




Ycanth[®]
(cantharidin) TOPICAL SOLUTION 0.7%

YCANTH[®] (cantharidin)
topical solution 0.7%

Office Resource for Specialty Pharmacy Offices

Please see Important Safety Information and Full Prescribing Information enclosed.

YCANTH[®] (cantharidin) topical solution 0.7%

Indication

YCANTH (cantharidin) topical solution 0.7% is indicated for the topical treatment of molluscum contagiosum in adult and pediatric patients 2 years of age and older.

Important Safety Information

CONTRAINDICATIONS:

None.

WARNINGS AND PRECAUTIONS:

- YCANTH is for topical use only. YCANTH is not for oral, mucosal, or ophthalmic use. Life threatening or fatal toxicities can occur if YCANTH is administered orally. Avoid contact with the treatment area, including oral contact, after treatment. Ocular toxicity can occur if YCANTH comes in contact with eyes. If YCANTH gets in eyes, flush eyes with water for at least 15 minutes.
- Local Skin Reactions: Reactions at the application site may occur, including vesiculation, pruritus, pain, discoloration, and erythema. Avoid application near eyes and mucosal tissue, and to healthy skin. If YCANTH contacts any unintended surface, or healthy skin, immediately remove. If severe local skin reactions occur, remove prior to the recommended 24 hours after treatment.
- YCANTH is flammable, even after drying. Avoid fire, flame or smoking near lesion(s) during treatment and after application until removed.

ADVERSE REACTIONS:

The most common (incidence $\geq 1\%$) reactions are the following local skin reactions at the application site: vesiculation, pain, pruritus, scabbing, erythema, discoloration, application site dryness, edema, and erosion. Local skin reactions at the application site were observed in 97% of subjects treated with YCANTH during clinical trials. These local skin reactions are expected and related to the anticipated blistering response of the skin to cantharidin.

DRUG INTERACTIONS:

No studies evaluating the drug interaction potential of cantharidin have been conducted.

USE IN SPECIFIC POPULATIONS:

Pregnancy: There are no available data with use of YCANTH in pregnant women to evaluate for a drug-associated risk of major birth defects, miscarriage or adverse maternal or fetal outcomes. Given that systemic exposure to cantharidin following topical administration is low, maternal use is not expected to result in fetal exposure to the drug.

Lactation: Avoid application of YCANTH topical solution to areas with increased risk for potential ingestion by or ocular exposure to the breastfeeding child.

OVERDOSAGE:

Oral ingestion of cantharidin has resulted in renal failure, blistering and severe damage to the gastrointestinal tract, coagulopathy, seizures, and flaccid paralysis.

Please see accompanying full Prescribing Information.

To report SUSPECTED ADVERSE REACTIONS, contact Verrica Pharmaceuticals Inc. at 1-877-VERRICA (1-877-837-7422), or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch. Local skin reactions are expected and should be reported if they are severe.

Table of Contents

4.....	Nufactor® Specialty Pharmacy Overview
5.....	How to write a Nufactor Rx
6.....	Nufactor® Patient Referral Process
7.....	YCANTH Referral Rx Form
8.....	Copay Assistance Program Information
9.....	eRx Instructions

Please see Important Safety Information and Full Prescribing Information enclosed.

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Prescribe YCANTH through our dedicated specialty pharmacy, Nufactor[®]

Nufactor Specialty Pharmacy offers comprehensive support services

Simplified Prescribing Process

Prescriptions can be submitted
through your electronic
Rx (eRx) (choose YCANTH in
the drop-down menu)



By phone at **1-800-315-0155**

By fax at **1-800-267-4982**

NDC: 71349-070-01

RX: YCANTH (cantharidin) topical
solution, single applicator

Additional patient support:

- Nufactor will contact your patient about their out-of-pocket costs and verify insurance coverage prior to treatment. Nufactor must speak to your patient prior to filling their prescription.
- Nufactor will satisfy any insurance requirements
- Nufactor will enroll eligible patients in YCANTH Copay Assistance Program
- Nufactor will ship the patient-labeled YCANTH prescription to your practice prior to the next patient visit

For Nufactor support:

www.Nufactor.com/YCANTH

Phone: (800) 315-0155

Fax : (800) 267-4982

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How to prescribe: Ensure your patient's Rx is filled

To fill a prescription, Nufactor needs the following information

- NDC for YCANTH: 71349-070-01
- Patient's PBM and Medical Insurance carrier names and member ID numbers
- Patient diagnosis ICD-10 code (B08.1, molluscum contagiosum)
- Quantity of YCANTH applicators to dispense (1 or 2), 21 day supply
- Specify routine of administration (SIG)—apply topically to affected area every 3 weeks as needed
- Patient or caregiver phone number and address. Patient must speak with Nufactor Specialty Pharmacy to fill their prescription.

