

CANCER STATE AID (CSA): MEDICATION REQUEST FORM

Fax: 404-657-6316 CSA: 404-463-5111 CSA Nurse Consultant: 404-657-6635 <http://health.state.ga.us/programs/cancerstateaid/index.asp>

Pharmacies must have a current CSA agreement to submit requests and receive payments.

CSA pays for prior approved, eligible cancer related medications that are prescribed by the patients' physician(s) at a participating CSA facility.

CSA reimbursements are limited to those funds available during the current fiscal year, extending from July 1st to June 30th.

Prior approval is required for prescriptions and refills to be eligible for CSA reimbursement.

Reimbursements for brand name drugs are only provided if there is not a generic equivalent. Over the counter items are not covered.

Medications requiring approval from CSA's medical consultant may increase processing time.

Prescriptions filled before the patient's current fiscal year enrollment date or after the current fiscal year ends are not covered.

Patient name		Facility Name (CSA hospital, radiation center)			Print Physician's Name		PH #
Start Date	End Date	Generic or Brand Name of Medication	Strength	Dosage	# Refills Requested	Cost per Refill	How is RX related to Patient's Cancer Treatment (e.g. pain relief)?
						\$	
						\$	
						\$	
						\$	
						\$	

*Prescription copies are required. Requests are *normally* processed in 24 – 48 hrs. **Claims for payment are required within 60 days of dispensing.**

Print Pharmacy Name	Name of Pharmacy Contact	Phone
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CSA Only

Approved: YES ☐ NO ☐ Drug(s) Denied: _____

Reason(s): _____

Decision by: _____ Date: _____