



Next Wave of Medicines

December 2019

Forward-Looking Statements

This presentation includes “forward-looking statements” within the meaning of the Private Securities Litigation Reform Act of 1995. Forward-looking statements in this presentation include, but are not limited to, statements that relate to the advancement and development of BXCL501 and BXCL701, anticipated milestones, clinical development plans, the availability and results of data from clinical trials, and other information that is not historical information. When used herein, words including “anticipate”, “being”, “will”, “plan”, “may”, “continue”, and similar expressions are intended to identify forward-looking statements. In addition, any statements or information that refer to expectations, beliefs, plans, projections, objectives, performance or other characterizations of future events or circumstances, including any underlying assumptions, are forward-looking. All forward-looking statements are based upon BTI's current expectations and various assumptions. BTI believes there is a reasonable basis for its expectations and beliefs, but they are inherently uncertain.

BTI may not realize its expectations, and its beliefs may not prove correct. Actual results could differ materially from those described or implied by such forward-looking statements as a result of various important factors, including, without limitation, its limited operating history; its incurrence of significant losses; its need for substantial additional funding and ability to raise capital when needed; its limited experience in drug discovery and drug development; its dependence on the success and commercialization of BXCL501 and BXCL701 and other product candidates; its ability to receive regulatory approval for its product candidates; its ability to enroll patients in its clinical trials; its approach to the discovery and development of product candidates based on EvolverAI is novel and unproven; its exposure to patent infringement lawsuits; its ability to comply with the extensive regulations applicable to it; its ability to commercialize its product candidates; and the other important factors discussed under the caption “Risk Factors” in its Quarterly Report on Form 10-Q for the period ended September 30, 2019, as such factors may be updated from time to time in its other filings with the SEC, which are accessible on the SEC's website at www.sec.gov.

These and other important factors could cause actual results to differ materially from those indicated by the forward-looking statements made in this presentation. Any such forward-looking statements represent management's estimates as of the date of this presentation. While BTI may elect to update such forward-looking statements at some point in the future, except as required by law, it disclaims any obligation to do so, even if subsequent events cause our views to change. These forward-looking statements should not be relied upon as representing BTI's views as of any date subsequent to the date of this presentation.

BioXcel Therapeutics Investment Highlights

Neuro Symptoms Based Approach

BXCL501

Sublingual Thin Film for Acute Treatment of Agitation

- Phase 3 Pivotal Trial Initiation Expected
 - 4Q 2019
- Phase 3 Data Readout
 - mid-2020

Innate Immunity Based Approach

BXCL701

Targeting Rare Cancers

- Phase 1b/2 double combination trial in Neuroendocrine Prostate Cancer (tNEPC) ongoing
- Phase 1b/2 triple combination trial in pancreatic cancer expected 2020

AI-powered Drug Development

- Improves R&D Economics
- Increases Development Efficiency
- Maximizes Probability of Success

