Pharming®

Pharming Group N.V.

H.C Wainwright 24th Annual Investment Conference

September 13, 2022

NASDAQ: **PHAR** | EURONEXT Amsterdam: **PHARM**

Forward looking statements

This presentation may contain forward-looking statements. Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based on our current beliefs, expectations and assumptions regarding the future of our business, future plans and strategies, our development plans, our clinical results and other future conditions. All statements other than statements of historical facts contained in this presentation, including statements regarding our future financial or business performance, conditions, plans, prospects, trends or strategies, objectives of management and other financial and business matters; our current and prospective product candidates, planned clinical trials and preclinical studies, projected research and development costs, current and prospective collaborations; and the estimated size of the market for our product candidates, the timing and success of our development and commercialization of our product candidates and the market acceptance thereof, are forward-looking statements. New risks and uncertainties may emerge from time to time, and it is not possible to predict all risks and uncertainties. While we may elect to update these forward-looking statements at some point in the future, we assume no obligation to update or revise any forward-looking statements except to the extent required by applicable law. Although we believe the expectations reflected in such forward-looking statements are reasonable, we can give no assurance that such expectations will prove to be correct. Accordingly, readers are cautioned not to place undue reliance on these forward-looking statements. No representations or warranties (expressed or implied) are made about the accuracy of any such forward-looking statements.

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Company overview

One commercialized asset: RUCONEST® (conestat alfa) for the treatment of acute hereditary angioedema (HAE)

Founded in 1988 in Leiden, the Netherlands. Pharming Group N.V. has a rich history within the Science Park.

Global headquarters: Leiden, the Netherlands
US headquarters: Warren, New Jersey

Active in over 30 markets, the largest markets include: United States, Europe, United Kingdom, Middle East & North Africa

EURONEXT Amsterdam: PHARM: Since 1999
Nasdaq: PHAR: Since 2020

Continuing to build a sustainable business in rare diseases

Pharming®

Building a sustainable business by focusing on RUCONEST® sales

Positive cash flow from RUCONEST® helps fund leniolisib and pipeline development and management

- Fully commercialize RUCONEST® in all major international markets with our own sales forces

Anticipated approval and commercialization of leniolisib

Successful commercialization of leniolisib and life cycle management of future indications

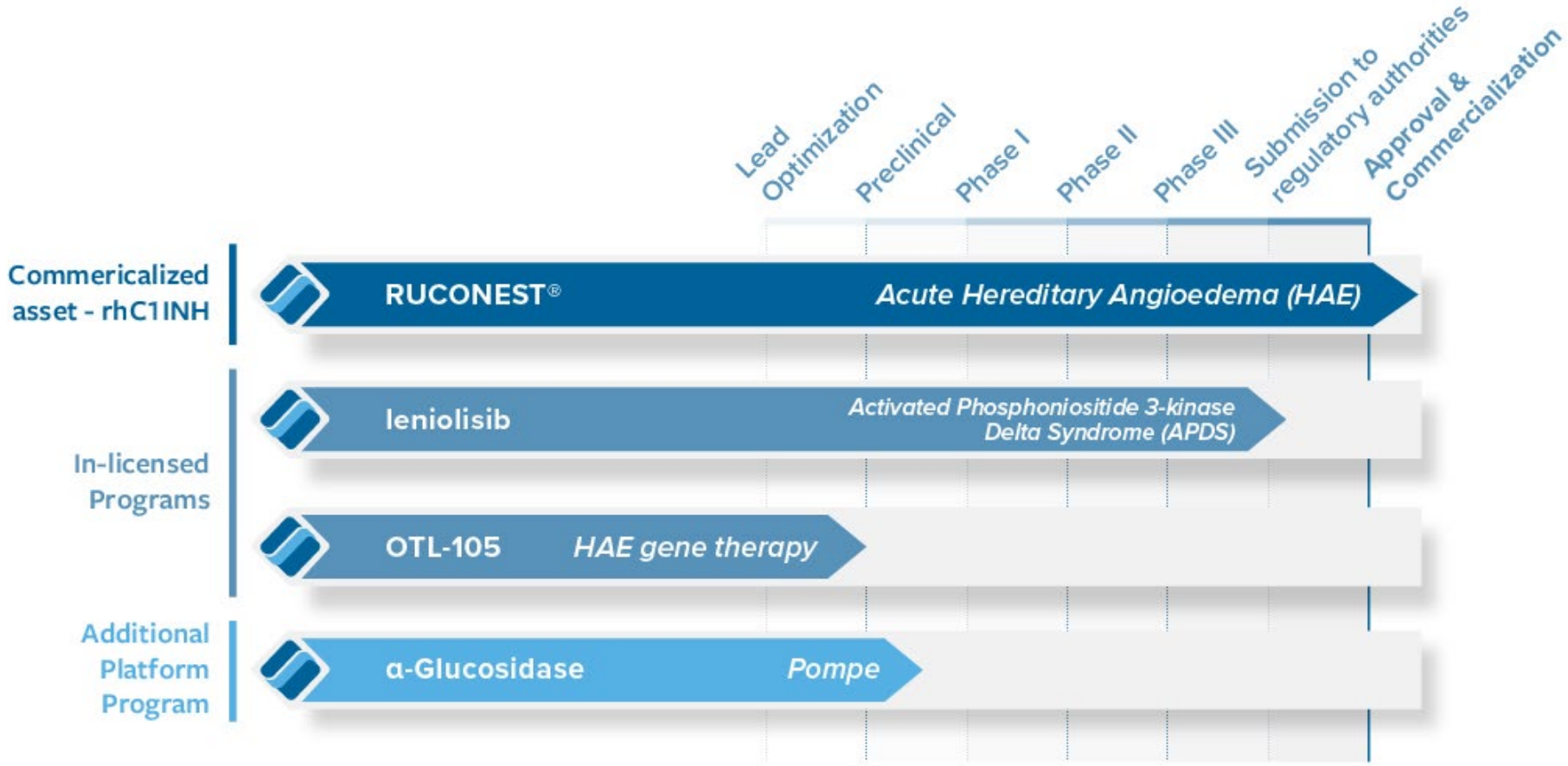
- Market opportunity with an estimated >1,350 patients (500 US, 675 EU, 190 Japan) living with APDS and more than 400 patients already identified by Pharming
- Developing PI3Kδ for additional indications for rare disease patients

