

| Important YCANTH™ (cantharidin) Prescribing Information | |
|---|--|
| NDC | 71349-070-01 |
| Day's 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) | (Preferred Location) Nufactor Inc 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 screenshot:

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

ALERT
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#XXXXXXX
Medical: Anthem BC/BS #AXXXXXXXXXXXXXX
Patient Phone, Patient 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.