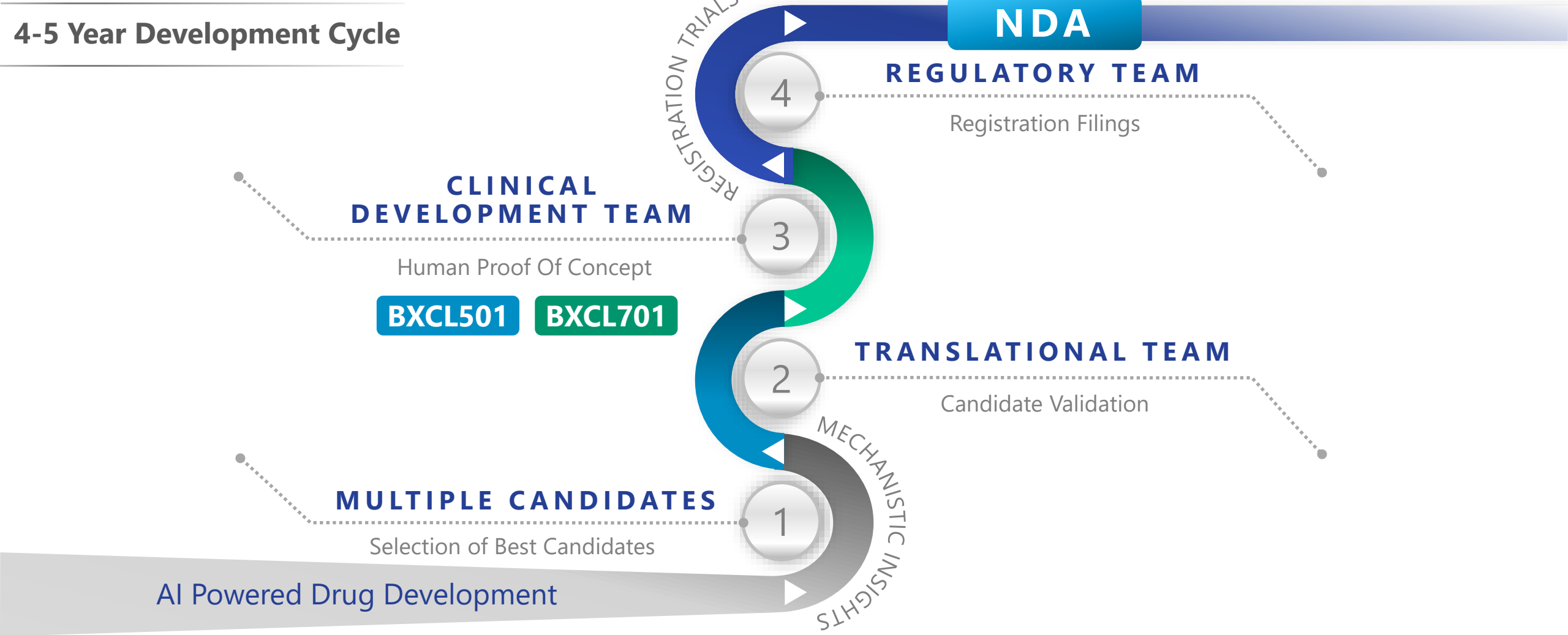
Triple Combination Partners






MERCK

NEKTAR

Unleashing the Power of AI Across the Entire R&D Value Chain



Pipeline To Rapid Human PoC and Development Path

| Program | Product Candidate | Phase 1/2 | Phase 2/3 | Anticipated Milestones | Worldwide Rights |
|------------------------------|--|---|-----------------------|---|---|
| Treatment of Acute Agitation | BXCL501 (Selective α_{2a} Adrenergic Receptor Agonist) | Phase 1b Completed | Schizophrenia/Bipolar | <ul style="list-style-type: none">Phase 3 schizo/bipolar<ul style="list-style-type: none">Trial initiation (4Q 2019)Data readout (mid-2020)NDA submission (2H 2020)Alzheimer's/Dementia trial initiation (2H 2019) |  |
| | | Phase 1b/2 Trial Initiating | Alzheimer's/Dementia | | |
| Immuno-Oncology | BXCL701 (DPP 8/9 & FAP Inhibitor) | Neuroendocrine Prostate Cancer (tNEPC) (double combination) | | <ul style="list-style-type: none">tNEPC data readouts (2H 2019 and 1H 2020)Pancreatic data readouts (2020) |  |
| | | Pancreatic Cancer (triple combination) | | | |
| Pipeline Expansion | BXCL501 | Opioid Withdrawal, Delirium | | <ul style="list-style-type: none">New indications and geography expansion |  |
| | BXCL701 | Exploring Multiple Tumor Types | | | |
| Future Programs | | Additional Discovery Through an Exclusive AI Relationship with BioXcel Corporation (parent) | | | |



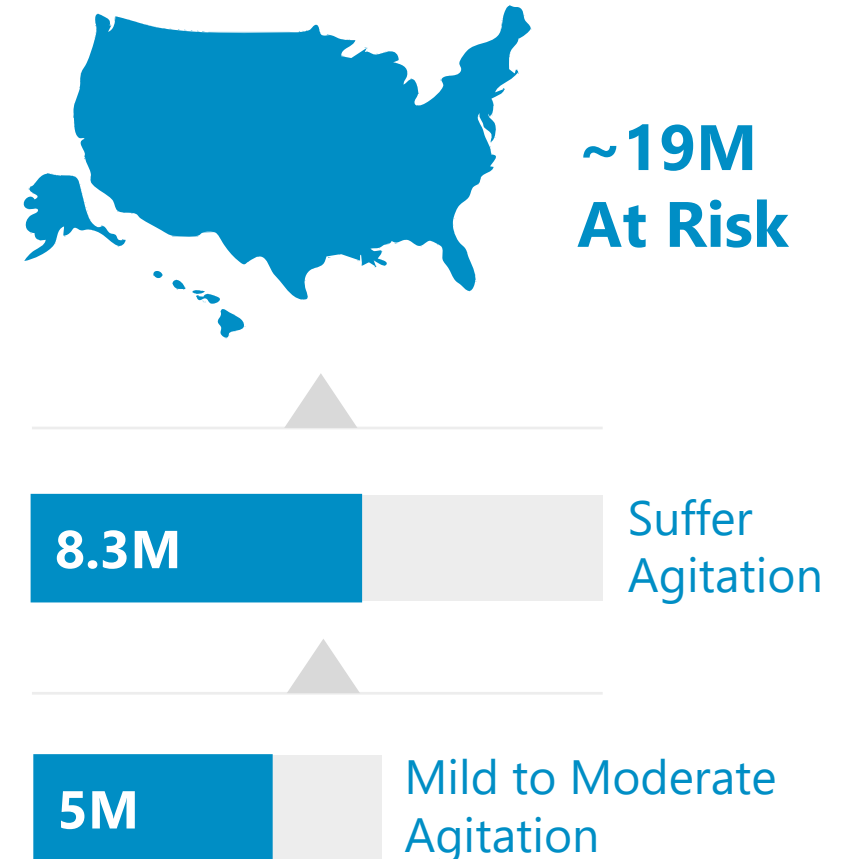
Clinical Programs

BXCL501: Potential First in Class Sublingual Thin Film Dexmedetomidine (Dex) for Acute Treatment of Agitation



Agitation is an Unmet Medical Need

- Common and expensive phenomenon associated with multiple psychiatric conditions
 - 8.3 million suffer each year in the US
 - \$40 billion per year health care burden
- Rapid symptom relief with a non-invasive approach is desired
 - Patients experience multiple episodes per year



Proprietary Sublingual Thin Film of Dex* for Acute Treatment of Agitation



Treatment Options

Current Treatments are Suboptimal:

- Dementia: Antipsychotic drugs have black-box warning for elderly
- Psychiatric: Invasive with severe side effects

The FDA logo is a blue square with the letters 'FDA' in white.

