CORPORATE OVERVIEW

March 2021

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CORPORATE OVERVIEW

GLOBAL, COMMERCIAL-STAGE BIOPHARMACEUTICAL COMPANY DEDICATED TO ACQUIRING, DEVELOPING AND COMMERCIALIZING NOVEL TREATMENTS FOR RARE DISEASES

Corporate Overview

EBITDA profitable and growing commercial business with two commercial products (metreleptin and lomitapide) and a significant development pipeline

Founded in 2015

Global HQ in Dublin, Ireland; US HQ in Boston, MA

Positive results from pivotal Oleogel-S10 Phase 3 EASE trial in EB

Financials

Nasdaq : AMYT (trades ADSs, 5 Ordinary Shares per ADS)
LSE/AIM : AMYT (trades Ordinary Shares)

Revenues: **$182.6M in FY 2020** (2019: $154.1M*)
Guidance of **$200M - $205M for** FY2021

EBITDA: **$30.4M** FY 2020**

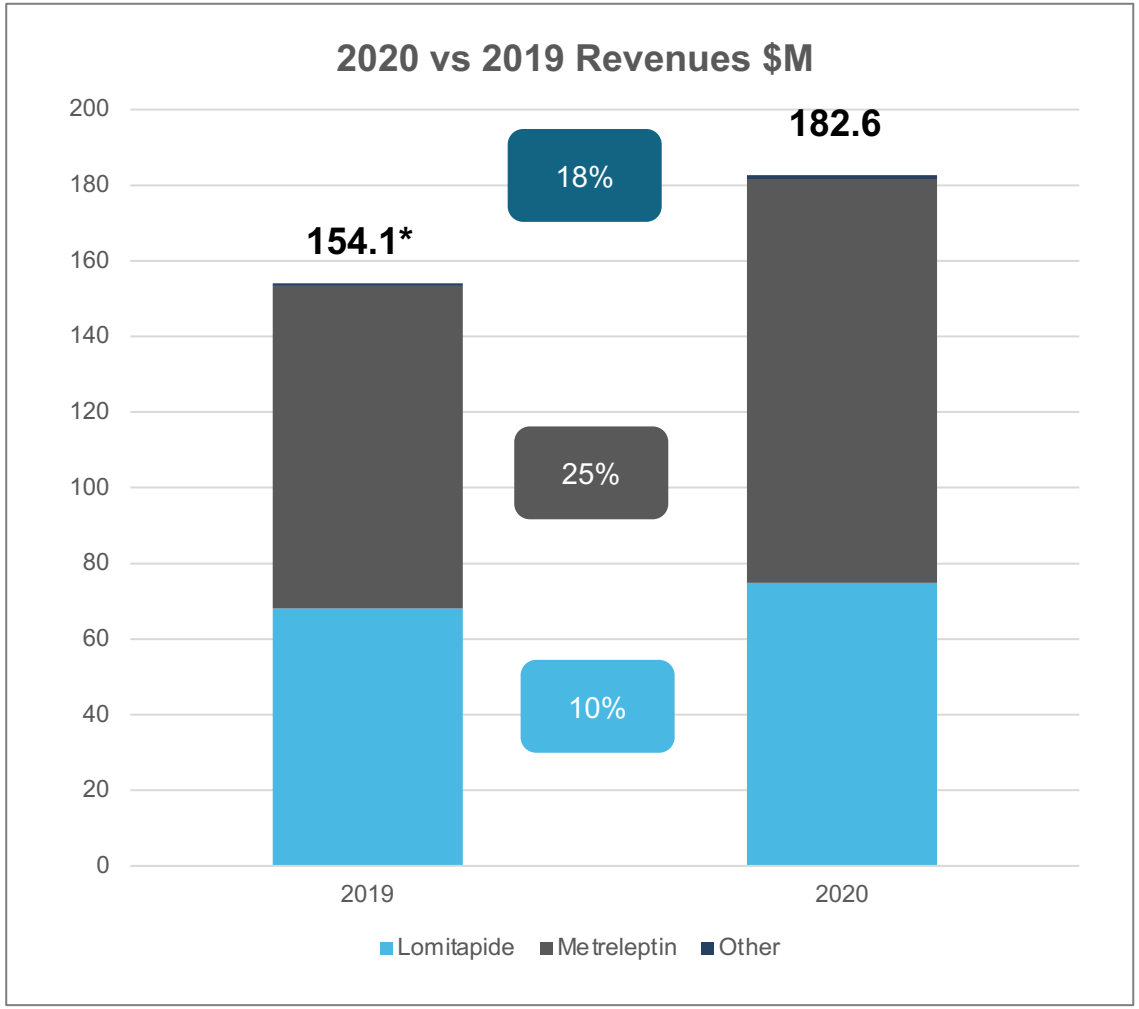
$26.9M operating cashflows in FY 2020
$118.8M cash balance as at 31 Dec 2020

* Unaudited combined revenues for 2019 represent the combined unaudited pro forma revenues of the Company assuming the acquisition by Amryt of Aegerion happened on 1 January 2019. These amounts (i) exclude revenues from sales to end-users in Japan, due to the out-licencing of Juxtapid® to Recordati, which occurred in February 2019, (ii) exclude up-front payments from Recordati in 2019, and (iii) include a 22.5% royalty on Japanese sales of Juxtapid® from 1 January 2019, as if the Recordati agreement were in place from that date. ** See Appendix: non-GAAP/IFRS reconciliation

TRANSFORMATIONAL PERIOD OF PERFORMANCE & GROWTH

SUCCESSFUL EXECUTION & INTEGRATION

- Aegerion acquired (Sep 19') - successfully integrated by Q1 2020
- Revenues increased 18.5% YoY to $182.6M
  - Metreleptin revenues grew 25% and lomitapide increased by 10%
- 5 quarters of consistent performance & growth ahead of expectations
- Significant market expansion in existing & new territories for both metreleptin and lomitapide
- Multiple positive results in national reimbursement discussions
- EBITDA $30.4M in FY 2020
- Strong cash generation of $26.9M in 2020. Excl. DoJ fines - $42.6M
- Successfully developing life-cycle management opportunities
- Nasdaq listing in July 2020
- First ever positive Phase 3 readout in EB - primary endpoint met
- Issuing positive FY 2021 revenue guidance of $200M - $205M

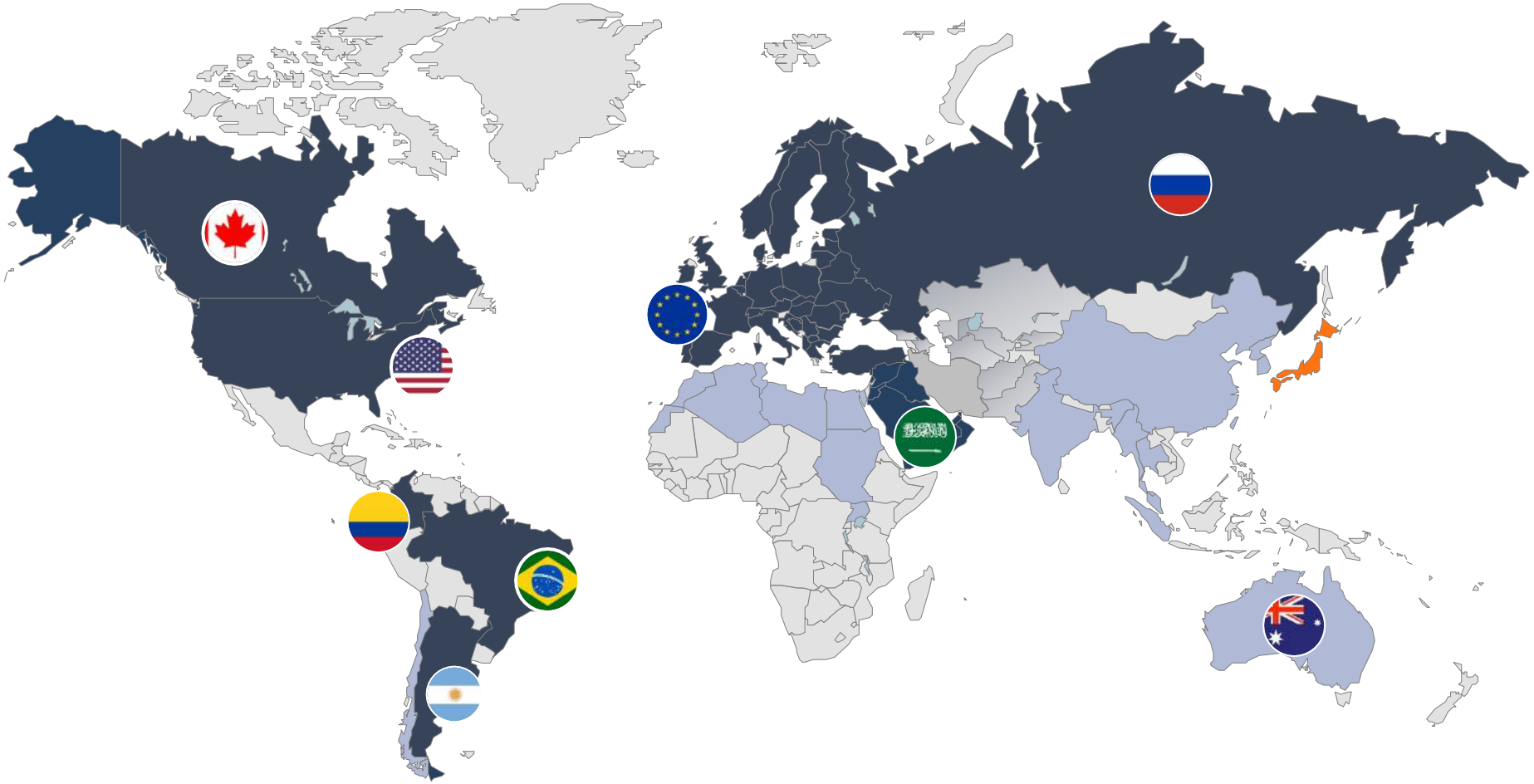


* Unaudited combined revenues for 2019 represent the pro forma combined unaudited revenues of the Company assuming the acquisition by Amryt of Aegerion happened on 1 January 2019. These amounts (i) exclude revenues from sales to end-users in Japan, due to the out-licencing of lomitapide (Juxtapid®) to Recordati, which occurred in February 2019, (ii) exclude up-front payments from Recordati in 2019, and (iii) include a 22.5% royalty on Japanese sales of lomitapide (Juxtapid®) from 1 January 2019, as if the Recordati agreement were in place from that date.

AMRYT PHARMA

GLOBAL INFRASTRUCTURE

INFRASTRUCTURE IN PLACE TO DRIVE GLOBAL GROWTH



- Current markets
- Pending markets
- Out-licensed

AMRYT PHARMA

MOMENTUM BUILDING

ACCELERATED & DISCIPLINED GROWTH

2015/6

- Amryt formed
- Oleogel-S10 acquired
- IPO on AIM
- Lojuxta® in-licensed

2017

- Largest global EB Phase 3 study (EASE) initiated

2018

- Lojuxta® - territorial growth & expansion
- Oleogel-S10 Pediatric Rare Disease Designation awarded by the Food and Drug Administration (“FDA”)
- AP103 Gene therapy platform in-licensed

2019

- Positive EASE interim efficacy analysis
- Aegerion acquisition closed 3Q providing two global commercial assets
- Oleogel-S10 Fast Track designation granted by FDA

2020

- Aegerion integration successfully completed
- Listed on Nasdaq
- Positive Phase 3 results in Oleogel-S10 EASE study

2021 & Beyond

- Q1 2021- Oleogel-S10 FDA & EMA filings
- 2H 2021 - Initiate US PL Study (metreleptin)
- Q4 2021 - Oleogel-S10 potential approval /launch in US
- Q1 2022 - Oleogel-S10 potential approval /launch in EU
- Continue to pursue BD opportunities

