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)	• 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

Benefit Information			General Information								
A Benefit	B EHB	C Benefit Description (may be the same as the Benefit name)	D Is the Benefit Covered?	E Quantitative Limit on Service?	F Limit Quantity	G Limit Unit and/or Description	H Minimum Stay	I Exclusions	J Explanations	K Additional Limitations or Restrictions?
Primary Care Visit to Treat an Injury or Illness	Yes	PCP visit to treat an injury or illness	Covered	No						No
Specialist Visit	Yes	Specialist visit	Covered	No						No
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Other practitioner office visit	Covered	No						No
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Outpatient Facility Services	Covered	No						No
Outpatient Surgery Physician/Surgical Services	Yes	Outpatient Surgery Physician/ Surgical Services	Covered	No						No
Hospice Services	Yes	Hospice Care	Covered	No						No
Non-Emergency Care When Traveling Outside the U.S.			Not Covered							
Routine Dental Services (Adult)			Not Covered							
Infertility Treatment	Yes	Infertility Services	Covered	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
Long-Term/ Custodial Nursing Home Care			Not Covered							
Private-Duty Nursing			Not Covered							
Routine Eye Exam (Adult)		Routine Eye Exam (Adult)	Covered	Yes	1	Visit per contract year				No
Urgent Care Centers or Facilities	Yes	Urgent Care Facility	Covered	No						No
Home Health Care Services	Yes	Home Health Care Services	Covered	No						No
Emergency Room Services	Yes	Emergency Room Services	Covered	No						No
Emergency Transportation/ Ambulance	Yes	Ambulance Services	Covered	No						No
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Hospital Inpatient Services	Covered	No						No

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Inpatient Physician and Surgical Services	Yes	Inpatient physician and surgical services	Covered	No						No
Bariatric Surgery	Yes	Surgical treatment of morbid obesity	Covered	No						No
Cosmetic Surgery			Not Covered							
Skilled Nursing Facility	Yes	Skilled Nursing Facility	Covered	Yes	100	Days per contract year				No
Prenatal and Postnatal Care	Yes	Prenatal and Post Natal Care	Covered	No						No
Delivery and All Inpatient Services for Maternity Care	Yes	Delivery and all inpatient services for maternity care	Covered	No						No
Mental/Behavioral Health Outpatient Services	Yes	Outpatient hospital and emergency room (non-accidental injury) mental/ behavioral health services	Covered	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
Mental/Behavioral Health Inpatient Services	Yes	Inpatient hospital and inpatient residential treatment centers (RTC) mental/behavioral health services	Covered	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
Substance Abuse Disorder Outpatient Services	Yes	Outpatient hospital and emergency room (non-accidental injury) substance abuse disorder services	Covered	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

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Substance Abuse Disorder Inpatient Services	Yes	Inpatient hospital and inpatient residential treatment centers (RTC) substance abuse disorder services	Covered	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
Generic Drugs	Yes	Generic Drugs	Covered	No						No
Preferred Brand Drugs	Yes	Preferred Brand Drugs	Covered	No						No
Non-Preferred Brand Drugs	Yes	Non-Preferred Brand Drugs	Covered	No						No
Specialty Drugs	Yes	Specialty Drugs	Covered	No						No
Outpatient Rehabilitation Services	Yes	Outpatient Rehabilitation Services (Physical Therapy, Speech Therapy, and Occupational Therapy)	Covered	Yes	30	Visits per condition per contract year for each therapy (physical therapy, speech therapy, and occupational therapy)				No
Habilitation Services	Yes	Habilitative services for Members from birth to age 19; habilitative services in parity with rehabilitative services for Members age 19 and above	Covered	Yes	30	Visits per condition per contract year for each therapy (physical therapy, speech therapy, and occupational therapy) for age 19 and above			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
Chiropractic Care	Yes	Chiropractic Services	Covered	Yes	20	Visits per condition per contract year				No
Durable Medical Equipment	Yes	Durable Medical Equipment	Covered	No						No

