Belite Bio 2026 Commercial Day

September 2nd, 2026

8am-9:30am ET

Forward-Looking Statements and Legal Disclaimer

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Belite Commercial Day Agenda

Section	*Length*	*Speaker(s)*
Opening	5 mins	• **Tom Lin (Chief Executive Officer)**
Living with Stargardt Disease	15 mins	• **Tracey S.** • **Havah F.**
Disease and Clinical Overview	15 mins	• **Dr. Michel Michaelides**
U.S. Key Opinion Leader	10 mins	• **Dr. Paul Bernstein**
Tackling an Important Cause of Blindness	5 mins	• **Dr. Hendrik Scholl (Chief Medical Officer)**
U.S. Commercial	15 mins	• **Kelly Kilpatrick (Chief Commercial Officer)**
Live Q&A	25 mins	

Opening

Tom Lin

Chairman, CEO

Belite BIO

Belite BIO

Mission:

To preserve vision and pioneer degenerative retinal disease treatments where few or none exist today

Vision:

To shine light on the shadows of vision loss and degenerative retinal disease by changing how it is recognized and treated

Key Highlights

1. **FDA PRIORITY REVIEW** | PDUFA: Feb. 12, 2027
2. **POTENTIAL FIRST & ONLY TREATMENT** | Stargardt disease type 1
3. **U.S. LAUNCH READINESS** | Building capabilities to support patients if approved
4. **COMMERCIAL-STAGE TRANSFORMATION** | Positioned for transition to a commercial-stage biotech

Joining Today

Tom Lin, MMED, PhD, MBA
Chairman, CEO

Hao-Yuan Chuang, CFA, MBA, FRM
CFO

Hendrik Scholl, MD, MA
CMO

Kelly Kilpatrick
CCO

Guest Speakers

Michel Michaelides,
BSc MB BS MD(Res) FRCOphth FACS

- Consultant Ophthalmologist at Moorfields Eye Hospital in the Departments of Medical Retina, Inherited Eye Disease and Pediatric Ophthalmology
- Professor of Ophthalmology at the UCL Institute of Ophthalmology

Paul S. Bernstein,
MD, PhD

- Val A. and Edith D. Green Presidential Endowed Chair in Ophthalmology and Visual Sciences
- Vice-Chair for Clinical Research
- Chief of the Retina Division, Moran Eye Center
- University of Utah School of Medicine

Living with Stargardt Disease

Tracey S.

Havah F.

Belite BIO

Living with Stargardt Disease

Q1: What signs and symptoms led to your diagnosis of Stargardt disease?

Living with Stargardt Disease

Q2: What were you told to expect when you were diagnosed with Stargardt disease?

Living with Stargardt Disease

Q3: How does living with Stargardt disease impact your day-to-day life?

Living with Stargardt Disease

Q4: What is most challenging for you about living with Stargardt disease?

Living with Stargardt Disease

Q5: What are your hopes for the future for people living with Stargardt disease?

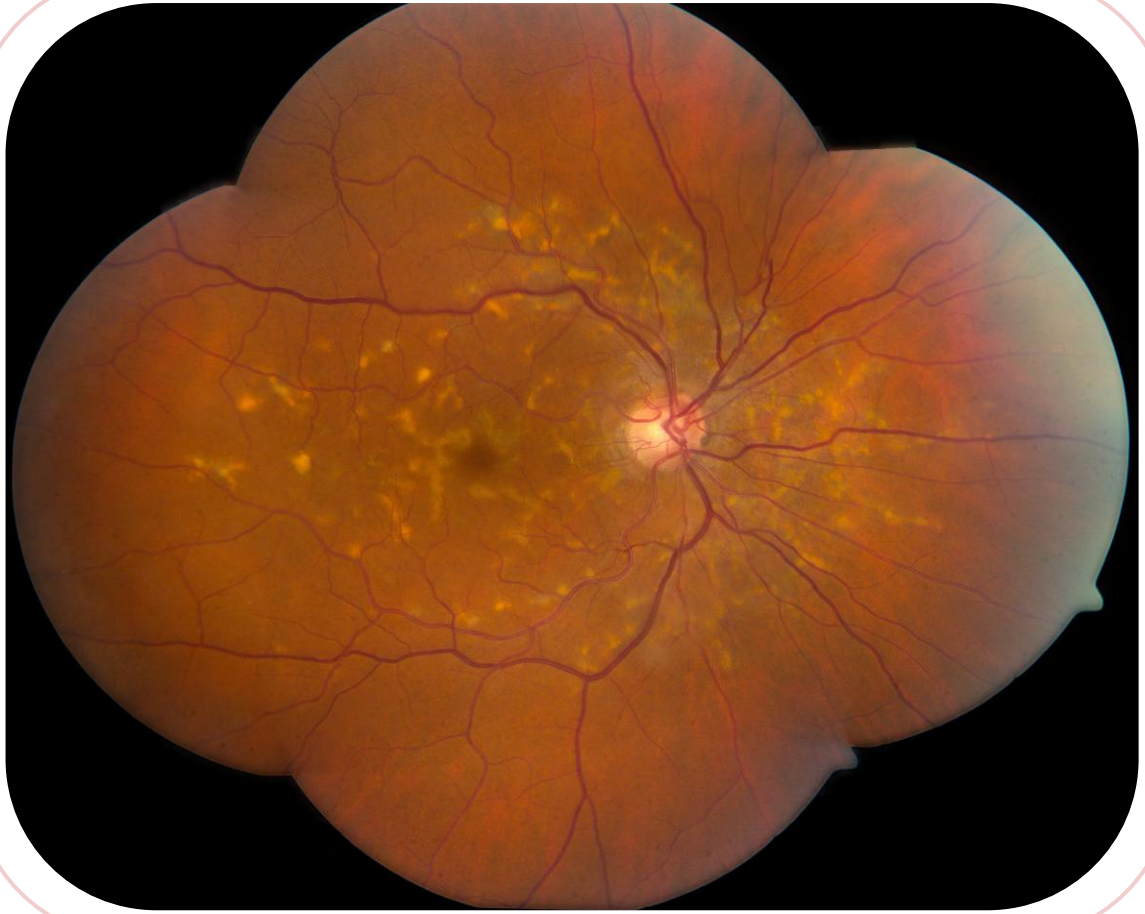
Disease and Clinical Overview

Michel Michaelides

BSc MB BS MD(Res) FRCOphth FACS

Belite BIO

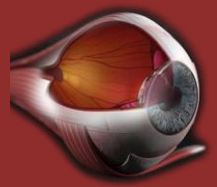
Stargardt Disease



- **Most common** juvenile macular dystrophy
- Described by Karl Stargardt in 1909
- **Ocular exam signs:** areas of retinal atrophy centrally, and subretinal yellowish flecks more peripherally
- Manifestation **age range**: 1 → 84+ years

Stargardt K (1909) Über familiäre, progressive Degeneration in der Maculagegend des Auges (On familial, progressive degeneration in the macular region of the eye). *Zeitschrift für Augenheilkunde.* 22: 289–306.
Lambertus S et al. (2015) Early-onset Stargardt disease: phenotypic and genotypic characteristics. *Ophthalmology.* 122: 335-44.
Lambertus S et al. (2016) Progression of Late-Onset Stargardt Disease. *Invest Ophthalmol Vis Sci.* 57: 5186-5191.

Stargardt Disease Overview



Stargardt disease (STGD1) and/or *ABCA4*-associated retinal dystrophy is a rare and progressive eye disease leading to legal blindness in almost all cases.

There is no approved treatment for Stargardt disease.

Pathophysiological Changes

- **Autosomal recessive mutations** in the ***ABCA4* gene**, impair retinoid transport and lead to **toxic bisretinoid buildup** in the **retinal pigment epithelium (RPE)**
- **Bisretinoid accumulation manifests** as yellowish flecks underneath the retina and causes **oxidative stress, toxicity, and eventually RPE cell death**
- RPE damage leads to **secondary degeneration of macular photoreceptors**
- **Progressive macular atrophy** and **retinal degeneration**

Key Symptoms

- **Gradual central vision loss** in both eyes, often **starting in childhood or early adulthood**
- Blurry or **distorted** central **vision**
- **Central blind** spots (scotomas)
- **Photophobia** and **delayed dark adaptation**
- **Impaired color vision**
- **Difficulty** with **detailed tasks** like reading or recognizing faces
- **Peripheral vision preserved** in the majority of cases

Impact on Activities of Daily Living

- **Challenges** with **reading**, using **screens**, and **recognizing faces**, harming education and work
- Typically, **inability to drive**, reducing mobility and independence
- **Restrictions in sports, leisure, and simple tasks** like avoiding trips
- **Social struggles**, including interactions, relationships, and events
- Emotional effects like **frustration, worry, anger, and depression**
- Career changes or **job loss**, affecting finances and productivity

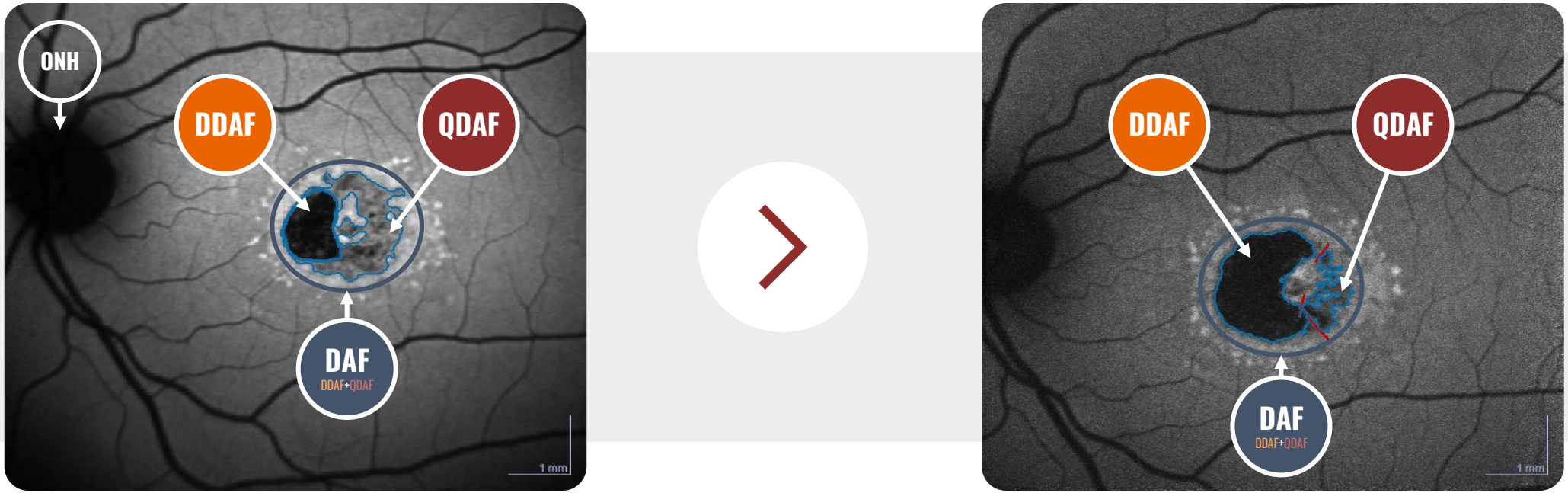
ProgStar Study: The Natural History of the Progression of Atrophy Secondary to Stargardt Disease

