

PROPOSED MISSISSIPPI EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Plan from largest small group product, Preferred Provider Organization
Issuer Name	Blue Cross & Blue Shield of Mississippi
Product Name	Network Blue
Plan Name	Network Blue
Supplemented Categories (Supplementary Plan Type)	<ul style="list-style-type: none">• Pediatric Oral (State CHIP)• Pediatric Vision (FEDVIP)
Habilitative Services	Yes

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 Visit to Treat an Injury or Illness	No						Physician Office Service	No
2	Specialist Visit	Covered	Specialist Visit	No						Physician Specialist Office Service	No
3	Other Practitioner Office Visit (Nurse, Physician Assistant)	Covered	Allied Primary Care Health Professional Office Visit (Nurse Practitioner, Nurse Midwife, and Physician's Assistant)	No						Allied Primary Care Health Professional Office Service	No
4	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Covered	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	No						Covered Services to Patients in Ambulatory Surgical Facility includes: Pre-op labs directly related to surgical procedure; Pre-op preparation; Use of facility (operating rooms, recovery rooms & surgical equipment); Anesthesia, drugs, & surgical supplies; Implants, prostheses & nourishments	No
5	Outpatient Surgery Physician/Surgical Services	Covered	Outpatient Surgery Physician/Surgical Services	No					Other dental surgery; Oral surgery dental in origin; Elective Abortion; Lasik or any eye surgery to repair visual acuity	Outpatient Surgery - Physician/Surgical Services including dental or oral surgery services related to an accident	No
6	Hospice Services	Covered	Hospice Services	Yes	6	Other other	Months per lifetime			Hospice Care	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)	Not Covered									
13	Urgent Care Centers or Facilities	Covered	Urgent Care Centers or Facilities	No						Urgent Care Centers	No

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14	Home Health Care Services	Covered	Home Health Care Services	No						Health services rendered in the individual's place of residence by an organization licensed as a home health Provider by the appropriate state agency and/or approved by Company.	No
15	Emergency Room Services	Covered	Emergency Room Services	No						Emergency room services to include physician, facility fee and supplies in providing treatment for members for covered emergency care	No
16	Emergency Transportation/ Ambulance	Covered	Emergency Transportation/Ambulance	No					Transportation for comfort or convenience	Medically necessary transportation by means of a specially designed and equipped vehicle used only for transporting the sick and injured; includes transportation by air ambulance when condition or urgency of needed medical care precludes travel by surface transportation.	No
17	Inpatient Hospital Services (e.g., Hospital Stay)	Covered	Inpatient Hospital Services (e.g., Hospital Stay)	No					Exclusions: weight reduction programs or treatment for obesity including any Surgery for morbid obesity or for removal of excess fat or skin following weight loss; cosmetic surgery and any complications resulting from cosmetic surgery; other dental surgery; oral surgery dental in origin; elective abortion; Lasik or any eye surgery to repair visual acuity	Inpatient bed, board, and general nursing service; operating, delivery, recovery and treatment rooms and equipment; drugs and medicine; blood; anesthesia; medical and surgical supplies; diagnostic and therapy services; and psychological testing and psychotherapy. Reconstructive breast surgery: includes reconstruction on breast on which mastectomy performed; surgery and reconstruction to produce symmetry; and prostheses and care for complications of mastectomy. Transplants to include renal transplants, other solid organ transplants (liver, heart, lung), tissue transplants, and donor benefits. Subject to prior approval and some limitations.	No

