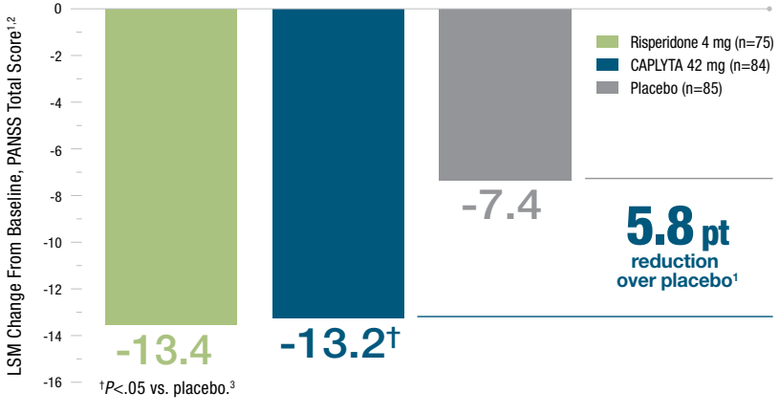
In 2 clinical trials, CAPLYTA demonstrated statistically superior improvements vs. placebo in symptoms of schizophrenia[1]

Study 1. CAPLYTA Demonstrated Significant Improvements in PANSS (Positive and Negative Syndrome Scale) Total Score[1*]



Baseline PANSS Total Scores: CAPLYTA 42 mg: 88.1; risperidone 4 mg: 86.1; placebo: 86.3.[1,2]

78% greater reduction in PANSS than placebo for CAPLYTA at Day 28[1]

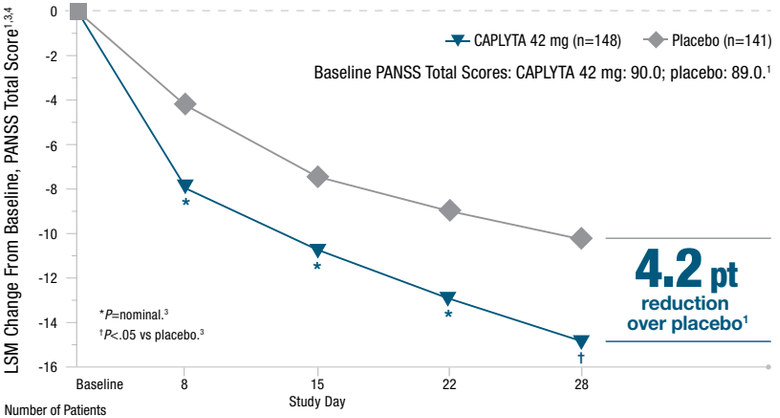
This study was not designed to allow for an efficacy comparison of CAPLYTA and risperidone. Risperidone was included for assay sensitivity.[1,3]

Study 1 randomized 335 patients to either CAPLYTA 42 mg, CAPLYTA 84 mg, active comparator, or placebo in a 1:1:1:1 fashion. Patients were generally moderately to markedly ill. Median age was 42 years (range 20 to 55 years). 17% were female, 19% were Caucasian, and 78% were African American. The treatment effect in the CAPLYTA 84 mg group (vs. placebo) was not statistically significant.[1,3]

LSM=least squares mean.

*The PANSS total score may range from 30 to 210, with higher scores reflecting greater overall symptom severity.[1]

Study 2. Change From Baseline in PANSS Total Score[1,3,4]



Number of Patients

Placebo	141	141	131	118	109
CAPLYTA 42 mg	148	146	142	134	130

41% greater reduction in PANSS than placebo for CAPLYTA at Day 28[1]

Limitation: The weekly time points prior to Day 28 were not powered for statistical analysis and should be considered descriptive only. Therefore, the results require cautious interpretation and could represent chance findings.[3]

Study 2 randomized 450 patients to either CAPLYTA 28 mg, CAPLYTA 42 mg, or placebo in a 1:1:1 fashion. Patients were generally moderately to markedly ill. Median age was 44 years (range 19 to 60 years). 23% were female, 26% were Caucasian, and 66% were African American. The treatment effect in the CAPLYTA 28 mg group (vs. placebo) was not statistically significant.[1,3]

With CAPLYTA 42 mg, your patient is on the right dose, right from the start[1]

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.

