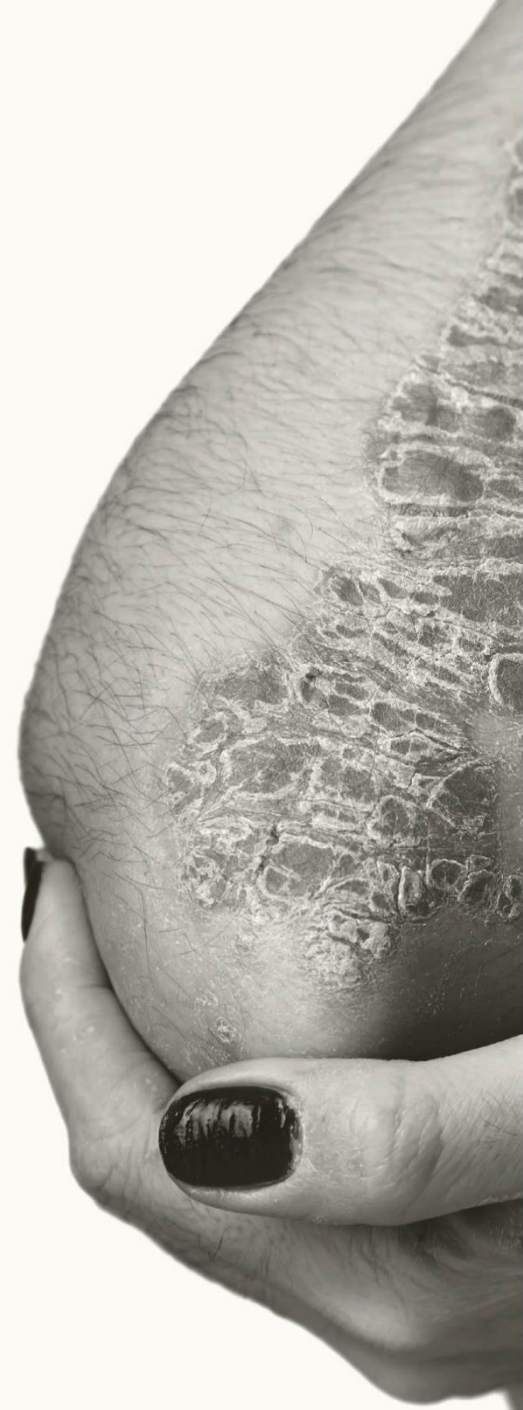


**3<sup>rd</sup> Quarter 2022**  
**Financial Results & Business Update**  
November 8, 2022



**ARCUTIS**  
BIOTHERAPEUTICS

Bioscience applied to the skin.

# Legal Disclaimers

This presentation and the accompanying oral presentation contain “forward-looking” statements that are based on our management’s beliefs and assumptions and on information currently available to management. Forward-looking statements include all statements other than statements of historical fact contained in this presentation, including information concerning our current and future financial performance, business plans and objectives, current and future clinical and preclinical development activities, current and future commercialization activities, timing and success of our ongoing and planned clinical trials and related data, the timing of announcements, updates and results of our clinical trials and related data, our ability to obtain and maintain regulatory approval, the potential therapeutic benefits and economic value of our product candidates, competitive position, industry environment, and potential market opportunities.

Forward-looking statements are subject to known and unknown risks, uncertainties, assumptions and other factors including, but not limited to, those related to the success, cost and timing of our product candidate development activities and ongoing and planned clinical trials; our plans to develop and commercialize targeted therapeutics, including our lead product candidates roflumilast cream and roflumilast foam; the progress of patient enrollment and dosing in our clinical trials; the ability of our product candidates to achieve applicable endpoints in the clinical trials; the safety profile of our product candidates; the potential for data from our clinical trials to support a marketing application, as well as the timing of these events; our ability to obtain funding for our operations, development and commercialization of our product candidates; the timing of and our ability to obtain and maintain regulatory approvals; the rate and degree of market acceptance and clinical utility of our product candidates; the size and growth potential of the markets for our product candidates, and our ability to serve those markets; our commercialization, marketing and manufacturing capabilities and strategy; current

and future agreements with third parties in connection with the commercialization of our product candidates; our expectations regarding our ability to obtain and maintain intellectual property protection; our dependence on third party manufacturers; the success of competing therapies that are or may become available; our ability to attract and retain key scientific or management personnel; our ability to identify additional product candidates with significant commercial potential consistent with our commercial objectives; and our estimates regarding expenses, future revenue, capital requirements and needs for additional financing.

Moreover, we operate in a very competitive and rapidly changing environment, and new risks may emerge from time to time. It is not possible for our management to predict all risks, nor can we assess the impact of all factors on our business or the extent to which any factor, or combination of factors, may cause actual results to differ materially from those contained in any forward-looking statements we may make. In light of these risks, uncertainties and assumptions, the forward-looking events and circumstances discussed herein may not occur and actual results could differ materially and adversely from those anticipated or implied in the forward-looking statements.

You should not rely upon forward-looking statements as predictions of future events. Although our management believes that the expectations reflected in our forward-looking statements are reasonable, we cannot guarantee that the future results, levels of activity, performance or events and circumstances described in the forward-looking statements will be achieved or occur. We undertake no obligation to publicly update any forward-looking statements, whether written or oral, that may be made from time to time, whether as a result of new information, future developments or otherwise.

This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. Neither we nor any other person makes any representation as to the accuracy or completeness of such data or undertakes any obligation to update such data after the date of this presentation. In addition, projections, assumptions and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk.

For further information with respect to Arcutis, we refer you to our most recent annual report on Form 10-K, as amended, and our most recent quarterly report on Form 10-Q, filed with the SEC. In addition, we are subject to the information and reporting requirements of the Securities Exchange Act of 1934 and, accordingly, we file periodic reports, current reports, proxy statements and other information with the SEC. These periodic reports, current reports, proxy statements and other information are available for review at the SEC’s website at <http://www.sec.gov>.

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# Today's Speakers



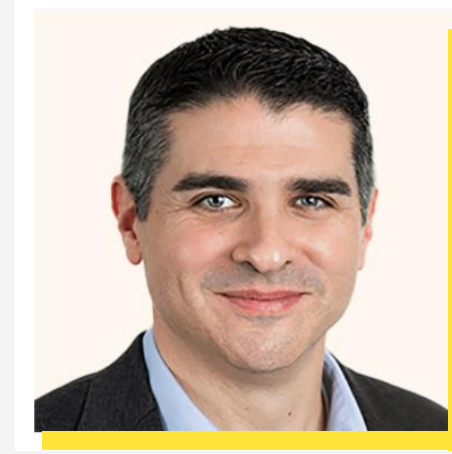
**Frank Watanabe**  
President & CEO



**Ken Lock**  
Chief Commercial Officer



**Patrick Burnett, MD, PhD, FAAD**  
Chief Medical Officer



**Scott Burrows**  
Chief Financial Officer



# Speakers & Agenda



Frank Watanabe

President and CEO

## Third Quarter Review

Commercial Update

R&D Update

Financial Results

Q&A



# Continued Execution Against Our Strategy / Timelines in Q3 to Drive Long-Term Growth

- ✔ ZORYVE® (roflumilast) launch in plaque psoriasis on track
- ✔ Rapid, high-quality coverage achieved with payer formulary decisions
- ✔ Ducentis acquisition broadens our robust, immuno-dermatology pipeline
- ✔ Positive ARRECTOR Phase 3 topline read-out in scalp & body psoriasis
- ✔ Completed enrollment in both INTEGUMENT-1 & -2 trials for atopic dermatitis
- ✔ JAMA published positive results from DERMIS-1 & -2 pivotal trials
- ✔ Strengthened balance sheet with >\$285 million in financings in Q3

