



Q3 2023 Financial Results Conference Call

November 14, 2023
Nasdaq: BLTE

Forward-Looking Statements and Legal Disclaimer



This presentation (including any oral briefing and any question-and-answer in connection with it) is not intended to, and does not constitute, represent or form part of any offer, invitation or solicitation of any offer to purchase, otherwise acquire, subscribe for, exchange, sell or otherwise dispose of, any securities of Belite Bio Inc (“Belite Bio”) from any investor or in any jurisdiction in which such an offer or solicitation is not authorized or would be unlawful. No shares or other securities of Belite Bio are being offered to the public by means of this presentation. No offering of securities shall be made in the United States except pursuant to registration under the U.S. Securities Act of 1933, as amended, or an exemption therefrom. This presentation is being given (together with any further information which may be provided to the recipient) on the condition that it is for use by the recipient for information purposes and to evaluate Belite Bio and the proposed offering of securities of Belite Bio and for no other purpose. Any failure to comply with these restrictions may constitute a violation of applicable securities laws.

Any statements in this presentation about Belite Bio’s future expectations, plans and prospects constitute forward-looking statements for purposes of the safe harbor provisions under the Private Securities Litigation Reform Act of 1995. Forward-looking statements include statements about the strategy, operations and future expectations and plans and prospects for the Company, and any other statements containing the words “expect,” “intend”, “plan,” “predict,” “target,” “will,” “could,” “should,” “continue,” and similar expressions.

This presentation contains forward-looking statements, including statements regarding the potential implications of clinical data for patients, and Belite Bio's advancement of, and anticipated preclinical activities, clinical development, regulatory milestones, and commercialization of its product candidates. Actual results may differ materially from those indicated in the forward-looking statements as a result of various important factors, including but not limited to Belite Bio's ability to demonstrate the safety and efficacy of its drug candidates; the clinical results for its drug candidates, which may not support further development or regulatory approval; the content and timing of decisions made by the relevant regulatory authorities regarding regulatory approval of Belite Bio's drug candidates; Belite Bio's ability to achieve commercial success for its drug candidates, if approved; Belite Bio's ability to obtain and maintain protection of intellectual property for its technology and drugs; Belite Bio's reliance on third parties to conduct drug development, manufacturing and other services; Belite Bio's limited operating history and Belite Bio's ability to obtain additional funding for operations and to complete the development and commercialization of its drug candidates; Belite Bio's ability to enter into additional collaboration agreements beyond its existing strategic partnerships or collaborations, and the impact of the COVID-19 pandemic on Belite Bio's clinical development, commercial and other operations, as well as those risks more fully discussed in the “Risk Factors” section in Belite Bio's filings with the U.S. Securities and Exchange Commission. All forward-looking statements are based on information currently available to Belite Bio, and Belite Bio undertakes no obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, except as may be required by law.

Market data and industry information used throughout this presentation are based on the knowledge of the industry and the good faith estimates of Belite Bio’s management. The Company also relied, to the extent available, upon management’s review of independent industry surveys and publications and other publicly available information prepared by a number of third-party sources. All of the market data and industry information used in this presentation involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. Although the Company believes that these sources are reliable, it cannot guarantee the accuracy or completeness of, and has not independently conducted verification of the relevant market data and industry information used herein. While the Company believes the estimated market position, market opportunity and market size information included in this presentation are generally reliable, such information, which is derived in part from the management’s estimates and beliefs, is inherently uncertain and imprecise. No representations or warranties are made by the Company or any of its affiliates as to the accuracy of any such statements or projections. Projections, assumptions and estimates of our future performance and the future performance of the industry in which the Company operates are necessarily subject to a high degree of uncertainty and risk due to a variety of factors, including those described above. These and other factors could cause results to differ materially from those expressed in our estimates and beliefs and in the estimates prepared by independent parties.

