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, our anticipated NDA submission dates for Epsolay and Twyneo, estimated timing for the approval and launch of Epsolay and Twyneo, 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 presentation. 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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THREE-FOLD STRATEGY

- Successfully commercialize best-in-class dermatology brands in acne and rosacea, and maintain a leadership position in these indications
- Identify targeted opportunities in other areas of high unmet need where we can bring innovation and exceed current standard-of-care treatments
- Leverage our capabilities to generate significant non-dilutive funding

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 Q2/2020

3

Positive phase III results from TWYNEO® clinical trial in acne vulgaris in December 2019

NDA submission anticipated in 2H/2020

4

Completed follow-on offering of ~$23 million in February 2020

Completed follow-on offering of $11.5 million in August 2019

Successfully raised $86.3 million in IPO in February 2018

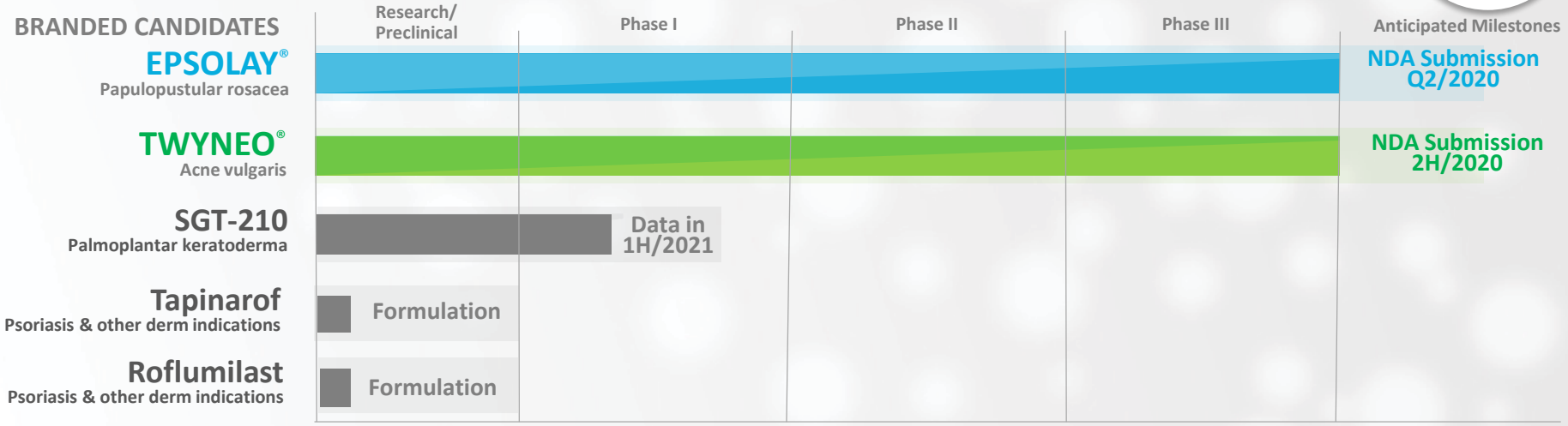
5

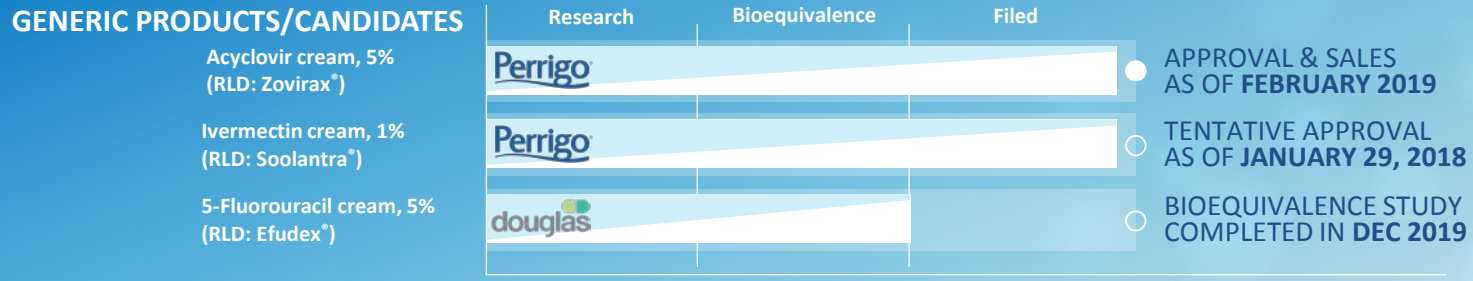
Non-dilutive revenues of $22.8 million from generic pipeline in 2019

6

Seasoned management team with proven track record and broad dermatologic experience

PIPELINES & UPCOMING MILESTONES





RLD, reference listed drug.

FOUNDATION FOR BRANDED PRODUCT PIPELINE

1 WHY SILICA?

FDA approved for topical use

Proprietary process produces high encapsulation efficiency

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

Smooth, no-grit feel for user

Strong IP protection to 2032 (EPSOLAY®) and 2038 (TWYNEO®)

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

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

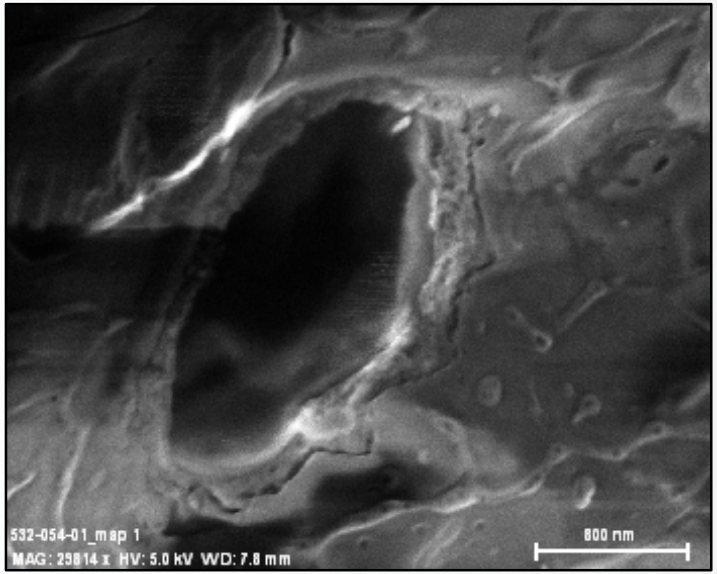
APIs stabilized via microencapsulation, allowing for novel combinations

Hurdle for generics to demonstrate similar release profile

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

CONTROLLED RELEASE IMPROVES TOLERABILITY

Encapsulated Benzoyl Peroxide (E-BPO)



CRYO-SEM PICTURE

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

ENERGY-DISPERSIVE X-RAY SPECTROSCOPY MAPPING

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	5	
	Pending	15	
Foreign Patents	Granted/Allowed	34	
	Pending	11	
Trademarks	Registered/ Allowed	4 in US, IL, CA, EP	EPSOLAY®
	Registered/ Allowed	5 in US, CA, EP, IL	TWYNEO®

IP Protection for Our Branded Products (US)

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

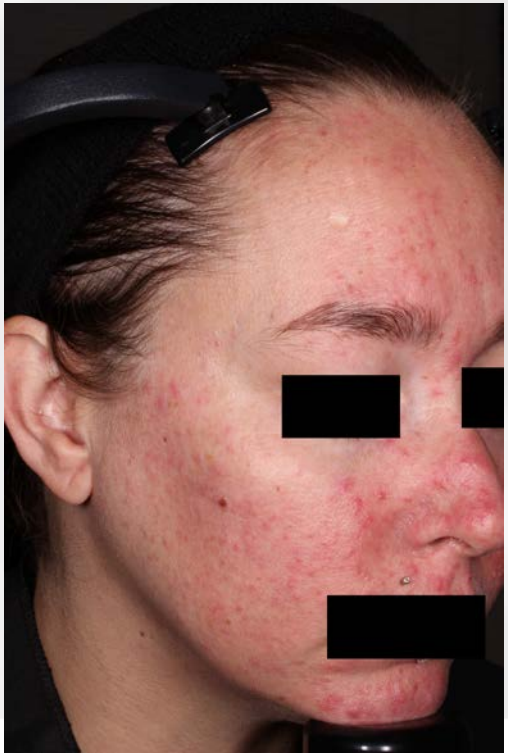
PAPULOPUSTULAR ROSACEA

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
How is it treated?	Topical antimicrobials (metronidazole, clindamycin); topical anti-mite (ivermectin); systemic antibiotics (minocycline, doxycycline)
What are the current treatment shortfalls?	Insufficient efficacy resulting in poor adherence, contributing to antibiotic resistance; systemic side effects

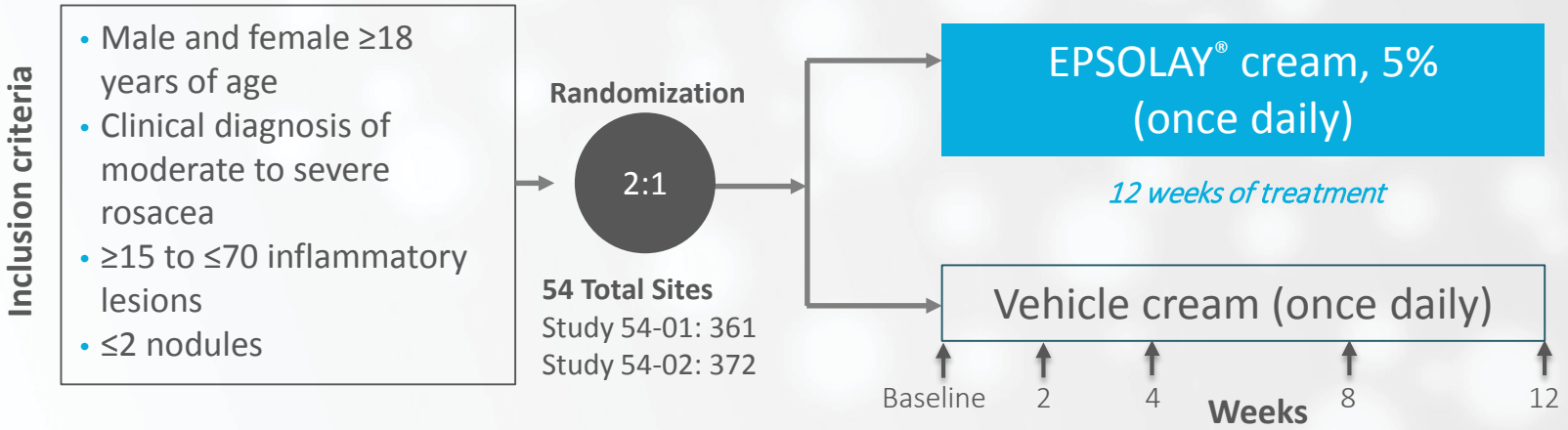
Our solution: **EPSOLAY®** Encapsulated benzoyl peroxide (E-BPO)

- Encapsulation aims to reduce irritation of BPO
- Potential to be more effective than existing treatments
- Potential to be first FDA-approved single-agent BPO Rx drug product



