

SOUTH DAKOTA EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	N/A
Issuer Name	N/A
Product Name	N/A
Plan Name	N/A
Supplemented Categories (Supplementary Plan Type)	Pediatric dental (FEDVIP) Pediatric vision (FEDVIP)
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	South Dakota’s 2017-2020 benchmark plan (Blue Select Primary PCP/NonPCP Copay Plan) and FEDVIP are the base for South Dakota’s 2021 EHB-benchmark plan. South Dakota did not make any formulary changes in their benchmark plan for 2021 and beyond. Issuers may be required to fill empty prescription drug categories and must meet the drug category/class standard.

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				Care (generally in a home setting) for patients who are terminally ill and who have a life expectancy of six months or less. Hospice respite care has a quantity limit of 15 inpatient days and 15 outpatient days per lifetime. Hospice respite care must be used in increments of not more than five days at a time.
Routine Dental Services (Adult)	No	Not Covered	No				
Infertility Treatment	No	Not Covered	No				
Long-Term/Custodial Nursing Home Care	No	Not Covered	No				
Private-Duty Nursing	Yes	Covered	No				Plan refers to home skilled nursing as private duty nursing. Home skilled nursing is intended to provide a safe transition from other levels of care when medically necessary, to provide teaching to caregivers for ongoing care, or to provide short-term treatments that can be safely administered in the home setting.
Routine Eye Exam (Adult)	No	Not Covered	No				
Urgent Care Centers or Facilities	Yes	Covered	No				
Home Health Care Services	Yes	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				Surgery must be medically necessary. Not all procedures classified as weight reduction surgery are covered. Prior approval for weight reduction surgery is required.
Cosmetic Surgery	No	Not Covered	No				
Skilled Nursing Facility	Yes	Covered	Yes	90	Day(s) per Benefit Period		
Prenatal and Postnatal Care	Yes	Covered	No				

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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	Yes	90	Day(s) per Lifetime	Excludes treatment received in a residential treatment facility, except the acute level of care described in plan document.	Quantity Limit: 30 days/six-month period for inpatient treatment and 90 days/lifetime for inpatient treatment for alcoholism treatment. Quantity Limit for all other substance abuse inpatient treatment: 30 days/benefit year for inpatient treatment.
Generic Drugs	Yes	Covered	No				
Preferred Brand Drugs	Yes	Covered	No				
Non-Preferred Brand Drugs	Yes	Covered	No				
Specialty Drugs	Yes	Covered	No				
Outpatient Rehabilitation Services	Yes	Covered	No				
Habilitation Services	Yes	Covered	Yes				Treatment for Autism Spectrum Disorder (ASD) with speech therapy, occupational therapy, or physical therapy is covered. Use of Applied Behavioral Analysis (ABA) for the treatment of ASD is covered with the following minimum coverage limits: 1) through age 6: 1300 hours per benefit period; 2) ages 7-13: 900 hours per benefit period; 3) ages 14-18: 450 hours per benefit period.
Chiropractic Care	Yes	Covered	No				
Durable Medical Equipment	Yes	Covered	No				Equipment must primarily and customarily serve a medical purpose. Issuer determines whether to pay the rental amount or the purchase price amount for an item and determine the length of any rental term.
Hearing Aids	No	Not Covered	No				
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No				
Preventive Care/Screening/Immunization	Yes	Covered	No			Excludes periodic physicals or health examinations, screening procedures, or immunizations performed solely for school, sports, employment, insurance, licensing, or travel.	
Routine Foot Care	No	Not Covered	No				
Acupuncture	No	Not Covered	No				
Weight Loss Programs	No	Not Covered	No				
Routine Eye Exam for Children	Yes	Covered	No				
Eye Glasses for Children	Yes	Covered	No				
Dental Check-Up for Children	Yes	Covered	No				
Rehabilitative Speech Therapy	Yes	Covered	No			Excludes speech therapy to treat certain developmental, learning, or communication disorders, such as stuttering and stammering.	Coverage includes rehabilitative speech therapy services when related to a specific illness, injury, or impairment and involve the mechanics of phonation, articulation, or swallowing. Services must be provided by a licensed or certified speech pathologist.

