

Business Summary

Provectus Pharmaceuticals specializes in developing cancer therapies that are safer, more effective, and less invasive than conventional therapies. PVCT utilizes small-molecule drugs that target diseased tissue, while leaving healthy tissue alone. Its unique ability to target only diseased tissue may enable the drug to be utilized in a broad range of cancers. PVCT has recently completed enrollment in three Phase 2 trials: PV-10 as a therapy for metastatic melanoma, and PH-10 for psoriasis and atopic dermatitis (eczema). The use of PV-10 for metastatic melanoma has received orphan drug designation from the FDA. PV-10 is based on a proprietary, injectable formulation of Rose Bengal, a compound that has been used for nearly fifty years by ophthalmologists and optometrists to assess damage to the eye, and has also been used to detect ailments of the liver. Rose Bengal has an established safety history, a short half-life, and is excreted via the liver and kidneys. PVCT has discovered a novel use for Rose Bengal based on the observation that it is selectively toxic to cancer cells via a process called chemoablation whereby cells undergo a form of cell death that mimics features of both necrosis and apoptosis. Rose Bengal is the active ingredient of its PH-10 drug as well, with PH-10 being a topical treatment used in a less concentrated form than PV-10.

Provectus Pharmaceuticals Clinical Development Plan

Program	Current Status	Planned
Metastatic Melanoma (PV-10)	Phase 2 patient accrual and completed treatment of 100% of 80 stage III/IV metastatic melanoma subjects. End-of-Phase 2 meeting was held with FDA Phase 2 data presented at ASCO between June 4–8, 2010.	Continue to discuss with FDA and Therapeutic Goods Administration (TGA) to discuss next steps, including accelerated approval. Holding second end-of-Phase 2 meeting and finalizing design of a pivotal Phase 3 randomized controlled study suitable for Special Protocol Assessment (SPA). Expects to announce complete final study results at Melanoma 2010 in Sydney, Australia (Nov. 4-7, 2010)
Atopic Dermatitis (PH-10)	Phase 2 patient accrual and treatment of 30 subjects completed.	Will seek licensing partner or partner with a pharmaceutical dermatology concern to co-develop drug.
Psoriasis (PH-10)	Phase 2 patient accrual and treatment of 30 subjects completed.	Final data completion for primary outcomes estimated in 2010. 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 15 patients with recurrent breast cancer completed.	In position to commence Phase 2 clinical trial.
Liver Cancer (PV-10)	Commenced Phase 1 clinical trial.	Assess results and determine further action.

Investment Highlights

Reported encouraging data on visceral metastases at ASCO on June 6, 2010:

- Objective Response of PV-10 injected lesions was achieved in 60% of subjects, with a Complete Response ("CR") in 33% of subjects and locoregional disease control (Stable Disease, "SD", or better) in 80% of subjects;
- An OR was achieved in untreated bystander lesions in 43% of subjects having an evaluable bystander lesion at baseline;
- Mean Progression Free Survival ("PFS") was 8.5 months for all subjects, while the OR cohort had a significantly longer PFS estimated to be at least 11.1 months vs. 3.0 months for SD and Progressive Disease ("PD") subjects; and
- PV-10 was well tolerated, with Adverse Experiences ("AEs") that were generally mild to moderate, locoregional and transient, with no deaths or life-threatening experiences attributable to PV-10.

Schedule to meet with the FDA in 3Q with the opportunity of a SPA designation.

Prepare for an immunological Phase 2 study in 2H 2010.

Position to target other cancer indications, including breast and liver cancers.

Strong patent portfolio, with 23 US and 29 foreign issued patents, including patent protection for PV-10 and PH-10.

