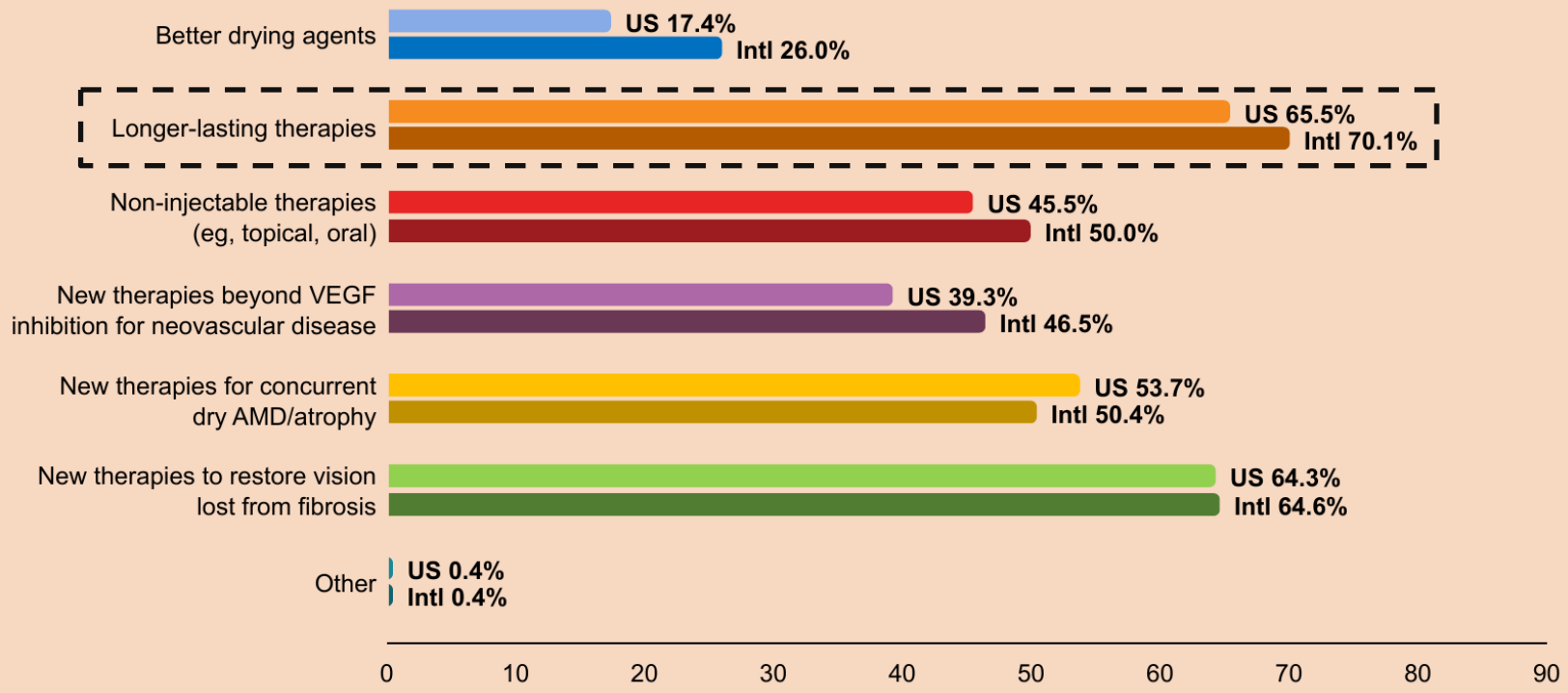
NO DEVICE, AND DON'T RECOMMEND PBM

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THE PIPELINE

What do you think is the biggest unmet need in wet-AMD therapeutics?



