Travere Therapeutics Corporate Overview

February 2026

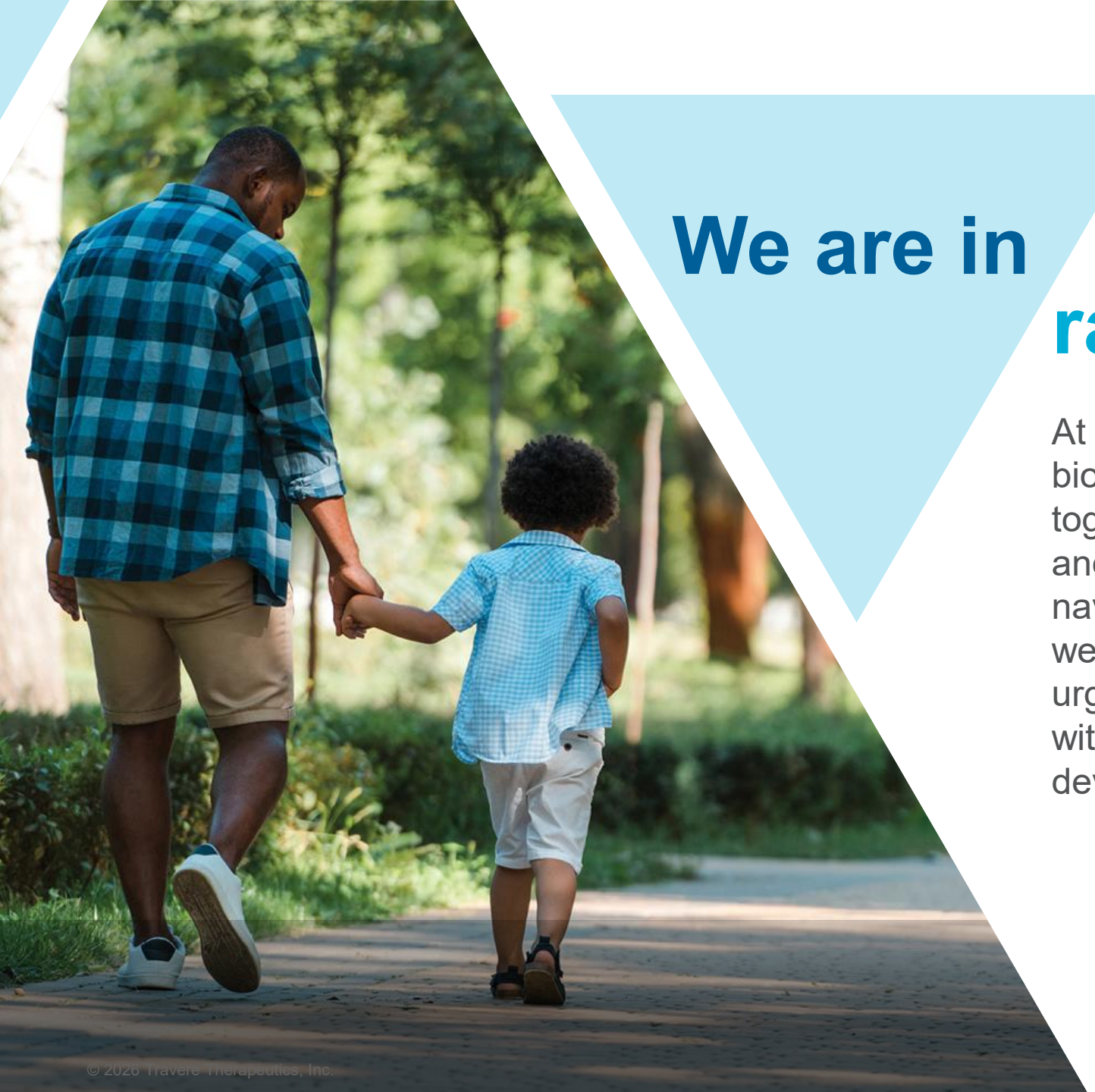
Forward-Looking Statements

This presentation contains forward-looking statements, including but not limited to statements about: continued progress with the FILSPARI launch in IgAN; statements regarding our products and products in development as potential foundational treatments and/or treatment standards; additional development and regulatory milestones, including expected data from additional studies and the expected timing thereof; plans and expectations regarding our sNDA for traditional approval of FILSPARI in FSGS, expectations regarding the timing and outcome thereof, and statements regarding preparations for a successful launch in FSGS, if approved; the advancement of our pipeline throughout the year; expectations regarding the Phase 3 HARMONY Study and the other studies described herein, including expectations regarding the timing and outcome thereof; statements regarding potential future milestone and royalty payments; statements regarding potential changes to treatment paradigms; statements and expectations regarding the activities of Renalys Pharma and Chugai Pharmaceuticals, including the planned New Drug Application for sparsentan for the treatment of IgAN in Japan; statements regarding estimates of prevalence and potential addressable market sizes; and statements regarding financial metrics and expectations related thereto. These forward-looking statements may be accompanied by such words as “anticipate,” “believe,” “estimate,” “expect,” “forecast,” “intend,” “may,” “plan,” “project,” “schedule,” “target,” “will,” and other words and terms of similar meaning. You should not place undue reliance on these statements.

These statements involve risks and uncertainties that could cause actual results to differ materially from those reflected in such statements. Among the factors that could cause actual results to differ materially from those indicated in the forward-looking statements are risks and uncertainties related to our sNDA for FILSPARI in FSGS, including the timing and outcome thereof. There is no guarantee that the FDA will grant approval of FILSPARI for FSGS on the anticipated timeline, or at all. We also face risks related to our business and finances in general, the success of our commercial products, risks and uncertainties associated with our preclinical and clinical stage pipeline, risks and uncertainties associated with the regulatory review and approval process, risks and uncertainties associated with enrollment of clinical trials for rare diseases, and risks that ongoing or planned clinical trials may not succeed or may be delayed for safety, regulatory or other reasons. Specifically, we face risks associated with the ongoing commercial launch of FILSPARI in IgAN, the timing and potential outcome of our and our partners’ clinical studies, market acceptance of our commercial products including efficacy, safety, price, reimbursement, and benefit over competing therapies, risks related to the challenges of manufacturing scale-up, risks associated with the successful development and execution of commercial strategies for such products, including FILSPARI, and risks and uncertainties related to the current administration, including but not limited to risks and uncertainties related to tariffs and the funding, staffing and prioritization of resources at government agencies including the FDA. We also face the risk that we will not receive some or all of the potential future milestone and/or royalty payments described herein, the risk that our cash runway might not last as long as currently anticipated and the risk that we will be unable to raise additional funding that may be required to complete development of any or all of our product candidates, including as a result of macroeconomic conditions; risks relating to our dependence on contractors for clinical drug supply and commercial manufacturing; uncertainties relating to patent protection and exclusivity periods and intellectual property rights of third parties; risks associated with regulatory interactions; and risks and uncertainties relating to competitive products, including current and potential future generic competition with certain of our products, and technological changes that may limit demand for our products. We also face additional risks associated with global and macroeconomic conditions, including health epidemics and pandemics, including risks related to potential disruptions to clinical trials, commercialization activity, supply chain, and manufacturing operations, and the other risks and uncertainties that are described in the Risk Factors section of our most recent annual or quarterly report and in other reports we have filed with the SEC.

These statements are based on our current beliefs and expectations and speak only as of the date of this presentation. We do not undertake any obligation to publicly update any forward-looking statements.

TRAVERE® THERAPEUTICS

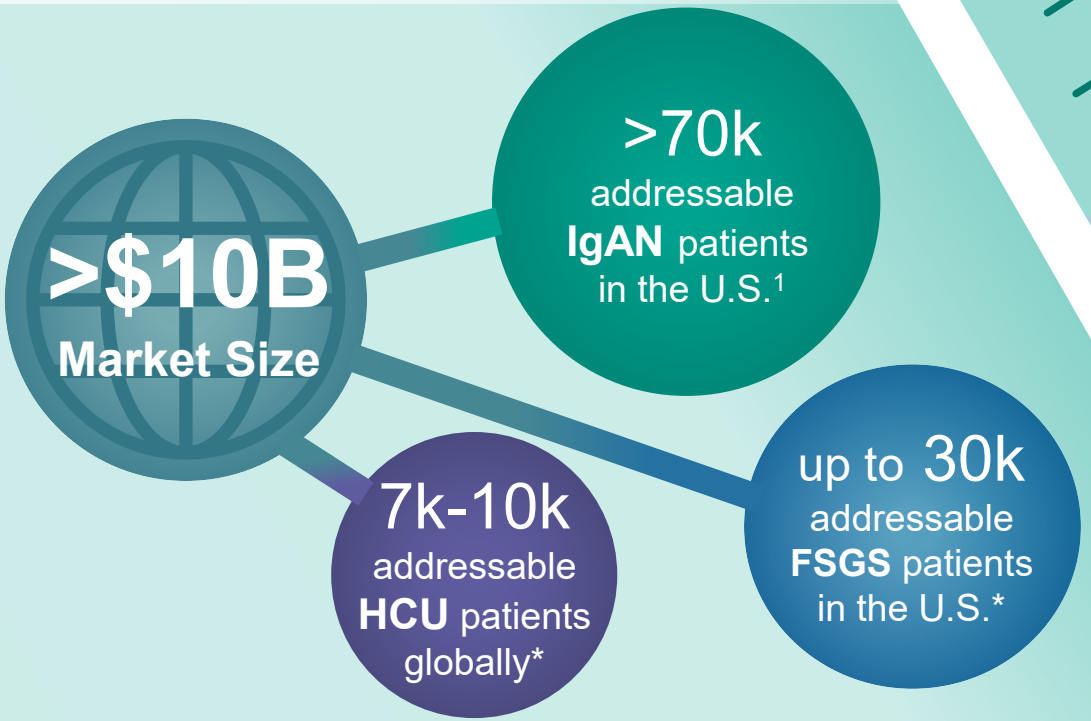


We are in rare for life.

At Travere Therapeutics, we are a biopharmaceutical company that comes together every day to help patients, families, and caregivers of all backgrounds as they navigate life with a rare disease. On this path, we know the need for treatment options is urgent — that is why our global team works with the rare disease community to identify, develop, and deliver life-changing therapies.

TRAVERE® THERAPEUTICS

Travere Has a Vital Role in Rare Kidney and Metabolic Diseases



With **potential treatment standards in three indications** across rare kidney and metabolic disorders in global markets projected to exceed $10B, we are **breaking down barriers** in treating diseases with historically little innovation

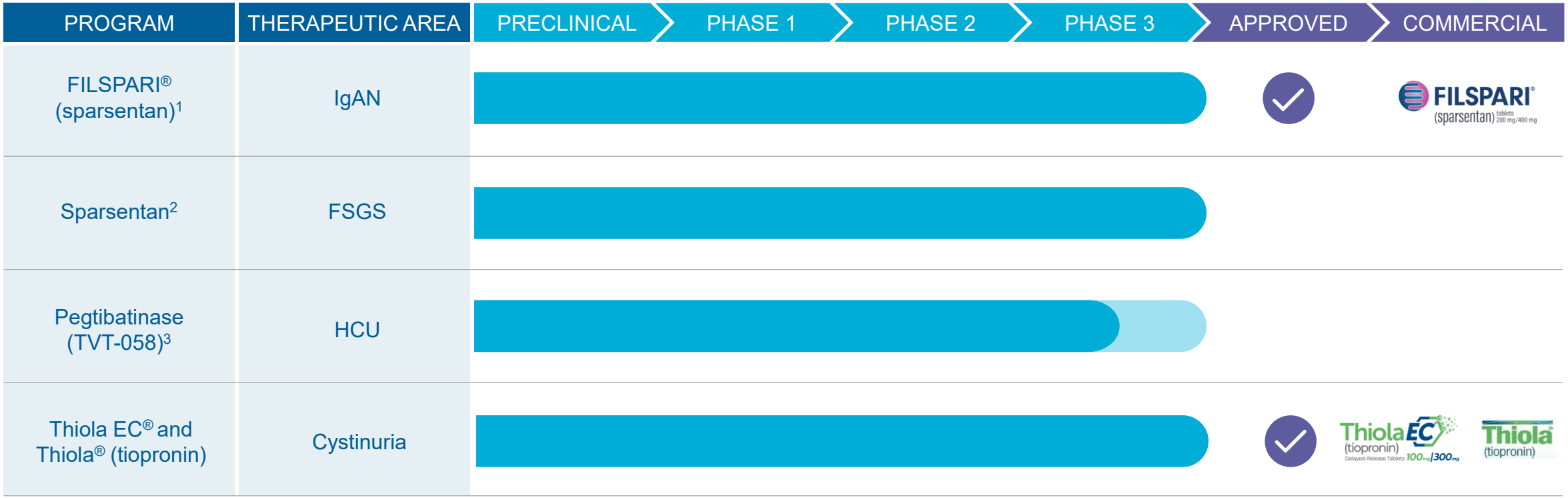
Through further clinical development and commercial **execution**, we will **solidify our position** as a **leader in rare kidney and metabolic diseases**

Continue diversifying our growth through **external innovation** and applying our expertise developing therapies through to successful commercialization

[1] For FILSPARI. Source: independent market research, data on file.
* If approved.

TRAVERE® THERAPEUTICS

Pipeline of Potential First-in-Class Programs Targeting Rare Kidney and Metabolic Diseases



Abbreviations: IgAN: IgA nephropathy; FSGS: focal segmental glomerulosclerosis; HCU: classical homocystinuria. [1] In September 2024, the FDA granted full approval of FILSPARI (sparsentan) to slow kidney function decline in adults with primary IgAN who are at risk for disease progression. CSL Vifor has exclusive commercial rights for sparsentan in Europe, Australia, New Zealand, Bahrain, Brazil, Chile, Israel, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates. Chugai Pharmaceutical has exclusive commercial rights for sparsentan in Japan, South Korea, and Taiwan. [2] In January 2026, Travere announced that the FDA has extended the review period of its sNDA for traditional approval of FILSPARI (sparsentan) for the treatment of FSGS and assigned a new Prescription Drug User Fee Act (PDUFA) target action date of April 13, 2026. [3] In September 2024, Travere voluntarily paused the enrollment in the HARMONY Study due to commercial manufacturing scale-up. Following further optimization of its manufacturing process in 2025, enrollment activities have resumed in the first quarter of 2026.