Key Statistics

OTC BB: PVCT

52 Wk Range:

\$0.68 - \$1.76

Shares Out: 78.0M

Price (6/7/10): \$1.28

Market Cap: \$M99.8

90 Day Avg. Vol: 262,538 shares

Corporate Headquarters:

7327 Oak Ridge Hwy

Knoxville, TN 37931

P: 866-594-5999

Web Site:

www.pvct.com

Analyst Coverage

Maxim Group

Rodman & Renshaw

Stonegate Securities



Recent Developments

June 7 - Provectus Pharmaceuticals, Inc. announced additional positive data from its Phase 2 clinical trial of PV-10 for metastatic melanoma. The data, on changes in visceral and nodal metastases following chemoablation of cutaneous melanoma lesions with PV-10, was presented by Dr. Sanjiv Agarwala at the American Society of Clinical Oncology 2010 Annual Meeting, on Sunday, June 6, 2010, in the General Poster Session on Melanoma/Skin Cancers, Abstract #8534. Positive improvement observed in these remote, untreated lesions, including metastases to the lungs, liver and brain, illustrate a potential systemic effect in visceral organs to which melanoma has spread. Dr. Agarwala's updated information included data from both the initial 40 subjects and the final 40 subjects enrolled in the Phase 2 trial. Summary data on 20 subjects, including initial data on 4 subjects from the final 40 subjects in the study, who had evidence of macroscopic metastases of the lung, liver, brain or lymph nodes at screening, were presented. Among the first 40 study participants, 7 of the 16 subjects (44%) with visceral or macroscopic nodal metastases at screening exhibited stasis or regression of their lesions, including complete regression of multiple pulmonary metastases measuring up to 1.1 cm in one subject. Detailed data were presented on one Stage IV subject who experienced complete regression of multiple lung metastases and partial regression of multiple brain metastases over the study interval. Provectus expects to announce complete final study results at Melanoma 2010 in Sydney, Australia, November 4-7, 2010.

Dr. Agarwala, Chief of Medical Oncology and Hematology at St. Luke's Hospital and Health Network in Bethlehem, PA, and Principal Investigator for Provectus's Phase 2 PV-10 trial site at St. Luke's, noted, "I believe these data on visceral lesions that have not been injected with PV-10 are an additional positive indicator of the apparent immunologic response that PV-10 chemoablation can elicit against untreated lesions. With a single exception, these outcomes were associated with a positive response to PV-10 in these subjects' injected lesions, a correlation that is consistent with an immunologic-based process. Together with the similar correlation that has been observed between successful PV-10 chemoablation and resolution of uninjected cutaneous bystander lesions, this 'remote bystander response' is a very exciting development that illustrates the potential of PV-10 to trigger a beneficial systemic response."

Craig Dees, PhD, CEO of Provectus said, "The additional information that Dr. Agarwala presented at ASCO is very exciting and meaningful, underscoring the importance of immunology in the fight against cancer, and the potential that PV-10 has in battling the disease. This new information deepens our confidence that PV-10 will be a viable treatment for metastatic melanoma, and that its immunological potential is significant. To my knowledge, this is the first time that local therapy with a small molecule drug has shown repeatable activation of the immune system against non-treated tumors. As we follow the guidance that we received from the FDA during our End-of-Phase 2 meeting, we are designing a protocol for a pivotal Phase 3 randomized controlled study suitable for Special Protocol Assessment, and look forward to our next steps that will bring us closer to commercialization of PV-10. We also look forward to commencing our proposed Phase 2B clinical trial to examine the immunologic markers behind the fascinating data presented by Dr. Agarwala."

April 26 - Provectus Pharmaceuticals, Inc. announced that it has held an end-of-Phase 2 meeting with the U.S. Food and Drug Administration (FDA) to seek consensus on clinical program scope and endpoints for licensure of PV-10 for metastatic melanoma. The meeting was held at the Agency's White Oak Campus in Silver Spring, MD. Craig Dees, Ph.D., CEO of Provectus said, "This meeting provided an opportunity to thoroughly review the clinical data we have amassed through our Phase 1 and Phase 2 studies with PV-10. As expected, the meeting was fruitful and provided a forum for discussion of appropriate endpoints for assessment of clinical benefit of PV-10 in melanoma patients and for definition of the pathway leading to licensure."

Dr. Dees continued, "Based on consultation with senior Agency officials during this meeting, we expect to hold a second end-of-Phase 2 meeting in the coming months to finalize design of a pivotal Phase 3 randomized controlled study suitable for Special Protocol Assessment (SPA)."

