

Market Applicability							
Market	DC	GA	KY	MD	NJ	NY	WA
Applicable	X	X	X	X	X	X	NA

## Ancobon (flucytosine)

Override(s)	Approval Duration
Prior Authorization	1 year

Medications
Ancobon (flucytosine)

### APPROVAL CRITERIA

Requests for Ancobon (flucytosine) may be approved when the following criteria are met:

- I. Individual has a diagnosis of one of the following:
  - A. Serious *Candida* infection, including urinary tract or pulmonary infections, candidemia, endocarditis, meningitis and endophthalmitis; **OR**
  - B. Serious cryptococcal infections, including pulmonary infections, septicemia and meningitis; **OR**

**AND**

- II. Ancobon (flucytosine) will be used in combination with amphotericin B;

**OR**

- III. Individual is using alone or in combination with other antifungals for treatment of chromoblastomycosis (chromomycosis) caused by various dematiaceous fungi (such as *Cladosporium*, *Exophiala*, *Phialophora*) (AHFS);

**OR**

- IV. Individual is using for induction therapy for the treatment of acute infection of cryptococcal meningitis in HIV-infected individuals (DrugDex B, IIa, CDC/NIH/IDSA 2018);

**AND**

- V. Individual is using in combination with one of the following:
  - A. Amphotericin B (AI, CDC/NIH/IDSA 2018); **OR**
  - B. Fluconazole (BII, CDC/NIH/IDSA 2018).

### **Note:**

Ancobon (flucytosine) has a black box warning indicating that use should be approached with extreme caution in individuals with impaired renal function. Close monitoring of hematologic, renal and hepatic status of all individuals is essential.

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**Key References:**

1. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.: 2019. URL: <http://www.clinicalpharmacology.com>. Updated periodically.
2. DailyMed. Package inserts. U.S. National Library of Medicine, National Institutes of Health website. <http://dailymed.nlm.nih.gov/dailymed/about.cfm>. Accessed: December 9, 2019.
3. DrugPoints® System [electronic version]. Truven Health Analytics, Greenwood Village, CO. Updated periodically.
4. Lexi-Comp ONLINE™ with AHFS™, Hudson, Ohio: Lexi-Comp, Inc.; 2019; Updated periodically.

This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.