

PHARMACY PRIMARY SCREENING FORM

For all applicant pharmacies:

1. Is the pharmacy open and dispensing medications?
 - Yes
 - No - **STOP HERE.** Your application cannot be processed. Please refer to the Pharmacy Provider Enrollment Section of the [Pharmacy Manual](#) and apply once the pharmacy meets enrollment criteria.

2. Is the pharmacy currently enrolled in Medicare as a participating provider?
 - Yes
 - No - **STOP HERE.** Your application cannot be processed. Medicare enrollment is required for Medicaid enrollment, see 18NYCRR 507.4(c). Please refer to the Pharmacy Provider Enrollment Section of the [Pharmacy Manual](#) and apply once the pharmacy meets enrollment criteria, or submit form 409602, *Attestation of Need for/Exemption from Medicare Enrollment* with your application.

3. Is the service location of the pharmacy in NY State?
 - Yes - **STOP HERE,** complete an enrollment application and include this document when submitting the application, no further information is required on this form.
 - No - Continue to question 4.

For applicant pharmacies located outside of NY:

4. Is the service location of the pharmacy in a bordering state defined as: CT, MA, NJ, PA, or VT?
 - Yes - **STOP HERE,** complete an enrollment application and include this document when submitting the application, no further information is required on this form.
 - No - Continue to Question 5.

For applicant pharmacies located outside of NY and outside the bordering states:

5. (a) Does the pharmacy have an exclusive arrangement to dispense a limited distribution drug that is on the [NY Medicaid Pharmacy List of Reimbursable Drugs](#)?
 - Yes - Include a copy with your enrollment application of the manufacturer letter confirming dispensing exclusivity.
Continue to Question 5(b).
 - No - Pharmacy does not have an exclusive arrangement to dispense a limited distribution drug.
Continue to Question 5(b).

- (b) Does the **pharmacy serve one or more NY Medicaid members outside of NY or outside a bordering state** in the state of the pharmacy's service location (as referenced in #4 above)?
 - Yes - Continue to 5(c).
 - No - Continue to 5(e).

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(c) Is a NY Medicaid foster care child living outside NY State being serviced by the applicant pharmacy in the state of the pharmacy's service location?

- Yes – **STOP HERE**, submit this form with enrollment application.
 No - Continue to 5(d).

(d) Is a NY Medicaid member who is residing in a NY Medicaid enrolled nursing home being serviced by the applicant pharmacy in the state of the pharmacy's service location, where the pharmacy benefits are not included in the facility rate?

- Yes - **STOP HERE**, include a copy of the nursing home facility contract with this form with enrollment application.
 No - Continue to 5(e).

(e) If the pharmacy indicated "no" for each question 5(a), 5(b), 5(c), 5(d), use the section below to describe the unmet need the pharmacy will provide that is not being provided by current Medicaid Fee-for-Service enrolled pharmacies. (Attach additional pages if necessary).

NOTE: If the answers to 5(a), 5(b), 5(c) or 5(d) are "no" and justification is not provided for answer 5(e), your enrollment application cannot be processed. Please do not submit an enrollment application.

Pharmacy Name: _____

Pharmacy NPI: _____

Signature of Owner or Board Member: _____

Print name of Owner or Board Member: _____

Date: _____