*JAMA = Journal of American Medical Association*

# Broad and Deep Pipeline

	Formulation	Preclinical	Phase 1	Phase 2	Phase 3	NDA Review	Approved	Commercial Rights
<b>ZORYVE</b> (roflumilast cream)	Plaque Psoriasis							Worldwide
	Atopic Dermatitis							Worldwide
<b>Roflumilast Foam</b> (ARQ-154)	Seborrheic Dermatitis							Worldwide
	Scalp Psoriasis							Worldwide
<b>ARQ-252 Cream</b> (JAK1 Inhibitor)	Hand Eczema							U.S., EU, Japan, Canada
	Vitiligo							U.S., EU, Japan, Canada
<b>ARQ-255 Suspension</b> (JAK1 Inhibitor)	Alopecia Areata							U.S., EU, Japan, Canada
<b>ARQ-234</b> (CD200R)	Atopic Dermatitis							Worldwide
<i>Other Preclinical Projects</i>	Acne, Palmoplantar Psoriasis, Nail Psoriasis, Rosacea							

# Acquisition of Ducentis – Next Step Towards Evolution into Preeminent Immuno-Dermatology Company



## Aligned to the Arcutis Strategy

(1) Atopic Derm (AD) is Large Market with High Unmet Need, (2) CD200R is a biologically-validated target, (3) ARQ-234 potentially best-in-class molecule



Leverages Arcutis' Deep Dermatology & Biologics Expertise



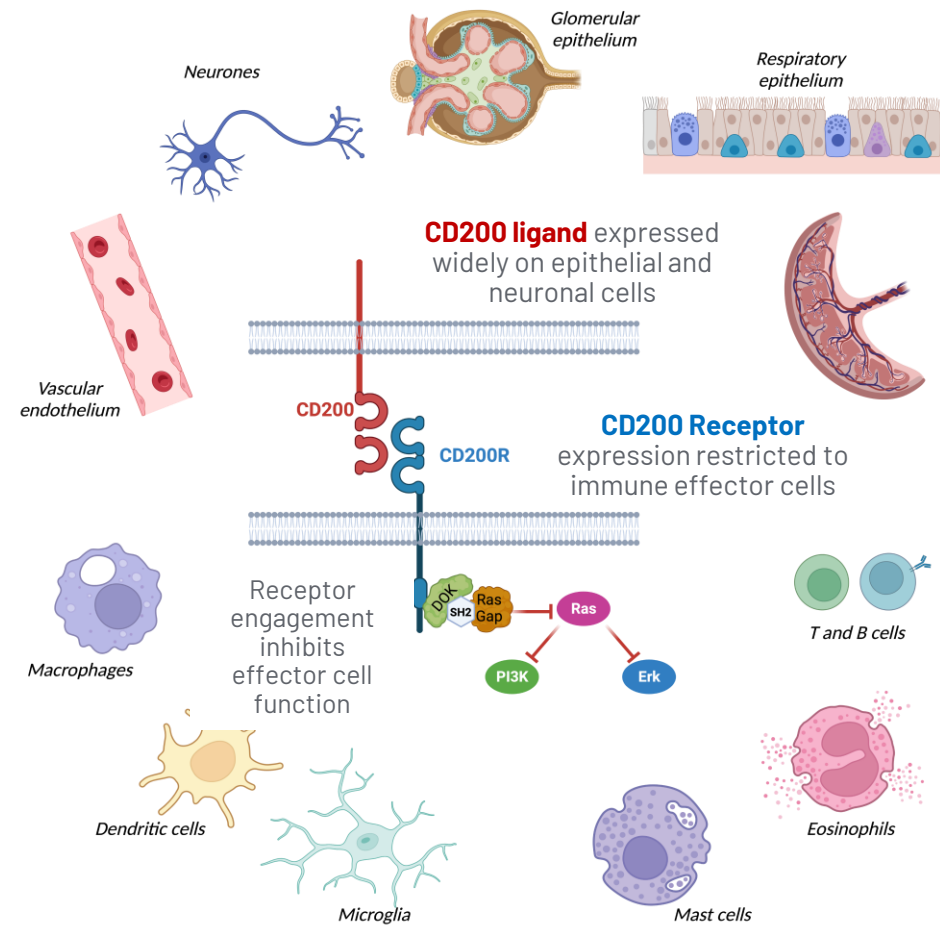
ARQ-234 Is Highly Complementary To Roflumilast Cream In AD



Modest Investment to Acquire Biologic and Achieve Proof-of-Concept Against De-Risked Target in High-Value Indication

# CD200R: Promising Novel Immunomodulatory Pathway

- Checkpoint agonism -- opposite of checkpoint inhibitors used in oncology
- CD200 receptor (CD200R) agonism inhibits activated immune cells and suppresses unwanted immune responses
- ARQ-234 highly selective/potent agonist of CD200R
- Mechanism offers possibility of durable response, immune resolution and tolerance
- Differentiated MOA should be complementary to current therapies
- Clinical validation for CD200 biology in atopic dermatitis



ARQ-234 compares favorably against clinically-validated CD200R antibody  
Offers potential differentiation on efficacy and/or dosing



