

Group & Individual Marketing News Bulletin



**BlueCross BlueShield
of South Carolina**

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ARCHIVES

You may access marketing bulletins from 2001 to present in the "I Am An Agent" portion of our Web site, www.SouthCarolinaBlues.com.

NEW ADDRESS?

If your contact information changes, including e-mail address or fax number, please e-mail us your updated information to grpandindv@bcssc.com.

ORDER SUPPLIES

To order BlueCross supplies on COIN, visit our Web site at www.SouthCarolinaBlues.com, and select *I Am An Agent*. Then, select "Order Supplies" under *Resources*.

QUESTIONS?

Contact your marketing representative if you have questions.

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Preferred Drug List Change

Effective April 1, 2008, BlueCross will update the Preferred Drug List (PDL).


The following 15 prescription drugs will be added to the PDL:

- Altabax – treats bacterial skin infections
- Antara – treats high cholesterol
- Daytrana – treats attention-deficit hyperactivity disorder (ADHD)
- Isentress – treats human immunodeficiency virus (HIV)
- Lialda – treats irritable bowel syndrome (IBS)
- Lybrel – contraceptive
- Micardis – treats hypertension
- Micardis HCT – treats hypertension
- Pataday – treats eye allergies
- Pentasa – treats IBS
- Strattera – treats ADHD
- Tasigna – treats a specific kind of leukemia
- Veramyst – treats seasonal allergies
- Vynase – treats ADHD
- Ziana – treats acne

The following seven prescription drugs will become non-preferred drugs:

- Accuneb – treats asthma
- Biaxin XL – treats bacterial infections
- Cenestin – a hormone replacement
- Coreg – treats hypertension
- Histussin HC – cough syrup
- Zyrtec – treats seasonal allergies
- Zyrtec-D – treats seasonal allergies

Accuneb, Biaxin XL and Coreg have generic equivalents. Histussin HC is an unapproved hydrocodone syrup, and the FDA recommends that all unapproved hydrocodone syrups be discontinued. Zyrtec and Zyrtec-D are available over-the-counter and are not expected to be available in prescription form after April 1.



Please note that members currently using Cenestin will continue to pay the preferred prescription drug copayment until the end of the year. Members who start using Cenestin on or after April 1 will pay the non-preferred copayment.

Please contact your marketing representative if you have any questions regarding the PDL.

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