Ongoing pipeline development and management of rare disease assets

Development through internal projects and potential acquisitions new, late-stage assets through in-licensing and M&A opportunities

- Development of OTL-105, an ex-vivo HSC gene therapy candidate for HAE
- Development of rhaGLU, an enzyme replacement therapy for Pompe disease

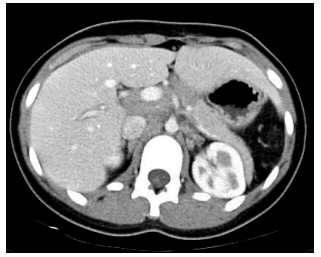
Pipeline at a glance



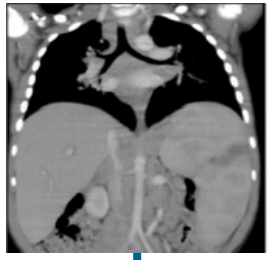
Clinical Features of APDS

Overt Non-malignant Lymphoproliferation

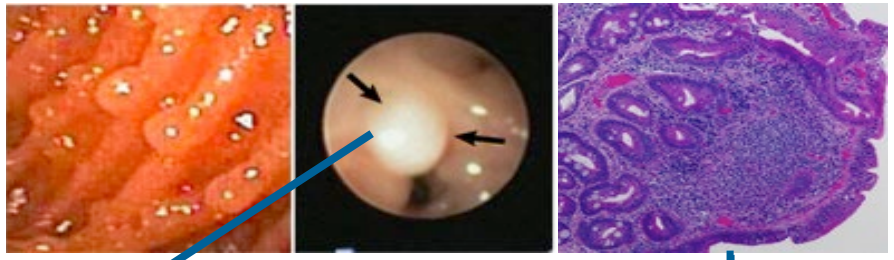
Lymphadenopathy – peripheral, mediastinal, mesenteric



Hepatosplenomegaly



Nodular lymphoid hyperplasia of the airway and GI mucosa



Malignant Lymphoproliferation

Lymphoma – diffuse large B cell, Hodgkin's, marginal zone B cell, MALToma, EBV+

Autoimmunity

Hemolytic anemia, ITP, neutropenia, Evans syndrome

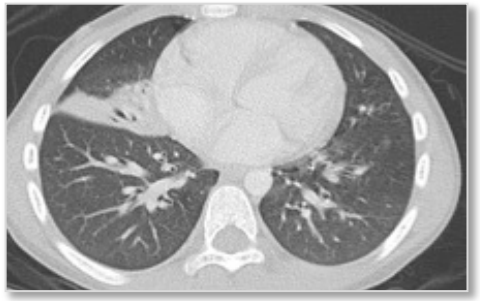
Other autoimmunity

[1-6]

Infections

Encapsulated bacteria
CMV and EBV viremia
CMV lymphadenitis
Varicella zoster
Human papillomavirus
Adenovirus
Molluscum contagiosum

Lung disease



Pneumonia, consolidation, bronchiectasis, interstitial lung disease

GI Disease

Enteropathy
Colitis, IBD-like
Protein-losing enteropathy (PLE)
Eosinophilic esophagitis (EoE)
Intussusception

