



PRO**M****ORE** PHARMA
leading-edge medical innovation

**Late stage development of
two first-in-category wound
care products**

Stockholm, Feb 2019

Promore Pharma in Brief

- Listed on Nasdaq First North since July 2017 (PROMO)
- Two late stage, first-in-category products
- Human peptides for local administration with extraordinary safety

Phase III – PXL01

- Preventing adhesions after tendon repair surgery
- **No** prescription drugs
- **1 million** patients in EU, NA & JP
- Addressable **EU market 300 MUSD**
- Indication broadening opportunities

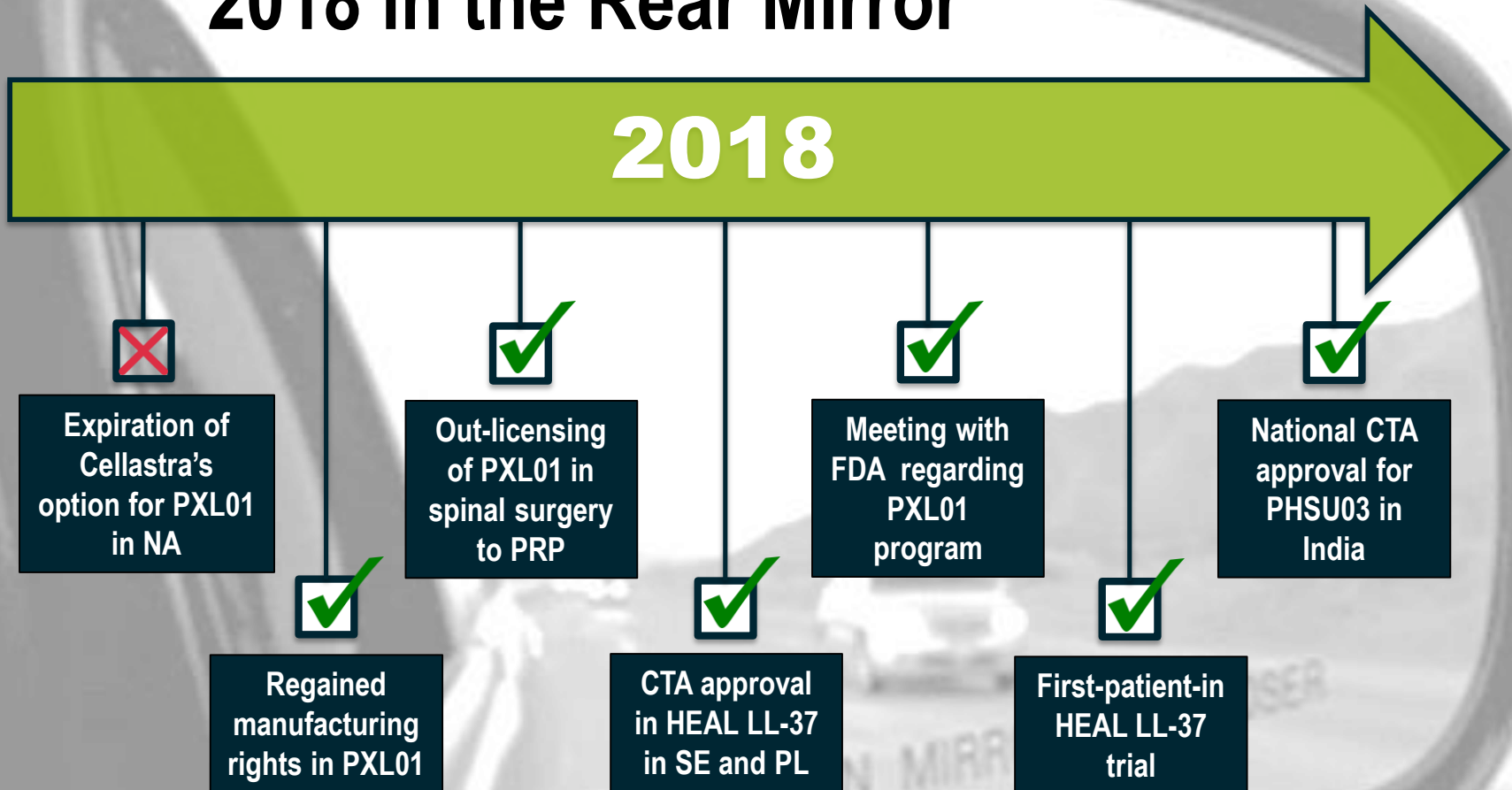
Phase IIb – LL-37

- Treating chronic wounds, mainly VLUs
- **No** prescription drugs
- **6 million** patients in EU, NA & JP
- Addressable global market **3 BUSD**
- Indication broadening opportunities

Vision

To solve the global problems of scarring, adhesions and chronic wounds

2018 in the Rear Mirror



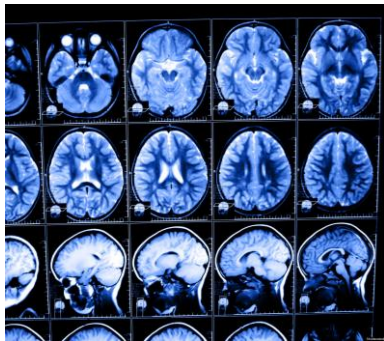
