CORPORATE OVERVIEW

September 2021

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AMRYT CORPORATE OVERVIEW

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

Corporate Overview

EBITDA positive and growing commercial business with three commercial products (metreleptin, oral octreotide and lomitapide) and a significant development pipeline

Founded in 2015 - Global HQ in Dublin, Ireland; US HQ in Boston, MA

Positive Phase 3 EASE trial results in EB. Regulatory submissions for Oleogel-S10 submitted and accepted by the FDA and EMA with a target PDUFA date set for Nov 30, 2021. AP103 pre-clinical gene therapy asset.

Acquisition of Chiasma Inc. closed Aug 5, 2021

Financials

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

LSE/AIM: AMYT (trades Ordinary Shares)

Revenues: $62.8M in Q2 2021 (Q2 2020: $46.2M); $182.6M in FY 2020 (2019: $154.1M*)

Guidance increased from $210M-$215M to $220M-$225M for FY2021 representing 20%-23% growth YoY

EBITDA: $17.4M Q2 2021 (Q2 2020: $6.9M); $30.4M FY 2020**

Cash of $142.9M at June 30, 2021 (March 31, $118.6M)

* 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

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

- 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 Q3 providing two global commercial assets
- Oleogel-S10 Fast Track designation granted by FDA

2020

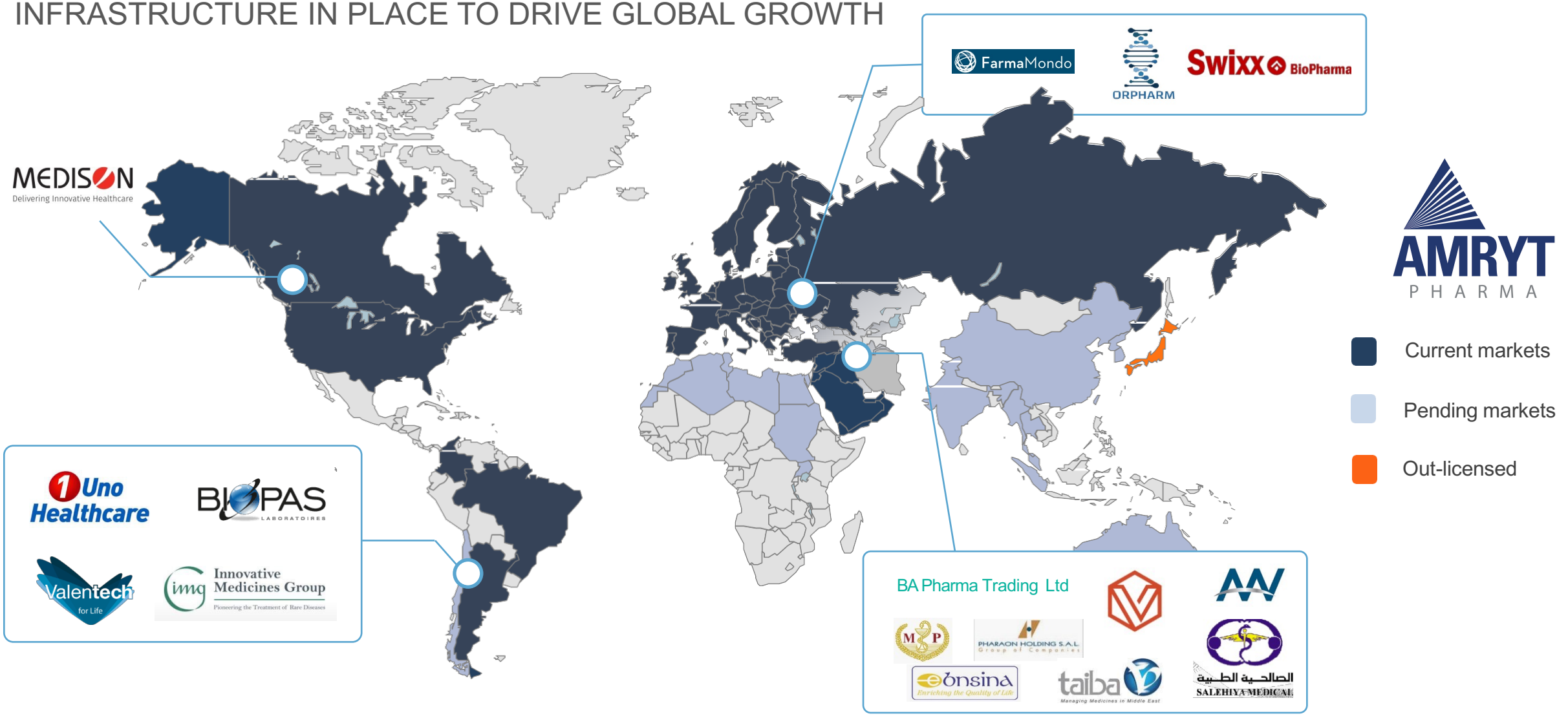
- Aegerion integration successfully completed
- Listed on Nasdaq
- Positive Phase 3 results in Oleogel-S10 EASE study

2021 & Beyond

- Q1 2021 - Oleogel-S10 FDA & EMA filings
- Q2 2021 - NDA accepted and priority review granted. Target PDUFA date of Nov 30, 2021
- Q3 2021 - Chiasma acquired
- Q4 2021 - Initiate US PL Study (metreleptin)
- Q4 2021 - Oleogel-S10 potential approval / launch in US
- H1 2022 - Oleogel-S10 potential approval / launch in EU

GLOBAL INFRASTRUCTURE

INFRASTRUCTURE IN PLACE TO DRIVE GLOBAL GROWTH



EXPERIENCED MANAGEMENT TEAM

COMPRISED OF INDUSTRY LEADERS IN RARE DISEASES

DR JOE WILEY
CEO
SOFINNOVA VENTURES · astellas

DR HELEN PHILLIPS
Head Of Medical Affairs
Aegerion Pharmaceuticals · gsk · AstraZeneca

DR GERRY GILLIGAN
VP Manufacturing Supply Chain
LEO · Bristol Myers Squibb

RORY NEALON
COO/CFO
Trinity Biotech · AIB

ELIZABETH JOBES
Chief Compliance Officer
EMD Serono · AUXILIUM · Spark Therapeutics

PAUL GREENLAND
President EMEA Region
Aegerion Pharmaceuticals · AMGEN · Hospira

DR MARK SUMERAY
Chief Medical Officer
Aegerion Pharmaceuticals · Bristol Myers Squibb

SHEILA FRAME
President Americas
AstraZeneca · NOVARTIS · Bristol Myers Squibb

JOHN MC EVOY
General Counsel
HERBERT SMITH FREEHILLS · ARTHUR COX

DERVAL O' CARROLL
Head Of Regulatory Affairs
SHIONOGI · Retrophin · Daiichi-Sankyo

DR TRACY CUNNINGHAM
VP Head of Development
AstraZeneca · gsk · SANOFI

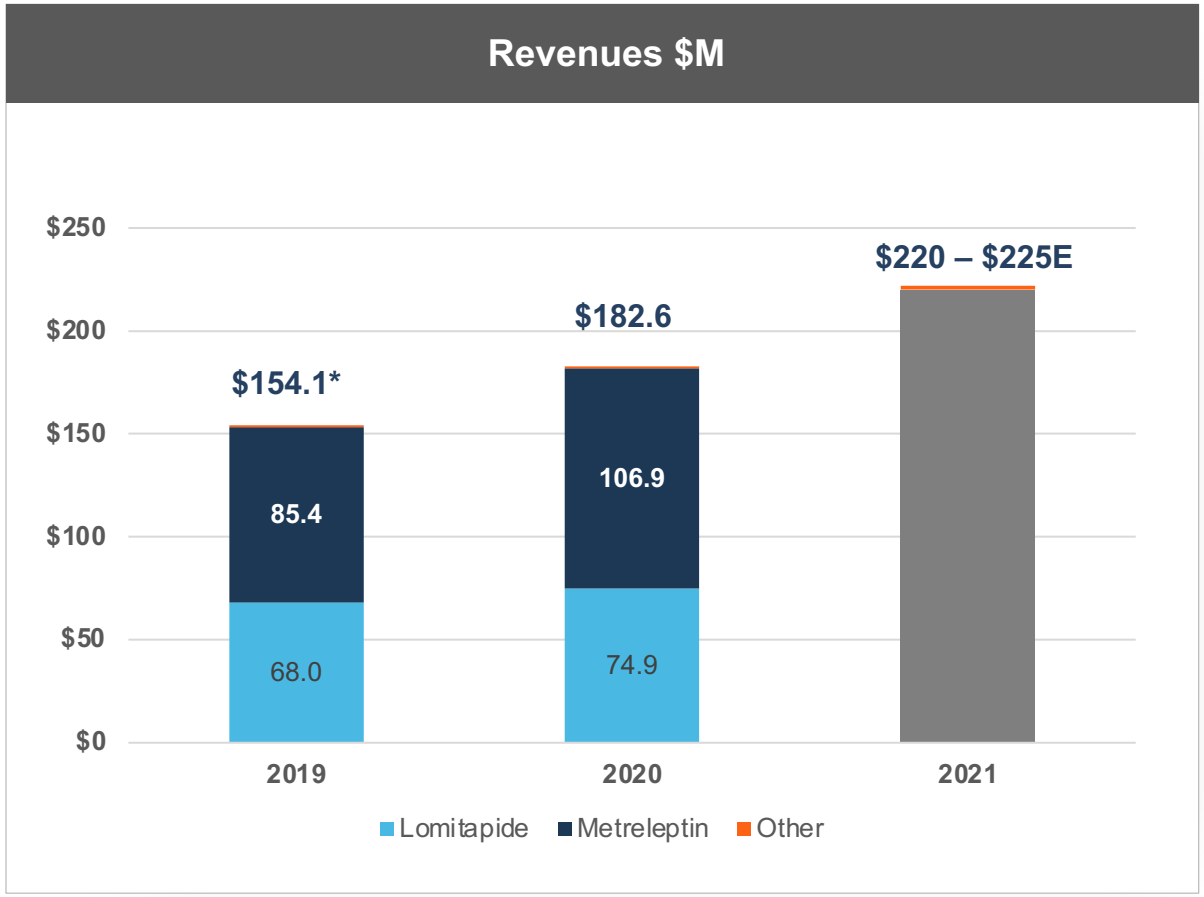
JULIE EASTWOOD
Head of Human Resources
Totalmobile · TRICASTLE

AMRYT PHARMA

CONSISTENT PERFORMANCE AND GROWTH

GROWING GLOBAL REVENUES

- Three growing commercial products: metreleptin (Myalept® / Myalepta®), oral octreotide (Mycapssa®) and lomitapide (Juxtapid® / Lojuxta®)
- FY 2020 revenues increased 18.5% YoY to $182.6M
- 35.9% revenue growth in Q2 2021 to $62.8M (Q2 2020: $46.2M)
- 54.3% YoY increase in metreleptin revenues to $43.1M in Q2 2021 (Q2 2020: $27.9M): 7.7% YoY increase in lomitapide revenues to $19.5M in Q2 2021 (Q2 2020: $18.1M)
- **Increasing FY 2021 revenue guidance to $220M - $225M representing 20 - 23% growth on FY 2020**