TRAVERE® THERAPEUTICS

2025: Execution That Delivered for Patients and Positioned Travere for Sustainable Growth

Reached record number of patients with IgAN; FILSPARI® U.S. net product sales grew by **144%** year-over-year

Further optimized manufacturing of pegtibatinase, enabling pivotal study restart in 1Q26

sNDA for FSGS accepted for review, positioning FILSPARI as the first medicine for FSGS, if approved

- Estimated to be up to **30,000** eligible patients with FSGS[1]

Strengthened financial foundation to support key growth drivers

- Achieved **~$410M in total net product sales**
- Retired $69M in convertible notes
- **~$323M in cash** at year end[2]

[1] Estimated based on McGrogan A, et al., *Nephrol Dial Transplant,* 2011; 26(2):414-430 and data on file. [2] Cash, cash equivalents and marketable securities as of December 31, 2025.

TRAVERE® THERAPEUTICS

Strategic Priorities to Drive Significant Growth Now and in the Future

- Solidify FILSPARI's foundational position in a growing IgAN market
- Obtain approval and successfully launch FILSPARI in FSGS
- Successful enrollment in Phase 3 HARMONY Study to position pegtibatinase as the first potential disease-modifying therapy for HCU

Continued business development to further diversify pipeline

TRAVERE THERAPEUTICS

Caitlin, living with IgAN

Solidify FILSPARI's foundational position in a growing IgAN market

Obtain approval and successfully launch FILSPARI in FSGS

Successful enrollment in Phase 3 HARMONY Study to position pegtibatinase as the first potential disease-modifying therapy for HCU

Continued business development to further diversify pipeline

TRAVERE THERAPEUTICS

A Substantial Opportunity to Improve the Lives of Patients Living with IgAN

25-39 peak incidence age of IgAN[1]

~11 yrs median time to kidney failure in high-risk adult patients[2]

30-40% of transplants fail due to disease recurrence[3]

New KDIGO guidelines[4] to drive earlier treatment and combination therapy market

>70,000 addressable patients[5]

$1B+ potential for FILSPARI in IgAN

[1] Nair R & Walker PD. Kidney Int 2006; 69:1455–1458. [2] Barratt J, et al., *Natural History of IgA Nephropathy: Analysis of a UK National RaDaR IgA Nephropathy Cohort*, ASN 2021; Poster presentation (Abstract P01577). [3] Uffing A et al., Clin J Am Soc Nephrol. 2021 Aug;16(8):1247-1255. [4] KDIGO 2025 Clinical Practice Guideline for the Management of Immunoglobulin A Nephropathy (IgAN) and Immunoglobulin A Vasculitis (IgAV), October 2025. [5] Independent market research and data on file.

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2025 KDIGO Guidelines: The IgAN Treatment Paradigm is Evolving

Earlier Treatment, Lower Proteinuria Targets and Simultaneous Therapy

1 Earlier diagnosis

Kidney biopsy in all adults with proteinuria ≥0.5g/d[1]

2 At risk of progressive loss of kidney function requiring treatment

At risk if proteinuria ≥0.5g/d while on or off treatment

FILSPARI included for earlier, first-line use to optimize nephroprotection

Simultaneous treatment in most patients

3 Treatment goal

Proteinuria should be maintained at <0.5g/d, and ideally at <0.3g/d

Proteinuria is the only validated early biomarker to help guide clinical decision-making

Source: KDIGO 2025 Clinical Practice Guideline for the Management of Immunoglobulin A Nephropathy (IgAN) and Immunoglobulin A Vasculitis (IgAV), October 2025.

[1] Or equivalent. In whom IgAN is a possible diagnosis and who do not have a contraindication for kidney biopsy.

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The Shifting IgAN Treatment Paradigm: Two Areas to Target; Two Treatment Categories

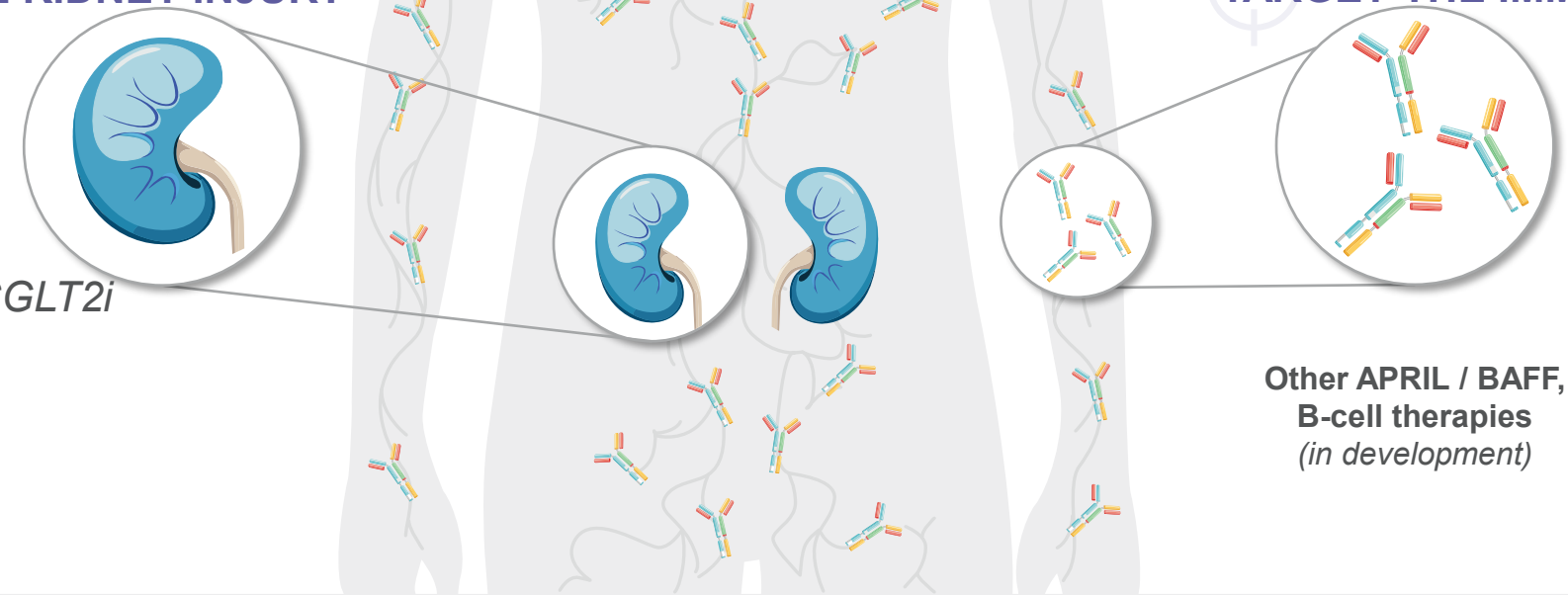
OVERACTIVATION IN THE KIDNEY | **OVERACTIVATION OF THE IMMUNE SYSTEM**

Foundational Treatment + **Immunosuppressant Treatment**

TARGET THE KIDNEY INJURY

- RASi
- FILSPARI®
- ETA + Supportive Care *(accelerated approval)*

± *SGLT2i*



TARGET THE IMMUNE SYSTEM

- Steroids
- Budesonide
- Complement Inhibitor *(accelerated approval)*
- APRIL *(accelerated approval)*

Other APRIL / BAFF, B-cell therapies *(in development)*

FILSPARI is the only oral non-immunosuppressive, long-term treatment positioned to replace historical standard of care for patients with IgAN*

Abbreviations: RASi: renin–angiotensin system inhibitor.
Source: KDIGO 2025 Clinical Practice Guideline for the Management of Immunoglobulin A Nephropathy (IgAN) and Immunoglobulin A Vasculitis (IgAV), October 2025.
* Indicated to slow kidney function decline in adults with primary IgAN who are at risk for disease progression.

TRAVERE® THERAPEUTICS

The Only Non-Immunosuppressive Treatment Proven to Significantly Slow Kidney Function Decline in IgA Nephropathy

Overview of Prescribing Information

Indication Statement	FILSPARI is indicated to **slow kidney function decline** in adults with primary IgAN who are at risk for disease progression
Dosing and Administration	Tablets: 200mg and 400mg, for once-a-day oral dose
Most Common Adverse Reactions (≥5%)	Hyperkalemia, hypotension (including orthostatic hypotension), peripheral edema, dizziness, anemia, and acute kidney injury

For full prescribing information including boxed warning, visit **filspari.com**

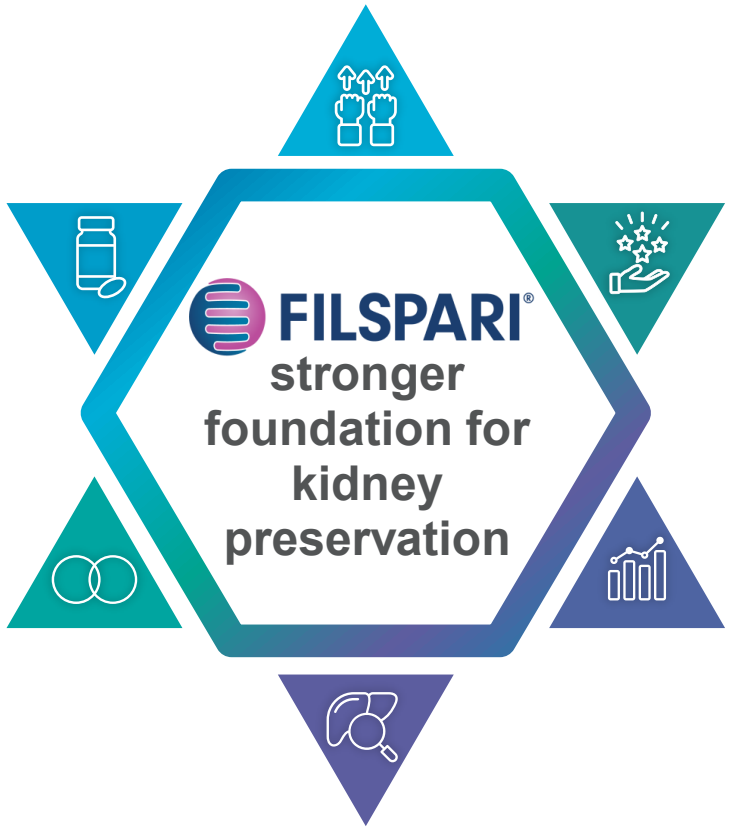
TRAVERE® THERAPEUTICS

FILSPARI Positioned as a First-in-Class Foundational Treatment in IgAN with Best-in-Class Features

Two-year safety data comparable to maximum-labeled dose irbesartan

One pill, once daily administration

Superior two-year proteinuria reduction vs active comparator irbesartan



Flexibility for combination use and newly diagnosed patients with IgAN

Only therapy to date to demonstrate statistically significant slowing of kidney function decline in a Phase 3 study vs active comparator irbesartan

Streamlined liver monitoring

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U.S. FILSPARI Performance Reaches All-Time Highs in 4Q25

~$103M

U.S. net FILSPARI sales in 4Q25

~108% growth vs 4Q24

- ***High compliance and persistence rates***

908

New PSFs in 4Q25

24% growth vs 3Q25; Highest quarterly demand since launch

- ***Increasing breadth and depth of prescribers***
- ***New PSFs led by earlier treatment and lower UP/C levels reflecting impact of KDIGO guidelines and updated labeling***

96%

U.S. Patients with Pathway to Access

- ***FILSPARI is well established in payer plans and formularies, reflected in payer approval claims***

* Benchmark launches are other recent rare nephrology launches.

TRAVERE® THERAPEUTICS

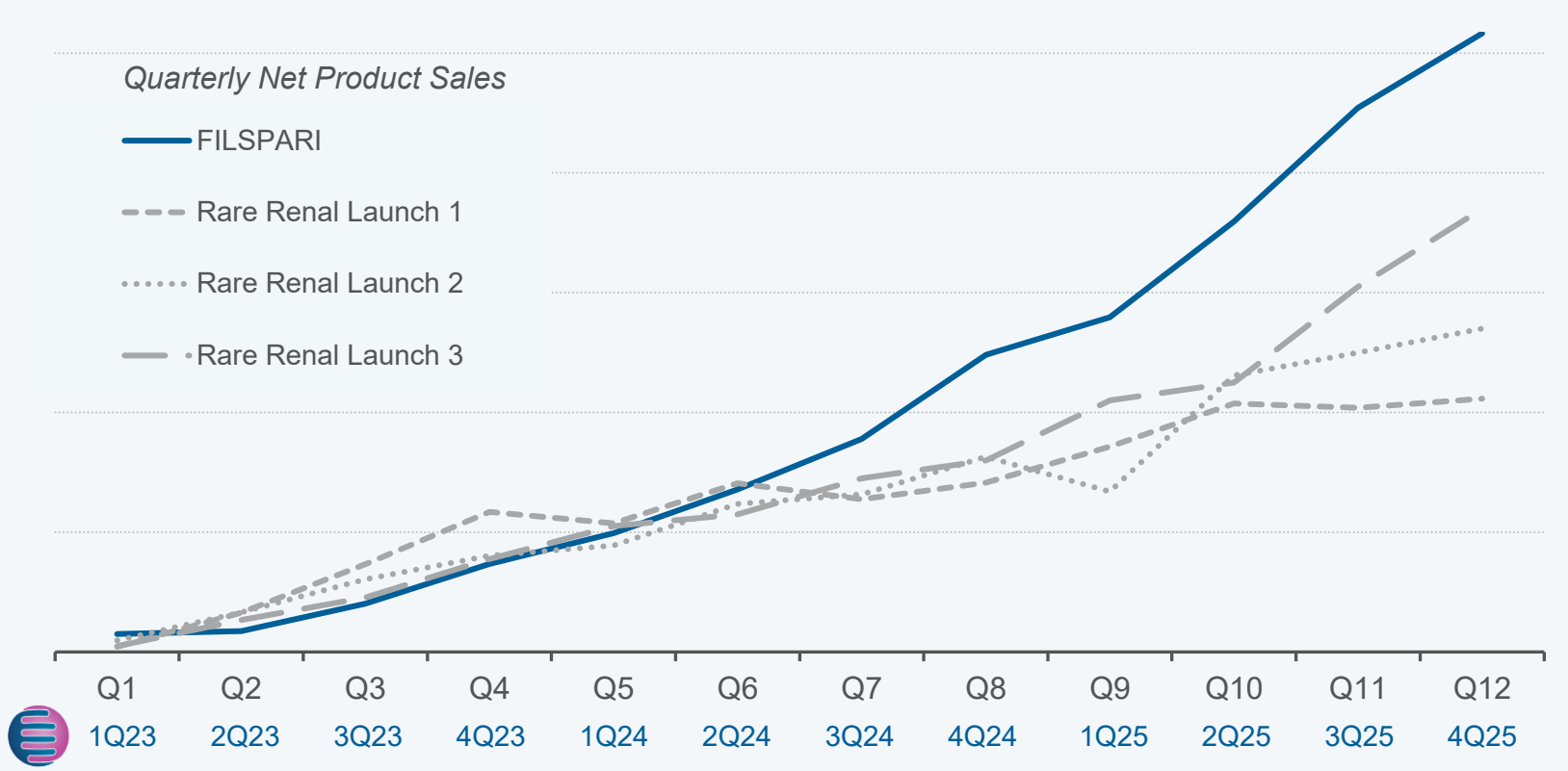
Benchmark Setting Rare Disease Launch Executed by Premier Commercial Infrastructure

Leading commercial infrastructure with track record of top launches

- **100+** field team members across sales, support, market research, and access
- **20+ years** average sales experience with majority in nephrology

FILSPARI's launch in IgAN has significantly outperformed other rare renal launches over the past five years[1]

FILSPARI® (sparsentan) tablets 200 mg/400 mg



[1] As measured by quarterly net product sales ($mm) in the first 12 quarters of launch. Source: company filings.