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Provectus Pharmaceuticals: Financials

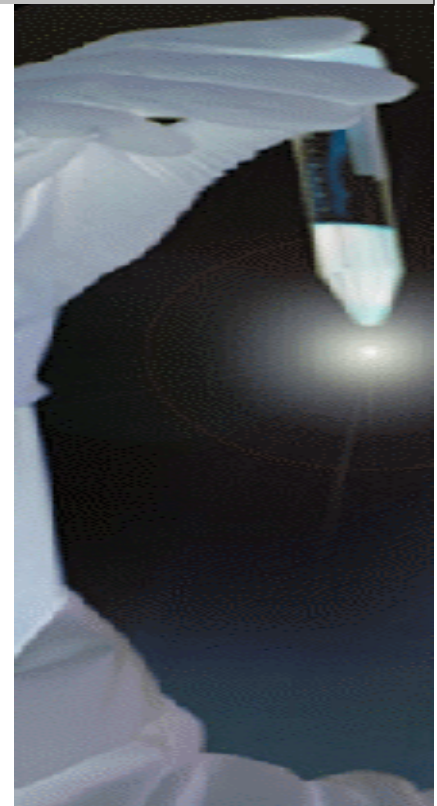
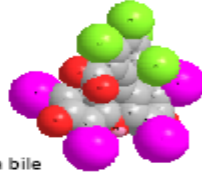
Shares Outstanding April 23, 2010	<ul style="list-style-type: none"> ➢ 78.0 million common shares outstanding ➢ 10.6 million preferred
Cash and U.S. Treasuries	<ul style="list-style-type: none"> ➢ \$11.4 million plus as of March 31, 2010
Cash Burn Rate	<ul style="list-style-type: none"> ➢ Average \$250,000 per month; over 3 years of cash ➢ Cash burn includes planned R&D plus corporate admin
R&D Expenditures to date: \$5.9 million spent of \$6.0 million budgeted: \$0.1 million unspent	<ul style="list-style-type: none"> ➢ Budgeted R&D Remaining ➢ Melanoma Phase 2: \$0 ➢ Psoriasis and Atopic Dermatitis Phase 2: \$0 ➢ Liver Phase 1: \$123,000 ➢ Other oncology development: \$0

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 ASCO on Treatment of Metastatic Melanoma With PV-10 (ASCO 2010)

PV-10 is a sterile, non-pyrogenic solution of Rose Bengal disodium (10% RB)

- **RB is a 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
- **In Non-Clinical Testing PV-10 Targeted Neoplastic Tissue**
 - Murine xenograft/ homograft and spontaneous tumors in companion animals
 - Prolonged retention in tumors
 - Lysosomal accumulation within cancer cells leading to acute necrosis
 - Minimal toxicity in normal tissue
 - Selective chemoablation of injected tumors
- **PV-10 May Elicit Bystander Effect in Non-Injected Tumors**
 - Ablation reduces tumor burden and exposes tumor antigens to host
 - Apparent immune-mediated response
 - Possible systemic benefit
- **Phase 1 Clinical Testing**
 - Single injection into 1–20 lesions in 20 subjects with AJCC Stage III/IV melanoma
 - Intralesional dosing at 50% of calculated lesion volume
 - 1–3 additional lesions untreated to assess bystander response
 - 12–24 weeks observation
 - ORR assessed by modified RECIST
 - AEs generally mild to moderate grade – predominantly locoregional
 - Preliminary efficacy
 - Injected lesions: ORR = 40% (locoregional disease control in 75% of subjects)
 - Bystander lesions: ORR = 15% (locoregional disease control in 55% of subjects)



