Travere Therapeutics Corporate Overview

May 2024

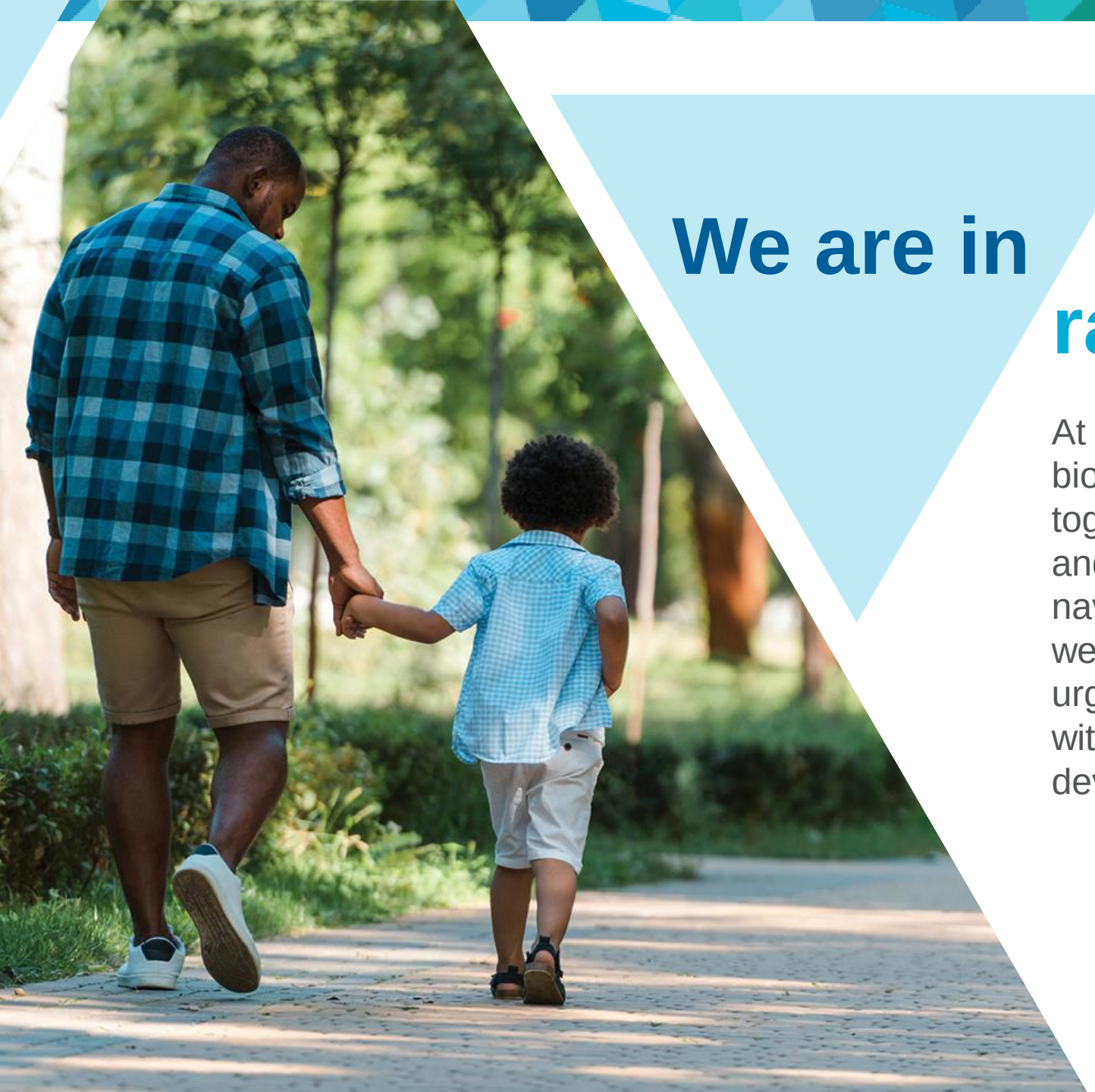
Forward-Looking Statements

This presentation contains forward-looking statements, including but not limited to statements about: continued progress with the FILSPARI launch; the anticipated timeline and outcome of the FDA's review of our sNDA submission for FILSPARI in IgAN; the potential for FILSPARI and pegtibatinase to become new treatment standards in IgAN and HCU; additional development and regulatory milestones, including expected data from additional studies; statements regarding plans to engage with the FDA on potential regulatory pathways for sparsentan in FSGS and the anticipated timing thereof; the advancement of our pipeline throughout the year; expectations regarding the Phase 3 HARMONY Study and the other studies described herein, including anticipated timing for topline data; the potential inclusion of FILSPARI in the KDIGO guidelines; statements regarding potential future milestone and royalty payments; statements regarding potential changes to treatment paradigms; statements regarding estimates of 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 associated with the regulatory review and approval process, as well as risks and uncertainties associated with our business and finances in general, success of our commercial products, and risks and uncertainties associated with our preclinical and clinical stage pipeline. Specifically, we face risks associated with the ongoing commercial launch of FILSPARI, market acceptance of our commercial products including efficacy, safety, price, reimbursement, and benefit over competing therapies, as well as risks associated with the successful development and execution of commercial strategies for such products, including FILSPARI. The risks and uncertainties we face with respect to our preclinical and clinical stage pipeline include risk that our clinical candidates will not be found to be safe or effective and that current or anticipated future clinical trials will not proceed as planned. Specifically, we face risks related to the timing and potential outcome of our Phase 3 HARMONY Study and the other studies described herein, and the timing and potential outcome of the FDA's review of our sNDA submission for full approval of FILSPARI in IgAN. There is no guarantee that regulators will grant full approval of sparsentan for IgAN or FSGS. 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

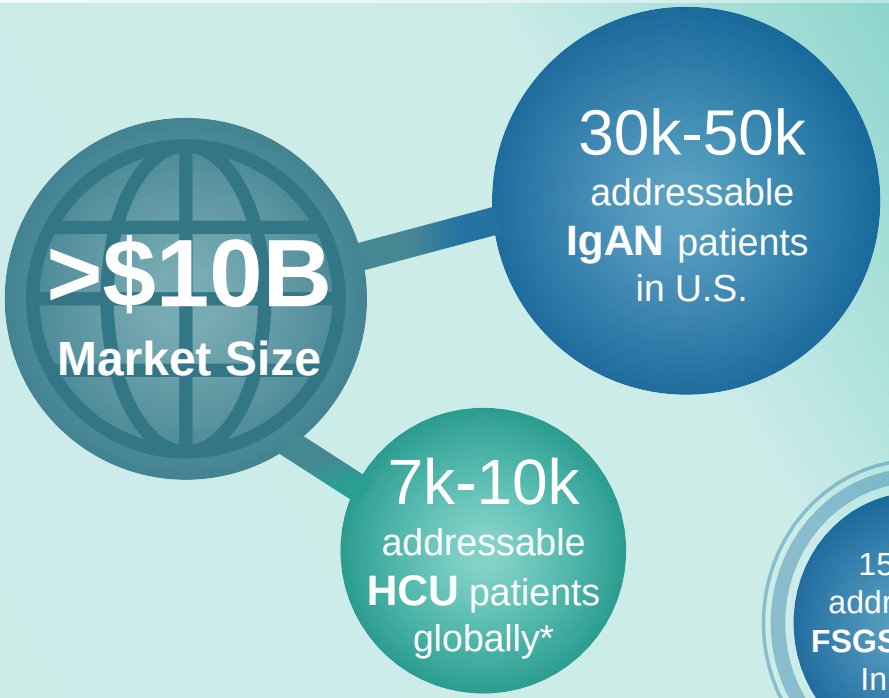


We are in rare for life.

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 Rare Metabolic Diseases



With **two future potential treatment standards** for 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

* If approved

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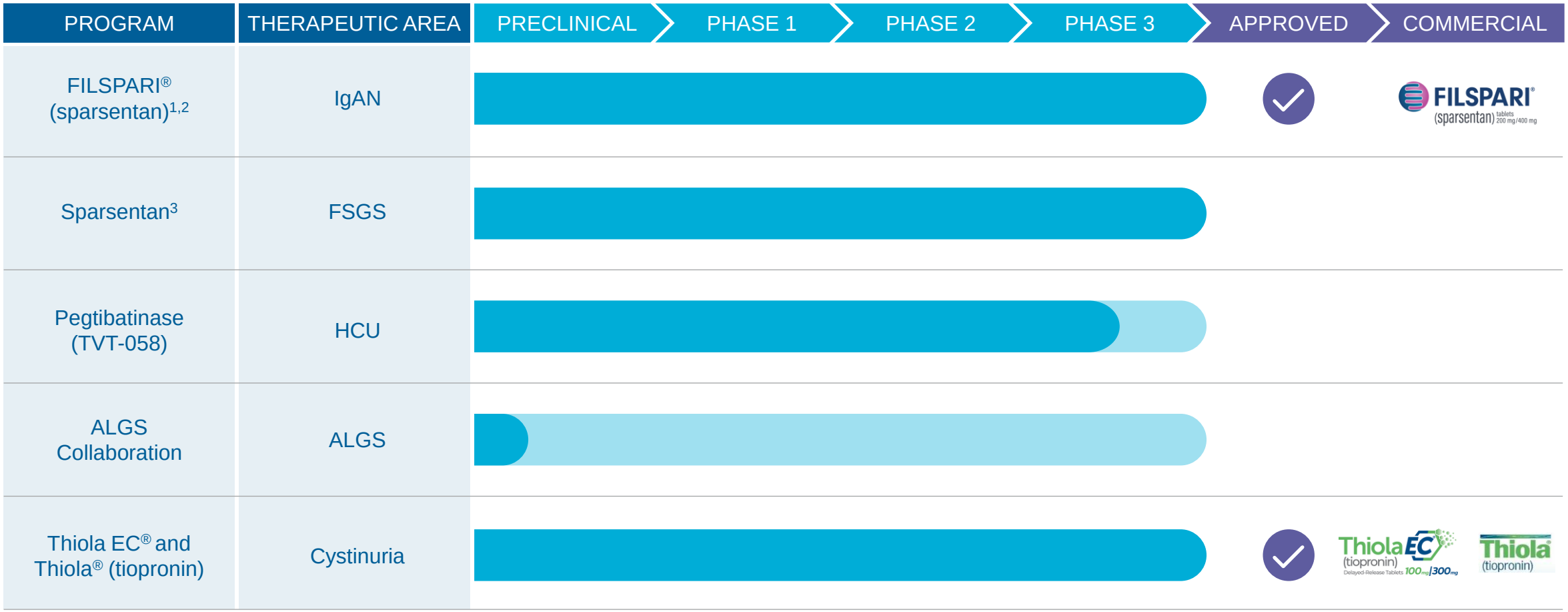
Pipeline of Potential First-in-Class Programs Targeting Rare Kidney and Metabolic Diseases



IgAN: IgA nephropathy; FSGS: focal segmental glomerulosclerosis; HCU: classical homocystinuria; ALGS: Alagille syndrome [1]On February 17, 2023, the FDA granted approval of sparsentan under the accelerated approval pathway for the reduction of proteinuria in IgA nephropathy (IgAN) for adults at risk of rapid disease progression. CSL Vifor has exclusive commercial rights for sparsentan in Europe, Australia, and New Zealand. Renalys Pharma has exclusive commercial rights for sparsentan in Japan, South Korea, Taiwan, and Southeast Asian nations. [2]In May 2024, the FDA granted Priority Review for the sNDA to convert FILSPARI from accelerated approval to full approval for the treatment of IgAN in the U.S., with a PDUFA target action date of September 5, 2024. [3]On May 1, 2023, the Company announced the topline results from the two-year primary efficacy endpoint in the pivotal phase 3 DUPLEX Study of sparsentan in FSGS, as described in the Corporate Press Release (https://ir.travere.com/news-releases/news-release-details/travere-therapeutics-announces-topline-results-two-year-primary).