An eventful year with operational delivery according to plan

Global Needs and Healthcare Costs

60 million patients in the world, will contract a hard-to-heal wound, a dermal scar or a complication due to a post-surgical adhesion every year

Wounds, trauma and amputations account for the **third** largest area of healthcare spending in the world

CNS



> 600 BUSD

Cardiovascular



600 BUSD

Trauma



400 BUSD

Oncology



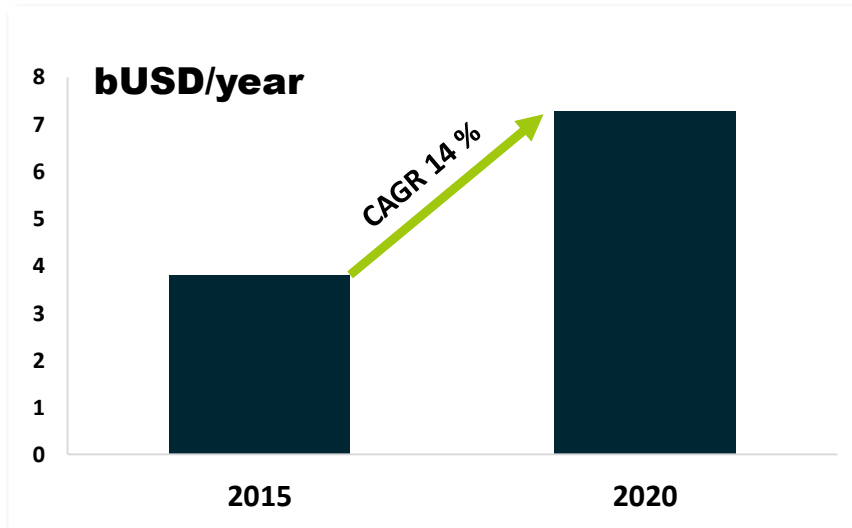
300 BUSD

Bioactive Wound Care

Fastest Growing Market Segment

- The global wound care market is expected to reach USD 20.4 billion by 2021, growing at 2-3% annually
- Bioactive wound care is forecasted to be the fastest growing segment in the wound care market, with an estimated 14% CAGR

Global bioactive wound care market 2015-2020



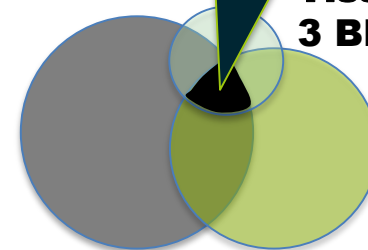
Source: Technavio "Global bioactive wound care market 2016-2020"