Liver Disease

Nodular regenerative hyperplasia
Portal hypertension
Sclerosing cholangitis

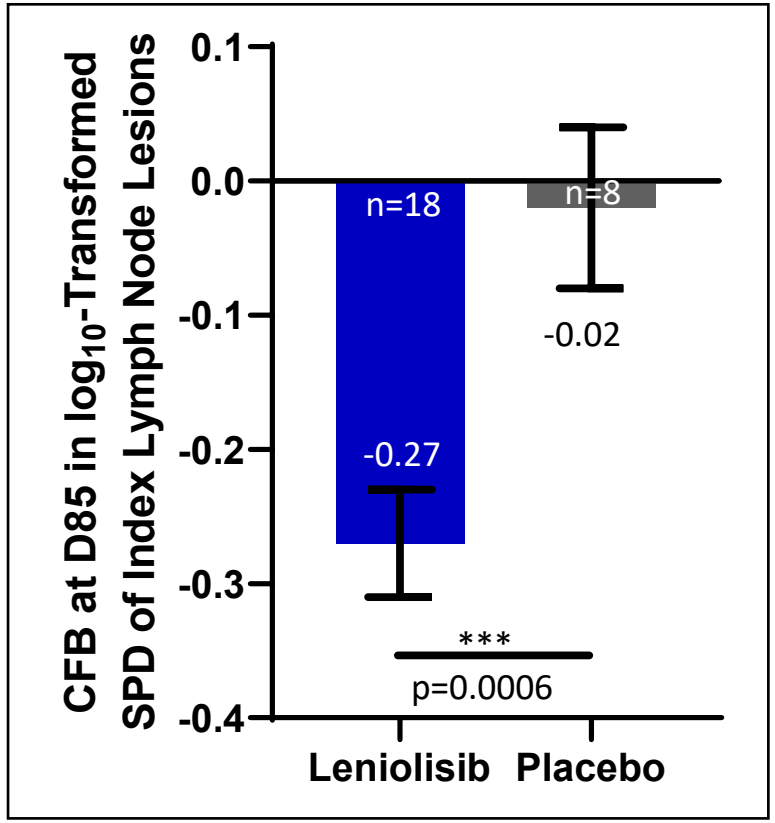
Images courtesy of Dr Gulbu Uzel and the National Institutes of Health. AIHA, autoimmune hemolytic anemia; APDS, activated PI3Kδ syndrome; CMV, cytomegalovirus; EBV, Epstein-Barr virus; GI, gastrointestinal; IBD, inflammatory bowel disease; ITP, immune thrombocytopenic purpura; PASLI, p110δ-activating mutation causing senescent T cells, lymphadenopathy, and immunodeficiency.

1. Lucas CL, et al. *Nat Immunol*. 2014;15(1):88-97. 2. Coulter TI, et al. *J Allergy Clin Immunol*. 2017;139(2):597-606. 3. Elkaim E, et al. *J Allergy Clin Immunol*. 2016;138(1):210-218. 4. Maccari ME, et al. *Front Immunol*. 2018;9:543. 5. Condliffe AM, Chandra A. *Front Immunol*. 2018;9:338. 6. Data on file. Pharming Healthcare Inc. 2022.

