Bortezomib*
(Intravenous Only)

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I. Length of Authorization [1,2,6,9,15,26,27,36-42]

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

- Initial treatment for Multiple Myeloma: Coverage will be provided for a total of 9 cycles (42-days per cycle).
- Re-treatment of Multiple Myeloma, initial treatment of Mantle Cell Lymphoma, & Adult T-Cell Leukemia/Lymphoma: Coverage will be provided for a total of 8 cycles (21-days per cycle).
- Systemic Light Chain Amyloidosis as a single agent or in combination with cyclophosphamide and/or dexamethasone: Coverage will be provided for a total of 8 cycles (35-days per cycle as a single agent; 21- or 28-days per cycle in combination with cyclophosphamide and/or dexamethasone).
- Systemic Light Chain Amyloidosis in combination with melphalan and dexamethasone: Coverage will be provided for a total of 9 cycles (21-days per cycle).
- Systemic Light Chain Amyloidosis in combination with lenalidomide and dexamethasone: Coverage will be provided for a total of 8 cycles (28-days per cycle).
- Systemic Light Chain Amyloidosis in combination with daratumumab and hyaluronidase-fihj, cyclophosphamide, and dexamethasone: Coverage will be provided for a total of 2 years.
- Waldenström's Macroglobulinemia in combination with rituximab and/or dexamethasone: Coverage will be provided for a total of 6 cycles (28-days per cycle) or 8 cycles (21-days per cycle).
- Pediatric Hodgkin Lymphoma: Coverage will be provided for a total of 4 cycles (21-days per cycle).

II. Dosing Limits

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

- Bortezomib 3.5 mg powder for injection single-dose vial: 8 vials per 28 day supply

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

- **Multiple Myeloma & Systemic Light Chain Amyloidosis:**
  - 280 billable units every 35 days
- **Kaposi Sarcoma & Waldenström's Macroglobulinemia:**
  - 210 billable units every 28 days
- **Pediatric Hodgkin Lymphoma:**
  - 105 billable units every 21 days
- **All Other Indications:**
  - 140 billable units every 21 days

III. Initial Approval Criteria [1-3]

Coverage is provided in the following conditions:

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

Universal Criteria [1,2]

- Will not be administered intrathecally; **AND**

Multiple Myeloma † ‡ [1-6,14,16-21,25-27]

- Used in combination with a corticosteroid-containing regimen as primary therapy for symptomatic disease or for relapse (re-treatment) after 6 months following primary induction therapy with the same regimen; **OR**
- Used as maintenance therapy; **AND**
  - Used as a single agent; **OR**
  - Used in combination with lenalidomide (without dexamethasone); **OR**
  - Used in combination with lenalidomide and dexamethasone for transplant candidates; **OR**
- Used for relapsed or progressive disease in combination with a dexamethasone-containing regimen; **OR**
- Used in combination with dexamethasone in patients with a confirmed diagnosis of POEMS (polyneuropathy, organomegaly, endocrinopathy, monoclonal protein, skin changes) syndrome

Mantle Cell Lymphoma – B-Cell Lymphoma † [1,2,3,13,22-24,28]

- Used as induction or additional therapy; **AND**
  - Used as a component of VR-CAP (bortezomib, rituximab, cyclophosphamide, doxorubicin, and prednisone); **OR**
- Used as subsequent therapy; **AND**

- Used as a single agent; **OR**
- Used in combination with rituximab

Systemic Light Chain Amyloidosis ‡ [3,11]

- Patient has newly diagnosed disease OR used as repeat initial therapy if relapse-free for several years; **AND**
  - Used in combination with cyclophosphamide and dexamethasone; **OR**
  - Used as a single agent; **OR**
  - Used in combination with dexamethasone with or without melphalan or lenalidomide; **OR**
  - Used in combination with daratumumab and hyaluronidase-fihj, cyclophosphamide, and dexamethasone; **OR**
- Patient has relapsed or refractory disease; **AND**
  - Used as a single agent; **OR**
  - Used in combination with dexamethasone with or without melphalan

Waldenström's Macroglobulinemia/Lymphoplasmacytic Lymphoma (WM/LPL) ‡ [3,6,12,15,30]

- Used in combination with dexamethasone and rituximab; **OR**
- Used as a single agent; **OR**
- Used in combination with rituximab; **OR**
- Used in combination with dexamethasone

Multicentric Castleman's Disease – B-Cell Lymphoma ‡ [3,13]

- Used as subsequent therapy; **AND**
- Patient has progressed following treatment for relapsed/refractory or progressive disease; **AND**
- Used as a single agent or in combination with rituximab

Adult T-Cell Leukemia/Lymphoma ‡ [3,8,10,38]

- Used as a single agent; **AND**
- Used as subsequent therapy for non-responders to first-line therapy for acute disease or lymphoma subtypes

