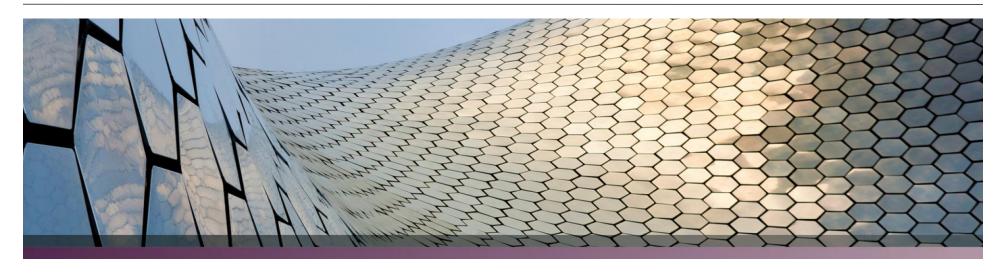
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Dermira (DERM, BUY, \$15.50)

Initiating Coverage with a BUY Rating and \$22 PT: A Company With Differentiated Drugs That Target Large Market Opportunities

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Dermira (DERM) is a medical dermatology company focused on bringing innovative and differentiated products to the market. The company's three key pipeline drugs are Cimzia (psoriasis), DRM04 (hyperhidrosis) and DRM01 (acne). Dermira also has two early-stage assets (DRM02 in inflammatory diseases and DRM05 in acne).

Our investment thesis is threefold:

#1 – We expect total company sales to reach almost \$500 million by 2021, only three years after the first products start launching. Dermira has a portfolio of three latestage assets that have established Proof of Concept in Phase 2 trials (all statistically significant) and we expect them to successfully move into Phase 3 trials and ultimately be approved starting in 2018.

#2 – These drugs address large unmet needs in the \$21 billion dermatology market including: psoriasis, hyperhidrosis and acne. We estimate these areas of unmet need are growing double digits while the overall dermatology market is growing mid-single digits.

#3 – In our view, Dermira is an attractive company in a consolidating industry (supports our valuation), and the company is focused on in-licensing and/or acquiring dermatology assets (could drive potential upside to EPS expectations).

Dermira raised \$125 million in gross proceeds from its October IPO (10/3/14).

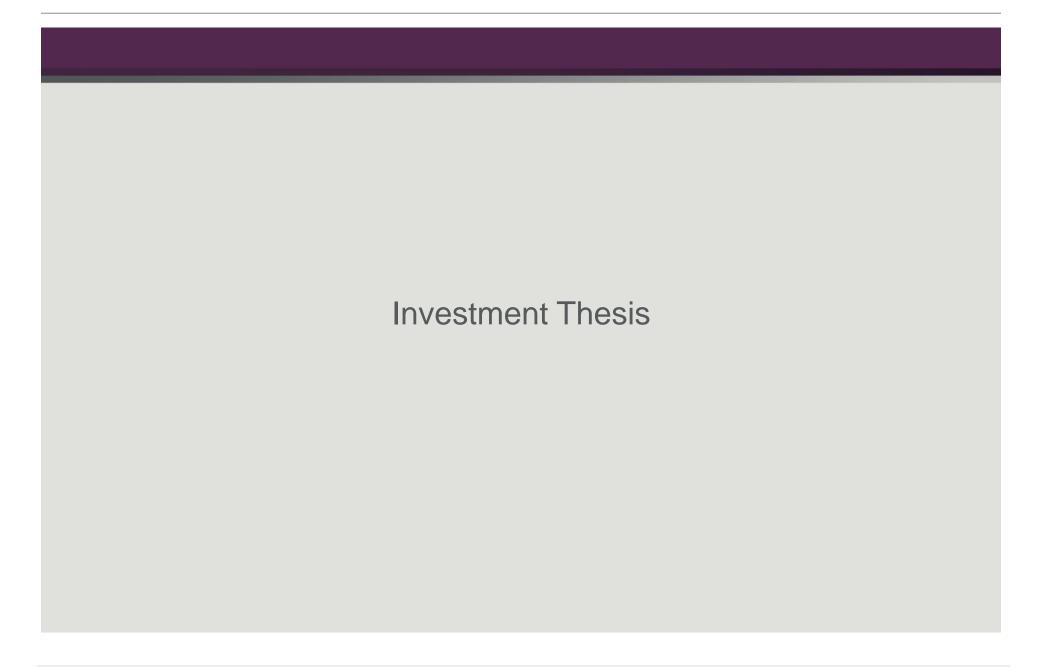
The use of proceeds, per the company, are as follows:

- ~\$50 million to fund external R&D associated with the development of Cimzia, net of development milestone payments from its partner UCB
- ~\$30 million to fund external R&D associated with the development of DRM04
- \sim \$15 million to fund external R&D associated with the development of DRM01
- Balance used to fund internal R&D associated with all of Dermira's products,
 working capital, capital expenditures and other general corporate purposes.

We expect profitability as early as 2019, but we forecast 2020 to be conservative.

Next Potential Stock-Moving Catalysts:

- 1.) Cimzia Initiation of Phase 3 trials in 1H15. We estimate results in 2017 and approval in 2018.
- 2.) DRM04 Report Phase 2b HH02 data in 1H15.
- 3.) DRM04 Initiation of Phase 3 trials in 2H15.
- 4.) DRM01 Initiation of Phase 2b trial in 1H15. We estimate results in ~1H16.



Dermira (DERM): Initiating with BUY Rating and \$22 Price Target (+42% Proj. Upside)

Our Investment Thesis:

1) We expect total company sales to reach almost \$500 million by 2021, only three years after the first products start launching. Dermira has a portfolio of three late-stage assets that have established Proof of Concept in Phase 2 trials (all statistically significant) and we expect them to successfully move into Phase 3 trials and ultimately be approved starting in 2018. 2) These drugs address large unmet needs in the \$21 billion dermatology market, including psoriasis, hyperhidrosis and acne. We estimate these areas of unmet need are growing double digits while the overall dermatology market is growing mid-single digits. 3) In our view, Dermira is an attractive company in a consolidating industry (supports our valuation), and the company is focused on in-licensing and/or acquiring dermatology assets (could drive potential upside to EPS expectations).

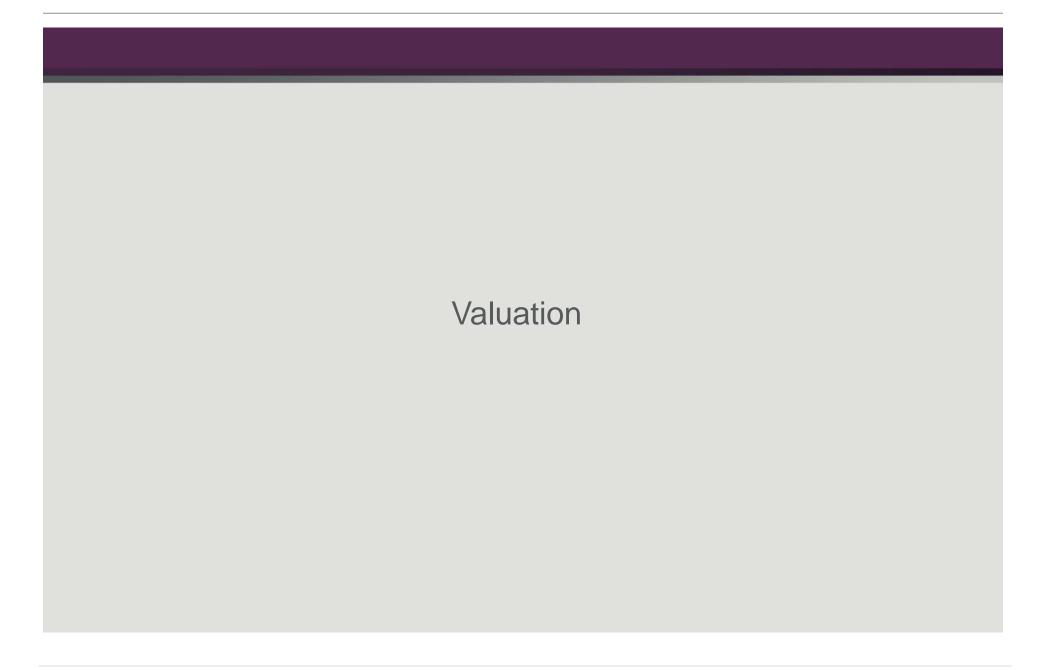
Performance Drivers and Potential Stock **Catalysts:**

- 1) Cimzia Initiation of Phase 3 trials in 1H15. We estimate results in 2017 and approval in 2018.
- 2) DRM04 Report Phase 2b HH02 data in 1H15.
- 3) DRM04 Initiation of Phase 3 trials in 2H15.
- 4) DRM01 Initiation of Phase 2b trial in 1H15, we estimate results in ~1H16.

Guggenheim Points of Differentiation:

1) Based on Dermira's studies thus far, we believe Cimzia can be a sizeable drug because it demonstrates the safety of Enbrel, but appears as effective as Humira. There is concern that Cimzia (TNF inhibitor for psoriasis) is being launched into a competitive market. Although Humira and Enbrel have been on the market for a while and there are a host of new products as well as pipeline drugs, we think Cimzia will still get market share because doctors seem to trust TNF inhibitors and Cimzia is considered safe as well as effective. 2) We expect multiple positive catalysts between now and 2018 that could drive Dermira's share price higher. There has been some argument that there are better investment opportunities than Dermira because the company's products do not launch until 2018. We disagree because Dermira will be announcing trial data between now and 2018, and we think this data will be positive and could drive the stock higher (potentially lower discount rate and improved earnings visibility). Also, Dermira is an attractive company in a consolidating industry, in our view. We would note that most, if not all, of the stand-alone dermatology companies have been acquired.

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Dermira: Valuation

We use a DCF analysis to get to our 12-month price target of \$22.

- We use a WACC of 20% and an exit multiple of 6x forward EBIT to arrive at our price target.
- This compares favorably to Dermira's peers, which trade, on average, at a forward EV/EBIT of 16x.
- This compares favorably to other dermatology companies that have been acquired in the industry for 13x EV/EBITDA, which means the EV/EBIT could be even higher.

Risks to our valuation are as follows:

- 1. Dermira faces competition in each of its businesses from a number of large and small companies, some of which have greater financial, R&D, production, and other resources than Dermira.
- 2. Other companies are already first to market with drugs that compete with Cimzia and DRM01, and Dermira will compete with several companies that could come to market sooner with competing drugs for DRM04.
- 3. Pipeline failures could delay the company's time needed to achieve profitability.
- 4. Dermira may not fully control product development, regulatory strategy and commercialization decision-making on collaborations.

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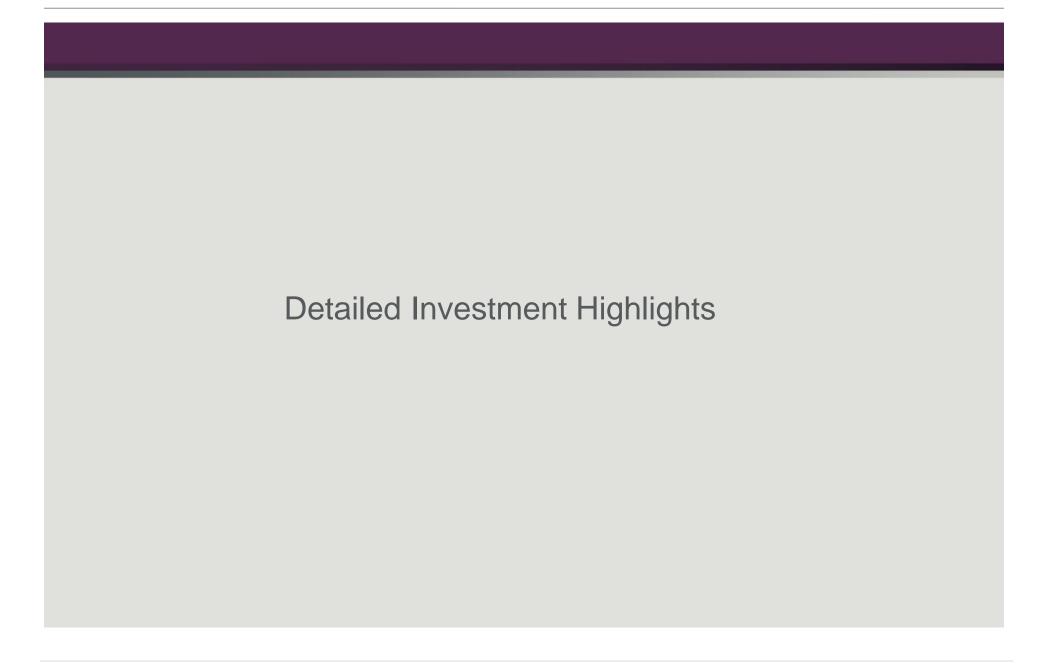
Dermira (DERM): Bull, Bear, and Base Case Analyses

Based on the probability of each scenario, we arrive at a 12-month value of \$22 per share.

