Jazz Pharmaceuticals Delivers Extensive Late-Breaking Data at SLEEP 2026, Demonstrating Real-World Impact of Xywav® (calcium, magnesium, potassium, and sodium oxybates) on Patient Outcomes Across Narcolepsy and Idiopathic Hypersomnia

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New late-breaking data presentations underscore Jazz's significant progress in advancing holistic understanding of narcolepsy and idiopathic hypersomnia, including novel real-world evidence of meaningful changes in cardiometabolic risk markers following Xywav initiation

For U.S. media and investors only

DUBLIN, June 16, 2026 /PRNewswire/ -- Jazz Pharmaceuticals plc (Nasdaq: JAZZ) today announced 11 late-breaking presentations at SLEEP 2026, including notable new research showcasing the comprehensive treatment outcomes of Xywav® (calcium, magnesium, potassium, and sodium oxybates) oral solution in patients with narcolepsy and idiopathic hypersomnia (IH). These late-breaking presentations advance scientific understanding of individualized dosing regimens and the broader cardiometabolic impacts of reduced sodium exposure in patients living with these debilitating conditions.

"Treating rare sleep conditions like narcolepsy and idiopathic hypersomnia requires a holistic approach that extends beyond immediate symptoms. Because these patients face greater cardiovascular risk, managing sodium intake is a critical component of their care," said Logan Schneider, M.D., adjunct clinical associate professor of sleep medicine, Stanford Sleep Center and Consultant Neurologist, Stanford/VA Alzheimer's Center. "These new data from Jazz continue to build on our understanding of the relationship between sleep architecture and patient-reported sleep and improvements in patient-reported daytime symptoms, as well as how sodium reduction directly impacts patient well-being and considerations when personalizing therapy."

"The breadth and rigor of the evidence we are presenting at SLEEP 2026 reflects years of dedicated scientific inquiry into narcolepsy and idiopathic hypersomnia," said Jessa Alexander, Ph.D., neuroscience therapeutic area head, global medical and scientific affairs of Jazz Pharmaceuticals. "Jazz is advancing the scientific understanding of these rare sleep conditions with novel data which demonstrates the potential of *Xywav's* individualized dosing optimization and the impact of its low-sodium formulation within the context of elevated cardiovascular and cardiometabolic risk. Our research is illuminating the transformative potential of *Xywav* to deliver outcomes which shape treatment paradigms and have the potential to improve the quality of life for patients living with these conditions."

Key findings from these late-breaking presentations provide insights into the complex landscape of sleep disorders, across key areas such as:

***Xywav* Individualized Dosing Supports Personalized Treatment Regimens (P-41, Posters #528 and #529)**
New analyses demonstrate that the individualized dosing regimens *Xywav* allows can be uniquely tailored for patients with narcolepsy or IH. A post-hoc analysis from the Phase 4, prospective, single-arm, open-label DUET (Develop hypersomnia Understanding by Evaluating low-sodium oxybate Treatment) study shows how incremental dose adjustments can yield a variety of once- or twice-nightly regimens based on efficacy and tolerability of the individual patient. Within the study cohorts, the mean (range) time to reach a stable dose was 42.1 (14-62) days for idiopathic hypersomnia and 41.8 (12-67) days for narcolepsy. Reinforcing the real-world applicability of this approach, data from the *Xywav* REMS program, which analyzed over 13,000 patients, demonstrated the feasibility of individualized, patient-centered care enabled by *Xywav's* oral solution formulation when clinically warranted.

Xywav is the only low-sodium oxybate approved by the U.S. Food and Drug Administration for the treatment of cataplexy or excessive daytime sleepiness (EDS) in patients 7 years of age and older with narcolepsy and for the treatment of IH in adults. The *Xywav* label recommends a nightly dosage of 6-9 grams per night.

