

## UTAH 2017 EHB BENCHMARK PLAN

---

### SUMMARY INFORMATION

|   |   |
|---|---|
| <b>Plan Type</b>  | State Employee Plan   |
| <b>Issuer Name</b>  | N/A   |
| <b>Product Name</b>   | N/A   |
| <b>Plan Name</b>  | Public Employees Health Program (PEHP) Utah Basic Plus Plan |
| <b>Supplemented Categories</b><br>(Supplementary Plan Type) | None  |

## BENEFITS AND LIMITS

| A<br>Benefit   | B<br>EHB | C<br>Is the<br>Benefit<br>Covered? | D<br>Quantitative<br>Limit on<br>Service? | E<br>Limit<br>Quantity | F<br>Limit Unit             | G<br>Exclusions  | H<br>Explanations  |
|--|----------|------------------------------------|---|------------------------|-----------------------------|--|--|
| Primary Care Visit to Treat an Injury or Illness             | Yes      | Covered                            | No  |                        |                             |  |  |
| Specialist Visit   | Yes      | Covered                            | No  |                        |                             |  |  |
| Other Practitioner Office Visit (Nurse, Physician Assistant) | Yes      | Covered                            | No  |                        |                             |  |  |
| Outpatient Facility Fee (e.g., Ambulatory Surgery Center)    | Yes      | Covered                            | No  |                        |                             |  |  |
| Outpatient Surgery Physician/Surgical Services               | Yes      | Covered                            | No  |                        |                             |  |  |
| Hospice Services   | Yes      | Covered                            | Yes                                       | 6                      | Month(s) per 3 Years        |  | Requires Pre-authorization and Medical Case Management.  |
| Routine Dental Services (Adult)                              | No       | Not Covered                        | No  |                        |                             |  |  |
| Infertility Treatment  | No       | Not Covered                        | No  |                        |                             |  |  |
| Long-Term/Custodial Nursing Home Care                        | No       | Not Covered                        | No  |                        |                             |  |  |
| Private-Duty Nursing   | No       | Not Covered                        | No  |                        |                             |  |  |
| Routine Eye Exam (Adult)                                     | No       | Not Covered                        | No  |                        |                             |  |  |
| Urgent Care Centers or Facilities                            | Yes      | Covered                            | No  |                        |                             |  |  |
| Home Health Care Services                                    | Yes      | Covered                            | Yes                                       | 30                     | Visit(s) per Benefit Period |  |  |
| Emergency Room Services                                      | Yes      | Covered                            | No  |                        |                             |  |  |
| Emergency Transportation/Ambulance                           | Yes      | Covered                            | No  |                        |                             |  |  |
| Inpatient Hospital Services (e.g., Hospital Stay)            | Yes      | Covered                            | No  |                        |                             |  |  |
| Inpatient Physician and Surgical Services                    | Yes      | Covered                            | No  |                        |                             |  |  |
| Bariatric Surgery  | No       | Not Covered                        | No  |                        |                             | Obesity surgery, such as gastric bypass, lap-band surgery, etc., including any present and future complications, are not covered.  | Surgery performed in conjunction with obesity Surgery requires pre-notification and pre-authorization. |
| Cosmetic Surgery   | No       | Not Covered                        | No  |                        |                             | Any care, treatment or procedure performed primarily for cosmetic purposes is not covered.   | Surgery that may be partially or wholly cosmetic requires written pre-authorization.                   |
| Skilled Nursing Facility                                     | Yes      | Covered                            | Yes                                       | 30                     | Visit(s) per Benefit Period |  | Requires Pre-authorization and Medical Case Management.  |
| Prenatal and Postnatal Care                                  | Yes      | Covered                            | No  |                        |                             |  |  |
| Delivery and All Inpatient Services for Maternity Care       | Yes      | Covered                            | No  |                        |                             |  |  |
| Mental/Behavioral Health Outpatient Services                 | Yes      | Covered                            | No  |                        |                             |  |  |
| Mental/Behavioral Health Inpatient Services                  | Yes      | Covered                            | No  |                        |                             |  | Requires Pre-authorization.  |
| Substance Abuse Disorder Outpatient Services                 | Yes      | Covered                            | No  |                        |                             |  |  |
| Substance Abuse Disorder Inpatient Services                  | Yes      | Covered                            | No  |                        |                             |  | Requires Pre-authorization.  |
| Generic Drugs  | Yes      | Covered                            | Yes                                       | 30                     | Item(s) per Month           | Excludes drugs used to treat secondary conditions or complications due to non-covered medical services such as weight loss. Excludes medications for sex change operations, medications needed to treat complications associated with elective obesity surgery and non-covered services, medications for the treatment of infertility. |  |

