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<<Keay Nakae, Analyst, Chardan Capital Markets, LLC>>

It's my pleasure to introduce our next guest from Better Therapeutics, Co-Founder and Chief Executive Officer, Kevin Appelbaum. As a reminder to attendees, if you'd like to ask a question of our speaker, please type it into the question box under the video player. Kevin, thanks so much for joining us today. Could you please provide a couple of minutes of introductory comments about Better for investors new to the story?

<<Kevin Appelbaum, Co-Founder and Chief Executive Officer>>

Sure, Keay. And thanks for putting on this event and having me here today. At Better Therapeutics, we're working to change the way cardiometabolic diseases are treated using prescription digital therapeutics, delivering cognitive behavioral therapy to treat the behavioral root causes of disease. When we started the company, we recognized that almost $0.5 trillion are spent each year in the United States, mostly on medications, treating the symptoms of these diseases while we do little – very little about the behaviors that cause them.

Our first product is for the treatment of type 2 diabetes. This product is currently in the midst of its pivotal trial. Last month, we announced positive primary endpoint data at day 90 from our pivotal. And this study is ongoing and will conclude later on this quarter. After that, study does conclude at day 180, we intend to file a de novo submission with the FDA requesting marketing authorization and would expect to launch this product next year.

<<Keay Nakae, Analyst, Chardan Capital Markets, LLC>>

Great. So Kevin, PDTs do represent relatively new and novel therapeutic approaches, requiring education of patient, prescribers and payers about the distinct features, therapeutic benefits, cost savings, and other advantages compared to alternative therapies to improve outcomes. Given these challenges, in what ways does company strategy need to be more innovative compared to traditional med device or pharma drug?

<<Kevin Appelbaum, Co-Founder and Chief Executive Officer>>

Yeah, well, our commercial strategy is to align as closely as possible to that of traditional medicines that despite the newness and innovative nature of PDTs to make them look and feel familiar to the healthcare system. What that means is that we seek regulatory approval for our products. We commercialize them in primary care settings and focus on strengthening the physician-patient relationship. And we will seek reimbursement from payers, starting with commercial insurance in a manner that's similar to that of drugs.

What's different about our approach is that we use software instead of chemistry or biology as a treatment modality. And our software is used to address the behavioral root causes of disease, not just their symptoms. Certainly, we recognize that the current mechanisms for prescribing dispensing and reimbursing therapeutics did not get built with digital therapeutics in mind, but we fundamentally believe that if the benefits are compelling enough, these kinds of plumbing questions will get sorted out.

<<Keay Nakae, Analyst, Chardan Capital Markets, LLC>>

So Kevin, as you mentioned, the company recently presented positive top line data from the pivotal study, evaluating your lead asset BT-001 for the treatment of type 2 diabetes where you achieve the primary efficacy endpoint of reduction in HbA1c at 90 days, I think it's well understood that effective management of this disease includes healthy eating, regular exercise, weight loss, for which the nutritional cognitive behavioral therapy delivered through your PDT seems tailor made to effect. Can you describe how 001 might fit in the competitive landscape of glycemic control drugs used to manage type 2 diabetes?

<<Kevin Appelbaum, Co-Founder and Chief Executive Officer>>

Yeah, sure. So we are conducting our pivotal trial in a patient population that has uncontrolled diabetes. That means that despite the use of multiple medications and access to care, patients are unable to bring their blood sugar down to a level that would signify glycemic control. This population represents more than half of the diabetes population. Based on what we know about the disease progression, these patients will continue to get worse and many will go on insulin for the remainder of their lives.

We see an immediate opportunity for BT-001 to be used in this population, delaying or preventing a step up to more aggressive medications or insulin. Longer term, we would envision that BT-001 has the opportunity to become the first prescription written upon diagnosis of disease on either a standalone basis or alongside traditional medications.

<<Keay Nakae, Analyst, Chardan Capital Markets, LLC>>

And can you talk about some of the product features design into 001 to keep patients engaged?

<<Kevin Appelbaum, Co-Founder and Chief Executive Officer>>

Yeah, so as we reported in our primary endpoint data, one of the things we were most excited about was the level of engagement over the course of 90 days of treatment. Patients engaged in the use of the app about eight minutes a day throughout the course of treatment. And over 90% remained engaged at the end of the treatment period, how we do this is that we start by applying the principles of design thinking to understand the

patient and their journey with type 2 diabetes. This requires a great deal of humility and at empathy to understand and solve problems that these patients encounter every day.