Scenario	Valuation	Investment Thesis
BULL CASE	2021E EPS: \$6.00 12-Month Bull-Case Scenario: \$35 Probability: 14% Upside/Downside Potential: 126%	Cimzia launch in 2018, 2021 sales of \$140.7 million DRM04 launch in 2018, 2021 sales of \$145.3 million DRM01 launch in 2019, 2021 sales of \$330.1 million Accretive business development and/or M&A
BASE CASE	2021E EPS: \$4.83 12-Month Base-Case Scenario: \$22 Probability: 73% Upside/Downside Potential: 42%	Cimzia launch in 2018, 2021 sales of \$113.5 million DRM04 launch in 2018, 2021 sales of \$127.7 million DRM01 launch in 2019, 2021 sales of \$241.7 million No business development and/or M&A
BEAR CASE	2021E EPS: \$4.00 12-Month Bear-Case Scenario: \$12 Probability: 13% Upside/Downside Potential: -23%	 Cimzia launch in 2018, 2021 sales of \$95.2 million DRM04 launch in 2018, 2021 sales of \$110.3 million DRM01 launch in 2019, 2021 sales of \$180.7 million No business development and/or M&A

Source: Guggenheim Securities, LLC and Company Reports

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Dermira: Investment Highlight #1

#1: Robust portfolio with three late-stage assets that could achieve \$500 million in sales only three years after launching.

- •Established Proof of Concept for each of the three drugs. These drugs address large unmet needs in the dermatology space.
- -Cimzia: 176-patient Phase 2 trial was statistically significant. Data support product with favorable safety results and best-in-class efficacy.
- -DRM04: First of two Phase 2b trials (DRM04-HH01) was positive. With 198 patients, results were statistically significant at most doses. Data support opportunity for first-line therapeutic treatment that is convenient and effective.
- -DRM01: Phase 2 trial was statistically significant. Met three FDA recommended primary endpoints. Data support opportunity for leading product profile.
- •Near-term catalysts are value-creation opportunities, in our view.
- -Cimzia: Start Phase 3 trials in 1H15. We expect results in 2017 and approval in 2018.
- -DRM04: Second Phase 2b trial data expected in 1H15.
- -DRM01: Initiate Phase 2b in 1H15. We expect results in ~1H16.
- Commercialize in the U.S. and Canada. Partner to reach new markets.



Dermira: Investment Highlight #2

#2: These drugs address large unmet needs in the \$21 billion dermatology market, including psoriasis, hyperhidrosis and acne.

Dermatology Represents a Large, Growing, Specialty Market Supported by Strong Patient Demand

- •According to VisionGain, the medical dermatology market was valued at over \$21 billion in global pharmaceutical sales in 2012.
- •In the same year, the psoriasis market alone accounted for approximately \$6.1 billion in global pharmaceutical sales, which increased by 15% to ~\$7.0 billion in 2013.
- •The acne market accounted for approximately \$3.7 billion in global pharmaceutical sales.
- •The symptoms of medical dermatology diseases are often visible, and as a result, patients can be particularly motivated and willing to pay out of pocket for treatments.

The Dermatology Market Is Ripe for Innovation with Significant Commercial Opportunities

- •We believe that an overall lack of innovation in the research and development of new dermatology products has resulted in a limited number of treatment options, severely underserving dermatologists and their patients across a number of medical dermatology conditions.
- •For example, the three mechanisms of action most commonly used to treat acne have been available for over 30 years. However, the few truly innovative therapies launched over the past few decades have resulted in significant sales. For example, the launch of injectable, immune-modifying, biologic therapies targeting specific inflammatory mediators for the treatment of moderate-to-severe plague psoriasis beginning in 2002 has created a growing, global market representing approximately \$4.0 billion in sales in 2012, according to Decision Resources.
- •Recent advances in the understanding of skin disease biology are creating significant new opportunities for innovative product development, as illustrated by the recent development and commercial success of these biologics. We believe that companies focused on medical dermatology can accelerate the pace of innovation in this field.

The Development of Dermatology Products Can Be Relatively Efficient in Terms of Time and Cost

- •In comparison to many other segments of the biopharmaceutical industry, we believe that product development in dermatology can be relatively efficient in terms of time and cost.
- •In many cases, efficacy can be determined based on short durations of therapy using comparatively small samples.
- •Efficient commercialization with <11k dermatologists in the U.S. compared to ~216k GPs.

Source: Dermira S-1 dated 9/12/14, page 91

Dermira: Investment Highlight #2 (Continued)

#2: These drugs address large unmet needs in the \$21 billion dermatology market, including psoriasis, hyperhidrosis and acne.

Indication	Global Market Size	Current Treatments	Dermira Solution
Psoriasis	\$6.1 billion in 2012, and was estimated to increase to ~\$7.0 billion in 2013, per VisionGain	 •Humira (TNF inhibitor) - \$10.7 billion in WW sales in 2013; 15% Yr-on-Yr Growth; \$5.2 billion in the U.S., and \$1.1 billion in psoriasis sales in 2012 (12% of total sales) •Enbrel (TNF inhibitor) - \$4.6 billion in WW sales in 2013; 7% Yr-on-Yr Growth; \$4.3 billion in the U.S., and \$1.1 billion in psoriasis sales in 2012 (26% of total sales) •Remicade (TNF inhibitor) - \$110 million in psoriasis sales in 2012 •Stelara (inhibits two inflammatory molecules: interleukin 12 and interleukin 23) - \$630 million in psoriasis sales in 2012 	Cimzia - >\$800 million 2013 net sales (+27% Yr-on-Yr). UCB pharma anticipates peak sales of >\$2 billion.
Hyperhidrosis	Up to \$16 billion spent on antiperspirants, injected botulinum, devices and surgery annually	•Antiperspirants - ~\$14 billion to \$16 billion in annual sales, over 500k Rx's annually for prescription-strength antiperspirants •Injected Botulinum - \$100 million annually in hyperhidrosis sales •Devices - <\$50 million in annual sales •Surgery - \$100 million in annual sales	DRM04 - topical small molecule anticholinergic agent. Could offer advantages over botulinum and orals. Currently in Phase 2 trials for axillary hyperhidrosis, which affects ~50% of all hyperhidrosis patients.
Acne	\$3.7 billion in 2012	 Topical retinoids - ~\$880 million in U.S. sales in 2012 Topical and oral antimicrobials - ~\$1.9 billion in U.S. sales in 2012 Oral isotretinoin - ~\$670 million in U.S. sales in 2012 Oral hormonal therapies - ~10% of oral contraceptives are primarily used for the treatment of acne (~\$1.7 billion) Accutane - ~\$760 million in peak sales in 2000 Solodyn - ~\$400 million in peak sales in 2010 	DRM01 - topical small-molecule lipid synthesis inhibitor. Company intends to initiate Phase 2b trials in 1H15.

Source: Abbvie and Amgen Press Releases, Dermira S-1 dated 9/12/14, pages 99 and 117 - 119, Guggenheim estimates

Dermira: Investment Highlight #3

#3: Dermira is an attractive company in a consolidating industry.

- There has been an increasing number of M&A deals in both medical and aesthetic dermatology, which we believe supports Dermira's valuation.
- •The pace and size of deals has been rising. Large specialty pharmaceutical companies such as Valeant and Allergan, among others, have been consolidating dermatology assets and acquisition multiples have been robust (on average, 3.6x EV/Sales and 11.1x EV/EBITDA).
- Dermira itself expects to in-license and acquire new product candidates or commercial-stage assets (since its founding in 2010, Dermira has executed 3 significant transactions resulting in a portfolio of 5 products). We think this could drive upside to EPS expectations.

					EV /
Year	Buyer Name	Seller Name	EV (MM)	EV /Sales	EBITDA
2006	Stiefel Laboratories	Connetics Corporation	\$640.0	3.6x	16.3x
2008	Stiefel Laboratories	Barrier Therapeutics	148.0	6.3x	NA
2009	Glaxo	Stiefel Laboratories	3,600.0	4.0x	NA
2009	Leo Pharma	Warner Chilcott (U.S. rights to psoriasis portfolio and dermatology pipeline)	1,000.0	NA	NA
2009	Leo Pharma	Peplin	287.5	NA	NA
2010	Merz	BioForm Medical	253.0	3.3x	NA
2011	Valeant	Dermik	425.0	1.8x	NA
2011	Valeant	Ortho Dermatologics	345.0	2.3x	NA
2011	Valeant	Medicis	1,939.1	2.7x	6.8x
2011	Medicis	Graceway Pharmaceuticals	455.0	3.6x	17.7x
2011	Allergan	Vicept	275.0	NA	NA
2012	Allergan	SkinMedica	371.0	3.9x	NA
2012	Sun Pharmaceuticals	DUSA	197.0	3.9x	NA
2012	Sandoz	Fougera Pharmaceuticals	1,525.0	3.6x	8.8x
2013	Almirall	Aqua	380.0	3.0x	NA
2013	Valeant	Obagi	437.0	3.5x	15.0x
2013	Actavis	Warner Chilcott	8,500.0	3.3x	5.9x
2014	Valeant	PreCision Dermatology	475.0	3.7x	NA
2014	Nestle/Galderma	Valeant Facial Filler & Toxin Business	1,400.0	5.2x	7.3x
2014	Valeant	Allergan	58,026.9	8.3x	20.9x
2014	Actavis	Allergan	\$60,780.0	8.7x	21.9x
		Average	\$6,736	4.2x	13.4x
		Median	\$455	3.6x	15.0x
		High	\$60,780	8.7x	21.9x
		Low	\$148	1.8x	5.9x

Source: Guggenheim Securities, LLC & Company Reports, EV = Enterprise Value. Multiples are calculated on historical sales

⁽¹⁾ Valeant has made an offer for AGN; Actavis was reportedly (e.g., Reuters) planning to make an offer for AGN, which has not materialized. Our table above includes both. Excluding these, the average EV/Sales is 3.6x and 11.1x EV/EBITDA



Who Is Dermira? A Company Overview

Dermira is a specialty biopharmaceutical company focused on developing and commercializing innovative and differentiated medical dermatology products.

- •Dermira has a product portfolio of five product candidates targeting significant market opportunities.
- •Dermira has three late-stage product candidates: 1) Cimzia (certolizumab pegol), being developed with UCB Pharma S.A. for moderate-to-severe plaque psoriasis; 2) DRM04, for hyperhidrosis; and 3) DRM01, for the treatment of acne.

Indication	Dermira Drug	Trends
Moderate to Severe Plaque Psoriasis	Cimzia	 Prevalent, chronic autoimmune skin disease Large, growing market for biologic psoriasis therapies Market remains unsatisfied with available products – Limited efficacy, toxic, inconvenient, expensive or limited safety and access ~50% of patients dissatisfied with current treatment TNF inhibitors have emerged as mainstay of moderate-severe psoriasis therapy
Hyperhidrosis	DRM04	 Large population suffers from excessive sweating Lack of convenient, effective, well-tolerated therapies New market development opportunity Over 500,000 Rx written for prescription-strength antiperspirants Only 38% of HH sufferers have discussed their condition with a health care professional
Acne	DRM01, DRM05	 Large need for more effective topical acne therapy Limited innovation in acne; products targeting 3 most common MOAs have been available for over 30 years Prevalence estimated at 40-50 million in the US and >150 million worldwide \$3.7 billion global market
Inflammatory Diseases	DRM02	Large market with opportunities for new, effective therapies

Source: Guggenheim Securities LLC and Dermira S-1 dated 9/12/14, pages 97 to 125

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Who Is Dermira? A Company Overview (Cont.)

Dermira's valuation compares favorably to other early-stage public dermatology/aesthetic companies.

Metrics	Dermira	Kythera	Revance
Market Capitalization	\$382 million	\$833 million	\$449 million
NDAs Filed	None	One	None
First Launch	Cimzia for Psoriasis in 2018	ATX-101 in 2015 (May 13, 2015 PDUFA date)	RT001 for Crow's Feet Lines in 2017
Pipeline	5 products	Multiple early-stage research programs in hair and fat biology	2 products (RT001 and RT002) in trials for multiple indications
Product Source	Internally developed and partnered	Internally developed (but in- licensed from LA Biomed)	Internally developed
Royalties Out	Low-to-mid single digits on DRM04	Low-to-mid single digit to LA Biomed (acquired ex-US and Canadian rights from Bayer in March and so no longer owe milestone payments to them)	Single Digit

Source: Guggenheim Securities LLC, Company Reports and Dermira S-1 dated 9/12/14

Dermira: Timeline of the Company's History

Aug 2010 -

The company was founded in Delaware. under the name Skintelligence, Inc., by Tom Wiggans, Dr. Eugene Bauer, along with Bay City Capital

Oct 2011 -Dermira raised \$42 million in Series A financing

Jun 2013 -

Dermira raised \$35 million in Series B financing. This round of financing included a new investor, Maruho Co., Ltd., joining current investors Bay City Capital, New Enterprise Associates, and Canaan Partners.