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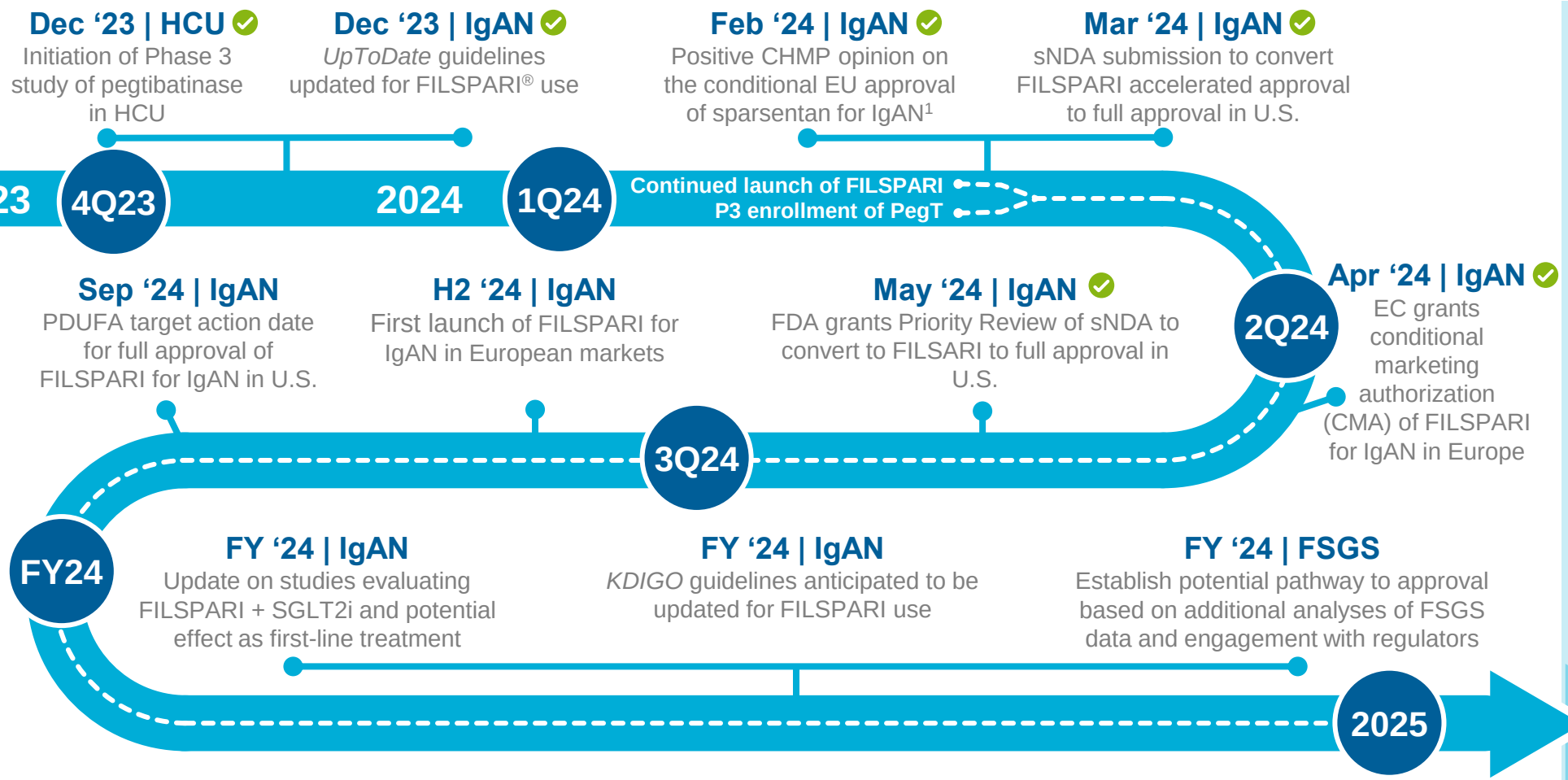
Expected Key Milestones Driving Our Mission to Deliver Life-Changing Therapies to People Living with Rare Disease



- **Regular updates on commercial launch of FILSPARI**
- **Multiple regulatory and clinical events to advance pipeline**

HCU: Focal segmental glomerulosclerosis, CHMP: Committee for Medicinal Products for Human Use, EU: European Union, IgAN: Immunoglobulin A nephropathy, sNDA: supplemental new drug application, EC: European Commission, SGLT2i: sodium-glucose cotransporter-2 inhibitor, FSGS: Focal segmental glomerulosclerosis

[1]In partnership with European collaborator CSL Vifor

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FILSPARI® (sparsentan)

First and only endothelin and angiotensin II receptor antagonist in development for rare kidney disorders

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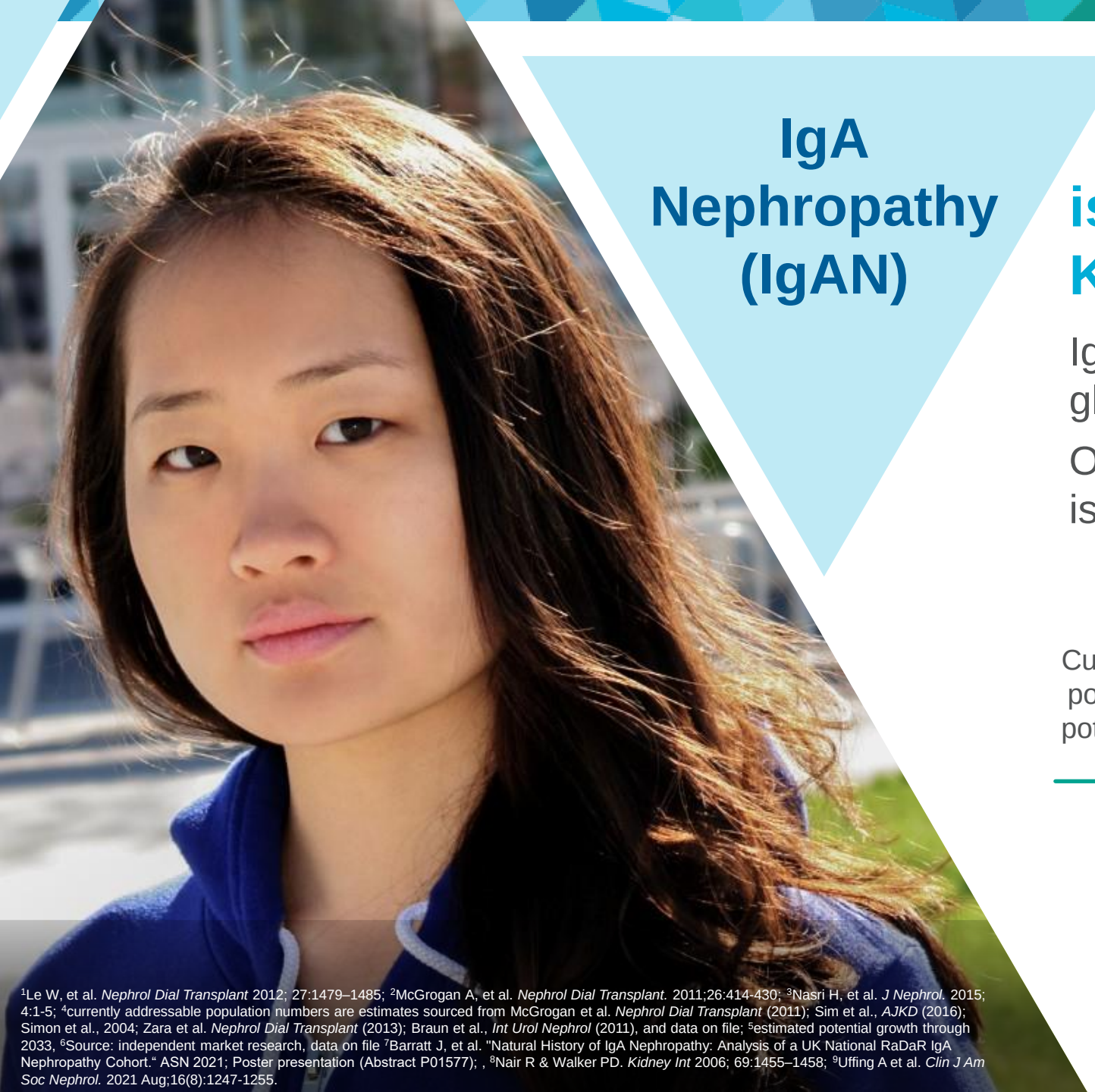

IgA Nephropathy (IgAN)

is a Serious Unmet Rare Kidney Disease (RKD)

IgAN is the most prevalent primary glomerulonephritis worldwide[1]

Often uncontrolled, progressive IgAN is a major cause of kidney failure[2,3]

30k-50k
Currently addressable IgAN population for FILSPARI®[4]; potential to grow up to ~70k patients[5,6]

~11 years
median time to kidney failure in high-risk adult patients[7]

25-39
peak incidence age of IgAN[8]

30-40%
of transplants fail due to disease recurrence[9]

[1]Le W, et al. *Nephrol Dial Transplant* 2012; 27:1479–1485; [2]McGrogan A, et al. *Nephrol Dial Transplant.* 2011;26:414-430; [3]Nasri H, et al. *J Nephrol.* 2015; 4:1-5; [4]currently addressable population numbers are estimates sourced from McGrogan et al. *Nephrol Dial Transplant* (2011); Sim et al., *AJKD* (2016); Simon et al., 2004; Zara et al. *Nephrol Dial Transplant* (2013); Braun et al., *Int Urol Nephrol* (2011), and data on file; [5]estimated potential growth through 2033, [6]Source: independent market research, data on file [7]Barratt J, et al. "Natural History of IgA Nephropathy: Analysis of a UK National RaDaR IgA Nephropathy Cohort." ASN 2021; Poster presentation (Abstract P01577); , [8]Nair R & Walker PD. *Kidney Int* 2006; 69:1455–1458; [9]Uffing A et al. *Clin J Am Soc Nephrol.* 2021 Aug;16(8):1247-1255.

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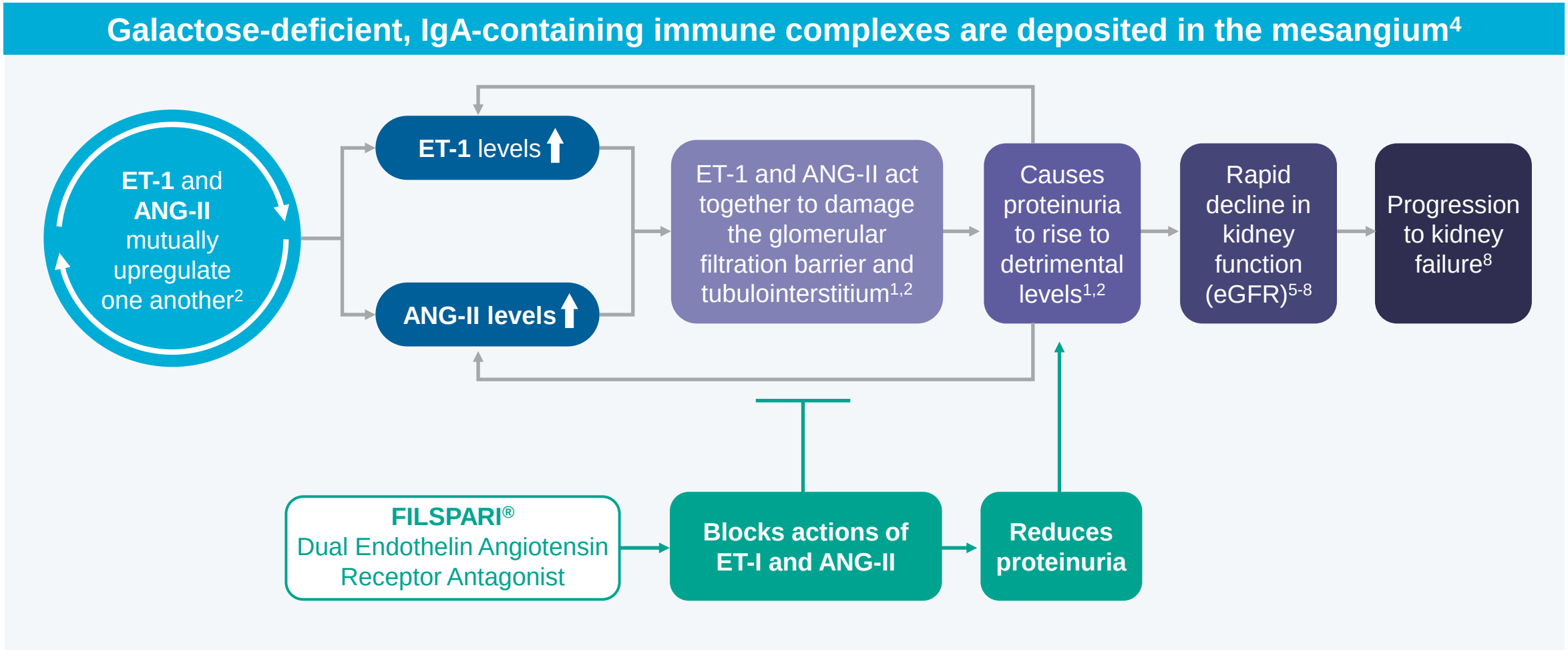
The Progression of IgA Nephropathy to Kidney Failure is Driven by Two Critical Pathways - Endothelin-1 (ET-1) and Angiotensin II (ANG-II)[1-3]



Ang II: angiotensin II; ET-1: endothelin-1; IgAN: Immunoglobulin A Nephropathy.
Figure adapted from Lai K, et al. *Nat Rev Dis Primers.* 2016;16001

[1]Komers R, et al. *Am J Physiol Regul Integr Comp Physiol.* 2016;310(10):R877-R884. [2]Kohan DE, et al. *Kidney Int.* 2014;86(5):896-904. [3]Raina R, et al. *Kidney Dis*. 2020;6(1):22-34. [4]Ebefors K, Bergwall L, Nyström J. *Front Med (Lausanne)*. 2022;8:740527. doi:10.3389/fmed.2021.740527. [5]Zoja C, Morigi M, Figliuzzi M, et al. *Am J Kidney Dis.* 1995;26(6):934-941. [6]Morigi M, Buelli S, Angioletti S, et al. *Am J Pathol*. 2005;166(5):1309-1320. [7]Tejera N, Gómez-Garre D, Lázaro A, et al. *Am J Pathol*. 2004;164(5):1817-1826. [8]Lai K, et al. *Nat Rev Dis Primers.* 2016;2:160001.

