Travere Enters Into Licensing Agreement with Everest Medicines for Civorebrutinib (EVER001)

June 2, 2026

Today's Speakers

Eric Dube, Ph.D.
President and Chief Executive Officer

Jula Inrig, M.D.
Chief Medical Officer

TRAVERE® THERAPEUTICS

Forward-Looking Statements

This presentation contains forward-looking statements, including but not limited to: statements regarding our products and products in development as potential best-in-class treatments or treatment standards, and potential future indications; statements and expectations regarding the transaction with Everest, including but not limited to the expectation to close in Q3 2026, subject to customary terms and conditions, other expected timelines, financial terms, potential future revenue growth, potential future milestone and royalty payments, and required regulatory approvals; estimates regarding the size of commercial opportunities; statements regarding the strategic fit to expand Travere's leadership in rare kidney diseases; statements and expectations regarding the characteristics and potential efficacy, safety profile, and differentiators of civorebrutinib with respect to the diseases and conditions described herein; statements regarding the potential for orphan drug status; statements relating to the clinical studies, models and data described herein; statements regarding potential changes to treatment paradigms; statements and expectations regarding the activities of our partners and collaborators; and estimated sizes of patient populations. 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 the license agreement with Everest, including the ability of the parties to obtain required regulatory approvals and satisfy other applicable conditions, and our ability to successfully advance the product through clinical trials toward potential future regulatory approval. We also face 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 the continued commercialization of FILSPARI in IgAN, the timing and potential outcome of our and our partners' clinical studies, market acceptance of our commercial products including efficacy, safety, price, reimbursement, and benefit over competing therapies, risks related to the challenges of manufacturing scale-up, risks associated with the successful development and execution of commercial strategies for such products, including FILSPARI, and risks and uncertainties related to the current administration, including but not limited to risks and uncertainties related to tariffs and the funding, staffing and prioritization of resources at government agencies including the FDA. We also face the risk that 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

Civorebrutinib: Clear Strategic Fit to Expand Travere's Leadership in Rare Kidney Diseases

1 Strengthens Travere's Pipeline

- Expands Travere's pipeline of potential best-in-class product candidates; potential across several rare kidney indications
- Ability to leverage existing clinical infrastructure, regulatory expertise, and commercial success to enable strong execution
- Estimated multi-billion-dollar global commercial opportunity is expected to lead to long-term, durable revenue growth

2 Potential Best-in-Class Profile

- The only covalent reversible BTK inhibitor in development for pMN, with clear proof of concept
- Rapid onset of action in anti-PLA2R and proteinuria reduction
- Small molecule oral administration provides patient-friendly administration option
- Compelling safety profile with program to-date, including Phase 1/2 study

3 Pipeline-in-a-Product Potential

- B-cell acting mechanism provides development potential in other rare kidney diseases, including immune-mediated FSGS and MCD
- Brings a distinct and complementary immune-mediated mechanism to Travere's portfolio alongside FILSPARI's nephroprotective role
- Multi-indication potential provides opportunity for further diversification and growth alongside and beyond FILSPARI and pegtibatinase

Abbreviations: anti-PLA2R: anti-phospholipase A2 receptor; BTK: Bruton tyrosine kinase; FSGS: focal segmental glomerulosclerosis; MCD: minimal change disease; pMN: primary membranous nephropathy.

TRAVERE® THERAPEUTICS

Key Transaction Terms and Financial Overview

Transaction Summary

- Travere acquires exclusive rights outside of China and certain countries in East and Southeast Asia to develop and commercialize civorebrutinib (EVER001) and will collaborate with Everest Medicines on U.S. and global development plans

Rationale

- Meaningful long-term growth driver that further strengthens Travere's leadership in rare kidney disease and provides potential for long-term revenue growth alongside and beyond FILSPARI and pegtibatinase

Financial Terms

- Upfront payment of $112.5 million upon closing
- Up to ~$1.03 billion in additional cash payments contingent upon key development, regulatory and commercial milestones across up to five potential indications
- Tiered royalties on future net sales in Travere licensed territories, ranging from high single-digit to double-digit percentages based on annual net sales thresholds

Timeline

- The transaction is expected to close in Q3 2026, subject to customary terms and conditions[1]
- With proof-of-concept Phase 1/2 data in pMN and compelling mechanistic rationale across several immune-mediated rare kidney diseases, Travere intends to advance civorebrutinib in multiple late-stage studies in the coming years

Abbreviations: pMN: primary membranous nephropathy.

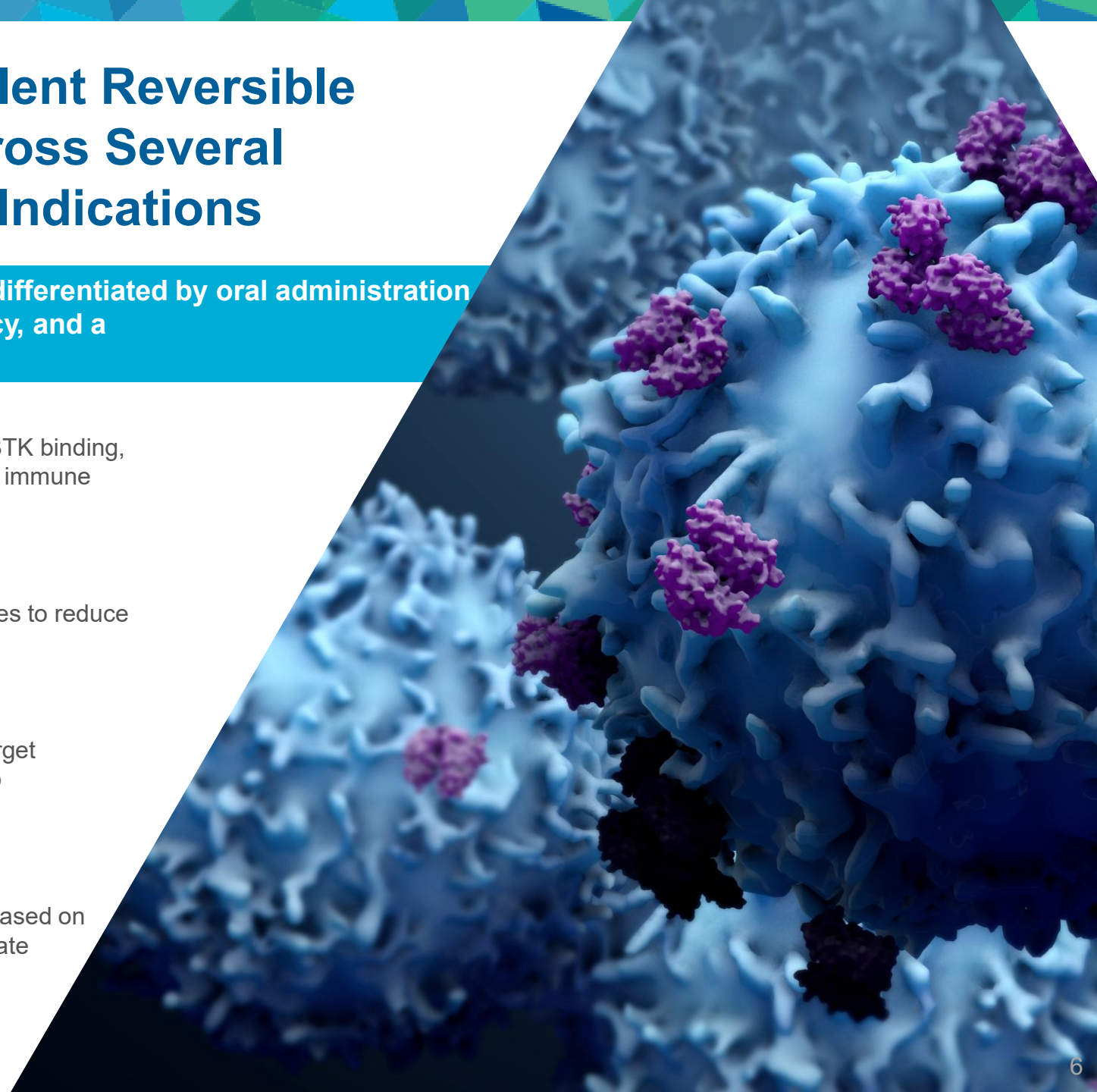
[1] Including expiration or termination of the applicable waiting period under the Hart-Scott-Rodino Antitrust Improvements Act of 1976, as amended.

