#### **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 13, 2022

#### THERAVANCE BIOPHARMA, INC.

(Exact Name of Registrant as Specified in its Charter)

Cayman Islands (State or Other Jurisdiction of Incorporation)

001-36033 (Commission File Number)

Not Applicable (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 s	satisfy the filing obligation of the registrant under any of the fo	ollowing provisions (see General Instruction A.2. below):			
☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 2	230.425)				
□ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240	0.14a-12)				
☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchar	nge Act (17 CFR 240.14d-2(b))				
$\hfill \Box$ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange	nge Act (17 CFR 240.13e-4(c))				
Securities registered pursuant to Section 12(b) of the Act:					
Title of each class Ordinary Share \$0.00001 Par Value	Trading Symbol(s) TBPH	Name of each exchange on which registered NASDAQ Global Market			
Indicate by check mark whether the registrant is an emerging growth company as defin chapter).	ned in Rule 405 of the Securities Act of 1933 (§ 230.405 of thi	s chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§ 240.12b-2 of this			
		Emerging growth company $\Box$			
If an emerging growth company, indicate by check mark if the registrant has elected not the Exchange Act. $\Box$	ot to use the extended transition period for complying with any	new or revised financial accounting standards provided pursuant to Section 13(a) of			

#### 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 presenting at the Morgan Stanley 20th Annual Global Healthcare Conference on September 13, 2022 and at the H.C. Wainwright 24th Annual Global Investment Conference on September 14, 2022, and from September 13-15, 2022, conducting one-on-one meetings with analysts and investors during the conferences 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 Transformed and Focused on Medicines that Make a Difference®
- 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, as amended, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

#### THERAVANCE BIOPHARMA, INC.

Date: September 13, 2022

By: /s/ Andrew Hindman
Andrew Hindman
Senior Vice President and Chief Financial Officer



Medicines That Make a Difference®

# Transformed and Focused on Medicines that Make a Difference®

September 13, 2022

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### Forward-looking Statements

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

Examples of such statements include statements relating to: contingent payments due to the Company from the sale of the Company's TRELEC interests to Royalty Pharma, the Company's goals, designs, strategies, plans and objectives, including the paydown of the Company's debt, the i Company's restructuring plan, ability to provide value to shareholders, the timing of clinical studies, the potential that the Company's research pi progress product candidates into the clinic, the Company's expectations regarding its allocation of resources, potential regulatory actions, product share revenue and the Company's expectations for its future financial performance and expectations as to future cash flows. These statements current estimates and assumptions of the management of the Company as of the date of this presentation and are subject to risks, uncertaintie circumstances, assumptions and other factors that may cause the actual results of the Company to be materially different from those reflected looking statements. Important factors that could cause actual results to differ materially from those indicated by such forward-looking statements. others, risks related to: whether the milestone thresholds can be achieved, delays or difficulties in commencing, enrolling or completing clinical potential that results from clinical or non-clinical studies indicate the Company's product candidates are unsafe, ineffective or not differentiated from regulatory authorities that are unfavorable to the Company, dependence on third parties to conduct clinical studies, delays or failure to ach regulatory approvals for product candidates, risks of collaborating with or relying on third parties to discover, develop, manufacture and comme and risks associated with establishing and maintaining sales, marketing and distribution capabilities with appropriate technical expertise and su infrastructure, ability to retain key personnel, the impact of the Company's restructuring actions on its employees, partners and others. In additic the effects of COVID-19 to continue to adversely impact our business operations and financial results, the extent of the impact on our ability to from YUPELRI® (revefenacin), and the value of and market for our ordinary shares, will depend on future developments that are highly uncertain predicted with confidence at this time.

Other risks affecting the Company are in the Company's Form 10-Q filed with the SEC on August 8, 2022, and other periodic reports filed with the to the risks described above and in Theravance Biopharma's filings with the SEC, other unknown or unpredictable factors also could affect Ther Biopharma's results. No forward-looking statements can be guaranteed, and actual results may differ materially from such statements. Given the you should not place undue reliance on these forward-looking statements. Theravance Biopharma assumes no obligation to update its forward-statements on account of new information, future events or otherwise, except as required by law.



