November 2025

Developing and commercializing new products that address the unmet medical need associated with infectious diseases

Corporate Presentation

Disclaimer and Forward-looking Statements

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FORWARD LOOKING STATEMENTS. This communication includes forward-looking statements based on the Company's current expectations and projections about future events. All statements contained in this communication other than statements of historical fact, including any statements regarding our future operations, are forward-looking statements. The words "believe", "may", "will", "estimate", "continue", "anticipate", "intend", "expect", "could", "would", "project", "plan", "potentially", "likely" and similar expressions are intended to identify forward-looking statements as defined in the Private securities Litigation Reform Act of 1995.

The forward-looking statements contained in this communication are based on knowledge of the environment in which the Company currently operates and are subject to changed based on various important factors that may affect the Company's operations, growth strategies, financial results and cash flows, and as well as other factors beyond the Company's control as of the date of this presentation.

Important factors that could cause our actual results and financial conditions to differ materially from those indicated in the forward-looking statements include, among others, the following: there is substantial doubt as to our ability to continue on a going-concern basis; we might not be eligible for Australian government research and development tax rebates; if we are not able to successfully develop, obtain FDA approval for, and otherwise provide for the commercialization of non-malaria prevention indications for Tafenoquine (Arakoda or other regimen) or Celgosivir/Australian Chestbut extracts in a timely manner, we may not be able to expand our business operations; we cannot guarantee our ability to conduct successful clinical trials; and we have no manufacturing capacity which poses the risk of lengthy and costly delays of bringing our products to market. More detailed information about the Company and the risk factors that may affect the realization of forward-looking statements is set forth in the Company's filings with the Securities and Exchange Commission (SEC), including our Annual Report on Form 10-K and our subsequent Quarterly Reports on Form 10-Q. Investors and security holders are urged to read these documents free of charge on the SEC's website at www.sec.gov. As a result of these matters, changes in fact, assumptions not being realized or other circumstances, the Company's actual results may differ materially from the expected results discussed in the forward-looking statements contained in this presentation.

In light of these risks, uncertainties and assumptions, you should not place undue reliance on these forward-looking statements, which speak only as of the date of this presentation. Although we believe our expectations are based on reasonable assumptions, we can give no assurance that our expectations will materialize. Unless required by law, we undertake no obligation to update or revise any forward-looking statements, whether as a result of new information, future events, or otherwise.

60 Degrees Pharma (NASDAQ: SXTP)
Investment Thesis

- FDA approved in 2018
- An 8-aminoquinoline antimalarial active against all stages of *Plasmodium* species
- Weekly dose convenience
- Robust US distribution network

Mission

Developing and commercializing new products that address the unmet medical need associated with infectious diseases

Proven Expertise

Commercially available differentiated malaria prevention product addressing $50-70M market in US alone (ARAKODA® approved 2018, available 2019)

Strong & Growing IP Portfolio

Three Orange Book listed patents expiring December 2035; 42 other patents filed/pending or optioned

Pipeline Advancing Treatment in Tick-Borne Disease

NDA planned for 2026, pending outcome of three active or planned clinical trials; FDA orphan drug status granted in 2024

Growing Commercial Revenues & Expansion Potential

Targeting profitability in 2027 based on:

- Continued commercial growth in malaria prevention and achieving supplemental indication for babesiosis, enabling expansion to a 3M patient market

Sixty Degrees Pharma

Leadership Team with Decades of Successful Clinical Development and Launch Experience

Geoffrey Dow, Chief Executive, President & Director

Geoffrey Dow is the CEO, President, and sole Director of 60 Degrees Pharmaceuticals, Inc. He has over 20 years of experience in product development for tropical diseases and a strong publication and patent history. He has 13 years of leadership and advisory experience in the antimalarial drug development program at the Walter Reed Army Institute of Research and the US Army Medical Materiel Development Activity. Dr. Dow co-founded 60 Degrees Pharmaceuticals in 2010 and has been instrumental in various projects including securing FDA-regulatory approval for ARAKODA® (tafenoquine) for malaria prophylaxis, managing post-marketing regulatory commitments, and ensuring the company adheres to GMP, quality, and pharmacovigilance requirements.

Bryan Smith, Chief Medical Officer

Bryan Smith is the Chief Medical Officer of 60 Degrees Pharmaceuticals, Inc. He is a medical doctor with expertise in clinical pharmacology, pharmacovigilance, regulatory strategy development, and translational medicine. He has over 30 years of experience in governmental research and leadership and is a retired military colonel. He joined the company in 2016 and works with the senior management team to establish all functional areas, including compliance with laws and regulations and overseeing research and development projects. Dr. Smith is also a Senior Medical Director, Clinical and Regulatory Affairs at Fast-Track Drugs & Biologics, LLC since 2019, where he is responsible for developing clinical development plans, managing clinical and regulatory projects, and designing and writing clinical trial protocols.

Kristen Landon, Chief Commercial Officer

Kristen Landon is the Chief Commercial Officer. Ms. Landon joined us in 2024 and brings over 26 years' experience building and transforming pharmaceutical brands in both start-up and large multinational companies. Ms. Landon has launched and relaunched over a dozen brands, many with peak revenues in excess of $100 million across therapeutic categories including women's health, infectious disease, dermatology, nephrology, and hematology/oncology.

Tyrone Miller, Chief Financial Officer

Tyrone Miller is the Chief Financial Officer of 60 Degrees Pharmaceuticals, Inc. He joined the company in 2014 and has held various roles. He raised over $6 million in external financing and established a multinational financial reporting system. He provides strategic advice in areas of financing and business planning to the company.

