

YCANTH[®] (cantharidin) topical solution 0.7% **Billing and Coding Guide**

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.

J-code
J7354



Please see Important Safety Information on page 3 and full Prescribing Information at YCANTHPro.com

For YCANTH training, please visit YCANTHPro.com/training

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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.

Please see Important Safety Information above and full Prescribing Information at YCANTHPro.com

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Sample Coding

Molluscum Contagiosum

Type	Code		Description
Diagnosis: ICD-10-CM	B08.1		Molluscum contagiosum
Drug: HCPCS	J7354		Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)
Drug: NDC	10-digit	11-digit	
	71349-070-01	71349-0070-01	Payer requirements regarding use of 10-digit or 11-digit NDC may vary. Both formats are listed here for your reference.
Drug: Revenue Code (hospital only)	025X		Pharmacy
	0636 (required on Medicare hospital outpatient claims)		Drugs Requiring Detailed Coding
Application Procedure: CPT	17110		14 LESIONS OR FEWER Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative up to 14 lesions
	17111		15 LESIONS OR GREATER Destruction (e.g., laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative 15 or more lesions

CPT= Current Procedural Terminology **HCPCS=** Healthcare Common Procedure Coding System

ICD-10-CM= International Classification of Diseases, 10th Revision, Clinical Modification **NDC=** National Drug Code

These codes are not all-inclusive; appropriate codes can vary by patient, setting of care, and payer.

Correct coding is the responsibility of the provider submitting the claim for the item or service.

Please check with the payer to verify codes and billing requirements.

Verrica Pharmaceuticals Inc. does not make any representation or guarantee concerning reimbursement or coverage for any service or item.

CPT copyright 2024 American Medical Association. All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Restrictions Apply to Government Use.

Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

HCPCS J-code for YCANTH

The Centers for Medicare and Medicaid Services (CMS) has approved a new permanent HCPCS J-code for YCANTH effective for dates of service on or after April 1, 2024:

J7354 - Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)

HCPCS code J7354 should be used on physician office and hospital outpatient claims with dates of service on or after April 1, 2024.

In accordance with the code descriptor, providers should report 1 unit of J7354 for each single-use applicator administered. For example:

1 single-use applicator = 1 unit of J7354

2 single-use applicators = 2 units of J7354

JZ Modifier

Under Medicare's discarded drug policy, claims for drugs from single-dose containers require use of the JZ modifier (Zero drug amount discarded/not administered to any patient) or JW modifier (Drug amount discarded/not administered to any patient). Because it is not possible to bill for less than 1 single-use applicator of YCANTH, only the JZ modifier is appropriate for use with HCPCS code J7354.

Note: Discarded drug and JZ/JW modifier policies for payers other than Medicare may vary; providers should check with their specific plans to determine billing requirements.

For dates of service prior to April 1, 2024, HCPCS coding for YCANTH will vary.

Disclaimer

The use of this guide is strictly for informational purposes. The information contained in this document is not intended for purposes of providing clinical practice guidelines for the use of YCANTH (cantharidin) topical solution 0.7%. Please see the package insert for more information.

Verrica Pharmaceuticals Inc. specifically disclaims liability or responsibility for the results or consequences of any action taken in reliance on information in this sample coding guide. Verrica Pharmaceuticals cannot guarantee nor is responsible for the payment of any claim. The coding, coverage, and payment for YCANTH may vary by payer, plan, patient, and setting of care. For more information, healthcare professionals should check with individual payers for specific coding, coverage, and payment requirements in the use of YCANTH. It is the sole responsibility of the healthcare professional to properly code and ensure the accuracy of all claims used in seeking reimbursement. All services must be medically appropriate and properly supported in the patient's medical records.

Coding determinations and analyses should always be independently researched and assessed. Providers are responsible for selecting the most appropriate diagnosis code for a specific patient. Providers should contact a patient's health plan, as health plans may have specific reimbursement requirements for YCANTH administration.

Content is informational only and does not constitute medical, legal, or reimbursement advice and represents no statement, promise, or guarantee of payment. The provider is solely responsible for determining appropriate treatment for the patient based on the unique medical needs of each patient and the independent judgment of the provider. It is also the responsibility of the provider to determine payer appropriate coding, medical necessity, site of service, documentation requirements and payment levels, and to submit appropriate codes, modifiers, and charges for services rendered. Although Verrica has made every effort to provide information that is current at the time of its issue, it is recommended you consult your legal counsel, reimbursement/compliance advisor, and/or payer organization(s) for interpretation of payer specific coding, coverage, and payment expectations.

