UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549

FORM 8-K

Current Report Pursuant
to Section 13 or 15(d) of the
Securities Exchange Act of 1934

Date of Report (Date of earliest event Reported): **September 12, 2023**

THERAVANCE BIOPHARMA, INC.
(Exact Name of Registrant as Specified in its Charter)

Cayman Islands	**001-36033**	**98-1226628**
(State or Other Jurisdiction of Incorporation)	(Commission File Number)	(I.R.S. Employer Identification Number)

PO Box 309
Ugland House, South Church Street
George Town, Grand Cayman, Cayman Islands KY1-1104
(650) 808-6000
(Addresses, including zip code, and telephone numbers, including area code, of principal executive offices)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)
☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))
☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
Ordinary Share $0.00001 Par Value	TBPH	NASDAQ Global Market

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§ 230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this chapter).

Emerging growth company ☐

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☐

Item 7.01. Regulation FD Disclosure.

The information in this Current Report (including Exhibit 99.1) is being furnished and shall not be deemed "filed" for the purposes of Section 18 of the Securities Exchange Act of 1934, as amended, or otherwise subject to the liabilities of that Section. The information in this Current Report (including Exhibit 99.1) shall not be incorporated by reference into any registration statement or other document pursuant to the Securities Act of 1933, as amended, except as shall be expressly set forth by specific reference in such filing.

Members of the Theravance Biopharma, Inc. management team will be participating in a fireside chat at the H.C. Wainwright 25th Annual Global Investment Conference on September 12, 2023, also conducting one-on-one meetings with analysts and investors during the conference using a slide presentation which is being furnished pursuant to Regulation FD as Exhibit 99.1 to this Current Report on Form 8-K and is incorporated herein by reference.

Item 9.01. Financial Statements and Exhibits.

(d) Exhibits.

99.1	Slide deck entitled Theravance Biopharma Investor Presentation
104	Cover Page Interactive Data File (cover page XBRL tags embedded within the Inline XBRL document)

SIGNATURE

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

THERAVANCE BIOPHARMA, INC.

Date: September 12, 2023

By: /s/ Aziz Sawaf
Aziz Sawaf
Senior Vice President and Chief Financial Officer

Theravance Biopharma®

Medicines That Make a Difference®

Investor Presentation

September 2023

Forward-Looking Statements

This presentation contains certain "forward-looking" statements as that term is defined in the Private Securities Litigation Reform Act of 1995 regarding, among other things, statements relating to goals, plans, objectives, expectations and future events. Theravance Biopharma, Inc. (the "Company") intends such forward-looking statements to be covered by the safe harbor provisions for forward-looking statements contained in Section 21E of the Securities Exchange Act of 1934, as amended, and the Private Securities Litigation Reform Act of 1995.

Examples of such statements include statements relating to: the Company's repurchase of its ordinary shares by way of an open market share repurchase program, the impact of recent headcount reductions in connection with focusing investments in research, the Company's governance policies and plans, the Company's expectations regarding its allocation of resources and maintenance of expenditures, the Company's goals, designs, strategies, plans and objectives, future YUPELRI sales, the ability to provide value to shareholders, the Company's regulatory strategies and timing of clinical studies, possible safety, efficacy or differentiation of our investigational therapy, and contingent payments due to the Company from the sale of the Company's TRELEGY ELLIPTA royalty interests to Royalty Pharma. These statements are based on the current estimates and assumptions of the management of the Company as of the date of this presentation and are subject to risks, uncertainties, changes in circumstances, assumptions and other factors that may cause the actual results of the Company to be materially different from those reflected in the forward-looking statements. Important factors that could cause actual results to differ materially from those indicated by such forward-looking statements include, among others, risks related to: whether the milestone thresholds can be achieved, delays or difficulties in commencing, enrolling or completing clinical studies, the potential that results from clinical or non-clinical studies indicate the Company's product candidates or product are unsafe, ineffective or not differentiated, risks of decisions from regulatory authorities that are unfavorable to the Company, dependence on third parties to conduct clinical studies, delays or failure to achieve and maintain regulatory approvals for product candidates, risks of collaborating with or relying on third parties to discover, develop, manufacture and commercialize products, and risks associated with establishing and maintaining sales, marketing and distribution capabilities with appropriate technical expertise and supporting infrastructure, ability to retain key personnel, the impact of the Company's recent restructuring actions on its employees, partners and others, the ability of the Company to protect and to enforce its intellectual property rights, volatility and fluctuations in the trading price and volume of the Company's shares, and general economic and market conditions.

Other risks affecting the Company are in the Company's Form 10-Q filed with the SEC on August 9, 2023, and other periodic reports filed with the SEC. In addition to the risks described above and in Theravance Biopharma's filings with the SEC, other unknown or unpredictable factors also could affect Theravance Biopharma's results. No forward-looking statements can be guaranteed, and actual results may differ materially from such statements. Given these uncertainties, you should not place undue reliance on these forward-looking statements. Theravance Biopharma assumes no obligation to update its forward-looking statements on account of new information, future events or otherwise, except as required by law.

Non-GAAP Financial Measures

Theravance Biopharma provides a non-GAAP profitability target and a non-GAAP metric in this presentation. Theravance Biopharma believes that the non-GAAP profitability target and non-GAAP net loss from operations provide meaningful information to assist investors in assessing prospects for future performance and actual performance as they provide better metrics for analyzing the performance of its business by excluding items that may not be indicative of core operating results and the Company's cash position. Because non-GAAP financial targets and metrics, such as non-GAAP profitability and non-GAAP net loss from operations, are not standardized, it may not be possible to compare these measures with other companies' non-GAAP targets or measures having the same or a similar name. Thus, Theravance Biopharma's non-GAAP measures should be considered in addition to, not as a substitute for, or in isolation from, the company's actual GAAP results and other targets.

Strategic Objectives to Drive Value Creation

YUPELRI® revefenacin inhalation solution

- **Continue YUPELRI Net Sales growth** by executing on targeted strategies to capture sizeable niche market
- **Capitalize on PIFR-2 study** results, if successful

Ampreloxetine

- **Drive Phase 3 CYPRESS trial to completion** in MSA patients with symptomatic nOH
- **Position** ampreloxetine for regulatory and commercial success

Financial

- **Complete expanded $325M Capital Return** by end of 2023
- **Achieve non-GAAP[1] profitability** through continued YUPELRI growth and expense management

Theravance Biopharma
Medicines That Make a Difference

1. Non-GAAP profit is expected to consist of GAAP income before taxes less share-based compensation expense and non-cash interest expense. See the section titled "Non-GAAP Financial Measures" on Slide 2 for more information.
MSA, multiple system atrophy; nOH, neurogenic orthostatic hypotension; PIFR, peak inspiratory flow rate.

