

# PHARMACY / MEDICAL POLICY – 5.01.596


## Pharmacologic Treatment of Osteoporosis

Effective Date: Aug. 1, 2020  
 Last Revised: July 23, 2020  
 Replaces: N/A

RELATED MEDICAL POLICIES:  
 None

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### Introduction

Bone is living tissue, and the body constantly renews this living system by naturally breaking down and replacing bone. This is known as bone remodeling or bone turnover. As people age, however, bone remodeling changes. More old bone is lost than new bone is created. This can result in reduced bone mass. Osteoporosis, which means “porous bone,” is a condition caused by the body’s loss of too much bone. Osteoporosis leads to bones that are fragile. Thin, fragile bones are at high risk of fracture. Specific drugs can be used to try to reduce the risk of fracture due to osteoporosis. This policy describes when osteoporosis drugs 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
<b>Bonsity™ (teriparatide), Brand Teriparatide SC, Forteo® (teriparatide) SC</b>	<b>Bonsity™ (teriparatide), brand Teriparatide, and Forteo® (teriparatide) may be considered medically necessary for the treatment of osteoporosis when the following criteria are met:</b>

Drug	Medical Necessity
	<ul style="list-style-type: none"> <li>• Patient tried and failed or had intolerance to two generic bisphosphonates (either two oral medications or one oral medication and one IV medication) unless use of bisphosphonate medications are contraindicated*</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• The dose is limited to 20 mcg per day (taken once a day)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Total duration of therapy is <math>\leq</math> 24 months</li> </ul> <p><b>Note:</b> Generic bisphosphonates include alendronate (oral), ibandronate (oral), risedronate (oral) and zoledronic acid (IV)</p> <p><b>Note:</b> *In addition to contraindications in the prescribing information, oral bisphosphonates are considered contraindicated in patients with esophageal disorders (eg, achalasia, esophageal stricture, Barrett's esophagus, esophageal varices). Patients with contraindications to oral bisphosphonates are only required to try and fail IV zoledronic acid.</p>
<p><b>Tymlos® (abaloparatide) SC</b></p>	<p><b>Tymlos® (abaloparatide) may be considered medically necessary for the treatment of osteoporosis in postmenopausal women when the following criteria are met:</b></p> <ul style="list-style-type: none"> <li>• Patient tried and failed or had intolerance to two generic bisphosphonates (either two oral medications or one oral medication and one IV medication) unless use of bisphosphonate medications are contraindicated*</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• The dose is limited to 80 mcg per day (taken once a day)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>• Total duration of therapy is <math>\leq</math> 24 months</li> </ul> <p><b>Note:</b> Generic bisphosphonates include alendronate (oral), ibandronate (oral), risedronate (oral) and zoledronic acid (IV)</p> <p><b>Note:</b> *In addition to contraindications in the prescribing information, oral bisphosphonates are considered contraindicated in patients with esophageal disorders (eg, achalasia, esophageal stricture, Barrett's esophagus, esophageal varices). Patients with contraindications to oral bisphosphonates are only required to try and fail IV zoledronic acid.</p>
<p><b>Prolia® (denosumab) SC</b></p>	<p><b>Prolia® (denosumab) may be considered medically necessary when the following criteria are met:</b></p>



Drug	Medical Necessity
	<ul style="list-style-type: none"> <li>Treatment of osteoporosis when the patient has tried and failed or had intolerance to two generic bisphosphonates (either two oral medications or one oral medication and one IV medication) unless use of bisphosphonate medications are contraindicated*</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy (eg, degarelix, goserelin, histrelin, leuprolide, triptorelin) for nonmetastatic prostate cancer</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>Treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy (eg, anastrozole, exemestane, letrozole) for breast cancer</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>The dose is limited to 60 mg every 6 months</li> </ul> <p><b>Note:</b> Generic bisphosphonates include alendronate (oral), ibandronate (oral), risedronate (oral) and zoledronic acid (IV)</p> <p>Prolia® requires Prior Authorization. Xgeva® does not require Prior Authorization. See <a href="#">Coding</a> for additional information.</p> <p><b>Note:</b> *In addition to contraindications in the prescribing information, oral bisphosphonates are considered contraindicated in patients with esophageal disorders (eg, achalasia, esophageal stricture, Barrett's esophagus, esophageal varices). Patients with contraindications to oral bisphosphonates are only required to try and fail IV zoledronic acid.</p>
<b>Evenity™ (romosozumab-aqqg) SC</b>	<p><b>Evenity™ (romosozumab-aqqg) may be considered medically necessary for the treatment of osteoporosis in postmenopausal women when the following criteria are met:</b></p> <ul style="list-style-type: none"> <li>Patient tried and failed or had intolerance to two generic bisphosphonates (either two oral medications or one oral medication and one IV medication) unless use of bisphosphonate medications are contraindicated*</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li>The dose is limited to 210 mg once every month</li> </ul> <p><b>AND</b></p>