### Theravance Biopharma At-a-Glance



- Commercial product poised for significant near-term growth
- YUPELRI PIFR-2 Phase 4

### Experienced Board and Management team with the right mix of skills and experience to drive value

### **Retained** TRELEGY Val

Mid- to long-term value from ilestone and outer-year

### **Financials**

- Debt-free balance sheet
- · Finalizing capital return pr
- On track to be cash flow p

### **Ampreloxetine**

- Phase 3 potential therapy for MSA patients with opportunity to differentiate from existing treatment options
- \$25 million investment from Royalty Pharma to fund majority of Phase 3 costs



MSA, multiple system atrophy; PIFR, peak inspiratory flow rate.

## Theravance Biopharma Transformation

Pre-restructure		<b>Today: Focused</b>
Slow launch due to pandemic headwinds	YUPELRI®	Significant growth opportunit PIFR-2 Phase 4 Study
Multiple programs	Pipeline Focus	Ampreloxetine
Timely realization of value uncertain	TRELEGY	~\$1.1B upfront Up to \$250M in milestone valu ~\$200M <sup>1</sup> in outer-year royalty v
\$230M Convertible Senior Notes \$420M Non-recourse TRELEGY Notes	Capital Structure	Debt-free Finalizing capital return progra
High cash burn	Free Cash Flow	Decreased cash burn Expect to be cash flow positive by

Theravance Biopharma Medicines That Make a Difference

1. 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. ("NPV") of royalties based on GSK Bloomberg Consensus for TRELEGY ELLIPTA through 2032 for U.S. sales and through 2034 for ex-U.S. sales, discounte for 2033-2034 extrapolated by Management due to limitation of consensus beyond 2032.

### **Investment Highlights**

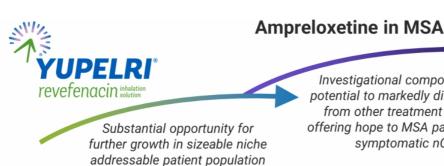
- Transformed and focused therapeutics company
- Attractive pipeline and programs with YUPELRI®, ampreloxetine and retained potential significant TRELEGY value
- · Strong, debt-free balance sheet
- Finalizing capital return program
- Sustainable, annual cash flow generation 2023
- Experienced Board and Management team with the right mix of skills and experience to drive value



### Theravance Biopharma: Key Pillars of Value

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





Investigational compound with potential to markedly differentiate from other treatment options offering hope to MSA patients with symptomatic nOH

Retained potential sign future value of TRELE milestones and outer royalties

Theravance is well positioned to maximize the value of its assets from a position of financial strength



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



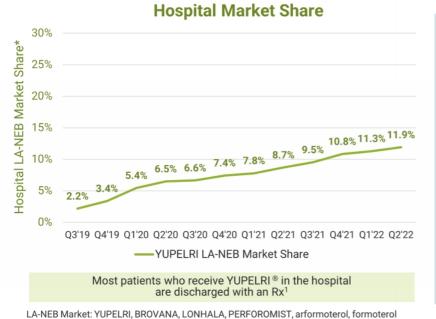
FDA-approved for maintenance treatment of COPD First and only once-daily, LAMA (long-acting muscarinic agent) nebulized maintenance medicine for COPD

