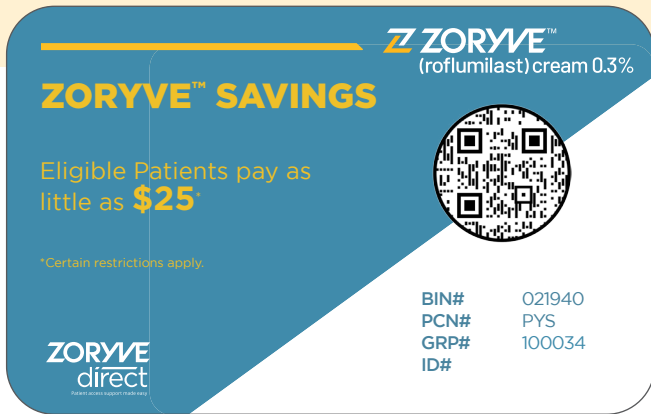


ZORYVE Direct Savings Card

\$25

FOR PATIENTS WITH PRIVATE DRUG INSURANCE
THAT WILL PAY FOR ZORYVE*



\$75

FOR PATIENTS WITH PRIVATE DRUG INSURANCE
THAT WILL NOT PAY FOR ZORYVE*

Sign up for the ZORYVE Direct Savings Card Program

- **Scan** the QR Code to text SAVE to 440-4ZORYVE
- **Provide** your pharmacy with your **ZORYVE Direct Savings Card number**

When filling your ZORYVE prescription, provide your pharmacy with your ZORYVE Direct Savings Card number to help lower your out-of-pocket cost.†

*Limitations apply.

†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. Please see below for Terms and Conditions. Terms and Conditions may be viewed online at www.zoryvedirect.com/terms.

ZORYVE Direct Savings Card Terms and Conditions:

- The ZORYVE Direct Savings Card (the "Savings Card") is valid only for patients with commercial (private or non-governmental) insurance. Patients enrolled in Medicare, Medicaid, Medigap, TRICARE®, the Department of Veterans Affairs healthcare program, or any other federal or state government-funded healthcare program ("Government Programs") are not eligible. Patients who become enrolled in any Government Programs(s) during their enrollment period will become ineligible for the Savings Card program at that time. Uninsured, cash-paying patients are not eligible. Eligible patients must be residents of the United States and Puerto Rico and the patient or the patient's parent or guardian must be 18 years or older to receive Savings Card program assistance.
- The Savings Card should only be used with a valid prescription for ZORYVE that is consistent with the ZORYVE [Prescribing Information](#).
- Eligible patients with commercial prescription drug insurance coverage for ZORYVE may pay as little as \$25 per fill. Eligible patients with commercial drug insurance that does not cover ZORYVE may pay as little as \$75 per fill. Individual patient savings are limited to \$875 per fill and \$5,000 in maximum total savings per calendar year, January 1 - December 31. The Savings Card program is not health insurance or a benefit plan. Distribution or use of the Savings Card does not obligate use or continuing use of any specific product or provider. The user, whether patient or guardian, is responsible for reporting the receipt of all Savings Card program savings received to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled using the Savings Card program, as may be required.
- The Savings Card is not valid for supplies of ZORYVE that the patient receives

for free or that are eligible to be reimbursed by private insurance plans or other healthcare or pharmaceutical assistance programs that reimburse the patient in part or for the entire cost of ZORYVE. Patient, guardian, pharmacist, prescriber, and any other person using the Savings Card agree not to seek reimbursement for all or any part of the savings received by the recipient through the offer. The Savings Card should not be used if the patient's commercial insurance or health plan prohibits the use of manufacturer co-pay cards.

- The Savings Card is accepted by participating pharmacies in the United States. To qualify for the Savings Card Program, the patient may be required to pay out-of-pocket expenses for each prescription. This Savings Card is available with a valid prescription and cannot be combined with any other rebate/coupon, free trial, or similar offer for the specified prescription. Use of this Savings Card must be consistent with all relevant health insurance requirements and payer agreements. Participating pharmacies are obligated to inform third-party payers about the use of the Savings Card as provided under the applicable insurance or as otherwise required by contract or law. The Savings Card may not be sold, purchased, traded or offered for sale, purchase, or trade. The Savings Card is limited to one per person during the offer period and is not transferrable. Void where prohibited by law, taxed, or restricted.
- The Savings Card program renews annually on January 1. Arcutis Biotherapeutics reserves the right to rescind, revoke, amend, or terminate the program without notice at any time.
- If you have questions, call **(844) 979-1288** from 6:00 am - 5:00 pm PT, Monday-Friday, except holidays.