DDAF Represents Well-Demarcated Areas of Complete RPE Loss and Grows Predictably, Making It an Approvable Primary Endpoint

DDAF — **Definitely Decreased Autofluorescence**
Darkness level of at least **90%** relative to the ONH

QDAF — **Questionably Decreased Autofluorescence**
Darkness level between **50% and 90%** relative to the ONH

DAF — **Decreased Autofluorescence**
The combined sum of **DDAF + QDAF**



ONH = optic nerve head.

Strauss RW, Ho A, Jha A, Fujinami K, Michaelides M, Cideciyan AV, Audo I, Birch DG, Sadda S, Ip M, West S, Schönbach EM, Kong X, Scholl HPN; ProgStar Study Group (2023) The progression of Stargardt Disease as determined by fundus autofluorescence over a 24-month period (ProgStar Report No. 17). Am J Ophthalmol. 250: 157-170.

DDAF Progression Rate in Stargardt

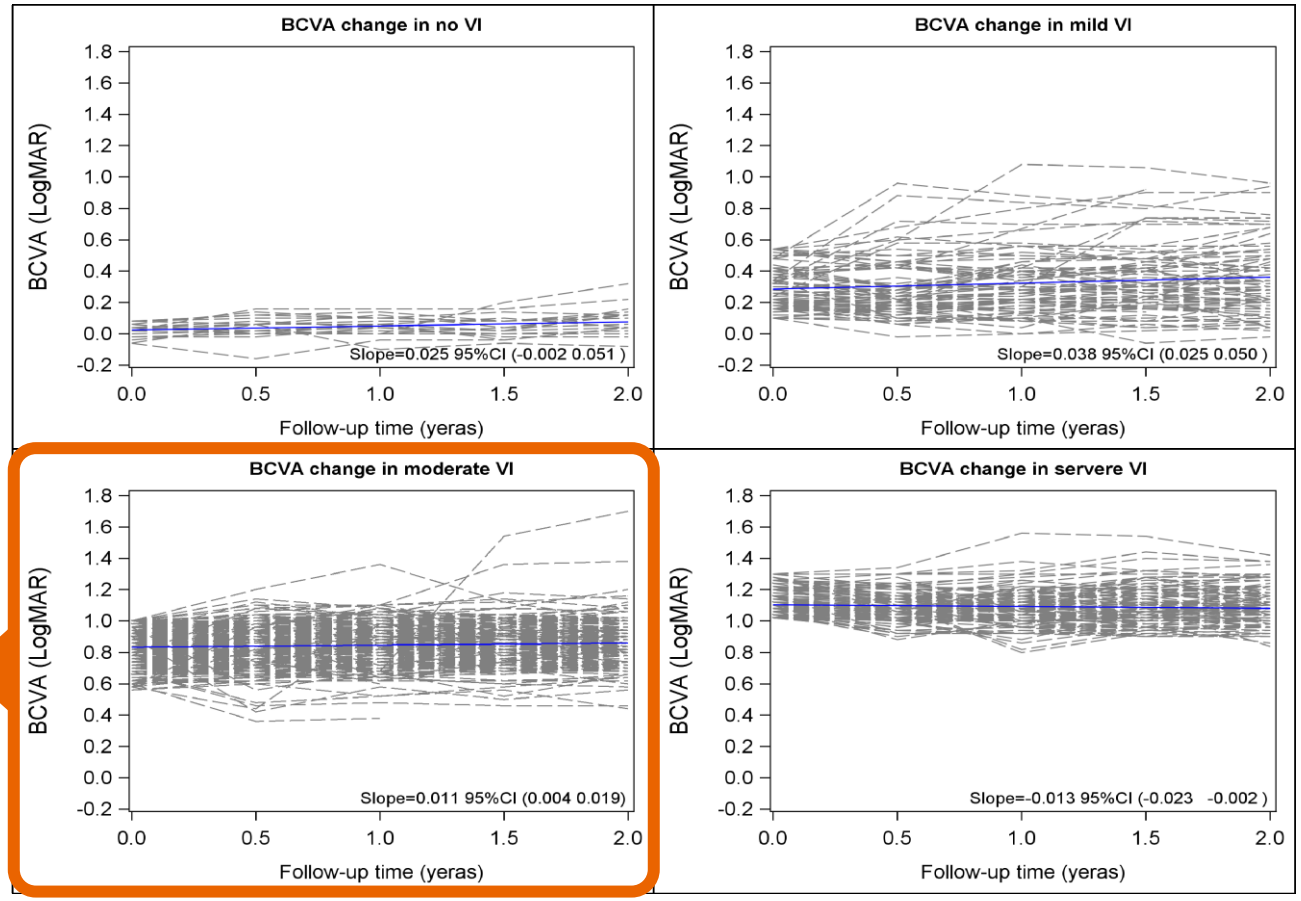
Natural History of the Progression of Atrophy Secondary to Stargardt Disease (ProgStar) Study

Overall DDAF growth rate in the ProgStar cohort over 24 months: 0.74 mm^2/year
(confidence interval: 0.64 - 0.85 mm^2/year)

Strauss RW, Ho A, Jha A, Fujinami K, Michaelides M, Cideciyan AV, Audo I, Birch DG, Sadda S, Ip M, West S, Schönbach EM, Kong X, Scholl HPN; ProgStar Study Group (2023) The progression of Stargardt Disease as determined by fundus autofluorescence over a 24-month period (ProgStar Report No. 17). Am J Ophthalmol. 250: 157-170.

ProgStar: Visual Acuity Change over 24 Months

Prospective Cohort (N=434)



BCVA of eyes with baseline BCVA between 20/70 and 20/200 declined at a rate of 0.6 letters/year

Overall rate of BCVA loss was 0.55 letters/year over two years

BCVA = best-corrected visual acuity; LogMAR = logarithm of the minimum angle of resolution; VI = visual impairment.

Kong X, Fujinami K, Strauss RW, Munoz B, West SK, Cideciyan AV, Michaelides M, Sahel JA, Ahmed M, Ervin AM, Schönbach EM, Cheetham JK, Scholl HPN; ProgStar Study Group (2018)
Visual Acuity Change over 24 Months and its Association With Foveal Phenotype and Genotype in Individuals With Stargardt Disease: ProgStar Report Number 10. JAMA Ophthalmol. 136: 920-928.

Study Design

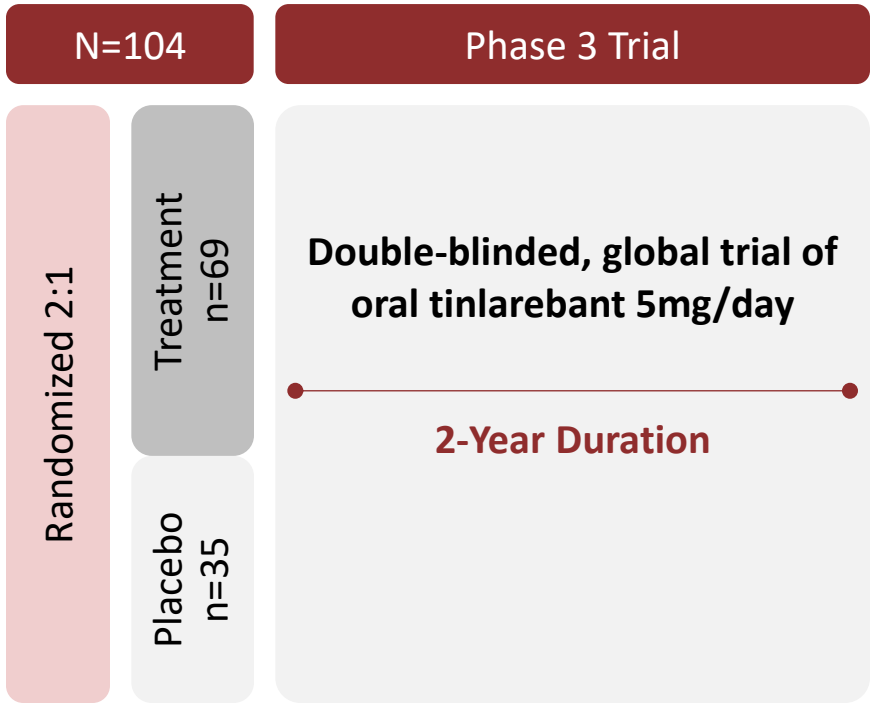
DRAGON Clinical Trial Design in Stargardt Disease

Reduction in atrophic lesion growth rate as measured by fundus autofluorescence imaging is the FDA's accepted primary endpoint in Stargardt disease and geographic atrophy secondary to age-related macular degeneration

DRAGON Design

Key Inclusion Criteria

- Clinical diagnosis of Stargardt disease
- 12-20 years old
- ≥1 mutation identified in the *ABCA4* gene
- Atrophic lesion size (DDAF) within 3 disc areas (7.62 mm^2)
- BCVA of 20/200 or better



