

COLORADO EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Plan from largest small group product, Health Maintenance Organization- Point of Service Plan
Issuer Name	Kaiser Foundation Health Plan of Colorado
Product Name	Deductible/Coinsurance HMO 1200D
Plan Name	Ded HMO 1200D
Supplemented Categories (Supplementary Plan Type)	Pediatric Oral (State CHIP)
Habilitative Services Included Benchmark (Yes/No)	No
Habilitative Services Defined by State (Yes/No)	Yes: "Habilitative services are services that help a person retain, learn, or improve skills and functioning for daily living that are offered in parity with, and in addition to, any rehabilitative services offered in Colorado's EHB benchmark plan. Parity in this context means of like type and substantially equivalent in scope, amount, and duration." Defining habilitative benefits in this manner provides habilitative benefits on par with those currently offered in rehabilitation and reflects current utilization in the rehabilitative arena.

BENEFITS AND LIMITS

Benefit Information			General Information								
A Benefit	B EHB	C Benefit Description (may be the same as the Benefit name)	D Is Benefit Covered?	E Quantitative Limit on Service?	F Limit Quantity	G Limit Units	H Minimum Stay	I Exclusions	J Explanations	K Additional Limitations or Restrictions?	
Primary Care Visit to Treat an Injury or Illness	Yes	Primary care visits	Covered	No						No	
Specialist Visit	Yes	Specialist visits	Covered	No						No	
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Nurse and physician assistant visits	Covered	No						No	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Outpatient surgery	Covered	No						No	
Outpatient Surgery Physician/Surgical Services	Yes	Outpatient surgery	Covered	No						No	
Hospice Services	Yes	Hospice services	Covered	No					Covered when life expectancy is determined to be 6 months or less.	No	
Non-Emergency Care When Traveling Outside the U.S.			Not Covered								
Routine Dental Services (Adult)			Not Covered								
Infertility Treatment			Not Covered								
Long-Term/Custodial Nursing Home Care			Not Covered								
Private-Duty Nursing	Yes	Private-Duty Nursing	Covered	No						No	
Routine Eye Exam (Adult)		Vision Services	Covered	No						No	
Urgent Care Centers or Facilities		Non-emergency, non-routine care	Covered	No						No	
Home Health Care Services	Yes	Home health care	Covered	Yes	28	Hours per week				No	
Emergency Room Services	Yes	Emergency services	Covered	No				Excludes special procedures.		No	
Emergency Transportation/Ambulance	Yes	Ambulance services	Covered	No				Excludes transportation by other than a licensed ambulance.		No	

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Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Hospital inpatient services	Covered	No						No
Inpatient Physician and Surgical Services	Yes	Inpatient professional visits	Covered	No						No
Bariatric Surgery			Not Covered							
Cosmetic Surgery			Not Covered							
Skilled Nursing Facility	Yes	Skilled nursing facility care	Covered	Yes	100	Days per year				No
Prenatal and Postnatal Care	Yes	Routine prenatal and postpartum visits	Covered	No						No
Delivery and All Inpatient Services for Maternity Care	Yes	Obstetrical care and delivery	Covered	No						No
Mental/Behavioral Health Outpatient Services	Yes	Mental health outpatient therapy	Covered	No				Special education, counseling, therapy or care for learning deficiencies or behavioral problems, whether or not associated with a manifest mental disorder, retardation or other disturbance.		No
Mental/Behavioral Health Inpatient Services	Yes	Mental health inpatient services	Covered	No				Special education, counseling, therapy or care for learning deficiencies or behavioral problems, whether or not associated with a manifest mental disorder, retardation or other disturbance.		No
Substance Abuse Disorder Outpatient Services	Yes	Chemical dependency outpatient services	Covered	No				Counseling for a patient who is nonresponsive to therapeutic management.		No
Substance Abuse Disorder Inpatient Services	Yes	Chemical dependency inpatient medical and hospital services	Covered	No				Residential rehabilitation.	Limited to medical management of withdrawal symptoms.	Yes
Generic Drugs	Yes	Generic drugs	Covered	No						No
Preferred Brand Drugs	Yes	Brand name drugs	Covered	No						No
Non-Preferred Brand Drugs	Yes	Non-preferred drugs	Covered	No						No
Specialty Drugs	Yes	Specialty drugs	Covered	No						No
Outpatient Rehabilitation Services	Yes	Physical, occupational and speech therapy	Covered	Yes	20	Visits per year, per therapy type				No
Habilitation Services	Yes	Habilitation Services	Covered	No						No
Chiropractic Care			Not Covered							
Durable Medical Equipment	Yes	Durable medical equipment	Covered	No						No
Hearing Aids	Yes	Hearing aids	Covered	No					Covered for persons to age 19.	No
Diagnostic Test (X-Ray and Lab Work)	Yes	Diagnostic X-rays and laboratory services	Covered	No						No

