Medical Drug Clinical Criteria

Subject:	**Ycanth (cantharidin)**		
Document #:	**CC-0251**	**Publish Date:**	**10/03/2023**
Status:	**New**	**Last Review Date:**	**9/11/2023**

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Overview

This document addresses the use of Ycanth (cantharidin), approved by the Food and Drug Administration (FDA) for the topical treatment of molluscum contagiosum in adult and pediatric individuals 2 years of age and older. Ycanth should be administered by a healthcare professional. Ycanth is for topical use only and should not be applied near the eyes or mucosal tissues. Contact with the treatment area, including oral contact, should be avoided after Ycanth administration. Up to two applicators of Ycanth can be used during a treatment session and sessions can be repeated every 3 weeks as needed. The safety and effectiveness of more than 4 treatment sessions over the course of 12 weeks has not been established.

Clinical Criteria

When a drug is being reviewed for coverage under a member's medical benefit plan or is otherwise subject to clinical review (including prior authorization), the following criteria will be used to determine whether the drug meets any applicable medical necessity requirements for the intended/prescribed purpose.

Ycanth (cantharidin)

Requests for Ycanth (cantharidin) may be approved if the following criteria are met:

I. **Individual is 2 years of age or older; AND**
II. **Individual is using for the topical treatment molluscum contagiosum.**

Requests for Ycanth (cantharidin) may not be approved for the following:

I. **Treatment of lesions in or near the eyes or mucosal tissues; OR**
II. **Use in combination with another treatment modality (including but not limited to cryotherapy, curettage or podofilox); OR**
III. **May not be approved when the above criteria are not met and for all other indications.**

Approval Duration: 12 weeks per year

Quantity Limits

Ycanth (cantharidin) Quantity Limit

Drug	Limit
Ycanth (cantharidin) 0.7% topical solution	8 applicators per 12 weeks

Coding

The following codes for treatments and procedures applicable to this document are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

HCPCS	
J3490	**Unclassified drugs (when specified as [Ycanth] (cantharidin)**
ICD-10 Diagnosis	
	All diagnoses pend

Document History

New: 9/11/2023
Document History:

- **9/11/2023 – Annual Review: New clinical criteria and quantity limit for Ycanth. Coding Reviewed: Added HCPCS J3490. All diagnoses pend.**

References

1. **DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. http://dailymed.nlm.nih.gov/dailymed/about.cfm. Accessed: September 3, 2023.**
2. **DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.**
3. **Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc. Updated periodically.**

Federal and state laws or requirements, contract language, and Plan utilization management programs or polices may take precedence over the application of this clinical criteria.