Sol-Gel

Advanced Topical Therapy

NASDAQ: SLGL

FORWARD-LOOKING STATEMENTS

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements other than statements of historical facts are forward-looking statements. In some cases, you can identify forward-looking statements by terms such as “may,” “will,” “should,” “expect,” “plan,” “anticipate,” “could,” “future,” “outlook,” “intend,” “target,” “project,” “contemplate,” “believe,” “estimate,” “predict,” “potential,” “continue,” or the negative of these terms or other similar expressions, although not all forward-looking statements contain these words. The forward-looking statements in this presentation relate to, among other things, statements regarding the commencement of our planned bioequivalence study for a generic product candidate, our expected date to report top-line data from our pivotal Phase III clinical program for TWIN, our anticipated NDA submission dates for Epsolay and TWIN, and estimated sales of our product candidates. These statements are neither promises nor guarantees, but involve known and unknown risks, uncertainties, and other important factors that may cause our actual results, performance, or achievements to be materially different from any future results, performance, or achievements expressed or implied by the forward-looking statement, including but not limited to the following: the fact that we have and expect to continue to incur significant losses; our need for additional funding, which may not be available; our ability to complete the development of our product candidates; our ability to obtain and maintain regulatory approvals for our product candidates in our target markets and the possibility of adverse regulatory or legal actions relating to our product candidates even if regulatory approval is obtained; our ability to commercialize our product candidates; our ability to obtain and maintain adequate protection of our intellectual property; our ability to manufacture our product candidates in commercial quantities, at an adequate quality or at an acceptable cost; our ability to establish adequate sales, marketing, and distribution channels; acceptance of our product candidates by healthcare professionals and patients; the possibility that we may face third-party claims of intellectual property infringement; the timing and results of clinical trials that we may conduct or that our competitors and others may conduct relating to our or their products; intense competition in our industry, with competitors having substantially greater financial, technological, research and development, regulatory and clinical, manufacturing, marketing, and sales, distribution and personnel resources than we do; potential product liability claims; potential adverse federal, state, and local government regulation in the United States, Europe, or Israel; and loss or retirement of key executives and research scientists. These and other important factors discussed in the Company's Annual Report on Form 20-F filed with the Securities and Exchange Commission (“SEC”) on March 21, 2019, and our other reports filed with the SEC could cause actual results to differ materially from those indicated by the forward-looking statements made in this press release. Any such forward-looking statements represent management’s estimates as of the date of this presentation. While we may elect to update such forward-looking statements at some point in the future, unless required by applicable law, we disclaim any obligation to do so, even if subsequent events cause our views to change. Thus, one should not assume that our silence over time means that actual events are bearing out as expressed or implied in such forward-looking statements. These forward-looking statements should not be relied upon as representing our views as of any date subsequent to the date of this presentation.

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NOVEL DELIVERY SYSTEM
FOR BEST-IN-CLASS TOPICAL DRUGS

1. Proprietary silica-based microencapsulation topical delivery platform for dermatology indications

2. Positive Phase III results from EPSOLAY® clinical trial in papulopustular rosacea in July 2019

   NDA submission anticipated in 1H/2020

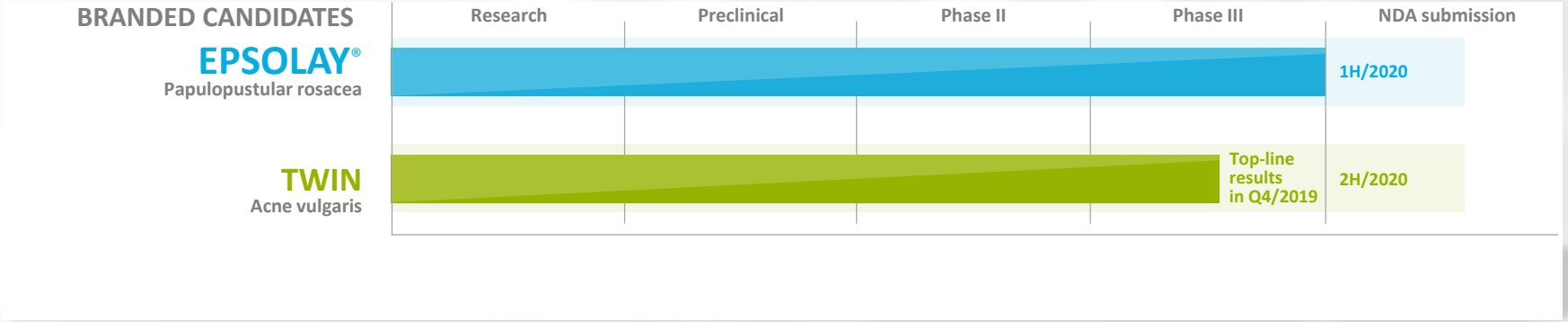
3. TWIN Phase III data in acne vulgaris expected in Q4/2019

4. Successfully raised $86.3 million in IPO in February 2018

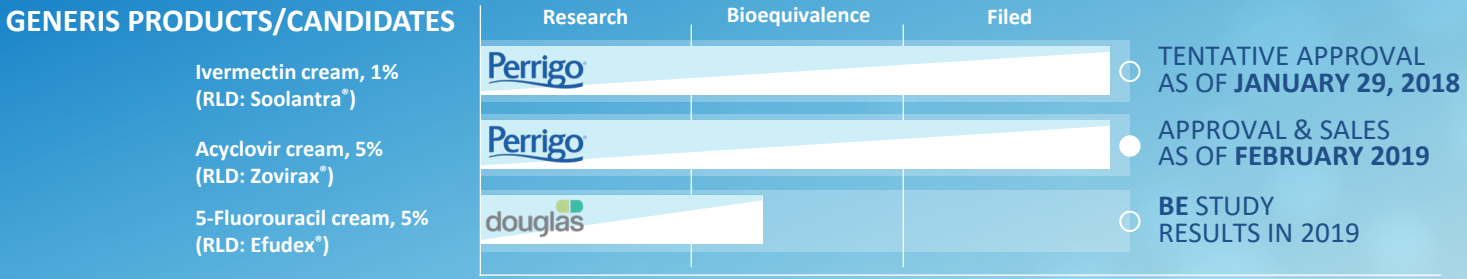
5. Non-dilutive revenues from generic pipeline as of 1H/2019

6. Seasoned management team with proven track record and broad dermatologic experience

PIPELINES & UPCOMING MILESTONES



GENERIS PRODUCTS/CANDIDATES



FOUNDATION FOR BRANDED PRODUCT PIPELINE

1 WHY SILICA?

FDA approved for topical use

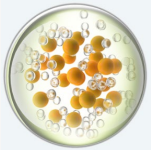
Smooth, no-grit feel for user

Physical properties of silica shell tuned to modify release of active ingredient

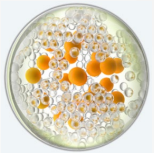
Strong IP protection to 2032 (Epsolay®) and 2038 (TWIN)

Proprietary process produces high encapsulation efficiency

2 SOL-GEL PROCESS



Silica monomers and drug substance are emulsified together



Silica monomers migrate to the oil/water interface in a well-controlled process

A silica shell, microcapsule is formed

3 POTENTIAL BENEFITS

If approved, will be first core-shell encapsulation system for topical dermatology products

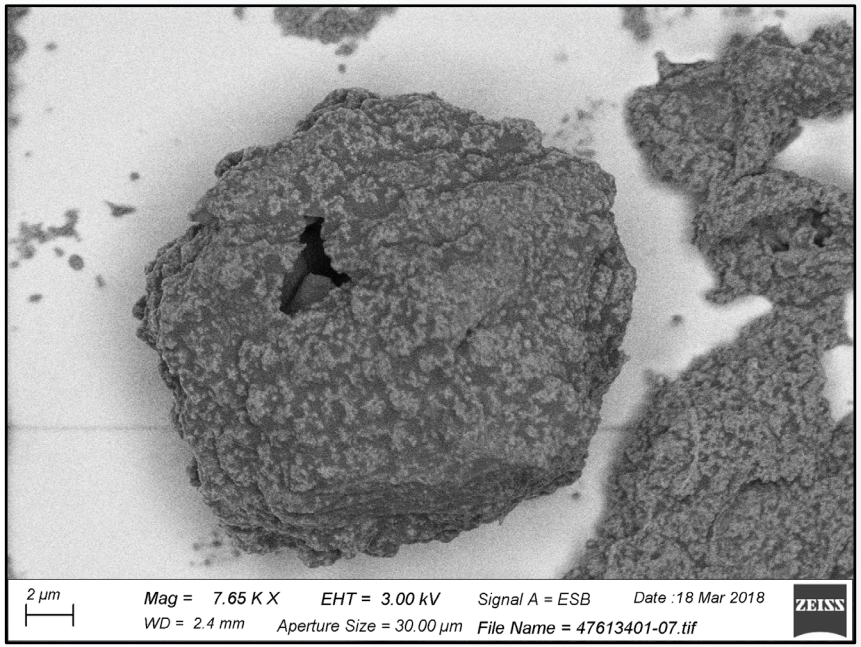
APIs stabilized via microencapsulation, allowing for novel combinations

Barrier between entrapped API and skin may reduce irritation and improve compliance