YUPELRI®
revefenacin inhalation solution

FDA-approved for maintenance treatment of COPD

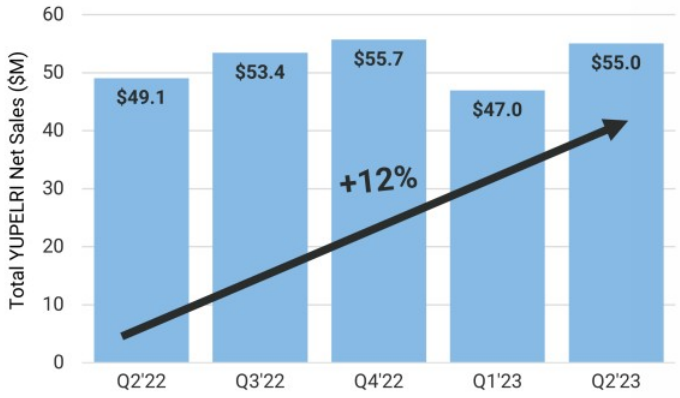
First and only once-daily, LAMA (long-acting muscarinic agent) nebulized maintenance medicine for COPD

Co-promotion agreement with VIATRIS® (35% / 65% Profit Share)

Theravance Biopharma
Medicines That Make a Difference

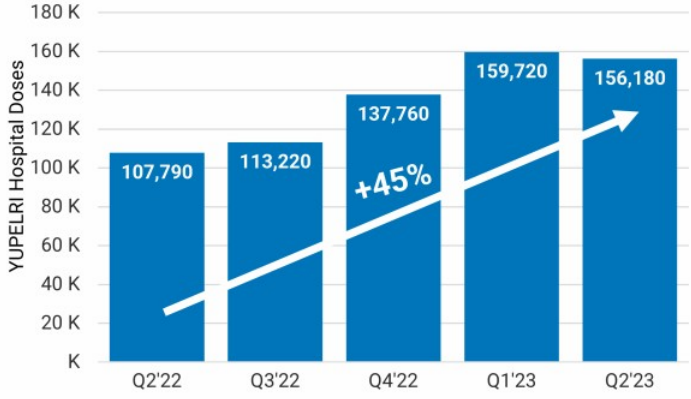
YUPELRI® | Growing Net Sales and Hospital Volume

Net sales increased 12% Q2'23 vs. Q2'22[1]



20% rolling 4-quarter growth through Q2'23

Hospital doses sold increased 45% Q2'23 vs. Q2'22[2]



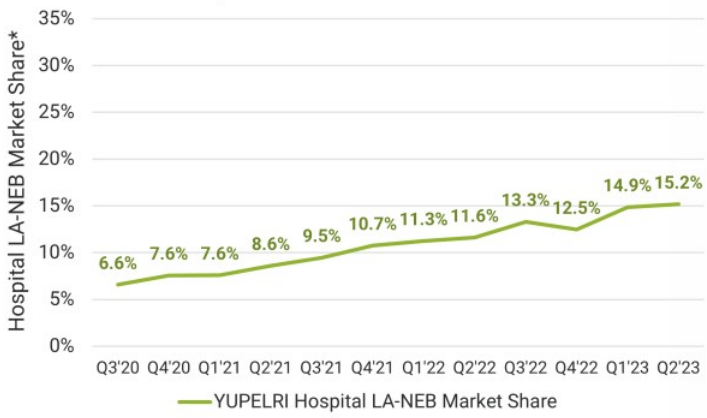
50% rolling 4-quarter growth through Q2'23

Theravance Biopharma
Medicines That Make a Difference

1. In the US, Viatris is leading the commercialization of YUPELRI, and Theravance Biopharma co-promotes the product under a profit and loss sharing arrangement (65% to Viatris; 35% to Theravance Biopharma).
2. Source: IQVIA DDD, HDS, VA and Non-Reporting Hospital through 6/30/2023. Preliminary data subject to revision upon receipt of final data.

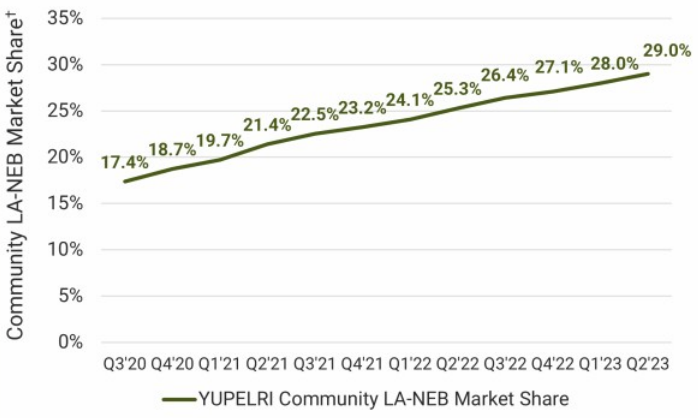
YUPELRI® Hospital and Community Share Trends

Hospital LA-NEB Market Share



Most patients who receive YUPELRI ® in the hospital are discharged with an Rx[1]

Community LA-NEB Market Share



Patients continue treatment in the community setting which is inclusive of both the retail and DME channels

LA-NEB Market: YUPELRI, BROVANA, LONHALA, PERFOROMIST, arformoterol, formoterol

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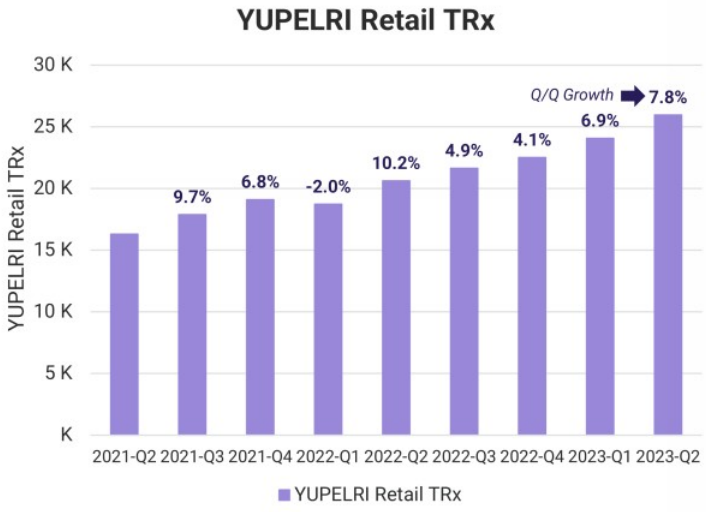
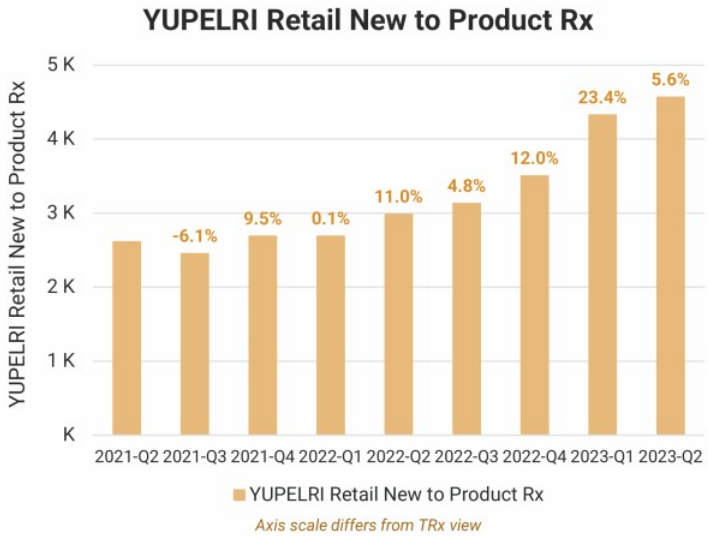
1. Joint VTRS/TBPH Market Research.
* Hospital LA-NEB Market Share - IQVIA DDD through 6/30/2023.
†Community LA-NEB Market Share includes Retail + DME / Med B FFS through May'23.

YUPELRI® Retail Trends

TRx and New Patient Starts Continue to Reach New Quarterly Highs





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Source: Symphony Health METYS Prescription Dashboard through 6/30/2023.

