



Health and Human Services

Texas HIV Medication Advisory Committee

August 8, 2025

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.





[Texas HIV Medication Advisory Committee](#) advises in the development of procedures and guidelines for the Texas HIV Medication Program, reviews program's goals and aims, evaluates ongoing efforts, and recommends short- and long-term goals and objectives. Texas HIV Medication Advisory Committee Roster 2023–2024

Name	Membership Category
Margaret Adjei, Pharm.D	Pharmacist
Gloria Heresi, M.D.	Pediatrician
Lionel Hillard	Consumer
Committee Vice-Chair	
Susana Lazarte, M.D.	Physician
Rolando Perez, M.D.	Physician
Committee Chair	
Frank Rosas	Consumer
Michael Stefanowicz, D.O.	Physician
Helen Turner	Consumer
Steven Vargas	Consumer
Vacant	Social Worker
Vacant	Public Non-Profit Hospital Administration

1. Call to order, welcome, logistical announcements, and opening remarks. The meeting was convened by Frank Rojas, Chair.

2. Consideration of draft meeting minutes The January 17, 2025 and April 11, 2025 minutes were approved as presented

3. Public comment.

No written public comments were received prior to the meeting.

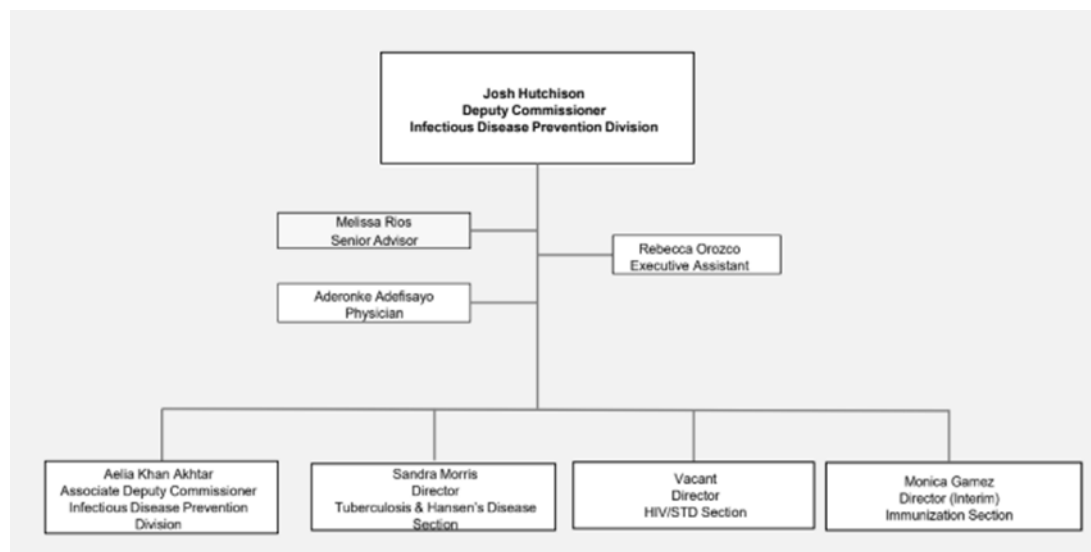
Nazley Mohamad (sp) Community Care (David Powell HIV specialty clinic [David Powell Health Center - CommunityCare](#)) provided a public comment regarding new Gilead policies for their patient assistance program (PAP) beginning May 2025. Related to [BIKTARVY® | A One-Pill, Once-a-Day Treatment Option](#).

The policy requires patients to use mail-order for medications, specifically impacting timely access to Biktarvy for HIV patients relying on PAP. Despite an advertised allowance for the first fill to be available at retail pharmacy, this hasn't worked in practice, resulting in care delays and requiring clinics to provide bridge medications at their own expense. The increased burden may worsen health inequities and financial strain on small FQHCs like Community Care. Ms. Mohamadi has raised the issue with Gilead leadership without successful resolution

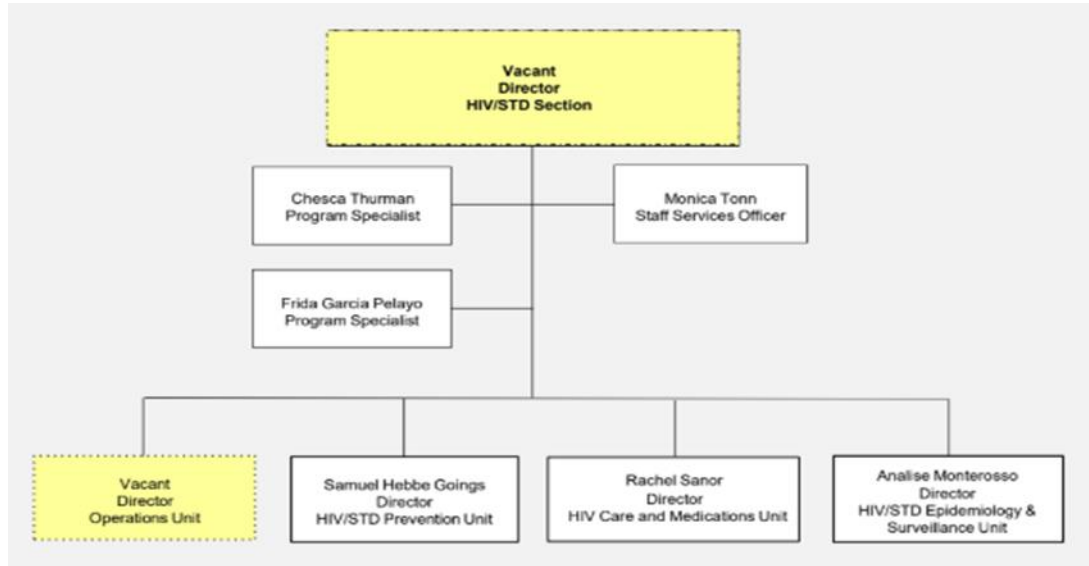
4. DSHS updates.

