FENNEC PHARMA

January 2025 | Corporate Presentation

www.fennecpharma.com

Safe Harbor Statement

Except for historical information described in this press release, all other statements are forward-looking. Words such as “believe,” “anticipate,” “plan,” “expect,” “estimate,” “intend,” “may,” “will,” or the negative of those terms, and similar expressions, are intended to identify forward-looking statements. These forward-looking statements include statements about our business strategy, timeline and other goals, plans and prospects, including our commercialization plans respecting PEDMARK®, the market opportunity for and market impact of PEDMARK®, its potential impact on patients and anticipated benefits associated with its use, and potential access to further funding after the date of this release. Forward-looking statements are subject to certain risks and uncertainties inherent in the Company’s business that could cause actual results to vary, including the risks and uncertainties that regulatory and guideline developments may change, scientific data and/or manufacturing capabilities may not be sufficient to meet regulatory standards or receipt of required regulatory clearances or approvals, clinical results may not be replicated in actual patient settings, unforeseen global instability, including political instability, or instability from an outbreak of pandemic or contagious disease, such as the novel coronavirus (COVID-19), or surrounding the duration and severity of an outbreak, protection offered by the Company’s patents and patent applications may be challenged, invalidated or circumvented by its competitors, the available market for the Company’s products will not be as large as expected, the Company’s products will not be able to penetrate one or more targeted markets, revenues will not be sufficient to fund further development and clinical studies, our ability to obtain necessary capital when needed on acceptable terms or at all, the Company may not meet its future capital requirements in different countries and municipalities, and other risks detailed from time to time in the Company’s filings with the Securities and Exchange Commission including its Annual Report on Form 10-K for the year ended December 31, 2023. Fennec disclaims any obligation to update these forward-looking statements except as required by law.

For a more detailed discussion of related risk factors, please refer to our public filings available at www.sec.gov and www.sedar.com.

Fennec Pharmaceuticals is a Commercial Stage Biotechnology Company Dedicated to Improving the Lives of Patients with Cancer

- **Strengthened Fennec's executive leadership team with key appointments in second half of 2024**

- **PEDMARK® is FDA-approved in the U.S.** to reduce the risk of ototoxicity or hearing loss associated with cisplatin in pediatric patients 1 month of age and older with localized, non-metastatic solid tumors.
  - Unique formulation of sodium thiosulfate
  - U.S. commercial launch October 2022

- **In Europe, PEDMARQSI (European brand name) EMA-approved June 2023 & MHRA-approved in October 2023**
  - Exclusive licensing agreement with Norgine to commercialize PEDMARQSI in Europe, Australia, and New Zealand, with $43 million upfront (received March 2024) and up to an additional $230 million in milestone payments and tiered royalties up to the mid twenties
  - PEDMARQSI recommended for reimbursement by NICE within the NHS in the U.K.
  - Commercial launches in Germany and the U.K. expected in early 2025
  - 10 YEARS E.U. exclusivity with Pediatric-use Marketing Authorization (PUMA), and patent protection until 2039

- **Orange Book Patents provide protection until 2039 and 7 years U.S. market exclusivity** with Orphan Drug Exclusivity

pedmark®
(sodium thiosulfate injection)

U.S. packaging represented

Please see Important Safety Information at the end of this presentation
Full Prescribing Information is available at www.PEDMARK.com

Cisplatin is the Standard of Care for Solid Tumors

Cisplatin | Penicillin of Chemotherapy

- Interferes with DNA replication killing fast proliferating cells
- Administered as intravenous infusion in normal saline
  - For treatment of solid and hematological malignancies
  - Relatively short half-life
- First licensed in 1979
  - Introduced in pediatric patients in 1980s
  - It is on the WHO's List of Essential Medicines
  - High cure rates achieved in pediatric patients, in contrast to adults

Common Childhood Cancers Treated with Cisplatin

- Brain and CNS cancers
- Neuroblastoma
- Hepatoblastoma
- Osteosarcoma
- Germ cell tumors
- Retinoblastoma

Treatment plan depends on the individual cancer diagnosis, stage of disease and patient age

Platinum cancer drugs. Available at cisplatin.org Accessed September 7, 2022.
Robertson J, et al. Bull World Health Organ. 2016 Oct 1; 94(10): 735–742.
Ward et al. CA Cancer J Clin. 2014;64:83-103.

