Travere Therapeutics Corporate Overview

May 2026

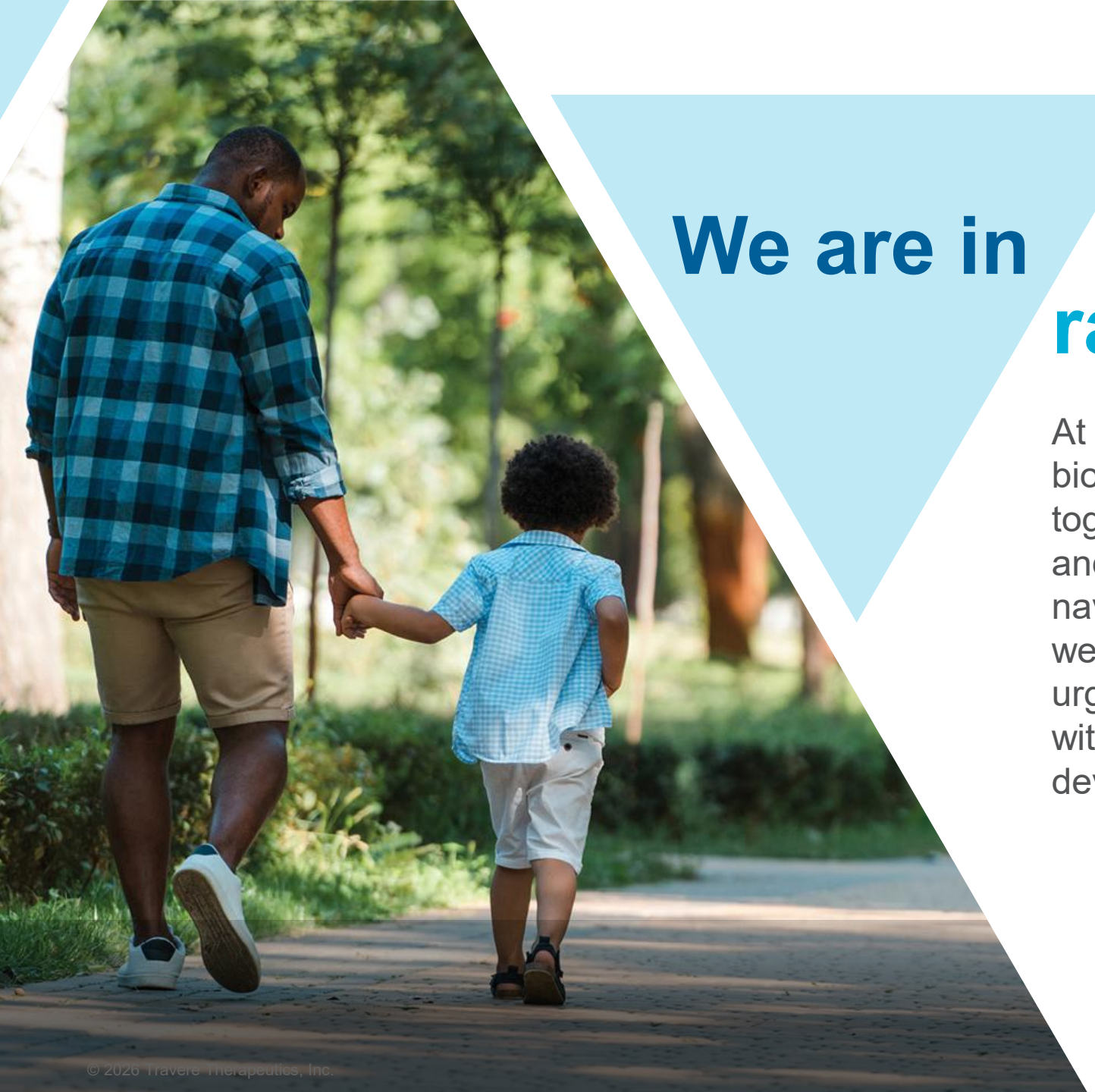
Forward-Looking Statements

This presentation contains forward-looking statements, including but not limited to statements about: continued progress with the FILSPARI in IgAN; statements regarding our products and products in development as potential foundational treatments and/or treatment standards; estimates regarding the size of the commercial opportunity for our products, including FILSPARI; additional development and regulatory milestones, including expected data from additional studies and the expected timing thereof; statements regarding preparations for a successful launch in FSGS; 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 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 commercial launch of FILSPARI in FSGS and 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.

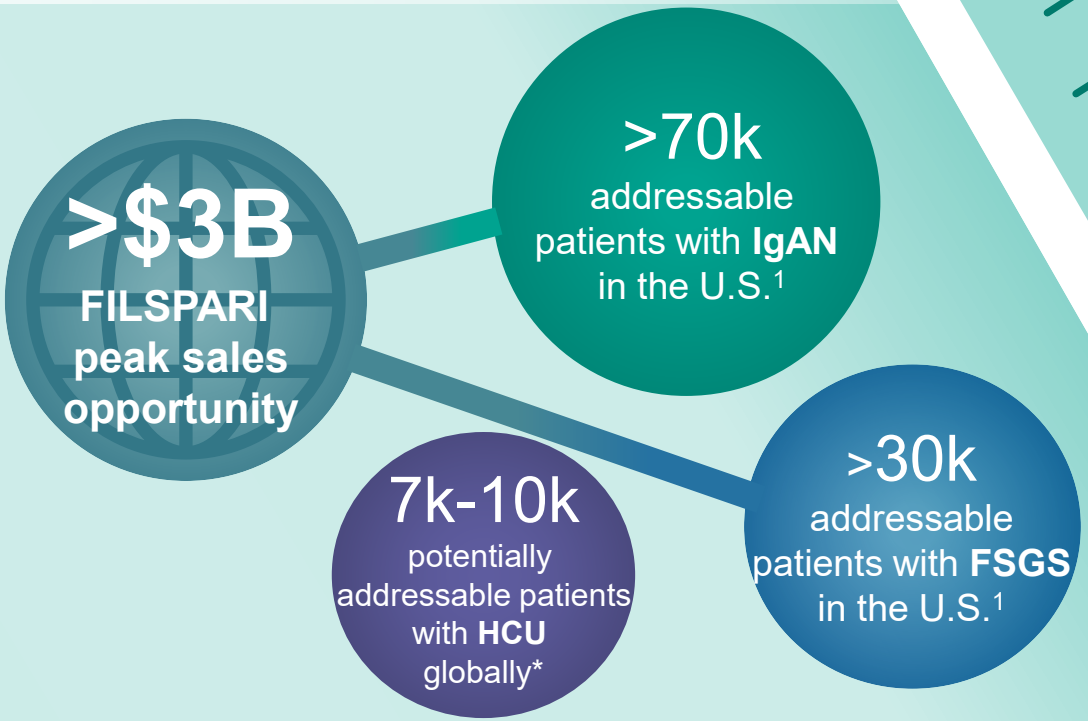
TRAVERE® THERAPEUTICS

Travere Has a Vital Role in Rare Kidney and Metabolic Diseases

Building a durable **rare disease franchise**, led by FILSPARI's broad reach and greater than **$3B** potential peak sales opportunity, with pegtibatinase extending **long-term innovation and growth**

Through further clinical development and commercial **execution**, we intend to **strengthen 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



Abbreviations: IgAN: IgA nephropathy; FSGS: focal segmental glomerulosclerosis; HCU: homocystinuria.
[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

PROGRAM	THERAPEUTIC AREA	PRECLINICAL	PHASE 1	PHASE 2	PHASE 3	APPROVED	COMMERCIAL
FILSPARI® (sparsentan)[1]	IgAN					✓	FILSPARI® (sparsentan) tablets 200 mg/400 mg
FILSPARI® (sparsentan)[2]	FSGS					✓	FILSPARI® (sparsentan) tablets 200 mg/400 mg
Pegtibatinase (TVT-058)[3]	HCU						
Thiola EC® and Thiola® (tiopronin)	Cystinuria					✓	Thiola EC® (tiopronin) Delayed-Release Tablets 100 mg/300 mg; Thiola® (tiopronin)

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. [2] In April 2026, the FDA granted approval of FILSPARI (sparsentan) to reduce proteinuria in adult and pediatric patients aged 8 years and older with FSGS without nephrotic syndrome. 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. [3] In April 2026, the Company dosed the first new patient following the Phase 3 HARMONY Study restart. Topline efficacy data anticipated in 2H 2027.

TRAVERE® THERAPEUTICS

Strategic Priorities to Drive Significant Growth Now and in the Future

Reinforce FILSPARI's foundational position in a growing IgAN market

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

Reinforce FILSPARI's foundational position in a growing IgAN market

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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]

2025 KDIGO guidelines[4] to drive earlier treatment and combination therapy market

>70,000 addressable patients[5]

$1B+ potential for FILSPARI in IgAN[6]

[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. [6] Company estimates.

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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

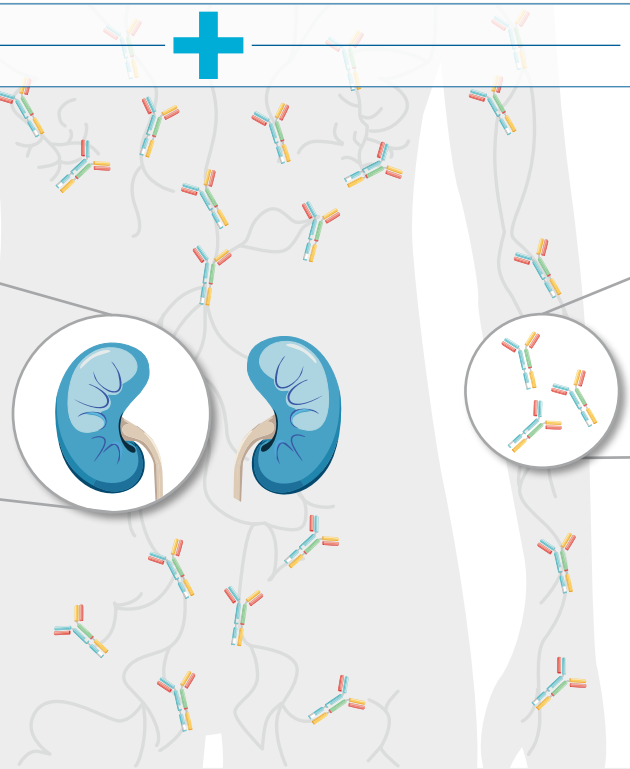
OVERACTIVATION IN THE KIDNEY | **OVERACTIVATION OF THE IMMUNE SYSTEM**

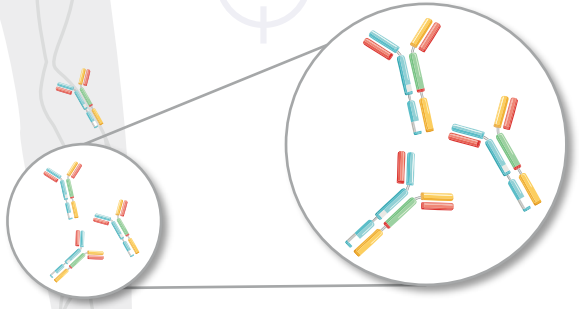
Foundational Treatment + **Immunosuppressant Treatment**