Agency

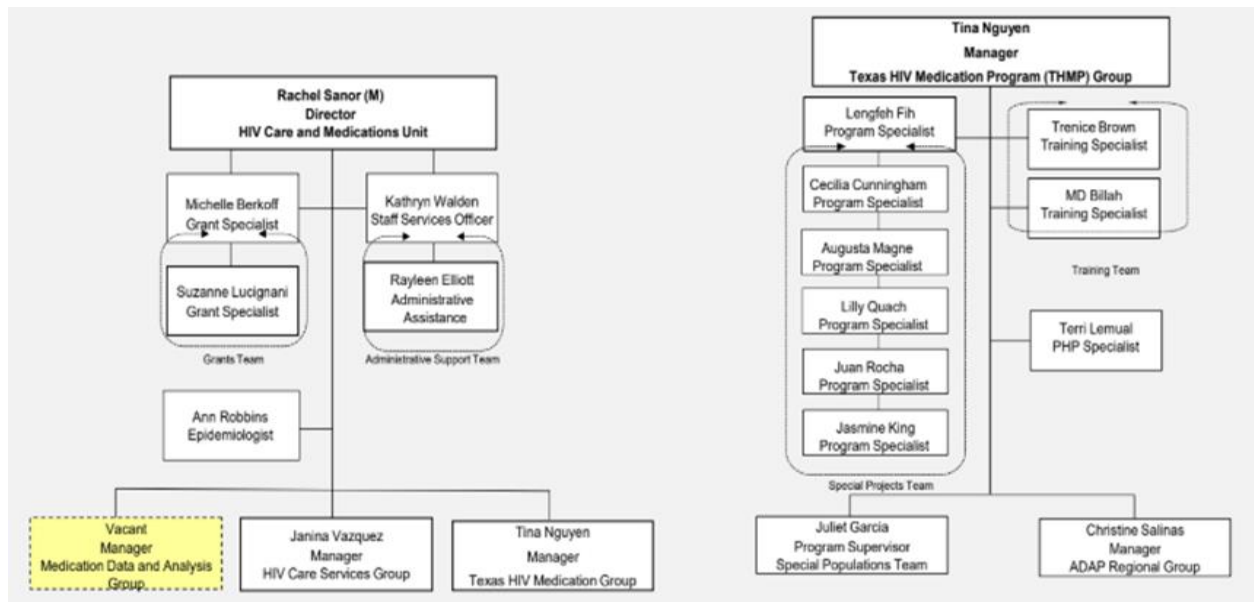
Infectious Disease Prevention



HIV/STD Section



HIV Care and Medications Unit



Dr. Aderonke Adefeso joined the Infectious Disease Prevention division as a physician, bringing expertise in pediatrics and infectious disease; The HIV/STD section director position is currently vacant after Diandra Luna moved to a new role; recruitment is in



progress and section/unit directors are taking on her duties in the interim. The business operations director position is also vacant, with hiring underway.

The care and medications team are preparing for open enrollment and related fall activities.

Appropriations Bill Riders and Appropriations

#	Title	Amount of Money Included in the Amendment (Biennial)	Program Updates
17	HIV Vendor Drug Rebates	\$0	All rebate revenue earned via the HIV Medication Program and deposited under the Comptroller's Revenue Object Code No. 3552, estimated to be \$ 3,993,952 in HIV Vendor Drug Rebates Account No. 8149 (Other Funds) each fiscal year of the biennium to administer the HIV/STD program in accordance with the applicable federal law.
31	HIV Injectable Treatment	\$ 600,000	Out of funds appropriated above in Strategy A.2.2, HIV/STD Prevention, the Department of State Health Services (DSHS) shall allocate \$300,000 in fiscal year 2026 and \$300,000 in fiscal year 2027 from the General Revenue Fund to pilot a program to provide HIV injectable treatment for up to 210 clients eligible for the Texas AIDS Drug Assistance Program (ADAP).
N/A	HIV Vendor Drug Rebate Funding Loss Replacement	\$2,000,000	General Revenue funds to replace funding from the loss of HIV Vendor Drug Rebates.

THMP Financial Report

Budget Description	2024* Expended	2025* Budgeted	2025* Obligated	2025* Expended	2025* Remaining
General Revenue (GR)	\$244,775	\$5,037,484	\$5,037,485	\$5,037,485	\$0
GR Match/Maintenance of Effort	\$4,104,294	\$8,267,867	\$8,267,867	\$6,719,027	\$1,548,840
HIV Vendor Drug Rebates	\$23,873,713	\$10,547,484	\$10,547,479	\$9,542,557	\$1,004,922
Federal Care Grants	\$82,293,380	\$109,636,109	\$109,636,109	\$92,104,866	\$13,555,632
Program Income	\$165,164	\$506,106	\$506,106	\$0	\$506,106
Total All Funds	\$110,681,326	\$133,995,050	\$133,995,046	\$113,403,935	\$16,615,500

*State Fiscal Year: September 1–August 31.

Data as of July 23, 2025



Rebates from HIV vendor drugs can now roll forward across biennia, increasing program funding flexibility and supporting future TIAP Plus growth. The legislature allocated \$600,000 (\$300K/year) for long-acting injectable HIV medications, covering 210 clients in the ADAP program. Prioritization will go to those waiting for insurance during open enrollment.

Operational adjustments are underway: IT systems have been updated to allow dispensing to multiple locations, and new Memoranda of Understanding (MOUs) are needed for shipping to physician locations.

In addition, the Legislature provided an additional \$2 million allocated to THMP to help offset significant reductions in vendor drug rebates due to recent federal policy changes, with rebates dropping to less than half previous levels. Budget cycles align differently for state and federal funds. As such, \$13 million in federal CARES grants will roll over post-August. Annual medication spending around \$110–113 million. As in the past, before the fiscal year closes, unspent state funds will be used to purchase medications for stockpile, leaving no funds unutilized.

Discussion

Clarification was given that IT updates were database enhancements for dispensing, not actual medication dispensing.

Federal funds (\$13 million) will carry forward into the next state fiscal year for continued use.

Committee members discussed the process for clients and providers interested in long-acting injectables: suggestions included waivers from providers and the need for first-come, first-served tracking for the available slots. There is an emphasis on the need for education of legislators and the public, especially differentiating between treatment and prevention use of long acting injectables, and ensuring clear communication to consumers, medical providers, and frontline staff about program coverage.

A request was made to begin including updates on prevention program activities in future meetings for context, even though the committee does not directly advise on prevention initiatives.