16. What do you think is the biggest unmet need in wet-AMD therapeutics? (Select all that apply.) *n = 991*

65.5%

WANT LONGER-LASTING THERAPY

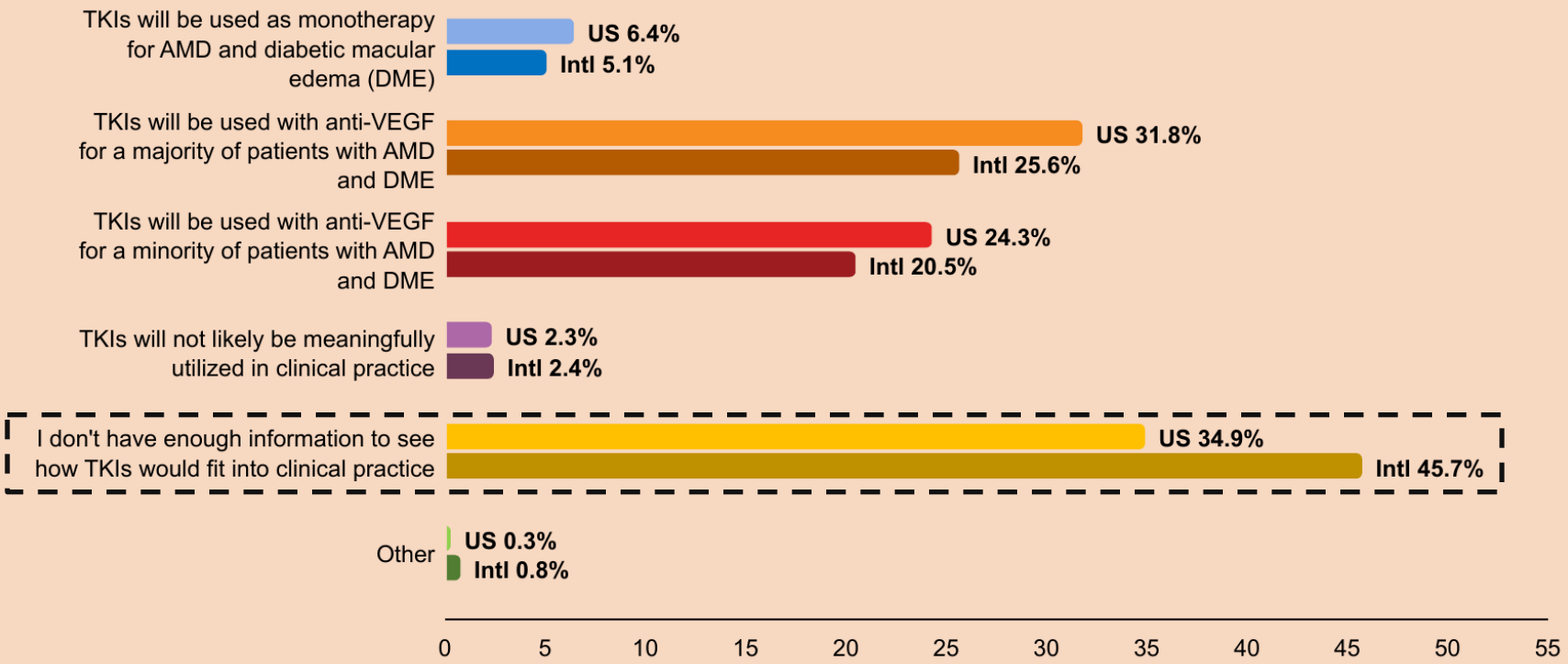
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TYROSINE KINASE INHIBITORS

- Axitinib intravitreal implant (Ocular Therapeutix)
- Vorolanib intravitreal insert (EyePoint)



What do you predict will be the primary role of TKIs if approved for clinical use?



17. What do you predict will be the primary role of tyrosine kinase inhibitors (TKIs) if they are approved for clinical use? *n = 990*

34.9%

"NOT ENOUGH INFORMATION." NOW WE HAVE SOME.

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OCULAR THERAPEUTIX · SOL-1 · WET AMD

AXITINIB IMPLANT

74.1%

Maintained vision at week 36. Superior to aflibercept 2 mg (+17.5 points, p = 0.0006)

65.9%

Maintained vision at week 52 (+21.1 points, p < 0.0001)

Q4 2026

Planned NDA submission; potential 2027 launch

Ocular Therapeutix topline (February 2026) and Q2 2026 report. Topline, not peer reviewed.

EYEPOINT · LUGANO & LUCIA · WET AMD

VOROLANIB INSERT

0 for 2

Missed BCVA non-inferiority vs aflibercept 2 mg in both trials

~40%

Less treatment burden (42% LUGANO, 38% LUCIA)

>50%

Supplement-free through week 56

MISSED

EyePoint topline: LUGANO (August 2026, n = 432), LUCIA (October 19, 2026, n = 475).