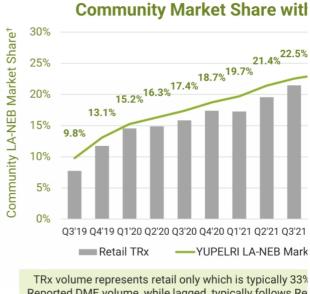




# YUPELRI® Hospital Sales and Community TRx T

Continued market share growth across both the hospital and retail channels





Reported DME volume, while lagged, typically follows Re



### YUPELRI® | Gaining Momentum in Sales and Ho-Volume





### Doses sold increased 54% Q2'22 v



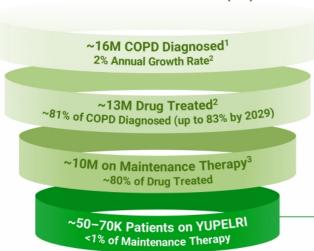


Source: IQVIA DDD, HDS, VA and Non-Reporting Hospital through 6/30/2022 See TBPH 10K filed February 28, 2022 for greater detail re TBPH implied 35%

## Substantial opportunity for further YUPELRI® gro

Once-Daily Nebulized LAMA COPD treatment represents a sizeable niche market

### Estimated 2021 YUPELRI Patient Funnel (US)



- COPD is under-diagnosed1
- COPD patients with or without symptoms may be treated with and/or maintenance therapies
- Estimated patient counts from volume using average 'days of assumptions vary considerably across DME and retail channe

### Growth opportunities within numerous patient se

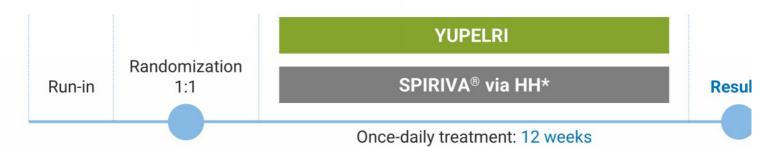
YUPELRI may be appropriate for COPD patients, including but no

- Moderate-to-very-severe COPD (73-92%4); once-daily LAMAs are therapy for moderate-to-very severe COPD patients
- Patients with suboptimal PIFR (19-78% of COPD patients<sup>5</sup>)
- Patients with cognitive or dexterity challenges
  - ~36% of COPD patients present episodes of cognitive impairment; patients have inadequate hand strength for inhalers6
- Patients inappropriately using short-acting nebulized treatment as
- Patients transitioning from hospital to home care after being stab nebulized treatment during hospitalization

4. Safka KA, et al. Chronic Obstr Pulm Dis 2017.
5. Mahler DA, et al. Chronic Obstr Pulm Dis 2019.
6. Armitage JM, Williams SJ Inhaler technique in the elderly. Age Ageing 1988 17:275-278. equipment; LAMA, long-acting muscarinic antagonist; PIFR, peak inspiratory flow rate. American Lung Association.
 Clarivate COPD Disease Landscape & Forecast US 2021
 Revefenacin COPD Joint Venture Research 2016.
 COPD, chronic obstructive pulmonary disease; DME, durab

### YUPELRI®:

### Phase 4 Randomized, Double-blind, Parallel-group Study (PIFF



### Sample size

Potential to increase from n=366 to n=488 resulting from a pre-specified per-protocol blinded sample size re-estimation; top-line results in 2H '23

### **Endpoints**

- Primary: Change from baseline in FEV₁ on Day 85
- Key secondary: Trough overall tre effect on FEV<sub>1</sub>



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®). FEV<sub>1</sub>, forced expiratory volume in 1 second; PIFR, peak inspiratory flow rate.

# Ampreloxetine (TD-9855) Investigational once-daily norepinephrine reuptake

Investigational once-daily norepinephrine reuptake inhibitor for symptomatic neurogenic orthostatic hypotension in multiple system atrophy patients



### Offering Hope to MSA Patients with Symptomat



#### nOH Prevalence in MSA Patients

- ~50K MSA patients in US¹ (meets orphan disease criteria)
- 70–90% of MSA patients experience nOH symptoms<sup>2</sup>
- Despite available therapies, many MSA patients remain symptomatic with nOH



## Prevents blood pressure drop and symptoms worsening in MSA<sup>3</sup>

- ✓ Increased standing blood pressure
- ✓ Increased brain perfusion
- ✓ Reduce symptoms of symptomatic nO



1. 2019 IQVIA Claims Analysis; NIH; 2. Mathias CJ, et al. J Neurol 1999 Oct;246(10):893-8; 3. Data from MSA patients at week 6 of the randomized withdr 0170. 4. Palma JA, Kaufmann H. Mov Disord Clin Pract 2017;4:298-308.