TRAVERE® THERAPEUTICS

Civorebrutinib is a Potent Covalent Reversible BTK Inhibitor with Potential Across Several Immune-Mediated Rare Kidney Indications

Civorebrutinib is a potential best-in-class BTK inhibitor differentiated by oral administration with rapid onset of action, high selectivity, strong potency, and a potentially favorable safety profile

1 Covalent reversible	Designed for strong yet reversible BTK binding, potentially enabling more controlled immune modulation vs other approaches
2 High selectivity	Highly selective against other kinases to reduce off-target toxicity
3 Potent target binding	Single digit nM potency and high target occupancy at clinical doses leads to sustained target inhibition
4 Potential best-in-class safety profile	Potentially favorable safety profile based on clinical and non-clinical studies to date

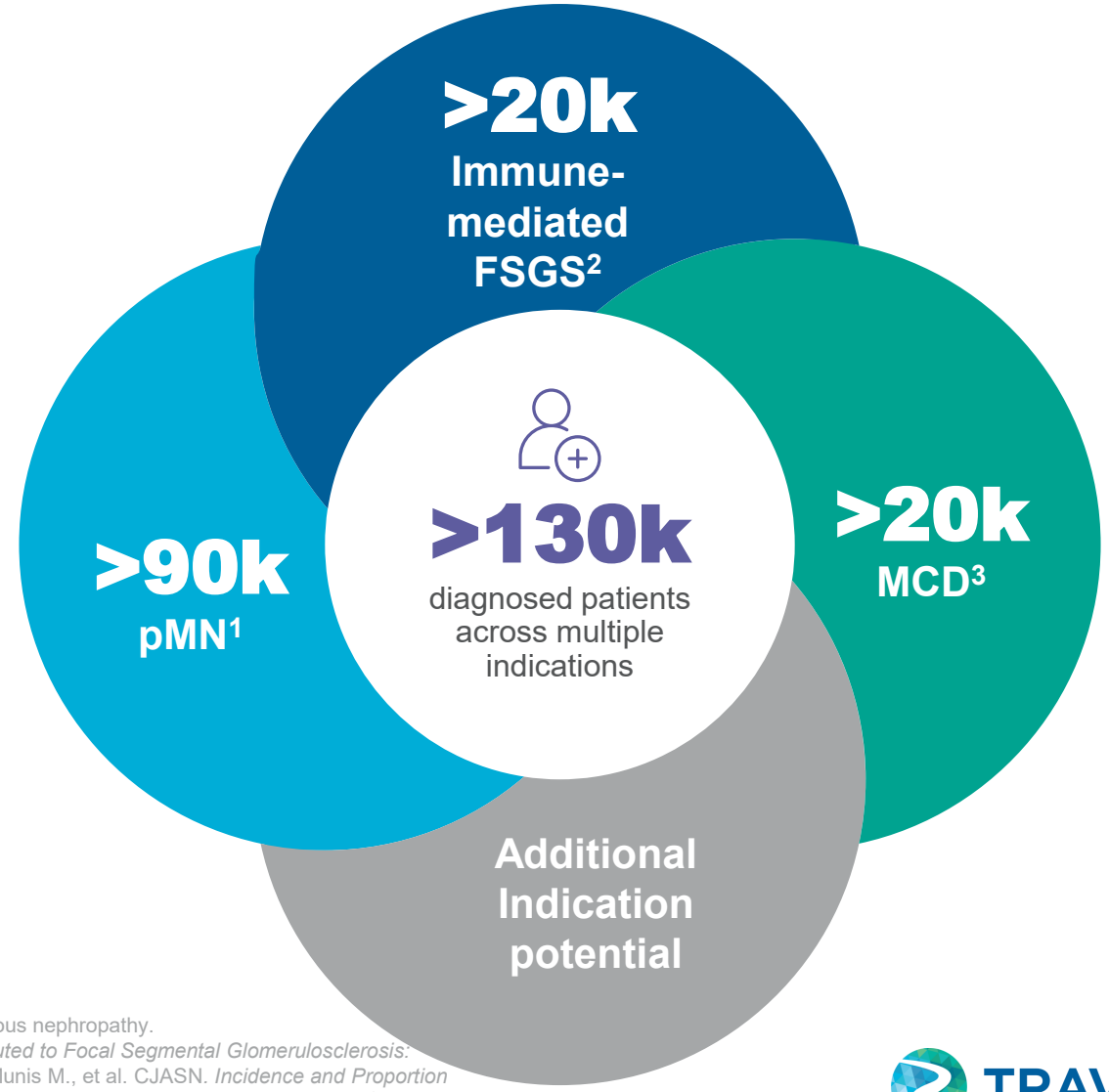


Abbreviations: BTK: Bruton tyrosine kinase.

