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MEDICAL POLICY – 2.01.17

Sublingual Immunotherapy as a Technique of Allergen-Specific Therapy

BCBSA Ref Policy: 2.01.17

Effective Date:	Dec. 1, 2020	RELATED MEDICAL POLICIES:
Last Revised:	Nov. 19, 2020	2.01.500 Allergy Testing
Replaces:	N/A	

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | DOCUMENTATION REQUIREMENTS | CODING
RELATED INFORMATION | EVIDENCE REVIEW | REFERENCES | HISTORY

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Introduction

Treating allergies often involves giving the person small doses of what they are allergic to. This tends to increase a person's immunity, or tolerance, to the substance. These substances are often given by injections (shots). But a newer method is to put the substance in drops and give them under the tongue. This is called sublingual (which means under the tongue) immunotherapy. This treatment is also sometimes called allergy drops. This policy explains when sublingual immunotherapy is 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

Sublingual Immunotherapy	Medical Necessity

• **Oralair®**
• **Grastek®**
• **Ragwitek®**
• **Odactra™**
	Sublingual immunotherapy using Oralair®, Grastek®, or Ragwitek® may be considered medically necessary, when used according to U.S. Food and Drug Administration labeling (FDA), for the treatment of pollen-induced allergic rhinitis or rhinoconjuctivitis when the following conditions are met:
	• Patient has a history of rhinitis or rhinoconjunctivitis symptoms related to grass or short ragweed pollen exposure
	• Patient has a documented positive pollen-specific skin test or pollen-specific immunoglobulin E test.
	  ○ Allergy must be confirmed by positive skin test or in vitro testing for pollen-specific immunoglobulin E antibodies to the species contained in the product or, for Grastek®, Timothy grass pollen extract, to cross-reactive species
	• Patient's symptoms are not adequately controlled by appropriate pharmacotherapy (see **Related Information**).
	
	Sublingual immunotherapy using Odactra™ may be considered medically necessary, when used according to FDA labeling, for the treatment of house dust mite-induced allergic rhinitis or rhinoconjunctivitis when the following conditions are met:
	• Patient has a history of rhinitis or rhinoconjunctivitis symptoms related to dust mite exposure.
	• Patient has a documented positive house dust mite-specific skin test or house dust mite-specific immunoglobulin E test
	  ○ Allergy must be confirmed by positive skin test, using licensed house dust mite allergen extracts or in vitro testing for house dust mite-specific immunoglobulin E antibodies to the Dermatophagoides farinae or Dermatophagoides pteronyssinus species.
	• Patient's symptoms are not adequately controlled by appropriate pharmacotherapy (see **Related Information**)
	
	Sublingual immunotherapy as a technique of allergy immunotherapy is considered investigational for all other uses.

Documentation Requirements

The patient's medical records submitted for review should document that medical necessity criteria are met. The record should include clinical documentation of:

- Diagnosis/condition
- History and physical examination documenting the severity of the condition
- Name of sublingual immunotherapy that will be used
- Positive pollen or dust mite specific skin test or IgE test
- Pharmacotherapy attempted

Coding

Code	Description
CPT	
95199	Unlisted allergy/clinical immunologic service or procedure

Note: CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

Use of Oralair®, Grastek®, and Ragwitek®

Contraindications

Contraindications include severe, unstable or uncontrolled asthma; history of any severe local reaction or any severe systemic allergic reaction to sublingual immunotherapy or any severe local reaction to sublingual allergen immunotherapy; and history of eosinophilic esophagitis.

Administration and Dose

- Prescribing information includes a black box warning for severe allergic reactions including anaphylaxis and severe laryngopharyngeal edema. Patients must be prescribed an epinephrine auto-injector and be trained on how to use it.