Primary Measures

- *Slowing of atrophic lesion growth (DDAF)*
- *Safety and tolerability*

Secondary Measures

- *DAF*
- *BCVA*
- *SD-OCT*
- *Microperimetry*

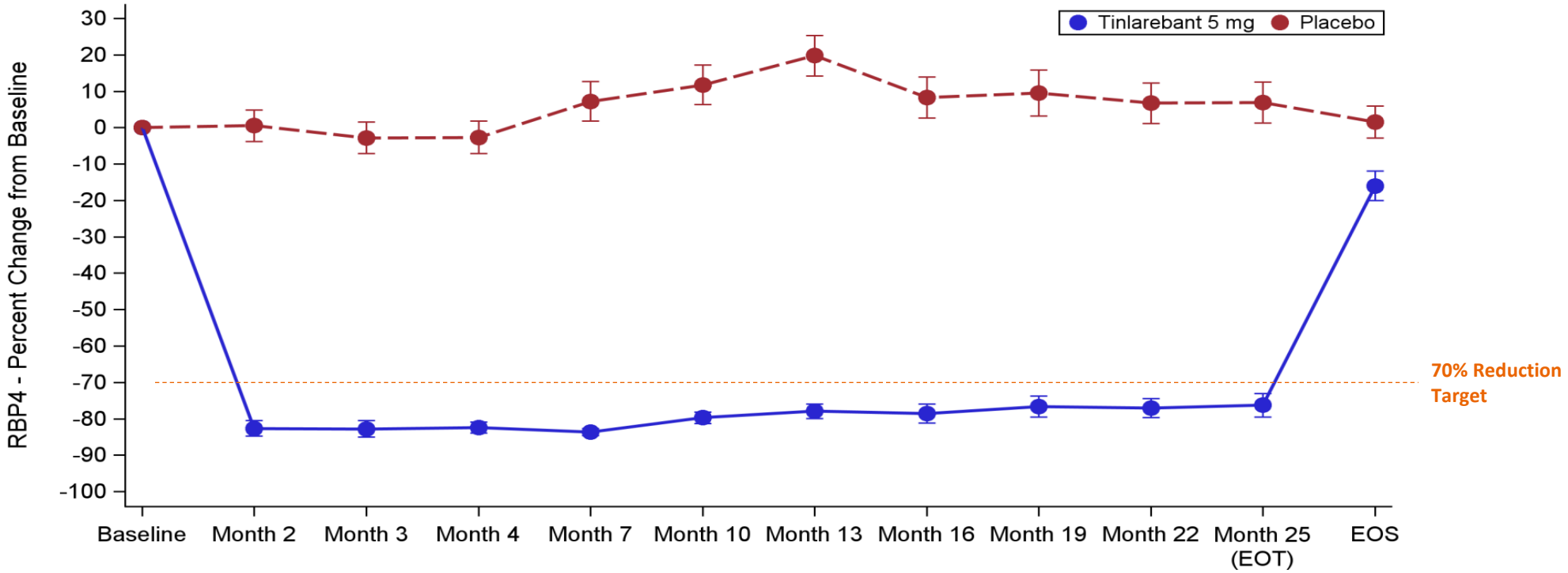
DDAF = Definitely Decreased Autofluorescence; DAF = Decreased Autofluorescence; BCVA = Best-Corrected Visual Acuity; SD-OCT = Spectral-Domain Optical Coherence Tomography

Efficacy Results

Tinlarebant Treatment Led to 80% Reduction in RBP4, Well Above Goal of 70%*

Biomarker: RBP4 – Percent Reduction from Baseline

PD Set N=92



* In a prior study of a surrogate RBP4 antagonist (fenretinide) in patients with Geographic Atrophy, an RBP4 reduction of ≥70% was associated with a statistically significant slowing of lesion growth [Mata et al., Retina. 2013; 33(3): 498-507.]

Daily dosing of 5mg/day tinlarebant led to a sustained 80% reduction of RBP4 and RBP4 levels returned to 84% of the baseline value at the End of Study (EOS)

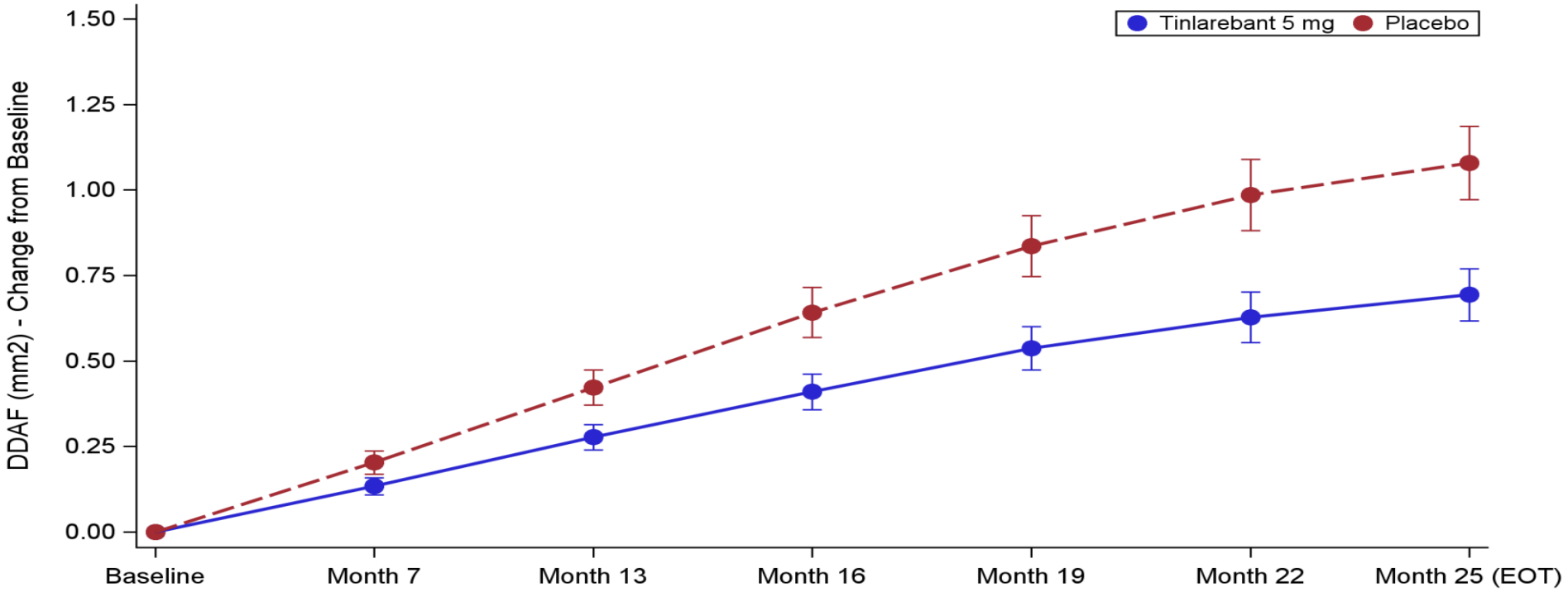
EOT = End of treatment.

Efficacy Results

Primary Endpoint Showed a Statistically Significant and Clinically Meaningful Outcome

Primary Endpoint: DDAF Change from Baseline (Study Eye)

mFAS N=96



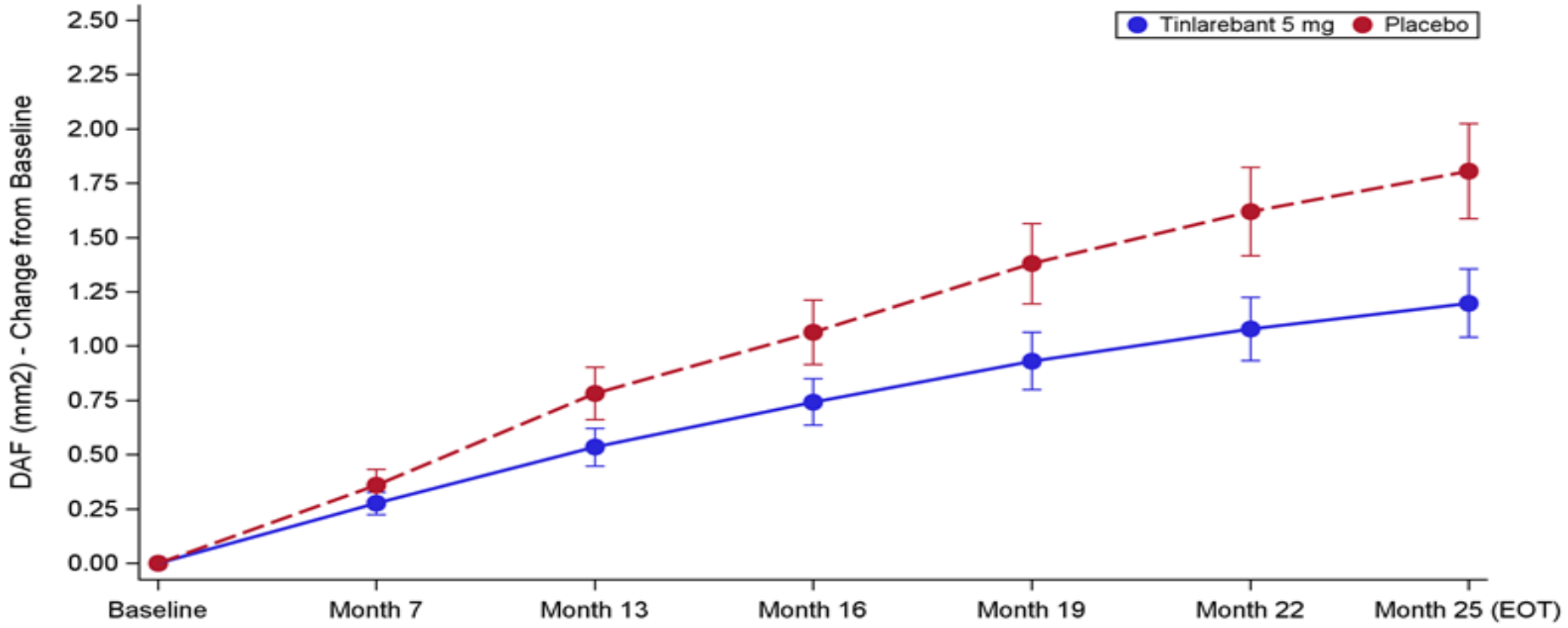
- Applying an unstructured covariance matrix, the **treatment effect size was 35.7%** compared to placebo and yielded a **p-value of 0.0033**
- With a first-order autoregressive covariance matrix, the **treatment effect size remained consistent (35.4%)** with **P<0.0001**
- DDAF lesion growth was **slowed to 0.38 mm^2/year vs. 0.59 mm^2/year for placebo and 0.74 mm^2/year observed in ProgStar**

Efficacy Results

Tinlarebant Slowed DAF Lesion Growth, the Key Secondary Endpoint, in the Study Eye by 33.7%

Key Secondary Endpoint: DAF Change from Baseline (Study Eye)

mFAS N=96



Tinlarebant slowed DAF lesion growth by 33.7% compared to placebo (P=0.027)

Efficacy Results

As Expected, BCVA in Study Eye Did Not Show Any Significant Change

	Tinlarebant 5mg (N=69)	Placebo (N=35)
BCVA at Baseline	39.9	39.4
BCVA at EOS	39.7	40.0

- The overall change of visual acuity was minimal over the period of 24 months in both treatment groups
- Test–retest variability for ETDRS change scores in Stargardt disease are known to yield a repeatability coefficient ≈ 8 letters [(1)]
- Such minor changes in average visual acuity over two years are in line with the natural history of Stargardt disease and were observed in the ProgStar Study

ETDRS = Early Treatment Diabetic Retinopathy Study.