*Actor Portrayal

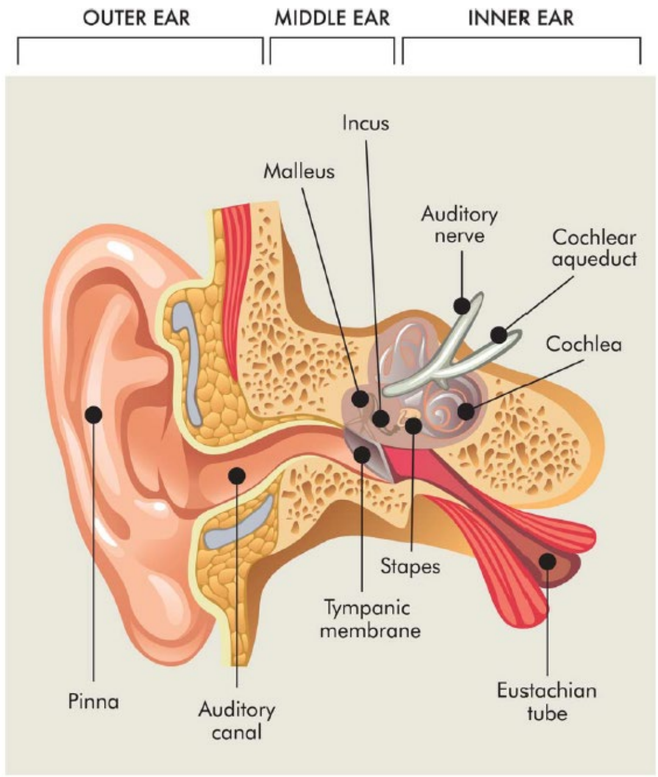
One of the unfortunate complications with cisplatin therapy is **ototoxicity**

Cisplatin Results in High-Frequency Hearing Loss

Common Clinical Presentation of Hearing Loss

- High frequency (≥4 kHz) sensorineural hearing loss[1,2]
  - Bilateral (both ears)
  - Progressive
  - Irreversible
  - Can progress to include lower frequencies (<4 kHz)[3]
- Can be accompanied by tinnitus[3]
- Prolonged retention of platinum may cause hearing loss progression after completion of therapy[4]
- Hearing aids may be necessary in up to 40%; and cochlear implants in an additional percentage of children affected[3]

Mechanism of Cisplatin Induced Ototoxicity (CIO)



Inner ear image courtesy of Shutterstock.com

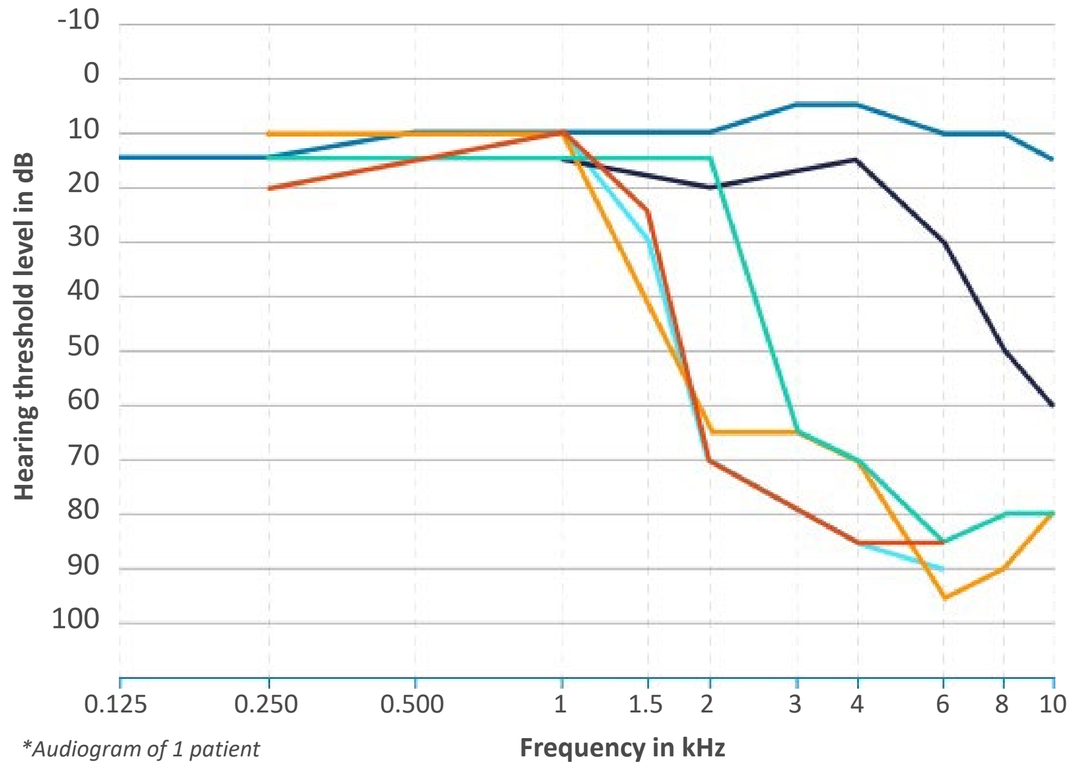
CIO permanent hearing loss estimates[5]:

40-80%
of adults

>50%
of children

1. Waissbluth S et al. Int J Pediatr Otorhinolaryngol. 2018;111:174-179. 2. Paken J et al. J Toxicol. 2016;2016:1809394.
3. Langer T et al. Trends in Pharmacological Sciences. 2013;34:458-469. 4. Sprauten M. J. Clin Oncol. 2012;30:300-307.
5. Breglio AM et al. Nat Commun. 2017;8(1):1654.

