December 11, 2024

Ziihera®
(zanidatamab-hrii)
Investor Call

Innovating to Transform the Lives of Patients and Their Families

Jazz Pharmaceuticals

Intended for U.S. investor audiences only.

Transforming Lives. Redefining Possibilities.

Caution Concerning Forward-Looking Statements

This presentation contains forward-looking statements and financial targets, including, but not limited to, statements related to: the Company's development, regulatory and commercialization strategy; the advancement of pipeline programs and the timing of development activities, regulatory activities and submissions related thereto; the Company's expectations with respect to its products and product candidates and the potential of the Company's products and product candidates, including the potential of zanidatamab to be more than a two billion dollar peak potential, the potential regulatory path and anticipated commercial timeline related thereto, including the potential EMA approval in BTC and potential GEA launch in 2026, and the potential to displace Herceptin as the preferred HER2-targeted therapy of choice; the Company's ability to realize the commercial potential of its products; planned or anticipated clinical trial events, including with respect to initiations, enrollment and data read-outs, and the anticipated timing thereof, including top line GEA results in 2025; the Company's clinical trials confirming clinical benefit or enabling regulatory submissions; planned or anticipated regulatory submissions and filings, and the anticipated timing thereof; potential regulatory approvals; 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: the successful completion of development and regulatory activities with respect to the Company's product candidates; obtaining and maintaining adequate coverage and reimbursement for the Company's products; the time-consuming and uncertain regulatory approval process, including the risk that the Company's current and/or planned regulatory submissions may not be submitted, accepted or approved by applicable regulatory authorities in a timely manner or at all, including the costly and time-consuming pharmaceutical product development and the uncertainty of clinical success, including risks related to failure or delays in successfully initiating or completing clinical trials and assessing patients; 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 and the Company's commercial success being dependent upon the Company obtaining, maintaining and defending intellectual property protection and exclusivity for its products and product candidates; 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, including those governing the research, development, manufacturing and distribution; government investigations, legal proceedings and other actions; the sufficiency of the Company's cash flows and capital resources; 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 Annual Report on Form 10-K for the year ended December 31, 2023 as supplemented by the Company's Quarterly Report on Form 10-Q for the quarter ended September 30, 2024, and future filings and reports by the Company. 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.

December 11, 2024

Introduction and Overview

Renée Galá

President and Chief Operating Officer

Jazz Pharmaceuticals

Intended for U.S. investor audiences only.

Now Available

The first and only dual HER2-targeted bispecific antibody approved for HER2+ (IHC3+) BTC in the U.S.

ZIIHERA®
(zanidatamab-hrii)
50 mg/ml Injection for IV

Intended for U.S investor audiences only. BTC = biliary tract cancer; HER2 = human epidermal growth factor receptor 2; IHC = immunohistochemistry; IV = intravenous. Please see full prescribing information available at www.ziihera.com, including BOXED Warnings.

Agenda

Introduction and Overview

Renée Galá

President and Chief Operating Officer

Clinical Perspectives on BTC and Results from the HERIZON-BTC-01 Trial

Shubham Pant, M.D., M.B.B.S.

Dept. of Gastrointestinal Medical Oncology & Dept. of Investigational Cancer Therapeutics
The University of Texas MD Anderson Cancer Center

Ziihera: Clinical and Development Overview

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

Executive Vice President, Global Head of Research and Development and Chief Medical Officer

Ziihera: Commercial Overview

Abizer Gaslightwala

Senior Vice President, Jazz Oncology, U.S. Business Unit Head

Ziihera Launch Enhances Growing Oncology Portfolio

Neuroscience

Epidiolex® (cannabidiol)

Epidyolex® cannabidiol Oral solution

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

XYREM® (sodium oxybate) oral solution

Oncology

ZIIHERA® (zanidatamab-hrii) 50mg/ml Injection for IV

DEFITELIO® defibrotide

Vyxeos® 44 mg / 100 mg Powder for concentrate for solution for infusion daunorubicin / cytarabine

ZEPZELCA™ (lurbinectedin)

ENRYLAZE® recombinant crisantaspase 10 mg/0.5 mL solution for injection/infusion

RYLAZE™ asparaginase erwinia chrysanthemi (recombinant)-rywn for injection 10mg/0.5mL per vial

December 11, 2024

HERIZON-BTC-01 Trial Results

Shubham Pant, M.D., M.B.B.S.

Dept. of Gastrointestinal Medical Oncology & Dept. of Investigational Cancer Therapeutics
The University of Texas MD Anderson Cancer Center

Jazz Pharmaceuticals

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THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

Dr. Shubham Pant is a Professor in the Department of Gastrointestinal Medical Oncology with a joint appointment in the Department of Investigational Cancer Therapeutics at The University of Texas MD Anderson Cancer Center in Houston, Texas. Dr. Pant is a key opinion leader in the fields of GI Cancers including pancreatic, biliary, gall bladder and Phase 1 trials. He also serves as the Director of Clinical Research and Associate Director for Early Phase Drug Development at the Sheikh Ahmed Bin Zayed Center. He has an expertise in Targeted therapy and Immunotherapy and has co-authored more than 100 peer-review articles and has presented research in national and international meetings including ASCO, AACR and ESMO.

Dr. Pant completed his fellowship from the James Cancer Hospital/Solove Research Institute at the Ohio State University where he was elected Chief Fellow. He has previously served as the Director of Clinical Trials, Section of Hematology/Oncology and was recipient of the Mai Eager Anderson Endowed Chair in Cancer Clinical Trials at the University Of Oklahoma.

He has been the recipient of ASCO/AACR Workshop Methods in Clinical Cancer Research and was selected for the American Society of Clinical Oncology (ASCO) Leadership Development Program. He has served as a member on the ASCO Annual Meeting Educational Committee (GI-Non Colorectal Track) and is a member of the ASCO Gastrointestinal Guidelines Committee. He has a keen interest in Global Health and held a grant through the Global Academic Program to study Gall Bladder Cancer in India and Chile. In his free time, Dr. Pant enjoys writing on diet and cancer, is the author of the Bestselling novel: Food Matters: The role your diet plays in the fight against cancer (Publisher: Harper Collins, In).

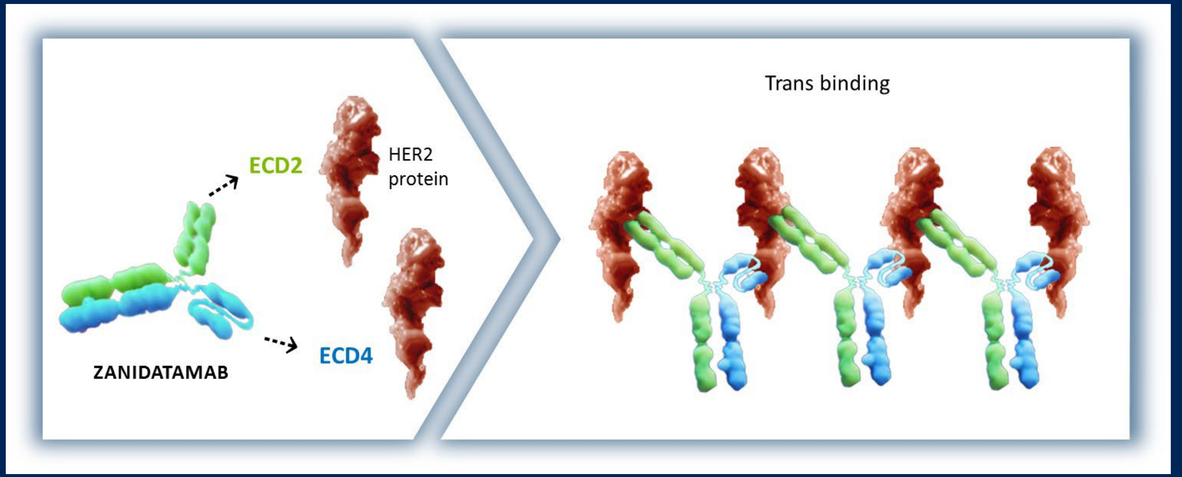
Unmet Need in Patients with Biliary Tract Cancer (BTC)

- ~12,000 HER2+ BTC cases annually[1] in the U.S., Europe[2], and Japan
- For patients with locally advanced/metastatic BTC, standard 2L+ offers limited clinical benefit
  - ORR 5 – 15%[3,4]
  - mPFS 4.0 mo[3]
- HER2 amplification/overexpression is observed in a subset of BTC
  - 19 – 31% of GBC, 17 – 19% of ECC, 4 – 5% of ICC[5,6]
- HER2-targeted therapies have clinical benefit in breast, gastric cancer and lung cancer. There are no approved HER2-targeted therapies specifically for BTC.

