Jazz Pharmaceuticals®

XYWAV FOR IDIOPATHIC HYPERSOMNIA IN ADULTS

INNOVATING TO TRANSFORM THE LIVES OF PATIENTS AND THEIR FAMILIES

OCTOBER 13, 2021

Casey
Xywav - Idiopathic Hypersomnia
Trial Participant

Life-Changing Medicines. Redefining Possibilities.

Caution Concerning Forward Looking Statements

This presentation contains forward-looking statements, including, but not limited to, statements related to Jazz Pharmaceuticals' growth prospects and future financial and operating results; the Company's goal of the majority of all oxybate patients on Xywav by 2023 and the Company's 2021 neuroscience net sales goals; the Company's expectations with respect to revenues from newly launched products; expansion of existing marketed products and expectations regarding the commencement date of clinical trials; the Company's expectations as to continued investment in its pipeline and continuing to build a high value portfolio of assets through portfolio management and capital allocation; the anticipated launch of Xywav in idiopathic hypersomnia and execution of the launch strategy; the potential of Xywav to provide an instrumental treatment and effectively managing idiopathic hypersomnia and other statements that are not historical facts. These forward-looking statements are based on the Company's current plans, objectives, estimates, expectations and intentions and inherently involve significant risks and uncertainties.

Actual results and the timing of events could differ materially from those anticipated in such forward-looking statements as a result of these risks and uncertainties, which include, without limitation, risks and uncertainties associated with: effectively launching and commercializing Xywav in idiopathic hypersomnia, maintaining or increasing sales of and revenue from the Company's key marketed products; effectively launching and commercializing the Company's other products and product candidates; the costly and time-consuming pharmaceutical product development process and the uncertainty of clinical success, including risks related to failure or delays in successfully initiating or completing clinical trials and assessing patients such as those being experienced, and expected to continue to be experienced, by the Company as a result of the effects of the COVID-19 pandemic; the time-consuming and uncertain regulatory approval process, including the risks that the Company may be unable to submit anticipated regulatory filings on the timeframe anticipated, or at all, or that the Company may be unable to obtain regulatory approvals of any of its product candidates, including nabiximols and Epidiolex for additional indications, in a timely manner or at all; regulatory initiatives and changes in tax laws; market volatility; the ultimate duration and severity of the COVID-19 pandemic and resulting global economic, financial, and healthcare system disruptions and the current and potential future negative impacts to the Company's business operations and financial results; protecting and enhancing the Company's intellectual property rights; delays or problems in the supply or manufacture of the Company's products and product candidates; complying with applicable U.S. and non-U.S. regulatory requirements; government investigations, legal proceedings and other actions; obtaining and maintaining adequate coverage and reimbursement for the Company's products; identifying and acquiring, in-licensing or developing additional products or product candidates, financing these transactions and successfully integrating acquired product candidates, products and businesses; the Company's ability to realize the anticipated benefits of its collaborations and license agreements with third parties; the possibility that, if Jazz Pharmaceuticals does not achieve the perceived benefits of the acquisition as rapidly or to the extent anticipated by financial analysts or investors, the market price of Jazz Pharmaceuticals' ordinary shares could decline; the Company's ability to achieve expected future financial performance and results and the uncertainty of future tax, accounting and other provisions and estimates, including the uncertainty of the Company's estimates of acquisition accounting adjustments related to the GW acquisition; and other risks and uncertainties affecting the Company, including those described from time to time under the caption "Risk Factors" and elsewhere in Jazz Pharmaceuticals' Securities and Exchange Commission filings and reports, including the Company's Form 10-K for the year ended December 31, 2020 and Form 10-Q for the quarter ended June 30, 2021, and future filings and reports. In addition, while the Company expects the COVID-19 pandemic to continue to adversely affect its business operations and financial results, the extent of the impact on the Company's ability to generate sales of and revenues from its approved products, execute on new product launches, its clinical development and regulatory efforts, its corporate development objectives and the value of and market for its ordinary shares, will depend on future developments that are highly uncertain and cannot be predicted with confidence at this time, such as the ultimate duration and severity of the pandemic, governmental "stay-at-home" orders and travel restrictions, quarantines, social distancing and business closure requirements in the U.S., Ireland, UK and other countries, and the effectiveness of actions taken globally to contain and treat the disease. Moreover, other risks and uncertainties of which the Company is not currently aware may also affect the Company's forward-looking statements and may cause actual results and the timing of events to differ materially from those anticipated.

INTRODUCTION AND OVERVIEW

BRUCE COZADD
CHAIRMAN AND CHIEF EXECUTIVE OFFICER

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Xywav®: First-and-Only Treatment for Idiopathic Hypersomnia in Adults

FIRST-OF-ITS-KIND INDICATION

- The first-and-only medicine approved by FDA for treatment of idiopathic hypersomnia, underscoring our patient-focused R&D strategy

ROBUST CLINICAL DATA PACKAGE

- Statistically significant improvements across all primary and secondary endpoints in the Phase 3 clinical trial meaningfully benefit patients' lives

NEAR-TERM VALUE DRIVER

- Launch planned in early November
- Approximately 37,000[1] patients diagnosed and actively seeking healthcare

DURABLE

- Broad patent protection out to 2033
- Xywav received FDA ODE for treatment of excessive daytime sleepiness and/or cataplexy in narcolepsy **based on clinical superiority to Xyrem by means of greater safety because Xywav provides a greatly reduced chronic sodium burden compared to Xyrem**

[1]A retrospective analysis of Symphony Healthcare Services claims data from October, 2014, through September, 2019
ODE = Orphan Drug Exclusivity

Agenda

INTRODUCTION

Bruce Cozadd

Chairman and Chief Executive Officer

IDIOPATHIC HYPERSOMNIA: DISEASE STATE AND PHASE 3 DATA

Richard Bogan, M.D., FCCP, FAASM

Associate Clinical Professor, University of South Carolina School of Medicine and Medical University of South Carolina, Charleston, SC and President of Bogan Sleep Consultants, LLC

XYWAV FOR IDIOPATHIC HYPERSOMNIA: CLINICAL DEVELOPMENT, LABEL AND SAFETY DATA

Rob Iannone, M.D., M.S.C.E.

Executive Vice President, R&D and Chief Medical Officer

XYWAV FOR IDIOPATHIC HYPERSOMNIA: COMMERCIAL OVERVIEW

Kim Sablich

Executive Vice President and General Manager, North America

Significant Execution Drives Shareholder Value

Launch of Xywav in IH Will Complete Our Stated Goal of 5 Key Launches Through 2020 and 2021

	PRODUCTS	LAUNCH STATUS	SOURCE OF OPERATING LEVERAGE
Neuroscience	xywav® in narcolepsy	☑	Best-in-class launch of only lower sodium oxybate treatment option
	xywav®[1] in idiopathic hypersomnia	☑	First-and-only FDA-approved treatment; ~37,000 patients[2] diagnosed and actively seeking healthcare
	sunosi®[3]	☑	First new OSA treatment in over a decade; for patients with EDS as a result of OSA or narcolepsy
Oncology	ZEPZELCA™	☑	First approved treatment in 2L SCLC in 20 years for patients with metastatic disease[4]
	RYLAZE™	☑	High-quality and reliable recombinant *Erwinia* asparaginase treatment option for ALL and LBL
Epilepsy	Epidiolex®	ACQUIRED 2021 ☑	Approved in 3 major seizure types and exploring potential future indications such as EMAS

