



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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| <p>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.)</p> |
| <p>2. Is the prescription originally written or recommended by an Infectious Disease Specialist?</p> |
| <p>3. Are there any other comments, diagnoses, symptoms, relevant lab values, and/or additional pertinent information that you feel is important to this review?</p> |

Notice: **Failure to complete this form in its entirety may result in delayed processing or an adverse determination for insufficient information.** Our response time for prescription drug coverage requests is 72 hours. View our formulary and Prior Authorization forms online at <http://www.scanhealthplan.com>.