

PAY AS LITTLE AS

\$25

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

ZTlido®
(lidocaine topical system) 1.8%

Savings Card

Pay as little as **\$25**
on each monthly prescription for ZTlido*

BIN# 610852
PCN# 2001
GRP# WCZTL5013
ID# 15784631412

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

Offer good for ZTlido® (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 \$25 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® (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.

PHARMACIST INSTRUCTIONS FOR COMMERCIALY INSURED PATIENT WITH PRODUCT COVERAGE:

Submit the claim to the primary Third-Party Payer first, then submit the balance due to **Capital RX** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (OCC 8). The patient is responsible for the first \$25 and reimbursement for the balance, up to the program maximum, will be received from **Capital RX**.

PHARMACIST INSTRUCTIONS FOR COMMERCIALY INSURED PATIENT WITHOUT PRODUCT COVERAGE:

Submit the claim to the primary Third-Party Payer first, then submit the balance due to **Capital RX** as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code (OCC 3). The patient is responsible for the balance up to the program maximum, reimbursement will be received from **Capital RX**.

PHARMACIST INSTRUCTIONS FOR A CASH PAYING PATIENT: Submit this claim to **Capital RX**. A valid Other Coverage Code (e.g. 0,1) is required. The patient is responsible for the balance up to the program maximum, reimbursement will be received from **Capital RX**.

For questions regarding **Capital RX** online processing, please call the Pharmacist Help Desk at 1-844-306-9173

ELIGIBILITY CRITERIA:

Program may be cancelled at any time without notice. Void where prohibited by law. SCILEX 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.



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