

PROPOSED COLORADO EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Plan from largest small group product, Health Maintenance Organization
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	No

BENEFITS AND LIMITS

Row Number	A Benefit	B Covered (Required): Is benefit Covered or Not Covered	C Benefit Description (Required if benefit is Covered): Enter a Description, it may be the same as the Benefit name	D Quantitative Limit on Service? (Required if benefit is Covered): Select "Yes" if Quantitative Limit applies	E Limit Quantity (Required if Quantitative Limit is "Yes"): Enter Limit Quantity	F Limit Units (Required if Quantitative Limit is "Yes"): Select the correct limit units	G Other Limit Units Description (Required if "Other" Limit Unit): If a Limit Unit of "Other" was selected in Limit Units, enter a description	H Minimum Stay (Optional): Enter the Minimum Stay (in hours) as a whole number	I Exclusions (Optional): Enter any Exclusions for this benefit	J Explanation (Optional): Enter an Explanation for anything not listed	K Does this benefit have additional limitations or restrictions? (Required if benefit is Covered): Select "Yes" if there are additional limitations or restrictions that need to be described
1	Primary Care Visit to Treat an Injury or Illness	Covered	Primary care visits	No							No
2	Specialist Visit	Covered	Specialist visits	No							No
3	Other Practitioner Office Visit (Nurse, Physician Assistant)	Covered	Nurse and physician assistant visits	No							No
4	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Covered	Outpatient surgery	No							No
5	Outpatient Surgery Physician/Surgical Services	Covered	Outpatient surgery	No							No
6	Hospice Services	Covered	Hospice services	No						Covered when life expectancy is determined to be 6 months or less	No
7	Non-Emergency Care When Traveling Outside the U.S.	Not Covered									
8	Routine Dental Services (Adult)	Not Covered									
9	Infertility Treatment	Not Covered									
10	Long-Term/Custodial Nursing Home Care	Not Covered									
11	Private-Duty Nursing	Not Covered									
12	Routine Eye Exam (Adult)	Covered	Vision Services	No							No
13	Urgent Care Centers or Facilities	Covered	Non-emergency, non-routine care	No							No
14	Home Health Care Services	Covered	Home health care	Yes	28	Hours per week					No
15	Emergency Room Services	Covered	Emergency services	No					Excludes special procedures		No
16	Emergency Transportation/Ambulance	Covered	Ambulance services	No					Excludes transportation by other than a licensed ambulance.		No
17	Inpatient Hospital Services (e.g., Hospital Stay)	Covered	Hospital inpatient services	No							No
18	Inpatient Physician and Surgical Services	Covered	Inpatient professional visits	No							No
19	Bariatric Surgery	Not Covered									
20	Cosmetic Surgery	Not Covered									
21	Skilled Nursing Facility	Covered	Skilled nursing facility care	Yes	100	Days per year					No
22	Prenatal and Postnatal Care	Covered	Routine prenatal and postpartum visits	No							No
23	Delivery and All Inpatient Services for Maternity Care	Covered	Obstetrical care and delivery	No							No

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24	Mental/Behavioral Health Outpatient Services	Covered	Mental health outpatient therapy	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
25	Mental/Behavioral Health Inpatient Services	Covered	Mental health inpatient services	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
26	Substance Abuse Disorder Outpatient Services	Covered	Chemical dependency outpatient services	No					Counseling for a patient who is nonresponsive to therapeutic management		No
27	Substance Abuse Disorder Inpatient Services	Covered	Chemical dependency inpatient medical and hospital services	No					Residential rehabilitation;		Yes
28	Generic Drugs	Covered	Generic drugs	No							No
29	Preferred Brand Drugs	Covered	Brand name drugs	No							No
30	Non-Preferred Brand Drugs	Covered	Non-preferred drugs	No							No
31	Specialty Drugs	Covered	Specialty drugs	No							No
32	Outpatient Rehabilitation Services	Covered	Physical, occupational and speech therapy	Yes	20	Visits per year	Per therapy type				No
33	Habilitation Services	Not Covered									
34	Chiropractic Care	Not Covered									
35	Durable Medical Equipment	Covered	Durable medical equipment	No							No
36	Hearing Aids	Covered	Hearing aids	No						Covered for persons under the age of 18	No
37	Diagnostic Test (X-Ray and Lab Work)	Covered	Diagnostic X-rays and laboratory services	No							No
38	Imaging (CT/PET Scans, MRIs)	Covered	Special procedures	No							No
39	Preventive Care/ Screening/ Immunization	Covered	Preventive care services	No							No
40	Routine Foot Care	Not Covered									
41	Acupuncture	Not Covered									
42	Weight Loss Programs	Not Covered									
43	Routine Eye Exam for Children	Covered	Routine eye exam	Yes	1	Visits per year					No

