

NORTH DAKOTA 2017 EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Small Group Market
Issuer Name	Blue Cross Blue Shield of North Dakota
Product Name	Small Group Exchange Plans
Plan Name	BlueCare Gold 90 500
Supplemented Categories (Supplementary Plan Type)	None

BENEFITS AND LIMITS

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H 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				Hospice benefits are provided only for the treatment of Members diagnosed with a condition where there is a life expectancy of 6 months or less. Preauthorization is required.
Routine Dental Services (Adult)	No	Not Covered	No				
Infertility Treatment	No	Not Covered	No				
Long-Term/Custodial Nursing Home Care	No	Not Covered	No				
Private-Duty Nursing	No	Not Covered	No				
Routine Eye Exam (Adult)	No	Not Covered	No				
Urgent Care Centers or Facilities	Yes	Covered	No				
Home Health Care Services	Yes	Covered	Yes	40	Visit(s) per Benefit Period	No Home Health Care benefits will be provided for: 1. Dietitian services; 2. Homemaker services; 3. Social worker services; 4. Maintenance Care; 5. Custodial Care; 6. Food or home delivered meals; or 7. Respite care.	Covered Services include: 1. The professional services of an R.N., Licensed Vocational Nurse or L.P.N.; 2. Physical, Occupational or Speech Therapy; 3. Medical and surgical supplies; 4. Administration of prescribed drugs; 5. Oxygen and the administration of oxygen; and 6. Health aide services for a Member who is receiving covered Skilled Nursing Services or Therapy Services. A visit is considered up to 4 continuous hours.
Emergency Room Services	Yes	Covered	No				
Emergency Transportation/Ambulance	Yes	Covered	No				Medically Appropriate and Necessary Ambulance Services to the nearest facility equipped to provide the required level of care, including transportation: from the home or site of an Emergency Medical Condition; between hospitals; and between a Hospital and Skilled Nursing Facility. Benefits for air transportation are available only when ground transportation is not Medically Appropriate and Necessary as determined by BCBSND.
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No				
Inpatient Physician and Surgical Services	Yes	Covered	No				

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Bariatric Surgery	Yes	Covered	Yes	1	Procedure(s) per Lifetime		Surgery for morbid obesity after Prior Approval is received from BCBSND. Covered Services must be received from a surgical facility approved by BCBSND. Benefits are subject to a Lifetime Maximum of 1 operative procedure for morbid obesity per Member. Guidelines and criteria are available upon request. No benefits are available for the repair or modification of any or all types of surgical morbid obesity procedures, except a Lifetime Maximum of 1 revision will be allowed per Member due to technical staple line failure. Benefits for all proposed surgical procedures for the treatment of complications resulting from any or all types of surgical morbid obesity procedures are available only when Prior Approval is received from BCBSND.
Cosmetic Surgery	No	Not Covered	No				Cosmetic surgery will not qualify as reconstructive surgery when performed for the treatment of a psychological or psychiatric condition.
Skilled Nursing Facility	Yes	Covered	Yes	30	Day(s) per Benefit Period	Benefits are not available for Maintenance Care or Custodial Care.	Preauthorization is required.
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			Excludes coverage of "Counseling or therapy services, Including bereavement, codependency, marital, family, sex or interpersonal relationships."	For psychiatric services, prior authorization required for inpatient, residential treatment, and partial hospitalization.
Mental/Behavioral Health Inpatient Services	Yes	Covered	No			Excludes coverage of "Counseling or therapy services, Including bereavement, codependency, marital, family, sex or interpersonal relationships." No benefits for residential treatments for psych or SUD for ages 21 and over.	For psychiatric services, prior authorization required for inpatient, residential treatment, and partial hospitalization.
Substance Abuse Disorder Outpatient Services	Yes	Covered	No			No benefits are available for non-inpatient pharmacological detoxification management, Including Outpatient, Intensive Outpatient Program (IOP), Partial Hospitalization program (PHP) setting, or Residential Treatment detoxification. No benefits are available for the Residential Treatment of substance abuse for Members age 21 and older.	Outpatient benefits include diagnostic, evaluation and treatment services provided by a Physician, Licensed Clinical Psychologist or Licensed Addiction Counselor, including for gambling addiction.
Substance Abuse Disorder Inpatient Services	Yes	Covered	No			No benefits for residential treatments for psych or SUD for ages 21 and over.	Benefits are available for the inpatient treatment of substance abuse, including medically managed inpatient detoxification, medically monitored inpatient detoxification, medically managed intensive inpatient treatment or medically monitored intensive inpatient treatment, when provided at an appropriately licensed and credentialed Substance Abuse Facility. Benefits available for residential treatment for members under age 21. Benefits available for partial hospitalization. Preauthorization is required. For SUD, PA required for inpatient, residential, partial hospitalization, and intensive outpatient.

