



Ycanth[®]
(cantharidin) TOPICAL SOLUTION 0.7%

YCANTH[®] (cantharidin)
topical solution 0.7%

Office Resource for Buy and Bill Offices

J-code
J7354
Effective
April 1, 2024

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.

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Please see Important Safety Information and full Prescribing Information enclosed.

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BUY & BILL

Ordering YCANTH for your practice

Verrica has partnered with FFF Enterprises, Inc. for distribution.

How to Access YCANTH Inventory:

YCANTH is available through direct purchase or a consigned inventory program.

- Register for an FFF account at www.fffenterprises.com/ycanth/new-account
- FFF offers 60-day extended dating on distributor invoices with optional inventory management solutions
- Ask your YCANTH sales representative about available discount programs

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Getting Started Guide

For a step-by-step guide on getting started with YCANTH, visit YCANTHPro.com/get-started



For illustrative purposes only.

Claims submission and reimbursement support through Y-Access Support Solutions:

With a completed patient enrollment, healthcare professionals will receive support throughout the claims submission and reimbursement process, see page 6 for additional information.

- Patient benefits investigation within one business day
- Prior authorization and insurance claims support
- Copay eligibility determination and enrollment
- Dedicated case managers to assist throughout the process

Important Billing & Coding Information for YCANTH

YCANTH J-Code approved, effective 4/1/24

PERMANENT

J-CODE (J7354)

DESCRIPTION

Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)

CPT CODE (17110)

DESCRIPTION

14 LESIONS OR LESS Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions

CPT CODE (17111)

DESCRIPTION

15 LESIONS OR GREATER Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions

 The **ICD 10 code is B08.1** for Molluscum Contagiosum.

More information may be required for your patient to have access to YCANTH.

For Additional Documentation Required (ADR)

Provide additional documentation below:

- YCANTH Prescribing Information
- FDA Approval Letter
- Letter of Medical Necessity
- Pivotal Trials (CAMP 1 & CAMP 2)

Scan QR Code for documentation support



[YCANTHPro.com/resources](https://www.ycanthpro.com/resources)

For Prior Authorization (PA) Denial

Provide additional documentation for prior authorization appeals:

- Patient's Medical Record
- YCANTH Prescribing Information
- Letter of Medical Necessity

Some payers may have a form you can fill out.



If the payer denies the claim, reach out **Y-Access Support** at 1-855-922-6847

For Claims Denial

Your **Field Reimbursement Manager (FRM)** will work with the physician's office to correct the claim.



If a claim was updated or corrected and the payer still did not reimburse the office, **please contact your FRM for assistance through the appeals process.**

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Y-Access® Support Solutions

One-stop Support for Patients and
Healthcare Professionals



Program Services:

Y-Access provides support to all buy & bill offices. With a completed patient enrollment, healthcare professionals will receive support in the following categories:

- Benefits Investigation
- Prior Authorization Support
- Appeal Support
- Copay Eligibility Determination and Enrollment (with completed patient enrollment)
- Patient Assistance Program Enrollment (with completed patient enrollment)
- Insurance Claims Support
- Product Replacement and Triage
- Safety Information Reporting (e.g., Adverse Events & Product Complaints)
- Medical Information
- General Inquiries (FAQs)

Y-Access Healthcare Professional (HCP) Portal:

- Secure messaging and exchange of documents between the Y-Access Support Solutions team and provider for fast and efficient communication
- Allows the HCP to monitor the progress of their patient's case without the hassle and inconvenience of calling the support center
- Gives the HCP easy access to each patient's progress and needs in one location
- Patient enrollment form automation and submission
- Provides the HCP with alerts if an action is requested from the Y-Access Support Solutions Team. The HCP can easily find any forms, letters, and brochures for information about the product and coverage
- Ability for multiple users to access and use the system simultaneously

**Y-Access Support
Solutions is here to help.**

www.Y-AccessSupport.com

Phone: 1-855-YCANTHS (1-855-922-6847)

Fax: 1-844-YCANTHS (1-844-922-6847)

Hours: Monday through Friday 8:00am to 8:00pm EST

Please see Important Safety Information and full Prescribing Information enclosed.

