RNA-Targeted Therapies (Amvuttra™ and Onpattro®)

Policy Number: 2022D0072I
Effective Date: September 1, 2022

Instructions for Use

Table of Contents Page

Coverage Rationale

See Benefit Considerations

Amvuttra (vutrisiran) and Onpattro (patisiran) are proven for the treatment of the polyneuropathy of hereditary transthyretin-mediated (hATTR) amyloidosis.

Amvuttra (vutrisiran) and Onpattro (patisiran) are medically necessary for the treatment of the polyneuropathy of hATTR amyloidosis in patients who meet all of the following criteria:

- For initial therapy, all of the following:
  - Both of the following:
    - Diagnosis of hATTR amyloidosis with polyneuropathy
    - Documentation that the patient has a pathogenic TTR mutation (e.g., V30M)

    and
  - Prescribed by or in consultation with a neurologist; and
  - Documentation of one of the following:
    - Patient has a baseline polyneuropathy disability (PND) score ≤ IIIb
    - Patient has a baseline FAP Stage 1 or 2
    - Patient has a baseline neuropathy impairment score (NIS) ≥ 5 and ≤ 130

    and
  - Patient has not had a liver transplant; and
  - Presence of clinical signs and symptoms of the disease (e.g., peripheral sensorimotor polyneuropathy, autonomic neuropathy, motor disability, etc.); and
  - One of the following:
    - If request is for Onpattro, patient is not receiving Onpattro in combination with any of the following:
      - Oligonucleotide agents [e.g., Tegsedi (inotersen)]

        - Vyndaqel (tafamidis meglumine) or Vyndamax (tafamidis)
        - Amvuttra (vutrisiran)

      or

    - If request is for Amvuttra, patient is not receiving Amvuttra in combination with any of the following:
        - Oligonucleotide agents [e.g., Tegsedi (inotersen)]
        - Vyndaqel (tafamidis meglumine) or Vyndamax (tafamidis)
        - Onpattro (patisiran)

    and

  - Dosing is in accordance with the US Food and Drug Administration prescribing information; and
  - Initial authorization is for no more than 12 months.
- For continuation of therapy, all of the following:
  - One of the following:
    - If request is for Onpattro, patient has previously received treatment with Onpattro; or
    - If request is for Amvuttra, patient has previously received treatment with Amvuttra

    and
  - Prescribed by or in consultation with a neurologist; and
  - Documentation of one of the following:
    - Patient continues to have a polyneuropathy disability (PND) score ≤ IIIb
    - Patient continues to have a FAP Stage 1 or 2
    - Patient continues to have a NIS score ≥ 5 and ≤ 130

    and
  - Documentation that the patient has experienced a positive clinical response to requested drug (e.g., improved neurologic impairment, motor function, quality of life, slowing of disease progression, etc.); and
  - One of the following:
    - Patient is not receiving Onpattro in combination with any of the following:
        - Oligonucleotide agents [e.g., Tegsedi (inotersen)]
        - Vyndaqel (tafamidis meglumine) or Vyndamax (tafamidis)
        - Amvuttra (vutrisiran)

      or

    - If request is for Amvuttra, patient is not receiving Amvuttra in combination with any of the following:
        - Oligonucleotide agents [e.g., Tegsedi (inotersen)]
        - Vyndaqel (tafamidis meglumine) or Vyndamax (tafamidis)
        - Onpattro (patisiran)

    and
  - Dosing is in accordance with the US Food and Drug Administration prescribing information; and
  - Authorization is for no more than 12 months.

Onpattro (patisiran) is unproven and not medically necessary for the treatment of:
- Sensorimotor or autonomic neuropathy not related to hATTR amyloidosis
- Primary or leptomeningeal amyloidosis

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

HCPCS Code	Description
J0222	Injection, patisiran, 0.1 mg
J3490	Unclassified drugs
J3590	Unclassified biologics

HCPCS Code	Description
C9399	Unclassified drug or biologicals

Diagnosis Code	Description
E85.1	Neuropathic heredofamilial amyloidosis

Background

Hereditary ATTR (hATTR) amyloidosis, formerly known as familial amyloid polyneuropathy, is a progressive, disabling and life-threatening polyneuropathy affecting the peripheral and autonomic nervous system. This disease is an autosomal transmission disorder which is usually due to a point mutation of the transthyretin (TTR) gene. The disease is caused by misfolded transthyretin (TTR) protein that accumulates as amyloid fibrils in multiple organs, including the nerves, heart, and gastrointestinal tract.

