



Ycanth™
(cantharidin) TOPICAL SOLUTION 0.7%

YCANTH™ (cantharidin)
topical solution 0.7%

Office Resource for Specialty Pharmacy Offices

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Please see Important Safety Information and Full Prescribing Information enclosed.

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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.

SPECIALTY PHARMACY

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**

RX: YCANTH (cantharidin) topical
solution, single applicator

NuFactor® will manage all additional requirements for patient care:

- Contact the patient about their out-of-pocket costs and verify insurance coverage prior to treatment
- Satisfy any insurance requirements
- Enroll eligible patients in Verrica's Copay Assistance Program
- 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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Nufactor® Patient Referral Process

nufactor®

Three Easy Ways to Refer

- 1 E-Prescribe Via Surescripts® with attached documents**
 - a. E-prescription
 - b. Patient's insurance information
 - c. Recent office visit note related to diagnosis
- 2 Nufactor Referral Form (see attached)**
 - a. Fax completed YCANTH referral for to **(800) 267-4981**
 - b. Recent office visit note related to diagnosis
- 3 Faxed 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
- Contact the patient and/or their caregiver:
 - Explain insurance benefits including need for prior authorization when applicable
 - Facilitate enrollment in copay program if applicable
- Coordinate delivery of YCANTH with patient/caregiver and office
- Contact the patient/caregiver one (1) week post application
- Maintain ongoing contact with patient/caregiver and office to schedule and coordinate subsequent YCANTH applications



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



ACCREDITED
Specialty Pharmacy
Expires 03/01/2024

For Nufactor® support:

www.Nufactor.com/YCANTH

Phone: (800) 315-0155

Fax : (800) 267-4982

Making a difference, one patient at a time.

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:
Patient Name:		Height:	Date of birth:
Address:		Weight: lb / kg	
		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: _____
	<input type="checkbox"/> Option 2	Dispense Quantity: 1	Refills: _____
			Unless noted, prescriptions valid 1 year from date signed.

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.

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Copay Assistance Program

Nufactor will automatically enroll all eligible patients into Verrica's copay assistance program. Instruct your patients to expect a call from Nufactor to collect necessary information. Upon request, your Verrica sales representative will provide your office with the Nufactor patient information shown below.



Welcome to Nufactor!
We're a specialty pharmacy dedicated to providing you with exceptional service for your next YCANTH treatment.

We will be calling you to collect information and enroll you in the YCANTH copay assistance program. Please note the call will come from (800) 315-0155. If you have any questions in the meantime, please call **(800) 315-0155**.

We're looking forward to working with you.
TEL (800) 315-0155 • FAX (800) 267-4982 • www.Nufactor.com

Program Information

For eligible patients, Verrica's copay assistance program can help with out-of-pocket costs for YCANTH. If your office would like printed copies to share with your patients, ask your Verrica sales representative for copay patient information.

Patient Information:

YCANTH™ Copay Assistance Program

With Verrica's Copay Assistance Program (the "Program"), commercially insured patients can save on their YCANTH treatments. The amount you pay for YCANTH will largely depend on a number of factors, including:

- Whether your insurance covers YCANTH
- The type of insurance you have
- Whether you've met your deductible

as little as

\$25

Patients who have met their deductible amount

no more than


\$125

Patients who have not met their deductible amount or whose insurance does not cover YCANTH

See back for additional information including terms and conditions for the Program.

FSA & HSA

Remember, your Flexible Spending Account (FSA) or Health Savings Account (HSA) when paying for YCANTH. Check with your individual program provider for additional terms and conditions.



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. Your 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 \$2,405 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. A digital copay card will be provided to the patient's email address or mobile phone number upon request. Additional terms and conditions may apply.

TRICARE® is a registered trademark of the Department of Defense (DOD), DHA.

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