Jul 2014 -

Dermira enters into a strategic agreement with UCB to develop, and subject to regulatory approval, market Cimzia in psoriasis.

Oct 2014 -

Dermira completed its IPO under the ticker "DERM". The company raised \$125 million in gross proceeds through the IPO, listing 7.8 million shares at \$16.



















Sep 2011 -The company changed its name from Skintelligence to Dermira Inc.

Oct 2011 -

The company acquired Valocor Therapeutics. which was renamed Dermira (Canada) Inc.

Jan 2014 -Dermira

announces DRM01, DRM02 and DRM04 progressed in Phase II trials.

Aug 2014 -Dermira

completed \$51 million in Series C financing. New investors. included Apple Tree Partners. Aisling Capital, Rock Springs Capital, Sabby Capital. Dermira also appointed Andrew Guggenhime as COO and **CFO**

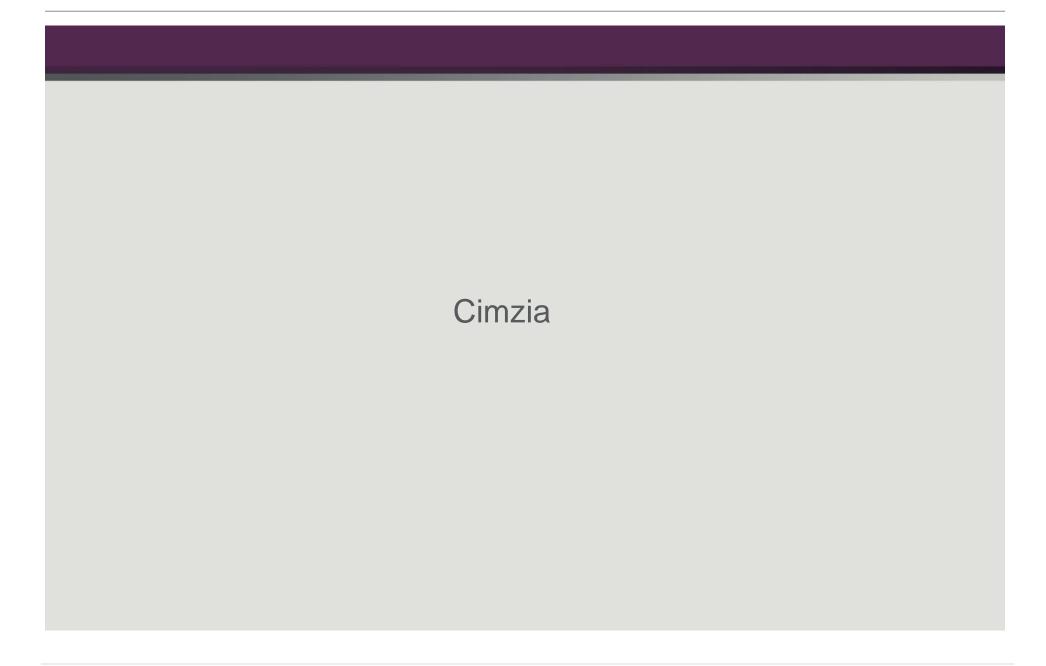
Source: Dermira S-1 dated 9/12/14, page F-7, Dermira website

Dermira Intellectual Property

Altogether, Dermira's issued U.S. and foreign patents and pending U.S. and foreign patent applications, if issued, for its lead product candidates, Cimzia, DRM04 and DRM01, will expire between 2014 and 2034. As of 8/19/14, Dermira owns or has an exclusive license to 23 issued U.S. patents and 88 issued foreign patents, which include granted European patent rights that have been validated in various EU member states, and 10 pending U.S. patent applications and 37 pending foreign patent applications. Of these patents and patent applications:

- •There are two issued U.S. patents, one issued Australian patent, five pending U.S. patent applications and four pending foreign applications (one each in Canada, the European Patent Office, Mexico and one under the Patent Cooperation Treaty) relating to DRM04. Dermira owns four of the pending U.S. patent applications and one of the pending foreign applications, and has exclusively licensed from Rose U worldwide rights to the two issued U.S. patents, one issued foreign patent, one pending U.S. patent application and three pending foreign patent applications. The issued DRM04 patents contain claims directed to individually packaged wipes for the treatment of hyperhidrosis where the wipes contain a composition comprising DRM04 or other related compounds, and methods of alleviating hyperhidrosis using such compositions. The DRM04 patent applications contain claims directed to compositions comprising DRM04 or other related compounds, individually packaged wipes comprising such compositions, absorbent pads comprising DRM04 pharmaceutical compositions and methods of treating hyperhidrosis with topical administration of DRM04 or other related compounds. The issued U.S. and foreign patents relating to DRM04 will expire between 2020 and 2029 and the pending U.S. and foreign patent applications relating to DRM04, if issued, will expire between 2028 and 2034.
- •There are 15 issued foreign patents (one each in Belgium, Denmark, France, Germany, Hong Kong, Ireland, Italy, Luxembourg, Mexico, the Netherlands, New Zealand, Singapore, Spain, Switzerland and the United Kingdom), one pending U.S. patent application and 13 pending foreign patent applications (two in Australia and one each in Brazil, Canada, China, the European Patent Office, Hong Kong, Israel, India, Japan, Russia, Singapore and South Korea) relating to DRM01. The DRM01 patents and patent applications cover the DRM01 compound and other related compounds, pharmaceutical compositions and treatment methods. *The issued foreign* patents relating to DRM01 will expire in 2030 and the pending U.S. and foreign patent applications relating to DRM01, if issued, will expire in 2030.
- In addition, Dermira has patents and patent applications not included in the figures noted above related to Cimzia licensed to Dermira under the UCB agreement, including six issued U.S. patents and two issued Canadian patents. These patents cover the Cimzia TNF inhibitor and related molecules for making them, and will expire between 2014 and 2024.

Source: Dermira S-1 dated 9/12/14, page 130



Cimzia, Novel TNF Inhibitor With Better Efficacy and Consistent Safety to Competitors

If approved for psoriasis, Cimzia could have a competitive profile relative to other products on the market and those in development

- Best-in-class efficacy opportunity
- Safety consistent with TNF inhibitor class
- •Position as improved, differentiated product in entrenched product class
- •Differentiated molecule presents opportunity to offer efficacy profile similar to Humira (mAb) with safety profile similar to Enbrel (non-mAb)
- •TNF inhibitors have emerged as the mainstay of moderate-severe psoriasis therapy
- •Emerging evidence suggests TNF inhibitor therapy may reduce the elevated risk of major adverse cardiovascular events in psoriasis patients
- •~50% of moderate-to-severe patients dissatisfied with treatment options
- •Cimzia for other indications (approved in rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease), launched in 2008 by UCB Pharma, currently on market with >\$800 million in sales; UCB expects peak sales >\$2B

Dermira entered into an international co-development partnership with UCB in July of 2014

- •If Cimzia is approved for psoriasis, Dermira will promote to dermatologists in the U.S. and Canada; UCB retains all other commercial rights
- •Dermira funds development costs up to specified amount between \$75 million to \$95 million, 50% of any additional development plan or pediatric study costs and Dermira internal costs
- •Following approval in psoriasis, Dermira receives a share of gross margin from Cimzia sales attributed to dermatologists for all indications in the U.S. and Canada
- •Dermira share is between 90% and, on such sales of >\$150 million in any one year, 50%; the agreement resets annually
- •UCB contribution:
- -\$109.5 million in cash and equity investment-\$5 million equity investment + commitment to invest additional \$15M
- -Up to \$36 million development + \$13.5 million regulatory milestone payments
- -Up to \$40 million commercial milestone payments

Source: Dermira S-1 dated 9/12/14, pages 97 to 108

Psoriasis is a Chronic Disease

Psoriasis is a complex disease requiring long-term treatment

- Prevalent, chronic autoimmune skin disease
- -Hallmark is excessive epidermal proliferation (scaly plaques)
- -Plaque psoriasis is most common form
- -Increasing evidence suggests skin symptoms represent dermal manifestation of systemic inflammatory disorder
- •Severity measured by a combination of factors; includes consideration of lesion location, impact on quality of life, and body surface area (≥3% moderate to severe)
- Significant morbidity, co-morbidity
- -Physical, social function
- -Psoriatic arthritis occurs in up to 40% of psoriasis patients
- -Cardiovascular disease

Source: Dermira S-1 dated 9/12/14, pages 96 - 102

Psoriasis: Prevalence and Management

- •>9 million people (~2.8%) have psoriasis, up to 40% develop psoriatic arthritis
- •1.4 million (~20%) have moderate-to-severe disease
- •~50% of patients are dissatisfied with their current treatment
- •\$3.6 billion U.S. psoriasis prescription market
- ·Launch of new product class (Stelara by J&J) expanding market
- •TNF inhibitors have emerged as mainstay of moderate-severe psoriasis therapy
- -Class has established role in safety-conscious specialty, contracting leverage with payers

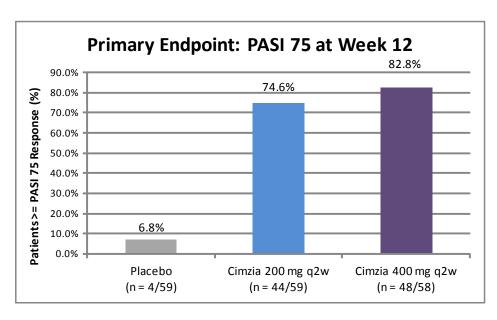
Treatment	Pros	Cons
Topical therapy	Topical, combinable with systemics	Limited efficacy
Non-biologic systemic therapy (e.g., retinoid, CsA, MTX), phototherapy	Familiar, moderately effective	Toxic,inconvenient
TNF inhibitors	Safe,convenient, highly effective	Expensive
Stelara (IL-12/23 inhibitor)		Limited safety experience, access

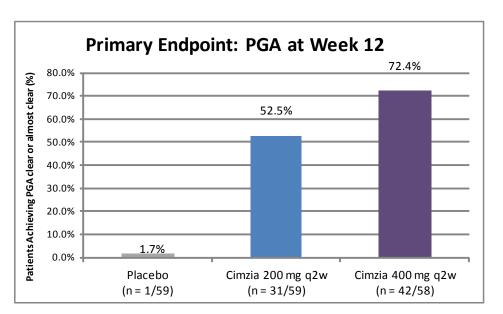
Source: Dermira S-1 dated 9/12/14, page 97 - 100

Cimzia Phase 2 Data Support Opportunity for Leading Product Profile

Phase 2 trial design and results support potential success of Phase 3 trials

- •176 patients were randomized to receive 12 weeks of therapy in accordance with three regimens:
- 1. Initial loading dose of 400 mg of Cimzia, followed by Cimzia at a dose of 200 mg g2w (once every 2 weeks)
- 2. Cimzia at a dose of 400 mg q2w
- 3.Placebo
- The co-primary efficacy endpoints
- -Proportion of patients achieving a PASI 75 response
- -Proportion of patients achieving a score of "clear" or "almost clear" on a six-point PGA scale 12 weeks after the start of therapy.





Source: Dermira S-1 dated 9/12/14, pages 104 and 105 P < 0.001 versus placebo

Source: Dermira S-1 dated 9/12/14, pages 104 and 105 P < 0.001 versus placebo

Cimzia Phase 2 Data Support Opportunity for Leading Product Profile (Cont.)

Phase 2 trial design and results support potential success of Phase 3 trials

Overall, the Phase 3 trial design is similar enough to the Phase 2 trial design, and given the positive outcome of the Phase 2 trials, we think there is a good likelihood that the Phase 3 trials will be successful.

There are a few differences between the Phase 2 and Phase 3 trial designs, but they do not concern us:

- 1) In the Phase 2 trial, the primary endpoints were measured at 12 weeks, in the Phase 3 trial, the primary endpoints will be measured at 16 weeks. Dermira used conservative assumptions in its statistics and assumed week 16 results would be similar to week 12 results. Approved drugs similar to Cimzia showed a rise in efficacy post 12 weeks and achieved peak efficacy at weeks 20 to 24. There has also been an increase in PASI 75 scores demonstrated in a Cimzia PSA trial up to 24 weeks of treatment.
- 2) Dermira changed the PGA from a 6 point to 5 point scale in the Phase 3 trials because that is what the FDA's dermatology division prefers. We think this is only a minor change with little risk. We would also note that this 5 point scale is what has been used in other studies for other approved drugs.
- 3) In the Phase 2 trial, there was one loading dose of 400mg of Cimzia. In the Phase 3 trials, there will be 3 doses at 400mg, 2 weeks apart, and then the protocol will follow the Phase 2 design. We think this could potentially improve the outcome of the trials because a higher efficacy rate upfront translates into a better result longer term.

