PREMERA | BLUE CROSS

PHARMACY POLICY – 5.01.503

Migraine and Cluster Headache Medications

Effective Date:	Jan. 1, 2021	RELATED MEDICAL POLICIES:
Last Revised:	Dec. 1, 2020	5.01.584 CGRP Inhibitors for Migraine Prophylaxis
Replaces:	N/A	

Select a hyperlink below to be directed to that section.

POLICY CRITERIA | CODING | RELATED INFORMATION
EVIDENCE REVIEW | REFERENCES | APPENDIX | HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

Introduction

There are many different types of headaches. Tension headaches are the most common form and can be treated with over-the-counter pain relievers, like aspirin or ibuprofen. Migraine and cluster headaches are more severe and may need prescription medication.

Migraine is a debilitating disease, with severe headaches. Some people have other symptoms like seeing auras, experiencing nausea or vomiting, and suffering an inability to tolerate bright light or loud noises. About one in eight Americans has migraines. It's the seventh most disabling disease worldwide. Women are twice as likely as men to suffer from migraine.

Some people have just a few headaches a month. These may be treated with pills like ibuprofen or prescription medications like sumatriptan. These treatments stop the headaches after they've started. However, if people take too much of the headache-stopping medications, over time they may end up with more headaches. This is poor long-term strategy.

Cluster headaches are severe headaches that come on quickly, last 30 to 90 minutes, go away, and then come back a little while later. They are different from migraine headaches. Patients with cluster headaches may need a different approach to treatment, though using many of the same drugs.

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

Note: The medications addressed in this policy may be considered medically necessary for the FDA-approved ages.

Drug	Medical Necessity
Generic oral, injectable, nasal spray, or nasal powder products	**The medications covered by this policy may be considered medically necessary for the treatment of migraine and cluster headaches when one or more of the following conditions is/are met:** • The quantity dispensed is in accordance with the table below **OR** • The prescription is for an oral or intranasal formulation NOT in excess of 30 doses per 30 day time period, **AND** the patient has unsuccessfully tried at least three categories of prophylactic migraine headache therapies listed in the **Appendix** section (unless such are contraindicated). **Prescriptions to treat headaches not meeting the above criteria may be considered medically necessary based on the clinical circumstances of an individual patient.**
Brand name oral, injectable, nasal spray, or nasal powder products (excluding Treximet®)	**Brand name oral, injectable, nasal spray, or nasal powder products (other than Treximet®) will be considered medically necessary in quantities not exceeding 18 tablets, 8 injections, 18 nasal sprays, or 8 nasal powder inhalations (respectively) per 30 days when the patient has had a trial and failure of at least two different generic triptan products in any dosage form (ie, oral, injectable, or nasal spray).** **If the requested medication is a multisource brand and has a generic equivalent, then one of the required generic trials must be the generic version of the brand name medication that is being requested.**

Drug	Medical Necessity
	Note: For quantities in excess of 18 tablets, 8 injections, 18 nasal sprays, or 8 nasal powder inhalations per 30 days, please see **Criteria for Approving Additional Quantities** below.
Generic sumatriptan/naproxen, Treximet® (sumatriptan/naproxen)	**Generic sumatriptan/naproxex and brand Treximet® (sumatriptan/naproxen) may be considered medically necessary in quantities not exceeding 18 tablets per 30 days when the patient has failed a trial of generic sumatriptan in combination with two generic NSAIDs, one of which MUST be generic naproxen.** **Note:** For quantities in excess of 18 tablets per 30 days, please see Criteria for Approving Additional Quantities below.
Nurtec™ ODT (rimegepant)	**Nurtec™ ODT (rimegepant) may be considered medically necessary in quantities not exceeding 16 tablets per 30 days for the acute treatment of migraine with or without aura when the following conditions are met:** • The patient is ≥ 18 years old **AND** • The patient has had inadequate response from ≥2 triptan medications during previous migraine episode/s **OR** • The patient has a contraindication to triptans
Reyvow™ (lasmiditan)	**Reyvow™ (lasmiditan) may be considered medically necessary in quantities not exceeding 16 tablets per 30 days for the acute treatment of migraine with or without aura when the following conditions are met:** • The patient is ≥ 18 years old **AND** • The patient has had inadequate response from ≥2 triptan medications during previous migraine episode/s **OR** • The patient has a contraindication to triptans
Ubrelvy™ (ubrogepant)	**Ubrelvy™ (ubrogepant) may be considered medically necessary in quantities not exceeding 16 tablets per 30 days**

