2018 Cigna-Healthspring Step Therapy Criteria - Cigna-HealthSpring Rx Secure-Extra (PDP)

Step Therapy Group	Step Therapy Criteria	Trade Name	Step Therapy Part D Type Description	Step Number
Aggrenox 2018	**Step-1 Drug: dipyridamole/aspirin. Step-2 Drug: Aggrenox. The member must have tried a 30 day supply or more of one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**AGGRENOX CP12**	**Step therapy applies**	**2**
		ASPIRIN/DIPYRIDAMOLE CP12		1
Anticonvulsants, Adjunct Therapy 2018	**Step-1 Drugs: carbamazepine, carbamazepine er, Dilantin, Epitol, divalproex sodium, divalproex sodium dr/er, lamotrigine, lamotrigine er, lamotrigine odt, levetiracetam, levetiracetam er, oxcarbazepine, Peganone, phenytoin, Roweepra, Roweepra ER, topiramate, and valproic acid. Step-2 Drugs: Aptiom, Gabitril, and tiagabine. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 365 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.**	**APTIOM TABS**	**Step therapy applies to new starts only**	**2**
		GABITRIL TABS	**Step therapy applies to new starts only**	**2**
		TIAGABINE HYDROCHLORIDE TABS	**Step therapy applies to new starts only**	**2**
		CARBAMAZEPINE CHEW		1
		CARBAMAZEPINE ER CP12		1
		CARBAMAZEPINE ER TB12		1
		CARBAMAZEPINE SUSP		1
		CARBAMAZEPINE TABS		1
		DILANTIN CAPS		1
		DILANTIN INFATABS CHEW		1
		DIVALPROEX SODIUM CSDR		1
		DIVALPROEX SODIUM DR TBEC		1
		DIVALPROEX SODIUM ER TB24		1
		EPITOL TABS		1
		LAMOTRIGINE CHEW		1
		LAMOTRIGINE ER TB24		1
		LAMOTRIGINE ODT TBDP		1
		LAMOTRIGINE TABS		1
		LEVETIRACETAM ER TB24		1
		LEVETIRACETAM IV SOLN		1
		LEVETIRACETAM ORAL SOLN		1
		LEVETIRACETAM TABS		1
		OXCARBAZEPINE SUSP		1
		OXCARBAZEPINE TABS		1
		PEGANONE TABS		1
		PHENYTOIN CHEW		1
		PHENYTOIN INFATABS CHEW		1
		PHENYTOIN SODIUM EXTENDED CAPS		1
		PHENYTOIN SODIUM SOLN		1
		PHENYTOIN SUSP		1
		ROWEEPRA TABS		1
		ROWEEPRA XR TB24		1
		TOPIRAMATE CPSP		1
		TOPIRAMATE TABS		1
		VALPROIC ACID CAPS		1
		VALPROIC ACID SOLN		1
Antidepressants, Serotonin/Norepinephrine Reuptake Inhibitors 2018	**Step-1 Drugs: bupropion, citalopram, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone and venlafaxine. Step-2 Drugs: Fetzima, Paxil Suspension and Viibryd. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.**	**FETZIMA CP24**	**Step therapy applies to new starts only**	**2**
		FETZIMA TITRATION PACK C4PK	**Step therapy applies to new starts only**	**2**
		PAXIL SUSP	**Step therapy applies to new starts only**	**2**
		VIIBRYD KIT	**Step therapy applies to new starts only**	**2**
		VIIBRYD TABS	**Step therapy applies to new starts only**	**2**
		VIIBRYD STARTER PACK KIT	**Step therapy applies to new starts only**	**2**
		BUPROPION HCL ER TB12		1
		BUPROPION HCL SR TB12		1
		BUPROPION HCL TABS		1
		BUPROPION HCL XL TB24		1
		CITALOPRAM HYDROBROMIDE SOLN		1
		CITALOPRAM HYDROBROMIDE TABS		1
		ESCITALOPRAM OXALATE SOLN		1
		ESCITALOPRAM OXALATE TABS		1
		FLUOXETINE CAPS		1