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Imaging (CT/PET Scans, MRIs)	Yes	Special procedures	Covered	No						No
Preventive Care/Screening/Immunization	Yes	Preventive care services	Covered	No						No
Routine Foot Care			Not Covered							
Acupuncture			Not Covered							
Weight Loss Programs			Not Covered							
Routine Eye Exam for Children	Yes	Routine eye exam	Covered	Yes	1	Visit per year				No
Eye Glasses for Children		Eyeglasses for children	Covered	Yes	1	Pair of glasses (lenses and frames) per year				No
Dental Check-Up for Children	Yes	Dental Check-Up for Children	Covered	Yes	1	Visit per 6 months				No
Rehabilitative Speech Therapy	Yes	Rehabilitative Speech Therapy	Covered	Yes	20	Visits per Year				
Rehabilitative Occupational and Rehabilitative Physical Therapy			Not Covered							
Well Baby Visits and Care	Yes	Well Baby Visits and Care	Covered	No						No
Laboratory Outpatient and Professional Services	Yes	Laboratory Outpatient and Professional Services	Covered	No						No
X-rays and Diagnostic Imaging	Yes	X-rays and Diagnostic Imaging	Covered	No						No
Basic Dental Care - Child	Yes	Basic Dental Care - Child	Covered	No						No
Orthodontia - Child			Not Covered							
Major Dental Care - Child			Not Covered							
Basic Dental Care - Adult			Not Covered							
Orthodontia - Adult			Not Covered							
Major Dental Care - Adult			Not Covered							
Abortion for Which Public Funding is Prohibited			Not Covered							
Transplant	Yes	Transplant	Covered	No				Transplants limited to specified organs.	Organ and Tissue Transplants.	No
Accidental Dental			Not Covered							

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Dialysis	Yes	Dialysis	Covered	No						No
Allergy Testing	Yes	Allergy Testing	Covered	No						No
Chemotherapy	Yes	Chemotherapy	Covered	No						No
Radiation	Yes	Radiation	Covered	No						No
Diabetes Education	Yes	Diabetes Education	Covered	No						No
Prosthetic Devices	Yes	Prosthetic Devices	Covered	No					Prosthetics-Arm or Leg.	No
Infusion Therapy	Yes	Infusion Therapy	Covered	No					Home Infusion Therapy.	No
Treatment for Temporomandibular Joint Disorders			Not Covered							
Nutritional Counseling	Yes	Nutritional Counseling	Covered	No						No
Reconstructive Surgery	Yes	Reconstructive Surgery	Covered	No						No
Clinical Trials	Yes	Clinical Trials	Covered	No						No
Diabetes Care Management	Yes	Diabetes Care Management	Covered	No						No
Inherited Metabolic Disorder - PKU	Yes	Inherited Metabolic Disorder - PKU	Covered	No					PKU Testing and Treatment.	No
Off Label Prescription Drugs	Yes	Off Label Prescription Drugs	Covered	No						No
Dental Anesthesia	Yes	Dental Anesthesia	Covered	No						No
Prescription Drugs Other	Yes	Prescription Drugs Other	Covered	No						No
Congenital Anomaly, including Cleft Lip/Palate	Yes	Congenital Anomaly, including Cleft Lip/Palate	Covered	No						No
Early Intervention Services	Yes	Early Intervention Services	Covered	No						No
Rehabilitative Occupational Therapy	Yes	Rehabilitative Occupational Therapy	Covered	Yes	20	Visits per Year				No
Rehabilitative Physical Therapy	Yes	Rehabilitative Physical Therapy	Covered	Yes	20	Visits per Year				No

