PREMERA | BLUE CROSS

PHARMACY / MEDICAL POLICY – 5.01.551

Granulocyte Colony-Stimulating Factor (G-CSF) Use in Adult Patients

Effective Date:	April 1, 2019	RELATED MEDICAL POLICIES:
Last Revised:	March 19, 2019	None
Replaces:	N/A	

Select a hyperlink below to be directed to that section.

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Introduction

People with certain cancers may be given drugs (chemotherapy) to treat their disease. A side effect of many chemotherapy drugs is destruction of or delay in making immune cells that fight infection. These cells are known as white blood cells, neutrophils, or granulocytes. Neutropenia means a lack of granulocytes (infection-fighting cells). People being treated for cancer may develop neutropenia and fever. When this happens, treatment with antibiotics in the hospital is often necessary in case there is a serious infection. In the 1980s scientists discovered a type of protein called granulocyte-colony stimulating factor (G-CSF) that stimulates the body to make more granulocytes. It has become a standard practice to give G-CSF drugs along with certain types of chemotherapy likely to cause neutropenia. These agents can also be given as part of a bone marrow or stem cell transplant or to treat some rare conditions. Recently new forms of these agents, which are less costly, have become available; studies show them to be equivalent. The newer agents, Granix® (tbo-filgrastim) and Nivestym™ (filgrastim-aafi) are less costly and therefore are preferred for coverage. Granix® and Nivestym™ do not need preapproval for coverage. All other G-CSF agents require preapproval. Depending on the diagnosis, using Granix® or Nivestym™ may be necessary before one of the other drugs is covered.

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

This policy applies to patients aged **18 years and over.**

Targeted Use	Medical Necessity
Patients treated with myelosuppressive anti-cancer regimens, at risk of severe febrile neutropenia to decrease the incidence of infection	**Granix® (Tbo-filgrastim) or Nivestym™ (filgrastim-aafi) may be considered medically necessary as first-line therapy.** **Neupogen® (filgrastim), Zarxio® (filgrastim-sndz), Neulasta® (pegfilgrastim) / Neulasta Onpro®, Fulphila™ (pegfilgrastim-jmdb) or Udenyca® (pegfilgrastim-cbqv) may be considered medically necessary for second-line therapy when:** • Granix® (tbo-filgrastim) or Nivestym™ (filgrastim-aafi) has been tried and failed **OR** • There is a contraindication to the use of Granix® (tbo-filgrastim) and Nivestym™ (filgrastim-aafi) **OR** • Patient challenges related to where they live and access to care or a medical inability to self-administer G-CSF may be considered for coverage of the longer acting second-line agents on a case by case basis (see **Geographic Challenge** below). **For purposes of this policy, the following types of patients are considered to be at risk of severe febrile neutropenia:** 1. Patients that have experienced febrile neutropenia during a previous cycle of treatment with the current chemotherapy regimen **OR** 2. Patients receiving chemotherapy regimen that is expected to result in a 20 % or higher incidence of FN, based on guidelines from the American Society of Clinical Oncology (see **Appendix**, Smith et al, 2006)

Targeted Use	Medical Necessity
	OR 3. Patients with bone marrow impairment **OR** 4. Patients that have received 2 or more prior chemotherapy regimens or extensive radiation **OR** 5. Patients with other serious comorbidities (reviewed on a case basis) **Geographic Challenge** A geographic challenge is usually an excessive distance the patient would have to travel from their home to the clinic where the G-CSF would be administered. The general standard is a distance greater than 50 roadway miles is considered excessive. Other considerations might include: crossing a body of water or a mountain pass to travel to the clinic, or severe winter driving conditions, and similar situations. **Note**: Colony-stimulating factors should not be routinely used for afebrile neutropenia (Smith et al, 2006).
Combination treatment with chemotherapy regimens	**Neulasta® (pegfilgrastim) / Neulasta Onpro®, Fulphila™ (pegfilgrastim-jmdb) or Udenyca® (pegfilgrastim-cbqv) may be considered medically necessary as first-line therapy when used in combination with chemotherapy regimens where pegfilgrastim was the only G-CSF product used in published clinical trials.** • When using Neulasta® (pegfilgrastim) / Neulasta Onpro®, Fulphila™ (pegfilgrastim-jmdb) or Udenyca® (pegfilgrastim-cbqv) for this reason, the requesting provider should provide article citations supporting the request.

Targeted Use	Investigational
Not listed in this policy	**Any other uses of the following G-CSF products not addressed in this policy are considered investigational:** • Fulphila™ (pegfilgrastim-jmdb) • Granix® (tbo-filgrastim)

Targeted Use	Investigational
	• Neulasta® (pegfilgrastim) / Neulasta Onpro® • Neupogen® (filgrastim) • Nivestym™ (filgrastim-aafi) • Udenyca® (pegfilgrastim-cbqv) • Zarxio® (Filgrastim-sndz)

Coding

Code	Description
CPT	
96377	Application of on-body injector (includes cannula insertion) for timed subcutaneous injection (Neulasta Onpro®) (Both injector and drug are inclusive)
HCPCS	
J1442	Injection, filgrastim (G-CSF) (Neupogen®), 1 microgram
J1447	Injection, tbo-filgrastim (Granix®), 1 microgram
J2505	Injection, pegfilgrastim (Neulasta®), 6 mg
Q5101	Injection, filgrastim-sndz, biosimilar, (Zarxio®), 1 microgram
Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (Fulphila™), 0.5 mg (new code effective 10/1/18)
Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym™), 1 microgram (new code effective 1/1/19)

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

Related Information

This policy addresses the following four granulocyte colony-stimulating factors:

Granix® (Tbo-filgrastim)

A non-glycosylated recombinant methionyl human granulocyte colony-stimulating growth factor (r-metHuG-CSF) manufactured by recombinant DNA technology using the bacterium strain E coli K802. It is identical in amino acid sequence to filgrastim but is produced by a different manufacturer using a slightly different process. Granix® (Tbo-filgrastim) was reviewed by the FDA independent of the original BLA for filgrastim and was assigned the prefix "Tbo" to differentiate the two. Both are produced in vitro using genetically engineered strains of E. coli. Granix® (Tbo-filgrastim) is indicated to reduce the duration of severe neutropenia in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia because it was independently labelled as a separate drug by FDA it has slightly different labelled indications from Neupogen, however, it has identical labelling and indications for FN.

Neulasta® (pegfilgrastim) / Neulasta Onpro®

A covalent conjugate of recombinant methionyl human G-CSF (filgrastim) and monomethoxypolyethylene glycol. Neulasta® (pegfilgrastim) /Neulasta Onpro® is indicated to decrease the incidence of infection, as manifested by FN, in patients with non-myeloid malignancies receiving myelosuppressive chemotherapy associated with a clinically significant incidence of febrile neutropenia.

Neupogen® (filgrastim)

A recombinant human granulocyte colony-stimulating factor produced by Amgen, Inc. It is recombinant methionyl human granulocyte colony-stimulating factor (r-metHuG-CSF, which is a 175 amino acid protein identical to the endogenous growth factor except for an inserted N-terminal methionine and the lack of glycosylation). Neupogen® (filgrastim) is indicated to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs in one of the following categories:

1. Cancer patients receiving myelosuppressive chemotherapy
2. Patients with acute myeloid leukemia (AML) receiving induction or consolidation chemotherapy

3. Cancer patients receiving bone marrow transplantation
4. Patients undergoing Peripheral Blood Progenitor Cell Collection and Therapy
5. Patients with Severe Chronic Neutropenia

Patients in these categories are associated with a significant incidence of severe febrile neutropenia (FN).

Zarxio® (filgrastim-sndz)

A 175 amino acid human granulocyte colony-stimulating factor (G-CSF) manufactured by recombinant DNA technology. Zarxio® (filgrastim-sndz) is produced by Escherichia coli (E coli) bacteria into which has been inserted the human granulocyte colony-stimulating factor gene. Zarxio has a molecular weight of 18,800 daltons. The protein has an amino acid sequence that is identical to the natural sequence predicted from human DNA sequence analysis, except for the addition of an N-terminal methionine necessary for expression in E coli. Because Zarxio is produced in E coli, the product is non-glycosylated and thus differs from G-CSF isolated from a human cell.

Other Biosimilars

As filgrastim and pegfilgrastim patents expire a variety of biosimilar products are expected. Zarxio was the first biosimilar filgrastim product, followed recently by Nivestym. Fulphila is the first biosimilar pegfilgrastim product followed recently by Udenyca. Subsequent products will be added to this policy as they appear. Unless otherwise specifically noted such products will be reviewed using the same medical necessity criteria as Neulasta.

Summary of Labeled Indications for G-CSF Products:

	Myelosuppressive Chemotherapy	Acute Myeloid Leukemia	Bone Marrow Transplant	Progenitor Cell Collection	Severe Chronic Neutropenia
Fulphila™	X				
Granix®	X				

	Myelosuppressive Chemotherapy	Acute Myeloid Leukemia	Bone Marrow Transplant	Progenitor Cell Collection	Severe Chronic Neutropenia
Neulasta®	X				
Neupogen®	X	X	X	X	X
Nivestym™	X	X	X	X	X
Udenyca™	X				
Zarxio®	X	X	X	X	X

Contraindications

Fulphila™ is contraindicated in patients with a history of serious allergic reactions to human granulocyte colony-stimulating factors such as pegfilgrastim or filgrastim products.

Granix® has no labeled contraindications.

Neulasta® is not indicated for the mobilization of peripheral blood progenitor cells for hematopoietic stem cell transplantation.

Neupogen® and **Neulasta®** are contraindicated in patients with known hypersensitivity to E coli-derived proteins, filgrastim, or any component of the product.

Nivestym™ is contraindicated in patients with a history of serious allergic reactions to human granulocyte colony-stimulating factors such as filgrastim products or pegfilgrastim products.

Udenyca™ is contraindicated in patients with a history of serious allergic reactions to human granulocyte colony-stimulating factors such as pegfilgrastim or filgrastim products.

Zarxio® is contraindicated in patients with a history of serious allergic reactions to human granulocyte colony-stimulating factors such as filgrastim or pegfilgrastim products.

Benefit Application

Granix®, Neupogen®, Nivestym™ and Zarxio® may be managed under either the medical benefit (if administered by a provider) or pharmacy benefit (if administered by the patient or a nonprofessional caregiver).

Evidence Review

Efficacy

Neupogen® (filgrastim) has been shown to be safe and effective in accelerating the recovery of neutrophil counts following a variety of chemotherapy regimens. In a phase III clinical trial in small cell lung cancer, the benefits of filgrastim over placebo were shown to be prevention of infection as manifested by febrile neutropenia, decreased hospitalization, and decreased IV antibiotic usage. No difference in survival or disease progression was demonstrated. Filgrastim is also indicated for use in adjunct to acute myeloid leukemia (AML) chemotherapy induction and consolidation. In a phase III clinical trial it was found to effectively reduce the duration of neutropenia, leading to significant clinical benefits by reducing the duration of fever; requirement for parenteral anti-infectives; and the duration of hospitalization. Filgrastim also has an indication for use in severe chronic neutropenia, in which a phase III clinical trial showed that the use of filgrastim resulted in a stimulation of bone marrow production and maturation of neutrophils, an increase in circulating neutrophils, and a reduction in the infection-related events. Filgrastim is also indicated for the use of stem cell harvest in donors.

Granix® (tbo-filgrastim) has been shown to be superior to placebo in duration of severe neutropenia (DSN) with a statistically significant reduction in DSN (1.1 days vs. 3.8 days, $p < 0.0001$). These results are from a phase III clinical trial in chemotherapy-naïve patients with high-risk stage II, stage III, or stage IV breast cancer.

Neulasta® (pegfilgrastim) has been shown safe and effective in accelerating the recovery of neutrophil counts. In a phase III study comparing pegfilgrastim to placebo, the incidence of hospitalizations (1% vs. 14%) and IV anti-infective use (2% vs. 10%) for the treatment of febrile neutropenia was lower in the pegfilgrastim treated patients compared to the placebo treated patients.

Comparative Effectiveness

In a Phase III study comparing pegfilgrastim to filgrastim as support for commonly used chemotherapy regimens, a single subcutaneous injection of pegfilgrastim provided adequate and safe neutrophil support comparable with daily subcutaneous injections of filgrastim in patients receiving commonly used standard-dose mild-to-moderate myelosuppressive chemotherapy regimens.

A Phase III clinical trial comparing pegfilgrastim to filgrastim for cytokine-alone mobilization of autologous hematopoietic stem and progenitor cells found that the total CD34+ cell yield was equivalent for both filgrastim- and pegfilgrastim-mobilized patients (80% vs. 91%, p = 0.44).

In a trial that compared fixed dose pegfilgrastim to daily filgrastim following autologous stem cell transplantations, it was found that there was no difference in outcomes in terms of safety and efficacy in a single dose of pegfilgrastim compared to 8 days of filgrastim.

In a single-blind, randomized, crossover trial comparing tbo-filgrastim to filgrastim, equivalence was demonstrated for the serum concentration profile, for the ANC profile, and for the CD34+ cell count, which is a marker for the ability of the GCSF to mobilize stem cells.

Safety

In clinical trials, the most common adverse events for peg-filgrastim, filgrastim, and pegfilgrastim was bone pain, which is often severe enough to require opioid analgesia. All three agents carry the risk of more serious adverse events, such as: splenic rupture, acute respiratory distress syndrome, serious allergic reactions, precipitation of severe sickle cell crisis in patients with sickle cell disorders, and the potential for tumor growth stimulatory effects on malignant cells.

Choosing Wisely Guidelines

ASCO guidelines recommend using white cell stimulating factors when the risk of febrile neutropenia, secondary to a recommended chemotherapy regimen, is greater than 20 percent and equally effective treatment programs that do not require white cell stimulating factors are unavailable (see **Appendix**).

Exceptions should be made when using regimens that have a lower chance of causing febrile neutropenia if it is determined that the patient is at high risk for this complication (due to age, medical history, or disease characteristics).

2015 Update

Added criteria and description for Zarxio® (filgrastim-sndz), a biosimilar to Neupogen that was recently approved by the FDA. A literature search from 7/1/14-10/31/15 did not identify any

new evidence that would change the criteria for Neupogen, Neulasta, or Granix. This policy was reviewed by the Pharmacy and Therapeutics Committee November 19, 2015.

2016 Update

A literature search from 7/1/15-12/31/16 did not identify any new evidence that would change policy coverage.

2018 Update

A literature search from 1/1/17-1/30/18 did not identify any new evidence that would change policy coverage.

2019 Update

A literature search from 1/1/18-2/28/19 did not identify any new evidence that would change policy coverage. Updated references supporting interchangeability of biosimilars.

References

1. Smith TJ, Khatcheressian J, Lyman GH, et al. 2006 Update of Recommendations for the Use of White Blood Cell Growth Factors: An Evidence-Based Clinical Practice Guideline. J Clin Oncol 2006;24:3187-3205. © 2006 by American Society of Clinical Oncology.
2. American Society of Clinical Oncology. 1997 update of recommendations for the use of hematopoietic colony-stimulating factors: Evidence-based clinical practice guidelines. J Clin Oncol. 1997;15(10):3288.
3. Neulasta Prescribing Information. V13. Thousand Oaks, CA: Amgen; 2011. Available at: **http://pi.amgen.com/united_states/neulasta/neulasta_pi_hcp_english.pdf** Accessed March 2019.
4. Neupogen Prescribing Information. V24. Thousand Oaks, CA: Amgen; 2013. Available at: **http://pi.amgen.com/united_states/neupogen/neupogen_pi_hcp_english.pdf** .Accessed March 2019.
5. Granix Prescribing Information. North Wales, PA: Cephalon (Teva); 2013. Available at: November 12, 2015 27, 2014.
6. Shi YK, Chen Q, Zhu YZ, et al. Pegylated filgrastim is comparable with filgrastim as support for commonly used chemotherapy regimens: a multicenter, randomized, crossover phase 3 study. Anti-Cancer Drugs 24:641-647.
7. Del Giglio A, Eniu A, et al. XM02 is superior to placebo and equivalent to Neupogen in reducing the duration of severe neutropenia and the incidence of febrile neutropenia in cycle 1 in breast cancer patients receiving docetaxel/doxorubicin

chemotherapy. BMC Cancer 2008, 8:332. Available at: **https://bmccancer.biomedcentral.com/articles/10.1186/1471-2407-8-332** Accessed March 2019.

8. Lubenau H, Bias P, et al. Pharmacokinetic and Pharmacodynamic Profile of New Biosimilar Filgrastim XM02 Equivalent to Marketed Filgrastim Neupogen. Biodrugs 2009; 23(1):43-51.
9. Heil G, Hoelzer D, et al. A Randomized, Double-Blind, Placebo-Controlled, Phase III Study of Filgrastim in Remission Induction and Consolidation Therapy for Adults With De Novo Acute Myeloid Leukemia. Blood 1997; 90:4710-4718.
10. Duhrsen U, Villeval JL, Boyd J, et al. Effects of recombinant human granulocyte colony-stimulating factor on hematopoietic progenitor cells in cancer patients. Blood 1988; 72:2074-2081.
11. Dale DC, Bonilla MA, Davis MW, et al. A randomized controlled phase III trial of recombinant human granulocyte colony-stimulating factor (filgrastim) for treatment of severe chronic neutropenia. Blood 1993; 81:2496-2502.
12. Herbert KE, Gambell P, et al. Pegfilgrastim compared to filgrastim for cytokine-alone mobilization of autologous haematopoietic stem and progenitor cells. Bone Marrow Transplantation 2013; 48:351-356.
13. Ferrara F, Izzo T, et al. Comparison of fixed dose pegfilgrastim and daily filgrastim after autologous stem cell transplantation in patients with multiple myeloma autografted on an outpatient basis. Hematol Oncol 2011; 29:139-143.
14. Choosing Wisely: An initiative of the ABIM Foundation. American Society of Clinical Oncology: 10 Things Physicians and Patients Should Question. Available at **http://www.choosingwisely.org/doctor-patient-lists/american-society-of-clinical-oncology/** Accessed March 2019.
15. Bokemeyer C, et.al. Over and Under-Prophylaxis for chemotherapy-induced (febrile) Neutropenia Relative to Evidence-Based Guidelines is associated With Differences in Outcomes: Findings from the MONITOR-GCSF Study. Available at: **https://www.ncbi.nlm.nih.gov/pubmed/28111718** Accessed March 2019.
16. Choi C, Yoo BW, Kim CO, et al. Comparison of biosimilar filgrastim with a reference product: pharmacokinetics, pharmacodynamics, and safety profiles in healthy volunteers. Drug Des Devel Ther. 2018 Aug 1;12:2381-2387. doi: 10.2147/DDDT.S158277. eCollection 2018. PMID: 30122896.
17. Waller CF, Tiessen RG, Lawrence TE, et al. A pharmacokinetics and pharmacodynamics equivalence trial of the proposed pegfilgrastim biosimilar, MYL-1401H, versus reference pegfilgrastim. J Cancer Res Clin Oncol. 2018 Jun;144(6):1087-1095. doi: 10.1007/s00432-018-2643-3. Epub 2018 Apr 18. PMID: 29671069.
18. Puértolas I, Frutos Pérez-Surio A, Alcácera MA, et al. Effectiveness of biosimilar filgrastim vs. original granulocyte colony-stimulating factors in febrile neutropenia prevention in breast cancer patients. Eur J Clin Pharmacol. 2018 Mar;74(3):315-321. doi: 10.1007/s00228-017-2365-5. Epub 2017 Nov 19. PMID: 29152672.

Appendix

Regimens with predicted risk of Febrile Neutropenia greater than 20% (Source: Smith, 2006)

Regimen	Acronym	FN (%)	Cancer
Carboplatin + Paclitaxel		21	Bladder
Methotrexate + Vinblastine + Doxorubicin + Cisplatin	MVAC	> 20	Bladder
Docetaxel		21	Breast
Docetaxel + Trastuzumab		> 20	Breast

Regimen	Acronym	FN (%)	Cancer
Dose-dense Doxorubicin + Cyclophosphamide followed by Paclitaxel	DD AC followed by T	> 20	Breast
Doxorubicin + Cyclophosphamide followed by Docetaxel	AC followed by Docetaxel	5-25	Breast
Docetaxel followed by Doxorubicin + Cyclophosphamide	Docetaxel followed by AC	40	Breast
Doxorubicin + Docetaxel		33-48	Breast
Doxorubicin + Paclitaxel		21-32	Breast
Docetaxel + Doxorubicin + Cyclophosphamide	TAC	22-25	Breast
Dose-dense Cyclophosphamide + Epirubicin + Fluorouracil	DD FEC	71	Breast
Dose-dense Doxorubicin followed by Paclitaxel followed by Cyclophosphamide		> 20	Breast
Dose-dense Epirubicin + Cyclophosphamide		> 20	Breast
Cyclophosphamide + Epirubicin + Fluorouracil + Docetaxel	FEC-D	25-46	Breast
Fractionated cyclophosphamide + Vincristine + Doxorubicin + Dexamethasone + Rituximab	Hyper CVAD + Rituximab	> 20	Burkitt's Lymphoma
Paclitaxel + Cisplatin		28	Cervical
Docetaxel + Cisplatin + Fluorouracil		> 20	Esophageal/Gastric
Bleomycin + Vincristine + Cisplatin followed by Cisplatin + Ifosfamide + Etoposide	BOP followed by VIP	46	Germ Cell
Vinblastine + Ifosfamide + Cisplatin	VeIP	67-71	Germ Cell
Paclitaxel + Ifosfamide + Carboplatin	TIC	30	Head & Neck
Bleomycin + Etoposide + Doxorubicin + Cyclophosphamide + Vincristine + Procarbazine + Prednisone	BEACOPP	54	Hodgkin's
Doxorubicin + Bleomycin + Vinblastine +Dacarbazine	ABVD	> 20	Hodgkin's
Cyclophosphamide +Epirubicin + Fluorouracil	CEC	48	Hodgkin's
Ifosfamide + Mesna + Gemcitabine + Vinorelbine	IGEV	28	Hodgkin's
Doxorubicin + Gemcitabine		> 20	Kidney
Topotecan		28	Lung
Cyclophosphamide + Doxorubicin + Vincristine		26	Lung

Regimen	Acronym	FN (%)	Cancer
Dacarbazine + Cisplatin + Vinblastine		> 20	Melanoma
Dacarbazine + Cisplatin + Vinblastine + IL-2, interferon alfa		> 20	Melanoma
Leucovorin-primed Fluorouracil	LVFU	20	Metastatic gastric cancer
Leucovorin-primed Fluorouracil + Cisplatin	LVFU-cisplatin	40	Metastatic gastric cancer
Leucovorin-primed Fluorouracil + Irinotecan	LVFU-irinotecan	24	Metastatic gastric cancer
Docetaxel + Cisplatin + Fluorouracil	DCF	29	Metastatic gastric cancer
Docetaxel + Cyclophosphamide	TC	21	Metastatic gastric cancer
Docetaxel + Cyclophosphamide + Fluorouracil	TCF	41	Metastatic gastric cancer
Antithymocyte globulin, rabbit/cyclosporine		> 20	Myelodysplastic
Decitabine		> 20	Myelodysplastic
Cyclophosphamide + Fludarabine + Alemtuzumab + Rituximab	CFAR	> 20	NHL
Dose-dense Cyclophosphamide + Doxorubicin + Vincristine + Prednisone	CHOP-14	> 20	NHL
Rituximab + Dose-dense Cyclophosphamide + Doxorubicin + Vincristine + Prednisone	R-CHOP-14	> 20	NHL
Mesna + Ifosfamide + Novantrone + Etoposide	MINE	> 20	NHL
Cisplatin + Cytarabine + Dexamthasone	DHAP	48	NHL/CLL
Etoposide + methylprednisolone + Cytarabine + Cisplatin	ESHAP	30-64	NHL/CLL
Rituximab + Etoposide + methylprednisolone + Cytarabine + Cisplatin	R-ESHAP	33.5	NHL/CLL
Cyclophosphamide + Doxorubicin + Vincristine + Prednisone	CHOP-21	17-50	NHL/CLL
Dose-dense Vincristine + Doxorubicin + Prednisolone + Etoposide + Cyclophosphamide + Bleomycin	DD VAPEC-B	44	NHL/CLL
Dose-dense Doxorubicin or Mitoxantrone + Cyclophosphamide + Vindesine + Bleomycin	DD ACBVP	78	NHL/CLL