Cimzia Phase 3 Program Summary

Dermira will start Phase 3 trials for Cimzia in 1H15

- •FDA: Conducted an end-of-Phase 2 (EOP2) meeting regarding psoriasis
- •Requested and received feedback on Phase 3 clinical plan for psoriasis, including design and size
- Design based on feedback requested and received from regulators
- •Team via UCB filed an IND (Investigational New Drug Application) in Sept '14. Initiate Phase 3 trials in 1H15. This is because Phase 2 trials were not conducted in the U.S..

	2 Placebo-Controlled Studies	1 Active-Controlled Study
Objective	Superiority to placebo	Superiority to placebo and Enbrel
Population	Moderate-to-severe plaque psoriasis patients (n ≈ 450 total)	Moderate-to-severe plaque psoriasis patients(n ≈540)
Treatment groups (a)	Cimzia (200 mg q2w) Cimzia (400 mg q2w) Placebo	Cimzia (200 mg q2w) Cimzia (400 mg q2w) Placebo Enbrel (50 mg biw)
Primary outcome measures	Response rates at week 16 PASI 75 PGA clear/ almost clear	PASI 75 response rate at week 12
Secondary outcome measures	Other response rates QOL Safety, tolerability	Other response rates QOL Safety, tolerability

⁽a) All patients treated with Cimzia will receive 400-mg loading dose at w 0, 2 and 4 of treatment.

Source: Dermira S-1 dated 9/12/14, pages 107 to 108



DRM04: Topical Hyperhidrosis Therapy With Opportunity for First Line Treatment

New Product Class Targeting Significant Unmet Need in Large Patient Population

- Topical formulation of small molecule anticholinergic agent approved for systemic administration in other indications
- •DRM04 will be used to treat primary axillary hyperhidrosis; it will be a once-a-day wipe with efficacy approaching systemics, but less irritation compared to topical aluminum chloride and less invasive than Botox, good tolerability with no significant systemic or local side effects
- •Validated MOA (Mechanism of Action), inhibition of sweat production by blocking acetylcholine neurotransmission

Clinical POC (Proof of Concept) established (Phase 2a data) with reference agent

- Pre-IND meeting completed, DRM04 Phase 2b dose-finding ongoing, Phase 2b data HH02 data 1H15
- Positive results from DRM04-HH01 dose-ranging study
- Enrollment ongoing in DRM04-HH02 dose-ranging study
- Most common TEAEs were dry mouth and upper respiratory tract infection, no SAEs
- First batch of DRM04 GMP API (Active Pharmaceutical Ingredient) successfully manufactured

Reference	Phase 2a	DRM04 -HH01	DRM04 –HH02	TBD
Population	• N=38	• N=200	• N=100	• N = TBD
Objectives	Establish clinical proof-of-concept	Dose selection	Support form switchSupport PRO development	ConfirmatorySafety and efficacy
Dosing	2%, 4%Topical wipe4 weeks QD	1%, 2%, 3%, 4%Topical wipe4 weeks QD	RefAgent: 2%, 3%DRM04: 1, 2Topical wipe4 weeks QD	%TBDTopical wipe4 weeks QD
Results	Efficacy signal(HDSS score, sweat production)Well tolerated	 HDSS score Sweat production Preliminary pharmacokinetics	 HDSS score PRO score Sweat production Pharmacokinetics	PRO scoreSweat production

Source: Dermira S-1 dated 9/12/14, pages 110 and 116

DRM04: Topical Hyperhidrosis Therapy With Opportunity for First Line Treatment (cont.)

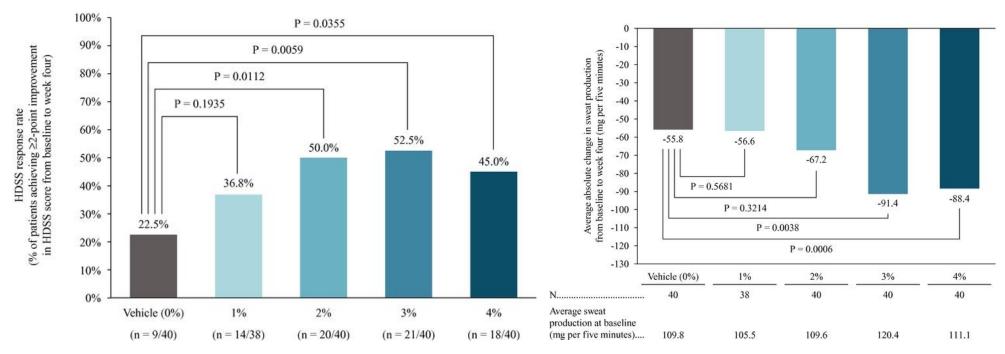
Clinical POC (Proof of Concept) established (Phase 2a data) with reference agent

•In Study DRM04-HH01, 198 patients with severe primary axillary hyperhidrosis were randomized to receive a topical formulation containing one of four concentrations of the reference agent (1%, 2%, 3% or 4%) or vehicle only. The patients were instructed to apply the study product once daily for four weeks using wipes saturated with either the topical formulation of the reference agent or vehicle only, and efficacy was evaluated based on axillary sweat production and the HDSS.

•Assessments were conducted approximately weekly during the four-week treatment period and the two-week period after the end of this treatment period. All 198 patients enrolled in the clinical trial rated the severity of their disease as a three or a four on the four-point HDSS prior to the start of treatment. Trial inclusion criteria required that prior to the start of treatment, all patients produce at least 50 mg of sweat in each axilla over a five-minute period.

•The two primary efficacy endpoints evaluated in this trial were (1) the proportion of patients achieving an improvement of at least two points from baseline in HDSS score and (2) the average absolute change from baseline in sweat production, each as measured at the end of the four-week treatment period. For the purpose of the primary endpoint pertaining to sweat production, sweat production was assessed in each patient as the average of the amounts of sweat produced in each axilla during a five-minute period.

•As outlined below, the topical formulation of the reference agent demonstrated dose-dependent and, at certain doses, statistically significant improvements relative to vehicle in both primary efficacy endpoints. The following chart summarizes the impact of the reference agent on disease severity, assessed as the proportion of patients achieving an improvement of at least two points in HDSS score from baseline to the end of the four-week treatment period.



Source: Dermira S-1 dated 9/12/14, pages 114 and 115

DRM04: Hyperhidrosis Overview and Market

Hyperhidrosis is excessive sweating beyond what is physiologically required to maintain normal thermal regulation

- ~7.8 million people in the U.S. have hyperhidrosis
- ~3.9 million people in the U.S. suffer from axillary hyperhidrosis
- Over 500,000 Rx written annually for prescription-strength antiperspirants
- An effective treatment could expand the market; only 38% of hyperhidrosis sufferers have discussed their condition with a healthcare professional

Treatment	Pros	Cons
OTC antiperspirants regular or "clinical strength"	Topical, OTC, inexpensive	Limited efficacy
Prescription-strength antiperspirants	Familiar, inexpensive, moderately effective	Tolerability, Limited efficacy
Injectable Botox	Effective	Expensive, invasive, inconvenient
Systemics such as oral anticholinergics	Effective	Side effects may limit efficacy
Local sweat gland ablation, energy device, Endoscopic thoracic sympathectomy	Effective	Invasive/painful, Side effects/risk compensatory sweating, expensive

Source: Dermira S-1 dated 9/12/14, pages 108 to 110

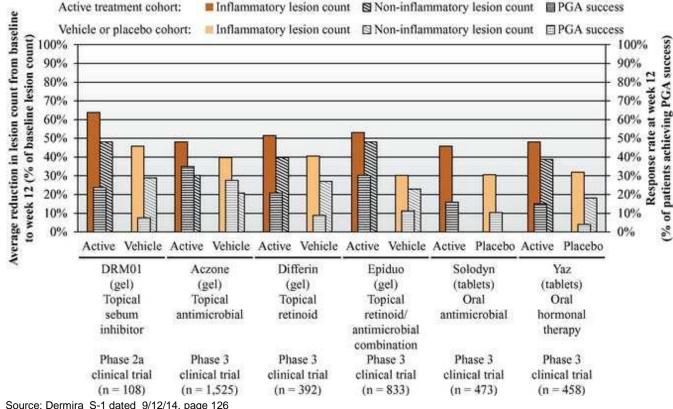


DRM01: Novel Mechanism of Action to Treat Acne That Is Safe and Effective

Topical sebum inhibitor potentially safer than oral isotretinoin and targets pathogenesis not addressed by other topicals

- •Targets Acetyl coenzyme-A carboxylase (ACC), which drives the first, rate-limiting step in fatty acid synthesis, required to build majority of sebum lipids; ACC inhibition via topical DRM01 reduces sebum production in primary human sebocytes and animal models; DRM01 inhibits synthesis of 95% of human sebum components
- •Attractive Phase 2a efficacy, safety, tolerability profile completed 2Q14, plan to initiate Phase 2b dose finding study in 1H15
- -Randomized, multi-center, double-blind, vehicle-controlled study enrolled 108 patients
- -Significant impact on 3 FDA-recommended primary endpoints, inflammatory and non-inflammatory lesion counts and IGA score
- -Well tolerated with minor side effects reported, application site reactions, no SAEs

Cross-study comparison of DRM01 and leading acne drugs shows that DRM01 could compare favorably to these products



DRM01: Novel Mechanism of Action to Treat Acne That is Safe and Effective (cont.)

Phase 2 data met 3 FDA-recommended primary endpoints, support opportunity for leading product profile

Primary endpoint (a)	Inflammatory lesion count		esion count Non-inflammatory lesion count	
Cohort	DRM01	Vehicle	DRM01	Vehicle
Average lesion count at baseline				
Number of patients	53	54	53	54
Lesion count	29.7	28.6	40.9	38.8
Average reduction in lesion count f	rom baseline to end of 12-week	treatment period		
Number of patients	53	54	53	54
Percent reduction (b)	63.9%	45.9%	48.1%	28.8%
Absolute reduction	19.3	13.3	19.9	11.2
P-value ^(c)	0.0004		0.011	

Source: Dermira S-1 dated 9/12/2014, pages 119 - 125

- (a) As recommended in published FDA guidance, data are presented from ITT population, defined as all randomized patients dispensed study product, using last-observation carried-forward method to impute missing data points.
- (b) The percentage reductions in inflammatory and non-inflammatory lesion counts were two of several secondary analyses conducted in this clinical trial.
- (c) P-values are an indication of statistical significance reflecting the probability of an observation occurring due to chance alone. Differences with a p-value of less than 0.05 are generally considered to be statistically significant.

Primary endpoint ^(a)	IGA response rate (% of patients achieving reduction of at least two points in IGA score from baseline to end of 12-week treatment period)		
Cohort	DRM01 Vehicle		
Number of patients	53	55	
Response rate	24.5%		
P-value ^(b)	0.007		

Source: Dermira S-1 dated 9/12/2014, pages 119 - 125

- (a) As recommended in published FDA guidance, data are presented from ITT population, defined as all randomized patients dispensed study product. Patients with missing data points were considered non-responders.
- (b) P-values are an indication of statistical significance reflecting the probability of an observation occurring due to chance alone. Differences with a p-value of less than 0.05 are generally considered to be statistically significant.

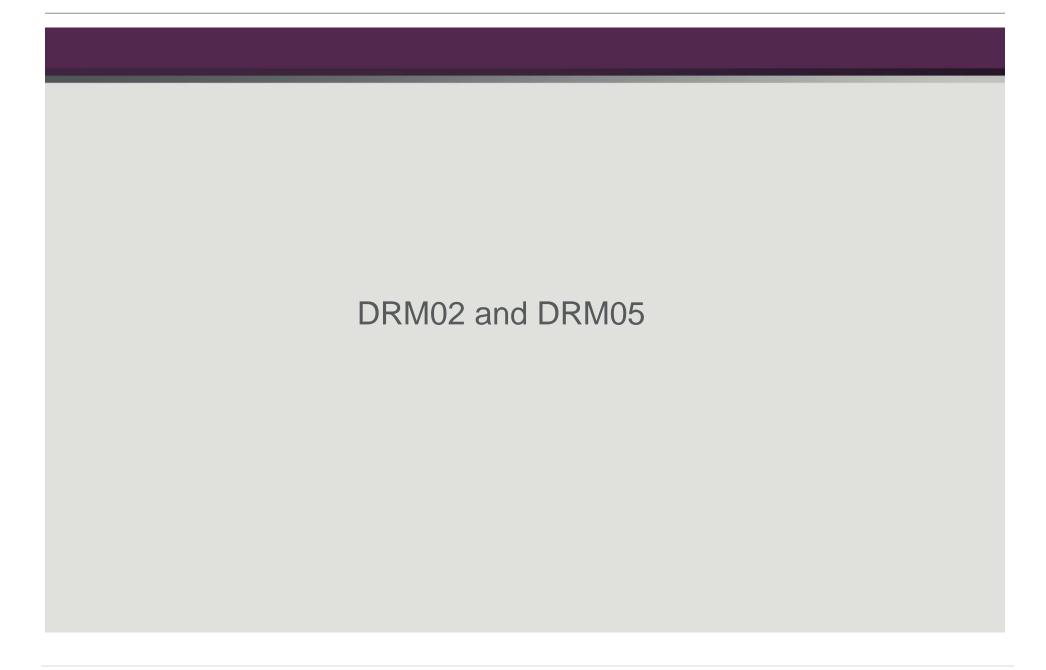
PAGE 32 Dermira, Inc.