The Impact of a Low-Sodium Formulation Option on Long-Term Cardiometabolic Health (P-41, Posters #526 and #527)
New data showcases that *Xywav's* low-sodium formulation extended health benefits beyond the core symptoms of narcolepsy and IH, offering meaningful health gains for patients managing the long-term consequences of these conditions. Secondary results from the open-label, single-arm Phase 4 XYLO study indicate that patients with narcolepsy who switched from high-sodium oxybate to *Xywav* reported qualitative improvements in symptoms associated with sodium/fluid imbalance, such as edema, diaphoresis, and nocturia, highlighting the clinical benefits of lowering sodium exposure. Moreover, a novel retrospective analysis using electronic health records showed decreases in lipid biomarkers associated with cardiovascular/cardiometabolic (CV/CM) risk, including non-high-density lipoprotein (HDL) cholesterol and triglycerides after *Xywav* initiation, suggesting risk mitigation for CV/CM outcomes in this patient population. Notably, among the subset of patients with baseline high-sodium oxybate use, initiation of *Xywav* was associated with additional CM benefits, including a decrease in office-based systolic blood pressure and an increase in HDL cholesterol.

The full abstracts will be available online at: sleepmeeting.org/abstract-supplements

About Narcolepsy
Narcolepsy is a chronic, debilitating neurologic sleep disorder characterized by the inability to maintain continuous sleep at night and sustained wakefulness throughout the day. This leads to symptoms that can include fragmented or disrupted nighttime sleep, excessive daytime sleepiness, and cataplexy.[1] Patients with narcolepsy experience severe excessive daytime sleepiness that can manifest as sleep attacks and, despite fighting the urge to sleep, may unintentionally fall asleep for short periods.[2,3] These sleep attacks may happen at inappropriate or potentially dangerous times such as during driving, cycling, eating, or mid-conversation.[4]

There is no cure for narcolepsy; the symptoms are lifelong and have a substantial negative impact on a person's ability to function psychologically,

socially and professionally.[5] Patients with narcolepsy are at increased risk for hypertension, cardiometabolic morbidity, stroke, myocardial infarction, heart failure, cardiac arrest, and death.[6,7,8,9] As narcolepsy is a chronic condition that requires lifelong treatment, early access to an effective treatment can help reduce the impact of narcolepsy symptoms on a person's physical and mental health, and long-term impacts of the treatment on cardiovascular health should be considered.[5]

About Idiopathic Hypersomnia

Idiopathic hypersomnia (IH) is a debilitating, neurologic sleep disorder that goes beyond chronic excessive daytime sleepiness.[10,11,12,13] Idiopathic hypersomnia is a 24-hour sleep disorder, and symptoms may include non-restorative sleep with or without long sleep time (main, nighttime, sleep episode of more than 9 hours, or a sleep duration of 11 hours or longer over a 24-hour period); severe sleep inertia (prolonged difficulty waking, with frequent reentries into sleep, confusion, and irritability); long and unrefreshing naps; cognitive impairment and brain fog, or the inability to focus for long periods of time.[10,11,12,13,14] Although there are some overlapping clinical features with narcolepsy, idiopathic hypersomnia is a condition with its own specific diagnostic criteria.[13,15]

Idiopathic hypersomnia is an often debilitating illness that can significantly affect social, educational, and occupational functioning.[16,17] In the U.S., approximately 28,000 adult patients are diagnosed with idiopathic hypersomnia annually and are actively seeking healthcare, with the diagnosed prevalence continuing to rise year over year.[18] This low number of people may be due to the many difficulties in identifying and diagnosing idiopathic hypersomnia, as well as distinguishing it from other similar sleep disorders. It is estimated that far fewer patients are currently receiving pharmacological treatment for their idiopathic hypersomnia.[19,20,21]

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

Xywav is the only low-sodium oxybate approved by the U.S. Food and Drug Administration (FDA) for the treatment of cataplexy or excessive daytime sleepiness (EDS) in patients 7 years of age and older with narcolepsy. The FDA recognized seven years of Orphan Drug Exclusivity for *Xywav* for the treatment of cataplexy or EDS in patients 7 years of age and older with narcolepsy. The Office of Orphan Product Development (OOPD) at the FDA also published its summary of clinical superiority findings for *Xywav* for the treatment of cataplexy or EDS in patients 7 years of age and older with narcolepsy by means of greater cardiovascular safety compared to Xyrem® (sodium oxybate) oral solution. The decision of the OOPD is based on the FDA findings that *Xywav* provides a greatly reduced chronic sodium burden compared to *Xyrem*. *Xywav* has 131 mg of sodium at the maximum recommended nightly dose whereas other high sodium oxybates have 1640 mg at the equivalent dose. *Xywav* is comprised of a unique composition of cations resulting in 92% less sodium, or a reduction of approximately 1,000 to 1,500 mg/night at the recommended dose range of 6 g to 9 g/night. *Xywav* is the only oxybate therapy that does not carry a warning in the label related to use in patients sensitive to high sodium intake.