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Generic Drugs	Yes	Covered	No				Prescription Medications or Drugs and nonprescription diabetic supplies are subject to a dispensing limit of a 90-day supply.
Preferred Brand Drugs	Yes	Covered	No				
Non-Preferred Brand Drugs	Yes	Covered	No				
Specialty Drugs	Yes	Covered	No				Specialty Drugs are subject to a dispensing limit of a 30-day supply.
Outpatient Rehabilitation Services	Yes	Covered	Yes	30	Visit(s) per Benefit Period		Rehabilitative Services: therapies that are designed to restore function following a surgery or medical procedure, injury or illness. 30-visit limit is for each of PT, OT, and ST, rehab and hab combined. Benefits are not available for Maintenance Care.
Habilitation Services	Yes	Covered	Yes	30	Visit(s) per Benefit Period	Benefits are not available for Maintenance Care.	"Habilitative Physical Therapy, Occupational Therapy or Speech Therapy is care provided for conditions which have limited the normal age appropriate motor, sensory or communication development. To be considered habilitative, functional improvement and measurable progress must be made toward achieving functional goals within a predictable period of time toward a Member's maximum potential. Functional skills are defined as essential activities of daily life common to all Members such as dressing, feeding, swallowing, mobility, transfers, fine motor skills, age appropriate activities and communication. Problems such as hearing impairment including deafness, a speech or language impairment, a visual impairment including blindness, serious emotional disturbance, an orthopedic impairment, autism spectrum disorders, traumatic brain injury, deaf-blindness, or multiple disabilities may warrant Habilitative Therapies. Measurable progress emphasizes accomplishment of functional skills and independence in the context of the Member's potential ability as specified within a care plan or treatment goals. Benefits are subject to the Maximum Benefit Allowance listed in the Schedule of Benefits, Section 1, for each type of therapy under an individual medical plan (IMP) developed for each Member. "
Chiropractic Care	Yes	Covered	Yes	20	Visit(s) per Benefit Period		Chiropractic services provided on an inpatient or outpatient basis when Medically Appropriate and Necessary as determined by BCBSND and within the scope of licensure and practice of a Chiropractor, to the extent services would be covered if provided by a Physician.