Substantial Opportunity for Further YUPELRI® Growth

Current COPD Patients on Nebulized Therapy

Long-Acting Nebulized Maintenance Patients

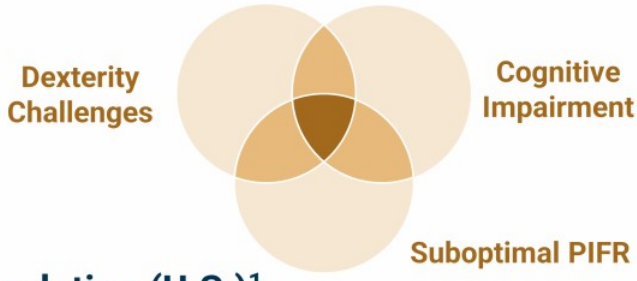
~200K Current Long-Acting Neb Patients

Patients Using Short-Acting Nebulized Therapy

~200K Patients Inappropriately Using Short-Acting Nebulized Treatments for Maintenance Therapy

COPD Patients Who Could Benefit from Nebulized Therapy

~1.5M Patients on Handheld-Only Maintenance Regimens who Remain Symptomatic



Addressable Patient Population (U.S.)[1]

~2M Patients for Whom YUPELRI May Be Appropriate

~60K patients estimated to be on YUPELRI currently

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Medicines That Make a Difference

1. Addressable patient population quantifies the number of patients within the intended target profile.
Sources: Citeline Pharma Custom Intelligence Primary Research April 2023, Symphony Health METYS Prescription Dashboard, SolutionsRx Med B FFS.
COPD, chronic obstructive pulmonary disease; PIFR, peak inspiratory flow rate.

Development

YUPELRI PIFR-2 Last patient enrolled; top-line disclosure anticipated Jan ’24

CYPRESS (ampreloxetine) Last patient enrolled anticipated H2 ‘24

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Medicines That Make a Difference

YUPELRI®:
Phase 4 Randomized, Double-Blind, Parallel-Group Study (PIFR-2)

Sample size

- N = Up to 488 GOLD 3 and 4 patients
- Top-line disclosure anticipated Jan '24

Endpoints

- **Primary:** Change from baseline in trough FEV_1 (Day 85)
- **Key secondary:** Trough overall treatment effect on FEV_1

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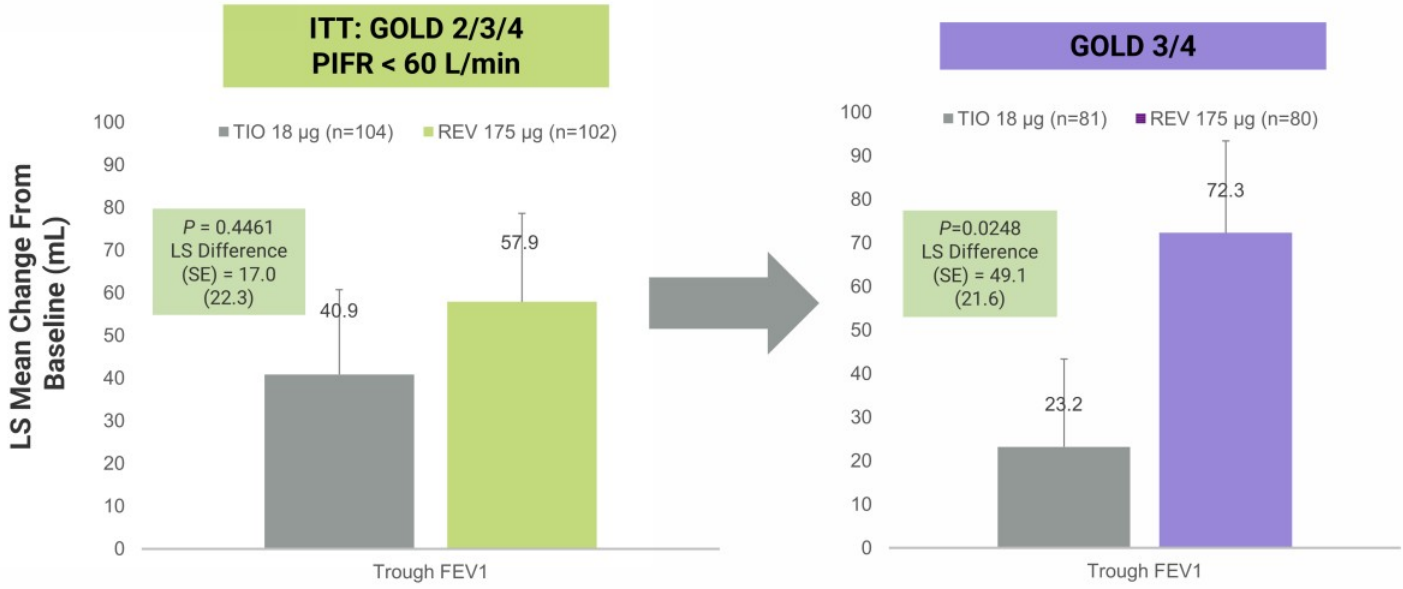
Medicines That Make a Difference

Phase 4, Randomized, Double-Blind, Parallel-Group Study in Adults With Severe-to-Very-Severe COPD and Suboptimal Inspiratory Flow Rate.
*Dry powder inhaler (Spiriva® HandiHaler®).
COPD, chronic obstructive pulmonary disease; FEV_1, forced expiratory volume in 1 second; PIFR, peak inspiratory flow rate.

PIFR-1 Experience Informed PIFR-2 Design



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Medicines That Make a Difference

Chronic Obstr Pulm Dis. 2019; 6(4): 321–331.

Note: The ns shown are the numbers in the analysis set or subset. Evaluable ns are 90 (Tio) and 89 (Rev) for the ITT analysis and 70 (Tio) and 70 (Rev) for the subset analysis.

FEV1, forced expiratory volume in one second; ITT, intent-to-treat; LS, least squares; PIFR, peak inspiratory flow rate; REV, revefenacin; SE, standard error; TIO, tiotropium.

Ampreloxetine

Investigational once-daily norepinephrine reuptake inhibitor

For symptomatic neurogenic orthostatic hypotension (nOH) in multiple system atrophy (MSA) patients

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The Ampreloxetine Opportunity:
Symptomatic nOH in MSA

Multiple system atrophy (MSA) is a rare, progressive neurologic disorder characterized by misfolded α-synuclein in regions of the brain. It impacts autonomic processes, including blood pressure regulation and motor control and symptoms can include slow movement, rigid muscles and poor balance[1].

Neurogenic orthostatic hypotension (nOH) is a common symptom of MSA, involving impaired regulation of standing blood pressure, due to autonomic dysfunction. Symptoms include dizziness, feeling faint, vision problems and weakness.

Approximately 50,000 persons in the U.S. suffer from MSA, and 70-90% of MSA patients (35K to 45K) experience symptoms of nOH[2,3].

Current therapies addressing nOH symptoms suffer from significant safety, dosing and durability limitations.

