

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***
12/1/2023	STAVUDINE 15 MG CAP	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
12/1/2023	STAVUDINE 20 MG CAP	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
12/1/2023	STAVUDINE 30 MG CAP	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
12/1/2023	STAVUDINE 40 MG CAP	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative 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: 11/20/2023
MMP TX FORMULARY

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1038983TXSENAGP

*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.