Pemetrexed:
Alimta®; Pemfexy™; Pemetrexed Ψ
(Intravenous)

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I. Length of Authorization [15,26,28-30]

Coverage will be provided for 6 months and may be renewed, unless otherwise specified.

- Thymomas/Thymic Carcinoma: Coverage will be provided for six (6) cycles and may NOT be renewed.
- MPeM and MPM in combination with bevacizumab AND either cisplatin or carboplatin: Coverage will be provided for six (6) cycles and may NOT be renewed.

II. Dosing Limits

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

- Alimta 100 mg powder for injection in a single-use vial: 4 vials every 21 days
- Alimta 500 mg powder for injection in a single-use vial: 4 vials every 21 days
- Pemfexy 500 mg solution for injection in a multi-dose vial: 4 vials every 21 days
- Pemetrexed 750 mg powder for injection: 2 vials every 21 days
- Pemetrexed 1000 mg powder for injection: 2 vials every 21 days
- Pemetrexed 100 mg/4 mL solution for injection: 4 vials every 21 days
- Pemetrexed 500 mg/20 mL solution for injection: 4 vials every 21 days
- Pemetrexed 850 mg/34 mL solution for injection: 2 vials every 21 days
- Pemetrexed 1000 mg/40 mL solution for injection: 2 vials every 21 days

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

- Pemfexy (500 mg MDV):
  - Primary CNS Lymphoma, Cervical Cancer, and Ovarian Cancer: 225 billable units every 21 days
  - Leptomeningeal Metastases from NSCLC: 5 billable units every 28 days

- All other indications: 125 billable units every 21 days
- All other manufacturers (100 mg, 500 mg, 750 mg, 850 mg, and 1000 mg SDV):
  - Primary CNS Lymphoma, Cervical Cancer, and Ovarian Cancer: 230 billable units every 21 days
  - Leptomeningeal Metastases from NSCLC: 10 billable units every 28 days
  - All other indications: 130 billable units every 21 days

III. Initial Approval Criteria [1,2]

Coverage is provided in the following conditions:

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

Central Nervous System (CNS) Cancers ‡ [3,16,27,33]

- Used as a single agent; **AND**
  - Patient has Primary Central Nervous System (CNS) Lymphoma; **AND**
    - Used as induction therapy in patients unsuitable for or intolerant to high-dose methotrexate (MTX); **OR**
    - Used for relapsed or refractory disease; **OR**
  - Patient has leptomeningeal metastases from EGFR mutation-positive non-small cell lung cancer (NSCLC); **AND**
    - Used as primary treatment in patients with good risk status (i.e., KPS ≥60, no major neurologic deficits, minimal systemic disease, and reasonable systemic treatment options if needed); **OR**
    - Used as maintenance treatment in patients with negative cerebrospinal fluid (CSF) cytology or in clinically stable patients with persistently positive CSF cytology

Cervical Cancer ‡ [3]

- Used as subsequent therapy for recurrent or metastatic disease; **AND**
- Patient has squamous cell carcinoma, adenocarcinoma, or adenosquamous carcinoma; **AND**
- Used as a single agent

Malignant Peritoneal* Mesothelioma (MPeM) ‡ [3,29]

- Used as adjuvant therapy; **AND**
  - Patient has diffuse unicavitary disease with epithelioid histology; **AND**
  - Patient has surgical/pathologic high-risk features** and no neoadjuvant therapy was given; **AND**
  - Used as a single agent OR in combination with cisplatin or carboplatin (if cisplatin ineligible); **OR**
- Used as first-line therapy; **AND**

- Used in combination with bevacizumab AND either cisplatin or carboplatin (if cisplatin ineligible) for unresectable diffuse or recurrent disease; **OR**
- Used as a single agent OR in combination with cisplatin or carboplatin (if cisplatin ineligible) for diffuse or recurrent disease; **OR**

- Used as subsequent therapy; **AND**
  - Used as a single agent OR in combination with cisplatin or carboplatin (if cisplatin ineligible), with or without bevacizumab; **AND**
    - Immunotherapy was administered as first-line treatment; **OR**
    - Used as a rechallenge if pemetrexed-based treatment was administered first-line with good response

