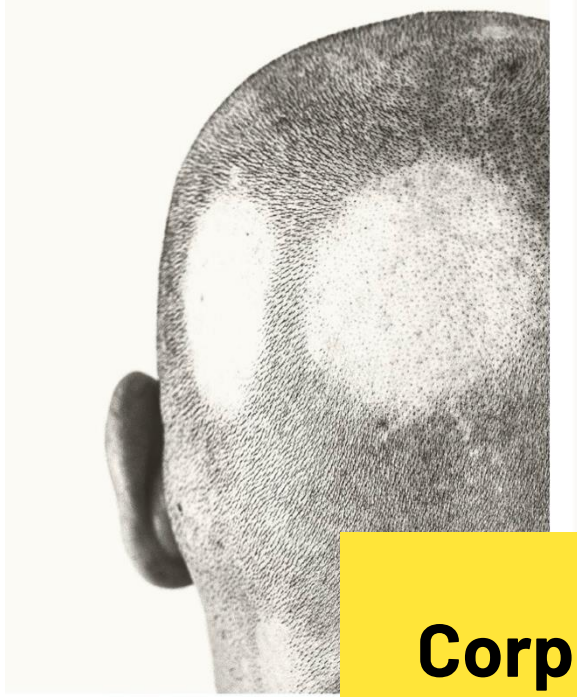
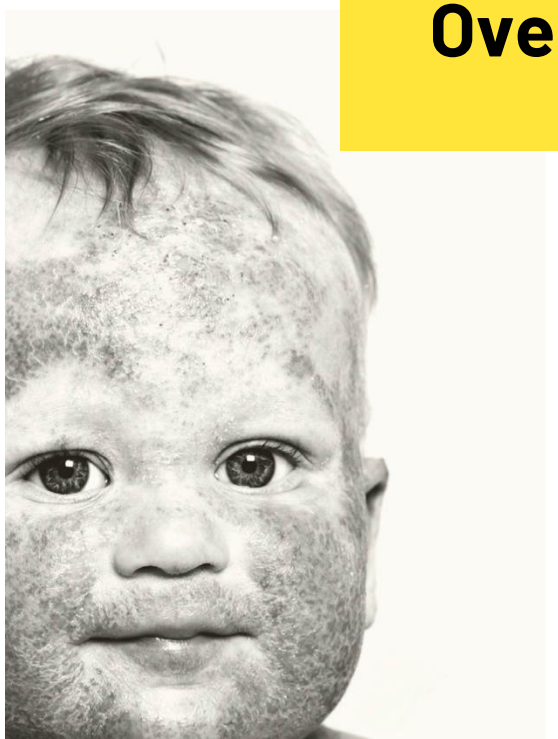
ARCUTIS
BIOTHERAPEUTICS

Bioscience applied to the skin.





Corporate Overview

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; 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. Further information on these and other factors that could affect these forward-looking statements is contained in our our Form 10-K filed with U.S. Securities and Exchange Commission (SEC) on February 22, 2022, and other reports filed with the SEC from time to time.

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.

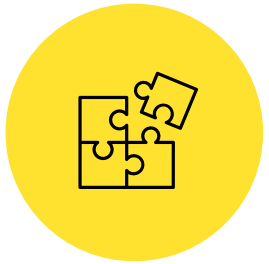
This presentation also contains estimates and other statistical data made by independent parties and by us relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates. 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.

All product and company names are trademarks™ or registered® trademarks of their respective holders.

2022: A Transformational Year for Arcutis Continues

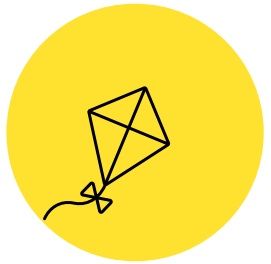
- FDA approval of ZORYVE (roflumilast) in plaque psoriasis and imminent launch is the realization of our efforts to bring meaningful innovation to address the unmet needs of patients with immune-mediated skin diseases
- Topical roflumilast is a unique "pipeline-in-a-product" opportunity across four development programs
- We remain confident in continuing our track record of Phase 3 successes in subsequent pivotal readouts in atopic dermatitis and scalp and body psoriasis later this year
- We will further strengthen our balance sheet by drawing an additional $125 million from our debt facility; enables robust launch investment for ZORYVE and continued pipeline advancement

Our Strategy to Build the Preeminent Immuno-Dermatology Company



Filling the innovation gap

in the dermatology drug sector



Elevating the standard of care

to simplify disease management and optimize drug efficacy, safety, and tolerability

Developing potential best-in-class

and innovative topical dermatology therapies against validated biological targets

World-class leadership team

>50 FDA-approved products

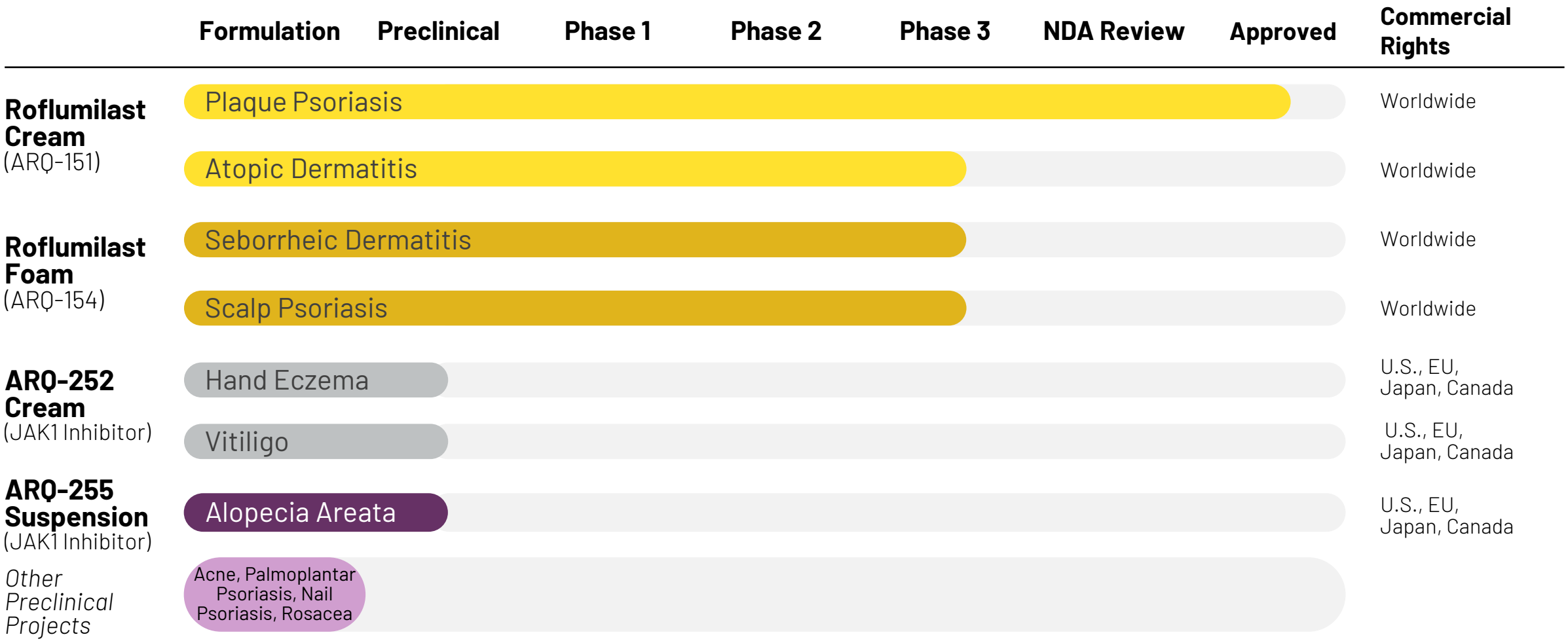
Rapidly advancing

a broad, innovative pipeline with strong IP protection for clinical assets

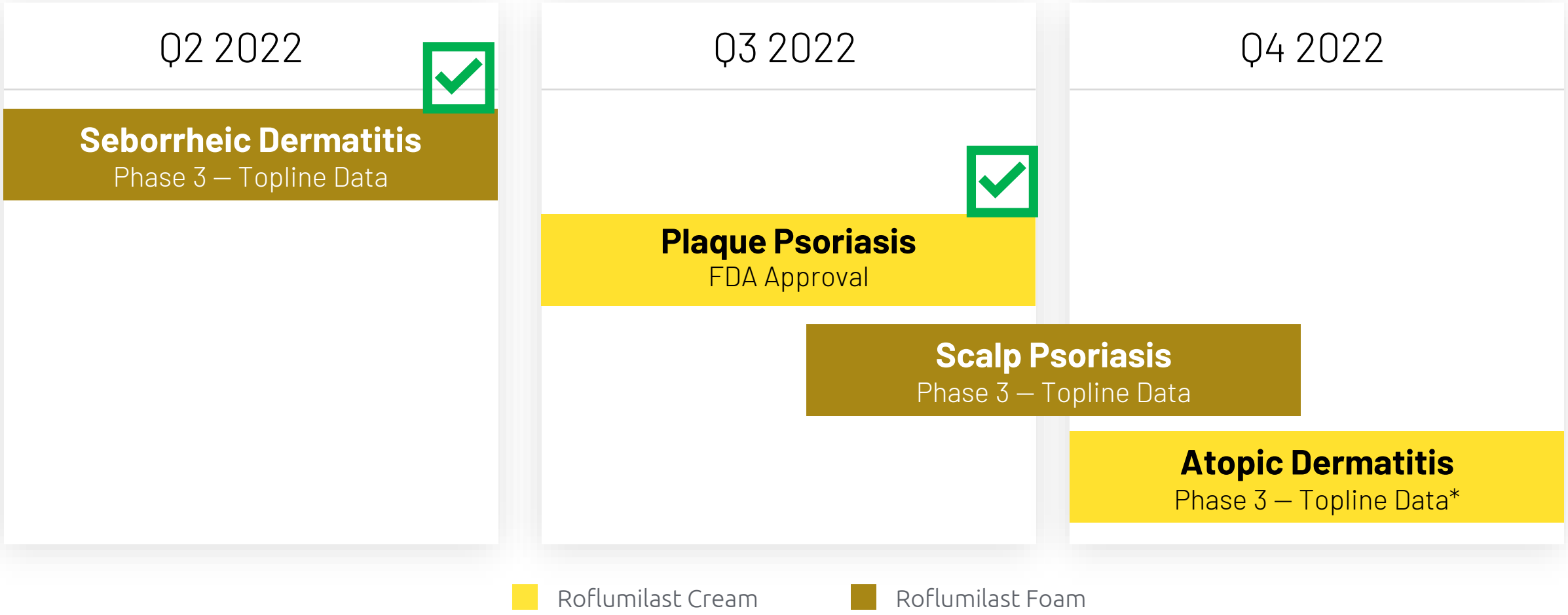
FDA = U.S. Food and Drug Administration; IP = intellectual property

Broad and Deep Pipeline

Multiple "Pipeline in a Molecule" Opportunities



Continued Execution Against Our Four Transformational Catalysts in 2022



** Phase 3 topline for INTEGUMENT-1 and -2; INTEGUMENT-PED expected in 2023*

Topical Roflumilast Opportunity: ~7 million Dermatologist-Treated Patients in the U.S. Alone

	Psoriasis	Atopic Dermatitis	Seborrheic Dermatitis
Prevalence	~9M	~26M	~10M
Topical Rx treated in Derm setting	**2.0M** *(mild-moderate-severe)*	**2.6M** *(mild-to-moderate)*	**2.2M** *(moderate-to-severe)*
Topically treated outside Derm	~1.2M *(mild-moderate-severe)*	~4.1M *(mild-to-moderate)*	~1.0M *(moderate-to-severe)*

Significant incremental opportunity

to access the millions of U.S. patients Rx treated by other specialties (e.g., PCPs or pediatricians) via partnership

Rx = Prescription; PCP = primary care physician

ZORYVE (zor-eev) - Next Generation PDE4 Inhibitor Approved for Treatment of Plaque Psoriasis in Ages 12+

PDE4 = phosphodiesterase-4

Established, rapid efficacy

Significant clearance of plaques + itch in all affected areas of the body

Uniquely broad label

Once-daily treatment in mild, moderate, & severe plaque psoriasis, *including intertriginous psoriasis*

Very well-tolerated, steroid-free cream

Minimal adverse application site reactions; coupled with our proprietary HydroARQ™ technology

Efficacy & safety suitable for long-term use

No boxed warnings/limitations on duration of use

Arcutis Enjoys Strong IP Protection[1]

11 **Issued U.S. and foreign patents on topical roflumilast cream and foam formulations**

1 **Issued U.S. patent on topical roflumilast PK profile (plus 3 pending)**

1 **Issued foreign patent for use of a critical ingredient in topical roflumilast formulations**

1 Pending U.S. patent application on anti-fungal properties of PDE4 inhibitors

1 Pending U.S. patent application on novel restorative effect of the roflumilast cream vehicle

1 Pending U.S. patent application for method of use on a critical ingredient in the topical roflumilast formulations

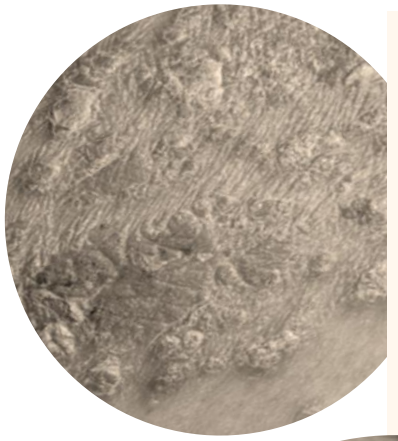
2 Pending U.S. patent applications for the Deep Dermal Drug Delivery (4D) Technology underlying ARQ-255

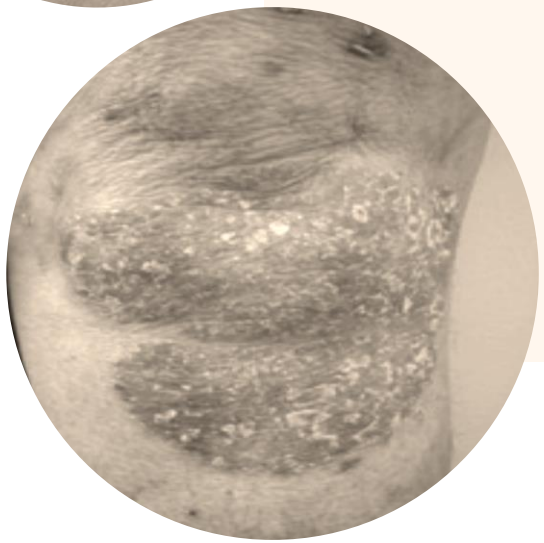
1 Pending U.S. patent application for novel JAK1 inhibitor formulation (ARQ-252)

