

MARYLAND EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Plan from largest small group product, Health Maintenance Organization
Issuer Name	CareFirst BlueChoice, Inc.
Product Name	Blue Choice HMO HSA Open Access
Plan Name	Blue Choice HMO HSA Open Access
Supplemented Categories (Supplementary Plan Type)	<ul style="list-style-type: none">• Pediatric Oral (State CHIP)• Pediatric Vision (FEDVIP)
Habilitative Services Included Benchmark (Yes/No)	Yes
Habilitative Services Defined by State (Yes/No)	Yes: Habilitative benefits in the State's EHB benchmark require plans to cover habilitative services benefits for members age 19 and above in parity with benefits covered for rehabilitative services.

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	PCP visit to treat an injury or illness	No							No
2	Specialist Visit	Covered	Specialist visit	No							No
3	Other Practitioner Office Visit (Nurse, Physician Assistant)	Covered	Other practitioner office visit	No							No
4	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Covered	Outpatient Facility Services	No							No
5	Outpatient Surgery Physician/Surgical Services	Covered	Outpatient Surgery Physician/Surgical Services	No							No
6	Hospice Services	Covered	Hospice Care	No							No
7	Non-Emergency Care When Traveling Outside the U.S.	Not Covered									
8	Routine Dental Services (Adult)	Not Covered									
9	Infertility Treatment	Covered	Infertility Services	No					In vitro fertilization, ovum transplants and gamete intra-fallopian tube transfer, zygote intra-fallopian transfer, or cryogenic or other preservation techniques used in these or similar procedures.		No
10	Long-Term/Custodial Nursing Home Care	Not Covered									
11	Private-Duty Nursing	Not Covered									

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12	Routine Eye Exam (Adult)	Covered	Routine Eye Exam (Adult)	Yes	1	Other	Per contract year				No
13	Urgent Care Centers or Facilities	Covered	Urgent Care Facility	No							No
14	Home Health Care Services	Covered	Home Health Care Services	No							No
15	Emergency Room Services	Covered	Emergency Room Services	No							No
16	Emergency Transportation/ Ambulance	Covered	Ambulance Services	No							No
17	Inpatient Hospital Services (e.g., Hospital Stay)	Covered	Hospital Inpatient Services	No							No
18	Inpatient Physician and Surgical Services	Covered	Inpatient physician and surgical services	No							No
19	Bariatric Surgery	Covered	Surgical treatment of morbid obesity	No							No
20	Cosmetic Surgery	Not Covered									
21	Skilled Nursing Facility	Covered	Skilled Nursing Facility	Yes	100	Other	Days/contract year				No
22	Prenatal and Postnatal Care	Covered	Prenatal and Post Natal Care	No							No
23	Delivery and All Inpatient Services for Maternity Care	Covered	Delivery and all inpatient services for maternity care	No							No

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24	Mental/Behavioral Health Outpatient Services	Covered	Outpatient hospital and emergency room (non-accidental injury) mental/behavioral health services	No					<ul style="list-style-type: none"> - Services by pastoral, marital, drug/alcohol and other counselors including therapy for sexual problems - Treatment for learning disabilities and mental retardation - Telephone therapy - Travel time to the member's home to conduct therapy - Services rendered or billed by schools, or halfway houses or members of their staffs - Marriage counseling - Services that are not medically necessary. 	Covered services include the following: <ul style="list-style-type: none"> - services such as partial hospitalization or intensive day treatment programs - outpatient services and supplies billed by a hospital for emergency room treatment. 	No
25	Mental/Behavioral Health Inpatient Services	Covered	Inpatient hospital and inpatient residential treatment centers (RTC) mental/behavioral health services	No					<ul style="list-style-type: none"> - Services by pastoral, marital, drug/alcohol and other counselors including therapy for sexual problems - Treatment for learning disabilities and mental retardation - Telephone therapy - Travel time to the member's home to conduct therapy - Services rendered or billed by schools, or halfway houses or members of their staffs - Marriage counseling - Services that are not medically necessary. 	Covered services include the following: <ul style="list-style-type: none"> - Room and board, such as: - Ward, semiprivate, or intensive care accommodations - General nursing care - Meals and special diets - Services provided by a hospital or licensed residential treatment center (RTC). 	No

