Pharming Group N.V.

Wells Fargo

Healthcare Conference

September 2023

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

Forward-looking statements

This presentation may contain forward-looking statements. Forward-looking statements are statements of future expectations that are based on management's current expectations and assumptions and involve known and unknown risks and uncertainties that could cause actual results, performance, or events to differ materially from those expressed or implied in these statements. These forward-looking statements are identified by their use of terms and phrases such as "aim", "ambition", ''anticipate'', ''believe'', ''could'', ''estimate'', ''expect'', ''goals'', ''intend'', ''may'', "milestones", ''objectives'', ''outlook'', ''plan'', ''probably'', ''project'', ''risks'', "schedule", ''seek'', ''should'', ''target'', ''will'' and similar terms and phrases. Examples of forward-looking statements may include statements with respect to timing and progress of Pharming's preclinical studies and clinical trials of its product candidates, Pharming's clinical and commercial prospects, and Pharming's expectations regarding its projected working capital requirements and cash resources, which statements are subject to a number of risks, uncertainties and assumptions, including, but not limited to the scope, progress and expansion of Pharming's clinical trials and ramifications for the cost thereof; and clinical, scientific, regulatory and technical developments. In light of these risks and uncertainties, and other risks and uncertainties that are described in Pharming's 2022 Annual Report and the Annual Report on Form 20-F for the year ended December 31, 2022, filed with the U.S. Securities and Exchange Commission, the events and circumstances discussed in such forward-looking statements may not occur, and Pharming's actual results could differ materially and adversely from those anticipated or implied thereby. All forward-looking statements contained in this presentation are expressly qualified in their entirety by the cautionary statements contained or referred to in this section. Readers should not place undue reliance on forward-looking statements. Any forward-looking statements speak only as of the date of this presentation and are based on information available to Pharming as of the date of this presentation. Pharming does not undertake any obligation to publicly update or revise any forward-looking statement as a result of new information, future events or other information.

Building a sustainable rare disease business 1H23 updates

Market RUCONEST® in all key international markets – U.S. focus

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

- RUCONEST® returned to revenue growth in 2Q23
- Continue to be on track for low single digit revenue growth

Global approvals and commercialization of Joenja® (leniolisib)

Successful commercialization of Joenja® (leniolisib) for APDS and additional rare disease indications

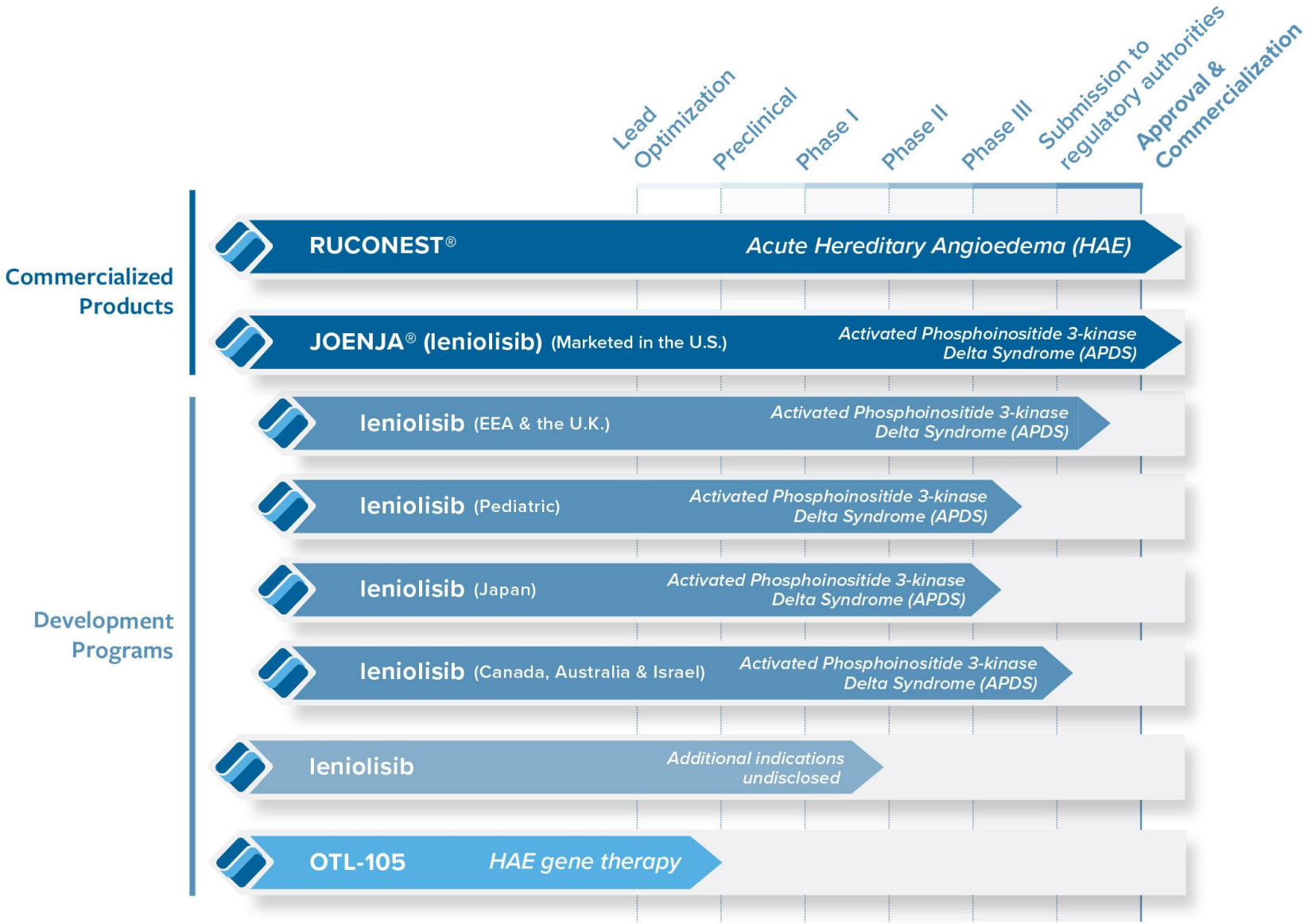
- MAR: FDA approval for Joenja® APR: Strong 2Q start U.S. launch
- Regulatory reviews ongoing in EUR, CAN, AUS, ISR
- Pediatric clinical program ongoing

