INFUSION AND INHALATION THERAPIES FOR PULMONARY ARTERIAL HYPERTENSION (PAH)

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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INFUSION AND INHALATION THERAPIES FOR PULMONARY ARTERIAL HYPERTENSION (PAH) (cont.)

Description:

Pulmonary arterial hypertension (PAH) refers to the presence of abnormally high pulmonary vascular pressure. The World Health Organization (WHO) classifies individuals with pulmonary hypertension (PH) into 5 groups based on the etiology of the condition. These groups differ in their clinical presentation, diagnostic findings and response to treatment. It should be noted that while together all groups are called pulmonary hypertension, group 1 is called PAH and groups 2 through 5 are called PH.

The Pulmonary Hypertension Association (PHA) is the largest and oldest PH association in the world. PHA is a community-based nonprofit that relies on donations to fund its many programs, including the nation’s largest PH patient and caregiver support group network, lifesaving early diagnosis awareness and education programs, specialty care resources, and research to find ways to prevent and cure PH.

Pulmonary Hypertension Care Centers (PHCCs) will be designated as either a PHA-accredited Center of Comprehensive Care or a PHA-accredited Regional Clinical Program.

Center of Comprehensive Care (CCC):
A PHA accredited CCC is a highly organized, full-time PH center that proficiently evaluates individuals with PH based on published evidence-based guidelines and also provides expert treatment of individuals with PAH with all of the FDA-approved therapies. CCCs also make important contributions to PH research and education.

Regional Clinical Program (RCP):
A PHA accredited RCP is a regional PH Center that proficiently evaluates individuals with PH based on published evidence-based guidelines and also provides expert treatment of individuals with PAH with all non-parenteral therapies. An RCP must collaborate with its regional CCCs by referring individuals that may benefit from opportunities unavailable at the RCP, including the initiation of advanced parenteral therapies and participation in clinical research protocols.
INFUSION AND INHALATION THERAPIES FOR PULMONARY ARTERIAL HYPERTENSION (PAH) (cont.)

Description: (cont.)

Infusion and Inhalation Therapies:
Pharmacologic treatment of PAH is primarily directed at vasodilation and includes the following infusion and inhalation therapies:

Infusion Medications:
1. Flolan® (epoprostenol sodium) to improve exercise capacity
2. Remodulin® (treprostinil) to diminish symptoms associated with exercise in individuals diagnosed with pulmonary arterial hypertension or to reduce the rate of clinical deterioration in individuals who require transition Flolan
3. Revatio® (sildenafil) to improve exercise ability and delay clinical worsening
4. (Veletri®) (epoprostenol) to improve exercise capacity

Inhalation Therapies:
1. Tyvaso (Treprostinil)
2. Ventavis (iloprost)

A baseline assessment to determine PAH severity is performed before initiating therapy. Therapy should not be administered unless a diagnostic right heart catheterization (RHC) and extensive investigations for the etiology of PH have been performed. This assessment includes the following key measures:

1. Functional impairment: determined by measuring exercising capacity and determining New York Heart Association (NYHA) or WHO functional class.

2. Hemodynamic derangement: the diagnosis of pulmonary hypertension can be suspected based on echocardiography. However, right heart catheterization is performed to accurately measure hemodynamic parameters and confirm PAH. Individuals with PAH typically undergo an invasive hemodynamic assessment and an acute vasoreactivity test before the initiation of advanced therapy. The hemodynamic definition of PAH is a mean pulmonary artery pressure greater than 25 mm Hg at rest. A pulmonary capillary wedge pressure or left ventricular end-diastolic pressure of less than 15 mm Hg is needed to exclude group 2 PH (due to left heart disease). PAH is also supported by increased pulmonary vascular resistance and transpulmonary gradient.

3. Acute vasoreactivity test: involves administration of a short-acting vasodilator, then measuring hemodynamic response with a right heart catheter. An acute vasoreactivity test is considered positive if mean pulmonary artery pressure decreases by at least 10 mm Hg and to a value less than 40 mm Hg, with an increased or unchanged cardiac output and a minimally reduced or unchanged systemic blood pressure.
INFUSION AND INHALATION THERAPIES FOR PULMONARY ARTERIAL HYPERTENSION (PAH) (cont.)

