Intra-Cellular THERAPIES

April 2024

Safe Harbor Statement

This presentation contains “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995 that involve risks and uncertainties that could cause actual results to be materially different from historical results or from any future results expressed or implied by such forward-looking statements.

Such forward-looking statements include statements regarding, among other things, our plans to conduct clinical or nonclinical trials and the timing of those trials, including enrollment, initiation or completion of clinical conduct, or the availability of results; plans to have discussions with regulatory authorities regarding our drug development programs; plans to make regulatory submissions to the FDA and the timing of such submissions; whether clinical trial results will be predictive of future real-world results; whether CAPLYTA will serve an unmet need; the goals of our development programs; and our beliefs about the potential utility of our product candidates. All such forward-looking statements are based on management’s present expectations and are subject to certain factors, risks and uncertainties that may cause actual results, outcome of events, timing and performance to differ materially from those expressed or implied by such statements. These risks and uncertainties include, but are not limited to, the following: there are no guarantees that CAPLYTA will be commercially successful; we may encounter issues, delays or other challenges in commercializing CAPLYTA; the COVID-19 pandemic may negatively impact our commercial plans and sales for CAPLYTA; the COVID-19 pandemic may negatively impact the conduct of, and the timing of enrollment, completion and reporting with respect to, our clinical trials; whether CAPLYTA receives adequate reimbursement from third-party payors; the degree to which CAPLYTA receives acceptance from patients and physicians for its approved indications; challenges associated with execution of our sales activities, which in each case could limit the potential of our product; results achieved in CAPLYTA in the treatment of schizophrenia and bipolar depression following commercial launch of the product may be different than observed in clinical trials, and may vary among patients; any other impacts on our business as a result of or related to the COVID-19 pandemic; challenges associated with supply and manufacturing activities, which in each case could limit our sales and the availability of our product; impacts on our business, including on the commercialization of CAPLYTA and our clinical trials, as a result of the conflicts in Ukraine and the Middle East, global economic uncertainty, inflation, higher interest rates or market disruptions; risks associated with our current and planned clinical trials; we may encounter unexpected safety or tolerability issues with CAPLYTA following commercial launch for the treatment of schizophrenia or bipolar depression or in ongoing or future trials and other development activities; our other product candidates may not be successful or may take longer and be more costly than anticipated; product candidates that appeared promising in earlier research and clinical trials may not demonstrate safety and/or efficacy in larger-scale or later clinical trials or in clinical trials for other indications; our proposals with respect to the regulatory path for our product candidates may not be acceptable to the U.S. Food and Drug Administration; our reliance on collaborative partners and other third parties for development of our product candidates; and the other risk factors detailed in our public filings with the Securities and Exchange Commission. All statements contained in this presentation are made only as of the date of this presentation, and the Company undertakes no duty to update this information unless required by law.

Non-Promotional Presentation

This presentation is intended for the investor community only; materials are not intended to promote the products referenced herein or otherwise influence healthcare prescribing decisions.

Intra-Cellular Therapies, Inc. (ITCI)

A commercial biopharmaceutical company pursuing our pledge of improving the lives of people living with neuropsychiatric conditions

CAPLYTA® (lumateperone) capsules

Marketed

Proven Commercial & Development Capabilities + **Strongly Positioned for Future Growth** + **Robust Pipeline**

Compelling Product Profile

Proven efficacy

CAPLYTA is approved for the treatment of schizophrenia and bipolar I and bipolar II depression in adults

Favorable safety profile*

Similar to placebo:

- Extrapyramidal symptoms (EPS) changes including akathisia
- Weight, fasting glucose, total cholesterol, and triglycerides
- Mean changes in prolactin

Convenient dosing

Once daily with no titration required

***Most common adverse reactions** (≥5% and twice the rate of placebo): **Somnolence/sedation, dizziness, nausea, and dry mouth.**

