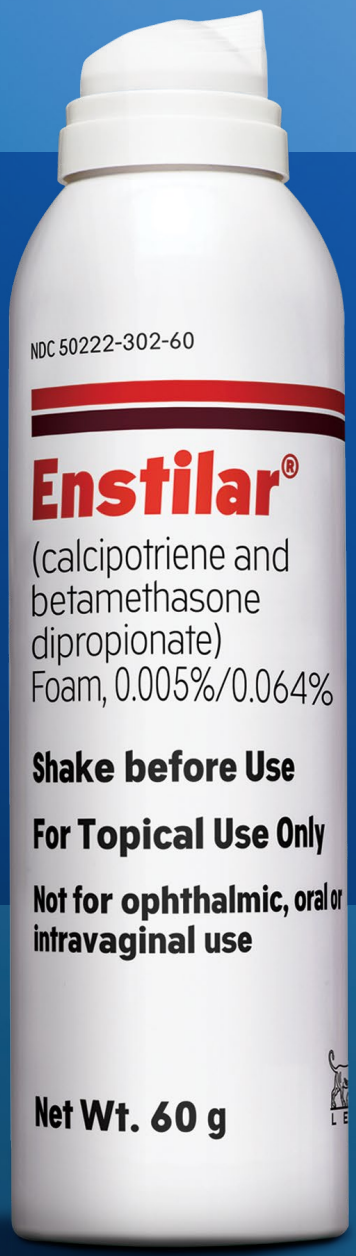


Not actual size.

Data on long-term plaque psoriasis treatment

NOW IN THE PRESCRIBING INFORMATION

Proven efficacy for up to 52 weeks with twice-weekly dosing[1]

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.

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

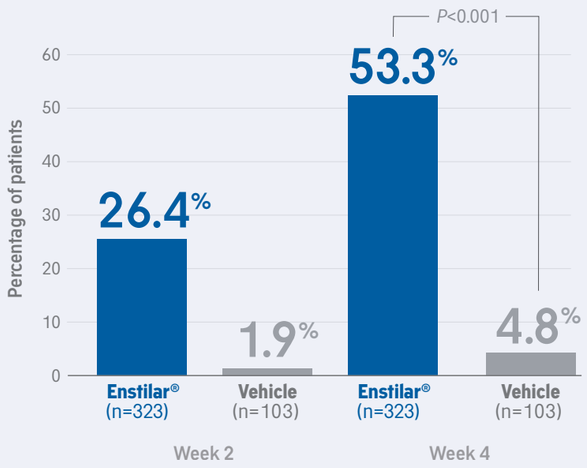
Flammability: The propellants in Enstilar Foam are flammable. Instruct patients to avoid fire, flame, and smoking during and immediately following application.

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

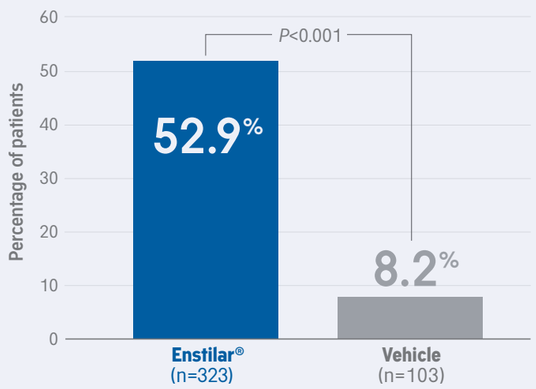
Enstilar® Foam has proven results at 4 weeks as measured by IGA and PASI 75*

The PSO-FAST clinical trial†: Proven efficacy in plaque psoriasis with Enstilar® Foam[2,3]

AT WEEK 4 More than 50% of patients achieved "Clear" or "Almost Clear" skin on the IGA scale[2,3†]



AT WEEK 4 A majority of patients (52.9%) achieved PASI 75[3*†]



*PASI 75 is the percentage of patients who achieved a ≥75% reduction in modified Psoriasis Area and Severity Index scores from baseline.[3]

†PSO-FAST (**PSO**riasis vulgaris, a **F**our-week, vehicle-controlled, efficacy **A**nd **S**afety **T**rial) 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. Patients had a BSA between 2% and 30% (mean 7.5%) affected by the disease. **Efficacy was assessed using a 5-point 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 tertiary endpoint in this clinical trial.[2,3]

BSA=body surface area; IGA=Investigator's Global Assessment.

IMPORTANT SAFETY INFORMATION *(cont'd)*

WARNINGS AND PRECAUTIONS *(cont'd)*

- **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.

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

The challenge

Traditionally, topical plaque psoriasis studies have focused on ***short-term*** efficacy. The focus has not been on ***long-term*** results.

- Plaque psoriasis is a chronic, inflammatory disease poorly categorized in terms of time to loss of response after treatment[1]
- Long-term disease control is challenging, with many patients remaining untreated or undertreated[1]

Not an actual patient.

IMPORTANT SAFETY INFORMATION *(cont'd)*

WARNINGS AND PRECAUTIONS *(cont'd)*

Cushing's syndrome, hyperglycemia and glucosuria may occur due to the systemic effects of the topical corticosteroid.

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.

