Save up to $250*

A few simple facts to get you started with the Copay Assistance Program

Smith+Nephew

Collagenase SANTYL◊
Ointment 250 units/gram



Patient Instructions:
Present this card to your pharmacist, along with your insurance card (if applicable) and a valid prescription for Collagenase SANTYL◊ Ointment 250 units/gram. You pay the first $ 50; Smith & Nephew pays your remaining out-of-pocket cost up to $250. Card can be used for 6 prescription fills, up to a $1000 maximum per year. Cardholders with questions, please call 1-800-364-4767.

Pharmacist Instructions:
This card must be accompanied by a valid prescription for Collagenase SANTYL Ointment 250 units/gram. Please submit the copay authorized by the patient's primary insurance as a secondary transaction to BIN 601341. **For self-pay patients, submit the claim at U&C. Pharmacists with questions, please call 1-800-364-4767**

Collagenase
SANTYL◊
Ointment 250 units/gram

Copay assistance program

RxBin: 601341
RxPCN: OHCP
RxGrp: OH5301021
RxID: 670127863672

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Who is eligible?

If you've been prescribed Collagenase SANTYL Ointment and pay more than $50 out of pocket for your prescription, whether you're insured or not, you may be eligible to save. **Participants in governmental healthcare programs or where copay assistance is taxed, restricted or otherwise prohibited by law are not eligible.**

Just how much will I save?

Eligible recipients will pay the first $50; Smith & Nephew will pay the remaining out-of-pocket cost up to the next $250.* The card can be used for 6 prescription fills, up to a $1000 maximum each year.

How does it work?

Just give this card to your pharmacist, along with your insurance card (if you have one) and a valid prescription for SANTYL Ointment. If eligible, the amount you receive from the program will be subtracted from what you pay your pharmacy.

For more information please call the hotline at 1-800-364-4767

*Subject to the Terms and Conditions below. SANTYL Ointment is indicated for debriding chronic dermal ulcers and severely burned areas. Use of SANTYL Ointment should be stopped when debridement is complete and granulation tissue is well established. One case of an allergic reaction has been reported after 1 year of treatment with collagenase and steroid cream. Occasional slight temporary redness has been noted in surrounding tissue when applied outside the wound. Please see complete Prescribing Information located on page 2 of printout.

Terms and Conditions
Not valid for prescriptions eligible to be reimbursed under Medicare (including Medicare part D and Medicare Advantage), Medicaid, TRICARE, CHAMPUS, The Puerto Rico Government Health Insurance Plan, or other federal state, or government healthcare programs. Valid in the U.S. only, void where taxed, restricted, or prohibited by law. Accepted by participating pharmacies only. This Copay Assistance Program is not insurance and may be changed or discontinued at any time without notice. You are encouraged to report negative side effects of prescription drugs to the FDA. Call 1-800-FDA-1088 or visit www.fda.gov/medwatch.

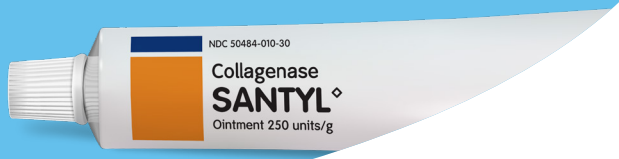
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Prescription Only

DESCRIPTION

Collagenase Santyl Ointment is a sterile enzymatic debriding ointment which contains 250 collagenase units per gram of white petrolatum USP. The enzyme collagenase is derived from the fermentation by Clostridium histolyticum. It possesses the unique ability to digest collagen in necrotic tissue.



Clinical Pharmacology

Since collagen accounts for 75% of the dry weight of skin tissue, the ability of collagenase to digest collagen in the physiological pH and temperature range makes it particularly effective in the removal of detritus.1 Collagenase thus contributes towards the formation of granulation tissue and subsequent epithelialization of dermal ulcers and severely burned areas.[2, 3, 4, 5, 6] Collagen in healthy tissue or in newly formed granulation tissue is not attacked[2, 3, 4, 5, 6, 7, 8] There is no information available on collagenase absorption through skin or its concentration in body fluids associated with therapeutic and/or toxic effects, degree of binding to plasma proteins, degree of uptake by a particular organ or in the fetus, and passage across the blood brain barrier.

Indications and Usage

Collagenase Santyl Ointment is indicated for debriding chronic dermal ulcers [2, 3, 4, 5, 6, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18] and severely burned areas.[3, 4, 5, 7, 16, 19, 20, 21]

Contraindications

Collagenase Santyl Ointment is contraindicated in patients who have shown local or systemic hypersensitivity to collagenase.

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. When it is suspected such materials have been used, the site should be carefully cleansed by repeated washings with normal saline before Collagenase Santyl Ointment is applied. Soaks containing metal ions or acidic solutions should be avoided because of the metal ion and low pH. Cleansing materials such as Dakin's solution and normal saline are compatible with Collagenase Santyl Ointment.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 Collagenase Santyl Ointment was not confined to the wound. Therefore, the ointment should be applied carefully within the area of the wound. Safety and effectiveness in pediatric patients have not been established.