CIO Can Occur Early in Treatment - As Early As Cycles 1-2



**Audiogram of 1 patient*

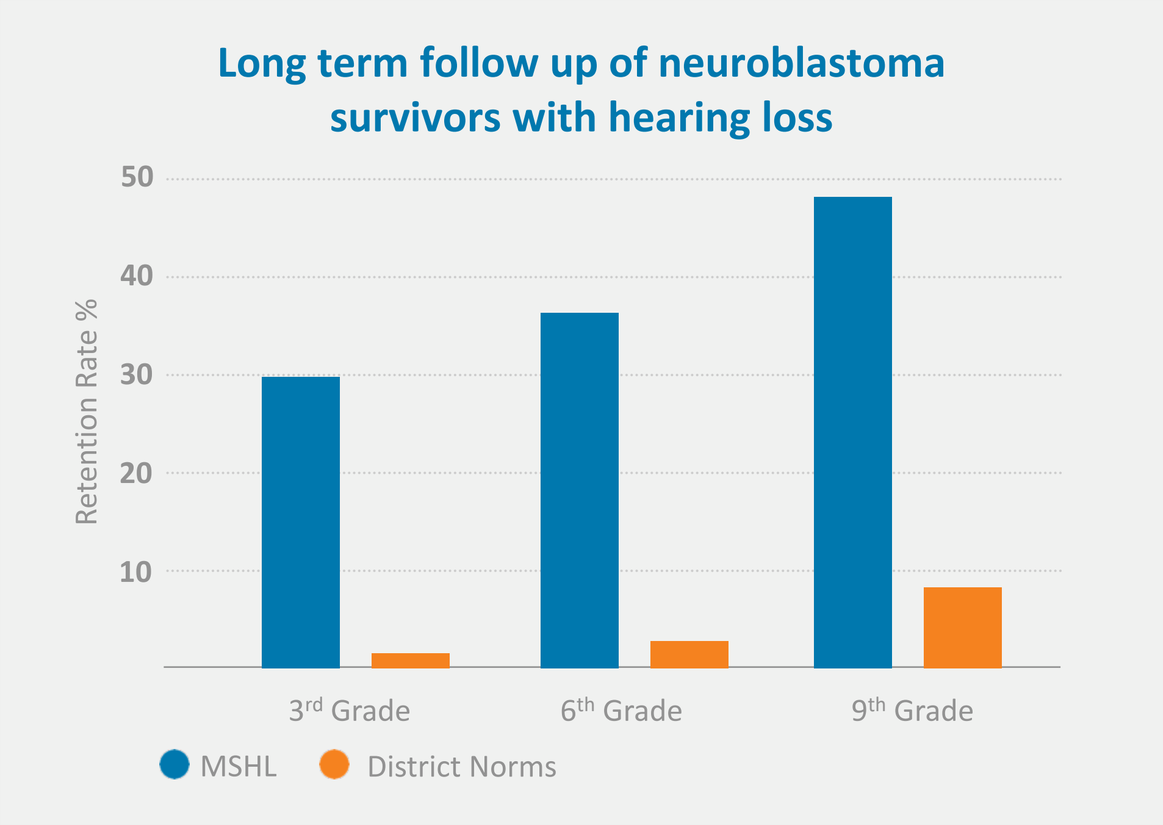
Key: Pre | Post 1st block | Post 2nd block | Post 3rd block | Post 4th block | 1st follow up

Audiogram indicates how loud a sound must be to hear it at a given frequency.

- Ototoxicity is a cisplatin dose-limiting toxicity[1] meaning that efficacy of chemotherapy could be compromised due to ototoxicity management
- Effects can be seen as soon as the second or third dose of cisplatin
- Significantly more platinum is retained in the cochleae for patients on cisplatin compared to untreated patients[2]
- Survivors are at risk of hearing deterioration years after completion of therapy[3]

1. Langer T et al. Trends in Pharmacological Sciences. 2013;34:458-469. 2. Breglio AM, et al. Nat Commun. 2017;8(1):1654. 3. Bertolini P et al, J Pediatric Hem Onc 2004;26:649-655.

Ototoxicity Can Have a Devastating Impact



- High risk for being **held back a grade** (37% vs. 3%)[1]
- Twice the rate of parents reported **learning problems** with reading, math, attention and need for special education[2]
- **Poorer child-reported** school functioning

Even minimal hearing loss is damaging, resulting in compromised learning and language development[1]

1. Bess et al., Ear and Hearing, 1998, 19:339-54. 2. Gurney et al., Pediatrics, 2007 120 (5):229-36 Minimum sensorineural hearing loss (MSHL).

