



Ancobon
(flucytosine)

Express Scripts
Prior Authorization
Phone 800-417-8164
Fax 877-837-5922

Please have the information below ready when calling in the authorization.

Member's Last Name	Member's First Name
SCAN ID number	Date of Birth
Prescriber's Name	Contact Person
Office phone	Office Fax

Medication:	Diagnosis:
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- 1. Is the medication being prescribed for serious infections caused by Candida or CRYPTOCOCCUS? (Serious infections include septicemia, endocarditis, meningitis, pulmonary infections and urinary tract infections.)**
- 2. Is the prescription originally written or recommended by an Infectious Disease Specialist?**
- 3. Are there any other comments, diagnoses, symptoms, relevant lab values, and/or additional pertinent information that you feel is important to this review?**