EPSOLAY® STUDY DESIGN

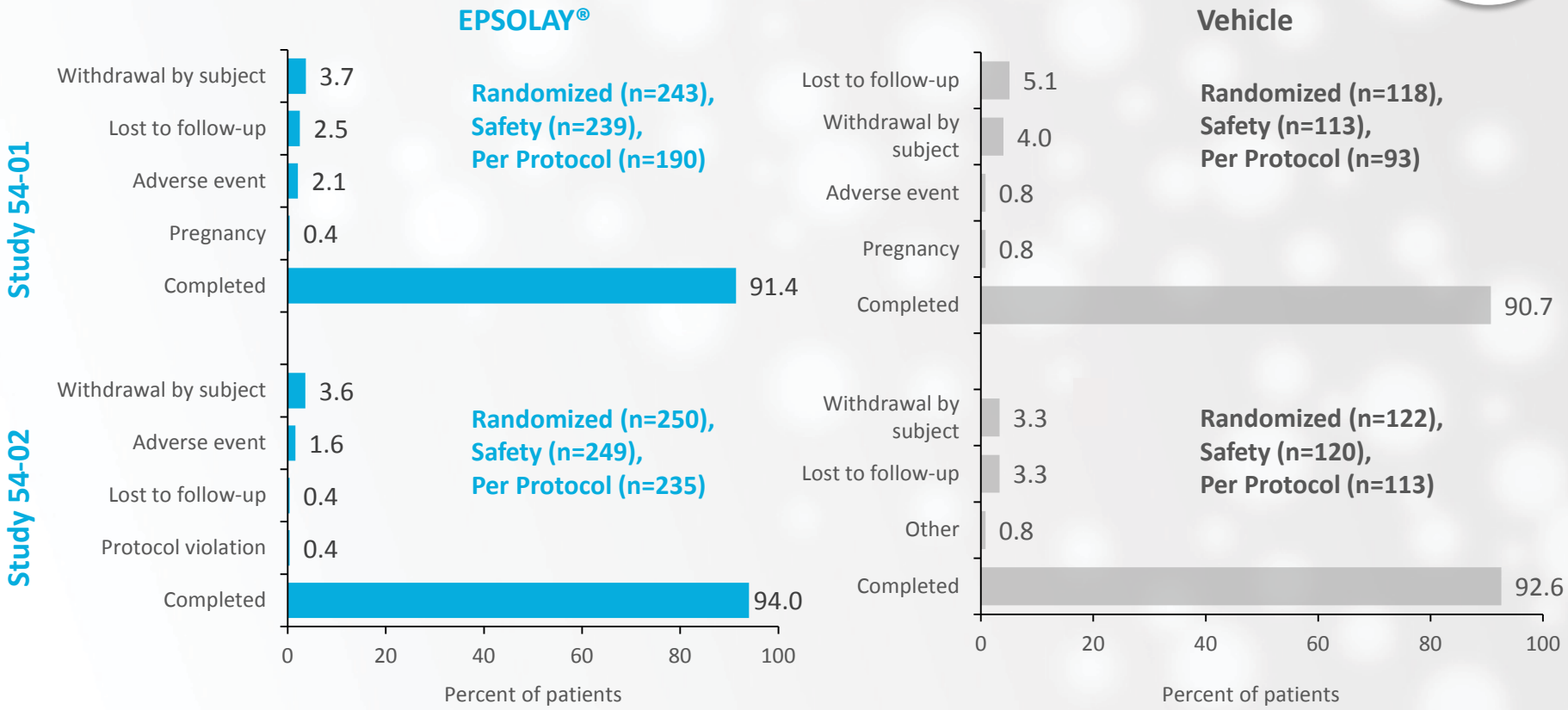
Two phase III, double-blind, randomized, vehicle-controlled studies



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

STUDY POPULATIONS & DISCONTINUATION



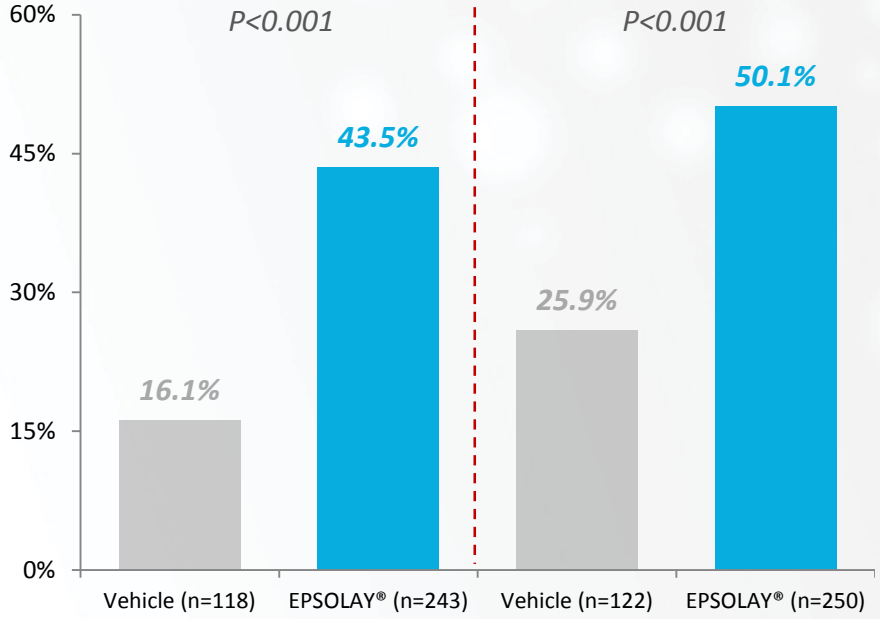
Intent-to-treat population.

PATIENT SEVERITY AT BASELINE

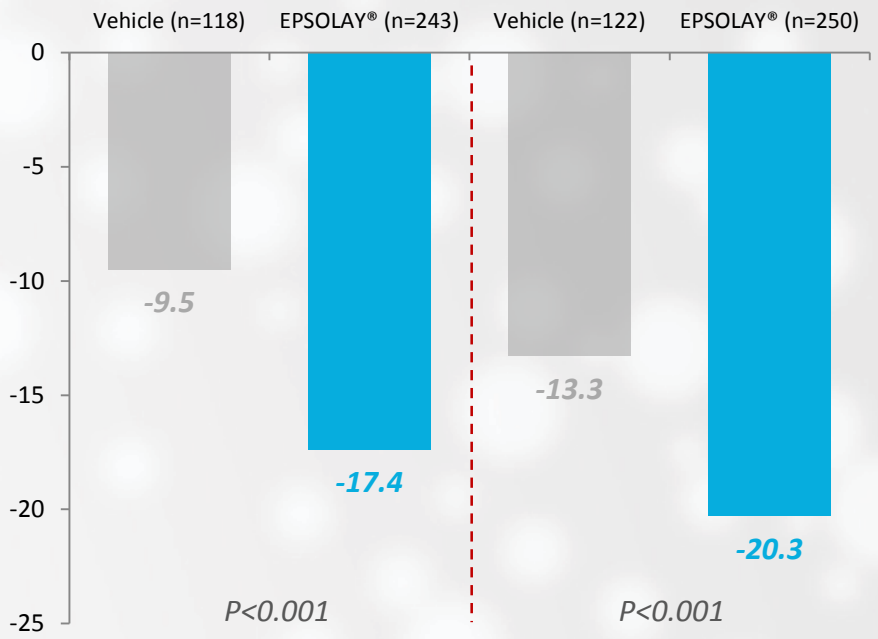
Characteristic	Study 54-01		Study 54-02	
	EPSOLAY®	Vehicle	EPSOLAY®	Vehicle
IGA “Moderate”	210 (86.4%)	104 (88.1%)	227 (90.8%)	112 (91.8%)
IGA “Severe”	33 (13.6%)	14 (11.9%)	23 (9.2%)	10 (8.2%)
Mean lesion count (SD)	25.7 (11.07)	26.3 (12.45)	29.8 (14.00)	27.5 (13.04)
Median lesion count (range)	22.0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

PRIMARY ENDPOINTS (ITT)

Success in IGA at Week 12



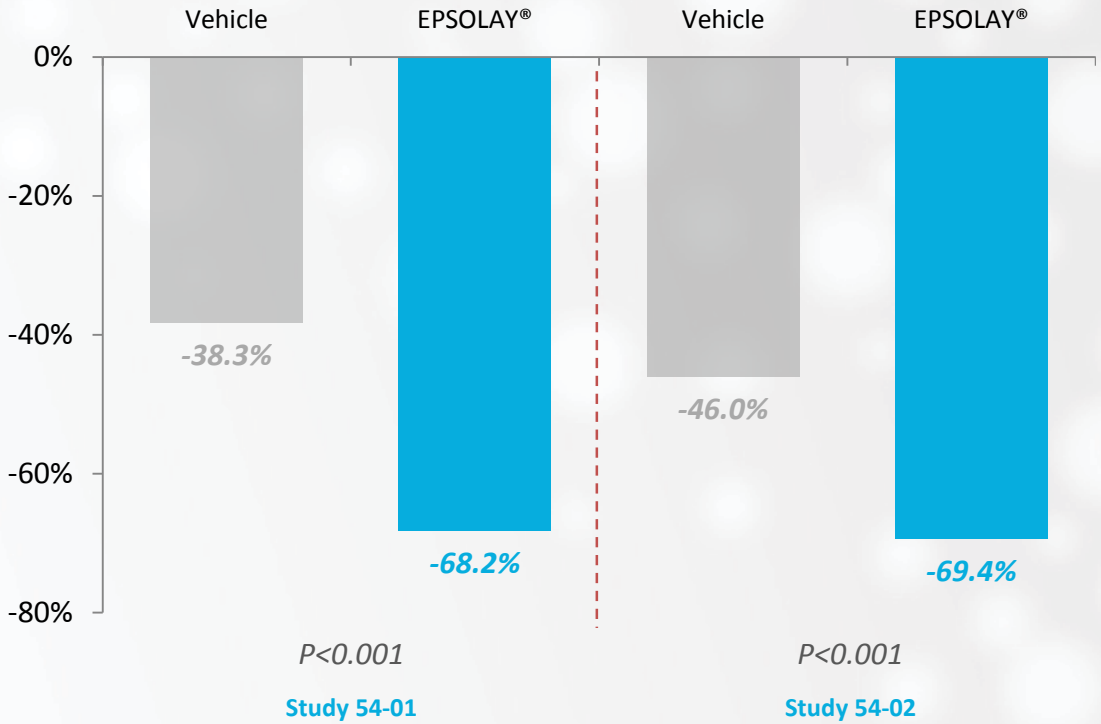
Inflammatory Lesion Count Change From Baseline at Week 12



