

## NEBRASKA EHB BENCHMARK PLAN

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### SUMMARY INFORMATION

<b>Plan Type</b>	Plan from largest small group product, Preferred Provider Organization
<b>Issuer Name</b>	Blue Cross and Blue Shield of Nebraska
<b>Product Name</b>	Blue Pride
<b>Plan Name</b>	Blue Pride
<b>Supplemented Categories</b> (Supplementary Plan Type)	<ul style="list-style-type: none"><li>• Pediatric Oral (FEDVIP)</li><li>• Pediatric Vision (FEDVIP)</li></ul>
<b>Habilitative Services Included Benchmark</b> (Yes/No)	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							No
2	Specialist Visit	Covered	Specialist Visit	No							No
3	Other Practitioner Office Visit (Nurse, Physician Assistant)	Covered	Other Practitioner Office Visit	No						Includes: Nutritional counseling for ESRD.	No
4	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Covered	Outpatient Surgery & Ancillary Supplies/Services	No					Excludes: Voluntary abortion.	Includes: Reconstructive surgery, procedures, and breast surgery. Breast prosthesis.	No
5	Outpatient Surgery Physician/Surgical Services	Covered	Outpatient Surgery Physician/Surgical Services	No					Excludes: Voluntary abortion.	Includes: Reconstructive surgery, procedures, and breast surgery. Breast prosthesis. Voluntary male sterilization.	No
6	Hospice Services	Covered	Hospice Services	Yes	180	Days per admission					No
7	Non-Emergency Care When Traveling Outside the U.S.	Covered	Non-Emergency Care When Traveling Outside of 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)	Covered	Routine Eye Exam (Adult)	No					Excludes: Adult eye exam beyond screening and adult eye refractions.		No
13	Urgent Care Centers or Facilities	Covered	Urgent Care Centers	No							No
14	Home Health Care Services	Covered	Home Health Care Services	Yes	60	Days per year					No
15	Emergency Room Services	Covered	Emergency Room Services	No							No
16	Emergency Transportation/Ambulance	Covered	Emergency Transportation/Ambulance	No					Excludes: Transportation for convenience.	Includes: Air ambulance and Transportation between facilities when medically necessary.	No

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17	<b>Inpatient Hospital Services (e.g., Hospital Stay)</b>	Covered	Inpatient Hospital Services	No					Excludes: Voluntary male sterilization. Does not include voluntary abortion.	Includes: Reconstructive surgery, procedures, and breast surgery. Breast prosthesis. Neonatal intensive care unit. Rehab inpatient services.	No
18	<b>Inpatient Physician and Surgical Services</b>	Covered	Inpatient Physician and Surgical Services	No					Excludes: Voluntary male sterilization. Does not include voluntary abortion.	Includes: Reconstructive surgery, procedures, and breast surgery. Breast prosthesis. Neonatal intensive care unit. Rehab inpatient services.	No
19	<b>Bariatric Surgery</b>	Not Covered	Bariatric Surgery								
20	<b>Cosmetic Surgery</b>	Not Covered	Cosmetic Surgery								
21	<b>Skilled Nursing Facility</b>	Covered	Skilled Nursing Facility	Yes	60	Days per year					No
22	<b>Prenatal and Postnatal Care</b>	Covered	Prenatal and Postnatal Care	No					Excludes: Surrogacy	Includes: Pregnancy testing in physician office. Care for complication of pregnancy.	No
23	<b>Delivery and All Inpatient Services for Maternity Care</b>	Covered	Maternity Care	No					Excludes: Surrogacy	Includes: Pregnancy testing in physician office. Complications of pregnancy. Anesthesia. Newborn nursery care. Neonatal intensive care unit, circumcision, and Maternity and newborn care for dependents.	No
24	<b>Mental/Behavioral Health Outpatient Services</b>	Covered	Mental/Behavioral Health Outpatient Services	No						Includes: Group therapy, psychoanalysis, psychological testing.	Yes
25	<b>Mental/Behavioral Health Inpatient Services</b>	Covered	Mental/Behavioral Health Inpatient Services	No							Yes
26	<b>Substance Abuse Disorder Outpatient Services</b>	Covered	Substance Abuse Disorder Outpatient Services	No					Excludes: Methadone maintenance and any treatment not deemed medically necessary.	Includes: Partial day hospitalization.	Yes
27	<b>Substance Abuse Disorder Inpatient Services</b>	Covered	Substance Abuse Disorder Inpatient Services	No					Excludes: Inpatient residential treatment centers. Freestanding rehab centers. Methadone maintenance and any treatment not deemed medically necessary.	Includes: Partial day hospitalization.	Yes
28	<b>Generic Drugs</b>	Covered	Generic Drugs	No							No
29	<b>Preferred Brand Drugs</b>	Covered	Formulary Drugs	No							No