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26	Substance Abuse Disorder Outpatient Services	Covered	Outpatient hospital and emergency room (non-accidental injury) substance abuse disorder services	No					- Services by pastoral, marital, drug/alcohol and other counselors including therapy for sexual problems - Treatment for learning disabilities and mental retardation - Telephone therapy - Travel time to the member's home to conduct therapy - Services rendered or billed by schools, or halfway houses or members of their staffs - Marriage counseling - Services that are not medically necessary.	Covered services include the following: - services such as partial hospitalization or intensive day treatment programs - outpatient services and supplies billed by a hospital for emergency room treatment.	No
27	Substance Abuse Disorder Inpatient Services	Covered	Inpatient hospital and inpatient residential treatment centers (RTC) substance abuse disorder services	No					- Services by pastoral, marital, drug/alcohol and other counselors including therapy for sexual problems - Treatment for learning disabilities and mental retardation - Telephone therapy - Travel time to the member's home to conduct therapy - Services rendered or billed by schools, or halfway houses or members of their staffs - Marriage counseling - Services that are not medically necessary.	Covered services include the following: - Room and board, such as: - Ward, semiprivate, or intensive care accommodations - General nursing care - Meals and special diets - Services provided by a hospital or licensed residential treatment center (RTC).	No
28	Generic Drugs	Covered	Generic Drugs	No							No

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29	Preferred Brand Drugs	Covered	Preferred Brand Drugs	No							No
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 (Physical Therapy, Speech Therapy, and Occupational Therapy)	Yes	30	Other	30 visits per condition per contract year for each therapy (physical therapy, speech therapy, and occupational therapy)				No
33	Habilitation Services	Covered	Habilitative services for Members from birth to age 19; habilitative services in parity with rehabilitative services for Members age 19 and above	Yes	30	Other	For members age 19 and above: 30 visits per condition per contract year for each therapy (physical therapy, speech therapy, and occupational therapy)			For Members from birth to age 19, habilitative services means services, including occupational therapy, physical therapy, speech therapy, orthodontics, oral surgery, otologic and audiological therapy for the treatment of children with congenital and genetic birth defects to enhance the child's ability to function. For Members age 19 and above, habilitative services means physical therapy, speech therapy, and occupational therapy in parity with outpatient rehabilitative services.	No
34	Chiropractic Care	Covered	Chiropractic Services	Yes	20	Other	Visits per condition per contract year				No
35	Durable Medical Equipment	Covered	Durable Medical Equipment	No							No
36	Hearing Aids	Covered	Hearing Aids for Minor Children	Yes	1	Other	Hearing aid per each hearing impaired ear every 36 months		Hearing aids for Members over age 18 are not covered.		No

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37	Diagnostic Test (X-Ray and Lab Work)	Covered	Diagnostic Test (x-ray and lab work)	No							No
38	Imaging (CT/PET Scans, MRIs)	Covered	Imaging (CT/PET scans, MRIs)	No							No
39	Preventive Care/ Screening/ Immunization	Covered	Preventive Care/Screening/ Immunization	No						The following preventive care services are covered: (1) Evidence-based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force; recommendations of the United States Preventive Services Task Force regarding breast cancer screening, mammography, and prevention issued in or around November 2009 are not considered to be current. (2) Immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved; (3) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and (4) With respect to women, evidence-informed preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.	No
40	Routine Foot Care	Not Covered									
41	Acupuncture	Covered	Acupuncture	No							No

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42	Weight Loss Programs	Not Covered									
43	Routine Eye Exam for Children	Covered	Routine Eye Exam (Children)	Yes	1	Other	Visit/contract year			FEDVIP BlueVision High.	No
44	Eye Glasses for Children	Covered	Glasses and Frames or Contact Lenses	Yes	1	Other	1 pair of eyeglasses or 1 pair contact lenses per year			FEDVIP BlueVision High.	No
45	Dental Check-Up for Children	Covered	Clinical Oral Exam	Yes	2	Visits per year	Only fluoride from PCP, exam covered under dental plan			MCHP Healthy Smiles.	No

