

## IMPORTANT MULTIPLE OPHTHALMIC PRODUCTS\* RECALL NOTICE

- \*Neomycin and Polymixin B and Bacitracin Zinc Ophthalmic Ointment
- \*NEO-POLY DEX (Neomycin and Polymixin B and Dexamethasone) Ophthalmic Ointment
- \*NEO-POLYCIN HC (Neomycin and Polymixin B and Bacitracin Zinc and Hydrocortisone Acetate) Ophthalmic Ointment
- \*POLYCIN (Polymixin B and Bacitracin Zinc) Ophthalmic Ointment
- \*Bacitracin Ophthalmic Ointment
- \*Sulfacetamide Sodium Ophthalmic Ointment
- \*Puralube Ophthalmic Ointment

Dear Member,

Your health is important to us. On July 3, 2019, the U.S. Food and Drug Administration (FDA) announced a drug recall. The recall is voluntary. It is for specific lots of ophthalmic products\* listed above<sup>1</sup>. The FDA issued the recall because the product may have a safety concern.

Please call your pharmacy to find out if your drug could be part of this recall. The pharmacy may replace the drug. Talk to your doctor if you need a prescription for another medicine.

We are writing this letter to give you information. This should not replace your doctor's advice. Only your doctor can decide what drugs are right for you.

Thank you,

Doctors HealthCare Plans, Inc.

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[https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/altaire-pharmaceuticals-inc-issues-voluntary-recall-multiple-ophthalmic-products?utm\\_campaign=Altaire%20Pharmaceuticals%2C%20Inc.%20Issues%20Voluntary%20Recall%20of%20Multiple%20Ophthalmic%20Products&utm\\_medium=email&utm\\_source=Eloqua](https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/altaire-pharmaceuticals-inc-issues-voluntary-recall-multiple-ophthalmic-products?utm_campaign=Altaire%20Pharmaceuticals%2C%20Inc.%20Issues%20Voluntary%20Recall%20of%20Multiple%20Ophthalmic%20Products&utm_medium=email&utm_source=Eloqua)

Doctors HealthCare Plans, Inc. is an HMO with a Medicare contract. Enrollment in Doctors HealthCare Plans, Inc. depends on contract renewal. **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 786-460-3427 o 833-342-7463(TTY: 711).

### **Discrimination is against the law**

Doctors HealthCare Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Doctors HealthCare Plans, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Doctors HealthCare Plans, Inc.:

•Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

•Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the number on the back of your ID Card.

If you believe that Doctors HealthCare Plans has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

**Doctors HealthCare Plans, Inc.**  
**Attention: Member Services Department**  
2020 Ponce de Leon Blvd., Suite 901  
Coral Gables, FL 33134  
Telephone: 786-460-3427 or 833-342-7463, TTY: 711  
Fax: 786-578-0283  
7 days a week; 8 a.m. to 8 p.m.

You can file a grievance in person by mail or fax. If you need help filing a grievance, our Member Services Representatives are available to help you at the number listed above.

You can also file a civil rights complaint electronically through the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

### **Multi-Language Interpreter Service**

**English:** ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 786-460-3427 or 833-342-7463 (TTY: 711).

**Español (Spanish):** ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 786-460-3427 o 833-342-7463 (TTY: 711).

**繁體中文Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 Call 786-460-3427 or 833-342-7463 (TTY: 711).

**Français (French):** ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 786-460-3427 or 833-342-7463 (TTY: 711)

**Deutsch (German):** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 786-460-3427 or 833-342-7463 (TTY: 711).

**ગુજરાતી (Gujarati):** સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 786-460-3427 or 833-342-7463 (TTY: 711).

**Kreyòl Ayisyen (French Creole):** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pouou. Rele 786-460-3427 or 833-342-7463 (TTY: 711).

**Italiano (Italian):** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 786-460-3427 or 833-342-7463 (TTY: 711).

**한국어 (Korean):** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 786-460-3427 or 833-342-7463 (TTY: 711).번으로 전화해 주십시오.

**Polski (Polish):** UWAGAM: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 786-460-3427 or 833-342-7463 (TTY: 711).

**Português (Portuguese):** ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 786-460-3427 or 833-342-7463 (TTY: 711).

**Русский (Russian):** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 786-460-3427 or 833-342-7463 (TTY: 711).

**ภาษาไทย (Thai):** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 786-460-3427 or 833-342-7463 (TTY: 711).

**Tiếng Việt (Vietnamese):** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 786-460-3427 or 833-342-7463 (TTY: 711).

**Tagalog (Tagalog – Filipino):** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 786-460-3427 or 833-342-7463 (TTY: 711).

**Diné Bizaad (Navajo):** ANOMPA PA PISAH: [Chahta] makilla ish anompoli hokma, kvna hosh Nahollo Anompa ya pipilla hosh chī tosholahinla. Atoko, hattak yvmm̄ im anompoli chi bvnnaakmvt, holhtina pa payah: 786-460-3427 or 833-342-7463 (TTY: 711).

**:(Arabic) العربية**

تنبيه: إذا لم تكن تتحدث الإنجليزية، نوفر خدمات المساعدة اللغوية مجاناً من أجلك. اتصل بالرقم 786-460-3427 أو 833-342-7463 (هاتف نصي: 711)