Definitions:

Adult: Age 18 years and older

Drug Related Events:

Ineffective/failure:
Use of a drug employing optimal doses (FDA-recommended doses) for optimal duration; where the condition being treated has not improved or worsened. A request for branded agent due to generic drug failure or ineffectiveness will be assessed for potential approval with documentation of use of optimal dose/duration of the generic product and meeting other criteria within the coverage guideline. When the drug in question is a combination product, there must be documentation of failure / ineffectiveness of concurrent use (each ingredient used at the same time) of individual generic components. When the drug in question is a low dose formulation, there must be documentation of failure / ineffectiveness of low dose generic formulation.

Intolerance:
These events represent circumstance(s) where use of a drug produced a significant reaction and continued use may result in non-adherence to proposed therapy and this concern is documented in medical record.

Non-adherence:
Individual does not follow prescribe regimen that places the individual at risk for lack of improvement or worsening of the condition being treated and this concern is documented in medical record.
INFUSION AND INHALATION THERAPIES FOR PULMONARY ARTERIAL HYPERTENSION (PAH) (cont.)

Criteria:

For oral medications Adcirca, Adempas, Letairis, Opsumit, Orenitram, Revatio, Tracleer, and Uptravi, see applicable BCBSAZ Pharmacy Coverage Guidelines.

See Resources section for FDA-approved dosage.

Infusion Therapies for Pulmonary Arterial Hypertension:

If benefit coverage is available, requests for infusion therapy for pulmonary arterial hypertension will be reviewed by the medical director(s) and/or clinical advisor(s) and/or clinical pharmacist(s).

- Infusion therapies for pulmonary arterial hypertension are considered medically necessary for the treatment of PAH (WHO Group 1) with documentation of ALL of the following:

  1. Documentation that the individual has been seen by a provider with advanced training in the management of pulmonary hypertension or affiliated with a Pulmonary Hypertension Association accredited Pulmonary Hypertension Care Center at ONE of the following:
     - Center of Comprehensive Care (CCC)\(^1\)\(^2\)
     - Regional Clinical Program (RCP)\(^1\)\(^2\)
     - An equivalent center\(^2\)
  2. Individual has continued or advancing functional class 3 or 4 symptoms and ALL of the following:
     - Right heart catheterization demonstrates ALL of the following:
       - Mean pulmonary artery pressure greater than 25 mm Hg at rest
       - Pulmonary arterial wedge pressure of less than or equal to 15 mm Hg
       - Pulmonary vascular resistance is greater than 3 Wood units
     - Vasoreactivity testing with negative results
     - Chronic lung diseases and other causes of hypoxemia are mild, absent or controlled
     - Venous thromboembolic disease is absent
     - Individual does not have other disorders, including systemic disorders (e.g., sarcoidosis), hematologic disorders (e.g., myeloproliferative diseases), and metabolic disorders (e.g., glycogen storage disease) that would put individual into group 5 PH (unclear multifactorial causes)
INFUSION AND INHALATION THERAPIES FOR PULMONARY ARTERIAL HYPERTENSION (PAH) (cont.)

**Criteria:** (cont.)

**Infusion Therapies for Pulmonary Arterial Hypertension:** (cont.)

1. For a list of PHA-certified providers, go to [www.phassociation.org/patients/findadoctor](http://www.phassociation.org/patients/findadoctor).

2. If an individual has not be seen within 6 months but needs to continue therapy or begin initial therapy, a limited authorization will be given to allow sufficient time for the individual to be evaluated by a PHA-accredited provider affiliated with a CCC or RCP or by a provider with advanced training in the management of pulmonary hypertension at an equivalent center. Individuals in an active course of treatment will be allowed a 60-day transition of care period to permit ample time to consult with a PHA-certified or equivalent provider. The diagnosis of PAH must be confirmed by the PHA-certified or equivalent provider. Individuals with ongoing therapy must have an appointment with a CCC or RCP or equivalent center at least yearly or more often as deemed clinically appropriate by the provider.