OTHER BENEFITS

Benefit Information			General Information							
A Benefit	B EHB	C Benefit Description (may be the same as the Benefit name)	D Is Benefit Covered?	E Quantitative Limit on Service?	F Limit Quantity	G Limit Units	H Minimum Stay	I Exclusions	J Explanations	K Additional Limitations or Restrictions?
Anesthesia	Yes	Anesthesia	Covered	No						No
Breast Reconstruction	Yes	Breast Reconstruction	Covered	No						No
Newborn Child Coverage	Yes	Newborn Child Coverage	Covered	No						No
Biologically Based Mental Illnesses and Disorders	Yes	Biologically Based Mental Illnesses and Disorders	Covered	No						No
Prescription Mail Services (home delivery)	Yes	Prescription Mail Services (home delivery)	Covered	No						No
Cardiac Rehab	Yes	Cardiac Rehab	Covered	No						No
Pulmonary Rehab	Yes	Pulmonary Rehab	Covered	No						No
Autism Spectrum Disorder	Yes	Autism Spectrum Disorder	Covered	No						No
Physical, occupational, speech therapy for congenital defects up to age 5	Yes	Physical, occupational, speech therapy for congenital defects up to age 5	Covered	No						No
Vision Care	Yes	Vision Care	Covered	No	1	Exam every 24 months				No
Audiology/Hearing Tests	Yes	Audiology/Hearing Tests	Covered	No				Adult Hearing Aids not Covered		No
Smoking Cessation Program	Yes	Smoking Cessation Program	Covered	No						No
Diabetes, medically necessary testing, supplies, education	Yes	Diabetes, medically necessary testing, supplies, education	Covered	No						No
Routine hearing exams to age 19	Yes	Routine hearing exams to age 19	Covered	No						No
Childs Dental Anesthesia	Yes	Childs Dental Anesthesia	Covered	No						No

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

CATEGORY	CLASS	SUBMISSION COUNT
ANALGESICS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	9
ANALGESICS	OPIOID ANALGESICS, LONG-ACTING	3
ANALGESICS	OPIOID ANALGESICS, SHORT-ACTING	6
ANESTHETICS	LOCAL ANESTHETICS	2
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	ALCOHOL DETERRENTS/ANTI-CRAVING	3
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	OPIOID ANTAGONISTS	3
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	SMOKING CESSATION AGENTS	0
ANTI-INFLAMMATORY AGENTS	GLUCOCORTICOIDS	1
ANTI-INFLAMMATORY AGENTS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	9
ANTIBACTERIALS	AMINOGLYCOSIDES	5
ANTIBACTERIALS	ANTIBACTERIALS, OTHER	10
ANTIBACTERIALS	BETA-LACTAM, CEPHALOSPORINS	10
ANTIBACTERIALS	BETA-LACTAM, OTHER	3
ANTIBACTERIALS	BETA-LACTAM, PENICILLINS	8
ANTIBACTERIALS	MACROLIDES	3
ANTIBACTERIALS	QUINOLONES	5
ANTIBACTERIALS	SULFONAMIDES	3
ANTIBACTERIALS	TETRACYCLINES	3
ANTICONVULSANTS	ANTICONVULSANTS, OTHER	1
ANTICONVULSANTS	CALCIUM CHANNEL MODIFYING AGENTS	3
ANTICONVULSANTS	GAMMA-AMINOBTYRIC ACID (GABA) AUGMENTING AGENTS	3
ANTICONVULSANTS	GLUTAMATE REDUCING AGENTS	3
ANTICONVULSANTS	SODIUM CHANNEL AGENTS	3
ANTIDEMENTIA AGENTS	ANTIDEMENTIA AGENTS, OTHER	0
ANTIDEMENTIA AGENTS	CHOLINESTERASE INHIBITORS	2
ANTIDEMENTIA AGENTS	N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	1
ANTIDEPRESSANTS	ANTIDEPRESSANTS, OTHER	5
ANTIDEPRESSANTS	MONOAMINE OXIDASE INHIBITORS	2
ANTIDEPRESSANTS	SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS	5
ANTIDEPRESSANTS	TRICYCLICS	6
ANTIEMETICS	ANTIEMETICS, OTHER	8
ANTIEMETICS	EMETOGENIC THERAPY ADJUNCTS	3
ANTIFUNGALS	NO USP CLASS	12
ANTIGOUT AGENTS	NO USP CLASS	3
ANTIMIGRAINE AGENTS	ERGOT ALKALOIDS	2