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.

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.

CAPLYTA®
(lumateperone) capsules
42 mg

CAPLYTA demonstrated safety in over 1700 US adult patients[1]

In 4- to 6-week trials, patients on CAPLYTA experienced

metabolic, EPS, prolactin, and weight changes similar to placebo[1,3]

- Antipsychotic drugs have been reported to cause[1]:
  - Hyperglycemia, diabetes, dyslipidemia, and weight gain. Blood glucose, weight, and lipids should be monitored periodically during long-term treatment
  - Tardive dyskinesia (TD), which may increase as the duration of treatment and cumulative dose increases, and can develop after brief treatment periods or after discontinuation. See additional Important Safety Information throughout, including **Boxed Warning**

CAPLYTA has:

Affinity at 5-HT_{2A} approximately 60 times higher than at dopamine D_2[1,3*]

- High $5\text{-HT}_{2A}/D_2$ occupancy ratio allows for lower amounts of dopamine D_2 antagonism at therapeutic doses[5]

The mechanism of action of CAPLYTA in schizophrenia is unknown.[1]

Elevated levels of dopamine D_2 receptor occupancy are known to be associated with increases in EPS and prolactin.[5]

*5-HT_{2A} (k_i=0.48 nM); D_2 (k_i=47 nM); human recombinant receptor expressed in HEK-293 cells. Observed values may vary.[3]

CAPLYTA has broad formulary coverage[6]

- **Medicare Part D**—CAPLYTA has Covered access for over 95% of Medicare Lives[6]
- **Medicaid**—CAPLYTA has Covered access for over 95% of FFS State Medicaid Lives[6]
- **Commercial**—Eligible patients with commercial insurance may pay as little as **$0** for their first fill and **$15** for refills with their CAPLYTA Copay Savings Card

Please click here for WAC disclosure and pricing transparency.

PROGRAM TERMS, CONDITIONS, AND ELIGIBILITY CRITERIA: This offer is valid for eligible new or existing patients who are filling a prescription for CAPLYTA. Eligible patients must be at least 18 years old and less than 65 years old, residents of the U.S., excluding Puerto Rico, and have a valid prescription for CAPLYTA for a Food & Drug Administration–approved indication. This Copay Program is valid ONLY for patients with commercial insurance and NOT valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, TRICARE, or other federal or state health programs. Offer is not valid for cash paying patients and is only good at participating retail pharmacies. Offer is not transferable, is not insurance, has no cash value, and may not be used in combination with other offers. Void if prohibited by law, taxed, or restricted.

All participants are responsible for reporting the receipt of all Program benefits as required by their insurance provider. No party may seek reimbursement for all or any of the benefit received through this Program. ITCI reserves the right to rescind, revoke or amend the Program without notice at any time. Additional eligibility criteria apply. See full terms and conditions at www.caplyta.com/cost-savings.

References: 1. CAPLYTA prescribing information, 2019. **2.** Lieberman JA, Davis RE, Correll CU, et al. ITI-007 for the treatment of schizophrenia: a 4-week randomized, double-blind, controlled trial. *Biol Psychiatry.* 2016;79(12):952-961. **3.** Data on File. 2019. **4.** Correll CU, Davis RE, Weingart M, et al. Efficacy and safety of lumateperone for treatment of schizophrenia: a randomized clinical trial. *JAMA Psychiatry.* 2020;77(4):349-358. **5.** Davis RE, Correll CU. ITI-007 in the treatment of schizophrenia: from novel pharmacology to clinical outcomes. *Expert Rev Neurother.* 2016;6(16):601-614. **6.** Data on File. 2020.

Important Safety Information (continued)

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

- **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 see full Prescribing Information, including **Boxed Warning**.

Intra-Cellular THERAPIES

CAPLYTA® (lumateperone) capsules 42 mg