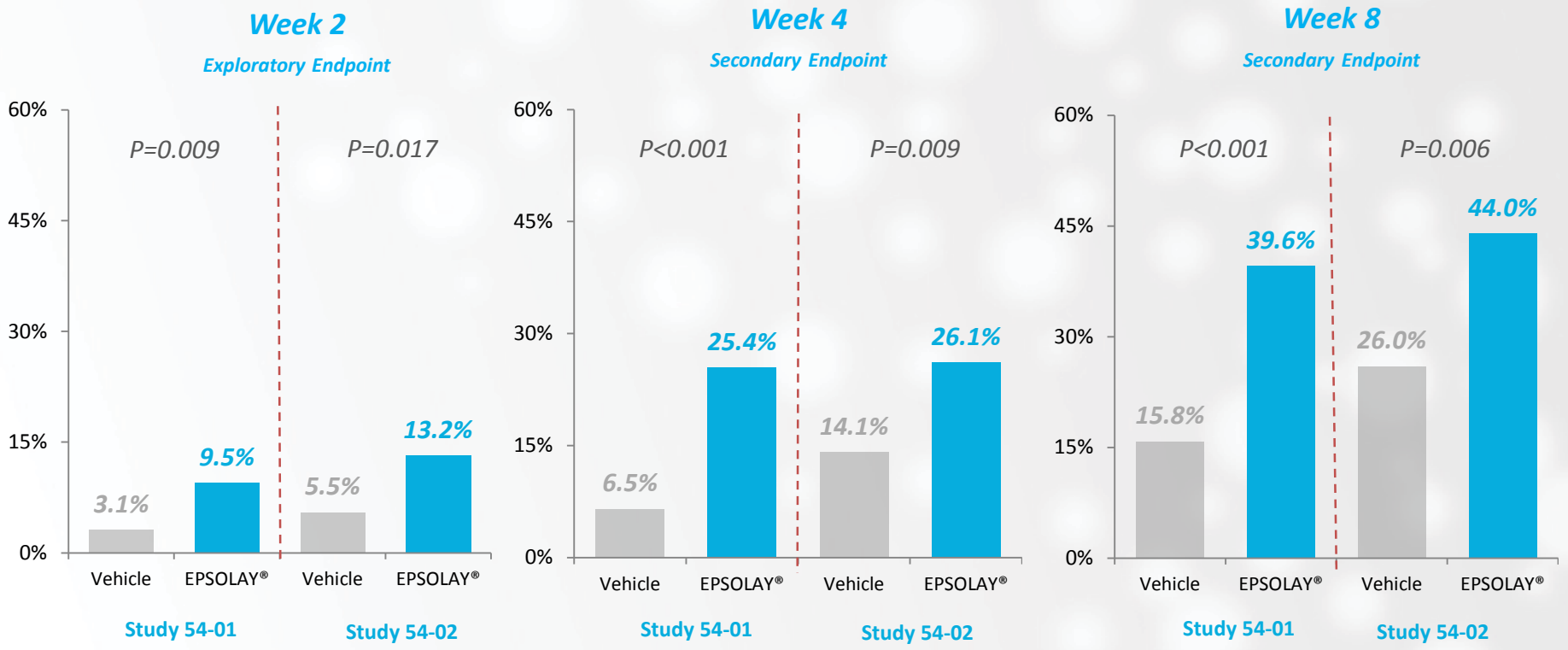
ITT, intent-to-treat.

SECONDARY ENDPOINT (ITT)

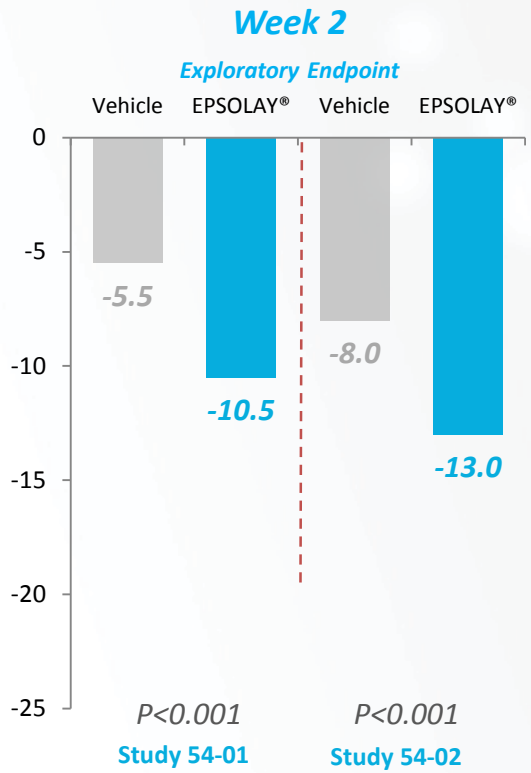
Inflammatory Lesion Percent Change From Baseline to Week 12

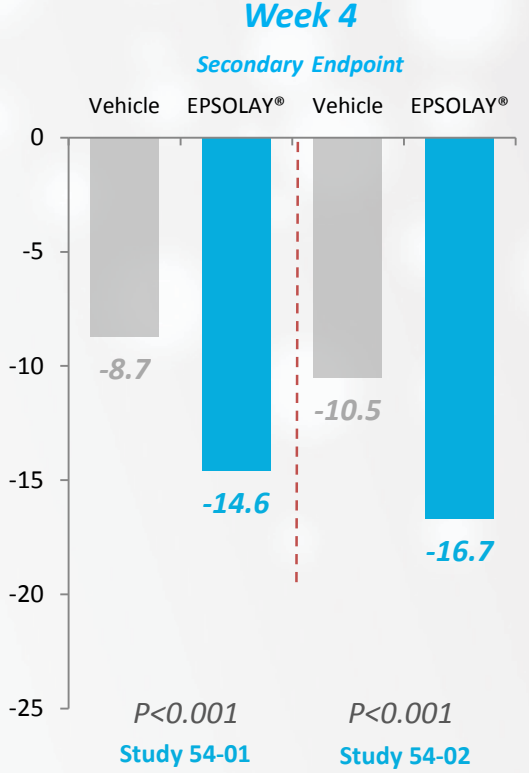


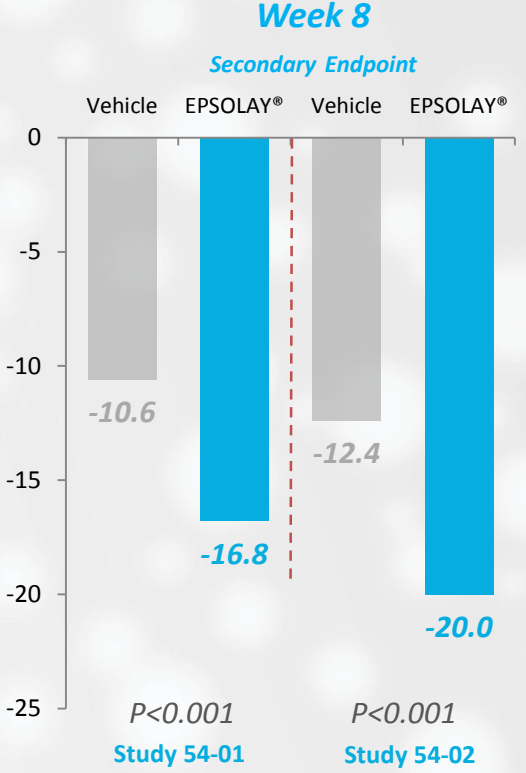
SUCCESS IN IGA (ITT)



INFLAMMATORY LESION COUNT CHANGE FROM BASELINE (ITT)

