MONTANA EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Plan from largest small group product, Preferred Provider Organization
Issuer Name	Blue Cross and Blue Shield of Montana
Product Name	Blue Dimensions
Plan Name	Blue Dimensions
Supplemented Categories (Supplementary Plan Type)	• Pediatric Oral (FEDVIP) • Pediatric Vision (FEDVIP)
Habilitative Services Included Benchmark (Yes/No)	Yes

BENEFITS AND LIMITS

Row Number	A Benefit	B Covered (Required): Is benefit Covered or Not Covered	C Benefit Description (Required if benefit is Covered): Enter a Description, it may be the same as the Benefit name	D Quantitative Limit on Service? (Required if benefit is Covered): Select "Yes" if Quantitative Limit applies	E Limit Quantity (Required if Quantitative Limit is "Yes"): Enter Limit Quantity	F Limit Units (Required if Quantitative Limit is "Yes"): Select the correct limit units	G Other Limit Units Description (Required if "Other" Limit Unit): If a Limit Unit of "Other" was selected in Limit Units, enter a description	H Minimum Stay (Optional): Enter the Minimum Stay (in hours) as a whole number	I Exclusions (Optional): Enter any Exclusions for this benefit	J Explanation: (Optional) Enter an Explanation for anything not listed	K Does this benefit have additional limitations or restrictions? (Required if benefit is Covered): Select "Yes" if there are additional limitations or restrictions that need to be described
1	**Primary Care Visit to Treat an Injury or Illness**	Covered	Primary Care visit to treat an injury or illness.	No							No
2	**Specialist Visit**	Covered	Specialist visit to treat an injury or illness.	No							No
3	**Other Practitioner Office Visit (Nurse, Physician Assistant)**	Covered	Primary Care visit to treat an injury or illness	No							No
4	**Outpatient Facility Fee (e.g., Ambulatory Surgery Center)**	Covered	Outpatient Facility and Ambulatory Surgery Center services for illness and injuries. Services of a surgical facility or freestanding facility (surgery centers).	No					Reconstructive surgery for cosmetic purposes (improve appearance), reconstructive cosmetic procedures.		No
5	**Outpatient Surgery Physician/Surgical Services**	Covered	Outpatient Surgery Physician and Surgery Center services for illness and injuries. Services by a professional provider	No					Reconstructive surgery for cosmetic purposes (improve appearance), reconstructive cosmetic procedures.		No
6	**Hospice Services**	Covered	Hospice Services - Inpatient and outpatient care, home care, skilled nursing, counseling and other support services	No					Services that do not require skilled nursing care, including custodial care or care for the convenience of the patient or family member.		No
7	**Non-Emergency Care When Traveling Outside the U.S.**	Covered	Non-Emergency care when traveling outside the U.S.	No							No
8	**Routine Dental Services (Adult)**	Not Covered									
9	**Infertility Treatment**	Covered	Infertility Treatment includes services to diagnose infertility, services related to artificial insemination, medical care needed to correct an underlying cause of infertility.	No					Invitro fertilization.		No
10	**Long-Term/ Custodial Nursing Home Care**	Not Covered									
11	**Private-Duty Nursing**	Not Covered									
12	**Routine Eye Exam (Adult)**	Not Covered									

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13	**Urgent Care Centers or Facilities**	Covered	Urgent Care visit to treat and Injury or Illness	No							No
14	**Home Health Care Services**	Covered	Home Health Care Services prescribed and supervised by the attending physician provided in the member's home by a licensed Home Health Agency and are part of the member's treatment plan. Services include: nursing services; home health aide services; hospice services; physical, occupational and speech therapy; medical social worker; medical supplies and equipment suitable for use in the home; medically necessary personal hygiene, grooming and dietary assistance.	Yes	180	Visits per year			Maintenance or custodial care visits; domestic or housekeeping services; "Meals on Wheels" or similar food.		No
15	**Emergency Room Services**	Covered	Emergency Room Services for the treatment of accidental injury and emergency services.	No							No
16	**Emergency Transportation/ Ambulance**	Covered	Emergency Transportation or Ambulance - provided by a licensed ambulance and required for an emergency medical condition to the nearest hospital with appropriate facilities.	No							No
17	**Inpatient Hospital Services (e.g., Hospital Stay)**	Covered	Inpatient Hospital Services for illness and injuries. Includes room and board accommodations and miscellaneous hospital services including: laboratory procedures; operating room, delivery room, recovery room; anesthetic supplies; surgical supplies; oxygen and use of equipment for its administration; x-ray, intravenous injections and setup; special diets; respiratory therapy, chemotherapy, radiation therapy, dialysis and physical therapy, speech therapy and occupational therapy.	Yes	365	Days per year			Does not include the following: a nursing home; a rest home; hospice; a rehabilitation facility; a skilled nursing facility; a convalescent home; a long-term, chronic-care institution or facility providing the type of care listed above.		No
18	**Inpatient Physician and Surgical Services**	Covered	Inpatient physician and surgical services for illness or injury.	No							No
19	**Bariatric Surgery**	Not Covered									

