PREMERA | BLUE CROSS

PHARMACY / MEDICAL POLICY – 5.01.609

Spravato™ (esketamine) Nasal Spray

Effective Date:	July 1, 2019	RELATED MEDICAL POLICIES:
Last Revised:	June 1, 2020	None
Replaces:	N/A	

Select a hyperlink below to be directed to that section.

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Introduction

Depression is the second leading cause of disability in adults worldwide. There are a number of drug classes used to treat depression. These include monoamine oxidase inhibitors (MAOIs), tricyclic antidepressants (TCAs), selective serotonin reuptake inhibitors (SSRIs), and serotonin-norepinephrine reuptake inhibitors. Patients who do not adequately respond to therapy after trying multiple antidepressants are often referred to as having treatment-resistant depression. Although there is no standard definition of treatment-resistant depression, Spravato™ (esketamine) Nasal Spray can help some patients who have not responded to standard antidepressant treatment. This policy describes when Spravato™ (esketamine) Nasal Spray for the treatment of depression 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
Spravato™ (esketamine) Nasal Spray	**Spravato™ (esketamine) may be considered medically necessary for the treatment of depression when the following criteria are met:** • Patient is 18 years of age or older **AND** • Patient has medical record documentation of DSM-5 diagnostic criteria for major depressive disorder (unipolar, not bipolar) **AND** • Patient's current episode of depression is moderate to severe **AND** • No current or past psychosis **AND** • No current substance use disorder unless in remission (complete abstinence for a month) **AND** • Tried and failed four antidepressants from at least two different classes **OR** • Tried and failed three antidepressants from at least two different classes plus an augmenting agent **AND** • Spravato™ is used in conjunction with an oral antidepressant **Note:** Failed trial = not effective, or partially but inadequately effective, or initially effective but then lost effectiveness, or intolerable side effects

Drug	Investigational
Spravato™ (esketamine) Nasal Spray	**All other uses of Spravato™ (esketamine) for conditions not outlined in this policy are considered investigational, including but not limited to treatment for chronic pain and bipolar depression.**

Length of Approval	
Approval	**Criteria**
Initial authorization	**Spravato™ (esketamine) may be approved up to 6 months**
Re-authorization criteria	**Future re-authorization of Spravato™ (esketamine) may be approved up to 12 months in duration when clinical benefit/response at the time of re-authorization show:** • Chart notes documenting improvement in signs and symptoms of major depressive disorder • The improvement is being maintained (is not wearing-off) • The patient is not experiencing any serious or dangerous side-effects

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, relevant history, physical evaluation and medication history

Coding

Code	Description
HCPCS	
G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation (new code effective 1/1/20)
G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation (new code effective 1/1/20)
J3490	Unclassified drugs (use to report Spravato™)

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

Consideration of Age

Age limits specified in this policy are determined according to the FDA-approved indication.

Benefit Application

Spravato™ (esketamine) is managed through both the Pharmacy and Medical benefit. Spravato™ must be administered under the direct supervision of a healthcare provider and a treatment session consists of nasal administration of Spravato™ and post-administration observation under supervision.

Evidence Review

Background

Depression is the second leading cause of disability in adults worldwide. The prevalence of depression is estimated at 13%. It is estimated that 20%-40% of patients do not respond or respond minimally to antidepressant monotherapy. Of these, 50% do not respond to the addition of a second antidepressant. Similarly, the STAR*D trial which included 3,671 patients with major depressive disorder found approximately one-third of patients did not respond to two trials of antidepressants.

There is no standardized definition of treatment resistant depression (TRD). In clinical trials with Spravato™, TRD was defined as major depressive disorder in patients who have failed to respond to ≥2 different antidepressants for the current episode of depression.

Summary of Evidence

Efficacy

Esketamine was studied in five Phase 3 studies, none of which are published. The TRANSFORM 1-3 trials were randomized, double-blind, active-controlled studies conducted over 4 weeks which randomized patients with moderate to severe, treatment-resistant depression (TRD) to esketamine plus a new oral antidepressant (AD) or placebo plus a new oral AD. The primary outcome was the change from baseline in Montgomery-Asberg Depression Rating Scale (MADRS) total score at 4 weeks.