EXPERIENCED MANAGEMENT TEAM

COMPRISED OF INDUSTRY LEADERS IN RARE DISEASES

DR JOE WILEY
CEO

SOFINNOVA VENTURES · astellas

DAVID ALLMOND
Chief Business Officer

Celgene · Aegerion Pharmaceuticals

RORY NEALON
COO/CFO

Trinity Biotech · AIB

DR HELEN PHILLIPS
Head Of Medical Affairs

Aegerion Pharmaceuticals · gsk · AstraZeneca

DR MARK SUMERAY
CMO

Aegerion Pharmaceuticals · Bristol Myers Squibb

ELIZABETH JOBES
Chief Compliance Officer

EMD SERONO · AUXILIUM · Spark Therapeutics

DERVAL O' CARROLL
Head Of Regulatory Affairs

SHIONOGI · Retrophin · Daiichi-Sankyo

GERRY GILLIGAN
VP Manufacturing Supply Chain

LEO · Bristol Myers Squibb

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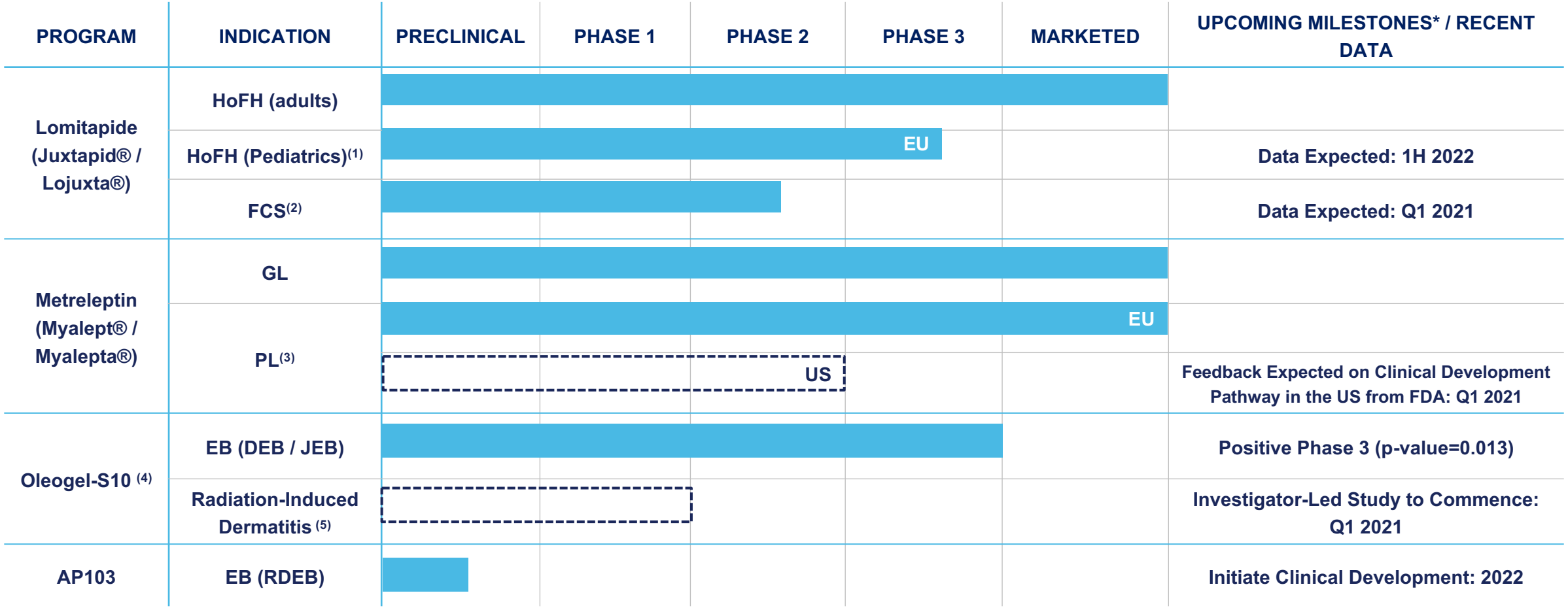
RICH DEVELOPMENT PIPELINE WITH NEAR-TERM VALUE INFLECTION POINTS

GROWING DEVELOPMENT PIPELINE WITH SIGNIFICANT POTENTIAL



Definitions: Dystrophic EB (“DEB”); Junctional EB (“JEB”); Recessive Dystrophic EB (“RDEB”)
* Upcoming clinical milestones are subject to the impact of COVID-19 on our business.
(1) We are conducting a Phase 3 study of homozygous familial hypercholesterolemia ("HoFH") in children and adolescents in Europe, the Middle East and Africa ("EMEA") as part of our European Medicines Agency (“EMA”) post-approval commitments.
(2) The familial chylomicronemia syndrome ("FCS") Phase 2 trial is an open-label investigator-led study.
(3) The dotted line segment indicates we have not yet commenced any clinical trials in the United States for metreleptin for the treatment of PL.
(4) Oleogel-S10 was approved in 2016 by the EMA for the treatment of partial thickness wounds in adults but has not been commercially launched.
(5) The dotted line segment indicates we have not yet commenced any clinical trials for radiation-induced dermatitis. This planned radiation-induced dermatitis Phase 2 trial is an investigator-led study.

EPIDERMOLYSIS BULLOSA ("EB")

ADDRESSING A HIGH UNMET MEDICAL NEED

Disease	EB is a rare and devastating group of hereditary disorders of the skin, mucous membranes, and internal epithelial linings characterized by extreme skin fragility and blister development. Patients with severe forms of EB suffer from severe, chronic blistering, ulceration and scarring of the skin, mutilating scarring of the hands and feet, joint contractures, strictures of the esophagus and mucous membranes, a high risk of developing aggressive squamous cell carcinomas, infections and risk of premature death.
Cause	Most types of EB are inherited. A mutation in the genes encoding structural proteins in the skin causes loss of mechanical integrity, extreme fragility and vulnerability to trauma.
Market Size	Incidence among live births 1:20,000[1], multiplied by life expectancy per EB sub-type, generates an estimated total EB prevalence of 30/million in the general population of which ~31% are DEB & JEB patients[2] - Resulting prevalence of ~14,100 for DEB & JEB[3]
Current Standard of Care	There are no approved pharmaceutical treatments. Disease management is mostly supportive and involves wound care, pain control, controlling infections, nutritional support, and prevention and treatment of complications.

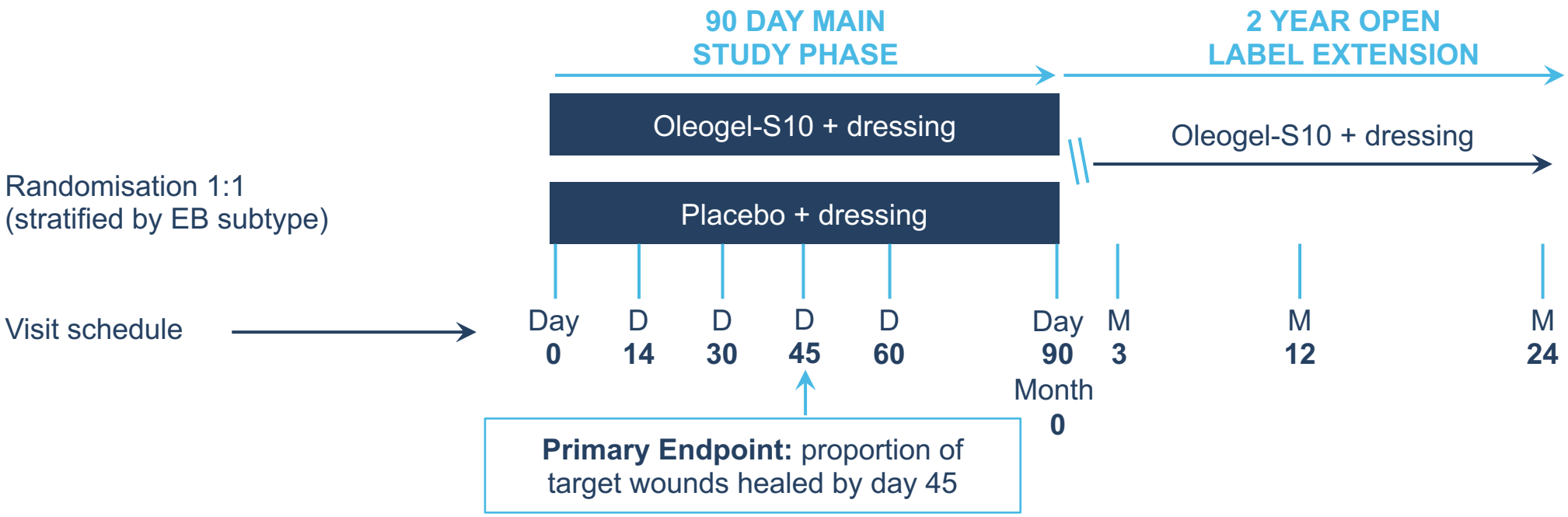
[1] Debra US; [2] Health Advances market research, 13th Feb 2019; [3] Includes key markets in which Amryt operates (US, EMEA, LATAM & Canada) plus geographic expansion in Asia Pacific (Japan, South Korea, Taiwan, Singapore, Hong Kong, Australia)

OLEOGEL-S10 EASE PHASE 3 STUDY IN EB

✓ **Primary endpoint met, September 2020**

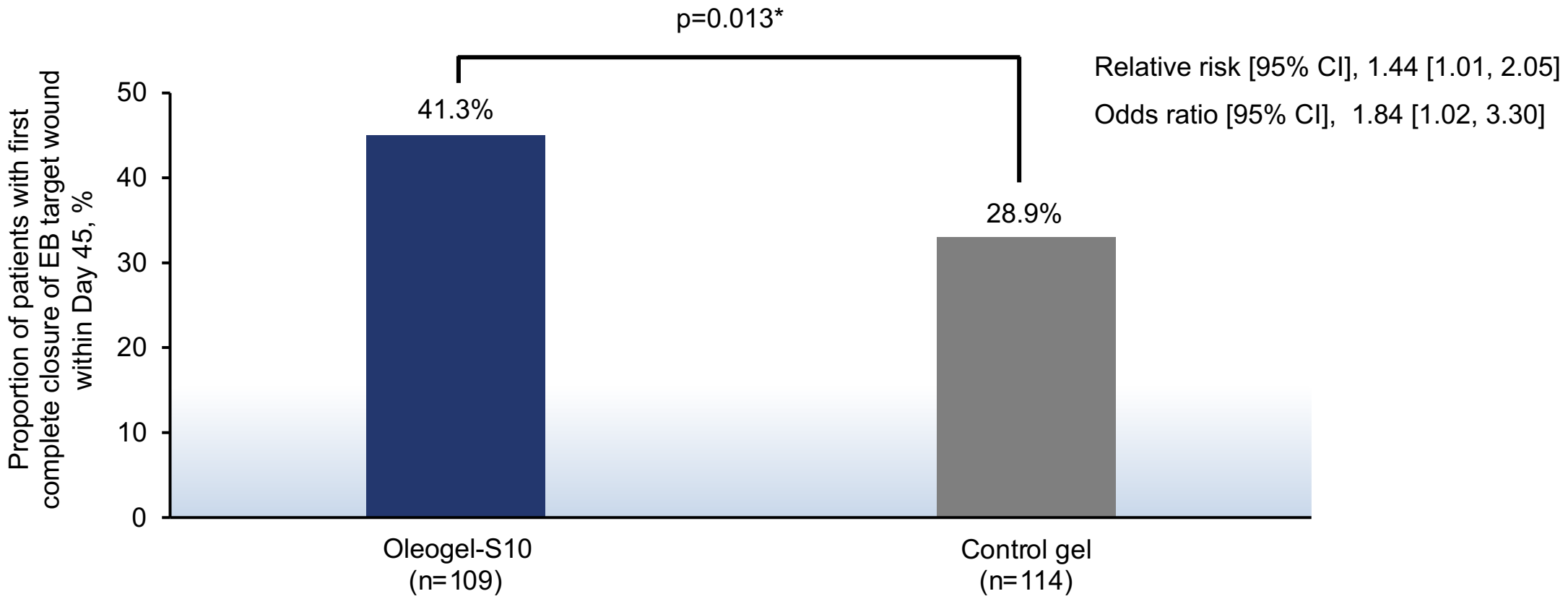
✓ **p-value = 0.013**

LARGEST EVER GLOBAL PHASE 3 STUDY IN EB



DOUBLE BLIND, RANDOMIZED, PLACEBO CONTROLLED, PHASE 3, EFFICACY AND SAFETY STUDY OF OLEOGEL-S10 IN PATIENTS WITH JUNCTIONAL AND DYSTROPHIC EB

EASE TRIAL MET ITS PRIMARY ENDPOINT



44% increase in target wound closure with Oleogel-S10 vs control gel

* Pre-specified adjustment to account for IDMC interim sample size re-estimation
CI, confidence interval

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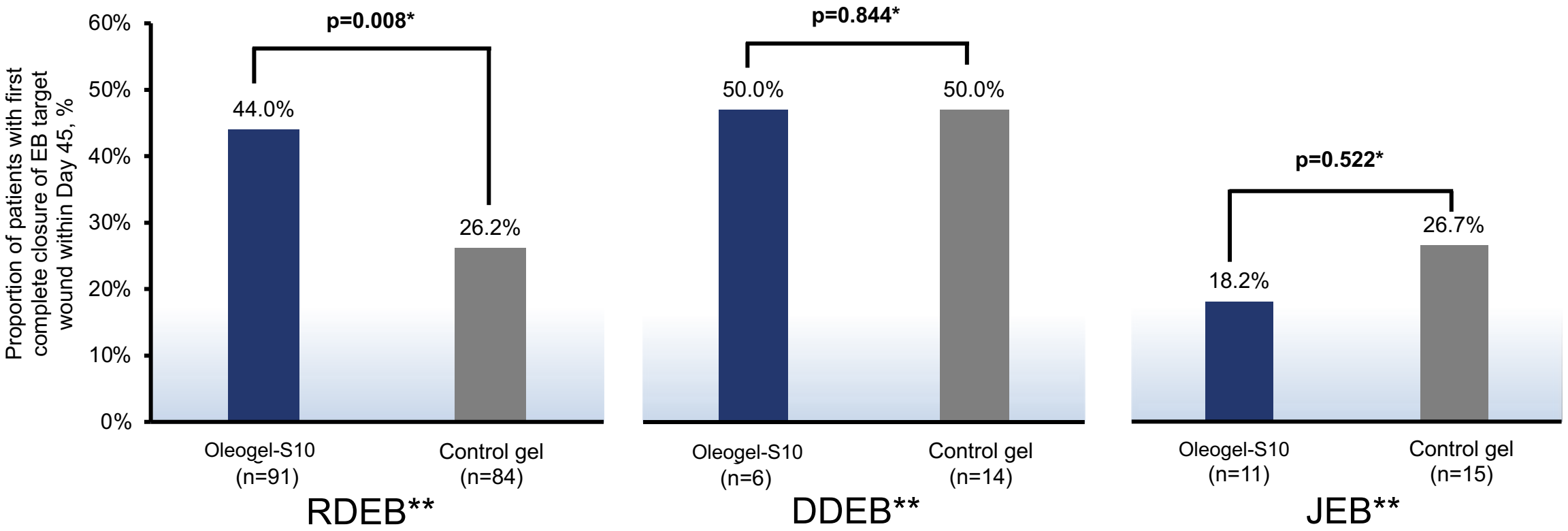
RDEB SUBGROUP DRIVES PRIMARY ENDPOINT TREATMENT EFFECT