Xywav is also the first and only U.S. FDA-approved treatment option for idiopathic hypersomnia in adults. The FDA recognized seven years of Orphan Drug Exclusivity for *Xywav* for the treatment of idiopathic hypersomnia in adults. *Xywav* is the only FDA-approved treatment studied across the multiple symptoms of idiopathic hypersomnia, such as EDS, sleep inertia (severe grogginess or confusion when waking up), long sleep duration and cognitive impairment. *Xywav* can be administered as a twice- or once-nightly regimen for the treatment of idiopathic hypersomnia in adults.

The exact mechanism of action of *Xywav* in the treatment of adults with idiopathic hypersomnia and of cataplexy and EDS in narcolepsy is unknown. It is hypothesized that the therapeutic effects of *Xywav* are mediated through $GABA_B$ actions during sleep at noradrenergic and dopaminergic neurons, as well as thalamocortical neurons.[22] The U.S. Drug Enforcement Agency (DEA) has designated *Xywav* as a Schedule III medicine. The DEA defines Schedule III drugs, substances, or chemicals as drugs with a moderate to low potential for physical and psychological dependence.[22,23] Because of the risks of central nervous system (CNS) depression and abuse and misuse, *Xywav* is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the XYWAV and XYREM REMS.

Important Safety Information for Xywav

WARNING: CENTRAL NERVOUS SYSTEM DEPRESSION and ABUSE AND MISUSE.

- **Central Nervous System Depression**
  XYWAV is a CNS depressant. Clinically significant respiratory depression and obtundation may occur in patients treated with XYWAV at recommended doses. Many patients who received XYWAV during clinical trials in narcolepsy and idiopathic hypersomnia were receiving CNS stimulants.

- **Abuse and Misuse**
  The active moiety of XYWAV is oxybate or gamma-hydroxybutyrate (GHB). Abuse or misuse of illicit GHB, either alone or in combination with other CNS depressants, is associated with CNS adverse reactions, including seizure, respiratory depression, decreases in the level of consciousness, coma, and death.

Because of the risks of CNS depression and abuse and misuse, XYWAV is available only through a restricted program under a REMS called the XYWAV and XYREM REMS.

Contraindications

XYWAV is contraindicated

- in combination with sedative hypnotics or alcohol and
- in patients with succinic semialdehyde dehydrogenase deficiency.

Warnings and Precautions

Central Nervous System Depression

The concurrent use of XYWAV with other CNS depressants, including but not limited to opioid analgesics, benzodiazepines, sedating antidepressants or antipsychotics, sedating anti-epileptic drugs, general anesthetics, muscle relaxants, and/or illicit CNS depressants, may increase the risk of respiratory depression, hypotension, profound sedation, syncope, and death. If use of these CNS depressants in combination with XYWAV is required, dose reduction or discontinuation of one or more CNS depressants (including XYWAV) should be considered. In addition, if short-term use of an opioid

(e.g., post- or perioperative) is required, interruption of treatment with XYWAV should be considered.

After first initiating treatment and until certain that XYWAV does not affect them adversely (e.g., impair judgment, thinking, or motor skills), caution patients against hazardous activities requiring complete mental alertness or motor coordination such as operating hazardous machinery, including automobiles or airplanes. Also caution patients against these hazardous activities for at least 6 hours after taking XYWAV. Patients should be queried about CNS depression-related events upon initiation of XYWAV therapy and periodically thereafter.

Abuse and Misuse
XYWAV is a Schedule III controlled substance. The active moiety of XYWAV is oxybate, also known as GHB, a Schedule I controlled substance. Abuse of illicit GHB, either alone or in combination with other CNS depressants, is associated with CNS adverse reactions, including seizure, respiratory depression, decreases in the level of consciousness, coma, and death. The rapid onset of sedation, coupled with the amnestic features of GHB particularly when combined with alcohol, has proven to be dangerous for the voluntary and involuntary user (e.g., assault victim). Physicians should carefully evaluate patients for a history of drug abuse and follow such patients closely.