Belite Participants



Management Team



**Tom Lin, MMED, PhD, MBA
(Chairman, CEO)**

- 10+ years of executive management roles in biotech
- Over 10 new drug developments in multiple therapeutic areas including ophthalmology
- University of Sydney, University of Melbourne, Harvard Medical School, Columbia University, London Business School, HK University



**Nathan Mata, PhD
(CSO)**

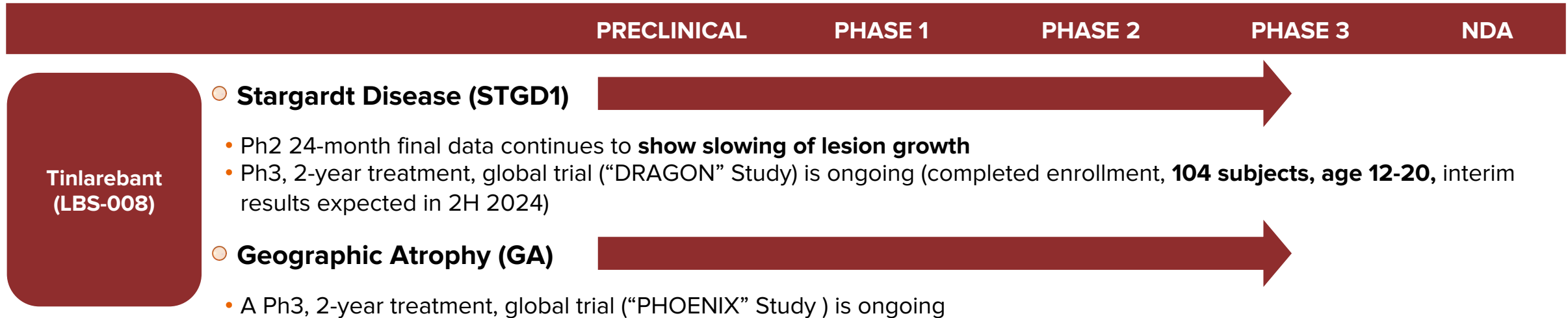
- 15+ years of ophthalmic drug development experience across numerous indications, including two NDAs (Durezol and Zirgan)
- Led clinical development efforts for the first RBP antagonist in advanced dry AMD and the first visual cycle modulator in dry AMD and STGD1
- Introduced the industry's first STGD1 ABCA4 knockout mice model
- University of Texas



**Hao-Yuan Chuang, CFA, MBA, FRM
(CFO)**

- 13+ years of capital market experience; closed more than US\$32 billion of transactions
- Wanda, Suning, CITIC Securities
- Columbia University, London Business School, Hong Kong University

Belite Bio Pipeline Overview



- **Tinalarebant** is a **novel, once daily oral tablet** designed to bind to serum **retinol binding protein 4 (RBP4)** as a means to specifically reduce retinol delivery to the eye. This approach is intended to **slow or halt the formation of the toxic retinol-derived by-products** that are generated in the visual cycle and are **implicated in progression of STGD1 and GA.**
- Belite Bio believes that **early intervention directed at emerging retinal pathology**, which is not mediated by inflammation, would be the best approach to potentially slow disease progression in STGD1 & GA.
- **Unmet Market Opportunity:**
 - No FDA approved treatments for STGD1
 - No FDA approved orally administered treatments for GA
- **Fast Track Designation & Rare Pediatric Disease** in US and **Orphan Drug Disease** designation in US / EU for STGD1
- **14 active patent families**; composition of matter patent until at least **2040** without patent term extension



STGD1 Clinical Trials

Clinical Trial Design Overview in STGD1



Reduction in Lesion Growth Rate (DDAF) as Measured by Retinal Imaging is the FDA Accepted Primary Endpoint in STGD1 and GA