**Fast Track
Designation**

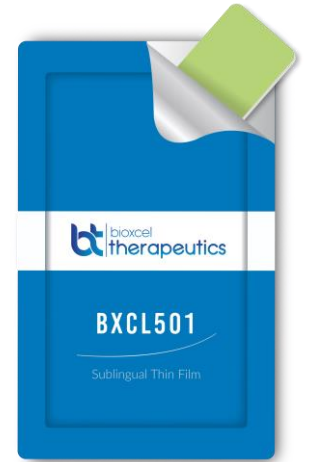
BXCL501: Novel Mechanism of Action (MoA)

- Selective alpha-2a receptor agonist designed to directly target causal agitation mechanism

Proprietary Formulation and Scale Up Manufacturing

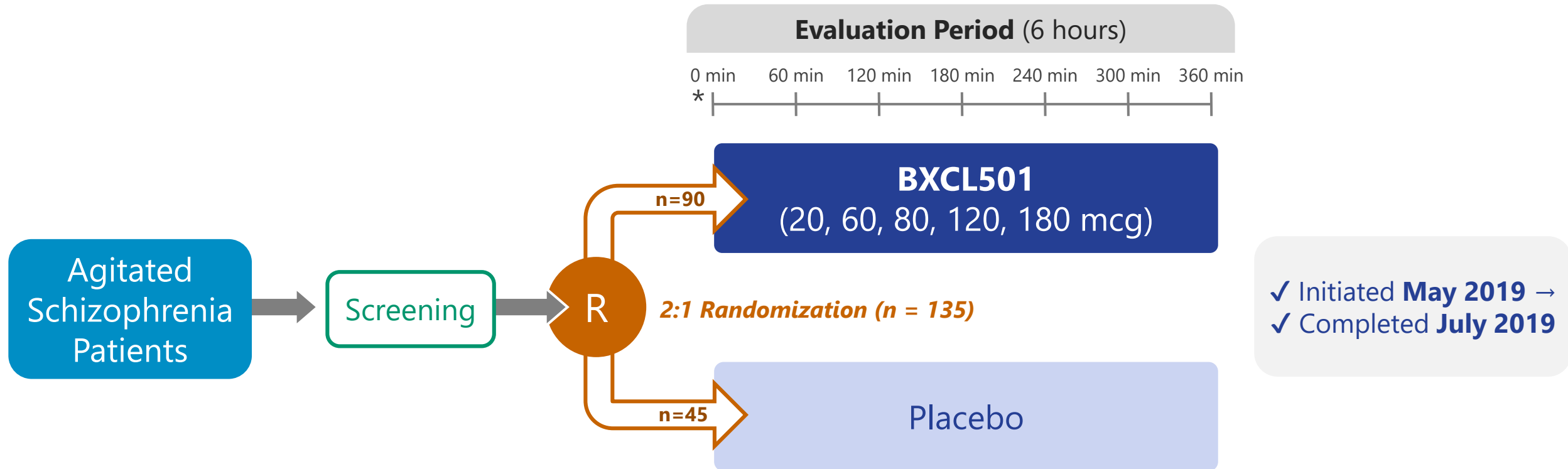
118 subjects dosed: Healthy volunteers (28) and Agitated Schizophrenia patients (90)

- Transitioned to Registrational Drug Product Process
 - Manufacturing phase 3 / registrational batches
 - Commercial scale-up planned for product launch
- Proprietary, Immediate Delivery, Sublingual Thin Film Product
 - Muco-adhesion properties designed for optimizing compliance
 - Adaptable technology enables broad dose range
 - Flexible for potential combination of multiple drugs on a single film



Phase 1b Clinical Trial in Agitated Schizophrenia Patients

Assessing Agitation Episodes in Schizophrenia



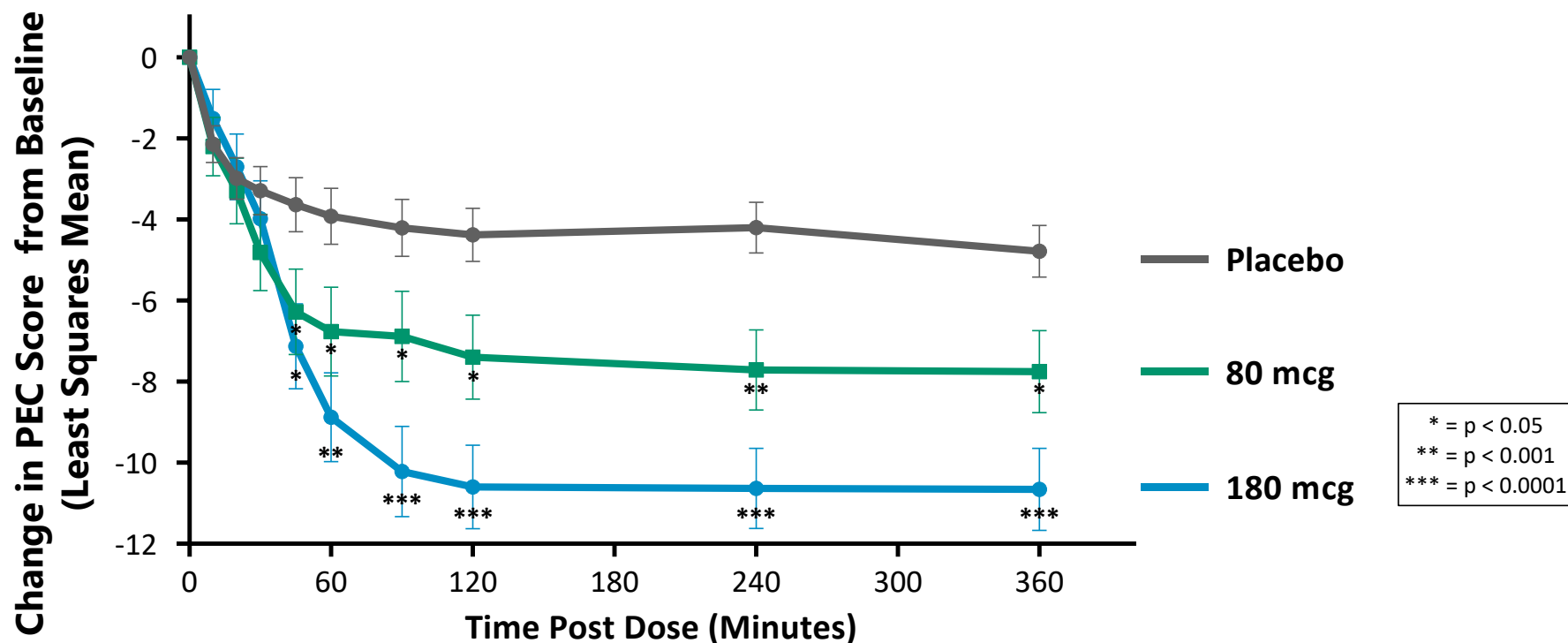
Primary Endpoint: Change from baseline in PEC score (PANSS-Excitatory Component)

