

ROYALTY PHARMA



R&D co-funding for TEV-53408

January 2026

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Expanding Teva partnership with R&D funding on TEV-‘408

1

TEV-‘408 – potential BIC anti IL-15 mAB for autoimmune diseases

Emerging Phase 1b vitiligo data support potential BIC efficacy

Attractive subcutaneous profile with potential for quarterly dosing

Phase 2b vitiligo trial targeted to begin in 2026

Phase 2a celiac results in H2 2026

2

Significant unmet patient need in lead indication vitiligo

Chronic skin condition causing areas of skin to lose pigmentation

Significant impact on mental, emotional and social health

~3m U.S. prevalence and RP estimates
>1m patients diagnosed⁽¹⁾

Opzelura (2x daily topical cream) – use restricted to 10% of the body’s surface and the only FDA approved therapy

3

Deal structure provides attractive risk/reward

\$75m for Phase 2b vitiligo study and up to \$425m option to fund Phase 3

RP sees blockbuster sales potential for TEV-‘408 in vitiligo, with upside from additional indications

Transaction expected to deliver unlevered IRR in the teens

R&D funding collaboration on key pipeline program

Deal structure drives attractive risk/reward

- Up to \$500m to co-fund development of TEV-‘408 for vitiligo
- \$75m in funding over time to support Phase 2b development
- Royalty Pharma option to provide up to \$425m in additional funding following Teva’s decision to proceed to Phase 3
- Royalty Pharma entitled to royalties on annual worldwide net sales and milestone payments
- Expected to deliver unlevered IRR in the teens, consistent with our target for development-stage therapies

RP option to scale investment following Phase 2b results

★ Teva provides TEV-‘408 Phase 2b vitiligo results, decision to move into Phase 3

Royalty Pharma provides
\$75m for Phase 2b study

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★ De-risking event

Royalty Pharma and
Teva may co-fund
pivotal program

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Royalty Pharma option
to provide **\$425m** in
additional funding

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Vitiligo – underserved autoimmune condition with high unmet need

Disease background

- Vitiligo is driven by cytotoxic T-cells causing melanocyte destruction and visible depigmentation
- Potentially manifested on the skin (hands, feet, arms, face, etc.), hair and inside of the mouth or nose
- Estimated to affect ~0.5% to 2% of global population⁽¹⁾, with significant impact on mental, emotional and social health
- Incyte's Opzelura, a topical JAK inhibitor applied twice-daily, is the only therapy to receive FDA/EMA approval (granted in 2022/2023)⁽²⁾
- Standard of care therapy includes topicals (Opzelura, corticosteroids, calcineurin inhibitors) and phototherapy, which have limited efficacy and durability

Visible depigmentation from melanocyte destruction



TEV-‘408 – potential first- & best-in-class IL-15 for autoimmune diseases

TEV-‘408 an attractive R&D funding candidate



Potential for best-in-class efficacy and durability

Attractive profile

Self-administered subcutaneously with potential for quarterly dosing

High priority

Teva developed therapy fueling Teva’s “Pivot to Growth” strategy

Broad potential

IL-15 believed to play a key role in various T-cell driven I&I diseases⁽¹⁾

Market dynamics in vitiligo



No approved systemic therapies

~70%

Of patients in RP survey either very or extremely motivated to treat their vitiligo⁽²⁾

High prevalence

>1M U.S. prevalent patients and ~365,000 patients/year receiving care for vitiligo⁽³⁾

Market growth

Underserved market with only ~125,000 U.S. patients on systemic or branded therapy⁽³⁾

I&I: Immunology & Inflammation

1. Other autoimmune diseases in addition to vitiligo and celiac disease include eosinophilic esophagitis, alopecia areata, atopic dermatitis, Sjogren's syndrome, systemic lupus erythematosus and rheumatoid arthritis, among others.

2. Royalty Pharma vitiligo patient survey

3. Royalty Pharma claims analysis.