

“My plaque psoriasis concerns me, so I’m looking for a treatment that will hopefully give me the results I need.”

MEET THE POSITIVE THINKER

- Needs a treatment that can be applied across several body areas
- Cares about the appearance of his plaque psoriasis
- Works from home, but often meets with clients in person
- Concerned about high out-of-pocket costs



Not an actual patient.

CAN



Not actual size.

HELP HIM?

Enstilar[®]
(calcipotriene and betamethasone
dipropionate) Foam 0.005%/0.064%

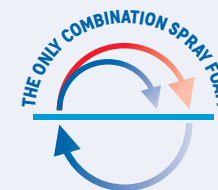
INDICATION AND USAGE

Enstilar[®] (calcipotriene and betamethasone dipropionate) Foam is indicated for the topical treatment of plaque psoriasis in patients 12 years and older. Gently rub in Enstilar Foam to affected areas once daily for up to 4 weeks. Discontinue use when control is achieved. Instruct patients not to use more than 60 grams every 4 days.

Please see Important Safety Information throughout and accompanying full Prescribing Information.

PROVEN RESULTS

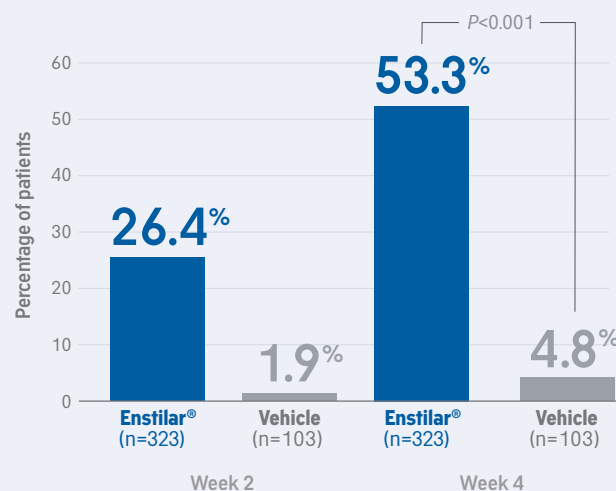
as measured by IGA (at Week 4) and PASI 75*



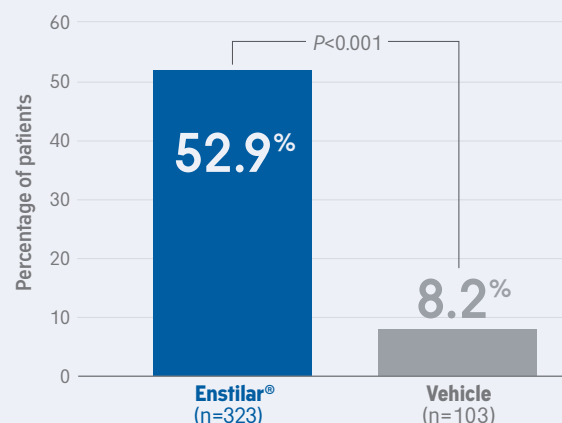
Enstilar®
(calcipotriene and betamethasone
dipropionate) Foam 0.005%/0.064%

The PSO-FAST clinical trial†: Proven efficacy in plaque psoriasis with Enstilar® Foam¹⁻³

AT WEEK 4: More than 50% of patients achieved “clear” or “almost clear” skin on the IGA scale^{1-3†}



AT WEEK 4: A majority of patients achieved PASI 75^{2*†}



*PASI 75 is the percentage of patients who achieved a ≥75% reduction in modified Psoriasis Area and Severity Index scores from baseline.²

†PSO-FAST (PSOoriasis vulgaris, a Four-week, vehicle-controlled, efficacy And Safety Trial) was a phase 3 randomized clinical trial with 426 adult patients that investigated the effectiveness of Enstilar® Foam or the vehicle alone for the treatment of psoriasis vulgaris on the trunk and/or limbs. BSA of 2% to 30% (mean 7.5%). **Efficacy was assessed using a 5-point Investigator's Global Assessment (IGA) at Week 4, with treatment success defined as the percentage of patients who achieved at least a 2-step improvement to reach “clear” or “almost clear” disease severity. Patients with “mild” disease were required to be “clear” to be considered a treatment success.** PASI 75 was a secondary endpoint in this clinical trial.^{1,2}

Enstilar® Foam was well tolerated in clinical trials¹

IMPORTANT SAFETY INFORMATION

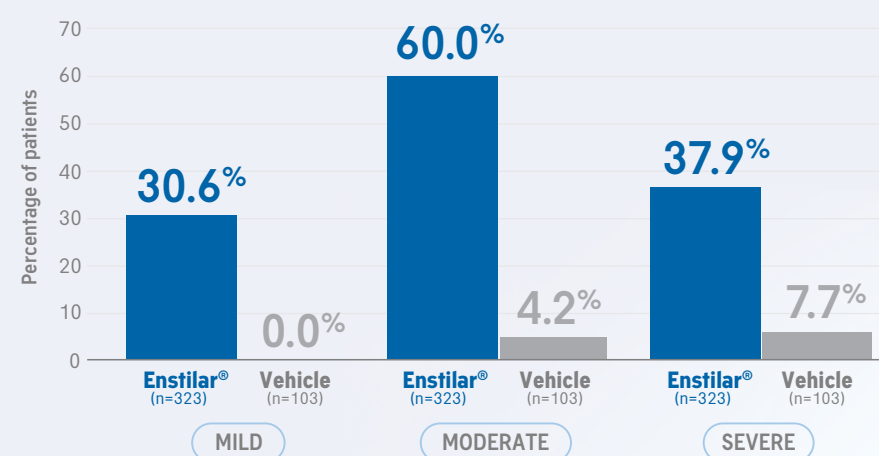
For topical use only. Enstilar Foam is not for oral, ophthalmic or intravaginal use and should not be applied on the face, groin or axillae or if skin atrophy is present at the treatment site. Do not use with occlusive dressings. Patients should wash hands after application.

