Leading Therapeutic Innovation in Retinal Diseases

Corporate Presentation
January 2023

Megan Baldwin, Chief Executive Officer
Timothy Morris, Chief Financial Officer

OPTHEA.COM | @OptheaLimited | NASDAQ (OPT); ASX (OPT.AX)

OPTHEA

Disclaimer

This presentation includes general background information about the activities of Opthea Limited (ABN 32 006 340 567) ('Opthea' or 'Company') and its affiliates and subsidiaries (together, the 'Opthea Group'). The information contained in this presentation is in summary form and does not purport to be complete.

This presentation contains forward-looking statements within the meaning of the U.S. federal securities laws that involve substantial risks and uncertainties. All statements, other than statements of historical facts, contained in this presentation, including statements regarding our strategy, future operations, future financial position, future revenues, projected costs, prospects, plans and objectives of management, are forward-looking statements. The words "anticipate," "believe," "estimate," "expect," "intend," "may," "might," "plan," "predict," "project," "target," "potential," "will," "would," "could," "should," "continue," and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. We may not actually achieve the plans, intentions or expectations disclosed in our forward-looking statements, and you should not place undue reliance on our forward-looking statements as predictions of future events. Actual results or events could differ materially from the plans, intentions and expectations disclosed in the forward-looking statements we make. The forward-looking statements contained in this presentation reflect our current views with respect to future events, and we assume no obligation to update any forward-looking statements except as required by applicable law. Please refer to information, including risk factors, set forth in Opthea's filings with the U.S. Securities and Exchange Commission for key factors that could cause actual results to differ materially from those projected in the forward-looking statements contained herein.

This presentation includes statistical and other industry and market data that we obtained from industry publications and research, surveys and studies conducted by third parties as well as our own estimates of potential market opportunities. All of the market data used in this presentation involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such data. Industry publications and third party research, surveys and studies generally indicate that their information has been obtained from sources believed to be reliable, although they do not guarantee the accuracy or completeness of such information. Our estimates of the potential market opportunities for our product candidates include several key assumptions based on our industry knowledge, industry publications, third-party research and other surveys, which may be based on a small sample size and may fail to accurately reflect market opportunities. While we believe that our internal assumptions are reasonable, no independent source has verified such assumptions.

The information contained in this presentation does not constitute investment or financial product advice (nor taxation or legal advice) and is not intended to be used as the basis for making an investment decision. It does not take into account the investment objectives, financial situation, taxation position or needs of any particular investor, which should be considered when deciding if an investment is appropriate. You must consider your own investment objectives, financial situation and needs and conduct your own independent investigations and enquiries, including obtaining taxation, legal, financial or other professional advice in relation to the information contained in this presentation as appropriate to your jurisdiction. This presentation should not be relied upon by the Recipient in considering the merits of any particular transaction.

This presentation may contain trademarks and trade names of third parties, which are the property of their respective owners. Third party trademarks and trade names used in this presentation belong to the relevant owners and use is not intended to represent sponsorship, approval or association by or with any of the Opthea Group.

Opthea Limited

Developing OPT-302, VEGF-C/D “trap” inhibitor for wet AMD

Company

- 1984: Founded; 1985: ASX listed
- 2007: acquired VEGF-C/D, VEGFR-3 IP portfolio (Uni.Helsinki, LICR Melb)
- 2014: Ophthalmology focus to advance OPT-302
- 2020: IPO NASDAQ 2020
- IP protection for OPT-302 currently to 2034**

Clinical Program

- Phase 2b 366 patients in wet AMD, completed 2019
- OPT-302 + Ranibizumab showed significant improvement in visual acuity
- Two 990 patient Phase 3 registrational studies currently recruiting globally
- FDA Fast Track Designation

Financial Highlights

- Project funding agreement with Carlye/Abingworth for up to $170M completed September 2022
- Annual sales of anti-VEGF-A therapies: $8B
- December 31, 2022
  - Cash on hand $142M*
  - Share price
    - NASDAQ: OPT $5.36;
    - ASX: OPT A$0.91
  - Market cap: $US 250M

OPTHEA

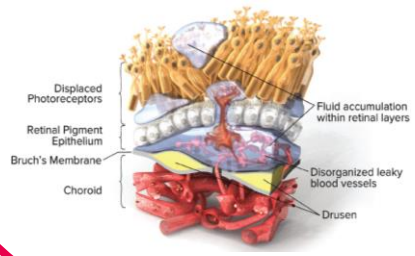
** Unaudited at December 31, 2022 **Does not include potential patent term extension*

Wet AMD & DME Are the Leading Causes of Vision Loss in the Elderly and Diabetics

Increasing prevalence; large & growing market opportunity

Wet Age-Related Macular Degeneration

Edema caused by abnormal vasculature growth which ultimately results in the loss of visual function

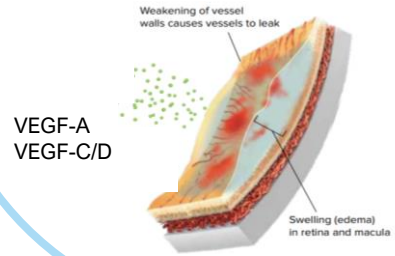


Epidemiology
(number of patients)

- **3.5M* wAMD**
- **2M# DME**
- **500K* RVO**

Diabetic Macular Edema (DME)

A complication of diabetes that manifests as inflammation, edema, and hard exudates in the macula and leads to loss of VA



Additional market opportunity:

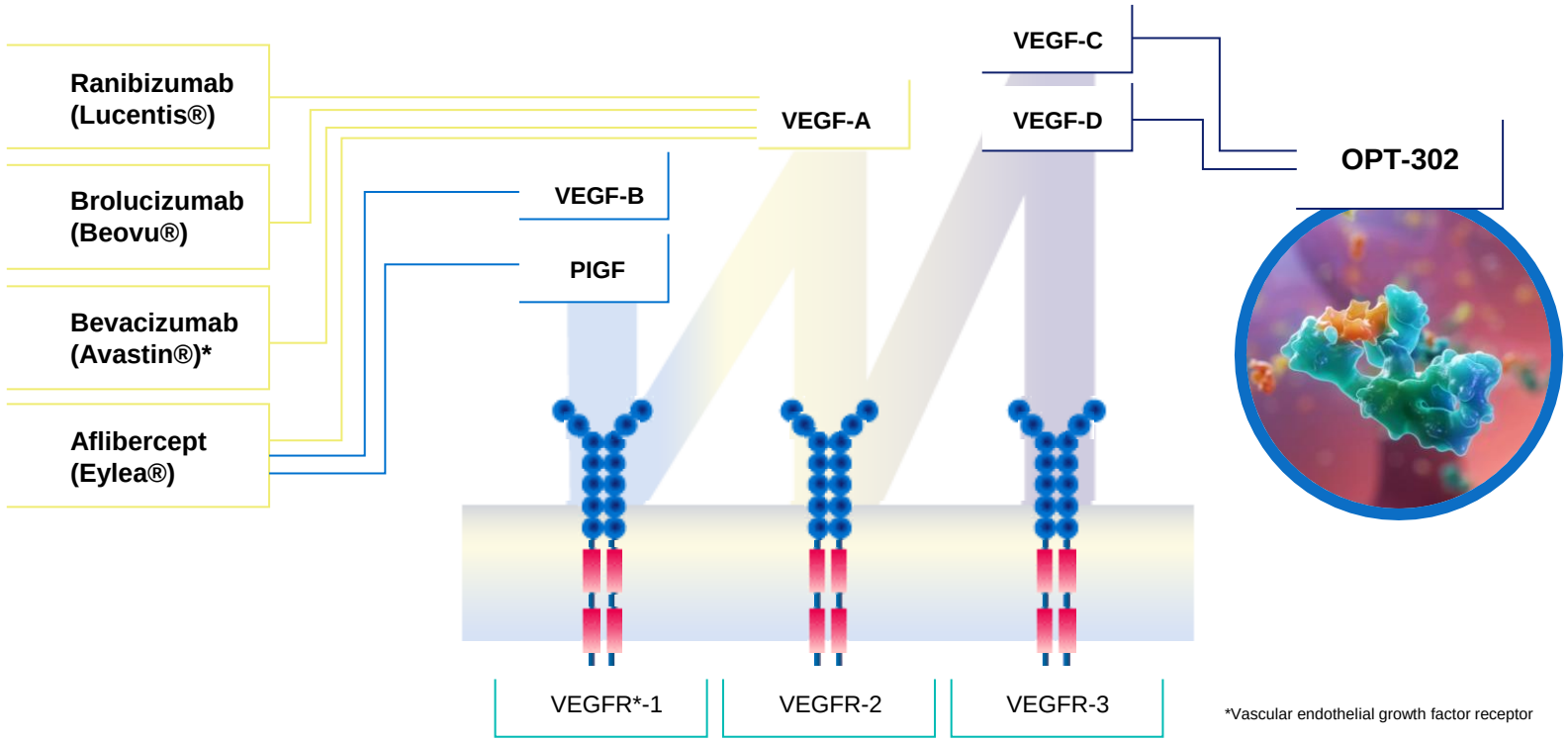
Macular Edema Secondary to Retinal Vein Occlusion (RVO)

