QUOIN™
PHARMACEUTICALS

Corporate Overview: Non-Confidential

August 2022

CAUTIONARY STATEMENT REGARDING FORWARD-LOOKING STATEMENTS

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. 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.

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:

- the impact of the coronavirus pandemic on our business;
- any statements of the plans, strategies and objectives of management for our operations;
- any statements of plans to develop and commercialize additional products;
- any statements concerning the attraction and retention of highly qualified personnel;
- any statements concerning the ability to protect and enhance our products and intellectual property;
- any statements concerning developments and projections relating to our competitors or industry;
- any statements concerning our financial performance;
- any statements regarding expectations concerning our relationships and actions with third parties; and
- future regulatory, judicial and legislative changes in our industry.

You should refer to "Risk Factors" in (i) Item 3.D. to our Annual Report on Form 20-F filed with the SEC on March 29, 2021 and (ii) Exhibit 99.2 to the Report of Foreign Private Issuer on Form 6-K filed with the SEC on August 13, 2021, for a discussion of 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

- Experienced **Management Team** with proven track record of success
- Focused **Rare and Orphan Disease** product pipeline
- **Rare Pediatric Designation opportunity** for lead products
- Differentiated polymer delivery technology with **Strong IP Position**
- **Clinical Testing** Initiated for **Lead Asset** under **Open IND**
- **Targeting US/EU Pipeline Approvals** in 2024,2025 and 2026
- Establishing **sales infrastructure** for both US and EU markets
- Strong **KOL support from leading experts**
- Started trading on **NASDAQ (QNRX)** October 29,2021

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Strong Management Team with Proven Track Record of Success

Name	Position	Experience
Dr. Michael Myers	CEO	
Denise Carter	COO	
Gordon Dunn	CFO	

Seasoned executives with over 80 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 $200M in private and public markets.

Deep commercialization experience in US and Europe

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Innovative Product Pipeline with Orphan Drug/Rare Disease Focus

Worldwide orphan drug sales are forecast to grow at a CAGR of **12.3%** from 2019-2024, double the forecast for the non-orphan drug market.

By 2024, orphan drug sales are expected to reach **$242** billion and capture one-fifth of worldwide sales.

Mean orphan drug cost per patient of the top 100 US orphan drugs was almost **4.5 times** greater than the non-orphan drug cost in 2018

The success rate for orphan drugs is **26% VS 11%** for all indications

QRX003:

- Netherton Syndrome
- Peeling Skin Syndrome
- Palmoplantar Keratoderma
- SAM Syndrome

QRX004:

- Epidermolysis Bullosa

QRX007:

- Netherton Syndrome

QRX008:

- Scleroderma

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Netherton Syndrome

2000 – 4000
Patients in US

1 in 200,000
Newborns affected

Daily Treatment for the remainder of the patient's life

- Characterized by scaling skin, hair anomalies and increased susceptibility to atopic eczema. Pruritis is a major problem
- Form of Ichthyosis
- Skin does not act as protective barrier
  - Patients suffer from trans epithelial water loss (TEWL). Adult patients can lose up to 2 quarts of water a day
  - Increased risk of infections, warts, skin cancer and irritation by allergens and other micro-organisms
- Disease is incurable and currently available symptomatic treatment options have limited efficacy

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New Treatments Needed

Currently no cure for Netherton Syndrome and no approved products to treat symptoms

Current treatments are limited to alleviating symptoms:

- Moisturizers typically used for skin barrier repair, such as those containing lanolin and petrolatum, can cause further skin damage to NS patients due to friction or high shear forces on application or removal
- Topical steroids have been shown to further reduce skin thickness by up to 70% and have led to Cushing Syndrome
- Other topical treatments, such as calcineurin inhibitors, can lead to dangerously high systemic blood levels due to the defective skin barrier