Intended for U.S. investor audiences only. 2L+ = second line or later (treatment); ECC = extrahepatic cholangiocarcinoma; GBC = gallbladder cancer; HER2 = human epidermal growth factor receptor 2; ICC = intrahepatic cholangiocarcinoma; mPFS = median progression-free survival; ORR = overall response rate; [1]Incidence sources: Kantar reports; ToGA surveillance report; SEER, cancer.gov; ClearView Analysis; GLOBOCAN, Data on file; [2]Major markets, U.K, France, Germany, Spain, Italy. [3] Lamarca A, et al. Lancet Oncol 2021;22:690–701. [4] Yoo C, et al. Lancet Oncol 2021;22:1560–72. [5] Galdy S, et al. Cancer Metastasis Rev 2017;36:141–57. [6] Hiraoka N, et al. Hum Path 2020;105:9–19.

Zanidatamab is a HER2-targeted Bispecific Antibody with a Unique Mechanism of Action (MOA)

- Zanidatamab simultaneously binds 2 separate HER2 molecules in *trans*[1]
- Unique binding properties of zanidatamab to HER2 result in multiple MOAs including[1]:
  - Induction of complement-dependent cytotoxicity
  - Other immune-mediated effects (ADCC, ADCP)
  - Prevention of HER2 dimerization and intracellular signaling
  - Facilitating HER2 internalization and subsequent degradation
- Preclinical studies demonstrate greater activity than trastuzumab ± pertuzumab[1]
- Zanidatamab has shown a manageable safety profile and encouraging antitumor activity in patients with HER2-expressing BTC in a Phase 1 trial[2]



ECD = extracellular domain

Intended for U.S. investor audiences only. ADCC = antibody-dependent cellular cytotoxicity; ADCP = antibody-dependent cellular phagocytosis; BTC = biliary tract cancer; HER2 = human epidermal growth factor receptor 2; [1] Weisser NE, et al. Nature Commun 2023;14:1394. [2] Meric-Bernstam F, et al. Lancet Oncol 2022;23:1558–1570.

HERIZON-BTC-01: Introduction

- HERIZON-BTC-01 is a global, single-arm phase 2b trial of zanidatamab monotherapy in patients with locally advanced or metastatic HER2-amplified BTC that progressed after treatment with a gemcitabine-containing regimen
- Updated dataset as presented at ASCO 2024[1]

Key Eligibility Criteria

- ✓Patients aged ≥18 years
- ✓Pathologically confirmed, unresectable, locally advanced or metastatic, *HER2*-amplified gallbladder cancer, intrahepatic cholangiocarcinoma, or extrahepatic cholangiocarcinoma
- ✓Received ≥1 previous gemcitabine-containing systemic chemotherapy regimen for unresectable, locally advanced or metastatic disease or in the neoadjuvant or adjuvant setting with progression or recurrence within 6 months of completion
- ✓≥1 measurable target lesion per RECIST v1.1[2], adequate organ function (including cardiac function[a]), and ECOG PS ≤1
- ✓No prior HER2-targeted therapies
- ✓No untreated or symptomatic CNS metastases

Intended for U.S. investor audiences only. ASCO = American Society of Clinical oncology; BTC, biliary tract cancer; CNS, central nervous system; ECOG PS, Eastern Cooperative Oncology Group performance status; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; ISH, in situ hybridization; LVEF, left ventricular ejection fraction; RECIST v1.1, Response Evaluation Criteria in Solid Tumors version 1.1. [1]Pant S, et al. Presented at ASCO 2024, Poster 4091; [2]Eisenhauer EA, et al. Eur J Cancer. 2009;45:228-47.

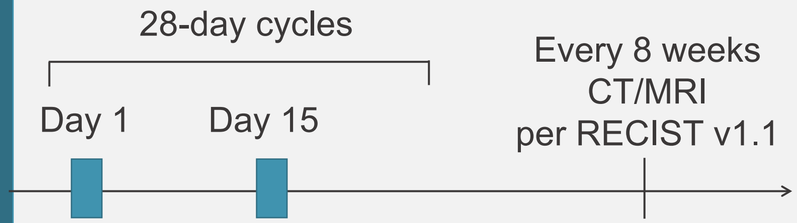
HERIZON-BTC-01 Study Design

Patients with *HER2*-amplified BTC

Cohort 1 (HER2-positive):
- **IHC 2+ or 3+**

Cohort 2:
- **IHC 0 or 1+**

Overall Study Design



Zanidatamab 20mg/kg IV (Q2W)

With mandatory premedication for IRR prophylaxis[c]

Primary Endpoint:[d]
(Assessed in Cohort 1)
- cORR (per ICR)

Selected Secondary Endpoints:
- cORR (per investigator assessment)
- Duration of response[d,e,f]
- Disease control rate[d,e,f]
- Progression-free survival[d,e,f]
- Overall survival
- Safety endpoints[g]

Selected Exploratory Endpoints:
- HRQoL
- Disease related pain
- Opioid use

Actual enrollment:[b]
87

Intended for U.S. investor audiences only. [a]Trial recruited patients with unresectable, locally advanced, or metastatic *HER2*-amplified BTC at 32 clinical trial sites in Canada, Chile, China, France, Italy, South Korea, Spain, the UK, and the USA. [b]As of January 2023. [c]Mandatory prophylactic treatment for potential infusion reactions 30 to 60 minutes before the start of each zanidatamab infusion should include corticosteroids (either hydrocortisone 100 mg IV or dexamethasone 10 mg IV), antihistamines (diphenhydramine 50 mg PO/IV), and acetaminophen 650-1000 mg PO. [d]Efficacy is presented only for cohort 1 as that is the primary efficacy population. [e]Per ICR. [f]Per investigator assessment. [g]Safety is reported for all patients (cohort 1 and cohort 2). AE, adverse event; BTC, biliary tract cancer; cORR, confirmed objective response rate; CT, computed tomography; HER2, human epidermal growth factor receptor 2; HRQoL, health-related quality of life; ICR, independent central review; IHC, immunohistochemistry; IRR, infusion-related reaction; IV, intravenous; MRI, magnetic resonance imaging; PO, oral; Q2W, every 2 weeks; RECIST, Response Evaluation Criteria in Solid Tumors; SAE, serious adverse event.
Source: Pant S, et al. Presented at ASCO 2024, Poster 4091.

Demographics and Baseline Disease Characteristics

Baseline Demographics	Cohort 1 (n=80)	Cohort 2 (n=7)
Median age, years (IQR)	64 (58-70)	62 (58-77)
Race, n (%)		
Asian	52 (65)	5 (71)
White	23 (29)	2 (29)
Other	5 (6)	0 (0)
Geographical region, n (%)		
North America	18 (23)	0 (0)
Asia	50 (63)	5 (71)
Other	12 (15)	2 (29)
ECOG performance status, n (%)		
0	22 (28)	1 (14)
1	58 (73)	6 (86)

Disease Characteristics	Cohort 1 (n=80)	Cohort 2 (n=7)
Disease subtype, n (%)		
Gallbladder cancer	41 (51)	4 (57)
Intrahepatic cholangiocarcinoma	23 (29)	3 (43)
Extrahepatic cholangiocarcinoma	16 (20)	0 (0)
HER2 status by IHC score (via central assessment), n (%)		
3+	62 (78)	0 (0)
2+	18 (23)	0 (0)
1+	0 (0)	3 (43)
0	0 (0)	4 (57)
AJCC tumor stage at study entry, n (%)		
III	9 (11)	1 (14)
IV	71 (89)	6 (86)

Intended for U.S. investor audiences only. Eastern Cooperative Oncology Group; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; IQR, interquartile range

Source: Pant S, et al. Presented at ASCO 2024, Poster 4091.

