QUOIN
PHARMACEUTICALS

# Corporate Overview: Non-Confidential

March 2026

quoinpharma.com

# CAUTIONARY STATEMENT REGARDING FORWARD-LOOKING STATEMENTS

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This presentation contains forward-looking statements, which are based on our management's current beliefs, expectations and assumptions about future events, conditions and results and on information currently available to us.

In some cases, you can identify forward-looking statements by terminology such as "anticipate," "believe," "could," "estimate," "expects," "intend," "may," "plan," "potential," "predict," "project," "should," "will," "would" or the negative or plural of those terms, and similar expressions intended to identify statements about the future, although not all forward-looking statements contain these words. Any statements in this presentation about our expectations, beliefs, plans, objectives, assumptions or future events or performance are not historical facts and are forward-looking statements. These forward-looking statements include, but are not limited to, statements concerning the following: our product pipeline; anticipated regulatory filings; regulatory approvals and the timing thereof; plans for clinical trials and studies and the timing thereof; plans to develop and commercialize products and the size of the commercial opportunity.

These statements involve known and unknown risks, uncertainties and other factors that may cause our actual results, levels of activity, performance or achievements to be materially different from the information expressed or implied by these forward-looking statements. Such risks, uncertainties and other factors relate to, among other things: our ability to generate favorable pre-clinical and clinical trial results; our ability to identify and develop potential product candidates; additional costs or delays associated with unsuccessful clinical trials; the inability to predict the timing of revenue from sales of a future product; the extensive regulatory requirements and future developmental and regulatory challenges we will still face even if we obtain approval for a product candidate; our ability to obtain or maintain orphan drug designation or data exclusivity for our product candidates; our ability to obtain Orphan Disease and Rare Pediatric Disease designations for our product candidates; our manufacturing processes may not be validated and our methodology may not be accepted by the scientific community; and the ability to conduct clinical trials, because of difficulties enrolling patients or other reasons.

You should refer to "Risk Factors" in our Annual Report on Form 10-K for the fiscal year ended December 31, 2024 filed with the SEC on March 13, 2025, as updated by our subsequent filings with the SEC, for a discussion of these and other important factors that may cause our actual results to differ materially from those expressed or implied by our forward-looking statements. Given these risks, uncertainties and other factors, many of which are beyond our control, we cannot assure you that the forward-looking statements in this presentation will prove to be accurate, and you should not place undue reliance on these forward-looking statements. Furthermore, if our forward-looking statements prove to be inaccurate, the inaccuracy may be material. In light of the significant uncertainties in these forward-looking statements, you should not regard these statements as a representation or warranty by us or any other person that we will achieve our objectives and plans in any specified time frame, or at all. We qualify all of our forward-looking statements by these cautionary statements.

This presentation may contain market data and industry forecasts that were obtained from industry publications. These data involve a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. While we believe the market position, market opportunity and market size information included in this presentation is generally reliable, such information is inherently imprecise.

Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to revise any forward-looking statements to reflect events or developments occurring after the date of this presentation, even if new information becomes available in the future.

# Investment Highlights

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Experienced **Management Team** with proven track record of success

**Netherton Syndrome** clinical trials underway under **open IND** in US, EU, Middle East

Establishing **own sales infrastructure** for US, EU and Japanese market

Focused **Rare and Orphan Disease** product pipeline

Targeting to **file for approval** for Netherton Syndrome in **2027**

Nine Ex-US and EU **Commercial Partnerships** in place covering **61 countries**

**Rare Pediatric Designation and Orphan Drug Status received** for lead product

**Positive Initial Peeling Skin** Clinical Data Announced

**Global Netherton Commercial opportunity in Excess of $1 billion**

# Product Pipeline

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| Product Candidate | Indication | Pre-Clinical | Phase 1 | Phase 2 | Phase 3 | Approval |
|---|---|---|---|---|---|---|
| **QRX003** | • Netherton Syndrome*<br>• Peeling Skin Syndrome**<br>• SAM Syndrome<br>• Ichthyosis*** | | | | | |
| **QRX008** | • Scleroderma | | | | | |
| **QRX009*** ** | • Microcystic Lymphatic Malformations, Venous Malformations, Angiofibromas and others | | | | | |

*Pivotal Clinical studies to commence 2026
**Clinical trial initiated
***Clinical testing to commence 2026

# Netherton Syndrome

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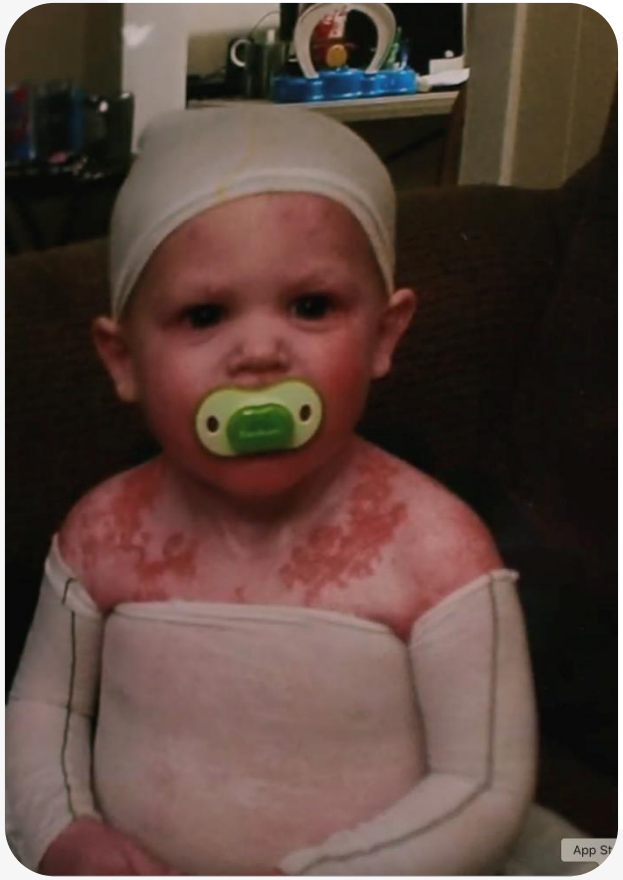