(1) Parker MA, Choi D, Erker LR, Pennesi ME, Yang P, Chegarnov EN, Steinkamp PN, Schlechter CL, Dhaenens CM, Mohand-Said S, Audo I, Sahel J, Weleber RG, Wilson DJ. Test-Retest Variability of Functional and Structural Parameters in Patients with Stargardt Disease Participating in the SAR422459 Gene Therapy Trial. Transl Vis Sci Technol. 2016 Oct 1;5(5):10.

Safety Results

Tinlarebant Demonstrated a Well Tolerated Safety Profile
Safety Set N=104

Subjects Who Experienced at Least One Non-Ocular Treatment-Emergent Adverse Event (TEAE), N / (%)

Category	Tinlarebant 5mg (N=69)	Placebo (N=35)
TEAE	59 (85.5%)	27 (77.1%)
Severe TEAE	2 (2.9%)	1 (2.9%)
Serious TEAE	2 (2.9%)	4 (11.4%)
Study Drug-Related TEAE	14 (20.3%)	4 (11.4%)
Study Drug-Related Serious TEAE	0 (0.0%)	0 (0.0%)
TEAE Leading to Study Drug Discontinuation	0 (0.0%)	0 (0.0%)
TEAE Leading to Study Discontinuation	0 (0.0%)	0 (0.0%)
TEAE Leading to Death	0 (0.0%)	0 (0.0%)

- **Total of 6 serious adverse events (SAEs) reported in the study – all events were non-ocular, with 4 assessed as unrelated and 2 assessed as unlikely related to the study treatment**
- **Most reported Non-Ocular adverse events (AEs): Nasopharyngitis (all cases were assessed as unrelated/unlikely related to treatment), Headache, and Acne – most events were mild and resolved during the study period**

Safety Results

The Majority of Ocular Adverse Events Was Mild
Safety Set N=104

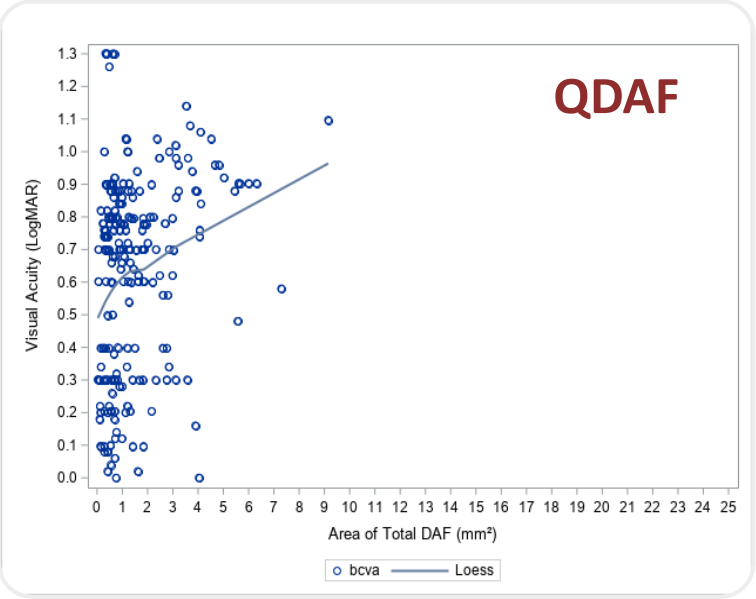
Subjects Who Experienced at Least One Ocular TEAE, N / (%)

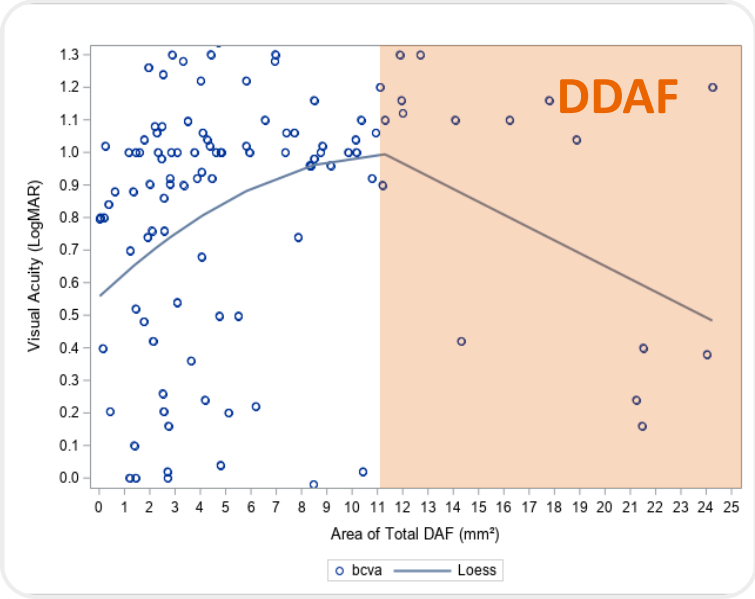
Category	Tinlarebant 5mg (N=69)	Placebo (N=35)
TEAE	53 (76.8%)	8 (22.9%)
Severe TEAE	2 (2.9%)	0 (0.0%)
Serious TEAE	0 (0.0%)	0 (0.0%)
Study Drug-Related TEAE	49 (71.0%)	8 (22.9%)
Study Drug-Related Serious TEAE	0 (0.0%)	0 (0.0%)
TEAE Leading to Study Drug Discontinuation	4 (5.8%)	0 (0.0%)
TEAE Leading to Study Discontinuation	2 (2.9%)	0 (0.0%)
TEAE Leading to Death	0 (0.0%)	0 (0.0%)

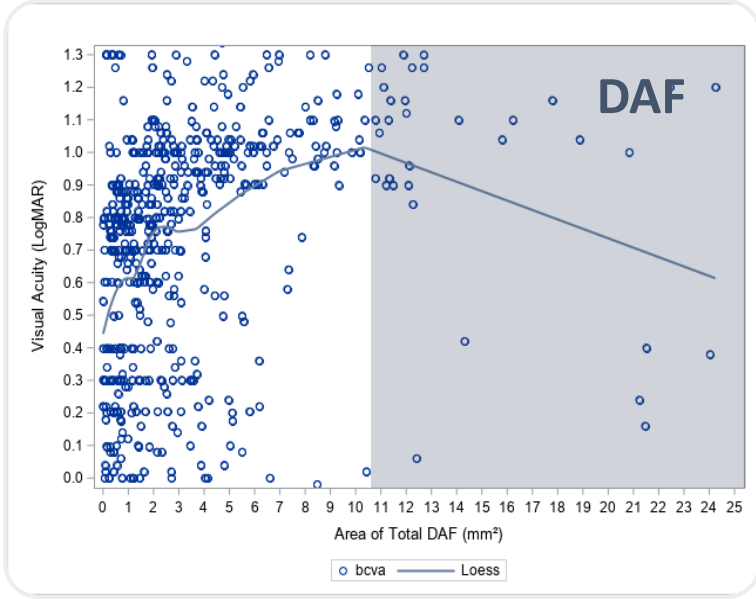
- **Most reported Ocular AEs: Xanthopsia, Delayed dark adaptation, and Night Vision Impairment**
- **The majority of the events were mild, and most resolved while on study**
- **There were no serious ocular TEAEs – 4 TEAEs led to study drug discontinuation and 2 TEAEs led to study discontinuation**

Association of QDAF, DDAF and DAF with Visual Acuity in Stargardt Disease

Secondary cross-sectional data analysis using data from 301 ProgStar Study participants (566 study eyes)





