

NORTH DAKOTA EHB BENCHMARK PLAN (2025-2027)

SUMMARY INFORMATION

Plan Type	N/A
Issuer Name	N/A
Product Name	N/A
Plan Name	N/A
Supplemented Categories (Supplementary Plan Type)	None
Habilitative Services Included in Benchmark (Yes/No)	Yes
EHB-benchmark Plan Option (at 45 CFR §156.111(a))	45 CFR § 156.111(a)(3): Otherwise selecting a set of benefits that would become the state's EHB-benchmark plan.
Comments	<p>North Dakota changed its EHB-benchmark in 2023 to come into effect in plan year 2025.</p> <p>In fulfilling the scope of benefit requirements at § 156.111(b), North Dakota used the North Dakota Public Employees Retirement System (NDPERS) Grandfathered PPO plan offered in North Dakota in benefit year 2017 as the basis for determining the scope of benefits provided under a typical employer plan. North Dakota selected the Federal Employee Health Benefits Standard Plan (FEHBP) administered by Blue Cross Blue Shield of North Dakota as the basis to determine the most generous among a set of comparison plans.</p> <p>The state's completed application for EHB-benchmark changes is available for review at: https://www.cms.gov/CCIIO/Resources/Data-Resources/ehb#North_Dakota</p>

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				Pg. 30
Specialist Visit	Yes	Covered	No				Pg. 30
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Covered	No				Pg. 30
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Covered	No				Pgs. 28 and 35
Outpatient Surgery Physician/Surgical Services	Yes	Covered	No				Pg. 28
Hospice Services	Yes	Covered	No				Pg. 36; 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				Exclusions: Pgs. 40-46
Infertility Treatment	No	Not Covered	No				Exclusions: Pgs. 40-46
Long-Term/Custodial Nursing Home Care	No	Not Covered	No				Exclusions: Pgs. 40-46
Private-Duty Nursing	No	Not Covered	No				Exclusions: Pgs. 40-46
Routine Eye Exam (Adult)	No	Not Covered	No				Exclusions: Pgs. 40-46
Urgent Care Centers or Facilities	Yes	Covered	No				Pg. 30

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
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.	Pg. 35; 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				Pg. 30
Emergency Transportation/Ambulance	Yes	Covered	No				Pg. 35; 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 INSURER.
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No				Pg. 27

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Inpatient Physician and Surgical Services	Yes	Covered	No				Pg. 28
Bariatric Surgery	Yes	Covered	Yes	1	Procedure(s) per Lifetime		Pg. 29; Surgery for morbid obesity after Prior Approval is received from INSURER. Covered Services must be received from a surgical facility approved by INSURER. Benefits are subject to a Lifetime Maximum of 1 operative procedure for morbid obesity per Consumer. 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 Consumer 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 INSURER.
Cosmetic Surgery	No	Not Covered	No				Pgs. 28 and 42; 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.	Pg. 35
Prenatal and Postnatal Care	Yes	Covered	No				Pg. 33
Delivery and All Inpatient Services for Maternity Care	Yes	Covered	No				Pg. 32

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Mental/Behavioral Health Outpatient Services	Yes	Covered	No			Excludes coverage of “Counseling or therapy services, including bereavement, codependency, marital, family, sex or interpersonal relationships.”	Pg. 34; 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.”	Pg. 34; 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.	Pg. 35; Outpatient benefits include diagnostic, evaluation and treatment services provided by a Physician, Licensed Clinical Psychologist or Licensed Addiction Counselor, including for gambling addiction.

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Substance Abuse Disorder Inpatient Services	Yes	Covered	No			No benefits for residential treatments for psych or SUD for ages 21 and over.	Pg. 34; 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.
Generic Drugs	Yes	Covered	No				Pg. 25 and 38
Preferred Brand Drugs	Yes	Covered	No				Pg. 25 and 38
Non-Preferred Brand Drugs	Yes	Covered	No				Pg. 25 and 38
Specialty Drugs	Yes	Covered	No				Pg. 25; Specialty Drugs are subject to a dispensing limit of a 30-day supply.