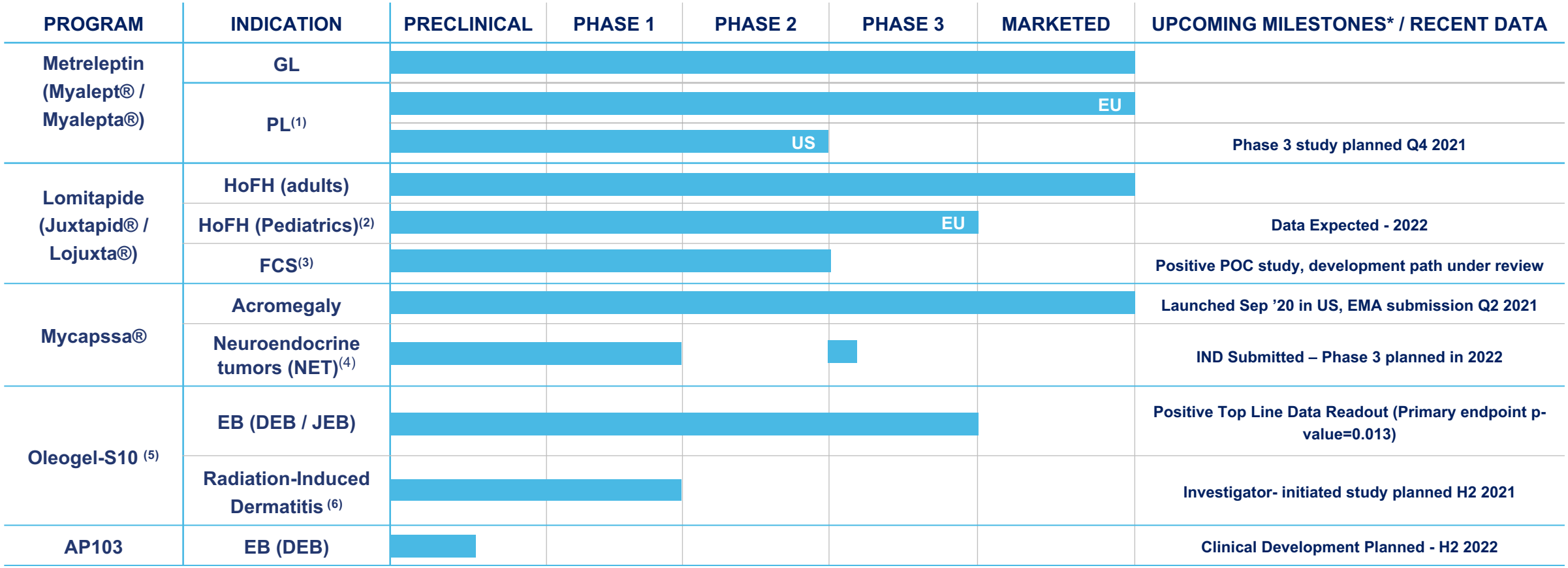


* Unaudited combined revenues for 2019 represent the pro forma combined unaudited revenues of the Company assuming the acquisition by Amryt of Aegerion happened on 1 January 2019. These amounts (i) exclude revenues from sales to end-users in Japan, due to the out-licencing of lomitapide (Juxtapid®) to 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

GROWING COMMERCIAL PORTFOLIO & ENHANCED COMBINED DEVELOPMENT PIPELINE

EARLY AND LATE-STAGE PIPELINE WITH MULTIPLE VALUE INFECTION POINTS



Definitions: Dystrophic EB ("DEB"); Junctional EB ("JEB")
* Upcoming clinical milestones are subject to the impact of COVID-19 on our business.
(1) We have not yet commenced any clinical trials in the United States for metreleptin for the treatment of PL.
(2) 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.
(3) An investigator-led open-label Phase 2 trial studying lomitapide in patients with FCS is ongoing and we announced encouraging topline data on efficacy and safety on March 30 2021.
(4) 505(b)(2) pathway Phase 2 not required, Phase 3 planned in 2022.
(5) Oleogel-S10 was approved in 2016 by the EMA for the treatment of partial thickness wounds in adults but has not been commercially launched.
(6) We have not yet commenced any clinical trials for radiation-induced dermatitis. This planned radiation-induced dermatitis Phase 2 trial is an investigator-initiated study.

AMRYT PHARMA

METRELEPTIN - LIPODYSTROPHY MARKET OVERVIEW

Metreleptin is approved in the US (under the trade name Myalept®) as an adjunct to diet as replacement therapy to treat the complications of leptin deficiency in patients with congenital or acquired generalized lipodystrophy (GL) and in the EU (under the trade name Myalepta®) as an adjunct to diet for the treatment of leptin deficiency in patients with congenital or acquired GL in adults and children two years of age and above and familial or acquired partial lipodystrophy (PL) in adults and children 12 years of age and above for whom standard treatments have failed to achieve adequate metabolic control.

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 appetite | Chronic fatigue | Diabetes | Pancreatitis | Organ damage | Reduced life expectancy

455 eligible LD patients* in the US	910 eligible LD patients* in EMEA	475 eligible LD patients* in other markets**
$280M	**$180M**	**$70M**

The global market LD market is estimated at $530 million with US estimated at ~$280 million

* 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
** Includes key markets in which Amryt operates: Brazil, Argentina, Colombia & Canada

LOMITAPIDE - HOFH MARKET OVERVIEW

Lomitapide is approved as an adjunct to a low-fat diet and other lipid-lowering medicinal treatments for adults with the rare cholesterol disorder, Homozygous Familial Hypercholesterolaemia ("HoFH") in the US, Canada, Colombia, Argentina and Japan (under the trade name Juxtapid®) and in the EU, Israel and Brazil (under the trade name Lojuxta®).

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. The effect of lomitapide on cardiovascular morbidity and mortality has not been determined.

250 eligible HoFH patients* in US	600 eligible patients* in EMEA	255 eligible HoFH patients* in other markets**
$110M	**~$100M**	**$40M**

The global market for HoFH is estimated at ~$250 million with US estimated at ~$110 million

* 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. Approx. 50% eligible population after PCSK9 inhibitors address a portion of the unmet medical need. Excludes FCS.
** Includes key markets in which Amryt operates: Brazil, Argentina, Colombia & Canada.

CHIASMA ACQUISITION CREATES A GLOBAL LEADER IN RARE & ORPHAN DISEASES

	AMRYT PHARMA	CHIASMA	Combined
Commercial Products	2 marketed products with multiple lifecycle extension opportunities	1 marketed product in first full year of launch	3 marketed products with strong IP protection
Infrastructure	Global medical + commercial	US medical + commercial	Enhanced US plus global medical + commercial
Call points	Endocrinology + cardiology	Endocrinology	Endocrinology overlap + cardio
Development Pipeline	Oleogel-S10: NDA and MAA submitted in US and EU AP103 gene therapy	NET pipeline opportunity TPE platform technology	Strengthened development pipeline and potential to leverage TPE and other Amryt products
Financial	High revenue growth EBITDA positive	Revenue generating with high growth potential	Revenue accretive immediately Approx. $50M cost synergies Expected to be EBITDA positive and cash generative in 1st calendar year

MYCAPSSA® - ACROMEGALY - MARKET OVERVIEW

Acromegaly is a rare disease most often caused by a ***benign pituitary tumor*** and characterized by an excess of growth hormone and insulin-like growth factor-1 hormone. Treatment options include surgery, medication and radiation or a combination of these.

If untreated, acromegaly may cause:

Altered facial appearance | Enlargement of the hands and feet | Type 2 diabetes | Intense headaches | Joint pain | Respiratory disorders | Cardiac disease | Cerebrovascular disease | Enlarged organs

Octreotide and lanreotide injections are broadly used as **first-line** pharmacological treatments

Injections Present Significant Challenges to Patients**

The global market for SSAs in the treatment of acromegaly is estimated at ~$800 million with US estimated at ~$400 million*

Mycapssa® is the first and only FDA-approved oral somatostatin analog (SSA) for appropriate patients with acromegaly, providing effective and consistent biochemical control while reducing the treatment burden associated with injectable therapies.

*Management estimate based on 2019 available market data.
**Strasburger, et al. Patient reported outcomes of parenteral somatostatin analogue injections in 195 patients with acromegaly. Eur J Endocrinology. 2016 Mar; 174(3):355-62

MYCAPSSA® - NEUROENDOCRINE TUMOR (NET) - MARKET OVERVIEW

NETs are abnormal growths of neuroendocrine cells occurring throughout the body (most common in GI tract). NETs can metastasize and produce hormones that cause significant symptoms ("carcinoid syndrome" which includes diarrhoea and flushing episodes)*.

NET Symptoms Include:


Diarrhea & Constipation


Flushing


Fatigue


Anxiety & Depression


GI Tract Malignancies


Pancreatic Malignancies


Lung Malignancies

Octreotide LAR and lanreotide depot injections are broadly used as **first-line** pharmacological treatments

Potential addressable patient population on SSAs estimated at **~24,000 in the US****

The global NET market opportunity is currently estimated to be $1.9 billion*** with the US accounting for approx. $1billion***

*Hauso et al, Cancer, 2008; Cancer Research UK
**National Cancer Institute SEER Database; Halperin et al. 2017 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6066284/
***Based on management estimates

OLEOGEL-S10 - POTENTIAL FIRST IN MARKET THERAPY FOR EB

- Phase 3 EASE study investigating Oleogel-S10 was the largest ever global trial and first ever positive readout in EB
- Primary endpoint was met demonstrating 44% increase in target wound closure with Oleogel-S10 versus control gel
- Favorable trends observed among secondary endpoints including procedural pain, change in EBDASI score and BSAP
- Oleogel-S10 was shown to have an acceptable safety profile

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.

Received Fast Track Designation

Granted Rare Pediatric Disease Designation by FDA

Regulatory submissions accepted by FDA and EMA. NDA submission granted priority review. Target PDUFA date of Nov 30, 2021

The global market is estimated to be in excess of $1 billion*

*Based on management estimates

BIRCH TRITERPENES IMPACT ON WOUND HEALING[1]

Wound healing[2]

In hours …

Inflammation

Begins immediately
Clot formation occurs
Cellular activity stimulated by PDGF, TGFb and VEGF

Transient modulation of inflammatory mediators e.g. COX-2, IL-6, IL-8[3]

In days …

New tissue formation

Cellular migration to wound site (fibroblast, endothelial cells and keratinocytes) to fill the defect
Changes in cytoskeleton network and cell surface receptors enable cellular migration

Stimulation of keratinocyte cytoskeleton and migration via effects on filipodia, lamelipodia[3] stress fibres and actin

In weeks …

New epidermal barrier formation

Skin cells differentiate from the basal layer into epidermal skin cells and form the epidermal barrier

Enhancement of keratinocyte differentiation, partly via upregulation of TRPC6[4]

Effects of birch triterpenes

Anti-inflammatory activity shown for betulin, oleanolic acid, erythrodiol, betulinic acid and lupeol[6]

Birch triterpenes may also have anti-tumoural, antiviral and antibacterial effects[5,6]

COX, cyclooxygenase; IL, interleukin; PDGF, platelet-derived growth factor; TGF, transforming growth factor; TRPC, transient receptor potential cation channel; VEGF, vascular endothelial growth factor.

1. Schwieger-Briel A, et al. Dermatol Ther. 2019;32(4):e12983; 2. Pastar I, et al. Adv Wound Care (New Rochelle) 2014;3(7):445-64; 3. Ebeling S, et al. PLoS One. 2014;9(1):e86147;
4. Woelfle U, et al. J Invest Dermatol. 2010;130(1):113–23; 5. Alakurtti S, et al. Eur J Pharm Sci. 2006;29(1):1–13; 6. Laszczyk MN. Planta Med 2009;75(15):1549–60.