Sixty Degrees Pharma

ARAKODA® (tafenoquine)

- US FDA approval August 8, 2018, commercially available 2019
- Indicated for the prophylaxis of malaria in patients aged 18 years and older
- Key Product Attributes
  - ARAKODA is the only prophylactic therapy to provide protection against all stages of malaria
  - No drug resistance
  - Convenient weekly dosing
  - Recommended by CDC without geographic restrictions

- Safety Profile
  - 8 published clinical studies involving > 1,100 patients
  - Overall adverse event rate of tafenoquine 200 mg weekly for 52 weeks is comparable to placebo
  - G6PD screening required prior to use
  - See paper in *Travel Medicine & Infectious Disease* (Long-term safety of the tafenoquine antimalarial chemoprophylaxis regimen: A 12-month, randomized, double-blind, placebo-controlled trial)[1]

Sixty 60° Degrees Pharma

1. Novitt-Moreno A, et al. Travel Med Infect Dis. 2022;45:102211. doi:10.1016/j.tmaid.2021.102211

The Burden of Malaria and Impact on US Travelers

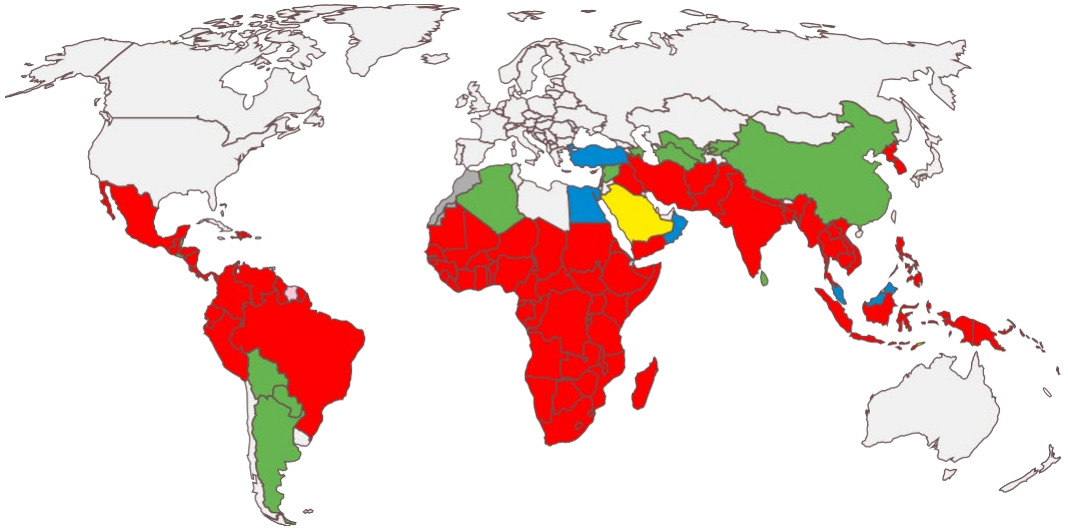
Malaria is a life-threatening disease caused by mosquito-transmitted parasites of the genus *Plasmodium* (there are five species)

Globally in 2022, an estimated 249 million malaria cases and 608,000 malaria deaths were reported in 85 tropical countries

Cases of malaria among returning travelers are increasing

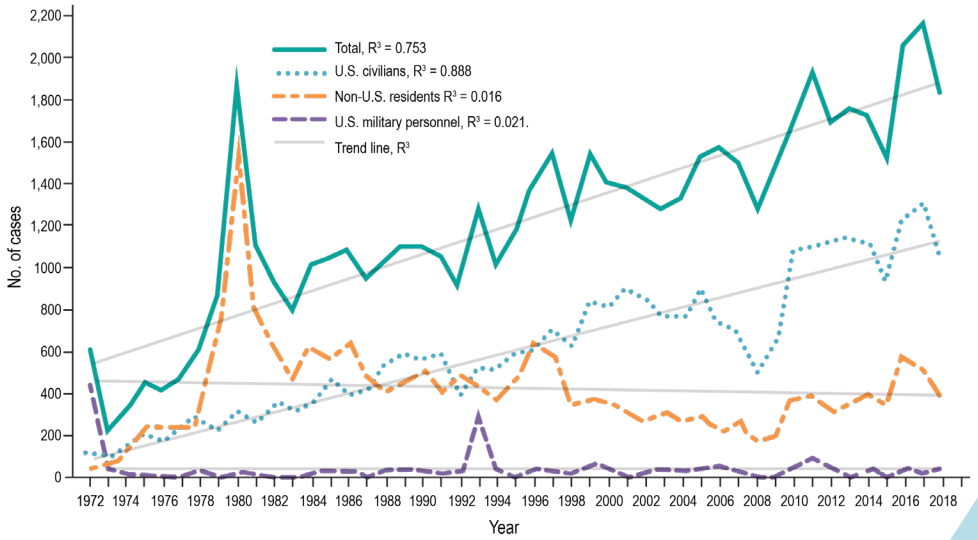
Local transmission of malaria was reported in 3 US states in 2023

Global Distribution of Malaria



- One or more indigenous cases
- Zero indigenous cases 2021-2022
- Zero indigenous cases 2022
- Zero indigenous cases (>3 years) in 2022
- Certified malaria free after 2000
- No malaria
- Not applicable

Increasing Cases of Malaria Among Returning US Travelers



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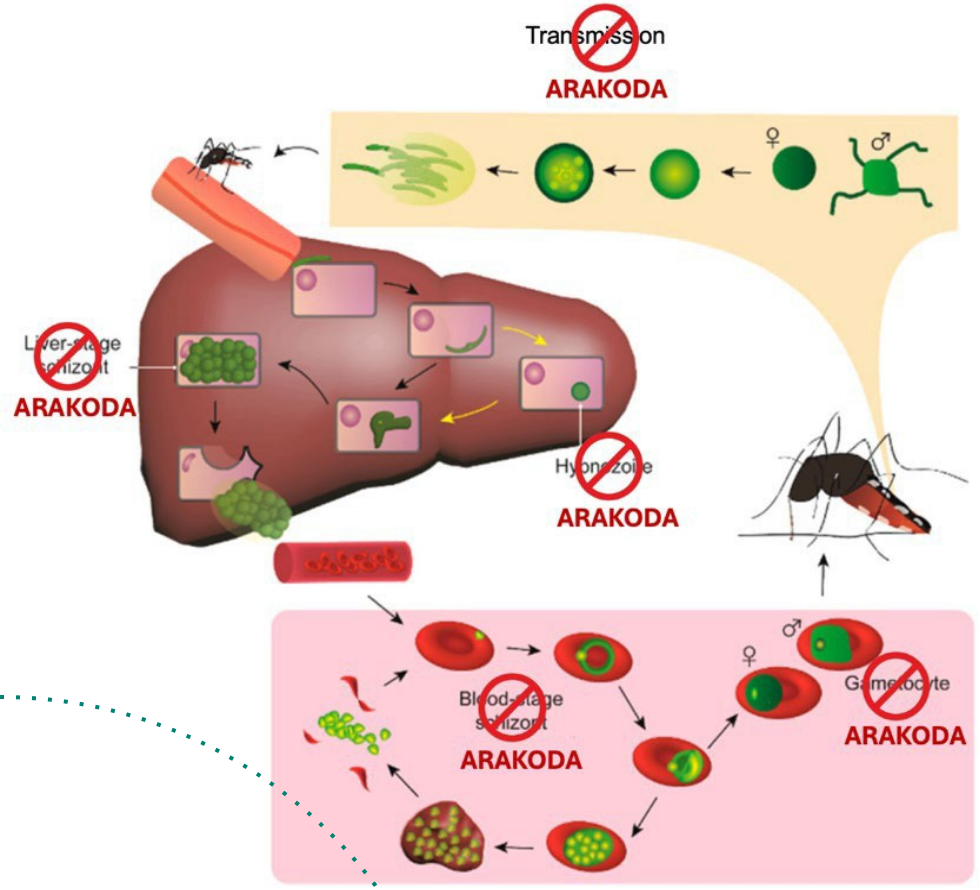
ARAKODA® Has Broad-Spectrum Activity at Several Life-Cycle Stages for All *Plasmodium* Species With Convenient Weekly Dosing