| A<br>Benefit  | B<br>EHB | C<br>Is the<br>Benefit<br>Covered? | D<br>Quantitative<br>Limit on<br>Service? | E<br>Limit<br>Quantity | F<br>Limit Unit                 | G<br>Exclusions  | H<br>Explanations   |
|---|----------|------------------------------------|---|------------------------|---------------------------------|--|---|
| Preferred Brand Drugs   | Yes      | Covered                            | Yes                                       | 30                     | Item(s) per Month               | Excludes drugs used to treat secondary conditions or complications due to non-covered medical services such as weight loss. Excludes medications for sex change operations, medications needed to treat complications associated with elective obesity surgery and non-covered services, medications for the treatment of infertility. |   |
| Non-Preferred Brand Drugs                                       | Yes      | Covered                            | Yes                                       | 30                     | Item(s) per Month               | Excludes drugs used to treat secondary conditions or complications due to non-covered medical services such as weight loss. Excludes medications for sex change operations, medications needed to treat complications associated with elective obesity surgery and non-covered services, medications for the infertility treatment.    |   |
| Specialty Drugs   | Yes      | Covered                            | Yes                                       | 30                     | Item(s) per Month               | Excludes drugs used to treat secondary conditions or complications due to non-covered medical services such as weight loss. Excludes medications for sex change operations, medications needed to treat complications associated with elective obesity surgery and non-covered services, medications for the treatment of infertility. |   |
| Outpatient Rehabilitation Services                              | Yes      | Covered                            | Yes                                       | 20                     | Visit(s) per Benefit Period     |  | Pre-authorization required only for home visits.  |
| Habilitation Services   | Yes      | Covered                            | Yes                                       | 20                     | Visit(s) per Benefit Period     |  | Pre-authorization required only for home visits.  |
| Chiropractic Care   | No       | Not Covered                        | No  |                        |                                 |  |   |
| Durable Medical Equipment                                       | Yes      | Covered                            | No  |                        |                                 | Sleep Disorder equipment is not covered. TENS units, Neuromuscular stimulator, H-Wave electronic devices, Sympathetic therapy stimulators are not covered.   | DME over \$750, rentals, that exceed 60 days, or as indicated in Appendix A of the Master Policy require Pre-authorization.   |
| Hearing Aids  | No       | Not Covered                        | No  |                        |                                 |  |   |
| Imaging (CT/PET Scans, MRIs)                                    | Yes      | Covered                            | No  |                        |                                 |  |   |
| Preventive Care/Screening/Immunization                          | Yes      | Covered                            | No  |                        |                                 |  |   |
| Routine Foot Care   | No       | Not Covered                        | No  |                        |                                 |  |   |
| Acupuncture   | No       | Not Covered                        | No  |                        |                                 |  |   |
| Weight Loss Programs  | No       | Not Covered                        | No  |                        |                                 |  | Services for weight loss or in conjunction with weight loss programs regardless of the medical indications except as allowed under the Affordable Care Act Preventive Services. |
| Routine Eye Exam for Children                                   | Yes      | Covered                            | Yes                                       | 1                      | Visit(s) per Benefit Period     |  |   |
| Eye Glasses for Children  | Yes      | Covered                            | Yes                                       | 1                      | Item(s) per Benefit Period      |  | Lenses only.  |
| Dental Check-Up for Children                                    | Yes      | Covered                            | Yes                                       | 2                      | Procedure(s) per Benefit Period |  | Routine cleaning, exams, x-rays and fluoride. Sealants once every five years.   |
| Rehabilitative Speech Therapy                                   | Yes      | Covered                            | Yes                                       | 20                     | Visit(s) per Benefit Period     |  | Pre-authorization required only for home visits.  |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | Yes      | Covered                            | Yes                                       | 20                     | Visit(s) per Benefit Period     |  | Pre-authorization required only for home visits.  |
| Well Baby Visits and Care                                       | Yes      | Covered                            | No  |                        |                                 |  | Benefit should mirror preventive care/screening/immunization.   |
| Laboratory Outpatient and Professional Services                 | Yes      | Covered                            | No  |                        |                                 |  |   |