OTHER BENEFITS

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1	Other	Covered	Nutritional services for the treatment of cardiovascular disease, diabetes, malnutrition, cancer, cerebral vascular disease, or kidney disease	Yes	6	Other	Visits per condition per contract year				No
2	Other	Covered	Autologous and nonautologous bone marrow, cornea, kidney, liver, heart, lung, heart/lung, pancreas, and pancreas/kidney transplants	No							No
3	Other	Covered	All non-experimental/investigational solid organ transplant, and other non-solid organ transplant procedures	No						Covered Services include the cost of hotel lodging and air transportation for the recipient Member and a companion (or the recipient Member and two companions if the recipient Member is under the age of eighteen (18) years), to and from the site of the transplant.	No
4	Other	Covered	Medical food for persons with metabolic disorders when ordered by a health care practitioner qualified to provide diagnosis and treatment in the field of metabolic disorders	No							No
5	Other	Covered	Professional nutritional counseling for members at nutritional risk due to nutritional history, current dietary intake, medication use or chronic illness or condition	No							No
6	Other	Covered	Medical nutrition therapy to treat a chronic illness or condition	No							No
7	Other	Covered	Office visits for treatment of childhood obesity	No							No
8	Other	Covered	Well child care visits for obesity evaluation and management	No							No
9	Other	Covered	Pulmonary rehabilitation services are provided to Members who have been diagnosed with significant pulmonary disease or who have undergone certain surgical procedures of the lung	Yes	1	Other	Program per lifetime				No

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10	Other	Covered	Diabetes treatment, equipment and supplies	No						Diabetes equipment includes glucose monitoring equipment under the durable medical equipment coverage for Insulin-Using Beneficiaries. Insulin pumps are included. Diabetes supplies include coverage for insulin syringes and needles and testing strips for glucose monitoring equipment under the prescription drug coverage for Insulin-Using Beneficiaries.	No
11	Other	Covered	Increased outpatient rehabilitation (physical therapy, speech therapy, occupational therapy) benefits for cardiac rehabilitation	Yes	90	Other	Visits per therapy per contract year				No
12	Other	Covered	Controlled clinical trials	No							No
13	Other	Covered	Reconstructive breast surgery and breast prosthesis	No						Reconstructive breast surgery means surgery performed as a result of a mastectomy to reestablish symmetry between the two breasts including, all stages of reconstructive breast surgery performed on a nondiseased breast to reestablish symmetry with the diseased breast when reconstructive breast surgery is performed on the diseased breast. Reconstructive breast surgery includes augmentation mammoplasty, reduction mammoplasty, and mastopexy.	No

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14	Other	Covered	General anesthesia and associated hospital or ambulatory facility charges in conjunction with dental care provided to a Member seven years of age or younger or is developmentally disabled: or extremely uncooperative, fearful, or uncommunicative children 17 years of age or younger with dental needs of such magnitude that treatment should not be delayed or deferred, and for whom lack of treatment can be expected to result in oral pain, infection, loss of teeth, or other increased oral or dental morbidity	No							No
15	Other	Covered	Any other service approved by the plan's case management program	No							No
16	Other	Covered	Services for cleft lip and cleft palate, including orthodontics, oral surgery, otologic, audiological, and speech therapy, for Members from birth to age 19	No							No
17	Other	Covered	Cost recovery expenses for blood, blood products, derivatives, components, biologics, and serums, including: autologous services; whole blood; red blood cells; platelets; plasma; immunoglobulin; and albumin	No							No
18	Other	Covered	Coordination of care provided through the Patient-Centered Medical Home Program	No						Benefits will be provided for associated costs for coordination of care for the Qualifying Individual's medical conditions.	No
19	Other	Covered	Abortion services	No							No