XYWAV and XYREM REMS
Because of the risks of central nervous system depression and abuse and misuse, XYWAV is available only through a restricted distribution program called the XYWAV and XYREM REMS.

Notable requirements of the XYWAV and XYREM REMS include the following:

- Healthcare Providers who prescribe XYWAV are specially certified
- XYWAV will be dispensed only by the central pharmacy that is specially certified
- XYWAV will be dispensed and shipped only to patients who are enrolled in the XYWAV and XYREM REMS with documentation of safe use

Further information is available at www.XYWAVXYREMREMS.com or 1-866-997-3688.

Respiratory Depression and Sleep-Disordered Breathing
XYWAV may impair respiratory drive, especially in patients with compromised respiratory function. In overdoses of oxybate and with illicit use of GHB, life-threatening respiratory depression has been reported. Increased apnea and reduced oxygenation may occur with XYWAV administration in adult and pediatric patients. A significant increase in the number of central apneas and clinically significant oxygen desaturation may occur in patients with obstructive sleep apnea treated with XYWAV. Prescribers should be aware that sleep-related breathing disorders tend to be more prevalent in obese patients, in men, in postmenopausal women not on hormone replacement therapy, and among patients with narcolepsy.

Depression and Suicidality
In Study 1, the randomized-withdrawal clinical trial in adult patients with narcolepsy (n=201), depression and depressed mood were reported in 3% and 4%, respectively, of patients treated with XYWAV. Two patients (1%) discontinued XYWAV because of depression. In most cases, no change in XYWAV treatment was required.

In Study 2, the randomized-withdrawal clinical trial in adult patients with idiopathic hypersomnia (n=154), depression and depressed mood were reported in 1% and 3%, respectively, of patients treated with XYWAV. All patients continued XYWAV treatment.

Two suicides and two attempted suicides occurred in adult clinical trials with oxybate (same active moiety as XYWAV). One patient experienced suicidal ideation and two patients reported depression in a pediatric clinical trial with oxybate. These events occurred in patients with and without previous histories of depressive disorders. The emergence of depression in patients treated with XYWAV requires careful and immediate evaluation. Monitor patients for the emergence of increased depressive symptoms and/or suicidality while taking XYWAV.

Other Behavioral or Psychiatric Adverse Reactions
In Study 1, confusion and anxiety occurred in 1% and 5% of patients with narcolepsy treated with XYWAV, respectively. One patient experienced visual hallucinations and confusion after ingesting approximately 9 grams of XYWAV.

In Study 2, confusion and anxiety occurred in 3% and 16% of patients with idiopathic hypersomnia, respectively. One patient experienced visual hallucinations, which led to discontinuation of XYWAV.

Other neuropsychiatric reactions reported with oxybate (same active moiety as XYWAV) in adult or pediatric clinical trials and in the postmarketing setting include hallucinations, paranoia, psychosis, aggression, agitation, confusion and anxiety. The emergence or increase in the occurrence of behavioral or psychiatric events in patients taking XYWAV should be carefully monitored.

Parasomnias
Parasomnias can occur in patients taking XYWAV.

In Study 1 and Study 2, parasomnias, including sleepwalking, were reported in 6% and 5% of adult patients treated with XYWAV, respectively.

In a clinical trial of XYREM (same active moiety as XYWAV) in adult patients with narcolepsy, five instances of sleepwalking with potential injury or significant injury were reported. Parasomnias, including sleepwalking, have been reported in a pediatric clinical trial with sodium oxybate (same active moiety as XYWAV) and in postmarketing experience with sodium oxybate.

Episodes of sleepwalking should be fully evaluated and appropriate interventions considered.

Most Common Adverse Reactions
The most common adverse reactions (occurring in ≥5% of XYWAV-treated patients in adult clinical trials in either narcolepsy or IH) were nausea, headache, dizziness, anxiety, insomnia, decreased appetite, hyperhidrosis, vomiting, diarrhea, dry mouth, parasomnia, somnolence, fatigue, and tremor.

