

# Ycanth (cantharidin) Effective 06/01/25

Plan	<ul><li>☑ MassHealth UPPL</li><li>☐ Commercial/Exchange</li></ul>		<ul><li>☑ Prior Authorization</li><li>☐ Quantity Limit</li><li>☐ Step Therapy</li></ul>
Benefit	<ul><li>☐ Pharmacy Benefit</li><li>☒ Medical Benefit</li></ul>	Program Type	
Specialty Limitations	N/A		
Contact Information	Medical and Specialty Medications		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	Non-Specialty Medications		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
Exceptions	N/A		

#### Overview

Ycanth (cantharidin) is the first FDA-approved treatment for molluscum contagiosum for adults and children 2 years of age and older.

### **Coverage Guidelines**

Authorization may be granted for members when all the following criteria are met:

- 1. Diagnosis of molluscum contagiosum and **ONE** of the following:
  - a. itching, pain, or bleeding associated with lesions
  - b. member is immunocompromised
  - c. concomitant bacterial infection
  - d. risk of spread to contacts (i.e., siblings, daycare)
- 2. Member is ≥2 years of age
- 3. Inadequate response or adverse reaction to **ONE** or contraindication to **ALL** of the following:
  - a. podofilox
  - b. cryotherapy
  - c. curettage
- 4. Requested dose is ≤ 8 applicators/12 weeks

## **Continuation of Therapy**

Reauthorization when prescriber provides documentation of medical necessity for use beyond 12 weeks.

#### Limitations

1. Initial approvals and reauthorizations will be granted for up to 12 weeks.

#### References

1. Ycanth [package insert]. West Chester (PA): Verrica Pharmaceuticals Inc.; 2024 Nov.

- 2. FDA approves first treatment for molluscum contagiosum [press release on the internet]. FDA; 2023 Jul 24 [cited 2023 Nov 15]. Available from: https://www.fda.gov/drugs/news-events-human-drugs/fda-approves-first-treatment-molluscum-contagiosum.
- 3. Isaacs SN. Molluscum contagiosum. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2023 [cited 2023 Nov 15]. Available from: http://www.utdol.com/utd/index.do.

## **Review History**

2/14/24 – Created for P&T. Adopted MH criteria. Ycanth will require PA on MB. Effective 3/4/24 05/15/25 – Reviewed and updated for P&T. Updated formatting and references. Removed prescriber specialty requirement, matching MH. Effective 6/1/25