Relative risk [95% CI], 1.72 [1.14, 2.59]

Odds ratio [95% CI], 2.52 [1.27, 4.98]



72% increase in target wound closure in RDEB patients with Oleogel-S10 vs control gel

* Nominal P values

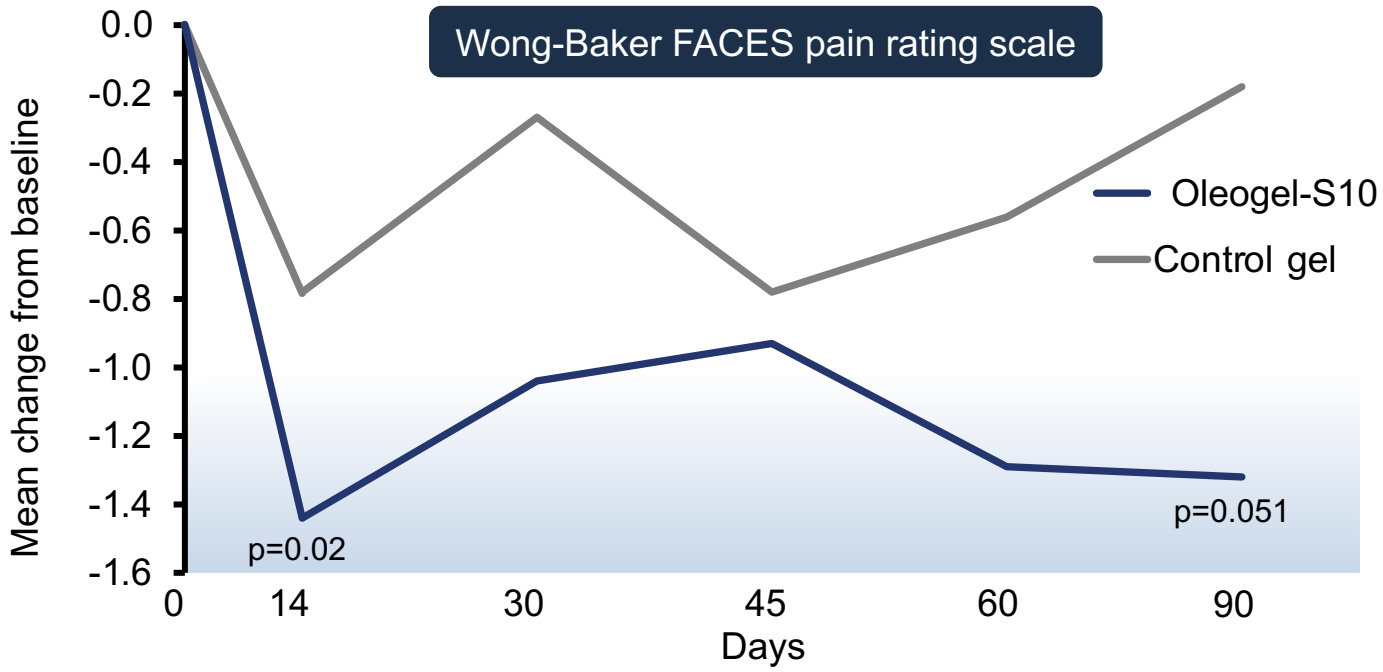
** RDEB, Recessive Dystrophic EB; DDEB, Dominant Dystrophic EB; JEB, Junctional EB

TIME TO FIRST COMPLETE CLOSURE OF EB TARGET WOUND WITHIN D90 - BY EB SUBTYPE

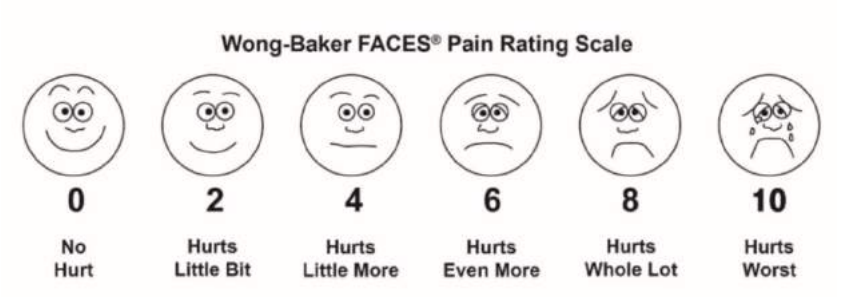
	RDEB		DDEB		JEB	
	Oleogel-S10 (N=91)	**Control Gel (N=84)**	**Oleogel-S10 (N=6)**	**Control Gel (N=14)**	**Oleogel-S10 (N=11)**	**Control Gel (N=15)**
Closure	**52.7%**	**44.0%**	**66.7%**	**57.1%**	**18.2%**	**33.3%**
Time to First Complete Closure (days) Mean (SD)	**37.9** (20.76)	**46.9** (27.31)	**28.8** (19.75)	**31.0** (14.68)	**24.0** (15.56)	**48.0** (29.18)
95% CI Mean	(31.9, 44.0)	(37.8, 56.1)	(-2.7, 60.2)	(18.7, 43.3)	(-115.8, 163.8)	(11.8, 84.2)
Minimum – Maximum (days)	14 - 95	15 - 96	10 - 56	15 - 58	13 - 35	15 - 94
Median (days)	33.5	45.0	24.5	29.5	24.0	47.0
Log-rank Test						
p-value	0.175		0.890		0.382	

AMRYT PHARMA

PROCEDURAL PAIN REDUCTION WAS OBSERVED WITH OLEOGEL-S10 (PATIENTS ≥ 4 YEARS OF AGE)



Oleogel-S10, n	90	90	84	84	76
Control gel, n	95	90	85	86	78



Oleogel-S10 (n=98 patients) : Baseline mean 3.7 (SD 3.08)
Control gel (n=100 patients) : Baseline mean 3.0 (SD 2.95)

206 patients ≥ 4 years of age used Wong-Baker FACES pain rating scale to assess the degree of pain experienced during their dressing change. Improvement observed was greater with Oleogel-S10 treatment.

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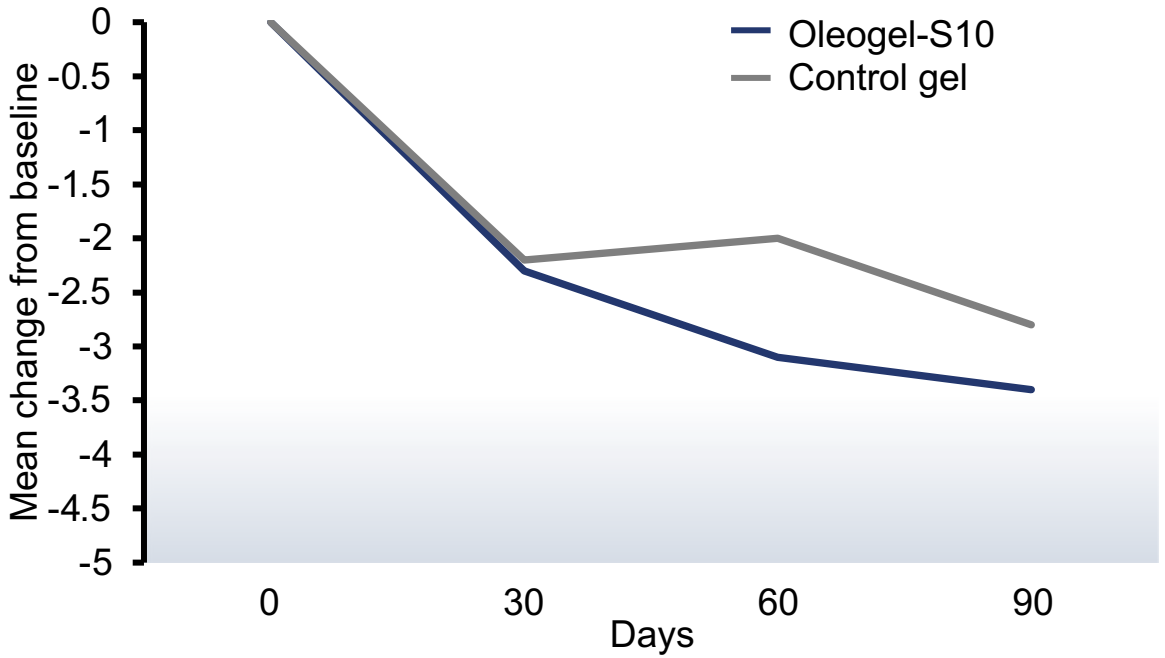
REDUCTION IN TOTAL BODY WOUND BURDEN (EBDASI) WITH OLEOGEL-S10

EB Disease Activity and Scarring Index



Oleogel-S10, n	108	99	91	84
Control gel, n	113	99	96	85

Assessment of Total Body Wound Burden based on the 'EB Disease Activity and Scarring Index' (EBDASI)

Section I: Skin Activity

Anatomical Location	Erosions/Blisters/Crusting	Number of lesions if <3
	0 absent **1** 1-3 lesions, none ≥2 cm in any diameter **2** 1-3 lesions, at least one lesion ≥2 cm in any diameter, none >6 cm **3** >3 lesions, none >6 cm in diameter **5** >3 lesions, and/or at least one lesion ≥6 cm in diameter **7** >3 lesions, and/or at least one lesion ≥16 cm in diameter **8** almost entire area involved **10** entire area involved	
Ears		
Face		
Neck		
Chest		
Abdomen		
Back		
Arms		
Hands		
Legs		
Feet		

Epidermolysis Bullosa Disease Activity and Scarring Index (EBDASI), Section I: Skin, Activity
Used with Permission of Professor Dedee Murrell and the Australasian Blistering Diseases Foundation

EBDASI Section I: Skin, Activity Patients of all age groups **EASE Study BEB-13**

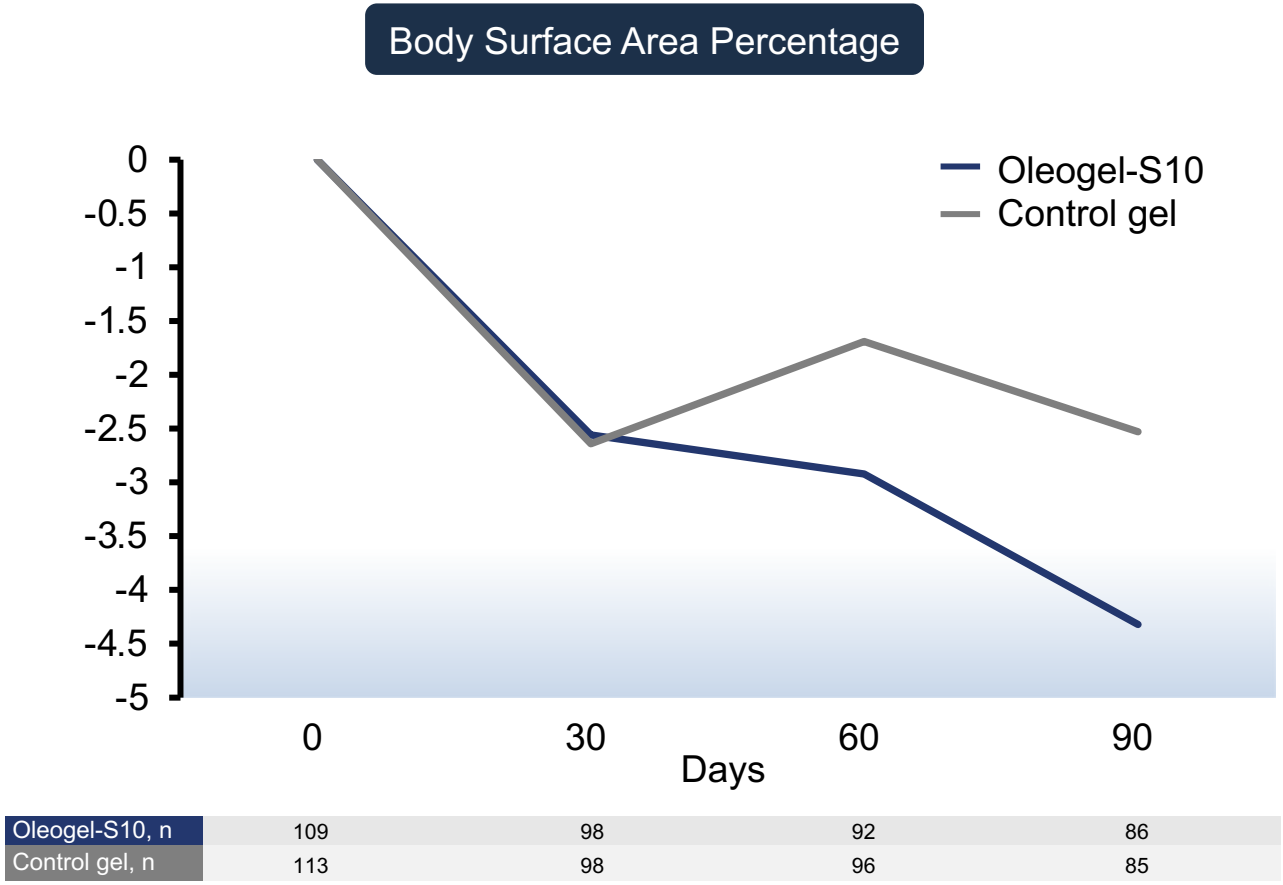
Visit: ☐D0 ☐D30 ☐D60 ☐D90 ☐M3 ☐M12 ☐M24 ENG v2