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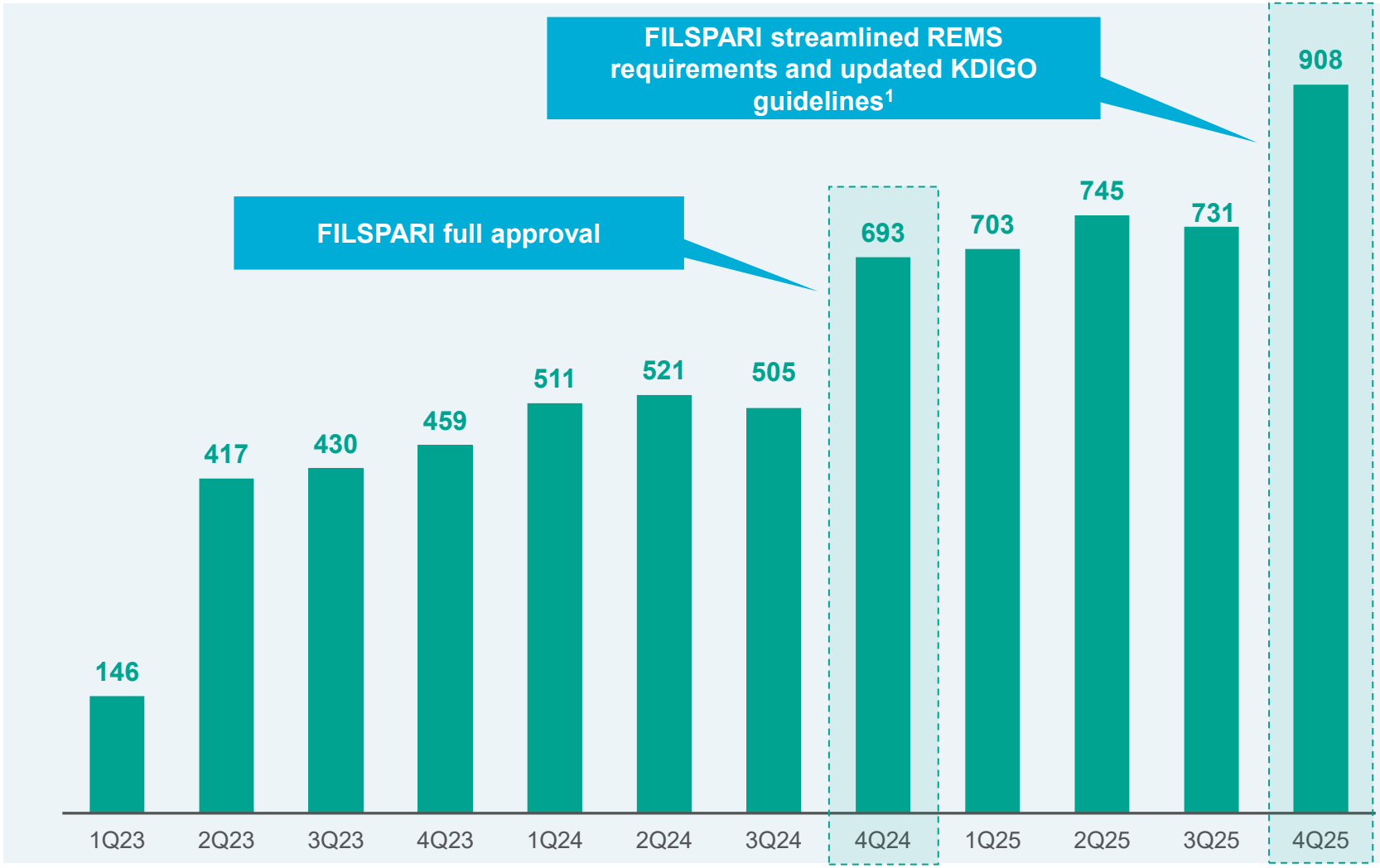
Strong Patient Start Form Momentum in IgAN with Significant Growth Potential



- **<10% penetration** of the addressable IgAN market; potential for substantial growth
- Evolving treatment guidelines support continued growth

[1] KDIGO 2025 Clinical Practice Guideline for the Management of Immunoglobulin A Nephropathy (IgAN) and Immunoglobulin A Vasculitis (IgAV), October 2025.
* As measured by quarterly new patient start forms (PSFs).

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Key Growth Drivers Supporting Continued Execution of Commercial Launch

- Broader label allows for greater number of patients to benefit from FILSPARI
- KDIGO guidelines[2] and streamlined REMS monitoring strengthen FILSPARI's position as a foundational, nephroprotective therapy for IgAN
- Opportunity to broaden and deepen FILSPARI's prescriber base
- Continue to simplify access for patients and engage with payers to expand coverage
- Evolving treatment landscape and IgAN awareness to support further growth in addressable patient population

FILSPARI®

>70k

Addressable Patients with IgAN in the U.S.[1]

[1] Source: independent market research, data on file.
[2] KDIGO 2025 Clinical Practice Guideline for the Management of Immunoglobulin A Nephropathy (IgAN) and Immunoglobulin A Vasculitis (IgAV), October 2025.

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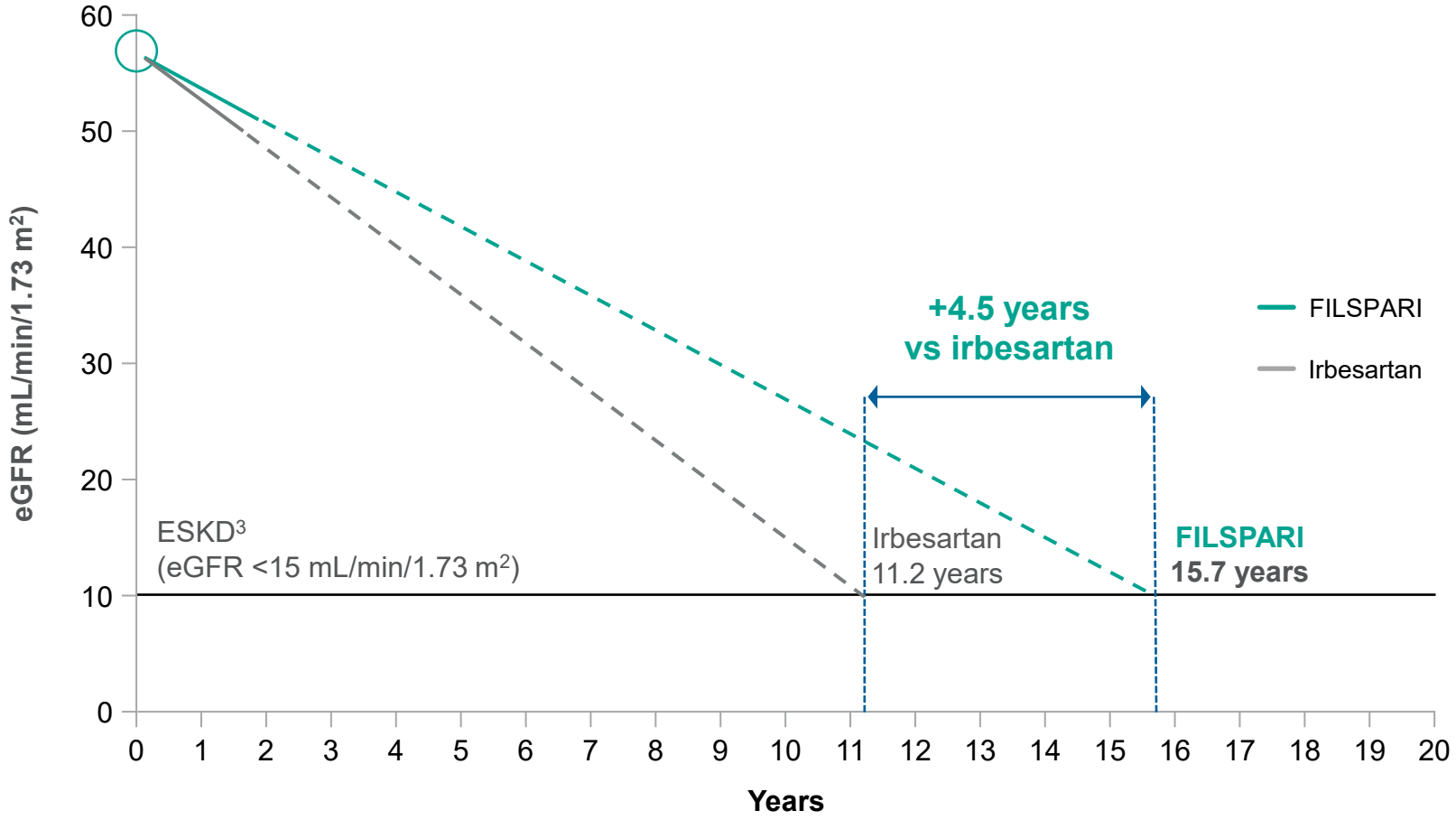
Treatment with FILSPARI May Potentially Delay Dialysis or Transplant

Potential long-term impact of preserved eGFR slope[1,2]



Based on extrapolation of eGFR slope data from PROTECT, FILSPARI may potentially **delay dialysis or transplant by 4.5 years** when compared to maximum-labeled dose irbesartan[1-3]

Abbreviations: eGFR: estimated glomerular filtration rate, ESKD: end-stage kidney disease.

[1] FILSPARI Prescribing Information. San Diego, CA: Travere Therapeutics, Inc.

[2] Data on file, Travere Therapeutics, Inc.

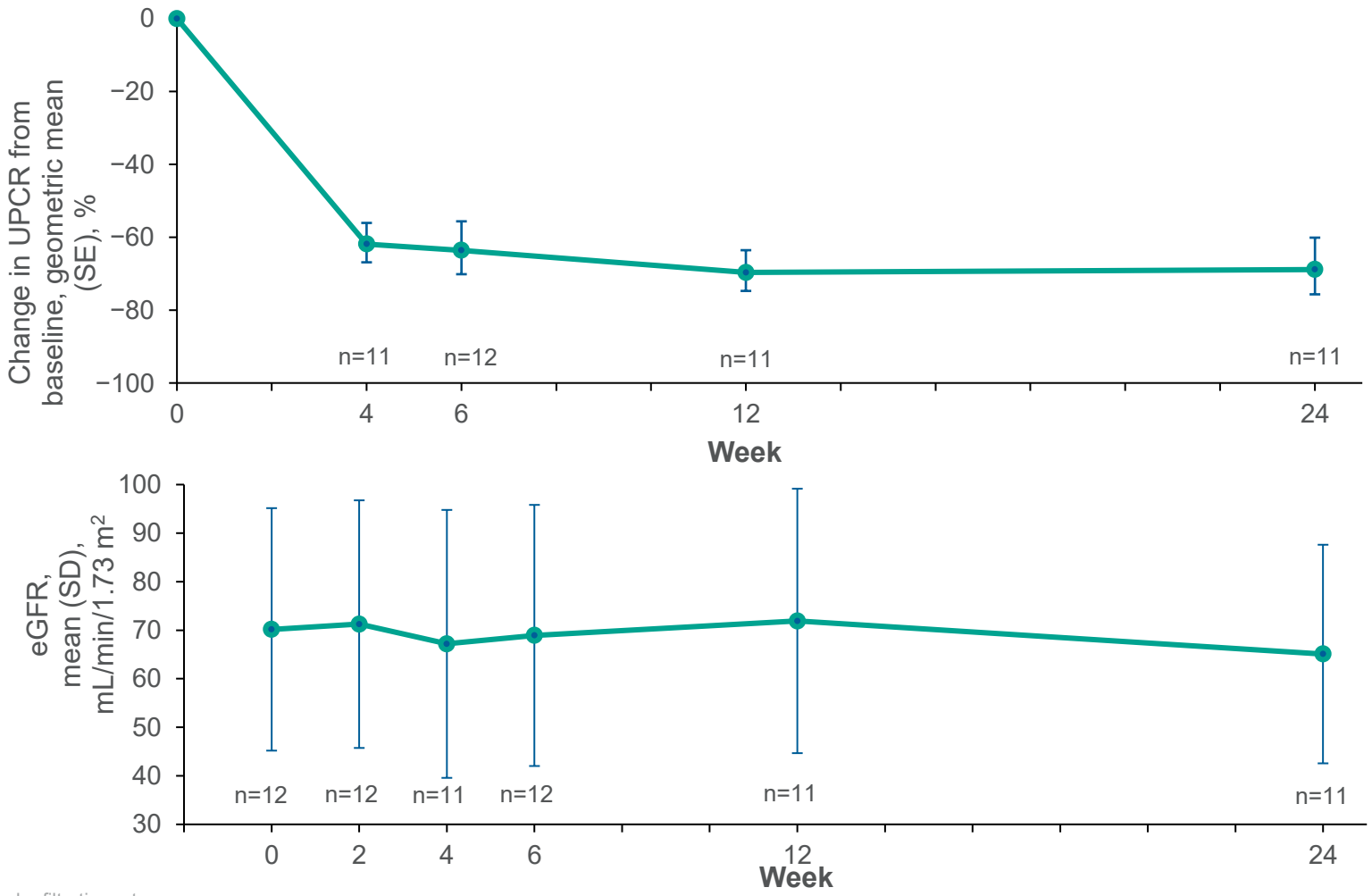
[3] United States Renal Data System. 2023 USRDS Annual Data Report: Epidemiology of kidney disease in the United States. NIH, NIDDK, Bethesda, MD, 2023.

