Verified Pharmacy Database

39,611 Independent Pharmacies

CMS-VERIFIED | 51 STATES | READY FOR OUTREACH

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What We Built

We queried every independent pharmacy in our database — all 41,775 — against the CMS National Provider Identifier Registry. One at a time. Each NPI verified against the same federal system that tracks every healthcare provider in the country.

39,611 are confirmed active, community/retail pharmacies. Each one has a CMS-verified phone number, a verified address, a federal taxonomy classification, and local market data drawn from CMS, CDC, Census Bureau, and HRSA.

The database is organized into 51 state-level files. Each file is sorted so the pharmacies facing the strongest market pressure appear first. The files are ready to load into any CRM, email platform, or print as call sheets.

WHAT THE VERIFICATION UNCOVERED

Our original model estimated 9,571 pharmacies as "Likely Closed" and 10,185 as "Uncertain." CMS says they are **all active**. That is 19,754 pharmacies we were about to exclude from outreach — real, operating businesses that are now in the target list.

Previous target list: 5,922 pharmacies **Verified target list:** 39,611 pharmacies
6.7× more pharmacies to reach.

Verification Detail

The Process

Every NPI was queried against the CMS NPI Registry API (`npiregistry.cms.hhs.gov`) on February 18, 2026. The query returns active/deactivated status, current address, current phone, taxonomy classification, and the organization name as registered with CMS.

The verification is fully automated. The entire database can be re-verified in under an hour as CMS updates its records.

Results

Metric	Count
Total NPIs queried	41,775
Found in CMS registry	41,763
Confirmed active	41,763
Primary community/retail taxonomy	40,157
After excluding mail-order	**39,611**
Not found in registry	12
Address matches our records	99.98%
Phone matches our records	99.97%

Taxonomy Breakdown

CMS classifies every pharmacy by its primary function. Of the 41,763 found:

Community/Retail	**37,723**	Compounding	**295**
Pharmacy (general)	**1,795**	Home Infusion	**186**
Long Term Care	**596**	Mail Order (excl.)	**64**
Specialty	**344**	Other	**760**

The target list includes all community/retail pharmacies. Mail-order excluded.

What's in Each Record

Every pharmacy record has 31 fields. Every field traces to a federal data source. There are no estimates, no modeled assumptions, and no scores that cannot be independently verified.

Identity *(CMS NPI Registry)*

NPI, display name, owner name, city, state, ZIP, phone number. All verified against CMS as of February 18, 2026.

CMS Verification

Active status, CMS organization name, CMS address, CMS phone, primary taxonomy description, address match flag, phone match flag, community/retail flag, mail-order flag.

Local Market *(CDC, Census)*

ZIP-level diabetes prevalence (CDC PLACES 2025), obesity prevalence, percentage of population 65+ (Census ACS 2023), median household income, ZIP population.

Underserved Designation *(HRSA)*

HPSA designated (yes/no), HPSA score (0–25). **36,350 of 39,611 pharmacies (91.8%) are in federally designated Health Professional Shortage Areas.**

State GLP-1 Market *(CMS Part D)*

Government GLP-1 claims per pharmacy in that state, government GLP-1 cost per pharmacy in that state. Measured values from CMS Medicare Part D spending data (2023–2024).

How Pharmacies Are Ranked

Each state file is sorted by market conditions so the pharmacies facing the strongest GLP-1 reimbursement pressure appear at the top. The ranking uses four federal data points:

1. **HPSA Score** (highest weight) — Pharmacies in designated health professional shortage areas face disproportionate margin pressure. HRSA data, updated continuously.

2. **Local Diabetes Prevalence** — Higher diabetes rates correlate with higher GLP-1 prescription volume. ZIP-level CDC data.

3. **Senior Population %** — Medicare Part D is the primary payer for GLP-1s. Higher 65+ populations mean higher government payer mix. Census ACS data.

4. **State GLP-1 Cost Per Pharmacy** — How much government GLP-1 spending flows through each pharmacy in that state on average. CMS Part D data.

The ranking is entirely mechanical. No subjective judgment. A pharmacy in a high-HPSA, high-diabetes, high-senior ZIP code in a state with heavy GLP-1 volume ranks at the top.

WHAT THIS MEANS IN PRACTICE

What this ranking does not tell you: individual pharmacy fill counts, revenue, or specific dollar losses. No public database provides pharmacy-level prescription volume.

What it does tell you: where the market conditions are strongest — which pharmacies are most likely feeling the pressure and most likely to be receptive.

How it gets sharper: If your team has real pharmacy-level data — actual fill counts, actual losses, member performance numbers — that plugs directly into this framework and replaces market indicators with facts. The structure is built to accept better data.

