

PHARMACY POLICY – 5.01.589


BRAF and MEK Inhibitors

Effective Date: April 1, 2024
Last Revised: Mar. 12, 2024
Replaces: N/A

RELATED MEDICAL POLICIES:
5.01.543 General Medical Necessity Criteria for Companion Diagnostics Related to Drug Approval

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Introduction

BRAF and MEK are proteins involved in a key pathway that sends signals inside cells which stimulate cell growth. It is faulty (mutated) in some human cancers. The defective proteins signal constantly, stimulating overgrowth of the cells. BRAF and MEK inhibitors stop this signaling. This has been shown to slow the growth of melanomas that have spread through the body and can't be removed by surgery. This policy describes when BRAF and MEK inhibitors may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria

Drug	Medical Necessity
BRAF/MEK Inhibitors	
<p>Combination therapy for melanoma: Braftovi + Mektovi Tafinlar + Mekinist Zelboraf + Cotellic</p>	<p>The following combination regimens may be considered medically necessary for treatment of unresectable or metastatic melanoma with a BRAF V600E or V600K mutation:</p> <ul style="list-style-type: none"> • Braftovi (encorafenib) and Mektovi (binimetinib) • Tafinlar (dabrafenib) and Mekinist (trametinib) • Zelboraf (vemurafenib) and Cotellic (cobimetinib) <p>Testing for BRAF V600 mutations is covered whenever use of BRAF inhibitors is contemplated.</p>
<p>Combination therapy for metastatic colorectal cancer: Braftovi + Erbitux</p>	<p>The following combination regimen may be considered medically necessary after prior therapy for the treatment of adult individuals with metastatic colorectal cancer with a BRAF V600E mutation:</p> <ul style="list-style-type: none"> • Braftovi (encorafenib) and Erbitux (cetuximab) <p>Testing for BRAF V600 mutations is covered whenever use of BRAF inhibitors is contemplated.</p>
<p>Combination therapy for metastatic non-small cell lung cancer (NSCLC): Braftovi + Mektovi</p>	<p>The following combination regimen may be considered medically necessary for treatment of adult individuals with metastatic non-small cell lung cancer (NSCLC) with a BRAF V600E mutation:</p> <ul style="list-style-type: none"> • Braftovi (encorafenib) and Mektovi (binimetinib) <p>Testing for BRAF V600 mutations is covered whenever use of BRAF inhibitors is contemplated.</p>
<p>Combination therapy for other indications: Tafinlar + Mekinist</p>	<p>Tafinlar (dabrafenib) in combination with Mekinist (trametinib) may be considered medically necessary for:</p> <ul style="list-style-type: none"> • Adjuvant treatment of individuals with melanoma with BRAF V600E or V600K mutations and involvement of lymph node(s), following complete resection • Treatment of individuals with metastatic non-small cell lung cancer with BRAF V600E mutations • Treatment of individuals with locally advanced or metastatic anaplastic thyroid cancer with BRAF V600E mutation and with no satisfactory locoregional treatment options



Drug	Medical Necessity
BRAF/MEK Inhibitors	
	<ul style="list-style-type: none"> • Treatment of adult and pediatric individuals 1 year of age and older with unresectable or metastatic solid tumors with BRAF V600E mutation who have progressed following prior treatment and have no satisfactory alternative treatment options • Treatment of pediatric individuals 1 year of age and older with low grade glioma with BRAF V600E mutation who require systemic therapy <p>Testing for BRAF V600 mutations is covered whenever use of BRAF inhibitors is contemplated.</p>
Monotherapy with Cotellic (cobimetinib)	<p>Cotellic (cobimetinib), as a single agent, may be considered medically necessary for the treatment of adult individuals with histiocytic neoplasms.</p>
Monotherapy with Tafinlar (dabrafenib)	<p>Tafinlar (dabrafenib) monotherapy may be considered medically necessary for:</p> <ul style="list-style-type: none"> • Treatment of unresectable or metastatic melanoma with a BRAF V600E or V600K mutation. <p>Testing for BRAF V600 mutations is covered whenever use of BRAF inhibitors is contemplated.</p>
Monotherapy with Zelboraf (vemurafenib)	<p>Zelboraf (vemurafenib) monotherapy may be considered medically necessary for:</p> <ul style="list-style-type: none"> • Treatment of unresectable or metastatic melanoma with a BRAF V600E mutation <p>OR</p> <ul style="list-style-type: none"> • Treatment of individuals with Erdheim-Chester Disease with BRAF V600 mutation <p>Testing for BRAF V600 mutations is covered whenever use of BRAF inhibitors is contemplated.</p>
Monotherapy with Mekinist (trametinib)	<p>Mekinist(trametinib) monotherapy may be considered medically necessary for:</p>