Additional patient information to expedite a potential prior authorization request:

- Patient clinical information or chart notes (required for all medical benefit authorizations).

For additional information, including an example dosing screenshot, see page 9.

Nufactor® Patient Referral Process

nufactor.®

Three Easy Ways to Refer:

- 1 E-Prescribe with attached documents**
 - a. E-prescription
 - b. Patient's insurance information
 - c. Recent office visit note related to diagnosis
- 2 Nufactor Referral Form (see next page)**
 - a. Fax completed YCANTH referral for to **(800) 267-4982**
 - b. Recent office visit note related to diagnosis
- 3 Fax prescription from Doctor's prescription pad with attached documents**
 - a. Prescription
 - b. Patient's insurance information
 - c. Recent office visit note related to diagnosis

Once referral documents have been submitted:

- Nufactor will contact the office to confirm receipt of referral
- Nufactor will contact the patient and/or their caregiver to:
 - Explain insurance benefits including need for prior authorization when applicable
 - Facilitate enrollment in YCANTH Copay Assistance program if applicable
 - **Patient must speak with Nufactor Specialty Pharmacy to fill their prescription.**
- Nufactor will coordinate delivery of YCANTH with patient/caregiver and office
- Nufactor will contact the patient/caregiver one week post application
- Nufactor will maintain ongoing contact with patient/caregiver and office to schedule and coordinate subsequent YCANTH applications

For Nufactor support:

www.Nufactor.com/YCANTH

Phone: (800) 315-0155

Fax : (800) 267-4982



Nufactor Specialty Pharmacy has earned the Joint Commission Gold Seal of Approval



ACCREDITED
Specialty Pharmacy
Expires 03/01/2027

Making a difference, one patient at a time.

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Ycanth
(cantharidin) TOPICAL SOLUTION 0.7%

YCANTH™ (cantharidin) Topical Solution Orders

Fax all pages to (800) 267-4982

Patient Information				
Order Date:	Date of last dose:	<input type="checkbox"/> naive	Requested Start of Care Date:	Date of birth:
Patient Name:		Height:	Weight:	lb / kg
Address:		City:	State:	Zip:
Allergies:				
Primary Diagnosis:		ICD-10:		
Emergency Contact or Legal Guardian (if under 18 years of age):				
Name:		Phone Number:	Relationship to Patient:	
Insurance Information				
Please include a copy of insurance card(s).				
Insurance Information (Primary)		Insurance Information (Secondary)		
Insurance Provider:		Insurance Provider:		
Policy ID:		Policy ID:		
Group:		Group:		
Provider Services Phone Number:		Provider Services Phone Number:		
Insurance Information (Tertiary)		Pharmacy Benefit Manager (PBM):		
Insurance Provider:		BIN:		
Policy ID:		PCN:		
Group:		Group:		
Provider Services Phone Number:				
Medication Orders				
Please include most recent office visit note for submission to insurance plan.				
YCANTH (0.7% w/v cantharidin solution) Single Use Applicator 0.45 ml				
Instructions:	To be applied topically to lesions by a medical professional. May repeat in three weeks as necessary.			
Choose 1 dispensing option	<input type="checkbox"/> Option 1	Dispense Quantity: 2	Refills: _____	Unless noted, prescriptions valid 1 year from date signed.
	<input type="checkbox"/> Option 2	Dispense Quantity: 1	Refills: _____	
Additional Information				
Physician Information				
Signature:	MD Name:			
	NPI#:			
Date:	Office Coordinator Name:			
	Phone #:	Email Address:		
Office Address:				
Shipping Address (<input type="checkbox"/> same as above):				
Phone:			Fax:	

Fax all pages to (800) 267-4982.

Revision Date: 07.21.23

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YCANTH[®] Copay Assistance Program*

Copay savings for commercially insured patients



With the YCANTH Copay Assistance Program, **most of your commercially insured patients may pay as little as \$25 per applicator.** Eligibility requirements apply.

