


PHARMACY POLICY – 5.01.568

Venclexta® (venetoclax) BCL-2 Inhibitor

Effective Date:	July 1, 2018	RELATED MEDICAL POLICIES:
Last Revised:	June 22, 2018	5.01.534 Multiple Receptor Tyrosine Kinase Inhibitors
Replaces:	N/A	5.01.607 Continuity of Coverage for Maintenance Medications
		8.01.503 Immune Globulin Therapy

Select a hyperlink below to be directed to that section.

[POLICY CRITERIA](#) | [CODING](#) | [RELATED INFORMATION](#)
[EVIDENCE REVIEW](#) | [REFERENCES](#) | [HISTORY](#)

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Introduction

Chronic lymphocytic leukemia (CLL) is a type of cancer in which bone marrow makes too many white blood cells, called lymphocytes. This is the most common type of leukemia in adults. It often occurs during or after middle age, and rarely occurs in children. Normally, the body makes blood stem cells (immature cells) that become mature blood cells over time. A blood stem cell may become a myeloid stem cell, or a lymphoid stem cell. In CLL, too many blood stem cells become abnormal lymphocytes, and do not become healthy white blood cells. The abnormal lymphocytes are then called leukemia cells. The lymphocytes are not able to fight infection very well (which it should do when healthy). Also, as the number of lymphocytes increases in the blood and bone marrow, there is less room for healthy white blood cells, red blood cells, and platelets. This may result in an infection, anemia, and easy bleeding.

Standard treatment options commonly used are:

- Watchful waiting
- Radiation therapy
- Chemotherapy
- Surgery
- Targeted therapy

Other options include chemotherapy with stem cell transplant, biologic therapy, and chimeric antigen receptor (CAR) T-cell therapy, which is a type of immunotherapy.

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

Condition	Medical Necessity
Chronic Lymphocytic Leukemia (CLL) or Small Lymphocytic Lymphoma (SLL)	<p>Venclexta® (venetoclax) may be considered medically necessary for the treatment of patients with chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL), with or without 17p deletion, who have received at least one prior therapy.</p> <p>All other uses Venclexta® (venetoclax) are considered investigational.</p>

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



Drug	Investigational
Venclexta® (venetoclax)	All uses of Venclexta® (venetoclax) not outlined in the Medical Necessity section above are considered investigational.

Coding

N/A

Related Information

Benefit Application

The drugs included in this policy may be covered under the pharmacy benefit.

Definition of Terms

17p deletion: The shorter arm part of chromosome #17 is designated as “p” and is missing in a cell with 17p deletion. The only approved FDA test for 17p deletion is Vysis CLL FISH Probe Kit, which detects the deletion of the LSI TP53 probe target. LSI TP53 covers the 17p13.1 region where the TP53 gene is located. TP53 encodes for the tumor suppressor p53. The p53 protein plays a role in determining whether a cell with damaged DNA will undergo DNA repair or apoptosis (programmed cell death). By recognizing and eliminating mutated cells, p53 prevents tumor formation.

BCL-2: An anti-apoptotic protein (it inhibits programmed cell death and stops the system from destroying non-functional/malignant cells) that is commonly overexpressed in some cancers, including CLL. Thus, the use of a BCL-2 inhibitor is thought to help counteract the action of this protein.



Venetoclax is a selective and orally bioavailable small-molecule inhibitor of BCL-2, an anti-apoptotic protein. Overexpression of BCL-2 has been demonstrated in CLL cells where it mediates tumor cell survival and has been associated with resistance to chemotherapeutics. Venetoclax helps restore the process of apoptosis by binding directly to the BCL-2 protein, displacing pro-apoptotic proteins like BIM, triggering mitochondrial outer membrane permeabilization and the activation of caspases. In nonclinical studies, venetoclax has demonstrated cytotoxic activity in tumor cells that overexpress BCL-2.

Venclexta is an oral agent indicated for the treatment of patients with chronic lymphocytic leukemia (CLL) with 17p deletion, as detected by a FDA approved test, who have received at least one prior therapy. This indication is approved under accelerated approval based on overall response rate.

Venclexta with or without rituximab is recommended by NCCN in treating relapsed/refractory CLL with or without 17p deletion.

Summary of Evidence

The efficacy of Venclexta was established in an open-label, single-arm, multicenter clinical trial of 106 patients with CLL with 17p deletion who had received at least one prior therapy. In the study, 17p deletion was confirmed in peripheral blood specimens from patients using Vysis CLL FISH Probe Kit, which is FDA approved for selection of patients for Venclexta treatment. Patients received Venclexta via a weekly ramp-up schedule starting at 20mg and ramping to 50mg, 100mg, 200mg, and finally 400mg once daily. Patients continued to receive 400mg of Venclexta orally once daily until disease progression or unacceptable toxicity.

