

## INDIANA EHB BENCHMARK PLAN (2025-2027)

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### SUMMARY INFORMATION

|   |  |
|---|--|
| <b>Plan Type</b>  | Small Group Market                                     |
| <b>Issuer Name</b>  | Anthem Insurance Companies Inc.                        |
| <b>Product Name</b>   | Legacy PPO   |
| <b>Plan Name</b>  | Blue 6.0 Blue Access PPO Option 14, Rx G               |
| <b>Supplemented Categories</b><br>(Supplementary Plan Type) | Pediatric dental (FEDVIP)<br>Pediatric vision (FEDVIP) |

## 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                            | No  |                        |                             |                 |  |
| Routine Dental Services (Adult)                              | No       | Covered                            | No  |                        |                             |                 |  |
| Infertility Treatment  | No       | Not Covered                        | No  |                        |                             |                 |  |
| Long-Term/Custodial Nursing Home Care                        | No       | Not Covered                        | No  |                        |                             |                 |  |
| Private-Duty Nursing   | Yes      | Covered                            | Yes                                       | 82                     | Visit(s) per Year           |                 |  |
| Routine Eye Exam (Adult)                                     | No       | Covered                            | No  |                        |                             |                 |  |
| Urgent Care Centers or Facilities                            | Yes      | Covered                            | No  |                        |                             |                 |  |
| Home Health Care Services                                    | Yes      | Covered                            | Yes                                       | 100                    | Visit(s) per Benefit Period |                 | Combined In and out of network. Maximum does not include Home Infusion Therapy or Private Duty Nursing rendered in the home.   |
| Emergency Room Services                                      | Yes      | Covered                            | No  |                        |                             |                 |  |
| Emergency Transportation/Ambulance                           | Yes      | Covered                            | No  |                        |                             |                 |  |
| Inpatient Hospital Services (e.g., Hospital Stay)            | Yes      | Covered                            | No  |                        |                             |                 | Maximum 60 days per Benefit Period for Physical Medicine and Rehabilitation (includes Day Rehabilitation Therapy services on an Outpatient basis). Limit is combined both In and Out of Network. |
| Inpatient Physician and Surgical Services                    | Yes      | Covered                            | No  |                        |                             |                 |  |
| Bariatric Surgery  | No       | Not Covered                        | No  |                        |                             |                 |  |
| Cosmetic Surgery   | No       | Not Covered                        | No  |                        |                             |                 |  |
| Skilled Nursing Facility                                     | Yes      | Covered                            | Yes                                       | 90                     | Day(s) per Benefit Period   |                 | Limit is combined both In and Out of Network.  |
| 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  |                        |                             |                 | Cost share driven by provider/setting.   |
| Mental/Behavioral Health Inpatient Services                  | Yes      | Covered                            | No  |                        |                             |                 |  |
| Substance Abuse Disorder Outpatient Services                 | Yes      | Covered                            | No  |                        |                             |                 | Cost share driven by provider/setting.   |
| Substance Abuse Disorder Inpatient Services                  | Yes      | Covered                            | No  |                        |                             |                 |  |
| Generic Drugs  | Yes      | Covered                            | No  |                        |                             |                 |  |
| Preferred Brand Drugs  | Yes      | Covered                            | No  |                        |                             |                 |  |
| Non-Preferred Brand Drugs                                    | Yes      | Covered                            | No  |                        |                             |                 |  |
| Specialty Drugs  | Yes      | Covered                            | No  |                        |                             |                 |  |

