

## Enhertu® (fam-trastuzumab deruxtecan-nxki) (Intravenous)

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### I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- Enhertu 100 mg vial: 7 vials every 21 days

#### B. Max Units (per dose and over time) [HCPCS Unit]:

- Breast Cancer & NSCLC: 600 billable units every 21 days
- All other indications: 700 billable units every 21 days

### III. Initial Approval Criteria <sup>1</sup>

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

#### Universal Criteria <sup>1</sup>

- Left ventricular ejection fraction (LVEF) is within normal limits prior to initiating therapy and will be assessed at regular intervals (e.g., every 3 months) during treatment; **AND**
- Used as a single agent; **AND**
- Therapy will not be substituted with or for any trastuzumab-based formulation (i.e., trastuzumab [or trastuzumab biosimilar product], ado-trastuzumab emtansine, trastuzumab-hyaluronidase, pertuzumab/trastuzumab and hyaluronidase-zzxf, etc.); **AND**

#### Breast Cancer † ‡ <sup>1,2,4,8,15,16</sup>

- Patient has recurrent unresectable (local or regional) or metastatic disease OR inflammatory breast cancer with no response to preoperative systemic therapy; **AND**
  - Patient has human epidermal growth factor receptor 2 (HER2)-positive\* disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
    - Used as subsequent therapy; **OR**

- Used as first-line therapy in patients with who experience disease progression during or within 6 months of neoadjuvant or adjuvant therapy (12 months for pertuzumab-containing regimens); **OR**
- Patient has HER2-low§ disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
  - Patient has hormone receptor-negative disease **OR** hormone receptor-positive disease that is endocrine therapy refractory; **AND**
    - Patient has received at least one prior line of therapy in the metastatic setting; **OR**
    - Patient has disease recurrence during or within 6 months after completing adjuvant chemotherapy

### **Gastric, Esophageal, and Esophagogastric Junction Cancers † ‡ Φ 1,2,9,17,18**

- Patient has human epidermal growth factor receptor 2 (HER2)-positive\* disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Patient has adenocarcinoma histology; **AND**
- Patient is not a surgical candidate **OR** has unresectable locally advanced, recurrent, or metastatic disease; **AND**
- Used as subsequent therapy

### **Colorectal Cancer (CRC) ‡ 2,10-12**

- Patient has human epidermal growth factor receptor 2 (HER2)-positive\* disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Patient has RAS and BRAF wild-type (WT) disease; **AND**
- Used as subsequent therapy for progression of advanced or metastatic disease after at least one prior line of treatment in the advanced or metastatic disease setting

### **Appendiceal Adenocarcinoma – Colon Cancer ‡ 2,11**

- Patient has human epidermal growth factor receptor 2 (HER2)-positive\* disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Patient has RAS and BRAF wild-type (WT) disease; **AND**
- Used as subsequent therapy for progression of advanced or metastatic disease after at least one prior line of treatment in the advanced or metastatic disease setting

### **Non-Small Cell Lung Cancer (NSCLC) † ‡ 1,2,14,21,22**

- Patient has ERBB2 (HER2) mutation positive disease as determined by an FDA-approved or CLIA-complaint test❖; **AND**
- Patient has unresectable or metastatic disease; **AND**
- Patient has received prior systemic therapy

*HER2-positive overexpression criteria
Breast Cancer: <sup>4,5</sup>
<ul style="list-style-type: none"> <li>Immunohistochemistry (IHC) assay 3+; <b>OR</b></li> <li>Dual-probe in situ hybridization (ISH) assay HER2/CEP17 ratio <math>\geq 2.0</math> AND average HER2 copy number <math>\geq 4.0</math> signals/cell; <b>OR</b></li> <li>Dual-probe in situ hybridization (ISH) assay AND concurrent IHC indicating one of the following: <ul style="list-style-type: none"> <li>HER2/CEP17 ratio <math>\geq 2.0</math> AND average HER2 copy number <math>&lt; 4.0</math> signals/cell AND concurrent IHC 3+; <b>OR</b></li> <li>HER2/CEP17 ratio <math>&lt; 2.0</math> AND average HER2 copy number <math>\geq 6.0</math> signals/cell AND concurrent IHC 2+ or 3+; <b>OR</b></li> <li>HER2/CEP17 ratio <math>&lt; 2.0</math> AND average HER2 copy number <math>\geq 4.0</math> and <math>&lt; 6.0</math> signals/cell AND concurrent IHC 3+</li> </ul> </li> </ul>
Gastric, Esophageal, and Esophagogastric Junction Cancer: <sup>17-19</sup>
<ul style="list-style-type: none"> <li>Immunohistochemistry (IHC) assay 3+; <b>OR</b></li> <li>Fluorescence in situ hybridization (FISH) or in situ hybridization (ISH) assay AND concurrent IHC indicating one of the following: <ul style="list-style-type: none"> <li>HER2/CEP17 ratio <math>\geq 2.0</math> AND concurrent IHC 2+; <b>OR</b></li> <li>Average HER2 copy number <math>\geq 6.0</math> signals/cell AND concurrent IHC 2+</li> </ul> </li> </ul>
Colorectal Cancer and Appendiceal Adenocarcinoma: <sup>11,12</sup>
<ul style="list-style-type: none"> <li>Immunohistochemistry (IHC) assay 3+; <b>OR</b></li> <li>Fluorescence in situ hybridization (FISH) HER2/CEP17 ratio <math>\geq 2</math> AND concurrent IHC 2+; <b>OR</b></li> <li>Next-generation sequencing (NGS) panel HER2 amplification</li> </ul>