TRAVERE® THERAPEUTICS

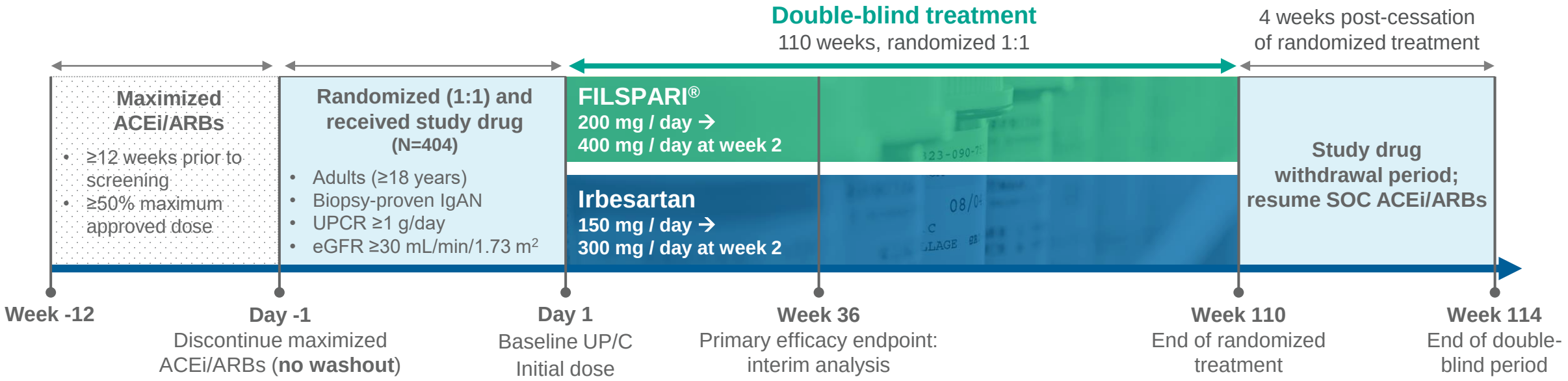
Phase 3 PROTECT Study* is the Only Head-to-Head, Active-Controlled Trial in IgAN to Date

Objective

Test the efficacy and safety of FILSPARI® vs. active control (irbesartan) in a global, multicenter, double-blind, randomized study of 404 patients with IgAN, ages 18+

Endpoints

- Primary efficacy endpoint: change in UPCR from baseline to week 36
- Key secondary efficacy endpoint: eGFR slope: **total** (day 1 - week 110) and **chronic** (week 6 - 110)



UPCR: urine protein/creatinine ratio, g/day: grams per day, eGFR: estimated glomerular filtration rate, ACEi: angiotensin converting enzyme inhibitors, ARBs: angiotensin receptor blockers, SOC: standard of care

*ClinicalTrials.gov ID: NCT03762850

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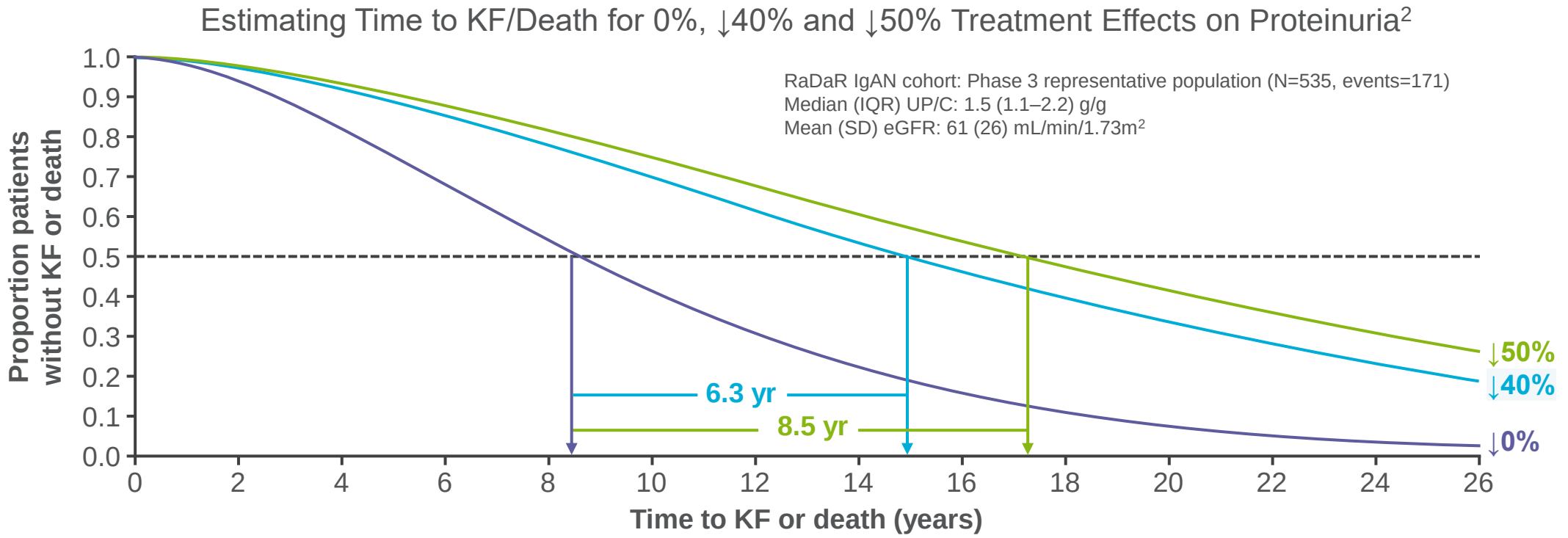
Persistent Proteinuria is the Single Strongest Modifiable Prognostic Indicator for Disease Progression in IgAN[1]

Proteinuria reduction lowers the risk of progression to kidney failure (KF) or death:



Achieving a 40% reduction of proteinuria **substantially lowered risk of kidney failure and death**, as demonstrated in the RaDaR Registry (The UK Kidney Association)

eGFR: estimated glomerular filtration rate, HR: hazard ratio, IgAN: IgA nephropathy, IQR: interquartile range, KF: kidney failure, SD: standard deviation, UP/C: urine protein/creatinine ratio

[1]Reich HN, et al. *J Am Soc Nephrol.* 2007;18:3177-3183. [2]Image reprinted from Mercer A, et al. *Nephrology Dialysis Transplantation.* 2023;38(Suppl 1):4503. Copyright © 2023, Oxford University Press. Mercer A, et al. Oral presentation at 60th ERA congress; Milan, IT; June 15-18, 2023.

TRAVERE® THERAPEUTICS

FILSPARI®: The First and Only Non-immunosuppressive Therapy Indicated for Use in Patients with IgA Nephropathy

Overview of Prescribing Information

Indication Statement*	FILSPARI is indicated to reduce proteinuria in adults with primary IgAN at risk of rapid disease progression, generally a urine protein-to-creatinine ratio or UPCR ≥ 1.5g/g
Dosing and Administration	Tablets: 200mg and 400mg, for once-a-day oral dose
Most Common Adverse Reactions (>5%)	Peripheral edema, hypotension (including orthostatic hypotension), dizziness, hyperkalemia, and anemia

For full prescribing information, visit **filspari.com**

*This indication is granted under accelerated approval based on reduction in proteinuria. It has not been established whether FILSPARI slows kidney function decline in patients with IgAN. The continued approval of FILSPARI may be contingent upon confirmation of a clinical benefit in the ongoing Phase 3 PROTECT Study, which is designed to demonstrate whether FILSPARI slows kidney function decline.

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Launch Fundamentals Positioning FILSPARI® To Potentially Become the Foundational Treatment in IgAN for Adults At Risk of Rapid Progression

The cross-functional team is active in the field and executing on our commercial launch

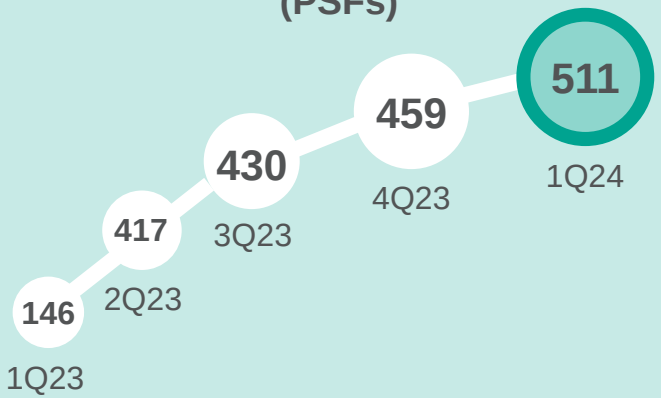
Takeaways from the field…

- *Nephrologists value the significant proteinuria reduction and the importance of a non-immunosuppressive IgAN therapy*
- *Payers are recognizing the link between proteinuria and IgAN disease progression; ~90 formularies have FILSPARI-specific policies*
- *Patients on FILSPARI are experiencing rapid and sustained proteinuria reduction, resulting in high satisfaction and compliance*

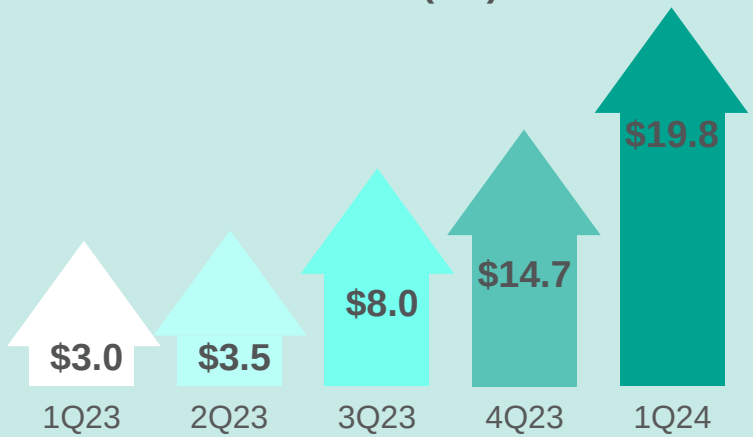
FILSPARI launch metrics reflect strong demand and broadening reimbursement: *As of March 31, 2024*

U.S. Patients with Pathway to Access

New Patient Start Forms (PSFs)



Net Sales ($M)



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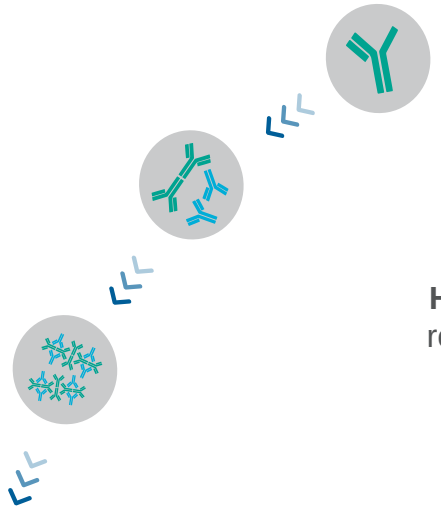
The IgAN Treatment Paradigm is Evolving

Earlier Treatment, Earlier Diagnosis, and Combination Therapy as Needed



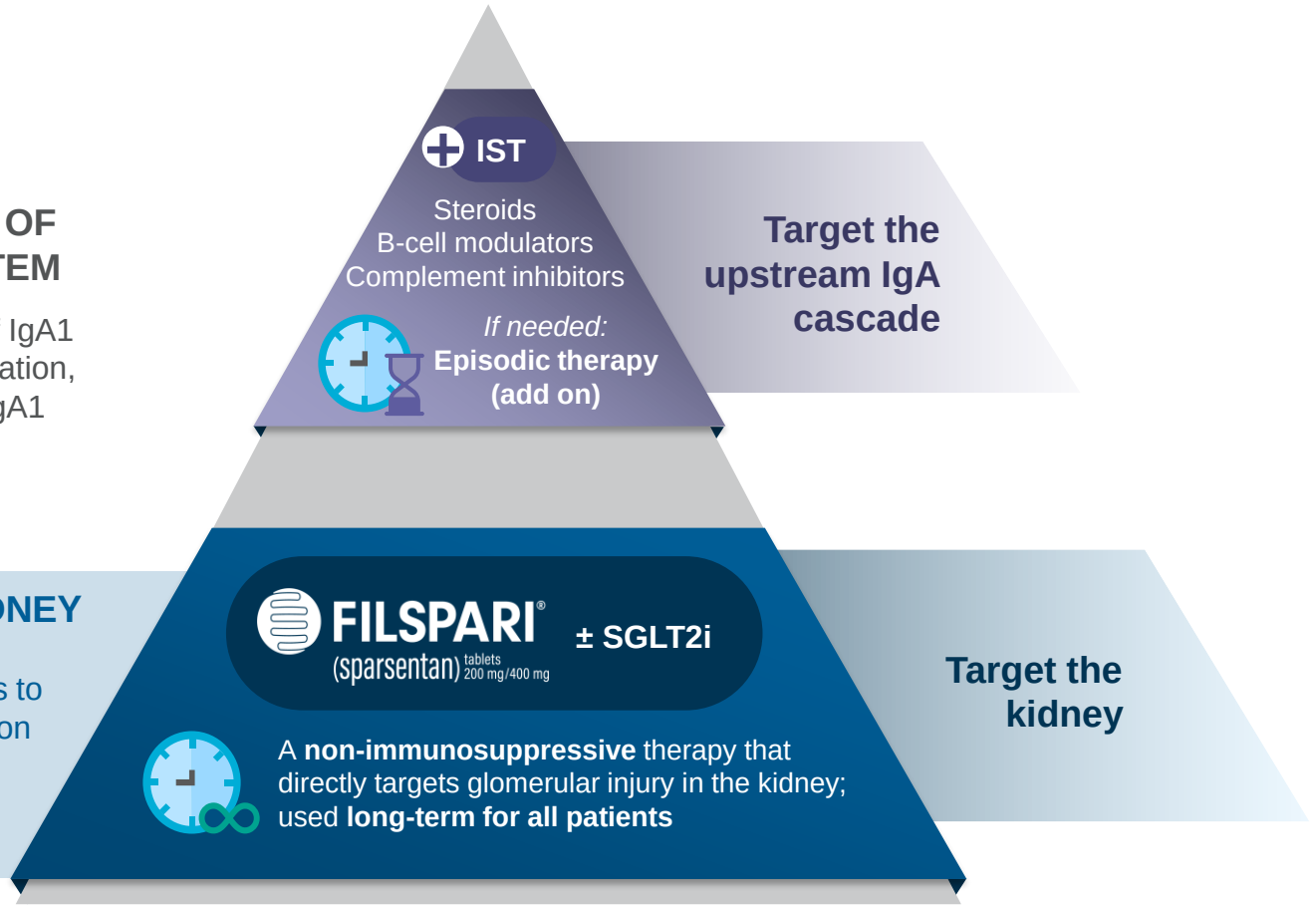
OVERACTIVATION OF THE IMMUNE SYSTEM

HIT 1-3: Glycosylation of IgA1 results in synthesis, formation, and circulation of Gd-IgA1 immune complexes