* Patients Dosed

Proprietary & Confidential

Primary Endpoint: Change in PEC Score from Baseline

Clinically meaningful, rapid and durable responses



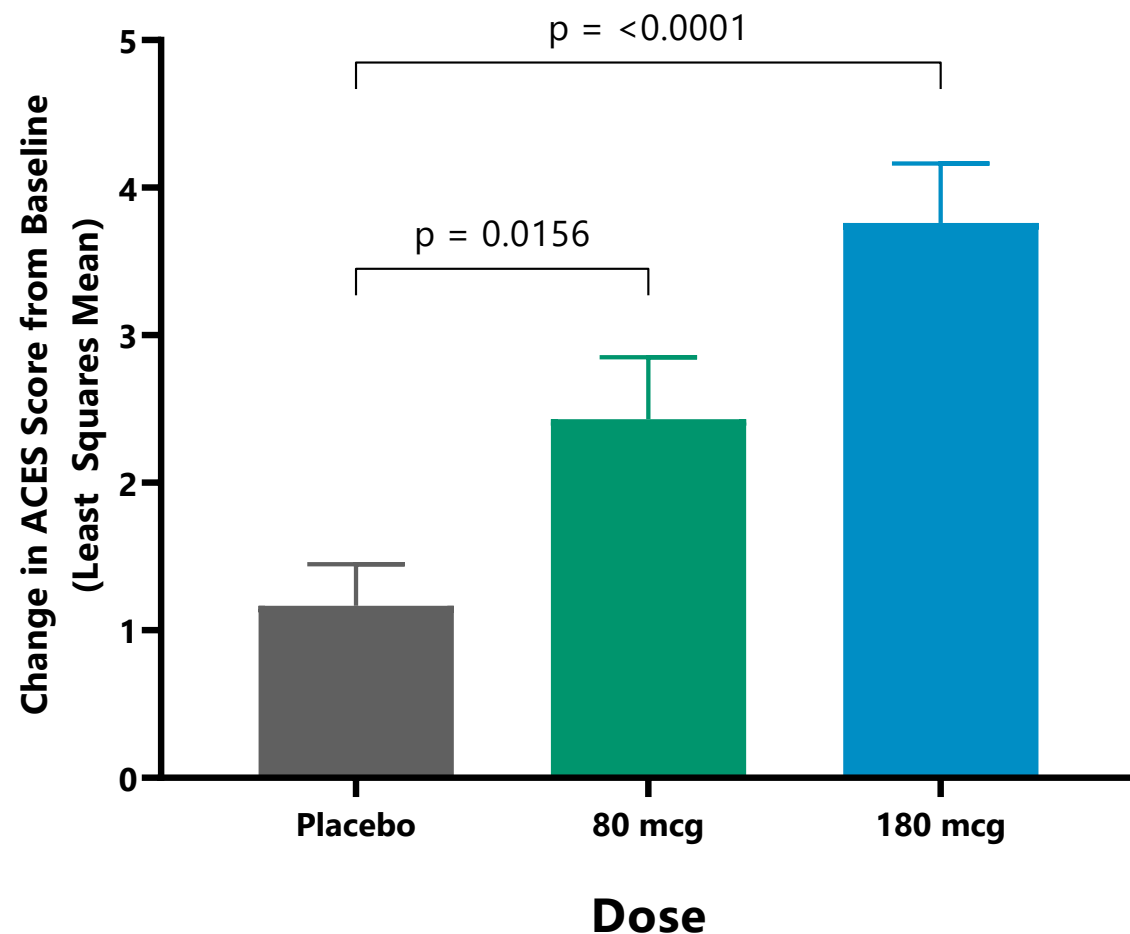
| Drug/Dose | # | % Responders (Reduction in PEC of $\geq 40\%$) | Mean Change in PEC Score | P-Value |
|-------------------|------|---|--------------------------|----------|
| Placebo | N=36 | 28% | -4.5 | |
| BXCL501 (180 mcg) | N=18 | 89% | -10.8 | < 0.0001 |
| BXCL501 (120 mcg) | N=18 | 67% | -9.2 | 0.0003 |
| BXCL501 (80 mcg) | N=18 | 56% | -7.1 | 0.0152 |
| BXCL501 (60 mcg) | N=18 | 39% | -6.0 | 0.1227 |

*The lowest dose tested, 20 mcg (not shown) was repeated in subjects who did not achieve response criterion

