



# 39th ANNUAL J.P. MORGAN HEALTHCARE CONFERENCE

January 14, 2021

# 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, including registrational studies for BXCL501 in dementia patients, the availability and results of data from clinical trials, planned commercialization expected market size 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 BioXcel’s current expectations and various assumptions. BioXcel believes there is a reasonable basis for its expectations and beliefs, but they are inherently uncertain.

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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 BioXcel 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 BioXcel’s views as of any date subsequent to the date of this presentation.

Certain information contained in this presentation relates to or is based on studies, publications, surveys and other data obtained from third-party sources and our own internal estimates and research. While we believe these third-party sources to be reliable as of the date of this presentation, we have not independently verified, and we make no representation as to the adequacy, fairness, accuracy or completeness of any information obtained from third-party sources. In addition, all of the market data included in this presentation involves a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. While we believe our own internal research is reliable, such research has not been verified by any independent source.



## Our mission:

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Utilizing AI approaches  
to develop transformative  
medicines

### Neuroscience

*Symptoms from stress-related behaviors*

- **Schizophrenia** related agitation
- **Bipolar Disorder** related agitation
- **Dementia** related agitation
- **Delirium** related Agitation
- **Opioid withdrawal** symptoms

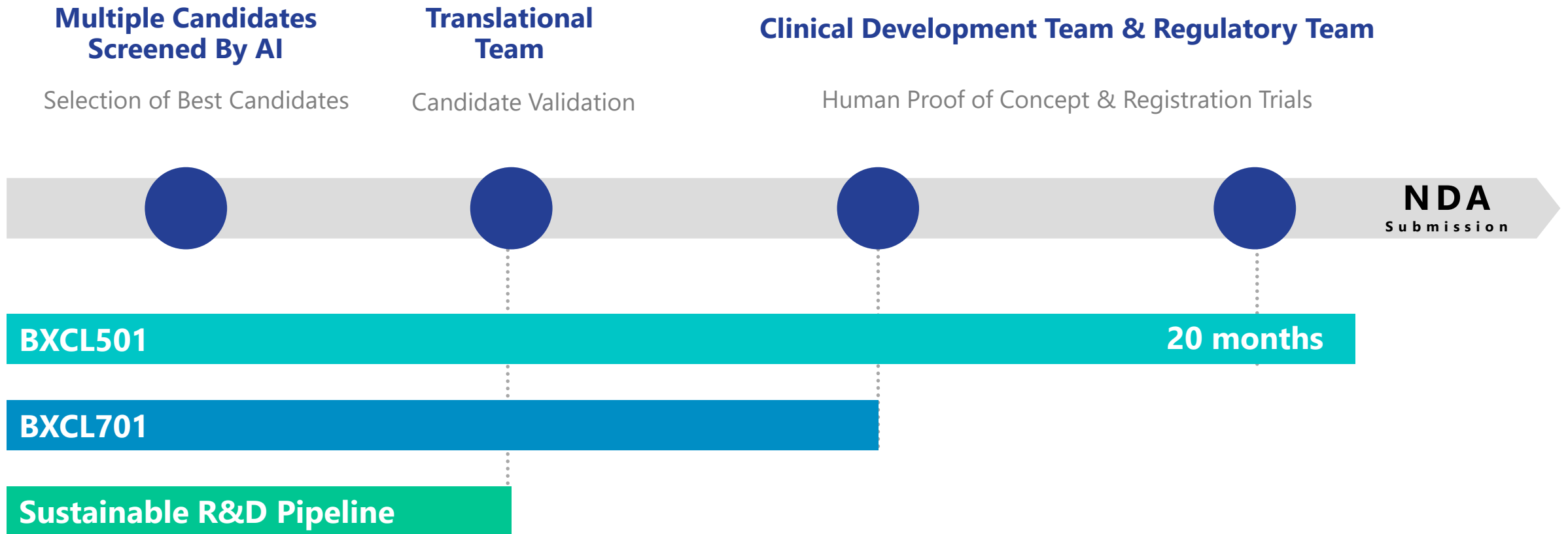
### Immuno-Oncology

*Innate Immunity*

- Aggressive form of prostate cancer
- Advanced solid tumors

# AI Platform – Greater Predictability and Efficiency

## BXCL501 – First-in-Human to Pivotal Data in 20 Months



# Our Pipeline

## Neuroscience

### BXCL501

Acute agitation in schizophrenia/bipolar	SERENITY I & II Trials (Phase 3 Complete – NDA Planned for Q1 2021)
Acute agitation in dementia	TRANQUILITY Trial (Phase 1b/2 Complete)
Opioid withdrawal symptoms	RELEASE Trial (Phase 1b/2)
Agitation in delirium	Phase 2 initiation planned

### KalmPen™ (Single-use IM)

Severe acute agitation	Formulation Development
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### BXCL501

Chronic agitation in dementia	Clinical Planning
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### BXCL501 + combination

Chronic agitation in dementia	Formulation Development
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### Wearable Device (+BXCL501)\*

Pre & post-agitation in dementia	Clinical Feasibility Study
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## Immuno-oncology

### BXCL701

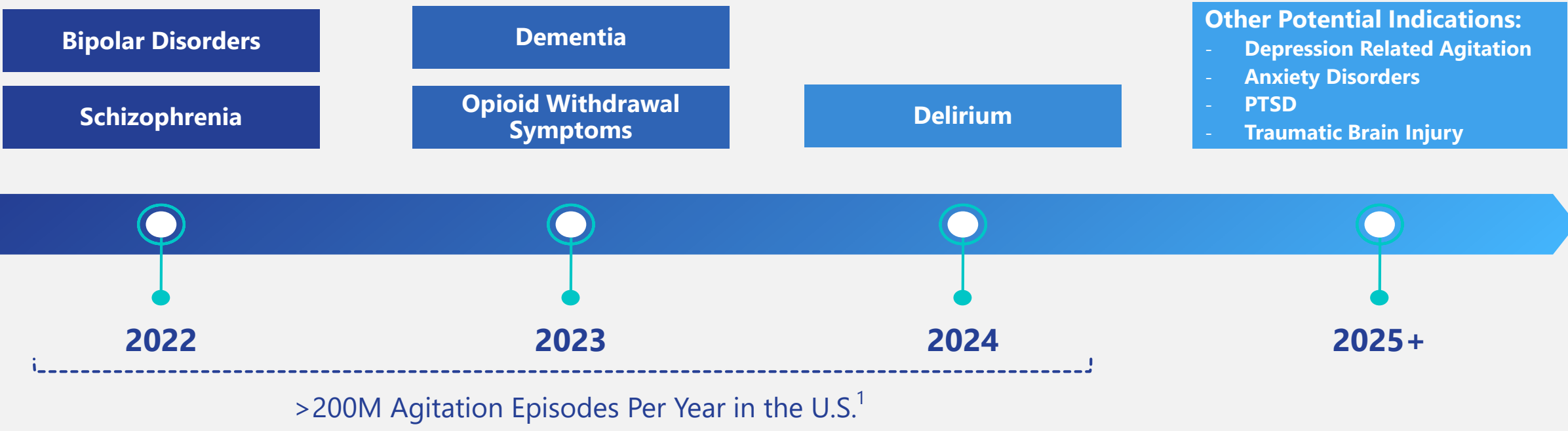
Castration-resistant prostate cancer (NEPC & adeno)	Phase 2 (Combination with KEYTRUDA)
Basket trial – hot tumors (MD Anderson Led)	Phase 2 (Combination with KEYTRUDA)

\*Regulatory path to be determined; device + drug combination to be evaluated after validation of predictive algorithm

