Disclaimer

This presentation has been prepared by Amryt Pharma plc (the "Company"). By receiving this presentation and/or attending the meeting where this presentation is made, or by reading the presentation slides, you agree to be bound by the following limitations.

This presentation is intended to be delivered in the United Kingdom only. In the United Kingdom, this presentation is directed only at (i) persons having professional experience in matters relating to investments who fall within the definition of “investment professionals” in Article 19(5) of the Financial Services and Markets Act 2000 (Financial Promotion) Order 2005 (as amended from time to time) (the “Order”); (ii) high net worth bodies corporate, unincorporated associations, partnerships and trustees of high value trusts as described in Article 49(2)(a)-(d) of the Order; or (iii) persons to whom it would otherwise be lawful to distribute it (all such persons being "Relevant Persons"). Persons within the United Kingdom who receive this communication (other than Relevant Persons) should not rely on or act upon the contents of this presentation. This presentation is not intended to be distributed or passed on to any other class of persons in the United Kingdom.

This presentation does not constitute or form part of any offer to sell or issue, or invitation to purchase or subscribe for, or any solicitation of any offer to purchase or subscribe for, any securities of the Company or any of its subsidiaries (together the “Group”) in any other entity, nor shall this document or any part of it, or the fact of its presentation, form the basis of, or be relied on in connection with, any contract or investment decision, nor does it constitute a recommendation regarding the securities of the Group. Past performance, including the price at which the Company’s securities have been bought or sold in the past and the past yield on the Group’s securities, cannot be relied on as a guide to future performance. Nothing herein should be construed as financial, legal, tax, accounting, actuarial or other specialist advice and persons needing advice should consult an independent financial adviser or independent legal counsel.

Neither this presentation nor any information contained in this presentation should be transmitted into, distributed in or otherwise made available in whole or in part by the recipients of the presentation to any other person in the United States, Canada, Australia, Japan or any other jurisdiction which prohibits or restricts the same except in compliance with applicable securities laws. Recipients of this presentation are required to inform themselves of and comply with all restrictions or prohibitions in such jurisdictions. No responsibility is accepted, and to the fullest extent permitted by law or regulation, no representation, undertaking, warranty or other assurance is made or given, in either case, expressly or impliedly, by the Group or any of their respective directors, officers, partners, employees, agents, affiliates, representatives or advisors ("Affiliates") or any other person, as to the accuracy, fairness, reliability or completeness of the information contained herein or discussed verbally or as to the reasonableness of any assumptions on which any of the same is based or the use of any of the same. Accordingly, no such person will be liable for any direct, indirect or consequential loss or damage suffered by any person resulting from the use of the information contained herein, or for any opinions expressed by any such person, or any errors, omissions or misstatements made by any of them. No duty of care is owed or will be deemed to be owed to any person in relation to the presentation.

The information contained in this presentation has not been independently verified. This presentation does not purport to be all-inclusive or to contain all the information that a prospective investor in securities of the Group may desire or require in deciding whether or not to offer to purchase such securities. The information in this presentation includes forward-looking statements, made in good faith, which are based on the Group’s or, as appropriate, the Group’s directors' current expectations and projections about future events. These forward-looking statements may be identified by the use of forward-looking terminology including, but not limited to, the terms "believes", "estimates", "plans", "projects", "anticipates", "expects", "intends", "may", "will" or "should" or, in each case, their negative or other variations or comparable terminology, or by discussion of the Group’s strategy, plans, operations, financial performance and condition, objectives, goals, future events or intentions. These forward-looking statements, as well as those included in any other material discussed at any analyst presentation, are subject to risks, uncertainties and assumptions about the Group and investments many of which are outside of the Group’s control, including, among other things, the development of its business, the trends in its operating industry, changing economic, financial, or other market conditions and future capital expenditures. In light of these risks, uncertainties and assumptions, the events or circumstances referred to in the forward-looking statements may differ materially from those indicated in these statements. Forward-looking statements may, and often do, materially differ from actual results. Thus, these forward-looking statements should be treated with caution and the recipients of the presentation should not place undue reliance on any forward-looking statements. None of the future projections, expectations, estimates or prospects or any other statements contained in this presentation should be taken as forecasts or promises nor should they be taken as implying any indication, assurance or guarantee that the assumptions on which such future projections, expectations, estimates or prospects have been prepared are correct or exhaustive or, in the case of the assumptions, fully stated in the presentation.