DRM01: Novel Mechanism of Action to Treat Acne That is Safe and Effective (cont.)

Phase 2b trial expected to start 1H15, followed by Phase 3 trials

	P2a: Clinical POC	P2b: Dose-finding	P3: Registration
Objectives	Safety and preliminary efficacy	Dose selection	Confirmatory safety and efficacy
Population	 Adults with acne vulgaris N=108 	• Adults with acne vulgaris N≅250	• ≥9 years with acne vulgaris N=TBD
Dosing	7.5% Topical Gel 12 weeks BID	Multiple Doses of Topical Gel 12 weeks	Dose/Frequency TBD 12 weeks
Efficacy end points	Acne lesion countAcne Investigator Global AssessmentSebum excretion profile	Acne lesion countAcne Investigator Global Assessment	Acne lesion countAcne Investigator Global Assessment

Source: Dermira Management



DRM02 and DRM05

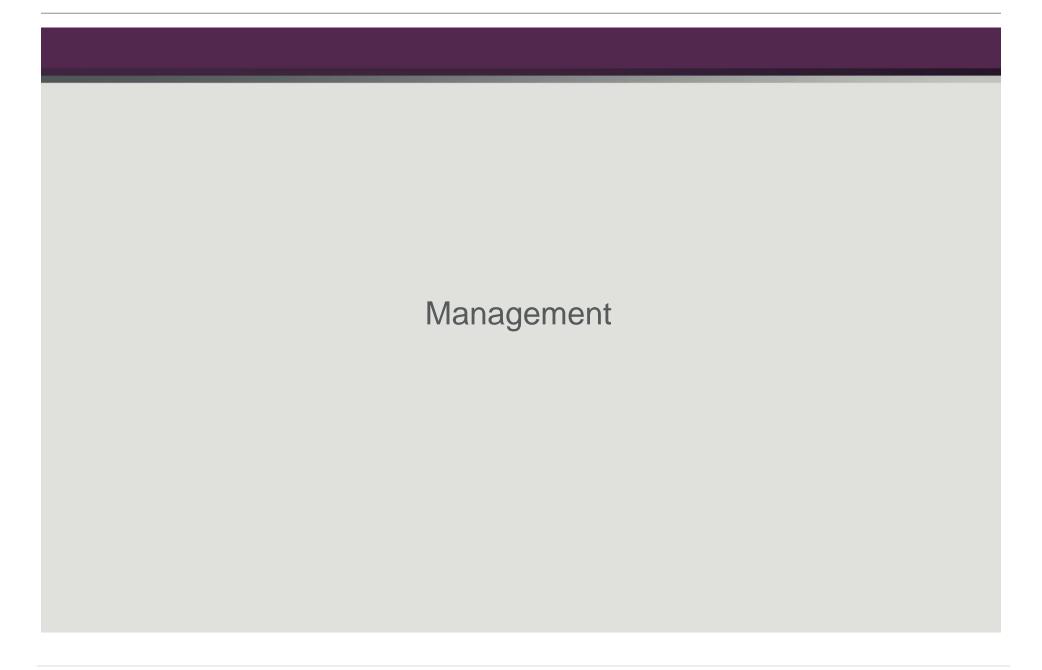
DRM02: Topical PDE4 (Phosphodiesterase-4) inhibitor

- •Preclinical development for the treatment of inflammatory skin diseases
- •Recent research demonstrates phosphodiesterase (PDE) 4 as key regulator of inflammation
- •PDE4 inhibition (DRM02) down-regulates key effector cytokines implicated in 3 major inflammatory skin diseases (psoriasis, AD, Rosacea)
- •Limits risk of systemic side effects that have hampered development of PDE4 inhibitors in other indications
- •Completed a Phase 1 clinical trial and a Phase 2a proof-of-concept
- ·Initial clinical efficacy data indicate that DRM02 gel was not more effective than vehicle-only gel, determining next steps for this product candidate, evaluating if PK/PD gap is bridgeable through reformulation

DRM05: Topical PDT under preclinical development for the treatment of acne

- •PDT is an approach to selectively eliminate target tissue by administering a photosensitizing agent to the target tissue, then exposing the tissue to light to activate the photosensitizing agent
- •Substantial need for topical acne therapy that targets sebum production by sebaceous gland
- •Off-label use of available topical PDT shows promising efficacy in acne but limited by painful, visible side effects
- •Novel, topical PDT designed to selectively ablate sebaceous glands following in-office administration
- •Opportunity to improve tolerability of PDT for acne by selectively targeting sebaceous gland with limited distribution to surrounding tissue
- Clear dose response observed for DRM05
- •Targeting POC in animal model to support further development
- ·Initial POC did not demonstrate activity justifying moving into Phase 2b, exploring various ideas to improve delivery into sebaceous glands

Source: Dermira S-1 dated 9/12/14, pages 127



Dermira: Management Team

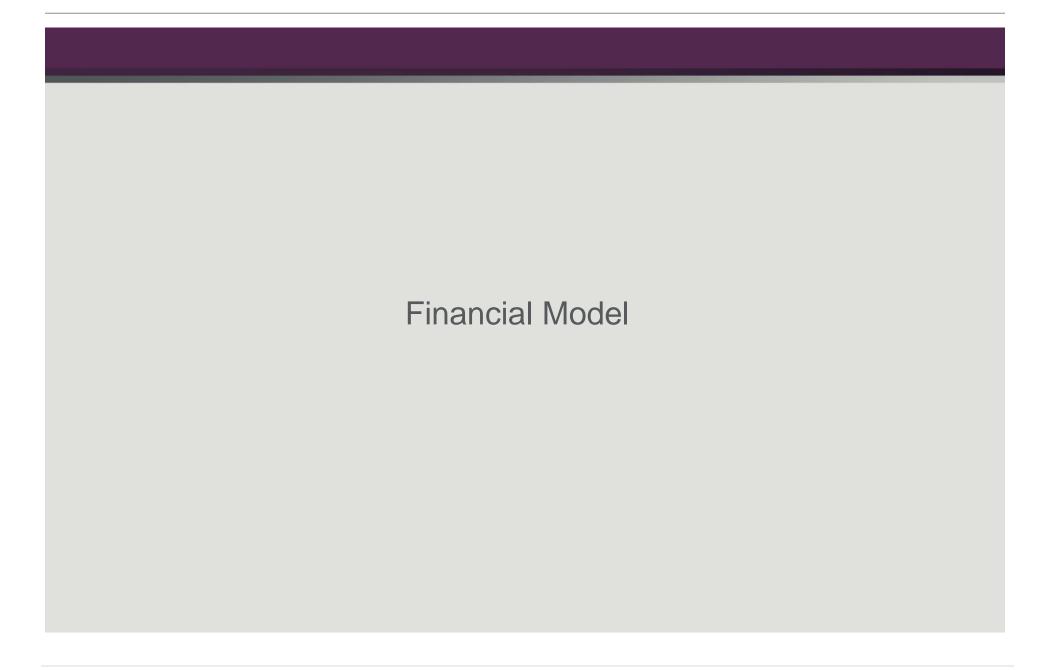
Name, Position	Bio
Tom Wiggans Chairman and CEO	Mr. Wiggans founded Dermira in August 2010. Prior to that Mr. Wiggans was involved in the specialty pharma industry for 25 years, with 18 of those years in dermatology. Mr. Wiggans has been CEO of Connetics and Peplin, Chairman of Exacliard, as well as serving as a director to Abgenix and Onyx. Mr. Wiggans holds a B.S. in pharmacy from the University of Kansas and an M.B.A. from Southern Methodist University.
Eugene Bauer, MD Chief Medical Officer	Dr. Bauer founded Dermira in August 2010 and has served as Chief Medical Officer since. Dr. Bauer previously served as CEO of Neosil, as well as President and CMO of Peplin, until its acquisition by LEO Pharma. Dr. Bauer co-founded Connetics and served as Dean of the Stanford University School of Medicine. Dr. Bauer has previously been on the board of directors for Protalex, Inc., Vyteris, Peplin, PetDRx, Inc., Arbor Vita Corp., Patient Safety Technologies, Inc., MediSync Bioservices and Modigene Inc. Currently he is a board member of Medgenics, Inc., Dr. Tattoff, Inc., First Wave Technologies, Inc., Cerecor, Inc., and Kadmon Corporation, LLC.
Andrew Guggenhime Chief Operating Officer and Chief Financial Officer	Mr. Guggenhime has served as COO and CFO since April 2014. Previously Mr. Guggenhime served as CFO of CardioDx, Inc., Calistoga Pharmaceuticals, Inc., Facet Biotech Corporation, PDL BioPharma, Inc., and Neoforma, Inc. Mr. Guggenhime began his career in financial services at Merrill Lynch & Co. and Wells Fargo & Company. Mr. Guggenhime holds an M.B.A. from the J.L. Kellogg Graduate School of Management at Northwestern University and a B.A. in international politics and economics from Middlebury College.
Luis Peña EVP, Product Development	Mr. Peña is a co-founder of Dermira. Previously Mr. Peña was Head of Global Prescription Development at Stiefel and VP of Portfolio Planning and Management of Connetics, as well as holding positions at Nuvelo, Inc., Theravance and Genentech. Mr. Peña holds a B.S. in biochemistry from San Francisco State University.
Chris Griffith VP, Corporate Development and Strategy	Mr. Griffith is a co-founder of Dermira. Previously Mr. Griffith worked in corporate development at Gilead Sciences, Inc., most recently as Associate Director of Corporate Development. Prior to that Mr. Griffith held positions at Genentech and Bay City Capital. Mr. Griffith holds a B.S. and M.S. degrees in biological sciences from Stanford University and an M.B.A. degree from Harvard Business School.

Source: Dermira S-1 dated 9/12/14, pages 146 to 150 and Company Website

Dermira: Compensation Structure

Executive	2013 Annual Base Salary	Option Awards	Non-Equity Incentive Plan Compensation	All Other Compensation	Total
Tom Wiggans Chairman and CEO	\$360,062	\$263,156	\$103,013	-	\$726,231
Eugene Bauer, MD Chief Medical Officer	\$325,000	\$117,929	\$77,391	\$3,684	\$524,004
Luis Peña EVP, Product Development	\$267,475	\$124,482	\$74,000	-	\$465,957

Source: Dermira S-1 dated 9/12/14, page 156



Income Statement 2013 to 2021E

Dermira - Quarterly Income Statement Analysis 2013-2021E

(\$ in Millions)																	
(Year Ended December 31)	2013	1Q14A	2Q14A	3Q14E	4Q14E	2014E	1Q15E	2Q15E	3Q15E	4Q15E	2015E	2016E	2017E	2018E	2019E	2020E	2021E
Total Revenue	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.0	12.0	12.0	12.0	23.1	138.7	281.8	496.2
cogs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.9	14.7	31.3	56.1
Gross Profit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.0	12.0	12.0	12.0	20.3	124.0	250.5	440.2
SG&A	4.4	1.8	1.7	3.0	4.1	10.6	3.1	3.3	3.3	3.9	13.6	17.0	34.8	87.5	96.3	101.1	104.1
R&D	17.9	6.7	7.0	8.5	9.7	31.9	15.3	15.9	16.3	18.9	66.4	68.0	52.2	38.0	45.0	47.0	49.0
Other (Income)/Expense	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Operating Expense	22.3	8.5	8.7	11.5	13.8	42.5	18.4	19.2	19.7	22.7	80.0	85.0	87.0	125.5	141.3	148.1	153.1
Operating Income	(22.3)	(8.5)	(8.7)	(11.5)	(13.8)	(42.5)	(18.4)	(19.2)	(19.7)	(10.7)	(68.0)	(73.0)	(75.0)	(105.2)	(17.2)	102.4	287.1
Interest and Other Income (Expense)	(0.0)	(0.0)	(0.0)	0.1	0.2	0.2	0.4	0.4	0.4	0.4	1.5	0.8	2.8	2.1	1.0	0.7	1.2
Interest Expense	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)
Non-Operating Items	(0.0)	(0.0)	(0.1)	0.0	0.2	0.1	0.4	0.4	0.4	0.4	1.4	0.7	2.7	2.0	0.9	0.6	1.0
Pre-tax Income	(22.4)	(8.5)	(8.8)	(11.5)	(13.6)	(42.4)	(18.0)	(18.8)	(19.3)	(10.4)	(66.6)	(72.3)	(72.3)	(103.3)	(16.3)	103.0	288.1
Tax Rate	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	40.0%	40.0%
Taxes	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	41.2	115.2
Net Income	(22.4)	(\$8.5)	(\$8.8)	(\$11.5)	(\$13.6)	(\$42.4)	(\$18.0)	(\$18.8)	(\$19.3)	(\$10.4)	(\$66.6)	(\$72.3)	(\$72.3)	(\$103.3)	(\$16.3)	\$61.8	\$172.9
Average Shares Diluted	9.7	10.4	11.0	13.7	24.6	14.1	24.7	24.8	24.9	25.0	24.9	34.3	34.6	34.9	35.2	35.5	35.8
Adjusted Diluted EPS	(\$2.31)	(\$0.82)	(\$0.80)	(\$0.83)	(\$0.55)	(\$3.01)	(\$0.73)	(\$0.76)	(\$0.78)	(\$0.41)	(\$2.68)	(\$2.11)	(\$2.09)	(\$2.96)	(\$0.46)	\$1.74	\$4.83
%Change YOY																	
Total Revenue						NM	NM	NM	NM	NM	NM	0.0%	0.0%	92.9%	499.2%	103.2%	76.1%
COGS						NM	410.9%	113.3%	79.2%								
Gross Profit						NM	NM	NM	NM	NM	NM	0.0%	0.0%	69.0%	511.6%	102.0%	75.7%
SG&A						143.4%	72.6%	87.6%	11.5%	-5.2%	28.0%	25.0%	104.7%	151.4%	10.0%	5.0%	3.0%
R&D						77.7%	128.5%	128.9%	92.2%	93.9%	108.3%	2.4%	-23.2%	-27.2%	18.4%	4.4%	4.3%
Operating Income						NM	NM	NM	NM	NM	NM	7.4%	2.7%	40.3%	-83.6%	-694.2%	180.3%
Non-Operating Items						NM	NM	NM	1140.2%	105.9%	1310.3%	-48.9%	269.7%	-27.2%	-54.2%	-38.1%	87.6%
Pre-tax Income	- 1					NM	NM	NM	179.8%								
Tax Rate						NM	NM	NM	0.0%								
Taxes						NM	NM	NM	179.8%								
Net Income						NM	NM	NM	179.8%								
Adjusted Diluted EPS	- 1					NM	NM	NM	177.5%								