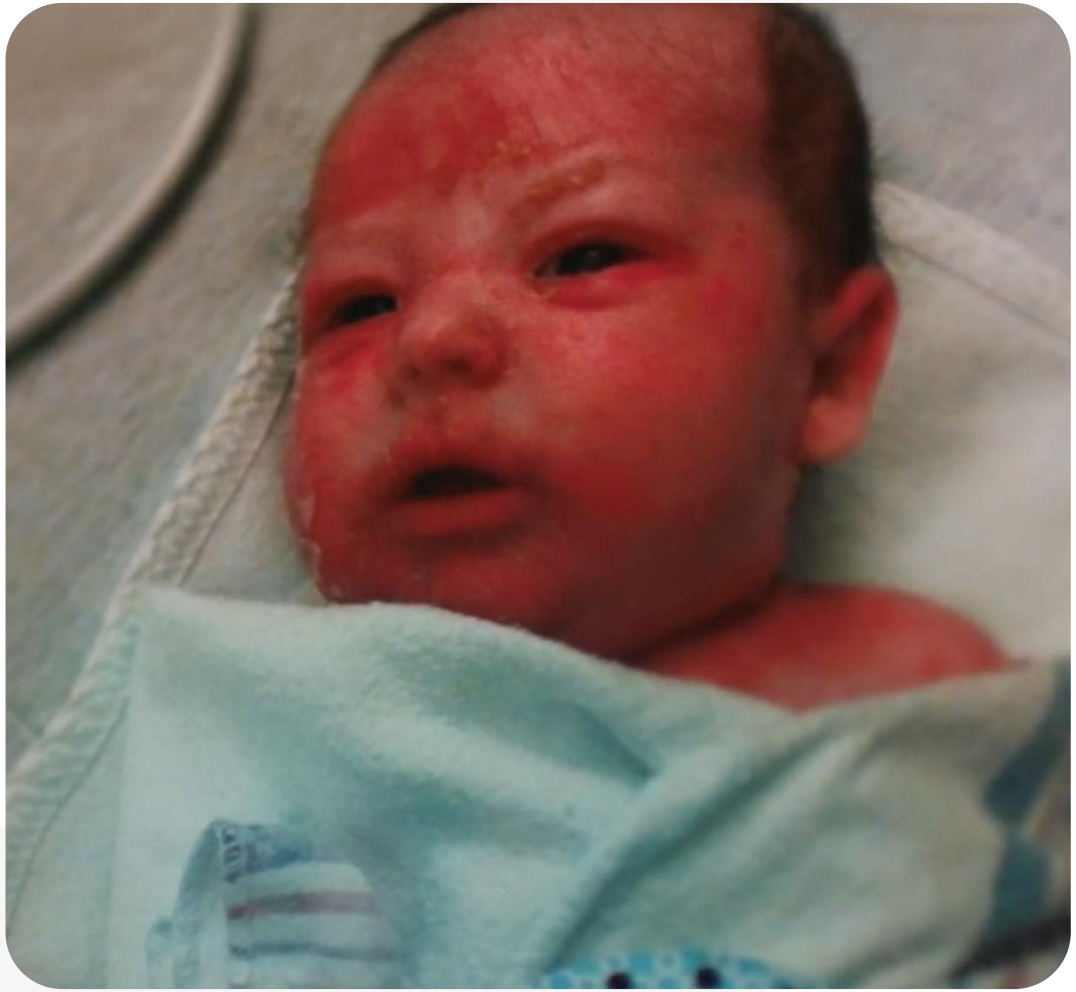

# Netherton Syndrome (NS)

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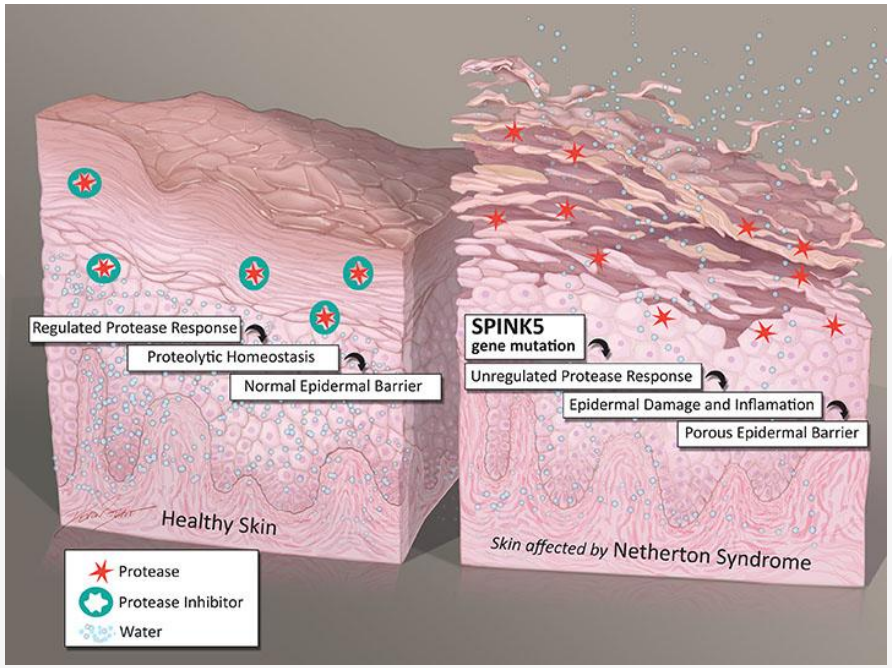
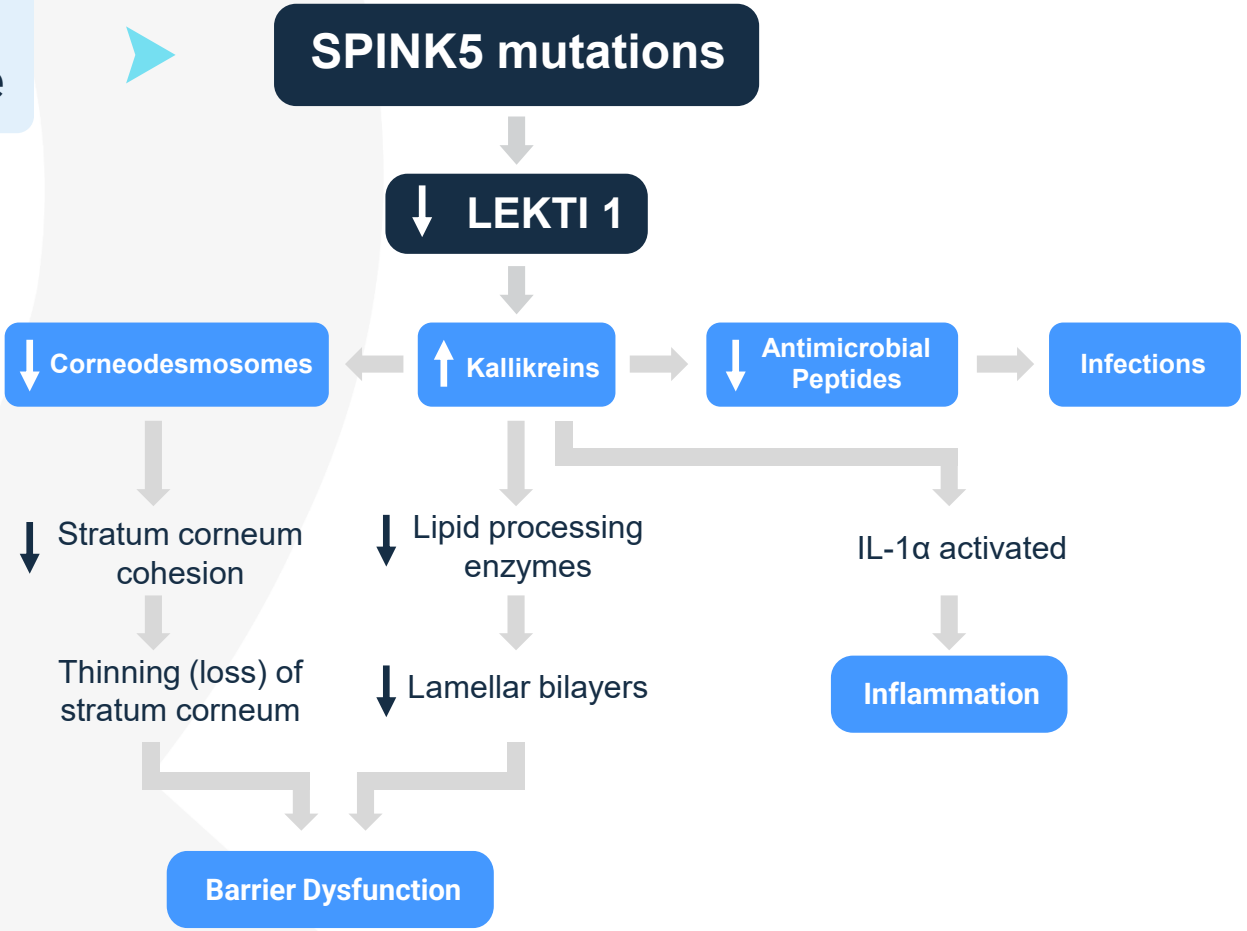
