

DRUG THERAPY MANAGEMENT **INSTRUCTION SHEET**

Below is a checklist to follow when submitting an application for participation in Drug Therapy Management pursuant to: Health Occupations Article, 12-6A-01 through 12-6A-10 of the Annotated Code of Maryland and COMAR 10.34.29.01 - .07. Below is a link to the Code of Maryland Regulations for Drug Therapy Management. Please note that the Board of Pharmacy is receiving all application materials on behalf of the Board of Physicians.

http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.34.29.* (Click on the blue numbers on the left for the complete text.)

1. Complete a Pharmacist's Information Form for each pharmacist who will be performing Drug Therapy Management under the Physician- Pharmacist Agreement.
2. Complete the Application for Participation in Drug Therapy Management.
3. **Submit to the Maryland Board of Pharmacy** at P.O. Box 2051, Baltimore, MD 21203-2051:
 - a. The completed Pharmacist's Information Form;
 - b. The completed Application for Participation in Drug Therapy Management;
 - c. The Protocol;
 - d. The Physician-Pharmacist Agreement; and
 - e. A check in the amount of One Hundred Dollars (\$100.00) made payable to the Maryland Board of Pharmacy.
4. After reviewing the Pharmacist Information Form **and verifying appropriate licensure of the physician(s)**, the Board of Pharmacy will acknowledge in writing receipt of the complete application packet, the fee, and if any additional information is required.
5. **The contact person named in the application will submit to the Board of Pharmacy:**
 - a. Subsequent amendments to the Protocol or Physician-Pharmacist Agreement;
 - b. Changes to participants of the Protocol or Physician-Pharmacist Agreement.
6. The Board of Pharmacy will forward all materials to the Board of Physicians for their records.