Characterized by retinal vein blockage that selectively leads to edema formation and loss of visual acuity (VA)

**United States and Europe; #Worldwide.*

OPT-302 Combination Therapy Achieves Broad Blockade of the Validated Pathway in Wet AMD

Used in combination with any VEGF-A inhibitor, OPT-302 **completely blocks** VEGFR-2 and VEGFR-3 signaling, inhibiting the most important pathways driving angiogenesis and vascular leakage



*Vascular endothelial growth factor receptor

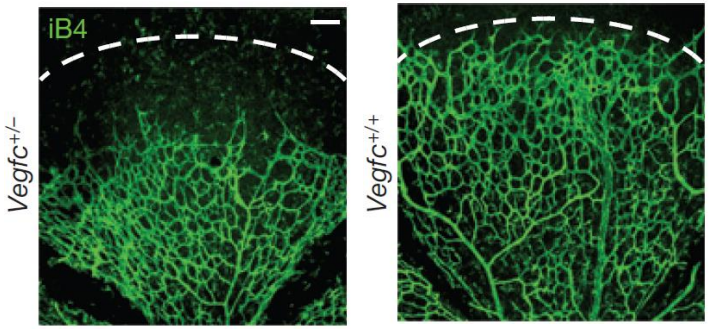
VEGF-A inhibition elevates VEGF-C and VEGF-D which may contribute to sub-optimal clinical efficacy of anti-VEGF-A treatments

*Bevacizumab is used 'off-label' for the treatment of neovascular (wet) AMD.

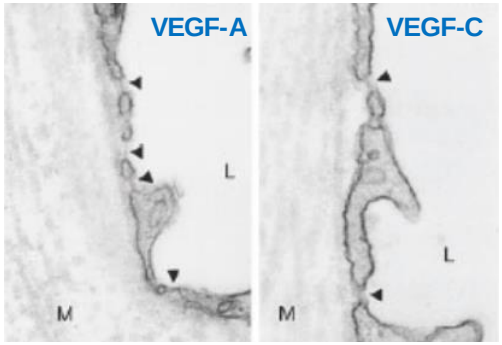
Role of VEGF-C in Wet AMD

Published Data Suggest VEGF-C May Contribute to Sub-optimal Responses to Anti-VEGF-A Therapy

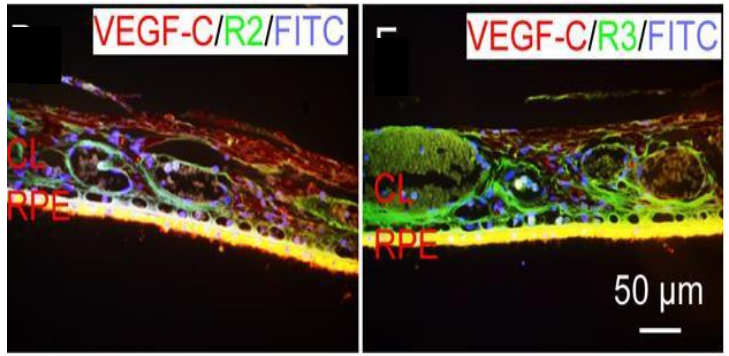
VEGF-C stimulates retinal angiogenesis^



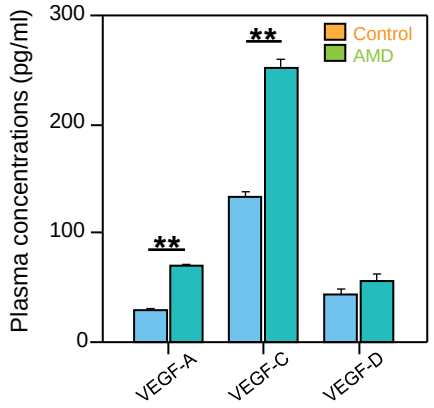
VEGF-A and VEGF-C induce vascular leakage/permeability#



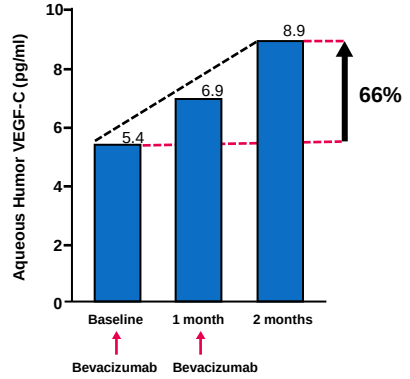
Elevated VEGF-C and its receptors R2 and R3 in wet AMD clinical specimens†



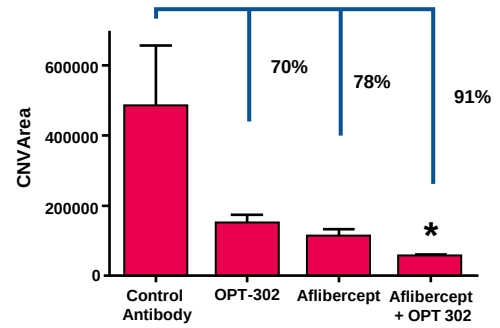
Circulating VEGF-C levels significantly elevated in AMD patients †



Elevated VEGF-C in aqueous humor following anti-VEGF-A therapy in Wet AMD Patients*



Additive benefit of VEGF-A and VEGF-C/D inhibition in mouse Wet AMD model



^Tammela et al., Nature Cell Biology, 2011 , #Zhou et al. BMC Ophthalmology (2020) 20:15; #Cao et al,. Circ Res., 2004; †Lashkari et al , 2013 ARVO Annual Meeting, 4999-A0128; *Cabral et al,. 2018 Ophthalmology Retina (2018).

OPT-302 is the Next Transformational Step in Treatment for Retinal Diseases

There have been no new targeted therapies with novel mechanisms approved for wet AMD since the approval of the first VEGF-A inhibitor >15 years ago

MACUGEN® PEGAPTANIB SODIUM INJECTION

Isoform-specific VEGF-A_{165} inhibition

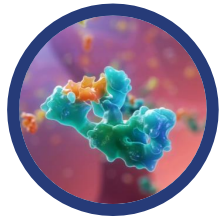
LUCENTIS® RANIBIZUMAB INJECTION

Off-label use AVASTIN® bevacizumab

Target all isoforms of VEGF-A

EYLEA® (aflibercept) Injection For Intravitreal Injection

Targets VEGF-A, VEGF-B, and PlGF



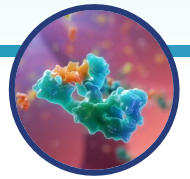
New Mechanism of Action:

OPT-302 targets VEGF-C/D

Most advanced product in clinical development with demonstrated potential to **IMPROVE** patient visual outcomes

Large and Growing Market Opportunity in Wet AMD

OPT-302 Is Anti-VEGF-A and Durability Agnostic



>$16B

Potential Addressable Market Wet AMD

~50% treated patients receive Avastin ®

AVASTIN bevacizumab — Off-label use

LUCENTIS RANIBIZUMAB INJECTION

EYLEA (aflibercept) Injection For Intravitreal Injection

Implied Total Addressable Market for OPT-302 in wet AMD

(Captures Lucentis, Eylea, and Avastin or biosimilar-treated patients worldwide)

>US$8B

Wet AMD

~50% treated patients receive Lucentis® or Eylea®

LUCENTIS RANIBIZUMAB INJECTION

EYLEA (aflibercept) Injection For Intravitreal Injection

Total global revenue for Lucentis and Eylea

OPT-302 is uniquely positioned to tap into the entire VEGF-A inhibitor market

A Need for New Therapies for Wet AMD

Impact of Vision Loss

Socio-economic impact includes:

- Reduced quality-of-life, independence, mobility, and socialization
- Increased injury and falls
- Worsened mental health

Wills Eye Institute Survey:

A person with 20/40 vision would be willing to trade two of every 10 years of their remaining life to retain perfect vision

Phase 3 Registrational Trials

Despite regular anti-VEGF-A therapy:

- Majority of patients do not achieve 20/40 vision
- Majority cannot resume routine daily activities

	% Pts that achieved 20/40 vision at 12 mos
Lucentis Ph3 (MARINA[1])	40%
Lucentis Ph3 (ANCHOR[2])	38%

	% Pts that gained ≥15 letters
Eylea Ph3 (VIEW1[3])	33%
Eylea Ph3 (VIEW2[3])	31%

Real-World Data

Patient cohort receiving anti-VEGF-A therapy (after loading doses prn or T&E)[4]

At 10 years follow-up:

- 33% achieved 20/40 vision at 10 years
- 67% did not achieve 20/40 vision
- 14% considered legally blind (≤ 20/200)

1. Rosenfeld et al., NEJM, 2006. 2. Brown et al., NEJM, 2006. 3. Heier et al., Ophthalmology, 2012. 4. Chandra et al., Eye, 2020.

