USES OF MONOCLONAL ANTIBODIES FOR TREATMENT OF NON-HODGKIN LYMPHOMA

Non-Discrimination Statement and Multi-Language Interpreter Services information are located at the end of this document.

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

This Medical Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide BCBSAZ complete medical rationale when requesting any exceptions to these guidelines.

The section identified as “Description” defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as “Criteria” defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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USES OF MONOCLONAL ANTIBODIES FOR TREATMENT OF NON-HODGKIN LYMPHOMA (cont.)

Description:

Monoclonal antibodies are a type of protein made in the laboratory that can bind to substances in the body, including cancer cells. A monoclonal antibody is made so that it binds to only one substance. Monoclonal antibodies targeted to cancer-associated antigens have been approved by the FDA for various uses in oncology. Monoclonal antibodies include intravenous Rituxan® (rituximab), subcutaneous Rituxan Hycela (rituximab and hyaluronidase human), Arzerra® (ofatumumab) and Gazyva® (obinutuxumab).

CD20 is a cell surface antigen expressed on pre B- and mature B-lymphocytes. More than 90% of malignant B-cells in non-Hodgkin lymphoma (NHL) express CD20. CD20-directed cytolytic antibodies mediate cell lysis by antibody-dependent cell-mediated cytotoxicity complement-dependent cytotoxicity, and induction of intracellular death signaling pathways (apoptosis).

Definitions:

Adult: 18 years of age or older.

Criteria:

For Rituxan for treatment of cancers other than B-cell non-Hodgkin lymphoma, including chronic lymphocytic leukemia, see BCBSAZ Medical Coverage Guideline #O603, “Prescription Medications for the Treatment of Cancer”.

For nononcologic uses of Rituxan, see BCBSAZ Medical Coverage Guideline #O947, “Rituxan® (rituximab), Nononcologic Uses”.

Review by the clinical pharmacist is required if individual is currently on Kineret or another biologic as defined by Drug Facts & Comparisons®.

See Resources section for FDA-approved dosage.
USES OF MONOCLONAL ANTIBODIES FOR TREATMENT OF NON-HODGKIN LYMPHOMA (cont.)

Criteria: (cont.)

Arzerra:

- Arzerra is considered *medically necessary* for the following when results of HBsAg and anti-HBc are documented in the medical records:
  1. In combination with chlorambucil for previously untreated chronic lymphocytic leukemia (CLL) in individuals not suitable for treatment with fludarabine
  2. In combination with fludarabine and cyclophosphamide for the treatment of relapsed CLL
  3. Treatment of CLL that is refractory to fludarabine and alemtuzumab

- Arzerra to treat individuals with CLL for all other uses not previously listed or if above criteria not met is considered *experimental or investigational* based upon¹:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives
  4. Insufficient evidence to support improvement outside the investigational setting.

These uses include, *but are not limited to*:

- Maintenance therapy in individuals with CLL
- Treatment of malignancies other than B-CLL
USES OF MONOCLONAL ANTIBODIES FOR TREATMENT OF NON-HODGKIN LYMPHOMA (cont.)

Criteria: (cont.)

Gazyva:

- Gazyva is considered **medically necessary** for the following when results of HBsAg and anti-HBc are documented in the medical records:
  1. In combination with chlorambucil, for the treatment of individuals with previously untreated CLL
  2. In combination with bendamustine followed by Gazyva monotherapy, for the treatment of individuals with follicular lymphoma (FL) who relapsed after or are refractory to a rituximab-containing regimen

- Gazyva for all other uses not previously listed or if above criteria not met is considered **experimental or investigational** based upon:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives
  4. Insufficient evidence to support improvement outside the investigational setting.

These uses include, but are not limited to:

- Relapsed or refractory CLL
USES OF MONOCLONAL ANTIBODIES FOR TREATMENT OF NON-HODGKIN LYMPHOMA (cont.)

Criteria: (cont.)