Why is ARAKODA different?

Drug	Acts on blood stage	Acts on liver stage	Eliminates dormant liver stage	Weekly dosing
ARAKODA	✓	✓	✓	✓
Chloroquine	✓	✗	✗	✓
Doxycycline	✓	✗	✗	✗
Mefloquine	✓	✗	✗	✓
Atovaquone and proguanil	✓	✓	✗	✗

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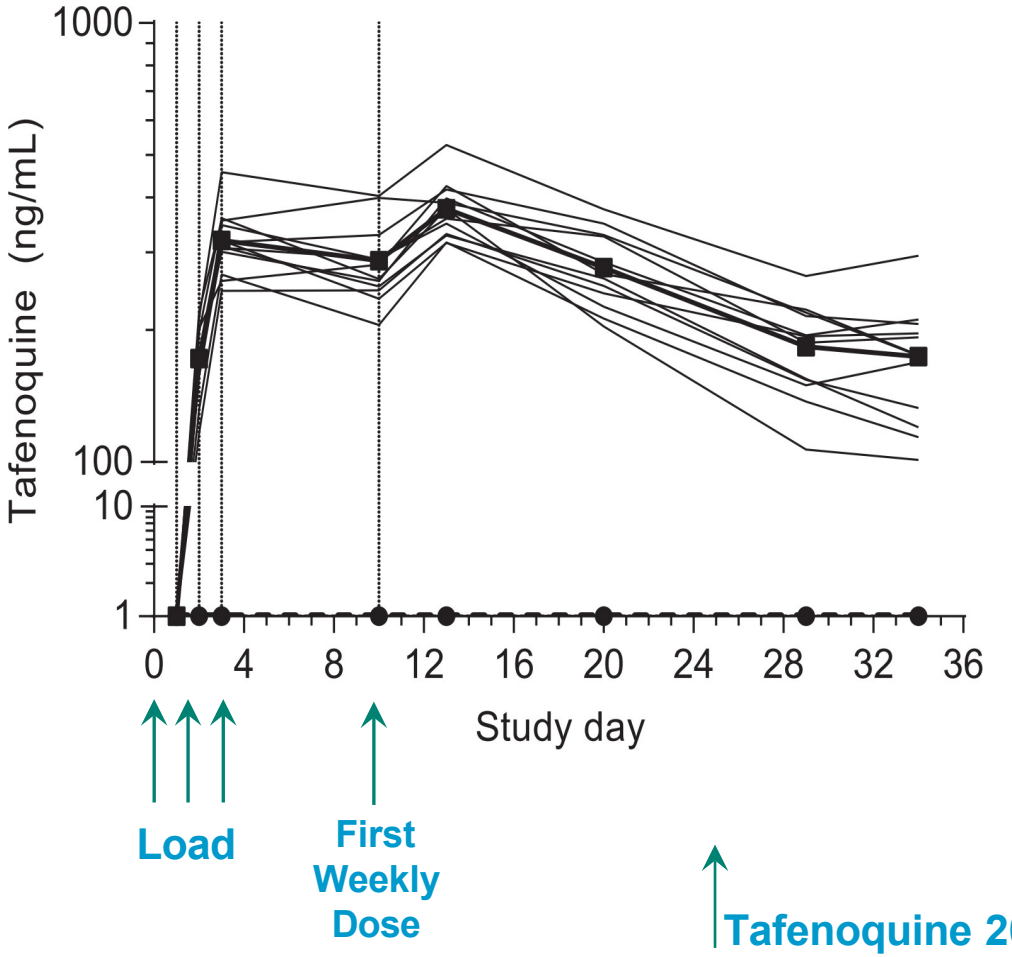
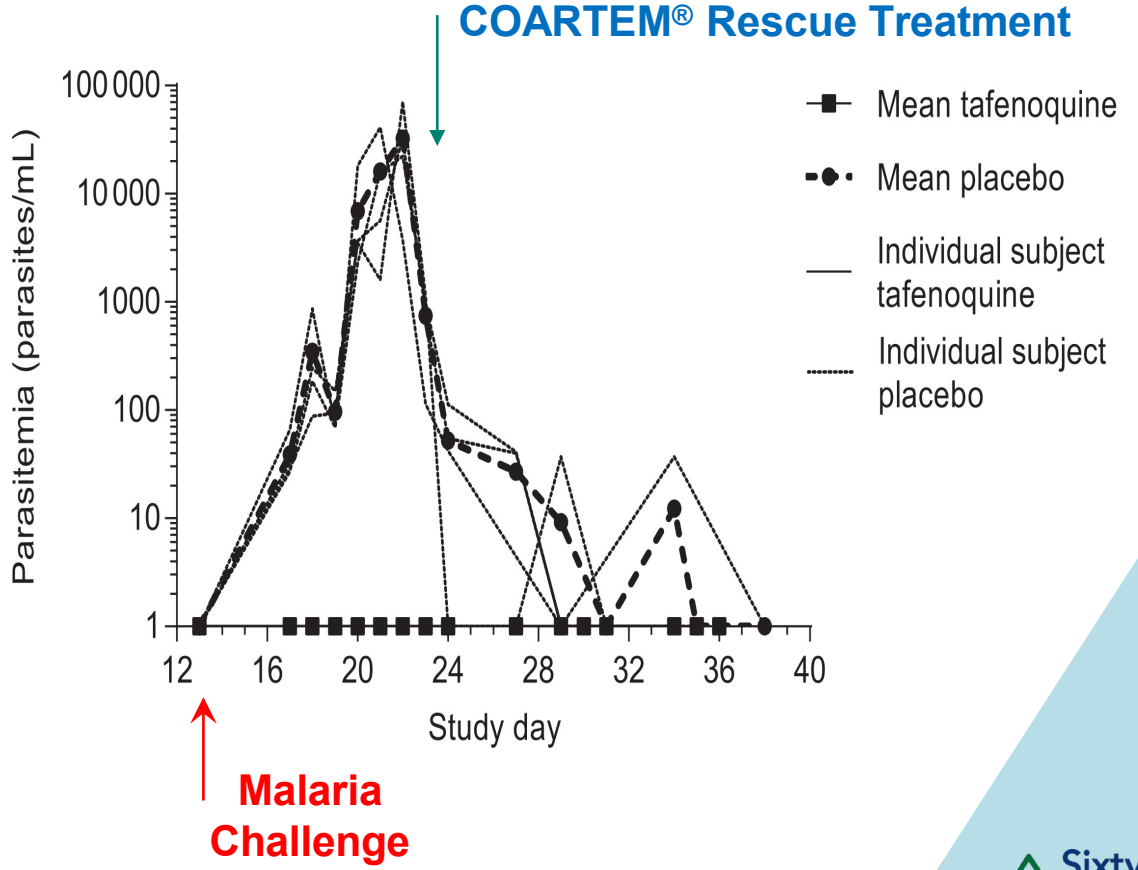
Tafenoquine 100% Protective Efficacy Against Malaria Naïve Target Population