MOA, mechanism of action; MSA, multiple system atrophy; nOH, neurogenic orthostatic hypotension.

## Offering Hope to MSA Patients with Symptomatic I

Potential for ampreloxetine to differentiate from approved therapies

	Droxidopa	Midodrine	Ampreloxet
Indication	Symptomatic nOH	ОН	Symptomatic associated wit
MOA	Norepinephrine prodrug; vasoconstrictor	Desglymidodrine prodrug; alpha <sub>1</sub> -receptor agonist; vasoconstrictor	Norepinephrine tr reuptake inh
Dosing	3x daily, titration to effect	3x daily	Once-dai
Clinical Efficacy/ Durability	OHSA#1, clinical effectiveness >2 weeks not established	Increase in systolic blood pressure 1 min after standing	OHSA composite meaningful and dura over 22 we
Clinical Safety	Black box warning for	No signal for supine in safety databas patients and healtl	



1. Reflects Theravance Biopharma's expectations for ampreloxetine based on clinical trial data to date. Ampreloxetine is in development and not approved for an MOA, mechanism of action; MSA, multiple system atrophy; nOH, neurogenic orthostatic hypotension; OH, orthostatic hypotension; OHSA, orthostatic hypotension

### Offering Hope to MSA Patients with Symptomat



33rd International Symposium on the Autonomic Nervous Sys November 2-5, 2022: Sheraton Maui, Lahaina, Hawaii

#### **Platform Presentations**

#### Freeman R, et al. Abstract 30 / Virtual Poster 4

Longitudinal analysis of ampreloxetine for the treatment of symptomatic nOH in subset of patients w

#### Kaufmann H, et al. Abstract 33 / Virtual Poster 117

Blood pressure and pharmacodynamic response of ampreloxetine, a norepinephrine reuptake inhibite in patients with symptomatic nOH

#### Biaggioni I, et al. Abstract 34 / Virtual Poster 106

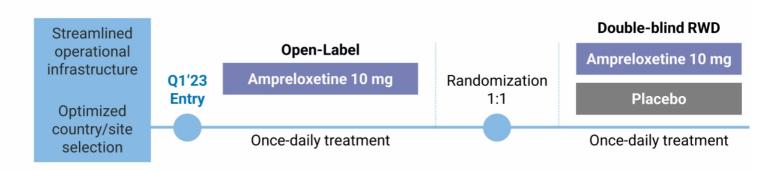
A phase 3, 22-week, multi-center, randomized withdrawal study of ampreloxetine in treating symptom



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

### Offering Hope to MSA Patients with Symptomat

Phase 3 randomized withdrawal study in patients with MSA Primary endpoint: change in OHSA composite score





MSA, multiple system atrophy; nOH, neurogenic orthostatic hypotension; OHSA, orthostatic hypotension symptom assessment; RWD, randomized withdr

# **Sale of Economic Interest**

GSK's TRELEGY ELLIPTA (FF/UMEC/VI): Once-daily single inhaler triple therapy



# Retained Value of Theravance Biopharma's 85% TRELEGY ELLIPTA Inter

Over \$1.5 Billion in potential total value to Company shareh

Upfront: ~\$1.1B cash

+

Mid-Term: Up to \$250M

+

Long-Ter ~\$200

- TRELEGY ELLIPTA sales-based milestones between 2023–2026
- First milestone in 2023 (\$50M) for Global Net Sales of \$2.863B<sup>2</sup>
  - Q2'22 actuals of \$591M up 46% from Q2'21