| A<br>Benefit                                    | B<br>EHB | C<br>Is the<br>Benefit<br>Covered? | D<br>Quantitative<br>Limit on<br>Service? | E<br>Limit<br>Quantity | F<br>Limit Unit | G<br>Exclusions | H<br>Explanations   |
|---|----------|------------------------------------|---|------------------------|-----------------|-----------------|---|
| X-rays and Diagnostic Imaging                   | Yes      | Covered                            | No  |                        |                 |                 |   |
| Basic Dental Care - Child                       | Yes      | Not Covered                        | No  |                        |                 |                 |   |
| Orthodontia - Child                             | Yes      | Not Covered                        | No  |                        |                 |                 |   |
| Major Dental Care - Child                       | Yes      | Not Covered                        | No  |                        |                 |                 |   |
| Basic Dental Care - Adult                       | No       | Not Covered                        | No  |                        |                 |                 |   |
| Orthodontia - Adult                             | No       | Not Covered                        | No  |                        |                 |                 |   |
| Major Dental Care – Adult                       | No       | Not Covered                        | No  |                        |                 |                 |   |
| Abortion for Which Public Funding is Prohibited | No       | Covered                            | No  |                        |                 |                 |   |
| Transplant                                      | Yes      | Covered                            | No  |                        |                 |                 |   |
| Accidental Dental                               | No       | Not Covered                        | No  |                        |                 |                 |   |
| Dialysis  | Yes      | Covered                            | No  |                        |                 |                 |   |
| Allergy Testing                                 | Yes      | Covered                            | No  |                        |                 |                 | Charges for office visits in connection with repetitive injections are not covered. Sublingual or colorimetric allergy testing.   |
| Chemotherapy                                    | Yes      | Covered                            | No  |                        |                 |                 |   |
| Radiation                                       | Yes      | Covered                            | No  |                        |                 |                 |   |
| Diabetes Education                              | Yes      | Covered                            | No  |                        |                 |                 | Must be for the diagnosis of diabetes.  |
| Prosthetic Devices                              | No       | Not Covered                        | No  |                        |                 |                 | Refer to §31A-22-638.   |
| Infusion Therapy                                | Yes      | Covered                            | No  |                        |                 |                 |   |
| Treatment for Temporomandibular Joint Disorders | No       | Not Covered                        | No  |                        |                 |                 |   |
| Nutritional Counseling                          | No       | Not Covered                        | No  |                        |                 |                 | Not considered a separate benefit. Should be considered under the benefits outlined for diabetes education, anorexia, bulimia, or as allowed under the Affordable Care Act Preventive Services. |
| Reconstructive Surgery                          | Yes      | Covered                            | No  |                        |                 |                 | Covers mastectomy in the treatment of cancer and reconstructive surgery after a mastectomy.   |