Regimen	Acronym	FN (%)	Cancer
Ifosfamide + Carboplatin + Etoposide	ICE	11.5-24	NHL/CLL
Rituximab + Ifosfamide + Carboplatin + Etoposide	R-ICE	11.5-24	NHL/CLL
Mechlorethamine + Doxorubicin + Vinblastine + Vincristine + Bleomycin + Etoposide + Prednisolone	Stanford V	25	NHL/CLL
Mechlorethamine + Vincristine + Procarbazine + Prednisone + Etoposide + Bleomycin + Vinblastine + Lomustine + Doxorubicin + Vindesine	MOPPEB-VCAD	49	NHL/CLL
Fludarabine + Cyclophosphamide	FC	35	NHL/CLL
Fludarabine + Cyclophosphamide + Rituximab	FCR	33.7	NHL/CLL
Docetaxel + Carboplatin		26	NSCLC
Etoposide + Cisplatin		54	NSCLC
Cisplatin + Vinorelbine + Cetuximab		22	NSCLC
Vinorelbine + Ifosfamide + Gemcitabine	VIG	25	NSCLC
Topotecan		> 20	Ovarian
Docetaxel		33	Ovarian
Paclitaxel		22	Ovarian
Doxorubicin + Cyclophosphamide + Etoposide	ACE	24-57	SCLC
Topotecan		28	SCLC
Ifosfamide + Carboplatin + Etoposide	ICE	24	SCLC
Vincristine + Ifosfamide + Carboplatin + Etoposide	VICE	70	SCLC
Dose-dense Doxorubicin + Cyclophosphamide + Etoposide	DD ACE	34-56	SCLC
Dose-dense Ifosfamide + Carboplatin + Etoposide	DD ICE	> 20	SCLC
Dose-dense Cyclophosphamide + Doxorubicin + Vincristine followed by Cisplatin + Etoposide	DD CAV followed by PE	> 20	SCLC
Mesna + Doxorubicin + Ifosfamide + Dacarbazine	MAID	> 20	Soft Tissue Sarcoma
Doxorubicin		> 20	Soft Tissue Sarcoma
Ifosfamide + Doxorubicin		> 20	Soft Tissue Sarcoma
Vinblastine + Ifosfamide + Cisplatin	VeIP	> 20	Testicular
Etoposide + Ifosfamide + Cisplatin	VIP	> 20	Testicular
Bleomycin + Etoposide + Cisplatin	BEP	> 20	Testicular
Paclitaxel + Ifosfamide + Cisplatin	TIP	> 20	Testicular

Regimen	Acronym	FN (%)	Cancer
Paclitaxel + Carboplatin		25	Urothelial
Methotrexate + Vinblastine + Doxorubicin + Cisplatin	MVAC	26	Urothelial
Dose-dense Methotrexate + Vinblastine + Doxorubicin + Cisplatin	DD MVAC	> 20	Urothelial

History

Date	Comments
03/10/14	New policy. This policy is added to the Prescription Drug section and covers three granulocyte colony-stimulating factors: tbo-filgrastim (Granix®), filgrastim (Neupogen®) and pegfilgrastim (Neulasta®). All are considered medically necessary when criteria are met for conditions and per treatment guidelines outline in this policy. Policy approved with a hold for provider notification; it will be effective August 30, 2014.
08/11/14	Coding update. HCPCS codes J1442, J1446 and J2505 added to the policy.
10/13/14	Interim update. Policy reformatted to clarify details of step therapy in the use of GCSF; criteria added for making exceptions due to geographical issues.
02/10/15	Coding update. HCPCS code J1446 removed from policy; this is not being reviewed at this time.
12/08/15	Annual Review. Policy updated with literature review. Filgrastim-sndz (Zarxio) added to the medical necessity policy statements. Reviewed and approved by P&T Committee November 2015. Added HCPCS code Q5101.
02/09/16	Interim Review. Policy scope clarified to apply only to adults, age 18 and over.
10/01/16	Policy moved into new format; no change to policy statements.
04/01/17	Annual Review, approved March 14, 2017. No changes to criteria made. Added a new reference to the bibliography section (#15).
03/01/18	Annual Review, approved February 27, 2018. Minor change made to criteria. Deletion of first cycle of chemotherapy within the criteria. HCPCS code J1447 added to policy.
03/09/18	Coding update, added CPT code 96377.
04/01/18	Interim Review, approved March 20, 2018. Added "Neulasta Onpro®" for clarity.
10/01/18	Interim Review, approved September 21, 2018. Added Fulphila™ (pegfilgrastim-jmdb) criteria. Added Nivestym (filgrastim-aafi) criteria and contraindications. Added new HCPCS code Q5108 (new code effective 10/1/18).

Date	Comments
01/01/19	Interim Review, approved December 19, 2018. Added Udenyca® (pegfilgrastim-cbqv) criteria. Added use of Nivestym (filgrastim-aafi) as qualifier to second-line therapy. Added new HCPS code Q5110 (new code effective 1/1/19).
04/01/19	Annual Review, approved March 19, 2019. Literature search 1/1/18 – 2/28/19. No changes to policy. Updated references.

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

PREMERA | BLUE CROSS

An Independent Licensee of the Blue Cross Blue Shield Association

Discrimination is Against the Law

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

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:
Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Getting Help in Other Languages

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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