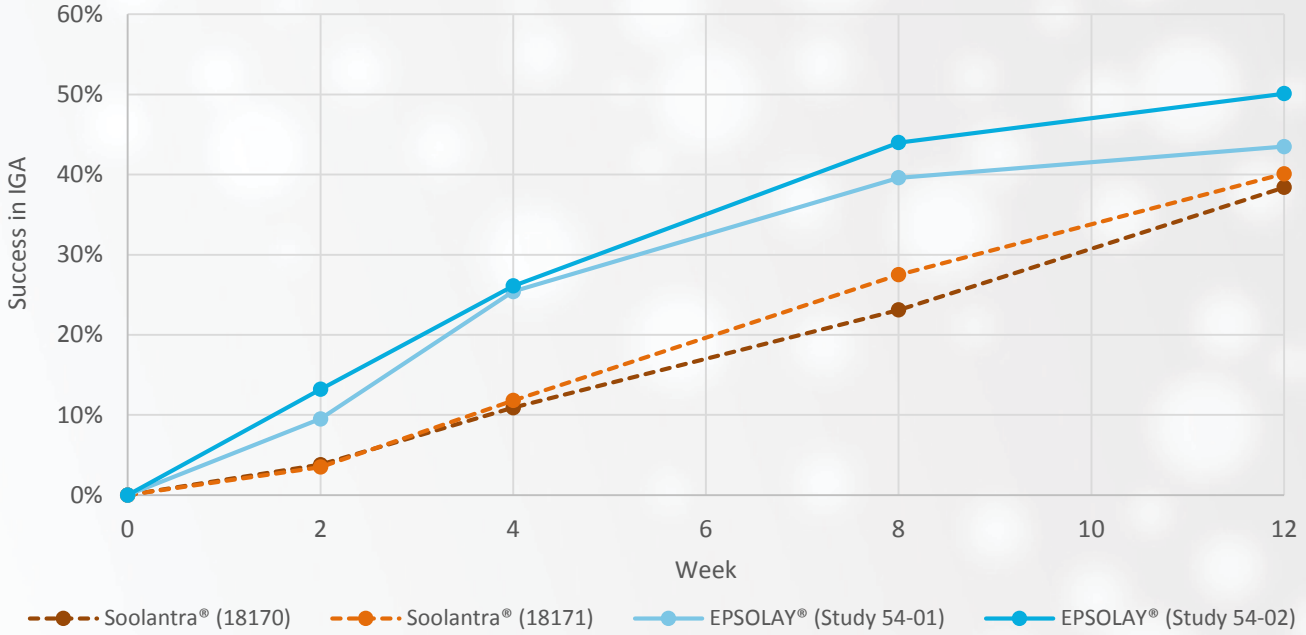






COMPARISON OF ONSET OF ACTION TO HISTORICAL SOOLANTRA® RESULTS*

Rapid Onset of EPSOLAY®



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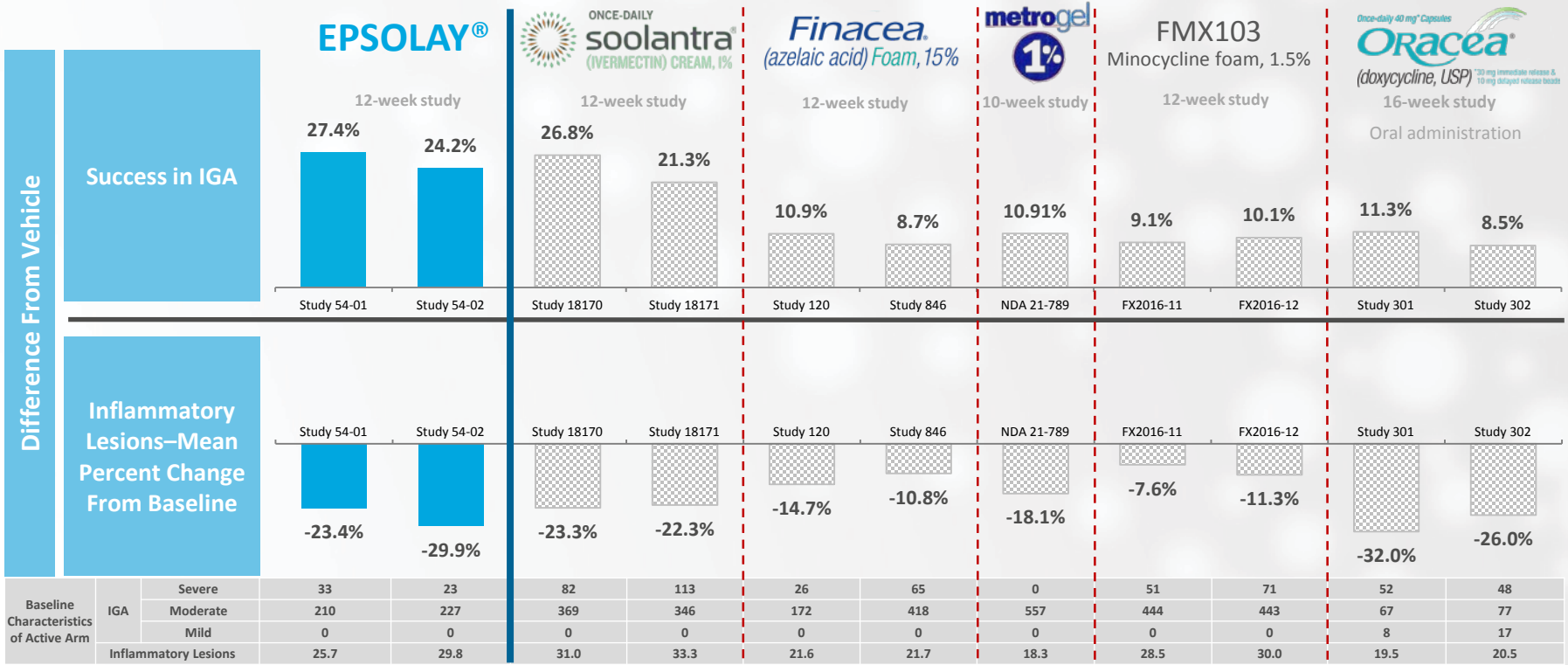
SIDE-BY-SIDE WITH OTHER HISTORICAL TRIAL RESULTS*



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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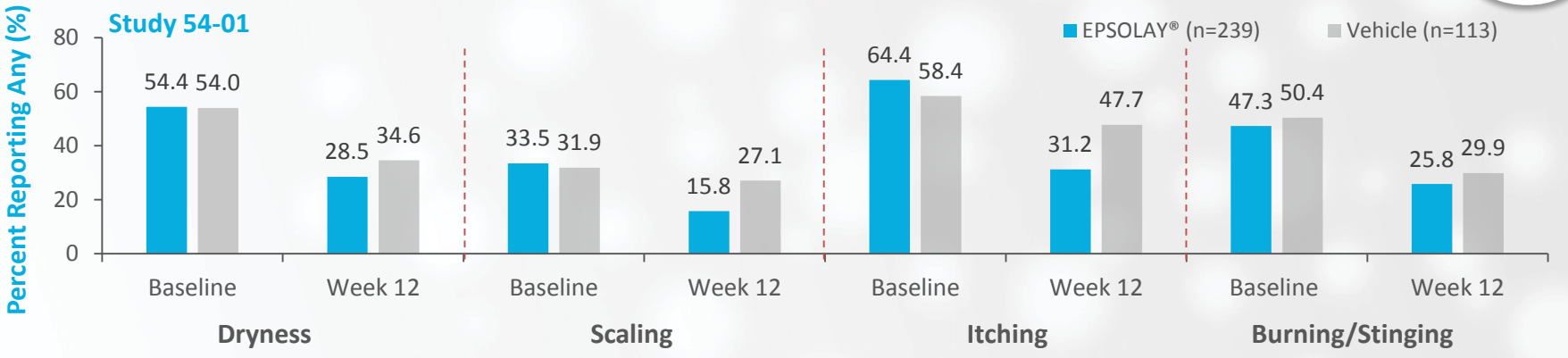
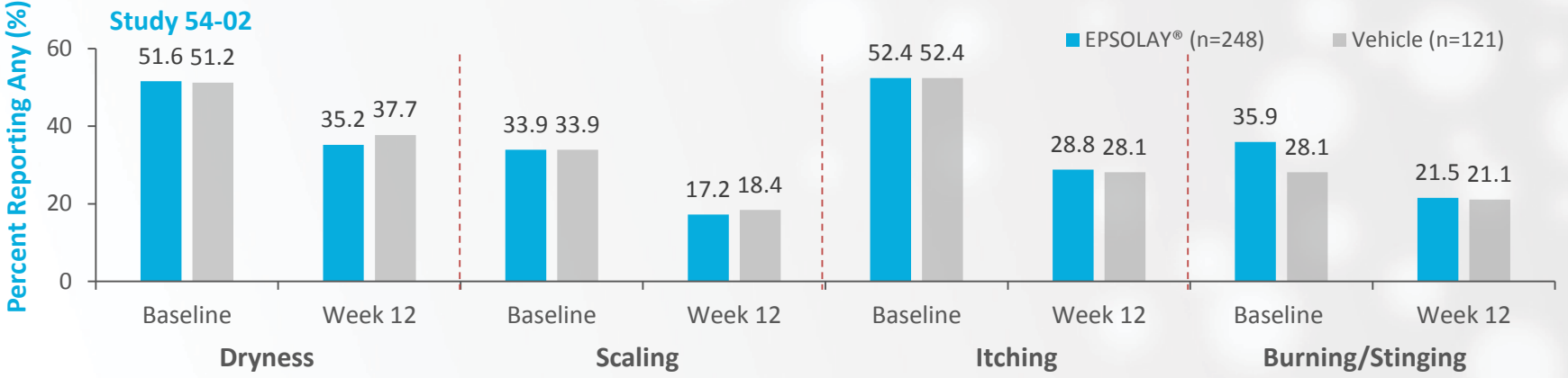
SKIN TOLERABILITY





Safety population.

TREATMENT-EMERGENT ADVERSE EVENTS (TEAEs) SUMMARY

TEAEs, n (%)	Study 54-01		Study 54-02	
	EPSOLAY® (n=239)	Vehicle (n=113)	EPSOLAY® (n=249)	Vehicle (n=120)
Any TEAE	49 (20.5%)	17 (15.0%)	50 (20.2%)	22 (18.2%)
Serious TEAE	0	1 (0.4%)*	1 (0.4%)†	0
Severe TEAE	2 (0.8%)	0	2 (0.8%)‡	0
Discontinuation	5 (2.1%)	1 (0.9%)	4 (1.6%)	1 (0.8%)§
Treatment-related	14 (5.9%)	3 (2.7%)	9 (3.6%)	0

*Femur fracture.
†Spinal compression fracture.
‡One subject with spinal compression fracture.
§Urinary tract infection—Discontinuation classified as "other reason."

Safety population.

EPSOLAY® APPEARS SAFE & WELL TOLERATED IN LONG-TERM USE

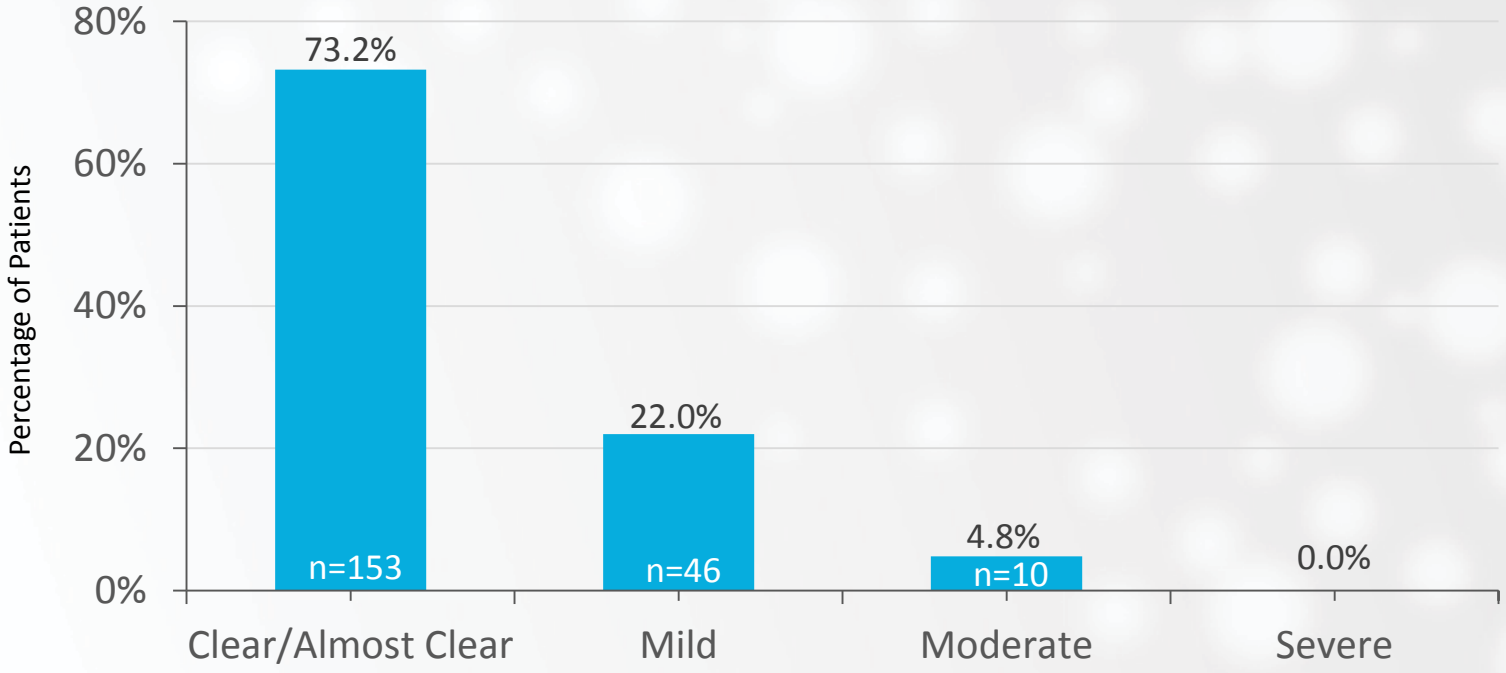
Cutaneous Events at Application Site (≥0.5% occurrence), n (%)	Epsolay® (N=535) Safety Population
Erythema	6 (1.1%)
Pain	6 (1.1%)
Dryness	3 (0.6%)
Itching	3 (0.6%)

Most common non-cutaneous TEAEs (≥1.5% occurrence), n (%)	Epsolay® (N=535) Safety Population
Nasopharyngitis	29 (5.4%)
Upper respiratory tract infection	12 (2.2%)
Urinary Tract Infection	9 (1.7%)
Influenza	8 (1.5%)

TEAE=treatment-emergent adverse event

EPSOLAY® ACHIEVED 73% "CLEAR" OR "ALMOST CLEAR" IGA AT THE END OF 52-WEEKS TREATMENT

Following 12-weeks as part of the Phase 3 studies with a 40-week long-term safety study extension



