August 27, 2025

Modeyso™ (dordaviprone) Investor Call

Jazz Pharmaceuticals

Innovating to Transform the Lives of Patients and Their Families

Intended for U.S. investor audiences only.

Jazz Pharmaceuticals

Transforming Lives. Redefining Possibilities.

Caution Concerning Forward-Looking Statements

This presentation contains forward-looking statements, 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 establishing MODEYSO as the new paradigm/standard of care in treating H3 K27M mutant diffuse midline glioma, the potential regulatory path and anticipated commercial timeline related thereto; 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; the Company's clinical trials confirming clinical benefit or enabling regulatory submissions; planned or anticipated regulatory submissions and filings, including potential ex-U.S. expansion opportunities 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, 2024 as supplemented by the Company's Quarterly Report on Form 10-Q for the quarter ended June 30, 2025, 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.

August 27, 2025

Introduction and Overview

Renee Gala

President and Chief Executive Officer

Jazz Pharmaceuticals

Intended for U.S. investor audiences only.

Now Commercially Available

The first and only FDA-approved treatment for recurrent H3 K27M-mutant diffuse midline glioma

The Modeyso prescribing information includes warnings and precautions for hypersensitivity, QTc interval prolongation, and embryo-fetal toxicity. Additional safety information is provided later in this presentation and full prescribing information is available at www.Modeyso.com.

Modeyso (dordaviprone) Launch Strengthens Jazz Rare Oncology Portfolio

Neuroscience

Epidiolex® (cannabidiol)

Epidyolex® cannabidiol Oral solution

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

XYREM® (sodium oxybate) oral solution C III

Oncology

MODEYSO™ (dordaviprone) capsules 125 mg

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

Agenda

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Renee Gala
President and Chief Executive Officer

H3 K27M-mutant Diffuse Midline Glioma and Dordaviprone
Joshua Allen, Ph.D.
Chief Scientific Officer - Chimerix

Clinical Perspectives on Dordaviprone
Timothy Cloughesy, M.D.
Distinguished Professor of Neurology; Director, UCLA Neuro-Oncology Program

Modeyso: Clinical and Regulatory Overview
Robert Iannone, M.D., M.S.C.E.
Executive Vice President, Global Head of Research and Development and Chief Medical Officer

Modeyso: Commercial Overview
Samantha Pearce
Executive Vice President, Chief Commercial Officer

