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ABC 81171 (04/2009)
**Highlights of Changes in Benefit Status or Coverage Criteria**

*(Please refer to the current AHWDBL for full listing details of all products.)*

- **AGGRENOX** (dipyridamole/ASA) (BOE) 200 mg/25 mg capsule is indicated for the prevention of stroke in patients who have had a previous stroke or a transient ischemic attack (TIA). This product was originally added to the AHWDBL with coverage available via Special Authorization (SA). The Committee reviewed the listing status of AGGRENOX and concluded it should be moved to an unrestricted listing.

- **ALDARA** (imiquimod) (GRC) 50 mg/g topical cream is currently available via SA for the treatment of actinic keratosis of the head and neck. The SA criteria have been amended to clarify that a patient must fail treatment with cryotherapy (where appropriate) and 5-Fluourouracil, before being eligible for coverage.

- The listing status of **KEPPRA** (UCB), APO-LEVETIRACETAM (APX), COLEVETIRACETAM (COB), PMS-LEVETIRACETAM (PMS) 250 mg, 500 mg & 750 mg tablets was also reviewed by the Committee, and these products were recommended to be moved to an unrestricted listing (i.e. without the requirement of an SA request).

- **HUMIRA** (adalimumab) (ABB) 40 mg/syringe injection is now eligible for coverage via SA for the additional indication of the reduction of signs and symptoms of severe, debilitating psoriasis.

- **RITUXAN** (rituximab) (HLR) 10 mg/mL injection has been added to the AHWDBL via SA for Rheumatoid Arthritis.

- Biologic products listed via SA for the treatment of Rheumatoid Arthritis will now be eligible for coverage for a period of 12 months upon renewal, providing the SA criteria have been met. Previously, these products required renewal requests every 6 months.

- Products formerly covered through SA for the treatment of chronic hepatitis B will now be available for coverage as Restricted Benefits, when prescribed, or in the case of HEPTOVIR initiated, by a Specialist in Internal Medicine or a designated prescriber. The affected products are:
  - **BARACLUDE** (entecavir) (BMS) 0.5 mg tablet
  - **HEPSERA** (adefovir dipivoxil) (GIL) 10 mg tablet
  - **HEPTOVIR** (lamivudine) (GSK) 100 mg tablet
  - **PEGASYS** (peginterferon alfa-2a) (HLR) 180 mcg/mL & 180 mcg/syringe injections

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**Highlights of Restricted Benefits Added**

- **AC BOYZ & AC GIRLZ** (TMI) aerosol holding chambers were added to the AHWDBL as Restricted Benefits, at parity with the currently listed aerosol holding chambers. The Committee commented that they may provide a therapeutic advantage. This benefit is restricted to one unit per plan participant per year.

- **XARELTO** (rivaroxaban) (BAI) 10 mg tablet was originally reviewed via the Common Drug Review. The Expert Committee considered the CEDAC recommendation that XARELTO be listed for prophylaxis of venous thromboembolism following total knee replacement or total hip replacement surgery, for up to two weeks, as an alternative to low molecular weight heparins. Accordingly, the Committee recommended this product be listed on the AHWDBL as a Restricted Benefit, allowing one course of therapy, up to 14 days, for patients that have undergone elective total hip or total knee replacement. A second course of therapy (i.e. up to an additional 14 days) is available within a 12-month period should the patient undergo an additional hip or knee replacement procedure. Please refer to the current AHWDBL for full listing details.