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18	Inpatient Physician and Surgical Services	Covered	Inpatient Physician and Surgical Services	No					Exclusions: weight reduction programs or treatment for obesity including any Surgery for morbid obesity or for removal of excess fat or skin following weight loss; cosmetic surgery and any complications resulting from cosmetic surgery; transportation of the recipient to the location of the transplant surgery; other dental surgery; oral surgery dental in origin; elective abortion; Lasik or any eye surgery to repair visual accuity	Inpatient Physician and Surgical Services as described above	No
19	Bariatric Surgery	Not Covered									
20	Cosmetic Surgery	Not Covered									
21	Skilled Nursing Facility	Not Covered									
22	Prenatal and Postnatal Care	Covered	Prenatal and Postnatal Care	No						Prenatal and Postnatal care includes: surgical and Medical Services: initial office visit, diagnostic services, delivery (including pre-natal and post-natal care), interruptions of pregnancy (miscarriage and medically necessary abortion required in order to preserve the life or physical health of the mother)	No
23	Delivery and All Inpatient Services for Maternity Care	Covered	Delivery and All Inpatient Services for Maternity Care	No					Maternity and newborn care for dependent children	Delivery and all inpatient services for maternity care: hospital services required in connection with the pregnancy and interruptions of pregnancy. Newborn: treatment of illness, prematurity, postmaturity, or congenital condition for ill newborn, circumcision, initial examinations of a well newborn or, when delivery is by C-section, one consultation for standby resuscitation and infant care in OR by a physician other than the operating surgeon. Benefits will be provided for subsequent visits by the physician while the well newborn is in the hospital with the mother. These benefits will not extend beyond the mother's stay; routine hospital nurse care of a well newborn for the mother's authorized routine length of stay	No

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24	Mental/Behavioral Health Outpatient Services	Covered	Mental/Behavioral Health Outpatient Services	Yes	52	Visits per year			Marital, family, career, behavioral, or other counseling services; treatment or testing related to autistic disease, learning disabilities, mental retardation, or hospitaliation for environmental change; admittance into a mental institution or sanatorium, except where enforcement of the exclusion is prohibited by law; treatment in connection with involuntary commitment	Benefits for treatment of Nervous/Mental conditions are limited to benefits for conditions which are manifested in a disturbance of intellectual and emotional functions to a degree of severity where; 1) the presence of anxiety and/or depression is significantly beyond minor behavior aberrations, or 2) the patient's mental state is such that there has been a break with reality. The company provides benefits based on the allowable charge for covered services provided to a member for outpatient services. Outpatient services are those services which are received in a hospital, an outpatient treatment facility, or another appropriate setting licensed by the state of Mississippi and approved by the company.	No
25	Mental/Behavioral Health Inpatient Services	Covered	Mental/Behavioral Health Inpatient Services	Yes	30	Days per year			Marital, family, career, behavioral, or other counseling services; treatment or testing related to autistic disease, learning disabilities, mental retardation, or hospitaliation for environmental change; admittance into a mental institution or sanatorium, except where enforcement of the exclusion is prohibited by law; treatment in connection with involuntary commitment	Benefits for treatment of Nervous/Mental conditions are limited to benefits for conditions which are manifested in a disturbance of intellectual and emotional functions to a degree of severity where; 1) the presence of anxiety and/or depression is significantly beyond minor behavior aberrations, or 2) the patient's mental state is such that there has been a break with reality. The company provides benefits based on the allowable charge for covered services provided to a member for inpatient services and partial hospitalization.	Yes
26	Substance Abuse Disorder Outpatient Services	Covered	Alcohol and Drug Abuse Outpatient Services	Yes	20	Visits per year			Marital, family, career, behavioral, or other counseling services; treatment or testing related to autistic disease, learning disabilities, mental retardation, or hospitaliation for environmental change; admittance into a mental institution or sanatorium, except where enforcement of the exclusion is prohibited by law; treatment in connection with involuntary commitment		No