TRAVERE® THERAPEUTICS

SPARTAN Study: Rapid and Sustained Impact of FILSPARI as First-Line Treatment in Newly Diagnosed Patients

Preliminary clinical findings at 24-weeks in treatment-naïve patients on FILSPARI

- Sparsentan, led to rapid and sustained reductions in proteinuria (**~70%** from baseline) and stabilization of eGFR at week 24
- Within 24 weeks of starting sparsentan, ~60% of patients achieved complete remission of proteinuria, a treatment goal recommended in the 2025 KDIGO guidelines[1]
- Sparsentan was generally well tolerated over 24 weeks of treatment, with no evidence of fluid retention. Safety was consistent with the Phase 3 PROTECT Study[2,3]



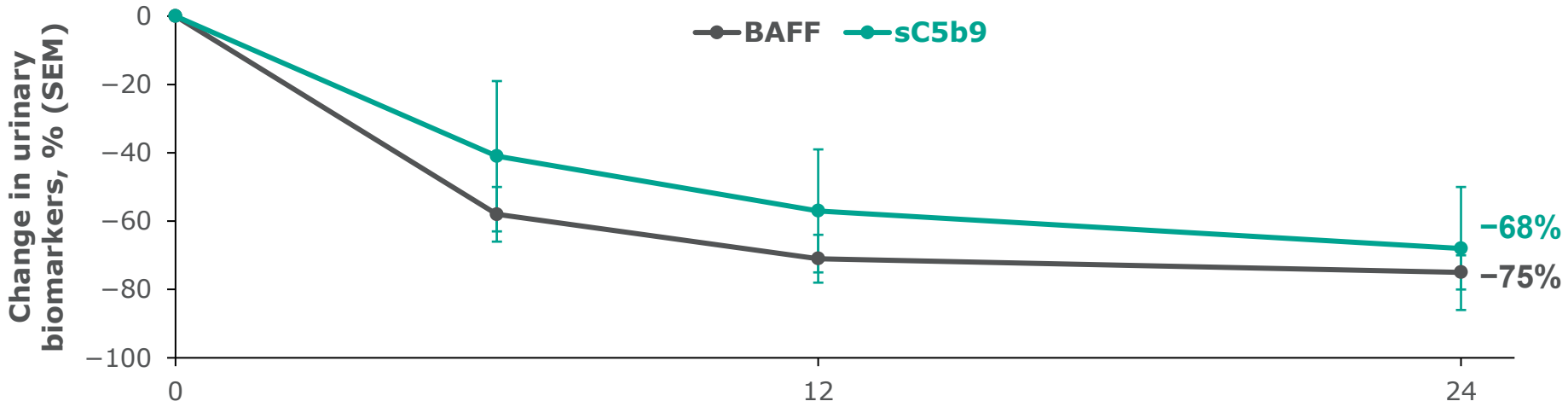
Abbreviations: UPCR: urine protein-to-creatine ratio, eGFR: estimated glomerular filtration rate.
Source: Cheung CK, et al. presented at ASN 2024; October 23-27, 2024; San Diego, CA. FR-OR63.

[1] KDIGO 2025 Clinical Practice Guideline for the Management of Immunoglobulin A Nephropathy (IgAN) and Immunoglobulin A Vasculitis (IgAV), October 2025.
[2] Heerspink HJL, et al. Lancet. 2023;401(10388):1584-1594.
[3] Rovin BH, et al. Lancet. 2023;402(10417):2077-2090.

TRAVERE® THERAPEUTICS

SPARTAN Study: Urinary Biomarker Analysis Suggests Disease-Modifying Effects of FILSPARI in IgAN

Treatment with FILSPARI resulted in rapid and sustained reductions in urinary biomarkers of inflammation and fibrosis that reveal anti-inflammatory and anti-fibrotic effects of FILSPARI[1]



Change in urinary biomarkers from baseline to week 24

Inflammatory and profibrotic	α2M[2] **–83%**	CHI3L1 **–52%**	clusterin[2] **–47%**	GDF15 **–42%**	plasminogen[2] **–85%**	sCD163 **–50%**
Chemokine and cytokine	CXCL10 **–28%**	CXCL16 **–22%**	IL6 **–23%**	MCP-1 **–16%**		

Abbreviations: α2M: alpha-2-macroglobulin, BAFF: B-cell activating factor, CH13L1: chitinase-3-like protein 1, CXCL10: C-X-C motif chemokine ligand 10, CXCL16: C-X-C motif chemokine ligand 16, GDF15: growth/differentiation factor 15, IL6: interleukin 6, MCP-1: monocyte chemoattractant protein-1, sC5b9: soluble C5b9, sCD163: soluble CD163.

Source: Cheung, et al. presented at the National International Podocyte Conference & ISGD Meeting; June 10-13, 2025; Hamburg, Germany. Poster FR-11.

[1] One patient discontinued after week 6 and has been excluded from all urinary biomarker analysis (n=11).

[2] α2M, clusterin and plasminogen analysis was performed only at baseline and week 12.

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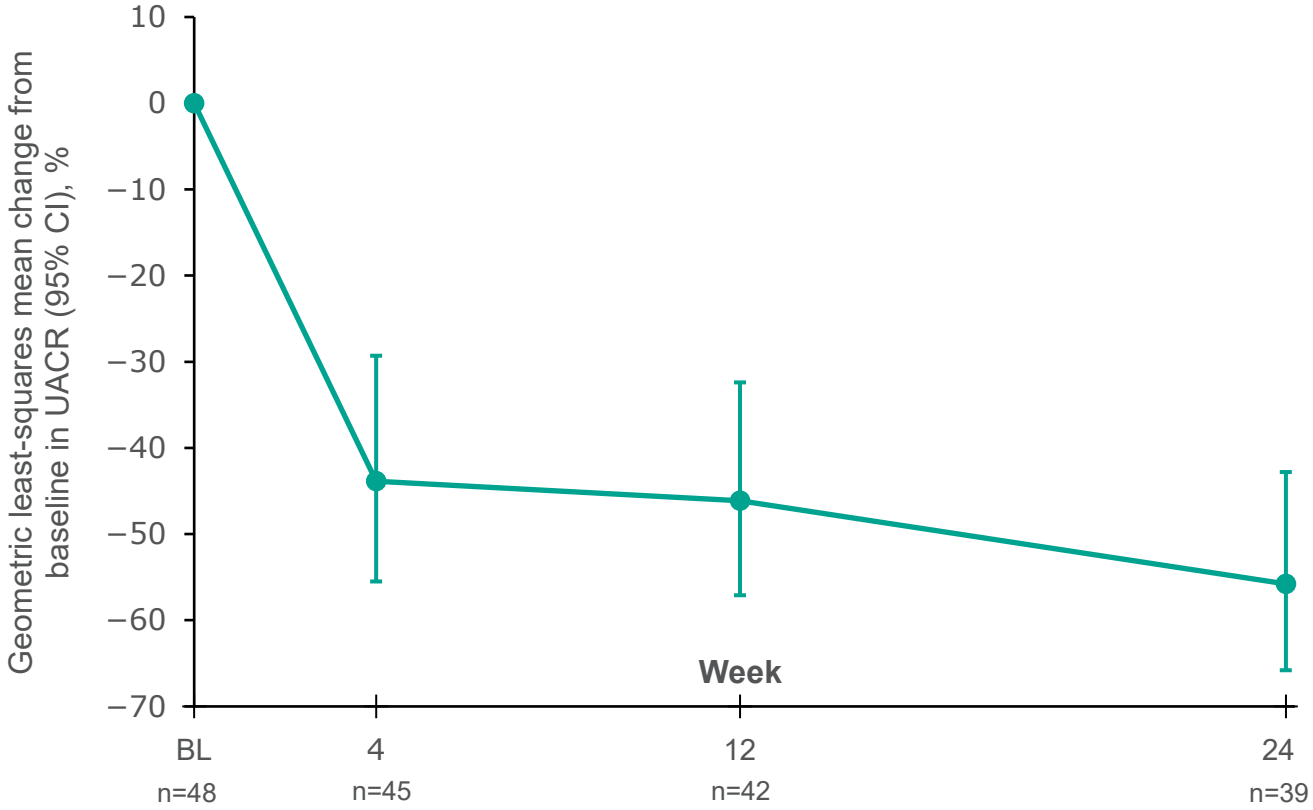
SPARTACUS Study: FILSPARI Added to SGLT2i Resulted in Further Proteinuria Reduction and Was Generally Well Tolerated

Transitioning patients from RASi to FILSPARI resulted in a mean reduction in UACR of ~56% at 24 weeks



TEAEs	Patients (N=48)
Any TEAE, n (%)	**30 (63)**
SPAR related	10 (21)
SGLT2i related	2 (4)
Any TEAEs in >2 patients, n (%)	
Hypotension	7 (15)
Headache	4 (8)
Edema	4 (8)
Peripheral edema	4 (8)
Upper respiratory tract infection	4 (8)
Dizziness	6 (6)
Any severe TEAE, n (%)	2 (4)
Peripheral edema	1 (2)
Gout	1 (2)
Any serious AE, n (%)	4 (8)
Acute kidney injury*†	1 (2)
Cerebrovascular accident	1 (2)
Chemical burn	1 (2)
Deep vein thrombosis	1 (2)
Osteoarthritis*	1 (2)
Any abnormal liver function test results >3×ULN, n (%)‡	0 (0)
Any TEAE leading to SPAR discontinuation, n (%)	4§ (8)

Abbreviations: BL: baseline, RASi: renin-angiotensin system inhibitor, SGLT2i: sodium-glucose cotransporter-2 inhibitor, SPAR: sparsentan, UACR: urine albumin-to-creatinine ratio, TEAE: treatment-emergent adverse event, AE: adverse event, ULN: upper limit of normal.

Source: Ayoub I., et al. presented at ERA 2025, June 4-7, 2025; Vienna, Austria. Abstract: No. 1916.

* Reported in the same patient. †The incident of acute kidney injury was mild, deemed unrelated to SPAR or SGLT2i treatment, and was resolved after interruption of SPAR and SGLT2i. ‡Abnormal liver function test results met the following criteria: (1) new elevation in ALT or AST >3 × ULN with or without elevation of total serum bilirubin >2 × ULN and (2) 2-fold increase in ALT or AST above the baseline value in patients who had elevated values prior to taking study medication. § One patient each discontinued SPAR treatment due to a TEAE of vertigo, hypotension, peripheral edema, and Henoch-Schönlein purpura.

TRAVERE® THERAPEUTICS

Paving a Path to Global Access for FILSPARI in IgAN with Established Commercial Partners

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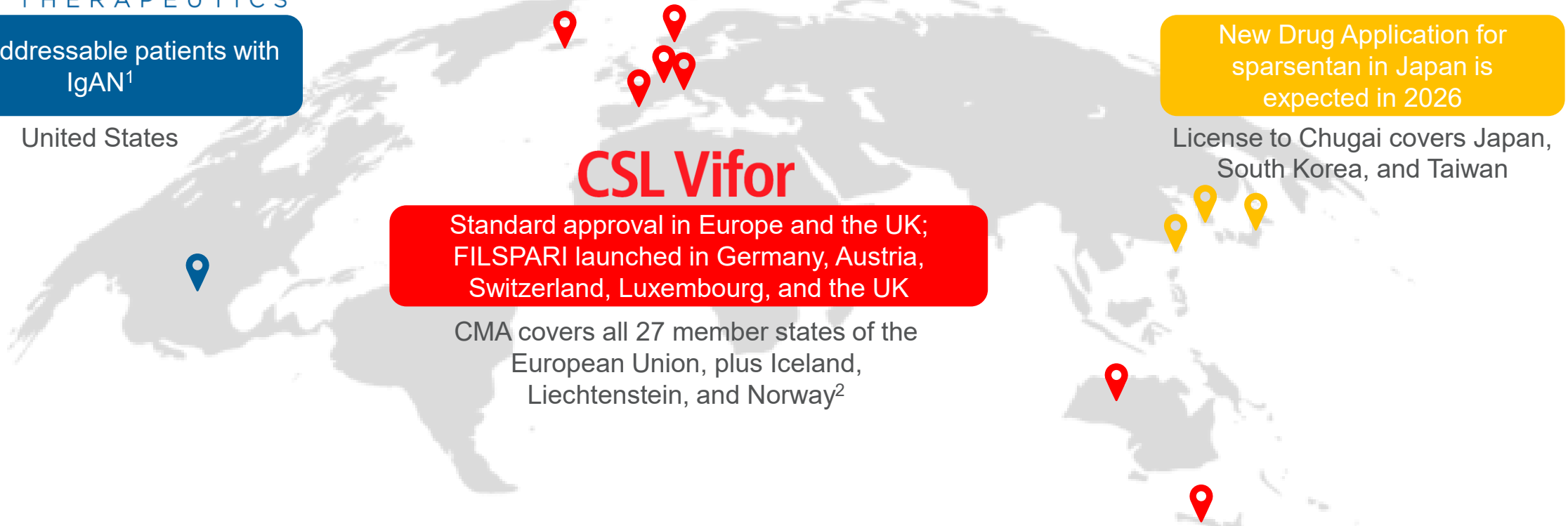
>70k addressable patients with IgAN[1]

United States



CSL Vifor

Standard approval in Europe and the UK; FILSPARI launched in Germany, Austria, Switzerland, Luxembourg, and the UK

CMA covers all 27 member states of the European Union, plus Iceland, Liechtenstein, and Norway[2]

CHUGAI PHARMACEUTICAL

A member of the Roche group

New Drug Application for sparsentan in Japan is expected in 2026

License to Chugai covers Japan, South Korea, and Taiwan

Travere eligible to receive up to $910 million in potential milestone payments[3] + tiered double-digit royalties on global net sales of FILSPARI

Abbreviations: EC: European Commission, CMA: conditional marketing authorization. [1] Source: independent market research, data on file. [2] License to CSL Vifor covers Europe, Australia, New Zealand, Bahrain, Brazil, Chile, Israel, Kuwait, Oman, Qatar, Saudi Arabia and the UAE, with potential to expand. [3] Potential milestone payments include achievements for both IgAN and FSGS indications, as of the execution of the license agreements with CSL Vifor and Chugai Pharmaceutical. Through December 2025, the Company has received $57.5 million in disclosed milestone payments.