[1]FDA approved August 12, 2021; U.S. commercial launch scheduled Nov 2021; [2]A retrospective analysis of Symphony Healthcare Services claims data from October, 2014, through September, 2019;
[3]EU launch of Sunosi in 2020; [4]Singh, S., et al. (2021) *Clin. Can. Res*. FDA Approval Summary: Lurbinectedin for the Treatment of Metastatic Small Cell Lung Cancer.
2L = 2nd Line, SCLC = Small cell lung cancer, ALL = Acute lymphoblastic leukemia, LBL = Lymphoblastic lymphoma, EMAS = Epilepsy with myoclonic atonic seizures

Oxybate: Durable, Long-lived Value Driver

Oxybate History

XYREM® (sodium oxybate) oral solution

Over more than 15 years Jazz has:

- Established oxybate therapy as the standard of care in narcolepsy
- Established and operated a robust, FDA approved, REMS and distribution system
- Built trust and strong relationships with narcolepsy HCP and patient communities
- Invested to significantly improve oxybate therapy based on patient and HCP feedback

The Future of Oxybate

xywav®

Existing Narcolepsy Market

Adopted by ~5,100 patients[1] in first 2 full quarters of launch

+

New Narcolepsy patients

Opportunity to add patients previously not prescribed Xyrem based on sodium concerns

+

Idiopathic Hypersomnia[2]

Launching to new patient population, adults with idiopathic hypersomnia; no other FDA-approved treatments

+

XYREM®

Meaningful royalties on Xyrem AGs

GROWTH +

DURABILITY +

[1]Active Xywav patients as of June 30, 2021; [2]FDA approved August 12, 2021; U.S. commercial launch planned in early November 2021.
REMS = Risk Evaluation and Mitigation Strategy, AGs = Authorized generics

Jazz is a Leader in Sleep Science

Long-Term Relationships with HCPs and Patients and a Proven Track-Record of Success

BEST-IN-CLASS LAUNCH

- Executed CNS class-leading launch and adoption of Xywav in narcolepsy

TREATING UNMET NEEDS

- First approval of a therapy to treat IH, a serious and disruptive sleep disorder with high unmet need

xywav®
(calcium, magnesium, potassium, and sodium oxybates) oral solution

LEADER IN SLEEP

- Recognized by HCPs and patients as a leader in sleep science based on nearly two decades of collaboration with the sleep community

CLINICAL SUPERIORITY

- FDA granted ODE for Xywav in narcolepsy based on clinical superiority findings compared to Xyrem by means of greater safety related to lower sodium[1]

[1]https://www.fda.gov/industry/designating-orphan-product-drugs-and-biological-products/clinical-superiority-findings
ODE = Orphan Drug Exclusivity, IH = idiopathic hypersomnia

Patient Video Disease Burden

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IDIOPATHIC HYPERSOMNIA: DISEASE OVERVIEW AND DATA

RICHARD BOGAN, M.D., FCCP, FAASM
PRESIDENT OF BOGAN SLEEP CONSULTANTS, LLC
ASSOCIATE CLINICAL PROFESSOR, UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE AND MEDICAL UNIVERSITY OF SOUTH CAROLINA, CHARLESTON, SC

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Symptoms and Burdens of Idiopathic Hypersomnia

- Central disorder of hypersomnolence characterized primarily by excessive daytime sleepiness (EDS)[1]
  - Diagnostic criterion present in all patients[1]
- EDS is frequently accompanied by symptoms of:
  - Prolonged, unrefreshing sleep and severe sleep inertia, or sleep drunkenness, upon awakening[1–8]
    - Sleep inertia is defined as residual profound sleepiness upon attempts to waken
  - Autonomic complaints (headache, orthostatic disturbance, perception of temperature dysregulation, and peripheral vascular complaints [Raynaud-type phenomena with cold hands and feet])[1,2,4,7]
- Underlying pathophysiology not known[1,9]

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[1]American Academy of Sleep Medicine (AASM). International Classification of Sleep Disorders-3rd Edition (ICSD-3); Darien, IL: American Academy of Sleep Medicine. 2014; [2]Vernet et al. *J Sleep Res*. 2010;19:525-34; [3]Roth et al. *Arch Gen Psychiatry*. 1972;26:456-62; [4]Trotti et al. *Sleep Med Clin*. 2017;12:331-44; [5]Leu-Semenescu et al. *Sleep Med*. 2016;17:38-44; [6]Kretzschmar et al. *J Sleep Res*. 2016;25:307-13; [7]Billiard et al. *Sleep Med Rev*. 2016;29:23-33; [8]Vernet et al. *Sleep*. 2009;32:753-9. [9]Leu-Semenescu et al. *Rev Neurol (Paris)*. 2017;173:32-7.

Onset and Disease Course

- Onset of disease is typically before 30 years of age, and symptoms may have been present since childhood[1,2]
- More prevalent among women
- Diagnostic challenges[3] may delay idiopathic hypersomnia diagnosis[2]
- Idiopathic hypersomnia is chronic in most patients, with spontaneous remission estimated to occur in 20% of patients, often after many years of symptoms[3]

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[1]American Academy of Sleep Medicine (AASM). International Classification of Sleep Disorders, 3rd Edition (ICSD-3); Darien, IL: American Academy of Sleep Medicine. 2014; [2]Leu-Semenescu et al. *Rev Neurol (Paris)*. 2017;173:32-7; [3]Trotti et al. *Sleep Med Clin*. 2017;12:331-44.

Idiopathic Hypersomnia and Narcolepsy Symptomatology

Hypersomnolence disorders that share similar symptoms

Symptoms	Narcolepsy Type 1	Narcolepsy Type 2	Idiopathic Hypersomnia
Excessive daytime sleepiness	✓	✓	✓
Sleep paralysis and hallucinations	✓	Sometimes	Occasionally
Cataplexy	✓	✗	✗
Difficulty staying asleep during the night	✓	Sometimes	Sometimes
Refreshing (restorative) night-time sleep and naps	✓	Sometimes	Occasionally
Sleep inertia (residual profound sleepiness upon attempts to waken)	Occasionally	Sometimes	✓
Long nocturnal sleep times	✗	✗	✓

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Table adapted by Hypersomnia Foundation from Khan & Trotti 2015

Xywav for Idiopathic Hypersomnia: Key Phase 3 Data Presentations

AAN 2021 Virtual Annual Meeting

Efficacy and Safety of Lower-Sodium Oxybate in a Phase 3, Placebo-Controlled, Double-Blind, Randomized Withdrawal Study in Adult Participants With Idiopathic Hypersomnia

SLEEP 2021 JUNE 10-13

Placebo-Controlled, Double-Blind, Randomized Withdrawal Study of Lower-Sodium Oxybate in Adults With Idiopathic Hypersomnia

Efficacy and Safety of Lower-Sodium Oxybate in Adults With Idiopathic Hypersomnia: With and Without Long Sleep Time

