

ILLINOIS EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	N/A
Issuer Name	N/A
Product Name	N/A
Plan Name	The Access to Care and Treatment Plan
Supplemented Categories (Supplementary Plan Type)	N/A
Habilitative Services Included Benchmark (Yes/No)	Yes
EHB-benchmark Plan Option (at 45 CFR §156.111(a))	§156.111(a)(3) – Select a set of benefits that would become the State’s EHB-benchmark plan
Comments	<p>Illinois’ 2017-2019 benchmark plan (Blue Gold PPO 011) and CHIP dental plan, AllKids, are the base for the Access to Care and Treatment Plan.</p> <p>Illinois is continuing to use the same approach as outlined at 45 CFR §156.122(a)(1) for its drug benefit. That is, issuers do not have to cover the specific drugs listed on Illinois’ drug list. Rather, issuers must cover one drug per United States Pharmacopeia (USP) category and class or the number of drugs per category and class in the drug list, whichever is greater. CMS calculated EHB drug counts in this document using the plan year 2019 EHB-Rx Crosswalk under USP v7.0 Medicare Model Guidelines.</p> <p>Additionally, Illinois has added five covered benefits, as further detailed on page 6 of this document and in the Access to Care and Treatment Plan document:</p> <ol style="list-style-type: none"> 1. Topical anti-inflammatory medication, including but not limited to Ketoprofen, Diclofenac, or another brand equivalent approved by the FDA for acute and chronic pain; 2. Limiting opioid prescriptions for acute pain to no more than 7 days;

	<ol style="list-style-type: none">3. Removal of barriers to prescribing Buprenorphine or brand equivalent products for medication assisted treatment of opioid use disorder;4. At least one intranasal spray opioid reversal agent when initial prescriptions of opioids are dosages of 50MME or higher; and5. Tele-psychiatry.
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BENEFITS AND LIMITS

Benefit Information		General Information					
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				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Covered	No				
Outpatient Surgery Physician/Surgical Services	Yes	Covered	No				
Hospice Services	Yes	Covered	No				
Routine Dental Services (Adult)	No	Not Covered	No				
Infertility Treatment	Yes	Covered	No				Limitations vary based on procedures
Long-Term/Custodial Nursing Home Care	No	Not Covered	No				
Private-Duty Nursing	Yes	Covered	No			Inpatient Private Duty Nursing Service is not covered	
Routine Eye Exam (Adult)	No	Not Covered	No				
Urgent Care Centers or Facilities	Yes	Covered	No				
Home Health Care Services	No	Not Covered	No				
Emergency Room Services	Yes	Covered	No				
Emergency Transportation/Ambulance	Yes	Covered	No				
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No				
Inpatient Physician and Surgical Services	Yes	Covered	No				
Bariatric Surgery	Yes	Covered	No				
Cosmetic Surgery	Yes	Covered	No				Cosmetic surgery for the correction of the congenital deformities or for conditions resulting from accidental injuries, scars, tumors or disease is covered.
Skilled Nursing Facility	Yes	Covered	No				
Prenatal and Postnatal Care	Yes	Covered	No				
Delivery and All Inpatient Services for Maternity Care	Yes	Covered	No				
Mental/Behavioral Health Outpatient Services	Yes	Covered	No				
Mental/Behavioral Health Inpatient Services	Yes	Covered	No				
Substance Abuse Disorder Outpatient Services	Yes	Covered	No				
Substance Abuse Disorder Inpatient Services	Yes	Covered	No				
Generic Drugs	Yes	Covered	No				
Preferred Brand Drugs	Yes	Covered	No				
Non-Preferred Brand Drugs	Yes	Covered	No				

