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| Department: | Pharmacy Management | Original Approval: | 05/08/2024 |
| Policy No: | PM190 | Last Approval: | 01/09/2026 |
| Policy Title: | Cantharidin (Ycanth) Clinical Coverage Criteria | | |
| Approved By: | UM Criteria Subcommittee | | |
| Applicable Line(s) of Business: | <input checked="" type="checkbox"/> Washington Apple Health (Medicaid) <input type="checkbox"/> Behavioral Health Services Only <input checked="" type="checkbox"/> Apple Health Expansion <input type="checkbox"/> Medicare Advantage/Special Needs Plan <input type="checkbox"/> Medicare Advantage Only <input checked="" type="checkbox"/> Cascade Select | | |

Required Clinical Documentation for Review

Documentation required to determine medical necessity for Cantharidin (Ycanth):

1. History and/or physical examination notes and relevant specialty consultation notes that address the problem and need for the service
2. Diagnosis
3. Labs/Diagnostics
4. Dosing and duration requested
5. Initial/Extended approval
6. Medical records from the last 6 months showing the patient's problems, history, prior treatments, response to treatment, imaging and laboratory studies, details of the skilled needs, details of any specific needs related to risk/trauma/cultural etc., assessment and plan
7. Prescribed by or in consultation with a specialist, when indicated

Background

Ycanth, a cantharidin-based topical solution, is indicated for the treatment of molluscum contagiosum in patients 2 years of age and older.¹

Disease Overview

Molluscum contagiosum is a viral skin infection of the Poxviridae family that can cause white-, pink-, or flesh-colored bumps either alone, or in groups; it is spread by direct contact.^{2,3} Common locations are the trunk, face, and extremities. Patients may experience pain, itching, and eczema, as well as secondary bacterial infections. Resolution usually occurs within 6 to 12 months; in selected cases it can take longer for the skin infection to completely disappear. The condition is found in children and adults; however, it is more common in younger patients.

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Immunocompetent patients can often clear the infection without treatment. However, patients with additional dermatologic conditions (e.g., atopic dermatitis), or in those who are immunocompromised, have more extensive infection that is harder to treat. Molluscum contagiosum is most common in warm, humid climates.

Clinical Efficacy

The efficacy of Ycanth for the treatment of molluscum contagiosum infections has been evaluated in two pivotal studies.^{1,4} The studies included patients ≥ 2 years of age with a clinical diagnosis of molluscum contagiosum with treatable lesions. The primary efficacy endpoint was the proportion of the Ycanth treated patients achieving complete clearance of all molluscum contagiosum lesions compared to those who received the vehicle at Day 84 of trial.

Guidelines

Ycanth is not addressed in guidelines. The American Academy of Pediatrics (AAP) RedBook 2021-2024 cite that cryotherapy, curettage and cantharidin (compounded) have the most support for treatment.²

Definitions

None

Indications/Criteria

| | |
|--|---|
| Medicaid and Individual & Family (Cascade Select) Members | <i>Continue to criteria for approval below.</i> |
| Medicare Members | <i>Continue to criteria for approval below.</i> |

Coverage of Ycanth is recommended in those who meet the following criteria:

FDA-Approved Indications

- 1. Molluscum Contagiosum.** Approve Ycanth for 3 months if the patient meets ALL of the following (A, B, and C):
 - A)** Patient is ≥ 2 years of age; AND
 - B)** Approve if patient meets ONE of the following (i or ii):
 - i.** Patient is treating new lesions that have not previously been treated with Ycanth; OR

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- ii. Patient is treating lesions that have been previously treated with Ycanth for less than 4 treatment cycles; AND
- c) Ycanth is being administered by a healthcare professional.

Dosing. Approve two applicators per treatment, once every 21 days.

Conditions Not Recommended for Approval

Coverage of Ycanth is not recommended in the following situations:

1. Coverage is not recommended for circumstances not listed in the Recommended Authorization Criteria. Criteria will be updated as new published data are available.

Special Considerations

None

Limitations/Exclusions

Please see link to member coverage documents below:

| Line of Business | Link to Member Coverage Documents |
|---|--|
| Medicare Advantage Plans (Including D-SNP) | https://medicare.chpw.org/ Select the appropriate plan from the “Plans” drop down on the top navigation bar. |
| Apple Health | https://www.chpw.org/for-members/benefits-and-coverage-imc/ |
| Individual & Family (Cascade Select) | https://chnwhealthinsurance.chpw.org/member-center/plan-benefits/ |

Citations & References

| | | |
|------------------------------------|---|---|
| CFR | 42 CFR § 438.210 | |
| WAC | 284-43-2050 | |
| RCW | | |
| LOB & Contract Citation | <input checked="" type="checkbox"/> WAHIMC | IMC Section 11.3: Medical Necessity Determination |
| | <input type="checkbox"/> BHSO | |
| | <input type="checkbox"/> Wraparound | |
| | <input type="checkbox"/> SMAC | |

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| | <input type="checkbox"/> HH | |
| | <input checked="" type="checkbox"/> AHE | AHE Section 11.3: Medical Necessity Determination |
| | <input type="checkbox"/> MA/DSNP | |
| | <input checked="" type="checkbox"/> CS | P&P supports all LOB requirements |
| Other Requirements | | |
| NCQA Elements | | |
| References | <ol style="list-style-type: none"> 1. Ycanth™ topical solution [prescribing information]. West Chester, PA: Verrica; November 2024. 2. American Academy of Pediatrics. Red Book: 2021-2024 report of the Committee of Infectious Diseases (32nd Edition). Molluscum Contagiosum. Pages 535-537. 3. Badri T, Gandhi GR. Molluscum Contagiosum. [Updated March 27, 2023]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2024. Available at: https://www.ncbi.nlm.nih.gov/books/NBK441898/. Accessed on February 12, 2024. 4. Eichenfield LF, McFalda W, Barbec B, et al. Safety and Efficacy of VP-102, a proprietary, drug-device combination product containing cantharidin, 0.7% (w/v), in children and adults with molluscum contagiosum: two phase 3 randomized clinical trials. <i>JAMA Dermatol.</i> 2020;156(12):1315-1323. | |

Revision History

| Revision Date | Revision Description | Revision Made By |
|---------------|-------------------------------------|--------------------------|
| 05/07/2024 | New Policy. | Alan Gabot, PharmD |
| 05/08/2024 | Approval | UM Criteria Subcommittee |
| 03/11/2025 | Annual Review. No criteria changes. | Alan Gabot, PharmD |
| 03/12/2025 | Approval | UM Criteria Subcommittee |
| 01/08/2026 | Annual Review. No criteria changes. | Alan Gabot, PharmD |
| 01/09/2026 | Approval | UM Criteria Subcommittee |

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