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|---|----------|------------------------------------|---|------------------------|-----------------------------|-----------------|--|
| <b>Outpatient Rehabilitation Services</b>     | Yes      | Covered                            | Yes                                       | 60                     | Visit(s) per Benefit Period |                 | <p>Cost share is driven by provider/setting. Coverage for Speech Therapy is limited to 20 visits per benefit period, Occupational Therapy is limited to 20 visits per benefit period, and Physical Therapy is limited to 20 visits per benefit period. These limits are combined in and out of network.</p> <p>Benefit includes an Inpatient maximum of 60 days per Benefit Period for Physical Medicine and Rehabilitation (includes Day Rehabilitation Therapy services on an Outpatient basis). Limit is combined both In and Out of Network.</p> <p>Cardiac Rehabilitation limited to 36 visits when rendered as Physician Home Visits and Office Services or Outpatient Services, combined Network and Non-Network when rendered in the home, Home Care Services limits apply.</p> <p>Pulmonary Rehabilitation limited to 20 visits when rendered as Physician Home Visits and Office Services or Outpatient Services, combined Network and Non-Network. When rendered in the home, Home Care Services limits apply. When rendered as part of physical therapy, the Physical Therapy limit will apply instead of the limit indicated.</p> |
| <b>Habilitation Services</b>                  | Yes      | Covered                            | Yes                                       | 60                     | Visit(s) per Benefit Period |                 | Cost share is driven by provider/setting. Habilitation and rehabilitation visits count toward the rehabilitation limit. PT, OT and ST include an additional 20 visits each for habilitative services. Limits are combined both In and Out of Network.  |
| <b>Chiropractic Care</b>                      | Yes      | Covered                            | Yes                                       | 12                     | Visit(s) per Benefit Period |                 | Limit combined In and out of network. Cost share driven by provider/setting.   |
| <b>Durable Medical Equipment</b>              | Yes      | Covered                            | No  |                        |                             |                 | One wig per benefit period combined both In and Out of Network. Network and Non-Network for wigs following cancer treatment.   |
| <b>Hearing Aids</b>                           | No       | Not Covered                        | No  |                        |                             |                 |  |
| <b>Imaging (CT/PET Scans, MRIs)</b>           | Yes      | Covered                            | No  |                        |                             |                 |  |
| <b>Preventive Care/Screening/Immunization</b> | Yes      | Covered                            | No  |                        |                             |                 |  |
| <b>Routine Foot Care</b>                      | No       | Not Covered                        | No  |                        |                             |                 |  |
| <b>Acupuncture</b>                            | No       | Not Covered                        | No  |                        |                             |                 |  |
| <b>Weight Loss Programs</b>                   | No       | Not Covered                        | No  |                        |                             |                 |  |
| <b>Routine Eye Exam for Children</b>          | Yes      | Covered                            | No  |                        |                             |                 |  |
| <b>Eye Glasses for Children</b>               | Yes      | Covered                            | No  |                        |                             |                 |  |
| <b>Dental Check-Up for Children</b>           | Yes      | Covered                            | No  |                        |                             |                 |  |
| <b>Rehabilitative Speech Therapy</b>          | Yes      | Covered                            | Yes                                       | 20                     | Visit(s) per Benefit Period |                 | Combined In and out of network. Cost share driven by provider/setting.   |