State-Level Breakdown

The 39,611 verified pharmacies span all 50 states and DC. Each state has its own CSV file ready for immediate use.

Top 20 States by Pharmacy Count

State	Count		State	Count
New York	4,712		Georgia	1,146
Texas	3,774		Illinois	1,024
California	3,631		Ohio	923
Florida	3,250		Louisiana	874
Michigan	2,032		Alabama	841
Pennsylvania	1,601		Tennessee	822
New Jersey	1,524		Kentucky	800
North Carolina	1,161		Missouri	798

Highest GLP-1 Cost Per Pharmacy

States where each independent pharmacy absorbs the most government GLP-1 spending:

- **Indiana:** $2,002,843 per pharmacy (332 pharmacies)

- **Massachusetts:** $1,914,821 per pharmacy (356 pharmacies)

- **New Hampshire:** $1,533,653 per pharmacy (58 pharmacies)

- **Rhode Island:** $1,473,897 per pharmacy (54 pharmacies)

- **Connecticut:** $1,387,126 per pharmacy (320 pharmacies)

Each state list is sorted so the strongest leads are at the top of the file.

How to Use the Data

The database supports four outreach channels. The same data powers all four.

1. Outbound Calls

What's ready: 51 state-level CSV files. Each row has: pharmacy name, owner name, CMS-verified phone number, local diabetes rate, senior population %, state GLP-1 spending, and HPSA status.

Action: Load into any CRM or print as call sheets. Start at the top of each file — those are the pharmacies in the strongest market conditions.

Conversation opener: "Your pharmacy is in a ZIP code where [X]% of adults have diabetes and [Y]% of the population is over 65. Your state averages $[Z] in government GLP-1 spending per pharmacy. Does that match what you're seeing?"

The data gets the team in the door with a fact, not a pitch. The pharmacy owner's response tells you their real numbers. That conversation is the qualification.

2. Email Campaigns

What's ready: The same state CSV files import directly into Mailchimp, HubSpot, Constant Contact, or any email platform.

Action: Each state gets tailored messaging because the market conditions are different. A Florida pharmacy (3,250 in-state peers) gets a different message than a New Hampshire pharmacy (58 in-state peers, but $1.5M in GLP-1 cost per pharmacy).

Example: "CMS data shows independent pharmacies in [state] average $[X] in government GLP-1 spending per year. We work with pharmacies facing exactly that pressure. Here's how."

How to Use the Data (continued)

3. Re-Engaging Existing Members

What we need from you: A list of current members — even just names and states.

What we do with it: Cross-reference against the database and show each member their local market conditions — their ZIP's diabetes rate, senior population, state GLP-1 spending, HPSA designation.

For members who are underusing the platform: "Your ZIP code has [X]% diabetes prevalence and your state averages $[Y] in GLP-1 costs per pharmacy — and you already have the tool to capture that."

This is a re-engagement message grounded in their own market data, not sales pressure.

> **FASTEST WIN**
>
> **This may be the fastest win.** No cold calls. No new leads to qualify. Start with pharmacies that already said yes and are not fully using what they are paying for.

4. Ad Targeting

What's ready: The 39,611 pharmacy profiles define the target audience by geography.

Action: Run ads in the highest-concentration states (NY 4,712, TX 3,774, CA 3,631, FL 3,250). Platforms can build lookalike audiences from the pharmacy owner profiles in the database.

What We Need From You

The data is built and verified. The next step is learning how your team operates so we can aim it correctly. Here is what would help.

To Start Outreach This Week

1. **Which states are you focused on?** We can prioritize those files and walk through the data together.

2. **What CRM or tools does the team use?** We'll format the files to import cleanly.

3. **How many people are doing outreach today?** Determines how we split the lists.

To Sharpen the Data

4. **Is there a list of current members?** Even names and states. We cross-reference them against the database and produce individual market snapshots. This is the fastest win — re-engagement, not cold outreach.

5. **Is there pharmacy-level data from the pipeline?** Actual fill counts, actual losses, member performance numbers. If so, those replace market indicators with per-pharmacy facts and the targeting gets much sharper.

6. **Is GLP-1 loss the right lead-in for outreach?** Or do conversations with pharmacy owners tend to start with a different pain point?

To Guide Next Steps

7. **What does the onboarding process look like today?** Understanding the flow from first contact to active member tells us where the data can remove friction.

8. **What does underusing the platform look like?** Which features do members not use? This shapes how we frame re-engagement.

9. **If we handed over state-segmented lists tomorrow, what would the team need to start using them?** We want to deliver in whatever format gets used, not filed.

The Data

39,611 pharmacies. Every one CMS-verified active. CMS-verified contact information. Local market data from federal sources. Organized by state. Ranked by market conditions.

Ready to load into a CRM or email platform today.