**NS is caused by a mutation of the SPINK5** (serine protease inhibitor, Kazal Type 5) gene



# Netherton Syndrome

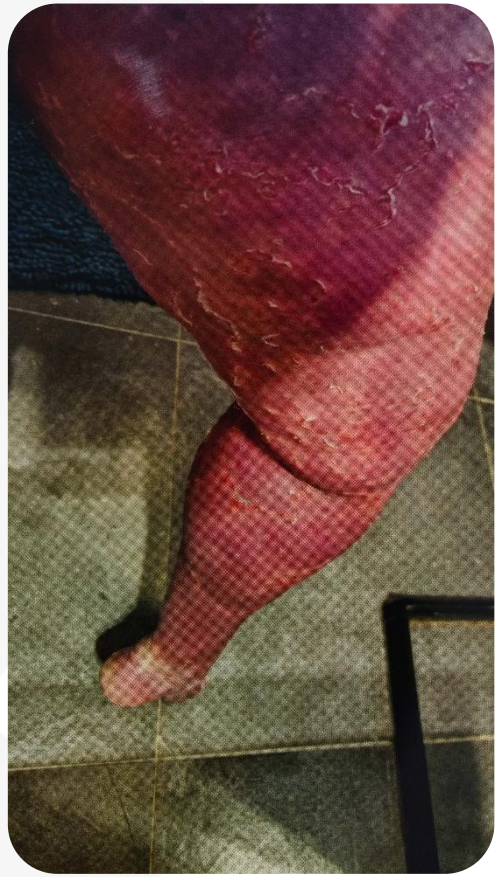
**6000 – 8000**
Patients in US and Europe Combined.
Up to 30,000 in Quoin Partnered Territories