Load then Once Per Week Dosing[1]





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1. McCarthy JS, et al. Clin Infect Dis. 2019;69(3):480-486. doi:10.1093/cid/ciy939

Evolving Commercial Strategy

Drive Commercial Growth

Build awareness and utilization of ARAKODA® in the malaria prevention market

Capture Upside with RD –Derisked Clinical Development

Develop ARAKODA for babesiosis

Opportunity for label expansion and the only FDA approved indication

Shape, Educate and Own the Babesiosis Market

Capture first-mover advantage in an underrecognized infection

Grow Commercial Revenue

Targeting 2027 for profitability

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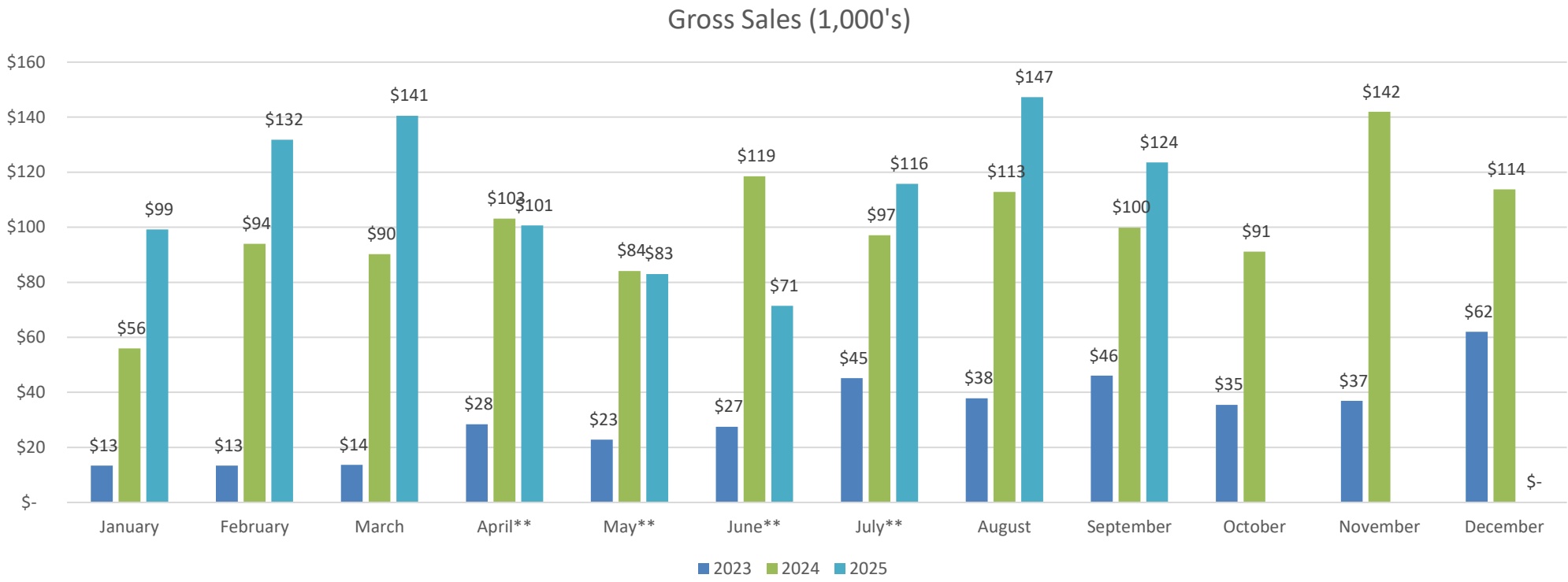
ARAKODA® Growing With Limited Commercial Effort to Date*



*Based on IQVIA data, this growth in sales volume appears to be driven primarily by organic growth in utilization for treatment of babesiosis.
**A stock out started April 2025 and ended July 2025.