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27	Generic Drugs	Covered	Alcohol and Drug Abuse Inpatient Services	Yes	7	Days per year			Marital, family, career, behavioral, or other counseling services; treatment or testing related to autistic disease, learning disabilities, mental retardation, or hospitaliation for environmental change; admittance into a mental institution or sanatorium, except where enforcement of the exclusion is prohibited by law; treatment in connection with involuntary commitment		No
28	Generic Drugs	Covered	Prescription Drug	No					Formulary exclusions include certain quantity limits based upon clinical guidelines, compound prescription drugs, investigative drugs with exceptions, and prescription drugs if there is an equivalent over the counter product.	Prescription Drug	No
29	Preferred Brand Drugs	Covered	Prescription Drug	No					Formulary exclusions include certain quantity limits based upon clinical guidelines, compound prescription drugs, investigative drugs with exceptions, and prescription drugs if there is an equivalent over the counter product.	Prescription Drug	No
30	Non-Preferred Brand Drugs	Covered	Prescription Drug	No					Formulary exclusions include certain quantity limits based upon clinical guidelines, compound prescription drugs, investigative drugs with exceptions, and prescription drugs if there is an equivalent over the counter product.	Prescription Drug	No
31	Specialty Drugs	Covered	Prescription Drug	No					Exclusions and Network requirements.	Prescription Drug	No
32	Outpatient Rehabilitation Services	Covered	Outpatient Rehabilitation Services	Yes	20	Visits per year			Therapy services related to general conditioning of the patient; therapies rendered primarily for job training; pulmonary rehabilitation; speech therapy for learning disabilities and developmental problems; Physical Therapy/Occupational Therapy: combined 20 visit limit; Speech Therapy: separate 20 visit limit	Benefits for the coordinated use of medical, social, educational or vocational services, beyond the acute care stage of disease or injury, for the purpose of upgrading the physical functional ability of a patient disabled by disease or injury so that the patient may independently carry out ordinary daily activities.	Yes
33	Habilitation Services	Covered	Habilitation Services	No						Covered as defined by Rehabilitation Services	No

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34	Chiropractic Care	Covered	Chiropractic Care	Yes	20	Visits per year				Physical/medicinal benefits as to the modalities, therapeutic procedures, tests and measurements used to evaluate and treat acute musculoskeletal conditions	No
35	Durable Medical Equipment	Covered	Durable Medical Equipment	No					Benefits will not be provided for hot tubs, swimming pools, whirlpools, lift chairs, air purifiers; alterations or structural changes to the member's home, auto, or personal property to accommodate any DME; benefits only provided when equipment is prescribed by a physician and is not a comfort or convenience item	Items which are used to serve a medical purpose, can withstand repeated use, are generally not useful to a person in the absence of illness, injury, or disease, and are appropriate for use in the patient's home. This includes orthotic devices and prosthetic appliances.	No
36	Hearing Aids	Not Covered									
37	Diagnostic Test (X-Ray and Lab Work)	Covered	Diagnostic Test (X-Ray and Lab Work)	No					Hearing exams are excluded with the exception of childrens' wellness exams	Radiology, laboratory, and pathology services and other tests or procedures rendered because of specific symptoms, and which are directed toward detection or monitoring of a definite illness or injury.	No
38	Imaging (CT/PET Scans, MRIs)	Covered	Imaging (CT/PET Scans, MRIs)	No						Radiology services and other tests or procedures rendered because of specific symptoms, and which are directed toward detection or monitoring of a definite illness or injury.	No
39	Preventive Care/ Screening/ Immunization	Covered	Preventive Care/ Screening/ Immunization	No						Services designed to effectively prevent or screen for a disease for which there is an effective treatment when discovered in an early stage, including but not limited to preventive services mandated by ACA	No
40	Routine Foot Care	Covered	Routine Foot Care	Yes	1	Visits per year			Palliative and cosmetic foot care	Covered for certain individuals with Diabetes based on Medical Policy.	No
41	Acupuncture	Not Covered									
42	Weight Loss Programs	Not Covered									
43	Routine Eye Exam for Children	Covered	Routine eye exam	No	1	Visits per year					
44	Eye Glasses for Children	Covered	Eyeglasses for adults and children	Yes	1	Other other	1 pair of glasses (lenses and frames per year				
45	Dental Check-Up for Children	Covered					1 every 6 months				