TRAVERE® THERAPEUTICS

Solidify FILSPARI's foundational position in a growing IgAN market

Obtain approval and successfully launch FILSPARI in FSGS

Successful enrollment in Phase 3 HARMONY Study to position pegtibatinase as the first potential disease-modifying therapy for HCU

Continued business development to further diversify pipeline

TRAVERE® THERAPEUTICS

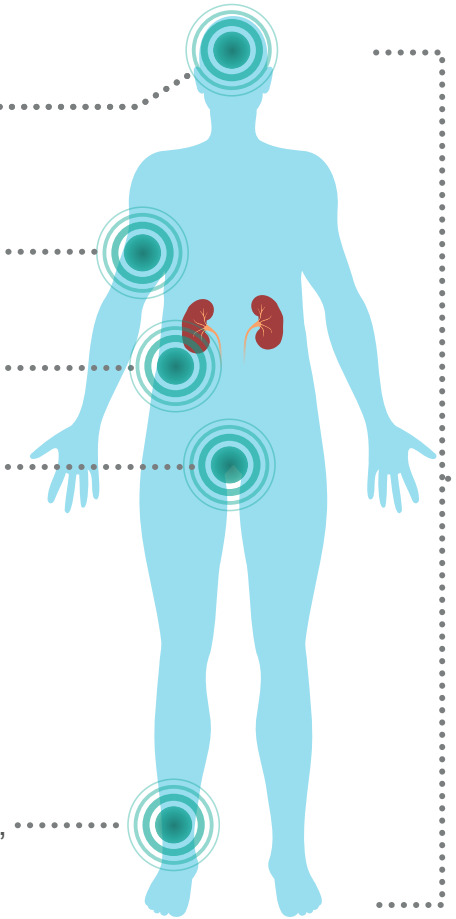
FSGS: Significant Patient and Community Burden

7-year
kidney survival rate
for FSGS is *lower* than other primary glomerular diseases[1]

>4,000
people on the kidney transplant waitlist
due to FSGS in the U.S.[2]

~33,000
adults and children in the U.S. are currently experiencing kidney failure due to FSGS[3]

Symptoms of FSGS



Side effects from medications (IST)

Significant toxicity

- Infections
- Hypertension
- Diabetes
- Bone loss
- Mental health problems

5-10 years
median time to kidney failure for 30-60% of patients[4]

40%
of transplant patients experience disease recurrence[4]

Abbreviations: FSGS: focal segmental glomerulosclerosis.
Sources: [1] Moranne O., Watier L., Rossert J., Stengel B., *GN-Progress Study Group Primary glomerulonephritis: an update on renal survival and determinants of progression,* Qjm. 2008;101(3):215–224. [2] Organ Procurement & Transplant Network (OPTN) data accessed December 2025 from HRSA website. [3] Bensink ME, Goldschmidt D, et al., *Kidney failure attributed to focal segmental glomerulosclerosis: a USRDS retrospective cohort study of epidemiology, treatment modalities, and economic burden,* Kidney Med. 2023;6(2):100760. doi: 10.1016/j.xkme.2023.100760. [4] Kiffel et al. Adv Chronic Kidney Dis. 2011;18:332-338.

TRAVERE® THERAPEUTICS

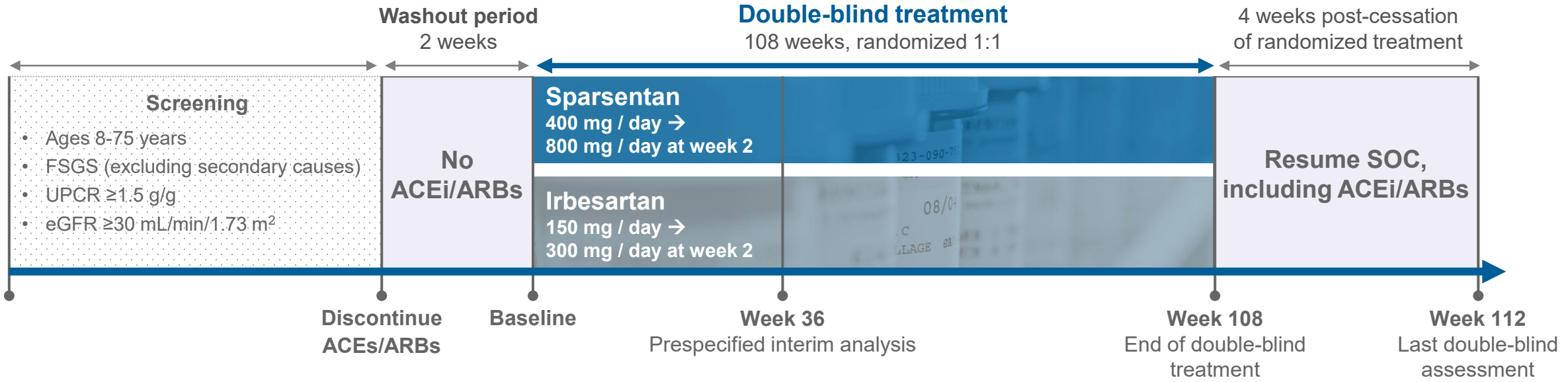
The DUPLEX Study of Sparsentan is the Largest Active-Controlled Interventional Phase 3 Trial in FSGS to Date

Objective

Evaluate the efficacy and safety of sparsentan vs. the active control irbesartan in patients with focal segmental glomerulosclerosis (FSGS)

Trial Design

- Phase 3, double-blind, active-controlled global trial in patients with biopsy-proven FSGS or genetic FSGS, N=371 patients (ages 8 to 75 years)*
- The only head-to-head Phase 3 study of its kind in FSGS
- **Surrogate efficacy endpoint:** (36-week interim analysis) = proportion of patients achieving FPRE at week 36 (UPCR ≤ 1.5 g/g and ≥ 40% reduction from baseline)
- **Primary endpoint:** eGFR total slope: From day 1 to week 108 of treatment (U.S. primary), eGFR chronic slope: From week 6 to week 108 of treatment (EU primary)



Abbreviations: ACEi: angiotensin converting enzyme inhibitors, ARBs: angiotensin receptor blockers, UPCR: urine protein/creatinine ratio, g/g: grams per gram, eGFR: estimated glomerular filtration rate, FPRE: FSGS partial remission endpoint, SOC: standard of care.

* ClinicalTrials.gov ID: NCT03493685.

TRAVERE® THERAPEUTICS

PARASOL Project: Broad Expert Alignment on Utility of Proteinuria in FSGS

FSGS is an important cause of kidney failure in patients of all ages and **new therapies are urgently needed** to reduce the risk of progression

Discussion of the findings in an open forum highlighted the **biological role of proteinuria in FSGS** as a podocytopathy, and implications for clinical trial design

A multi-stakeholder group of rare kidney disease experts recognized the variability and trial infeasibility of eGFR and aligned around **proteinuria as a potential clinical trial endpoint**

*The principal finding is that **reduction in proteinuria** over 24 months is **strongly associated with a reduction in the risk of kidney failure**, and responder definitions based on thresholds of proteinuria are both biologically plausible and strongly supported by epidemiological data.*[1]

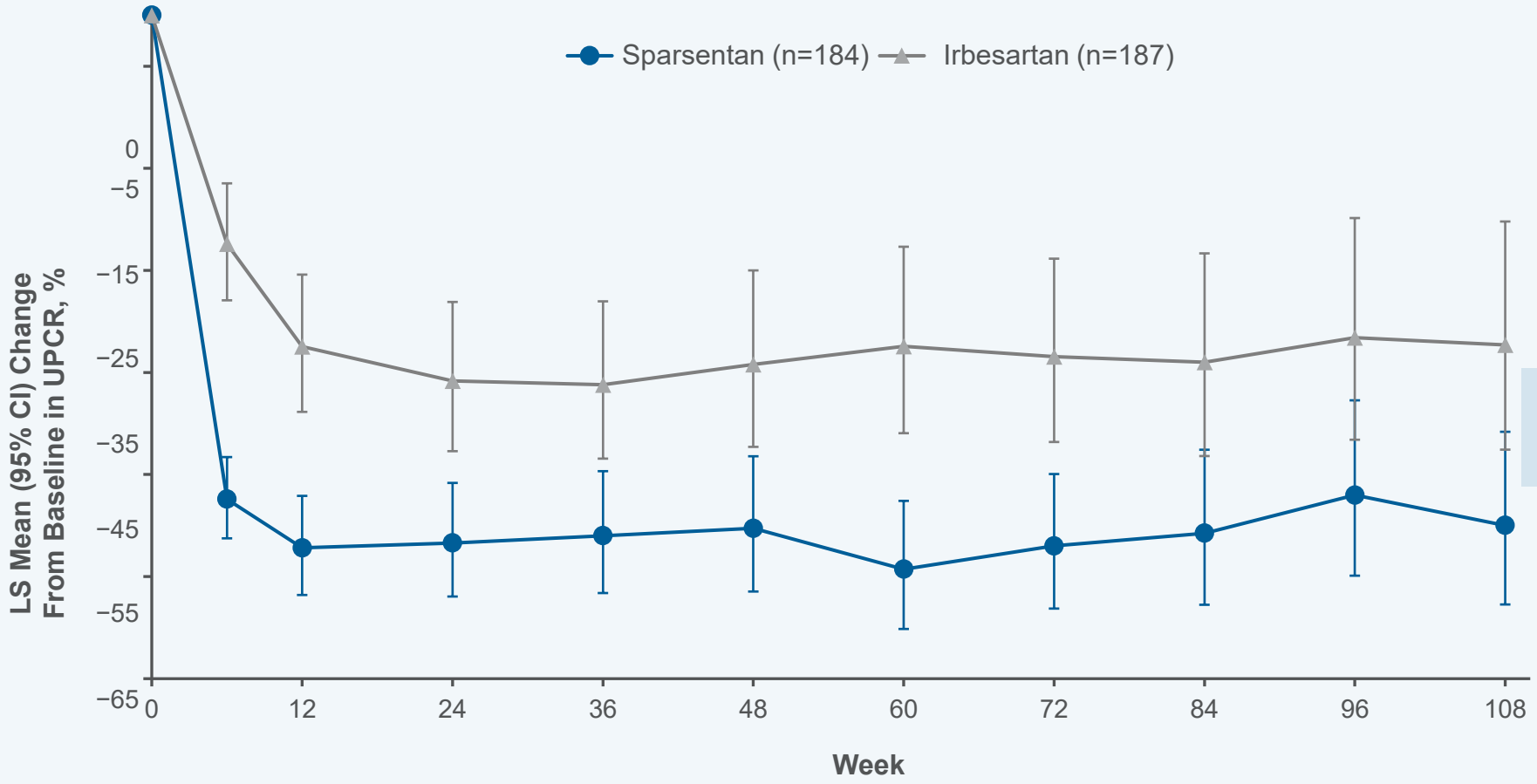
Abigail Smith, PhD, Northwestern University Feinberg School of Medicine – PARASOL

Source: PARASOL Workshop, October 7-8, 2024.

[1] https://www.is-gd.org/en/news-from-isgd/parasol-project-advances-understanding-of-proteinuria-in-fsgs. Accessed January 7, 2026.

TRAVERE THERAPEUTICS

In Phase 3 DUPLEX Study, Treatment with FILSPARI Resulted in Rapid and Sustained Reductions in Proteinuria Over Two Years



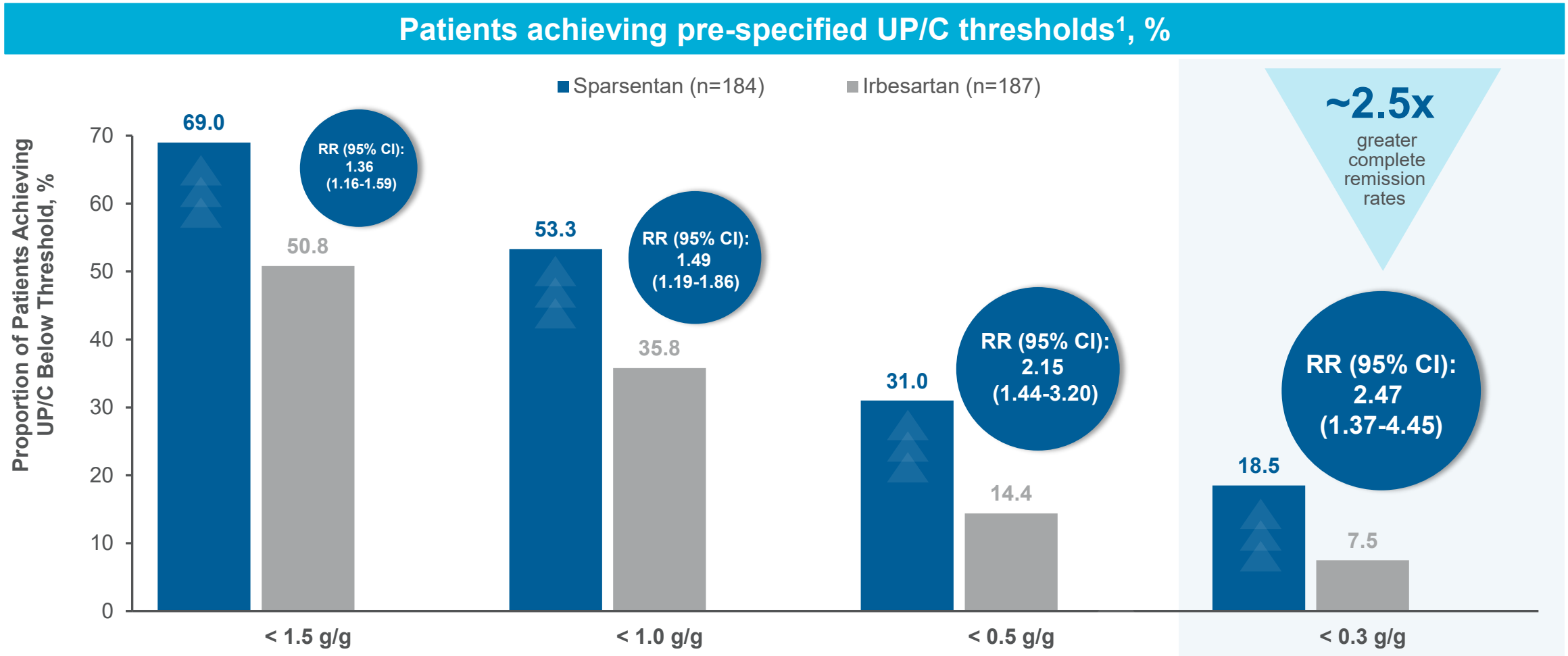
Sparsentan
50%
reduction in proteinuria

GMR: 0.74
(0.58, 0.93)
***P*=0.012**

Abbreviations: UPCR: urine protein creatinine ratio, GMR: geometric mean ratio.

