

# + Find more value in SANTYL prescriptions

Smith+Nephew

Collagenase  
SANTYL<sup>◇</sup>  
Ointment 250 units/gram

**100% coverage** for low-income patients, that are both Medicare and Medicaid eligible through their Medicare Part D plan. Low or no copay applicable.

49% of patients paid

**\$10 or less**

98,098 paid claims (8,165 reversed claims not included)

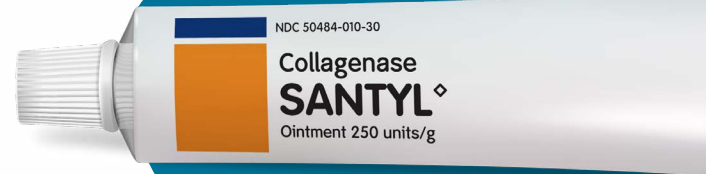
79% of patients paid

**\$50 or less**

158,270 paid claims  
(16,756 reversed claims not included)

Of the 14.2% of scripts that were reversed, 45% would have paid

**\$50 or less**



**Total number of Medicare Part D, Commercial and Cash claims: 261,613**  
(200,460 paid - 77%, 37,143 reversed - 14.2%, 24,010 rejected - 9.2%)

These patient cost share amounts represent retail prescription paid claims from Medicare Part D, Commercial and cash only, from October 2021 through October 2022 for Collagenase SANTYL Ointment 250 units/g per prescription. Low-income subsidy patients should pay no more than \$10.35 for SANTYL Ointment in 2023.<sup>1</sup> Medicare prescription drug plans have a coverage gap that may temporarily limit what the drug plan will cover for drugs. Not everyone will enter the coverage gap. The coverage gap will begin after the patient and their drug plan spend a certain amount for covered drugs. For more information on the coverage gap, visit [www.medicare.gov](http://www.medicare.gov).

## SANTYL Copay Assistance Program

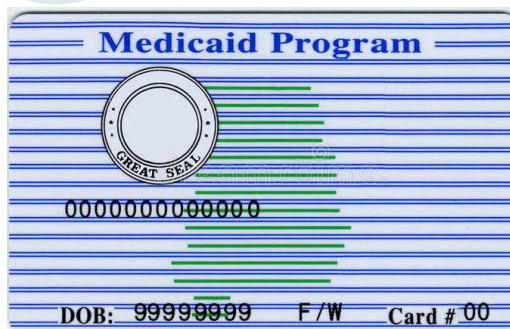
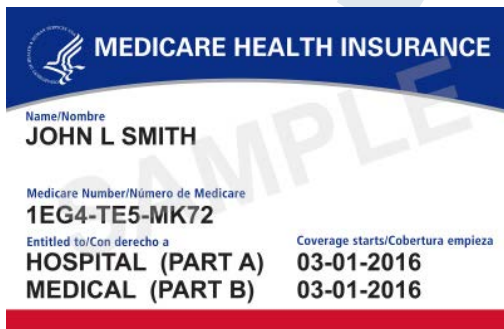
Copay benefit is determined by individual patient's plan.\*

\*Eligible recipients will pay the first \$20; Smith+Nephew will pay the remaining out-of-pocket cost up to the next \$220.\* The Copay Assistance Card can be used for six prescription fills.

\*This card is the property of Smith & Nephew and IQVIA, and must be returned upon request. Not valid for patients covered under Medicaid, Medicare, or similar state or federal programs. Card is limited to one per person and is not transferable. This card is not health insurance. This offer may be changed or discontinued at any time without notice. Valid at participating pharmacies in the U.S. only, void where taxed, restricted, or prohibited by law. Not valid for prescriptions eligible to be reimbursed under any government program. Information on reimbursement in the U.S. is provided as a courtesy. Due to the rapidly changing nature of the law and the Medicare payment policy, and reliance on information provided by outside sources, the information provided herein does not constitute a guarantee or warranty that reimbursement will be received or that the codes identified herein are or will remain applicable. This information is provided "AS IS" and without any other warranty or guarantee, expressed or implied, as to completeness or accuracy, or otherwise. Providers must confirm or clarify coding and coverage from their respective payers, as each payer may have differing formal or informal coding and coverage policies or decisions. Providers are responsible for accurate documentation of patient conditions and for reporting of products in accordance with particular payer requirements.

# 2023 Out-of-Pocket Prescription Costs for Patients with Medicare and Medicaid Coverage<sup>1</sup>

If your patients have both a Medicaid card and a Medicare card on file, their prescription coverage is through Medicare Part D, and the out-of-pocket cost for covered branded medications is no more than **\$10.35** (or **\$4.15** for covered generic medications) regardless of tier position.



## Important Safety Information

**Indications:** Collagenase SANTYL Ointment (“SANTYL”) is a prescription-only medication indicated for debriding chronic dermal ulcers and severely burned areas. **Contraindications:** SANTYL is contraindicated in patients who have shown local or systemic hypersensitivity to collagenase. **Warning and Precautions:** The optimal pH range of collagenase is 6 to 8. Higher or lower pH conditions will decrease the enzyme’s activity and appropriate precautions should be taken. The enzymatic activity is also adversely affected by certain detergents, and heavy metal ions such as mercury and silver which are used in some antiseptics. As such, the wound should be properly cleansed prior to application of SANTYL. Debilitated patients should be closely monitored for systemic bacterial infections because of the theoretical possibility that debriding enzymes may increase the risk of bacteremia. A slight transient erythema has been noted occasionally in the surrounding tissue, particularly when SANTYL was not confined to the wound. SANTYL is not indicated for wound closure. Discontinue use of SANTYL after granulation tissue is well-established. **Adverse Reactions:** No allergic sensitivity or toxic reactions have been noted in clinical use when used as directed. The risk information provided herein is not comprehensive. For complete prescribing information, please refer to the accompanying PI or visit: <https://santyl.com/sites/default/files/2019-12/SANTYL-PI.pdf>. You are encouraged to report negative side effects of prescription drugs to FDA. Visit MedWatch or call 1-800-FDA-1088

Reference:1. Centers for Medicare & Medicaid Services. Announcement of Calendar Year (CY) 2023 Medicare Advantage (MA)

Capitation Rates and Part C and Part D Payment Policies. **Advanced Wound Management**

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