Warnings and Precautions

- **Flammability:** The propellants in Enstilar Foam are flammable. Instruct patients to avoid fire, flame, and smoking during and immediately following application.
- **Hypercalcemia and Hypercalciuria:** Hypercalcemia and hypercalciuria have been reported. If either occurs, discontinue until parameters of calcium metabolism normalize.
- **Effects on Endocrine System:** Can cause reversible **hypothalamic-pituitary-adrenal (HPA) axis suppression** with the potential for glucocorticosteroid insufficiency during and after withdrawal of treatment. Risk factors include the use of high-potency topical corticosteroid, use over a large surface area or to areas under occlusion, prolonged use, altered skin barrier, liver failure, and young age. Modify use should HPA axis suppression develop.
Cushing's syndrome, hyperglycemia and glucosuria may occur due to the systemic effects of the topical corticosteroid.

Treatment success demonstrated across the plaque psoriasis spectrum³

Treatment success by severity status, as measured by IGA³



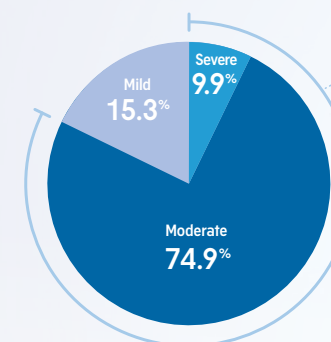
AT WEEK 4:

More patients achieved treatment success with Enstilar® Foam

vs vehicle regardless of their severity status at baseline^{2,3†}

PERCENTAGE OF PATIENTS BY SEVERITY AT BASELINE²

This represents the full data set.



84.8%
of patients had moderate to severe plaque psoriasis

†The primary efficacy endpoint was patients who achieved treatment success at Week 4, defined as “clear” or “almost clear” (for patients with greater than or equal to moderate disease at baseline) or “clear” (for patients with mild disease at baseline), according to IGA at Week 4.³

IMPORTANT SAFETY INFORMATION (cont'd)

Warnings and Precautions (cont'd)

Pediatric patients may be more susceptible to systemic toxicity due to their larger skin surface to body mass ratios.

- **Allergic Contact Dermatitis:** Allergic contact dermatitis has been observed with topical calcipotriene and topical corticosteroids.
- **Ophthalmic Adverse Reactions:** May increase the risk of posterior subcapsular cataracts and glaucoma. Avoid contact of Enstilar Foam with eyes. Enstilar Foam may cause eye irritation. Advise patients to report any visual symptoms and consider referral to an ophthalmologist for evaluation.

Please see additional Important Safety Information on back and accompanying full Prescribing Information.



Not an actual patient.

FOR COMMERCIALLY INSURED PATIENTS

The LEO Pharma® CONNECT Co-Pay Savings Card provides savings for your eligible patients*



Not an actual co-pay card.

The LEO Pharma® CONNECT program is a company-sponsored patient access and support program that is available to assist commercially insured patients.

Most eligible patients pay as little as \$20*
per prescription of Enstilar® Foam.



*Certain restrictions apply. The LEO Pharma® CONNECT program may reduce out-of-pocket expenses. Must be 12 years of age or older to be eligible, and a legal guardian over 18 years of age must redeem the card for patients aged 12 to 17. You are not eligible if you are enrolled or you participate in any state or federally funded health care program (eg, Medicare, Medicaid, etc). Full details of the LEO Pharma® CONNECT program are available at leopharmaconnect.com or may be obtained by calling 1-877-678-7494 between 8:30 AM and 8:30 PM (Eastern), Monday through Friday.

References: 1. Enstilar® [prescribing information]. Madison, NJ: LEO Pharma Inc. 2. Leonardi C, Bagel J, Yamauchi P, et al. Efficacy and safety of calcipotriene plus betamethasone dipropionate aerosol foam in patients with psoriasis vulgaris—a randomized phase III study (PSO-FAST). *J Drugs Dermatol*. 2015;14(12):1468-1477. 3. Data on file. LEO Pharma Inc.

IMPORTANT SAFETY INFORMATION (cont'd)

Adverse Reactions

- Adverse reactions reported in <1% of adult subjects included: application site irritation, application site pruritus, folliculitis, skin hypopigmentation, hypercalcemia, urticaria, and exacerbation of psoriasis.
- Adverse reactions reported in <1% of pediatric subjects (12-17 years of age) were acne, erythema, application site pain, and skin reactions.
- Postmarketing reports for local adverse reactions to Enstilar Foam included application site pain/burning.

Use in Specific Populations

Pregnancy: Advise pregnant women that Enstilar Foam may increase the potential risk of having a low birth weight infant and to use Enstilar Foam on the smallest area of skin and for the shortest duration possible.

Lactation: No data are available regarding the presence of topically administered calcipotriene and betamethasone dipropionate in human milk. Use Enstilar Foam on the smallest area of skin and for the shortest duration possible while breastfeeding. Advise breastfeeding women not to apply Enstilar Foam directly to the nipple and areola to avoid direct infant exposure.

Pediatric Use: The safety and effectiveness of Enstilar Foam in pediatric patients less than 12 years of age have not been established. Pediatric patients may be more susceptible to systemic toxicity, HPA axis suppression, and adrenal insufficiency due to their larger skin surface to body mass ratios.

You are encouraged to report side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

You may also report side effects to LEO Pharma Inc. at 1-877-494-4536, option 1, or email to usdrugsafety@leo-pharma.com.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information.

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