



## **Bevacizumab:**

**Avastin®; Mvasi®; Zirabev™; Alymsys®; Vegzelma®**  
**(Intravenous)**

**\*ONCOLOGY\***

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### **I. Length of Authorization <sup>8</sup>**

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

- **Adult CNS Cancers (symptom management):** Coverage will be provided for twelve (12) weeks and may NOT be renewed.

### **II. Dosing Limits**

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

Avastin, Mvasi, Zirabev, Alymsys, Vegzelma:

- 100 mg/4 mL single-dose vial: 3 vials 21 days
- 400 mg/16 mL single-dose vial: 4 vials per 21 days

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

**Oncology indications (J9035/Q5107/Q5118/Q5126/Q5129):**

- Small Bowel Adenocarcinoma/Ampullary Adenocarcinoma:
  - 60 billable units per 14 days
- NSCLC, Cervical Cancer, HCC, Vulvar Cancer, MPM, & MPeM:
  - 170 billable units per 21 days
- All other indications:
  - 120 billable units per 14 days

### **III. Initial Approval Criteria <sup>1-5</sup>**

Coverage is provided in the following conditions:

- Patient must try and have an inadequate response, contraindication, or intolerance to Mvasi AND Zirabev; **OR**
- Patient is continuing treatment with a different bevacizumab product

Step therapy does not apply to MN residents with metastatic cancer per statute 62Q.1841.  
<https://www.revisor.mn.gov/statutes/cite/62Q.1841>

- Patient is at least 18 years of age, unless otherwise specified; **AND**

#### Universal Criteria <sup>1-5</sup>

- Patient has no recent history of hemoptysis (i.e., the presence of  $\geq 2.5$  mL of blood in sputum); **AND**
- Patient must not have had a surgical procedure within the preceding 28 days or have a surgical wound that has not fully healed; **AND**

#### Ampullary Adenocarcinoma ‡ <sup>6</sup>

- Used in combination with a fluoropyrimidine- (e.g., 5-fluorouracil/5-FU or capecitabine) based regimen for intestinal type disease; **AND**
  - Used as first-line therapy for unresectable localized or metastatic disease; **OR**
  - Used as subsequent therapy for disease progression; **AND**
    - Patient has poor performance status (ECOG PS 2); **OR**
    - Patient has good performance status (ECOG 0-1, with good biliary drainage and adequate nutritional intake) and received prior oxaliplatin-based therapy

#### Adult Central Nervous System (CNS) Cancers † ‡ ◊ <sup>1-6,8,27,28</sup>

- Used as single-agent short-course therapy for symptom management related to radiation necrosis, poorly controlled vasogenic edema, or mass effect; **AND**
  - Patient has a diagnosis of one of the following CNS cancers ‡:
    - Circumscribed Glioma
    - Primary CNS Lymphoma
    - Meningiomas
    - Brain or Spine metastases
    - Medulloblastoma
    - Glioblastoma/Gliosarcoma/H3-mutated high grade glioma
    - IDH-mutant Astrocytoma (WHO Grade 2-4)
    - IDH-mutant, 1p19q codeleted Oligodendroglioma (WHO Grade 2 or 3)
    - Intracranial or Spinal Ependymoma (*excluding subependymoma*); **OR**
- Used for recurrent or progressive disease; **AND**
  - Patient has a diagnosis of one of the following CNS cancers:
    - IDH-mutant, 1p19q codeleted Oligodendroglioma (WHO Grade 3) ‡ ◊

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- Glioblastoma/Gliosarcoma/H3-mutated high grade glioma † ‡
  - IDH-mutant Astrocytoma (WHO Grade 3 or 4) ‡; **AND**
- Used as a single agent; **OR**
- Used in combination with carmustine, lomustine, or temozolomide; **AND**
  - Patient has failed bevacizumab monotherapy; **OR**
- Used as a single agent for Intracranial or Spinal Ependymoma (*excluding subependymoma*) after prior radiation therapy ‡; **OR**
- Used as a single agent for surgically inaccessible Meningiomas when radiation is not possible ‡