Ongoing pipeline development and management of rare disease assets

Advance internal projects and potential acquisitions of new, mid to late-stage assets through in-licensing and M&A

- Advanced 2nd indication for leniolisib (2H23 disclosure)
- Investments and continued focus on in-licensing or acquisitions of mid to late-stage opportunities in rare diseases.

Pipeline – multiple commercial stage rare disease products



Strong rare disease product commercial infrastructure

- Dedicated sales force and marketing in U.S., Europe, and MENA
- Market access teams
- Patient support and reimbursement teams
- Disease educators and specialists for APDS and HAE
- Medical Affairs teams
- High conference penetration & Support for educational KOL speaker programs

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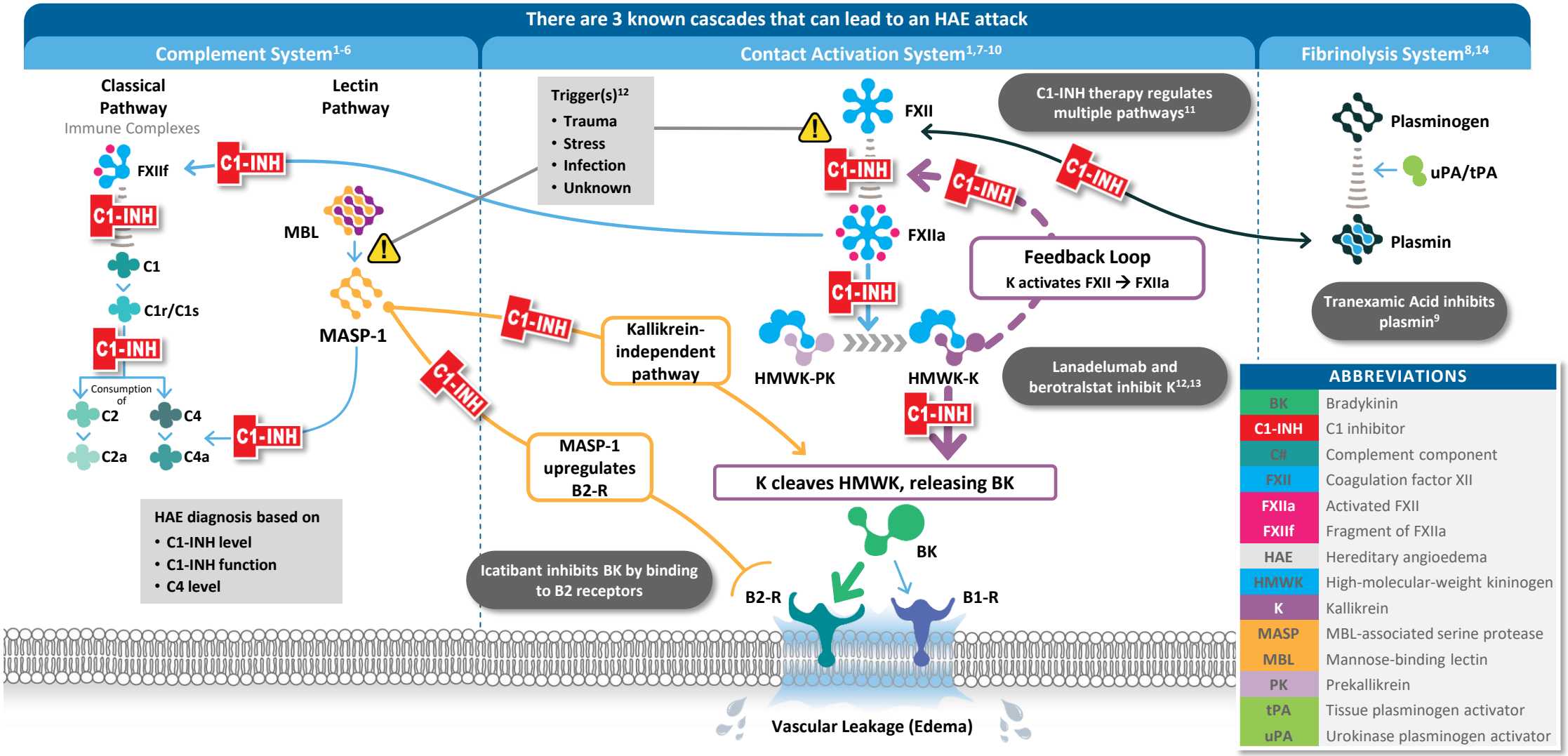
RUCONEST®