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**

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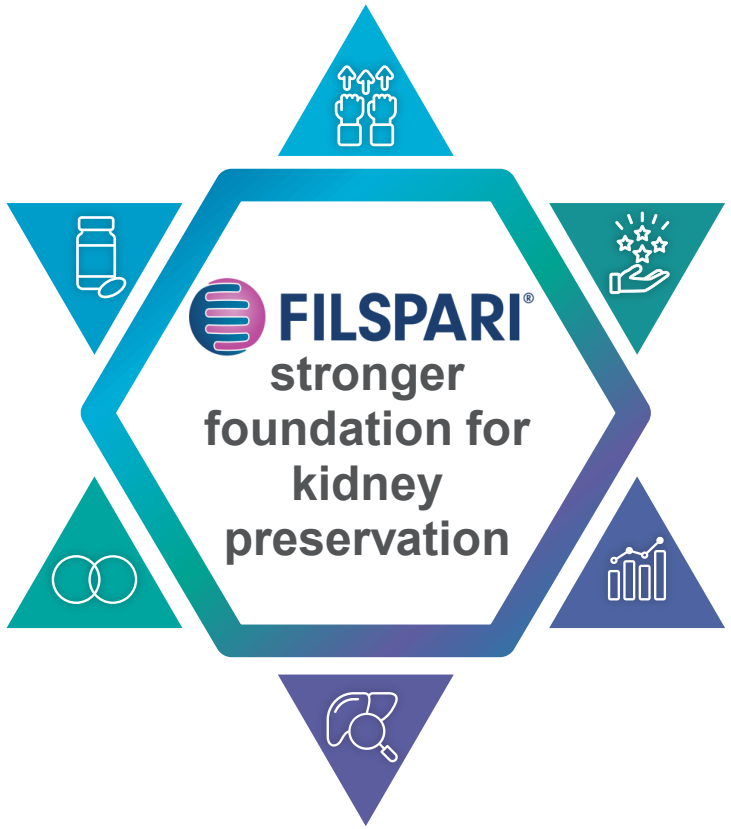
FILSPARI Positioned as a First-in-Class Foundational Treatment in IgAN with Best-in-Class Features

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 New All-Time Highs in 1Q26

$105M

U.S. net FILSPARI sales in 1Q26

88% growth vs 1Q25

- *High compliance and persistence rates*

993

New PSFs in 1Q26

Highest quarterly demand since launch

- *Increasing breadth and depth of prescribers*
- *FILSPARI is the most commonly prescribed FDA-approved medicine for IgAN to date[1]*

96%

U.S. Patients with Pathway to Access

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

[1] Source: Based on the most recently available prescription claims data.

TRAVERE® THERAPEUTICS

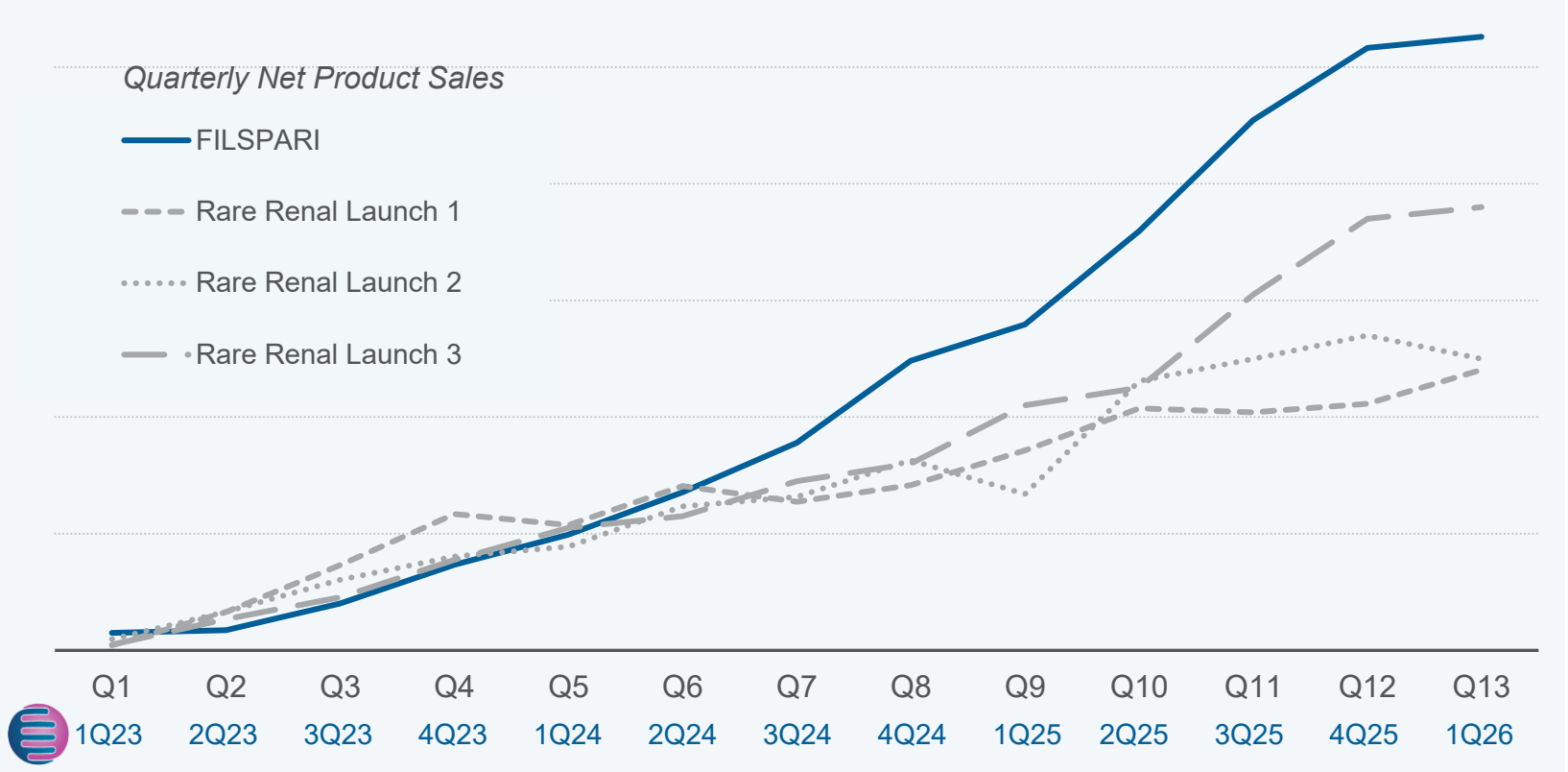
Benchmark Setting Rare Disease Launch Executed by Premier Commercial Infrastructure

Leading commercial infrastructure with track record of top launches

- **100+** field team members across sales, support, market research, and access
- Positioned to leverage cross-indication synergies to execute a successful launch in FSGS

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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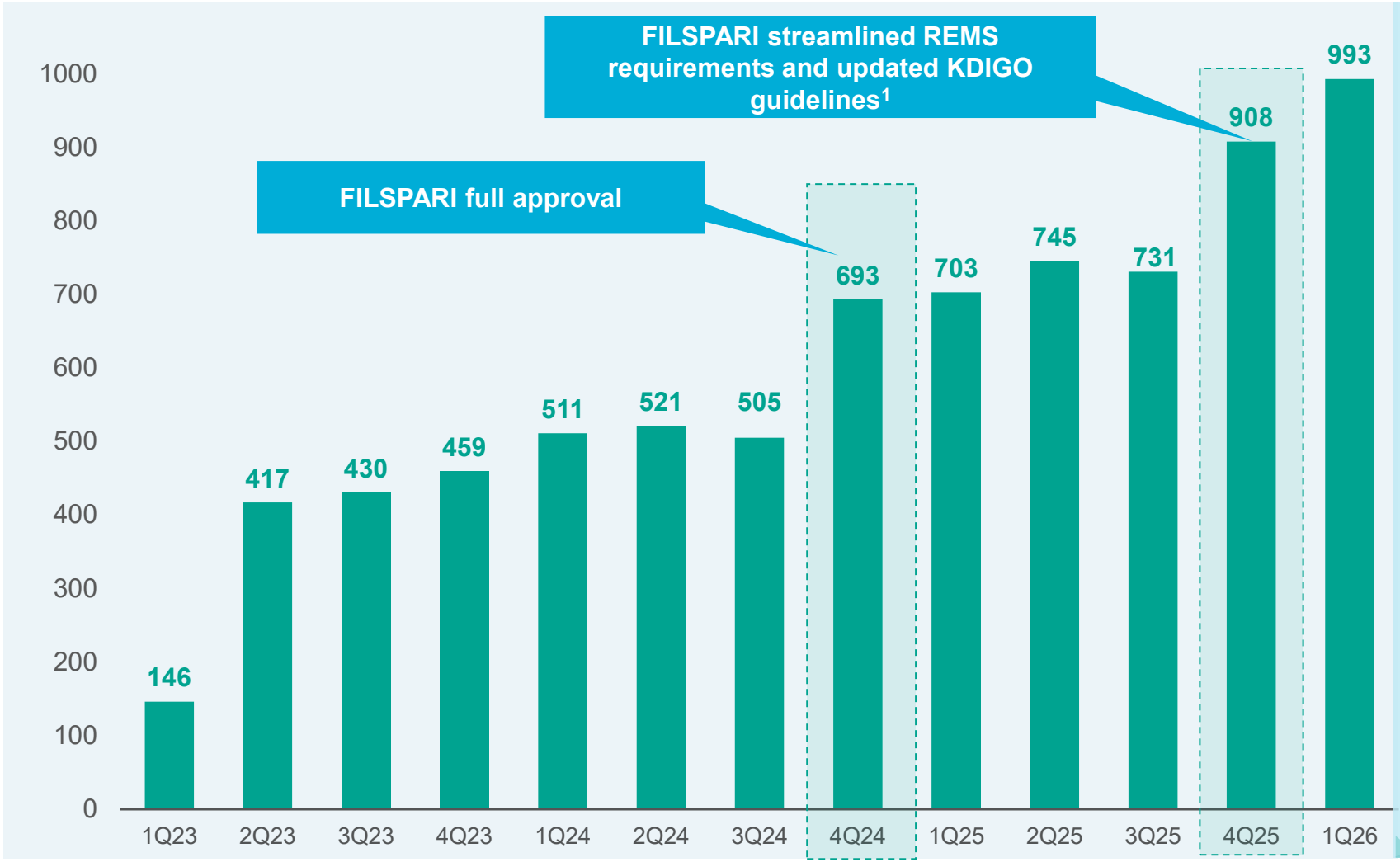
Strong Patient Start Form Momentum in IgAN with Significant Growth Potential



- **~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]

