

## NORTH CAROLINA EHB BENCHMARK PLAN (2025-2027)

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### SUMMARY INFORMATION

|   |  |
|---|--|
| <b>Plan Type</b>  | Small Group Market                                     |
| <b>Issuer Name</b>  | Blue Cross and Blue Shield of North Carolina           |
| <b>Product Name</b>   | Blue Options   |
| <b>Plan Name</b>  | Blue Options PPO                                       |
| <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  |                        |                           | Excludes homemaker services, such as cooking, housekeeping, and food or meal preparation.   | Benefits for Hospice services for care of a terminally ill Member with a life expectancy of six months or less.  |
| Routine Dental Services (Adult)                              | No       | Not Covered                        | No  |                        |                           |   |  |
| Infertility Treatment  | Yes      | Covered                            | Yes                                       | 3                      | Treatment(s) per Lifetime |   | "Infertility Services- Benefits are provided for certain services related to the diagnosis, treatment and correction of any underlying causes of infertility for all members. Benefits are limited to three medical ovulation induction cycles per lifetime per member. Prescription Drug Benefits- Certain prescription drugs related to treatment of infertility. Infertility drugs are limited to benefit lifetime maximums per member. The lifetime maximums are described in BCBSNC medical policies, which are guides considered by BCBSNC when making coverage determinations." |
| Long-Term/Custodial Nursing Home Care                        | No       | Not Covered                        | No  |                        |                           |   |  |
| Private-Duty Nursing   | Yes      | Covered                            | No  |                        |                           | Excludes services provided by a close relative or a member of the household.  |  |
| Routine Eye Exam (Adult)                                     | No       | Not Covered                        | No  |                        |                           |   |  |
| Urgent Care Centers or Facilities                            | Yes      | Covered                            | No  |                        |                           |   |  |
| Home Health Care Services                                    | Yes      | Covered                            | No  |                        |                           | Excludes homemaker services, such as cooking and housekeeping; Dietitian services or meals; Services that are provided by a close relative or a member of the household.  |  |
| Emergency Room Services                                      | Yes      | Covered                            | No  |                        |                           |   |  |
| Emergency Transportation/Ambulance                           | Yes      | Covered                            | No  |                        |                           | Excludes services provided primarily for the convenience of travel, transportation to or from a doctor's office or dialysis center, transportation for the purpose of receiving services that are not considered "covered services."  |  |
| Inpatient Hospital Services (e.g., Hospital Stay)            | Yes      | Covered                            | No  |                        |                           | Admissions primarily for the purpose of receiving diagnostic services or a physical examination; admissions primarily for the purpose of receiving therapy services, except when the admission is a continuation of treatment following care at an inpatient facility for an illness or accident requiring therapy. |  |
| Inpatient Physician and Surgical Services                    | Yes      | Covered                            | No  |                        |                           |   |  |
| Bariatric Surgery  | Yes      | Covered                            | No  |                        |                           | Excludes removal of excess skin from the abdomen, arms or thighs.   | For surgical treatment of morbid obesity.  |
| Cosmetic Surgery   | No       | Not Covered                        | No  |                        |                           |   |  |
| Skilled Nursing Facility                                     | Yes      | Covered                            | Yes                                       | 60                     | Day(s) per Benefit Period |   |  |