C1-INH targets the root cause of HAE



Adapted from a clinical cascade developed in partnership with Dr. Allen Kaplan. This is a current scientific understanding of the cascades. Clinical implications are unknown.

RUCONEST® (rhC1INH): durable commercialized asset

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RUCONEST® sales >US$200m (trailing 12 months)

2Q23: RUCONEST® returned to growth
Outlook of low single digit revenue growth for 2023

The only recombinant treatment that targets the root cause of HAE by replacing missing or dysfunctional C1-INH

Well-tolerated and effective treatment option for acute hereditary angioedema (HAE) - including breakthrough attacks

Second most prescribed product detailed for acute attacks

97%: needed just 1 dose of RUCONEST®[1]
93%: acute attacks stopped with RUCONEST® for at least 3 days[2]

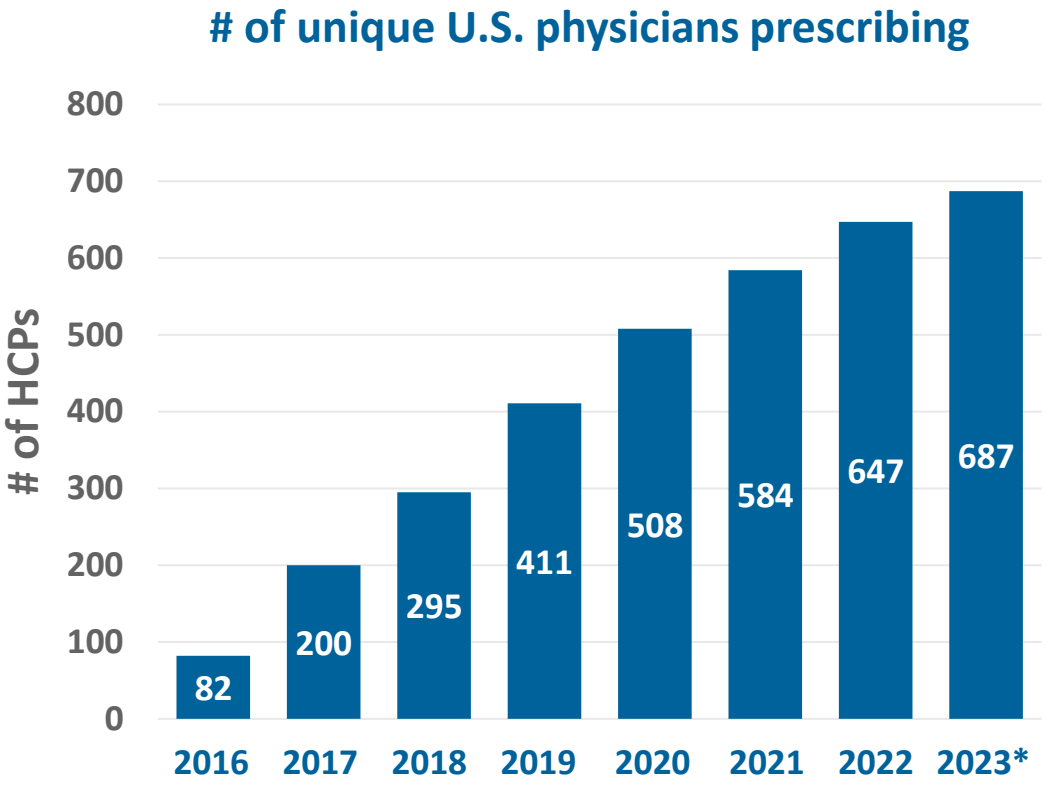
Performed well in leading revenue indicators in the U.S.: active patients, vials shipped, & # physicians prescribing

Patients are well managed and feel confident to administer treatment themselves[3]

References: 1. RUCONEST®. Prescribing information. Pharming Healthcare Inc; 2020. 2. Bernstein JA, et al. *Ann Allergy Asthma Immunol.* 2017;118(4):452-453. 3. Data on file. Pharming Healthcare Inc; 2019
The most common adverse reactions (incidence ≥2%) were headache, nausea and diarrhea. The most serious adverse reaction reported in clinical trials was anaphylaxis.