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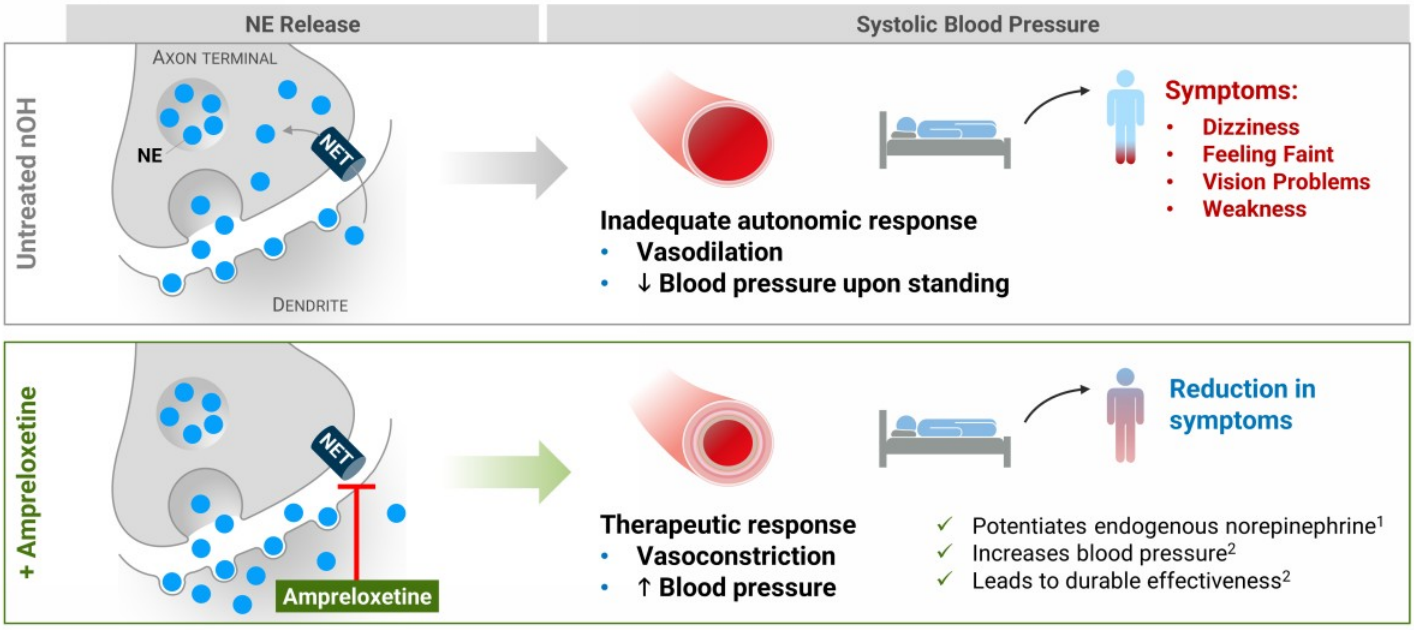
Medicines That Make a Difference

1. Wan, L., Zhu, S., Chen, Z. et al., Transl Neurodegener 12, 38 (2023).
2. UCSD Neurological Institute (25K-75K, with ~10K new cases per year); NIH National Institute of Neurological Disorders and Stroke (15K-50K).
3. Delveinsight MSA Market Forecast (2023); Symptoms associated with orthostatic hypotension in pure autonomic failure and multiple systems atrophy, CJ Mathias (1999).
MSA, multiple system atrophy; nOH, neurogenic orthostatic hypotension.

Ampreloxetine: Designed to Reduce Symptoms in MSA



Palma JA, Kaufmann H. Mov Disord Clin Pract 2017;4:298-308.

1. Data from MSA patients reported after 4 weeks of ampreloxetine administration in study 0169.
2. Data from MSA patients at week 6 of the randomized withdrawal period of study 0170.

MSA, multiple system atrophy; NE, norepinephrine; NET, norepinephrine transporters; nOH, neurogenic orthostatic hypotension.

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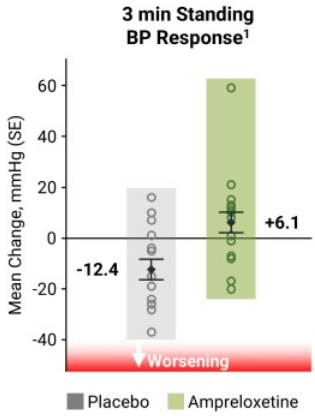
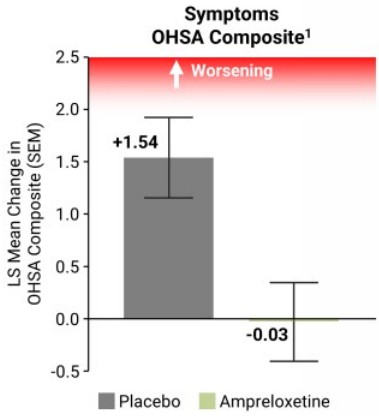
Medicines That Make a Difference

Study 0170: Ampreloxetine Prevented Blood Pressure Drop and Symptoms Worsening in MSA[1]





- In Study 0170, Ampreloxetine demonstrated a standing blood pressure improvement of 18.5mm Hg compared to placebo
- In a prespecified analysis of 38 MSA patients in Study 0170, Ampreloxetine demonstrated a clinically meaningful and statistically significant improvement in the OHSA Composite score[2] compared to placebo
- The OHSA Composite Score has been chosen as the primary endpoint in Theravance's ongoing CYPRESS Phase 3 study

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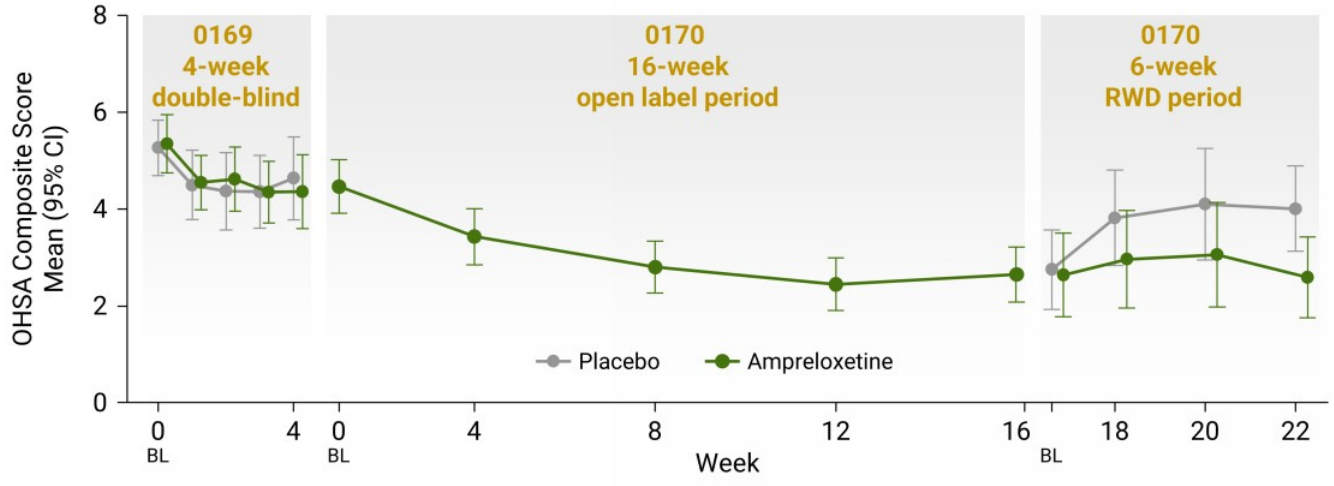
Medicines That Make a Difference

1. Data from MSA patients at week 6 of the randomized withdrawal period of study 0170 (n=33 for BP response, n=38 for OHSA Composite).
2. The OHSA Composite is a neurological assessment tool measuring six clinical symptoms of nOH – dizziness, vision problems, weakness, fatigue, trouble concentrating and head/neck discomfort

BP, blood pressure; LS, least-squares; MSA, multiple system atrophy; OHSA, orthostatic hypotension symptom assessment; SE, standard error; SEM, standard error of mean.