Benefit Information		General Information					
A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Specialty Drugs	Yes	Covered	No				
Outpatient Rehabilitation Services	Yes	Covered	No				Maintenance therapies not covered
Habilitation Services	Yes	Covered	No				Treatment must be medically necessary and therapeutic and not investigational.
Chiropractic Care	Yes	Covered	Yes	25	Visit(s) per Benefit Period		
Durable Medical Equipment	Yes	Covered	No				
Hearing Aids	Yes	Covered	Yes	2	Visit(s) per 3 Years		Benefits are for bone anchored hearing aids. Quantity limit applies to hearing aids for children.
Imaging (CT/PET Scans, MRIs)	No	Covered	No				Benefit provided for outpatient services and when these services are related to surgery or medical.
Preventive Care/Screening/Immunization	Yes	Covered	No				
Routine Foot Care	Yes	Covered	No				Only covered for persons diagnosed with diabetes
Acupuncture	No	Not Covered	No				
Weight Loss Programs	No	Not Covered	No				
Routine Eye Exam for Children	Yes	Covered	Yes	1	Exam(s) per Benefit Period		
Eye Glasses for Children	Yes	Covered	Yes	1	Item(s) per Benefit Period		
Dental Check-Up for Children	Yes	Covered	No				
Rehabilitative Speech Therapy	Yes	Covered	No				When rendered for the treatment of psychosocial speech delay, behavioral problems (including impulsive behavior and impulsivity syndrome) attention disorder, conceptual handicap or mental retardation, except as may be provided under this Certificate for Autism Spectrum Disorder(s). Maintenance Speech Therapy is not covered.
Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	No				Maintenance Occupational and Physical Therapy are not covered.
Well Baby Visits and Care	Yes	Covered	No				
Laboratory Outpatient and Professional Services	Yes	Covered	No				Benefit provided for outpatient services and when these services are related to surgery or medical care.
X-rays and Diagnostic Imaging	Yes	Covered	No				Benefit provided for outpatient services and when these services are related to surgery or medical care.
Basic Dental Care - Child	Yes	Covered	No				
Orthodontia - Child	Yes	Covered	No				Limitations vary based on procedures
Major Dental Care - Child	Yes	Covered	No				Limitations vary based on procedures
Basic Dental Care - Adult	No	Not Covered	No				
Orthodontia - Adult	No	Not Covered	No				
Major Dental Care - Adult	No	Covered	No				

Benefit Information		General Information					
A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Abortion for Which Public Funding is Prohibited	No	Not Covered	No				Abortions are only covered when the life of the mother would be endangered if the fetus were carried to term, or when the pregnancy is the result of an act of rape or incest.
Transplant	Yes	Covered	No				
Accidental Dental	Yes	Covered	No				
Dialysis	Yes	Covered	No				
Allergy Testing	Yes	Covered	No				
Chemotherapy	Yes	Covered	No				
Radiation	Yes	Covered	No				
Diabetes Education	Yes	Covered	No				Services must be rendered by a physician, or duly certified, or licensed health care professional with expertise in diabetes management.
Prosthetic Devices	Yes	Covered	No				
Infusion Therapy	Yes	Covered	No				
Treatment for Temporomandibular Joint Disorders	Yes	Covered	No				
Nutritional Counseling	Yes	Covered	No				
Reconstructive Surgery	Yes	Covered	No				Only includes benefits for mastectomy-related services.

OTHER BENEFITS

Benefit Information		General Information					
A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Topical anti-inflammatory medication, including but not limited to Ketoprofen, Diclofenac, or another brand equivalent approved by the FDA for acute and chronic pain	Yes	Yes	No				Prescription drug category
Opioid prescriptions for acute pain are provided for no more than 7 days	Yes	Yes	Yes	7	days		Prescription drug category
Prohibition on prior authorization, dispensing limits, and fail first policies for buprenorphine or brand equivalent products for medication assisted treatment of opioid use disorder	Yes	Yes	No				Prescription drug category
At least one intranasal spray opioid reversal agent when initial prescriptions of opioids are dosages of 50MME or higher	Yes	Yes	No				Prescription drug category
Tele-psychiatry	Yes	Yes	No				Mental health and substance use disorder services category

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

* See explanations on page 6 for further information regarding coverage requirements and limitations for classes marked with an asterisk.

CATEGORY	CLASS	SUBMISSION COUNT
ANALGESICS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS*	21
ANALGESICS	OPIOID ANALGESICS, LONG-ACTING*	10
ANALGESICS	OPIOID ANALGESICS, SHORT-ACTING*	14
ANESTHETICS	LOCAL ANESTHETICS	3
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	ALCOHOL DETERRENTS/ANTI-CRAVING	3
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	OPIOID DEPENDENCE TREATMENTS*	4
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	OPIOID REVERSAL AGENTS*	1
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	SMOKING CESSATION AGENTS	2
ANTIBACTERIALS	AMINOGLYCOSIDES	2
ANTIBACTERIALS	ANTIBACTERIALS, OTHER	12
ANTIBACTERIALS	BETA-LACTAM, CEPHALOSPORINS	8
ANTIBACTERIALS	BETA-LACTAM, OTHER	2
ANTIBACTERIALS	BETA-LACTAM, PENICILLINS	5
ANTIBACTERIALS	MACROLIDES	4
ANTIBACTERIALS	QUINOLONES	6
ANTIBACTERIALS	SULFONAMIDES	2
ANTIBACTERIALS	TETRACYCLINES	4
ANTICONVULSANTS	ANTICONVULSANTS, OTHER	4
ANTICONVULSANTS	CALCIUM CHANNEL MODIFYING AGENTS	4
ANTICONVULSANTS	GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS	8
ANTICONVULSANTS	GLUTAMATE REDUCING AGENTS	4
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	0
ANTIDEPRESSANTS	ANTIDEPRESSANTS, OTHER	9
ANTIDEPRESSANTS	MONOAMINE OXIDASE INHIBITORS	4
ANTIDEPRESSANTS	SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/ SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)	12
ANTIDEPRESSANTS	TRICYCLICS	9