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44	Eye Glasses for Children	Covered	Eyeglasses for adults and children	Yes	1	Other other	1 pair of glasses (lenses and frames per year				No
45	Dental Check-Up for Children	Covered					2 in a 12 month period				
46	Other										

OTHER BENEFITS

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1	Substance Abuse Disorder Inpatient Services	Covered	Chemical dependency inpatient medical and hospital services	No						Limited to medical management of withdrawal symptoms	No
2	Other	Covered	Other Practitioner Office Visit (Nurse, Physician Assistant)	No							No
3	Other	Covered	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No							No
4	Other	Covered	Organ and Tissue Transplants	No			Transplants limited to specified organs				No
5	Other	Covered	Chemotherapy Services	No							No
6		Covered	Radiation Therapy	No							No
7	Other	Covered	Anesthesia	No							No
8	Other	Covered	Breast Reconstruction	No							No
9	Other	Covered	Newborn Child Coverage	No							No
10	Other	Covered	Biologically Based Mental Illnesses and Disorders	No							No
11		Covered	Prescription Mail Services (home delivery)	No							No
12	Other	Covered	Home Infusion Therapy	No							No
13		Covered	Cardiac Rehab	No							No
14		Covered	Pulmonary Rehab	No							No
15		Covered	Prosthetics-Arm or Leg	No							No
16		Covered	Autism Spectrum Disorder	No							No
17		Covered	Physical, occupational, speech therapy for congenital defects up to age 5	No							No
18		Covered	Vision Care	No			1 exam every 24 months				No
19		Covered	Audiology/Hearing Tests	No							No
20		Covered	Nutritional Counseling	No			Adult Hearing Aids not Covered				No
21		Covered	Smoking Cessation Program	No							No
22		Covered	Allergy Testing	No							No
23		Covered	Diabetes, medically necessary testing, supplies, education	No							No
24		Covered	Routine hearing exams to age 19	No							No
25		Covered	Hearing aids to age 19	No							No
26		Covered	Childs Dental Anesthesia	No							No
27		Covered	PKU Testing and Treatment	No							No
28		Covered	Private Duty Nursing	No							No

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29	Other	Covered	Basic Dental Care – Child	No						Limitations, including dollar limits, may apply	
30	Other	Covered	Major Dental Care – Child	No						Limitations, including dollar limits, may apply	No
31	Other	Not Covered	Orthodontia - Child								

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	7
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	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	9
ANTIBACTERIALS	AMINOGLYCOSIDES	5
ANTIBACTERIALS	ANTIBACTERIALS, OTHER	10
ANTIBACTERIALS	BETA-LACTAM, CEPHALOSPORINS	9
ANTIBACTERIALS	BETA-LACTAM, OTHER	3
ANTIBACTERIALS	BETA-LACTAM, PENICILLINS	5
ANTIBACTERIALS	MACROLIDES	4
ANTIBACTERIALS	QUINOLONES	5
ANTIBACTERIALS	SULFONAMIDES	3
ANTIBACTERIALS	TETRACYCLINES	3
ANTICONVULSANTS	ANTICONVULSANTS, OTHER	1
ANTICONVULSANTS	BARBITURIC ACID DERIVATIVE	1
ANTICONVULSANTS	BENZODIAZEPINE DERIVATIVE	1
ANTICONVULSANTS	CALCIUM CHANNEL MODIFYING AGENTS	3
ANTICONVULSANTS	GAMMA-AMINOBUTYRIC 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	7
ANTIEMETICS	EMETOGENIC THERAPY ADJUNCTS	3
ANTIFUNGALS	ANTIFUNGALS	11
ANTIGOUT AGENTS	ANTIGOUT AGENTS	3
ANTIMIGRAINE AGENTS	ERGOT ALKALOIDS	1
ANTIMIGRAINE AGENTS	PROPHYLACTIC	3