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|---|----------|------------------------------------|---|------------------------|-----------------------------|-----------------|--|
| Rehabilitative Occupational and Rehabilitative Physical Therapy | Yes      | Covered                            | Yes                                       | 40                     | Visit(s) per Benefit Period |                 | Cost share is driven by provider/setting. Occupational Therapy is limited to 20 visits per benefit period, and Physical Therapy is limited to a separate 20 visits per benefit period. Both apply to In-Network Providers and Non-Network Providers combined. Coverage also includes an additional 20 visits each for habilitative services.   |
| Well Baby Visits and Care                                       | Yes      | Covered                            | No  |                        |                             |                 |  |
| Laboratory Outpatient and Professional Services                 | Yes      | Covered                            | No  |                        |                             |                 | Cost share driven by provider/setting.   |
| X-rays and Diagnostic Imaging                                   | Yes      | Covered                            | No  |                        |                             |                 | Cost share driven by provider/setting.   |
| Basic Dental Care - Child                                       | Yes      | Covered                            | No  |                        |                             |                 |  |
| Orthodontia - Child   | Yes      | Covered                            | No  |                        |                             |                 |  |
| Major Dental Care - Child                                       | Yes      | Covered                            | No  |                        |                             |                 |  |
| Basic Dental Care - Adult                                       | No       | Covered                            | No  |                        |                             |                 |  |
| Orthodontia - Adult   | No       | Not Covered                        | No  |                        |                             |                 |  |
| Major Dental Care – Adult                                       | No       | Covered                            | No  |                        |                             |                 |  |
| Abortion for Which Public Funding is Prohibited                 | No       | Not Covered                        | No  |                        |                             |                 | Per Indiana law, abortion only covered if performed because a woman becomes pregnant through an act of rape or incest; or an abortion is necessary to avert the pregnant woman's death or a substantial and irreversible impairment of a major bodily function of the pregnant woman.  |
| Transplant  | Yes      | Covered                            | No  |                        |                             |                 | Includes coverage for unrelated donor search services (\$30,000 per transplant/network & Non network combined) and travel/lodging as approved by the plan (\$10,000 per transplant/network & Non network combined).  |
| Accidental Dental   | Yes      | Covered                            | Yes                                       | 3000                   | Dollar(s) per Episode       |                 | The limit will not apply to Outpatient facility charges, anesthesia billed by a Provider other than the Physician performing the service, or to services that we are required by law to cover. Cost share is driven by provider/setting. Limited to \$3,000/accident; combined In and Out of network. Benefits for Accidental Dental are based on the setting in which Covered Services are recommended. |
| Dialysis  | Yes      | Covered                            | No  |                        |                             |                 |  |
| Allergy Testing   | Yes      | Covered                            | No  |                        |                             |                 | Cost share driven by provider/setting.   |
| Chemotherapy  | Yes      | Covered                            | No  |                        |                             |                 | Cost share driven by provider/setting.   |
| Radiation   | Yes      | Covered                            | No  |                        |                             |                 | Cost share driven by provider/setting.   |
| Diabetes Education  | Yes      | Covered                            | No  |                        |                             |                 |  |
| Prosthetic Devices  | Yes      | Covered                            | No  |                        |                             |                 | Must be medically necessary.   |
| Infusion Therapy  | Yes      | Covered                            | No  |                        |                             |                 | Cost share driven by provider/setting.   |
| Treatment for Temporomandibular Joint Disorders                 | Yes      | Covered                            | No  |                        |                             |                 |  |
| Nutritional Counseling  | Yes      | Covered                            | No  |                        |                             |                 | Cost share driven by provider/setting.   |

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|------------------------|----------|------------------------------------|---|------------------------|-----------------|--|---|
| Reconstructive Surgery | Yes      | Covered                            | No  |                        |                 | Excludes all other reconstructive services that are not specifically outlined in Covered Services. | Certain reconstructive services required to correct a deformity caused by disease, trauma, congenital anomalies, or previous therapeutic process are covered. Coverage includes breast reconstruction on which a mastectomy has been performed. Reconstructive services required due to prior therapeutic process are payable only if the original procedure would have been a covered service under this plan. |

## **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  | 19                      |
| Analgesics                                       | Opioid Analgesics, Long acting  | 10                      |
| Analgesics                                       | Opioid Analgesics, Short-acting   | 21                      |
| Anesthetics                                      | Local Anesthetics   | 1                       |
| Anti-Addiction/ Substance Abuse Treatment Agents | Alcohol Deterrents/Anti-craving   | 3                       |
| Anti-Addiction/ Substance Abuse Treatment Agents | Opioid Dependence   | 4                       |
| Anti-Addiction/ Substance Abuse Treatment Agents | Opioid Reversal Agents  | 1                       |
| Anti-Addiction/ Substance Abuse Treatment Agents | Smoking Cessation Agents  | 1                       |
| Antibacterials                                   | Aminoglycosides   | 3                       |
| Antibacterials                                   | Antibacterials, Other   | 15                      |
| Antibacterials                                   | Beta-lactam, Cephalosporins   | 8                       |
| Antibacterials                                   | Beta-lactam, Penicillins  | 5                       |
| Antibacterials                                   | Carbapenems   | 0                       |
| Antibacterials                                   | Macrolides  | 4                       |
| Antibacterials                                   | Quinolones  | 4                       |
| Antibacterials                                   | Sulfonamides  | 2                       |
| Antibacterials                                   | Tetracyclines   | 4                       |
| Anticonvulsants                                  | Anticonvulsants, Other  | 6                       |
| Anticonvulsants                                  | Calcium Channel Modifying Agents  | 3                       |
| Anticonvulsants                                  | Gamma-aminobutyric Acid (GABA) Modulating Agents  | 9                       |
| 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  | 3                       |
| Antidepressants                                  | SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors) | 14                      |
| Antidepressants                                  | Tricyclics  | 11                      |
| Antiemetics                                      | Antiemetics, Other  | 9                       |
| Antiemetics                                      | Emetogenic Therapy Adjuncts   | 6                       |
| Antifungals                                      | No USP Class  | 12                      |
| Antigout Agents                                  | No USP Class  | 6                       |

