

Important YCANTH™ (cantharidin) 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)	Nufactor Inc (Preferred Location) 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 dosing screenshot:

Ycanth 0.7 % External Solution [Edit](#) [Remove](#)

ALERTS
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#XXXXXX, Medical: Anthem BC/BS #AXXXXXXXXXXX, PT Phone and 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.

For training purposes only.