SAME CLASS, OPPOSITE OUTCOMES

TRIAL DESIGN MATTERS

	Axitinib implant	Vorolanib insert
Question asked	Superiority: maintaining vision	Non-inferiority: mean BCVA
Comparator	Aflibercept 2 mg (x1 after load)	Aflibercept 2 mg (every other month)
Result	Met (week 36 and 52)	Missed (both trials)
Burden	Up to 72% lower (post hoc)	~40% lower
Next	NDA Q4 2026	Pivot to DME (2027)

KODIAK · GLOW2 · DIABETIC RETINOPATHY

TARCOCIMAB TEDROMER

62.5%

2-step DRSS improvement at week 48, vs 3.3% with sham

85%

Fewer sight-threatening complications (2.4% vs 15.8%)

6 mo

Dosing for every patient by study end. No intraocular inflammation

Kodiak Sciences topline, March 26, 2026. Not peer reviewed.

KODIAK · DAYBREAK · WET AMD

TWO DRUGS, ONE TRIAL

Tarcocimab tedromer

Anti-VEGF biopolymer conjugate. Non-inferior to aflibercept ($p = 0.0007$). 54% on 24-week intervals at year 1. Intraocular inflammation 0%.

Tabirafusp tedromer

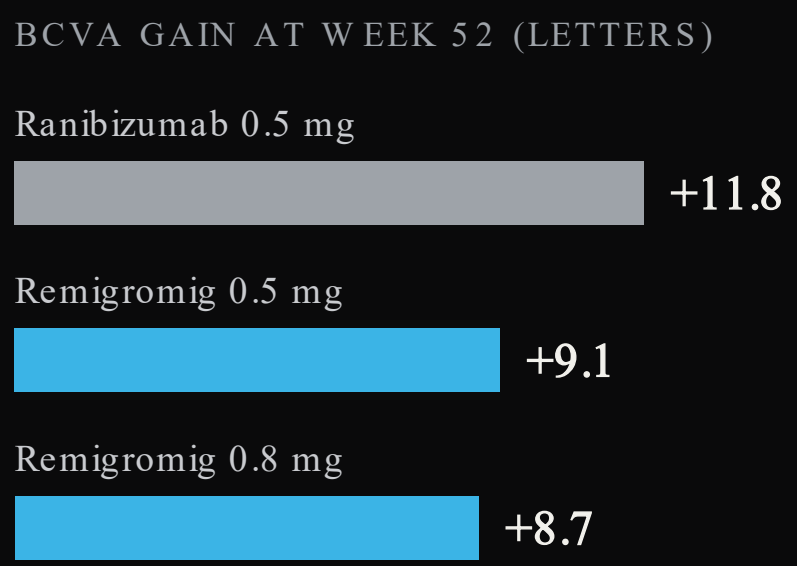
VEGF trap plus IL-6 inhibition. Non-inferior to aflibercept ($p = 0.0036$). Met key anatomic secondary ($p < 0.0001$). Intraocular inflammation 0.4%.

Kodiak Sciences topline via Ophthalmology Times. Not peer reviewed; letter gains not yet reported.

MERCK · BRUNELLO · DME

REMIGROMIG

- Tri-specific Wnt agonist: restore the barrier, not just block VEGF
- First new mechanism in 20 years to reach phase 3 non-inferiority
- But: higher rates of PDR and discontinuation
- Next: BAROLO (DME); second agent MK-8748 in 4 pivotal trials



Merck, AAO 2026 (n = 984); all arms dosed every 4 weeks in year 1.

GENENTECH · MEERKAT & SANDCAT · UVEITIC MACULAR EDEMA

VAMIKIBART

- Intravitreal anti-IL-6 antibody: a non-steroid option for uveitic macular edema
- Monthly to week 16, then as needed to week 52
- About two-thirds needed no retreatment after week 16
- BLA accepted; FDA decision expected by July 2027

