

PHARMACY PRIMARY SCREENING FORM

Refer to the NY Medicaid [Pharmacy Manual](#) for criteria for enrollment before completing this form to prevent application delays.

For all applicant pharmacies:

1. Is the pharmacy open and dispensing medications?
 - ☐ Yes – Continue to question 2.
 - ☐ No – **STOP HERE**. The pharmacy's 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, the pharmacy is enrolled in Medicare 855B *and* 855S types. Continue to question 3.
 - ☐ No – **STOP HERE**. The pharmacy's 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 the pharmacy's application and *continue* completing this form. **Note:** Applications received from certain pharmacies without both Medicare enrollment types will not be enrolled.
3. Is the pharmacy's service location in NY or a bordering state (defined as CT, MA, NJ, PA, or VT)?
 - ☐ Yes – **STOP** here and submit the application.
 - ☐ No – Continue to question 4.

For applicant pharmacies located outside of NY or a bordering state listed in question 3:

4. (a) Does the pharmacy service NY Medicaid members located in the pharmacy's location state?
 - ☐ Yes – Continue to question 4(b).
 - ☐ No – Continue to question 5.
- (b) Is the pharmacy servicing a NY Medicaid foster care child living in the pharmacy's service location?
 - ☐ Yes – **STOP HERE**; submit this form with the enrollment application. Information will be required in the enrollment process to confirm.
 - ☐ No – Continue to question 4(c).

- (c) Is the pharmacy servicing by contract a NY Medicaid enrolled residential healthcare facility where a NY Medicaid member resides in the pharmacy's service location, where the pharmacy benefits are not included in the facility rate?

☐ Yes—**STOP HERE**. Include the facility's name, NPI and location and a copy of the NY Medicaid-enrolled residential healthcare facility contract with the enrollment application.

☐ No – Continue to question 5.

5. Does the pharmacy have an exclusive arrangement to dispense a drug listed on the [NY Medicaid Pharmacy List of Reimbursable Drugs](#) that is limited in distribution to the Applicant pharmacy?

☐ Yes – **STOP HERE**; Include a copy of the manufacturer letter confirming dispensing exclusivity with the pharmacy's enrollment application. The letter must be on manufacturer letterhead, dated and signed with details of the exclusivity.

☐ No – The pharmacy does not have an exclusive arrangement to dispense a limited distribution drug. Continue to question 6.

6. If the pharmacy indicated "no" for each question 4(a), 4(b), 4(c), and 5, use the section below to describe the unmet need the pharmacy will provide that is not being provided by current NY Medicaid enrolled pharmacies. (Attach additional pages if necessary).

NOTE: If the answers to question 4(a), 4(b), 4(c), and 5, are "no" and justification is not provided for answer 6, the pharmacy does not meet enrollment criteria and cannot be enrolled. 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: _____