PREMERA | BLUE CROSS

PHARMACY POLICY – 5.01.538

ALK Tyrosine Kinase Inhibitors

Effective Date:	March 1, 2019	RELATED MEDICAL POLICIES:
Last Revised:	Feb. 12, 2019	None
Replaces:	N/A	

Select a hyperlink below to be directed to that section.

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

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Introduction

The anaplastic lymphoma kinase (ALK) gene provides instructions for making a specific kind of protein called ALK receptor tyrosine kinase. This protein helps cells communicate. When this gene is damaged, cell growth can get stuck in the "on" position and cells grow uncontrollably. Changes to the ALK gene can lead to non-small-cell lung cancer. Tyrosine kinase inhibitors block specific enzymes, essentially working to turn the cell growth to the "off" position. ALK tyrosine kinase inhibitors specifically targets cancers caused by changes to the ALK gene. This policy describes when this specific form of chemotherapy 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

Note: Initial approval period for agents listed below will be 3 months. Continued approval beyond the first 3 months will require documentation showing objective response to therapy

Drug	Medical Necessity
Xalkori® (crizotinib)	**Xalkori® (crizotinib) may be considered medically necessary for the treatment of advanced or metastatic non-small cell lung cancer that is anaplastic lymphoma kinase (ALK)-positive or ROS proto-oncogene 1 receptor tyrosine kinase (ROS1)-positive, and treatment of inflammatory myofibroblastic tumor (iMT) with the ALK translocation.**
Zykadia® (ceritinib), Alecensa® (alectinib), Alunbrig® (brigatinib)	**Zykadia® (ceritinib) and Alecensa® (alectinib) and Alunbrig® (brigatinib) may be considered medically necessary for the treatment of advanced or metastatic non-small cell lung cancer that is anaplastic lymphoma kinase (ALK)-positive.**
Lorbrena® (lorlatinib)	**Lorbrena® (lorlatinib) may be considered medically necessary for the treatment of patients with anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer whose disease has progressed on:** • Xalkori® (crizotinib) and at least one other ALK inhibitor for metastatic disease **OR** • Alecensa® (alectinib) as the first ALK inhibitor therapy for metastatic disease **OR** • Zykadia® (ceritinib) as the first ALK inhibitor therapy for metastatic disease

Length of Approval	
Approval	**Criteria**
Initial Approval: All oral oncology drugs, unless otherwise specified	**Initial approval for three months, according to the medical necessity criteria specified for each drug.**
Reauthorization	**Continued therapy will be approved for periods of one year as long as the drug-specific conditions are met, and the patient has shown and continues to show clinical benefit.**
Documentation	**Initial:** Chart notes demonstrating that the patient meets the stated criteria for medical necessity. **Reauthorization:** Chart notes demonstrating that the patient continues to show clinical benefit.

Indication	Investigational
All other uses	**All other uses of Xalkori® (crizotinib), Zykadia® (ceritinib), Alecensa® (alectinib), Alunbrig® (brigatinib), and Lorbrena® (lorlatinib) are considered investigational.**

Coding

N/A

Related Information

Benefit Application

This policy is managed through the Pharmacy benefit.

Evidence Review

Description

The ALK Oncogene

Activation of ALK occurs through a chromosomal rearrangement that places one of several different 5′ fusion partners and their associated promoter upstream of the 3′ kinase domain of ALK. The most common 5′ fusion partner in NSCLC is EML4, but other, rarer 5′ fusion partners that cause oncogenic transformations have been described. The formation of ALK fusion proteins results in activation and dysregulation of gene expression and signaling which can contribute to increased cell proliferation and survival in tumors expressing these proteins. EML4-ALK translocations are usually mutually exclusive of EGFR and KRAS mutations.

Xalkori® (crizotinib)

Xalkori® (crizotinib) is a small-molecule tyrosine kinase receptor inhibitor, which inhibits ALK, Hepatocyte Growth Factor Receptor (HGFR, c-MET), and Recepteur d'Origine Nantais (RON). ALK gene abnormalities due to mutations or translocations may result in expression of oncogenic fusion proteins (ie, EML4-ALK fusion protein) which alter signaling and expression and result in increased cellular proliferation and survival in tumors which express these fusion proteins. Crizotinib selectively inhibits ALK tyrosine kinase, which reduces proliferation of cells expressing the genetic alteration.