Strong commitment to HAE community

- Strong patient organization support since 2000
- Almost 700 US physicians (and growing) prescribing RUCONEST®
- >2,000 patients with HAE have been prescribed RUCONEST®



*Data thru June 30, 2023

US HEREDITARY ANGIOEDEMA ASSOCIATION

HAEi HAE International

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APDS Overview

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

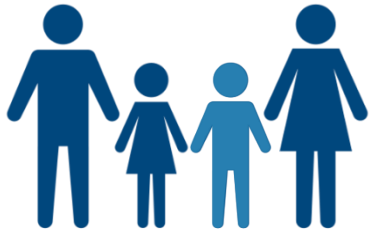
Activated phosphoinositide 3-kinase delta (PI3Kδ) syndrome (APDS) affects >1500 patients*

To date, Pharming has identified >640 of these patients in key global markets

(as of June 30, 2023, for U.S., Europe, U.K., Japan, Canada, Australia and Israel)

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



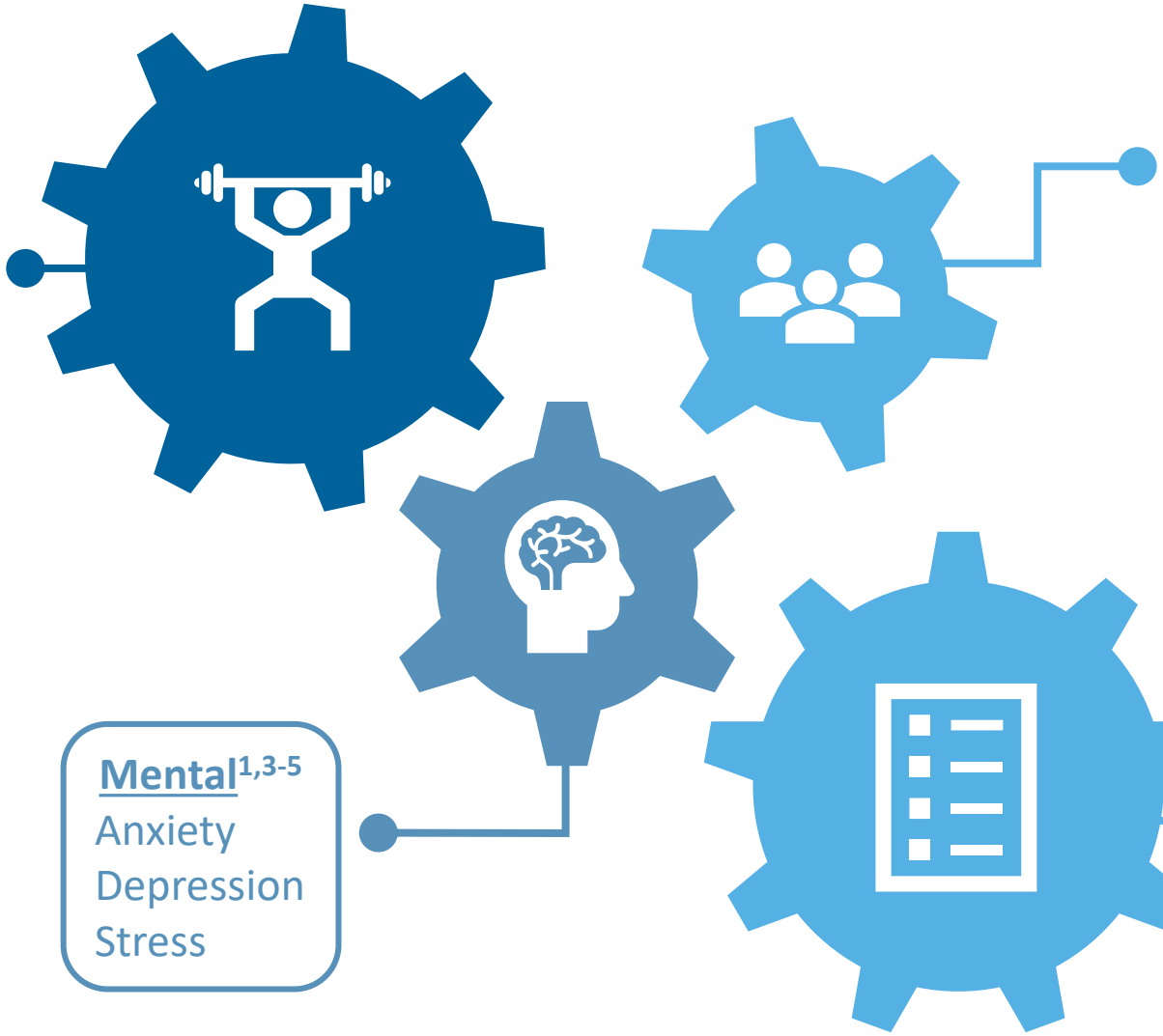
The signs and symptoms of APDS vary widely, even among family members with the same genetic variant, resulting in potential delays in diagnosis and care

A genetic test can provide a definitive diagnosis of APDS

*Size based on estimate of 1.5 APDS patients per million (based on available literature) for U.S., Europe, U.K., Japan, Canada, Australia and Israel

APDS can impact many facets of life

Physical[1,2]
Frequent infections
Swollen glands
Shortness of breath
Coughing/wheezing
Chest or joint pain
Fatigue
Inability to exercise
Hearing loss
Diarrhea
Skin problems