5. Texas HIV Medication Program updates

Texas Insurance Assistance Program-PLUS Enrollment Data

Time Period	Agency Transfers	THMP Open Enrollments	Disenrollments	Total Enrollments	Agency Transfers	Special Enrollments	Disenrollments	Total Enrollments to Date	Active Enrollments
11/1/2024–1/10/2025	107	370	0	477	0	0	-0	477	477
1/17/2025	11	77	0	565	3	1	-0	569	569
1/24/25–1/31/2025					25	1	-17	595	578
2/1/2025–2/28/2025					68	5	-12	668	639
3/1/2025–3/28/2025					76	2	-11	746	706
4/1/2025–4/25/2025					59	3	-14	808	754
5/1/2025–5/27/2025					73	0	-11	881	816
6/6/2025–6/30/2025					109	0	-31	990	894
Total	118	447	0		413	12	-96	990	894

TIAP-PLUS: Disenrollments

Disenrollment Reasons	Total
Client received other insurance and did not want assistance from TIAP-PLUS.	18
THMP was not notified of premium increase, resulting in the updated payment not made by the required deadline in time. The client's plan terminated because of this.	16
Clinic does not take insurance plan.	11
Issue with insurance plan-they stated they did not receive payment on time.	11
Client transferred to another entitlement program or County Indigent Care Program.	11
Client disenrolled after receiving medical bills they could not pay or other dissatisfaction with insurance.	10
THMP ran eligibility after enrollment to meet open enrollment deadline. The client was over income.	5
Client disenrolled from THMP altogether.	5
Client is now employed and transferred to TIAP.	3
Client did not return call to re-enroll into a plan that their clinic accepts, binder payment returned.	2
Client no longer met residency requirements.	2
Agency transfer, but the agency did not enroll the client in a health insurance plan.	2
Grand Total	96



TIAP-PLUS Enrollment and Use

Month	Total Active Enrollees*	Unduplicated Participants with Medication Copayments**	Total Count of Medication Copayments**	Percent Participation***
January	252	30	77	11.90%
February	578	80	174	13.80%
March	639	109	169	17.10%
April	706	152	323	21.50%
May	754	167	361	22.15%
June	816	183	360	22.43%
<p>*Total active enrollees from the last calendar month are selected because they were eligible for refills the entire month. In January, clients enrolled as of December 16, 2024, are counted to represent those who enrolled during open enrollment with a plan start date of January 1, 2025, only.</p> <p>**M12 Patient Benefit Level Report with prescription fill dates.</p> <p>***Participation is defined as enrolled clients with at least one medication copayment made using Ramsell during the month.</p>				

TIAP-PLUS Eligibility Recertification

August 31, 2025, is the deadline for priority eligibility consideration.

- If the client submits their complete application by the deadline, THMP will process it by the start of the Affordable Care Act (ACA) Open Enrollment Period (OEP) on November 1.

Methods of submission:

- TCT
- Local agency
- Mail

Upcoming Open Enrollment Period

OEP: November 1, 2025 – January 15, 2026

Marketplace rule changes effective August 25, 2025, examples include but are not limited to:

- Elimination of the “Low-income Special Enrollment Period”
- Reinstate the one-year failure to reconcile policy
- Insurers can deny coverage to individuals who owe money for past-due premiums



Enrollment increased significantly due to agency transfers, reaching 894 active clients as of June 30, despite 96 disenrollments for various reasons, primarily obtaining other insurance or premium payment issues.

Special attention was given to disenrollment causes, especially unreported income changes leading to premium changes and lapses in coverage if the program was not notified promptly.

Emphasis on the importance of clients and partners reporting premium changes; THMP liaisons and field partners are key in this effort.

Staff are actively providing education to network pharmacies, clients, and agency enrollment workers about correct use of copay cards and avoiding manufacturer discount cards for sustainability.

TIAP Plus renewals are underway; clients must submit complete applications for continued eligibility.

Priority date of August 31 is set to ensure on-time processing for the open enrollment beginning November 1.

Marketplace rule changes: elimination of low-income special enrollment; failure to reconcile premium tax credits now bans clients for one year instead of two; insurers may require payment of past-due premiums before issuing new coverage.

Discussion.

Persistent challenge: clients often unaware of mailed copay cards or fail to bring them to pharmacies, risking denial of medication or out-of-pocket costs.

Ongoing efforts to increase education among clients, AEWs, liaisons, and pharmacies—including follow-up for unreceived cards and re-mailing as needed.

Some questions and confusion remain regarding whether pharmacies outside of THMP's network will honor the program—and the resulting need for improved education and engagement at all points.

E-blasts and trainings are sent to pharmacies to reinforce correct billing and card use procedures.



DSHS provides encouragement for open communication, especially about documentation and mailings, so clients do not miss critical information impacting their coverage.

Many clients disenrolled in June due to premium increases that went uncommunicated; procedures are being updated, including system changes so agencies upload monthly invoices directly for quicker identification of premium changes.

Future plans include enhanced release-of-information procedures to allow THMP more direct communication with insurance providers; rationale will be clearly communicated to clients to avoid concerns.

Open enrollment promotion materials were suggested for immediate release to maximize preparation time for clients.

TakeChargeTexas

TCT Applications Submitted Quarterly March 1, 2025–May 31, 2025

Client Portal

- Total applications submitted through the client portal: 300
- Total THMP applications submitted: 273 (91%)
- Total applications submitted for both Care and THMP: 163 (54%)

Agency Portal

- Total applications submitted through the agency portal: 19,848
- Total THMP applications submitted: 13,996 (71%)
- Total applications submitted for both Care and THMP: 8,537 (43%)