Promore Pharma's Market Opportunity

Portfolio potential of >1 billion EUR in converging business area

Surgical products
20 BEUR

Tissue Repair
3 BEUR

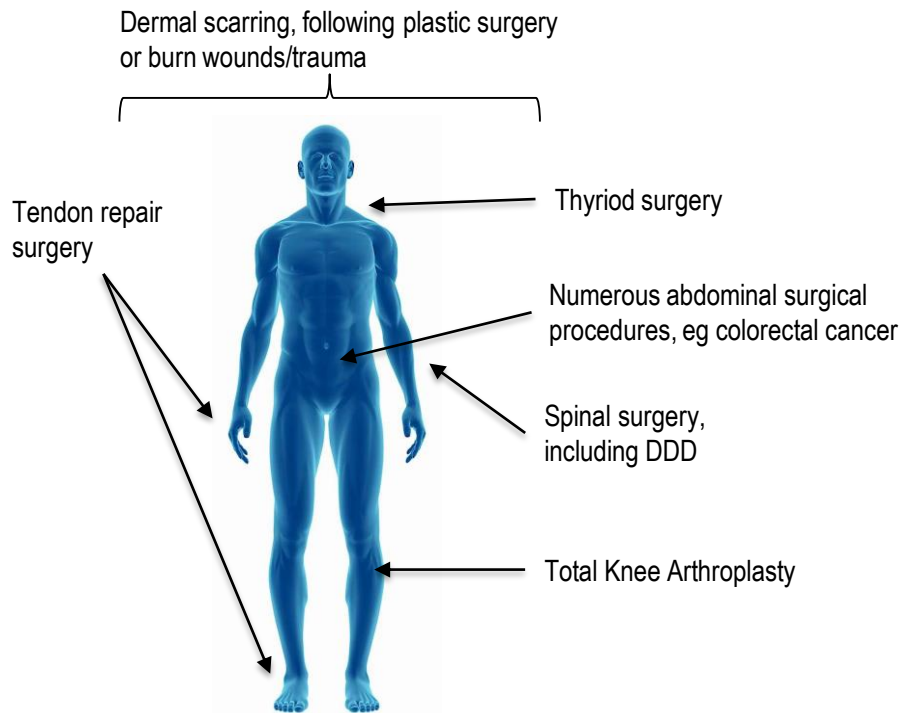


Dermatology
>16 BEUR

PXL01: Prevention of Adhesions and Scars

Adhesions form after almost **any type of surgery** and are a significant cause of post-surgical complications

- Prolong subsequent surgery
- Constitute considerable burden on healthcare systems



Promote Pharma Indications

- **Tendon Repair Surgery**
 - Phase III being prepared in EU and India
 - Medical need – high incidence of scar formation and no pharmaceutical products
 - Straightforward clinical development
 - Over 1 million procedures globally
 - Est addressable market in EU; 300 MEUR
- **Dermal Scarring**
 - Phase I/II being prepared in Sweden
 - High willingness to pay for scar prevention among plastic surgery patients
 - Large market with few/no effective products
- **Spinal surgery/DDD**
 - Out-licensed to PharmaResearch Products
 - 1-2 million procedures globally

Large Medical Benefits of PXL01

Endpoint	PXL01	Placebo	P-Value
Mobility in injured finger DIPAM (the most distal finger joint) 6 months post-surgery	60 degrees	41 degrees	P<0.05
Nerve function Patients with optimal nerve recovery (normal or diminished light touch) 12 weeks post-surgery	76%	35%	P<0.05
Need for secondary surgery Frequency of recommendation for tenolysis during first 12 months post-surgery	12%	30%	P<0.10

