



A New Paradigm in Oral Drug Delivery with the Precision Timed Release™ Platform

Cingulate | Corporate Presentation
October 2026



Forward-Looking Statements

This presentation contains “forward-looking statements” within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange Act of 1934, as amended. These forward-looking statements include all statements, other than statements of historical fact, regarding our current views and assumptions with respect to future events regarding our business, including statements with respect to our plans, assumptions, expectations, beliefs and objectives with respect to product development, clinical studies, clinical and regulatory timelines, market opportunity, competitive position, business strategies, potential growth opportunities and other statements that are predictive in nature.

These statements are generally identified by the use of such words as “may,” “could,” “should,” “would,” “believe,” “anticipate,” “forecast,” “estimate,” “expect,” “intend,” “plan,” “continue,” “outlook,” “will,” “potential” and similar statements of a future or forward-looking nature. Readers are cautioned that any forward-looking information provided by us or on our behalf is not a guarantee of future performance. Actual results may differ materially from those contained in these forward-looking statements as a result of various factors disclosed in our filings with the Securities and Exchange Commission (SEC), including the “Risk Factors” section of our Annual Report on Form 10-K for the year ended December 31, 2025. All forward-looking statements speak only as of the date on which they are made, and we undertake no duty to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, except to the extent required by law.

Near-Term Catalyst

- CTx-1301 Commercial Launch planned 2H 2027
- 100 million prescriptions in \$10Bn target market
- Unprecedented Clinical Data Providing Clear Differentiation
- Leadership Team with 90+ years of ADHD Experience

Long-Term Catalysts = Value Creation through PTR™ Platform Pipeline
(Targeting 2 assets for development in 2027)

ADDITIONAL VALIDATION

- 10-12 Month Cash Runway
- Full Commercial Launch Strategy and Execution Plan Encompassing ALL Large Pharma Verticals

CINGULATE LEADERSHIP TEAM



Shane J Schaffer
Chief Executive Officer

- **Pharmaceutical Executive Leader:** 30+ years in CEO, Board of Director, and diverse roles across biotech & pharma. Doctor of Pharmacy. Cingulate Co-Founder.
- **Commercialization Expert:** billion-dollar brands including the ADHD Franchise of Ritalin® & Focalin®, Lipitor®, Lyrica®, Eligard®, Arixtra®, Hyalgan® and Avapro®/Avalide®.
- **Corporate & Organizational Leader:** Spearheaded entire Cingulate organization; Capital raised \$150M+



Jennifer Callahan
Chief Financial Officer

- **Experienced Financial Leader:** 30+ years in accounting and financial management across a variety of industries.
- **A Decade of Experience in Life Sciences** as VP of Finance and Chief Financial Officer with Mini-MBA in BioPharma Innovation from Rutgers University
- **Strategic Advisor:** Expert in process improvement, system implementation, budgeting, due diligence, and organizational development.



Bryan Downey
Chief Commercial Officer

- **Broad Industry & Academic Background:** Led portfolios in multiple therapeutic areas at levels of increasing responsibility; BS and MS degrees from Texas A&M – Kingsville and an MBA from Cornell.
- **Seasoned C-Suite Executive:** 20+ years in CEO, President, Board and variety of commercial roles at major pharma companies, driving strategy and growth.
- **Leadership Development Expert:** Former Managing Director at CRA | Admired Leadership®, coaching /advising on transformation and transitions.



Matthew Brams, MD
Chief Medical Officer

- **Extensive Clinical & Research Experience:** Over 25 years in psychiatry with a focus on ADHD and Autism; led 125+ clinical trials.
- **Leader in Drug Development:** Co-founded Cingulate Therapeutics; contributed to FDA approval of 15+ CNS drugs.
- **Academic & Professional Recognition:** Clinical Associate Professor at Baylor; published 20+ articles; Senior Board Examiner for ABPN.



Raul Silva, MD
Chief Science Officer

- **Experienced Psychiatric Leader:** Practicing child and adolescent psychiatrist with leadership roles at NYU, Bellevue Hospital, and Rockland Children's Psychiatric Center.
- **Extensive Academic Contributions:** Author of 125+ publications, speaker at 120+ events, and researcher on 21 projects.
- **Advanced Training & Certification:** Completed fellowships at Columbia and NYU; board-certified in general and child/adolescent psychiatry.



Jeffrey C Pitts
Chief of Staff

- **Cross-Functional Leader** — Has led multiple business units across diverse industry sectors, with executive-level experience spanning finance, operations, human capital, and business development.
- **Organizational Builder** — Deep track record in talent acquisition and the development of high-performing teams.
- **Strategic Partnership Architect** — Proven ability to identify synergistic partnerships that grow revenue and drive profitability.



