

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 as a participating provider 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.
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 of more NY Medicaid members outside of NY or outside a bordering state** (as referenced in #4 above)?
 - Yes - Continue to 5(c).
 - No - Continue to 5(e).

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(c) Is the **pharmacy servicing a NY Medicaid foster care child** living outside NY?

Yes – Submit this form with enrollment application.

STOP HERE.

No - Continue to 5(d).

(d) Is the pharmacy servicing a NY Medicaid member in an **out of state NY Medicaid enrolled nursing home facility** where the pharmacy benefits are not included in the facility rate?

Yes - Include a copy of the nursing home facility contract with this form with enrollment application.

STOP HERE.

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.