 Will be paid to TBF from Royalty Phare

Estimated NPV

Unlocks and accelerates capture of TRELEGY ELLIPTA value

Additional value from continued TRELEGY ELLIPTA performance

Retain long-ten

GSK remains exclusively responsible for commercialization of TRELEGY ELLIPTA



1. All of its units in Theravance Respiratory Company, LLC. 2. The first milestone payment, of \$50.0 million, will be triggered if Royalty Pharma receives \$240.0 million or more in royalty paym to 2023 TRELEGY global net sales, which we would expect to occur in the event TRELEGY global net sales reach approximately \$2.863 billion. 3. 85% of TRELEGY ELLIPTA royalties return to T beginning July 1, 2029 for sales ex-U.S., and January 1, 2031 for sales within the U.S. Net present value ("NPV") of royalties based on GSK Bloomberg Consensus for TRELEGY ELLIPTA throug through 2034 for ex-U.S. sales, discounted at 7%. Ex-U.S. sales for 2033-2034 extrapolated by Management due to limitation of consensus beyond 2032.

# Theravance Biopharma and Royalty Pharma Dea Summary

### TRELEGY ELLIPTA

Upfront: \$1.1B

· Milestones: Up to \$250M

Year	Royalties <sub>2</sub>	Global Net Sales Equivalent	Milestone
2023	\$240M	40M \$2,863M	
20241	\$240M	\$2,863M	\$25M
	\$275M	\$3,213M	\$50M
20251	\$260M	\$3,063M	\$25M
	\$295M	\$3,413M	\$50M
20261	\$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<sup>3</sup>
  - On and after July 1, 2029 for ex-U.S. sales<sup>3</sup>
  - NPV estimated at ~\$200M<sup>4</sup>

### **Ampreloxetine**

(Unsecured Royalty)

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



1. If both milestones are achieved in a given year, Theravance Biopharma will only earn the higher milestone

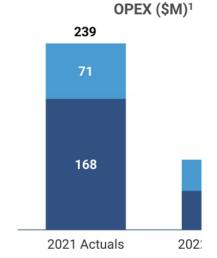
2. Based on 100% of TRELEGY ELLIPTA royalties.

3. U.S. royalties expected to end late 2032; ex-U.S. royalties expected to end mid-2030s and are country specific.

4. Net present value ("NPV") of royalties based on GSK Bloomberg Conse 2032 for U.S. sales and through 2034 for ex-U.S. sales, discounted at 7%. extrapolated by Management due to limitation of consensus beyond 203

### **Financial Guidance**

- Reiterating 2022 OPEX guidance:
  - R&D: range of \$45-55M
  - SG&A: range of \$35-45M
- 2022 guidance includes ~\$10M in non-recurring spend:
  - Majority in Q1 to support completion of late-stage programs
  - OPEX Q3 and onward will reflect recurring spend only
- · Guidance excludes:
  - Non-cash share-based compensation (SBC)
  - One-time restructuring, severance & termination costs
    - ~ \$11.7M in 2022 (\$9.3M<sub>2</sub> Q1 / \$1.6M<sub>3</sub> Q2 / \$0.8M<sub>4</sub> Q3 / \$0M<sub>4</sub> Q4)
  - One-time transaction related costs of \$5.1M YTD



2021 Actuals vs. 2022 Guida

Theravance Biopharma expects to approach breakeven cash flow from operations in 2H and become sustainably cash flow positive going forward on an annual basis



1.) Excludes non-cash share-based compensation (SBC), one-time restructuring, severance and termination costs, and one-time transaction related legal expense

2.) \$4.8M of cash related expenses and \$4.5M of non-cash expenses.