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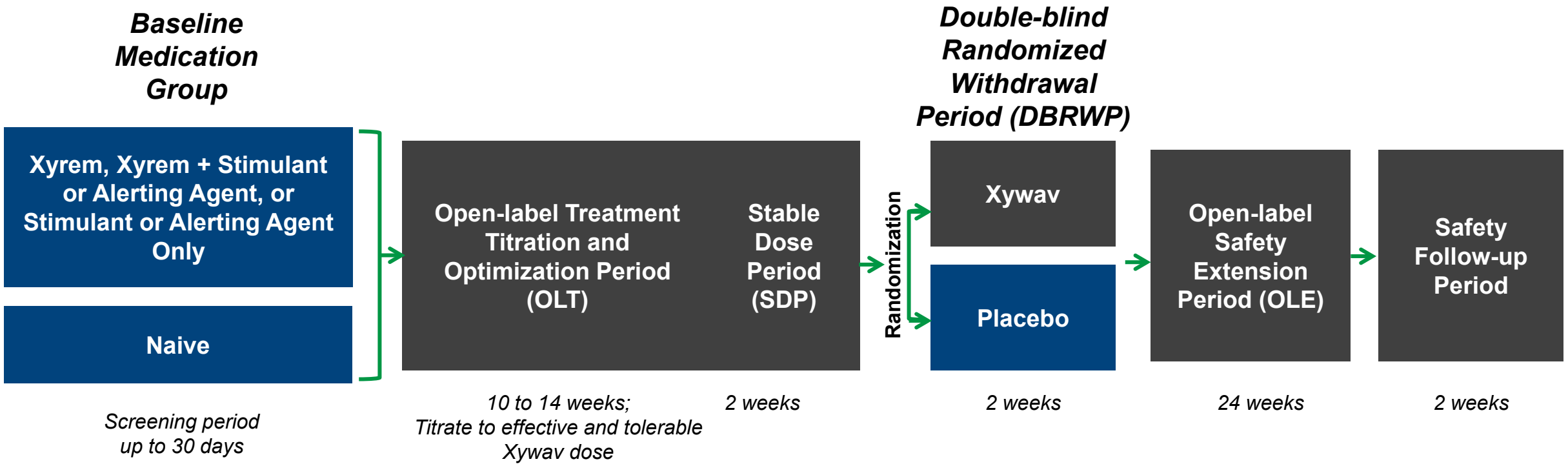
ClinicalTrials.gov identifier: NCT03533114

Phase 3 Study Design

154 adult patients were enrolled, with 115 randomized 1:1 to receive either Xywav or placebo



Primary endpoint:	Epworth Sleepiness Scale
Key secondary endpoints:	Patient Global Impression of Change Idiopathic Hypersomnia Severity Scale

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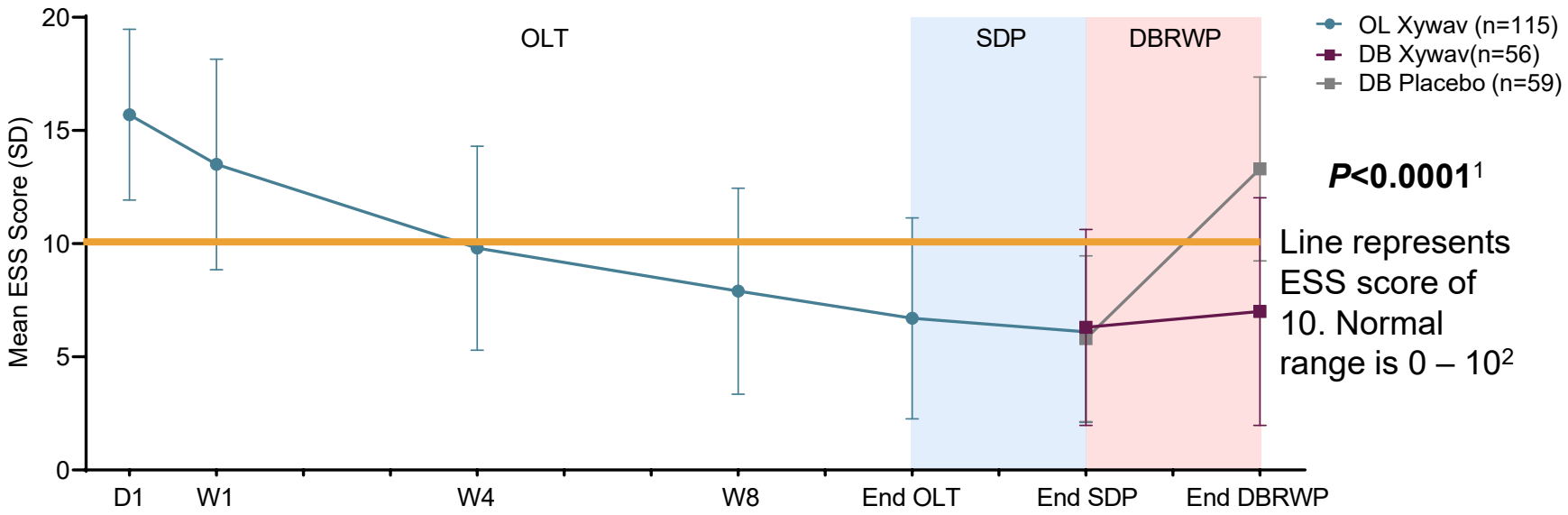
Participants on Xywav Demonstrated Decrease in ESS Scores to Within Normal Range



***P*<0.0001**[1]

Line represents ESS score of 10. Normal range is 0 – 10[2]

Epworth Sleepiness Scale (ESS) score with open-label Xywav therapy decreased (improved) from a mean of **15.7** at study entry to a mean of **6.1** at the end of the stable dose period

- Patients entered the study with a mean standard deviation ESS score of 15.7 indicating substantial excessive sleepiness
- From end of stable dose period to end of double-blind, randomized withdrawal period: Patients on Xywav maintained ESS score and patients on placebo returned to ESS scores to above normal range
- LS mean diff. (95% CI) in change from end of SDP to end of DBRWP: −6.51 (−7.99, −5.03)

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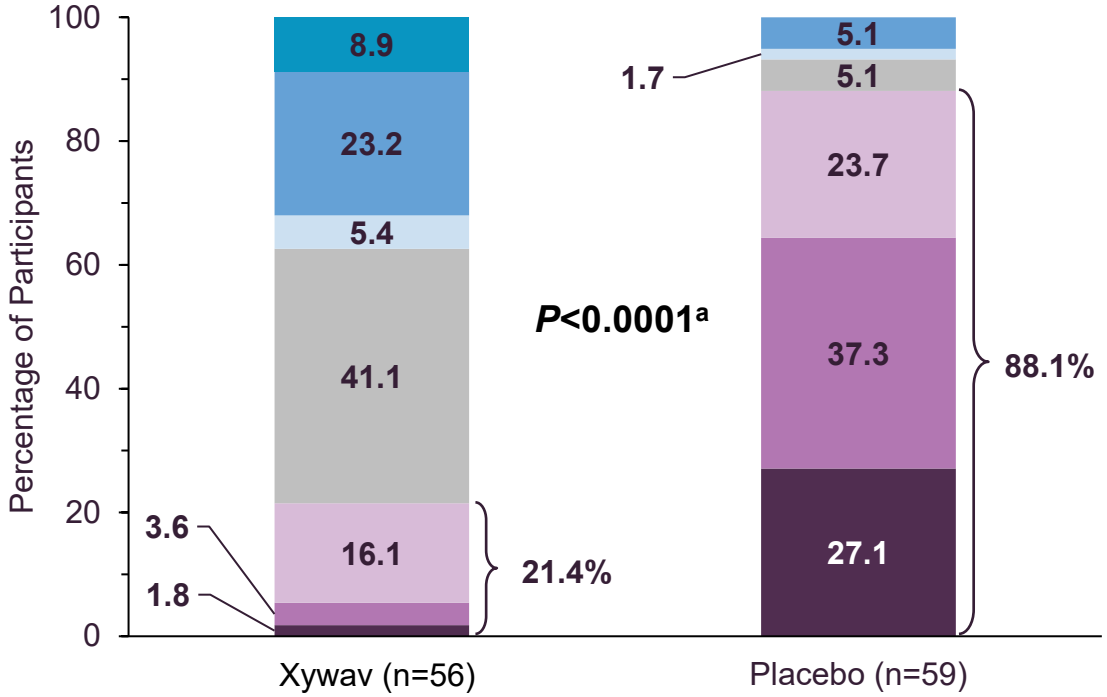
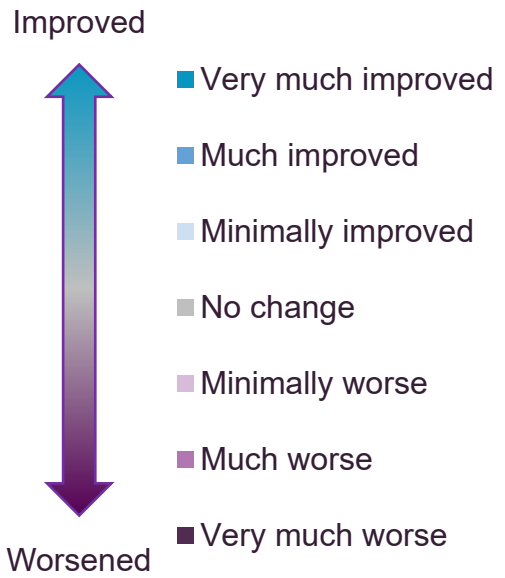
[1]Modified intent-to-treat population; analysis of covariance (ANCOVA) model that included ESS at end of SDP, baseline medication group, and treatment as covariates; [2]Johns MW. A new method for measuring daytime sleepiness: the Epworth Sleepiness Scale. *Sleep*. 1991; 14(6):540-545.
OL = open label, DB = double-blind, LS = least squares

