



## Pharming Group N.V.

JOENJA<sup>®</sup> (leniolisib)

FDA Approval

Investor / Analyst Call

**March 27, 2023**

NASDAQ: PHAR | EURONEXT Amsterdam: PHARM

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**Sijmen de Vries, MD**  
Chief Executive Officer




**Anurag Relan, MD**  
Chief Medical Officer



**Stephen Toor**  
Chief Commercial Officer



**Jeroen Wakkerman**  
Chief Financial Officer

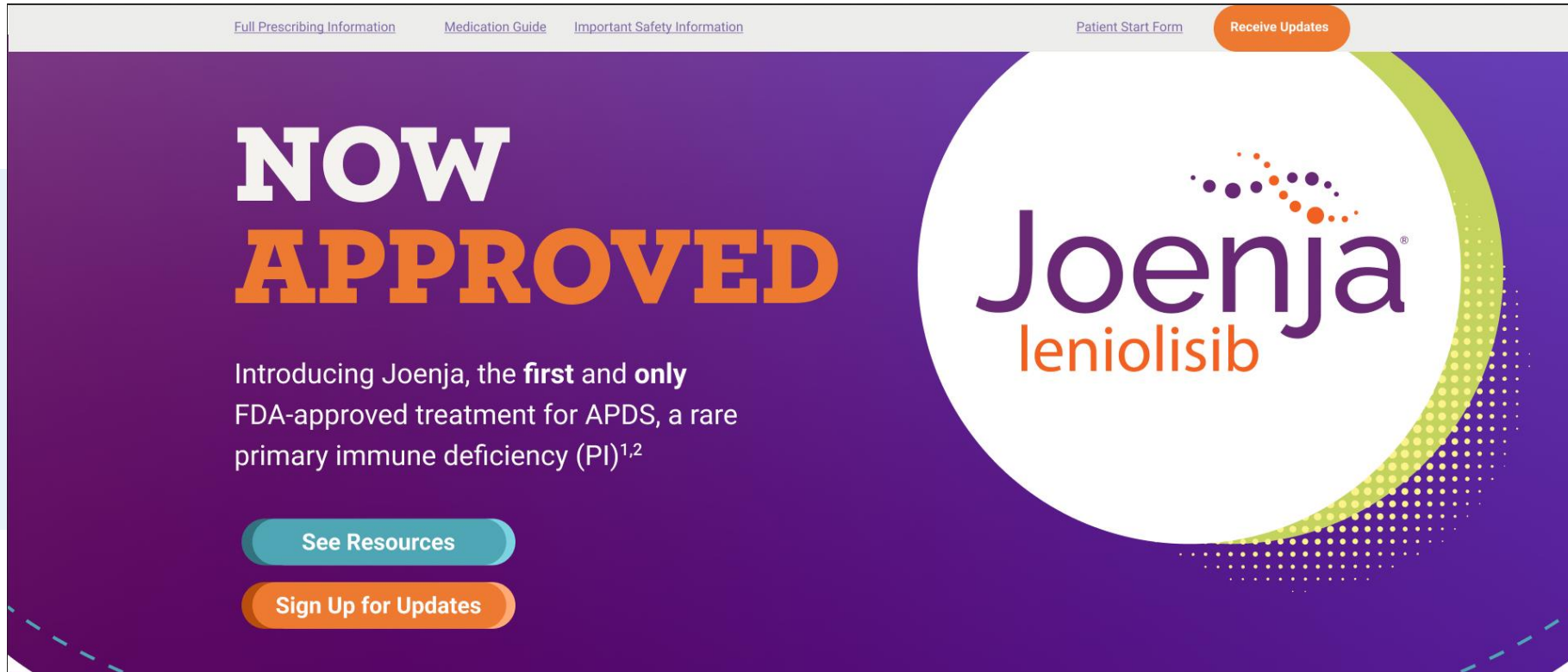
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Sijmen de Vries, Chief Executive Officer
  - Q&A**



**Sijmen de Vries, MD**  
Chief Executive Officer

## Introduction





Full Prescribing Information   Medication Guide   Important Safety Information   Patient Start Form   [Receive Updates](#)

# NOW APPROVED

Introducing Joenja, the **first and only** FDA-approved treatment for APDS, a rare primary immune deficiency (PI)<sup>1,2</sup>

[See Resources](#)

[Sign Up for Updates](#)

Joenja<sup>®</sup>  
leniolisib

## Joenja<sup>®</sup> (leniolisib) is the first and only FDA-approved treatment for APDS

- ◆ Targeted treatment of APDS in patients aged 12 years and older
- ◆ PI3K $\delta$  inhibitor with demonstrated efficacy, safety and tolerability in a 12-week randomized placebo-controlled trial for APDS
- ◆ Development ongoing for pediatric patients younger than 12 years

## We are prepared for Joenja<sup>®</sup> launch in early April

- ◆ Joenja<sup>®</sup> is Pharming's second commercial rare disease product
- ◆ Experienced and dedicated commercial and medical teams in place
- ◆ APDS Assist program to help patients with medication access, education, and support services

## MAA under review by EMA CHMP

*Pharming is committed to transforming the lives of patients who suffer from rare diseases*



**Anurag Relan, MD**  
Chief Medical Officer

## **APDS Overview**





# APDS is a rare, primary immunodeficiency (PI) first characterized in 2013



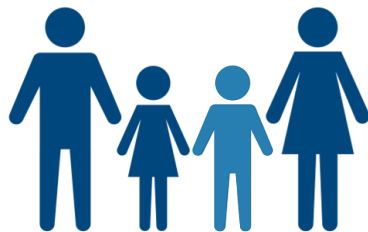
APDS affects ~1500 patients worldwide\*  
To date, Pharming has identified >500 of these patients

(as of December 2022 for Australia, Canada, Europe, Japan, US, UK)



Until now, treatments for APDS have addressed the symptoms of the disease which manifest early in childhood, but not the root cause of APDS

Without an indicated treatment specifically for APDS, physicians could only manage symptoms



The signs and symptoms of APDS vary widely, even among family members with the same genetic variant, resulting in potential delays in diagnosis and care

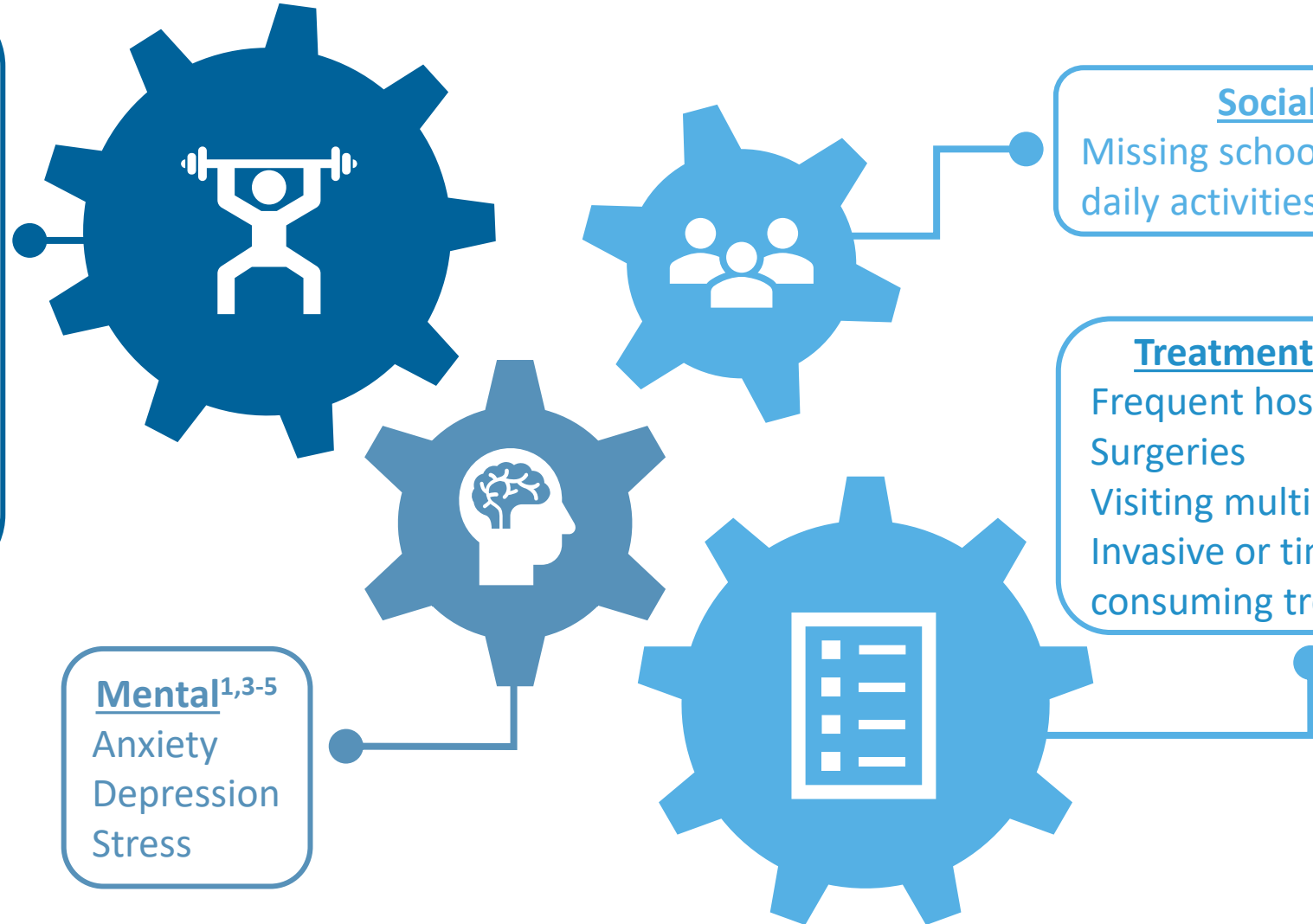


A genetic test can provide a definitive diagnosis of APDS

# APDS can impact many facets of life

## Physical<sup>1,2</sup>

Frequent infections  
Swollen glands  
Shortness of breath  
Coughing/wheezing  
Chest or joint pain  
Fatigue  
Inability to exercise  
Hearing loss  
Diarrhea  
Skin problems