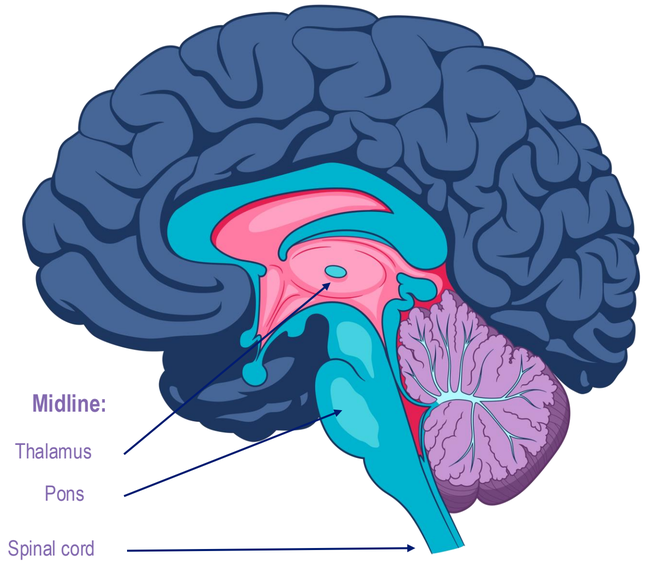
August 27, 2025

H3 K27M-mutant Diffuse Midline Glioma and Dordaviprone

Joshua Allen

Jazz Pharmaceuticals

H3 K27M-mutant Diffuse Midline Glioma Is A Lethal Brain Tumor

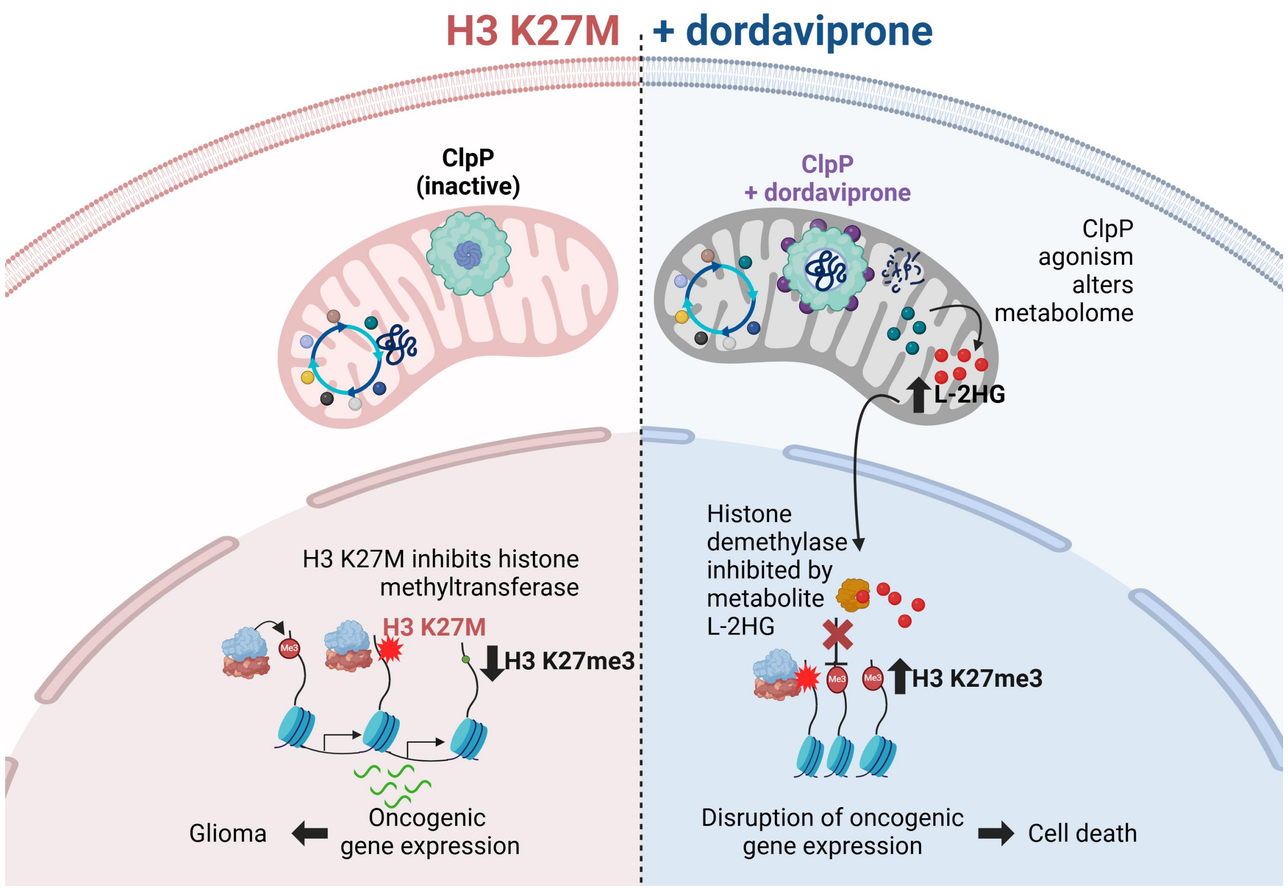


- The World Health Organization (WHO) classifies H3 K27M-mutant diffuse midline gliomas (H3 K27M DMG) as Grade IV[1]
- H3 K27M mutations occur frequently in the midline regions of the brain (e.g., thalamus, brainstem, spinal cord)

Incidence	▪ **~2K incidence** annually **in the U.S.**[2-4] ▪ **Occurs frequently in midline** structures of the brain[2] ▪ **Molecular diagnosis is standard-of-care** since 2016 WHO classification system for central nervous system tumors
Onset and Prognosis	▪ **Predominantly affects children and young adults**[5] ▪ Inevitably lethal, with literature often reporting median survival of ~1 year from diagnosis and **<6 months from recurrence**[5-9]
Surgical Intervention	▪ Due to the midline location, **surgery is often challenging** with limited feasibility or extent of resection[10-13]
Therapy	▪ **Limited treatment options are available**, with radiation being the standard of care in the frontline setting[14-15] ▪ Following disease recurrence after frontline therapy, **palliative care has historically been standard in the recurrent setting**[14-15]

[1]Louis DN et al. Neuro Oncol. 2021;23; [2]Michaeli T et al. BMJ2023;381:e073242; [3]Mesfin FB et al. StatPearls Glioma; [4]Data on file. Chimerix, Inc.; [5]Zheng L et al. Am J Surg Pathol. 2022;26:863-871; [6]Vuong et al, Frontiers in Oncology March 2022; [7]Mackay A et al. Cancer Cell. 2017;32(4):520-537; [8]Ostrom QT et al. Neuro Oncol. 2023;25:799-807; [9]Bagley et al Cancers 2025, 17(13), 2107; [10]Hatoum R et al. JAMA Netw Open 2022;5(8):e2226551; [11]Karremann M et al. Neuro Oncol 2018;20(1):123-131; [12]Peng Y et al. Sci Rep 2023;13(1):9970; [13]Ryba A et al. Neuro Oncol 2024;26(8):1479-1493; [14]Nabors B et al. Neuro Oncol 25(12), 2114–2116, 2023; [15]Gajjar A et al. J Natl Compr Canc Netw 2025;23(3):113–130.

Dordaviprone Aims to Reverse H3 K27M DMG Hallmark



Dordaviprone

Small molecule protease activator (ClpP) and dopamine receptor inhibitor (DRD2)

Reverses H3 K27me3-loss, an epigenetic mark associated with H3 K27M DMG, via effects downstream of protease activation

Dordaviprone Integrated Analysis in Recurrent H3 K27M DMG

FDA Granted Designations

Orphan Drug Designation

Fast Track Designation

Rare Pediatric Disease Designation

Integrated Analysis Aligned with FDA

1. Stringent criteria to isolate drug effect and select homogenous population adequate for regulatory approval
   - H3 K27M DMG
   - Age-agnostic
   - Treatment setting: progressive disease, ≥90-day from radiation
2. Primary endpoint: ORR by RANO criteria assessed by blinded central independent review
3. Available therapy is palliative
4. Pooled from open label studies
5. Safety database of >400 glioma patients

Clinical Perspectives on Dordaviprone

Timothy Cloughesy, M.D.

Professor, Co-Director, UCLA Brain Tumor Center; Director, UCLA Neuro-Oncology Program

August 27, 2025

Dordaviprone Efficacy Analysis in Recurrent H3 K27M Diffuse Midline Glioma

Objective

Efficacy evaluated in adult and pediatric patients with glioma across five open-label, non-randomized clinical studies conducted in the U.S.

- **Clinical Trials:** ONC006 [NCT02525692], ONC013 [NCT03295396], ONC014 [NCT03416530], ONC016 [NCT05392374], and ONC018 [NCT03134131]

Pre-specified criteria designed to establish integrated efficacy population:

- Eligible patients received single-agent Modeyso
- Diffuse midline glioma harboring an H3 K27M mutation with progressive and measurable disease per Response Assessment in Neuro-Oncology-High Grade Glioma (RANO-HGG) criteria
- ≥90 days post radiation therapy with adequate washout from prior anticancer therapies
- Karnofsky Performance Status / Lansky Performance Status (KPS/LPS) score ≥60
- Stable or decreasing corticosteroid use
- Excluded patients with diffuse intrinsic pontine glioma (DIPG), primary spinal tumors, atypical histologies, or cerebrospinal fluid dissemination
- Patients received weight-based dosing of Modeyso until disease progression or unacceptable toxicity

Arrillaga-Romany et al. *J Clin Oncol* 2024;42(13):1542-1552.