Today's Opportunity

CTx-1301 in US ADHD Market

- Over 100 Million ADHD Prescriptions
- Significant Unmet Needs and Dissatisfaction with Current Treatments
- Novartis, J&J, Takeda (Shire) Out of ADHD Space with LOE of Vyvanse, Adderall XR, Concerta, and Focalin XR

ADHD Today

- The Scale of Need: 22 million Americans with ADHD experience impaired quality of life, reduced productivity, diagnosis issues (mis-, over-, missed, delayed), and remaining social stigma despite millions of prescriptions annually
- The Real-World Gap: Today's extended-release therapies fail to deliver 'Entire Active-Day' control, wearing off mid to late afternoon, causing crashes and requiring complex dosing schedules including boosters
- The Stalling of Innovation: Lack of meaningful treatment advances since the mid-2000's; mostly reformulations of similar products already available
- The Unmet Opportunity: There is a clear market need for a true, once-daily, reliable ADHD medication that provides entire active-day efficacy without complicated regimens

The Problem: Where Today's ADHD Therapies Fall Short

What Does Differentiation Look Like?

ADHD BRANDS	APPROVED	ATTRIBUTES ¹		UNMET NEEDS ¹			
		Onset (hr)	Real-World Duration	Fast Onset of Action ≤ 30 min	Entire Active-Day Efficacy*	Minimize Crash/Rebound	Avoid Booster ¹
Vyvanse®	2007	1 ½ - 2	8-9 hours	✗	✗	✗	✗
Adderall® XR	2001	1 ½	7-8 hours	✗	✗	✗	✗
Concerta®	2000	2	6-7 hours	✗	✗	✗	✗
Focalin® XR	2005	½	7-8 hours	✓	✗	✗	✗
CTx-1301	2026 Anticipated Approval	½	12 hours	✓	✓	✓	✓

92%
of ALL Extended Release Stimulant Rx's³

60%
use short-acting 'booster' dose every day!²

 6.25-mg
  12.5-mg
  18.75-mg
  25-mg
  31.25-mg
  37.5-mg
  43.75-mg
  50-mg

* Entire-active day efficacy defined as less than or equal to a 30 min onset of action with true 12 hours of duration vs. baseline

¹ Information based upon product Package Inserts, and Summary Basis of Approvals for the approved products in chart and Ann C. Childress, Nathalie Beltran, Carl Supnet & Margaret D. Weiss (2021) Reviewing the role of emerging therapies in the ADHD armamentarium, Expert Opinion on Emerging Drugs, 26:1, 1-16.

² Outside the Box: Rethinking ADD/ADHD in Children and Adults A Practical Guide; First Edition, p. 185 Thomas E. Brown, PhD

³ NPA Data. 12-months rolling through Sept 2023

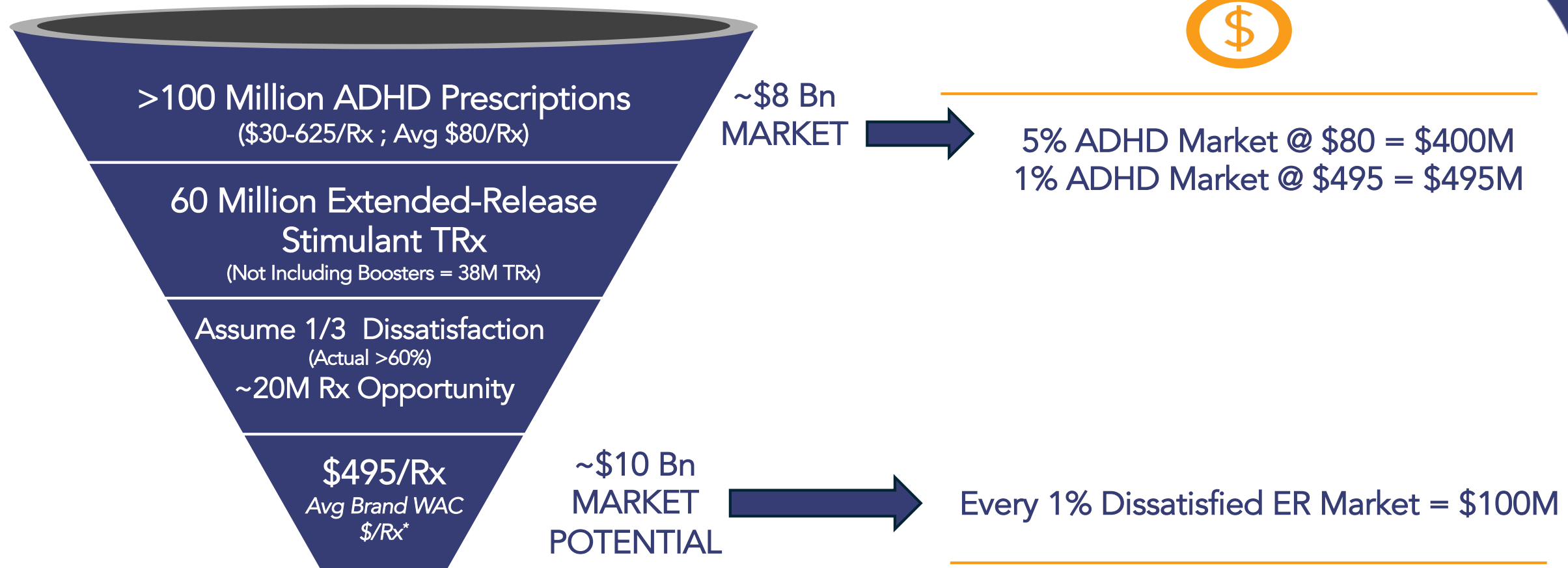
Recent Launches Lack Meaningful Clinical Innovation