And we ask why a lot, challenging every step in the status quo of patient care. So some specific examples, we use this approach or using this approach allows us to design user experiences that are simple, intuitive and even delightful. Patients routinely tell us that they feel like we've got their back after engaging with our products. Second, we use a treatment algorithm that adjusts each individual patient and helps them progress in treatment at a pace they can achieve. This builds confidence as goals are achieved and escalated week over week. And this sense of confidence enhances engagement. We use gamification technique to reinforce behavioral changes, rewarding achievement of goals and treatment milestones that are in the patient's control. And if a patient begins to disengage, we use nudges, notifications and reminders to guide them back into treatment and focus them on the highest impact activities.

<<Keay Nakae, Analyst, Chardan Capital Markets, LLC>>

And then can you talk about how – when a patient goes on to a refill, a prescription refill, how that second tranche of lessons is different and build upon what was learned in the first?

<<Kevin Appelbaum, Co-Founder and Chief Executive Officer>>

Yeah, so that's actually this scenario that we're studying in our pivotal trial a prescription is for 90 days of treatment. And so what we're studying in the pivotal trial is two consecutive 90 day treatment periods. I think the mechanism of treatment is it remains unchanged from the first 90 days to the second 90, but the core element of behavioral therapy, what we call a behavioral therapy lesson which is completed at the rate of about one per week, those lessons get increasingly more complex. So they're escalating from the very basics to kind of complex concepts that are meant to get at the thoughts and beliefs that are deeply embedded in a patient's subconscious, that they may not even be aware of.

But other than that, other than kind of the sophistication of the lessons and skill building mechanisms, the synchronization or choreography of treatment is consistent from one prescription period to a second prescription period.

<<Keay Nakae, Analyst, Chardan Capital Markets, LLC>>

Okay, great. So can we review the trial design a little bit? I think important to understand one the demographics of the patients enrolled and standard of care. What were you comparing to as add on with your therapy?

<<Kevin Appelbaum, Co-Founder and Chief Executive Officer>>

Sure. And we enrolled almost 700 patients from six different states in a randomized control parallel group, pivotal trial. The control group received standard of care and a control app and the intervention group received standard of care. And the BT-001 product, the study was powered to detect 0.4% change in A1c and for reference standard of care in the treatment of type 2 diabetes is a interaction with your physician, the treatment for 90 days at the end of that 90 days a blood test to measure A1c is conducted, and a patient would reengage with their physician to see if any changes in medications would be necessary.

The primary endpoint in the study was change in A1c from baseline at 90 days. And the difference between the two groups, the control and intervention group, the secondary endpoint is at 180 days. And so that's the endpoint that's coming up at the end of this quarter. We're also collecting a range of exploratory endpoint data and things like blood pressure, lipids, weight loss, medication use and quality of life.

I can hit the highlights of the day 90 data, here quickly. Our primary endpoint was achieved at day 90. And that endpoint demonstrated clinically meaningful, statistically significant reductions in A1c with no adverse safety events associated with the use of the BT-001 product. Over 60% of patients using BT-001 lowered their A1c, 45% lowered A1c by a clinically meaningful amount 0.4% or more. And that was about twice the level that we observed in the control group. And the average reduction in that group was 1.1% among these responders.

Your last question was around the patient population. So this study was conducted in a very diverse population, more than 40% of participants were non-white. They were in lower income households and were clinically complex. What that means is that the average time since diagnosis of type 2 diabetes was long, almost 11 years, and the majority of patients had multiple comorbidities and were heavily medicated at baseline.

<<Keay Nakae, Analyst, Chardan Capital Markets, LLC>>

Okay, great. So you mentioned the secondary endpoint of reduction in A1c at 180 days. We know that's coming up. How critical is it to the future commercial success of this product that the reduction of A1c achieved at 90 days be maintained for this longer duration?