### **Cervical Cancer † ‡<sup>1-6,30,49</sup>**

- Patient has persistent, recurrent, or metastatic disease; **AND**
  - Disease has adenocarcinoma, adenosquamous, or squamous cell carcinoma histology; **AND**
    - Used in combination with paclitaxel **AND** either cisplatin, carboplatin, or topotecan; **OR**
    - Used in combination with pembrolizumab, paclitaxel, **AND** cisplatin or carboplatin; **AND**
      - Tumor expresses PD-L1 (Combined Positive Score [CPS] ≥1) as determined by an FDA-approved or CLIA compliant test❖; **OR**
    - Used as a single agent as subsequent therapy; **OR**
  - Patient has small cell neuroendocrine carcinoma of the cervix (NECC); **AND**
    - Used in combination with paclitaxel and topotecan; **OR**
    - Used as a single agent as subsequent therapy

### **Colorectal Cancer (CRC) † ‡<sup>1-6,19-24,50</sup>**

- Will not be used as part of adjuvant treatment; **AND**
  - Used in combination with a fluoropyrimidine- (e.g., 5-fluorouracil/5-FU or capecitabine) or irinotecan-based regimen as first-line or subsequent therapy for metastatic, unresectable (or medically inoperable), or advanced disease; **AND**
    - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
    - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease **AND** is not a candidate for or has progressed on checkpoint inhibitor immunotherapy; **OR**
  - Used in combination with a fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based regimen (not used first line) as second-line therapy for metastatic disease that has progressed on a first-line bevacizumab-containing regimen †; **OR**

- Used in combination with trifluridine and tipiracil as subsequent therapy for advanced or metastatic disease; **AND**
  - Patient progressed through all available regimens (e.g., oxaliplatin-based therapy, irinotecan-based therapy, fluoropyrimidine-based therapy, etc.)\*; **AND**
    - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease\*\*; **OR**
    - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease\*\* AND is not a candidate for or has progressed on checkpoint inhibitor immunotherapy\*\*

*\*Refer to NCCN Colon and Rectal Cancer guidelines for regimens.*

*\*\*Note: Only applies to advanced disease.*

### **Appendiceal Adenocarcinoma – Colon Cancer ‡<sup>6,47</sup>**

- Used as initial therapy for advanced or metastatic disease; **AND**
  - Used in combination with a fluoropyrimidine- (e.g., 5-fluorouracil/5-FU or capecitabine) based regimen; **AND**
    - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
    - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease AND is not a candidate for or has progressed on checkpoint inhibitor immunotherapy; **OR**
- Used as subsequent therapy for progression of advanced or metastatic disease; **AND**
  - Used in combination with a fluoropyrimidine- (e.g., 5-fluorouracil/5-FU or capecitabine) or irinotecan-based regimen following previous oxaliplatin- irinotecan- and/or fluoropyrimidine-based therapy; **AND**
    - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
    - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease AND is not a candidate for or has progressed on checkpoint inhibitor immunotherapy; **OR**
  - Used in combination with trifluridine and tipiracil as subsequent therapy for advanced or metastatic disease; **AND**
    - Patient progressed through all available regimens (e.g., oxaliplatin-based therapy, irinotecan-based therapy, therapy without irinotecan or oxaliplatin, etc.)\*; **AND**
      - Patient has mismatch repair proficient/microsatellite-stable (pMMR/MSS) disease; **OR**
      - Patient has mismatch repair deficient/microsatellite instability-high (dMMR/MSI-H) disease AND is not a candidate for or has progressed on checkpoint inhibitor immunotherapy

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*\*Refer to NCCN Colon Cancer guidelines for regimens.*

### **Endometrial Carcinoma (Uterine Neoplasms) ‡<sup>6,37</sup>**

- Used as a single agent for recurrent disease that has progressed on prior cytotoxic chemotherapy; **OR**
- Used in combination with carboplatin and paclitaxel for recurrent disease

### **Hepatocellular Carcinoma (HCC) † ‡ ◻<sup>1,6,16,17</sup>**

- Used as first-line therapy in combination with atezolizumab; **AND**
- Patient has Child-Pugh Class A or B hepatic impairment; **AND**
  - Patient has unresectable\* or metastatic disease; **OR**
  - Patient has liver-confined disease that is inoperable by performance status, comorbidity, or with minimal or uncertain extrahepatic disease; **OR**
  - Patient has extensive liver tumor burden

*\*Patients with unresectable Child-Pugh Class B hepatic impairment must not be a transplant candidate.*

### **Malignant Peritoneal\* Mesothelioma (MPeM) ‡<sup>6,44,51</sup>**

- Used as first-line therapy; **AND**
  - Used in combination with pemetrexed AND either cisplatin or carboplatin (if cisplatin ineligible) for unresectable diffuse or recurrent disease; **OR**
- Used as subsequent therapy; **AND**
  - Used in combination with pemetrexed AND either cisplatin or carboplatin (if cisplatin ineligible); **AND**
    - Immunotherapy was administered as first-line treatment; **OR**
    - Used as a rechallenge if pemetrexed-based treatment was administered first-line with good response; **OR**
  - Used in combination with atezolizumab; **AND**
    - Patient has not received previous therapy with immune checkpoint inhibitors (e.g., nivolumab, pembrolizumab, durvalumab, avelumab, cemiplimab, dostarlimab, nivolumab/relatlimab-rmbw, etc.)