ADHD BRANDS		ATTRIBUTES ¹		UNMET NEEDS		
Product	Onset	Real-World Duration	Fast Acting (≤ 30 min)	Entire Active-Day Efficacy*	Avoid Crash/Rebound	Avoid Booster
Quillivant / Chew® XR	60 mins	8 hours	✗	✗	✗	✗
Mydayis®	2 or 4 hrs	16+ hours	✗	✗	✗	✗
Adzenys® ER/ODT	60 mins	8-9 hours	✗	✗	✗	✗
Cotempla® XR/ODT	60 mins	9-10 hours	✗	✗	✗	✗
Aptensio® XR	60 mins	9 hours	✗	✗	✗	✗
Evekeo® / ODT	60 mins	10 hours	✗	✗	✗	✗
Dynavel® XR Oral Susp.	60 min	10-11 hours	✗	✗	✗	✗
Zenzedi®	60 mins	4-5 hours	✗	✗	✗	✗
Jornay® PM (at night)	2-hour window	10-11 hours	✗	✗	✗	✗
Adhansia® XR – <i>Discontinued</i>	60 mins	12-13 hours	✗	✗	✗	✗
Azstarys®	Failed Endpoint	Failed Endpoint	✗	✗	✗	✗

Real-World Duration defined as time when active treatment effect has returned to baseline pre-dosing ADHD assessment

¹ Information based upon product Package Inserts and Summary Basis of Approvals and Ann C. Childress, Nathalie Beltran, Carl Supnet & Margaret D. Weiss (2021) Reviewing the role of emerging therapies in the ADHD armamentarium, Expert Opinion on Emerging Drugs, 26:1, 1-16.

Tremendous Market Opportunity Regardless of Scenario



* Not indicating CTx-1301 Pricing
Source: NPA Data; Sept 2025



Reason to Believe

Commissioned Market Research

- Awareness, Trial, & Usage (ATU)
- Social Media Tracking

Detailed review available under confidentiality

The Strategic Case for CTx-1301

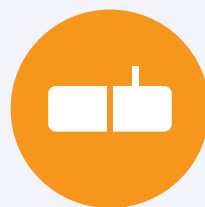
Dissatisfaction Defines the ADHD Opportunity



THE PROBLEM

Reliable, Entire Active – Day Efficacy

- Adults need a true, once-daily entire-active day of symptom control which current options fail to deliver.
- **CTx-1301 must prove** durable, sustained efficacy across the entire active day
- Durability is what converts the booster opportunity into market share capture



THE OPPORTUNITY

Eliminate the Booster need

- Most HCPs indicate 40-60% of their patients need a booster
- Boosters are the standard workaround across every long-acting brand
- **The opportunity:** Demonstrate all day efficacy thereby removing the need for boosters — moving patients to **CTx-1301**



THE PATHWAY

A Clear Reimbursement Path

- **Access & affordability** — not clinical doubt — gate adoption
- Define **payer access and a co-pay** pathway (~\$50/month comfort ceiling)

Key Research Reinforces CTx-1301 Opportunity

ATU & Social Media Tracking confirm a market primed for change
Current options fall short on duration, boosters are routine, and access/ affordability remains the key adoption gate.

Strategic Questions	Insights from ATU Study (n=200 HCP's)
Optimal Duration	- Adults need Longer Duration of Coverage (9 in 10 HCPs) - Top ER brands don't deliver the 11–12h most patients need - In adults, adult psychiatrists and pediatricians show the strongest expectations of >11-hour duration
Switching Driver Hierarchy	88% of HCPs are receptive to switching - Adults: Driven by duration (#1) and partial response (#2) - Pediatrics: Driven by unsatisfactory response (#1), duration (#2) & adverse events (#3)
Booster Pool	~85% of HCPs routinely prescribe boosters; child/adult psychiatrists report the highest booster usage, while pediatricians skew toward lower booster use ~75% of HCPs report that the booster-eligible pool is ~40% → ~60% varying with age
Adult Stimulant Class Hierarchy	AMP-only dominates adults (60%) while MPH-only leads pediatrics (63%) - HCPs favor AMP for perceived duration of action, not real-world evidence - CTx-1301 50-mg poised to be maximum stimulant dosage form available
Specialty Adoption Curve	Pediatricians and Adult Psychiatrists drive initiation in naïve pts - NPs support optimization - Psychiatrists and pediatrics lead switching in complex tolerability cases