Intravenous Rituxan:

- Intravenous Rituxan is considered **medically necessary** for the following when results of HBsAg and anti-HBc are documented in the medical records:

  1. To treat individuals with B-cell non-Hodgkin lymphoma (NHL) in **ANY** of the following:
     - Follicular lymphoma with **ANY** of the following:
       - As first line therapy (as combination therapy or as monotherapy)
       - As second or subsequent therapy (as combination therapy or as monotherapy)
       - As single agent maintenance therapy (first or second line) in individuals who achieve a complete or partial response to Rituxan in combination with chemotherapy
     - Diffuse large B-cell lymphoma (DLBCL) with **ANY** of the following:
       - As first-line therapy when used with CHOP or other anthracycline-based chemotherapy
       - As maintenance therapy after treatment-induced remission
     - For recurrent, aggressive CD20-positive NHL
     - Mantle cell lymphoma with **ANY** of the following:
       - As first-line combination therapy
       - Relapsed/refractory
     - B-cell chronic lymphocytic leukemia (B-CLL) with **ANY** of the following:
       - As first line therapy
       - As second or subsequent therapy
     - As first-line therapy for Burkitt lymphoma
     - CD20-positive posttransplant lymphoproliferative disorders (PTLD) who have had an inadequate response to reduction of immunosuppression or are not candidates for reduction of immunosuppression
     - CD-20 positive acute lymphoblastic leukemia (ALL) in individuals less than 60 years of age
USES OF MONOCLONAL ANTIBODIES FOR TREATMENT OF NON-HODGKIN LYMPHOMA (cont.)

Criteria: (cont.)

Intravenous Rituxan: (cont.)

- Rituxan to treat individuals with B-cell non-Hodgkin lymphoma (NHL) for all other uses not previously listed or if above criteria not met is considered experimental or investigational based upon¹:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives
  4. Insufficient evidence to support improvement outside the investigational setting.

Subcutaneous Rituxan Hycela:

- Rituxan Hycela to treat individuals with NHL who have received at least one full dose of intravenous Rituxan is considered medically necessary for the following when results of HBsAg and anti-HBc are documented in the medical records:
  1. Follicular lymphoma with ANY of the following:
     • As first-line therapy (as combination therapy)
     • As second-line or subsequent therapy (as combination or as monotherapy)
     • As single-agent maintenance therapy (first- or second-line) in individuals with non-progressing disease who achieved a complete or partial response to Rituxan in combination with chemotherapy
  2. When used with CHOP or other anthracycline-based chemotherapy as first-line therapy for individuals with diffuse large B-cell lymphoma (DLBCL)
  3. Chronic lymphocytic leukemia (CLL) with ANY of the following:
     • As first-line therapy in combination with fludarabine and cyclophosphamide (FC)
     • As second-line or subsequent therapy in combination with fludarabine and cyclophosphamide (FC)
USES OF MONOCLONAL ANTIBODIES FOR TREATMENT OF NON-HODGKIN LYMPHOMA (cont.)

Criteria: (cont.)

- Rituxan Hycela to treat individuals with NHL for all other uses not previously listed or if above criteria not met is considered experimental or investigational based upon¹:
  1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives
  4. Insufficient evidence to support improvement outside the investigational setting.

¹ Review by the clinical pharmacist and/or medical director(s) and/or clinical advisor(s) is required.

Resources:

Literature reviewed 11/14/17. We do not include marketing materials, poster boards and non-published literature in our review.

The BCBS Association Medical Policy Reference Manual (MPRM) policy is included in our guideline review. References cited in the MPRM policy are not duplicated on this guideline.

Resources published prior to 2008 may be requested from the BCBSAZ Medical Policy and Technology Research Department.


USES OF MONOCLONAL ANTIBODIES FOR TREATMENT OF NON-HODGKIN LYMPHOMA (cont.)

Resources: (cont.)


