

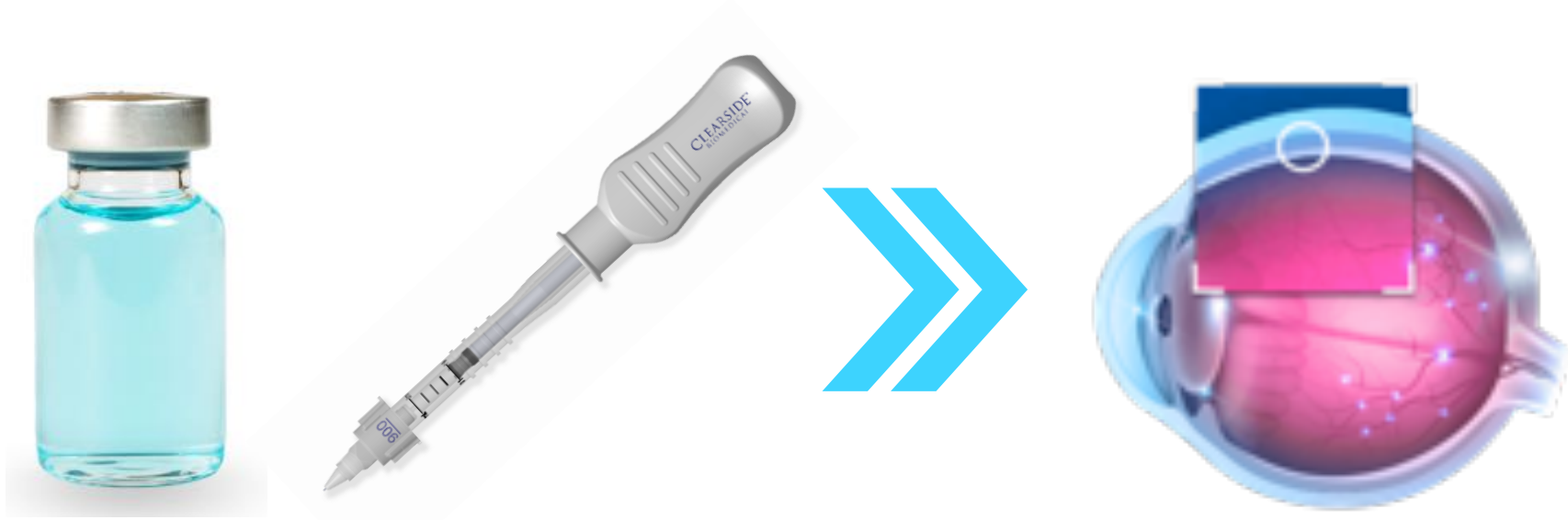
CLEARSIDE®
BIOMEDICAL

Corporate Presentation | September 2019

Forward-Looking Statements

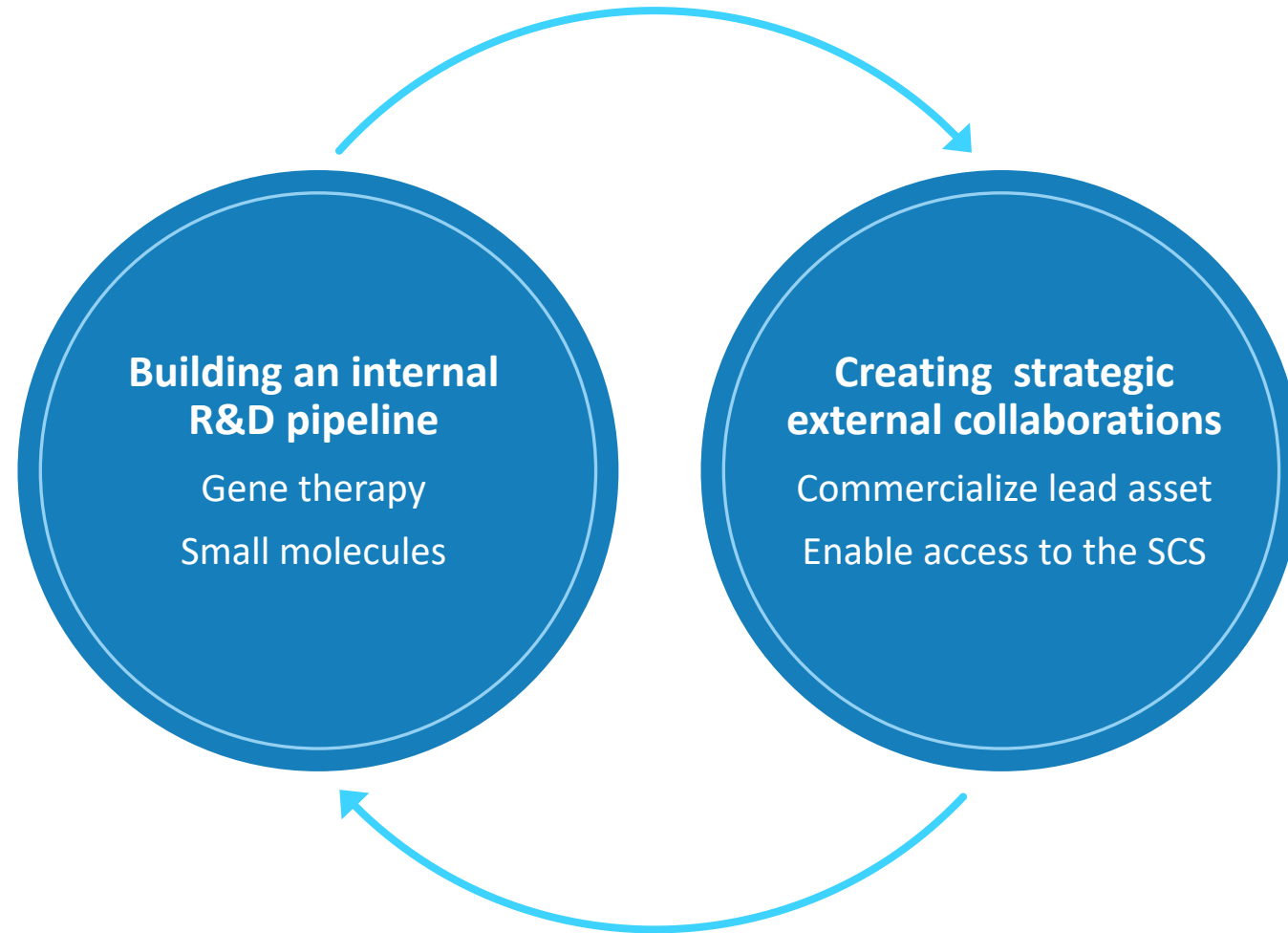
This presentation contains forward-looking statements as defined in the Private Securities Litigation Reform Act of 1995, as amended. The words “may,” “will,” “could,” “would,” “should,” “expect,” “plan,” “anticipate,” “intend,” “believe,” “estimate,” “predict,” “project,” “potential,” “continue,” “target” and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Clearside Biomedical, Inc.’s views as of the date of this presentation about future events and are subject to risks, uncertainties, assumptions, and changes in circumstances that may cause Clearside’s actual results, performance, or achievements to differ significantly from those expressed or implied in any forward looking statement. Although Clearside believes that the expectations reflected in the forward looking statements are reasonable, Clearside cannot guarantee future events, results, performance, or achievements. Some of the key factors that could cause actual results to differ from Clearside’s expectations include its plans to develop and potentially commercialize its product candidates; Clearside’s planned clinical trials and preclinical studies for its product candidates; the timing of and Clearside’s ability to obtain and maintain regulatory approvals for its product candidates; the extent of clinical trials potentially required for Clearside’s product candidates; the clinical utility and market acceptance of Clearside’s product candidates; Clearside’s commercialization, marketing and manufacturing capabilities and strategy; Clearside’s intellectual property position; and Clearside’s ability to identify additional product candidates with significant commercial potential that are consistent with its commercial objectives. For further information regarding these risks, uncertainties and other factors you should read the “Risk Factors” section of Clearside’s Annual Report on Form 10-K for the year ended December 31, 2018, filed with the SEC on March 15, 2019, Clearside’s Quarterly Report on Form 10-Q, filed with the SEC on August 8, 2019, and Clearside’s other Periodic Reports filed with the SEC. Clearside expressly disclaims any obligation to update or revise the information herein, including the forward-looking statements, except as required by law. This presentation also contains estimates and other statistical data made by independent parties and by Clearside relating to market size and growth and other data about its industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. In addition, projections, assumptions and estimates of Clearside’s future performance and the future performance of the markets in which Clearside operates are necessarily subject to a high degree of uncertainty and risk.