TRAVERE® THERAPEUTICS

Sparsentan Demonstrated Significantly Greater Proteinuria Reduction vs Active Comparator Across Pre-Specified Measurement Thresholds

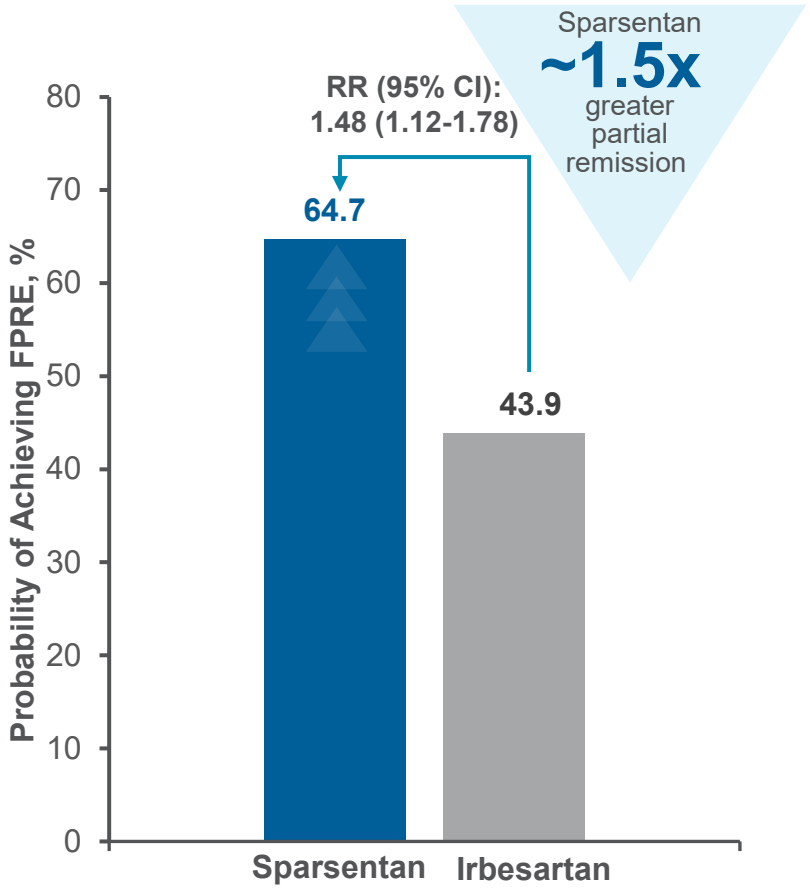


Abbreviations: CI: confidence interval, RR: relative risk, UP/C: urine protein/creatinine ratio.
Source: Rheault MN, et al., *Sparsentan versus Irbesartan in Focal Segmental Glomerulosclerosis*, The New England Journal of Medicine and Supplement, 2023.
[1] At any time during the double-blind period.

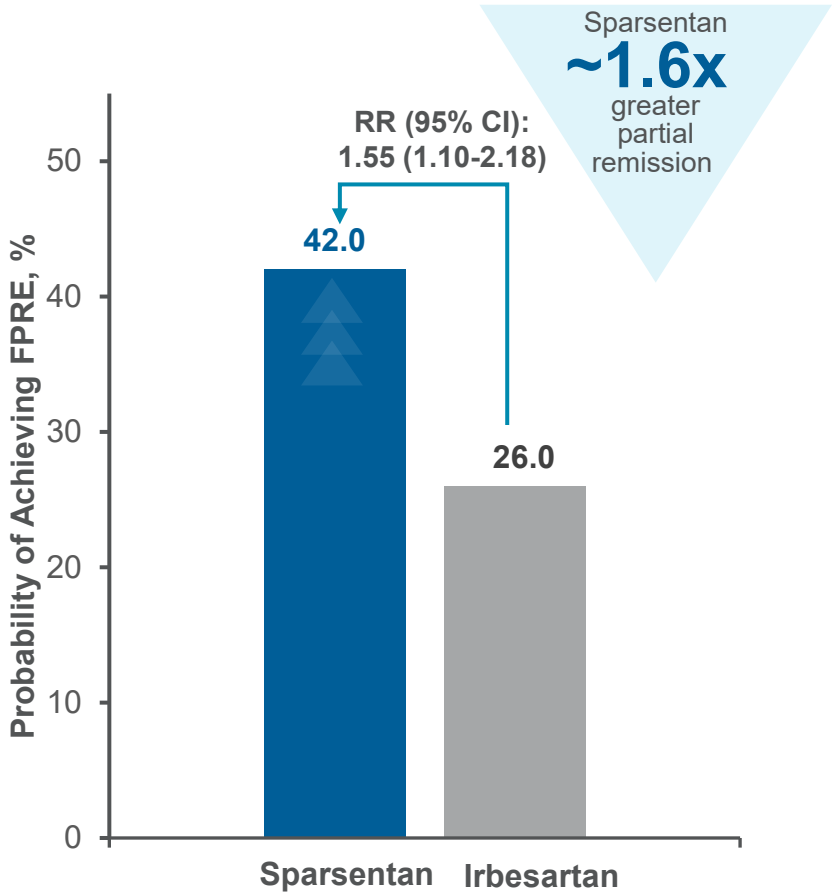
TRAVERE® THERAPEUTICS

Sparsentan Demonstrated Consistent Treatment Effect on Interim Primary Proteinuria Endpoint Through End of Study

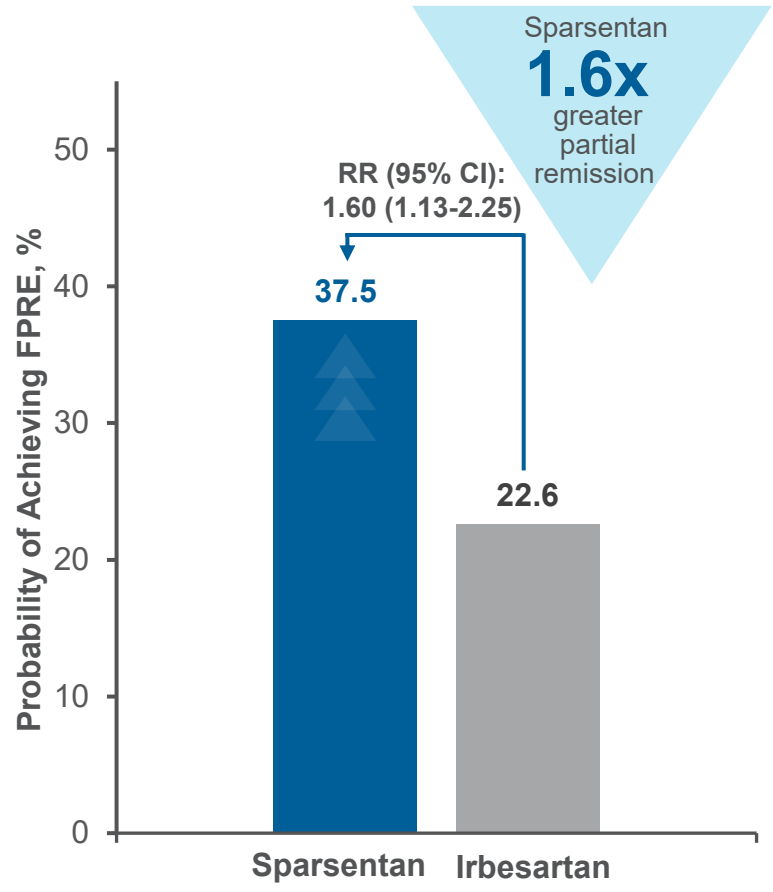
Patients achieving FPRE at any time during the double-blind period



Patients achieving FPRE at week 36



Patients achieving FPRE at week 108 (final analysis)

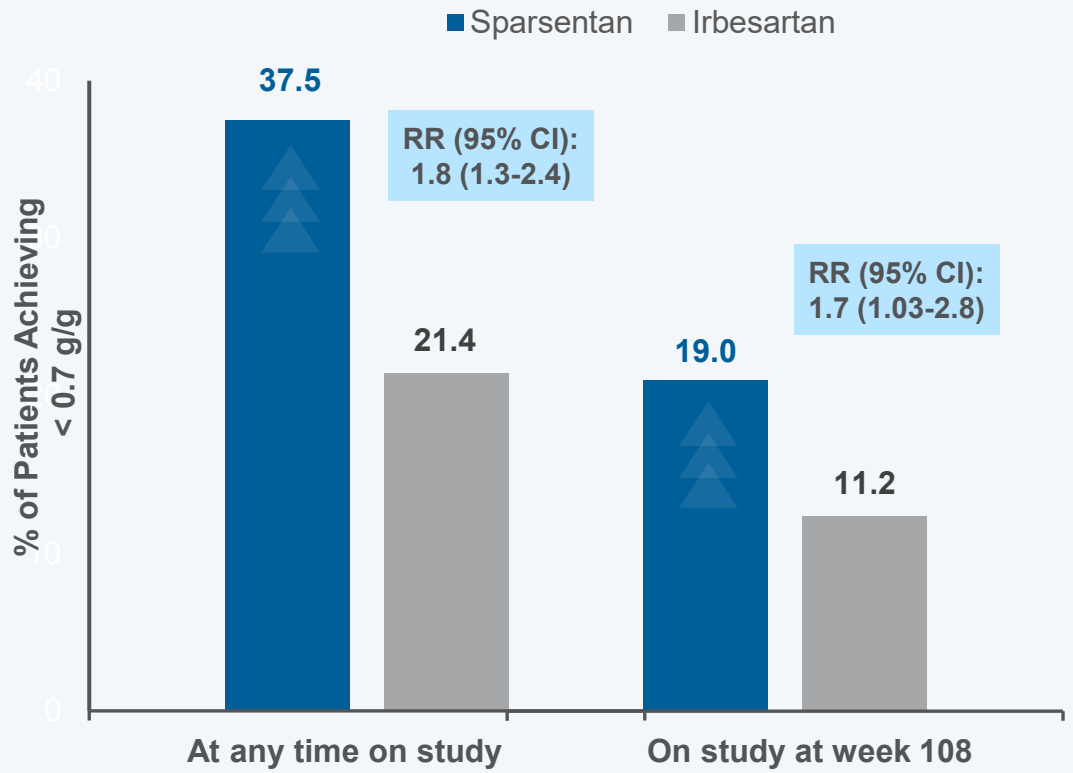


Abbreviations: FPRE: FSGS partial remission endpoint, defined as UPCR of ≤1.5 g/g and >40% reduction from baseline,
Source: Rheault MN, et al., Sparsentan versus Irbesartan in Focal Segmental Glomerulosclerosis, The New England Journal of Medicine and Supplement, 2023.

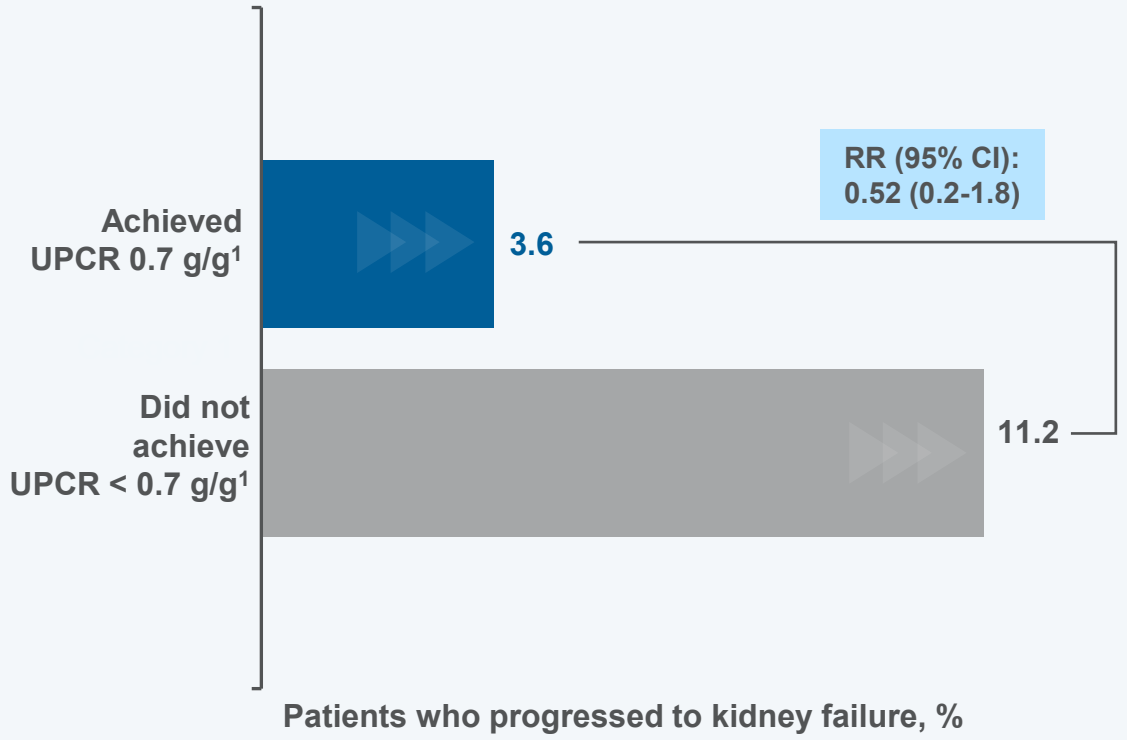
TRAVERE® THERAPEUTICS

Recent DUPLEX Analysis Further Reinforces PARASOL Findings Supporting Proteinuria as a Predictor of Kidney Failure

Significantly more patients on FILSPARI achieved < 0.7 g/g proteinuria threshold



Patients who achieved < 0.7 g/g threshold at any time on treatment were *half as likely* to reach kidney failure



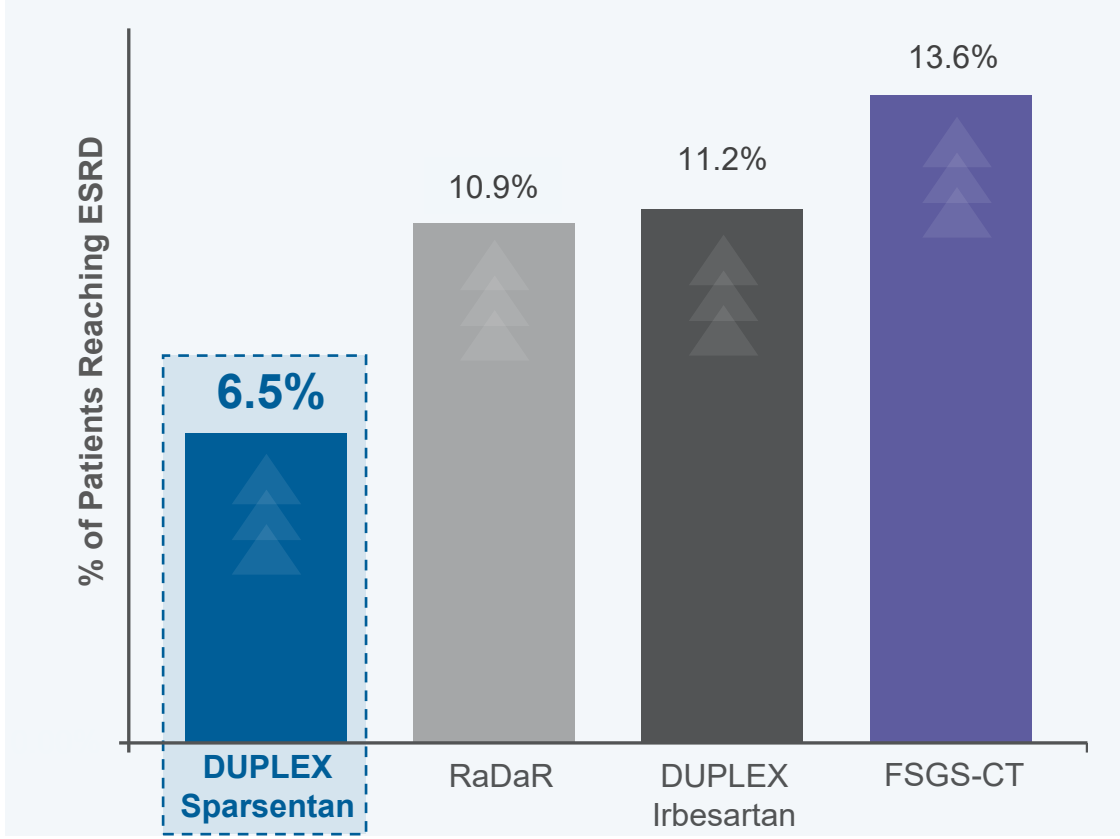
[1] At any time on treatment, irrespective of the treatment arm.