Patients Global Impression of Change Shows 88.1% of Patients Worsening When Randomized to Placebo

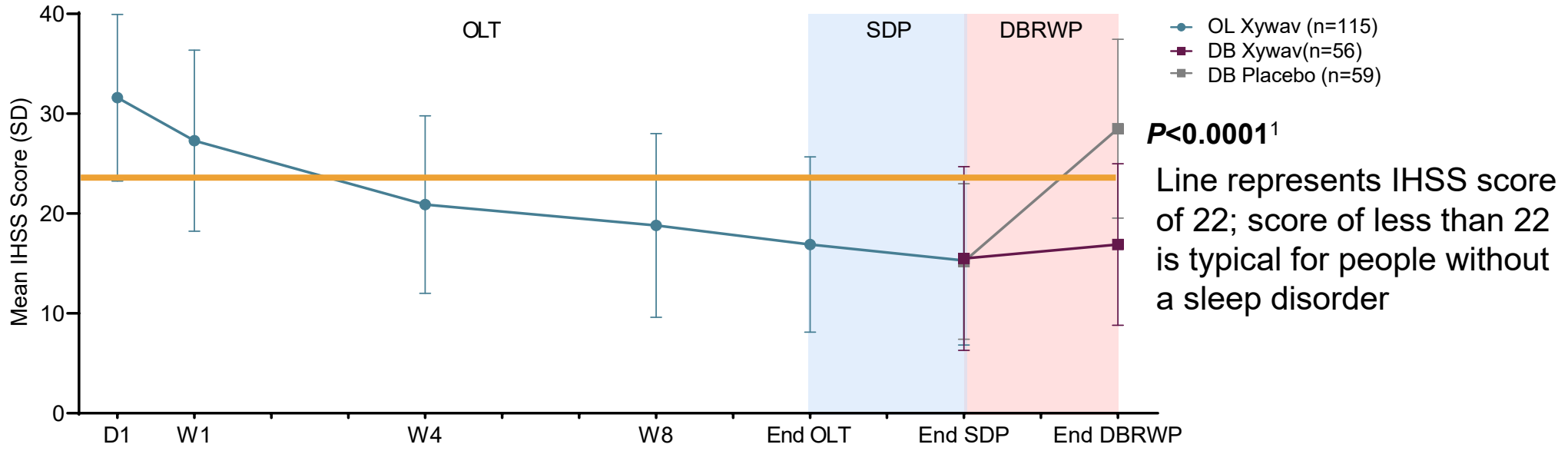




- Significant worsening was observed in PGIC ratings at end of double-blind, randomized, withdrawal period, relative to end stable dose period, in participants randomized to placebo vs Xywav (88.1% vs 21.4% rated minimally/much/very much worse)

Cochran-Mantel-Haenszel test stratified by baseline medication group. Categories with no responses are excluded from the figure.
PGIC = Patient Global Impression of Change

Participants on Xywav Maintained Improvement in Mean IHSS – Significantly Better Than Placebo at End of DBRWP



***P*<0.0001**[1]

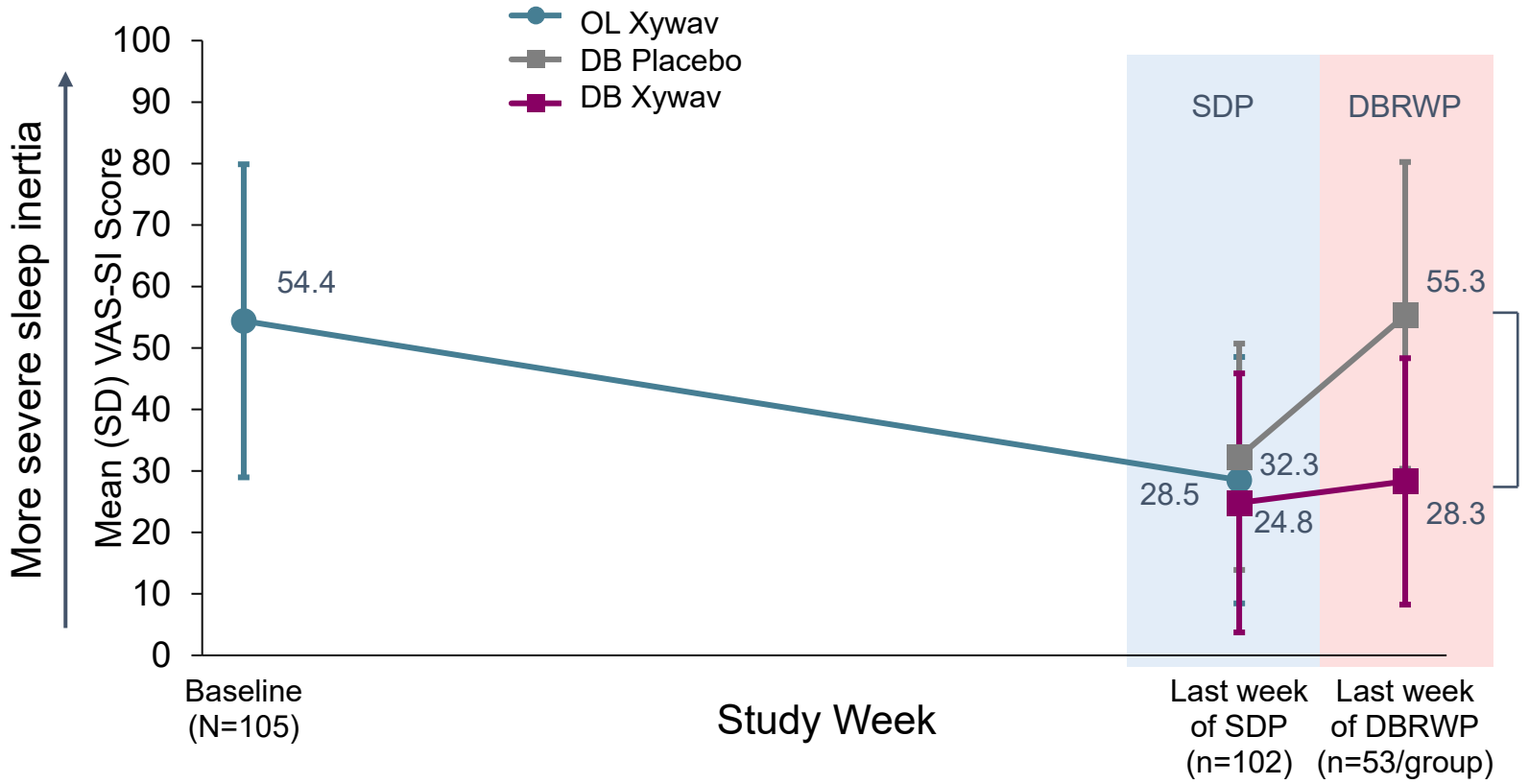
Line represents IHSS score of 22; score of less than 22 is typical for people without a sleep disorder