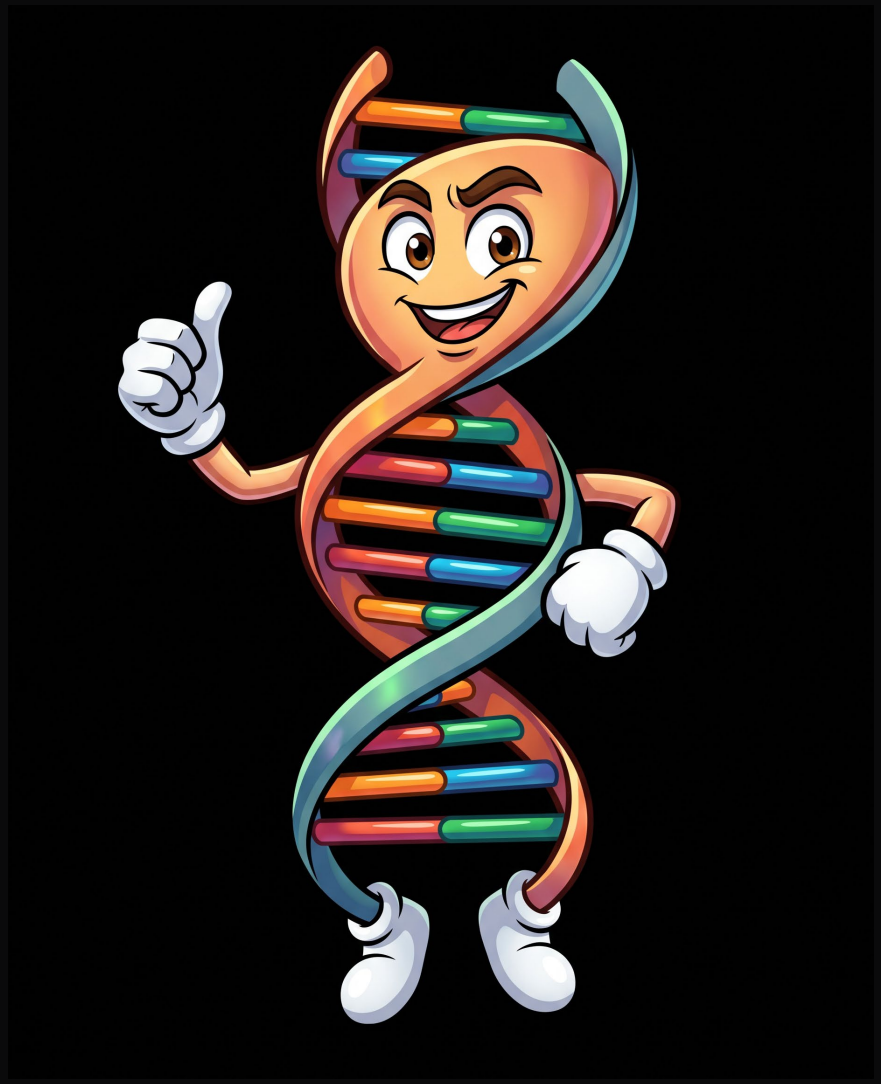
WEEK 16, 1 MG VS SHAM

	MEERKAT	SANDCAT
15+ letter gain	43.2% vs 6.3%	24.2% vs 13.3%
Mean BCVA	+12.8 vs +3.5	+9.2 vs +5.0
CST under 325 µm	61.2% vs 16.3%	57.3% vs 18.0%

Roche/Genentech, AAO 2026 (52-week phase 3 data). Primary endpoint: 15+ letter gain at week 16.

GENE THERAPY

- Surabgene lomparvovec (AbbVie/REGENXBIO): ATMOSPHERE and ASCENT topline Q4 2026; filings 2027
- Suprachoroidal version in NPDR: NAAVIGATE dosing began June 2026
- 4D-150 (4DMT): 4FRONT-1 topline Q2 2027; 4FRONT-2 2H 2027



WET AMD GENE THERAPY · PHASE 3

THREE PROGRAMS, THREE ROUTES

ABBVIE / REGENXBIO

Surabgene lomparvovec

Subretinal, at vitrectomy. ATMOSPHERE (vs ranibizumab) and ASCENT (vs aflibercept); BCVA at week 54.

Topline: Q4 2026. BLA: 2027.

4DMT

4D-150

Intravitreal, in clinic. 4FRONT-1 (n = 523) and 4FRONT-2 (n > 500), both fully enrolled. DME phase 3 starting.

Topline: Q2 and 2H 2027.