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Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	No				Occupational therapy is only covered insofar as services to treat the upper extremities, which means the arms from the shoulders to the fingers.
Well Baby Visits and Care	Yes	Covered	No				
Laboratory Outpatient and Professional Services	Yes	Covered	No				
X-rays and Diagnostic Imaging	Yes	Covered	No				
Basic Dental Care - Child	Yes	Covered	No				
Orthodontia - Child	Yes	Covered	No				
Major Dental Care - Child	Yes	Covered	No				
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	Not Covered	No				Plan covers complications of pregnancy such as an ectopic pregnancy that is terminated or a spontaneous termination of pregnancy that occurs during a period of gestation in which a viable birth is not possible.
Transplant	Yes	Covered	No			Excludes: expenses of transporting a living donor, expenses related to the purchase of any organ, and services or supplies related to mechanical or non-human organs associated with transplants.	Transplants are subject to Case Management.
Accidental Dental	Yes	Covered	No				Treatment must be completed within 12 months of the injury.
Dialysis	Yes	Covered	No				
Allergy Testing	Yes	Covered	No				
Chemotherapy	Yes	Covered	No				
Radiation	Yes	Covered	No				
Diabetes Education	Yes	Covered	Yes				Quantity Limit: Two certified diabetes education programs per member per lifetime, and eight visits per benefit year for follow-up training once patient has participated in a diabetes education program.
Prosthetic Devices	Yes	Covered	No				
Infusion Therapy	Yes	Covered	No				Infusion therapy is covered when provided in the home (home infusion therapy).
Treatment for Temporomandibular Joint Disorders	Yes	Covered	No			Excludes: dental extractions, dental restorations, or orthodontic treatment for temporomandibular joint disorders.	
Nutritional Counseling	No	Not Covered	No				
Reconstructive Surgery	Yes	Covered	No				

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

CATEGORY	CLASS	SUBMISSION COUNT
ANALGESICS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	20
ANALGESICS	OPIOID ANALGESICS, LONG-ACTING	10
ANALGESICS	OPIOID ANALGESICS, SHORT-ACTING	18
ANESTHETICS	LOCAL ANESTHETICS	6
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	ALCOHOL DETERRENTS/ANTI-CRAVING	3
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	OPIOID DEPENDENCE TREATMENTS	3
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	OPIOID REVERSAL AGENTS	1
ANTI-ADDICTION/ SUBSTANCE ABUSE TREATMENT AGENTS	SMOKING CESSATION AGENTS	0
ANTIBACTERIALS	AMINOGLYCOSIDES	6
ANTIBACTERIALS	ANTIBACTERIALS, OTHER	19
ANTIBACTERIALS	BETA-LACTAM, CEPHALOSPORINS	16
ANTIBACTERIALS	BETA-LACTAM, OTHER	4
ANTIBACTERIALS	BETA-LACTAM, PENICILLINS	10
ANTIBACTERIALS	MACROLIDES	4
ANTIBACTERIALS	QUINOLONES	4
ANTIBACTERIALS	SULFONAMIDES	1
ANTIBACTERIALS	TETRACYCLINES	4
ANTICONVULSANTS	ANTICONVULSANTS, OTHER	2
ANTICONVULSANTS	CALCIUM CHANNEL MODIFYING AGENTS	3
ANTICONVULSANTS	GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS	9
ANTICONVULSANTS	GLUTAMATE REDUCING AGENTS	4
ANTICONVULSANTS	SODIUM CHANNEL AGENTS	9
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	4
ANTIDEPRESSANTS	SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITORS/ SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITORS)	11
ANTIDEPRESSANTS	TRICYCLICS	9
ANTIEMETICS	ANTIEMETICS, OTHER	8
ANTIEMETICS	EMETOGENIC THERAPY ADJUNCTS	6