***** *Note: May also be used for pericardial mesothelioma and tunica vaginalis testis mesothelioma.*

****** *High-risk features include Ki-67 >9%, nodal metastasis, high tumor burden (Peritoneal Cancer Index [PCI] >17), completeness of cytoreduction (CC) score >1, biphasic disease, or bicavitary disease*

Malignant Pleural* Mesothelioma (MPM) † ‡ Φ [1-6,10,26]

- Used as induction therapy; **AND**
  - Used in combination with cisplatin or carboplatin (if cisplatin ineligible) in patients with clinical stage I-IIIA disease and epithelioid histology; **OR**
- Used as first-line therapy; **AND**
  - Used in combination with bevacizumab AND either cisplatin or carboplatin (if cisplatin ineligible); **OR**
  - Used as a single agent OR in combination with cisplatin or carboplatin (if cisplatin ineligible); **OR**
- Used as subsequent therapy; **AND**
  - Used as a single agent OR in combination with cisplatin or carboplatin (if cisplatin ineligible), with or without bevacizumab; **AND**
    - Immunotherapy was administered as first-line treatment; **OR**
    - Used as a rechallenge if pemetrexed-based treatment was administered first-line with good response

***** *Note: May also be used for pericardial mesothelioma and tunica vaginalis testis mesothelioma.*

Non-Squamous Non-Small Cell Lung Cancer (NS-NSCLC) † ‡ [1-3,7-9,11,12,28,30]

- Used in combination with a carboplatin or cisplatin-containing regimen; **OR**
- Used in combination with bevacizumab, pembrolizumab, cemiplimab, or durvalumab for continuation maintenance therapy if previously used first-line and patient achieved a tumor response or stable disease following initial therapy; **OR**
- Used as a single agent; **AND**

- Patient has recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
  - Used as first-line therapy for tumors that are negative for actionable molecular biomarkers*****; **OR**
  - Used as first-line therapy for EGFR exon 20 mutation, KRAS G12C mutation, BRAF V600E-mutation, NTRK1/2/3 gene fusion, MET exon 14 skipping mutation, RET rearrangement, or ERBB2 (HER2) mutation positive tumors; **OR**
  - Used as subsequent therapy; **OR**
  - Used as continuation or switch maintenance therapy in patients who have achieved a tumor response or stable disease following initial therapy

****** *Note: Actionable molecular genomic biomarkers include EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, and ERBB2 (HER2). If there is insufficient tissue to allow testing for all of EGFR, KRAS, ALK, ROS1, BRAF, NTRK1/2/3, MET, RET, and ERBB2 (HER2), repeat biopsy and/or plasma testing should be done. If these are not feasible, treatment is guided by available results and, if unknown, these patients are treated as though they do not have driver oncogenes.*

Thymomas/Thymic Carcinoma ‡ [3,14,15,25]

- Used as a single agent; **AND**
  - Used as first-line therapy or postoperative treatment in patients who are unable to tolerate first-line combination regimens; **OR**
  - Used as second-line therapy for unresectable or metastatic disease

Ovarian, Fallopian Tube, and Primary Peritoneal Cancer ‡ [3,13,24]

- Used as a single agent; **AND**
  - Patient has recurrent or persistent Grade 1 Endometrioid Carcinoma, Carcinosarcoma (Malignant Mixed Müllerian Tumors), Mucinous Carcinoma of the Ovary, Epithelial Ovarian/Fallopian Tube/Primary Peritoneal Cancer, or Clear Cell Carcinoma of the Ovary; **AND**
    - Patient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); **OR**
  - Patient has recurrent Low-Grade Serous Carcinoma

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

§ Genomic Aberration/Mutational Driver Targeted Therapies (Note: *not all inclusive, refer to guidelines for appropriate use*)				
Sensitizing *EGFR* mutation-positive tumors	*ALK* rearrangement-positive tumors	*ROS1* rearrangement-positive tumors	*BRAF* V600E-mutation positive tumors	*NTRK1/2/3* gene fusion positive tumors
– Afatinib – Erlotinib – Dacomitinib	– Alectinib – Brigatinib – Ceritinib	– Ceritinib – Crizotinib – Entrectinib	– Dabrafenib ± trametinib – Vemurafenib	– Larotrectinib – Entrectinib