§HER2-low expression criteria
Breast Cancer: <sup>1,4</sup>
<ul style="list-style-type: none"> <li>Immunohistochemistry (IHC) assay 1+; <b>OR</b></li> <li>IHC 2+ AND in situ hybridization (ISH) negative</li> </ul>

❖ If confirmed using an FDA approved assay - <http://www.fda.gov/companiondiagnostics>

† FDA approved indication(s); ‡ Compendia Recommended Indication(s); Ⓢ Orphan Drug (*only applies to Gastric and Esophagogastric Junction Cancers*)

#### IV. Renewal Criteria <sup>1,10,13</sup>

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**

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- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: pulmonary toxicity (e.g., interstitial lung disease, pneumonitis), neutropenia/febrile neutropenia, left ventricular dysfunction/symptomatic congestive heart failure, etc.; **AND**
- Left ventricular ejection fraction (LVEF) within the previous 3 months as follows:
  - LVEF is > 45% and absolute decrease is ≤ 20% from baseline; **OR**
  - LVEF is 40% to 45% and absolute decrease is < 10% from baseline

## V. Dosage/Administration <sup>1,11-13</sup>

Indication	Dose
Breast Cancer	Administer 5.4 mg/kg given as an intravenous infusion every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity
Gastric, Esophageal, and Esophagogastric Junction Cancers	Administer 6.4 mg/kg given as an intravenous infusion every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity
Colorectal Cancer & Appendiceal Adenocarcinoma	Administer 6.4 mg/kg given as an intravenous infusion every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity
Non-Small Cell Lung Cancer	Administer 5.4 mg/kg given as an intravenous infusion every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity

## VI. Billing Code/Availability Information

### HCPCS Code:

- J9358 – Injection, fam-trastuzumab deruxtecan-nxki, 1 mg: 1 billable unit = 1 mg

### NDC:

- Enhertu 100 mg single-dose vial: 65597-0406-xx

## VII. References

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2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) fam-trastuzumab deruxtecan-nxki. National Comprehensive Cancer Network, 2022. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2022.
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## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of the lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	Malignant neoplasm of rectosigmoid junction
C20	Malignant neoplasm of rectum
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung

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C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast



C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct

D37.1	Neoplasm of uncertain behavior of stomach
D37.8	Neoplasm of uncertain behavior of other specified digestive organs
D37.9	Neoplasm of uncertain behavior of digestive organ, unspecified
Z85.00	Personal history of malignant neoplasm of unspecified digestive organ
Z85.01	Personal history of malignant neoplasm of esophagus
Z85.028	Personal history of other malignant neoplasm of stomach
Z85.038	Personal history of other malignant neoplasm of large intestine
Z85.118	Personal history of other malignant neoplasm of bronchus and lung

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA):

<b>Jurisdiction(s):</b> N(9)	<b>NCD/LCD/LCA Document (s):</b> A56660
<a href="https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a56660&amp;areaId=all&amp;docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP">https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a56660&amp;areaId=all&amp;docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP</a>	

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

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Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist 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:

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Room 509F, HHH Building  
Washington, D.C. 20201  
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Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, taiaajiila qarqaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

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ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂບດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 1.800.940.5049 (መስማት ለተሳናቸው፡ 763.847.4013 ) .

ဟ်သ့ဟ်သး- နမၤကတိၤ ကသီၤ ကျိၣ်အယိၤ, နမၤန့ၣ် ကျိၣ်အတၢ်မၤစၢၤလၢ တလၢၣ်ဘျဉ်လၢၣ်စၢၤ နီၣ်တမံၤဘၣ်သ့န့ၣ်လီၤ. ကိး 1.800.940.5049 (TTY: 763.847.4013).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្បួល គឺអាចមានសំរាប់បំរើអ្នក។ ចរ ទូរស័ព្ទ 1.800.940.5049 (TTY: 763.847.4013)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013), 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1.800.940.5049 (TTY: 763.847.4013).

## PreferredOne Insurance Company Nondiscrimination Notice

PreferredOne Insurance Company ("PIC") complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PIC does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PIC:

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 a Grievance Specialist.

If you believe that PIC 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:

Grievance Specialist  
PreferredOne Insurance Company  
PO Box 59212  
Minneapolis, MN 55459-0212  
Phone: 1.800.940.5049 (TTY: 763.847.4013)  
Fax: 763.847.4010  
[customerservice@preferredone.com](mailto:customerservice@preferredone.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist 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)

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បំពេញ: ប្រសិនបើ អ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសា ដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់អ្នក។ ហៅ 1.800.940.5049 (TTY: 763.847.4013).

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ဟံသာဝတီ: နမူနာတို့ ကညီ ကျိအသိ, နမူနာ ကျိအတိအကျတို့ တလက်ကွက်လက်စွာ နှိတ်မိသည့်သို့လိ။ ကိ: 1.800.940.5049 (TTY: 763.847.4013).

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