Changes to the MMP TX Formulary

The table below outlines formulary changes for the MMP TX Formulary.

Effective Date	Drug Name	Reason	Alternative Drug*	Drug Copay**	Restrictions***
12/1/2024	Amoxicillin-Pot Clavulanate Tablet	Deletion -	Please talk to your health care		
	Chewable 200-28.5 MG	Manufacturer	provider about an alternative		
		Discontinuation	that may be right for you		
12/1/2024	Efavirenz Capsule 200 MG	Deletion -	Please talk to your health care		
		Manufacturer	provider about an alternative		
		Discontinuation	that may be right for you		
12/1/2024	Efavirenz Capsule 50 MG	Deletion -	Please talk to your health care		
		Manufacturer	provider about an alternative		
		Discontinuation	that may be right for you		
12/1/2024	Emcyt Capsule 140 MG	Deletion -	Please talk to your health care		
		Manufacturer	provider about an alternative		
		Discontinuation	that may be right for you		
12/1/2024	Epivir HBV Solution 5 MG/ML	Deletion -	Please talk to your health care		
	·	Manufacturer	provider about an alternative		
		Discontinuation	that may be right for you		
12/1/2024	Erythrocin Stearate Tablet 250 MG	Deletion -	Please talk to your health care		
		Manufacturer	provider about an alternative		
		Discontinuation	that may be right for you		
12/1/2024	Lexiva Suspension 50 MG/ML	Deletion – No longer	Please talk to your health care		
	·	covered under	provider about an alternative		
		Medicare Part D	that may be right for you		

Amerigroup STAR+PLUS MMP (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Texas Medicaid plan to provide benefits of both programs to enrollees.

Last Updated: 11/14/2024 MMP TX FORMULARY

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^{*}Alternative drugs are drugs in the same therapeutic category/class or cost sharing tier as the affected drug. Only your health care provider can determine if the alternative(s) listed here is appropriate for you given the individualized nature of drug therapy.

^{**}Please refer to the description of your plan for copay/coinsurance amounts.

^{***}Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST) restrictions may apply.