

PATIENT INFORMED CONSENT

Study Title:

Development of a Real-World Data Model of LUMRYZ Medication Utilization Patterns in the Home

Sponsor:

Avadel Pharmaceuticals

Study Location:

Comprehensive Sleep Medicine Associates Clinics, Texas

Principal Investigators:

Jeff Wandzura, RPh

jeff@keeplabs.com (email)

Dr. Gerald Simmons

1-888-503-2762 (office)

1. Introduction

You are being invited to participate in a research study to better understand medication utilization patterns in the home. Please read this form carefully and ask any questions you may have before deciding whether to take part. Your participation is voluntary.

2. Purpose of the Study

The purpose of this study is to better understand how individuals use the medication LUMRYZ in their daily lives and to assess the usefulness of the KEEP Medication Management platform in supporting medication adherence at home.

3. Study Procedures

If you agree to participate:

- You will receive a KEEP device to use at home to manage your LUMRYZ medication.
- You will use the device as part of your regular medication routine for 6 months and you'll have the ability to use the device after the study period

- The device will passively record data each time you access it for a medication dose (e.g., timing, frequency).
- You will complete two brief online surveys:
 - One at 30 days after starting the study.
 - One at the end of the study (6 months) or upon early discontinuation.

No changes will be made to your current medication or how it is prescribed and filled.

4. Duration of Participation

You will be in the study for approximately 6 months.

5. Risks and Discomforts

There are minimal risks associated with this study. Possible risks may include:

- Discomfort in using a new device.
 - Breach of confidentiality (all necessary efforts will be taken to protect your privacy).
-

6. Benefits

While there may be no direct benefit to you, your participation may:

- Help improve medication management tools for narcolepsy.
 - Provide valuable information to clinicians and researchers.
 - Utilize a new technology to manage your medications.
-

7. Confidentiality

All information collected about you will be kept confidential. Data will be de-identified and securely stored. No personal identifiers will be used in any publication or presentation of study results.

8. Costs and Compensation

There is no cost to you for participating. The KEEP device and support will be provided at no charge. You will not be paid for participation.

9. Voluntary Participation and Withdrawal

Your participation is voluntary. You may refuse to participate or withdraw from the study at any time without penalty or loss of benefits. Your clinical care will not be affected.

10. Contact Information

If you have any questions or concerns about the study, contact:
Jeff Wandzura, RPh, jeff@keeplabs.com

For questions about your rights as a research participant, contact:
Jeff Wandzura, RPh, jeff@keeplabs.com

11. Consent Statement

By checking the box, I have read and understand the information provided in this consent form. I have had the opportunity to ask questions and have received answers. I voluntarily agree to participate in this study.