Patient Demographics and Disease Characteristics

Characteristic	All Patients N=50
Age (years), median (range)	30 (8-70)
<18 years, n (%)	4 (8)
18-<40years, n (%)	32 (64)
≥40 years, n (%)	14 (28)
Gender, n (%)	
Male	27 (54)
Female	23 (46)
Race, n (%)	
White	39 (78)
Other	6 (12)
Black	3 (6)
Asian	1 (2)
Not reported	1 (2)
Body weight (kg), median (range)	88 (29-199)
Performance status (KPS/LPS), n (%)	
60-70	14 (28)
80	20 (40)
90-100	16 (32)

Characteristic	All Patients N=50
Primary tumor location, n (%)	
Thalamic	33 (66)
Other midline	17 (34)
Multifocal disease[a], n (%)	23 (46)
>1 Target lesion, n (%)	9 (18)
Tumor size (cm^2)[b], median (range)	10.4 (1.6-40.8)
H3 K27M detection method, n (%)	
IHC	47 (94)
NGS	3 (6)
First recurrence, n (%)	37 (74)
Prior temozolomide, n (%)	44 (88)
Time from recurrence (days), median (range)	20 (1-126)
Time from prior radiation (months), median (range)	7.5 (3-104)
Time from initial diagnosis (months), median (range)	10.9 (5-105)
Daily steroid dose (mg, dex equiv), median (range)	1.1 (0.0-12.0)

Arrillaga-Romany et al. *J Clin Oncol* 2024;1542-1552.
BICR, blind independent central review; dex, dexamethasone; equiv, equivalent; IHC, immunohistochemistry; KPS, Karnofsky performance score; LPS, Lansky performance score; NGS, next-generation sequencing.
Dosing regimen: Oral 625 mg dordaviprone (scaled by body weight for pediatric patients) once every week with exception of one patient dosed once every 3 weeks.
[a]Multifocal disease includes nontarget lesions.
[b]Sum of product of diameters of enhancing target lesions per BICR.

Efficacy Results for Patients with Diffuse Midline Glioma Harboring an H3 K27M Mutation in Studies ONC006, ONC013, ONC014, ONC016, and ONC018 per RANO 2.0

- Durable responses observed with dordaviprone in H3 K27M-mutant DMG across RANO assessment criteria[1-2]
- Responses were also seen in non-midline patients (Odia Y et al *Neuro Oncol* 2024)

Parameter	Efficacy Population (N=50) RANO 2.0[2]
ORR, n (%) [95% CI]	**14 (28.0) [16-42]**
PR	10 (20.0)
MR	4 (8.0)
SD	6 (12.0)[a]
NE	11 (22.0)
PD	15 (30.0)
NA[b]	4 (8.0)
mTTR, months [range]	4.6 [1.6-15.9]
mDOR, months [range]	10.4 [7.4-15.4]

1. Arrillaga-Romany et al. *J Clin Oncol* 2024;42(13):1542-1552; 2. 50-patient primary efficacy analysis in recurrent H3 K27M-mutant DMG by dual-reader BICR: Data on file, Chimerix Inc.

BICR, blind independent central review; CR, complete response; DCR, disease control rate (CR+PR+MR+SD); mDOR, median duration of response; MR, minor response; MRI, magnetic resonance imaging; mTTR, median time to response; NA, not applicable; NE, not evaluable; NR, not reached; ORR, overall response rate (CR+PR+MR); PFS6, 6-month progression-free survival; PFS12, 12-month progression-free survival; PD, progressive disease; PR, partial response; RANO, response assessment in neuro-oncology; SD, stable disease.

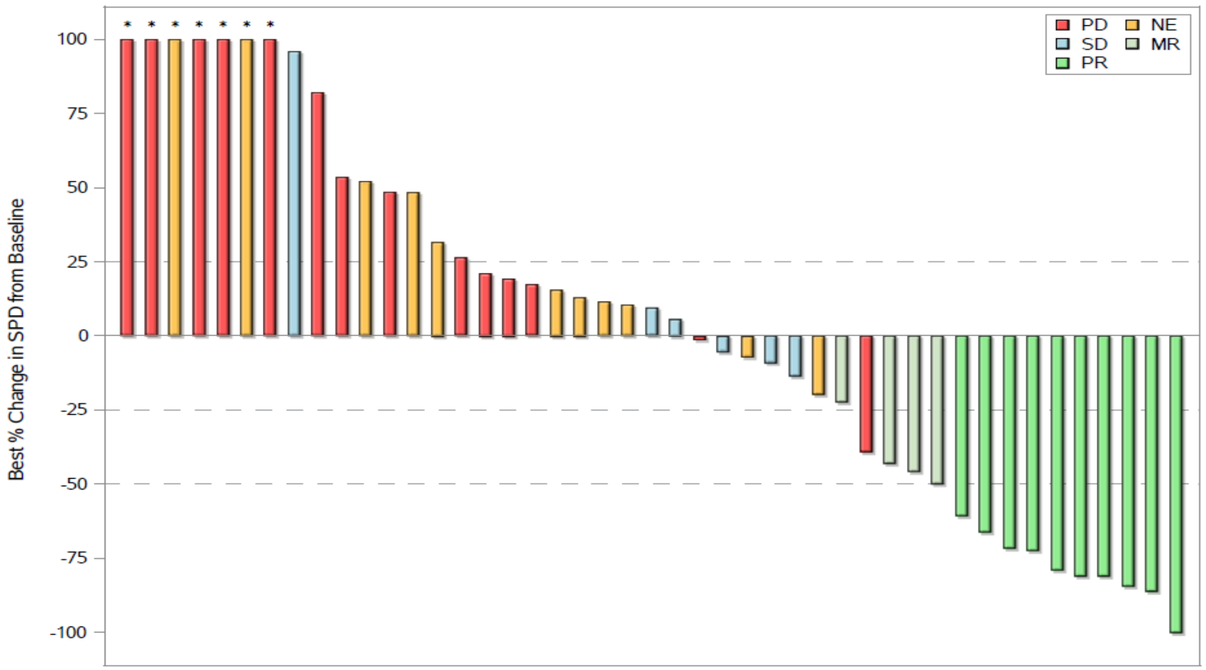
[a]Includes one patient with unconfirmed response by RANO 2.0. [b]Three patients did not have on-treatment monotherapy MRIs available for BICR; one patient censored before first on-treatment MRI.