# Speakers & Agenda



Ken Lock

Chief Commercial Officer

Third Quarter Review

**Commercial Update**

R&D Update

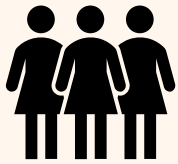
Financial Results

Q&A

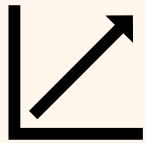


# Building a Balanced Launch with ZORYVE

**ZORYVE™**  
(roflumilast) cream 0.3%



> 4,000 Prescriptions  
Launch to date



~20% Avg. Weekly TRx  
Growth w/Full Salesforce



First Major Payer Wins  
with Formulary Inclusion  
Effective 11/1

## 4 Potential Launches in the Next 24-36 Months:

**Plaque PsO**



**Seb Derm**

Submit in Q1 2023

**Atopic Derm**

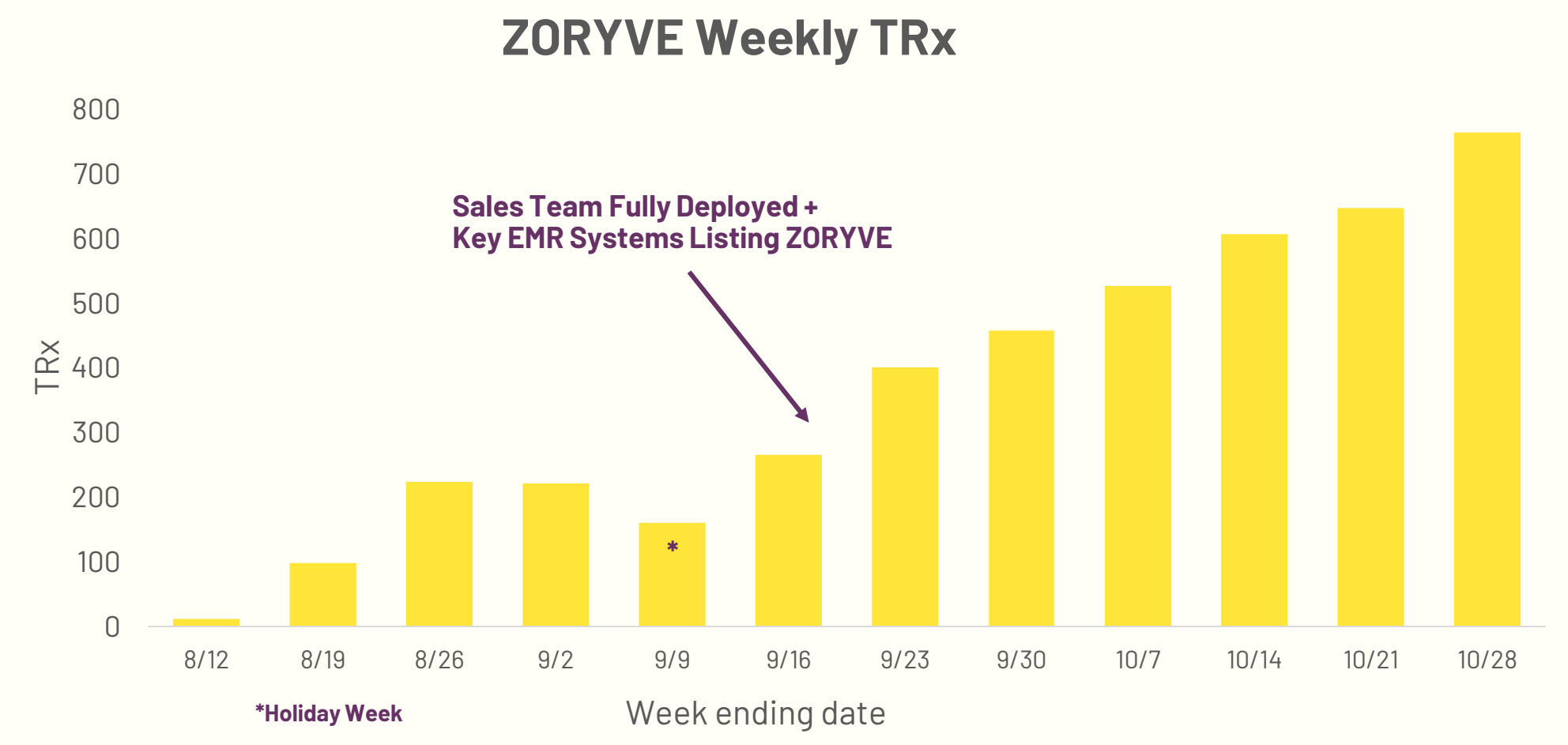
Submit in 2023,  
Ages 6+

**Scalp & Body  
PsO**

Submit After Seb  
Derm Approval

*TRx = total prescriptions*

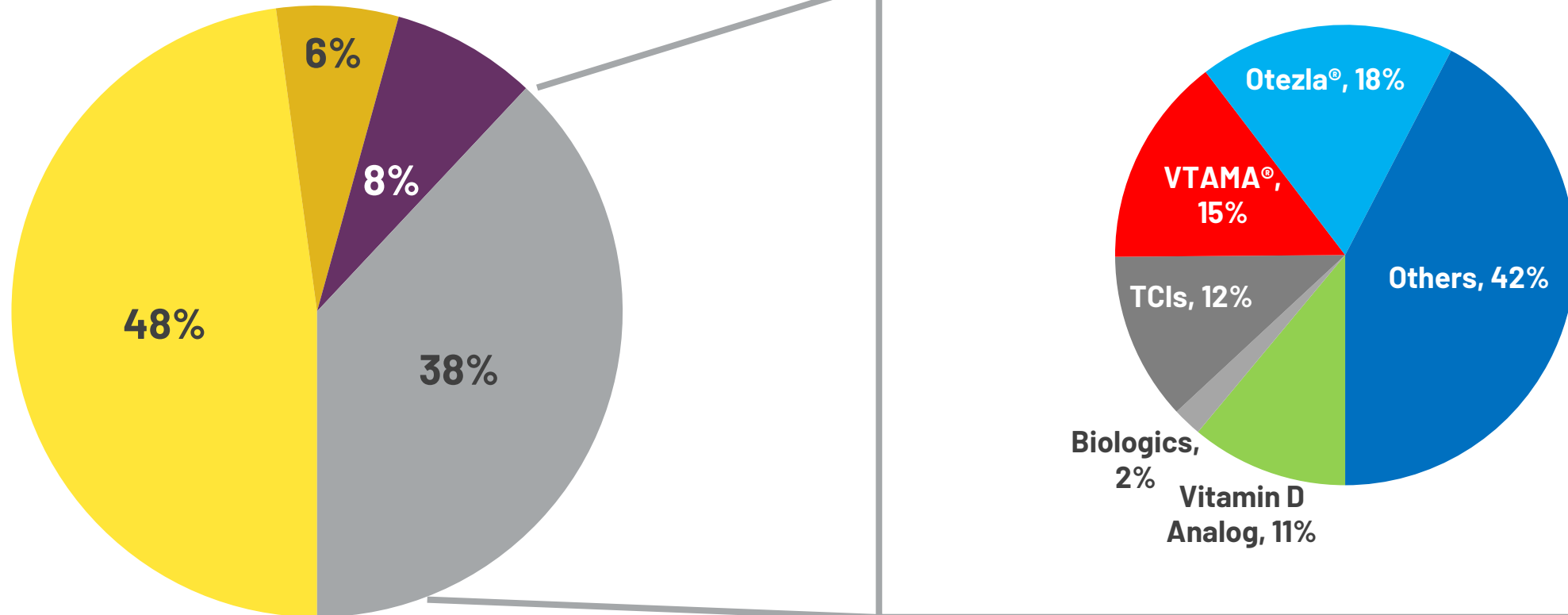
# Accelerating Demand for ZORYVE as Launch Continues to Strengthen



Data Source: ZORYVE - Xponent Weekly Sales Data (through week ending 10/21); Week ending 10/28 = IQVIA SMART Rapid data

# Broad Adoption of ZORYVE Highlights Long-Term Opportunities for Growth

## ZORYVE Source of Business - Launch to Date



■ Topical Corticosteroids (TCS) ■ Combination Products ■ Refills ■ All Other

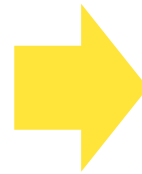
Data Source: TRx - Xponent Sales Data (data through 10/07/22); Switch Rx - Xponent Prescriber Dynamics Switch Data (data through 10/07/22); Refills: Continuing prescriptions for refills (TRx - NRx); a calculated metric

TCI = topical calcineurin inhibitors; Otezla®: apremilast; VTAMA®: tapinarof

# Unlocking Broad, Quality Coverage of ZORYVE for Patients With Recent Formulary Wins

## Our Access/Coverage Goals

- High-quality coverage for patients
- Faster formulary consideration/adoption
- Preservation of gross-to-net
- Optimizing for volume & franchise value