Date (DD MM YYYY): Patient No.: E 3 0

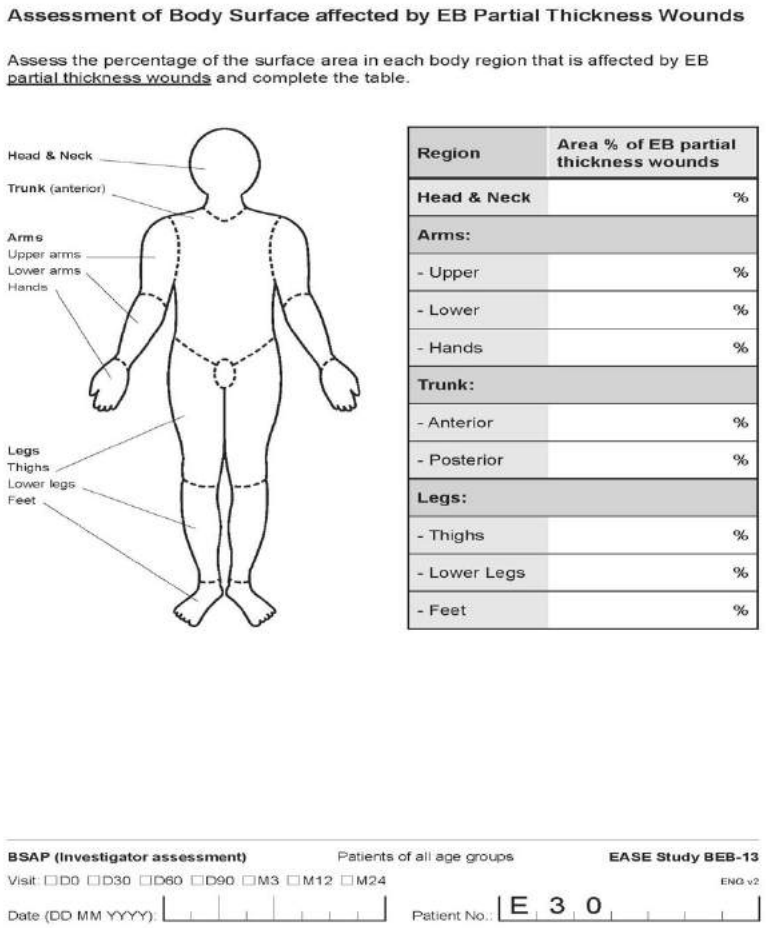
Total body wound burden based on EBDASI (skin index activity) demonstrated an improvement with Oleogel-S10

EBDASI, Epidermolysis Bullosa Disease Activity and Scarring Index

REDUCTION IN TOTAL BODY SURFACE AREA OF EB PARTIAL THICKNESS WOUNDS WITH OLEOGEL-S10



Oleogel-S10, n	109	98	92	86
Control gel, n	113	98	96	85



Assessment of Body Surface affected by EB Partial Thickness Wounds

Assess the percentage of the surface area in each body region that is affected by EB partial thickness wounds and complete the table.

Region	Area % of EB partial thickness wounds
Head & Neck	%
Arms:	
- Upper	%
- Lower	%
- Hands	%
Trunk:	
- Anterior	%
- Posterior	%
Legs:	
- Thighs	%
- Lower Legs	%
- Feet	%

BSAP (Investigator assessment) Patients of all age groups **EASE Study BEB-13**

Visit: ☐D0 ☐D30 ☐D60 ☐D90 ☐M3 ☐M12 ☐M24 ENG v2

Date (DD MM YYYY): Patient No.: E 3 0

The percentage of the total body surface with partial thickness wounds reduced (BSAP using Lund and Browder)

AMRYT PHARMA

EASE SAFETY SUMMARY DOUBLE BLIND PERIOD: OLEOGEL-S10 WELL TOLERATED

Adverse event category	Oleogel-S10 (n=109) n (%)	Control gel (n=114) n (%)	All Patients (n=223) n (%)
Patients with any adverse events (AEs*)	**89 (81.7)**	**92 (80.7)**	**181 (81.2)**
Mild AEs (grade 1)	46 (42.2)	41 (36.0)	87 (39.0)
Moderate AEs (grade 2)	30 (27.5)	45 (39.5)	75 (33.6)
Severe AEs (grade 3/4)	13 (11.9)	6 (5.3)	19 (8.5)
Any related AEs	27 (24.8)	26 (22.8)	53 (23.8)
Any AE leading to study withdrawal	3 (2.8)	2 (1.8)	5 (2.2)

The most frequently reported AEs* were wound complication (61.5% vs 53.5%), pyrexia (8.3% vs 13.2%), wound infection (7.3% vs 8.8%), pruritus (7.3% vs 5.3%) and anaemia (7.3% vs 3.5%)

* AE, adverse event

OLEOGEL-S10 - US & EUROPEAN ANTICIPATED REGULATORY TIMELINES

NDA TIMELINE – FDA – 6 MONTH PRIORITY REVIEW AND ROLLING NDA

2020

January — **December**

- **Apr** - Type C meeting completed
- **Jun** - Module 3 CMC request for priority review submitted
- **Sept** – Positive Top Line Phase 3 Results w/ primary endpoint met
- **Dec**- pre-NDA meeting

2021

January — **December**

- **Mar** - Initial submission
- **May** - Filing Date
- **Nov** - Anticipated Approval Date
- **Nov** – Priority Review Voucher*

MAA TIMELINE – EMA

2020

January — **December**

- **Jun** – MAA Letter of Intent submitted to EMA
- **Sep** – Rapporteurs assigned by CHMP
- **Nov** – MAA Pre-submission meetings

2021

January — **December**

- **Mar** - Initial submission
- **Jul** - List of Questions (LoQ) received
- **Sep** - Submission of responses to LoQ
- **Nov** - List of Outstanding Issues (LoOI) received and responses submitted
- **Dec** - CHMP Opinion

* Eligibility for PRV assumes Priority Review awarded for Oleogel-S10 NDA

AP103 - BUILDING AN EB FRANCHISE - GENE THERAPY PLATFORM

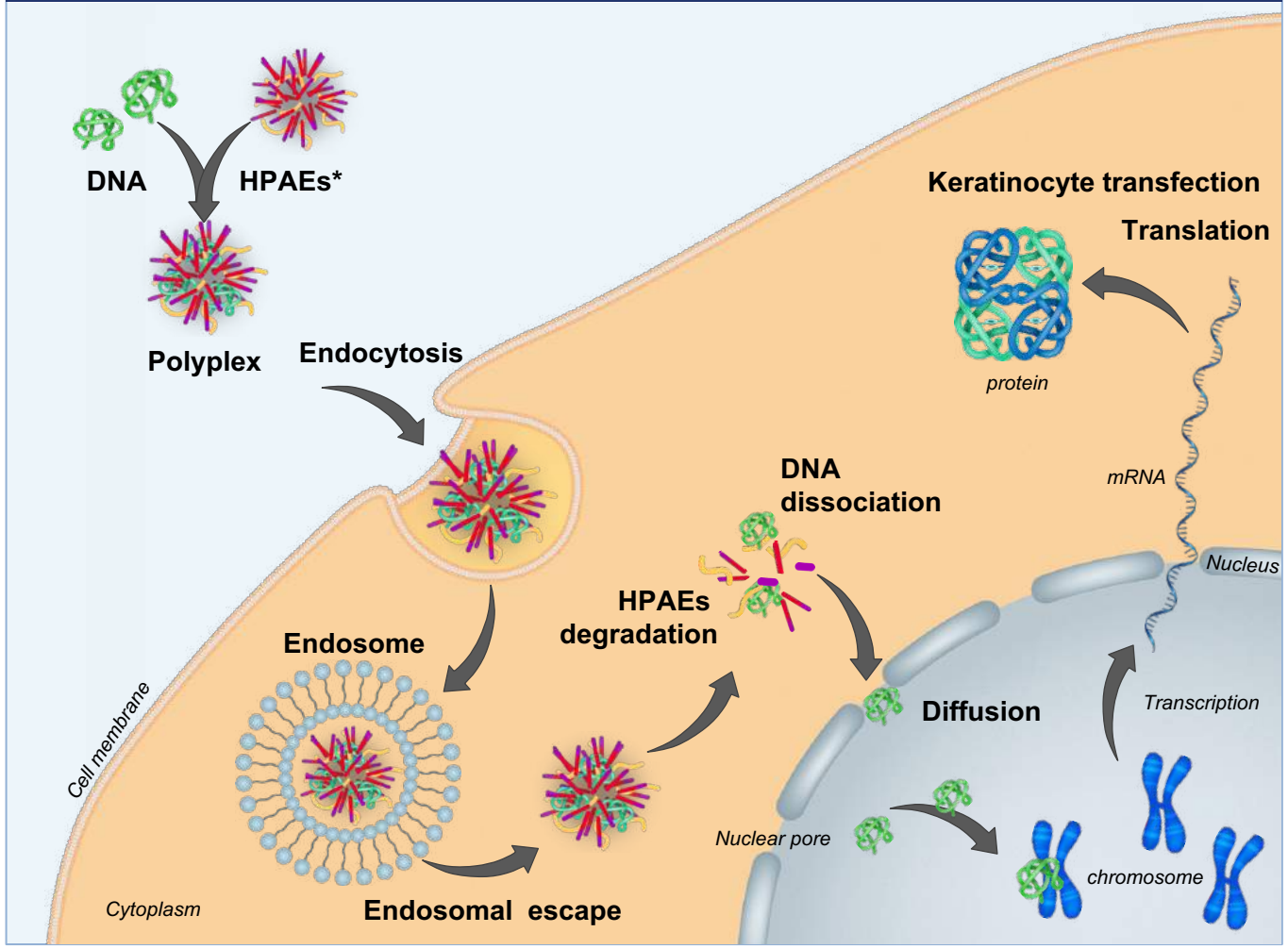
Novel polymer-based topical gene therapy delivery platform

AP103, our first product candidate utilizing this platform, is being studied for DEB

Granted Orphan Drug Designation by FDA and EMA in 2020

Potential use for the treatment of other genetic diseases

From Polyplex to Gene Expression

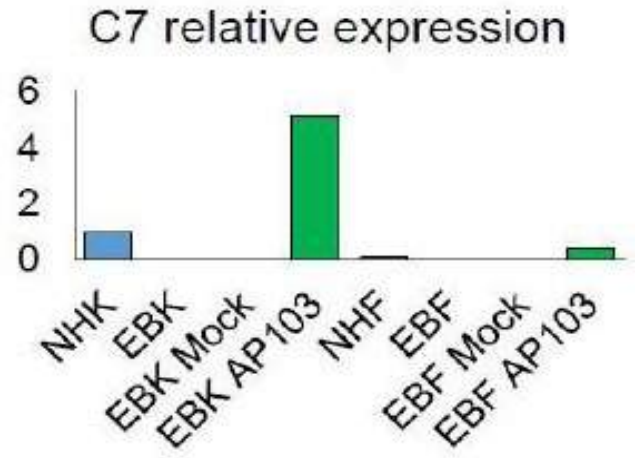


* Highly Branched Poly β-Amino Ester

AMRYT PHARMA

AP103 - PROOF OF CONCEPT IN CELL CULTURE

Protein Production from RDEB Cells Treated with AP103*



- Approximately 5-fold more hCol7 protein is expressed in RDEB keratinocytes after a single AP103 delivery compared with normal keratinocyte endogenous levels of hCol7 protein. These levels are comparable to those delivered by viral methods
- RDEB fibroblasts express approximately 3.5-fold more hCol7 protein compared with normal fibroblast levels

Confirmation of Expression & Delivery of HCOL7

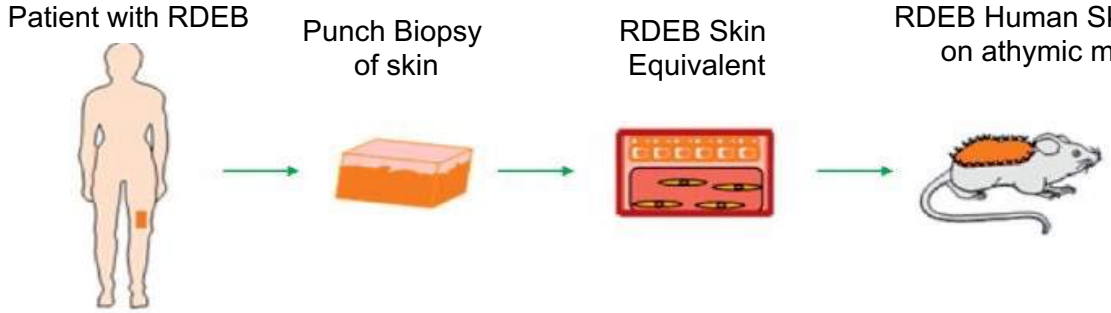
AP103 application produced type VII collagen at levels exceeding previously tested non-viral methods, and similar to those following delivery using viral vectors

Treated RDEB cells produced much higher amounts of type VII collagen than seen in healthy cells

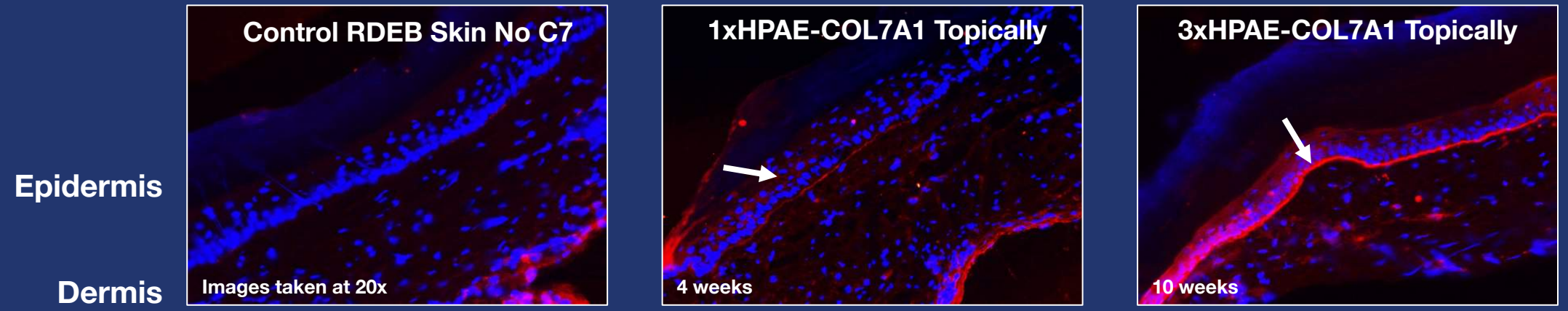
No indication of cellular toxicity was seen after treatment with AP103

*Study conducted at Thomas Jefferson University, Philadelphia, PA.