| CATEGORY              | CLASS  | SUBMISSION COUNT |
|-----------------------|--|------------------|
| Antimigraine Agents   | Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists      | 0                |
| Antimigraine Agents   | Ergot Alkaloids  | 3                |
| Antimigraine Agents   | Prophylactic   | 4                |
| Antimigraine Agents   | Serotonin (5-HT) Receptor Agonist                                | 6                |
| Antimyasthenic Agents | Parasympathomimetics   | 1                |
| Antimycobacterials    | Antimycobacterials, Other  | 2                |
| Antimycobacterials    | Antituberculars  | 9                |
| Antineoplastics       | Alkylating Agents  | 5                |
| Antineoplastics       | Antiandrogens  | 5                |
| Antineoplastics       | Antiangiogenic Agents  | 3                |
| Antineoplastics       | Antiestrogens/Modifiers  | 4                |
| Antineoplastics       | Antimetabolites  | 4                |
| Antineoplastics       | Antineoplastics, Other   | 6                |
| Antineoplastics       | Aromatase Inhibitors, 3rd Generation                             | 3                |
| Antineoplastics       | Enzyme Inhibitors  | 2                |
| Antineoplastics       | Molecular Target Inhibitors                                      | 20               |
| Antineoplastics       | Monoclonal Antibody/Antibody-Drug Conjugates                     | 0                |
| Antineoplastics       | Retinoids  | 2                |
| Antineoplastics       | Treatment Adjuncts   | 4                |
| Antiparasitics        | Anthelmintics  | 3                |
| Antiparasitics        | Antiprotozoals   | 13               |
| Antiparkinson Agents  | Anticholinergics   | 2                |
| Antiparkinson Agents  | Antiparkinson Agents, Other                                      | 4                |
| Antiparkinson Agents  | Dopamine Agonists  | 5                |
| Antiparkinson Agents  | Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors | 3                |
| Antiparkinson Agents  | Monoamine Oxidase B (MAO-B) Inhibitors                           | 2                |
| Antipsychotics        | 1st Generation/Typical   | 10               |
| Antipsychotics        | 2nd Generation/Atypical  | 10               |
| Antipsychotics        | Treatment-Resistant  | 1                |
| Antispasticity Agents | No USP Class   | 3                |
| Antivirals            | Anti-cytomegalovirus (CMV) Agents                                | 1                |
| Antivirals            | Anti-hepatitis B (HBV) Agents                                    | 4                |
| Antivirals            | Anti-hepatitis C (HCV) Agents                                    | 3                |
| Antivirals            | Antiherpetic Agents  | 3                |