Roflumilast Patent Protection Expected Until **At Least 2037**

[1]*As of 6/1/22; PK = pharmacokinetics;* PDE4 = phosphodiesterase 4; JAK = Janus Kinase

Plaque Psoriasis - Significant Unmet Needs in Treatment Paradigm





~9M

individuals in the U.S. affected

>90%

of U.S. patients treated with topical drugs

Past topical therapies have **numerous shortcomings**

Physicians and patients forced to trade-off between efficacy and safety/tolerability

81% Of patients wish they had more topical treatment alternatives to steroids[1]

[1] *Skin Insights: Uncovering Psoriasis survey of >500 adults who use topicals, March 2022*

ZORYVE Cream – FDA-Approved U.S. Label in Psoriasis

Once-daily treatment in mild, moderate, & severe plaque psoriasis

ZORYVE™
(roflumilast) cream 0.3%

ZORYVE™ (roflumilast) cream, for topical use
Initial U.S. Approval: 2011

----------INDICATIONS AND USAGE----------

ZORYVE is a phosphodiesterase 4 inhibitor indicated for topical treatment of plaque psoriasis, including intertriginous areas, in patients 12 years of age and older. (1)

---------- DOSAGE AND ADMINISTRATION ----------

- Apply once daily to affected areas. (2)
- For topical use only. (2)
- Not for ophthalmic, oral, or intravaginal use. (2)

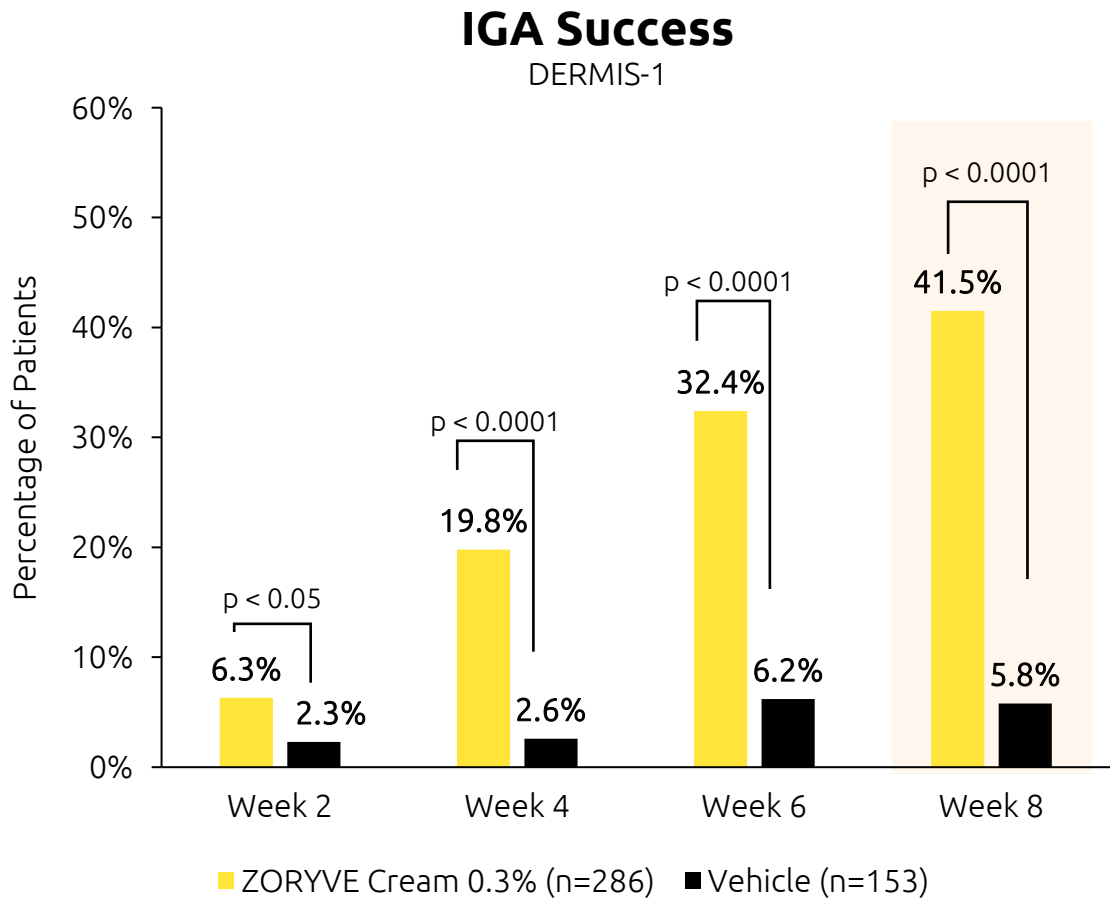
---------- DOSAGE FORMS AND STRENGTHS ----------

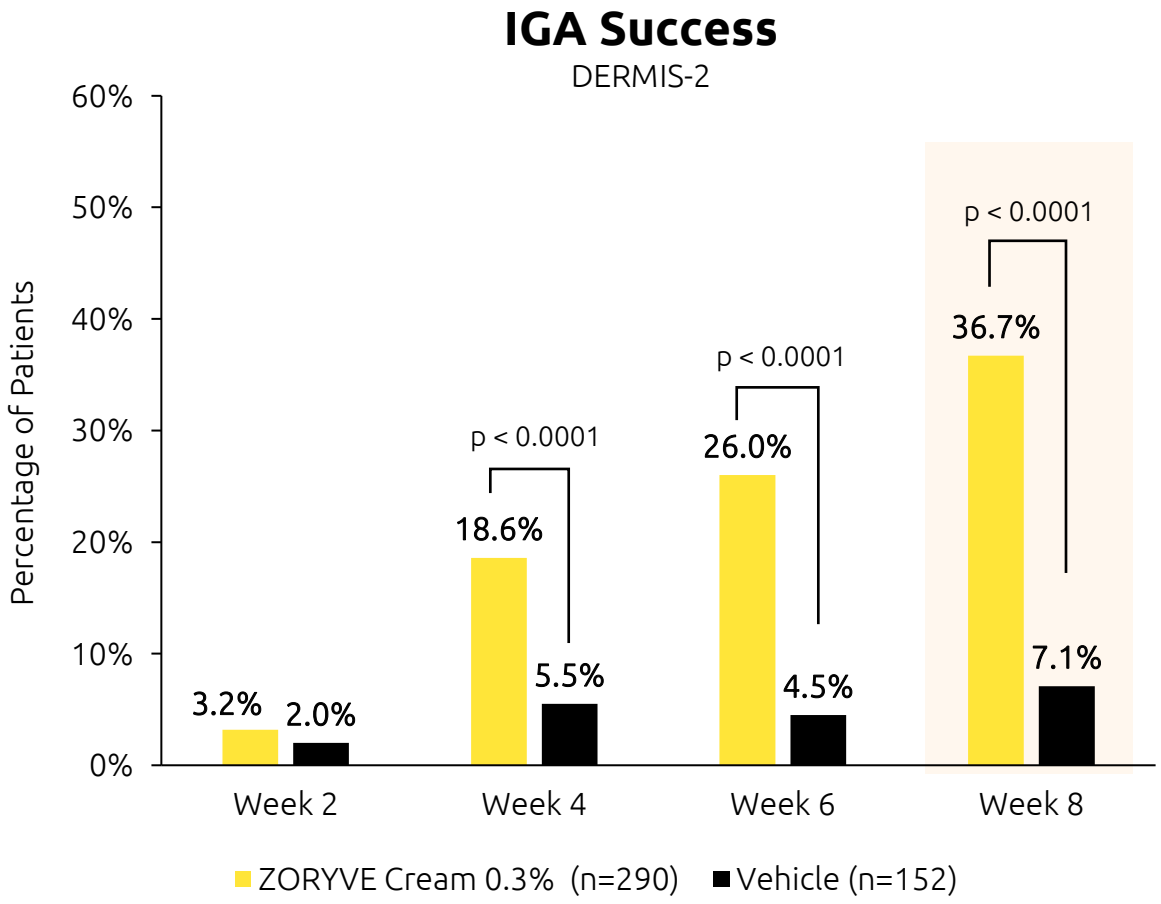
Cream, 0.3%: 3 mg of roflumilast per gram in 60-gram tubes. (3)

- Indication for treatment of intertriginous areas
- Indication for ages 12+
- Itch data (WI-NRS) included in label

WI-NRS: Worst Itch Numeric Rating Scale

Rapid, Robust Efficacy on IGA Success in Both Phase 3 Plaque Psoriasis Trials

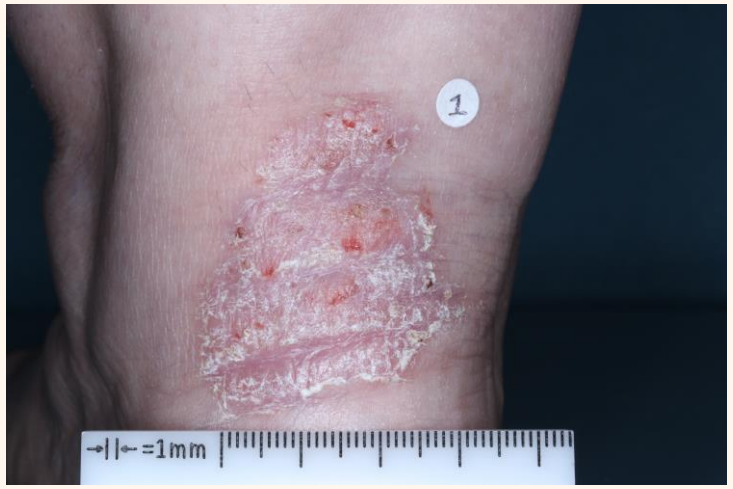




IGA = Investigator's Global Assessment; IGA Success = Clear or Almost Clear with at least a 2-grade improvement from baseline; ITT Population
Statistical analysis based on multiple imputation; Week 2, 4, and 6 consistent with label

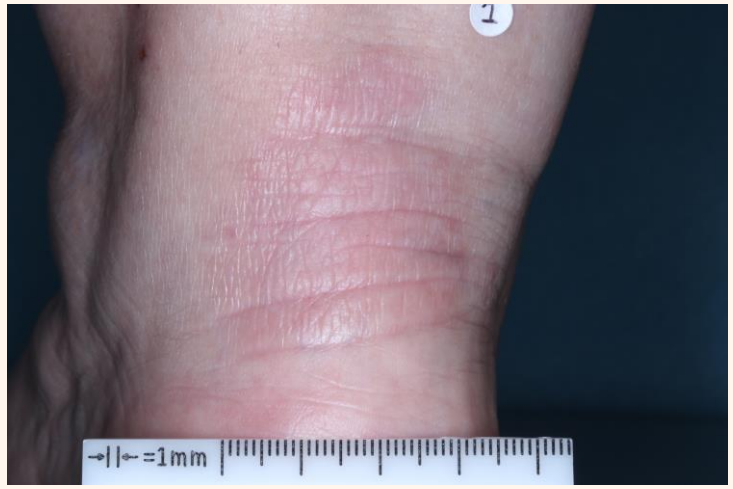
Significant and Rapid Clearance of Plaques in DERMIS Phase 3 Studies

Baseline (Heel)