⁽¹⁾ To be conservative, we assume a 40% tax rate upon profitability.

⁽²⁾ Assume share dilution in 2016 from additional equity raise.

Margin Analysis 2013 to 2021E

Dermira - Quarterly Margin Analysis 2013-2021E

	2013	1Q14A	2Q14A	3Q14E	4Q14E	2014E	1Q15E	2Q15E	3Q15E	4Q15E	2015E	2016E	2017E	2018E	2019E	2020E	2021E
Total Revenue	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
COGS	NM	0.0%	0.0%	0.0%	0.0%	12.4%	10.6%	11.1%	11.3%								
Gross Margin	NM	100.0%	100.0%	100.0%	100.0%	87.6%	89.4%	88.9%	88.7%								
SG&A	NM	32.2%	113.3%	141.7%	290.0%	378.0%	69.4%	35.9%	21.0%								
R&D	NM	157.1%	553.3%	566.7%	435.0%	164.2%	32.4%	16.7%	9.9%								
Operating Income	NM	-89.3%	-566.7%	-608.3%	-625.0%	-454.6%	-12.4%	36.3%	57.8%								
Pretax Income	NM	-86.4%	-554.8%	-602.3%	-602.5%	-446.1%	-11.8%	36.5%	58.1%								
Net Income	NM	-86.4%	-554.8%	-602.3%	-602.5%	-446.1%	-11.8%	21.9%	34.8%								

Quarter Sales 2013 to 2021E

Dermira - Quarterly Revenue Model 2013-2021E

(\$ in Millions)																	
(Year Ended December 31)	2013	1Q14A	2Q14A	3Q14E	4Q14E	2014E	1Q15E	2Q15E	3Q15E	4Q15E	2015E	2016E	2017E	2018E	2019E	2020E	2021E
Cimzia	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	11.7	34.1	74.5	113.5
DRM04	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	11.5	37.0	79.4	127.7
DRM01	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	54.3	114.5	241.7
DRM02	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
DRM05	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Milestones	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.0	12.0	12.0	12.0	0.0	13.4	13.4	13.4
TOTAL REVENUES	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	12.0	12.0	12.0	12.0	23.1	138.7	281.8	496.2
%Change YOY																	
Cimzia						NM	192.2%	118.7%	52.4%								
DRM04						NM	222.0%	114.6%	60.9%								
DRM01						NM	111.1%	111.1%									
DRM02						NM	NM	NM									
DRM05						NM	NM	NM									
Other						NM	NM	NM									
TOTAL REVENUES						NM	NM	NM	NM	NM	NM	0.0%	0.0%	92.9%	499.2%	103.2%	76.1%

Annual Sales 2013 to 2021E

Dermira - Annual Revenue Model 2013-2021E

(\$ in Millions)																		
_			Ye	ear Ende	d Decem	ber 31st,				2014E/	2015E/	2016E/	2017E/	2018E/	2019E/	2020E/	2021E/	CAGR
	2013	2014E	2015E	2016E	2017E	2018E	2019E	2020E	2021E	2013	2014E	2015E	2016E	2017E	2018E	2019E	2020E	16E-21E
Late Stage Pipeline Drug Sales																		
Cimzia	0.0	0.0	0.0	0.0	0.0	11.7	34.1	74.5	113.5	NM	NM	NM	NM	NM	192.2%	118.7%	52.4%	NM
DRM04	0.0	0.0	0.0	0.0	0.0	11.5	37.0	79.4	127.7	NM	NM	NM	NM	NM	222.0%	114.6%	60.9%	NM
DRM01	0.0	0.0	0.0	0.0	0.0	0.0	54.3	114.5	241.7	NM	NM	NM	NM	NM	NM	111.1%	111.1%	NM
Total Late Stage Pipeline Drug Sales	0.0	0.0	0.0	0.0	0.0	23.1	125.3	268.4	482.9	NM	NM	NM	NM	NM	441.4%	114.2%	79.9%	NM
Early Stage Pipeline Drug Sales																		
DRM02	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	NM	NM	NM	NM	NM	NM	NM	NM	NM
DRM05	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	NM	NM	NM	NM	NM	NM	NM	NM	NM
Total Early Stage Pipeline Drug Sales	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	NM	NM	NM	NM	NM	NM	NM	NM	NM
Other Drug Sales	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	NM	NM	NM	NM	NM	NM	NM	NM	NM
Milestones	0.0	0.0	12.0	12.0	12.0	0.0	13.4	13.4	13.4	NM	NM	0.0%	0.0%	-100.0%	NM	0.0%	0.0%	2.2%
TOTAL REVENUES	0.0	0.0	12.0	12.0	12.0	23.1	138.7	281.8	496.2	NM	NM	0.0%	0.0%	92.9%	499.2%	103.2%	76.1%	110.5%

Market Models 2013 to 2021E

(\$ in MMs)				Year Fr	ided Decembe	er 31st			
	2013	2014E	2015E	2016E	2017E	2018E	2019E	2020E	2021E
Cimzia - Moderate to Severe Plaque Psoriasis									
# People with Plaque Psoriasis	7.0	7.0	7.1	7.1	7.1	7.2	7.2	7.2	7.3
% of People with Moderate to Severe Plaque Psoriasis Using Biologics	2.2%	2.7%	3.2%	3.7%	4.2%	4.7%	5.2%	5.7%	6.2%
# People with Moderate to Severe Psoriasis Using Biologics	0.151	0.186	0.223	0.259	0.296	0.334	0.371	0.410	0.448
Cimzia Cost per Rx per Month	\$3,000.0	\$3,150.0	\$3,307.5	\$3,472.9	\$3,646.5	\$3,828.8	\$4,020.3	\$4,221.3	\$4,432.4
Average Patient Rx's per Year	7	7 \$20.475.0	7 •••••••	7 \$20,570.7	7 ¢22.702.4	7 \$24,007.5	7	7 \$27,420.5	7 \$20.040.4
Cost Per Treatment per Year U.S. Moderate to Severe Plaque Psoriasis Market Opportunity	\$19,500.0 \$2,934.8	\$20,475.0 \$3,817.1	\$21,498.8 \$4,788.0	\$22,573.7 \$5,854.5	\$23,702.4 \$7,024.3	\$24,887.5 \$8,305.4	\$26,131.9 \$9,706.7	\$27,438.5 \$11,237.5	\$28,810.4 \$12,907.8
UCB and Dermira Market Share	φ2,934.0 0.0%	φ3,017.1 0.0%	φ4,700.0 0.0%	φο,οο4.ο 0.0%	0.0%	φο,305.4 0.2%	φ9,706.7 0.5%	۹۱۱,237.5 1.0%	1.5%
End Market Cimzia Sales Moderate to Severe Plaque Psoriasis Sales	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$16.6	\$48.5	\$112.4	\$193.6
Cimzia Gross Margin (excludes other additional costs per deal agreement)	78.0%	78.0%	78.0%	78.0%	78.0%	78.0%	78.0%	78.0%	78.0%
Cimzia Gross Profit	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$13.0	\$37.9	\$87.7	\$151.0
Tier 1: 90% Royalty on Gross Profit for Net Sales Between \$0 to \$75MM	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$11.7	\$34.1	\$52.7	\$52.7
Tier 2: 75% Royalty on Gross Profit for Net Sales Between \$75MM to \$150MM	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$21.9	\$43.9
Tier 3: 50% Royalty on Gross Profit for Net Sales Greater than \$150MM	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$17.0
Dermira Royalty from UCB	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$11.7	\$34.1	\$74.5	\$113.5
DRM04 - Hyperhidrosis									
# of People with Axillary Hyperhidrosis in the U.S.	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
% Who Discuss Hyperhidrosis with a Healthcare Professional	20.0%	20.5%	21.0%	21.5%	22.0%	22.5%	23.0%	23.5%	24.0%
# of People With Axillary Hyperhidrosis Seeking Treatment	1.0	1.0	1.1	1.1	1.1	1.1	1.2	1.2	1.2
Annual Cost of Treatment for DRM04	\$800.0	\$840.0	\$882.0	\$926.1	\$972.4	\$1,021.0	\$1,072.1	\$1,125.7	\$1,182.0
U.S. Hyperhidrosis Market Opportunity	\$800.0	\$861.0	\$926.1	\$995.6	\$1,069.6	\$1,148.7	\$1,232.9	\$1,322.7	\$1,418.4
Dermira Market Share	0.0%	0.0%	0.0%	0.0%	0.0%	1.0%	3.0%	6.0%	9.0%
DRM04 Revenue	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$11.5	\$37.0	\$79.4	\$127.7
DRM01 - Acne									
Mild Acne Population	18.0	18.1	18.2	18.3	18.4	18.5	18.5	18.6	18.7
Moderate Acne Population	18.0	18.1	18.2	18.3	18.4	18.5	18.5	18.6	18.7
Severe Acne Population	9.0	9.0	9.1	9.1	9.2	9.2	9.3	9.3	9.4
Total Number of People with Acne in the U.S.	45.0	45.2	45.5	45.7	45.9	46.1	46.4	46.6	46.8
% of Patients Seeking Treatment for Acne	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%	20.0%
% of Patients Seeking Treatment for Acne at Dermatologist	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%	60.0%
Target Population for Dermira	5.4	5.4	5.5	5.5	5.5	5.5	5.6	5.6	5.6
Dermira Market Share for DRM01	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	1.4%	2.8%
Annual Cost of Treatment for DRM01	\$1,039.5	\$1,091.5	\$1,146.0	\$1,203.4	\$1,263.5	\$1,326.7	\$1,393.0	\$1,462.7	\$1,535.8
DRM04 Revenue	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0	\$54.3	\$114.5	\$241.7

Balance Sheet 2013 to 2021E

Dermira - Balance Sheet Analysis 2013-2021E

(\$ in Millions)										
	1	Pro Forma								
(Year ended December 31)	2013	6/30/14	2014E	2015E	2016E	2017E	2018E	2019E	2020E	2021E
Assets										
Cash and Cash Equivalent	22.1	58.6	153.5	83.6	280.3	207.0	100.6	66.3	115.0	277.1
Accounts Receivable, less allow ance for doubtful accounts	-	-	-	2.4	2.4	2.4	4.6	24.3	44.0	69.9
Inventories	-	-	-	-	-	-	1.4	5.4	9.2	13.7
Other current assets	0.3	0.7	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Total Current Assets	22.5	59.3	153.9	86.3	283.1	209.8	107.0	96.4	168.6	361.0
Plant, Property & Equipment	0.1	0.1	1.0	2.0	3.0	4.0	5.0	5.9	6.9	7.9
Identifiable intangibles	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5
Goodw ill	0.8	0.8	8.0	8.0	0.8	0.8	0.8	0.8	0.8	8.0
Other assets	0.0	1.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Other Assets	4.4	6.1	5.4	6.3	7.3	8.3	9.3	10.3	11.2	12.2
TOTAL ASSETS	26.9	65.3	159.2	92.7	290.4	218.1	116.3	106.6	179.8	373.2
Liabilities & Shareholder's Equity										
Accounts Payable and Accrued Expenses	4.3	6.0	-	-	-	-	1.4	8.2	19.6	40.1
Other	0.2	0.5	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Total Current Liabilities	4.5	6.5	0.2	0.2	0.2	0.2	1.6	8.3	19.8	40.3
Long term debt	1.8	1.4	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9
Other liabilities	10.8	10.8	10.8	10.8	10.8	10.8	10.8	10.8	10.8	10.8
Total Liabilities	17.1	18.7	12.9	12.9	12.9	12.9	14.3	21.1	32.5	53.0
Shareholders Equity	9.8	46.7	146.3	79.7	277.5	205.2	101.9	85.6	147.3	320.2
Total Stockholder's Equity	9.8	46.7	146.3	79.7	277.5	205.2	101.9	85.6	147.3	320.2
Noncontrolling Interest	-	-	-	-	-	-	-	-	-	-
TOTAL LIABILITIES & STOCKHOLDERS' EQUITY	26.9	65.3	159.2	92.7	290.4	218.1	116.3	106.6	179.8	373.2