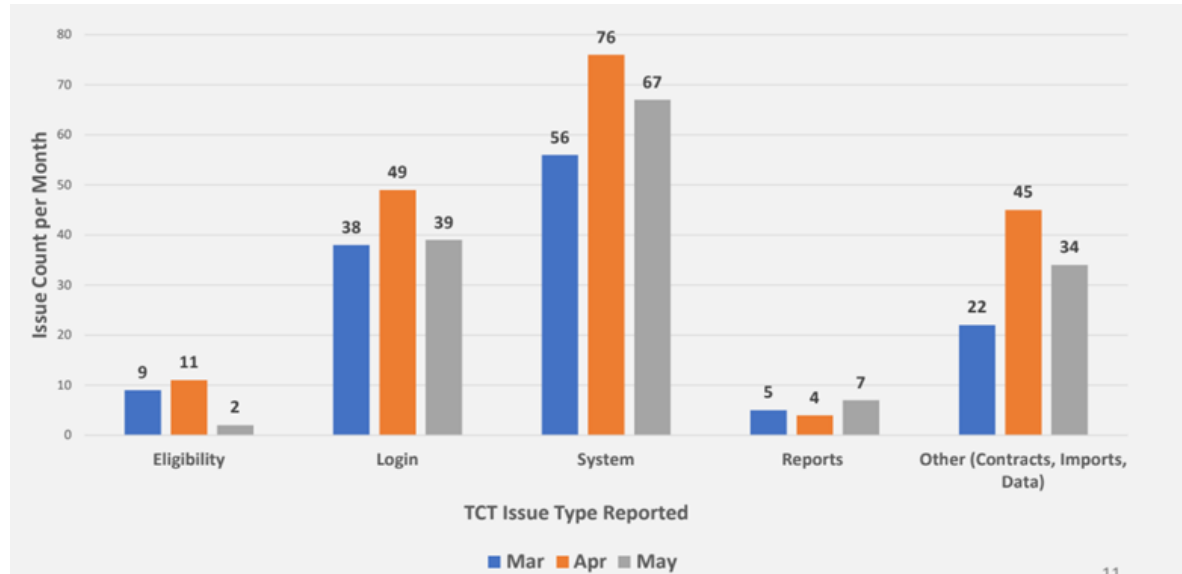
THMP Clients

Total approved THMP applications: 11,832

Pharmacy

Total order batches: 5,364
Total medication orders: 35,772

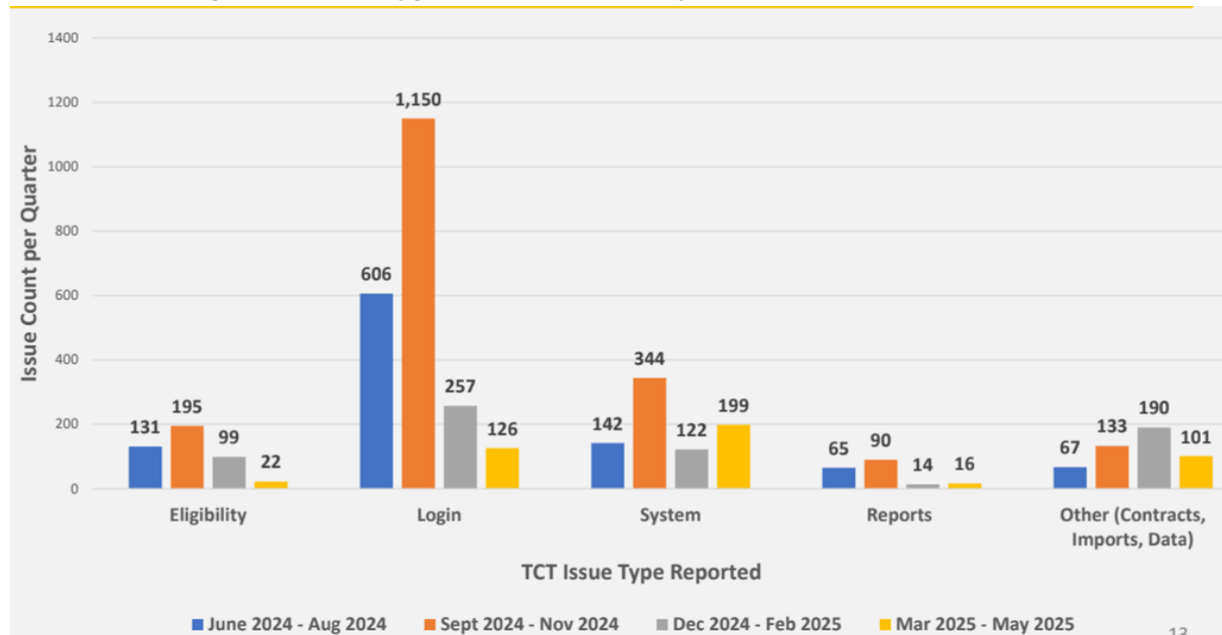
Quarterly TCT Help Desk Issue Types March 1, 2025–May 31, 2025



TCT Applications Submitted Annually June 1, 2024–May 31, 2025

Client Portal <ul style="list-style-type: none"> • Total applications submitted through the client portal: 1,131 • Total THMP applications submitted: 1,041 (92%) • Total applications submitted for both Care and THMP: 648 (57%) 	Agency Portal <ul style="list-style-type: none"> • Total applications submitted through the agency portal: 67,782 • Total THMP applications submitted: 48,279 (71%) • Total applications submitted for both Care and THMP: 29,603 (44%)
THMP Clients Total approved THMP applications: 18,543	Pharmacy Total batches: 20,956 Total medication orders: 143,541

Annual TCT Help Desk Issue Types June 1, 2024–May 31, 2025



TCT system enhancements have been completed, entering a maintenance-only phase for the upcoming year. The agency and client portal application submissions remain steady; TCT data show over 20,000 agency applications and 300 from client portal in the quarter.

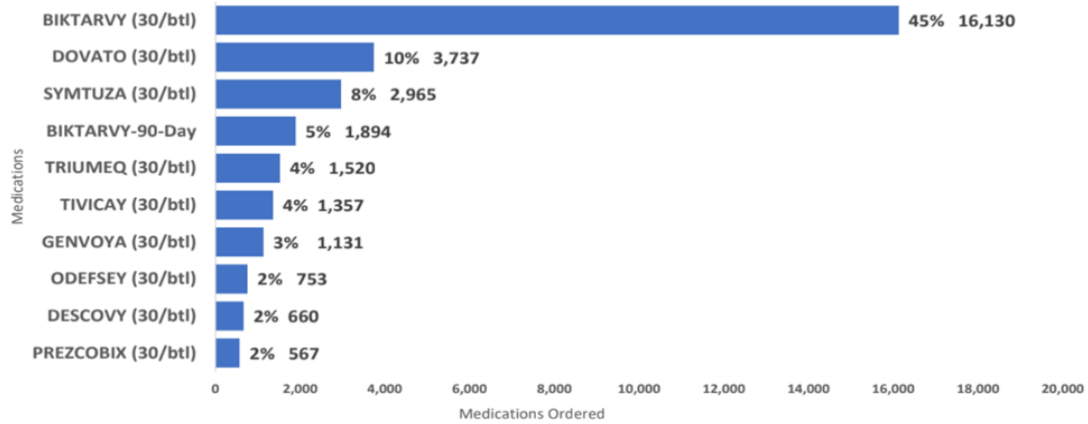
Help desk issues have decreased over the year, indicating system stability and improved user support.

The demographics for ADAP, SPAP, TIAP, and TIAA Plus were discussed; the majority served are male, white, and either Hispanic/Latino or non-Hispanic white/Black participants, with racial breakdowns varying by program. Medication utilization is stable; Biktarvy remains the top medication, with an ongoing uptick in 90-day fills especially among the uninsured.