AP103 - PROOF OF CONCEPT IN A PRECLINICAL EB MODEL

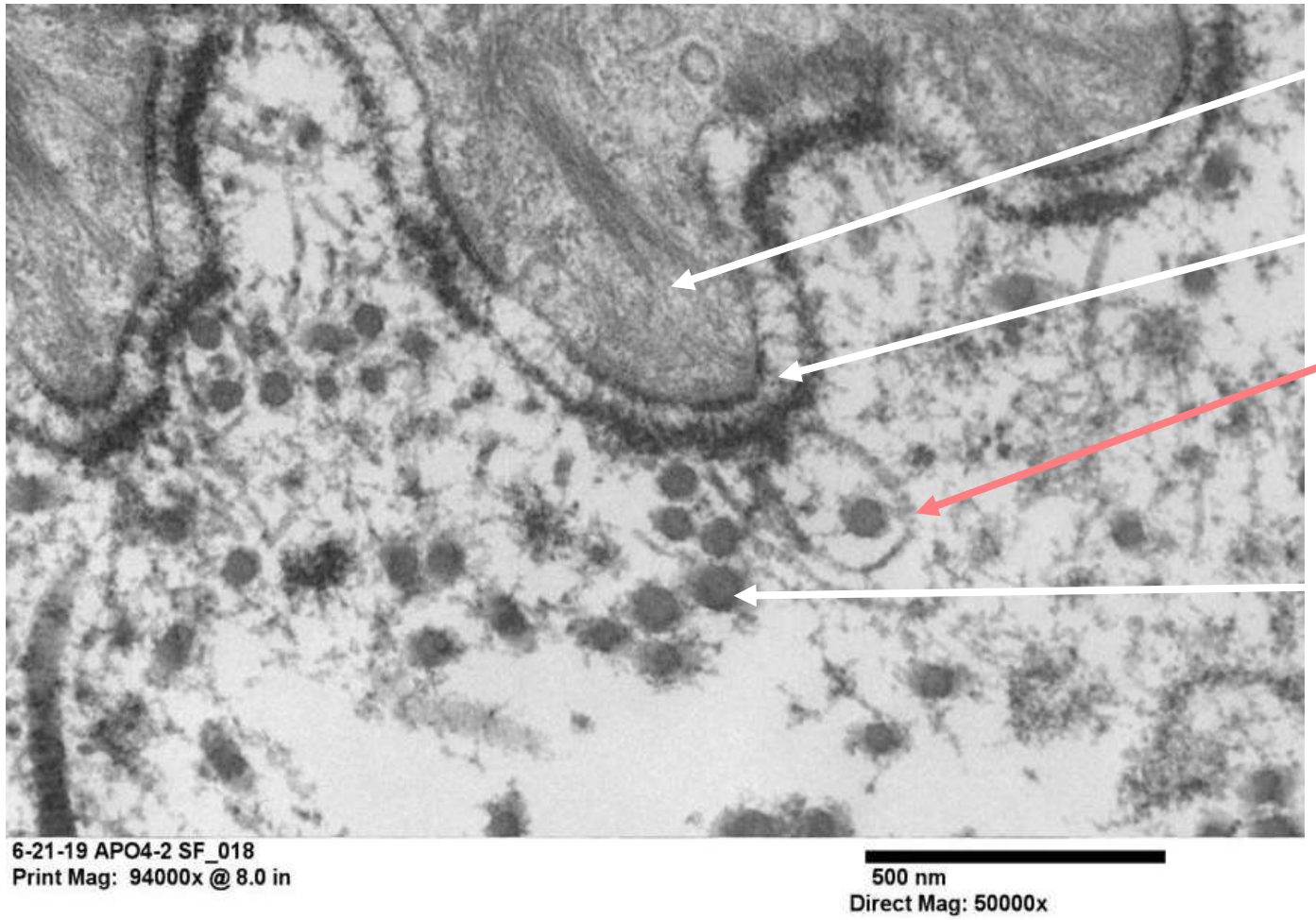


Collagen VII expression with a single topical application and increased post three topical applications



AMRYT PHARMA

AP103 - ELECTRON MICROSCOPY IMAGE SHOWING ANCHORING FIBRILS



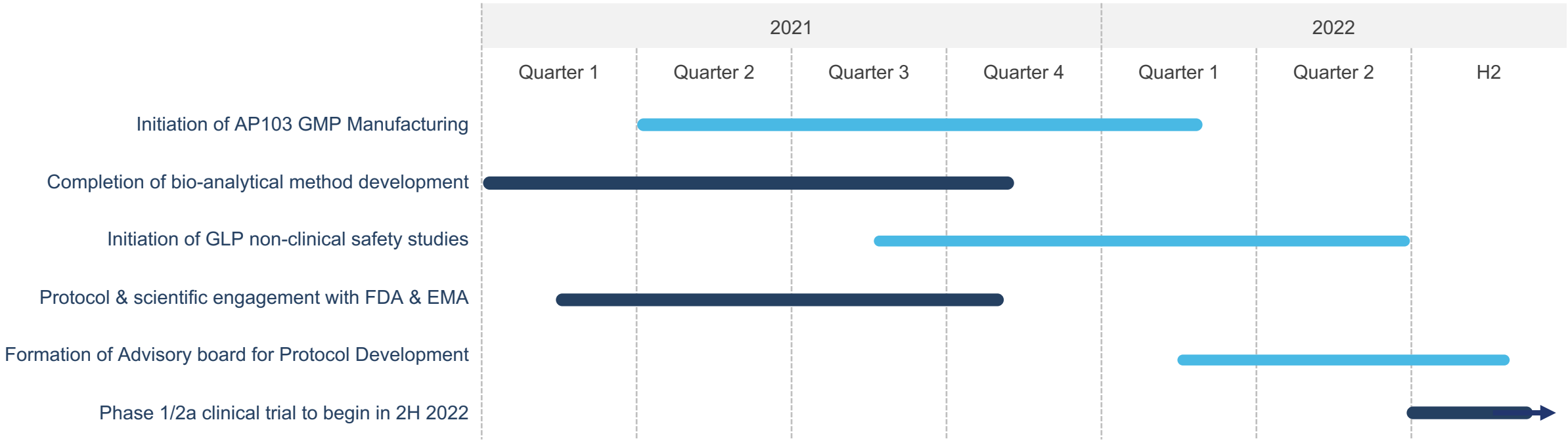
AMRYT PHARMA

AP103 - REGULATORY & DEVELOPMENT TIMELINE

Orphan Drug Designation

- ✓ FDA: For the treatment of dystrophic epidermolysis bullosa: 21 Dec 2020
- ✓ EMA: Treatment of epidermolysis bullosa 19 Oct 2020 (EU/3/20/2342)

Key Milestones in 2021-22



AMRYT PHARMA

METRELEPTIN - A SIGNIFICANT GLOBAL OPPORTUNITY FOR GROWTH

myalept (metreleptin) for injection 11.3 mg per vial

- Approved in the US (Feb 2014) to treat Generalized Lipodystrophy (“GL”)
- Approved in Europe (July 2018) to treat both GL and Partial Lipodystrophy (“PL”)*
- As an adjunct to diet, treats the complications of leptin deficiency in patients
- Patent protection in US to mid 2027 and orphan exclusivity in Europe through 2028

myalepta metreleptin

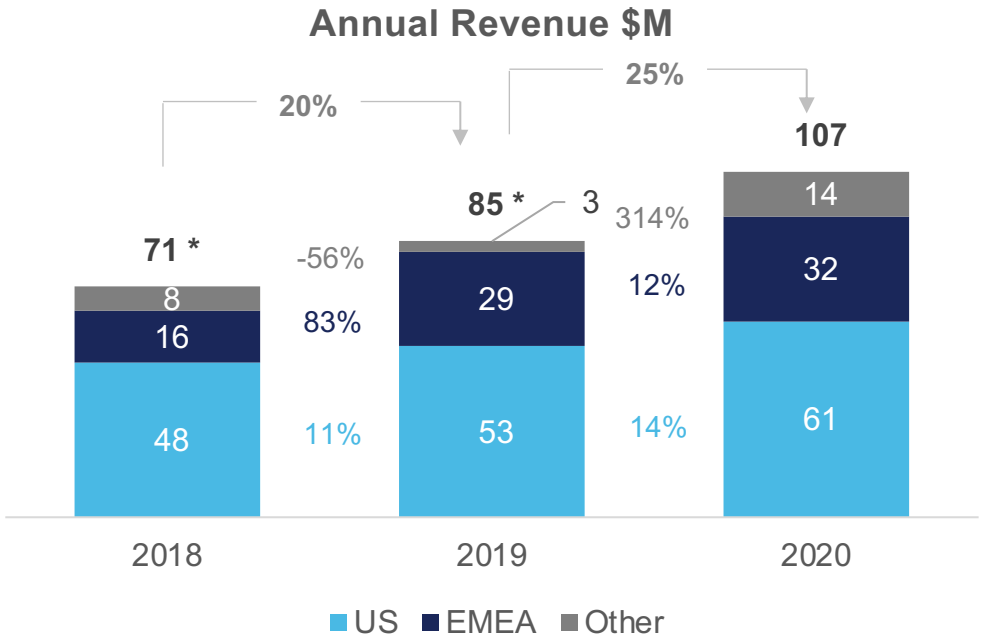
WHAT IS LIPODYSTROPHY (“LD”)?

Lipodystrophy is a chronic condition associated with low leptin levels as a result of the loss of adipose tissue. Leptin is an important hormone for energy homeostasis and metabolic function. Low leptin can result in metabolic chaos typically resulting in fatty liver, insatiable hunger, chronic fatigue, diabetes often with severe insulin resistance, and severe hypertriglyceridemia leading to a risk of pancreatitis. This may lead to life-altering organ damage with reduced life expectancy in severe forms.

* Myalepta® is indicated for treatment of patients with confirmed familial partial LD or acquired partial LD in adults and children 12 years of age and above for whom standard treatments have failed to achieve adequate metabolic control.

METRELEPTIN GROWTH

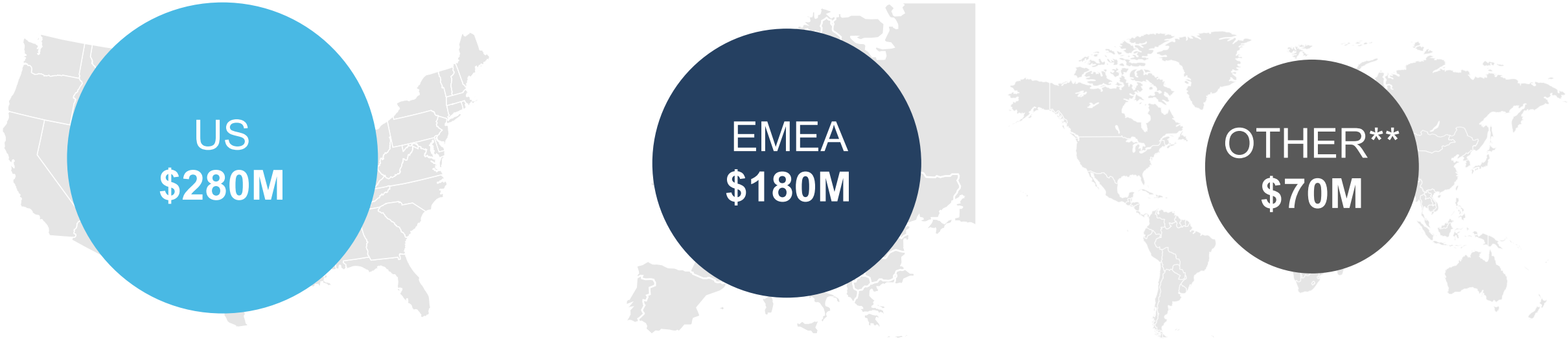
GLOBAL REVENUES OF **$107M** IN 2020 **-** REPRESENTING **25%** GROWTH VERSUS 2019



- US contributed 57% of global metreleptin revenues in 2020, EMEA contributed 30%
- EMEA (approved July 2018) still in launch mode
- Significant value inflection points through ongoing national reimbursement discussions
- Significant periodic LATAM orders

* Unaudited combined revenues for 2018 and 2019 represent the pro forma combined unaudited revenues of the Company assuming the acquisition by Amryt of Aegerion happened on 1 January 2018

ESTIMATED LD MARKET OPPORTUNITY OF ~$530M*



650 LD patients

1,300 LD patients

680 LD patients

Key Assumptions

- Includes key markets in which Amryt operates: US, EMEA, OTHER (“LATAM & Canada”)**
- Prevalence***
  - 1.0 per million GL
  - 3.0 per million PL, discounted to 1.0 per million for severe cases
- ~70% blended diagnosis & eligibility rate*

* Management estimate; includes US PL if approved ** Brazil, Argentina, Colombia, Canada. *** Chiquette E et al. Diabetes Metab Syndr Obes 2017; 10: 375-383.

