

## VIRGINIA 2025 EHB BENCHMARK PLAN

### SUMMARY INFORMATION

<b>Plan Type</b>	N/A
<b>Issuer Name</b>	N/A
<b>Product Name</b>	N/A
<b>Plan Name</b>	N/A
<b>Supplemented Categories (Supplementary Plan Type)</b>	None
<b>Habilitative Services Included in Benchmark (Yes/No)</b>	Yes
<b>EHB-benchmark Plan Option (at 45 CFR §156.111(a))</b>	45 CFR § 156.111(a)(3): Otherwise selecting a set of benefits that would become the state's EHB-benchmark plan.
<b>Comments</b>	<p>Virginia is applying to change its EHB-benchmark plan for plan year 2025.</p> <p>In fulfilling the scope of benefit requirements at § 156.111(b), Virginia used the Anthem Health Plans of Virginia (Anthem BCBS) Premier DirectAccess PPO plan offered in Virginia in plan year 2017 as the basis for determining the scope of benefits provided under a typical employer plan (with the pediatric dental EHB category supplemented by the Medicaid CHIP (Smiles) plan) offered in plan year 2017. Virginia selected the Federal Employees Health Benefits Standard Plan (FEHBP) administered by BlueCross BlueShield of Virginia 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 are available for review at:  <a href="https://www.cms.gov/CCIIO/Resources/Data-Resources/ehb#Virginia">https://www.cms.gov/CCIIO/Resources/Data-Resources/ehb#Virginia</a></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				Please see Virginia EHB Benchmark Plan, pg. 22.
Specialist Visit	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 22.
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 22.
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 23.
Outpatient Surgery Physician/Surgical Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 27.
Hospice Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 16.
Routine Dental Services (Adult)	No	Not Covered	No				
Infertility Treatment	No	Not Covered	No			Fertility treatments such as artificial insemination and in-vitro fertilization are not a Covered Service.	Diagnostic tests to find the cause of infertility, such as diagnostic laparoscopy, endometrial biopsy, and semen analysis. Benefits also include services to treat the underlying medical conditions that cause infertility (e.g., endometriosis, obstructed fallopian tubes, and hormone deficiency). Please see Virginia Benchmark Plan Pg. 21 for more information.
Long-Term/Custodial Nursing Home Care	No	Not Covered	No				
Private-Duty Nursing	Yes	Covered	Yes	16	Hours per Benefit Period	Coverage does not include benefits for private duty nursing in the inpatient setting.	Please see Virginia EHB Benchmark Plan, pg. 25.

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Routine Eye Exam (Adult)	No	Not Covered	No				
Urgent Care Centers or Facilities	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pgs. 22, 31.
Home Health Care Services	Yes	Covered	Yes	100	Visit(s) per Benefit Period	Services given by registered nurses and other health workers who are not employees of or working under an approved arrangement with a Home Health Care Provider are not covered; Food, housing, homemaker services and home delivered meals are not covered.	Please see Virginia EHB Benchmark Plan, pg. 15.
Emergency Room Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 14.
Emergency Transportation/Ambulance	Yes	Covered	No			Air ambulance will not be covered if you are taken to a Facility that is not an acute care Hospital (such as a Skilled Nursing Facility), or if you are taken to a Physician's office or your home. Coverage is not available for air ambulance transfers for the reason of being treated in a specific Hospital or by a specific Physician.	Please see Virginia EHB Benchmark Plan, pg. 7.
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 18.
Inpatient Physician and Surgical Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 18.
Bariatric Surgery	No	Not Covered	No				

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Cosmetic Surgery	No	Not Covered	No				
Skilled Nursing Facility	Yes	Covered	Yes	100	Day(s) per Stay	Custodial care is not covered even if it is recommended by a professional or performed in a facility, such as a Skilled Nursing Facility.	Please see Virginia EHB Benchmark Plan, pg. 27.
Prenatal and Postnatal Care	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 19.
Delivery and All Inpatient Services for Maternity Care	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 19.
Mental/Behavioral Health Outpatient Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 21.
Mental/Behavioral Health Inpatient Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 21.
Substance Abuse Disorder Outpatient Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 21.
Substance Abuse Disorder Inpatient Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 21.