Dedicated to Developing Treatments that Restore and Preserve Vision for People with Serious Eye Diseases



Novel, therapeutic platform combines patented SCS Microinjector™ for Suprachoroidal Injection with proprietary drug formulations

Two-Prong Corporate Strategy Leveraging Clearside's Proprietary Suprachoroidal Space (SCS) Injection Platform

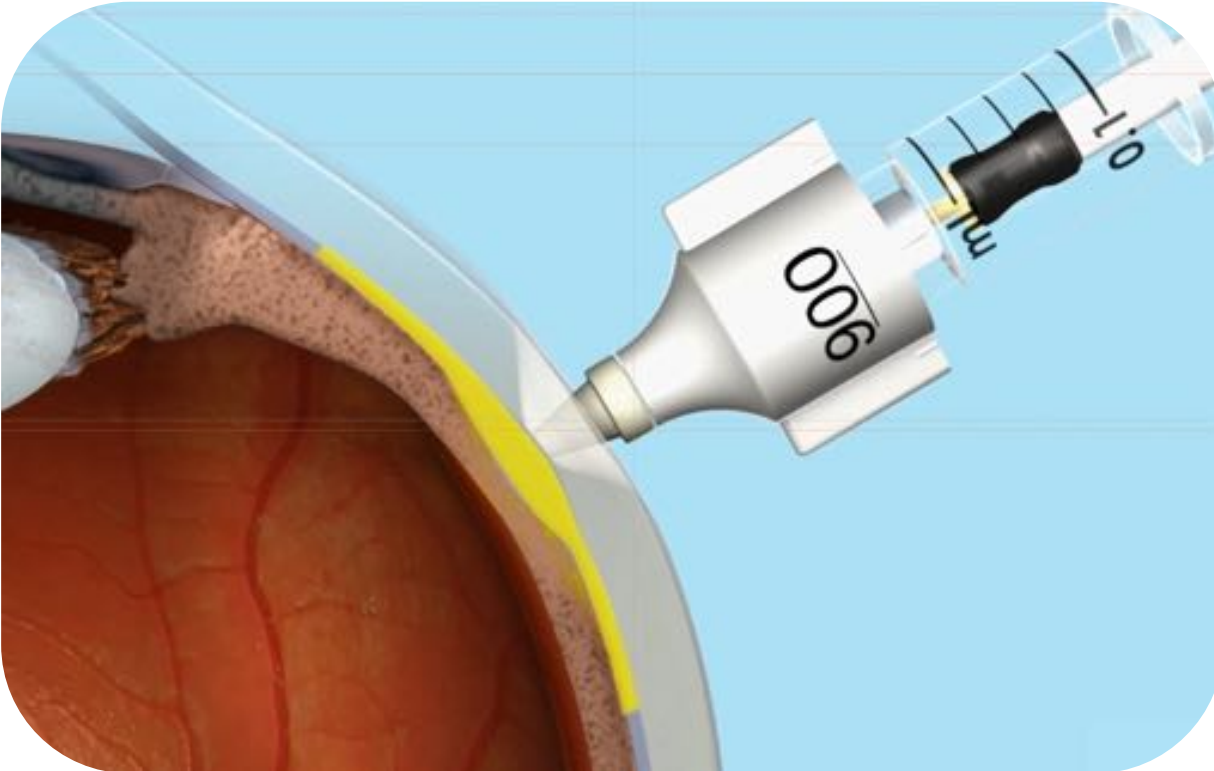


Exclusive and Proprietary Access to the Back of the Eye



Ocular Delivery Methods to Reach the Back of the Eye

Suprachoroidal Space (SCS) Injection



Specially-designed SCS Microinjector allows for consistent injection into the suprachoroidal space



Intravitreal Injection

Broad diffusion to all areas of the eye including the anterior chamber and lens



Periocular Injection

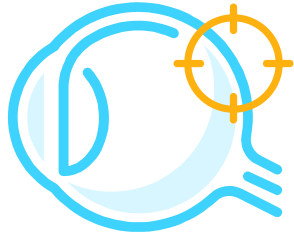
Highly variable drug diffusion across the sclera into the eye



Subretinal Injection

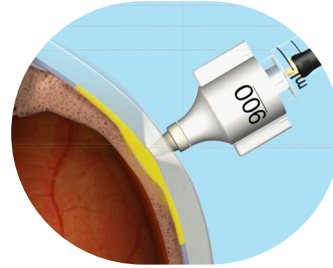
Invasive surgery with variable results

Core Advantages of Treating Via the Suprachoroidal Space



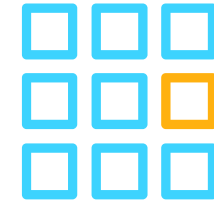
TARGETED

The back of the eye is the location of many irreversible and debilitating visual impairments¹



BIOAVAILABLE



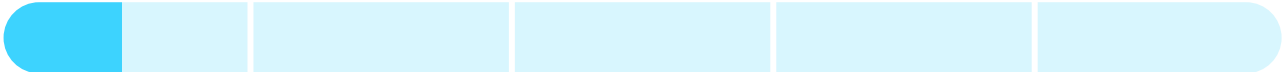
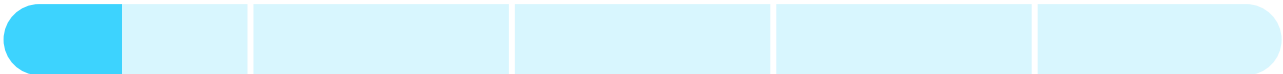
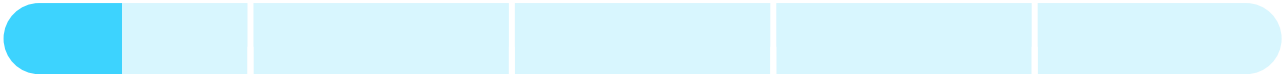
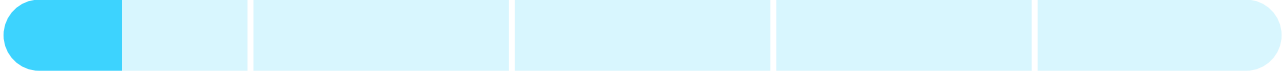
Fluid spreads circumferentially and posteriorly when injected within the suprachoroidal space, bathing the choroid and adjacent areas with drug²



COMPARTMENTALIZED

Drug is compartmentalized in the suprachoroidal space, which helps keep it away from non-diseased tissues²

Pipeline of SCS Treatments with Broad Applicability

INDICATION	STUDY DRUG	CURRENT STATUS				
		PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	NDA
Uveitis (macular edema associated with uveitis)	XIPERE™ (triamcinolone acetonide suprachoroidal injectable suspension) 40 mg/mL					
DME (diabetic macular edema)	XIPERE™ (triamcinolone acetonide suprachoroidal injectable suspension) 40 mg/mL					
Inherited Retinal Diseases	Gene Therapy					
Retinal Neovascular Diseases	Small Molecules					
PARTNER PROGRAMS using SCS Microinjector™						
Ocular Oncology / Choroidal Melanoma	Aura Biosciences					
Wet AMD, Diabetic Retinopathy	REGENXBIO (RGX-314)					

