

Ycanth (cantharidin)
Effective 10/01/25

Plan	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
Specialty Limitations	N/A		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 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 atopic dermatitis
 - d. concomitant bacterial infection
 - e. 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
 - d. potassium hydroxide
 - e. salicylic acid
 - f. topical retinoid (i.e., adapalene, tazarotene, tretinoin)
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.uttdol.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

9/10/25 – Reviewed and updated for P&T. Updated criteria for Ycanth to include other topical alternatives, potassium hydroxide, salicylic acid and topical retinoid. Added concomitant atopic dermatitis as an acceptable diagnosis. Effective 10/1/25