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Outpatient Rehabilitation Services	Yes	Covered	Yes	30	Visit(s) per Benefit Period		Pg. 31 and 32; 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.	<p>Pg. 32; 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.</p> <p>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.</p>
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							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		Pg. 32; Chiropractic services provided on an inpatient or outpatient basis when Medically Appropriate and Necessary and within the scope of licensure and practice of a Chiropractor, to the extent services would be covered if provided by a Physician.
Durable Medical Equipment	Yes	Covered	No			No benefits are available for motorized equipment, except wheelchairs when Prior Approval is received from INSURER. 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.	Pgs. 36 and 37

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Hearing Aids	Yes	Covered	Yes	1	Item(s) per 3 Years		Pg. 42: Communication aids or devices to create, replace or augment communication abilities, Including hearing aids, speech processors, receivers, communication boards, or computer or electronic assisted communication EXCEPT coverage shall be provided for one hearing aid per hearing-impaired ear every 36 months or more often if there is a significant change in the insured's hearing status as determined by a licensed physician or audiologist. Hearing loss must be documents by a licensed physician or audiologist. Hearing aids must be purchased from a licensed audiologist.
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No				Pgs. 6, 10, 27, 30 as defined under Diagnostic Services; Coverage for position emission tomography scans for an insured who has a prostate cancer diagnosis, including an insured who is in remission or who is cured, which would include at least two different types of position emission tomography scans upon initial diagnosis if requested by a physician, and one position emission tomography scan every 6 months for the life of the insured.

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Preventive Care/Screening/Immunization	Yes	Covered	No				Pg. 31; 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				Exclusions: Pgs. 40-46
Acupuncture	No	Not Covered	No				Exclusions: Pgs. 40-46
Weight Loss Programs	No	Not Covered	No				Exclusions: Pgs. 40-46
Routine Eye Exam for Children	Yes	Covered	Yes	1	Exam(s) per Benefit Period		Pg. 37
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.	Pg. 37; 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		Pg. 37
Rehabilitative Speech Therapy	Yes	Covered	Yes	30	Visit(s) per Year	Benefits are not available for Maintenance Care.	Pg. 32; 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.

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Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	Yes	30	Visit(s) per Year		Pg. 31; 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				Pg. 31; 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				Pg. 30
X-rays and Diagnostic Imaging	Yes	Covered	No				Pg. 30
Basic Dental Care - Child	Yes	Covered	No				Pg. 37
Orthodontia - Child	Yes	Covered	Yes	1	Treatment(s) per Lifetime		Pg. 37; 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				Pg. 37
Basic Dental Care - Adult	No	Not Covered	No				Exclusions: Pgs. 40-46
Orthodontia - Adult	No	Not Covered	No				Exclusions: Pgs. 40-46

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Major Dental Care – Adult	Yes	Covered	No			Routine or chronic dental service not covered	Pgs. 21 and 30; Coverage for diagnosis and treatment of periodontal disease in acute or chronic disease state if recommended by a board-certified medical practitioner based on health-related impacts or on further deterioration in disease state due to gum disease.
Abortion for Which Public Funding is Prohibited	No	Not Covered	No				Exclusions: Pgs. 40-46; 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.	Pg. 29; 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.	Pg. 30; 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 INSURER is in place.

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Dialysis	Yes	Covered	No				Pg. 30
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, Rebeck 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.	Pg. 30; 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 INSURER.
Chemotherapy	Yes	Covered	No				Pg. 30
Radiation	Yes	Covered	No				Pg. 30
Diabetes Education	Yes	Covered	No				Pg. 31

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
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.	Pg. 36; 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				Pg. 30; 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.

