

Business Summary

Provectus Pharmaceuticals specializes in developing oncology and dermatology therapies. Its novel oncology drug PV-10 is designed to selectively target and destroy cancer cells without harming surrounding healthy tissue, significantly reducing potential for systemic side effects. Its oncology focus is on melanoma, breast cancer and metastatic cancers of the liver. The Company has received orphan drug designations from the FDA for its melanoma and hepatocellular carcinoma indications. Its dermatological drug PH-10 also targets abnormal or diseased cells, with the current focus on psoriasis and atopic dermatitis. Provectus has recently completed Phase 2 trials of PV-10 as a therapy for metastatic melanoma, and of PH-10 as a topical treatment for atopic dermatitis and psoriasis. Information about these and the Company's other clinical trials can be found at the NIH registry, www.clinicaltrials.gov. For additional information about Provectus please visit the Company's website at www.pvct.com or contact Porter, LeVay & Rose, Inc.

Provectus Pharmaceuticals Clinical Development Plan

Program	Current Status	Planned
Metastatic Melanoma (PV-10)	Held end-of-Phase 2 meeting and discussion about the design of a pivotal Phase 3 randomized control study of PV-10 with the FDA Received guidance from FDA on pathway to approval for Phase 3 Trial of PV-10 for Metastatic Melanoma and an additional end of Phase 2 meeting is not required End-of-Phase 2 meeting was held with the Australian Therapeutic Goods Administration (TGA) to discuss path to approval	Continue to discuss with FDA and Therapeutic Goods Administration (TGA) to discuss next steps, including accelerated approval. Seeking consensus and SPA on design of planned pivotal Phase 3 randomized controlled trial (RCT) of PV-10 to support approval of PV-10 for its melanoma indication. Phase 2B trial planned for immunology effect validation. Compassionate Use program has enrolled over 60 patients, including over 50 new patients.
Atopic Dermatitis (PH-10)	Phase 2 completed	Will seek licensing partner or partner with a pharmaceutical dermatology concern to co-develop drug.
Psoriasis (PH-10)	Phase 2 completed Phase 2c completed	Will seek licensing partner or partner with a pharmaceutical dermatology concern to co-develop drug.
Breast Cancer (PV-10)	Phase 1 safety and efficacy trial on 12 patients (14 lesions were treated) with recurrent breast cancer completed. Phase 1 safety at all three dose levels.	In position to commence Phase 2 clinical trial.
Liver Cancer (PV-10)	Phase 1 completed Received Orphan drug designation by FDA for Rose Bengal	Assess results and determine further action.

Phase 2 Data Highlights (PV-10 for Metastatic Melanoma)

Reported encouraging data at the 4th Interdisciplinary Melanoma & Skin Cancer Centres Meeting (Key 52-week data from the 80 subjects) on November 4, 2010:

- A Complete Response (CR) of PV-10 injected lesions was achieved in 24% of subjects, Partial Response (PR, requiring at least a 30% reduction in tumor volume) in 25% of subjects and Stable Disease (SD, requiring less than 20% increase in tumor volume) in 18% of subjects, with 23% of subjects experiencing disease progression (PD, 20% or greater increase in tumor volume);
- Response was considerably higher in the 55 subjects with cutaneous or nodal disease only (55% OR and locoregional disease control in 78% of subjects) than in the 25 subjects with visceral metastases (35% OR with a 56% rate of disease control);
- An OR was achieved in untreated bystander lesions in 37% of subjects having an evaluable bystander lesion at baseline, with 55% of subjects achieving locoregional disease control in their bystander lesions;
- Bystander response was closely correlated with successful ablation of injected lesions, with 67% of subjects achieving an OR of their bystander lesions if they achieved an OR in their injected lesions vs. 5% in subjects who did not achieve an OR in their injected lesions;
- Mean Progression Free Survival was 8.2 months for all subjects, while the OR cohort had a significantly longer PFS estimated to be 11.7 months vs. 4.1 months for SD or PD subjects; subjects with cutaneous or nodal disease achieved a mean PFS of 8.8 months vs. 6.2 months for subjects with visceral metastases;

Key Statistics

OTC BB: PVCT

52 Wk Range:

\$0.67- \$1.23

Shares Out: 109M

Price (03/12/12): \$0.98

Market Cap: \$M108

90 Day Avg. Vol: 135,777
shrs

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Analyst Coverage

Maxim Group

Rodman & Renshaw

Stonegate Securities

MARCH 2012

PV-10 CLINICAL VALUE PROPOSITION

✓ Very efficacious	<ul style="list-style-type: none"> • Much better overall survival benefit • Much higher level of tumor destruction • Clinical results statistically much better than competitors 	Clinical results to date indicate (metastatic melanoma, hepatocellular carcinoma) and suggest (recurrent breast cancer, compassionate care program) materially superior results for objective response, complete response and progression free survival, and infer such for durable response
✓ Very safe	<ul style="list-style-type: none"> • Predominantly mild to moderate adverse events • Active pharmaceutical ingredient previously approved the FDA • Multi-decade human use 	Clinical trial adverse events are predominantly loco-regional and mild to moderate, with no NCI CTCAE Grade 4 or 5 events or clinical trial insurance claims to date. Rose Bengal has an established safety profile with the FDA for prior human use (intravenous hepatic diagnostic as Robengatope®, and topical ophthalmic diagnostic as Rosettes® and Minims®), and has been used for liver function studies for more than 90 years.
✓ Local and systemic benefit	<ul style="list-style-type: none"> • Mechanism of action: Autophagy • Mechanism of immune response: Autophagy-induced system-wide anti-tumor immunity 	Partitions into diseased cells. Enters into cells' lysosomes, causing them to leak or rupture. Autophagy cascade occurs. Local and system responses were independently confirmed by Toomey et al. (2012): <i>Intralesional Injection of Melanoma with Rose Bengal Induces Regression of Untreated Synchronous Melanoma in a Murine Model.</i>
✓ Multi-indication viability	<ul style="list-style-type: none"> • Metastatic melanoma • Recurrent breast cancer • Hepatocellular carcinoma • Squamous cell carcinoma • Scalp sarcomas • Colorectal cancer (mets to the liver) 	100 patients were treated in completed metastatic melanoma Phase 1 and Phase 2 trials. 12 patients were treated in a completed recurrent breast cancer Phase 1 trial. 5 patients were treated in a completed hepatocellular carcinoma Phase 1 trial. ___ patients have been treated under a compassionate care program.
♀ Further efficacy from combination therapies	<ul style="list-style-type: none"> • Intralesional PV-10 combined with external beam radiotherapy yielded impressive results in 3 patients; Foote et al. (2010): <i>A Novel Treatment for Metastatic Melanoma with Intralesional Rose Bengal and Radiotherapy: A Case Series.</i> <p>♀ Surmising of clinical results and observations of pre-clinical studies suggest PV-10's reduction of tumor burden primes the immune system's pump to better utilize additional therapies.</p>	
♀ Peer-reviewed publications	<ul style="list-style-type: none"> • Publications include Wachter et al. (2003) in <i>Lasers in Surgery and Medicine</i>, and Foote et al. (2010) in <i>Melanoma Research.</i> <p>♀ 2012 publications in globally recognized medical journals are planned for metastatic melanoma (Phase 2 trial) and hepatocellular carcinoma (Phase 1 trial)</p>	