INCREASING PATIENT ACCESS TO METRELEPTIN TREATMENT

Reimbursement achieved

Japan	2013
US	2014
Turkey	2017
Germany	2019
Italy	2020
UK	2021

National reimbursement processes ongoing

France	Cohort (paid) ATU - CEPS price negotiation
Spain	MoH price negotiation
Denmark	AMGROS contract finalization
Norway	Application to Bestillerforum
Portugal	INFARMED economic dossier & price negotiation
Netherlands	ZIN reimbursement application
Saudi Arabia	Distribution agreement signed with Salehiya

Named patient sales

France	Portugal	Netherlands	Norway	Israel	Argentina
GCC	Spain	Sweden	Greece	Brazil	Colombia

AMRYT PHARMA

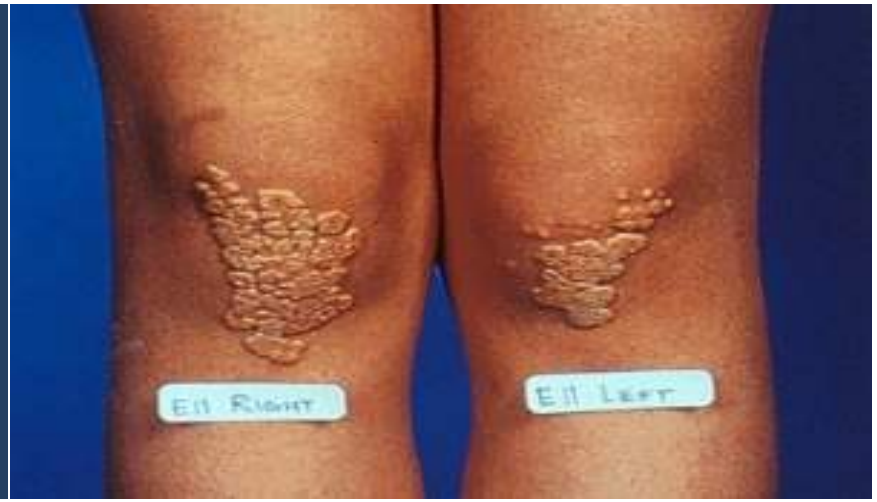
LOMITAPIDE

OPPORTUNITY TO REPLICATE LOJUXTA® SUCCESS GLOBALLY

- Approved in both Europe (Jul 2013) and the US (Dec 2012) as an adjunct to a low-fat diet and lipid lowering therapies to treat adults with HoFH
- Reduces LDL-C in adult HoFH patients
- Patent protection in US to mid 2027 and 2028 in EU*

WHAT IS HOFH?

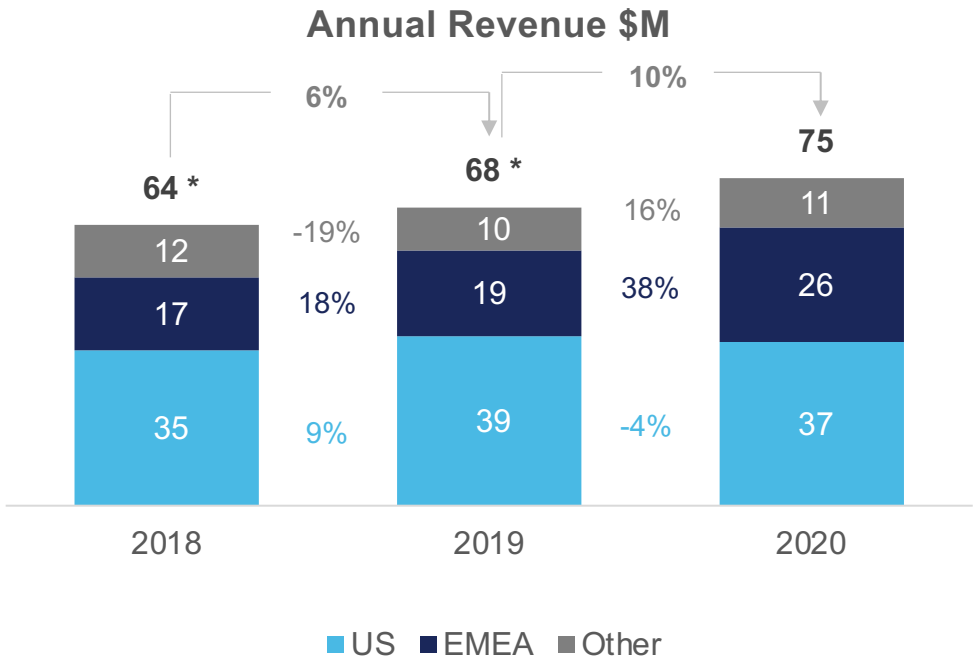
HoFH is a potentially life-threatening disorder that impairs the body's ability to remove LDL "bad" cholesterol from the blood. Typically results in extremely high blood LDL cholesterol levels leading to aggressive and premature blocking of arterial blood vessels. HoFH patients are at a high risk of experiencing life-threatening cardiovascular events and have a substantially reduced life expectancy.



* SPC granted in 5 major markets

LOMITAPIDE

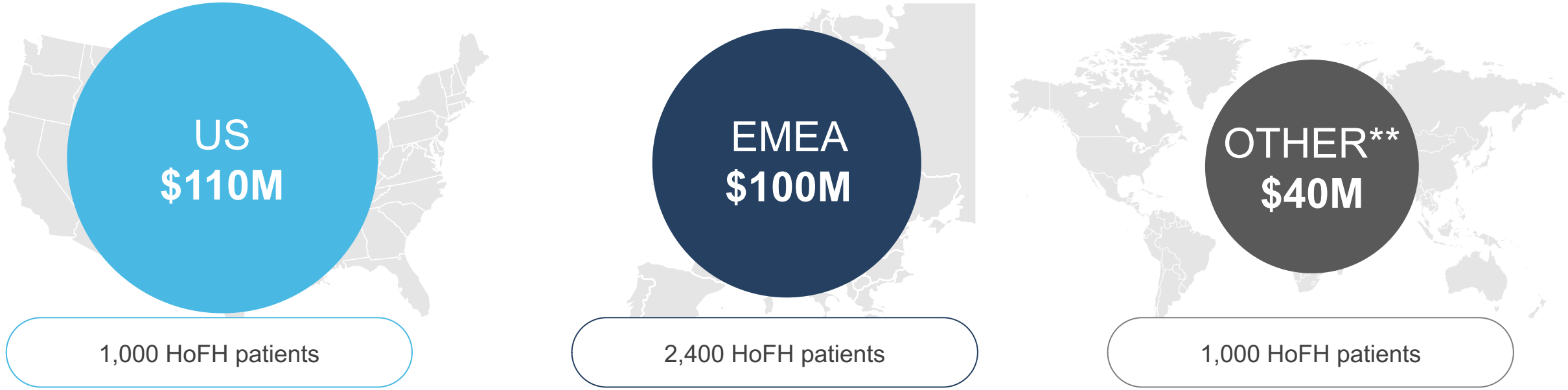
GLOBAL REVENUES OF **$75M** IN 2020 - REPRESENTING **10%** GROWTH VERSUS 2019



- US contributed 50% of global lomitapide revenues in 2020, EMEA contributed 35%
- EMEA 38% YoY growth driven by UK launch post reimbursement, France launch post reimbursement and GCC

* Unaudited combined revenues for 2018 and 2019 represent the pro forma combined unaudited revenues of the Company assuming the acquisition by Amryt of Aegerion happened on 1 January 2018. These amounts (i) exclude revenues from sales to end-users in Japan, due to the out-licencing of Juxtapid® to Recordati, which occurred in February 2019, (ii) exclude up-front payments from Recordati in 2019, and (iii) include a 22.5% royalty on Japanese sales of Juxtapid® from 1 January 2018, as if the Recordati agreement were in place from that date.

ESTIMATED HoFH MARKET SIZE OF ~$250M*



Key Assumptions

- Includes key markets in which Amryt operates: US, EMEA, OTHER (LATAM & Canada)**
- Includes Pediatric HoFH market opportunity
- Prevalence***
  - 3 per million - EU, America, Australia; 6 per million – due to consanguinity, e.g. Middle East, Turkey and founder effects, e.g. Canada
  - 50% diagnosis rate based on phenotypic presentation of LDL-C levels
  - ~50% eligible population* – after PCSK9 inhibitors address a portion of the unmet medical need
- Excludes FCS

* Management estimate ** Brazil, Argentina, Colombia, Canada. *** Sjouke B, et al. Eur Heart J 2014.

GROWTH OPPORTUNITY

LEVERAGING OUR SIGNIFICANT INFRASTRUCTURE & EXPERTISE TO DRIVE FUTURE GROWTH

- Existing business is growing & significantly cash generative
- Potential to acquire further assets through in-licensing or M&A
- Full infrastructure in place - primed & ready to receive additional assets
- Experienced management team - proven track record of building a diversified rare disease product portfolio
- Offers significant economies of scale & synergy opportunities
- Proven track record of execution, integration, delivering synergies and driving growth
- Ready to launch Oleogel-S10 in Q4 2021, if approved
- Opportunity through BD to add products that will grow revenues, EBITDA and cash generation

STRONG FINANCIALS

BUILDING A GLOBAL LEADER IN RARE DISEASES

Cash and cash equivalents

$118.8M 12/31/20 (unaudited); $67.2M 12/31/19 (audited)

FY 2020 revenues **$182.6M**

FY 2021 revenue guidance **$200M - $205M**

$

$125M Convertible Debt Facility

- ▲ 5.5 year bullet, Apr 2025
- ▲ Unsecured
- ▲ Coupon: 5% cash
- ▲ Convertible price: $12.95 per ADS; $2.59 per Ord Share

$86M Term Debt Facility

- ▲ 5 year bullet, Sep 2024
- ▲ Secured
- ▲ Coupon: 6.5% cash & 6.5% PIK

$30.4M in EBITDA delivered through FY2020*

$26.9M Cash generated from operations FY 2020

*See Appendix: non-GAAP/IFRS reconciliation

AMRYT PHARMA

CONTACT & CORPORATE INFORMATION

BUILDING A GLOBAL LEADER IN RARE DISEASES

AMRYT CONTACT	
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LISTING PARTICULARS	NASDAQ	LONDON STOCK EXCHANGE - AIM
TICKER	AMYT	AMYT

AMRYT PHARMA

AMRYT

BUILDING A GLOBAL LEADER IN RARE DISEASES

Revenue generating commercial portfolio and EBITDA profitable

Pipeline of exciting new therapies with potential in areas of high unmet need

AMRYT PHARMA

Financial flexibility to execute on anticipated development plans

Global commercial infrastructure and experienced team primed and ready for growth

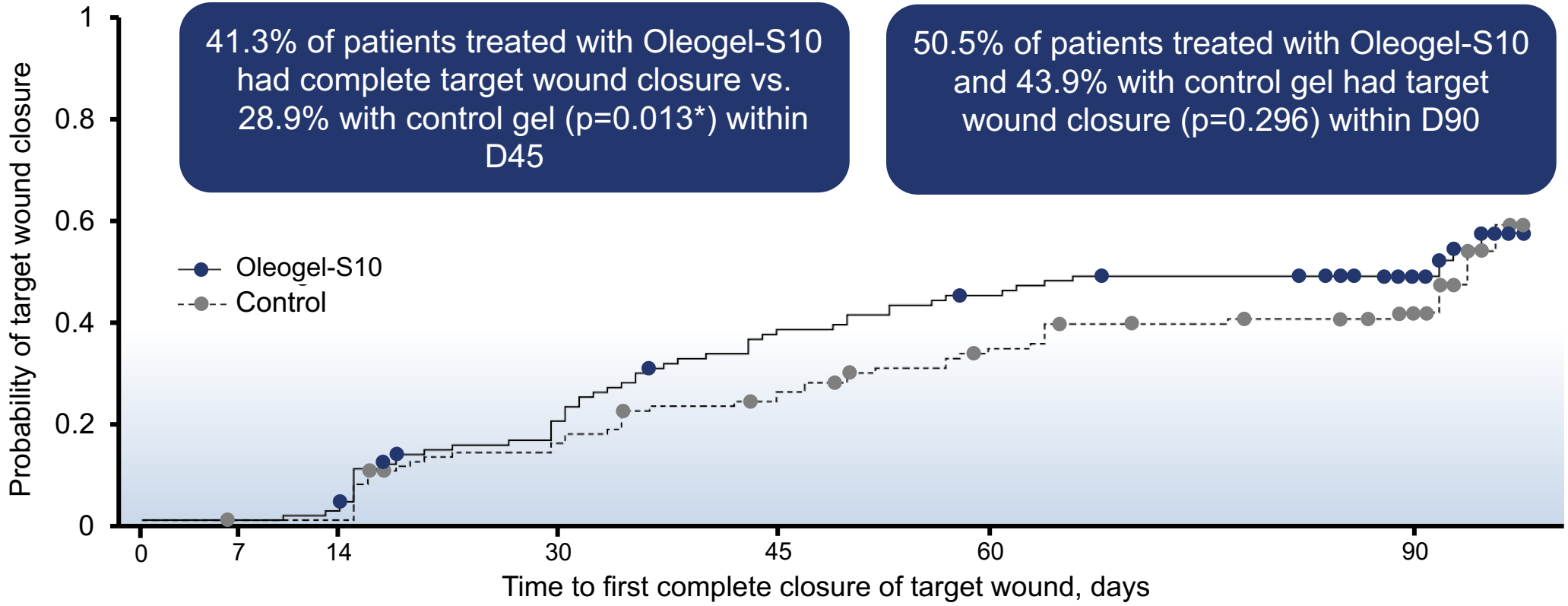
APPENDIX

KAPLAN-MEIER SURVIVAL CURVE SHOWING SEPARATION IN TARGET WOUND CLOSURE AROUND DAY 30 AND DIFFERENCE NARROWING AROUND DAY 90