Arzerra (ofatumumab) Package Insert:

- FDA-approved indication and dosage:

<table>
<thead>
<tr>
<th>Indication</th>
<th>Recommended Dose</th>
</tr>
</thead>
</table>
| Previously Untreated CLL | The recommended dosage and schedule in combination with chlorambucil is:  
|                        |   ▪ 300 mg on Day 1 followed 1 week later by 1,000 mg on Day 8 (Cycle 1) followed by  
|                        |   ▪ 1,000 mg on Day 1 of subsequent 28-day cycles for a minimum of 3 cycles until best response or a maximum of 12 cycles  
| Relapsed CLL           | The recommended dosage and schedule in combination with fludarabine and cyclophosphamide is:  
|                        |   ▪ 300 mg on Day 1 followed 1 week later by 1,000 mg on Day 8 (Cycle 1) followed by  
|                        |   ▪ 1,000 mg on Day 1 of subsequent 28-day cycles for a maximum of 6 cycles  
| Extended Treatment in CLL | The recommended dosage and schedule as single-agent extended treatment in CLL is:  
|                        |   ▪ 300 mg on Day 1 followed by  
|                        |   ▪ 1,000 mg 1 week later on Day 8, followed by  
|                        |   ▪ 1,000 mg 7 weeks later and every 8 weeks thereafter for up to a maximum of 2 years  
| Refractory CLL         | The recommended dosage and schedule is 12 doses administered as follows:  
|                        |   ▪ 300 mg initial dose on Day 1, followed 1 week later by  
|                        |   ▪ 2,000 mg weekly for 7 doses (Infusions 2 through 8), followed 4 weeks later by  
|                        |   ▪ 2,000 mg every 4 weeks for 4 doses (Infusions 9 through 12)  

USES OF MONOCLONAL ANTIBODIES FOR TREATMENT OF NON-HODGKIN LYMPHOMA (cont.)

Resources: (cont.)

Gazyva (obinutuzumab) Package Insert:

- FDA-approved indication and dosage:

<table>
<thead>
<tr>
<th>Indication</th>
<th>Recommended Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Lymphocytic Leukemia</td>
<td>Each dose of Gazyva is 1000 mg, administered intravenously, with the exception of the first infusions in Cycle 1, which are administered on day 1 (100 mg) and day 2 (900 mg). Gazyva to be administered during 6 treatment cycles, each of 28 days duration</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day of Treatment Cycle</th>
<th>Dose of Gazyva</th>
<th>Rate of infusion (in the absence of infusion reactions/hypersensitivity during previous infusions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycle 1 (loading doses)</td>
<td>Day 1 100 mg</td>
<td>Administer at 25 mg/hr over 4 hours. Do not increase the infusion rate.</td>
</tr>
<tr>
<td></td>
<td>Day 2 900 mg</td>
<td>Administer at 50 mg/hr. The rate of the infusion can be escalated in increments of 50 mg/hr every 30 minutes to a maximum rate of 400 mg/hr.</td>
</tr>
<tr>
<td></td>
<td>Day 8 1000 mg</td>
<td>If no infusion reaction occurred during the previous infusion and the final infusion rate was 100 mg/hr or faster, infusions can be started at a rate of 100 mg/hr and increased by 100 mg/hr increments every 30 minutes to a maximum of 400 mg/hr.</td>
</tr>
<tr>
<td></td>
<td>Day 15 1000 mg</td>
<td></td>
</tr>
<tr>
<td>Cycles 2-6</td>
<td>Day 1 1000 mg</td>
<td></td>
</tr>
</tbody>
</table>

If a planned dose of Gazyva is missed, administer the missed dose as soon as possible and adjust schedule accordingly. If appropriate, patients who do not complete the Day 1 Cycle 1 dose may proceed the Day 2 Cycle 1 dose.
USES OF MONOCLONAL ANTIBODIES FOR TREATMENT OF NON-HODGKIN LYMPHOMA (cont.)

Resources: (cont.)

Gazyva (obinutuzumab) Package Insert: (cont.)

- FDA-approved indication and dosage: (cont.)