Leniolisib reduced lymphadenopathy

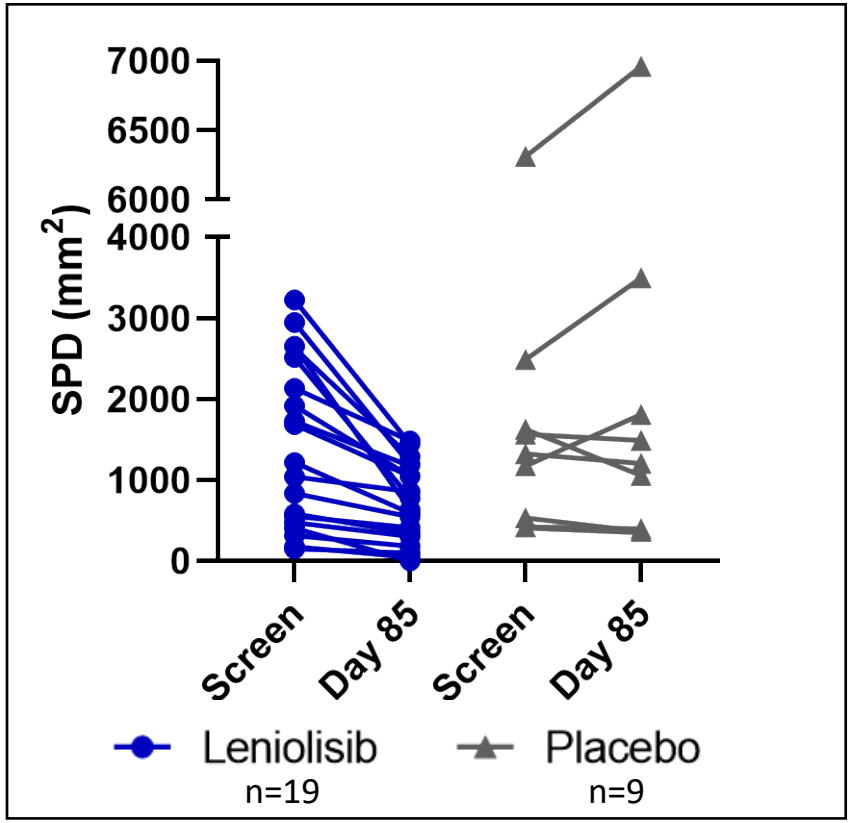
Primary Outcome Analysis*

Change from baseline in index lesions



Individual Index Lesion Sizes

Safety analysis set



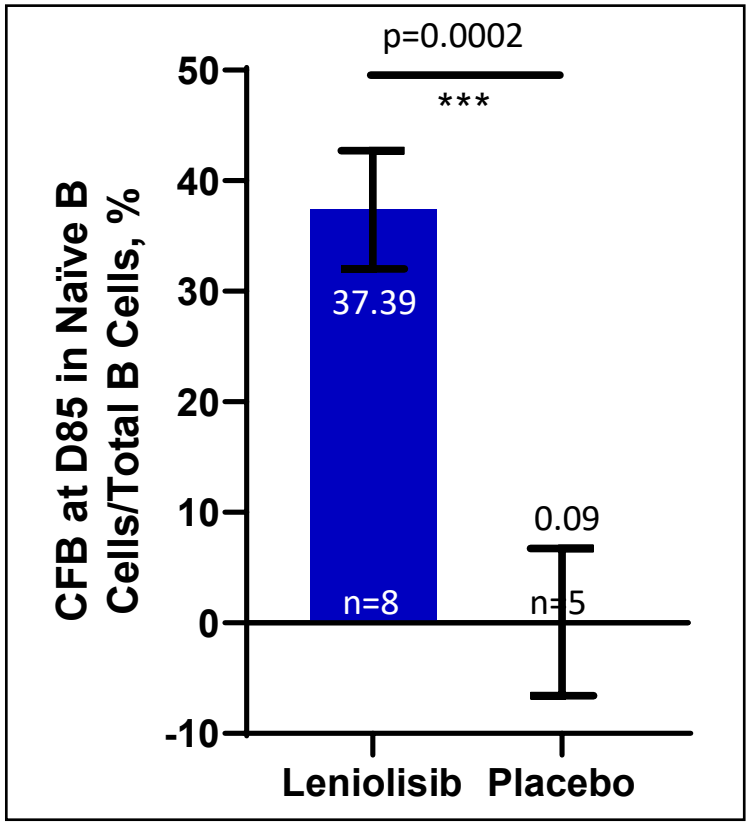
*Data were analyzed using ANCOVA model with treatment as a fixed effect and log_{10}-transformed baseline as a covariate. Use of glucocorticoids and IVIG at baseline were both included as categorical (Yes/No) covariates. P-value is 2-sided. Least square means are graphed. Error bars are standard error of the mean. 4 patients from the 31 in the safety analysis were excluded from the PD analysis. An additional patient was excluded from the index lesion analysis because the baseline lung index had fully resolved (0 mm) by D85.

CFB, change from baseline; D, day; PD, pharmacodynamics; SPD, sum of product of diameters; 3D, 3-dimensional. Data on file. Pharming Healthcare Inc. 2022.

