

## KANSAS 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 Kansas, Inc.
<b>Product Name</b>	Comprehensive Major Medical - Blue Choice
<b>Plan Name</b>	Comprehensive Major Medical - Blue Choice
<b>Supplemented Categories</b> (Supplementary Plan Type)	Pediatric dental (CHIP) Pediatric vision (CHIP) Habilitation Services (Federal Definition)

## 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				Professional Providers include Physician Assistants. Registered Nurses qualify as Eligible Providers.
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Covered	No				
Outpatient Surgery Physician/Surgical Services	Yes	Covered	No				
Hospice Services	Yes	Covered	No			Blood.	
Routine Dental Services (Adult)	No	Not Covered	No				
Infertility Treatment	Yes	Covered	No			Excludes In vitro fertilization, in vivo fertilization or any other medically-aided insemination procedure.	Plan covers Diagnosis and treatment of cause of infertility. Benefits are available for covered services such as office visits, laboratory tests, and radiological studies to diagnose the cause of infertility. Benefits are also provided for the necessary treatment of the condition unless the treatment is identified as non-covered (see exclusions). For example, corrective surgical procedures, therapeutic injections, and drug therapy regimens (Pregnyl, Clomid, Clomiphene, Ovidrel, Gonal, Follistim and Cetrotide) are all covered services when medically necessary. Benefits are also available for tests, such as ultrasound, performed to monitor the effectiveness of the fertility drug therapy. Also for any necessary pregnancy testing performed as an integral part of the overall infertility treatment program. Benefits are excluded, however, for any procedures, tests, or other services that are exclusively provided to monitor the effectiveness of non-covered fertilization procedures.
Long-Term/Custodial Nursing Home Care	No	Not Covered	No				
Private-Duty Nursing	Yes	Covered	No			Excludes services provided by a member of the Insured's immediate family; Provided by a person who normally lives in the Insured's home; or Which are Custodial/Maintenance care. The Company has the right to determine which services are Custodial/Maintenance care.	
Routine Eye Exam (Adult)	No	Not Covered	No				
Urgent Care Centers or Facilities	Yes	Covered	No				
Home Health Care Services	Yes	Covered	No			Excludes services provided by a member of the Insured's immediate family; Provided by a person who normally lives in the Insured's home; or Which are Custodial/Maintenance care. The Company has the right to determine which services are Custodial/Maintenance care.	Includes educational visits with a limit of three per year on educational visits.
Emergency Room Services	Yes	Covered	No				
Emergency Transportation/Ambulance	Yes	Covered	No				Emergency transportation/ambulance within 500 mile radius.
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No			Blood.	

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<b>Inpatient Physician and Surgical Services</b>	Yes	Covered	No				
<b>Bariatric Surgery</b>	No	Not Covered	No				
<b>Cosmetic Surgery</b>	No	Not Covered	No				
<b>Skilled Nursing Facility</b>	No	Not Covered	No				
<b>Prenatal and Postnatal Care</b>	Yes	Covered	No				Also covers surrogate mother if there is a petition to adopt within 90 days of birth.
<b>Delivery and All Inpatient Services for Maternity Care</b>	Yes	Covered	No				Also covers surrogate mother if there is a petition to adopt within 90 days of birth.
<b>Mental/Behavioral Health Outpatient Services</b>	Yes	Covered	No				
<b>Mental/Behavioral Health Inpatient Services</b>	Yes	Covered	No				
<b>Substance Abuse Disorder Outpatient Services</b>	Yes	Covered	No				
<b>Substance Abuse Disorder Inpatient Services</b>	Yes	Covered	No				
<b>Generic Drugs</b>	Yes	Covered	No				
<b>Preferred Brand Drugs</b>	Yes	Covered	No				
<b>Non-Preferred Brand Drugs</b>	Yes	Covered	No				
<b>Specialty Drugs</b>	Yes	Covered	No			Coverage for Specialty Prescription Drugs will be limited to a supply sufficient for 34 consecutive days of therapy.	
<b>Outpatient Rehabilitation Services</b>	Yes	Covered	Yes	90	Day(s) per Benefit Period	Excludes vocational rehabilitation; Cognitive therapy; social rehabilitation.	These therapies include but are not limited to PT, OT, and ST. Further, "[Rehab] Services are covered only if they are expected to result in significant improvement in the Insured's condition. The Company, with appropriate medical consultation, will determine whether significant improvement has occurred".  "Speech Therapy", limited to one service per day up to a maximum benefit of 90 daily services per Insured per Benefit Period. This limitation is not applicable to Mental Illness or Substance Use Disorders.
<b>Habilitation Services</b>	Yes	Not Covered	No				Supplementing with the federal definition of habilitative services: "Health care services that help a person keep, learn, or improve skills and functioning for daily living. Examples include therapy for a child who is not walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings."
<b>Chiropractic Care</b>	Yes	Covered	No				
<b>Durable Medical Equipment</b>	Yes	Covered	No			Items for comfort or convenience are not covered. Included within the definition of convenience items are: (a) Pieces of equipment used to provide exercise to functioning and non-functioning portions of the body when leased, purchased, or rented for use outside a recognized institutional facility. (b) Those pieces of equipment designed to provide the walking capability for individuals with nonfunctioning legs.	"Benefits are limited to the amount normally available for a basic (standard) item which allows necessary function. Basic (standard) medical equipment is equipment that provides the essential function required for the treatment or amelioration of the medical condition at a Medically Necessary level. Charges for deluxe or electrically operated medical equipment are not covered, beyond the extent allowed for basic (standard) items. Deluxe describes medical equipment that has enhancements that allow for additional convenience or use beyond that provided by basic (standard) equipment."