## PREScription DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

| CATEGORY   | CLASS   | SUBMISSION COUNT |
|--|---|------------------|
| Analgesics                                       | Nonsteroidal Anti-inflammatory Drugs  | 20               |
| Analgesics                                       | Opioid Analgesics, Long-acting  | 8                |
| Analgesics                                       | Opioid Analgesics, Short-acting   | 14               |
| Anesthetics                                      | Local Anesthetics   | 2                |
| Anti-Addiction/ Substance Abuse Treatment Agents | Alcohol Deterrents/Anti-craving   | 2                |
| Anti-Addiction/ Substance Abuse Treatment Agents | Opioid Dependence Treatments  | 2                |
| Anti-Addiction/ Substance Abuse Treatment Agents | Opioid Reversal Agents  | 0                |
| Anti-Addiction/ Substance Abuse Treatment Agents | Smoking Cessation Agents  | 3                |
| Antibacterials                                   | Aminoglycosides   | 4                |
| Antibacterials                                   | Antibacterials, Other   | 11               |
| Antibacterials                                   | Beta-lactam, Cephalosporins   | 8                |
| Antibacterials                                   | Beta-lactam, Other  | 1                |
| Antibacterials                                   | Beta-lactam, Penicillins  | 5                |
| Antibacterials                                   | Macrolides  | 3                |
| Antibacterials                                   | Quinolones  | 4                |
| Antibacterials                                   | Sulfonamides  | 5                |
| Antibacterials                                   | Tetracyclines   | 4                |
| Anticonvulsants                                  | Anticonvulsants, Other  | 3                |
| Anticonvulsants                                  | Calcium Channel Modifying Agents  | 2                |
| Anticonvulsants                                  | Gamma-aminobutyric Acid (GABA) Augmenting Agents  | 4                |
| Anticonvulsants                                  | Glutamate Reducing Agents   | 3                |
| Anticonvulsants                                  | Sodium Channel Agents   | 4                |
| Antidementia Agents                              | Antidementia Agents, Other  | 1                |
| Antidementia Agents                              | Cholinesterase Inhibitors   | 3                |
| Antidementia Agents                              | N-methyl-D-aspartate (NMDA) Receptor Antagonist   | 1                |
| Antidepressants                                  | Antidepressants, Other  | 6                |
| Antidepressants                                  | Monoamine Oxidase Inhibitors  | 2                |
| Antidepressants                                  | SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors) | 9                |
| Antidepressants                                  | Tricyclics  | 9                |
| Antiemetics                                      | Antiemetics, Other  | 8                |
| Antiemetics                                      | Emetogenic Therapy Adjuncts   | 3                |
| Antifungals                                      | No USP Class  | 13               |
| Antigout Agents                                  | No USP Class  | 4                |
| Anti-inflammatory Agents                         | Glucocorticoids   | 22               |
| Anti-inflammatory Agents                         | Nonsteroidal Anti-inflammatory Drugs  | 19               |
| Antimigraine Agents                              | Ergot Alkaloids   | 0                |

| CATEGORY              | CLASS  | SUBMISSION COUNT |
|-----------------------|--|------------------|
| Antimigraine Agents   | Prophylactic   | 3                |
| Antimigraine Agents   | Serotonin (5-HT) 1b/1d Receptor Agonists   | 3                |
| Antimyasthenic Agents | Parasympathomimetics   | 2                |
| Antimycobacterials    | Antimycobacterials, Other  | 1                |
| Antimycobacterials    | Antituberculars  | 5                |
| Antineoplastics       | Alkylating Agents  | 2                |
| Antineoplastics       | Antiandrogens  | 3                |
| Antineoplastics       | Antiangiogenic Agents  | 3                |
| Antineoplastics       | Antiestrogens/Modifiers  | 1                |
| Antineoplastics       | Antimetabolites  | 4                |
| Antineoplastics       | Antineoplastics, Other   | 2                |
| Antineoplastics       | Aromatase Inhibitors, 3rd Generation   | 3                |
| Antineoplastics       | Enzyme Inhibitors  | 1                |
| Antineoplastics       | Molecular Target Inhibitors  | 12               |
| Antineoplastics       | Monoclonal Antibodies  | 0                |
| Antineoplastics       | Retinoids  | 1                |
| Antiparasitics        | Anthelmintics  | 0                |
| Antiparasitics        | Antiprotozoals   | 6                |
| Antiparasitics        | Pediculicides/Scabicides   | 3                |
| Antiparkinson Agents  | Anticholinergics   | 2                |
| 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   | 9                |
| Antipsychotics        | 2nd Generation/Atypical  | 5                |
| Antipsychotics        | Treatment-Resistant  | 1                |
| Antispasticity Agents | No USP Class   | 3                |
| Antivirals            | Anti-cytomegalovirus (CMV) Agents  | 0                |
| Antivirals            | Anti-hepatitis B (HBV) Agents  | 3                |
| Antivirals            | Anti-hepatitis C (HCV) Agents  | 2                |
| Antivirals            | Antiherpetic Agents  | 4                |
| Antivirals            | Anti-HIV Agents, Integrase Inhibitors (INSTI)                                      | 4                |
| Antivirals            | Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)           | 4                |
| Antivirals            | Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) | 13               |
| Antivirals            | Anti-HIV Agents, Other   | 3                |
| Antivirals            | Anti-HIV Agents, Protease Inhibitors   | 9                |
| Antivirals            | Anti-influenza Agents  | 2                |