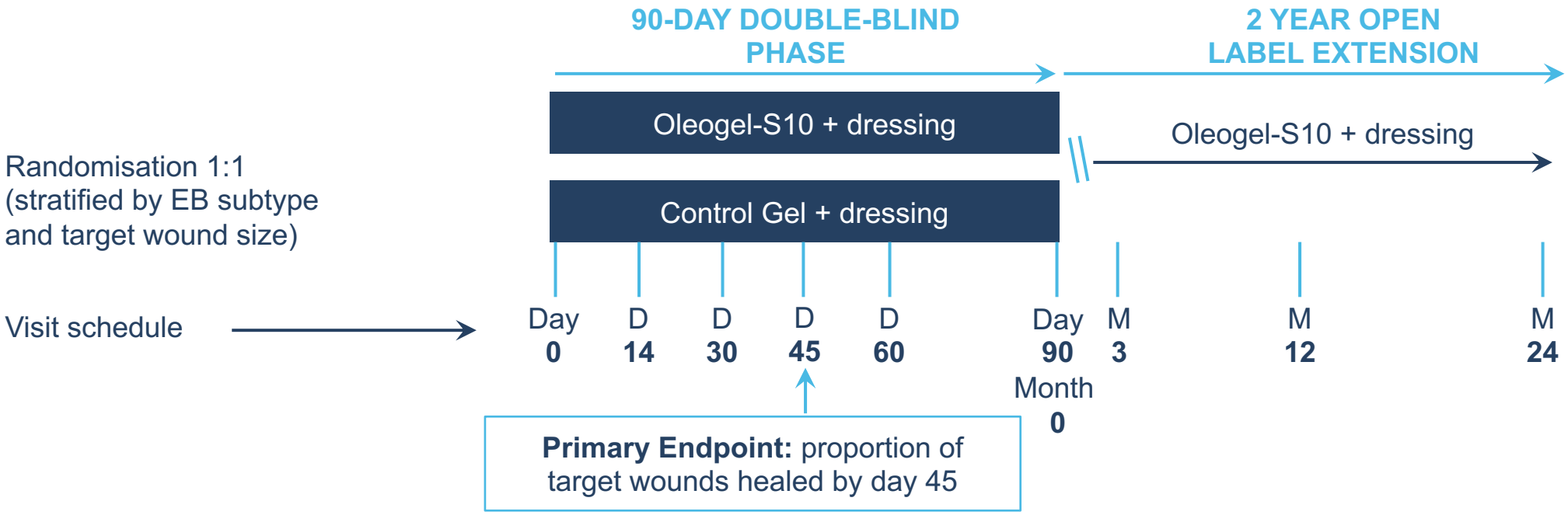
AMRYT PHARMA

OLEOGEL-S10 EASE PHASE 3 STUDY IN EB

✓ **Primary endpoint met, September 2020**

✓ **p-value = 0.013**

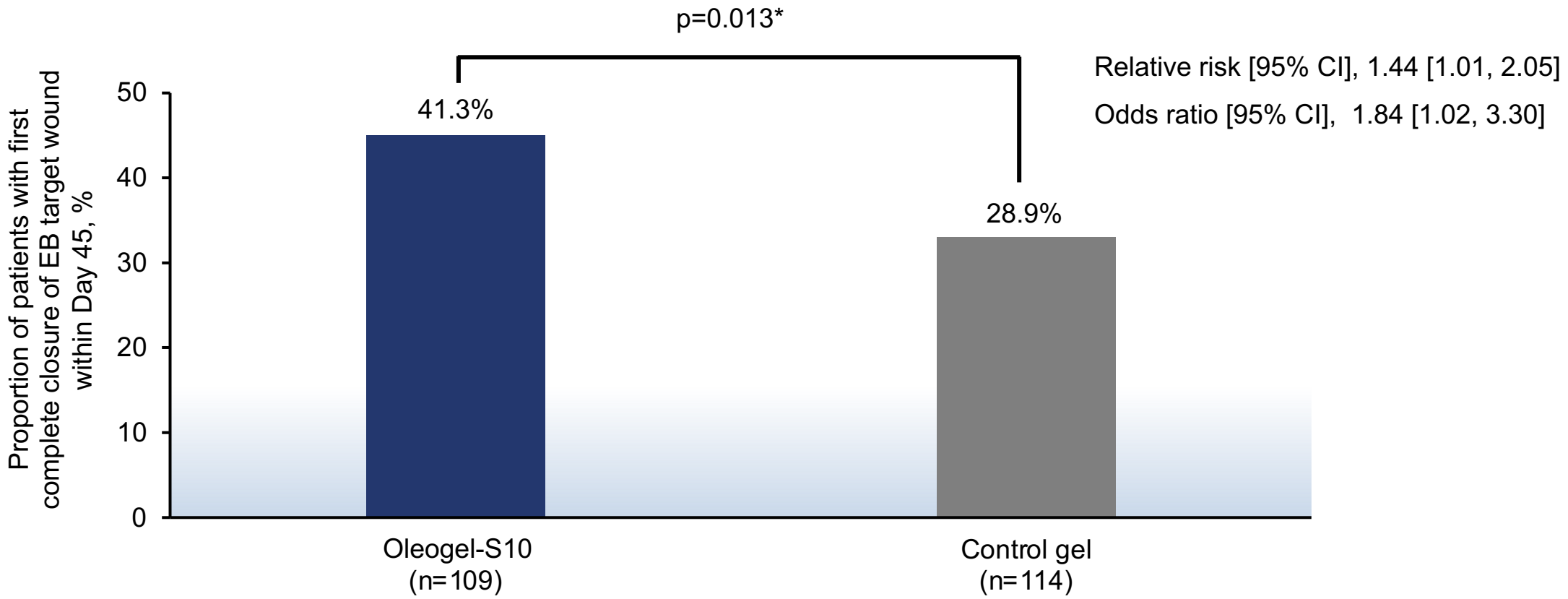
LARGEST EVER GLOBAL PHASE 3 STUDY IN EB



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

Oleogel-S10 (Filsuvez®) is an investigational product for the treatment of EB

EASE TRIAL MET ITS PRIMARY ENDPOINT



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

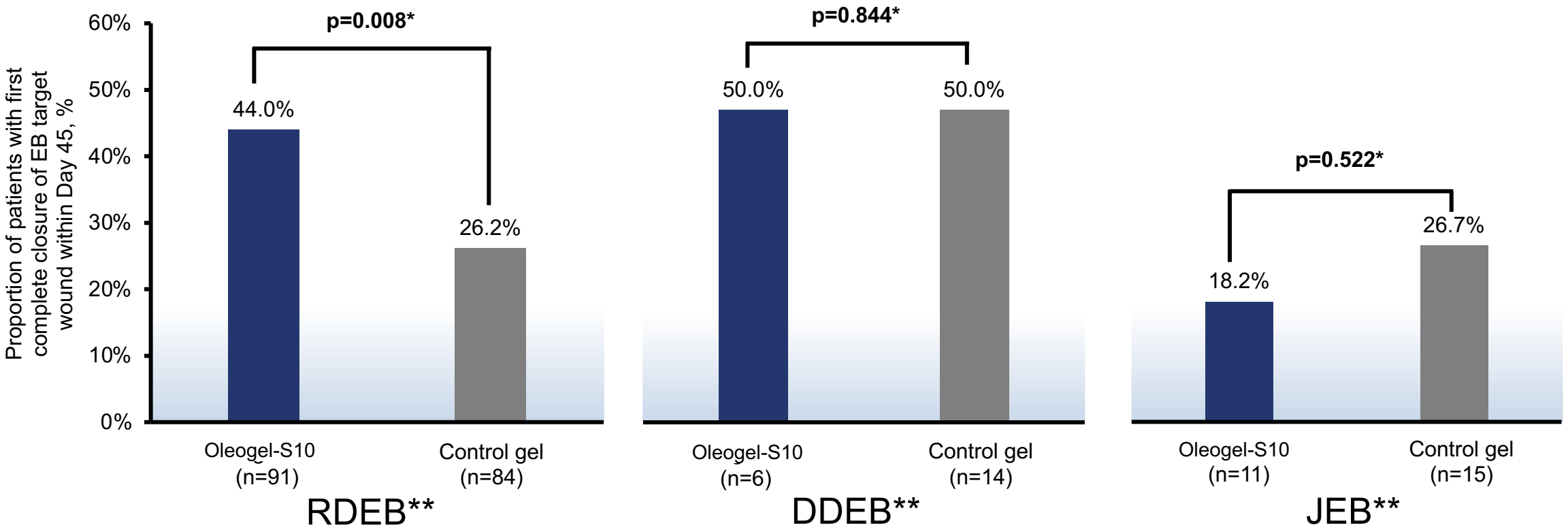
* Pre-specified adjustment to account for IDMC interim sample size re-estimation
CI, confidence interval

AMRYT PHARMA

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]

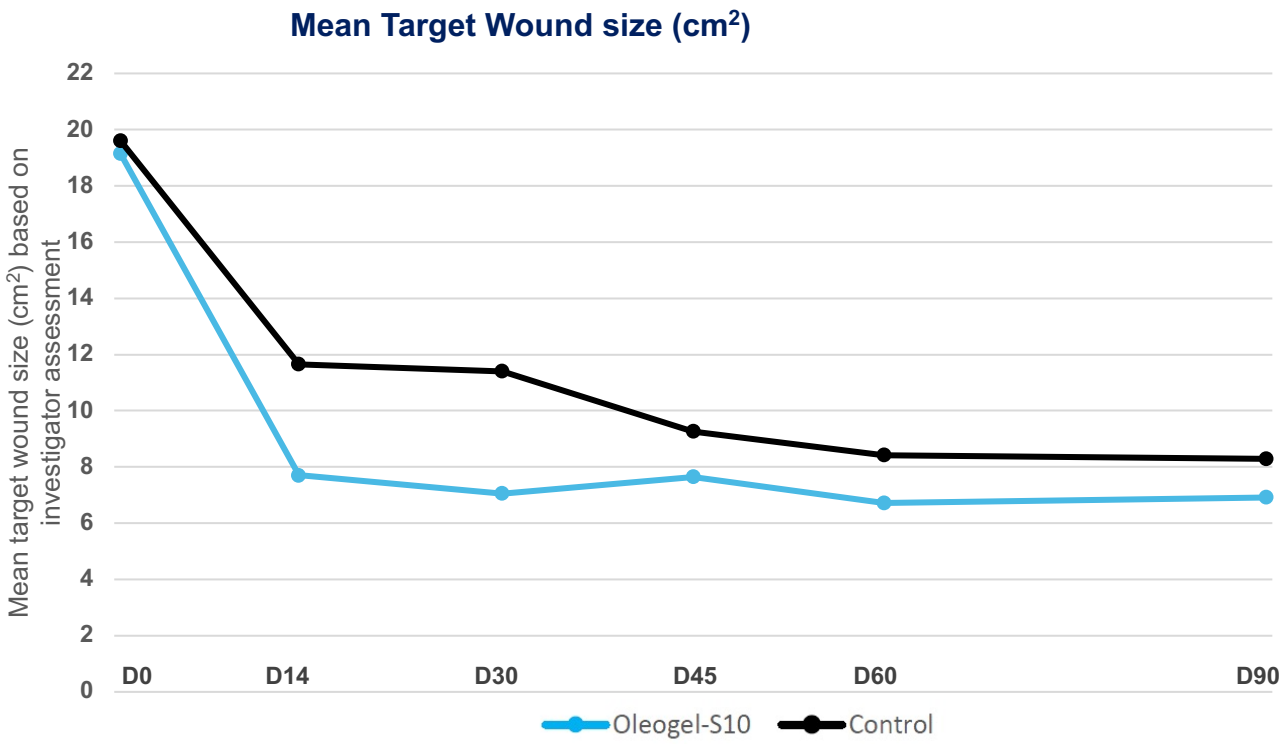


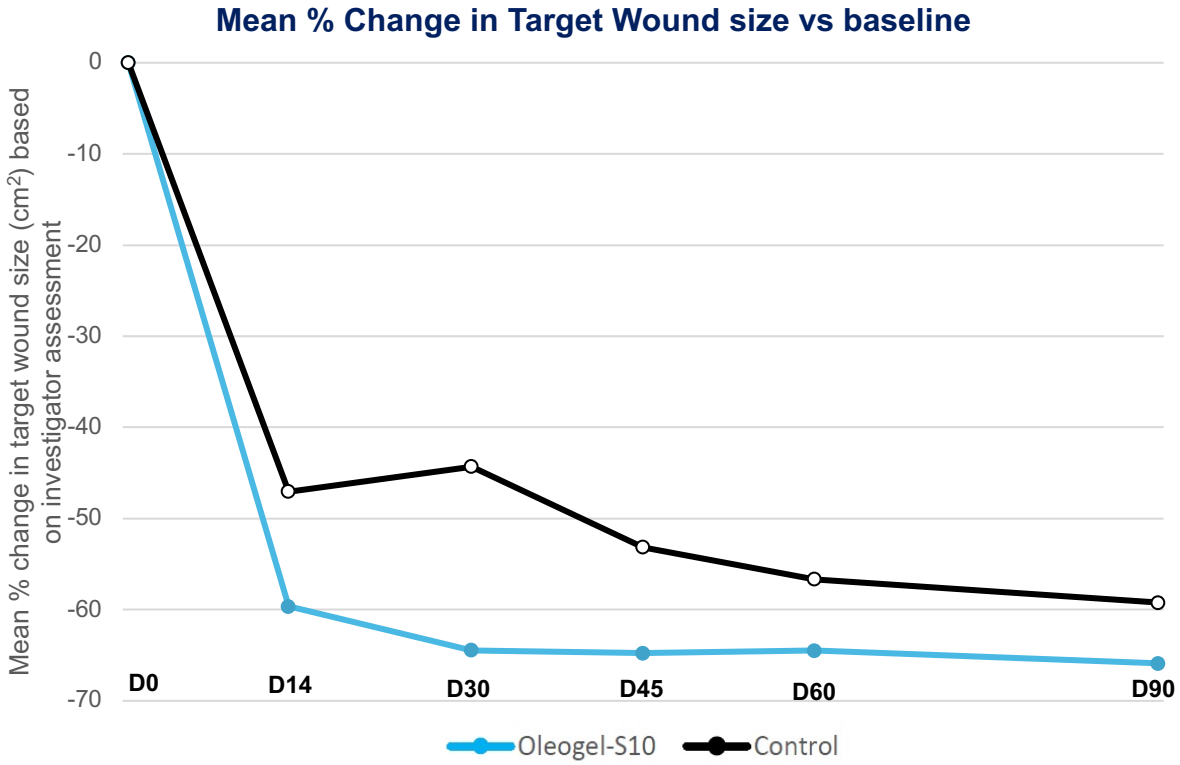
72% increase in target wound closure in RDEB patients with Oleogel-S10 vs control gel

* Nominal P values

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

REDUCTION IN TARGET WOUND SURFACE AREA





Oleogel-S10 (all patients): 65.9% reduction in mean surface area over 90 days treatment

- Substantial early reduction from day 14 which was then maintained

No. Patients	Day 0	Day 14	Day 30	Day 45	Day 60	Day 90
Oleogel-S10	107	102	98	87	91	79
Control gel	111	107	101	97	95	84