OPT-302 Combination Therapy Clinical Program

Now Recruiting

Completed
Phase 1/2a
wet AMD
(n=51)

Comparator

Ranibizumab
once every month

OPT-302
once every month

3 x monthly dosing

Treatment naïve / Prior-treated

Completed
Phase 1b/2a
DME
(n=153)

Comparator

Aflibercept
once every month

OPT-302
once every month

3 x monthly dosing

Prior-treated

Completed
Phase 2b
wet AMD
(n=366)

Comparator

Ranibizumab
once every month

OPT-302
once every month

6 x monthly dosing

Treatment naïve

ShORe
Phase 3
wet AMD
(n=990)

Comparator

Ranibizumab
once every month

Standard Dosing	Extended Dosing
OPT-302 once every month	OPT-302 once every two months after three monthly doses
Monthly dosing	Every two months dosing

Treatment naïve patients

COAST
Phase 3
wet AMD
(n=990)

Comparator

Aflibercept
once every two months
after three monthly doses

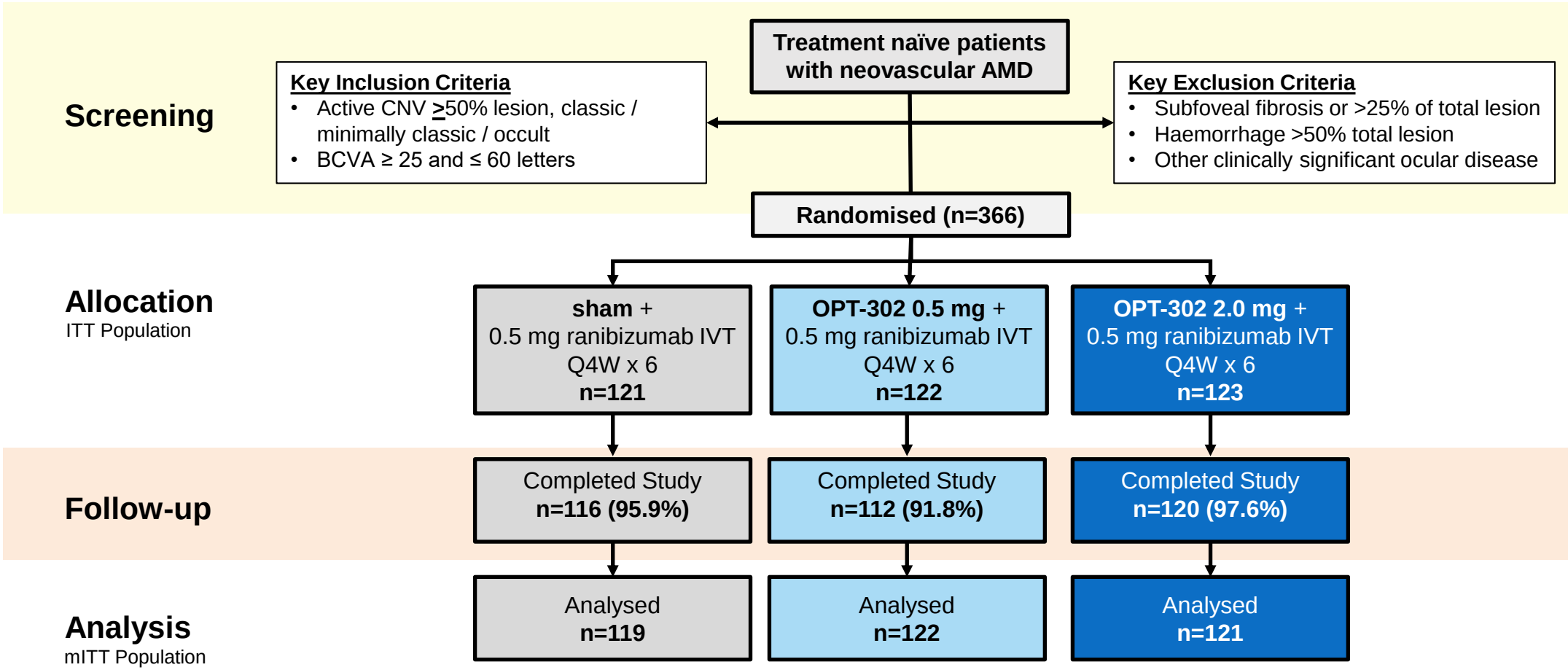
Standard Dosing	Extended Dosing
OPT-302 once every month	OPT-302 once every two months after three monthly doses
Monthly dosing	Every two months dosing

Treatment naïve patients

OPT-302 pivotal registrational Phase 3 wet AMD program designed to maximize outcomes with most flexible SoC dosing regimens

ShORe and COAST Phase 3 pivotal trials incorporate key learnings from our Phase 2b clinical trial in wet AMD patients which demonstrated superior vision outcomes following OPT-302 combination therapy, supporting a high level of confidence in the OPT-302 development program.

Phase 2b Study Overview



CNV – choroidal neovascularisation; IVT – intravitreal; Q4W – once very 4 weeks, ITT – Intent to Treat Population, all participants who were randomised into the study irrespective of whether study medication was administered or not, Safety Population - all participants in the ITT but excluding those who did not receive at least one dose of study medication
mITT – Modified ITT Population, all participants in the Safety Population but excludes any participant without a Baseline VA score and/or any participant who did not return for at least one post-baseline visit

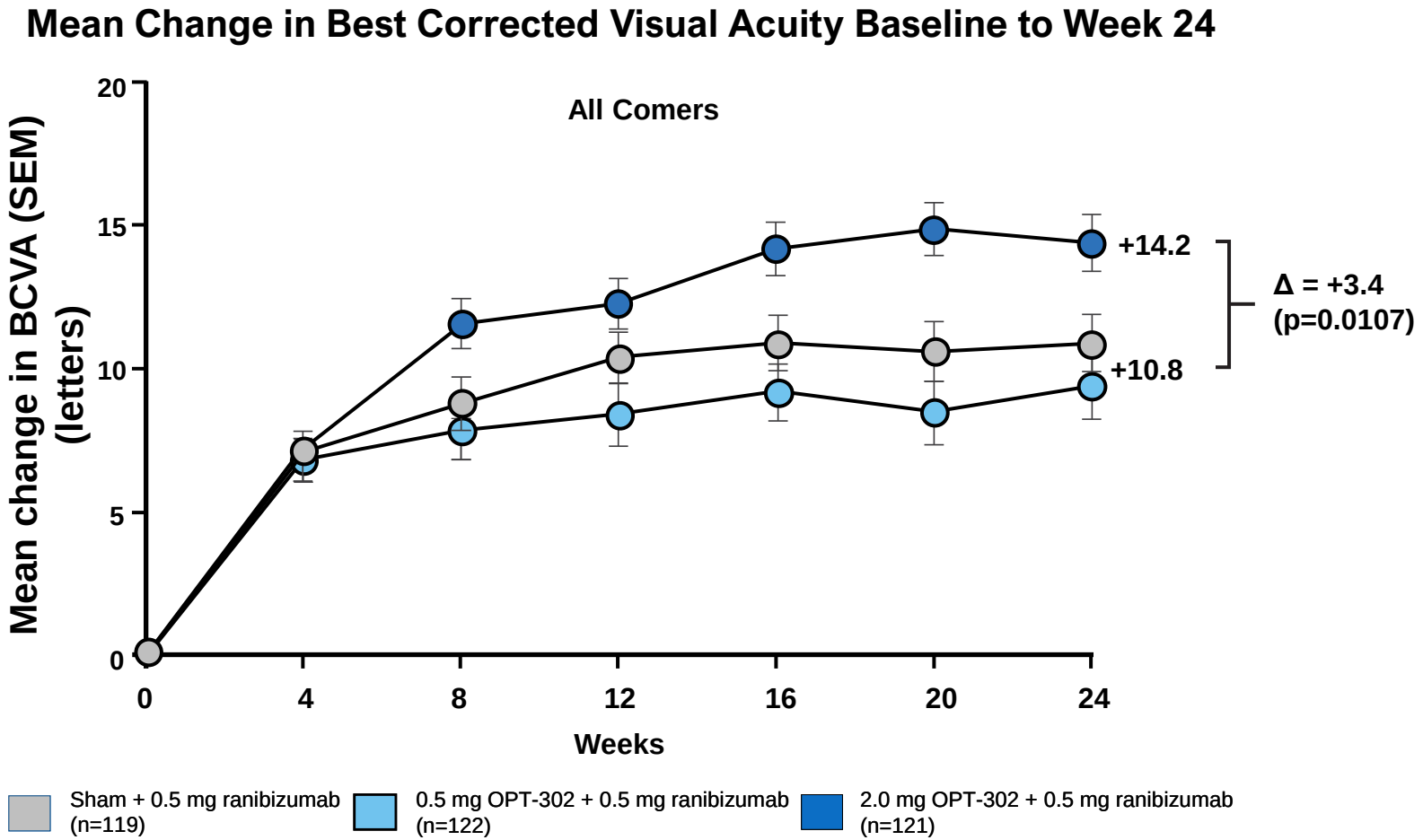
Phase 2b Study Demographics and Baseline Characteristics