Drug	Medical Necessity
BRAF/MEK Inhibitors	
	<ul style="list-style-type: none"> Treatment of BRAF-inhibitor treatment-naïve individuals with unresectable or metastatic melanoma with BRAF V600E or V600K mutations <p>Testing for BRAF V600 mutations is covered whenever use of BRAF inhibitors is contemplated.</p>
Koselugo (selumetinib)	Koselugo (selumetinib) may be considered medically necessary for the treatment of pediatric individuals 2 years of age and older with neurofibromatosis type 1 who have symptomatic, inoperable plexiform neurofibromas.

Drug	Not Medically Necessary
As listed	Use of BRAF and/or MEK inhibitors for treatment of individuals with wild-type BRAF is considered not medically necessary.

Drug	Investigational
As listed	All other uses of the medications listed in this policy are considered investigational.

Length of Approval	
Approval	Criteria
Initial authorization	All drugs listed in policy may be approved up to three months.
Re-authorization criteria	Future re-authorization of all drugs listed in policy may be approved up to 12 months as long as the drug-specific coverage criteria are met and chart notes demonstrate that the individual continues to show a positive clinical response to therapy.

Documentation Requirements
The individual's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:



Documentation Requirements

- Chart notes demonstrating that the individual meets the stated criteria for medical necessity
- For BRAF inhibitors, test results showing the presence of BRAF V600 mutations must be included

Coding

N/A

Related Information

Benefit Application

The drugs in this policy are managed through the pharmacy benefit.

Evidence Review

Melanoma

Melanoma accounts for only about 1% of skin cancers but, because it is more likely to metastasize than squamous cell or basal cell cancers, it causes a large amount of skin cancer deaths. If recognized and treated early, it is almost always curable. Approximately 84% of melanomas are diagnosed at a localized stage with 5-year survival of 98%. However, the 5-year survival for the 4% of individuals with metastatic disease at diagnosis is 15%.

Incidence rates for melanoma have been rising for at least 30 years. The age-adjusted incidence rate of melanoma was 20.8 per 100,000 men and women per year for the years 2004 to 2008. The American Cancer Society estimates that approximately 99,780 new melanomas will be diagnosed (approximately 57,180 in men and 42,600 in women), and that approximately 7,650 people will die of melanoma (approximately 5,080 men and 2,570 women) in 2022 in the U.S.



The lifetime risk of melanoma is about 2.6% for Caucasians, 0.6% for Hispanics, and 0.1% for African Americans. Major risk factors for melanoma include atypical nevi (moles), more than 50 benign or atypical nevi, giant congenital nevus, and a personal or family history of melanoma. Other risk factors for all skin cancer types include: sun sensitivity (defined as easily being sunburned), freckling, tanning with difficulty, or having naturally blond or red hair. Other risk factors include having a history of excessive sun exposure (including sunburns), use of tanning booths and immune-deficiency states (e.g., immunosuppressive chemotherapy, post-transplant immunosuppression, human immunodeficiency virus/ acquired immunodeficiency syndrome).

BRAF^{V600E} Mutation and Response to Dabrafenib, Encorafenib and Vemurafenib (BRAF Inhibitors) and Binimetinib, Cobimetinib and Trametinib (MEK Inhibitors)

BRAF (B member of the Rapidly Accelerated Fibrosarcoma family of serine/threonine tyrosine kinases) is a protein that in normal melanocytes is part of the mitogen-activated protein kinase (MAPK) – extracellular signal-regulated kinase (ERK) signal transduction pathway. This signaling pathway controls cell growth, survival, differentiation and senescence. More than 40 mutations of BRAF are known in human cancer, 90% to 95% of which are V600E, in which glutamic acid is substituted for valine at amino acid position 600. Mutated BRAF leads to constitutive activation of the MAPK-ERK signaling pathway, resulting in tumor maintenance and progression. BRAF mutation may be a negative prognostic indicator in metastatic melanoma.

Summary of Evidence

Encorafenib/Binimetinib

Encorafenib in combination with binimetinib was evaluated in a randomized, active-controlled, open-label, multicenter trial (COLUMBUS; NCT01909453). Eligible individuals were required to have BRAF V600E or V600K mutation-positive unresectable or metastatic melanoma. Individuals could have received immunotherapy for unresectable locally advanced or metastatic disease. Prior use of BRAF inhibitors or MEK inhibitors was prohibited. Individuals were randomized (1:1:1) to receive encorafenib 450 mg once daily in combination with binimetinib 45 mg twice daily (encorafenib in combination with binimetinib), encorafenib 300 mg once daily, or vemurafenib 960 mg twice daily. Treatment continued until disease progression or unacceptable toxicity.