Adverse Reactions

No allergic sensitivity or toxic reactions have been noted in clinical use when used as directed. However, one case of systemic manifestations of hypersensitivity to collagenase in a patient treated for more than one year with a combination of collagenase and cortisone has been reported.

Overdosage

No systemic or local reaction attributed to overdose has been observed in clinical investigations and clinical use. If deemed necessary the enzyme may be inactivated by washing the area with povidone iodine.

Dosage and Administration

Collagenase Santyl Ointment should be applied once daily (or more frequently if the dressing becomes soiled, as from incontinence). When clinically indicated, crosshatching thick eschar with a #10 blade allows Collagenase Santyl Ointment more surface contact with necrotic debris. It is also desirable to remove, with forceps and scissors, as much loosened detritus as can be done readily. Use Collagenase Santyl Ointment in the following manner:

To see the complete Prescribing Information, please see the FDA-approved product labeling, here: https://www.santyl.com/pdf/SANTYL-PI.pdf.

1 – Prior to application the wound should be cleansed of debris and digested material by gently rubbing with a gauze pad saturated with normal saline solution, or with the desired cleansing agent compatible with Collagenase Santyl Ointment (See **Precautions**), followed by a normal saline solution rinse. 2 – Whenever infection is present, it is desirable to use an appropriate topical antibiotic powder. The antibiotic should be applied to the wound prior to the application of Collagenase Santyl Ointment. Should the infection not respond, therapy with Collagenase Santyl Ointment should be discontinued until remission of the infection. 3 – Collagenase Santyl Ointment may be applied directly to the wound or to a sterile gauze pad which is then applied to the wound and properly secured. 4 – Use of Collagenase Santyl Ointment should be terminated when debridement of necrotic tissue is complete and granulation tissue is well established.HOW SUPPLIEDCollagenase Santyl Ointment contains 250 units of collagenase enzyme per gram of white petrolatum USP.Do not store above 25˚C (77˚F). Sterility guaranteed until tube is opened.Collagenase Santyl Ointment is available in the following sizes: 30 g tube NDC 50484-010-30 90 g tube NDC 50484-010-90REFERENCES1 – Mandl, I., Adv Enzymol. 23:163, 1961. 2 – Boxer, A.M., Gottesman, N., Bernstein, H., & Mandl, I., Geriatrics. 24:75, 1969. 3 – Mazurek, I., Med. Welt. 22:150, 1971. 4 – Zimmermann, W.E., in "Collagenase," Mandl, I., ed., Gordon & Breach, Science Publishers, New York, 1971, p. 131, p. 185. 5 – Vetra, H., & Whittaker, D., Geriatrics. 30:53, 1975. 6 – Rao, D.B., Sane, P.G., & Georgiev, E.L., J. Am. Geriatrics Soc. 23:22, 1975. 7 – Vrabec, R., Moserova, J., Konickova, Z., Behounkova, E., & Blaha, J., J. Hyg. Epidemiol. Microbiol. Immunol. 18:496, 1974. 8 – Lippmann, H.I., Arch. Phys. Med. Rehabil. 54:588, 1973. 9 – German, F. M., in "Collagenase," Mandl, I., ed., Gordon & Breach, Science Publishers, New York, 1971, p. 165. 10 – Haimovici, H. & Strauch, B., in "Collagenase," Mandl, I., ed., Gordon & Breach, Science Publishers, New York, 1971, p. 177. 11 – Lee, L.K., & Ambrus, J. L., Geriatrics. 30:91, 1975. 12 – Locke, R.K., & Heifitz, N.M., J. Am. Pod. Assoc. 65:242, 1975. 13 – Varma, A.O., Bugatch, E., & German, F.M., Surg. Gynecol. Obstet. 136:281, 1973. 14 – Barrett, D., Jr., & Klibanski, A., Am. J. Nurs. 73:849, 1973. 15 – Bardfeld, L.A., J. Pod. Ed. 1:41, 1970. 16 – Blum, G., Schweiz, Rundschau Med Praxis. 62:820, 1973. Abstr. in Dermatology Digest, Feb. 1974, p. 36. 17 – Zaruba, F., Lettl, A., Brozkova, L., Skrdlantova, H., & Krs, V., J. Hyg. Epidemiol. Microbiol. Immunol. 18:499, 1974. 18 – Altman, M.I., Goldstein, L., & Horwitz, S., J. Am. Pod. Assoc. 68:11, 1978. 19 – Rehn, V.J., Med. Klin. 58:799, 1963. 20 – Krauss, H., Koslowski, L., & Zimmermann, W.E., Langenbecks Arch. Klin. Chir. 303:23, 1963. 21 – Gruenagel, H.H., Med. Klin. 58:442, 1963.

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