Xgeva (denosumab) injection, for subcutaneous use

Policy Number: MC/PC 051
Effective Date: August 1, 2025

Instructions for Use

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Related Policies

- N/A

Coverage Rationale

Giant cell tumor of bone

For initial coverage of Xgeva (denosumab) injection for giant cell tumor of bone, the following will be required:

- Diagnosis of giant cell tumor of bone **and**
- One of the following:
  - Tumor is unresectable **or**
  - Surgical resection is likely to result in severe morbidity

For reauthorization coverage of Xgeva (denosumab) injection for giant cell tumor of bone, the following will be required:

- Patient does not show evidence of progressive disease while on Xgeva therapy

Hypercalcemia of malignancy

For initial coverage of Xgeva (denosumab) injection for hypercalcemia of malignancy, the following will be required:

- Diagnosis of hypercalcemia of malignancy **and**
- Trial and failure, contraindication, or intolerance to one intravenous bisphosphonate (e.g., pamidronate, zoledronic acid)

For reauthorization coverage of Xgeva (denosumab) injection for hypercalcemia of malignancy, the following will be required:

- Documentation of positive clinical response to Xgeva therapy

Multiple myeloma and bone metastasis from solid tumors

For initial coverage of Xgeva (denosumab) injection for skeletal preventi metastasis from solid tumors (BMST), the following will be required:

- One of the following:
  - Both of the following:
    - Diagnosis of multiple myeloma **and**
    - Trial and failure, contraindication (e.g., renal insufficiency), or intolerance, to one intravenous bisphosphonate (e.g., zoledronic acid **or**
  - Both of the following:
    - Diagnosis of solid tumors (e.g., breast cancer, kidney cancer, lung cancer, prostate cancer, thyroid cancer) **and**
    - Documented evidence of one or more metastatic bone lesions

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
J0897	Injection, denosumab, 1 mg

ICD-10 Code	Description
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C40.10	Malignant neoplasm of short bones of unspecified upper limb
C40.11	Malignant neoplasm of short bones of right upper limb
C40.12	Malignant neoplasm of short bones of left upper limb
C40.20	Malignant neoplasm of long bones of unspecified lower limb
C40.21	Malignant neoplasm of long bones of right lower limb
C40.22	Malignant neoplasm of long bones of left lower limb
C40.30	Malignant neoplasm of short bones of unspecified lower limb
C40.31	Malignant neoplasm of short bones of right lower limb
C40.32	Malignant neoplasm of short bones of left lower limb
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
C50.011	Malignant neoplasm of nipple and areola, right female breast

ICD-10 Code	Description
C50.012	Malignant neoplasm of nipple and areola, left female brea
C50.019	Malignant neoplasm of nipple and areola, unspecified female 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
C50.211	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
C50.311	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
C50.411	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
C50.511	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
C50.611	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
C50.811	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
C50.911	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
C61	Malignant neoplasm of prostate
C79.51	Secondary malignant neoplasm of bone
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia in relapse
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission

ICD-10 Code	Description
C90.32	Solitary plasmacytoma in relapse
D05.00	Lobular carcinoma in situ of unspecified breast
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.10	Intraductal carcinoma in situ of unspecified breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.80	Other specified type of carcinoma in situ of unspecified breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
D48.0	Neoplasm of uncertain behavior of bone and articular cartilage
E83.52	Hypercalcemia
M80.00XA - M80.88XS	Age-related osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture - Other osteoporosis with current pathological fracture, vertebra(e), sequela
M80.8AXA	Other osteoporosis with current pathological fracture, other site, initial encounter for fracture
M80.8AXD	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with routine healing
M80.8AXG	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with delayed healing
M80.8AXK	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with nonunion
M80.8AXP	Other osteoporosis with current pathological fracture, other site, subsequent encounter for fracture with malunion
M80.8AXS	Other osteoporosis with current pathological fracture, other site, sequela
M81.0	Age-related osteoporosis without current pathological fracture
M81.6	Localized osteoporosis [Lequesne]
M81.8	Other osteoporosis without current pathological fracture
M84.50XA - M84.58XS	Pathological fracture in neoplastic disease, unspecified site, initial encounter for fracture - Pathological fracture in neoplastic disease, other specified site, sequela
M85.80	Other specified disorders of bone density and structure, unspecified site
M85.831	Other specified disorders of bone density and structure, right forearm
M85.832	Other specified disorders of bone density and structure, left forearm
M85.839	Other specified disorders of bone density and structure, unspecified forearm
M85.851	Other specified disorders of bone density and structure, right thigh
M85.852	Other specified disorders of bone density and structure, left thigh
M85.859	Other specified disorders of bone density and structure, unspecified thigh
M85.88	Other specified disorders of bone density and structure, other site
M85.89	Other specified disorders of bone density and structure, multiple sites