Macular Edema Associated with Uveitis

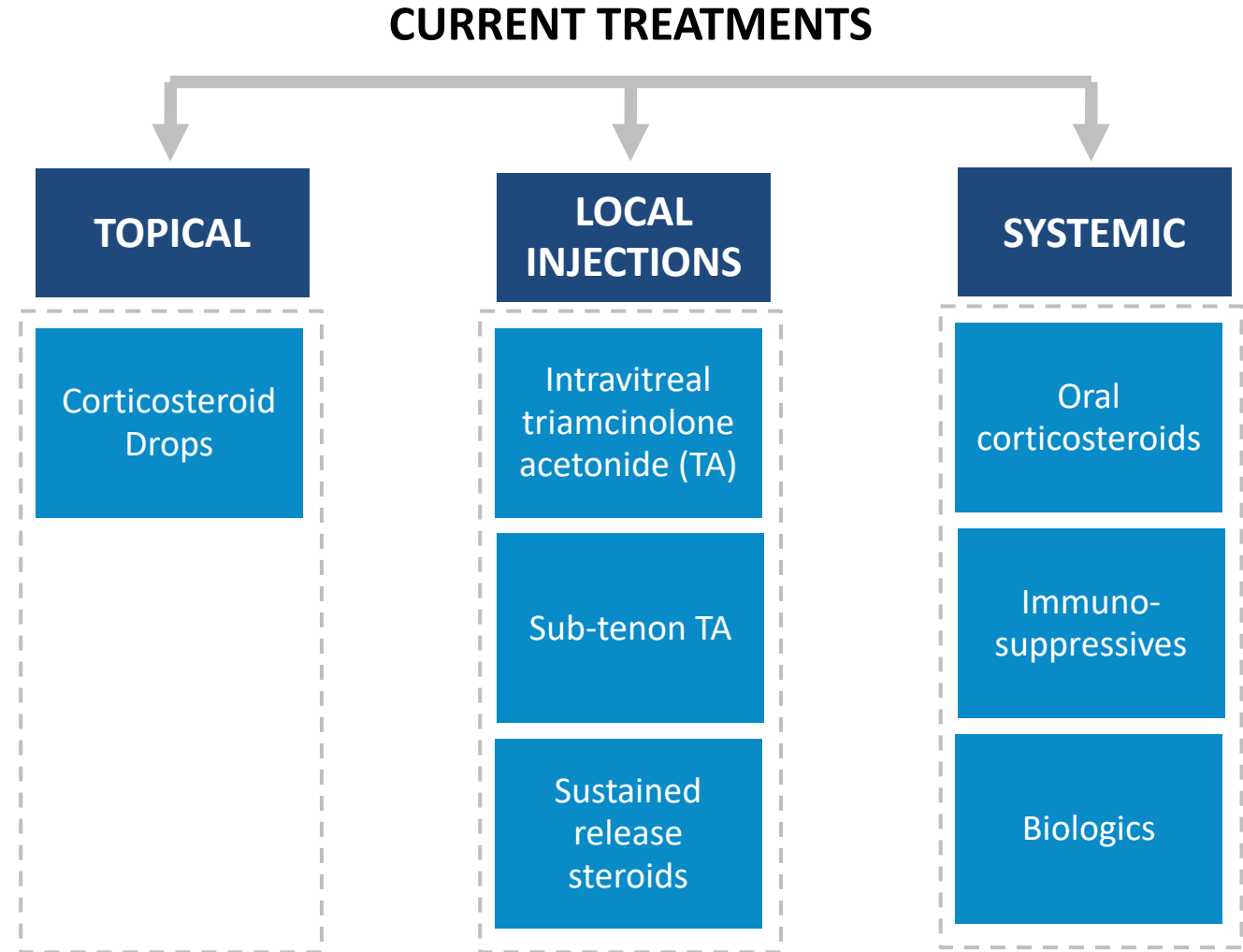
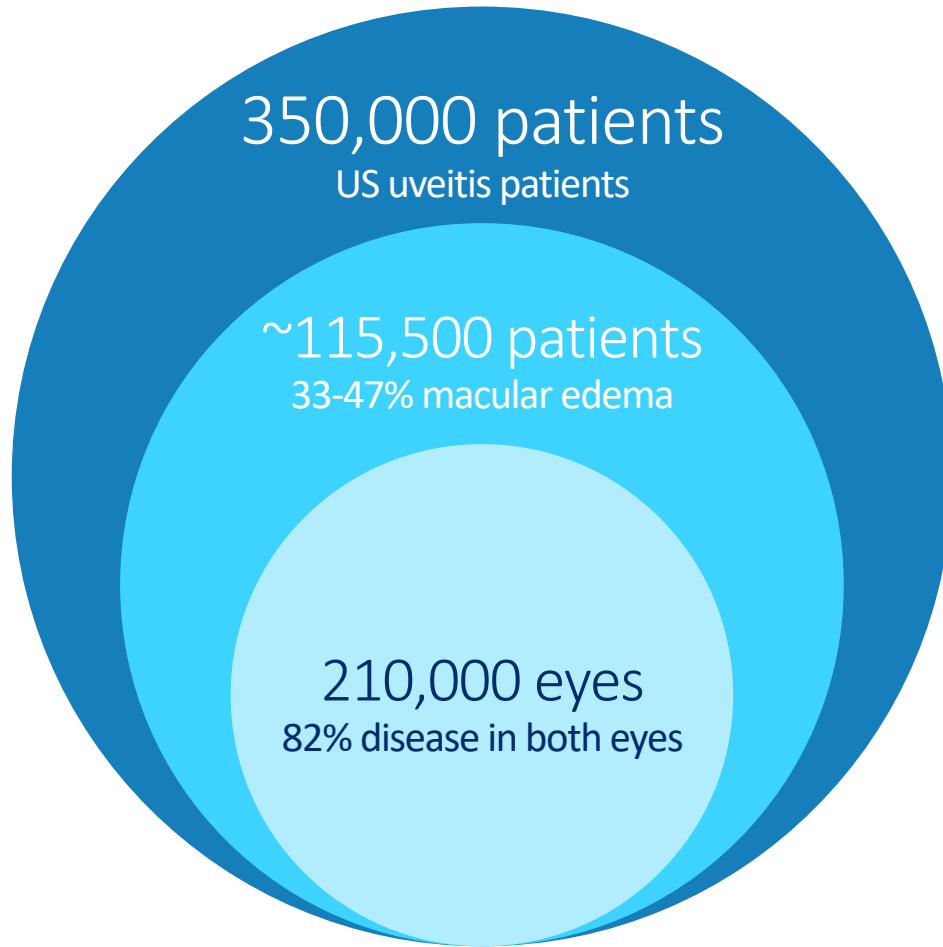
Primary Need

Macular edema is the leading cause of vision loss in patients with non-infectious uveitis

The Opportunity

1. ~50% of patients continue to have macular edema, even after a course of treatment for non-infectious uveitis
2. No approved treatment for macular edema associated with uveitis
3. All anatomic locations of uveitis included in Clearside clinical trials