Primary end-point in Phase III

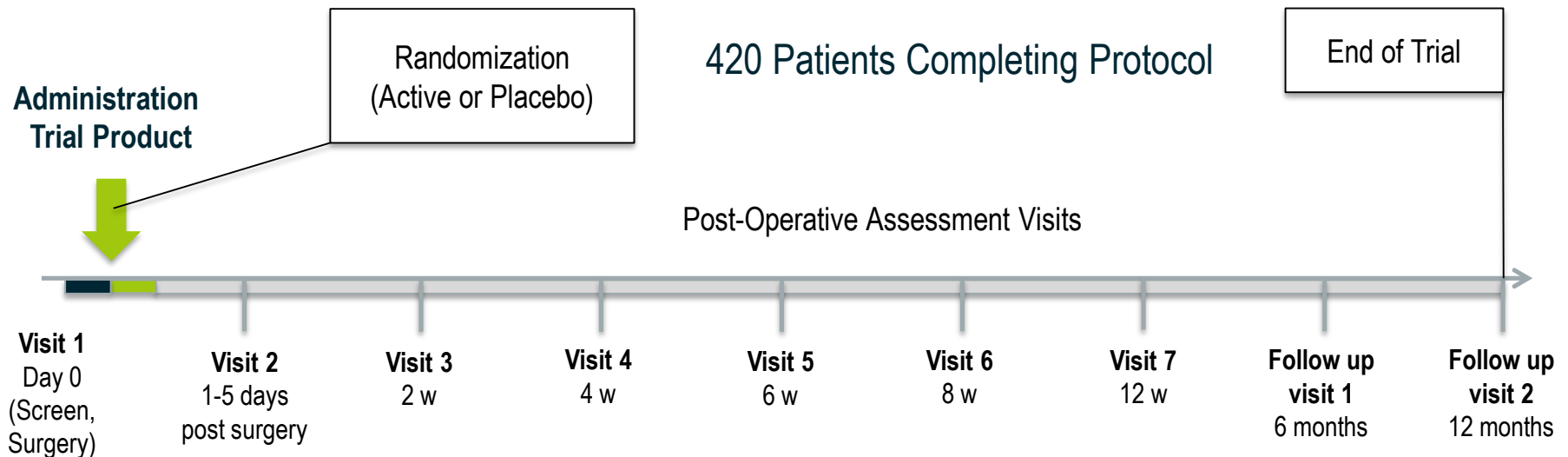
Large health economic value

Important secondary value of product

PHSU03: Phase III in EU & India

Study Basics PHSU-03:

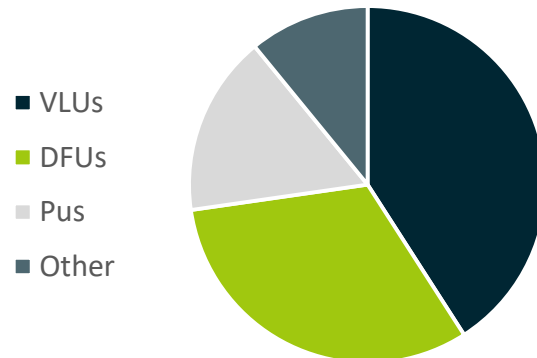
- ~600 patients with accidental transection of flexor tendon in zone II of the hand
- Single administration in conjunction with surgery of PXL01 (two doses) vs. placebo (saline) (1:1:1)
- Efficacy and safety followed until 12 months post-surgery
- Study centers in Sweden, Germany, Poland, India and at least one more EU country



LL-37: Treatment of Chronic Wounds

Medical Need and Costs for Society

- >15 million patients with **challenging wounds** on the major pharmaceutical markets



