

PROPOSED SOUTH CAROLINA EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Plan from largest small group product, Preferred Provider Organization
Issuer Name	BlueCross BlueShield of South Carolina
Product Name	Business Blue Complete
Plan Name	Business Blue Complete
Supplemented Categories (Supplementary Plan Type)	<ul style="list-style-type: none">• Pediatric Oral (FEDVIP)• Pediatric Vision (FEDVIP)
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 visit to treat an injury or illness	No							No
2	Specialist Visit	Covered	specialist visit	No							No
3	Other Practitioner Office Visit (Nurse, Physician Assistant)	Covered	Other practitioner office visit	No							No
4	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Covered	outpatient facility fee	No					LASIK	Voluntary male sterilization covered	Yes
5	Outpatient Surgery Physician/Surgical Services	Covered	outpatient surgery/medical services	No					LASIK	Voluntary male sterilization covered	Yes
6	Hospice Services	Covered	Hospice services	Yes	6	Other other	Months per episode				No
7	Non-Emergency Care When Traveling Outside the U.S.	Covered	Care outside the U.S.	No							No
8	Routine Dental Services (Adult)	Not Covered	Routine dental services - adult								
9	Infertility Treatment	Not Covered	Infertility Treatment								
10	Long-Term/Custodial Nursing Home Care	Not Covered	Long-term/custodial nursing home care								
11	Private-Duty Nursing	Not Covered	Private-duty nursing								
12	Routine Eye Exam (Adult)	Not Covered	Routine eye exam - adult								
13	Urgent Care Centers or Facilities	Covered	Urgent care centers or facilities	No							No
14	Home Health Care Services	Covered	Home health care	Yes	60	Other other	Visits per benefit period				No
15	Emergency Room Services	Covered	Emergency room services	No							No
16	Emergency Transportation/Ambulance	Covered	Air ambulance, transportation to facility/ between facilities	No							No
17	Inpatient Hospital Services (e.g., Hospital Stay)	Covered	Inpatient hospital services	No							Yes
18	Inpatient Physician and Surgical Services	Covered	Inpatient physician and surgery	No							Yes
19	Bariatric Surgery	Not Covered	Bariatric surgery								
20	Cosmetic Surgery	Not Covered	Cosmetic surgery								
21	Skilled Nursing Facility	Covered	Skilled nursing facility	Yes	60	Other other	Days per benefit period				Yes
22	Prenatal and Postnatal Care	Covered	Prenatal and postnatal care	No					Services for surrogate, dependent children	Includes complications of pregnancy	Yes

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23	Delivery and All Inpatient Services for Maternity Care	Covered	Delivery and all inpatient services for maternity care	No					Services for surrogate, dependent children	Includes complications of pregnancy	Yes
24	Mental/Behavioral Health Outpatient Services	Covered	Mental/behavioral health outpatient	Yes	25	Other other	Visits per benefit period		Residential	25 visit limit is combined mental & substance	Yes
25	Mental/Behavioral Health Inpatient Services	Covered	Mental/behavioral health inpatient	Yes	7	Other other	Days per benefit period			7 day limit is combined mental & substance	Yes
26	Substance Abuse Disorder Outpatient Services	Covered	Substance abuse disorder outpatient	Yes	25	Other other	Visits per benefit period		Residential	25 visit limit is combined mental & substance	Yes
27	Substance Abuse Disorder Inpatient Services	Covered	Substance abuse disorder inpatient	Yes	7	Other other	Days per benefit period			7 day limit is combined mental & substance	Yes
28	Generic Drugs	Covered	Generic drugs	No							Yes
29	Preferred Brand Drugs	Covered	Preferred brand drugs	No							Yes
30	Non-Preferred Brand Drugs	Covered	Non-preferred brand drugs	No							Yes
31	Specialty Drugs	Covered	Specialty drugs	No							Yes
32	Outpatient Rehabilitation Services	Covered	Outpatient rehabilitation services	No							Yes
33	Habilitation Services	Not Covered	Habilitation services							Physical therapy only; subject to physical therapy limit	
34	Chiropractic Care	Covered	Chiropractic care	No					Spinal subluxation services		Yes
35	Durable Medical Equipment	Covered	Durable medical equipment	No					TENS unit	Orthotics, medical equipment and supplies	Yes
36	Hearing Aids	Not Covered	Hearing aids								
37	Diagnostic Test (X-Ray and Lab Work)	Covered	Diagnostic test	No							No
38	Imaging (CT/PET Scans, MRIs)	Covered	Imaging	No							No
39	Preventive Care/Screening/Immunization	Covered	Preventive care/screening/immunization	No						As required by USPSTF, CDC and HRSA eff 9/23/10	No
40	Routine Foot Care	Not Covered	Routine foot care							Exception is made for diabetes related	
41	Acupuncture	Not Covered	Acupuncture								
42	Weight Loss Programs	Not Covered	Weight loss programs								
43	Routine Eye Exam for Children	Covered	Routine eye exam	Yes	1	Visits per year					No
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