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

### **Malignant Pleural\* Mesothelioma (MPM) ‡<sup>6,39,51</sup>**

- Used as first-line therapy; **AND**
  - Used in combination with pemetrexed AND either cisplatin or carboplatin (if cisplatin ineligible); **OR**
- Used as subsequent therapy; **AND**
  - Used in combination with pemetrexed AND either cisplatin or carboplatin (if cisplatin ineligible); **AND**

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- 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 (NSCLC) † ‡ 1-6,12,14,15,25,26

- Used for recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease with no evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
  - Used as first-line therapy; **AND**
    - Used in combination with erlotinib for EGFR exon 19 deletion or exon 21 L858R mutations; **OR**
    - Used for one of the following:
      - Patients with a performance status (PS) 0-1 who have tumors that are negative for actionable molecular biomarkers\* and PD-L1 expression < 1%
      - PD-L1 expression positive (PD-L1 ≥ 1%) tumors that are negative for actionable molecular biomarkers\*
      - Patients with a PS 0-1 who are positive for one of the following molecular biomarkers: EGFR exon 20, KRAS G12C, BRAF V600E, NTRK1/2/3 gene fusion, MET exon 14 skipping, RET rearrangement, or ERBB2 (HER2); **AND**
    - Used in combination with one of the following:
      - Carboplatin and paclitaxel †
      - Pemetrexed and either carboplatin or cisplatin in patients with contraindications‡ to PD-1 or PD-L1 inhibitors
      - Atezolizumab, carboplatin, and paclitaxel; **OR**
  - Used as subsequent therapy in patients with a PS 0-1; **AND**
    - Used for one of the following:
      - EGFR exon 19 deletion or exon 21 L858R mutation, EGFR S768I, L861Q, and/or G719X mutation, ALK rearrangement, or ROS1 rearrangement positive tumors **AND** patient received prior targeted therapy§ for those aberrations
      - BRAF V600E mutation, NTRK1/2/3 gene fusion, MET exon 14 skipping mutation, or RET rearrangement positive tumors
      - PD-L1 expression positive (PD-L1 ≥ 1%) tumors that are negative for actionable molecular biomarkers\* after prior PD-1/PD-L1 inhibitor therapy but no prior platinum-containing chemotherapy; **AND**
    - Used in combination with one of the following:

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- Carboplatin and paclitaxel in patients with contraindications<sup>¥</sup> to PD-1 or PD-L1 inhibitors
- Pemetrexed and either carboplatin or cisplatin in patients with contraindications<sup>¥</sup> to PD-1 or PD-L1 inhibitors
- Atezolizumab, carboplatin, and paclitaxel (*excluding use in patients who have received prior PD-1/PD-L1 inhibitor therapy*); **OR**
- Used as continuation maintenance therapy in patients who achieved a tumor response or stable disease after first-line systemic therapy; **AND**
  - Used as a single agent (*bevacizumab must have been included in the first-line regimen*); **OR**
  - Used in combination with pemetrexed following a first-line bevacizumab/pemetrexed/platinum chemotherapy regimen; **OR**
  - Used in combination with atezolizumab following a first-line atezolizumab/carboplatin/paclitaxel/bevacizumab regimen; **OR**
- Used as continuation of therapy following disease progression on erlotinib with bevacizumab; **AND**
  - Patient has asymptomatic disease, symptomatic brain lesions, or symptomatic systemic limited progression; **AND**
  - Patient has T790M negative disease

*\* 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.*

*¥ Note: Contraindications for treatment with PD-1/PD-L1 inhibitors may include active or previously documented autoimmune disease and/or current use of immunosuppressive agents, and some oncogenic drivers (i.e., EGFR exon 19 deletion or exon 21 L858R, ALK rearrangements) have been shown to be associated with less benefit from PD-1/PD-L1 inhibitors.*