A Broad Bipolar Depression Label for Adults

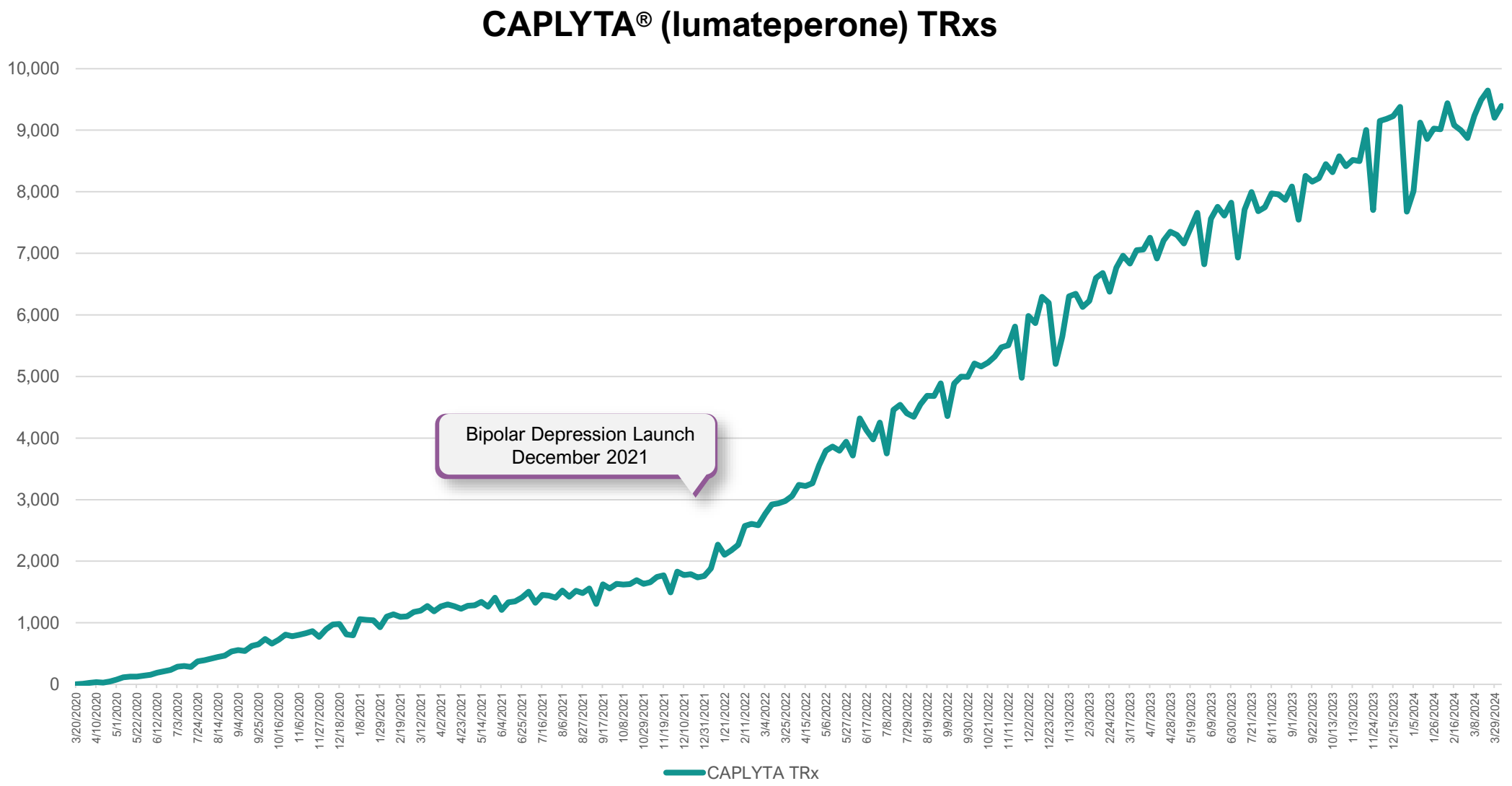
The FIRST & ONLY

treatment indicated for bipolar I and II depression in adults, as monotherapy and as adjunctive therapy with lithium or valproate

Clinical studies evaluating adults with bipolar depression	Monotherapy		Adjunctive (with lithium or valproate)	
	Bipolar I	Bipolar II	Bipolar I	Bipolar II
CAPLYTA® (lumateperone)	✓	✓	✓	✓
Quetiapine/Quetiapine XR	✓	✓		
Olanzapine/Fluoxetine	✓			
Lurasidone	✓		✓	
Cariprazine	✓			

There are no head-to-head studies comparing the safety and efficacy of these products. This chart is descriptive of the FDA-approved indications in adults with bipolar depression and does not represent all approved indications for each product.