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20	**Cosmetic Surgery**	Covered	Cosmetic services when provided to correct a condition resulting from an accident, a condition resulting from an injury or to treat a congenital anomaly.	No							No
21	**Skilled Nursing Facility**	Covered	Skilled Nursing Facility or Convalescent Home Services. Services of a Skilled Nursing facility as an alternative to Hospital Inpatient Care.	Yes	60	Days per year			Custodial care.		No
22	**Prenatal and Postnatal Care**	Covered	Prenatal and postnatal care.	No							No
23	**Delivery and All Inpatient Services for Maternity Care**	Covered	Delivery and all inpatient services for maternity care. Delivery of one or more newborns. Includes the initial care of a newborn at birth provided by a physician; standby care provided by a pediatrician at a cesarean section and Nursery care (hospital nursery care of newborn infants).	No							No
24	**Mental/Behavioral Health Outpatient Services**	Covered	Mental/Behavioral Health Outpatient Services. The care and treatment of mental illness provided by a hospital; a physician or prescribed by a physician; a mental health treatment center; a chemical dependency treatment center; a psychologist, a licensed social worker; a licensed professional addiction counselor or a licensed psychiatrist. Outpatient benefits must be provided to diagnose and treat recognized mental illness and treatment must be reasonably expected to improve and restore the level of functioning that has been affected by the mental illness.	No					Marriage counseling, hypnotherapy and services given by a staff member of a school or halfway house.		No

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25	**Mental/Behavioral Health Inpatient Services**	Covered	Mental/Behavioral Health Inpatient Services. Care must be provided in or by a hospital; a freestanding inpatient facility or a physician. Medically monitored and medically managed intensive inpatient care and clinically managed high-intensity residential services are covered. Partial Hospitalization services must be provided by a hospital, a freestanding inpatient facility or a physician.	No							No
26	**Substance Abuse Disorder Outpatient Services**	Covered	Substance Abuse Disorder Outpatient Services - Chemical Dependency. The care and treatment for Chemical Dependency provided by a hospital; a mental health treatment center; a chemical dependency treatment center; a physican or prescribed by a physican; a psychologist; a licensed social worker; a licensed professional counselor, or an addiction counselor licensed by the state or a licensed psychiatrist. Outpatient services must be provided to diagnose and treat a recognized chemical dependency and treatment must be reasonably expected to improve or restore the level of functioning that has been affected by the chemical dependency.	No					Marriage counseling, hypnotherapy and services given by a staff member of a school or halfway house.		No
27	**Substance Abuse Disorder Inpatient Services**	Covered	Substance Abuse Disorder Inpatient Services. Chemical Dependency. Care must be provided in or by: a hospital; a freestanding inpatient facility or a physician. Medically monitored and medically managed intensive inpatient care services and clinically managed high-intensity residential services are covered.	No							No
28	**Generic Drugs**	Covered	Generic Drugs	No							No
29	**Preferred Brand Drugs**	Covered	Preferred Brand Drugs	No							No