Disease Response in Patients with HER2-positive BTC (Cohort 1)

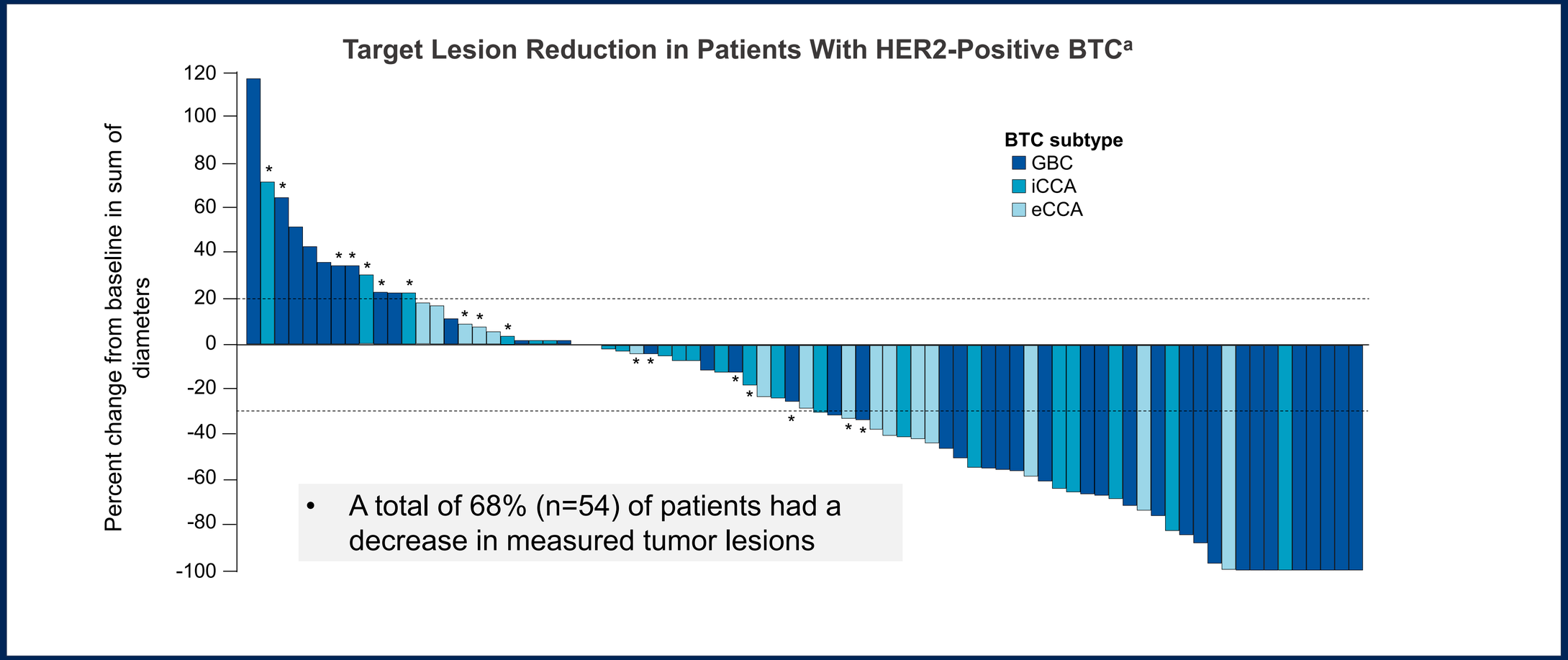
- Confirmed objective response rate was 41.3% and disease control rate was 68.8%
  - Two patients achieved a complete response (n=2; 2.5%)[e]
- Median duration of response was 14.9 months
- Although the trial was not designed to detect treatment effects by HER2 status, in a pre-planned subgroup analysis of cORR by HER2 expression, responses were observed in patients with IHC 3+ tumors (cORR: 51.6%) and IHC 2+ tumors (cORR: 5.6%)

Disease Response Endpoints[a]	**Long-Term Follow-Up[1] (n=80)** DCO: July 28, 2023
Confirmed objective response rate,[b] n (%) [95% CI]	33 (41.3) [30.4, 52.8]
Confirmed best overall response, n (%) Complete response, n (%) Partial response, n (%) Stable disease, n (%) Progressive disease, n (%)	 2 (2.5) 31 (38.8) 22 (27.5) 24 (30.0)
Disease control rate,[c] n (%) [95% CI]	55 (68.8) [57.4, 78.7]
Duration of response,[d] median (95% CI), months	14.9 (7.4, NR)
Progression-free survival, median (95% CI), months	5.5 (3.6, 7.3)

Intended for U.S. investor audiences only. [a]Per independent central review; [b]One patient was not evaluable; [c]Best overall response of stable disease or confirmed complete response or partial response; [d]Confirmed best overall response of partial response or complete response; [e]One patient was a conversion from PR in previously reported data.

Sources: 1. Harding JJ, et al. Lancet Oncol. 2023;24(7):772-782.
2. Pant S, et al. Presented at ASCO 2024, Poster 4091.

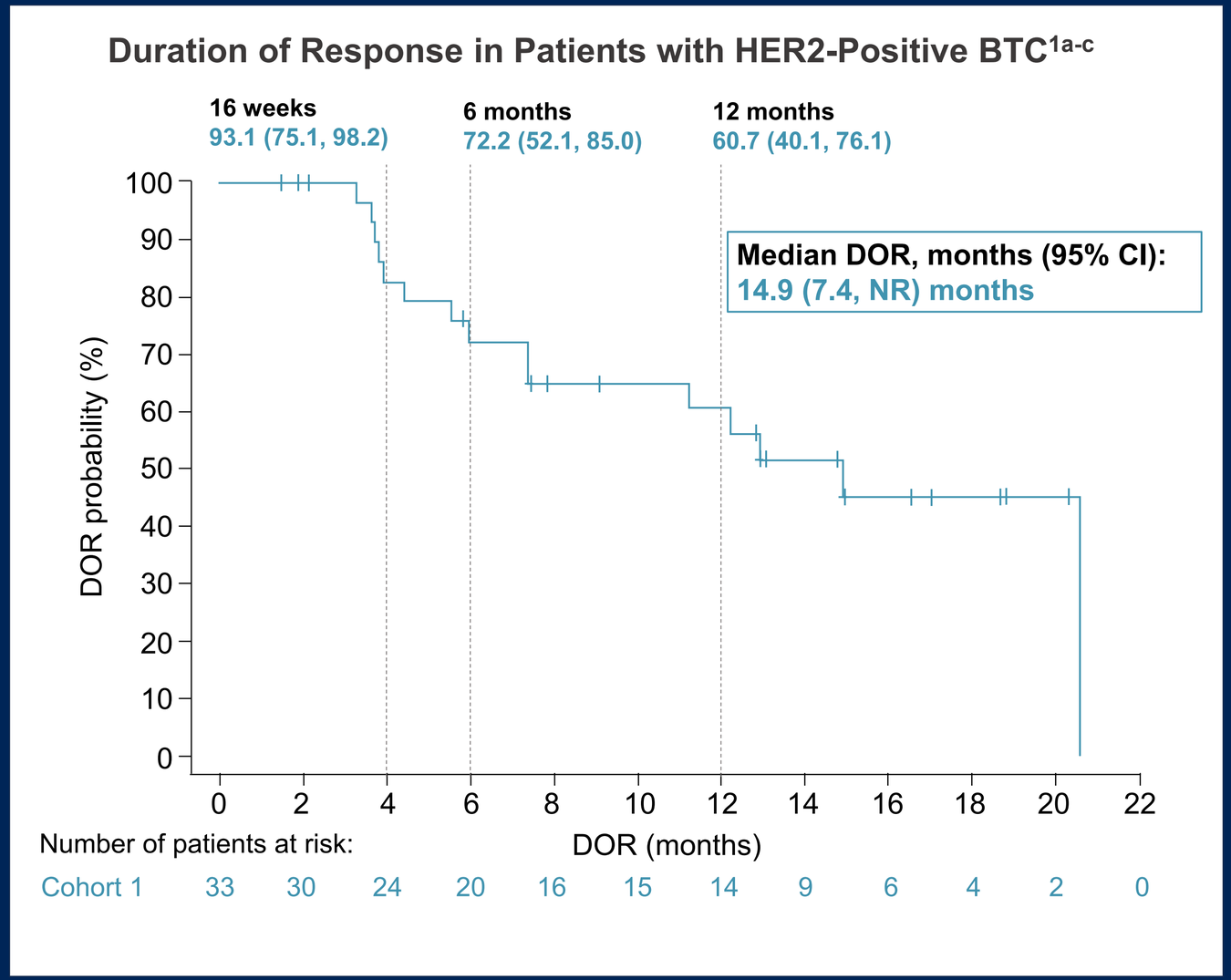
Target Lesion Reduction in Patients with HER2-Positive BTC (Cohort 1)[a]