| CATEGORY                     | CLASS   | SUBMISSION COUNT |
|------------------------------|---|------------------|
| Antivirals                   | Anti-HIV Agents, Integrase Inhibitors (INSTI)   | 4                |
| Antivirals                   | Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)                                | 6                |
| Antivirals                   | Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)                      | 14               |
| Antivirals                   | Anti-HIV Agents, Other  | 4                |
| Antivirals                   | Anti-HIV Agents, Protease Inhibitors (PI)   | 7                |
| Antivirals                   | Anti-influenza Agents   | 4                |
| Antivirals                   | Antiviral, Coronavirus Agents   | 0                |
| Anxiolytics                  | Anxiolytics, Other  | 4                |
| Anxiolytics                  | Benzodiazepines   | 8                |
| Anxiolytics                  | SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors) | 5                |
| Bipolar Agents               | Bipolar Agents, Other   | 8                |
| Bipolar Agents               | Mood Stabilizers  | 4                |
| Blood Glucose Regulators     | Antidiabetic Agents   | 23               |
| Blood Glucose Regulators     | Glycemic Agents   | 1                |
| Blood Glucose Regulators     | Insulins  | 10               |
| Blood Products and Modifiers | Anticoagulants  | 7                |
| Blood Products and Modifiers | Blood Products and Modifiers, Other   | 6                |
| Blood Products and Modifiers | Hemostasis Agents   | 2                |
| Blood Products and Modifiers | 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  | 10               |
| Cardiovascular Agents        | Antiarrhythmics   | 14               |
| Cardiovascular Agents        | Beta-adrenergic Blocking Agents   | 12               |
| Cardiovascular Agents        | Calcium Channel Blocking Agents, Dihydropyridines   | 7                |
| Cardiovascular Agents        | Calcium Channel Blocking Agents, Nondihydropyridines  | 2                |
| Cardiovascular Agents        | Cardiovascular Agents, Other  | 7                |
| Cardiovascular Agents        | Diuretics, Loop   | 4                |
| Cardiovascular Agents        | Diuretics, Potassium-sparing  | 2                |
| Cardiovascular Agents        | Diuretics, Thiazide   | 5                |
| Cardiovascular Agents        | Dyslipidemics, Fibric Acid Derivatives  | 2                |



| CATEGORY   | CLASS   | SUBMISSION COUNT |
|--|---|------------------|
| Cardiovascular Agents  | Dyslipidemics, HMG CoA Reductase Inhibitors                       | 7                |
| Cardiovascular Agents  | Dyslipidemics, Other  | 7                |
| Cardiovascular Agents  | Mineralocorticoid Receptor Antagonists                            | 2                |
| Cardiovascular Agents  | Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)               | 3                |
| 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 | 5                |
| Central Nervous System Agents  | Central Nervous System, Other                                     | 13               |
| Central Nervous System Agents  | Fibromyalgia Agents   | 3                |
| Central Nervous System Agents  | Multiple Sclerosis Agents   | 8                |
| Dental and Oral Agents   | No USP Class  | 7                |
| Dermatological Agents  | Acne and Rosacea Agents   | 12               |
| Dermatological Agents  | Dermatitis and Pruritus Agents                                    | 22               |
| Dermatological Agents  | Dermatological Agents, Other                                      | 16               |
| Dermatological Agents  | Pediculicides/Scabicides  | 5                |
| Dermatological Agents  | Topical Anti-infectives   | 19               |
| Electrolytes/ Minerals/ Metals/ Vitamins                                 | Electrolyte/Mineral Replacement                                   | 4                |
| Electrolytes/ Minerals/ Metals/ Vitamins                                 | Electrolyte/Mineral/Metal Modifiers                               | 4                |
| Electrolytes/ Minerals/ Metals/ Vitamins                                 | Phosphate Binders   | 4                |
| Electrolytes/ Minerals/ Metals/ Vitamins                                 | Potassium Binders   | 1                |
| Electrolytes/ Minerals/ Metals/ Vitamins                                 | Vitamins  | 1                |
| Gastrointestinal Agents  | Anti-Constipation Agents  | 5                |
| Gastrointestinal Agents  | Anti-Diarrheal Agents   | 4                |
| Gastrointestinal Agents  | Antispasmodics, Gastrointestinal                                  | 3                |
| Gastrointestinal Agents  | Gastrointestinal Agents, Other                                    | 11               |
| Gastrointestinal Agents  | Histamine2 (H2) Receptor Antagonists                              | 3                |
| Gastrointestinal Agents  | Protectants   | 2                |
| Gastrointestinal Agents  | Proton Pump Inhibitors  | 6                |
| Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment | No USP Class  | 6                |
| Genitourinary Agents   | Antispasmodics, Urinary   | 8                |
| Genitourinary Agents   | Benign Prostatic Hypertrophy Agents                               | 8                |
| Genitourinary Agents   | Genitourinary Agents, Other                                       | 10               |

