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NEWS RELEASE

Johnson & Johnson Seeks U.S. FDA Approval for CAPLYTA in Bipolar Mania, Marking Fifth Potential Indication

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- Two positive Phase 3 studies showed CAPLYTA significantly reduced manic symptoms versus placebo as early as Day 3, with improvement sustained through Week 3
- As the first and only FDA-approved treatment for both bipolar I and II depression in adults as a monotherapy and adjunctive therapy, filing seeks to expand CAPLYTA for the treatment of manic or mixed episodes associated with bipolar I disorder
- Approval would mark the fifth approved use of CAPLYTA in adults, building on its robust efficacy and established safety and tolerability profile across major depressive disorder, bipolar depression and schizophrenia

NEW BRUNSWICK, N.J., Nov. 19, 2026 /PRNewswire/ -- Johnson & Johnson (NYSE: JNJ) today announced the submission of a supplemental New Drug Application (sNDA) to the U.S. Food and Drug Administration (FDA) seeking the approval of CAPLYTA (lumateperone) for the treatment of manic or mixed episodes associated with bipolar I disorder in adults. The submission is supported by two pivotal Phase 3 studies in which CAPLYTA significantly reduced manic symptoms versus placebo as early as Day 3, with improvement sustained through Week 3. If approved, bipolar mania would become the fifth approved use for CAPLYTA in adults.

An estimated 11 million U.S. adults experience bipolar disorder at some point in their lives.[1] For people living with bipolar I disorder, manic episodes can escalate rapidly, disrupting daily life and putting their safety, relationships, career, and financial wellbeing at risk—and often are severe enough to require hospitalization.[2,3]

"For people experiencing acute mania, rapid symptom improvement and tolerability are both critical treatment

considerations," said John C. Reed, M.D., Ph.D., Executive Vice President, Innovative Medicine, R&D, Johnson & Johnson. "Our Phase 3 results demonstrate the potential for CAPLYTA to address these needs, and this submission advances our ambition to provide a foundational treatment that can support patients across the evolving course of serious psychiatric disorders."

Pivotal Phase 3 Study Results

The sNDA submission is based on positive results from **Study 451** and **Study 452**, two pivotal Phase 3, randomized, double-blind, placebo-controlled studies of once-daily CAPLYTA 42 mg versus placebo in adults with manic episodes, with or without mixed features, associated with bipolar I disorder. In both studies, CAPLYTA met the primary and key secondary endpoints, demonstrating significant and rapid improvement in bipolar mania symptoms and overall illness severity versus placebo. Improvement in manic symptoms was observed as early as Day 3, following two days of treatment. CAPLYTA was well tolerated, with low rates of discontinuation and a safety profile consistent with prior studies.[4,5]

CAPLYTA is approved in adults living with depressive episodes associated with bipolar I or II disorder as monotherapy or adjunctive therapy, major depressive disorder as adjunctive therapy with antidepressants and schizophrenia. It is not approved for the treatment of manic or mixed episodes associated with bipolar I disorder.

ABOUT BIPOLAR MANIA

An estimated 11 million U.S. adults experience bipolar disorder at some point in their lives.[1] Mania is a defining feature of bipolar I disorder—a period of abnormally elevated or irritable mood and/or increased energy or activity that most people experience alongside depressive episodes over the course of the illness.[6] Symptoms of mania can include grandiosity, decreased need for sleep, racing thoughts, distractibility, and risk-taking behavior.[6] Manic episodes can escalate quickly, often requiring hospitalization for safety and treatment.[7] These noticeable behavioral changes often differ markedly from an individual's baseline and can have serious consequences for a person's safety, relationships, career, and finances, contributing to its standing as one of the leading causes of disability worldwide.[2] Rapid and sustained control of manic symptoms remains an important treatment goal in the management of bipolar I disorder.

ABOUT STUDY 451 and STUDY 452

Studies 451 and 452 are two positive randomized, double-blind, placebo-controlled Phase 3 studies of lumateperone versus placebo in adults with manic episodes, with or without mixed features, associated with bipolar I disorder. In each study, patients were randomized to receive once-daily lumateperone 42 mg or placebo for three weeks. The primary endpoint of each study was change from baseline in Young Mania Rating Scale (YMRS) total score at Week 3, and the key secondary endpoint was change from baseline in Clinical Global Impression–Severity (CGI-S) score at Week 3.