CATEGORY	CLASS	SUBMISSION COUNT
ANTIEMETICS	ANTIEMETICS, OTHER	9
ANTIEMETICS	EMETOGENIC THERAPY ADJUNCTS	6
ANTIFUNGALS	NO USP CLASS	20
ANTIGOUT AGENTS	NO USP CLASS	6
ANTI-INFLAMMATORY AGENTS	GLUCOCORTICOIDS	8
ANTI-INFLAMMATORY AGENTS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS*	20
ANTIMIGRAINE AGENTS	ERGOT ALKALOIDS	1
ANTIMIGRAINE AGENTS	PROPHYLACTIC	4
ANTIMIGRAINE AGENTS	SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS	6
ANTIMYASTHENIC AGENTS	PARASYMPATHOMIMETICS	2
ANTIMYCOBACTERIALS	ANTIMYCOBACTERIALS, OTHER	2
ANTIMYCOBACTERIALS	ANTITUBERCULARS	9
ANTINEOPLASTICS	ALKYLATING AGENTS	4
ANTINEOPLASTICS	ANTIANDROGENS	5
ANTINEOPLASTICS	ANTIANGIOGENIC AGENTS	4
ANTINEOPLASTICS	ANTIESTROGENS/MODIFIERS	4
ANTINEOPLASTICS	ANTIMETABOLITES	6
ANTINEOPLASTICS	ANTINEOPLASTICS, OTHER	6
ANTINEOPLASTICS	AROMATASE INHIBITORS, 3RD GENERATION	4
ANTINEOPLASTICS	ENZYME INHIBITORS	2
ANTINEOPLASTICS	MOLECULAR TARGET INHIBITORS	38
ANTINEOPLASTICS	MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE	0
ANTINEOPLASTICS	RETINOIDS	2
ANTINEOPLASTICS	TREATMENT ADJUNCTS	8
ANTIPARASITICS	ANTHELMINTICS	2
ANTIPARASITICS	ANTIPROTOZOALS	11
ANTIPARASITICS	PEDICULICIDES/SCABICIDES	7
ANTIPARKINSON AGENTS	ANTICHOLINERGICS	3
ANTIPARKINSON AGENTS	ANTIPARKINSON AGENTS, OTHER	3
ANTIPARKINSON AGENTS	DOPAMINE AGONISTS	4
ANTIPARKINSON AGENTS	DOPAMINE PRECURSORS/ L-AMINO ACID DECARBOXYLASE INHIBITORS	2
ANTIPARKINSON AGENTS	MONOAMINE OXIDASE B (MAO-B) INHIBITORS	2
ANTIPSYCHOTICS	1ST GENERATION/TYPICAL	10
ANTIPSYCHOTICS	2ND GENERATION/ATYPICAL	9

CATEGORY	CLASS	SUBMISSION COUNT
ANTIPSYCHOTICS	TREATMENT-RESISTANT	1
ANTISPASTICITY AGENTS	NO USP CLASS	3
ANTIVIRALS	ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	2
ANTIVIRALS	ANTI-HEPATITIS B (HBV) AGENTS	7
ANTIVIRALS	ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING	8
ANTIVIRALS	ANTI-HEPATITIS C (HCV) AGENTS, OTHER	4
ANTIVIRALS	ANTIHERPETIC AGENTS	5
ANTIVIRALS	ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)	5
ANTIVIRALS	ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)	7
ANTIVIRALS	ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	17
ANTIVIRALS	ANTI-HIV AGENTS, OTHER	7
ANTIVIRALS	ANTI-HIV AGENTS, PROTEASE INHIBITORS	11
ANTIVIRALS	ANTI-INFLUENZA AGENTS	3
ANXIOLYTICS	ANXIOLYTICS, OTHER	4
ANXIOLYTICS	BENZODIAZEPINES	9
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	22
BLOOD GLUCOSE REGULATORS	GLYCEMIC AGENTS	1
BLOOD GLUCOSE REGULATORS	INSULINS	11
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	ANTICOAGULANTS	10
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	BLOOD FORMATION MODIFIERS	8
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	HEMOSTASIS AGENTS	1
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	PLATELET MODIFYING AGENTS	6
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	10
CARDIOVASCULAR AGENTS	BETA-ADRENERGIC BLOCKING AGENTS	12