Until Now, Intervention for Ototoxicity Was Not Preventative

Intervention occurs after hearing loss has been detected

Hearing Aids[1]

- Do not block out background noise
- Unable to separate speech and noise in loud environments
- Don’t allow distant sounds to be heard
- Generally replaced every 3-5 years[2]

Cochlear Implants[1]

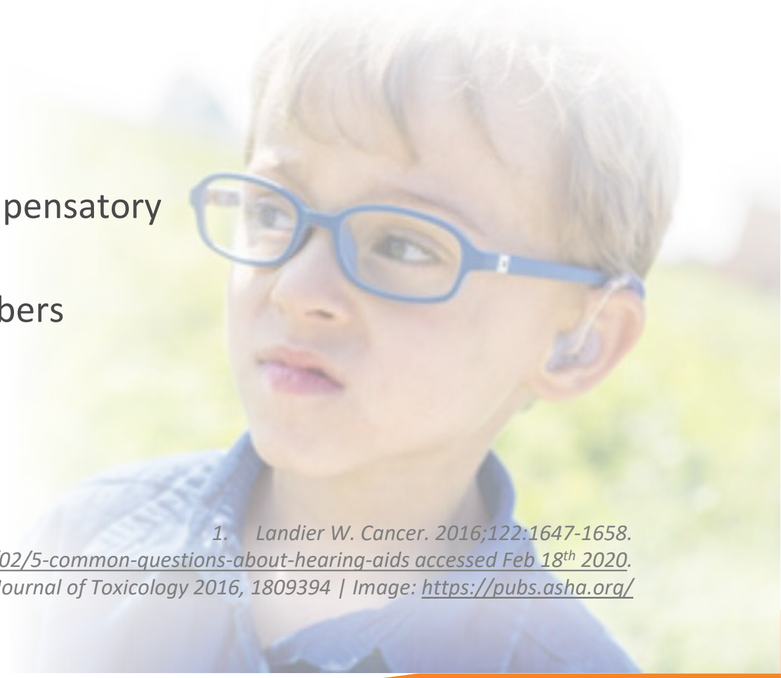
- A surgically implanted neuro-prosthetic device to provide a modified sense of sound for moderate to profound sensorineural hearing loss
- Could be unilateral or bilateral
- Lifelong commitment

Personal Frequency Modulation (FM Classroom Amplification)

- Patients with hearing loss as a result of cisplatin therapy are more likely to need hearing loss amplification technology - *e.g., extended bandwidth hearing aids*[1]
- There is no data suggesting improvement in speech recognition with this technology[3]

Speech Rehabilitation[3]

- Speech reading and counseling on compensatory communication strategies are needed
- Counseling should include family members including parents and siblings



1. Landier W. Cancer. 2016;122:1647-1658.
2. https://www.starkey.com/blog/2014/02/5-common-questions-about-hearing-aids accessed Feb 18th 2020.
3. Paken et al, Journal of Toxicology 2016, 1809394 | Image: https://pubs.asha.org/

Changing the Standard of Care for CIO Prevention

- **The first and only therapeutic agent** with proven efficacy and safety data with an established dosing regimen, with data across two open-label, randomized Phase 3 clinical studies
- **Rapid infusion time and clear benefit** with ~50% reduction in hearing loss
- Fennec is the **only commercial-stage pharmaceutical company** dedicated to CIO with no branded competitor in development
- **Unique formulation with a differentiated excipient profile** with mild-to-moderate and manageable side effect profile

Please see Important Safety Information at the end of this presentation
Full Prescribing Information is available at www.PEDMARK.com

Changing the Standard of Care for CIO Prevention

In the U.S.

- **PEDMARK® is the first and only therapy approved in the U.S.** to reduce the risk of ototoxicity associated with cisplatin in pediatric patients ≥1 month of age with localized, non-metastatic solid tumors
- **NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®)** for Adolescent and Young Adult (AYA) Oncology recommends sodium thiosulfate (PEDMARK) to reduce the risk of cisplatin-induced ototoxicity in patients with localized, nonmetastatic, solid tumors (category 2A)
- As of January 2025, all medical compendia have received Fennec clinical updates, and **AHFS (largest online pharmacist platform) has updated and differentiated PEDMARK per its label**

In the EU and U.K.

- **PEDMARQSI® is the first and only approved therapy in the EU and U.K.** for the prevention of ototoxicity, or hearing loss, induced by cisplatin chemotherapy in patients 1 month to <18 years of age with localized, non-metastatic solid tumors
- Prior, PEDMARQSI also received a **positive opinion** from the Committee for Medicinal Products for Human Use (CHMP) of the European Medicines Agency (EMA), **and regulatory approval in the U.K.** by the Medicines and Healthcare Products Regulatory Agency (MHRA)
- Most recently, in December 2024, PEDMARQSI received **positive final draft guidance** from National Institute for Health and Care Excellence (NICE)

NCCN Guidelines Category 2A Recommendation in AYA

- **The Adolescent and Young Adult (AYA) oncology patient is defined as an individual aged 15–39 years of age at the time of initial cancer diagnosis**
- Treatment Related Issues
  - AYA patients should be offered enrollment in open clinical trials for their specific disease when available and appropriate and supportive care should follow well-established guidelines such as those available at www.NCCN.org
- Toxicities
  - Ototoxicity – Consider sodium thiosulfate to prevent the risk of ototoxicity associated with cisplatin in pediatric patients with localized, non-metastatic solid tumors.