Pricing & Contracting Strategy To Ensure Affordable Access and Maximum Profit

Vyvanse, Concerta, Focalin XR & Adderall XR:

- Own the ADHD Market with zero promotion & no contracting
 - All have generic equivalents since LOE
 - Combined branded sales of \$2 Bn today
1. Plans not receiving considerable rebate dollars; especially considering Top 4 product branded usage
 2. CTx-1301 was rated most valuable versus Vyvanse, Adderall XR, Concerta, Focalin XR, Azstarys, and Qelbree
 3. Abuse & diversion of short-acting stimulant boosters is a growing concern with liability implications
 4. CTx-1301 is well-positioned and likely to gain Commercial and Medicaid coverage based on our access strategy

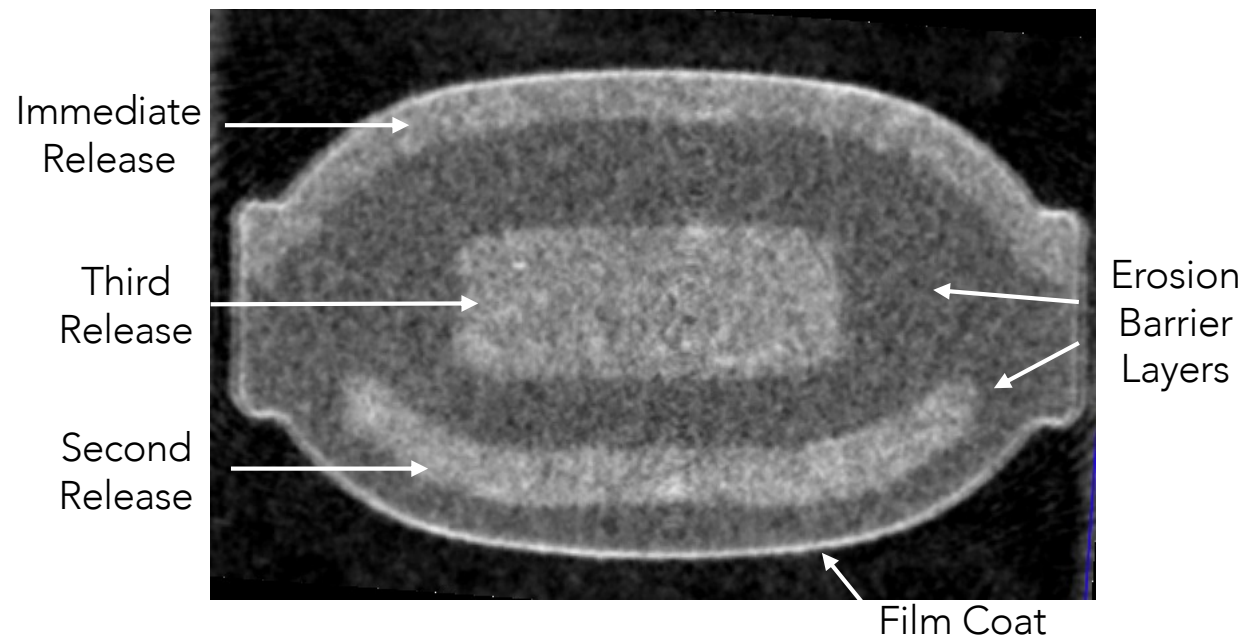


The Solution

The Solution Starts with Our Proprietary Technology to Optimize Treatment

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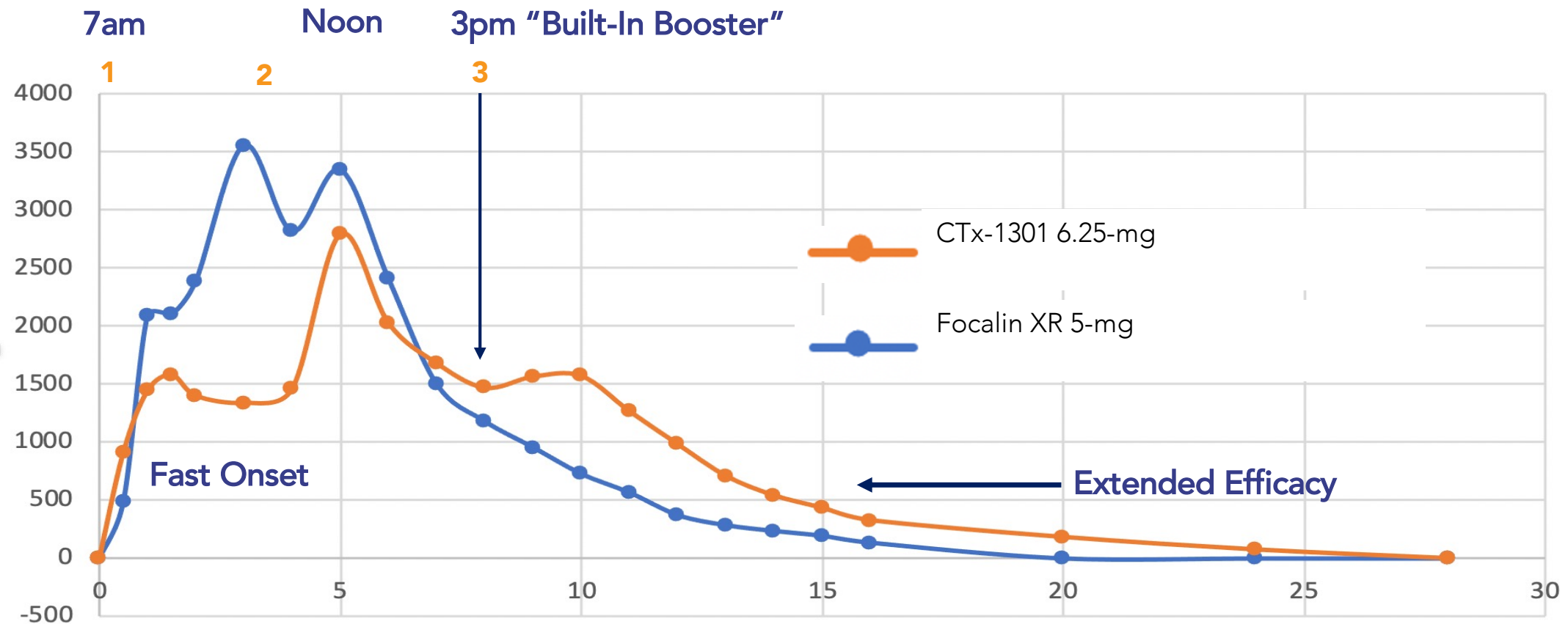
Precision Timed Release™ (PTR™) Platform Unlocks the Possibility for 'True' Once-daily, Multi-dose Tablets



[See the PTR™ Platform in Action @ Cingulate.com](https://www.cingulate.com)

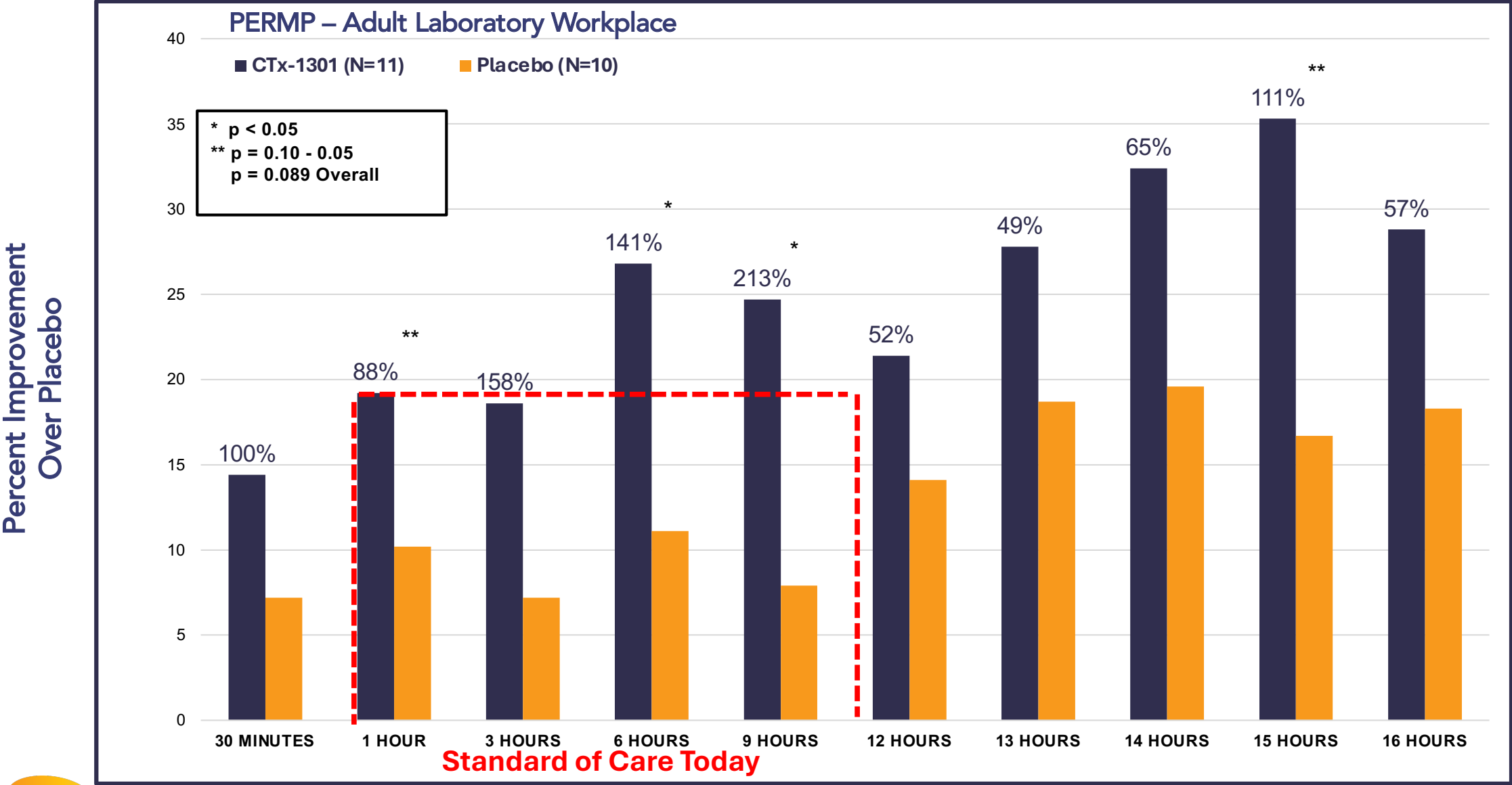
One Product Designed to Overcome All Unmet Needs