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Hearing Aids	Yes	Hearing Aids for Minor Children	Covered	Yes	1	Hearing aid per each hearing impaired ear every 36 months		Hearing aids for Members over age 18 are not covered.		No
Diagnostic Test (X-Ray and Lab Work)	Yes	Diagnostic Test (x-ray and lab work)	Covered	No						No
Imaging (CT/PET Scans, MRIs)	Yes	Imaging (CT/PET scans, MRIs)	Covered	No						No
Preventive Care/ Screening/ Immunization	Yes	Preventive Care/Screening/ Immunization	Covered	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
Routine Foot Care			Not Covered							
Acupuncture	Yes	Acupuncture	Covered	No						No
Weight Loss Programs	Yes		Not Covered							
Routine Eye Exam for Children	Yes	Routine Eye Exam (Children)	Covered	Yes	1	Visit per contract year			FEDVIP BlueVision High.	No
Eye Glasses for Children	Yes	Glasses and Frames or Contact Lenses	Covered	Yes	1	Pair of eyeglasses or 1 pair contact lenses per year			FEDVIP BlueVision High.	No

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Dental Check-Up for Children	Yes	Clinical Oral Exam	Covered	Yes	2	Visits per year Only fluoride from PCP, exam covered under dental plan			MCHP Healthy Smiles.	No
Rehabilitative Speech Therapy	Yes	Rehabilitative Speech Therapy	Covered	No						No
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Rehabilitative Occupational and Rehabilitative Physical Therapy	Covered	No						No
Well Baby Visits and Care	Yes	Well Baby Visits and Care	Covered	No						No
Laboratory Outpatient and Professional Services	Yes	Laboratory Outpatient and Professional Services	Covered	No						No
X-rays and Diagnostic Imaging	Yes	X-rays and Diagnostic Imaging	Covered	No						No
Basic Dental Care - Child	Yes	Basic Dental Care - Child	Covered	No						No
Orthodontia - Child	Yes	Orthodontia - Child	Covered	No						No
Major Dental Care - Child	Yes	Major Dental Care - Child	Covered	No						No
Basic Dental Care - Adult			Not Covered							
Orthodontia - Adult			Not Covered							
Major Dental Care – Adult			Not Covered							
Abortion for Which Public Funding is Prohibited			Not Covered							
Transplant	Yes	Transplant	Covered	No					Autologous and nonautologous bone marrow, cornea, kidney, liver, heart, lung, heart/lung, pancreas, and pancreas/kidney transplants. All non-experimental/investigational solid organ transplant, and other non-solid organ transplant procedures. 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
Accidental Dental	Yes	Accidental Dental	Covered	No						No
Dialysis	Yes	Dialysis	Covered	No						No
Allergy Testing	Yes	Allergy Testing	Covered	No						No
Chemotherapy	Yes	Chemotherapy	Covered	No						No
Radiation	Yes	Radiation	Covered	No						No
Diabetes Education	Yes	Diabetes Education	Covered	No						No