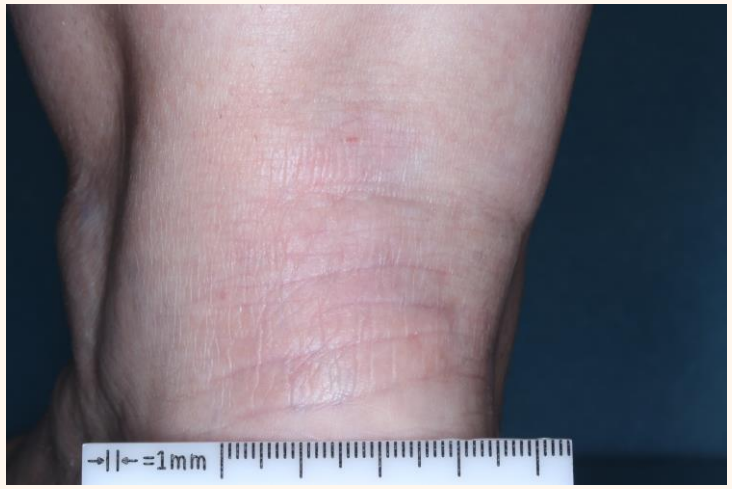
IGA = 2

Week 4



IGA = 0

Week 8



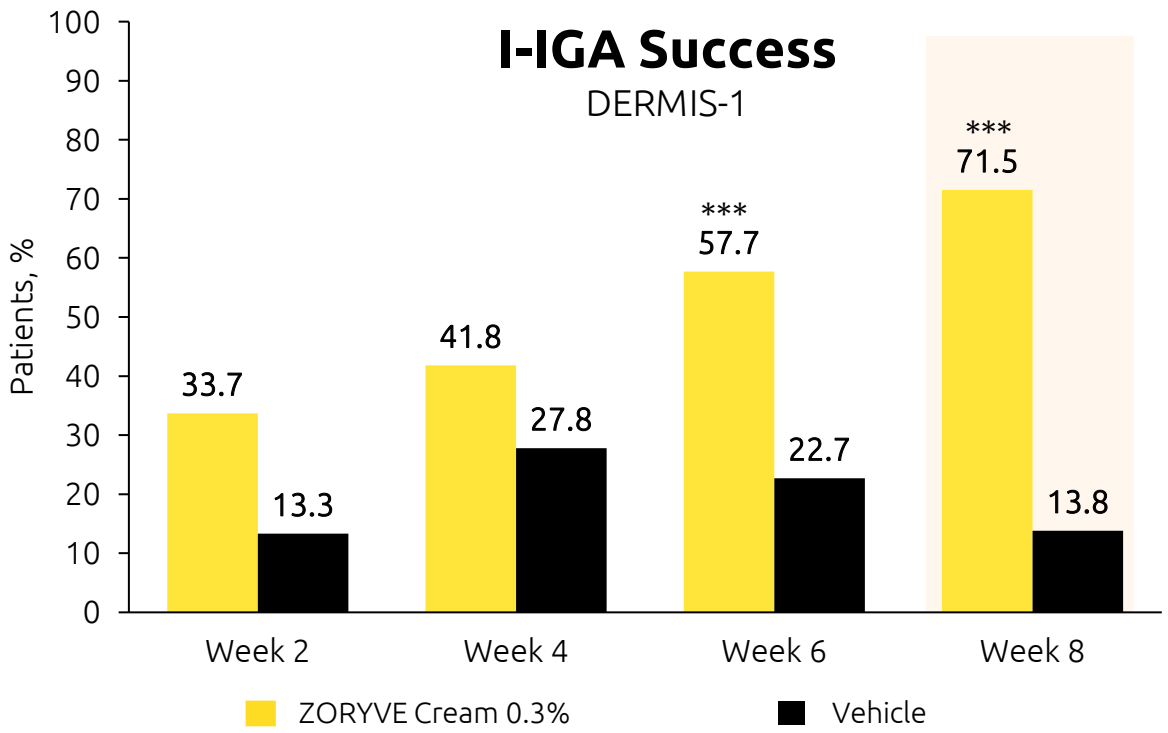
IGA = 0

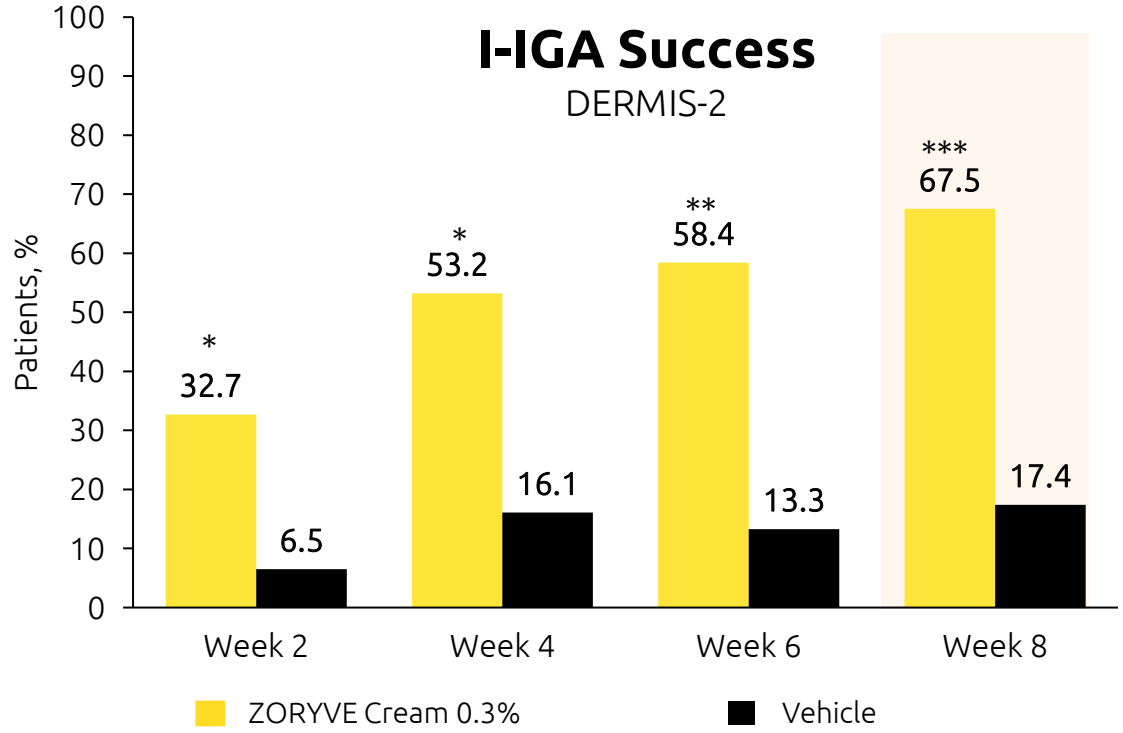
Demonstrated efficacy in tough-to-treat areas (knees/elbows) + intertriginous/sensitive areas

Individual patient results may vary

Demonstrated Efficacy and Favorable Safety and Tolerability in Treating Intertriginous Plaques

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



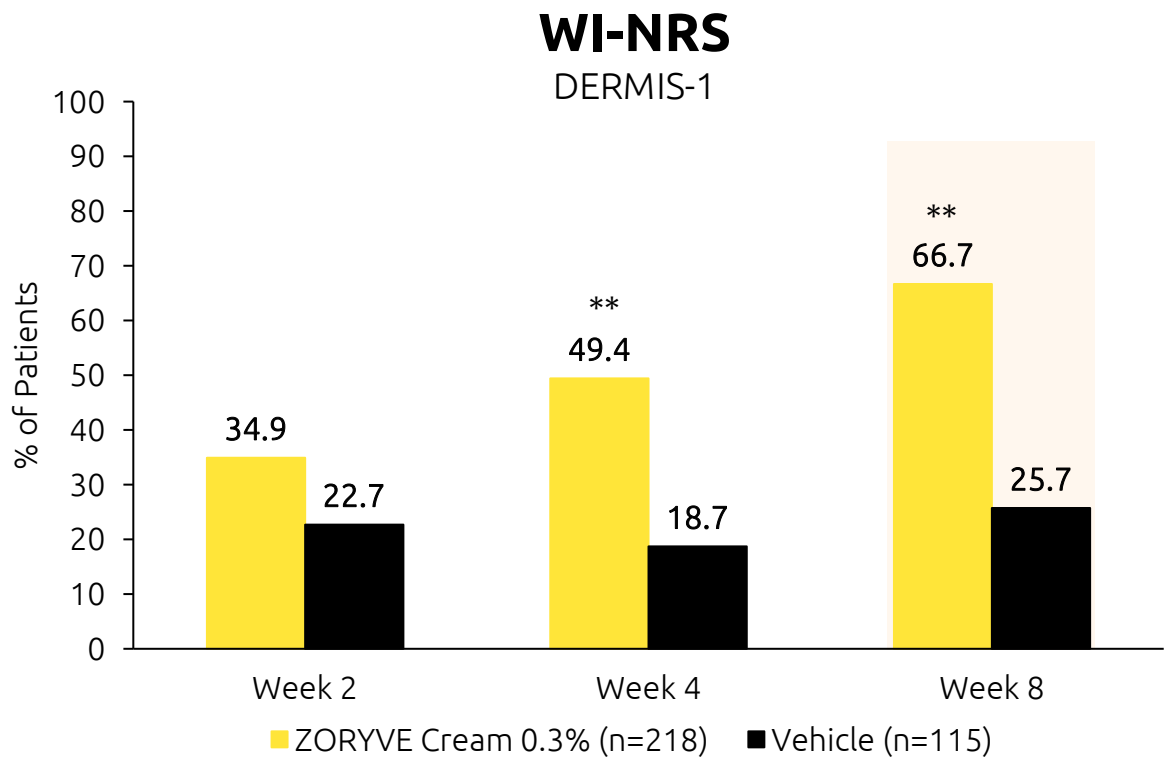


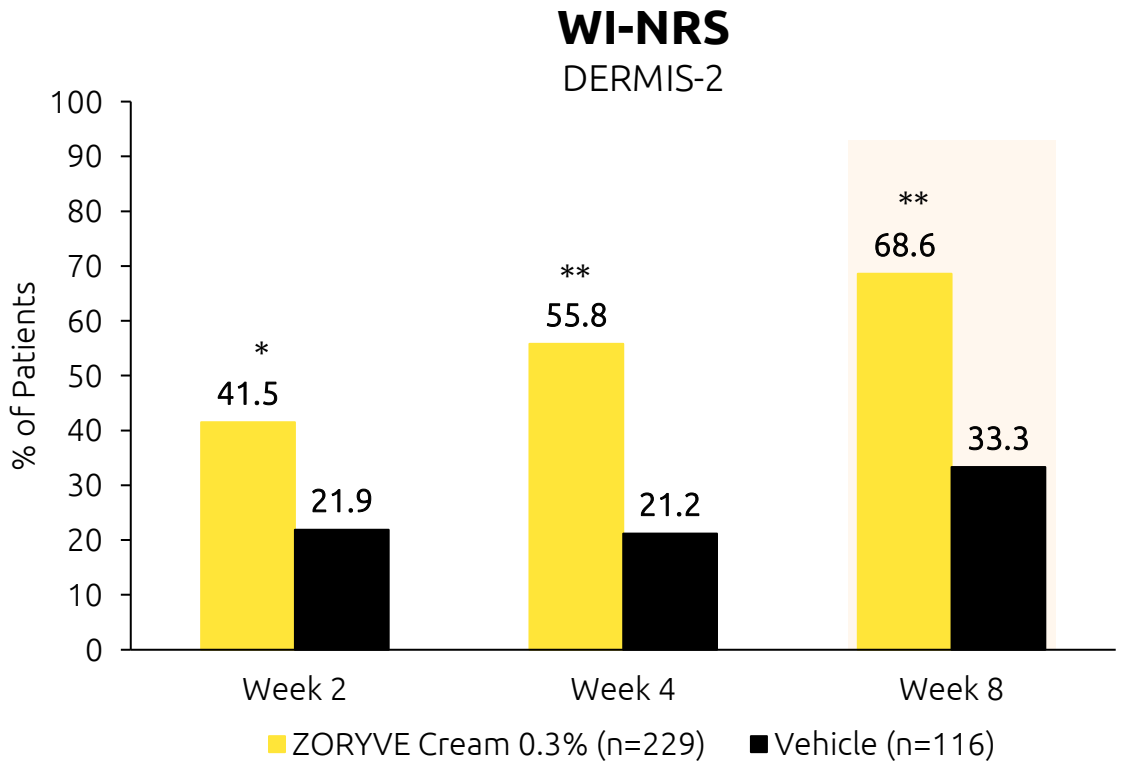
Survey Suggests ~2 in 3 Patients Have Exhibited Psoriasis in Intertriginous Areas[1]

**P<0.01; **P<0.001; ***P<=0.0001; I-IGA-intent-to-treat population: patients with intertriginous area involvement with severity of the intertriginous lesions at least mild (I-IGA ≥2) at baseline. Statistical analysis based on multiple imputation; Week 2, 4, and 6 consistent with label; I-IGA, Intertriginous-Investigator's Global Assessment. [1]Skin Insights: Uncovering Psoriasis survey of >500 adults who use topicals, March 2022*

Rapid Reduction of Itch in DERMIS-1 and DERMIS-2

Proportion of patients who achieved a ≥4-point improvement in WI-NRS from baseline score of ≥4