Demographic/Baseline Disease Characteristic		Sham + ranibizumab n=121	0.5 mg OPT-302 + ranibizumab n=122	2.0 mg OPT-302 + ranibizumab n=123
Mean Age – years ± SD		76.1 ± 9.48	78.8 ± 8.16	77.8 ± 8.82
Sex – n (%)	Male	48 (39.7%)	49 (40.2%)	45 (36.6%)
	Female	73 (60.3%)	73 (59.8%)	78 (63.4%)
Caucasian Race – n (%)		117 (99.2%)	119 (99.2%)	117 (97.5%)
Mean Visual Acuity (BCVA) – letters ± SD		50.7 ± 10.21	51.1 ± 8.96	49.5 ± 10.26
Mean Total Lesion Area - mm^2 ± SD		6.08 ± 3.21	6.48 ± 3.30	6.62 ± 3.39
Lesion Type	Predominantly classic – n (%)	15 (12.4%)	15 (12.3%)	16 (13.0%)
	Minimally classic – n (%)	53 (43.8%)	51 (41.8%)	53 (43.1%)
	Occult - n (%)	53 (43.8%)	56 (45.9%)	54 (43.9%)
	PCV detected[1] – n (%)	20 (16.5%)	24 (19.7%)	22 (17.9%)
	RAP detected[2] – n (%)	15 (12.7%)	22 (18.5%)	14 (11.8%)
Mean central subfield thickness (CST) - mm ±SD		412.10 ± 110.62	425.18 ± 120.45	414.12 ± 123.25
Sub-retinal fluid (SRF) present – % participants		89.3%	84.4%	87.8%
Intra-retinal cysts present – % participants		57.9%	63.9%	56.1%

Intent-to-Treat (ITT) population; SD: standard deviation; BCVA: Best Corrected Visual Acuity.
[1]PCV - polypoidal choroidal vasculopathy, detected by SD-OCT, FA and fundus photography.
[2]RAP - retinal angiomatous proliferation, detected by SD-OCT, FA and fundus photography.

OPT-302 (2.0 mg) Combination Therapy Demonstrated Superiority in Visual Acuity over Ranibizumab Monotherapy

- Primary endpoint achieved

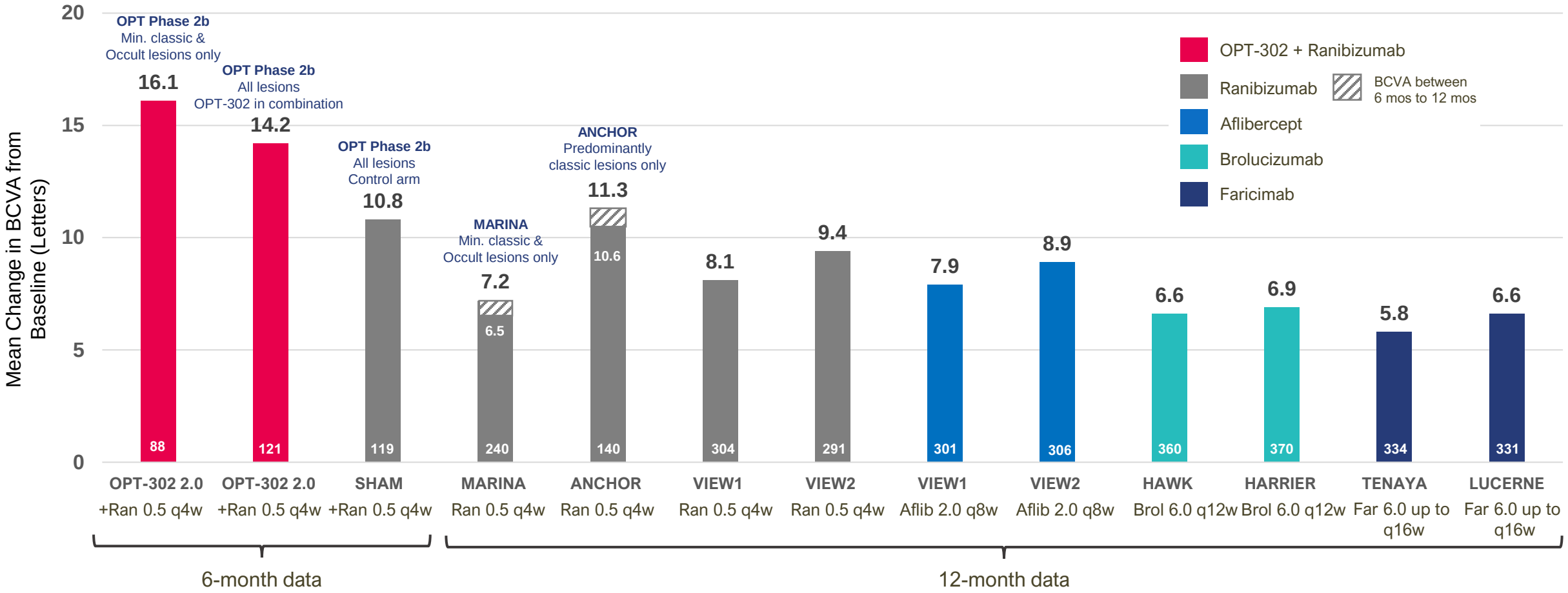


mITT; BCVA – Best Corrected Visual Acuity.
Left: Difference in Least Square Means, using Model for Repeated Measures (MRM) analysis. Right: Graph represents "as observed" data and SEM.

OPT-302 Combination Therapy

Mean Visual Acuity Higher Relative to Previous VEGF-A Inhibitor Trials

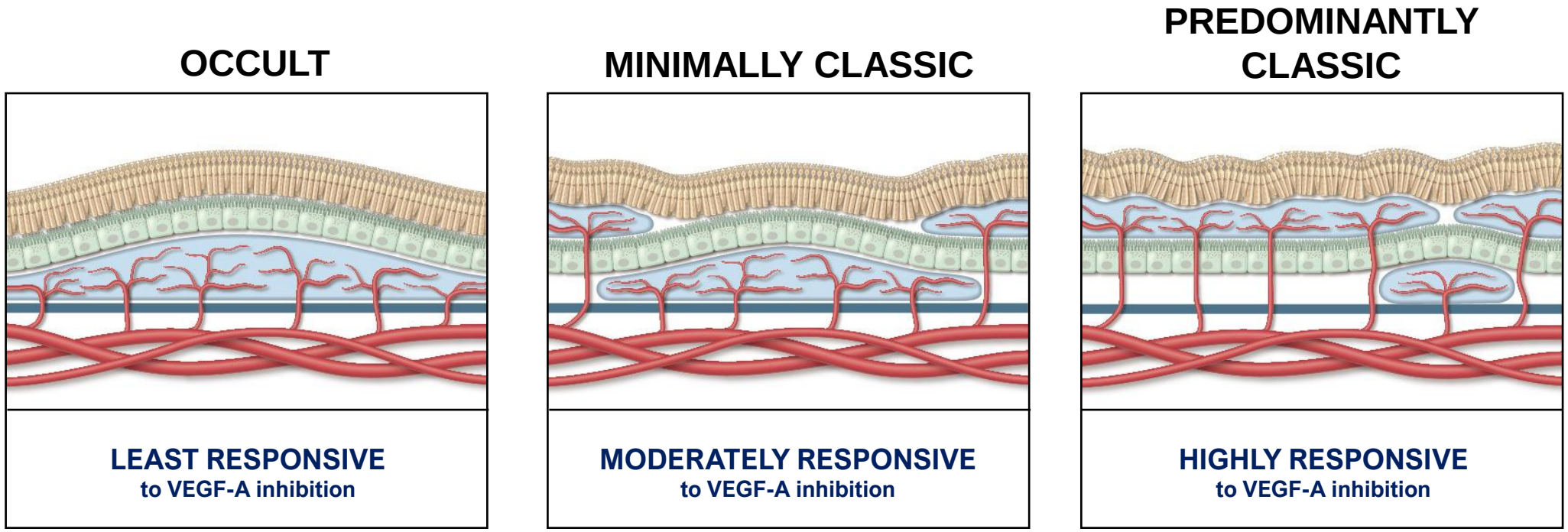
Efficacy at 6 months is typically maintained or greater at 12 months in Phase 3 trials with VEGF-A inhibitors



All trials shown, excluding Opthea's Phase 2b data, are Phase 3 registrational studies. Number of patients randomised to treatment group (n, bottom of bars). Mean change in Best Corrected Visual Acuity (BCVA) from baseline shown in ETDRS letters (top of bars). Aflib 2.0, aflibercept 2.0mg; Brol 6.0, brolucizumab 6.0mg; Far 6.0, faricimab 6.0mg; OPT-302 2.0, 2.0mg OPT-302; P2B, Phase 2b study OPT-302-1002; Ran 0.5, ranibizumab, 0.5 mg; administered every four weeks; q8w, administered every 8 weeks (following 3 x 4-weekly loading doses); q12w, administered every 12 weeks; up to q16w, administered up to every 16 weeks based on protocol defined disease activity assessments.