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
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 Osseo integrated implant surgery or related services performed for the treatment of temporomandibular or craniomandibular joint disorder(s).	Pg. 30; 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	12	Visit(s) per Benefit Period	Excluded: Nutritional counseling for the control of dental disease, oral hygiene instruction and personal hygiene and convenience items.	Pg. 31; Coverage for dietary or nutritional screening, counseling, and therapy for obesity, diabetes-related diagnosis, or a chronic illness or condition that could be managed through nutritional or weight loss programs, up to 12 sessions every policy year, if prescribed by the insured's physician. This would also include coverage for the use of GLP1 and GIP drugs as therapy for prevention of diabetes and treatment of insulin resistance, metabolic syndrome or morbid obesity.
Reconstructive surgery	Yes	Covered	No				Pg. 28; 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	19
Analgesics	Opioid Analgesics, Long acting	9
Analgesics	Opioid Analgesics, Short-acting	11
Anesthetics	Local Anesthetics	1
Anti-Addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	2
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence	3
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	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	5
Anticonvulsants	Calcium Channel Modifying Agents	3
Anticonvulsants	Gamma-aminobutyric Acid (GABA) Modulating Agents	5
Anticonvulsants	Sodium Channel Agents	6
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)	12
Antidepressants	Tricyclics	9
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	2
Antimigraine Agents	Prophylactic	4
Antimigraine Agents	Serotonin (5-HT) Receptor Agonist	6
Antimyasthenic Agents	Parasympathomimetics	1
Antimycobacterials	Antimycobacterials, Other	2
Antimycobacterials	Antituberculars	8
Antineoplastics	Alkylating Agents	3
Antineoplastics	Antiandrogens	4
Antineoplastics	Antiangiogenic Agents	2
Antineoplastics	Antiestrogens/Modifiers	4
Antineoplastics	Antimetabolites	3
Antineoplastics	Antineoplastics, Other	5
Antineoplastics	Aromatase Inhibitors, 3rd Generation	3
Antineoplastics	Enzyme Inhibitors	0
Antineoplastics	Molecular Target Inhibitors	13
Antineoplastics	Monoclonal Antibody/Antibody-Drug Conjugates	0
Antineoplastics	Retinoids	2
Antineoplastics	Treatment Adjuncts	3
Antiparasitics	Anthelmintics	4
Antiparasitics	Antiprotozoals	12
Antiparkinson Agents	Anticholinergics	2
Antiparkinson Agents	Antiparkinson Agents, Other	3
Antiparkinson Agents	Dopamine Agonists	4
Antiparkinson Agents	Dopamine Precursors and/or 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	3
Antivirals	Anti-cytomegalovirus (CMV) Agents	1
Antivirals	Anti-hepatitis B (HBV) Agents	4
Antivirals	Anti-hepatitis C (HCV) Agents	1
Antivirals	Antiherpetic Agents	3

CATEGORY	CLASS	SUBMISSION COUNT
Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	2
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	4
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	11
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	0
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	17
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	0
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	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	5
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	6
Cardiovascular Agents	Mineralocorticoid Receptor Antagonists	2
Cardiovascular Agents	Sodium-Glucose Co-Transporter 2 Inhibitors (SGLT2i)	0
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	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	7
Dermatological Agents	Acne and Rosacea Agents	10
Dermatological Agents	Dermatitis and Pruritus Agents	22
Dermatological Agents	Dermatological Agents, Other	11
Dermatological Agents	Pediculicides/Scabicides	5
Dermatological Agents	Topical Anti-infectives	15
Electrolytes/ Minerals/ Metals/ Vitamins	Electrolyte/Mineral Replacement	4
Electrolytes/ Minerals/ Metals/ Vitamins	Electrolyte/Mineral/Metal Modifiers	4
Electrolytes/ Minerals/ Metals/ Vitamins	Phosphate Binders	3
Electrolytes/ Minerals/ Metals/ Vitamins	Potassium Binders	1
Electrolytes/ Minerals/ Metals/ Vitamins	Vitamins	0
Gastrointestinal Agents	Anti-Constipation Agents	5
Gastrointestinal Agents	Anti-Diarrheal Agents	4
Gastrointestinal Agents	Antispasmodics, Gastrointestinal	3
Gastrointestinal Agents	Gastrointestinal Agents, Other	5
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	5
Genitourinary Agents	Antispasmodics, Urinary	8
Genitourinary Agents	Benign Prostatic Hypertrophy Agents	7
Genitourinary Agents	Genitourinary Agents, Other	5

CATEGORY	CLASS	SUBMISSION COUNT
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	No USP Class	7
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	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progestins	5
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Selective Estrogen Receptor Modifying Agents	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	No USP Class	2
Hormonal Agents, Suppressant (Adrenal or Pituitary)	No USP Class	6
Hormonal Agents, Suppressant (Thyroid)	Antithyroid Agents	2
Immunological Agents	Angioedema Agents	1
Immunological Agents	Immunoglobulins	0
Immunological Agents	Immunological Agents, Other	8
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	10
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	8
Respiratory Tract/ Pulmonary Agents	Antihistamines	8
Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	5
Respiratory Tract/ Pulmonary Agents	Antileukotrienes	3

CATEGORY	CLASS	SUBMISSION COUNT
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	3
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	7
Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	2
Respiratory Tract/ Pulmonary Agents	Mast Cell Stabilizers	1
Respiratory Tract/ Pulmonary Agents	Phosphodiesterase Inhibitors, Airways Disease	2
Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	5
Respiratory Tract/ Pulmonary Agents	Pulmonary Fibrosis Agents	0
Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	4
Skeletal Muscle Relaxants	No USP Class	6
Sleep Disorder Agents	Sleep Promoting Agents	5
Sleep Disorder Agents	Wakefulness Promoting Agents	2