## Social<sup>3,4</sup>

Missing school, work, or daily activities

## Treatment Burden<sup>1-4</sup>

Frequent hospitalizations  
Surgeries  
Visiting multiple doctors  
Invasive or time-consuming treatments

## Mental<sup>1,3-5</sup>

Anxiety  
Depression  
Stress

APDS, activated phosphoinositide 3-kinase  $\delta$  syndrome.

1. Coulter TI, et al. *J Allergy Clin Immunol.* 2017;139(2):597-606. 2. Elkaim E, et al. *J Allergy Clin Immunol.* 2016;138(1):210-218. 3. Rider NL, et al. *J Clin Immunol.* 2017;37(5):461-475.

4. Jiang F, et al. *Allergy Asthma Clin Immunol.* 2015;11:27. 5. Kuburovic NB, et al. *Patient Prefer Adherence.* 2014;8:323-330.

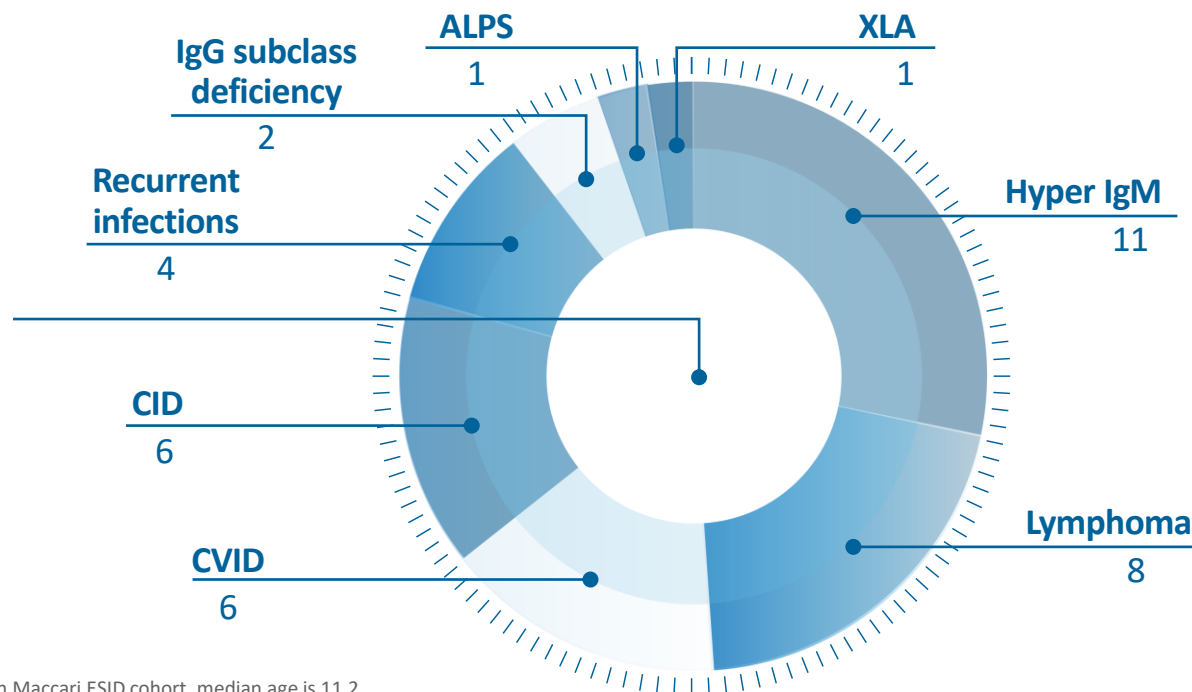
# Heterogeneous, evolving symptomology can often lead to missed diagnoses

## Timeline of the most common pathologies\* seen in APDS<sup>1-4</sup>

Median age at diagnosis:  
12 years (7-year median diagnosis delay)



APDS has often been diagnosed as another PI or condition, causing delays in diagnosis<sup>1</sup>



Improved identification of symptoms, increased genetic testing, and earlier diagnosis are needed

\*Pathologies can occur at any time.

<sup>†</sup>In Elkaim APDS2 cohort, median age of bronchiectasis is 13; in Maccari ESID cohort, median age is 11.2.

<sup>‡</sup>No median ages are available for these manifestations.

ALPS, autoimmune lymphoproliferative syndrome; CID, combined immunodeficiency; CVID, common variable immune deficiency; ESID, European Society for Immunodeficiencies; HIGM, hyper immunoglobulin M syndrome; IgG, immunoglobulin G; PI3Kδ, phosphoinositide 3-kinase delta; XLA, X-linked agammaglobulinemia.

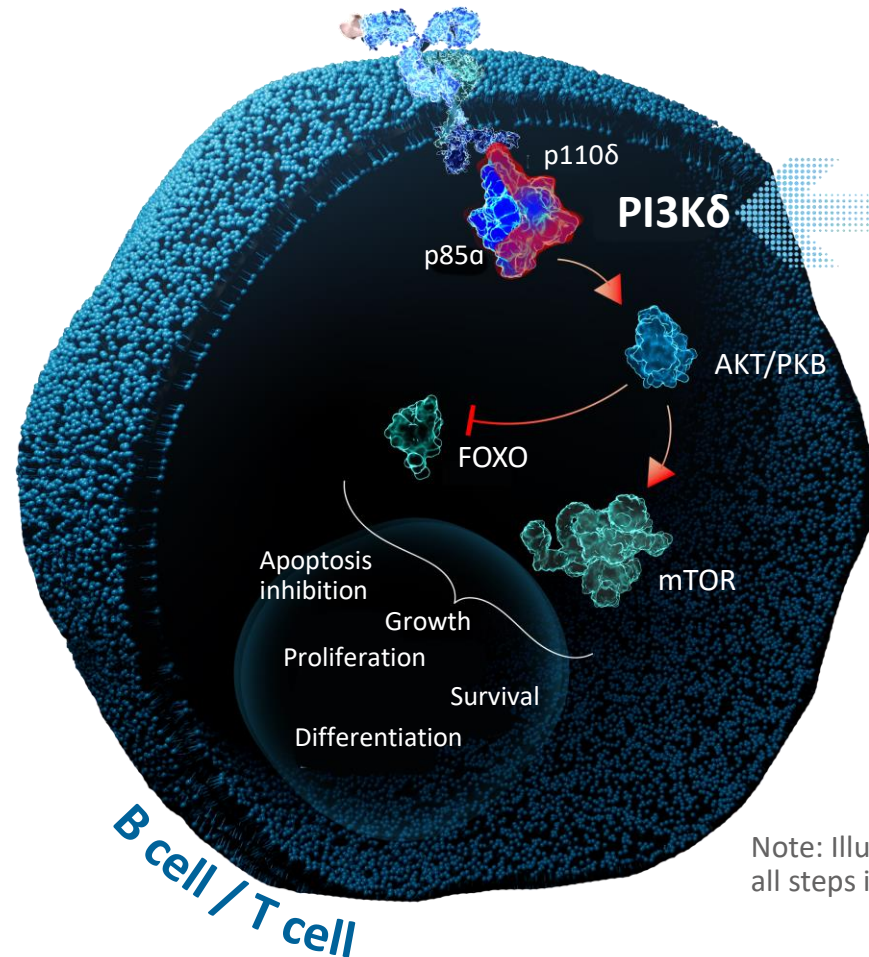
1. Jamee M, et al. *Clin Rev Allergy Immunol.* 2020;59(3):323-333. 2. Maccari ME, et al. *Front Immunol.* 2018;9:543. 3. Elkaim E, et al. *J Allergy Clin Immunol.* 2016;138(1):210-218.e9. 4. Coulter TI, et al. *J Allergy Clin Immunol.* 2017;139(2):597-606.