The information and opinions contained in this presentation and any other material discussed verbally are provided as at the date of this presentation and are subject to verification, completion and change without notice. The delivery of this presentation shall not give rise to any implication that there have been no changes to the information and opinions contained in this presentation since the time specified. Subject to obligations under the AIM Rules for Companies published by the London Stock Exchange plc and the Market Abuse Regulation (Regulation 596/2014) (each as amended from time to time), neither the Group nor any of its Affiliates, undertakes to publicly update or revise any such information or opinions, including without limitation, any forward-looking statement or any other statements contained in this presentation, whether as a result of new information, future events or otherwise. In giving this presentation neither the Group nor any of its Affiliates, undertakes any obligation to provide the recipient with access to any additional information or to update any additional information or to correct any inaccuracies in any such information which may become apparent.

Certain industry and market data contained in this presentation has been obtained from third party sources. Third party industry publications, studies and surveys generally state that the data contained therein have been obtained from sources believed to be reliable, but that there is no guarantee of the accuracy or completeness of such data. While the Company believes that each of these publications, studies or surveys has been prepared by a reputable source, the Company has not independently verified the data contained therein. In addition, certain of the industry, scientific and market data contained in this presentation comes from the Company’s own internal case studies, research and estimates based on the knowledge and experience of the Company’s management in the market in which it operates. While the Company believes that such research, estimates and results from its case studies are reasonable and reliable, they, and their underlying methodology and assumptions, have not been verified by any independent source for accuracy or completeness unless otherwise stated and are subject to change without notice.
Focused on Rare & Orphan Diseases

**Singular Strategic Focus**

- Amryt is committed to acquire, develop & commercialise medicines to treat patients with rare/orphan diseases
- Lead product Lojuxta launched as treatment for HoFH across Europe and Middle East
- Pipeline product AP101 in phase 3 as a treatment for Epidermolysis Bullosa (EB)
- Non-viral vector gene therapy platform, with initial focus on EB

**Orphan Disease Represents a Major Market Opportunity**

- Worldwide orphan drug sales forecast to total $209bn (CAGR 2014 to 2022:+9.24%)*
- Orphan drugs forecasted to represent 22.1% of worldwide prescription sales by 2022**
- Exclusivity granted by FDA and EMA for approved orphan drugs

* Evaluate Pharma World Review 2017, Outlook to 2022
** Excluding generics
<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Wiley – CEO</td>
<td>CEO</td>
<td>20+ years in healthcare and private equity&lt;br&gt;Opened and led Sofinnova Ventures European office&lt;br&gt;Previously Medical Director at Astellas Pharma</td>
</tr>
<tr>
<td>Rory Nealon – COO/CFO</td>
<td>CFO/COO of Trinity Biotech</td>
<td>Oversaw the acquisition and integration of 12 companies in 5 countries&lt;br&gt;Previously CFO of Conduit plc, an Irish telecoms company&lt;br&gt;Previously associate director within structured finance team in AIB</td>
</tr>
<tr>
<td>Dr Mark Sumeray – CMO</td>
<td>CMO</td>
<td>17 years’ experience in the pharmaceutical, medical devices and biotech sectors&lt;br&gt;Chief Medical Officer at Aegerion Pharmaceuticals&lt;br&gt;Previously VP Cardiovascular Metabolics US Medical at Bristol-Myers Squibb</td>
</tr>
<tr>
<td>Derval O’ Carroll – HRA</td>
<td>Head of Regulatory Affairs</td>
<td>25 years in pharmaceutical regulatory affairs&lt;br&gt;Previously Senior Director of Regulatory Affairs at Retrophin Inc&lt;br&gt;11 years consulting experience in regulatory with clients such as Daiichi Sankyo and Shionogi</td>
</tr>
<tr>
<td>Harry Stratford OBE, Chairman</td>
<td>Chairman</td>
<td>Founder, CEO and Chairman of Shire Pharmaceuticals&lt;br&gt;Founder, CEO and Chairman of Prostrakan</td>
</tr>
<tr>
<td>David Allmond – CCO</td>
<td>CCO</td>
<td>20 years’ experience in the pharmaceutical industry in commercial roles&lt;br&gt;President EMEA at Aegerion Pharmaceuticals&lt;br&gt;Previously Corporate Vice President of Global Marketing for Celgene Corporation</td>
</tr>
<tr>
<td>Dr Helen Phillips – HMA</td>
<td>Head of Medical Affairs</td>
<td>20+ years in large pharma and small biotech companies&lt;br&gt;Previously European VP of Medical Affairs in Aegerion Pharmaceuticals</td>
</tr>
<tr>
<td>Kieran Rooney – VP, Alliances &amp; Licensing</td>
<td>VP, Strategic Alliances &amp; Licensing</td>
<td>25 years in business/corporate development in pharmaceutical and biotech industry&lt;br&gt;Previously VP Business Development at Amakem Therapeutics and corporate/management consultant to multiple pharma/biotech/professional service companies including PwC</td>
</tr>
</tbody>
</table>
A Lot Has Been Achieved to Date – Opportunity to Maintain Momentum