RANO 2.0 Evaluates Enhancing and Non-Enhancing Disease

Reflects Only Enhancing Disease

MRI type: T1 post-contrast[1]

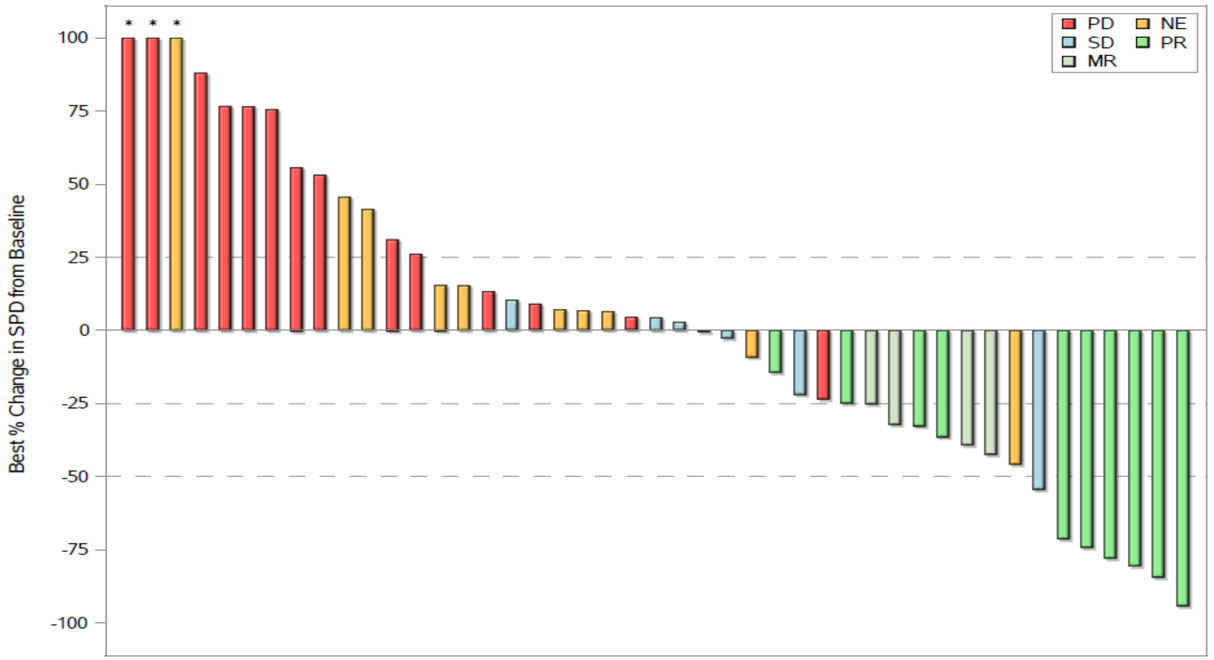
RANO 2.0



Includes Non-Enhancing Disease

MRI type: T2/FLAIR[1]

RANO 2.0



1. 50-patient primary efficacy analysis in recurrent H3 K27M-mutant DMG by dual-reader BICR: Data on file, Chimerix Inc.

***Change >100%.** *MR, minor response; NE, not evaluable; ORR, overall response rate (CR + PR + MR). PD, progressive disease; PR, partial response; RANO, Response Assessment in Neuro-Oncology; SD, stable disease; SPD, sum of products of perpendicular diameters (target enhancing lesions per BICR).*

Only patients with measurable target enhancing lesions by BICR at baseline and with post-baseline evaluations are included. Three patients did not have on-treatment monotherapy MRIs available for BICR; one patient censored prior to first on-treatment MRI; one patient did not have measurable target lesion.

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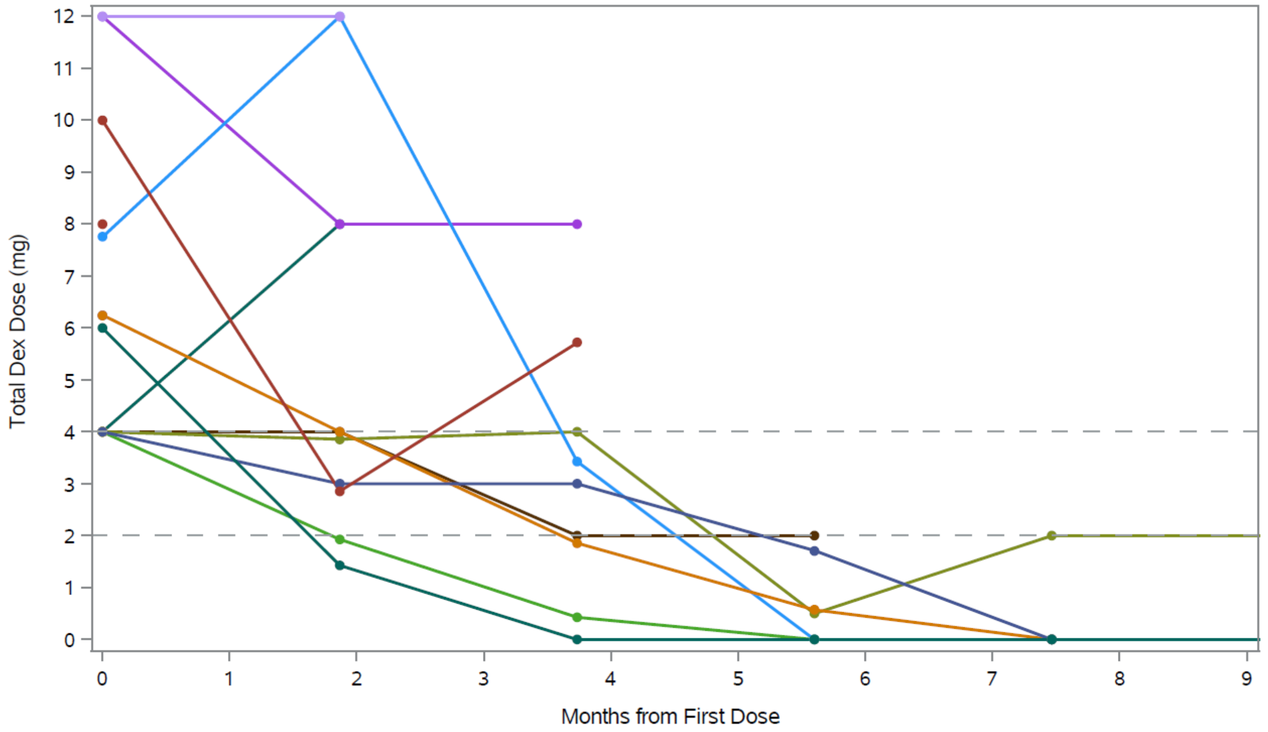
Performance Status and Corticosteroid Use

