Symproic® (naldemedine) tablets 0.2 mg

SYMPROIC is preferred

on top commercial health plans and pharmacy benefit managers, which means lower branded co-pays[1]

Preferred on:	*Commercial* Aetna, CVS Caremark, Express Scripts, UnitedHealthcare, OptumRx, Department of Defense–TRICARE
Covered on:	*Commercial* Anthem, BCBS Federal Employee Program (FEP), Cigna, Department of Veterans Affairs, Indian Health Services, Kaiser
	Medicare Part D BCBS Federal Employee Program (FEP), Express Scripts

Stated coverage applies to most plan lives, is not a guarantee and is subject to change without notice.
Submitting the incorrect form will likely result in a denial. Ensure the correct PA/ME form for the plan is submitted by using CollegiumCoverage.com

CO-PAY SAVINGS* available for eligible commercially insured patients.

*Please see Program Terms, Conditions, and Eligibility Criteria at www.Symproic.com

View your state's coverage and obtain authorization forms at **CollegiumCoverage.com**

Medicare Part D Extra Help patients pay less than $13 for branded medications
Your appropriate Medicare Part D Extra Help patients pay less than $13 for SYMPROIC

To learn more, visit SYMPROIC.com. To contact a Collegium representative, call 1-888-884-2655.

INDICATION

SYMPROIC® (naldemedine) is indicated for the treatment of opioid-induced constipation (OIC) in adult patients with chronic non-cancer pain, including patients with chronic pain related to prior cancer or its treatment who do not require frequent (e.g., weekly) opioid dosage escalation.

Important Safety Information

CONTRAINDICATIONS

- Patients with known or suspected gastrointestinal (GI) obstruction and patients at increased risk of recurrent obstruction, due to the potential for GI perforation.
- Patients with a history of a hypersensitivity reaction to naldemedine. Reactions have included bronchospasm and rash.

WARNINGS AND PRECAUTIONS

Cases of GI perforation have been reported with use of another peripherally acting opioid antagonist in patients with conditionsthat may be associated with localized or diffuse reduction of structural integrity in the wall of the GI tract. Monitor for the development of severe, persistent, or worsening abdominal pain; discontinue if this symptom develops.

Symptoms consistent with opioid withdrawal, including hyperhidrosis, chills, increased lacrimation, hot flush/flushing, pyrexia, sneezing, feeling cold, abdominal pain, diarrhea, nausea, and vomiting have occurred in patients treated with SYMPROIC.

Patients having disruptions to the blood-brain barrier may be at increased risk for opioid withdrawal or reduced analgesia. Take into account the overall risk-benefit profile when using SYMPROIC in such patients. Monitor for symptoms of opioid withdrawal in such patients.

Please see full Prescribing Information for SYMPROIC accompanying this piece or at Symproic.com/PI

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DRUG INTERACTIONS

Avoid use with strong CYP3A inducers (e.g., rifampin) because they may reduce the efficacy of SYMPROIC. Use with moderate (e.g., fluconazole) and strong (e.g., itraconazole) CYP3A inhibitors and P-glycoprotein inhibitors (e.g., cyclosporine) may increase SYMPROIC concentrations. Monitor for potential adverse reactions.

Avoid use of SYMPROIC with another opioid antagonist due to the potential for additive effect and increased risk of opioid withdrawal.

USE IN SPECIFIC POPULATIONS

Naldemedine crosses the placenta and may precipitate opioid withdrawal in a fetus due to the immature fetal blood-brain barrier. SYMPROIC should be used during pregnancy only if the potential benefit justifies the potential risk. Because of the potential for serious adverse reactions, including opioid withdrawal in breastfed infants, a decision should be made to discontinue breastfeeding or discontinue the drug, taking into account the importance of the drug to the mother.

Avoid use in patients with severe hepatic impairment. No dose adjustment of SYMPROIC is required in patients with mild or moderate hepatic impairment.

ADVERSE REACTIONS

The most common adverse reactions with SYMPROIC compared to placebo in two pooled 12-week studies were: abdominal pain (8% vs 2%), diarrhea (7% vs 2%), nausea (4% vs 2%), and gastroenteritis (2% vs 1%).

The incidence of adverse reactions of opioid withdrawal in two pooled 12-week studies was 1% (8/542) for SYMPROIC and 1% (3/546) for placebo. In a 52-week study, the incidence was 3% (20/621) for SYMPROIC and 1% (9/619) for placebo.

Please see Important Safety Information and full Prescribing Information accompanying this piece, or at Symproic.com/PI.

1. Managed Markets Insight & Technology, LLC (MMIT) data as of December 2023, Data on File.

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