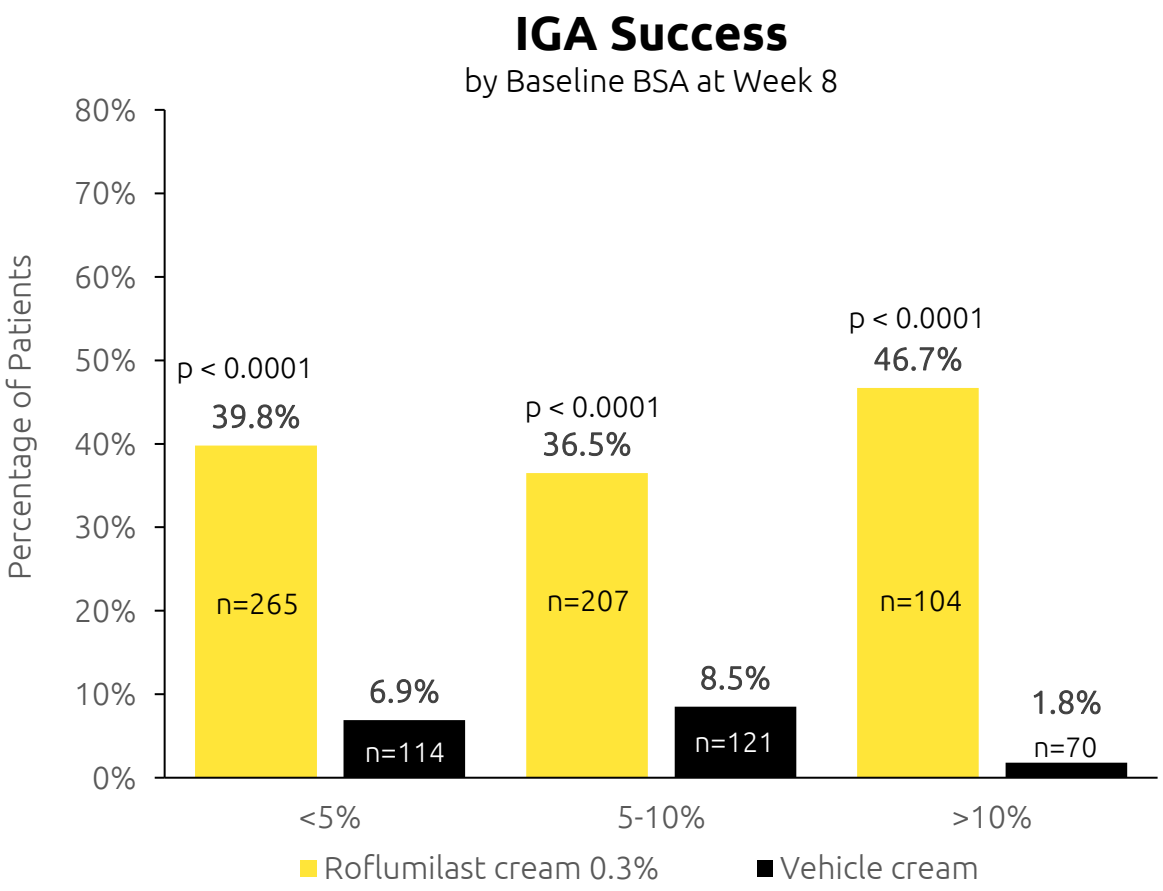


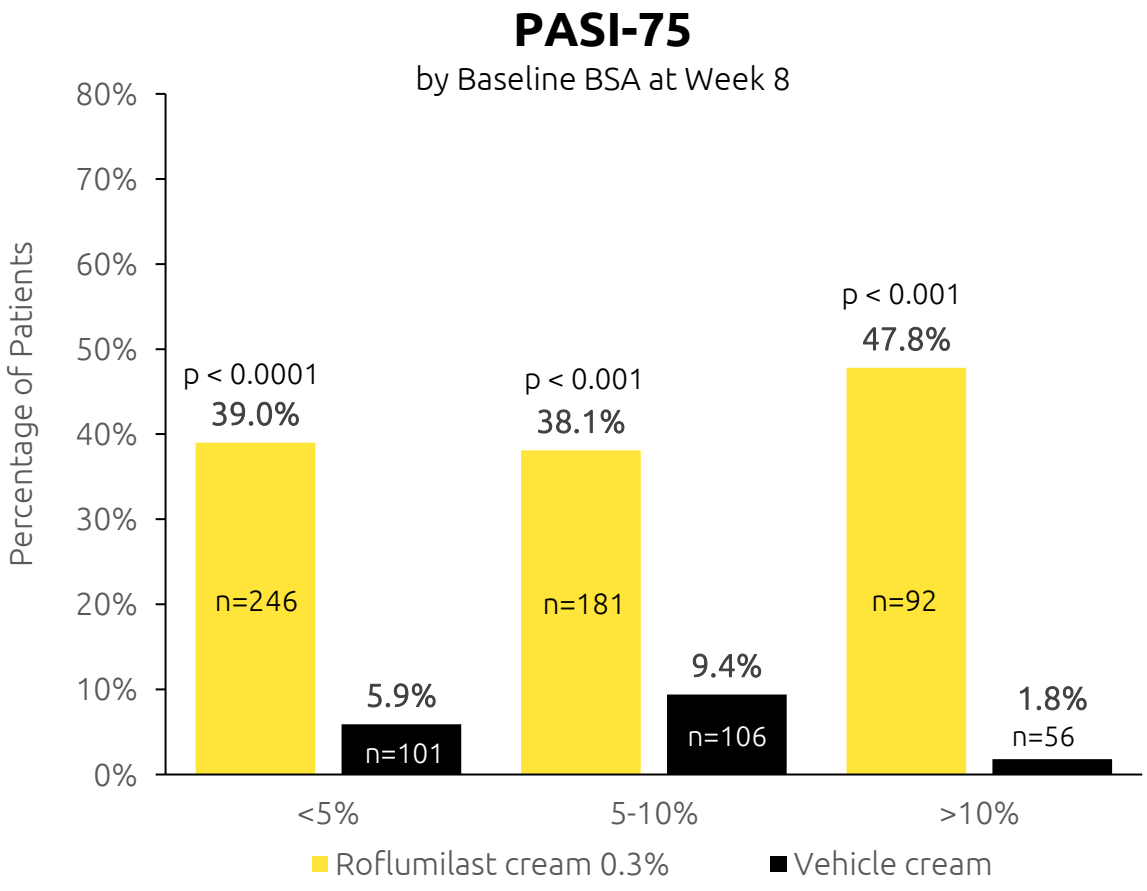


Robust reduction in itch occurs early and consistently improves through Week 8

**P <0.001; ** P <0.0001; Evaluated in a subset of the intent-to-treat population of patients with WI-NRS pruritus score ≥4 at baseline; WI-NRS: Worst Itch Numeric Rating Scale*
Statistical analysis based on multiple imputation

New Data Presented at AAD: Consistent Clearance Regardless of Baseline Disease Severity





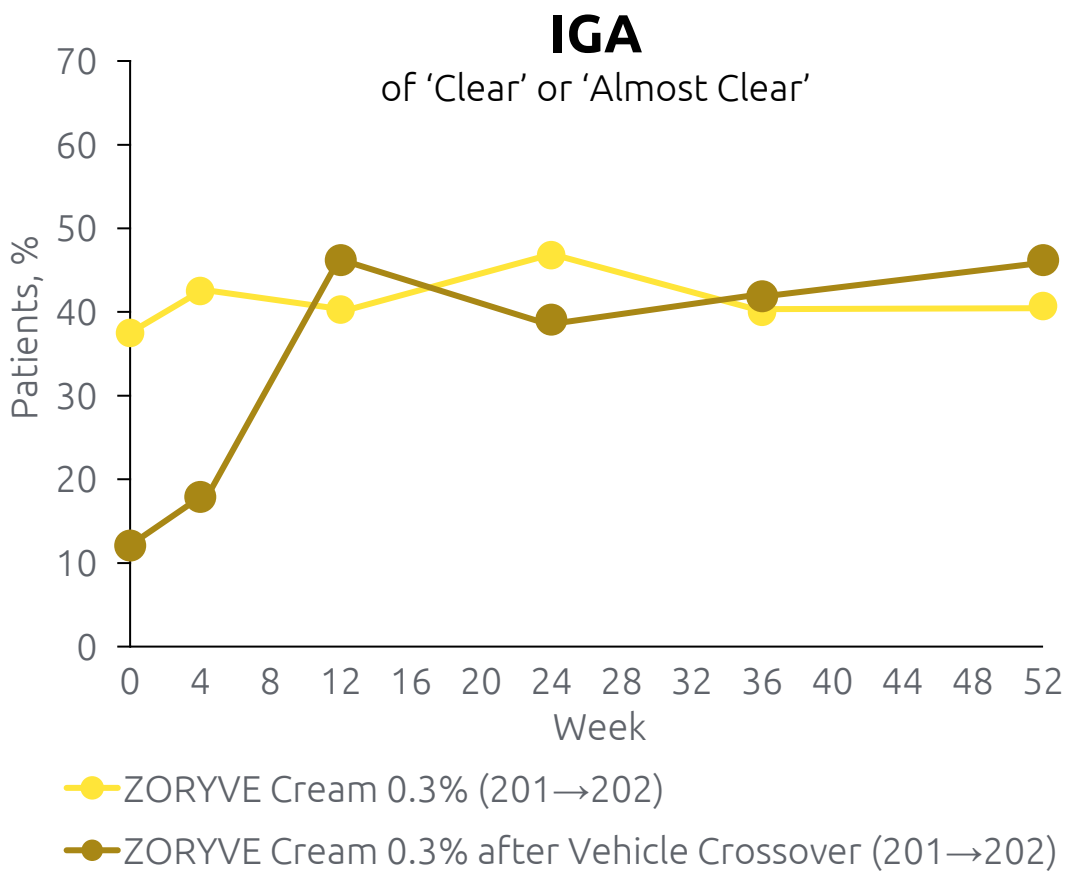
IGA Success = Clear or Almost Clear IGA status plus ≥2-grade improvement from baseline. PASI = Psoriasis Area and Severity Index; PASI-75 = ≥75% PASI improvement from baseline; Data are based on pooled data from DERMIS-1 and DERMIS-2. IGA results are from observed data from the Intent-to-treat population; Presented at American Academy Of Dermatology (AAD) Annual Meeting, March 25–29, 2022, Boston, MA, USA.

ZORYVE – Safe and Very Well-Tolerated

	DERMIS-1 and -2	
Adverse Reactions Reported in >=1% of Subjects for 8 Weeks [n (%)]	**ZORYVE** *(n=576)*	**Vehicle** *(n=305)*
Diarrhea	18 (3.1)	0 (0.0)
Headache	14 (2.4)	3 (1.0)
Insomnia	8 (1.4)	2 (0.7)
Nausea	7 (1.2)	1 (0.3)
Application site pain	6 (1.0)	1 (0.3)
Upper respiratory tract infection	6 (1.0)	1 (0.3)
Urinary tract infection	6 (1.0)	2 (0.7)

Data are presented for safety population

Durability of Response Maintained: Phase 2 Long-Term Data in Plaque Psoriasis

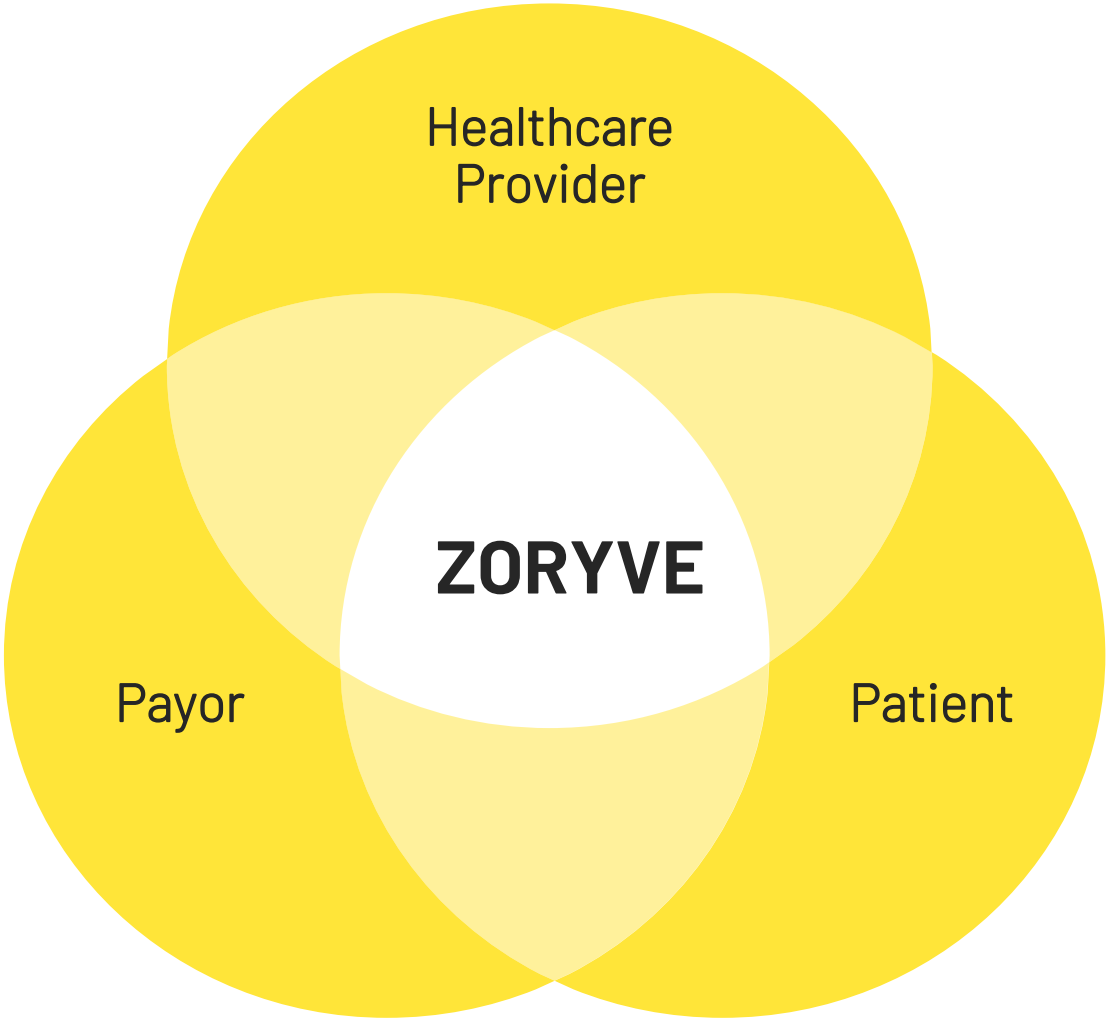


In 594 subjects who continued ZORYVE for up to 64 weeks in OLE trials, the adverse reaction profile was similar to that of vehicle-controlled vehicles

- **Durable efficacy over 52-64 weeks**
  - *Comparable to DERMIS-1/-2 8-week efficacy*
  - *Median duration of IGA of Clear or Almost Clear = 37 weeks*
- **73.5% of patients completed 52-64 weeks of treatment**
  - *Only 0.9% discontinued due to lack of efficacy*
  - *Only 3.9% discontinued due to any adverse event*

Observed data from ARQ-151-202 study; IGA = Investigator's Global Assessment; OLE = open label extension

ZORYVE: Designed to Simplify the Treatment of Psoriasis



ZORYVE Cream's Label in Psoriasis is Recognition of Our Differentiated Profile

In Label	**DUOBRII®**	**ENSTILAR®**	**Wynzora®**	**VTAMA™**	**ZORYVE™**
Intertriginous efficacy	—	—	—	—	+
Approved down to age 12	—	☑	—	—	+
Itch efficacy data	—	—	☑	—	+
Lack of warnings or precautions	—	—	—	☑	+
No limitations on duration of use	☑	—	—	☑	+

Comparison based on FDA-approved labels for referenced products. No head-to-head trials between these products have been conducted.

DUOBRII® : halobetasol propionate and tazarotene; ENSTILAR® : calcipotriene and betamethasone dipropionate; Wynzora® : calcipotriene and betamethasone dipropionate; VTAMA™ : tapinarof

ZORYVE - Patient-Friendly Formulation That Effectively Delivers Highly Potent PDE4

- Once-daily dosing
- Steroid-free
- Uniquely featuring HydroARQ Technology
  - Non-greasy, moisturizing cream
  - Spreads easily, absorbs quickly
  - No sensitizing excipients or irritants (e.g. propylene glycol, ethanol)

Patient Dynamics Are Favorable Towards Trial

~2M

Psoriasis patients currently Rx treated topically by U.S. dermatologists

Minimal behavioral change required to activate utilization

- 90% of U.S. patients treated with topicals

Highly dynamic market facilitates start/switch

- Steroids limited to short duration – frequent need to switch

Sparse competitive landscape for innovative topical therapies

- Synergy in activating non-steroidal market with two innovative topicals launching

Rx = prescription

Strong Patient Interest and Engagement in Innovation

9 in 10

Patients

- Wish there were more effective topical treatment options
- Wish topical treatments were a once daily application
- Wish they could use a single topical therapy anywhere on their body
- Are interested in trying a new topical treatment for their psoriasis

2 in 3

Patients have exhibited psoriasis in intertriginous areas

9 in 10

Intertriginous patients would be more adherent if a single topical could be used everywhere on the body

Source: Skin Insights: Uncovering Psoriasis survey of >500 adults who use topicals, March 2022

Our Access Strategy Remains Unchanged: Unlocking Broad, High-Quality Access to ZORYVE

Responsible pricing

Designed to obtain broad and rapid coverage

Reduced prescriber burden

Key to maximizing volume opportunity

Rapid follow-on indications

Allow for portfolio volumes across multiple indications

WAC Price of $825 Optimizes for Our Access Objectives, Helps More Patients, & Maximizes Total Franchise Value