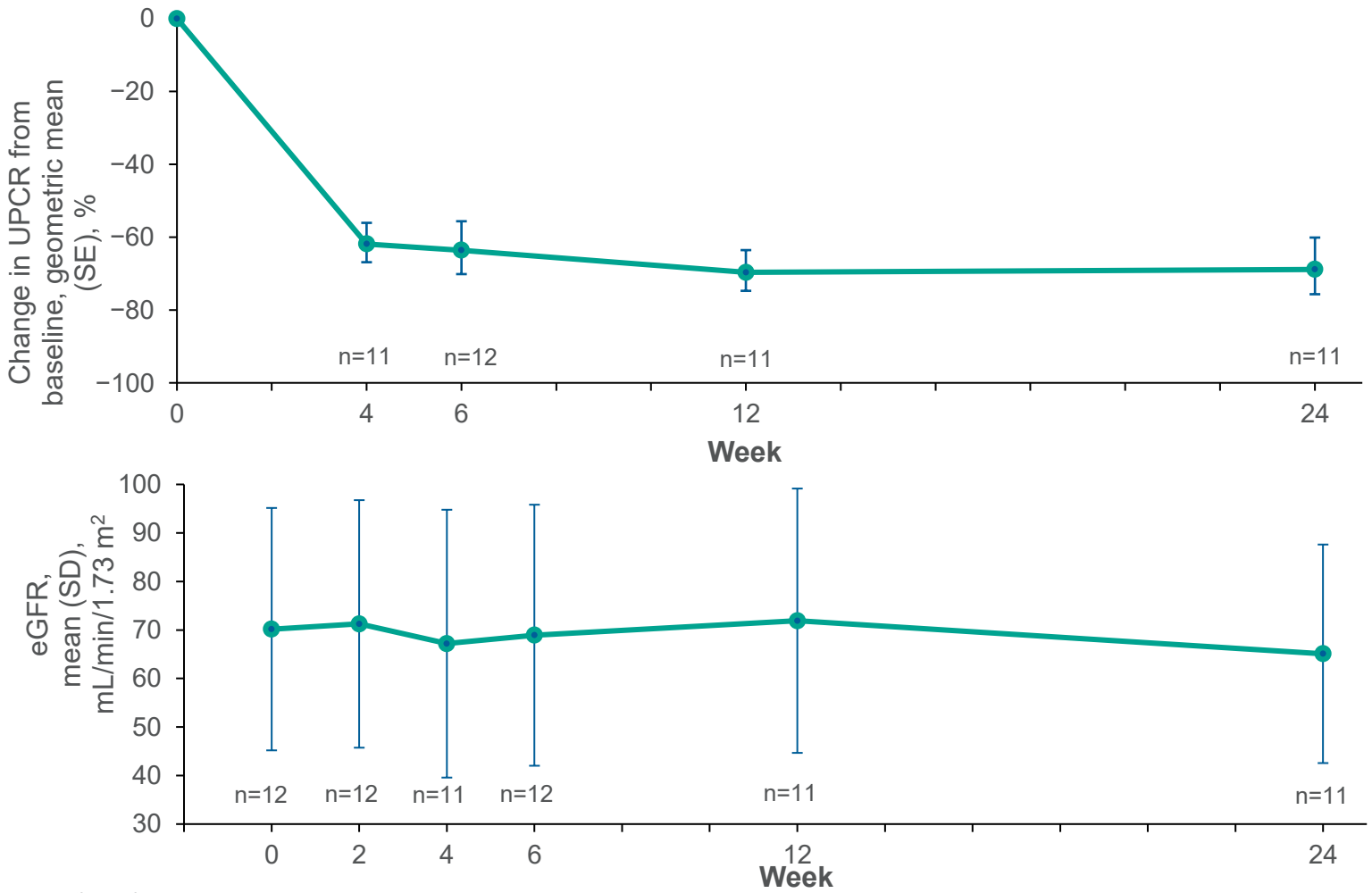
[1] Source: independent market research, data on file.
[2] KDIGO 2025 Clinical Practice Guideline for the Management of Immunoglobulin A Nephropathy (IgAN) and Immunoglobulin A Vasculitis (IgAV), October 2025.

TRAVERE® THERAPEUTICS

Further Evidence Generation to Drive Broad Uptake: Supporting First-Line FILSPARI Use in Newly Diagnosed Patients

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

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



Abbreviations: eGFR: estimated glomerular filtration rate; UPCR: urine protein-to-creatine ratio.
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

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

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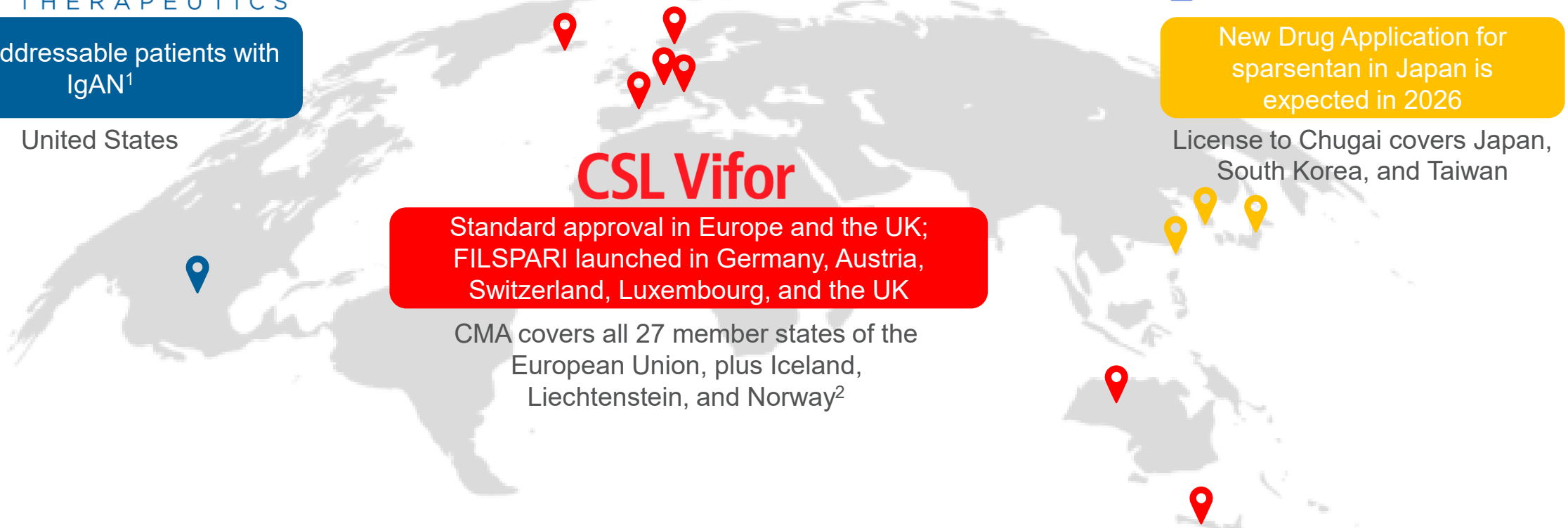
>70k addressable patients with IgAN[1]

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

Reinforce FILSPARI's foundational position in a growing IgAN market

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

FILSPARI is the First and Only Medicine Approved for FSGS; Expanding its Reach in Rare Kidney Conditions

1 Additional Indication Expands Addressable Patient Population

- Now >100,000 patients with IgAN and FSGS estimated to be addressable with FILSPARI
  - >30,000 addressable patients spanning all types of FSGS[1]
  - >70,000 addressable patients with IgAN[2]

2 Strong Clinical Profile in FSGS Population without Nephrotic Syndrome

- Clinically meaningful proteinuria, eGFR and kidney survival after ~2 years in Phase 3 DUPLEX Study
- Safety profile comparable to historical standard of care irbesartan and consistent across subgroups and clinical programs

3 Execution-Ready Commercial Platform

- An established nephrology team of 100+ field professionals
- Years of experience building deep relationships in the nephrology community
- Track record of establishing FILSPARI as the most prescribed medicine indicated for IgAN to date[3]

4 Further Supports Sustainable Growth Opportunity

- Clear path to accelerating growth through serving the rare kidney patient community, allowing for sustainable revenue growth and value creation
- Estimated **>$3B** potential peak opportunity for FILSPARI in the U.S.

Scaled commercial platform + expanding indication support long-term, sustainable revenue growth

[1] Source: Independent market research, and data on file. FILSPARI is indicated to reduce proteinuria in adult and pediatric patients aged 8 years and older with FSGS without nephrotic syndrome.
[2] Source: Independent market research, and data on file.
[3] Source: Based on the most recently available prescription claims data.

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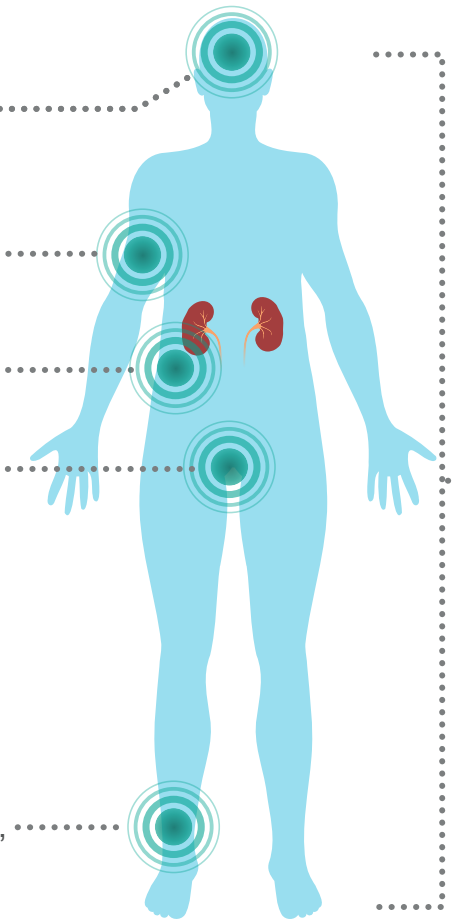
FSGS Represents Significant Patient and Community Burden

7-year
kidney survival rate
for FSGS is the lowest among 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]

up to 55%
of transplant patients experience disease recurrence[5]

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. [5] Kienzl-Wagner et al. 2019; Trachtman et al. 2015; USRDS 2020.

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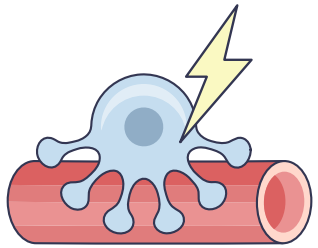
Proteinuria is the Primary Predictor of Disease Severity and Kidney Failure in FSGS

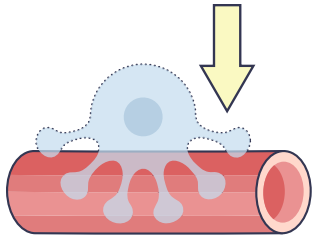
Role of Elevated and Persistent Proteinuria in FSGS

PROTEINURIA

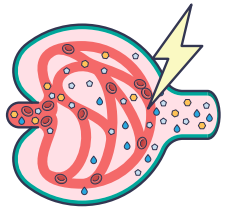
Podocyte injury[1,2]



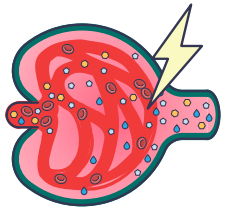
Podocyte Loss[3,4,5]



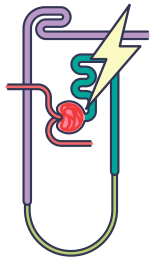
Glomerular hypertrophy hyperfiltration[6,7]



Glomerular sclerosis[1,2]



Tubulointerstitial fibrosis[1,2]



KIDNEY FAILURE

Abbreviations: FSGS: focal segmental glomerulosclerosis.
Sources: [1] De Zoysa, 2024. [2] Puelles, 2019. [3] Fogo, 1991. [4] Butt, 2020. [5] Kris, 2005. [6] Wiggins 2007. [7] Matsusaka, 2011.

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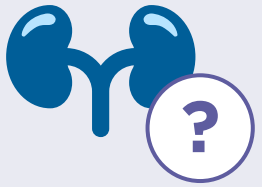
Regardless of the Underlying Etiology, All Types of FSGS Share a Similar Glomerular Lesion Initiated by Podocyte Injury

PRIMARY

FSGS lesions with diffuse foot process effacement due to putative circulating factors, possibly a cytokine originating from extrarenal sources[1,2]

GENETIC

Identified genetic variants of podocyte and basement membrane proteins as well as high risk alleles for FSGS[1,2]



UNDETERMINED CAUSE

FSGS lesions without diffuse foot effacement accompanied by proteinuria, in the absence of a genetic or identifiable secondary cause[1]

SECONDARY

Secondary to other disease processes. Podocyte damage caused by a known pathophysiologic process[1]

PODOCYTE INJURY

mediated by upregulation of ET-1 and Ang II[3]

Abbreviations: Ang II: angiotensin II; ET-1: endothelin-1; FSGS: focal segmental glomerulosclerosis.