Significant Diagnosed Patient Population Across Potential Rare Kidney Disease Opportunities

Mechanistic rationale supports further evaluation in immune-mediated FSGS and MCD

Diagnosed Prevalence Cases Across Immune-Mediated Rare Kidney Diseases



Abbreviations: FSGS: focal segmental glomerulosclerosis; MCD: minimal change disease; pMN: primary membranous nephropathy.
[1] Source: Swaminathan S., et al. CJASN, 2006. [2] Source: Bensink M., et al. Kidney Medicine. *Kidney Failure Attributed to Focal Segmental Glomerulosclerosis: A USRDS Retrospective Cohort Study of Epidemiology, Treatment Modalities, and Economic Burden*, 2023, and Munis M., et al. CJASN. *Incidence and Proportion of Primary Focal Segmental Glomerulosclerosis (FSGS) among a Racially and Ethnically Diverse Adult Patient Population between 2010 and 2021*, 2014. [3] Source: Vivarelli M., et al. CJASN. *Minimal Change Disease*, 2016, and Waldman M., et al. CJASN. *Adult minimal-change disease: clinical characteristics, treatment, and outcomes*, 2007.

TRAVERE THERAPEUTICS

Primary Membranous Nephropathy is Among Most Prevalent Nephrotic Syndromes with No Approved Treatment Options

~25%
High Risk
of disease progression[1]

~30%
Relapse
after remission[2]

~30-40%
Refractory to standard of care (SOC)[3]

Despite investigation of other targeted therapies (CD20, BAFF/APRIL, CD38), key gaps remain:

Key Unmet Needs

01. Rapid Disease Control

- SOC (rituximab, CNIs) has slower onset of action, often **taking 9–12 months** to achieve meaningful response
- Delayed response prolongs proteinuria and **drives earlier escalation to cytotoxic therapy** in high-risk patients

02. Safety & Reversibility

- Long-term immunosuppression limits tolerability and **increases infection risk**
- **Lack of reversibility** creates clinical risk when adverse events occur or patient circumstances change

Oral route improves flexibility and reduces burden vs IV therapies

03. Relapse / Refractory Gap

- **Limited safe & effective options** after SOC failure; **re-treatment strategies are inconsistent** and **clinically suboptimal**[4]

[1] Source: Nephrology physicians interviews. [2] Source: Alsharhan L. and Beck Jr LH. AJKD. *Membranous Nephropathy: Core Curriculum 2021*. [3] Source: Nayak S., et al. Clinical Kidney Journal. *Outcomes of primary membranous nephropathy refractory to immunosuppressants*. Research applies to patients receiving advance therapies. [4] Source: KDIGO 2021 Clinical Practice Guideline for the Management of Glomerular Diseases | Volume 100 | Issue 4S | October 2021.

TRAVERE® THERAPEUTICS

Primary Membranous Nephropathy Represents Significant Patient and Community Burden

~60-70%
of patients present with nephrotic syndrome[1,2]

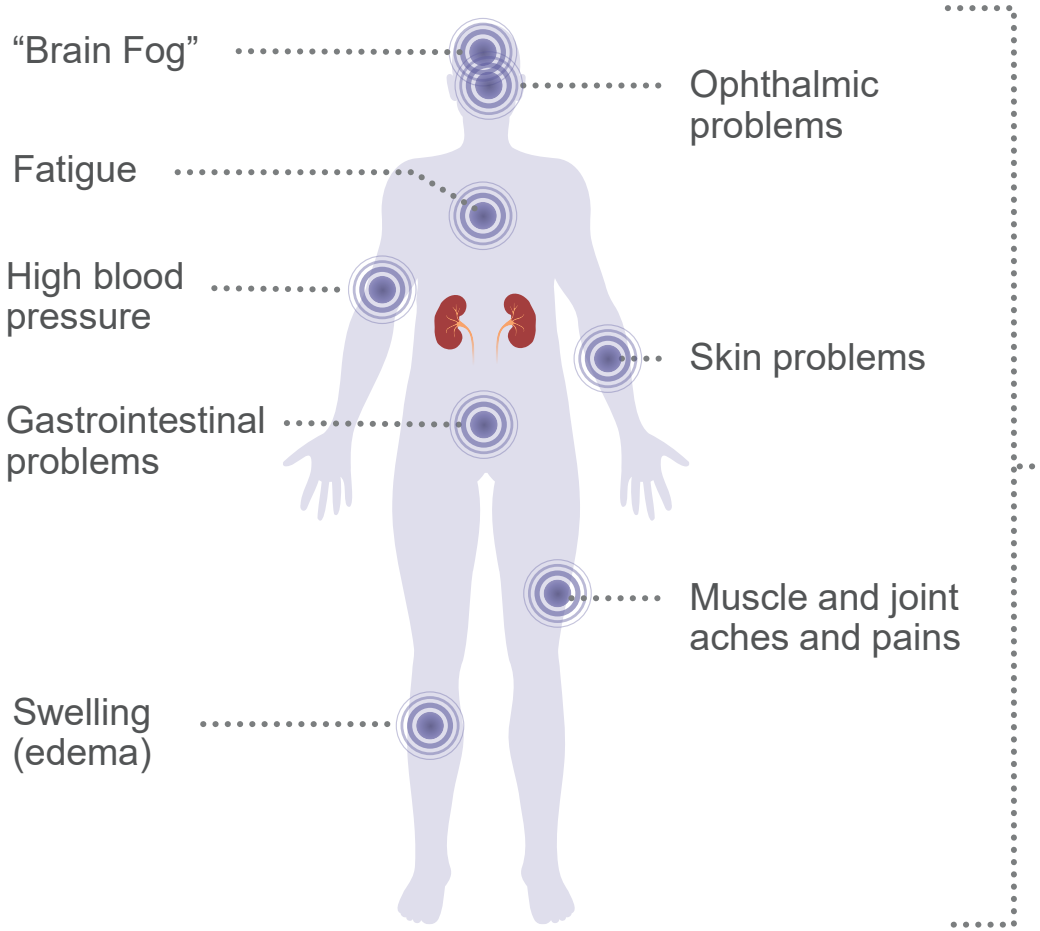
~60%
of patients presenting with sub nephrotic-range proteinuria will progress to full nephrotic syndrome within 1-2 years from presentation[2]

40-50%
of patients with persistent nephrotic syndrome will progress to kidney failure over a period of 10 years[2]

>70%
of patients with pMN report moderate or significant impacts on their daily life[3]

0
approved treatments

Symptoms of pMN



[1] Symptoms include high proteinuria (common range 3.5 g – 20 g/24h), decrease in serum albumin levels, severe swelling, microscopic hematuria. [2] Source: Nature Reviews Nephrology, 2021.
[3] Source: National Kidney Foundation *"Voice of the Patient Report"*, Externally Led Patient-Focused Drug Development Meeting on Membranous Nephropathy. Public Meeting: August 27, 2021. Report Date: May 5, 2023.