From end of stable dose period to end of double-blind, randomized, withdrawal period:

- Patients on placebo in the withdrawal period returned to an IH severity similar to the mean IHSS score at baseline[2]
- In an IHSS validation study, patients above a score of 22 reflect a diagnosis of IH relative to the study control group[2]
- Est. median diff. (95% CI) in change from end of SDP to end of DBRWP: −12.00 (−15.00, −8.00)

[1]Modified intent-to-treat population; rank-based ANCOVA model that included ranked IHSS at end of SDP and baseline medication group as covariates.
[2]Dauvilliers Y, Evangelista E, Barateau L, et al. Measurement of symptoms in idiopathic hypersomnia: the Idiopathic Hypersomnia Severity Scale. Neurology. 2019; 92(15):e1754-e1762.
IHSS = Idiopathic Hypersomnia Severity Scale

Participants Randomized to Receive Xywav Showed an Improvement in Sleep Inertia as Measured by Visual Analog Scale



Improvement in the ability to wake in the morning (sleep inertia) is measured by the VAS-SI

LS mean difference (95% CI)[1,2]:
−22.2 (−29.7, −14.8)
P<0.0001[1]

Baseline was screening week 1. Change in VAS-SI was an exploratory endpoint.
CI, confidence interval; DBRWP, double-blind randomized withdrawal period; LS, least squares; LXB, lower-sodium oxybate; SD, standard deviation; SDP, stable-dose period; VAS-SI, visual analog scale for sleep inertia.
[1]Difference in change from end of SDP to end of DBRWP; the *P* value is nominal
[2]Xywav n=49, placebo n=51.
Bogan RK, et al. Presented at: Associated Professional Sleep Societies (APSS) 2021; 10-13 June 2021; virtual. Abstract 487.
VAS-SI = Visual Analog Scale – Sleep Inertia, OL = open-label, DB = double-blind

Xywav Adverse Reactions

The safety profile observed in Study 2 (IH) was similar to that of Study 1 (narcolepsy). Adverse reactions occurring in ≥2% of patients treated with XYWAV in the open-label titration and stable dose periods in Study 2 are shown below are shown in the table below

Adverse Reaction	Open-Label Titration Period + Stable Dose Period (up to 16 weeks) % (n=154)
Nausea	21
Headache	16
Anxiety[1]	12
Dizziness	12
Insomnia[2]	9
Hyperhidrosis[3]	8
Decreased appetite	8
Vomiting	7
Dry mouth	6
Diarrhea	5
Fatigue[4]	5
Somnolence[5]	5
Tremor	5

Adverse Reaction	Open-Label Titration Period + Stable Dose Period (up to 16 weeks) % (n=154)
Parasomnia[6]	5
Balance disorder[7]	3
Muscle spasms	3
Fall	3
Paresthesia	3
Snoring	3
Weight decreased	3
Bruxism	3
Confusional state	3
Depressed mood	3
Feeling drunk	3
Irritability	3

[1]includes anxiety, nervousness, and panic attack
[2]includes middle insomnia, initial insomnia, insomnia, and terminal insomnia
[3]includes hyperhidrosis and night sweats
[4]includes fatigue and asthenia
[5]includes somnolence and sedation
[6]includes confusional arousal, sleep paralysis, nightmare, sleep talking, somnambulism, and hypnopompic hallucination
[7]includes balance disorder and ataxia

Serious Adverse Events and Discontinuation Due to Adverse Events

- 4 participants reported 9 serious adverse events: 4 during OLT, 4 during OLE and 1 during the safety follow-up[1]
  - OLT: 1 rhabdomyolysis; 1 nephrolithiasis (3 events)
  - OLE: 1 non-cardiac chest pain; 1 nephrolithiasis (2 events) and pyelonephritis
  - SFU: 1 syncope
  - None were deemed related to study drug by the investigator
- 17 participants (11%) reported TEAEs that led to discontinuation[1]
  - TEAEs leading to discontinuation that were reported by >1 participant included anxiety (n=4), insomnia (n=3), nausea (n=3) and confusion (n=2)[2]

[1]The data presented are all treatment-related adverse events as of the interim data cutoff on July 2, 2020.
[2]All other TEAEs leading to discontinuation were reported by 1 participant each.

Key Takeaways

Clinically Meaningful and Statistically Significant Results for Primary and Key Secondary Endpoints

Open-label Treatment Titration and Optimization Period

- Patients entering the study had baseline excessive daytime sleepiness (EDS) typical of IH showing pathological sleepiness

- Met primary endpoint of change in the Epworth Sleepiness Scale (ESS); p-value <0.0001 with Xywav vs. placebo
- Met key secondary endpoints; p-value <0.0001 with Xywav for both:
  - Patient Global Impression of change (PGIc)
  - Idiopathic Hypersomnia Severity Scale (IHSS)
- Consistent with the known safety profile of Xywav with no new safety signals observed in this patient population

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XYWAV FOR IDIOPATHIC HYPERSOMNIA: CLINICAL DEVELOPMENT, LABEL AND SAFETY

ROBERT IANNONE, M.D., M.S.C.E.
EXECUTIVE VICE PRESIDENT, RESEARCH & DEVELOPMENT AND CHIEF MEDICAL OFFICER

Jazz Pharmaceuticals®

Reaching More Patients and Maximizing Value

Clear patient need in idiopathic hypersomnia

Concept to commercial capabilities

Robust clinical data and meaningful improvements for patients

Productive R&D organization led to rapid indication expansion

xywav®
(calcium, magnesium, potassium, and sodium oxybates) oral solution

Casey, Xywav IH trial participant

Symptom Video

Jazz Pharmaceuticals

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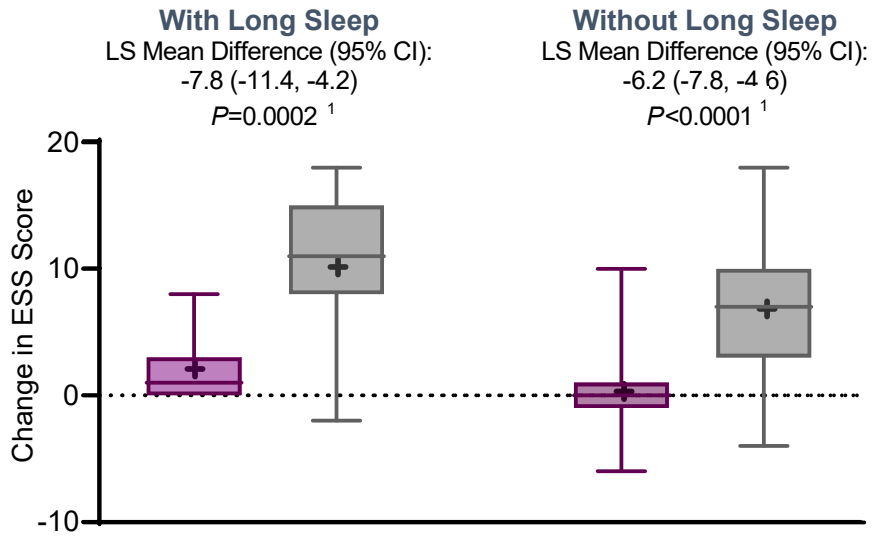
Xywav Efficacy Observed in IH Patients With Long Sleep Time and Without Long Sleep Time