A total of 577 individuals were randomized, 192 to the encorafenib in combination with binimetinib arm, 194 to the encorafenib arm, and 191 to the vemurafenib arm. Of the 383 individuals randomized to either the encorafenib in combination with binimetinib or the vemurafenib arms, the median age was 56 years (20 to 89 years), 59% were male, 91% were White, and 72% had baseline Eastern Cooperative Oncology Group (ECOG) performance status of 0. Of these 95% had metastatic disease, 65% were Stage IVM1c, and 4% received prior immunotherapy. Twenty-eight percent (28%) had elevated baseline serum lactate dehydrogenase (LDH), 45% had ≥ 3 organs with tumor involvement at baseline, and 3% had brain metastases. Based on centralized testing, 100% of individuals' tumors tested positive for BRAF mutations; BRAF V600E (88%), BRAF V600K (11%), or both (<1%). Encorafenib in combination with binimetinib demonstrated a statistically significant improvement in median progression-free survival (PFS) (14.9 months compared to 7.3 months with vemurafenib monotherapy).

Dabrafenib/Trametinib

The safety and efficacy of dabrafenib co-administered with trametinib were evaluated in two international, randomized, active-controlled trials: one double-blind trial (the COMBI-d study; NCT01584648) and one open-label trial (the COMBI-v study; NCT01597908). The COMBI-d study compared dabrafenib and trametinib to dabrafenib and placebo as first-line therapy for individuals with unresectable (Stage IIIC) or metastatic (Stage IV) BRAF V600E or V600K mutation-positive cutaneous melanoma. Individuals were randomized (1:1) to receive dabrafenib 150 mg twice daily and trametinib 2 mg once daily or dabrafenib 150 mg twice daily plus matching placebo. Randomization was stratified by LDH level (> the upper limit of normal (ULN) vs. \leq ULN) and BRAF mutation subtype (V600E vs. V600K). The major efficacy outcome was investigator-assessed PFS per RECIST v1.1 with additional efficacy outcome measures of overall survival (OS) and confirmed overall response rate (ORR).

The COMBI-v study compared dabrafenib and trametinib to vemurafenib as first-line treatment therapy for individuals with unresectable (Stage IIIC) or metastatic (Stage IV) BRAF V600E or V600K mutation-positive cutaneous melanoma. Individuals were randomized (1:1) to receive dabrafenib 150 mg twice daily and trametinib 2 mg once daily or vemurafenib 960 mg twice daily. Randomization was stratified by LDH level (> the ULN vs. \leq ULN) and BRAF mutation subtype (V600E vs. V600K). The major efficacy outcome measure was overall survival. Additional efficacy outcome measures were PFS and ORR as assessed by investigator per RECIST v1.1.

In the COMBI-d study, 423 individuals were randomized to dabrafenib plus trametinib (n = 211) or dabrafenib plus placebo (n = 212). The median age was 56 years (range: 22 to 89 years), 53%



were male, > 99% were White, 72% had ECOG performance status of 0, 4% had Stage IIIC, 66% had M1c disease, 65% had a normal LDH, and 2 individuals had a history of brain metastases. All individuals had tumor containing BRAF V600E or V600K mutations as determined by centralized testing, 85% with BRAF V600E mutations and 15% with BRAF V600K mutations.

In the COMBI-v study, 704 individuals were randomized to dabrafenib plus trametinib (n = 352) or single-agent vemurafenib (n = 352). The median age was 55 years (range: 18 to 91 years), 96% were White, and 55% were male, 6% percent of individuals had Stage IIIC, 61% had M1c disease, 67% had a normal LDH, 70% had ECOG performance status of 0, 89% had BRAF V600E mutation-positive melanoma, and one individual had a history of brain metastases.

The COMBI-d and COMBI-v studies demonstrated statistically significant improvements in PFS: 11.4 months with dabrafenib+trametinib (95% CI 9.9, 14.9) vs 7.3 months (5.8, 7.8) with vemurafenib.