Intended for U.S. investor audiences only. Source: Pant S, et al. Presented at ASCO 2024, Poster 4091.
*Indicates patients with IHC 2+ status; all other patients had IHC status of 3+.
[a]Only patients with measurable disease at baseline and at least 1 post-baseline assessment were included (n=79).
Dotted lines indicated 20% increase and 30% decrease in sum of diameters of target tumors.
BTC, biliary tract cancer; eCCA, extrahepatic cholangiocarcinoma; GBC, gallbladder cancer; HER2, human epidermal growth factor receptor 2; iCCA, intrahepatic cholangiocarcinoma; IHC, immunohistochemistry.

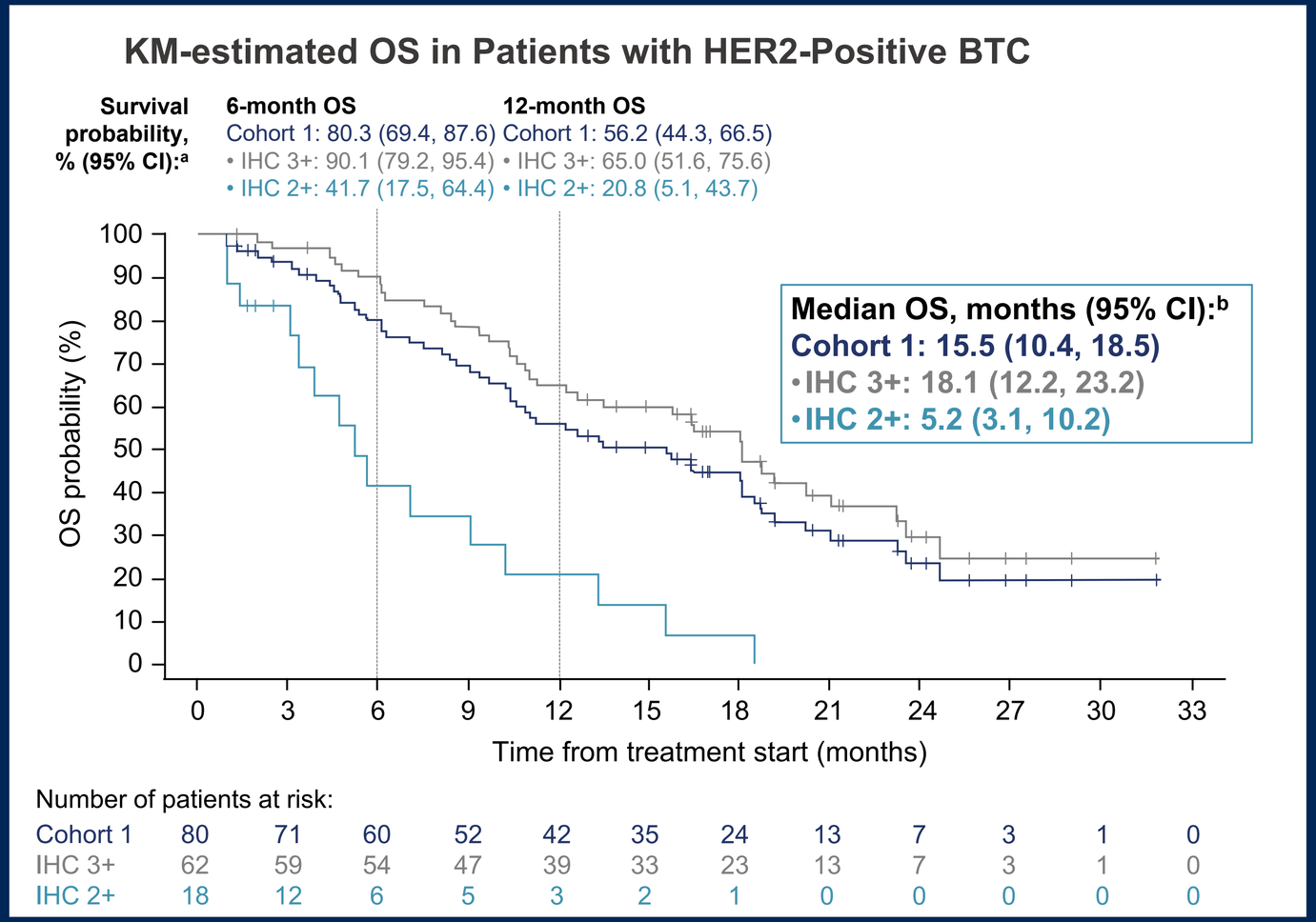
Duration of Response in Patients with HER2-Positive BTC (Cohort 1)[a-c]

- The median DOR (95% CI) increased ~2 months to 14.9 (7.4, not reached) months compared to the primary analysis[2]
  - The median DOR (95% CI) in patients with IHC 3+ tumors was 14.9 (7.4, NR) months; the DOR in the 1 responder with IHC 2+ tumors was 7.5 months
- Median progression-free survival (PFS) was 5.5 months [95% CI: 3.6, 7.3]; the longest PFS time was 25.7 months, which was ongoing at the time of data cutoff
  - In patients with IHC 3+ tumors, the median PFS was 7.2 (95% CI: 5.4, 9.4) months
  - In patients with IHC 2+ tumors, the median PFS was 1.7 (95% CI: 1.0, 3.3) months



Intended for U.S. investor audiences only. Source: Pant S, et al. Presented at ASCO 2024, Poster 4091.[a]Per ICR in patients with confirmed responses (n=33); [b]Estimates per Kaplan-Meier method; median DOR CIs based on the Brookmeyer and Crowley method with log-log transformations; [c]CIs at 16 weeks, 6 months, and 12 months based on the Greenwood method Sources: 1. Pant S, et al. Presented at ASCO 2024, Poster 4091; 2. Harding JJ, et al. Lancet Oncol. 2023;24(7):772-822. BTC, biliary tract cancer; CI, confidence interval; DOR, duration of response; HER2, human epidermal growth factor receptor 2; ICR, independent central review; NR, not reached.

Overall Survival at Long-Term Follow-Up (Cohort 1)



Note: Treatment effects for this study based on time-based endpoints, such as PFS and OS, can be difficult to interpret in the absence of a comparator arm

- Median OS (95% CI) was 15.5 (10.4, 18.5) months
  - The longest survival time was 31.8 months, which was censored without death at the time of data cutoff.

Intended for U.S. investor audiences only. Source: Pant S, et al. Presented at ASCO 2024, Poster 4091. [a]CIs for 6-month and 12-month OS based on the Greenwood method; [b]Estimates per KM method; median OS CIs based on the Brookmeyer and Crowley method with log-log transformations. BTC, biliary tract cancer; CI, confidence interval; IHC, immunohistochemistry; KM, Kaplan-Meier; OS, overall survival.

