Supernus Pharmaceuticals

Corporate Overview

May 2026

Supernus® Pharmaceuticals

Safe Harbor Statement

This presentation and other matters discussed today or answers that may be given to questions asked include forward-looking statements within the meaning of the federal securities laws. These statements, among other things, relate to Supernus' business strategy, goals and expectations concerning its product candidates, ability to integrate the acquired portfolio into its infrastructure, future operations, prospects, plans and objectives of management. The words "anticipate", "believe", "could", "estimate", "expect", "intend", "may", "plan", "predict", "project", "will", and similar terms and phrases are used to identify forward-looking statements in this presentation. Supernus' operations involve risks and uncertainties, many of which are outside its control, including the risk factors set forth from time to time in Supernus' filings with the U.S. Securities and Exchange Commission (SEC), which could materially affect its results of operations and whether the forward-looking statements ultimately prove to be correct. Supernus assumes no obligation to update any forward-looking statements except as required by applicable law.

Supernus has filed with the SEC reports and other documents required by Section 13 or 15(d) of the Securities Exchange Act of 1934, as amended. Before you purchase any Supernus securities, you should read such reports and other documents to obtain more complete information about the company's operations and business and the risks and uncertainties that it faces in implementing its business plan. You may get these documents for free by visiting EDGAR on the SEC website at http://www.sec.gov.

Supernus® Pharmaceuticals

Proven Execution in CNS

30+ Years of CNS Experience

Building for the Long-Term with Four Growth Drivers

Supernus® Pharmaceuticals

2005 - Present

- Qelbree® (viloxazine) extended-release capsules — ONCE-A-DAY
- ZURZUVAE® (zuranolone) capsules CIV — 20 mg • 25 mg • 30 mg
- ONAPGO™ (apomorphine HCl) injection, for subcutaneous use • 4.9 mg/mL
- GOCOVRI® (amantadine) extended release capsules — 68.5 mg | 137 mg
- MYOBLOC® rimabotulinumtoxinB Injection [5,000 Units/mL]
- Trokendi XR® (topiramate) extended-release capsules
- APOKYN® apomorphine hydrochloride injection
- Oxtellar XR® (oxcarbazepine) extended-release tablets
- XADAGO® (safinamide) tablets

Shire

1997 - 2005

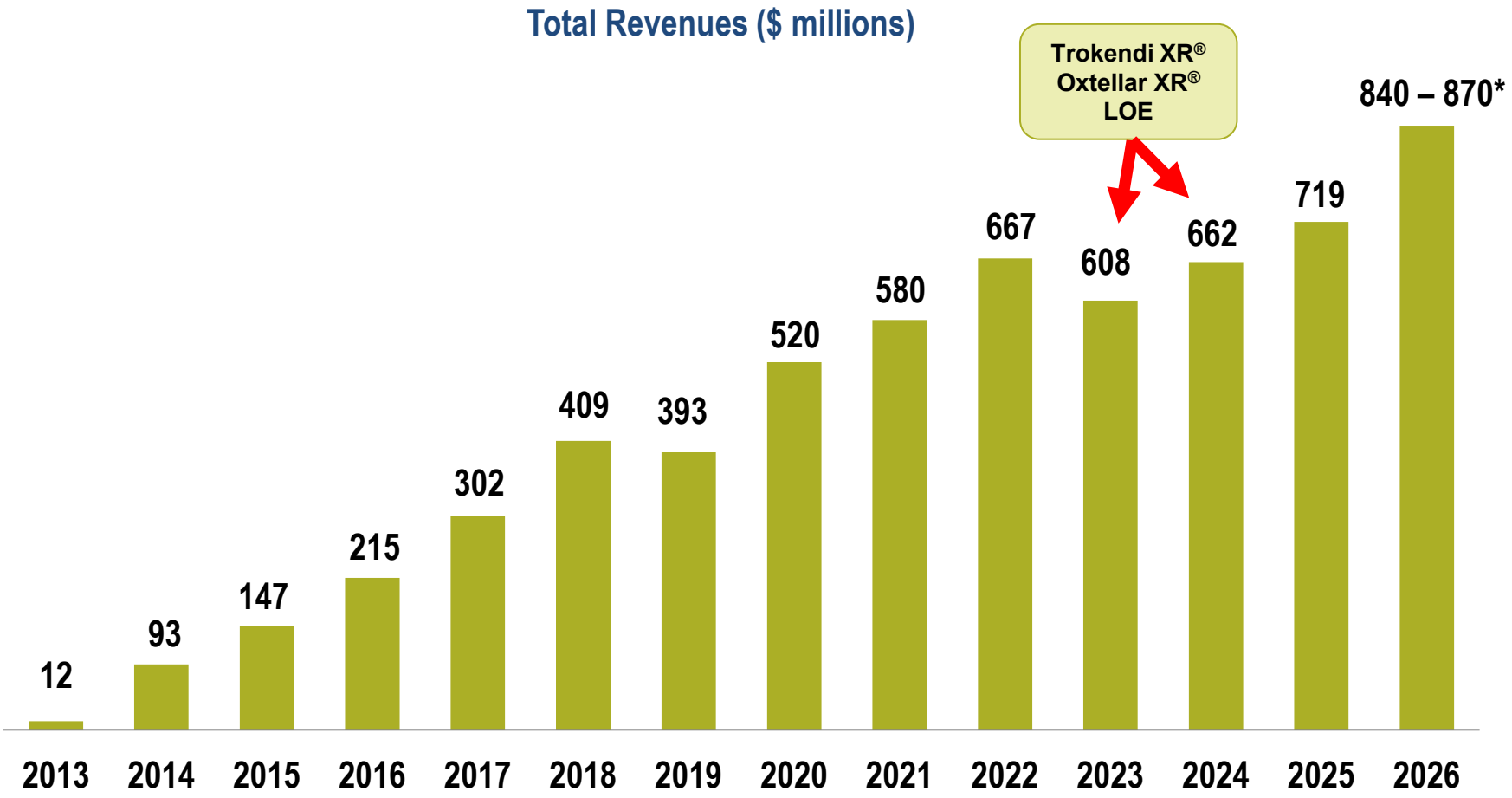
- ADDERALL XR® CII — 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg CAPSULES (Mixed Salts of a Single-Entity Amphetamine Product) Dextroamphetamine Sulfate · Dextroamphetamine Saccharate · Amphetamine Aspartate Monohydrate · Amphetamine Sulfate
- intuniv® (guanfacine) Extended Release Tablets 1 • 2 • 3 • 4 mg
- Mydayis® CII (mixed salts of a single-entity amphetamine product) 12.5 | 25 | 37.5 | 50 mg extended-release capsules
- Carbatrol® carbamazepine EXTENDED-RELEASE capsules 100 mg · 200 mg · 300 mg

Prior to becoming independent in 2005, Supernus operated as Shire Laboratories, Inc., a division of Shire.