		FLUOXETINE DR CPDR		1
		FLUOXETINE HCL CAPS		1
		FLUOXETINE HCL SOLN		1
		FLUOXETINE HCL TABS		1
		FLUVOXAMINE MALEATE TABS		1
		MIRTAZAPINE ODT TBDP		1
		MIRTAZAPINE TABS		1
		PAROXETINE HCL TABS		1
		SERTRALINE HCL CONC		1
		SERTRALINE HCL TABS		1
		TRAZODONE HCL TABS		1
		VENLAFAXINE HCL ER CP24		1
		VENLAFAXINE HCL TABS		1

Atypical Antipsychotic 2018	**Step-1 Drugs: olanzapine, olanzapine odt, quetiapine fumarate, risperidone, risperidone odt and ziprasidone hcl. Step-2 Drugs: Fanapt, Latuda, paliperidone er, and Vraylar. The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met, or unless the diagnosis is Schizoaffective Disorder, in which case step therapy for paliperidone er does not apply.**	**FANAPT TABS**	**Step therapy applies to new starts only**	**2**
		FANAPT TITRATION PACK TABS	**Step therapy applies to new starts only**	**2**
		LATUDA TABS	**Step therapy applies to new starts only**	**2**
		PALIPERIDONE ER TB24	**Step therapy applies to new starts only**	**2**
		VRAYLAR CAPS	**Step therapy applies to new starts only**	**2**
		VRAYLAR CPPK	**Step therapy applies to new starts only**	**2**
		OLANZAPINE ODT TBDP		1
		OLANZAPINE TABS		1
		QUETIAPINE FUMARATE TABS		1
		RISPERIDONE M-TAB TBDP		1
		RISPERIDONE ODT TBDP		1
		RISPERIDONE SOLN		1
		RISPERIDONE TABS		1
		ZIPRASIDONE HCL CAPS		1
Benicar 2018	**Step-1 Drugs: candesartan cilexetil, irbesartan, losartan potassium, olmesartan, telmisartan and valsartan. Step-2 Drug: Benicar. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**BENICAR TABS**	**Step therapy applies**	**2**
		CANDESARTAN CILEXETIL TABS		1
		IRBESARTAN TABS		1
		LOSARTAN POTASSIUM TABS		1
		OLMESARTAN MEDOXOMIL TABS		1
		TELMISARTAN TABS		1
		VALSARTAN TABS		1
Benicar HCT 2018	**Step-1 Drugs: candesartan cilexetil/hctz, irbesartan/hctz, losartan potassium/hctz, olmesartan/hctz, telmisartan/hctz and valsartan/hctz. Step-2 Drug: Benicar HCT. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**BENICAR HCT TABS**	**Step therapy applies**	**2**
		CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE TABS		1
		IRBESARTAN/HYDROCHLOROTHIAZIDE TABS		1
		LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE TABS		1
		OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE TABS		1
		TELMISARTAN/HYDROCHLOROTHIAZIDE TABS		1
		VALSARTAN/HYDROCHLOROTHIAZIDE TABS		1
Crestor 2018	**Step-1 Drugs: generic oral formulary statins. Step-2 Drug: Crestor. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**CRESTOR TABS**	**Step therapy applies**	**2**
		ATORVASTATIN CALCIUM TABS		1
		EZETIMIBE/SIMVASTATIN TABS		1
		LOVASTATIN TABS		1
		PRAVASTATIN SODIUM TABS		1
		ROSUVASTATIN CALCIUM TABS		1
		SIMVASTATIN TABS		1
Dexilant Secure-Extra 2018	**Step-1 Drugs: generic oral formulary proton pump inhibitors. Step-2 Drug: Dexliant. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**DEXILANT CPDR**	**Step therapy applies**	**2**
		ESOMEPRAZOLE MAGNESIUM CPDR		1