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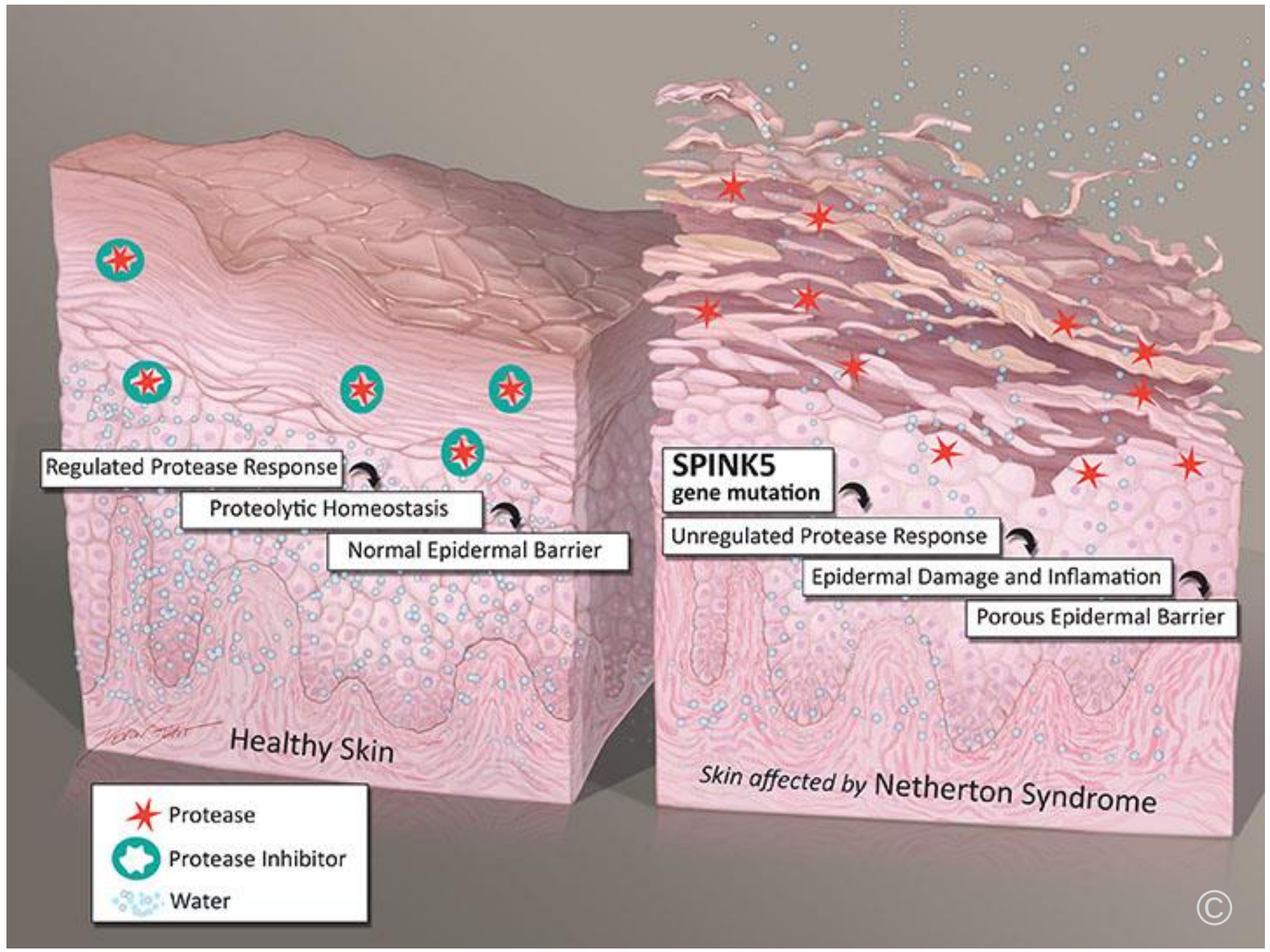
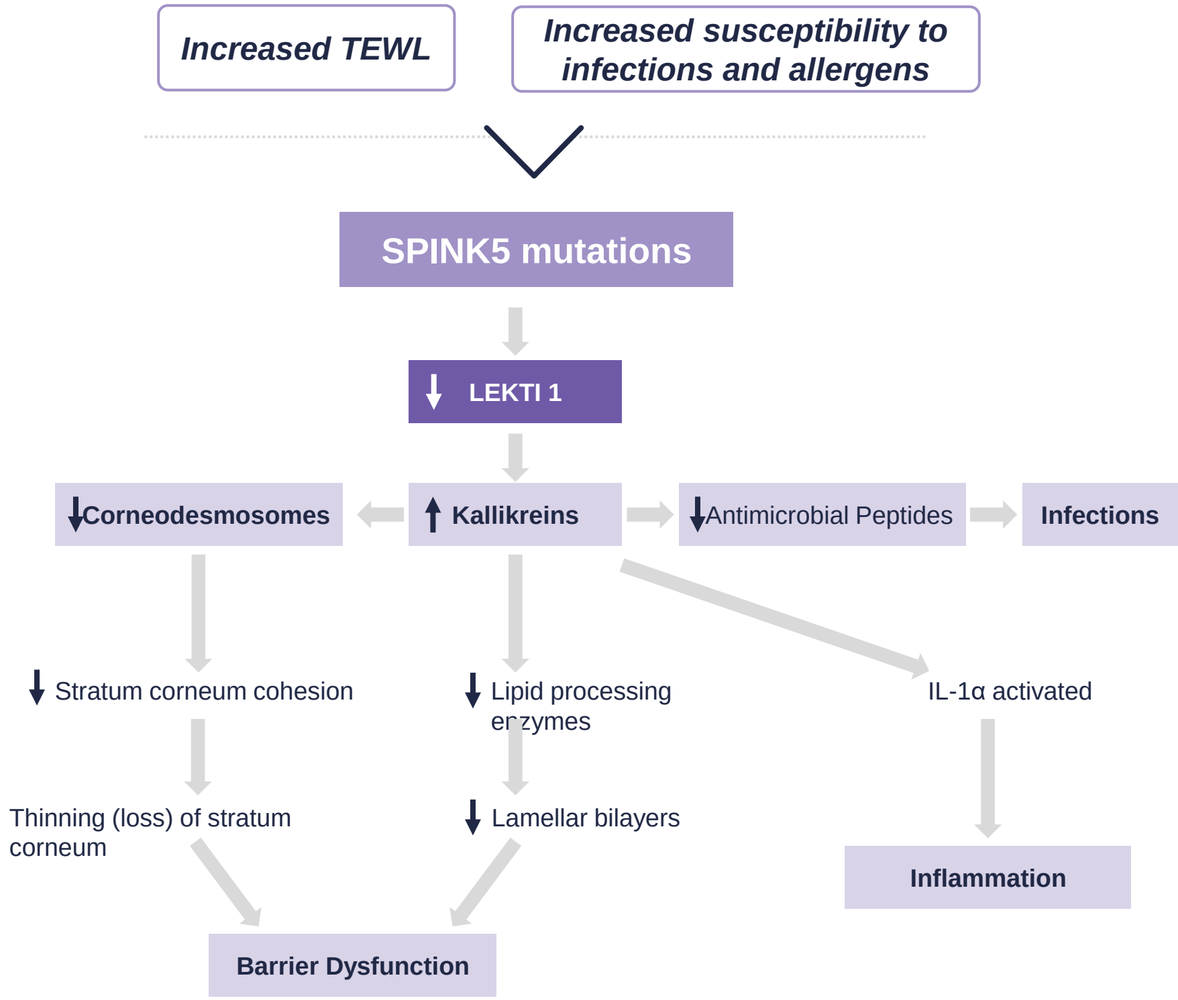
Inside-Outside Model of NS