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30	**Non-Preferred Brand Drugs**	Covered	Non-Preferred Brand Drugs	No							No
31	**Specialty Drugs**	Covered	Specialty Drugs	No							No
32	**Outpatient Rehabilitation Services**	Covered	Outpatient Rehabilitation Services. Services provided for: physical therapy; speech therapy; cardiac therapy and occupational therapy.	No							No
33	**Habilitation Services**	Covered	A specialized, intense and comprehensive program of therapies and treatment services, including but not limited to physical, occupational and speech therapy, provided by a multidisciplinary team for treatment of an injury or physical deficit. A Rehabilitation Therapy program is provided by a rehabilitation facility in an inpatient care or outpatient setting; provided under the direction of a qualified physician and according to a formal written treatment plan with specific goals; designed to restore the patient's maximum function and independence; and medically necessary to improve or restore bodily function and the member must continue to show measurable progress. For Autism Spectrum Disorders (autistic disorder, Asperger's Disorder, Pervasive Developmental Disorder) covered services include: habilative or rehabilitive care, including, but not limited to professional, counseling and guidance services and treatment programs; Applied Behavora Analysis (ABA): discrete trail training, pivotal response training, intensive intervention programs and early intensive behavioral intervention; medications; psychiatric or psychological care; and therapeutic care provided by a speech-language pathologist, audiologist, occupational therapist or physical therapist.	Yes	50000	Other	50,000 for ABA services for members 0 through 8 years of age and 20,000 for aba services for members 9 through 18 years of age.		Custodial care, diagnostic admissions, maintenance, nonmedical self-help or vocational educational therapy, social or cultural rehabilitation, learning and developmental disabilities and visual, speech or auditory disordered because of leaning and developmental disabilities.		No

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34	**Chiropractic Care**	Covered	Chiropractic care including spinal manipulations	Yes	600	Other	$600 maximum per benefit period for treatments, $100 maximum for office visit x-rays				No
35	**Durable Medical Equipment**	Covered	Durable Medical Equipment. Includes appropriate equipment used for therapeutic purposes where the member resides. The equipment must be able to withstand repeated use; primarily used to serve a medical purpose rather than for comfort or convenience; generally not useful to a personal who is not ill or injured and prescribed by a physician.	No					Exclusions include exercise equipment; car lifts or stair lifts; whirlpool baths, hot tubs, saunas, - waterbeds; computerized or deluxe equipment; computer-assisted communication devices; durable medical equipment required primarily for use in athletics; replacement of lost or stolen durable medical equipment; repair or rental equipment; deluxe equipment and duplicate equipment purchased primarily as a convenience.		No
36	**Hearing Aids**	Not Covered									
37	**Diagnostic Test (X-Ray and Lab Work)**	Covered	Diagnostic Test (X-Ray and Lab work) Diagnostic x-ray examinations, laboratory and tissue diagnostic examinations and medical diagnostic procedures.	No							No
38	**Imaging (CT/PET Scans, MRIs)**	Covered	Imaging (CT/PET Scans, MRI's). Diagnostic x-ray and imaging. Tests include Computerized tomography scan (CT scan), MRI's, Ultrasound.	No							No

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39	**Preventive Care/ Screening/ Immunization**	Covered	Preventive Health Care services include, but are not limited to: services that have an "A" or "B" rating in the United States Preventive Serivces Task Force's current recommendations; immunizations recommended by the Advisory Committee of Immunizations Practices of the Centers for Disease Control and Prevention; Health Resources and Services Administration (HRSA) Guidelines for Preventive Care & Screenings for Infants, Children, Adolescents and Women; and current recommendation of the United States Preventive Service Task Force regarding breast cancer screening, mammography, and prevention issued prior to November 2009. As of 8/1/2012 Women's Preventive as outlined by ACA.	Yes	1	Other	Purchase of one breast pump per birth event.				No
40	**Routine Foot Care**	Not Covered									
41	**Acupuncture**	Not Covered									
42	**Weight Loss Programs**	Not Covered									
43	**Routine Eye Exam for Children**	Covered	Routine eye exam	Yes	1	Visits per year					No
44	**Eye Glasses for Children**	Covered	Eyeglasses for adults and children	Yes	1	Other	1 pair of glasses (lenses and frames per year)				No
45	**Dental Check-Up for Children**	Covered	Dental Exams	Yes	1	Other	1 every 6 months			Limitations, including dollar limits, may apply	No