# Neuroscience Franchise Expansion Plan

Total Disease Prevalence Across Multiple Indications >50M patients in U.S.<sup>1</sup>

## Anticipated Launch Timing



### Value Drivers

- Treatment settings: institutional to community
- Broad spectrum of agitation: acute to chronic

# Commercialization Strategy for Schizophrenia & Bipolar Related Agitation

## Strong Commercial and Medical Leadership

Will Kane  
Chief Commercial Officer



Reina Benabou, M.D., Ph.D.  
Chief Development Officer



## Building Cross-Functional Team

- Medical: MSL team in training for expected deployment in March 2021
- Market Access: Payer and P&T Decision Maker Interactions planned to begin mid-year
- Sales: 75-100 representative sales force anticipated to be on board in Q4 2021

## Commercialization Outside U.S.

- Intend to partner in Europe and Japan



## BXCL501:

**Proprietary, Orally Dissolving Thin Film  
Formulation of Dexmedetomidine (Dex)**





# Agitation: Debilitating for Patients and Threatening for Healthcare Providers

## A Common and Difficult to Manage Symptom

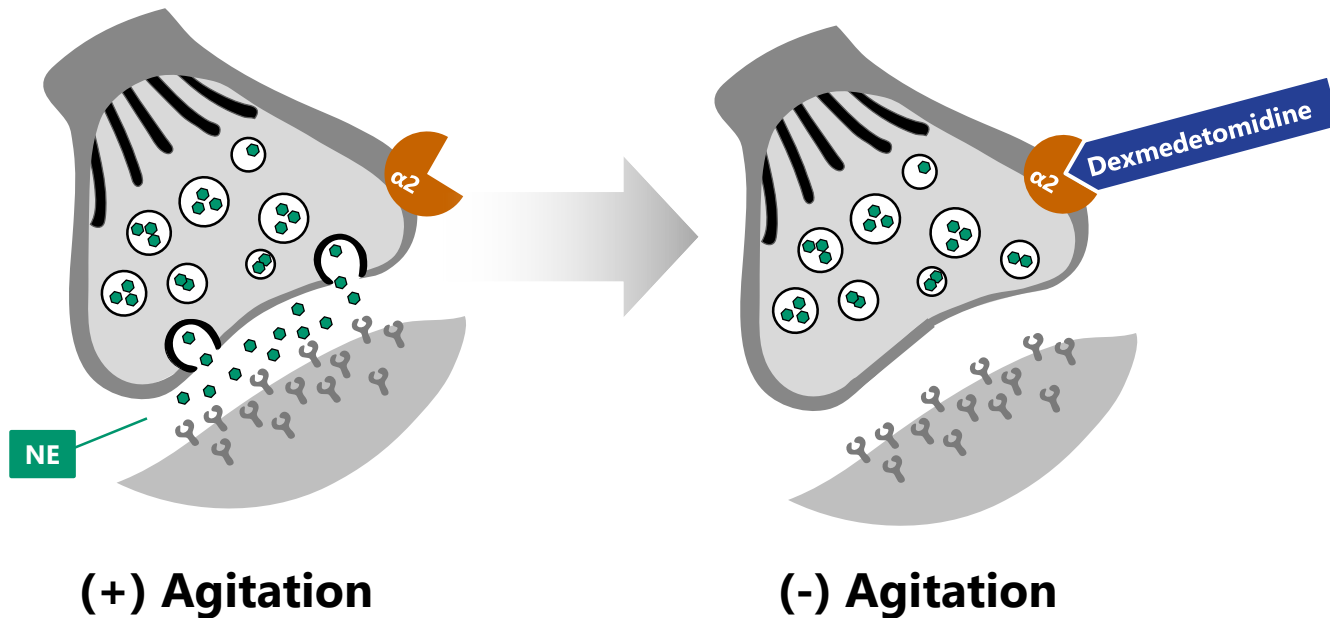


- Agitation is a common occurrence in most neuropsychiatric disorders
- Characterized by recurring episodes requiring frequent treatments
- Over 150M people globally<sup>1</sup> with schizophrenia, bipolar disorder, dementia, delirium and opioid use disorder