Social[3,4]
Missing school, work, or daily activities

Treatment Burden[1-4]
Frequent hospitalizations
Surgeries
Visiting multiple doctors
Invasive or time-consuming treatments

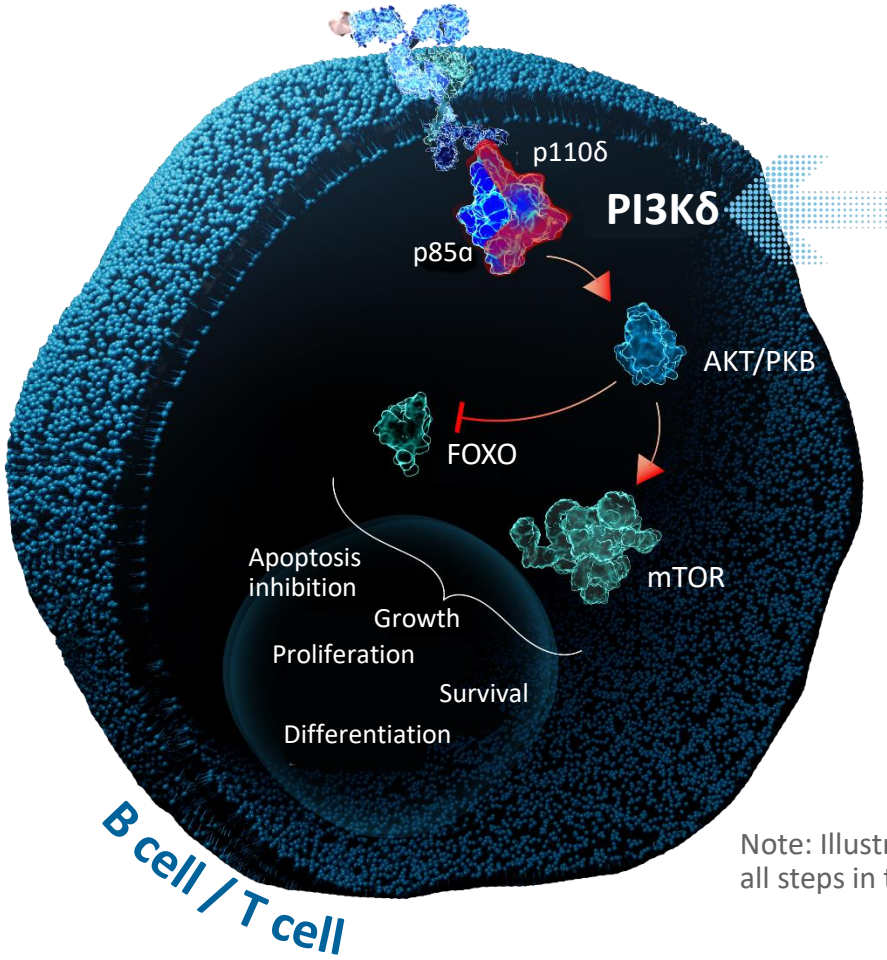
Mental[1,3-5]
Anxiety
Depression
Stress

APDS, activated phosphoinositide 3-kinase δ 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.

Genetic defect leads to PI3Kδ hyperactivity, disrupting immune cell balance

Hyperactive PI3Kδ results in dysregulated B and T cell development[1-3]

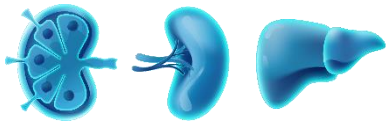


The PI3Kδ enzyme is at the beginning of a complex signaling pathway

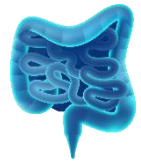
Note: Illustration does not include all steps in the signaling pathway.

Immune imbalance leads to diverse signs and symptoms[1,4-6]

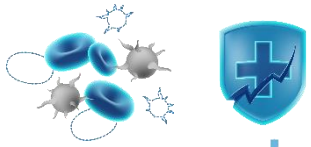
Severe, recurrent, persistent infections
- Sinopulmonary
- Herpesvirus (especially EBV and CMV)



Lymphoproliferation
- Lymphadenopathy
- Splenomegaly/hepatomegaly
- Nodular lymphoid hyperplasia