## Ovarian, Fallopian Tube, and Primary Peritoneal Cancer † ‡ ◊ 1-6,13,31-34,52

- Patient has malignant stage II-IV sex cord-stromal tumors ‡; **AND**
  - Used as a single agent for clinically relapsed disease; **OR**
- Patient has epithelial\* ovarian, fallopian tube, or primary peritoneal cancer †; **AND**
  - Patient has persistent or recurrent disease; **AND**
    - Bevacizumab has not been used previously; **AND**
    - Patient is not experiencing an immediate biochemical relapse (i.e., rising CA-125 without radiographic evidence of disease); **AND**
      - Patient has platinum-sensitive disease; **AND**
        - Used as a single agent; **OR**

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- Used in combination with carboplatin AND either gemcitabine, paclitaxel † or liposomal doxorubicin; **OR**
- Patient has platinum-resistant disease; **AND**
  - Used as a single agent; **OR**
  - Used in combination with one of the following: oral cyclophosphamide, gemcitabine, liposomal doxorubicin, paclitaxel, or topotecan †; **OR**
- Used in combination with paclitaxel and carboplatin for rising CA-125 levels or clinical relapse in patients who have received no prior chemotherapy (*mucinous, clear cell, carcinosarcoma, endometrioid, and serous histology only*); **OR**
- Used as maintenance therapy; **AND**
  - Used for stage II-IV disease following primary therapy including bevacizumab; **AND**
    - Used as a single agent in patients that are BRCA1/2 wild-type or unknown AND homologous recombination (HR) proficient, HR deficient, or status unknown (*grade 2/3 endometrioid and high-grade serous histology only*); **OR**
    - Used in combination with olaparib; **AND**
      - Patient is BRCA1/2 wild-type or unknown AND HR deficient (*grade 2/3 endometrioid and high-grade serous histology only*); **OR**
      - Patient has a germline or somatic BRCA1/2 mutation (*grade 2/3 endometrioid, high-grade serous, clear cell, carcinosarcoma histology only*); **OR**
  - Used as a single agent following recurrence therapy with chemotherapy plus bevacizumab for platinum-sensitive disease; **OR**
  - Used as continued treatment for stable disease following neoadjuvant therapy (*endometrioid and serous histology only*); **AND**
    - Used in combination with carboplatin AND paclitaxel or docetaxel; **OR**
    - Used in combination with oxaliplatin and docetaxel; **OR**
- Used as neoadjuvant therapy (*endometrioid and serous histology only*); **AND**
  - Used in combination with one of the following:
    - Carboplatin AND paclitaxel or docetaxel
    - Oxaliplatin and docetaxel; **AND**
  - Patient is a poor surgical candidate or has a low likelihood of optimal cytoreduction; **OR**
- Used as adjuvant therapy; **AND**
  - Used in combination with oxaliplatin and docetaxel; **AND**
    - Patient has pathologic stage IB or IC disease (*clear cell, carcinosarcoma, grade 2/3 endometrioid, and high-grade serous histology only*); **OR**



- Patient has pathologic stage II-IV disease (*mucinous, clear cell, carcinosarcoma, grade 2/3 endometrioid, and high-grade serous histology only*); **OR**
- Used following interval debulking surgery (IDS) in patients with a response or stable disease to neoadjuvant therapy (*endometrioid and serous histology only*); **AND**
  - Patient is a poor surgical candidate or has a low likelihood of optimal cytoreduction; **OR**
- Used in combination with carboplatin AND paclitaxel or docetaxel; **AND**
  - Patient has pathologic stage II-IV disease (*mucinous, clear cell, carcinosarcoma, borderline epithelial, endometrioid, and serous histology only*); **OR**
  - Used following interval debulking surgery (IDS) in patients with a response or stable disease to neoadjuvant therapy (*endometrioid and serous histology only*); **AND**
    - Patient is a poor surgical candidate or has a low likelihood of optimal cytoreduction

*\* Epithelial subtypes include serous, endometrioid, carcinosarcoma (malignant mixed Müllerian tumors [MMMTs] of the ovary), clear cell, mucinous, and borderline epithelial tumors (also known as low malignant potential [LMP] tumors).*

#### **Pediatric Central Nervous System (CNS) Cancers ‡<sup>2,47</sup>**

- Patient is ≤ 18 years of age; **AND**
- Patient has diffuse high-grade glioma (*excluding oligodendroglioma, IDH-mutant and 1p/19q co-deleted or astrocytoma IDH-mutant*); **AND**
- Used for palliation of recurrent or progressive disease