Zykadia® (ceritinib)

Zykadia® (ceritinib) is a small-molecule tyrosine kinase receptor inhibitor similar to crizotinib. Ceritinib was approved for treatment of ALK+ NSCLC on the basis of one single-arm, open-label, dose-finding Phase I study. This study started with 59 patients in the dose-escalation phase and recruited an additional 71 patients in the expansion phase, for a total of 130 patients. All patients had ALK-mutated tumors, with the majority (94%) with NSCLC; 68% of patients had previous progression of cancer while receiving crizotinib. The primary outcome was the finding the maximum tolerated dose and secondary outcome was tumor response as measured according to RECIST v1.0 by investigators and a BIRC. The drop-out rate was not reported. There was a partial response in less than half of the patients (41.1% as evaluated by BIRC) and a complete response in only 2.5% of patients. The average progression free survival was 7 months. Previously approved second line agents (docetaxel, pemetrexed, erlotinib) did not have response rates greater than 10% and had progression free survival time of at most 12.3 weeks.

Common adverse events experienced with ceritinib include nausea, elevated liver function tests, diarrhea, and vomiting. Uncommon but serious events reported include interstitial lung disease, hyperglycemia, dyspnea, and prolonged QT interval. Fatal reactions occurred in 5% of patients in clinical trials due to pneumonia, respiratory failure, pneumonitis, pneumothorax, gastric hemorrhage, pulmonary tuberculosis, cardiac tamponade, and sepsis.

Alunbrig®(brigatinib)

Alunbrig®(brigatinib) received accelerated FDA approval based on tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial. Brigatinib has in vitro

activity against multiple kinases including ALK, ROS1, IGF-1R, and FLT-3, as well as EGFR deletion and point mutations. Brigatinib inhibited autophosphorylation of ALK and ALK-mediated phosphorylation of the downstream signaling proteins STAT3, AKT, ERK1/2, and S6 in in vitro and in vivo assays. Brigatinib also inhibited the in vitro proliferation of cell lines expressing EML4-ALK and NPM-ALK fusion proteins. It inhibited the in vitro viability of cells expressing EML4-ALK and 17 mutant forms associated with resistance to ALK inhibitors EGFR-Del (E746-A750), ROS1-L2026M, FLT3-F691L, and FLT3-D835Y. Brigatinib exhibited in vivo anti-tumor activity against 4 mutant forms of EML4-ALK, including G1202R and L1196M mutants identified in NSCLC tumors in patients who have progressed on crizotinib. Brigatinib is indicated for treating metastatic ALK+ NSCLC in patients that progressed on or were intolerant to crizotinib. It will be available through a limited network of specialty pharmacies.

Brigatinib offers an additional treatment option for NSCLC patients that have progressed on prior targeted therapies as described above. Staff recommends PA to labeled indication, with further research to determine required genetic testing.

Alecensa® (alectinib)

Alecensa® (alectinib) is a tyrosine kinase inhibitor indicated for the treatment of patients with ALK-positive, metastatic NSCLC who have progressed on, or are intolerant to crizotinib. In nonclinical studies, alectinib inhibited ALK phosphorlylation and ALK-meidated activation of the downstream signaling proteins STAT3 and AKT, and decreased tumor cell viability in multiple cell lines harboring ALK fusions, amplifications, or activating mutations. The major active metabolite of alectinib, M4, showed similar in vitro potency and activity. Alectinib and M4 demonstrated in vitro and in vivo activity against multiple mutant forms of the ALK enzyme, including some mutations identified in NSCLC tumors in patients who have progressed on crizotinib.

ALK+ Non-Small Cell Lung Cancer

Lung cancer consists of two major types: non-small cell lung cancer (NSCLC) and small-cell lung cancer (SCLC). Approximately 85% to 90% of lung cancers are NSCLC. NSCLC is further categorized into three major histological subtypes: adenocarcinoma, squamous cell (epidermoid) carcinoma, and large cell (undifferentiated) carcinoma. Adenocarcinoma is the most common subtype of NSCLC in the United States (about 40% of lung cancers). Several biomarkers have emerged as prognostic and predictive makers for NSCLC. These biomarkers

include epidermal growth factor receptor (EGFR), the 5' endonuclease of the nucleotide excision repair complex (ERCC1), the k-ras oncogene, the regulatory subunit of ribonucleotide reductase (RRM1), and EML4-ALK fusion oncogene. Activation of ALK has been described as a primary oncogenic driver in about 2-7% of NSCLC patients, or about 10,000 patients in the United States. ALK-positive NSCLC is associated with distinct clinical features, including younger age of onset, absent or minimal smoking history, and adenocarcinoma histology.