Overall Safety of Zanidatamab (Cohorts 1 and 2)

	Primary Analysis[1] (n=87)	Long-Term Follow-Up[2] (n=87)
Any treatment-emergent AE, n (%)	84 (96.6)	84 (96.6)
Any treatment-related AE, n (%)	63 (72.4)	63 (72.4)
Grade 1-2 treatment-related AE	47 (54.0)	45 (51.7)
Grade 3 treatment-related AE	16 (18.4)	17 (19.5)
Grade 4 treatment-related AE	0 (0)	1 (1.1)[a]
Treatment-related AE leading to death	0 (0)	0 (0)
Serious treatment-related AEs, n (%)	7 (8.0)	8 (9.2)[b]
Treatment-related discontinuations, n (%)	2 (2.3)	2 (2.3)[c]

- With additional follow-up, zanidatamab continued to have a manageable safety profile with no new safety signals identified
- The majority of TRAEs were low grade
- There were no deaths related to zanidatamab treatment
- One patient experienced serious TRAEs since the primary analysis
- TRAEs leading to dose reductions were infrequent
- No patients discontinued treatment due to TRAEs since the primary analysis[1]

Intended for U.S. investor audiences only. [a]Aspartate aminotransferase increased. [b]Included alanine aminotransferase increased and aspartate aminotransferase increased (occurring in one patient), anemia, diarrhea, ejection fraction decreased, enteritis, infusion-related reaction, oral candidiasis, and pneumonitis (each occurring in one patient); [c]One was due to pneumonitis and the other was due to ejection fraction decreased. Sources: 1. Harding JJ, et al. Lancet Oncol. 2023;24(7):772-782. 2. Pant S, et al. Presented at ASCO 2024, Poster 4091. AE, adverse event; DCO, data cutoff; TRAE, treatment-related adverse event.

Conclusions

- In this long-term analysis, zanidatamab monotherapy demonstrated durable and sustained antitumor activity in previously treated patients with HER2-positive unresectable, locally advanced, or metastatic BTC
  - The cORR was 41.3% and two patients achieved a complete response
  - The median DOR was 14.9 months
  - Zanidatamab led to a median OS of 15.5 months (18.1 months in patients with IHC 3+ tumors)
- The safety profile of zanidatamab monotherapy was manageable with favorable tolerability
  - Serious or high-grade TRAEs were infrequent (9.2%), as were treatment discontinuations due to TRAEs (2.3%)
  - There were no treatment-related deaths
- The efficacy (including OS) and manageable safety profile of zanidatamab is notable in this patient population who historically have had poor outcomes and high unmet needs
- The results from this trial were used as the basis for the submission of the BLA filing to the FDA and recent approval of zanidatamab

Note: Treatment effects for this study based on time-based endpoints, such as PFS and OS, can be difficult to interpret in the absence of a comparator arm

Intended for U.S. investor audiences only. BTC, biliary tract cancer;
cORR, confirmed objective response rate; CR, complete response; DOR, duration of response; HER2, human epidermal growth factor receptor 2; IHC, immunohistochemistry; OS, overall survival; PR, partial response; SD, stable disease; TRAE, treatment-related adverse event. Source: Pant S, et al. Presented at ASCO 2024, Poster 4091.

Acknowledgement, Disclosure

We sincerely thank all patients and their caregivers. Thanks to all the investigators, clinical trial researchers, personnel and staff who contributed to the trial in any way.

The HERIZON-BTC-01 study is funded by Zymeworks BC Inc., Jazz Pharmaceuticals, Inc., and BeiGene Ltd.

December 11, 2024

Clinical and Development Overview

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

Executive Vice President,
Global Head of Research and Development and

Chief Medical Officer

Jazz Pharmaceuticals

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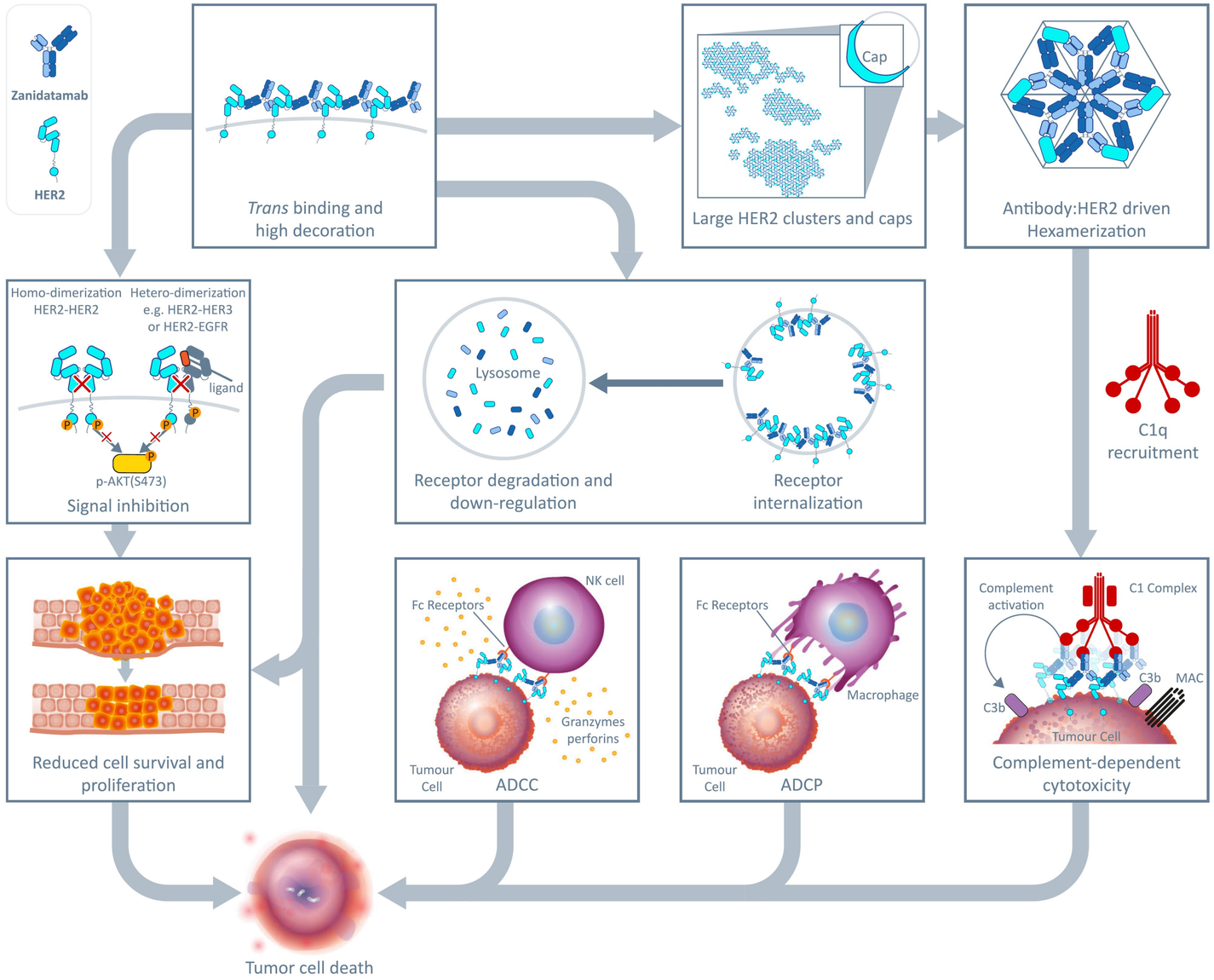
Zanidatamab's Dual HER2-Targeted Binding Drives Unique MOA and Clinical Activity