# Genetic defect leads to PI3K $\delta$ hyperactivity, disrupting immune cell balance

Hyperactive PI3K $\delta$  results in dysregulated B and T cell development<sup>1-3</sup>

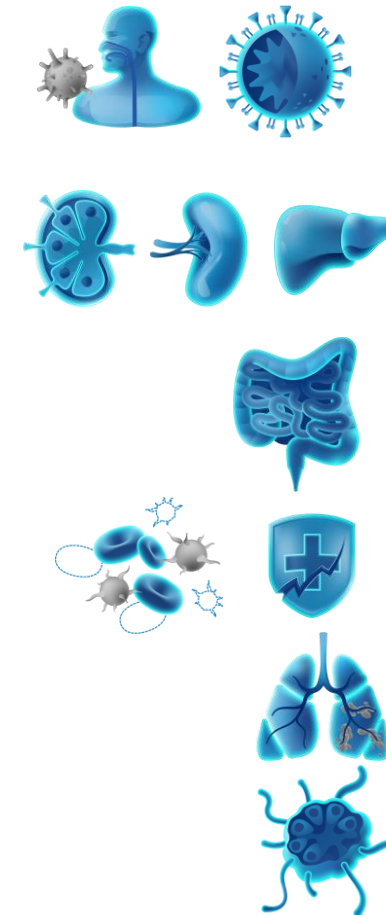


Immune imbalance leads to diverse signs and symptoms<sup>1,4-6</sup>



The PI3K $\delta$  enzyme is at the beginning of a complex signaling pathway

Note: Illustration does not include all steps in the signaling pathway.



## Severe, recurrent, persistent infections

- Sinopulmonary
- Herpesvirus (especially EBV and CMV)

## Lymphoproliferation

- Lymphadenopathy
- Splenomegaly/hepatomegaly
- Nodular lymphoid hyperplasia

## Enteropathy

## Autoimmunity

- Cytopenias
- Autoimmune disorders
- Autoinflammatory disorders

## Bronchiectasis

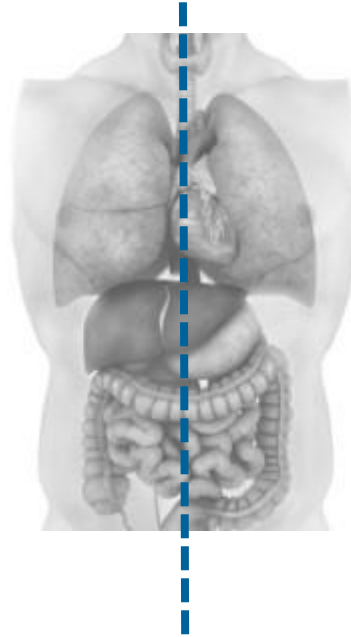
## Lymphoma

FOXO, forkhead box O; mTOR, mammalian target of rapamycin; PI3K $\delta$ , phosphoinositide 3-kinase delta; PKB, protein kinase B.

1. Lucas CL, et al. *Nat Immunol.* 2014;15(1):88-97. 2. Fruman DA, et al. *Cell.* 2017;170(4):605-635. 3. Okkenhaug K, Vanhaesebroeck B. *Nat Rev Immunol.* 2003;3(4):317-330. 4. Coulter TI, et al. *J Allergy Clin Immunol.* 2017;139(2):597-606. 5. Elkaim E, et al. *J Allergy Clin Immunol.* 2016;138(1):210-218. 6. Jamee M, et al. *Clin Rev Allergy Immunol.* 2020;59(3):323-333.

## Immune Deficiency

- Antimicrobial prophylaxis
- Immunoglobulin replacement therapy



## Immune Dysregulation

- Corticosteroids
- Other immunosuppressants
- mTOR inhibitors

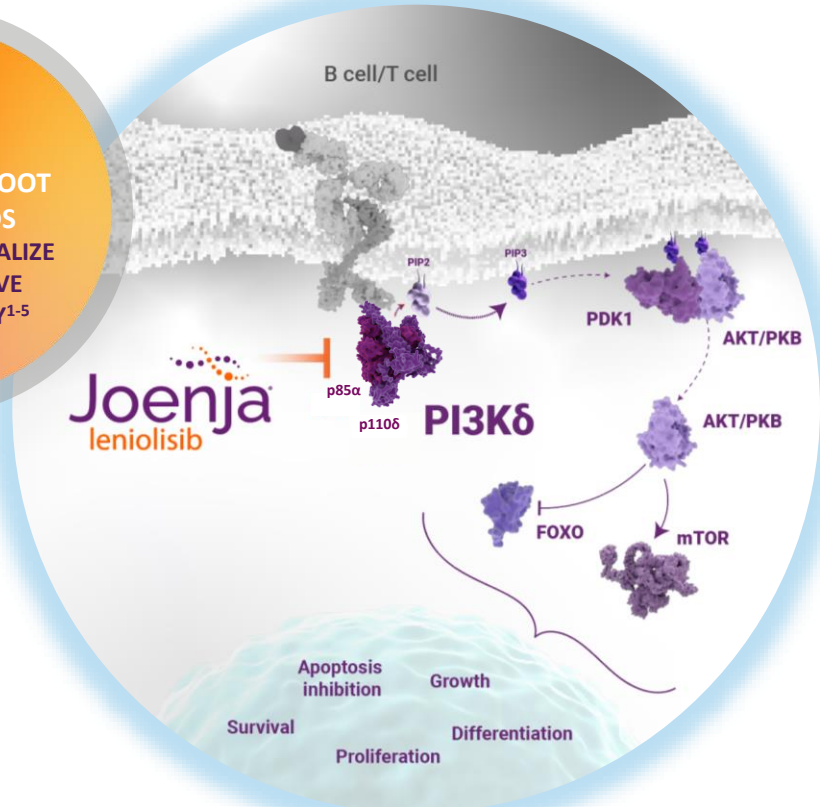
*None of these therapies are FDA-approved for APDS treatment*

Hematopoietic stem cell transplant

APDS, activated phosphatidylinositol 3-kinase  $\delta$  syndrome; IRT, immunoglobulin replacement therapy; mTOR, mammalian target of rapamycin; PI, primary immunodeficiency; PIRD, primary immune regulatory disorder.

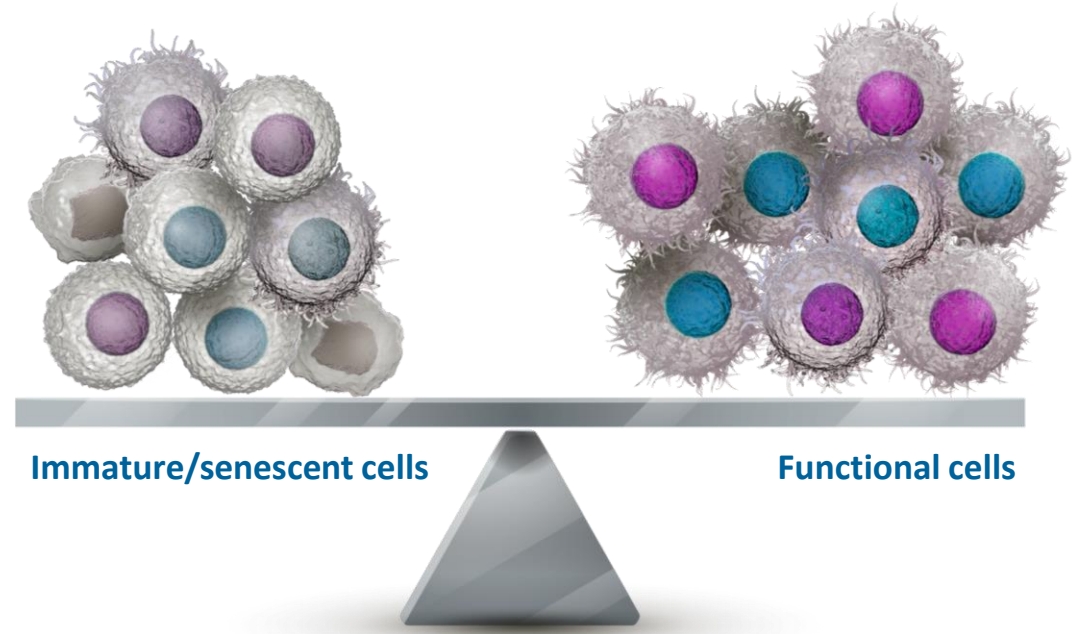
1. Coulter TI, et al. *J Allergy Clin Immunol.* 2017;139(2):597-606. 2. Elkaim E, et al. *J Allergy Clin Immunol.* 2016;138(1):210-218. 3. Chan AY, et al. *Front Immunol.* 2020;11:239. 4. Chinn IK, et al. *J Allergy Clin Immunol.* 2020;145(1):46-69.

**JOENJA WAS DESIGNED TO TARGET THE ROOT CAUSE OF APDS TO HELP NORMALIZE THE HYPERACTIVE PI3Kδ PATHWAY<sup>1-5</sup>**



Note: Illustration does not include all steps in the signaling pathway.