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Hearing Aids	No	Not Covered	No				
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No			Diagnostic tests and evaluations are ordered, requested or performed solely for the purpose of resolving issues in the context of legal proceedings, including those concerning custody, visitation, termination of parental rights, civil damages or criminal actions.	
Preventive Care/Screening/Immunization	Yes	Covered	No				
Routine Foot Care	Yes	Covered	No				Covered when systemic conditions such as metabolic, neurologic, or peripheral vascular disease exists and results in medically significant circulatory deficits or decreased sensation to the foot.
Acupuncture	No	Not Covered	No				
Weight Loss Programs	No	Not Covered	No				
Routine Eye Exam for Children	Yes	Covered	No				
Eye Glasses for Children	Yes	Covered	No				
Dental Check-Up for Children	Yes	Covered	No				
Rehabilitative Speech Therapy	Yes	Covered	Yes	90	Day(s) per Benefit Period		Limited to one service per day up to a maximum benefit of 90 daily services per Insured per Benefit Period. This limitation is not applicable to Mental Illness or Substance Use Disorders.
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	No			Materials used for occupational therapy are excluded.	
Well Baby Visits and Care	Yes	Covered	No				
Laboratory Outpatient and Professional Services	Yes	Covered	No			Diagnostic tests and evaluations are ordered, requested or performed solely for the purpose of resolving issues in the context of legal proceedings, including those concerning custody, visitation, termination of parental rights, civil damages or criminal actions.	
X-rays and Diagnostic Imaging	Yes	Covered	No			Diagnostic tests and evaluations are ordered, requested or performed solely for the purpose of resolving issues in the context of legal proceedings, including those concerning custody, visitation, termination of parental rights, civil damages or criminal actions.	
Basic Dental Care - Child	Yes	Covered	No				
Orthodontia - Child	Yes	Covered	No				Orthodontic services require prior authorization and are only covered for eligible children with cases of severe orthodontic abnormality caused by genetic deformity (such as cleft lip or cleft palate) or traumatic facial injury resulting in serious health impairment to the beneficiary at the present time.
Major Dental Care - Child	Yes	Covered	No				
Basic Dental Care - Adult	No	Not Covered	No				Basic dental care for adults not covered by CHIP.
Orthodontia - Adult	No	Not Covered	No				
Major Dental Care – Adult	No	Not Covered	No			Major dental care for adults not covered by CHIP.	Major dental care for adults not covered by CHIP.
Abortion for Which Public Funding is Prohibited	No	Not Covered	No			Voluntary Abortions.	Covered when life of the mother is in jeopardy.
Transplant	Yes	Covered	No			There is no coverage hereunder for any transplant not specifically listed as covered or for supplies or services provided directly for or relative to human organ transplants not specifically listed as covered.	Benefits are provided for the following human organ transplants: Cornea; heart; heart-lung; kidney; pancreas; liver; lung (whole or lobar, single or double); small intestine; and multivisceral transplants.

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Accidental Dental	Yes	Covered	No				<p>Oral Surgical Services and Services for Accidental Injuries to Sound Natural Teeth, limited to:</p> <p>(1) Surgical procedures of the jaw and gums.</p> <p>(2) Removal of tumors and cysts of the jaws, cheeks, lips, tongue, roof and floor of the mouth.</p> <p>(3) Removal of exostoses (bony growths) of the jaw and hard palate.</p> <p>(4) Treatment of fractures and dislocations of the jaw and facial bones.</p> <p>(5) Surgical removal of impacted teeth.</p> <p>(6) Treatment of Sound Natural Teeth caused by an Accidental Injury. This includes replacement of Sound Natural Teeth lost due to the Accidental Injury.</p> <p>(7) Intra oral dental imaging services in connection with covered oral surgery if treatment begins within 30 days.</p> <p>(8) General anesthesia for covered oral surgery.</p> <p>(9) Cylindrical endosseous dental implants, mandibular staple implants, subperiosteal implants and the associated fixed and/or removable prosthetic appliance when provided because of an Accidental Injury.</p> <p>(10) Cylindrical endosseous dental implants, mandibular staple implants, subperiosteal implants and the associated fixed and/or removable prosthetic appliances following surgical resection of either benign or malignant lesions (NOT including inflammatory lesions).</p>
Dialysis	Yes	Covered	No				Plan cover Hemodialysis.
Allergy Testing	Yes	Covered	No				Allergy testing and treatment.
Chemotherapy	Yes	Covered	No				
Radiation	Yes	Covered	No				
Diabetes Education	Yes	Covered	No				<p>Outpatient self-management training and education, including medical nutrition therapy, for insulin dependent diabetes, insulin-using diabetes, gestational diabetes and noninsulin using diabetes when provided by a certified, registered or licensed health care professional with expertise in diabetes and the diabetic (1) is treated at a program approved by the American Diabetes Association; (2) is treated by a person certified by the national certification board of diabetes educators; or (3) is, as to nutritional education, treated by a licensed dietitian pursuant to a treatment plan authorized by such healthcare professional.</p>