Hurdle for generics to demonstrate similar release profile

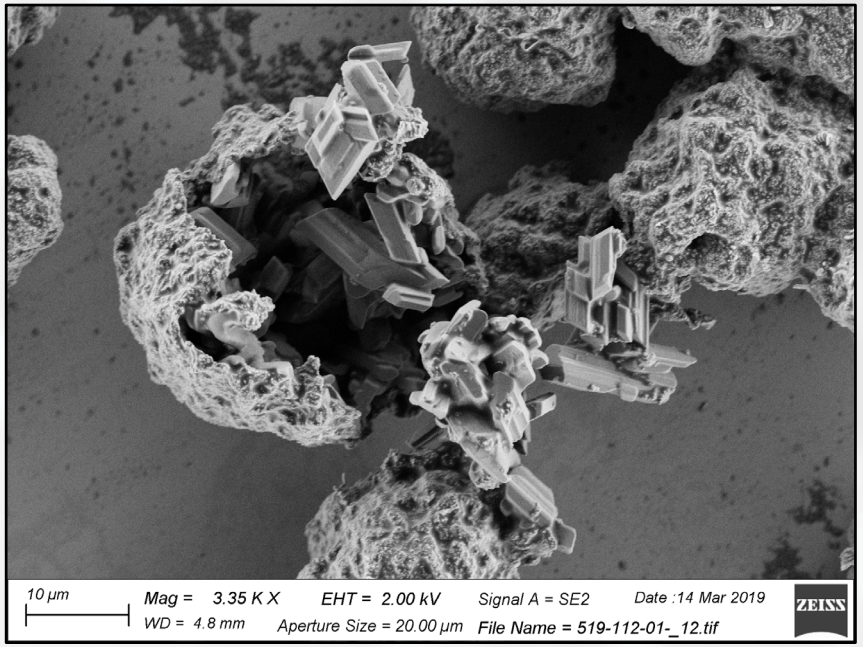
HIGH ENCAPSULATION EFFICIENCY ENHANCES STABILITY

Encapsulated Tretinoin (E-ATRA)



SEM PICTURE

High encapsulation efficiency protects tretinoin

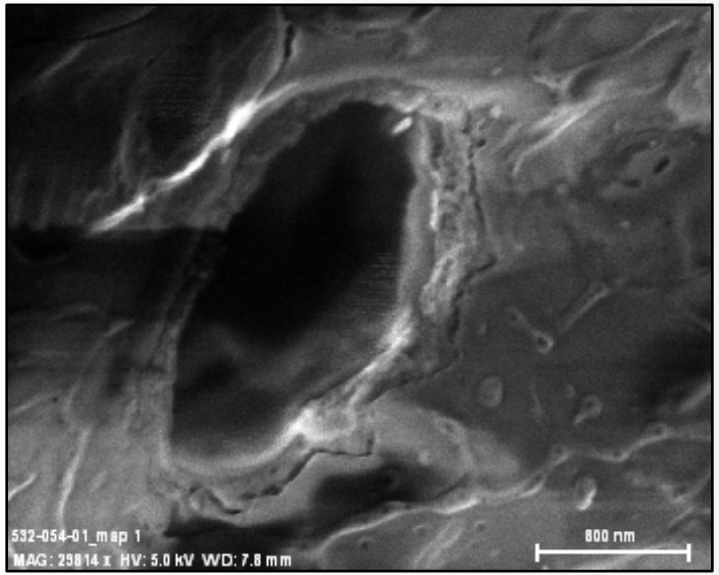


SEM PICTURE

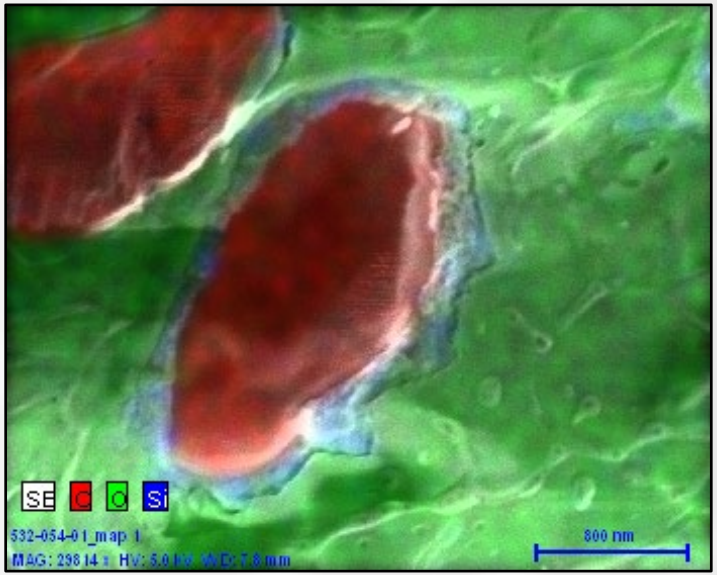
Encapsulated tretinoin is stable in the presence of benzoyl peroxide

CONTROLLED RELEASE IMPROVES TOLERABILITY

Encapsulated Benzoyl Peroxide (E-BPO)



CRYO-SEM PICTURE



ENERGY-DISPERSIVE X-RAY SPECTROSCOPY MAPPING

Silica shell wraps BPO crystals and serves as a barrier between benzoyl peroxide crystals and skin, leading to less irritation

Skin lipids migrate through the silica shell to promote solubilization of BPO.
Dissolved BPO then migrates to skin's sebaceous follicles

INTELLECTUAL PROPERTY ESTATE

Our intellectual property is protected through a series of patent families, describing and claiming our proprietary processes, formulations, and methods of use

Patents and Trademarks

		# of Patents Related to Company Products	
US Patents	Granted/*Allowed*	4	
	Pending	16	
Foreign Patents	Granted/*Allowed*	29	
	Pending	14	
Trademarks	Registered/ Allowed	4 in US, IL, CA, EP	EPSOLAY®
	Registered/ Allowed	5 in US, CA, EP, IL	TWIN

IP Protection for Our Branded Products (US)

Product/Indication	IP, Expiry
EPSOLAY® subtype II rosacea	Granted/*Allowed*, 2032 Pending, 2040
TWIN acne vulgaris	Granted/*Allowed*, 2038 Pending, 2040

PAPULOPUSTULAR ROSACEA— INFLAMMATORY CONDITION WITH POOR ADHERENCE TO CURRENT TREATMENTS

What is papulopustular rosacea?

Chronic, inflammatory condition that primarily affects the face, and is often characterized by flushing, redness, inflamed bumps, and pustules

Affects approximately 16 million in the United States[1] — ~5 million have papulopustular[2]

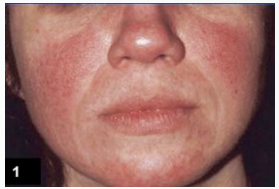
How is it treated?

Topical antimicrobials or anti-mites (metronidazole, clindamycin, ivermectin) and systemic antibiotics (minocycline, doxycycline)

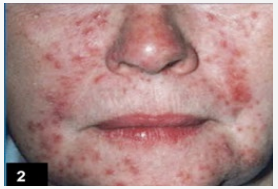
What are the current treatments shortfalls?

Insufficient efficacy resulting in poor adherence; contributing to antibiotic resistance; systemic side effects; misdiagnosis is common[1,3]

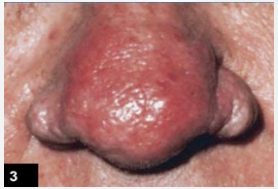
Erythematotelangiectatic



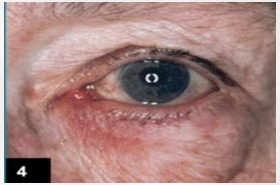
Papulopustular



Phymatous



Ocular



Multiple subtypes/phenotypes often seen in a single patient[4,5]

1. National Rosacea Society. www.rosacea.org
2. Berg, M. and Liden, S, Acta Derm Venereol. 1989;69: 419–423
3. Prevalence of rosacea. http://www.rosacea.org/rr/index.php
4. .Gether L et al. Br J Dermatol. 2018;179:282-289
5. .Wilkin J et al. J Am Acad Dermatol. 2004;50:907-912

EPSOLAY®

MICROENCAPSULATED BPO CREAM, 5%

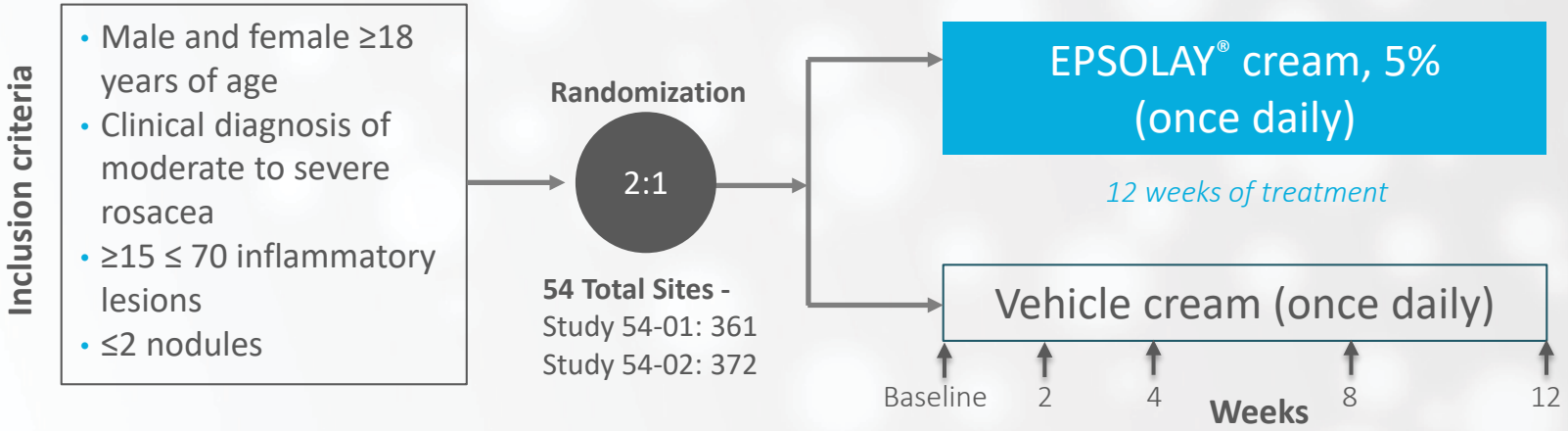
Encapsulation may reduce the irritation of BPO