- The flexible-dosed TRANSFORM-2 trial (N=223) found esketamine plus an AD significantly improved the primary outcome of MADRS total score compared to placebo (-21.4 vs -17.0, p = 0.02). This was the only trial to find a significant outcome in the primary efficacy measure. The sequentially analyzed initial secondary endpoint found no difference between groups in the proportion with clinical response on day 2; therefore, no further outcomes were analyzed.
- The fixed-dose TRANSFORM-1 trial (N=342) found no difference in the primary outcome of change in MADRS score between groups (19.0, -18.8, -14.8 for esketamine 84 mg, 56 mg, and placebo, respectively, p=0.088). Of note, the criteria for minimum important difference in MADRS score (two points) was met.
- The TRANSFORM-3 trial (N=137) was conducted in elderly patients (≥65 years) and found no significant difference between the esketamine (28-84 mg) plus AD and placebo plus AD groups (-10.0 vs -6.3, p=0.059). Of note, the criteria for minimum important difference in MADRS score (two points) was met.

Additionally, esketamine was studied in two long-term Phase 3 trials.

- SUSTAIN-1 was a randomized, double-blind, multicenter, Phase 3, withdrawal study in 297 patients with treatment-resistant, moderate-severe depression with duration ≥2 years who were randomized to esketamine plus a new oral AD or placebo plus a new oral AD. The study continued until a predetermined number of relapses had occurred (5-7 years). Patients underwent a 4-week induction phase and a 12-week optimization phase before randomization for the maintenance phase. The primary outcome of median time to relapse among stable remitters found the median time was 273 days with placebo and was not estimable with esketamine. The hazard ratio (HR) for risk of relapse was 0.49 (95% confidence interval [CI] 0.29-0.84). All secondary out-comes (change in Patient Health

Questionnaire-9 [PHQ-9], Sheehan Disability Scale [SDS], and Clinical Global Impression-Severity [CGI-S] scores) significantly favored esketamine plus AD over placebo plus AD.

- The SUSTAIN-2 trial was a long-term, open-label, Phase 3, safety study which enrolled 603 patients with TRD in a 48-week maintenance phase. Patients were treated with esketamine plus a new oral AD. Change in MADRS score seen in the induction phase (-16.4) was maintained throughout the study (maintenance phase change in MADRS score 0.3). Additionally, the responder and remission rates increased over the trial duration (76.5% to 78.4% and 47.2% to 58.2%, respectively). However, the trial discontinuation was quite high (75.2%).

Of note, esketamine was given a breakthrough therapy designation for patients with imminent risk of suicide based on ASPIRE I (Phase 3), ASPIRE II (Phase 3), PERSEVERE (Phase 2), and DIRECTION (Phase 2) studies. The Phase 3 ASPIRE I and II trials are not published and were not provided in the Spravato dossier. Of note, change in MADRS score on Day 2 was assessed in the TRANSFORM-2 trial; however, no significant difference between groups was found.

Safety

Serious Adverse Events

Esketamine carries four black box warnings including the risk of sedation, risk of dissociative or perceptual changes, risk of abuse or misuse, and risk of increased suicidal thoughts and behavior. Based on these warnings, esketamine is available through a risk evaluation and mitigation strategy (REMS) program and must be administered by a health care professional. Patients must be monitored for 2 hours after each treatment session and must be assessed for clinical stability before departure. In clinical trials, symptoms peaked at 40 min and a majority of patients (93.2% to ≥ 87%) were considered discharge ready at 1.5 hours.

- Sedation reported with esketamine was assessed on a 5-point modified observer's alert-ness/sedation scale which found 49%-61% of patients were considered sedated following esketamine and 0.3% experienced loss of consciousness.

- Dissociation was assessed with a Clinical Administered Dissociative States Scale (CADSS) which found 61%-75% of patients were considered to have dissociative symptoms the day of administration. Dissociative symptoms included derealization, depersonalization, distortion of time and space, and illusions.

- Esketamine is the s-enantiomer of ketamine, both of which are Schedule III substances. A cross-over, double-blind abuse potential study in 34 patients found drug-liking and take drug again scores for 84 and 112 mg esketamine were similar to those seen with IV ketamine (0.5 mg/kg over 40 minutes). While misuse of esketamine did not occur during clinical trials, misuse of ketamine is well-documented. Long-term cognitive and memory impairment have been reported with ketamine abuse/misuse.
- Increased risk of suicidal thoughts and behavior has been noted in pediatric and young adult patients (<24 years) in a pooled analysis of placebo-controlled, randomized controlled trials (RCTs) across classes of antidepressants. Esketamine is not approved in pediatric patients. Close monitoring of depressive symptoms and suicidality is recommended.

