


PHARMACY / MEDICAL POLICY – 5.01.544

Prostate Cancer Targeted Therapies

Effective Date:	Mar. 1, 2021	RELATED MEDICAL POLICIES:
Last Revised:	Feb. 18, 2021	5.01.517 Use of Vascular Endothelial Growth Factor Receptor (VEGF) Inhibitors and Other Angiogenesis Inhibitors in Oncology Patients
Replaces:	N/A	5.01.518 BCR-ABL Kinase Inhibitors
		5.01.534 Multiple Receptor Tyrosine Kinase Inhibitors
		5.01.603 Epidermal Growth Factor Receptor (EGFR) Inhibitors

Select a hyperlink below to be directed to that section.

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[EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

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Introduction

The prostate gland is found only in men and produces some of the fluid that makes up semen. The gland is below the bladder. An enlarged prostate and prostate cancer are two separate conditions. An enlarged prostate is a prostate that simply gets bigger as a man ages. Prostate cancer arises from prostate cells that grow uncontrollably. There are several ways of treating prostate cancer. This policy describes when certain drugs may be covered to treat prostate cancer that doesn't respond to medication or hormone therapy and has spread to other parts of the body.

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

Policy Coverage Criteria

Drug	Medical Necessity
Oral Drugs	
Generic abiraterone oral	<p>Generic abiraterone may be considered medically necessary when used in combination with prednisone for the treatment of patients with:</p> <ul style="list-style-type: none"> • Metastatic castration-resistant prostate cancer (CRPC) • Metastatic high-risk castration-sensitive prostate cancer (CSPC)
Zytiga® (abiraterone) oral	<p>Zytiga® (abiraterone) may be considered medically necessary when used in combination with prednisone for the treatment of patients with:</p> <ul style="list-style-type: none"> • Metastatic castration-resistant prostate cancer (CRPC) • Metastatic high-risk castration-sensitive prostate cancer (CSPC) <p>AND</p> <ul style="list-style-type: none"> • The patient has tried and had an inadequate response or intolerance to generic abiraterone
Yonsa® (abiraterone) oral	<p>Yonsa® (abiraterone) may be considered medically necessary when used in combination with methylprednisolone or other corticosteroid for the treatment of patients with metastatic castration-resistant prostate cancer (CRPC).</p>
Xtandi® (enzalutamide) oral	<p>Xtandi® (enzalutamide) may be considered medically necessary for the treatment of patients with:</p> <ul style="list-style-type: none"> • Castration-resistant prostate cancer (CRPC) • Metastatic castration-sensitive prostate cancer (mCSPC) <p>AND</p> <ul style="list-style-type: none"> • Xtandi® (enzalutamide) is used in combination with androgen deprivation therapy (ADT) as documented by: <ul style="list-style-type: none"> ○ Concurrently receiving a gonadotropin-releasing hormone (GnRH) analog <p>OR</p> <ul style="list-style-type: none"> ○ Having had bilateral orchiectomy
Nubeqa® (darolutamide) oral	<p>Nubeqa® (darolutamide) may be considered medically necessary for the treatment of patients with non-metastatic castration-resistant prostate cancer.</p>
Erleada™ (apalutamide) oral	<p>Erleada™ (apalutamide) may be considered medically necessary for the treatment of patients with:</p> <ul style="list-style-type: none"> • Metastatic castration-sensitive prostate cancer • Non-metastatic castration-resistant prostate cancer



Drug	Medical Necessity
Intravenous Drugs	
Jevtana® (cabazitaxel) IV	Jevtana® (cabazitaxel) may be considered medically necessary when used in combination with prednisone for treatment of patients with metastatic castration-resistant prostate cancer previously treated with a docetaxel-containing treatment regimen.
Xofigo® (radium Ra 223 dichloride) IV	Xofigo® (radium Ra 223 dichloride) may be considered medically necessary when used for the treatment of patients with castration-resistant prostate cancer, symptomatic bone metastases and no known visceral metastatic disease.

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

Length of Approval	
Approval	Criteria
Initial authorization	Oral drugs listed in policy may be approved up to 3 months. Intravenous administered drugs listed in policy may be approved up to 6 months.
Re-authorization criteria	Future re-authorization of all drugs listed in policy may be approved up to 12 months as long as the drug-specific coverage criteria are met and chart notes demonstrate that the patient continues to show a positive clinical response to therapy.

