See it, treat it.

The first FDA-approved, in-office treatment for molluscum¹





Molluscum is highly contagious, and when left untreated, lesions can last an average of 13 months but may persist for several years²⁻⁴

60%

of patients report spreading within the household⁵

74%

of caregivers reported major to moderate impact on their children's lives⁵

Photos are illustrative and not representative of all patients. Applicator is not to scale

YCANTH® is covered by the top commercial and Medicaid health plans⁶

J-code J7354 Effective April 1, 2024

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.



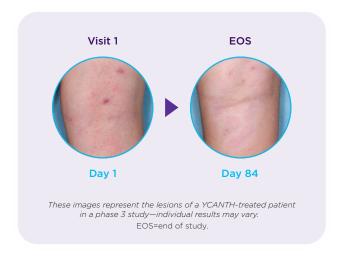
Please see Important Safety Information throughout and accompanying full Prescribing Information or visit YCANTHPro.com

Efficacy Data:

YCANTH® provided complete clearance for many patients in just 12 weeks¹

Complete clearance of all baseline and new lesions: pooled CAMP-1 & CAMP-2 data (ITT population)^{1,6*}

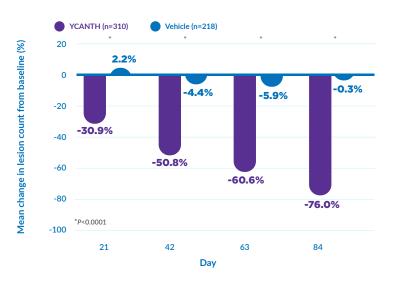


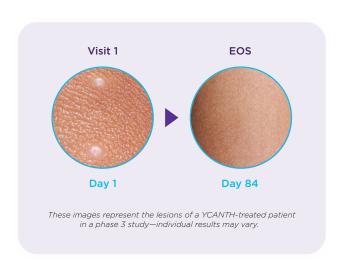


CAMP-1: 46% vs 18% (P<0.0001)⁵, CAMP-2: 54% vs 13% (P<0.0001)⁵ CAMP-1 statistical significance at days 21, 42, 63, and 84. CAMP-2 significance at days 42, 63, and 84. 2 *The intent to treat (ITT) population included patients randomized to receive either YCANTH or vehicle. ITT=intent to treat.

Significant reduction in lesion count for YCANTH treated patients¹

Pooled CAMP-1 and CAMP-2 mean percentage change in lesion count from baseline to day 84 (ITT population)¹





The data represented in this graph are the result of an exploratory endpoint.

IMPORTANT SAFETY INFORMATION (Continued)

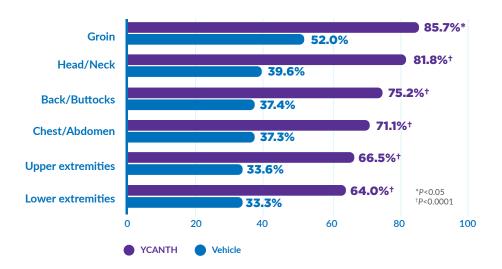
ADVERSE REACTIONS:

The most common (incidence ≥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.

Body Location Data:

YCANTH® is safe to use on almost all body areas, including hard to treat areas^{1,6*}

Percentage of patients with complete clearance by area of the body (ITT population)^{1,6}



- YCANTH-treated patients had an average of 2.4 areas of the body affected at baseline⁶
- Significantly more YCANTHtreated patients experienced complete clearance of baseline and new lesions in all body regions by day 84 than vehicle-treated patients^{1,6*}

Safety Data:

- No serious adverse reactions were reported¹
- Only 2.3% of YCANTH-treated patients and 0.5% of vehicle-treated patients discontinued treatment due to an application site reaction.¹
- Most common adverse reactions (incidence ≥1%) included vesicles, pain, pruritus, scab, erythema, discoloration, dryness, edema, erosion, and contact dermatitis¹
- YCANTH is a vesicant. Local skin reactions at the application site were observed in 97% of subjects treated with YCANTH¹

IMPORTANT SAFETY INFORMATION (Continued)

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.



^{*}This was a post hoc analysis conducted after the analysis of the individual studies. Because these analyses were not prespecified and appropriate multiplicity adjustments were not applied, the results on the individual components need cautious interpretation and could represent chance findings.

‡ Avoid application near the eyes and mucosal tissues, and to adjacent healthy skin.¹

ITT=intent to treat.

Treat your patients today with YCANTH.

Don't let molluscum lead to further complications.

YCANTH®—precise control with proven results⁷

50.0%

Patients achieving complete clearance by end of study (vs 15.6% in vehicle group; P<0.0001)^{1,6,*}

76.0%

Mean percent reduction in lesion count from baseline to end of study (vs 0.3% in vehicle group; P<0.0001)^{1,6,*}

12 Weeks

Clinical presentation of a YCANTH-treated patient in a phase 3 study⁶





Scan the QR code or visit YCANTHPro.com/speaker-program to watch a presentation from a thought leader *Pooled CAMP-1 and CAMP-2 data.

CAMP-1/CAMP-2 = Cantharidin Application in Molluscum Patients-1 and -2;

EOS = end of study.

IMPORTANT SAFETY INFORMATION (Continued)

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.

References: 1. YCANTH (cantharidin) topical solution 0.7% Prescribing Information, Verrica Pharmaceuticals Inc., 2023. 2. Olsen JR, Gallacher J, Finlay AY, Piguet V, Francis NA. Time to resolution and effect on quality of life of molluscum contagiosum in children in the UK: a prospective community cohort study. Lancet Infect Dis. 2015;15(2):190-195. doi:10.1016/S1473-3099(14)71053-9 3. Basdag H, Rainer BM, Molluscum contagiosum: to treat or not to treat? Experience with 170 children in an outpatient clinic setting in the northeastern United States. Pediatr Dermatol. 2015;32(3):353-357. doi:10.1111/pde.12504 4. Silverberg NB. Pediatric molluscum: an update. Cutis. 2019;104(5):301-305, E1-E2. 5. Kwong P, Hebert AA, Utley C, Olivadoti M. The hidden impact of molluscum contagiosum: a survey of caregivers' experiences with diagnosis, treatment, and impact on quality of life. Skin. 2021;5(4):363-371. doi:10.25251/skin.5.4.5 6. Data on file. Verrica Pharmaceuticals Inc., 2024. 7. Eichenfield LF, McFalda W, Brabec B, et al. Safety and efficacy of VP-102, a proprietary, drug-device combination product containing cantharidin, 0.7% (w/v), in children and adults with molluscum contagiosum: two phase 3 randomized clinical trials. JAMA Dermatol. 2020;156(12):1315-1323. doi:10.1001/jamadermatol.2020.3238 8. Eichenfield LF, Siegfried E, Kwong P, et al. Pooled results of two randomized phase Ill trials evaluating VP-102, a drug-device combination product containing cantharidin 0.7% (w/v) for the treatment of molluscum contagiosum. Am J Clin Dermatol. 2021;22(2):257-265. doi:10.1007/s40257-00570-8 9. Eichenfield LF, Kwong P, Gonzalez ME, et al. Safety and efficacy of VP-102 (cantharidin, 0.7% w/v) in molluscum contagiosum by body region: post hoc pooled analyses from two phase Ill randomized trials. J Clin Aesthet Dermatol. 2021;14(10):42-47.