**Inhalation Therapies for Pulmonary Arterial Hypertension:**

- Inhalation therapies for pulmonary arterial hypertension are considered **medically necessary** for the treatment of PAH (WHO Group 1) with documentation of **ALL** of the following:

  1. Individual has continued or advancing functional class 1 to 4 symptoms and **ALL** of the following:

     - Right heart catheterization demonstrates **ALL** of the following:
       - Mean pulmonary artery pressure greater than 25 mm Hg at rest
       - Pulmonary arterial wedge pressure of less than or equal to 15 mm Hg
       - Pulmonary vascular resistance is greater than 3 Wood units

     - Vasoreactivity testing with negative results
     - Chronic lung diseases and other causes of hypoxemia are mild, or absent or controlled
     - Venous thromboembolic disease is absent
     - Individual does not have other disorders, including systemic disorders (e.g., sarcoidosis), hematologic disorders (e.g., myeloproliferative diseases), and metabolic disorders (e.g., glycogen storage disease) that would put individual into group 5 PH (unclear multifactorial causes)

  2. Individual cannot use generic oral sildenafil due to **ONE** of the following:

     - Generic was not effective (see Definitions section)
     - Experienced an adverse drug event (see Definitions section)
     - Generic is contraindicated (see Definitions section)
INFUSION AND INHALATION THERAPIES FOR PULMONARY ARTERIAL HYPERTENSION (PAH) (cont.)

Criteria: (cont.)

- The above medications for all other indications not previously listed or if above criteria not met are considered experimental or investigational based upon:

  1. Lack of final approval from the Food and Drug Administration, and
  2. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  3. Insufficient evidence to support improvement of the net health outcome, and
  4. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives, and
  5. Insufficient evidence to support improvement outside the investigational setting.

These indications include, but are not limited to:

- Use of other advanced therapies for the pharmacologic treatment of PAH (WHO group 1) that are not FDA approved for this indication
- Use of these agents for the treatment of pulmonary hypertension (WHO groups 2-5), including, but not limited to:
  - Pulmonary hypertension associated with left heart diseases
  - Pulmonary hypertension associated with lung diseases and/or hypoxemia (including chronic obstructive pulmonary disease)
  - Pulmonary hypertension due to chronic thrombotic and/or embolic disease
  - Miscellaneous group (i.e., sarcoidosis, histocytosis X, or lymphangiomatosis)
- Treatment with dosing or frequency outside the FDA-approved dosing and frequency
INFUSION AND INHALATION THERAPIES FOR PULMONARY ARTERIAL HYPERTENSION (PAH) (cont.)

Resources:

Literature reviewed 11/28/17. 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.


Flolan Package Insert:

- FDA-approved indication and dosage:

<table>
<thead>
<tr>
<th>Indication</th>
<th>Recommended Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLOLAN is a prostacyclin vasodilator indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group I) to improve exercise capacity. Studies establishing effectiveness included predominantly (97%) patients with NYHA Functional Class III-IV symptoms and etiologies of idiopathic or heritable PAH (49%) or PAH associated with connective tissue diseases (51%).</td>
<td>Initiate intravenous infusion through a central venous catheter at 2 ng/kg/min. Change dose in 1-to 2-ng/kg/min increments at intervals of at least 15 minutes based on clinical response. Avoid sudden large dose reductions.</td>
</tr>
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INFUSION AND INHALATION THERAPIES FOR PULMONARY ARTERIAL HYPERTENSION (PAH) (cont.)

Resources: (cont.)