ICD-10 Code	Description
M85.9	Disorder of bone density and structure, unspecified
M89.9	Disorder of bone, unspecified
N18.30	Chronic kidney disease, stage 3 unspecified
N18.31	Chronic kidney disease, stage 3a
N18.32	Chronic kidney disease, stage 3b
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
T50.995S	Adverse effect of other drugs, medicaments and biological substances, sequela
T88.7XXS	Unspecified adverse effect of drug or medicament, sequela
Z48.816	Encounter for surgical aftercare following surgery on the genitourinary system
Z51.89	Encounter for other specified aftercare
Z79.811	Long term (current) use of aromatase inhibitors
Z79.818	Long term (current) use of other agents affecting estrogen receptors and estrogen levels
Z79.899	Other long term (current) drug therapy
Z85.3	Personal history of malignant neoplasm of breast
Z85.46	Personal history of malignant neoplasm of prostate
Z86.000	Personal history of in-situ neoplasm of breast
Z88.8	Allergy status to other drugs, medicaments and biological substances
Z92.29	Personal history of other drug therapy

Background

Xgeva (denosumab) is a RANK ligand (RANKL) inhibitor indicated for the prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors and the treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity. Bone metastases are common among patients with solid tumors and disease progression is often associated with skeletal-related events (SREs), defined as pathologic fractures, spinal cord compression, bone radiation therapy and bone surgery (Hernandez et al 2018). Xgeva is also indicated for the treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy, which is a common finding in patients with cancer affecting up to 44.1% of patients and is particularly common in cases of advanced stage cancer (Stewart et al 2007).

RANKL is essential for the formation, function and survival of osteoclasts, the sole cell type responsible for bone resorption. Increased osteoclast activity, stimulated by RANKL, is a key mediator of bone destruction in metastatic bone disease and multiple myeloma. Denosumab is a human monoclonal antibody (IgG2) that targets and binds with high affinity and specificity to RANKL, preventing the RANKL/RANK interaction from occurring and resulting in reduced osteoclast numbers and function, thereby decreasing bone resorption and cancer-induced bone destruction.
Giant cell tumors of bone are characterized by neoplastic stromal cells expressing RANK ligand and osteoclast-like giant cells expressing RANK. In patients with giant cell tumor of bone, denosumab binds to RANK ligand, significantly reducing or eliminating osteoclast-like giant cells. Consequently, osteolysis is reduced and proliferative tumor stroma is replaced with non-proliferative, differentiated, densely woven new bone.

The recommended dose of Xgeva is 120 mg administered as a subcutaneous injection every 4 weeks in the upper arm, upper thigh, or abdomen for multiple myeloma and bone metastasis from solid tumors. For giant cell tumor of bone and

hypercalcemia of malignancy, the recommended dose of Xgeva is 120 mg adm
injection once every 4 weeks with additional 120 mg doses on days 8 and 15 o apy.
Supplementation of calcium and vitamin D daily is also recommended to treat or prevent hypocalcemia.

Clinical Evidence

Bone Metastasis from Solid Tumors
The safety and efficacy of Xgeva for the prevention of skeletal-related events in patients with bone metastases from solid tumors was demonstrated in three international, randomized (1:1), double-blind, active-controlled, noninferiority trials comparing Xgeva with zoledronic acid (Fizazi et al 2011, Henry et al 2014, Stopeck et al 2010). In all three trials, patients were randomized to receive 120 mg Xgeva subcutaneously every 4 weeks or 4 mg zoledronic acid intravenously (IV) every 4 weeks (dose adjusted for reduced renal function). In each trial, the main outcome measure was demonstration of noninferiority of time to first skeletal-related event (SRE) as compared to zoledronic acid. An SRE was defined as any of the following: pathologic fracture, radiation therapy to bone, surgery to bone, or spinal cord compression. Xgeva delayed the time to first SRE following randomization as compared to zoledronic acid in patients with breast or castrate-resistant prostate cancer (CRPC) with osseous metastases (Fizazi et al 2011, Stopeck et al 2020). In patients with bone metastasis due to other solid tumors or lytic lesions, Xgeva was noninferior to zoledronic acid in delaying the time to first SRE following randomization (Henry et al 2014).

Multiple Myeloma
The efficacy of Xgeva for the prevention of skeletal-related events in newly diagnosed multiple myeloma patients with treatment through disease progression, was evaluated in an international, randomized (1:1), double-blind, active-controlled, noninferiority trial comparing Xgeva with zoledronic acid. (Raje et al 2018) In this trial, patients were randomized to receive 120 mg Xgeva subcutaneously every 4 weeks or 4 mg zoledronic acid intravenously (IV) every 4 weeks (dose adjusted for reduced renal function). In this trial, the main efficacy outcome measure was noninferiority of time to first skeletal-related event (SRE). Xgeva was noninferior to zoledronic acid in delaying the time to first SRE following randomization (HR = 0.98, 95% CI, 0.85-1.14). The results for overall survival (OS) were comparable between Xgeva and zoledronic acid treatment groups (Raje et al 2018).