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Commercial Plans for Malaria Indication 2025 & Beyond
Driving ARAKODA® Utilization & Addressing Access Barriers

Increase Awareness and Differentiate ARAKODA

Differentiate ARAKODA from the generic competition with a clear and compelling value story

Drive ARAKODA Trial & Usage

Encourage HCPS to prescribe ARAKODA for appropriate patients based on product attributes

Facilitate Access & Affordability

- Pharmacist education on ARAKODA order process to reduce switching at the pharmacy
- Manage high OOP costs with co-pay assistance program

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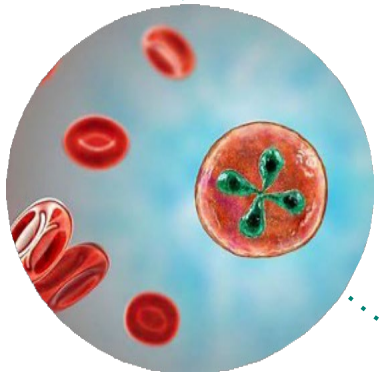
Babesiosis

Tick-borne disease caused by protozoan parasites of the genus *Babesia*



Acute disease (*B microti* in US)

- Non-specific flu-like symptoms, anemia, but may be severe
- May be life-threatening if untreated
- Mortality rate is 1.6% in hospitalized patients (10% in those with cardiac complications)
- 38,000 symptomatic cases per year (650+ presenting to hospitals)
- Increasing in prevalence globally
- Microscopy or PCR usually used to confirm diagnosis prior to treatment
- Duration of symptoms in treated patients usually < 30 days
- No known treatments eradicate infection

Persistent/Chronic Disease

- Symptoms of infection lasting longer than 30 days, or manifesting months or years after an acute infection
- Repeated relapses/failure to clear initial parasitemia known to occur more frequently in patients with risk factors: Asplenia, immunosuppression, malignancy
- Hypothesized to prolong recovery times in individuals with post-infectious syndromes (e.g. Long Lyme, Long Covid, Chronic Fatigue Syndrome) or other chronic vector borne diseases (no formal case definitions or treatment guidelines in this population)
- Unclear if commercial PCR tests reliably detect low parasite density infections
- More presumptive treatment in chronic disease

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Current Treatments for Acute Babesiosis Have "Limited Evidence of Efficacy"[1]

Atovaquone + azithromycin* + clindamycin
Atovaquone + clindamycin
Atovaquone/proguanil + azithromycin*
Atovaquone + azithromycin* + clindamycin + quinine

* When azithromycin is used, a 500–1000 mg daily dose should be considered.

- None of these recommended regimens is approved by the United States Food and Drug Administration
- Resistance and relapsing/persistent disease occur frequently in immunosuppressed patients
- None of these recommended regimens has been studied in the context of post-infectious/chronic vector-borne disease

1. Krause PJ, et al. IDSA: 2020 Guideline on Babesiosis. *Clin Infect Dis.* 2021;72(2):e49-e64. doi:10.1093/cid/ciaa1216

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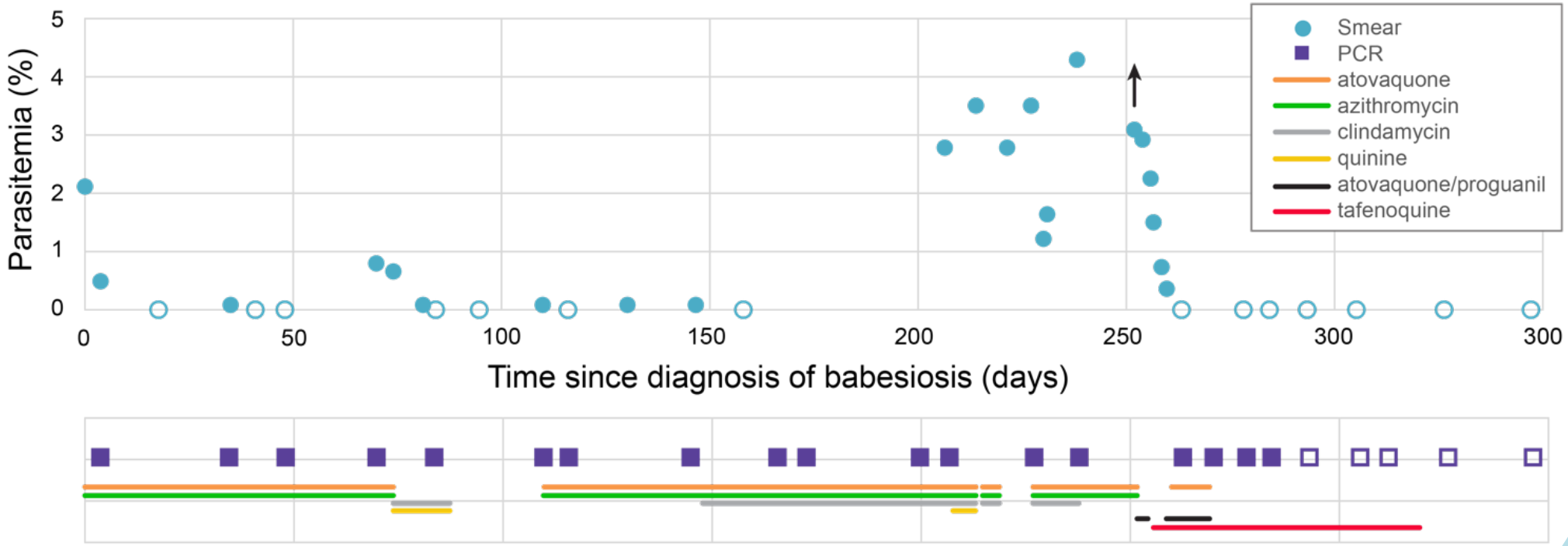
Tafenoquine Had an 80% Cure Rate in 5 Immunosuppressed Babesiosis Patients With Weekly Dosing Plus Standard of Care[1]

Representative Case:



1. Krause PJ, et al. Clin Infect Dis. doi:10.1093/cid/ciae238

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Babesiosis Clinical Development Plan

Anticipated Indication: Treatment of Babesiosis

ADVICE MEETING WITH FDA (JAN 2024)

Randomized Placebo-Controlled Study (NCT06207370)

Hospitalized Babesiosis Patients

- Tafenoquine (4 x 200/mg then 200 mg/weekly for 4 weeks) + SOC v Placebo + SOC
- Sample Size: N=24-33 in 2024/25 tick seasons
- Primary Endpoint: Time To Resolution of Clinical Symptoms
- Secondary Endpoint: Time To Molecular Cure (TTMC- time to first negative PCR)
- Interim Analysis: Earliest January 2026