[1] Kidney Disease: Improving Global Outcomes (KDIGO) Glomerular Diseases Work Group. Kidney Int. 2021;100(4S):S1-S276.
[2] De Vriese AS, et al. J Am Soc Nephrol. 2018;29(3):759-774.
[3] Kohan DE, et al. Clin Sci. 2024;138(11):645-662.

TRAVERE® THERAPEUTICS

Broad Patient Population Defined by Absence of Nephrotic Syndrome

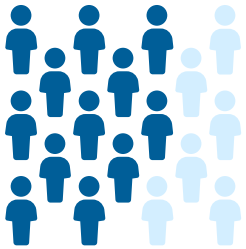
FSGS without Nephrotic Syndrome

DIAGNOSTIC CHARACTERISTICS

- Absence of one or more of the nephrotic syndrome criteria

TREATMENT STRATEGY

- Initiate FILSPARI
- Optimize supportive care



>30,000

addressable patients across primary, genetic, undetermined cause, and secondary FSGS[1]

FSGS with Nephrotic Syndrome*

DIAGNOSTIC CHARACTERISTICS (concurrently meeting all criteria)

- Proteinuria >3.5 g/24h[2]
- Low serum albumin <3.0 g/dl
- Edema

TREATMENT STRATEGY

- Initiate steroids
- Optimize supportive care

[1] Source: Independent market research and data on file.
[2] UPCR >2.0 g/g for pediatric patients <18 years of age. UPCR: urine protein to creatinine ratio.
* In DUPLEX, nephrotic syndrome was defined as (a) documentation of nephrotic syndrome in the medical history, or (b) the concurrent presence of proteinuria >3.5 g/24 hours (adults) or UPCR >2.0 g/g (pediatric patients <18 years of age), serum albumin <3.0 g/dL, and edema at baseline. Patients without nephrotic syndrome did not meet both criteria (a) and (b).

TRAVERE® THERAPEUTICS

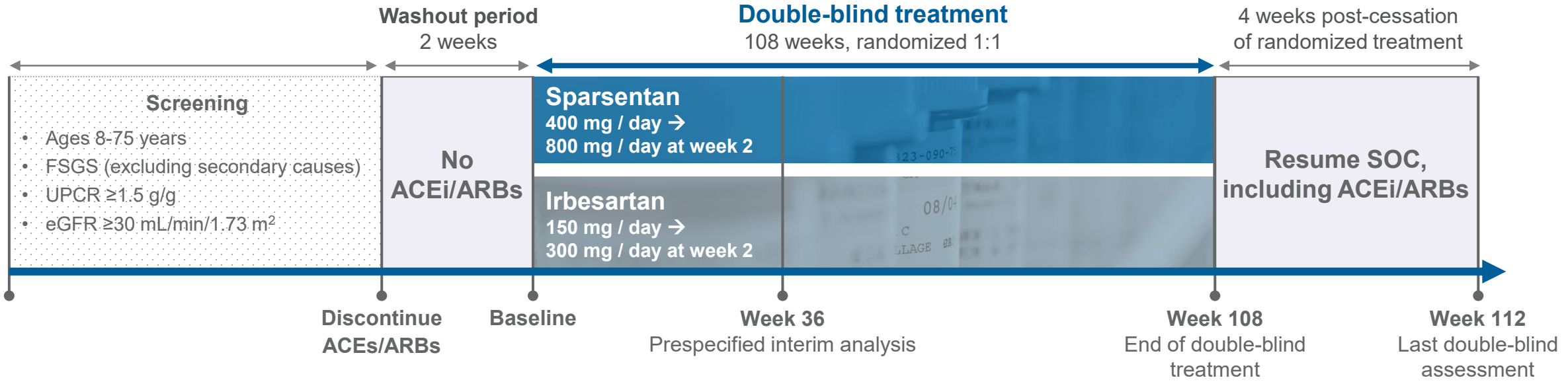
The DUPLEX Study of Sparsentan is the Largest Active-Controlled Interventional Phase 3 Trial in FSGS to Date

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)



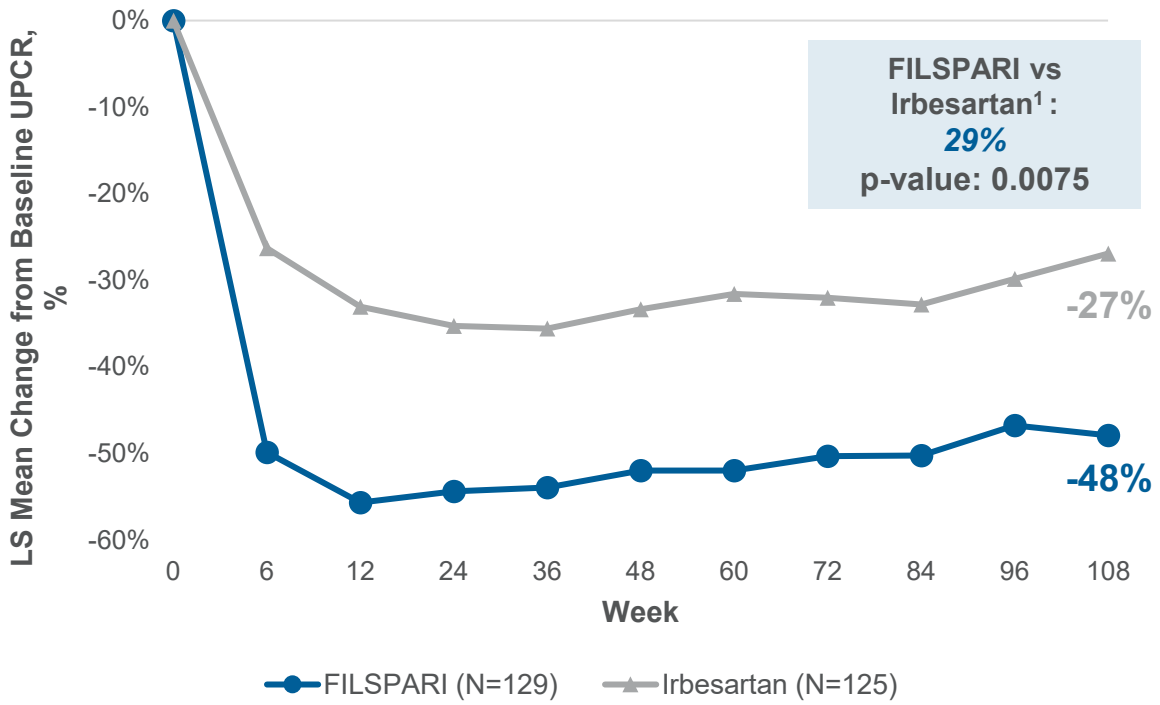
Abbreviations: ACEi: angiotensin converting enzyme inhibitors; ARBs: angiotensin receptor blockers; eGFR: estimated glomerular filtration rate; FPRE: FSGS partial remission endpoint; g/g: grams per gram; SOC: standard of care; UPCR: urine protein to creatinine ratio.

* ClinicalTrials.gov ID: NCT03493685.

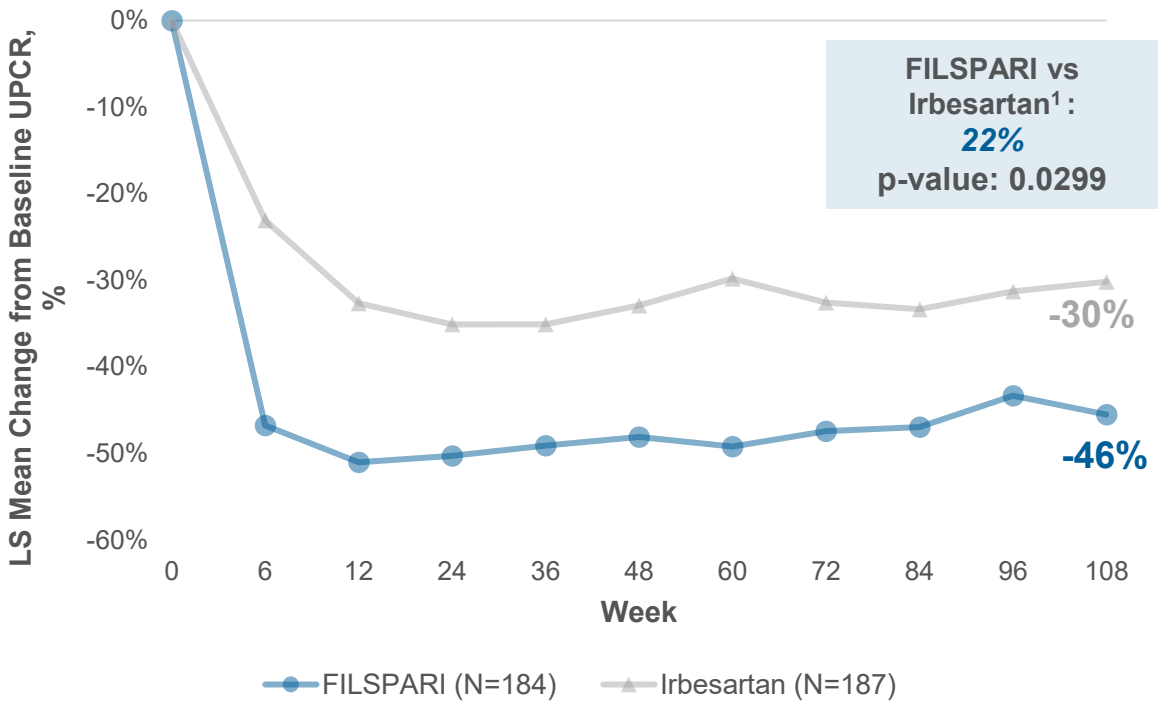
TRAVERE® THERAPEUTICS

In DUPLEX, Treatment with FILSPARI Demonstrated Even Greater Reduction in Proteinuria in FSGS without Nephrotic Syndrome

DUPLEX Population without Nephrotic Syndrome*
% reduction in UPCR from baseline by visit