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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 can help offset qualified out of pocket expenses.

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

Overview of Coverage

YCANTH Copay Assistance Program is only for qualified commercially insured patients seeking FDA approved treatments consistent with the YCANTH label.

Copay claim submission and support through Y-Access[®] Support Solutions:

- Visit Y-AccessSupport.com to complete a patient enrollment form and patient authorization form
- Y-Access will enroll your qualifying patients into the YCANTH Copay Assistance Program

Following treatment, submit a copay claim for reimbursement

- Visit Y-AccessCopay.com to upload the patient's explanation of benefits (EOB) for reimbursement

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.

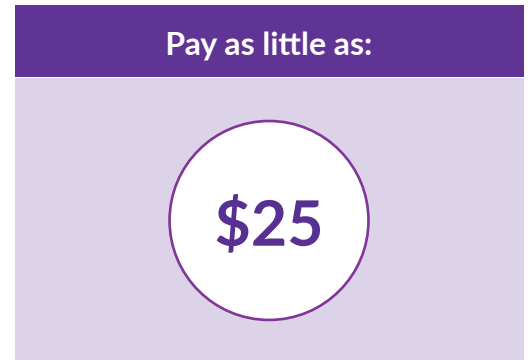
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If deductible has not been met, or insurance does not cover YCANTH, patient pays no more than \$75 per applicator



Y-Access® Patient Enrollment Form

Complete the enrollment form to allow Y-Access to provide:

- Patient benefit investigation within one business day
- Coverage determination for the patient
- Determination of out of pocket costs
- Determination of HCP in-network status

Complete the form on Y-AccessSupport.com for additional support. Y-Access will autocomplete sections of the form based on your practice information.

If you prefer, you may also copy the form on the adjacent page. Fax the completed form to [1-844-837-7422](tel:1-844-837-7422).

Y-Access Support Solutions is here to help.

www.Y-AccessSupport.com

Phone: **1-855-YCANTHS** (1-855-922-6847)

Fax : **1-844-YCANTHS** (1-844-922-6847)

Hours: Monday through Friday 8:00am to 8:00pm EST

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Patient Enrollment Form For the On-Label Use of YCANTH

Required fields

Patient Information

*Patient Name: Male Female *DOB: / / Preferred Language: English Spanish Other

*Address: City/State/Zip: *Home Phone: *Cell Phone: *Parent/Guardian Name: Relationship to Patient: *Contact Phone:

Insurance Information

Please include a copy of front and back of patient's insurance card(s).

*Policy ID#: *Group#: DOB: / /

Employer: Policy ID# Group#: DOB: / /

Subscriber's Name (if not self): Relationship to Patient: Employer: Member ID:

Secondary: Subscriber's Name (if not self): Relationship to Patient: Pharmacy Benefit: Yes No

Policy/Group#: *Primary: DOB: / /

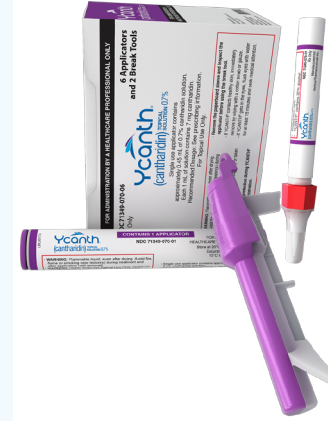


Monday-Friday (8 AM-8 PM ET)

Toll-free Phone: **1-855-YCANTHS** (1-855-922-6847)

Toll-free Fax: **1-844-YCANTHS** (1-844-922-6847)

For illustrative purposes only



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

Physician Information

*Prescriber Name: Specialty: Office Contact: Tax ID#:

Practice Name: *State Med Lic#:

*NPI#: *Address: *City/State/Zip: *Phone: *Fax: Email:

Clinical Information

Sample Product Administered? Yes No

*ICD-10 Code: *CPT Code Description: Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular, proliferative lesions CPT 17110 (Up to 14 lesions) CPT 17111 (15 or more lesions)

Prescription Information

Rx: YCANTH (cantharidin) topical solution 0.7% for the FDA-approved treatment of molluscum contagiosum

Quantity: Refill: times Days' Supply:

Directions: Dispense as Written Substitutions Allowed

By signing below, I certify that (a) the above-prescribed therapy for molluscum contagiosum is medically necessary and, (b) I have received from the patient identified above, or his/her personal representative, the necessary authorization to release, in accordance with applicable federal and state privacy laws and regulations, referenced medical and/or other patient information relating to the need for the above-prescribed therapy(ies), to manufacturer and its agents or contractors for the purpose of seeking information related to coverage for the therapy(ies) and/or assisting in initiating or continuing therapy.