Our Access/Coverage Goals

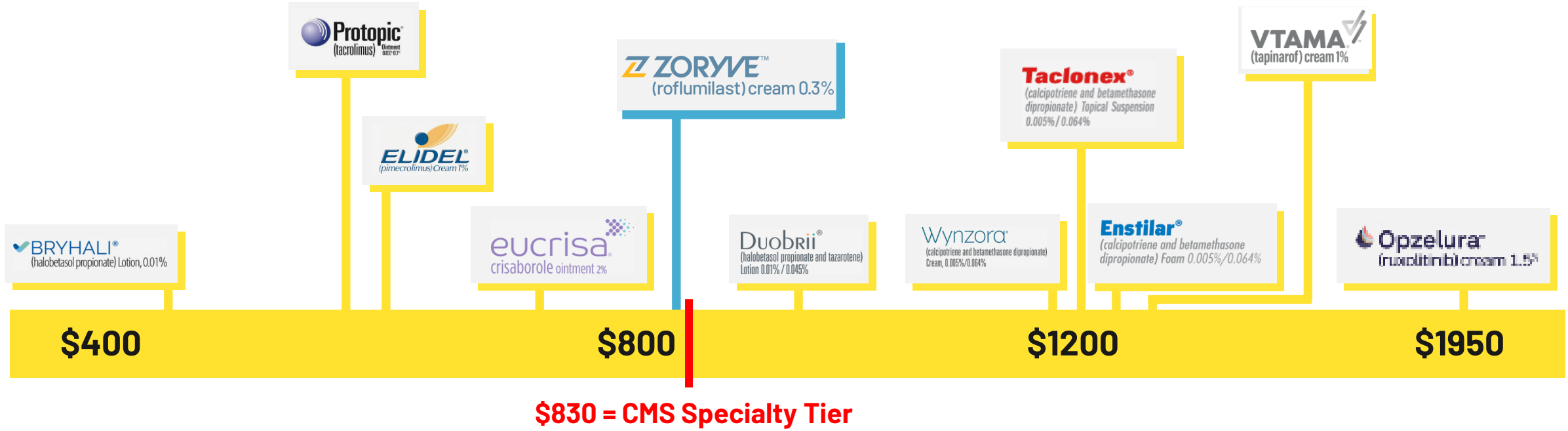
- High-quality coverage for patients
- Faster formulary consideration/adoption
- Preservation of gross-to-net
- Optimizing for volume & franchise value

Topical Roflumilast

- Highly innovative
- Effective, safe, well-tolerated
- Potential 1st line treatment option
- Potential follow-on indications in AD & Seb Derm with varied patient mix

$825/tube

List Prices of Select Branded Topicals



Source: Analysource – 7/15/22

Patients Will be Supported via ZORYVE Direct

ZORYVE direct

Patient access support made easy

Savings Program*

Commercially insured patients with ZORYVE coverage	Commercially insured patients without ZORYVE coverage
$25	**$75**

For Financially Eligible Patients who are Uninsured or Underinsured, Arcutis Will Also Offer the Arcutis Cares™ Patient Assistance Program

**Uninsured patients and patients with government insurance are not eligible for the ZORYVE Direct savings program; Other terms and restrictions apply*

ZORYVE Launch Readiness

- Sales force fully hired; detailing begins today
- Product expected in channel in < 2 weeks
- Broad sampling program ready to activate
- ZORYVE Direct patient support active

ZORYVE
(roflumilast) cream 0.3%
direct
Patient access support made easy

Strategic Parallels to Oral CGRPs

	Biohaven / Nurtec®	Arcutis / Topical Roflumilast
Chronic, symptomatic diseases	Migraine	Psoriasis / Atopic Derm / Seb Derm
Large, competitive markets with significant unmet need	~45 million Americans	~45 million Americans
Meaningful innovation to supplant outdated, generic standard of care	Triptans	Topical Steroids
Follow-on indications to expand opportunity	Acute → Preventive	Psoriasis → Atopic Derm + Seb Derm + Scalp Psoriasis

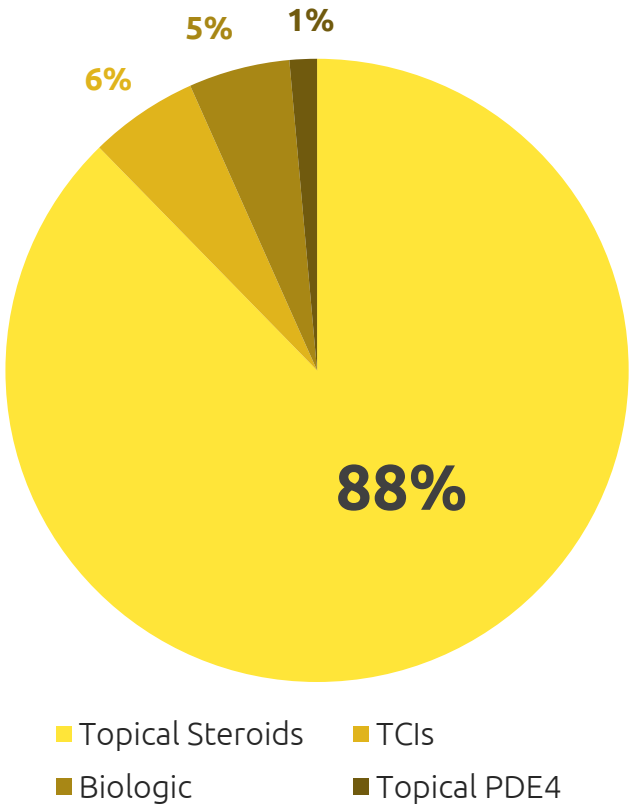
With the Right Product Profile and the Right Execution

First-time launches can be successful and drive significant value appreciation

CGRP = calcitonin gene-related peptide

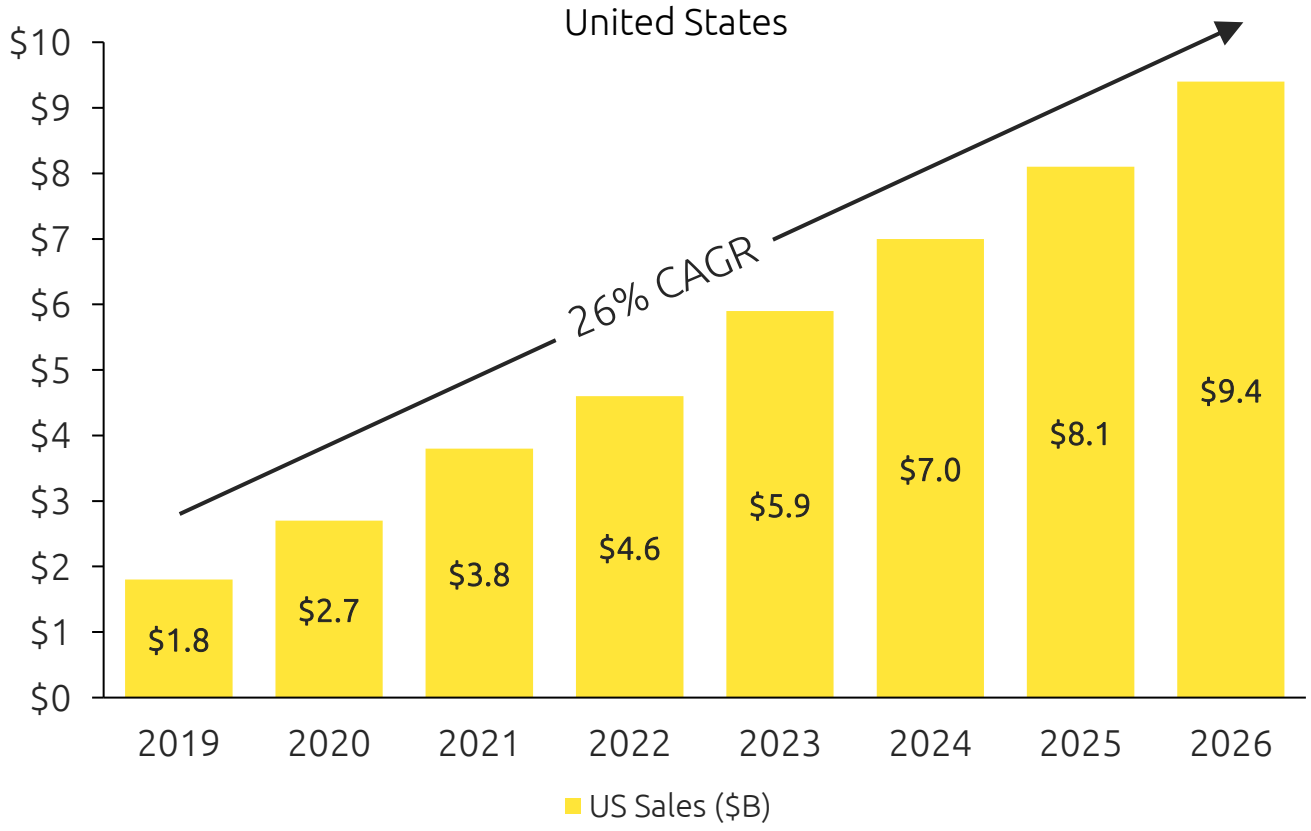
Significant Opportunity in Underserved, Rapidly Growing Atopic Dermatitis (AD) Market

Total 2021 TRx of ~26 Million[1]



[1]Source: IQVIA [Biologic = Dupixent; PDE4 = Eucrisa]; TCI = topical calcineurin inhibitor

Atopic Dermatitis Sales[2]



[2]Source: Evaluate Pharma; CAGR = compound annual growth rate

Atopic Dermatitis: Compelling Opportunity for Roflumilast Cream

Very large, established market

- ~26 million individuals in U.S. affected
- 12% prevalence in children → need for safe/effective therapy

Significant unmet needs
for safe, effective, and chronic use therapy

JAK class labeling
very favorable for roflumilast potential

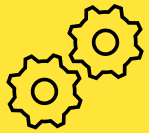
Roflumilast Cream
Clinical Profile

Closely aligned with:

1. Physician
2. Payor
3. Patient
4. Parent

JAK = Janus kinase

Roflumilast Cream May Address Unmet Needs in Atopic Dermatitis



Efficacy

Robust Phase 2 efficacy across multiple endpoints

Validated Target

PDE4 inhibition validated in AD

Well-tolerated

- No application site reaction
- A favorable safety profile

Simple, easy-to-use

Once-a-day cream

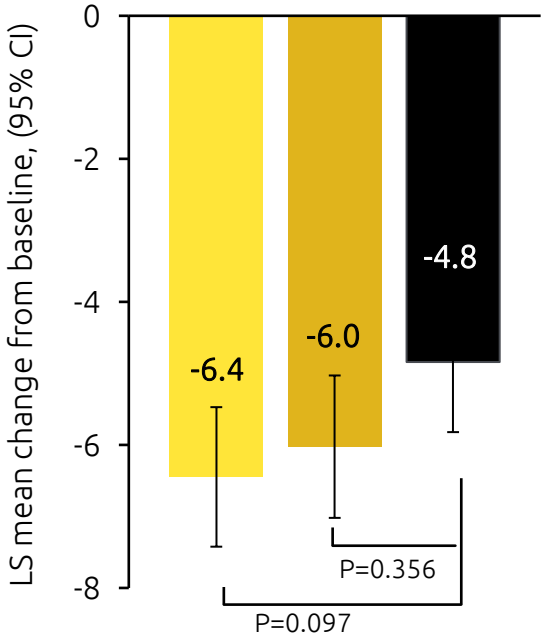
Topline data expected by year-end 2022

INTEGUMENT-1 & -2

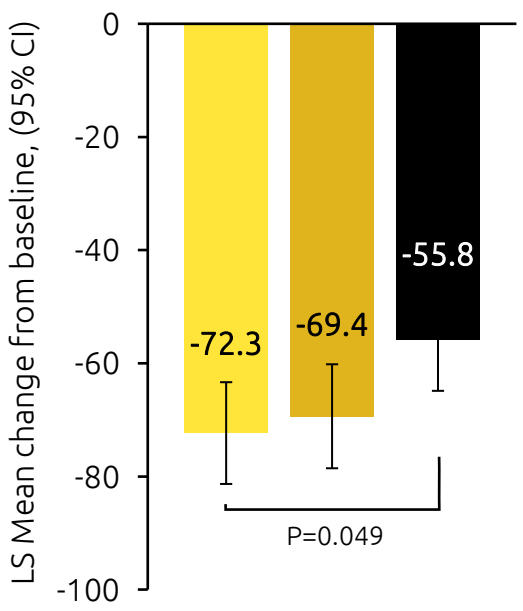
PDE4 = Phosphodiesterase 4

Consistent Evidence of Efficacy Results Across Endpoints in Phase 2 Proof of Concept

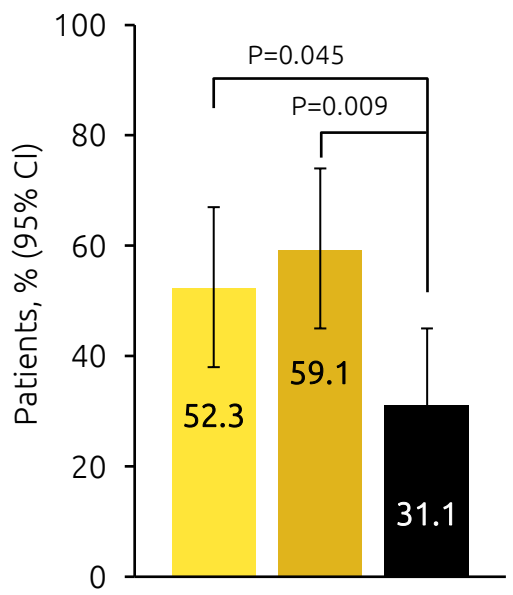
Absolute EASI
Change from baseline (primary endpoint): Week 4



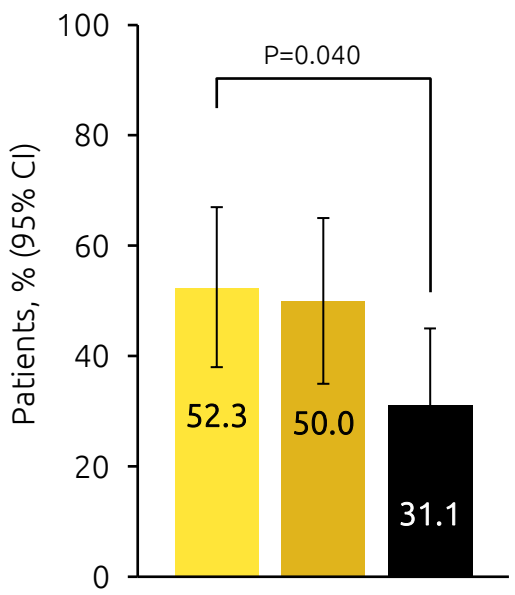
EASI
Percent change from baseline: Week 4