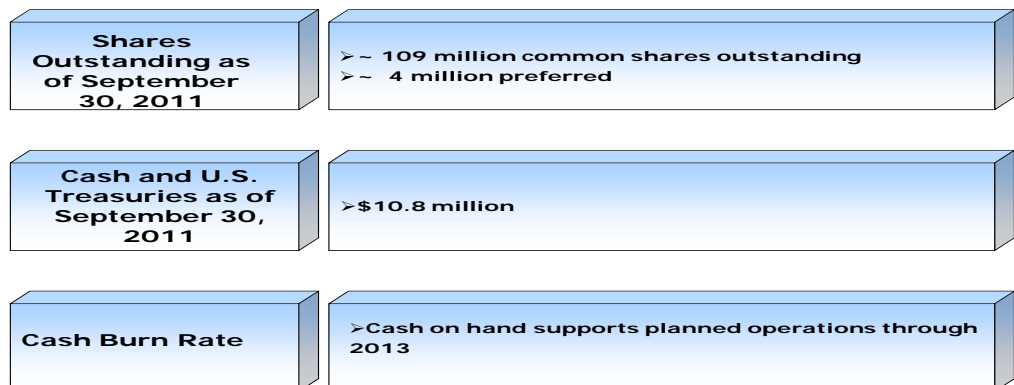
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Provectus Pharmaceuticals: Financials



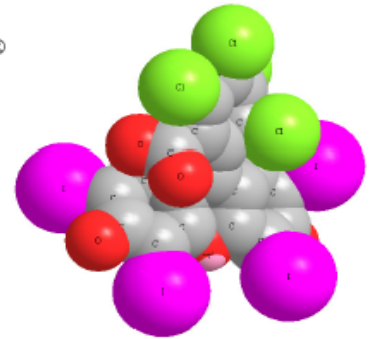
Statements made in this document that are not historical facts, including Provectus' ability to increase revenues, control expenses, maintain levels of profitability, establish and increase creativity and uniqueness and continually enhance its existing products and to develop and release new products, are forward-looking statements. These forward looking statements are not guarantees of future performance and are subject to risks, uncertainties and assumptions about Provectus and the matters covered in this release. You should not place undue reliance on these statements. Actual events or results may differ materially. The forward-looking statements are made as of this date and Provectus does not undertake any obligation to update any forward-looking statements, whether as a result of new information, future events or otherwise, except as may otherwise be required by applicable law. There is no assurance the Company will increase or even maintain its current level of revenues and profitability. A more complete discussion of risks and uncertainties which may affect the accuracy of these statements and the Company's business generally is included in the Company's most recent Annual Report on Form 20-F as filed by the Company with the Securities and Exchange Commission.

Provectus Reports Encouraging Clinical Data at 4th Interdisciplinary Melanoma & Skin Cancer Centres Meeting (Sydney 2010)

Chemoablation with Intralesional PV-10

□ *PV-10 is a sterile, non-pyrogenic solution of Rose Bengal disodium (10% RB) for intralesional injection*

- RB is a small molecule Fluorescein derivative attributed to Gnehm in 1882
- Prior Human Use of RB
 - IV hepatic diagnostic, ¹³¹I radiolabeled RB: Robengatope[®]
 - Topical ophthalmic diagnostic: Rosettes[®] and Minims[®]
- Established Safety History
 - Not metabolized
 - Short circulatory half-life (ca 30 min)
 - Excretion via bile



Rose Bengal Disodium (RB)

Preliminary PHASE 2 OVERVIEW (Sydney 2010)

Protocol PV-10-MM-02

- **Study Design**
 - Open label, single-arm trial
 - 80 subjects with AJCC Stage III/IV melanoma
 - **Treatment of 1-10 Target Lesions and up to 10 Non-Target Lesions**
 - Target Lesions must be ≥ 0.2 cm diameter
 - Biopsy confirmation of at least one Target Lesion
 - Intralesional dosing at 50% of calculated lesion volume
 - **Observe up to 1-2 untreated Bystander Lesions**
 - Typically small or difficult to access
 - Biopsy confirmation of each Bystander Lesion
 - **Retreatment (new or partially-responsive lesions) allowed at weeks 8, 12, or 16**
 - **Observe for 52 weeks**
- **Outcome Assessment**
 - Modified RECIST assessed on Target, Non-Target and Bystander Lesions
 - Progression Free Survival
 - Duration of Response (for CR + PR subjects)
 - Overall Survival
- **Preliminary Safety and Efficacy Data**
 - Monitoring of all case report forms complete
 - Final data validation underway
 - Preliminary data available for full study cohort (N = 80 subjects)
 - Subjects withdrawing prior to Week 8 assigned PD outcome