Studies 0169/0170: Ampreloxetine Delivered Durable Symptom Improvements in MSA



Placebo, n=	33	31			20		18
Ampreloxetine, n=	34	32	64	42	20		20

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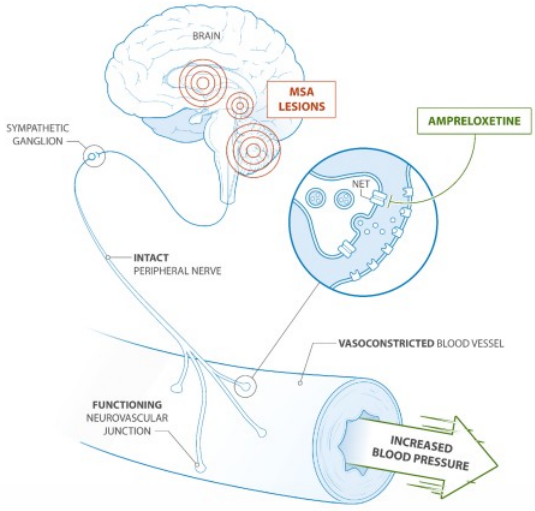
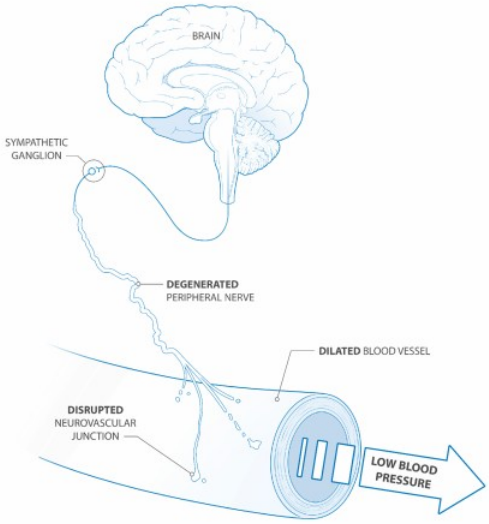
CI, confidence interval; MSA, multiple system atrophy; OHSA, Orthostatic Hypotension Symptom Assessment; OL, open-label; RW, randomized withdrawal.

Effective Treatment Requires Intact Peripheral Nerves

Multiple System Atrophy
Central Degeneration



Parkinson's Disease/Pure Autonomic Failure
Peripheral Degeneration



Theravance Biopharma
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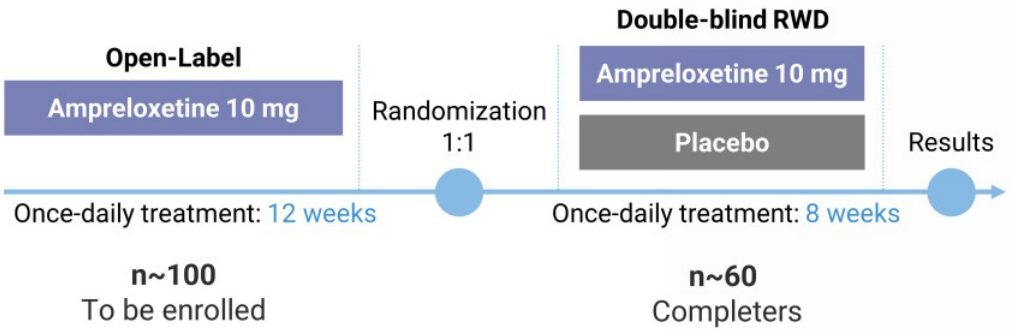
REFERENCES:
Fanciulli A, Wenning GK. Multiple-system atrophy. *N Engl J Med.* 2015;372(3):249-263.
Jordan J, Shibao C, Biaggioni I. Multiple system atrophy: using clinical pharmacology to reveal pathophysiology. *Clin Auton Res*. 2015;25(1):53-59.
MSA, multiple system atrophy.

CYPRESS:
Phase 3 randomized withdrawal (RWD) study in patients with MSA

High Probability of Technical Success



n~100
To be enrolled

n~60
Completers

CYPRESS KEYS:

- **Primary Endpoint: Change in OHSA Symptoms Composite Score**
  - **Reduces Variability vs. Individual Symptom Score**
  - **Informed by Study 0170 Result**
- **Refined Duration of Open-Label and RWD Periods Based on 0170 Result**
- **Aligned with FDA**

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Medicines That Make a Difference

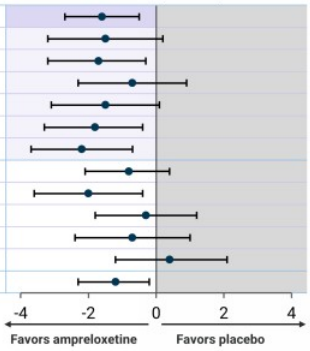
Enrichment Strategies for Clinical Trials to Support Determination of Effectiveness of Human Drugs and Biological Products Guidance for Industry
https://www.fda.gov/media/121320/download
MSA, multiple system atrophy; OHSA, Orthostatic Hypotension Symptom Assessment; RWD, randomized withdrawal design.

The Unique Benefits of Ampreloxetine Treatment

Unique mechanism and durable efficacy

First-in-class therapy effective in treating a **constellation of cardinal symptoms in MSA patients:**

Study 0170 OHQ Questionnaire Scores		LS Mean (95% CI)
OHSA	**Symptoms composite score**	-1.6 (-2.7, -0.5)
	Dizziness	-1.5 (-3.2, 0.2)
	Vision	-1.7 (-3.2, -0.3)
	Weakness	-0.7 (-2.3, 0.9)
	Fatigue	-1.5 (-3.1, 0.1)
	Trouble concentrating	-1.8 (-3.3, -0.4)
	Head/neck discomfort	-2.2 (-3.7, -0.7)
OHDAS	**Daily activities composite score**	-0.8 (-2.1, 0.4)
	Standing short time	-2.0 (-3.6, -0.4)
	Standing long time	-0.3 (-1.8, 1.2)
	Walking short time	-0.7 (-2.4, 1.0)
	Walking long time	0.4 (-1.2, 2.1)
OHQ composite score		-1.2 (-2.3, -0.2)



Improvement seen in **activities of daily living** that require walking and standing for a short time could favorably impact caregiver burden[1]

Patient-friendly dosing

MSA patients may have **difficulty swallowing**:

- **Once-daily dosing, single 10mg tablet**
- Low dosing frequency improves compliance
- Decreases caregiver burden

Differentiated safety profile

Supine hypertension with droxidopa and midodrine[2,3]

Absence of a signal would be a differentiator:

- Available to patients with supine hypertension
- Can be taken any time of day/night
- Potential to be combined with other drugs

Theravance Biopharma
Medicines That Make a Difference

Reflects Theravance Biopharma's expectations for ampreloxetine based on clinical trial data to date. Ampreloxetine is in development and not approved for any indication. Data on file. 1. Data from MSA patients at week 6 of the randomized withdrawal period of study 0170. 2. NORTHERA® (droxidopa) [package insert]. Deerfield, IL: Lundbeck. 2014. 3. ProAmatine® (midodrine hydrochloride) [Warning Ref 4052798]. Lexington, MA: Shire. 2017. CI, confidence interval; MSA, multiple system atrophy; OHDAS, orthostatic hypotension daily activity scale; OHQ, orthostatic hypotension questionnaire; OHSA, Orthostatic Hypotension Symptom Assessment.