  - Over 13M patients in the U.S.<sup>1</sup> experience agitation within these disease areas
  - More than 200M agitation episodes per year in the U.S.<sup>1</sup>
  - Multi-billion dollar healthcare burden
- Current treatment options are suboptimal
  - Physically restraining patients
  - Over-sedating therapies such as antipsychotic and benzodiazepines
  - Antipsychotic drugs have black box warnings for elderly
- BXCL501 offers a novel mechanism and a highly differentiated approach

# BXCL501: Novel Mechanism Potentially Targets Causal Agitation

Positive Trials in Three Distinct Indications Support Underlying MoA

## Dexmedetomidine MoA



Norepinephrine (NE)

\*Dexmedetomidine

## Highly Differentiated from Current Treatments

- ✓ Easy to administer thin film, sublingual or buccal
- ✓ Non-invasive
- ✓ Non-traumatic
- ✓ Self-administered by patients

## Patent Portfolio

- ✓ U.S. patent (No. 10,792,246) issued
- ✓ IP protection expected until 2039
- ✓ Multiple patent applications

## Robust Treatment Effect Observed in Schizophrenia and Bipolar



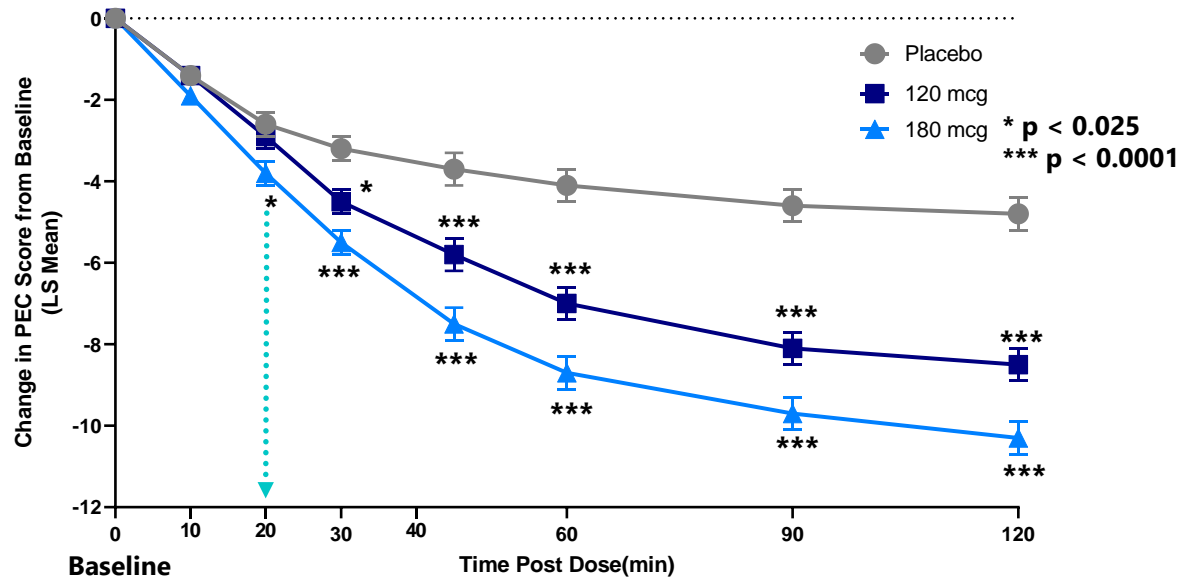
**Fast Track Designation**

- ✓ Clinically meaningful, rapid and durable reductions in agitation achieved
  - Onset of action in PEC score observed as early as 20 minutes
  - Durable response lasting at least four hours after treatment
- ✓ High response rate (~85%) across both populations
- ✓ BXCL501 was well tolerated with no severe or serious adverse events

