

Medical Benefit Drug Policy

Ycanth (cantharidin) Topical Solution

Policy Number: MC/PC 054

Effective Date: December 1, 2024

[➔ Instructions for Use](#)

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Related Policies

- N/A

Coverage Rationale

Molluscum Contagiosum

For coverage of Ycanth (cantharidin) topical solution for the treatment of molluscum contagiosum in adult and pediatric patients 2 years of age and older, the following will be required:

- Diagnosis of molluscum contagiosum **and**
- Patient is 2 years of age or older **and**
- Patient has single or multiple, 2- to 5-mm-diameter, flesh-colored to translucent, dome-shaped papules, some with central umbilication **and**
- One of the following:
 - Patient has eczema (e.g., atopic dermatitis)
 - Patient is immunocompromised
 - Patient has extensive involvement or experiences bleeds, secondary infections or discomfort from the lesions **and**
- Lesions have not resolved within six months of diagnosis **and**
- One of the following:
 - Patient is treating new lesions that have not previously been treated with Ycanth **or**
 - Lesions have previously been treated with Ycanth and will not exceed a total of 4 treatments of Ycanth **and**
- Medication is not being used concurrently with other FDA approved therapies (e.g., Zelsuvmi) on the same lesion for the treatment of molluscum contagiosum **and**
- Prescribed by or in consultation with a dermatologist

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-

covered health service. Benefit coverage for health services is determined by the document and applicable laws that may require coverage for a specific service. any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.



HCPSC Code	Description
J7354	Ycanth (cantharidin) Topical Solution 0.7%

ICD-10 Code	Description
B08.1	Molluscum contagiosum

Background

Ycanth is the first FDA-approved treatment for Molluscum contagiosum (MC). Unapproved treatments include compounded cantharidin, curettage, and cryosurgery.

For some providers, the standard of care is to allow natural resolution of MC, but this can lead to autoinoculation and spreading to others.

Clinical Evidence

Molluscum contagiosum:

The MC program for Ycanth included 2 identical, 12-week, Phase 3, double-blind (DB), vehicle-controlled (VC), multi-center (MC), randomized controlled trials (RCTs) in 528 adult and pediatric patients ≥ 2 years of age (Eichenfield et al 2020). Following a screening period of 14 days, patients received Ycanth or vehicle topically to all treatable baseline and new lesions on Days 1, 21, 42, and 63 until clearance or a maximum of 4 applications. An end of study visit was also completed at Day 84. The primary endpoint was proportion of Ycanth-treated patients achieving complete clearance of all MC lesions compared to patients who received vehicle at the end-of-study visit on Day 84. Topical application of Ycanth or vehicle every 21 days for a maximum of 4 treatments resulted in complete lesion clearance rates of 46.3% (CAMP-1) and 54.0% (CAMP-2) with Ycanth vs 17.9% (CAMP-1) and 13.4% (CAMP-2) with vehicle.

Clinical Guidelines:

There are no formal clinical practice guidelines for the treatment of Molluscum contagiosum.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

[Ycanth](#) is indicated for the topical treatment of molluscum contagiosum in adult and pediatric patients 2 years of age and older.

References

1. American Academy of Pediatrics. Molluscum contagiosum. In: Kimberlin DW, Barnett ED, Lynfield R, Sawyer MH, eds. Red Book: 2021–2024 Report of the Committee on Infectious Diseases. 32nd ed. Itasca, IL: American Academy of Pediatrics; 2021: 535-537.

2. Eichenfield LF, McFalda W, Brabec B, et al. Safety and efficacy of vp-10 product containing cantharidin, 0.7% (w/v), in children and adults with randomized clinical trials. JAMA Dermatol. 2020 Dec 1;156(12):1315-1323.
3. Forbat E, Al-Niaimi F, Ali FR. Molluscum contagiosum: review and update on management. Pediatr Dermatol. 2017 Sep;34(5):504-515.
4. Isaacs SN. Molluscum contagiosum. UpToDate Web site. Updated Jan 10, 2024. www.uptodate.com. Accessed October 08, 2024.
5. Ycanth [dossier], West Chester, PA: Verrica Pharmaceuticals Inc.; July 2023.
6. Ycanth [package insert], West Chester, PA: Verrica Pharmaceuticals Inc.; July 2023.

Policy History/Revision Information

Date	Summary of Changes
6/19/2024	Approved by OptumRx P&T Committee
11/21/2024	Updated criteria in line with PA guideline and updated references.

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. The insurance reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

OptumRx may also use tools developed by third parties to assist us in administering health benefits. OptumRx Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

Archived Policy Versions (Internal Only)

Effective Date	Policy Number	Policy Title
mm/dd/yyyy – mm/dd/yyyy	#####	Title of Policy Hyperlinked to KL or Other Internal Location

Nondiscrimination & Language Access Policy



Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:

Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:

- Qualified sign language interpreters.
- Written information in other formats (large print, audio, accessible electronic formats, other formats).

Provides free language assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If you believe that Aspirus Health Plan, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a *grievance* with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If you need help filing a *grievance*, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-332-6501 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن أعلى رقم الهاتف 1-800-332-6501 (رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: यान द : य द आप िहंदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1-800-332-6501 (TTY: 711) पर कॉल कर ।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-332-6501 (TTY: 711) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (TTY: 711).

Traditional Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-6501 (TTY: 711)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deutsch (Pennsylvania German / Dutch) schwetzscht, kannst du mitaue Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສັຽຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-332-6501 (TTY: 711).