



Patient Access Support



Savings Program



Adherence Support

Checklist for Healthcare Providers

Get patients started on ZORYVE:

- Submit ZORYVE e-prescriptions to a **ZORYVE Direct** pharmacy and include notes to the pharmacist:
 - Prior medications that have been tried and failed, if applicable
 - Note special treatment location(s) (eg, facial, genital, or intertriginous areas)

- Direct your patients to respond to a call from the **ZORYVE Direct** pharmacy

If faxing the prescription, send the completed **ZORYVE Direct** Prescription Form found at www.zoryvehcp.com/patient-access-and-support



www.carepoint.pharmacy
Phone: 855-237-9112
Fax: 855-237-9113
NCPDP: 1487330



www.phil.us
Phone: 855-977-0975
Fax: 888-975-0603
NCPDP: 3685508

ZORYVE prescriptions can be sent to any pharmacy

INDICATION

ZORYVE is indicated for topical treatment of plaque psoriasis, including intertriginous areas, in patients 12 years of age and older.

IMPORTANT SAFETY INFORMATION

The use of ZORYVE is contraindicated in patients with moderate to severe liver impairment (Child-Pugh B or C).

The most common adverse reactions ($\geq 1\%$) include diarrhea (3%), headache (2%), insomnia (1%), nausea (1%), application site pain (1%), upper respiratory tract infection (1%), and urinary tract infection (1%).

Please see [full Prescribing Information](#) for ZORYVE.

ZORYVE Direct Savings Card Details*

\$25

FOR PATIENTS WITH
COMMERCIAL DRUG INSURANCE
THAT WILL PAY FOR ZORYVE†

\$75

FOR PATIENTS WITH
COMMERCIAL DRUG INSURANCE
THAT WILL NOT PAY FOR ZORYVE†



Provide your patient with the **ZORYVE Direct** Savings Card to help lower the out-of-pocket cost

*Subject to eligibility criteria and maximum benefit limitation. This offer is not valid for patients without commercial drug insurance or whose prescription claims are eligible to be reimbursed, in whole or in part, by any government program. Terms and Conditions may be viewed online at www.zoryvedirect.com/terms.

†Limitations apply.