CATEGORY	CLASS	SUBMISSION COUNT
ANTIFUNGALS	NO USP CLASS	22
ANTIGOUT AGENTS	NO USP CLASS	5
ANTI-INFLAMMATORY AGENTS	GLUCOCORTICOIDS	5
ANTI-INFLAMMATORY AGENTS	NONSTEROIDAL ANTI-INFLAMMATORY DRUGS	20
ANTIMIGRAINE AGENTS	ERGOT ALKALOIDS	1
ANTIMIGRAINE AGENTS	PROPHYLACTIC	3
ANTIMIGRAINE AGENTS	SEROTONIN (5-HT) 1B/1D RECEPTOR AGONISTS	7
ANTIMYASTHENIC AGENTS	PARASYMPATHOMIMETICS	0
ANTIMYCOBACTERIALS	ANTIMYCOBACTERIALS, OTHER	2
ANTIMYCOBACTERIALS	ANTITUBERCULARS	9
ANTINEOPLASTICS	ALKYLATING AGENTS	6
ANTINEOPLASTICS	ANTIANDROGENS	5
ANTINEOPLASTICS	ANTIANGIOGENIC AGENTS	3
ANTINEOPLASTICS	ANTIESTROGENS/MODIFIERS	3
ANTINEOPLASTICS	ANTIMETABOLITES	6
ANTINEOPLASTICS	ANTINEOPLASTICS, OTHER	9
ANTINEOPLASTICS	AROMATASE INHIBITORS, 3RD GENERATION	3
ANTINEOPLASTICS	ENZYME INHIBITORS	4
ANTINEOPLASTICS	MOLECULAR TARGET INHIBITORS	13
ANTINEOPLASTICS	MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE	4
ANTINEOPLASTICS	RETINOIDS	3
ANTINEOPLASTICS	TREATMENT ADJUNCTS	14
ANTIPARASITICS	ANTHELMINTICS	2
ANTIPARASITICS	ANTIPROTOZOALS	10
ANTIPARASITICS	PEDICULICIDES/SCABICIDES	7
ANTIPARKINSON AGENTS	ANTICHOLINERGICS	2
ANTIPARKINSON AGENTS	ANTIPARKINSON AGENTS, OTHER	2
ANTIPARKINSON AGENTS	DOPAMINE AGONISTS	5
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	8
ANTIPSYCHOTICS	TREATMENT-RESISTANT	1
ANTISPASTICITY AGENTS	NO USP CLASS	4

CATEGORY	CLASS	SUBMISSION COUNT
ANTIVIRALS	ANTI-CYTOMEGALOVIRUS (CMV) AGENTS	2
ANTIVIRALS	ANTI-HEPATITIS B (HBV) AGENTS	4
ANTIVIRALS	ANTI-HEPATITIS C (HCV) AGENTS, DIRECT ACTING	2
ANTIVIRALS	ANTI-HEPATITIS C (HCV) AGENTS, OTHER	1
ANTIVIRALS	ANTIHERPETIC AGENTS	5
ANTIVIRALS	ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)	4
ANTIVIRALS	ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)	7
ANTIVIRALS	ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)	14
ANTIVIRALS	ANTI-HIV AGENTS, OTHER	2
ANTIVIRALS	ANTI-HIV AGENTS, PROTEASE INHIBITORS	9
ANTIVIRALS	ANTI-INFLUENZA AGENTS	4
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	25
BLOOD GLUCOSE REGULATORS	GLYCEMIC AGENTS	1
BLOOD GLUCOSE REGULATORS	INSULINS	8
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	ANTICOAGULANTS	8
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	BLOOD FORMATION MODIFIERS	8
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	HEMOSTASIS AGENTS	5
BLOOD PRODUCTS/ MODIFIERS/ VOLUME EXPANDERS	PLATELET MODIFYING AGENTS	7
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC AGONISTS	5
CARDIOVASCULAR AGENTS	ALPHA-ADRENERGIC BLOCKING AGENTS	4
CARDIOVASCULAR AGENTS	ANGIOTENSIN II RECEPTOR ANTAGONISTS	7
CARDIOVASCULAR AGENTS	ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS	10
CARDIOVASCULAR AGENTS	ANTIARRHYTHMICS	10
CARDIOVASCULAR AGENTS	BETA-ADRENERGIC BLOCKING AGENTS	9
CARDIOVASCULAR AGENTS	CALCIUM CHANNEL BLOCKING AGENTS	10
CARDIOVASCULAR AGENTS	CARDIOVASCULAR AGENTS, OTHER	5