Dordaviprone Phase 2 Efficacy Analysis by BICR in Recurrent H3 K27M-Mutant DMG (N=50)

Corticosteroid Response[a]	
Evaluable, N	15
Response rate, n (%) [95% CI]	7 (47) [21-73]
Time to response (months), median (range)	3.7 (1.9-5.6)
Performance Status Response[b]	
Evaluable, N	34
Response rate, n (%) [95% CI]	7 (21) [9-38]
Time to response (months), median (range)	3.5 (1.9-22.4)

Corticosteroids[c]



Arrillaga-Romany et al. J Clin Oncol 2024;42(13):1542-1552.

[a]Corticosteroid response: ≥50% reduction in average daily corticosteroid dose compared to baseline with stable or improved KPS/LPS. Must be confirmed at next analysis timepoint. Corticosteroids were converted into a dexamethasone equivalent dose. Baseline ≥4mg dexamethasone at baseline were evaluable. [b]Performance status response: increase in KPS/LPS compared to baseline with stable or reduced corticosteroid use. Must be confirmed at next analysis timepoint. Baseline KPS/LPS ≤80 were evaluable.

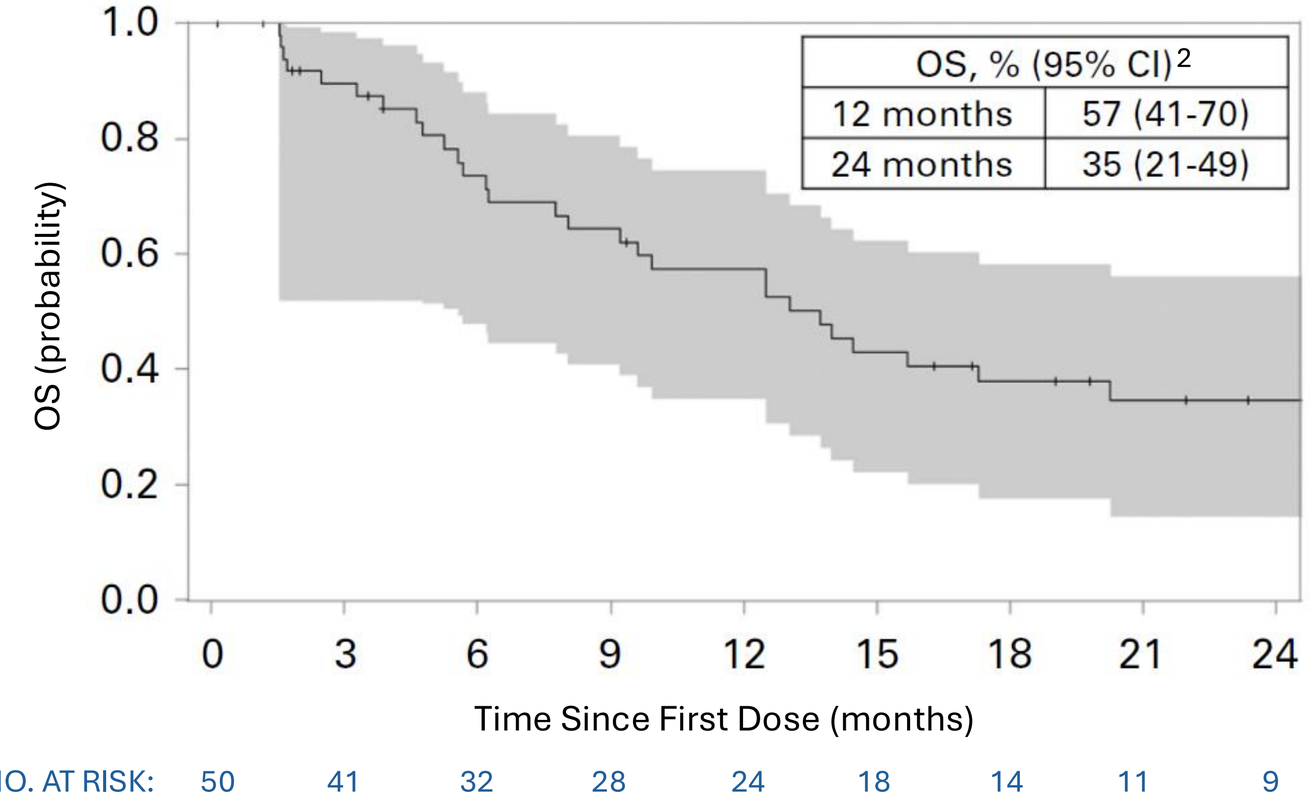
[c]Average daily over 1 week around analysis window presented (every 8 weeks)

Overall Survival

Dordaviprone Phase 2 Efficacy Analysis by BICR in Recurrent H3 K27M-Mutant DMG (N=50)

Median Overall Survival:

14.0 mo [95% CI, 8.0-26.1][1]