#### **Renal Cell Carcinoma (RCC) † ‡ Φ<sup>1-6,29</sup>**

- Used in combination with interferon alfa for metastatic disease †; **OR**
- Patient has relapsed or metastatic disease with non-clear cell histology; **AND**
  - Used as a single agent ‡; **OR**
  - Used in combination with everolimus ‡; **OR**
  - Used in combination with erlotinib for advanced papillary disease including hereditary leiomyomatosis and renal cell carcinoma (HLRCC)-associated RCC ‡

#### **Small Bowel Adenocarcinoma ‡<sup>6,18</sup>**

- Patient has advanced or metastatic disease; **AND**
- Used in combination with a fluoropyrimidine- (e.g., 5-fluorouracil/5-FU or capecitabine) based regimen

#### **Soft Tissue Sarcoma ‡<sup>6</sup>**

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- Used as a single agent for angiosarcoma; **OR**
- Used in combination with temozolomide for solitary fibrous tumor

#### Vulvar Cancer ‡<sup>6</sup>

- Used in combination with paclitaxel and cisplatin; **AND**
- Patient has squamous cell carcinoma or adenocarcinoma; **AND**
- Patient has unresectable, locally advanced, metastatic, or recurrent disease

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

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

| § Genomic Aberration/Mutational Driver Targeted Therapies <sup>12</sup><br>(Note: not all inclusive, refer to guidelines for appropriate use)                                                                                                             |                                                                                                                                                      |                                                                                                                                  |                                                                                                    |                                                                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Sensitizing <i>EGFR</i> mutation-positive tumors                                                                                                                                                                                                          | <i>ALK</i> rearrangement-positive tumors                                                                                                             | <i>ROS1</i> rearrangement-positive tumors                                                                                        | <i>BRAF</i> V600E-mutation positive tumors                                                         | <i>NTRK1/2/3</i> gene fusion positive tumors                                                                             |
| <ul style="list-style-type: none"> <li>– Afatinib</li> <li>– Erlotinib</li> <li>– Dacomitinib</li> <li>– Gefitinib</li> <li>– Osimertinib</li> <li>– Amivantamab (<i>exon-20 insertion</i>)</li> <li>– Mobocertinib (<i>exon-20 insertion</i>)</li> </ul> | <ul style="list-style-type: none"> <li>– Alectinib</li> <li>– Brigatinib</li> <li>– Ceritinib</li> <li>– Crizotinib</li> <li>– Lorlatinib</li> </ul> | <ul style="list-style-type: none"> <li>– Ceritinib</li> <li>– Crizotinib</li> <li>– Entrectinib</li> <li>– Lorlatinib</li> </ul> | <ul style="list-style-type: none"> <li>– Dabrafenib ± trametinib</li> <li>– Vemurafenib</li> </ul> | <ul style="list-style-type: none"> <li>– Larotrectinib</li> <li>– Entrectinib</li> </ul>                                 |
| PD-L1 tumor expression ≥ 1%                                                                                                                                                                                                                               | <i>MET</i> exon-14 skipping mutations                                                                                                                | <i>RET</i> rearrangement-positive tumors                                                                                         | <i>KRAS</i> G12C mutation positive tumors                                                          | <i>ERBB2 (HER2)</i> mutation positive tumors                                                                             |
| <ul style="list-style-type: none"> <li>– Pembrolizumab</li> <li>– Atezolizumab</li> <li>– Nivolumab + ipilimumab</li> <li>– Cemiplimab</li> <li>– Tremelimumab + durvalumab</li> </ul>                                                                    | <ul style="list-style-type: none"> <li>– Capmatinib</li> <li>– Crizotinib</li> <li>– Tepotinib</li> </ul>                                            | <ul style="list-style-type: none"> <li>– Selpercatinib</li> <li>– Cabozantinib</li> <li>– Pralsetinib</li> </ul>                 | <ul style="list-style-type: none"> <li>– Sotorasib</li> <li>– Adagrasib</li> </ul>                 | <ul style="list-style-type: none"> <li>– Fam-trastuzumab deruxtecan-nxki</li> <li>– Ado-trastuzumab emtansine</li> </ul> |

#### IV. Renewal Criteria<sup>1-6,8</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**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: gastrointestinal perforations and fistulae, surgical/wound healing complications, necrotizing

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fasciitis, hemorrhage, arterial and venous thromboembolic events (ATE & VTE), uncontrolled hypertension, posterior reversible encephalopathy syndrome (PRES), nephrotic syndrome, proteinuria, severe infusion-related reactions, ovarian failure, congestive heart failure (CHF), etc.; **AND**