OVERACTIVATION IN THE KIDNEY

HIT 4: Deposition of immune complexes in the mesangium leads to loss of kidney structure and function

Effects of ET-1 and Ang II drive **proteinuria** and progression to kidney failure

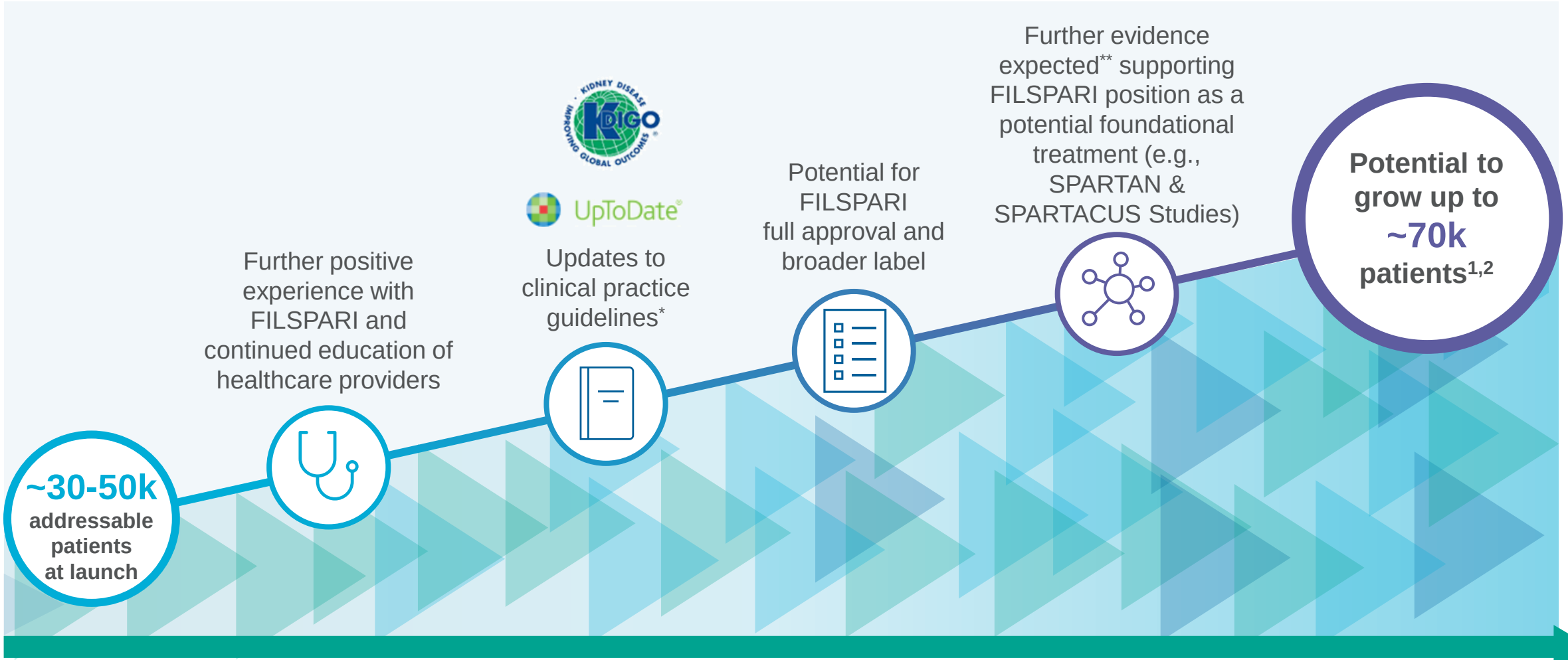


FILSPARI® is the only non-immunosuppressive, long-term treatment in position to replace ACEi/ARBs**

Ang II: angiotensin II, ET-1: endothelin-1, Gd: galactose-deficient, IgAN: immunoglobulin A nephropathy, IST: immunosuppressive therapy, SGLT2i: sodium-glucose co-transporter-2 inhibitor
*Studies in process
**Pending full approval for IgAN; currently indicated to reduce proteinuria in adults with primary IgAN at risk of rapid disease progression, generally a urine protein-to-creatinine ratio or UPCR > 1.5g/g

TRAVERE® THERAPEUTICS

FILSPARI® is on a Path to Foundational Care in the U.S. with an Addressable IgAN Market That Has the Potential to Significantly Expand



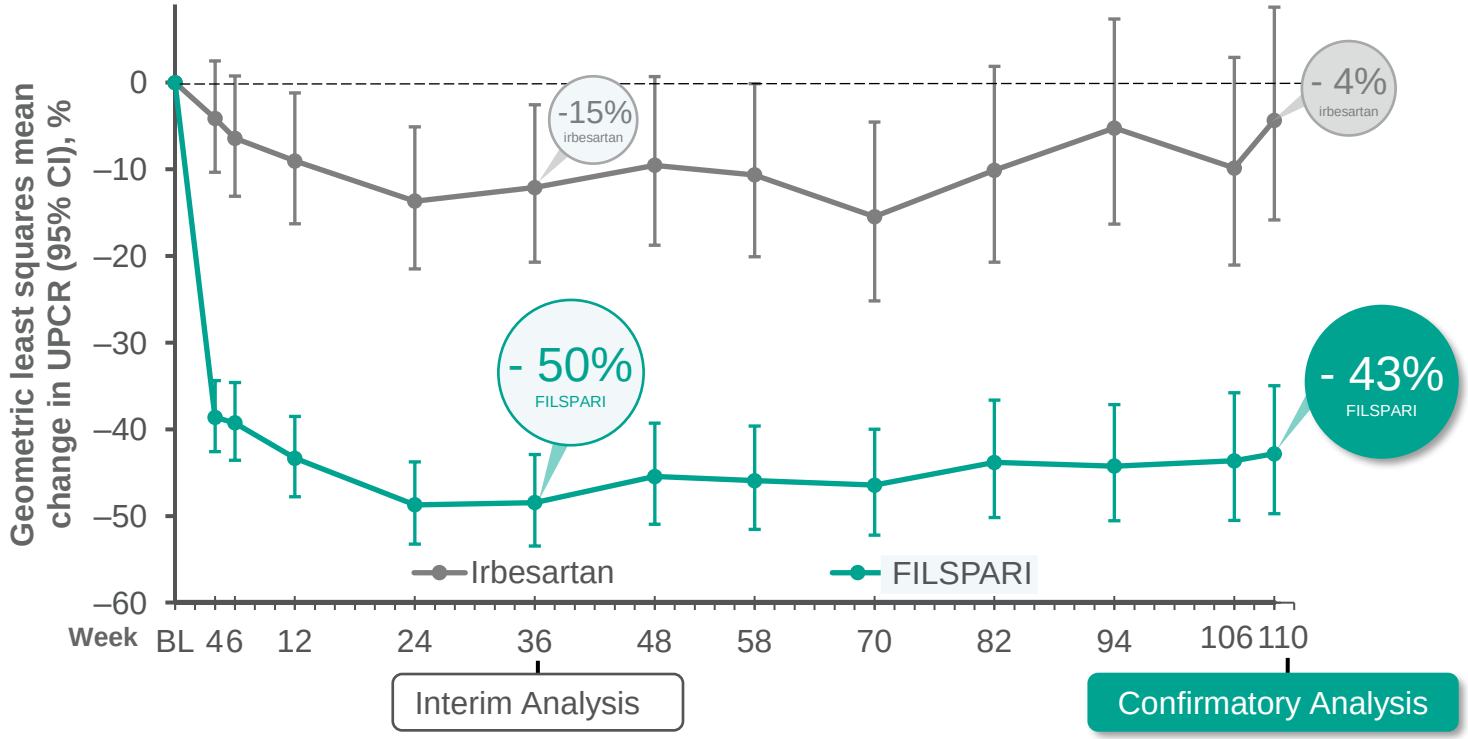
**UpToDate* guidelines in effect as of December 2023; the Company anticipates inclusion of FILSPARI into the draft *KDIGO* guidelines as well as reduction of the proteinuria target to 0.5 g/g.
**The Company expects additional data from its ongoing open-label studies evaluating the safety and efficacy of sparsentan in combination with sodium glucose cotransporter-2 inhibitors (SGLT2i) as well as from the ongoing SPARTAN Study evaluating the potential effect of FILSPARI as a first-line therapy in patients with newly diagnosed IgAN.
[1]Estimated potential growth through 2033, [2]Source: independent market research, data on file.

TRAVERE® THERAPEUTICS

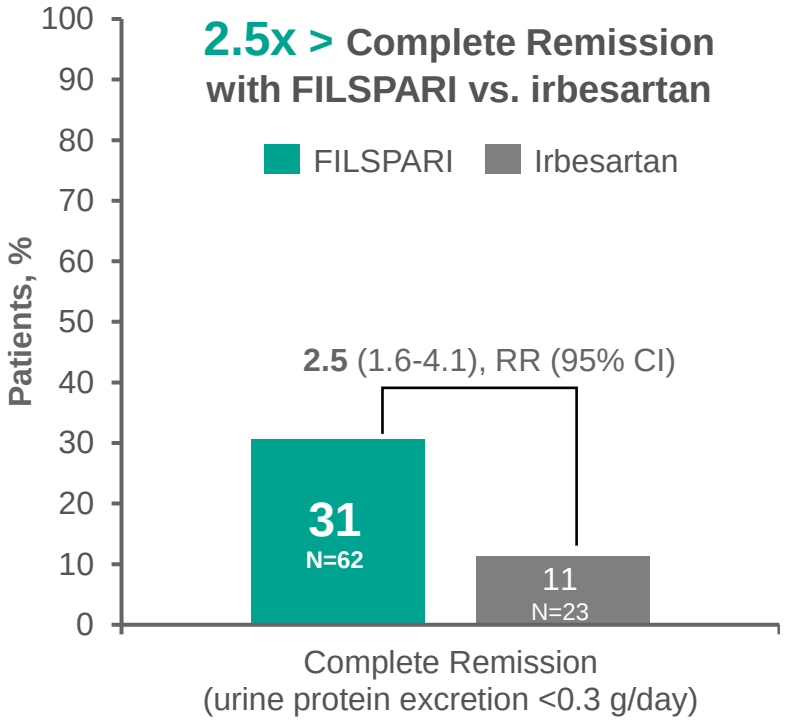
FILSPARI® Showed the Largest Magnitude of Sustained Proteinuria Reduction in a Phase 3 Study vs. Active Control, Over Two Years

FILSPARI met the primary endpoint of proteinuria change at 36 weeks in the interim analysis with a 41% relative reduction in proteinuria (*P*<0.0001), and showed sustained antiproteinuric effects at 110 weeks

UP/C % Change from Baseline by Visit



Complete Remission UPE<0.3g/day



UP/C: urine protein/creatinine ratio, UPCR: urine protein/creatinine ratio, BL: baseline, UPE: urinary protein excretion
MMRM analysis including on-treatment data through week 110 with multiple imputation