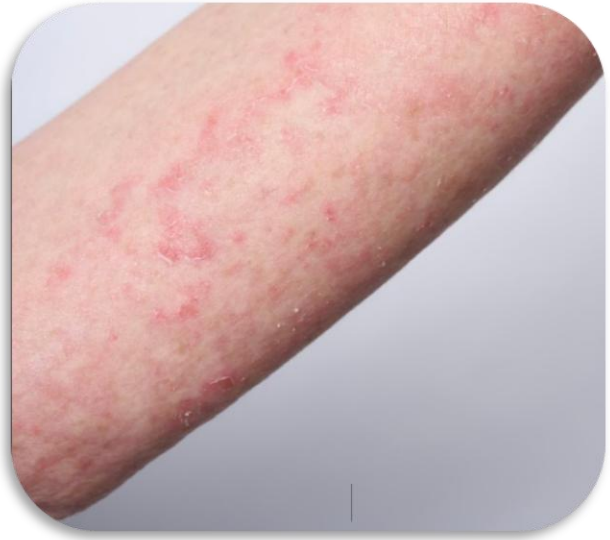
**1 in 200,000**
Newborns affected

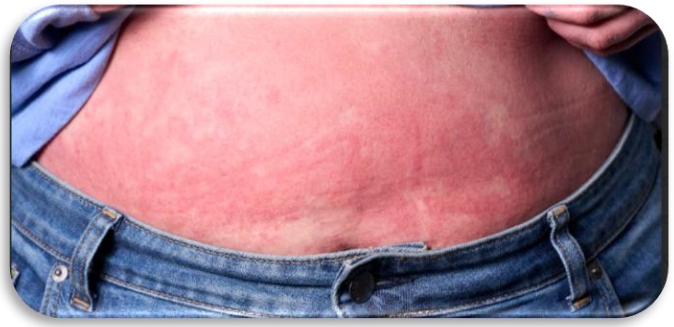
- No Approved Treatment or Cure
- Patients suffer from multiple severe issues:

  Infections, allergies, asthma, skin cancer, pruritus, warts

- Can be hospitalized on multiple occasions annually
- Patients currently need to coat their whole body with a moisturizer 5-6 times daily







# QRX003 Mechanism of Action

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- Topical lotion to be applied twice-daily to whole body surface
- QRX003 performs the function of the missing LEKTI protein
- Down regulates the hyperactivity of the KLK5, KLK7 and KLK14 kallikreins to a normalized rate of activity
- Restores natural balance of skin shedding and regeneration that is disrupted by the absence of LEKTI in NS patients
- Enables skin to fully heal and eliminates key symptoms such as pruritus and severe sleep disturbance
- Allows patients to discontinue previously required medications

# Clinical and Regulatory Pathway

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## Quoin was First Company to File IND for Netherton Syndrome

- Guidance from FDA
  - Approximately 20 subjects tested at commercial dose required for approval
- Primary Endpoint: Investigators Global Assessment (IGA)
- Key Secondary Endpoints:
  - Pruritus
  - Independent adjudication of photographs from site visits
  - Ichthyosis Area Severity Index (IASI)
  - Patient Satisfaction Scores (PASA)

# Clinical Development Overview

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| Study Number | Study Stage | Status | Number of Patients | Design |
|---|---|---|---|---|
| CL-QRX003-001 ** | POC- Monotherapy | Completed | 13 | Vehicle controlled* |
| CL-QRX003-002A/B** | POC- Adjuvant Therapy | Completed | 8 | Open Label, Baseline Controlled |
| | | | | |
| CL-QRX003-002C<br>CL-QRX003-003 | P2-Adjuvant<br>P2- Mono/Adjuvant | Ongoing<br>Ongoing | 8<br>8 | Open Label, Baseline Controlled<br>Open label, Baseline Controlled- |
| CL-QRX003-004 | Phase 2-Monotherapy | Ongoing | 8 | Open Label, Baseline Controlled |
| NA | Pediatric Investigator Study | Ongoing | 7 | Open Label, Baseline Controlled |
| | | | | |
| CL-QRX003-005 | Pivotal- Monotherapy | To commence 2026 | 16 | TBD |
| | | | | |
| CL-QRX003-006 | Long Term Extension | To commence 2026 | TBD | NA |

*Still blinded

** Partial Body Dosing. All others Whole Body Dosing.

Total Subjects Tested: 68

# POC 1:  Randomized Study: Part A/B

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Study Subjects fully washed out of all systemic therapy prior to dosing

Part A

- 3 Arms: Vehicle, 1% dose, 2% dose
- 11 subjects
- QD dosing. 20% BSA

Part B:

- 2 Arms: Vehicle, 4% dose
- 2 subjects
- BD dosing on approx. 20% BSA

- Both Part A and B were 12 weeks duration, final visit week 16

Study currently being closed and unblinded

# POC 2: Open Label Study: Part A/B

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All subjects taking off-label systemic biologics prior to and during study

Part A

- Single Arm, Open Label, No vehicle control
- 2% dose QD on approx. 20% BSA (arms or lower legs)
- 12 weeks duration, final visit week 16
- 7 subjects recruited

# Open Label POC Study: Part A

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7 Subjects Recruited

Not powered to detect differences in endpoints

Results:

**IGA: (Scale 0-4)**

- 2 of 7 had a minimum of 1 grade improvement from baseline

**Pruritus**

- 5 of 7 had a two-point improvement **(p=0.001)**
- 3 of 5 had a four-point improvement (p=0.0579)
- Mean change from baseline score -2.9 **(p=0.0327)**

# Open Label POC Study: Part B

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- Single Arm, Open Label, No vehicle control
- 4% dose BD on approx. 20% BSA (arms or lower legs)
- 12 weeks duration, final visit week 16
- 1 subject recruited