Expanded Use Study (NCT06478641)

Relapsing Immunosuppressed Babesiosis Patients

- Open label Tafenoquine + standard of care
- Load (200 mg x 4) then weekly dosing (200 mg)
- One patient successfully completed. Two more will complete between Jan-Sept 2026

Prevalence Study

@ NCSU

- Determine incidence of Babesia PCR+ blood samples obtained from patients with chronic fatigue of six months duration
- Outcome consistent with 20% positivity rate in planned chronic babesiosis study

Phase II Open Label Study (NCT06656351)

Chronic Babesiosis

- Open label Tafenoquine
- Load (200 mg x 4) then weekly dosing (200 mg) through Day 90
- Study Start: 11/25, complete 11/26

SUBMIT SUPPLEMENTARY NDA

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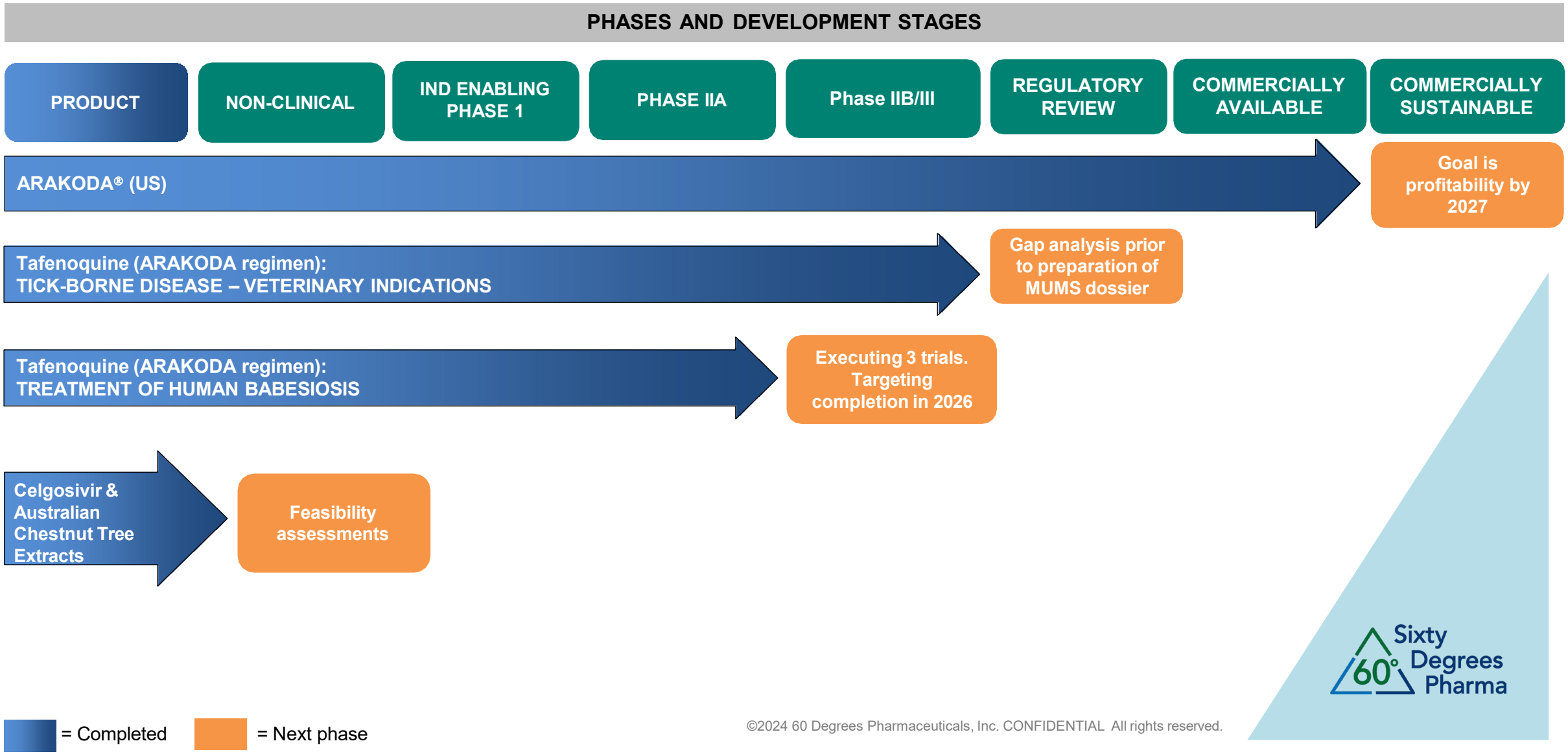
Portfolio November 2025



TAM for ARAKODA® for Malaria and Acute & Persistent/Chronic Babesiosis

Indications	Cumulative Addressable Market Through End of Malaria Patent Exclusivity (2024-2035) (Total Trips or Patients)
Malaria Prevention*	1,700,000
Babesiosis Treatment** Acute Persistent/Chronic***	 38,000+ 1,170,000

* Prescriptions for three weeks of travel (0.75 16 ct Arakoda box)
** Patients
*** Maximum possible market post-FDA approval based on HCP and consumer survey. Anticipated treatment is 2 x 16-count Arakoda boxes

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Intellectual Property & Licensing

60 Degrees Pharmaceuticals has freedom to operate

- **US ARAKODA Patents (4 issued/9 in progress)**
  - Tafenoquine for malaria prevention patent family: Earliest expiration December 2035
    - Orange Book Listed
  - Tafenoquine for non-viral tick-borne diseases: Pending
  - Tafenoquine for lung Infections/COVID Treatment: Earliest expiration March 2041
- **US Celgosivir Patents**
  - Dengue/RSV (4 issued/1 in progress)
  - COVID-19 – Optioned from FSU (1 issued/1 in progress)
  - Zika: - Optioned from FSU (2 issued)
- **International Patents**
  - 6/6 for Celgosivir issued/in progress, 2/12 for tafenoquine issued/in progress
- **Clinical, non-clinical and manufacturing information**
  - Worldwide rights for all indications [except *P. vivax* malaria] licensed from US Army

Revenue Generating License & Distribution Agreements

Territory	Partner
Europe	Scandinavian Biopharma
Australia, NZ, Pacific Islands	Biocelect

