

**Pharmacy  
Provider Type 54  
[907 KAR 1: 019](#)**

**Information about the program:**

- Pharmacies located in Kentucky must be licensed by the [Kentucky Board of Pharmacy](#)
- Provider must have a permanent physical address/location
- Out-of-state providers may enroll
- Provider can only be an entity - NO INDIVIDUALS

**Application Information and Supporting Documentation required for processing:**

- [Map-811 \(Enrollment\) application](#)
- [Map-811 Addendum E](#) and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit
- Pharmacy license (must be current and reflect requested enrollment date)
- Out-of-state providers must provide proof of current Kentucky pharmacy licensure pursuant to [KRS 315.0351\(1\)](#) if applicable
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted
- [NPI and Taxonomy Code Verification](#)

**Submit the completed MAP-811 (Enrollment) application and supporting documentation to:**

Kentucky Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602

**Important addresses:**

For Licensure Information, contact  
[Kentucky Board of Pharmacy](#)  
State Office Building Annex Suite 300  
125 Holmes Street  
Frankfort, KY 40601  
Phone: 502-564-7910