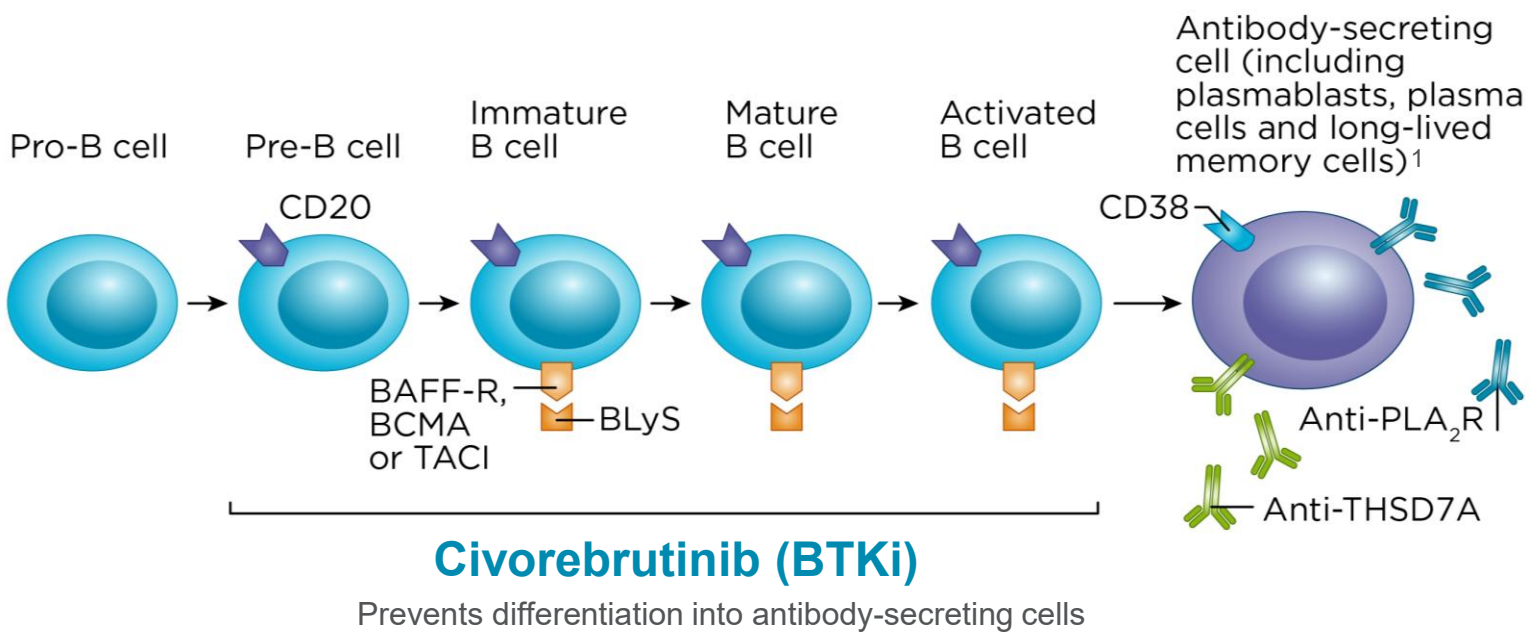
TRAVERE® THERAPEUTICS

BTK Inhibitors Target Multiple Key Nodes in the Pathogenesis of Primary Membranous Nephropathy

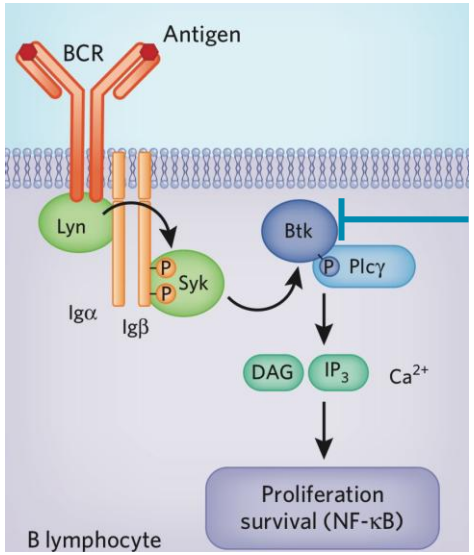
BTK inhibitors suppress B-cell signaling, reducing B-cell activation and proliferation and limiting differentiation into autoantibody-producing plasma cells

BTK inhibitors provide functional B-cell modulation without broad b-cell or immunoglobulin depletion

Oral BTK inhibitors may allow for more rapid recovery of B-cell function following treatment discontinuation, if needed



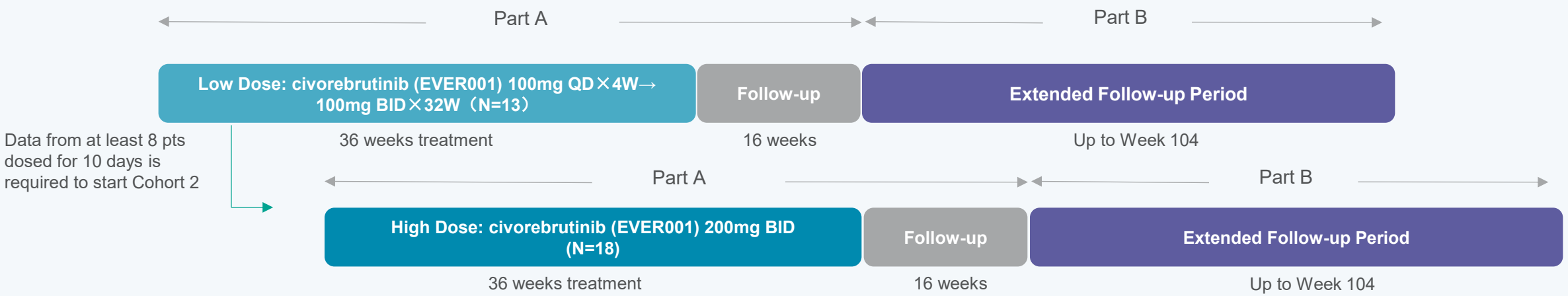
Intracellular site of action[2]



Abbreviations: anti-PLA2R: anti-phospholipase A2 receptor; anti-THSD7A: thrombospondin type-1 domain-containing protein 7A; BAFF: b-cell activating factor; BCMA: b-cell maturation antigen; BlyS: b-Lymphocyte stimulator; BTKi: Bruton tyrosine kinase inhibitor.

[1] Image adopted from Ruggenenti P., et al. *Nature Reviews Nephrology. Treatment of membranous nephropathy: time for a paradigm shift*, 2017. [2] Image adopted from Hendriks R. *New BTK inhibitor holds promise*, Nat Chem Biol 7, 4–5 , 2011.