Contraindications to esketamine include aneurysmal vascular disease, arteriovenous malformation, history of intracerebral hemorrhage, and hypersensitivity to esketamine, ketamine, or excipients.

Other Adverse Events

Adverse events occurring in ≥5% of patients and at least twice as frequently with esketamine than placebo include dissociation (41%), dizziness (29%), nausea (28%), sedation (23%), vertigo (23%), hypoesthesia (18%), anxiety (13%), lethargy (11%), increased BP (10%), vomiting (9%), and feeling drunk (5%).

- The mean placebo-adjusted increase in systolic and diastolic BP (SBP and DBP) seen with esketamine were 7-9 mmHg and 4-6 mm Hg, respectively, at 40 minutes post dose. The long-term SUSTAIN-2 trial found increases of SBP ≥180 mm Hg or DBP ≥110 mm Hg occurred in 4.1% of patients.
- Nausea and vomiting occurred on the day of administration with a mean duration of 1 hour. These symptoms decreased with subsequent infusions.
- Dysgeusia was reported in three clinical trials (27%, 26.1%, and 10.2-11%).
- Death due to suicide occurred in two patients across all Phase III trials, both in the SUSTAIN-2 trial.

Warnings include sedation, dissociation, abuse/misuse, REMS program, suicidal thoughts/behaviors in adolescents and young adults, increased BP, cognitive impairment, impaired ability to drive/operate machinery, ulcerative or interstitial cystitis, and embryo-fetal toxicity (may case fetal harm).

Tolerability

The requirement to administer esketamine in a health care setting with 2 hours of monitoring may create adherence issues for patients. Similarly, the restriction against driving following administration may create compliance difficulties for patients.

Discontinuation due to AEs with esketamine occurred in 5%-16.4% of patients in short-term trials and 5%-9.5% in long-term trials.

References

1. GBD 2015 Collaborators. Global, regional, and national incidence, prevalence, and years lived with disabil-ity for 310 diseases and injuries, 1990-2015: a systematic analysis of the Global Burden of Disease Study 2015. Lancet. 2016;388(10053):1545-1602.
2. Fabbri C, Souery FC, Kasper S, et al. The genetics of treatment-resistant depression: a critical review and future perspectives. Int J Neuropsychopharmacol. 2019;22(2):93-104.
3. Pandarakalam JP. Challenges of treatment-resistant depression. Psychiatr Danub. 2018;30(3):273-284.
4. Rush AJ, Trivedi MH, Wisniewski SR, et al. Acute and longer-term outcomes in depressed outpatients requiring one or several treatment steps: a STAR*D report. Am J Psychiatry. 2006;163(11):1905-1917.
5. Data on File. Spravato dossier. Janssen Pharmaceuticals, Inc.; Titusville, NJ. March 2019.
6. Spravato™ (esketamine) nasal spray, CIII prescribing information. Janssen Pharmaceuticals, Inc.; Ti-tusville, NJ. March 2019.
7. Sattar Y, Wilson J, Khan AM, et al. A review of the mechanism of action of antagonism of N-methyl-D-aspartate receptor by ketamine in treatment-resistant depression. Cureus. 2018;10(5):e2652.
8. Montgomery SA, Moller HJ. Is the significant superiority of escitalopram compared with other antide-pressants clinically relevant? Int Clin Psychopharmacol. 2009;24(3):111-8.
9. Esketamine for the treatment of treatment-resistant depression: effectiveness and value. Available from: **https://icer-review.org/wp-content/uploads/2018/10/ICER_TRD_Draft_Evidence_Report_032119.pdf** Accessed June 2019.
10. Löwe B, Unützer J, Callahan CM, Perkins AJ, Kroenke K. Monitoring depression treatment outcomes with the patient health questionnaire-9. Med Care. 2004;42(12):1194-1201
11. Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. J Gen Intern Med. 2001:16:606-613.

History

Date	Comments
07/01/19	New policy, approved June 11, 2019. Add to Prescription Drug section. Spravato (esketamine) Nasal Spray may be considered medically necessary when criteria are met, considered investigational when criteria are not met.
06/01/20	Coding update. Added HCPCS codes G2082 and G2083.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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