# Open Label POC Study Part B

## One Subject: 12 Weeks Twice Daily Dosing, 20% BSA

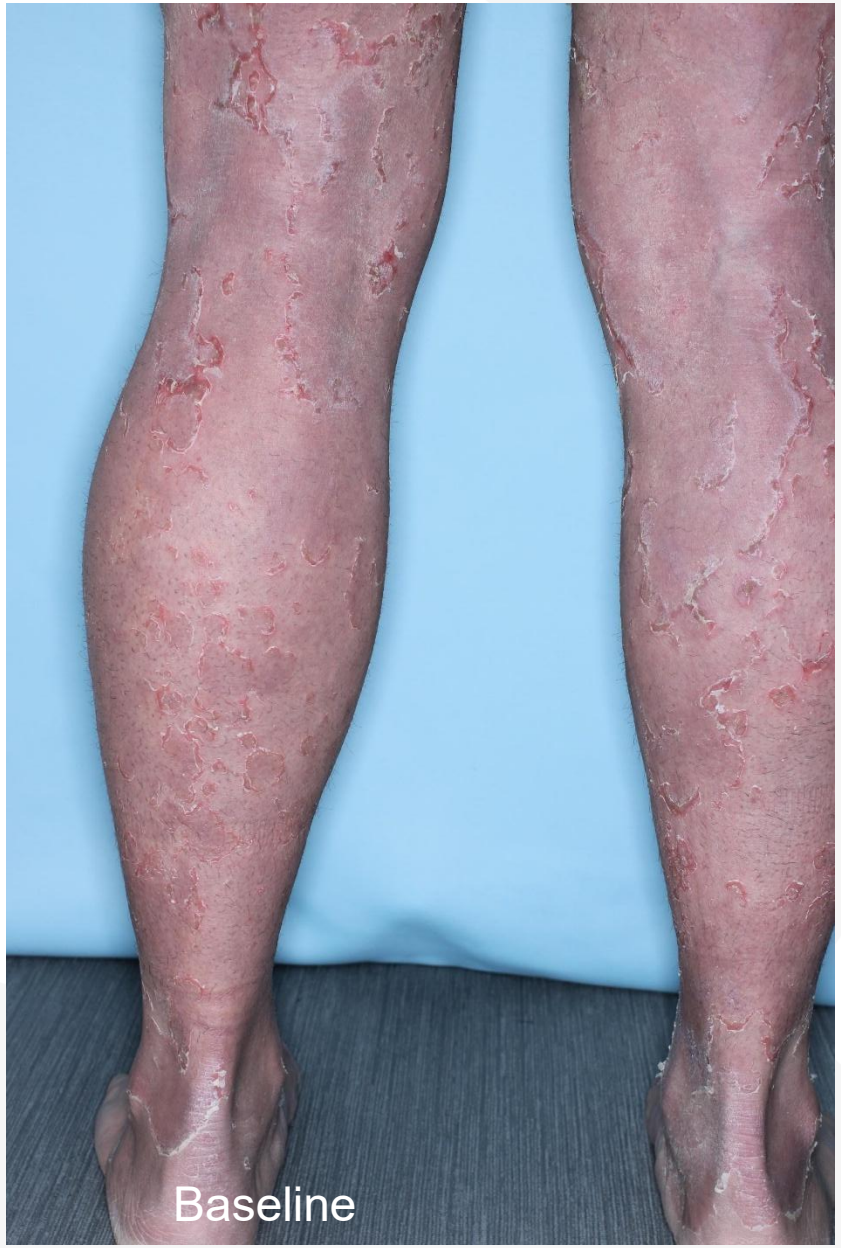
| End Point | Baseline | 6 weeks | 12weeks |
|---|---|---|---|
| M-IASI* | 18 | 4 | 3 |
| WINRS** | 7 | 4 | 2 |
| IGA*** | Moderate | Mild | Almost Clear |
| PASA | Highly positive across all timepoints | | |