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Generic Drugs	Yes	Covered	No			<p>The following are not covered:</p> <ul style="list-style-type: none"> <li>•Refills after one year after date of original prescription</li> <li>•Infertility Drugs</li> <li>•Drugs that do not need a Prescription</li> <li>•Fluoride treatments</li> <li>•Items covered as DME</li> <li>•Lost or stolen drugs</li> <li>•Drugs not approved by USFDA</li> <li>•Drugs to treat sexual dysfunction</li> <li>•Weight loss drugs</li> </ul> <p>See Virginia EHB Benchmark Plan Pg. 47-48 for more details.</p>	Please see Virginia EHB Benchmark Plan, pg. 34.

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Preferred Brand Drugs	Yes	Covered	No			<p>The following are not covered:</p> <ul style="list-style-type: none"> <li>•Refills after one year after date of original prescription</li> <li>•Infertility Drugs</li> <li>•Drugs that do not need a Prescription</li> <li>•Fluoride treatments</li> <li>•Items covered as DME</li> <li>•Lost or stolen drugs</li> <li>•Drugs not approved by USFDA</li> <li>•Drugs to treat sexual dysfunction</li> <li>•Weight loss drugs</li> </ul> <p>See Virginia EHB Benchmark Plan Pg. 47-48 for more details.</p>	Please see Virginia EHB Benchmark Plan, pg. 34.

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Non-Preferred Brand Drugs	Yes	Covered	No			<p>The following are not covered:</p> <ul style="list-style-type: none"> <li>•Refills after one year after date of original prescription</li> <li>•Infertility Drugs</li> <li>•Drugs that do not need a Prescription</li> <li>•Fluoride treatments</li> <li>•Items covered as DME</li> <li>•Lost or stolen drugs</li> <li>•Drugs not approved by USFDA</li> <li>•Drugs to treat sexual dysfunction</li> <li>•Weight loss drugs</li> </ul> <p>See Virginia EHB Benchmark Plan Pg. 47-48 for more details.</p>	Please see Virginia EHB Benchmark Plan, pg. 34.

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Specialty Drugs	Yes	Covered	No			<p>The following are not covered:</p> <ul style="list-style-type: none"> <li>•Refills after one year after date of original prescription</li> <li>•Infertility Drugs</li> <li>•Drugs that do not need a Prescription</li> <li>•Fluoride treatments</li> <li>•Items covered as DME</li> <li>•Lost or stolen drugs</li> <li>•Drugs not approved by USFDA</li> <li>•Drugs to treat sexual dysfunction</li> <li>•Weight loss drugs</li> </ul> <p>See Virginia EHB Benchmark Plan Pg. 47-48 for more details.</p>	Please see Virginia EHB Benchmark Plan, pg. 34.
Outpatient Rehabilitation Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 26. See specific therapies for visit limits.
Habilitation Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 26. See specific therapies for visit limits.
Chiropractic Care	Yes	Covered	Yes	30	Visit(s) per Benefit Period	Spinal manipulations or other manual medical interventions for an illness or injury other than musculoskeletal conditions are not covered.	Please see Virginia EHB Benchmark Plan, pgs. 26, 30.
Durable Medical Equipment	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 12.