In the pediatric clinical trial with XYREM (same active moiety as XYWAV) that included pediatric patients 7 to 17 years of age with narcolepsy, the most

common adverse reactions (≥5%) were nausea (20%), enuresis (19%), vomiting (18%), headache (17%), weight decreased (13%), decreased appetite (9%), dizziness (8%), and sleepwalking (6%). The overall adverse reaction profile of XYREM in the pediatric clinical trial was similar to that seen in the adult clinical trial program. The safety profile in pediatric patients with XYWAV is expected to be similar to that of adult patients treated with XYWAV and to that of pediatric patients treated with XYREM.

Additional Adverse Reactions

Adverse reactions that occurred in 2-<5% of adult patients treated with XYWAV in the Open Label Titration and Stable Dose Periods of the randomized-withdrawal study in adult patients with narcolepsy with cataplexy (Study 1) were fatigue, dry mouth, depressed mood, enuresis, irritability, paresthesia, depression, tremor, somnolence, and muscle spasms. Adverse reactions occurring in 2-<5% of patients treated with XYWAV in the IH study include balance disorder, muscle spasms, fall, paresthesia, snoring, weight decreased, bruxism, confusional state, depressed mood, feeling drunk, and irritability.

Adverse reactions that occurred in ≥2% of patients in clinical studies with oxybate (but not in Study 1) and which may be relevant for XYWAV, were pain, feeling drunk, pain in extremity, cataplexy, disturbance in attention, sleep paralysis, and disorientation.

Discontinuation: In Study 1, 9 of 201 patients (4%) reported adverse reactions that led to withdrawal from the study (anxiety, decreased appetite, depressed mood, depression, fatigue, headache, irritability, nausea, pain in extremity, parasomnia, somnolence, and vomiting). The most common adverse reaction leading to discontinuation was nausea (1.5%). In Study 2, 17 of 154 (11%) patients across all study periods (excluding placebo during the DB RWP) (up to 42 weeks) reported adverse reactions that led to withdrawal from the study (anxiety, nausea, insomnia, vomiting, fatigue, feeling abnormal, fall, decreased appetite, dizziness, paresthesia, tremor, parasomnia, confusional state, hallucination visual, and irritability). The most common adverse reaction leading to discontinuation was anxiety (3.2%). In Study 1 and Study 2, the majority of adverse reactions leading to discontinuation began during the first few weeks of treatment.

In the pediatric clinical trial with XYREM (same active moiety as XYWAV), 7 of 104 patients reported adverse reactions that led to withdrawal from the study (hallucination, tactile; suicidal ideation; weight decreased; sleep apnea syndrome; affect lability; anger, anxiety, depression; and headache).

Drug Interactions

XYWAV is contraindicated in combination with alcohol or sedative hypnotics. Use of other CNS depressants may potentiate the CNS-depressant effects of XYWAV.

Concomitant use of sodium oxybate with divalproex sodium results in an increase in systemic exposure to GHB, which was shown to cause a greater impairment on some tests of attention and working memory in a clinical study. A similar increase in exposure is expected with concomitant use of XYWAV and divalproex sodium; therefore, an initial dose reduction of XYWAV is recommended when used concomitantly with divalproex sodium. Prescribers are advised to monitor patient response closely and adjust dose accordingly if concomitant use of XYWAV and divalproex sodium is warranted.

Pregnancy and Lactation

There are no adequate data on the developmental risk associated with the use of XYWAV or sodium oxybate in pregnant women. XYWAV should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. GHB is excreted in human milk after oral administration of sodium oxybate. There is insufficient information on the risk to a breastfed infant, and there is insufficient information on milk production in nursing mothers. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for XYWAV and any potential adverse effects on the breastfed infant from XYWAV or from the underlying maternal condition.

Pediatric Use

The safety and effectiveness of XYWAV for the treatment of cataplexy or excessive daytime sleepiness in pediatric patients 7 years of age and older with narcolepsy have been established. XYWAV has not been studied in a pediatric clinical trial for narcolepsy or IH. Use of XYWAV in pediatric patients 7 years of age and older with narcolepsy is supported by evidence from an adequate and well-controlled study of sodium oxybate in pediatric patients 7 to 17 years of age, a study in adults showing a treatment effect of XYWAV similar to that observed with sodium oxybate, pharmacokinetic data of sodium oxybate from adult and pediatric patients, and pharmacokinetic data of XYWAV from healthy adult volunteers.