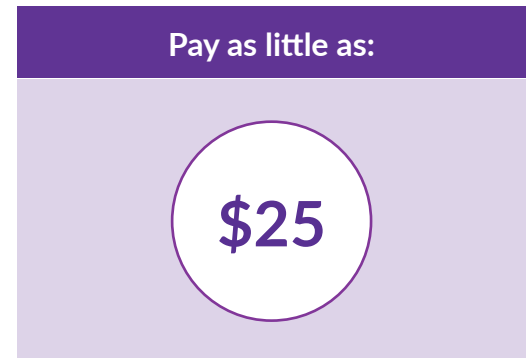
For qualified patients, copay amounts are based on several factors:

- Whether your patient's insurance covers YCANTH
- The type of insurance your patient has
- Whether they have met their deductible

FSA & HSA

Remind your patients, copay expenses may be covered by either a Flexible Spending Account (FSA) or a Health Savings Account (HSA). Healthcare expense accounts may help offset qualified out of pocket expenses.

Encourage patients to check with their program provider, additional terms and conditions may apply.



If deductible has not been met, or insurance does not cover YCANTH, **patient pays no more than \$75 per applicator**

Terms and Conditions:

*Copay Assistance Program is solely for patients' charges incurred in the use of YCANTH (cantharidin) topical solution and does not include any other related charges. For all qualified patients, Verrica is responsible for all YCANTH product costs under the Program amount and excluding the copay requirement. The patient's insurance provider can provide the most accurate explanation of all charges. Approval to the Program is not guaranteed. Program has an annual maximum benefit of \$2,605 or 4 treatments for YCANTH, whichever occurs first. Until the patient reaches the maximum Program benefit, providing healthcare professionals may not charge the patient more than the applicable Program allowance. Patient will bear financial responsibility for all costs not covered by commercial insurance exceeding maximum benefit for YCANTH. THIS IS NOT INSURANCE. Not valid for prescriptions paid, in whole or in part, by Medicaid, Medicare, VA, DOD, TRICARE®, or other federal or state programs including any state pharmaceutical assistance programs. This Program is not valid where prohibited by law, taxed or restricted. Verrica reserves the right to rescind, revoke, terminate, or amend this offer, eligibility, and terms of use at any time without notice. Additional terms and conditions may apply.

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Important YCANTH™ (cantharidin) Prescribing Information	
NDC	71349-070-01
Day's Supply	21
Indication	YCANTH is indicated for the topical treatment of molluscum contagiosum in adult and pediatric patients 2 years of age and older
Dosage Form	Topical Application
Prescription Form	Topical solution 0.7%: Each mL of YCANTH contains 7 mg (0.7%) of cantharidin in a light violet to dark purple, slightly viscous liquid
SIG	Apply topically to affected area every 3 weeks as needed
Dispense Quantity	1 or 2 (Single Use Applicators)
Dispense Unit	EA
Specialty Pharmacy (In EHR, search by Zip code and in "ALL Pharmacies" database - Any Nufactor Location will work)	(Preferred Location) Nufactor Inc 1601 Old Greensboro Rd Kernersville, NC 27284
Notes to Pharmacy**	<ul style="list-style-type: none"> • Patient's PBM and Medical Insurance Carrier Names and Member ID#s • Previously Tried/Failed Treatments if applicable • Misc Pertinent Clinical Information
Important Information to include on Prescription	<ul style="list-style-type: none"> • Patient/Caregiver Phone # and Address • Diagnosis Code (ICD-10)

Please see Important Safety Information and full Prescribing Information at YCANTHPro.com



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Example screenshot:

Ycanth 0.7% External Solution	Edit / Remove	
ALERT		
No drug or allergy alerts triggered for this medication		
SIG		
1 application topically to affected area every 3 weeks		
DISPENSE	UNIT	TOTAL QUANTITY
1	1 ea Package	1 ea (1 x 1 ea Package)
REFILLS	MAX DAILY DOSE	DAYS SUPPLY
1-4	2	21
SUBSTITUTIONS		
Brand medically necessary (dispense as written)		
SCRIPT DATE	EARLIEST FILL DATE	
09/29/2023	-	
ASSOCIATED DIAGNOSIS		
(ICD-10) B08.1 Molluscum contagiosum		
NOTE TO PHARMACY		
PBM: Anthem BC/BS BIN#XXXXXXXX		
Medical: Anthem BC/BS #XXXXXXXXXXXXXXXXXX		
Patient Phone, Patient Address		
Prev. Tried Tx		

**Important note: Send Patient Insurance and Clinical Information to Nufactor with eRx via e-fax or other applicable method within EHR to expedite Prior Authorization process.



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