Leniolisib Increased the Percentage of Naïve B Cells Out of Total B Cells

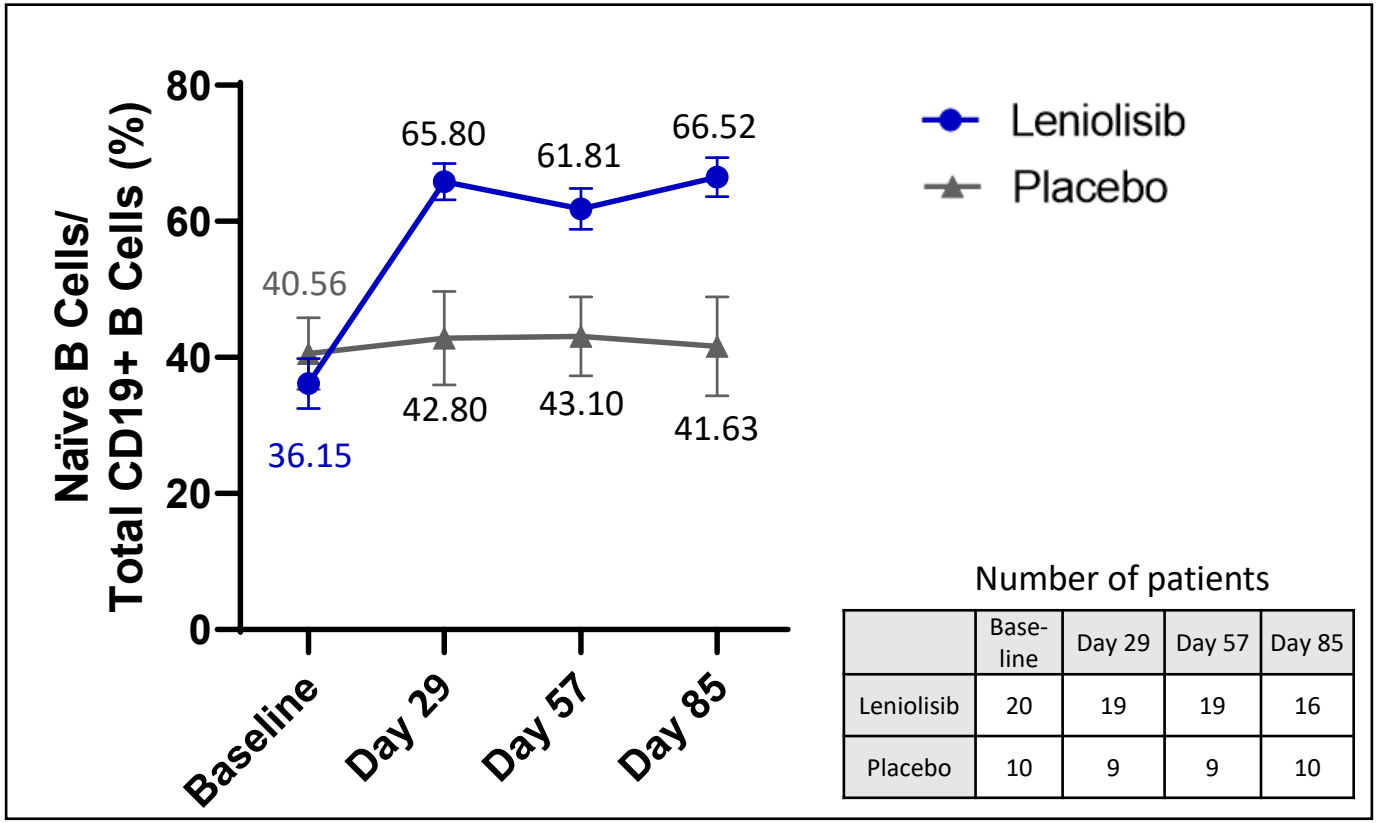
Primary Outcome Analysis*

Change from baseline in naïve B cells



Mean Percentage of Naïve B Cells Over Time

Safety analysis set



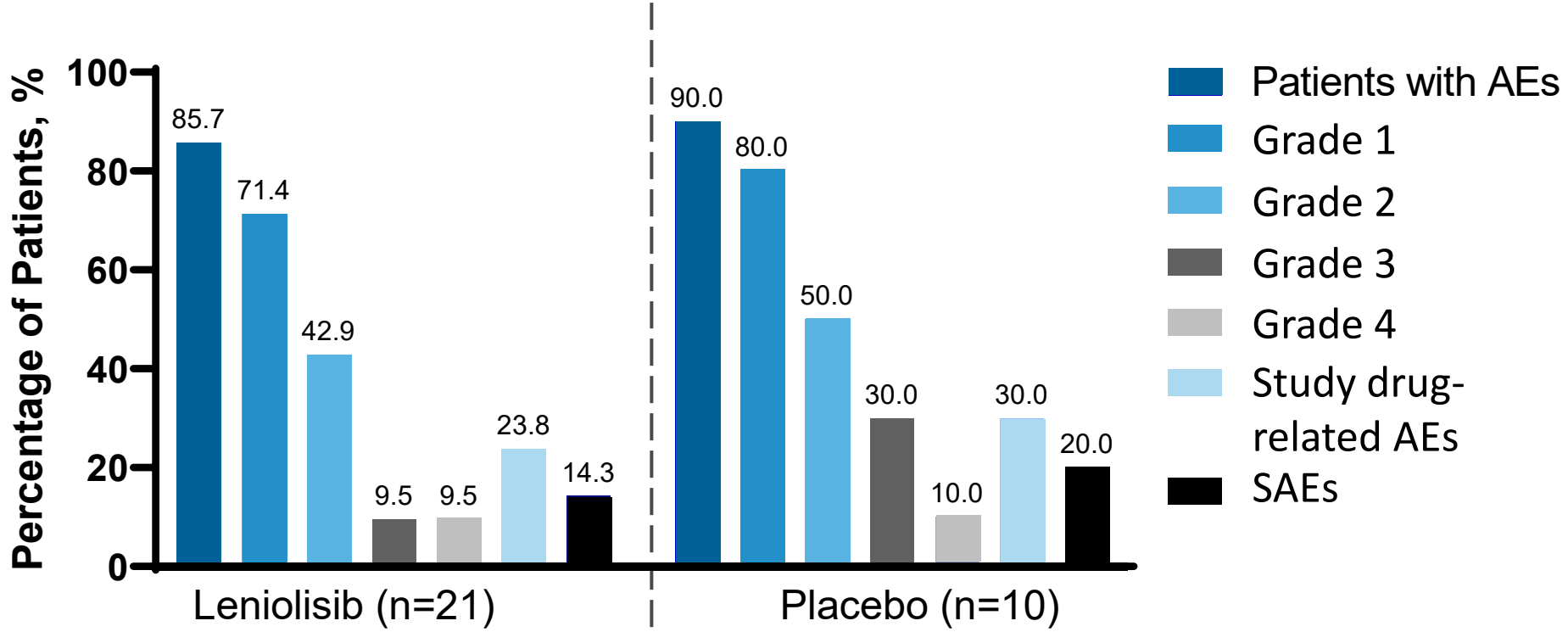
Number of patients

	Base-line	Day 29	Day 57	Day 85
Leniolisib	20	19	19	16
Placebo	10	9	9	10

*Data were analyzed using an ANCOVA model with treatment as a fixed effect and baseline as a covariate. Use of glucocorticoids and IVIG at baseline were both included as categorical (Yes/No) covariates. *Baseline* is defined as the arithmetic mean of the baseline and Day 1 values when both are available, and if either baseline or the Day 1 value is missing, the existing value is used. P-value is 2-sided. Least square means are graphed. Error bars are standard error of the mean. Out of 27 patients in the PD analysis set, 13 patients met the analysis requirements, including having a percentage of <48% of naïve B cells at baseline, to form the B-PD analysis set.

Data on file. Pharming Healthcare Inc. 2022.

Leniolisib over three months was well tolerated



	Leniolisib (n=21)						
Number of AEs	92	65	19	3	3	6	5
Number of patients with ≥1 AE	18	15	9	2	2	5	3