Phase 1b/2a Study of Civorebrutinib in Patients with pMN with Positive Anti-PLA2R Autoantibody



Key Inclusion and Exclusion Criteria

- Biopsy proven primary membranous nephropathy
- Anti-PLA2R autoantibody > 20 RU/mL
- Nephrotic range proteinuria >3.5 g/24h
- eGFR ≥ 45 mL/min/1.73m^2
- Serum albumin level ≥ 25g/L and IgG ≥ 3g/L
- No use of rituximab, cyclophosphamide and CNIs in 2 years, 6 months and 3 months before study treatment, respectively
- Exclude patients with positive TB test or positive HBsAg

Primary endpoint

- Safety and tolerability

Secondary endpoints

- Percentage change from baseline of 24h proteinuria, anti-PLA2R autoantibody level, UPCR and eGFR
- Complete or partial remission of 24h proteinuria
- Remission of anti-PLA2R autoantibody

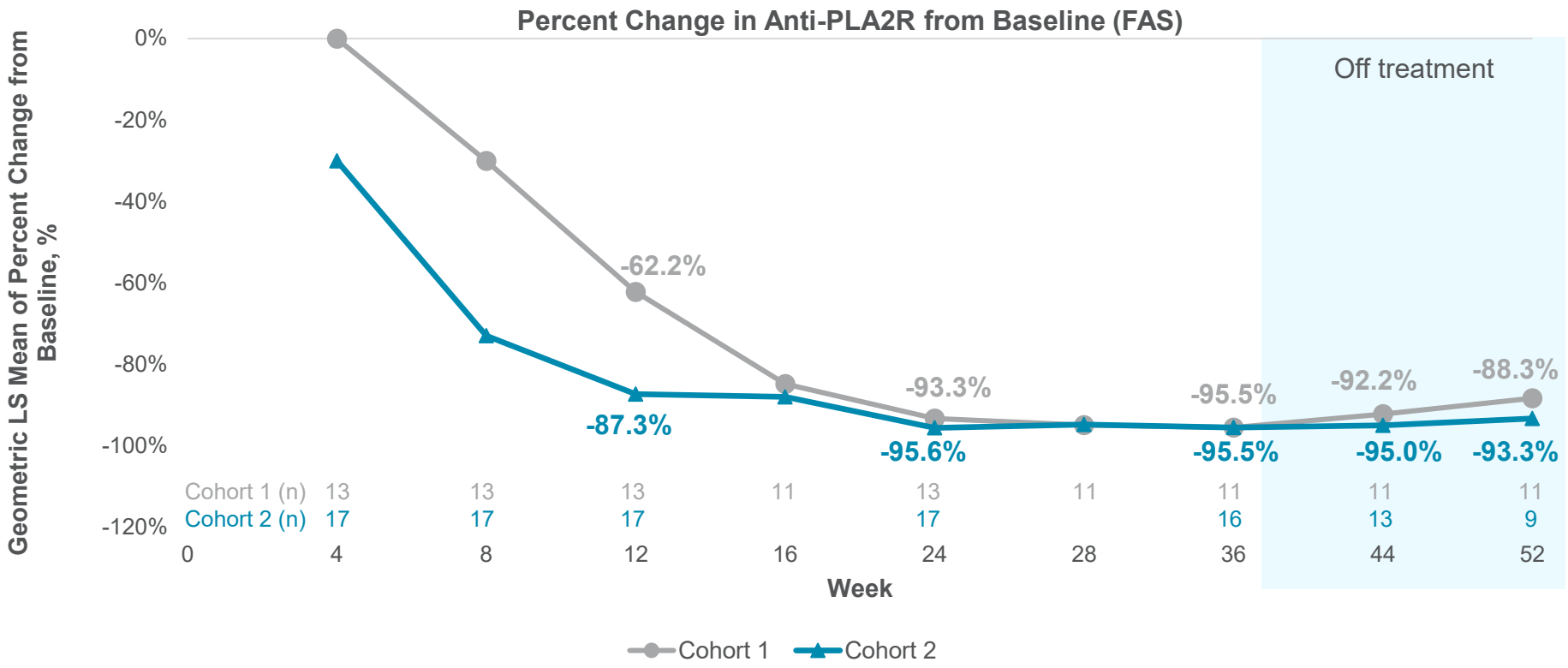
Abbreviations: anti-PLA2R: anti-phospholipase A2 receptor; CNI: calcineurin inhibitor; eGFR: estimated glomerular filtration rate; HBsAg: hepatitis B surface antigen; TB: tuberculosis; UPCR: urine protein to creatinine ratio.

TRAVERE® THERAPEUTICS

Phase 1/2 Proof of Concept: Civorebrutinib Demonstrated Rapid and Sustained Reductions in Key Disease Biomarkers

~90%

reduction in anti-PLA2R by week 12 in a higher-dose cohort



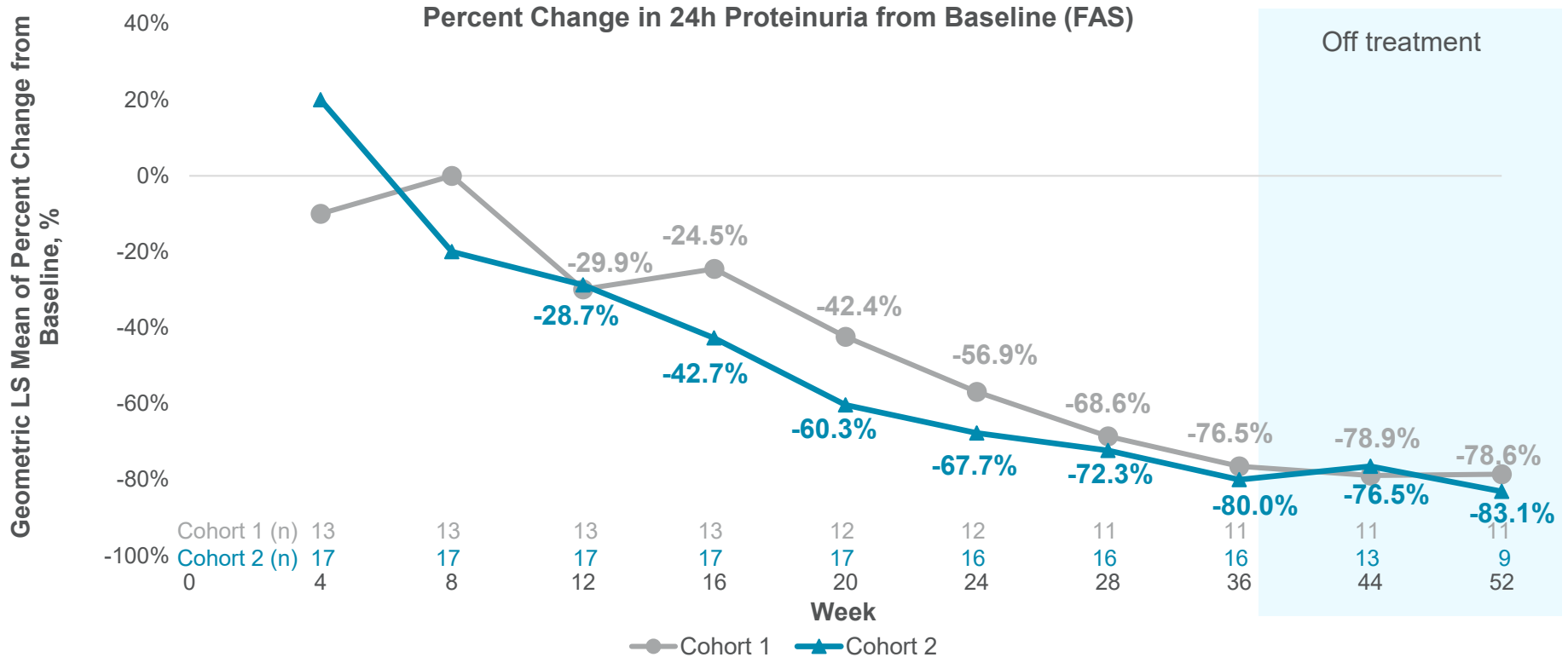
Abbreviations: anti-PLA2R: anti-phospholipase A2 receptor.
Note: data cutoff date: June 12, 2025.