Documentation Requirements
The patient's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following: <ul style="list-style-type: none"> Office visit notes that contain the diagnosis, relevant history, physical evaluation and medication history



Coding

Code	Description
HCPCS	
A9606	Radium RA-223 dichloride, therapeutic, per mCi (Xofigo)
J9043	Injection, cabazitaxel, 1 mg (Jevtana)

Related Information

Benefit Application

Pharmacy Benefit

Erleada™ (apalutamide), Nubeqa® (darolutamide), Xtandi® (enzalutamide), Yonsa® (abiraterone) and Zytiga® (abiraterone) are managed through the Pharmacy benefit.

Medical Benefit

Jevtana® (cabazitaxel) and Xofigo® (radium Ra 223 dichloride) are managed through the Medical benefit.

Evidence Review

Description

Prostate cancer is a neoplastic disease of the prostate gland. Prostate cancer arises from mutations in cells of the prostate that cause overexpression of enzymes that support androgen biosynthesis, loss of regulation of cell death within the tumor cells, and up regulation of androgen receptors. Androgen receptor binding by androgens plays a crucial role in prostate cancer progression. Most prostate cancers respond to androgen deprivation.



Approximately 60% of all cases of prostate cancer are diagnosed in men 65 years of age or older and 97% occur in men 50 and older. CRPC is a term used to describe prostate cancer which has progressed despite local therapy and first-line hormonal therapy assuring castrate levels of testosterone. Prostate cancers typically progress slowly and there is a high rate of survival for disease detected in early stages, but not for advanced disease stages. In the US, the 5-year survival rate is effectively 100% when the disease is local or regional, but this drops to 31% for disease with distant metastases.

Disease Burden

Prostate cancer is the second most common cause of cancer death in American men. In 2013, an estimated 238,590 men are expected to be diagnosed with prostate cancer, and approximately 29,720 are expected to have died from the disease. While it is prevalent, only 15% of all prostate cancer patients develop mCRPC prior to chemotherapy, and just 9% of all prostate cancer patients progress to mCRPC on first-line docetaxel chemotherapy.

The condition is associated with a substantial economic burden, due to high incidence rates and high costs associated with management of advanced cancer stages. The high management cost burden arises from the requirement for hospitalizations, chemotherapy, palliative surgical procedures, and computed tomography (CT) or magnetic resonance imaging (MRI) scans to monitor potential bone metastases. In 2007, per-patient per-month CRPC costs for men over the age of 40 were approximately \$1,800, with ambulatory visits (\$1,152) and inpatient stays (\$559) comprising the majority of these costs. Total all-cause healthcare costs for these same patients totaled \$3,500 per-patient per-month.

Rationale

Treatment Alternatives

Several approved pharmacotherapeutic alternatives for mCRPC have demonstrated some benefit in estimated survival compared with acceptable controls.

Zytiga® (abiraterone) + prednisone

Zytiga® (abiraterone) acetate is an oral drug that is converted in vivo to abiraterone a CYP17 complex (17 α -hydroxylase/C17,20-lyase) inhibitor that interrupts androgen biosynthesis



throughout the body (testes, adrenal gland, and prostate tumor). Prostate cancer is very often an androgen-driven disease. CYP17 inhibition may also lead to increased mineralocorticoid production by the adrenal gland secondary to increased adrenocorticotropin hormone (ACTH) production from a feedback mechanism induced by low cortisol levels. Up regulated ACTH leads to increased deoxycorticosterone which exhibits mineralocorticoid activity. Results from clinical trials have shown that coadministration of a corticosteroid (eg, prednisone) with abiraterone reduces the incidence and severity of mineralocorticoid excess associated adverse reactions. An RCT showed that abiraterone and prednisone improved radiographic progression-free survival, time to initiation of chemotherapy, time to onset or worsening of pain, and time to deterioration in improvement status.