Evaluation of target wound size by investigator assessment

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	14 - 95	15 - 96	10 - 56	15 - 58	13 - 35	15 - 94
Median	33.5	45.0	24.5	29.5	24.0	47.0
Log-rank Test						
p-value	0.175		0.890		0.382	

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
- **Jun -** NDA accepted; Priority review granted and PDUFA date set for Nov 30, 2021
- **From July –** Info. request submission of responses on time
- **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

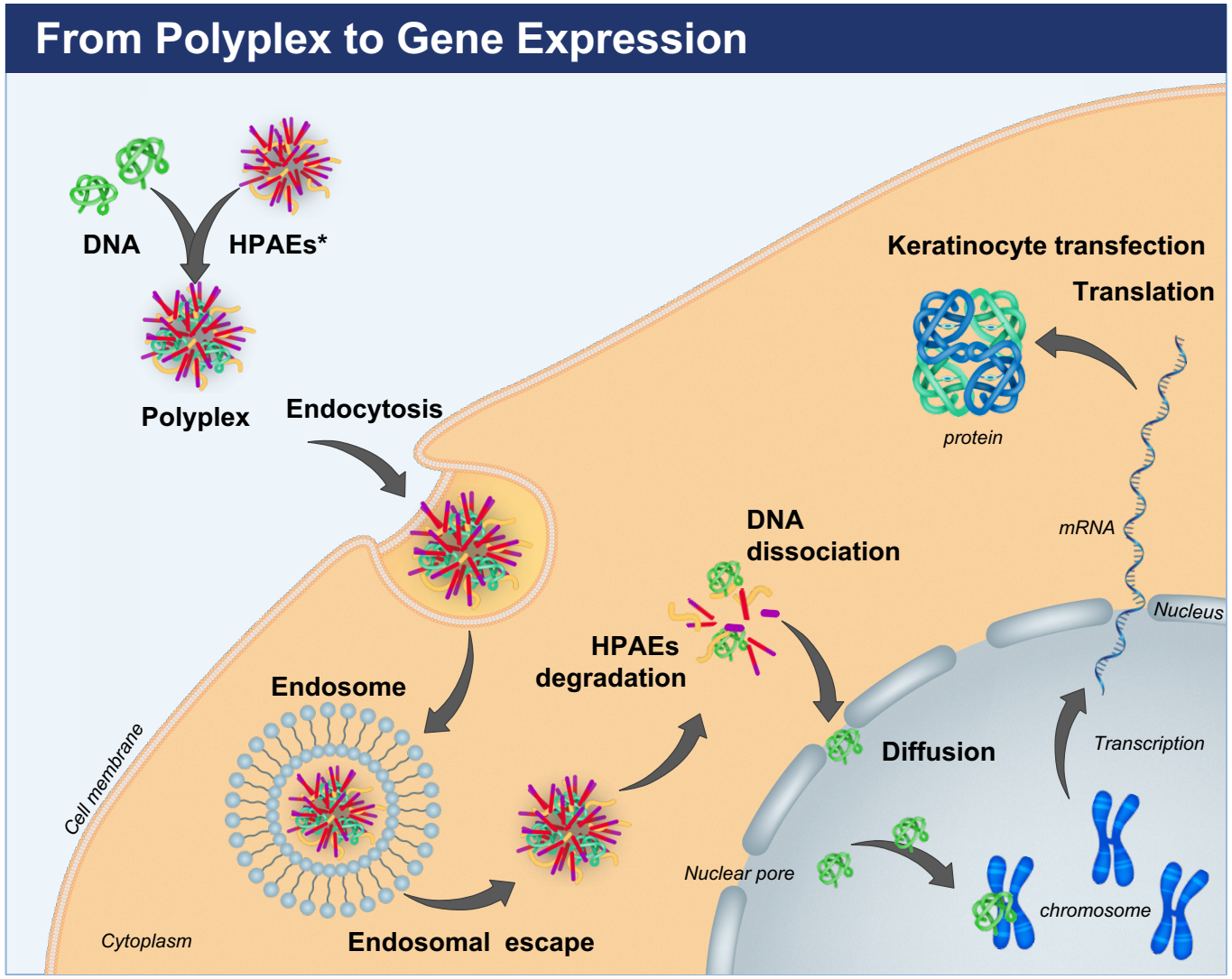
January — **December**

- **Mar** - Initial submission
- **Jul** - List of Questions (LoQ) received
- **Sep** - Submission of responses to LoQ (D120) – On Track
- **Nov** - List of Outstanding Issues (LoOI) received and responses submitted
- **Dec** - CHMP Opinion

AMRYT PHARMA

AP103 - BUILDING AN EB FRANCHISE - GENE THERAPY PLATFORM

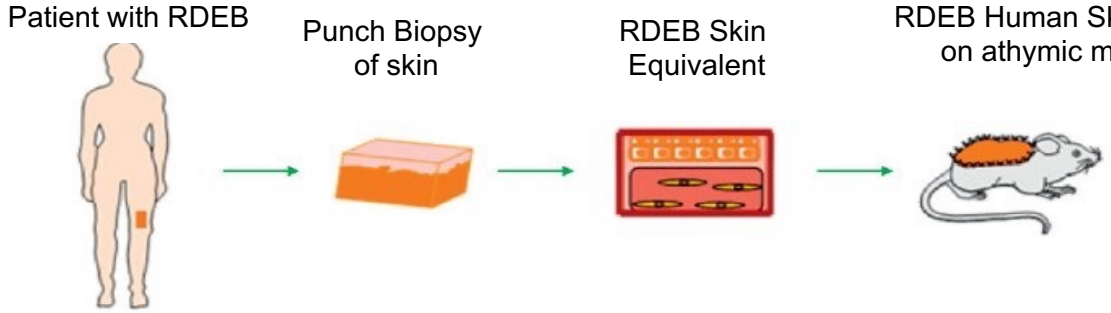
- Novel polymer-based topical gene therapy delivery platform
- AP103, our first product candidate utilizing this platform, is being studied for DEB
- Granted Orphan Drug Designation by FDA and EMA in 2020
- Potential use for the treatment of other genetic diseases



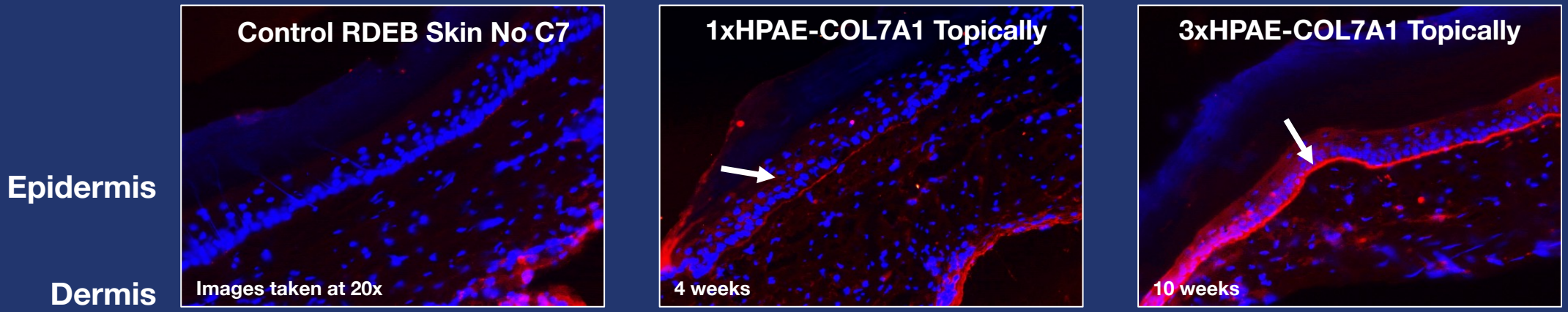
* Highly Branched Poly β-Amino Ester

AMRYT PHARMA

AP103 - PROOF OF CONCEPT IN A PRE-CLINICAL EB MODEL



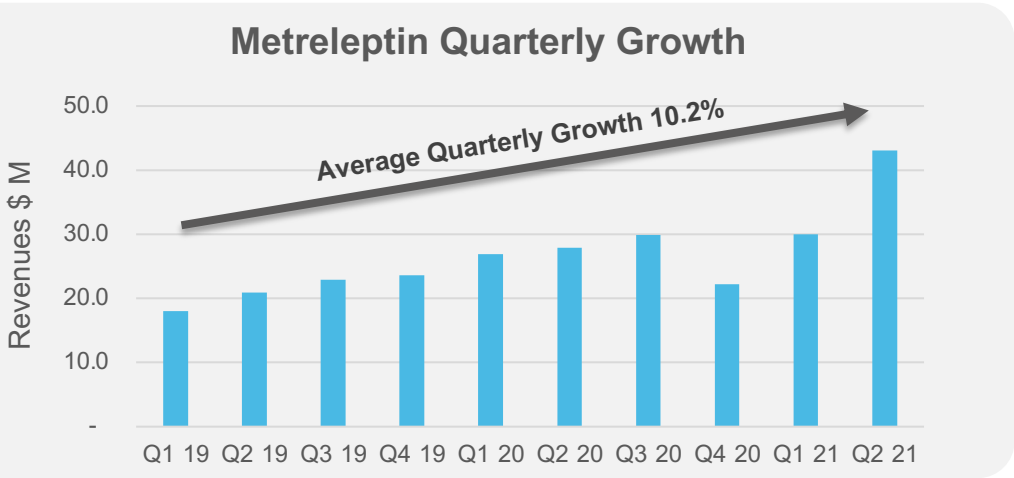
Phase 1/2a clinical trial to begin in 2H 2022