| 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   |
|--|----------|------------------------------------|---|------------------------|-----------------------------|--|---|
| 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 counseling with relatives about a patient.  |   |
| Mental/Behavioral Health Inpatient Services            | Yes      | Covered                            | No  |                        |                             | Excludes, "Inpatient confinements that are primarily intended as a change of environment"; Counseling with relatives of a patient.   |   |
| Substance Abuse Disorder Outpatient Services           | Yes      | Covered                            | No  |                        |                             | Excludes counseling with relatives about a patient.  |   |
| Substance Abuse Disorder Inpatient Services            | Yes      | Covered                            | No  |                        |                             | Excludes, "Inpatient confinements that are primarily intended as a change of environment"; Counseling with relatives of a patient.   |   |
| Generic Drugs  | Yes      | Covered                            | No  |                        |                             | Excludes injections by a health care professional of injectable which can be self-administered, unless medical supervision is required; drugs associated with conception by artificial means; experimental drugs as outlined in document.  |   |
| Preferred Brand Drugs                                  | Yes      | Covered                            | No  |                        |                             | Excludes injections by a health care professional of injectable which can be self-administered, unless medical supervision is required; drugs associated with conception by artificial means; experimental drugs as outlined in document.  |   |
| Non-Preferred Brand Drugs                              | Yes      | Covered                            | No  |                        |                             | Excludes injections by a health care professional of injectable which can be self-administered, unless medical supervision is required; drugs associated with conception by artificial means; experimental drugs as outlined in document.  |   |
| Specialty Drugs  | Yes      | Covered                            | No  |                        |                             | Excludes injections by a health care professional of injectable which can be self-administered, unless medical supervision is required; drugs associated with conception by artificial means; experimental drugs as outlined in document.  |   |
| Outpatient Rehabilitation Services                     | Yes      | Covered                            | Yes                                       | 30                     | Visit(s) per Benefit Period | Applied Behavior Analysis (ABA) therapy; Cognitive therapy; Speech therapy for stammering or stuttering; Group classes for pulmonary rehabilitation; music therapy, remedial reading, recreational or activity therapy, all forms or special education and supplies or equipment used similarly; maintenance therapy; massage therapy. | Combined 30 visit limit for occupational and physical therapies and chiropractic services.                                    |
| Habilitation Services                                  | Yes      | Covered                            | Yes                                       | 30                     | Visit(s) per Benefit Period | Cognitive Therapy. Group classes for pulmonary rehabilitation.   | Combined 30 visit limit for occupational and physical therapies and chiropractic services.                                    |
| Chiropractic Care                                      | Yes      | Covered                            | Yes                                       | 30                     | Visit(s) per Benefit Period |  | 30 visit limits for PT and OT combined (including chiropractic).  |
| Durable Medical Equipment                              | Yes      | Covered                            | No  |                        |                             | Appliances and accessories that serve no medical purpose or that are primarily for comfort or convenience; repair or replacement of equipment due to abuse or desire for new equipment.  | Orthotic devices for correction of POSITIONAL PLAGIOCEPHALY are limited to 1 device per lifetime.                             |
| Hearing Aids   | Yes      | Covered                            | Yes                                       | 1                      | Item(s) per 3 Years         | Limited to members under the age of 22.  | One hearing aid per hearing impaired ear, and replacement hearing aids for members under the age of 22. Once every 36 months. |
| Imaging (CT/PET Scans, MRIs)                           | Yes      | Covered                            | No  |                        |                             | Lab tests that are not ordered by Doctor of Other Provider.  |   |