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46	Other										

OTHER BENEFITS

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1	Mental/Behavioral Health Inpatient Services	Covered	Mental/Behavioral Health	Yes	60	Days per year				Mental/Behavioral Health Partial Hospitalization	No
2	Outpatient Rehabilitation Services	Covered	Inpatient Rehabilitation Services	Yes	30	Days per year				Inpatient rehabilitation services that cannot be adequately performed in an outpatient setting	No
3	Other	Covered	TMJ	Yes	5000	Other other	Dollars			TMJ	No
4	Other	Covered	Infusion Therapy	No						Limited to drugs, intravenous solutions, Durable Medical Equipment, pharmacy compounding and dispensing services, fees associated with drawing blood for the purpose of monitoring response to therapy, therapist services, ancillary medical supplies, and nursing visits, including initiation of infusion therapy, intravenous restarts and emergency care when medical necessary to provide infusion therapy.	No
5	Other	Covered	Other Women's Health	No					Services and supplies related to infertility, artificial insemination, intrauterine insemination and in-vitro fertilization regardless of any claim of medical necessity	Treatment to correct an underlying cause of infertility	No
6	Other	Covered	Sleep Studies	No						Services must be provided by a sleep disorder center accredited by the American Academy of Sleep Medicine	No
7	Other	Covered	Diabetes Self-Management Training	Yes	1	Visits per year				Self-management training for the control of Diabetes	No
8	Other	Covered	Diabetes Equipment	Yes	1	Other other	Per 2 years			Equipment and supplies for monitoring blood glucose and insulin administration	No
9	Other	Covered	Diabetes Dilated Eye Exam	Yes	1	Other other	Exam per year			Dilated eye exam for members with Diabetes	No
10	Other	Covered	Diabetes Preventive Foot Care	Yes	1	Visits per year				Preventive foot care for members with Diabetes	No

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	9
ANALGESICS	OPIOID ANALGESICS, SHORT-ACTING	13
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	20
ANTIBACTERIALS	AMINOGLYCOSIDES	9
ANTIBACTERIALS	ANTIBACTERIALS, OTHER	21
ANTIBACTERIALS	BETA-LACTAM, CEPHALOSPORINS	18
ANTIBACTERIALS	BETA-LACTAM, OTHER	5
ANTIBACTERIALS	BETA-LACTAM, PENICILLINS	9
ANTIBACTERIALS	MACROLIDES	6
ANTIBACTERIALS	QUINOLONES	8
ANTIBACTERIALS	SULFONAMIDES	4
ANTIBACTERIALS	TETRACYCLINES	4
ANTICONVULSANTS	ANTICONVULSANTS, OTHER	1
ANTICONVULSANTS	BARBITURIC ACID DERIVATIVE	1
ANTICONVULSANTS	BENZODIAZEPINE DERIVATIVE	4
ANTICONVULSANTS	CALCIUM CHANNEL MODIFYING AGENTS	4
ANTICONVULSANTS	GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS	4
ANTICONVULSANTS	GLUTAMATE REDUCING AGENTS	3
ANTICONVULSANTS	SODIUM CHANNEL AGENTS	7
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	4
ANTIDEPRESSANTS	SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS	9
ANTIDEPRESSANTS	TRICYCLICS	9
ANTIEMETICS	ANTIEMETICS, OTHER	9
ANTIEMETICS	EMETOGENIC THERAPY ADJUNCTS	8
ANTIFUNGALS	ANTIFUNGALS	24
ANTIGOUT AGENTS	ANTIGOUT AGENTS	4
ANTIMIGRAINE AGENTS	ERGOT ALKALOIDS	1
ANTIMIGRAINE AGENTS	PROPHYLACTIC	4