**Complete NDA submission to U.S. FDA planned for Q1 2021**

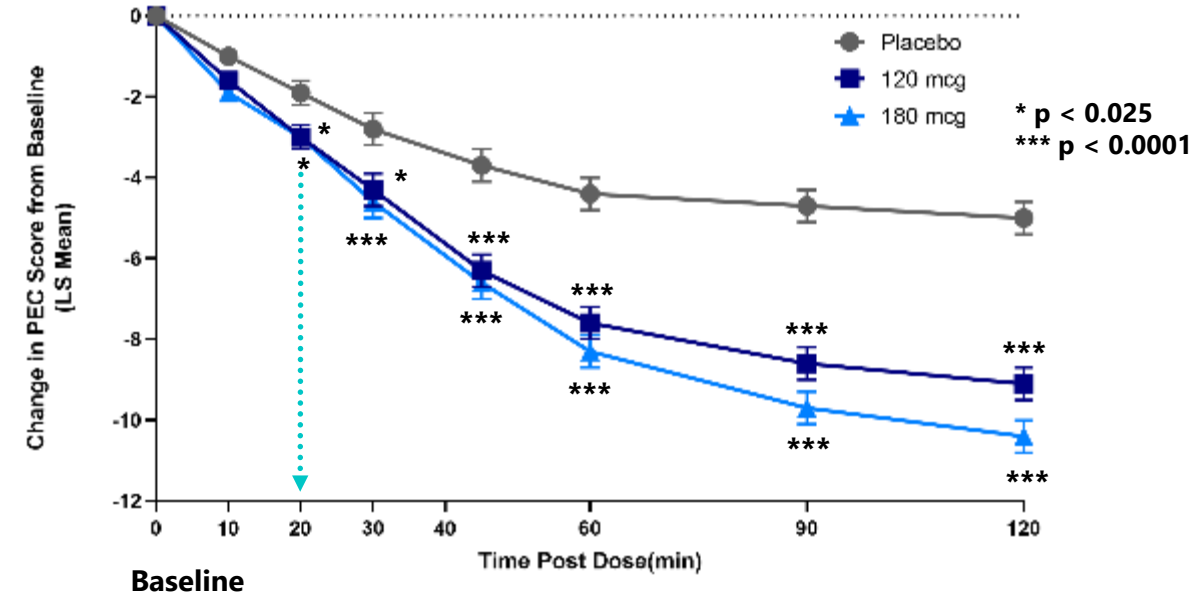
# Rapid Onset of Action and Durable Response Observed

**SERENITY I: Change in PEC Score from Baseline**



Endpoint (120 min)	Placebo	120 mcg	180 mcg
PEC Total score Change from Baseline	-4.8	-8.5 ***	-10.3 ***
Response °	34%	67% ***	87% ***

**SERENITY II: Change in PEC Score from Baseline**



Endpoint (120 min)	Placebo	120 mcg	180 mcg
PEC total score change from Baseline	-5.0	-9.1 ***	-10.4 ***
Response °	37%	69% ***	85% ***