		OMEPRAZOLE CPDR		1
		PANTOPRAZOLE SODIUM TBEC		1
Edarbi 2018	**Step-1 Drugs: candesartan cilexetil, irbesartan, losartan potassium, olmesartan, telmisartan and valsartan. Step-2 Drug: Edarbi. The member must have tried a 30 day supply or more of at least one Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**EDARBI TABS**	**Step therapy applies**	**2**
		CANDESARTAN CILEXETIL TABS		1
		IRBESARTAN TABS		1
		LOSARTAN POTASSIUM TABS		1
		OLMESARTAN MEDOXOMIL TABS		1
		TELMISARTAN TABS		1
		VALSARTAN TABS		1
Edarbyclor 2018	**Step-1 Drugs: candesartan cilexetil/hctz, irbesartan/hctz, losartan potassium/hctz, olmesartan/hctz, telmisartan/hctz and valsartan/hctz. Step-2 Drug: Edarbyclor. The member must have tried a 30 day supply or more of at least one Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**EDARBYCLOR TABS**	**Step therapy applies**	**2**
		CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE TABS		1
		IRBESARTAN/HYDROCHLOROTHIAZIDE TABS		1
		LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE TABS		1
		OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE TABS		1
		TELMISARTAN/HYDROCHLOROTHIAZIDE TABS		1
		VALSARTAN/HYDROCHLOROTHIAZIDE TABS		1
Exjade Secure-Extra 2018	**Step-1 Drug: Jadenu. Step-2 Drug: Exjade. The member must have tried a 30 day supply or more of one Step-1 drug within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**EXJADE TBSO**	**Step therapy applies**	**2**
		JADENU SPRINKLE PACK		1
		JADENU TABS		1
Glumetza Secure-Extra 2018	**Step-1 Drugs: metformin ER 500mg, 750mg tablets (generic Glucophage XR) and metformin ER 500mg, 1000mg tablets (generic Fortamet). Step-2 Drug: Glumetza and metformin ER 500mg, 1000mg tablets (generic Glumetza). The member must have tried a 30 day supply or more of both generic Glucophage XR AND generic Fortamet within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**GLUMETZA TB24**	**Step therapy applies**	**2**
		METFORMIN HCL ER TB24 (generic Glumetza)	**Step therapy applies**	**2**
		METFORMIN HCL ER TB24 (generic Fortamet)		1
		METFORMIN HCL ER TB24 (generic Glucophage XR)		1

Injectable Diabetic Combinations 2018	**Step-1 Drugs: basal insulin or GLP-1 agonist. Step-2 Drug: Soliqua and Xultophy. The member must have tried a 30 day supply or more of any one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**SOLIQUA 100/33 SOPN**	**Step therapy applies**	2
		XULTOPHY 100/3.6 SOPN	**Step therapy applies**	2
		BYDUREON BCISE AUIJ		1
		BYDUREON PEN PEN		1
		BYDUREON SRER		1
		BYETTA SOPN		1
		HUMULIN 70/30 KWIKPEN SUPN		1
		HUMULIN 70/30 SUSP		1
		HUMULIN N KWIKPEN SUPN		1
		HUMULIN N SUSP		1
		LANTUS SOLN		1
		LANTUS SOLOSTAR SOPN		1
		LEVEMIR FLEXTOUCH SOPN		1
		LEVEMIR SOLN		1
		OZEMPIC SOPN		1
		TOUJEO MAX SOLOSTAR SOPN		1
		TOUJEO SOLOSTAR SOPN		1
		TRESIBA FLEXTOUCH SOPN		1
		TRULICITY SOPN		1
		VICTOZA SOPN		1