Entire Active-Day Efficacy, Stop the Crash & Rebound, Eliminate Booster Doses



Subject ID: 01-510

Unprecedented Entire Active Day ADHD Coverage



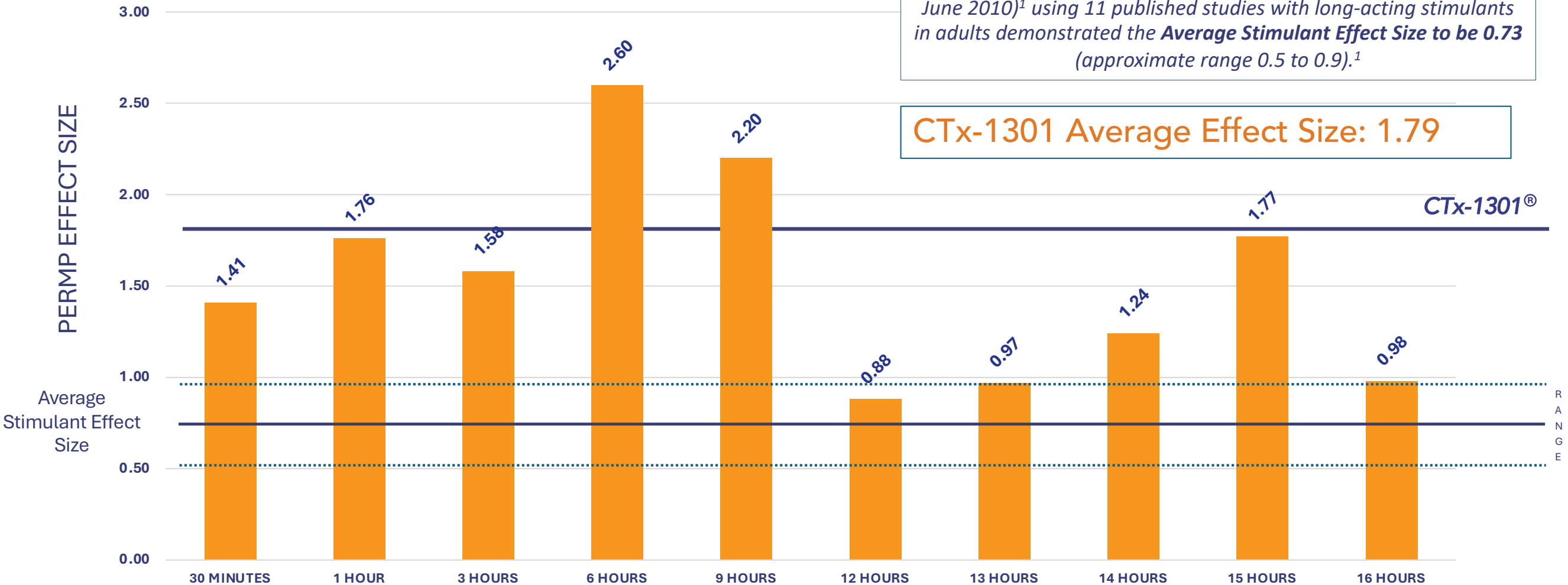
91%
Active-Day
Improvement
vs
Placebo

Magnitude of Treatment Effect and Reliability of CTx-1301 Across Patients

Effect Size= Magnitude of Response / Standard Deviation
(Standard Deviation Impacts Effect Size & Reliability)