Supernus® Pharmaceuticals

Proven Commercial Execution

Total Portfolio Revenue Growth



*Guidance provided on May 5, 2026

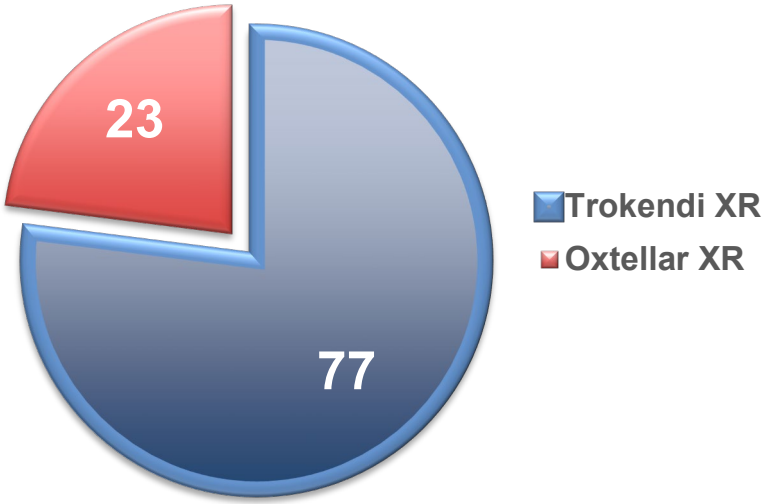
LOE = Loss of Exclusivity.

Supernus® Pharmaceuticals

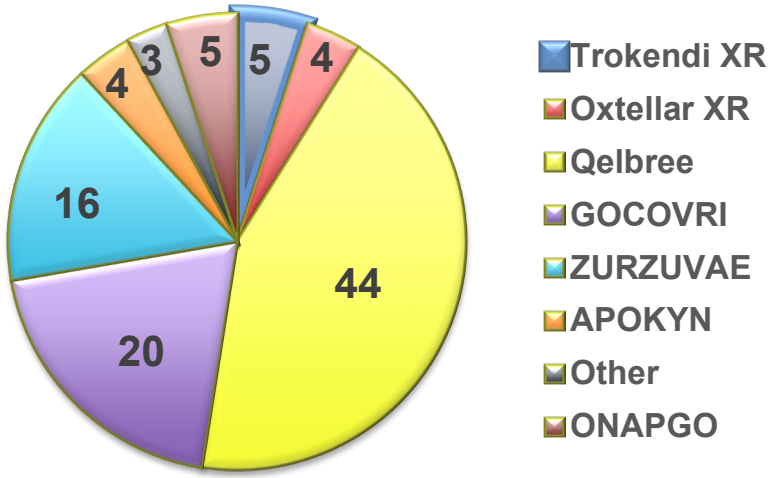
Portfolio Diversification and Management of LOEs

% of Net Product Sales^

2019



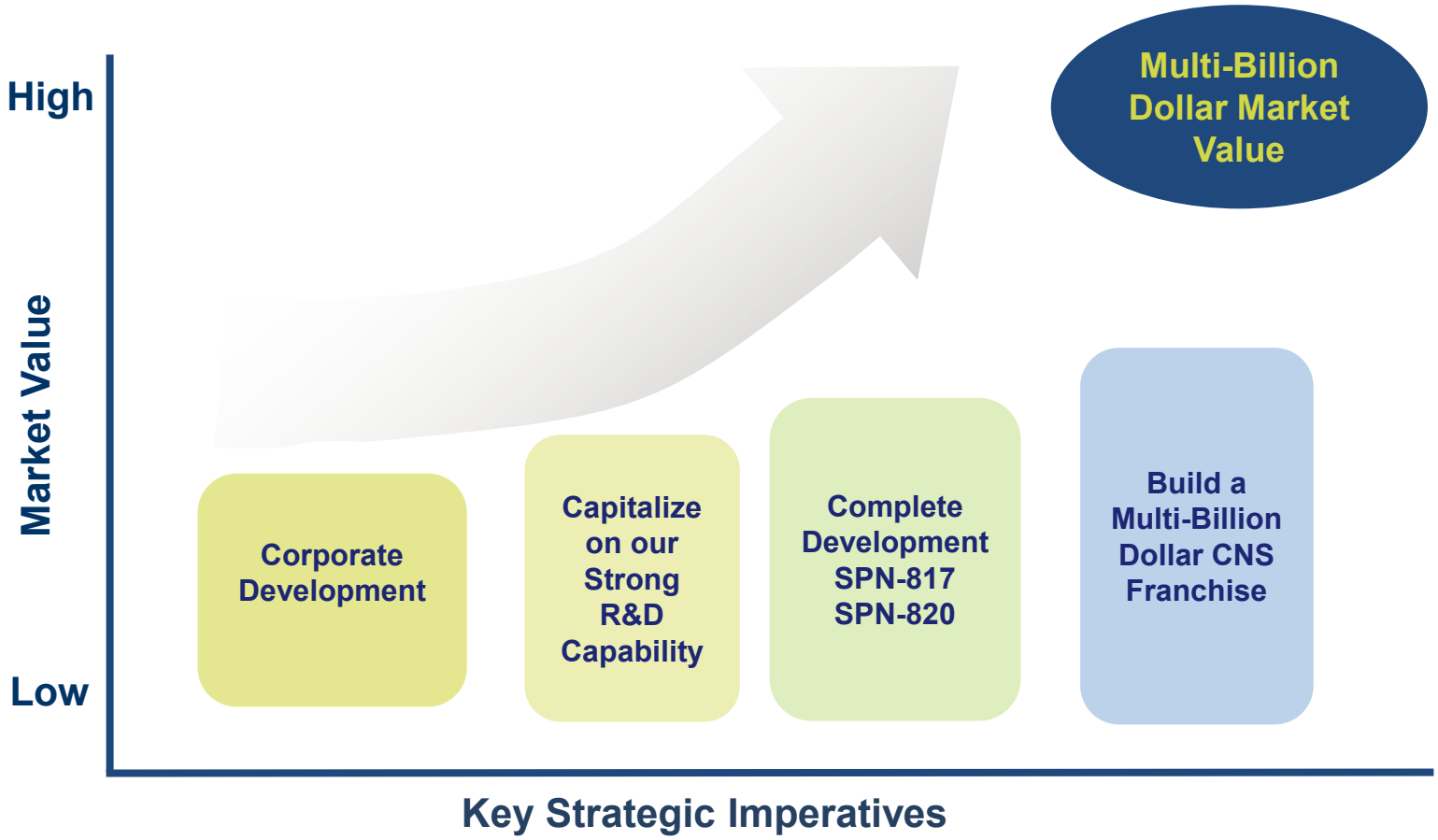
1Q 2026



^Includes collaboration revenue from ZURZUVAE

Supernus® Pharmaceuticals

Strategic Direction

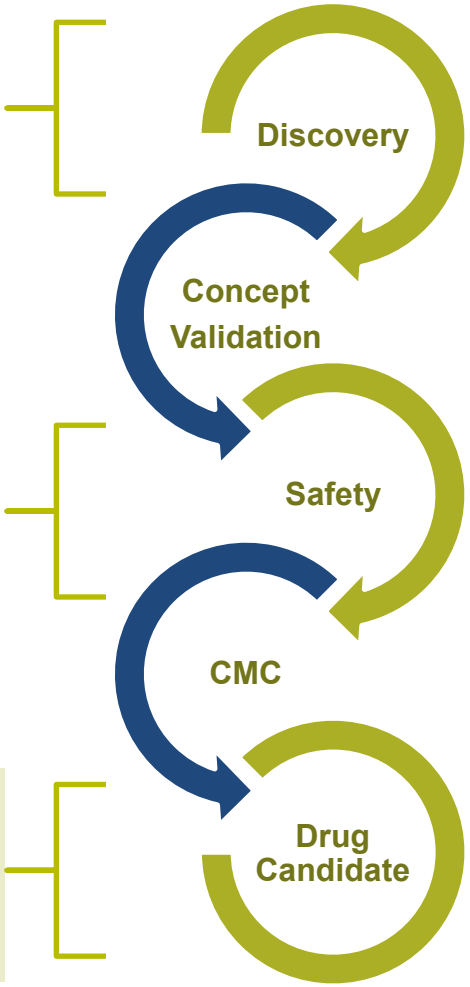


Significant Experience & Capabilities in Drug Development

Discovery Platform
Design and synthesis of new compounds based on structure, function and disease pathways