Xtandi® (enzalutamide)

Xtandi® (enzalutamide) is indicated for the treatment of CRPC or mCSPC. The efficacy was demonstrated in five randomized, multicenter clinical trials. All patients received concomitant GnRH therapy or had prior bilateral orchiectomy. One well-designed RCT has shown enzalutamide prolongs overall survival (OS) by 4.8 months, time to prostate-specific antigen (PSA) progression (TTPP), radiographic progression-free survival (rPFS), and time to first skeletal-related event (SRE) compared with placebo. There is currently no direct evidence with which to assess real world comparative effectiveness. Indirect evidence suggests a similar modest (2-5 month) increase in overall survival and hazard for risk of death with enzalutamide, abiraterone, or cabazitaxel in patients with mCRPC previously treated with a docetaxel-based regimen. However, it is important to note that the abiraterone and cabazitaxel studies had control arms which included agents with anti-tumor activity (prednisone and mitoxantrone + prednisone, respectively) compared to placebo control for enzalutamide. The most common adverse reactions ($\geq 10\%$) that occurred more frequently ($\geq 2\%$ over placebo) in the Xtandi®-treated patients are asthenia/fatigue, back pain, hot flush, constipation, arthralgia, decreased appetite, diarrhea, and hypertension. The most significant warning reported is for seizure, although this occurs rarely (incidence about 0.5%).

Indirect evidence suggests favorable safety and tolerability compared to other second-line treatments with survival benefit for mCRPC. Enzalutamide lacks the detrimental effects of mineralocorticoid excess induced by Xtandi® (enzalutamide), and thus does not require co-administration with corticosteroids, which may complicate CRPC treatment. Unlike Jevtana® (cabazitaxel), Xtandi® (enzalutamide) is not reported to commonly cause neuropathy or severe myelosuppression, two significant toxicities which can lead to morbidity and limit additional therapy in this patient population.



Guideline Recommendations

The latest prostate cancer guidelines from the National Comprehensive Cancer Network (NCCN) recommend the following systemic therapies for advanced disease (primarily category 2a unless otherwise labeled):

Metastatic Castration-Recurrent prostate cancer

- Asymptomatic visceral disease: Sipuleucel-T or secondary hormone therapy (including abiraterone or enzalutamide) or docetaxel or clinical trial
- Bone metastases: Denosumab (1) or zoledronic acid (1)
- Disease recurrence post-abiraterone or enzalutamide or intolerance: Docetaxel (1) or abiraterone or enzalutamide or olaparib for HRRm (1) or Radium-223 for symptomatic bone metastases (1) or Sipuleucel-T* or other secondary hormone therapy or clinical trial.
- Disease recurrence post-docetaxel or intolerance: Abiraterone (1) or enzalutamide (1) or cabazitaxel (1) or Radium-223 for symptomatic bone metastases (1) or mitoxantrone or other secondary hormone therapy or Provenge® (sipuleucel-T) * or clinical trial

***Note:** Provenge® (sipuleucel-T) is recommended only for asymptomatic or minimally symptomatic patients with an ECOG performance status of 0-1. It is not indicated for patients with hepatic metastases or life expectancy <6 months.

- General: Maintain castrate serum testosterone levels
- Symptomatic visceral disease: Docetaxel or mitoxantrone (for patients not candidates for docetaxel) or abiraterone or enzalutamide or palliative care for symptomatic bone metastases or clinical trial

Non-Metastatic Castration-Resistant Prostate Cancer

NCCN guidelines recommend apalutamide, darolutamide, or enzalutamide, especially if PSA doubling time is ≤ 10 months. Additionally, bone support should be used in patients receiving this medication (fracture 11% vs 6.5% placebo).



National Comprehensive Cancer Network (NCCN) Compendium

The National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium is based directly on the NCCN Clinical Practice Guidelines in Oncology. The compendium lists specific panel recommendations for off-label uses of drugs, and each recommendation is supported by a level of evidence category.

The NCCN Categories of Evidence and Consensus used in the recommendations are:

- Category 1: The recommendation is based on high level evidence (eg, randomized controlled trials) and there is uniform NCCN consensus.
- Category 2A: The recommendation is based on lower level evidence and there is uniform NCCN consensus.
- Category 2B: The recommendation is based on lower level evidence and there is nonuniform NCCN consensus (but no major disagreement).
- Category 3: The recommendation is based on any level of evidence but reflects major disagreement.

2014 Update

A search of the literature from 7/1/13 to 10/31/14 did not identify new evidence requiring changes to this policy.

