

Enhertu® (fam-trastuzumab deruxtecan-nxki) (Intravenous)

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I. Length of Authorization

Coverage will be provided for 6 months and may be renewed.

II. Dosing Limits

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

- Enhertu 100 mg vial: 7 vials every 21 days

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

- Breast Cancer & NSCLC: 600 billable units every 21 days
- All other indications: 700 billable units every 21 days

III. Initial Approval Criteria ¹

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

Universal Criteria ¹

- Left ventricular ejection fraction (LVEF) is within normal limits prior to initiating therapy and will be assessed at regular intervals (e.g., every 3 months) during treatment; **AND**
- Used as a single agent; **AND**
- Therapy will not be substituted with or for any trastuzumab-based formulation (i.e., trastuzumab [or trastuzumab biosimilar product], ado-trastuzumab emtansine, trastuzumab-hyaluronidase, pertuzumab/trastuzumab and hyaluronidase-zzxf, etc.); **AND**

Breast Cancer † ‡ ^{1,2,4,8,15,16}

- Patient has recurrent unresectable (local or regional) or metastatic disease OR inflammatory breast cancer with no response to preoperative systemic therapy; **AND**
 - Patient has human epidermal growth factor receptor 2 (HER2)-positive* disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
 - Used as subsequent therapy; **OR**

- Used as first-line therapy in patients with who experience disease progression during or within 6 months of neoadjuvant or adjuvant therapy (12 months for pertuzumab-containing regimens); **OR**
- Patient has HER2-low§ disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
 - Patient has hormone receptor-negative disease **OR** hormone receptor-positive disease that is endocrine therapy refractory; **AND**
 - Patient has received at least one prior line of therapy in the metastatic setting; **OR**
 - Patient has disease recurrence during or within 6 months after completing adjuvant chemotherapy

Gastric, Esophageal, and Esophagogastric Junction Cancers † ‡ Φ 1,2,9,17,18

- Patient has human epidermal growth factor receptor 2 (HER2)-positive* disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Patient has adenocarcinoma histology; **AND**
- Patient is not a surgical candidate **OR** has unresectable locally advanced, recurrent, or metastatic disease; **AND**
- Used as subsequent therapy

Colorectal Cancer (CRC) ‡ 2,10-12

- Patient has human epidermal growth factor receptor 2 (HER2)-positive* disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Patient has RAS and BRAF wild-type (WT) disease; **AND**
- Used as subsequent therapy for progression of advanced or metastatic disease after at least one prior line of treatment in the advanced or metastatic disease setting

Appendiceal Adenocarcinoma – Colon Cancer ‡ 2,11

- Patient has human epidermal growth factor receptor 2 (HER2)-positive* disease as determined by an FDA-approved or CLIA-compliant test❖; **AND**
- Patient has RAS and BRAF wild-type (WT) disease; **AND**
- Used as subsequent therapy for progression of advanced or metastatic disease after at least one prior line of treatment in the advanced or metastatic disease setting

Non-Small Cell Lung Cancer (NSCLC) † ‡ 1,2,14,21,22

- Patient has ERBB2 (HER2) mutation positive disease as determined by an FDA-approved or CLIA-complaint test❖; **AND**
- Patient has unresectable or metastatic disease; **AND**
- Patient has received prior systemic therapy

*HER2-positive overexpression criteria

Breast Cancer: ^{4,5}

- Immunohistochemistry (IHC) assay 3+; **OR**
- Dual-probe in situ hybridization (ISH) assay HER2/CEP17 ratio ≥ 2.0 AND average HER2 copy number ≥ 4.0 signals/cell; **OR**
- Dual-probe in situ hybridization (ISH) assay AND concurrent IHC indicating one of the following:
 - HER2/CEP17 ratio ≥ 2.0 AND average HER2 copy number < 4.0 signals/cell AND concurrent IHC 3+; **OR**
 - HER2/CEP17 ratio < 2.0 AND average HER2 copy number ≥ 6.0 signals/cell AND concurrent IHC 2+ or 3+; **OR**
 - HER2/CEP17 ratio < 2.0 AND average HER2 copy number ≥ 4.0 and < 6.0 signals/cell AND concurrent IHC 3+

Gastric, Esophageal, and Esophagogastric Junction Cancer: ¹⁷⁻¹⁹

- Immunohistochemistry (IHC) assay 3+; **OR**
- Fluorescence in situ hybridization (FISH) or in situ hybridization (ISH) assay AND concurrent IHC indicating one of the following:
 - HER2/CEP17 ratio ≥ 2.0 AND concurrent IHC 2+; **OR**
 - Average HER2 copy number ≥ 6.0 signals/cell AND concurrent IHC 2+

Colorectal Cancer and Appendiceal Adenocarcinoma: ^{11,12}

- Immunohistochemistry (IHC) assay 3+; **OR**
- Fluorescence in situ hybridization (FISH) HER2/CEP17 ratio ≥ 2 AND concurrent IHC 2+; **OR**
- Next-generation sequencing (NGS) panel HER2 amplification

§HER2-low expression criteria

Breast Cancer: ^{1,4}

- Immunohistochemistry (IHC) assay 1+; **OR**
- IHC 2+ AND in situ hybridization (ISH) negative

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

† FDA approved indication(s); ‡ Compendia Recommended Indication(s); Ⓢ Orphan Drug (*only applies to Gastric and Esophagogastric Junction Cancers*)

IV. Renewal Criteria ^{1,10,13}

Coverage may be renewed based upon the following criteria:

- Patient continues to meet the universal and other indication-specific relevant criteria such as concomitant therapy requirements (not including prerequisite therapy), performance status, etc. identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**

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- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: pulmonary toxicity (e.g., interstitial lung disease, pneumonitis), neutropenia/febrile neutropenia, left ventricular dysfunction/symptomatic congestive heart failure, etc.; **AND**
- Left ventricular ejection fraction (LVEF) within the previous 3 months as follows:
 - LVEF is > 45% and absolute decrease is ≤ 20% from baseline; **OR**
 - LVEF is 40% to 45% and absolute decrease is < 10% from baseline

V. Dosage/Administration ^{1,11-13}

| Indication | Dose |
|-----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Breast Cancer | Administer 5.4 mg/kg given as an intravenous infusion every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity |
| Gastric, Esophageal, and Esophagogastric Junction Cancers | Administer 6.4 mg/kg given as an intravenous infusion every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity |
| Colorectal Cancer & Appendiceal Adenocarcinoma | Administer 6.4 mg/kg given as an intravenous infusion every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity |
| Non-Small Cell Lung Cancer | Administer 5.4 mg/kg given as an intravenous infusion every 3 weeks (21-day cycle) until disease progression or unacceptable toxicity |

VI. Billing Code/Availability Information

HCPCS Code:

- J9358 – Injection, fam-trastuzumab deruxtecan-nxki, 1 mg: 1 billable unit = 1 mg

NDC:

- Enhertu 100 mg single-dose vial: 65597-0406-xx

VII. References

1. Enhertu [package insert]. Basking Ridge, NJ; Daiichi Sankyo, Inc; August 2022. Accessed August 2022.
2. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium[®]) fam-trastuzumab deruxtecan-nxki. National Comprehensive Cancer Network, 2022. The NCCN Compendium[®] is a derivative work of the NCCN Guidelines[®]. NATIONAL COMPREHENSIVE CANCER NETWORK[®], NCCN[®], and NCCN GUIDELINES[®] are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2022.
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4. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Breast Cancer, Version 4.2022. National Comprehensive Cancer Network, 2022. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed August 2022.
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11. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Colon Cancer, Version 1.2022. National Comprehensive Cancer Network, 2022. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed May 2022.
12. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Rectal Cancer 1.2022. National Comprehensive Cancer Network, 2022. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed May 2022.
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18. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) for Gastric Cancer, Version 2.2022. National Comprehensive Cancer Network, 2022. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Guidelines, go online to NCCN.org. Accessed May 2022.
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Appendix 1 – Covered Diagnosis Codes

| ICD-10 | ICD-10 Description |
|--------|------------------------------------------------------------------------|
| C15.3 | Malignant neoplasm of upper third of esophagus |
| C15.4 | Malignant neoplasm of middle third of esophagus |
| C15.5 | Malignant neoplasm of the lower third of esophagus |
| C15.8 | Malignant neoplasm of overlapping sites of esophagus |
| C15.9 | Malignant neoplasm of esophagus, unspecified |
| C16.0 | Malignant neoplasm of cardia |
| C16.1 | Malignant neoplasm of fundus of stomach |
| C16.2 | Malignant neoplasm of body of stomach |
| C16.3 | Malignant neoplasm of pyloric antrum |
| C16.4 | Malignant neoplasm of pylorus |
| C16.5 | Malignant neoplasm of lesser curvature of stomach, unspecified |
| C16.6 | Malignant neoplasm of greater curvature of stomach, unspecified |
| C16.8 | Malignant neoplasm of overlapping sites of stomach |
| C16.9 | Malignant neoplasm of stomach, unspecified |
| C18.0 | Malignant neoplasm of cecum |
| C18.1 | Malignant neoplasm of appendix |
| C18.2 | Malignant neoplasm of ascending colon |
| C18.3 | Malignant neoplasm of hepatic flexure |
| C18.4 | Malignant neoplasm of transverse colon |
| C18.5 | Malignant neoplasm of splenic flexure |
| C18.6 | Malignant neoplasm of descending colon |
| C18.7 | Malignant neoplasm of sigmoid colon |
| C18.8 | Malignant neoplasm of overlapping sites of colon |
| C18.9 | Malignant neoplasm of colon, unspecified |
| C19 | Malignant neoplasm of rectosigmoid junction |
| C20 | Malignant neoplasm of rectum |
| C21.8 | Malignant neoplasm of overlapping sites of rectum, anus and anal canal |
| C33 | Malignant neoplasm of trachea |
| C34.00 | Malignant neoplasm of unspecified main bronchus |
| C34.01 | Malignant neoplasm of right main bronchus |
| C34.02 | Malignant neoplasm of left main bronchus |
| C34.10 | Malignant neoplasm of upper lobe, unspecified bronchus or lung |
| C34.11 | Malignant neoplasm of upper lobe, right bronchus or lung |

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| | |
|---------|--------------------------------------------------------------------------|
| C34.12 | Malignant neoplasm of upper lobe, left bronchus or lung |
| C34.2 | Malignant neoplasm of middle lobe, bronchus or lung |
| C34.30 | Malignant neoplasm of lower lobe, unspecified bronchus or lung |
| C34.31 | Malignant neoplasm of lower lobe, right bronchus or lung |
| C34.32 | Malignant neoplasm of lower lobe, left bronchus or lung |
| C34.80 | Malignant neoplasm of overlapping sites of unspecified bronchus and lung |
| C34.81 | Malignant neoplasm of overlapping sites of right bronchus and lung |
| C34.82 | Malignant neoplasm of overlapping sites of left bronchus and lung |
| C34.90 | Malignant neoplasm of unspecified part of unspecified bronchus or lung |
| C34.91 | Malignant neoplasm of unspecified part of right bronchus or lung |
| C34.92 | Malignant neoplasm of unspecified part of left bronchus or lung |
| C50.011 | Malignant neoplasm of nipple and areola, right female breast |
| C50.012 | Malignant neoplasm of nipple and areola, left female breast |
| C50.019 | Malignant neoplasm of nipple and areola, unspecified female breast |
| C50.021 | Malignant neoplasm of nipple and areola, right male breast |
| C50.022 | Malignant neoplasm of nipple and areola, left male breast |
| C50.029 | Malignant neoplasm of nipple and areola, unspecified male breast |
| C50.111 | Malignant neoplasm of central portion of right female breast |
| C50.112 | Malignant neoplasm of central portion of left female breast |
| C50.119 | Malignant neoplasm of central portion of unspecified female breast |
| C50.121 | Malignant neoplasm of central portion of right male breast |
| C50.122 | Malignant neoplasm of central portion of left male breast |
| C50.129 | Malignant neoplasm of central portion of unspecified male breast |
| C50.211 | Malignant neoplasm of upper-inner quadrant of right female breast |
| C50.212 | Malignant neoplasm of upper-inner quadrant of left female breast |
| C50.219 | Malignant neoplasm of upper-inner quadrant of unspecified female breast |
| C50.221 | Malignant neoplasm of upper-inner quadrant of right male breast |
| C50.222 | Malignant neoplasm of upper-inner quadrant of left male breast |
| C50.229 | Malignant neoplasm of upper-inner quadrant of unspecified male breast |
| C50.311 | Malignant neoplasm of lower-inner quadrant of right female breast |
| C50.312 | Malignant neoplasm of lower-inner quadrant of left female breast |
| C50.319 | Malignant neoplasm of lower-inner quadrant of unspecified female breast |
| C50.321 | Malignant neoplasm of lower-inner quadrant of right male breast |
| C50.322 | Malignant neoplasm of lower-inner quadrant of left male breast |
| C50.329 | Malignant neoplasm of lower-inner quadrant of unspecified male breast |