Toxicology

Validated drug candidates



In vitro, PK, preclinical proof of concept, and stability studies

In-house CMC/drug delivery expertise & GMP manufacturing

Supernus® Pharmaceuticals

Robust CNS Pipeline to Drive Long-Term Growth

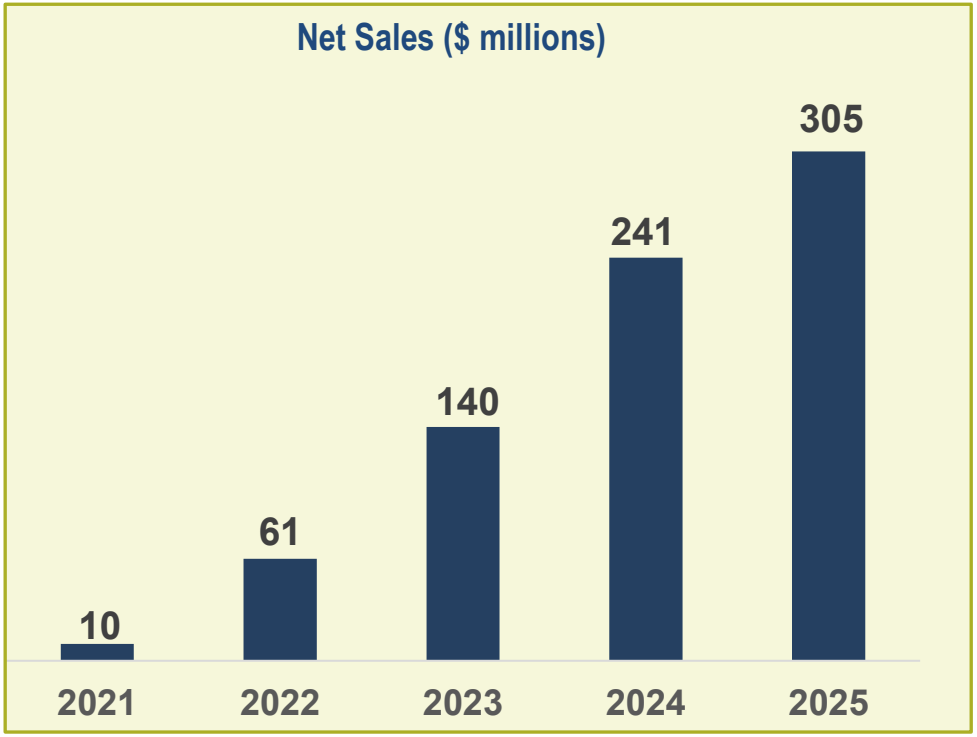
Program	Indications	Discovery	Preclinical	Phase 1	Phase 2	Phase 3	Filing	Market
SPN-817	Epilepsy							
SPN-820	Depression							
SPN-443	ADHD							
Zuranolone	PPD (EU)					Biogen		
Zuranolone	MDD (Japan)						SHIONOGI	

PPD = Postpartum Depression
MDD = Major Depressive Disorder

Supernus® Pharmaceuticals

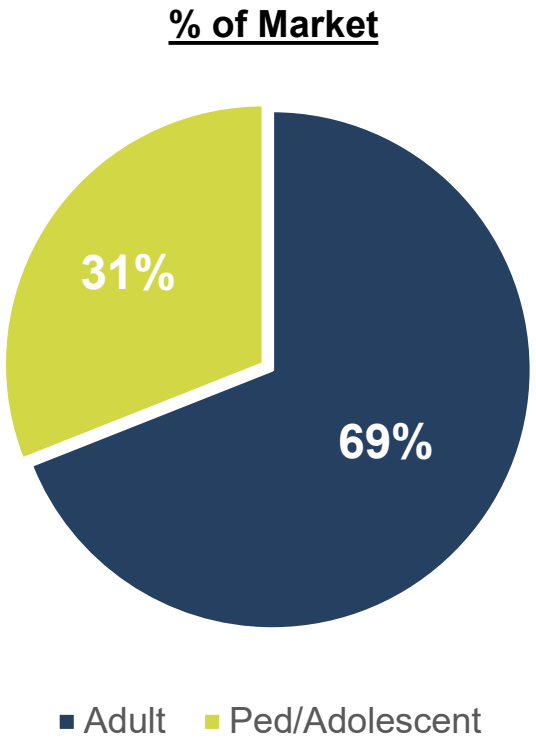
Novel Non-Stimulant ADHD Product

- 1Q 2026 growth of 20% in net sales and 19% in prescriptions compared to 1Q 2025
- IP expirations from 2029-2035



ADHD Market By Patient Population

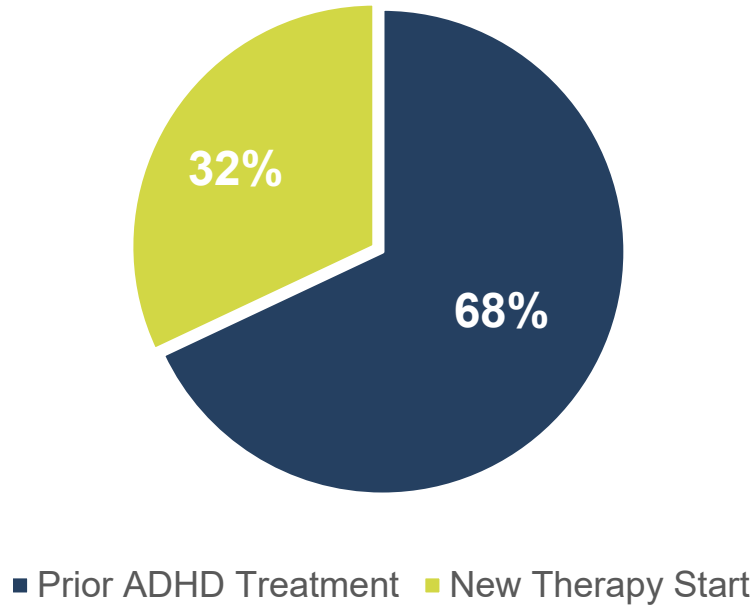
2025 Total U.S. ADHD Market – 111 Million Prescriptions



Source: IQVIA

Source of Usage

68% of Patients Were Prescribed Qelbree As Replacement to Existing Therapy or Add-on



Patients Who Switched to Qelbree Came From:

Stimulants 55%:
- Vyvanse®: 24%
- AMP ER/Adderall XR®: 17%
- MPH ER/Concerta®: 25%
- MPH IR: 8%
- AMP IR: 12%
- DEXMPH/Focalin®: 13%
- Other: 1%

Non-Stimulants 45%:
- Atomoxetine/Strattera®: 72%
- Guanfacine/Intuniv®: 25%
- Other: 3%

Branded ADHD products launched in last 5 years (as of September 2022).
Prior ADHD treatment was defined as patients who switched to Qelbree, or for whom Qelbree was an add-on to current therapy (N=77,657 prescriptions).
All trademarks are the property of their respective owners
Source: IQVIA NPA market dynamics data, 4/2023 to 3/2024.