**Joenja<sup>®</sup> facilitates a balanced PI3Kδ pathway to support proper immune function<sup>6</sup>**



This is a graphical representation of a complex biological process.

AKT/PKB, protein kinase B; FOXO, forkhead box O; mTOR, mammalian target of rapamycin; p85α, the regulatory subunit of the PI3Kδ enzyme; p110δ, the catalytic subunit of the PI3Kδ enzyme.  
 1. Fruman DA, et al. *Cell*. 2017;170(4):605-635. 2. Okkenhaug K, Vanhaesebroeck B. *Nat Rev Immunol*. 2003;3(4):317-330. 3. Hoegenauer K, et al. *ACS Med Chem Lett*. 2017;8(9):975-980. 4. Rao VK, et al. *Blood*. 2017;130(21):2307-2316. 5. Rao VK, et al. *Blood*. 2023;141(9):971-983. 6. Nunes-Santos CJ, et al. *J Allergy Clin Immunol*. 2019;143(5):1676-1687.



# Joenja<sup>®</sup> Label and Data



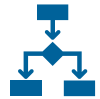


## Overview of Prescribing Information

<b>Indication Statement</b>	JOENJA is a kinase inhibitor indicated for the treatment of activated phosphoinositide 3-kinase delta (PI3K $\delta$ ) syndrome (APDS) in adult and pediatric patients 12 years of age and older.
<b>Contraindications</b>	None
<b>Boxed Warning</b>	None
<b>Risk Evaluation and Mitigation Strategy</b>	None
<b>Dosing and Administration</b>	Verify pregnancy status in females of reproductive potential prior to initiating treatment.  Recommended dosage: 70 mg administered orally twice daily approximately 12 hours apart, with or without food, in adult and pediatric patients 12 years of age and older and weighing $\geq 45$ kg
<b>Warnings and Precautions</b>	Embryo-Fetal Toxicity: JOENJA may cause fetal harm. Advise patients of the potential risk to a fetus and to use effective contraception.  Vaccinations: Live, attenuated vaccinations may be less effective if administered during JOENJA treatment.
<b>Adverse Reactions</b>	Most common adverse reactions (incidence $>10\%$ ) were headache, sinusitis, and atopic dermatitis.



## Pivotal Trial - Part 1: Dose-finding<sup>1,2</sup>



Nonrandomized, open-label, dose-escalating



6 patients with APDS



12 weeks



10 mg, 30 mg, 70 mg bid (4 weeks each dose)



70 mg bid selected for Part 2

## Pivotal Trial - Part 2: Efficacy & Safety Evaluation<sup>3</sup>



Randomized, triple-blinded, placebo-controlled



31 patients with APDS (21 Joenja<sup>®</sup>, 10 placebo)



12 weeks



70 mg bid



Co-primary efficacy end points

- Change from baseline in log<sup>10</sup>-transformed SPD of index lesions
  - Also assessed as % change
- Change from baseline in percentage of naïve B cells out of total B cells

Secondary and exploratory end points  
Safety

## Open-label extension study<sup>4,5</sup>



Nonrandomized, open-label, long-term study



- 35 patients with APDS from Parts 1 and 2
- 2 patients with APDS previously treated with investigational PI3Kδ inhibitors



Ongoing



70 mg bid



Long-term safety, tolerability, efficacy, and pharmacokinetics

bid, twice a day; PI3Kδ, phosphoinositide 3-kinase delta; SPD, sum of product diameters

1. Rao VK, et al. *Blood*. 2017;130(21):2307-2316. 2. NCT02435173. ClinicalTrials.gov. <https://clinicaltrials.gov/ct2/show/NCT02435173>. Updated May 6, 2015. Accessed March 13, 2023. 3. Rao VK, et al. *Blood*. 2023;141(9):971-983.

4. NCT02859727. ClinicalTrials.gov. <https://clinicaltrials.gov/ct2/show/NCT02859727>. Updated October 31, 2022. Accessed March 3, 2023. 5. Data on file. Pharming Healthcare Inc; 2022.

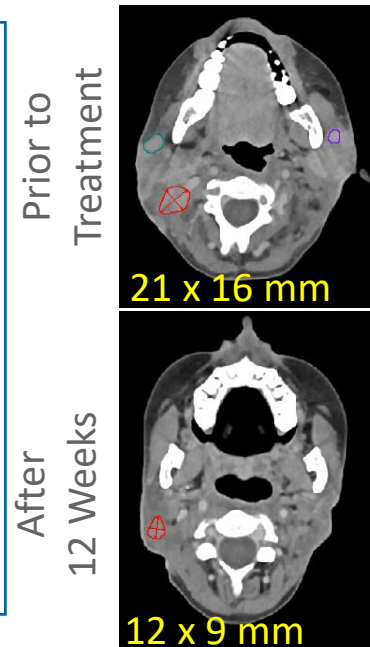
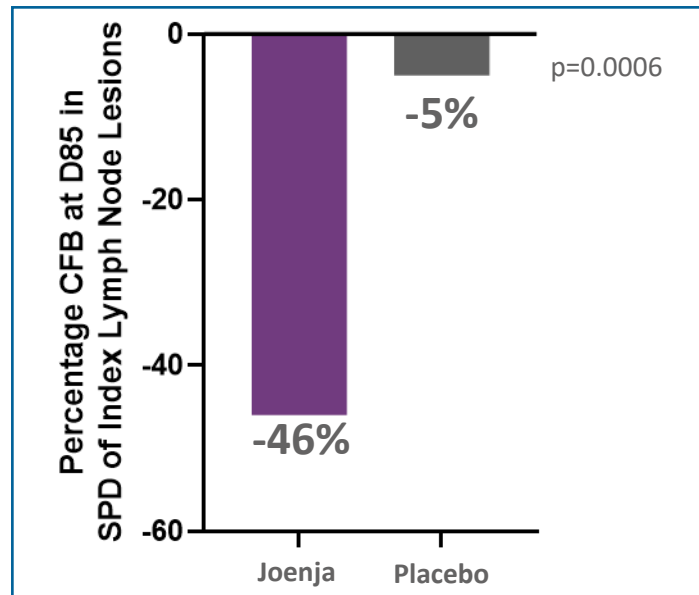
# Joenja® addresses the underlying cause of APDS to help restore immune balance – Phase 3 co-primary endpoints

## At 12 weeks Joenja® decreased lymphadenopathy and increased naïve B cells

Change from baseline in index nodes\*

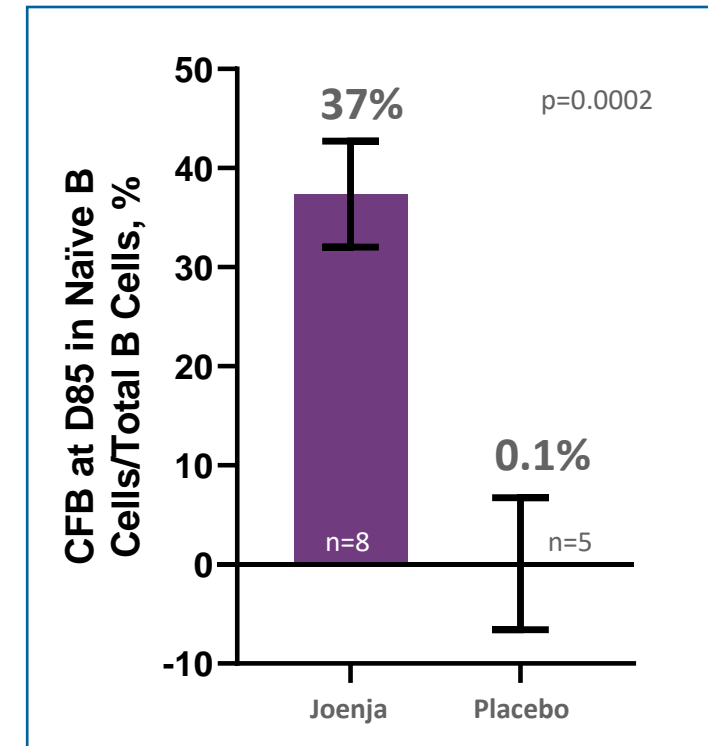
Log <sub>10</sub> -transformed SPD of index lesions	Joenja (n=18)	Placebo (n=8)
Baseline mean (SD)	3.03 (0.42)	3.05 (0.39)
Change from baseline, LS mean (SE)	-0.27 (0.04)	-0.02 (0.05)
Difference vs placebo (95% CI)		-0.25 (-0.38, -0.12)

Immune Dysregulation



Change from baseline in naïve B cells†

Immune Deficiency



Data were analyzed using an ANCOVA model with treatment as a fixed effect and baseline as a covariate. Use of glucocorticoids and IRT at baseline were both included as categorical (Yes/No) covariates. Baseline is defined as the arithmetic mean of the baseline and D1 values when both are available, and if either baseline or the D1 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.

\*The analysis excluded 2 patients from each treatment group due to protocol deviations and 1 Joenja patient having complete resolution of the index lesion identified at baseline.