- Oralair is approved by the U.S. Food and Drug Administration (FDA) for patients 10 to 65 years of age. Grastek has been FDA-approved for patients 5 to 65 years of age. Ragwitek has been FDA-approved for patients 18 to 65 years of age.
- Treatment should begin 12 weeks (16 weeks for Oralair) before the expected onset of the allergy-inducing pollen season. Each product is dosed once daily and continued throughout the pollen season (precoseasonal dosing).
- The first dose is administered under the supervision of a physician experienced in diagnosing and treating severe allergic reactions. Subsequent doses may be taken at home.
- For Oralair, dose titration is required in patients 10 to 17 years of age. Titration can be completed over 3 days at home, 100 index of reactivity (IR) on day 1, 2 times 100 IR on day 2, and 3 times 100 IR on day 3. In patients between 18 and 65 years, no dose titration is needed; treatment is initiated at the maintenance dose of 300 IR.
- Grastek and Ragwitek both are initiated at the maintenance dose (2800 bioequivalent allergy unit and 12 Amb a 1 unit, respectively).

Use of Odactra™

Contraindications

Contraindications are as listed above for Oralair, Grastek, and Ragwitek.

Administration and Dose

- Prescribing information includes a black box warning for severe allergic reactions including anaphylaxis and severe laryngopharyngeal edema. Patients must be prescribed an epinephrine autoinjector and be trained on how to use it.
- Odactra is approved by FDA for patients 18 to 65 years of age.
- Odactra is dosed at one 12 SQ-HDM tablet daily. Per FDA, "SQ-HDM is the dose unit for ODACTRA. SQ is a method of standardization of biological potency, major allergen content and complexity of the allergen extract. HDM is an abbreviation for house dust mite."
- The first dose is administered under the supervision of a physician experienced in diagnosing and treating severe allergic reactions. Subsequent doses may be taken at home.

Pharmacotherapy of Pollen-Induced Allergic Rhinitis

There is general agreement from clinical practice guidelines on the pharmacologic treatment of pollen-induced allergic rhinitis or rhinoconjunctivitis:

- Treatment should be individualized based on symptom severity and duration, comorbidities, patient age, preference (eg, route of administration, tolerance for adverse effects), and previous treatment history
- Measures to increase treatment adherence (eg, shared decision making, consideration of the patient's school or work schedule, use of a medication calendar or check-off list) are encouraged
- Goals of treatment are symptom reduction and improvements in functional capacity and quality of life
- A "step-up" (if treatment is inadequate) or "step-down" (if symptom relief is achieved with other interventions, eg, avoidance) approach to treatment is recommended
- Allergen avoidance is the first step of treatment but may be unrealistic for some patients

Six medication classes are used to treat allergic rhinitis: 1) H_1antihistamines (oral and intranasal); 2) Corticosteroids (oral [short-course for severe disease] and intranasal); 3) Leukotriene receptor antagonists (oral); 4) Sympathomimetic decongestants (oral and intranasal); 5) Chromones (intranasal); 6) Anticholinergic, ipratropium bromide (intranasal).

- Treatment should be symptom-specific, eg, oral antihistamines may be less effective for prominent congestion than other treatments; prominent rhinorrhea may respond to intranasal ipratropium; rhinitis-only symptoms may be treated with local (intranasal) rather than systemic (oral) therapy
- For mild or intermittent symptoms, oral or nasal antihistamine may be considered first-line treatment
- Newer generation (selective) oral antihistamines are recommended over older (nonselective) antihistamines. Patients with insomnia and pregnant women may prefer older antihistamines because of their sedating effects and longer safety history, respectively
- Intranasal corticosteroids may be effective for more severe or persistent symptoms

- Combination treatment (eg, oral antihistamine plus intranasal corticosteroid, intranasal antihistamine and corticosteroid, antihistamine [oral or intranasal] plus sympathomimetic [oral or short-course (≤5 days to avoid rebound congestion) intranasal]) may be effective for symptoms nonresponsive to single medications
- Oral sympathomimetics may cause insomnia; their use is limited in patients with certain comorbidities (eg, diabetes, unstable hypertension)
- Oral leukotriene receptor antagonists may reduce asthma exacerbations in patients with comorbid asthma

Consideration of Age

The ages stated in this policy for which Grastek®, Ragwitek®, Oralair®, and Odactra™ are considered medically necessary are based on the ages approved in the FDA labeling.