**Z ZORYVE™**  
(roflumilast) cream 0.3%

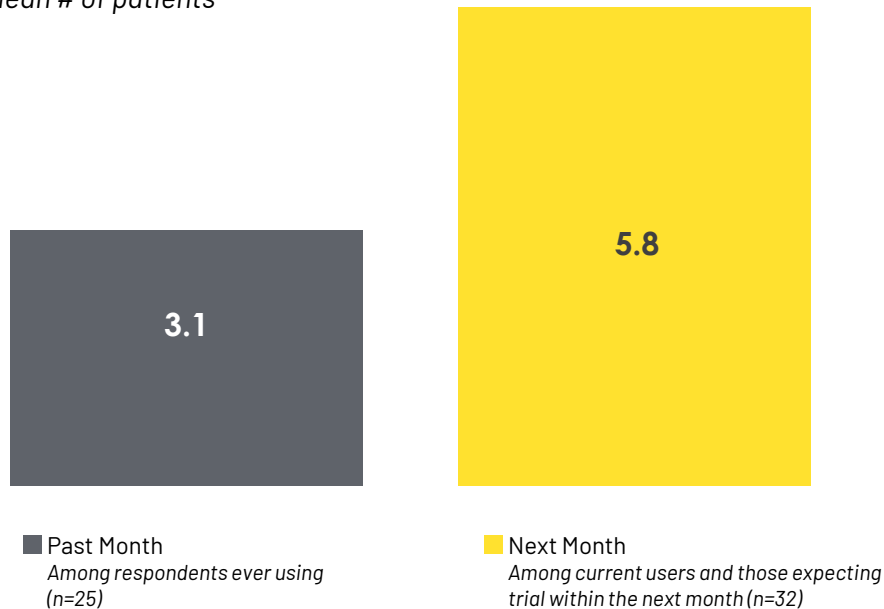
## Now Covered by a Top Pharmacy Benefit Manager (PBM) and a Large National Health Plan

- **Formulary Inclusion Effective 11/1**
- **Differentiated Access, Details Available Soon**

# Extremely Positive Feedback from Physicians + High Likelihood to Increase Prescribing

## Patient Initiations - Past month, Next month\*

Mean # of patients



\*Spherix Launch Dynamix: 2 months post-launch

## Qualitative Physician Feedback

- ✓ Rapidity of effect
- ✓ Ability to treat tough plaques
- ✓ Intertriginous efficacy
- ✓ Impact on itch
- ✓ Minimal application site reactions
- ✓ Strong safety profile

# Strong Progress on Critical Success Factors for ZORYVE Launch

## Commercial Success



### Drive Prescriber Awareness and Use

- > 1,300 unique writers since launch
- >80% of high value targets reached launch-to-date



### Patient Engagement and Positive Experience

- Patient awareness rising



### Broad, High-Quality Access

- To date, ~1 in 4 prescriptions covered
- Coverage by top PBM and national health plan as of 11/1

## ZORYVE Product Profile as the Foundation

*\*Spherix Launch Dynamix: 2 months post-launch*

# Speakers & Agenda



Patrick Burnett,  
MD, PhD, FAAD  
Chief Medical Officer

Third Quarter Review  
Commercial Update  
**R&D Update**  
Financial Results  
Q&A





# Accomplishments + Upcoming Milestone / Event Chart

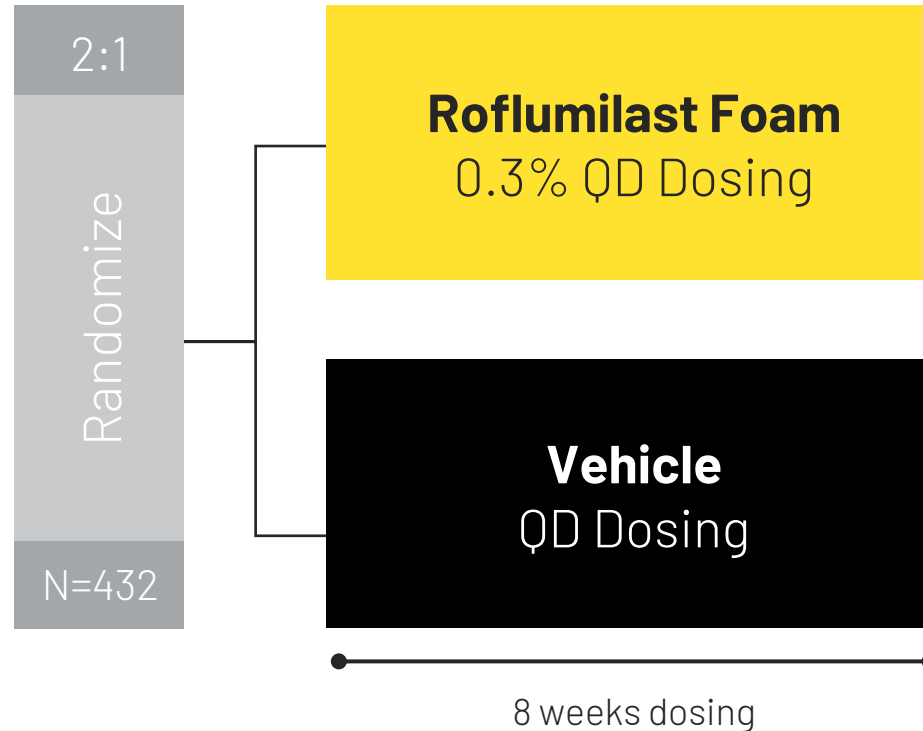
<b>Key Accomplishments / Milestones</b>	<b>Indication</b>	<b>Timing</b>
U.S. FDA Approval of ZORYVE	Plaque PsO	Q3 2022
Topline Phase 3 ARRECTOR Data	Scalp & Body PsO	Q3 2022
Completed Enrollment in INTEGUMENT-1 & -2	Atopic Dermatitis	Q3 2022
DERMIS Publication in JAMA	Plaque PsO	Q3 2022
STRATUM Late-Breaker at EADV	Seborrheic Dermatitis	Q3 2022
<i>INTEGUMENT-1 &amp; -2 Topline Data</i>	<i>Atopic Dermatitis</i>	<i>Before End of 2022</i>
<i>Enter the Clinic with ARQ-255</i>	<i>Alopecia Areata</i>	<i>Before End of 2022</i>
<i>Submit NDA for Roflumilast Foam in Seborrheic Dermatitis</i>	<i>Seborrheic Dermatitis</i>	<i>Q1 2023</i>
<i>Action Date with Health Canada</i>	<i>Plaque PsO</i>	<i>April 30, 2023</i>
<i>INTEGUMENT-PED Topline Data</i>	<i>Atopic Dermatitis</i>	<i>2023</i>
<i>Submit sNDA for Roflumilast Cream in Ages 6+</i>	<i>Atopic Dermatitis</i>	<i>2023</i>

# ARRECTOR Phase 3 Trial in Scalp & Body Psoriasis

Randomized, Double-blind, Vehicle-controlled Multicenter Study

## Eligibility

- Diagnosis of scalp and body plaque psoriasis
- Age 12+
- At least moderate severity on scalp (S-IGA) and mild severity on body (B-IGA)
- $\leq 25\%$  BSA;  
 $\leq 20\%$  non-scalp BSA
- Psoriasis Scalp Severity Index (PSSI)  $\geq 6$
- $\geq 10\%$  of scalp involved
- PASI  $\geq 2$