Category	Class	Submission Count
ANTIMIGRAINE AGENTS	SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS	2
ANTIMYASTHENIC AGENTS	PARASYMPATHOMIMETICS	2
ANTIMYCOBACTERIALS	ANTIMYCOBACTERIALS, OTHER	1
ANTIMYCOBACTERIALS	ANTITUBERCULARS	3
ANTINEOPLASTICS	ALKYLATING AGENTS	6
ANTINEOPLASTICS	ANTIANGIOGENIC AGENTS	2
ANTINEOPLASTICS	ANTIESTROGENS/MODIFIERS	2
ANTINEOPLASTICS	ANTIMETABOLITES	2
ANTINEOPLASTICS	ANTINEOPLASTICS	25
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	2
ANTIPARASITICS	ANTIPROTOZOALS	8
ANTIPARASITICS	PEDICULICIDES/SCABICIDES	0
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	4
ANTIPSYCHOTICS	TREATMENT-RESISTANT	1
ANTISPASTICITY AGENTS	ANTISPASTICITY AGENTS	3
ANTIVIRALS	ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	3
ANTIVIRALS	ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS	5
ANTIVIRALS	ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS	8
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
ANXIOLYTICS	ANXIOLYTICS, OTHER	3
ANXIOLYTICS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS	3
BIPOLAR AGENTS	BIPOLAR AGENTS, OTHER	4
BIPOLAR AGENTS	MOOD STABILIZERS	4

Category	Class	Submission Count
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	5
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	6
CARDIOVASCULAR AGENTS	CALCIUM CHANNEL BLOCKING AGENTS	5
CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS, OTHER	3
CARDIOVASCULAR AGENTS	DIURETICS, CARBONIC ANHYDRASE INHIBITORS	2
CARDIOVASCULAR AGENTS	DIURETICS, LOOP	2
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	2
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	DENTAL AND ORAL AGENTS	4
DERMATOLOGICAL AGENTS	DERMATOLOGICAL AGENTS	16
ENZYME REPLACEMENT/MODIFIERS	ENZYME REPLACEMENT/MODIFIERS	5
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

Category	Class	Submission Count
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)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	3
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)	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)	HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	2
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	0
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)	HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)	1
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	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
IMMUNOLOGICAL AGENTS	IMMUNOMODULATORS	5
IMMUNOLOGICAL AGENTS	VACCINES	7
INFLAMMATORY BOWEL DISEASE AGENTS	AMINOSALICYLATES	2
INFLAMMATORY BOWEL DISEASE AGENTS	GLUCOCORTICOIDS	6
INFLAMMATORY BOWEL DISEASE AGENTS	SULFONAMIDES	1
METABOLIC BONE DISEASE AGENTS	METABOLIC BONE DISEASE AGENTS	6
OPHTHALMIC AGENTS	OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	1
OPHTHALMIC AGENTS	OPHTHALMIC AGENTS, OTHER	5
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-ALLERGY AGENTS	1
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-INFLAMMATORIES	6
OPHTHALMIC AGENTS	OPHTHALMIC ANTIGLAUCOMA AGENTS	8
OPHTHALMIC ANTI-INFLAMMATORIES	OPHTHALMIC ANTI-INFLAMMATORIES	1
OTIC AGENTS	OTIC AGENTS	3
RESPIRATORY TRACT AGENTS	ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	5
RESPIRATORY TRACT AGENTS	ANTIHISTAMINES	4
RESPIRATORY TRACT AGENTS	ANTILEUKOTRIENES	0

Category	Class	Submission Count
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, ANTICHOLINERGIC	2
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)	1
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, SYMPATHOMIMETIC	6
RESPIRATORY TRACT AGENTS	MAST CELL STABILIZERS	1
RESPIRATORY TRACT AGENTS	PULMONARY ANTIHYPERTENSIVES	5
RESPIRATORY TRACT AGENTS	RESPIRATORY TRACT AGENTS, OTHER	2
SKELETAL MUSCLE RELAXANTS	SKELETAL MUSCLE RELAXANTS	3
SLEEP DISORDER AGENTS	GABA RECEPTOR MODULATORS	1
SLEEP DISORDER AGENTS	SLEEP DISORDERS, OTHER	1
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL MODIFIERS	3
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL REPLACEMENT	4
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	4