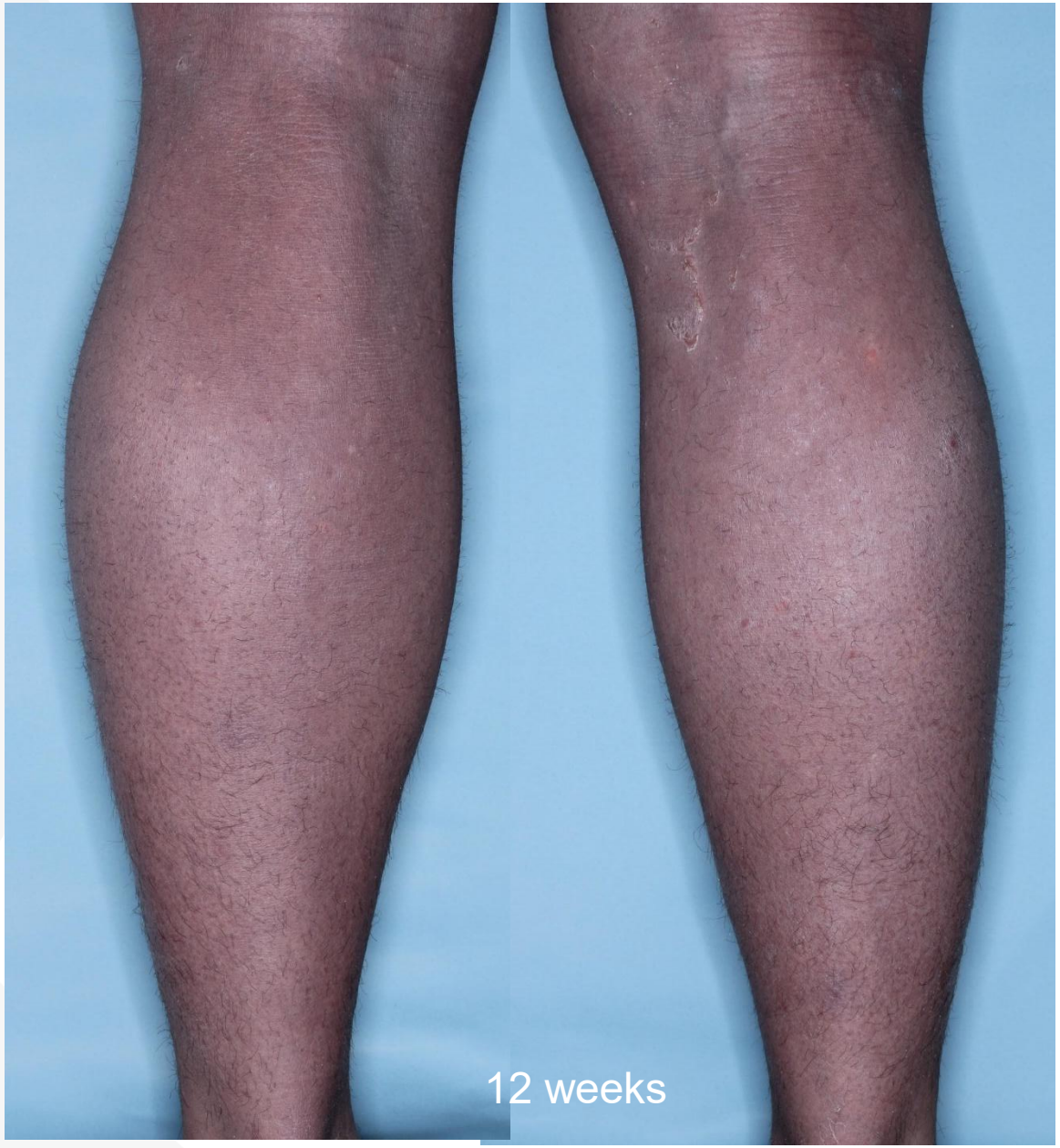
**Key Findings**

- Marked improvements observed across all measured clinical endpoints.
- No safety concerns identified throughout the study.
- Significant improvement in skin appearance from baseline to 12 weeks.
- Patient satisfaction scores continued to improve at 12 weeks.
- Subject received QRX003. Had been receiving off-label systemic biologic for over 1 year

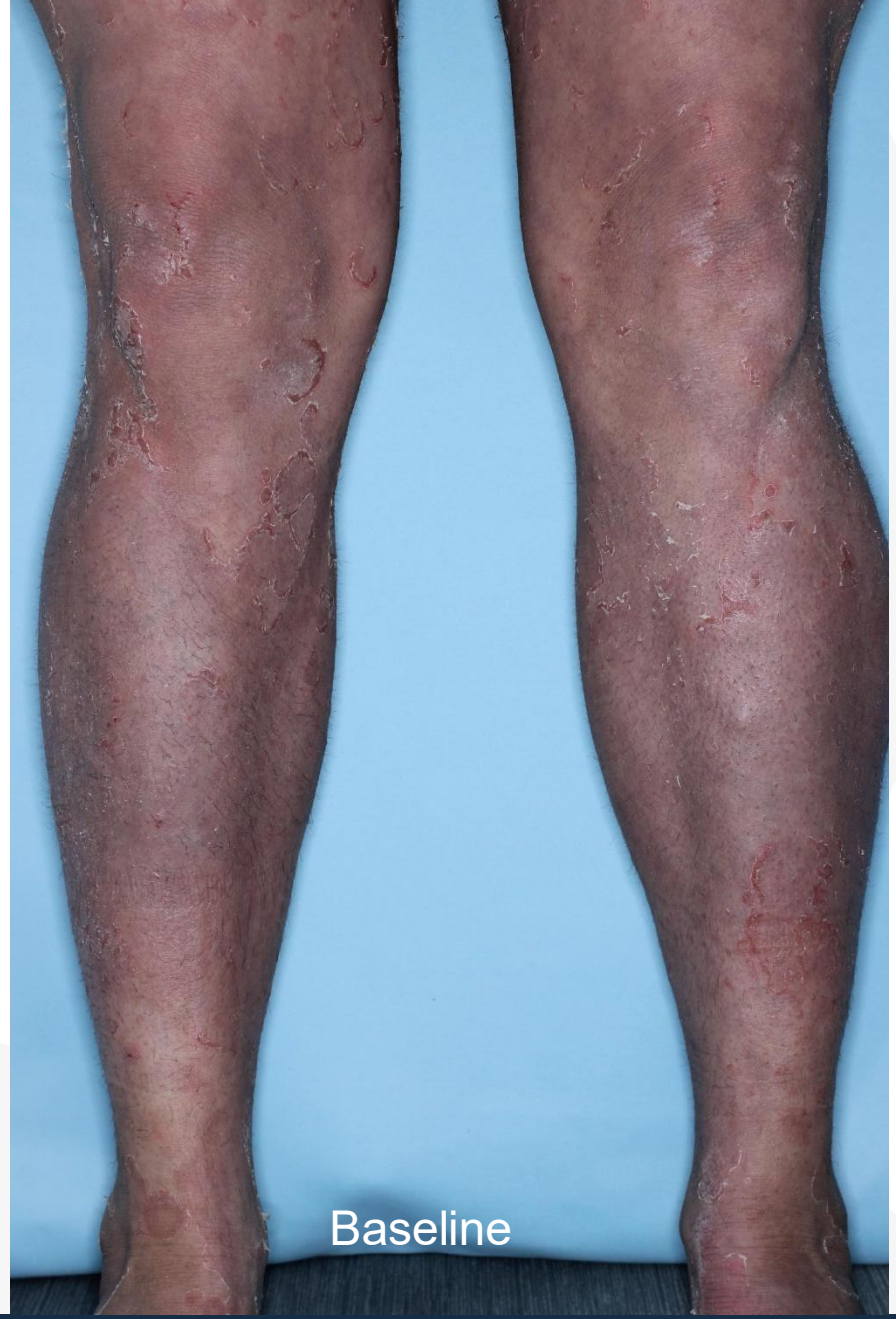
**M-IASI*: Modified Ichthyosis Area of Severity Index, a score used to assess the severity and extent of skin symptoms associated with ichthyosis. Lower scores indicate improvement.*
***WINRS*: Worst Itch Numeric Rating Scale, which measures the severity of itch on an 11-point scale (0 = no itch, 10 = worst imaginable itch).*
****IGA*: Investigator's Global Assessment, which uses descriptive categories (e.g., clear, mild, moderate, severe) to evaluate the overall severity of Netherton Syndrome symptoms.*