ABOUT CAPLYTA (lumateperone)

CAPLYTA is an oral, once daily atypical antipsychotic approved by the U.S. Food and Drug Administration in adults for the treatment of depressive episodes associated with bipolar I or II disorder (bipolar depression), as monotherapy or as adjunctive therapy with lithium or valproate; for the treatment of schizophrenia; and as adjunctive therapy with antidepressants for the treatment of major depressive disorder (MDD).

CAPLYTA is not approved for the treatment of manic or mixed episodes associated with bipolar I disorder.

While the mechanism of action of CAPLYTA is unknown, the efficacy of CAPLYTA could be mediated through a combination of antagonist activity at central serotonin 5-HT2A receptors and partial agonist activity at central dopamine D_2 receptors.

CAPLYTA IMPORTANT SAFETY INFORMATION

What is CAPLYTA (lumateperone)?

CAPLYTA (lumateperone) is a prescription medicine used in adults along with an antidepressant to treat major depressive disorder (MDD); to treat depressive episodes associated with bipolar I or bipolar II disorder (bipolar depression) alone or with lithium or valproate; or to treat schizophrenia. It is not known if CAPLYTA is safe and effective in children.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about CAPLYTA?

- Medicines like CAPLYTA can raise the risk of death in elderly people who have lost touch with reality (psychosis) due to confusion and memory loss (dementia). CAPLYTA is not approved for treating people with dementia-related psychosis.
- CAPLYTA and antidepressant medicines increase the risk of suicidal thoughts and actions in people 24 years of age and younger, especially within the first few months of treatment or when the dose is changed. Depression and other serious mental illnesses are the most important causes of suicidal thoughts and actions.
    - Patients and their families or caregivers should watch for new or worsening depression symptoms, especially sudden changes in mood, behaviors, thoughts, or feelings. This is very important when CAPLYTA or an antidepressant medicine is started or when the dose is changed.
    - Report any changes in these symptoms to your healthcare provider immediately.

- thoughts about suicide or dying
- acting aggressive, being angry or violent
- new or worse anxiety
- suicide attempts
- new or worse depression
- an extreme increase in activity and talking (mania)
- panic attacks
- new or worse irritability
- feeling very agitated or restless
- trouble sleeping
- acting on dangerous impulses
- other unusual changes in behavior or mood

Do not take CAPLYTA if you are allergic to any of its ingredients. Get emergency medical help if you are having an allergic reaction (e.g., rash, itching, hives, swelling of the tongue, lip, face, or throat).

What are the possible side effects of CAPLYTA?

CAPLYTA may cause serious side effects, including:

- Stroke (cerebrovascular problems) in elderly people with dementia-related psychosis that can lead to death.
- Neuroleptic malignant syndrome (NMS): high fever, confusion, changes in your breathing, heart rate, and blood pressure, stiff muscles, and increased sweating; these may be symptoms of a rare but potentially fatal condition. Contact your healthcare provider or go to the emergency room if you experience signs and symptoms of NMS.
- Uncontrolled body movements (tardive dyskinesia, TD) in your face, tongue, or other body parts. TD may not go away, even if you stop taking CAPLYTA. It may also occur after you stop taking CAPLYTA.
- Problems with your metabolism including high blood sugar, diabetes, increased fat (cholesterol and triglyceride) levels in your blood and weight gain. Your healthcare provider should check your blood sugar, fat levels, and weight before you start and during your treatment with CAPLYTA.
    - Extremely high blood sugar levels can lead to coma or death. Call your healthcare provider if you have any of the following symptoms of high blood sugar: feeling very thirsty, hungry, sick to your stomach, needing to urinate more than usual, weak/tired, or confused, or your breath smells fruity.
- Low white blood cell count. Your healthcare provider may do blood tests during the first few months of treatment with CAPLYTA.
- Decreased blood pressure (orthostatic hypotension). You may feel lightheaded, dizzy, or faint when you rise too quickly from a sitting or lying position.
- Falls. CAPLYTA may make you sleepy or dizzy, may cause a decrease in your blood pressure when changing position (orthostatic hypotension), and can slow your thinking and motor skills which may lead to falls that can cause broken bones or other injuries.
- Seizures (convulsions).
- Sleepiness, drowsiness, feeling tired, difficulty thinking and doing normal activities. Until you know how

CAPLYTA affects you, do not drive, operate heavy machinery, or do other dangerous activities.
- Problems controlling your body temperature so that you feel too warm. Avoid getting overheated or dehydrated while taking CAPLYTA.
- Difficulty swallowing that can cause food or liquid to get into the lungs.