TRAVERE® THERAPEUTICS

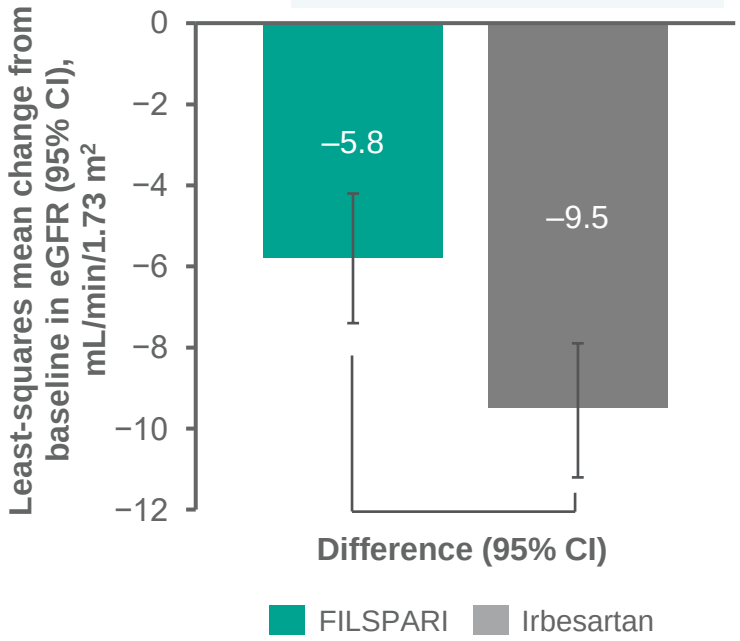
FILSPARI® Demonstrated Long-Term Kidney Function Preservation in IgAN

Absolute Change in Kidney Function from Baseline to Week 110

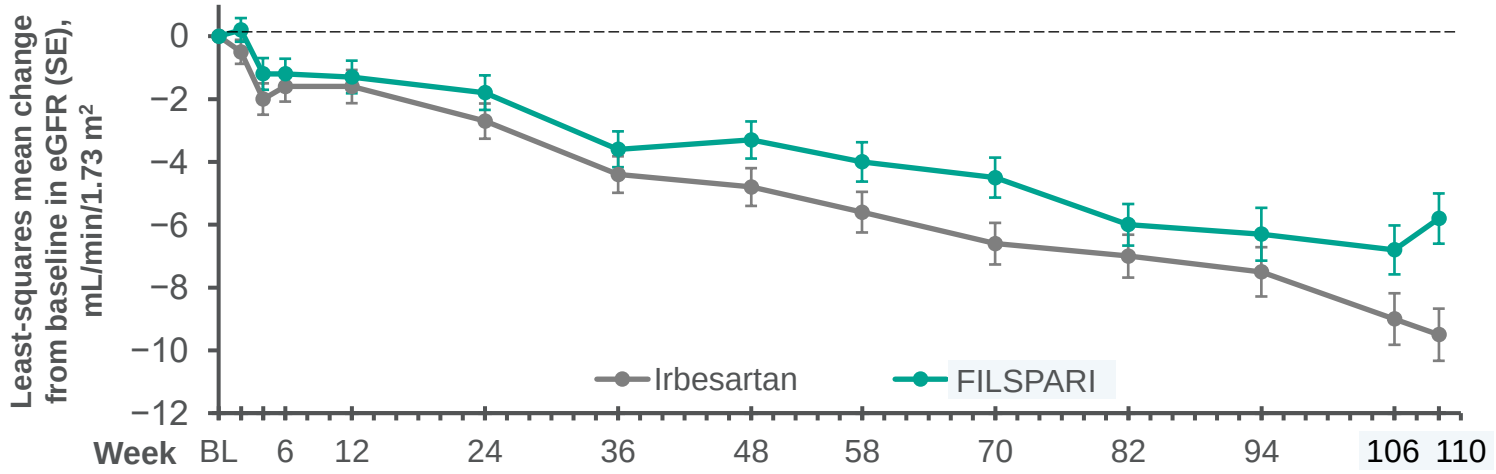
3.7

mL/min per 1.73m²

*Higher eGFR at 2 years with **FILSPARI** vs. irbesartan*



Long-term FILSPARI treatment showed preservation of kidney function, which projects a delay in the time to kidney failure*



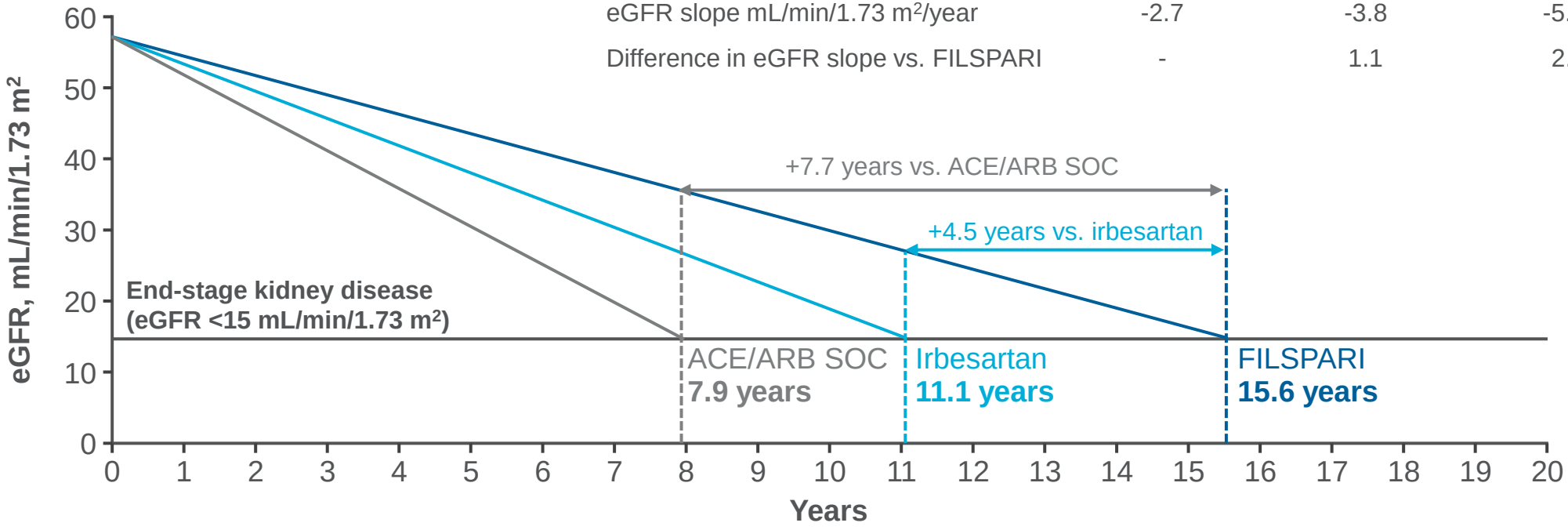
Annual eGFR slope (95% CI), mL/min/1.73 m²/year[a]	FILSPARI (N=202)	Irbesartan (N=202)	Difference (95% CI)
eGFR Chronic slope[b]	**-2.7** (-3.4, -2.1)	**-3.8** (-4.6, -3.1)	**1.1, *P*=.037** (0.1, 2.12)
eGFR Total slope[c]	**-2.9** (-3.6,-2.2)	**-3.9** (-4.6,-3.1)	**1.0, *P*=.058** (-0.03, 1.94)

*Conclusions are based on modeled data, not the PROTECT Phase 3 Study data.
[a]Analysis includes eGFR data for patients on treatment; off-treatment and missing data imputed using the multiple imputation procedure.
[b]LS Means and 95% CI from a random coefficient analysis including available on-treatment eGFR data from week 6 through week 110 with multiple imputation; mL/min/1.73m² per year
[c]LS Means and 95% CI from a random coefficient analysis including available on-treatment eGFR data through week 110 with multiple imputation; mL/min/1.73m² per year

TRAVERE® THERAPEUTICS

Kidney Function Preservation from FILSPARI® Treatment Could Extend the Delay to Kidney Failure by Nearly 8 Years

	FILSPARI	Irbesartan	ACEi/ARBs SOC*
eGFR slope mL/min/1.73 m²/year	-2.7	-3.8	-5.3†
Difference in eGFR slope vs. FILSPARI	-	1.1	2.6



Projections based on eGFR slope indicate that treatment with FILSPARI could significantly delay kidney failure compared to historical standard of care in IgAN

eGFR: estimated glomerular filtration rate, SOC: standard of care, ACEi: angiotensin converting enzyme inhibitor, ARB: angiotensin receptor blocker
Baseline eGFR was set to=57 mL/min/1.73 m² (0 years), reflecting the mean eGFR of the FILSPARI group in the PROTECT study at the interim analysis. Data are modeled based upon PROTECT Study results imputed to the RaDaR model.[1]
*ACEs and/or ARBs
†Mean of observed chronic or total slopes for SOC ACE/ARB as reported in 5 randomized controlled trials in IgAN.[2-6]

[1]Heerspink HJL, et al. *Lancet* 2023;401(10388):1584 1594, [2]Lafayette R, et al. *Lancet* 2023;402(10405):859 870, [3]Lv J, et al. *JAMA* 2022;327(19):1888 1898, [4]Wheeler DC, et al. *Kidney Int.* 2021;100:215 225, [5]Manno C, et al. *Nephrol Dial Transplant*. 2009;24(12):3694 3701, [6]Li PK T, et al. *Am J Kidney Dis.* 2006;47(5):751 760.

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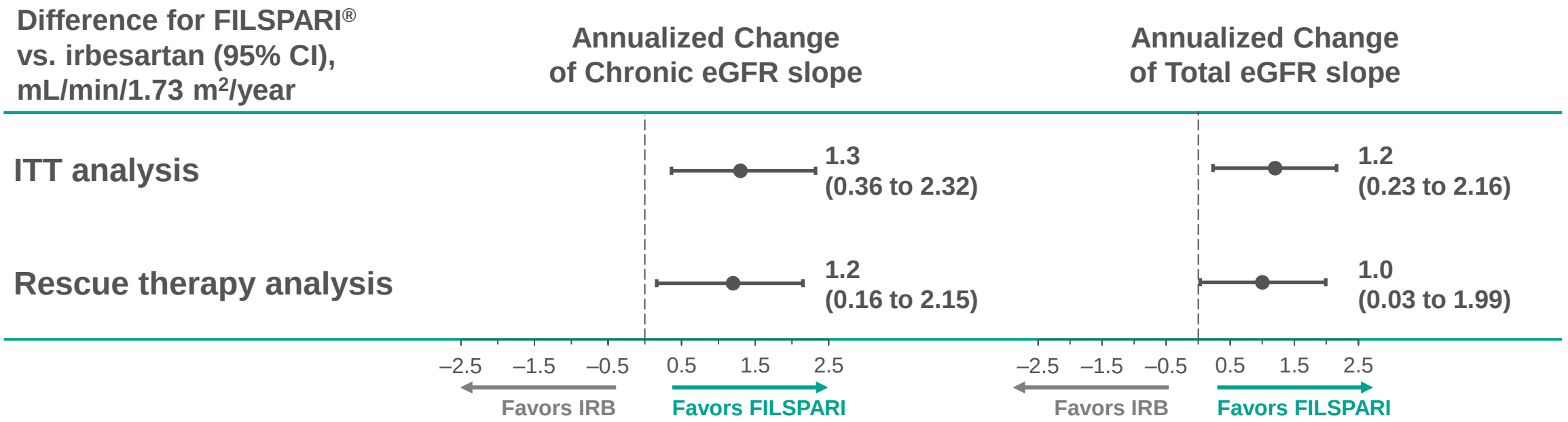
Pre-specified Sensitivity Analyses of eGFR Slope Confirm Long-term Kidney Function Preservation



Beneficial effects of FILSPARI on kidney function preservation were strengthened when the imbalances between treatment arms were factored into pre-specified eGFR analyses (early treatment discontinuations and higher rates of rescue immunosuppression, both of which occurred more in the irbesartan arm)