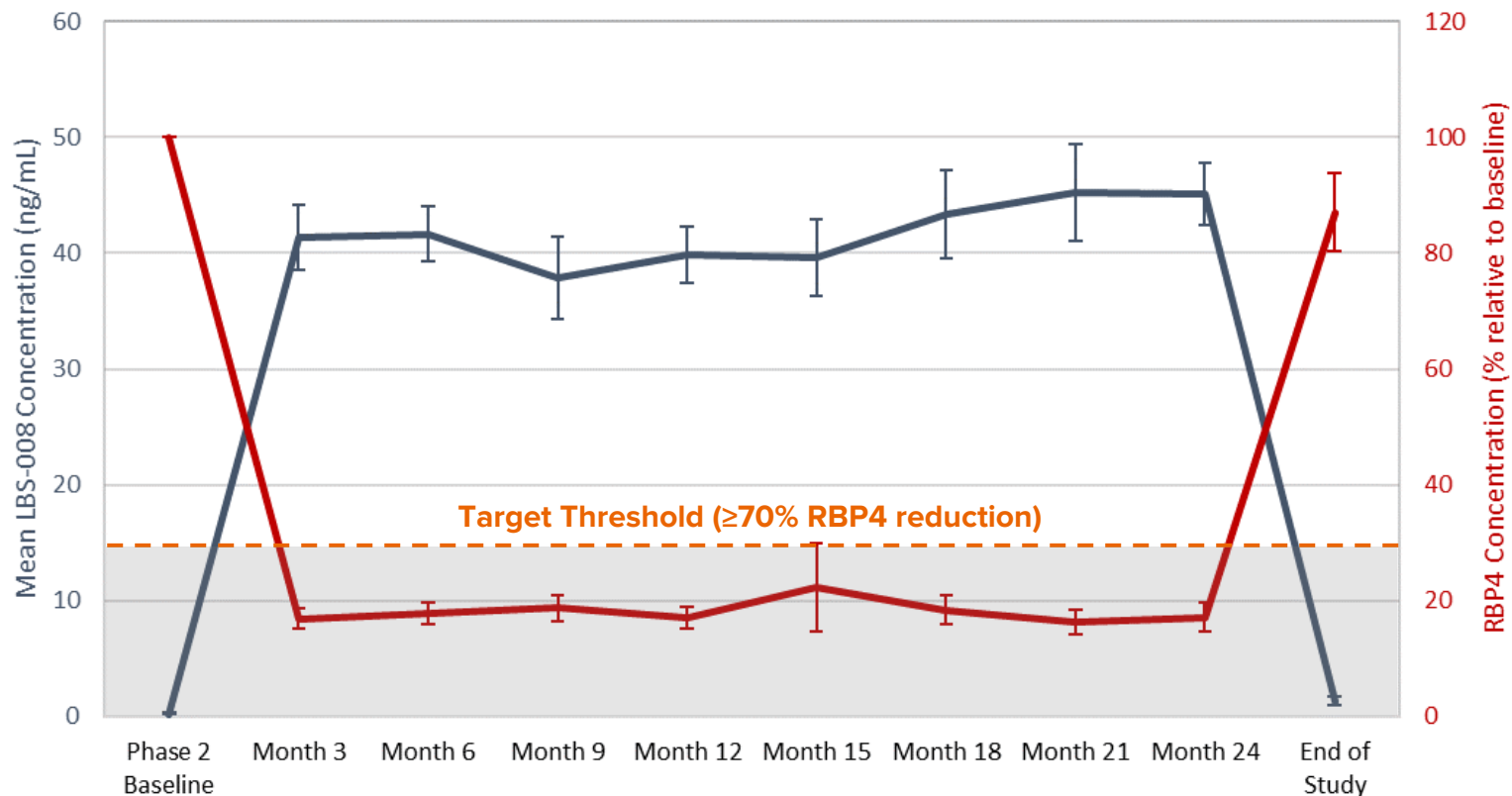
	STGD1 Phase 2 “LBS-008-CT02” (Preliminary 24-Month Data Available)	STGD1 “Dragon” Phase 3*
Enrollment	13 subjects** (QDAF, no DDAF)***	104 subjects (have DDAF)
Sites	Australia & Taiwan	Global
Masking	Open Label	Double Blind
Placebo	N/A	2:1 ratio (Tinlarebant : Placebo)
Treatment duration	2 years	2 years
Primary measures	Safety & tolerability, optimal dose	Efficacy as measured through DDAF lesion growth rate, safety & tolerability
Other measures	DDAF, QDAF, BCVA, SD-OCT, microperimetry	QDAF, BCVA, SD-OCT, microperimetry
Interim analysis	Yes	Yes
Key inclusion criteria	12-18 years old, diagnosed STGD1 with at least one mutation identified in the ABCA4 gene	12-20 years old, diagnosed STGD1 with at least 1 mutation identified in the ABCA4 gene, atrophic lesion size within 3 disc areas (7.62 mm ²), a BCVA of 20/200 or better

*FDA may require another clinical trial depending on the data from the ongoing Phase 3 study.