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Hearing Aids	No	Not Covered	No			Hearing aids or exams to prescribe or fit hearing aids are not covered. This Exclusion does not apply to cochlear implants.	Please see Virginia EHB Benchmark Plan, pg. 44
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 11.
Preventive Care/Screening/Immunization	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 23.
Routine Foot Care	No	Not Covered	No			Routine foot care is not covered unless medically necessary	Please see Virginia EHB Benchmark Plan, pgs. 11, 43.
Acupuncture	No	Not Covered	No				
Weight Loss Programs	No	Not Covered	No				Please see Virginia EHB Benchmark Plan, pg. 46.
Routine Eye Exam for Children	Yes	Covered	Yes	1	Exam(s) per Benefit Period		Please see Virginia EHB Benchmark Plan, pg. 31.
Eye Glasses for Children	Yes	Covered	Yes	1	Item(s) per Benefit Period	Benefits are not available for non-elective contact lenses if the Member has undergone prior elective corneal surgery, such as radial keratotomy (RK), photorefractive keratectomy (PRK), or LASIK.	Please see Virginia EHB Benchmark Plan, pg. 32.
Dental Check-Up for Children	Yes	Covered	Yes	1	Treatment(s) per 6 Months		Please see Virginia EHB Benchmark Plan, pg. 37.
Rehabilitative Speech Therapy	Yes	Covered	Yes	30	Visit(s) per Benefit Period		Please see Virginia EHB Benchmark Plan, pgs. 26, 29.

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Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	Yes	30	Visit(s) per Benefit Period. Visit limit is combined for Rehabilitative Occupational and Rehabilitative Physical Therapy.	Non-covered providers include, but are not limited to, masseurs or masseuses (massage therapists), and physical therapist technicians.	Please see Virginia EHB Benchmark Plan, pgs. 26, 29.
Well Baby Visits and Care	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pgs. 19, 24.
Laboratory Outpatient and Professional Services	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 11.
X-rays and Diagnostic Imaging	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 11.
Basic Dental Care - Child	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 37.
Orthodontia - Child	Yes	Covered	Yes	1	Treatment(s) per Lifetime		Please see Virginia EHB Benchmark Plan, pg. 39.
Major Dental Care - Child	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 38.
Basic Dental Care - Adult	No	Not Covered	No				
Orthodontia - Adult	No	Not Covered	No				
Major Dental Care – Adult	No	Not Covered	No				
Abortion for Which Public Funding is Prohibited	No	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 20.
Transplant	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 17.

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Accidental Dental	Yes	Covered	No			An injury that results from chewing or biting is not considered an accidental injury and is not covered.	Please see Virginia EHB Benchmark Plan, pg. 10.
Dialysis	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 30.
Allergy Testing	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 7.
Chemotherapy	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 30.
Radiation	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 31.
Diabetes Education	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 10.
Prosthetic Devices	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 13.
Infusion Therapy	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 30.
Treatment for Temporomandibular Joint Disorders	Yes	Covered	No			The medical benchmark benefits exclude fixed or removable appliances that involve movement or repositioning of the teeth, repair of teeth (fillings), or prosthetics (crowns, bridges, dentures).	Please see Virginia EHB Benchmark Plan, pg. 29.
Nutritional Counseling	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 22.
Reconstructive surgery	Yes	Covered	No				Please see Virginia EHB Benchmark Plan, pg. 28.

## **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	25
Analgesics	Opioid Analgesics, Long acting	10
Analgesics	Opioid Analgesics, Short-acting	24
Anesthetics	Local Anesthetics	3
Anti-Addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	3
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence	4
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	1
Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	3
Antibacterials	Aminoglycosides	2
Antibacterials	Antibacterials, Other	16
Antibacterials	Beta-lactam, Cephalosporins	8
Antibacterials	Beta-lactam, Penicillins	6
Antibacterials	Carbapenems	0
Antibacterials	Macrolides	5
Antibacterials	Quinolones	5
Antibacterials	Sulfonamides	2
Antibacterials	Tetracyclines	5
Anticonvulsants	Anticonvulsants, Other	7
Anticonvulsants	Calcium Channel Modifying Agents	3
Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	9
Anticonvulsants	Sodium Channel Agents	8
Antidementia Agents	Antidementia Agents, Other	1
Antidementia Agents	Cholinesterase Inhibitors	3
Antidementia Agents	N-methyl-D-aspartate (NMDA) Receptor Antagonist	1
Antidepressants	Antidepressants, Other	8
Antidepressants	Monoamine Oxidase Inhibitors	3
Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	14
Antidepressants	Tricyclics	11
Antiemetics	Antiemetics, Other	10
Antiemetics	Emetogenic Therapy Adjuncts	6
Antifungals	No USP Class	12
Antigout Agents	No USP Class	6
Antimigraine Agents	Ergot Alkaloids	2