Substantial Rx Trajectory Following Label Expansion



IQVIA TRx weekly

Driving Growth for CAPLYTA

Currently **educating 43,000+ prescribers*** including psychiatrists, NP/PAs, and primary care (PCP)

Supported by **comprehensive marketing program**

- Peer to peer educational programs
- Digital promotion
- Broad national advertising through TV and social media

Strong market access position

- >99% covered Medicare/Medicaid lives
- ~90% covered Commercial lives

*Accounting for ~80% of branded schizophrenia and bipolar prescriptions.

Comprehensive Adjunctive MDD Phase 3 Program

Study 501, Study 502, and Study 505

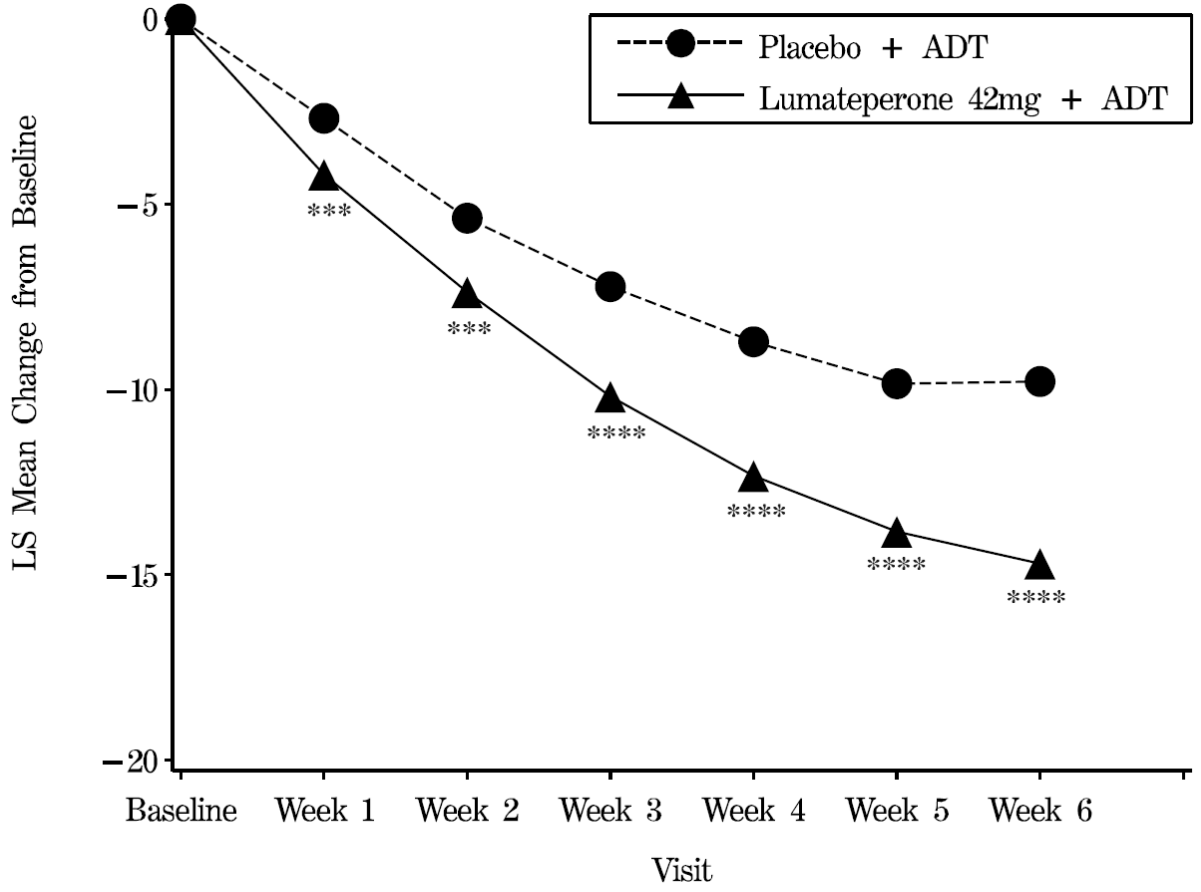
- Global 6-week, randomized, double-blind, placebo-controlled, multicenter, clinical trials in adult patients with MDD who are having inadequate response to antidepressant monotherapy (ADT)
  - Primary endpoint: change in **MADRS** total score at week 6
  - Key secondary endpoint: Change in **CGI-S** score at week 6
  - ~470 patients in each trial randomized 1:1 to receive lumateperone or placebo plus ADT