Please see Important Safety Information on page 3 and full Prescribing Information at [YCANTHPro.com](https://www.YCANTHPro.com)

For YCANTH training, please visit [YCANTHPro.com/training](https://www.YCANTHPro.com/training)

Sample CMS-1450 (UB-04) Form

Enter the appropriate revenue code for YCANTH:
Medicare: 0636 (Drugs requiring detailed coding)
Other Payers: 025X (Pharmacy) or 0636, if required by a given payer

For the YCANTH application procedure, enter the appropriate revenue code based on the cost center in which the service is performed

BOX 42

Enter description for each revenue code.
Note: If NDC reporting is required in this field (for example, for Medicaid and many commercial insurers), enter NDC information for YCANTH. Check with the payer to determine the proper format for NDC reporting.

BOX 43

Enter the appropriate HCPCS code for YCANTH: J7354 - Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg) (effective for dates of service on or after April 1, 2024). For Medicare, HCPCS code J7354 should be reported with the JZ modifier (Zero drug amount discarded/not administered to any patient). JZ/JW modifier policies for payers other than Medicare may vary.

BOX 44

Enter the appropriate CPT code for YCANTH application based on the actual service performed.

Example:
CPT code 17110 for destruction of up to 14 lesions
CPT code 17111 for destruction of 15 or more lesions

Report units of service for each HCPCS or CPT code in accordance with the code descriptor. For HCPCS code J7354, report 1 unit for each single-use applicator administered.

Example:
1 single-use applicator = 1 unit of J7354
2 single-use applicators = 2 units of J7354

BOX 46

Enter appropriate ICD-10-CM diagnosis code(s) to describe the patient's condition.
Example: B08.1 (molluscum contagiosum)

BOX 66

1 2 3a PAT. CNTL. # 4 TYPE OF BILL
b. MED. REC. #
5 FED. TAX NO. 6 STATEMENT COVERS PERIOD FROM THROUGH 7
8 PATIENT NAME a 9 PATIENT ADDRESS a
b
10 BIRTHDATE 11 SEX 12 DATE ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT 18 19 20 21 CONDITION CODES 22 23 24 25 26 27 28 29 ACCT STATE 30
31 OCCURRENCE DATE 32 OCCURRENCE CODE 33 OCCURRENCE DATE 34 OCCURRENCE CODE 35 OCCURRENCE DATE 36 OCCURRENCE SPAN FROM THROUGH 37
38
39 CODE VALUE CODES AMOUNT 40 CODE VALUE CODES AMOUNT 41 CODE VALUE CODES AMOUNT
a
b
c
d
42 REV. CD. 43 DESCRIPTION 44 HCPCS / RATE / HIPPS CODE 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES 49
1 025X YCANTH (cantharidin) topical solution 0.7%, 3.2 mg J7354 1
2 Destruction of up to 14 lesions 17110 1
3
4
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21
22
23 PAGE OF CREATION DATE TOTALS
50 PAYER NAME 51 HEALTH PLAN ID 52 REL. INFO 53 ASG. BEN. 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56 NPI 57 OTHER PRV ID
A
B
C
58 INSURED'S NAME 59 P. REL. 60 INSURED'S UNIQUE ID 61 GROUP NAME 62 INSURANCE GROUP NO.
A
B
C
63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME
A
B
C
66 B08.1 68
69 ADMIT DX 70 PATIENT REASON DX 71 PPS CODE 72 EDI 73
74 PRINCIPAL PROCEDURE CODE a. OTHER PROCEDURE CODE b. OTHER PROCEDURE CODE 75
c. OTHER PROCEDURE CODE d. OTHER PROCEDURE CODE e. OTHER PROCEDURE CODE
76 ATTENDING NPI QUAL LAST FIRST
77 OPERATING NPI QUAL LAST FIRST
78 OTHER NPI QUAL LAST FIRST
79 OTHER NPI QUAL LAST FIRST
80 REMARKS 81CC a b c d
UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC National Uniform Billing Committee LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

Sample CMS-1500 Form

Enter appropriate ICD-10-CM diagnosis code(s) to describe the patient's condition. <i>Example: B08.1 (molluscum contagiosum)</i>	BOX 21																																								
If NDC reporting is required in this field (for example, for Medicaid and many commercial insurers), enter NDC information for YCANTH in the shaded portion of box 24A. Check with the payer to determine the proper format for NDC reporting.	BOX 24A																																								
Enter the appropriate HCPCS code for YCANTH: J7354 - Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg) (effective for dates of service on or after April 1, 2024). For Medicare, HCPCS code J7354 should be reported with the JZ modifier (Zero drug amount discarded/not administered to any patient). JZ/JW modifier policies for payers other than Medicare may vary.	BOX 24D																																								
Enter the appropriate CPT code for YCANTH application based on the actual service performed. <i>Example:</i> CPT code 17110 for destruction of up to 14 lesions CPT code 17111 for destruction of 15 or more lesions	BOX 24G																																								
Report units of service for each HCPCS or CPT code in accordance with the code descriptor. For HCPCS code J7354, report 1 unit for each single-use applicator administered. <i>Example:</i> 1 single-use applicator = 1 unit of J7354 2 single-use applicators = 2 units of J7354	BOX 24G																																								

Patient Authorization Form

I authorize Y-Access[™] Support Solutions, a service of Verrica Pharmaceuticals, as well as CareMetx, insurance companies, my healthcare providers, specialty pharmacies, and any vendors contracted by such entities or the Y-Access Support Solutions program to use and share my Protected Health Information (PHI) with each other for specific purposes related to prescriptions for YCANTH[™] (cantharidin) topical solution for the FDA-approved treatment of molluscum contagiosum 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 Y-Access Support Solutions 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 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.