OTHER BENEFITS

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1	**Other**	Covered	Dental Surgery	No							No
2	**Other**	Covered	Dental Services Resulting from an Accident. Medically necessary services for the initial repair or replacement of sound natural teeth which are damaged as a result of an accident.	No					Exclusions include: orthodontics, dentofacial orthopedics or related appliances even if related to the accident. Services for the repair of teeth which are damaged as the result of biting and chewing.		No
3	**Other**	Covered	TMJ	No					Nonsurgical treatment for malocclusion of the jaw, including services for TMJ, anterior and internal dislocations, derangements and myofascial pain syndrome, orthodontics or related appliances.		No
4	**Other**	Covered	Radiation Therapy	No							No
5	**Other**	Covered	Chemotherapy	No							No
6	**Other**	Covered	Infusion Therapy	No							No
7	**Other**	Covered	Renal Dialysis/Hemodialysis	No							No
8	**Other**	Covered	Alternative Medicine	No					Acupressure, homeopathy, hypnotherapy, rolfing, holistic medicine.		No
9	**Other**	Covered	Allergy Treatment	No							No
10	**Other**	Covered	Organ Transplant. Includes heart, heart/lung, single lung/double lung, liver, pancreas, simultaneous pancreas/kidney, bone marrow/stem cell, small bowel transplant, cornea and renal transplant.	No					Exclusions include: experimental or investigational procedures, transplants of a nonhuman organ or artificial organ implant and donor searches.		No
11	**Other**	Covered	Diabetic Supplies	Yes	1	Other	One insulin pump each warranty period				No
12	**Other**	Covered	Cochlear Implants if medically necessary.	No							No
13	**Other**	Covered	ABA Therapy is available for members with an Autism, Asperger's or Pervasive Developmental Disorder and are under 19 years of age	Yes	50000	Other	Maximum per benefit period. $50,000 for members 0 through 8 years of age and $20,000 for members 9 through 18 years of age.				No
14	**Other**	Covered	Individual Educational Services, other than diabetic education, that are related to a medical condition.	Yes	5	Visits per year					No

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15	**Other**	Covered	Basic Dental Care – Child	No						Limitations, including dollar limits, may apply.	No
16	**Other**	Covered	Major Dental Care – Child	No						Limitations, including dollar limits, may apply.	No
17	**Other**	Covered	Orthodontia - Child	No						Limitations, including dollar limits, may apply.	No

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

CATEGORY	CLASS	SUBMISSION COUNT
ANALGESICS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	20
ANALGESICS	OPIOID ANALGESICS, LONG-ACTING	9
ANALGESICS	OPIOID ANALGESICS, SHORT-ACTING	9
ANESTHETICS	LOCAL ANESTHETICS	3
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	ALCOHOL DETERRENTS/ANTI-CRAVING	3
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	OPIOID ANTAGONISTS	3
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	SMOKING CESSATION AGENTS	1
ANTI-INFLAMMATORY AGENTS	GLUCOCORTICOIDS	1
ANTI-INFLAMMATORY AGENTS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	20
ANTIBACTERIALS	AMINOGLYCOSIDES	9
ANTIBACTERIALS	ANTIBACTERIALS, OTHER	20
ANTIBACTERIALS	BETA-LACTAM, CEPHALOSPORINS	18
ANTIBACTERIALS	BETA-LACTAM, OTHER	5
ANTIBACTERIALS	BETA-LACTAM, PENICILLINS	11
ANTIBACTERIALS	MACROLIDES	4
ANTIBACTERIALS	QUINOLONES	8
ANTIBACTERIALS	SULFONAMIDES	4
ANTIBACTERIALS	TETRACYCLINES	4
ANTICONVULSANTS	ANTICONVULSANTS, OTHER	2
ANTICONVULSANTS	CALCIUM CHANNEL MODIFYING AGENTS	4
ANTICONVULSANTS	GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS	5
ANTICONVULSANTS	GLUTAMATE REDUCING AGENTS	3
ANTICONVULSANTS	SODIUM CHANNEL AGENTS	7
ANTIDEMENTIA AGENTS	ANTIDEMENTIA AGENTS, OTHER	1
ANTIDEMENTIA AGENTS	CHOLINESTERASE INHIBITORS	3
ANTIDEMENTIA AGENTS	N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	1
ANTIDEPRESSANTS	ANTIDEPRESSANTS, OTHER	7
ANTIDEPRESSANTS	MONOAMINE OXIDASE INHIBITORS	4
ANTIDEPRESSANTS	SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS	9
ANTIDEPRESSANTS	TRICYCLICS	9
ANTIEMETICS	ANTIEMETICS, OTHER	10
ANTIEMETICS	EMETOGENIC THERAPY ADJUNCTS	8
ANTIFUNGALS	NO USP CLASS	25
ANTIGOUT AGENTS	NO USP CLASS	5
ANTIMIGRAINE AGENTS	ERGOT ALKALOIDS	2
ANTIMIGRAINE AGENTS	PROPHYLACTIC	4