Livalo 2018	**Step-1 Drugs: oral generic statins. Step-2 Drug: Livalo. The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**LIVALO TABS**	**Step therapy applies**	**2**
		ATORVASTATIN CALCIUM TABS		1
		EZETIMIBE/SIMVASTATIN TABS		1
		LOVASTATIN TABS		1
		PRAVASTATIN SODIUM TABS		1
		ROSUVASTATIN CALCIUM TABS		1
		SIMVASTATIN TABS		1
Lumigan 2018	**Step-1 Drugs: bimatoprost, latanoprost, Travatan Z and Zioptan. Step-2 Drug: Lumigan. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**LUMIGAN SOLN**	**Step therapy applies**	**2**
		BIMATOPROST SOLN		1
		LATANOPROST SOLN		1
		TRAVATAN Z SOLN		1
		ZIOPTAN SOLN		1
Mobic Secure-Extra 2018	**Step-1 Drugs: generic oral NSAIDs. Step-2 Drug: Mobic. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**MOBIC TABS**	**Step therapy applies**	**2**
		CELECOXIB CAPS		1
		DICLOFENAC POTASSIUM TABS		1
		DICLOFENAC SODIUM DR TBEC		1
		DICLOFENAC SODIUM ER TB24		1
		DIFLUNISAL TABS		1
		ETODOLAC CAPS		1
		ETODOLAC ER TB24		1
		ETODOLAC TABS		1
		FENOPROFEN CALCIUM CAPS		1
		FENOPROFEN CALCIUM TABS		1
		FLURBIPROFEN TABS		1
		IBU TABS		1
		IBUPROFEN SUSP		1
		IBUPROFEN TABS		1
		KETOPROFEN CAPS		1
		MECLOFENAMATE SODIUM CAPS		1
		MELOXICAM TABS		1
		NABUMETONE TABS		1
		NAPROXEN DR TBEC		1
		NAPROXEN SODIUM TABS		1
		NAPROXEN SUSP		1
		NAPROXEN TABS		1
		OXAPROZIN TABS		1
		PIROXICAM CAPS		1
		SALSALATE TABS		1
		SULINDAC TABS		1
		TOLMETIN SODIUM CAPS		1
		TOLMETIN SODIUM TABS		1
Nasonex 2018	**Step-1 Drugs: flunisolide nasal spray, fluticasone propionate nasal spray, and mometasone furoate nasal spray. Step-2 Drug: Nasonex. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. For the diagnosis of nasal polyps and seasonal allergic rhinitis prophylaxis only one step-1 drug is required. Step-2 drug is not covered unless the above step therapy criteria are met.**	**NASONEX SUSP**	**Step therapy applies**	**2**
		BUDESONIDE NASAL SPRAY SUSP		1
		FLUNISOLIDE SOLN		1
		FLUTICASONE PROPIONATE SUSP		1
		MOMETASONE FUROATE SUSP		1
Niaspan Secure-Extra 2018	**Step-1 Drugs: niacin ER. Step-2 Drug: Niapan. The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**NIASPAN TBCR**	**Step therapy applies**	**2**
		NIACIN ER TBCR		1
Ophthalmic Steroids 2018	**Step-1 Drugs: neomycin/polymyxin B sulfate/dexamethasone suspension, sulfacetamide sodium/prednisolone sodium phosphate solution, tobramycin/dexamethasone suspension, and Pred-G. Step-2 Drug: Zylet. The member must have tried a 2 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 365 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**ZYLET SUSP**	**Step therapy applies**	**2**
		NEOMYCIN/POLYMYXIN/DEXAMETHASONE SUSP		1
		PRED-G SUSP		1
		SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE SOLN		1
		TOBRAMYCIN/DEXAMETHASONE SUSP		1
Pennsaid Secure-Extra 2018	**Step-1 Drugs: diclofenac 1.5% solution and diclofenac 1% gel. Step-2 Drug: Pennsaid 2% solution. The member must have tried a 30 day supply or more of both diclofenac 1.5% solution AND diclofenac 1% gel within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**PENNSAID SOLN**	**Step therapy applies**	**2**