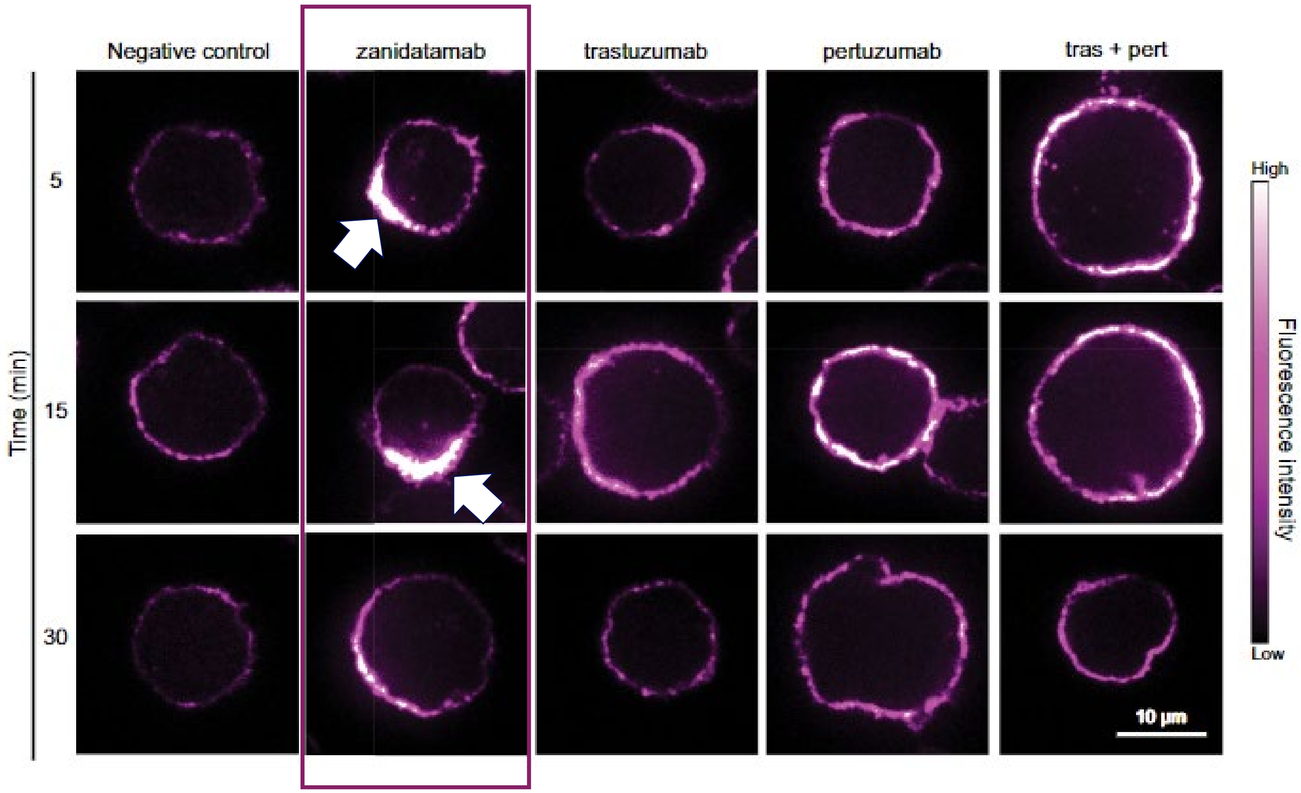
- Zanidatamab simultaneously binds **two non-overlapping extracellular domains** of HER2 (biparatopic binding)
- **Unique geometry and binding** properties result in multiple mechanisms of action

Intended for U.S. investor audiences only. ADCC / ADCP = antibody-dependent cellular cytotoxicity / phagocytosis; C1q: complement component 1q protein complex; EGFR = epidermal growth factor receptor; Fc receptor = fragment crystallizable receptor; HER2 / 3 = human epidermal growth facto receptor 2 / 3; MOA = mechanism of action; NK cell = natural killer cell. Source: Weisser et al. Nat Commun. 2023;14(1):1394.

Zanidatamab's Dual HER2-Targeted Binding Drives Unique MOA and Clinical Activity

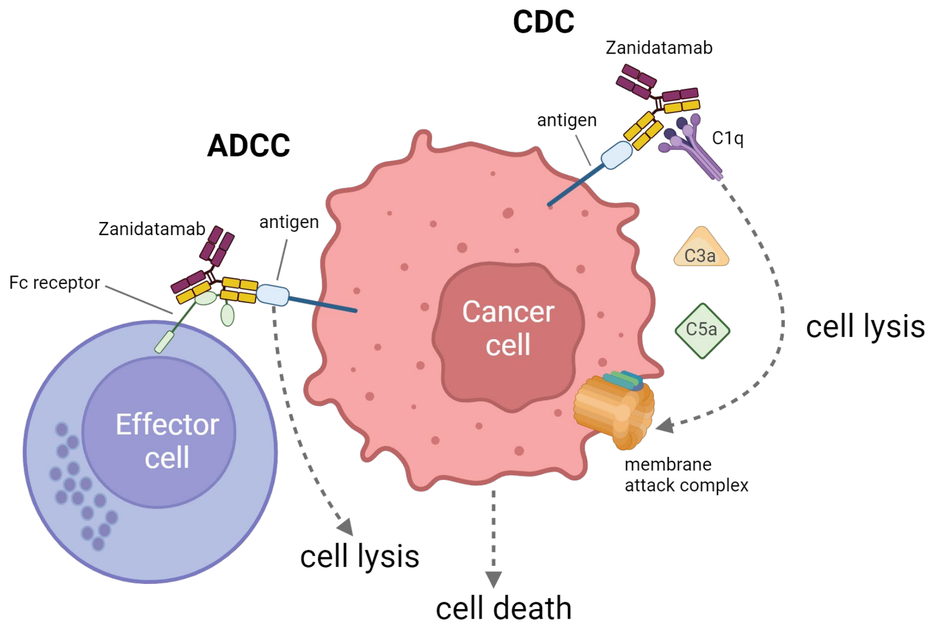
- Binding properties of zanidatamab are believed to form the **foundation of the unique and diverse mechanisms of action** observed preclinically and clinically to-date
- **Dual HER2-targeted binding** and engagement of HER2 in *trans* results in formation of **distinct and large HER2 caps / clusters** on cell surface

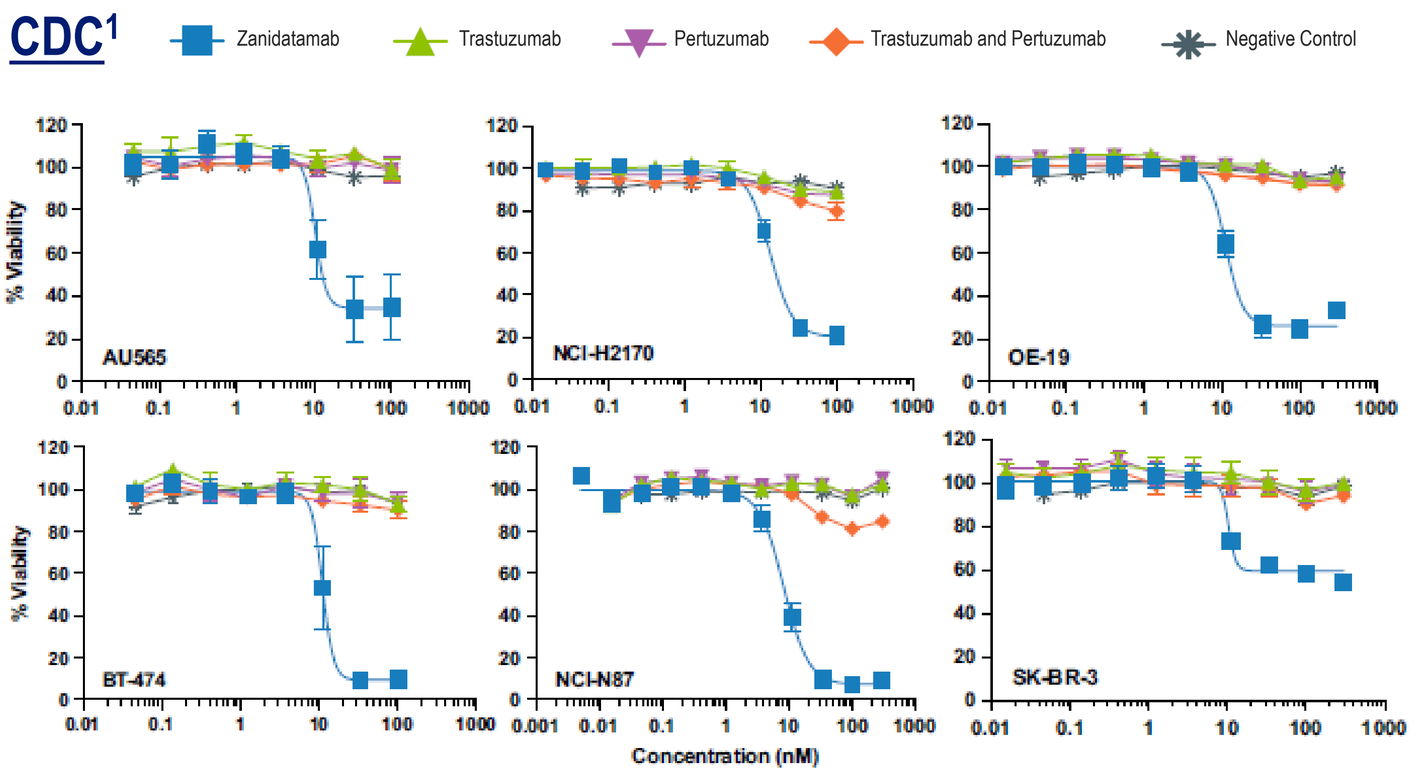
Zanidatamab Clusters HER2 Receptors on Cell Surface[1]