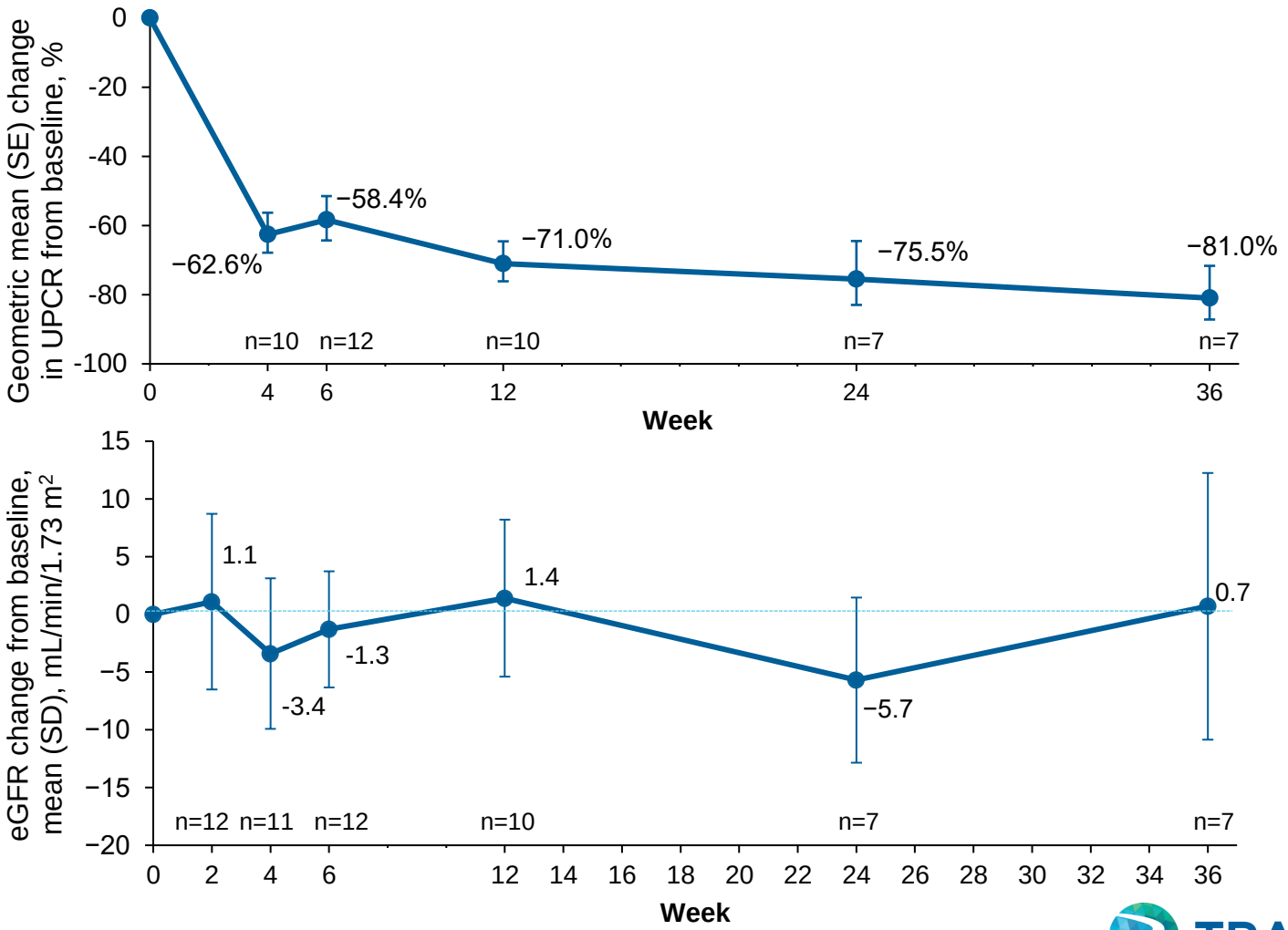
ITT analysis includes all eGFR measurements through study end irrespective of premature treatment discontinuations.
Rescue analysis excludes eGFR measurements after initiation of rescue immunosuppression for renal disease (3% with SPAR and 8% with IRB)

TRAVERE® THERAPEUTICS

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

Preliminary clinical findings at 36-weeks in treatment-naïve patients on FILSPARI

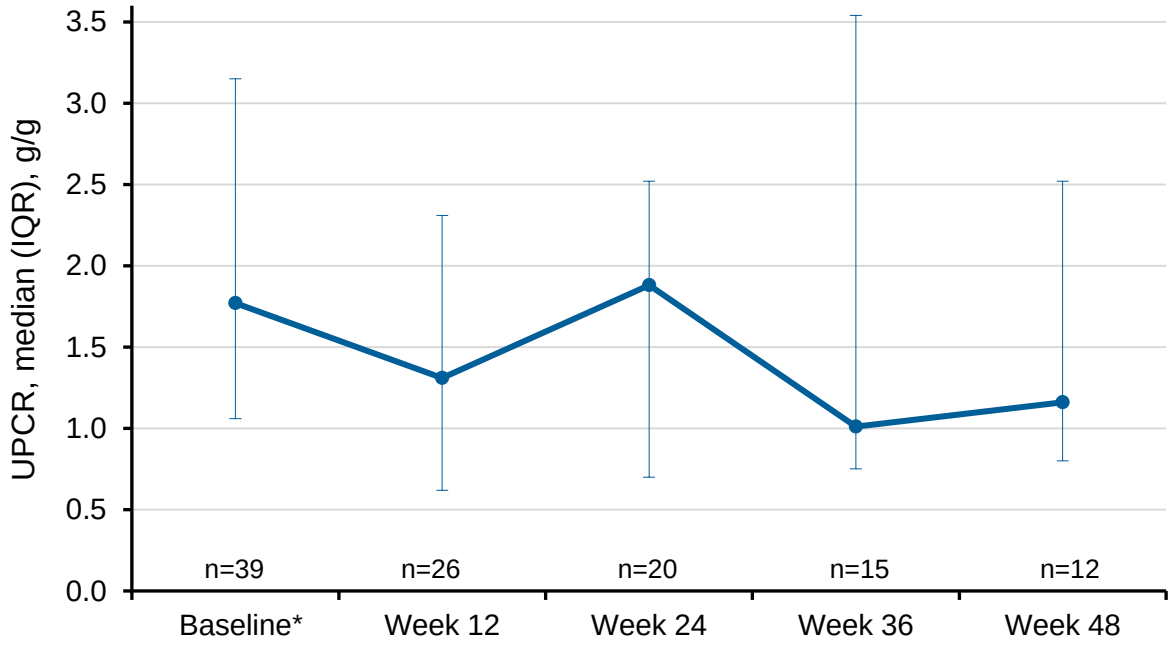
- Effective at reducing proteinuria - UPCR at week 36 was -81% from baseline
- Blood pressure controlled
- eGFR stabilized
- 67% of patients achieved complete remission* at any time during treatment period



*<0.3g/day
UPCR: urine protein-to-creatine ratio, eGFR: estimated glomerular filtration rate
Cheung CK, et al. presented at WCN 2024; April 13-14, 2024; Buenos Aires, Argentina. Poster WCN24-AB-773.

TRAVERE® THERAPEUTICS

SPARTACUS Study: SGLT2i added to FILSPARI® is Efficacious, with Additive Benefit on Proteinuria and Favorable Safety Profile



TEAEs**	Patients (N=39)
Patients with any TEAE, n (%)	**26 (67)**
TEAEs in >1 patient, n (%)	
Hyperkalemia	5 (13)
COVID-19	4 (10)
Hypertension	3 (8)
Acute kidney injury	2 (5)
Chronic kidney disease	2 (5)
Headache	2 (5)
Hypotension	2 (5)
Peripheral edema	2 (5)
Viral infection	2 (5)

MedDRA, Medical Dictionary for Regulatory Activities

After initiation of SGLT2i therapy, patients experienced a mean reduction of ~30% in UPCR at 48 weeks

UPCR: urine-to-creatinine ratio, OLE: open-label extension, SGLT2i: soldium-glucose contransporter-2 inhibitor, EAE: treatment-emergent adverse event

Preciado P, et al. presented at WCN 2024; April 13-14, 2024; Buenos Aires, Argentina. Poster WCN24-AB-752.

*Baseline was defined as the OLE visit closest to the SGLT2i start (i.e., before or <14 days after start of SGLT2i treatment). Data are shown at weeks 12, 24, 36, and 48 hours after baseline.

**TEAEs were based on MedDRA preferred terms.

TRAVERE® THERAPEUTICS

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

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Potential to grow up to ~70k addressable patients[1,2]

United States

CSL Vifor

EC granted conditional marketing authorization (CMA) for FILSPARI in IgAN

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

renalys

Results from registration enabling study for Japan expected in 2H25

License to Renalys covers Japan, South Korea, Taiwan, and Southeast Asian nations

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

EC: European Commission, CMA: conditional marketing authorization. [1]Estimated potential growth through 2033, [2]Source: independent market research, data on file.
*License to CSL Vifor also covers other terriorities including the United Kingdom, Switzerland, Australia, and New Zealand, with potential to expand, **potential milestone payments include achievements for both IgAN and FSGS indications.

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Focal Segmental Glomerulosclerosis (FSGS)

is a Serious Unmet Rare Kidney Disease (RKD)

A histopathological lesion triggered by podocyte injury and a leading cause of kidney failure worldwide

Severity of proteinuria at onset and during follow up is associated with renal failure

15k-30k
Potential addressable FSGS patients in the U.S.[1]

~5-10 years
Median time to kidney failure for 30-60% of patients[2]

0
Approved treatments indicated for this condition

40%
of transplant patients experience disease recurrence[2]

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[1]Estimated based on McGrogan A, et al. *Nephrol Dial Transplant*. 2011;26(2):414-430; data on file. [2]Kiffel et al. Adv Chronic Kidney Dis. 2011;18:332-338.

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

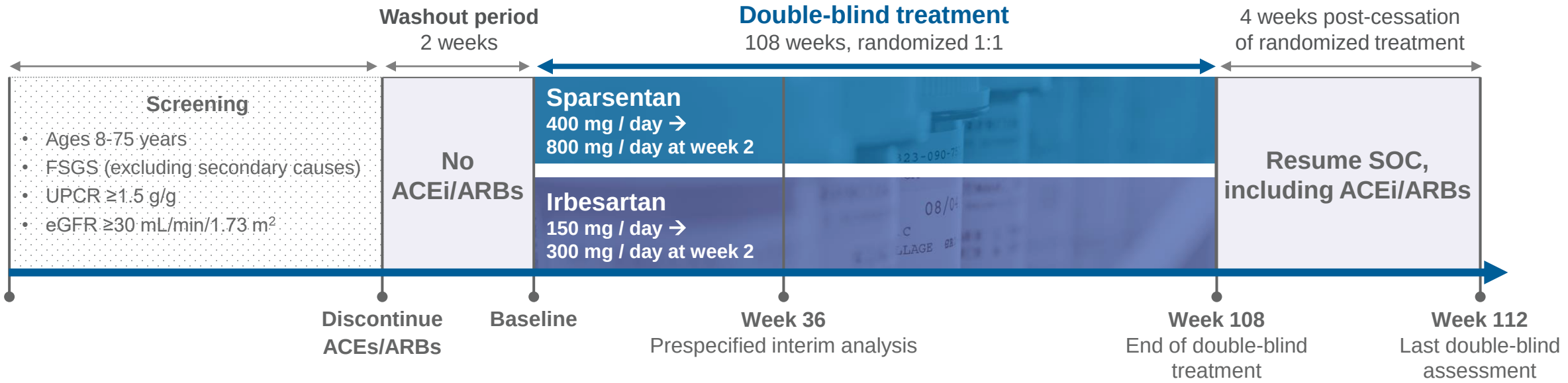
Objective

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)



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

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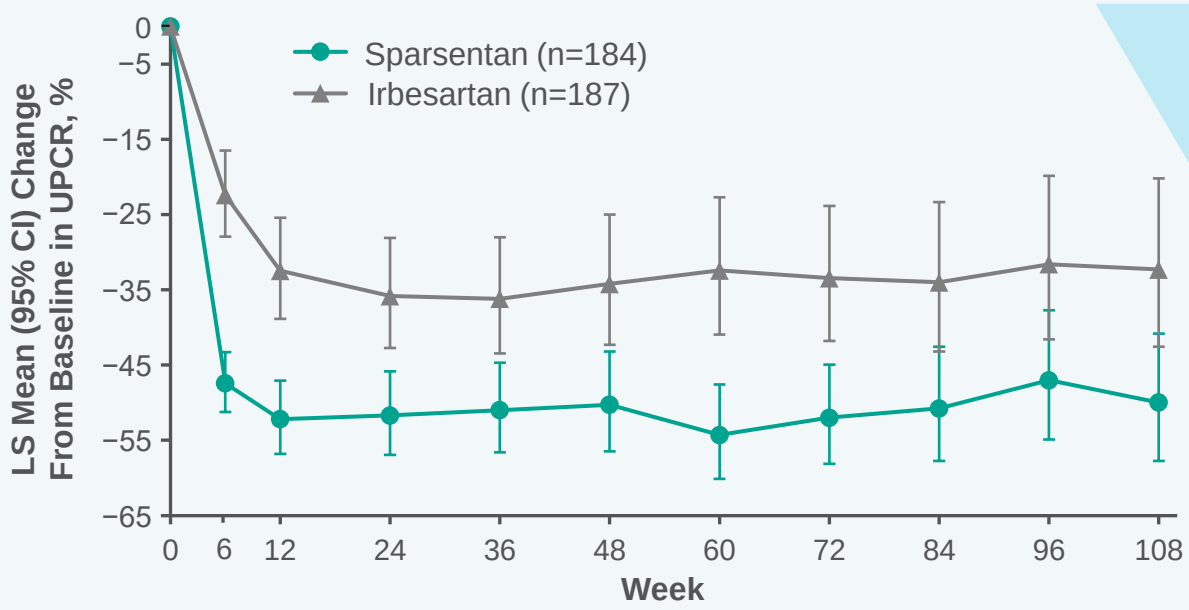
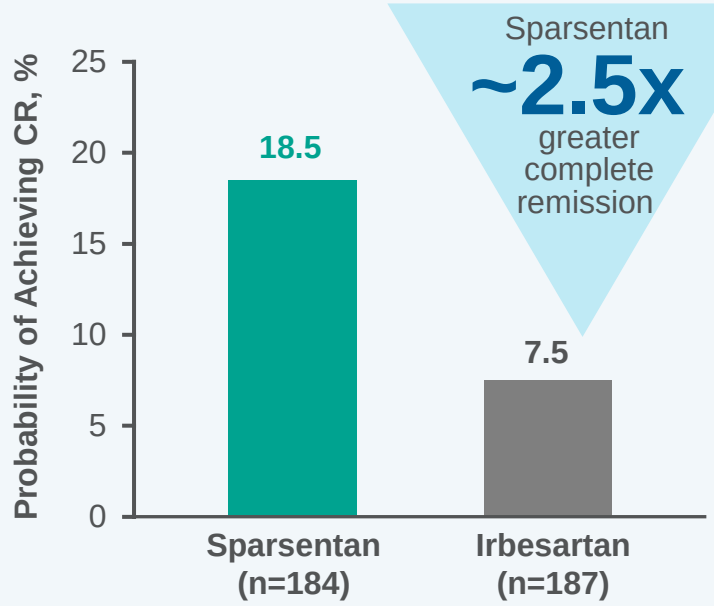
Results from the Phase 3 DUPLEX Study of Sparsentan in FSGS – Largest Active-Controlled Interventional Phase 3 Trial in FSGS to Date

