

# Opioid Management Program

October 2019

## What Is the Opioid Management Program?

This program is based on guidelines developed by the U.S. Centers for Disease Control and Prevention (CDC). It consists of daily quantity limits specific to each covered opioid drug and prior authorization requirements for certain prescribing situations.

The program addresses these three categories of opioids:

- Short acting/**immediate release** (IR) products for acute/chronic pain
- Short acting/immediate release **combination** products for acute/chronic pain (products containing acetaminophen, ibuprofen, aspirin, other non-opioid pain medication in combination with the opioid)
- Long acting/**extended release** (ER) products for chronic pain

Immediate release opioids are subject to an initial 7-day supply for most patients to accommodate short-term pain. Extended release opioids have a 30-day initial fill limit (following an initial 7-day prescription) with ongoing monitoring by the patients' physician. In addition, the doses of medication prescribed are limited for all three opioid categories, with greater dosages available only with prior authorization.

Note: The program limits the amount of medications your benefit plan covers. You and your doctor make the final decision about the amount of medication that is right for you. If your doctor thinks you need more than the amount allowed by the program, he or she can request an authorization. These requests go to CVS Caremark or to your health plan for review. CVS Caremark is an independent company that provides pharmacy management services on behalf of your health plan.

## Who Is Affected by the Program?

All members are subject to the requirements of the Opioid Management Program, regardless of whether your plan includes the standard Quantity Management program.

The program does **not** apply to members undergoing treatment for cancer or sickle cell disease, or those under hospice care. For members we identify who are newly diagnosed with one of the exempt conditions or who are new to hospice care, we will pre-authorize their opioid coverage

## What Happens at the Pharmacy?

The pharmacist enters your prescription information into the computer system. If the drug has a limit on the covered amount, the pharmacist will fill your prescription, as long as it does not exceed the limit. If your prescription exceeds the quantity limit, you have three choices:

- Your pharmacist can reduce your prescription to the quantity your health plan covers.
- You can pay full price for all of your prescription or for the portion that exceeds the limit.
- You or your pharmacist can ask your doctor to get a quantity override, if one is available.

If your plan approves the additional quantity, your plan will pay for it. If your plan does not approve it, or the override is not available, you can still choose another option.

## Opioid Management Program – Immediate Release (IR) Products

Please note: Quantity limits may be lower if you are taking multiple strengths of the same drug.