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Durable Medical Equipment	Yes	Covered	No			No benefits are available for motorized equipment, except wheelchairs when Prior Approval is received from BCBSND. No benefits are available for batteries required for Home Medical Equipment, except for wheelchair batteries. Covered Services include replacement and repairs when Medically Appropriate and Necessary. Benefits will not be provided for any Home Medical Equipment required for leisure or recreational activity or to allow a Member to participate in a sport activity.	
Hearing Aids	No	Not Covered	No				
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No				
Preventive Care/Screening/Immunization	Yes	Covered	No				Preventive screening services for Members age 6 and older according to A or B Recommendations of the U.S. Preventive Services Task Force and issued by the Health Resources and Services Administration.
Routine Foot Care	No	Not Covered	No				
Acupuncture	No	Not Covered	No				
Weight Loss Programs	No	Not Covered	No				
Routine Eye Exam for Children	Yes	Covered	Yes	1	Exam(s) per Benefit Period		
Eye Glasses for Children	Yes	Covered	Yes	1	Item(s) per Benefit Period	The tinting of lenses and ultraviolet lenses for eyeglasses or contact lenses is not covered.	Frames are limited to one every other benefit period. Lenses are limited to one pair per benefit period.
Dental Check-Up for Children	Yes	Covered	Yes	2	Exam(s) per Benefit Period		
Rehabilitative Speech Therapy	Yes	Covered	Yes	30	Visit(s) per Year	Benefits are not available for Maintenance Care.	Rehabilitative Services: therapies that are designed to restore function following a surgery or medical procedure, injury or illness. Limit is combined for rehabilitation and habilitation services.
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	Yes	30	Visit(s) per Year		Rehabilitative Services: therapies that are designed to restore function following a surgery or medical procedure, injury or illness. 30-visit limit is for each of PT, OT, and ST, rehab and hab combined. Benefits are not available for Maintenance Care.
Well Baby Visits and Care	Yes	Covered	No				Well Child Care to the Member's 6th birthday, 100% of Allowed Charge. Deductible Amount is waived. For baby includes 7 visits for Members from birth through 12 months.
Laboratory Outpatient and Professional Services	Yes	Covered	No				
X-rays and Diagnostic Imaging	Yes	Covered	No				
Basic Dental Care - Child	Yes	Covered	No				
Orthodontia - Child	Yes	Covered	Yes	1	Treatment(s) per Lifetime		Only for "the treatment of improper alignment of biting or chewing surfaces of upper and lower teeth through the installation of orthodontic appliances."
Major Dental Care - Child	Yes	Covered	No				
Basic Dental Care - Adult	No	Not Covered	No				
Orthodontia - Adult	No	Not Covered	No				
Major Dental Care – Adult	No	Not Covered	No				

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Abortion for Which Public Funding is Prohibited	No	Not Covered	No				Excludes "Abortions, except for those necessary to prevent the death of the woman. No benefits are available for removal of all or part of a multiple gestation."
Transplant	Yes	Covered	Yes	1	Exam(s) per Transplant	Benefits are not available under this Benefit Plan if the Member is the donor for transplant services. Benefits are not available for artificial organs, donor search services or organ procurement if the organ or tissue is not donated.	One evaluation is allowed per transplant procedure. Services must be performed at a qualified transplant center.
Accidental Dental	Yes	Covered	No			Injury as a result of chewing or biting is not considered an accidental injury.	An accidental injury is defined as an injury that is the result of an external force causing a specific impairment to the jaw, sound natural teeth, dentures, mouth or face. Covered Services must be initiated within 6 months of the date of injury and completed within 24 months of the start of treatment or longer if a dental treatment plan approved by BCBSND is in place.
Dialysis	Yes	Covered	No				
Allergy Testing	Yes	Covered	No			Excludes the following allergy testing modalities: nasal challenge testing, provocative/neutralization testing for food and food additive allergies, leukocyte histamine release, Rebuck skin window test, passive transfer or Prausnitz-Kustner test, cytotoxic food testing, metabisulfite testing, candidiasis hypersensitivity syndrome testing, IgG level testing for food allergies, general volatile organic screening test and mauve urine test.	Benefit includes serum, direct skin testing and patch testing when ordered by a Professional Health Care Provider and performed in accordance with medical guidelines and criteria established by BCBSND.
Chemotherapy	Yes	Covered	No				
Radiation	Yes	Covered	No				
Diabetes Education	Yes	Covered	No				
Prosthetic Devices	Yes	Covered	No			Maxillofacial prosthetics. Prosthetic Limbs or components intended only for cosmetic purposes or customized coverings for terminal devices. Benefits are not available for Prosthetic Limbs or components required for work-related tasks, leisure or recreational activities or to allow a Member to participate in sport activities. Benefits are not available for dental appliances (except as listed in the Schedule of Benefits, Section 1), artificial organs or Prosthetic Appliances and Limbs intended only for cosmetic purposes.	Prior Approval is required. Benefits are available for externally worn breast prostheses and surgical bras, including necessary replacements following mastectomy, subject to a Maximum Benefit Allowance of 2 external prostheses and 2 bras per Member per Benefit Period. For a double mastectomy, allow a Maximum Benefit Allowance of 4 external prostheses and 2 bras per Member per Benefit Period.
Infusion Therapy	Yes	Covered	No				Covered Services include the provision of nutrients, antibiotics, and other drugs and fluids intravenously, through a feeding tube, or by inhalation; all Medically Appropriate and Necessary supplies; and therapeutic drugs or other substances. Covered Services also include Medically Appropriate and Necessary enteral feedings when such feedings are the sole source of nutrition for a Member.