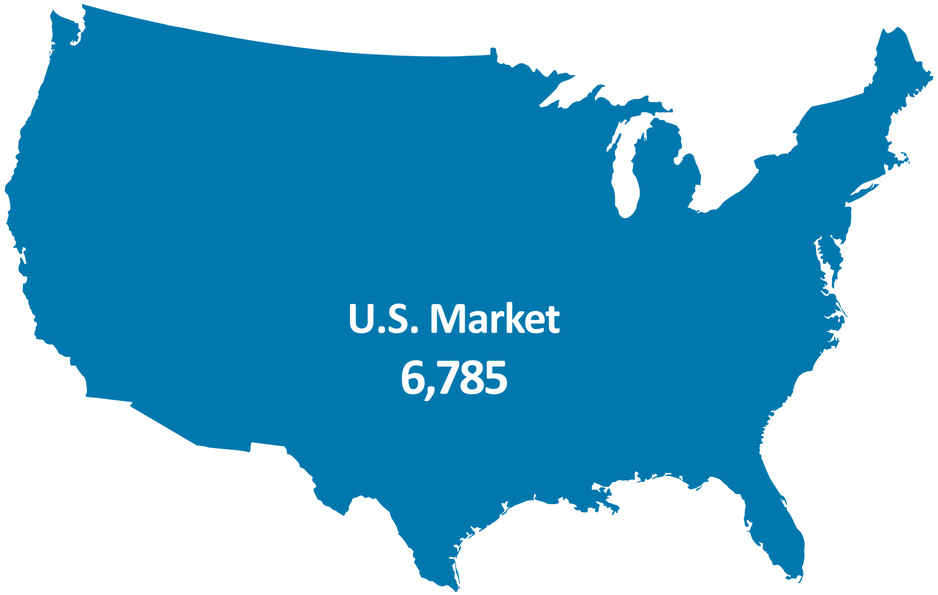
Note: All recommendations are category 2A unless otherwise indicated

2. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN GuidelinesR) for Adolescent and Young Adult (AYA) Oncology V.1.2025. c National Comprehensive Cancer Network, Inc. 2024. All rights reserved. Accessed July 12,2024. To view the most recent and complete version of the guideline, go online to NCCN.org.

Pediatric Oncology Incidence is Consistent in U.S. and EU

Annual Incidence of Pediatric Solid Tumor Cases in Both U.S. and EU Markets*

Top Three Tumor Types: Neuroblastoma, CNS & Osteosarcoma



PEDMARK® Market		
	2,157 Cisplatin-Treated Patients	**1,250** Cisplatin-Treated Patients

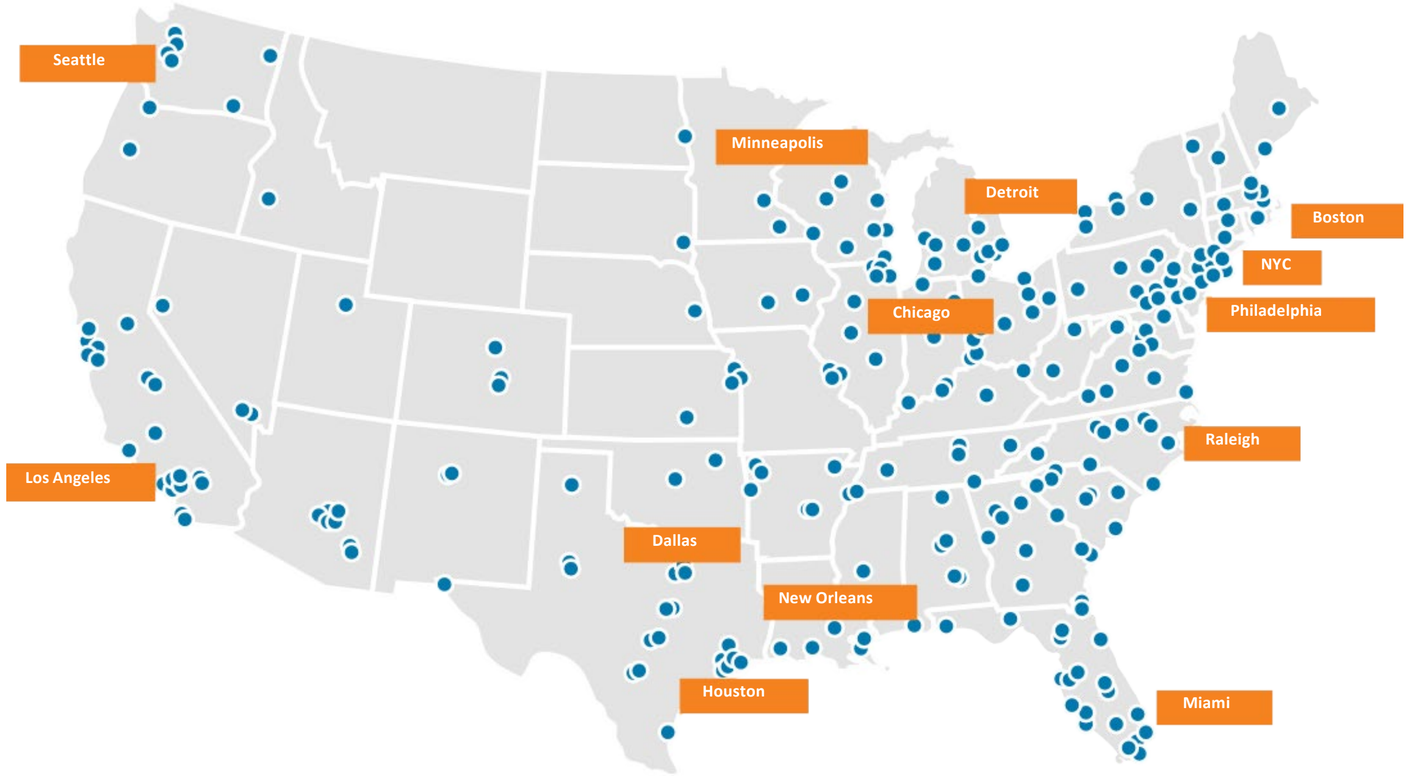
**EU market defined by Norgine-licensed countries, including Europe (EU-5 plus BENELUX, Nordics, Portugal, Ireland, CH, Austria)*

