Entyvio (vedolizumab) injection, for intravenous use

Policy Number: MC/PC 011
Effective Date: November 1, 2025

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Related Policies

- n/a

Coverage Rationale

This policy is applicable for Entyvio (vedolizumab) injection for intravenous infusion only.

Crohn's Disease

For initial coverage of Entyvio (vedolizumab) for Crohn's disease, the following will be required:

- All of the following:
  - Diagnosis of moderately to severely active Crohn's disease **and**
  - One of the following:
    - Frequent diarrhea and abdominal pain
    - At least 10% weight loss
    - Complications such as obstruction, fever, abdominal mass
    - Abnormal lab values (e.g., C-reactive protein [CRP])
    - CD Activity Index (CDAI) greater than 220 **and**
  - Prescribed by or in consultation with a gastroenterologist.

  OR
- For continuation of prior Entyvio therapy, defined as no more than a 45-day gap in therapy

For reauthorization coverage of Entyvio (vedolizumab) for Crohn's disease, the following will be required:

- Patient demonstrates positive clinical response to therapy as evidenced by at least one of the following:
  - Improvement in intestinal inflammation (e.g., mucosal healing, improvement of lab values [platelet counts, erythrocyte sedimentation rate, C-reactive protein level]) from baseline **or**
  - Reversal of high fecal output state

Ulcerative Colitis

For initial coverage of Entyvio (vedolizumab) for Ulcerative Colitis, the following will be required:

- All of the following:

- Diagnosis of moderately to severely active ulcerative coliti
- One of the following:
  - Greater than 6 stools per day
  - Frequent blood in the stools
  - Frequent urgency
  - Presence of ulcers
  - Abnormal lab values (e.g., hemoglobin, ESR, CRP)
  - Dependent on, or refractory to, corticosteroids **and**
- Prescribed by or in consultation with a gastroenterologist

OR

- For continuation of prior Entyvio therapy, defined as no more than a 45-day gap in therapy

For reauthorization coverage of Entyvio (vedolizumab) for Ulcerative Colitis, the following will be required:

- Patient demonstrates positive clinical response to therapy as evidenced by at least one of the following:
  - Improvement in intestinal inflammation (e.g., mucosal healing, improvement of lab values [platelet counts, erythrocyte sedimentation rate, C-reactive protein level]) from baseline **or**
  - Reversal of high fecal output state

Gastrointestinal acute graft-versus-host disease (aGVHD) (*NCCN HCT 2025*)

For initial coverage of Entyvio (vedolizumab) for GI aGVHD, the following will be required:

- Diagnosis of steroid-refractory acute GI aGVHD **and**
- One of the following:
  - Patient is receiving Entyvio in combination with systemic corticosteroids
  - Patient is intolerant to systemic corticosteroid therapy **and**
- Initial authorization is for no more than 4 doses

For reauthorization coverage of Entyvio (vedolizumab) for GI aGVHD, the following will be required:

- Patient demonstrates positive clinical response to therapy
- Patient continues to experience GI aGVHD **and**
- One of the following:
  - Patient is receiving Entyvio in combination with systemic corticosteroids
  - Patient is intolerant to systemic corticosteroid therapy **and**
- Authorization is for no more than 4 doses

Immune checkpoint inhibitor-related toxicities (*NCCN Management of Immunotherapy-Related Toxicities 2025*)

For initial and reauthorization coverage of Entyvio (vedolizumab) for immune checkpoint inhibitor-related toxicities, the following will be required:

- One of the following immunotherapy-related diagnoses:
  - Moderate to severe esophagitis, gastritis, or duodenitis if no improvement on corticosteroids or budesonide
  - Mild (G1) diarrhea or colitis if persistent or progressive symptoms and positive lactoferrin/calprotectin
  - Moderate (G2) or severe (G3-4) immunotherapy-related diarrhea or colitis
- Patient is receiving a checkpoint inhibitor [e.g., Keytruda (Pembrolizumab), Opdivo (Nivolumab)] **and**
- One of the following:
  - History of failure, contraindication, or intolerance to infliximab
  - Patient has immune-related hepatitis **and**
- Authorization will be for no more than 3 doses of Entyvio