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Treatment for Temporomandibular Joint Disorders	Yes	Covered	Yes	2	Treatment(s) per Lifetime	No benefits will be provided for Orthodontic services (except as determined Medically Appropriate and Necessary) or osseointegrated implant surgery or related services performed for the treatment of temporomandibular or craniomandibular joint disorder(s).	Benefits are subject to a Lifetime Maximum of 2 surgical procedures per Member and a Maximum Benefit Allowance of 1 splint per Member per Benefit Period.
Nutritional Counseling	Yes	Covered	Yes	4	Visit(s) per Benefit Period	Excluded: Nutritional counseling for the control of dental disease, oral hygiene instruction and personal hygiene and convenience items.	4 visits each per benefit period for hyperlipidemia, gestational diabetes, diabetes mellitus, and obesity; 2 visits per benefit period for hypertension.
Reconstructive Surgery	Yes	Covered	No				Reconstructive surgery to restore bodily function or correct deformity resulting from disease, trauma, congenital or developmental anomalies or previous therapeutic processes.

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	10
Analgesics	Opioid Analgesics, Short-acting	12
Anesthetics	Local Anesthetics	3
Anti-Addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	3
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence Treatments	2
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	1
Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	3
Antibacterials	Aminoglycosides	5
Antibacterials	Antibacterials, Other	17
Antibacterials	Beta-lactam, Cephalosporins	10
Antibacterials	Beta-lactam, Other	2
Antibacterials	Beta-lactam, Penicillins	5
Antibacterials	Macrolides	5
Antibacterials	Quinolones	10
Antibacterials	Sulfonamides	4
Antibacterials	Tetracyclines	4
Anticonvulsants	Anticonvulsants, Other	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	8
Antidepressants	Monoamine Oxidase Inhibitors	4
Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	11
Antidepressants	Tricyclics	9
Antiemetics	Antiemetics, Other	10
Antiemetics	Emetogenic Therapy Adjuncts	6
Antifungals	No USP Class	20
Antigout Agents	No USP Class	6
Anti-inflammatory Agents	Glucocorticoids	26
Anti-inflammatory Agents	Nonsteroidal Anti-inflammatory Drugs	20
Antimigraine Agents	Ergot Alkaloids	2

CATEGORY	CLASS	SUBMISSION COUNT
Antimigraine Agents	Prophylactic	3
Antimigraine Agents	Serotonin (5-HT) 1b/1d Receptor Agonists	7
Antimyasthenic Agents	Parasympathomimetics	3
Antimycobacterials	Antimycobacterials, Other	2
Antimycobacterials	Antituberculars	10
Antineoplastics	Alkylating Agents	4
Antineoplastics	Antiandrogens	4
Antineoplastics	Antiangiogenic Agents	2
Antineoplastics	Antiestrogens/Modifiers	3
Antineoplastics	Antimetabolites	4
Antineoplastics	Antineoplastics, Other	4
Antineoplastics	Aromatase Inhibitors, 3rd Generation	3
Antineoplastics	Enzyme Inhibitors	3
Antineoplastics	Molecular Target Inhibitors	13
Antineoplastics	Monoclonal Antibodies	1
Antineoplastics	Retinoids	3
Antiparasitics	Anthelmintics	4
Antiparasitics	Antiprotozoals	11
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	4
Antivirals	Anti-cytomegalovirus (CMV) Agents	2
Antivirals	Anti-hepatitis B (HBV) Agents	7
Antivirals	Anti-hepatitis C (HCV) Agents	7
Antivirals	Antitherpetic Agents	5
Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	2
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	5
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	12
Antivirals	Anti-HIV Agents, Other	3
Antivirals	Anti-HIV Agents, Protease Inhibitors	9
Antivirals	Anti-influenza Agents	4