Potential to be more effective than existing treatments

Potential to be the first FDA-approved single-active BPO Rx drug product

EPSOLAY® STUDY DESIGN

Two phase III, double-blind, randomized, vehicle-controlled studies



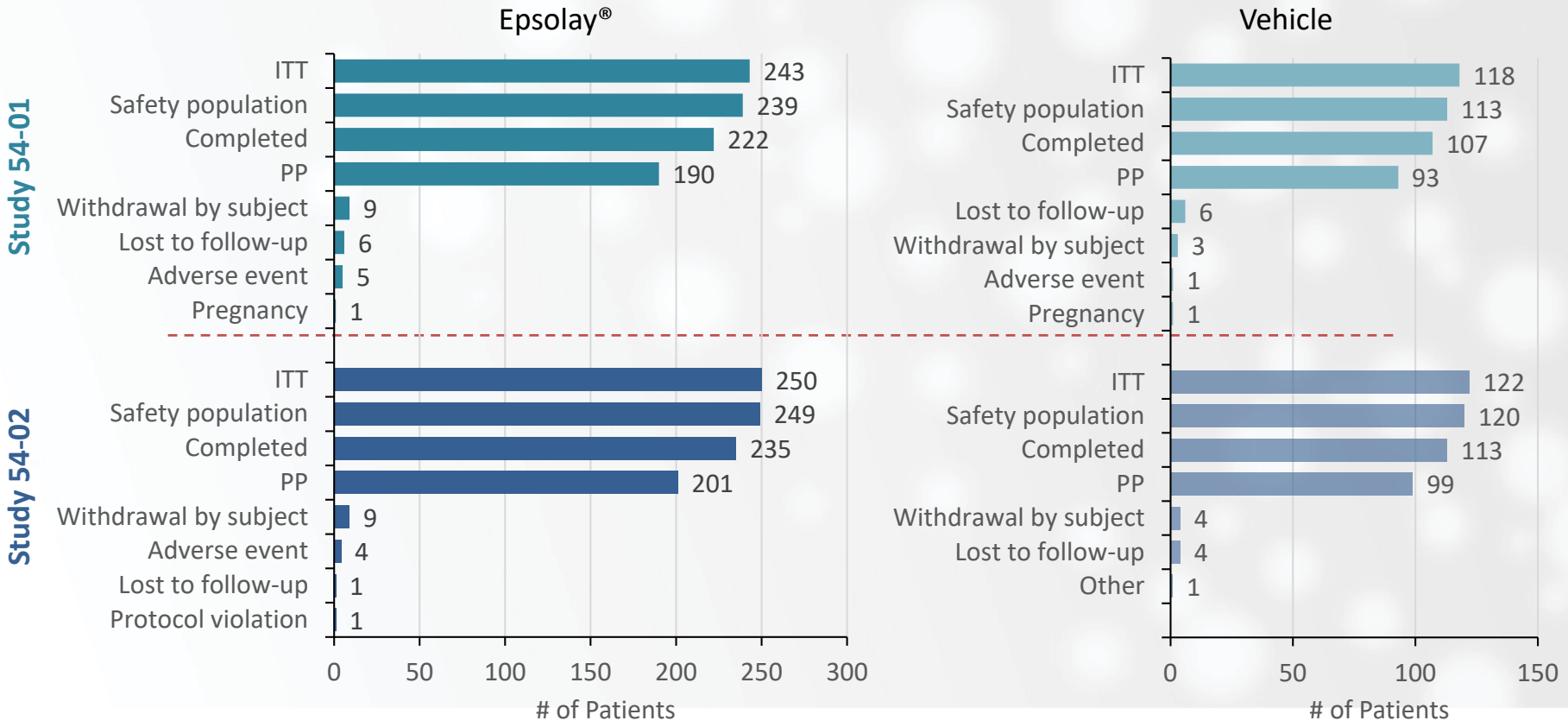
PRIMARY ENDPOINTS:

- Proportion of patients with the primary measure of success "Clear" (0) or "Almost clear" (1) in the Investigator Global Assessment (IGA) relative to Baseline at Week 12
- Absolute mean change in inflammatory lesion counts from baseline to Week 12

SECONDARY ENDPOINTS:

- Inflammatory lesion percentage change from baseline to Week 12
- Absolute mean change in inflammatory lesion counts from baseline at Week 8 and Week 4
- Proportion of patients with the primary measure of success "Clear" (0) or "Almost clear" (1) in the Investigator Global Assessment (IGA) relative to Baseline at Week 8 and Week 4

STUDY POPULATION & DISCONTINUATION

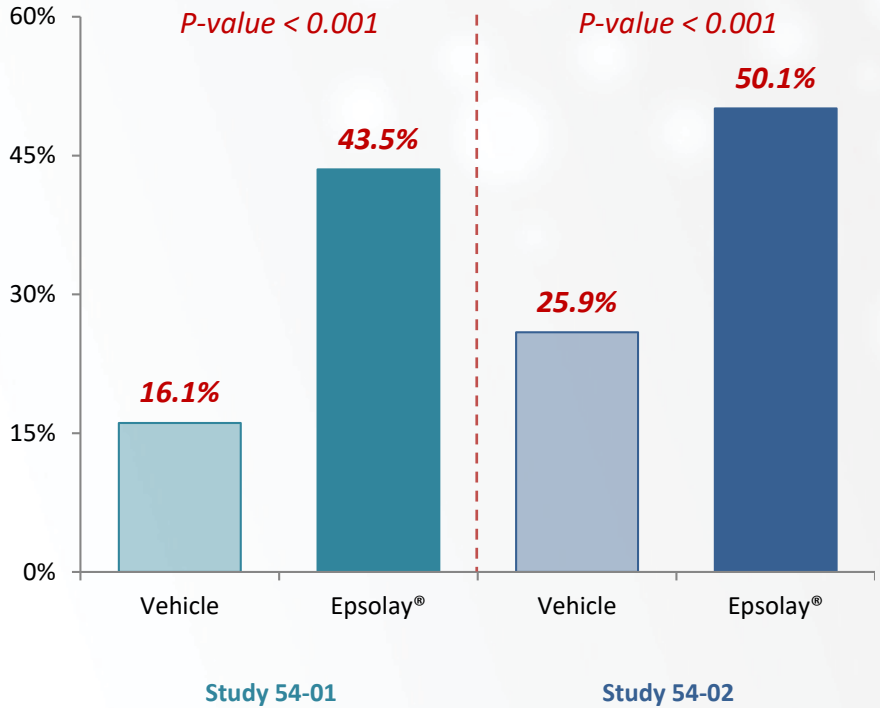


PATIENT SEVERITY AT BASELINE

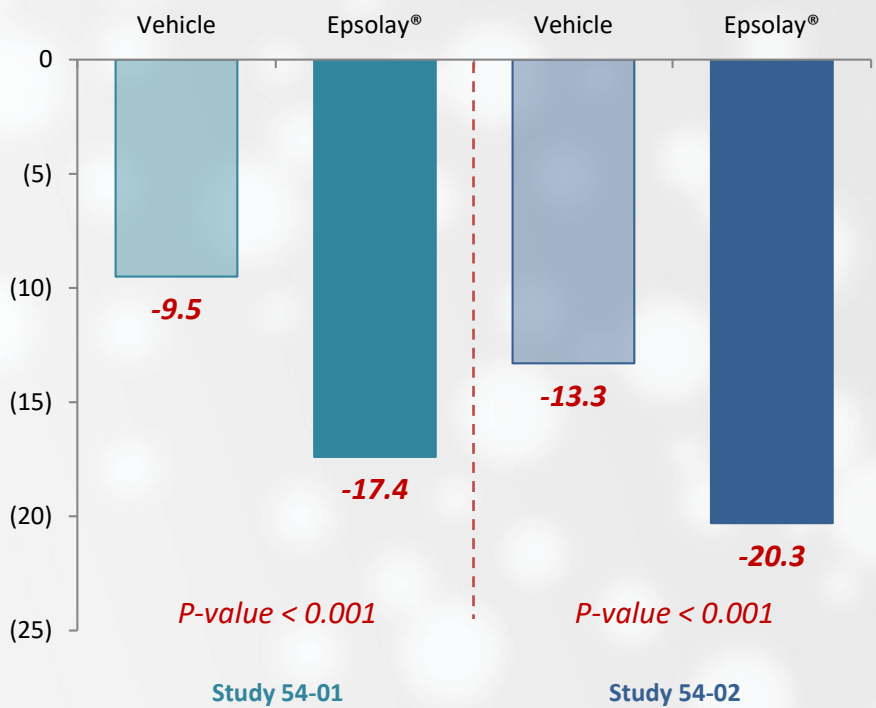
	Study 54-01		Study 54-02	
Characteristic	Epsolay®	Vehicle	Epsolay®	Vehicle
IGA “Moderate” IGA “Severe”	210 (86.4%) 33 (13.6%)	104 (88.1%) 14 (11.9%)	227 (90.8%) 23 (9.2%)	112 (91.8%) 10 (8.2%)
Mean lesion count (SD) Median lesion count (range)	25.7 (11.07) 22.0 (15-69)	26.3 (12.45) 21.0 (15-70)	29.8 (14.00) 25.0 (15-70)	27.5 (13.04) 22.5 (15-70)

PRIMARY ENDPOINTS (ITT)