U.S. Market Size and Current Treatment Paradigm for Uveitis



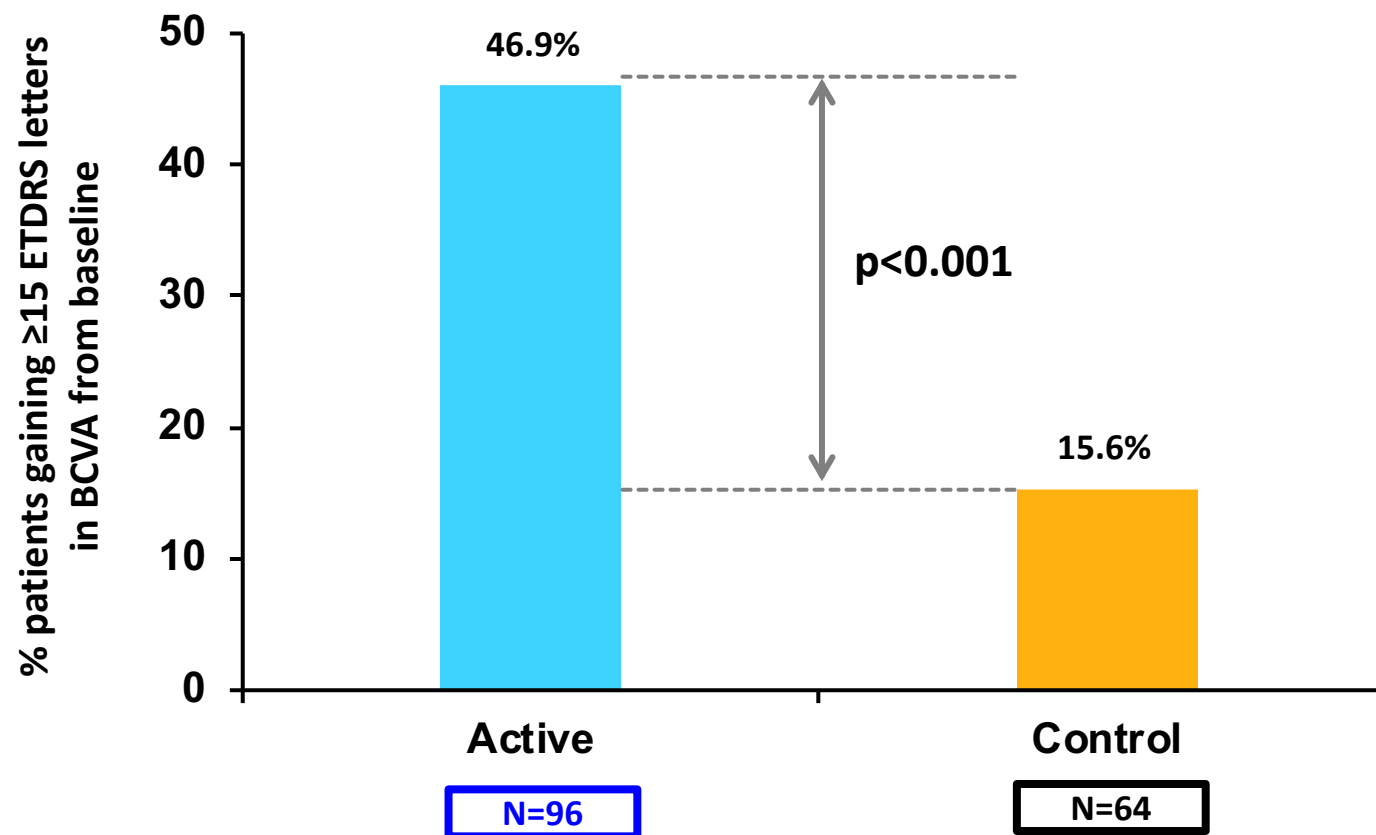
Novel Approach to Targeting Uveitic Macular Edema

XIPERE™
(triamcinolone acetonide suprachoroidal
injectable suspension) 40 mg/mL

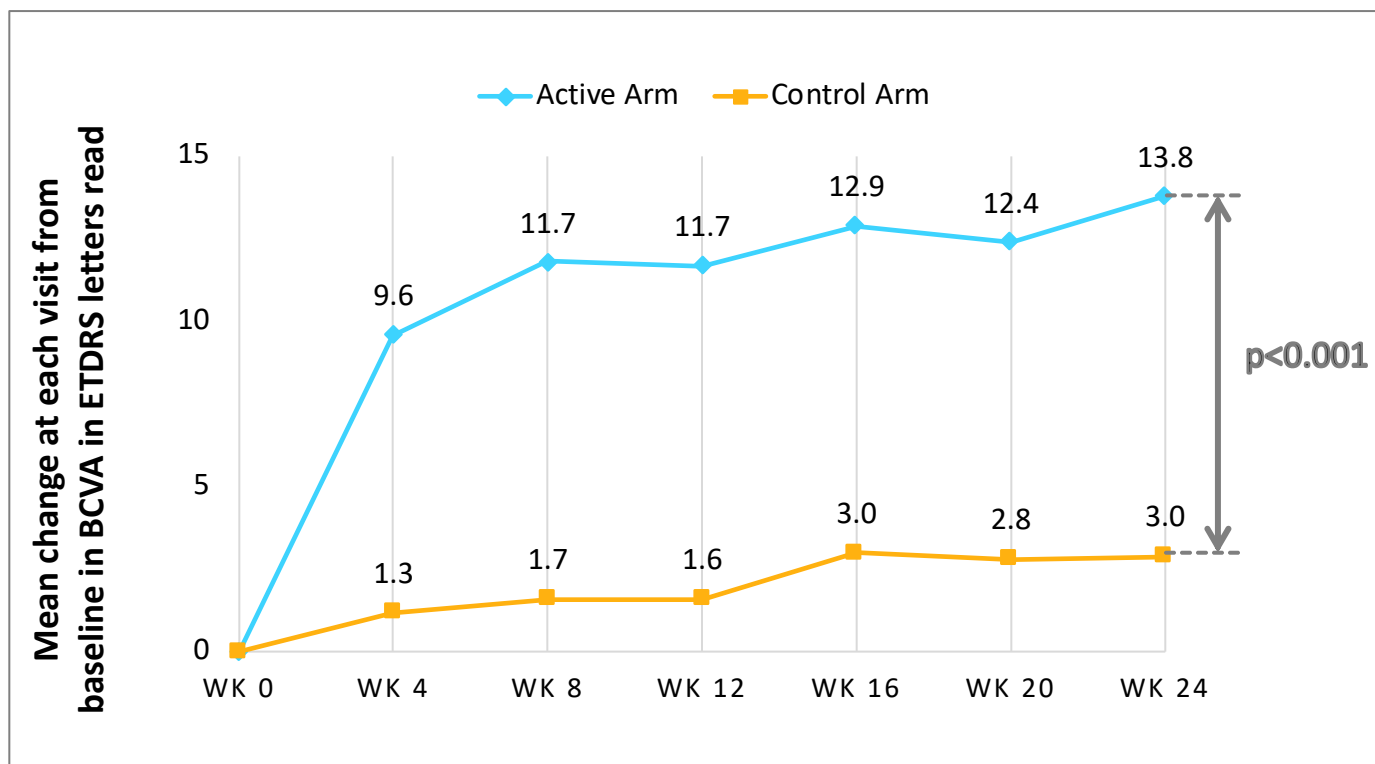
- Pivotal Phase 3 PEACHTREE trial met its primary BCVA endpoint
- MAGNOLIA Phase 3 extension study demonstrated durability
- If approved, XIPERE would be the first therapy for this indication
- Expect to partner commercialization rights including future development
- Expect to resubmit NDA in Q1 2020

PEACHTREE Met Its Primary Endpoint

Proportion of patients in each arm gaining ≥ 15 ETDRS letters in BCVA from baseline at Week 24