**Adult CNS Cancers – symptom management (short-course therapy):**

- Coverage may NOT be renewed

**Adult CNS Cancers – Oligodendroglioma, Glioblastoma, or Astrocytoma (in combination with carmustine, lomustine, or temozolomide):**

- *Refer to Section III for criteria*

**Colorectal Cancer (after first-line bevacizumab-containing regimen):**

- *Refer to Section III for criteria*

**MPeM (combination therapy with atezolizumab):**

- *Refer to Section III for criteria*

**Non-Squamous Non-Small Cell Lung Cancer (maintenance therapy OR continuation therapy in combination with erlotinib):**

- *Refer to Section III for criteria*

**Ovarian Cancer (maintenance therapy):**

- *Refer to Section III for criteria*

**V. Dosage/Administration** <sup>1-4,7,8,13,18,30,36,37,39-48</sup>

| Indication                                            | Dose                                                                                                                                                                                   |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CRC & Appendiceal Adenocarcinoma                      | Administer 5 to 10 mg/kg intravenously every 2 weeks <b>OR</b> 7.5 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.                               |
| Small Bowel Adenocarcinoma & Ampullary Adenocarcinoma | Administer 5 mg/kg intravenously every 2 weeks <b>OR</b> 7.5 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.                                     |
| NSCLC, Cervical Cancer, HCC, Vulvar Cancer            | Administer 15 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.                                                                                    |
| Adult CNS Cancers                                     | <p><u>For disease treatment:</u></p> <p>–Administer 10 mg/kg intravenously every 2 weeks until disease progression or unacceptable toxicity.</p> <p><u>For symptom management:</u></p> |

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|                                                        |                                                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                        | –Administer 5 to 10 mg/kg intravenously every 2 weeks up to 12 weeks duration.                                                                                                                                                                                                                                                                            |
| Pediatric CNS Cancers                                  | Administer 10 mg/kg intravenously every 2 weeks until disease progression or unacceptable toxicity.                                                                                                                                                                                                                                                       |
| RCC                                                    | Administer 10 mg/kg intravenously every 2 weeks until disease progression or unacceptable toxicity.                                                                                                                                                                                                                                                       |
| MPM                                                    | Administer 15 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.                                                                                                                                                                                                                                                       |
| MPeM                                                   | <p><u>In combination with pemetrexed AND either cisplatin or carboplatin:</u></p> <p>–Administer 15 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.</p> <p><u>In combination with atezolizumab:</u></p> <p>–Administer 15 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.</p> |
| Ovarian, Fallopian Tube, and Primary Peritoneal Cancer | Administer 5 to 10 mg/kg intravenously every 2 weeks <b>OR</b> 7.5 to 15 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.                                                                                                                                                                                            |
| All Other Indications                                  | Administer 5 to 10 mg/kg intravenously every 2 weeks <b>OR</b> 7.5 to 15 mg/kg intravenously every 3 weeks until disease progression or unacceptable toxicity.                                                                                                                                                                                            |

## VI. Billing Code/Availability Information

### HCPCS Code(s):

- J9035 – Injection, bevacizumab, 10 mg; 1 billable unit = 10 mg
- Q5107 – Injection, bevacizumab-awwb, biosimilar, (mvasi), 10 mg; 1 billable unit = 10 mg
- Q5118 – Injection, bevacizumab-bvzr, biosimilar, (zirabev), 10 mg; 1 billable unit = 10 mg
- Q5126 – Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg; 1 billable unit = 10 mg
- Q5129 – Injection, bevacizumab-adcd, biosimilar, (vegzelma), 10 mg; 1 billable unit = 10 mg

### NDC(s):

- Avastin single-dose vial, 100 mg/4 mL solution for injection: 50242-0060-xx
- Avastin single-dose vial, 400 mg/16 mL solution for injection: 50242-0061-xx
- Mvasi single-dose vial, 100 mg/4 mL solution for injection: 55513-0206-xx
- Mvasi single-dose vial, 400 mg/16 mL solution for injection: 55513-0207-xx
- Zirabev single-dose vial, 100 mg/4 mL solution for injection: 00069-0315-xx
- Zirabev single-dose vial, 400 mg/16 mL solution for injection: 00069-0342-xx
- Alymsys single-dose vial, 100 mg/4 mL solution for injection: 70121-1754-xx
- Alymsys single-dose vial, 400 mg/16 mL solution for injection: 70121-1755-xx
- Vegzelma single-dose vial, 100 mg/4 mL solution for injection: 72606-0011-xx
- Vegzelma single-dose vial, 400 mg/16 mL solution for injection: 72606-0012-xx