Benefit Application

Sublingual immunotherapy may be offered by specialized clinics.

Evidence Review

Description

Sublingual immunotherapy (SLIT) is a potential alternative to subcutaneous immunotherapy (SCIT) for providing allergen-specific therapy. SLIT is proposed as a more convenient alternative delivery route for treating a variety of allergic disorders.

Background

Allergen-specific immunotherapy involves administering well-characterized allergen extracts, the potencies of which are measured and compared with a reference standard. An initial induction or build-up phase progressively increases the allergen dose; this is followed by years of

maintenance injections at the highest dose. Allergen-specific immunotherapy has been used to treat various conditions, including insect allergy, allergic rhinitis, and asthma. Subcutaneous immunotherapy is the standard of care. Due to the inconvenience of multiple injections, particularly in children, alternative delivery routes have been investigated; of these, sublingual immunotherapy is the most prominent. Sublingual immunotherapy targets absorption to the sublingual and buccal mucosa. Allergen preparations used for sublingual immunotherapy are held under the tongue for one to several minutes and then swallowed or spit out.

Summary of Evidence

For individuals who have pollen-induced allergic rhinitis or rhinoconjunctivitis who receive SLIT, the evidence includes RCTs and systematic reviews. The relevant outcomes are symptoms, quality of life, hospitalizations, medication use, and treatment-related morbidity. Three sublingual pollen extracts are approved by U.S. Food and Drug Administration (FDA) for treatment of pollen-induced allergic rhinitis with or without conjunctivitis. Large, well-designed RCTs supporting the marketing applications for these products have provided consistent evidence of efficacy and safety. Although trials were placebo-controlled, rather than SCIT-controlled, minimum clinically important criteria for demonstrating efficacy were prespecified and were met in most studies. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcome.

For individuals who have house dust mite-specific allergy who receive SLIT, the evidence includes RCTs and systematic reviews. The relevant outcomes are symptoms, quality of life, hospitalizations, medication use, and treatment-related morbidity. One sublingual extract is approved by the FDA for treatment of house dust mite-induced allergic rhinitis with or without conjunctivitis. Most RCTs evaluating SLIT for patients with dust mite allergies have been placebo-controlled. Meta-analyses have found high levels of heterogeneity among studies. A more recent meta-analysis, published in 2015, had mixed findings; some outcomes but not others favored SLIT over placebo or pharmacologic treatment. However, more recent large, well-designed RCTs supporting the marketing applications for these products have provided consistent evidence of efficacy and safety. Although trials were also placebo-controlled, rather than SCIT-controlled, minimum clinically important criteria for demonstrating efficacy were prespecified and met in the largest studies. The evidence is sufficient to determine that the technology results in a meaningful improvement in the net health outcomes.

For individuals who have food allergy who receive SLIT, the evidence includes RCTs and systematic reviews, and an unpublished interventional study. The relevant outcomes are symptoms, quality of life, hospitalizations, medication use, and treatment-related morbidity. A

few RCTs have evaluated SLIT for treatment of food allergies, and these studies have had small sample sizes and have tended to be rated as low quality by systematic reviewers. The available RCTs have not consistently found that SLIT is more effective than placebo or oral immunotherapy. No RCTs were identified that compared SLIT with SCIT. The evidence is insufficient to determine the effects of the technology on health outcomes.

Practice Guidelines and Position Statements

American Academy of Otolaryngology–Head and Neck Surgery Foundation

In 2015, the American Academy of Otolaryngology–Head and Neck Surgery Foundation published clinical practice guidelines on allergic rhinitis that contained the following statement[37]:

> "Clinicians should offer, or refer to a clinician who can offer, immunotherapy (sublingual or subcutaneous) for patients with AR [allergic rhinitis] who have inadequate response to symptoms with pharmacologic therapy with or without environmental controls.
>
> Recommendation based on RCTs [randomized controlled trials] and systematic reviews, with a preponderance of benefit over harm."