**Sources: Fennec and Norgine Data on File*
Localized vs metastatic breakdown based on Qualitative Market Research Study Completed February 2018

U.S. Pediatric Oncology Landscape

Institutions

- ~200 target pediatric hospital centers, including COG, NCI and NCCN institutions*
- ~80% of pediatric cancer patients treated in key centers

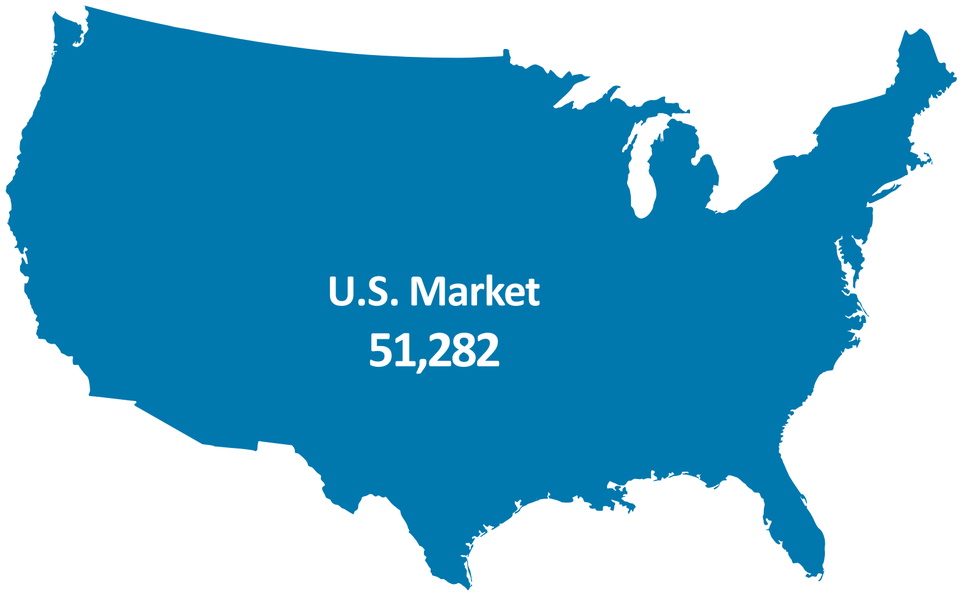


Sources: 1. 2022 ASCO State of the Oncology Workforce Survey reports 13,365 Medical Oncologists in US (Academic & Community). 2. Community Oncology Alliances sites 15,000 oncologists in community setting. 3. NIH Publication citing 80% of cancer care is in non-academic settings.
**COG: Children's Oncology Group; NCI: National Cancer Institute; NCCN: National Comprehensive Cancer Network*

AYA Oncology Incidence in the U.S.