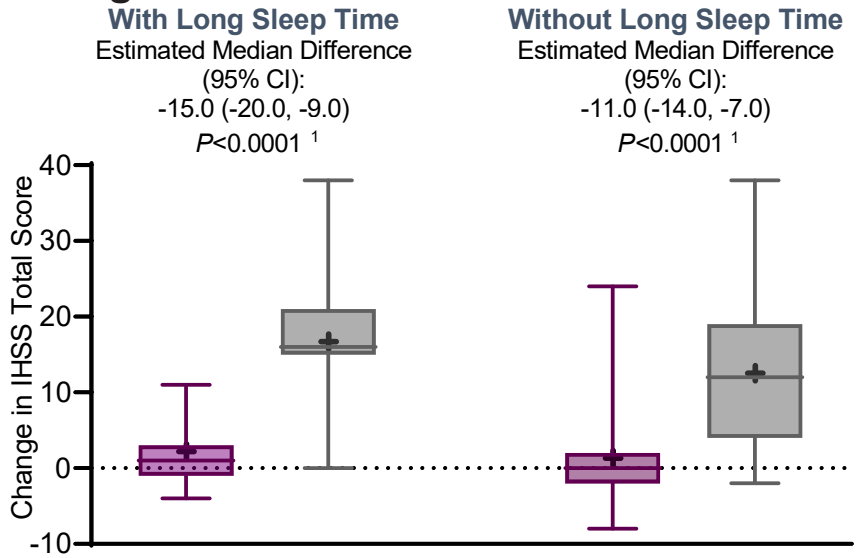
Change in ESS Scores



Mean (SD):	Xywav (n=13)	Placebo (n=11)	Xywav (n=43)	Placebo (n=48)
End of SDP	5.2 (4.2)	5.3 (3.0)	6.6 (4.4)	6.0 (3.8)
End of DBRWP	7.3 (5.0)	15.4 (3.9)	6.9 (5.1)	12.8 (4.0)

This subgroup analysis was outside of the statistical hierarchy; therefore, reported *P* values are nominal.

Change in IHSS Total Scores



Median (Q1, Q3):	Xywav (n=13)	Placebo (n=11)	Xywav (n=43)	Placebo (n=48)
End of SDP	15.0 (6.0, 24.0)	16.0 (14.0, 27.0)	14.0 (8.0, 22.0)	13.5 (9.5, 19.5)
End of DBRWP	20.0 (12.0, 22.0)	33.0 (30.0, 43.0)	15.0 (11.0, 23.0)	27.5 (20.5, 32.0)

This subgroup analysis was outside of the statistical hierarchy; therefore, reported *P* values are nominal.

The bottom and top edges of the box indicate the first and third quartiles, the line inside the box is the median, and the marker inside the box is the mean. The whiskers extending from the box indicate the minimum and maximum values.

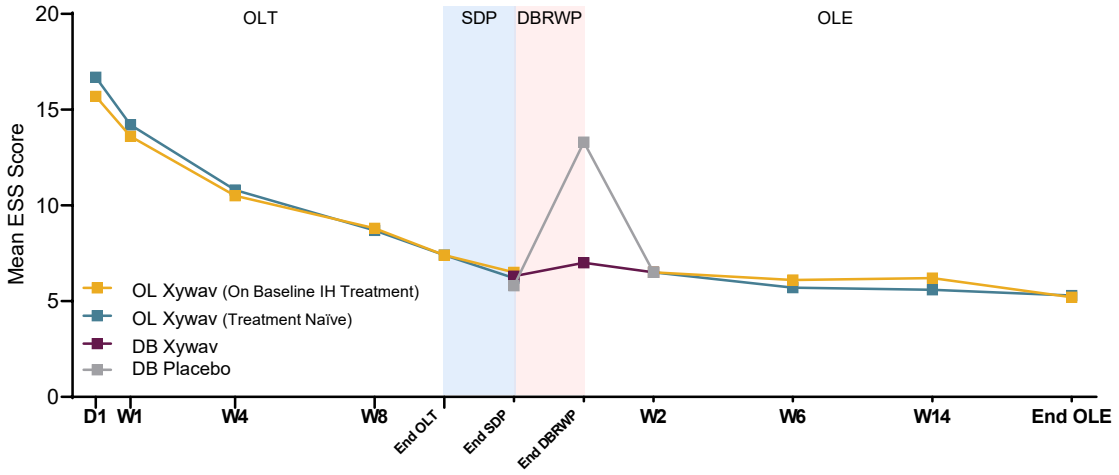
[1]Modified intent-to-treat population, this subgroup analysis was outside of the statistical hierarchy; therefore, reported *P* values are nominal.

Bogan RK, et al. Presented at: Associated Professional Sleep Societies (APSS) 2021; 10-13 June 2021; virtual. Abstract LBA070.

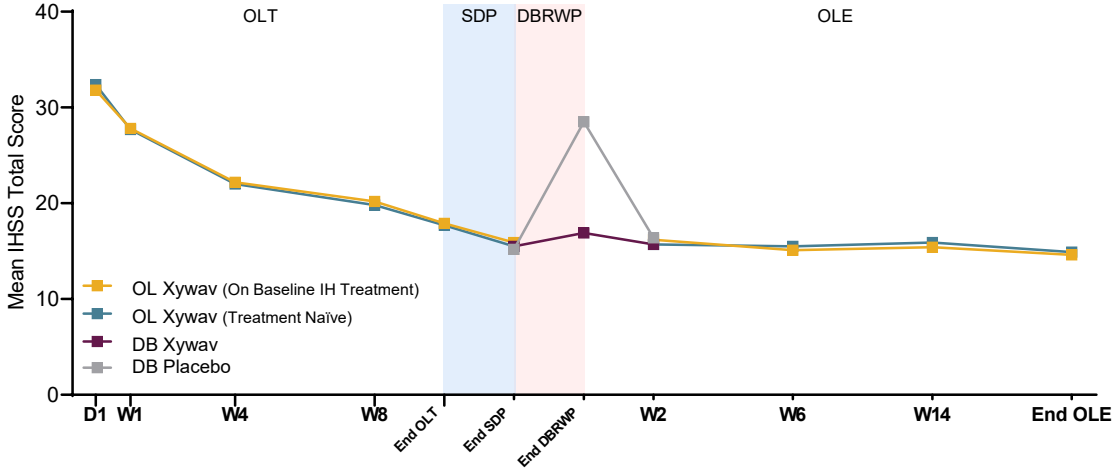
CI = confidence interval, DBRWP = double-blind randomized withdrawal period, ESS = Epworth Sleepiness Scale, IH = idiopathic hypersomnia, IHSS = Idiopathic Hypersomnia Severity Scale, LS = least squares, LXB = lower-sodium oxybate, SD = standard deviation, SDP = stable-dose period.