The efficacy of Venclexta was evaluated by overall response rate (ORR) as assessed by an Independent Review Committee (IRC) using the International Workshop for Chronic Lymphocytic Leukemia (IWLLCC) updated National Cancer Institute-sponsored Working Group (NCI-WG) guidelines (2008).

Table 1 summarizes the baseline demographic and disease characteristics of the study population.



Table 1. Baseline Patient Characteristics

Characteristics	N=106
Age, years; median (range)	67 (37-83)
White, %	97.1
Male, %	65.1
ECOG performance status, %	
0	39.6
1	51.9
2	8.5
Tumor burden, %	
Absolute lymphocyte count $\geq 25 \times 10^9 / L$	50.0
One or more nodes ≥ 5 cm	52.8
Number of prior therapies, median (range)	2.5 (1-10)
Time since diagnosis; months, median (range) ^a	79.4 (1.2-385.6)

^aN=105

The median time on treatment of the time of evaluation was 12.1 months (range: 0 to 21.5 months). Efficacy results are shown in [Table 2](#).

Table 2. Efficacy Results for Patients with Previously Treated CLL with 17p Deletion by IRC

	Venclexta®, N=106
ORR, n (%)	85 (80.2)
(95% CI)	(71.3, 87.3)
CR + CRi, n (%)	8 (7.5)
CR, n (%)	6 (5.7)
CRi, n (%)	2 (1.9)
nPR, n (%)	2 (2.8)
PR, n (%)	74 (69.8)

CI = confidence interval; CR = complete remission; CRi = complete remission with incomplete marrow recovery; IRC = independent review committee; nPR = nodular partial remission; ORR = overall response rate (CR + CRi + nPR + PR); PR = partial remission



The median time to first response was 0.8 months (range: 0.1 to 8.1 months). Median duration of response (DOR) has not been reached with approximately 12 months median follow-up. The DOR ranged from 2.9 to 19.0+ months.

Minimal residual disease (MRD) was evaluated in peripheral blood and bone marrow for patients who achieved CR or CRi, following treatment with VENCLEXTA. Three percent (3/106) were MRD negative in the peripheral blood and bone marrow (less than one CLL cell per 10^4 leukocytes).

The safety of single agent VENCLEXTA at the 400 mg recommended daily dose following a dose ramp-up schedule is based on pooled data of 240 patients with previously treated CLL from two phase 2 trials and one phase 1 trial. In the pooled dataset, the median age was 66 years (range: 29 to 85 years), 95% were white, and 69% were male. The median number of prior therapies was 3 (range: 1 to 12). The median duration of treatment with VENCLEXTA at the time of data analysis was approximately 10.3 months (range: 0 to 34.1 months). Approximately 46% of patients received VENCLEXTA for more than 48 weeks. The most common adverse reactions ($\geq 20\%$) of any grade were neutropenia, diarrhea, nausea, anemia, upper respiratory tract infection, thrombocytopenia, and fatigue. Serious adverse reactions were reported in 43.8% of patients. The most frequent serious adverse reactions ($\geq 2\%$) were pneumonia, febrile neutropenia, pyrexia, autoimmune hemolytic anemia (AIHA), anemia, and TLS.

Discontinuations due to adverse reactions occurred in 8.3% of patients. The most frequent adverse reactions leading to drug discontinuation were thrombocytopenia and AIHA. Dosage adjustments due to adverse reactions occurred in 9.6% of patients. The most frequent adverse reactions leading to dose adjustments were neutropenia, febrile neutropenia, and thrombocytopenia.

The NCCN recommendation of venetoclax monotherapy in relapsed/refractory CLL regardless of 17p status was based on a phase 2 trial involving 91 CLL patients previously treated with ibrutinib. This non-randomized, open-label trial did not exclude patients without 17p deletion. However, over 75% of the participants had either a 17p deletion or a TP53 mutation. The interim analysis showed a 65% response rate to venetoclax monotherapy. A similar study with 36 CLL patients who progressed during or after idelalisib therapy showed an overall response rate of 67% to venetoclax monotherapy. The estimated 12-month PFS rate was 79% for patients with CLL refractory to or relapsed after treatment with idelalisib. The most common grade 3-4 adverse events were neutropenia (50%), thrombocytopenia (25%), and anemia (17%).

The efficacy of venetoclax plus rituximab in patients with relapsed/refractory CLL was established in a randomized, open-label, phase III trial with 389 patients. The MURANO trial



used an active comparator as control: a regimen of bendamustine and rituximab. Patients were randomized to receive either 6 months of venetoclax plus rituximab or bendamustine plus rituximab. After a median follow-up of 23.8 months, the overall response rate (93.3% vs 67.7%; $P < 0.0001$), CR rate (26.8% vs 8.2%; $P < 0.0001$), the median PFS (not reached vs. 17 months; $P < 0.0001$), and the estimated 24-month PFS rate (84.9% vs 36.3%) were significantly higher for venetoclax plus rituximab than for bendamustine plus rituximab. The superiority of venetoclax-rituximab was maintained across all subgroups, including the subgroup of patients with 17p deletion. The 24-month PFS rate among patients with 17p deletion was 81.5% vs 27.8%. The 24-month PFS rate among patients without 17p deletion was 85.9% vs 41.0%. However, the investigator-assessed CR rate did not agree with independent review committee-assessed CR rate. The ICR-assessed CR rate was 8.2% vs 3.6% ($P = 0.08$).