Time = 120 Min
(Primary Endpoint)

Secondary Evaluation: Change in ACES from Baseline

Consistent with primary endpoint



| Drug/Dose | # | Mean Change in ACES Score From Baseline | P-Value |
|-------------------|------|---|----------|
| Placebo | N=36 | 1.20 | |
| BXCL501 (180 mcg) | N=18 | 3.94 | < 0.0001 |
| BXCL501 (120 mcg) | N=18 | 3.11 | 0.0005 |
| BXCL501 (80 mcg) | N=18 | 2.33 | 0.0156 |
| BXCL501 (60 mcg) | N=18 | 2.11 | 0.0750 |

*The lowest dose tested, 20 mcg (not shown) was repeated in subjects who did not achieve response criterion

The ACES consists of a single item that rates overall agitation and sedation at the time of evaluation, where 1 indicates marked agitation; 2, moderate agitation; 3, mild agitation; 4, normal behavior; 5, mild calmness; 6, moderate calmness; 7, marked calmness; 8, deep sleep; and 9, unarousable.

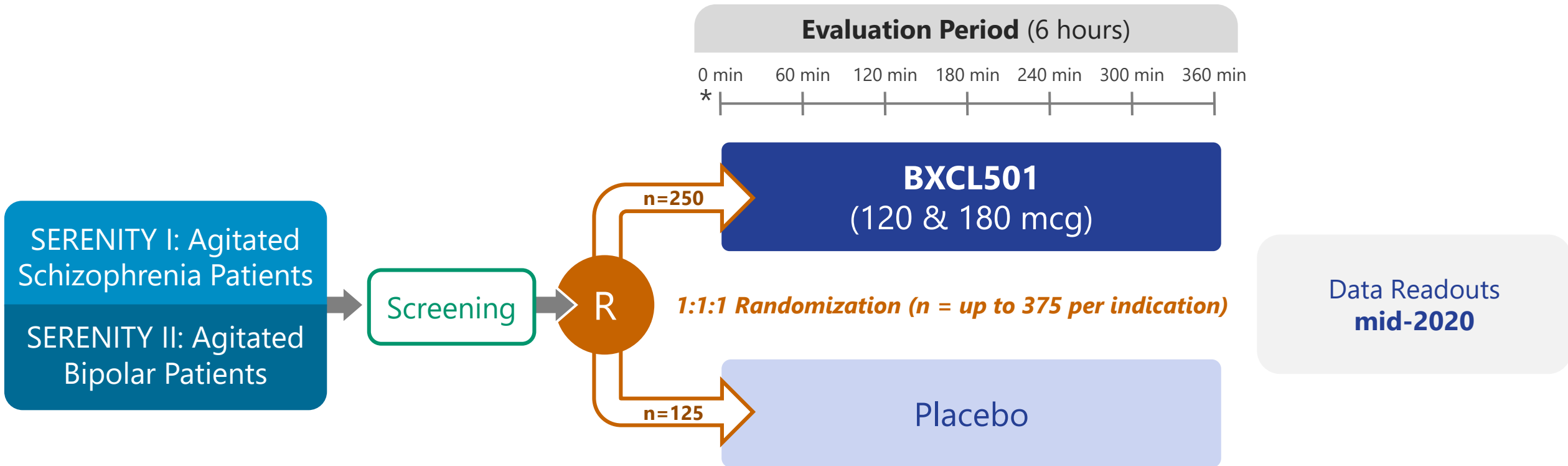
Phase 1b: Safety and Tolerability

- Well-tolerated with no serious or severe adverse events across the entire dose range tested.
- Most common treatment-related adverse events were mild somnolence and dry mouth.
- A maximum tolerated dose was not reached.
- All subjects (100%) were able to self-administer the film and completed the study.

Phase 3 Pivotal Trial: Adaptable Design

SERENITY:

Sublingual DExmedetomidine in Agitation Associated with Schizophrenia and Bipolar Disorder Study