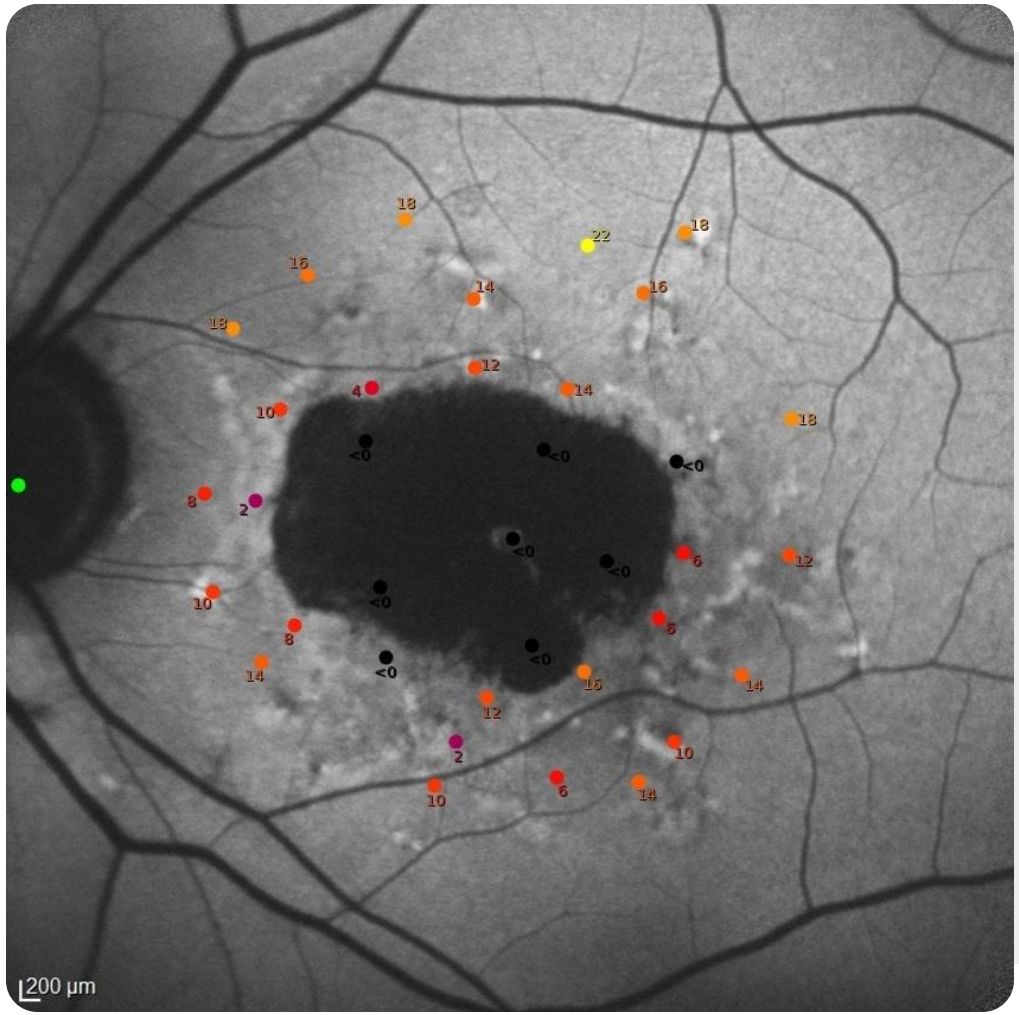


- For QDAF lesions, every 1mm^2 larger QDAF area was associated with **3.3 letters worse VA (p<0.001)**
- For DDAF lesions and lesion area <11mm^2, every 1mm^2 larger DDAF area was associated with **1.5 letters worse VA (p=0.02)**
- For DAF lesions (all eyes) and lesion area <11mm^2, every 1mm^2 larger DAF area was associated with **0.9 letters worse VA (p=0.003)**

Scholl HPN (2024) What's new in Retina and EVICR.net Developments in the Treatment of Retinal Dystrophies. EURETINA 2024, Barcelona – EVICR.net Retina Symposium. 22/09/2024

Severe Loss of Light Sensitivity within DDAF

Microperimetry as an exploratory outcome measure in the DRAGON trial

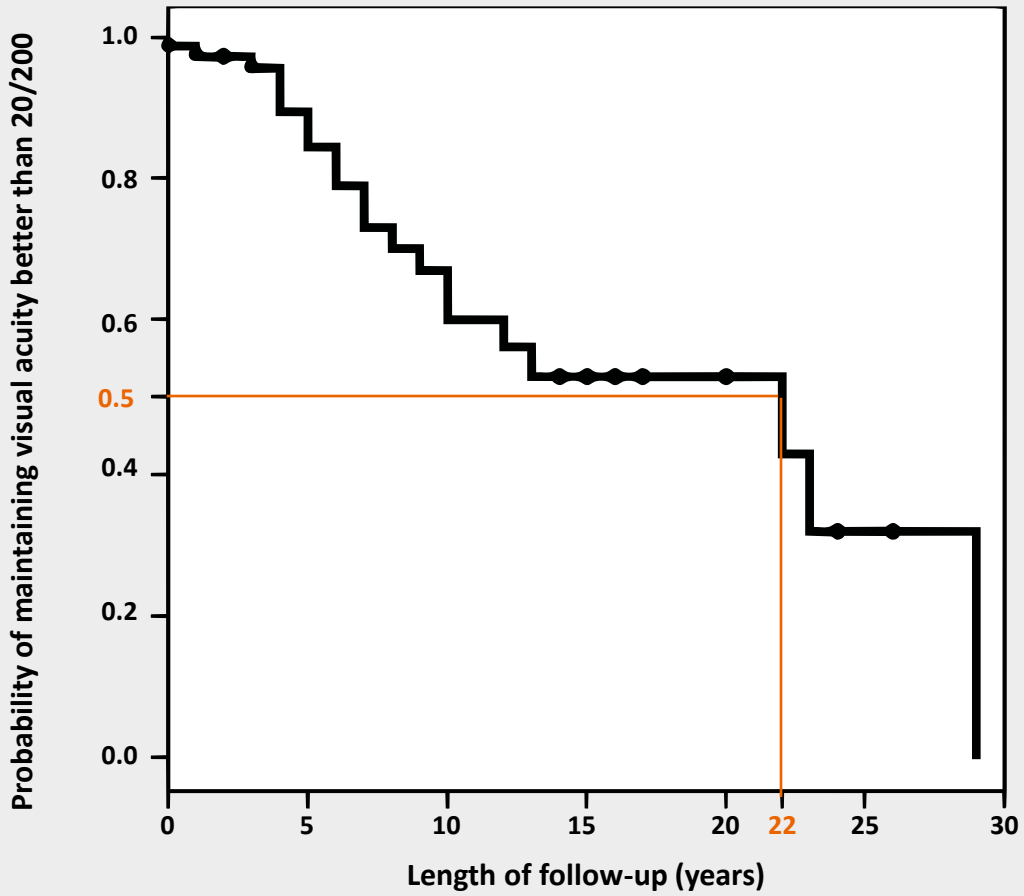


- Within DDAF lesions in the study eye, mean retinal sensitivity (at baseline) was **4.26 ± 5.59 dB** for the tinlarebant group and 4.28 ± 7.07 dB in the placebo group
- This corresponds to a marked reduction of approximately 2.2-2.6 log units (up to 400-fold) compared with an unaffected retina

Clinical Study Report, Version 1.1 (15 Apr 2026), Table 14.2.3.4.1.1

Slow but Inevitable Loss of Visual Acuity in Stargardt Disease

Retrospective Mono-Center Study of N=361 STGD1 Patients at the Department of Ophthalmology and Visual Sciences, University of Illinois at Chicago



Kaplan-Meier curve for the **time to reach a visual acuity of 20/200 or worse** in Stargardt patients with visual acuity of 20/40 or better at initial visit

Rotenstreich Y, Fishman GA, Anderson RJ (2003) Visual acuity loss and clinical observations in a large series of patients with Stargardt disease. Ophthalmology 110: 1151-8.

Tinlarebant Has the Potential to Be the First-Ever Approved Treatment for Stargardt Disease

Tinlarebant	First-ever oral therapy in a retinal degenerative disease to demonstrate a **clinically meaningful slowdown of neurodegeneration**
Efficacy	**36% reduction in DDAF lesion growth rate**, representing a statistically and clinically significant treatment effect in Stargardt disease
Safety	**Well tolerated safety and tolerability profile** across two years of treatment
Mechanism of Action	**Addresses the root pathogenic mechanism** (bisretinoid accumulation), offering a rational, disease-modifying approach where no approved therapies currently exist
Applicability	**Broad applicability across disease stages**, from early *ABCA4*-mediated changes to more advanced atrophy

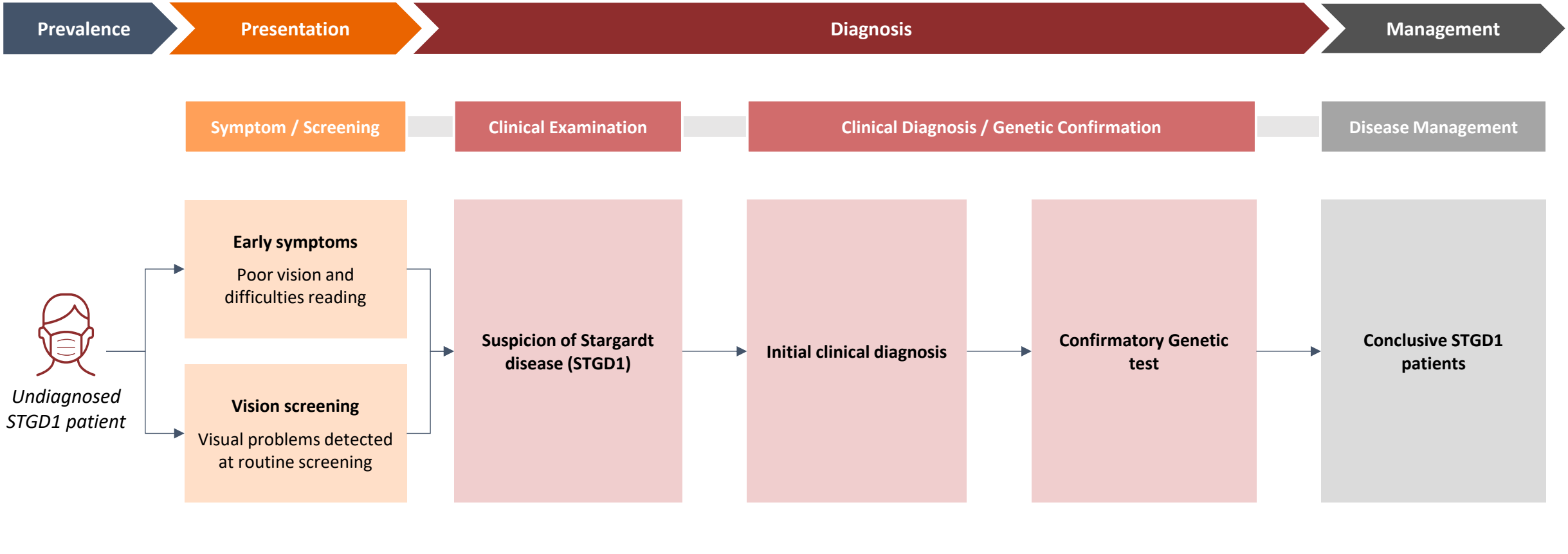
U.S. Key Opinion Leader (KOL)