Qelbree (viloxazine extended-release capsules) vs. Atomoxetine

Research Article, Published in CNS Drugs (July 2023)

Extended-Release Viloxazine Compared with Atomoxetine for Attention Deficit Hyperactivity Disorder

Authors: Maxwell Z Price, Richard L Price

- Independent retrospective chart review of 50 patients with ADHD in routine clinical practice
  - Supernus did not provide any support for this research
- Approximately ½ of patients were receiving psychostimulants with a suboptimal response
- Patients taking a psychostimulant were maintained on a stable dose
- Patients received up to 4 weeks of atomoxetine per required insurance prior authorization, were washed out for 5 days, and opted to switch to 4 weeks of viloxazine ER
- ADHD RS-5 and AISRS scales administered at:
  - Baseline
  - At the end of 4-week atomoxetine trial, or earlier if discontinued for AEs
  - At the end of subsequent 4-week Qelbree trial

CNS Drugs 2023 Jul 10. doi: 10.1007/s40263-023-01023-6

ADHD RS-5 = ADHD Rating Scale – 5 AISRS = Adult Investigator Symptom Rating Scale

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vs. Atomoxetine

Research Article, Published in CNS Drugs (July 2023)

Extended-Release Viloxazine Compared with Atomoxetine for Attention Deficit Hyperactivity Disorder

Authors: Maxwell Z Price, Richard L Price

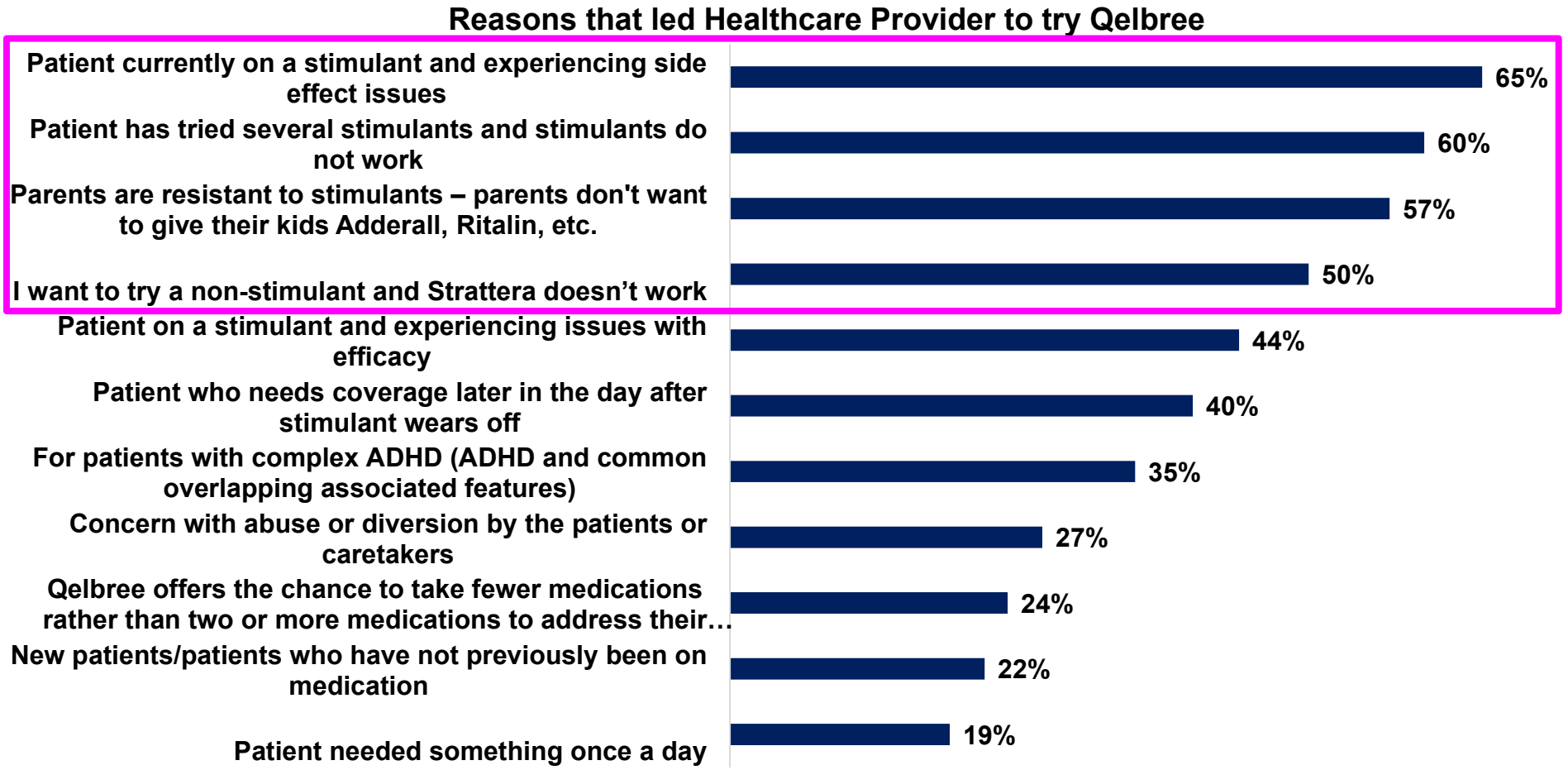
- **Significant improvements** ($p<0.00001$) were seen on Qelbree compared to atomoxetine on ADHD RS-5 and AISRS scales
- **96%** of patients preferred Qelbree over atomoxetine
- **85%** of patients receiving stimulants chose to taper adjunctive stimulant once stabilized on Qelbree
- **86%** reported positive response by 2nd week of Qelbree
- **4%** discontinued Qelbree vs 36% discontinued atomoxetine due to AEs
- Authors concluded *"Pediatric and adult ADHD patients who have experienced less than optimal response to atomoxetine demonstrate rapid improvement in inattention and in hyperactivity/impulsivity with greater tolerability on extended-release viloxazine."*

CNS Drugs 2023 Jul 10. doi: 10.1007/s40263-023-01023-6

ADHD RS-5 = ADHD Rating Scale – 5 AISRS = Adult Investigator Symptom Rating Scale

Top Reasons to Try Qelbree®

Patients Having Issues With Stimulants & Looking For an Effective Non-Stimulant



Source: Internal market research among Qelbree prescribers – n=104.
Q28. Thinking about the patients you have put on Qelbree, what medications were they on/what issues were they having that led you to try Qelbree?