# Significant Improvement Demonstrated in Dementia Related Agitation



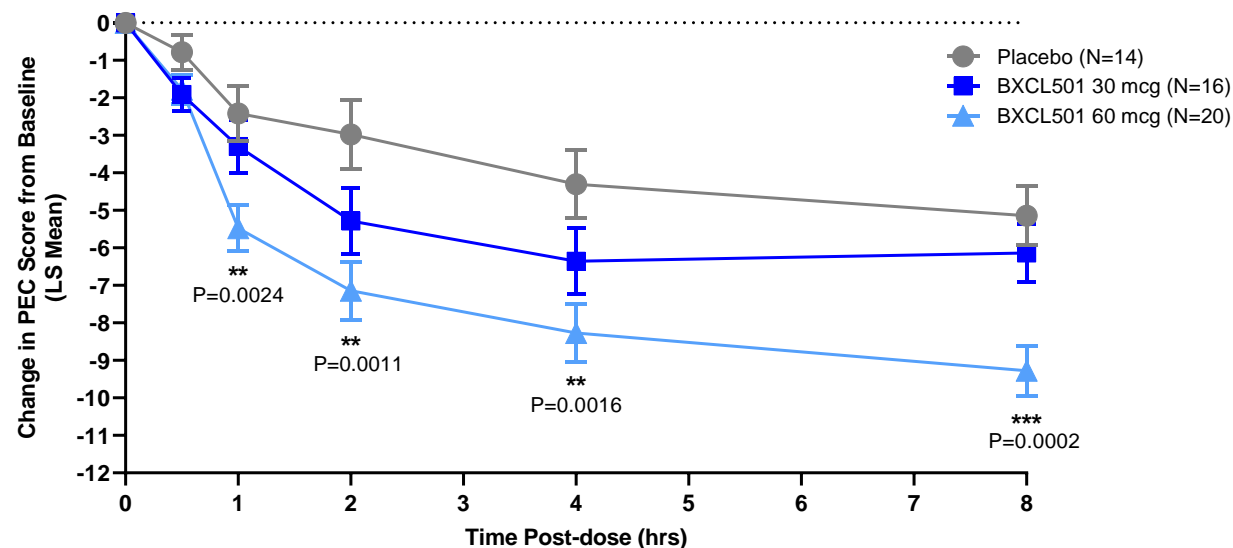
**Fast Track Designation**

- ✓ Clinically meaningful, rapid and durable reductions in agitation achieved with 60 mcg cohort as measured by all scales:
  - Numerical separation as early as 30 minutes, with statistically significant reductions at 60 minutes
  - Reduction in PEC and PAS scores lasted 8 hours after treatment
- ✓ 30 mcg dose cohort showed numerical improvements across all scales
- ✓ BXCL501 was well tolerated with no severe or serious adverse events
- ✓ Higher exposure levels observed in elderly dementia patients potentially enable efficacy at lower doses

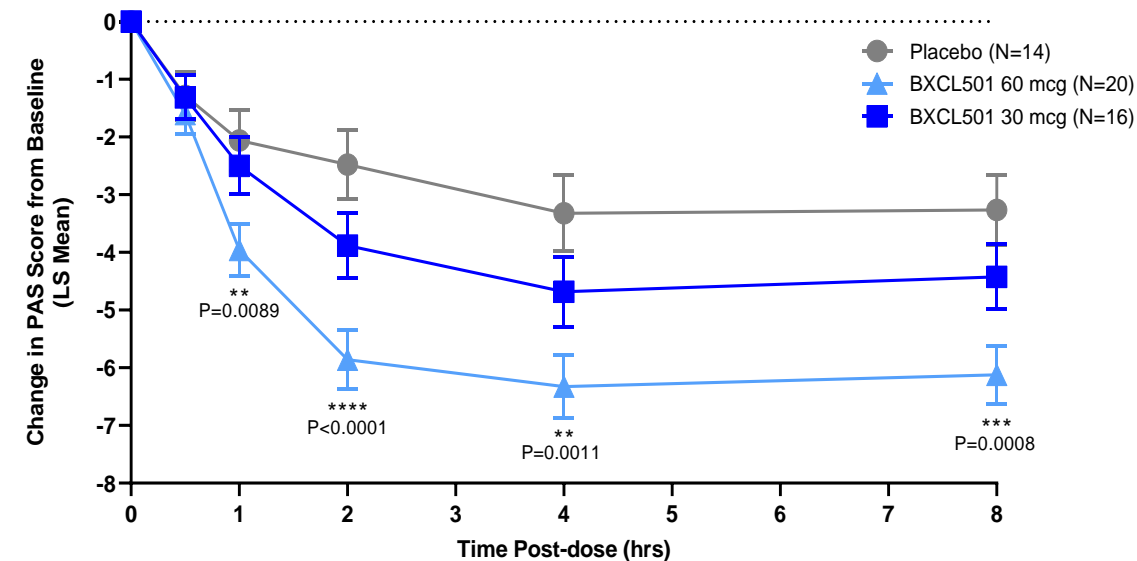
**Results provide a clear path to pivotal program for BXCL501 in dementia**