## Endpoints

### Co-Primary

- Scalp IGA (S-IGA) success at week 8
- Body IGA (B-IGA) success at week 8

### Secondary

- Scalp worst itch NRS (SI-NRS)
- WI-NRS
- PASI-75
- S-IGA = 0
- Psoriasis Symptom Diary (PSD)

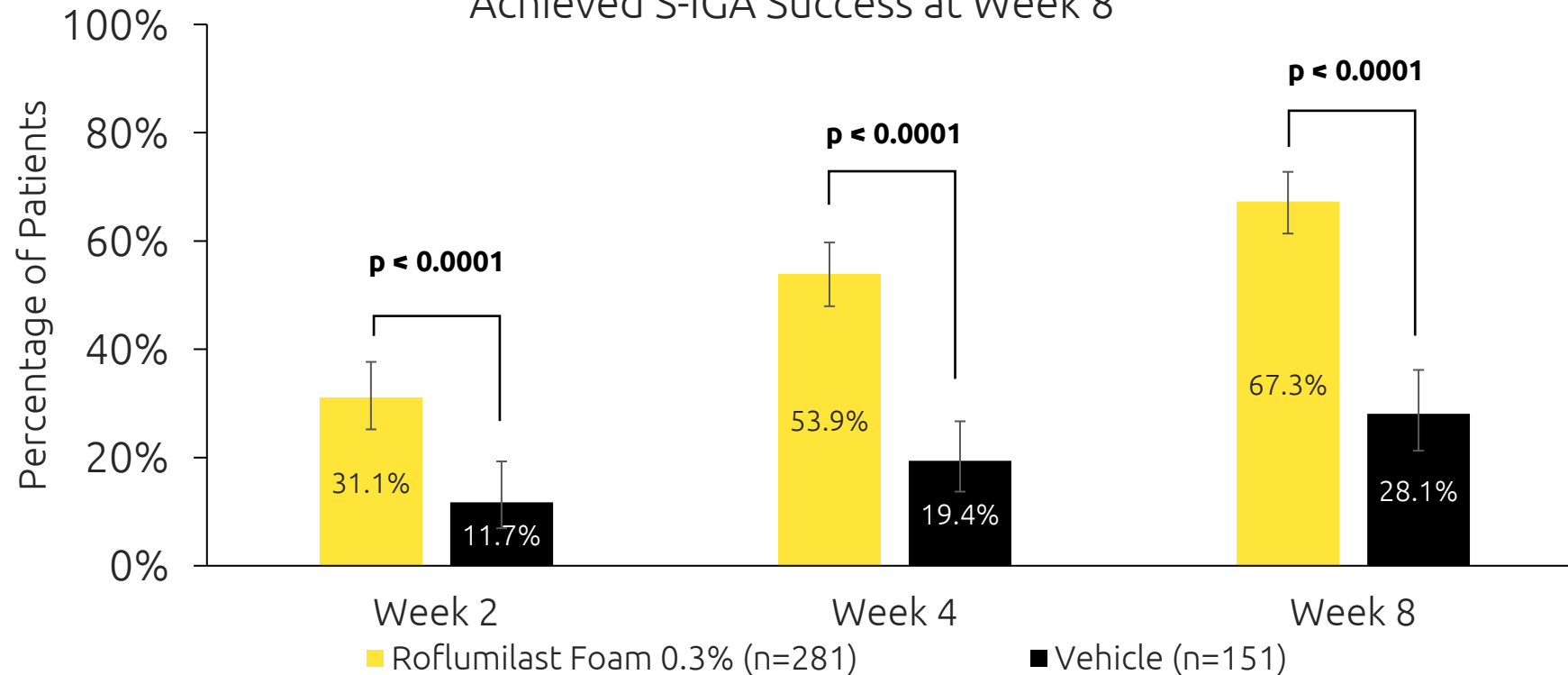
### Safety and tolerability

IGA = Investigator's Global Assessment; IGA Success = Clear or Almost Clear with at least a 2-grade improvement from baseline; WI-NRS: Worst Itch Numeric Rating Scale; QD = once a day; BSA = body surface area

# Robust Efficacy on Scalp IGA Success

**~2/3 of Patients**

Achieved S-IGA Success at Week 8



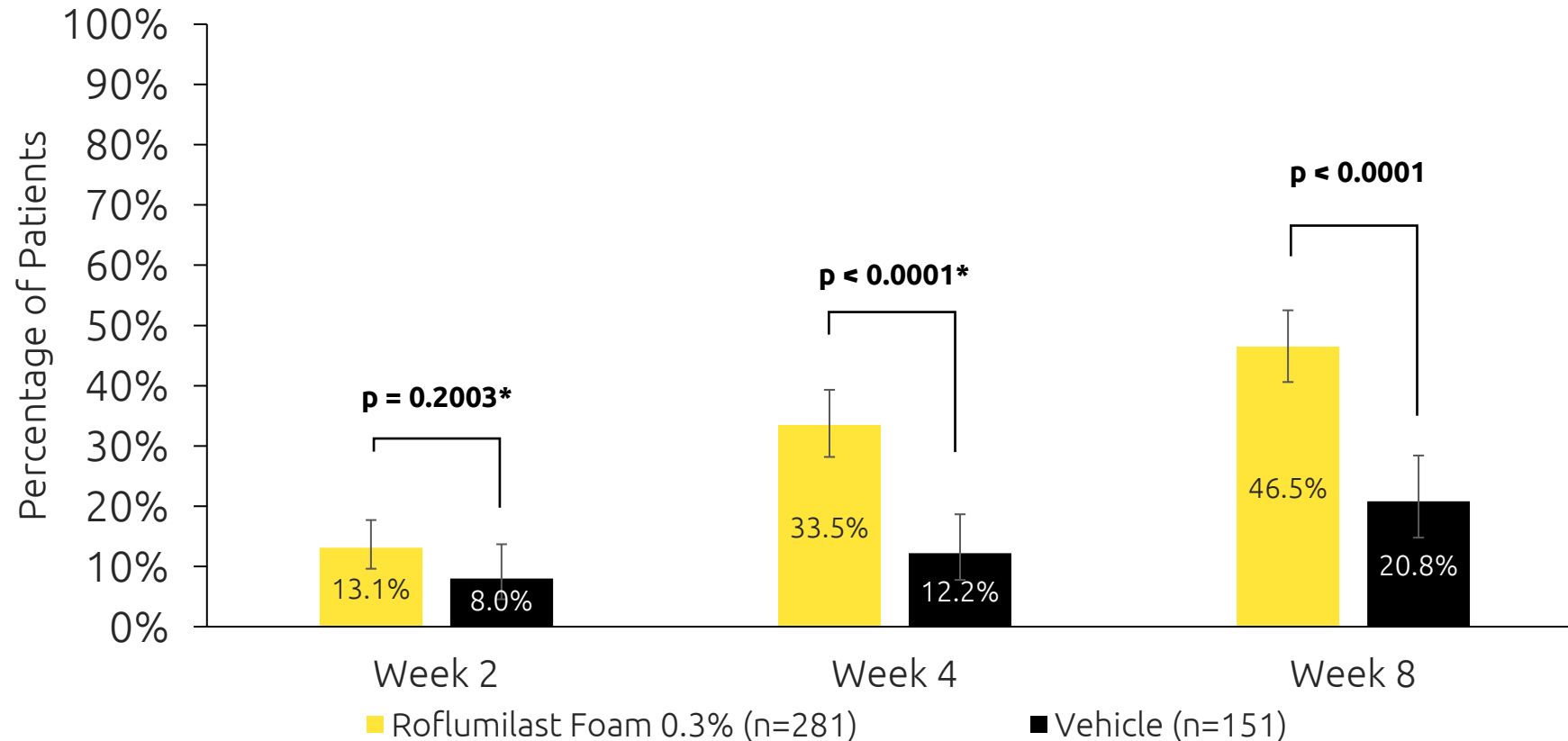
40% of Patients Achieved S-IGA of Clear at Week 8