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
J3380	Injection, vedolizumab, 1 mg

ICD-10 Code	Description
D89.810	Acute graft-versus-host disease
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications

ICD-10 Code	Description
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
K51.019	Ulcerative (chronic) pancolitis with unspecified complications
K51.20	Ulcerative (chronic) proctitis without complications
K51.211	Ulcerative (chronic) proctitis with rectal bleeding
K51.212	Ulcerative (chronic) proctitis with intestinal obstruction
K51.213	Ulcerative (chronic) proctitis with fistula
K51.214	Ulcerative (chronic) proctitis with abscess
K51.218	Ulcerative (chronic) proctitis with other complication
K51.219	Ulcerative (chronic) proctitis with unspecified complications
K51.30	Ulcerative (chronic) rectosigmoiditis without complications
K51.311	Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312	Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313	Ulcerative (chronic) rectosigmoiditis with fistula
K51.314	Ulcerative (chronic) rectosigmoiditis with abscess
K51.318	Ulcerative (chronic) rectosigmoiditis with other complication
K51.319	Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.40	Inflammatory polyps of colon without complications
K51.411	Inflammatory polyps of colon with rectal bleeding
K51.412	Inflammatory polyps of colon with intestinal obstruction
K51.413	Inflammatory polyps of colon with fistula
K51.414	Inflammatory polyps of colon with abscess
K51.418	Inflammatory polyps of colon with other complication
K51.419	Inflammatory polyps of colon with unspecified complications
K51.50	Left sided colitis without complications
K51.511	Left sided colitis with rectal bleeding
K51.512	Left sided colitis with intestinal obstruction
K51.513	Left sided colitis with fistula
K51.514	Left sided colitis with abscess
K51.518	Left sided colitis with other complication
K51.519	Left sided colitis with unspecified complications
K51.80	Other ulcerative colitis without complications
K51.811	Other ulcerative colitis with rectal bleeding
K51.812	Other ulcerative colitis with intestinal obstruction
K51.813	Other ulcerative colitis with fistula
K51.814	Other ulcerative colitis with abscess

ICD-10 Code	Description
K51.818	Other ulcerative colitis with other complication
K51.819	Other ulcerative colitis with unspecified complications
K51.90	Ulcerative colitis, unspecified, without complications
K51.911	Ulcerative colitis, unspecified with rectal bleeding
K51.912	Ulcerative colitis, unspecified with intestinal obstruction
K51.913	Ulcerative colitis, unspecified with fistula
K51.914	Ulcerative colitis, unspecified with abscess
K51.918	Ulcerative colitis, unspecified with other complication
K51.919	Ulcerative colitis, unspecified with unspecified complications
T45.1X5A	Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
T45.1X5D	Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
T45.1X5S	Adverse effect of antineoplastic and immunosuppressive drugs, sequela

Background

Entyvio (Vedolizumab) is a monoclonal antibody that is a specific integrin receptor antagonist. It is used for the treatment of moderately to severely active ulcerative colitis (UC) and Crohn's disease (CD) in adult patients. Treatment with vedolizumab is appropriate for patients who have failed to fully respond to tumor necrosis factor (TNF) blocker, immunomodulator, or corticosteroid therapy or who are intolerant to or demonstrated dependence on corticosteroids. Vedolizumab acts by binding to and blocking the interaction between integrin alpha-4-beta-7 and mucosal addressin cell adhesion molecule-1 (MAdCAM-1) in the gut. This action inhibits the migration of specific memory T-lymphocytes across the endothelium into inflamed gastrointestinal parenchymal tissue and reduces the chronic inflammatory process present in both ulcerative colitis and Crohn's disease (*Clinical Pharmacology 2023*).

Clinical Evidence

The safety and efficacy of Entyvio (vedolizumab) was demonstrated in two trials of CD in patients who responded inadequately to immunomodulator therapy, TNF inhibitors, and/or corticosteroids. In one trial, a significantly higher percentage of vedolizumab-treated patients achieved clinical response and remission at week 52 compared to placebo. In the second trial, in patients with prior TNF antagonist failure, the primary endpoint of proportion of patients in clinical remission at week 6 was not met (15.2% for vedolizumab vs 12.1% for placebo; p = 0.433). However, in a secondary analysis, greater proportions of vedolizumab-treated patients than placebo-treated patients were in clinical remission at week 10 (26.6% vs 12.1%; p = 0.001) (*Sandborn et al 2013, Sands et al 2014*).