American Academy of Allergy, Asthma and Immunology et al

In 2017, the American Academy of Allergy, Asthma and Immunology (AAAAI) and the American College of Allergy, Asthma, and Immunology jointly published updated practice parameters on sublingual immunotherapy (SLIT).[38] These recommendations apply to use of SLIT agents approved by the FDA at time of publication: 5-grass (Oralair), Timothy grass (Grastek), and ragweed (Ragwitek). **Table 1** summarizes statements made.

Table 1. Recommendations on Use of SLIT

Recommendation	SOR	LOE
FDA-approved SLIT should be used to treat allergic rhinitis/rhinoconjunctivitis, and not for any other condition.	Strong	A/B

Recommendation	SOR	LOE
SLIT may not be suitable for patients who have conditions that reduce their ability to survive a systemic reaction or the associated treatment	Strong	D
Given insufficient information on the safety of initiating or continuing SLIT during pregnancy or breastfeeding, it should be used very cautiously in pregnant or breastfeeding patients	Weak	C
Dosing equivalence should not be assumed between SLIT tablets and extracts of the same allergen; each formulation should have its own safety profile established	Weak	C
First doses of SLIT should be administered in a medical facility under the supervision of a physician or other health care professional with experience in the diagnosis and treatment of anaphylaxis. The patient should be observed in the medical facility for 30 minutes after the administration of SLIT	Strong	D
Epinephrine should be prescribed to patients receiving SLIT tablets, and patients should be trained in its use	Strong	D
The SLIT dose should be reduced if a patient misses treatment for >1 week	Weak	D
Patients receiving SLIT should be scheduled for regular follow-up care with a specialist	Moderate	D

FDA: Food and Drug Administration; LOE: level of evidence: SLIT: sublingual immunotherapy; SOR: strength of recommendation.

In 2013, the AAAAI and the European Academy of Allergy and Clinical Immunology published a consensus report on allergy immunotherapy.[39] The report summarized the literature and current practices in the United States and Europe; it did not include clinical recommendations. The report concluded: "Allergy immunotherapy (AIT) is effective in reducing symptoms of allergic asthma and rhinitis, as well as venom-induced anaphylaxis. In addition, AIT modifies the underlying course of disease. However, AIT remains a niche treatment secondary to symptomatic drugs because of its cost, long duration of treatment and concerns regarding safety and effectiveness…."

In 2011, the joint task force of the AAAAI, the American College of Allergy, Asthma and Immunology, and the Joint Council of Allergy, Asthma and Immunology issued updated practice parameters for allergen immunotherapy.[40] The document stated that randomized controlled trials of SLIT in patients with allergic rhinitis and asthma have demonstrated significant improvement in symptoms. The authors noted that there were no FDA-approved extract formulations for a noninjection route of immunotherapy.

Ongoing and Unpublished Clinical Trials

Some currently ongoing or unpublished trials that might influence this review are listed in **Table 2**.

Table 2. Summary of Key Trials

NCT Number	Trial Name	Planned Enrollment	Completion Date
Ongoing			
NCT02304991	Peanut Sublingual Immunotherapy Induction of Clinical Tolerance of Newly Diagnosed Peanut Allergic 12 to 48 Month Old Children	50	Mar 2021
NCT02216175	Phase 2/3 Clinical Trial to Assess the Effect of a Sublingual Treatment Phase Prior to Oral Immunotherapy in Children With Cow's Milk Allergy	66	Dec 2020
Unpublished			
NCT01373242	Peanut Sublingual Immunotherapy and Induction of Clinical Tolerance in Peanut Allergic Children	54	Aug 2018 (completed)
NCT02443805[a]	Efficacy and Safety of STG320 Sublingual Tablets of House Dust Mite (HDM) Allergen Extracts in Adults and Adolescents With HDM-associated Allergic Rhinitis	1607	Jun 2018 (completed)
NCT02005627	Randomized Placebo-controlled Study of Grass Pollen Allergen Immunotherapy Tablet (AIT) for Seasonal Rhinitis: Time Course of Nasal, Cutaneous and Immunological Outcomes	46	Mar 2017 (completed)
NCT02277483	Efficacy and Safety of LAIS® Mites Sublingual Tablets in Patients Aged Over 60 Years Suffering From House Dust Mite-induced Allergic Rhino-conjunctivitis With/Without Asthma	45	Dec 2016 (unknown)

NCT: national clinical trial.