CATEGORY	CLASS	SUBMISSION COUNT
Antimigraine Agents	Prophylactic	4
Antimigraine Agents	Serotonin (5-HT) Receptor Agonist	8
Antimyasthenic Agents	Parasympathomimetics	2
Antimycobacterials	Antimycobacterials, Other	2
Antimycobacterials	Antituberculars	9
Antineoplastics	Alkylating Agents	5
Antineoplastics	Antiandrogens	5
Antineoplastics	Antiangiogenic Agents	3
Antineoplastics	Antiestrogens/Modifiers	4
Antineoplastics	Antimetabolites	4
Antineoplastics	Antineoplastics, Other	6
Antineoplastics	Aromatase Inhibitors, 3rd Generation	3
Antineoplastics	Enzyme Inhibitors	2
Antineoplastics	Molecular Target Inhibitors	24
Antineoplastics	Monoclonal Antibody/Antibody-Drug Conjugate	0
Antineoplastics	Retinoids	2
Antineoplastics	Treatment Adjuncts	10
Antiparasitics	Anthelmintics	3
Antiparasitics	Antiprotozoals	12
Antiparkinson Agents	Anticholinergics	3
Antiparkinson Agents	Antiparkinson Agents, Other	4
Antiparkinson Agents	Dopamine Agonists	5
Antiparkinson Agents	Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	3
Antiparkinson Agents	Monoamine Oxidase B (MAO-B) Inhibitors	2
Antipsychotics	1st Generation/Typical	11
Antipsychotics	2nd Generation/Atypical	10
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	3
Antivirals	Antiherpetic Agents	3
Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	4
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	7

CATEGORY	CLASS	SUBMISSION COUNT
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	15
Antivirals	Anti-HIV Agents, Other	4
Antivirals	Anti-HIV Agents, Protease Inhibitors (PI)	9
Antivirals	Anti-influenza Agents	4
Anxiolytics	Anxiolytics, Other	5
Anxiolytics	Benzodiazepines	8
Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	5
Bipolar Agents	Bipolar Agents, Other	8
Bipolar Agents	Mood Stabilizers	5
Blood Glucose Regulators	Antidiabetic Agents	26
Blood Glucose Regulators	Glycemic Agents	1
Blood Glucose Regulators	Insulins	10
Blood Products and Modifiers	Anticoagulants	7
Blood Products and Modifiers	Blood Products and Modifiers, Other	7
Blood Products and Modifiers	Hemostasis Agents	2
Blood Products and Modifiers	Platelet Modifying Agents	9
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	7
Cardiovascular Agents	Diuretics, Loop	4
Cardiovascular Agents	Diuretics, Potassium-sparing	4
Cardiovascular Agents	Diuretics, Thiazide	6
Cardiovascular Agents	Dyslipidemics, Fibric Acid Derivatives	2
Cardiovascular Agents	Dyslipidemics, HMG CoA Reductase Inhibitors	7
Cardiovascular Agents	Dyslipidemics, Other	7
Cardiovascular Agents	Vasodilators, Direct-acting Arterial	3
Cardiovascular Agents	Vasodilators, Direct-acting Arterial/Venous	3
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	4