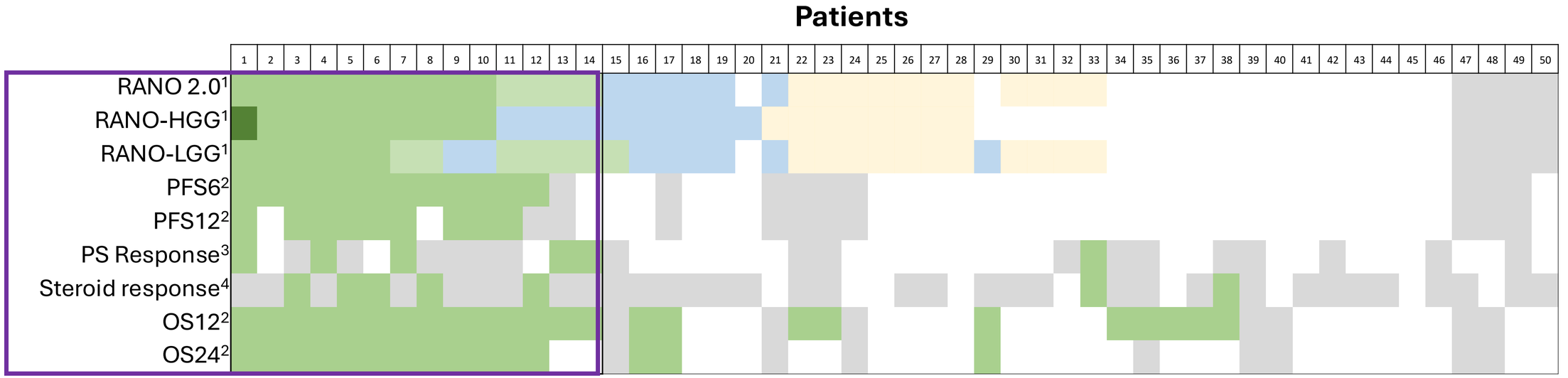


1. 50-patient primary efficacy analysis in recurrent H3 K27M-mutant DMG by dual-reader BICR: Data on file, Chimerix Inc. 2. Arrillaga-Romany et al. *J Clin Oncol* 2024;42(13):1542-1552.

OS, overall survival; PFS, progression-free survival; RANO-HGG, response assessment in neuro-oncology high-grade glioma.

Shaded areas indicate 95% CI.

Primary Efficacy Analysis ‘Heatmap’ Reflects RANO Responses Associated with Other Measures of Clinical Benefit



Legend

RANO[1]	Complete response	Partial response	Minor Response	Stable Disease	Not Evaluable	Progressive Disease	Not Applicable
PFS6 / PFS12 / OS12 / OS24[2]	Yes	No	Censored				
Performance Status Response[3]	Yes	No	Unevaluable				
Steroid Response[4]	Yes	No	Unevaluable				

Source: Cloughesy T et al, Neuro-Onc 10.1093/neuonc/noae165.0421.

1. Best overall response by RANO criteria assessed by BICR. Not evaluable if PD with decreasing steroids or SD with increasing steroids. Not applicable if no post-baseline assessments.
2. Progression free-survival ≥ 6 months / 12 months by RANO 2.0 criteria assessed by BICR; Overall survival ≥ 12 months / 24 months. Patients censored if not progressed/alive at last assessment/follow-up prior to cutoff.
3. Performance status response defined as increase in KPS/LPS compared with baseline, while also having stable or reduced corticosteroid use. Increase must be confirmed at the next analysis timepoint. Patients with baseline KPS/LPS ≤80 were evaluable for this analysis.
4. Corticosteroid response defined as ≥50% reduction in average daily steroid dose compared with baseline or reduction ≤2 mg with stable or improved KPS/LPS. Reduction must be confirmed at the next analysis timepoint. Corticosteroids were converted into a dexamethasone equivalent dose. Patients receiving ≥4mg dexamethasone at baseline were evaluable for this analysis.

Treatment-related Treatment Emergent Adverse Events (TR-TEAEs) Occurring in ≥5% of Patients

TR-TEAE	All Patients (N=50), n (%)			
	Grade 1	Grade 2	Grade 3	All Grades
Patients with at least one TR-TEAE	10 (20.0)	10 (20.0)	10 (20.0)	**30 (60.0)**
Fatigue	7 (14.0)	5 (10.0)	5 (10.0)	**17 (34.0)**
Nausea	8 (16.0)	1 (2.0)	0	**9 (18.0)**
Lymphocyte count decreased	2 (4.0)	4 (8.0)	1 (2.0)	**7 (14.0)**
Headache	3 (6.0)	1 (2.0)	1 (2.0)	**5 (10.0)**
Vomiting	5 (10.0)	0	0	**5 (10.0)**
Anemia	2 (4.0)	1 (2.0)	0	**3 (6.0)**
Decreased appetite	1 (2.0)	2 (4.0)	0	**3 (6.0)**
Dizziness	3 (6.0)	0	0	**3 (6.0)**
Fall	2 (4.0)	1 (2.0)	0	**3 (6.0)**
Hemiparesis	1 (2.0)	2 (4.0)	0	**3 (6.0)**
Rash maculopapular	1 (2.0)	0	2 (4.0)	**3 (6.0)**

No grade 4 TR-TEAEs or treatment-related deaths reported

Arrillaga-Romany et al. *J Clin Oncol* 2024;42(13):1542-1552.

Serious Adverse Events (SAEs) Occurring in ≥5% of Patients

There were no SAEs that were considered related by the sponsor, although two patients had an SAE that was considered possibly related by the investigator, including seizure (n=1) and pulmonary embolism (n=1).

SAE, n (%)	All Patients (N=50)
Patients with at least one SAE	**23 (46.0)**
Hydrocephalus	4 (8.0)
Nausea	4 (8.0)
Brain edema	3 (6.0)
Encephalopathy	3 (6.0)
Headache	3 (6.0)
Pulmonary embolism	3 (6.0)

Arrillaga-Romany et al. *J Clin Oncol* 2024;42(13):1542-1552.

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TEAEs Leading to Discontinuations, Reductions and Interruptions (All Causality)

No discontinuations occurred because of TR-TEAE. Dose reduction/interruption because of a TR-TEAE occurred in one patient (2.0%) due to pulmonary embolism.

TEAE, n (%)	All Patients (N=50)
Patients with a TEAE leading to discontinuation, reduction, or interruption	**4 (8.0)**
Nausea	1 (2.0)
Vomiting	1 (2.0)
Chest pain	1 (2.0)
Gait disturbance	1 (2.0)
Influenza	1 (2.0)
Urinary tract infection	1 (2.0)
Encephalopathy	1 (2.0)
Headache	1 (2.0)
Hydrocephalus	1 (2.0)
Confusional State	1 (2.0)
Dyspnea	1 (2.0)
Pulmonary embolism	1 (2.0)

Arrillaga-Romany et al. *J Clin Oncol* 2024;42(13):1542-1552.

