RNA-Targeted Therapies (Amvuttra® and Onpattro®)

Policy Number: MC/PC 099
Effective Date: February 1, 2026

Instructions for Use

Table of Contents **Page**

Related Policies

- N/A

Coverage Rationale

Hereditary transthyretin-mediated amyloidosis with polyneuropathy (hATTR-PN)

For initial coverage of Amvuttra for Hereditary transthyretin-mediated amyloidosis with polyneuropathy (hATTR-PN), the following will be required:

- Diagnosis of hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis) with polyneuropathy
- Presence of a transthyretin (TTR) mutation (e.g., V30M) as detected by an FDA-approved test or a test performed at a facility approved by Clinical Laboratory Improvement Amendments (CLIA)
- One of the following:
  - Patient has a baseline polyneuropathy disability (PND) score less than or equal to IIIb
  - Patient has a baseline familial amyloidotic polyneuropathy (FAP) stage of 1 or 2
  - Patient has a baseline neuropathy impairment score (NIS) greater than or equal to 5 and less than or equal to 130
  - Patient has a baseline Karnofsky Performance Status score greater than or equal to 60%
- Presence of clinical signs and symptoms of the disease (e.g., peripheral/autonomic neuropathy, walking ability, reduced quality of life)
- Patient has not had a liver transplant
- Requested drug is not used in combination with a TTR silencer (e.g., Onpattro) or a TTR stabilizer (e.g., Vyndamax)
- Prescribed by or in consultation with a neurologist

For reauthorization coverage of Amvuttra for Hereditary transthyretin-mediated amyloidosis with polyneuropathy (hATTR-PN), the following will be required:

- Patient demonstrates positive clinical response to therapy (e.g., improved quality of life, decrease in serum TTR level)
- One of the following:
  - Patient continues to have a polyneuropathy disability (PND) score less than or equal to IIIb
  - Patient continues to have a familial amyloidotic polyneuropathy (FAP) stage of 1 or 2

    - Patient continues to have a neuropathy impairment score (NIS [illegible]han or equal to 130
    - Patient continues to have a Karnofsky Performance Status score greater than or equal to 60%
- Requested drug is not used in combination with a TTR silencer (e.g., Onpattro) or a TTR stabilizer (e.g., Vyndamax)
- Patient has not had a liver transplant

For initial coverage of Onpattro for Hereditary transthyretin-mediated amyloidosis with polyneuropathy (hATTR-PN), the following will be required:

- Diagnosis of hereditary transthyretin-mediated amyloidosis (hATTR amyloidosis) with polyneuropathy
- Presence of a transthyretin (TTR) mutation (e.g., V30M) as detected by an FDA-approved test or a test performed at a facility approved by Clinical Laboratory Improvement Amendments (CLIA)
- One of the following:
    - Patient has a baseline polyneuropathy disability (PND) score less than or equal to IIIb
    - Patient has a baseline familial amyloidotic polyneuropathy (FAP) stage of 1 or 2
    - Patient has a baseline neuropathy impairment score (NIS) between 5 and 130
- Presence of clinical signs and symptoms of the disease (e.g., peripheral/autonomic neuropathy)
- Patient has not had a liver transplant
- Requested drug is not used in combination with a TTR silencer (e.g., Amvuttra) or a TTR stabilizer (e.g., Vyndamax)
- Prescribed by or in consultation with a neurologist

For reauthorization coverage of Onpattro for Hereditary transthyretin-mediated amyloidosis with polyneuropathy (hATTR-PN), the following will be required:

- Patient demonstrates positive clinical response to therapy (e.g., improved neurologic impairment, slowing of disease progression, improved quality of life assessment)
- One of the following:
    - Patient continues to have a polyneuropathy disability (PND) score less than or equal to IIIb
    - Patient continues to have a familial amyloidotic polyneuropathy (FAP) stage of 1 or 2
    - Patient continues to have a neuropathy impairment score (NIS) between 5 and 130
- Patient has not had a liver transplant
- Requested drug is not used in combination with a TTR silencer (e.g., Amvuttra) or a TTR stabilizer (e.g., Vyndamax)

Transthyretin-mediated amyloidosis with cardiomyopathy (ATTR-CM)

For initial coverage of Amvuttra for Transthyretin-mediated amyloidosis with cardiomyopathy (ATTR-CM), the following will be required:

- Diagnosis of transthyretin-mediated amyloidosis with cardiomyopathy (ATTR-CM)
- One of the following:
    - Presence of a transthyretin (TTR) mutation (e.g., V122I) as detected by an FDA-approved test or a test performed at a facility approved by Clinical Laboratory Improvement Amendments (CLIA)
    - Cardiac or noncardiac tissue biopsy demonstrating histologic confirmation of TTR amyloid deposits
    - Both of the following:
        - Cardiac magnetic resonance imaging or a scintigraphy scan suggestive of amyloidosis
        - Absence of light-chain amyloidosis
- Patient has New York Heart Association (NYHA) Functional Class I, II, or III heart failure
- Requested drug is not used in combination with a TTR silencer (e.g. Onpattro)
- Prescribed by or in consultation with a cardiologist