EASI-75
Responder rate: Week 4



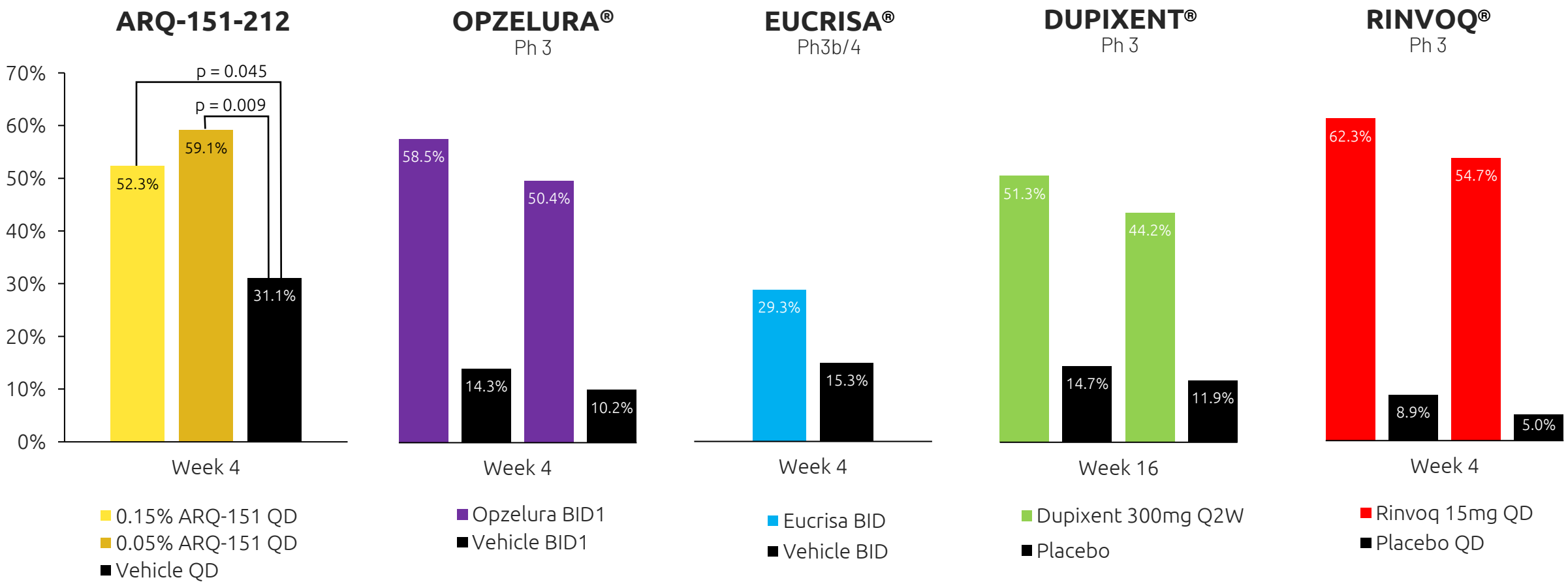
vIGA-AD
Score of clear or almost clear: Week 4



Roflumilast 0.15% (n=45) Roflumilast 0.05% (n=46) Vehicle (n=45)

Data presented for intent-to-treat population.; EASI = eczema area severity index; vIGA-AD = validated investigator's global assessment – atopic dermatitis; LS = least squares; CI = confidence interval

Roflumilast Cream vs. Current Approved Treatments in Atopic Dermatitis [EASI-75 Responders]



Note: The results of this retrospective post-hoc cross-trial comparison may not be directly comparable, as they are not from a single head-to-head clinical trial. DUPIXENT & RINVOQ were studied in moderate-to-severe populations; QD = once a day dosing; BID = twice a day dosing; Q2W = once every two weeks dosing

The Importance of Vehicle in AD Treatment – Restoring the Skin Barrier

In AD, the skin barrier function is compromised, and moisture is lost from skin
Moisturizing agents (emollients) are commonly used first-line therapies

Proprietary Vehicle Technology

Moisturizing

Non–lipid-extracting emulsifiers

Non-irritating

Roflumilast Cream

uniquely formulated as emollient, water-based cream without burning or stinging

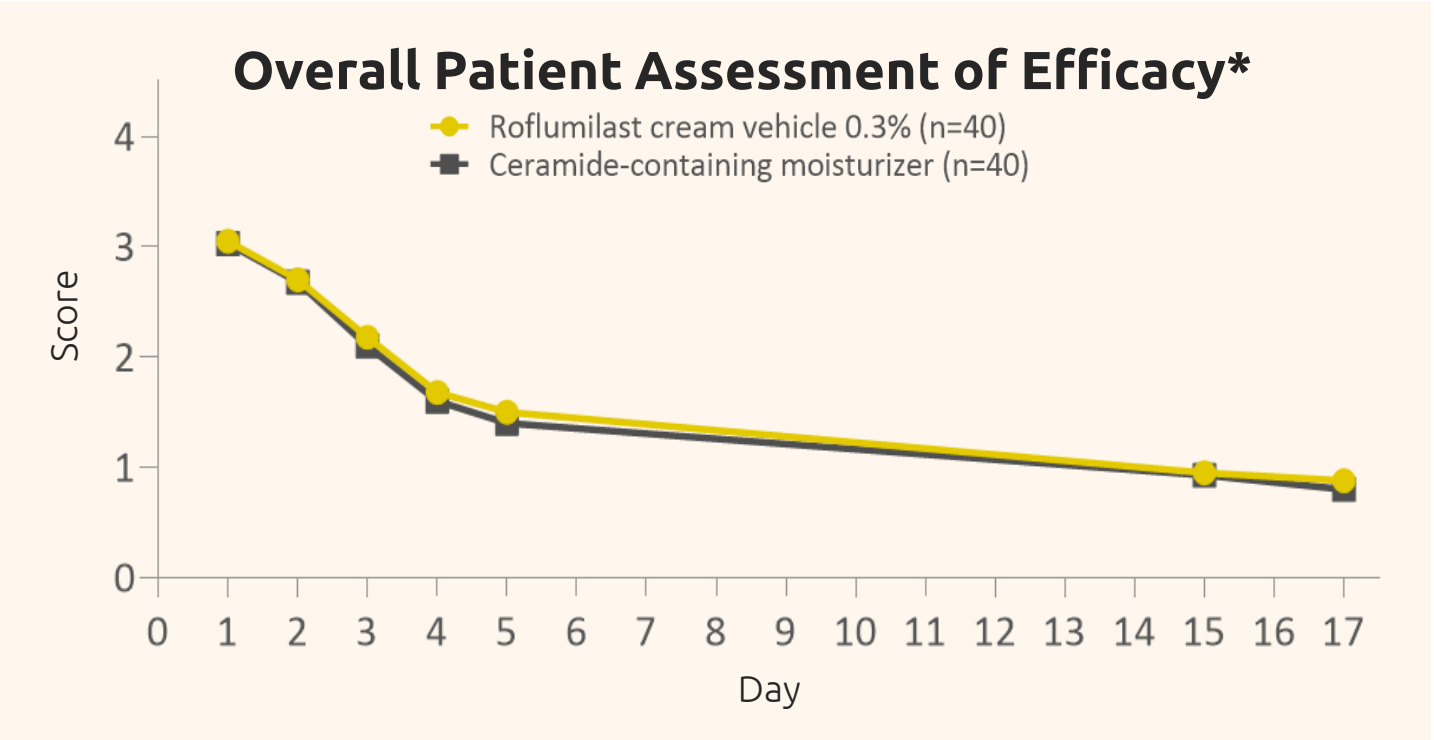
Optimized vehicle formulation may promote treatment adherence and therapeutic effect

Roflumilast Cream Vehicle Comparable to a Leading Commercial Moisturizer

Mild Eczema Trial

Vehicle for Roflumilast Cream *versus* Ceramide-Containing Moisturizing Cream

- N = 40
- Primary endpoint of TEWL showed no skin barrier damage for roflumilast vehicle at Day 15
- Mean TEWL similar between roflumilast vehicle and ceramide-containing moisturizer
- No adverse events / tolerability issues



Statistically Significant Improvements in Investigator and Patient-Assessed Moisturizing Properties

*TEWL = trans epidermal water loss; * Includes dryness, redness, roughness, irritation and others (Draelos et al RAD 2021 Poster)*

Favorable Safety and Tolerability Profile in Atopic Dermatitis

- **95% of subjects completed** Phase 2 study
- **Safety and tolerability** profile for roflumilast groups similar to vehicle
- **Treatment-related AEs** rare and balanced across study arms (all mild or moderate)
- **No evidence of local tolerability issues** (burning, stinging)
- **No evidence of side effects** typical of oral PDE4 inhibition (GI, psych, weight)

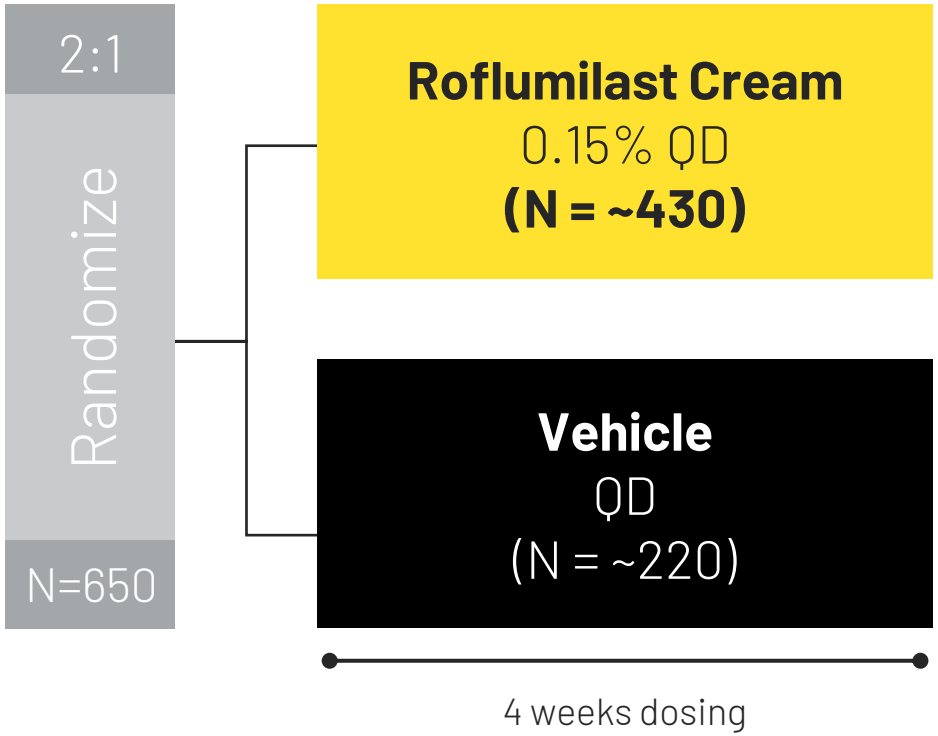
GI = gastrointestinal; PDE4 = Phosphodiesterase 4

INTEGUMENT-1 & -2 Phase 3 Atopic Derm Studies

Randomized, Double-blind, Vehicle-controlled, Multicenter Studies
(Two identical, parallel Phase 3 studies)

Eligibility

- Diagnosis of mild or moderate AD (vIGA-AD = 2 or 3)
- Age 6+
- BSA ≥3%
- EASI ≥5



Endpoints

Primary

- vIGA-AD success at week 4

Secondary

- EASI-75
- WI-NRS (itch)
- vIGA-AD = Clear (0) or Almost Clear (1)

Safety and tolerability

vIGA-AD Success = Clear or Almost Clear with at least a 2-grade improvement from baseline.; BSA = body surface area; EASI = eczema area severity index; WI-NRS: Worst Itch Numeric Rating Scale; QD = once a day dosing;

INTEGUMENT Studies Designed for Broad Label in Mild-to-Moderate Atopic Dermatitis

INTEGUMENT-1, -2 and -PED each enrolling ~650 patients

- ~430 patients in each active arm compared to only ~45 in 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 ensuring a robust label

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

Roflumilast Foam – Significant, Underappreciated Opportunity for Arcutis

Scalp

- 40% of plaque psoriasis sufferers have scalp involvement
- Competitive differentiation in psoriasis

Seb Derm

- As big a market as psoriasis, with no products promoted or in development

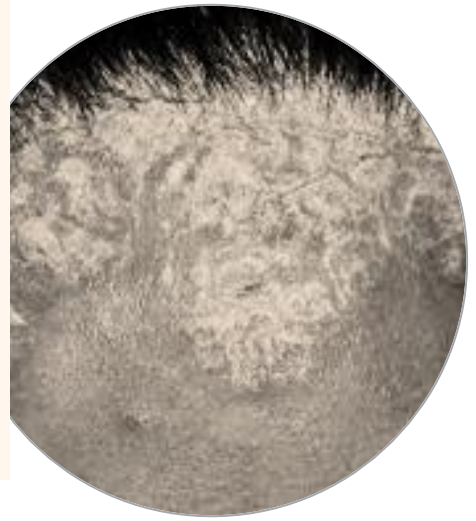
Scalp Psoriasis - Roflumilast Foam May Address Unmet Needs

~40%

of Plaque Psoriasis sufferers have scalp involvement

Roflumilast foam ideal for scalp and body psoriasis

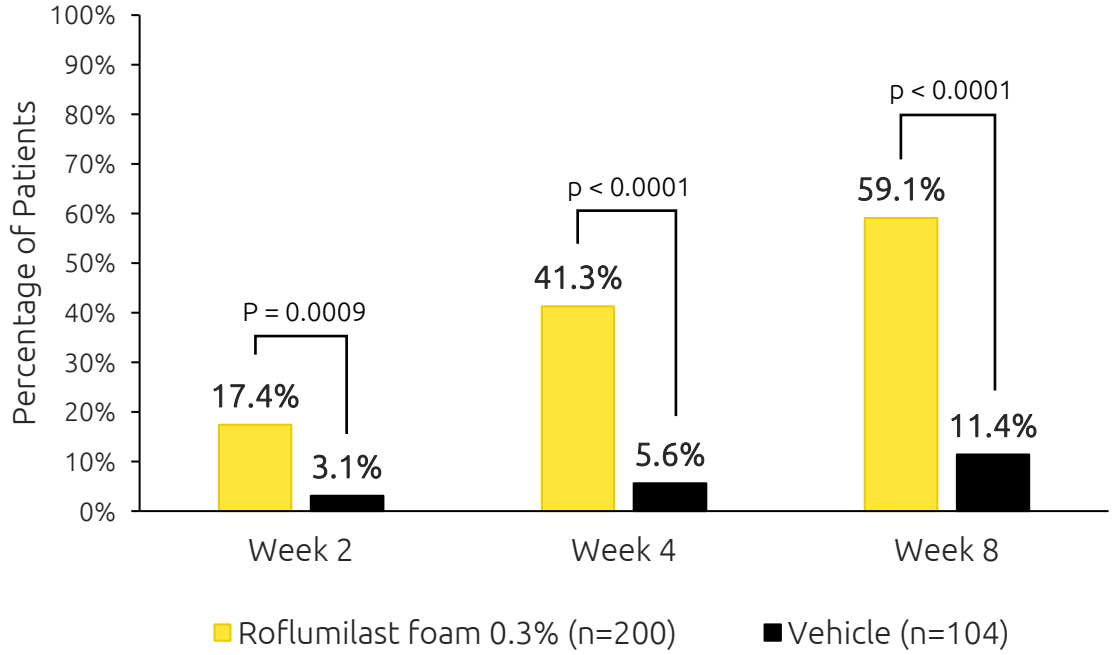
- Suitable for chronic use
- Foam is ideal for hair-bearing areas such as scalp, where cream, lotion, or ointment is not suitable
- Unlike most other options, single treatment for all areas of the body
- May be used near the eyes
- Rapid and robust impact on itch
- Topline expected late Q3 / early Q4 2022