Success in IGA @ Week 12

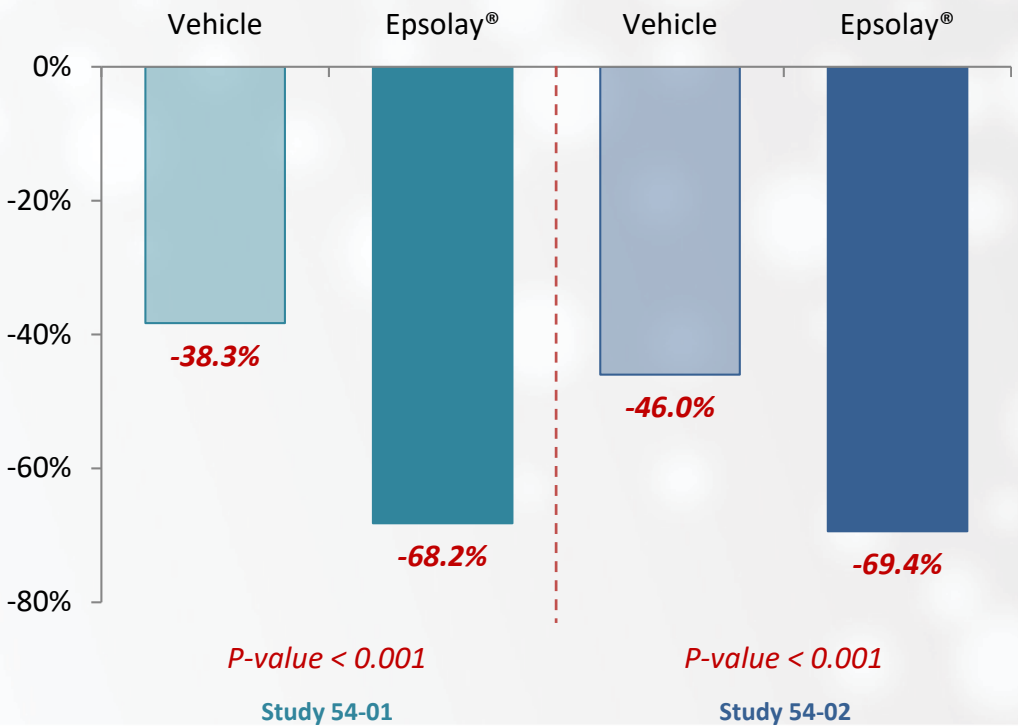


Inflammatory Lesion Count Change from Baseline @ Week 12



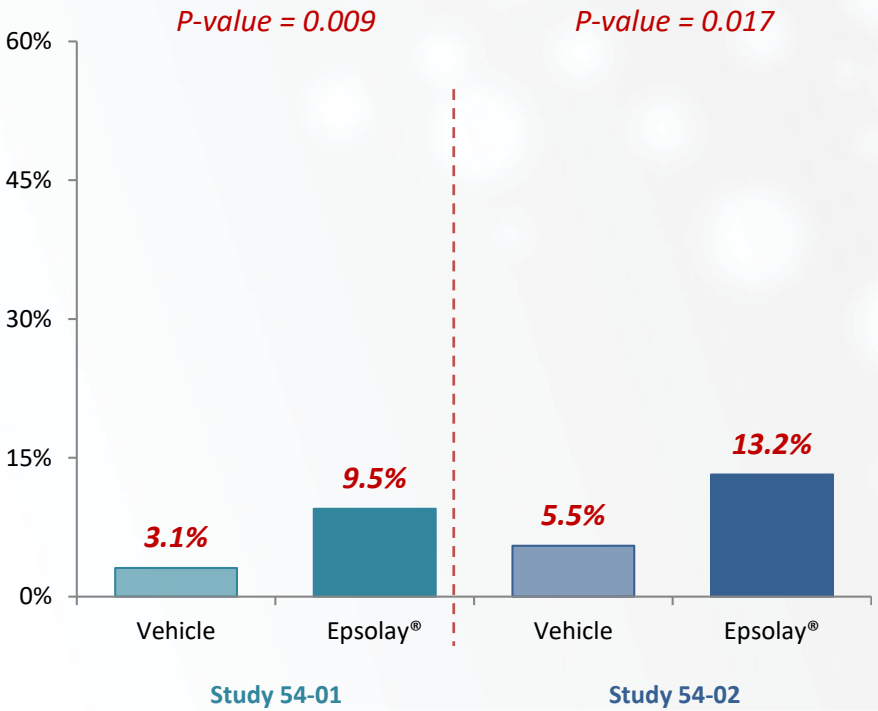
SECONDARY ENDPOINT (ITT)

Inflammatory Lesion Percent Change from Baseline to Week 12

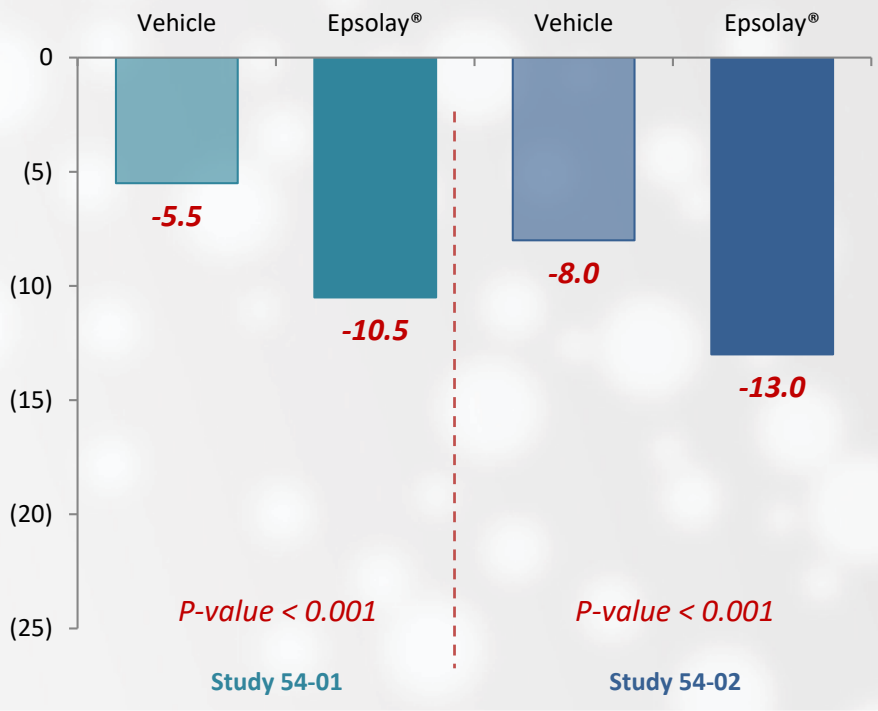


EXPLORATORY ENDPOINTS (ITT)

Success in IGA @ Week 2

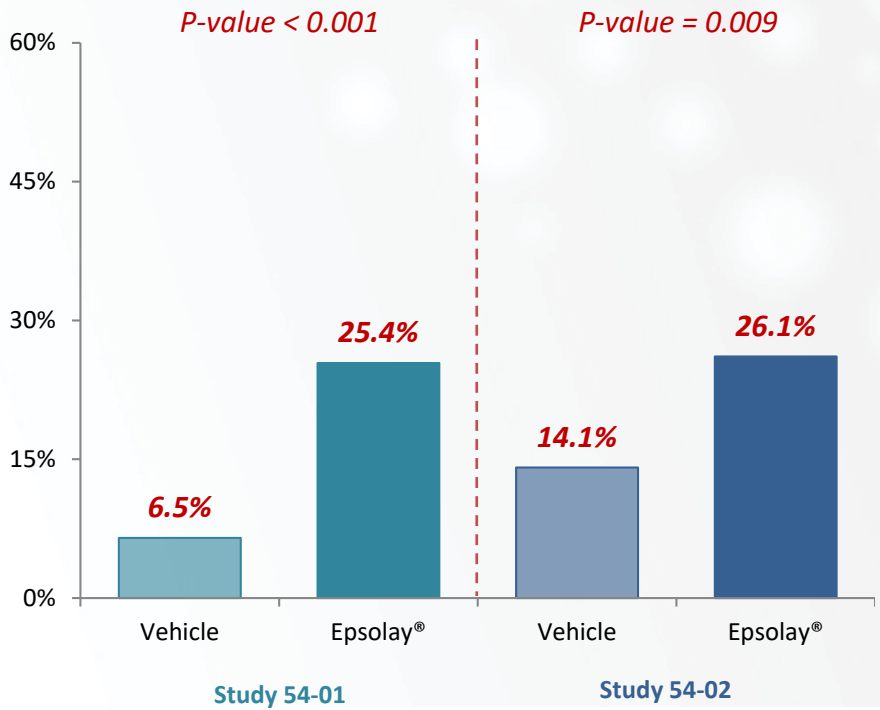


Inflammatory Lesion Count Change from Baseline @ Week 2

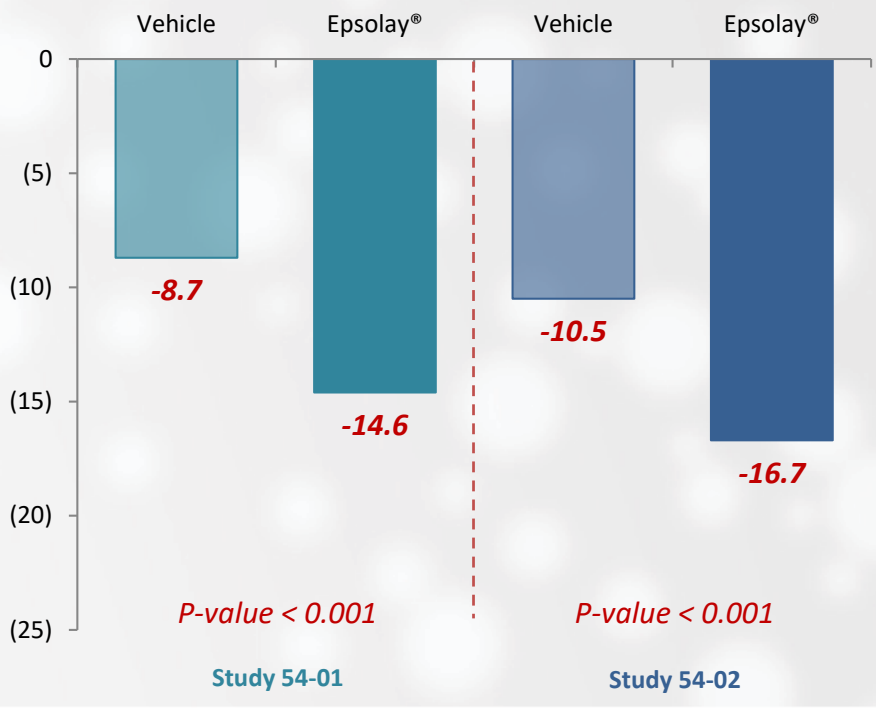


SECONDARY ENDPOINTS (ITT)