Drug	Medical Necessity
	<ul style="list-style-type: none"> <li>Total duration of therapy is <math>\leq</math> 12 months</li> </ul> <p><b>Note:</b> Generic bisphosphonates include alendronate (oral), ibandronate (oral), risedronate (oral) and zoledronic acid (IV)</p> <p><b>Note:</b> *In addition to contraindications in the prescribing information, oral bisphosphonates are considered contraindicated in patients with esophageal disorders (eg, achalasia, esophageal stricture, Barrett's esophagus, esophageal varices). Patients with contraindications to oral bisphosphonates are only required to try and fail IV zoledronic acid.</p>

Drug	Investigational
<b>Forteo® (teriparatide), Tymlos® (abaloparatide), Prolia® (denosumab), Evenity™ (romosozumab-aqgg)</b>	<b>All other uses of Forteo® (teriparatide), Tymlos® (abaloparatide), Prolia® (denosumab) and Evenity™ (romosozumab-aqgg) for conditions not outlined in this policy are considered investigational.</b>

Length of Approval	
Approval	Criteria
<b>Initial authorization</b>	<p><b>Prolia® (denosumab) and Evenity™ (romosozumab-aqgg) may be approved up to 12 months.</b></p> <p><b>Forteo® (teriparatide) and Tymlos® (abaloparatide) may be approved up to 24 months.</b></p>
<b>Re-authorization criteria</b>	<p><b>Future re-authorization of Prolia® (denosumab) may be approved up to 1 year in duration when there is documentation of continued clinical response and that ongoing treatment is required.</b></p> <p><b>Future re-authorization of Evenity™ (romosozumab-aqgg) beyond 12 months is considered investigational.</b></p> <p><b>Future re-authorization of Forteo® (teriparatide) and Tymlos® (abaloparatide) beyond 24 months is considered investigational.</b></p>



## Documentation Requirements

The patient's medical records submitted for review for all conditions should document that medical necessity criteria are met. The record should include the following:

- Office visit notes that contain the diagnosis and medication history

## Coding

Code	Description
<b>HCPCS</b>	
J0897	Injection, denosumab*, 1 mg  *This code is used to report both Xgeva® and Prolia®. Prolia requires Prior Authorization. Xgeva does <b>not</b> require Prior Authorization.
J3111	Injection, romosozumab-aqqg, (Evenity™) 1 mg (new code effective 10/1/19)

**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

### Benefit Application

Forteo® (teriparatide) and Tymlos® (abaloparatide) are self-administered subcutaneously every day and are managed through the Pharmacy benefit. Prolia® (denosumab) is administered by a healthcare professional subcutaneously every six months and is managed through the Medical benefit. Evenity™ (romosozumab-aqqg) is administered by a healthcare professional subcutaneously once every month and is managed through the Medical benefit.

## Evidence Review



## Background

Osteoporosis is a pathological condition characterized by bone fragility and increased risk of fracture. The National Osteoporosis Foundation's (NOF) estimated in 2014 that nearly half the total adult US population was affected by osteoporosis and low bone mass (T-score < -1.0). Approximately 10.2 million Americans ≥50 years of age (8.2 million women and 2.0 million men) were estimated to have osteoporosis and an additional 43.4 million (27.3 million women and 16.1 million men) to have low bone mass at the femoral neck (FN) or lumbar spine (LS) (NOF 2014). The prevalence of these conditions is expected to increase as the US population ages.

The NOF also estimates approximately 2 million osteoporotic fractures occur in the US each year (NOF 2014). Hip fracture is associated with the highest morbidity and mortality. Up to 24% of patients ≥50 years of age with hip fracture die in the year following the event (NOF 2015). Each year, of nearly 300,000 hip fracture patients, one-quarter end up in nursing homes and half never regain previous function (NOF 2015). In total, osteoporotic fractures cost patients, families, and the American healthcare system \$19 billion annually, with Medicare paying a majority of these costs (NOF 2015).