Overall DUPLEX Population
% reduction in UPCR from baseline by visit

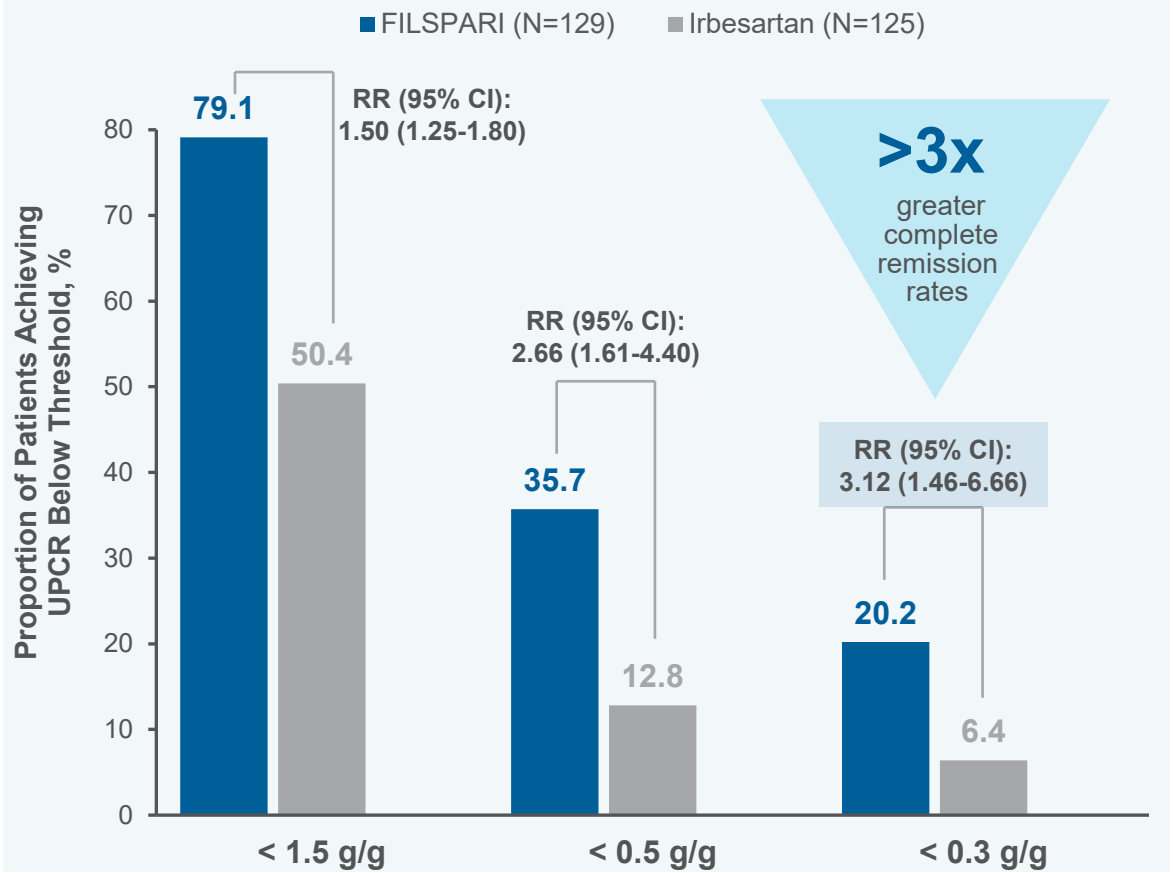


Abbreviations: CI: confidence interval; LS: least squares; UPCR: urine protein to creatinine ratio.
[1] 95% CI. All p-values are nominal.
* In the DUPLEX Study, nephrotic syndrome was defined as (a) documentation of nephrotic syndrome in the medical history, or (b) the concurrent presence of proteinuria >3.5 g/24 hours (adults) or UPCR >2.0 g/g (pediatric patients <18 years of age), serum albumin <3.0 g/dL, and edema at baseline. Patients without nephrotic syndrome did not meet both criteria (a) and (b).

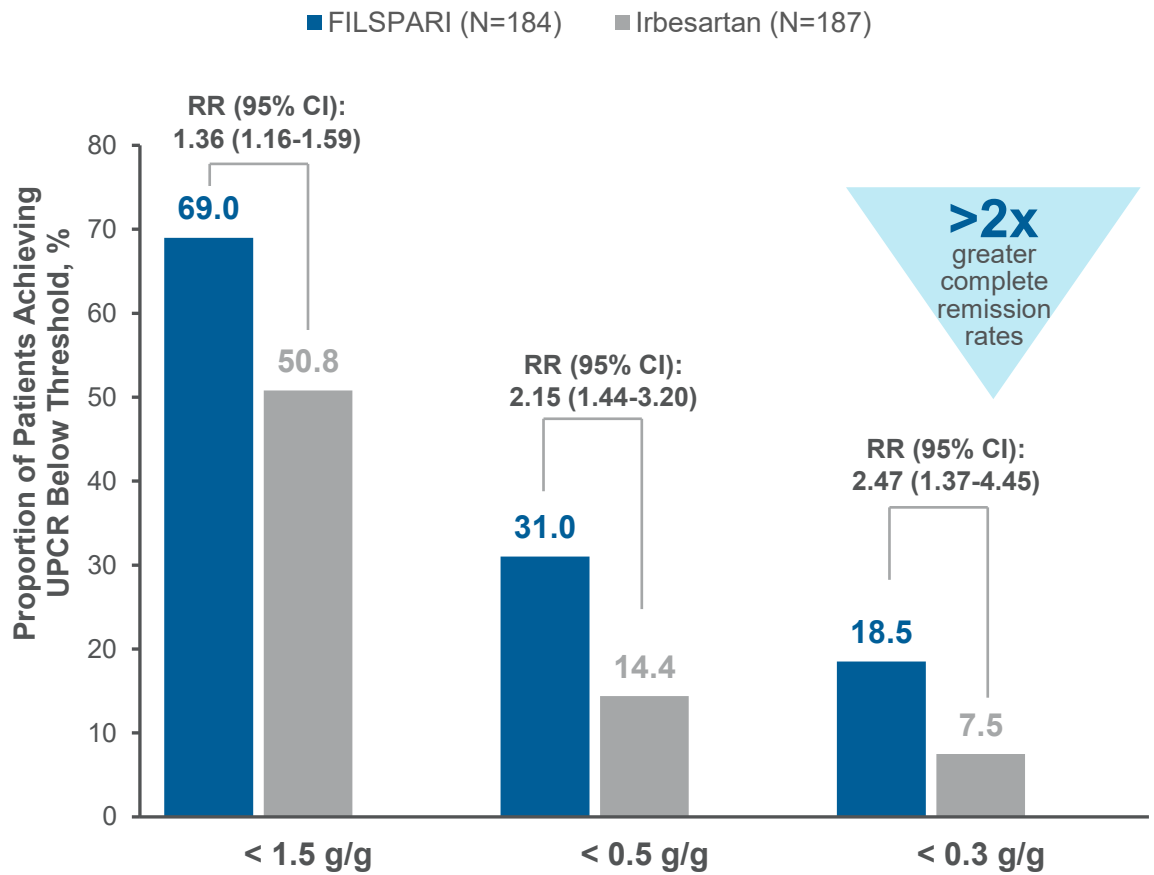
TRAVERE® THERAPEUTICS

In DUPLEX, FILSPARI Demonstrated Even Greater Relative Proteinuria Reduction Across Thresholds in FSGS without Nephrotic Syndrome

DUPLEX Population without Nephrotic Syndrome*
Patients achieving UPCR thresholds[1], %



Overall DUPLEX Population
Patients achieving UPCR thresholds[1,2], %



Abbreviations: CI: confidence interval, RR: relative risk, UPCR: urine protein to creatinine ratio.

[1] At any time during the double-blind period. All threshold analyses have nominal p-value <0.05.

[2] Source: Rheault MN, et al., *Sparsentan versus Irbesartan in Focal Segmental Glomerulosclerosis*, The New England Journal of Medicine and Supplement, 2023.

* In the DUPLEX Study, nephrotic syndrome was defined as (a) documentation of nephrotic syndrome in the medical history, or (b) the concurrent presence of proteinuria >3.5 g/24 hours (adults) or UPCR >2.0 g/g (pediatric patients <18 years of age), serum albumin <3.0 g/dL, and edema at baseline. Patients without nephrotic syndrome did not meet both criteria (a) and (b).

TRAVERE® THERAPEUTICS

In DUPLEX, FILSPARI Demonstrated a Clinically Meaningful Effect on eGFR in FSGS without Nephrotic Syndrome

DUPLEX Population without Nephrotic Syndrome*

	FILSPARI (N=129)[1]	Irbesartan (N=125)[1]	Difference	p-value[5]
Adjusted Mean Change in eGFR (mL/min/1.73 m²) at Week 108 from baseline[2]	-11.3	-12.4	1.1	NS
Total eGFR slope (mL/min/1.73 m² per year)[3]	-4.1	-6.2	2.1	0.031
Chronic eGFR slope (mL/min/1.73 m² per year)[4]	-3.7	-6.2	2.5	0.015

Overall DUPLEX Population

	FILSPARI (N=184)[1]	Irbesartan (N=187)[1]	Difference	p-value[5]
Adjusted Mean Change in eGFR (mL/min/1.73 m²) at Week 108 from baseline[2]	-14.3	-13.3	-1.0	NS
Total eGFR slope (mL/min/1.73 m² per year)[3]	-5.4	-5.7	0.3	NS
Chronic eGFR slope (mL/min/1.73 m² per year)[4]	-4.8	-5.7	0.9	NS

Abbreviations: CI: confidence interval; eGFR: estimated glomerular filtration rate; LS: least squares; NS: not significant; UPCR: urine protein to creatinine ratio.

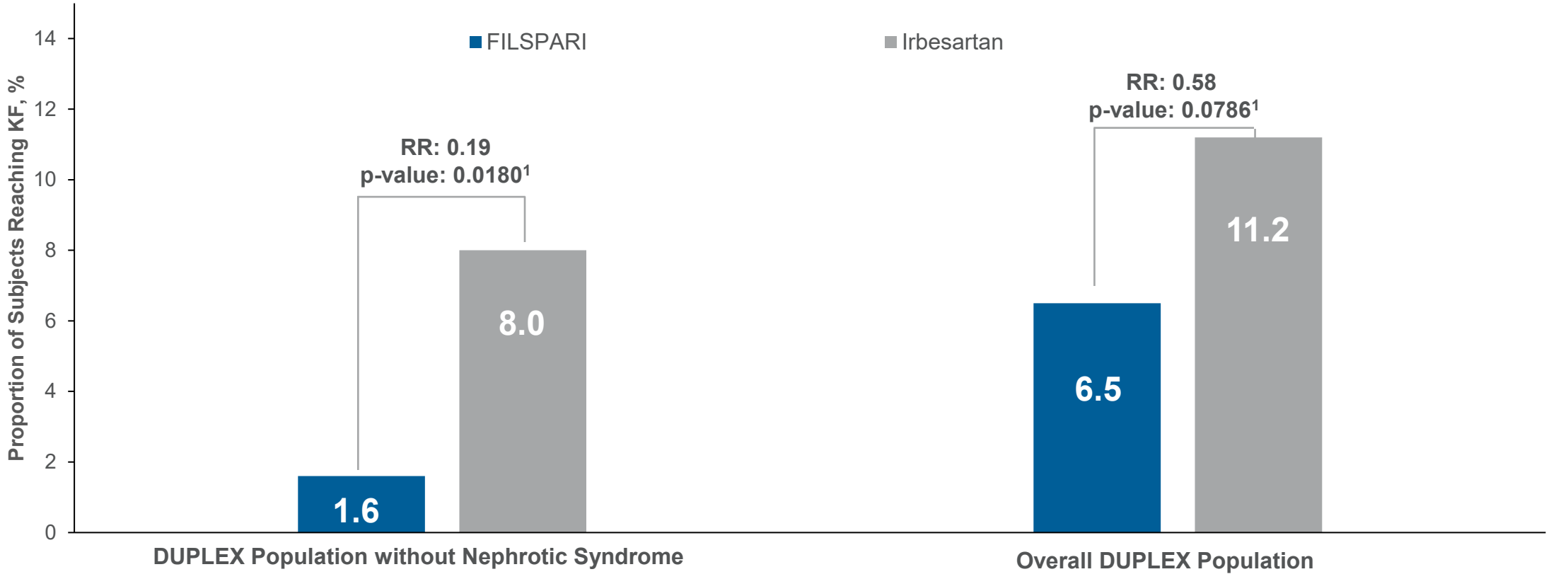
[1] On treatment. [2] Adjusted mean change from baseline in eGFR is obtained from the mixed model repeated measures analysis. The comparison between FILSPARI and irbesartan was based on the difference in adjusted mean change in eGFR at Week 108 with baseline on the absolute scale. [3] LS mean of annualized slope from Day 1 to Week 108. [4] LS mean annualized slope from Week 6 to Week 108. [5] Nominal p-values.