		DICLOFENAC SODIUM GEL		1
		DICLOFENAC SODIUM SOLN		1

Rytary 2018	**Step-1 Drugs: carbidopa/levodopa, carbidopa/levodopa ER, carbidopa/levodopa ODT, carbidopa/levodopa/entacapone Step-2 Drug: Rytary. The member must have tried a 30 day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**RYTARY CPCR**	**Step therapy applies**	**2**
		CARBIDOPA/LEVODOPA ER TBCR		1
		CARBIDOPA/LEVODOPA ODT TBDP		1
		CARBIDOPA/LEVODOPA TABS		1
		CARBIDOPA/LEVODOPA/ENTACAPONE TABS		1
Trintellix 2018	**Step-1 Drugs: bupropion, citalopram, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone and venlafaxine. Step-2 Drug: Trintellix. The member must have tried a 30 day supply or more of one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**TRINTELLIX TABS**	**Step therapy applies to new starts only**	**2**
		BUPROPION HCL ER TB12		1
		BUPROPION HCL SR TB12		1
		BUPROPION HCL TABS		1
		BUPROPION HCL XL TB24		1
		CITALOPRAM HYDROBROMIDE SOLN		1
		CITALOPRAM HYDROBROMIDE TABS		1
		ESCITALOPRAM OXALATE SOLN		1
		ESCITALOPRAM OXALATE TABS		1
		FLUOXETINE CAPS		1
		FLUOXETINE DR CPDR		1
		FLUOXETINE HCL CAPS		1
		FLUOXETINE HCL SOLN		1
		FLUOXETINE HCL TABS		1
		FLUVOXAMINE MALEATE TABS		1
		MIRTAZAPINE ODT TBDP		1
		MIRTAZAPINE TABS		1
		PAROXETINE HCL TABS		1
		SERTRALINE HCL CONC		1
		SERTRALINE HCL TABS		1
		TRAZODONE HCL TABS		1
		VENLAFAXINE HCL ER CP24		1
		VENLAFAXINE HCL TABS		1
Uloric 2018	**Step-1 Drug: allopurinol. Step-2 Drug: Uloric. The member must have tried a 30 day supply or more of one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**ULORIC TABS**	**Step therapy applies**	**2**
		ALLOPURINOL SODIUM SOLR		1
		ALLOPURINOL TABS		1
Urinary Antispasmodics 2018	**Step-1 Drugs: darifenacin er, Myrbetriq, oxybutynin chloride, oxybutynin chloride er, tolterodine tartrate, tolterodine tartrate er and Vesicare. Step-2 Drugs: Enablex. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.**	**ENABLEX TB24**	**Step therapy applies**	**2**
		DARIFENACIN HYDROBROMIDE ER TB24		1
		MYRBETRIQ TB24		1
		OXYBUTYNIN CHLORIDE ER TB24		1
		OXYBUTYNIN CHLORIDE SYRP		1
		OXYBUTYNIN CHLORIDE TABS		1
		TOLTERODINE TARTRATE ER CP24		1
		TOLTERODINE TARTRATE TABS		1
		VESICARE TABS		1
Vytorin Secure-Extra 2018	**Step-1 Drugs: generic oral formulary statins. Step-2 Drug: Vytorin. The member must have tried a 30 day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**VYTORIN TABS**	**Step therapy applies**	**2**
		ATORVASTATIN CALCIUM TABS		1
		EZETIMIBE/SIMVASTATIN TABS		1
		LOVASTATIN TABS		1
		PRAVASTATIN SODIUM TABS		1
		ROSUVASTATIN CALCIUM TABS		1
		SIMVASTATIN TABS		1
Zetia 2018	**Step-1 Drug: ezetimibe. Step-2 Drug: Zetia. The member must have tried a 30 day supply or more of one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.**	**ZETIA TABS**	**Step therapy applies**	**2**
		EZETIMIBE TABS		1