Projections and demographic information

THMP Medications: March 2025–May 2025 Total Medications Ordered = 35,772

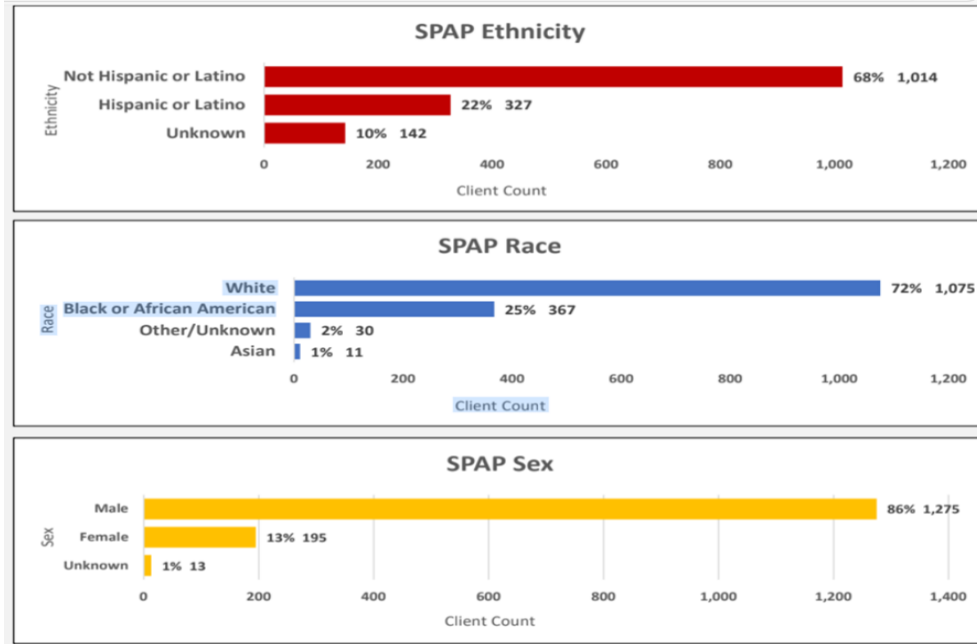
Top 10 Medications Ordered and Percent of All Medications



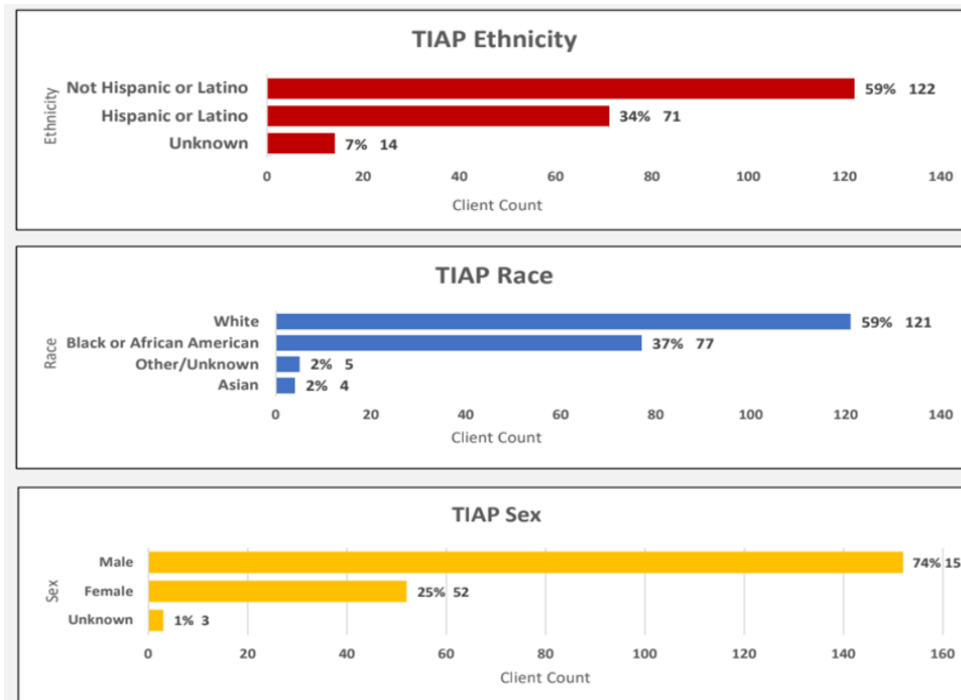
AIDS DRUG ASSISTANCE PROGRAM (ADAP) Demographics: March 2025–May 2025



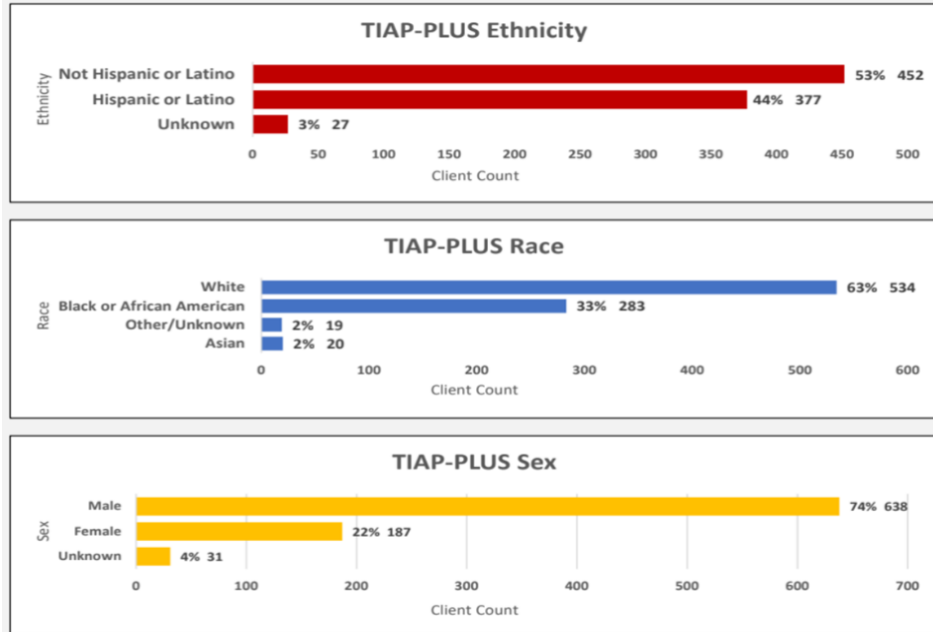
STATE PHARMACY ASSISTANCE PROGRAM (SPAP) Demographics: March 2025–May 2025