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30	Non-Preferred Brand Drugs	Covered	Non-Formulary Drugs	No							No
31	Specialty Drugs	Covered	Specialty Drugs	No							No
32	Outpatient Rehabilitation Services	Covered	Outpatient Rehabilitation Services	No					Excludes: Therapies rendered primarily for job training.	Includes: Cardiac rehab, pulmonary rehab, physical therapy, occupational therapy, speech therapy.	Yes
33	Habilitation Services	Covered	Habilitation Services	No					Excludes: Therapies rendered primarily for job training.		No
34	Chiropractic Care	Covered	Chiropractic Care	Yes	20	Visits per year				Includes: Spinal manipulation	No
35	Durable Medical Equipment	Covered	Durable Medical Equipment	No					Excludes: Replacement of rental equipment due to misuse, abuse, or loss. Wigs, Items for personal comfort, Home exercise, Pools, whirlpools, spas, hydrotherapy equipment, Surgical supports, corsets, clothing unless for the purpose of recovery from surgery or injury, Common first aid supplies, and health club membership.	Includes: Orthotics for diabetics only. Medical equipment and supplies.	No
36	Hearing Aids	Not Covered	Hearing Aids							Includes: Cochlear implants.	
37	Diagnostic Test (X-Ray and Lab Work)	Covered	Diagnostic Testing	No					Excludes: Genetic Testing.	Includes: Allergy testing if in office, Hearing exams.	No
38	Imaging (CT/PET Scans, MRIs)	Covered	Imaging (CT/PET Scans, MRIs)	No							No

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39	Preventive Care/ Screening/ Immunization	Covered	Preventive Care/Screening/Immunization	No						Includes: Preventive health care services mandated by ACA, PSA, routine hearing test, oral contraceptives, contraceptive IUD, contraceptive injections, contraceptive patch, contraceptive diaphragm, contraceptive implant, comprehensive lactation support and counseling by trained provider for pregnant women and those in postpartum period, rental of lactation equipment, purchase of lactation equipment, screening and counseling for interpersonal and domestic violence, and pediatric preventive services mandated by ACA.	No
40	Routine Foot Care	Not Covered	Routine Foot Care not related to diabetes								
41	Acupuncture	Not Covered	Acupuncture and Acupressure								
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	1 pair of glasses (lenses and frames per year				No
45	Dental Check-Up for Children	Covered	Dental Exams	Yes	1	Other	1 every 6 months			Limitations, including dollar limits, may apply.	No

## OTHER BENEFITS

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	Outpatient Rehabilitation Services	Covered	Cardiac Rehab	Yes	18	Other	Sessions				No
2	Outpatient Rehabilitation Services	Covered	Pulmonary Rehab	Yes	18	Other	Sessions				No
3	Outpatient Rehabilitation Services	Covered	Physical Therapy	Yes	45	Visits per year					No
4	Outpatient Rehabilitation Services	Covered	Occupational Therapy	Yes	45	Visits per year					No
5	Outpatient Rehabilitation Services	Covered	Speech Therapy	Yes	45	Visits per year					No
6	Other	Covered	Dental Surgery	No						Due to infection only.	No
7	Other	Covered	Dental Services resulting from accident	No							No
8	Other	Covered	TMJ	No			Total maximum benefit of \$2500				No
9	Other	Covered	Radiation Therapy	No							No
10	Other	Covered	Chemotherapy	No							No
11	Other	Covered	Infusion Therapy	No							No
12	Other	Covered	Renal Dialysis/Hemodialysis	No							No
13	Other	Covered	Allergy treatment	No						If done in office.	No
14	Other	Covered	Organ transplants	No							No
15	Other	Covered	Diabetes Supply	No							No
16	Other	Covered	Biofeedback	No							No
17	Other	Covered	Cochlear Implants	No							No
18	Mental/Behavioral Health Outpatient Services	Covered	Psychotherapy by licensed providers, office visits, biofeedback training	Yes	60	Other	Units				No
19	Substance Abuse Disorder Outpatient Services	Covered	Psychotherapy by licensed providers, office visits, biofeedback training	Yes	60	Other	Units				No
20	Substance Abuse Disorder Inpatient Services	Covered	Non Serious Mental Illness	Yes	30	Days per year					No
21	Mental/Behavioral Health Inpatient Services	Covered	Non Serious Mental Illness	Yes	30	Days per year					No
22	Other	Covered	Basic Dental Care – Child	No						Limitations, including dollar limits, may apply.	No
23	Other	Covered	Major Dental Care – Child	No						Limitations, including dollar limits, may apply.	No
24	Other	Covered	Orthodontia - Child	No						Limitations, including dollar limits, may apply.	No

**PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS**

<b>CATEGORY</b>	<b>CLASS</b>	<b>SUBMISSION COUNT</b>
ANALGESICS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	20
ANALGESICS	OPIOID ANALGESICS, LONG-ACTING	10
ANALGESICS	OPIOID ANALGESICS, SHORT-ACTING	11
ANESTHETICS	LOCAL ANESTHETICS	3
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	3
ANTI-INFLAMMATORY AGENTS	GLUCOCORTICOIDS	1
ANTI-INFLAMMATORY AGENTS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	20
ANTIBACTERIALS	AMINOGLYCOSIDES	9
ANTIBACTERIALS	ANTIBACTERIALS, OTHER	20
ANTIBACTERIALS	BETA-LACTAM, CEPHALOSPORINS	16
ANTIBACTERIALS	BETA-LACTAM, OTHER	4
ANTIBACTERIALS	BETA-LACTAM, PENICILLINS	11
ANTIBACTERIALS	MACROLIDES	5
ANTIBACTERIALS	QUINOLONES	8
ANTIBACTERIALS	SULFONAMIDES	4
ANTIBACTERIALS	TETRACYCLINES	4
ANTICONVULSANTS	ANTICONVULSANTS, OTHER	2
ANTICONVULSANTS	CALCIUM CHANNEL MODIFYING AGENTS	4
ANTICONVULSANTS	GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS	5
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	8
ANTIDEPRESSANTS	MONOAMINE OXIDASE INHIBITORS	4
ANTIDEPRESSANTS	SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS	9
ANTIDEPRESSANTS	TRICYCLICS	9
ANTIEMETICS	ANTIEMETICS, OTHER	10
ANTIEMETICS	EMETOGENIC THERAPY ADJUNCTS	8
ANTIFUNGALS	NO USP CLASS	25
ANTIGOUT AGENTS	NO USP CLASS	5
ANTIMIGRAINE AGENTS	ERGOT ALKALOIDS	2
ANTIMIGRAINE AGENTS	PROPHYLACTIC	4

CATEGORY	CLASS	SUBMISSION COUNT
ANTIMIGRAINE AGENTS	SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS	7
ANTIMYASTHENIC AGENTS	PARASYMPATHOMIMETICS	3
ANTIMYCOBACTERIALS	ANTIMYCOBACTERIALS, OTHER	2
ANTIMYCOBACTERIALS	ANTITUBERCULARS	10
ANTINEOPLASTICS	ALKYLATING AGENTS	8
ANTINEOPLASTICS	ANTIANGIOGENIC AGENTS	2
ANTINEOPLASTICS	ANTIESTROGENS/MODIFIERS	3
ANTINEOPLASTICS	ANTIMETABOLITES	3
ANTINEOPLASTICS	ANTINEOPLASTICS, OTHER	6
ANTINEOPLASTICS	AROMATASE INHIBITORS, 3RD GENERATION	3
ANTINEOPLASTICS	ENZYME INHIBITORS	3
ANTINEOPLASTICS	MOLECULAR TARGET INHIBITORS	12
ANTINEOPLASTICS	MONOCLONAL ANTIBODIES	3
ANTINEOPLASTICS	RETINOIDS	3
ANTIPARASITICS	ANTHELMINTICS	3
ANTIPARASITICS	ANTIPROTOZOALS	12
ANTIPARASITICS	PEDICULICIDES/SCABICIDES	6
ANTIPARKINSON AGENTS	ANTICHOLINERGICS	3
ANTIPARKINSON AGENTS	ANTIPARKINSON AGENTS, OTHER	3
ANTIPARKINSON AGENTS	DOPAMINE AGONISTS	4
ANTIPARKINSON AGENTS	DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS	2
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	NO USP CLASS	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	11
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	SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)	5