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20	Other	Covered	Professional services by licensed professional mental health and substance abuse practitioners when acting within the scope of their license	No					<ul style="list-style-type: none"> - Services by pastoral, marital, drug/alcohol and other counselors including therapy for sexual problems - Treatment for learning disabilities and mental retardation - Telephone therapy - Travel time to the member's home to conduct therapy - Services rendered or billed by schools, or halfway houses or members of their staffs - Marriage counseling - Services that are not medically necessary. 	<p>Covered services include the following:</p> <ul style="list-style-type: none"> - Diagnostic evaluation - Crisis intervention and stabilization for acute episodes - Medication evaluation and management (pharmacotherapy) - Treatment and counseling (including individual or group therapy visits) - Diagnosis and treatment of alcoholism and drug abuse, including detoxification, treatment and counseling - Professional charges for intensive outpatient treatment in a provider's office or other professional setting - Electroconvulsive therapy - Inpatient professional fees. 	No
21	Other	Covered	Diagnostics for mental/behavioral health and substance abuse disorders	No						<p>Covered diagnostic services include the following:</p> <ul style="list-style-type: none"> - Outpatient diagnostic tests provided and billed by a licensed mental health and substance abuse practitioner - Outpatient diagnostic tests provided and billed by a laboratory, hospital or other covered facility - Psychological and neuropsychological testing necessary to determine the appropriate psychiatric treatment. 	No

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	6
ANALGESICS	OPIOID ANALGESICS, SHORT-ACTING	8
ANESTHETICS	LOCAL ANESTHETICS	2
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	ALCOHOL DETERRENTS/ANTI-CRAVING	2
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	OPIOID ANTAGONISTS	2
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	SMOKING CESSATION AGENTS	0
ANTI-INFLAMMATORY AGENTS	GLUCOCORTICOIDS	1
ANTI-INFLAMMATORY AGENTS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	19
ANTIBACTERIALS	AMINOGLYCOSIDES	4
ANTIBACTERIALS	ANTIBACTERIALS, OTHER	10
ANTIBACTERIALS	BETA-LACTAM, CEPHALOSPORINS	8
ANTIBACTERIALS	BETA-LACTAM, OTHER	0
ANTIBACTERIALS	BETA-LACTAM, PENICILLINS	5
ANTIBACTERIALS	MACROLIDES	3
ANTIBACTERIALS	QUINOLONES	4
ANTIBACTERIALS	SULFONAMIDES	4
ANTIBACTERIALS	TETRACYCLINES	4
ANTICONVULSANTS	ANTICONVULSANTS, OTHER	1
ANTICONVULSANTS	CALCIUM CHANNEL MODIFYING AGENTS	2
ANTICONVULSANTS	GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS	3
ANTICONVULSANTS	GLUTAMATE REDUCING AGENTS	3
ANTICONVULSANTS	SODIUM CHANNEL AGENTS	3
ANTIDEMENTIA AGENTS	ANTIDEMENTIA AGENTS, OTHER	1
ANTIDEMENTIA AGENTS	CHOLINESTERASE INHIBITORS	3
ANTIDEMENTIA AGENTS	N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST	1
ANTIDEPRESSANTS	ANTIDEPRESSANTS, OTHER	6
ANTIDEPRESSANTS	MONOAMINE OXIDASE INHIBITORS	2
ANTIDEPRESSANTS	SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS	7
ANTIDEPRESSANTS	TRICYCLICS	9
ANTIEMETICS	ANTIEMETICS, OTHER	7
ANTIEMETICS	EMETOGENIC THERAPY ADJUNCTS	4
ANTIFUNGALS	NO USP CLASS	13
ANTIGOUT AGENTS	NO USP CLASS	4
ANTIMIGRAINE AGENTS	ERGOT ALKALOIDS	1