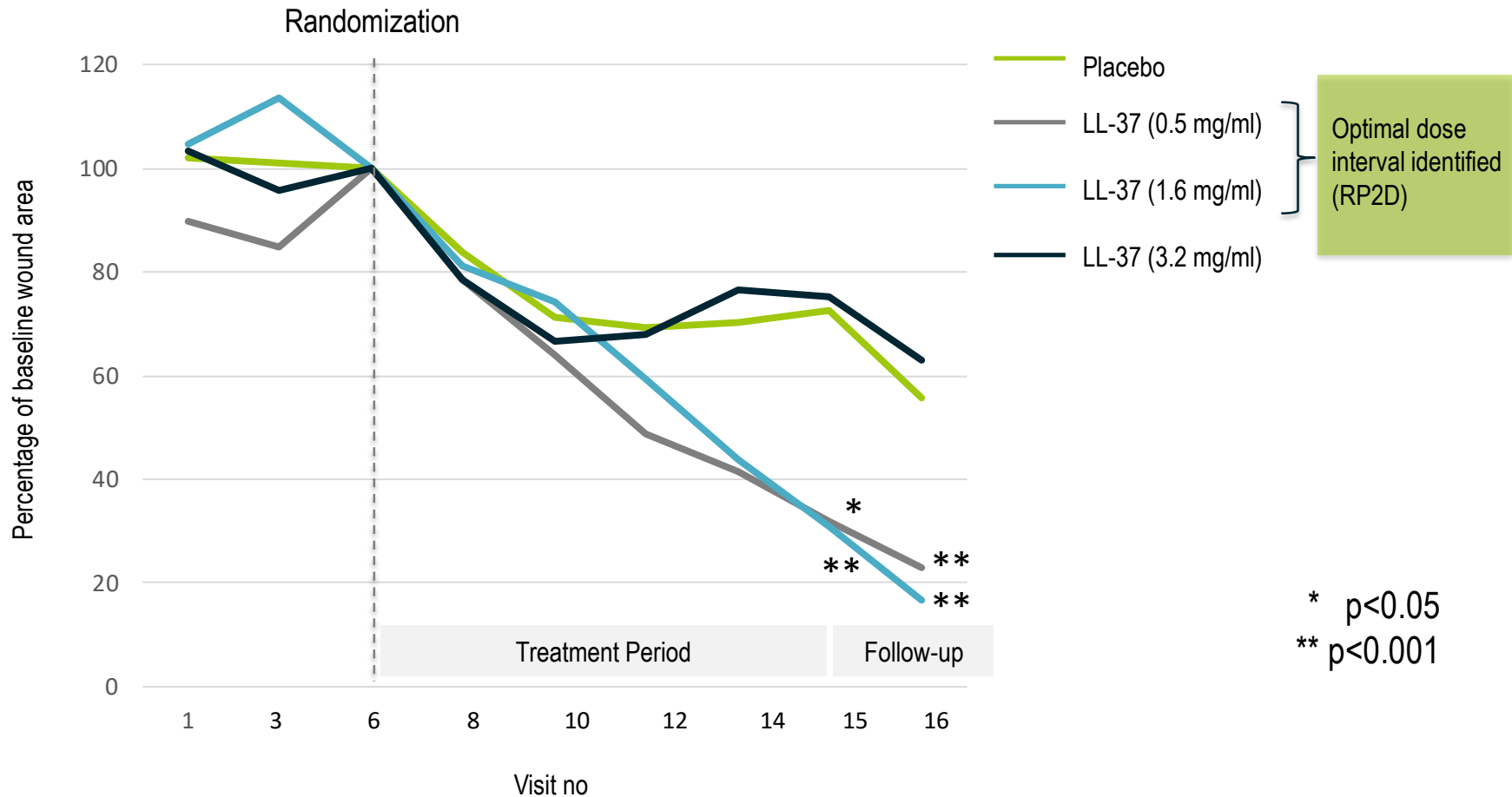
- Very few prescription products
 - Some available for DFUs, but all with limited medical value
- Low R&D competition
- Costs for treating chronic wounds exceed 10,000 USD per episode

Promore Pharma and LL-37

- Naturally occurring peptide (cathelicidin)
 - Antimicrobial
 - Angiogenic
 - Stimulates keratinocyte migration
- LL-37 involved in wound biology
 - Present in acute wounds but not in chronic wounds
- First indication VLUs
 - Largest patient population in major pharmaceutical markets
 - No pharmaceuticals available
 - Not as complicated from a development perspective
- All chronic wounds could potentially be addressed with LL-37

LL-37 Efficacy: Wound Area Reduction (%)