[a] Denotes industry-sponsored or cosponsored trial.

Medicare National Coverage

There is no national coverage determination.

Regulatory Status

In April 2014, the first sublingual allergen extract tablets were approved by the FDA through the biologics license application process for treatment of pollen-induced allergic rhinitis with or without conjunctivitis:

- On April 1, FDA approved Oralair® (Stallergenes) allergen extract for patients 10 to 65 years of age. Oralair® contains freeze-dried pollen allergen extracts of 5 grasses: Kentucky Blue Grass, Orchard, Perennial Rye, Sweet Vernal, and Timothy.
- On April 11, FDA approved Grastek® (Merck) Timothy grass pollen (Phleum pretense) allergen extract for patients 5 to 65 years of age. (Grastek® is marketed in Europe as Grazax®.)
- On April 17, the FDA approved Ragwitek® (Merck) short ragweed pollen allergen extract for patients 18 to 65 years of age.

In March 2017, FDA approved Odactra (Merck) allergan extract for patients 18 to 65 years of age who have house dust mite-induced allergic rhinitis with or without conjunctivitis. Odactra contains freeze-dried extracts of dust mites (Dermatophagoides farinae and Dermatophagoides pteronyssinus).

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History

Date	Comments
11/05/97	Add to Medicine Section - New Policy
11/03/98	Replace Policy - Scheduled review, no criteria changes.
08/12/03	Replace Policy - Policy regarding sublingual immunotherapy and SET-guided immunotherapy reviewed; policy statement unchanged.
08/09/05	Replace Policy - Policy revised with literature search; policy retitled, now focuses solely on sublingual immunotherapy; other forms of immunotherapy no longer addressed.
06/16/06	Update Scope and Disclaimer - No other changes.
11/14/06	Replace Policy - Policy updated with literature review; policy statement unchanged. References added.
05/13/08	Replace Policy - Policy updated with literature search; no change to the policy statement. References added.
05/12/09	Replace Policy - Policy updated with literature search; no change to the policy statement.
05/11/10	Replace Policy - Policy updated with literature search; no change to the policy statement. References added.
06/13/11	Replace Policy - Policy updated with literature review; no change in policy statement. References 8 and 11 added; other references renumbered/removed. ICD-10 codes added to policy.
05/22/12	Replace policy. Policy updated with literature review; no change in policy statement. References 2, 4, 5, 10-12 added; other references renumbered/removed.
07/25/12	Related Policies Update – Title to 2.01.01 has been changed to include: (i.e., Multiple Chemical Sensitivities)
08/24/12	Update Coding Section – ICD-10 codes are now effective 10/01/2014.
05/28/13	Replace policy. Policy updated with literature review through January 22, 2013; no change in policy statement. References 4, 8 and 14 added; other references renumbered/removed.
07/24/13	Replace policy. Policy updated with literature review through April 20, 2013. No change in policy statement. References 2, 3, 14, 17 and 18 added; other references renumbered/removed.
07/14/14	Annual Review. Policy statement changed to medically necessary for Oralair®, Grastek®, and Ragwitek® to treat grass or short ragweed pollen allergies when criteria are met. These medications are investigational for all other uses. Policy updated with literature review through April, 2014. References 1-8, 14-16, 20-42, 47, 52, and 55 added, 10 and 54 updated; 22 deleted; others renumbered/removed. Policy