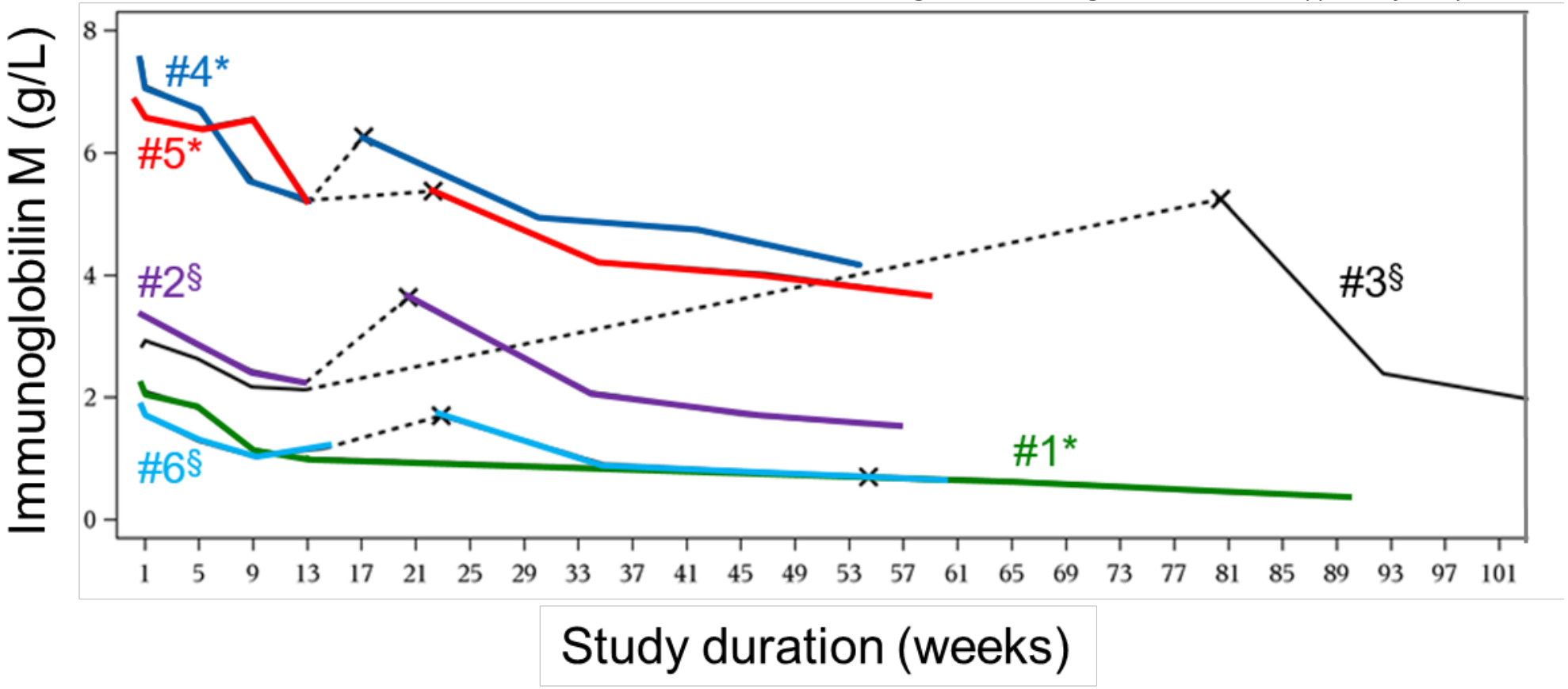
	Placebo (n=10)						
Number of AEs	45	27	13	4	1	8	5
Number of patients with ≥1 AE	9	8	5	3	1	3	2

- No deaths (grade 5 AEs) were reported
- No AEs led to discontinuation of study treatment
- No SAEs were related to study treatment, and the incidence of SAEs was lower in the leniolisib group than the placebo group

CTC were used to determine AE grade. If CTC-AE grading did not exist for an AE, the following definitions were used: 1, mild; 2, moderate; 3, severe; 4, life-threatening; 5, death.
AEs, adverse events; CTC, Common Toxicity Criteria; SAEs, serious adverse events. Data on file. Pharming Healthcare Inc. 2022.

Long term leniolisib results (N=6)

Leniolisib is an investigational new drug that has not been approved for any use.



Patients have stopped (*) or decreased (§) immunoglobulin supplementation as a reflection of the normalization of their B cell function. Dashed lines indicate patient not on treatment

Slide courtesy of Dr V. Koneti Rao. Blood (2018) 132 (Supplement 1): 3706.

Strategic highlights: leniolisib progress

We remain on track for the commercial approval of leniolisib in the US, UK and the EU

USA

JUL 29 — Filing of New Drug Authorization with the FDA

AUG 2 — International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) by the US CDC for APDS, will be effective starting October 1, 2022

Q1 2023 — We remain on track for the anticipated commercial approval from the FDA in Q1 2023, with an anticipated launch and commercialization soon after