Cash Flow Statement 2013 to 2021E

Dermira - Cash Flow Analysis 2013-2021E

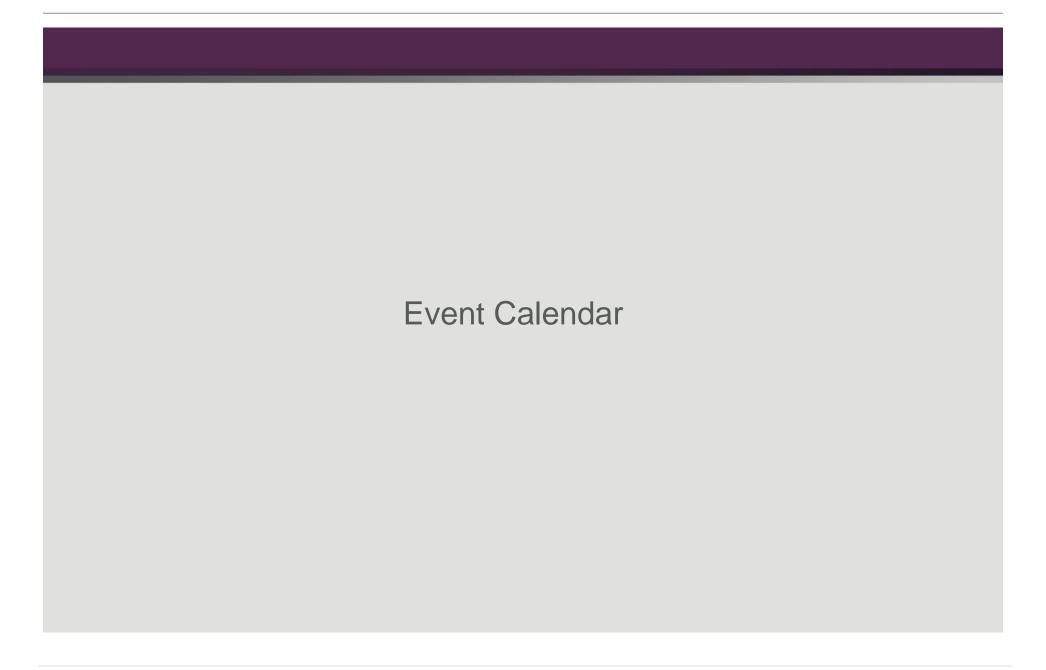
(\$ in Millions)									
(Year ended December 31)	2013	2014E	2015E	2016E	2017E	2018E	2019E	2020E	2021E
Cash flows provided by Operating Activities:									
Net Income	(22.4)	(42.4)	(66.6)	(72.3)	(72.3)	(103.3)	(16.3)	61.8	172.9
Depreciation and Amortization	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other	0.3	-	-	-	-	-	-	-	-
Net Changes in Working Capital	9.9	(4.3)	(2.4)	-	-	(2.2)	(17.0)	(12.1)	(9.8)
Net cash provided by Operating Activities	(12.2)	(46.7)	(68.9)	(72.2)	(72.3)	(105.5)	(33.3)	49.7	163.0
Cash flows from Investing Activities									
Purchases of PP&E	(0.1)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)
Net proceeds from sale of assets	-	-	-	-	-	-	-	-	-
Acquisitions, net of cash acquired	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-
Net cash used in Investing Activities	(0.1)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)
Cash flows from Financing Activities									
(Repayment) or Issuance of long term debt	2.0	0.1	-	-	-	-	-	-	-
Cash dividends paid	-	-	-	-	-	-	-	-	-
Other	24.5	178.9	-	270.0	-	-	-	-	-
Net cash (used in) provided by Financing Activities	26.5	179.1	-	270.0	-	-	-	-	-
Net (decrease) increase in cash and equivalents	14.3	131.4	(69.9)	196.8	(73.3)	(106.5)	(34.3)	48.7	162.0
Cash and equivalents at beginning of year	7.9	22.1	153.5	83.6	280.3	207.0	100.6	66.3	115.0
Cash and equivalents at end of year	22.1	153.5	83.6	280.3	207.0	100.6	66.3	115.0	277.1

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Discounted Cash Flow Analysis 2016E to 2021E

ASSUMPTIONS	
Ве	1.75
Rf	3.0%
Re	20.0%
Rd	10.0%
Debt 2015	\$2
Equity	\$382
Value (D+E)	\$384
Return on Market	20.0%
Grow th Rate	5.0%
Exit Multiple	5.5x
WACC	19.9%
Tax Rate 2015	0.0%
Cash 2015	\$84

		Year Ende	d December	31st,	
	2016E	2017E	2018E	2019E	2020E
ЕВІТ	(\$73.0)	(\$75.0)	(\$105.2)	(\$17.2)	\$102.4
Less Cash Taxes	-	-	-	-	41.2
EBIAT	(\$73.0)	(\$75.0)	(\$105.2)	(\$17.2)	\$61.2
Plus Depreciation & Amortization	0.0	0.0	0.0	0.0	0.0
Less Capital Expenditures	(1.0)	(1.0)	(1.0)	(1.0)	(1.0)
Changes in Working Capital	-	-	(2.2)	(17.0)	(12.1)
Free Cash Flow	(\$74.0)	(\$76.0)	(\$108.4)	(\$35.2)	\$48.2
Discounted Free Cash Flow	(\$61.7)	(\$52.8)	(\$62.8)	(\$17.0)	\$19.4
Terminal Value					\$1,578.8
Discounted Terminal Value					\$635.8
Enterprise Value	\$460.9				
Less Debt	(\$1.9)				
Plus Cash	\$83.6				
Equity Value	\$542.5				
Fully Diluted Shares Outstanding	24.9				
Price/Share	\$21.83				

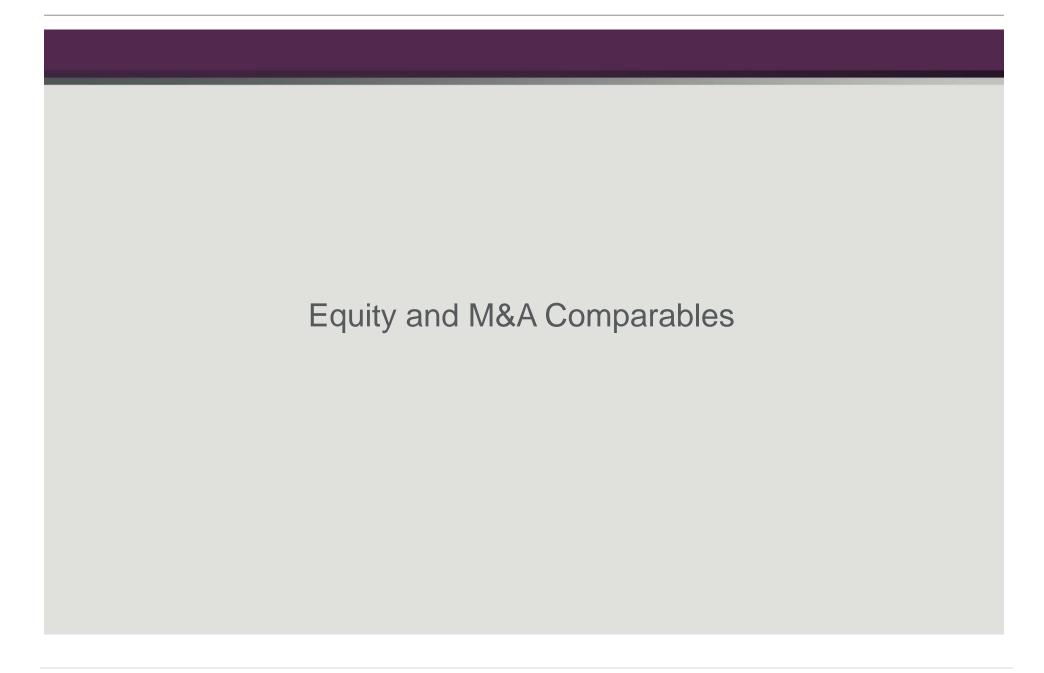


Dermira: Event Calendar

Date	Driver	Upcoming Event
2014		
2014	DRM04	Completed bridging study
2015		
1H15	Cimzia	Initiate P3 trials
1H15	DRM04	Report P2b HH02data
1H15	DRM01	Initiate P2b program
2H15	DRM04	Initiate P3 trials
2015	DRM02	Assess preclinical data and determine next steps
2015	DRM05	Assess preclinical data and determine next steps
2016+		
Mid-16	Cimzia	Complete enrollment of P3 trials
2017	DRM04	Complete carcinogenicity study
2017	Cimzia	P3 data (our assmption)
2018	Cimzia	FDA Approval (our assumption)
2018	DRM04	FDA Approval (our assumption)
2019	DRM01	FDA Approval (our assumption)

Source: Guggenheim Securities, LLC, Company reports and Dermira S-1

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Specialty Pharma Company Comparables 2014E and 2015E