Effects Over Time by Baseline Treatment Status

Epworth Sleepiness Scale[1]



Idiopathic Hypersomnia Severity Scale[1]



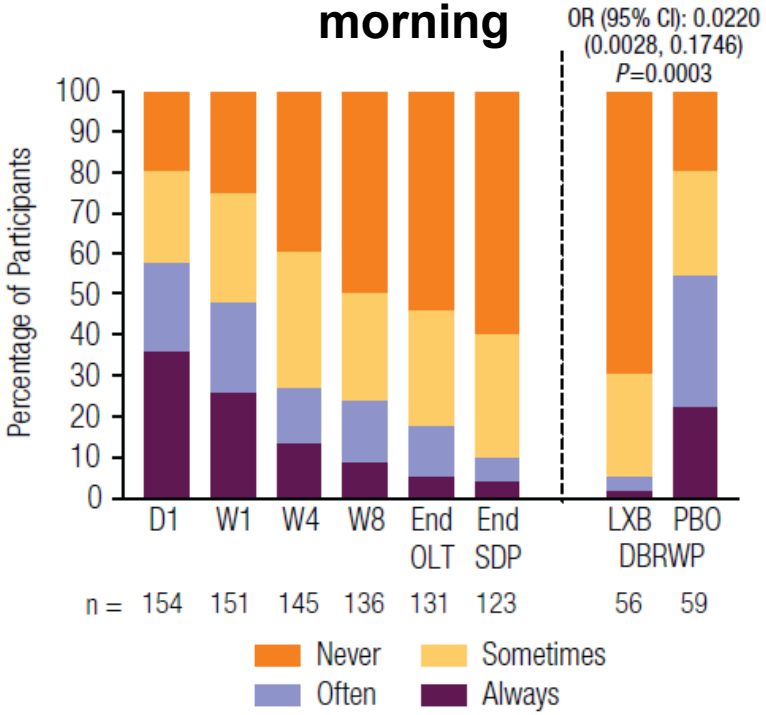
[1]Data on file, this subgroup analysis was outside of the statistical hierarchy, n numbers vary across timepoints
D = day, DB = double-blind, DBRWP = double-blind randomized withdrawal period, ESS = Epworth Sleepiness Scale, IH = idiopathic hypersomnia, IHSS = Idiopathic Hypersomnia Severity Scale; mITT = modified intent to treat, OL = open label, OLE = open-label extension period, OLT = open-label titration and optimization period, SDP = stable-dose period, W = week.

Statistically Significant IHSS Improvement

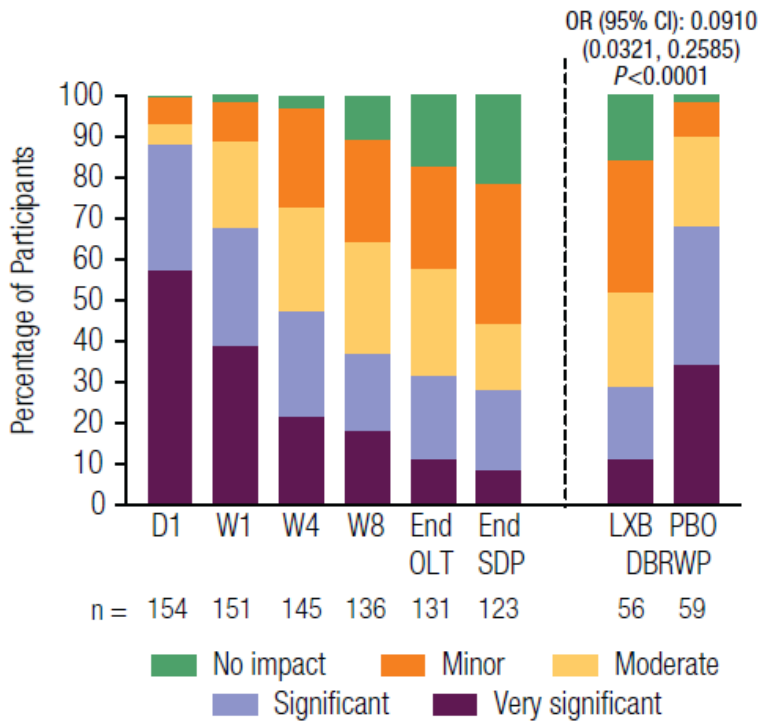
Consistent Across All 14 IHSS Domains

Responses on individual IHSS items reflected a reduction in symptom frequency, intensity, and consequences with Xywav treatment in participants with idiopathic hypersomnia[1]

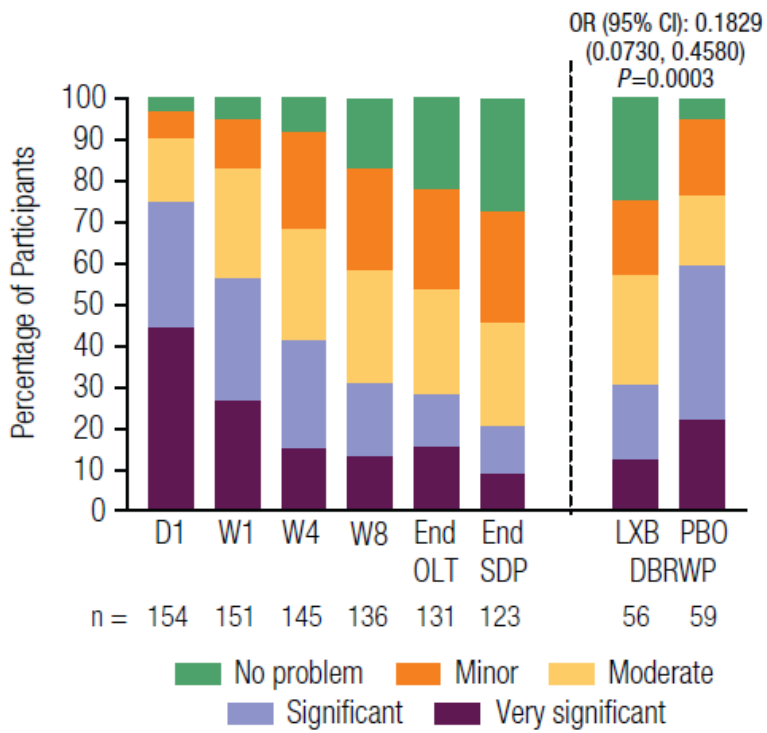
Extremely difficult or even impossible to wake in the morning



Impact on general health



Impact on intellectual functioning



[1]Foldvary N., Arnulf, I., Sonka, K., Chandler, P., Chen, A., Chen, D., Dauvilliers, Y. Efficacy of Lower-sodium oxybate on idiopathic hypersomnia, measured by the idiopathic hypersomnia severity scale. SLEEP 2021, Associated Professional Sleep Societies (APSS). Virtual Meeting, June 10-13, 2021.

CI, confidence interval; D, day; DBRWP, double-blind randomized withdrawal period; IHSS, Idiopathic Hypersomnia Severity Scale; LXB, lower-sodium oxybate; mITT, modified intent-to-treat; OLT, open-label titration and optimization period; OR, odds ratio; PBO, placebo; SDP, stable-dose period; W, week.

Scores during OLT and SDP are for the total mITT population; scores during SDP and DBRWP reflect the randomized treatment population. P values are nominal.