Enteropathy



Autoimmunity
- Cytopenias
- Autoimmune disorders
- Autoinflammatory disorders

Bronchiectasis

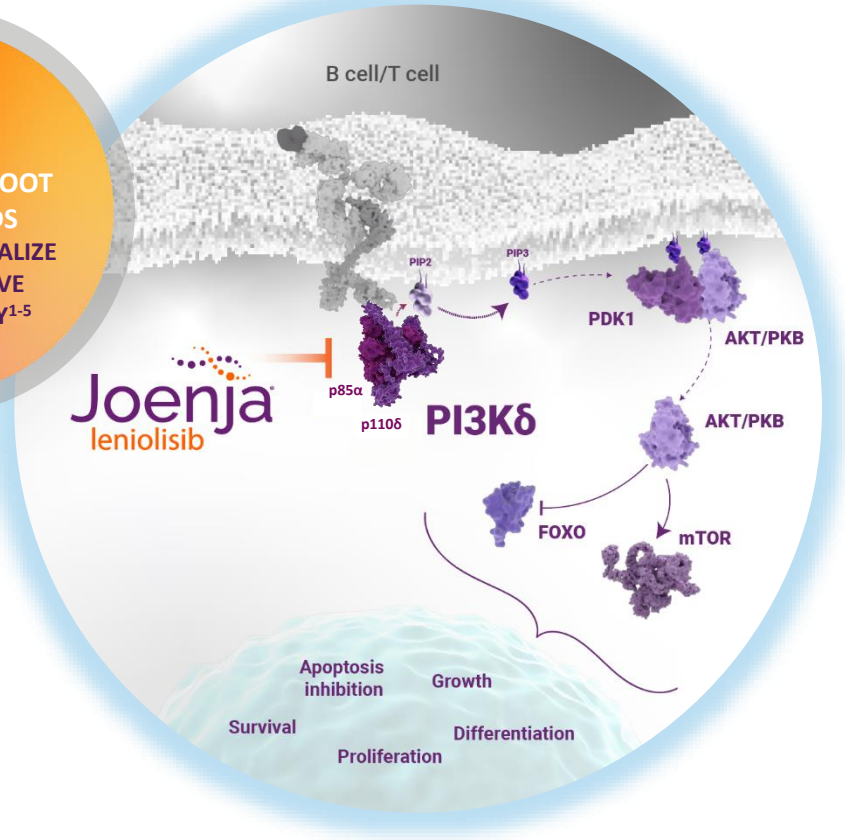
Lymphoma

FOXO, forkhead box O; mTOR, mammalian target of rapamycin; PI3Kδ, 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.

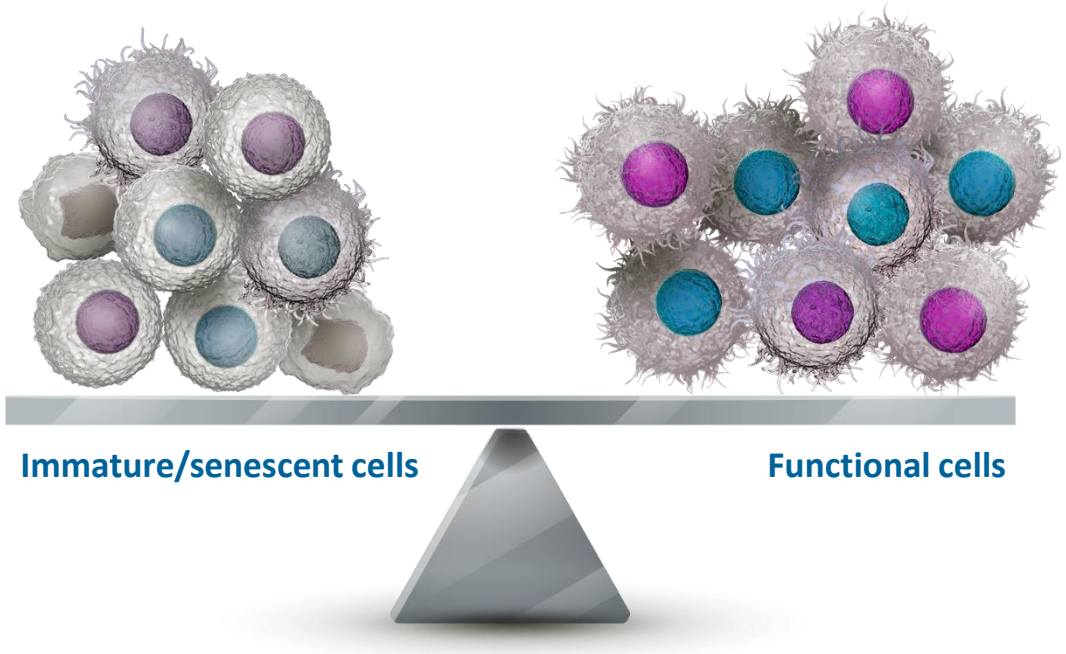
Joenja®: immune modulator that targets the root cause of APDS

JOENJA WAS DESIGNED TO TARGET THE ROOT CAUSE OF APDS TO HELP NORMALIZE THE HYPERACTIVE PI3Kδ PATHWAY[1-5]



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

Joenja® facilitates a balanced PI3Kδ pathway to support proper immune function[6]



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.

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Joenja® (leniolisib)

U.S. launch of Joenja®: a much-needed treatment for patients with APDS and another win for Pharming

Joenja® (leniolisib) is a prescription medicine that is used to treat activated phosphoinositide 3-kinase delta (PI3Kδ) syndrome (APDS) in adults and pediatric patients 12 years of age and older

In a randomized placebo-controlled trial of patients with APDS

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

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

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

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

Strong start to Joenja® launch with 60 enrollments & 43 patients on paid therapy as of June 30, 2023

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

Rao VK, et al. Blood. 2023;141(9):971-983
Rao VK, et al. Poster presented at: 64th Annual American Society of Hematology Annual Meeting; December 10-13, 2022; New Orleans, LA.