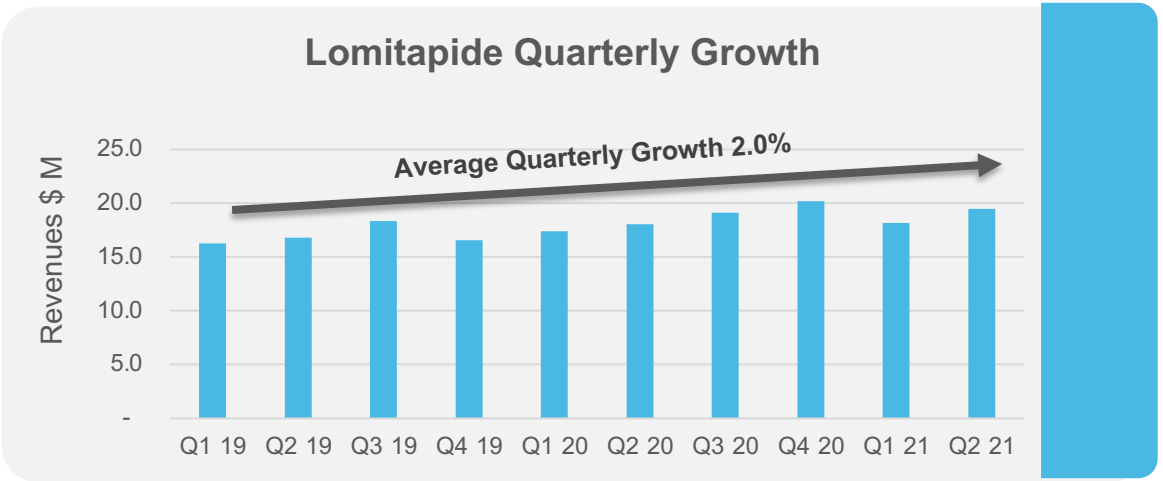


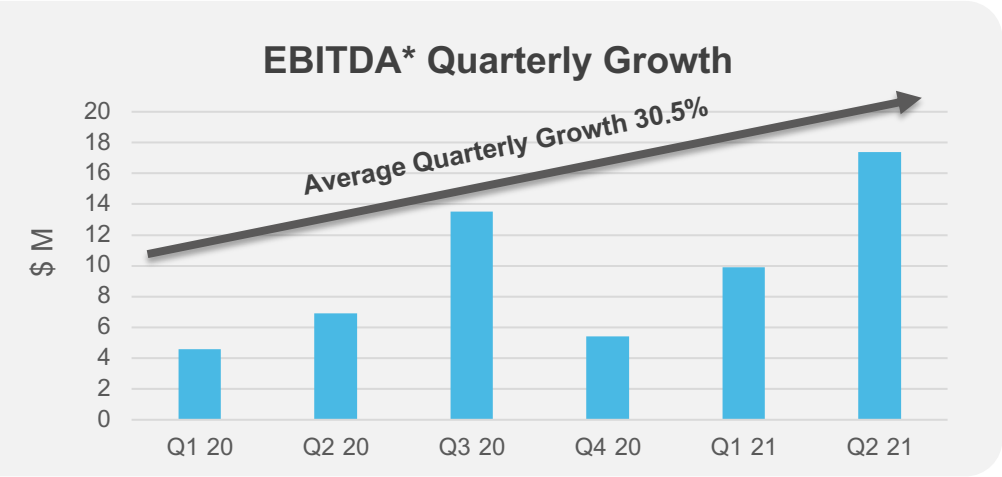
AMRYT PHARMA

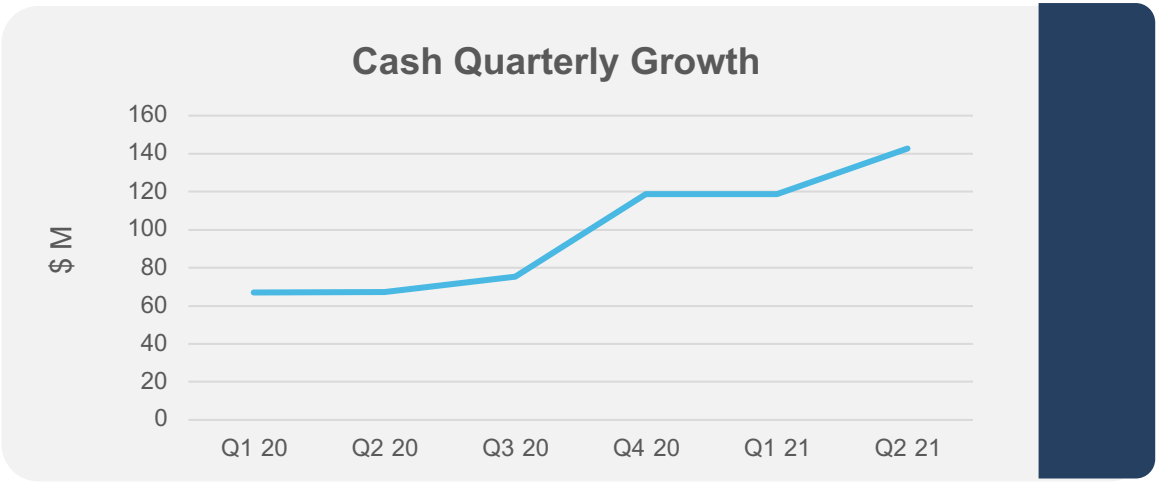
CONSISTENT FINANCIAL PERFORMANCE AND GROWTH

BUILDING A GLOBAL LEADER IN RARE DISEASES









*See Appendix: non-GAAP/IFRS reconciliation
Note: All quarterly financials are unaudited

AMRYT PHARMA

STRONG FINANCIALS

BUILDING A GLOBAL LEADER IN RARE DISEASES

$30.4M EBITDA* in FY 2020

$27.4M EBITDA* in H1 2021

Cash $142.9M** at 30 June, 2021 ($118.6M at 31 March, 2021)

FY 2020 revenues $182.6M

FY 2021 revenue guidance $220M - $225M representing 20-23% growth YoY

$

$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

$90M Term Debt Facility

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

Chiasma deal estimated to deliver annualized cost synergies of approx. $50M post integration

*See Appendix: non-GAAP/IFRS reconciliation
**Unaudited

CONTACT & CORPORATE INFORMATION

BUILDING A GLOBAL LEADER IN RARE DISEASES

AMRYT CONTACT	
Dr Joe Wiley CEO	joe.wiley@amrytpharma.com
Rory Nealon CFO/COO	rory.nealon@amrytpharma.com
Kieran Rooney BD	kieran.rooney@amrytpharma.com
Investor Relations	ir@amrytpharma.com

AMRYT COVERAGE	
Mani Foroohar SVB Leerink	mani.foroohar@svbleerink.com + 1 212 277 6089
Brandon Folkes Cantor Fitzgerald	brandon.folkes@cantor.com +1 212 294 8081
Michelle Gilson Canaccord Genuity	mgilson@cgf.com +1 212 389 8094
Max Herrmann Stifel Nicolaus	max.herrmann@stifel.com +44 207 710 7606
Jason McCarthy Maxim Group	jmccarthy@maximgrp.com + 1 212 895 3556
Douglas Tsao H.C. Wainwright	dtsao@hcwresearch.com + 1 212 916 3698
Adam Barker Shore Capital	adam.barker@shorecap.co.uk +44 151 600 3707

LISTING PARTICULARS	NASDAQ	LONDON STOCK EXCHANGE - AIM
TICKER	AMYT	AMYT

AMRYT PHARMA

AMRYT - A GLOBAL LEADER IN RARE DISEASES

Revenue generating commercial portfolio with three approved commercial products

Robust clinical pipeline with Oleogel-S10 potential near-term approval in a potential $1BN* global market and Phase 3 ready Mycapssa® in a potential $1.9BN* NET global market opportunity

AMRYT PHARMA

Financial flexibility to execute on growth plans

Global commercial infrastructure and experienced team in place to drive product launches and growth

* Based on management estimates

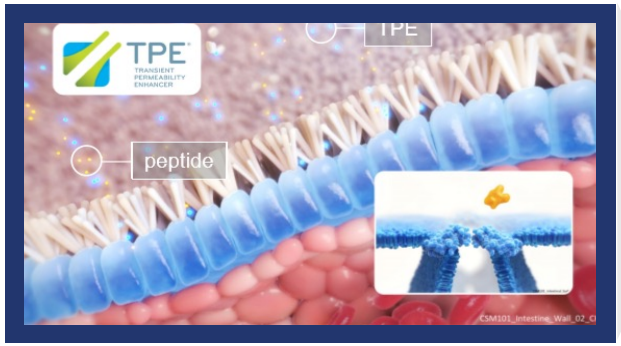
APPENDIX

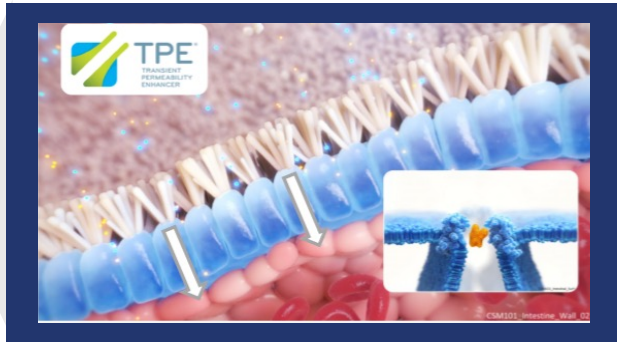
TPE - VALIDATED DELIVERY TECHNOLOGY PLATFORM

With the approval of Mycapssa®, the TPE* represents a validated technology delivery platform for potential new development opportunities

Capsules with TPE technology have an enteric coating to protect against degradation in the stomach.

Once in the small intestine, the capsule is designed to dissolve and release the TPE formulation.





TPE technology induces the reversible expansion of tight junctions between intestinal epithelial cells, a natural process to absorb nutrients.

Capsules containing TPE can allow drug therapies to enter systemic circulation while excluding toxins, bacteria and viruses.

*TPE – Transient Permeability Enhancer

MYCAPSSA® - STANDARD OF CARE IMPACT

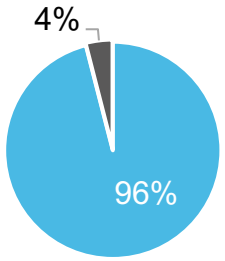
THE FOUNDATION IS IN PLACE

HCPs

Familiarity with Octreotide

HCPs will draw on past experience with octreotide

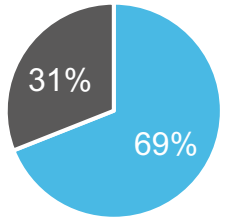
HCP Intent to Prescribe[1]



96% of endocrinologists report likely to grant a patient's request to switch to Mycapssa® (n=50)

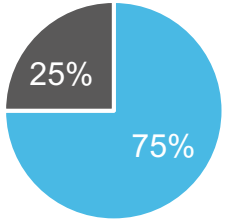
Patients[2]

Positive Patient Feedback



69% of patients considering or open to considering Mycapssa® (n=29)

Informed Patients



75% of patients familiar with Mycapssa® (n=40)

Payers

Over 185M Lives Covered[3]

- Payers see the value in offering Mycapssa®
- Creating access and choice for patients

Compelling Value for Payers

- Oral Option addresses unmet need
- SSAs already reimbursed and in payers' budgets
- Mycapssa® pricing designed to facilitate broad access

[1]Source: KANTAR Survey fielded from February/March 2021, N=50 (US licensed endocrinologists treating acromegaly patients with SSAs)
[2]Source: Survey fielded from 2/23/2021 to 3/8/2021, N=47 (39 patients, 2 caregivers, 6 other)
[3]Covered lives in US of 3/31/2021

AMRYT PHARMA

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.

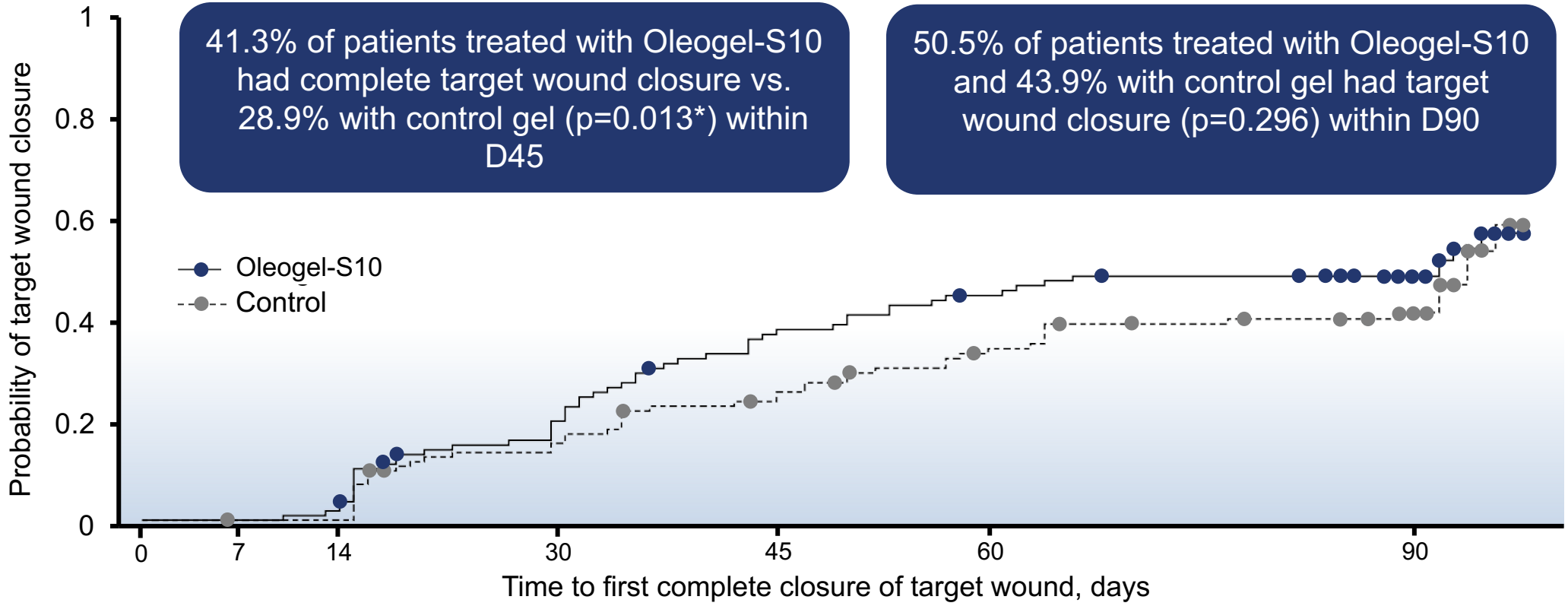
[1] Debra US; [2] Health Advances market research, 13th Feb 2019; [3] Includes key markets in which Amryt operates (US, EMEA, LATAM & Canada) plus geographic expansion in Asia Pacific (Japan, South Korea, Taiwan, Singapore, Hong Kong, Australia)

