Patient Authorization Form

Toll-free Phone: 1-855-YCANTHS (1-855-922-6847)
Toll-free Fax: 1-844-YCANTHS (1-844-922-6847)
Monday–Friday (8 am–8 pm EST)

YcanthRx™ Support is a service of Verrica Pharmaceuticals Inc. provided by PRO-spectus, LLC to facilitate healthcare provider and patient access to YCANTH® (cantharidin) topical solution 0.7%. I understand that health information regarding my care and treatment may be released as set forth on this Form. Accordingly, I authorize Verrica Pharmaceuticals and its agents, contractors and assignees, PRO-spectus, my insurance companies, my healthcare providers, specialty pharmacies, and any vendors contracted by such entities and the YcanthRx Support program to receive, use, and share my Protected Health Information (PHI) with each other for specific purposes related to prescriptions for YCANTH 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 YcanthRx Support 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 and state 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, but I may not have access to certain of the YcanthRx Support services.

I authorize YcanthRx Support 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, including made by automatic telephone dialing systems or artificial or prerecorded voice. 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 at any time by notifying PRO-spectus in writing at the following email address: ycanthrx@pro-spectus.com. 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 5 years from the date of signature (or the maximum period allowed by applicable state law, if less than 5 years).

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:

Prefer to sign electronically?
Scan to complete this form with DOCUSIGN

For HCP offices
Upload the completed form at ycanthrxportal.com or fax it to (844) 922-6847.

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