											2010-15E	PEG			
		Price as of	Debt/			2015E Price/	Div.				EPS Gr.	Ratio on			
Ticker	Company	10/27/2014	EBITDA ²	EBITDA ³	EBIT ⁴	Sales ⁵	Yield	FCF Yield	P/E 14E	15E	Rate	2015E		ange Stock	
.D.JIA-DI	Dow Jones Industrial Avg.	\$16,817.94	3.1x	9.4x	12.0x	1.7x	2.3%	3.9%	15.0x	14.3x	7.7%	1.9x	2012 7.3%	2013 17.3%	2014YTD 2.3%
	S&P 500	\$1,961.63	3.0x	9.8x	12.3x	1.7x	1.4%	21.6%	16.7x	15.4x	8.4%	1.8x	13.4%	21.4%	7.1%
COMP-C) Nasdaq	\$4,485.93	1.9x	1.7x	9.6x	2.1x	0.8%	1.7%	32.3x	23.6x	NM	NM	15.9%	28.5%	8.3%
BTK-P	Amex Biotech	\$3,278.65	1.6x	14.5x	15.2x	6.8x	0.1%	1.7%	55.3x	36.2x	32.4%	1.1x	41.7%	38.5%	40.0%
DRG-P	Amex Pharma	\$521.13	1.5x	11.1x	13.6x	3.9x	0.0%	0.0%	19.7x	17.3x	5.9%	2.9x	11.0%	20.2%	12.7%
U.S. Lar	ge-Cap Pharma														
ABT	Abbott Labs	\$42.24	1.3x	9.9x	13.2x	2.9x	2.1%	3.6%	21.5x	18.6x	(11.5%)	(1.6x)	16.5%	13.2%	10.5%
BMY	Bristol Myers Squibb	\$53.53	0.1x	21.5x	26.1x	5.7x	2.7%	0.0%	29.8x	29.6x	(3.5%)	(8.5x)	(7.5%)	54.5%	2.4%
LLY JNJ	Eli Lilly Johnson & Johnson	\$66.20 \$104.07	1.1x 0.7x	13.3x 10.7x	17.6x 12.7x	3.5x 3.9x	3.0% 2.7%	2.6% 2.9%	23.8x 17.5x	20.7x 16.8x	(7.6%) 5.4%	(2.7x) 3.1x	18.7% 6.9%	(0.6%) 28.7%	30.5% 14.3%
MRK	Merck	\$56.45	1.1x	8.5x	12.7x	4.0x	3.1%	2.9%	16.3x	15.9x	0.8%	20.7x	8.6%	16.9%	14.1%
PFE	Pfizer	\$29.03	1.7x	8.9x	10.0x	3.8x	3.6%	12.0%	13.0x	13.1x	(0.1%)	(242.3x)	15.9%	16.8%	(4.7%)
Average	6		1.0x	12.2x	15.3x	4.0x	2.9%	4.0%	20.3x	19.1x	(2.7%)	(38.6x)	9.8%	21.6%	11.2%
	ecialty Pharma														
ACRX	AcelRx*	\$6.97	NM	NM	NM	24.6x	0.0%	NM	NM	NM	NM	NM	121.9%	71.7%	(40.3%)
ACT	Actavis*	\$238.43	3.0x	11.7x	13.4x	4.1x	0.0%	3.1%	17.9x	14.6x	36.8%	0.4x	42.5%	89.3%	41.9%
AGN	Allergan*	\$182.33	0.8x	14.6x	14.9x	6.9x	0.1%	2.7%	29.8x	21.6x	21.7%	1.0x	4.5%	3.0%	65.3%
AKRX	Akom*	\$44.27	3.1x	14.6x	15.7x	5.5x	0.0%	1.1%	43.1x	27.8x	54.7%	0.5x	20.1%	77.9%	80.2%
ANIP	ANI Pharmaceuticals	\$29.85	NM	9.1x	9.9x	4.9x	0.0%	1.9%	29.3x	16.0x	NM	NM	(57.3%)	155.5%	54.9%
ATRS CBST	Antares* Cubist	\$2.00 \$71.94	NM 3.5x	NM 18.1x	NM 22.6x	3.7x	0.0%	NM 0.9%	NM 64.6x	46.5x 38.8x	NM 3.6%	NM 10.7x	73.2% NM	2.1% 45.7%	(55.9%) 5.7%
CEMP	Cubist	\$71.94 \$12.45	S.SX NM	NM	NM	3.9x 19.9x	0.0%	0.9% NM	NM	NM	NM	NM	NM	103.3%	(2.7%)
COO	Cooper	\$158.50	0.7x	13.3x	16.4x	3.8x	0.1%	2.8%	21.4x	19.0x	22.0%	0.9x	31.1%	25.6%	28.8%
DERM	Dermira*	\$15.50	NM	NM	NM	NM	0.0%	0.0%	NM	NM	NM	NM	NM	NM	(3.1%)
DRTX	Durata	\$23.96	NM	NM	NM	8.2x	0.0%	NM	NM	NM	NM	NM	NM	49.9%	86.3%
ENDP	Endo	\$65.33	3.6x	10.7x	11.5x	3.5x	0.0%	NM	16.0x	14.6x	5.1%	2.9x	(24.0%)	142.9%	(0.3%)
HSP HZNP	Hospira* Horizon Pharma	\$51.73 \$12.69	2.2x 4.8x	12.1x 10.5x	16.5x 11.9x	2.0x 3.5x	0.0%	1.5% 0.0%	21.8x 18.4x	21.9x 14.1x	(6.6%) NM	(3.3x) NM	2.9% (44.5%)	26.7% 216.2%	26.1% 66.8%
IPXL	Impax Labs*	\$28.14	NM	10.5x	19.8x	3.7x	0.0%	1.8%	23.6x	37.6x	(24.2%)	(1.6x)	1.6%	11.8%	13.4%
JAZZ	Jazz*	\$164.67	1.8x	13.4x	13.4x	7.1x	0.0%	0.0%	20.1x	16.3x	45.5%	0.4x	37.8%	111.4%	29.9%
KIN	Kindred Bio*	\$9.08	NM	NM	NM	77.2x	0.0%	NM	NM	NM	NM	NM	NM	70.7%	(17.1%)
MDCO	Medicines Company*	\$22.19	57.1x	10.2x	20.3x	1.9x	0.0%	7.3%	NM	44.4x	(15.2%)	(2.9x)	28.6%	49.8%	(41.9%)
MNK	Mallinckrodt plc*	\$90.93	3.7x	9.2x	11.2x	2.7x	0.0%	1.6%	20.1x	13.3x	NM	NM	NM	21.0%	77.1%
MYL ORX-SK	Mylan Labs* Orexo AB*	\$50.95 \$126.25	2.9x NM	9.1x 17.8x	10.3x 15.6x	2.2x 4.4x	0.0%	8.5% NM	14.6x NM	13.0x 28.0x	19.6% NM	0.7x NM	27.9% 131.1%	51.1% 225.2%	19.7% (25.7%)
PAHC	Phibro Animal Health	\$23.84	3.2x	11.6x	13.0x	1.3x	1.6%	2.6%	17.8x	15.7x	35.8%	0.4x	NM	NM	58.9%
PRGO	Perrigo*	\$154.81	3.0x	16.9x	18.6x	4.6x	0.3%	0.0%	25.0x	20.9x	21.2%	1.0x	6.9%	44.0%	1.1%
PTX	Pernix*	\$9.81	27.9x	30.4x	7.5x	1.7x	0.0%	NM	NM	10.2x	19.1%	NM	(16.3%)	(70.9%)	300.4%
SGNT	Sagent*	\$32.39	NM	16.1x	22.9x	2.7x	0.0%	2.3%	111.7x	37.7x	NM	NM	(23.4%)	36.7%	30.3%
SHPG	Shire	\$195.87	0.4x	39.8x	44.6x	18.9x	1.0%	1.6%	18.9x	17.3x	21.7%	0.8x	(11.3%)	41.9%	40.7%
SLXP TEVA	Salix Teva*	\$137.84 \$54.00	4.2x 2.0x	11.8x 9.4x	12.7x 10.6x	4.4x 2.3x	0.0% 2.6%	2.2% 4.1%	22.4x 10.9x	19.5x 11.0x	67.2% 1.7%	0.3x 6.6x	(15.4%) (7.5%)	97.4% 6.2%	54.7% 34.1%
TTPH	Tetraphase*	\$24.09	NM	NM	NM	64.9x	0.0%	NM	NM	NM	NM	NM	NM	72.0%	77.7%
VRX-T	Valeant*	\$146.84	4.4x	14.1x	15.1x	5.2x	0.0%	3.5%	17.6x	14.5x	37.6%	0.4x	24.5%	88.2%	17.5%
ZTS	Zoetis*	\$36.57	2.7x	14.6x	16.3x	3.7x	0.8%	2.6%	24.0x	21.2x	NM	NM	NM	19.9%	13.0%
Average	6		6.8x	14.7x	16.1x	10.1x	0.2%	2.4%	28.1x	22.2x	20.4%	1.1x	16.1%	65.0%	33.5%
US Larg	e-Cap Biotech														
AMGN	Amgen	\$148.20	3.5x	12.1x	14.1x	5.6x	1.6%	4.1%	17.6x	16.5x	11.5%	1.4x	34.2%	26.3%	28.0%
BIIB	Biogen IDEC	\$319.98	0.1x	13.5x	14.4x	6.8x	0.0%	3.6%	23.8x	19.6x	25.9%	0.8x	33.0%	85.2%	14.1%
CELG	Celgene	\$103.10	1.7x	15.7x	17.3x	8.9x	0.0%	2.5%	27.9x	21.1x	28.4%	0.7x	16.1%	104.1%	(40.0%)
GILD	Gilead	\$112.59	0.6x	9.5x	9.1x	6.1x	0.0%	4.7%	14.0x	11.7x	39.2%	0.3x	79.5%	87.2%	49.7%
Average	6		1.5x	12.7x	13.7x	6.8x	0.4%	3.7%	20.8x	17.2x	26.3%	0.8x	40.7%	75.7%	12.9%
Medical	Device/Hospital Supply														
BAX	Baxter	\$69.85	2.0x	10.3x	13.3x	2.3x	3.0%	1.7%	14.3x	14.8x	3.5%	4.2x	34.7%	(1.6%)	1.0%
BDX	Becton Dickinson	\$125.80	1.8x	10.7x	14.2x	2.8x	1.7%	2.9%	20.2x	18.8x	6.4%	2.9x	4.6%	32.2%	15.3%
BCR	CR Bard	\$158.67	1.4x	11.7x	13.7x	3.4x	0.6%	8.6%	19.0x	17.2x	10.5%	1.6x	14.3%	31.3%	20.4%
CFN	CareFusion	\$57.01	2.7x	11.4x	13.7x	2.8x	0.0%	4.5%	24.7x	21.3x	13.5%	1.6x	12.5%	32.1%	45.4%
COV	Covidien	\$89.32	1.7x	14.1x	17.3x	3.6x	1.4%	2.5%	22.2x	20.4x	5.4%	3.8x	16.7%	23.7%	32.5%
Average		wi 110	1.9x	11.6x	14.4x	3.0x	1.3%	4.0%	20.1x	18.5x	7.9%	2.8x	16.6%	23.5%	22.9%
source: Tho	mson Reuters and Guggenheim Securi	illes, LLC													

⁽¹⁾ All estimates are from Thomson Reuters and companies under coverage are marked by an *.

⁽²⁾ EPS estimates are adjusted for non-operating items and 2014 and 2015 EPS estimates are consensus (3) Debt/EBITDA is off of estimated 2014 EBITDA

⁽⁶⁾ Arithmetic Average

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Dermatology M&A Comps 2006 to 2014

V	Power Name	Callan Name		EV /0-1	EV /
Year 2006	Buyer Name Stiefel Laboratories	Seller Name Connetics Corporation	EV (MM) \$640.0	EV /Sales 3.6x	16.3x
		•	+		
2008	Stiefel Laboratories	Barrier Therapeutics	148.0	6.3x	NA
2009	Glaxo	Stiefel Laboratories	3,600.0	4.0x	NA
2009	Leo Pharma	Warner Chilcott (U.S. rights to psoriasis portfolio and dermatology pipeline)	1,000.0	NA	NA
2009	Leo Pharma	Peplin	287.5	NA	NA
2010	Merz	BioForm Medical	253.0	3.3x	NA
2011	Valeant	Dermik	425.0	1.8x	NA
2011	Valeant	Ortho Dermatologics	345.0	2.3x	NA
2011	Valeant	Medicis	1,939.1	2.7x	6.8x
2011	Medicis	Graceway Pharmaceuticals	455.0	3.6x	17.7x
2011	Allergan	Vicept	275.0	NA	NA
2012	Allergan	SkinMedica	371.0	3.9x	NA
2012	Sun Pharmaceuticals	DUSA	197.0	3.9x	NA
2012	Sandoz	Fougera Pharmaceuticals	1,525.0	3.6x	8.8x
2013	Almirall	Aqua	380.0	3.0x	NA
2013	Valeant	Obagi	437.0	3.5x	15.0x
2013	Actavis	Warner Chilcott	8,500.0	3.3x	5.9x
2014	Valeant	PreCision Dermatology	475.0	3.7x	NA
2014	Nestle/Galderma	Valeant Facial Filler & Toxin Business	1,400.0	5.2x	7.3x
2014	Valeant	Allergan	58,026.9	8.3x	20.9x
2014	Actavis	Allergan	\$60,780.0	8.7x	21.9x
		Average	\$6,736	4.2x	13.4x
		Median	\$455	3.6x	15.0x
		High	\$60,780	8.7x	21.9x
		Low	\$148	1.8x	5.9x

Source: Guggenheim Securities, LLC & Company Reports, EV = Enterprise Value. Multiples are calculated on historical sales

⁽¹⁾ Valeant has made an offer for AGN; Actavis was reportedly (e.g., Reuters) planning to make an offer for AGN, which has not materialized. Our table above includes both. Excluding these, the average EV/Sales is 3.6x and 11.1x EV/EBITDA

Additional Companies Mentioned

Company Name	Ticker	Rating	Price	Company Name	Ticker	Rating	Price
Actavis	ACT	BUY	238.43	Leo Pharma	Private	NC	N/A
Allergan	AGN	BUY	182.33	Merz GmbH & Co. KGaA	Private	NC	N/A
Almirall SA	ALM-MC	NC	12.08	Medgenics, Inc.	MDGN	NC	4.94
Apple Tree Partners	Private	NC	N/A	Neosil	Private	NC	N/A
Arbor Vita Corp	Private	NC	N/A	New Enterprise Associates	Private	NC	N/A
Bank of America	BAC	NC	16.59	Novartis	NVS-US	NC	90.21
Bay City Capital	Private	NC	N/A	Nestle SA	NESN-VX	NC	68.35
Bayer AG	BAYN-XE	NC	105.00	Protalex Inc.	PRTX	NC	6.10
Canaan Partners	Private	NC	N/A	PDL BioPharma, Inc	PDLI	NC	8.32
CardioDx	CD7-BE	NC	Null	Revance	RVNC	NC	19.09
Cerecor, Inc.	Private	NC	N/A	Roche	ROG-VX	NC	276.50
Decision Resources	Private	NC	N/A	Rock Springs Capital	Private	NC	N/A
Dr. Tattoff, Inc.	Private	NC	N/A	Sabby Capital	Private	NC	N/A
First Wave Technologies, Inc.	Private	NC	N/A	Sun Pharma	NPHARMA	NC	805.20
Gilead	GILD	BUY	112.59	Theravance	THRX	NC	16.67
GlaxoSmithKline	GSK	NC	45.37	UCB Pharma	UCB-BT	NC	65.52
Johnson & Johnson	JNJ	NEUTRAL	104.07	Valeant	VRX-US	BUY	130.56
Kythera	KYTH	NC	36.76	VisionGain	Private	NC	N/A
Kadmon Corporation	Private	NC	N/A	Wells Fargo & Co.	WFC	NC	51.31

Priced as of 10/27/14 Source: Thomson Reuters

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