CATEGORY	CLASS	SUBMISSION COUNT
ANTIMIGRAINE AGENTS	PROPHYLACTIC	3
ANTIMIGRAINE AGENTS	SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS	2
ANTIMYASTHENIC AGENTS	PARASYMPATHOMIMETICS	2
ANTIMYCOBACTERIALS	ANTIMYCOBACTERIALS, OTHER	1
ANTIMYCOBACTERIALS	ANTITUBERCULARS	4
ANTINEOPLASTICS	ALKYLATING AGENTS	6
ANTINEOPLASTICS	ANTIANGIOGENIC AGENTS	2
ANTINEOPLASTICS	ANTIESTROGENS/MODIFIERS	2
ANTINEOPLASTICS	ANTIMETABOLITES	2
ANTINEOPLASTICS	ANTINEOPLASTICS, OTHER	4
ANTINEOPLASTICS	AROMATASE INHIBITORS, 3RD GENERATION	3
ANTINEOPLASTICS	ENZYME INHIBITORS	3
ANTINEOPLASTICS	MOLECULAR TARGET INHIBITORS	5
ANTINEOPLASTICS	MONOCLONAL ANTIBODIES	1
ANTINEOPLASTICS	RETINOIDS	1
ANTIPARASITICS	ANTHELMINTICS	3
ANTIPARASITICS	ANTIPROTOZOALS	9
ANTIPARASITICS	PEDICULICIDES/SCABICIDES	1
ANTIPARKINSON AGENTS	ANTICHOLINERGICS	3
ANTIPARKINSON AGENTS	ANTIPARKINSON AGENTS, OTHER	2
ANTIPARKINSON AGENTS	DOPAMINE AGONISTS	3
ANTIPARKINSON AGENTS	DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS	1
ANTIPARKINSON AGENTS	MONOAMINE OXIDASE B (MAO-B) INHIBITORS	1
ANTIPSYCHOTICS	1ST GENERATION/TYPICAL	10
ANTIPSYCHOTICS	2ND GENERATION/ATYPICAL	5
ANTIPSYCHOTICS	TREATMENT-RESISTANT	1
ANTISPASTICITY AGENTS	NO USP CLASS	3
ANTIVIRALS	ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	2
ANTIVIRALS	ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS	5
ANTIVIRALS	ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS	11
ANTIVIRALS	ANTI-HIV AGENTS, OTHER	2
ANTIVIRALS	ANTI-HIV AGENTS, PROTEASE INHIBITORS	9
ANTIVIRALS	ANTI-INFLUENZA AGENTS	3
ANTIVIRALS	ANTIHEPATITIS AGENTS	9
ANTIVIRALS	ANTIHERPETIC AGENTS	4

CATEGORY	CLASS	SUBMISSION COUNT
ANXIOLYTICS	ANXIOLYTICS, OTHER	3
ANXIOLYTICS	SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)	3
BIPOLAR AGENTS	BIPOLAR AGENTS, OTHER	5
BIPOLAR AGENTS	MOOD STABILIZERS	5
BLOOD GLUCOSE REGULATORS	ANTIDIABETIC AGENTS	5
BLOOD GLUCOSE REGULATORS	GLYCEMIC AGENTS	1
BLOOD GLUCOSE REGULATORS	INSULINS	5
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	ANTICOAGULANTS	4
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	BLOOD FORMATION MODIFIERS	3
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	COAGULANTS	0
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	PLATELET MODIFYING AGENTS	6
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC AGONISTS	2
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC BLOCKING AGENTS	4
CARDIOVASCULAR AGENTS	ANGIOTENSIN II RECEPTOR ANTAGONISTS	1
CARDIOVASCULAR AGENTS	ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	2
CARDIOVASCULAR AGENTS	ANTIARRHYTHMICS	8
CARDIOVASCULAR AGENTS	BETA-ADRENERGIC BLOCKING AGENTS	5
CARDIOVASCULAR AGENTS	CALCIUM CHANNEL BLOCKING AGENTS	5
CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS, OTHER	2
CARDIOVASCULAR AGENTS	DIURETICS, CARBONIC ANHYDRASE INHIBITORS	2
CARDIOVASCULAR AGENTS	DIURETICS, LOOP	3
CARDIOVASCULAR AGENTS	DIURETICS, POTASSIUM-SPARING	3
CARDIOVASCULAR AGENTS	DIURETICS, THIAZIDE	4
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	2
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	4
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, OTHER	2
CARDIOVASCULAR AGENTS	VASODILATORS, DIRECT-ACTING ARTERIAL	2
CARDIOVASCULAR AGENTS	VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	3
CENTRAL NERVOUS SYSTEM AGENTS	ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	2
CENTRAL NERVOUS SYSTEM AGENTS	ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	1
CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS, OTHER	1
CENTRAL NERVOUS SYSTEM AGENTS	FIBROMYALGIA AGENTS	0
CENTRAL NERVOUS SYSTEM AGENTS	MULTIPLE SCLEROSIS AGENTS	4
DENTAL AND ORAL AGENTS	NO USP CLASS	4