A phase 2/3 randomized, open-label, global, parallel assignment study was conducted to evaluate the safety and efficacy of dabrafenib in combination with trametinib in individuals with BRAFV600 mutation positive low-grade glioma (LGG) or relapsed/refractory high-grade glioma (HGG). Individuals were randomized to receive either dabrafenib in combination with trametinib or carboplatin in combination with vincristine. The primary efficacy endpoint was ORR in the first 32 weeks of treatment, and the individuals in the treatment group had a statistically significant ORR of 47% compared to 11% for the chemotherapy group (p <0.001). The secondary efficacy endpoints were duration of response, progression-free survival, and overall survival. The result showed that the individuals in the treatment group had a median progression-free survival (PFS) of 20.1 months, which was significantly longer than the 7.4 months observed in the chemotherapy group (p < 0.001). Furthermore, 89% of individuals in the treatment group experienced a reduction in tumor size compared to baseline, while only 70% of the individuals in the chemotherapy group had a reduction in the tumor size compared to the baseline.

Pyrexia, vomiting, and headache were among the common adverse events observed in the treatment group. About 47% individuals in the treatment group had grade 3 or higher adverse events, which was significantly lower than the 94% observed in the chemotherapy group. The discontinuation rate due to adverse events was also lower in the treatment group, with only 4% individuals discontinuing the treatment, compared to 18% in the chemotherapy group.

Vemurafenib/Cobimetinib

The safety and efficacy of vemurafenib+cobimetinib was established in a multicenter, randomized (1:1), double-blinded, placebo-controlled trial conducted in 495 individuals with



previously untreated, BRAF V600 mutation-positive, unresectable or metastatic, melanoma. All individuals received vemurafenib 960 mg orally twice daily on days 1–28 and were randomized to receive cobimetinib 60 mg or matching placebo orally once daily on days 1–21 of an every 28-day cycle. Randomization was stratified by geographic region (North America vs. Europe vs. Australia/New Zealand/others) and disease stage (unresectable Stage IIIc, M1a, or M1b vs. Stage M1c). Treatment continued until disease progression or unacceptable toxicity. Individuals randomized to receive placebo were not offered cobimetinib at the time of disease progression.

The major efficacy outcome was investigator-assessed progression-free survival (PFS) per RECIST v1.1. The median age of the study population was 55 years (range 23 to 88 years), 58% of individuals were male, 93% were White and 5% had no race reported, 60% had stage M1c disease, 72% had a baseline ECOG performance status of 0, 45% had an elevated baseline serum LDH, 10% had received prior adjuvant therapy, and <1% had previously treated brain metastases. Individuals with available tumor samples were retrospectively tested using next generation sequencing to further classify mutations as V600E or V600K; test results were obtained on 81% of randomized individuals. Of these, 86% were identified as having a V600E mutation and 14% as having a V600K mutation. Median PFS was 12.3 months (95% CI 9.5, 13.4) vs. 7.2 months with vemurafenib monotherapy (5.6,7.5).

Practice Guidelines and Position Statements

National Comprehensive Cancer Network (NCCN)

NCCN guidelines recommend combination BRAF/MEK inhibitor therapy for metastatic or unresectable melanoma with a BRAF V600 activating mutation:

- First-line therapy for BRAF/MEK inhibitors:
 - Dabrafenib/trametinib (category 1)
 - Vemurafenib/cobimetinib (category 1)
 - Encorafenib/binimetinib (category 1)
- Other recommended first-line preferred regimens
 - Combination targeted therapy and immunotherapy with vemurafenib/cobimetinib + atezolizumab (category 2A)
- Second-line or subsequent therapy



- Dabrafenib/trametinib (category 2A)
- Vemurafenib/cobimetinib (category 2A)
- Encorafenib/binimetinib (category 2A)
- Re-induction therapy for individuals who experience disease control (complete response, partial response, or stable disease) and have no residual toxicity, but subsequently experience disease progression/relapse >three months after treatment discontinuation.
- In previously untreated individuals with unresectable American Joint Committee on Cancer 7th Edition stage IIIC or stage IV disease, BRAF/MEK inhibitor combination therapy was associated with improved response rate, PFS, and OS compared to BRAF inhibitor monotherapy
- If BRAF/MEK inhibitor combination therapy is contraindicated, BRAF inhibitor monotherapy is an option, especially in individuals who are not appropriate candidates for checkpoint immunotherapy

2019 Update

Annual review, literature search from 11/1/2018 to 11/1/2019 and reviewed package inserts for medications in this policy. Updated indications for Tafinlar(dabrafenib) and Mekinist (trametinib) per product label. Added monotherapy indication for Tafinlar (dabrafenib), Mekinist (trametinib) and Zelboraf (vemurafenib) for unresectable or metastatic melanoma.

2020 Update

Reviewed prescribing information for all drugs in policy. No new information was identified that would require changes to this policy.

2021 Update

Reviewed prescribing information for all drugs in policy. No new information was identified that would require changes to this policy.