*S-IGA = Scalp Investigator's Global Assessment; IGA Success = Clear or Almost Clear with at least a 2-grade improvement from baseline ITT Population*

# Demonstrated Efficacy on Body IGA Success, Consistent with DERMIS Trials

## ~47% of Patients

Achieved B-IGA Success at Week 8



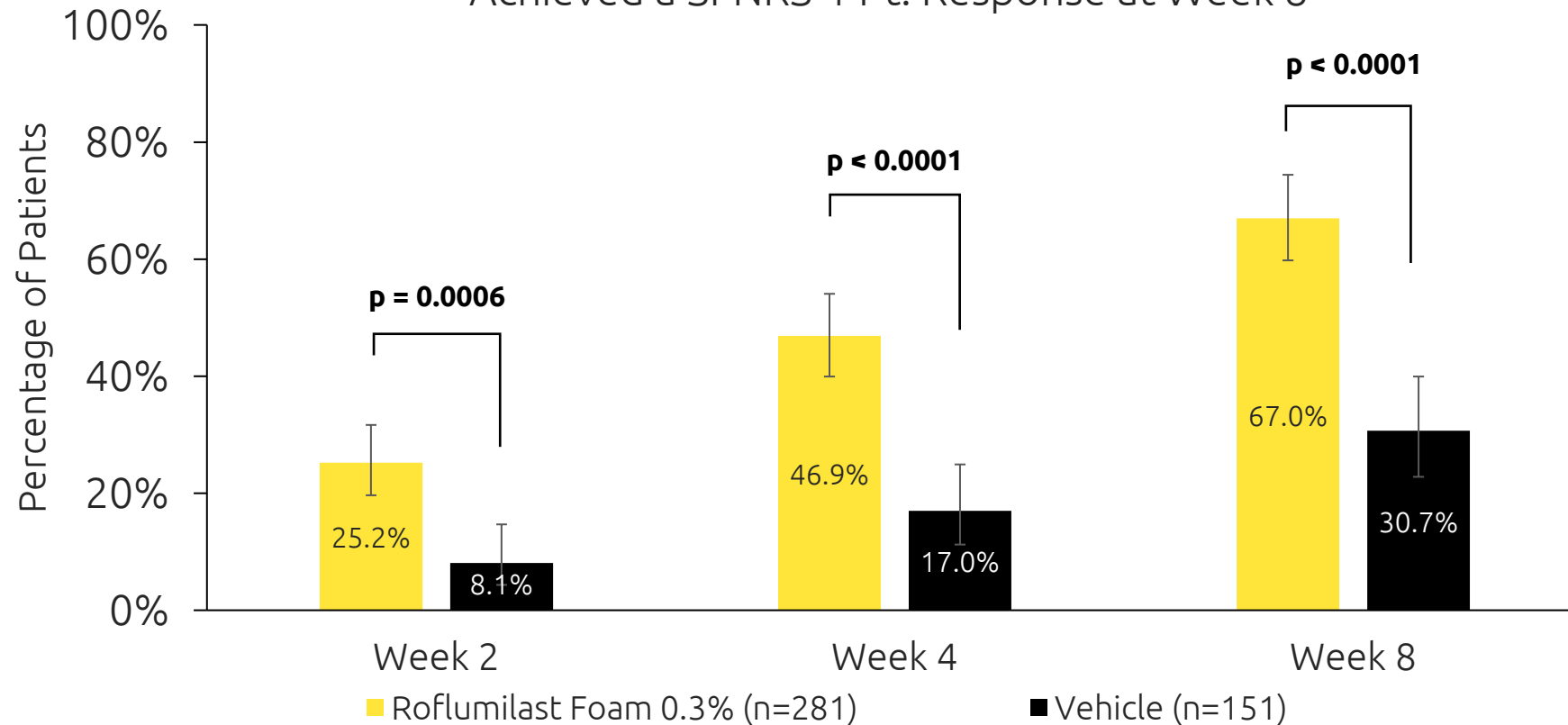
B-IGA = Body Investigator's Global Assessment; IGA Success = Clear or Almost Clear with at least a 2-grade improvement from baseline ITT Population; \* Nominal p-values

# Rapid Reduction in Itch

Proportion of patients who achieved a  $\geq 4$ -point improvement in SI-NRS from baseline score of  $\geq 4$