†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. Joenja [package insert]. Leiden, The Netherlands: Pharming Technologies B.V.; 2023.

## Phase 3 Trial<sup>1,2</sup>

Adverse reactions reported by ≥2 patients treated with Joenja and more frequently than placebo

	Joenja (n=21) n (%)	Placebo (n=10) n (%)
Headache	5 (24)	2 (20)
Sinusitis	4 (19)	0
Dermatitis atopic*	3 (14)	0
Tachycardia <sup>†</sup>	2 (10)	0
Diarrhea	2 (10)	0
Fatigue	2 (10)	1 (10)
Pyrexia	2 (10)	0
Back pain	2 (10)	0
Neck pain	2 (10)	0
Alopecia	2 (10)	0

- Study drug-related AEs occurred in 8 patients; the incidence was lower in the Joenja arm (23.8%) than in the placebo arm (30.0%)
- No AEs led to discontinuation of study treatment

A patient with multiple occurrences of an AE is counted only once in the AE category. Only AEs occurring at or after first drug intake are included.

\*Includes dermatitis atopic and eczema. <sup>†</sup>Includes tachycardia and sinus tachycardia.

AEs, adverse events; ALT, alanine aminotransferase; AST, aspartate aminotransferase; SAE, serious adverse event.

1. Rao VK, et al. Blood. 2023;141(9):971-983. 2. Joenja [package insert]. Leiden, The Netherlands: Pharming Technologies B.V.; 2023. 3. Data on file. Pharming Healthcare Inc; 2022.

Please see Important Safety Information and full Prescribing Information available at joenja.com

## Open-label Extension Study<sup>3</sup>

Data cutoff for interim analysis: December 13, 2021

- 32/37 patients reported ≥1 AE
- 78.4% of AEs were grade 1, 48.6% grade 2, 27.0% grade 3, 0% grade 4
- No SAEs related to Joenja

Most common AEs	n
Upper respiratory tract infection	8
Headache	6
Pyrexia	6
Otitis externa	5
Weight increase	5
COVID-19, positive/negative	5/14

One patient with significant baseline cardiovascular comorbidities suffered cardiac arrest resulting in death at extension Day 879; determined by investigator not to be related to study drug

- Across all trials<sup>2</sup>**
- 38 patients had a **median exposure of ~2 years**
  - 4 patients had **>5 years of exposure**

## Secondary endpoint: Significant reductions in spleen size by 2D and 3D analysis compared to placebo

- The adjusted mean difference in bidimensional spleen size between Joenja<sup>®</sup> (n=19) and placebo (n=9) was  $-13.5 \text{ cm}^2$  (95% CI:  $-24.1, -2.91$ ),  $P=0.0148$
- The adjusted mean difference in 3D spleen volume between Joenja<sup>®</sup> (n=19) and placebo (n=9) was  $-186 \text{ cm}^3$  (95% CI:  $-297, -76.2$ ),  $P=0.0020$

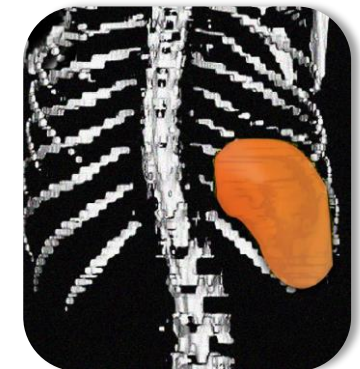
at week 12  
**27%**  
reduction in 3D spleen volume\*

Secondary measure: spleen volume scan results of actual patient illustrate average improvement documented for patients taking Joenja<sup>®</sup>

Prior to treatment:  
491 mL



At week 12:  
314 mL



Actual patient images of a 17-year-old male. As individual results vary, images may not be representative of all patients.

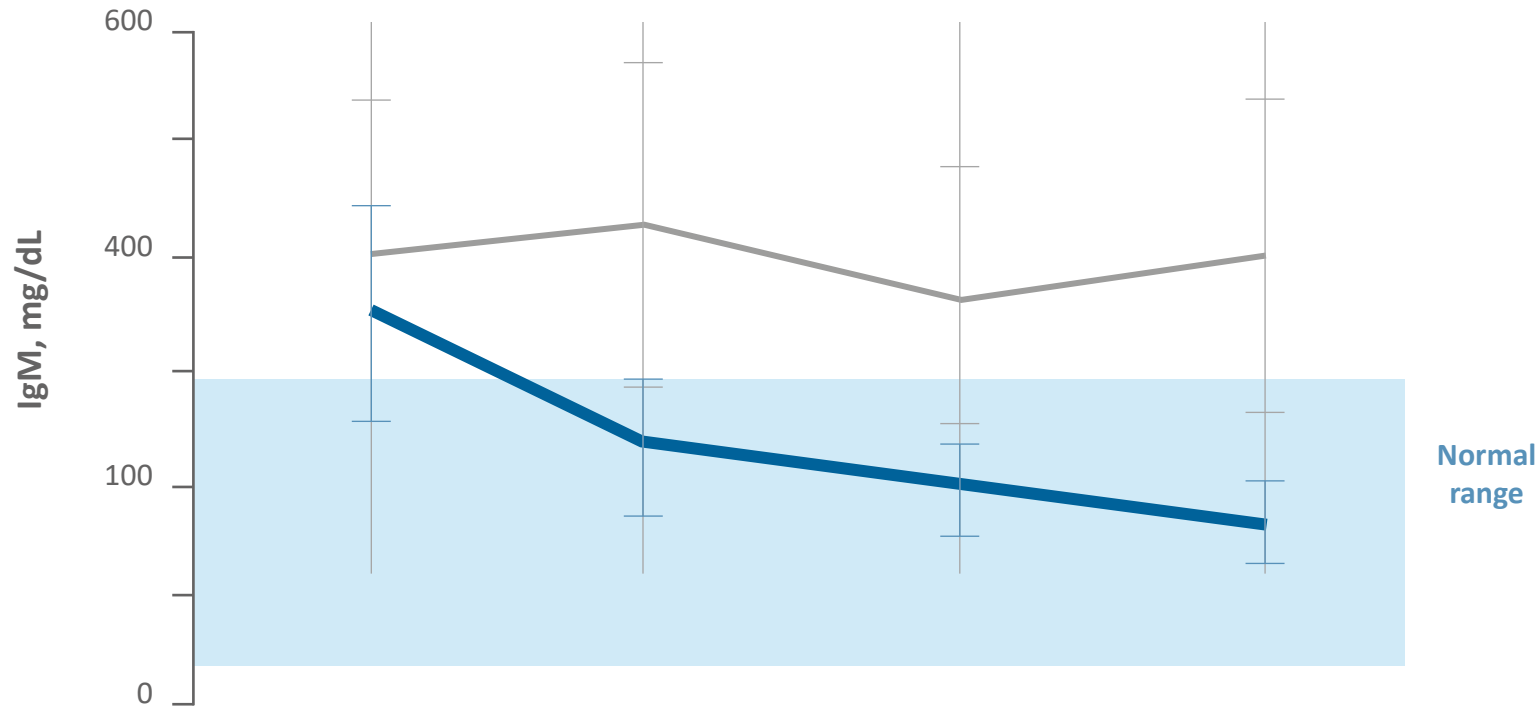
Rao VK, et al. Blood. 2023;141(9):971-983.

\*In the PD analysis set, the mean (SD) percentage change from baseline to week 12 in 3D spleen volume ( $\text{mm}^3$ ) was  $-26.68\%$  (12.137) with Joenja<sup>®</sup> (n=19) and  $-1.37\%$  (24.238) with placebo (n=9). The ANCOVA model was used with treatment as a fixed effect and  $\log_{10}$ -transformed baseline as a covariate for index and non-index lesions. The use of both glucocorticoids and IV Ig at baseline was included as categorical (yes/no) covariates.

This analysis excluded 2 patients in each treatment group. In the Joenja<sup>®</sup> group, 1 patient with a complete index lesion response was excluded, and 3 patients were excluded for no non-index lesion at baseline. PD, pharmacodynamics.