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## Appendix 1 – Covered Diagnosis Codes

| ICD-10 | ICD-10 Description                                                     |
|--------|------------------------------------------------------------------------|
| C17.0  | Malignant neoplasm duodenum                                            |
| C17.1  | Malignant neoplasm jejunum                                             |
| C17.2  | Malignant neoplasm ileum                                               |
| C17.3  | Meckel's diverticulum, malignant                                       |
| C17.8  | Malignant neoplasm of overlapping sites of small intestines            |
| C17.9  | Malignant neoplasm of small intestine, 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 large intestines            |
| 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 |

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| ICD-10 | ICD-10 Description                                                                             |
|--------|------------------------------------------------------------------------------------------------|
| C22.0  | Liver cell carcinoma                                                                           |
| C22.3  | Angiosarcoma of the liver                                                                      |
| C22.8  | Malignant neoplasm of liver, primary, unspecified as to type                                   |
| C22.9  | Malignant neoplasm of liver, not specified as primary or secondary                             |
| C24.1  | Malignant neoplasm of ampulla of Vater                                                         |
| 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                                |
| C45.0  | Mesothelioma of pleura                                                                         |
| C45.1  | Mesothelioma of peritoneum                                                                     |
| C45.2  | Mesothelioma of pericardium                                                                    |
| C45.7  | Mesothelioma of other sites                                                                    |
| C45.9  | Mesothelioma, unspecified                                                                      |
| C48.0  | Malignant neoplasm of retroperitoneum                                                          |
| 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                      |
| C49.0  | Malignant neoplasm of connective and soft tissue of head, face and neck                        |
| C49.10 | Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder |
| C49.11 | Malignant neoplasm of connective and soft tissue of right upper limb including shoulder        |
| C49.12 | Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder        |
| C49.20 | Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip      |

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| ICD-10 | ICD-10 Description                                                                  |
|--------|-------------------------------------------------------------------------------------|
| C49.21 | Malignant neoplasm of connective and soft tissue of right lower limb, including hip |
| C49.22 | Malignant neoplasm of connective and soft tissue of left lower limb, including hip  |
| C49.3  | Malignant neoplasm of connective and soft tissue of thorax                          |
| C49.4  | Malignant neoplasm of connective and soft tissue of abdomen                         |
| C49.5  | Malignant neoplasm of connective and soft tissue of pelvis                          |
| C49.6  | Malignant neoplasm of connective and soft tissue of trunk, unspecified              |
| C49.8  | Malignant neoplasm of overlapping sites of connective and soft tissue               |
| C49.9  | Malignant neoplasm of connective and soft tissue, unspecified                       |
| C51.0  | Malignant neoplasm of labium majus                                                  |
| C51.1  | Malignant neoplasm of labium minus                                                  |
| C51.2  | Malignant neoplasm of clitoris                                                      |
| C51.8  | Malignant neoplasm of overlapping sites of vulva                                    |
| C51.9  | Malignant neoplasm of vulva, unspecified                                            |
| 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                                     |
| C54.0  | Malignant neoplasm of isthmus uteri                                                 |
| C54.1  | Malignant neoplasm of endometrium                                                   |
| C54.2  | Malignant neoplasm of myometrium                                                    |
| C54.3  | Malignant neoplasm of fundus uteri                                                  |
| C54.8  | Malignant neoplasm of overlapping sites of corpus uteri                             |
| C54.9  | Malignant neoplasm of corpus uteri, unspecified                                     |
| C55    | Malignant neoplasm of uterus, part 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                                          |