Robust Supply Chain With Flexibility for Growth

API & Tablets

Piramal, India

Packaging

PCI, Philadelphia, PA, US

3PL Title Model

ICS, Brooks, KY, US

Distributors

ASB, Two Other US Prime Vendors

PBMs
Various

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Financial Overview (as of Mar 31, 2025)

60 DEGREES PHARMACEUTICALS, INC.
CONSOLIDATED CONDENSED BALANCE SHEETS

	September 30, 2025 (Unaudited)	December 31, 2024
ASSETS:		
Current Assets:		
Cash and Cash Equivalents	$ 4,115,779	$ 1,659,353
Accounts Receivable	674,036	486,748
Prepaid and Other Assets	992,390	1,068,940
Short-Term Investments	-	1,728,472
Inventory (Note 3)	527,004	442,764
Total Current Assets	**6,309,209**	**5,386,277**
Property and Equipment, net (Note 4)	227,752	149,808
Other Assets:		
Long-Term Prepaid Expense	-	66,176
Intangible Assets, net (Note 5)	152,383	157,084
Total Other Assets	**152,383**	**223,260**
Total Assets	**$ 6,689,344**	**$ 5,759,345**
LIABILITIES AND SHAREHOLDERS' EQUITY:		
Current Liabilities:		
Accounts Payable and Accrued Expenses	$ 1,391,347	$ 1,007,618
SBA EIDL (including accrued interest) (Note 7)	8,772	8,772
Derivative Liabilities (Note 8)	797,275	640,830
Total Current Liabilities	**2,197,394**	**1,657,220**
Long-Term Liabilities:		
SBA EIDL (including accrued interest) (Note 7)	144,992	147,119
Total Long-Term Liabilities	**144,992**	**147,119**
Total Liabilities	**2,342,386**	**1,804,339**
Commitments and Contingencies (Note 11)		
SHAREHOLDERS' EQUITY:		
Series A Preferred Stock, $0.0001 par value, 1,000,000 shares authorized; 76,480 and 76,480 shares issued and outstanding as of September 30, 2025 and December 31, 2024, respectively (Note 6)	9,567,439	9,567,439
Common Stock, $0.0001 par value, 150,000,000 shares authorized; 4,104,469 and 566,908 shares issued and outstanding as of September 30, 2025 and December 31, 2024, respectively[1] (Note 6)	410	57
Additional Paid-in Capital[1]	41,172,888	34,860,590
Accumulated Other Comprehensive Income	144,039	135,471
Accumulated Deficit	(46,454,556)	(40,527,957)
60P Shareholders' Equity:	4,430,220	4,035,600
Noncontrolling Interest	(83,262)	(80,594)
Total Shareholders' Equity	**4,346,958**	**3,955,006**
Total Liabilities and Shareholders' Equity	**$ 6,689,344**	**$ 5,759,345**

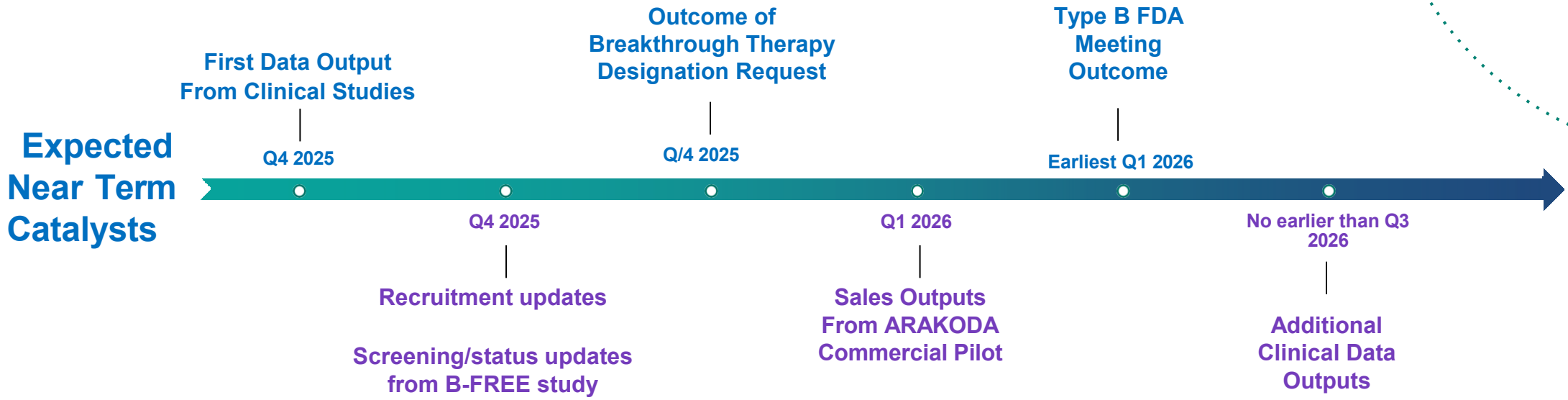
Recent Financing & Use of Proceeds

- Prior Financings:
  - Announced two at the market financings:
    - $2 million @ $3.86 (1/28/25) and $2.95 (2/5/25)
  - Public offering:
    - $5 million @ $1.90 (7/16/25)
  - Active ATM:
    - Approx $200K raised off $1.4 million shelf
- Runway:
  - 3/31/26

Use of Proceeds

- Commercialization:
  - Malaria Pilot, then Ongoing Commercialization
  - Disease State Awareness
- Development:
  - Trial 1 – Hospitalized babesiosis patients
  - Trial 2 – Expanded use immunosuppressed patients
  - Trial 3 – Expanded use in chronic disease (trial prep and feasibility)
  - Miscellaneous other
- Working capital

Achieving Key Milestones Will Derisk Business Plan in 2025-2026



Other Anticipated Milestones

- Market updates
- Outcomes from research pilot studies
- Trade & scientific conferences
- New product development collaborations