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





QRX003: Tailored Solution

Combination of a Serine Protease Inhibitor and Invisicare Technology

Serine Protease Inhibitor

- Targets the KLK5, KLK7 and KLK14 kallikreins that are responsible for excess skin shedding
- Potent anti-inflammatory/ antioxidant
- Adequately penetrates the skin but is not absorbed systemically

+

Invisicare Technology

- Immediate protection against TEWL and environmental agents
- Moisturizes and protects skin
- Patented polymer delivery system
- Topical lotion

=

QRX003

QRX003 is designed to reduce skin shedding while positively impacting skin architecture and to provide an effective barrier over the skin

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Clinical and Regulatory Pathway

Positive FDA Guidance based on Pre-IND/IND submissions

- Approximately 20 Subjects may be sufficient for Approval
- QRX003 Qualifies for One or More Expedited Approval Pathways
- FDA Recommended Assessing 5 Different Endpoints, Including Composite Endpoints of Investigator and Patient Data
- Lowered Requirements for Achieving a Successful Clinical Outcome

IND submission cleared by FDA in April

Positive Scientific Advice Received from EMA

Clinical testing initiated and patient recruitment underway

Targeting approval in US and EU in 2024

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QRX003: Additional Information

QRX003 formulation is fully developed and has been manufactured at commercial scale

GMP supplier of API has been established

CMO's have capacity to supply full commercial requirements

Anticipate applying for Orphan Drug status and Pediatric Rare Disease Designation for QRX003 in 2022.

Strong KOL support from leading Netherton experts including Dr. Amy Paller and Professor Alan Irvine

Working closely with supporting foundations and will have access to patient registries

8 Individual Distribution Partnerships established in Australia, New Zealand, Middle East, Central and Eastern Europe, Turkey, CIS, LATAM, China, Hong Kong and Canada

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Attractive Commercial Opportunity

QRX003 is a **‘Whole Body, Whole Life’** Product

Estimated **6,000-7,000 patients** in US and EU

Small, compact sales force will effectively detail product in both US and EU

Upside sales potential outside of US and EU. Eight partnerships established covering almost 60 countries. Potential to participate in Early Access programs ahead of regulatory approval

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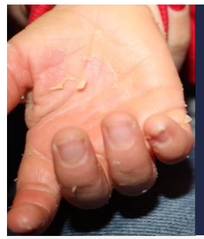
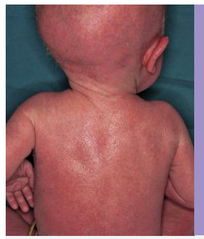
QRX003 For Additional Rare Skin Disorders