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Prosthetic Devices	Yes	Covered	No			(1) Benefits are not provided for eyeglasses and contact lenses. Exception: Benefits are available for the initial eyeglasses/contacts following surgery for cataracts, aphakia, or pseudophakia, or an Insured under 12 years of age is eligible for subsequent eyeglasses/contacts following cataract surgery when there is a minimum change of .25 diopter. (2) Benefits are not provided for hearing aids, hair prosthesis or dental appliances including plates, bridges, prostheses or braces. (3) Benefits are not provided for items of wearing apparel except coverage is available for two postmastectomy bras per Insured per Benefit Period. A post-mastectomy bra is a bra that is specifically designed and intended to support single or bilateral breast prostheses. (4) Benefits are limited to the allowable amount for a basic/standard appliance which provides the essential function(s) required for the treatment or amelioration of the medical condition. (5) Charges for deluxe or electrically operated appliances or devices are not covered beyond the allowable amount for basic/standard appliances. Deluxe describes medical devices or appliances that have enhancements that allow for additional convenience or use beyond that provided by a basic/standard device or appliance. (6) Benefits are not provided for custom or over-the-counter orthotic devices, appliances including shoe inserts.	Benefits are limited to the amount normally available for a basic (standard) appliance which allows necessary function. Basic (standard) medical devices or appliances are those that provide the essential function required for the treatment or amelioration of the medical condition at a Medically Necessary level.
Infusion Therapy	Yes	Covered	No				
Treatment for Temporomandibular Joint Disorders	Yes	Covered	No			Phase II irreversible treatment; equilibration of occlusion, coronoplasty, occlusal adjustment; slides and/or photographs; non-prescription drugs, vitamins, nutrition supplements; stretching and other exercises; coolant sprays; moist heat therapy; hot packs; massage, either manual or by machine; acupuncture; cold packs; range of motion treatments; diet survey; nutrition counseling; rental or purchase of transcutaneous electrical nerve stimulators; office visits; periapical, bitewing and full-mouth radiographs; orthodontic treatment, including both fixed and removable appliances used for the purpose of moving teeth.	
Nutritional Counseling	No	Not Covered	No			Specifically excluded for obesity management.	This category signifies a benefit beyond that required under USPSTF AB Preventive Services.

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Reconstructive Surgery	Yes	Covered	No				<p>Cosmetic and reconstructive are generally excluded, but excepted from this exclusion are:</p> <ul style="list-style-type: none"> <li>a. Cosmetic or reconstructive repair of an Accidental Injury.</li> <li>b. Reconstructive breast surgery in connection with a Medically Necessary mastectomy that resulted from a medical illness or injury. This includes reconstructive surgery on a breast on which a mastectomy was not performed in order to produce a symmetrical appearance.</li> <li>c. Repair of congenital abnormalities and hereditary complications or conditions, limited to: (1) Cleft lip or palate. (2) Birthmarks on head or neck. (3) Webbed fingers or toes. (4) Supernumerary fingers or toes.</li> <li>d. Reconstructive services performed on structures of the body to improve/restore impairments of bodily function resulting from disease, trauma, congenital or developmental anomalies or previous therapeutic processes. For purposes of this provision, the term "cosmetic" means procedures and related services performed to reshape structures of the body in order to alter the individual's appearance.</li> </ul>

## **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	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	3
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	3
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	No USP Class	5
Genitourinary Agents	Antispasmodics, Urinary	8
Genitourinary Agents	Benign Prostatic Hypertrophy Agents	8
Genitourinary Agents	Genitourinary Agents, Other	6

CATEGORY	CLASS	SUBMISSION COUNT
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	No USP Class	7
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	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	10
Immunological Agents	Immunostimulants	2
Immunological Agents	Immunosuppressants	13
Inflammatory Bowel Disease Agents	Aminosalicylates	4
Inflammatory Bowel Disease Agents	Glucocorticoids	6
Metabolic Bone Disease Agents	No USP Class	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	9
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