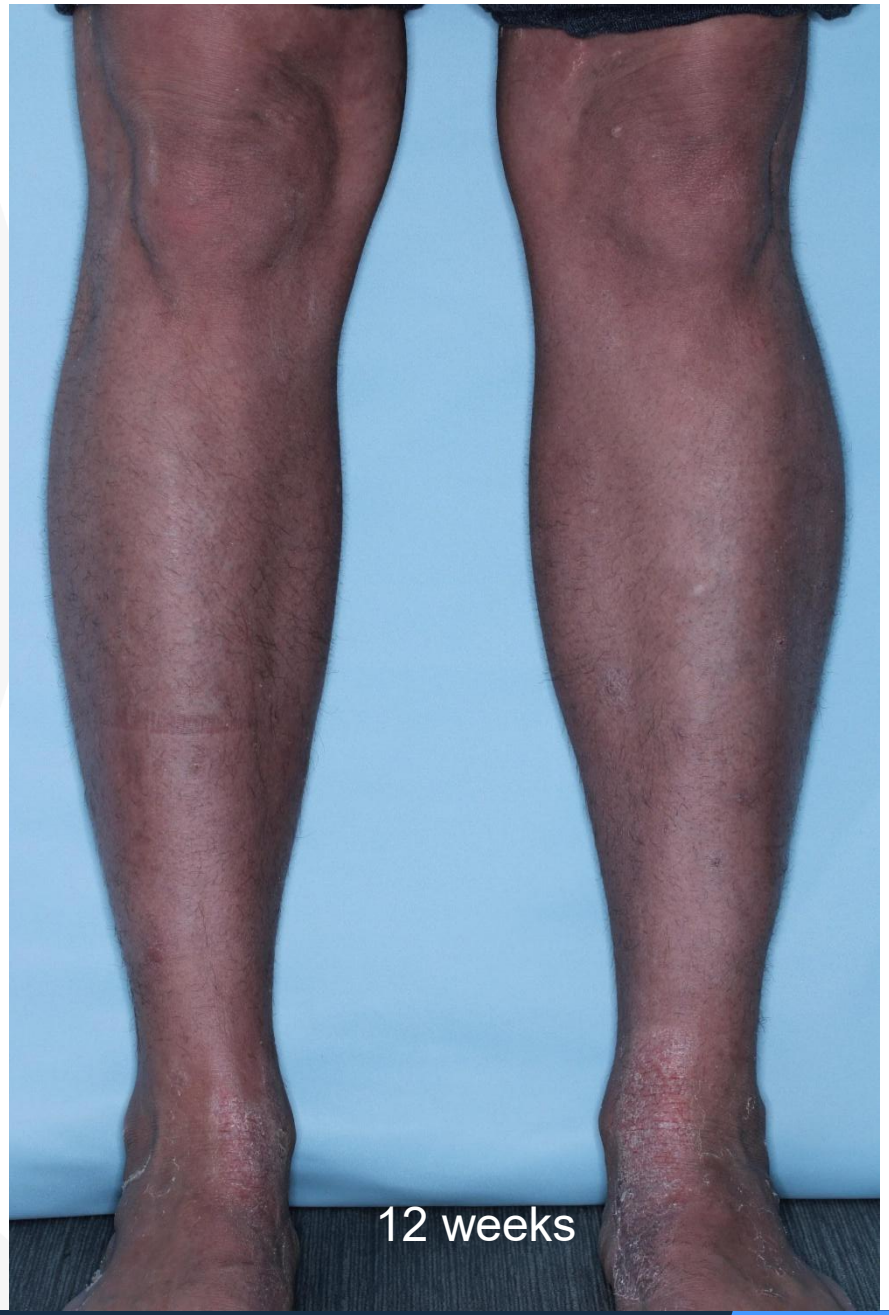
# Twice Daily dosing Images



# Twice Daily Dosing Images



# Open Label POC Study Data- Open Label Study Part B

## One Subject: 4 weeks after Discontinuation of Treatment

| End Point | Baseline | 6 weeks | 12weeks | 16 weeks (4 weeks after discontinuation of treatment) |
|---|---|---|---|---|
| M-IASI* | 18 | 4 | 3 | 18 |
| WINRS** | 7 | 4 | 2 | 8 |
| IGA*** | Moderate | Mild | Almost Clear | Moderate |
| PASA | Highly positive across all timepoints | | | Reverted to baseline |

**Key Findings**

- Upon discontinuation of treatment, all symptoms reverted to baseline
- Supports mechanism of action of QRX003 is a competitive broad spectrum serine protease inhibitor
- Emphasizes on-going chronic treatment is essential for continued positive clinical outcome
- Subject had continued to be treated with off-label systemic biologic

**M-IASI: Modified Ichthyosis Area of Severity Index, a score used to assess the severity and extent of skin symptoms associated with ichthyosis. Lower scores indicate improvement.*
***WINRS: Worst Itch Numeric Rating Scale, which measures the severity of itch on an 11-point scale (0 = no itch, 10 = worst imaginable itch).*
****IGA: Investigator's Global Assessment, which uses descriptive categories (e.g., clear, mild, moderate, severe) to evaluate the overall severity of Netherton Syndrome symptoms.*

# Pediatric Whole Body Data: 1 subject, 9 months

| End Point* | Baseline | 6 weeks | 9 months |
|---|---|---|---|
| IGA | 4 (severe) | 1 (almost clear) | 0 (clear) |
| Pruritus | 5 | 1 | 0 |

- Patient **discontinued previously required medications** including all antihistamines, glucocorticoids and antivirals.
- Patient has required **no antibiotics** since the whole-body application of QRX003 was initiated.
- Patient is now experiencing **zero nightly sleep disturbances** for the first time in her life.
- **No adverse events** have been reported to date.
- Study being expanded to 4-6 pediatric subjects