Paul S. Bernstein

MD, PhD

Belite BIO

The Current Stargardt Disease Patient Journey Involves Multiple Specialists



HCPs INVOLVED

- Pediatrician
- Optometrists
- General ophthalmologist
- Retina specialist
- Inherited retinal disease specialist
- Genetic counselor

Source: National Eye Institute; American Academy of Ophthalmology; Review of Ophthalmology; FDA; L.E.K. interviews

Retina Specialists' Diagnosis of STGD1 is Aided by Genetic Testing

Commonly Used Diagnostic Tests

Visual Function Tests

e.g., BCVA, Microperimetry, Color Vision Testing

Retinal Imaging Modalities

e.g., FAF, SD-OCT and Fundus Photography

Genetic Testing

e.g., gene panel or genomic sequencing

Genetic testing is critical:

Because of the presence of disease phenocopies, genetic testing is a critical component to confirm the STGD1 diagnosis

Follow-up is specialist-led:

IRD or retina specialists conduct regular follow-up, using functional tests and retinal imaging to monitor progression and document visual decline

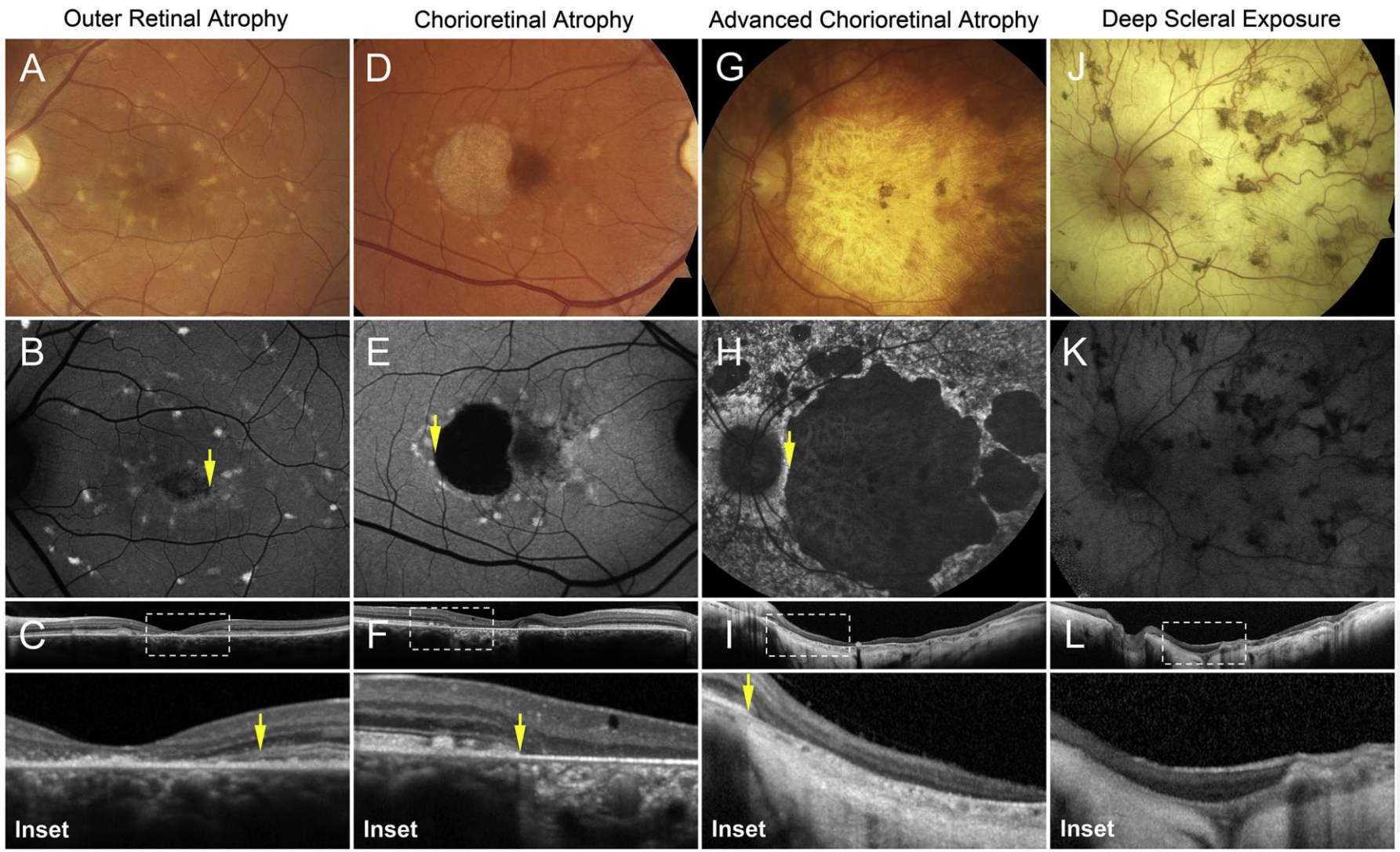
Visit frequency tapers over time:

Most patients see a specialist yearly post-diagnosis, though many gradually extend the interval between visits

Retina specialists are very familiar with Stargardt disease and comfortable with genetic testing, but general ophthalmologists – the referral entry point for most patients – have more limited knowledge of both Stargardt disease and genetic testing.

IRD: Inherited Retinal Disease

Progressive Retinal Degeneration Leads to Visual Decline in Stargardt Disease



Funduscopy / Fundus Photography

Fundus Auto-fluorescence (FAF)

Optical Coherence Tomography (OCT)

Cremers FPM, Lee W, Collin RWJ & Allikmets R (2020) Clinical spectrum, genetic complexity and therapeutic approaches for retinal disease caused by ABCA4 mutations. Prog Retin Eye Res. 79: 100861.

Critical Gap in Care: No Current Standard of Treatment for Stargardt Disease

Stargardt Management Today – No Approved Disease-Modifying Therapy

Recommend UV-blocking glasses/sunglasses

Recommend avoidance of Vitamin A supplementation

Counseling on lifestyle and career choices

Prescribe low-vision aids (e.g., magnifiers)

Current Patients and Caregivers Unmet Need

Difficulty reading

Loss of independence – most profound impact

Ongoing social challenges

Care today can help patients adapt to vision loss – but it does not impact the disease itself, leaving patients and caregivers to navigate a profound burden largely alone.

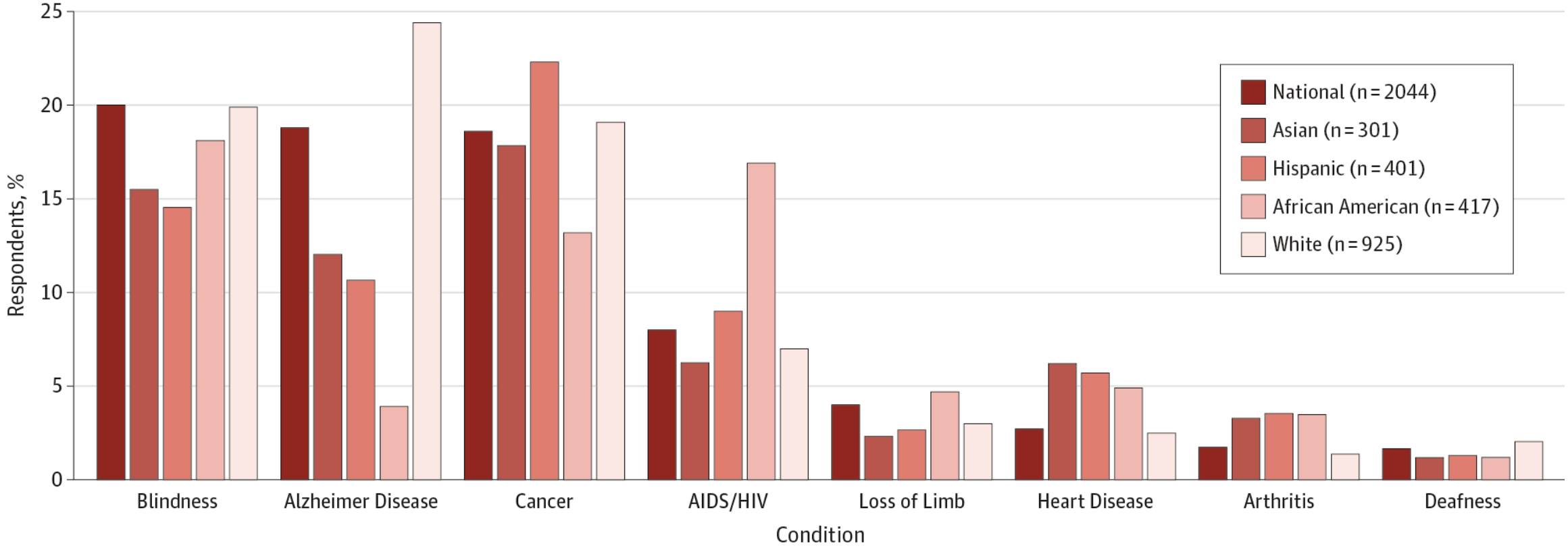
Tackling an Important Cause of Blindness