Annual Incidence of AYA Solid Tumor Cases in the U.S.*

Top Four Tumor Types: Thyroid, Breast, Germ Cell & Testicular



PEDMARK® Market ⟩ **20,858** Cisplatin-Treated Patients

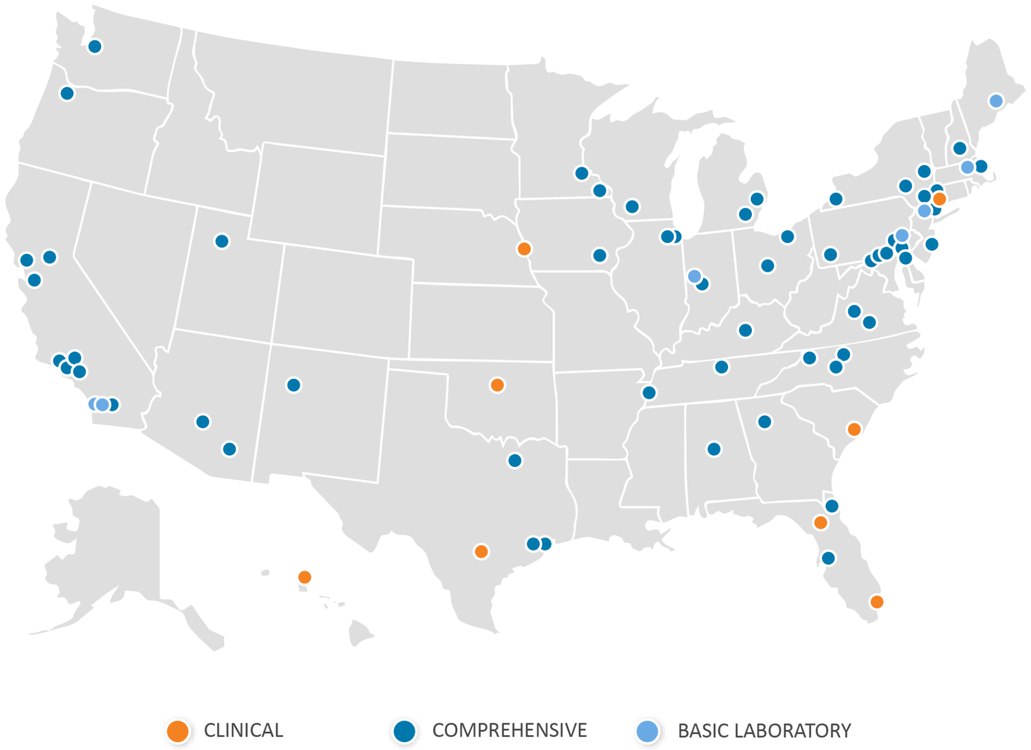
Incidence data presented herein is derived from a comprehensive analysis of scientific literature, proprietary market research, and Fennec data on file.

U.S. AYA Oncology Landscape – Patients Across the Nation

Academic Institutions Play Critical Role in Establishing Treatment Landscape

- 72 NCI designated academic centers with ~20% of patients
- 3,750 community centers with ~80% of patients

Academic Centers Across the U.S.



Clinical Cancer Centers = Scientific Leadership, Resources & Research

Comprehensive Cancer Centers = Leadership, Resources, Plus Added Depth of Research & Transdisciplinary Research Across Scientific Areas

Basic Laboratory Cancer Centers = Focus on Lab Research & Preclinical Research

Sources: 1. 2022 ASCO State of the Oncology Workforce Survey reports 13,365 Medical Oncologists in US (Academic & Community). 2. Community Oncology Alliances sites 15,000 oncologists in community setting. 3. NIH Publication citing 80% of cancer care is in non-academic settings. 4. https://www.cancer.gov/research/infrastructure/cancer-centers

Cross-Functional Strategy

PEDMARK® is the First and Only FDA- and EMA-Approved Agent to Lower the Risk of Cisplatin-Induced Hearing Loss in Children with Localized Solid Tumors

Strategic imperatives driving the strategy and execution for PEDMARK include:

- **Awareness**: Increase awareness around unmet patient needs and continuing the drive oncologists to recognize the importance of preventing CIO
- **Standard of Care (SOC)**: Cement PEDMARK as the SOC for all CIO prevention
- **Adoption**: Beyond just the oncologist, ensure HCPs gain confidence and have first and continued positive experiences with PEDMARK
- **Access**: Ensure advocacy, payers & providers have seamless access to PEDMARK
- **Activation**: Activate patients & caregivers through disease education and demand PEDMARK

Key Activities

Direct Promotion

- Digital materials
- Digital MD speaker bureau to engage pediatric oncologists, audiologists, nursing and pharmacists

Aligned Commercial & Medical Infrastructure

- Sales team originally focused on target pediatric facilities
- Expanded team with record of success in academic and community settings