**~2/3 of Patients**

Achieved a SI-NRS 4-Pt. Response at Week 8



SI-NRS: Scalp Worst Itch Numeric Rating Scale

# Roflumilast Foam Was Well-Tolerated in Phase 3

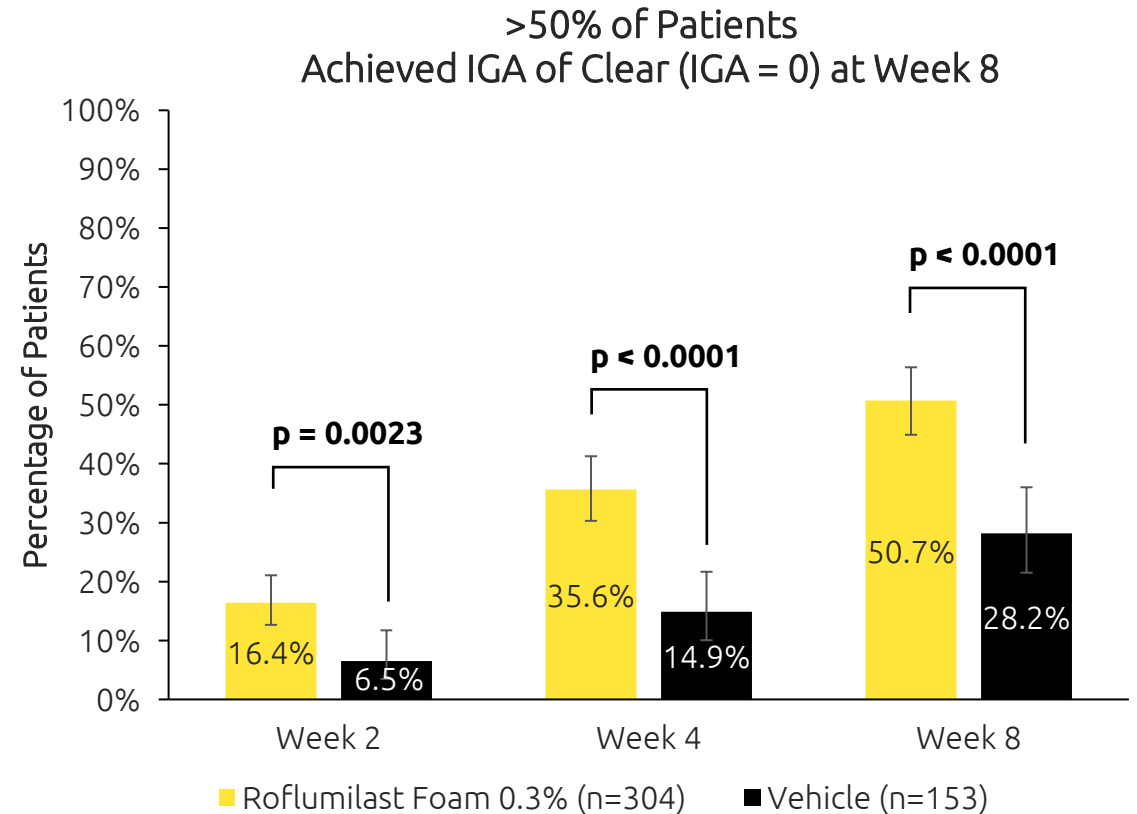
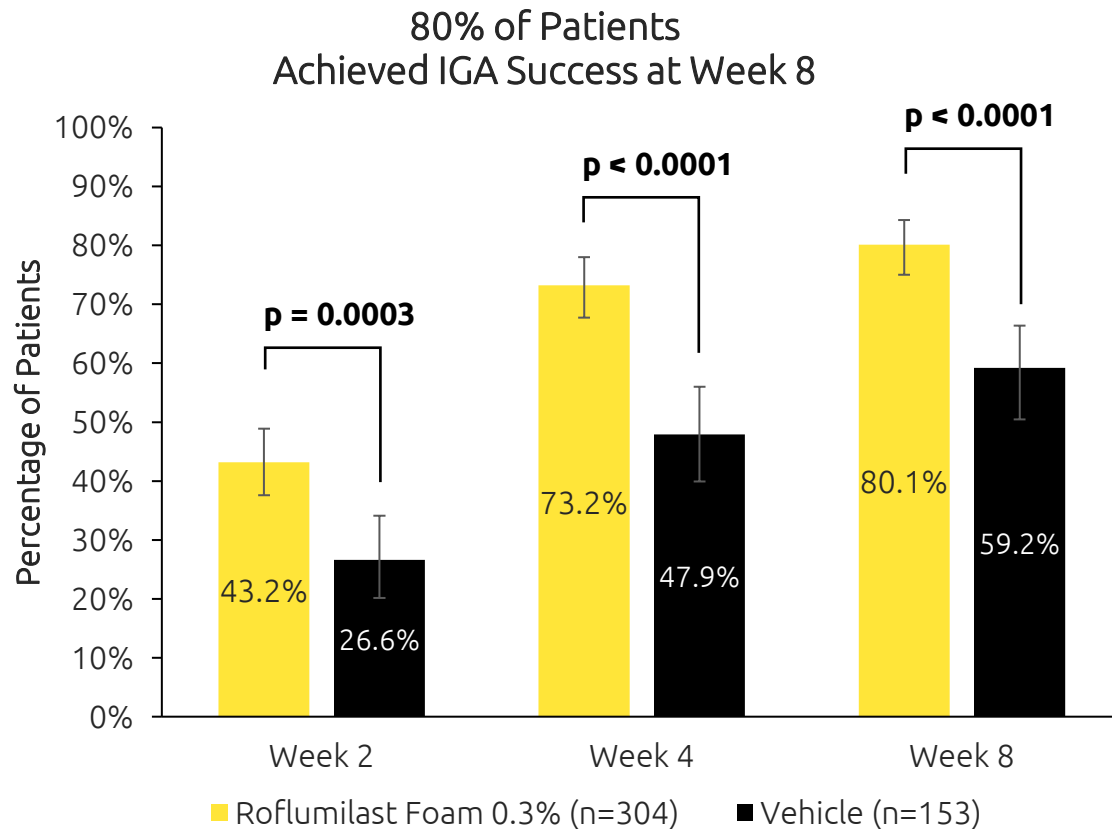
<b>Subjects (%)</b>	<b>Roflumilast 0.3%</b> (n=281)	<b>Vehicle</b> (n=151)	<b>Overall</b> (n=432)
Subjects with any TEAE	75 (26.7%)	25 (16.6%)	100 (23.1%)
Subjects with any Treatment-Related TEAE	16 (5.7%)	3 (2.0%)	19 (4.4%)
Subjects with any SAE	2 (0.7%)	1 (0.7%)	3 (0.7%)
Treatment-related SAE	1 (0.4%)	0	1 (0.2%)
Subjects who discontinued Study Drug due to AE	7 (2.5%)	2 (1.3%)	9 (2.1%)
Subjects who discontinued Study due to AE	5 (1.8%)	2 (1.3%)	7 (1.6%)

*AE: adverse event; SAE: serious adverse event; TEAE: treatment-emergent adverse event*

# Most Common Treatment Emergent Adverse Events (>2.0% in Any Group)

<b>Preferred Term</b>	<b>Roflumilast 0.3%</b> (n=281)	<b>Vehicle</b> (n=151)	<b>Overall</b> (n=432)
Headache	13 (4.6%)	3 (2.0%)	16 (3.7%)
Diarrhea	9 (3.2%)	4 (2.6%)	13 (3.0%)
COVID-19	8 (2.8%)	4 (2.6%)	12 (2.8%)
Nausea	6 (2.1%)	0	6 (1.4%)