Neovascular (Wet) AMD Lesion Types

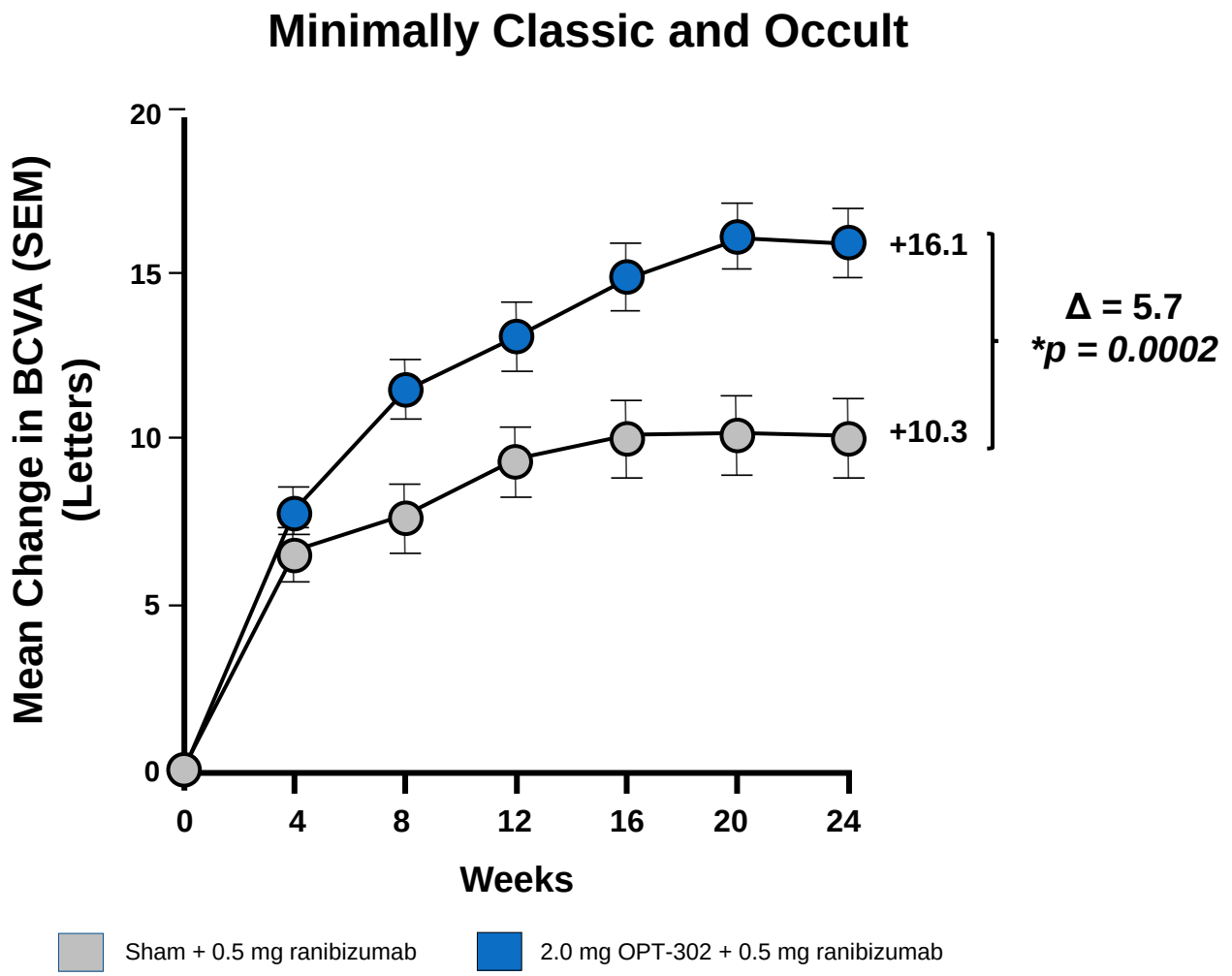
Differ in Vessel Location, Leakiness, and Responsiveness to VEGF-A Inhibitors



A majority of wet AMD patients, 65-80% of the real-world population, have occult and minimally classic lesions

Patients with Minimally Classic and Occult Lesions (RAP Absent) Responded Best in Phase 2b

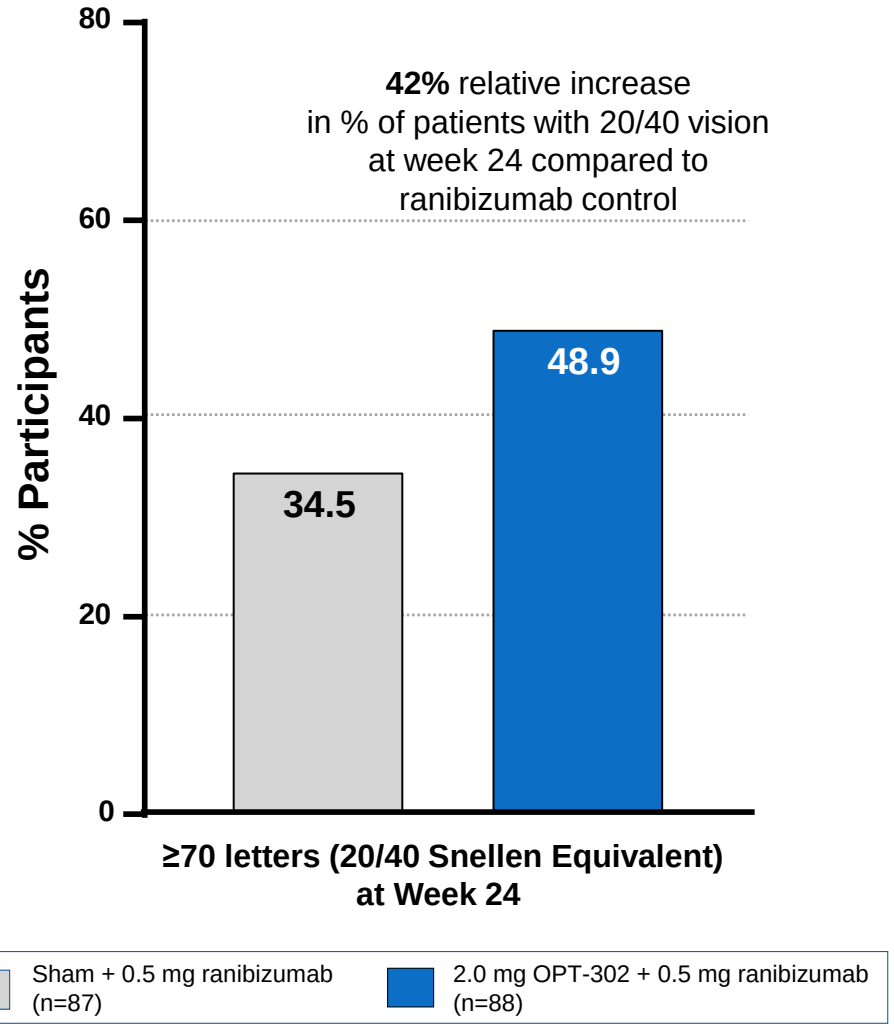
- Achieved greatest vision benefit
- Represents primary analysis population in OPT-302 Phase 3 program



*Unadjusted p-value.

BCVA (Snellen Equivalent) at Week 24 (Min.Classic & Occult, RAP Absent)

Higher Proportion of Patients with 20/40 Vision or Better in OPT-302 Combination Group

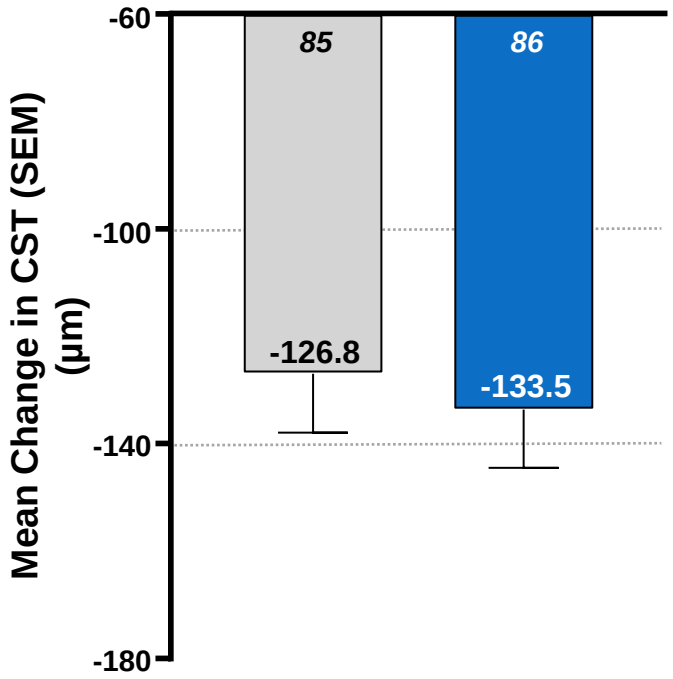


Modified Intent-to-Treat (mITT) population; as observed.