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Major Presence in Parkinson's Disease (PD)

1 Million U.S. PD Patients - Market Expected to Grow to $6.2B by 2026 [1]

1- Global Data Parkinson's Disease Global Drug Forecast and Market Analysis 2026.

Supernus® Pharmaceuticals

GOCOVRI® (amantadine) extended release capsules 68.5 mg | 137 mg

Unique Positioning in PD

- 1Q 2026 growth of 15% in net sales and 7% in prescriptions compared to 1Q 2025
- Only product indicated to treat both dyskinesia and “off” episodes
- Indications:
  - For the treatment of dyskinesia in patients with PD receiving levodopa-based therapy, with or without concomitant dopaminergic medications
  - Adjunctive treatment to levodopa/carbidopa in patients with PD experiencing “off” episodes

Supernus® Pharmaceuticals

GOCOVRI®
(amantadine) extended release capsules
68.5 mg | 137 mg

Significantly Decreased Dyskinesia and OFF Time, Thereby Significantly Increasing Good ON Time

GOCOVRI achieved reductions in dyskinesia & OFF episodes without having to adjust levodopa dose

Placebo-adjusted, pooled results from pivotal trials*

Primary endpoint

↓27%
DECREASE IN DYSKINESIA

10.1-point reduction in UDysRS score

(-17.7 GOCOVRI vs. -7.6 placebo)[1][2]†

Secondary endpoints

↓36%
DECREASE IN OFF TIME

1-hour decrease

(-0.6 GOCOVRI vs. 0.4 placebo) [1][2]†

↑29%
INCREASE IN GOOD ON TIME

2.4-hour increase

(3.8 GOCOVRI vs.1.4 placebo) [1][2]†

(1) Elmer LW, CNS Drugs. 2018.

(2) Data on file. Adamas Pharma LLC, Emeryville, CA.

* Pooled results from 2 independent positive, pivotal, Phase 3, randomized, placebo-controlled trials (Study 1 and Study 2) in PD patients on levodopa. Study 1, a 24-week study, was conducted in 121 PD patients with dyskinesia (GOCOVRI [n = 63], placebo [n = 58]). Study 2, a 12-week study, was conducted in 75 PD patients with dyskinesia (GOCOVRI [n = 37], placebo [n = 38]).

† In Study 1, GOCOVRI reduced the UDysRS total score by 15.9 points (vs 8.0 with placebo) (P = 0.0009), decreased OFF time by 0.6 hours (vs an increase of 0.3 hours with placebo) (P = 0.0171), and increased GOOD ON time by 3.6 hours (vs 0.8 hours with placebo) (P < 0.0001) from baseline. In Study 2, GOCOVRI reduced the UDysRS total score by 20.7 points (vs 6.3 with placebo) (P < 0.0001), decreased OFF time by 0.5 hours (vs an increase of 0.6 hours with placebo)

Supernus® Pharmaceuticals

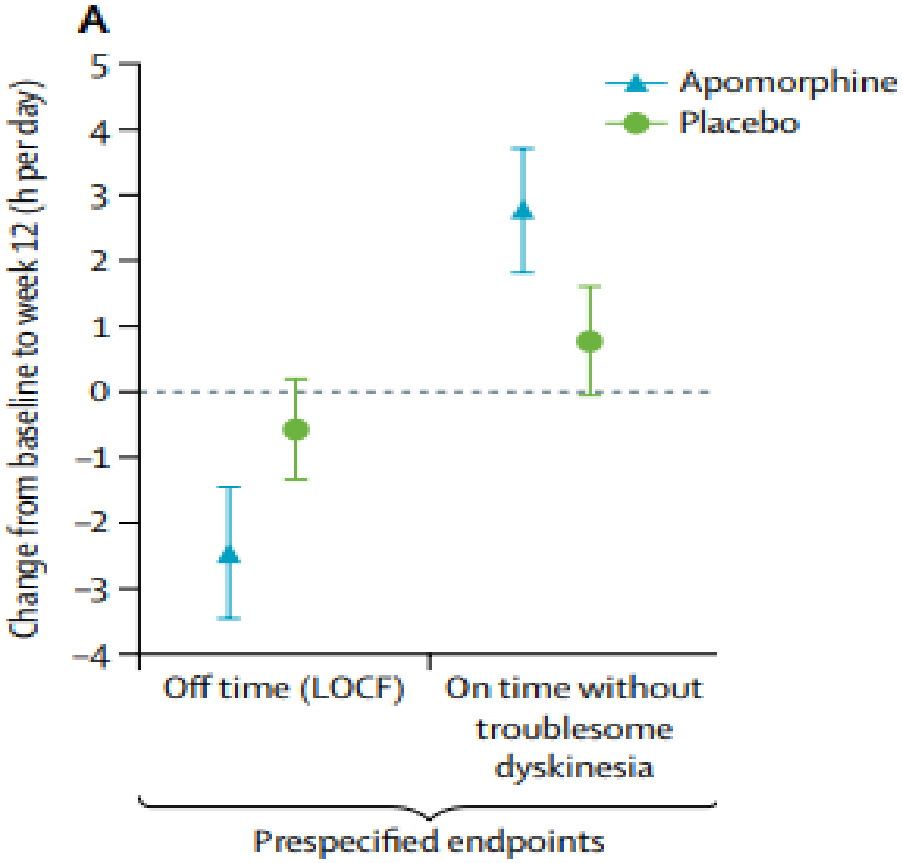
Novel Apomorphine Subcutaneous Infusion Device

- Launched April 2025
- First and only apomorphine subcutaneous infusion device
  - Non-invasive dopaminergic stimulation therapy for continuous treatment of ON-OFF episodes in PD
- Currently available options
  - Gastro-intestinal surgically implanted levodopa/carbidopa infusion
  - Deep brain stimulation
- Projected US peak sales in the range of $200-$300 million
- Regulatory submission to FDA for 2nd supplier expected 3Q 2026, with potential approval by mid-year 2027

Novel Apomorphine Subcutaneous Infusion Device

Phase 3 Study Results

12-week, double-blind, multi-center, randomized, pbo-controlled (N=107)



Primary Endpoint

ONAPGO demonstrated a 2.6-hour reduction in daily OFF time compared to placebo (0.9 hour); p= 0.0114

Secondary Endpoint

ONAPGO demonstrated a 2.8-hour increase in daily GOOD ON time compared to placebo (1.1 hour); p= 0.0188

ONAPGO. Package Insert. See Full Prescribing Information

ZURZUVAE® (zuranolone) capsules CIV
20 mg • 25 mg • 30 mg

PPD Poses a Substantial Burden to Patients and their Families

Estimated that about **1 in 8 women** with a recent live birth experience symptoms of PPD, or roughly ~500K women a year[1-2]
(~100K treated ea. year)

What are some of the signs and symptoms of postpartum depression?