# Clinically Meaningful, Rapid and Durable Response

## Change in PEC Score from Baseline



## Change in PAS Score from Baseline



Placebo BXCL501 30 mcg BXCL501 60 mcg

Change from  
Baseline at 120 mins  
(LS Mean)

-2.9

-5.4

-7.1 \*\*

Response °

7%

25%

70% \*\*

Placebo BXCL501 30 mcg BXCL501 60 mcg

Change from  
Baseline at 120 mins  
(LS Mean)

-2.5

-3.9

-5.9 \*\*\*\*

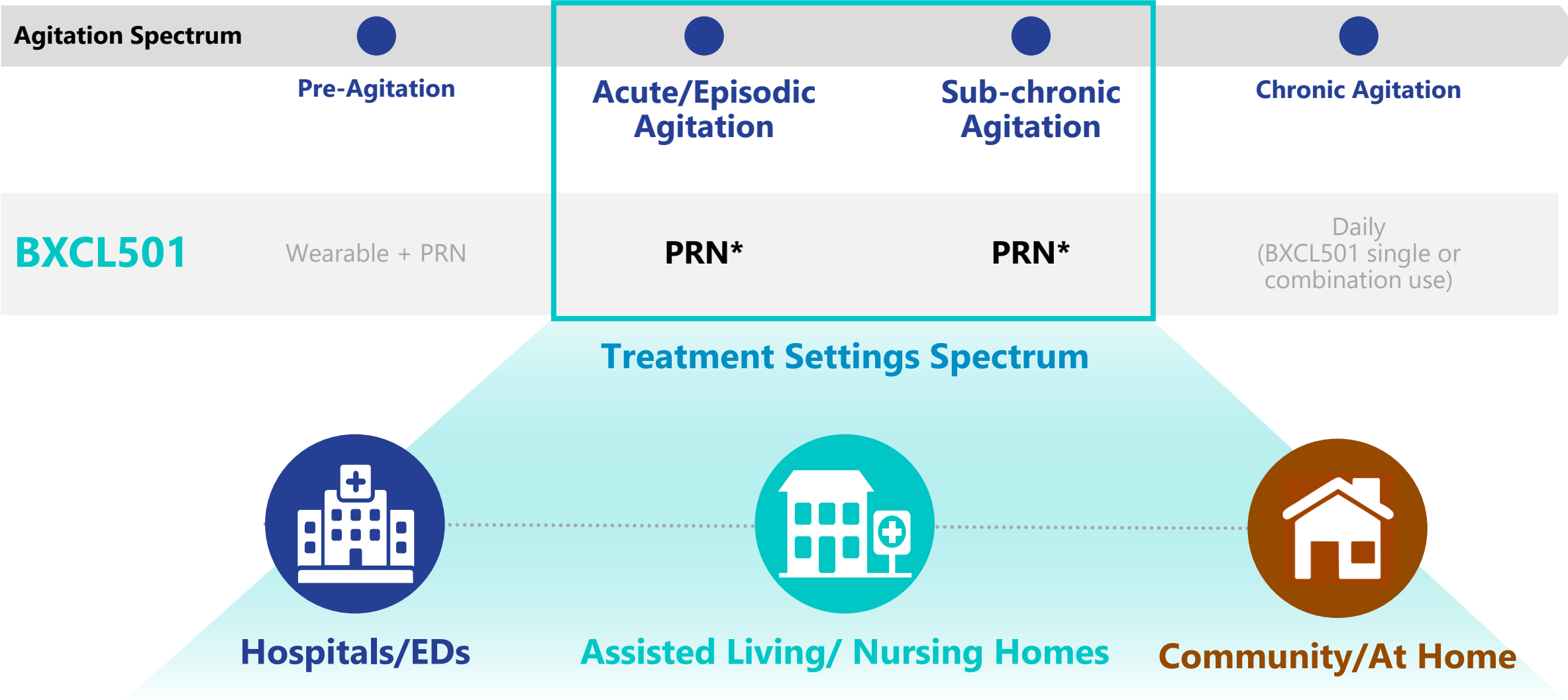
PANSS-Excitatory Component (PEC) is a 5 items scale: Excitement, Hostility, Tension, Uncooperativeness, Poor Impulse Control, rated 1-Absent to 7-Extreme  
ITT analysis, Least Square Means ± SEM  
° Proportion achieving ≥ 40% PEC reduction