2022 Update

Reviewed prescribing information for all drugs in policy and added a new indication for Tafinlar (dabrafenib) in combination with Mekinist (trametinib) for the treatment of BRAF V600E mutation-positive unresectable or metastatic solid tumors. Reviewed National Comprehensive Cancer Network Guidelines Version 3.2022 Melanoma: Cutaneous on systemic therapy for metastatic or unresectable disease and listed the first line and second line or subsequent therapies.

2023 Update

Reviewed prescribing information for all drugs in policy and added a new indication for Tafinlar (dabrafenib) in combination with Mekinist (trametinib) for the treatment of pediatric individuals 1 year of age and older with low-grade glioma (LGG) with a *BRAF V600E* mutation who require systemic therapy.

2024 Update

Reviewed prescribing information for all drugs in policy and added a new indication for Braftovi (encorafenib) in combination with Mektovi (binimetinib) for the treatment of certain adults with metastatic non-small cell lung cancer (NSCLC).

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History

Date	Comments
11/01/18	New policy, approved October 9, 2018. Add to Prescription Drug section. BRAF and MEK inhibitors are medically necessary for treating unresectable or metastatic melanoma with a BRAF V600E or V600K mutation. Content moved from policy 5.01.534 (Multikinase Inhibitors.) Added two new products, Braftovi and Mektovi. Updated indications per product label.
01/01/20	Annual Review, approved December 17, 2019. Updated coverage criteria for Tafinlar (dabrafenib), Mekinist (trametinib) and Zelboraf (vemurafenib).
06/01/20	Interim Review, approved May 12, 2020. Added Braftovi + Erbitux combination therapy for the treatment of metastatic CRC when criteria are met.
08/01/20	Interim Review, approved July 14, 2020. Added coverage criteria for Koselugo (selumetinib) for the treatment of NF1.
12/01/20	Annual Review, approved November 19, 2020. No changes to policy statements.
11/01/21	Annual Review, approved October 5, 2021. No changes to policy statements.
08/01/22	Annual Review, approved July 12, 2022. Added coverage for Tafinlar (dabrafenib) in combination with Mekinist (trametinib) for the treatment of BRAF V600E mutation-positive unresectable or metastatic solid tumors.
01/01/23	Interim Review, approved December 13, 2022. Added coverage for Cotellic (cobimetinib), as a single agent, for the treatment of adult individuals with histiocytic neoplasms. Changed the wording from "patient" to "individual" throughout the policy for standardization.
06/01/23	Annual Review, approved May 9, 2023. Added a new indication for Tafinlar (dabrafenib) in combination with Mekinist (trametinib) for the treatment of pediatric individuals 1 year of age and older with low-grade glioma (LGG) with a <i>BRAF V600E</i> mutation who require systemic therapy.
11/01/23	Interim Review, approved October 23, 2023. Updated coverage for Tafinlar (dabrafenib) in combination with Mekinist (trametinib) from 6 years of age and older to 1 year of age and older for the treatment of solid tumors.
04/01/24	Annual Review, approved March 12, 2024. Added a new indication for Braftovi (encorafenib) in combination with Mektovi (binimetinib) for the treatment of certain adults with metastatic non-small cell lung cancer (NSCLC).

Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit



booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2024 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.



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Language Assistance

- ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 844-722-4661 (TTY: 711).
- 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 844-722-4661 (TTY: 711)。
- CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 844-722-4661 (TTY: 711).
- 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 844-722-4661 (TTY: 711) 번으로 전화해 주십시오.
- ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 844-722-4661 (телетайп: 711).
- PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 844-722-4661 (TTY: 711).
- УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 844-722-4661 (телетайп: 711).
- ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតលុយ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 844-722-4661 (TTY: 711)។
- 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。844-722-4661 (TTY:711) まで、お電話にてご連絡ください。
- ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በገጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 844-722-4661 (መስማት ለተሳናቸው: 711)።
- XIYYEEFFANNA:** Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 844-722-4661 (TTY: 711).
- ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 844-722-4661 (رقم هاتف الصم والبكم: 711).
- ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 844-722-4661 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
- ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 844-722-4661 (TTY: 711).
- ໂປດອຸບ:** ຖ້າວ່າ ທ່ານວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສ່ຽງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 844-722-4661 (TTY: 711).
- ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 844-722-4661 (TTY: 711).
- ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 844-722-4661 (ATS : 711).
- UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 844-722-4661 (TTY: 711).
- ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 844-722-4661 (TTY: 711).
- ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 844-722-4661 (TTY: 711).
- توجه:** اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 844-722-4661 (TTY: 711) تماس بگیرید.