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

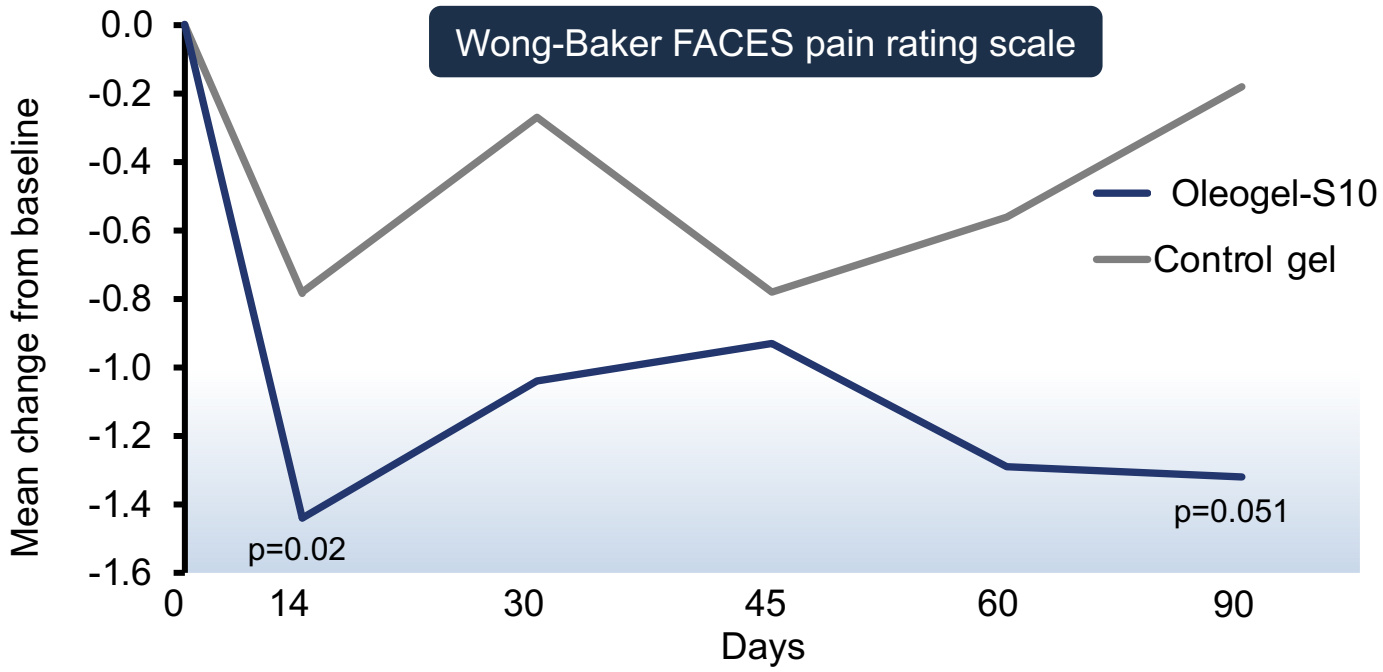
* Pre-specified adjustment to account for IDMC interim sample size re-estimation

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

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

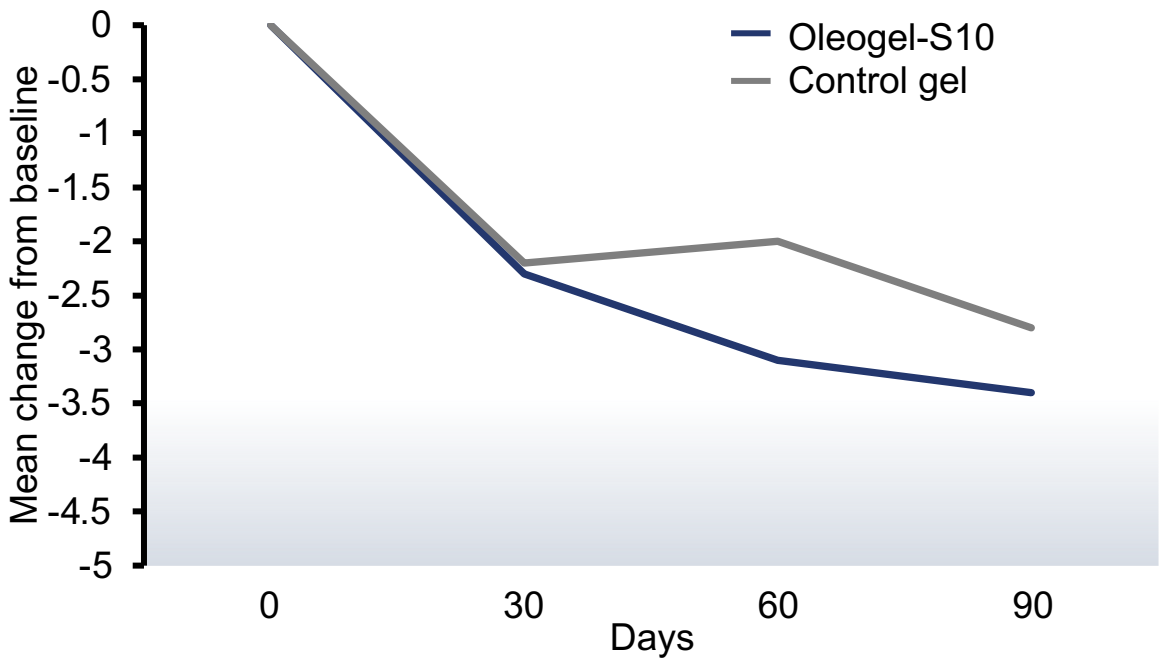
Oleogel-S10 (n=98 patients) : Baseline mean 3.7 (SD 3.08)
Control gel (n=100 patients) : Baseline mean 3.0 (SD 2.95)

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.

AMRYT PHARMA

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

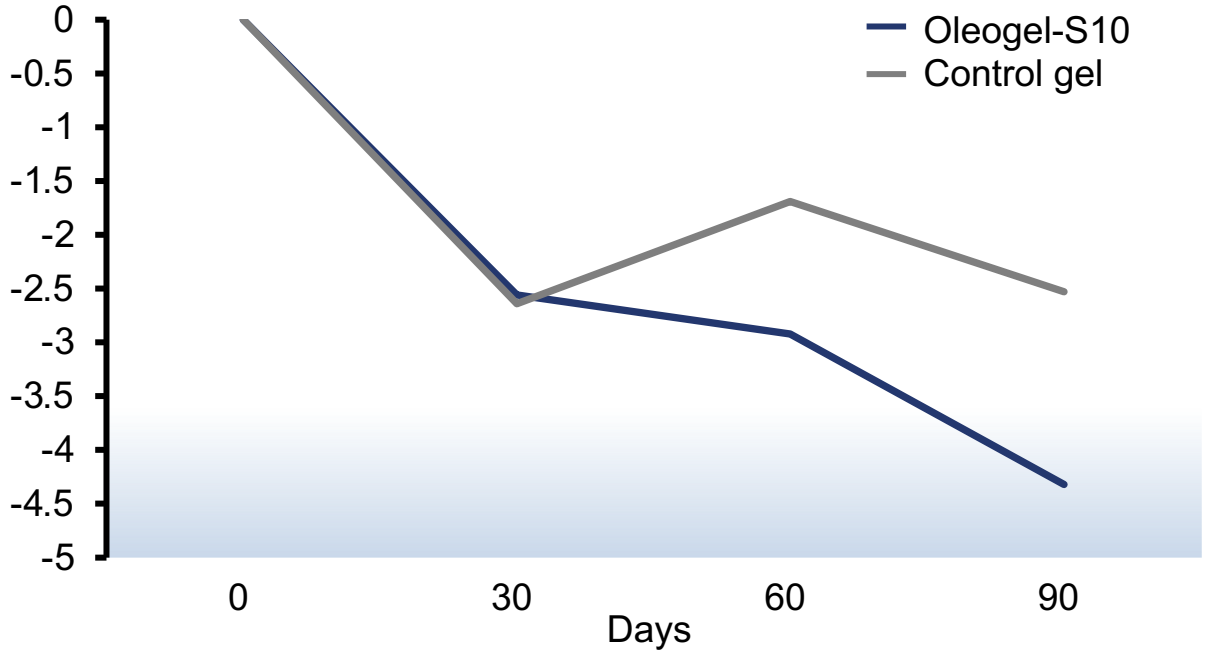
Total body wound burden based on EBDASI (skin index activity) demonstrated an improvement with Oleogel-S10

EBDASI, Epidermolysis Bullosa Disease Activity and Scarring Index

AMRYT PHARMA

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

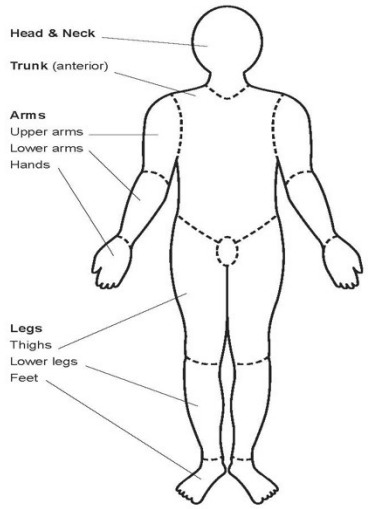
Body Surface Area Percentage



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

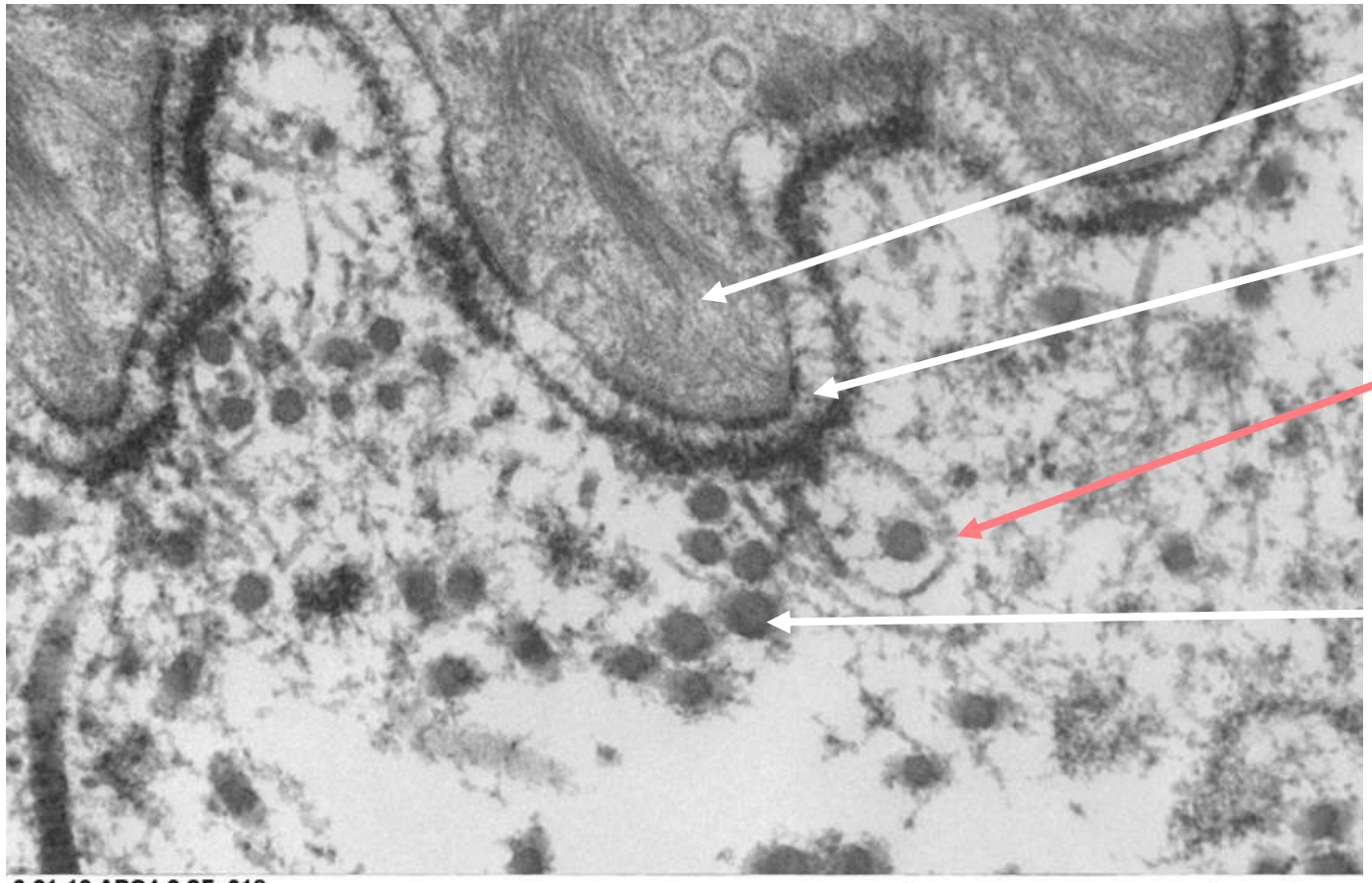
EASE SAFETY SUMMARY DOUBLE BLIND PERIOD: OLEOGEL-S10 WELL TOLERATED

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

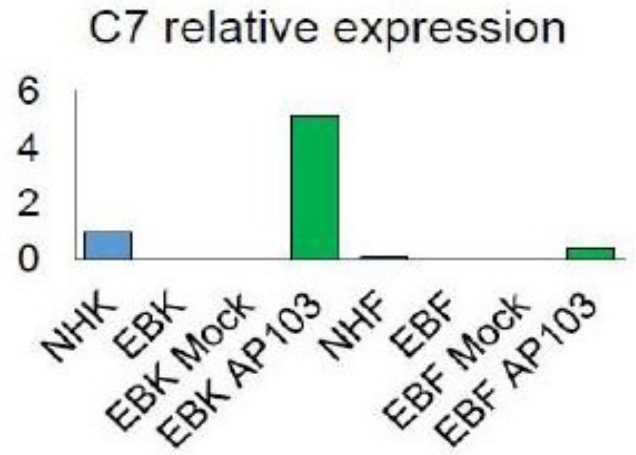
AP103 - ELECTRON MICROSCOPY IMAGE SHOWING ANCHORING FIBRILS



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.