<table>
<thead>
<tr>
<th>Indication</th>
<th>Recommended Dose</th>
</tr>
</thead>
</table>
| Chronic Lymphocytic Leukemia (cont.) | If a patient with CLL experiences an infusion reaction of any grade during infusion, adjust the infusion as follows:  
  • Grade 4 (life-threatening): Stop infusion immediately and permanently discontinue Gazyva therapy.  
  • Grade 3 (severe): Interrupt infusion and manage symptoms. Upon resolution of symptoms, consider restarting Gazyva infusion at no more than half the previous rate (the rate being used at the time that the infusion reaction occurred) and, if patient does not experience any further infusion reaction symptoms, infusion rate escalation may resume at the increments and intervals as appropriate for the treatment cycle dose. Permanently discontinue treatment if patients experience a Grade 3 infusion-related symptom at rechallenge.  
  • For CLL patients only, the Day 1 infusion rate may be increased back up to 25 mg/hr after 1 hour but not increased further.  
  • Grade 1-2 (mild to moderate): Reduce infusion rate or interrupt infusion and treat symptoms. Upon resolution of symptoms, continue or resume infusion and, if patient does not experience any further infusion reaction symptoms, infusion rate escalation may resume at the increments and intervals as appropriate for the treatment cycle dose.  
  • For CLL patients only, the Day 1 infusion rate may be increased back up to 25 mg/hr after 1 hour but not increased further. |
USES OF MONOCLONAL ANTIBODIES FOR TREATMENT OF NON-HODGKIN LYMPHOMA (cont.)

Resources: (cont.)

Gazyva (obinutuzumab) Package Insert: (cont.)

- FDA-approved indication and dosage: (cont.)

<table>
<thead>
<tr>
<th>Indication</th>
<th>Recommended Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follicular Lymphoma (FL)</td>
<td>Each dose of Gazyva is 1000 mg administered intravenously. Patients who achieve stable disease, complete response, or partial response to the initial 6 cycles of Gazyva treatment in combination with bendamustine should continue on Gazyva 1000 mg as monotherapy for two years. Gazyva to be administered during 6 treatment cycles, each of 28 days duration, followed by Gazyva monotherapy for patients with FL</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day of Treatment Cycle</th>
<th>Dose of Gazyva</th>
<th>Rate of infusion (in the absence of infusion reactions/hypersensitivity during previous infusions)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cycle 1 (loading doses)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day 1</td>
<td>1000 mg</td>
<td>Administer at 50 mg/hr. The rate of the infusion can be escalated in 50 mg/hr increments every 30 minutes to a maximum of 400 mg/hr.</td>
</tr>
<tr>
<td>Day 8</td>
<td>1000 mg</td>
<td>If no infusion reaction occurred during the previous infusion and the final infusion rate was 100 mg/hr or faster, infusions can be started at a rate of 100 mg/hr and increased by 100 mg/hr increments every 30 minutes to a maximum of 400 mg/hr.</td>
</tr>
<tr>
<td>Day 15</td>
<td>1000 mg</td>
<td></td>
</tr>
<tr>
<td><strong>Cycles 2-6</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Every two months for two years</td>
<td>1000 mg</td>
<td>If a planned dose of Gazyva is missed, administer the missed dose as soon as possible and adjust schedule accordingly. If appropriate, patients who do not complete the Day 1 Cycle 1 dose may proceed the Day 2 Cycle 1 dose.</td>
</tr>
</tbody>
</table>
USES OF MONOCLONAL ANTIBODIES FOR TREATMENT OF NON-HODGKIN LYMPHOMA (cont.)

Resources: (cont.)

Gazyva (obinutuzumab) Package Insert: (cont.)

- FDA-approved indication and dosage: (cont.)

<table>
<thead>
<tr>
<th>Indication</th>
<th>Recommended Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follicular Lymphoma (FL) (cont.)</td>
<td>If a patient with CLL experiences an infusion reaction of any grade during infusion, adjust the infusion as follows:</td>
</tr>
<tr>
<td></td>
<td>• Grade 4 (life-threatening): Stop infusion immediately and permanently discontinue Gazyva therapy.</td>
</tr>
<tr>
<td></td>
<td>• Grade 3 (severe): Interrupt infusion and manage symptoms. Upon resolution of symptoms, consider restarting Gazyva infusion at no more than half the previous rate (the rate being used at the time that the infusion reaction occurred) and, if patient does not experience any further infusion reaction symptoms, infusion rate escalation may resume at the increments and intervals as appropriate for the treatment cycle dose. Permanently discontinue treatment if patients experience a Grade 3 infusion-related symptom at rechallenge.</td>
</tr>
<tr>
<td></td>
<td>• Grade 1-2 (mild to moderate): Reduce infusion rate or interrupt infusion and treat symptoms. Upon resolution of symptoms, continue or resume infusion and, if patient does not experience any further infusion reaction symptoms, infusion rate escalation may resume at the increments and intervals as appropriate for the treatment cycle dose.</td>
</tr>
</tbody>
</table>
USES OF MONOCLONAL ANTIBODIES FOR TREATMENT OF NON-HODGKIN LYMPHOMA (cont.)

