PREMERA | BLUE CROSS

PHARMACY POLICY – 5.01.552

Hetlioz® (tasimelteon)

Effective Date:	Dec. 1, 2018	RELATED MEDICAL POLICIES:
Last Revised:	Nov. 21, 2018	5.01.605 Medical Necessity Criteria for Pharmacy Edits
Replaces:	N/A	

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Introduction

The circadian rhythm is the body's natural sleep/wake cycle. It most people, the natural clock that guides sleeping and waking runs just a little longer than 24 hours. The amount of light during the day informs the brain about the time of day: morning, midday, or evening. The light coming into the eyes helps the brain reset the sleep/wake cycle every day. But for those who can't sense light due to total blindness, the brain doesn't get information to help it reset to the 24-hour cycle. This eventually results in the being awake during the night and feeling extremely sleepy during the day. Hetlioz® (tasimelteon) is a drug known as a hypnotic and is used to counteract the effects of non-24-hour sleep-wake disorder. This policy describes when this medication 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

Drug	Medical Necessity
Hetlioz® (tasimelteon)	**Hetlioz® (tasimelteon) may be considered medically necessary for treatment of non-24-hour sleep-wake disorder when ALL of the following conditions have been met:** • Diagnosis of non-24-hour sleep-wake disorder by a sleep specialist **AND** • Failure of an adequate trial of at least 3 months of Rozerem® (ramelteon) **AND** • Documented evidence of objective response, after 6 months and annually thereafter ○ Documentation of the diagnosis including appropriate sleep studies must be submitted with the request **All other uses of Hetlioz® (tasimelteon) are considered investigational.**

Coding

N/A

Related Information

Benefit Application

This policy is managed by the Pharmacy benefit.

Evidence Review

Description

Non-24 hour sleep-wake disorder (also known as "non-24" or "free-running disorder") is a severe, chronic, circadian sleep rhythm disorder (CSRD) characterized by the inability to entrain (synchronize) the master body clock to the 24-hour day. Patients with non-24 have prolonged periods of misalignment of circadian rhythms, including the timing of melatonin and cortisol secretion and the sleep-wake cycle, which are associated with significant impairments in social and occupational functioning, or marked subjective distress.

Most cases of non-24 occur in blind patients with no perception of light. As a result of light information failing to reach the suprachiasmatic nucleus (SCN) to synchronize the clock to the 24-hour light-dark cycle, the SCN reverts to an endogenous non-24-hour period. As a result, physiologic processes and behavior that are controlled by the circadian system (eg, the timing of melatonin and cortisol production, the core body temperature rhythm, metabolic processes, the sleep-wake cycle, and alertness and performance patterns) becomes desynchronized from the 24-hour day, which has consequences for daily functioning. Most blind individuals can perceive enough light to prevent non-24. Entrainment is a measure of synchronization of an individual's intrinsic master clock (τ) to the 24-hour day. Most patients with non-24 have intrinsic clocks (τ) longer than 24.0 hours.

Epidemiology and Risk Factors

Most patients with non-24 are totally blind and without light perception. The estimated prevalence of non-24 in the totally blind is approximately 80,000 to 100,000 individuals in the U.S.

Clinical Presentation

Symptoms of non-24 include nighttime sleeplessness and daytime fatigue and sleepiness. Persons with non-24 may have comorbidities of depression or other mood disorders. Patients with non-24 may not experience the same degree of symptom severity.

Diagnosis

The International Classification of Sleep Disorders criteria for non-24 (780.55-2) include:

- Primary complaint of either difficulty initiating sleep or difficulty in awakening.
- Progressive delays of sleep onset and offset with the inability to maintain stable entrainment to a 24-hour sleep–wake pattern.
- Presence of the sleep pattern for at least 6 weeks.
- Evidence of a progressive sequential delay of the sleep period by polysomnography performed over several consecutive days on a fixed 24-hour bedtime and wake-time schedule, continuous 24-hour temperature monitoring over at least 5 days that shows a progressive delay of the temperature nadir, and the patient does not meet criteria for any other sleep disorder causing inability to initiate sleep or excessive sleepiness.

The American Academy for Sleep Medicine CSRD practice parameters recommend (based on consensus) sleep logs to determine sleep patterns and also recommend measurement of circadian phase markers (including the urinary biomarker 6-sulfatoxy-melatonin or aMT6s) to determine the circadian phase (τ) and confirm the diagnosis. Entrainment is a measure of synchronization of an individual's intrinsic master clock (τ) to the 24-hour day. Entrainment can be measured by 2 distinct circadian rhythms: melatonin (or aMT6s in urine), and cortisol. For aMT6s measurement, urine is collected every 4 hours (every 8 hours overnight) over a 48-hour period and the acrophase, or peak timing of analyte secretion, determined. Quartile-nighttime Total Sleep Time (LQ-nTST), Upper Quartile-daytime Total Sleep Duration (UQ-dTSD), Midpoint of Sleep Time (MoST), and Clinician Global Impression- Change (CGI-C) assessments. Q-nTST and UQ-dTSD correlate with the most symptomatic phases of circadian cycle (maximum misalignment), reflecting the 25% most symptomatic days of nighttime sleeplessness or daytime sleepiness, respectively. The CGI-C is a 7-point clinician-performed evaluation of global functioning ranging from 1 (very much improved) to 7 (very much worse). Each assessment on the scale is scored as a 1 or 0 depending on whether the prespecified threshold was achieved or not. The score for each assessment is summarized with a range of 0 to 4.

Therapeutic Alternatives

There are no other FDA-approved treatments for non-24 in blind individuals without light perception; however, two other pharmacologic treatment options are available:

- Another oral melatonin receptor agonist, Rozerem® (ramelteon) (Takeda) was approved in 2005 for the treatment of insomnia characterized by difficulty with sleep onset in adult patients ≥18 years of age. There are no published trials or studies of ramelteon for non-24,

nor are there any ongoing or completed trials listed at ClinicalTrials.gov, but the similarity in pharmacology suggests that ramelteon would be an effective and much lower cost option.

- Melatonin, which is regulated as a dietary supplement in the U.S., has been used in the treatment of non-24 and is listed as a guideline-level recommendation in the 2007 American Academy of Sleep Medicine guidelines for the evaluation and treatment of CSRDs. This recommendation was based on several small studies. A 2004 review article cites several issues with using melatonin in the treatment of insomnia and CSRDs, including pharmacokinetic issues such as its short half-life and large first-pass metabolism, as well as nonspecific effect on melatonin subreceptors. However, they generally note the lack of large-scale clinical trials, partially owing to the fact that melatonin cannot be patented. Melatonin is approved as a drug in the EU and in Australia.

Rationale

The Sponsor submitted to the FDA two randomized, placebo-controlled, double-masked, Phase III trials in support of the new drug application, SET (cited as "Study 1" in PI) and RESET (cited as "Study 2" in PI). SET was a multicenter, randomized, double-masked, placebo-controlled, parallel study designed to evaluate the efficacy and safety of tasimelteon 20 mg versus placebo in 84 totally blind patients with non-24. SET included a screening phase, a double-blind phase, and an open-label extension phase.

In the Sponsor analysis of the intention-to-treat population of SET, 20% of patients in the tasimelteon group entrained by aMT6s measurement at 1 month compared with 2.6% in the placebo group (p=0.017). There was also a statistically significant difference the step down primary end point of entrainment plus a greater than 3-point change in the N24CRS. The Sponsor analysis of RESET showed a higher rate of non-entrainment in patients who had previously been entrained in on tasimelteon and switched to placebo (80%) than in patients entrained on tasimelteon and maintained on the drug (10%, p=0.003).

In the FDA analysis of SET (cited as Study 1 in the package insert), patients in the tasimelteon group had, at baseline, an average 195 minutes of nighttime sleep and 137 minutes of daytime nap time on the 25% of most 10 symptomatic nights and days, respectively. Treatment with tasimelteon resulted in a significant improvement, compared with placebo, for both of these end points in both SET and RESET. A responder analysis of patients with both ≥45 minutes increase in nighttime sleep and ≥45 minutes decrease in daytime nap time was conducted in SET (Study 1): 29% (n=12) of patients treated with tasimelteon, compared with 12% (n=5) of patients treated with placebo met the responder criteria. There is no evidence to assess real world

comparative effectiveness. No head-to-head studies vs. ramelteon or melatonin were performed.

Tasimelteon was generally well tolerated in SET and RESET. Adverse effects that occurred in at least 5% of patients in the tasimelteon group and at a two-fold higher rate than placebo were headache (17% vs. 7%), increased alanine aminotransferase (10% vs. 5%), nightmare/abnormal dreams (10% vs. 0%), upper respiratory tract infection (7% vs. 0%), and urinary tract infection (7% vs. 2%). There were no withdrawal symptoms, next day residual effect, or increase in suicidality observed in patients receiving tasimelteon.

2015 Update

A literature search from July 1, 2014, through June 28, 2015, was conducted. No studies were found that would indicate the need to revise this policy. References updated.

2016 Update

A literature search from January 1, 2015, through December 6, 2016 was conducted. No studies were found that would indicate the need to revise this policy. References updated.

2017 Update

A literature search from July 1, 2016, through November 1, 2017 was conducted. No studies were found that would indicate the need to revise this policy. References updated.

2018 Update

A literature search from November 1, 2017, through October 31, 2018 was conducted. No studies were found that would indicate the need to revise this policy. References updated.

References

1. Vanda Pharmaceuticals. Tasimelteon. Advisory Committee Briefing Materials, November 14, 2013. Available at: **https://wayback.archive-it.org/7993/20170405224953/https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/PeripheralandCentralNervousSystemDrugsAdvisoryCommittee/UCM374388.pdf** Accessed November 2018.
2. U.S. Food and Drug Administration Division of Neurology Products Center for Drug Evaluation and Research. FDA Slide Presentation. Tasimelteon. FDA Presentations for the November 14, 2013 Meeting of the Peripheral and Central Nervous System Drugs Advisory Committee.
3. U.S. Food and Drug Administration. Center for Drug Evaluation and Research. Meeting of the Peripheral and Central Nervous System Drugs Advisory Committee. Briefing Materials. Tasimelteon (melatonin agonist). For the treatment of Non-24 hour sleepwake disorder in blind individuals without light perception. Available at: **https://www.accessdata.fda.gov/drugsatfda_docs/nda/2014/205677orig1s000crossredt.pdf** . Accessed November 2018.
4. Vanda Pharmaceuticals. Vanda Pharmaceuticals Slide Presentation. Tasimelteon. Presentations for the November 14, 2013 Meeting of the Peripheral and Central Nervous System Drugs Advisory Committee.
5. Vanda Pharmaceuticals, Inc. Hetlioz (tasimelteon) capsules, for oral use, January 2014. Available at: **http://www.hetlioz.com/pdf/HetliozPI.pdf** Accessed November 2018.
6. Vanda Pharmaceuticals. A Multicenter, Randomized, Double-Mask, Placebo-Controlled, Parallel Study to Investigate the Efficacy and Safety of 20 mg Tasimelteon Versus Placebo in Totally Blind Subjects With N24HSWD Followed by an OLE Phase (SET). November 2012. Available at: **http://clinicaltrials.gov/ct2/show/NCT01163032?term=tasimelteon&rank=3** Accessed November 2018.
7. Vanda Pharmaceuticals. A Randomized Withdrawal Study to Demonstrate the Maintenance of Effect of 20 mg Tasimelteon in the Treatment of N24HSWD (RESET). December 2012. Available at: **http://clinicaltrials.gov/ct2/show/NCT01430754?term=tasimelteon&rank=12** Accessed November 2018.
8. Martinez D, Lenz Mdo C. Circadian rhythm sleep disorders. Indian J Med Res. Feb 2010;131:141-149. PMID 20308739
9. Sack RL, Lewy AJ. Circadian rhythm sleep disorders: lessons from the blind. Sleep Med Rev. Jun 2001;5(3):189-206. PMID 1253098
10. Hardeland R. Tasimelteon, a melatonin agonist for the treatment of insomnia and circadian rhythm sleep disorders. Curr Opin Investig Drugs. Jul 2009;10(7):691-701. PMID 19579175
11. Eisenstein M. Chronobiology: stepping out of time. Nature. May 23 2013;497(7450):S10- 12. PMID 23698500
12. Morgenthaler TI, Lee-Chiong T, Alessi C, et al. Practice parameters for the clinical evaluation and treatment of circadian rhythm sleep disorders. An American Academy of Sleep Medicine report. Sleep. Nov 2007;30(11):1445-1459. PMID 18041479
13. Turek FW, Gillette MU. Melatonin, sleep, and circadian rhythms: rationale for development of specific melatonin agonists. Sleep Med. Nov 2004;5(6):523-532. PMID 15511698
14. Lockley SW, Skene DJ, James K, Thapan K, Wright J, Arendt J. Melatonin administration can entrain the free-running circadian system of blind subjects. J Endocrinol. Jan 2000;164(1):R1-6. PMID 10607943
15. Sack RL, Brandes RW, Kendall AR, Lewy AJ. Entrainment of free-running circadian rhythms by melatonin in blind people. N Engl J Med. Oct 12 2000;343(15):1070-1077. PMID 11027741
16. Hack LM, Lockley SW, Arendt J, Skene DJ. The effects of low-dose 0.5-mg melatonin on the free-running circadian rhythms of blind subjects. J Biol Rhythms. Oct 2003;18(5):420-429. PMID 14582858
17. Lewy AJ, Hasler BP, Emens JS, Sack RL. Pretreatment circadian period in free-running blind people may predict the phase angle of entrainment to melatonin. Neurosci Lett. Nov 9 2001;313(3):158-160. PMID 11682151
18. Lewy AJ, Bauer VK, Hasler BP, Kendall AR, Pires ML, Sack RL. Capturing the circadian rhythms of free-running blind people with 0.5 mg melatonin. Brain Res. Nov 9 2001;918(1-2):96-100. PMID 11684046

19. Rajaratnam SM, Polymeropoulos MH, Fisher DM, et al. Melatonin agonist tasimelteon (VEC-162) for transient insomnia after sleep-time shift: two randomised controlled multicentre trials. Lancet. Feb 7 2009;373(9662):482-491. PMID 19054552

20. Ogilvie BW, Torres R, Dressman MA, et al. Clinical assessment of drug-drug interactions of tasimelteon, a novel dual melatonin receptor agonist. J Clin Pharmacol. 2015 Apr 6. doi: 10.1002/jcph.507. [Epub ahead of print.]

21. Laudon M, Frydman-Marom A. Therapeutic effects of melatonin receptor agonists on sleep and comorbid disorders. Int J Mol Sci. 2014 Sep 9;15(9):15924-50.

22. Keating GM, Tasimelteon: A Review in Non-24-Hour Sleep-Wake Disorder in Totally Blind Individuals. CNS Drugs. May, 2016; 30(5):461-8. doi: 10.1007/s40263-016-0330-y.

23. Lavedan C, Forsberg M, Gentile AJ. Tasimelteon: A Selective and Unique Receptor Binding Profile. Neuropharmacology. April, 2015; 91:142-7. doi: 10.1016/j.neuropharm.2014.12.004. Epub 2014 Dec 19.

24. Quera Salva MA, Hartley S, Léger D, Dauvilliers YA. Non-24-Hour Sleep-Wake Rhythm Disorder in the Totally Blind: Diagnosis and Management. Front Neurol. 2017 Dec 18;8:686. doi: 10.3389/fneur.2017.00686.

History

Date	Comments
06/09/14	New policy, add to Prescription Drug section. Tasimelteon (Hetlioz™) may be considered medically necessary for treatment of non-24-hour sleep-wake disorder when criteria are met and documentation of the diagnosis including appropriate sleep studies must be submitted with the request. All other uses are considered investigational. Approved by P&T Committee on May 22, 2014.
07/14/15	Annual Review. Policy updated with literature review; no change to policy statement. References updated.
01/01/17	Annual Review, approved December 13, 2016. Policy updated with literature review; no change to policy statement. References updated.
12/01/17	Annual Review, approved November 21, 2017. No change to policy statement. No new literature was found.
12/01/18	Annual Review, approved November 21, 2018. No change to policy statement. References updated to 10/31/18.

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

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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).