– Gefitinib – Osimertinib – Amivantamab *(exon-20 insertion)* – Mobocertinib *(exon-20 insertion)*	– Crizotinib – Lorlatinib	– Lorlatinib		
PD-L1 tumor expression ≥ 1%	*MET* exon-14 skipping mutations	*RET* rearrangement-positive tumors	*KRAS G12C* mutation positive tumors	*ERBB2 (HER2)* mutation positive tumors
– Pembrolizumab – Atezolizumab – Nivolumab + ipilimumab – Cemiplimab – Tremelimumab + durvalumab	– Capmatinib – Crizotinib – Tepotinib	– Selpercatinib – Cabozantinib – Pralsetinib	– Sotorasib – Adagrasib	– Fam-trastuzumab deruxtecan-nxki – Ado-trastuzumab emtansine

IV. Renewal Criteria [1,2]

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: myelosuppression (e.g., neutropenia, febrile neutropenia, thrombocytopenia, anemia), renal toxicity (CrCl < 45 mL/min), bullous and exfoliative skin toxicity (e.g., Stevens-Johnson Syndrome/Toxic epidermal necrolysis), interstitial pneumonitis, radiation recall, etc.; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**

MPeM and MPM [26,29]

- Coverage may NOT be renewed when used in combination with bevacizumab AND either cisplatin or carboplatin

Thymomas/Thymic Carcinoma [15]

- Coverage may NOT be renewed

V. Dosage/Administration [1,2,10,13,15,16,26,28-33]

Indication	Dose
Non-Squamous NSCLC	Administer up to 500 mg/m^2 intravenously every 21 days
MPM, MPeM	Administer 500 mg/m^2 intravenously every 21 days – For 6 cycles only when used in combination with bevacizumab AND either cisplatin or carboplatin – All others until disease progression or unacceptable toxicity

Ovarian Cancer, Cervical Cancer	Administer 900 mg/m^2 intravenously every 21 days, until disease progression or unacceptable toxicity
Thymomas/Thymic Carcinoma	Administer 500 mg/m^2 intravenously every 21 days for a maximum of 6 cycles or until disease progression or unacceptable toxicity
CNS Cancers	Primary CNS Lymphoma Administer 900 mg/m^2 intravenously every 21 days, until disease progression or unacceptable toxicity Leptomeningeal metastases from EGFR mutation-positive NSCLC Administer 50 mg intrathecally every 28 days, until disease progression or unacceptable toxicity

- Supplement with oral folic acid and intramuscular vitamin B_{12}.
- Avoid administration of ibuprofen for 2 days before, the day of, and 2 days following administration in patients with CrCl <80 mL/min.
- Do not administer in patients with CrCl <45 mL/min.

VI. Billing Code/Availability Information

Product Formulation	Drug	Manufacturer	Type	HCPCS Code	NDC
Pemetrexed Disodium Lyophilisate for injection	Alimta 100 mg powder for inj. SDV * Alimta 500 mg powder for inj. SDV *	Lilly	Brand	J9305	00002-7640-xx 00002-7623-xx
	Pemetrexed 100 mg powder for inj. SDV Ψ Pemetrexed 500 mg powder for inj. SDV Ψ	Hospira	Brand	J9294	00409-1060-xx 00409-1061-xx
	Pemetrexed 750 mg powder for inj. SDV * Pemetrexed 1000 mg powder for inj. SDV *	N/A	Generic	J9305	N/A
	Pemetrexed 100 mg powder for inj. SDV Ψ Pemetrexed 500 mg powder for inj. SDV Ψ Pemetrexed 750 mg powder for inj. SDV Ψ Pemetrexed 1000 mg powder for inj. SDV Ψ	BluePoint	Brand	J9322	68001-0543-xx 68001-0544-xx 68001-0545-xx 68001-0546-xx
Pemetrexed Disodium Solution for injection	Pemetrexed 100 mg/4 mL inj. SDV Ψ	Sandoz	Brand	J9297	00781-3518-xx
		Accord	Brand	J9296	16729-0522-xx
		Hospira	Brand	J9294	00409-1045-xx
	Pemetrexed 500 mg/20 mL inj. SDV Ψ	Sandoz	Brand	J9297	00781-3519-xx
		Accord	Brand	J9296	16729-0522-xx
		Hospira	Brand	J9294	00409-2188-xx
	Pemetrexed 850 mg/34mL inj. SDV Ψ	Accord	Brand	J9296	16729-0522-xx
	Pemetrexed 1000 mg/40 mL inj. SDV Ψ	Accord	Brand	J9296	16729-0522-xx
		Hospira	Brand	J9294	00409-3532-xx
Pemetrexed Solution for injection	Pemfexy 500 mg/20 mL inj. MDV	Eagle	Brand	J9304	42367-0531-xx
	Pemetrexed 100 mg/4mL inj. SDV Ψ	Teva	Brand	J9314	00480-4516-xx
	Pemetrexed 500 mg/20 mL inj. SDV Ψ	Teva	Brand	J9314	00480-4514-xx
	Pemetrexed 1000 mg/40 mL inj. SDV Ψ	Teva	Brand	J9314	00480-4515-xx
Pemetrexed Ditromethamine for injection	Pemetrexed 100 mg powder for inj. SDV Ψ	Hospira	Brand	J9323	00409-1060-xx
	Pemetrexed 500 mg powder for inj. SDV Ψ				00409-1061-xx