Objective Response of Target Lesions (by AJCC Stage)

All Subjects (N=80)

Best Response (RECIST, N=80, through Week 52)	Unresectable Stage III		Stage IV M1a		Stage IV M1b		Stage IV M1c	
	N		N		N		N	
N (Subjects)	53		2		14		11	
CR	15	34%	1	50%	3	21%	0	0%
PR	13	26%	1	50%	3	21%	3	27%
SD	13	24%	0	0%	2	14%	3	27%
PD	12	16%	0	0%	6	43%	5	45%
CR + PR	28	53%	2	100%	6	43%	3	27%
CR + PR + SD	41	77%	2	100%	8	57%	6	55%

- Early systemic progression of M1b and M1c subjects led to early withdrawal and PD score
- OR for Stages III–IV (M1a) = 55% vs 49% for all subjects

CLINICAL TESTING

□ *80 subjects with AJCC Stage III/IV melanoma*

- Open label, single-arm trial at 7 centers in AUS and USA
 - Sanjiv Agarwala, St Luke’s Hospital and Health Network
 - Brendon Coventry, Royal Adelaide Hospital
 - David Minor, California Pacific Medical Center
 - Merrick Ross, MD Anderson Cancer Center
 - Charles Scoggins, University of Louisville
 - Mark Smithers, Princess Alexandra Hospital
 - John F Thompson, Melanoma Institute Australia
- Enrollment commenced Aug 2007, completed May 2009
- Final follow-up completed May 2010

CONCLUSION

PV-10 is well tolerated, eliciting a robust response in a majority of patients

- The safety and efficacy profile compare favorably with existing and emerging therapies
- Suitable for repeat treatment to maximize OR, ablate new lesions and enhance long-term outcome
- Non-responsive patients are quickly evident, avoiding delay in transition to alternate therapy
- Treatment of all injectable lesions likely to improve response rate and long-term outcome

Locoregional treatment may yield systemic benefit via the bystander effect

- PV-10 offers potential locoregional control of metastatic disease
- Bystander effect in untreated cutaneous lesions correlates closely with response of injected lesions
- Stasis or regression of visceral lesions evident in several subjects (“remote bystander effect”)
- Immunologic mechanism of action study planned to fully validate the bystander effect

Phase 2 - Bystander Correlation with Treatment Outcome

Objective Response of Bystander Lesions

Grouped According to Subject Objective Response of Target Lesions
All Subjects (N=80)

Bystander Lesion Response	Subjects with POSITIVE Objective Response of Target Lesions		Subjects with NEGATIVE Objective Response of Target Lesions		χ^2
N (Subjects)	18		20		
CR	9	50%	0	0%	
PR	3	17%	1	5%	
SD	1	6%	6	30%	
PD	5	28%	13	65%	
ND	(21)		(21)		
CR + PR	12	67%	1	5%	P < 0.001 ($\chi^2 = 13.3$)
CR + PR + SD	13	72%	7	35%	P = 0.049 ($\chi^2 = 3.9$)

Response of each subject’s bystander lesions (overall subject response) as a function of the subject’s objective response of target lesions (POSITIVE Objective Response = CR + PR subjects; NEGATIVE Objective Response = SD + PD subjects). Statistical significance of response rates tested using the Chi-Square and Fisher Exact tests. Forty two subjects had no designated bystander lesion (or no assessable lesion) to assess (ND) and were censored.

Phase 2 - Preliminary Efficacy

Objective Response of Study Lesions

All Subjects (N=80)

Best Response (RECIST, N = 80 Subjects through Week 52)	Target Lesions		Bystander Lesions	
	N		N	
N (Subjects)	80		38	
CR	19	24%	9	24%
PR	20	25%	5	13%
SD	18	18%	7	18%
PD	23	23%	17	45%
ND	--	--	42	
CR + PR	39	49%	14	37%
CR + PR + SD (Locoregional Disease Control)	57	71%	21	55%