



VYJUVEK® (beremagene geperpavec-svdt) Financial Assistance Programs

Copay Program

Patient Eligibility & Terms and Conditions: The VYJUVEK Copay Program is available only to commercially insured patients with a valid prescription for VYJUVEK. Patients must be U.S. citizens or residents for at least six months. Patients or their guardian must be 18 years of age or older to enroll in the program. **Patients are not eligible for copay assistance through the VYJUVEK Copay Program if they are enrolled in any state or federally funded programs for which drug prescriptions or coverage could be paid in part or in full, including, but not limited to, Medicare Part B, Medicare Part D, Medicaid, Medigap, VA, DoD, or TRICARE (collectively, “Government Programs”), or where prohibited by law.** Patients who move from commercial insurance to Government Programs will no longer be eligible, and agree to notify the program of any such change. Offer is not valid for cash paying patients. The VYJUVEK Copay Program applies only to out of pocket costs associated with VYJUVEK and not the cost of related medical services. In any calendar year commencing January 1, the maximum copay benefit amount paid by Krystal Biotech, Inc. will be \$15,000. Eligible patients may pay as little as \$0 per prescription, up to the annual maximum copay assistance amount of \$15,000. After the annual maximum on copay assistance is reached, patient will be responsible for the remaining monthly out-of-pocket costs for VYJUVEK. There could be additional financial responsibility depending on the patient’s insurance plan. The VYJUVEK Copay Program cannot be combined with any other savings, free trial, or other similar offer or program. The full value of the program benefits is intended to pass entirely to the eligible patient. No other individual or entity (including, without limitation, third party payers, pharmacy benefit managers, or the agents of either) is entitled to receive any benefit, discount or other amount in connection with this program, including through arrangements that may be referred to as “accumulator” or “maximizer” programs. Third party payers, pharmacy benefits managers, or agents of either, are prohibited from assisting patients with enrolling in the VYJUVEK Copay Program. Patient or guardian is responsible for reporting receipt of copay savings benefit to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled through the program, as may be required. Additionally, patients may not submit any benefit provided by this program for reimbursement through a Flexible Spending Account, Health Savings Account, or Health Reimbursement Account. Krystal reserves the right to rescind, revoke, or amend these offers without notice at any time. Data related to patient participation that is collected by ConnectiveRx, as administrator of the VYJUVEK Copay Program, may be de-identified and shared with Krystal for market research and other purposes related to assessing the program. Void outside of the United States and its territories or where prohibited by law, taxed, or restricted. This program is not health insurance. No membership fees. No other purchase is necessary. This offer will be accepted only at participating pharmacies. It is illegal to sell, purchase, trade, counterfeit, duplicate, or reproduce this offer.

Patient Assistance Program (PAP) Free Drug Program

The VYJUVEK Patient Assistance Program (PAP) is designed to provide VYJUVEK at no cost to eligible patients who have been prescribed VYJUVEK by their doctor. The program is intended for people that live in the United States, have limited or no health insurance coverage and demonstrate qualifying financial need.

To be eligible, patients must submit an application form provided by Krystal Connect along with all required documentation for proof of eligibility. Patients may be eligible for assistance if they meet all of the following criteria:

- Patients must be treated by a licensed U.S. healthcare provider who has prescribed VYJUVEK in accordance with U.S. law.

- Patients must be U.S. citizens or have resided in the U.S. for at least 6 months.
- Patients must be uninsured or functionally uninsured because their health plan does not provide coverage for VYJUVEK. To be considered functionally uninsured, patients must have sought, and been denied, coverage for VYJUVEK from their health plan and have exhausted all appeal rights as determined by Krystal. Patients with commercial insurance plans requiring them to apply to the program as a condition of, requirement for, or prerequisite to coverage of VYJUVEK, commonly known as alternate funding programs, are not eligible for the VYJUVEK PAP.
- Patients must be able to demonstrate qualifying financial need, defined as family household income in a calendar year of no more than 600% of the Federal Poverty Limit. Patients must provide documentation of qualifying financial need in a form specified by Krystal Connect, such as their most recent U.S. income tax return.

Qualifying patients may receive free medication for up to 12 months. The program will review insurance changes prior to each monthly refill. Patients will be required to reapply annually.

For functionally uninsured patients who are covered by a federal healthcare program, the coverage period will cover the entire coverage year, or the remainder of the coverage year in which the patient applied for PAP assistance, regardless of whether the patient's insurance plan begins coverage of the product during that time.

Patients qualified for the PAP who are prescribed VYJUVEK for administration in their home may receive free administration of their VYJUVEK by a healthcare professional contracted by Krystal Connect. The VYJUVEK PAP provides only free VYJUVEK, and home administration as described above, and does not cover other costs that may be associated with a doctor's visit or the cost of related medical services. There could be additional financial responsibility depending on the patient's insurance plan.

The VYJUVEK PAP cannot be combined with any other savings, free trial, or other similar offer or program. The full value of the program benefits is intended to pass entirely to the eligible patient. No other individual or entity (including, without limitation, third party payers, pharmacy benefit managers, or the agents of either) is entitled to receive any benefit, discount or other amount in connection with this program, including through arrangements that may be referred to as "accumulator" or "maximizer" programs. Third party payers, pharmacy benefits managers, or agents of either, are prohibited from assisting patients with enrolling in the VYJUVEK PAP.

Patients who receive free VYJUVEK under the program are prohibited from submitting any claim, or seeking reimbursement, for the free VYJUVEK or free administration, as applicable, from any third-party, including any third-party insurance plan or health plan.

Patients or their guardian are responsible for reporting receipt of assistance under the VYJUVEK PAP to any insurer, health plan, or other third party who pays for or reimburses any part of the prescription filled through the program, as may be required. Additionally, patients may not submit any benefit provided by this program for reimbursement through a Flexible Spending Account, Health Savings Account, or Health Reimbursement Account.

Satisfaction of the eligibility criteria is not a guarantee of participation in the VYJUVEK PAP. Krystal reserves the right to rescind, revoke, or amend these offers without notice at any time.

Data related to patient participation that is collected by ConnectiveRx, as administrator of the VYJUVEK PAP, may be de-identified and shared with Krystal for market research and other purposes related to assessing the program.

Void outside of the United States and its territories or where prohibited by law, taxed, or restricted. This program is not health insurance. No membership fees. No other purchase is necessary. This offer will be accepted only at participating pharmacies. It is illegal to sell, purchase, trade, counterfeit, duplicate, or reproduce this offer.