4.) Q3 / Q4 are estimates and subject to change; primarily comprised of non-cash expenses

### An Experienced Leadership Team

#### Rick E Winningham Chairman and Chief Executive Officer

Former CEO, Theravance, Inc. (now INVA)
Former President (Oncology/Immunology/Oncology
Therapeutics Network), Bristol Myers Squibb



#### Andrew A. Hindman Senior Vice President, Chief Financial Officer

Former Chief Business Officer, Acorda Therapeutics Former President & CEO, Tobira Therapeutics



#### Rhonda F. Farnum Senior Vice President, Chief Business Officer

Former Executive Director of Marketing, Amgen Former VP (Hematology), Onyx Pharmaceuticals & Former Commercial Leadership, Genentech



#### Richard A. Graham Senior Vice President, Research and Development

Former Senior Director, Head of Translational Medicine, Onyx Pharmaceuticals Former Clinical Pharmacologist and Project Team Leader, Genentech and GlaxoSmithKline

#### Brett A. Grimaud Senior Vice President, General Counsel and Secretary

Former Senior Director, Theravance, Inc. (now INVA)
Former Senior Attorney, Gunderson Dettmer

#### Stacy Pryce Senior Vice President, Chief Strategy Officer

Former VP Business Development, Aerogen Former Senior Director, Alliance Management & Business Development Vertex Pharmaceuticals



### The Board of Directors

### Experienced leaders from a diverse range of relevant backgro



**Rick Winningham** 

- Demonstrated leadership and senior management experience in the biopharmaceutical industry
- · Former Chairman & CEO at Theravance, Inc. (now INVA) and former President of Oncology / Immunology / Oncology Therapeutics Network and President of Global Marketing at Bristol Myers Squibb



- financial and financing matters



William Young Blackstone Life Sciences

- Extensive leadership experience at numerous pharmaceutical and biotechnology organizations as well as financial / investing expertise gained as a venture capitalist
- Former Chairman & CEO at Monogram Biosciences and Venture Partner at Claris Ventures



Laurie Smaldone Alsup, M.D. Chief Medical & Chief Scientific Officer, NDA Group

- · Extensive leadership experience with regulatory and clinical expertise in the life sciences industry
- · Former President and Chief Scientific Officer at PharmApprove and CEO at Phytomedics



- Demonstrated lead healthcare in addit industry
- Former Partner and Healthcare Practic Group and CEO at

Burton Malkiel, Ph.D.

- Demonstrated leadership and knowledge of
- · Former Appointee to the President's Council of Economic Advisors



**Dean Mitchell** 

- Extensive management experience in the pharmaceutical and biotherapeutics industries with expertise in later stage drug development and commercialization
- Former President & CEO at Alpharma and **Guilford Pharmaceuticals**



**Donal O'Connor** 

- · Extensive experience across the financial and pharmaceutical industries, including with Irish entities, in addition to accounting and financial expertise
- · Former Chairman of Anglo Irish Bank and Board member at the Irish Auditing and Accountancy Supervisory Authority



- Knowledge and ex business developn healthcare compar as a biotechnology and research scier
- Managing Member



### **Investment Highlights**

- Transformed and focused therapeutics company
- Attractive pipeline and programs with YUPELRI®, ampreloxetine and retained potential significant TRELEGY value
- · Strong, debt-free balance sheet
- Finalizing capital return program
- Sustainable, annual cash flow generation 2023
- Experienced Board and Management team with the right mix of skills and experience to drive value



### 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 as rescue therapy for the treatment of acute episodes of bronchospasm. Acute symptoms should be treated with an inhaled short-acting beta

As with other inhaled medicines, YUPELRI can produce paradoxical bronchospasm that may be life-threatening. If paradoxical bronchospasm dosing with YUPELRI, it should be treated immediately with an inhaled, short-acting bronchodilator. YUPELRI should be discontinued 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 heathey develop any signs and symptoms of acute narrow-angle glaucoma, including eye pain or discomfort, blurred vision, visual halos or 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 pathealthcare provider immediately if symptoms occur.

Immediate hypersensitivity reactions may occur after administration of YUPELRI. If a reaction occurs, YUPELRI should be stopped at on 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 hig 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 solutic

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

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



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