SUNOSI® (solriamfetol) 75, 150 mg tablets

YOU ARE CORDIALLY INVITED TO ATTEND

SUNOSI® (solriamfetol) Can Help Patients Achieve Improved & Sustained Wakefulness in Patients with EDS due to Narcolepsy

*Efficacy was measured by the Maintenance of Wakefulness Test (MWT) through 9 hours at week 12.
The 75-mg dose showed a trend toward improvement; however, this change was not statistically significant for patients with narcolepsy.

Presentation topics include:

- Understanding the impact of excessive daytime sleepiness (EDS) in narcolepsy
- Clinical data on SUNOSI for the treatment of EDS narcolepsy

Date:
Wednesday, January 21, 2026

Time:
6:00 PM Eastern Time
Meeting Duration: 60 minutes

Location:
Kimberton Inn
2105 Kimberton Road
Kimberton, PA 19442

Presented by:

Anne Morse, DO
Director
Geisinger

Faculty are paid speakers presenting on behalf of Axsome Therapeutics, Inc.

To reserve your spot, please contact Tim Kelly at tkelly@axsome.com or (917) 903-2455

INDICATION

SUNOSI is indicated to improve wakefulness in adults with excessive daytime sleepiness (EDS) associated with narcolepsy or obstructive sleep apnea (OSA).

Limitations of Use:

SUNOSI is not indicated to treat the underlying obstruction in OSA. Ensure that the underlying airway obstruction is treated (e.g., with continuous positive airway pressure (CPAP)) for at least one month prior to initiating SUNOSI. SUNOSI is not a substitute for these modalities, and the treatment of the underlying airway obstruction should be continued.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

SUNOSI is contraindicated in patients receiving concomitant treatment with monoamine oxidase inhibitors (MAOIs), or within 14 days following discontinuation of an MAOI, because of the risk of hypertensive reaction.

Please see additional Important Safety Information on reverse and accompanying full Prescribing Information.

IMPORTANT SAFETY INFORMATION (CONT'D)

WARNINGS AND PRECAUTIONS

Blood Pressure and Heart Rate Increases: SUNOSI increases systolic blood pressure, diastolic blood pressure, and heart rate in a dose-dependent fashion.

Epidemiological data show that chronic elevations in blood pressure increase the risk of major adverse cardiovascular events (MACE), including stroke, heart attack, and cardiovascular death. The magnitude of the increase in absolute risk is dependent on the increase in blood pressure and the underlying risk of MACE in the population being treated. Many patients with narcolepsy and OSA have multiple risk factors for MACE, including hypertension, diabetes, hyperlipidemia, and high body mass index (BMI).

Assess blood pressure and control hypertension before initiating treatment with SUNOSI. Monitor blood pressure regularly during treatment and treat new-onset hypertension and exacerbations of pre-existing hypertension. Exercise caution when treating patients at higher risk of MACE, particularly patients with known cardiovascular and cerebrovascular disease, pre-existing hypertension, and patients with advanced age. Use caution with other drugs that increase blood pressure and heart rate.

Periodically reassess the need for continued treatment with SUNOSI. If a patient experiences increases in blood pressure or heart rate that cannot be managed with dose reduction of SUNOSI or other appropriate medical intervention, consider discontinuation of SUNOSI.

Patients with moderate or severe renal impairment could be at a higher risk of increases in blood pressure and heart rate because of the prolonged half-life of SUNOSI.

Psychiatric Symptoms: Psychiatric adverse reactions have been observed in clinical trials with SUNOSI, including anxiety, insomnia, and irritability.

Exercise caution when treating patients with SUNOSI who have a history of psychosis or bipolar disorders, as SUNOSI has not been evaluated in these patients.

Patients with moderate or severe renal impairment may be at a higher risk of psychiatric symptoms because of the prolonged half-life of SUNOSI.

Observe SUNOSI patients for the possible emergence or exacerbation of psychiatric symptoms. Consider dose reduction or discontinuation of SUNOSI if psychiatric symptoms develop.

MOST COMMON ADVERSE REACTIONS

The most common adverse reactions (incidence ≥5%) reported more frequently with the use of SUNOSI than placebo in either narcolepsy or OSA were headache, nausea, decreased appetite, anxiety, and insomnia.

SUN HCP aISI 05/2022

Please see accompanying full Prescribing Information.

REFERENCE: SUNOSI [prescribing information]. Axsome Therapeutics, Inc. New York, NY.

Please note that there are no certified continuing medical education credits approved for this program.

Axsome Therapeutics, Inc. is committed to the principles of the Pharmaceutical Research and Manufacturers of America (PhRMA) Code on Interactions with Healthcare Professionals. As part of our commitment to that Code, we cannot pay for any costs incurred for travel or food of spouses or guests of any program participants, and any such spouses or guests may not attend any portion of a program's meeting or event. We appreciate your understanding in this regard.

Prescribers in Minnesota are limited to $50 per year for meals, Vermont Prescribers can't receive meals, and in New Jersey, limits are $17 for breakfast and lunch and $35 for dinner. Meal reporting depends on state and federal laws.

PP-SUN-US-2500069 11/2025