**LBS-008-CT02 initially enrolled 13 subjects in Australia and Taiwan. One subject in Australia was lost to follow up, therefore 12 subjects with complete 24-month data were evaluated.

***DDAF = definitely decreased autofluorescence; QDAF = questionably decreased autofluorescence.

Ph2 24-month: Reduction of Plasma RBP4 Levels

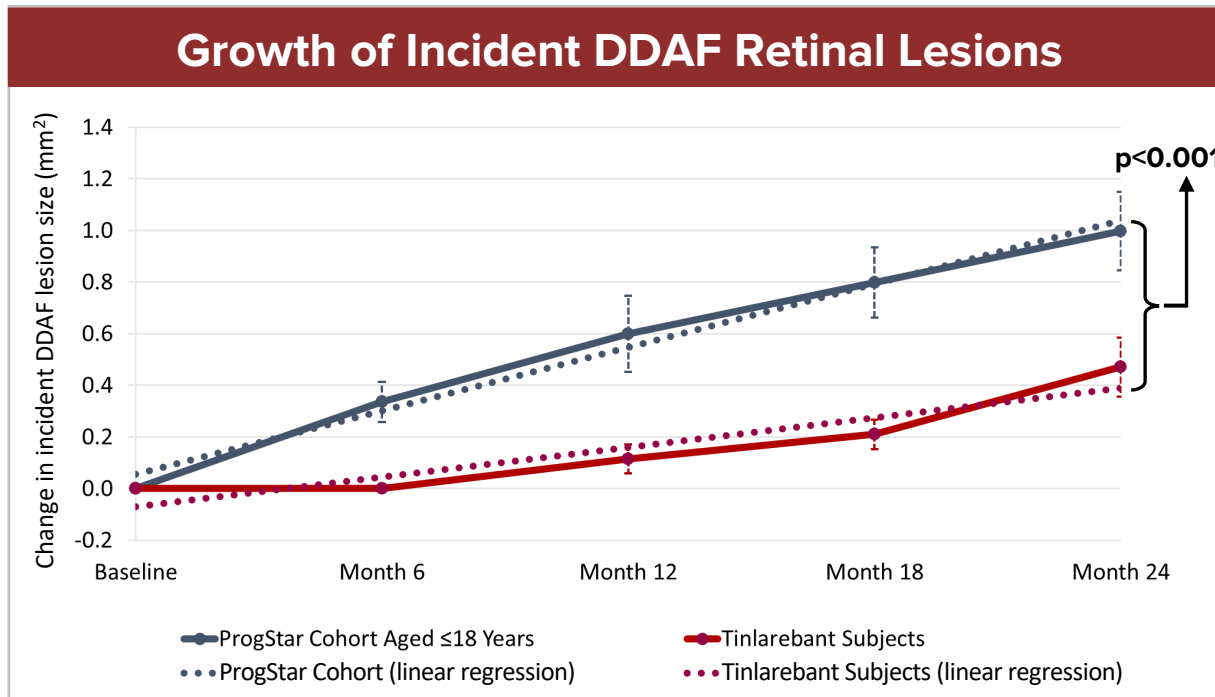


- The 5 mg daily dose was effective to reduce RBP4 level by a mean of approximately 80% relative to baseline
- RBP4 levels returned to 87% of the baseline value at End of Study (28-days following drug cessation)
- Recovery of RBP4 concentration correlated well with the decreased tinlarebant exposure

Ph2 24-month: Sustained Lower Lesion Growth Compared to ProgStar



- A comparison of incident DDAF lesion growth among ProgStar subjects with similar baseline characteristics as subjects in LBS-008-CT02 (i.e., ≤ 18 years old) was performed