UK / EU

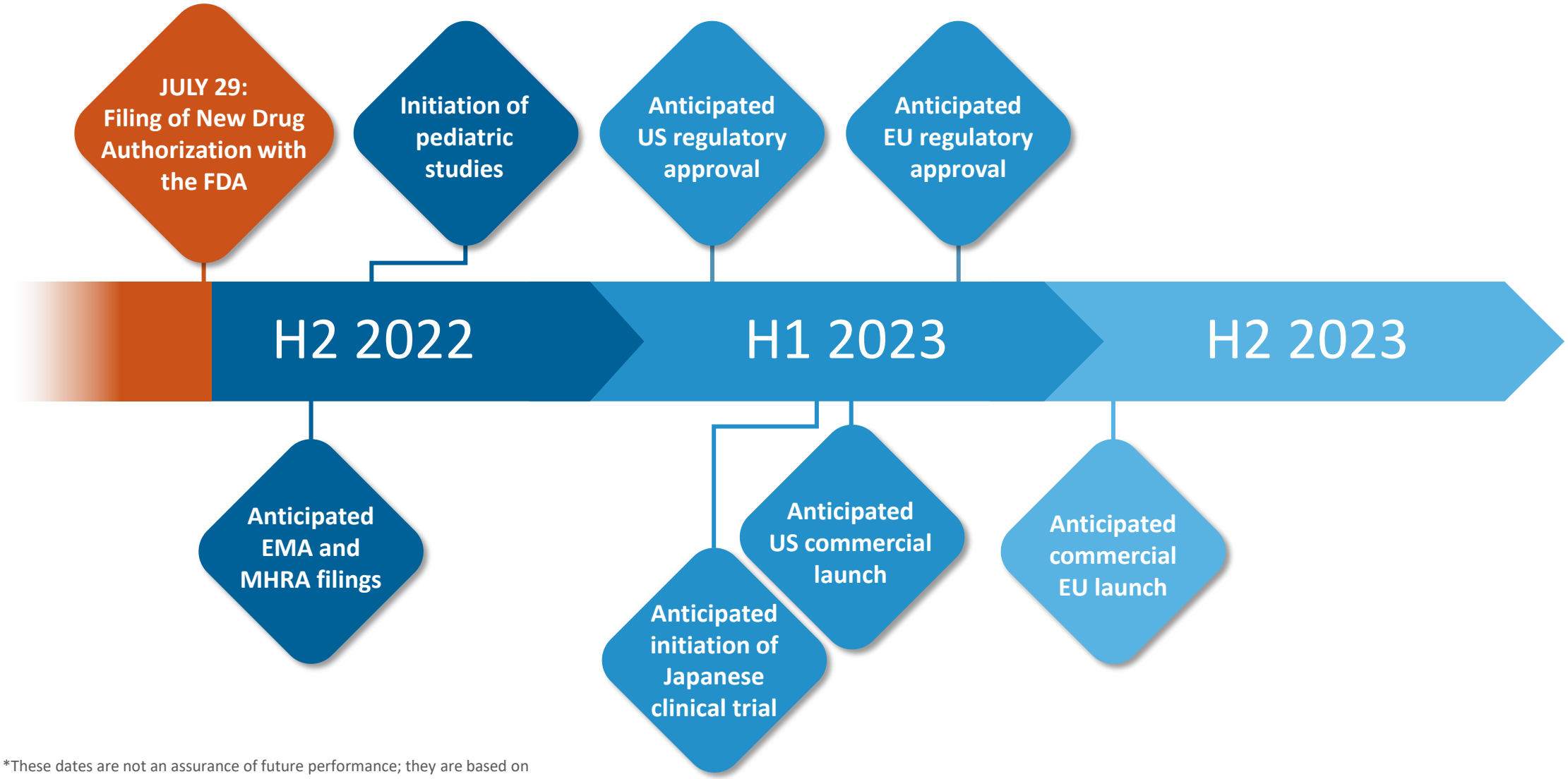
JAN 6 — Pharming receives positive EMA decision on pediatric investigation plan (PIP) for leniolisib in Europe

APR 26 — MHRA granted Promising Innovative Medicine (PIM) designation for the treatment of APDS in children 1 year of age to less than 18 years of age

AUG 1 — Announced EMA Accelerated Assessment Granted for adults and adolescents aged 12 and older

H2 2022 — Remain on track for regulatory filings for both EMA and MHRA in the second half of 2022

Upcoming milestones for leniolisib*



*These dates are not an assurance of future performance; they are based on current expectations and assumptions regarding the future of our business. Please refer to our Forward-looking Statement on slide 2 of this presentation.

Leniolisib is an investigational new drug that has not been approved for any use.

Commercialized asset at a glance: RUCONEST® (conestat alfa)

- RUCONEST® sales of US$198.9 million in FY 2021
- RUCONEST® sales growth supported by an increase in physicians prescribing and number of patients
- Safe and reliable acute treatment option for hereditary angioedema (HAE)
- Market representation (total revenues)
  US sales – 97% | EU & RoW – 3%
- Single digit growth expected to continue for remainder of 2022

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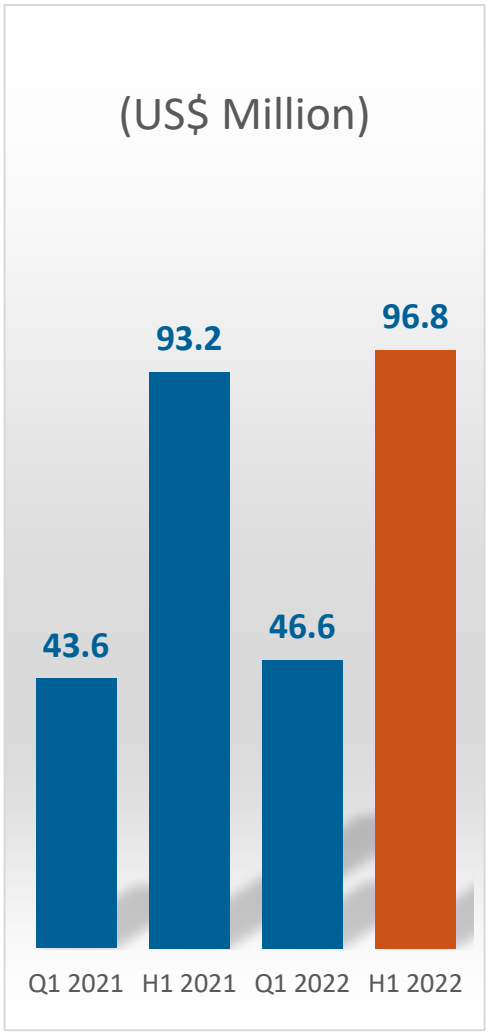
Financial Highlights H1 2022

Financial highlights

- Total revenues up 4% compared to H1 2021
- Net profit increased by 33% compared to H1 2021
- Positive cash flows, offset by exchange rate effect
- Stake held by Pharming in BioConnection reduced, received a one-off US$7.5 million cash payment and recognized gain of US$12.8 million.