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|---|----------|------------------------------------|---|------------------------|-----------------------------|--|---|
| Preventive Care/Screening/Immunization                          | Yes      | Covered                            | No  |                        |                             |  | All preventive care that is not state mandated is not covered OON.  |
| 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  |  |   |
| Dental Check-Up for Children                                    | Yes      | Covered                            | Yes                                       | 2                      | Visit(s) per Benefit Period |  |   |
| Rehabilitative Speech Therapy                                   | Yes      | Covered                            | Yes                                       | 30                     | Visit(s) per Benefit Period | Excludes speech therapy for stammering or stuttering.  |   |
| Rehabilitative Occupational and Rehabilitative Physical Therapy | Yes      | Covered                            | Yes                                       | 30                     | Visit(s) per Benefit Period |  | Combined 30 visit limit for occupational and physical therapies and chiropractic services.  |
| Well Baby Visits and Care                                       | Yes      | Covered                            | No  |                        |                             |  |   |
| Laboratory Outpatient and Professional Services                 | Yes      | Covered                            | No  |                        |                             | Lab tests that are not ordered by a Doctor or Other Provider.  |   |
| X-rays and Diagnostic Imaging                                   | Yes      | Covered                            | No  |                        |                             | Lab tests that are not ordered by a Doctor or Other Provider.  |   |
| Basic Dental Care - Child                                       | Yes      | Covered                            | No  |                        |                             |  |   |
| Orthodontia - Child   | Yes      | Covered                            | No  |                        |                             |  |   |
| 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  |                        |                             |  |   |
| Abortion for Which Public Funding is Prohibited                 | No       | Not Covered                        | No  |                        |                             |  |   |
| Transplant  | Yes      | Covered                            | No  |                        |                             | The purchase price of organs or tissue if any organ or tissue is sold rather than donated to the recipient member; the procurement of organs, tissue, bone marrow, or peripheral blood stem cells or any other donor services if a recipient is not a member; transplants, including high dose chemotherapy, considered experimental or investigational; services for or related to the transplantation of animal or artificial organs or tissues. | Benefits are provided for reasonable and necessary services related to the search for a donor up to a maximum of \$10,000 per transplant; Both the recipient and the donor are entitled to benefits of this coverage when the recipient is a MEMBER. Benefits provided to the donor will be charged against the recipient's coverage. |
| Accidental Dental   | Yes      | Covered                            | No  |                        |                             | Excludes injury related to chewing or biting.  |   |
| Dialysis  | Yes      | Covered                            | No  |                        |                             |  |   |
| Allergy Testing   | Yes      | Covered                            | No  |                        |                             |  |   |
| Chemotherapy  | Yes      | Covered                            | No  |                        |                             |  |   |
| Radiation   | Yes      | Covered                            | No  |                        |                             |  |   |
| Diabetes Education  | Yes      | Covered                            | No  |                        |                             |  |   |
| Prosthetic Devices  | Yes      | Covered                            | No  |                        |                             | Dental appliances except when medically necessary for the treatment of temporomandibular joint disease or obstructive sleep apnea; cosmetic improvements, such as implants of hair follicles and skin tone enhancements; lenses for keratoconus or any other eye procedure except as specifically covered under the health plan.   | Prosthetic appliance must replace all or part of a body part or its function. Therapeutic contact lenses may be covered when used as a corneal bandage for a medical condition; benefits include a one-time replacement of eyeglass or contact lenses due to a prescription change following cataract surgery.                        |
| Infusion Therapy  | Yes      | Covered                            | No  |                        |                             |  |   |

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|--|----------|------------------------------------|---|------------------------|-----------------|--|--|
| <b>Treatment for Temporomandibular Joint Disorders</b> | Yes      | Covered                            | No  |                        |                 | Excludes Treatment for periodontal disease; Dental implants or root canals; Crowns and bridges; Orthodontic brace; Occlusal (bite) adjustments; Extractions. | Therapeutic benefits for TMJ disease include splinting and use of intra-oral PROSTHETIC APPLIANCES to reposition the bones. Surgical benefits for TMJ disease are limited to SURGERY performed on the temporomandibular joint. If TMJ is caused by malocclusion, benefits are provided for surgical correction of malocclusion when surgical management of the TMJ is MEDICALLY NECESSARY. |
| <b>Nutritional Counseling</b>                          | Yes      | Covered                            | No  |                        |                 |  | Nutritional counseling visits are separate from the obesity-related office visits.   |
| <b>Reconstructive Surgery</b>                          | Yes      | Covered                            | No  |                        |                 |  | Benefits include coverage for congenital defects of newborn, adopted, and foster children; reconstruction following a mastectomy.  |