2015 Update

Updated new indications and NCCN recommendations for Xtandi® (enzalutamide). A search of the literature from 7/1/14 to 8/31/15 did not identify new evidence requiring changes to this policy.

2016 Update

Updated policy based on new NCCN recommendations. Zytiga® (abiraterone acetate) step removed for Xtandi® (enzalutamide).



2018 Update

Updated new product labeling and NCCN recommendations which now include Erleada™. A search of the literature from 4/11/2017 to 3/13/2018 did not identify new evidence requiring changes to this policy. Yonsa® (abiraterone) criteria was added.

2019 Update

Reviewed prescribing information for all drugs and updated Erleada® (apalutamide) coverage criteria adding coverage for the treatment of patients with metastatic castration-sensitive prostate cancer. No new evidence was identified that would require changes to other drugs listed in this this policy. Added coverage criteria for a new drug Nubeqa® (darolutamide).

2020 Update

Reviewed prescribing information for all drugs in policy. Updated NCCN Guideline recommendations. No new information was identified that would require changes to the policy statements.

References

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History

Date	Comments
04/09/13	New policy effective May 1, 2013. Add to Prescription Drug Section. Enzalutamide (Xtandi®) is approved for the treatment of prostate cancer when conditions are met.
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.
12/04/13	Replace policy. Policy section updated with the addition of abiraterone (Zytiga®), considered medically necessary for treating castration-resistant prostate cancer in combination with prednisone. (This was previously addressed in policy 5.01.540.) Rationale section updated in support of this addition.
12/08/14	Annual review. Policy updated with literature review; no change in policy statements
10/13/15	Annual Review. Updated enzalutamide (Xtandi®) for new indications.
12/08/15	Interim Update. Medical necessity coverage criteria for enzalutamide (Xtandi®) expanded.
10/25/16	Minor formatting update. Added second level bullet, Policy section under Enzalutamide (Xtandi®) criteria.



Date	Comments
01/01/17	Annual Review, changes approved December 13, 2016. Updated enzalutamide and abiraterone acetate for new indications. Medical necessity coverage criteria updated (Zytiga® step removed).
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.
11/01/17	Interim Review, approved October 19, 2017. Updated criteria for Zytiga® and Xtandi®.
03/01/18	Interim Review, approved February 27, 2018. Added FDA approved Erleada to policy. Zytiga criteria was revised to include new FDA label update.
07/01/18	Annual Review, approved June 22, 2018. Literature review 04/11/2017 to 3/13/2018. NCCN guidelines updated. Yonsa® (abiraterone) criteria was added to policy.
11/01/18	Interim Review, approved October 26, 2018. Updated Yonsa indication to allow any corticosteroid. Updated Xtandi indication per label.
12/01/19	Annual Review, approved November 12, 2019. Added criteria for Nubeqa (darolutamide). Updated criteria for Erleada (apalutamide).
03/01/20	Interim Review, approved February 20, 2020. Added to Xtandi (enzalutamide) coverage criteria for the treatment of metastatic castration-sensitive prostate cancer.
07/01/20	Interim Review, approved June 9, 2020, effective for dates of service on or after October 2, 2020, following 90-day provider notification. Added coverage criteria for Jevtana (cabazitaxel) and Xofigo (radium Ra 223 dichloride). HCPCS codes A9606 and J9043 added.
12/01/20	Annual Review, approved November 3, 2020. No changes to policy statements.
03/01/21	Interim Review, approved February 18, 2021. Added generic abiraterone to policy for the same covered indications as Zytiga (abiraterone). Updated Zytiga coverage criteria to require the patient has first tried generic abiraterone.

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200 Independence Avenue SW, Room 509F, HHH Building
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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 ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnu ntawm Premera Blue Cross. Tej zaum muaj cov hnuv 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 nyuog 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 aplikasyonyo wenna 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-atyto wenna 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. 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 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 ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວົ້ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងរបស់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនាគតរបស់អ្នក ឬប្រាក់ដុល្លារចេញផ្លូវ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ និងដុល្លារនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ 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 ਨੋਟਿਸ ਨਵ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਕੱਠ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ ਅਪਣੀ 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 (کلیربران 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 zwrócić 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 privind cererea sau acoperirea asigurării dumneavoastră 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 provizorie 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'matalaga 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 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 ganiitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน 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 страховального 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).