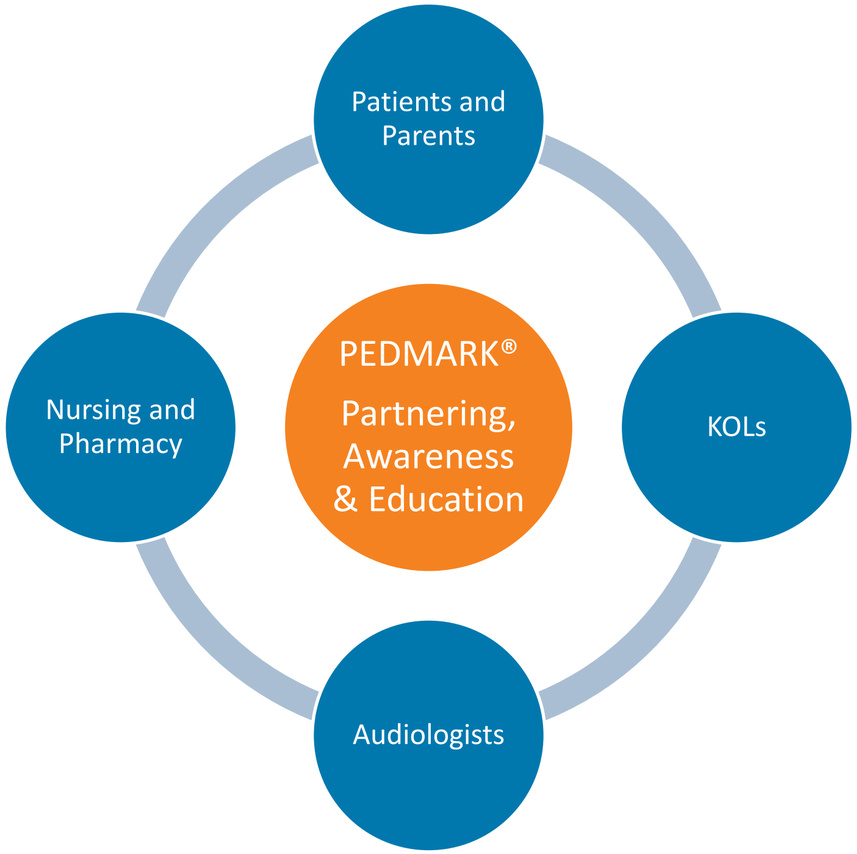
Commercial Partnerships

- Several contracts recently signed with group purchasing organizations
- Specialty pharmacy offering, home infusions, white bag delivery, and direct billing

Access & Patient Support

- 3PL and distribution network
- Patient access services HUB
- Strong support from advocacy groups

Ongoing Partnerships



FENNEC HEARS | Education, Access & Reimbursement Support

FENNEC HEARS™
Hearing Education, Access & Reimbursement Support

A single source program for patients needing financial and product access support

Financial Support

- $0 copay savings eligibility for patients with commercial or private insurance
- Copay assistance through independent charities for eligible Medicaid recipients
- The Fennec Patient Assistance Program for eligible patients without insurance

Patient & Product Support

- Fennec HEARS dedicated care coordinators available to:
  - Answer insurance questions about coverage for PEDMARK
  - Provide you with tips and resources for managing your child's treatment

FENNEC | Capital Structure and Financial Information

Stock Listings Current	FENC – Nasdaq FRX – TSX, Canada
Shares Outstanding	27.4 Million
Cash and Cash Equivalents[1]	USD $27.3 Million
YTD Net Revenues[1]	USD $21.7 Million
2024 Q3 Cash Burn[2]	USD $2.7 Million
Debt[3]	$19.3 Million

INSTITUTIONAL OWNERSHIP[4]

Southpoint Capital	16%
Essetifin	16%
Sonic Fund	9%

1. As of September 30, 2024, Pro Forma for Debt Repayment of $13 Million in December 2024.
2. For the 3-month period ending September 30, 2024.
3. As of September 30, 2024, Pro Forma for Debt Repayment of $13 Million in December 2024.
4. As of most recent Schedule 13G or Schedule 13F filing by respective fund.

INDICATIONS AND IMPORTANT SAFETY INFORMATION

INDICATION & USAGE
PEDMARK (sodium thiosulfate injection) is indicated to reduce the risk of ototoxicity associated with cisplatin in pediatric patients 1 month of age and older with localized, non-metastatic solid tumors.

Limitations of Use
The safety and efficacy of PEDMARK have not been established when administered following cisplatin infusions longer than 6 hours. PEDMARK may not reduce the risk of ototoxicity when administered following longer cisplatin infusions, because irreversible ototoxicity may have already occurred.

IMPORTANT SAFETY INFORMATION
PEDMARK is contraindicated in patients with history of a severe hypersensitivity to sodium thiosulfate or any of its components.

Hypersensitivity reactions occurred in 8% to 13% of patients in clinical trials. Monitor patients for hypersensitivity reactions. Immediately discontinue PEDMARK and institute appropriate care if a hypersensitivity reaction occurs. Administer antihistamines or glucocorticoids (if appropriate) before each subsequent administration of PEDMARK. PEDMARK may contain sodium sulfite; patients with sulfite sensitivity may have hypersensitivity reactions, including anaphylactic symptoms and life-threatening or severe asthma episodes. Sulfite sensitivity is seen more frequently in people with asthma.

PEDMARK is not indicated for use in pediatric patients less than 1 month of age due to the increased risk of hypernatremia or in pediatric patients with metastatic cancers.

Hypernatremia occurred in 12% to 26% of patients in clinical trials, including a single Grade 3 case. Hypokalemia occurred in 15% to 27% of patients in clinical trials, with Grade 3 or 4 occurring in 9% to 27% of patients. Monitor serum sodium and potassium at baseline and as clinically indicated. Withhold PEDMARK in patients with baseline serum sodium greater than 145 mmol/L.

Monitor for signs and symptoms of hypernatremia and hypokalemia more closely if the glomerular filtration rate (GFR) falls below 60 mL/min/1.73m2.

Administer antiemetics prior to each PEDMARK administration. Provide additional antiemetics and supportive care as appropriate.

The most common adverse reactions (≥25% with difference between arms of >5% compared to cisplatin alone) in SIOPEL6 were vomiting, nausea, decreased hemoglobin, and hypernatremia. The most common adverse reaction (≥25% with difference between arms of >5% compared to cisplatin alone) in COG ACCL0431 was hypokalemia.

Please see full Prescribing Information for PEDMARK at www.PEDMARK.com.

*Actor Portrayal

FENNEC PHARMA