



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) 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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Please visit health.maryland.gov/ePREP for more information about ePREP



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Please upload this form to the “Additional Information” section under “Practice Information” within the ePREP (eprep.health.maryland.gov) “Applications” tab, along with any additional applicable supporting documents requested below.

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 of Pharmacy confirmation E-Mail



MARYLAND
Department of Health

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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