Ampreloxetine's Significant Potential

MSA Prevalence	Prevalence of nOH in MSA Patients	Addressable Patient Population
~50K MSA patients in U.S.[1] (orphan disease)	**70%-90%** of MSA patients experience **nOH** symptoms[2]	**35K – 45K** MSA patients with nOH symptoms

Competitive Analysis:

- No approved therapy has demonstrated a durable effect on nOH symptoms[1,2]
- In about half of patients with nOH, supine hypertension complicates management[3]
- Many MSA patients remain inadequately managed for nOH symptoms, despite available therapies[4]
- Long-term adherence remains low, despite genericization of approved treatments[4,5]

Ampreloxetine Should:

- Achieve market leadership as the only treatment proven to deliver durable nOH symptom improvement in MSA patients as measured by OSHA Composite
- Deliver considerable quality of life improvements to patients and caregivers
- Improve rates of compliance and persistence within the treated population
- Significantly expand the percentage of MSA patients treated for nOH symptoms

Theravance Biopharma
Medicines That Make a Difference

Reflects Theravance Biopharma's expectations for ampreloxetine based on clinical trial data to date. Ampreloxetine is in development and not approved for any indication. Data on file.
1. UCSD Neurological Institute (25K-75K, with ~10K new cases per year); NIH National Institute of Neurological Disorders and Stroke (15K-50K). 2. Delveinsight MSA Market Forecast (2023); Symptoms associated with orthostatic hypotension in pure autonomic failure and multiple systems atrophy, CJ Mathias (1999). 3. NORTHERA® (droxidopa) [package insert]. Deerfield, IL: Lundbeck. 2014. 4. ProAmatine® (midodrine hydrochloride) [Warning Ref 4052798]. Lexington, MA: Shire. 2017.
MSA, multiple system atrophy; nOH, neurogenic orthostatic hypotension; OHSA, Orthostatic Hypotension Symptom Assessment.

Financial Update

Theravance Biopharma
Medicines That Make a Difference

Second Quarter 2023 Financials

($, in thousands)	Three Months Ended June 30, 2023 (Unaudited)	Three Months Ended June 30, 2022 (Unaudited)	Six Months Ended June 30, 2023 (Unaudited)	Six Months Ended June 30, 2022 (Unaudited)
Revenue:				
Viatris collaboration agreement	$ 13,743	$ 10,878	$ 24,154	$ 21,565
Collaboration revenue	6	172	12	181
Licensing revenue	-	-	-	2,500
Total revenue	13,749	11,050	24,166	24,246
Costs and expenses:				
Research and development (1)	9,425	14,924	23,997	38,177
Selling, general and administrative (1)	19,278	16,222	38,461	34,064
Restructuring and related expenses (1)	1,169	3,005	2,743	12,329
Total costs and expenses	29,872	34,151	65,201	84,570
Loss from continuing operations (before tax and other income & expense)	**$ (16,123)**	**$ (23,101)**	**$ (41,035)**	**$ (60,324)**
Income from discontinued operations (before tax)	**-**	**14,602**	**-**	**28,915**
Share-based compensation expense:				
Research and development	1,855	2,909	4,296	7,439
Selling, general and administrative	4,409	5,030	8,632	10,528
Restructuring and related expenses	-	1,770	357	6,287
Total share-based compensation expense	6,264	9,709	13,285	24,254
Operating expense excl. share-based compensation and one-time expenses:				
R&D operating expense (excl. share-based comp and restructuring exp.)	7,570	12,015	19,701	30,738
SG&A operating expense (excl. share-based comp and restructuring exp.)	14,869	11,192	29,829	23,536
Total operating expenses excl. share-based compensation and one-time expenses	**$ 22,439**	**$ 23,207**	**$ 49,530**	**$ 54,274**
Non-GAAP net loss from continuing operations (2)	**$ (7,355)**	**$ (13,089)**	**$ (22,267)**	**$ (38,279)**

Theravance Biopharma
Medicines That Make a Difference

1. Amounts include share-based compensation.
2. Non-GAAP net loss from continuing operations consists of GAAP net loss before taxes excluding share-based compensation expense and non-cash interest expense; see reconciliation on Slide 20 and the section titled "Non-GAAP Financial Measures" on Slide 2 for more information.

Second Quarter 2023 Financials
(Cont'd)

Reconciliation of GAAP to Non-GAAP Net Loss from Continuing Operations
(In thousands)

	Three Months Ended June 30,		Six Months Ended June 30,	
	2023	2022	2023	2022
	(Unaudited)		(Unaudited)	
GAAP Net Loss from Continuing Operations	$ (15,645)	$ (22,793)	$ (37,733)	$ (63,052)
Adjustments:				
Share-based compensation expense	6,264	9,709	13,285	24,254
Non-cash interest expense	568	-	1,118	-
Income tax expense (benefit)	1,458	(5)	1,063	519
Non-GAAP Net Loss from Continuing Operations	**$ (7,355)**	**$ (13,089)**	**$ (22,267)**	**$ (38,279)**

See the section titled "Non-GAAP Financial Measures" on Slide 2 for more information.

Q2 2023 Financial Highlights

Significant Capital Returns from a Position of Strength

Metric	Q2 '23 (M)	Q2 '22 (M)	Note
VIATRIS Collaboration Revenue	$13.7	$10.9	
SG&A and R&D Expense, ex-SBC & One-time Items	$22.4	$23.2	
Share-Based Compensation	$6.3	$7.9	• Excluding restructuring expenses in Q3'22
Non-GAAP Loss from Continuing Operations[1]	($7.4)	($13.1)	• ~($6.2M) in Q2'23, excluding non-cash impairment charge related to sale of lab equipment
Cash and Cash Equivalents[2] (as of quarter-end)	$167.5	$132.9	• >$80M of share buybacks in Q2'23
Debt (as of quarter-end)	$0.0	$624.7	
Shares Outstanding (as of quarter-end)	53.7	76.4	• ~7.3M shares repurchased in Q2'23

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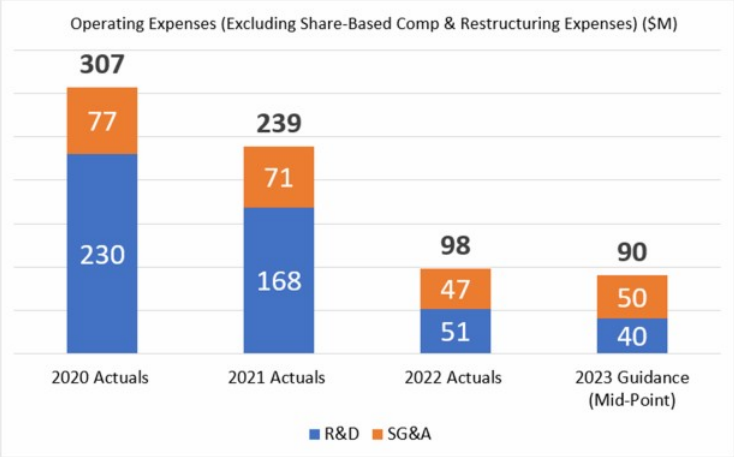
Medicines That Make a Difference

1. Non-GAAP loss from continuing operations consists of GAAP loss before taxes excluding share-based compensation expense and non-cash interest expense; see reconciliation on Slide 20 and the section titled "Non-GAAP Financial Measures" on Slide 2 for more information.
2. Cash, cash equivalents and marketable securities.
SBC, Share-Based Compensation.