The most common side effects of CAPLYTA include sleepiness, dizziness, nausea, dry mouth, feeling tired, and diarrhea.

These are not all the possible side effects of CAPLYTA.

Before taking CAPLYTA, tell your healthcare provider about all of your medical conditions, including if you: have or have had heart problems or a stroke, high or low blood pressure, diabetes, or high blood sugar, problems with cholesterol, have or have had a low white blood cell count, seizures (convulsions), or kidney or liver problems.

CAPLYTA may cause fertility problems in females and males. You should notify your healthcare provider if you become pregnant or intend to become pregnant while taking CAPLYTA. There is a pregnancy registry for females who are exposed to CAPLYTA during pregnancy. CAPLYTA may cause abnormal involuntary movements and/or withdrawal symptoms in newborn babies exposed to CAPLYTA during the third trimester. Talk to your healthcare provider if you breastfeed or are planning to breastfeed as CAPLYTA passes into breast milk.

Tell your healthcare provider about all the medicines you're taking. CAPLYTA may affect the way other medicines work, and other medicines may affect how CAPLYTA works, causing possible serious side effects. Do not start or stop any medicines while taking CAPLYTA without talking to your healthcare provider. You are encouraged to report negative side effects of prescription drugs. Contact Intra-Cellular Therapies, Inc. at 1-800-526-7736 or FDA at 1-800-FDA-1088 or **www.fda.gov/medwatch**.

CAPLYTA is available in 42 mg, 21 mg, and 10.5 mg capsules.

Please see full **Prescribing Information**, including Boxed WARNINGS, and **Medication Guide** for CAPLYTA.

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About Johnson & Johnson

At Johnson & Johnson, we believe health is everything. Our strength in healthcare innovation empowers us to build a world where complex diseases are prevented, treated, and cured, where treatments are smarter and less invasive, and solutions are personal. Through our expertise in Innovative Medicine and MedTech, we are uniquely

positioned to innovate across the full spectrum of healthcare solutions today to deliver the breakthroughs of tomorrow and profoundly impact health for humanity.

Learn more at **https://www.jnj.com/** or at **www.innovativemedicine.jnj.com.** Follow us at @JNJInnovMed.

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Cautions Concerning Forward-Looking Statements

This press release contains "forward-looking statements" as defined in the Private Securities Litigation Reform Act of 1995 related to product development and the potential benefits and treatment impact of CAPLYTA® (lumateperone). The reader is cautioned not to rely on these forward-looking statements. These statements are based on current expectations of future events. If underlying assumptions prove inaccurate or known or unknown risks or uncertainties materialize, actual results could vary materially from the expectations and projections of Johnson & Johnson. Risks and uncertainties include, but are not limited to: challenges and uncertainties inherent in product research and development, including the uncertainty of clinical success and of obtaining regulatory approvals; uncertainty of commercial success; manufacturing difficulties and delays; competition, including technological advances, new products and patents attained by competitors; challenges to patents; product efficacy or safety concerns resulting in product recalls or regulatory action; changes in behavior and spending patterns of purchasers of health care products and services; changes to applicable laws and regulations, including global health care reforms; and trends toward health care cost containment. A further list and descriptions of these risks, uncertainties and other factors can be found in Johnson & Johnson's most recent Annual Report on Form 10-K, including in the sections captioned "Cautionary Note Regarding Forward-Looking Statements" and "Item 1A. Risk Factors," and in Johnson & Johnson's subsequent Quarterly Reports on Form 10-Q and other filings with the Securities and Exchange Commission. Copies of these filings are available online at **www.sec.gov**, **www.jnj.com**, **www.investor.jnj.com** or on request from Johnson & Johnson. Johnson & Johnson does not undertake to update any forward-looking statement as a result of new information or future events or developments.

Footnotes

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