| CATEGORY                                   | CLASS   | SUBMISSION COUNT |
|--|---|------------------|
| Anxiolytics                                | Anxiolytics, Other  | 4                |
| Anxiolytics                                | Benzodiazepines   | 0                |
| Anxiolytics                                | SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors) | 5                |
| Bipolar Agents                             | Bipolar Agents, Other   | 6                |
| Bipolar Agents                             | Mood Stabilizers  | 5                |
| Blood Glucose Regulators                   | Antidiabetic Agents   | 12               |
| Blood Glucose Regulators                   | Glycemic Agents   | 0                |
| Blood Glucose Regulators                   | Insulins  | 6                |
| Blood Products/Modifiers/ Volume Expanders | Anticoagulants  | 4                |
| Blood Products/Modifiers/ Volume Expanders | Blood Formation Modifiers   | 1                |
| Blood Products/Modifiers/ Volume Expanders | Coagulants  | 0                |
| Blood Products/Modifiers/ Volume Expanders | Platelet Modifying Agents   | 7                |
| Cardiovascular Agents                      | Alpha-adrenergic Agonists   | 4                |
| Cardiovascular Agents                      | Alpha-adrenergic Blocking Agents  | 3                |
| Cardiovascular Agents                      | Angiotensin II Receptor Antagonists   | 6                |
| Cardiovascular Agents                      | Angiotensin-converting Enzyme (ACE) Inhibitors  | 10               |
| Cardiovascular Agents                      | Antiarrhythmics   | 9                |
| Cardiovascular Agents                      | Beta-adrenergic Blocking Agents   | 11               |
| Cardiovascular Agents                      | Calcium Channel Blocking Agents   | 9                |
| 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   | 6                |
| Cardiovascular Agents                      | Dyslipidemics, Fibrin Acid Derivatives  | 2                |
| Cardiovascular Agents                      | Dyslipidemics, HMG CoA Reductase Inhibitors   | 5                |
| 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, Non-amphetamines                                       | 3                |
| Central Nervous System Agents              | Attention Deficit Hyperactivity Disorder Agents, Amphetamines   | 3                |
| Central Nervous System Agents              | Central Nervous System, Other   | 7                |
| Central Nervous System Agents              | Fibromyalgia Agents   | 2                |
| Central Nervous System Agents              | Multiple Sclerosis Agents   | 3                |
| Dental and Oral Agents                     | No USP Class  | 7                |
| Dermatological Agents                      | No USP Class  | 54               |
| Enzyme Replacement/ Modifiers              | No USP Class  | 3                |
| Gastrointestinal Agents                    | Antispasmodics, Gastrointestinal  | 3                |