DRUG NAME	DRUG STRENGTH	MONTHLY QUANTITY LIMIT	QUANTITIES THAT REQUIRE AUTHORIZATION	
		For quantities less than OR equal to the ones listed here, no authorization is necessary.	To get authorization for the monthly quantities listed in this column, please have your doctor call Caremark at 844–449–8734.	To get authorization for the monthly quantities listed in this column, please have your doctor call the preauthorization number listed on the back of your ID card.
Codeine sulfate oral solution	30 mg/5 mL	210 mL	211–840 mL	greater than 840 mL
Codeine sulfate tablets	15 mg, 30 mg, 60 mg	42 tablets	43–84 tablets	greater than 84 tablets
Hydromorphone liquid	1 mg/mL	600 mL	601–900 mL	greater than 900 mL
Hydromorphone suppositories	3 mg	120 suppositories	121–180 supps	greater than 180 supps
Hydromorphone tablets	2 mg	180 tablets	181–270 tablets	greater than 270 tablets
Hydromorphone tablets	4 mg	150 tablets	151–225 tablets	greater than 225 tablets
Hydromorphone tablets	8 mg	60 tablets	61–90 tablets	greater than 90 tablets
Levorphanol tablets	2 mg	120 tablets	121–163 tablets	greater than 163 tablets
Meperidine oral solution	50 mg/5 mL	90 mL	91–120 mL	greater than 120 mL
Meperidine tablet	50 mg, 100 mg	18 tablets	19–24 tablets	greater than 24 tablets
Morphine sulfate (conc) oral solution	20 mg/mL (100 mg/5 mL)	135 mL	136–180 mL	greater than 180 mL
Morphine sulfate oral solution	10 mg/5 mL	900 mL	901–1350 mL	greater than 1350 mL
Morphine sulfate oral solution	20 mg/5 mL	675 mL	676–900 mL	greater than 900 mL
Morphine sulfate suppositories	5 mg, 10 mg	180 suppositories	181–270 supps	greater than 270 supps
Morphine sulfate suppositories	20 mg	120 suppositories	121–180 supps	greater than 180 supps
Morphine sulfate suppositories	30 mg	90 suppositories	91–120 supps	greater than 120 supps
Morphine sulfate tablets	15 mg	180 tablets	181–240 tablets	greater than 240 tablets
Morphine sulfate tablets	30 mg	90 tablets	91–120 tablets	greater than 120 tablets
Oxaydo	5 mg, 7.5 mg	180 tablets	181–270 tablets	greater than 270 tablets
Oxycodone capsules	5 mg	180 capsules	181–270 capsules	greater than 270 capsules
Oxycodone oral concentrate	100 mg/5 mL (20 mg/mL)	90 mL	91–120 mL	greater than 120 mL
Oxycodone solution	5 mg/5 mL	900 mL	901–2400 mL	greater than 2400 mL
Oxycodone tablets	5 mg	180 tablets	181–270 tablets	greater than 270 tablets
Oxycodone tablets	10 mg	180 tablets	181–240 tablets	greater than 240 tablets
Oxycodone tablets	15 mg	120 tablets	121–160 tablets	greater than 160 tablets
Oxycodone tablets	20 mg	90 tablets	91–120 tablets	greater than 120 tablets
Oxycodone tablets	30 mg	60 tablets	61–80 tablets	greater than 80 tablets
Oxymorphone tablets	5 mg	180 tablets	181–240 tablets	greater than 240 tablets
Oxymorphone tablets	10 mg	90 tablets	91–120 tablets	greater than 120 tablets
Pentazocine/naloxone	50/0.5 mg	120 tablets	121–194 tablets	greater than 194 tablets
RoxyBond	5 mg	180 tablets	181–270 tablets	greater than 270 tablets
RoxyBond	15 mg	120 tablets	121–160 tablets	greater than 160 tablets
RoxyBond	30 mg	60 tablets	61–80 tablets	greater than 80 tablets
Tapentadol	50 mg	120 tablets	121–180 tablets	greater than 180 tablets
Tapentadol	75 mg	90 tablets	91–120 tablets	greater than 120 tablets
Tapentadol	100 mg	60 tablets	61–90 tablets	greater than 90 tablets
Tramadol	50 mg	180 tablets	181–240 tablets	greater than 240 tablets

## Opioid Management Program – Combination Products

Please note: Quantity limits may be lower if you are taking multiple strengths of the same drug.