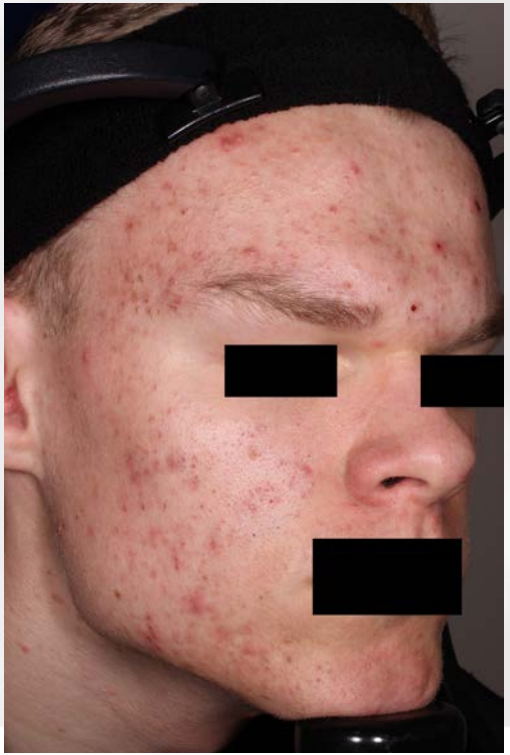
ACNE VULGARIS

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?	Topical BPO, retinoids, antibiotics, and their combinations; isotretinoin and antibiotics are mainstays of systemic therapy
What are the current treatment shortfalls?	Insufficient efficacy negatively affects self-esteem; contributes to antibiotic resistance; systemic side effects

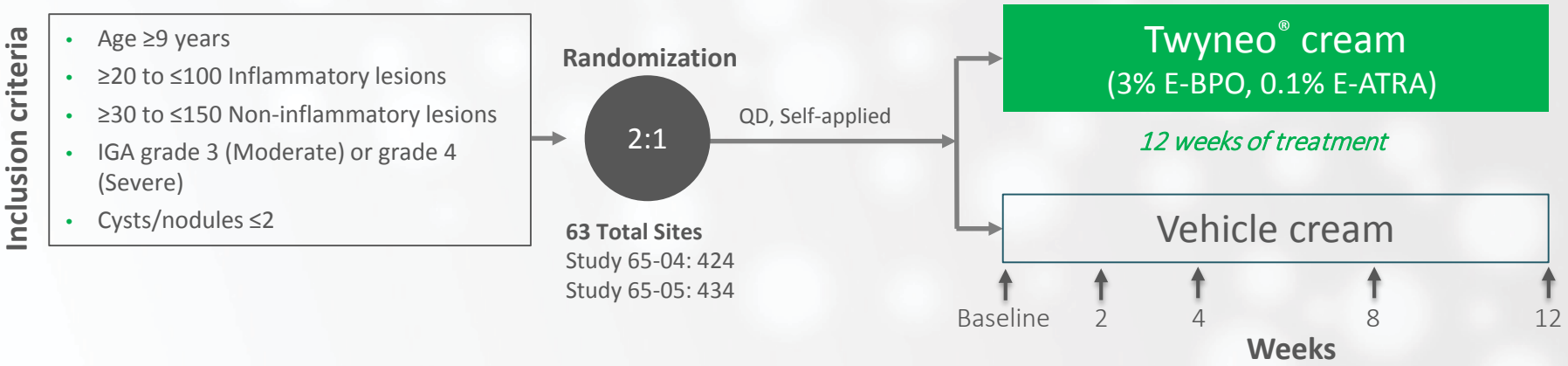
Our solution: **TWYNEO®**
E-BPO + E-ATRA Cream

- Encapsulation allows combining 2 highly effective APIs, BPO and ATRA, that have complementary mechanisms of action
- Encapsulation may reduce the irritation of both BPO and ATRA
- Potential to be more effective than existing topical treatments



TWYNEO® STUDY DESIGN

Two Phase 3, Double-blind, Randomized, Vehicle-controlled Studies



Co-Primary Endpoints

- Proportion of subjects with an assessment of clear or almost clear and with at least a 2-grade improvement in IGA from baseline at Week 12
- Absolute change in inflammatory lesion counts from baseline at Week 12
- Absolute change in non-inflammatory lesion counts from baseline at Week 12

Safety Endpoints

- Cutaneous safety assessment, local tolerability assessment, adverse event reporting

E-ATRA=microencapsulated tretinoin; E-BPO=microencapsulated benzoyl peroxide; IGA=Investigator's Global Assessment; QD=once daily;

WELL-BALANCED STUDIES AT BASELINE (ITT)

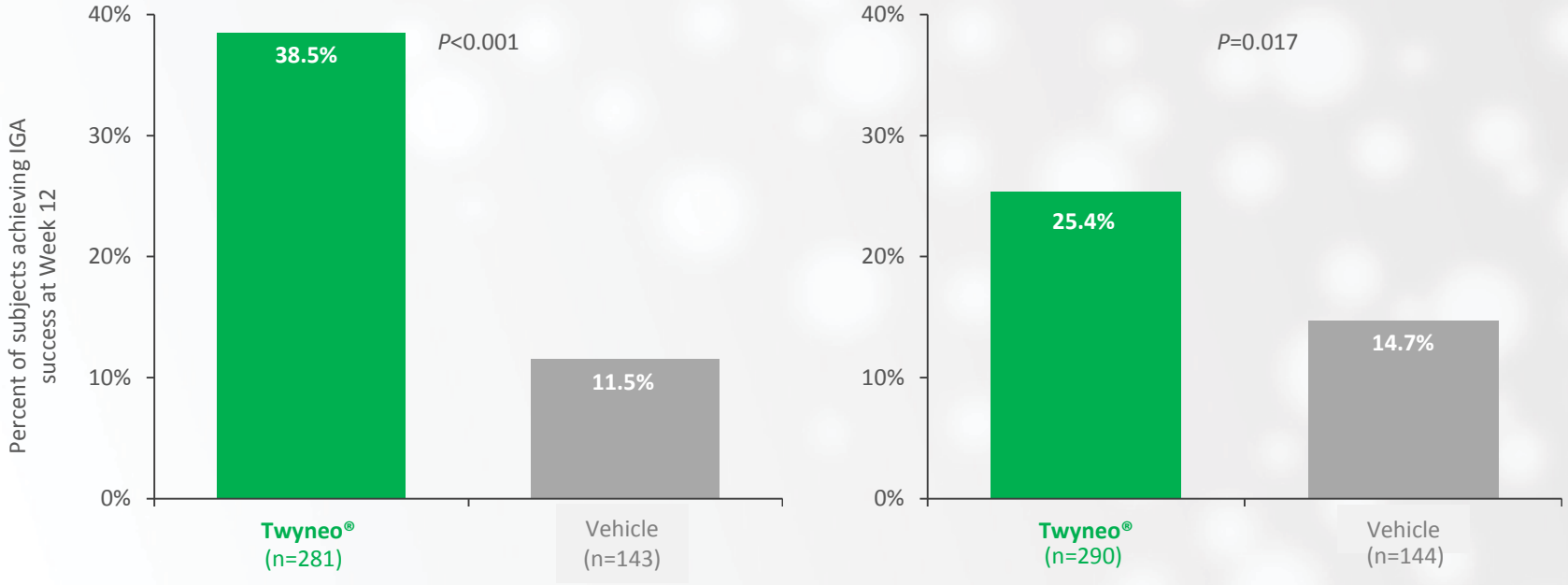
	Study 65-04		Study 65-05	
Number of sites	32		31	
	Twyneo® (n=281)	Vehicle (n=143)	**Twyneo®** (n=290)	Vehicle (n=144)
Age, years				
Mean (SD)	20.9 (8.48)	21.4 (8.62)	20.1 (6.96)	20.3 (6.67)
Median (range)	18.0 (11-67)	18.0 (10-57)	18.0 (10-51)	18.5 (9-42)
Sex, n (%)				
Male	106 (37.7%)	60 (42.0%)	117 (40.3%)	67 (46.5%)
Female	175 (62.3%)	83 (58.0%)	173 (59.7%)	77 (53.5%)
Ethnicity, n (%)				
Hispanic/Latino	102 (36.3%)	44 (30.8%)	85 (29.3%)	56 (38.9%)
Not Hispanic or Latino	178 (63.3%)	98 (68.5%)	204 (70.3%)	87 (60.4%)
Unknown/Not Reported	1 (0.4%)	1 (0.7%)	1 (0.3%)	1 (0.7%)
IGA severity				
Moderate	251 (89.3%)	132 (92.3%)	262 (90.3%)	133 (93.0%)
Severe	30 (10.7%)	11 (7.7%)	28 (9.7%)	10 (7.0%)
Inflammatory lesion count				
Mean (SD)	33.5 (14.62)	33.5 (14.69)	28.2 (8.70)	27.5 (8.52)
Median (range)	28.0 (20-92)	28.0 (20-90)	25.0 (20-62)	25 (20-75)
Non-inflammatory lesion count				
Mean (SD)	48.6 (20.24)	47.1 (19.97)	44.6 (18.03)	44.9 (18.82)
Median (range)	42.0 (30-148)	41.0 (30-140)	39.0 (23-149)	38.0 (30-123)

LOW DISCONTINUATION RATE ACROSS STUDIES

	Study 65-04		Study 65-05	
Randomized Subjects	**Twyneo®** (n=281)	**Vehicle** (n=143)	**Twyneo®** (n=290)	**Vehicle** (n=144)
Discontinued	32	12	48	12
Adverse events	4 (1.4%)	0	12 (4.1%)	0
Lost to follow-up	10 (3.6%)	7 (4.9%)	15 (5.2%)	7 (4.9%)
Lack of efficacy	0	0	0	0
Pregnancy	1 (0.4%)	0	1 (0.3%)	0
Protocol violation	2 (0.7%)	0	0	0
Withdrawal by parent/guardian	4 (1.4%)	1 (0.7%)	4 (1.4%)	0
Withdrawal by patient	9 (3.2%)	4 (2.8%)	14 (4.8%)	5 (3.5%)
Physician decision	1 (0.4%)	0	1 (0.3%)	0
Condition worsened	0	0	0	0
Other	1 (0.4%)	0	1 (0.3%)	0
Completed	249 (88.6%)	131 (91.6%)	242 (83.4%)	132 (91.7%)