Sparsentan Resulted in a Rapid Decline in UPCR That Was Sustained Through 108 Weeks



Sparsentan **50%** reduction in proteinuria

Patients Achieving CR at Any Time During the Double-Blind Period



Sparsentan **~2.5x** greater complete remission

- The DUPLEX Study did not achieve the primary confirmatory efficacy eGFR slope endpoint over 108 weeks of treatment
- Chronic eGFR slope was 0.9mL/min/1.73m^2 annualized in favor of sparsentan, which is in the range of what has been considered clinically meaningful but was not statistically significant compared to the active control irbesartan

Next Steps for FSGS

The Company is conducting additional analyses of FSGS data and will engage with regulators in 2024 to evaluate potential regulatory pathways for a sparsentan FSGS indication

UPCR, urine protein:creatinine ratio, CR: complete remission, eGFR: estimated glomerular filtration rate

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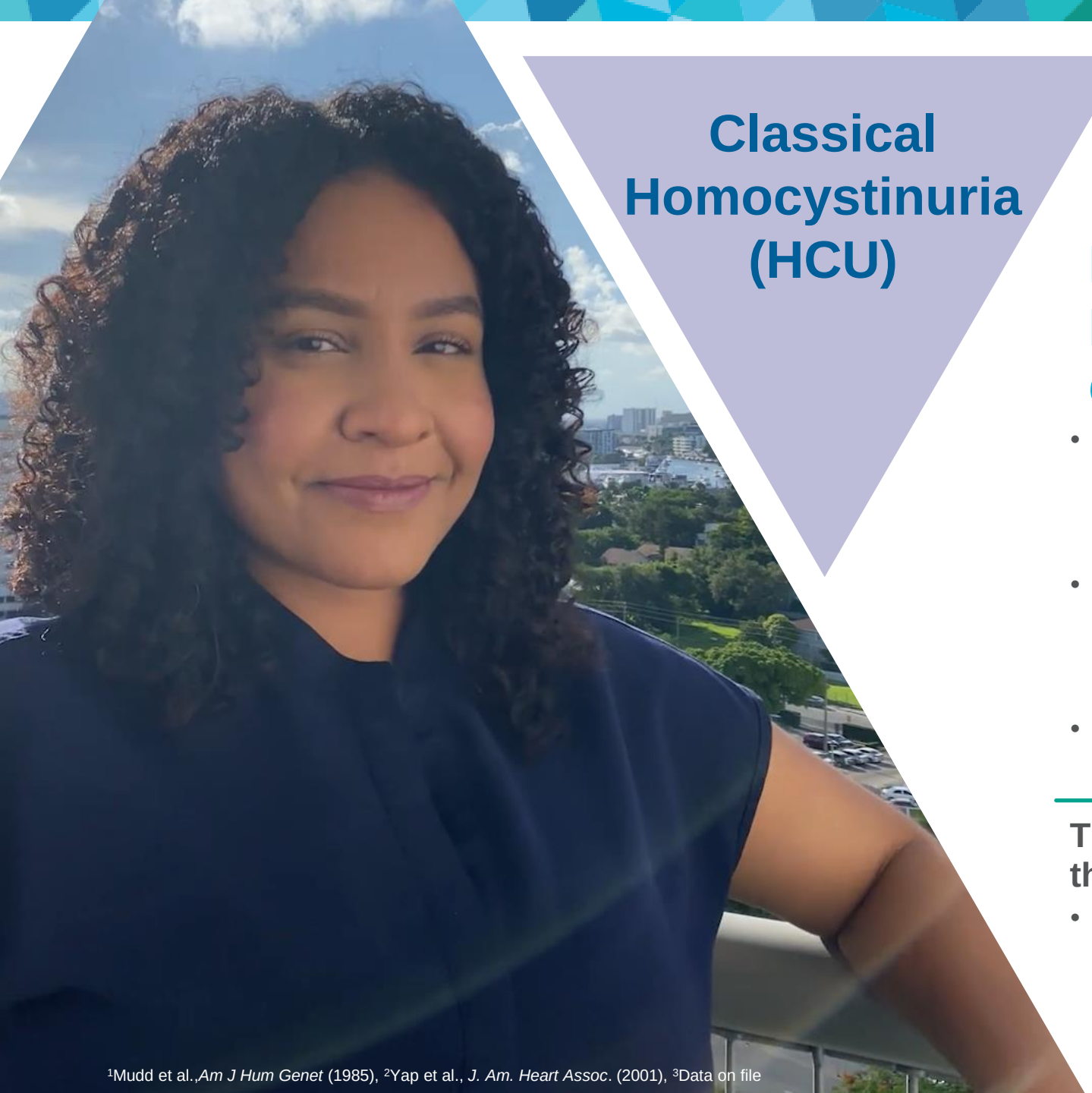
Pegtibatinase

The Potential First Disease Modifying Therapy for Classical Homocystinuria (HCU)

TRAVERE® THERAPEUTICS



Classical Homocystinuria (HCU)

is a Rare Autosomal Recessive Metabolic Disorder that can Lead to Life-Threatening Complications

- Caused by mutations in cystathionine beta-synthase (CBS) gene, leading to deficient activity of CBS, which can result in bodily buildup of toxic homocysteine (Hcy).
- Continuous risk of developing life-threatening thrombotic events, including heart attack and stroke, observed in 25% of HCU patients by age 16 and 50% by age 29.[1,2]
- Estimates suggest at least 12,000 patients living with HCU in U.S.; similar number in Europe.[3]

There are no approved treatments that address the underlying genetic cause of HCU

- Current standard of care includes vitamin B6, low-protein diet, and supplements, as well as betaine.

[1]Mudd et al.,*Am J Hum Genet* (1985), [2]Yap et al., *J. Am. Heart Assoc*. (2001), [3]Data on file

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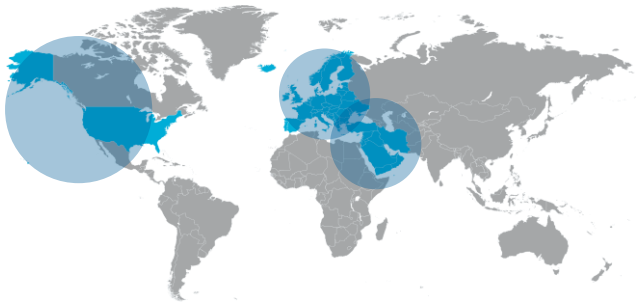
The HCU Market is Expected to Grow with Better Diagnostics, Awareness and Effective Treatment Options

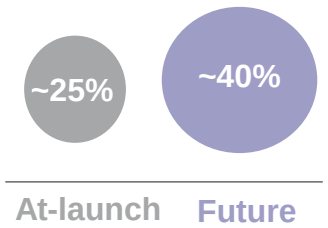
Disease education/awareness, enhanced diagnostics and better treatment options are expected to lead to **increased patient identification**, **earlier diagnosis, and better outcomes -** driving growth in addressable market



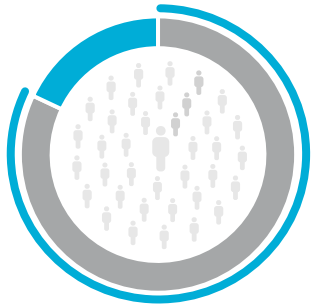
Diagnosed prevalence rates are highest in U.S., EU, and Middle East

Despite newborn screening for HCU in the U.S., it is estimated that fewer than 50% of people with HCU are diagnosed at birth[1]

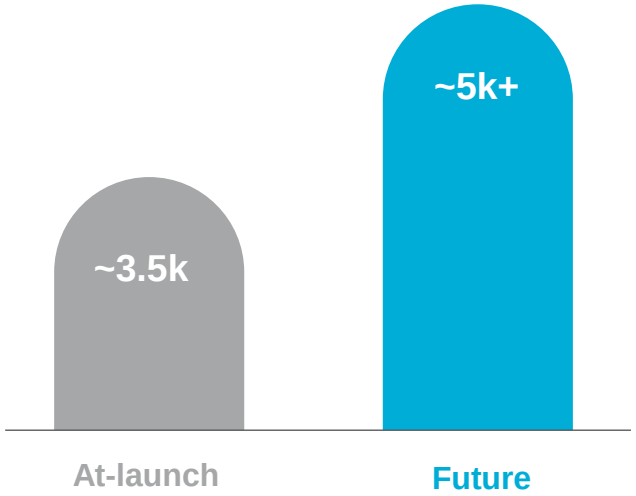
HCU patients actively managed by an HCP in the U.S are expected to increase



Today, ~80% of HCU patients are partially or non-responsive to B6 therapy (current standard of care)[2]



Expected growth in addressable HCU patients in U.S.



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

[1]Levy H, et al. *Clinical Chemistry*. 2023;69(5):433-434, [2]Kozich V, Sokolova J, Morris AAM, et al. *J Inherit Metab Dis.* 2021;44(3):677-692.

TRAVERE THERAPEUTICS

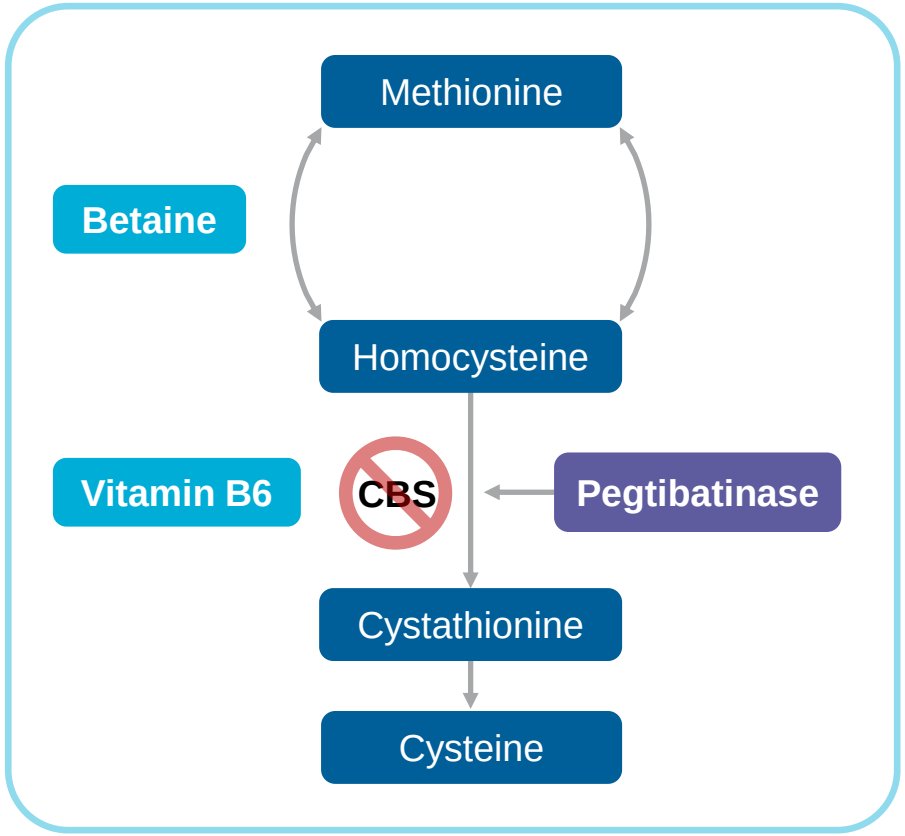
Pegtibatinase is an Investigational, Modified, Recombinant CBS Human Enzyme Therapy

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

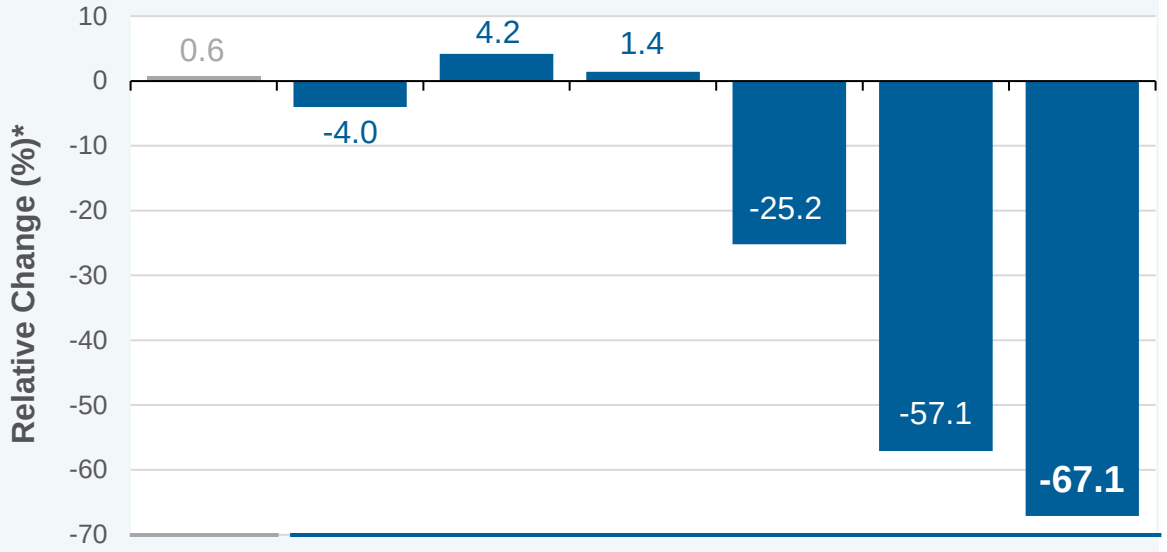
67.1% mean relative reduction in tHcy from baseline in patients treated with 2.5 mg/kg of pegtibatinase (n=4) vs. 0.6% increase with placebo (n=6)

All patients in highest dose cohort achieved a mean tHcy below the clinically meaningful threshold of 100 µM, over weeks 6 to 12 of treatment

Positive dose-dependent trends on levels of methionine and cystathionine biomarkers suggest that pegtibatinase acts in a manner 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; no reports of anaphylaxis or severe immune reactions due to pegtibatinase

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

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.