Scalp Psoriasis - Rapid and Robust Impact on Key Efficacy Measures in Phase 2

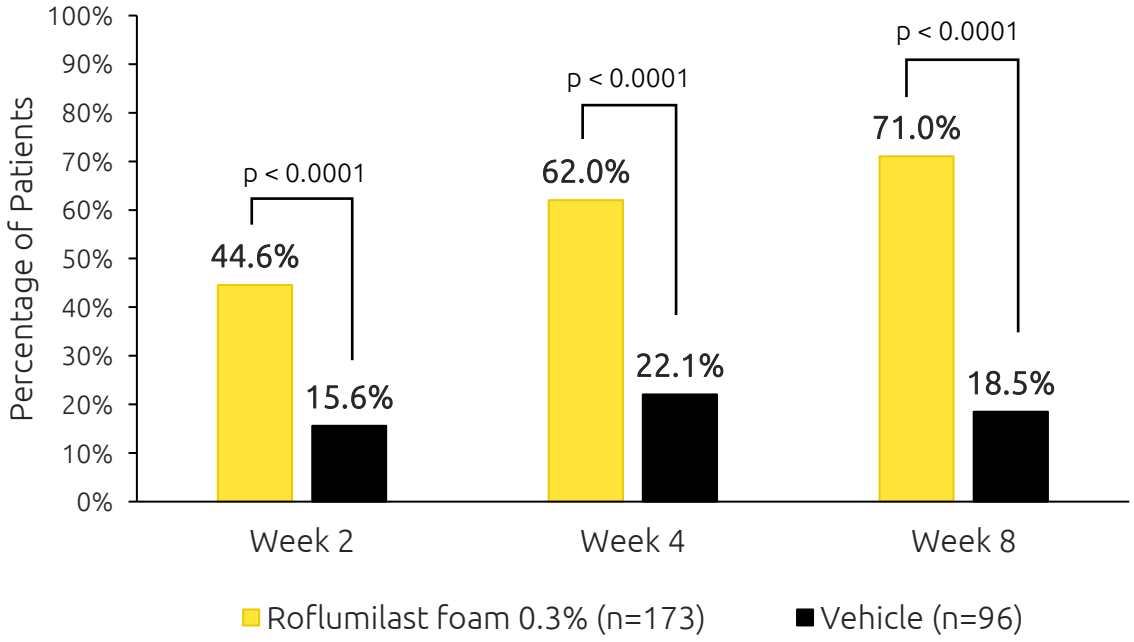
~ 60% of Patients Achieved

S-IGA Success at Week 8



>70% of Patients Achieved

a SI-NRS 4-pt Response at Week 8



40.3% of patients on roflumilast foam achieved body IGA (B-IGA) success at week 8 versus 6.8% on vehicle

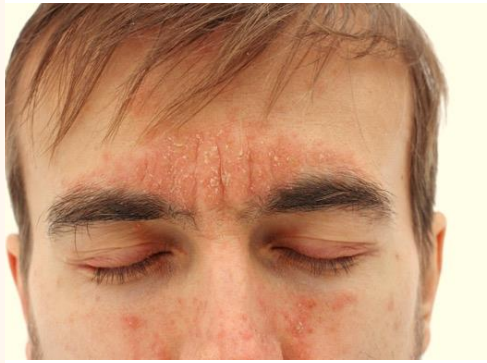
S-IGA = scalp investigator's global assessment; SI-NRS = scalp itch numeric rating scale; IGA Success = Clear or Almost Clear with at least a 2-grade improvement from baseline;

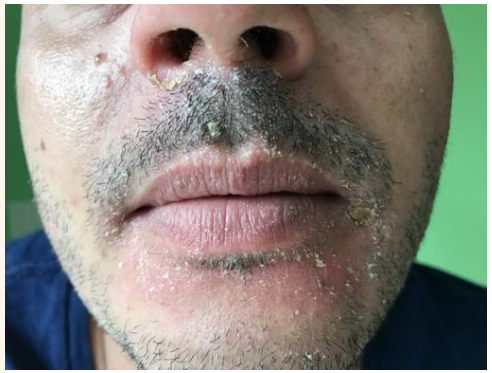
Seborrheic Dermatitis – Significant Unmet Needs in Treatment Paradigm

~10 million

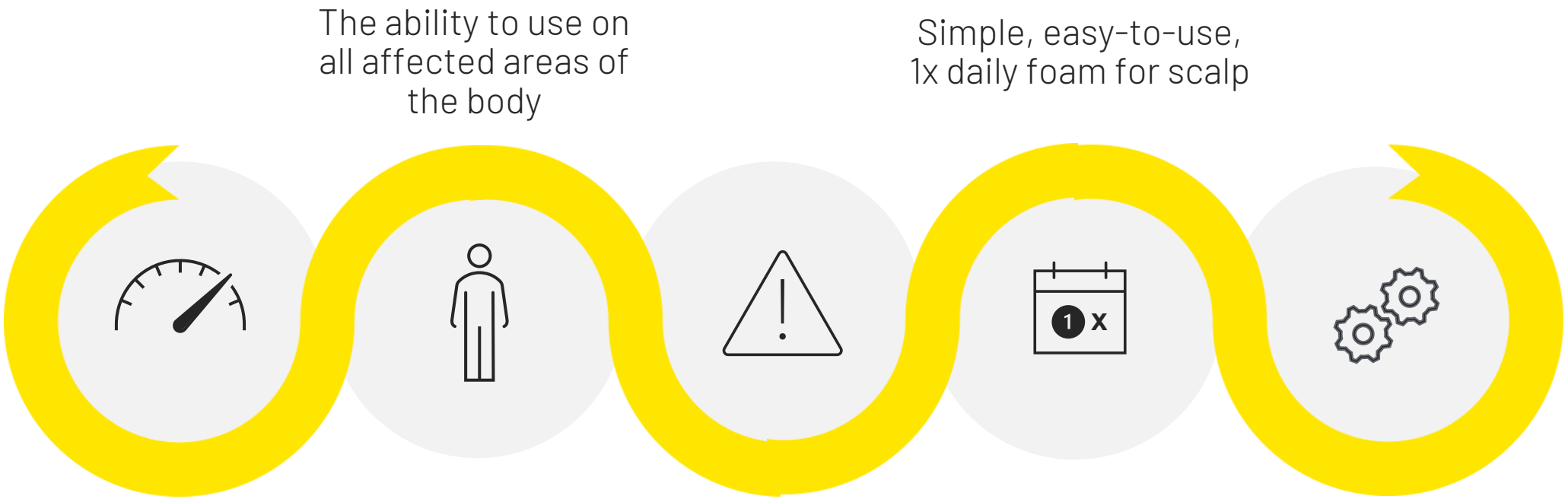
Individuals in the U.S. affected

- Itchy red patches covered by greasy / flaking scales on scalp, face and chest
- Topicals dominate treatment, but options pose challenges:
  - Steroids pose safety issues, especially with chronic use
  - Proximity to eyes/thin skin on face exacerbates safety concerns
  - Topical antifungals offer only modest efficacy
  - Polypharmacy

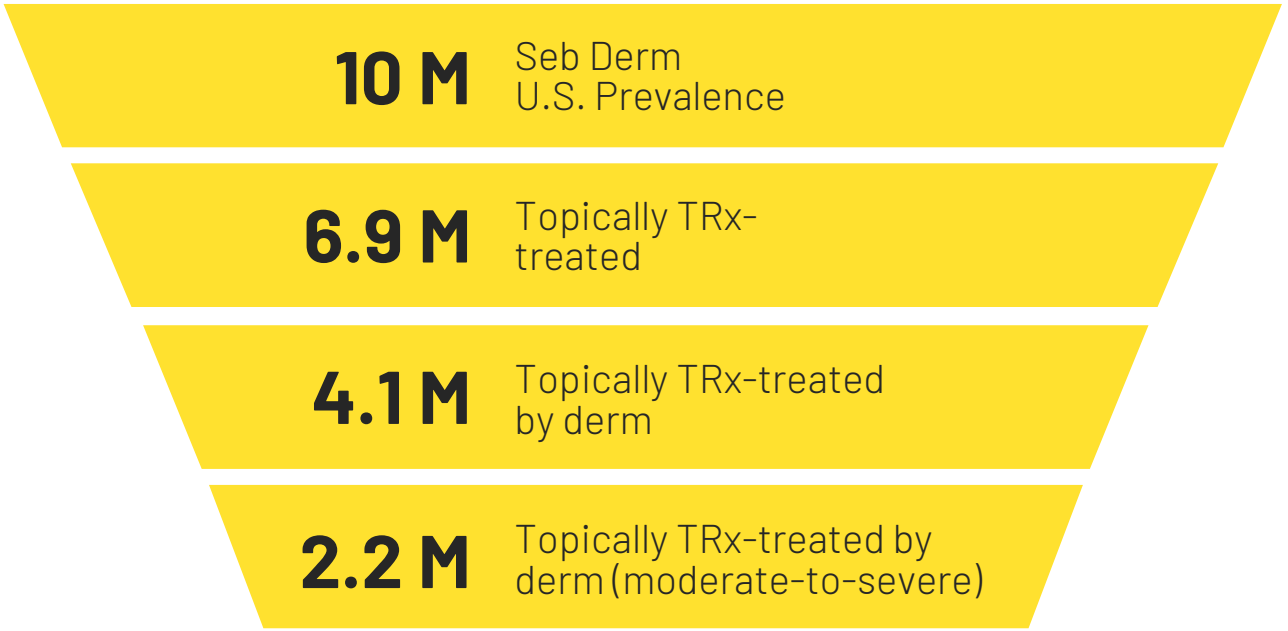




Roflumilast Foam Could Become Standard of Care in Seborrheic Dermatitis



Seborrheic Dermatitis: Opportunity Comparable in Size to Psoriasis



75

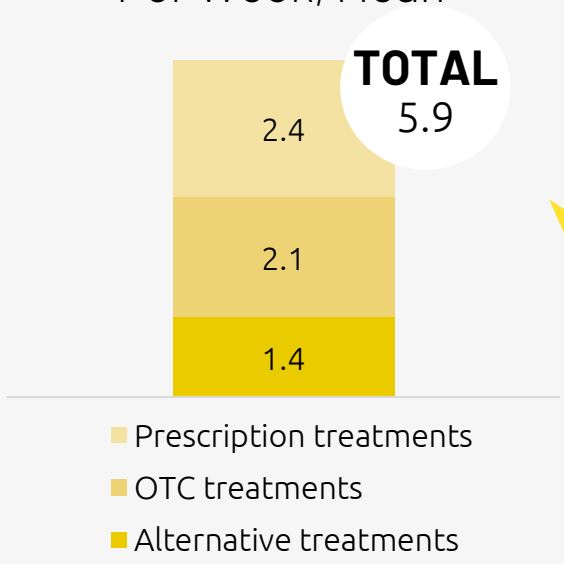
Average # of seborrheic dermatitis patients seen in a typical month

	Mild	**Moderate**	**Severe**
Patients receiving a prescription treatment 1st line[1]	71%	**92%**	**97%**

[1]*Arcutis Quantitative Seb Derm Research August 2020, n=100 Dermatology HCPs; TRx = prescription*

Patients Require Complex and Onerous Treatment Regimens

Actively Using Treatments[1]
Per Week, Mean



9 in 10 AGREE[1]

"I would be more likely to stick with a treatment plan if it meant using fewer treatments."

Patients ready for new options

"I am interested in trying new treatment options."

9 in 10
AGREE[1]

[1]*Harris Poll Seborrheic Dermatitis Survey (n>600 HCPs, n=300 patients)*

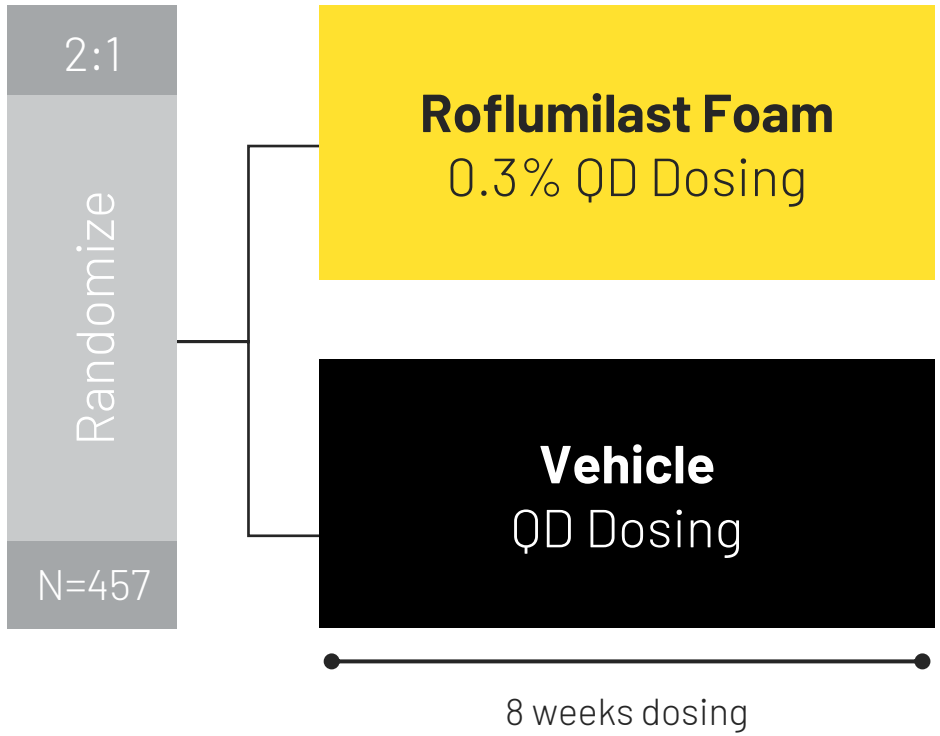
OTC = over the counter; HCP = healthcare professional