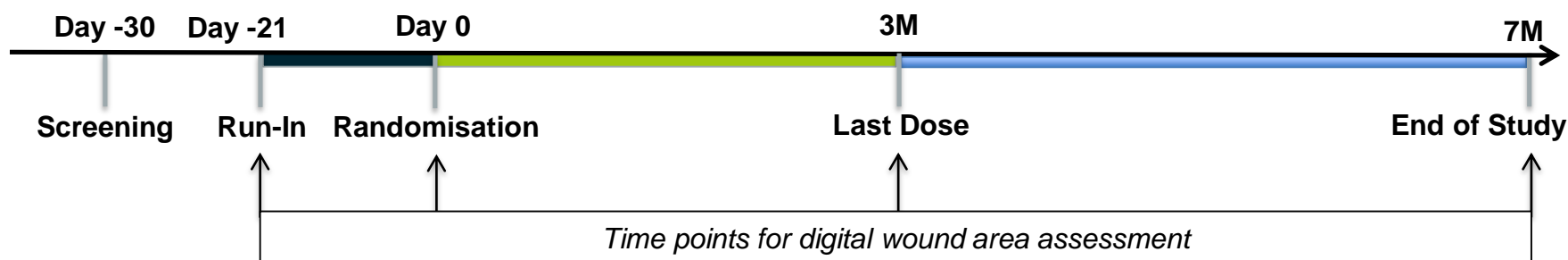
Optimal dose range for Phase IIb identified



HEAL LL-37: Phase IIb Trial in VLU

Study basics:

- Recruiting 120 patients (completing protocol) in 2 countries (Sweden, Poland)
- 3 week run-in on placebo; followed by treatment with active or placebo for 3 months (application 2 times per week); 4 months follow-up
- 3 arms with 40 subjects in each: 2 doses of LL-37 vs. placebo



Criteria for evaluation:

- % completely healed wounds
- Multiple secondary endpoints

The subjects are randomised to three groups:

- Placebo (N=40)
- LL-37 0.5 mg/mL (N=40)
- LL-37 1.6 mg/mL (N=40)

Business Strategy

Take PXL01 to market in EU

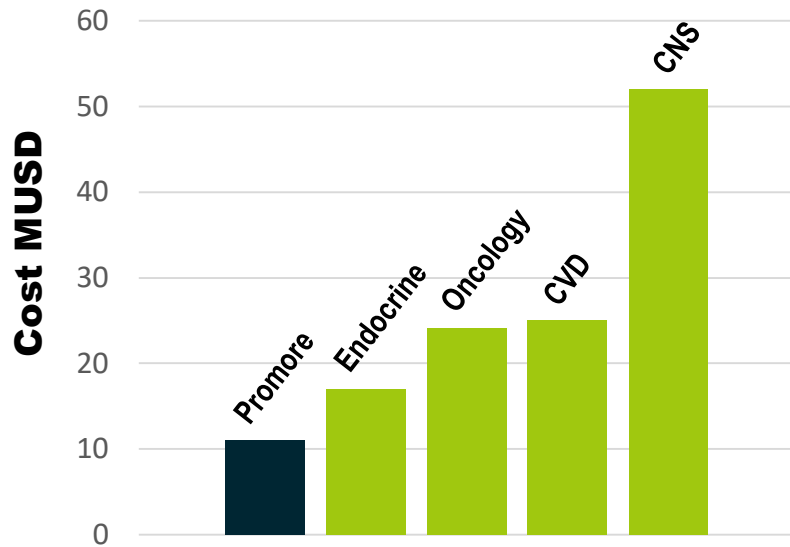
- Phase III program (PHSU03) being prepared in EU and India
- Market Authorization and Commercialization
 - Develop PXL01 all the way to market in EU; target timeline is 2022
 - Either commercialize first indication independently in EU or through partnerships
- Seeking partnerships for both other territories (ex-EU) and indications

Partnering LL-37

- Phase IIb (LL-37 HEAL) ongoing in EU
 - Target timeline for completion of the Phase IIb clinical trial is 2020
- After completion, Promore Pharma will seek one or several partnerships with multi-national companies for confirmatory trials and MA
- Potential for indication broadening to other common types of hard-to-heal wounds