CATEGORY	CLASS	SUBMISSION COUNT
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	5
Central Nervous System Agents	Central Nervous System, Other	13
Central Nervous System Agents	Fibromyalgia Agents	3
Central Nervous System Agents	Multiple Sclerosis Agents	8
Dental and Oral Agents	No USP Class	7
Dermatological Agents	Acne and Rosacea Agents	12
Dermatological Agents	Dermatitis and Pruritus Agents	23
Dermatological Agents	Dermatological Agents, Other	17
Dermatological Agents	Pediculicides/Scabicides	7
Dermatological Agents	Topical Anti-infectives	20
Electrolytes/ Minerals/ Metals/ Vitamins	Electrolyte/Mineral Replacement	5
Electrolytes/ Minerals/ Metals/ Vitamins	Electrolyte/Mineral/Metal Modifiers	4
Electrolytes/ Minerals/ Metals/ Vitamins	Phosphate Binders	4
Electrolytes/ Minerals/ Metals/ Vitamins	Potassium Binders	1
Electrolytes/ Minerals/ Metals/ Vitamins	Vitamins	1
Gastrointestinal Agents	Anti-Constipation Agents	5
Gastrointestinal Agents	Anti-Diarrheal Agents	4
Gastrointestinal Agents	Antispasmodics, Gastrointestinal	3
Gastrointestinal Agents	Gastrointestinal Agents, Other	9
Gastrointestinal Agents	Histamine2 (H2) Receptor Antagonists	4
Gastrointestinal Agents	Protectants	3
Gastrointestinal Agents	Proton Pump Inhibitors	9
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	No USP Class	8
Genitourinary Agents	Antispasmodics, Urinary	8
Genitourinary Agents	Benign Prostatic Hypertrophy Agents	9
Genitourinary Agents	Genitourinary Agents, Other	10
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	No USP Class	9
Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary)	No USP Class	4
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)	No USP Class	2
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Anabolic Steroids	2
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	3

CATEGORY	CLASS	SUBMISSION COUNT
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	15
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progestins	17
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Selective Estrogen Receptor Modifying Agents	6
Hormonal Agents, Stimulant/ Replacement/ Modifying (Thyroid)	No USP Class	3
Hormonal Agents, Suppressant (Adrenal)	No USP Class	1
Hormonal Agents, Suppressant (Pituitary)	No USP Class	11
Hormonal Agents, Suppressant (Thyroid)	Antithyroid Agents	2
Immunological Agents	Angioedema Agents	2
Immunological Agents	Immunoglobulins	1
Immunological Agents	Immunological Agents, Other	10
Immunological Agents	Immunostimulants	4
Immunological Agents	Immunosuppressants	14
Inflammatory Bowel Disease Agents	Aminosalicylates	4
Inflammatory Bowel Disease Agents	Glucocorticoids	7
Metabolic Bone Disease Agents	No USP Class	14
Ophthalmic Agents	Ophthalmic Agents, Other	6
Ophthalmic Agents	Ophthalmic Anti-allergy Agents	8
Ophthalmic Agents	Ophthalmic Anti-Infectives	19
Ophthalmic Agents	Ophthalmic Anti-inflammatories	13
Ophthalmic Agents	Ophthalmic Beta-Adrenergic Blocking Agents	7
Ophthalmic Agents	Ophthalmic Intraocular Pressure Lowering Agents, Other	10
Ophthalmic Agents	Ophthalmic Prostaglandin and Prostanoid Analogs	4
Otic Agents	No USP Class	9
Respiratory Tract/ Pulmonary Agents	Antihistamines	14
Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	9
Respiratory Tract/ Pulmonary Agents	Antileukotrienes	3
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	5
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	15
Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	3
Respiratory Tract/ Pulmonary Agents	Mast Cell Stabilizers	1
Respiratory Tract/ Pulmonary Agents	Phosphodiesterase Inhibitors, Airways Disease	2
Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	8
Respiratory Tract/ Pulmonary Agents	Pulmonary Fibrosis Agents	0



CATEGORY	CLASS	SUBMISSION COUNT
Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	9
Skeletal Muscle Relaxants	No USP Class	9
Sleep Disorder Agents	Sleep Promoting Agents	11
Sleep Disorder Agents	Wakefulness Promoting Agents	3