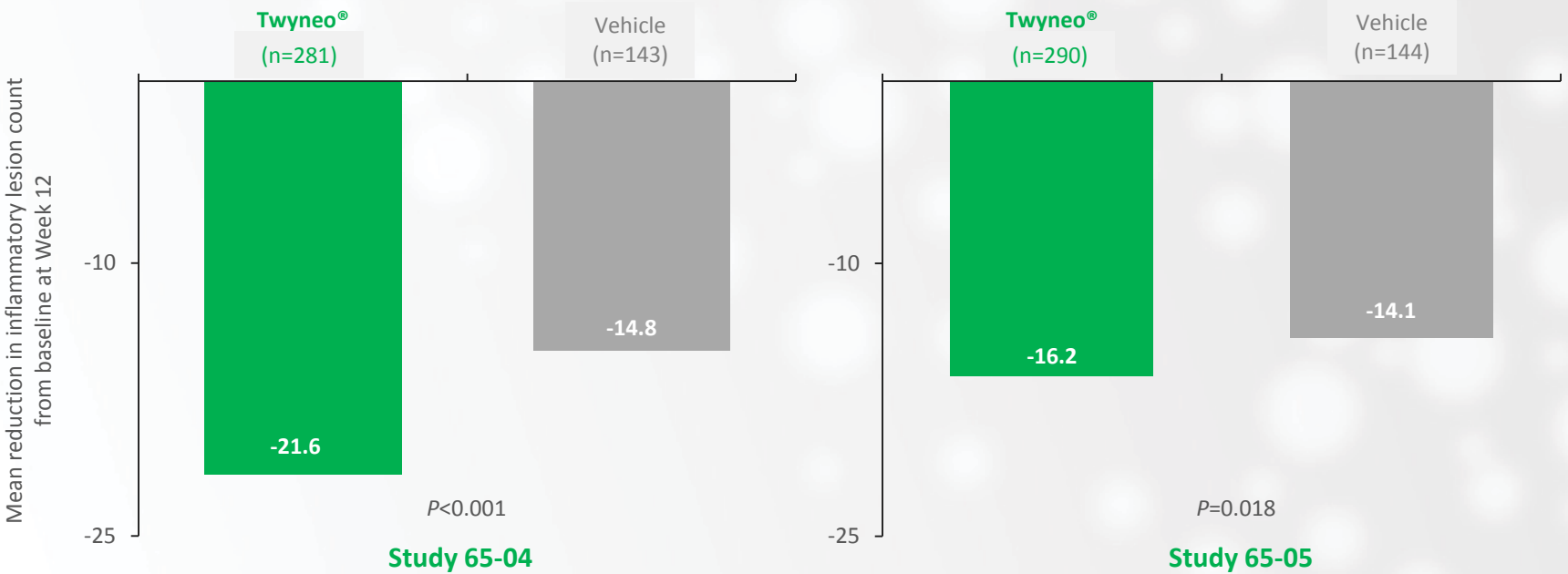
CO-PRIMARY ENDPOINT (ITT)

IGA Treatment Success at Week 12



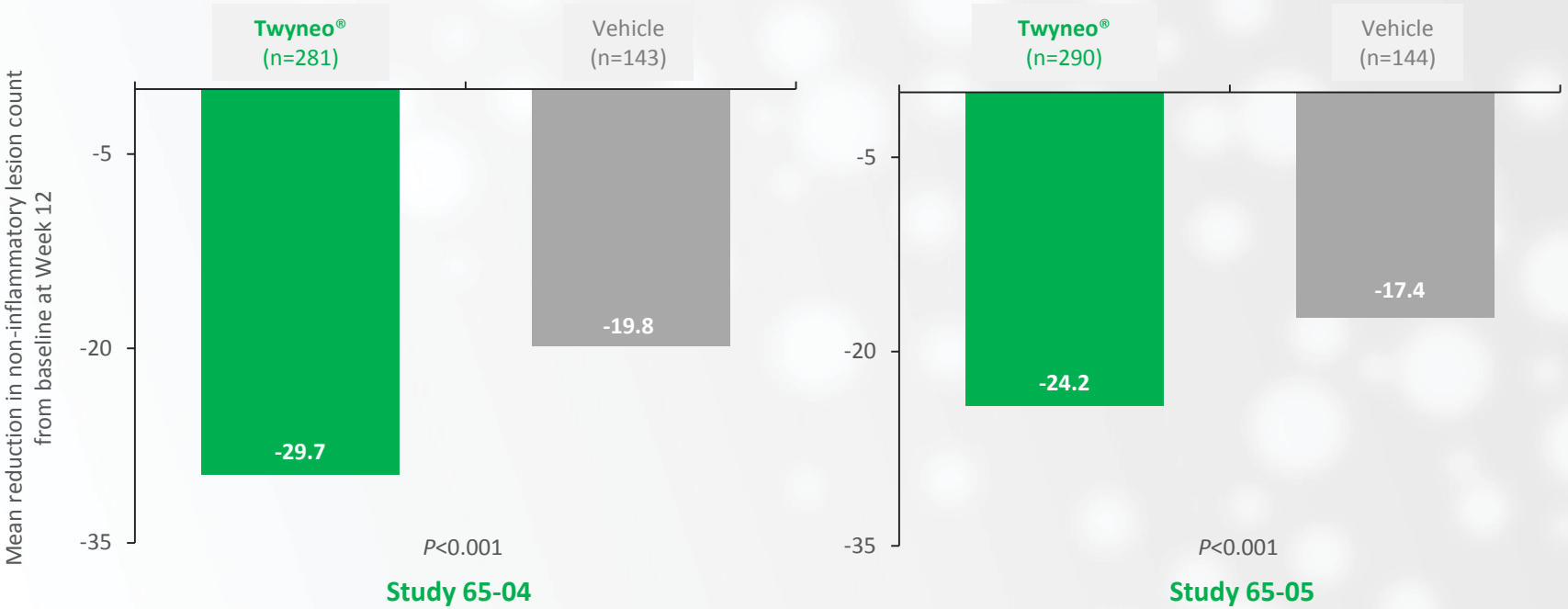
CO-PRIMARY ENDPOINT (ITT)

Absolute Mean Change From Baseline in Inflammatory Lesions at Week 12



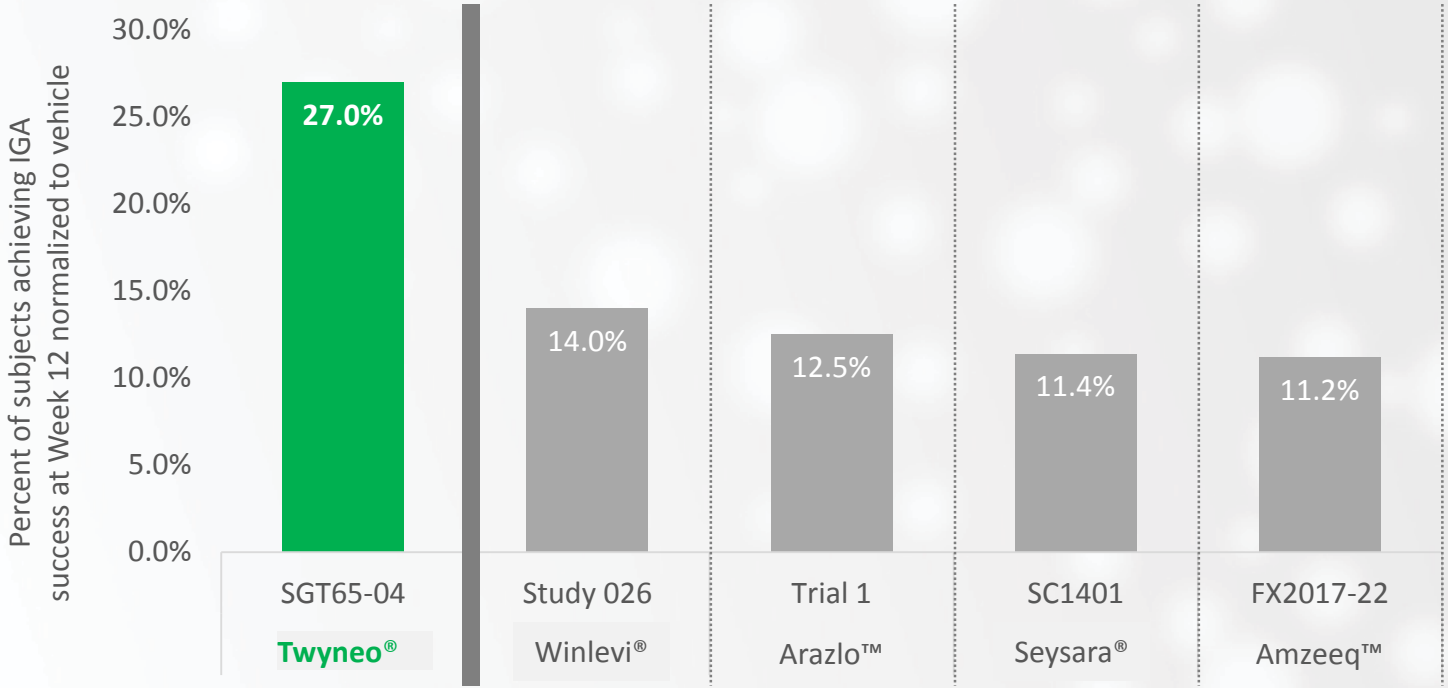
CO-PRIMARY ENDPOINT (ITT)

Absolute Mean Change From Baseline in Non-Inflammatory Lesions at Week 12



SUCCESS IN IGA IN RECENT ACNE TRIALS*

Trials With Highest Difference in IGA Between the Active Arm and the Vehicle Arm



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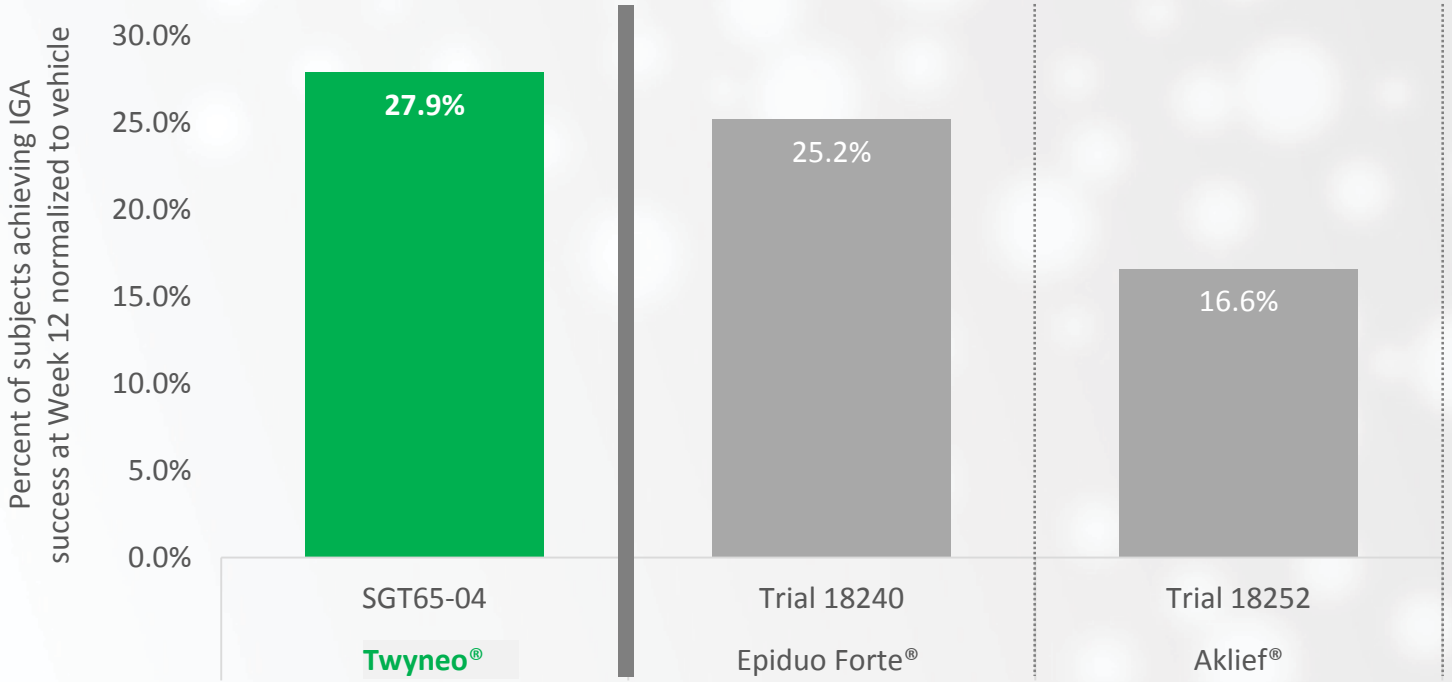
SUCCESS IN IGA IN MODERATE SUBJECTS*