Amvuttra (vutrisiran) and Onpattro (patisiran) are double-stranded small interfering RNAs (siRNAs) that target a sequence of mRNA conserved across wild-type and all TTR variants and can thereby degrade and reduce serum levels and protein deposits in tissues of both wild-type and mutated protein. It is formulated as lipid nanoparticles which direct it to the liver, the primary source of circulating TTR. Patisiran therapy is associated with observed lowering of TTR levels in both wild-type and mutant (V30M) forms of TTR.

A genetic testing service is available in the United States and Canada and a genetic counseling service is available in the United States. Medical professionals and patients may access information on the Alnylam Pharmaceuticals website.

Benefit Considerations

Some Certificates of Coverage allow for coverage of experimental/investigational/unproven treatments for life-threatening illnesses when certain conditions are met. The member specific benefit plan document must be consulted to make coverage decisions for this service. Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances when certain conditions are met. Where such mandates apply, they supersede language in the benefit document or in the medical or drug policy. Benefit coverage for an otherwise unproven service for the treatment of serious rare diseases may occur when certain conditions are met. Refer to the Policy and Procedure addressing the treatment of serious rare diseases.

Clinical Evidence

A randomized, double-blind, placebo-controlled, phase III, global study (APOLLO) evaluated the efficacy and safety of patisiran in patients with hATTR amyloidosis with polyneuropathy. Adult patients 18 to 85 years of age were eligible for the study if the investigatory estimated survival to be ≥ 2 years, Neuropathy Impairment Score (NIS) of 5 to 130, and polyneuropathy disability score ≤ IIIb. Patients were randomized 2:1 (N =148:77) to receive either intravenous (IV) patisiran 0.3 mg/kg or placebo every 3 weeks. The primary endpoint was to determine the efficacy of patisiran at 18 months based on the difference in the change in modified NIS+7 (a composite measure of motor strength, sensation, reflexes, nerve conduction, and autonomic function) between the patisiran and placebo groups. Secondary endpoints evaluated the effect of patisiran on Norfolk-Diabetic Neuropathy quality of life questionnaire score, nutritional status (as evaluated by modified body mass index), motor function (as measured by NIS-weakness and timed 10-m walk test), and autonomic symptoms (as measured by the Composite Autonomic Symptom Score-31 questionnaire). Exploratory objectives include assessment of cardiac function and pathologic evaluation to assess nerve fiber innervation and amyloid burden. Safety of patisiran was also assessed throughout the study. Overall patisiran reduced the mean max serum TTR reduction by 87.8% from baseline in the patisiran treated group over 18 months. The LS mean change in the mNIS+7 from baseline at 18 months was -33.99 ($p = 9.26x10^{-24}$); (Patisiran -6.03; placebo +27.96). The LS mean change in the Norfolk QOL-DN from baseline at 18 months was -21.1 ($p = 1.10x10^{-10}$); (Patisiran -6.7; placebo +14.4). All secondary endpoints (e.g., NIS-W, R-ODS, COMPASS-31, etc.) also achieved statistical significance at 18 months. The investigators also concluded that patisiran therapy was relatively safe and well tolerated with no increases in the frequency of events for patisiran compared to placebo group by system organ class. Overall, 13 deaths occurred in the APOLLO study, however, none of these were considered related to the study drugs and were consistent with natural history. The majority of

infusion-related reactions were mild in severity, with no severe or life-threatening, or serious reactions. These reactions decreased over time and led to treatment discontinuation in only 1 patient. The investigators concluded that patisiran treatment resulted in significant improvement in polyneuropathy relative to placebo while significantly reducing disease symptoms and disability, improvement in quality of life, nutritional status, strength, and ambulation seen with patisiran relative to placebo.[1,8]