<<Kevin Appelbaum, Co-Founder and Chief Executive Officer>>

Well, we would expect it to be so, we would expect that with continued treatment, safety and efficacy would be sustained over the course of 180 days of treatment. The unknown here is one of the things that will happen in the second 90 days of treatment that did not happen in the first 90 days of treatment is that those that are responding to BT-001 may be having their medications reduced or eliminated. So that will have some impact on A1c as well. So we'll have to look at that at day 180. We'll look at both ongoing or we'll look at the data on A1c and safety, and we'll look at all the subgroup analysis data to really understand at a deeper level who's responding best, to what degree is that response and

what can we discern around the patient population that's going to be most successful in treatment.

<<Keay Nakae, Analyst, Chardan Capital Markets, LLC>>

Okay, great. Yeah, we're certainly looking forward to that data. Switching to the commercial aspects of the story. Establishment of widespread reimbursement is critical. This will require additional real world evidence beyond necessary to attain 510(k) clearance. The company has initiated a real world evidence study currently involving now four sites to demonstrate durability effect, impact on total cost of care and impact on patient quality of life. Can you provide more details about this study and its deliverables?

<<Kevin Appelbaum, Co-Founder and Chief Executive Officer>>

Sure. So we've designed our real world evidence studies actually with input from payers to address the questions that are most important to them in making coverage and reimbursement decisions. These questions certainly include the durability of effect beyond 180 days and the impact of BT-001 on the total cost of care and ongoing medication use. These studies are randomized controlled trials, recruiting a large diverse patient population from within real world clinical settings.

You mentioned we have four study partners and those study partners include Mass General Brigham, the University of Colorado, the Durham North Carolina Veterans Administration, and Catalyst Health Group. We expect to roll about – enroll about 1,000 patients in this study, and we'll run the study for a year or longer.

<<Keay Nakae, Analyst, Chardan Capital Markets, LLC>>

And Kevin in your discussions with payers, is there some minimum duration of benefit they're really interested in whether that's nine months, 12 months or longer it's critical to demonstrate?

<<Kevin Appelbaum, Co-Founder and Chief Executive Officer>>

This concept of duration of benefit is new for payers as well as for the types of therapeutics that we're creating. We know that that data 12 months is important to payers. Durability is part of that, but not exclusively that. What I should probably back up from that and just describe that cognitive behavioral therapy is a time limited intervention. It usually lasts about four to six months in duration. And for patients that engage successfully in CBT the changes in behavior and the resulting effects on their health can last years and for some even a lifetime.

BT-001 represents the first time digitally delivered CBT has been studied in the treatment of type 2 diabetes certainly in an RCT, a randomized controlled trial. And we're looking to learn more about its effectiveness and the durability of that effect. Our real world evidence studies are specifically designed to evaluate durability. And as I mentioned,

we'll run those studies for 12 months and longer. I do think it's worth noting as a final point that the durability of diabetes drugs is zero. Once you stop taking them any positive effect of doing so stops.

<<Keay Nakae, Analyst, Chardan Capital Markets, LLC>>

So Kevin, we are seeing progress on a number of reimbursement components, such as the establishment of category one CPT codes for physicians, some effective this year, some in 2023. Most recently the establishment by CMS of a new Level II HCPCS code to describe prescription digital behavioral therapy that went into effect April 1st, as well as recently introduced legislation, the Access to Prescription Digital Therapeutics Act of 2022, which if enact it would expand Medicare reimbursement coverage to include PDTs. Which of these is likely to have the most significant impact on cardio metabolic focused products that you are developing?

<<Kevin Appelbaum, Co-Founder and Chief Executive Officer>>

These are all positive tailwinds for PDTs as a class. It's too early to tell which of these three things will have the greatest impact. Each of them is designed to do something different CPT coding may help with physician adoption and use. The HCPCS codes create another pathway for reimbursement. And the legislation that you mentioned at pass could result in a new benefit category for PDTs within Medicare. I think on that last point, we know that type 2 diabetes is the number one cost driver within Medicare. So if that legislation passes, I think that will certainly be favorable to us and our first product.

But I think it's also important to look at the poll instead of each of the unique parts. And looking at it this way it gives me confidence that all of these recent activities and milestones are showing that payers recognize the potential value in PDTs and are establishing the coding and payment pathways to make them a reality.

