

YOUR SAVINGS CARD IS READY TO USE RIGHT AWAY!*

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

EXP: 12/31/2023 BIN: 601341 PCN: 0HCP GROUP: 0H7704021

ID:

*Terms and conditions apply. See below. This card is not health insurance and will be accepted only at participating pharmacies. 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 your Savings Card to any participating pharmacy.
- 2 Remind your pharmacist that your Savings Card only works with brand-name DILANTIN.
- Keep this printout and use it to save on future DILANTIN prescriptions.

<u>Check your pills</u>: Some pharmacies may fill a branded prescription with a generic medication

- Before you leave the pharmacy, <u>check your pills to make sure the</u> <u>shape and distinctive markings</u> match the pills pictured here
- If your pills don't match, speak to your pharmacist right away to get the brand-name DILANTIN your doctor prescribed





30 mg 100 m Pills 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 prescription insurance for the PRIMARY claim. Submit the SECONDARY claim using BIN# 601341, PCN# OHCP, and Group# OH7704021. *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. This Savings
Offer will be accepted only at participating pharmacies. This Savings Offer is not health insurance. No membership fees. Maximum savings 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. Viatris reserves the right to revoke, rescind, or amend this offer without notice. For further information, call 1-866-590-9400, visit DILANTIN.com, or write: Viatris, P.O. Box 2941, Mission, KS 66201.

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^{*}Terms and conditions apply. See below.