Select a hyperlink below to be directed to that section.

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

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

Introduction

Multiple sclerosis is a disease that occurs when the body’s immune system reacts to and damages nerve cells. Damage occurs to nerves and their connections in the brain and spinal cord. Multiple sclerosis is also called MS. People with MS can have a variety of symptoms including vision problems, numbness and tingling, muscle weakness and other problems. Some people have only a few symptoms, and others may be severely disabled from the disease. There are several types of MS as well. This policy discusses the drugs used to treat MS and which of those drugs need to be pre-approved by the health plan.

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 providers about when a service may be covered.

Policy Coverage Criteria

Note: Quantity limits for individual agents can be found in the Dosage and Quantity Limits section below.
### Drug Investigational

<table>
<thead>
<tr>
<th>Drug</th>
<th>Investigational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rituxan® (rituximab)</td>
<td>The use of Rituxan® (rituximab) in the setting of multiple sclerosis is considered investigational.</td>
</tr>
</tbody>
</table>

### Relapsing Multiple Sclerosis (RMS) Medical Necessity

<table>
<thead>
<tr>
<th>Drug</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anti-CD52</strong></td>
<td><strong>Lemtrada® (alemtuzumab)</strong> may be considered medically necessary for the treatment of relapsing sclerosis when:</td>
</tr>
<tr>
<td></td>
<td>• The patient has had an inadequate response to two or more disease modifying drugs indicated for the treatment of multiple sclerosis (any two of the following: B-interferon(s), Glatiramer, Copaxone, teriflunomide, dimethyl fumarate, fingolimod, or natalizumab)</td>
</tr>
<tr>
<td><strong>β -Interferons</strong></td>
<td><strong>Interferon-β 1a or interferon-β 1b</strong> may be considered medically necessary as a first-line treat of relapsing forms of multiple sclerosis, when BOTH of the following conditions are met:</td>
</tr>
<tr>
<td></td>
<td>• The patient must have an Expended Disability Status Score (EDSS) of less than 6</td>
</tr>
<tr>
<td></td>
<td><strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• β-interferons are not to be used concurrently with other MS disease modifying drugs</td>
</tr>
<tr>
<td><strong>Copolymers</strong></td>
<td><strong>Glatiramer 20 mg</strong> may be considered medically necessary as a first-line agent for the treatment of relapsing forms of multiple sclerosis when BOTH of the following conditions are met:</td>
</tr>
<tr>
<td></td>
<td>• The patient must have an Expended Disability Status Score (EDSS) of less than 6</td>
</tr>
<tr>
<td></td>
<td><strong>AND</strong></td>
</tr>
<tr>
<td></td>
<td>• Glatiramer is not to be used concurrently with other MS disease modifying drugs</td>
</tr>
<tr>
<td></td>
<td><strong>Copaxone® 40 mg</strong> (available as brand only) may be considered medically necessary as a first-line agent for the treatment of relapsing forms of multiple sclerosis when ALL of the following criteria are met:</td>
</tr>
<tr>
<td></td>
<td>• The patient must have an Expended Disability Status Score (EDSS) of less than 6</td>
</tr>
<tr>
<td>Drug</td>
<td>Medical Necessity</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Dihydroorotate Dehydrogenase Inhibitor    | **Aubagio® (teriflunomide)** may be considered medically necessary as a first-line agent in the treatment of relapsing forms of multiple sclerosis when BOTH of the following conditions are met:  
- The patient must have an Expended Disability Status Score (EDSS) of less than 6  
- Teriflunomide is not to be used concurrently with other Multiple Sclerosis disease modifying drugs |
| - Aubagio® (teriflunomide)                |                                                                                                                                                  |
| Nrf2 Pathway Activator                    | **Tecfidera® (dimethyl fumarate)** may be considered medically necessary as a first-line agent in the treatment of relapsing forms of multiple sclerosis when BOTH of the following conditions are met:  
- The patient must have an Expended Disability Status Score (EDSS) of less than 6  
- Dimethyl fumarate is not to be used concurrently with other Multiple Sclerosis disease modifying drugs |
| - Tecfidera® (dimethyl fumarate)          |                                                                                                                                                  |
| Sphingosine 1-Phosphate Receptor Modulator | **Gilenya® (fingolimod)** may be considered medically necessary as a first-line agent in the treatment of relapsing forms of multiple sclerosis when BOTH of the following conditions are met:  
- The patient must have an Expended Disability Status Score (EDSS) of less than 6  
- Fingolimod is not to be used concurrently with other Multiple Sclerosis disease modifying drugs |
| - Gilenya® (fingolimod)                   |                                                                                                                                                  |
| α4 Integrin Inhibitors                    | **Tysabri® (natalizumab)** may be considered medically necessary as a first-line agent in the treatment of relapsing forms of multiple sclerosis when BOTH of the following conditions are met:  
- The patient must have an Expended Disability Status Score (EDSS) of less than 6  
- Natalizumab is not to be used concurrently with other Multiple Sclerosis disease modifying drugs |
| - Tysabri® (natalizumab)                  |                                                                                                                                                  |
### Relapsing Multiple Sclerosis (RMS)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Medical Necessity</th>
</tr>
</thead>
</table>
| **Note:** Due to safety concerns, access to Tysabri® requires enrollment in the TOUCH registry maintained by the manufacturer. (See [https://www.touchprogram.com/TTP/](https://www.touchprogram.com/TTP/)) | necessary as a first-line agent in the treatment of relapsing forms of multiple sclerosis when BOTH of the following conditions are met:  
- The patient must have an Expanded Disability Status Score (EDSS) of less than 6  
AND  
- Natalizumab is not to be used concurrently with other Multiple Sclerosis disease modifying drugs |