Joenja® set up for commercial success in the U.S.

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

navigateAPDS by Pharming

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

APDS Assist

- 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

Joenja® commercial updates as of 1H 2023

- MAR: FDA approval
  APR: First commercial shipment to patients
- Strong start to U.S. launch in 2Q23: 60 enrollments, of which 43 patients on paid therapy
- 19 of ~25 U.S. EAP/OLE patients are now on paid therapy.
  24 patients on paid therapy were previously untreated patients or naïve
- 2Q23 revenues: US$3.8 million (based on Annual Cost (WAC) – US$547,500)
- Productive ongoing engagement with both national and regional payers
- The sales team continue to drive new patient enrollments

APDS patient finding – genetic testing and VUS resolution

All patients with IEI/PID

~200 patients identified with APDS in the U.S.

- Disease state awareness
- Familial testing
- Educational programs
- Abstracts and manuscripts
- Clinician and patient support

Undiagnosed APDS patients

- A.I. methods to i.d. APDS patients seeing Immunologists, GI, Heme/Onc, and Pulm providers
- Comprehensive genetic testing (*navigateAPDS*) and immunophenotyping

Potential APDS patients with gene VUS

- Variant of Uncertain Significance (VUS) resolution
  - Literature mining
  - Facilitating data sharing among clinical laboratories
  - Functional testing
  - Familial testing (de novo, segregation)

Joenja® – looking beyond FDA approval

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- Europe – CHMP opinion on MAA expected 4Q23 (approval ~ 2 months later)*
- UK – MHRA filing expected 4Q23 (approval ~2 months later)**
- Japan clinical study – first patient enrolled in August 2023
- Regulatory submissions filed in additional markets: CAN, AUS, ISR
- Named patient program partnership
- Pediatric patients enrolling in the 4 to 11 year old study
- Progress in identifying additional indications for development of leniolisib beyond APDS. More details in 2H23
- Initiation of second pediatric study in children 1 to 6 years in 3Q23

*Received CHMP Day 180 list of outstanding issues in July. CHMP will consult an Ad-hoc Expert Group (AEG) given the rarity of the disease and the unmet medical need for the treatment of APDS patients. Approval is subject to positive outcomes of the EMA CHMP review.
** Subject to positive outcomes of the EMA CHMP review

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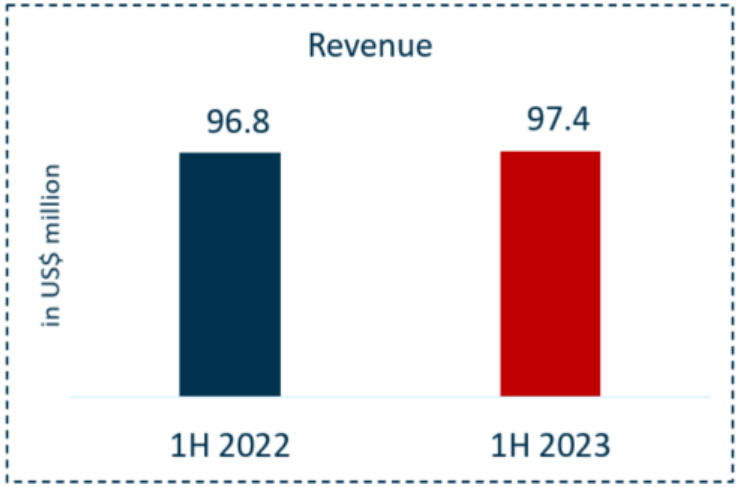
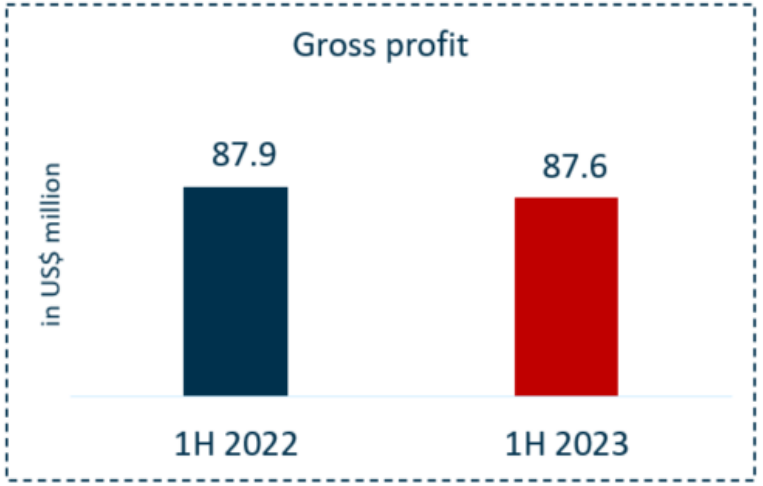
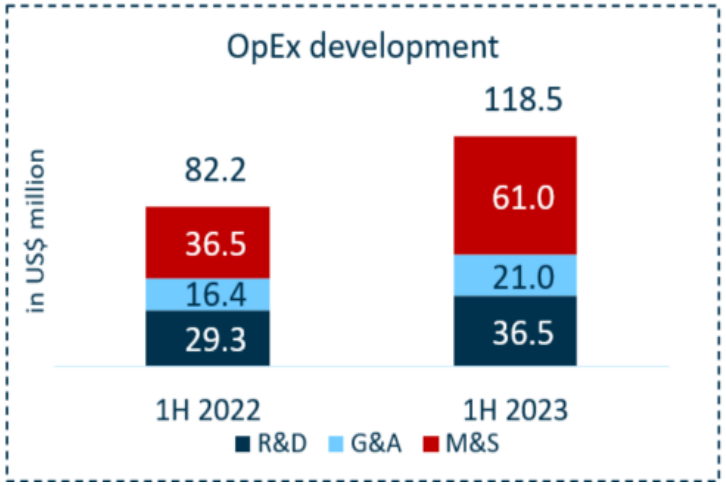
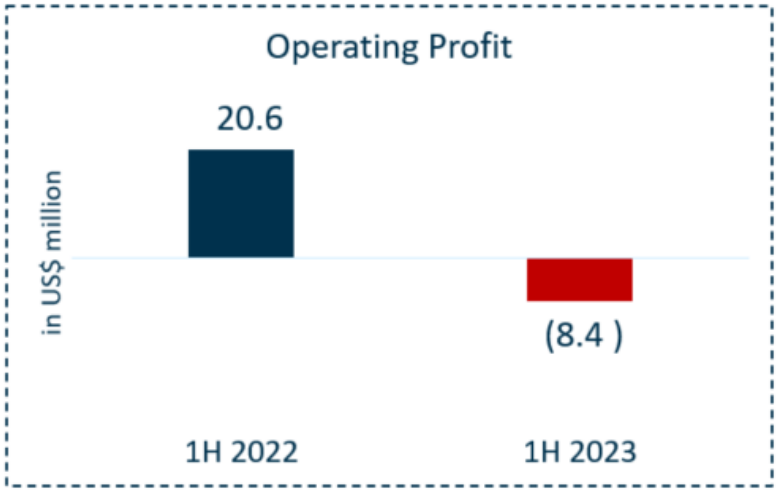
Financials and Outlook