Study 503

- An open-label roll-over study to assess safety for 6 months

Lumateperone Demonstrated a Statistically Significant Reduction on the MADRS Total Score Compared to Placebo at Week 6

MADRS Total Score



LS mean difference vs placebo

-4.9 points

p < 0.0001

(actual p=0.00000000001413)

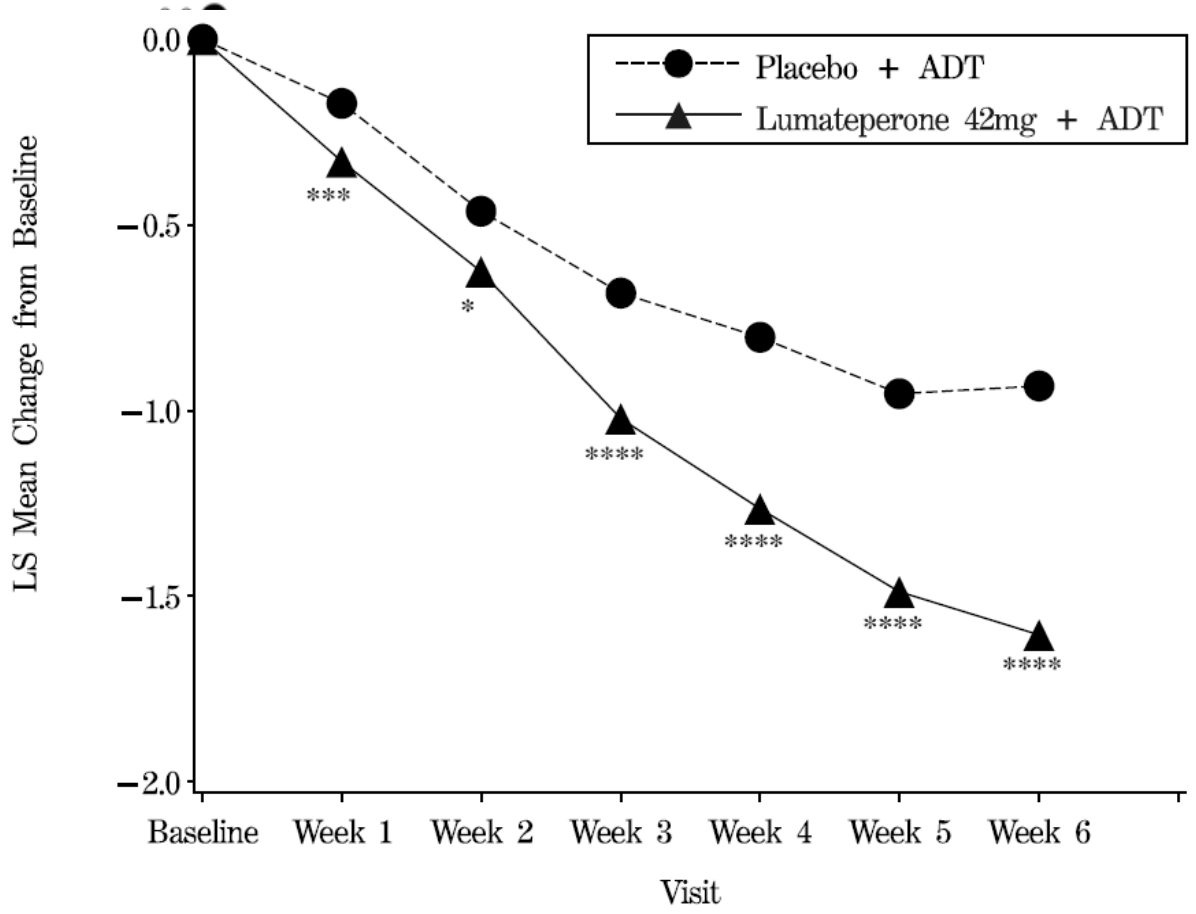
Cohen's d effect size:

0.61

mITT population: Lumateperone N=239, Placebo N=242
***p<0.001 ****p<0.0001

Lumateperone Demonstrated a Statistically Significant Reduction on the CGI-S Score Compared to Placebo at Week 6

CGI-S Score



p < 0.0001

(actual p=0.0000000000046)

Cohen's d effect size:

0.67

mITT population: Lumateperone N=239, Placebo N=242
*p<0.05 ***p<0.001 ****p<0.0001

Favorable Safety and Tolerability Profile Generally Consistent with Prior Lumateperone Trials

- Overall discontinuation rate was 6.6% (lumateperone 8.7%, placebo 4.5%)
- Overall treatment emergent adverse events (TEAEs): lumateperone 58.1% and placebo 46.1%
- Discontinuation rates due to TEAEs: lumateperone 5.8% and placebo 0.8%
- Most common adverse events (≥ 5% lumateperone group and twice placebo): dry mouth (10.8%), fatigue (9.5%), and tremor (5.0%). Adverse events were mostly mild to moderate and resolved within a short period of time
- One serious adverse event reported in placebo group during the double-blind treatment period

Our Vision

Establish CAPLYTA as First Choice Across Depressive Disorders

Bipolar I Depression

✓

Bipolar II Depression

✓

Major Depressive Disorder

✓ **Positive Results** from Study 501

Study 502 Topline Data Expected **Q2 '24**

Robust efficacy, favorable safety/tolerability, and convenient dosing are preferred attributes in prescribing decisions

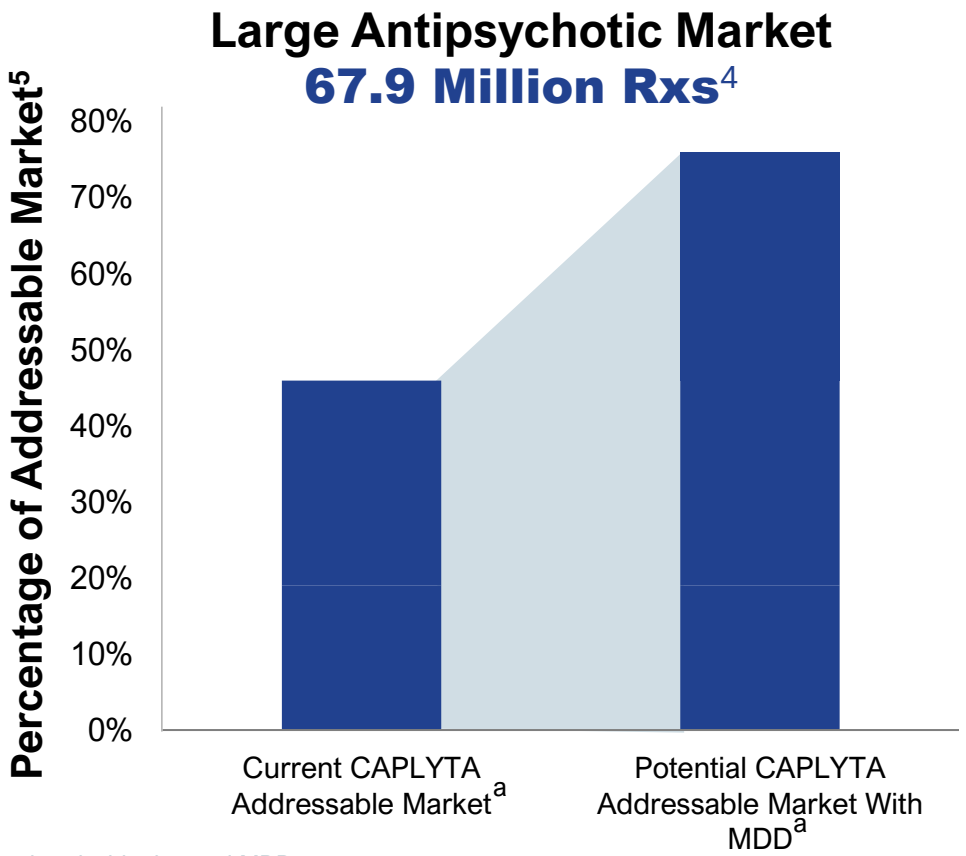
CAPLYTA® (lumateperone) is FDA-approved for the treatment of depressive episodes associated with bipolar I or bipolar II disorder (bipolar depression) as monotherapy and as adjunctive therapy with lithium or valproate and for the treatment of schizophrenia in adults.