- Amryt Formed
- First 2 Acquisitions Agreed
- Episalvan Approval by EMA
- RTO on AIM
- EIB debt & Lojuxta In-Licence
- EB Phase 3 Study Commenced
- €15m Fundraising
- Gene Therapy Platform In-Licence

- Aug '15
- Q4 '15
- Jan '16
- Apr '16
- Dec '16
- Mar '17
- Oct '17
- Mar '18

- Aug 2015
- Apr 2018
Amryt’s Products are Targeting Multiple Orphan Diseases

<table>
<thead>
<tr>
<th>Product Candidate</th>
<th>Indication</th>
<th>Preclinical</th>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
<th>Approved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lojuxta (lomitapide)(^1)</td>
<td>Adult HoFH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Episalvan (Oleogel S10)(^2,3,4)</td>
<td>Partial Thickness Wounds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>AP101 (Oleogel-S10)</td>
<td>Epidermolysis Bullosa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AP102</td>
<td>Resistant Acromegaly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AP102</td>
<td>Cushing’s Disease</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AP103 (Gene therapy)</td>
<td>Epidermolysis Bullosa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. The European Commission (EC) granted authorisation to lomitapide under the trade name Lojuxta\(^®\) in July 2013.
3. The indication for chemotherapy and radiation induced dermatitis is under evaluation for development.
4. The following indications are under evaluation for development: Pemphigus vulgaris (PV) / Bullous pemphigoid (BP), Stevens–Johnson syndrome (SJS) / Toxic Epidermal Necrolysis (TEN).
Lojuxta In-Licensing Deal
Licensing Deal – Key Terms

License Territory: Europe¹, MENA, Israel, Turkey, Russia, CIS, Non-EU Balkan states

License Period: until the end of data exclusivity / 2024; with option to extend

Financials
- 18% royalty up to $15M annual net sales; 20% royalty >$15M
- Payable quarterly
- One-off commercial milestone payments:
  - $1M once annual net sales >$20M in a given calendar year;
  - Further $1.5M once annual net sales >$30M in a given calendar year

Post Approval Commitments to be responsibility of Amryt
HoFH May Present With Cutaneous Xanthomas And Early Cardiovascular Disease

- 28 year-old female
- Cutaneous xanthomas beginning at age 3 years
- Obstructive coronary artery disease and CABG at age 12 years
- LDL cholesterol = 780 mg/dL (20.2 mmol/L) = >10 times target
LDL Apheresis is Current Standard of Care for HoFH
Lojuxta Reduces LDL-C in Adult HoFH Patients

Lojuxta treatment effectively reduced LDL-C at 26 weeks by an additional 40-50%¹

And maintained efficacy to 126 weeks²

Note: ITT = intent to treat, primary endpoint; CA = completers analysis

¹(P<0.001)

Values represent mean ± 95% confidence levels (CIs) Completers' population. n=17
² Population is those entering the long term extension trial

The addition of Lojuxta at the average dosage of **19 mg/day** lowered LDL-C levels at the nadir by **76.5 ± 16.7%**.

At their last visit, **60% of patients showed LDL-C<100 mg/dL** and **47% <70 mg/dL** (more stringent target with cardiovascular disease).

**Italian Cohort - LDL-C Value At Baseline And Nadir**

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Baseline</th>
<th>Nadir</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>308</td>
<td>69</td>
</tr>
<tr>
<td>2</td>
<td>234</td>
<td>54</td>
</tr>
<tr>
<td>3</td>
<td>620</td>
<td>39</td>
</tr>
<tr>
<td>4</td>
<td>508</td>
<td>75</td>
</tr>
<tr>
<td>5</td>
<td>470</td>
<td>144</td>
</tr>
<tr>
<td>6</td>
<td>267</td>
<td>168</td>
</tr>
<tr>
<td>7</td>
<td>843</td>
<td>104</td>
</tr>
<tr>
<td>8</td>
<td>551</td>
<td>84</td>
</tr>
<tr>
<td>9</td>
<td>726</td>
<td>41</td>
</tr>
<tr>
<td>10</td>
<td>242</td>
<td>45</td>
</tr>
<tr>
<td>11</td>
<td>266</td>
<td>134</td>
</tr>
<tr>
<td>12</td>
<td>231</td>
<td>44</td>
</tr>
<tr>
<td>13</td>
<td>212</td>
<td>44</td>
</tr>
<tr>
<td>14</td>
<td>459</td>
<td>157</td>
</tr>
<tr>
<td>15</td>
<td>516</td>
<td>280</td>
</tr>
</tbody>
</table>

