



ADVISORY

No. 272

December 26, 2024

Pharmacists Professional Services (Updated)

In accordance with [Senate Bill 678/House Bill 1151](#), the Maryland Department of Health will allow Medicaid-enrolled pharmacist providers to bill Maryland Medicaid for professional services rendered within their lawful scope of practice. MDH plans to implement the enrollment of pharmacists in two phases as we make system modifications.

Pharmacists are currently able to provide the following services after enrolling and providing appropriate documentation (see sample addendum) via [ePREP](#):

1. Contraceptive Prescribing,
2. Medication Therapy Management ([upon approval by Medicaid](#)), and
3. Injection of a drug under the skin into the muscle.

In Phase 1, starting 01/1/2025, pharmacists can provide the following additional services after enrolling and providing appropriate documentation (see sample addendum) via [ePREP](#):

1. Nicotine Replacement Therapy,
2. Injectable Maintenance Medication, and
3. Vaccinations.

In Phase 2, starting 04/1/2025, pharmacists can provide the following additional services after enrolling and providing appropriate documentation (see sample addendum) via [ePREP](#):

1. Services allowed under Collaborative Agreements

Enrollment:

Currently, a pharmacist can enroll in Medicaid as an individual provider or in affiliation with a pharmacy. Starting January 1, 2025, a pharmacist will be able to enroll in affiliation with a Physician, Physician group practice, Nurse Practitioner, or Podiatrist. Please see the attached sample addendum that will be utilized by [ePREP](#) during the enrollment process.

For additional information, please visit the [Maryland Medicaid Pharmacy Program website](#), under quick links - **Pharmacists Professional Services**

In an effort to give timely notice to the pharmacy community concerning important pharmacy topics, the Maryland Department of Health (MDH), **Office of Pharmacy Services (OPS)** has developed the **Maryland Medicaid Pharmacy Program Advisory**.

To expedite information timely to the pharmacy and prescriber communities, an email network has been established which incorporates the email lists of the Maryland Pharmacists Association, EPIC, CARE, Long Term Care Consultants, headquarters of all chain drugstores and prescriber associations and organizations.

It is our hope that the information is disseminated to all interested parties. If you have not received this email through any of the previously noted parties or via MDH, please contact the OPS representative at 410-767-1455.



**Addendum for
Maryland Medical Assistance Program Application
PT PH PHARMACIST INDIVIDUAL**

Sample

If you have questions, please contact the Provider Enrollment Helpline at **1-844-4MD-PROV (1-844-463-7768)** Monday – Friday from 9am – 5pm.

All providers are required to use the electronic **Provider Revalidation and Enrollment Portal**, or ePREP (eprep.health.maryland.gov) for enrollment, information updates, provider affiliations and revalidations.

Please fill out the information below and upload the completed addendum to the “Additional Information” section under “Practice Information” within the ePREP (eprep.health.maryland.gov) “Applications” tab, along with any additional documents requested within the addendum.

Provider Information

NPI:

MA Provider Number (if already enrolled in Maryland Medicaid):

Group NPI(s) Affiliation(s) No Affiliation



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Section I: Mandatory Requirements

Please upload the following documents to [ePREP](#):

- A copy of the pharmacist license:

Section II: Optional Requirements

If applicable, please upload the following documents to [ePREP](#):

- A copy of Collaborative Agreement(s) (**Coverage of Services will be available after 4/1/2025**)

If affiliating with a Physician, Nurse Practitioner, Podiatry, or Physician Group, please specify the drug therapy management services rendered* (in the text box below)

*Some examples of services rendered include but are not limited to Behavioral Health Clinical Pharmacist (BHCP), Drug Therapy Management: Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome, Hypertension Pharmacotherapy Management, Cardiovascular Risk Reduction Pharmacotherapy Management, Diabetes Pharmacotherapy Management.

- Proof of ability to administer vaccination(s) – Certification printed on License
- Proof of ability to prescribe contraceptives - Board Approval Letter



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Section III: In order to provide one or more services listed below, please attest by selecting:

I attest that I am qualified to provide the services listed below, as per Md. Health Occupations Code Ann. § 12.

Pharmacist Administration of Self-Administered Drugs

Pharmacist Administration of Injectable Maintenance Medication

Nicotine Replacement Therapy Medication

Signature

Date