* In the DUPLEX Study, nephrotic syndrome was defined as (a) documentation of nephrotic syndrome in the medical history, or (b) the concurrent presence of proteinuria >3.5 g/24 hours (adults) or UPCR >2.0 g/g (pediatric patients <18 years of age), serum albumin <3.0 g/dL, and edema at baseline. Patients without nephrotic syndrome did not meet both criteria (a) and (b).

TRAVERE® THERAPEUTICS

In DUPLEX, FILSPARI Demonstrated Even Stronger Benefit on Exploratory Kidney Outcome Endpoints in FSGS without Nephrotic Syndrome

FILSPARI showed clinically meaningful benefit in the broad DUPLEX population, with enhanced efficacy in population without nephrotic syndrome*



Abbreviations: CI: confidence interval; eGFR: estimated glomerular filtration rate; KF: kidney failure; RR: relative risk; UPCR: urine protein to creatinine ratio.

[1] Nominal p-values for odds ratio for rates of no events.

* In the DUPLEX Study, nephrotic syndrome was defined as (a) documentation of nephrotic syndrome in the medical history, or (b) the concurrent presence of proteinuria >3.5 g/24 hours (adults) or UPCR >2.0 g/g (pediatric patients <18 years of age), serum albumin <3.0 g/dL, and edema at baseline. Patients without nephrotic syndrome did not meet both criteria (a) and (b).

TRAVERE® THERAPEUTICS

FILSPARI: The First and Only FDA-Approved Medicine for FSGS

Overview of Prescribing Information

Indication Statement	FILSPARI is indicated to reduce proteinuria in adult and pediatric patients aged 8 years and older with focal segmental glomerulosclerosis (FSGS) without nephrotic syndrome
Dosing and Administration	Adults and pediatric patients 8 years and older weighing *>50 kg*: 800 mg once daily Adults and pediatric patients 8 years and older weighing *<50 kg*: 400 mg once daily
Most Common Adverse Reactions (≥2%)	Peripheral edema, hypotension (including orthostatic hypotension), hyperkalemia, dizziness, anemia, acute kidney injury, transaminase elevations

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

TRAVERE® THERAPEUTICS

Launch Readiness and Adoption Drivers to Support Significant FSGS Opportunity

The first and only FDA-approved medicine indicated for FSGS[1]

Highly severe and fast progressing disease with ~75% of surveyed nephrologists indicating that FSGS is extremely challenging to manage[2]

Significant awareness and experience with FILSPARI with >80% prescriber overlap with IgAN[3] driving broad physician familiarity and potential to drive cross-indication synergies

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

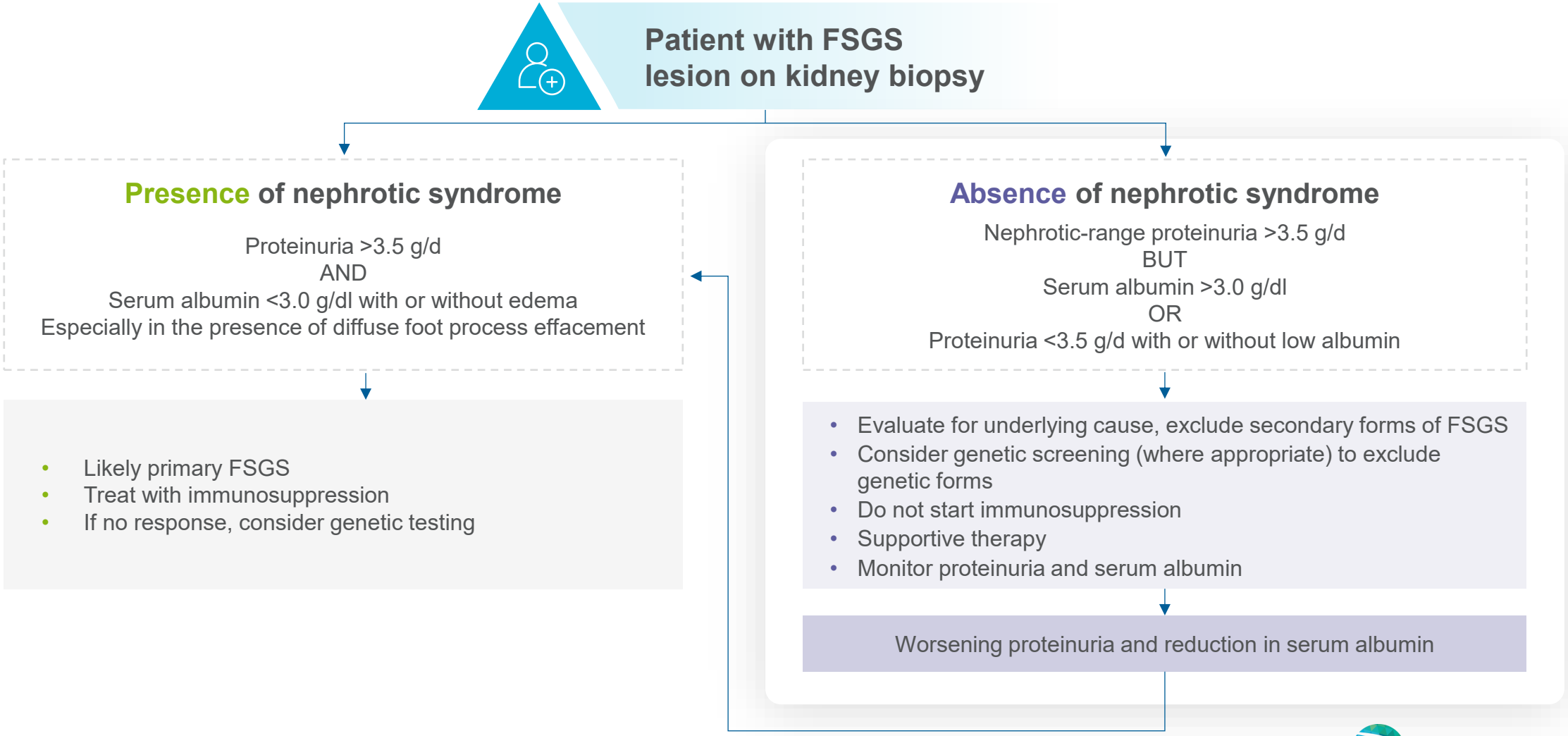
>30k
addressable patients[4]

>75%
of FSGS patients are expected to progress to dialysis[5]

[1] FILSPARI is indicated to reduce proteinuria in adult and pediatric patients aged 8 years and older with focal segmental glomerulosclerosis (FSGS) without nephrotic syndrome. [2] Spherix 2025.
[3] Travere market research. [4] Estimated based on independent market research and data on file. [5] Source: Spherix FSGS Patient Chart Dynamix, 2025.

TRAVERE THERAPEUTICS

KDIGO Guidelines Recommend FSGS Management Based on Nephrotic Syndrome Status

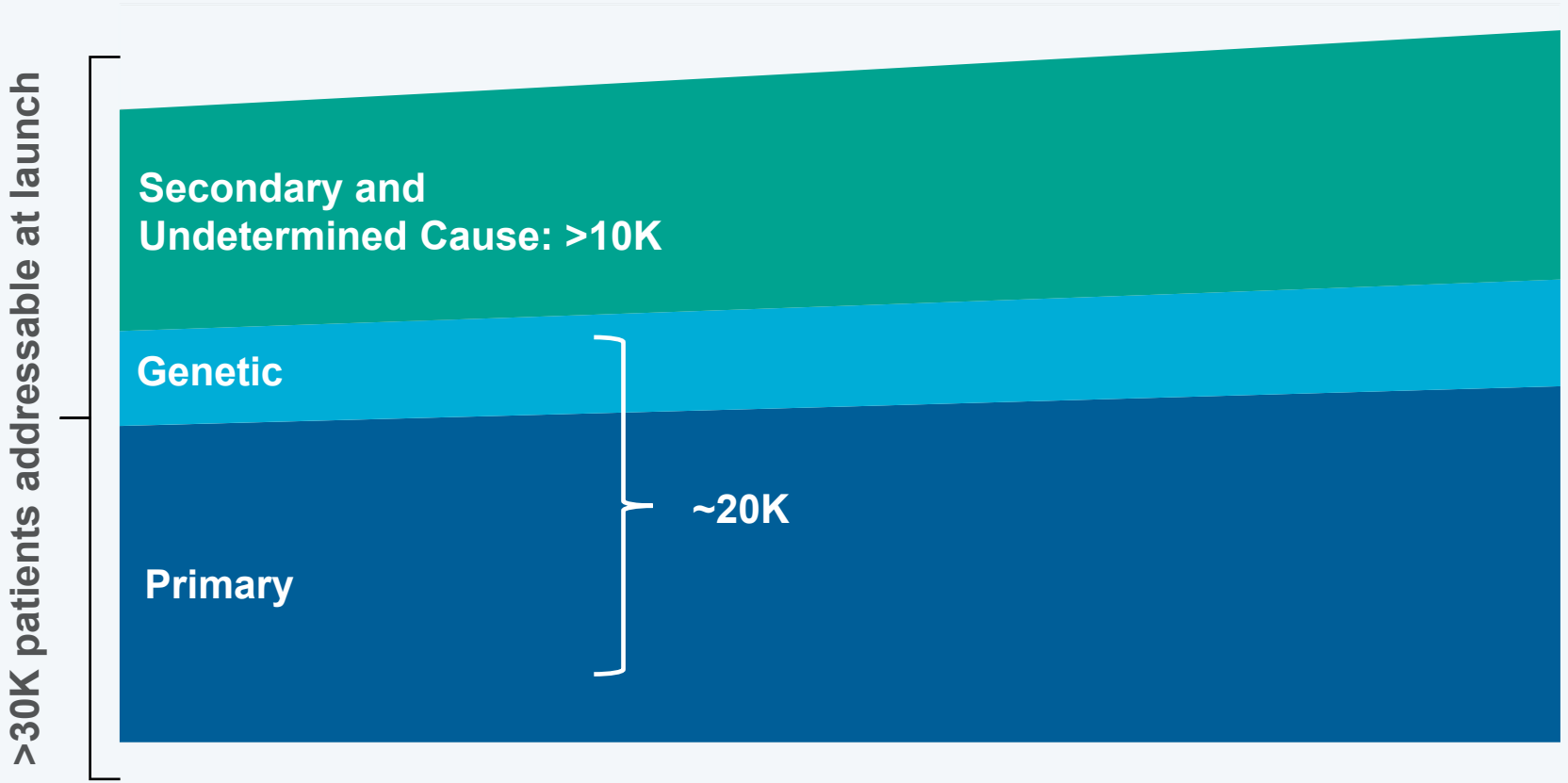


Source: KDIGO 2021 Clinical Practice Guideline for the Management of Glomerular Diseases | Volume 100 | Issue 4S | October 2021.

TRAVERE® THERAPEUTICS

Addressable FSGS Population Across Disease Subtypes is Expected to Grow Over Time

>30,000 addressable patients with clear drivers of future growth



Future growth drivers:

- Population growth
- Earlier referral to nephrologist in light of approved treatment options
- Increased biopsies
- Lower treatment targets
- Expanding access

Source: Independent market research and data on file.