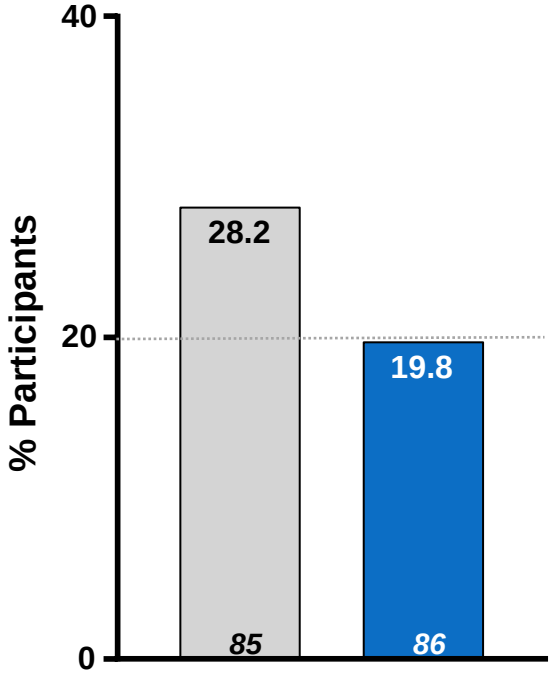
Reduced Retinal Thickness and Better ‘Retinal Drying’

With OPT-302 Combination Therapy in Min.Classic & Occult, RAP Absent Patients

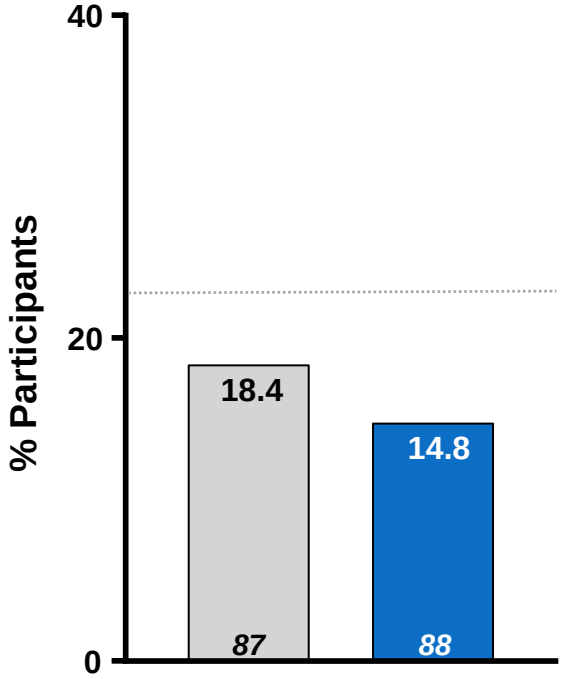
Mean Change in CST Baseline to Week 24



% of Participants with SRF at Week 24



% of Participants with IR Cysts at Week 24



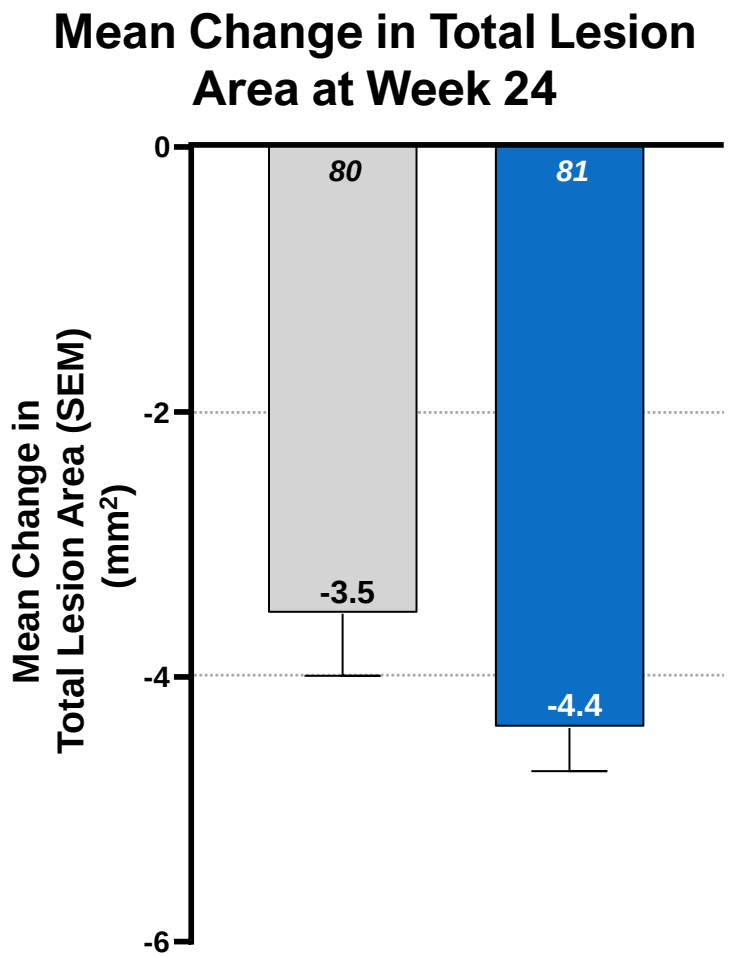
Sham + 0.5 mg ranibizumab (n=87)

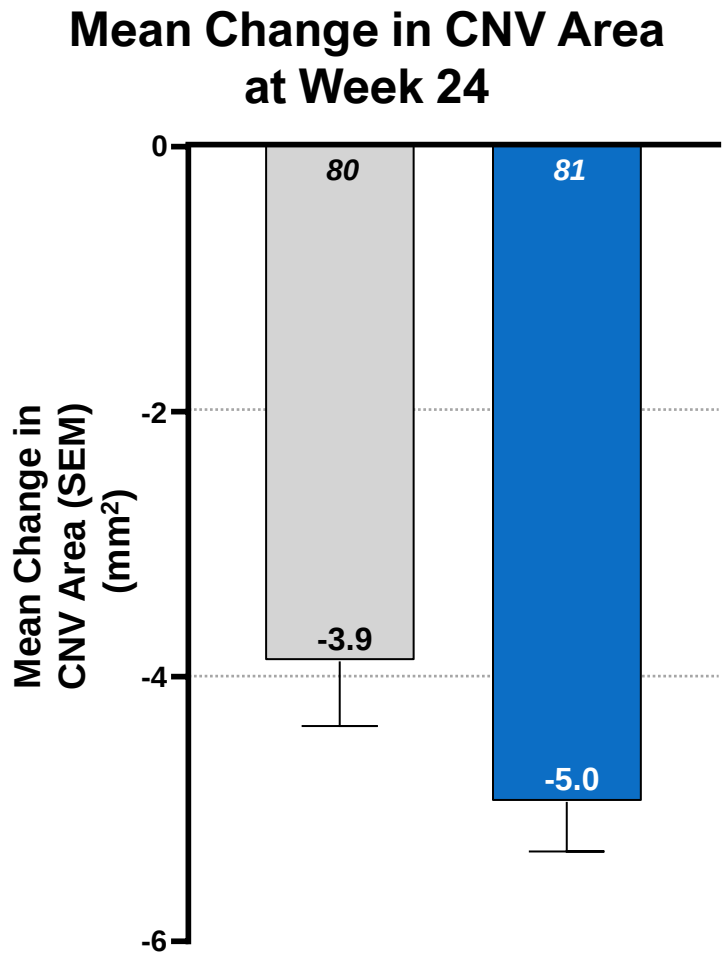
2.0 mg OPT-302 + 0.5 mg ranibizumab (n=88)

mITT; as observed; top of bar – statistic, bottom of bar - n.