A Meta-Analysis conducted by Faraone and Glatt (Clin Psych 71:6 June 2010)¹ using 11 published studies with long-acting stimulants in adults demonstrated the **Average Stimulant Effect Size to be 0.73** (approximate range 0.5 to 0.9).¹

CTx-1301 Average Effect Size: 1.79



CTx-1301 Demonstrated Significantly Lower Adverse Events

28.6% reduction in TEAE's related to CTx-1301 versus Focalin XR (14.3% difference)

	Focalin XR 5 mg (n=41)	CTx-1301 6.25 mg (n=39)	Focalin XR 40 mg (n=43)	CTx-1301 50 mg (n=42)	All CTx-1301 (n=42)	All Focalin XR (n=44)
Patients with at least one						
Treatment Emergent Adverse Events	7 (17.1%)	4 (10.3%)	22 (51.2%)	14 (33.3%)	17 (40.5%)	25 (56.8%)
Mild	7 (17.1%)	4 (10.3%)	20 (46.5%)	14 (33%)	17 (40.5%)	23 (52.3%)
Moderate	0	0	2 (4.7%)	0	0	2 (4.5%)
Severe	0	0	0	0	0	0
TEAE Related to Study Drug	5 (12.2%)	3 (7.7%)	20 (46.5%)	13 (31.0%)	15 (35.7%)	22 (50.0%)
AE Leading to Study or Drug Withdrawal	1 (2.4%)	0	1 (2.3%)	0	0	2 (4.5%)

There were no serious adverse events.

Source: CSR CTx-1301-001 Listing 16.2.7.1



How Cingulate Achieves Success

Commercialization & Go-To-Market Strategy

Cingulate Driven Commercialization

Leveraging Best in Industry Partners



Cingulate's Go-To-Market Strategy

From Traditional

Rep-driven, transactional engagement

Static campaigns and brand-centric messaging

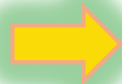
Fragmented national-local operations

Legacy CRM and *siloed* data

Volume-based KPIs (reach, frequency)

Reactive medical-commercial coordination

Manual workflows and content reuse challenges



To Innovation

Insight-led orchestration of Omnichannel & Sales Team

Dynamic, personalized journeys based on HCP and patient needs

Integrated frameworks with local agility

AI-native platforms with *unified* data layers

Outcome-based KPIs (impact, behavior change, ROI)

Proactive, unified customer experience across functions

Automated, modular content supply chains (AI+ Human+Tech)

Launch Ready with Best in Industry Commercialization

Essential Factors To Drive Demand

1. *Reimbursement*

- Payer Research indicates Positive Acceptance for Reimbursement
- Pricing & Contracting to Maximize GTN and 'Lives Covered'
- Launch Plan includes Seamless Coverage at Point of Sale (Cover My Meds, Voucher, etc.)

2. *Best-In-Class Product*

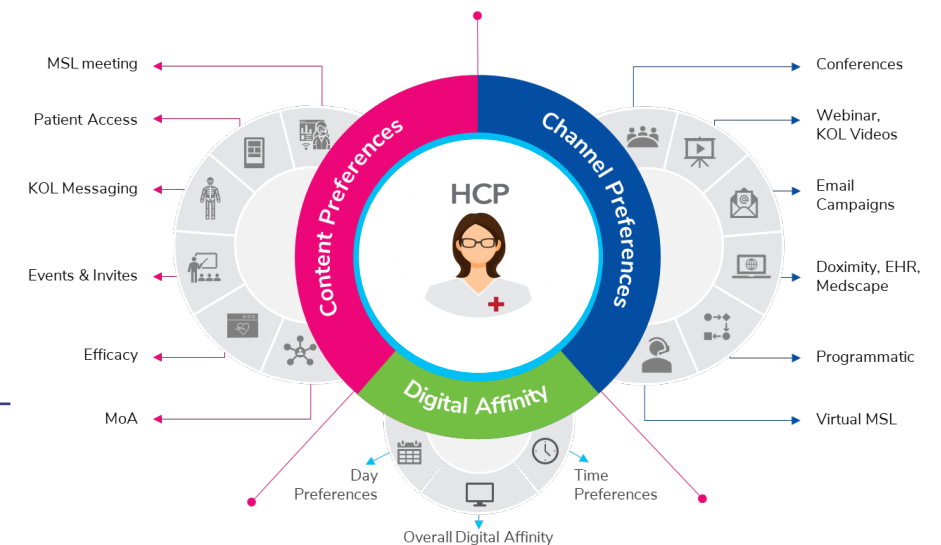
- Unprecedented Entire Active-Day Efficacy
- Overcomes 8+ Current Unmet Medical Needs (duration, onset, boosters, abuse/diversion, available dosage strengths, tolerability...)
- First ADHD product to launch with data in Adults and Children