Entyvio (vedolizumab) was directly compared to Humira (adalimumab) in the double-blind, double dummy, randomized, multicenter, VARSITY trial (*Sands et al 2019[a]*). VARSITY enrolled 769 adults with moderate to severe UC and randomized them to vedolizumab (n = 383) 300 mg IV on day 1 and at weeks 2, 6, 14, 22, 30, 38, and 46 (plus placebo injections) or adalimumab (n = 386) 160 mg SQ at week 1, 80 mg at week 2, and 40 mg every 2 weeks thereafter (plus placebo infusions) until week 50. Results revealed that clinical remission at week 52 occurred in significantly more patients in the vedolizumab group (31.3% vs 22.5%; difference, 8.8%; 95% CI, 2.5 to 15; p = 0.0006). Endoscopic improvement was also significantly improved with vedolizumab (39.7% vs 27.7%; difference, 11.9%; 95% CI, 5.3 to 18.5; p < 0.001). However, corticosteroid-free clinical remission was better with adalimumab (12.6% vs 21.8%; difference, -9.3%; 95% CI, -18.9 to 0.4).

Clinical Guidelines

Ulcerative Colitis

A 2025 guideline update from the American College of Gastroenterology (ACG) recommends 5-ASA therapy for induction of remission in mildly to moderately active UC. Budesonide, oral systemic corticosteroids, sphingosine-1-phosphate (S1P) receptor modulators (ozanimod, etrasimod), ustekinumab, IL23p19 inhibitors (guselkumab, mirikizumab, risankizumab), vedolizumab, anti-TNF therapy (adalimumab, golimumab, or infliximab), and Janus kinase (JAK) inhibitors (tofacitinib, upadacitinib) are recommended for induction of remission in moderately to severely active disease. Patients who are primary non-responders to an anti-TNF therapy should be evaluated and considered for a switch to treatment with a different class of therapy, rather than cycling to another drug within the anti-TNF class. For maintenance of remission in patients with previously mildly active disease, 5-ASA therapy is recommended. In patients with previously moderately to severely active disease, continuation of S1P receptor modulator, ustekinumab, IL23p19 inhibitor, vedolizumab, anti-TNF therapy, or JAK inhibitor is recommended after induction of remission with these agents (*Rubin et al 2025*).

For adult outpatients with moderate to severe UC, an American Gastroenterological Association (AGA) living guideline recommends use of infliximab, golimumab, vedolizumab, tofacitinib, upadacitinib, ustekinumab, ozanimod, etrasimod, risankizumab, guselkumab, and suggests use of adalimumab, filgotinib (not approved in the U.S.) and mirikizumab over no treatment (*Singh et al 2024*). In patients with moderate to severe UC who are naïve to advanced therapies, the AGA suggests using a higher efficacy medication (infliximab, vedolizumab, ozanimod, etrasimod, upadacitinib, risankizumab, guselkumab) or an intermediate efficacy medication (golimumab, ustekinumab, tofacitinib, filgotinib, mirikizumab), instead of a lower efficacy medication (adalimumab). In patients who have previously been exposed to one or more advanced therapies, particularly TNF inhibitors, the AGA suggests using a higher-efficacy medication (e.g., tofacitinib, upadacitinib, and ustekinumab) or an intermediate-efficacy medication (e.g., filgotinib, mirikizumab, risankizumab, and guselkumab) rather than a lower-efficacy medication (e.g., adalimumab, vedolizumab, ozanimod, and etrasimod). Vedolizumab and anti-IL therapies may be associated with a lower infection risk than TNF inhibitors and may be preferred in those at risk of immunosuppression-related infections or malignancies.

