DOCTORS HEALTHCARE PLANS, INC.

Dear Member:

In compliance with the Center for Medicare and Medicaid's (CMS) Medicare Part D Opioid Management Program guidelines and requirements, Doctors Health Care Plans, Inc., has implemented certain limits for members' prescriptions for opioid medications. This Drug Management Program is meant to promote safe, responsible, and appropriate opioid use for our members and will be conducted through close collaboration with the members' opioid prescribers and pharmacists.

In 2026, in our continued effort to prevent and combat opioid overuse, a pharmacist will be contacting your opioid prescriber if you meet the following criteria:

- *Opioid naïve patients (have never been prescribed an opioid medication) will not be allowed to receive more than a 7 days' supply.*
- *≥ 90 MME* per day and ≥3 distinct opioid prescribers*
- *≥ 200 MME* per day and ≥3 distinct opioid prescribers*
- *duplicative long-acting (LA) opioid therapy (more than one of the same opioid medications being prescribed together)*
- *use of opioids and benzodiazepines together*

Residents of long-term care facilities, those in hospice care, patients receiving palliative or end-of-life care, patients being treated for cancer-related pain and patients with sickle cell disease are exempt from these safety edits.

In addition, a member will be considered "potentially at-risk" if they meet the following criteria, and the prescribing physician will be contacted by a case manager and/or clinical pharmacist.

1. *Level of opioid use from multiple prescribers/pharmacies:*
    a. *Use of opioids with average daily MME* ≥ 90 mg for any duration during the most recent 6 months AND either:*
        i. *3+ opioid prescribers AND 3+ opioid dispensing pharmacies; OR*
        ii. *5+ opioid prescribers (regardless of the number of opioid dispensing pharmacies)*
    b. *Prescribers associated in the same practice (or clinic) are counted as a single prescriber.*
    c. *Pharmacies with multiple locations that share real-time data are counted as one pharmacy.*
2. *History of opioid-related overdose,*
    a. *A medical claim with a primary diagnosis of opioid-related overdose within the most recent 12 months; AND*
    *b. A Part D opioid prescription (not including MAT**) within the most recent 6 months.*

Additional members may be identified based on multiple providers, multiple pharmacies,

and/or MME that may not meet CMS' *criteria using the supplemental criteria*. Please be assured that criteria used to identify potentially at-risk members are not intended as prescribing limits

*Supplemental criteria are:*

- *Use of opioids (regardless of average daily MME*) during the most recent 6 months; AND*
- *7+ opioid prescribers OR 7+ opioid dispensing pharmacies*
- *Prescribers associated in the same practice (or clinic) are counted as a single prescriber.*
- *Pharmacies with multiple locations that share real-time data are counted as one pharmacy.*

***Morphine milligram equivalent (MME) –** The amount of milligrams of morphine an opioid dose is equal to when prescribed. This is how to calculate the total amount of opioids, accounting for differences in opioid drug type and strength.
****Medication Assisted Treatment (MAT) -** is the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders (OUD) and can help some people to sustain recovery.

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

# Notice of Non-Discrimination

Doctors HealthCare Plans, Inc. complies with applicable Federal civil rights laws and does not discriminate or exclude people on the basis of race, color, creed, religion, national origin, age, disability, political affiliations or beliefs, or sex (including pregnancy, sexual orientation, and gender identity).

Doctors HealthCare Plans:

- 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 Member Services/Civil Rights.

If you believe that Doctors HealthCare Plans has failed to provide these services or discriminated in another way, you can file a grievance with:

**Doctors HealthCare Plans, Inc.**
Attn: Member Services/Civil Rights
2020 Ponce De Leon Blvd., PH1
Coral Gables, FL 33134
Telephone: 833-342-7463 (TTY: 711)
Fax: 786-578-0293
Email: civilrights@doctorshcp.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Member Services/Civil Rights, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the 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 https://www.hhs.gov/ocr/complaints/index.html.

## NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE, AUXILIARY AIDS AND SERVICES

**English:** ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 833-342-7463 (TTY:711) or speak to your provider.

**Spanish:** ATENCIÓN: Si habla español, están disponibles servicios de asistencia lingüística gratuita para usted. También están disponibles sin carga adecuada apoyos y servicios para proporcionar información en formatos accesibles. Llame al 833-342-7463 (TTY:711) o hable con su proveedor.

**Haitian Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd aladispozisyon w gratis pou lang ou pale a. Èd ak sèvis siplemantè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib gratis tou. Rele nan 833-342-7463 (TTY:711) oswa pale avèk founisè w la.

**Arabic:** تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم - (1-833-342-7463) (TTY: 711) أو تحدث إلى مقدم الخدمة".

**Chinese Traditional:** 注意：如果您說[台語]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 833-342-7463(TTY:711) 或與您的提供者討論。」

**Chinese Simplified:** 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 833-342-7463 (文本电话： (TTY:711) 或咨询您的服务提供商。

**French:** ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 833-342-7463 (TTY: 711) ou parlez à votre fournisseur.

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachhilfe- Dienste zur Verfügung. Angemessene Hilfsmittel und Dienste zur Bereitstellung von Informationen in zugänglichen Formaten sind ebenfalls kostenlos verfügbar. Rufen Sie 833-342-7463 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.

**Gujarati:** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑકઝિલરી સહાય અને ઍક્સેસિબલ ફૉરમેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 833-342-7463 (TTY:711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.

**Italian:** ATTENZIONE: Se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti per te. Sono disponibili anche ausili e servizi appropriati per fornire informazioni in formati accessibili, anch'essi gratuiti. Chiama il 833-342-7463 (TTY:711) o parla con il tuo fornitore.

**Korean:** 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 833-342-7463 (TTY:711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

**Polish:** UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 833-342-7463 (TTY:711) lub porozmawiaj ze swoim dostawcą".

**Portuguese:** ATENÇÃO: Se você fala Português, serviços de assistência linguística gratuitos estão disponíveis para você. Ajudas e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 833-342-7463 (TTY:711) ou converse com seu prestador de serviços.

**Russian:** ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 833-342-7463 (TTY:711) или обратитесь к своему поставщику услуг.

**Taglog:** PPAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 833-342-7463 (TTY:711) o makipag-usap sa iyong provider."

**Thai:** หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-833-342-7463 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ"

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số Người khuyết tật: 833-342-7463 (TTY:711) hoặc trao đổi với người cung cấp dịch vụ của bạn."