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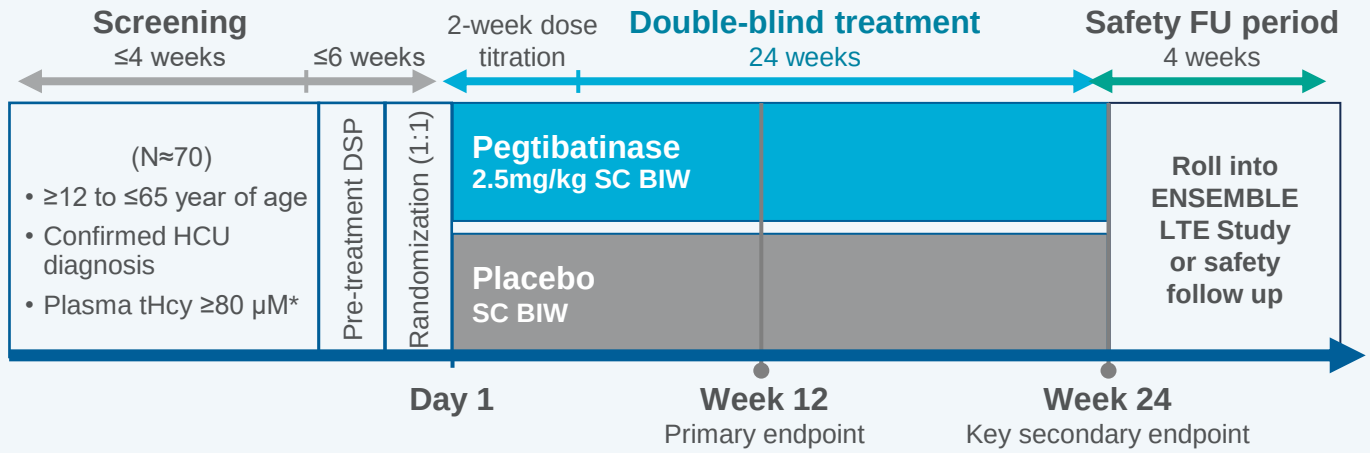
Innovative Pegtibatinase Phase 3 Program

Phase 3 HARMONY Study



Primary endpoint expected to support traditional approval

- Relative change from baseline in plasma tHcy levels (averaged over weeks 6 through 12)

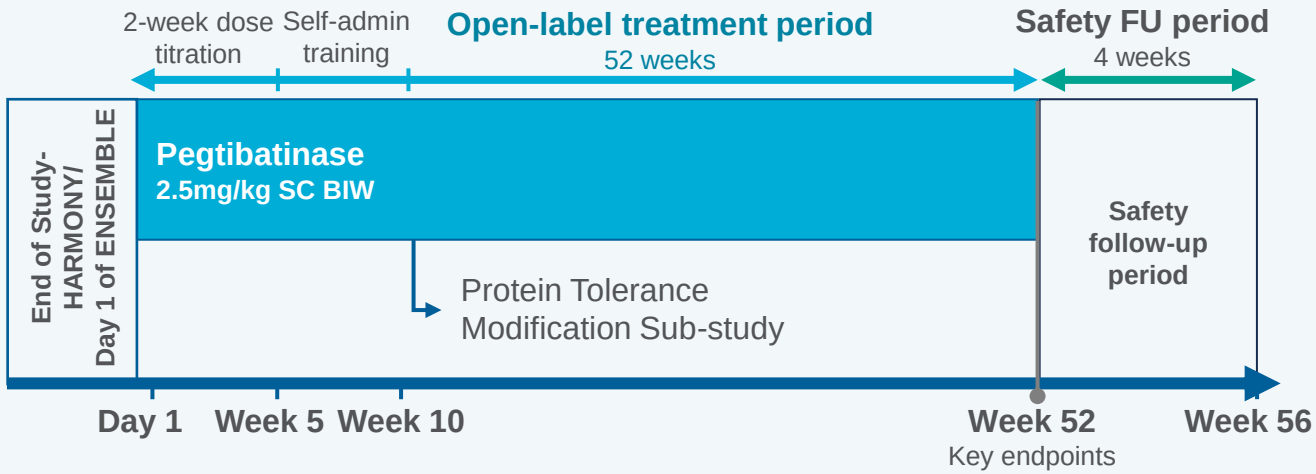
Key secondary endpoint

- The relative change from baseline in plasma tHcy levels averaged post-week 12 (weeks 16, 20, 24)

Topline data expected in 2026

Concurrent Phase 3b Study
to evaluate if eligible patients can increase their natural dietary protein intake while maintaining an acceptable level of metabolic control while receiving pegtibatinase

Phase 3b ENSEMBLE Study



*Protocol allows for ~25% of patients with tHcy ≥50 to <80µM
BIW: twice weekly, DSP: diet standardization period, LTE: long-term (open-label) extension, SC: subcutaneous, tHcy: total homocysteine, FU: follow up
*ClinicalTrials.gov ID: NCT06247085

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Pegtibatinase Offers A Promising Approach to Address the Unmet Need in Patients with Classical Homocystinuria

Our goal is to deliver pegtibatinase as the first disease-modifying treatment for patients living with HCU

Clinical Conclusions

A 67% post-treatment relative change from baseline of plasma tHcy levels was achieved at the highest dose of pegtibatinase; reductions were evident from week 2 and sustained throughout the 12-week study period.

All participants in cohorts 5 and 6 achieved mean post-treatment tHcy levels below the key clinical threshold of 100 µM; tHcy reductions below 50 µM were observed, including one patient with a lower tHcy level at baseline that achieved normalization (<15 µM) of tHcy.

Pegtibatinase was generally well-tolerated at all doses tested; no reports of anaphylaxis or severe immune reactions due to pegtibatinase or discontinuations associated with the study drug.

Milestones/ Next Steps

The Company successfully completed its end of Phase 2 meeting with the FDA.

In December 2023, the pivotal HARMONY Study was initiated to support potential regulatory approvals.

Building momentum for enrollment in HARMONY Study, initiating P3b ENSEMBLE Study.

Topline data from HARMONY expected in 2026.

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Financial Snapshot

GAAP Reported Financials	1Q24	FY 2023	FY 2022
Net Product Sales	$40.0mm	$127.5mm	$98.0mm
Operating Expenses	$180.6mm*	$533.4mm	$429.3mm
Operating Income / (Loss)	($131.0mm)	($388.1mm)	($319.8mm)
Net Income / (Loss)	($127.8mm)*	($111.4mm)**	($278.5mm)
Cash, Cash Equivalents, and Marketable Securities	$441.0mm	$566.9mm	$450.2mm

Cash balance expected to support operations into 2028

Shares outstanding for the period ended March 31, 2024: basic ~77mm, diluted ~92mm

Convertible notes: $69mm due 2025, $316mm due March 2029

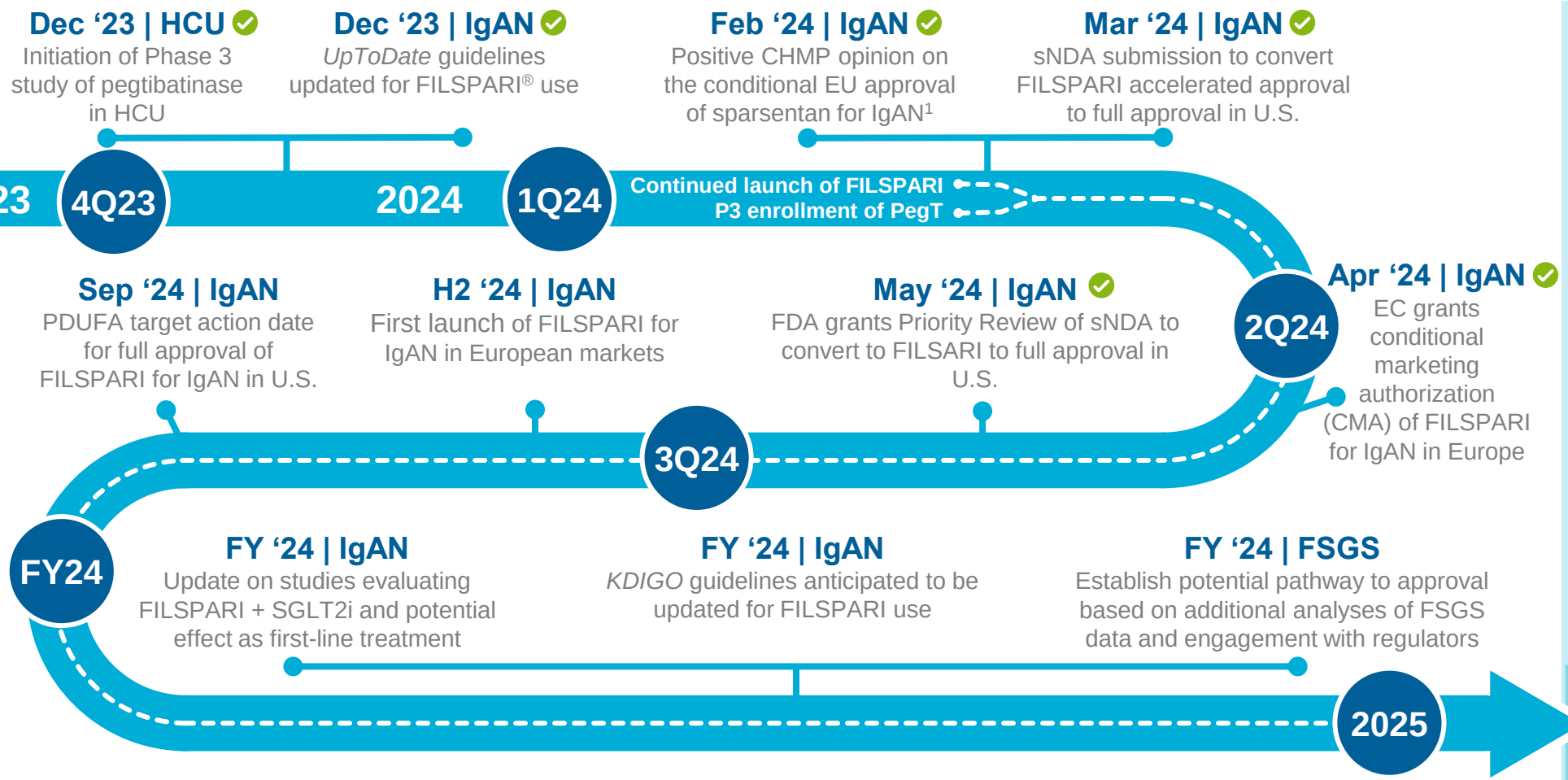
This slide represents continuing operations following Travere's completion of the sale of the bile acid product portfolio on September 5th, 2023, to Mirum Pharmaceuticals. Travere received an upfront payment of $210mm from Mirum Pharmaceuticals and remains eligible to receive up to $235mm in potential sales-based milestone payments.

*Includes IPR&D expense of $65 million related to a milestone paid for first patient dosed in the Phase 3 HARMONY Study of pegtibatinase in 1Q24.

**Includes income from discontinued operations resulting from the bile acid portfolio transaction completed in 2023.

TRAVERE® THERAPEUTICS

Expected Key Milestones Driving Our Mission to Deliver Life-Changing Therapies to People Living with Rare Disease



- **Regular updates on commercial launch of FILSPARI**
- **Multiple regulatory and clinical events to advance pipeline**

HCU: Focal segmental glomerulosclerosis, CHMP: Committee for Medicinal Products for Human Use, EU: European Union, IgAN: Immunoglobulin A nephropathy, sNDA: supplemental new drug application, EC: European Commission, SGLT2i: sodium-glucose cotransporter-2 inhibitor, FSGS: Focal segmental glomerulosclerosis
[1]In partnership with European collaborator CSL Vifor

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