For reauthorization coverage of Amvuttra for Transthyretin-mediated ar
(ATTR-CM), the following will be required:

- Patient continues to have New York Heart Association (NYHA) Functional Class I, II, or III heart failure
- Requested drug is not used in combination with a TTR silencer (e.g. Onpattro)
- Prescribed by or in consultation with a cardiologist

Applicable Codes

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

HCPCS Code	Description
J0222	Injection, patisiran, 0.1 mg
J0225	Injection, vutrisiran, 1 mg

ICD-10 Code	Description
E85.0	Non-neuropathic heredofamilial amyloidosis
E85.1	Neuropathic heredofamilial amyloidosis
E85.4	Organ-limited amyloidosis
E85.82	Wild-type transthyretin-related (ATTR) amyloidosis

Background

Amyloidosis is the extracellular deposition of fibrils composed of proteins in tissues. Clinical manifestations of amyloid deposition vary based on the type, location, and amount of deposition (Gorevic 2025a). Several precursor proteins, such as light-chain and transthyretin (TTR), can lead to amyloidosis (Gorevic 2025b). Transthyretin-mediated amyloidosis (ATTR) may be caused by a hereditary variant in the TTR gene (ATTRv; previously abbreviated as hATTR) or result from misfolded nonmutant TTR that is associated with ageing, known as wild-type ATTR (ATTRwt), previously described as systemic senile amyloidosis (Gorevic 2025b).

Onpattro (patisiran) and Amvuttra (vutrisiran), are siRNA agents, which interfere with mRNA, resulting in lower levels of wild-type and mutated forms of TTR. Onpattro encases the siRNA into a lipid nanoparticle to deliver the drug directly to the liver, where TTR protein is primarily produced, in order to alter or halt the production of this disease-causing protein. Amvuttra is a double-stranded siRNA that is covalently linked to a ligand containing 3 GalNAc residues.

Clinical Evidence

Hereditary transthyretin-mediated amyloidosis with polyneuropathy (hATTR-PN)

Onpattro (patisiran)
The efficacy of Onpattro was demonstrated in a randomized, double-blind, placebo-controlled, multicenter clinical trial in adult patients with polyneuropathy caused by hATTR amyloidosis (NCT 01960348). Patients were randomized in a 2:1 ratio to receive Onpattro 0.3 mg/kg (N=148) or placebo (N=77), respectively, via intravenous infusion once every 3 weeks for 18 months. All patients received premedication with a corticosteroid, acetaminophen, and H1 and H2 blockers. Ninety-three percent of Onpattro-treated patients and 62% of placebo-treated patients completed 18 months of the assigned treatment.

The primary efficacy endpoint was the change from baseline to Month 18 in th score +7 (mNIS+7). The mNIS+7 is an objective assessment of neuropathy and comprises the NIS and Modified +7 (+7) composite scores. In the version of the mNIS+7 used in the trial, the NIS objectively measures deficits in cranial nerve function, muscle strength, and reflexes, and the +7 assesses postural blood pressure, quantitative sensory testing, and peripheral nerve electrophysiology. The maximum possible score was 304 points, with higher scores representing a greater severity of disease.

The clinical meaningfulness of effects on the changes seen on the mNIS+7 was assessed by the change from baseline to Month 18 in Norfolk Quality of Life-Diabetic Neuropathy (QoL-DN) total score. The Norfolk QoL-DN scale is a patient-reported assessment that evaluates the subjective experience of neuropathy in the following domains: physical functioning/large fiber neuropathy, activities of daily living, symptoms, small fiber neuropathy, and autonomic neuropathy. The version of the Norfolk QoL-DN that was used in the trial had a total score range from -4 to 136, with higher scores representing greater impairment.

The changes from baseline to Month 18 on both the mNIS+7 and the Norfolk QoL-DN significantly favored Onpattro. The changes from baseline to Month 18 in modified body mass index (mBMI) and gait speed (10-meter walk test) significantly favored Onpattro.

Amvuttra (vutrisiran)
The efficacy of Amvuttra was demonstrated in a randomized, open-label clinical trial in adult patients with hATTR-PN (HELIOS-A; NCT03759379). Patients were randomized 3:1 to receive 25 mg of Amvuttra subcutaneously once every 3 months (N=122), or 0.3 mg/kg patisiran intravenously every 3 weeks (N=42) as a reference group. Ninety-seven percent of Amvuttra-treated patients and 93% of patisiran-treated patients completed at least 9 months of the assigned treatment.