Remodulin Package Insert:

- FDA-approved indication and dosage:

<table>
<thead>
<tr>
<th>Indication</th>
<th>Recommended Dose</th>
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</thead>
<tbody>
<tr>
<td>Remodulin is a prostacyclin vasodilator indicated for:</td>
<td></td>
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<tr>
<td>1. Treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to diminish symptoms associated with exercise. Studies establishing effectiveness included patients with NYHA Functional Class II-IV symptoms and etiologies of idiopathic or heritable PAH (58%), PAH associated with congenital systemic-to-pulmonary shunts (23%), or PAH associated with connective tissue diseases (19%).</td>
<td>PAH in patients with NYHA Class II-IV symptoms: Initial dose for patients new to prostacyclin infusion therapy: 1.25 ng/kg/min; increase based on clinical response (increments of 1.25 ng/kg/min per week for the first 4 weeks of treatment, later 2.5 ng/kg/min per week). Avoid abrupt cessation.</td>
</tr>
<tr>
<td>2. Patients who require transition from Flolan, to reduce the rate of clinical deterioration. The risks and benefits of each drug should be carefully considered prior to transition.</td>
<td>Mild to moderate hepatic insufficiency: Decrease initial dose to 0.625 ng/kg/min.</td>
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<td></td>
<td>Severe hepatic insufficiency: No studies performed.</td>
</tr>
<tr>
<td></td>
<td>Transition from Flolan: Increase the Remodulin dose gradually as the Flolan dose is decreased, based on constant observation of response.</td>
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</table>
INFUSION AND INHALATION THERAPIES FOR PULMONARY ARTERIAL HYPERTENSION (PAH) (cont.)

Resources: (cont.)

Revatio Package Insert:

- FDA-approved indication and dosage:

<table>
<thead>
<tr>
<th>Indication</th>
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</thead>
<tbody>
<tr>
<td>REVATIO is a phosphodiesterase-5 (PDE-5) inhibitor indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group I) in adults to improve exercise ability and delay clinical worsening. Studies establishing effectiveness were short-term (12 to 16 weeks), and included predominately patients with NYHA Functional Class II–III symptoms. Etiologies were idiopathic (71%) or associated with connective tissue disease (25%).</td>
<td>2.5 mg or 10 mg three times a day administered as an intravenous bolus injection.</td>
</tr>
</tbody>
</table>

Limitation of Use: Adding sildenafil to bosentan therapy does not result in any beneficial effect on exercise capacity.
INFUSION AND INHALATION THERAPIES FOR PULMONARY ARTERIAL HYPERTENSION (PAH) (cont.)

Resources: (cont.)

Tyvaso Package Insert:

- FDA-approved indication and dosage:

<table>
<thead>
<tr>
<th>Indication</th>
<th>Recommended Dose</th>
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</thead>
<tbody>
<tr>
<td>TYVASO is a prostacyclin vasodilator indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to improve exercise ability. Studies establishing effectiveness included predominately patients with NYHA Functional Class III symptoms and etiologies of idiopathic or heritable PAH (56%) or PAH associated with connective tissue diseases (33%).</td>
<td>Tyvaso is intended for oral inhalation using the Tyvaso Inhalation System, which consists of an ultrasonic, pulsed delivery device and its accessories. Initial Dosage: Therapy should begin with 3 breaths of Tyvaso (18 mcg of treprostinil), per treatment session, 4 times daily. If 3 breaths are not tolerated, reduce to 1 or 2 breaths and subsequently increase to 3 breaths, as tolerated. Maintenance Dosage: Dosage should be increased by an additional 3 breaths at approximately 1-2 week intervals, if tolerated, until the target dose of 9 breaths (54 mcg of treprostinil) is reached per treatment session, 4 times daily. If adverse effects preclude titration to target dose, Tyvaso should be continued at the highest tolerated dose. If a scheduled treatment session is missed or interrupted, therapy should be resumed as soon as possible at the usual dose. The maximum recommended dosage is 9 breaths per treatment session, 4 times daily.</td>
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INFUSION AND INHALATION THERAPIES FOR PULMONARY ARTERIAL HYPERTENSION (PAH) (cont.)

Resources: (cont.)