| CD20-directed cytolytic antibody | Ocrevus® (ocrelizumab) may be considered medically necessary as a second-line agent in the treatment of relapsing forms of multiple sclerosis when:  
- Patient has had an inadequate response to two or more first-line drugs indicated for the treatment of multiple sclerosis (any two of the following: B-interferon(s), Glatiramer, Copaxone, teriflunomide, dimethyl fumerate, fingolimod, or natalizumab) |

<table>
<thead>
<tr>
<th>Drug</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Progressive Multiple Sclerosis (PPMS)</strong></td>
<td></td>
</tr>
<tr>
<td>CD20-directed cytolytic antibody</td>
<td>Ocrevus® (ocrelizumab) may be considered medically necessary as a first-line agent in the treatment of primary progressive multiple sclerosis.</td>
</tr>
</tbody>
</table>

### Dosage and Quantity Limits

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage and Quantity Limit</th>
</tr>
</thead>
</table>
| Lemtrada® (alemtuzumab)                   | • The first course is 12 mg / day on 5 consecutive days  
• The second course is 12 mg / day on 3 consecutive days 12 months after the first treatment course |
| Avonex® (interferon-ß 1a)                 | • Dosing is 30 mcg once a week. This can be titrated starting with 7.5mcg for the first week, then increase by 7.5mcg each week for the next 3 weeks until recommended dose of 30mcg |
| Rebif® (interferon-ß 1a)                  | • Dosing is 22 mcg or 44 mcg three times per week. This can be titrated                   |
| Plegridy® (interferon-ß 1a)               | • Dosing is 125 mcg every 14 days (titrate starting with 63 mcg on day 1; 94 mcg on day 15; and, 125 mcg (full dose) on day 29 |
## Dosage and Quantity Limits

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage and Quantity Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betaseron® (interferon-β 1b)</td>
<td>Dosing is 0.25 mg every other day (start at 0.065 mg (0.25mL) every other day, and increase over a six-week period to 0.25mg (1mL) every other day)</td>
</tr>
<tr>
<td>Extavia® (interferon-β 1b)</td>
<td>Dosing 0.25 mg every other day (start at 0.065mg (0.25mL) every other day, and increase over a six-week period to 0.25mg (1mL) every other day)</td>
</tr>
<tr>
<td>Glatopa® (glatiramer)20mg (generic Copaxone)</td>
<td>Dosing is 20mg / mL per day (only available in this strength)</td>
</tr>
</tbody>
</table>
| Copaxone® | Dosing is 20 mg / mL per day (if using 20 mg dose)  
   • Dosing is 40 mg / mL three times per week (if using 40mg dose, not available in generic) |
| Aubagio® (teriflunomide) | Dosing is 7mg or 14mg once daily |
| Tecfidera® (dimethyl fumarate) | Initial dosing is 120mg twice a day for 7 days  
   • Maintenance dosing after 7 days is 240 mg twice a day  
   • Quantity Limit  
     o Quantity is limited to 14 of the 120 mg capsules, to achieve a dosage of one 120mg capsule twice daily for the first week  
     o Doses of 120 mg 2 or 3 times daily may be approved up to 90 days on a case by case basis for patients having difficulty tolerating the full dose  
     o After the first week of therapy, 240mg capsules should be dispensed except as noted above, with quantity limited to 60 capsules per 30 day supply, to achieve a dosage of 240 mg twice daily  
     o Doses in excess of 480 mg per day are considered **not medically necessary** |
| Gilenya® (fingolimod) | Dosing is 0.5mg once daily |
| Tysabri® (natalizumab) | Dosing is 300mg every 4 weeks |
| Ocrevus® (ocrelizumab) | Start dose: 300mg intravenous infusion, followed two weeks later by a second 300mg intravenous infusion  
   • Subsequent doses: 600mg intravenous infusion every 6 months |
**Related Information**

