TREATMENT PERSPECTIVES presents

Main Event: June 2, 2020

Encore Broadcasts:
June 9, June 25, and July 21, 2020

Expert Analysis on Schizophrenia in Adults and an Overview of CAPLYTA, an Exciting Treatment Option

CAPLYTA™ (lumateperone) capsules 42 mg

Boxed Warning: Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. CAPLYTA is not approved for the treatment of patients with dementia-related psychosis.

Please see additional Important Safety Information below.

Join us for a national broadcast with a **live question-and-answer session**

PROGRAM OVERVIEW

Intra-Cellular Therapies is excited to offer a LIVE national broadcast on schizophrenia. Each 40-minute presentation will feature experts discussing a treatment for adults with schizophrenia. You can provide real-time feedback via interactive polling, and there will be 15 minutes at the end of the presentation where the polling results and live Q&A will be discussed.

PROGRAM OBJECTIVES

- Review the human and economic burden of schizophrenia in the US
- Understand the impact of non-adherence and relapse in schizophrenia
- Discuss CAPLYTA as a treatment option for adults with schizophrenia

INTENDED AUDIENCE

This program is designed for US healthcare professionals who treat adult patients with schizophrenia.

TO REGISTER FOR THIS NATIONAL BROADCAST PROGRAM:

- Call ConneXion360 at 1-877-238-8500
- Visit www.caplytabroadcast.com
- Contact your Intra-Cellular representative

Indication

CAPLYTA™ (lumateperone) is indicated for the treatment of schizophrenia in adults.

IMPORTANT SAFETY INFORMATION (cont'd)

Contraindications: CAPLYTA is contraindicated in patients with known hypersensitivity to lumateperone or any components of CAPLYTA. Reactions have included pruritus, rash (e.g. allergic dermatitis, papular rash, and generalized rash), and urticaria.

Please see additional Important Safety Information, including **Boxed Warning**, on following page.

BROADCAST SCHEDULE

The broadcast will be available at various times throughout the day, depending on your time zone. You can reference the chart below for a complete list of broadcast times. Once registered, you may participate in any of the broadcast sessions.

Main Event: June 2, 2020

EASTERN	CENTRAL	MOUNTAIN	PACIFIC
12:15 PM	11:15 AM	10:15 AM	9:15 AM
1:15 PM	12:15 PM	11:15 AM	10:15 AM
3:15 PM	2:15 PM	1:15 PM	12:15 PM
7:00 PM	6:00 PM	5:00 PM	4:00 PM
8:30 PM	7:30 PM	6:30 PM	5:30 PM
10:00 PM	9:00 PM	8:00 PM	7:00 PM

Encore Broadcasts: June 9, June 25, and July 21, 2020

EASTERN	CENTRAL	MOUNTAIN	PACIFIC
12:15 PM	11:15 AM	10:15 AM	9:15 AM
1:15 PM	12:15 PM	11:15 AM	10:15 AM
3:15 PM	2:15 PM	1:15 PM	12:15 PM

FEATURED PANEL

Stephen M. Stahl, MD, PhD, DSc (Hon)
Professor of Psychiatry, University of California San Diego Medical School
Honorary Fellow, University of Cambridge, UK
Editor-in-Chief, CNS Spectrums
Director of Psychopharmacology Services, California Dept of State Hospitals
San Diego, California

Jelena Kunovac, MD, MS
Chief Scientific Officer
The IMA Group
Tarrytown, New York
Assistant Clinical Professor
University of Nevada, Las Vegas

Andrew J. Cutler, MD
Chief Medical Officer
Neuroscience Education Institute
Clinical Associate Professor of Psychiatry
SUNY Upstate Medical University
Syracuse, New York

CAPLYTA™
(lumateperone) capsules
42 mg

IMPORTANT SAFETY INFORMATION

Boxed Warning: Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. CAPLYTA is not approved for the treatment of patients with dementia-related psychosis.

Warnings & Precautions: Antipsychotic drugs have been reported to cause:

- **Cerebrovascular Adverse Reactions in Elderly Patients with Dementia-Related Psychosis,** including stroke and transient ischemic attack. See Boxed Warning above.
- **Neuroleptic Malignant Syndrome,** which is a potentially fatal reaction. Signs and symptoms include: hyperpyrexia, muscle rigidity, delirium, autonomic instability, elevated creatinine phosphokinase, myoglobinuria (and/or rhabdomyolysis), and acute renal failure. Manage with immediate discontinuation of CAPLYTA and provide intensive symptomatic treatment and monitoring.
- **Tardive Dyskinesia,** a syndrome of potentially irreversible, dyskinetic, and involuntary movements which may increase as the duration of treatment and total cumulative dose increases. The syndrome can develop after a relatively brief treatment period, even at low doses. It may also occur after discontinuation of treatment. Given these considerations, CAPLYTA should be prescribed in a manner most likely to reduce the risk of tardive dyskinesia. Discontinue CAPLYTA if clinically appropriate.
- **Metabolic Changes,** including hyperglycemia, diabetes mellitus, dyslipidemia, and weight gain. Hyperglycemia, in some cases extreme and associated with ketoacidosis, hyperosmolar coma or death, has been reported in patients treated with antipsychotics. Measure weight and assess fasting plasma glucose and lipids when initiating CAPLYTA and monitor periodically during long-term treatment.
- **Leukopenia, Neutropenia, and Agranulocytosis (including fatal cases).** Perform complete blood counts in patients with pre-existing low white blood cell count (WBC) or history of leukopenia or neutropenia. Discontinue CAPLYTA if clinically significant decline in WBC occurs in absence of other causative factors.
- **Orthostatic Hypotension and Syncope.** Monitor heart rate and blood pressure and warn patients with known cardiovascular or cerebrovascular disease. Orthostatic vital signs should be monitored in patients who are vulnerable to hypotension.
- **Falls.** CAPLYTA may cause somnolence, postural hypotension, and motor and/or sensory instability, which may lead to falls and, consequently, fractures and other injuries. Assess patients for risk when using CAPLYTA.
- **Seizures.** Use CAPLYTA cautiously in patients with a history of seizures or with conditions that lower seizure threshold.
- **Potential for Cognitive and Motor Impairment.** Advise patients to use caution when operating machinery or motor vehicles until they know how CAPLYTA affects them.
- **Body Temperature Dysregulation.** Use CAPLYTA with caution in patients who may experience conditions that may increase core body temperature such as strenuous exercise, extreme heat, dehydration, or concomitant anticholinergics.
- **Dysphagia.** Use CAPLYTA with caution in patients at risk for aspiration.

Drug Interactions: Avoid concomitant use with CYP3A4 inducers, moderate or strong CYP3A4 inhibitors and UGT inhibitors.

Special Populations: Neonates exposed to antipsychotic drugs during the third trimester of pregnancy are at risk for extrapyramidal and/or withdrawal symptoms following delivery. Breastfeeding is not recommended. Avoid use in patients with moderate or severe hepatic impairment.

Adverse Reactions: The most common adverse reactions in clinical trials with CAPLYTA vs. placebo were somnolence/sedation (24% vs. 10%) and dry mouth (6% vs. 2%).

Please click here for full Prescribing Information, including **Boxed Warning.**

Intra-Cellular THERAPIES
BUILT ON NOBEL PRIZE–WINNING SCIENCE