2023 Financial Guidance

Expect to Generate Non-GAAP[1] Profit in 2H 2023

- 2023 OPEX Guidance Range:
  - R&D: $35M - $45M
  - SG&A: $45M - $55M
- Guidance Excludes:
  - Non-cash share-based compensation
  - Non-recurring costs:
    - Incurred $1.6M in Q1'23 associated with headcount reduction, $1.2M in Q2'23 associated with lab equipment sale
    - No further severance and termination costs expected
- Share-Based Compensation:
  - Expected to decline materially in 2023 vs. 2022
  - Q2'23 down 21% Y/Y, excluding restructuring costs, and 35%, including restructuring



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1. Non-GAAP profit is expected to consist of GAAP income before taxes less share-based compensation expense and non-cash interest expense; see the section titled "Non-GAAP Financial Measures" on Slide 2 for more information.

$325 Million Capital Return Program

On Track to Complete Program by Year-End

Complete ($95M)

✓ ~$95M: Purchased GSK's equity stake in Theravance (Sep'22) and completed Dutch auction tender offer (Nov'22)

Open Market Share Buybacks Complete ($169M)

✓ >$80M completed in Q2 2023

At 6/30/23: ~$264M completed overall; ~$61M remaining in capital return program

TRELEGY ELLIPTA Milestones and Royalties

GSK's TRELEGY ELLIPTA (FF/UMEC/VI): First and only once-daily single inhaler triple therapy

Mid-Term Value

Up to $250M of Sales-based milestones[1,2] between 2023–2026:

Year	Royalties[2]	Global Net Sales Equivalent	Milestone
2023	$240M	$2,863M	$50M
2024[1]	$240M	$2,863M	$25M
	$275M	$3,213M	$50M
2025[1]	$260M	$3,063M	$25M
	$295M	$3,413M	$50M
2026[1]	$270M	$3,163M	$50M
	$305M	$3,513M	$100M

Q2'23 Net Sales of $760M |YTD Net Sales of $1.33B[4]

Long-Term Value

Outer-Year Royalties[3] return in 2029:

- Ex-US royalties return Jul. 1, 2029
- US royalties return after Jan. 1, 2031
- Paid directly from Royalty Pharma

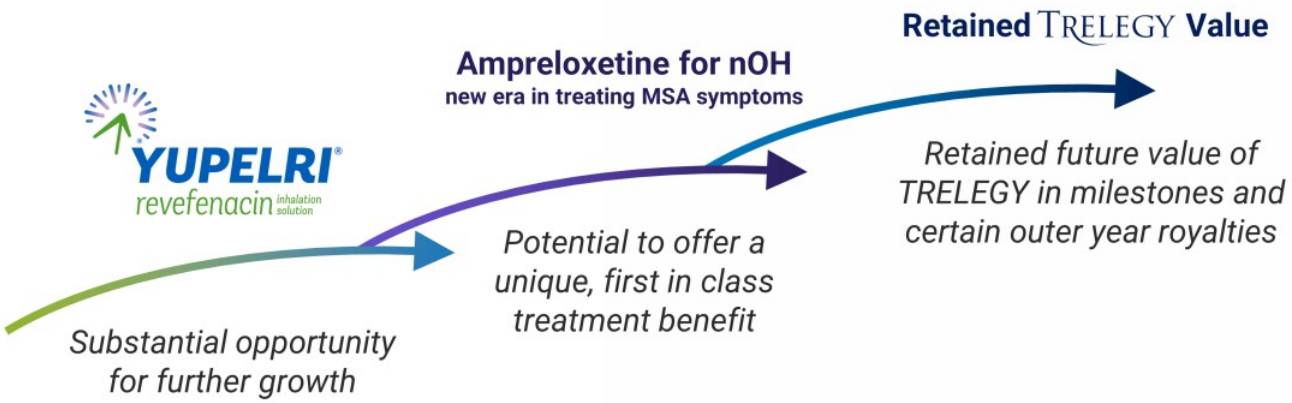
GSK remains exclusively responsible for commercialization of TRELEGY ELLIPTA

Theravance Biopharma
Medicines That Make a Difference

1. If both milestones are achieved in a given year, Theravance Biopharma will only earn the higher milestone. 2. Based on 100% of TRELEGY ELLIPTA royalties. 3. 85% of TRELEGY ELLIPTA royalties return to Theravance Biopharma beginning July 1, 2029 for sales ex-U.S., and January 1, 2031 for sales within the U.S.; U.S. royalties expected to end late 2032; ex-U.S. royalties expected to end mid-2030s and are country specific. 4. Source: GSK-reported Net Sales in USD.
FF, Fluticasone Furoate; UMEC, Umeclidinium; VI, Vilanterol.

Theravance Biopharma: Positioned for Value Creation

Three distinct drivers of value over the near, mid, and long-term



Positioned to create value from a foundation of financial strength

Theravance Biopharma
Medicines That Make a Difference

MSA, multiple system atrophy; nOH, neurogenic orthostatic hypotension.

Senior Leadership

Rick E Winningham
Chairman and Chief Executive Officer

Rhonda F. Farnum
Senior Vice President,
Chief Business Officer

Aziz Sawaf, CFA
Senior Vice President,
Chief Financial Officer

Richard A. Graham
Senior Vice President,
Research and Development

Theravance Biopharma
Medicines That Make a Difference

YUPELRI® (revefenacin) inhalation solution

YUPELRI® inhalation solution is indicated for the maintenance treatment of patients with chronic obstructive pulmonary disease (COPD).

Important Safety Information (US)

YUPELRI is contraindicated in patients with hypersensitivity to revefenacin or any component of this product.

YUPELRI should not be initiated in patients during acutely deteriorating or potentially life-threatening episodes of COPD, or for the relief of acute symptoms, i.e., as rescue therapy for the treatment of acute episodes of bronchospasm. Acute symptoms should be treated with an inhaled short-acting beta2-agonist.

As with other inhaled medicines, YUPELRI can produce paradoxical bronchospasm that may be life-threatening. If paradoxical bronchospasm occurs following dosing with YUPELRI, it should be treated immediately with an inhaled, short-acting bronchodilator. YUPELRI should be discontinued immediately and alternative therapy should be instituted.

YUPELRI should be used with caution in patients with narrow-angle glaucoma. Patients should be instructed to immediately consult their healthcare provider if they develop any signs and symptoms of acute narrow-angle glaucoma, including eye pain or discomfort, blurred vision, visual halos or colored images in association with red eyes from conjunctival congestion and corneal edema.

Worsening of urinary retention may occur. Use with caution in patients with prostatic hyperplasia or bladder-neck obstruction and instruct patients to contact a healthcare provider immediately if symptoms occur.

Immediate hypersensitivity reactions may occur after administration of YUPELRI. If a reaction occurs, YUPELRI should be stopped at once and alternative treatments considered.

The most common adverse reactions occurring in clinical trials at an incidence greater than or equal to 2% in the YUPELRI group, and higher than placebo, included cough, nasopharyngitis, upper respiratory infection, headache and back pain.

Coadministration of anticholinergic medicines or OATP1B1 and OATP1B3 inhibitors with YUPELRI is not recommended.

YUPELRI is not recommended in patients with any degree of hepatic impairment.

OATP, organic anion transporting polypeptide.

About YUPELRI® (revefenacin) Inhalation Solution

YUPELRI® (revefenacin) inhalation solution is a once-daily nebulized LAMA approved for the maintenance treatment of COPD in the US.