Leveraging Existing Infrastructure to Support Successful Launch in FSGS

Expanding target physician universe to drive further synergies between IgAN and FSGS launches

~7,000

- Target physicians that manage patients with IgAN and FSGS

>80%

- Prescriber overlap between IgAN and FSGS

100+

- Established team of experienced field professionals

- Strong prescriber awareness supports uptake

TRAVERE® THERAPEUTICS

Strong Anticipation and Clinical Familiarity with FILSPARI to Drive Utilization

Among nephrologists, FILSPARI is the most familiar FSGS pipeline agent today[1]

>80% of nephrologists indicate novel non-immunosuppressives are highly desirable in FSGS[1]

~70% of nephrologists are “extremely familiar” with FILSPARI in FSGS[1]

~90% of patients are already on ACE/ARBs, positioning FILSPARI as a clear replacement option from supportive care to kidney-targeted therapy[2]

“In FSGS, there's no definitive therapy. We use steroids and then we move on to other things... But the effect is not great, we'd like something more definitive, more focused.”[1]

–Nephrologist

[1] Source: Spherix FSGS Market Dynamix Report, October 2025.
[2] Source:Spherix 2025 Patient Chart Dynamix.

TRAVERE® THERAPEUTICS

Execution-Ready Commercial Organization for FSGS Launch

Patient & Physician Focus

Continuous patient and physician education on approved indication

Strong Commercial Foundation

Experienced field team leveraging high prescriber overlap to accelerate uptake across both indications

Access & Reimbursement

Established payer access in IgAN positions FILSPARI for supportive access environment in FSGS

Focus on expanding policies to include FSGS

Comprehensive Support Program

Travere TotalCare infrastructure applied and customized to patients with FSGS

Product Available Day 1

Streamlined logistics with product already in channel

Strong commercial foundation that supports uptake across both indications

TRAVERE® THERAPEUTICS

Jamela, living with HCU

Reinforce FILSPARI's foundational position in a growing IgAN market

Successfully launch FILSPARI in FSGS

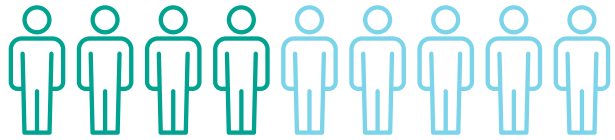
Successful enrollment in Phase 3 HARMONY Study to position pegtibatinase as the first potential disease-modifying therapy for HCU

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

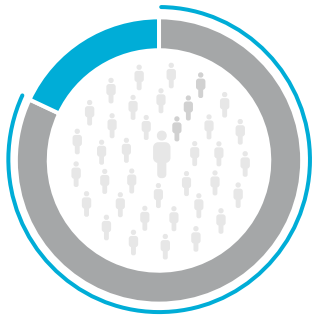
Disease education/awareness, enhanced diagnostics and better treatment options are expected to lead to **increased patient identification**, **earlier diagnosis, and better outcomes** – driving growth in addressable market

- **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

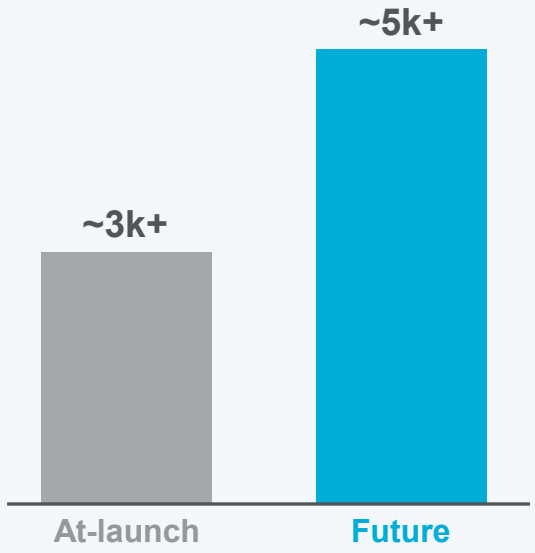


Despite newborn screening for HCU in the U.S., **fewer than 50% of people with HCU are diagnosed at birth**[4]

~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

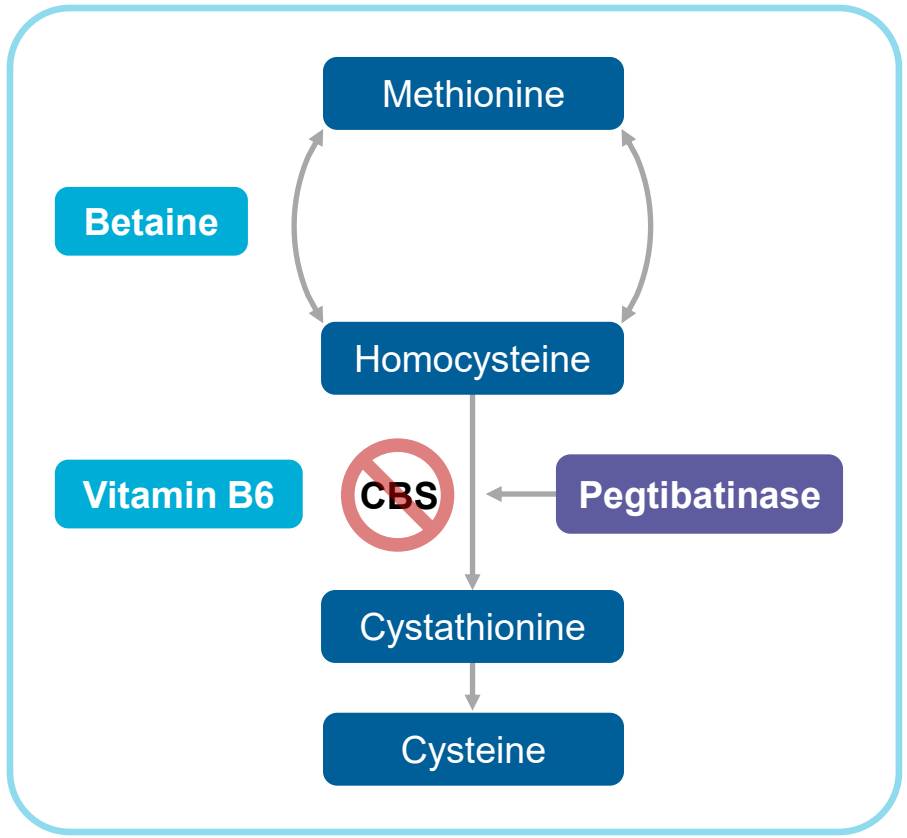
Pegtibatinase is an Investigational, Modified, Recombinant CBS Human Enzyme Therapy

Pegtibatinase is designed to address the underlying genetic cause of HCU

Mechanism of action is designed 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

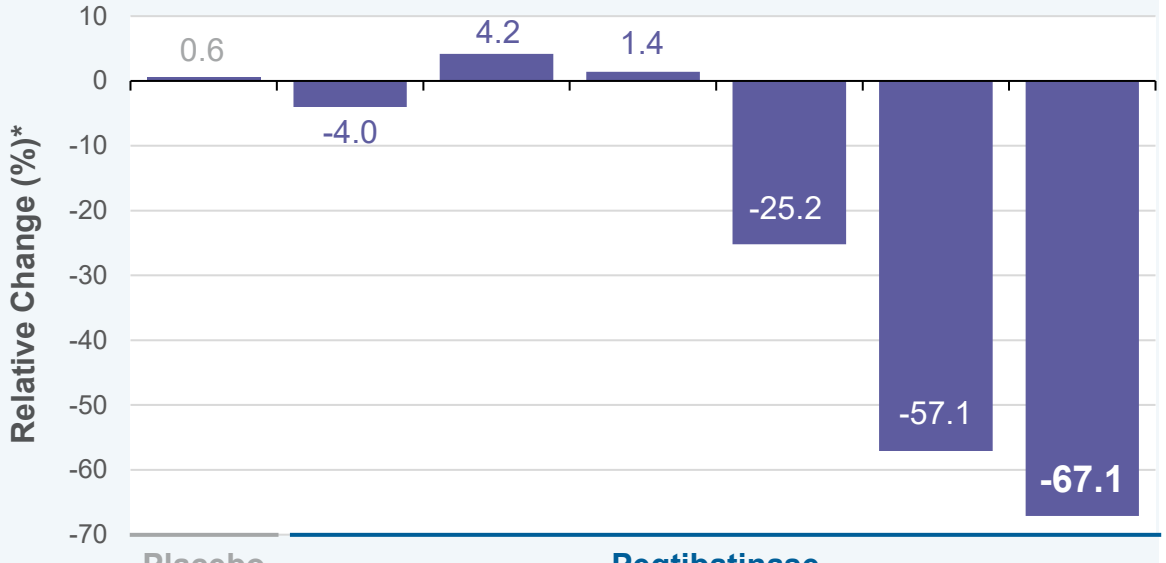
67.1% mean relative reduction in total homocysteine from baseline

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



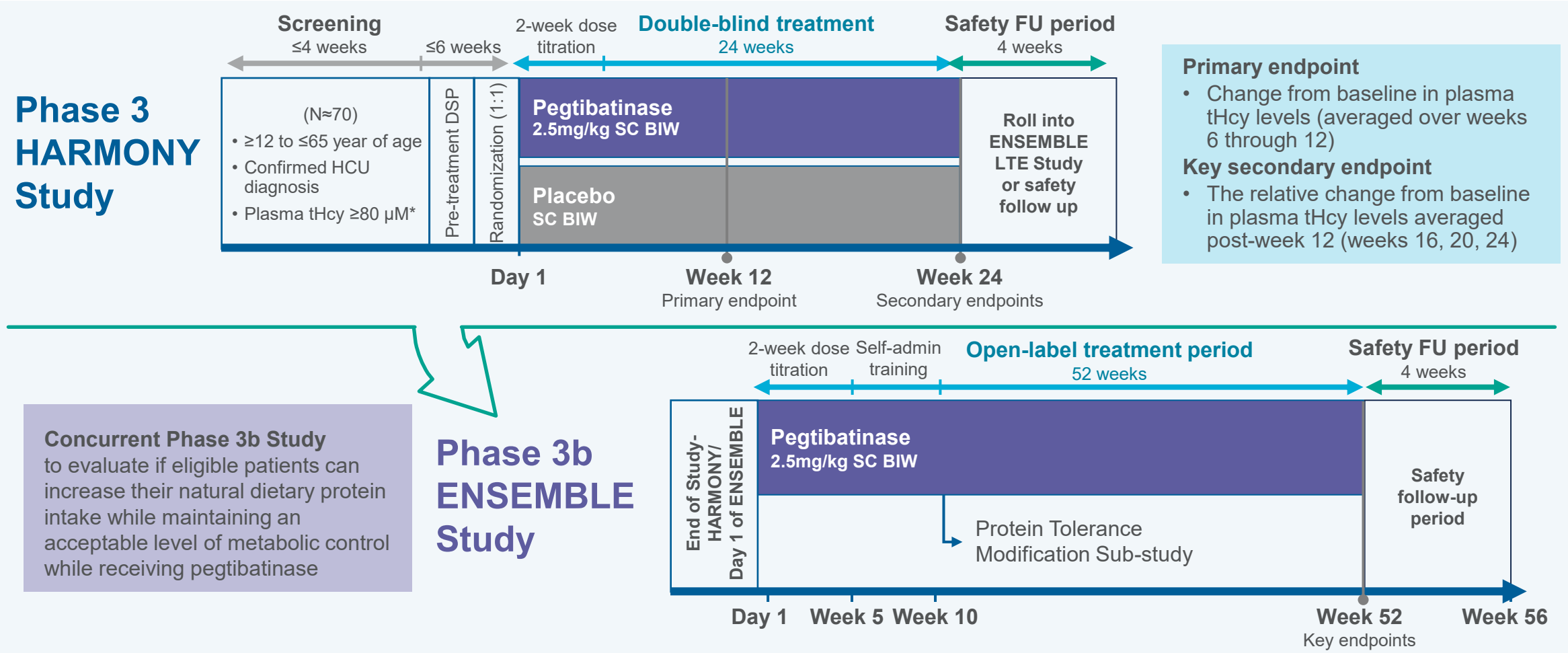
	Placebo	Pegtibatinase					
		Cohort 1 0.33 mg/kg QW	Cohort 2 0.66 mg/kg QW	Cohort 3 1.0 mg/kg QW	Cohort 4 1.0 mg/kg BIW	Cohort 5 1.5 mg/kg BIW	Cohort 6 2.5 mg/kg BIW
Sample Size (n)	6	3	3	3	2	3	4

Abbreviations: BIW: twice weekly; QW: once 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 April 2026, the Company dosed the first new patient following the Phase 3 HARMONY Study restart. Topline efficacy data anticipated in 2H 2027.