Safety and effectiveness of XYWAV in pediatric patients below the age of 7 years with narcolepsy have not been established.

Safety and effectiveness of XYWAV for the treatment of idiopathic hypersomnia in pediatric patients have not been established.

Geriatric Use

In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

Hepatic Impairment

The starting dose of XYWAV should be reduced in patients with liver impairment.

Dosage Modification in Patients with Hepatic Impairment: The recommended starting dosage in patients with hepatic impairment is one-half of the original dosage per night, administered orally, divided into two doses.

Dependence and Tolerance

There have been case reports of withdrawal, ranging from mild to severe, following discontinuation of illicit use of GHB at frequent repeated doses (18 g to 250 g per day) in excess of the recommended dosage range. Signs and symptoms of GHB withdrawal following abrupt discontinuation included insomnia, restlessness, anxiety, psychosis, lethargy, nausea, tremor, sweating, muscle cramps, tachycardia, headache, dizziness, rebound fatigue and sleepiness, confusion, and, particularly in the case of severe withdrawal, visual hallucinations, agitation, and delirium. These symptoms generally abated in 3 to 14 days. In cases of severe withdrawal, hospitalization may be required.

In the clinical trial experience with XYREM in narcolepsy/cataplexy patients at recommended doses, two patients reported anxiety and one reported insomnia following abrupt discontinuation at the termination of the clinical trial; in the two patients with anxiety, the frequency of cataplexy had increased markedly at the same time. In the XYWAV clinical trial in adult narcolepsy/cataplexy patients at recommended doses, one patient reported insomnia following abrupt discontinuation of XYWAV. In the XYWAV clinical trial in adult idiopathic hypersomnia patients at recommended doses, six

patients reported insomnia, two patients reported early insomnia, and one patient reported visual and auditory hallucinations following abrupt discontinuation of XYWAV.

Tolerance to XYWAV has not been systematically studied in controlled clinical trials. There have been some case reports of symptoms of tolerance developing after illicit use at dosages far in excess of the recommended XYWAV dosage regimen.

Please see full Prescribing Information, including BOXED Warning here: https://pp.jazzpharma.com/pi/xywav.en.USPI.pdf

About Jazz Pharmaceuticals
Jazz Pharmaceuticals plc (NASDAQ: JAZZ) is a global biopharma company whose purpose is to innovate to transform the lives of patients and their families. We are dedicated to developing life-changing medicines for people with rare disease — often with limited or no therapeutic options. We have a diverse portfolio of medicines, including leading therapies addressing epilepsies, cancers and sleep disorders. Our patient-focused and science-driven approach powers pioneering research and development advancements across our robust pipeline of innovative therapeutics. Jazz is headquartered in Dublin, Ireland with research and development laboratories, manufacturing facilities and employees in multiple countries committed to serving patients worldwide. Please visit www.jazzpharmaceuticals.com for more information.

Cautionary Note Concerning Forward-Looking Statements
This press release contains forward-looking statements, including, but not limited to, statements related to potential therapeutic benefits of Xywav oral solution, the potential for individualized dosing regimens to improve patient outcomes and other statements that are not historical facts. These forward-looking statements are based on Jazz Pharmaceuticals' 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 the successful completion of regulatory activities and uncertain regulatory approval, risks that patients may not derive the anticipated benefits from Xywav, risks related to failure or delays in successfully initiating or completing clinical trials and assessing patients and other risks and uncertainties affecting Jazz Pharmaceuticals and its development programs, 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 Jazz Pharmaceuticals' Annual Report on Form 10-K for the year ended December 31, 2025, and future filings and reports by Jazz Pharmaceuticals. Other risks and uncertainties of which Jazz Pharmaceuticals is not currently aware may also affect Jazz Pharmaceuticals' forward-looking statements and may cause actual results and the timing of events to differ materially from those anticipated. The forward-looking statements herein are made only as of the date hereof or as of the dates indicated in the forward-looking statements, even if they are subsequently made available by Jazz Pharmaceuticals on its website or otherwise. Jazz Pharmaceuticals undertakes no obligation to update or supplement any forward-looking statements to reflect actual results, new information, future events, changes in its expectations or other circumstances that exist after the date as of which the forward-looking statements were made.