Postpartum depression can cause a number of symptoms. Although you may experience different symptoms, some of the more common symptoms include:

- Persistent sad, anxious, or "empty" mood
- Irritability
- Feelings of guilt, worthlessness, hopelessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Trouble bonding or forming an emotional attachment with the new baby
- Fatigue or abnormal decrease in energy
- Persistent doubts about the ability to care for the new baby
- Feeling restless or having trouble sitting still
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping (even when the baby is sleeping), awakening early in the morning, or oversleeping
- Abnormal appetite, weight changes, or both
- Aches or pains, headaches, cramps, or digestive problems that do not have a clear physical cause or do not ease even with treatment
- Thoughts about death, suicide, or harming oneself or the baby

1. Bauman BL, Ko JY, Cox S, D'Angelo Mph DV, Warner L, Folger S, Tevendale HD, Coy KC, Harrison L, Barfield WD. Vital Signs: Postpartum Depressive Symptoms and Provider Discussions About Perinatal Depression—United States. Morb Mortal Wkly Rep. 2020; 69(19):575-58 2. Centers for Disease Control and Prevention. National Vital Statistics Report. Volume 70, Number 17; February 7, 2022. https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf. 3. Screening and diagnosis of mental health conditions during pregnancy and postpartum. Clinical Practice Guideline No. 4. American College of Obstetricians and Gynecologists. Obstet Gynecol 2023;141:1232-61. 4. Ukatu N, et al. Psychosomatics. 2018;59(3):211-219. 5. Wang Z, et al. Transl Psychiatry. 2021;11(1):543. 6. Fonseca A, et al. J Affect Disord. 2020;274:167-173. 7. American Psychiatric Association. Depressive disorders. In: Diagnostic and Statistical Manual of Mental Disorders. 5th ed, text revision. American Psychiatric Association; 2022. 8. Saharoy R, Potdukhe A, Wanjari M, Taksande AB. Postpartum depression and maternal care: exploring the complex effects on mothers and infants. Cureus. 2023;15(7):e41381. 9. Slomian J, Honvo G, Emonts P, Reginster JY, Bruyère O. Consequences of maternal postpartum depression: a systematic review of maternal and infant outcomes. Womens Health. 2019;15:1745506519844044. 10. Epperson CN et al. Curr Med Res & Opinion. 2020;36(10):1707-1716 11. Moore-Simas TA et al. J Med Economics. 2020; 23(2):174-183. 12. Farewell CV, Jewell J, Walls J, Leiferman JA. A mixed- methods pilot study of perinatal risk and resilience during COVID-19. J Prim Care Community Health. 2020;11:2150132720944074. 13. Liu CH EC, Mittal L. Risk factors for depression, anxiety, and PTSD symptoms in perinatal women during the COVID-19 pandemic. Psychiatry Res. 2021;295:113552. 14. Gustafsson HC, Young AS, Doyle O, et al. Trajectories of perinatal depressive symptoms in the context of the COVID-19 pandemic. Child Dev. Sep 2021;92(5):e749-e763. PPD=Postpartum Depression

Supernus® Pharmaceuticals

ZURZUVAE® (zuranolone) capsules CIV
20 mg • 25 mg • 30 mg

The First & Only Oral Treatment Specifically Indicated for the Treatment of Women with PPD

Potential for Rapid & Sustained Improvement

- In the SKYLARK and ROBIN Studies, an improvement in depressive symptoms vs. placebo was seen with a 14-day treatment course as early as day 3 and maintained at day 45

14-day Treatment Course

- In the SKYLARK and ROBIN Studies, a statistically significant improvement in depressive symptoms vs placebo was seen at day 15 following a 14-day treatment course

Flexible Approach

- In clinical trials, ZURZUVAE was studied for use alone or as an adjunct to oral antidepressant therapy in the treatment of women with PPD

Novel MOA & Class

- ZURZUVAE is neuroactive steroid $GABA_A$ receptor positive modulator with an MOA thought to be related to its positive allosteric modulation of $GABA_A$ receptors

Safety-related Information

- ZURZUVAE may decrease awareness and alertness, which can affect a person's ability to drive safely. The most common adverse reactions (incidence ≥5% and greater than placebo) are somnolence, dizziness, diarrhea, fatigue, nasopharyngitis, and urinary tract infection. See boxed warning and warnings & precautions for additional safety information

PPD = Postpartum Depression

Supernus® Pharmaceuticals

ZURZUVAE (zuranolone) capsules CIV
20 mg • 25 mg • 30 mg

Continued Strong Growth 1Q 2026

- Collaboration revenue from ZURZUVAE of $27.6 million in 1Q 2026^
  - US sales of ZURZUVAE, as reported by Biogen Inc., increased ~100% in 1Q 2026 compared to 1Q 2025
  - Prescriptions increased by 82% in 1Q 2026 compared to 1Q 2025
- Continued strong growth in patient demand and prescribers
- Significant first-line use in PPD
- Completed the acquisition of Sage Therapeutics - July 31, 2025

^Collaboration revenue (ZURZUVAE) represents 50% of the net revenues for ZURZUVAE recorded by Biogen Inc.

Supernus® Pharmaceuticals

SPN-817
Only AChE Inhibitor in Development for Focal Seizures

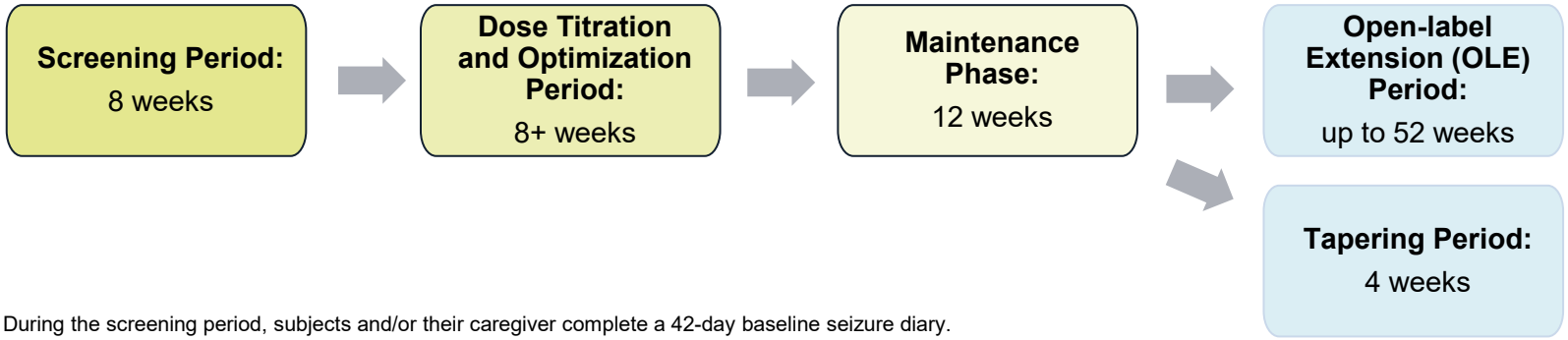
- Huperzine A is a potent, selective and reversible acetylcholinesterase (AChE) inhibitor, an enzyme that metabolizes acetylcholine (ACh) after synaptic release[1,2]
- Inhibition of AChE increases extracellular levels of ACh
- ACh augmentation activates cholinergic pathways in different cellular types in the brain
  - Restores excitatory/inhibitory balance for seizure control
- Broad and potent anti-seizure effect in different seizure and genetic models of epilepsy[1-4]

[1] Supernus data on file
[2] Damar et al. (2016). *Expert Rev Neurother, 16*(6), 671-680
[3] Wong et al (2016). *Front Pharmacol, 7*, 357
[4] Wong et al (2021). *Neuropsychopharmacology, 46*(11), 2011-2020

Supernus® Pharmaceuticals

SPN-817: Phase 2a Study Design

- Design: Phase 2a, open-label, flexible-dose, safety and tolerability exploratory study
- Sample size: 41 adult subjects with treatment resistant seizures
  - At least 4 motor seizures during screening - median baseline seizure frequency was 11.3
  - Took at least one concomitant anti-seizure medication (ASM), no upper limit - average number of concomitant ASMs was 3.4 (range 1-6)
- Study sites: 8 sites in Australia
- SPN-817 administration: Orally, twice daily, 0.25 mg – 4.0 mg



During the screening period, subjects and/or their caregiver complete a 42-day baseline seizure diary. The baseline seizure frequency is normalized to a 28-day period.