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45	Dental Check-Up for Children	Covered	Dental Exams	Yes	1	Other other	1 every 6 months			Limitations, including dollar limits, may apply	No
46	Other										

OTHER BENEFITS

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1	Other	Covered	Radiation therapy	No							No
2	Other	Covered	Chemotherapy	No							No
3	Other	Covered	Outpatient and home infusion therapy	No							No
4	Other	Covered	Renal dialysis/hemodialysis	No							No
5	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Covered	Reconstructive surgery or procedures	No						Must be to correct a functional disorder or result of injury	No
6	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Covered	Reconstructive breast surgery/breast prosthesis	No						If after a mastectomy	No
7	Outpatient Surgery Physician/Surgical Services	Covered	Reconstructive surgery or procedures	No						Must be to correct a functional disorder or result of injury	Yes
8	Outpatient Surgery Physician/Surgical Services	Covered	Reconstructive breast surgery/breast prosthesis	No						If after a mastectomy	No
9	Cosmetic Surgery	Covered	Reconstructive surgery	No						If to correct a functional disorder	No
10	Cosmetic Surgery	Covered	Services result of injury	No							No
11	Prenatal and Postnatal Care	Covered	Pregnancy testing when performed in physician's office	No							No
12	Delivery and All Inpatient Services for Maternity Care	Covered	Anesthesia,	No							No
13	Delivery and All Inpatient Services for Maternity Care	Covered	Newborn nursery and care, neonatal intensive care, circumcision	No							No
14	Mental/Behavioral Health Outpatient Services	Covered	Group therapy, psychological testing, psychoanalysis	No							No
15	Substance Abuse Disorder Outpatient Services	Covered	Partial day hospitalization	No							No
16	Substance Abuse Disorder Outpatient Services	Covered	Freestanding rehab facilities	No							No
17	Substance Abuse Disorder Inpatient Services	Covered	Partial day hospitalization	No							No
18	Substance Abuse Disorder Inpatient Services	Covered	Freestanding rehab facilities	No							No
19	Outpatient Rehabilitation Services	Covered	Pulmonary rehab	No						Only when part of covered lung transplant	No
20	Outpatient Rehabilitation Services	Covered	Physical therapy	Yes	30	Other other	Visits per benefit period				No