PEACHTREE Met Secondary Endpoints with Favorable Safety Profile



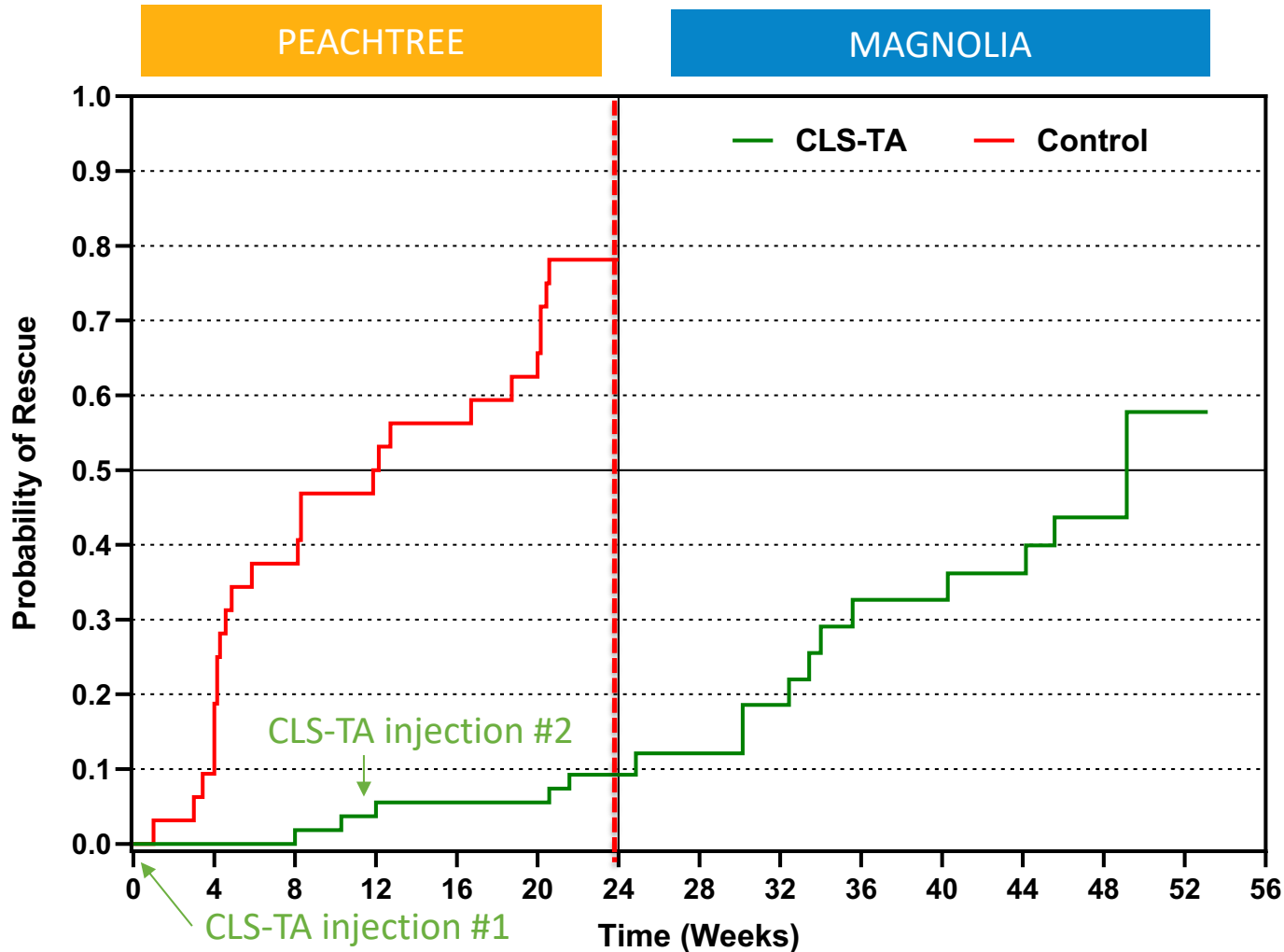
Efficacy:

- Mean BCVA increases from baseline were rapid and sustained
- Met Secondary Endpoint at Week 24: Central retinal thickness decreased by 152.6 μ m (n=96) vs. 17.9 μ m in control arm (n=64) (p<.001)
- Uveitic inflammation found at baseline resolved in ~70% of those patients

Safety

- IOP adverse event (AE) rates were favorable (11.5%) compared to all patients (15.6%), and vs those who received rescue local corticosteroid injections (27%)
- Cataract adverse events were balanced between the two arms

MAGNOLIA Extension Study Demonstrated Meaningful Durability



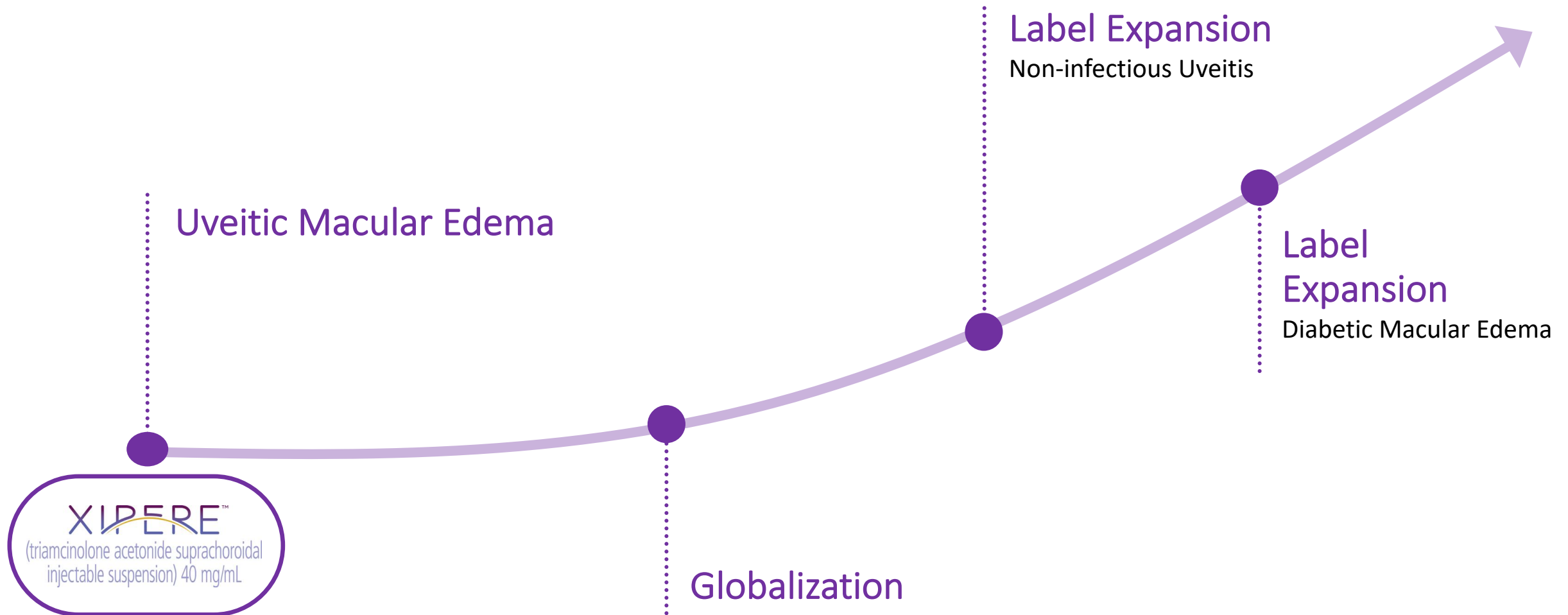
Efficacy and Durability

- 50% of patients did not receive additional medication through week 48
- Results were durable for 36 weeks after last injection of XIPERE
- At Week 48, mean change in BCVA from Baseline was 12.1 letters and mean CST was ~170 microns

Safety

- There were no Serious AEs related to study medication and AE rates were low
- Elevations in IOP were consistent with those seen in the PEACHTREE trial

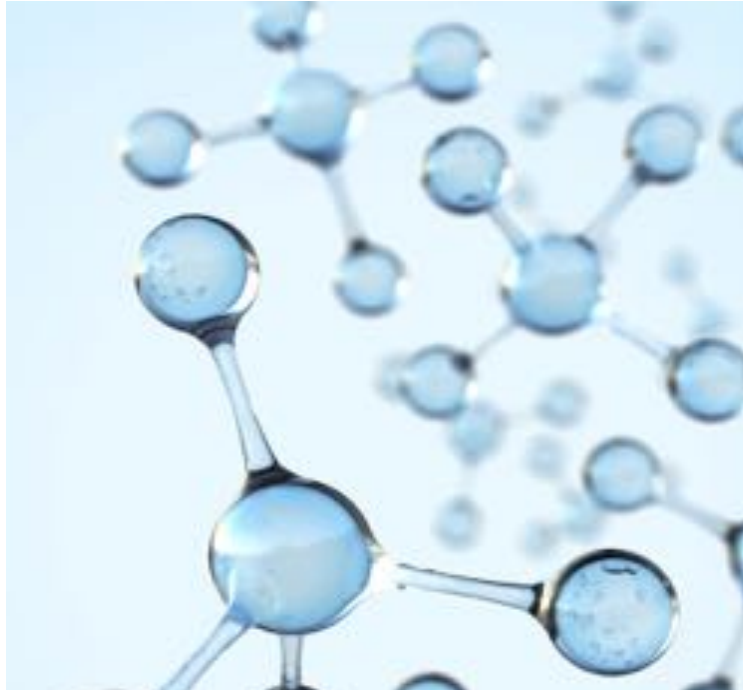
Opportunities for a Partner to Drive Value With XIPERE