Bone is constantly remodeled (broken down and replaced). Frequently, as people age creation of new bone does not keep up with removal of the old, resulting in reduced bone mass and increased risk for fracture.

The goal of therapy for osteoporosis is to prevent fractures. There are six classes of products currently indicated for use in osteoporosis in the US. Approved anabolic agents include teriparatide (Forteo), a parathyroid hormone analog and abaloparatide (Tymlos), a parathyroid hormone related peptide analog. Approved anti-sclerostin humanized monoclonal antibodies include romosozumab-aqqg (Evenity). Approved antiresorptive agents include bisphosphonates (alendronate [Fosamax], risedronate [Actonel], ibandronate [Boniva], and zoledronic acid [Reclast]); raloxifene (Evista), a hormonal therapy; denosumab (Prolia, Xgeva), a RANK inhibitor; and calcitonin products.

## Summary of Evidence

### Teriparatide (Forteo)

The safety and efficacy of once-daily Forteo in the postmenopausal population were examined in a double-blind, multicenter, placebo-controlled clinical study of 1637 postmenopausal women with osteoporosis and reported by Neer 2001. All women received 1000 mg of calcium



and at least 400 IU of vitamin D per day. Baseline and endpoint spinal radiographs were evaluated using the semi-quantitative scoring. Ninety percent of the women in the study had 1 or more radiographically diagnosed vertebral fractures at baseline. The primary efficacy endpoint was the occurrence of new radiographically diagnosed vertebral fractures defined as changes in the height of previously non-deformed vertebrae. Forteo, when taken with calcium and vitamin D and compared with calcium and vitamin D alone, reduced the risk of 1 or more new vertebral fractures from 14.3% of women in the placebo group to 5.0% in the Forteo group. This difference was statistically significant ( $p < 0.001$ ); the absolute reduction in risk was 9.3% and the relative reduction was 65%. Forteo was effective in reducing the risk for vertebral fractures regardless of age, baseline rate of bone turnover, or baseline BMD. Additionally, postmenopausal women with osteoporosis who were treated with Forteo had statistically significant increases in BMD from baseline to endpoint at the lumbar spine, femoral neck, total hip, and total body.

The safety and efficacy of once-daily Forteo in the male population with primary or hypogonadal osteoporosis were examined in a double-blind, multicenter, placebo-controlled clinical study of 437 men. All men received 1000 mg of calcium and at least 400 IU of vitamin D per day. The primary efficacy endpoint was change in lumbar spine BMD. Forteo increased lumbar spine BMD in men with primary or hypogonadal osteoporosis. Statistically significant increases were seen at 3 months and continued throughout the treatment period. Forteo was effective in increasing lumbar spine BMD regardless of age, baseline rate of bone turnover, and baseline BMD. Forteo treatment increased lumbar spine BMD from baseline in 94% of men treated. Fifty-three percent of patients treated with Forteo achieved at least a 5% increase in spine BMD, and 14% gained 10% or more.

The safety and efficacy of once-daily Forteo in the treatment of men and women with glucocorticoid-induced osteoporosis was assessed in a randomized, double-blind, active-controlled trial of 428 patients (19% men, 81% women) aged 22 to 89 years treated with  $\geq 5$ mg/day prednisone or equivalent for a minimum of 3 months. A total of 30% of patients had prevalent vertebral fracture(s) and 43% had prior non-vertebral fracture(s). The patients had chronic rheumatologic, respiratory or other diseases that required sustained glucocorticoid therapy. All patients received 1000 mg of calcium plus 800 IU of vitamin D supplementation per day. In patients with glucocorticoid-induced osteoporosis, Forteo increased lumbar spine BMD compared with baseline at 3 months through 18 months of treatment. In patients treated with Forteo, the mean percent change in BMD from baseline to endpoint was 7.2% at the lumbar spine, 3.6% at the total hip, and 3.7% at the femoral neck.