TRAVERE® THERAPEUTICS

Phase 1/2 Proof of Concept: Civorebrutinib Demonstrated Rapid and Sustained Reductions in Key Disease Biomarkers

~80%

reduction in proteinuria in both cohorts by week 36 sustained after treatment discontinuation



Note: data cutoff date: June 12, 2025.

Favorable Safety and Tolerability Profile

No clinically meaningful AEs typically associated with BTK inhibitors, such as neutropenia, hemorrhage, cardiac arrythmia

Category of AEs, n (%)	Cohort 1 (N=13) 100mg QD→ 100mg BID	Cohort 2 (N=18) 200mg BID	Total (N=31)
Treatment emergent AE (TEAE)	12 (92.3)	14 (77.8)	26 (83.9)
Serious TEAE	3 (23.1)	3 (16.7)	6 (19.4)
≥CTCAE Grade 3 TEAE	3 (23.1)	3 (16.7)	6 (19.4)
Treatment-related TEAE	10 (76.9)	8 (44.4)	18 (58.1)
Treatment-related serious TEAE	2 (15.4)	2 (11.1)	4 (12.9)
≥CTCAE Grade 3 treatment-related TEAE	2 (15.4)	2 (11.1)	4 (12.9)
TEAE leading to study treatment discontinued	0	2 (11.1)	2 (6.5)
TEAE leading to study withdrawal	0	2 (11.1)	2 (6.5)
TEAE leading to death	0	0	0

The most common treatment related TEAEs (>= 2 subjects) in all patients were anemia (12.9%), dizziness (9.7%), URTI (6.5%), B-lymphocyte count decreased (6.5%), hyperkalemia (6.5%), palpitations (6.5%), nausea (6.5%), and vomiting (6.5%).

Abbreviations: AE: adverse event; CTCAE: common terminology criteria for adverse events; TEAE: treatment-emergent adverse event; URTI: upper respiratory tract infection.
Note: TEAEs is defined as AEs occurred or worsened in severity or relationship to study treatment from first dose of study treatment throughout the treatment period and including the follow-up period.

TRAVERE® THERAPEUTICS

With the Potential for Rapid, Controllable Immune Modulation, Civorebrutinib is a Viable Candidate to Address Key Gaps in pMN Treatment

Civorebrutinib

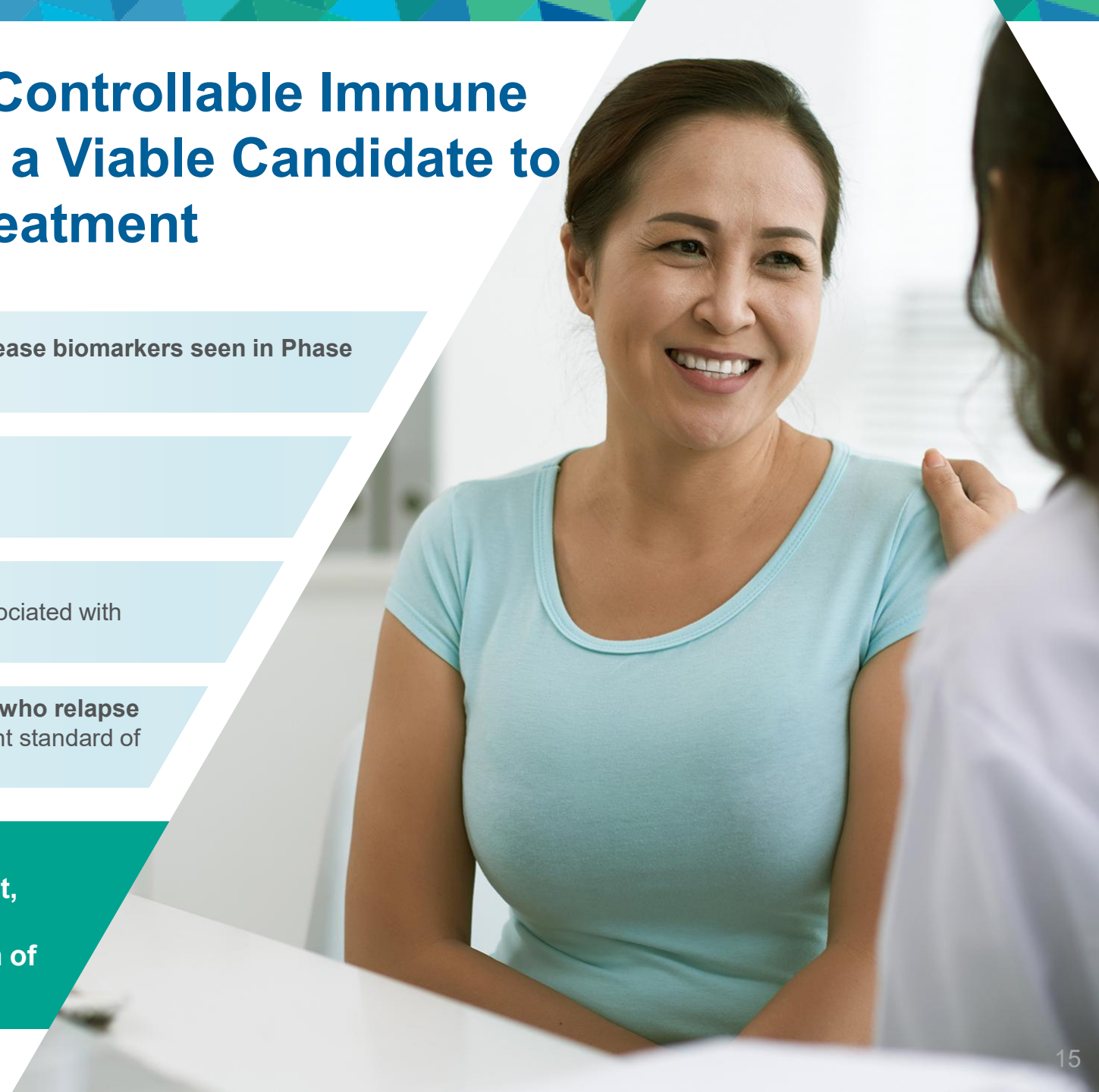
Rapid and sustained reductions in key disease biomarkers seen in Phase 1/2 study (anti-PLA2R and proteinuria)