Success in IGA @ Week 4

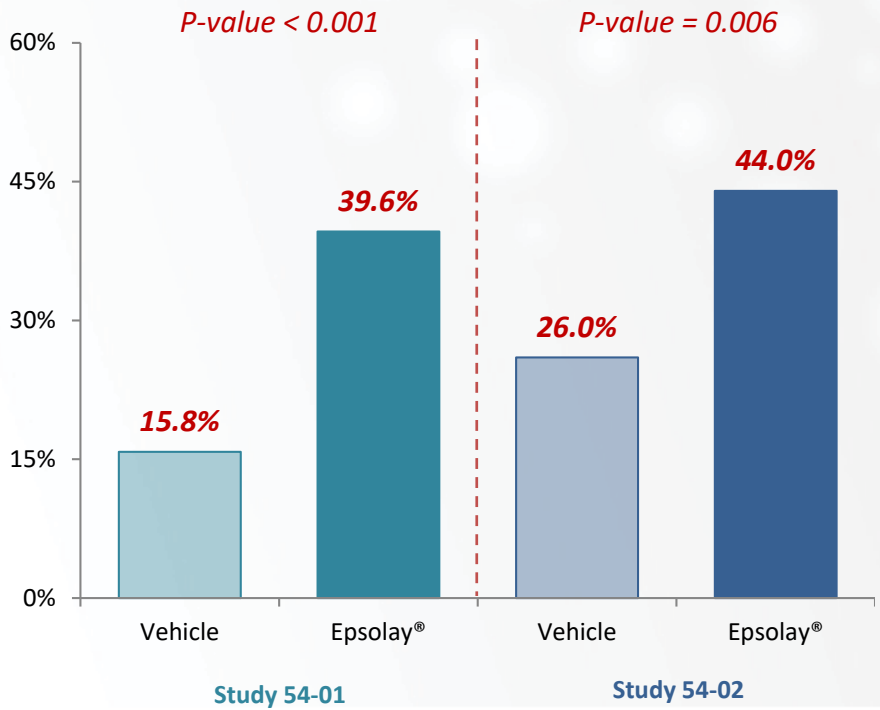


Inflammatory Lesion Count Change from Baseline @ Week 4

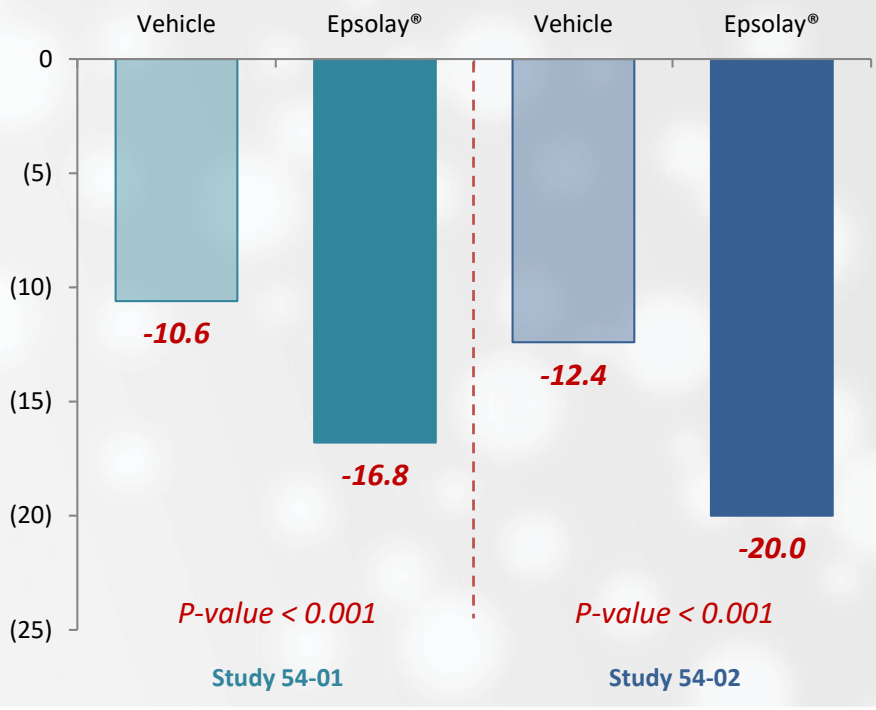


SECONDARY ENDPOINTS (ITT)

Success in IGA @ Week 8

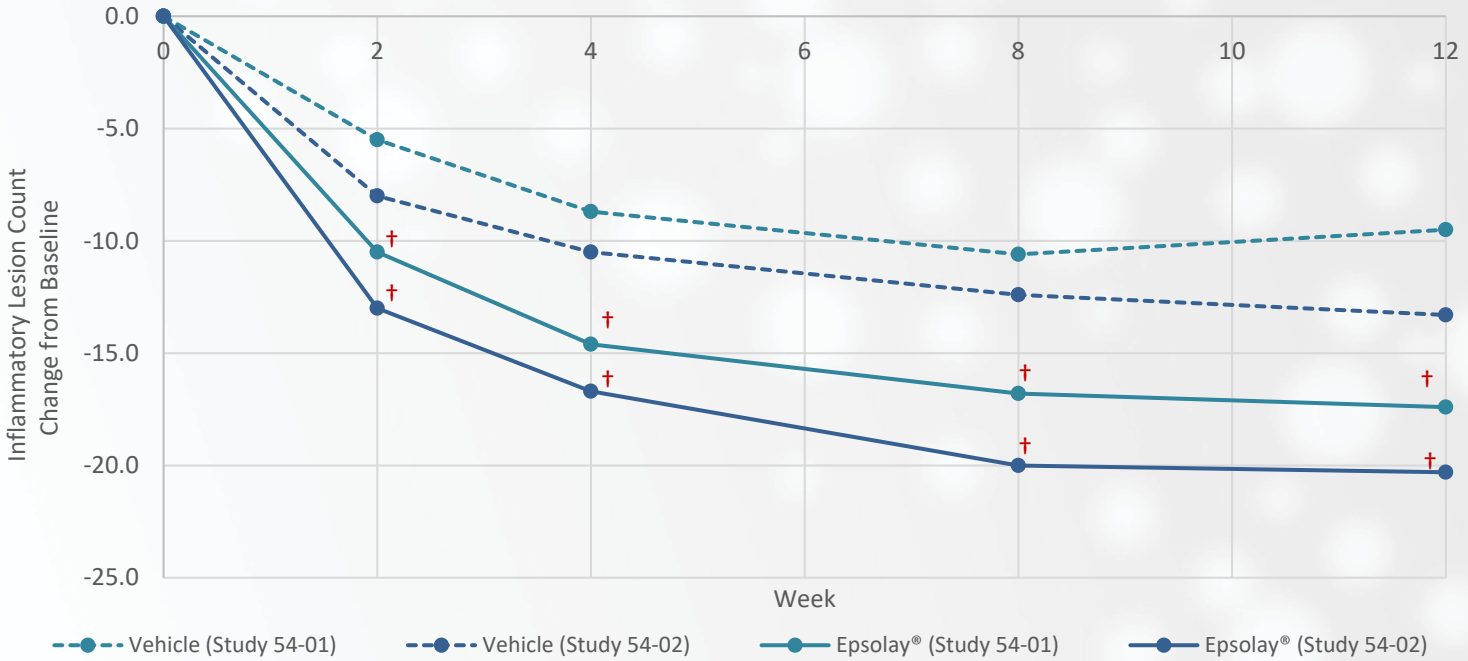


Inflammatory Lesion Count Change from Baseline @ Week 8



ABSOLUTE CHANGE IN INFLAMMATORY LESION COUNT FROM BASELINE OVER TIME (ITT)

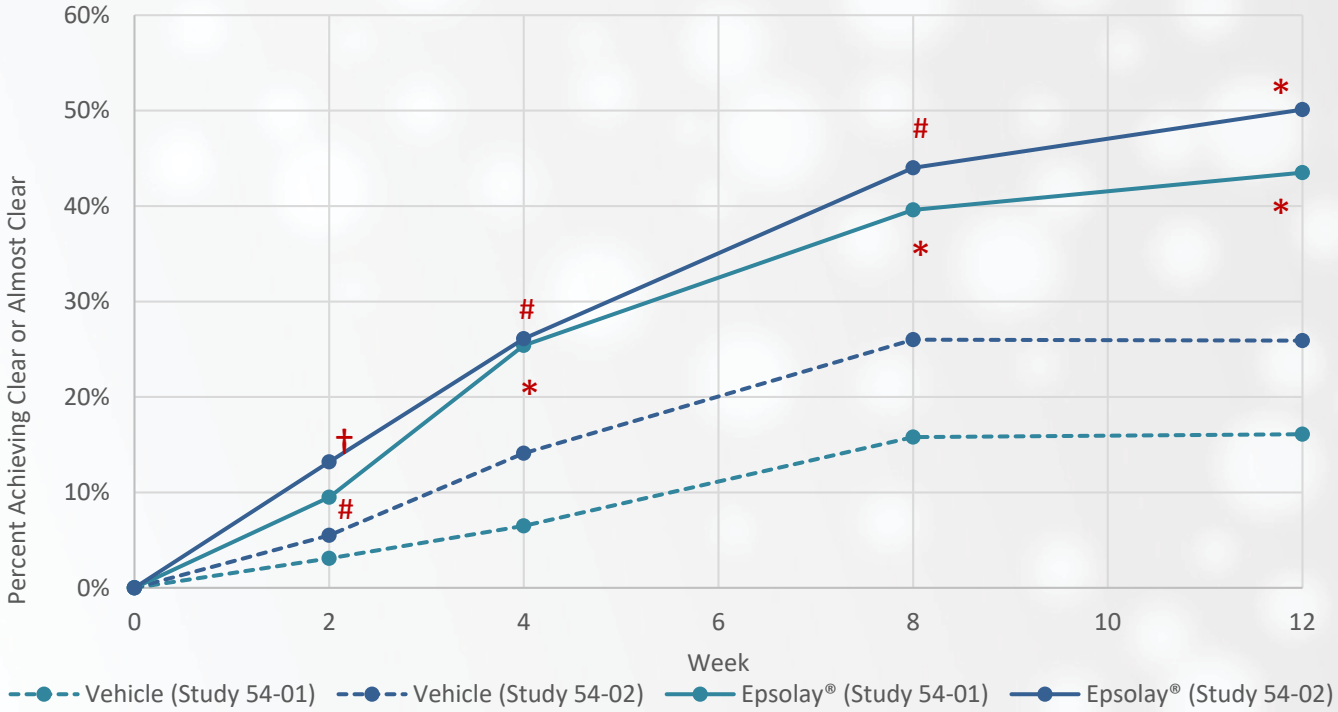
Demonstrated statistical significant improvement in reducing inflammatory lesions as of Week 2