Drug	Medical Necessity
	for the acute treatment of migraine with or without aura when the following conditions are met: • The patient is ≥ 18 years old **AND** • The patient has had inadequate response from ≥2 triptan medications during previous migraine episode/s **OR** • The patient has a contraindication to triptans

Drug	Not Medically Necessary
As listed	**All other uses of the medications listed in this policy are considered not medically necessary.**

Criteria for Approving Additional Quantities
Criteria for Approving Additional Quantities of Triptans for Migraine • Patient has failed a trial of a different triptan prior to dose escalation **AND** • Doses are not exceeding FDA labeled maximum daily doses **AND** • Patient is not experiencing medication overuse headache(s) **AND** • Patient has unsuccessfully tried at least three categories of prophylactic migraine headache therapies listed in the **Appendix** (unless contraindicated)
Criteria for Approving Additional Quantities of Triptans for Cluster Headache • Patient has unsuccessfully tried at least three categories of other cluster headache therapy relievers from Headache Treatment Overview listed in the **Appendix** **AND** • Patient has used at least three categories of prophylactic cluster headache therapies (unless contraindicated) **AND** • Doses are not exceeding FDA labeled maximum daily doses
Criteria for Approving Additional Quantities of Migranal® (dihydroergoatamine) Nasal Spray, Nurtec™ ODT (rimegepant), Reyvow™ (lasmiditan), or Ubrelvy™ (ubrogepant) for Migraine • Doses are not exceeding FDA labeled maximum daily doses

Criteria for Approving Additional Quantities
AND • Patient is not experiencing medication overuse headache(s) **AND** • Patient has unsuccessfully tried at least three categories of prophylactic migraine headache therapies listed in the **Appendix** (unless contraindicated)

Maximum standard quantities of the listed medications in a rolling 30-day time period are provided in the following table. These quantities are based on national guidelines[26] and standard of care as indicated by local expert opinion. It is important to note that the American Headache Society recommends the use of triptans not exceeding 10 days/month to prevent the development of medication overuse headache.

Dosage and Quantity Limits	
Drug Name, Strength and Dosage Form(s)	**Maximum Quantity of Medication in a 30 Day Time Period**
All oral triptans (including oral dissolving tablet dosage form)	• 18 tablets
Migranal® (dihydroergotamine) nasal spray	• 8 ampules
Nurtec™ ODT (rimegepant)	• 16 tablets
Reyvow™ (lasmiditan)	• 16 tablets
Ubrelvy™ (ubrogepant)	• 16 tablets
Zomig® 2.5mg and 5 mg nasal spray	• 18 nasal sprays
Sumatriptan injection	• 4 injectable kits (8 injections) • 8 single-dose vials (8 injections) • 8 needle-free delivery devices (8 injections)
Sumatriptan nasal spray	• 18 nasal sprays
Sumatriptan nasal powder	• 8 doses (16 capsules for inhalation; 1 per each nostril)

Coding

N/A

Related Information

Benefit Application

This policy is managed through the Pharmacy benefit.

The limitation of migraine headache therapies in a rolling 30-day period is in conformance to member contracts, which state quantities may be limited based on medical necessity. Exceptions to pharmacy prior authorization duration/quantity limitations will be made on a case-by-case basis after review of patient medical records.

This policy is applicable to enrollees who are managed by the Company's Pharmacy Formulary. It does not apply to enrollees managed under the Express Scripts Formulary.

Evidence Review

Description

Migraine headache is a common disorder seen in clinical practice. According to the U.S. National Center for Health Statistics, the overall age-adjusted 3-month prevalence of migraine is 19.1% in women and 9.0% in men in the United States, almost half of whom are undiagnosed or undertreated. Most headaches are caused by the primary headache disorders, which include migraine, cluster, and tension-type headaches. Secondary headaches, which are those with underlying pathologic causes, are far less common. Migraine is a chronic condition with recurrent acute attacks whose characteristics vary among patients and often even among attacks within a single patient. Migraine is a syndrome with a wide variety of neurologic and non-neurologic manifestations. The International Headache Society has developed diagnostic criteria for migraine with and without aura. Clinicians should bear in mind that a patient may suffer from headaches arising from multiple etiologies. Most recently, attention has been focused on possible confusion between sinus headache and migraine, which often mimics sinus symptoms (congestion, rhinorrhea, etc.).

Appropriate management of the headache patient includes several components:

- Accurate diagnosis of the patient's condition.
- Effective pharmacological management of acute attacks, including a rescue strategy designed to minimize emergency department utilization.
- Prophylactic strategies to reduce attack frequency and mitigate their effect on function and quality of life. These should include trigger avoidance when possible, as well as maintenance pharmacotherapy in patients with more frequent headaches.
- Patients with frequent and severely disabling headaches may benefit from referral to a multidisciplinary headache specialty service where a holistic approach is applied to optimize the patient's functional status.

