

**FAX COVER SHEET****To:****From:** Fax Administrator**Fax Number:** 9725329272**Date:** 02/20/26 07:40:35 AM**Pages (Including cover):** 2**Re:** Sandbox: Scilex Requested Materials**Notes:**

Hello BRET722,

Attached is the sample request form we discussed during our call today. Please be sure to fill in all the required fields to avoid delays in the shipment of your samples.

Thank you for your interest in our program.

Sincerely,

Tuser2ec Scilex

TeleSolutions Specialists

Scilex Contact Center

Phone (650)-397-6759

You have the right to opt-out of receiving unsolicited advertisements by fax. You may contact us with your opt-out request, along with the fax number to which your request relates, by telephone at 877-834-5119, or by fax at 877-345-0776.

ID#: 

## Sample Request Form

Physician Name First:  Last: State License Number (no abbreviations, please):  NPI #: Prof. Designation (check one): ☐MD ☐DO ☐NP ☐PA ☐Other: Address 1: Address 2: City:  State:  Zip Code: Phone:  Fax:  Email: 

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

NDC Code: 69557-111-03-DTP

**Product Description:**ZTlido<sup>®</sup> (lidocaine topical system) 1.8%**Quantity:** ☐5 ☐10 ☐15 ☐20

Each sample box contains three sheets of ZTlido patches.

Manufactured by: Oishi Koseido, Co., LTD., Tosu, Saga, Japan  
Manufactured for: SCILEX Pharmaceuticals Inc., Palo Alto, CA, USA  
Distributed by: SCILEX Pharmaceuticals Inc., Palo Alto, CA, USA  
Active Ingredient Made in Spain

**Elyxyb<sup>®</sup>**  
(celecoxib) Oral Solution

NDC Code: 69557-333-02-DTP

**Product Description:**ELYXYB<sup>®</sup> (celecoxib) Oral Solution 120mg**Quantity:** ☐6 ☐9 ☐12

One sample is one 4.8 mL bottle of ELYXYB.

Manufactured by: Contract Pharmaceuticals Limited, Mississauga, Ontario, Canada  
Manufactured for: SCILEX Pharmaceuticals Inc., Palo Alto, CA 94303  
Distributed by: SCILEX Pharmaceuticals Inc., Palo Alto, CA, USA  
Active Ingredient Made in India

Once completed, please fax to **650-397-6759** or email to **marketing@scilexholding.com**

**SIGNATURE BELOW INDICATES AGREEMENT TO THE FOLLOWING:**

I certify I am a licensed practitioner eligible to request, receive, prescribe and dispense these products in compliance with applicable state and federal laws. If I am a Nurse Practitioner or Physician Assistant, I certify I am authorized and eligible, in the state in which I am now practicing, to request and receive these products and that I have my supervising Physician's approval to do so. I have requested these products for the medical needs of my patients. I will not sell, resell, trade, barter, donate, return for credit or seek third-party (including, without limitation, Medicaid, Medicare, private insurers) reimbursement for them.

Some states require a distribution license prior to accepting pharmaceutical drug samples or complimentary units, unless subject to the exemptions listed in the state laws and regulations. More information on this requirement can be found at the state board website. Your signature on this sample request/receipt serves as attestation that you have the appropriate licensure, if required, or qualify under an exemption under the state laws and regulations.

**For Ohio licensed healthcare professionals:** the Ohio Board of Pharmacy requires Terminal Distributors of Dangerous Drugs to obtain a TDDD license prior to accepting pharmaceutical drug samples or complimentary units, unless subject to the exemptions listed in ORC 4729.541. More information on Ohio's requirement can be found at <http://www.pharmacy.ohio.gov/PrescriberTDDD>. Therefore, if you are an Ohio licensed healthcare professional who claims an exemption to the terminal distributor of dangerous drug licensing requirement, by checking the box, you attest that you meet one of the licensing exemptions under ORC 4729.541. Your signature on this sample request form serves as attestation and that you have the appropriate TDDD licensure or qualify under an exemption.

☐ Ohio TDDD Exemption

Licensed Provider's Signature

Specialty

Date (mm/dd/yyyy)



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