STRATUM Phase 3 Trial in Seborrheic Dermatitis

Randomized, Double-blind, Vehicle-controlled Multicenter Study

Eligibility

- Diagnosis of at least moderate seborrheic dermatitis (IGA ≥3)
- Age 9+
- Up to 20% BSA



Endpoints

Primary

- IGA success at week 8

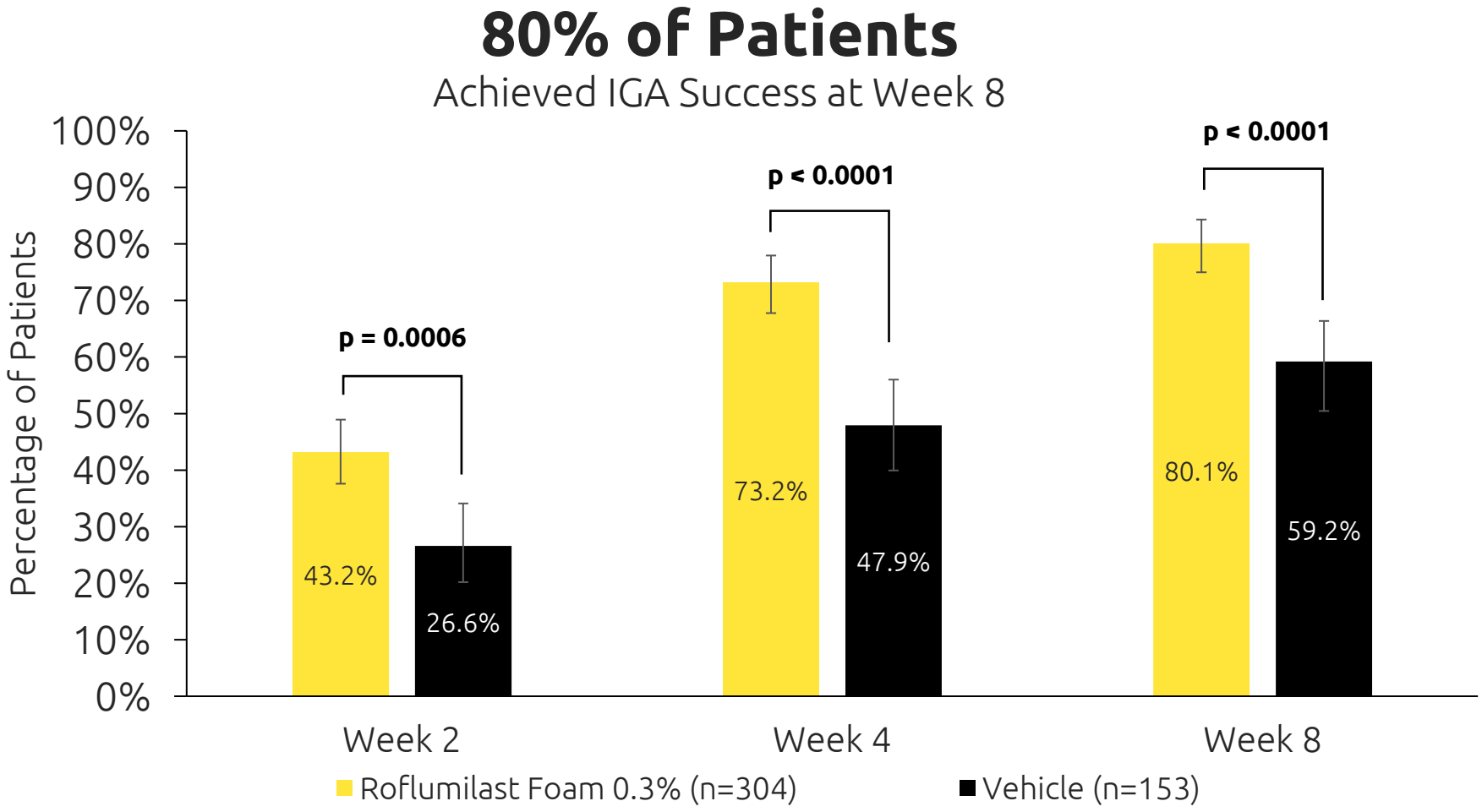
Secondary

- IGA success at week 2 and 4
- IGA score of 0 at week 8
- Overall assessment of erythema/scaling
- WI-NRS (itch)

Safety and tolerability

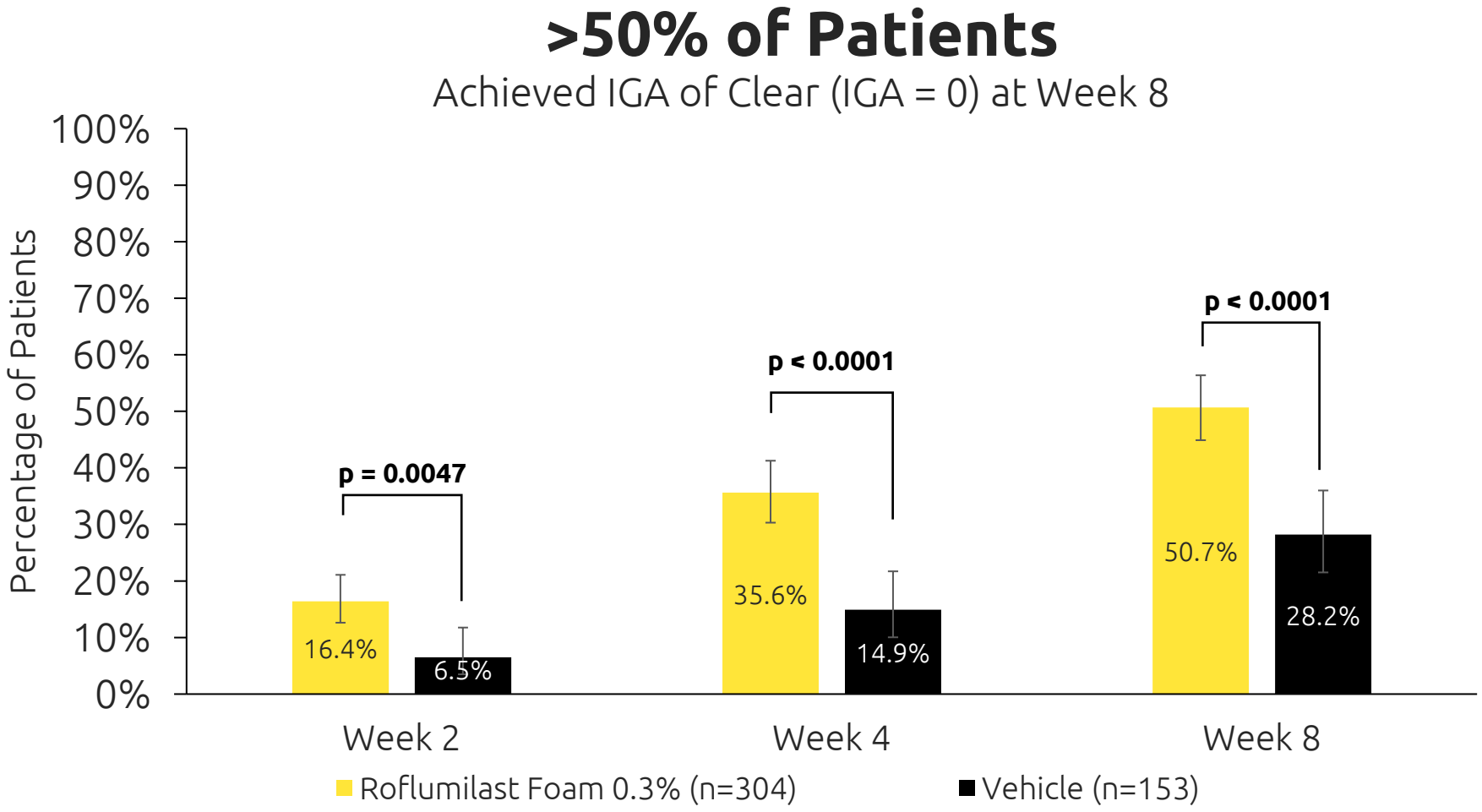
IGA = Investigator's Global Assessment; IGA Success = Clear or Almost Clear with at least a 2-grade improvement from baseline; WI-NRS: Worst Itch Numeric Rating Scale; QD = once a day; BSA = body surface area

Rapid and Robust Results on IGA Success in Pivotal Phase 3 STRATUM trial



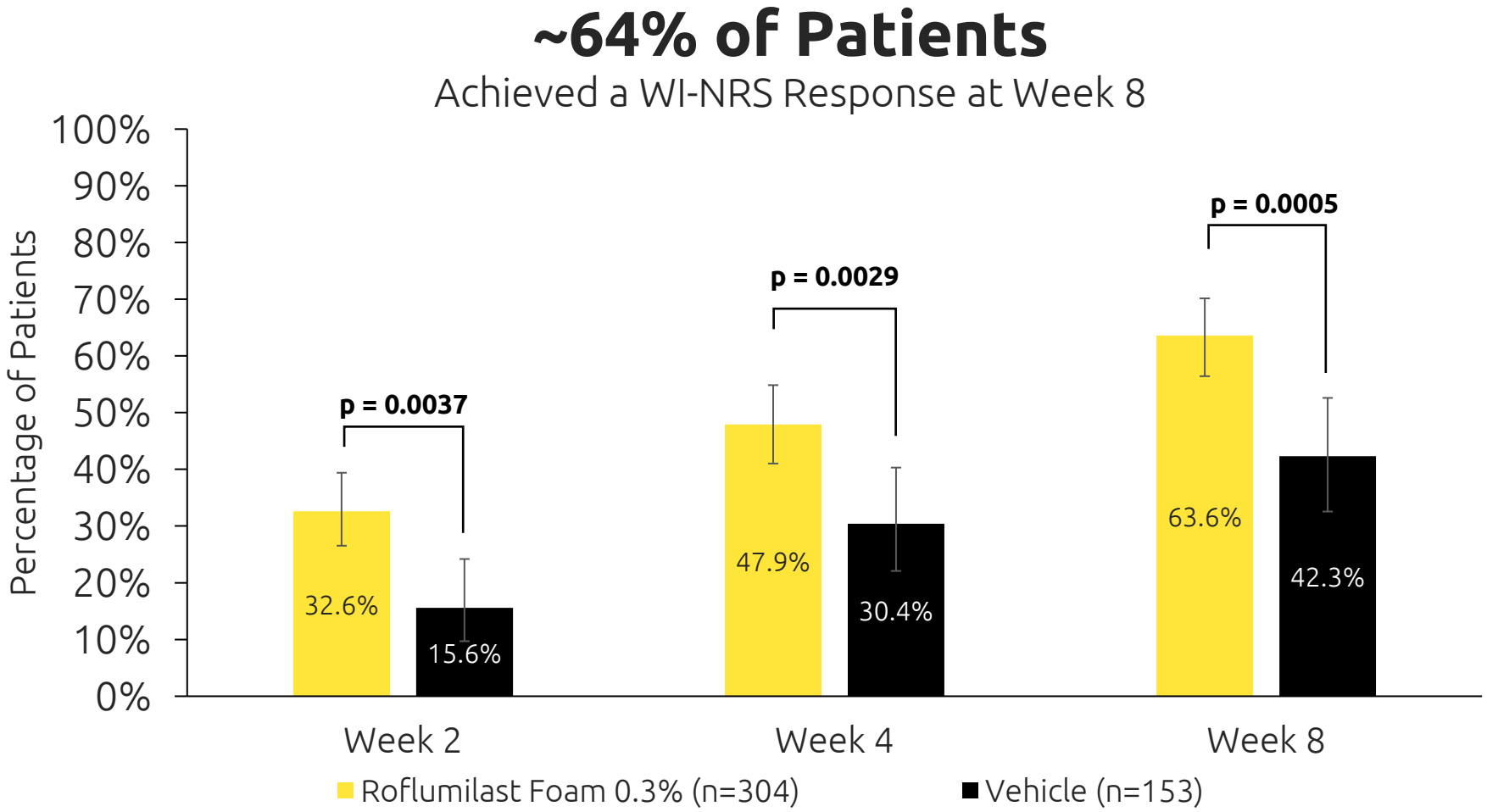
IGA Success = Clear or Almost Clear with at least a 2-grade improvement from baseline

Over 50% of Patients Achieved IGA of Clear at Week 8



IGA = Investigator's Global Assessment

Robust Itch Response in Phase 3



WI-NRS: Worst Itch Numeric Rating Scale; WI-NRS response = 4 point reduction in WI-NRS in patients with WI-NRS > 4 at baseline

Roflumilast Foam Was Well-Tolerated in Phase 3

Subjects (%)	**Roflumilast 0.3%** (n=304)	**Vehicle** (n=153)	**Overall** (n=457)
Subjects with any TEAE	70 (23.0%)	33 (21.6%)	103 (22.5%)
Subjects with any Treatment-Related TEAE	8 (2.6%)	5 (3.3%)	13 (2.8%)
Subjects with any SAE	1 (0.3%)	0	1 (0.2%)
Treatment-related SAE	0	0	0
Subjects who discontinued Study Drug due to AE	2 (0.7%)	3 (2.0%)	5 (1.1%)
Subjects who discontinued Study due to AE	2 (0.7%)	3 (2.0%)	5 (1.1%)

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

Most Common Treatment Emergent Adverse Events (>1.0% in Any Group)

Preferred Term	Roflumilast 0.3% (n=304)	Vehicle (n=153)	Overall (n=457)
COVID-19	11 (3.6%)	5 (3.3%)	16 (3.5%)
Urinary tract infection	4 (1.3%)	3 (2.0%)	7 (1.5%)
Nasopharyngitis	4 (1.3%)	1 (0.7%)	5 (1.1%)
Nausea*	5 (1.6%)	0	5 (1.1%)
Application site pain	1 (0.3%)	3 (2.0%)	4 (0.9%)
Sinusitis	0	2 (1.3%)	2 (0.4%)

*All graded as mild

Advancing Multiple Preclinical Programs in Dermatology

Candidate	Preclinical Program
ARQ-252 Cream (JAK1 Inhibitor)	• Chronic Hand Eczema • Vitiligo
ARQ-255 Suspension (JAK1 Inhibitor)	• Alopecia Areata
Other Preclinical Projects	• Acne • Palmoplantar Psoriasis • Nail Psoriasis • Rosacea

Strategic In-licensing / Business Development

- Best-in-class potential
- Validated targets
- Modality agnostic