TEXAS Health and Human Services | Texas Department of State Health Services

TEXAS DEPARTMENT OF STATE HEALTH SERVICES GUIDELINES FOR THE TEXAS HIV MEDICATION PROGRAM
Last Updated: April 2026

BACKGROUND – The Texas HIV Medication Program (THMP) provides medications approved by the Food and Drug Administration (FDA) for the treatment of HIV to Texas residents meeting the program's eligibility criteria.

ELIGIBLE PERSONS – Any Texas resident who:

A. has a diagnosis of HIV and meets any specified drug-specific eligibility criteria;
B. is under the care of a Texas-licensed physician who prescribes the medication(s) and;
C. meets the financial eligibility criteria of the program.

CRITERIA FOR FINANCIAL ELIGIBILITY – A person is financially eligible if he or she:

A. is not presently covered for the medication(s) under the Texas Medicaid Program, or has utilized the Medicaid pharmacy benefits for the month and;
B. is not covered for the medication(s) by any other third-party payor and;
C. has an adjusted gross income, when combined with the gross income of his/her spouse, that does not exceed 200 percent of the current Federal Poverty Income Guidelines (as shown below). The THMP will determine if the person satisfies this criterion from information provided by the person on the Program application.

Eligibility and access to medications for newborn infants and pregnant women are considered program priorities.

INCOME GUIDELINES (based on 200% of Federal Poverty Income Guidelines for 2026) –

If the size of the family unit is:	200% Federal Poverty Level (FPL)	Standard Deductions	The family's gross annual income may not exceed:
1	$31,920	$12,403	$44,323
2	$43,280	$12,403	$55,683
3	$54,640	$12,403	$67,043
4	$66,000	$12,403	$78,403
5	$77,360	$12,403	$89,763
>5	$11,360 for each additional person	$12,403	200% FPL based on the household size, plus the standard deductions

CONFIDENTIALITY – THMP regards the information in the application as part of the applicant's medical record and confidential by law. No information that could identify the

individual applicant will be released except as authorized by law. Applicants should realize that their physician, ADAP Enrollment Workers (AEWs), and pharmacist would also be aware of their diagnosis.

OBTAINING APPLICATION MATERIALS – An online system, Take Charge Texas (TCT), allows applicants to apply for THMP directly from home or through a local agency. The web address for the TCT portal is: takechargetexas.gov. TCT can also be used to renew eligibility or provide updates to THMP. For individuals unable to apply for THMP through the TCT portal, an application packet containing instructions & all necessary forms may be requested by telephoning toll-free 1-800-255-1090.

DEFINITION OF FAMILY AND HOUSEHOLD FOR DETERMINING FAMILY SIZE/INCOME – Family members whose incomes are considered are the applicant and spouse (or common-law spouse), if applicable. For minor children, the parent's income is considered for each parent or stepparent residing in the same household. For determining household size, the applicant, spouse, and their dependent children residing in the household shall be included. A dependent child is a child under the age of 18 who is the biological, adoptive, or stepchild of the applicant. A child applicant is a person under the age of 18, living with his or her parent(s) and stepparent (when applicable).

FOSTER CHILDREN – In cases where a welfare agency is legally responsible for the child and the foster home is, in fact, an extension of the welfare agency, the foster child is considered a one-member family. Therefore, if the foster child's income is not above the income guidelines, the foster child meets the income criteria.

DOCUMENTATION OF FINANCIAL ELIGIBILITY – The applicant must document his or her income on the application form and provide verification of income, such as paycheck stubs, W-2 forms/IRS tax returns, and copies of benefit entitlement letters. If zero income is reported, other documentation of support must be completed.

DOCUMENTATION OF MEDICAL ELIGIBILITY – All applications for new clients must be mailed or submitted electronically to the program. The patient's physician must submit an updated medical certification form for all medication changes. The medical certification forms may be faxed for clients in immediate need of changes.

DETERMINING INITIAL FINANCIAL ELIGIBILITY – Using the current Public Health Service or ADAP contract prices, THMP calculates the annualized cost of Program formulary medications that the applicant's physician qualifies them for, and subtracts that amount from their gross annual income. The applicant is financially eligible if their adjusted gross income at the time of application is below the guidelines, and financially ineligible if the adjusted gross income is above the guidelines. Applicants are encouraged to request reconsideration if their income status changes such that it falls within the Program parameters.

PAYMENT OF A FEE BY THE PATIENT – Persons who have been approved by the THMP for assistance will not be required to pay a dispensing fee for THMP medications. The participating pharmacy will invoice the THMP directly each month for dispensed THMP medications.

MEDICAID ELIGIBLE APPLICANTS – Applicants who are eligible for Medicaid assistance benefits must first utilize and exhaust their monthly Medicaid pharmacy benefits to be eligible to receive medications from the Program.

PARTICIPATING PHARMACY – The THMP has designated specific pharmacies throughout the state to dispense medications for approved Program recipients. In order to ensure optimal physical security of the drugs and administrative control of the program, Program recipients must obtain medications from the pharmacy to which they are assigned. Recipients may call the Program at 1-800-255-1090 to request assignment to a different participating pharmacy. Should the choices available for pharmacy assignments prove a hardship to the patient, they must explain to the THMP in writing why a hardship exists. The applicant must include in the explanation the name, address, and person to contact at the pharmacy where they would prefer to receive their medications. If that pharmacy wishes to participate in the program, the THMP will supply the pharmacy with a Program pharmacy agreement to complete and return to the Program for consideration.

PROCEDURE FOR RECEIVING MEDICATION – An approved Program recipient will receive a prescription(s) from his or her physician for medication covered by the Program and present it to the assigned pharmacy. The physician may also phone, fax, or electronically submit prescription(s) to the pharmacy on the patient's behalf. The pharmacy will order the medication from the Program using the assigned recipient code and dispense to the patient upon receipt of the medication from the THMP.

MEDICATIONS, CRITERIA, AVAILABLE STRENGTHS, AND ORDER MAXIMUMS
Antiretroviral Options – A monthly maximum of four (4) of the following medications is allowed per applicant

ANTIRETROVIRAL QUALIFICATIONS – A person must be diagnosed with HIV and have a current CD4+ T Lymphocyte count and Plasma RNA Viral Load count reported to the THMP prior to receiving medication. Additional medical criteria may also apply for individual antiretroviral medications, as detailed on the Medical Certification Form completed by the physician.

View THMP medications, available strengths, and order maximums