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| ICD-10 | ICD-10 Description                                               |
|--------|------------------------------------------------------------------|
| 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          |
| C64.1  | Malignant neoplasm of right kidney, except renal pelvis          |
| C64.2  | Malignant neoplasm of left kidney, except renal pelvis           |
| C64.9  | Malignant neoplasm of unspecified kidney, except renal pelvis    |
| C65.1  | Malignant neoplasm of right renal pelvis                         |
| C65.2  | Malignant neoplasm of left renal pelvis                          |
| C65.9  | Malignant neoplasm of unspecified renal pelvis                   |
| C70.0  | Malignant neoplasm of cerebral meninges                          |
| C70.1  | Malignant neoplasm of spinal meninges                            |
| C70.9  | Malignant neoplasm of meninges, unspecified                      |
| C71.0  | Malignant neoplasm of cerebrum, except lobes and ventricles      |
| C71.1  | Malignant neoplasm of frontal lobe                               |
| C71.2  | Malignant neoplasm of temporal lobe                              |
| C71.3  | Malignant neoplasm of parietal lobe                              |
| C71.4  | Malignant neoplasm of occipital lobe                             |
| C71.5  | Malignant neoplasm of cerebral ventricle                         |
| C71.6  | Malignant neoplasm of cerebellum                                 |
| C71.7  | Malignant neoplasm of brain stem                                 |
| C71.8  | Malignant neoplasm of overlapping sites of brain                 |
| C71.9  | Malignant neoplasm of brain, unspecified                         |
| C72.0  | Malignant neoplasm of spinal cord                                |
| C72.1  | Malignant neoplasm of cauda equina                               |
| C72.9  | Malignant neoplasm of central nervous system, unspecified        |
| 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 |
| C79.31 | Secondary malignant neoplasm of brain                            |
| C83.30 | Diffuse large B-cell lymphoma unspecified site                   |
| C83.39 | Diffuse large B-cell lymphoma extranodal and solid organ sites   |

**BEVACIZUMAB**  
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**Prior Auth Criteria - Oncology**

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| ICD-10  | ICD-10 Description                                                                                                                                                               |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 lymphoma, unspecified, extranodal and solid organ sites                                                                                                              |
| D19.1   | Benign neoplasm of mesothelial tissue of peritoneum                                                                                                                              |
| D32.0   | Benign neoplasm of cerebral meninges                                                                                                                                             |
| D32.1   | Benign neoplasm of spinal meninges                                                                                                                                               |
| D32.9   | Benign neoplasm of meninges, unspecified                                                                                                                                         |
| D42.0   | Neoplasm of uncertain behavior of cerebral meninges                                                                                                                              |
| D42.1   | Neoplasm of uncertain behavior of spinal meninges                                                                                                                                |
| D42.9   | Neoplasm of uncertain behavior of meninges, unspecified                                                                                                                          |
| D43.0   | Neoplasm of uncertain behavior of brain, supratentorial                                                                                                                          |
| D43.1   | Neoplasm of uncertain behavior of brain, infratentorial                                                                                                                          |
| D43.2   | Neoplasm of uncertain behavior of brain, unspecified                                                                                                                             |
| D43.4   | Neoplasm of uncertain behavior of spinal cord                                                                                                                                    |
| D43.9   | Neoplasm of uncertain behavior of central nervous system, unspecified                                                                                                            |
| D48.1   | Neoplasm of uncertain behavior of connective and other soft tissue                                                                                                               |
| G93.6   | Cerebral edema                                                                                                                                                                   |
| I67.89  | Other cerebrovascular disease                                                                                                                                                    |
| I67.9   | Cerebrovascular disease, unspecified                                                                                                                                             |
| Y84.2   | Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure |
| Z85.038 | Personal history of other malignant neoplasm of large intestine                                                                                                                  |
| Z85.068 | Personal history of other malignant neoplasm of small intestine                                                                                                                  |
| Z85.09  | Personal history of malignant neoplasm of other digestive organs                                                                                                                 |
| Z85.118 | Personal history of other malignant neoplasm of bronchus and lung                                                                                                                |
| Z85.42  | Personal history of malignant neoplasm of other parts of uterus                                                                                                                  |
| Z85.43  | Personal history of malignant neoplasm of ovary                                                                                                                                  |
| Z85.831 | Personal history of malignant neoplasm of soft tissue                                                                                                                            |
| Z85.841 | Personal history of malignant neoplasm of brain                                                                                                                                  |
| Z85.848 | Personal history of malignant neoplasm of other parts of nervous tissue                                                                                                          |

## 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> 6, K                                                                                                                                                                                                                                                                                                                                                          | <b>NCD/LCD Document (s):</b> A52370 |
| <a href="https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a52370&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=a52370&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                           |

## 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](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)

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, taiaailla qargaarsa 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)。

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

ໂບດລູກ: ຖ້າວ່າທ່ານເຮົາພາສາລາວ, 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- နမာ်ကတိ၊ ကညီ ကိုက်အယံ၊ နမာ် ကိုက်အတၢ်မၤစၢၤလၢ တလၢ်ဘျၣ်လၢ်စၢၤ နီတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိ: 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។ ចុះ 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).

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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](mailto:customerservice@preferredone.com)

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

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