Resources: (cont.)

Rituxan (rituximab) Package Insert:

- FDA-approved indication and dosage:

<table>
<thead>
<tr>
<th>Indication</th>
<th>Recommended Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relapsed or refractory, low-grade or follicular, CD20-positive, B-cell, non-Hodgkin’s lymphoma (NHL)</td>
<td>375 mg/m² as an intravenous (IV) infusion once weekly for 4 or 8 doses</td>
</tr>
<tr>
<td>Retreatment for relapsed or refractory, low-grade or follicular, CD20-positive, B-cell NHL</td>
<td>375 mg/m² as an IV infusion once weekly for 4 doses</td>
</tr>
<tr>
<td>Previously untreated follicular, CD20-positive, B-cell NHL</td>
<td>375 mg/m² as an IV infusion on day 1 of each cycle of chemotherapy, for up to 8 doses. In patients with complete or partial response, initiate Rituxan maintenance 8 weeks following completion of Rituxan in combination with chemotherapy. Administer Rituxan as a single-agent every 8 weeks for 12 doses.</td>
</tr>
<tr>
<td>Non-progressing, low-grade, CD20-positive, B-cell NHL, after first-line CVP chemotherapy</td>
<td>Following completion of 6-8 cycles of CVP chemotherapy, 375 mg/m² as an IV infusion once weekly for 4 doses at 6-month intervals to a maximum of 16 doses.</td>
</tr>
<tr>
<td>Diffuse large B-cell NHL</td>
<td>375 mg/m² as an IV infusion on day 1 of each cycle of chemotherapy, for up to 8 infusions.</td>
</tr>
<tr>
<td>Chronic Lymphocytic Leukemia (CLL)</td>
<td>375 mg/m² the day prior to the initiation of FC chemotherapy, then 500 mg/m² on day 1 of cycles 2-6 (every 28 days).</td>
</tr>
</tbody>
</table>
USES OF MONOCLONAL ANTIBODIES FOR TREATMENT OF NON-HODGKIN LYMPHOMA (cont.)

Resources: (cont.)

Rituxan Hycela (rituximab and hyaluronidase) Package Insert:

- FDA-approved indication and dosage:

<table>
<thead>
<tr>
<th>Indication</th>
<th>Recommended Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>All indications</td>
<td>For subcutaneous use only</td>
</tr>
<tr>
<td>Follicular Lymphoma (FL)</td>
<td>1,400 mg/23,400 Units (1,400 mg rituximab and 23,4000 Units hyaluronidase human)</td>
</tr>
<tr>
<td></td>
<td>subcutaneously at a fixed dose irrespective of patient’s body surface area according to the following schedules:</td>
</tr>
<tr>
<td></td>
<td>▪ Relapsed or Refractory, Follicular Lymphoma: Administer once weekly for 3 or 7 weeks following a full dose of a rituximab product by intravenous infusion at week 1 (i.e., 4 or 8 weeks in total).</td>
</tr>
<tr>
<td></td>
<td>▪ Retreatment for Relapsed or Refractory, Follicular Lymphoma: Administer once weekly for 3 weeks following a full dose of a rituximab product by intravenous infusion at week 1 (i.e., 4 weeks in total).</td>
</tr>
<tr>
<td></td>
<td>▪ Previously Untreated, Follicular Lymphoma: Administer on Day 1 of Cycles 2-8 of chemotherapy (every 21 days), for up to 7 cycles following a full dose of a rituximab product by intravenous infusion on Day 1 of Cycle 1 of chemotherapy (i.e., up to 8 cycles in total). In patients with complete or partial response, initiate Rituxan Hycela maintenance treatment 8 weeks following completion of Rituxan Hycela in combination with chemotherapy. Administer Rituxan Hycela as a single-agent every 8 weeks for 12 doses.</td>
</tr>
<tr>
<td></td>
<td>▪ Non-progressing, Follicular Lymphoma after first line CVP chemotherapy: Following completion of 6-8 cycles of CVP chemotherapy and a full dose of a rituximab product by intravenous infusion at week 1, administer once weekly for 3 weeks (i.e., 4 weeks in total) at 6 month intervals to a maximum of 16 doses.</td>
</tr>
<tr>
<td>Diffuse Large B-Cell Lymphoma (DLBCL)</td>
<td>1,400mg/23,400 Units (1,400 mg rituximab and 23,400 Units hyaluronidase human) in combination with CHOP chemotherapy. Administer Rituxan Hycela 1,400 mg/23,400 Units on Day 1 of Cycles 2-8 of CHOP chemotherapy for up to 7 cycles following a full dose of rituximab product by intravenous infusion at Day 1, Cycle 1 of CHOP chemotherapy (i.e., up to 6-8 cycles in total).</td>
</tr>
<tr>
<td>Chronic Lymphocytic Leukemia (CLL)</td>
<td>1,600 mg/26,800 Units (1,600 mg rituximab and 26,800 Units hyaluronidase human) in combination with FC chemotherapy, at a fixed dose, irrespective of patient’s body surface area. Administer Rituxan Hycela 1,600 mg/26,800 Units on Day 1 of Cycles 2-6 (every 28 days) for a total of 5 cycles following a full intravenous dose at Day 1, Cycle 1 (i.e., 6 cycles in total).</td>
</tr>
</tbody>
</table>
USES OF MONOCLONAL ANTIBODIES FOR TREATMENT OF NON-HODGKIN LYMPHOMA (cont.)

Non-Discrimination Statement:

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call (602) 864-4884 for Spanish and (877) 475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ 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: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-2288, TTY/TDD (602) 864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator 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, DC 20201, 1–800–368–1019, 800–537–7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Multi-Language Interpreter Services:

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kweé’ átah níilíîígíí Blue Cross Blue Shield of Arizona haadá yit’éégo bina’íílikkidó éí doodago Háídá biígí aniíyeehgíí t’áadó le’é yína’íílikkidó beehaz’áaní hóó díí t’áa hazaad’kehí háká a’doowoolgó beé há’qí doó baq’í iliníígo. Atá’ halné’ígíí kojj’í bííchí’í hódíílíí hóo 877-475-4799.

Chinese: 如果您，或是您正在協助的對象，有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題， 您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thể thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thành viên dịch viên, xin gọi 877-475-4799.

Arabic: إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona الضرورية بلغتك من دون أي تكلفة، للتحدث مع مرآجع أتصل ب 877-475-4799.
USES OF MONOCLONAL ANTIBODIES FOR TREATMENT OF NON-HODGKIN LYMPHOMA (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы можете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizonaについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳をお話される場合、877-475-4799までお電話ください。

Farsi:

آگر شما، یا کسی که شما به او کمک می‌کنید، سوال در مورد اطلاعاتی که در بیان خود را به طور رایگان دریافت نمایید 877-475-4799. تمامی حاضر نمایید.

Assyrian:

بی‌پوسته‌بازی بی‌پوسته‌بازی بی‌پوسته‌بازی بی‌پوسته‌بازی بی‌پوسته‌بازی بی‌پوسته‌بازی بی‌پوسته‌بازی بی‌پوسته‌بازی 877-475-4799.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณ หรือเพื่อนในความร่วมมือสามารถสอบถาม Blue Cross Blue Shield of Arizona คุณมีสิทธิ์ได้ความช่วยเหลือและข้อมูลภาษา ของคุณได้โดยไม่ต้องจ่ายค่าใช้จ่าย ติดต่อเรา โทร 877-475-4799