

Georgia Department of Public Health

Cancer State Aid Program (CSA)

FY2014 Medication Prescription Request Form (MRF) Provider Instructions, Information & Processing Procedures

General Information:

The Cancer State Aid (CSA) Program will reimburse participating pharmacies for prior approved cancer-related prescriptions for currently enrolled patients.

- All retail or privately owned pharmacies must complete a FY2014 Statement of Participation and receive approval for participation in the CSA program before requesting prior authorization of prescriptions or reimbursement (not all pharmacies are eligible to participate).
- Prior authorization or approval is required for prescriptions (not individual medications) to be eligible for reimbursement.
- A patient may be approved for use of only one pharmacy at a time.
- Medications must be directly related to the patient's cancer treatment or treatment of cancer related symptoms or conditions.
- Medications must be prescribed by the treating physicians at the approved, participating facility(s).
- Copies of all listed prescriptions must be submitted with the faxed request form.
- Only approved prescriptions, the approved number of refills, and those dispensed during the approved beginning and end dates are eligible for CSA reimbursement.
- Hospital pharmacies that provide outpatient prescriptions and have 340B pricing may only be reimbursed up to the 340B price; the 340B price must be noted on the request and on claims submitted for reimbursement.
- Only medications requiring a prescription are covered; over the counter medications are not eligible for reimbursement.
- CSA may deny high cost medication requests based upon *currently* available funds.
- Patients needing high cost medications should be referred to a Medication Assistance Program; a listing of resources for obtaining high cost medications is provided on the CSA web page link to "Payer Resources" or the PDF file of Medication Assistance Programs may be requested directly from CSA.

The CSA Supportive Therapies Formulary lists medications commonly approved for CSA patients. The Supportive Therapies formulary is used as a guide for medication approvals. Medications not included on the formulary may be requested for approval. However, decisions on unlisted medications may be delayed pending medical review. Prescriptions or refills that have not been approved are not eligible for CSA reimbursement.

A limited number of independent/retail pharmacies participate in the CSA Program.

Although it is the responsibility of the patient or provider to identify a prospective pharmacy, CSA may be contacted to request a current list of approved and participating pharmacies.

Potential new pharmacy providers may contact the CSA program to request approval for participation. Additional pharmacies may not be enrolled for CSA participations if a retail pharmacy in the area already participates and may appropriately serve the patients' needs.

FY2014 – Processing Procedure for Medication Requests

1. A completed FY2014 Medication Request Form must be submitted to the CSA program and receive written approval prior to dispensing for medications to be eligible for CSA approval and reimbursement.
2. Should the physician's office fail to complete and submit the form, CSA participating pharmacies may obtain, complete and submit the forms directly to the CSA office. Copies of the original prescriptions are

required to be submitted with the fax form. The number of refills and cost per refill for each requested medication must be listed on the fax form. Approvals and reimbursements for all medications are limited to funds available for the current fiscal year (July 1st through June 30th). Payments are limited to those approved prescriptions dispensed between the start and end dates listed on the prior authorization form.

3. Patients who have completed their active cancer treatment may not be eligible for approval of additional prescriptions and/or continued dispensing. Patients may become in-eligible for CSA coverage for other reasons, such as Medicaid enrollment. In either case the **prescriptions that have been approved and have already been dispensed to the patient within the approved start and end dates, will be paid** by CSA. CSA may notify pharmacies of patients who are no longer eligible for CSA coverage, but it is the responsibility of the pharmacy to confirm coverage before dispensing if there is any question about current coverage and eligibility.
4. Providers may photocopy the MRF form as needed. Forms may be obtained from and submitted by fax to the CSA program. The CSA fax number is: 404-657-6316; CSA office hours for processing of medication requests/prior authorizations are 9:00 am to 5:00 pm, on state office business days only.
5. Upon receipt of the completed MRF by the CSA office, each requested medication is evaluated for appropriate eligibility. *Medications not included on the approved CSA formulary may be requested for approval. However, decisions on unlisted medications may be delayed pending medical review.* The eligibility decision is documented on the fax form. Medications approved for CSA reimbursement will be provided beginning and ending approval dates for dispensing under CSA coverage, and the numbers of refills approved for reimbursement. The fax form is returned to the participating pharmacy with the eligibility decision (via fax), within 24 – 48 hours after receipt of all required information.
6. The returned, CSA signed fax form serves as final documentation for the participating pharmacy that the approved prescription and the number of approved refills dispensed during the approved time period, will be reimbursed by the CSA program at the calculated, approved cost.
7. ***Pharmacies should retain the CSA signed, returned fax approval form for documentation of prescription approvals. Reimbursement will not be provided for prescriptions, refills or costs for which CSA cannot verify appropriate prior approval.**
8. ***If costs should change for any of the previously approved prescriptions or refills, it is the responsibility of the pharmacy to inform the CSA office to ensure that adequate funds are available for full reimbursement.**
9. After filling the approved prescription(s), the pharmacy must submit a claim for payment to the CSA program to receive reimbursement. To be eligible for payment, claims for reimbursement must be submitted within **60 days** of the date of dispensing the medication. Claims may be submitted by fax immediately following dispensing, and is recommended to ensure timely reimbursement.
10. The CSA program reimburses the **Average Wholesale Price (AWP)** for each drug and a dispensing fee that is equivalent to the Medicaid dispensing fee to retail/private pharmacies. Every effort is made to provide reimbursement to participating pharmacies within 30 days or less, following receipt of complete claim information.
11. ***Hospitals or pharmacies that have negotiated 340B pricing may only be reimbursed up to the lowest negotiated 340B cost of medications that are purchased from the supplier.** The 340B price should be listed on claims submitted to CSA. To learn more about the 340B Program please visit: <http://www.hrsa.gov/opa/> and to verify hospital/pharmacy participation in the 340B program visit <http://openet.hrsa.gov/opa/> or directly to <http://openet.hrsa.gov/opa/CE/CEExtract.aspx> . For more information: <http://healthcarecommunities.org/> .
12. Payments for special vendor services, including outpatient medications, home health and medical supplies are limited to \$10,000 per patient each fiscal year (July 1st through June 30th).
13. Medication Request Forms should only be provided to the prescribing physician or dispensing pharmacy. Blank forms should not be distributed to patients. Medication requests submitted by anyone other than the CSA participating prescribing physician or CSA approved dispensing pharmacy will not be eligible for approval or reimbursement.