Difference in time to wound healing over the 90-day double-blind period in the two arms was not statistically significant (log-rank test, p=0.302)

41.3% of patients treated with Oleogel-S10 had complete target wound closure vs. 28.9% with control gel (p=0.013*) within D45

50.5% of patients treated with Oleogel-S10 and 43.9% with control gel had target wound closure (p=0.296) within D90



Oleogel-S10, n	109	109	104	82	65	57	36
Control gel, n	114	113	113	91	80	68	41
Day	0	7	14	30	45	60	90

* Pre-specified adjustment to account for IDMC interim sample size re-estimation

TIME TO FIRST CLOSURE

TIME TO FIRST CLOSURE (DAYS)	Oleogel-S10 (N=109)	Control Gel (N=114)
Mean (SD) 95% CI	**37.7 days** (21.65) [31.9, 43.6]	**44.5 days** (26.15) [37.1, 51.9]
Median Minimum-Maximum	33.0 days 10-95 days	39.0 days 15-96 days

In wounds that achieved complete closure, Oleogel-S10 did so in a shorter number of days

IFRS AND NON-GAAP ADJUSTED RESULTS – Q4 2020 EBITDA

US$M	Q4 2020 (unaudited)	Q4 2020 Non-cash Items[1]	Q4 2020 Non-GAAP Adjusted
Revenue	**42.5**	**-**	**42.5**
Cost of sales	(29.9)	17.3	(12.5)
Gross profit	**12.6**	**17.3**	**29.9**
R&D	(5.1)	-	(5.1)
SG&A	(19.8)	0.4	(19.4)
Acquisition & severance related costs	-	-	-
Share based compensation expenses	(1.6)	1.6	-
Operating (loss) / profit before finance expense	**(13.9)**	**19.3**	**5.4[2]**

1. Non-cash items include amortisation of the acquired metreleptin and lomitapide intangible assets ($10.7M), amortisation of the inventory fair value step-up that was acquired at the acquisition date ($6.6M), depreciation ($0.4M) and share based compensation expenses ($1.6M).

2. EBITDA is earnings before interest, tax, depreciation, amortisation and share based compensation expenses. To supplement Amryt's financial results presented in accordance with IFRS generally accepted accounting principles, the Company uses EBITDA as a key measure of company performance as the Company believes that this measure is most reflective of the operational profitability or loss of the Company and provides management and investors with useful supplementary information which can enhance their ability to evaluate the operating performance of the business. EBITDA, as measured by the Company, is not meant to be considered in isolation or as a substitute to operating profit / loss attributable to Amryt and should be read in conjunction with the Company's condensed consolidated financial statements prepared in accordance with IFRS.

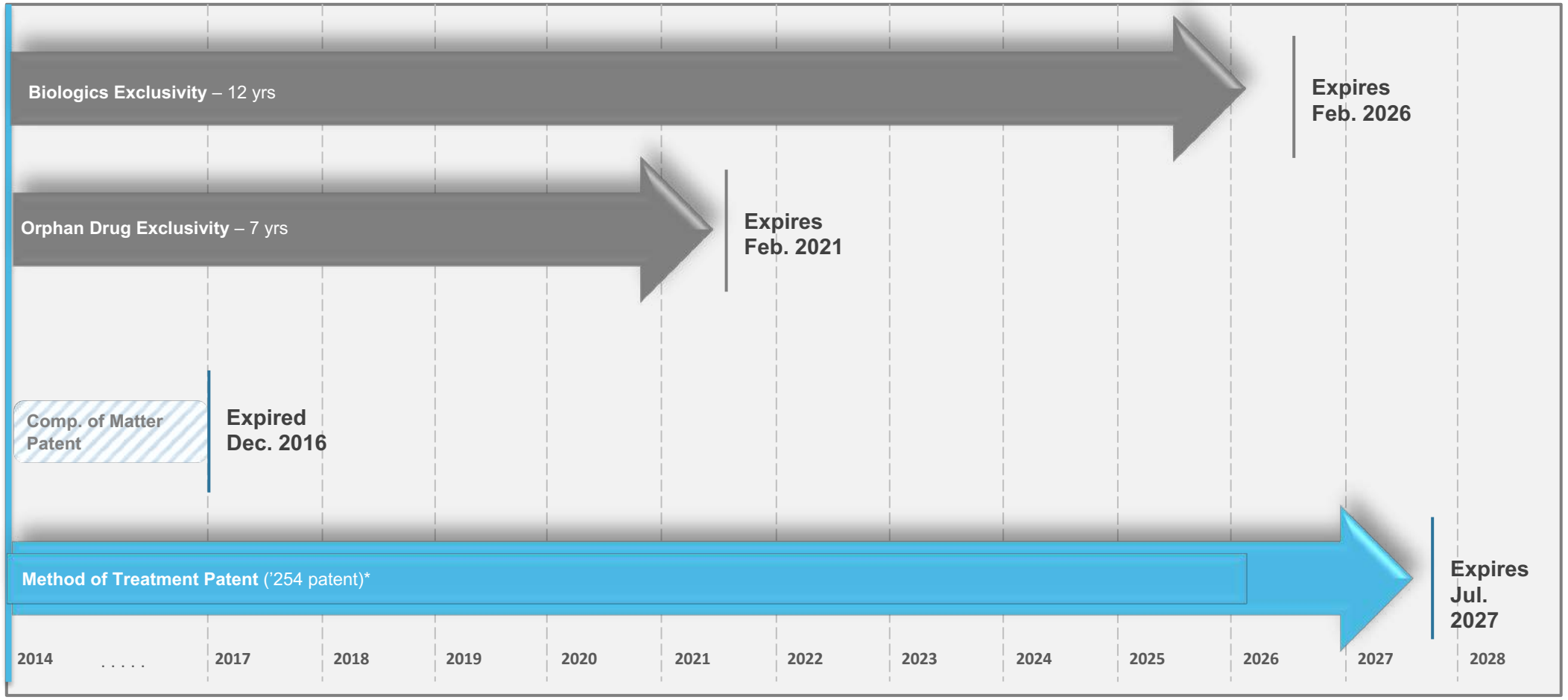
IFRS AND NON-GAAP ADJUSTED RESULTS - FY 2020 EBITDA

US$M	FY 2020 (unaudited)	FY 2020 Non-cash Items[1]	FY 2020 Non-GAAP Adjusted
Revenue	**182.6**	**-**	**182.6**
Cost of sales	(119.0)	70.6	(48.4)
Gross profit	**63.6**	**70.6**	**134.2**
R&D	(27.6)	-	(27.6)
SG&A	(76.7)	1.5	(75.2)
Acquisition & severance related costs	(1.0)	-	(1.0)
Share based compensation expenses	(4.7)	4.7	-
Operating (loss) / profit before finance expense	**(46.4)**	**76.8**	**30.4[2]**

1. Non-cash items include amortisation of the acquired metreleptin and lomitapide intangible assets ($43.0M), amortisation of the inventory fair value step-up that was acquired at the acquisition date ($27.6M), depreciation ($1.5M) and share based compensation expenses ($4.7M).

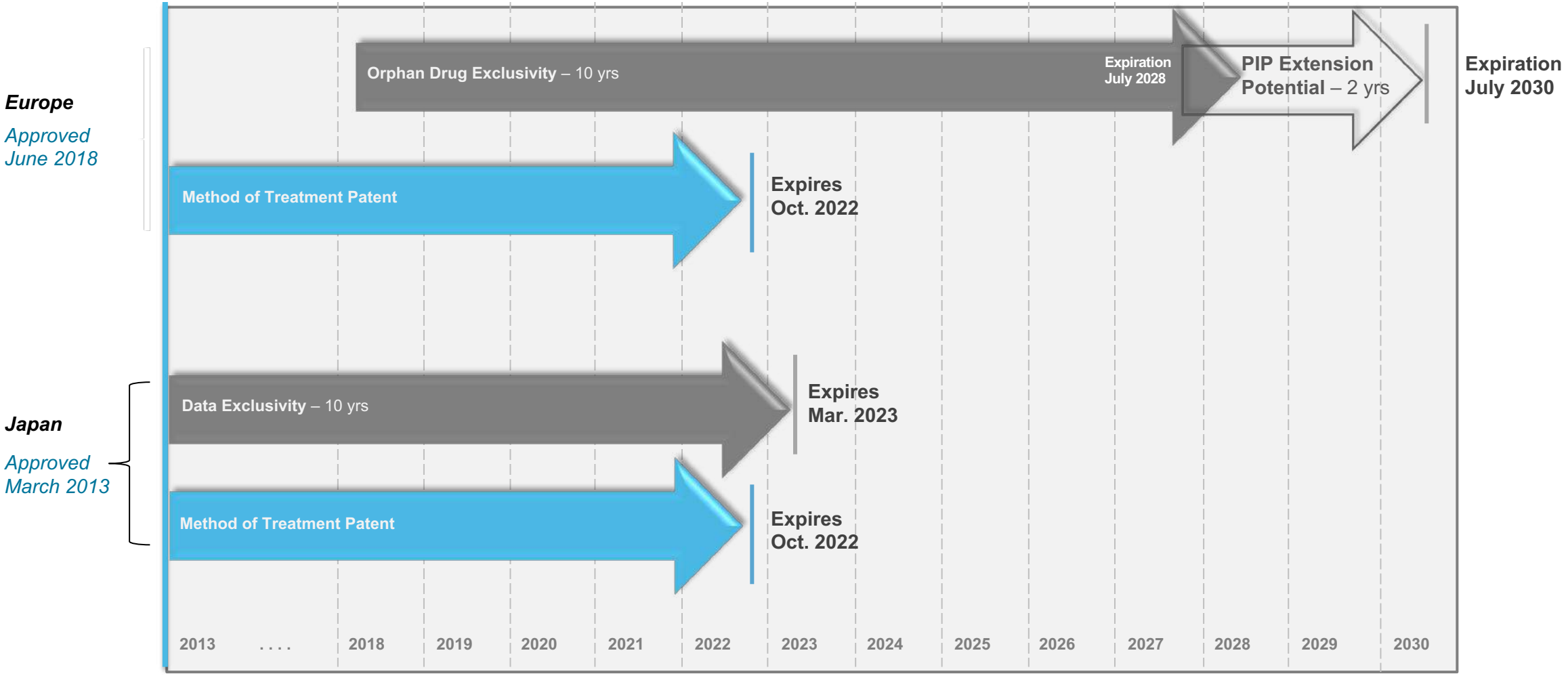
2. EBITDA is earnings before interest, tax, depreciation, amortisation and share based compensation expenses. To supplement Amryt's financial results presented in accordance with IFRS generally accepted accounting principles, the Company uses EBITDA as a key measure of company performance as the Company believes that this measure is most reflective of the operational profitability or loss of the Company and provides management and investors with useful supplementary information which can enhance their ability to evaluate the operating performance of the business. EBITDA, as measured by the Company, is not meant to be considered in isolation or as a substitute to operating profit / loss attributable to Amryt and should be read in conjunction with the Company's condensed consolidated financial statements prepared in accordance with IFRS.

MYALEPT® (US) REGULATORY EXCLUSIVITY / PATENT TIMELINE ASSUMES LOE JULY 2027



* A PTE of 1,445 days was applied to the '254 patent, thus extending patent protection to July 17, 2027.