August 27, 2025

Clinical and Regulatory Overview

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

Executive Vice President,
Global Head of Research and Development and

Chief Medical Officer

Jazz Pharmaceuticals

Data Summary from USPI

Efficacy Results from Patients with Diffuse Midline Glioma Harboring an H3 K27M Mutation in Studies ONC006, ONC013, ONC014, ONC016, and ONC018 per RANO 2.0

Efficacy Parameter	MODEYSO N=50
Overall Response Rate (95% CI)[a]	22% (12, 36)
Partial response (PR)	16%
Minor response (MR)	6%
Duration of Response	N=11
Median (95 CI)[b], months	10.3 (7.3, 15.2)
% with observed DOR ≥6 months[c]	73%
% with observed DOR ≥12 months[c]	27%

Among responders, the median time to response was 3.6 months (range 1.6, 15.6).

Using BICR-assessed RANO 2.0 criteria, there was one additional responder based on the integrated response assessment, which takes into account corticosteroid use and performance status. Based on BICR-assessed RANO-HGG criteria (n=50), the ORR was 20% (95% CI: 10, 34), with 1 complete and 9 partial responses. Based on BICR-assessed RANO-LGG criteria (n=50), the ORR was 20% (95% CI: 10, 34), with 5 partial and 5 minor responses.

Abbreviations: BICR=blinded independent central review. CI=confidence interval; RANO=Response Assessment in Neuro-Oncology

a. Confirmed overall response rate assessed by BICR. CI based on Clopper-Pearson method.
b. Based on Kaplan-Meler estimate.
c. Based on observed time.

Modeyso U.S. Label

Highlights of prescribing information

Indications and Usage	• MODEYSO is a protease activator indicated for the treatment of adult and pediatric patients 1 year of age and older with diffuse midline glioma harboring an H3 K27M mutation with progressive disease following prior therapy. • This indication is approved under accelerated approval based on 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	• Select patients for treatment with MODEYSO based on the presence of an H3 K27M mutation from tumor specimens. • Monitor ECG and electrolytes before starting MODEYSO and periodically during treatment as clinically indicated. • The recommended dose in adult patients is 625 mg orally once weekly. • The recommended dose in pediatric patients weighing ≥10 kg is based on body weight. • Take MODEYSO orally once weekly on an empty stomach (at least 1 hour before or 3 hours after food intake). • Continue MODEYSO until disease progression or unacceptable toxicity
Dosage Forms and Strengths	• Capsules: 125 mg
Contraindications	• None

MODEYSO™ (dordaviprone) capsules 125 mg

Modeyso U.S. Label

Highlights of prescribing information

Warnings and Precautions	• Hypersensitivity: If clinically significant hypersensitivity or anaphylaxis occur, immediately discontinue MODEYSO and initiate appropriate medical treatment and supportive care. • QTc Interval Prolongation: MODEYSO causes concentration dependent QTc interval prolongation. Interrupt or reduce the dose of MODEYSO in patients who develop QT prolongation, and permanently discontinue MODEYSO in patients with signs of life-threatening arrhythmias. • Embryo-fetal Toxicity: Can cause fetal harm. Advise patients of the potential risk to a fetus and to use effective contraception.
Adverse Reactions	• The most common (≥20%) adverse reactions are fatigue, headache, vomiting, nausea, and musculoskeletal pain. The most common (≥2%) Grade 3 or 4 laboratory abnormalities are decreased lymphocytes, decreased calcium, and increased alanine aminotransferase. • Serious adverse reactions occurred in 33% of patients who received MODEYSO. Serious adverse reactions in >2% of patients included hydrocephalus (5%), vomiting (4.3%), headache (3.2%), seizure (2.4%), and muscular weakness (2.1%). Fatal adverse reactions occurred in 1% of patients who received MODEYSO, including cardiac arrest (0.5%), intracranial hemorrhage (0.3%), and encephalopathy (0.3%).
Drug Interactions	• CYP3A4 Inhibitors: Avoid concomitant use of strong and moderate CYP3A4 inhibitors with MODEYSO. If concomitant use cannot be avoided for adults and pediatric patients who weigh at least 52.5 kg, reduce the dose of MODEYSO as recommended. • CYP3A4 Inducers: Avoid concomitant use of strong and moderate CYP3A4 inducers with MODEYSO.D • Drugs Known to Prolong QTc Interval: Avoid concomitant use of MODEYSO with products known to prolong the QTc interval. If concomitant use cannot be avoided, separate administration of MODEYSO and the QT-prolonging product.
Use in Specific Populations	• Lactation: Advise not to breastfeed.

MODEYSO™ (dordaviprone) capsules 125 mg

Regulatory Path: Accelerated Approval Received and Phase 3 Trial Ongoing

1

4Q24

- Recurrent H3 K27M-mutant diffuse midline glioma submitted to FDA 4Q24

2

August 2025

- FDA approved 6 August 2025
- Expeditious launch in the U.S.
- PRV granted on approval

3

Ongoing

- Phase 3 1L H3 K27M-mutant diffuse midline glioma (ACTION) trial enrollment is ongoing and on track
- EMA submission strategy under evaluation

ACTION Study Design

- **Now enrolling, a randomized, double-blind, placebo-controlled, multicenter international study in 450 newly diagnosed diffuse glioma patients whose tumor harbors an H3 K27M-mutation**
- **95+ ex-US sites open and currently enrolling with >50% patients currently enrolled**

Key Eligibility Criteria

- H3 K27M-mutant diffuse glioma[a]
- Radiation therapy recently completed
- KPS ≥70 at time of randomization
- Stable steroid dose
- No prior bevacizumab
- No temozolomide within three weeks

Treatment

dordaviprone twice weekly
(625 mg dordaviprone day 1 + day 2)

dordaviprone weekly
(625 mg dordaviprone day 1 + placebo day 2)

Placebo
(placebo day 1 + placebo day 2)

Endpoints

- Primary: Overall Survival
- PFS (alpha-allocated)
- Secondary: steroid response, performance status, QoL, neurologic function

ClinicalTrials.gov identifier: NCT05580562
EUCT number: 2022-502051-56-00
PFS: progression-free survival; QoL: quality of life; [a]Excludes diffuse intrinsic pontine glioma (DIPG), spinal tumors, and evidence of leptomeningeal spread of disease or cerebrospinal fluid dissemination.