	LBS-008-CT02	ProgStar Cohort ^{1,2}
Patient Pool	N=12	N=51* (aged ≤ 18 years)
Mean change in incident DDAF lesion size at Month 24	0.51 \pm 0.4 mm²	1.00 \pm 1.3 mm²

Note:

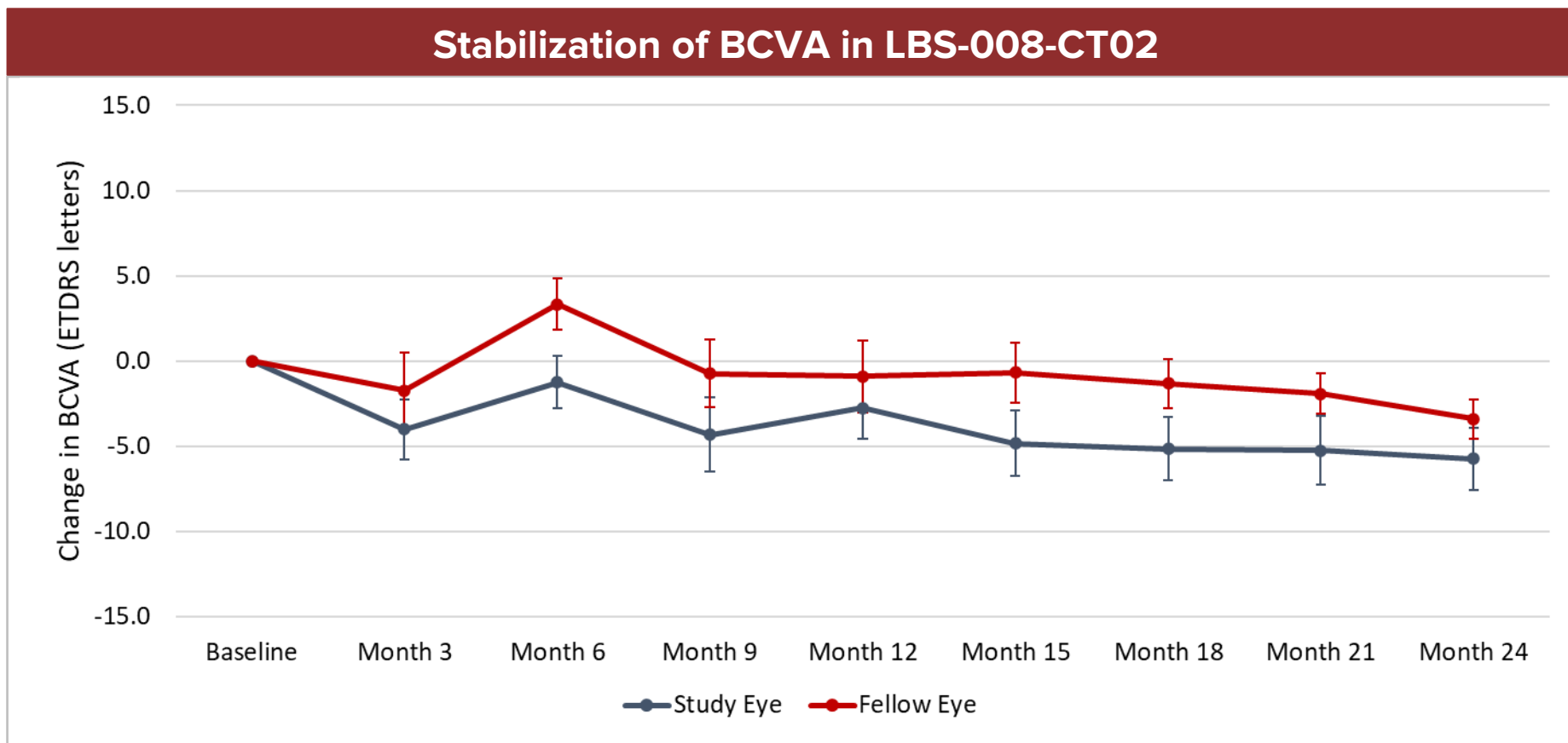
* Only 50 patients from ProgStar Cohort (aged ≤ 18) were included in the analysis due to one subject having ungradable screening FAF data