Hendrik Scholl

Chief Medical Officer

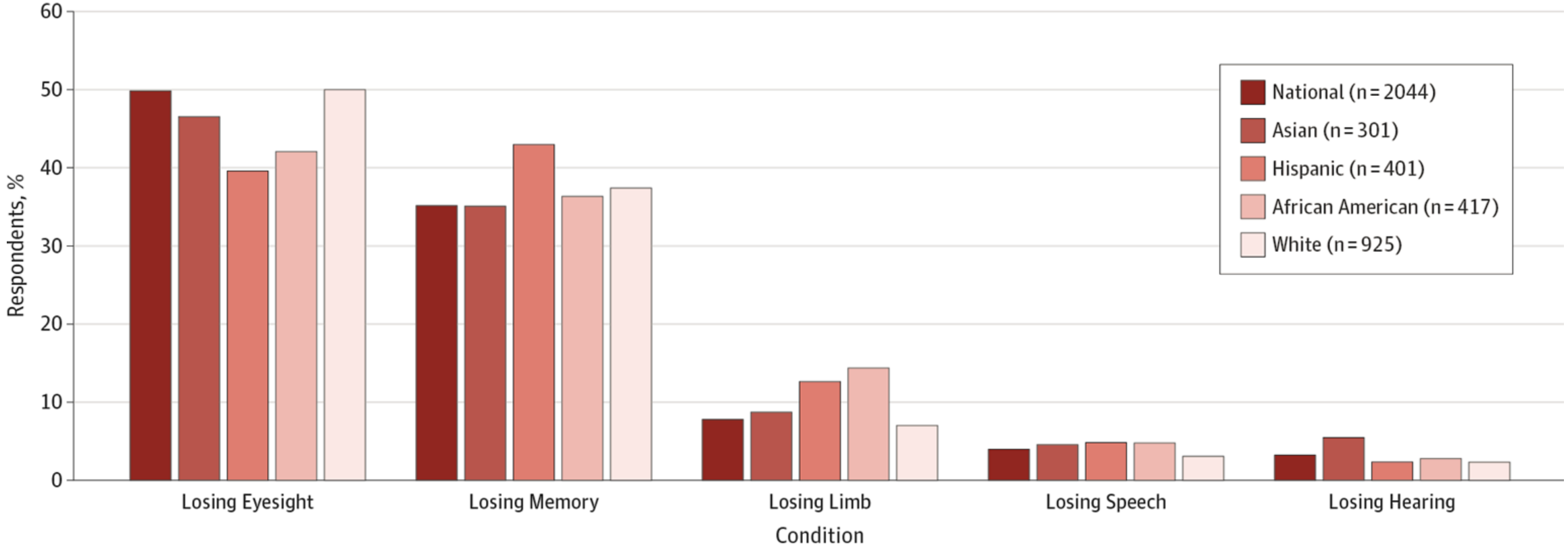
Belite BIO

Ranking of Serious Health Conditions



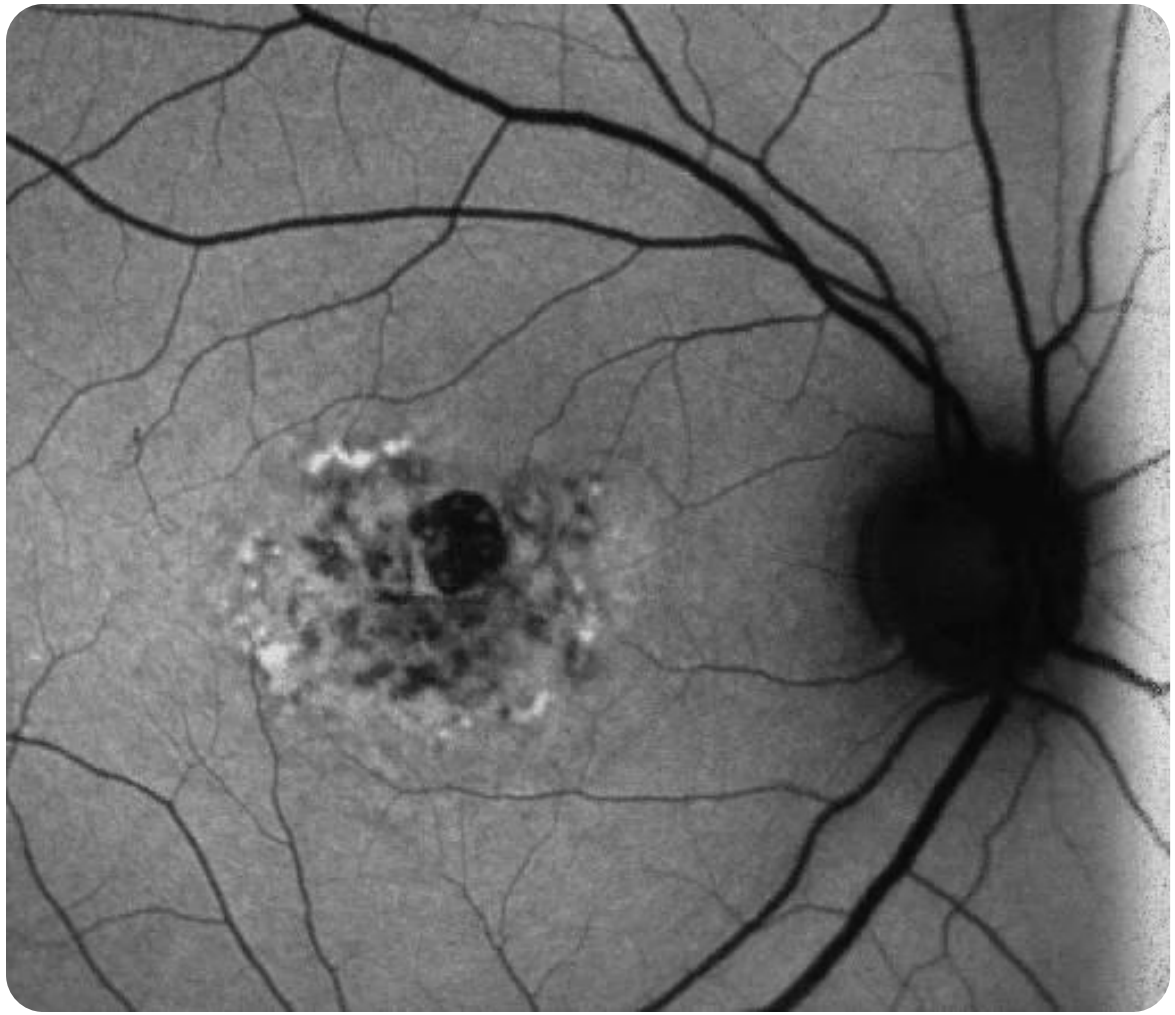
Scott AW, Bressler NM, Ffolkes S, Wittenborn JS & Jorkasky J (2016) Public Attitudes About Eye and Vision Health. JAMA Ophthalmol. 134: 1111-1118.

Conditions With the Greatest Effect on Day-to-Day Life



Scott AW, Bressler NM, Ffolkes S, Wittenborn JS & Jorkasky J (2016) Public Attitudes About Eye and Vision Health. JAMA Ophthalmol. 134: 1111-1118.

DDAF Progression and Visual Loss in Stargardt Disease



Atrophy Progression over 4 Years

- **37-year-old male patient**
- **Compound heterozygous for mutations in *ABCA4***
  - Visual acuity (baseline): 20/40
  - Visual acuity (at 4Y): 20/80

JOHNS HOPKINS MEDICINE

Estimated Patient Population Sizes of STGD1

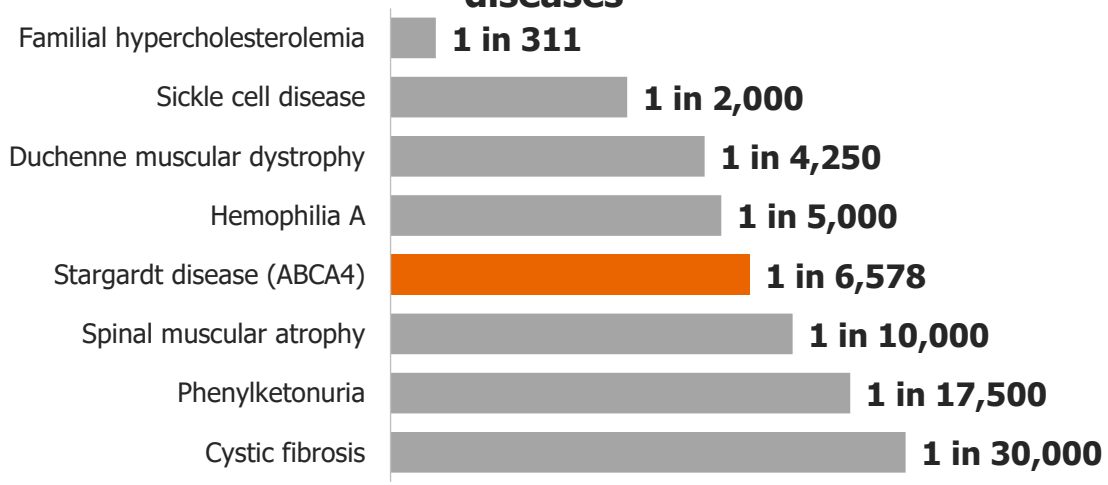
		 Europe	Australia	China	Japan	United States
gnomAD Ethnicity		European	European	East Asian	East Asian	Mixed
Population (N)		742,000,000	26,640,000	1,411,000,000	124,500,000	334,900,000
STGD1 Patients (N)	*High Estimate*	**115,345**	**4,141**	**122,135**	**10,777**	**59,235**
	Low Estimate	**95,517**	**3,429**	**94,940**	**8,377**	**46,767**

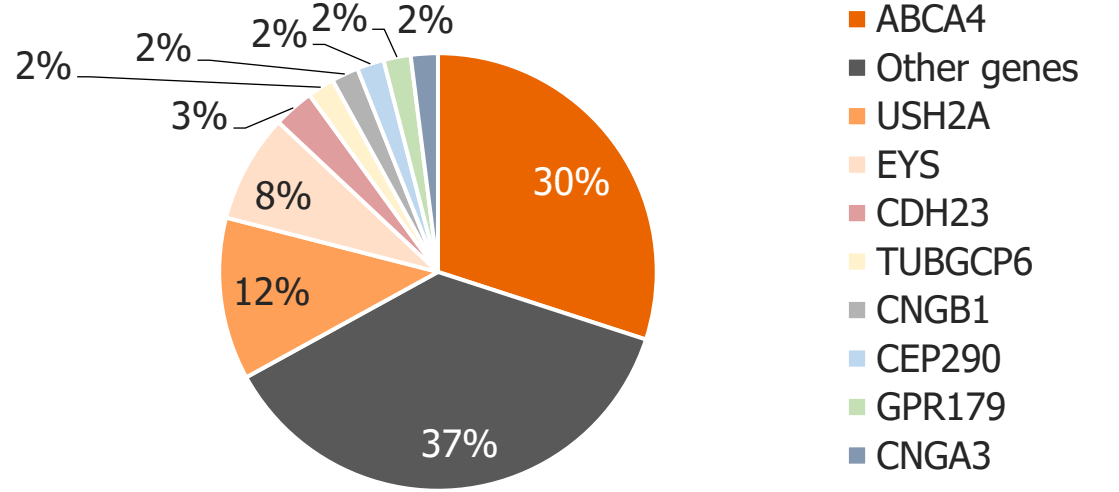
gnomAD = Genome Aggregation Database.

