

+ Find more value in SANTYL[◇] Ointment prescriptions

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

57% of patients paid

\$13 or less

109,466 paid claims

(9,476 reversed claims not included)

74% of patients paid

\$50 or less

143,706 paid claims

(15,202 reversed claims not included)

Of the 13% of scripts that were reversed, 43% would have paid

\$50 or less

Smith+Nephew

Collagenase
SANTYL[◇]

Ointment 250 units/gram



Key changes to Medicare Part D in 2026

- + \$2100 out of pocket cap
- + Medicare Prescription Payment Plan allows patients to spread copay over the year
Patients must enroll through their Part D plan



Total number of Medicare Part D, Commercial and Cash claims: 271,155

(193,627 paid - 71%, 35,160 reversed - 13%, 42,368 rejected - 16%)

These patient cost share amounts represent retail prescription paid claims from Medicare Part D, Commercial and cash only, from October 2024 through September 2025 for Collagenase SANTYL[◇] Ointment 250 units/g per prescription. Low-income subsidy patients should pay no more than \$12.65 for a 30 day supply of SANTYL Ointment in 2026.¹

SANTYL Ointment Copay Assistance Program

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

*Eligible recipients will pay the first \$50; Smith+Nephew will pay the remaining out-of-pocket cost up to the next \$250.

* The Copay Assistance Card can be used for six prescription fills, up to a \$1000 maximum, each year.

*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.

Reimbursement Demystified

Know where to go for your patient's prescription

% of Scripts Written in 12 months	Payer Type	How to Access	Santyl Ointment Coverage	Patient Responsibility
88% of scripts written in 12 months	Medicare-Fee for Service or Medicare Advantage	Retail pharmacy of patient's choice or Specialty@Retail pharmacy	100% Coverage through Medicare Part D	Varies depending on patient's selected plan
	Medicare and Medicaid (Dual-eligible)	Retail pharmacy of patient's choice or Specialty@Retail pharmacy	100% Coverage through Medicare Part D	Patient pays no more than \$12.65 for a 30-day supply in 2026
	Commercial	Retail pharmacy of patient's choice or Specialty@Retail pharmacy	Excellent Coverage for most Commercial patients	Dependent on the patient's plan. Copay card available and may be automatically applied for qualified scripts
9% of scripts written in 12 months	Medicaid	Patient Assistance Program, if not covered by Medicaid Program	Ask your representative about your state for the most current coverage information.	Patient Assistance Program available for states no longer covering SANTYL ^o Ointment
3% of scripts written in 12 months	Cash	Retail pharmacy of patient's choice or Specialty@Retail pharmacy		Copay card available. Must have a copy of the card.



Note: Patient may be responsible for deductibles and co-pays and will vary based on patient's individual plan.

These numbers represent retail prescription claims from Medicare Part D, Commercial, Medicaid and cash, from October 2024 through September 2025 for Collagenase SANTYL^o Ointment 250 units/g per prescription as captured by IQVIA.

Important Safety Information

Indications: Collagenase SANTYL^o 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) 2026 Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies.

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