1. Strauss RW, Ho A, Muñoz B, et al. ProgStar Report No. 1. Ophthalmology. 2016;123(4):817-28.

2. Strauss RW, Muñoz B, Ho A, et al. ProgStar Report No. 9. JAMA Ophthalmol. 2017; 135(11):1232-1241.

- No development of DDAF** in 5 of 12 subjects at the 24-month timepoint
- A comparison of the 24-month DDAF lesion growth between Tinlarebant-treated subjects and ProgStar participants possessing similar baseline characteristics (aged ≤ 18 years) showed a sustained lower DDAF lesion growth in Tinlarebant-treated subjects over the 24-month treatment period ($p < 0.001$)

Ph2 24-month: Visual Acuity Data



- **Visual acuity** was stabilized in majority of subjects during the study with a mean loss of **5 letters** following 24 months of treatment (a loss of <10 letters is not considered clinically significant)

Ph2 24-month: Well-Tolerated Drug-Related Adverse Events



Adverse Events	Severity	Frequency (# and % of patients)
Xanthopsia/Chromatopsia	Mild	10/13 (76.9%)
Delayed Dark Adaptation	Mild	9/13 (69.2%)
Night Vision Impairment	Mild	1/13 (7.7%)
Increasing error score in FM100	Mild	1/13 (7.7%)
Intermittent headaches	Mild	2/13 (15.4%)

- Tinlarebant (5 mg p.o., daily) continues to be **safe** and **well tolerated** in adolescent STGD1 patients
- Tinlarebant treatment produced a mean **80% reduction of RBP4** (from baseline) throughout the study
- Delayed Dark Adaptation and Xanthopsia/Chromatopsia are the most common drug related ophthalmic AEs
- All instances of Delayed Dark Adaptation, Night Vision Impairment, and Xanthopsia/Chromatopsia were **mild** and **transient**
- No severe and moderate drug related AEs reported and no AEs requiring discontinuation of treatment
- No clinically significant findings in relation to vital signs, physical exams, cardiac health, or organ functions



Phase 3 Geographic Atrophy

Clinical Trial Design Overview in GA



- **Established Efficacy Endpoint** – Reduction in lesion growth rate (DDAF) as measured by retinal imaging is the FDA accepted primary endpoint for STGD1 and GA
- **Early Intervention** – Targeting patients with small lesion size to potentially slow disease progress at an early stage
- **Oral Once a Day Treatment** – well suited for long-term treatment for chronic diseases
- **Broad Potential** – Primary focus on GA; potential to treat earlier stages (e.g., intermediate AMD)

	GA Phase 3 “Phoenix”*
Enrollment	Approximately 430 subjects targeted (Enrolling)
Sites	Global
Masking	Double Blind
Placebo	2:1 ratio (Tinlarebant : Placebo)
Treatment duration	2 years
Primary measures	Slowing of atrophic lesion growth, safety & tolerability
Other measures	BCVA, SD-OCT, microperimetry
Interim analysis	Yes

*Additional Phase 3 study expected to be required prior to NDA filing



Q3 2023 Financial Results

For more info please visit: www.belitebio.com

Q3 2023 Financial Results



(In thousands of USD)	For the Three Months Ended September 30	
	2022	2023
Total operating expenses	2,540	10,961
- R&D	1,185	8,743
- G&A	1,355	2,218
Net loss	(2,403)	(10,935)

- Cash: \$54.5 million



Key Milestones

For more info please visit: www.belitebio.com


Key Milestones





Q1, 23

- Initiated Phase 3 PHOENIX study in GA 

Q2, 23

- April 25 - ARVO Presentation of 18-month data from Phase 2 study in STGD1 

H2, 23

- Completed the enrollment of Phase 3 DRAGON study in STGD1 
- November 5 – AAO Presentation of 24-month data from Phase 2 study in STGD1 

H2, 24

- Interim results from Phase 3 DRAGON study in STGD1 expected



Q&A to begin shortly

For more info please visit: www.belitebio.com