CATEGORY	CLASS	SUBMISSION COUNT
ANTIMIGRAINE AGENTS	PROPHYLACTIC	3
ANTIMIGRAINE AGENTS	SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS	2
ANTIMYASTHENIC AGENTS	PARASYMPATHOMIMETICS	2
ANTIMYCOBACTERIALS	ANTIMYCOBACTERIALS, OTHER	1
ANTIMYCOBACTERIALS	ANTITUBERCULARS	5
ANTINEOPLASTICS	ALKYLATING AGENTS	5
ANTINEOPLASTICS	ANTIANGIOGENIC AGENTS	2
ANTINEOPLASTICS	ANTIESTROGENS/MODIFIERS	3
ANTINEOPLASTICS	ANTIMETABOLITES	1
ANTINEOPLASTICS	ANTINEOPLASTICS, OTHER	2
ANTINEOPLASTICS	AROMATASE INHIBITORS, 3RD GENERATION	3
ANTINEOPLASTICS	ENZYME INHIBITORS	1
ANTINEOPLASTICS	MOLECULAR TARGET INHIBITORS	12
ANTINEOPLASTICS	MONOCLONAL ANTIBODIES	0
ANTINEOPLASTICS	RETINOIDS	2
ANTIPARASITICS	ANTHELMINTICS	1
ANTIPARASITICS	ANTIPROTOZOALS	6
ANTIPARASITICS	PEDICULICIDES/SCABICIDES	3
ANTIPARKINSON AGENTS	ANTICHOLINERGICS	2
ANTIPARKINSON AGENTS	ANTIPARKINSON AGENTS, OTHER	1
ANTIPARKINSON AGENTS	DOPAMINE AGONISTS	4
ANTIPARKINSON AGENTS	DOPAMINE PRECURSORS/L-AMINO ACID DECARBOXYLASE INHIBITORS	1
ANTIPARKINSON AGENTS	MONOAMINE OXIDASE B (MAO-B) INHIBITORS	1
ANTIPSYCHOTICS	1ST GENERATION/TYPICAL	9
ANTIPSYCHOTICS	2ND GENERATION/ATYPICAL	5
ANTIPSYCHOTICS	TREATMENT-RESISTANT	1
ANTISPASTICITY AGENTS	NO USP CLASS	3
ANTIVIRALS	ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	1
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	2
ANTIVIRALS	ANTIHEPATITIS AGENTS	5
ANTIVIRALS	ANTIHERPETIC AGENTS	4
ANXIOLYTICS	ANXIOLYTICS, OTHER	4

CATEGORY	CLASS	SUBMISSION COUNT
ANXIOLYTICS	SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/ SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)	4
BIPOLAR AGENTS	BIPOLAR AGENTS, OTHER	5
BIPOLAR AGENTS	MOOD STABILIZERS	5
BLOOD GLUCOSE REGULATORS	ANTIDIABETIC AGENTS	15
BLOOD GLUCOSE REGULATORS	GLYCEMIC AGENTS	0
BLOOD GLUCOSE REGULATORS	INSULINS	6
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	ANTICOAGULANTS	5
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	BLOOD FORMATION MODIFIERS	4
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	COAGULANTS	0
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	PLATELET MODIFYING AGENTS	4
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC AGONISTS	5
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC BLOCKING AGENTS	3
CARDIOVASCULAR AGENTS	ANGIOTENSIN II RECEPTOR ANTAGONISTS	5
CARDIOVASCULAR AGENTS	ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	10
CARDIOVASCULAR AGENTS	ANTIARRHYTHMICS	7
CARDIOVASCULAR AGENTS	BETA-ADRENERGIC BLOCKING AGENTS	12
CARDIOVASCULAR AGENTS	CALCIUM CHANNEL BLOCKING AGENTS	9
CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS, OTHER	3
CARDIOVASCULAR AGENTS	DIURETICS, CARBONIC ANHYDRASE INHIBITORS	2
CARDIOVASCULAR AGENTS	DIURETICS, LOOP	3
CARDIOVASCULAR AGENTS	DIURETICS, POTASSIUM-SPARING	3
CARDIOVASCULAR AGENTS	DIURETICS, THIAZIDE	6
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES	2
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS	5
CARDIOVASCULAR AGENTS	DYSLIPIDEMICS, OTHER	3
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	3
CENTRAL NERVOUS SYSTEM AGENTS	ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON- AMPHETAMINES	2
CENTRAL NERVOUS SYSTEM AGENTS	CENTRAL NERVOUS SYSTEM AGENTS, OTHER	0
CENTRAL NERVOUS SYSTEM AGENTS	FIBROMYALGIA AGENTS	0
CENTRAL NERVOUS SYSTEM AGENTS	MULTIPLE SCLEROSIS AGENTS	2
DENTAL AND ORAL AGENTS	NO USP CLASS	5
DERMATOLOGICAL AGENTS	NO USP CLASS	16
ENZYME REPLACEMENT/MODIFIERS	NO USP CLASS	1