TIAP Demographics: March 2025–May 2025 Total Clients Served by TIAP = 207

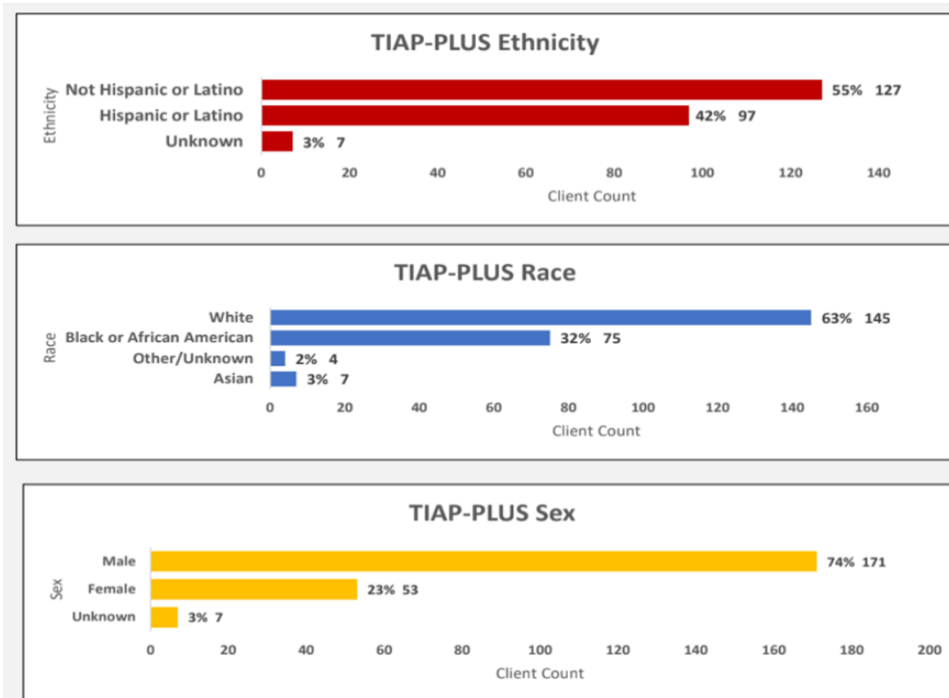


Total Clients Served by TIAP-PLUS = 856

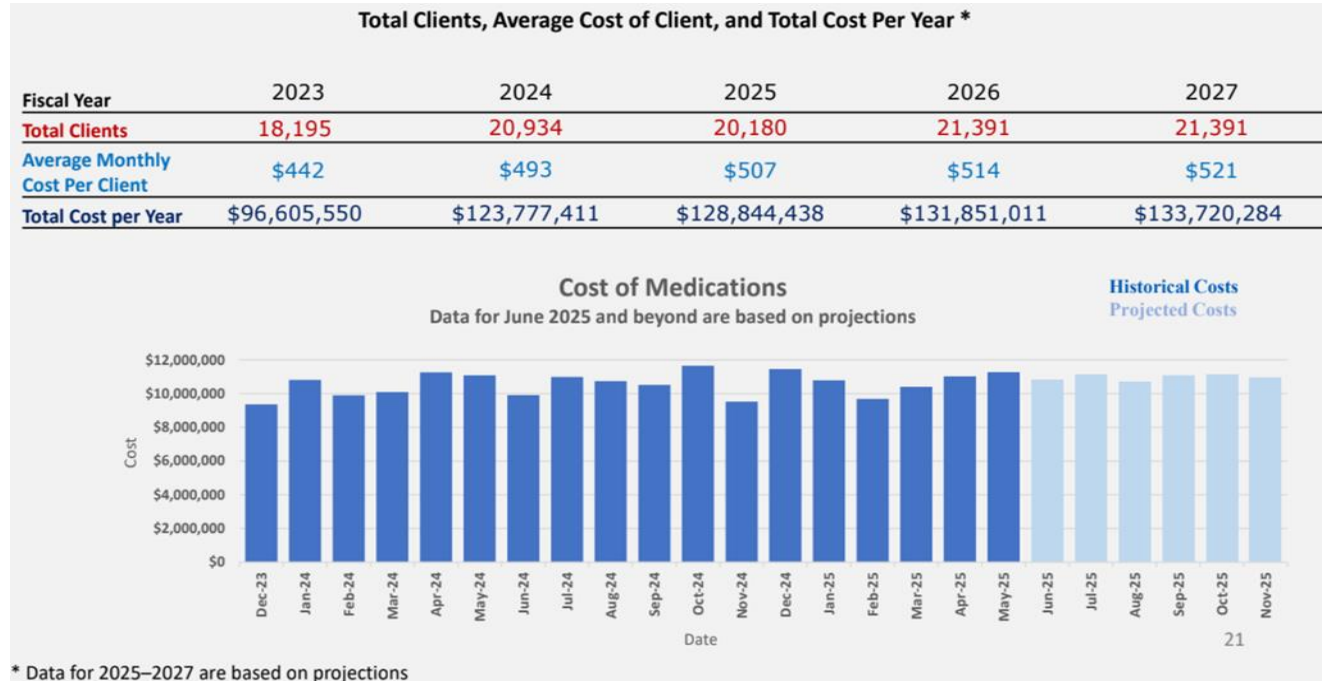


TIAP-PLUS Demographics: March 2025–May 2025

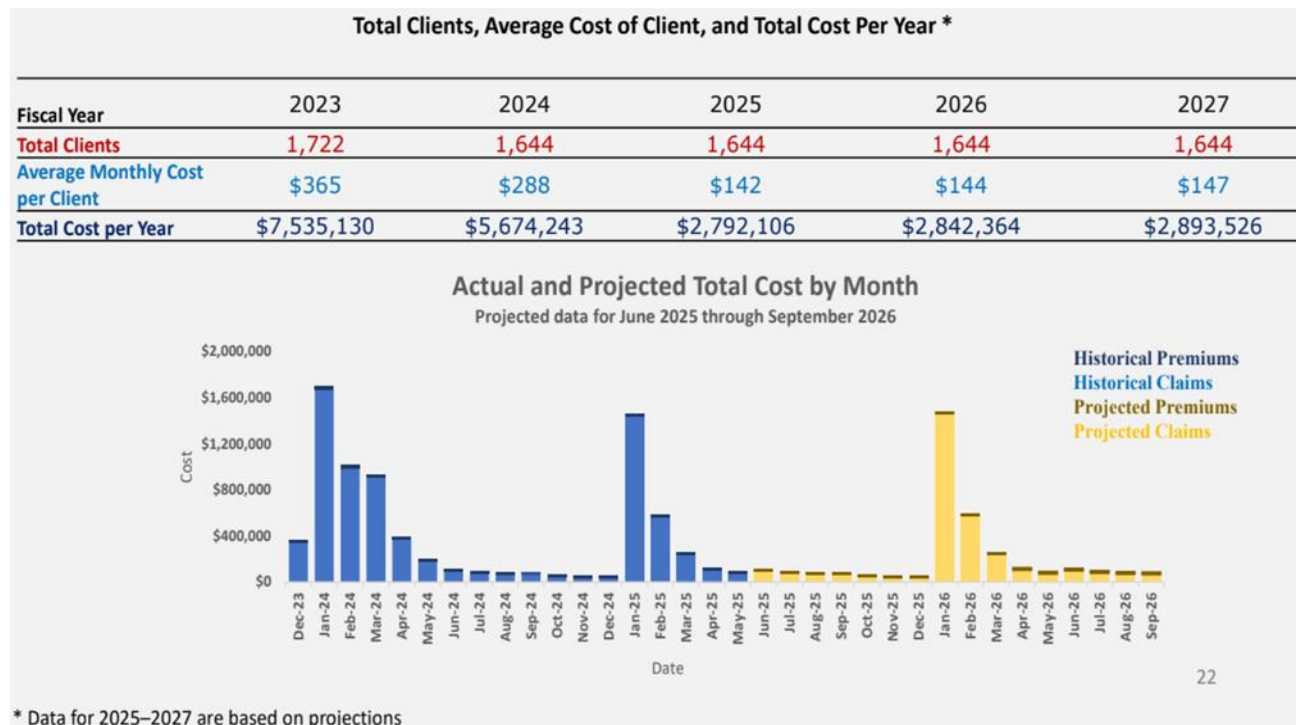
Total Clients with Medications Filled = 231