IFRS AND NON-GAAP ADJUSTED RESULTS - Q2 2021 EBITDA

US$M	Q2 2021 (unaudited)	Q2 2021 Non-cash Items[1]	Q2 2021 Non-GAAP Adjusted
Revenue	**62.8**	**-**	**62.8**
Cost of sales	(26.2)	11.0	(15.2)
Gross profit	**36.6**	**11.0**	**47.6**
R&D expenses	(8.5)	-	(8.5)
SG&A expenses	(22.0)	0.3	(21.7)
Share based compensation expenses	(2.0)	2.0	-
Operating (loss) / profit before finance expense	**4.1**	**13.3**	**17.4[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 ($0.3M), depreciation & amortization ($0.3M) and share based compensation expenses ($2.0M).

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 expenses	(27.6)	-	(27.6)
SG&A expenses	(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 & amortization ($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.

EXPANDING PATIENT ACCESS TO METRELEPTIN

Reimbursement achieved

Japan	2013
US	2014
Germany	2020
Italy	2020
UK	2021
France	2021

National reimbursement processes ongoing

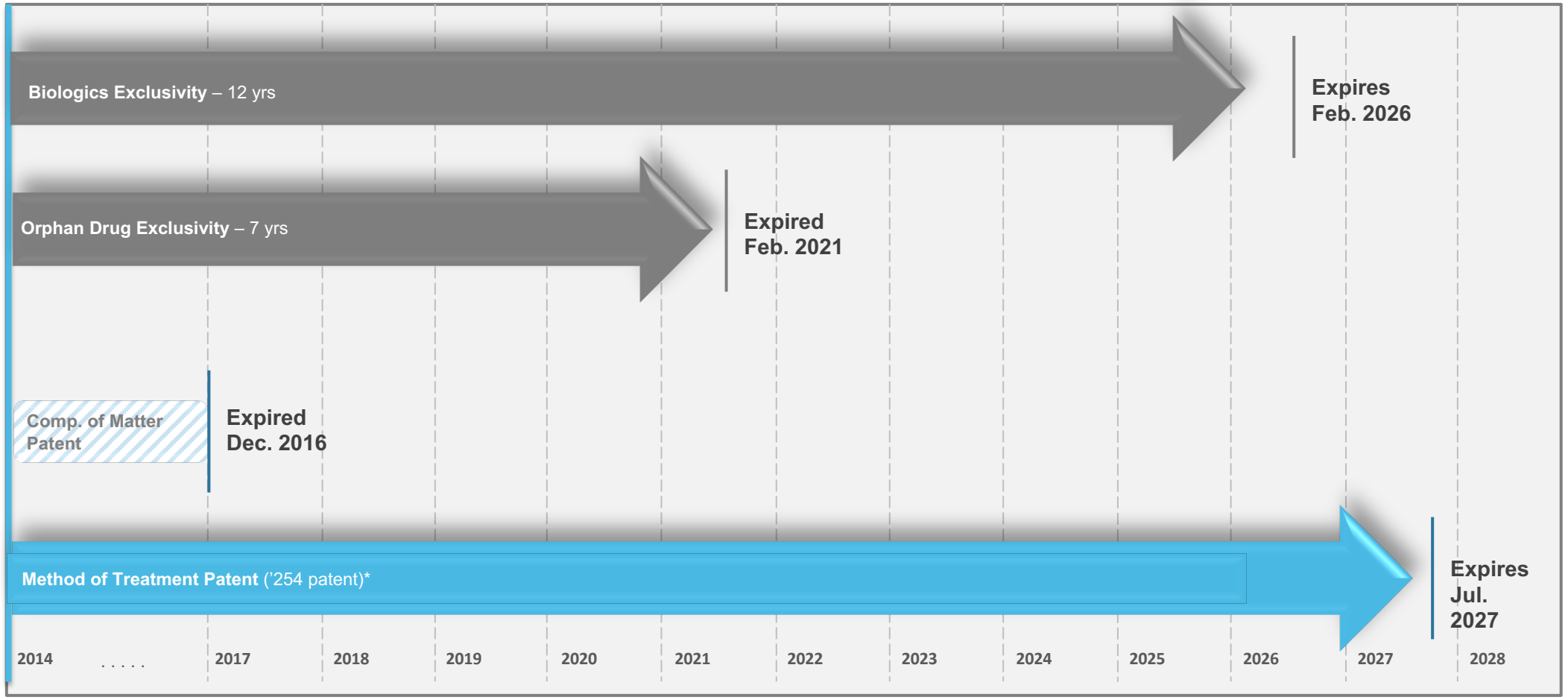
Spain	AEMPS dossier submission
Norway	NOMA dossier submission
Portugal	INFARMED dossier submission
Netherlands	ZIN dossier submission pending
Poland	AHTAPol dossier submission pending

Paid Named Patient Supply

Denmark, Switzerland | Serbia, Turkey | Portugal, Spain | Austria, Oman | UAE, Greece | Israel, Brazil | Argentina, Colombia | Qatar, Bahrain | Saudi Arabia

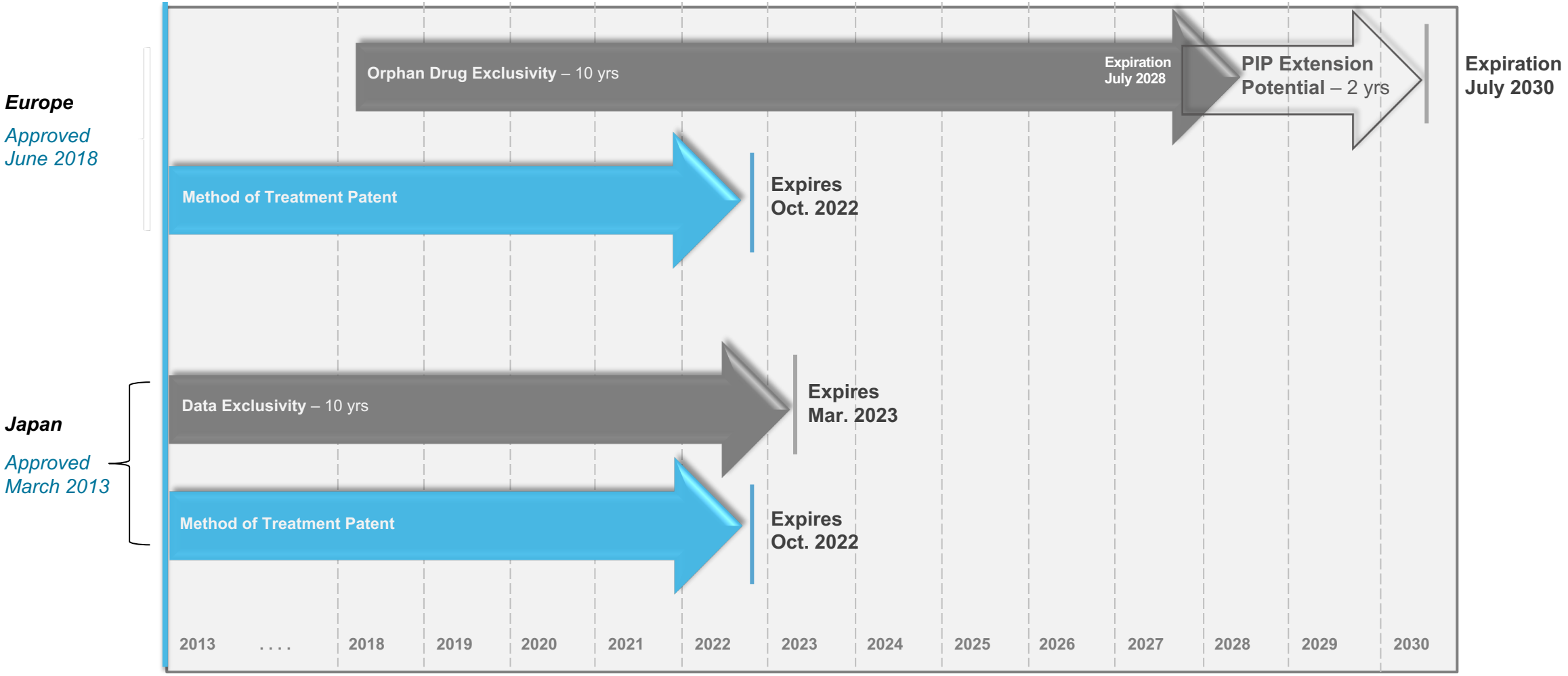
AMRYT PHARMA

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



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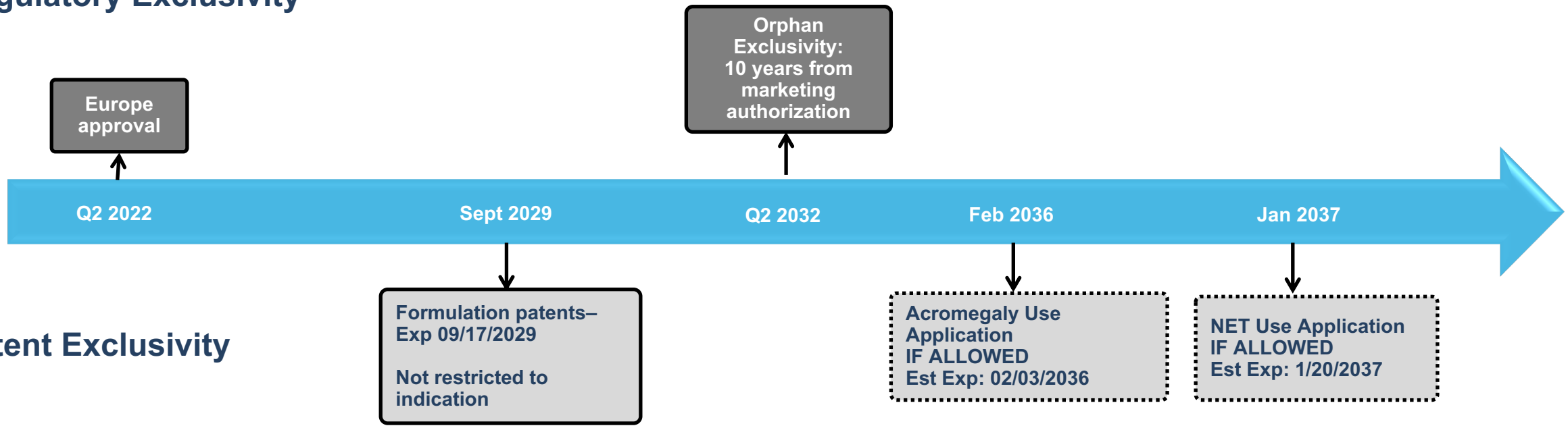
MYCAPSSA®- EUROPEAN EXCLUSIVITY TIMELINE

Regulatory Exclusivity



Patent Exclusivity

Regulatory Summary:
- Orphan exclusivity prevents generic entry Q2 2032

Patent Summary:
- Composition patent expires Sept 2029
- Acromegaly Use Application, if allowed would expire Feb 2036

Label expansion to include NET:
- Orphan exclusivity would NOT prevent approval of NET product