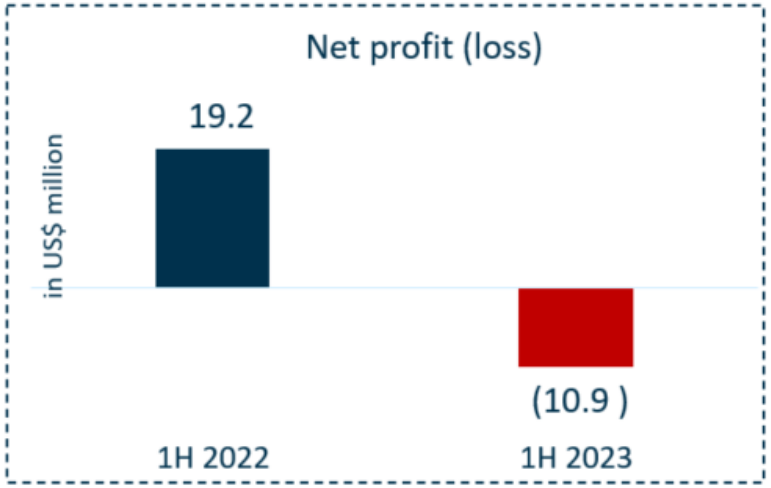
Financial highlights: 1H 2023 vs 1H 2022











- **Cash and cash equivalents, including restricted cash, increased from $186.2M in 1Q23 to $194.1M in 2Q23**

Financial highlights: 2Q 2023 vs 2Q 2022

TOTAL REVENUES 2Q 2022	US$50.1 million	TOTAL REVENUES 2Q 2023	US$54.9 million
GROSS PROFIT 2Q 2022	US$46.1 million	GROSS PROFIT 2Q 2023	US$49.2 million
OPERATING COSTS 2Q 2022	US$(42.4) million	OPERATING COSTS 2Q 2023	US$(65.8) million*
OPERATING PROFIT (LOSS) 2Q 2022	US$17.8 million	OPERATING PROFIT (LOSS) 2Q 2023	US$5.3 million
NET PROFIT (LOSS) 2Q 2022	US$15.7 million	NET PROFIT (LOSS) 2Q 2023	US$1.3 million

Cash and cash equivalents, including restricted cash, increased from $186.2M in 1Q23 to $194.1M in 2Q23

*includes US$10 million paid milestone payment

Outlook 2023

- Continued low single digit growth in RUCONEST® revenues
- Joenja® approved by FDA March 24, 2023, commercializing in U.S. since early April 2023
- CHMP opinion in 4Q23, 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 in-licensing or acquisitions of mid to late-stage opportunities in rare diseases

*Subject to positive outcomes of the EMA CHMP review.

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