

SAVE ON YCANTH® IN 3 SIMPLE STEPS



Print or download to your phone!

- Bring this savings card to your healthcare provider

 They can write you a prescription for YCANTH.
- Wait for a call from our network specialty pharmacy

 The pharmacy will call to confirm your information and enroll you in the copay program.
- Schedule a follow-up visit with your healthcare provider

 Work with your healthcare provider to clear every last bump.

*Program is solely for patients' charges incurred in the use of YCANTH (cantharidin) topical solution and does not include any other related charges. The Program is only for qualified commercially insured patients seeking FDA approved treatments consistent with the YCANTH label. For all qualified patients, Verrica is responsible for all YCANTH product costs under the Program amount and excluding the copay requirement. The patient's insurance provider can provide the most accurate explanation of all charges. Approval to the Program is not guaranteed. Program has an annual maximum benefit of \$2,805 or 4 treatments for YCANTH, whichever occurs first. The copay program covers up to two (2) YCANTH applicators per visit depending on patient need. Until the patient reaches the maximum Program benefit, providing healthcare professionals may not charge the patient more than the applicable Program allowance. Patient will bear financial responsibility for all costs not covered by commercial insurance exceeding maximum benefit for YCANTH. THIS IS NOT INSURANCE. Not valid for prescriptions paid, in whole or in part, by Medicaid, Medicare, VA, DOD, TRICARE®, or other federal or state programs including any state pharmaceutical assistance programs. This Program is not valid where prohibited by law, taxed or restricted. Verrica reserves the right to rescind, revoke, terminate, or amend this offer, eligibility, and terms of use at any time without notice. Additional terms and conditions may apply.

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for Prescribers:

Pharmacy determination and filling your YCANTH® prescription:

Route all YCANTH ePrescriptions to Nufactor Specialty Pharmacy. To expedite processing or reduce patient out-of-pocket costs, prescriptions may be transferred to another in-network pharmacy based on the patient's insurance coverage. Your office will be notified by fax of any pharmacy transfers by Y-Access® Support Solutions.

Please provide the following information in all ePrescriptions:

- NDC for YCANTH: 71349-070-01
- Patient's PBM and medical insurance carrier names and member ID numbers
- Patient diagnosis ICD-10 code (B08.1, molluscum contagiosum)
- Patient date of birth and relevant demographics information
- Quantity of YCANTH applicators to dispense (1 or 2), 21-day supply
- Specify route of administration (SIG)—apply topically to affected area every 3 weeks as needed
- Patient clinical information or chart notes (required for all medical benefit authorizations)
- Best phone number or address to reach the patient or caregiver

For additional support, please call Nufactor Specialty Pharmacy at 1-800-315-0155.

Member Pharmacies





Accredo
By EVERNORTH

Note: Coding and reimbursement information is provided for educational purposes and does not guarantee coverage of the specific item or service in a given case. It is not intended to maximize reimbursement by any payer. Verrica makes no guarantee of coverage or reimbursement of fees. Verrica disclaims any responsibility for claims submitted by providers. Procedure coding should be based upon medical necessity and services, procedures, and supplies provided to the patient. It is the provider's responsibility to determine appropriate codes and to submit bills for services and products consistent with what was rendered to the patient by the provider, as well as the patient's insurer requirements.

ICD-10=International Classification of Diseases, 10th Revision; NDC=National Drug Code; PBM=pharmacy benefit manager; SIG=as labeled.