N/A

**Evidence Review**

It is currently thought that multiple sclerosis (MS) is the result of a combination of factors including immune response, genetics, infection, and environmental issues. MS is characterized by the destruction of the myelin sheath that surrounds axons of the central nervous system (CNS) and eventual axonal damage. This is believed to be an autoimmune attack against myelin and the myelin-producing oligodendrocytes. There is an associated inflammatory response involving B-cells, T-cells, macrophages, antibodies, and complement. The myelin sheath is replaced by sclerotic plaques. The damage to the myelin sheath can delay or halt nerve impulses. Axonal damage leads to loss of nerve impulses.
An estimated 250,000 to 400,000 cases exist in the United States. In 2000, the estimated prevalence was 191/100,000 Caucasians in the United States, with an incidence rate of 7.3/100,000 person-years at risk. Diagnosis usually occurs when patients are between 20 and 50 years of age. The disease is more prevalent: 1) further away from the equator; 2) in Caucasians; and 3) in women. Other risk factors include Epstein-Barr virus exposure, vitamin D deficiency, and smoking.

MS usually follows one of the following four disease courses, but individual presentation can vary quite widely.

1. Relapsing-remitting MS (RRMS): clearly defined acute attacks followed by periods of partial or full recovery. This is the most common course of the disease describing approximately 85% of MS patients.

2. Primary-progressive MS (PPMS): the disease steadily progresses although there may be occasional plateaus or remissions. The patient does not experience acute attacks. Approximately 10% of MS patients have PPMS.

3. Secondary-progressive MS (SPMS): often follows RRMS. Patient experiences acute attacks similar to RRMS, but with progressively less recovery after acute attacks and progressively worsening function between attacks. As with PPMS, there may be occasional plateaus or remissions.

Progressive-relapsing MS (PRMS): initially presents as PPMS with steady disease progression, but later experiences acute attacks with followed by partial recovery. This is only seen in approximately 5% of MS patients.

New Oral Agents for Multiple Sclerosis

Fingolimod is an oral modulator of sphingosine-1-phosphate receptor. After absorption, fingolimod is phosphorylated and fingolimod phosphate acts as agonist on the sphingosine-1-phosphate-1 receptors of the lymphocyte and thymocytes. This interaction results in the internalization of the receptor and thus without signaling the lymphocytes become sequestered within the lymph nodes. It is hypothesized that the resulting decrease in circulating lymphocytes then leads to fewer lymphocytes entering the CNS. Additionally, it is also hypothesized that when fingolimod crosses the BBB the resulting binding down modulates the S1P in neural cells and thus there is a reduction in the astrogliosis that can lead to neurodegeneration. Fingolimod has not been shown to inhibit the effector functions of T and B cells, humoral immunity, or virus-specific cytotoxic T cells.
The efficacy of fingolimod was demonstrated by two Phase III randomized placebo-controlled trials. Fingolimod was found to be significantly better than placebo at the strength of 0.5 mg at reducing the annualized relapse rate, MRI assessment measures, and disease progression measurements. The primary endpoint was reduction in annualized relapse rate over 24 months was 0.18 (0.15-0.22) for 0.5 mg fingolimod and 0.40 (0.34-0.47) for placebo with a p-value <0.001. This represents a 54% relative reduction in relapses as compared to placebo. Disease progression confirmed after 6 months had a probability of 12.5% for 0.5 mg fingolimod versus 19% for placebo.