Broad Applicability of SCS Injection Platform



.....
Gene Therapy



.....
Small Molecules



.....
Partner Programs

Strong Intellectual Property Coverage of SCS Platform

16

U.S. Patents Total
Expiring between
2027 - 2037

2

Methods using
loss-of-
resistance
technology

DEVICE PATENTS

3

Apparatus using
loss-of-resistance
technology

3

Apparatus having /
methods using an
adjustable puncture
member

1

Administration of any
anti-inflammatory
drug to the
suprachoroidal space
by microinjection

DRUG PATENTS

3

Administration of
any drug to the
suprachoroidal
space by
microinjection

1

Administration
of any drug to
the eye by
inserting a
microinjector
into the sclera

DISEASE
PATENTS

3

Methods of
treating posterior
ocular disorders
including macular
edema or uveitis

SCS Platform Expansion: Ocular Gene Therapy

Primary Need

Targeted delivery of ocular gene therapies in safe, effective, repeatable, and non-surgical manner

Opportunity

1. Avoid risks of vitrectomy (surgery)
2. Avoid risks of retinotomy, subretinal injection, and macular detachment
3. Potential for broader retinal coverage
4. Enhance patient access
 - Convert gene therapy into an office-based procedure

Current Focus Areas for SCS Gene Therapy

Partnered Program: Viral Vectors

- Delivery of NAV AAV8-based gene therapy through the SCS can potentially:
 - Provide targeted, in-office, non-surgical approach for widespread transgene expression in retina
 - Avoid injected drug exposure to the vitreous and anterior segment of eye
- Potential indications: wet AMD, diabetic retinopathy, other conditions where anti-VEGF treatment is standard of care
- Partnered with REGENXBIO

Internal Development: DNA Nanoparticles

- Recently published preclinical studies demonstrated SCS injections of DNA nanoparticles (DNPs) may offer the potential for a safe and efficient delivery method
 - Luciferase activity was observed in the retina, retinal pigment epithelial (RPE), and choroid of all eyes
 - In rabbits, SCS injection of luciferase DNPs produced activity comparable to that seen from subretinal injections of luciferase DNPs
 - DNPs can transfer large genes and higher doses may be used to enhance transfection
 - SCS injections of DNPs were generally well-tolerated across both rabbits and non-human primates, and no significant abnormalities were observed on ophthalmic exams
- Potential indications: inherited retinal diseases such as Stargardt Disease and Ushers Syndrome

Platform Expansion via Partnership: AAV Vector Gene Therapy

Primary Need

In-office delivery could allow for treatment of expanded patient populations with wet AMD and DR with one-time gene therapy

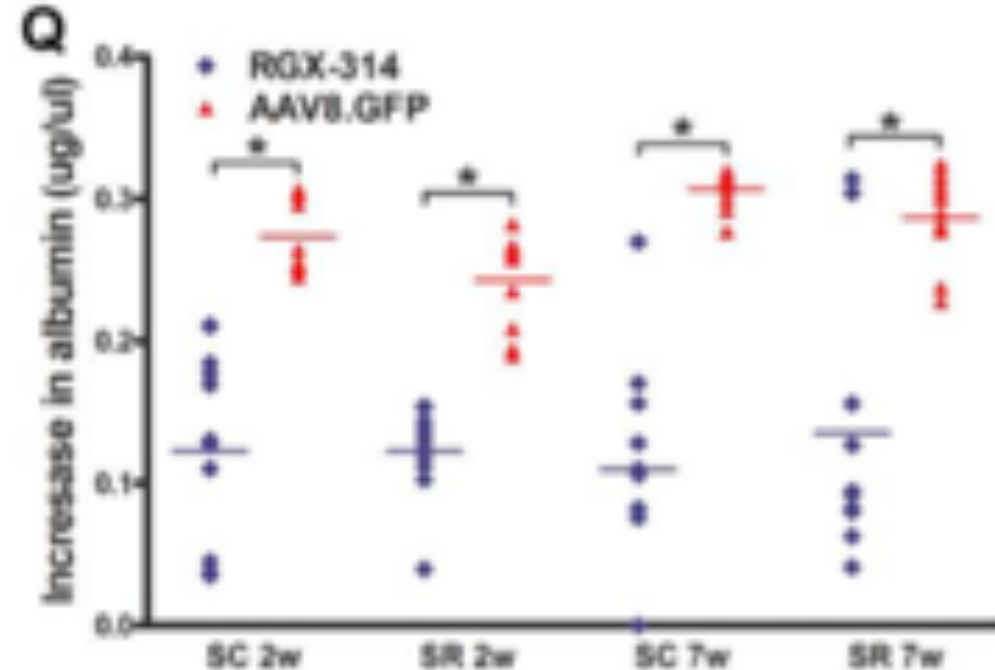
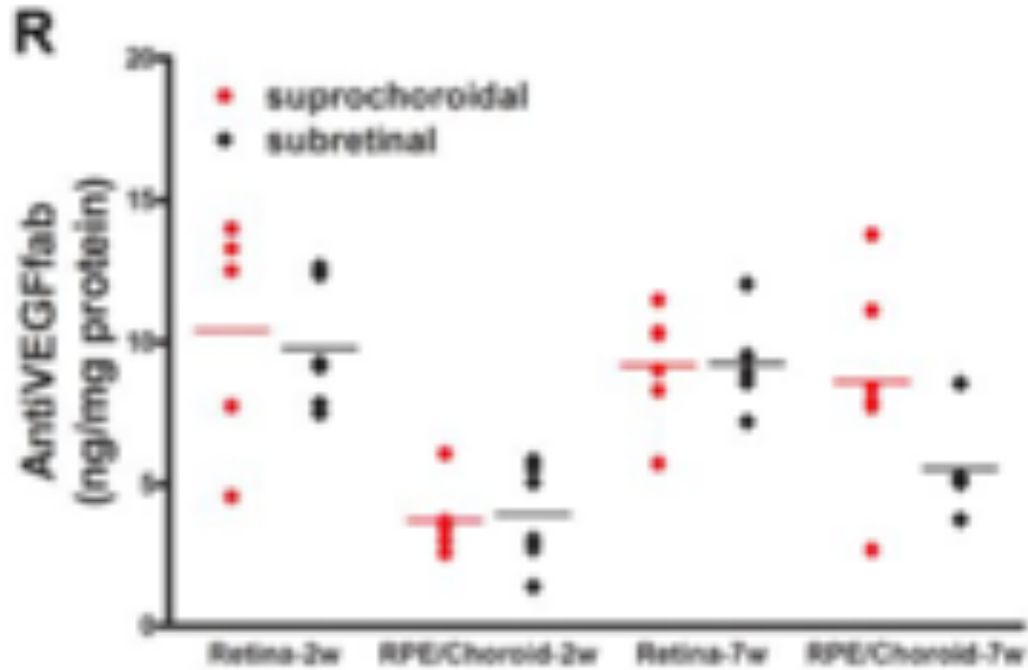


The Opportunity: REGENXBIO

1. A pioneer in the development and manufacturing of AAV vectors for delivery of ophthalmic anti-VEGF antibodies
2. REGENXBIO to evaluate RGX-314 using Clearside's SCS Microinjector for in-office, non-surgical delivery into the SCS
 - RGX-314 currently in Phase 1/2 development in wet AMD (subretinal)
 - Encouraging preclinical results delivering RGX-314 into the SCS
3. Potential proceeds to Clearside:
 - Fee upon REGENXBIO's exercise of option
 - Up to \$34M in development milestones across multiple indications
 - Up to \$102M in sales milestones
 - Mid-single digit royalties on net sales of products using SCS Microinjector