CATEGORY	CLASS	SUBMISSION COUNT
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	9
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	3
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	8
DERMATOLOGICAL AGENTS	NO USP CLASS	79
ELECTROLYTES/ MINERALS/ METALS/ VITAMINS	ELECTROLYTE/MINERAL REPLACEMENT	5
ELECTROLYTES/ MINERALS/ METALS/ VITAMINS	ELECTROLYTE/MINERAL/METAL MODIFIERS	7
ELECTROLYTES/ MINERALS/ METALS/ VITAMINS	PHOSPHATE BINDERS	4
ELECTROLYTES/ MINERALS/ METALS/ VITAMINS	VITAMINS	0
GASTROINTESTINAL AGENTS	ANTISPASMODICS, GASTROINTESTINAL	3
GASTROINTESTINAL AGENTS	GASTROINTESTINAL AGENTS, OTHER	12
GASTROINTESTINAL AGENTS	HISTAMINE2 (H2) RECEPTOR ANTAGONISTS	4
GASTROINTESTINAL AGENTS	IRRITABLE BOWEL SYNDROME AGENTS	2
GASTROINTESTINAL AGENTS	LAXATIVES	6
GASTROINTESTINAL AGENTS	PROTECTANTS	2
GASTROINTESTINAL AGENTS	PROTON PUMP INHIBITORS	6
GENETIC OR ENZYME DISORDER: REPLACEMENT, MODIFIERS, TREATMENT	NO USP CLASS	18
GENITOURINARY AGENTS	ANTISPASMODICS, URINARY	6
GENITOURINARY AGENTS	BENIGN PROSTATIC HYPERTROPHY AGENTS	8
GENITOURINARY AGENTS	GENITOURINARY AGENTS, OTHER	8
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (ADRENAL)	NO USP CLASS	7

CATEGORY	CLASS	SUBMISSION COUNT
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	2
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	ESTROGENS	11
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	PROGESTERONE AGONISTS/ ANTAGONISTS	1
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	PROGESTINS	10
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (SEX HORMONES/ MODIFIERS)	SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS	5
HORMONAL AGENTS, STIMULANT/ REPLACEMENT/ MODIFYING (THYROID)	NO USP CLASS	2
HORMONAL AGENTS, SUPPRESSANT (ADRENAL)	NO USP CLASS	0
HORMONAL AGENTS, SUPPRESSANT (PITUITARY)	NO USP CLASS	6
HORMONAL AGENTS, SUPPRESSANT (THYROID)	ANTITHYROID AGENTS	1
IMMUNOLOGICAL AGENTS	ANGIOEDEMA AGENTS	2
IMMUNOLOGICAL AGENTS	IMMUNE SUPPRESSANTS	17
IMMUNOLOGICAL AGENTS	IMMUNIZING AGENTS, PASSIVE	1
IMMUNOLOGICAL AGENTS	IMMUNOMODULATORS	16
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	12
OPHTHALMIC AGENTS	OPHTHALMIC AGENTS, OTHER	21
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-ALLERGY AGENTS	6
OPHTHALMIC AGENTS	OPHTHALMIC ANTI GLAUCOMA AGENTS	17
OPHTHALMIC AGENTS	OPHTHALMIC ANTI-INFLAMMATORIES	12
OPHTHALMIC AGENTS	OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS	3
OTIC AGENTS	NO USP CLASS	8
RESPIRATORY TRACT/ PULMONARY AGENTS	ANTI HISTAMINES	10

CATEGORY	CLASS	SUBMISSION COUNT
RESPIRATORY TRACT/ PULMONARY AGENTS	ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS	8
RESPIRATORY TRACT/ PULMONARY AGENTS	ANTILEUKOTRIENES	2
RESPIRATORY TRACT/ PULMONARY AGENTS	BRONCHODILATORS, ANTICHOLINERGIC	3
RESPIRATORY TRACT/ PULMONARY AGENTS	BRONCHODILATORS, SYMPATHOMIMETIC	11
RESPIRATORY TRACT/ PULMONARY AGENTS	CYSTIC FIBROSIS AGENTS	3
RESPIRATORY TRACT/ PULMONARY AGENTS	MAST CELL STABILIZERS	1
RESPIRATORY TRACT/ PULMONARY AGENTS	PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE	1
RESPIRATORY TRACT/ PULMONARY AGENTS	PULMONARY ANTIHYPERTENSIVES	8
RESPIRATORY TRACT/ PULMONARY AGENTS	PULMONARY FIBROSIS AGENTS	0
RESPIRATORY TRACT/ PULMONARY AGENTS	RESPIRATORY TRACT AGENTS, OTHER	3
SKELETAL MUSCLE RELAXANTS	NO USP CLASS	5
SLEEP DISORDER AGENTS	GABA RECEPTOR MODULATORS	8
SLEEP DISORDER AGENTS	SLEEP DISORDERS, OTHER	4