Date	Comments
	statement changed as noted. Coding update: CPT codes 95144-95165 and ICD-9 and ICD-10 diagnosis and procedure codes removed from policy.
06/17/15	Annual Review. Policy updated with literature review through March 11, 2015; references 12, 29-30, 42, 44-47, 51-54, 57-58, and 69-70 added; reference 41 updated. Policy statements unchanged.
08/28/15	Update Related Policies. Remove 2.01.01 as it was archived.
12/01/16	Annual Review, approved November 8, 2016. Policy updated with literature review through August 11, 2016; references 2, 9, 13, 15, and 24-26 added. Policy statements unchanged. Language added to the Rationale section to indicate that the age application of the policy is based on FDA-labeling.
03/03/17	Policy moved to new format. No change to policy statement.
12/01/17	Annual Review, approved November 9, 2017. Policy updated with literature review through August 24, 2017; references 15-17 and 25 added; note 11 updated. Policy statements unchanged.
01/01/19	Annual Review, approved December 13, 2018. Policy updated with literature review through August 2018; references 22-24, 34, and 37 added; references 7 and 14 updated. Policy statement added that sublingual immunotherapy using Odactra may be considered medically necessary, when used according to Food and Drug Administration labeling, for the treatment of house dust mite-induced allergic rhinitis or rhinoconjunctivitis when the specified conditions are met.
03/01/19	Minor update, added Documentation Requirements section.
01/01/20	Annual Review, approved December 10, 2019. Policy updated with literature review through August 2019; references added, Policy statements unchanged.
12/01/20	Annual Review, approved November 19, 2020. Policy updated with literature review through August 23, 2020; references added. Policy statements unchanged.

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.

PREMERA | BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

Discrimination is Against the Law

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

Premera:

- 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 Civil Rights Coordinator.

If you believe that Premera 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:
Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator 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 http://www.hhs.gov/ocr/office/file/index.html.

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

አማሪኛ (Amharic):
ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀኖች ሊኖሩ ይችላሉ። የጤናን ሽፋንዎን ለመጠበቅና በአከፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ክፍያ በቋንቋዎ እርዳታ እንዲያገኙ መብት አለዎት።በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

العربية (Arabic):
يحوي هذا الإشعار معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تريد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ800-722-1471 (TTY: 800-842-5357)

中文 (Chinese):
本通知有重要的訊息。本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

Oromoo (Cushite):
Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii bilbilaa.

Français (French):
Cet avis a d'importantes informations. Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

Kreyòl ayisyen (Creole):
Avi sila a gen Enfòmasyon Enpòtan ladann. Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resevwa enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):
Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

Hmoob (Hmong):
Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb. Tej zaum tsab ntawv tshaj xo no muaj cov ntsiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm Premera Blue Cross. Tej zaum muaj cov hnub tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

Iloko (Ilocano):
Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti apliksayonyo wenno coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyo wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):
Questo avviso contiene informazioni importanti. Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).

日本語 (Japanese):
この通知には重要な情報が含まれています。この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

한국어 (Korean):
본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

ລາວ (Lao):
ແຈ້ງການນີ້ມີຂໍ້ມູນສຳຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສຳຄັນກ່ຽວກັບຄຳຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີສຳຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດຳເນີນການຕາມກຳນົດເວລາສະເພາະເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນສຸຂະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄວ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໂທຫາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):
សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរ៉ាប់រងរបស់អ្នកតាមរយៈ Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ចេញសមត្ថភាព ដល់កំណត់ថ្ងៃជាក់ច្បាស់នានា ដើម្បីនឹងរក្សាទុកការជានាវ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ជំនួយចេញផ្លែ។ អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

ਪੰਜਾਬੀ (Punjabi):
ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਜਿਸ ਜਵਚ ਖਾਸ ਤਾਰੀਖਾ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀ ਜਸਹਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ਼ ਤੋਂ ਪਹਿਲਾਂ ਕੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫ਼ਤ ਵਿੱਚ ਤੇ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):
این اعلامیه حاوی اطلاعات مهم میباشد .این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید .شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید .شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کاربران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

Polskie (Polish):
To ogłoszenie może zawierać ważne informacje. To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócic uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

Português (Portuguese):
Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

Română (Romanian):
Prezenta notificare conține informații importante. Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastre de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

Русский (Russian):
Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Fa'asamoa (Samoan):
Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai. O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua ta'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'amatalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):
Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):
Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon. Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):
ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับการการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือนี้ในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

Український (Ukrainian):
Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

Tiếng Việt (Vietnamese):
Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).