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PHARMACEUTICALS

Corporate Overview: Non-Confidential

August 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, 2025 filed with the SEC on March 26, 2026, 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.

Robust Development Pipeline

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Two differentiated products. Each exceeding $1Bn opportunities

QRX003

Topical Lotion

Netherton Syndrome*	Phase 2/3
Peeling Skin Syndrome**	Phase 2
SAM Syndrome	Pre-Clinical
Ichthyosis***	Pre-Clinical

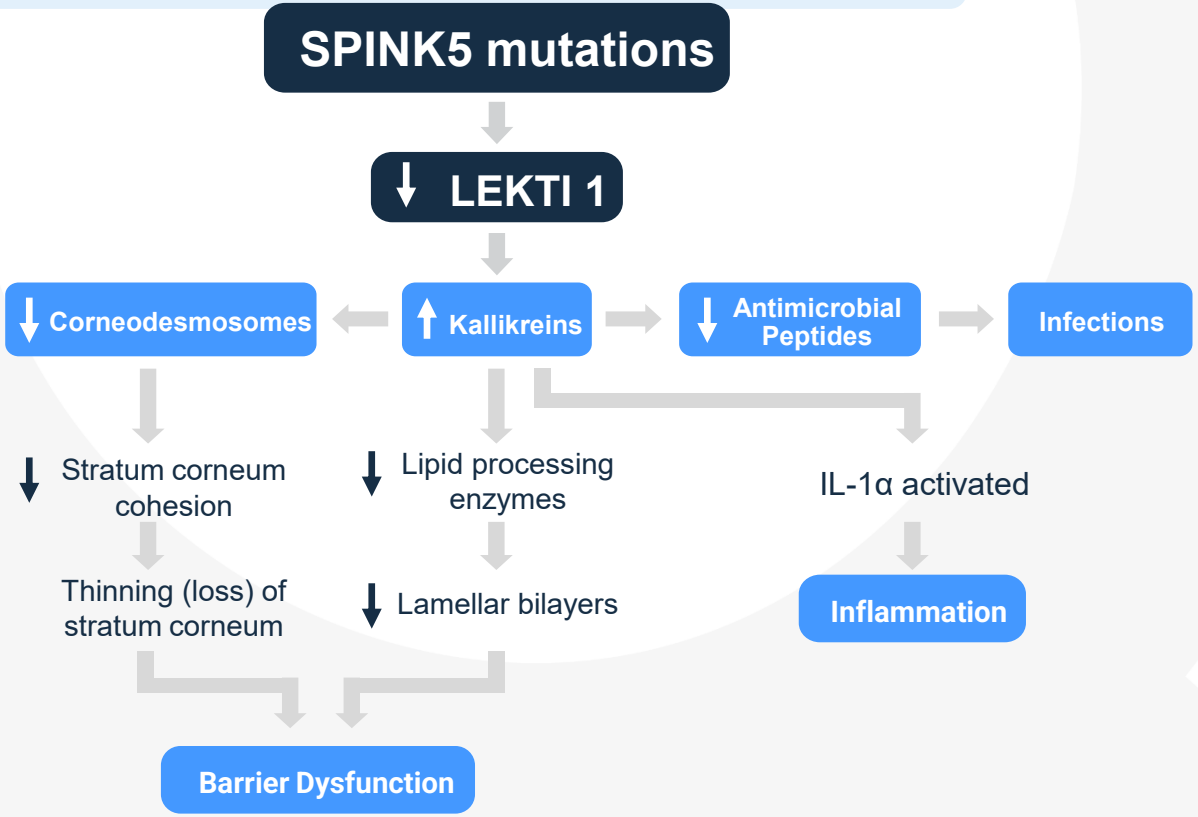
QRX009

Topical Lotion & Patch

Pachyonychia Congenita*	Phase 1
Gorlin Syndrome*	Phase 1
Tuberous Sclerosis Complex*	Phase 1
Microcystic Lymphatic Malformations **Cutaneous Venous Malformations** **Angiokeratomas** **Disseminated Superficial Actinic Porokeratosis****	Pre-Clinical

Netherton Syndrome (NS)

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 100,00-200,000

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 6-8 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 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 CL-QRX003-003	P2-Adjuvant P2- Mono/Adjuvant	Ongoing Ongoing	8 8	Open Label, Baseline Controlled Open label, Baseline Controlled-
CL-QRX003-004	Phase 2/3-Monotherapy	Ongoing	20	Open Label, Baseline Controlled
NA	Pediatric Compassionate Use	Ongoing	8	Open Label, Baseline Controlled
CL-QRX003-005	Pivotal- Monotherapy	TBD	TBD	TBD
CL-QRX003-006	Long Term Extension	To commence 2026	TBD	NA