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Prosthetic Devices	Yes	Prosthetic Devices	Covered	No						No
Infusion Therapy	Yes	Infusion Therapy	Covered	No						No
Treatment for Temporomandibular Joint Disorders	Yes	Treatment for Temporomandibular Joint Disorders	Covered	No						No
Nutritional Counseling	Yes	Nutritional Counseling	Covered	No					Professional nutritional counseling for members at nutritional risk due to nutritional history, current dietary intake, medication use or chronic illness or condition.	No
Reconstructive Surgery	Yes	Reconstructive breast surgery and breast prosthesis	Covered	No					State-required benefit applies to breast reconstruction. 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
Clinical Trials	Yes	Clinical Trials	Covered	No					Clinical Trials include Controlled clinical trials.	No
Diabetes Care Management	Yes	Diabetes treatment, equipment and supplies	Covered	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
Inherited Metabolic Disorder - PKU	Yes	Inherited Metabolic Disorder - PKU	Covered	No					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
Dental Anesthesia	Yes	Dental Anesthesia	Covered	No						No
Mental Health Other	Yes	Mental Health Other	Covered	No						No
Prescription Drugs Other	Yes	Prescription Drugs Other	Covered	No						No
Second Opinion	Yes	Second Opinion	Covered	No						No
Congenital Anomaly, including Cleft Lip/Palate	Yes	Congenital Anomaly, including Cleft Lip/Palate	Covered	No					Includes orthodontics, oral surgery, otologic, audiological, and speech therapy, for Members from birth to age 19.	No
Osteoporosis	Yes(I)	Osteoporosis	Covered	No						No
Blood and Blood Services	Yes(S)	Blood and Blood Services	Covered	No						No
Family Planning	Yes(S)	Family Planning	Covered	No						No

OTHER BENEFITS

Benefit Information			General Information							
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Nutritional services for the treatment of cardiovascular disease, diabetes, malnutrition, cancer, cerebral vascular disease, or kidney disease	Yes	Nutritional services for the treatment of cardiovascular disease, diabetes, malnutrition, cancer, cerebral vascular disease, or kidney disease	Covered	Yes	6	Visits per condition per contract year				No
Medical food for persons with metabolic disorders	Yes	Medical food for persons with metabolic disorders	Covered	No					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
Medical nutrition therapy to treat a chronic illness or condition	Yes	Medical nutrition therapy to treat a chronic illness or condition	Covered	No						No
Office visits for treatment of childhood obesity	Yes	Office visits for treatment of childhood obesity	Covered	No						No
Well child care visits for obesity evaluation and management	Yes	Well child care visits for obesity evaluation and management	Covered	No						No
Pulmonary rehabilitation services	Yes	Pulmonary rehabilitation services	Covered	Yes	1	Program per lifetime			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.	No
Increased outpatient rehabilitation (physical therapy, speech therapy, occupational therapy) benefits for cardiac rehabilitation	Yes	Increased outpatient rehabilitation (physical therapy, speech therapy, occupational therapy) benefits for cardiac rehabilitation	Covered	Yes	90	Visits per therapy per contract year				No
General anesthesia and associated hospital or ambulatory facility charges in conjunction with dental care	Yes	General anesthesia and associated hospital or ambulatory facility charges in conjunction with dental care	Covered	No					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

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Any other service approved by the plan's case management program	Yes	Any other service approved by the plan's case management program	Covered	No						No
Cost recovery expenses for blood, blood products, derivatives, components, biologics, and serums	Yes	Cost recovery expenses for blood, blood products, derivatives, components, biologics, and serums	Covered	No					Includes autologous services; whole blood; red blood cells; platelets; plasma; immunoglobulin; and albumin.	No
Coordination of care provided through the Patient-Centered Medical Home Program	Yes	Coordination of care provided through the Patient-Centered Medical Home Program	Covered	No					Benefits will be provided for associated costs for coordination of care for the Qualifying Individual's medical conditions.	No
Abortion services	Yes	Abortion services	Covered	No						No
Professional services by licensed professional mental health and substance abuse practitioners when acting within the scope of their license	Yes	Professional services by licensed professional mental health and substance abuse practitioners when acting within the scope of their license	Covered	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: - 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
Diagnostics for mental/behavioral health and substance abuse disorders	Yes	Diagnostics for mental/behavioral health and substance abuse disorders	Covered	No					Covered diagnostic services include the following: - 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
ANTIMIGRAINE AGENTS	PROPHYLACTIC	3

CATEGORY	CLASS	SUBMISSION COUNT
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)	GLUCOCORTICOIDS/MINERALOCORTICOIDS	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	GLUCOCORTICOIDS	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