# An exploratory end point showed Joenja<sup>®</sup> reduced IgM levels

Mean serum IgM rapidly reduced to within normal limits



- In the Joenja<sup>®</sup> arm, IgM was elevated above normal limits in 6 patients at baseline, and by week 12 was reduced in all, with 50% returning to within normal limits
- In contrast, IgM was elevated above normal limits at baseline in 4 patients in the placebo arm, and by week 12 levels remained stable or elevated, with 0% returning to within normal limits

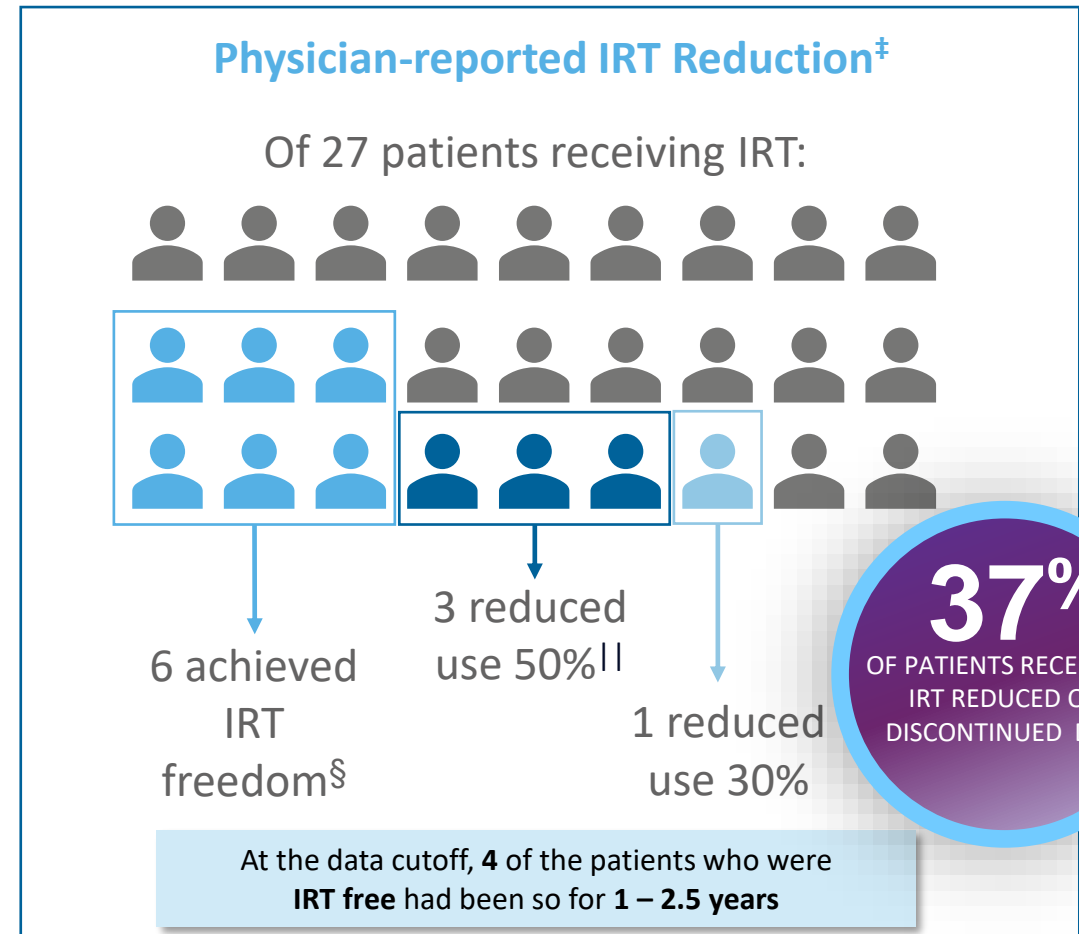
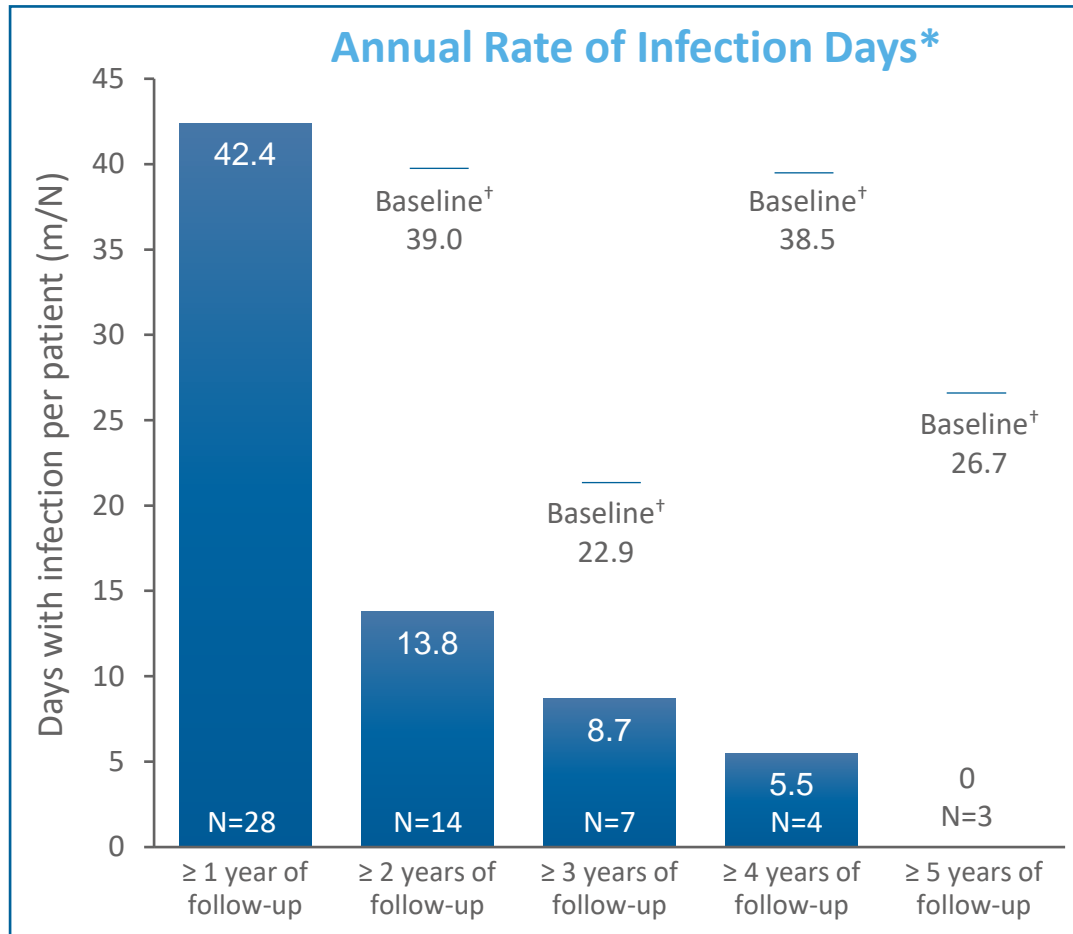
		Baseline	Week 4	Week 8	Week 12
Joenja <sup>®</sup>	n	21	20	21	21
Placebo	n	10	10	10	10

Error bars are standard error of the mean. Safety analysis set (N=31) shown. Blue box indicates IgM normal range.

Soluble biomarkers, including IgM, were prespecified exploratory endpoints in the protocol. Although an observational decrease in IgM was noted in some patients, no statistical significance can be made from this analysis, and no conclusions should be drawn.

Rao VK, et al. Blood. 2023;141(9):971-983

# Open-label extension interim analysis of days spent with infections and IRT reduction



Although safety was the primary objective of the open-label study, this post hoc analysis from the open-label study was not powered to provide any statistical significance of efficacy and therefore no conclusions should be drawn.

\*Infections that developed during the study were reported as adverse events. Investigators were requested to inquire about signs and symptoms of infections at each visit, with a particular focus on bacterial enterocolitis. Patients were not provided an infection diary to document infections occurring between visits. One patient was excluded from the analysis due to an incorrect year that was recorded for an infection.  
 †Baseline infections are each group’s year 1 annual rate of infections. N values changed because patients were in the OLE for different lengths of time. ‡Data on concomitant medication usage was reported at each patient visit. §One patient had a subsequent one-time dose. ||One patient achieved IRT freedom for 3 months but subsequently restarted IRT.  
 Rao VK, et al. Poster presented at: 64<sup>th</sup> Annual American Society of Hematology Annual Meeting; December 10-13, 2022; New Orleans, LA.  
 Please see Important Safety Information and full Prescribing Information available at joenja.com

# FDA approval of Joenja<sup>®</sup>: another win for Pharming and a much-needed treatment for patients with APDS

Joenja<sup>®</sup> (leniolisib) is a prescription medicine that is used to treat activated phosphoinositide 3-kinase delta (PI3K $\delta$ ) syndrome (APDS) in adults and pediatric patients 12 years of age and older

Joenja<sup>®</sup> reported additional findings from an ongoing long-term open-label extension study interim analysis: reductions/discontinuations in IRT and reduction in infection rates

In a randomized placebo-controlled trial of patients with APDS

- Joenja<sup>®</sup> met both primary end points with significant efficacy results
- Demonstrated significant improvement in other secondary and exploratory parameters



Extension study interim analysis demonstrated safety consistent with the randomized, controlled trial. We continue to collect observational long-term data on lymphadenopathy, naive B cells and IgM

There were no drug-related serious adverse events or study withdrawals in Joenja<sup>®</sup> trials

Pharming is well-positioned to hit the ground running with Joenja<sup>®</sup>



**Stephen Toor**  
Chief Commercial Officer

## Commercial Launch Plans







## SI 1: Identify

Continue to identify HCPs and patients to expand networks with the support of patient advocacy partners



## SI 2: Educate

Build knowledge of APDS and belief in PI3Kδ inhibitor benefits by defining the disease, journey, and unmet needs



## SI 3: Differentiate Joenja®

Differentiate Joenja® as a well-tolerated and efficacious treatment for APDS that targets the root cause of the disease



## SI 4: Establish Access

Establish access that enables genetic testing and optimizes the Joenja® benefits and value proposition



**~1500 APDS patients\***

(as of December 2022 for Australia, Canada, Europe, Japan, US, UK)

>500 patients identified by Pharming to date

All about **APDS**  
Activated PI3K Delta Syndrome





## Commercial Field Team

Rare Disease Team of 27  
focused on  
Allergy/Immunology

Institutional Team of 27  
focused on multiple  
specialties.