Oral administration
Convenient patient-friendly option

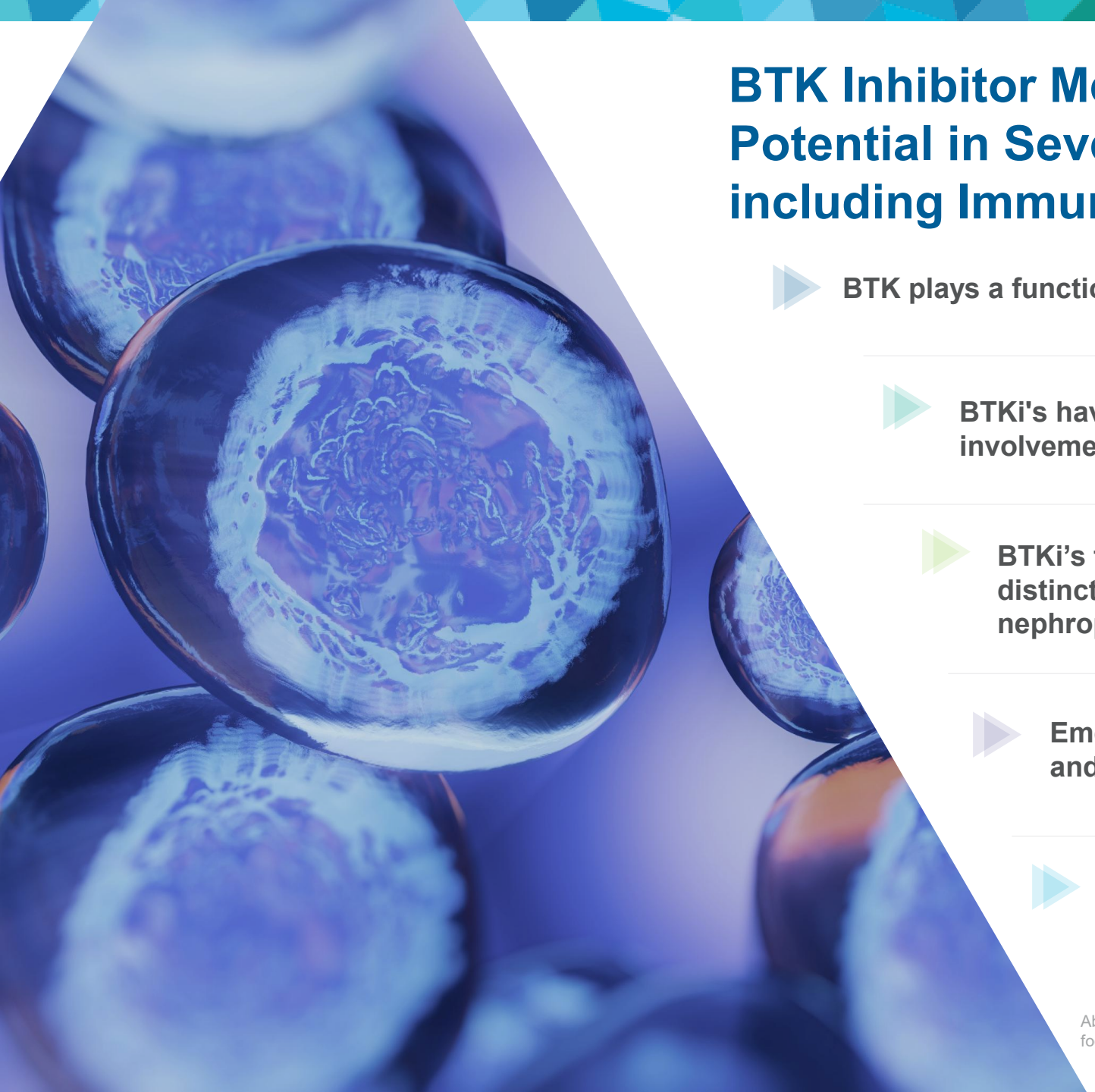
Safety & reversibility
Potential to avoid side effects traditionally associated with immunosuppression

Potential to address **unmet need in patients who relapse or remain inadequately controlled** on current standard of care

Patients at high risk of progression, relapse, or inadequate response to current options need therapies with faster onset, favorable tolerability, and flexible immune modulation, representing an important opportunity for further evaluation of civorebrutinib



Abbreviations: anti-PLA2R: anti-phospholipase A2 receptor; pMN: primary membranous nephropathy.



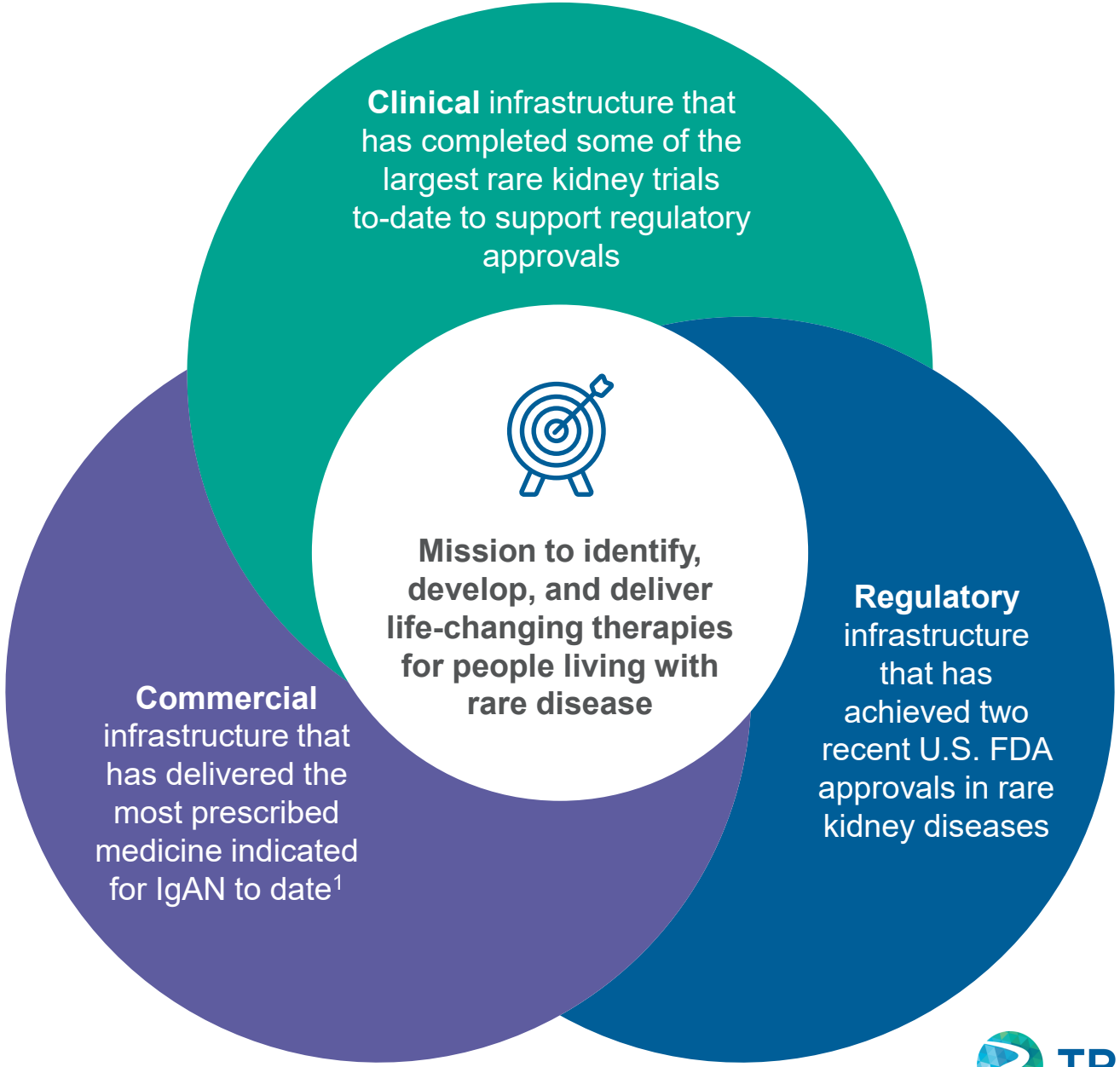
BTK Inhibitor Mechanism Has Promising Potential in Several Rare Kidney Diseases, including Immune-Mediated FSGS and MCD