CATEGORY	CLASS	SUBMISSION COUNT
DERMATOLOGICAL AGENTS	NO USP CLASS	17
ENZYME REPLACEMENT/MODIFIERS	NO USP CLASS	4
GASTROINTESTINAL AGENTS	ANTISPASMODICS, GASTROINTESTINAL	3
GASTROINTESTINAL AGENTS	GASTROINTESTINAL AGENTS, OTHER	3
GASTROINTESTINAL AGENTS	HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	3
GASTROINTESTINAL AGENTS	IRRITABLE BOWEL SYNDROME AGENTS	0
GASTROINTESTINAL AGENTS	LAXATIVES	1
GASTROINTESTINAL AGENTS	PROTECTANTS	2
GASTROINTESTINAL AGENTS	PROTON PUMP INHIBITORS	2
GENITOURINARY AGENTS	ANTISPASMODICS, URINARY	1
GENITOURINARY AGENTS	BENIGN PROSTATIC HYPERTROPHY AGENTS	5
GENITOURINARY AGENTS	GENITOURINARY AGENTS, OTHER	3
GENITOURINARY AGENTS	PHOSPHATE BINDERS	2
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	GLUCOCORTICOIDS/MINERALOCORTICOIDS	14
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	NO USP CLASS	3
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)	NO USP CLASS	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ANABOLIC STEROIDS	0
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ANDROGENS	3
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ESTROGENS	3
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	PROGESTINS	3
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	NO USP CLASS	2
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	NO USP CLASS	0
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)	NO USP CLASS	1
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	NO USP CLASS	5
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)	ANTIANDROGENS	3
HORMONAL AGENTS, SUPPRESSANT (THYROID)	ANTITHYROID AGENTS	2
IMMUNOLOGICAL AGENTS	IMMUNE SUPPRESSANTS	14
IMMUNOLOGICAL AGENTS	IMMUNIZING AGENTS, PASSIVE	1

CATEGORY	CLASS	SUBMISSION COUNT
IMMUNOLOGICAL AGENTS	IMMUNOMODULATORS	5
INFLAMMATORY BOWEL DISEASE AGENTS	AMINOSALICYLATES	2
INFLAMMATORY BOWEL DISEASE AGENTS	GLUCOCORTICOIDS	5
INFLAMMATORY BOWEL DISEASE AGENTS	SULFONAMIDES	1
METABOLIC BONE DISEASE AGENTS	NO USP CLASS	6
OPHTHALMIC AGENTS	OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	1
OPHTHALMIC AGENTS	OPHTHALMIC AGENTS, OTHER	3
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-ALLERGY AGENTS	1
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-INFLAMMATORIES	6
OPHTHALMIC AGENTS	OPHTHALMIC ANTIGLAUCOMA AGENTS	8
OTIC AGENTS	NO USP CLASS	4
RESPIRATORY TRACT AGENTS	ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	5
RESPIRATORY TRACT AGENTS	ANTIHISTAMINES	4
RESPIRATORY TRACT AGENTS	ANTILEUKOTRIENES	0
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, ANTICHOLINERGIC	2
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)	1
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, SYMPATHOMIMETIC	7
RESPIRATORY TRACT AGENTS	MAST CELL STABILIZERS	1
RESPIRATORY TRACT AGENTS	PULMONARY ANTIHYPERTENSIVES	5
RESPIRATORY TRACT AGENTS	RESPIRATORY TRACT AGENTS, OTHER	2
SKELETAL MUSCLE RELAXANTS	NO USP CLASS	2
SLEEP DISORDER AGENTS	GABA RECEPTOR MODULATORS	1
SLEEP DISORDER AGENTS	SLEEP DISORDERS, OTHER	1
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL MODIFIERS	4
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL REPLACEMENT	4