Zanidatamab's Dual HER2-Targeted Binding Drives Unique MOA and Clinical Activity

- Cap formation is believed to induce **meaningful effector activity**[1]
- Zanidatamab exhibits **strong activation** of **complement-dependent cytotoxicity** (CDC)[1]





Ziihera U.S. Label

Highlights of Prescribing Information

Indications and Usage	ZIIHERA is a bispecific HER2-directed antibody indicated for the treatment of adults with previously treated, unresectable or metastatic HER2-positive (IHC 3+) biliary tract cancer (BTC), as detected by an FDA-approved test This indication is approved under accelerated approval based on overall response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).
Dosage and Administration	Premedicate patients with acetaminophen, an antihistamine and a corticosteroid, 30-60 minutes prior to each administration of ZIIHERA infusion to prevent potential infusion-related reactions (IRRs) The recommended dosage of ZIIHERA is 20 mg/kg given as an intravenous infusion once every 2 weeks
Dosage Forms and Strengths	For injection: 300 mg lyophilized powder in a single-dose vial
Warnings and Precautions	BOXED Warning on Embryo-Fetal Toxicity. Exposure to ZIIHERA during pregnancy can cause embryo-fetal harm. Advise patients of the risk and need for effective contraception. Ventricular Dysfunction: Assess left ventricular ejection fraction (LVEF) prior to initiation of ZIIHERA and at regular intervals during treatment. Withhold or permanently discontinue ZIIHERA based on severity. Infusion-Related Reactions (IRRs): Premedicate before each infusion of ZIIHERA. Interrupt the infusion, decrease the infusion rate, and/or permanently discontinue ZIIHERA based on severity. Diarrhea: ZIIHERA can cause severe diarrhea. Administer antidiarrheal treatment as clinically indicated. Withhold or permanently discontinue Ziihera based on severity.
Adverse Reactions	Most common adverse reactions (≥ 20%) are diarrhea, infusion-related reaction, abdominal pain, and fatigue

ZIIHERA®
(zanidatamab-hrii)
50mg/ml Injection for IV

Intended for U.S. investor audiences only. Please see full prescribing information available at www.ziihera.com, including BOXED Warnings.
HER2 = human epidermal growth factor receptor 2; IHC = immunohistochemistry.

Observed Clinical Activity in 2L+ BTC

	MyPathway Results[1] HER2+ Biliary tract cancer cohort[2]	**ABC-06 Results**[3] Biliary tract cancer allcomers
Regimen	Trastuzumab + Pertuzumab	mFOLFOX
N	**39 evaluable**	**81 evaluable**
cORR **% (95% CI)**	**23.1%** (11, 39)	**5.0%** (24.4, 67.8)
mDOR **months (95% CI)**	**10.8m** (0.7, 25.4)	**NR**
mPFS **months (95% CI)**	**4.0m** (1.8, 5.7)	**4.0m** (3.2, 5.0)
mOS **months (95% CI)**	**10.9m** (5.2, 15.6)	**6.2m** (5.4, 7.6)

Intended for U.S. investor audiences only. BTC = biliary tract cancer; BLA = biologics license application; cORR = confirmed overall response rate; HER2+ = human epidermal growth factor receptor 2+; mDOR = median duration of response; mOS = median overall survival; mPFS = median progression-free survival; NR = not reported. [1]Javle M et. al., Lancet Oncol. 2021; [2]HER2+ Includes IHC3+, FISH/ISH 2+, or confirmation via next-gen sequencing; [3]Lamarca A, et al., Lancet Oncol 2021.

Observed Clinical Activity in HER2+ (IHC3+) 2L+ BTC

	Herizon-BTC-01 Results[1] Cohort 1 in HER2+ IHC3+ patients	**DESTINY- PanTumour02 Results**[3] HER2+ IHC3+ BTC Patients
Regimen	Zanidatamab monotherapy	T-DXd
N	**62** HER2+ (IHC3+)	**22** HER2+ (IHC3+)[4]
cORR **% (95% CI)**	**51.6%** (13.9, 54.9)[2]	**45.5%** (24.4, 67.8)[4]
mDOR **months (95% CI)**	**14.9m** (7.4, NR)	**8.6m** (2.1, NR)[5]
mPFS **months (95% CI)**	**7.2m** (5.4, 9.4)	**7.4m** (2.8, 12.5)[5]
mOS **months (95% CI)**	**18.1m** (12.2, 23.2)	**12.4m** (2.8, NR)[5]

Note: Single-arm trials do not adequately characterize time-to-event endpoints such as PFS or OS. Thus, these data from HERIZON-BTC-01 cannot be directly interpreted as having a survival benefit.

December 11, 2024

Commercial Overview

Abizer Gaslightwala

Senior VP, Jazz Oncology, U.S. Business Unit Head

Jazz Pharmaceuticals

Intended for U.S. investor audiences only.

BTC is a Heterogenous Group of Rare But Aggressive Malignancies With Many Unmet Needs

Epidemiology

~12K
Global HER2+ BTC 1L & 2L[2,4]

~3K
U.S. HER2+ BTC 1L & 2L[1-3]

<5%
Five-year survival rate in mBTC[5]

Progression is quicker with each line of therapy

Median # days on treatment before moving to next line of therapy

Unmet Needs

Median OS for second-line treatment of BTC is only **~6 months** with current standard of care[7]

Intended for U.S. investor audiences only. 1L /2L /3L = first-, second-, third-line; BTC = biliary tract cancer; HER2 = human epidermal growth factor receptor 2. [1]BTC overall diagnosed patients as per SEER 22; [2]Assumes anatomic subsites intrahepatic CCA, extrahepatic CCA, gallbladder cancer, and BTC unspecified; [3]Assumes HER2 positivity rates per anatomical subsite from: Galdy, S., Lamarca, A., McNamara, M.G. et al. Cancer Metastasis Rev 36, 141–157 (2017), Nobuyoshi Hiraoka, et al. Human Pathology, Volume 105, 2020, Pages 9-19; [4]Major markets: U.K, France, Germany, Spain, Italy. Note: HER2+ BTC patients in Jazz controlled commercial territories, which includes Japan, and excludes other certain Asia Pacific countries licensed to BeiGene, Ltd; [5] Niu D, et al. Pathol Oncol Res. 2020;26:2577-2585. brahao-Machado LF, et al. World J Gastroenterol. 2016;22(19):4619-4625. Shim, H. Bispecific Antibodies and Antibody-Drug Conjugates for Cancer Therapy: Technology Considerations. Biomolecules. 2023; doi: 10.3390/biom10030360.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7175114/. Accessed April 10, 2024; [7]Lamarca A, Palmer DH, Wasan HS, et al. Second-line FOLFOX chemotherapy versus active symptom control for advanced biliary tract cancer (ABC-06): a phase 3, open-label, randomised, controlled trial. Lancet Oncol. 2021;22(5):690-701. doi:10.1016/S1470-2045(21)00027-9

Ziihera is Well Positioned to Differentiate in 2L+ BTC

1

Unique dual-targeting HER2 bispecific antibody provides differentiated treatment

2

Compelling and durable responses help drive **improved patient outcomes** in pretreated HER2+ patients

3

Chemotherapy-free approach provides tolerable safety profile and improved quality of life for patients

Intended for U.S. investor audiences only. HER2 = human epidermal growth factor receptor 2.