| CATEGORY   | CLASS   | SUBMISSION COUNT |
|--|---|------------------|
| Gastrointestinal Agents  | Gastrointestinal Agents, Other                  | 6                |
| Gastrointestinal Agents  | Histamine2 (H2) Receptor Antagonists            | 4                |
| Gastrointestinal Agents  | Irritable Bowel Syndrome Agents                 | 0                |
| Gastrointestinal Agents  | Laxatives                                       | 1                |
| Gastrointestinal Agents  | Protectants                                     | 2                |
| Gastrointestinal Agents  | Proton Pump Inhibitors                          | 5                |
| Genitourinary Agents   | Antispasmodics, Urinary                         | 4                |
| Genitourinary Agents   | Benign Prostatic Hypertrophy Agents             | 6                |
| Genitourinary Agents   | Genitourinary Agents, Other                     | 1                |
| Genitourinary Agents   | Phosphate Binders                               | 3                |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)                 | No USP Class                                    | 26               |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)          | No USP Class                                    | 1                |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Anabolic Steroids                               | 1                |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Androgens                                       | 3                |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Estrogens                                       | 14               |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Progesterone Agonists/Antagonists               | 0                |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Progestins                                      | 17               |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Selective Estrogen Receptor Modifying Agents    | 1                |
| Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)                | No USP Class                                    | 3                |
| 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                                    | 2                |
| Hormonal Agents, Suppressant (Pituitary)                                     | No USP Class                                    | 3                |
| Hormonal Agents, Suppressant (Thyroid)                                       | Antithyroid Agents                              | 2                |
| Immunological Agents   | Angioedema (HAE) Agents                         | 0                |
| Immunological Agents   | Immune Suppressants                             | 11               |
| Immunological Agents   | Immunizing Agents, Passive                      | 0                |
| Immunological Agents   | Immunomodulators                                | 7                |
| 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                                    | 8                |
| Ophthalmic Agents  | Ophthalmic Prostaglandin and Prostanoid Analogs | 1                |
| Ophthalmic Agents  | Ophthalmic Agents, Other                        | 11               |
| Ophthalmic Agents  | Ophthalmic Anti-allergy Agents                  | 3                |
| Ophthalmic Agents  | Ophthalmic Antiglaucoma Agents                  | 12               |
| Ophthalmic Agents  | Ophthalmic Anti-inflammatories                  | 7                |
| Otic Agents  | No USP Class                                    | 5                |



| CATEGORY                                      | CLASS   | SUBMISSION COUNT |
|---|---|------------------|
| Respiratory Tract/ Pulmonary Agents           | Antihistamines                                | 10               |
| Respiratory Tract/ Pulmonary Agents           | Anti-inflammatories, Inhaled Corticosteroids  | 5                |
| Respiratory Tract/ Pulmonary Agents           | Antileukotrienes                              | 2                |
| Respiratory Tract/ Pulmonary Agents           | Bronchodilators, Anticholinergic              | 2                |
| Respiratory Tract/ Pulmonary Agents           | Bronchodilators, Sympathomimetic              | 6                |
| Respiratory Tract/ Pulmonary Agents           | Cystic Fibrosis Agents                        | 2                |
| Respiratory Tract/ Pulmonary Agents           | Mast Cell Stabilizers                         | 1                |
| Respiratory Tract/ Pulmonary Agents           | Phosphodiesterase Inhibitors, Airways Disease | 3                |
| Respiratory Tract/ Pulmonary Agents           | Pulmonary Antihypertensives                   | 3                |
| Respiratory Tract/ Pulmonary Agents           | Respiratory Tract Agents, Other               | 1                |
| Skeletal Muscle Relaxants                     | No USP Class                                  | 6                |
| Sleep Disorder Agents                         | GABA Receptor Modulators                      | 3                |
| Sleep Disorder Agents                         | Sleep Disorders, Other                        | 2                |
| Therapeutic Nutrients/ Minerals/ Electrolytes | Electrolyte/Mineral Modifiers                 | 2                |
| Therapeutic Nutrients/ Minerals/ Electrolytes | Electrolyte/Mineral Replacement               | 5                |
| Therapeutic Nutrients/ Minerals/ Electrolytes | Vitamins                                      | 0                |