



State of Vermont
Department of Vermont Health Access
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****Important Changes to Coverage for Actavis (Labeler 00591) Authorized Generic of Concerta®****

Dear Medicaid Provider,

Effective 1/1/19, the Actavis (labeler 00591) authorized generic for Concerta® (methylphenidate HCl) will be moving to a non-preferred status on the Department of Vermont Health Access (DVHA) Preferred Drug List (PDL). Although it is marketed by Actavis as a generic and not under the Concerta® brand name, the Actavis drug is identical to Janssen's Concerta®. Brand name Concerta® will remain preferred and will continue to be available without a prior authorization.

Concerta® has a significantly lower net cost to Vermont Medicaid compared to currently available generics. We continually monitor the net costs of these medications and periodically adjust the PDL if new cost-effective products become available. If you feel it is medically necessary for your patient to use a non-preferred product, a prior authorization will be required.

For questions, please contact the Change Healthcare Pharmacy Help Desk at 1-844-679-5362. Vermont providers can also send inquiries via email to PBA_VTHelpdesk@changehealthcare.com. Thank you for your continued support of Vermont's clinical pharmacy programs.

Nancy J. Hogue, Pharm.D.

Director of Pharmacy Services