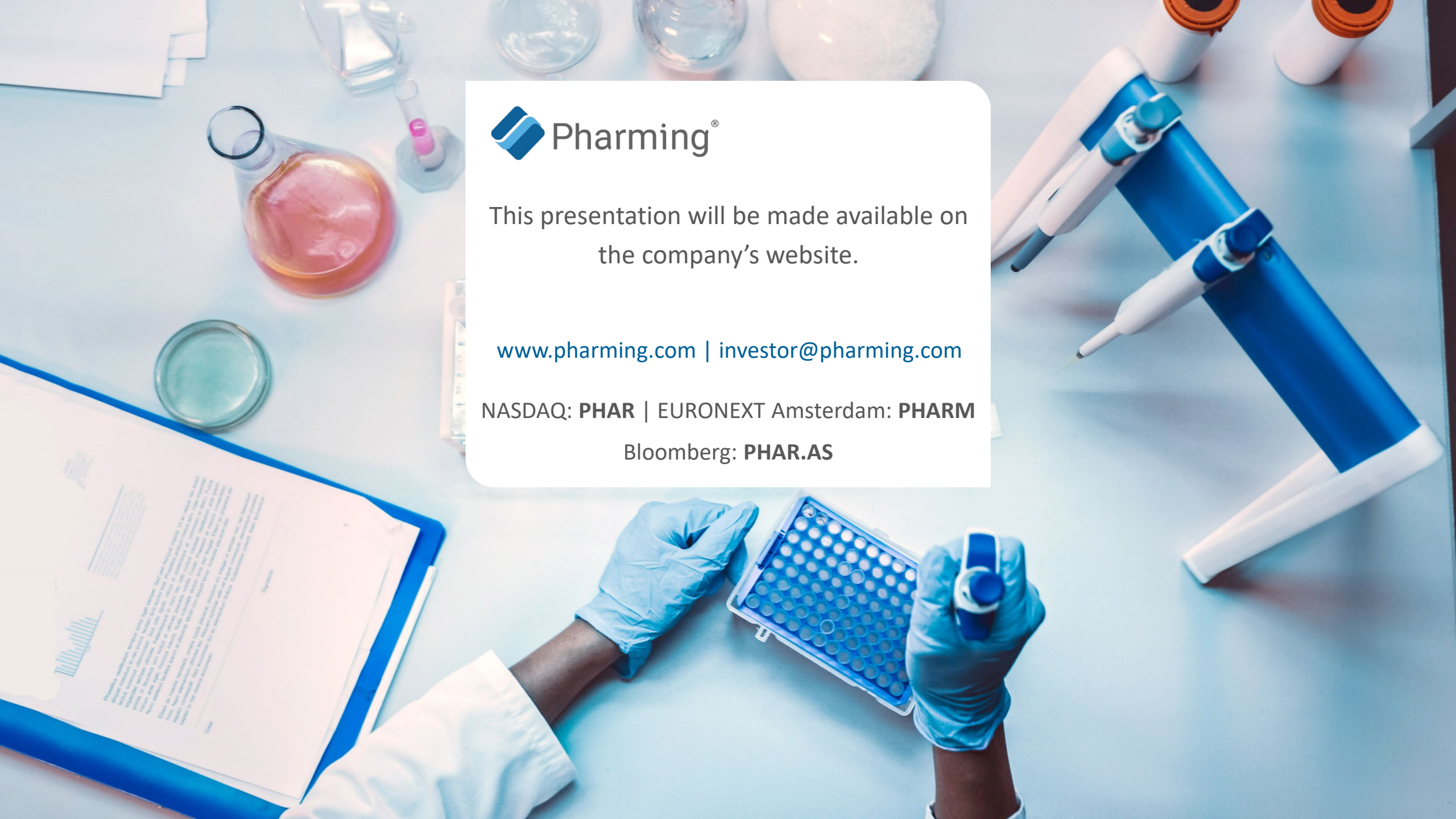
Financial highlights: H1 2022

TOTAL REVENUES H1 2021	US$93.2 million
TOTAL REVENUES H1 2022	Increased by 4% to US$96.8 million
GROSS PROFIT H1 2021	US$83.8 million
GROSS PROFIT H1 2022	Increased by 5% to US$87.9 million
OPERATING PROFIT H1 2021	US$17.2 million
OPERATING PROFIT H1 2022	Increased by 20% to US$20.6 million
NET PROFIT H1 2021	US$14.4 million
NET PROFIT H1 2022	Increased by 33% to US$19.2 million



Outlook for the remainder of 2022

- Single digit growth in Group revenues from RUCONEST® sales, quarterly fluctuations are expected.
- On track for leniolisib regulatory filings to EMA and UK MHRA in H2 2022.
- Commercial approval of leniolisib from FDA in Q1 2023, with an anticipated launch and commercialization in US.
  *subject to positive outcomes of the FDA review and granting of a Priority Review
- Continue to allocate resources towards the anticipated launch and commercialization of leniolisib.
- Investment & continued focus on potential acquisitions and in-licensing of new, late-stage development opportunities and assets in rare diseases.



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This presentation will be made available on the company's website.

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