3. *Share of Voice*

- ADHD category is SOV sensitivity: No Major ADHD Companies Remain
- Proper FFE process to ensure Reach & Frequency Achievement
- **Unparalleled** combination of Personal & Non-Personal Promotion with Sales Team, Omnichannel, and formulary access

Cingulate Sales Professional Team:

- 130 – 150 FTEs at Launch
 - 40-60 Sales Professionals at launch
 - **Invisage**™ Omnichannel adds 90 FTEs

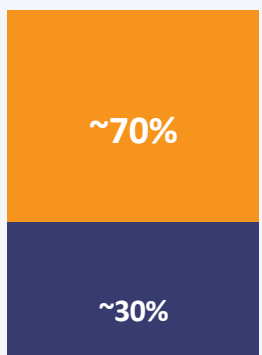


An Optimized Pharma Launch — ROI Focused Capital Deployment Via Orchestration of Omnichannel & Sales Team

A balanced, capital-efficient channel mix where scale is earned not given

ATTRIBUTION

Where the lift comes from



2/3rd

■ non-personal / OA + AI
Digital + AI (Invisage) — the variable lever

1/3rd

■ personal promotion

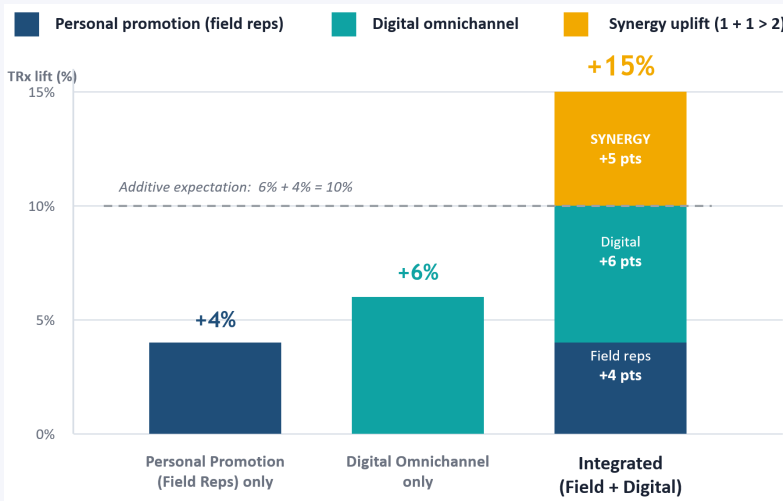
100% of promotional impact

Research across the industry shows that personalized omnichannel engagement can improve HCP response and conversion rates by 10–20%, ultimately supporting stronger new-to-brand prescription growth.

SYNERGY

Why the two strategies compound into the biggest TRx lift

Illustrative example



Why 1 + 1 > 2

- **Reps reinforce digital touches**
In-person visits lift recall & trust in the digital message
- **Digital sustains reach between visits**
Maintains frequency and share of voice without added rep cost
- **Shared data closes the loop**
Right message, right channel, right time — coordinated cadence accelerates change in prescriber behavior

2.5× the TRx lift of the best single channel

+50% above what the two channels achieve added together

➤ Digital accelerates time to behavioral change → earlier ROI

The 2026 Guide to HCP Engagement: How Real-Time Behavioral Insights and Omnichannel Pharma Marketin...

Takeaway Field promotion and digital omnichannel each drive lift on their own — but working together they deliver more than the sum of their parts.



Exclusivity

CTx-1301 PATENT PORTFOLIO

2042 (15 Years from Launch): CTx-1301 Loss of Exclusivity



- CTx-1301 Composition of Matter patents to be listed in FDA Orange Book
 - US Patent Application No. 18/560,039, NOA issued, product specific composition of matter patent protection to 2042
 - US Patent No. 11,065,205 expiring 2031
 - US Patent No. 10,675,247 expiring 2035
- Foreign counterparts: Australia, Brazil, Canada, Europe, Hong Kong, India, Japan, Korea, Mexico, Israel, Russia, Saudi Arabia



Proprietary Know-How

- Cingulate-owned manufacturing equipment
- Proprietary manufacturing processes, methods, tools, and designs



The Future

Vast Pipeline Opportunities via PTR™ Platform

Precision Timed Release™ Provides a New Paradigm for Oral Medications

Identified Targets for PTR™ Platform Pipeline Significant Unmet Needs in Billion Dollar Markets

In Development

- ADHD (CTx-1301, 1302)
- Anxiety (CTx-2103)

Near-Term Targets Identified

- Insomnia
- Depression
- Bipolar Disorder
- Movement Disorders
- Cardiovascular Disorders
- Xerostomia (dry mouth)

Future Therapeutic Areas

- Migraine
- Hypothyroidism
- Oral Oncology Medicines
- Psychosis
- Alzheimer's Disease
- Pain (Non-Opioid)



Thank You