In a subpopulation analysis of the APOLLO trial, investigators evaluated the treatment association of patisiran with regional left ventricular (LV) myocardial strain in cardiac manifestation in hATTR.[11,12] The prespecified cardiac subpopulation (126 of 225 [56%]) comprised of patients with a baseline LV wall thickness of 13 mm or more and no history of hypertension or aortic valve disease. Of the 126 patients included in the prespecified cardiac subpopulation, 36 patients (28.6%) received placebo and 90 patients (71.4%) received patisiran. At baseline, LV global longitudinal strain (GLS) was impaired and regional longitudinal strains were lowest in the basal segments with apical sparing. There were no differences in regional longitudinal strains between the treatment groups at baseline. Patisiran improved the absolute GLS (least-squares mean [SE] difference, 1.4% [0.6%]; 95% CI, 0.3%-2.5%; P = .02) compared with placebo at 18 months, with the greatest differential increase observed in the basal region (overall least-squares mean [SE] difference, 2.1% [0.8%]; 95% CI, 0.6%-3.6%; P = .006) and no significant differences in the mid and apical regions among groups. Patisiran reduced mean left ventricular wall thickness (least-squares mean difference ± SEM: −0.9±0.4 mm, P=0.017), interventricular septal wall thickness, posterior wall thickness, and relative wall thickness at month 18 compared with placebo. Patisiran also led to increased end-diastolic volume (8.3±3.9 mL, P=0.036), decreased global longitudinal strain (−1.4±0.6%, P=0.015), and increased cardiac output (0.38±0.19 L/min, P=0.044) compared with placebo at month 18. Patisiran lowered N-terminal prohormone of brain natriuretic peptide at 9 and 18 months (at 18 months, ratio of fold-change patisiran/placebo 0.45, P<0.001). A consistent effect on N-terminal prohormone of brain natriuretic peptide at 18 months was observed in the overall APOLLO patient population (n=225). Median follow-up duration was 18.7 months. The exposure-adjusted rates of cardiac hospitalizations and all-cause death were 18.7 and 10.1 per 100 patient-years in the placebo and patisiran groups, respectively (Andersen–Gill hazard ratio, 0.54; 95% CI, 0.28–1.01). The authors concluded that patisiran prevented the deterioration of LV GLS and decreased mean LV wall thickness over 18 months, suggesting that patisiran may halt or reverse the progression of the cardiac manifestations of hATTR amyloidosis.

The safety and efficacy of vutrisiran was established in a phase 3 randomized, open-label study (NCT03759379) in adult patients with polyneuropathy caused by hATTR amyloidosis. Patients were randomized 3:1 to receive 25 mg of vutrisiran subcutaneously once every 3 months (n=122), or 0.3mg/kg patisiran intravenously every 3 weeks (n=42) as a reference group. Efficacy assessments were based on a comparison of the vutrisiran with an external placebo group in another study (NCT01960348) composed of a comparable population of adult patients with polyneuropathy caused by hATTR amyloidosis. The primary endpoint was the change from baseline to month 9 in modified Neuropathy Impairment Score +7 (mNIS+7). The mNIS+7 has a total score range from 0 to 304 points, with higher scores representing a greater severity of disease. The least squares mean change from baseline for the mNIS+7 score was -2.2 for vutrisiran vs. +14.8 for placebo (difference of -17.0, 95% CI: -21.8, -12.2; p < 0.001). The clinical meaningfulness of effects on the mNIS+7 was assessed by the change from baseline to Month 9 in Norfolk Quality of Life-Diabetic Neuropathy (QoL-DN) total score. The Norfolk QoL-DN scale is a patient-reported assessment that evaluates the subjective experience of neuropathy in the following domains: physical functioning/large fiber neuropathy, activities of daily living, symptoms, small fiber neuropathy, and autonomic neuropathy. The Norfolk QoL-DN has a total score range from -4 to 136, with higher scores representing greater impairment. Additional endpoints were gait speed, as measured by the 10-meter walk test (10MWT), and modified body mass index (mBMI). The mean least squares mean change from baseline for the Norfolk QoL-DN total score was -3.3 for vutrisiran vs. +12.9 for placebo (difference of -16.2, 95% CI: -21.7, -10.8; p < 0.001. The mean least squares mean change from baseline for the 10-meter walk test was 0 for vutrisiran vs. -0.13 for placebo (difference of 0.13, 95% CI; 0.07, 0.19; p<0.001) and 10-meter walk test at Month 9 compared to placebo in the external study (p<0.001). The mean least squares mean change from baseline for mBMI was 7.6 for vutrisiran vs. -60.2 for placebo (difference of 67.8, 95% CI; 43.0, 92.6; p<0.001).