DRUG NAME	DRUG STRENGTH	MONTHLY QUANTITY LIMIT	QUANTITIES THAT REQUIRE AUTHORIZATION
		For quantities less than OR equal to the ones listed here, no authorization is necessary.	To get authorization for the monthly quantities listed in this column, please have your doctor call the preauthorization number listed on the back of your ID card.
APAP/caffeine/dihydrocodeine capsules	320.5/30/16 mg, 356.4/30/16 mg	300 capsules	greater than 300 capsules
APAP/caffeine/dihydrocodeine capsules	712.8/60/32 mg	150 tablets	greater than 150 tablets
APAP/codeine solution	120-12 mg/5 mL	2700 mL	greater than 2700 mL
APAP/codeine suspension	120-12 mg/5 mL	2700 mL	greater than 2700 mL
APAP/codeine tablets	300/15 mg	400 tablets	greater than 400 tablets
APAP/codeine tablets	300/30 mg	360 tablets	greater than 360 tablets
APAP/codeine tablets	300/60 mg	180 tablets	greater than 180 tablets
ASA/caffeine/dihydrocodeine capsules	356.4/30/16 mg	300 capsules	greater than 300 capsules
Benzhydrocodone/APAP	6.12/325 mg	168 tablets	greater than 168 tablets
Hydrocodone/APAP elixir	10/300 mg/15 mL	2025 mL	greater than 2025 mL
Hydrocodone/APAP solution	10/325 mg/15 mL, 10/500 mg/15 mL	2700 mL	greater than 2700 mL
Hydrocodone/APAP solution	7.5/325 mg/15 mL, 7.5/500 mg/15 mL	2700 mL	greater than 2700 mL
Hydrocodone/APAP tablets#	2.5/325 mg	360 tablets	greater than 360 tablets
Hydrocodone/APAP tablets #	2.5/500 mg, 5/300 mg, 5/325 mg, 5/400 mg, 5/500 mg	240 tablets	greater than 240 tablets
Hydrocodone/APAP tablets #	7.5/300 mg, 7.5/325 mg, 7.5/400 mg, 7.5/500 mg, 7.5 mg/650 mg	180 tablets	greater than 180 tablets
Hydrocodone/APAP tablets #	7.5/750 mg	150 tablets	greater than 150 tablets
Hydrocodone/APAP tablet s#	10/300 mg, 10/325 mg, 10/400 mg, 10/500 mg, 10/650 mg	180 tablets	greater than 180 tablets
Hydrocodone/APAP tablets #	10/660 mg and 750 mg	150 tablets	greater than 150 tablets
Hydrocodone/ibuprofen tablets	2.5/200 mg, 5/200 mg, 7.5/200 mg, 10/200mg	50 tablets	greater than 50 tablets
Oxycodone/APAP solution	5-325 mg/5 mL	1800 mL	greater than 1800 mL
Oxycodone/APAP tablets %	2.5/325 mg, 5/300 mg, 5/325 mg	360 tablets	greater than 360 tablets
Oxycodone/APAP tablets %	5/400 mg	300 tablets	greater than 300 tablets
Oxycodone/APAP tablets %	5/500 mg, 7.5/300 mg, 7.5/325 mg, 7.5/400 mg, 7.5/500 mg,	240 tablets	greater than 240 tablets
Oxycodone/APAP tablets %	10/300 mg, 10/325 mg, 10/400 mg, 10/500 mg, 10/650 mg	180 tablets	greater than 180 tablets
Oxycodone/ASA tablets	4.8355/325 mg	360 tablets	greater than 360 tablets
Oxycodone/ibuprofen tablets	5/400 mg	28 tablets	greater than 28 tablets
Pentazocine/APAP tablets	25/650 mg	180 tablets	greater than 180 tablets
Tramadol/APAP tablets	37.5/325 mg	40 tablets	greater than 40 tablets

# These products may be marketed under the brands of Lorcet, Lortab, Norco or Vicodin

% These products may be marketed under the brands of Endocet and Percocet

## Opioid Management Program – Extended Release (ER) Products

Please note: Quantity limits may be lower if you are taking multiple strengths of the same drug.