Veletri Package Insert:

- FDA-approved indication and dosage:

<table>
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<tr>
<th>Indication</th>
<th>Recommended Dose</th>
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</thead>
<tbody>
<tr>
<td>VELETRI is a prostanoid vasodilator indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to improve exercise capacity. Studies establishing effectiveness included predominantly patients with NYHA Functional Class III-IV symptoms and etiologies of idiopathic or heritable PAH or PAH associated with connective tissue diseases.</td>
<td>Infusion of VELETRI should be initiated at 2 ng/kg/min and increased in increments of 2 ng/kg/min every 15 minutes or longer until dose-limiting pharmacologic effects are elicited or until a tolerance limit to the drug is established. If symptoms of pulmonary hypertension persist or recur after improving - the infusion should be increased by 1- to 2-ng/kg/min increments at intervals sufficient to allow assessment of clinical response; these intervals should be at least 15 minutes. VELETRI is administered by continuous intravenous infusion via a central venous catheter using an ambulatory infusion pump. Do not mix with any other parenteral medications or solutions prior to or during administration.</td>
</tr>
</tbody>
</table>

Ventavis Package Insert:

- FDA-approved indication and dosage:

<table>
<thead>
<tr>
<th>Indication</th>
<th>Recommended Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>VENTAVIS is a synthetic analog of prostacyclin indicated for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1) to improve composite endpoint consisting of exercise tolerance, symptoms (NYHA Class), and lack of deterioration. Studies establishing effectiveness included predominately patients with NYHA Functional Class III-IV symptoms and etiologies of idiopathic or heritable PAH (65%) or PAH associated with connective tissue diseases (23%).</td>
<td>Ventavis is intended to be inhaled using the I-neb® AAD® System. The first inhaled dose should be 2.5 mcg (as delivered at the mouthpiece). If this dose is well tolerated, dosing should be increased to 5.0 mcg and maintained at that dose; otherwise maintain the dose at 2.5 mcg. Ventavis should be taken 6 to 9 times per day (no more than once every 2 hours) during waking hours, according to individual need and tolerability. The maximum daily dose evaluated in clinical studies was 45 mcg (5 mcg 9 times per day). Direct mixing of Ventavis with other medications in the I-neb AAD System has not been evaluated; do not mix with other medications. To avoid potential interruptions in drug delivery due to equipment malfunctions, the patient should have easy access to back-up I-neb ADD System.</td>
</tr>
</tbody>
</table>
INFUSION AND INHALATION THERAPIES FOR PULMONARY ARTERIAL HYPERTENSION (PAH) (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 kwe’ é ataah niiłiniįį Blue Cross Blue Shiel’d of Arizona haada yil’t’éego bina’idiłkidgo éi doodago Háida biýa aniyeedii’i t’áadoo le’e yina’idiłkidgo beehaz’áanii hóló díí t’áa hazaak’ehi hák’ a’doo walgo bee haz’a doo baąh ilinígóó. Ata’ halné’iįį koj’ bich’íį hoolihii nigh 877-475-4799.

Chinese: 如果您，或是您正在协助的对象，有关于插入项目的名称 Blue Cross Blue Shield of Arizona 方面的问题，您有权免费以您的母语得到帮助和讯息。洽询一位翻译员，您可拨打 在此插入数字 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 thông dịch viên, xin gọi 877-475-4799.

Arabic: إن كان لديك أو أدى شخص تساعده اسمة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل ب 877-475-4799.
INFUSION AND INHALATION THERAPIES FOR PULMONARY ARTERIAL HYPERTENSION (PAH) (cont.)

Multi-Language Interpreter Services: (cont.)

Tagalog: Kung ikaw, o ang iyong tinutulungan, ay may mga katarungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makuasa 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 동역사와 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 имеете 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についてお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。通訳とお話される場合、877-475-4799までお電話ください。

Farsi: اگر شما یا کسی که شما به او کمک می‌کنید، سوال در مورد اطلاعات به زبان خود را به طور رایگان دریافت نمایید 877-475-4799.

Assyrian: Blue Cross Blue Shield of Arizona کمک، نسخه کاملاً رایگان، سوال در مورد اطلاعات به زبان خود را به طور رایگان دریافت نمایید 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 dobiête pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคุณหรือผู้ที่คุณช่วยเหลือมีคำถามเกี่ยวกับ Blue Cross Blue Shield of Arizona คุณมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณโดยไม่เสียค่าใช้จ่าย ทั้งหมดสอบถามโทรศัพท์ 877-475-4799.