## Abaloparatide (Tymlos)

The efficacy of Tymlos for the treatment of postmenopausal osteoporosis was evaluated in an 18-month, randomized, multicenter, double-blind, placebo-controlled clinical trial in postmenopausal women aged 49 to 86 years (mean age of 69) who were randomized to receive Tymlos 80 mcg (N = 824) or placebo (N = 821) given subcutaneously once daily. Approximately 80% of patients were Caucasian, 16% were Asian, and 3% were Black; 24% were Hispanic. At baseline, the mean T-scores were -2.9 at the lumbar spine, -2.1 at the femoral neck, and -1.9 at the total hip. At baseline, 24% of patients had at least one prevalent vertebral fracture and 48% had at least one prior nonvertebral fracture. Patients took daily supplemental calcium (500 to 1000 mg) and vitamin D (400 to 800 IU).

The efficacy study was extended as an open-label study where patients were no longer receiving Tymlos or placebo but were maintained in their original randomized treatment group and received 70 mg alendronate weekly, with calcium and vitamin D supplements for 6 months. The extended open-label study enrolled 1139 patients, representing 92% of patients who completed the double-blind, placebo-controlled clinical trial. This included 558 patients who had previously received Tymlos and 581 patients who had previously received placebo. The cumulative 25-month efficacy dataset included 18 months of exposure to Tymlos or placebo, 1 month of no treatment, followed by 6 months of alendronate therapy. The study was then continued to complete 18 months of additional alendronate exposure during which time patients were no longer blinded to their original treatment group. The primary endpoint was the incidence of new vertebral fractures in patients treated with Tymlos compared to placebo. Tymlos resulted in a significant reduction in the incidence of new vertebral fractures compared to placebo at 18 months (0.6% Tymlos compared to 4.2% placebo,  $p < 0.0001$ ). The absolute risk reduction in new vertebral fractures was 3.6% at 18 months and the relative risk reduction was 86% for Tymlos compared to placebo. The incidence of new vertebral fractures at 25 months was 0.6% in patients treated with Tymlos then alendronate, compared to 4.4% in patients treated with placebo then alendronate ( $p < 0.0001$ ). The relative risk reduction in new vertebral fractures at 25 months was 87% for patients treated with Tymlos then alendronate, compared to patients treated with placebo then alendronate, and the absolute risk reduction was 3.9%. After 24 months of open-label alendronate therapy, the vertebral fracture risk reduction achieved with Tymlos therapy was maintained. Tymlos resulted in a significant reduction in the incidence of nonvertebral fractures at the end of the 18 months of treatment plus 1 month follow-up where no drug was administered (2.7% for Tymlos-treated patients compared to 4.7% for placebo-treated patients). The relative risk reduction in nonvertebral fractures for Tymlos compared to placebo was 43% (logrank test  $p = 0.049$ ) and the absolute risk reduction was 2.0%. Following 6 months of alendronate treatment, the cumulative incidence of nonvertebral fractures at 25





months was 2.7% for women in the prior Tymlos group compared to 5.6% for women in the prior placebo group. At 25 months, the relative risk reduction in nonvertebral fractures was 52% (logrank test  $p = 0.017$ ) and the absolute risk reduction was 2.9%.

## **Denosumab (Prolia)**

### **Treatment of osteoporosis in postmenopausal women at high risk for fracture**

Evidence showed that treatment with denosumab reduces radiographic vertebral, nonvertebral, and hip fractures compared with placebo in postmenopausal osteoporotic women. One Japanese trial and its 1-year open-label extension study included postmenopausal osteoporotic women with prevalent radiographic vertebral fractures and showed that denosumab protected against radiographic vertebral fractures.

### **Treatment to increase bone mass in men with osteoporosis at high risk for fracture**

Despite the prevalence of osteoporosis among older men and potential severity of its health consequences, osteoporosis in men is significantly understudied compared with women. The systematic review and meta-analysis published by the Journal of the American Geriatrics Society looked at two studies that evaluated the effect of denosumab vs. placebo in men with osteoporosis. Both studies did not demonstrate evidence of statistically significant reduction in vertebral fracture risk for men with denosumab.

### **Treatment of glucocorticoid-Induced osteoporosis (GIOP) in men and women at high risk for fracture**

The efficacy of denosumab in the treatment of patients with GIOP was assessed in the 12-month primary analysis of a 2-year, randomized, multicenter, double-blind parallel-group, active-controlled study of 795 patients (70% women and 30% men). Eligible patients were aged 18 years or older and were receiving glucocorticoids ( $\geq 7.5$  mg prednisone daily, or equivalent) for at least 3 months (glucocorticoid continuing) or less than 3 months (glucocorticoid initiating) before screening. Patients were randomized (1:1) to receive either 5 mg risedronate daily ( $n = 397$ ) or denosumab 60 mg subcutaneously once every 6 months ( $n = 398$ ) for one year. Denosumab was both non-inferior and superior to risedronate at 12 months for effect on BMD at the lumbar spine in both glucocorticoid-continuing and glucocorticoid-initiating subpopulations.