| CATEGORY   | CLASS  | SUBMISSION COUNT |
|--|--|------------------|
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)                 | No USP Class   | 8                |
| 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                                      | 1                |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Androgens  | 3                |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Estrogens  | 16               |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Progestins   | 17               |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Selective Estrogen Receptor Modifying Agents           | 6                |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)                 | No USP Class   | 2                |
| Hormonal Agents, Suppressant (Adrenal or Pituitary)                          | No USP Class   | 8                |
| Hormonal Agents, Suppressant (Thyroid)                                       | Antithyroid Agents                                     | 2                |
| Immunological Agents   | Angioedema Agents                                      | 2                |
| Immunological Agents   | Immunoglobulins  | 1                |
| Immunological Agents   | Immunological Agents, Other                            | 10               |
| Immunological Agents   | Immunostimulants                                       | 2                |
| Immunological Agents   | Immunosuppressants                                     | 13               |
| Inflammatory Bowel Disease Agents  | Aminosalicylates                                       | 4                |
| Inflammatory Bowel Disease Agents  | Glucocorticoids  | 6                |
| Metabolic Bone Disease Agents  | No USP Class   | 13               |
| Ophthalmic Agents  | Ophthalmic Agents, Other                               | 4                |
| Ophthalmic Agents  | Ophthalmic Anti-allergy Agents                         | 6                |
| Ophthalmic Agents  | Ophthalmic Anti-Infectives                             | 15               |
| Ophthalmic Agents  | Ophthalmic Anti-inflammatories                         | 10               |
| Ophthalmic Agents  | Ophthalmic Beta-Adrenergic Blocking Agents             | 4                |
| Ophthalmic Agents  | Ophthalmic Intraocular Pressure Lowering Agents, Other | 8                |
| Ophthalmic Agents  | Ophthalmic Prostaglandin and Prostanoid Analogs        | 4                |
| Otic Agents  | No USP Class   | 9                |
| Respiratory Tract/ Pulmonary Agents  | Antihistamines   | 11               |
| Respiratory Tract/ Pulmonary Agents  | Anti-inflammatories, Inhaled Corticosteroids           | 9                |
| Respiratory Tract/ Pulmonary Agents  | Antileukotrienes                                       | 3                |

| CATEGORY                            | CLASS   | SUBMISSION COUNT |
|-------------------------------------|---|------------------|
| Respiratory Tract/ Pulmonary Agents | Bronchodilators, Anticholinergic              | 5                |
| Respiratory Tract/ Pulmonary Agents | Bronchodilators, Sympathomimetic              | 14               |
| Respiratory Tract/ Pulmonary Agents | Cystic Fibrosis Agents                        | 3                |
| Respiratory Tract/ Pulmonary Agents | Mast Cell Stabilizers                         | 1                |
| Respiratory Tract/ Pulmonary Agents | Phosphodiesterase Inhibitors, Airways Disease | 2                |
| Respiratory Tract/ Pulmonary Agents | Pulmonary Antihypertensives                   | 8                |
| Respiratory Tract/ Pulmonary Agents | Pulmonary Fibrosis Agents                     | 0                |
| Respiratory Tract/ Pulmonary Agents | Respiratory Tract Agents, Other               | 7                |
| Skeletal Muscle Relaxants           | No USP Class                                  | 9                |
| Sleep Disorder Agents               | Sleep Promoting Agents                        | 10               |
| Sleep Disorder Agents               | Wakefulness Promoting Agents                  | 2                |