Total Lesion Area at Week 24 (Min.Classic Occult, RAP Absent)

Greater Reduction in Total Lesion Area in OPT-302 2.0 mg Combination Group





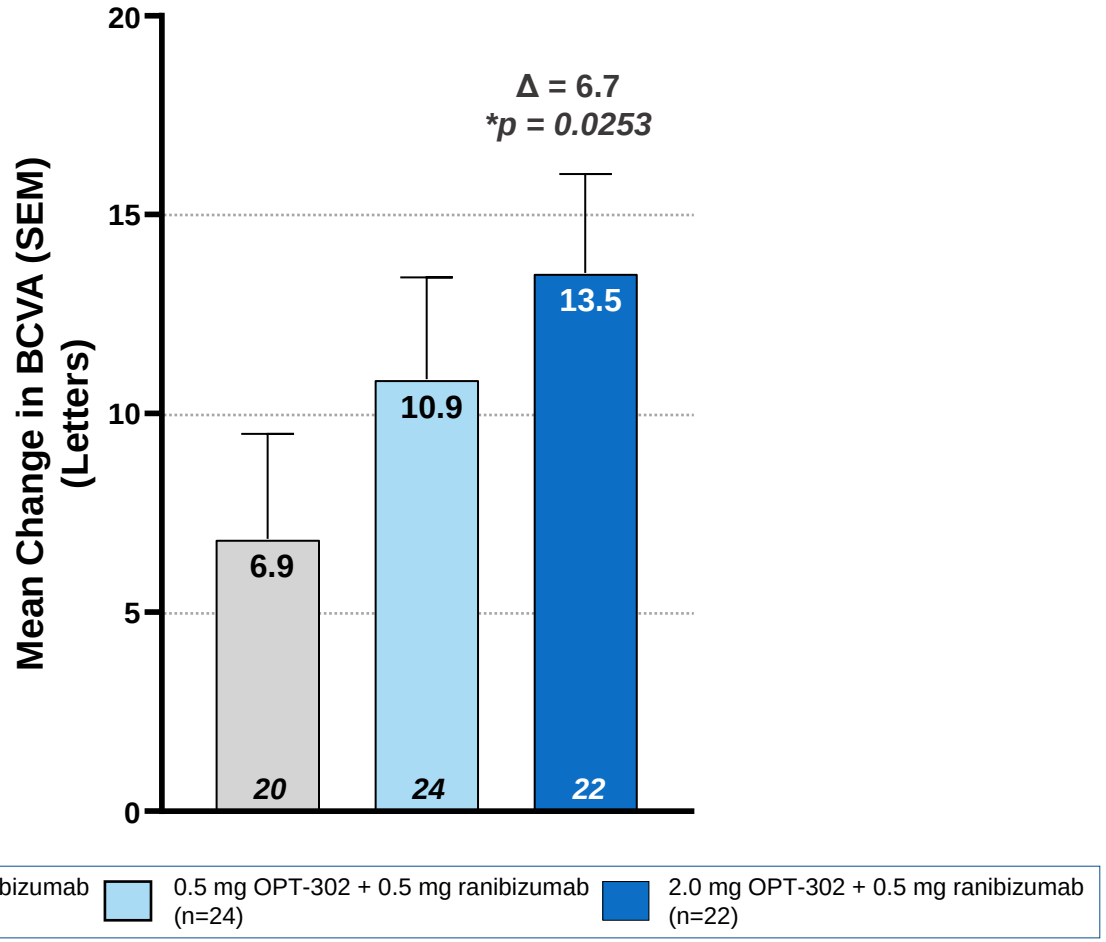
mITT; as observed; top of bar – statistic, bottom of bar – n.

OPT-302 Combination Therapy: Demonstrated potential to improve vision outcomes in patients with PCV lesions

Polypoidal Choroidal Vasculopathy (PCV) is a difficult-to-treat wet AMD subtype with a large unmet need

In Phase 2b, OPT-302 combination therapy demonstrated potential to improve vision outcomes for patients with PCV

- **PCV is highly prevalent in Asian populations (up to ~60%)**
- **Described as the most prevalent form of wet AMD worldwide**



*Unadjusted p-value

OPT-302 Was Well-tolerated with Very Low Incidence of Ocular Inflammation, Comparable to Standard-of-Care Therapy

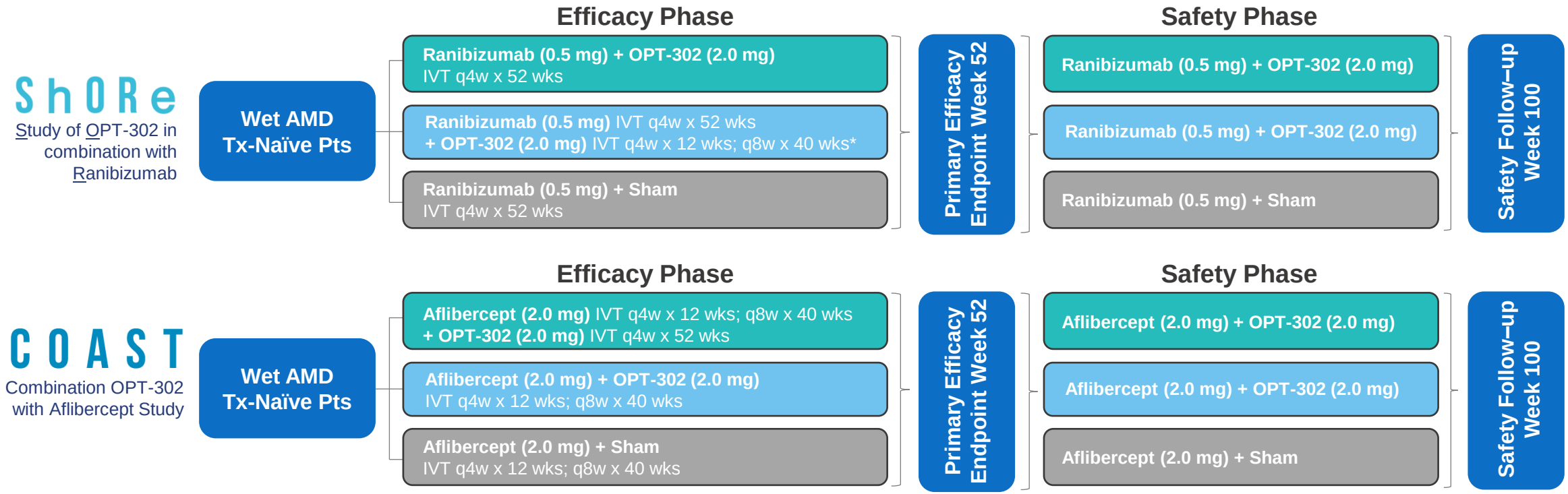
N Participants (%)	Sham + ranibizumab n=121	0.5 mg OPT-302 + ranibizumab n=120	2.0 mg OPT-302 + ranibizumab n=124
Treatment emergent AEs (TEAEs)	84 (69.4%)	87 (72.5%)	93 (75.0%)
Ocular AEs - Study Eye – related to study product(s)[1]	17 (14.0%)	17 (14.2%)	19 (15.3%)
Ocular AEs - Study Eye – Severe[2]	1 (0.8%)	2 (1.7%)	1 (0.8%)
Serious AEs	10 (8.3%)	16 (13.3%)	7 (5.6%)
Ocular SAEs in Study Eye	0 (0.0%)	2[3] (1.7%)	0 (0.0%)
Intraocular inflammation[4] – Study Eye	2[5,6] (1.7%)	2[3] (1.7%)	1[5] (0.8%)
Participants with AEs leading to study IP discontinuation only	2 (1.7%)	3 (2.5%)	0 (0.0%)
Participants with AEs leading to study discontinuation	1[7] (0.8%)	0 (0.0%)	0 (0.0%)
Any APTC event	0 (0.0%)	1[8] (0.8%)	0 (0.0%)
Deaths	2[9] (1.7%)	0 (0.0%)	0 (0.0%)

Safety population analysed according to medication received.
[1] Assessed by investigator to be "possibly related", "probably related" or "definitely related" to administration of study drug(s).
[2] Assessed by Investigator to be National Institutes of Health (NIH) Common Terminology Criteria for Adverse Events (CTCAE) grade 3 or above, or, if CTCAE grade is unavailable, an AE assessed as "causing an inability to perform normal daily activities."
[3] SAE of endophthalmitis, with AEs of hypopyon and anterior chamber cell (n=1), SAE of vitritis (n=1).
[4] AEs considered to be indicative of intraocular inflammation, defined prior to database lock as: Endophthalmitis, iritis, vitritis, iridocyclitis, uveitis, hypopyon, viral iritis, or anterior chamber inflammation.
[5] Transient anterior chamber cell (trace 1-4 cells).
[6] Not reported as a TEAE.
[7] Squamous cell carcinoma of the lung diagnosed shortly after Baseline visit.
[8] Non-fatal myocardial infarction.
[9] Pneumonia (n=1), infective endocarditis (n=1).

OPT-302 Phase 3 Pivotal Program

Topline Primary Data Analysis Mid CY 2024

- Opthea intends to submit Biologics License Application (BLA) and Marketing Authorization Application (MAA) with the FDA and EMA, respectively, following completion of the primary efficacy phase of the trials



- **Design:** Multi-centre, double-masked, randomised (1:1:1), sham control
- **Regulatory quality:** 90% power, 5% type I error rate
- **Sample size:** 330 patients per arm, 990 per study
- **Primary Objective:** Mean change from Baseline in BCVA at Wk 52

*Sham administered at visits when OPT-302 is not administered.