August 27, 2025

Commercial Overview

Samantha Pearce

Executive VP, Chief Commercial Officer

Jazz Pharmaceuticals

H3 K27M-Mutant Diffuse Midline Glioma Is a Highly Aggressive Cancer, Most Common in Children and Young Adults, Which Is Lethal and Lacks Effective Systemic Therapies

CNS WHO Grade 4 glioma[1]
The most aggressive form of glioma

Most frequently occurs in **children and young adults**[2], with a **median age at diagnosis of 11 years**[3]

Invariably lethal and rapid mortality

Median overall survival is approximately **1 year** from diagnosis[2-5] and **less than 6 months** from recurrence[6]

Surgery is typically limited

The tumor location makes surgical resection difficult; resection **does not confer a survival benefit** over biopsy alone[7-10]

No approved therapies
specifically for H3 K27M-mutant diffuse midline glioma

No systemic therapies have shown meaningful clinical benefit to date; radiotherapy remains standard of care in current clinical practice, providing temporary symptom relief[11-14]

[1]Louis DN et al. Neuro Oncol. 2021;23(8):1231–1251; [2]Zheng L et al. Am J Surg Pathol. 2022;26:863-871; [3]Vuong et al, Frontiers in Oncology March 2022; [4]Mackay A et al. Cancer Cell. 2017;32(4):520-537; [5]Ostrom QT et al. Neuro Oncol. 2023;25:799-807; [6]Bagley et al Cancers 2025, 17(13), 2107; [7]Hatoum R et al. JAMA Netw Open 2022;5(8):e2226551; [8]Karremann M et al. Neuro Oncol 2018;20(1):123-131; [9]Peng Y et al. Sci Rep 2023;13(1):9970; [10]Ryba A et al. Neuro Oncol 2024;26(8):1479-1493; [11]Saratsis A et al. Neuro Oncol. 2023 Oct 11;26(Suppl 2):S92–S100; [12]Nabors B et al. Neuro Oncol 25(12), 2114–2116, 2023; [13]Gajjar A et al. J Natl Compr Canc Netw 2025;23(3):113–130; [14]Gallitto M et al. Adv Radiat Oncol. 2019 Mar 30;4(3):520–531.

Robust Engagement With the Neuro-oncology Community Has Resulted in a Highly Informed, Comprehensive Launch Plan

Engagement Highlights

- Commercial market research team has engaged a robust sample of experts to inform our strategy
  - Consistent engagement with HCPs, KOLs, Payers, and Patient Advocacy Organizations
- Long term partnerships with advocacy leaders and organizations
- Strong cross functional collaboration resulting in a valuable exchange of insights

HCP: Healthcare Provider; KOL: Key Opinion Leaders

Intended for U.S. investor audiences only.

Executing to Elevate Awareness and Address the Unmet Need

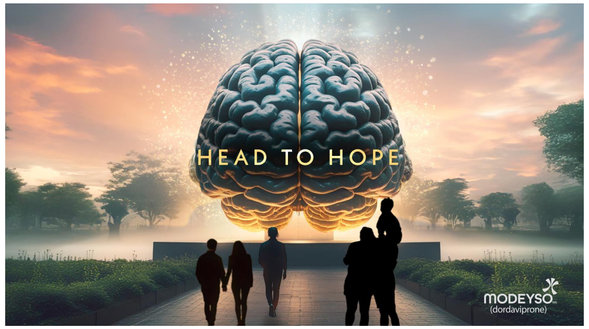
1

Disease State Awareness & Education

Elevating awareness of and driving urgency to test for H3 K27M mutation

2

Branded Campaign Launch



Establishing MODEYSO as the new paradigm in treating H3 K27M mutant diffuse midline glioma

3

Expanded Reach

~3K
HCP Targets

+

~7K
NPP only HCP Targets

=

~10K
Total HCP Targets

Digital and NPP tactics will amplify both campaigns across an expanded target universe

Exclusive Specialty Pharmacy with Integrated, High-Touch Support Services For Patients and Caregivers

Comprehensive support to fully EMBRACE patients and caregivers

- Oncology expertise & flexible service
- Efficient, empathetic, & high touch
- Access for every appropriate patient

CHIMERIX® CARES

Patient Support Hub

Onco360® ONCOLOGY PHARMACY

+

ConnectMed360®

Launch Driven by Experienced Jazz/Chimerix Oncology Team and Existing Infrastructure

Right Team, Right Capabilities

- **Dedicated, lean customer facing teams** with **infrastructure in place** for a successful launch

Key Customer Focus

- **Focused** neuro-oncology **call point**
- Leverage Jazz's **rare oncology expertise** across sales, marketing, medical and access

Robust Access and Patient Support Services

- **Dedicated Jazz resources** and **ChimerixCares suite of services** ensures seamless access, reimbursement and comprehensive support for patients initiated on Modeyso

August 27, 2025

Closing Remarks

Renee Gala

President and Chief Executive Officer

Jazz Pharmaceuticals

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Goal Is for Modeyso to Become New Standard of Care

2025
Commercial Launch

- Launched on 15 August 2025
- Sales force mobilized; product available for supply to treatment centers/physicians

2026 and Beyond
ACTION Trial

- **Enrollment ongoing and on track:** E.U. and other territories
- Potential ex-U.S. expansion opportunities

✓ **Modeyso launch enhances momentum in Jazz rare-disease / oncology portfolio**

✓ **Provides potential near-term expansion opportunity**

August 27, 2025

Q&A

Jazz Pharmaceuticals

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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 and Chimerix teams continuously working to deliver this important medicine to patients.

Jazz Pharmaceuticals