Market research by Theravance Biopharma indicates approximately 9% of the treated COPD patients in the US use nebulizers for ongoing maintenance therapy.[1] LAMAs are a cornerstone of maintenance therapy for COPD and YUPELRI® is positioned as the first once-daily single-agent bronchodilator product for COPD patients who require, or prefer, nebulized therapy. YUPELRI®'s stability in both metered dose inhaler and dry powder device formulations suggest that this LAMA could also serve as a foundation for novel handheld combination products.

1. TBPH market research (N=160 physicians); refers to US COPD patients.
COPD, chronic obstructive pulmonary disease; LAMA, long-acting muscarinic antagonist.

Theravance Biopharma®

Medicines That Make a Difference®

Appendix

Patent Protection Into Late 2030s

Compound	Invention	Granted / Pending Application	Estimated Patent Expiry
YUPELRI® / revefenacin	Composition of Matter	Granted US	2028 (once PTE awarded)
	Polymorph	Granted US	2030-2031
	Method for the maintenance treatment of COPD patients	Granted US	2039
Ampreloxetine	Composition of Matter	Granted US	2030 (plus PTE of up to 5 years)
	Method of Treating nOH	Granted US	2037

COPD, Chronic obstructive pulmonary disease; nOH, neurogenic orthostatic hypotension; PTE, patent term extensions.

Viatris Collaboration Agreement Revenue

Theravance Entitled to Share of US profits (65% to Viatris; 35% to Theravance)

35% of YUPELRI® Net Sales

+

Reimbursement of shared Theravance expenses (65%)

−

Payment of shared Viatris expenses (35%)

=

Viatris Collaboration Agreement Revenue
Cash amount receivable from Viatris[1,2]

Collaboration Revenue, in any given period can fluctuate by the absolute and relative expenses incurred by Viatris and Theravance, in addition to the Net Sales generated in the period

Theravance Biopharma
Medicines That Make a Difference

1. Any reimbursement from Viatris attributed to the 65% cost-sharing of our R&D expenses is characterized as a reduction of R&D expense.
2. Amount included as a receivable on the balance sheet as "Receivables from collaborative arrangements."

Theravance Biopharma and Royalty Pharma Deal Summary

TRELEGY ELLIPTA

- Upfront: $1.1B (Received)
- Milestones: Up to $250M

Year	Royalties[2]	Global Net Sales Equivalent	Milestone
2023	$240M	$2,863M	$50M
2024[1]	$240M	$2,863M	$25M
	$275M	$3,213M	$50M
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2026[1]	$270M	$3,163M	$50M
	$305M	$3,513M	$100M

- Outer Year Royalty ("OYR"): 85% of royalties for TRELEGY ELLIPTA return to Theravance Biopharma:
  - On and after January 1, 2031 for U.S. sales[3]
  - On and after July 1, 2029 for ex-U.S. sales[3]

Ampreloxetine
(Unsecured Royalty)

- Upfront payment: $25M (Received)
- 1st Regulatory approval milestone: $15M
  - Approval by either FDA or first of the EMA or all four Germany, France, Italy and Spain
- Future royalties paid to Royalty Pharma:
  - 2.5% on annual global net sales up to $500M
  - 4.5% on annual global net sales > $500M

Theravance Biopharma
Medicines That Make a Difference

1. If both milestones are achieved in a given year, Theravance Biopharma will only earn the higher milestone.
2. Based on 100% of TRELEGY ELLIPTA royalties.
3. U.S. royalties expected to end late 2032; ex-U.S. royalties expected to end mid-2030s and are country specific.

Droxidopa RESTORE Study Results[1]

RESTORE: A post-marketing requirement under accelerated approval to evaluate the durability of droxidopa

Basic Study Schema:

Primary Endpoint: Time to Intervention**

Number requiring intervention		Time to Intervention	
Placebo	Droxidopa	CP Hazard Ratio	1.04
40 (31.7%)	41 (32.5%)	P-value	0.803

RESTORE Key Items[1]

- RESTORE failed its primary endpoint with no significant difference between droxidopa and placebo over the 12-week double-blind period
- No observed trend in favor of droxidopa across secondary endpoints which included OHSA#1 and OHQ composite score

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Medicines That Make a Difference

[1]RESTORE results: https://classic.clinicaltrials.gov/ct2/show/results/NCT02586623
*Number of participants treated
** "intervention" can be described as a worsening of at least 2 points on the OHSA1 scale and/or discontinuation of treatment due to lack of efficacy.
CP= Cox proportional

Offering Hope to MSA Patients with Symptomatic nOH

AMERICAN AUTONOMIC SOCIETY

33rd International Symposium on the Autonomic Nervous System
November 2–5, 2022: Sheraton Maui, Hawaii

Platform Presentations, Session 1, November 2, 2022

Biaggioni I, et al. Abstract 34 / Virtual Poster 106
A phase 3, 22-week, multi-center, randomized withdrawal study of ampreloxetine in treating symptomatic nOH

Kaufmann H, et al. Abstract 33 / Virtual Poster 117
Blood pressure and pharmacodynamic response of ampreloxetine, a norepinephrine reuptake inhibitor, in patients with symptomatic nOH

Freeman R, et al. Abstract 30 / Virtual Poster 4
Longitudinal analysis of ampreloxetine for the treatment of symptomatic nOH in subset of patients with MSA

MSA, multiple system atrophy; nOH, neurogenic orthostatic hypotension.

Shift Toward Broad Symptomatic Improvement for MSA Patients

"Old" Ampreloxetine Program

"Dizziness" based indication for short-term effectiveness

"New" MSA-focused Ampreloxetine Program

CYPRESS
An ampreloxetine study for nOH in MSA patients

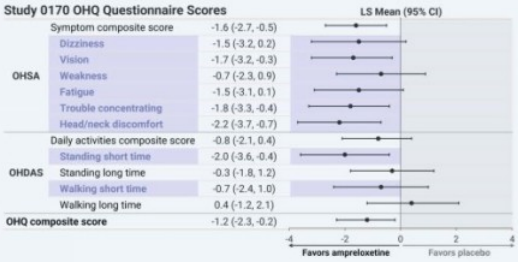
MSA

In study 0170, ampreloxetine **prevented blood pressure drop and symptoms worsening in MSA**[1]

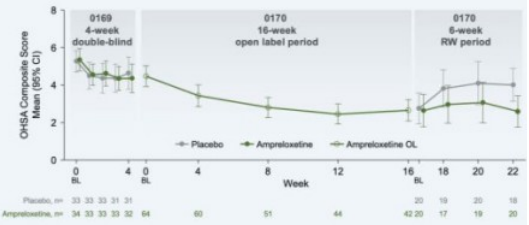
Support from the scientific and medical community with 3 scientific presentations presented at the American Autonomic Society meeting[2]

Aligned with FDA on new Phase 3 study for approval with OHSA composite as primary endpoint

Constellation of symptoms-based indication



Durable effectiveness



Theravance Biopharma
Medicines That Make a Difference

1. Data from MSA patients at week 6 of the randomized withdrawal period of study 0170.
2. Biaggioni I, et al. Abstract 34 / Virtual Poster 106; Kaufmann H, et al. Abstract 33 / Virtual Poster 117; Freeman R, et al. Abstract 30 / Virtual Poster 4.

MSA, Multiple System Atrophy; nOH, neurogenic orthostatic hypotension; OHDAS, orthostatic hypotension daily activity scale; OHQ, orthostatic hypotension questionnaire; OHSA, Orthostatic Hypotension Symptom Assessment; PAF, Pure Autonomic Failure; PD, Parkinson's Disease.