

How to load your EMR:

Important YCANTH® Prescribing Information

NDC	71349-070-01
Days 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)

**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.*

Please see Important Safety Information and full Prescribing Information at [YCANTHPro.com](https://www.ycanthpro.com)



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Patients with commercial insurance can pay just \$25 per YCANTH treatment with the YCANTH Copay Program*

YCANTH's copay assistance program is per treatment visit, up to two applicators.

Eligibility requirements apply.

*Program is solely for patients' charges incurred in the use of YCANTH (cantharidin) topical solution and does not include any other related charges. The Program is only for qualified commercially insured patients seeking FDA approved treatments consistent with the YCANTH label. 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 \$2,805 or 4 treatments for YCANTH, whichever occurs first. The copay program covers up to two (2) YCANTH applicators per visit depending on patient need. 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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Please see Important Safety Information and full Prescribing Information at [YCANTHPro.com](https://www.ycanthpro.com)