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SPN-817: Phase 2a Endpoints

- Primary Safety Endpoints
  - Adverse events (AEs)
  - AEs leading to discontinuation
- Key Secondary/Exploratory Endpoints
  - Percent CFB in quantifiable motor seizure frequency per 28 days throughout SPN-817 dosing during maintenance period/OLE
  - Treatment response defined as ≥30%, ≥50%, and ≥75% reduction in quantifiable motor seizure frequency per 28 days relative to the baseline period
  - CFB in Clinical Global Impression-Severity (CGI-S) scores
  - CFB in cognitive profile as assessed by EpiTrack®

EpiTrack® is a cognitive screening tool designed for patients with epilepsy to evaluate cognitive effects of antiseizure medications
Open Label Extension = OLE

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SPN-817: Phase 2a
Safety and Tolerability

Category	Titration Period (n=41) n (%)	Maintenance Period (n=26) n (%)
Subjects with at least one treatment related TEAE	39 (95.1)	13 (50.0)
Subjects with any treatment related serious AE*	1 (2.4)	0
Maximum severity of treatment related TEAE**		
Mild	19 (46.3)	8 (30.8)
Moderate	20 (48.8)	5 (19.2)
Severe	0	0
Any treatment related TEAE leading to withdrawal of study drug/withdrawal from study	12 (29.3)	2 (7.7)
Any AE leading to death	0	0

Safety Population (Main Study)

*One subject had a Serious AE of dizziness and nausea that led to hospitalization at 0.25mg BID of SPN-817. Subject recovered.
**Subjects are counted only once at the worst severity. If a severity designation is missing, it will be considered as severe.

The Main Study consists of relevant data from Screening, Titration/Optimization, and Maintenance.
Treatment Emergent Adverse Event (TEAE) is an adverse event (AE) with a start date on or after the first dose of study medication is taken, or that worsened following first administration of study medication.
Treatment Related AEs are those reported as Definitely Related, Possibly Related, and those with no relatedness reported.

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SPN-817: Phase 2a

Safety and Tolerability; Treatment Related TEAEs (≥5% incidence)

Preferred Term	Titration Period (n=41) n (%)	Maintenance Period (n=26) n (%)
Subjects with at least one TEAE	39 (95.1)	13 (50.0)
Nausea*	20 (48.8)	2 (7.7)
Diarrhoea	10 (24.4)	3 (11.5)
Dizziness	8 (19.5)	1 (3.8)
Headache	8 (19.5)	1 (3.8)
Decreased appetite	8 (19.5)	0
Fatigue	5 (12.2)	1 (3.8)
Insomnia	6 (14.6)	0
Vomiting	5 (12.2)	2 (7.7)
Vision blurred	5 (12.2)	0
Somnolence	4 (9.8)	0
Irritability	3 (7.3)	0
Tremor	2 (4.9)	1 (3.8)
Weight decreased	1 (2.4)	2 (7.7)

*Anti-emetics utilized in 6 subjects in response to reported treatment related emetic events (nausea and/or vomiting) after taking SPN-817.
AEs were coded using MedDRA version 25.0. Subjects are counted once for each preferred term.

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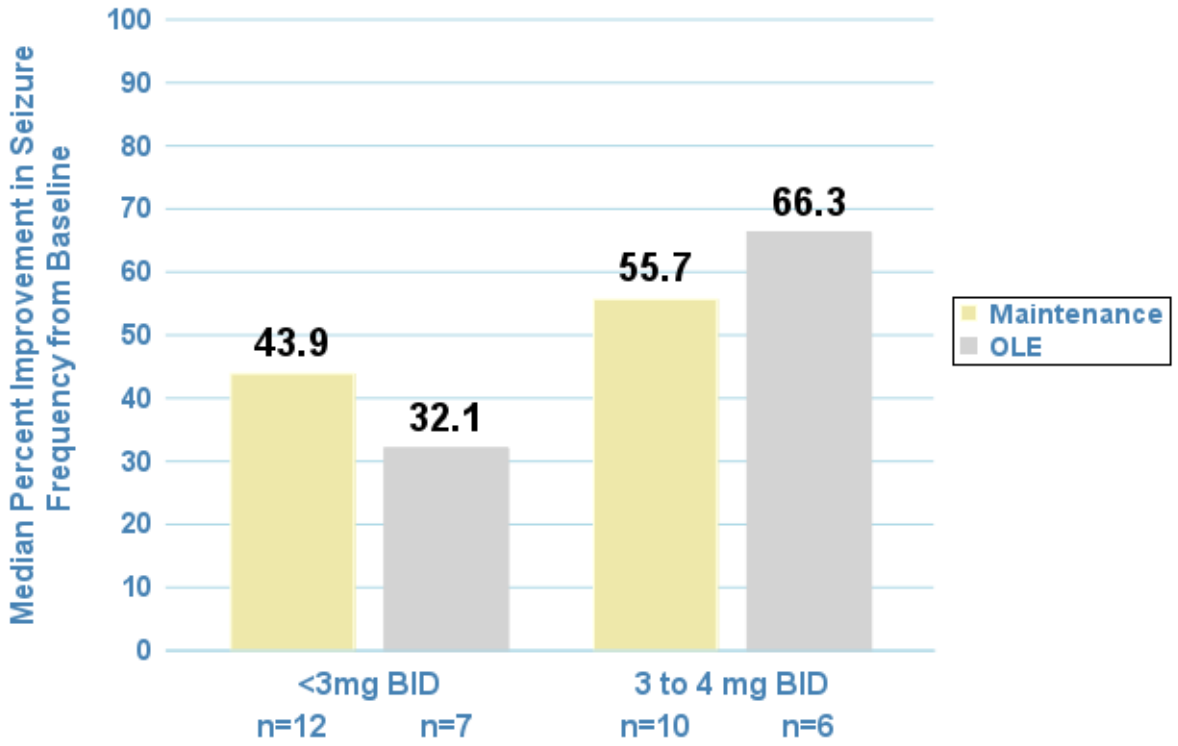
SPN-817: Phase 2a