Giant Cell Tumor of Bone
The safety and efficacy of Xgeva for the treatment of giant cell tumor of bone in adults or skeletally mature adolescents were demonstrated in two open-label trials that enrolled patients with histologically confirmed measurable giant cell tumor of bone that was either recurrent, unresectable or for which planned surgery was likely to result in severe morbidity. (Bransetter et al 2012, Chawla et al 2029, Thomas et al 2010) Patients received 120 mg Xgeva subcutaneously every 4 weeks with a loading dose on Days 8 and 15 of the first cycle of therapy. A retrospective interim analysis of 187 patients enrolled and treated in these studies for whom baseline and at least one post-baseline radiographic assessment were available showed that the overall objective response rate (RECIST 1.1) was 25% (95% CI: 19, 32) and the estimated median time to response was 3 months (Engellau et al 2018).

Hypercalcemia of Malignancy
The safety and efficacy of Xgeva was demonstrated in an open-label, single-arm trial that enrolled 33 patients with hypercalcemia of malignancy (with or without bone metastases) refractory to treatment with intravenous bisphosphonate therapy (Hu et al 2014). Patients received Xgeva subcutaneously every 4 weeks with additional 120 mg doses on Days 8 and 15 of the first month of therapy. In this trial, refractory hypercalcemia of malignancy was defined as an albumin-corrected calcium of > 12.5 mg/dL (3.1 mmol/L) despite treatment with intravenous bisphosphonate therapy in 7-30 days prior to initiation of Xgeva therapy. The primary outcome measure was the proportion of patients achieving a response, defined as corrected serum calcium (CSC) ≤ 11.5 mg/dL (2.9 mmol/L), within 10 days after Xgeva administration. Median time to response (CSC ≤ 11.5 mg/dL) was 9 days (95% CI: 8, 19), and the median duration of response was 104 days (95% CI: 7, not estimable) (Hu et al 2014).

Clinical Guidelines

Several National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology (NCCN Guidelines) include denosumab as a treatment for several conditions related to malignant disease:

- For giant cell tumor of the bone, the NCCN recommends (Category 2A) denosumab as a single agent or combined with serial embolization (preferred), and/or radiation therapy for resectable disease with unacceptable morbidity and/or unresectable axial lesions for patients with localized disease, metastases at presentation, or recurrence. Denosumab is also recommended as a single agent for unresectable metastatic disease, unresectable metastatic recurrence or considered prior to surgery for resectable local recurrence (NCCN 2025).
- For invasive or inflammatory breast cancer, the NCCN recommends (Category 1) denosumab to be used with calcium and vitamin D supplementation in addition to chemotherapy or endocrine therapy for bone metastasis in patients with expected survival ≥ 3 months with adequate renal function (NCCN 2025).
- For ductal carcinoma, invasive breast cancer or inflammatory breast cancer, the NCCN recommends (Category 2A) denosumab to be considered in postmenopausal (natural or induced) patients receiving adjuvant aromatase inhibition therapy along with calcium and vitamin D supplementation to maintain or improve bone mineral density and reduce risk of fractures.
- For kidney cancer, the NCCN recommends (Category 2A) denosumab to be used as a component of best supportive care for bony metastases (NCCN 2025).
- For multiple myeloma, the NCCN recommends (Category 2A) denosumab to be used in combination with primary myeloma therapy and is the preferred agent in patients with renal insufficiency (NCCN 2025).
- For non-small cell lung cancer, the NCCN recommends (Category 2A) denosumab to be considered for supportive therapy in patients with bone metastases (NCCN 2025).
- For prostate cancer, the NCCN recommends (Category 1) denosumab as the preferred agent for the prevention of skeletal-related events in patients with castration-resistant prostate cancer who have documented bone metastases and creatinine clearance greater than 30 ml/min (NCCN 2025).
- For systemic mastocytosis, the NCCN recommends (Category 2A) denosumab as second-line therapy for osteopenia/osteoporosis in patients with bone pain not responding to bisphosphonates or for patients who are not candidates for bisphosphonates because of renal insufficiency (NCCN 2025).
- For thyroid carcinoma (anaplastic, follicular, Hürthle cell, medullary, papillary), the NCCN recommends (Category 2A) denosumab to be considered for bone metastases or palliative care for bone metastases (anaplastic) (NCCN 2025).

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.

Xgeva is a RANK ligand (RANKL) inhibitor indicated for:

- Prevention of skeletal-related events in patients with multiple myeloma and in patients with bone metastases from solid tumors.
- Treatment of adults and skeletally mature adolescents with giant cell tumor of bone that is unresectable or where surgical resection is likely to result in severe morbidity.
- Treatment of hypercalcemia of malignancy refractory to bisphosphonate therapy.

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Policy History/Revision Information

Date	Summary of Changes
10/18/2023	Approved by OptumRx P&T Committee
7/17/2024	Annual Review. No changes made.
7/16/2025	Annual Review. Updated references.

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).