Washington State Health Care Authority
Medicaid

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®** (aclidinum 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
Arava® *(leflunomide)*	034	Treatment of rheumatoid arthritis when prescribed by a rheumatologist with or without a loading dose of 100mg per day for 3 days and then up to a maximum of 20mg daily thereafter.
Orencia® *(abatacept)*	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), or subcutaneous injection of 125mg once weekly.
Protonix® Pak *(pantoprazole)*	050	Inability to swallow oral tablets or capsules.
Tudorza® (aclidinum bromide)	150	Treatment of COPD

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

NOTE: Please do not reply directly to this Listserv message as it is not monitored. If you have feedback or questions, please select one of the options at http://hrsa.dshs.wa.gov/contact/default.aspx. Your message will be delivered to the appropriate staff member.