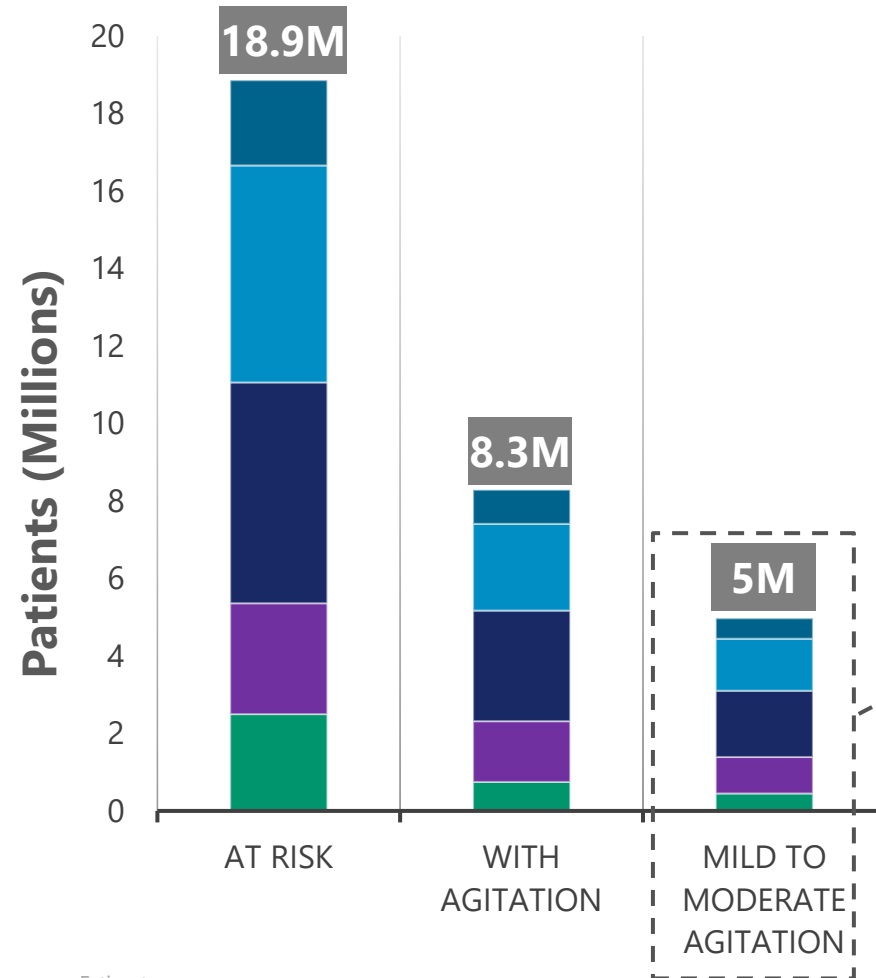


Primary Endpoint: Change from baseline in PEC score (PANSS-Excitatory Component)

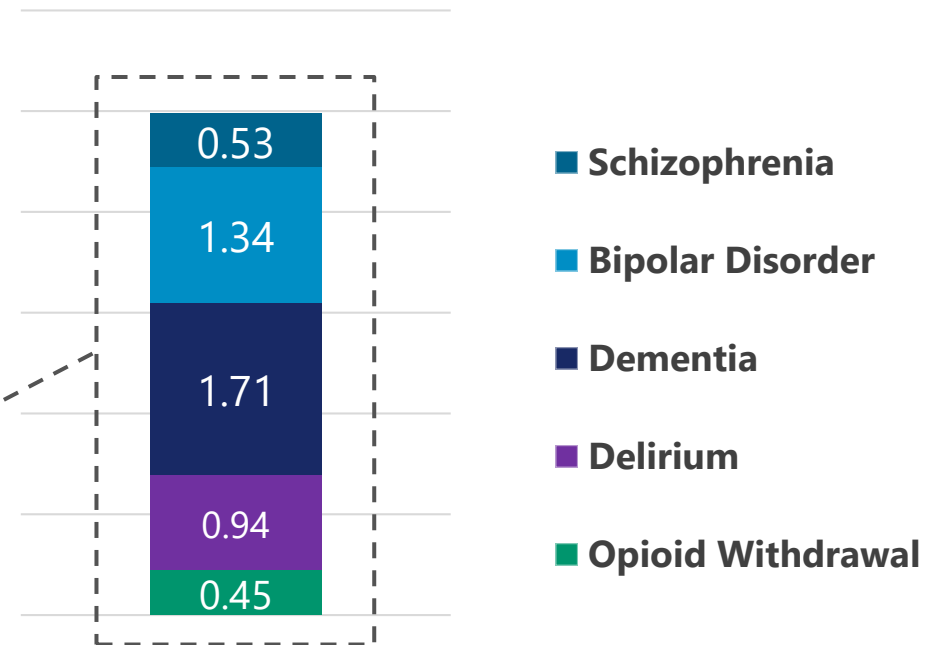
* Patients Dosed

Proprietary & Confidential

Potential To Capitalize on Large US Commercial Opportunity



- 5 Million Patients With Mild to Moderate Agitation
- Multiple Episodes Per Year



Care Centers for Neuropsychiatric Indications

Broad Potential for Use Across Multiple Clinical Environments



Key Targeted Milestones for Value Creation



BXCL501

Anticipated
Timeline

Schizophrenia /
Bipolar Disorder

★
Phase 1b Data
Announced
(July 22, 2019)

Phase 3 Pivotal
Trial Initiation
Expected

★
Phase 3 Data
Readout

★
First NDA
Submission

★
Commercial
Launch

Pipeline in a Product and Agitation Franchise Opportunity



Pre-Agitation

Mild to Moderate Agitation

**Severe Agitation/
Aggression**



**BXCL501 + Wearable
Device Combo**



**Prophylaxis or
Prevention of Agitation**

BXCL501 (Sublingual Thin Film)



Schizophrenia/Bipolar (NDA)

Dementia (sNDA)

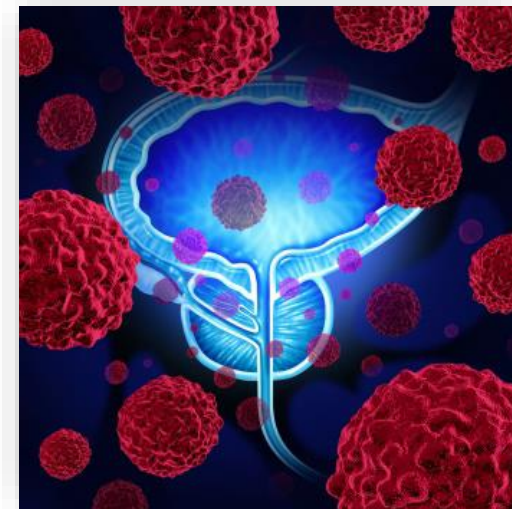
Opioid Withdrawal (sNDA)

Delirium (sNDA)

KalmPen™



**IM Formulation
Development**



Clinical Programs

BXCL701: Potential First-in-Class Oral IO Therapy
Targeting Pancreatic Cancer and tNEPC