CATEGORY	CLASS	SUBMISSION COUNT
BIPOLAR AGENTS	BIPOLAR AGENTS, OTHER	6
BIPOLAR AGENTS	MOOD STABILIZERS	5
BLOOD GLUCOSE REGULATORS	ANTIDIABETIC AGENTS	21
BLOOD GLUCOSE REGULATORS	GLYCEMIC AGENTS	2
BLOOD GLUCOSE REGULATORS	INSULINS	8
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	ANTICOAGULANTS	7
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	5
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC BLOCKING AGENTS	4
CARDIOVASCULAR AGENTS	ANGIOTENSIN II RECEPTOR ANTAGONISTS	8
CARDIOVASCULAR AGENTS	ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	10
CARDIOVASCULAR AGENTS	ANTIARRHYTHMICS	10
CARDIOVASCULAR AGENTS	BETA-ADRENERGIC BLOCKING AGENTS	13
CARDIOVASCULAR AGENTS	CALCIUM CHANNEL BLOCKING AGENTS	9
CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS, OTHER	4
CARDIOVASCULAR AGENTS	DIURETICS, CARBONIC ANHYDRASE INHIBITORS	2
CARDIOVASCULAR AGENTS	DIURETICS, LOOP	4
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	3
CARDIOVASCULAR AGENTS	VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	3
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	4
CENTRAL NERVOUS SYSTEM AGENTS	FIBROMYALGIA AGENTS	3
CENTRAL NERVOUS SYSTEM AGENTS	MULTIPLE SCLEROSIS AGENTS	7
DENTAL AND ORAL AGENTS	NO USP CLASS	8
DERMATOLOGICAL AGENTS	NO USP CLASS	35
ENZYME REPLACEMENT/MODIFIERS	NO USP CLASS	17
GASTROINTESTINAL AGENTS	ANTISPASMODICS, GASTROINTESTINAL	6
GASTROINTESTINAL AGENTS	GASTROINTESTINAL AGENTS, OTHER	6
GASTROINTESTINAL AGENTS	HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	4

CATEGORY	CLASS	SUBMISSION COUNT
GASTROINTESTINAL AGENTS	IRRITABLE BOWEL SYNDROME AGENTS	2
GASTROINTESTINAL AGENTS	LAXATIVES	3
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	3
GENITOURINARY AGENTS	PHOSPHATE BINDERS	3
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	GLUCOCORTICOIDS/MINERALOCORTICOIDS	23
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	NO USP CLASS	3
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)	NO USP CLASS	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ANABOLIC STEROIDS	2
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ANDROGENS	4
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ESTROGENS	6
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	PROGESTINS	5
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	NO USP CLASS	3
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	NO USP CLASS	1
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)	NO USP CLASS	1
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	NO USP CLASS	9
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)	ANTIANDROGENS	5
HORMONAL AGENTS, SUPPRESSANT (THYROID)	ANTITHYROID AGENTS	2
IMMUNOLOGICAL AGENTS	IMMUNE SUPPRESSANTS	23
IMMUNOLOGICAL AGENTS	IMMUNIZING AGENTS, PASSIVE	4
IMMUNOLOGICAL AGENTS	IMMUNOMODULATORS	10
INFLAMMATORY BOWEL DISEASE AGENTS	AMINOSALICYLATES	3
INFLAMMATORY BOWEL DISEASE AGENTS	GLUCOCORTICOIDS	5
INFLAMMATORY BOWEL DISEASE AGENTS	SULFONAMIDES	1
METABOLIC BONE DISEASE AGENTS	NO USP CLASS	15
OPHTHALMIC AGENTS	OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	3
OPHTHALMIC AGENTS	OPHTHALMIC AGENTS, OTHER	4

<b>CATEGORY</b>	<b>CLASS</b>	<b>SUBMISSION COUNT</b>
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-ALLERGY AGENTS	9
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-INFLAMMATORIES	11
OPHTHALMIC AGENTS	OPHTHALMIC ANTIGLAUCOMA AGENTS	14
OTIC AGENTS	NO USP CLASS	6
RESPIRATORY TRACT AGENTS	ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	6
RESPIRATORY TRACT AGENTS	ANTIHISTAMINES	11
RESPIRATORY TRACT AGENTS	ANTILEUKOTRIENES	3
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, ANTICHOLINERGIC	2
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)	3
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, SYMPATHOMIMETIC	10
RESPIRATORY TRACT AGENTS	MAST CELL STABILIZERS	1
RESPIRATORY TRACT AGENTS	PULMONARY ANTIHYPERTENSIVES	6
RESPIRATORY TRACT AGENTS	RESPIRATORY TRACT AGENTS, OTHER	5
SKELETAL MUSCLE RELAXANTS	NO USP CLASS	6
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	8