### **Treatment to increase bone mass in men at high risk for fracture receiving androgen deprivation therapy for nonmetastatic prostate cancer**

A placebo-controlled trial showed the benefits of denosumab in men with early prostate cancer receiving ADT; after 36 months of treatment, denosumab increased spine, hip, and distal radius BMD and decreased the incidence of vertebral fractures by 62%.

### **Treatment to increase bone mass in women at high risk for fracture receiving adjuvant aromatase inhibitor therapy for breast cancer**

For women taking aromatase inhibitors, denosumab has been shown to improve BMD and reduce the risk of clinical fractures compared to placebo. Efficacy was established in two trials. In both trials, women in the denosumab group had significant increase BMD at the LS, total hip, and femoral neck. In the Adjuvant Denosumab in Breast Cancer Trial (ABCSG-18), denosumab was shown to delay the time to first clinical fracture and reduce the incidence of new vertebral fractures when compared to placebo.

### **Romosozumab-aqqg (Evenity)**

Evenity is the first-in-class anti-sclerostin humanized monoclonal antibody that transiently increases bone formation and reduces bone resorption to increase bone mass. Sclerostin is a protein that is mainly produced by osteocytes that produces its effects on bone by directly inhibiting Wnt pathway signaling.

The efficacy of Evenity for the treatment of postmenopausal women with osteoporosis is documented below.

- One good quality Phase 3 study (ARCH) showed Evenity 210 mg subcutaneously (SC) every 4 weeks for 1 year followed by alendronate 70 mg orally every week reduced incidence of vertebral fracture and clinical fractures (nonvertebral + symptomatic vertebral) compared to alendronate alone at Month 24 in 4093 postmenopausal women with osteoporosis (Saag 2017).
- Another good quality Phase 3 study (FRAME [NCT01575834]) showed Evenity 210 mg SC every 4 weeks for 1 year followed by denosumab 60 mg SC every 6 months reduced cumulative incidence of new vertebral fractures and clinical fractures at both Months 12 and



24 compared to placebo for 1 year followed by denosumab 60 mg SC every 6 months in 7180 postmenopausal women with osteoporosis (Cosman 2016).

- A good quality meta-analysis of randomized controlled trials shows Evenity 210 mg SC every 4 weeks ± sequential alendronate or denosumab resulted in a significantly lower risk of new vertebral fracture (RR 0.37, 95% CI 0.18-0.77, P=0.005, n=5371), nonvertebral fracture (RR 0.78, 95% CI 0.66-0.92, P<0.001, n=5635, and hip fracture (RR 0.59, 95% CI 0.44-0.79, P=0.004, n=5635) compared to controls (placebo, alendronate, and sequential placebo-denosumab) in postmenopausal women with osteoporosis (Liu 2018). The same meta-analysis also showed bone mineral density at the lumbar spine, total hip, and femoral neck was significantly increased with Evenity 210 mg SC every 4 weeks vs other therapies including placebo, alendronate 70 mg orally every week, and teriparatide 20 µg SC every day.
- A moderate quality Phase 3b trial (STRUCTURE) demonstrated Evenity 210 mg SC every 4 weeks increased lumbar spine, total hip, and femoral neck bone mineral density greater than teriparatide 20 µg SC every week over one year of therapy in postmenopausal women with low bone mineral density and high risk for fracture despite ≥3 years treatment with a bisphosphonate. However, rate of fracture (a safety outcome) was similar between the two treatment groups (3% vs 4%, respectively) (Langdahl 2017).

The general safety of Evenity is primarily derived from the first 12-months data of the two Phase 3 fracture studies in postmenopausal women (ARCH and FRAME). Given a cardiovascular (CV) safety signal was identified in one of the trials (ARCH; alendronate-controlled), but not in the other (FRAME; placebo-controlled), the FDA initially issued a complete response for the agent in summer 2017 and asked for further CV outcomes data from the ongoing (at the time) Phase 3 bone mineral density trial in men (BRIDGE; placebo-controlled). Subsequent results from the BRIDGE trial then also showed a CV safety signal. After meta-analysis of related data, on January 16, 2019 the FDA Bone, Reproductive, and Urologic Drugs Advisory Committee voted 18-1 that the clinical benefit of one year of Evenity outweighed its risks in a narrower population of postmenopausal women with osteoporosis who were at high-risk for fracture (defined as history of osteoporotic fracture, multiple risk factors for fracture, or failure or intolerance to other available therapies).