Acute Lymphoblastic Leukemia (ALL) – Adult* ‡ [3,9]

- Used in combination with chemotherapy; **AND**
- Patient has relapsed/refractory Philadelphia (Ph) chromosome negative T-cell disease (T-ALL)

**NCCN recommendations for ALL may be applicable to adolescent and young adult (AYA) patients within the age range of 15-39 years.*

Pediatric Acute Lymphoblastic Leukemia (ALL) ‡ [3,9,29]

- Patient is at least 1 year of age**; **AND**
  - Patient has relapsed or refractory B-cell disease (B-ALL); **AND**
    - Used as a component of the COG AALL07P1 regimen (bortezomib, vincristine, doxorubicin, pegaspargase, prednisone); **AND**
      - Patient has Philadelphia (Ph) chromosome negative disease; **OR**
      - Used in combination with dasatinib or imatinib for Philadelphia (Ph) chromosome positive disease; **OR**
  - Patient has relapsed or refractory T-cell disease (T-ALL); **AND**
    - Used in combination with a corticosteroid (e.g., prednisone or dexamethasone), vincristine, doxorubicin, and pegaspargase

***NCCN recommendations for Pediatric ALL may be applicable to certain adolescent and young adult (AYA) patients up to 31 years of age.*

Kaposi Sarcoma ‡ [3,42]

- Used as subsequent therapy for relapsed or refractory disease; **AND**
- Patient has advanced cutaneous, oral, visceral, or nodal disease; **AND**
- Patient has progressed on or not responded to first-line therapy; **AND**
- Patient has progressed on alternate first-line therapy; **AND**
  - Used as a single-agent in patients without human immunodeficiency virus (HIV); **OR**
  - Used in combination with antiretroviral therapy (ART) for patients with HIV

Pediatric Hodgkin Lymphoma ‡ [3,45]

- Patient age is 18 years and under***; **AND**
- Used for relapsed or refractory disease in combination with ifosfamide and vinorelbine

****Pediatric Hodgkin Lymphoma patients may include certain adolescent and young adult (AYA) patients up to 39 years of age.*

**Bortezomib was approved by the FDA as a 505(b) (2) NDA of the innovator product, Velcade (bortezomib) for Injection, for intravenous use only and thus should NOT be considered therapeutically interchangeable (i.e. not suitable for substitution) for other non-approved indications.*

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

IV. Renewal Criteria [1,2,7]

Coverage can be renewed based upon the following criteria:

- Patient continues to meet 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. Example of unacceptable toxicity include peripheral neuropathy, hypotension, cardiac toxicity, pulmonary toxicity, posterior reversible encephalopathy syndrome (PRES), gastrointestinal toxicity, thrombocytopenia, neutropenia, tumor lysis syndrome, hepatic toxicity, thrombotic microangiopathy, etc.

V. Dosage/Administration [1,2,6,7,9,15,26,27,31,36-46]

Indication	Dose
Multiple Myeloma – initial treatment	1.3 mg/m² intravenously (IV) in combination with oral melphalan and oral prednisone for nine 6-week treatment cycles. In cycles 1-4, bortezomib is given twice weekly (days 1, 4, 8, 11, 22, 25, 29, and 32). In cycles 5-9, bortezomib is given once weekly (days 1, 8, 22, and 29).
Multiple Myeloma – maintenance therapy	Following primary therapy with a bortezomib-containing regimen for transplant-ineligible patients: 1.3 mg/m² IV every two weeks or 1.6 mg/m² IV weekly (days 1, 8, 15, and 22) every 35 days until disease progression or unacceptable toxicity Following autologous stem cell transplant: 1.3 mg/m² IV every two weeks until disease progression or unacceptable toxicity
Multiple Myeloma – re-treatment	1.3 mg/m² IV twice weekly (days 1, 4, 8, and 11) followed by a 10-day rest period (days 12-21) for up to 8 cycles
Mantle Cell Lymphoma – previously untreated	1.3 mg/m² IV in combination with rituximab, cyclophosphamide, doxorubicin, and oral prednisone for six 3-week treatment cycles. Bortezomib is given twice weekly (days 1, 4, 8, and 11) followed by a 10-day rest period on days 12-21. For patients with a response first documented at cycle 6, two additional cycles are recommended.
Multiple Myeloma & Mantle Cell Lymphoma – relapsed	1.3 mg/m² IV twice weekly (days 1, 4, 8, and 11) followed by a 10-day rest period (days 12-21) • For extended therapy of more than 8 cycles, bortezomib may be administered on the standard schedule or, for relapsed multiple myeloma, on a maintenance schedule of once weekly for 4 weeks (days 1, 8, 15, and 22), followed by a 13-day rest period (days 23 to 35).
Systemic Light Chain Amyloidosis	Single agent: 1.6 mg/m² IV weekly (days 1, 8, 15, and 22) every 35 days or 1.3 mg/m² IV twice weekly (days 1, 4, 8, and 11) every 21 days for up to 8 cycles In combination with cyclophosphamide and/or dexamethasone: 1.3 mg/m² IV twice weekly (days 1, 4, 8, and 11) every 21 or 28 days for up to 8 cycles In combination with melphalan and dexamethasone:

	1.3 mg/m² IV twice weekly (days 1, 4, 8, and 11) every 28 days for up to 9 cycles In combination with lenalidomide and dexamethasone: 1.3 mg/m² IV twice weekly (days 1, 8, and 15) every 28 days for up to 8 cycles In combination with daratumumab and hyaluronidase-fihj, cyclophosphamide, and dexamethasone: 1.3 mg/m² IV weekly (days 1, 8, 15, and 22) every 28 days for up to 2 years
Waldenström's Macroglobulinemia	Single agent: • 1.3 mg/m² IV twice weekly (days 1, 4, 8, and 11) every 21 days, until disease progression or unacceptable toxicity In combination with rituximab and/or dexamethasone: • 1.3 mg/m² IV twice weekly (days 1, 4, 8, and 11) every 21 days for 4 continuous cycles, followed by a 12-week rest period, then up to 4 additional cycles given every 12 weeks • 1.6 mg/m² IV weekly (days 1, 8, and 15) every 28 days for up to 6 cycles
Adult T-Cell Leukemia/ Lymphoma	1.3 mg/m² IV twice weekly (days 1, 4, 8, and 11) every 21 days for up to 8 cycles
Kaposi Sarcoma	1.6 mg/m² IV weekly (days 1, 8, and 15) every 28 days
Pediatric Hodgkin Lymphoma	1.2 mg/m² IV on days 1, 4, and 8 every 21 days for up to 4 cycles
All Other Indications	1.3 mg/m² IV twice weekly (days 1, 4, 8, and 11) every 21 days

VI. Billing Code/Availability Information

HCPCS Code:

- J9044 – Injection, bortezomib, not otherwise specified, 0.1 mg; 1 billable unit = 0.1 mg

NDC(s):

- Bortezomib 3.5 mg single-dose vial powder for injection: 63323-0721-xx (Fresenius Kabi)
- Bortezomib 3.5 mg single-dose vial powder for injection: 43598-0865-xx (Dr. Reddy's Laboratories)

VII. References

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Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C81.10	Nodular sclerosis Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis Hodgkin lymphoma, extranodal and solid organ sites
C81.20	Mixed cellularity Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity Hodgkin lymphoma, lymph nodes of axilla and upper limb

ICD-10	ICD-10 Description
C81.25	Mixed cellularity Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity Hodgkin lymphoma, spleen
C81.28	Mixed cellularity Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity Hodgkin lymphoma, extranodal and solid organ sites
C81.30	Lymphocyte depleted Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted Hodgkin lymphoma, extranodal and solid organ sites
C81.40	Lymphocyte-rich Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich Hodgkin lymphoma, spleen
C81.48	Lymphocyte-rich Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich Hodgkin lymphoma, extranodal and solid organ sites
C81.70	Other Hodgkin lymphoma unspecified site
C81.71	Other Hodgkin lymphoma lymph nodes of head, face, and neck
C81.72	Other Hodgkin lymphoma intrathoracic lymph nodes
C81.73	Other Hodgkin lymphoma intra-abdominal lymph nodes
C81.74	Other Hodgkin lymphoma lymph nodes of axilla and upper limb
C81.75	Other Hodgkin lymphoma lymph nodes of inguinal region and lower limb
C81.76	Other Hodgkin lymphoma intrapelvic lymph nodes
C81.77	Other Hodgkin lymphoma spleen
C81.78	Other Hodgkin lymphoma lymph nodes of multiple sites

ICD-10	ICD-10 Description
C81.79	Other Hodgkin lymphoma extranodal and solid organ sites
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C88.0	Waldenstrom macroglobulinemia
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission

ICD-10	ICD-10 Description
C90.02	Multiple myeloma, in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.32	Solitary plasmacytoma in relapse
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D47.Z2	Castleman disease
E31.9	Polyglandular dysfunction, unspecified
E85.81	Light chain (AL) amyloidosis
E85.89	Other amyloidosis
E85.9	Amyloidosis, unspecified
G62.9	Polyneuropathy, unspecified
G90.0	Idiopathic peripheral autonomic neuropathy
L89.9	Pressure ulcer of unspecified site
Z85.71	Personal history of Hodgkin Lymphoma
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues

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):

Jurisdiction(s): 6 & K	**NCD/LCD/LCA Document (s):** A52371
https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a52371&areaId=all&docType=NCA%2CCAL%2CNCD%2CMEDCAC%2CTA%2CMCD%2C6%2C3%2C5%2C1%2CF%2CP	

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)。

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

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)

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

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

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