The most common adverse reactions (at least 5%) were arthralgia (11%), dyspnea (7%), and decreased vitamin A (7%). Patients were instructed to take the recommended daily allowance of vitamin A. Seventy-four percent of patients treated with vutrisiran had normal vitamin A levels at baseline, and 98% of those with a normal baseline developed low vitamin A levels. In some cases, the decreased vitamin A level was reported as an adverse reaction. Two serious adverse reactions of atrioventricular (AV) heart block (1.6%) occurred in patients treated with vutrisiran, including one case of complete AV block. Injection site reactions were reported in 5 (4%) patients treated with vutrisiran. Reported symptoms included bruising, erythema, pain, pruritus, and warmth. Injection site reactions were mild and transient.

Institute for Clinical and Economic Review (ICER)

On October 4th, 2018, ICER released a clinical report entitled, "Inotersen and Patisiran for Hereditary Transthyretin Amyloidosis: Effectiveness and Value". ICER recommendations are as follows:[13]

- ICER judges the clinical evidence for patisiran to be "incremental" or "better".
- On average, patients on patisiran demonstrated improvement in neuropathy symptoms, as measured by the mNIS+7. Based on the current body of evidence, there is moderate certainty of a substantial net health benefit with high certainty of at least a small net health benefit compared to best supportive care.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Amvuttra™ (vutrisiran) is a transthyretin-directed small interfering RNA indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.

Onpattro® (patisiran) contains a transthyretin-directed small interfering RNA and is indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.

References

1. Onpattro [prescribing information]. Cambridge, MA: Alnylam Pharmaceuticals. May 2021.
2. Coutinho P, Martins da Silva A, Lopes Lima J, Resende Barbosa A. (1980) Forty years of experience with type I amyloid neuropathy. Review of 483 cases. In: Glenner G., Costa P., de Freitas A., editors (eds.), Amyloid and Amyloidosis. Amsterdam: Execerpta Medica, pp. 88–98.
3. Yamamoto S, Wilczek H, Nowak G, et al. Liver transplantation for familial amyloidotic polyneuropathy (FAP): a single-center experience over 16 years. Am J Transplant. 2007 Nov;7(11):2597-604.
4. Koike H, Misu K, Ikeda S, et al. Type I (transthyretin Met30) familial amyloid polyneuropathy in Japan: early- vs late-onset form. Arch Neurol. 2002 Nov;59(11):1771-6.
5. Koike H, Tanaka F, Hashimoto R, et al. Natural history of transthyretin Val30Met familial amyloid polyneuropathy: analysis of late-onset cases from non-endemic areas. J Neurol Neurosurg Psychiatry. 2012 Feb;83(2):152-8.
6. Adams D, Suhr OB, Dyck PJ, et al. Trial design and rationale for APOLLO, a Phase 3, placebo-controlled study of patisiran in patients with hereditary ATTR amyloidosis with polyneuropathy. BMC Neurol. 2017 Sep 11;17(1):181.
7. Adams D. Recent advances in the treatment of familial amyloid polyneuropathy. Ther Adv Neurol Disord. 2013 Mar; 6(2): 129-139.
8. Adams D, Gonzalez-Duarte A, O'Riordan WD, et al. Patisiran, an RNAi Therapeutic, for Hereditary Transthyretin Amyloidosis. N Engl J Med. 2018 Jul 5;379(1):11-21.
9. Alnylam Pharmaceuticals. The Study of an Investigational Drug, Patisiran (ALN-TTR02), for the Treatment of Transthyretin (TTR)-Mediated Amyloidosis in Patients Who Have Already Been Treated With ALN-TTR02 (Patisiran). In: ClinicalTrials.gov [Internet]. Bethesda (MD): National Library of Medicine (US). 2000- [cited 2018 April 12]. Available from: https://clinicaltrials.gov/show/NCT02510261. NLM Identifier: NCT02510261.
10. Institute for Clinical and Economic Review: Draft Evidence Report - Inotersen and Patisiran for Hereditary Transthyretin Amyloidosis: Effectiveness and Value. July 20, 2018.
11. Minamisawa M, Claggett B, Adams D, et al. Association of Patisiran, an RNA Interference Therapeutic, With Regional Left Ventricular Myocardial Strain in Hereditary Transthyretin Amyloidosis: The APOLLO Study. JAMA Cardiol. 2019 Mar 16.
12. Solomon SD, Adams D, Kristen A, et al. Effects of Patisiran, an RNA Interference Therapeutic, on Cardiac Parameters in Patients With Hereditary Transthyretin-Mediated Amyloidosis. Circulation. 2019 Jan 22;139(4):431-443.
13. Institute for Clinical and Economic Review: Inotersen and Patisiran for Hereditary Transthyretin Amyloidosis: Effectiveness and Value. October 4, 2018.