Efficacy in Focal Seizures for Maximum Dose 3-4 mg BID Group

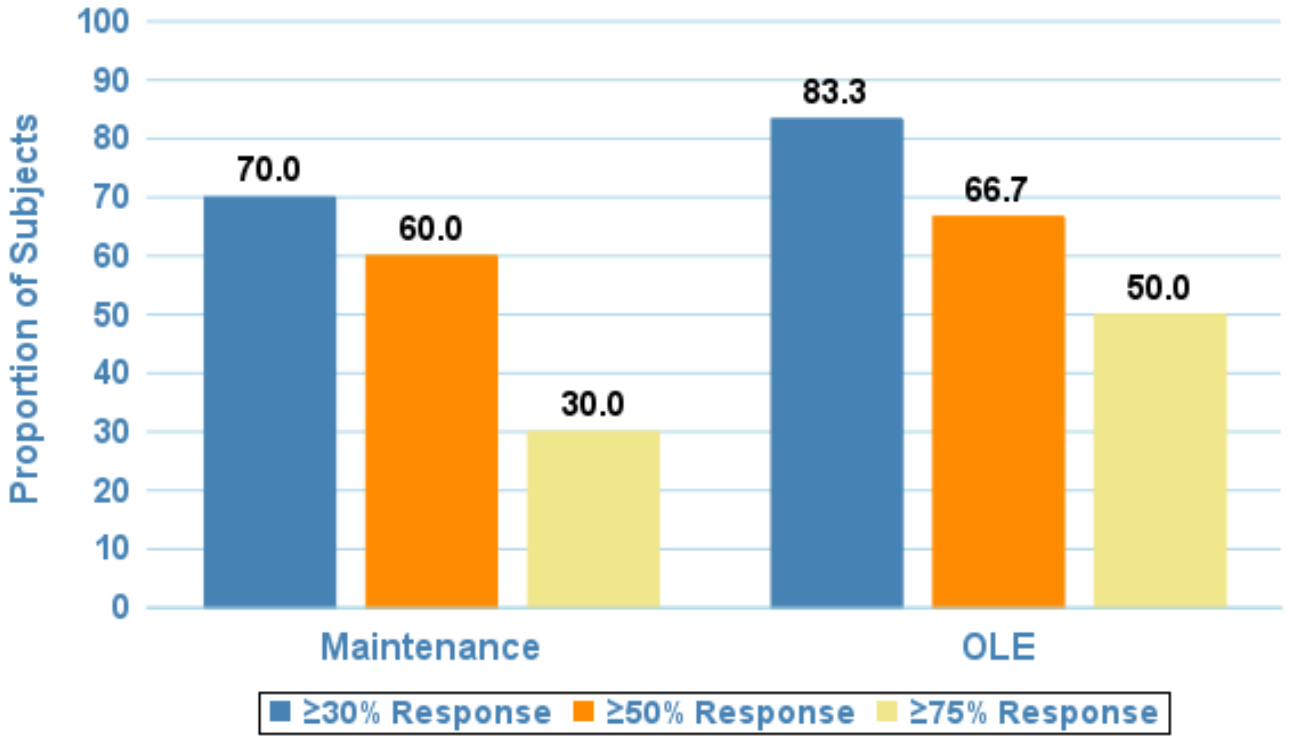
Percent Reduction from Baseline in Seizure Frequency



Supernus® Pharmaceuticals

SPN-817: Phase 2a

Response Rate in Focal Seizures for Max. Dose 3-4 mg BID Group



CGI and EpiTrack Results in Focal Seizures

Secondary Outcome Measure	Baseline Mean (SD)	End of Maintenance Mean (SD)	End of Maintenance CFB Mean (SD)
CGI-S Score,	3.6 (1.24)	2.7 (0.81)	-0.7 (1.20)

- EpiTrack® assessment of cognition
  - 12/16 (75%) improved or unchanged
    - 3 subjects improved from “significantly impaired” cognition (EpiTrack score ≤28) at baseline to “average” cognition (EpiTrack score of 32-38) at the end of maintenance period

Supernus® Pharmaceuticals

SPN-817: Summary

Phase 2a open label data suggest a highly differentiated clinical profile

- **Safety & Tolerability**
  - Most TEAEs occurred during titration
  - Exploring mitigation strategies to minimize discontinuations during titration
  - In maintenance period, SPN-817 was well tolerated with 7.7% discontinuation rate due to AEs

- **Efficacy**
  - Strong efficacy in focal seizures at the 3mg to 4mg twice daily doses
    - 56% median seizure reduction in maintenance period
    - 66% median seizure reduction in post-maintenance period
    - High response rates in maintenance period
      - 70% of subjects had 30% or more seizure reduction
      - 60% of subjects had 50% or more seizure reduction
      - 30% of subjects had 75% or more seizure reduction

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SPN-817: Summary (cont'd)

- **Efficacy**
  - High response rates in post-maintenance period
    - 83% of subjects had 30% or more seizure reduction
    - 67% of subjects had 50% or more seizure reduction
    - 50% of subjects had 75% or more seizure reduction
  - Seizure Freedom
    - Maintenance period: 10% of subjects who completed a post-baseline seizure diary had at least one four-week seizure free period
    - Post-maintenance period: 17% of subjects had at least one four-week seizure free period

- **Cognitive Improvement**
  - 75% of subjects almost equally split between improved or unchanged at the end of maintenance period

- **Phase 2b Study**
  - Double-blind placebo-controlled in patients with treatment-resistant focal seizures
  - 3mg - 4mg twice daily doses
  - Enrollment ongoing

Supernus® Pharmaceuticals

SPN-820
Novel MOA for Treatment of Depression

- Oral product candidate for the treatment of depression
- Novel, first in class, intracellular modulator of mTORC1
  - Restores mTORC1 synaptic signaling through a unique intracellular mechanism
- Increased dendritic spines in animal model supporting neuroplasticity
- IP expirations from 2036-2038 with potential for patent extension
- Initiated a follow-on Phase 2b multi-center, randomized, double-blind, placebo-controlled trial in ~200 adults with MDD
  - 2400 mg given intermittently twice per week as adjunctive treatment
  - Assess rapid onset of improvement in depressive symptoms

Mechanism of Action = MOA

Supernus® Pharmaceuticals

Full Year 2026 Financial Guidance[1]

	($ millions)
Total Revenues, Includes: ▪ ONAPGO net sales of $45M-$70M ▪ Trokendi XR and Oxtellar XR net sales of $40M-$50M	**$840 - $870**
Combined R&D and SG&A Expenses	**$620 - $650**
Operating Earnings (Loss) – GAAP	**$0 – $30**
Adjustments:	
Amortization of intangible assets	$105
Share-based compensation	$35
Contingent consideration loss	$2
Depreciation	$3
Operating Earnings - non-GAAP	**$140 - $170**

[1] Guidance as provided on May 5, 2026

Supernus® Pharmaceuticals

Positioned For Strong Growth

Growth Potential of Qelbree®, GOCOVRI®, ZURZUVAE® and ONAPGO™

Innovative R&D Portfolio

SPN-817	First in Class Novel MOA for Epilepsy
SPN-820	First in Class Novel MOA for Depression
SPN-443	Novel Stimulant for ADHD

Corporate Development

Supernus® Pharmaceuticals