- BTK plays a functional role in immune cell types involved in FSGS pathology
- BTKi's have a potential role in FSGS with immune cell involvement
- BTKi's target overactivation in the immune system, which is distinct and complementary to mechanisms that are nephroprotective for a heterogeneous disease like FSGS
- Emerging data suggests BTK is expressed in monocytes and macrophages in kidney biopsies of FSGS patients
- BTK biology supports further evaluation of civorebrutinib in selected immune-mediated rare kidney diseases, including FSGS and MCD

Abbreviations: BTKi: Bruton tyrosine kinase inhibitor; FSGS: focal segmental glomerulosclerosis; MCD: minimal change disease.

TRAVERE® THERAPEUTICS

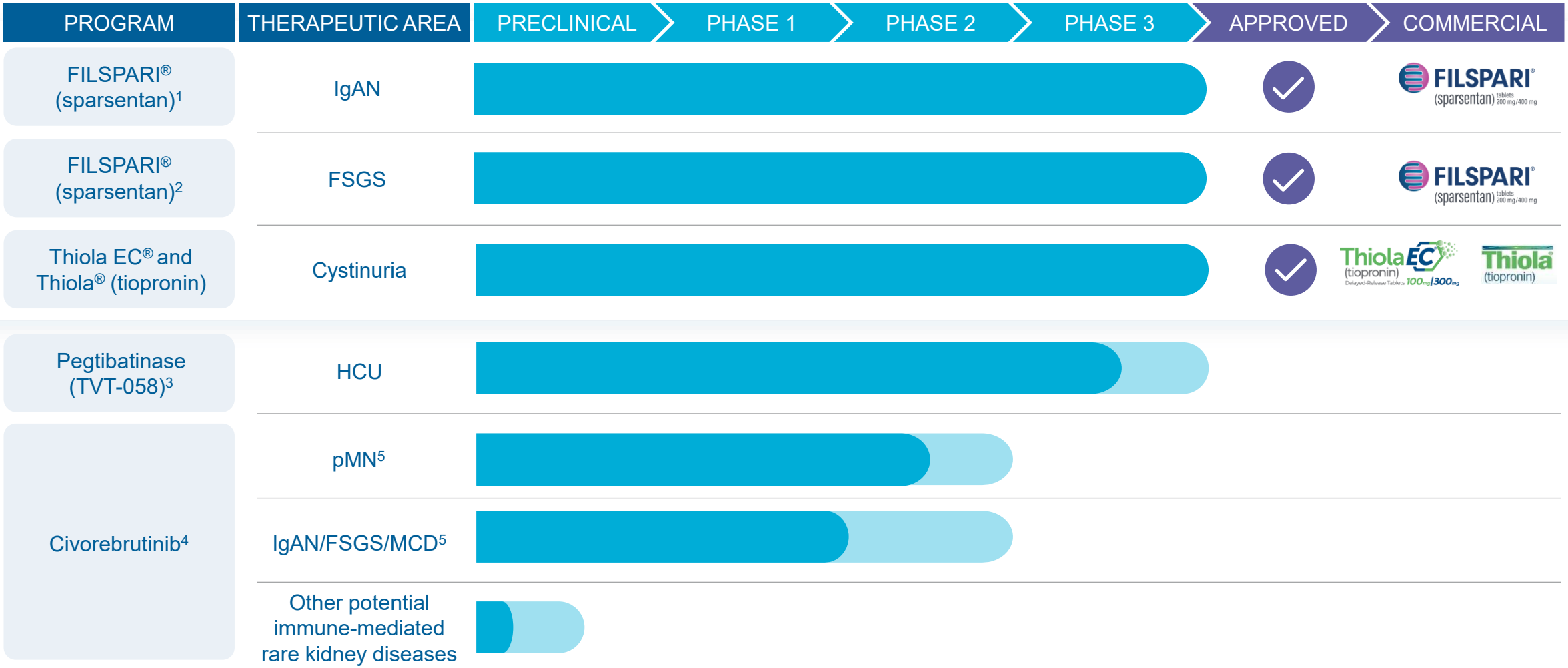
Building on Travere's Leadership and Track Record of Execution in Rare Nephrology



Abbreviations: IgAN: immunoglobulin A nephropathy.
[1] Source: Based on the most recently available prescription claims data.

TRAVERE® THERAPEUTICS

Expanding the Pipeline of Potential Best-in-Class Programs Targeting Rare Kidney and Metabolic Diseases



Abbreviations: IgAN: IgA nephropathy; FSGS: focal segmental glomerulosclerosis; HCU: classical homocystinuria, MCD: minimal change disease; pMN: primary membranous nephropathy.
[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. [4] Transaction is expected to close in Q3 2026. [5] Current Everest Medicines studies.

TRAVERE® THERAPEUTICS

TRAVERE®
THERAPEUTICS

In rare for life.®

TRAVERE®
THERAPEUTICS