*Prescriber's Signature **NO STAMPS PLEASE:** Date:



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Patient Authorization Form to Enroll in Copay Program

Ask your patient or caregiver to review and sign the Patient Authorization Form to be enrolled in the YCANTH Copay Assistance program. Completing the form will allow Y-Access to:

- Coordinate and process patient eligibility for copay assistance
- Provide status updates to patient and caregivers
- Provide patient and caregiver support throughout the copay assistance process

Submit the completed form on Y-AccessSupport.com or fax a signed copy to 1-844-922-6847.

For additional support, call 1-855-922-6847

Y-Access Support Solutions is here to help.

www.Y-AccessSupport.com

Phone: 1-855-YCANTHS (1-855-922-6847)

Fax : 1-844-YCANTHS (1-844-922-6847)

Hours: Monday through Friday 8:00am to 8:00pm EST

Please see Important Safety Information and full Prescribing Information enclosed.

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Patient Authorization Form

I authorize Y-Access™ Support Solutions, a service of Verrica Pharmaceuticals, as well as CareMetx, insurance companies, my healthcare providers, specialty pharmacies, and any vendors contracted by such entities or the Y-Access Support Solutions program to use and share my Protected Health Information (PHI) with each other for specific purposes related to prescriptions for YCANTH™ (cantharidin) topical solution for the FDA-approved treatment of molluscum contagiosum to be administered by a healthcare professional.

I authorize the entities described above to receive, use, and disclose to one another my PHI in order to provide copay assistance, coordinate my benefits, provide reimbursement support, investigate my insurance coverage, help with financial assistance for YCANTH, provide patient and healthcare professional support services, ensure compliance with the requirements of the financial assistance services, and manage, administer, and/or support the Y-Access Support Solutions program and other business purposes. I understand that my PHI will not be used or disclosed for any other purpose without my prior authorization unless permitted by law or unless information that specifically identifies me is removed. The PHI to be shared may include my entire medical file, including but not limited to my demographic information, diagnosis and treatment information, prescription information, and financial information. I understand and acknowledge that my healthcare providers may receive remuneration for sharing my PHI if I sign this authorization.

I understand that the PHI disclosed pursuant to this authorization, once disclosed, may not be governed by federal privacy law and may be subject to redisclosure. I understand that I am not required to sign this authorization as a condition of receiving treatment, payment, enrollment, or benefits from my healthcare providers.

I authorize Y-Access Support Solutions and the other entities described above to contact me to provide such services and information by mail, email, fax, telephone call, text message, and other means. I further understand that I do not have to agree to receive the services and communications described above and that I can still receive YCANTH, as prescribed by my physician. I understand that I am under no obligation to purchase YCANTH. I understand that if I receive copay assistance, I cannot seek reimbursement for YCANTH from any government insurance program and that any financial assistance cannot be counted toward my true out-of-pocket costs. I certify that I am at least eighteen (18) years of age.

I understand that I may revoke this authorization by notifying a program representative by telephone at 1-855-922-6847 or by sending a letter to 610 Crescent Executive Ct. Suite 200, Lake Mary, FL 32746, but that such revocation will not be effective with respect to actions already taken in reliance on this authorization. I understand that if I do not cancel this authorization, the authorization will expire 24 months from the date of signature (or the maximum period allowed by applicable state law, if less than 24 months).

I understand that I am entitled to receive a copy of this authorization once it has been signed.

By signing, I certify that I have read and agree to the above Patient Authorization.

Signature of patient, parent, legal guardian, or legal representative:

Name of signing party (please print):

Relationship to patient (if other than patient signing):

Date:

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