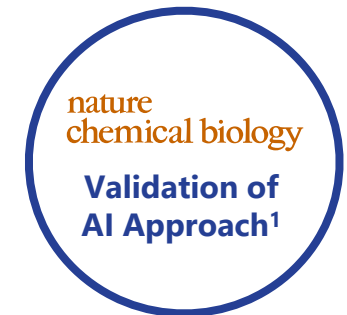
Oral I/O Therapy



Investigational Orally Administered Activator
of Systemic Innate Immunity Pathway

Dual MoA Designed to Inhibit DPP 8/9 & FAP

Observed Proof of Mechanism in Clinical Studies



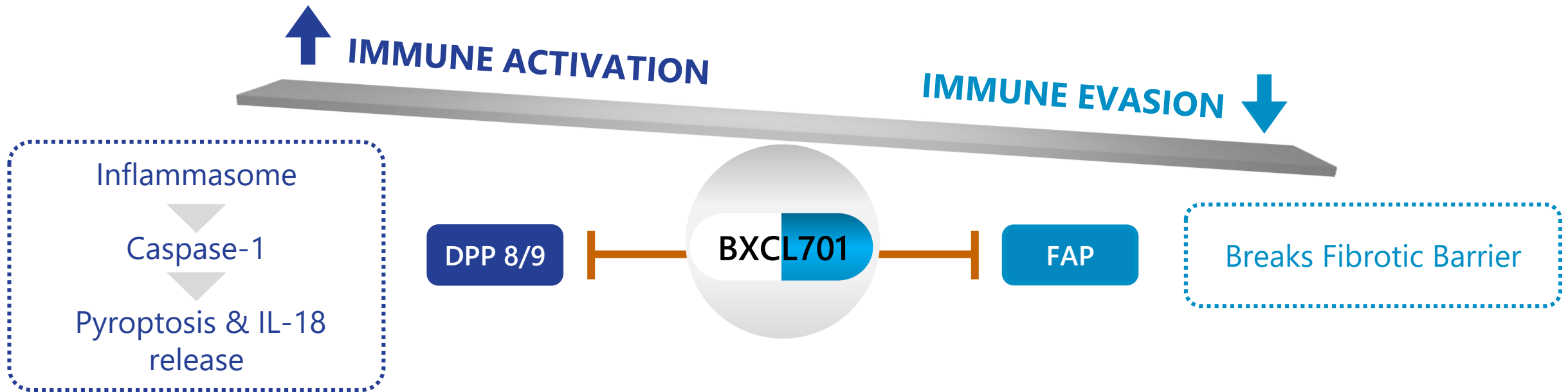
(1) Nature Chemical Biology, volume 13, pages 46–53 (2017)

Human Proof of Concept & Mechanism of Action

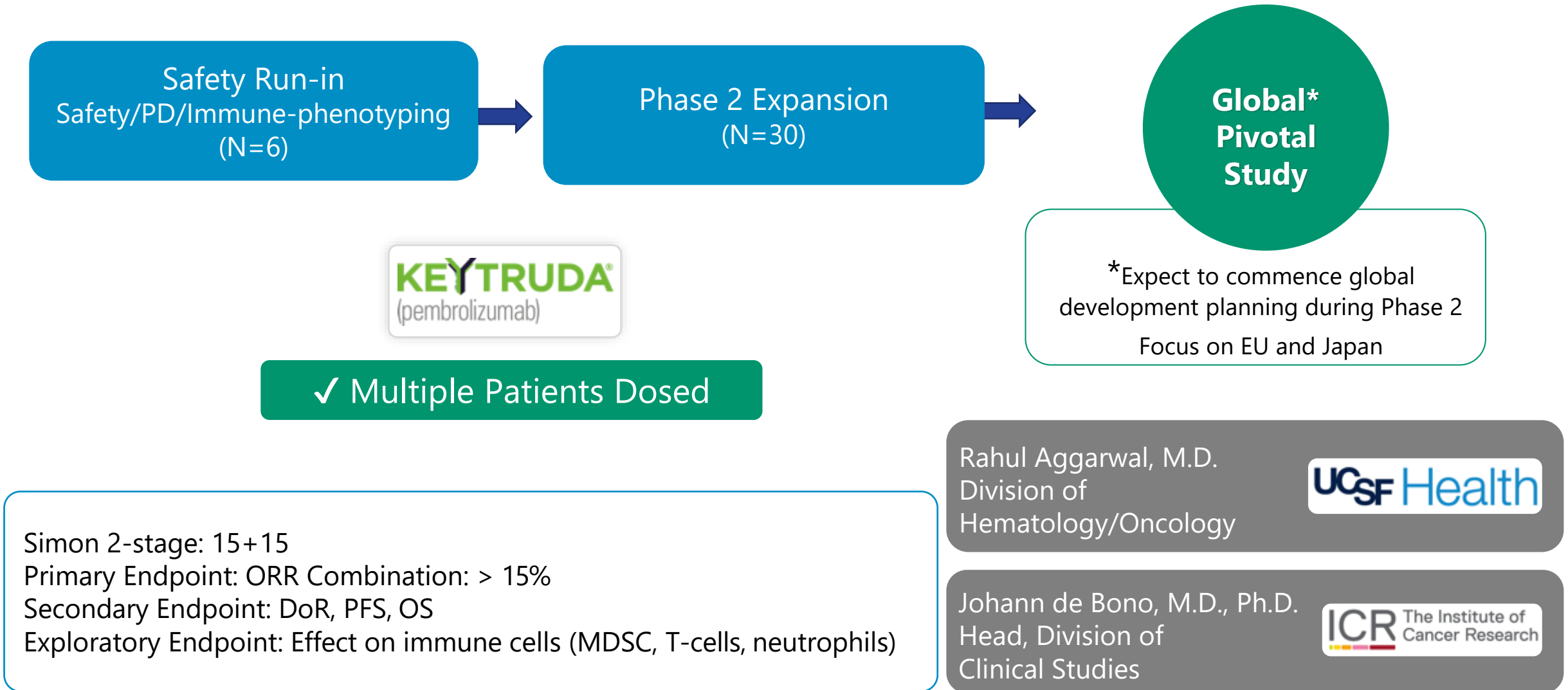
BXCL701 Human Proof of Concept

- ✓ Single Agent Activity in Melanoma
- ✓ ~10% Response Rate (CR/PR)