14. Luigetti M, Romano A, Di Paolantonio A, Bisogni G, Sabatelli M. Diagnosis and Treatment of Hereditary Transthyretin Amyloidosis (hATTR) Polyneuropathy: Current Perspectives on Improving Patient Care. Ther Clin Risk Manag. 2020;16:109-123. Published 2020 Feb 21. doi:10.2147/TCRM.S219979

15. Amvuttra [prescribing information]. Cambridge, MA: Alnylam Pharmaceuticals. June 2022.

Policy History/Revision Information

Date	Summary of Changes

09/01/2022	**Title Change**
	• Previously titled *Onpattro® (Patisiran)*
	Coverage Rationale
	• Added language to indicate:
	  ○ Amvuttra (vutrisiran) has been added to the Review at Launch program and some members may not be eligible for coverage of this medication at this time; refer to the Medical Benefit Drug Policy titled *Review at Launch for New to Market Medications* for additional details
	  ○ Amvuttra (vutrisiran) is proven for the treatment of the polyneuropathy of hereditary transthyretin-mediated (hATTR) amyloidosis
	  ○ Amvuttra (vutrisiran) is medically necessary for the treatment of the polyneuropathy of hATTR amyloidosis in patients who meet all of the [criteria listed in the policy]
	• Revised medical necessity criteria; added criterion to allow coverage when:
	Initial Therapy
	  ○ The patient has a baseline neuropathy impairment score (NIS) ≥ 5 and ≤ 130
	  ○ If the request is for Onpattro, the patient is not receiving Onpattro in combination with Amvuttra (vutrisiran)
	  ○ If the request is for Amvuttra, the patient is not receiving Amvuttra in combination with any of the following:
	  ▪ Oligonucleotide agents [e.g., Tegsedi (inotersen)]
	  ▪ Vyndaqel (tafamidis meglumine) or Vyndamax (tafamidis)
	  ▪ Onpattro (patisiran)
	Continuation of Therapy
	  ○ The patient continues to have a NIS score ≥ 5 and ≤ 130
	  ○ If the request is for Onpattro, the patient is not receiving Onpattro in combination with Amvuttra (vutrisiran)
	  ○ If the request is for Amvuttra:
	  ▪ The patient has previously received treatment with Amvuttra
	  ▪ The patient is not receiving Amvuttra in combination with any of the following:
	  – Oligonucleotide agents [e.g., Tegsedi (inotersen)]
	  – Vyndaqel (tafamidis meglumine) or Vyndamax (tafamidis)
	  – Onpattro (patisiran)
	Applicable Codes
	• Added HCPCS codes C9399, J3490, and J3590
	Supporting Information
	• Updated *Background*, *Clinical Evidence*, *FDA*, and *References* sections to reflect the most current information
	• Archived previous policy version 2021D0072H

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Benefit Drug Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

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

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

PIC:
Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PIC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

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

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).

ဟသူဉ်ဟ်သး– နမ့ါကတိၤ ကညီ ကျိာ်အယိ, နမၤန့ါ ကျိာ်အတ၊်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၤ 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).