References:

1. Sateia, M. J. (2023). International Classification of Sleep Disorders-Third Edition, Text Revision (ICSD-3-TR). Chest, 146(5), 1387–1394. PubMed. https://doi.org/10.1378/chest.14-0970.
2. Dauvilliers Y, Arnulf I, Mignot E. Narcolepsy with cataplexy. *Lancet*. 2007;369(9560):499-511.
3. Colten HR, Altevogt BM. Institute of Medicine (US) Committee on Sleep Medicine and Research, eds. Sleep Disorders and Sleep Deprivation: An Unmet Public Health Problem. Washington (DC): National Academies Press (US); 2006.
4. Peacock J, Benca RM. Narcolepsy: clinical features, co-morbidities & treatment. *Indian Journal of Medical Research*. 2010;131(2):338-349.
5. National Health Service. Narcolepsy – Overview. 2019. https://www.nhs.uk/conditions/narcolepsy/. Accessed May 2026.
6. Ben-Joseph RH, Saad R, Black J, et al. Cardiovascular burden of narcolepsy disease (CV-BOND): a real-world evidence study. Presented at: 2022 AAN Annual Meeting; April 2-7; Seattle, Washington. Poster 1203.
7. Black J, Reaven NL, Funk SE, et al. Medical comorbidity in narcolepsy: findings from the Burden of Narcolepsy Disease (BOND) study. *Sleep Med*. 2017;33:13-18.
8. Ohayon MM, Black J, Lai C, et al. Increased mortality in narcolepsy. *Sleep*. 2014;37(3):439-444.
9. Ohayon MM. Narcolepsy is complicated by high medical and psychiatric comorbidities: a comparison with the general population. *Sleep Med*. 2013;14(6):488-492.
10. Billiard M, Sonka K. Idiopathic hypersomnia. *Sleep Med Rev*. 2016;29:23-33.
11. Trotti LM. Idiopathic hypersomnia. *Sleep Med Clin*. 2017;12(3):331-344.
12. American Academy of Sleep Medicine. The International Classification of Sleep Disorders. Third Edition (ICSD-3). 2014.
13. Khan Z, Trotti LM. Central disorders of hypersomnolence: focus on the narcolepsies and idiopathic hypersomnia. *Chest*. 2015 Jul;148(1):262-273.
14. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. Fifth Edition (DSM-5). 2020.
15. Jazz Pharmaceuticals, Inc, Data on file. JZP258-2020-047-29 Oct 2020.
16. Evangelista E, Lopez R, Dauvilliers Y. Update on treatment for idiopathic hypersomnia. *Expert Opin Investig Drugs*. 2018;27(2):187-192.
17. Ozaki A, Inoue Y, Hayashida K, et al. Quality of life in patients with narcolepsy with cataplexy, narcolepsy without cataplexy, and idiopathic hypersomnia without long sleep time: comparison between patients on psychostimulants, drug-naïve patients and the general Japanese population. *Sleep Med*. 2012;13(2):200-206.
18. Markt SC, Black J, Bogan RK, et al. Prevalence of diagnosed idiopathic hypersomnia among adults in the United States 2019–2023: analysis of healthcare claims. *Sleep Adv*. 2026;7:zpag011.
19. Anderson KN, Pilsworth S, Sharples LD, et al. Idiopathic hypersomnia: a study of 77 cases. *Sleep*. 2007;30(10):1274-1281.

20. Masri TJ, Gonzales CG, Kushida CA. Idiopathic hypersomnia. *Sleep Med Clin*. 2012;7(2):283-289.
21. Trotti LM, Arnulf I. Idiopathic hypersomnia and other hypersomnia syndromes. *Neurotherapeutics*. 2021;18(1):20-31.
22. Xywav (calcium, magnesium, potassium and sodium oxybates) oral solution. Prescribing Information. Palo Alto, CA: Jazz Pharmaceuticals, Inc.
23. United States Drug Enforcement Agency. Drug Scheduling. https://www.dea.gov/drug-information/drug-scheduling. Accessed May 2026.

Contacts:

Media:
CorporateAffairsMediaInfo@jazzpharma.com
Ireland +353 1 637 2141
U.S. +1 215 867 4948

Investors:
InvestorInfo@jazzpharma.com
Ireland +353 1 634 3211
U.S. +1 650 496 2717

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