Patient self-management is an important strategy in migraine treatment. Numerous tools are available to the patient and primary care practitioner to facilitate this approach.

The “triptan" medications, including almotriptan (Axert®), eletriptan (Relpax®), frovatriptan (Frova®), naratriptan (Amerge), rizatriptan (Maxalt®), sumatriptan (Imitrex®), sumitriptan 85mg/naproxen 500mg (Treximet®), and zolmitriptan (Zomig®), are specific 5-hydroxytryptamine (5-HT1B/1D) receptor agonists used in the abortive treatment of acute migraine or cluster headaches with or without auraTriptans selectively bind to the 5 HT1D receptors on T6 sensory afferent neurons and 5-HT1B receptors on meningeal vasculature. While the etiology of migraine is still not completely understood, the use of 5-HT agonists results in cranial vasoconstriction and inhibition of pro-inflammatory neuropeptide release, which correlates with the relief of migraine.

Dihydroergotamines (Migranal® Nasal Spray and DHE 45 injection) are thought to relieve migraine headaches by constricting peripheral and cranial blood vessels and depressing central vasomotor centers. Dihydroergotamine (DHE) is an alpha-adrenergic blocking agent with a direct stimulating effect on the smooth muscle of peripheral and cranial blood vessels, which produces depression of the central vasomotor centers. DHE is a mixed serotonin agonist/antagonist, and is thought primarily to compensate for insufficient plasma serotonin levels. DHE has a high affinity to 5-HT1B/1D, 1A, 2A, 2C as well as to Alphaa1 2a, 2b and DopamineD2, D3 receptors. Therapeutic activity is thought to be due to binding at the 5-HT1D receptor, preventing neuropeptide release from the trigeminal afferent terminals and blocking neurogenic inflammation. 5 HT1D activity leads to vasoconstriction that is more prolonged than that of the triptan class, due to a relatively longer T1/2 = 10 hours. In addition, the serotonin-stimulating effect of DHE at the 5-HT1D and 5-HT1A receptor sites counteracts the loss of tone of the extracranial vascular musculature seen in migraine headaches.

Charles and von Dohln reported results of a study of 31 patients with chronic daily headache treated with outpatient home-based continuous intravenous dihydroergotamine for 3 days. They administered 3 mg dihydroergotamine given continuously at a rate of 42 ml/hour on day 1 and 2, and administered 1.5 mg on day 3 at the rate of 21 ml/hour. Patients reported an average of 63.4% reduction in pain intensity at the end of the 3-day infusion (11-point VAS). Side effects were minimal and no serious adverse effects occurred. Approximately one-third of patients became completely headache-free after day 3, and 1 patient had no improvement. An average 86% reduction in headache frequency was observed on follow up and all but one patient converted to episodic migraine. The authors concluded that efficacy and safety of this home-based IV dihydroergotamine withdrawal protocol compared favorably to established inpatient protocols and provides an effective, safe and less expensive outpatient alternative.

Butorphanol NS is a potent analgesic with mixed opioid agonist/antagonist effects, but it is not for migraine-specific treatment. While this agent may be appropriately self-administered as a rescue medication in occasional cases where the patient's other medications have failed, overuse carries a significant risk of developing tolerance and dependence. It should be prescribed for self-administration with extreme caution. This information in no way supports butorphanol NS for the treatment of migraine.

Medication Overuse

Medication overuse continues to be a concern. Prophylaxis with an expanding variety of drugs, eg, valproate, topiramate and levetiracetam, is reported. The traditional pharmacologic classes of beta-blockers, calcium channel blockers and antidepressants continue to be popular. Calcitonin gene-related peptide receptor antagonists are a new pharmacologic class that appears promising and is being investigated for migraine prophylaxis. Overuse of abortive treatments is worrisome because it creates feedback increasing headache frequency, which in turn increases the amount of medication used. The net result is decrease in control, function and quality of life, along with major increase in medication cost.