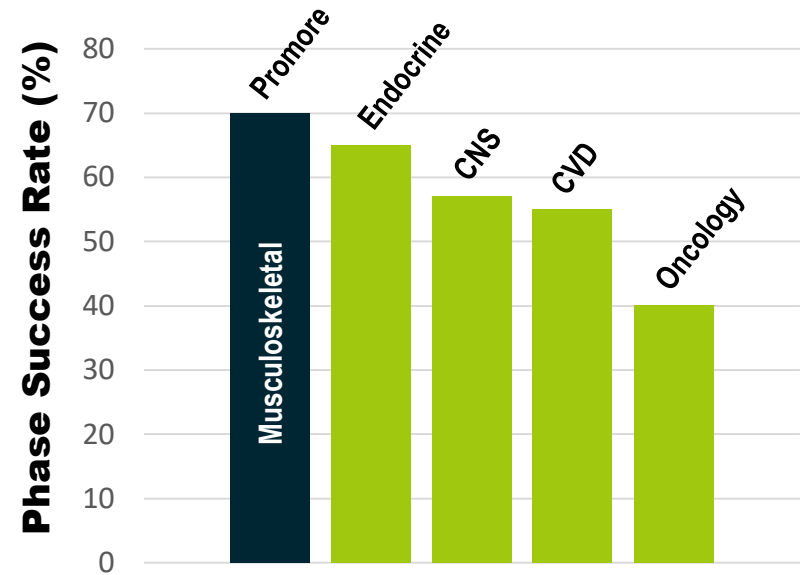
Phase III Costs & Risks

Phase III Costs



Ref: Martinez, 2016 Driving Drug Innovation and Market Access: Part 1-Clinical Trial Cost Breakdown

Phase III Success Rate

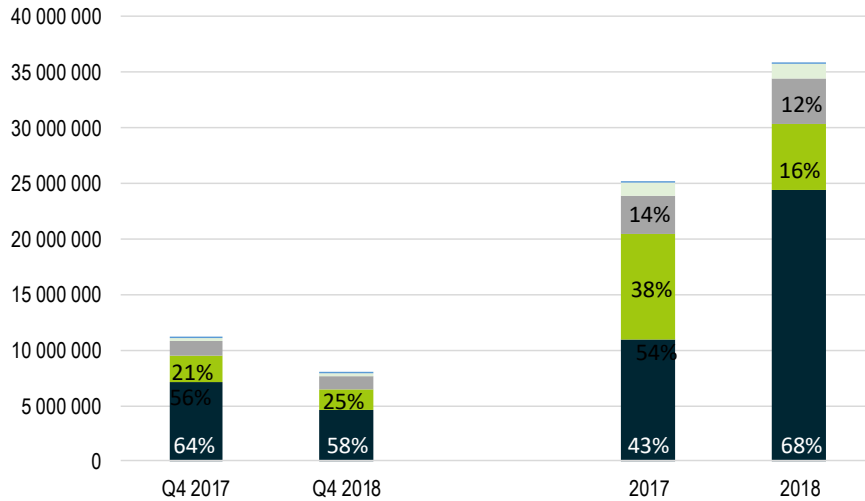


Ref: BIO 2016, Clinical Development Success Rates 2006-2015

High cost-effectiveness in late stage development

2018 Financial Data

Operating expenses



EBIT (MSEK)	-10.4	-6.5	-9.6	-32.7
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- Commodities and supplies
- Personnel costs
- Other operating expenses
- Other external expenses
- Depreciation and impairments on fixed assets

- Operating loss was 32.7 MSEK in 2018 compared to an operating loss of 9.6 MSEK in 2017
 - Increase in R&D expenses explained by increased development activities in both projects
 - External costs decreased in 2018 due to higher costs in 2017 because of the Nasdaq First North listing
 - Personnel costs increased in absolute terms in 2018 following the employment of the CEO in May 2017
 - In 2017 the company also received milestone payments from PRP of 1.5 MEUR, which improved EBIT

- Cash at end of 2018 was 31.0 MSEK
 - Listed warrants matured 22 February 2019 did not generate any funds

Executive Summary

Late stage clinical development project with extraordinary safety

1

Late stage clinical development phase

2

Unmet medical need – no pharmaceutical products

3

Validated technology with strong IP protection

4

Strong safety profile and low development costs

5

High growth potential – high growth market segment and additional indications