Source: Radhakrishnan J., et al., *Patients With Focal Segmental Glomerulosclerosis (FSGS) Reach Proteinuria <0.7 g/g More Often With Sparsentan vs Irbesartan in DUPLEX: Implications for Kidney Failure Risk*, Presented at the American Society of Nephrology (ASN) Kidney Week 2025; November 5-9, 2025; Houston, TX, USA.

TRAVERE® THERAPEUTICS

In DUPLEX, Relative Proteinuria Reduction With FILSPARI vs Active Comparator Translated to Clinically Meaningful Reduction in Kidney Failure Risk

In DUPLEX, FILSPARI-treated patients had the lowest kidney failure rates of comparable data sources[1]



Two years of FILSPARI treatment translates into a clinically meaningful reduction (24%) in kidney failure risk over five years vs active control irbesartan[2,3]

UPCR change metric	KF Hazard Ratio (95% CI)
50% reduction (DUPLEX SPAR arm vs baseline)	0.54 (0.42-0.69)
32% reduction (DUPLEX IRB arm vs baseline)	0.71 (0.62-0.81)
26% relative reduction (DUPLEX SPAR vs IRB)	**0.76 (0.69-0.85)**

Abbreviations: KF: Kidney Failure, HR: Hazard Ratio.

[1] Source: Rheault MN, et al., *N Engl J Med*. 2023;389:2436-2445; Gipson DS et al., *JAMA Netw Open*. 2022;5(8):e2228701.

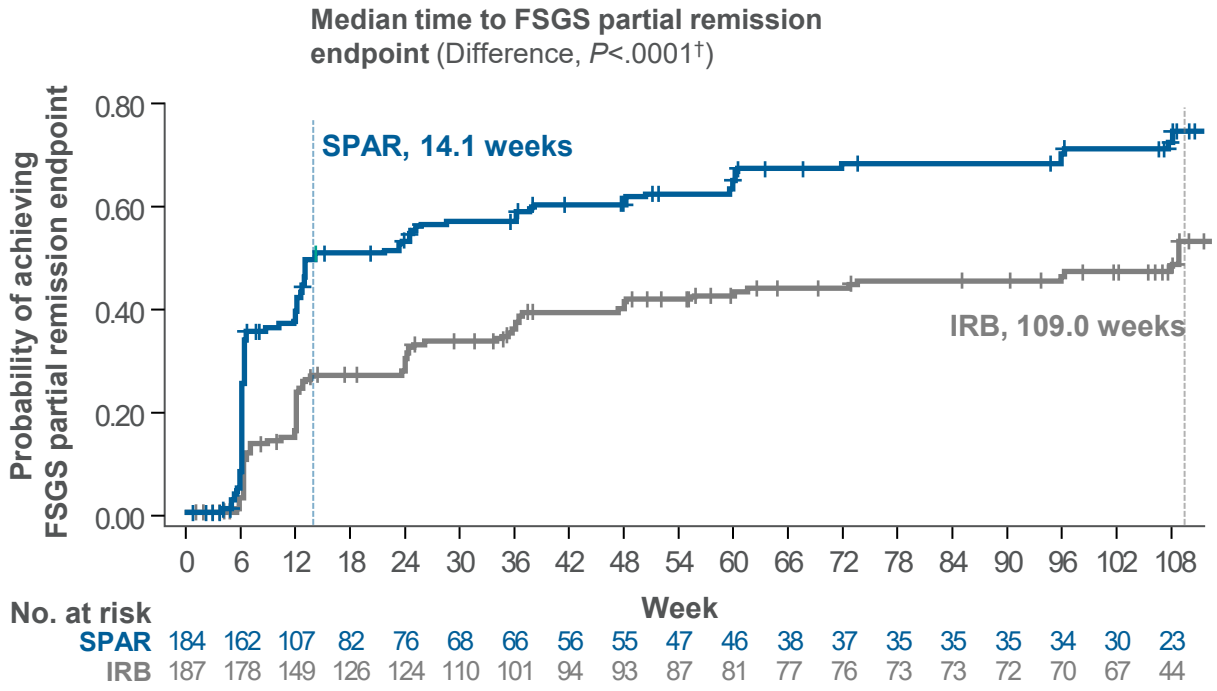
[2] Applying the validated RaDaR model to DUPLEX.

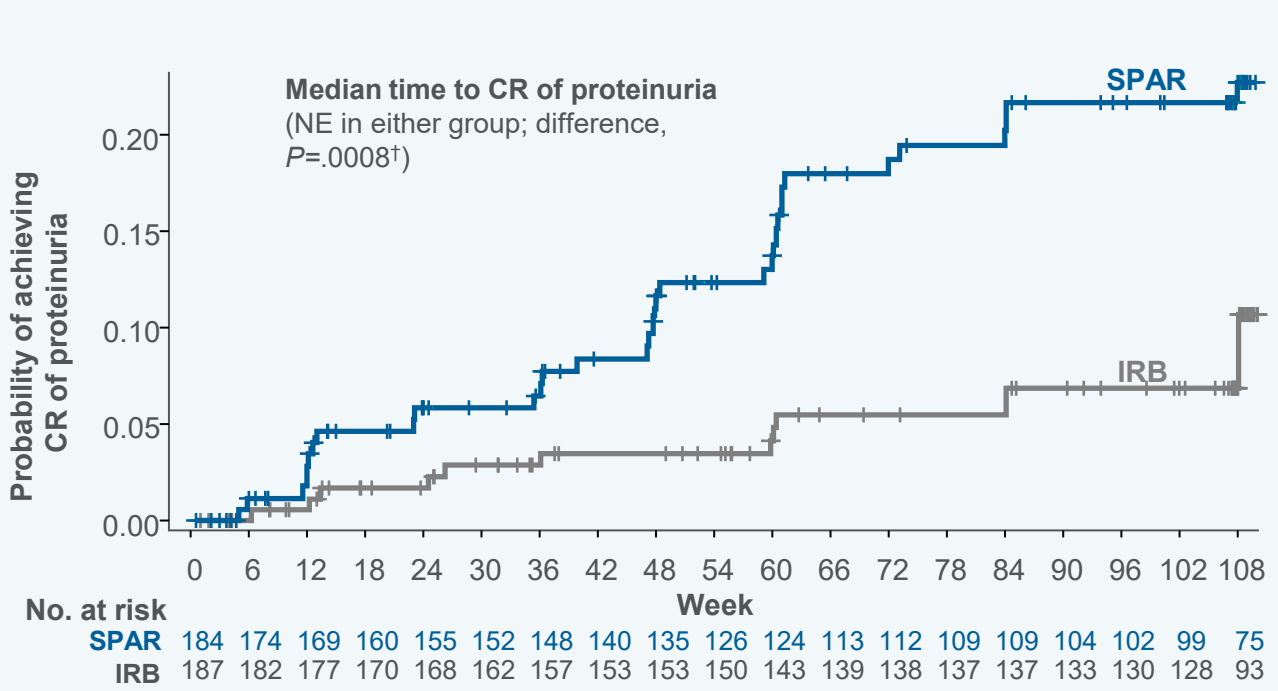
[3] Source:Rheault MN, et al., *N Engl J Med*. 2023;389:2436-2445.

TRAVERE® THERAPEUTICS

Patients Achieved Partial and Complete Remission Earlier and More Often with Sparsentan vs Irbesartan

Probability of achieving FSGS partial remission endpoint and complete remission of proteinuria, %





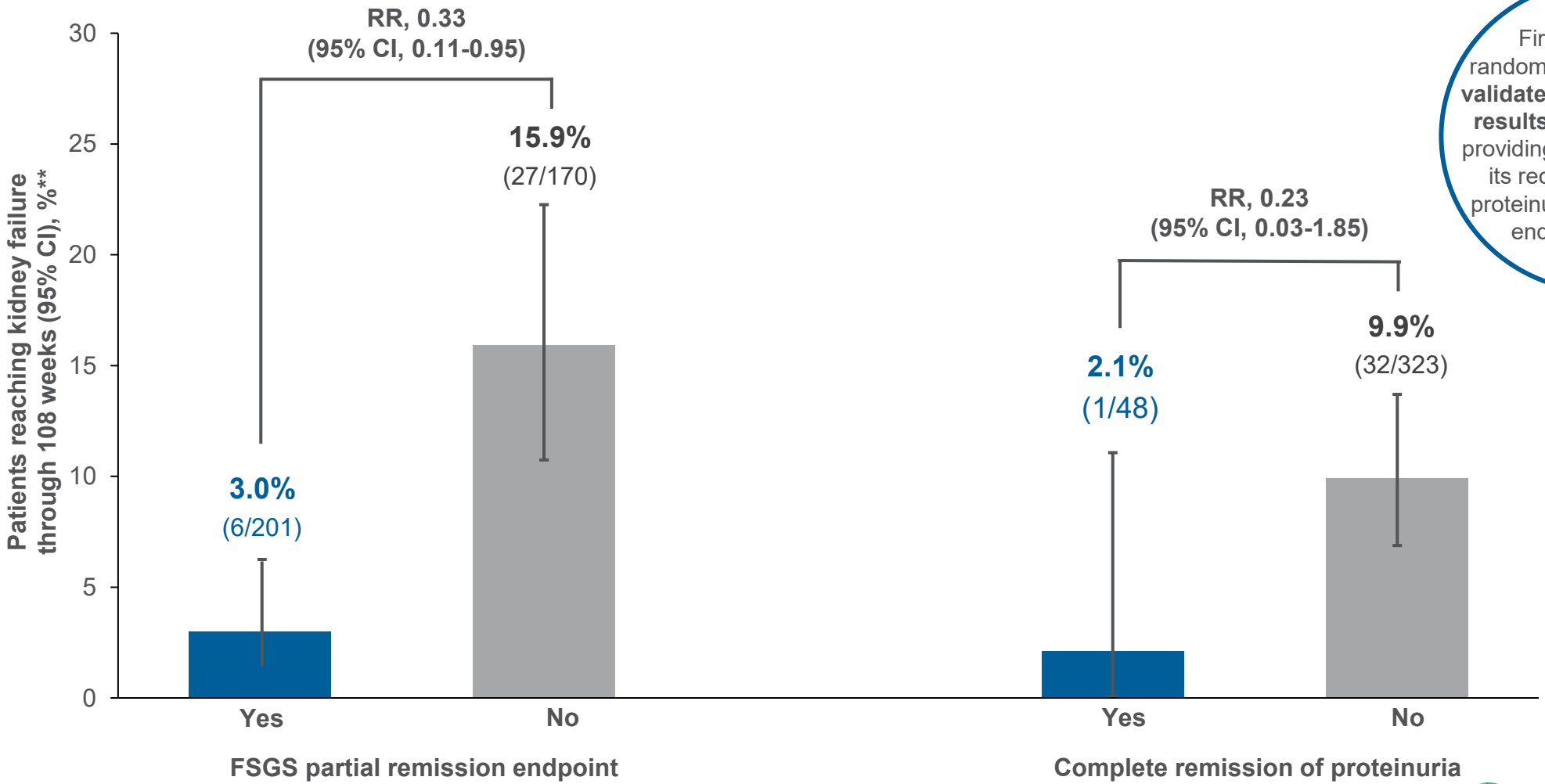
Abbreviations: CR: defined as UPCR of <0.3 g/g, FSGS: focal segmental glomerulosclerosis, FSGS partial remission endpoint: defined as UPCR of ≤1.5 g/g and >40% reduction from baseline, IRB: irbesartan, PR: partial remission, RR: relative risk, SPAR: sparsentan, UPCR: urine protein-to-creatinine ratio.

Source: J Tumlin, et al., presented at the European Renal Association (ERA) Congress 2025; June 4-7, 2025; Vienna, Austria.

† p-value generated from a stratified Cox proportional hazards model with treatment and baseline log (UPCR) as covariates, stratified by randomization stratification factors.

TRAVERE® THERAPEUTICS

In DUPLEX, Patients That Achieved Proteinuria Remission Had Markedly Reduced Risk of Progression to Kidney Failure



First data from a randomized clinical trial to **validate the observational results from PARASOL**, providing robust support for its recommendation of proteinuria as a surrogate endpoint in FSGS

Abbreviations: CI: confidence interval, eGFR, estimated glomerular filtration rate, RR: relative risk.
* Results from post hoc analyses using pooled data irrespective of treatment arm.
** Confirmed eGFR of <15 mL/min/1.73 m2 or kidney replacement therapy.

TRAVERE® THERAPEUTICS

Launch Readiness and Anticipated Early Adoption Drivers Support Significant FSGS Opportunity, if Approved

No FDA-approved medicines indicated for FSGS

Highly severe and fast progressing disease with ~75% of surveyed nephrologists indicating that FSGS is extremely challenging to manage[1]

Significant awareness and desire for FILSPARI with >80% prescriber overlap with IgAN[2] driving broad physician familiarity and potential to drive cross-indication synergies

FSGS has a significant unmet need with **high urgency** to treat

up to **30k** addressable patients[3]

$1B+ **potential** for FILSPARI in FSGS

[1] Spherix 2025. [2] Travere market research. [3] Estimated based on McGrogan A, et al., *Nephrol Dial Transplant,* 2011; 26(2):414-430 and data on file.