The European Crohn's and Colitis Organisation (ECCO) recommends thiopurines for maintenance of remission in patients with steroid-dependent UC who are intolerant of 5-ASA. Remission can be induced with TNF inhibitors, vedolizumab, tofacitinib, or ustekinumab in patients with moderate to severe disease that has not responded to conventional therapy. Remission can be maintained with the same biologic agent that was used for induction therapy *(Raine et al 2022*).

Crohn's Disease

A 2025 ACG guideline update on the management of CD in adults recommends controlled ileal release budesonide at a dose of 9 mg daily for induction of symptomatic remission for patients with mildly to moderately active ileocecal CD. The guideline recommends against budesonide for maintenance of remission. The guideline also recommends against the use of oral mesalamine for induction of maintenance in patients with mildly to moderately active CD. Sulfasalazine should only be considered for patients with symptomatic mild colonic CD. For patients with moderately to severely active CD, the ACG recommends oral corticosteroids for short-term oral induction of remission. Anti-TNF agents (infliximab, adalimumab, certolizumab) are recommended for induction and maintenance of remission. Thiopurines or methotrexate may also be used as adjunctive therapy for reducing immunogenicity for patients on anti-TNF therapy. Vedolizumab, ustekinumab, risankizumab, mirikizumab, guselkumab, are recommended for use in induction and maintenance of remission in patients with moderately to severely active CD. For patients with prior exposure to anti-TNF agents, upadacitinib is recommended. The use of risankizumab is recommended as compared with ustekinumab in patients with prior exposure to anti-TNF agents. Perianal fistulizing CD remission induction options include infliximab, as well as adalimumab, or either agent in combination with antibiotics. Vedolizumab, ustekinumab or upadacitinib may also be used. Recommended treatment options for the postoperative care of high-risk CD patients include anti-TNF therapy and vedolizumab. The guideline acknowledges the effectiveness of biosimilar infliximab, biosimilar adalimumab and biosimilar ustekinumab for the management of moderate to severe CD (*Lichtenstein et al 2025*).

A 2021 AGA guideline on the medical management of moderate to severe CD s[illegible]gic monotherapy over thiopurine monotherapy for the induction of remission in a[illegible]IF inhibitors or ustekinumab over no treatment for induction and maintenance of remission. In patients who are naïve to biologic drugs, infliximab, adalimumab, or ustekinumab are recommended over certolizumab pegol for the induction of remission and vedolizumab is suggested over certolizumab pegol. In patients who never responded to TNF inhibitors, the use of ustekinumab is recommended and the use of vedolizumab is suggested over no treatment for the induction of remission. In patients who previously responded to infliximab, the use of adalimumab or ustekinumab is recommended and the use of vedolizumab is suggested over no treatment for the induction of remission. The AGA recommends against the use of 5-ASA or sulfasalazine over no treatment for the induction or maintenance of remission. In patients with CD and active perianal fistula, infliximab is recommended over no treatment for the induction and maintenance of fistula remission. In patients with CD and active perianal fistula without perianal abscess, the use of biologic agents in combination with an antibiotic over a biologic drug alone is recommended for the induction of fistula remission (*Feuerstein et al 2021*).

The 2024 ECCO guideline on medical treatment in CD recommends the use of infliximab, adalimumab, ustekinumab, risankizumab, vedolizumab, and upadacitinib to induce remission and for maintenance of remission in patients with moderate-to-severe CD (*Gordon et al 2024*). Other immunomodulator-related recommendations within the guideline include:

- Recommending combination therapy with infliximab and thiopurines when starting infliximab as induction therapy in patients with moderate-to-severe CD and recommending combination therapy for a minimum of 6 to 12 months.
- Suggesting against the combination of adalimumab and thiopurines over adalimumab alone to achieve clinical remission and response
- Suggesting certolizumab can be used as induction therapy and maintenance therapy in moderate-to-severe CD.
- Suggesting adalimumab or ustekinumab are equally effective as induction and maintenance therapy in biologic-naïve patients with moderate-to-severe CD.