Trials With Highest Difference in IGA Between the Active Arm and the Vehicle Arm

Moderate Subjects at Baseline Only



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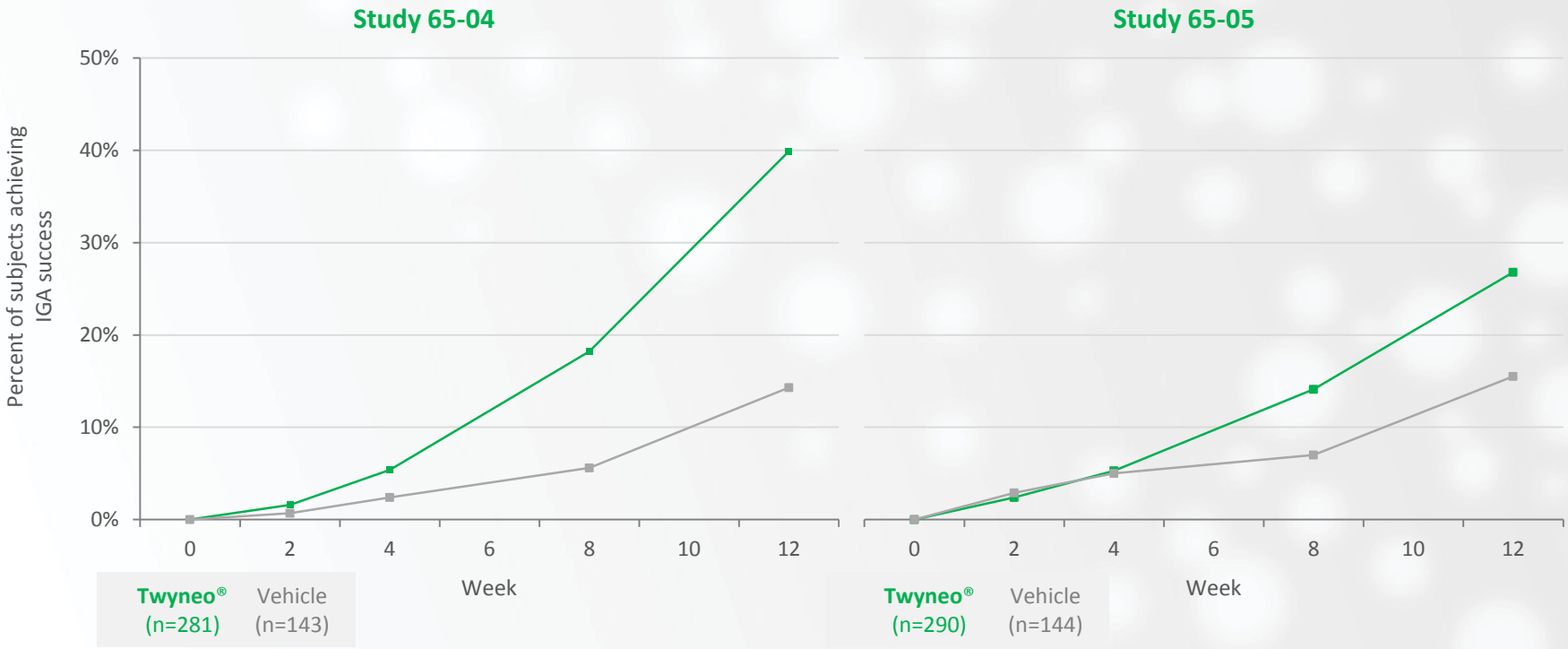
SUPPORTIVE EFFICACY ANALYSIS*(ITT)

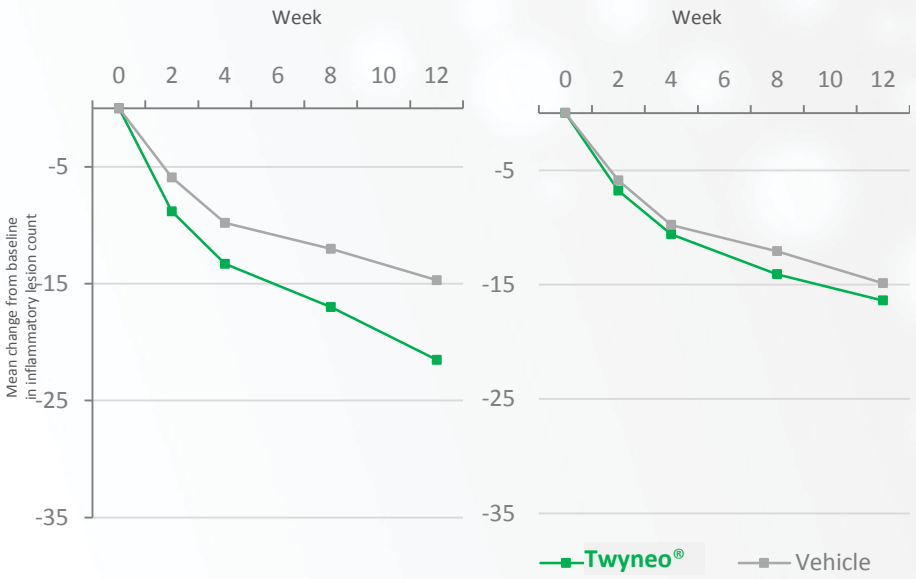
IGA Treatment Success Over Time



*Percent of subjects with an assessment of clear or almost clear and with at least a 2-grade improvement in IGA from baseline, at Weeks 2, 4 and 8

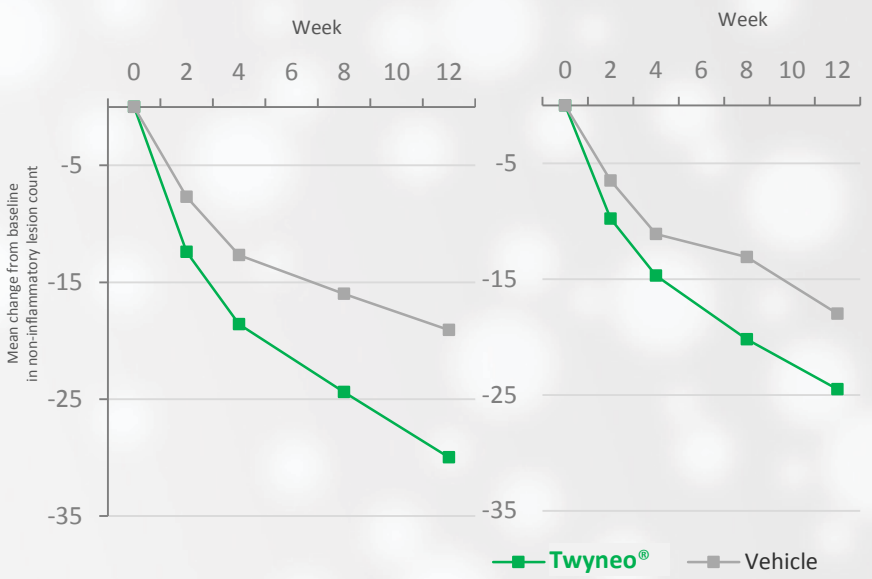
SUPPORTIVE EFFICACY ANALYSIS* (ITT)

Mean Reduction in Inflammatory Lesion Count Over Time



Study 65-04 **Study 65-05**

Mean Reduction in Non-Inflammatory Lesion Count Over Time



Study 65-04 **Study 65-05**

*Mean change from baseline in inflammatory and non-inflammatory lesion counts from baseline to Week 2

SAFETY & TOLERABILITY

	Study 65-04		Study 65-05	
Most frequent non-cutaneous TEAEs (≥1% in any treatment arm), n (%)	**Twyneo®**	Vehicle	**Twyneo®**	Vehicle
Safety population	n=274	n=139	n=281	n=138
Upper respiratory tract infection	6 (2.2%)	3 (2.2%)	1 (0.4%)	2 (1.4%)
Headache	3 (1.1%)	1 (0.7%)	1 (0.4%)	0
Nasopharyngitis	1 (0.4%)	0	4 (1.4%)	0
Attention deficit hyperactivity disorder	0	2 (1.4%)	0	0
Viral upper respiratory tract infection	0	0	1 (0.4%)	2 (1.4%)

- Nearly all AEs were mild or moderate in severity
- Total of 18 subjects discontinued from Studies 65-04 and 65-05 due to a TEAE: 18 (2%) in Twyneo® and 0 in vehicle
- No treatment-related SAEs were identified in either study
- 2 subjects reported SAEs in Study 65-05; (1) Twyneo® subject reported depression