CATEGORY	CLASS	SUBMISSION COUNT
ANTIMIGRAINE AGENTS	SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS	7
ANTIMYASTHENIC AGENTS	PARASYMPATHOMIMETICS	3
ANTIMYCOBACTERIALS	ANTIMYCOBACTERIALS, OTHER	2
ANTIMYCOBACTERIALS	ANTITUBERCULARS	10
ANTINEOPLASTICS	ALKYLATING AGENTS	8
ANTINEOPLASTICS	ANTIANGIOGENIC AGENTS	2
ANTINEOPLASTICS	ANTIESTROGENS/MODIFIERS	3
ANTINEOPLASTICS	ANTIMETABOLITES	3
ANTINEOPLASTICS	ANTINEOPLASTICS, OTHER	6
ANTINEOPLASTICS	AROMATASE INHIBITORS, 3RD GENERATION	3
ANTINEOPLASTICS	ENZYME INHIBITORS	3
ANTINEOPLASTICS	MOLECULAR TARGET INHIBITORS	12
ANTINEOPLASTICS	MONOCLONAL ANTIBODIES	3
ANTINEOPLASTICS	RETINOIDS	3
ANTIPARASITICS	ANTHELMINTICS	3
ANTIPARASITICS	ANTIPROTOZOALS	12
ANTIPARASITICS	PEDICULICIDES/SCABICIDES	6
ANTIPARKINSON AGENTS	ANTICHOLINERGICS	3
ANTIPARKINSON AGENTS	ANTIPARKINSON AGENTS, OTHER	3
ANTIPARKINSON AGENTS	DOPAMINE AGONISTS	4
ANTIPARKINSON AGENTS	DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS	2
ANTIPARKINSON AGENTS	MONOAMINE OXIDASE B (MAO-B) INHIBITORS	2
ANTIPSYCHOTICS	1ST GENERATION/TYPICAL	9
ANTIPSYCHOTICS	2ND GENERATION/ATYPICAL	9
ANTIPSYCHOTICS	TREATMENT-RESISTANT	1
ANTISPASTICITY AGENTS	NO USP CLASS	5
ANTIVIRALS	ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	4
ANTIVIRALS	ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS	5
ANTIVIRALS	ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS	11
ANTIVIRALS	ANTI-HIV AGENTS, OTHER	3
ANTIVIRALS	ANTI-HIV AGENTS, PROTEASE INHIBITORS	9
ANTIVIRALS	ANTI-INFLUENZA AGENTS	4
ANTIVIRALS	ANTIHEPATITIS AGENTS	12
ANTIVIRALS	ANTIHERPETIC AGENTS	6
ANXIOLYTICS	ANXIOLYTICS, OTHER	3
ANXIOLYTICS	SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)	5

CATEGORY	CLASS	SUBMISSION COUNT
BIPOLAR AGENTS	BIPOLAR AGENTS, OTHER	6
BIPOLAR AGENTS	MOOD STABILIZERS	5
BLOOD GLUCOSE REGULATORS	ANTIDIABETIC AGENTS	21
BLOOD GLUCOSE REGULATORS	GLYCEMIC AGENTS	2
BLOOD GLUCOSE REGULATORS	INSULINS	8
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	ANTICOAGULANTS	7
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	BLOOD FORMATION MODIFIERS	7
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	COAGULANTS	1
BLOOD PRODUCTS/MODIFIERS VOLUME EXPANDERS	PLATELET MODIFYING AGENTS	7
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC AGONISTS	5
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC BLOCKING AGENTS	4
CARDIOVASCULAR AGENTS	ANGIOTENSIN II RECEPTOR ANTAGONISTS	8
CARDIOVASCULAR AGENTS	ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	10
CARDIOVASCULAR AGENTS	ANTIARRHYTHMICS	10
CARDIOVASCULAR AGENTS	BETA-ADRENERGIC BLOCKING AGENTS	13
CARDIOVASCULAR AGENTS	CALCIUM CHANNEL BLOCKING AGENTS	9
CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS, OTHER	4
CARDIOVASCULAR AGENTS	DIURETICS, CARBONIC ANHYDRASE INHIBITORS	2
CARDIOVASCULAR AGENTS	DIURETICS, LOOP	4
CARDIOVASCULAR AGENTS	DIURETICS, POTASSIUM-SPARING	4
CARDIOVASCULAR AGENTS	DIURETICS, THIAZIDE	6
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	2
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	7
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, OTHER	6
CARDIOVASCULAR AGENTS	VASODILATORS, DIRECT-ACTING ARTERIAL	3
CARDIOVASCULAR AGENTS	VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS	3
CENTRAL NERVOUS SYSTEM AGENTS	ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES	4
CENTRAL NERVOUS SYSTEM AGENTS	ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES	4
CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS, OTHER	4
CENTRAL NERVOUS SYSTEM AGENTS	FIBROMYALGIA AGENTS	3
CENTRAL NERVOUS SYSTEM AGENTS	MULTIPLE SCLEROSIS AGENTS	6
DENTAL AND ORAL AGENTS	NO USP CLASS	8
DERMATOLOGICAL AGENTS	NO USP CLASS	33
ENZYME REPLACEMENT/ MODIFIERS	NO USP CLASS	11
GASTROINTESTINAL AGENTS	ANTISPASMODICS, GASTROINTESTINAL	6
GASTROINTESTINAL AGENTS	GASTROINTESTINAL AGENTS, OTHER	6
GASTROINTESTINAL AGENTS	HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	4
GASTROINTESTINAL AGENTS	IRRITABLE BOWEL SYNDROME AGENTS	2