Interim PHASE 2 OVERVIEW (ASCO Presentation 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 \geq 0.2 cm diameter
 - Biopsy confirmation of at least one Target Lesion
 - Single 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 and Bystander Lesions
 - Progression Free Survival
 - Modified Fleming design
 - Interim Safety Assessment 28 days after 20th and 40th subject treated
 - Interim Efficacy Assessment 24 weeks after 20th and 40th subject treated
- **Study Status: Enrollment commenced Aug. 2007, completed May 2009**
N=40 Interim Safety and Efficacy Assessments complete
Final Safety and Efficacy Assessment (N=80) ongoing
- **N=40 Interim Safety Efficacy Cohort**
 - AJCC Stage IIIB (20 subjects), IIIC (9), IV-M1a (1), IV-M1b (8) and IV-M1c (2)
 - 26 males/14 females (all subjects white), median age 74.5 yrs (range 37-92 yrs)
 - Disease history: median 33.6 months from 1^o diagnosis to study enrollment
 - Treatment history: Sx (40 subjects), Nodal biopsy (24), ILI/ILP (7), XRT (7), Amputation (3), IFN (2), Vaccine (2), Systemic chemo (1), Investigational agents (1)
 - Study lesions: extremity (27 subjects lower and 4 upper extremity), torso (6), H&N (5)
 - Lesions treated per subject: median 8 (range 1-20)
 - Number of treatment cycles per subject: median 2 (range 1-3)
 - PV-10 dose per treatment: mean 2.5 mL, median 1.4 mL (range 0.2-15.0 mL)
 - Cumulative PV-10 dose per subject: mean 4.6 mL, median 2.9 mL (range 0.4-25.6 mL)

Objective Response of Target Lesions (by AJCC Stage)
All Subjects (N=40)

Best Response (RECIST, N=40, through Week 52)	Stage IIIB		Stage IIIC		Stage IV M1a		Stage IV M1b		Stage IV M1c	
	N	%	N	%	N	%	N	%	N	%
N (Subjects)	20		9		1		8		2	
CR	7	35%	2	22%	1	100%	3	38%	0	0%
PR	6	30%	2	22%	0	0%	2	25%	1	50%
SD	5	25%	1	11%	0	0%	1	13%	1	50%
PD	2	10%	4	44%	0	0%	2	25%	0	0%
CR + PR	13	65%	4	44%	1	100%	5	63%	1	50%
CR + PR + SD	18	90%	5	56%	1	100%	6	75%	2	100%

CONCLUSIONS

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

- Response of injected lesions appears to be unrelated to disease stage or prior treatment
- 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

Locoregional treatment may yield systemic benefit via the bystander effect

- Bystander effect in untreated cutaneous lesions correlates closely with response of injected lesions
- Stasis or regression of visceral lesions evident in several subjects
- PV-10 offers potential locoregional control of metastatic disease

PV-10: “The Achilles Heel of Tumors”

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The poster presentation can be accessed by the following link:

http://www.pvct.com/publications/ASCO_Poster-2010.pdf

(Photo: <http://photos.prnewswire.com/prnh/20100607/MM11825>)

(Photo: <http://www.newscom.com/cgi-bin/prnh/20100607/MM11825>)

Future Activities

Phase 3 and Accelerated Approval

- Initial End-of-Phase-2 meeting conducted with U.S. FDA in April 2010
 - Agreed to finalize proposed Phase 3 RCT study design incorporating Agency input to qualify submission for Special Protocol Assessment (SPA)
 - Anticipate durable response as primary endpoint
 - Approximately 300 subjects, expected to commence in 2011
 - Currently recruiting investigators in USA, AUS and EU
- Continuing to assess potential paths to accelerated approval in the USA and abroad

Mechanism of Action

- Phase 2B study planned to fully validate bystander effect
 - Response in untreated proximal and visceral lesions consistent with immunologic process
 - PV-10 chemoablation yields immediate reduction in tumor burden
 - Ablation may recruit immune cells to exposed tumor antigens
 - Assess immune markers in peripheral blood and tumor tissue

Phase 2 Interim Efficacy

Objective Response of Study Lesions

All Subjects (N=40)

Best Response (RECIST, N = 40 Subjects through Week 52)	Target Lesions		Bystander Lesions	
	N		N	
N (Subjects)	40		21	
CR	13	33%	7	33%
PR	11	28%	2	10%
SD	8	20%	3	14%
PD	8	20%	9	43%
ND	--	--	19	
CR + PR	24	60%	9	43%
CR + PR + SD (Locoregional Disease Control)	32	80%	12	57%