LILLY (ACQUIRED ADVERUM)

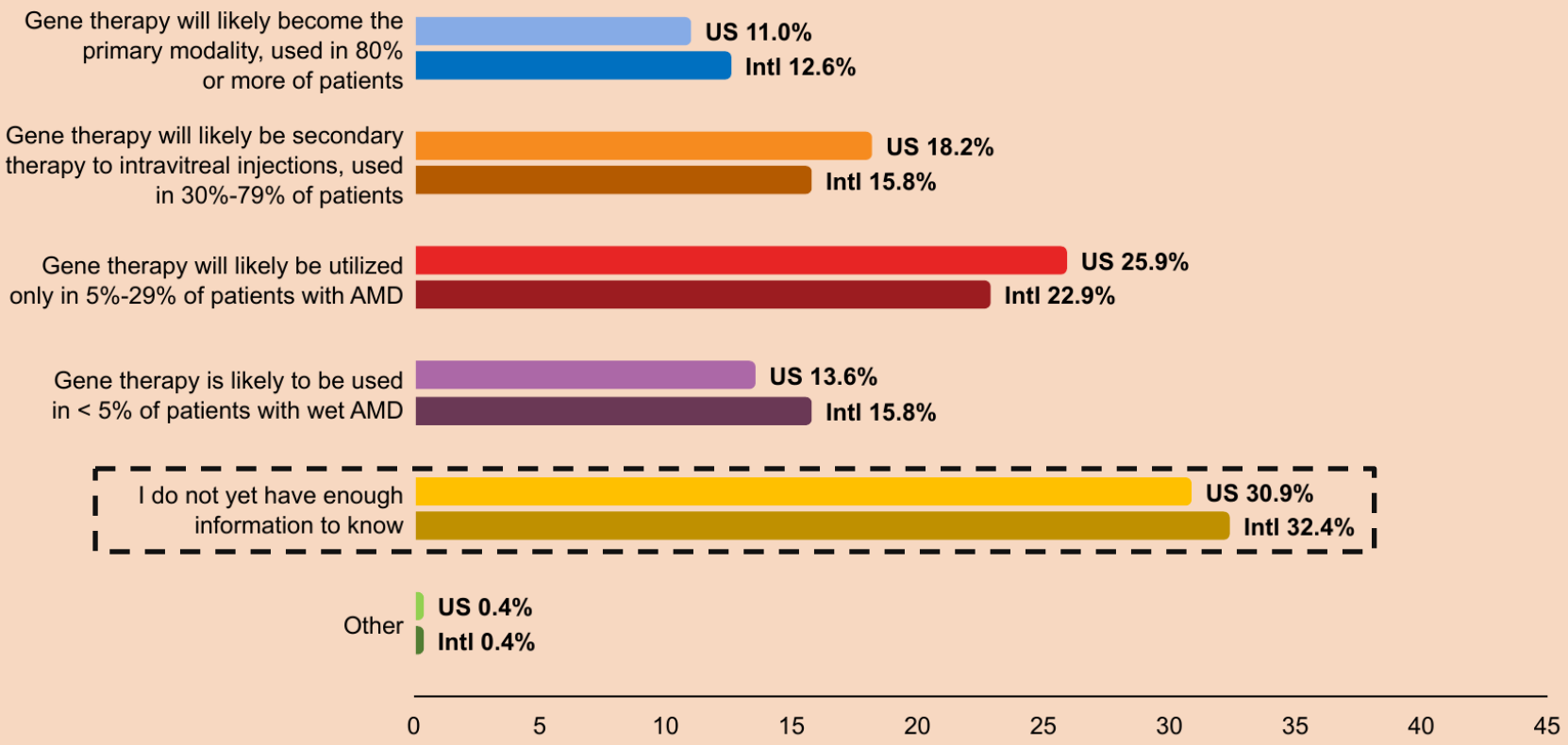
Ixo-vec

Intravitreal, in clinic. ARTEMIS (n = 311) vs aflibercept 2 mg, fully enrolled; AQUARIUS enrolling. 87% fewer injections at 5 years (phase 2).

Topline: ARTEMIS early 2027; AQUARIUS later 2027.

Earliest possible approval: about 2028 for surabgene lomparvovec if filed in 2027 under standard review (estimate).

What do you see as the role of gene therapy if approved for wet AMD?