Category	Class	Submission Count
ANTIMIGRAINE AGENTS	SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS	7
ANTIMYASTHENIC AGENTS	PARASYMPATHOMIMETICS	2
ANTIMYCOBACTERIALS	ANTIMYCOBACTERIALS, OTHER	2
ANTIMYCOBACTERIALS	ANTITUBERCULARS	8
ANTINEOPLASTICS	ALKYLATING AGENTS	8
ANTINEOPLASTICS	ANTIANGIOGENIC AGENTS	2
ANTINEOPLASTICS	ANTIESTROGENS/MODIFIERS	3
ANTINEOPLASTICS	ANTIMETABOLITES	2
ANTINEOPLASTICS	ANTINEOPLASTICS	52
ANTINEOPLASTICS	ANTINEOPLASTICS, OTHER	6
ANTINEOPLASTICS	AROMATASE INHIBITORS, 3RD GENERATION	3
ANTINEOPLASTICS	ENZYME INHIBITORS	3
ANTINEOPLASTICS	MOLECULAR TARGET INHIBITORS	11
ANTINEOPLASTICS	MONOCLONAL ANTIBODIES	3
ANTINEOPLASTICS	RETINOIDS	3
ANTIPARASITICS	ANTHELMINTICS	3
ANTIPARASITICS	ANTIPROTOZOALS	11
ANTIPARASITICS	PEDICULICIDES/SCABICIDES	5
ANTIPARKINSON AGENTS	ANTICHOLINERGICS	3
ANTIPARKINSON AGENTS	ANTIPARKINSON AGENTS, OTHER	4
ANTIPARKINSON AGENTS	DOPAMINE AGONISTS	4
ANTIPARKINSON AGENTS	DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS	1
ANTIPARKINSON AGENTS	MONOAMINE OXIDASE B (MAO-B) INHIBITORS	2
ANTIPSYCHOTICS	1ST GENERATION/TYPICAL	10
ANTIPSYCHOTICS	2ND GENERATION/ATYPICAL	9
ANTIPSYCHOTICS	TREATMENT-RESISTANT	1
ANTISPASTICITY AGENTS	ANTISPASTICITY AGENTS	4
ANTIVIRALS	ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	4
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	3
ANTIVIRALS	ANTI-HIV AGENTS, PROTEASE INHIBITORS	9
ANTIVIRALS	ANTI-INFLUENZA AGENTS	4
ANTIVIRALS	ANTIHEPATITIS AGENTS	12
ANTIVIRALS	ANTIHERPETIC AGENTS	6
ANXIOLYTICS	ANXIOLYTICS, OTHER	4
ANXIOLYTICS	SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS	5

Category	Class	Submission Count
BIPOLAR AGENTS	BIPOLAR AGENTS, OTHER	6
BIPOLAR AGENTS	MOOD STABILIZERS	4
BLOOD GLUCOSE REGULATORS	ANTIDIABETIC AGENTS	21
BLOOD GLUCOSE REGULATORS	GLYCEMIC AGENTS	2
BLOOD GLUCOSE REGULATORS	INSULINS	7
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	ANTICOAGULANTS	8
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	BLOOD FORMATION MODIFIERS	7
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	COAGULANTS	1
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	PLATELET MODIFYING AGENTS	9
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC AGONISTS	4
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC BLOCKING AGENTS	4
CARDIOVASCULAR AGENTS	ANGIOTENSIN II RECEPTOR ANTAGONISTS	7
CARDIOVASCULAR AGENTS	ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	9
CARDIOVASCULAR AGENTS	ANTIARRHYTHMICS	10
CARDIOVASCULAR AGENTS	BETA-ADRENERGIC BLOCKING AGENTS	13
CARDIOVASCULAR AGENTS	CALCIUM CHANNEL BLOCKING AGENTS	9
CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS, OTHER	6
CARDIOVASCULAR AGENTS	DIURETICS, CARBONIC ANHYDRASE INHIBITORS	2
CARDIOVASCULAR AGENTS	DIURETICS, LOOP	3
CARDIOVASCULAR AGENTS	DIURETICS, POTASSIUM-SPARING	4
CARDIOVASCULAR AGENTS	DIURETICS, THIAZIDE	6
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	2
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	6
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, OTHER	6
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	4
CENTRAL NERVOUS SYSTEM AGENTS	ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON- AMPHETAMINES	4
CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS, OTHER	3
CENTRAL NERVOUS SYSTEM AGENTS	FIBROMYALGIA AGENTS	3
CENTRAL NERVOUS SYSTEM AGENTS	MULTIPLE SCLEROSIS AGENTS	7
DENTAL AND ORAL AGENTS	DENTAL AND ORAL AGENTS	7
DERMATOLOGICAL AGENTS	DERMATOLOGICAL AGENTS	26
ENZYME REPLACEMENT/MODIFIERS	ENZYME REPLACEMENT/MODIFIERS	17
GASTROINTESTINAL AGENTS	ANTISPASMODICS, GASTROINTESTINAL	5
GASTROINTESTINAL AGENTS	GASTROINTESTINAL AGENTS, OTHER	7
GASTROINTESTINAL AGENTS	HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	4
GASTROINTESTINAL AGENTS	IRRITABLE BOWEL SYNDROME AGENTS	2