# Plans for Registrational Studies in Dementia

- End of Phase 2 meeting with FDA planned for H1 2021
- Potential elements of a registrational program (Phase 3):
  - Study(s) expected to include 300-400 patients
  - Two doses to be evaluated
  - Endpoints may consist of: PEC, PAS, Mod-CMAI, CGI-I or ACES
  - Clinical sites to include assisted living centers, nursing homes and hospitals
- Aiming to initiate registrational studies in H2 2021



# Dementia Program Comprehensive Strategy





# The Significant Need for Managing Dementia Related Agitation

Click to view the [Dementia related Agitation](#) video





# BXCL701

Potential First-in-Class Oral IO Therapy

# BXCL701 Clinical Development Strategy

*Encouraging signals of activity in difficult-to-treat tumors observed in both trials*

1

## **Castrate Resistant Prostate Cancer—Adeno and tNEPC (Cold Tumors):**

Phase 1b/2 trial of BXCL701 and KEYTRUDA

- Safety & initial efficacy data presented at SITC

2

## **Solid Tumors Responsive (Hot Tumors) to CPIs\*- naïve and resistant cohorts:**

Open-label Phase 2 basket trial led by MD Anderson

- Safety & initial efficacy data presented at SITC

**Topline efficacy data expected in Q2 2021**



Plans to present results at major medical conference

\* CPI: Check Point Inhibitors



# 2021

Our Transformative  
Year Ahead



# Key Clinical and Commercial Catalysts for 2021

*Strong cash position \$213M\* to fund key milestones*



## NEUROSCIENCE – BXCL501

### Schizophrenia & Bipolar:

- NDA submission planned in Q1 2021

### Dementia:

#### ✓ Announced positive data from the Phase 1b/2 TRANQUILITY trial

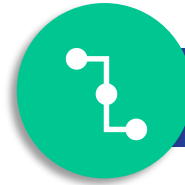
- EOP2 meeting with the FDA in H1 2021
- Initiate registrational trial(s) in H2 2021

### Opioid Withdrawal Symptoms:

- Phase 1b/2 RELEASE trial topline data expected in Q1 2021

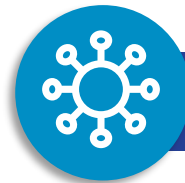
### Delirium:

- Initiating Phase 2 trial in Q1 2021



## COMMERCIAL STRATEGY

- Building commercial and medical teams to prepare for anticipated BXCL501 commercialization



## IMMUNO-ONCOLOGY – BXCL701

### Aggressive Form of Prostate Cancer (cold tumor):

- Topline efficacy data readout expected mid-2021

### Solid Hot Tumors – Basket Trial:

- Topline efficacy data readout expected mid-2021

\*This amount is preliminary, has not been audited and is subject to change upon completion of the Company's audited financial statements for the year ended December 31, 2020.



**Thank You!**

**Dr. Vimal Mehta, CEO**

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