Peeling Skin Syndrome

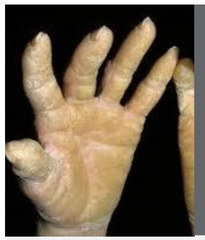
- <1/1000000
- Caused by mutations in the TGM5 gene
- Causes painless peeling of the top layer of skin
- Most apparent on the hands and feet



SAM Syndrome

Severe dermatitis, multiple allergies, and metabolic wasting (SAM)

- Caused by mutations in the desmoglein 1 gene (DSG1)



Palmoplantar Keratoderma

- 4.4 cases per 100,000
- Causes Thickening of the skin on the hands and feet
- Can be acquired or inherited

Currently no approved treatments for these disorders. Initial clinical testing to commence in 2H 2022.Targeting approvals in 2025 and 2026.

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QRX007 for Netherton Syndrome

- In-licensed from Queensland University Technology (QUT), Australia
  - Active is a dual domain serine protease inhibitor with proven anti inflammatory-activity
  - Already in use as a biopharmaceutical (Ulinastatin, Miraclid) for treatment of acute and chronic pancreatitis, Sepsis and toxic epidermal necrolysis
  - Active has achieved low nanomolar inhibitory potencies against the KLK7 and KLK5 kallikreins
  - Drug is a human protein and so is highly unlikely to provoke an immune response
- Pre-clinical program underway at QUT
- Quoin has global rights in return for a mid-single digit royalty on future sales

Epidermolysis Bullosa: “Butterfly Children”

25,000
Patients in US

1 in 20,000
Babies born with some form of EB each year

Daily
Wound care, pain management and protective bandaging are the current treatment options

- EB is a group of rare and genetic skin disorders
- Onset occurs at birth or shortly thereafter
- Skin is so fragile that even minor trauma or friction can have devastating results
- Causes severe pain, blistering, scarring, infections, chronic wounds and immobility
- Extremely painful, traumatic and time consuming daily dressing changes
- Severe forms of EB cause disfigurement, disability and early death.

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QRX004 will Initially Target RDEB

Recessive Dystrophic Epidermolysis Bullosa (RDEB) is a **monogenic disease** resulting in chronic skin blistering and wounding

Cause: A mutation in the COL7A1 gene that encodes for COL7 Devastating, progressive, painful blistering disease that often leads to death

Diagnosed at infancy

High mortality rate – 76% of RDEB patients do not live beyond their 30's

Current treatments only address symptoms

Bandaging alone can exceed **$10,000 per month**

Dystrophic EB (DEB) ~5,500 – 12,500 in US

- RDEB ~1,100 – 2,500 in US

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QRX004: A Differentiated Approach

Combination of a QRX003 and Second Active

QRX003

- **QRX003** improves skin thickness and architecture while providing an effective barrier over the skin to reduce pain and friction

+ Second API

- Induces a "read-through" of nonsense mutations and create robust and sustained new C7 and AFs at the dermal-epidermal junction (DEJ)
- Stimulate wound closure and reduce new blister formation

= QRX004

QRX004 provides improved wound closure, reduced blistering and stronger skin

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Clinical and Regulatory Overview

Positive FDA guidance received for Pre-IND filing

Proof of Concept

- 28 day, 6-8 patient study in US
- Patients act as internal controls
- Primary endpoint is proportion of wounds with greater than 50% healing for patients who receive QRX004 vs placebo vehicle

Registration

- 15-20 patient study with same design as Phase 2 study
- Clear precedence for this approach based on competitors experience

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QRX008 for Scleroderma

- Second product in-licensed from QUT
- No currently approved treatments for scleroderma, a rare and sometimes fatal autoimmune disease
- Caused by over production of collagen which results in hardening of the skin and connective tissue
- Focus is on investigating small molecule inhibition of the VCAM-1: VL-4 interaction
- There is an established genetic and clinical link for VCAM1 in scleroderma and the pivotal role VL-4 plays in controlling immune cell migration into inflamed tissue
- Therefore, the VCAM-1:VL-4 interaction is an attractive target for therapeutic intervention in scleroderma.
- Proof of concept has already been established in a mouse model
- Additional studies underway to select a candidate for clinical testing

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QNRX Cap Table

Shareholders	Fully Diluted
Insiders	30.6%
Institutions	6.6%
Public Float	62.8%
Total	100%

12 Month Catalysts

- First Patient Enrolled in QRX003 Netherton Study
- Read-out of first Cohort QRX003 Netherton Study
- Initiation of final Cohort of QRX003 Netherton Study
- Orphan drug designation for QRX003
- Rare Pediatric Designation for QRX003
- Early Access Patient Program initiation in multiple countries
- Revenue generating supply of QRX003 into Early Access Programs
- Clinical readouts from other pipeline products
- Initiation of rolling NDA submission for QRX003

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THANK YOU!

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