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21	Durable Medical Equipment	Covered	Durable medical equipment	No					Such as air conditioners, whirlpool baths, spas, (de)humidifiers, wigs, fitness supplies, vacuum cleaners, air filters, common first aid supplies. Manual or motorized wheelchairs or power operated scooters for mobility outside the home setting.	Have exclusive medical use and medical in nature; such as wheelchairs, hospital-type beds, prosthetic devices, walkers, oxygen, respirators, etc	No
22	Inpatient Hospital Services (e.g., Hospital Stay)	Covered	Reconstructive surgery or procedures	No						Must be to correct a functional disorder or result of injury	No
23	Inpatient Hospital Services (e.g., Hospital Stay)	Covered	Reconstructive breast surgery/breast prosthesis	No						If after a mastectomy	No
24	Inpatient Physician and Surgical Services	Covered	Reconstructive surgery or procedures	No						Must be to correct a functional disorder or result of injury	No
25	Inpatient Physician and Surgical Services	Covered	Reconstructive breast surgery/breast prosthesis	No						If after a mastectomy	No
26	Other	Covered	Allergy treatment and testing	No							No
27	Other	Covered	Organ transplants - heart, lung, heart/lung, cornea, kidney, liver, pancreas, pancreas/kidney, bone marrow	No					Transplants involving mechanical or animal organ. Allogenic or syngenic bone marrow transplants and other forms of stem cell transplant; where less than four of six complex antigens match or case in which mixed leukocyte culture is reactive or in AIDS and HIV. Adrenal tissue to brain transplants.		No
28	Other	Covered	Cochlear implants	No							No
29	Durable Medical Equipment	Covered	Prosthetic devices	Yes	50000	Other other	Dollars per benefit period				No
30	Skilled Nursing Facility	Covered	Skilled nursing facility	No						If admitted after 14 days of approved hospitalization	No

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31	Chiropractic Care	Covered	Chiropractic care	No						Services limited to covered benefits as allowed by scope of practice	No
32	Durable Medical Equipment	Covered	Durable medical equipment	No					Adjustable cranial orthosis as referenced in contract; bioelectric, microprocessor or computer programmed prosthetic components		No
33	Other	Covered	Basic Dental Care – Child	No						Limitations, including dollar limits, may apply	No
34	Other	Covered	Major Dental Care – Child	No						Limitations, including dollar limits, may apply	No
35	Other	Covered	Orthodontia - Child	No						Limitations, including dollar limits, may apply	No

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

Category	Class	Submission Count
ANALGESICS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	19
ANALGESICS	OPIOID ANALGESICS, LONG-ACTING	9
ANALGESICS	OPIOID ANALGESICS, SHORT-ACTING	11
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	19
ANTIBACTERIALS	AMINOGLYCOSIDES	9
ANTIBACTERIALS	ANTIBACTERIALS, OTHER	22
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	7
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
ANTIMIGRAINE AGENTS	SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS	6

Category	Class	Submission Count
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	3
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	5
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
BIPOLAR AGENTS	BIPOLAR AGENTS, OTHER	6
BIPOLAR AGENTS	MOOD STABILIZERS	4
BLOOD GLUCOSE REGULATORS	ANTIDIABETIC AGENTS	21

Category	Class	Submission Count
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	8
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	COAGULANTS	1
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	PLATELET MODIFYING AGENTS	8
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC AGONISTS	4
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC BLOCKING AGENTS	4
CARDIOVASCULAR AGENTS	ANGIOTENSIN II RECEPTOR ANTAGONISTS	8
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	5
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	7
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	5
CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS, OTHER	4
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	27
ENZYME REPLACEMENT/MODIFIERS	ENZYME REPLACEMENT/MODIFIERS	18
GASTROINTESTINAL AGENTS	ANTISPASMODICS, GASTROINTESTINAL	6
GASTROINTESTINAL AGENTS	GASTROINTESTINAL AGENTS, OTHER	7
GASTROINTESTINAL AGENTS	HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	4
GASTROINTESTINAL AGENTS	IRRITABLE BOWEL SYNDROME AGENTS	2
GASTROINTESTINAL AGENTS	LAXATIVES	2
GASTROINTESTINAL AGENTS	PROTECTANTS	2
GASTROINTESTINAL AGENTS	PROTON PUMP INHIBITORS	6
GENITOURINARY AGENTS	ANTISPASMODICS, URINARY	6
GENITOURINARY AGENTS	BENIGN PROSTATIC HYPERTROPHY AGENTS	8

Category	Class	Submission Count
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)	5
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	6
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	22
IMMUNOLOGICAL AGENTS	IMMUNIZING AGENTS, PASSIVE	2
IMMUNOLOGICAL AGENTS	IMMUNOMODULATORS	13
IMMUNOLOGICAL AGENTS	VACCINES	16
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
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	3
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, ANTICHOLINERGIC	2

Category	Class	Submission Count
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)	3
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, SYMPATHOMIMETIC	9
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	7
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL REPLACEMENT	10
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	5