DRUG NAME	DRUG STRENGTH	MONTHLY QUANTITY LIMIT	QUANTITIES THAT REQUIRE AUTHORIZATION	
		For quantities less than OR equal to the ones listed here, no authorization is necessary.	To get authorization for the monthly quantities listed in this column, please have your doctor call Caremark at 844-449-8734.	To get authorization for the monthly quantities listed in this column, please have your doctor call the preauthorization number listed on the back of your ID card.
<b>Arymo ER*</b>	15 mg, 30 mg			
<b>Avinza</b>	30 mg, 45 mg, 60 mg	30 capsules	31-90 capsules	greater than 90 capsules
<b>Avinza</b>	75 mg	30 capsules	31-48 capsules	greater than 48 capsules
<b>Avinza</b>	90 mg	30 capsules	31-40 capsules	greater than 40 capsules
<b>Avinza</b>	120 mg	N/A	30 capsules or less	greater than 30 capsules
<b>Belbuca* (buprenorphine)</b>	75 mcg, 150 mcg, 300 mcg, 450 mcg, 600 mcg, 750 mcg, 900 mcg			
<b>Butrans (buprenorphine)</b>	5 mcg/hr, 7.5 mcg/hr, 10 mcg/hr	4 patches	5-8 patches	greater than 8 patches
<b>Butrans (buprenorphine)</b>	15 mcg/hr, 20 mcg/hr	N/A	4 patches or less	greater than 4 patches
<b>Conzip*</b>	100 mg, 200 mg, 300 mg			
<b>Dolophine</b>	5 mg	90 tablets	91-120 tablets	greater than 120 tablets
<b>Dolophine</b>	10 mg	60 tablets	61-90 tablets	greater than 90 tablets
<b>Duragesic (fentanyl)</b>	12 mcg, 25 mcg	10 patches	11-20 patches	greater than 20 patches
<b>Duragesic (fentanyl)</b>	37.5 mcg	10 patches	11-13 patches	greater than 13 patches
<b>Duragesic (fentanyl)</b>	50 mcg	N/A	10 patches or less	greater than 10 patches
<b>Duragesic (fentanyl)</b>	62.5 mcg	N/A	8 patches or less	greater than 8 patches
<b>Duragesic (fentanyl)</b>	75 mcg	N/A	6 patches or less	greater than 6 patches
<b>Duragesic (fentanyl)</b>	87.5 mcg, 100 mcg	N/A	5 patches or less	greater than 5 patches
<b>Embeda</b>	20/0.8 mg, 30/1.2 mg	60 capsules	61-90 capsules	greater than 90 capsules
<b>Embeda</b>	50/2 mg, 60/2.4 mg	30 capsules	31-60 capsules	greater than 60 capsules
<b>Embeda</b>	80/3.2 mg	30 capsules	31-45 capsules	greater than 45 capsules
<b>Embeda</b>	100/4 mg	N/A	36 capsules or less	greater than 36 capsules
<b>Exalgo</b>	8 mg, 12 mg	30 tablets	31-60 tablets	greater than 60 tablets
<b>Exalgo</b>	16 mg	30 tablets	31-56 tablets	greater than 56 tablets
<b>Exalgo</b>	32 mg	N/A	28 tablets or less	greater than 28 tablets
<b>Hysingla ER</b>	20 mg, 30 mg, 40 mg, 60 mg	30 tablets	31-60 tablets	greater than 60 tablets
<b>Hysingla ER</b>	80 mg	30 tablets	31-45 tablets	greater than 45 tablets
<b>Hysingla ER</b>	100 mg	N/A	36 tablets or less	greater than 36 tablets
<b>Hysingla ER</b>	120 mg	N/A	30 tablets or less	greater than 30 tablets
<b>Kadian*</b>	All strengths			
<b>Methadone</b>	10 mg/mL Intensol solution	60 mL	61-90 mL	greater than 90 mL
<b>Methadone</b>	5 mg/5 mL oral solution	450 mL	451-600 mL	greater than 600 mL
<b>Methadone</b>	10 mg/5mL oral solution	300 mL	301-450 mL	greater than 450 mL
<b>Methadone</b>	200 mg/20 mL injection	20 mL (1 multi-dose vial)	21-40 mL	greater than 40 mL
<b>Methadose</b>	5 mg	90 tablets	91-120 tablets	greater than 120 tablets
<b>Methadose</b>	10 mg	60 tablets	61-90 tablets	greater than 90 tablets
<b>MorphaBond*</b>	15 mg, 30 mg, 60 mg, 100 mg			
<b>MS Contin</b>	15 mg, 30 mg	90 tablets	91-120 tablets	greater than 120 tablets

\* Drug is excluded from coverage. To request a coverage exception for an excluded drug, physicians must call the preauthorization number on the back of the member's ID card. If an excluded drug is approved for coverage, quantity limits will apply.

## Opioid Management Program – Extended Release (ER) Products

Please note: Quantity limits may be lower if you are taking multiple strengths of the same drug.