## Practice Guidelines and Position Statements

### Treatment of Osteoporosis in Postmenopausal Men and Women at High Risk for Fracture

The American College of Physicians Guideline on the Treatment of Low Bone Density or Osteoporosis to Prevent Fractures in Men and Women recommended that clinicians offer pharmacologic treatment with alendronate, risedronate, zoledronic acid, or denosumab to reduce the risk for hip and vertebral fractures in women who have known osteoporosis. (Grade: strong recommendation; high-quality evidence)

### 2020 Annual Review

Reviewed prescribing information for all drugs in policy. Added Bonsity™ (teriparatide) and brand Teriparatide to the coverage criteria. Added a dose limit based on FDA-approved dosage and administration for each drug. Added a note to each drug to clarify that oral bisphosphonates are considered contraindicated in patients with esophageal disorders.

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## History



Date	Comments
05/01/19	New policy, approved April 9, 2019, effective August 2, 2019. Add to Prescription Drug section. Forteo® (teriparatide), Tymlos® (abaloparatide), and Prolia® (denosumab) may be considered medically necessary when criteria are met, considered investigational when criteria are not met.
06/01/19	Interim Review, approved May 14, 2019. Added criteria for Evenity™ (romosozumab-aqqg). Updated criteria for Tymlos® (abaloparatide). Added HCPCS code J3590.
10/01/19	Interim Review, approved September 19, 2019. Updated criteria for Prolia® (denosumab). Added HCPCS code J3111 (new code effective 10/1/19). Removed HCPCS code J3590.
08/01/20	Annual Review, approved July 23, 2020. Added Bonsity™ (teriparatide) and brand Teriparatide to the coverage criteria. Added a dose limit based on FDA-approved dosage and administration for each drug. Added a note to each drug to clarify that oral bisphosphonates are considered contraindicated in patients with esophageal disorders.

**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). ©2020 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 800-842-5357  
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).

**አማርኛ (Amharic):**

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

**العربية (Arabic):**

يحتوي هذا الإشعار على معلومات هامة. قد يحتوي هذا الإشعار على معلومات مهمة بخصوص طلبك أو التغطية التي تزيد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تاريخ معينه للحفاظ على تغطيتك الصحية أو للمساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (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 devez 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 resewva 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 ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam hnu ntawm Premera Blue Cross. Tej zaum muaj cov hnuv tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas pab kom koj ua tsis pub dhau cov caij nyuog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

**Iloko (Ilocano):**

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

**Italiano (Italian):**

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

**日本語 (Japanese):**

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

**한국어 (Korean):**

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

**ລາວ (Lao):**

ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ. ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາອ້ອງສະໝັກ ຫຼື ຄວາມຄົມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີ່ສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈໍາເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດ ເວລາສະເພາະເພື່ອຮັກສາຄວາມຄົມຄອງປະກັນສະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເວັ້ນເວີ້ ຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ. ໃຫ້ໃບທາ 800-722-1471 (TTY: 800-842-5357).

**ភាសាខ្មែរ (Khmer):**

សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។ សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរៀបចំរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាត្រូវការបញ្ជាក់សមត្ថភាព ដល់កំណត់ថ្លៃជាតំបន់នានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងអនាគតរបស់អ្នក ឬប្រាក់ដុល្លារចេញថ្លៃ។ អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ និងដុល្លារនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

**ਪੰਜਾਬੀ (Punjabi):**

ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ. ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਨਵਚ 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 (کلیر بران TTY تماس باشماره 800-842-5357) تماس برقرار نمایید.

**Polskie (Polish):**

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

**Português (Portuguese):**

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

**Română (Romanian):**

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

**Русский (Russian):**

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

**Fa'asamoa (Samoan):**

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

**Español (Spanish):**

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

**Tagalog (Tagalog):**

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

**ไทย (Thai):**

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

**Український (Ukrainian):**

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

**Tiếng Việt (Vietnamese):**

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