>700
Patient Data



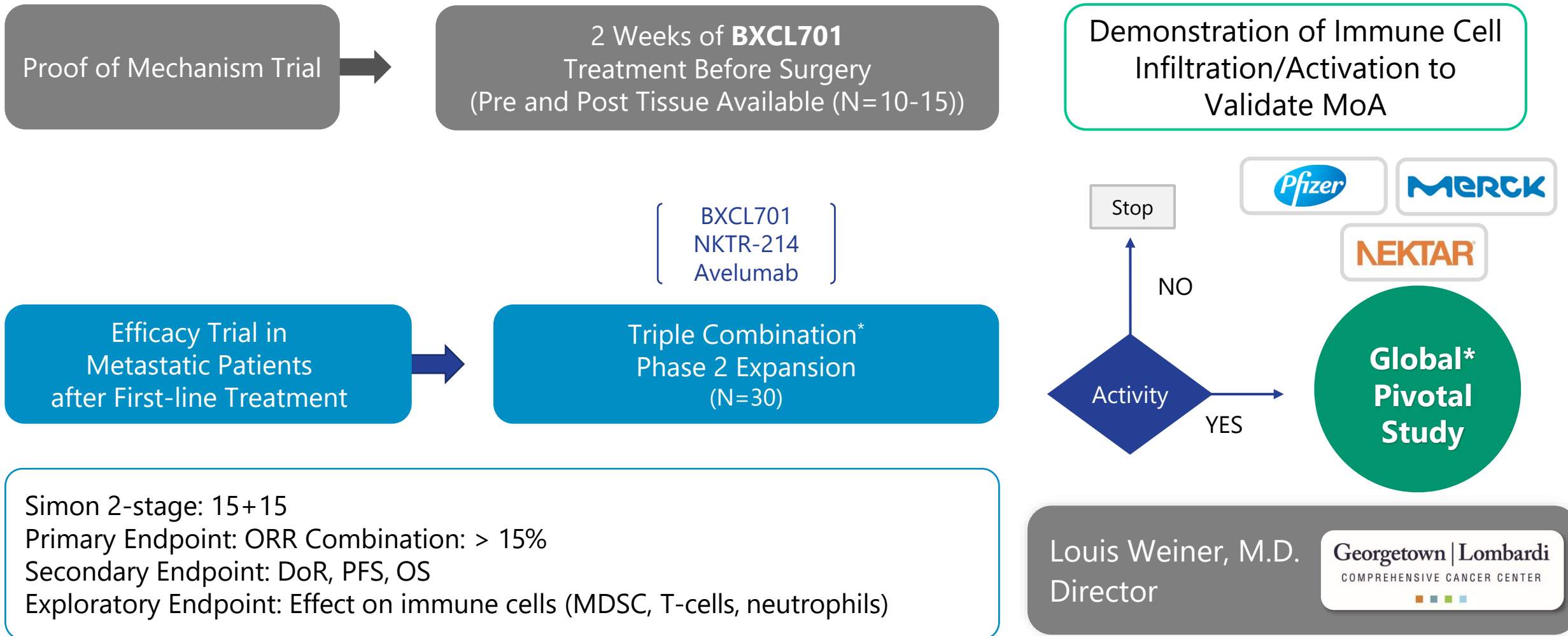
tNEPC Clinical Development Plan: Combination with Keytruda



tNEPC Phase 1b – Safety Run-In Summary

- Cohort 1: Enrollment and DLT Evaluation Period Complete
 - BXCL701 (0.4 mg/day) + Keytruda®
 - Well-tolerated with no SAEs or DLTs
 - Preliminary pharmacokinetics of BXCL701 are within expectations based on prior data
- Cohort 2: Enrollment Complete
 - BXCL701 (0.6 mg/day) + Keytruda®
 - Safety assessment is ongoing
 - Expected completion in Q4 2019

Pancreatic Cancer: Mechanistic and Triple Combination Trial



*BXCL701 phase expected to be initiated following Nektar and Pfizer's safety run-in trial of a double combination of NKTR-214 and avelumab and the outcome of that trial.

Key Targeted Milestones for Value Creation



BXCL701

Anticipated Timeline

Neuroendocrine
Prostate Cancer
(tNEPC)

Combination
Trial Initiated
(BXCL701+Keytruda)

Sites Opening &
Recruitment
Ongoing

★
tNEPC Data Readout

Registration
Trial

Pancreatic
Cancer
(PDA)

Triple
Combination
Trial Initiation

Mechanism
Trial Initiated

Sites Opening &
Recruitment Ongoing

★
Pancreatic
Data Readouts

Registration
Trial



Dr. Vimal Mehta, CEO

BioXcel Therapeutics, New Haven, CT 06511

vmehta@bioxceltherapeutics.com

THANK YOU!