Efficacy assessments were based on a comparison of the Amvuttra arm of HELIOS-A with an external placebo group in another study (NCT01960348) composed of a comparable population of adult patients with polyneuropathy caused by hATTR amyloidosis.

The primary efficacy endpoint was the change from baseline to Month 9 in mNIS+7. In the version of the mNIS+7 used in the trial, the NIS objectively measures deficits in cranial nerve function, muscle strength, and reflexes, and the +7 assesses postural blood pressure, quantitative sensory testing, and peripheral nerve electrophysiology. The mNIS+7 has a total score range from 0 to 304 points, with higher scores representing a greater severity of disease. The clinical meaningfulness of effects on the changes seen on the mNIS+7 was assessed by the change from baseline to Month 9 in Norfolk Quality of Life-Diabetic Neuropathy (QoL-DN) total score. The Norfolk QoL-DN scale is a patient-reported assessment that evaluates the subjective experience of neuropathy in the following domains: physical functioning/large fiber neuropathy, activities of daily living, symptoms, small fiber neuropathy, and autonomic neuropathy. The Norfolk QoL-DN has a total score range from -4 to 136, with higher scores representing greater impairment. Additional endpoints were gait speed, as measured by the 10-meter walk test (10MWT), and modified body mass index (mBMI).

Treatment with Amvuttra in HELIOS-A resulted in statistically significant improvements in the mNIS+7, Norfolk QoL-DN total score, and 10-meter walk test at Month 9 compared to placebo in the external study ($p<0.001$). The change from baseline to Month 9 in modified body mass index nominally favored Amvuttra.

Transthyretin Amyloid Cardiomyopathy (ATTR-CM)
Amvuttra (vutrisiran)
The efficacy of Amvuttra in ATTR cardiomyopathy was evaluated in a multicenter, international, randomized, double-blind, placebo-controlled trial (HELIOS-B, NCT04153149) in 654 adult patients with wild-type or hereditary ATTR-CM. Patients were randomized 1:1 to receive 25 mg of Amvuttra (n=326) subcutaneously once every 3 months, or matching placebo (n=328).

Treatment assignment was stratified by baseline tafamidis use, ATTR disease t[illegible]and by baseline New York Heart Association (NYHA) Class I or II and age <75 years [illegible] patients were on tafamidis. No significant imbalance in baseline characteristics was observed between the two treatment groups. Participants were permitted to initiate open-label tafamidis during the study. A total of 85 participants initiated tafamidis: 44 (22%) in the Amvuttra arm and 41 (21%) in the placebo arm. The median time to initiation of tafamidis for these 85 participants was 18 months.

The primary efficacy endpoint was the composite outcome of all-cause mortality and recurrent CV events (CV hospitalizations and urgent heart failure [UHF] visits) during the double-blind treatment period of up to 36 months, evaluated in the overall population (defined as patients not receiving tafamidis at study baseline).

Amvuttra led to significant reduction in the risk of all-cause mortality and recurrent CV events compared to placebo in the overall and monotherapy population of 28% and 33%, respectively. The majority of the deaths (77%) were CV-related.

The treatment effect of Amvuttra on functional capacity and health status were assessed by the change from baseline to month 30 in distance walked on 6-Minute Walk Test (6-MWT), and the Kansas City Cardiomyopathy Questionnaire-Overall Summary (KCCQ-OS) score, respectively. At Month 30, the LS mean difference in change from baseline in distance walked on 6- MWT was 22 (95% CI: 8, 35; p=0.002) meters and 25 (95% CI: 7, 44; p=0.006) meters favoring Amvuttra over placebo in the overall population and monotherapy population, respectively. At Month 30, the least squares (LS) mean difference in the change from baseline in KCCQ-OS was 6 (95% CI: 2, 9; p=0.001) and 8 (95% CI: 4, 13; p=0.0003) favoring Amvuttra over placebo in the overall population and monotherapy population respectively.

Clinical Guidelines

Polyneuropathy

International consensus guidelines for the treatment of ATTRv recommended that patients with ATTR should be treated early to achieve the best therapeutic response and to prevent significant end organ damage (*Ando et al 2022*). There is a lack of head-to-head comparisons of therapies which makes it difficult to select the best therapy. The combination of TTR stabilizers and gene silencers is expected to be synergistic; however, there is no evidence to support this combination. The grade of recommendation is A for all of the below recommendations.