Unique MOA Drives Compelling Clinical Profile and Patient Outcomes

Launch objectives

Goal to establish Ziihera as the standard of care for 2L HER2+ BTC

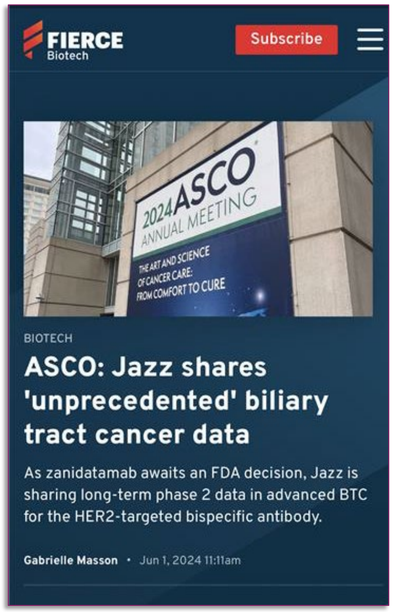
Build momentum for Ziihera's potential as a transformative next-generation HER2-targeting agent

Ziihera Clinical Data[1]

51.6%
Overall Response Rate

14.9m
Median Duration of Response

2.5%
Discontinuation Rate



Mark
Ziihera patient living with Biliary Tract Cancer

Intended for U.S. investor audiences only. 2L = second-line; BTC = biliary tract cancer; HER2 = human epidermal growth factor receptor 2; M = month; MOA = mechanism of action.
[1]Data as presented by Pant et al. at ASCO 2024.

Ziihera Launch Driven by Proven Jazz Oncology Team and Infrastructure

Right Team, Right Capabilities

- Proven team with **deep oncology experience, including extensive expertise in the HER2 therapy space** will help drive **additional adoption and uptake**
- **Infrastructure in place** for a successful Ziihera launch

Key Customer Focus

- **Significant overlap** in existing call universe covering key customers and accounts
- Leverage Jazz's **established presence** across sales, marketing, medical and access

Robust Access and Patient Support Services

- Access, distribution, reimbursement, and patient support services **ensure customers can readily order Ziihera, help patients navigate reimbursement approvals, and provide patient support** through dedicated Jazz Resources and the JazzCare suite of services

December 11, 2024

Ziihera: Continued Clinical Development Program

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

Executive Vice President,
Global Head of Research and Development

Jazz Pharmaceuticals

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Zanidatamab: De-Risked Near-Term Opportunity $2B+ Peak Potential

Significant regulatory progress:

- Ziihera® **now approved** in the U.S. for the treatment of adults with previously treated, unresectable or metastatic HER2+ (IHC3+) BTC
- EMA **validated MAA;** potential **approval as early as 2Q25**

Biliary Tract Cancer

Initiated U.S. launch activities in 2L BTC

1L BTC **confirmatory trial ongoing**

HERIZON-BTC-01: **Updated data at ASCO**

~12,000
BTC cases annually[2] in U.S., Europe[3] and Japan

Gastroesophageal Adenocarcinoma

Path to approval in 1L GEA with sBLA submission

HER2+/PD-L1 negative: opportunity to **address unmet need** and **replace trastuzumab**[1]

HER2+/PD-L1 positive: opportunity to replace trastuzumab as **HER2-targeted therapy of choice**[1]

Opportunity to **explore potential in neoadjuvant** populations[1]

~63,000
GEA cases annually[2] in U.S., Europe[3] and Japan

Breast Cancer

Expanded opportunity across lines of therapy[1]:
- Early lines of therapy (neoadjuvant)
- Post T-DXd (Ph3 EmpowHER trial)
- Novel combinations

Initiated Ph3 EmpowHER trial 2H24:
- Zanidatamab + chemo vs. tras + chemo in patients with HER2+ BC whose disease has progressed on previous T-DXd treatment

Potential for **novel chemo-free regimen** for **HER2+/HR+** patients[1]

Ongoing trials in early breast cancer:
- I-SPY2 Trial[4]
- MD Anderson collaboration

~150,000
BC cases annually[5] in U.S., Europe[3] and Japan

Other HER2-Expressing Cancers

Broad potential beyond BTC, GEA, and BC in multiple HER2-expressing indications **based on compelling clinical activity from early trials**[6]:
- Colorectal
- NSCLC
- Ovarian
- Endometrial
- Pancreatic
- Bladder
- Salivary Gland
- Ampullary
- Other HER2-expressing solid tumors

Initiated Phase 2 DiscovHER-Pan-206
- Zanidatamab monotherapy in previously-treated patients with no available treatment options

Broad Potential
Beyond BTC, GEA, and BC

Intended for U.S. investor audiences only. 1L = first line; 2L = second line; ASCO = American Society of Clinical Oncology; BC = breast cancer; BTC = biliary tract cancer; EMA = European Medicines Agency; GEA = gastroesophageal adenocarcinoma; HER2 = human epidermal growth factor receptor 2; HR+ = hormone receptor positive; IHC = immunohistochemistry; MAA = marketing authorization application; NSCLC = non-small cell lung cancer; PD-L1 = programmed cell death ligand 1; sBLA = supplemental biologics license application; T-DXd = trastuzumab deruxtecan; tras = trastuzumab. [1]Pending regulatory approvals; [2]Incidence sources: Kantar reports, ToGA surveillance report; SEER, cancer.gov; ClearView Analysis; GLOBOCAN, Data on file; [3]Major markets, U.K, France, Germany, Spain, Italy; [4]NCT01042379, in collaboration with QuantumLeap Healthcare Collaborative; [5]Incidence source estimates derived from multiple sources: Decision Resources Group, Kantar Health, Jazz Market Research, data on file; [6]Funda Meric-Bernstam et al, Zanidatamab, a novel bispecific antibody, for the treatment of locally advanced or metastatic HER2-expressing or HER2-amplified cancers: a phase 1, dose-escalation and expansion study, The Lancet Oncology, Volume 23, Issue 12, 2022, Pages 1558-1570, ISSN 1470-2045, https://doi.org/10.1016/S1470-2045(22)00621-0.

Upcoming Zanidatamab Milestones

2024

BTC

- ✓ Ziihera **approved on November 20**
- ✓ **Initiated** 1L confirmatory trial
- ✓ **MAA validated** by EMA

GEA

- ✓ **Enrollment on track** for Phase 3 HERIZON-GEA-01 trial

BC

- ✓ Phase 3 **EmpowHER-BC-303 trial initiated**

Pan Tumor

- ✓ Phase 2 **DiscovHER-Pan-206 trial initiated**

2025

BTC

- Potential **EU approval** as early as 2Q25

GEA

- HERIZON-GEA-01 **top-line results estimated 2Q25**
- **Submit sBLA** in 1L
- Potential further development in neoadjuvant / adjuvant GEA population

2026 and Beyond

BTC

- **Complete** 1L confirmatory trial

GEA

- Potential **1L approval and launch**
- Expanded market strategy

BC

- **Ongoing execution** of EmpowHER-BC-303 trial

Pan Tumor

- **Ongoing execution** of DiscovHER-Pan-206 trial

Goal of becoming the **preferred HER2-targeted therapy of choice**

Intended for U.S. investor audiences only. 1L= first-line; BC = breast cancer; EMA = European Medicines Agency; EU = European Union; GEA = gastroesophageal adenocarcinoma; HER2 = human epidermal growth factor receptor 2; HR = hormone receptor; MAA = marketing authorization application; sBLA = supplemental biologics license application.

Thank You

… to the numerous patients and their families who participated in our clinical development program.

… to the clinical investigators, physicians, nurses, site coordinators, and countless support staff.

… to the Jazz team continuously working to deliver this important medicine to BTC patients.

Jazz Pharmaceuticals

December 11, 2024

Q&A

Jazz Pharmaceuticals

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December 11, 2024

Thank You

Jazz Pharmaceuticals

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