CATEGORY	CLASS	SUBMISSION COUNT
CARDIOVASCULAR AGENTS	CALCIUM CHANNEL BLOCKING AGENTS	9
CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS, OTHER	5
CARDIOVASCULAR AGENTS	DIURETICS, CARBONIC ANHYDRASE INHIBITORS	1
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	4
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	8
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	NO USP CLASS	72
ELECTROLYTES/ MINERALS/ METALS/ VITAMINS	ELECTROLYTE/MINERAL REPLACEMENT	4
ELECTROLYTES/ MINERALS/ METALS/ VITAMINS	ELECTROLYTE/MINERAL/METAL MODIFIERS	6
ELECTROLYTES/ MINERALS/ METALS/ VITAMINS	PHOSPHATE BINDERS	2
ELECTROLYTES/ MINERALS/ METALS/ VITAMINS	VITAMINS	0
GASTROINTESTINAL AGENTS	ANTISPASMODICS, GASTROINTESTINAL	3
GASTROINTESTINAL AGENTS	GASTROINTESTINAL AGENTS, OTHER	12
GASTROINTESTINAL AGENTS	HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	3
GASTROINTESTINAL AGENTS	IRRITABLE BOWEL SYNDROME AGENTS	4
GASTROINTESTINAL AGENTS	LAXATIVES	5
GASTROINTESTINAL AGENTS	PROTECTANTS	2
GASTROINTESTINAL AGENTS	PROTON PUMP INHIBITORS	5
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	NO USP CLASS	7
GENITOURINARY AGENTS	ANTISPASMODICS, URINARY	7
GENITOURINARY AGENTS	BENIGN PROSTATIC HYPERTROPHY AGENTS	8
GENITOURINARY AGENTS	GENITOURINARY AGENTS, OTHER	7

CATEGORY	CLASS	SUBMISSION COUNT
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	NO USP CLASS	10
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PITUITARY)	NO USP CLASS	5
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (PROSTAGLANDINS)	NO USP CLASS	1
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	ANABOLIC STEROIDS	2
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	ANDROGENS	4
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	ESTROGENS	16
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	PROGESTERONE AGONISTS/ ANTAGONISTS	1
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	PROGESTINS	17
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	5
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)	NO USP CLASS	4
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	NO USP CLASS	1
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	NO USP CLASS	8
HORMONAL AGENTS, SUPPRESSANT (THYROID)	ANTITHYROID AGENTS	2
IMMUNOLOGICAL AGENTS	ANGIOEDEMA AGENTS	2
IMMUNOLOGICAL AGENTS	IMMUNE SUPPRESSANTS	18
IMMUNOLOGICAL AGENTS	IMMUNIZING AGENTS, PASSIVE	1
IMMUNOLOGICAL AGENTS	IMMUNOMODULATORS	20
INFLAMMATORY BOWEL DISEASE AGENTS	AMINOSALICYLATES	3
INFLAMMATORY BOWEL DISEASE AGENTS	GLUCOCORTICOIDS	5
INFLAMMATORY BOWEL DISEASE AGENTS	SULFONAMIDES	1
METABOLIC BONE DISEASE AGENTS	NO USP CLASS	13
OPHTHALMIC AGENTS	OPHTHALMIC AGENTS, OTHER	17
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-ALLERGY AGENTS	9
OPHTHALMIC AGENTS	OPHTHALMIC ANTIGLAUCOMA AGENTS	16
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-INFLAMMATORIES	10
OPHTHALMIC AGENTS	OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	4
OTIC AGENTS	NO USP CLASS	8

CATEGORY	CLASS	SUBMISSION COUNT
RESPIRATORY TRACT/ PULMONARY AGENTS	ANTI-HISTAMINES	11
RESPIRATORY TRACT/ PULMONARY AGENTS	ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	8
RESPIRATORY TRACT/ PULMONARY AGENTS	ANTI-LEUKOTRIENES	3
RESPIRATORY TRACT/ PULMONARY AGENTS	BRONCHODILATORS, ANTICHOLINERGIC	4
RESPIRATORY TRACT/ PULMONARY AGENTS	BRONCHODILATORS, SYMPATHOMIMETIC	10
RESPIRATORY TRACT/ PULMONARY AGENTS	CYSTIC FIBROSIS AGENTS	4
RESPIRATORY TRACT/ PULMONARY AGENTS	MAST CELL STABILIZERS	1
RESPIRATORY TRACT/ PULMONARY AGENTS	PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	4
RESPIRATORY TRACT/ PULMONARY AGENTS	PULMONARY ANTIHYPERTENSIVES	9
RESPIRATORY TRACT/ PULMONARY AGENTS	PULMONARY FIBROSIS AGENTS	2
RESPIRATORY TRACT/ PULMONARY AGENTS	RESPIRATORY TRACT AGENTS, OTHER	1
SKELETAL MUSCLE RELAXANTS	NO USP CLASS	5
SLEEP DISORDER AGENTS	GABA RECEPTOR MODULATORS	5
SLEEP DISORDER AGENTS	SLEEP DISORDERS, OTHER	5