- Patients with pure neuropathy should be treated with Onpattro (patisiran) or Tegsedi (inotersen) (in familial amyloid polyneuropathy [FAP] stage 1 and 2).
- Patients with mixed phenotype, neuropathy and cardiomyopathy (defined by evidence of cardiac involvement by echocardiography with an end-diastolic interventricular septal wall thickness > 12 mm), can be treated with tafamidis because it is the only drug FDA-approved for cardiomyopathy.
- Patients with isolated cardiomyopathy should be treated with tafamidis.
- Off-label diflunisal may be considered if other options are not available.
- The Canadian guidelines for ATTRv with polyneuropathy recommend Tegsedi (inotersen) or Onpattro (patisiran) for first-line therapy to stop progression of neuropathy (*Alcantara et al 2022*). A multidisciplinary approach to patients with mixed phenotypes is necessary to optimize therapy and to decide first-line treatments. Orthotopic liver transplants are no longer considered first-line due to the risk of complications and requirements for lifelong immunosuppression.

Of note: The approvals of Wainua (eplontersen) and Attruby (acoramidis) for use in polyneuropathy were approved after the publication of currently available guidelines. Tegsedi (inotersen) has been discontinued by the manufacturer as of September 2024

Cardiomyopathy

The American College of Cardiology (ACC) Expert Consensus Decision Pathway emphasizes the need for a multidisciplinary approach, given the multi-organ involvement of amyloidosis, and this includes cardiologists, hematologists, neurologists, and other specialists. At the time of approval, Vyndamax (tafamidis) and Vyndaqel (tafamidis) were the only agents approved with this indication.

- The guidelines recommend tafamidis as first-line therapy in ATTRv or A[illegible]son *2023*).

The American Heart Association (AHA) / American College of Cardiology (ACC) / Heart Failure Society of America (HFSA) guideline for the management of HF states that diagnostic tests for amyloidosis are reasonable in patients presenting with HF in which there is a clinical suspicion of amyloidosis (*Heidenreich et al 2022*).

- In patients with ATTRv or ATTRwt with cardiomyopathy and NYHA class I to III HF symptoms, tafamidis is indicated to reduce CV morbidity and mortality (class 1, strong recommendation).

AHA guidelines for the diagnosis and management of cardiac amyloidosis recommend diagnostic testing with echocardiography, bone scintigraphy, ECG, or 99mtechnetium-pyrophosphate (99mTc-PYP) scans (*Kittleson et al 2020*). Management of cardiac amyloidosis focuses on HF, arrhythmias, and initiation of disease-modifying agents.

- There are no data supporting the use of standard guideline-directed medical therapy for heart failure with reduced ejection fraction (HFrEF) or heart failure with preserved ejection fraction (HFpEF) in ATTR with cardiomyopathy.These therapies may exacerbate hypotension in the presence of amyloid-associated autonomic dysfunction. Beta-blockers and calcium channel blockers may be poorly tolerated. Diuretics can be used to manage congestion. Anticoagulation for atrial fibrillation/flutter is indicated regardless of risk score.
- Patients with ATTRv with polyneuropathy should be considered for treatment with Tegsedi (inotersen) or Onpattro (patisiran).
- Patients with ATTRv with cardiomyopathy and polyneuropathy may be evaluated for any of the 3 therapies, and selection may be based on accessibility and AE profile.
- Tafamidis is indicated for patients with ATTRv or ATTRwt with cardiomyopathy with NYHA class I to III symptoms.
    - For patients with NYHA class IV symptoms, severe aortic stenosis, or impaired renal function (glomerular filtration rate < 25 mL/min/1.73 m2), tafamidis has not shown a benefit.
- Combination therapy with TTR silencers and TTR stabilizers has not been studied.
- Off-label oral diflunisal 250 mg twice daily may be considered with caution for asymptomatic ATTR carriers or for patients who are not eligible for TTR silencers, or for patients with ATTR with cardiomyopathy who are intolerant or cannot afford tafamidis.
- Heart transplantation may be considered; however, liver-heart transplantation is performed for patients with ATTRv with cardiomyopathy at risk for neuropathy because neuropathy may progress with heart transplantation alone. Liver transplantation alone in ATTRv would not be considered in the presence of severe cardiac dysfunction since cardiac dysfunction would progress despite subsequent synthesis of ATTRwt by the donor liver.

Of note: The approval of Amvuttra (vutrisiran) for use in cardiomyopathy was approved after the publication of currently available guidelines.

U.S. Food and Drug Administration (FDA)

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

AMVUTTRA is a transthyretin-directed small interfering RNA indicated for the treatment of:

- the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults
- the cardiomyopathy of wild-type or hereditary transthyretin-mediated amyloidosis in adults to reduce cardiovascular mortality, cardiovascular hospitalizations and urgent heart failure visits

ONPATTRO contains a transthyretin-directed small interfering RNA and is indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.

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Policy History/Revision Information

Date	Summary of Changes
1/21/2026	Approved by OptumRx P&T Committee

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.

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).