† *P<0.001 vs corresponding vehicle*

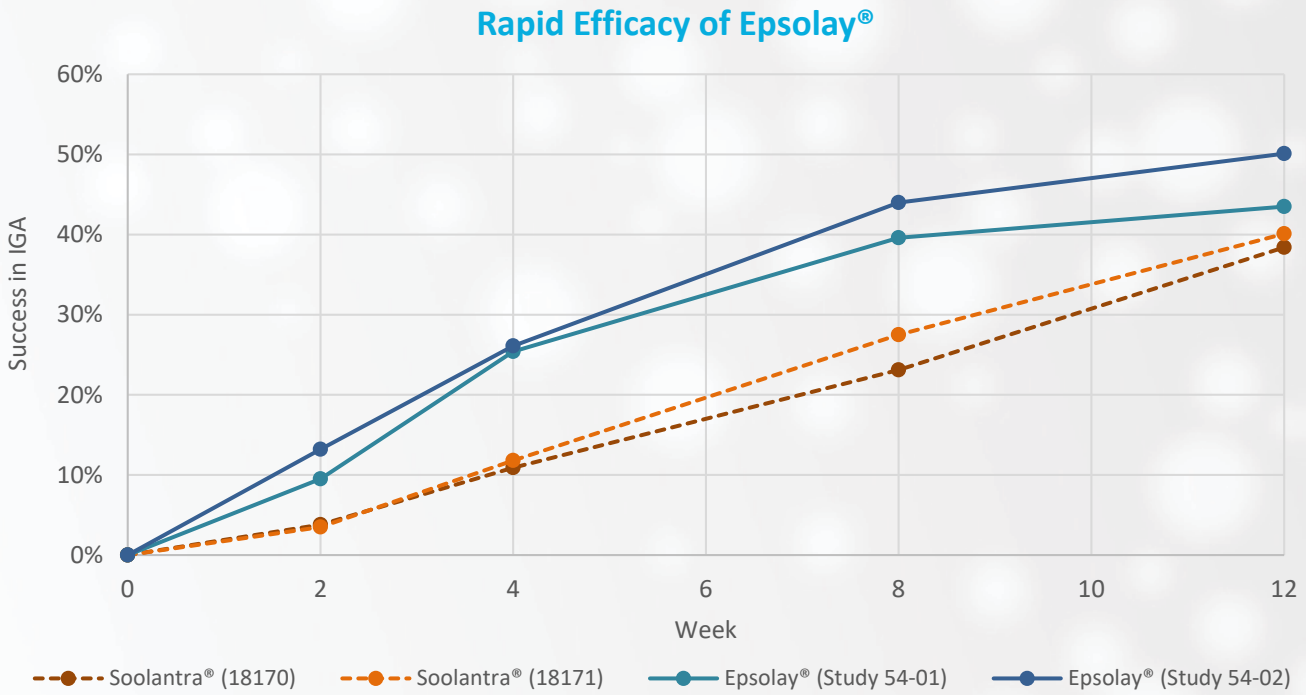
SUCCESS IN IGA OVER TIME (ITT)

Statistical significant improvement in getting patients to the stage of "clear" or "almost clear"



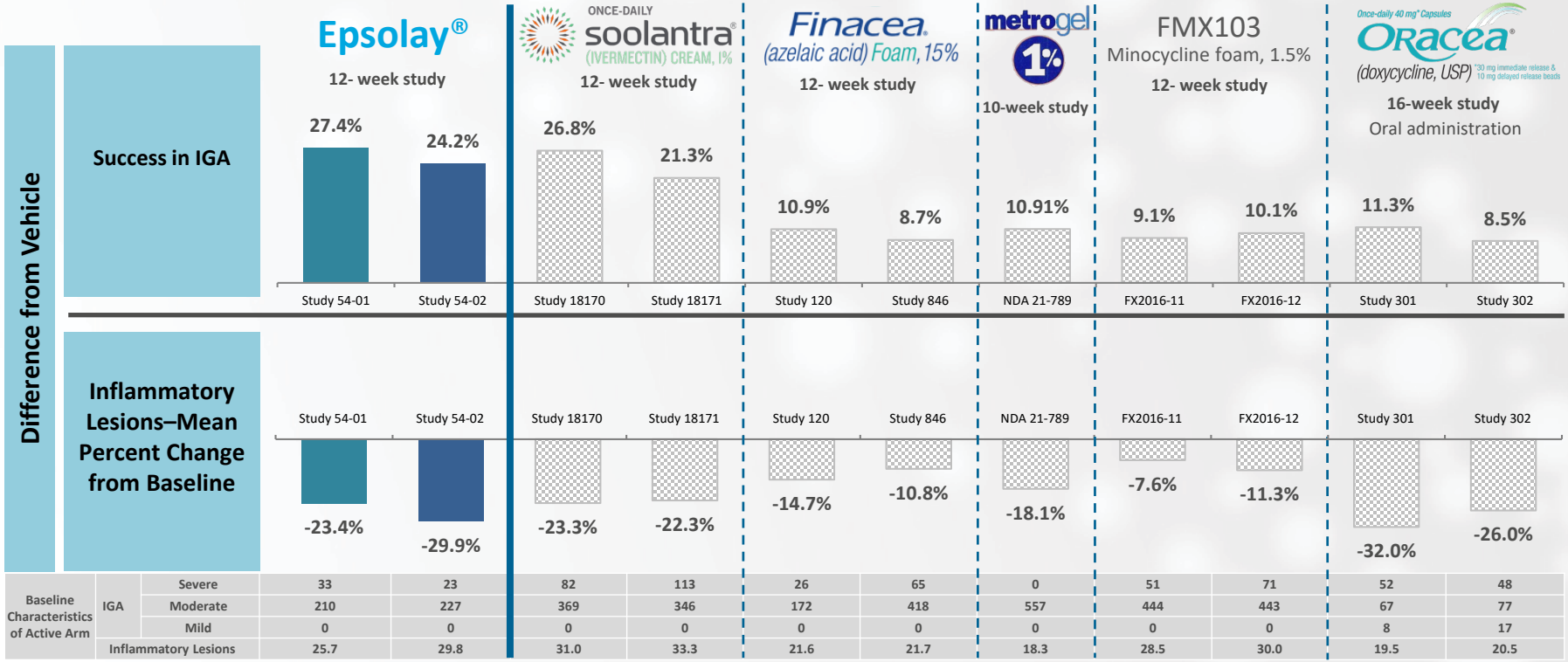
†$P < 0.05$, #$P < 0.01$, *$P < 0.001$ vs corresponding vehicle

COMPARISON OF ONSET OF ACTION TO HISTORICAL SOOLANTRA® RESULTS(†)



(†) Sol-Gel did not conduct a head-to-head comparison trial or study. The results described above are for illustrative purposes only and should not be construed as conclusions to be drawn as if we conducted a head-to-head comparison trial or study

PRIMARY ENDPOINTS HISTORICAL COMPARISONS(†)



Baseline Characteristics of Active Arm		Study 54-01	Study 54-02	Study 18170	Study 18171	Study 120	Study 846	NDA 21-789	FX2016-11	FX2016-12	Study 301	Study 302
IGA	Severe	33	23	82	113	26	65	0	51	71	52	48
	Moderate	210	227	369	346	172	418	557	444	443	67	77
	Mild	0	0	0	0	0	0	0	0	0	8	17
Inflammatory Lesions		25.7	29.8	31.0	33.3	21.6	21.7	18.3	28.5	30.0	19.5	20.5

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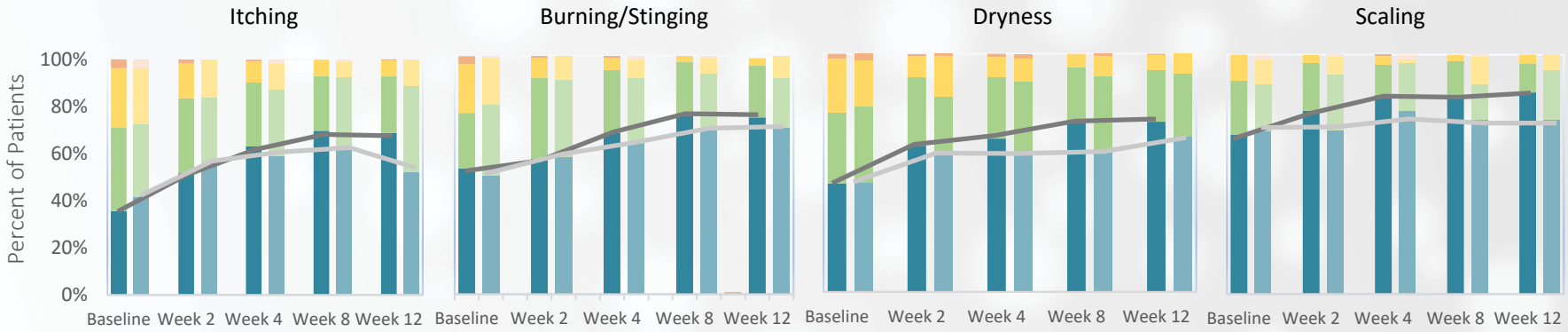
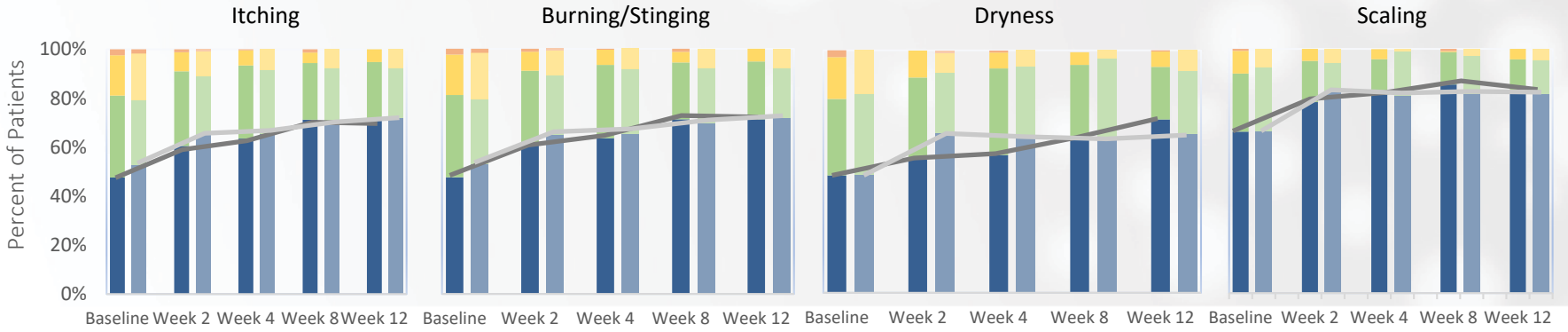
SKIN TOLERABILITY