In the MURANO trial, the incidence of grade 3 - 4 neutropenia (57.7% vs 38.8%) and grade 3 - 4 TLS (3.1% vs 1.1%) were higher with venetoclax plus rituximab. The incidence of grade 3-4 febrile neutropenia (3.6% vs 9.6%), AEs leading to death (5.2% vs 5.9%), and Richter transformation (3.1% vs 2.6%) were not elevated with venetoclax plus rituximab.

Tumor Lysis Syndrome

Tumor lysis syndrome is an important identified risk when initiating VENCLEXTA. In the initial Phase 1 dose-finding trials, which had shorter (2-3 week) ramp-up phase and higher starting dose, the incidence of TLS was 12% (9/77; 4 laboratory TLS, 5 clinical TLS), including 2 fatal events and 3 events of acute renal failure, 1 requiring dialysis.

The risk of TLS was reduced after revision of the dosing regimen and modification to prophylaxis and monitoring measures [see Dosage and Administration (2.2, 2.3)]. In venetoclax clinical trials, patients with any measurable lymph node ≥ 10 cm or those with both an ALC $\geq 25 \times 10^9/L$ and any measurable lymph node ≥ 5 cm were hospitalized to enable more intensive hydration and monitoring for the first day of dosing at 20 mg and 50 mg during the ramp-up phase.

In 66 patients with CLL starting with a daily dose of 20 mg and increasing over 5 weeks to a daily dose of 400 mg, the rate of TLS was 6%. All events either met laboratory TLS criteria (laboratory abnormalities that met ≥ 2 of the following within 24 hours of each other: potassium > 6 mmol/L, uric acid > 476 $\mu\text{mol/L}$, calcium < 1.75 mmol/L, or phosphorus > 1.5 mmol/L); or were reported as TLS events. The events occurred in patients who had a lymph node(s) ≥ 5 cm or ALC $\geq 25 \times 10^9/L$. No TLS with clinical consequences such as acute renal failure, cardiac arrhythmias, seizures, or sudden death was observed in these patients. All patients had CrCl ≥ 50 mL/min.



For additional information and details please see P.10 (of 25) in package insert at: <http://www.rxabbvie.com/pdf/venclexta.pdf> (accessed June 2018)

Regulatory Information

Continued approval (by the FDA) for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial.

2018 Update

A literature search from 1/1/2017 to 4/16/18 was performed, including review of the current NCCN guidelines. Updated evidence summary. Added criteria for reauthorization after three months.

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History

Date	Comments
07/01/16	New policy, add to Prescription Drug section, approved June 14, 2016. Venclexta® may be considered medically necessary to treat patients with CLL when criteria are met; investigational for all other indications.
10/01/16	Interim Update, changes approved September 13, 2016. Minor language update of the criteria section.
05/01/17	Annual Review, changes approved April 11, 2017. A statement outlining the length of therapy for initial and subsequent approval has been added to the policy.
06/01/18	Annual Review, approved May 3, 2018. A literature search from 1/1/2017 to 4/16/18 was performed. Updated evidence summary. Added criteria for reauthorization after three months. Removed oral drug HCPCS code J8499.
07/01/18	Interim Review, approved June 22, 2018. Criteria was updated to reflect prescribing information update. Benefit application and length of approval sections were added.

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Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion. Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo 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-atyto 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. 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하의 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

ລາວ (Lao):

ແຈງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວົ້ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

ភាសាខ្មែរ (Khmer):

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កិច្ចការផ្ទៃក្នុងដូចជា ឆ្លើយតបនឹងសំណួរ ឬការបញ្ជាក់ការបំពេញតាមការបញ្ជាក់របស់អ្នក ឬប្រាក់ជំនួយចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលបានព័ត៌មាននេះ 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 ਨੋਟਿਸ ਨਵ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਰਤ ਕਵਰੇਜ ਰਿੱਖਣੀ ਹੋਵੇ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁੱਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਢੁੱਝ ਖਾਸ ਕਦਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ ,ਤੁਹਾਨੂੰ ਮੁਫਤ ਵਿੱਚ ਤੋਂ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

فارسی (Farsi):

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

Polskie (Polish):

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

Português (Portuguese):

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

Română (Romanian):

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

Русский (Russian):

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

Fa'asamoa (Samoan):

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

Español (Spanish):

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

Tagalog (Tagalog):

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

ไทย (Thai):

ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับกาการสมัครหรือขอบเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

Український (Ukrainian):

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

Tiếng Việt (Vietnamese):

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