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| | |
|---------|-------------------------------------------------------------------------|
| C50.411 | Malignant neoplasm of upper-outer quadrant of right female breast |
| C50.412 | Malignant neoplasm of upper-outer quadrant of left female breast |
| C50.419 | Malignant neoplasm of upper-outer quadrant of unspecified female breast |
| C50.421 | Malignant neoplasm of upper-outer quadrant of right male breast |
| C50.422 | Malignant neoplasm of upper-outer quadrant of left male breast |
| C50.429 | Malignant neoplasm of upper-outer quadrant of unspecified male breast |
| C50.511 | Malignant neoplasm of lower-outer quadrant of right female breast |
| C50.512 | Malignant neoplasm of lower-outer quadrant of left female breast |
| C50.519 | Malignant neoplasm of lower-outer quadrant of unspecified female breast |
| C50.521 | Malignant neoplasm of lower-outer quadrant of right male breast |
| C50.522 | Malignant neoplasm of lower-outer quadrant of left male breast |
| C50.529 | Malignant neoplasm of lower-outer quadrant of unspecified male breast |
| C50.611 | Malignant neoplasm of axillary tail of right female breast |
| C50.612 | Malignant neoplasm of axillary tail of left female breast |
| C50.619 | Malignant neoplasm of axillary tail of unspecified female breast |
| C50.621 | Malignant neoplasm of axillary tail of right male breast |
| C50.622 | Malignant neoplasm of axillary tail of left male breast |
| C50.629 | Malignant neoplasm of axillary tail of unspecified male breast |
| C50.811 | Malignant neoplasm of overlapping sites of right female breast |
| C50.812 | Malignant neoplasm of overlapping sites of left female breast |
| C50.819 | Malignant neoplasm of overlapping sites of unspecified female breast |
| C50.821 | Malignant neoplasm of overlapping sites of right male breast |
| C50.822 | Malignant neoplasm of overlapping sites of left male breast |
| C50.829 | Malignant neoplasm of overlapping sites of unspecified male breast |
| C50.911 | Malignant neoplasm of unspecified site of right female breast |
| C50.912 | Malignant neoplasm of unspecified site of left female breast |
| C50.919 | Malignant neoplasm of unspecified site of unspecified female breast |
| C50.921 | Malignant neoplasm of unspecified site of right male breast |
| C50.922 | Malignant neoplasm of unspecified site of left male breast |
| C50.929 | Malignant neoplasm of unspecified site of unspecified male breast |
| C78.00 | Secondary malignant neoplasm of unspecified lung |
| C78.01 | Secondary malignant neoplasm of right lung |
| C78.02 | Secondary malignant neoplasm of left lung |
| C78.6 | Secondary malignant neoplasm of retroperitoneum and peritoneum |
| C78.7 | Secondary malignant neoplasm of liver and intrahepatic bile duct |

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| | |
|---------|-----------------------------------------------------------------------|
| D37.1 | Neoplasm of uncertain behavior of stomach |
| D37.8 | Neoplasm of uncertain behavior of other specified digestive organs |
| D37.9 | Neoplasm of uncertain behavior of digestive organ, unspecified |
| Z85.00 | Personal history of malignant neoplasm of unspecified digestive organ |
| Z85.01 | Personal history of malignant neoplasm of esophagus |
| Z85.028 | Personal history of other malignant neoplasm of stomach |
| Z85.038 | Personal history of other malignant neoplasm of large intestine |
| Z85.118 | Personal history of other malignant neoplasm of bronchus and lung |

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): N(9) | NCD/LCD/LCA Document (s): A56660 |
| https://www.cms.gov/medicare-coverage-database/new-search/search-results.aspx?keyword=a56660&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, AZ | Noridian Healthcare Solutions, LLC |
| 5 | KS, NE, IA, MO | Wisconsin Physicians Service Insurance Corp (WPS) |
| 6 | MN, WI, IL | National Government Services, Inc. (NGS) |
| H (4 & 7) | LA, AR, MS, TX, OK, CO, NM | Novitas Solutions, Inc. |
| 8 | MI, IN | Wisconsin Physicians Service Insurance Corp (WPS) |
| N (9) | FL, PR, VI | First Coast Service Options, Inc. |
| J (10) | TN, GA, AL | Palmetto GBA, LLC |
| M (11) | NC, SC, WV, VA (excluding below) | Palmetto GBA, LLC |
| L (12) | DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA) | Novitas Solutions, Inc. |
| K (13 & 14) | NY, CT, MA, RI, VT, ME, NH | National Government Services, Inc. (NGS) |
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You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

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Room 509F, HHH Building
Washington, D.C. 20201
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Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 711)

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1.866.631.5404 (TTY: 711) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 711)

Traditional Chinese: 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 1.866.631.5404 (TTY:711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

Lao: ໄປ່ດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY:711).