CATEGORY	CLASS	SUBMISSION COUNT
GASTROINTESTINAL AGENTS	ANTISPASMODICS, GASTROINTESTINAL	3
GASTROINTESTINAL AGENTS	GASTROINTESTINAL AGENTS, OTHER	3
GASTROINTESTINAL AGENTS	HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	4
GASTROINTESTINAL AGENTS	IRRITABLE BOWEL SYNDROME AGENTS	0
GASTROINTESTINAL AGENTS	LAXATIVES	1
GASTROINTESTINAL AGENTS	PROTECTANTS	2
GASTROINTESTINAL AGENTS	PROTON PUMP INHIBITORS	3
GENITOURINARY AGENTS	ANTISPASMODICS, URINARY	3
GENITOURINARY AGENTS	BENIGN PROSTATIC HYPERTROPHY AGENTS	7
GENITOURINARY AGENTS	GENITOURINARY AGENTS, OTHER	1
GENITOURINARY AGENTS	PHOSPHATE BINDERS	1
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)	GLUCOCORTICIDS/MINERALOCORTICIDS	20
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	4
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	0
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	NO USP CLASS	4
HORMONAL AGENTS, SUPPRESSANT (SEX HORMONES/MODIFIERS)	ANTIANDROGENS	5
HORMONAL AGENTS, SUPPRESSANT (THYROID)	ANTITHYROID AGENTS	2
IMMUNOLOGICAL AGENTS	IMMUNE SUPPRESSANTS	9
IMMUNOLOGICAL AGENTS	IMMUNIZING AGENTS, PASSIVE	0
IMMUNOLOGICAL AGENTS	IMMUNOMODULATORS	3
INFLAMMATORY BOWEL DISEASE AGENTS	AMINOSALICYLATES	2
INFLAMMATORY BOWEL DISEASE AGENTS	GLUCOCORTICIDS	5

CATEGORY	CLASS	SUBMISSION COUNT
INFLAMMATORY BOWEL DISEASE AGENTS	SULFONAMIDES	1
METABOLIC BONE DISEASE AGENTS	NO USP CLASS	6
OPHTHALMIC AGENTS	OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	2
OPHTHALMIC AGENTS	OPHTHALMIC AGENTS, OTHER	4
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-ALLERGY AGENTS	3
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-INFLAMMATORIES	7
OPHTHALMIC AGENTS	OPHTHALMIC ANTIGLAUCOMA AGENTS	12
OTIC AGENTS	NO USP CLASS	3
RESPIRATORY TRACT AGENTS	ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	4
RESPIRATORY TRACT AGENTS	ANTIHISTAMINES	9
RESPIRATORY TRACT AGENTS	ANTILEUKOTRIENES	2
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, ANTICHOLINERGIC	2
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, PHOSPHODIESTERASE INHIBITORS (XANTHINES)	2
RESPIRATORY TRACT AGENTS	BRONCHODILATORS, SYMPATHOMIMETIC	6
RESPIRATORY TRACT AGENTS	MAST CELL STABILIZERS	1
RESPIRATORY TRACT AGENTS	PULMONARY ANTIHYPERTENSIVES	1
RESPIRATORY TRACT AGENTS	RESPIRATORY TRACT AGENTS, OTHER	1
SKELETAL MUSCLE RELAXANTS	NO USP CLASS	6
SLEEP DISORDER AGENTS	GABA RECEPTOR MODULATORS	2
SLEEP DISORDER AGENTS	SLEEP DISORDERS, OTHER	2
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL MODIFIERS	1
THERAPEUTIC NUTRIENTS/MINERALS/ELECTROLYTES	ELECTROLYTE/MINERAL REPLACEMENT	2