**LDL-C**: low-density lipoprotein cholesterol

Adapted from D’Erasmo L, et al. Adv Ther 2017; May;34(5):1200-1210 doi:10.1007/s12325-017-0531-x
Lojuxta Revenue Growth Momentum

Ongoing organic growth

Reimbursement led momentum

€'000

FY16 (pre Amryt)  H1 (annualised)  H2 (annualised)
Rapidly Establish Footprint Across EEA, MENA, Israel, Switzerland & Turkey

- AMRYT AFFILIATE
- 3RD PARTY CONSULTANT
- SALES THROUGH DISTRIBUTOR
- OFFICE SET UP
- PARTNERING STRATEGY IN DEVELOPMENT

Deliver Lojuxta growth and contribution. **Opportunity for leverage** for future internal and external assets
AP101
Addressing a >€1.3Bn Market Opportunity
What is Epidermolysis Bullosa?

- Epidermolysis bullosa (EB) is a distressing and painful genetic skin condition that causes the skin layers and internal body linings to separate.
- EB is characterised by extreme fragility of the skin from birth.
- Prevalence: 25,000 – 35,000 in U.S *; 30,000 – 41,000 in EU**

**Rare**
1 in 17,000 live births affected**

**Genetic**
Hereditary, but parents may not know they're carriers

**Anyone**
Equally affects both genders and every ethnicity

**No Cure**
No current treatment

---

* Stanford School of Medicine, “Epidermolysis Bullosa Clinic”
** The Dystrophic Epidermolysis Bullosa Research Association (debra)
AP101 – Providing Hope to Young Children with this Distressing Disorder

**JUNCTIONAL**
- Most severe
- Extensive blistering all over body
- Often fatal in early childhood

**DYSTROPHIC**
- More severe
- Fusion of fingers and toes
- Possibility of skin cancer

**SIMPLEX**
- Mildest form
- Episodic blistering

NO TREATMENT OPTIONS TODAY
Four EB Cases 2008/09 in Freiburg

### Junctional EB, non-Herlitz generalised, 3 year old girl, chronic wound

- **Before treatment with AP101**
  - **13.6 cm²**
  - **15.07.2008**
- **2 days treatment with AP101**
  - **9.6 cm²**
  - **17.07.2008**

### EB simplex, 4 year old boy, 5 week old non-healing wounds, pruritus

- **6 days treatment with AP101**
  - **18.12.2008**
- **5 months treatment with AP101**
  - **2.5.2009**

4 case reports with chronic EB wounds by Prof. Hauke Schumann (JEB, EBS, 2x DEB)
Four EB Cases 2008/09 in Freiburg

Dystrophic EB, chronic wound

18.11.2008
Before treatment with AP101
9.48 cm²

24.11.2008
Follow-up
0.65 cm²

4 case reports with chronic EB wounds by Prof. Hauke Schumann (JEB, EBS, 2x DEB)
AP101 – Encouraging Proof of Concept Data in EB

**Patients**
- 10 patients (12 wounds). Age 6 – 48 yrs. 7 male, 3 female

**Characteristics**
- Dystrophic EB, Recessive and Dominant subtypes

**Primary Endpoint**
- Blinded assessment of wound reduction by third party reviewers

**RESULTS**

**Representative photo series**

- **AP101 + Wound dressing**
- **Wound dressing alone**

**Day** 0 7 14

**Primary efficacy endpoint**

Which half epithelialized faster?

p < 0.01

<table>
<thead>
<tr>
<th></th>
<th>AP101 + wound dressing</th>
<th>Wound dressing alone</th>
<th>undecided</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>4</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>0</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AP101 PHARMA
European Approval for PTWs (14 Jan 2016)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EB</td>
<td>Case studies</td>
<td>Phase II</td>
<td>Scientific Advice BfArM</td>
<td>Scientific Advice EMA</td>
<td>FDA pre-IND meeting</td>
<td>FDA Orphan Drug Status</td>
<td></td>
</tr>
<tr>
<td>Partial thickness wounds</td>
<td>Case studies</td>
<td>Phase II</td>
<td>Scientific Advice BfArM</td>
<td>Scientific Advice BfArM</td>
<td>BBW-11 Follow-up</td>
<td>Phases IIIburn wounds grade 2a (61 patients)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BSH-12 Follow-up</td>
<td>Phase III split-thickness skin graft (107 pat.)</td>
<td>೧ പയനി പിൽ പ്രകാശം കൊണ്ടിരിക്കുന്നു</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>BSG-12 Follow-up</td>
<td>Phase III split-thickness skin graft (112 pat.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Study reports</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>PIP</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>CTD</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MAA</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>EMA approval</td>
<td></td>
</tr>
</tbody>
</table>

Milestones: Case studies, Scientific Advice, BfArM, EMA Orphan Drug Status, FDA pre-IND meeting, FDA Orphan Drug Status, BBW-11 Follow-up, BSH-12 Follow-up, BSG-12 Follow-up, Study reports, PIP, CTD, MAA, EMA approval.

