



## Provider Notice 13-22

Dear Provider,

**Effective for dates of service on and after May 1, 2013**, the Medicaid Program of the Health Care Authority (the agency) will no longer require prior authorization for **Tudorza®** (aclidinium bromide) and will add this drug and **Protonix® Pak** (pantoprazole) to the expedited authorization (EA) list. The agency is also updating the EA criteria for **Orencia®** (abatacept) and **Arava®** (leflunomide).

### Summary of changes

The following highlighted changes will be made to the Expedited Authorization List:

Product	Code	Criteria
<b>Arava® (leflunomide)</b>	034	Treatment of rheumatoid arthritis when prescribed by a rheumatologist <b>with or without</b> a loading dose of 100mg per day for 3 days and then up to <b>a maximum of</b> 20mg daily thereafter.
<b>Orencia® (abatacept)</b>	044	Treatment of rheumatoid arthritis when prescribed by a rheumatologist in patients who have tried and failed one or more DMARDs. Maintenance dose is limited to 1000mg as an intravenous infusion every 4 weeks after the initial 4 weeks of therapy (allowed to be dosed every 2 weeks during first 4 weeks of therapy), <b>or</b> subcutaneous injection of 125mg once weekly.
<b>Protonix® Pak (pantoprazole)</b>	<b>050</b>	<b>Inability to swallow oral tablets or capsules.</b>
<b>Tudorza® (aclidinium bromide)</b>	<b>150</b>	<b>Treatment of COPD</b>

The agency's [Expedited Authorization List](#) that becomes effective May 1, 2013, is available online.

Thank you.

JC-KMS  
 Provider Publications Team  
 Medicaid Program  
 Health Care Authority

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