Category	Class	Submission Count
GASTROINTESTINAL AGENTS	LAXATIVES	2
GASTROINTESTINAL AGENTS	PROTECTANTS	2
GASTROINTESTINAL AGENTS	PROTON PUMP INHIBITORS	6
GENITOURINARY AGENTS	ANTISPASMODICS, URINARY	7
GENITOURINARY AGENTS	BENIGN PROSTATIC HYPERTROPHY AGENTS	8
GENITOURINARY AGENTS	GENITOURINARY AGENTS, OTHER	4
GENITOURINARY AGENTS	PHOSPHATE BINDERS	3
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	GLUCOCORTICOIDS/MINERALOCORTICOIDS	24
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	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ANDROGENS	4
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ESTROGENS	4
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	PROGESTINS	4
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)	3
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	1
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)	HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)	1
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	9
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)	ANTIANDROGENS	5
HORMONAL AGENTS, SUPPRESSANT (THYROID)	ANTITHYROID AGENTS	2
IMMUNOLOGICAL AGENTS	IMMUNE SUPPRESSANTS	21
IMMUNOLOGICAL AGENTS	IMMUNIZING AGENTS, PASSIVE	2
IMMUNOLOGICAL AGENTS	IMMUNOMODULATORS	13
IMMUNOLOGICAL AGENTS	VACCINES	0
INFLAMMATORY BOWEL DISEASE AGENTS	AMINOSALICYLATES	3
INFLAMMATORY BOWEL DISEASE AGENTS	GLUCOCORTICOIDS	8
INFLAMMATORY BOWEL DISEASE AGENTS	SULFONAMIDES	1
METABOLIC BONE DISEASE AGENTS	METABOLIC BONE DISEASE AGENTS	13
OPHTHALMIC AGENTS	OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	3
OPHTHALMIC AGENTS	OPHTHALMIC AGENTS, OTHER	8
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-ALLERGY AGENTS	9

Category	Class	Submission Count
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-INFLAMMATORIES	11
OPHTHALMIC AGENTS	OPHTHALMIC ANTIGLAUCOMA AGENTS	12
OPHTHALMIC ANTI-INFLAMMATORIES	OPHTHALMIC ANTI-INFLAMMATORIES	1
OTIC AGENTS	OTIC AGENTS	4
RESPIRATORY TRACT AGENTS	ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	7
RESPIRATORY TRACT AGENTS	ANTIHISTAMINES	11
RESPIRATORY TRACT AGENTS	ANTILEUKOTRIENES	2
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, ANTICHOLINERGIC	2
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)	3
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, SYMPATHOMIMETIC	8
RESPIRATORY TRACT AGENTS	MAST CELL STABILIZERS	1
RESPIRATORY TRACT AGENTS	PULMONARY ANTIHYPERTENSIVES	6
RESPIRATORY TRACT AGENTS	RESPIRATORY TRACT AGENTS, OTHER	6
SKELETAL MUSCLE RELAXANTS	SKELETAL MUSCLE RELAXANTS	8
SLEEP DISORDER AGENTS	GABA RECEPTOR MODULATORS	3
SLEEP DISORDER AGENTS	SLEEP DISORDERS, OTHER	5
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL MODIFIERS	6
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL REPLACEMENT	7
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	2