# Before and After Photos of Pediatric Subject

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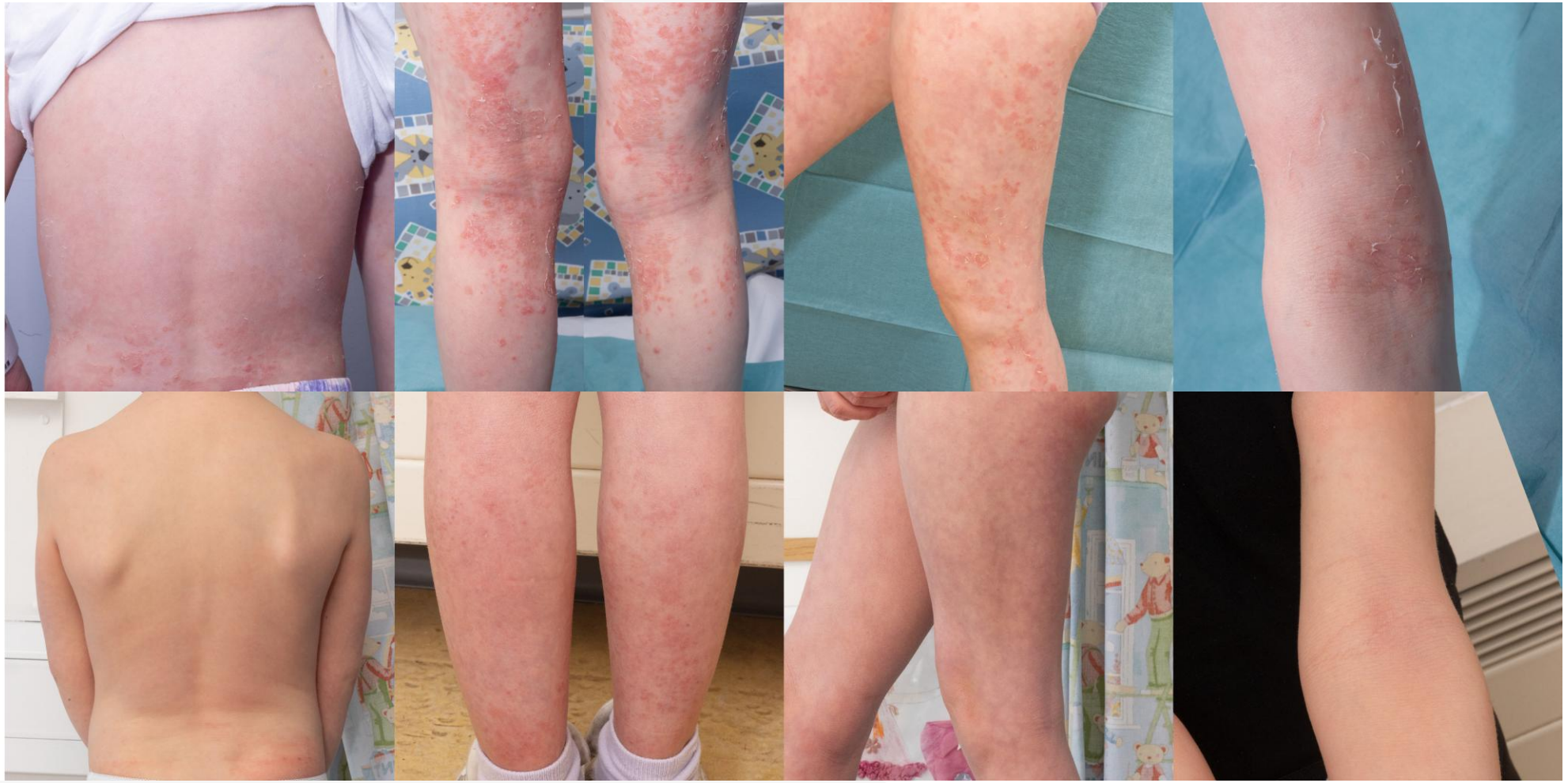

# Commercial Initiatives

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- **NETHERTON** NOW awareness campaign
  - Increase awareness within general population, treating physicians, and the patient community
  - Living with Netherton Video Series Launched
  - Leveraging social media platforms, participating in derm conferences, working closely with advocacy groups

NETHERTON NOW

Because everyone deserves to feel comfortable in their own skin

- Pricing:  Working with commercial consultants to finalise pricing strategy based on actual claims and payer data
- Branding: INN/ USAN and brand name development almost complete
- Engaged lobbying firm to interact with local and national lawmakers and establish key relationships

# First Subject Peeling Skin Data

| End Point | Baseline | 12 weeks |
|---|---|---|
| M-IASI* | 36 | 12 |
| IGA** | 4 (Severe) | 2 (Mild) |
| CDQLI*** | 19 | 11 |

**M-IASI: Modified Ichthyosis Area of Severity Index, a score used to assess the severity and extent of skin symptoms associated with ichthyosis. Lower scores indicate improvement.*

***IGA: Investigator's Global Assessment, which uses descriptive categories (e.g., clear, mild, moderate, severe) to evaluate the overall severity of disease symptoms.*

****The CDQLI is a validated clinical tool designed for children aged 4-15 that is used to measure the impact of their skin disease on a child's quality of life in terms of symptoms, leisure activities, sleep, school, personal relationship and treatment. The scale for the CDQLI is 0-30.*

- Subject continues to improve through 12 months.
- Study will be expanded to 4 subjects

# Strong Management Team with Proven Track Record of Success

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| Name | Position | Experience |
|---|---|---|
| Dr. Michael Myers | CEO | elan · FUISZ technologies · West · innocoll Engineering Better Medicines |
| Denise Carter | COO | FUISZ technologies · CardinalHealth · EURAND · West · innocoll Engineering Better Medicines |
| Sally Lawlor | CFO | SEBELA Pharmaceuticals Inc. · APTIV · KPMG |

Seasoned executives with over 90 years experience developing products based on drug delivery technologies

Proven track record transitioning companies to key inflection points, including mergers, reverse mergers acquisitions and IPOs

Raised over $250M in private and public markets.

Global finance and tax strategy expertise from Big Four and senior industry roles

Deep commercialization experience in US and Europe

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# THANK YOU

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