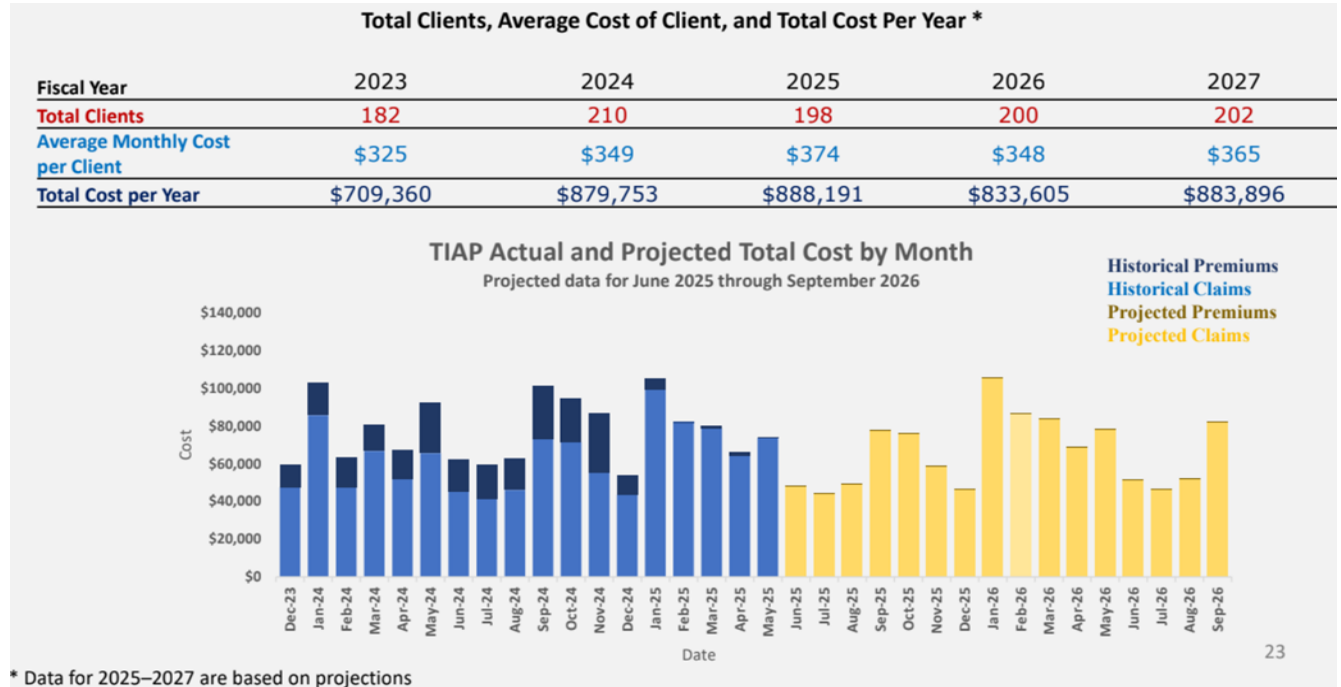
ADAP Data



SPAP Data



TIAP Data



Application processing

Application Type	New	Self-Attestation	Renewals
Processing on time?	✓	✓	✓
Backlogged Applications	0	0	0
Processing Date	August 7, 2025	July Due Dates	July Due Dates
Target Processing Date	July 29, 2025	July Due Dates	July Due Dates

ADAP is projected to spend \$131.8 million in FY 2026, with slight yearly increases per client largely due to expected medication cost escalation. SPAP program costs and enrollment are decreasing due to expanded federal low-income subsidies, causing fewer to rely on state support.



The TIAA program remains stable with cost/projected client numbers, but fewer COBRA plan participants due to successful transitions to marketplace plans. No TIAA Plus financial projections are available yet—the program is too new for reliable trend analysis.

The projections are based on actuarial analysis of TCT and vendor data, applying linear regression models and rate-of-change estimations.

Discussion.

Members praised improvements in application processing and pharmacy portal functionality; help desk response times are much better. They also praised specific staff members' empathy and support; these frontline relationships are vital for new staff in high-turnover pharmacy environments.

There are some persistent issues with client communication, education on coverage, and insurance changes—especially for clients at risk of medication interruption—remain, and further work with stakeholders (case managers, pharmacies, doctors) was encouraged.

Insurance rules, not just program policies, may block some clients from receiving 90-day fills—especially for the insured.

Continuous improvement and responsive communication are encouraged to ensure ongoing client enrollment and access to medications.

6. Subcommittee reports and recommendations.

Eligibility Subcommittee--

THMP Updates: Texas Insurance Assistance Program-PLUS (TIAP-PLUS)

TIAP-PLUS currently has 793 active enrollments after 58 disenrollments from an initial 851 enrollments. Disenrollments were due to dissatisfaction with the insurance plan, changes in Texas residency, and voluntary withdrawals. THMP is working to improve processes for the next open enrollment. THMP is currently developing feedback surveys for clients, agency eligibility workers (AEWs), and liaisons. THMP will also work with liaisons such as Jenny Deck and Riley Lasell to improve the next steps to notify clients of



re-certification. THMP is monitoring potential federal changes, including a proposed shortened ACA enrollment period from November 1 to December 15, 2025. If the Centers for Medicare & Medicaid Services (CMS) changes the enrollment window, THMP will adjust its communications accordingly.

Ramsell Pharmacy Network Changes-- Several pharmacies are disenrolling from the Ramsell network, affecting approximately 300 insured clients on the State Pharmaceutical Assistance Program (SPAP), TIAP, and TIAP-PLUS programs. ADAP clients are not impacted. THMP is preparing a client notification letter with instructions so that the client can find a new Ramsell-participating pharmacy and a pharmacy change form for clients who need assistance with transferring their prescriptions. Affected clients must switch pharmacies by July 31, 2025. THMP expects to mail notification letters in June.