Xywav Label

Idiopathic Hypersomnia Indication and Usage

- XYWAV is indicated for the treatment of Idiopathic Hypersomnia (IH) in adults

Idiopathic Hypersomnia Safety

- XYWAV has a BOXED WARNING for CNS depression and potential for abuse and misuse, and a REMS
- XYWAV is contraindicated for use in:
  - combination with sedative hypnotics or with alcohol
  - patients with succinic semialdehyde dehydrogenase deficiency
- Most common adverse reactions in adults with narcolepsy or IH (≥5%) were nausea, headache, dizziness, anxiety, insomnia, decreased appetite, hyperhidrosis, vomiting, diarrhea, dry mouth, parasomnia, somnolence, fatigue, and tremor

First-And-Only FDA-Approved Treatment for IH in Adults

"Idiopathic hypersomnia is a life-long condition, and the approval of **Xywav will be instrumental in providing treatment** for symptoms such as excessive sleepiness and difficulty waking, **and in effectively managing this debilitating disorder."**

Eric Bastings, M.D.
Deputy Director of the Office of Neuroscience
FDA Center for Drug Evaluation and Research

xywav™

- IH is a neurologic sleep disorder characterized by excessive daytime sleepiness, severe sleep inertia, cognitive impairment and prolonged, non-restorative night-time sleep
- Sleep disorders can negatively impact every facet of someone's life
- Baseline trial data showed similar disease burden irrespective of sleep duration
- Improvements across all 14 IHSS measures
- Xywav is approved for the treatment of IH in adults

XYWAV FOR IDIOPATHIC HYPERSOMNIA: COMMERCIAL LAUNCH

KIM SABLICH
EXECUTIVE VICE PRESIDENT AND GENERAL MANAGER, NORTH AMERICA

Jazz Pharmaceuticals®

Launch Strategy

Driving Adoption Among Existing Oxybate Prescribers and IH Patients Actively Seeking Healthcare

EDUCATE KEY STAKEHOLDERS
(HCPs, Patients, Payers)

FOCUS ON EXISTING OXYBATE PRESCRIBERS

DRIVE EARLY ADOPTION

IH PATIENTS WHO ARE CURRENTLY DIAGNOSED AND ACTIVELY SEEKING HEALTHCARE

OPTIMIZE ACCESS AND PATIENT EXPERIENCE

CLEAR PATH TO ACCESS AND FIRST-CLASS PATIENT EXPERIENCE

IH = idiopathic hypersomnia

Driving Early Adoption With Current Oxybate Prescribers

Long-Standing HCP Relationships Built on a Commitment to Sleep Science and Patients

- First-and-only FDA-approved treatment for IH in adults
- Significant efficacy and established safety profile in IH

1,300 HCPs

Account for 65% currently diagnosed IH

Overlap with existing sleep call universe

IH = idiopathic hypersomnia

Launch Focus

Diagnosed Patients Actively Seeking Healthcare

Compelling campaigns: **Empowering IH Patients**

37,000 PATIENTS

Diagnosed and actively seeking healthcare in the U.S.

FIRST FDA APPROVED IH TREATMENT

Existing off-label treatments do not meet the needs of IH patients

Industry Leading Patient Experience and Support

Access and Experience

Access

- Xywav in narcolepsy >80% of commercial lives covered; addition of IH to existing policies underway
- Patients can attain Xywav through medical exception as payers continue to update policies
- Patient access and assistance programs in place

Experience

- Nurse Case Management tailored to IH; supporting patients through their first year on Xywav[1]
- myWAV patient experience app
- New patient welcome pack with all first time fills[1]

[1]Service provided through central pharmacy
IH = idiopathic hypersomnia

CLOSING REMARKS

BRUCE COZADD
CHAIRMAN AND CHIEF EXECUTIVE OFFICER

Jazz Pharmaceuticals®

Significant Momentum

Neuroscience Franchise: Poised for Continued Growth and Diversification

Strong Commercial Execution

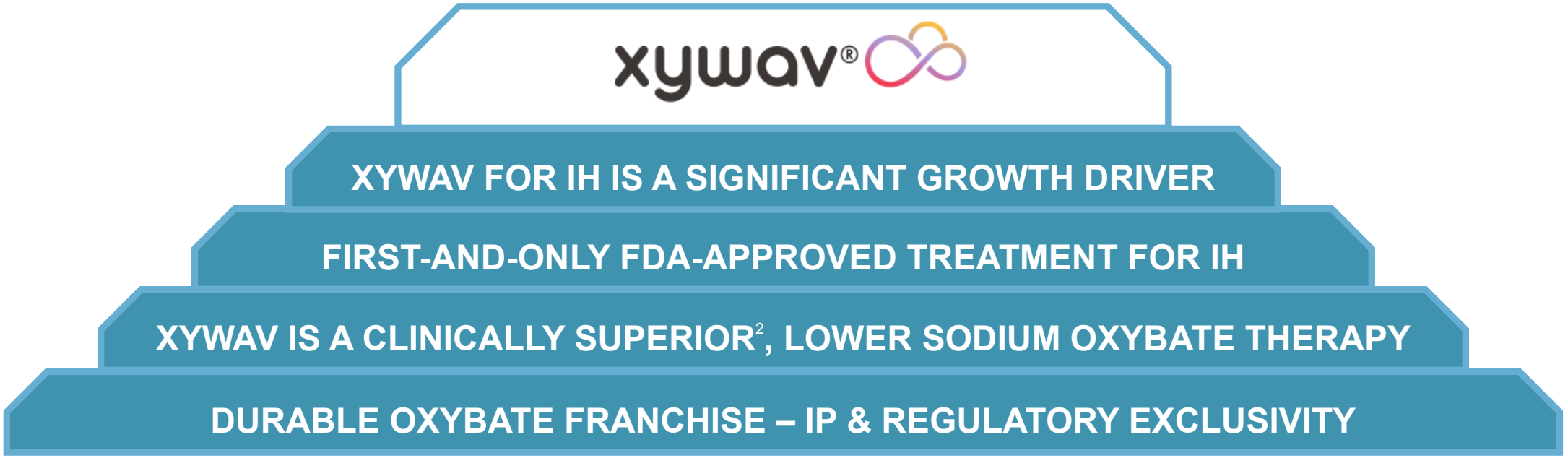
#1
Sleep disorder medicine by sales since 2014 (Xyrem)

>50%
of oxybate patients on Xywav by 2023

$2.26–2.36B[1]
2021 Neuroscience net sales guidance[1]

4 On-market products

xywav® · sunosi · Epidiolex® (cannabidiol) · XYREM



[1]Guidance provided by Jazz Pharmaceuticals plc on and as of August 3, 2021; [2]https://www.fda.gov/industry/designating-orphan-product-drugs-and-biological-products/clinical-superiority-findings
IH = idiopathic hypersomnia

Executing on Our Goals is Driving Value and Growth

Aligned to Patient-Centric Strategy and Key Objectives

2021 5 key launches through 2020 and 2021

2022 >65% of net product sales from products launched or acquired since 2019

2023 Majority of all oxybate patients on Xywav

SUCCESSFUL EXECUTION

- **5 key launches** through 2020 and 2021
  - Rylaze launched in July 2021
  - Xywav for IH launch planned early November 2021
- **Rapid U.S. adoption** and broad access for **Xywav**
- **Expand our pipeline** and **diversify revenues** through acquisitions, collaborations and internal initiatives
- **GW cannabinoid platform** expands R&D opportunities

IN-PROGRESS AND ON-TRACK

- Driving **Zepzelca** as the **treatment of choice** for 2L SCLC patients
- Deliver on **blockbuster potential** of **Epidiolex**
- Trial initiations
  - Phase 2b trial of JZP385 in ET late 2021
  - Phase 2 trial for JZP150 in PTSD late 2021
  - Registrational trial of Epidiolex in EMAS in 1H22
  - Phase 3 trial of Zepzelca in combo with I/O in 1L SCLC in 2021
- Build a **high value portfolio of assets** through disciplined portfolio management and capital allocation