Prophylaxis

Some patients are able to reduce headache frequency by trigger identification and avoidance, but this strategy is of limited usefulness. Over the years a variety of small molecule drugs have been used in attempts to reduce migraine frequency. A Cochrane review found that **anticonvulsants**, specifically topiramate, sodium valproate and divalproex are effective

prophylactic treatments for episodic migraine in adults. In contrast to previous reports, the authors found insufficient evidence to further support the use of gabapentin as a migraine prophylactic agent. **Antidepressants**, **beta blockers** and **calcium channel blockers** have been used with benefit to some patients, but a significant proportion of migraine patients do not achieve adequate control with these measures

Botulinum toxin products may benefit some patients. BOTOX® (onabotulinumtoxinA) is FDA-approved to prevent headaches in adults with chronic migraine (headache lasting ≥4 hours on ≥15 days/month). BOTOX was evaluated in two randomized, multi-center, 24-week, 2 injection cycle, placebo-controlled double-blind studies in chronic migraine adults not using concurrent prophylaxis. Patients were randomized to receive placebo or 155 Units to 195 Units BOTOX injections every 12 weeks for the 2-cycle, double-blind phase. Patients were allowed to use acute headache treatments during the study. BOTOX treatment demonstrated statistically significant and clinically meaningful improvements from baseline compared to placebo; however, this treatment requires an office procedure that is unpleasant and must be repeated four times a year.

Calcitonin gene-related peptide (CGRP) antagonists are monoclonal antibodies that represent the latest approach to migraine prevention. There are four agents in this class which are Aimovig™ (erenumab), Ajovy™ (fremanezumab), Emgality™ (galcanezumab), and Vyepti™ (eptinezumab-jjmr). CGRP antagonists represent an option for patients that have failed other means of prophylaxis.

Acute Treatment of Migraine in Children and Adolescent

Migraine is a common and disabling condition in children, with population-based studies 2 showing a prevalence of 9.7% (95% confidence interval [CI], 9.4 to 9.9) in female children and 3 adolescents, and 6.0% (5.8-–6.2) in male children and adolescents. The American Academy of Neurology (AAN) recently published (2019) an update to previous (2004) guideline on the treatment of migraine in children. The objective of this update is to provide evidence-based recommendations for the acute symptomatic treatment of children and adolescents with migraine and to explore the efficacy of self-administered treatments in reducing headache duration and assosciated symptoms.

Many children and adolescents use 13 and benefit from nonprescription oral analgesics like acetaminophen, ibuprofen, and naproxen. Triptans are less commonly prescribed in children than in adults, and only the following triptans have FDA approved indication for use in patients <18 years old.

Table 1. Acute Treatment of Migraine in Children and Adolescent

Drug Name	FDA Approved age limit
almotriptan tablet	≥ 12 years old
rizatriptan ODT	6-17 years old
sumatriptan/naproxen tablet	≥12 years old
zolmitriptan nasal spray	≥12 years old

2018 Update

A literature search was conducted, and expert opinion of a practicing headache specialist in the area was consulted. As a result, the policy was updated and simplified, consolidating previous updates. The discussion of prophylaxis was updated to include the calcitonin gene-related peptide inhibitor class, including erenumab and fremanezumab, which are currently pending final FDA approval. Outdated references were deleted and replaced with recent guidance from AHS/AAN and other relevant organizations.

2019 Update

A literature search was conducted from October 1, 2018, through December 1, 2019, and reviewed package inserts for medications in this policy. Added background information regarding recent published guidelines by the American Academy of Neurology (AAN) and the American Headache Society (AHS) for acute treatment of migraine in children and adolescents. No information from this update requires changes to the policy. Added newly approved migraine treatment agent, Reyvow™ (lasmiditan) to policy.

2020 Update

Reviewed product information and availability of all medications listed in policy. Removed reference to triptan patch products. Zecuity® (sumatriptan iontophoretic transdermal system) was the only triptan patch product available on the market and the manufacturer stopped selling the device. Treximet® (sumatriptan/naproxen) was identified as a multisource product and generic sumatriptan/naproxen was added to policy with same criteria as brand Treximet®.

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Appendix

Headache Treatment Overview: Summary of Migraine and Cluster Headache Management

Migraine

Abortive Therapy

Aspirin, Acetaminophen, Ergotamine preparations, NSAIDs, Midrin, Triptans, Dihydroergotamine IV/IM, SC, Butorphanol nasal spray, Others (chlorpromazine, prochlorperazine, metoclopramide)

Prophylactic Therapy

Antidepressants, Beta blockers, Calcium channel blockers, Naproxen (when used daily), Ergotamine preparations, Divalproex sodium, Topiramate, Botulinum toxin (Botox®), Calcitonin gene-related peptide (CGRP) antagonists, Others (cyproheptadine, clonidine, other anticonvulsants)

Cluster Headaches

Abortive Therapy

Ergotamine preparations, Local anesthetic agents, Oxygen, Triptans, Butorphanol nasal spray

Prophylactic Therapy

Calcium channel blockers, Corticosteroids, Ergotamine preparations, Lithium, Neurostabilizers, Methysergide, Others (capsaicin, leuprolide)

History

Date	Comments
11/05/97	New Policy – Add to Prescription Drug section.
12/07/99	Replace policy – Policy revised and updated.

