

RE: Ohio Terminal Distributor of Dangerous Drugs (TDDD) License Requirement

Dear Practitioner:

In order to continue to provide excellent customer service and expedite the processing of your future prescription drug orders, we are requesting that you please respond to this letter by _____ and provide us with a copy of your current Ohio state license(s). These may include your current Ohio state professional license (i.e. issued by the Medical, Dental or Veterinary Board) or, where applicable, your current Terminal Distributor of Dangerous Drugs (TDDD) license.

The Ohio-law definition of a “Terminal Distributor of Dangerous Drugs” generally includes healthcare practitioners who are engaged in the sale of dangerous drugs at retail or who have possession, custody or control of dangerous drugs for any purpose other than for that person’s own use or consumption. The term “Dangerous Drugs” encompasses all prescription drugs, including those containing controlled substances. OH ST § 4729.01. There are various categories of Ohio TDDD licenses, each of which permits a person to possess, have custody or control of, and distribute various classifications of prescription drugs (e.g. Category II – non-controlled substance containing prescription drugs; Limited Category II – only the non-controlled substance prescription drugs listed in the application for licensure; Category III – controlled substance containing prescription drugs; Limited Category III – only the controlled substance prescription drugs listed in the application for licensure). OH ST § 4729.54. A practitioner can apply for any category of TDDD licensure by mailing an application to the Ohio Board of Pharmacy. It is important to note that not all healthcare practitioners are ultimately subject to the TDDD license requirement. Certain practitioners may fall under one of the various exemptions to the TDDD licensing requirement available under Ohio law. OH ST § 4729.541. **Please note that if the Ohio TDDD licensing requirement is applicable to you (with no valid exemption applying), and you do not possess an active TDDD License, then HealthFirst will be unable to supply you with prescription drug products.**

We are requesting your response to this letter as soon as possible. Please indicate if the TDDD licensing requirement is applicable to you or whether you are exempt by checking the appropriate box in the Customer Response Section of this letter below and providing us with a copy of your Ohio state professional or TDDD license. Fax or email your response to us, using the HealthFirst contact information in the heading of this letter. Please reference your HealthFirst account number on all documents you forward us. We thank you in advance for your careful cooperation with our request and appreciate you as a valued HealthFirst customer.

Sincerely,
 Verifications Department HealthFirst

Disclaimer: Please note that the legal elements described in this letter are merely abbreviated versions of the Ohio’s actual legal definitions and requirements. The contents of this letter should therefore not be construed or relied upon in any way as legal advice. Please independently consult Ohio’s current and official statutory and regulatory sections relevant to TDDD licensure in order to obtain a more comprehensive understanding of the requirement and any exemptions to it which may or may not apply to your practice.

CUSTOMER RESPONSE SECTION

Please check one of the boxes below and attach copies of your applicable Ohio licenses with your response.

- The Ohio TDDD licensing requirement applies to me. Please see enclosed copy of my Ohio TDDD license.
- I am exempt from the Ohio TDDD licensing requirement pursuant to *OH ST § 4729.541*. Therefore, please see enclosed copy of my Ohio state professional license only.

Customer Attestation

I hereby attest that the information provided to HealthFirst (HF) in connection with this request will be current, true and accurate, and that I will notify HF of any changes to said information in a timely manner. I authorize HF to ship prescription drug products and/or healthcare supplies to the above-indicated address. I will notify HF if there are any changes to this address or when my license becomes inactive. All prescription items will be ordered and used under my direction and supervision. I have enclosed a copy of my license to verify my status as a duly licensed practitioner in the above state.

Customer Account #:		Date:	
Facility Name:		Address:	
Practitioner’s Name:		Practitioner’s Phone #:	
State Board License #:		TDDD License #:	
Practitioner Signature:		Printed Name:	