## **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  | 9                       |
| 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  | 0                       |
| Anti-Addiction/ Substance Abuse Treatment Agents | Smoking Cessation Agents  | 1                       |
| Antibacterials                                   | Aminoglycosides   | 3                       |
| Antibacterials                                   | Antibacterials, Other   | 13                      |
| 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  | 10                      |
| Antiemetics                                      | Antiemetics, Other  | 8                       |
| Antiemetics                                      | Emetogenic Therapy Adjuncts   | 5                       |
| 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  | 4                |
| Antineoplastics       | Antiandrogens  | 4                |
| 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                                      | 19               |
| 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  | 9                |
| 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                                    | 2                |
| Antivirals            | Antiherpetic Agents  | 3                |

| CATEGORY                     | CLASS   | SUBMISSION COUNT |
|------------------------------|---|------------------|
| Antivirals                   | Anti-HIV Agents, Integrase Inhibitors (INSTI)   | 3                |
| Antivirals                   | Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)                                | 6                |
| Antivirals                   | Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)                      | 13               |
| Antivirals                   | Anti-HIV Agents, Other  | 3                |
| 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   | 7                |
| Bipolar Agents               | Mood Stabilizers  | 4                |
| Blood Glucose Regulators     | Antidiabetic Agents   | 18               |
| Blood Glucose Regulators     | Glycemic Agents   | 1                |
| Blood Glucose Regulators     | Insulins  | 10               |
| Blood Products and Modifiers | Anticoagulants  | 6                |
| Blood Products and Modifiers | Blood Products and Modifiers, Other   | 6                |
| Blood Products and Modifiers | Hemostasis Agents   | 2                |
| Blood Products and Modifiers | Platelet Modifying Agents   | 7                |
| Cardiovascular Agents        | Alpha-adrenergic Agonists   | 4                |
| Cardiovascular Agents        | Alpha-adrenergic Blocking Agents  | 4                |
| Cardiovascular Agents        | Angiotensin II Receptor Antagonists   | 7                |
| Cardiovascular Agents        | Angiotensin-converting Enzyme (ACE) Inhibitors  | 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  | 6                |
| 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)               | 2                |
| Cardiovascular Agents  | Vasodilators, Direct-acting Arterial                              | 2                |
| 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                                     | 10               |
| Central Nervous System Agents  | Fibromyalgia Agents   | 3                |
| Central Nervous System Agents  | Multiple Sclerosis Agents   | 7                |
| 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                                      | 13               |
| Dermatological Agents  | Pediculicides/Scabicides  | 5                |
| Dermatological Agents  | Topical Anti-infectives   | 17               |
| Electrolytes/ Minerals/ Metals/ Vitamins                                 | Electrolyte/Mineral Replacement                                   | 4                |
| Electrolytes/ Minerals/ Metals/ Vitamins                                 | Electrolyte/Mineral/Metal Modifiers                               | 5                |
| 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                                    | 9                |
| 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  | 4                |
| 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  | 15               |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Progestins   | 15               |
| Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers) | Selective Estrogen Receptor Modifying Agents           | 5                |
| 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                                      | 1                |
| Immunological Agents   | Immunoglobulins  | 0                |
| Immunological Agents   | Immunological Agents, Other                            | 9                |
| Immunological Agents   | Immunostimulants                                       | 2                |
| Immunological Agents   | Immunosuppressants                                     | 13               |
| Inflammatory Bowel Disease Agents  | Aminosalicylates                                       | 3                |
| Inflammatory Bowel Disease Agents  | Glucocorticoids  | 6                |
| Metabolic Bone Disease Agents  | No USP Class   | 13               |
| Ophthalmic Agents  | Ophthalmic Agents, Other                               | 3                |
| Ophthalmic Agents  | Ophthalmic Anti-allergy Agents                         | 6                |
| Ophthalmic Agents  | Ophthalmic Anti-Infectives                             | 13               |
| 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        | 3                |
| Otic Agents  | No USP Class   | 9                |
| Respiratory Tract/ Pulmonary Agents  | Antihistamines   | 10               |
| 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              | 13               |
| 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                   | 6                |
| Respiratory Tract/ Pulmonary Agents | Pulmonary Fibrosis Agents                     | 0                |
| Respiratory Tract/ Pulmonary Agents | Respiratory Tract Agents, Other               | 6                |
| Skeletal Muscle Relaxants           | No USP Class                                  | 9                |
| Sleep Disorder Agents               | Sleep Promoting Agents                        | 10               |
| Sleep Disorder Agents               | Wakefulness Promoting Agents                  | 2                |