CATEGORY	CLASS	SUBMISSION COUNT
GASTROINTESTINAL AGENTS	LAXATIVES	3
GASTROINTESTINAL AGENTS	PROTECTANTS	2
GASTROINTESTINAL AGENTS	PROTON PUMP INHIBITORS	6
GENITOURINARY AGENTS	ANTISPASMODICS, URINARY	6
GENITOURINARY AGENTS	BENIGN PROSTATIC HYPERTROPHY AGENTS	9
GENITOURINARY AGENTS	GENITOURINARY AGENTS, OTHER	3
GENITOURINARY AGENTS	PHOSPHATE BINDERS	3
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	GLUCOCORTICOIDS/MINERALOCORTICOIDS	23
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)	NO USP CLASS	2
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PROSTAGLANDINS)	NO USP CLASS	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ANABOLIC STEROIDS	0
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ANDROGENS	4
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	ESTROGENS	6
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	PROGESTINS	5
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)	SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)	NO USP CLASS	2
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	NO USP CLASS	1
HORMONAL AGENTS, SUPPRESSANT (PARATHYROID)	NO USP CLASS	1
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	NO USP CLASS	8
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)	ANTIANDROGENS	5
HORMONAL AGENTS, SUPPRESSANT (THYROID)	ANTITHYROID AGENTS	2
IMMUNOLOGICAL AGENTS	IMMUNE SUPPRESSANTS	21
IMMUNOLOGICAL AGENTS	IMMUNIZING AGENTS, PASSIVE	3
IMMUNOLOGICAL AGENTS	IMMUNOMODULATORS	8
INFLAMMATORY BOWEL DISEASE AGENTS	AMINOSALICYLATES	3
INFLAMMATORY BOWEL DISEASE AGENTS	GLUCOCORTICOIDS	5
INFLAMMATORY BOWEL DISEASE AGENTS	SULFONAMIDES	1
METABOLIC BONE DISEASE AGENTS	NO USP CLASS	15
OPHTHALMIC AGENTS	OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	3
OPHTHALMIC AGENTS	OPHTHALMIC AGENTS, OTHER	4
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-ALLERGY AGENTS	9
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-INFLAMMATORIES	11

CATEGORY	CLASS	SUBMISSION COUNT
OPHTHALMIC AGENTS	OPHTHALMIC ANTIGLAUCOMA AGENTS	13
OTIC AGENTS	NO USP CLASS	6
RESPIRATORY TRACT AGENTS	ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	6
RESPIRATORY TRACT AGENTS	ANTIHISTAMINES	11
RESPIRATORY TRACT AGENTS	ANTILEUKOTRIENES	2
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, ANTICHOLINERGIC	2
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)	3
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, SYMPATHOMIMETIC	10
RESPIRATORY TRACT AGENTS	MAST CELL STABILIZERS	1
RESPIRATORY TRACT AGENTS	PULMONARY ANTIHYPERTENSIVES	6
RESPIRATORY TRACT AGENTS	RESPIRATORY TRACT AGENTS, OTHER	5
SKELETAL MUSCLE RELAXANTS	NO USP CLASS	5
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	11