

**PAY AS LITTLE AS**

**\$0**

**ON EACH MONTHLY  
PRESCRIPTION FOR ZTlido**  
(zee-tee-lie-doh)

**ZTlido**<sup>®</sup>  
(lidocaine topical system) 1.8%

**Savings Card**

Pay as little as **\$0**  
on each monthly prescription for ZTlido\*

**BIN#** 004682  
**PCN#** CN  
**GRP#** WCZTL5013  
**ID#** 15784628115

\*Offer valid on prescriptions for ZTlido product only.  
Terms and conditions apply.

**Offer good for ZTlido<sup>®</sup> (lidocaine topical system) 1.8% only**

## Here's how you can save:

**1**

Get a ZTlido prescription  
from your doctor

**2**

**PRESENT THIS CO-PAY SAVINGS  
CARD TO YOUR PHARMACIST**

**3**

Pay as little as \$0 for  
your prescription

### 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<sup>®</sup> (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. ZTlido co-pay card is not valid for RelayHealth patients in Texas. 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](http://www.fda.gov/medwatch).



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