BfArM: Bundesinstitut für Arzneimittel und Medizinprodukte (German Federal Institute for Drugs and Medical Devices); EMA: European Medicines Agency; FDA: US Food & Drug Administration; MAA: Marketing authorization application; PIP: Paediatric investigation plan.
EASE Phase 3 Study In EB

Double Blind, Randomised, Placebo Controlled, Phase III, Efficacy and Safety Study of AP101 in 192 Patients with Inherited Epidermolysis Bullosa; Interim efficacy analysis after 96 patients

Visit schedule

Randomisation 1:1 (stratified by EB subtype)

Day0 D14 D30 D45 D60 D90 M3 M12 M24

90 day main study phase 2 year open label extension

AP101 + dressing

Placebo + dressing

Primary Endpoint: proportion of target wounds healed by day 45*

*Amicus data review confirmed selection of day 45 & excluded simplex patients & old wounds
AP101 Pipeline: Short & Mid-Term Value Creating Clinical Milestones

<table>
<thead>
<tr>
<th>Indication</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>EB (AP101)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Topline Data</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FPFV</td>
<td></td>
<td>CTD</td>
<td>MAA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interim Analysis</td>
<td>CTD</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Breakthrough Designation</td>
<td>NDA</td>
<td>EMA approval</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ad Comm</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-clinical studies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow-up Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FDA approval</td>
</tr>
</tbody>
</table>

- Milestones
- Patient studies
- Non-human studies
AP101
Lifecycle Opportunities
Severity Spectrum Of Partial Thickness Wounds – Common Healing Mechanism

Severity/unmet need

- Mild Burns
- Bullous Pemphigoid
- Pemphigus Vulgaris
- Severe Burns
- SJS/TEN*
- Epidermolysis Bullosa

- Mechanical Injuries
- Immune Inflammation
- Adverse drug reactions
- Genetic diseases
AP103 – Novel Gene Therapy
Different Approaches To Gene Therapy

In Vivo

- Genes are transferred into cells while still in the patient

Ex Vivo

- Cells are taken from the patient
- Gene is modified in the lab
- Cells are transferred back into the patient
Viral Based Vectors In Gene Therapy

DNA encoding ‘normal’ gene

Virus carrying ‘normal’ gene

Nucleus

Proteins produced by normal gene

Human Cell
AP-103 - Uptake Pathway Of The Polyplexes
AP-103 – POC demonstrating Topical Delivery Of COL7A1 Leads To Expression Of Collagen VII

✓ Type VII Collagen Expression, after topical application

Control RDEB Skin No C7

1xHPAE-COL7A1 Topically

3xHPAE-COL7A1 Topically

Epidermis

Dermis

Images taken at 20x

4 weeks

10 weeks

Image taken at 10x
AP-103 – POC demonstrating Topical Delivery Of COL7A1 Leads To Expression Of Collagen VII

✓ Type VII Collagen Expression, after topical application

Control RDEB Skin No C7  1xHPAE-COL7A1 Topically  3xHPAE-COL7A1 Topically

Epidermis

Dermis

Images taken at 20x  4 weeks  10 weeks

Image taken at 10x
Total Revenues FY18 €12.8M

- Lojuxta €11.9M
- Imlan €0.9M
Cash at Period End

€10m EIB Drawdown (Apr)

€15m equity raise (Oct)

€10m EIB Not Drawn To Date
Amryt Highlights

- Strong and experienced executive team in place – 170+ years experience
- Non-executives with relevant experience – founder of Shire; EVP Global Marketing Forest Labs; European head of pharmaceutical research Merrill Lynch

- Robust pipeline with €1 billion plus orphan opportunity in EB currently in phase 3 – near term milestone with interim analysis in Q4 FY18
- Existing AP101 approval in Europe provides lifecycle opportunities
- Gene therapy platform technology with initial focus on EB

- Commercial stage pharma company with material revenues anticipated from Lojuxta sales
- Infrastructure in place to add more commercial assets