Mata NL, Weng S, Michaelides M, Charbel Issa P, Quinodoz M, Rivolta C, Scholl HPN. Bisretinoids as a Source of Early Photoreceptor Pathology in Stargardt Disease. Ophthalmic Res. 2025;68(1):555-572.

ABCA4: One of the Largest Genetically Defined Rare Disease Opportunities

Illustrative comparison with selected commercially important monogenic diseases





- *ABCA4* frequency: ~1 in 6,578 (Hanany M, Rivolta C, Sharon D, PNAS 2020)
- Largest inherited retinal disease gene worldwide (Hanany M, Rivolta C, Sharon D, PNAS 2020)
- Comparable patient population to several successful orphan-drug markets
- Normal life expectancy creates a large prevalent patient pool

Illustrative epidemiologic comparison; estimates represent published incidence/prevalence and are intended for order-of-magnitude benchmarking.

References:
Hanany M, Rivolta C, Sharon D (2020) Worldwide carrier frequency and genetic prevalence of autosomal recessive inherited retinal diseases. Proc Natl Acad Sci U S A. 117: 2710-2716.
Al-Khuzaei S, Broadgate S, Foster CR, et al. Genes (Basel). 2021;12:1241. (ABCA4/Stargardt)
Hu P, Dharmayat KI, Stevens CAT, et al. Circulation. 2020;141:1742-1759. (Familial hypercholesterolemia)
Romitti PA, Zhu Y, Puzhankara S, et al. Prevalence of Duchenne and Becker muscular dystrophies in the United States. Pediatrics. 2015;135(3):513-521. doi:10.1542/peds.2014-2044.

U.S. Commercial

Kelly Kilpatrick

Chief Commercial Officer

Belite BIO

Market Opportunity: There is a Strong Existing Diagnosed Patient Base

Stargardt Disease Type 1 is the most common inherited retinal disease (IRD).

~53,000

Estimated **Prevalent STGD1 population** in the U.S.

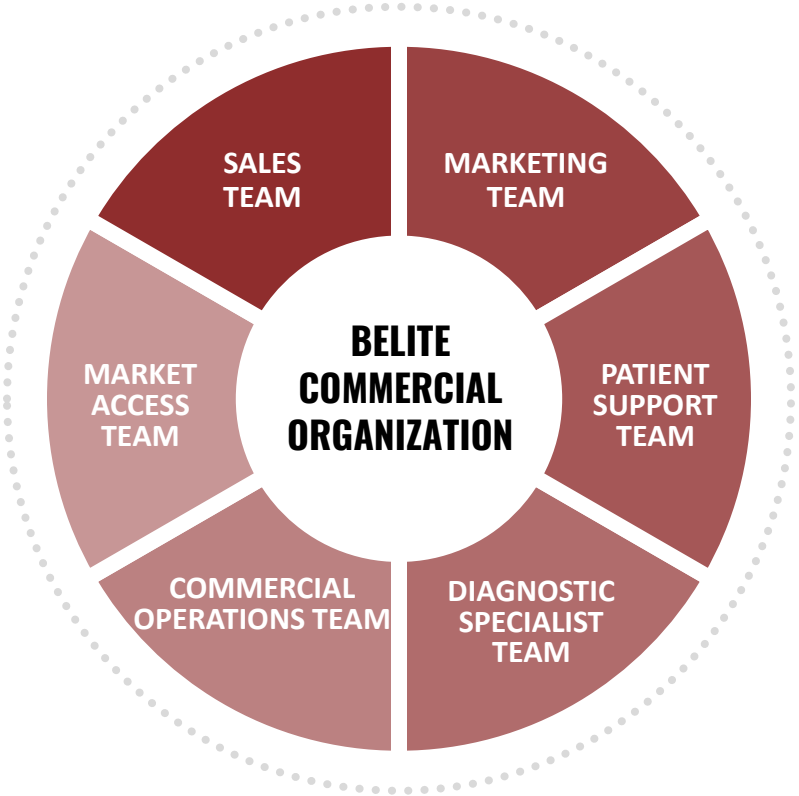
~20,000

Estimated **Clinically diagnosed STGD1 patients** in the U.S. since 2016

Mata NL, Weng S, Michaelides M, Charbel Issa P, Quinodoz M, Rivolta C, Scholl HPN. Bisretinoids as a Source of Early Photoreceptor Pathology in Stargardt Disease. Ophthalmic Res. 2025;68(1):555-572. doi: 10.1159/000549368. Epub 2025 Nov 7. PMID: 41208544; PMCID: PMC12700588.

Clinically diagnosed estimates sourced via Verana Health / IRIS registry

The Commercial Organization is Built to Directly Engage with Key Stakeholders



50+ combined rare disease product launches amongst the commercial organization's current team members

Market Research Insights

HCP Insights

Patient and Caregiver Insights

UNMET NEED	AWARENESS	PERCEPTION	PRESCRIBER	PATIENT JOURNEY
There is a high unmet need in the Stargardt Disease Type 1 space	Disease awareness and genetic testing rates are high among retinal specialists	Tinlarebant profile is very well received	Retinal specialists will be the primary prescribers and managers of tinlarebant	The patient journey is convoluted and emotionally frustrating for patients

Source: Qualitative and Quantitative Market Research IDIs and Surveys

U.S. Commercial Focus Areas

Build ***Awareness*** of Stargardt Disease and IRD Genetic Testing Options

Ensure Optimal Market ***Access*** to tinlarebant

Adopt tinlarebant as the New Standard of Care in STGD1

Deliver an Optimal Patient Experience for Seamless ***Onboarding and Adherence***

APPROVAL

Build Awareness of Stargardt Disease

Partner with Advocacy Groups

Unbranded awareness campaign through patient advocacy organizations

Disease Education

Educate stakeholders to recognize, understand, and address Stargardt disease

Pre-Approval Information Exchange

Strengthen market awareness of Stargardt disease, its biology and unmet needs with payer audience

Build Awareness of IRD Genetic Testing Options

How Genetic Testing Is Obtained

Sources for IRD Genetic Testing

Academic and Private Labs

e.g., UCSF, MUSC, UCLA, OSU

Advocacy/Non-Profit Sponsored Program

e.g., My Retina Tracker (Foundation Fighting Blindness)

Commercial Testing Labs

e.g., Blueprint Genetics, Prevention Genetics, GeneDx

Manufacturer-Sponsored Program

e.g., Genentech, Opus

Ensuring Optimal Market Access to tinlarebant

Payer Mix
Primarily commercial, then Medicare and Medicaid

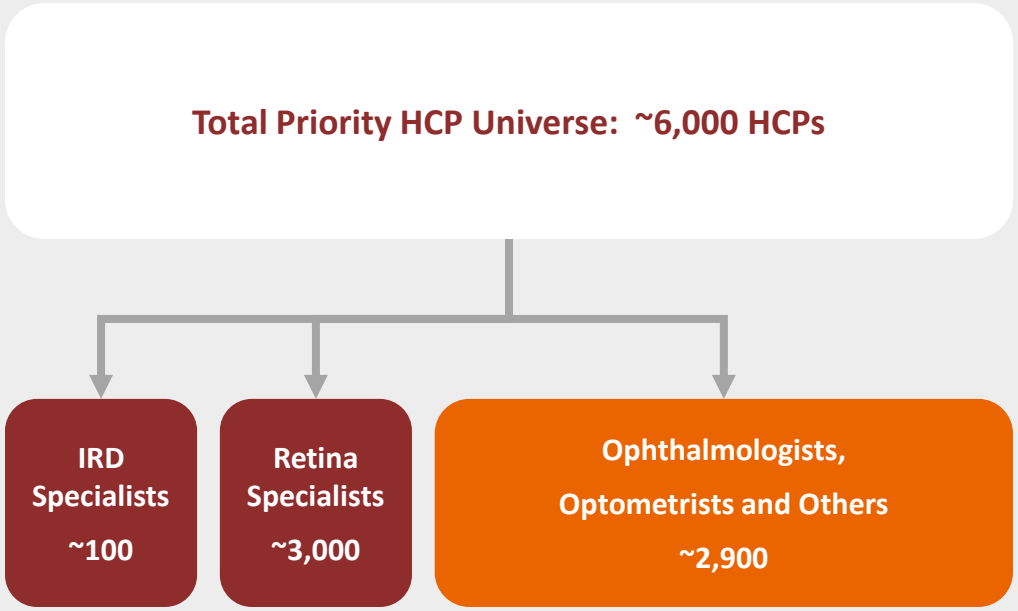
Payer Team
Across commercial, Medicare and Medicaid

Pre-approval Info
Clinical data to payers, from 4Q

***ABCA4* Test**
Confirmatory test expected

Adopt tinlarebant as the New Standard of Care in STGD1

Personal Promotion



Non-Personal Promotion

- Websites
- Conferences
- Print Journals
- Paid Social Media
- Digital Banner Ads
- Paid Search
- Email Marketing

Prioritize top centers and key HCPs. Engage across every channel. Establish the standard of care.

Deliver Optimal Patient Experience for Seamless Onboarding and Adherence

Ideal Post Rx Patient Journey

HCP Writes Prescription
Diagnosis to treatment decision

Specialty Pharmacy
Prescription routed for fulfillment

Patient Services
Onboarding into support programs

Patient Support Pillars

Seamless Onboarding
Frictionless start to treatment

Financial Support Programs for Eligible Patients
Cost should not be the reason a patient does not receive treatment

Access Continuity
Treatment continues without interruption

Adherence
Daily treatment is the key to success

Belite Bio Has Been Preparing for This Moment … And We Are Prepared to Launch

We have done the work, developed the plan, built the team…

NDA Submission
June 12, 2026

NDA Acceptance and Priority Review
August 11, 2026

PDUFA
February 2027

Launch
March 2027

… and we are excited to potentially bring the first-in-class treatment for STGD1 patients to market!

Live Q&A

Belite BIO

Belite BIO

Thank you!