## Patient Identification

- Work with HCPs to further identify patients and get them tested
- APDS clinical educators assist with family mapping



All about **APDS**  
Activated PI3K Delta Syndrome



## Support Services

- Dedicated support, education and resources for patients and caregivers through the APDS Assist patient support program
- APDS Care Coordinators provide support for onboarding, coverage assistance and financial support resources



## Patient Access

- Partnered exclusively with PANTHERx Specialty Pharmacy
- Starter and Bridge program enables rapid access while navigating coverage
- Copay Assistance and Patient Assistance Programs for eligible patients ensure affordability to care

## Program Offerings



### Cost & insurance

Providing insurance coverage assistance and financial support resources



### Filling prescriptions

Coordinates prescription details with patient families/caregivers and HCP through single point of contact to assist in getting Joenja<sup>®</sup> dispensed on time



### Support & education

Regularly touches base to help patient families/caregivers with their insurance, provides appropriate financial assistance options for eligible patients, and assists with prescription delivery

## Dedicated, Experienced Support Team



### APDS Assist Care Coordinators

Welcomes patient families/caregivers to APDS Assist and helps navigate coverage, access, and support options



### APDS Clinical Educators (ACE)

Provides one-on-one education, support and resources for patients, caregivers and family members

## Exclusive Specialty Pharmacy Model



Partnered exclusively with PANTHERx, specializing in rare and ultra-rare therapeutic areas

Process and fill Joenja<sup>®</sup> prescriptions with clinical pharmacists, available 24/7, to:

- Answer questions and offer treatment support for Joenja<sup>®</sup>
- Provide information about potential side effects and offer information support when appropriate

**APDS Assist offers personalized coverage assistance, financial resources and prescription support to patients and caregivers starting and continuing Joenja<sup>®</sup> therapy**



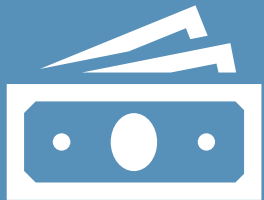
## Starter Program

- Available to all newly enrolled patients
- Up to 30-day supply within one week of enrollment for most patients



## Bridge Program

- Available for patients in which insurance has been verified
- Provides continuation of therapy when there is a gap in coverage while seeking payer approval



## Copay Assistance

- Eligible patients with commercial insurance may pay as little as \$0 per month
- Assists with deductible, copay/co-insurance and out of pockets costs for Joenja<sup>®</sup>



## Patient Assistance Program

- Continuation of coverage may be provided for uninsured patients or situations in which Joenja<sup>®</sup> is not covered by their insurance plan



**Precision medicine targeting rare and genetically-defined patient population**



**First and only treatment indicated for APDS addressing high unmet need**



**Demonstrated efficacy and safety profile**



**Significant burden of disease**

## ◆ Innovation:

- Pharming is committed to providing patients with rare disease the solutions they need

## ◆ Value:

- APDS is a progressive disease
- Joenja<sup>®</sup> designed to treat the root cause of APDS treating both immune deficiency and dysregulation

## ◆ Patient Access:

- Dedicated support and education resources through the APDS Assist patient support program
- APDS Assist to help patients navigate coverage to ensure all eligible patients receive access to treatment

## ◆ Support:

- Pharming is committed to the APDS community through active grassroots engagement with advocacy groups such as the IDF and Jeffrey Modell Foundation



## Commercial Product Available mid-April 2023

### APDS Assist patient support services now active



[www.joenja-hcp.com/APDSAssist](http://www.joenja-hcp.com/APDSAssist)

1-877-796-2737 (APDS)

Joenja® NDC	71274-170-60
Supplied as	60-count bottle (30-day supply)

### Wholesale acquisition cost (WAC)

Per tablet	\$750.00
Per mg	\$10.71
Per bottle	\$45,000.00



**Jeroen Wakkerman**  
Chief Financial Officer

## Financial Considerations



- ◆ Pharming licensed global rights to leniolisib from Novartis in 2019
- ◆ Near-term milestone payments to Novartis and another party
  - \$10.5M total for the approval and first commercial sale for APDS
- ◆ Future potential milestone payments
  - Sales milestones of up to \$190 million
- ◆ Tiered royalties on net sales ranging from the low to high teens percentages
- ◆ Priority review voucher received by Pharming from FDA
  - Novartis has the right to purchase the voucher for a small minority share of the value of the voucher

