

+ Prior Authorization

Best practices for SANTYL[◇] Ointment

Why did I receive a prior authorization?

Most PAs are due to exceeding a plan's approved quantity limit
(i.e. 180 grams for a 30 day supply)

Quantity Limit: Refers to a specific amount a plan will cover. If more than the limit is needed, a prior authorization can be completed to receive what is required.

- When fully completed for an on-label indication, the majority of PAs are approved
- Wound sizes must be documented as they provide justification for the appropriate dose of SANTYL
- Plans don't always specifically ask for wound dimensions, but they must be documented to override a quantity limit.
 - If there is not a direct question regarding wound measurements, they should be included in an open text box such as "other" or "additional information", and attach chart notes for documentation

See reverse side for more information



The only FDA-approved enzymatic debridement agent indicated for debriding **both** chronic dermal ulcers and severely burned areas

Smith+Nephew

Collagenase
SANTYL[◇]
Ointment 250 units/gram



Scan now to access the
SANTYL Dosing Calculator
on santyl.com

On-Label use:

Must be used for chronic dermal ulcer or severe burn

Chronic dermal ulcer may present as:

- Pressure injuries/ulcers
- Non-pressure injuries (i.e. venous ulcer, traumatic wound, etc.)
- Diabetic ulcer/neuropathic ulcer
- Surgical wound (i.e. dehiscence, failed graft site, etc.)

When prompted with a PA, the following examples will require the appropriate selection:

Examples:

- What is the patient's diagnosis:



- Chronic Dermal Ulcer
- Burn



- Ulcer
- Other diagnosis, please specify

- Does the patient have chronic dermal ulcer(s)? Y/N
- Does the patient have severely burned areas? Y/N

The diagnosis and/or ICD-10 code must be representative of a chronic dermal ulcer or burn. Please reference above regarding what may present as a "chronic dermal ulcer."

Documentation:

- Is there documentation of necrotic tissue?
- Is there documentation that wound debridement is incomplete (e.g., continued presence of necrotic tissue without well-established granulation tissue)?
- Do you have additional documentation to include?
- **Always** upload chart notes to provide appropriate documentation



If there are any questions when working through a PA please contact your local SANTYL^o representative.

SANTYL Indications and Important Safety Information

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.

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