



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