TRAVERE® THERAPEUTICS

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

First new patient dosed in restarted Phase 3 HARMONY Study[1]

Activating clinical sites globally

Leveraging patient identification efforts to build enrollment momentum

Topline data expected in 2H 2027

Patients continue to be followed in ENSEMBLE open label extension study

[1] As of April 2026.

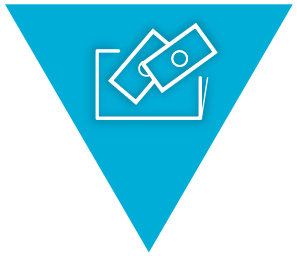
TRAVERE THERAPEUTICS

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

~$125M
in total U.S. net product sales in 1Q26; represents ~64% growth year-over-year

~92M
basic shares outstanding as of March 31, 2026; diluted ~107mm[1]

~$265M
in cash and cash equivalents[2] as of March 31, 2026



~$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 March 31, 2026.

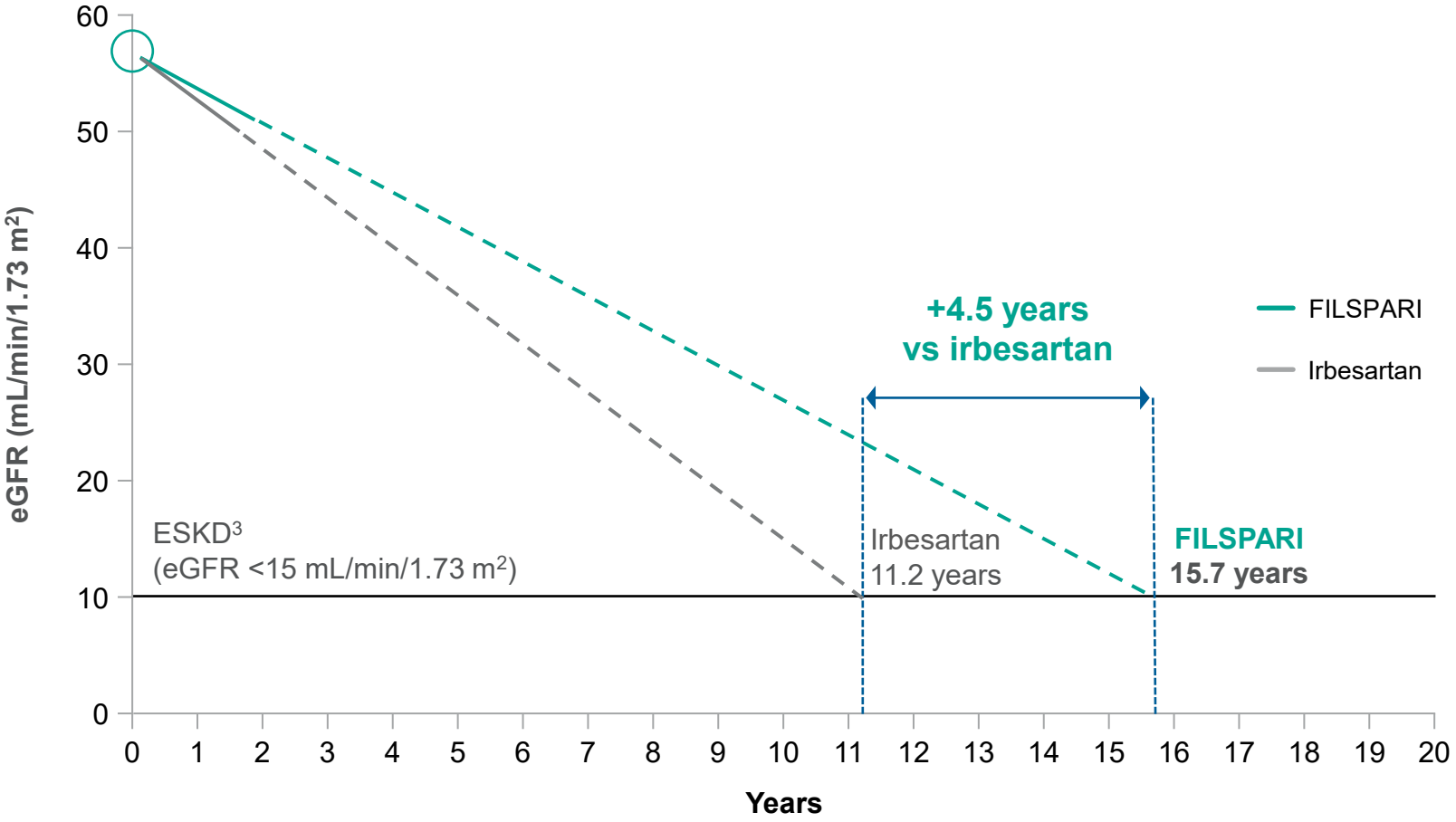
TRAVERE® THERAPEUTICS

Appendix

Additional Evidence Generation for FILSPARI to Support Broad Uptake

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.

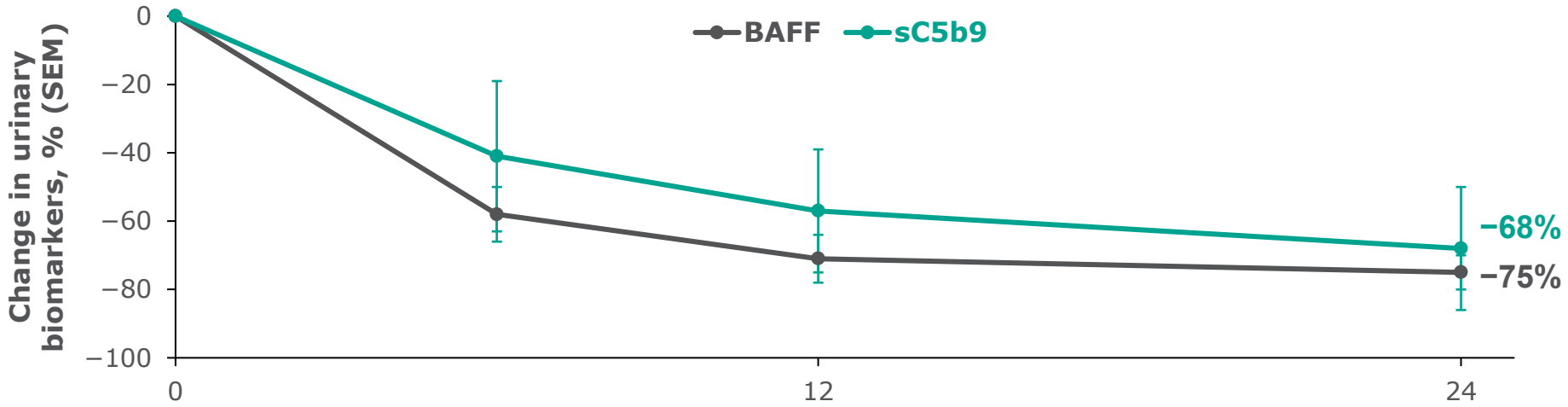
[2] Data on file.

[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: 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.

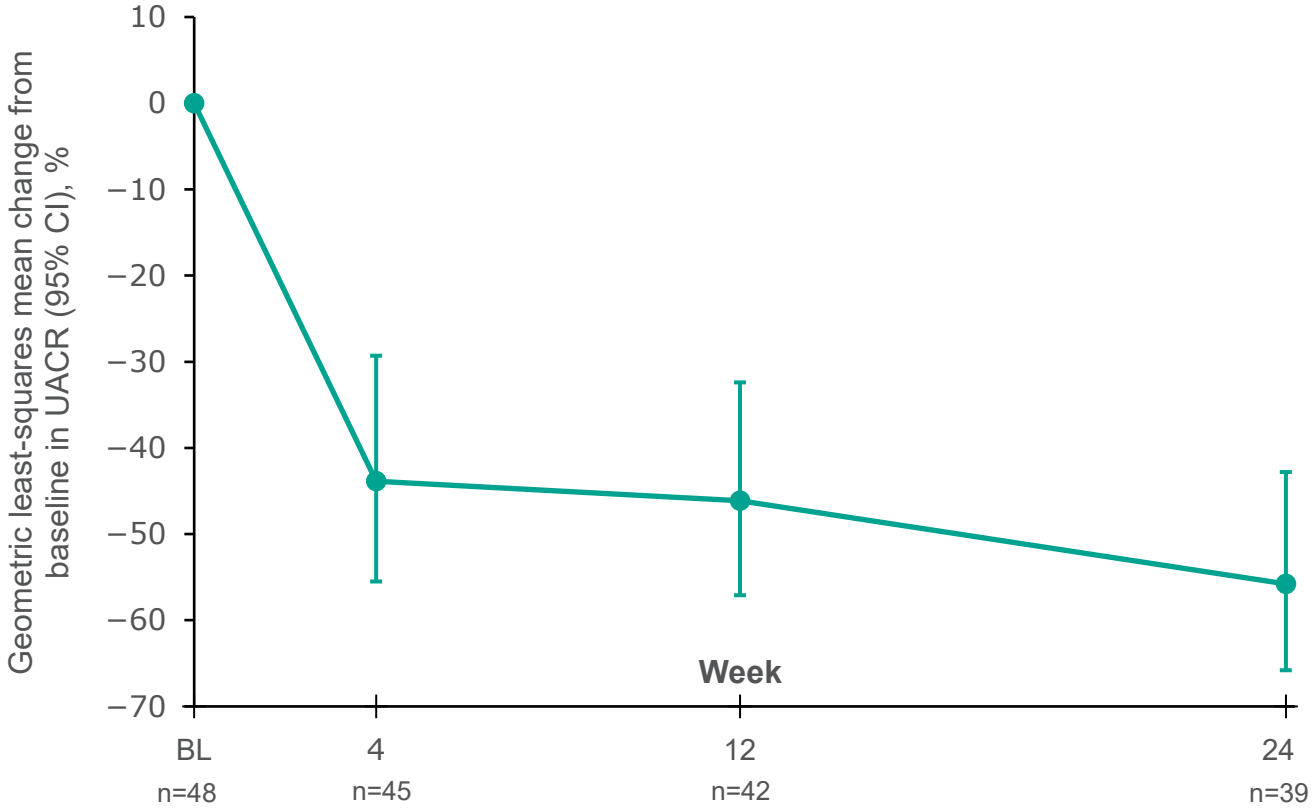
[1] One patient discontinued after week 6 and has been excluded from all urinary biomarker analysis (n=11).

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

TRAVERE® THERAPEUTICS

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.

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