Multiple manufacturers produce ANDA generics

Ψ *Designated products approved by the FDA as a 505(b)(2) NDA of the innovator product. These products are not rated as therapeutically equivalent to their reference listed drug in the Food and Drug Administration's (FDA) Orange Book and are therefore considered single source products based on the statutory definition of "single source drug" in section 1847A(c)(6) of the Act. For a complete list of all approved 505(b)(2) NDA products please reference the latest edition of the Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations | Orange Book | FDA*

J9294 – Injection, pemetrexed (hospira) not therapeutically equivalent to J9305, 10 mg

J9296 – Injection, pemetrexed (accord) not therapeutically equivalent to J9305, 10 mg **J9297 – Injection, pemetrexed (sandoz), not therapeutically equivalent to J9305, 10 mg** **J9304 – Injection, pemetrexed (pemfexy), 10 mg** **J9305 – Injection, pemetrexed, not otherwise specified, 10 mg** **J9314 – Injection, pemetrexed (teva) not therapeutically equivalent to J9305, 10 mg** **J9322 – Injection, pemetrexed (bluepoint) not therapeutically equivalent to J9305, 10 mg** **J9323 – Injection, pemetrexed ditromethamine, 10 mg** **J9999 – Injection, pemetrexed various (shipla, etc.), 10 mg**

VII. References

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
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
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 or 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
C37	Malignant neoplasm of thymus
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium

ICD-10	ICD-10 Description
C45.7	Mesothelioma of other sites
C45.9	Mesothelioma, unspecified
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.3	Malignant neoplasm of bilateral ovaries
C56.9	Malignant neoplasm of unspecified ovary
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of other specified female genital organs
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C79.32	Secondary malignant neoplasm of cerebral meninges
C83.30	Diffuse large B-cell lymphoma unspecified site
C83.39	Diffuse large B-cell lymphoma extranodal and solid organ sites
C83.80	Other non-follicular lymphoma, unspecified site
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.99	Non-Hodgkin's lymphoma extranodal and solid organ sites

ICD-10	ICD-10 Description
D15.0	Benign neoplasm of thymus
D19.1	Benign neoplasm of mesothelial tissue of peritoneum
D38.4	Neoplasm of uncertain behavior of thymus
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.238	Personal history of other malignant neoplasm of thymus
Z85.43	Personal history of malignant neoplasm of ovary

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): N/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,	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp
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
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

PreferredOne Community Health Plan Nondiscrimination Notice

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

PCHP:
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 PCHP 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 Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
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)

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, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

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ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1.800.940.5049 (TTY: 763.847.4013).

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

ဟသျှဉ်ဟသး– နမ့်ကတိ၊ ကညီ ကျိာ်အယိ, နမၤန့် ကျိာ်အတ်မၤစၢၤလ၊ တလၫ်ဘူဉ်လၫ်စ့၊ နီတမံၤဘဉ်သ့နှဉ်လီၤ. 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 ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ 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

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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)

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- Information written in other languages

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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

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)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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