18. What do you see as the role of gene therapy if approved for wet AMD?

n = 990

30.9%

DON'T KNOW ENOUGH YET

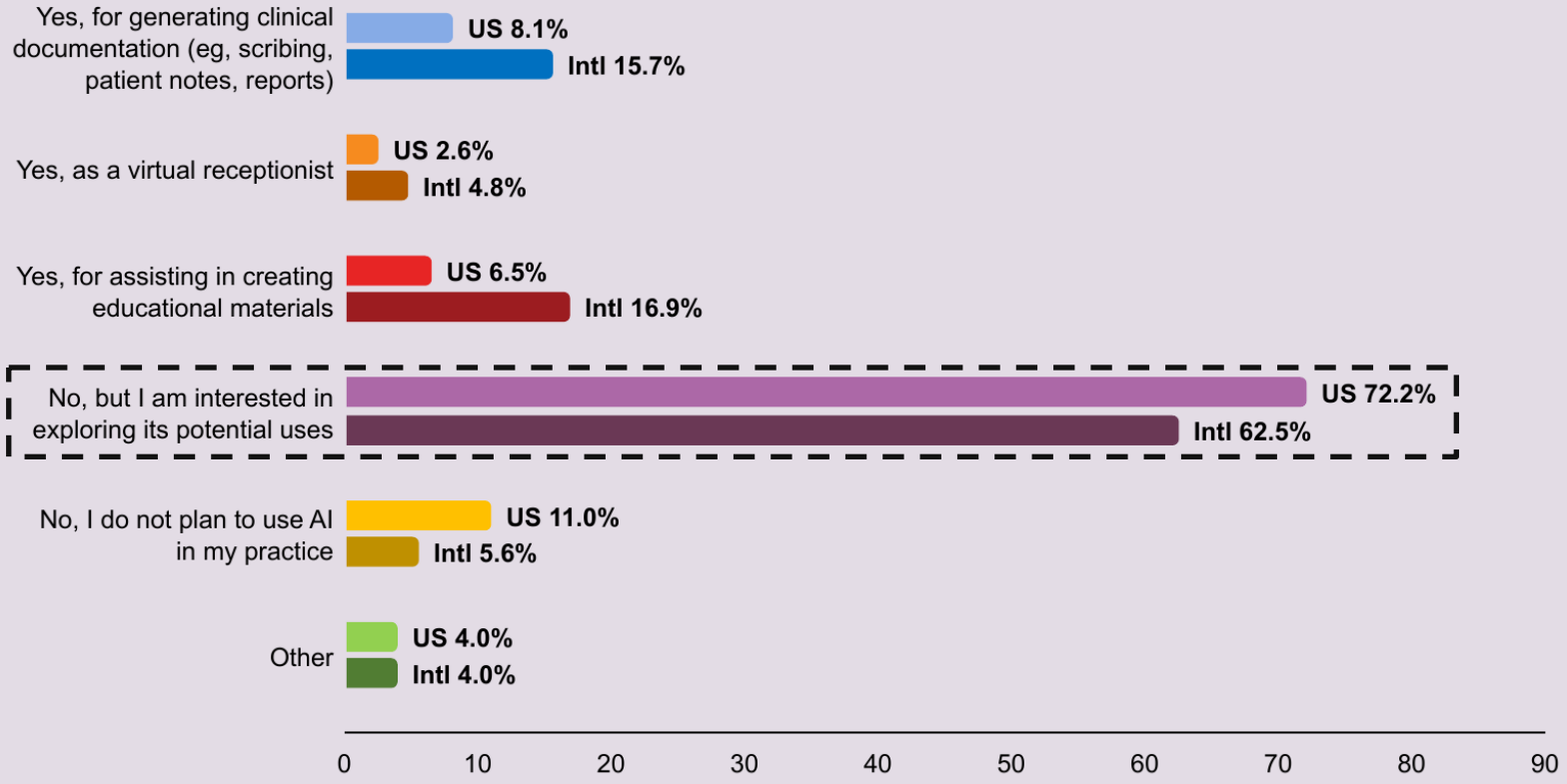
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CLINICAL TOOLS

ARTIFICIAL INTELLIGENCE

Are you using AI in your retina practice? If so, how?



70. Are you utilizing artificial intelligence (AI) in your retina practice, and if so, how? (Select all that apply.) *n = 975*

