

Pay
\$0
Copay

On each monthly prescription for ZTlido (lidocaine topical system) 1.8%



Offer good for **ZTlido® (lidocaine topical system) 1.8% only**

TO THE PATIENT:

You must present this card to the pharmacist along with your prescription (and at each refill) to participate in this program. This card can only be used with new or existing valid prescriptions for ZTlido® (lidocaine topical system) 1.8%. Prescriber ID# required on prescription. This card is valid toward out-of-pocket expenses only, maximum benefits apply each month. Offer good for commercially insured patients, even if insurance doesn't cover ZTLIDO, and cash paying patients.

TO THE PHARMACIST FOR A PATIENT PAYING WITH AN AUTHORIZED THIRD PARTY:

Submit the claim to the primary Third-Party Payer first, then submit the balance due to **Therapy First Plus** as a Secondary Payer as a co-pay only billing using Other Coverage Code 3 or 8. Patient pays as little as \$0 on each month's prescription, maximum benefits apply. The patient will be responsible for any remaining out of pocket expenses. You will receive this in your reimbursement from **Therapy First Plus** plus a handling fee. As a condition of payment, you must comply with all contractual obligations you have with Third-Party Payers, and must provide notice to all payers as required by law, contract, or otherwise. Other Coverage Code required.

TO THE PHARMACIST FOR A PATIENT PAYING CASH:

Submit the claim to **Therapy First Plus** using Other Coverage Code 0. Patients pay as little as \$0 on each month's prescription, maximum benefits apply. The patient will be responsible for any remaining out of pocket expenses. You will receive this in your reimbursement from **Therapy First Plus** plus a handling fee. As a condition of payment, you must comply with all contractual obligations you have with Third-Party Payers, and must provide notice to all payers as required by law, contract, or otherwise.

OTHER COVERAGE CODE REQUIRED:

For any questions regarding **Therapy First Plus** online processing, please call the Pharmacist Help Desk at 1-800-433-4893.

RESTRICTIONS:

Program may be cancelled at any time without notice. Void where prohibited by law. This card must be returned upon request, and is the property of SCILEX, who retains the rights to rescind, revoke or amend this program without notice. Not valid for patients eligible for benefits under Medicaid (including Medicaid managed care), Medicare, TriCare, Veterans Affairs, FEHBP, or similar state or federal programs. Offer good only in the USA and Puerto Rico.

To report suspected adverse reactions, contact SCILEX Pharmaceuticals Inc. at 1-866-SCILEX3 or FDA at 1-800-FDA-1088 or visit www.fda.gov/medwatch.

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