These Disorders Are Highly Prevalent; Total Addressable Market Expands With MDD

Schizophrenia — **2.6M** patients[1]

Bipolar Disorder — **11M** patients[2]

MDD — **21M** patients[3]



aCurrent CAPLYTA addressable market includes schizophrenia and bipolar; potential CAPLYTA addressable market includes schizophrenia, bipolar, and MDD.

1. Johns Hopkins Medicine. Mental health disorder statistics. https://www.hopkinsmedicine.org/health/wellness-and-prevention/mental-health-disorder-statistics. Accessed Jan 3, 2024. 2. National Institute of Mental Health. Bipolar disorder. https://www.nimh.nih.gov/health/statistics/bipolar-disorder. Accessed Jan 3, 2024. 3. National Institute of Mental Health. Major depression. https://www.nimh.nih.gov/health/statistics/major-depression.html. Accessed Jan 3, 2024. 4. IQVIA NPA 2023. 5. Symphony YTD/Nov/23.

CAPLYTA® (lumateperone) is FDA-approved for the treatment of depressive episodes associated with bipolar I or bipolar II disorder (bipolar depression) as monotherapy and as adjunctive therapy with lithium or valproate and for the treatment of schizophrenia in adults.

MDD is a Large and Fast Growing Segment of the US Antipsychotic Market

- MDD accounts for ~30% of total antipsychotic market TRx volume[1]
- Branded antipsychotics for MDD growing at a 3yr-CAGR of +26%[1]
- Significant patient penetration opportunity exists as ~11% of treated MDD patients currently receive an antipsychotic as part of treatment[2]

1. IQVIA NPA 2023 TRx. and Symphony Health 2023; 2. Decision Resources MDD Disease Landscape and Forecast, 2023

Advancing Multiple Pipeline Programs

Lumateperone	Advancing **pediatric indications** (schizophrenia, bipolar disorder, agitation associated with autism spectrum disorder) with lumateperone. Advancing **LAI formulations** with treatment durations of 1 month or longer. • Phase 1 SAD study with 1 formulation completed, 4 additional formulations expected to begin Phase I SAD in 1H 2024
ITI-1284	Phase 2 programs in **generalized anxiety disorder, in psychosis in patients with Alzheimer's disease (AD), and in agitation in patients with AD;** patient enrollment to begin in 1H 2024.
PDE 1 Inhibitors	Our portfolio of **PDE 1 inhibitors** are being developed to treat diseases in which PDE 1 activity is highly active. • **Lenrispodun (ITI-214)** is in Phase 2 development for **Parkinson's disease** • **ITI-1020 oncology** program; Phase 1 SAD study ongoing
ITI-333	Our 5-HT_{2A} antagonist and μ-opioid receptor partial agonist provides potential utility in the treatment of **opioid use disorder and pain**. • A multiple ascending dose study and a positron emission tomography (PET) study are ongoing
ITI-1500	Portfolio of **non-hallucinogenic psychedelics** with potential to treat mood and other neuropsychiatric disorders **without the liabilities** of hallucinations and cardiac valvular pathologies of known psychedelics. • ITI-1549 is in IND enabling studies and expected to enter human testing in late 2024/early 2025

Thank you