Study 54-01



Study 54-02



TREATMENT EMERGENT ADVERSE EVENTS (†)

SAFETY POPULATION

No. (%) of Subjects	Study 54-01		Study 54-02	
	Epsolay®	Vehicle	Epsolay®	Vehicle
Subjects reporting any TEAE	49 (20.5%)	17 (15.0%)	50 (20.2%)	22 (18.2%)
Serious TEAE		1 (0.4%)[1]	1 (0.4%)[2]	
Severe TEAE	2 (0.8%)		2 (0.8%)[3]	
Discontinuation	5 (2.1%)	1 (0.9%)	4 (1.6%)	1 (0.8%)[4]
Treatment-related	14 (5.9%)	3 (2.7%)	9 (3.6%)	

[1] Femur fracture
[2] Spinal compression fracture
[3] One subject with spinal compression fracture
[4] Urinary tract infection – Discontinuation defined as “other” reason

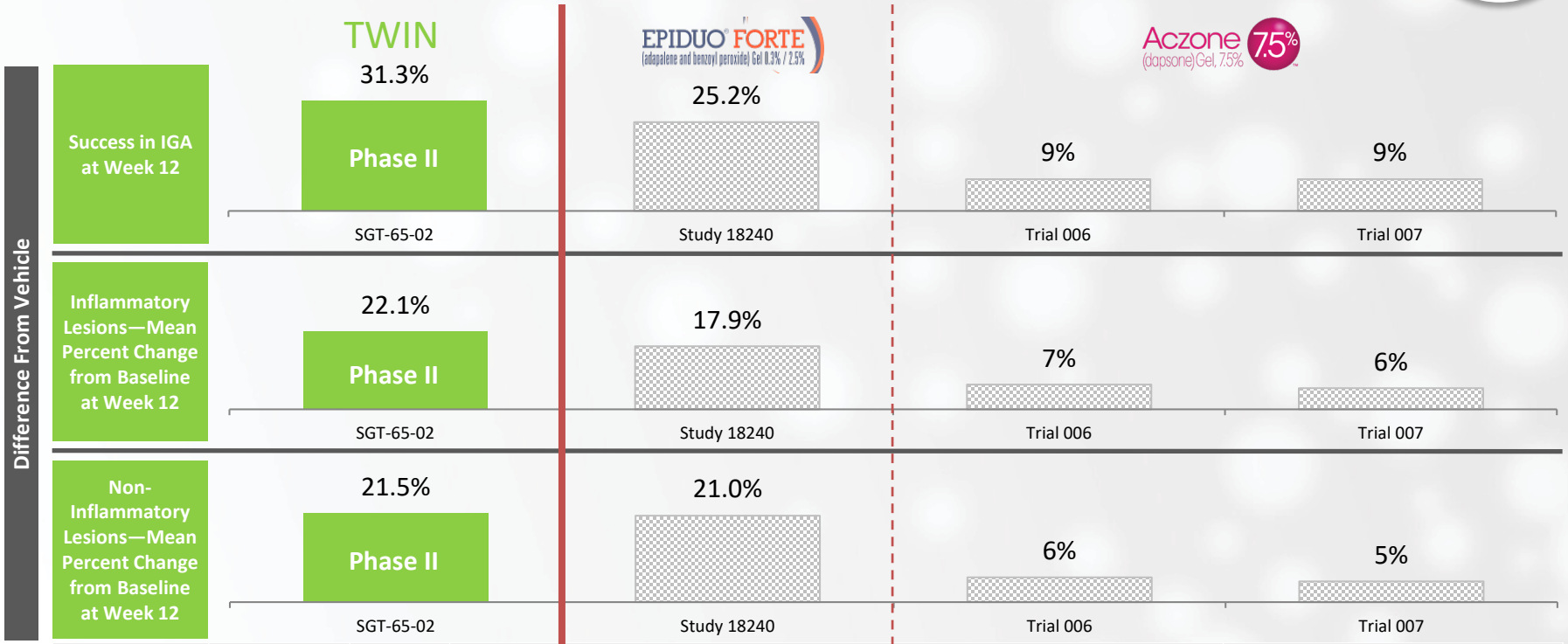
ACNE VULGARIS— MULTIFACTORIAL DISEASE REQUIRING POWERFUL COMBINATION TREATMENTS

What is acne vulgaris?	A multifactorial disease of the pilosebaceous unit, involving abnormalities in sebum production, follicular epithelial desquamation, bacterial proliferation, and inflammation
How is it treated?	BPO, retinoids, antibiotics and their combinations are the mainstays of Rx topical therapies. Isotretinoin and antibiotics are the mainstays of Rx systemic therapies
What are the current treatments shortfalls?	Insufficient efficacy negatively affects self-esteem; contributes to antibiotic resistance; systemic side effects

TWIN: E-ATRA/E-BPO cream

- Encapsulation allows combining two highly effective APIs, BPO & ATRA, that have a complementary mechanism of action
- Encapsulation may reduce the irritation of both BPO and ATRA
- Potential to be more effective than existing topical treatments

ACNE TRIALS EFFICACY RESULTS*: MODERATE PATIENTS



Active Treatment Arm						
Number of Patients	Severe	0		0	1	0
	Moderate	102		111	1,043	1,118
	Mild	0		0	0	0
Average Baseline # of Lesions	Inflamed	25.9		~29.7	28.8	29.6
	Noninflamed	42.1		~53.7	46.9	46.7

*Sol-Gel did not conduct a head-to-head comparison trial or study. The results described above are for illustrative purposes only and should not be construed as conclusions to be drawn as if we conducted a head-to-head comparison trial or study

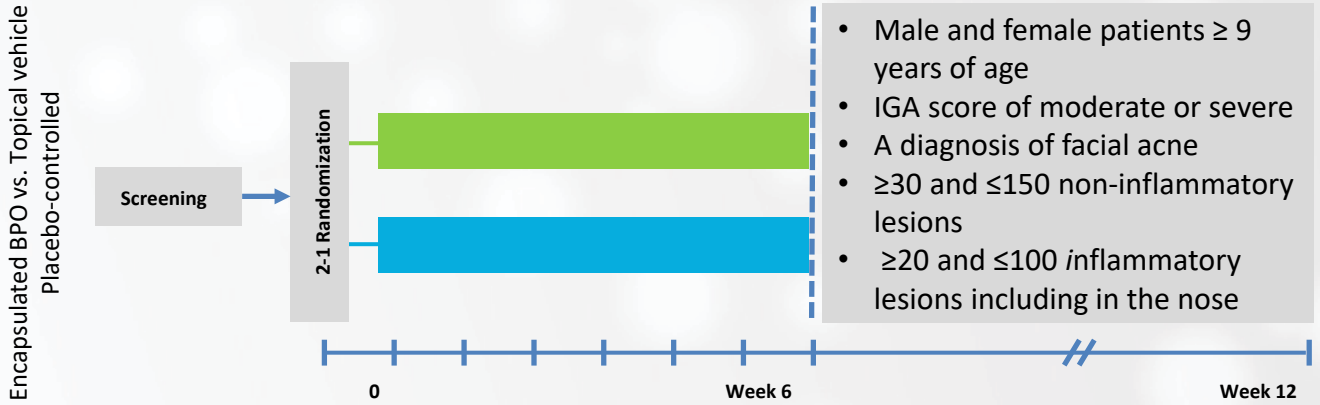
EFFICACY RESULTS OF RECENT ACNE TRIALS*

Active Treatment Arm									
Number of Patients	Severe	14		61	64	37	118	70	79
	Moderate	102		292	305	296	620	413	440
	Mild	0		0	0	0	0	0	0
Average Baseline # of Lesions	Inflamed	26.7		42.4	42.9	31.6	30.7	29.7	30.3
	Noninflamed	42.9		59.1	62.8	50.5	49.7	42.4	42.3

*Sol-Gel did not conduct a head-to-head comparison trial or study. The results described above are for illustrative purposes only and should not be construed as conclusions to be drawn as if we conducted a head-to-head comparison trial or study.