Fingolimod was compared to IM interferon beta-1a in one clinical trial. Fingolimod proved superior in the primary endpoint of annualized relapse rate. The ARR for fingolimod 0.5 mg was 0.16 (0.12-0.21) versus 0.31 (0.22-0.41) for interferon beta-1a with a p-value <0.001. Additionally, fingolimod was superior in the secondary endpoint of T1 lesion amount. For fingolimod 0.5 mg the mean volume was 22.61±111.59 versus 50.68±198.16 for interferon beta-1a with a p-value of <0.001. However, fingolimod did not prove superior at prevention of disease progression as compared to interferon beta-1a.

Overall, fingolimod has a reasonable safety profile. There is a potential for bradycardia or AV block after administration of the first dose that may require monitoring. Additional concerns are potential increased susceptibility to infections, macular edema, and lymphopenia. The only deaths that occurred during the clinical trial were in the 1.25mg fingolimod arm and suffered a herpes zoster and herpes simplex encephalopathy infections respectively.

Dimethyl fumarate, (Tecfidera) is a newly approved oral agent that is indicated for the treatment of relapsing forms of MS (RMS). The exact mechanism whereby it exerts its therapeutic effects is unknown. However, dimethyl fumarate and its metabolite, monomethyl fumarate (MMF), activate the Nuclear factor (erythroid-derived 2)-like 2 (Nrf2) pathway, which is involved in cellular response to oxidative stress and implicated in regulation of myelin maintenance in the central nervous system. In vitro, MMF has also been identified as a nicotinic acid receptor agonist.

Well designed and adequate evidence consistently supports the efficacy of dimethyl fumarate at approved dosing for reduction of relapse and improving neuroradiologic outcomes over 2 years in patients with relapsing-remitting MS. Whether the agent is “disease modifying” or delays disease progression is unclear because of the conflicting results for 12-week confirmed disability progression from the two registrational Phase III trials.

After two years therapy in the placebo-controlled Phase III trials, the most common adverse events were mostly mild to moderate flushing and GI events (nausea, vomiting, and abdominal pain). Incidence of these events was highest in the first month of use and then generally
decreased thereafter. Discontinuation due to AEs was similar to that for placebo. Excepting for relapse of MS, SAEs were reported very infrequently. Mean lymphocyte counts decreased approximately 30% during the first year of treatment with dimethyl fumarate then levels plateaued. However, incidence of infections and serious infections were similar between patients receiving the drug and those receiving placebo. Elevations in aminotransferase levels were also observed. In the Phase IIb study, transaminase elevations were considered dose related.

Other Agents

Daclizumab is a humanized monoclonal antibody that binds to the alpha subunit of the interleukin-2 receptor (IL-2Rα, CD25). The precise mechanism by which daclizumab exerts therapeutic effects in multiple sclerosis is unknown but is presumed to involve modulation of IL-2 mediated activation of lymphocytes through binding to CD25, a subunit of the high-affinity IL-2 receptor.

The efficacy of ZINBRYTA was demonstrated in two randomized, double-blind, controlled studies (Study 1 and Study 2). Both studies evaluated 150 mg of subcutaneous ZINBRYTA taken once every four weeks in patients with relapsing multiple sclerosis (RMS). Study 1: Active-Controlled Trial in RMS Study 1 compared ZINBRYTA to 30 mcg weekly intramuscular doses of AVONEX in 1841 patients. The study included RMS patients who had either: 1) at least 2 relapses during the prior 3 years and at least one relapse in the year prior to randomization; or 2) one or more clinical relapses and one or more new T1 gadolinium (Gd)-enhancing or T2 hyperintense MRI lesions within the prior 2 years with at least one of these events in the prior 12 months. Patients with progressive forms of multiple sclerosis or an Expanded Disability Status Scale (EDSS) score greater than 5 were excluded. Treatment continued for up to 144 weeks until the last enrolled patient completed 96 weeks of treatment. Clinical assessments were to occur every 12 weeks and after relapse events. MRI scans were performed at Week 24 and Week 96. The primary outcome measure of Study 1 was the annualized relapse rate (ARR). Additional outcome measures included the proportion of patients relapsed, the proportion of patients who experienced confirmed disability progression, and the number of new or newly enlarging T2 hyperintense lesions. Confirmed disability progression was defined as at least a 1 point increase from baseline EDSS (1.5 point increase for patients with baseline EDSS of 0) sustained for 12 weeks.