Assumptions:
Product approval Q2 2022

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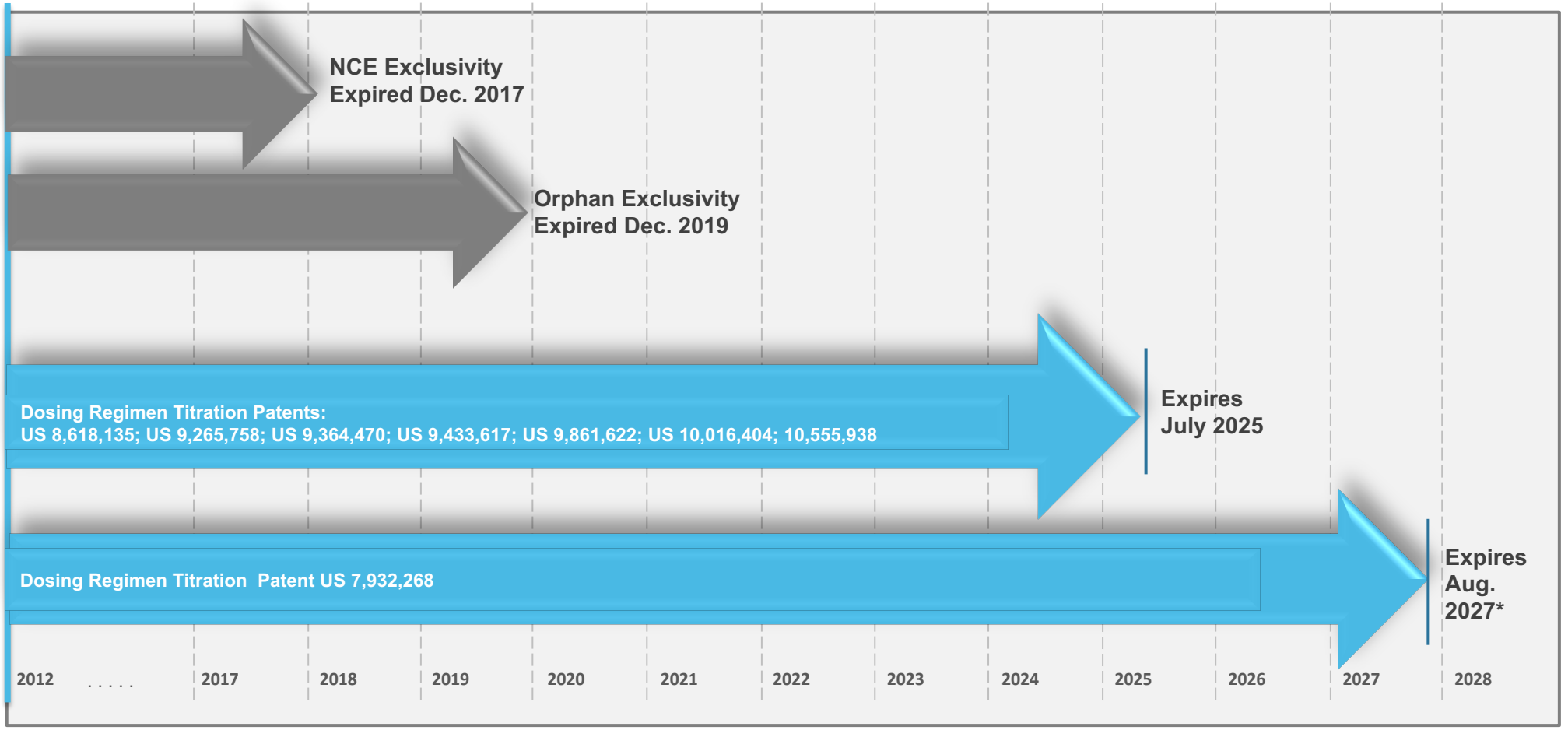
JUXTAPID® US REGULATORY EXCLUSIVITY / PATENT TIMELINE

Approved December 2012



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

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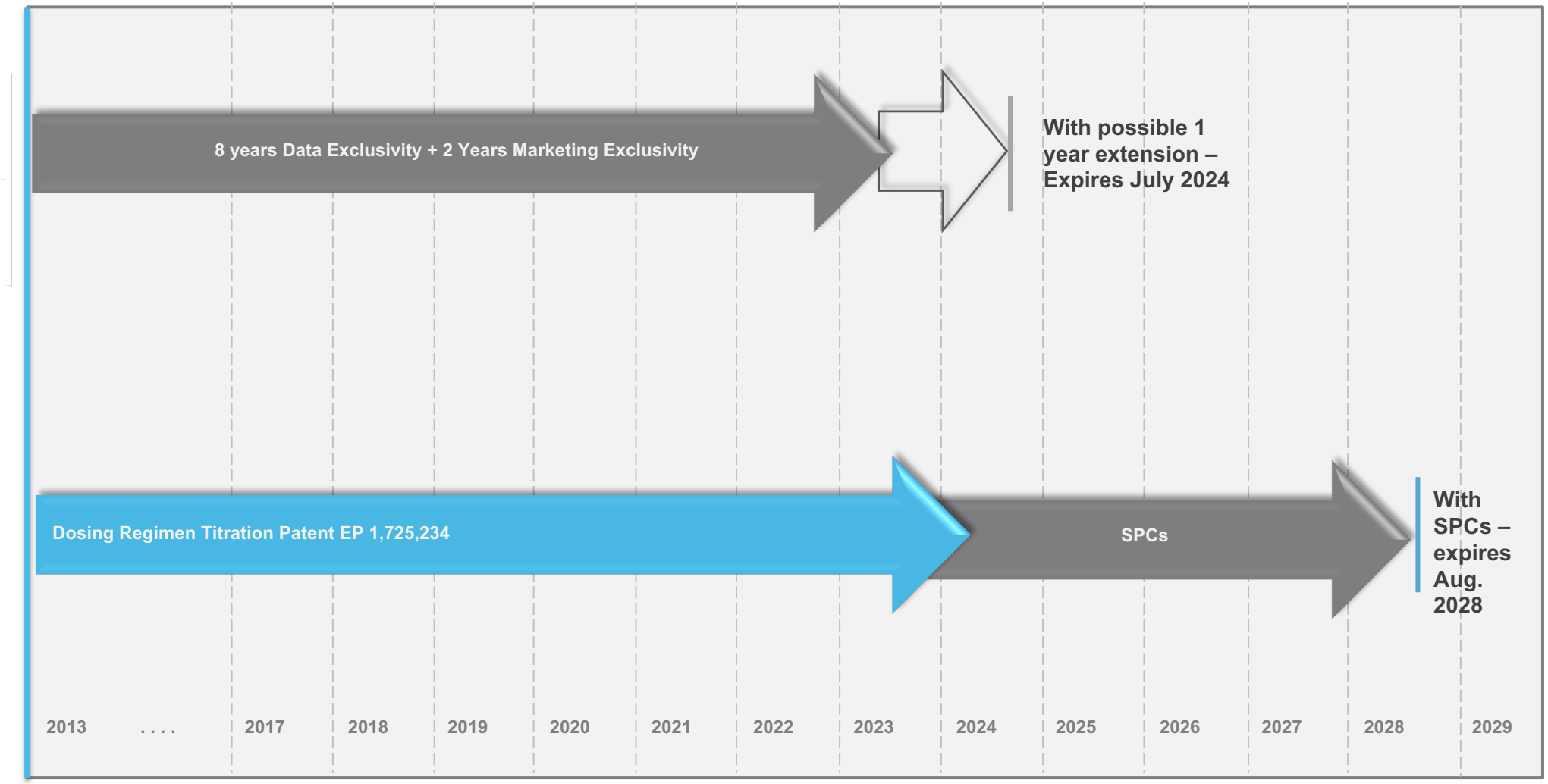
LOJUXTA® EU REGULATORY EXCLUSIVITY/PATENT TIMELINE



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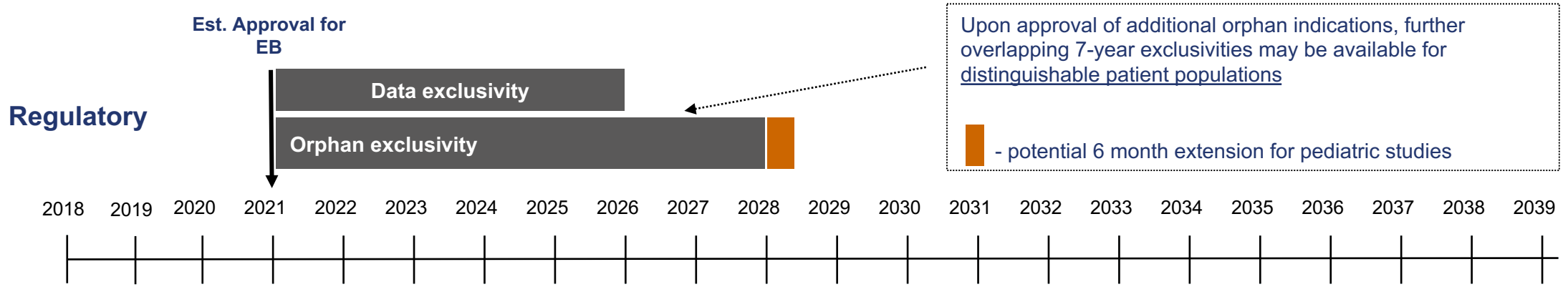
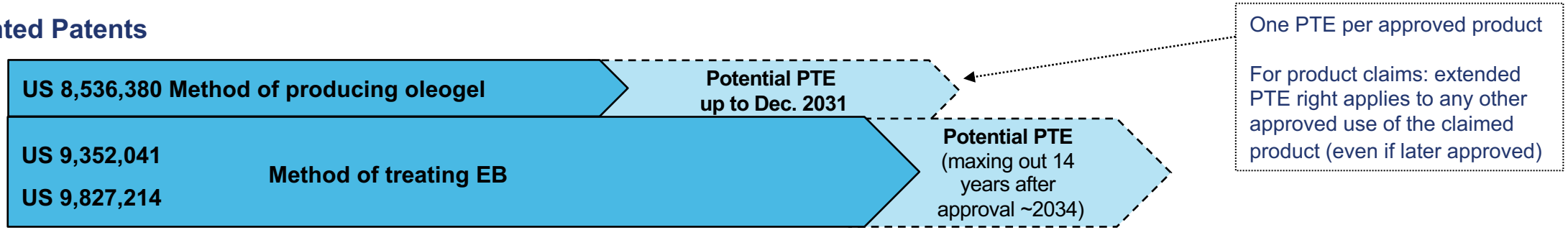
OLEOGEL-S10 ANTICIPATED EXCLUSIVITY TIMELINE IN US



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*

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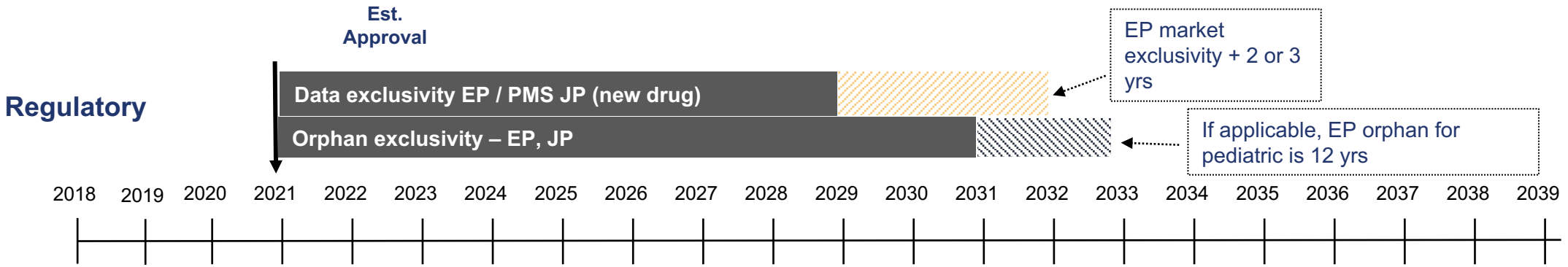
OLEOGEL-S10 ANTICIPATED EXCLUSIVITY IN EUROPE AND JAPAN



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*

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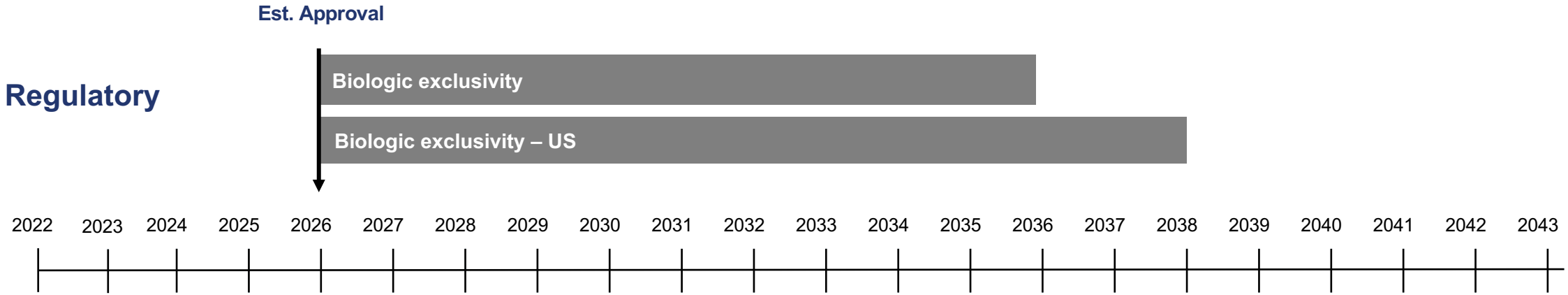
AP103 REGULATORY AND PATENT EXCLUSIVITIES



Patent Protection

Existing IP — **Potential PTE/SPCs**

Future IP

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

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