<<Keay Nakae, Analyst, Chardan Capital Markets, LLC>>

Right. So, by the time you launch, hopefully it's a more favorable reimbursement environment. What are some of the commercial metrics that product launch and early on that might predict success for 001?

<<Kevin Appelbaum, Co-Founder and Chief Executive Officer>>

Yeah. So we've always believed that commercial success will be driven by three things patient engagement and persistence during treatment, physician adoption and use and payer coverage and reimbursement. As we get closer to launch, we'll provide guidance on the metrics that we will use to measure our progress. I anticipate they'll include measures like prescriptions written fulfillment rate, the rate at which they get paid as well as financial measures, including revenue and gross to net adjustments. I think we'll also be looking for steady increases in covered lives through insurance coverage and

reimbursement decisions. But I think in – those metrics will be the way in which we measure our progress in the market.

<<Keay Nakae, Analyst, Chardan Capital Markets, LLC>>

Okay, great. I think important to recognize that your design platform is it's more than 001, and you can quickly develop PDTs tailored for other cardiometabolic diseases by requiring only minor software changes. And many of these same modules can be utilized in different products. Further, every patient treated with any of your product candidates generates data that can be used to improve the platform algorithm. So can you talk about the company's next to adjacent indications? You've talked about 003 for hypertension and 004 for hyperlipidemia.

<<Kevin Appelbaum, Co-Founder and Chief Executive Officer>>

Yeah, I'm happy to. And you set that up very nicely, Keay. I think you really captured the essence of platform leverage here and why we're excited about nutritional CBT, and its potential to be applied broadly across cardiometabolic diseases. And so we expect to leverage our CBT platform to develop new products that that address a broad range of cardiometabolic diseases. I think at last count, we're up to several dozen where we think this approach to treating disease could be viable.

We intend to advance our next two products in hypertension and hyperlipidemia in the pivotal trials, as soon as practical following the completion of our diabetes study and regulatory submission. And we also just begun to enroll patients in a clinical study to understand whether nutritional CBT could be an effective treatment for fatty liver disease. And we announced that study last week.

<<Keay Nakae, Analyst, Chardan Capital Markets, LLC>>

So Kevin, how should investors be thinking about barriers to entry in this space?

<<Kevin Appelbaum, Co-Founder and Chief Executive Officer>>

Yeah, I'll call out three. First, any competitor – any direct competitor would need to conduct certainly build their own product, but then conduct their own randomized control trials, generate real world evidence and successfully navigate the regulatory process. We think we have at least a three to four year lead in cardiometabolic diseases.

Second, there are network effects that come from a continuously improving treatment algorithm that is with every new patient treated that algorithm becomes incrementally better, eventually creating an advantage that would be difficult for a new entrant to try to replicate it. And last we are developing an IP portfolio to protect our inventions and that portfolio currently consists of four different patent families.

<<Keay Nakae, Analyst, Chardan Capital Markets, LLC>>

Okay. So we're reaching the end of our time here, Kevin. Let me ask you one final question. From your perspective as management, what do you think the market is missing most about the Better story and where is the hidden value?

<<Kevin Appelbaum, Co-Founder and Chief Executive Officer>>

Well, it's certainly been a bit of a rollercoaster over the last several months. I appreciate that we're making a rather bold argument that the way we treat diseases like diabetes and heart disease is broken and relying exclusively on prescription drugs to treat them as part of the problem. For investors, this is going to take some getting used to and the lack of compelling comparables makes their analysis even harder. To kind of locate that hidden value, I'd encourage investors to examine closely our emerging pivotal trial data and ask three questions.

How valuable is a new therapeutic for treating type 2 diabetes that can improve glycemic control at twice the rate of standard of care, even in a diverse and complex patient population with no significant safety concerns. What if that therapeutic addressed a glaring hole in clinical guidelines and made behavioral therapy for treating diabetes prescribable for the very first time.

And last, what if the mechanism that makes that therapeutic effective in treating diabetes could be applied to dozens of cardiometabolic conditions? I think over time as the answers to these questions become clearer and the market backdrop improves, we'll see that reflected in the value of the company.

<<Keay Nakae, Analyst, Chardan Capital Markets, LLC>>

Okay. Well, very good. Thank you, Kevin, for joining us today.

<<Kevin Appelbaum, Co-Founder and Chief Executive Officer>>

Thanks, Keay.