TWIN PHASE III TRIAL DESIGNS

Two 12-week, randomized, double-blind, vehicle controlled studies in patients with acne vulgaris
Enrollment of ~420 subjects per study at a ratio of 2:1, yielding 99% powering



PRIMARY ENDPOINTS:

- Proportion of patients in active treatment versus vehicle cream with an assessment of clear or almost clear with at least a 2-grade improvement in IGA at Week 12
- Absolute change from Baseline in inflammatory and non-inflammatory lesion count at Week 12

TOPLINE RESULTS EXPECTED IN Q4 2019

MARKET POTENTIAL FOR ACNE & ROSACEA

ACNE

50 million people suffer from acne in the US (ages 12-24 years)

$1.8 billion branded topical market (WAC)*

Treated with topicals 56% of the time (rest oral)*

Dermatologists account for ~60% of acne treatment (higher for branded products)

Tretinoin is prescribed at 5x the rate of any other retinoid, and no combination of benzoyl peroxide and tretinoin is available or currently possible

ROSACEA

Approximately 16 million people in the US suffer from rosacea
(5-6 million type 2) (>30 years)

Many patients are misdiagnosed or do not seek treatment at all, creating a large underserved patient population

$478 million branded topical market (WAC)*

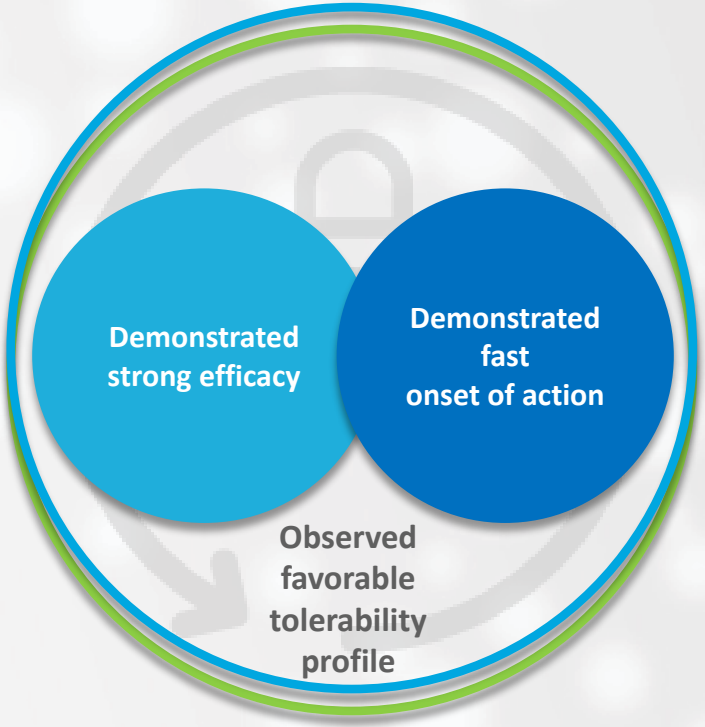
Treated with topical products 76% of the time (rest oral)*

*Sources: Symphony Health; Syneos Research & Insights "Treatment Answers"; June 2019 MAT.

EPSOLAY®

Potential to advance rosacea treatment

- Advanced technology platform
- Trusted API
- Topical cream
- Non-systemic
- Antibiotic free
- Complimentary mechanism

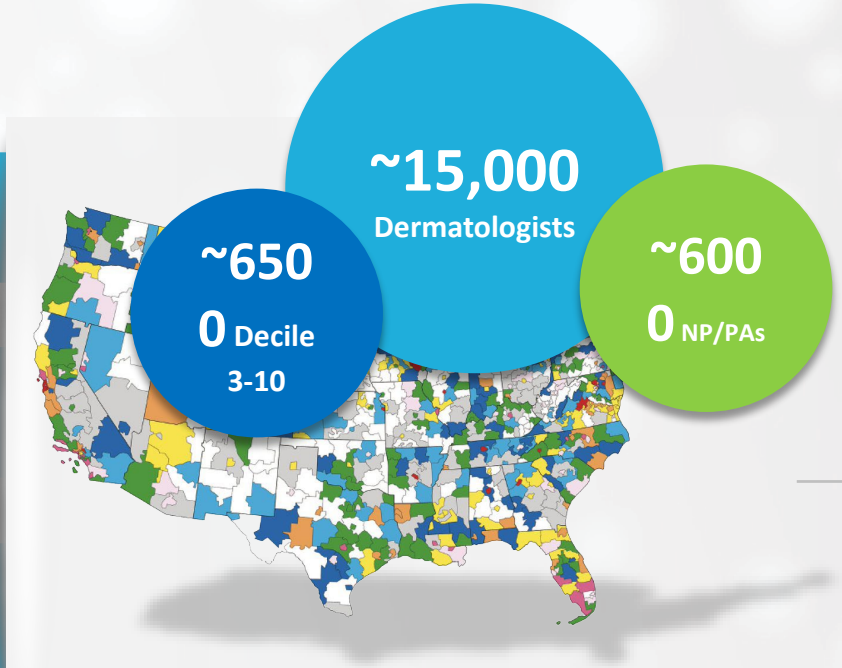


APPROACH TO BUILDING A COMMERCIAL ORGANIZATION
- EFFICIENT AND EFFECTIVE -

PRESCRIBER VALUE

DENSITY & PRODUCTIVITY METRICS

MARKET FACTORS



SALES FORCE

3280 Target offices
~45-62 sales representatives

- Flexible
- Scalable
- Highly efficient

ADDRESSING ACCESS & UM FOR EPSOLAY®[1,2,3]

Positive payer response to EPSOLAY® - Competitive pricing likely equals parity access in rosacea

PAYER RESPONSE TO CLINICAL PROFILE

~70%

COMPELLING TO DRIVE FORUMLARY CONSIDERATION

Most would cover at preferred or non-preferred level depending on cost

PAYER UM POSITION BASED ON HIGHER NET-TO-PLAN PRICE

LIKELY:

- Step-through generics
- Quantity limits

POSSIBLE:

- Prior authorization to label

COMPETITIVE PRICING

COVERED OR BETTER:

- **92%** Commercial
- **40%** Part D
- **74%** Medicaid

State

"If priced like Finacea, it would get parity access; 15%-20% rebate expected with WAC at parity to Finacea."

1. AIS Health, 2019. http://www.aishealth.com/about
2. MMIT Network, 2019. http://www.mmitnetwork.com
3. Data on file. NPG Health primary market research, 2019.

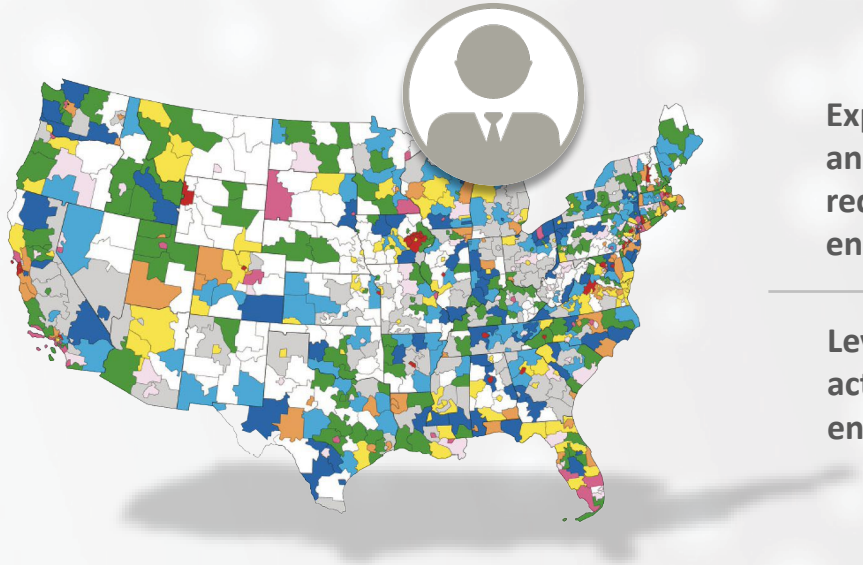
COMMERCIAL APPROACH

Significant potential for sales force efficiency and addressing a challenging reimbursement environment

Efficient reach to 80% dermatology market for acne and rosacea

Targeted high-value and focus use of resources and effort

Build a highly effective organizational model that is flexible and scalable



Exploit Innovative *channel* and *payment* strategies to reduce access hurdles and ensure pull-through.

Leverage consumer activation in high patient-engagement categories

Symphony Health IDV Vantage, 10/18

REVENUE-GENERATING GENERICS PARTNERSHIPS

douglas improving lives

Perrigo

Multiple Collaborations

A portfolio of generic product candidates with favorable commercial agreements that supplement our branded pipeline

Seven collaborations with Perrigo and one with Douglas Pharmaceuticals with 50/50 gross profit sharing

FDA Approvals

In January 2018, Perrigo received tentative approval from the FDA for ivermectin cream, 1%, developed in collaboration with Sol-Gel. Perrigo was second to file and, as of today, there is no public disclosure of a third filer to the FDA. Sales of RLD reached $175 million in 2018.

In February 2019, Perrigo received approval from the FDA and launched the sale of acyclovir cream, 5%, developed in collaboration with Sol-Gel. As of today, there is no public disclosure of another filer to the FDA. The sales of the RLD were ~$92 million in 2018.

Recent Developments

Bioequivalence (BE) study results for 5-fluorouracil cream, 5%, expected in 2H2019

Sol-Gel Advanced Topical Therapy

FINANCIAL PROFILE

Gross proceeds of $86.3 million raised in IPO of 7,187,500 ordinary shares on February 5, 2018

18,949,968 shares outstanding as of June 30, 2019

$49.8 million of cash and investments as of June 30, 2019

Approximately $7.0 million in revenue from acyclovir cream in Q2/2019

Cash runway expected to be sufficient to fund Phase III clinical programs for TWIN, regulatory activities for Epsolay®, a bioequivalence study, and our activities until the end of Q3/2020

RECENT MILESTONES & NEXT STEPS

2019

- ✓ Obtained ANDA approval for acyclovir cream (sponsored by Perrigo)
- ✓ Recognized non-dilutive revenues early form launch of acyclovir cream (by Perrigo)
- ✓ Reported **positive Phase III results** for EPSOLAY® in papulopustular rosacea
- ✓ Receive notice of allowance extending TWIN market protection from 2032 → 2038
- ○ Start PoC for Palmoplantar Keratoderma Q4/2019
- ○ Plans to report Phase III results for TWIN in acne vulgaris End of 2019
- ○ Plans to report BE study results for 5-fluorouracil cream, 5%

2020

- ○ File NDA for EPSOLAY® in 1H/2020
- ○ (Collaboration with Perrigo) ANDA for 5-fluorouracil cream, 5% filed in 1H/2020
- ○ File NDA for TWIN in 2H/2020
- ○ US pre-launch commercial preparations

2021

- ○ US commercial organization fully operational
- ○ Approval and launch of EPSOLAY® first in 2021
- ○ Approval and launch of TWIN product second in 2021

Sol-Gel

Advanced Topical Therapy

NASDAQ: SLGL

www.sol-gel.com