

## 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***
11/1/2024	Cyclophosphamide Solution 500 MG/ML Intravenous	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
11/1/2024	Cyclosporine Solution 50 MG/ML Intravenous	Deletion - Manufacturer Discontinuation	Please talk to your health care provider about an alternative that may be right for you		
11/1/2024	Zejula Capsule 100 MG Oral	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: 10/9/2024  
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.