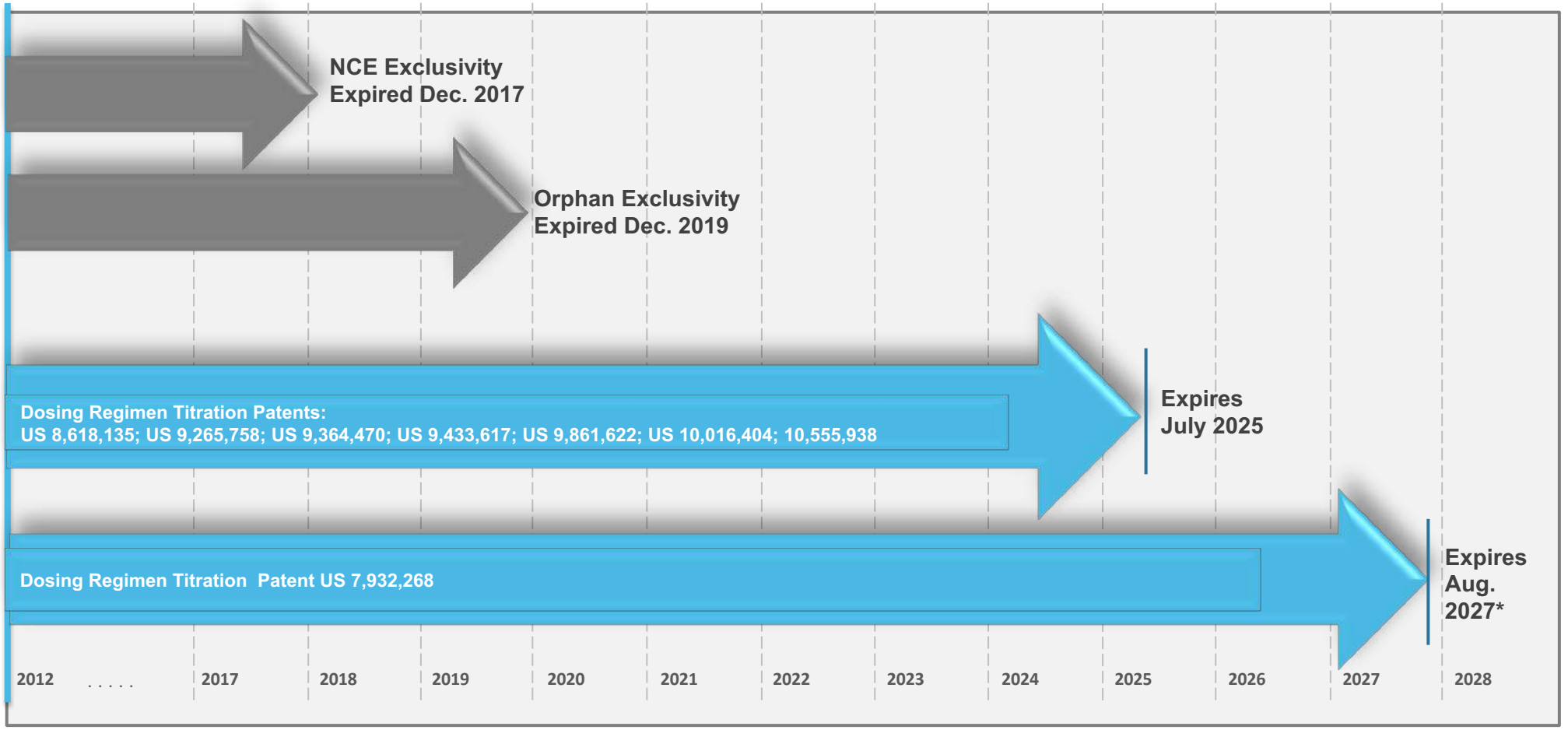
MYALEPTA® (EX-US) REGULATORY EXCLUSIVITY / PATENT TIMELINE ASSUMES LOE JULY 2028 WITH POTENTIAL 2-YEAR EXTENSION



AMRYT PHARMA

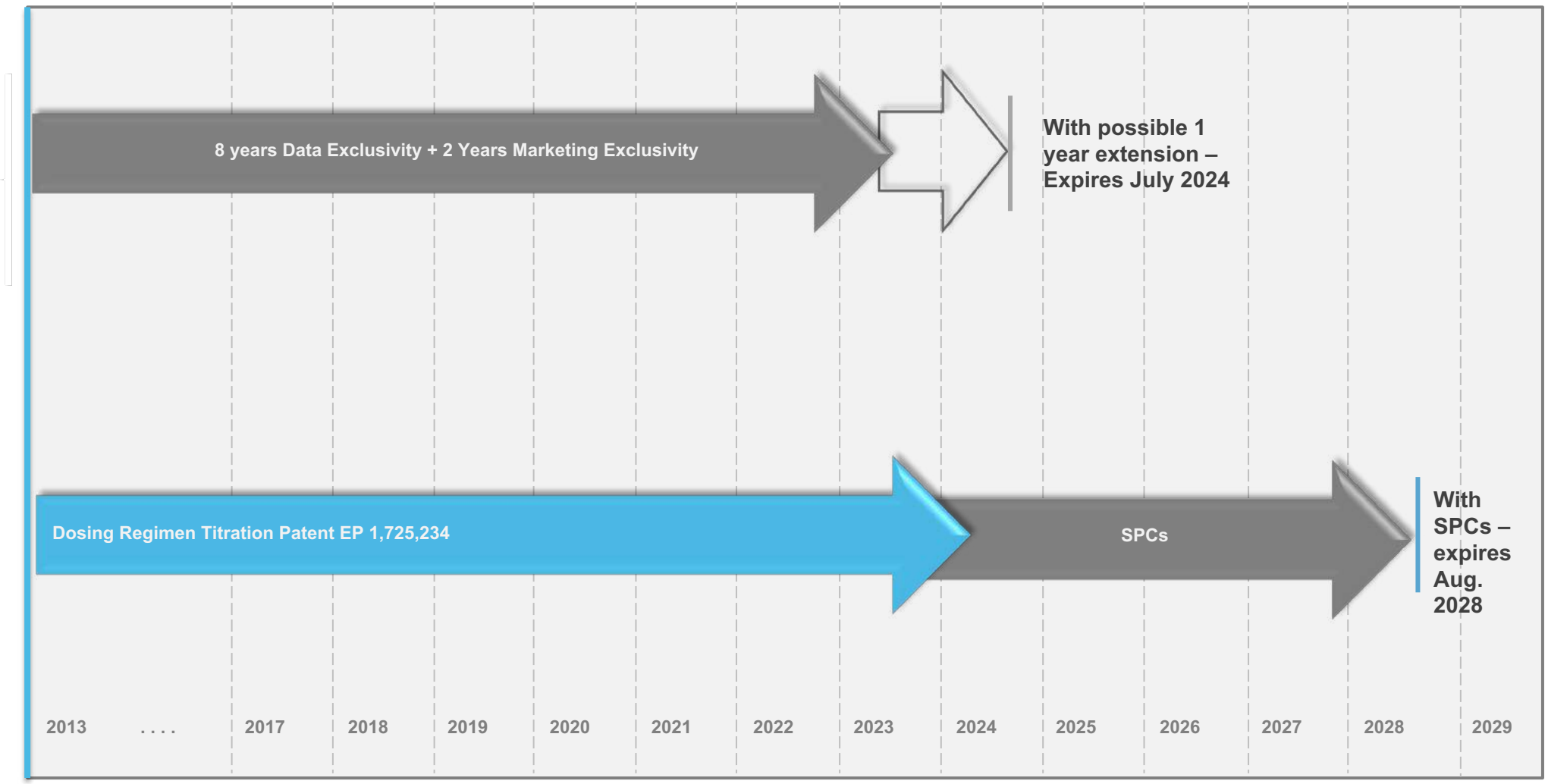
JUXTAPID® U.S. REGULATORY EXCLUSIVITY / PATENT TIMELINE

Approved December 2012



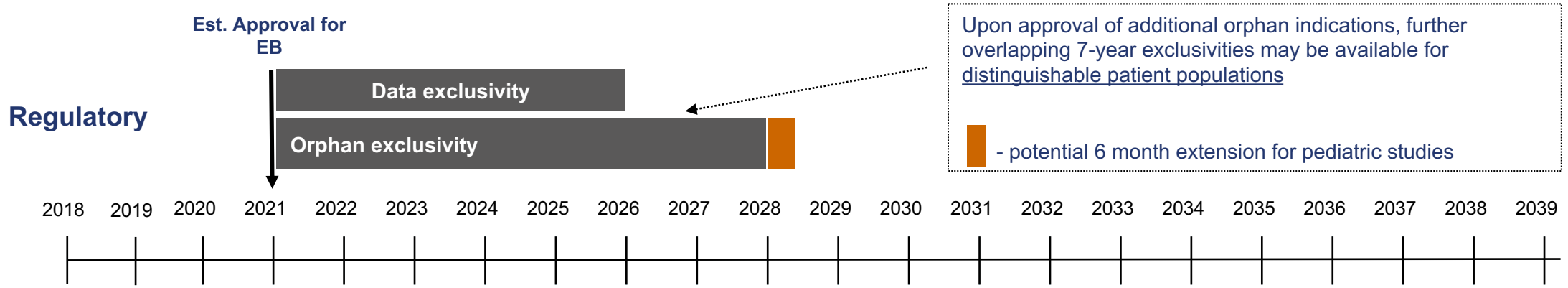
*Patent Term Adjustment of 895 days was awarded due to Patent Office delays, extending term to 8/19/2027

LOJUXTA® EU REGULATORY EXCLUSIVITY/PATENT TIMELINE

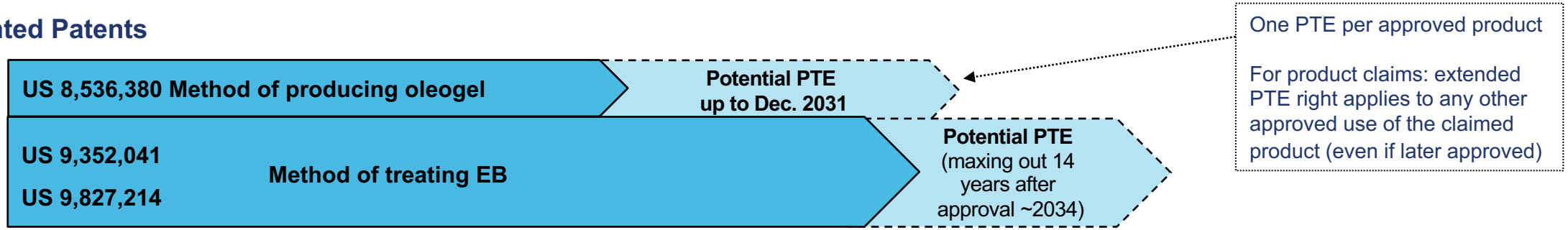


AMRYT PHARMA

OLEOGEL-S10 ANTICIPATED EXCLUSIVITY TIMELINE IN US



Granted Patents



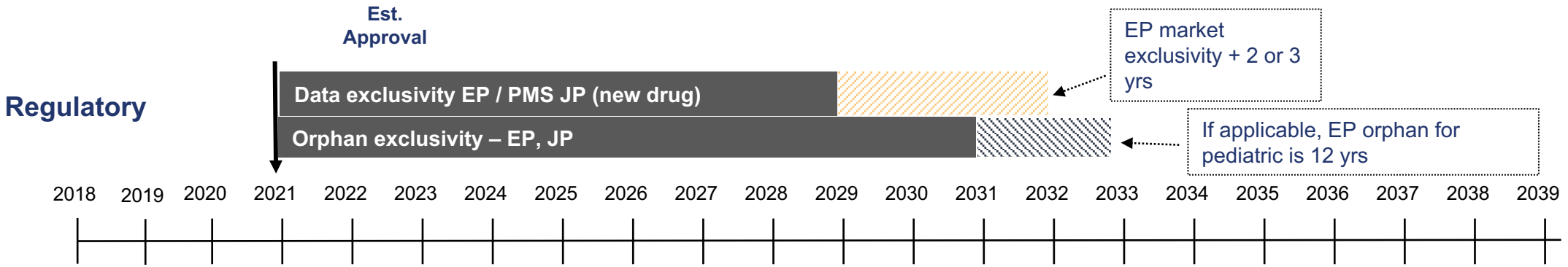
Pending applications

US 62/613,646 – Pending provisional (AMRT-005)

- *Non-provisional PCT filed in Jan. 2019 – patent term on any patents that issue to 2039*

AMRYT PHARMA

OLEOGEL-S10 ANTICIPATED EXCLUSIVITY IN EUROPE AND JAPAN



Granted Patents

EP 1758555 JP 4468987	Oleogel, method of producing oleogel	SPCs for some EP countries
EP 2504012 JP 6017959	Oleogel for use in wound healing	
JP 6263239	Oleogel for use in treating EB	

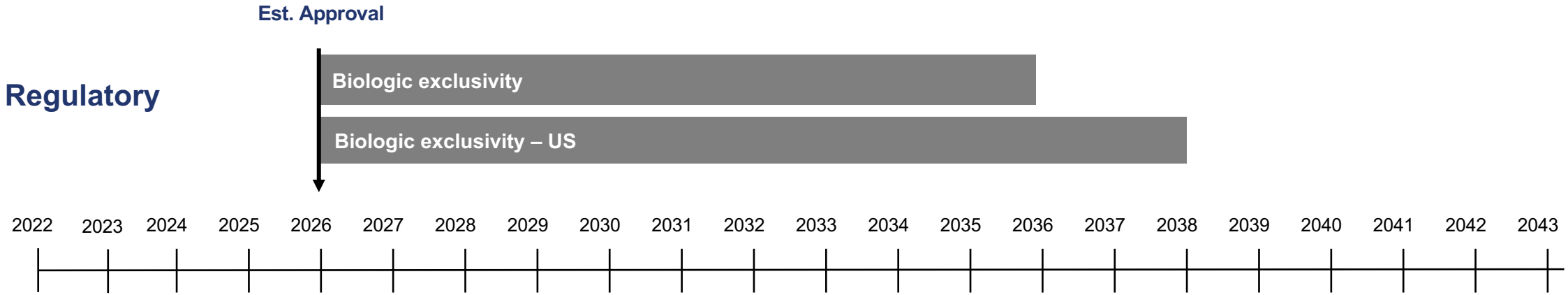
Pending applications

US 62/613,646 – Pending provisional (AMRT-005)

- *Non-provisional PCT filed in Jan. 2019, nationalizes in 2020 – patent term on any patents that issue to 2039*

AMRYT PHARMA

AP103 REGULATORY AND PATENT EXCLUSIVITIES



Patent Protection

Existing IP — **Potential PTE/SPCs**

Future IP

- Physical properties / improvements
- QC/CMC
- Formulation
- Clinical findings/indications/patient populations

AMRYT PHARMA