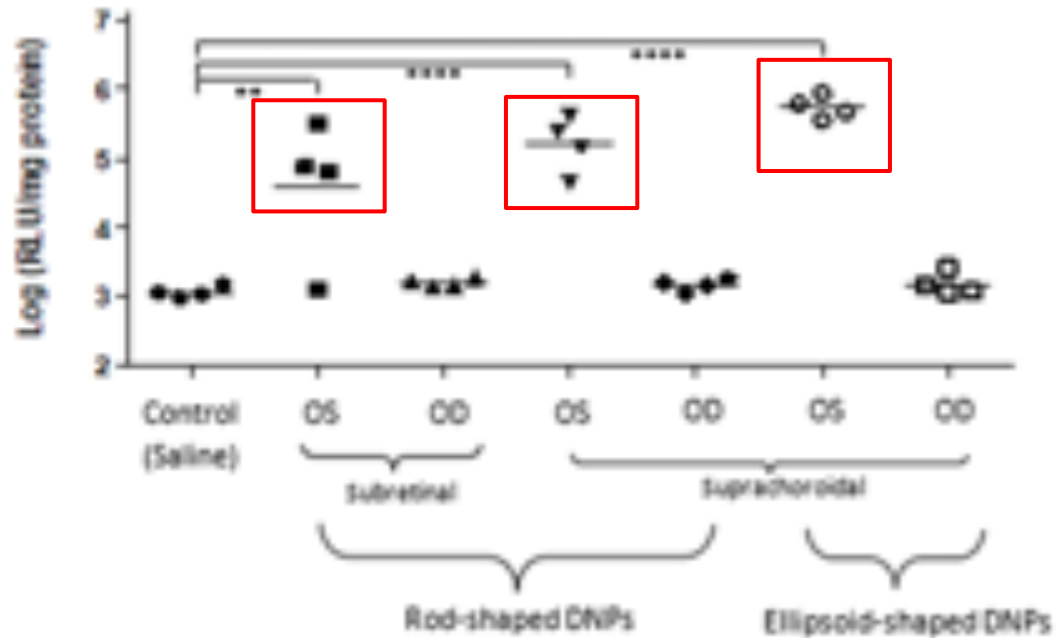
Encouraging Preclinical Results of SCS Delivery of RGX-314

RGX-314 SCS delivery resulted in similar expression of anti-VEGF Fab and suppression of VEGF-induced vascular leakage as subretinal delivery 2 weeks and 7 weeks after RGX-314 administration



Similar pre-clinical evidence using DNA Nanoparticle Subretinal and Suprachoroidal Delivery

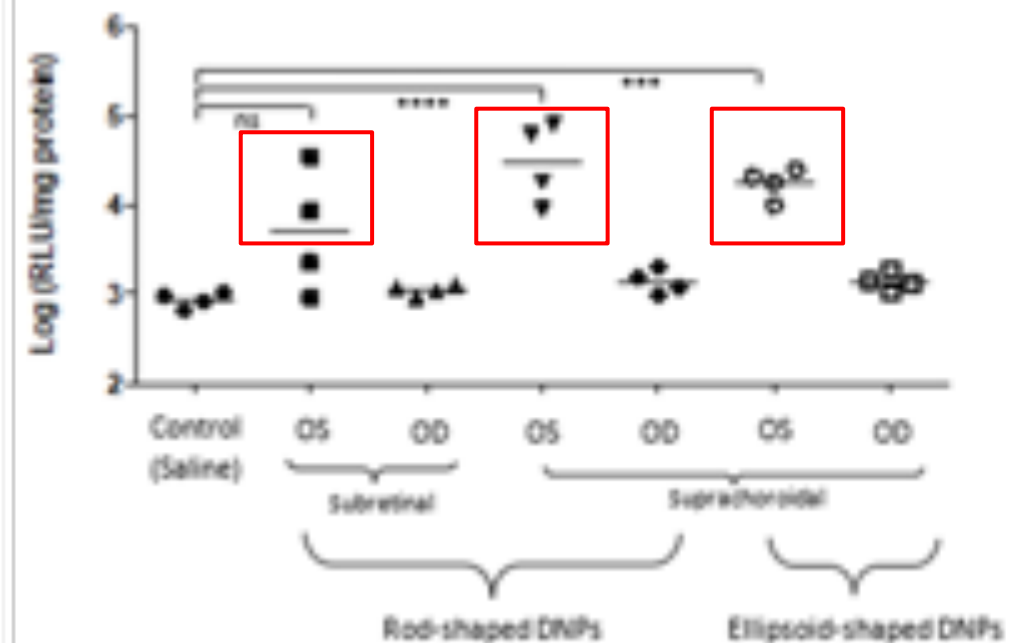
Non Viral-Luciferase, Rabbit CHOROID



OS: Dosed
OO: Undosed

Bonferroni's multiple comparison test: ** $p < 0.01$, *** $p < 0.001$, **** $p < 0.0001$
ns, non-significant

Non Viral-Luciferase, Rabbit RETINA



OS: Dosed
OO: Undosed

Bonferroni's multiple comparison test: *** $p < 0.001$, **** $p < 0.0001$
ns, non-significant

SCS Platform Expansion: Small Molecules

Primary Need

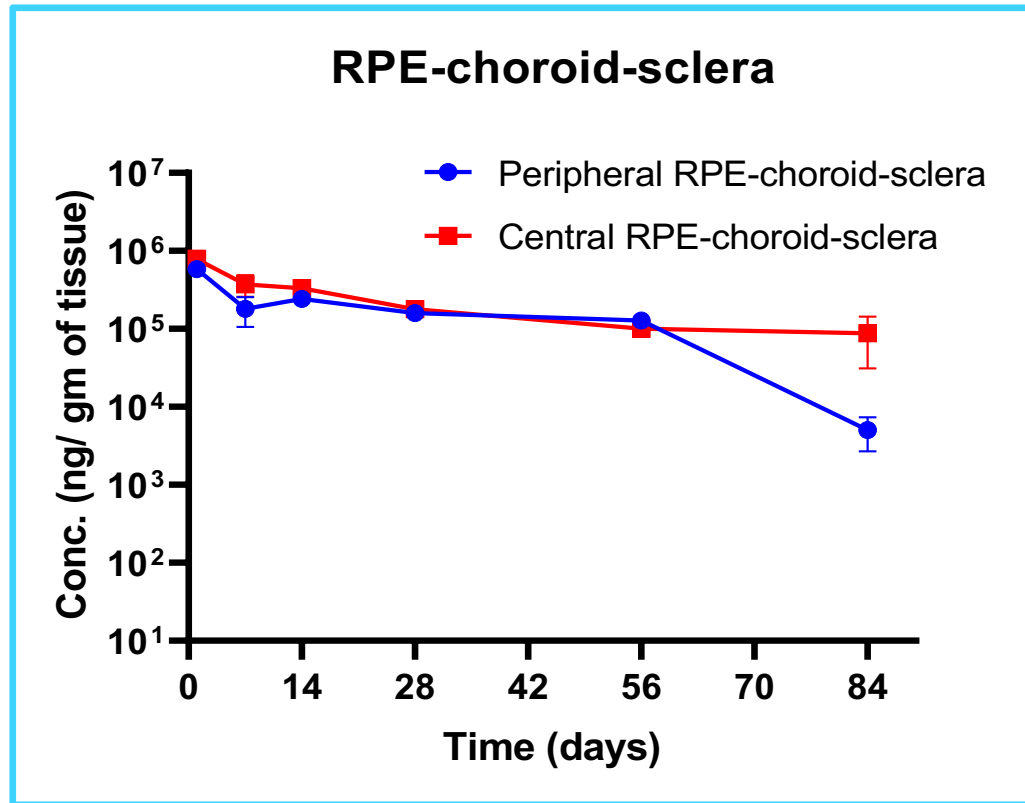
Targeted delivery to retina with prolonged durability to enhance efficacy and relieve treatment burden respectively