DRUG NAME	DRUG STRENGTH	MONTHLY QUANTITY LIMIT	QUANTITIES THAT REQUIRE AUTHORIZATION	
		For quantities less than OR equal to the ones listed here, no authorization is necessary.	To get authorization for the monthly quantities listed in this column, please have your doctor call Caremark at 844–449–8734.	To get authorization for the monthly quantities listed in this column, please have your doctor call the preauthorization number listed on the back of your ID card.
MS Contin	60 mg	N/A	60 tablets or less	greater than 60 tablets
MS Contin	100 mg	N/A	36 tablets or less	greater than 36 tablets
MS Contin	200 mg	N/A	18 tablets or less	greater than 18 tablets
Nucynta ER	50 mg, 100 mg	60 tablets	61-90 tablets	greater than 90 tablets
Nucynta ER	150 mg	N/A	60 tablets or less	greater than 60 tablets
Nucynta ER	200 mg	N/A	45 tablets or less	greater than 45 tablets
Nucynta ER	250 mg	N/A	36 tablets or less	greater than 36 tablets
Opana ER*	5 mg, 7.5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 40 mg			
OxyContin	10 mg, 15 mg, 20 mg	60 tablets	61-90 tablets	greater than 90 tablets
OxyContin	30 mg	60 tablets	61-80 tablets	greater than 80 tablets
OxyContin	40 mg	N/A	60 tablets or less	greater than 60 tablets
OxyContin	60 mg	N/A	40 tablets or less	greater than 40 tablets
OxyContin	80 mg	N/A	30 tablets or less	greater than 30 tablets
Oxymorphone ER	5 mg, 7.5 mg, 10 mg	60 tablets	61-90 tablets	greater than 90 tablets
Oxymorphone ER	15 mg	60 tablets	61-80 tablets	greater than 80 tablets
Oxymorphone ER	20 mg	N/A	60 tablets or less	greater than 60 tablets
Oxymorphone ER	30 mg	N/A	40 tablets or less	greater than 40 tablets
Oxymorphone ER	40 mg	N/A	30 tablets or less	greater than 30 tablets
Targiniq ER	10 mg/5 mg, 20 mg/10 mg	60 tablets	61-90 tablets	greater than 90 tablets
Targiniq ER	40 mg/20 mg	N/A	60 tablets or less	greater than 60 tablets
Tramadol ER	100 mg	30 tablets	31-60 tablets	greater than 60 tablets
Tramadol ER	150 mg	30 capsules	31-60 capsules	greater than 60 capsules
Tramadol ER	200 mg, 300 mg	N/A	30 tablets or less	greater than 30 tablets
Troxyca ER	10 mg/1.2 mg, 20 mg/2.4 mg	60 capsules	61-90 capsules	greater than 90 capsules
Troxyca ER	30 mg/3.6 mg	60 capsules	61-80 capsules	greater than 80 capsules
Troxyca ER	40 mg/4.8 mg	N/A	60 capsules or less	greater than 60 capsules
Troxyca ER	60 mg/7.2 mg	N/A	40 capsules or less	greater than 40 capsules
Troxyca ER	80 mg/9.6 mg	N/A	30 capsules or less	greater than 30 capsules
Ultram ER	100 mg	30 tablets	31-60 tablets	greater than 60 tablets
Ultram ER	200 mg, 300 mg	N/A	30 tablets or less	greater than 30 tablets
Vantrela ER	15 mg, 30 mg	60 tablets	61-90 tablets	greater than 90 tablets
Vantrela ER	45 mg	60 tablets	61-80 tablets	greater than 80 tablets
Vantrela ER	60 mg	N/A	60 tablets or less	greater than 60 tablets
Vantrela ER	90 mg	N/A	40 tablets or less	greater than 40 tablets
Xtampza ER*	9 mg, 13.5 mg, 18 mg, 27 mg, 36 mg			
Zohydro ER	10 mg, 15 mg, 20 mg, 30 mg, 40 mg	60 capsules	61-90 capsules	greater than 90 capsules
Zohydro ER	50 mg	N/A	60 capsules or less	greater than 60 capsules

\* Drug is excluded from coverage. To request a coverage exception for an excluded drug, physicians must call the preauthorization number on the back of the member's ID card. If an excluded drug is approved for coverage, quantity limits will apply.

## Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing [contact@hcrcompliance.com](mailto:contact@hcrcompliance.com) or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

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Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

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如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。 (Chinese)

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Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đỡ với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

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이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오.  
귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

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Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

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Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

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إن كان لديك أو لدى شخص تساعد أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون أية تكلفة. للتحدث مع مترجم اتصل بـ 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

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Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

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Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

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Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

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Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

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あなた、またはあなたがお世話をされている方が、この健康保険についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

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Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

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اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره ی این برنامه ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

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Ni da doodago t'áá háida bíká'aná nílwo'ígíí díí Béeso Ách'ááh naa'níligi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'íshíí bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'í' ha desdzh níńízingo, koji' béésh bee hółne' 1-844-516-6328. (Navajo)