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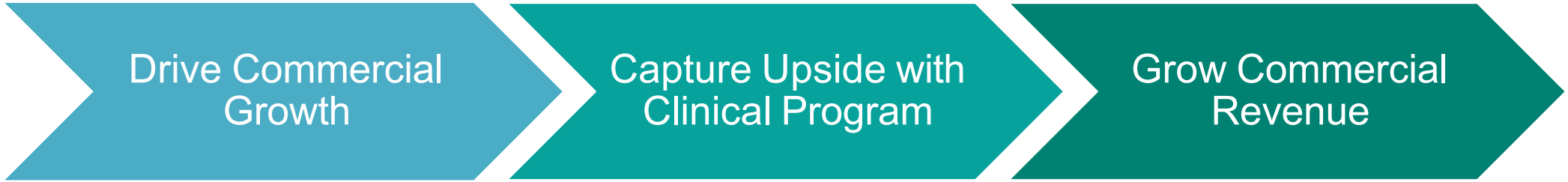
60 Degrees Pharma (NASDAQ: SXTP) Investment Thesis



- **Proven Expertise:** Commercially available differentiated malaria prevention product addressing $50-70M market in US alone
- **Strong & Growing IP Portfolio:** 3 Orange Book listed patents expiring December 2035
- **Pipeline Advancing Treatment in Tick-Borne Disease:** Pivotal trial ongoing for treatment of acute babesiosis (FDA Orphan Drug status assigned), and planned program for chronic babesiosis
- **Growing Commercial Revenues & Expansion Potential:** Targeting profitability in 2027 based on continued commercial growth in malaria prevention, and positive Babesiosis outcome

Sixty Degrees Pharma

Developing and commercializing new products that address the unmet medical need associated with infectious diseases

1025 Connecticut Avenue NW
Suite 1000
Washington, DC 20036
60degreespharma.com

Investor Relations Contact

Patrick Gaynes

patrickgaynes@60degreespharma.com
310-989-5666

Officers & Directors

Geoffrey Dow, MBA, PHD, CEO & Chairman

- Affiliations: WRAIR, USAMMDA
- Founded & led 60P from 2010-2023
- Industry Project Leader on Arakoda NDA

Tyrone Miller, CFO

- CPA
- CFO since 2014
- Over 20 years in private practice

Bryan Smith, MD, Chief Medical Officer

- Retired US Army Colonel/30+ years experience
- Two successful NDAs as a Chief Medical Officer
- Medical affairs/regulatory expert in GxP environment

Kristen Landon, Chief Commercial Officer

- 26 years industry experience
- Led 11 brand launches
- Experience in Commercial strategy & BD

Cheryl Xu, Director

- First PhRMA representative to China
- Senior Advisor to multinationals (market access and expansion)
- Project Leader (multiple public health projects)

Stephen Toovey, MD, PHD Director

- Affiliations: Roche, Pegasus Research, WHO Collaborating Centre for Vaccines and Travel Medicine, London, UK
- Tropical medicine subject matter expert
- Respiratory virus subject matter expert

Paul Field, Director

- Affiliations: GARDP, Imunexus, Marinova
- 30 years global biotech business development experience
- Previously investment specialist at Austrade, focused on tropical medicine and NTDs

Charles Allen, Director

- Affiliations: BTCS & GBV
- CEO & Chairman of NASDAQ listed company
- Managing Director, several boutique investment banks
- Broad business experience across multiple sectors

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Tafenoquine in Patients Hospitalized for Acute Babesiosis

See NCT06207370: [Study Details | Oral Tafenoquine Plus Standard of Care Versus Placebo Plus Standard of Care for Babesiosis | ClinicalTrials.gov]

A Phase II/III, Double-Blind, Randomized study to Evaluate Oral Tafenoquine Plus Standard of Care Versus Placebo Plus Standard of Care for Babesiosis

Patients: Hospitalized patients with laboratory confirmed *Babesia* infection
Sample Size/Analysis: Will enroll N=33, before conducting an interim analysis/sample size reanalysis (if needed)

Tafenoquine Dose: 200 mg/day on Days 1,2,3,4,11,18,25 & 32 with dosing initiated within 48 h of hospitalization
Standard of Care: IDSA recommended course of atovaquone-azithromycin

Primary Endpoint: Time to (patient reported) sustained clinical resolution of the following symptoms of babesiosis over 90 days (± one week): sweats, joint aches, cough, loss of appetite, muscle aches, headache, chills or shivering, feeling hot or feverish, nausea, fatigue (low energy or tiredness), vomiting

Key Secondary Endpoint: Time to molecular cure (TTMC) as assessed using longitudinal PCR testing through Day 90 days (± one week).

Expanded Use of Tafenoquine in High-Risk Patients with Relapsing Babesiosis

[See NCT06478641: Study Details | Expanded Use in Persistent (B. Microti) Babesiosis | ClinicalTrials.gov]

Expanded Access Protocol: Use of Tafenoquine for Treatment of Babesiosis in Immunocompromised Patients With Persistent *Babesia Microti* Despite Prior Treatment

Patients: Immunosuppressed patients with lab-confirmed relapsing babesiosis caused by *B. microti*
Sample Size/Analysis: Up to ten patients per year

Tafenoquine Dose: 200 mg/day on Days 1,2,3 and 4, then 200 mg weekly for up to 12 months
Co-administered Standard of Care: IDSA recommended course of antimalarial/antimicrobial regimens

Metrics of Interest: Cure rate (regular PCR and NAT), severe adverse events, symptom resolution

Setting: Outpatient

Phase II Open Label Study of Tafenoquine - Chronic Babesiosis*

A Phase II Open Label Study of Tafenoquine in Chronic Babesiosis Patients

Patients: Diagnosis of chronic babesiosis and severe disabling fatigue with substantial functional impairment, present for at least six months
Number of Participants: Up to 100 patients until N=16 in the PP population have completed the study.

Tafenoquine: 200 mg/day on Days 1,2,3 and 4, then 200 mg weekly through Day 89 (as Arakoda tablets. Modified loading dose or lower regimen acceptable in patients who do not tolerate antimicrobial or antimalarial medications
SOC: No concomitant med exclusions except quinine or per tafenoquine PI

Primary Endpoint: Change from base-line through Day 90 in patient-reported MFI – General Fatigue Subscale
PP Analysis Population: All patients taking 24 x 100 mg tablets who complete the Day 90 MFI survey and tested positive at baseline on the Babesia NAT test
Other Important Endpoints: Proportion of patients with molecular evidence of Babesia infection at baseline (digital PCR, real time PCR, NAT), incidence of molecular cure through Day 90

Setting: Outpatient

*Draft - Subject to change based on KOL and regulator feedback

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