

cantharidin (Ycanth)

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

LOB:	MCAL
Duration of Approval:	Six months
Quantity Limit:	Per FDA Approved/Compendia Supported Dosing
MCG Available:	No
DHCS Drug Policy:	No

Requires Prior Authorization (PA)

Ycanth (cantharidin) topical solution

PA CRITERIA FOR APPROVAL:

1. The member has a diagnosis for an FDA-approved indication (refer to package insert under References) OR a compendia-supported (Drugdex or AHFS) indication **AND**
2. The medication is prescribed or recommended by a dermatologist **AND**
3. The member has a history of failure, contraindication or reasons for intolerance to cryotherapy, curettage, podofilox or salicylic acid
(**NOTE:** For Podofilox: Safety and effectiveness in pediatric patients have not been established)

OTHER INFORMATION:

HCPCS	Description	Brand name
J7354	cantharidin for topical administration, 0.7%, single unit dose applicator (3.2mg)	Ycanth

REFERENCES:

1. Ycanth Prescribing Information. [ycanth.com/wp-content/uploads/2024/11/Ycanth-Master-PI_112624.pdf](https://www.ycanth.com/wp-content/uploads/2024/11/Ycanth-Master-PI_112624.pdf). 10/2024.

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