I authorize Y-Access Support Solutions 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. 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 by notifying a program representative by telephone at 1-855-922-6847 or by sending a letter to 610 Crescent Executive Ct. Suite 200, Lake Mary, FL 32746, but that such 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 24 months from the date of signature (or the maximum period allowed by applicable state law, if less than 24 months).

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:

Please see Important Safety Information and full Prescribing Information at YCANTH.com

Patented: www.verrica.com/patents

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Patient Enrollment Form For the On-Label Use of YCANTH

[*required fields]

Physician Information

*Prescriber Name:	Specialty:
Practice Name:	Office Contact:
*NPI#:	*State Med Lic#:
Tax ID#:	
*Address:	
*City/State/Zip:	
*Phone:	*Fax:
Email:	

Patient Information

*Patient Name:
Male Female *DOB: / / Preferred Language: English Spanish Other
*Address:
City/State/Zip:
*Home Phone:
*Cell Phone:
Email:
*Parent/ guardian responsible for child's insurance coverage:
Relationship to Patient:
*Contact Phone:

Insurance Information

Patient has no insurance coverage.		Please include a copy of front and back of patient's insurance card(s).	
*Primary:	*Policy ID#:	*Group#:	
Subscriber's Name (if not self):	DOB: / /		
Relationship to Patient:	Employer:		
Secondary:	Policy ID#	Group#:	
Subscriber's Name (if not self):	DOB: / /		
Relationship to Patient:	Employer:		
Pharmacy Benefit: Yes No	Carrier:		
Policy/Group#:	Member ID:		

Clinical Information

Sample Product Administered?	Yes	No
*ICD-10 Code:	B08.1	Other:
*CPT Code Description:	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions	
	CPT 17110 (Up to 14 lesions)	CPT 17111 (15 or more lesions)

Prescription Information

* Rx: YCANTH (cantharidin) topical solution 0.7% for the FDA-approved treatment of molluscum contagiosum			
Quantity:	Refill:	times	Days' Supply:
Directions:			
Dispense as Written	Substitutions Allowed		
By signing below, I certify that (a) the above-prescribed therapy for molluscum contagiosum is medically necessary and, (b) I have received from the patient identified above, or his/her personal representative, the necessary authorization to release, in accordance with applicable federal and state privacy laws and regulations, referenced medical and/or other patient information relating to the need for the above-prescribed therapy(ies), to manufacturer and its agents or contractors for the purpose of seeking information related to coverage for the therapy(ies) and/or assisting in initiating or continuing therapy.			
*Prescriber's Signature NO STAMPS PLEASE:			
Date:			



Monday-Friday
(8 AM-5 PM ET)

Toll-free Phone:
1-855-YCANTHS
(1-855-922-6847)

Toll-free Fax:
1-844-YCANTHS
(1-844-922-6847)



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Y-Access[®] Support Solutions

One-stop support for patients and physicians

Program Services:

Y-Access provides support to all buy & bill offices. With a completed patient enrollment, healthcare professionals will receive support in the following categories:

- Benefits Investigation
- Prior Authorization Support
- Appeal Support
- Copay Eligibility and Enrollment (with completed patient enrollment)
- Patient Assistance Program Enrollment (with completed patient enrollment)
- Insurance Claims Support
- Product Replacement and Triage
- Safety Information Reporting (e.g., Adverse Events & Product Complaints)
- Medical Information
- General Inquiries (FAQs)

Y-Access Healthcare Professional (HCP) Portal:

- Secure messaging and exchange of documents between the Y-Access Support Solutions Team and the HCP for fast and efficient communication
- Allows the HCP to monitor the progress of their patient's case without the hassle and inconvenience of calling the support center
- Gives the HCP easy access to each patient's progress and needs in one location
- Patient enrollment form automation and submission
- Provides the HCP with alerts if an action is requested from the Y-Access Support Solutions Team
- The HCP can easily find any forms, letters, and brochures for information about the product and coverage
- Ability for multiple users to access and use the system simultaneously

Y-Access Support Solutions offers a purpose-built user portal to support offices throughout the buy & bill reimbursement cycle.

Y-AccessSupport.com

Phone: 1-855-YCANTHS (1-855-922-6847)

Fax: 1-844-YCANTHS (1-844-922-6847)

Hours: Monday through Friday 8:00am to 5:00pm EST