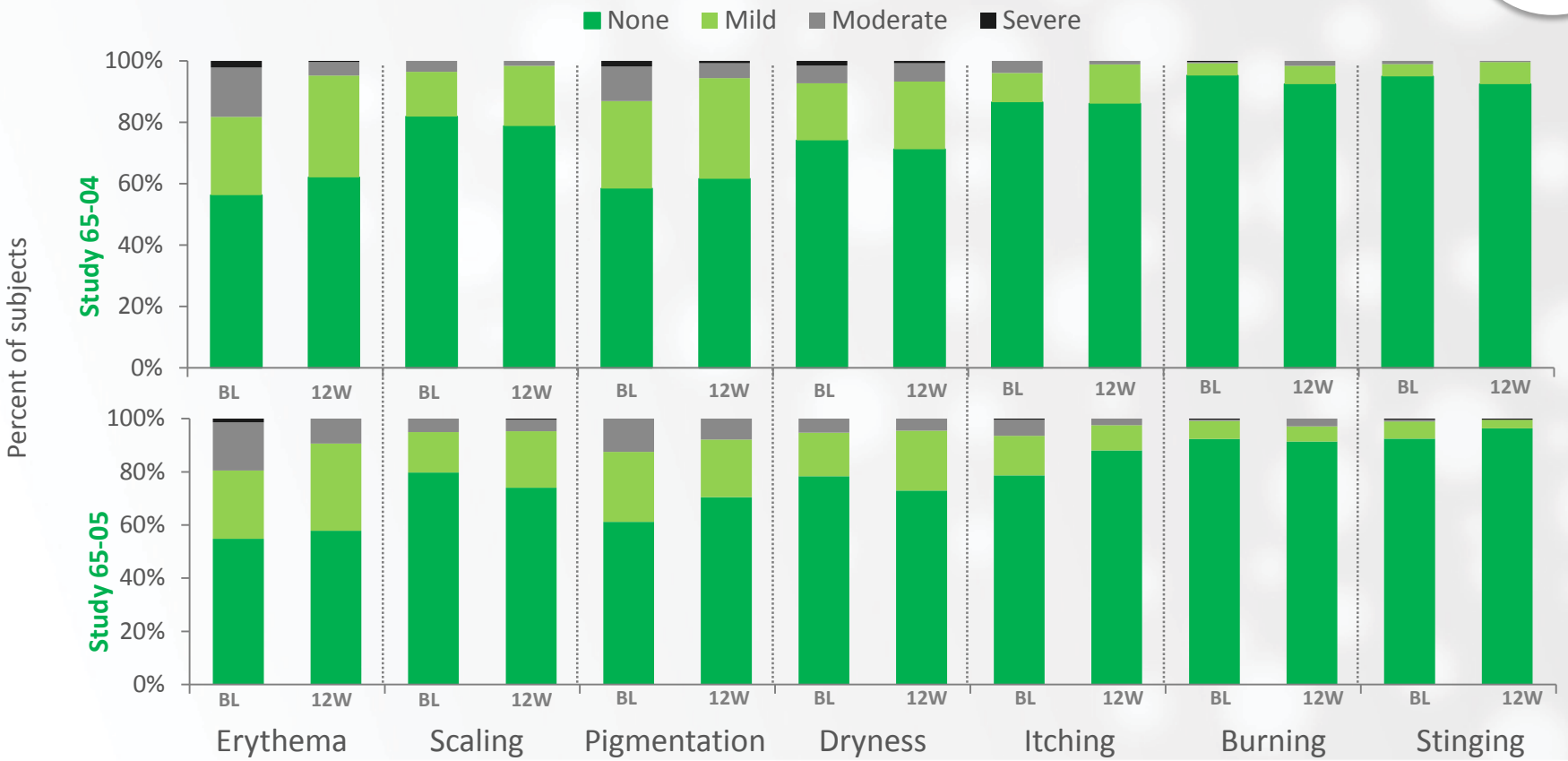
SAE=serious adverse event; TEAE=treatment-emergent adverse event

LOCAL SKIN TOLERABILITY ASSESSMENT* AT WEEK 12

	Twyneo® (n=274) %				Vehicle (n=139) %			
Study 65-04	None	Mild	Moderate	Severe	None	Mild	Moderate	Severe
Erythema	62.0%	33.2%	4.4%	0.4%	65.9%	25.8%	8.3%	0
Scaling	78.8%	19.6%	1.6%	0	83.3%	15.9%	0.8%	0
Pigmentation	61.6%	32.8%	4.8%	0.8%	67.4%	27.3%	5.3%	0
Dryness	71.2%	22.0%	6.0%	0.8%	78.0%	18.9%	3.0%	0
Itching	86.0%	12.8%	1.2%	0	89.4%	7.6%	3.0%	0
Burning	92.4%	6.0%	1.6%	0	95.5%	3.8%	0.8%	0
Stinging	92.4%	7.2%	0.4%	0	94.7%	3.8%	1.5%	0
Study 65-05								
Erythema	57.8%	32.8%	9.4%	0	64.4%	28.0%	7.6%	0
Scaling	83.2%	13.1%	3.7%	0	89.4%	9.8%	0.8%	0
Pigmentation	70.5%	21.7%	7.8%	0	70.5%	25.8%	3.8%	0
Dryness	73.0%	22.5%	4.5%	0	84.1%	14.4%	1.5%	0
Itching	88.1%	9.4%	2.5%	0	87.9%	9.8%	2.3%	0
Burning	91.4%	5.7%	2.9%	0	96.2%	3.0%	0.8%	0
Stinging	96.7%	3.3%	0.0%	0	99.2%	0.0%	0.8%	0

*Safety population

LOCAL SKIN TOLERABILITY ASSESSMENTS OVER TIME



Safety population for Study 65-04 (n=274). Safety population for Study 65-04 (n=281). BL=baseline; 12W=12 weeks

MARKET POTENTIAL FOR ACNE & ROSACEA

ACNE

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

~$1.9 billion branded topical market (WAC)[1]

Treated with topicals **56%** of the time; remaining is oral[1]

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

Combining treatments is the best way to combat acne for the majority of patients[2]

ROSACEA

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

~$800 million branded topical market (WAC)[1]

Treated with topical products **76%** of the time[1]

Dermatologists account for **80%** of treatments

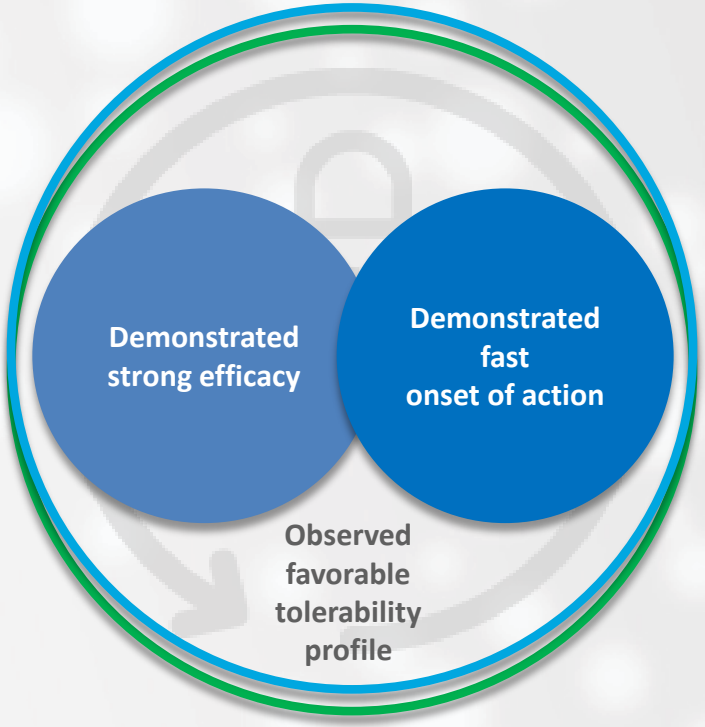
Many patients are misdiagnosed or do not seek treatment at all, creating a **large underserved** patient population

1. Symphony Health. Syneos Research & Insights "Treatment Answers"; June 2019 MAT.
2. American Academy of Dermatology. https://www.aad.org/practicecenter/quality/clinical-guidelines/acne/topical-therapies.

EPSOLAY®

Potential to advance rosacea treatment

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

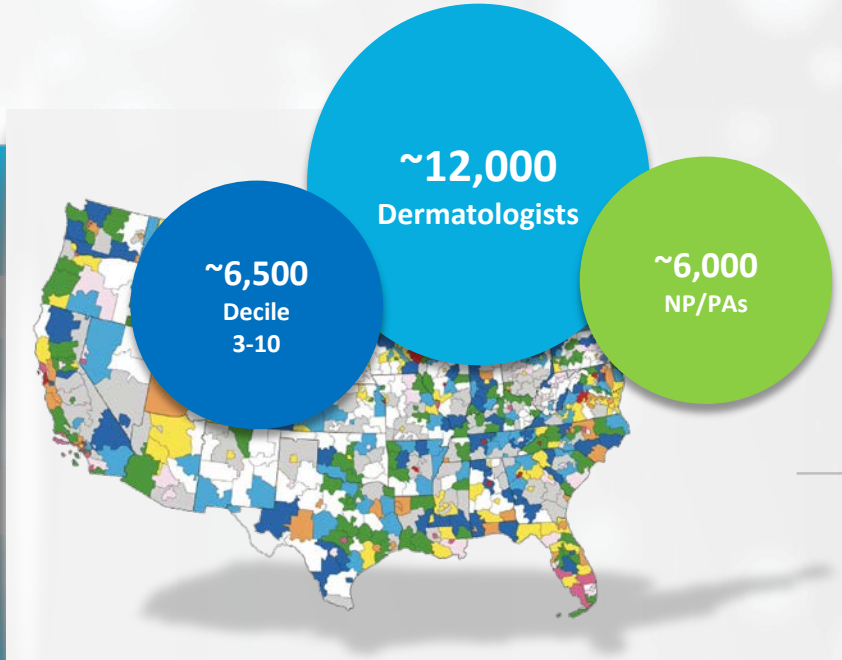


APPROACH TO BUILDING A COMMERCIAL ORGANIZATION—EFFICIENT AND EFFECTIVE

PRESCRIBER VALUE

DENSITY & PRODUCTIVITY METRICS

MARKET FACTORS



SALES FORCE

3,280 target offices
~45-62 sales representatives

- Flexible
- Scalable
- Highly efficient

ADDRESSING ACCESS & UM FOR EPSOLAY® [1-3]

Based on ~107 MILLION LIVES[1]

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

PAYER RESPONSE TO CLINICAL PROFILE

~70%

COMPELLING TO DRIVE FORMULARY 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[3]:

- **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.

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 1 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.

In February 2019, Perrigo received approval from the FDA and launched the sale of acyclovir cream, 5%, developed in collaboration with Sol-Gel. An authorized generic product entered the market in the third quarter of 2019.

Recent Developments

Bioequivalence achieved for generic 5-fluorouracil cream, 5%, for actinic keratosis, submission of abbreviated New Drug Application expected in 1H 2021.

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

Gross proceeds of $11.5 million raised in a public follow-on offering on August 12, 2019

Gross proceeds of ~$23 million raised in a public follow-on offering on February 13, 2020

22,494,707 shares outstanding as of February 19, 2020

$50.3 million of cash and investments as of December 31, 2019

$22.8 million in generic product revenue in 2019

Cash resources, excluding the private placement, will enable funding of operational and capital expenditure requirements into the middle of 2Q 2021

Following the consummation of the proposed private placement, Sol-Gel does not plan to raise additional dilutive capital to fund pre-commercialization activities

RECENT MILESTONES & NEXT STEPS

2019

- Obtained ANDA approval for acyclovir cream (collaboration with Perrigo)
- Recognized non-dilutive revenues early from launch of acyclovir cream (by Perrigo)
- Reported **positive phase III results** for EPSOLAY® in papulopustular rosacea
- TWYNEO® granted market protection out to 2038
- Reported **positive phase III results** for TWYNEO® in acne vulgaris at end of 2019
- Bioequivalence achieved for generic 5-fluorouracil cream, 5%

2020

- Initiated phase I PoC for SGT-210 in palmoplantar keratoderma
- File NDA for EPSOLAY® in Q2/2020
- File NDA for TWYENO® in 2H/2020
- US pre-launch commercial preparations

2021

- File ANDA for 5-fluorouracil cream, 5% in 1H/2021 (collaboration with Douglas)
- Top-line data expected in phase I PoC for SGT-210 in 1H/2021
- US commercial organization fully operational
- Approval and launch of EPSOLAY®
- Approval and launch of TWYNEO® following EPSOLAY®

Sol-Gel

Advanced Topical Therapy

NASDAQ: SLGL

www.sol-gel.com