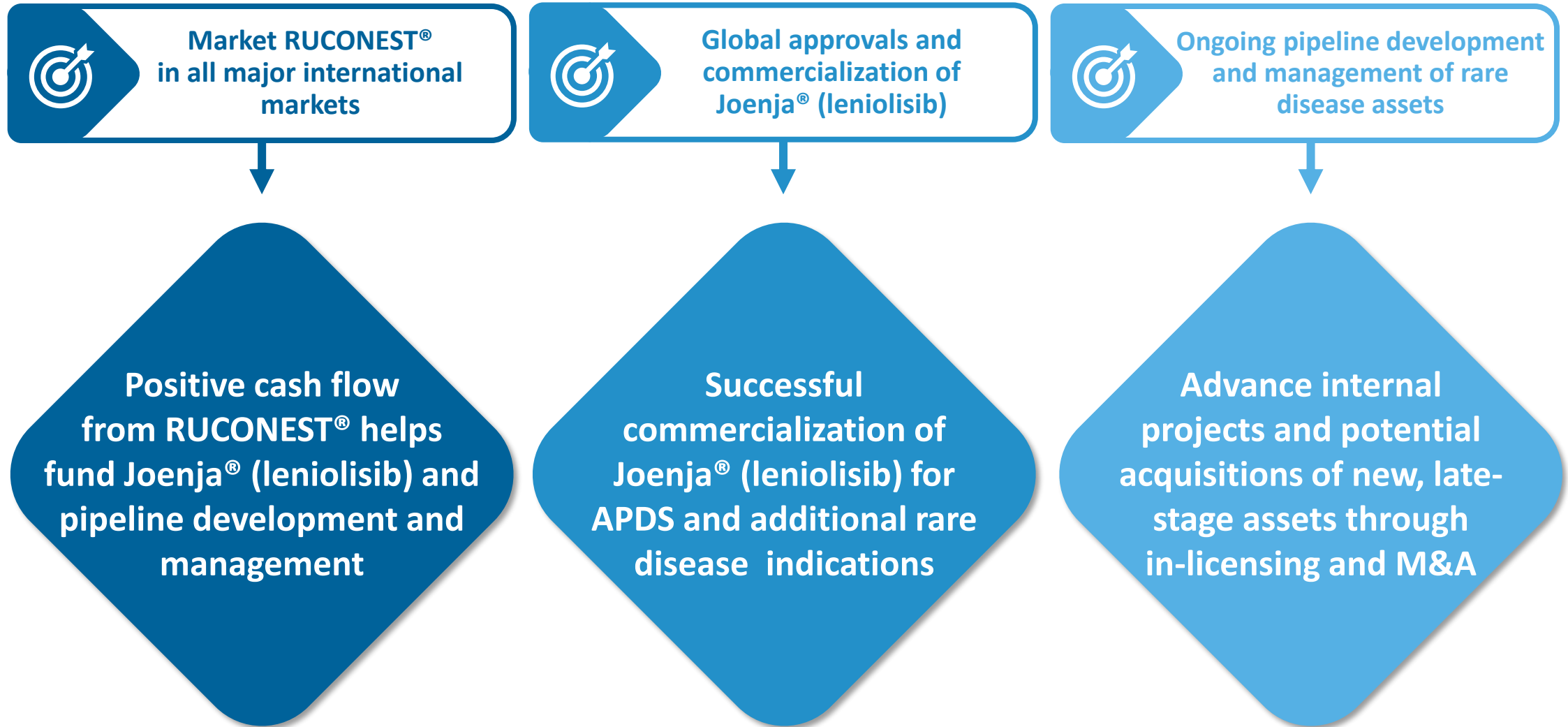




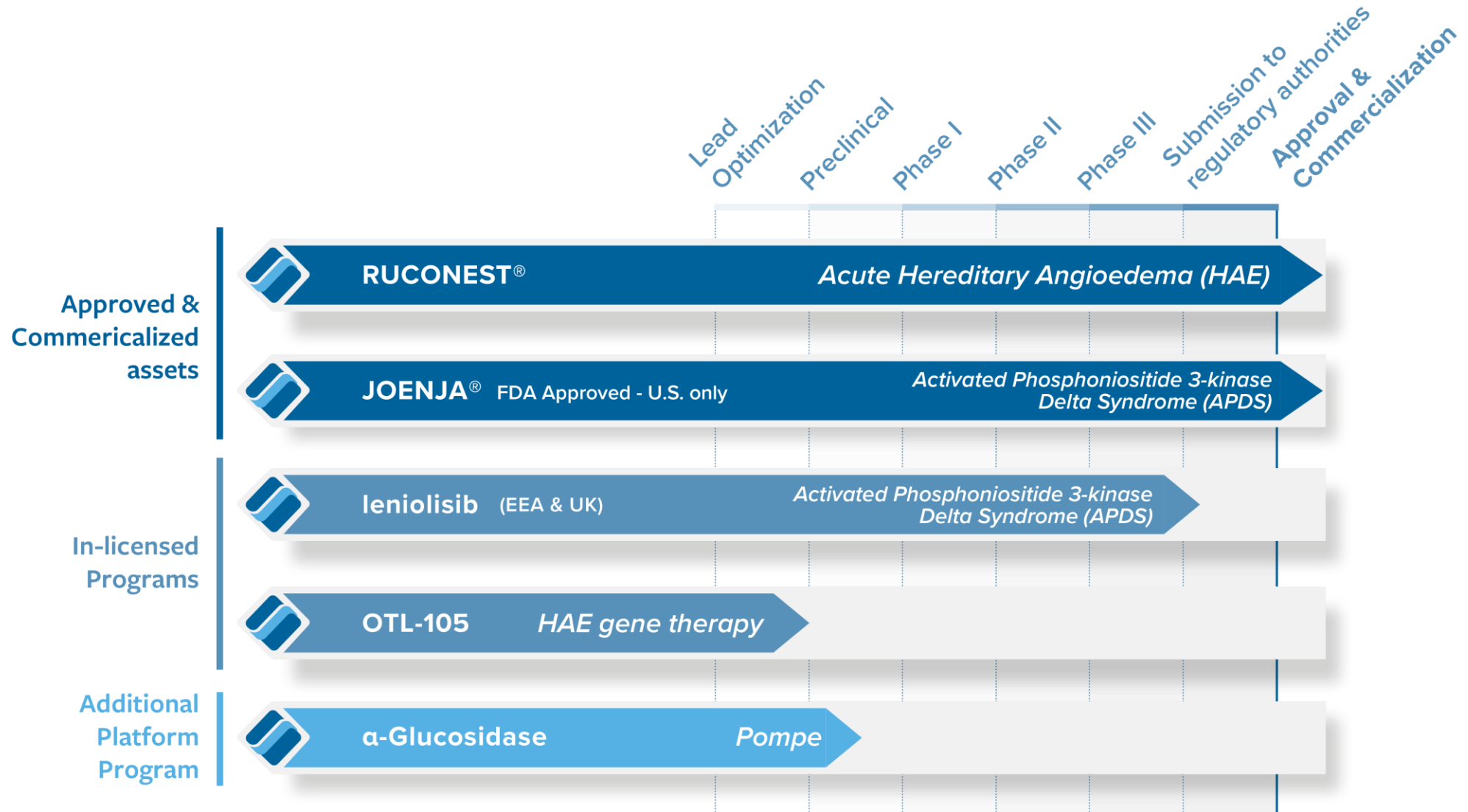
**Sijmen de Vries, MD**  
Chief Executive Officer

**Closing Remarks**

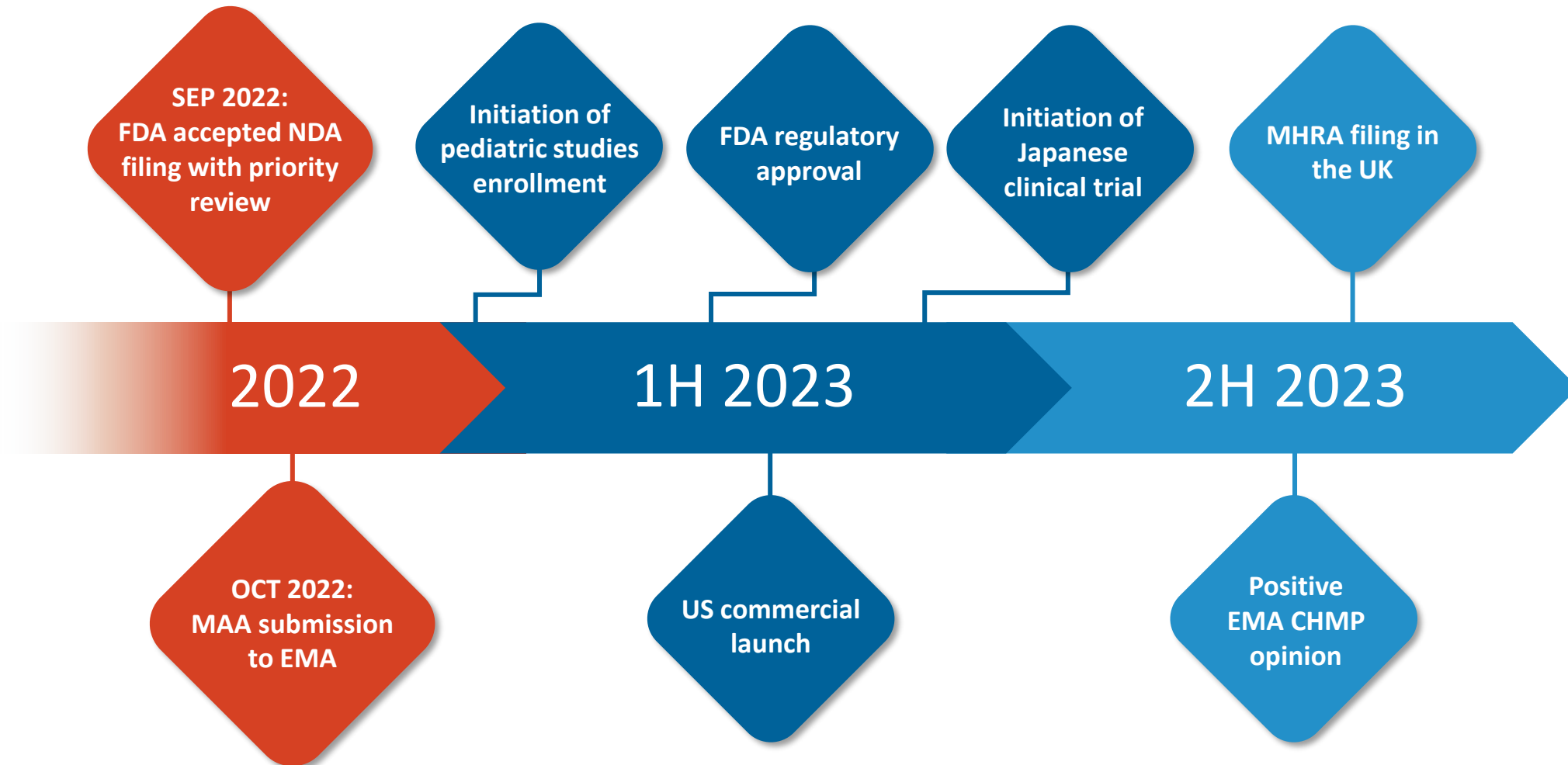




# Pipeline – multiple commercial stage rare disease products



# Anticipated milestones for Joenja<sup>®</sup> (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.



Continued low single-digit growth in RUCONEST® revenues



Joenja® approved by US FDA March 2023, launch and commercialization April 2023



Positive CHMP opinion in 2H 2023, marketing authorization in Europe ~2 months later\*



File leniolisib with UK's MHRA following ECDRP route\*



Continued operating cost investments to accelerate future growth



Further details on our plans to develop leniolisib in additional indications to be provided in 2H 2023



Investment and continued focus on potential acquisitions and in-licensing of late-stage opportunities in rare diseases

- ◆ We are grateful to the patients and their families who participated in the clinical trials
- ◆ Thank you to the investigators, caregivers, and physicians
- ◆ Thank you to the patient advocacy organizations
- ◆ Thank you to the Pharming and the Novartis teams who have supported the development of Joenja® and can be very proud of this FDA approval



Joenja®  
leniolisib



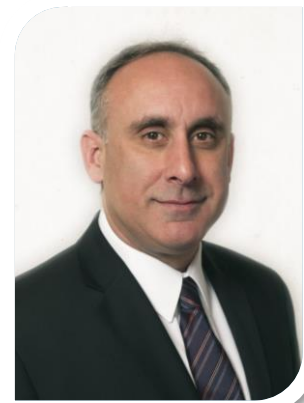
Q&A



**Sijmen de Vries, MD**  
Chief Executive Officer



**Anurag Relan, MD**  
Chief Medical Officer



**Stephen Toor**  
Chief Commercial Officer



**Jeroen Wakkerman**  
Chief Financial Officer



This presentation, a recording, and a transcript of this call will be made available on the company's website

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NASDAQ: **PHAR** | Euronext Amsterdam: **PHARM**

Bloomberg: **PHAR.AS**