In the United States, lung cancer is the second most common cancer and is the primary cause of cancer-related death in both men and women. It is estimated that 226,160 new cases of lung cancer (116,470 in men and 109,690 in women) are expected to be diagnosed in the United States in 2012. An estimated 160,340 deaths from lung cancer, accounting for about 28% of all cancer deaths, are expected to occur in the United States in 2012. More than 70% of patients are diagnosed with stage III to IV disease. Survival outcomes in people with lung cancer vary depending on the stage of the cancer at diagnosis. Only about 15.6% of all lung cancer patients are alive 5 years or more after diagnosis. The financial burden of lung cancer treatment in the United States is estimated to be $10.3 billion per year.

Xalkori® (crizotinib)

Xalkori® (crizotinib) efficacy was demonstrated in two multicenter, single-arm studies that enrolled 255 patients with locally advanced or metastatic ALK-positive NSCLC: a phase II study (Study A [PROFILE 1005]) and a part two expansion cohort of a phase I dose-escalation study (Study B [Study 1001]). Patients enrolled into these studies had received prior systemic therapy, with the exception of 15 patients in Study B who had no prior systemic treatment for locally advanced or metastatic disease. The primary efficacy endpoint in both studies was investigator-determined Objective Response Rate (ORR) according to Response Evaluation Criteria in Solid Tumors (RECIST). Patients received 250 mg of crizotinib orally twice daily until disease progression or until intolerable side effects were reported. In Study A, there was 1 complete and 67 partial responses for an ORR of 50% (95% CI: 42%, 59%). In Study B, there were 2 complete and 69 partial responses for an ORR of 61% (95% CI: 52%, 70%). The median response duration was 41.9 weeks and 48.1 weeks in Studies A and B, respectively. Resistance to therapy was not addressed because of the short duration of follow-up; but this is under study. Two ongoing phase III clinical trials are comparing the efficacy of crizotinib versus traditional chemotherapy in ALK-positive NSCLC patients; however, comparative effectiveness has not been demonstrated.

Adverse effects were less than would be expected with conventional cytotoxic chemotherapy, but serious adverse events and treatment-related deaths related to crizotinib have been observed. Adverse events led to dosage reductions in 44% and 29% of patients in Studies A and

B, respectively. Most adverse events were mild to moderate (Grade 1 or Grade 2). The most common (≥ 25%) adverse events were vision disorder, nausea, vomiting, diarrhea, edema, and constipation. Grade 3 or Grade 4 adverse events observed in ≥ 2% of patients included dyspnea, increased ALT levels, and neutropenia. Severe or fatal pneumonitis was reported in a small number of patients on crizotinib therapy.

2013 Update

Added treatment of inflammatory myofibroblastic tumor with ALK translocation (NCCN category 2A).

2014 Update

Policy updated with new ALK tyrosine kinase inhibitor, ceritinib.

2015 Update

Added treatment of ROS1-positive non-small-cell lung cancer with critzotinib (NCCN category 2A).

2016 Update

Policy updated with new ALK tyrosine kinase inhibitor, alectinib.

2017 Update

Policy updated with literature review for the previous year. A statement outlining the length of therapy for initial and subsequent approval has been added to the policy.

2018 Update

Policy updated with no changes. Third-generation inhibitor loratinib is currently in phase III clinical trials, expecting FDA approval in August 2018. Added reauthorization criteria and documentation statement.

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History

Date	Comments
06/12/12	New policy, add to Prescription Drug section.
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.
10/14/13	Replace policy. Medically necessary indications for crizotinib expanded to include treatment of inflammatory myofibroblastic tumor (iMT) with the ALK translocation.
11/10/14	Annual Review. Policy updated with literature review; medically necessary policy statement added for the new ALK tyrosine kinase inhibitor, ceritinib. References 12-15 added.
09/08/15	Annual Review. Policy updated with literature review; reference 16 added. Medically necessary policy statement for Xalkori® (crizotinib) updated to include the indication of ROS proto-oncogene 1 receptor tyrosine kinase (ROS1)-positive.
04/01/16	Interim update, changes approved March 8, 2016. Medically necessary policy statement added for the new ALK tyrosine kinase inhibitor, alectinib.
05/01/17	Annual Review, changes approved April 11, 2017. A statement outlining the length of therapy for initial and subsequent approval has been added to the policy.
07/01/17	Interim update. approved June 13, 2017. Policy moved into the new format. Added coverage criteria for Alunbrig® (brigatinib).
10/01/17	Interim review approved September 21, 2017. Alecensa, Zykadia, Alunbrig changed to first-line.
07/01/18	Annual Review, approved June 22, 2018. Added reauthorization criteria and documentation statement.
03/01/19	Interim Review, approved February 12, 2019. Added coverage criteria for Lorbrena® (lorlatinib).

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U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
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Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Getting Help in Other Languages

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አማሪኛ (Amharic):
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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).