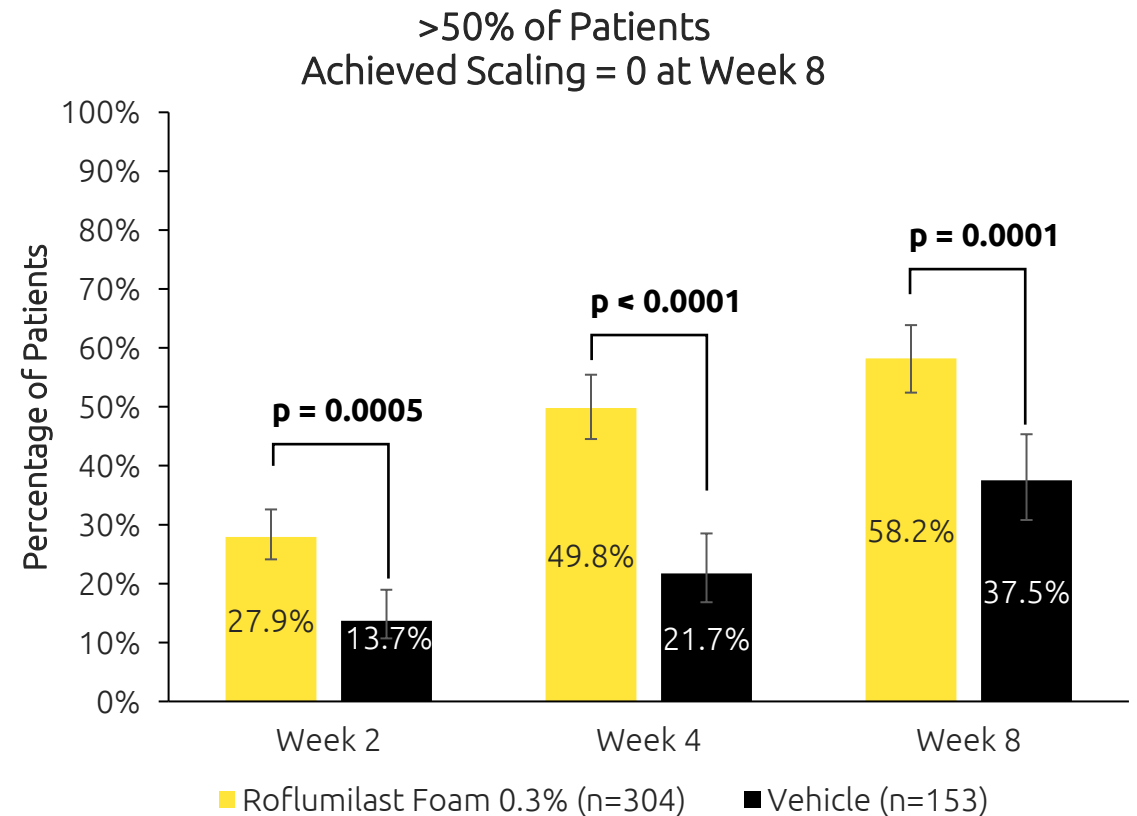
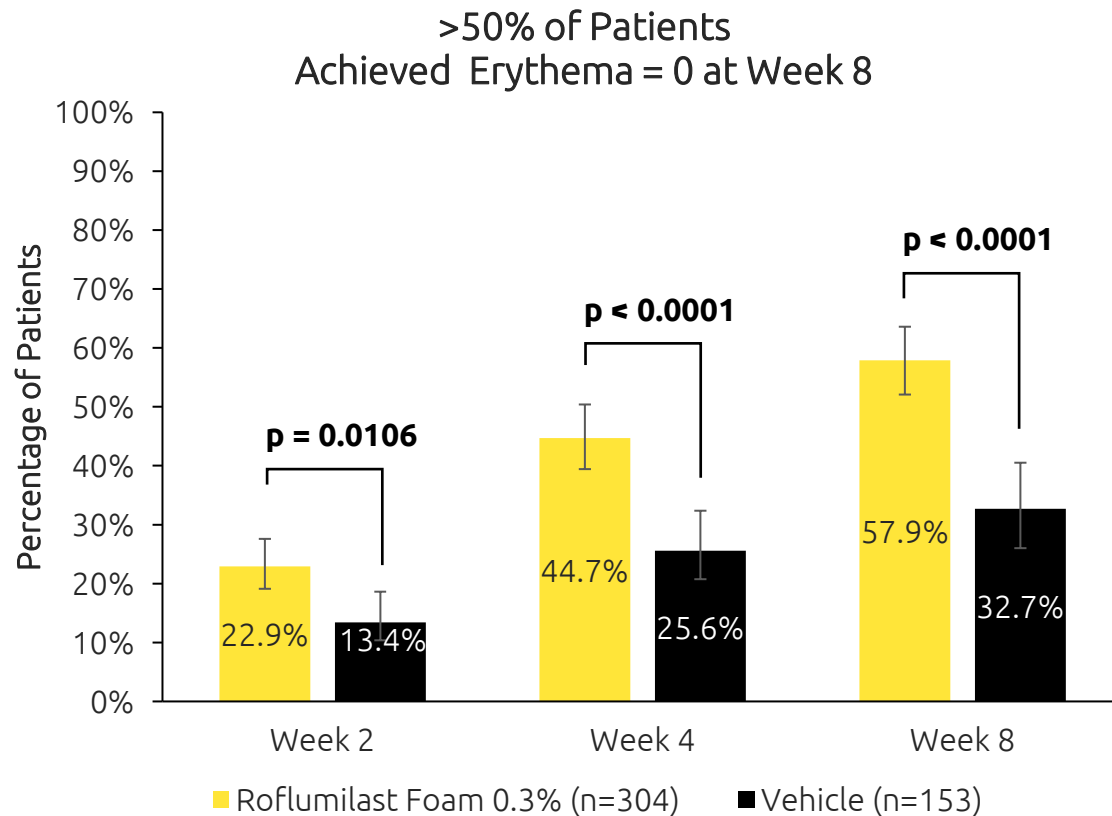
# 80% of Patients Achieved IGA Success & 50% Completely Clear at 8 Weeks in Seb Derm Phase 3



IGA Success = Clear or Almost Clear with at least a 2-grade improvement from baseline



# New from EADV, Nearly 60% of Patients in STRATUM Trial Achieved Erythema/Scaling Scores of 0 at Week 8



Presented at European Academy of Dermatology and Venereology (EADV) Congress, Sept 7-11, 2022

# Upcoming Readout: INTEGUMENT Designed for Broad Label in Mild-to-Moderate Atopic Dermatitis



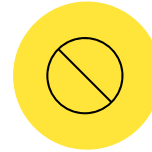
## **INTEGUMENT-1 and -2 each enrolled >650 patients**

- 10x as many patients in active arm (0.15%) compared to Phase 2
- Comprehensive safety database

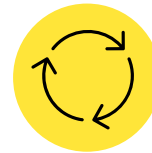


## **>95% statistical power**

to detect IGA Success effect size seen in Phase 2



## **No upper limit on BSA**



## **No expectation for limitation in duration of treatment**

Statistical power on both primary and key secondary endpoints critical to a robust label application

*IGA Success = Clear or Almost Clear with at least a 2-grade improvement from baseline.; BSA = body surface area;*

# Speakers & Agenda



Scott Burrows  
Chief Financial Officer

- Third Quarter Review
- Commercial Update
- R&D Update
- Financial Results**
- Q&A

# Q3 2022 Financial Results

GAAP Reported

<b>\$ Millions, except net loss per share</b>	<b>Q3 2022</b>	<b>Q3 2021</b>	<b>YoY Change</b>
Product Revenues, net	\$0.7	-	0.7
Cost of Sales	0.3	-	0.3
R&D Expense	69.7	40.6	29.1
SG&A Expense	35.5	16.5	19.0
Total Operating Expense	105.5	57.1	48.4
Net Loss	(107.7)	(57.0)	(50.7)
Net Loss per share – Basic & Diluted	(1.89)	(1.14)	(0.75)

# Strong Balance Sheet with ~\$480 Million of Cash

**\$ Millions, except average shares**

GAAP Reported

<b>Cash Flow &amp; Balance Sheet Data</b>	<b>Q3 2022</b>
Cash, Cash Equivalents, and Marketable securities (Sep. 30, 2022)	\$478.2
Net cash used in operating activities	67.7
Long-term debt, net (Sep. 30, 2022)	196.8
Weighted average shares outstanding (million)	57.1

# Thank You



Frank Watanabe  
President and CEO



Scott Burrows  
Chief Financial Officer



Patrick Burnett,  
MD, PhD, FAAD  
Chief Medical Officer



Ken Lock  
Chief Commercial Officer

Third Quarter Review  
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