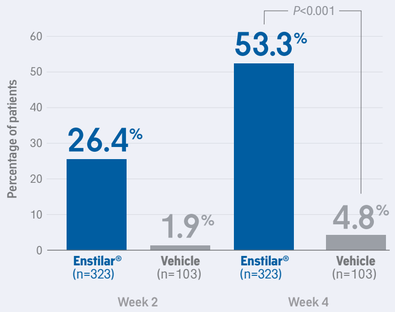
Enstilar®
(calcipotriene and betamethasone dipropionate) Foam 0.005%/0.064%

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

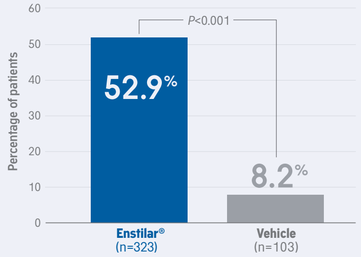
Enstilar® Foam has proven results at 4 weeks as measured by IGA and PASI 75*

The PSO-FAST clinical trial†: Proven efficacy in plaque psoriasis with Enstilar® Foam[2,3]

AT WEEK 4 More than 50% of patients achieved "Clear" or "Almost Clear" skin on the IGA scale[2,3†]



AT WEEK 4 A majority of patients (52.9%) achieved PASI 75[3*†]



*PASI 75 is the percentage of patients who achieved a ≥75% reduction in modified Psoriasis Area and Severity Index scores from baseline.[3]

†PSO-FAST (**PSO**riasis vulgaris, a **F**our-week, vehicle-controlled, efficacy **A**nd **S**afety **T**rial) 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. Patients had a BSA between 2% and 30% (mean 7.5%) affected by the disease. **Efficacy was assessed using a 5-point 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 tertiary endpoint in this clinical trial.[2,3]

BSA=body surface area; IGA=Investigator's Global Assessment.

IMPORTANT SAFETY INFORMATION *(cont'd)*

WARNINGS AND PRECAUTIONS *(cont'd)*

- **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.

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

The study approach

Enstilar® Foam[2]

- A combination plaque psoriasis medication that contains both a topical corticosteroid‡ and a vitamin D medication§ in one effective spray foam
- Treatment cycle is once daily for up to 4 weeks

1x daily | **7** days/week | **for up to 4** weeks

The long-term clinical study[1,2]

- A randomized, double-blind, vehicle-controlled trial evaluated the long-term use of Enstilar® Foam in subjects who achieved treatment success (defined as IGA score of "Clear" or "Almost Clear" with at least a 2-grade improvement from baseline) after an initial (open-label) 4-week treatment with once-daily Enstilar® Foam
- Subjects (N=521) were randomized to receive Enstilar® Foam or vehicle foam:

2x weekly | **on 2** non-consecutive days | **for up to 52** additional weeks

- Subjects experiencing loss of response (defined as an IGA score of at least "Mild") were treated once daily with Enstilar® Foam for 4 weeks, and those who regained an IGA score of "Clear" or "Almost Clear" after 4 weeks then continued randomized treatment

Summary[1,2]

- Long-term use with Enstilar® Foam twice weekly was more efficacious versus the foam vehicle for:

Prolonged time to first loss of response

Increased number of patients maintaining an IGA score of "Clear" or "Almost Clear"

Reduced number of loss of responses

‡Corticosteroids reduce inflammation.
§Topical vitamin D medications slow down the overproduction of skin cells.
The exact mechanisms of their actions in the treatment of plaque psoriasis are unknown.

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

The results

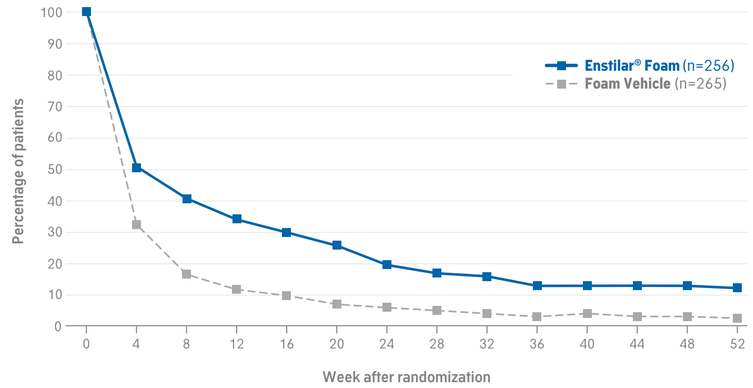
Median time to loss of response[1,2]

Enstilar® Foam 56 days vs **Foam vehicle** 30 days

Median loss of response rate[2]

Enstilar® Foam 2.0 times vs **Foam vehicle** 3.0 times

Percentage of Subjects Maintaining an IGA Score of "Clear" or "Almost Clear" Through Week 52 After Randomization[2]



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.

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

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

Another FIRST for Enstilar® Foam

Not actual size.

The first and only topical plaque psoriasis treatment with long-term, 52-week efficacy data[1,2]

- The #1 prescribed branded topical for plaque psoriasis[4]
- The first and only combination spray foam with 2 active ingredients—a corticosteroid and a vitamin D analog[2]
- Proven efficacy combined with rapid results[2]

References: 1. Lebwohl M, Kircik L, Lacour J-P, et al. Twice-weekly topical calcipotriene/betamethasone dipropionate foam as proactive management of plaque psoriasis increases time in remission and is well tolerated over 52 weeks (PSO-LONG trial). *J Am Acad Dermatol.* 2020;S0190-9622(20)32625-6. **2.** Enstilar® [prescribing information]. LEO Pharma Inc. **3.** 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. **4.** IQVIA NPA MAT September 2020 [October 2019 – September 2020].

IMPORTANT SAFETY INFORMATION *(cont'd)*

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 Important Safety Information throughout and accompanying full Prescribing Information.

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