TakeChargeTexas (TCT) DSHS will complete enhancements to the TCT system for THMP by the end of June. The current focus is on importing and reporting features for TIAP-PLUS.

Application Processing-- ADAP application processing has fully recovered following the TIAP-PLUS open enrollment. Applications are now processed within one day of submission, exceeding both the internal 10-day and Health Resources & Services Administration (HRSA) 14-day timeline. THMP is cross-training the team on insurance verification and use of the Ramsell portal in preparation for upcoming TIAP-PLUS enrollments. THMP updated job descriptions for AEWs and liaisons to reflect responsibilities across all subprograms, including TCT. New performance measures are pending contract amendments.

ADAP Liaisons reported on their activities.:

Governance and Data Subcommittee.

Demographic Data: DSHS shared demographic data for the State Pharmacy Assistance Program (SPAP), AIDS Drug Assistance Program (ADAP), Texas Insurance Assistance Program (TIAP), and TIAP-PLUS from the second quarter of 2025, along with 2022 surveillance data to address why SPAP has a higher percentage of male participants. SPAP had about 85 percent males and 12 percent females, with the rest being unknown. In the age group, the highest for males and females was in the age range of over 65 years. In ADAP and TIAP PLUS, most males were in the 30-39 age range, and females



were in the 40-44 age range. If compared to surveillance, there are more in the age and sex group 50-59 for males and 40-44 for females. However, with older people, there is a larger number of males. The data did not provide statistical insight into the variations.

TIAP-PLUS Pharmacy Utilization: Ms. Sanor presented preliminary data on TIAP-PLUS pharmacy utilization from January 2025 through May 2025, totaling 1,140 prescription fills. Dallas had the highest volume with 322 fills, followed by San Antonio with 237, and Houston with 136 fills. She explained that the data reflects fills processed through participating pharmacies via Ramsell. Some pharmacies, including Parkland, are in the process of disenrolling from the Ramsell network due to their 340B status, which affects their ability to receive rebates. Ms. Sanor noted that this may impact pharmacy participation starting in August and asked whether and how the group should present this data to the MAC.

Texas Insurance Assistance Program-PLUS (TIAP-PLUS) DSHS continues to receive referrals for TIAP-PLUS. As of June 30, 2025, THMP enrolled 990 clients into TIAP-PLUS, with 894 currently active following 96 disenrollments due to factors like clinic non-participation, other insurance coverage, or client opt-out. While enrollment is increasing, pharmacy utilization remains low, with about 22 percent of clients using their insurance through Ramsell. The team is conducting additional outreach to improve utilization, including letters to clients affected by pharmacy disenrollments and upcoming follow-up calls to reinforce the use of both the insurance and Ramsell co-pay cards.

THMP will send a letter for recertification by July 15, 2025, with the priority deadline of August 31, 2025. THMP will ensure applications received by the priority deadline are processed by November 1, 2025. The clients submitting their recertifications by the priority deadline will receive their eligibility determination by November 1, 2025, which is when the Affordable Care Act Marketplace open enrollment starts. For those still qualified for THMP, TIAP-PLUS will continue to pay their insurance premiums and medications copays, and medications deductible for the next plan year (2026). For those not qualified for THMP, TIAP- PLUS will still pay their current insurance premiums and medications copays, and medications deductibles until December 31, 2025. This ensures that the no-longer-qualified clients have two months of coverage while they find other resources.



MAC member solicitation status. DSHS reported that the reviewer team has met and finalized its applicant recommendations. The reviewer team is drafting a memo and hopes to finalize this for leadership to review. The reviewer team will then send it to the Advisory Committee Coordination Office (ACCO) for review.

Formulary Subcommittee.

THMP Formulary Inclusion Requests:

- Fuzeon THMP received a request to add Fuzeon back to the formulary list since the medication is in its own class. The formulary subcommittee members mentioned they remember receiving a notification of the discontinuation of Fuzeon in January from the manufacturer. As such, this is not possible. The subcommittee members also noted that not many of their patients were on it. The committee unanimously agreed not to add it to the formulary list.
- Serostim (somatropin) THMP received a request to add Serostim to the formulary. The formulary subcommittee members discussed the high cost and limited benefits to clients. It was agreed that it is expensive and does not recommend adding it to the formulary list. The committee unanimously agreed on the high cost, limited client benefits, and not to add Serostim to the formulary list.

Pharmacy Portal Utilization Report The Pharmacy Portal Utilization Report showed an increase in portal utilization and trends in medication orders.

Texas Insurance Assistance Program-PLUS (TIAP-PLUS) DSHS presented current enrollment statistics: 845 active enrollments and 69 disenrollments. Reasons for disenrollment include that some clients were unable to pay the medical copayments, the clinic did not accept the client's insurance, or the client resides in a county with indigent care programs. THMP is working to notify clients to use their insurance card in conjunction with the Ramsell copay card. This will allow THMP to receive needed rebates to ensure program sustainability. To do so, the client must go to an in-network pharmacy that accepts both their primary insurance and the Ramsell copay card. THMP continues to provide education to grow utilization further. However, some pharmacies decided to disenroll from Ramsell. THMP will send a letter by the end of June 2025 to patients affected by the disenrolled pharmacies, instructing them to switch to an in-



network pharmacy. This is to ensure that the client's medication is fully covered with the primary insurance card and the Ramsell copay card.

7. Review of action items and agenda topics for next meeting.

Date of next meeting is October 17.

Topics

- Identification of those falling through the cracks with the different changes coming to Medicaid and other changes
- Impact of pharmacies disenrolling.
- How will prescribers know that people want HIV injectables and a pilot program
- Denied coverage and where that is occurring
- Details on projections

Additional areas the Committee may want to consider:

- Explore solutions and advocacy regarding the Gilead PAP policy to improve Biktarvy access for FQHC patients.
- Finalize and communicate the process for client interest, provider approval, and prioritization for long acting injectables under ADAP.
- Develop and distribute clear educational materials detailing coverage distinctions and processes for both treatment and prevention to all relevant parties.
- Consider including regular prevention program updates in future meetings for broader context.
- Enhance, promote, and distribute open enrollment communication materials as early as possible, preferably by August 1.
- Expedite implementation of release-of-information forms giving THMP permission to act on clients' behalf with insurers; explain rationale in plain language.
- Continue and expand targeted trainings for agency, pharmacy, and client-facing staff about recognizing and communicating premium changes.
- Strengthen pharmacy education about copay card use and discourage use of manufacturer discounts to ensure THMP rebate sustainability.
- Maintain active feedback loops with clients and pharmacies regarding system and educational material effectiveness.



- Monitor and, where possible, increase 90-day medication dispensing, educating both providers and clients.

8. Adjourn. There being no further business, the meeting was adjourned.

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