STARTER KITS

Subvenite®
(lamotrigine tablets, USP)
STARTER KITS

Eligible Commercial Patients

Pay as little as $0*

with no activation required

*Subject to eligibility. Restrictions apply.
Not available for government-insured patients.

Subvenite®
(lamotrigine tablets, USP)
STARTER KITS

RxBIN:	610020
RxPCN:	PDMI
RxGRP:	99994660
RxID:	SGRP7141744

Patient Savings Card

Eligible commercial patients are responsible for $5 out-of-pocket expense for any Starter Kit.

OWP®

Patient Instructions:

You must present this card to the pharmacist along with your prescription to participate in this program. When you use this card, you are certifying that you understand and agree to comply with the program restrictions, regulations, and terms and conditions.

Pharmacist Instructions:

When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental programs for this prescription, and will otherwise comply with the terms of this offer.

- Transmit claim online to RxBIN# 610020
- Commercially Insured Patients: Submit claim to patient's primary insurance first, then submit this offer as a secondary claim, as a Coordination of Benefits using coverage code type 08.
- Cash-Paying Patients: Submit as primary claim using coverage code 0 or 01.
- For assistance filing this claim, call Help Desk at 1-330-259-0742.

Program Restrictions: Not eligible if prescriptions are paid by any state or federally funded programs, including, but not limited to Medicare, Medicaid, VA, DOD, Tricare, or Medigap. Void where prohibited by law. Not valid for an OWP prescription reimbursed in full by any third-party payer. May not be combined with any other coupon, discount, savings card, or other offer. May not be accepted at all pharmacies. No substitutions permitted.

This offer may be terminated, rescinded, revoked, or amended by OWP Pharmaceuticals, Inc. at any time, without notice.

OWP® | The Pharmaceutical Social Enterprise®

701 Warrenville Road, Suite 200 • Lisle, IL 60532 • info@owppharma.com • 1-800-273-6729 • owppharma.com

Patient Instructions: You must present this card to the pharmacist along with your prescription to participate in this program. When you use this card, you are certifying that you understand and agree to comply with the program restrictions, regulations, and terms and conditions.

Pharmacist Instructions: When you use this card, you are certifying that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other governmental programs for this prescription and will otherwise comply with the terms of this offer.
- Transmit claim online to RxBIN# 610020
- Commercially Insured Patients: Submit claim to patient's primary insurance first, then submit this offer as a secondary claim, as a Coordination of Benefits using coverage code type 08.
- Cash-Paying Patients: Submit as primary claim using coverage code 0 or 01.
- For assistance filing this claim, call Help Desk at 1-330-259-0742.

Program Restrictions: Not eligible if prescriptions are paid by any state or federally funded programs, including, but not limited to Medicare, Medicaid, VA, DOD, Tricare, or Medigap. Void where prohibited by law. Not valid for an OWP prescription reimbursed in full by any third-party payer. May not be combined with any other coupon, discount, savings card, or other offer. May not be accepted at all pharmacies. No substitutions permitted.

This offer may be terminated, rescinded, revoked, or amended by OWP Pharmaceuticals, Inc. at any time, without notice.

OWP® | The Pharmaceutical Social Enterprise®

Subvenite® is a registered trademark of OWP Pharmaceuticals, Inc.
© 2026 OWP Pharmaceuticals, Inc. | OWOS1604V1 6/26

701 Warrenville Road, Suite 200 • Lisle, IL 60532 • info@owppharma.com • 1-800-273-6729 • owppharma.com