Immune checkpoint inhibitor-related toxicities

The National Comprehensive Cancer Network (NCCN) include vedolizumab for the treatment of immunotherapy-related toxicity. The Management of Immunotherapy-Related Toxicities (V 1.2025) guideline states:

- Consider adding vedolizumab for management of immunotherapy-related (category 2A)
    - moderate to severe esophagitis, gastritis, or duodenitis if no improvement on corticosteroids or budesonide
    - mild (G1) diarrhea or colitis if persistent or progressive symptoms and positive lactoferrin/calprotectin
    - moderate (G2) and strongly consider for severe (G3-4) diarrhea or colitis if colonoscopy or flexible sigmoidoscopy shows significant ulceration or extensive non-ulcerative inflammation*

      *In patients with severe colitis, higher rates of refractory response to corticosteroids have been reported. Early introduction of vedolizumab can be considered to reduce recurrence

- Duration of therapy with infliximab or vedolizumab is not clearly defined; however, receipt of three or more doses (at weeks 0, 2 and 6) has been associated with less frequent colitis recurrence.

Gastrointestinal acute graft-versus-host disease

The NCCN include vedolizumab for the treatment of acute GVHD. The Hematopoietic Cell Transplantation (V 2.2025) guideline states:

- Consider vedolizumab for acute* GVHD as additional therapy in conjunction with systemic corticosteroids following no response (steroid-refractory disease) to first-line therapy options (category 2A)

*therapy for steroid-refractory acute GVHD is often used in conjunctio ve agent

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.

Entyvio is indicated in adults for the treatment of:

- moderately to severely active ulcerative colitis (UC).
- moderately to severely active Crohn's disease (CD).

References

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10. Sands BE, Feagan BG, Rutgeerts P, et al. Effects of vedolizumab induction therapy for patients with Crohn's disease in whom tumor necrosis factor antagonist treatment failed. Gastroenterology. 2014;147:618-627.
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Policy History/Revision Information

Date	Summary of Changes
11/16/2023	Approved by OptumRx P&T Committee
10/16/2024	Annual Review. References updated. No clinical content changed.
10/15/2025	Annual Review. Added criteria for new indications of immune checkpoint inhibitor-related toxicities, and aGVHD. Removed trial of conventional agents from CD and UC criteria. Updated Clinical Guideline section for CD and UC. References updated.

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting 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. The insurance 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.

OptumRx may also use tools developed by third parties to assist us in administering health benefits. OptumRx 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.

Archived Policy Versions (Internal Only)

Effective Date	Policy Number	Policy Title
mm/dd/yyyy – mm/dd/yyyy	######	Title of Policy Hyperlinked to KL or Other Internal Location

Nondiscrimination & Language Access Policy

Discrimination is Against the Law. Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, (including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity and sex stereotypes), consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2). Aspirus Health Plan, Inc. does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Aspirus Health Plan, Inc.:
Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:

- Qualified interpreters.
- Information written in other languages.

If *you* need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact the Nondiscrimination Grievance Coordinator at the address, phone number, fax number, or email address below.

If *you* believe that Aspirus Health Plan, Inc. 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:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1890
Southampton, PA 18966-9998
Phone: 1-866-631-5404 (TTY: 711)
Fax: 763-847-4010
Email: customerservice@aspirushealthplan.com

You can file a *grievance* in person or by mail, fax, or email. If *you* need help filing a *grievance*, the Nondiscrimination Grievance 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, 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. This notice is available at Aspirus Health Plan, Inc.'s website: https://aspirushealthplan.com/webdocs/70021-AHP-NonDiscrim_Lang-Assist-Notice.pdf.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë.Telefononi në 1-800-332-6501 (TTY: 711).

Arabic تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف1-800-332-6501(رقم هاتف الصم والبك : 711)

French: ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-332-6501 (ATS: 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zurVerfügung. Rufnummer: 1-800-332-6501 (TTY: 711).

Hindi: _यान द_: य_द आप ि हंदी बोलते ह_ तो आपके ि लए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_।1-800-332-6501 (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 1-800-332-6501 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.1-800-332-6501 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer1-800-332-6501 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.Звоните 1-800-332-6501 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al1-800-332-6501 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1-800-332-6501 (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 1-800-332-6501 (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 1-800-332-6501 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-800-332-6501 (TTY: 711).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 1-800-332-6501 (TTY: 711).