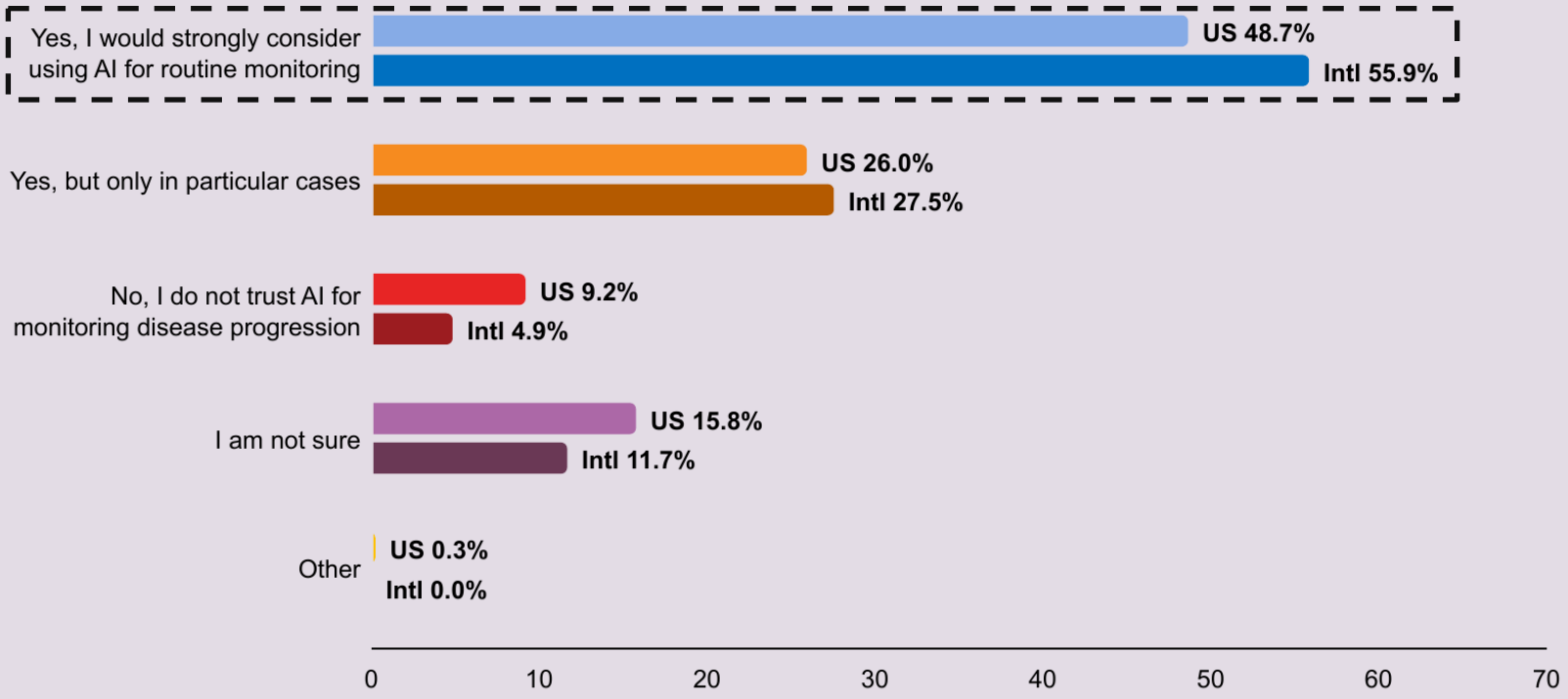
72.2%

INTERESTED, BUT NOT USING AI

ASRS American Society of Retina Specialists

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Would you consider AI, if approved, to help monitor retinal imaging for progression of AMD or DR?



71. **Would you consider using AI-assisted software, if approved, to assist in monitoring retinal imaging for the progression of retinal diseases such as AMD or diabetic retinopathy (DR)?** *n = 974*

48.7%

WOULD STRONGLY CONSIDER AI FOR MONITORING

ASRS American Society of Retina Specialists

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WHAT WE ASKED FOR VS. WHAT'S COMING

UNMET NEEDS

Need (US, PAT Q16)	2026 answer
Longer-lasting therapy (65.5%)	Aflibercept 8 mg every 20 weeks, axitinib implant, tarcocimab, gene therapy
Restore vision lost to fibrosis (64.3%)	Nothing yet; SOL-R adds a fibrosis endpoint (2028)
Concurrent atrophy (53.7%)	Vonaprument (vision endpoint), kamuvudine
Non-injectable (45.5%)	Still none; topical dexamethasone failed
Beyond VEGF (39.3%)	Remigromig (Wnt), tabirafusp tedromer (IL-6)

SUMMARY

- Bevacizumab still starts half of US cases; faricimab is the preferred agent
- Aflibercept 8 mg now carries the longest labeled interval, mostly as a step-up drug
- Loss of copay support is driving switches, samples, and worse anatomy
- GA treatment is still limited by doubt about benefit, not by access
- TKIs split: axitinib implant headed to FDA; vorolanib insert pivots to DME
- Kodiak is back; remigromig is promising but carries questions...
- Watch Q4 2026: gene therapy and vonaprument readouts


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