Total Subjects Tested: Approx. 65

*Still blinded

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

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
- *Dosed at 25% of current whole-body dose*

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
- Dose was the same as current whole-body treatment

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.*

Open Label POC Study: Part B - Results

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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

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Pediatric Compassionate Use Program

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Results to Date:

- 4 of 6 subjects classified as “Improved” or “Significantly Improved”

	IGA 4 grade improvement	IGA 1-2 grade improvement	IGA 0 grade improvement
Number of responders	1	3	2

	WINRS 4 grade improvement	WINRS 0 grade improvement	WINRS 1 at baseline and remained at 1. *
Number of responders*	2	2	1

*infant responder data for WINRS: NA

No data yet for 7th patient. Minimal data for #6 to date

- 7 children enrolled to date, 2 more enrolling in September.
- Age range: 6 months to 9 years

Pediatric Patient 1, 9 months testing

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 10 pediatric subjects

Commercialization Readiness

Planned Commercial Footprint: Approximately 30 FTEs

9 Partnerships across
61 other countries

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NETHERTON NOW

Because everyone deserves to feel comfortable in their own skin

Pricing:
Working with commercial consultants to finalize pricing strategy based on actual claims and payer data

Branding:
INN/ USAN and brand name development complete

Market Opportunity in excess of $2B

Peeling Skin Syndrome

- IND Submitted June 2nd, 2026
- Cleared to proceed July, 2026
- Phase 2: 12 adult and pediatric patients
- Clinical sites identified in US and Europe
- QRX003 applied twice-daily to greater than 80% of BSA
- 52-week study with interim analysis

First Subject Peeling Skin Data

End Point	Baseline	12 weeks	14 months
M-IASI*	36	12	3.4
IGA**	4 (Severe)	2 (Mild)	2 (Mild)
CDQLI***	19	11	12

- Subject continues to improve through 15 months

**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.*

Peeling Skin Commercial Opportunity

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- Ultra-rare disease with prevalence of less than 1 in 1000000, though thought to be significantly underdiagnosed
- Additive to Netherton Syndrome leveraging the same infrastructure and call points
- No additional resources required from a commercial perspective
- Global market opportunity $600-$1,000 million

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QRX009 Clinical Programs

QRX009: Topical Rapamycin Programs

Two Distinct Approaches

Part A

- Investigator Studies conducted by leading KOLs

Part B

- Formal Regulatory Studies

QRX009: Topical Rapamycin Programs

Part A. Investigator Led Studies:

- POC Study in **Pachyonychia Congenita (PC)** to commence in 2H 2026
- **Gorlin Syndrome** and **Tuberous Sclerosis Complex (TSC) POC studies in 2027**
- Studies Conducted by Leading Global KOLs
- Strong support from Advocacy Foundations
- Targeting Pivotal Study in at least one indication in 1H 2028

QRX009: Topical Rapamycin Programs

Part B. IND Studies:

- Targeting IND Submission for one indication in 1H 2027
- Microcystic Lymphatic Malformations, Venous Malformations, Serious Angiokeratomas
- Initiate P2 Study for one indication in 1H 2027

Company Highlights

QRX003 Netherton Syndrome & Peeling Skin Syndrome

- **Netherton Syndrome:** late-stage lead program advancing to pivotal trials
- **Targeting to file for approval** for Netherton Syndrome in 2027
- **Global Netherton commercial opportunity** in excess of $2 billion
- **Rare Pediatric Designation in US and Orphan Drug Status** received for Netherton Syndrome in US, EU and Japan
- **Peeling Skin Syndrome:** IND cleared. P2 to start in 2H 2026
- **Additional indications in other Ichthyosis Related Disorders**
- **Total addressable commercial opportunity for QRX003 in excess of $3.5 billion**

QRX009 Topical Rapamycin Programs

- **Topical rapamycin platforms** (proprietary lotion and dermal patch)
- **Investigator-led study in Pachyonychia Congenita** led by Professor Edel O'Toole, Queen Mary University of London
- **Investigator-led studies planned** in Gorlin Syndrome and Tuberous Sclerosis Complex for 2027
- **IND submission to FDA targeted 1H 2027**
- **Advocacy relationships established** with The PC Project and The Gorlin Syndrome Alliance

Establishing own sales infrastructure for US, EU and Japanese markets

Nine Ex-US/EU Commercial Partnerships covering 61 countries

Strong Management Team with Proven Track Record of Success

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Name	Position	Experience
Dr. Michael Myers	CEO	elan · FUISZ technologies · West By your side for a healthier world · innocoll Engineering Better Medicines
Denise Carter	COO	FUISZ technologies · CardinalHealth · EURAND · West By your side for a healthier world · 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

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THANK YOU
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