

cantharidin (Ycanth)

Commercial Medical Benefit Drug Policy

Place of Service

Home Infusion

Office Administration

Outpatient Facility Infusion Administration

Drug Details

USP Category: DERMATOLOGICAL AGENTS

Mechanism of Action: Vesicant; Unknown MOA in the treatment of molluscum

HCPCS:

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

How Supplied:

- Approximately 0.45 mL of 0.7% cantharidin solution. Each mL contains 7 mg cantharidin (0.7%). A Ycanth Break Tool is co-packaged as 2 units per each carton of applicators.
- Supplied in a glass ampule within a single use applicator

Condition(s) listed in policy *(see coverage criteria for details)*

- Molluscum Contagiosum (MC)

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

Coverage Criteria

The following condition(s) require Prior Authorization/Preservice.

Molluscum Contagiosum (MC)

Meets medical necessity if all the following are met:

1. Being used to treat molluscum contagiosum lesions

Covered Doses:

Not to exceed 2 applicators per treatment given no sooner than every 3 weeks for 4 treatment cycles per infection

Coverage Period:

One year

ICD-10:

B08.1

References

1. AHFS. Available by subscription at <http://www.lexi.com>
2. DrugDex. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
3. Ycanth (cantharidin) Prescribing Information. Verrica Pharmaceuticals Inc., West Chester, PA: 10/2024.

Review History

Date of Last Annual Review: 1Q2026

Changes from previous policy version:

- No clinical change following annual review.

*Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee*