

Your Savings Card is ready to use right away!*

Dilantin[®]
(extended phenytoin sodium capsules, USP)

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(extended phenytoin sodium capsules, USP)
SAVINGS CARD

GROUP: OH7704021
BIN #: 601341
PCN #: OHCP
ID#: null

ELIGIBLE PATIENTS
MAY **SAVE UP TO**
\$20
EVERY MONTH
WITH A MAXIMUM
SAVINGS OF
\$240 PER YEAR*

1. Take your brand-name DILANTIN prescription and Savings Card to any participating pharmacy
2. Remind your pharmacist that your Savings Card only works with brand-name DILANTIN
3. Keep this printout and use it to save on future DILANTIN prescriptions

*[Terms and conditions apply](#). See below.

Check your pills: Some pharmacies may fill a branded prescription with a generic medication.

- Before you leave the pharmacy, **check your pills to make sure the shape and distinctive markings** match the image pictured here
- If your medicine doesn't match, speak to your pharmacist right away to **get the brand-name DILANTIN your doctor prescribed**



30 mg 100 mg

Not actual size.

To Pharmacist: Process DILANTIN Savings Offer using BIN#: 601341, PCN#: OHCP, and Group#: OH7704021.

For Insured Patients: Process a coordination of benefits (COB/split bill) claim using patient's private prescription insurance for the PRIMARY claim. Submit the SECONDARY claim using BIN#: 601341, PCN#: OHCP, and Group#: OH7704021. Cash Discount Cards are not valid as primary insurance under this Savings Offer.

For help processing this offer, call 1-800-364-4767.

DILANTIN is available by prescription only.

*Eligibility required. Terms and conditions apply. Full terms and conditions can be found at [DILANTIN.com/savings-terms](https://www.dilantin.com/savings-terms). This Savings Offer will be accepted only at participating pharmacies. This Savings Offer is not health insurance. No membership fees. Maximum savings cap of \$240 per calendar year. Patient must have private insurance. This Savings Offer is not valid for cash-paying patients. This Savings Offer is not valid for prescriptions that are eligible to be reimbursed, in whole or in part, by Medicaid, Medicare, or other federal or state healthcare programs. This Savings Offer is not valid for prescriptions that are eligible to be reimbursed in whole by private insurance plans or other health or pharmacy benefit programs. Viatrix reserves the right to revoke, rescind, or amend this Savings Offer without notice. For further information, call 1-866-590-9400, visit [DILANTIN.com](https://www.dilantin.com), or write: Viatrix, 1000 Mylan Boulevard, Canonsburg, PA 15317.