Date	Comments
12/21/00	Replace policy – Policy reviewed and revised to incorporate P5.01.107, DHE-45.
02/12/02	Replace policy – Policy reviewed and policy statement unchanged; added Frova® as acceptable triptan.
01/13/03	Replace policy – Policy revised; references updated.
02/10/04	Replace policy – Policy reviewed; policy statement unchanged.
09/01/04	Replace policy – Policy renumbered from 5.01.103 to 5.01.503; no other changes.
05/10/05	Replace policy – Policy reviewed by P&T 3/22/05; policy statement remains unchanged.
02/14/06	Replace policy – Policy reviewed by P&T 1/31/06; policy statement remains unchanged.
06/16/06	Update Scope and Disclaimer; no other changes.
10/10/06	Replace policy – Policy updated with literature review. Policy statement remains unchanged.
03/13/07	Replace policy – Policy updated with literature review; references added. No change in policy statement.
02/02/08	Replace policy – Policy updated with literature search. Policy statement updated to include: The medications covered by this policy may be considered medically necessary for the treatment of migraine and cluster headache in accordance with the policy guidelines. References and codes updated. Policy was review by P&T and recommended for adoption on January 22, 2008.
05/13/08	Replace policy – Policy updated with literature search; no change to the policy statement. Description and Policy guidelines were updated to include sumitriptan 85mg/naproxen 500mg (Treximet®).
05/12/09	Replace policy – References added; no change in policy statement.
07/29/09	Update Benefit Application; no other changes.
03/09/10	Replace policy – Policy updated with literature search; references added. Reviewed by P&T January 26, 2010. No change to the policy statement.
11/09/10	Replace policy – Policy updated with current names for brand-name drugs
04/08/11	Replace policy – Policy J7335 added to policy.
05/17/11	Coding updated; J7335 removed from policy.
11/10/11	Replace policy – Policy updated with literature review; reference 35 added. No change in policy statement. Reviewed by P&T September 27, 2011. Codes J0585 – J0587 removed; not applicable to policy.
11/13/12	Replace policy - Policy updated with literature review; reference 37 added. No change in policy statement.

Date	Comments
07/08/13	Minor Update – Clarification was added to the policy that it is managed through the member's pharmacy benefit; this is now listed in the header and within the coding section.
12/09/13	Replace policy. Sumatriptan patch added to the list of drugs considered medically necessary for treating migraine headaches; Policy Guidelines and Appendix updated to align with this addition.
11/20/14	Annual Review. Policy updated with literature review; no change in policy statements. References 47-50 added.
06/09/15	Annual Review. Policy updated with literature review. Medically necessary policy statement updated with clarifying criteria and specific indications for appropriate agents addressed. Approved by P&T, May 2015.
05/01/16	Annual Review, approved April 12, 2016. Change of the criteria for brand name triptan products (requiring 2 step therapies). Addition of 2 new agents: Zembrace® and Onzetra® Xsail®. Edited quantity limit table for Zomig.
03/01/17	Updated Related Policies. Removed 5.01.512 as it was archived.
07/04/17	Policy moved into new format, no changes to policy statement.
01/01/18	Annual Review, approved December 20, 2017. A literature search was conducted, and an expert opinion of a practicing headache specialist in the area was consulted. Zecuity was deleted from the table due to discontinuation. Age specific dosing was added to each triptan. Note added that the age criteria for the drugs addressed in this policy are based on the FDA-approved ages. Added HCPCS code J3030.
08/01/18	Annual Review, approved July 10, 2018. Literature search and expert consultation with a practicing headache specialist. Policy was updated and simplified, consolidating previous updates and discussion of prophylaxis was updated to include CGRP inhibitors. Bibliography was updated to reflect current guideline sources.
05/01/19	Interim Review, approved April 2, 2019. Added criteria for approving additional quantities of Migranal® (dihydroergotamine) Nasal Spray.
07/01/19	Coding update, removed HCPCS code J3030.
01/01/20	Annual Review, approved December 17, 2019. Added Reyvow (lasmiditan) coverage criteria to policy.
02/01/20	Interim Review, approved January 9, 2020. Added Ubrelvy (ubrogepant) coverage criteria same as Reyvow.
05/01/20	Interim Review, approved April 23, 2020. Added Nurtec ODT (rimegepant) coverage criteria to policy.
01/01/21	Annual Review, approved December 1, 2020. Added prior authorization and quantity limits to generic sumatriptan/naproxen. Removed reference to triptan patch products due to manufacturer withdrawal from market.

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).

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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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).