The Opportunity

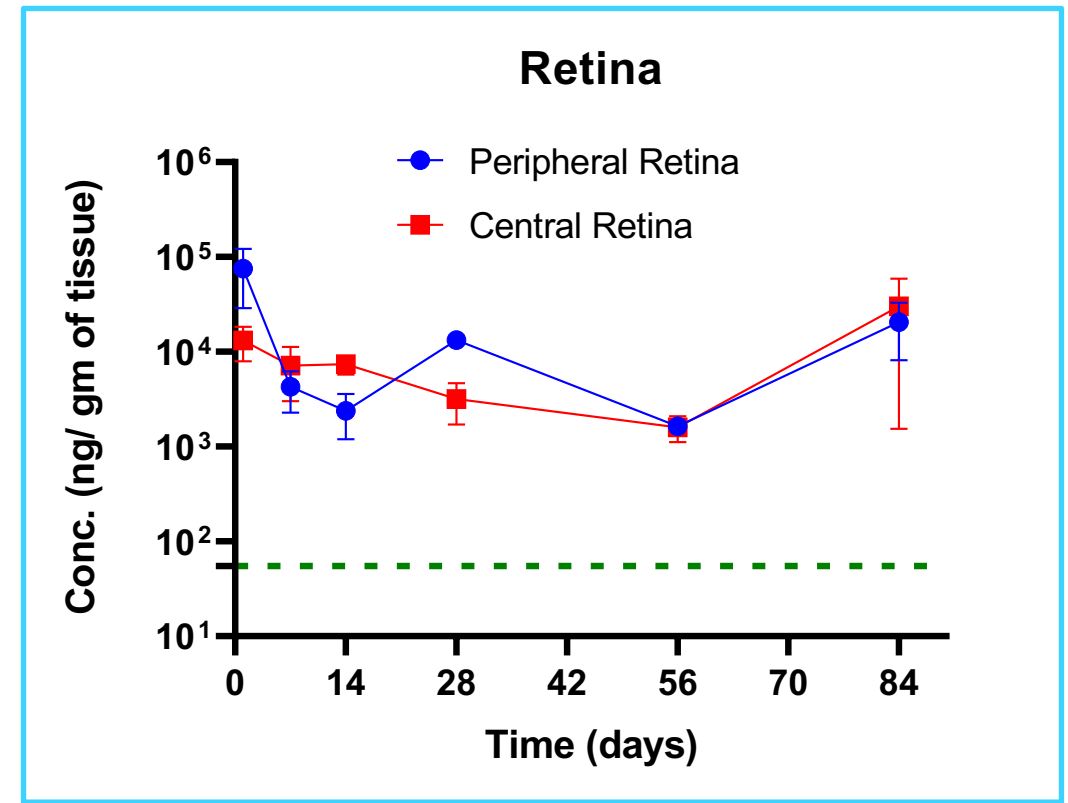
1. Concentrated distribution
2. Protection of off-target tissues
3. Migration of small molecules into the anterior chamber
4. Extended duration of action

SCS Platform May Offer Unique Distribution and Better Duration

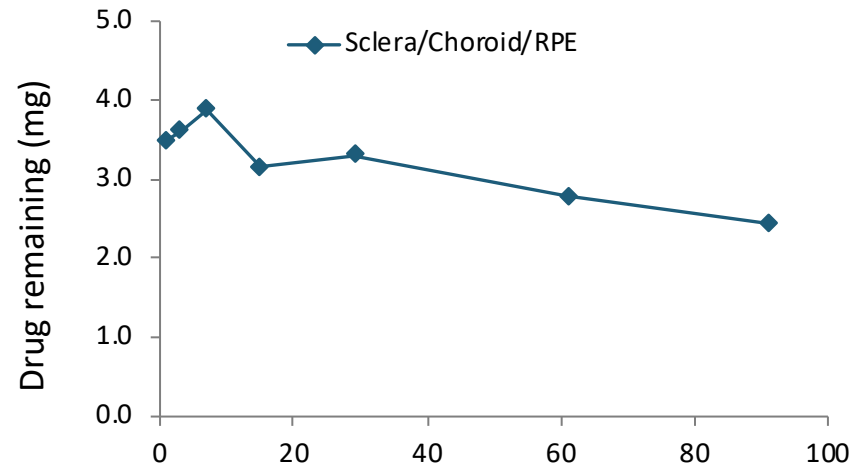
High drug levels achieved in retina and choroid-RPE-sclera



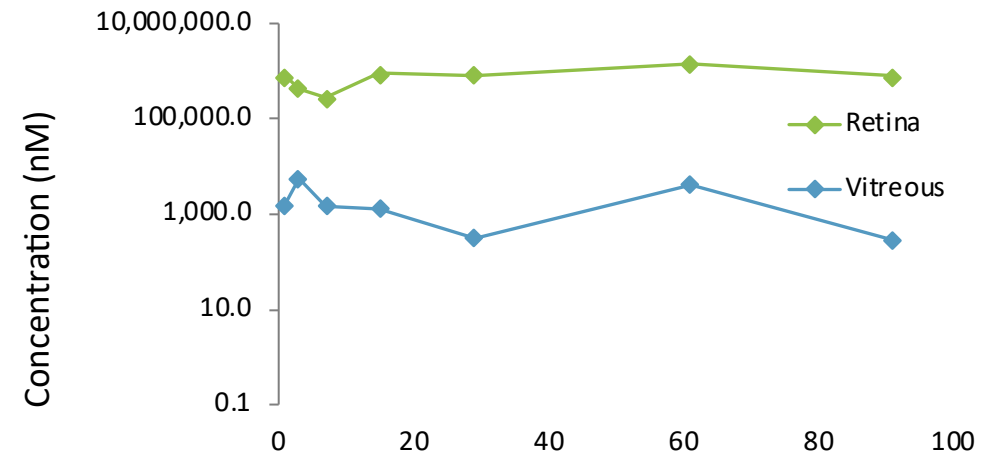
Concentration presented as mean \pm SEM



High Drug Levels Maintained in RPE-Choroid-Sclera Tyrosine Kinase Inhibitor



- At 3 months > 60 % of TKI remaining
- Half-life > 3 months



- Retina levels of TKI are far greater than what is required to block the VEGF pathway
- Plasma levels below quantification limit: <1 ng/mL

Platform Expansion via Partnership: Ocular Oncology

Primary Need

Ocular cancers are an area with a significant unmet medical need

aura

The Opportunity: Aura Biosciences

1. Non-surgical alternative to intravitreal delivery of Aura's oncology drug candidates
2. Choroidal melanoma is the most common, primary intraocular tumor in adults
3. Potential future financial upside for Clearside from pre-specified milestone payments and sales royalties

Financial Summary

(in millions)

June 30, 2019

Cash and cash equivalents	\$26.2
Total assets	\$29.9
Long-term debt (including current portion)	\$10.1
Total liabilities	\$17.0
Total stockholders' equity	\$12.9
Common shares outstanding (as of August 7, 2019)	37.8

Experienced Leadership Team



George Lasezkay

Pharm.D., J.D. | Interim CEO and Director
30 years experience
Allergan, Acucela, Novagali, Amakem, RetroSense



Thomas Ciulla

M.D., MBA | Chief Medical Officer
27 years experience
Spark Therapeutics, Ophthotech, Indiana University School of Medicine



Charles Deignan

Chief Financial Officer
27 years experience
AtheroGenics, AAI Pharma, Schering-Plough



Brion Raymond

Chief Commercial Officer
17 years experience
Genentech, Carl Zeiss, Meditec, Xoma



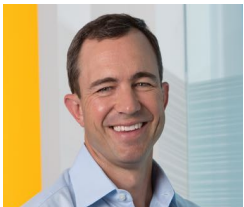
Leslie Zacks

General Counsel & Chief Compliance Officer
24 years experience
Arbor, Shionogi



Rafael Andino

VP, Engineering & Manufacturing
26 years experience
CR Bard, CIBA Vision, Dupont, GE, IBM



Rick McElheny

VP, Corporate Development
18 years experience
Sanofi, MEDA, Vidara

Clearside Team Ophthalmic Experience

Alcon



CIBA VISION

Genentech



NOVARTIS



Clearside Biomedical: Five Key Investment Themes