Phase 3 Clinical Program Is Informed by Phase 2b and Optimized for Success

Enrichment of patient population

- Exclusion of retinal angiomatous proliferation (RAP) lesions
- Increases the additional mean BCVA gain in the total study population from +3.4 letters to +4.4 letters

Hierarchical primary analysis

- First conducted in the occult and minimally classic population followed by total patient population
- Maximises opportunity to demonstrate most compelling vision benefit by increasing the additional mean BCVA gain from +4.4 letters to +5.7 letters
- Highly statistically powered to detect superior BCVA gains

Maximizing commercial opportunity

- OPT-302 investigated in combination with two standard-of-care treatments to be positioned as agnostic to combined anti–VEGF-A agent

Aligned with U.S. (FDA) and European (EMA) regulatory agencies feedback on Phase 3 trial design and analysis plan

- OPT-302 granted Fast-Track designation by FDA

OPT-302 Has the Potential to Revolutionize the Treatment of Wet AMD and Improve Vision

Market Background

- Large treated (80%) wet AMD market in a US$8B dollar anti-VEGF-A category
- Standard of care is anti-VEGF-A injections once per month or every two months by intravitreal delivery

OPT-302 Is a First-in-Class VEGF-C/D 'Trap'

- Highest unmet need in wet AMD is EFFICACY **to improve visual outcomes**
- >45% do not achieve meaningful vision gain, >60% have persistent fluid, and 25% suffer further vision loss despite anti-VEGF-A treatment
- Current innovation is focused on durability rather than improving visual outcomes

High Unmet Need

- When combined with anti-VEGF–A, OPT-302 broadly shuts down the VEGF/VEGFR pathways driving angiogenesis and vascular leakage
- **Only** current therapy demonstrating **superior visual outcomes** on top of anti-VEGF–A with comparable safety
- Phase 2b results demonstrate visual acuity gains over standard of care:
  - Additional +5.7 letter gain (p=0.0002)* in minimally classic and occult lesion patients (80% of patient population)
  - Additional +6.7 letter gain (p=0.025)* in PCV lesions, a difficult-to-treat wet AMD subtype predominant in Asian populations with large unmet need
  - Additional +3.4 letter gain (p=0.0107) in total patient population
  - **FDA Fast Track** status granted based on superior Phase 2b results
- Two global pivotal Phase 3 trials, ShORe and COAST, currently recruiting, topline data calendar year 2024

Financials

- Multibillion **dollar** commercial opportunity in U.S. and in EU for wet AMD alone
- Additional indications DME, RVO, polypoidal (PCV) wet AMD represent blockbuster upside opportunity
- Strong Composition of Matter and Methods of Use patents valid till 2034
- Further opportunity for Patent Term Extension (PTE), data and market exclusivity periods beyond 2034

Launch

- U.S. launch 2025; EU, Japan, and ROW to follow
- Compelling patient, physician, and payer value propositions will propel acceptance, adoption, and uptake
- Only VEGF-C/D 'trap', no viable threat in competitive pipelines

#United States and Europe. *Unadjusted p-value.

OPT-302 Commercial Planning Underway

Opthea has a strong commercial platform and is rapidly building its commercial architecture, operations, and infrastructure

Brand and Commercial

Brand Development
KOL Engagement
Corporate Website
Professional Media
Social Media
Publication Planning
Conventions

NSGP Innovation For Life | NorthStream Global Partners

iso-form GHOST PINNACLE Exposition Services

MEETING SITES PRO, INC. LUCID LIGHTHOUSE

Operations

Market Research

ZS

CLEARVIEW RESEARCH CHICAGO ORLANDO

Infrastructure

Supply Chain Logistics

TwoLabs PHARMA SERVICES

Summary
OPT-302 for Wet AMD

✓ Differentiated MOA to improve efficacy

- OPT-302 is a biologic VEGF-C/D “trap”
- First and only therapy directly targeting VEGF-C&D inhibiting angiogenic signaling through VEGFR-2 and -3

✓ Strong Phase 2b Data

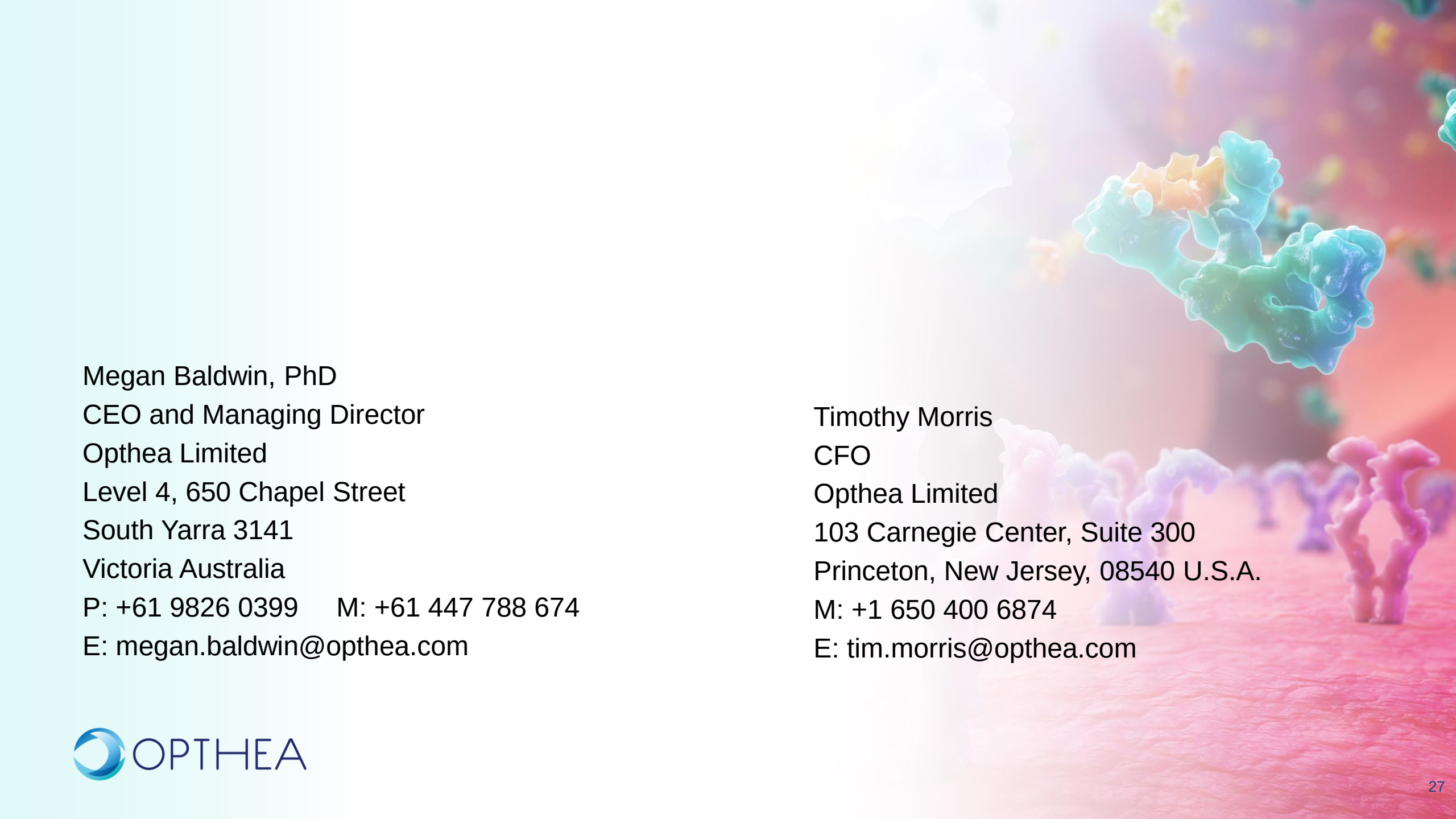
- Superior vision gains of OPT-302 combinaton therapy over standard of care
- Anatomical improvements
- Safety profile similar to standard of care

✓ Pivotal Phase 3 trials – topline data 2024

- Informed by Phase 2b data to maximize POS
- Aligned with FDA and EMA review of protocols
- Granted FDA Fast Track designation

✓ Multi-billion dollar commercial opportunity

- Existing $8BN p.a. global market for wet AMD alone
- Only VEGF-C/D ‘trap’, no viable threat in competitive pipelines
- Most advanced product in clinical development to address #1 unmet need for wet AMD patients – improvement in vision outcomes
- Clinical development agreement with Carlyle/Abingworth for up to $170m in place



Megan Baldwin, PhD
CEO and Managing Director
Opthea Limited
Level 4, 650 Chapel Street
South Yarra 3141
Victoria Australia
P: +61 9826 0399 M: +61 447 788 674
E: megan.baldwin@opthea.com

Timothy Morris
CFO
Opthea Limited
103 Carnegie Center, Suite 300
Princeton, New Jersey, 08540 U.S.A.
M: +1 650 400 6874
E: tim.morris@opthea.com

OPTHEA