CATEGORY	CLASS	SUBMISSION COUNT
Anxiolytics	Anxiolytics, Other	4
Anxiolytics	Benzodiazepines	0
Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	5
Bipolar Agents	Bipolar Agents, Other	7
Bipolar Agents	Mood Stabilizers	5
Blood Glucose Regulators	Antidiabetic Agents	21
Blood Glucose Regulators	Glycemic Agents	1
Blood Glucose Regulators	Insulins	10
Blood Products/Modifiers/ Volume Expanders	Anticoagulants	7
Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	6
Blood Products/Modifiers/ Volume Expanders	Coagulants	0
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	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	7
Cardiovascular Agents	Vasodilators, Direct-acting Arterial	3
Cardiovascular Agents	Vasodilators, Direct-acting Arterial/Venous	3
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	4
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	4
Central Nervous System Agents	Central Nervous System, Other	7
Central Nervous System Agents	Fibromyalgia Agents	3
Central Nervous System Agents	Multiple Sclerosis Agents	6
Dental and Oral Agents	No USP Class	8
Dermatological Agents	No USP Class	84
Enzyme Replacement/ Modifiers	No USP Class	7
Gastrointestinal Agents	Antispasmodics, Gastrointestinal	4

CATEGORY	CLASS	SUBMISSION COUNT
Gastrointestinal Agents	Gastrointestinal Agents, Other	9
Gastrointestinal Agents	Histamine2 (H2) Receptor Antagonists	4
Gastrointestinal Agents	Irritable Bowel Syndrome Agents	3
Gastrointestinal Agents	Laxatives	4
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	5
Genitourinary Agents	Phosphate Binders	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	No USP Class	31
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)	Progesterone Agonists/Antagonists	0
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 (Pituitary)	No USP Class	4
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	3
Hormonal Agents, Suppressant (Pituitary)	No USP Class	7
Hormonal Agents, Suppressant (Thyroid)	Antithyroid Agents	2
Immunological Agents	Angioedema (HAE) Agents	1
Immunological Agents	Immune Suppressants	17
Immunological Agents	Immunizing Agents, Passive	0
Immunological Agents	Immunomodulators	13
Inflammatory Bowel Disease Agents	Aminosaliclates	3
Inflammatory Bowel Disease Agents	Glucocorticoids	5
Inflammatory Bowel Disease Agents	Sulfonamides	1
Metabolic Bone Disease Agents	No USP Class	14
Ophthalmic Agents	Ophthalmic Prostaglandin and Prostanoid Analogs	3
Ophthalmic Agents	Ophthalmic Agents, Other	20
Ophthalmic Agents	Ophthalmic Anti-allergy Agents	9
Ophthalmic Agents	Ophthalmic Antiglaucoma Agents	17
Ophthalmic Agents	Ophthalmic Anti-inflammatories	11
Otic Agents	No USP Class	8

CATEGORY	CLASS	SUBMISSION COUNT
Respiratory Tract/ Pulmonary Agents	Antihistamines	9
Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	7
Respiratory Tract/ Pulmonary Agents	Antileukotrienes	3
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	3
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	10
Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	3
Respiratory Tract/ Pulmonary Agents	Mast Cell Stabilizers	1
Respiratory Tract/ Pulmonary Agents	Phosphodiesterase Inhibitors, Airways Disease	5
Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	6
Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	2
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	7
Therapeutic Nutrients/ Minerals/ Electrolytes	Vitamins	0