In Study 1, randomization assigned 919 patients to ZINBRYTA and 922 patients to AVONEX; 71% of ZINBRYTA- and 70% of AVONEX-treated patients completed at least 96 weeks of treatment with the assigned drug. At baseline, the mean age of patients was 36 years, the mean disease duration since diagnosis was 4.2 years, the mean EDSS score was 2.5, and the mean number of
relapses in the prior year was 1.6. At baseline, 68% of patients were female, 46% of patients had MRI scans with T1 Gd-enhancing lesions and 41% of patients had previously taken one or more non-steroid treatments for MS. ZINBRYTA had a statistically significant effect on the annualized relapse rate and on the number of new or newly enlarging T2 hyperintense lesions. There was no statistically significant effect on 12-week confirmed disability progression.

In March 2018, ZINBRYTA was withdrawn from global markets after multiple cases of encephalitis.

Ocrelizumab (Ocrevus) is second-generation humanized (murine) anti-CD20 monoclonal antibody that targets CD20+ B-lymphocytes; hence, it is an immunosuppressant. Rituximab (Rituxan) is another similar chimeric (murine/human) anti-CD20 monoclonal antibody that is used off-label for the treatment of MS. In vitro studies suggest ocrelizumab has greater antibody-dependent cell-mediated cytotoxicity and less complement-dependent cytotoxicity compared to rituximab. Whether this is of clinical relevance remains to be established. Development of rituximab for MS was discontinued by the manufacturer given its imminent patent expiration and development of ocrelizumab ensued.

2018 Update

Annual Review: Literature review from 5/1/17 to 3/12/18. ZINBRYTA section removed due to withdrawal from market.

References


### History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/16</td>
<td>New policy, add to Prescription Drug section, approved June 14, 2016. This information was extracted from policy 5.01.550 and addresses medically necessary first and second line treatment options for multiple sclerosis.</td>
</tr>
<tr>
<td>11/01/16</td>
<td>Interim review, changes approved October 11, 2016. Inclusion of a new agent daclizumab (Zinbryta®), its criteria, and background. Also, included administration route for each of the agents listed in the “dosing” section.</td>
</tr>
<tr>
<td>01/01/17</td>
<td>Interim review, changes approved December 13, 2016. Types of the first-line drugs to be tried before Zinbryta can be approved have been added for clarity.</td>
</tr>
<tr>
<td>01/27/17</td>
<td>Coding update. HCPCS code J0202 added to policy; it was inadvertently left off when the policy was extracted from 5.01.550 on 06/14/16.</td>
</tr>
<tr>
<td>05/01/17</td>
<td>Annual review, changes approved April 11, 2017. Criteria for newly approved agent ocrelizumab have been added.</td>
</tr>
<tr>
<td>01/01/18</td>
<td>Coding update; added HCPCS code J2350 (new code effective 1/1/18)</td>
</tr>
<tr>
<td>07/01/18</td>
<td>Annual Review, approved June 5, 2018. Literature review from 5/1/17 to 3/12/18. ZINBRYTA section removed due to withdrawal from market.</td>
</tr>
</tbody>
</table>
Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2018 Premera All Rights Reserved.

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.
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 800-840-5357
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, 1-800-537-7697 (TDD)
Complaint forms are available at

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).

 العربية (Arabic):
ويحوي هذا الإشعار معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو العملة التي تريد الحصول عليها من خلال Premera Blue Cross. إذا كنت ترغب في معرفة المزيد من المعلومات، يمكنك الاتصال بنا.
FDA 800-722-1471 (TTY: 800-842-5357) 8 وحدة

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。本通知可能有重要的日期。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)。

Français (French):
Appelez le 800-722-1471 (TTY: 800-842-5357).

Deutsche (German):

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).
Este aviso contiene información importante. Este aviso contiene información importante privada del usuario o sus subsiguientes. Este aviso se puede solicitar en cada momento. Este aviso contiene información importante privada del usuario o sus subsiguientes. Este aviso se puede solicitar en cada momento.