



Addendum for Maryland  
Medical Assistance Program Application  
INDIVIDUAL

PT PH PHARMACIST

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](http://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](http://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


Please visit [health.maryland.gov/ePREP](http://health.maryland.gov/ePREP) for more information about ePREP



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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

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Signature Date

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