TRAVERE THERAPEUTICS

Jamela, living with HCU

Solidify FILSPARI's foundational position in a growing IgAN market

Obtain approval and successfully launch FILSPARI in FSGS

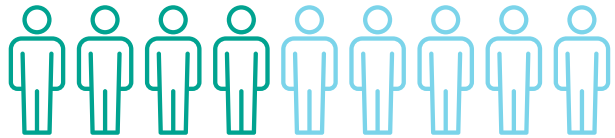
Successful enrollment in Phase 3 HARMONY Study to position pegtibatinase as the first potential disease-modifying therapy for HCU

Continued business development to further diversify pipeline

HCU Market Represents Significant Unmet Need with Potential for Growth with Better Diagnostics, Awareness and Effective Treatment Options

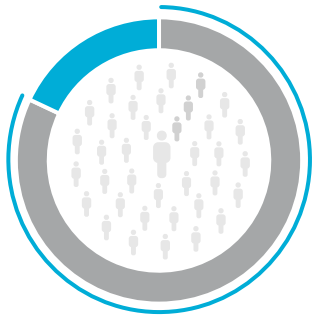
Disease education/awareness, enhanced diagnostics and better treatment options are expected to lead to **increased patient identification**, **earlier diagnosis, and better outcomes** – driving growth in addressable market

- **25% of HCU patients** by **age 16** and **50% by age 29** develop life-threatening thrombotic events, including heart attack and stroke[1,2]
- **7,000 to 10,000 patients** living with HCU in U.S.; similar number in Europe[3]
- **No approved treatments** to address the underlying genetic cause of HCU

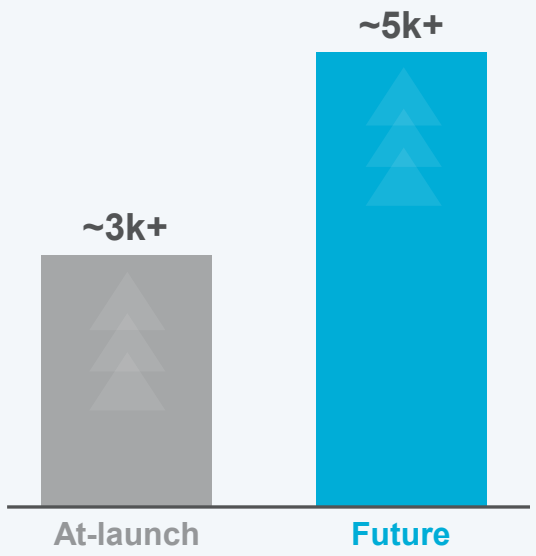


Despite newborn screening for HCU in the U.S., **fewer than 50% of people with HCU are diagnosed at birth**[4]

~80% of patients with HCU are partially or non-responsive to **B6 therapy** (current standard of care)[5]



Expected growth in addressable patients with HCU in U.S.



Pegtibatinase has the potential to become the **only disease-modifying therapy** in a market with significant growth expected

Sources: [1] Mudd et al., *Am J Hum Genet* (1985), [2] Yap et al., *J Am Heart Assoc*. (2001), [3] Data on file. [4] Levy H, et al., *Clin Chem*. 2023;69(5):433-434, [5] Kozich V, Sokolova J, Morris AAM, et al., *J Inherit Metab Dis*. 2021;44(3):677-692.

TRAVERE® THERAPEUTICS

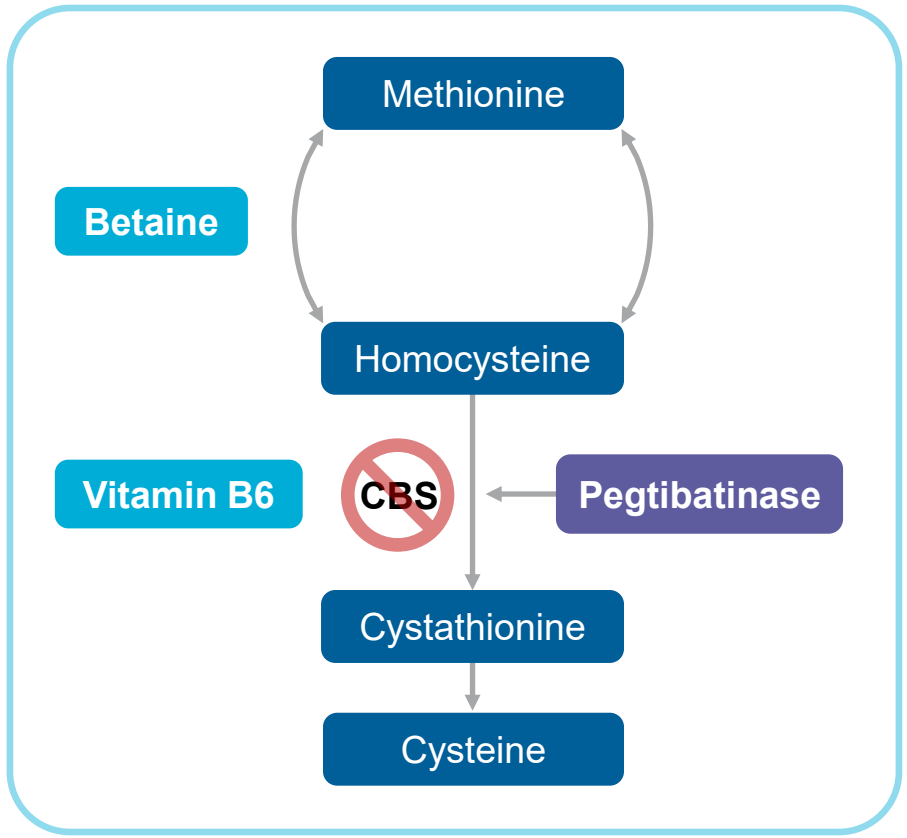
Pegtibatinase is an Investigational, Modified, Recombinant CBS Human Enzyme Therapy

Pegtibatinase is designed to address the underlying genetic cause of HCU

Mechanism of action is expected to have broad effect across HCU population

Administered subcutaneously and designed to be active and stable in plasma, unlike native CBS

Designed to introduce the CBS enzyme into circulation and reduce intracellular and plasma Hcy levels



Pegtibatinase has been granted multiple regulatory designations for the treatment of classical HCU

- FDA Breakthrough Therapy designation
- FDA Rare Pediatric Disease designation
- FDA Fast Track designation
- Orphan Drug designation in the U.S. and Europe

TRAVERE THERAPEUTICS

Treatment with Pegtibatinase in the Phase 1/2 COMPOSE Study Showed Rapid and Sustained tHcy Reduction Through 12 Weeks of Treatment

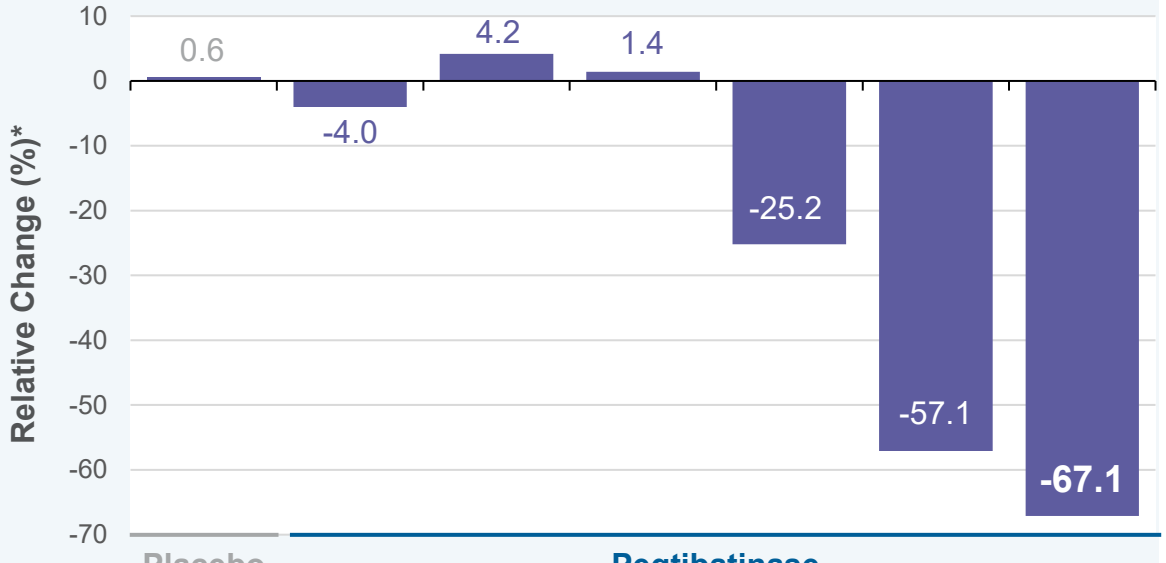
67.1% mean relative reduction in total homocysteine from baseline

All patients in highest dose cohort achieved a clinically meaningful threshold in mean tHcy over weeks 6 to 12 of treatment

Methionine and cystathionine biomarkers suggest that pegtibatinase acts similar to the native CBS enzyme and can restore the metabolic dysregulation in patients with HCU

Pegtibatinase was generally well-tolerated at all doses tested

Summary of relative reduction in geometric mean of total homocysteine from baseline from cohorts 1-6 in the Phase 1/2 COMPOSE Study



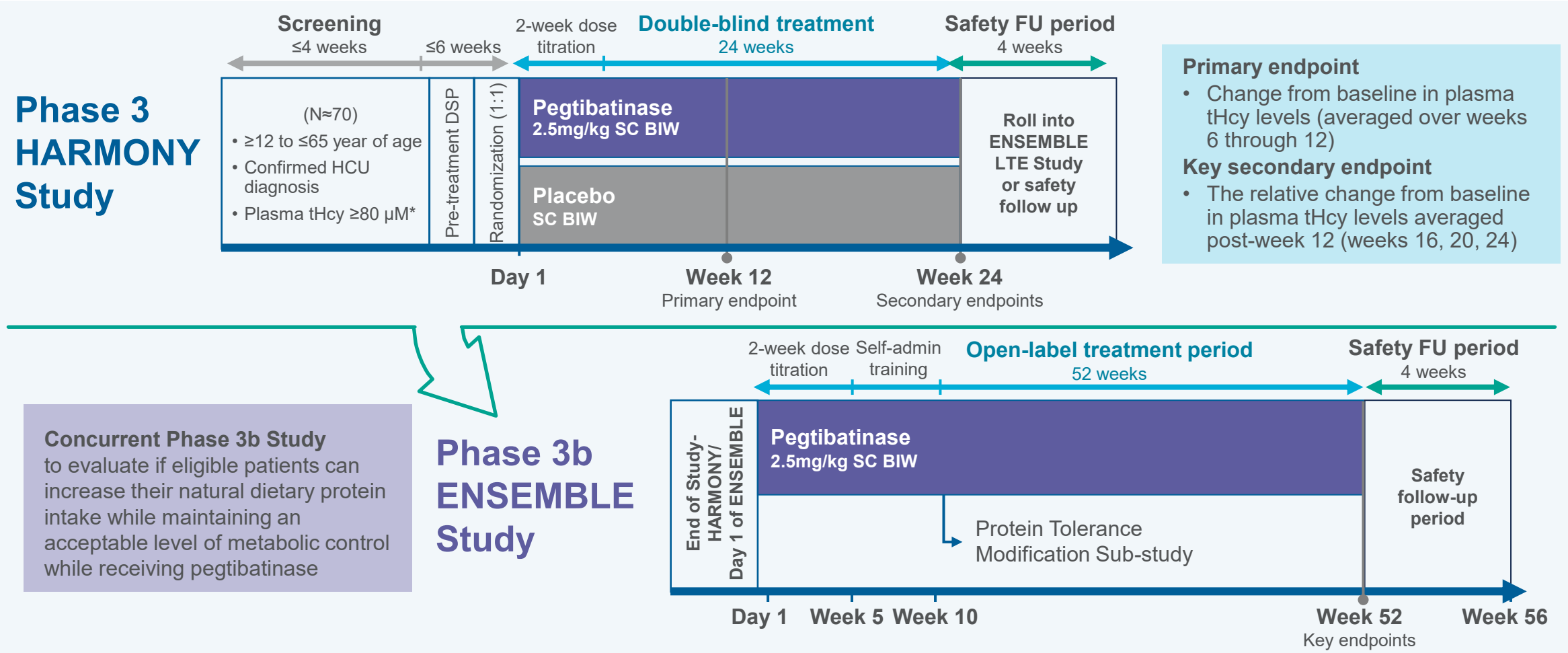
	Placebo	Pegtibatinase				
		Cohort 1 0.33 mg/kg QW	Cohort 2 0.66 mg/kg QW	Cohort 3 1.0 mg/kg QW	Cohort 4 1.0 mg/kg BIW	Cohort 5 1.5 mg/kg BIW	Cohort 6 2.5 mg/kg BIW
Sample Size (n)	6	3	3	3	2	3	4

Abbreviations: QW: once weekly, BIW: twice weekly.

* The data referenced in the table above and the analysis conducted in cohort 6 assess the relative reduction in tHcy from baseline in the geometric mean by averaging tHcy over weeks 6, 8, 10, and 12. This measure improves the precision and reliability of assessment of the treatment effect and takes into account that there is some variability in tHcy depending on food intake and diurnal variation. The Company intends to use this measure moving forward.

TRAVERE® THERAPEUTICS

Innovative Pegtibatinase Phase 3 Program Designed to Enable a BLA Submission



Abbreviations: BIW: twice weekly, DSP: diet standardization period, LTE: long-term (open-label) extension, SC: subcutaneous, tHcy: total homocysteine, FU: follow up.
* Protocol allows for ~25% of patients with tHcy ≥50 to <80µM.
** ClinicalTrials.gov ID: NCT06247085.
*** In September 2024, Travere voluntarily paused the enrollment in the HARMONY Study due to delays in commercial manufacturing scale-up.

TRAVERE® THERAPEUTICS

On Track to Position Pegtibatinase as the First Potential Disease-Modifying Therapy in HCU

Resumed enrollment activities in the Phase 3 HARMONY Study

Further optimized manufacturing process to support clinical program and commercial launch

Activating clinical sites globally

Leveraging patient identification efforts to build enrollment momentum

Patients continue to be followed in ENSEMBLE open label extension study

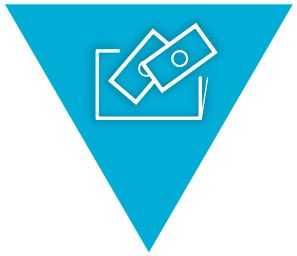
TRAVERE THERAPEUTICS

A Strong Financial Foundation to Deliver New Treatment Standards in Rare Disease

~$410M
in total U.S. net product sales in FY25; represents ~81% growth year-over-year

~91M
basic shares outstanding as of December 31, 2025; diluted ~104mm[1]

~$323M
in cash and cash equivalents[2] as of December 31, 2025



~$316M
in convertible notes due March 2029

[1] Diluted share count calculation includes all outstanding equity awards but excludes convertible notes. [2] Cash, cash equivalents and marketable securities as of December 31, 2025.

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