

**Texas HIV Medication Advisory Committee (HIV-MAC)**  
**Meeting Minutes**

**August 8, 2025**

**1:30 p.m.**

**Hybrid Meeting:**

**Microsoft Teams Virtual Meeting and Physical Location: Moreton Building, Room M-100, 1100 West 49th Street, Austin, Texas 78756**

**Agenda Item 1: Call to Order, Welcome, Logistical Announcements, and Opening Remarks**

Mr. Frank Rosas, Chair, opened the meeting by introducing himself and welcoming the members, agency staff, and members of the public in attendance. Mr. Rosas called the meeting to order at 1:30 p.m.

Ms. Jessica Arevalo, from the Advisory Committee Coordination Office (ACCO) of the Health and Human Services Commission (HHSC), proceeded with the logistical announcement, called roll, asked members to introduce themselves, and certified a quorum with a count of six members at roll call.

Table 1: Texas HIV Medication Advisory Committee member attendance at the Friday, August 08, 2025, meeting.

| Member Name                        | Attended |
|------------------------------------|----------|
| Adjei, Margaret, M.D.              | No       |
| Heresi, Gloria, M.D.               | Yes      |
| Hillard, Lionel                    | Yes      |
| Lazarte, Susana, M.D. (Vice Chair) | No       |
| Perez, Rolando, M.D.               | No       |
| Rosas, Frank (Chair)               | Yes      |
| Stefanowicz, Michael, D.O.         | Yes      |
| Turner, Helen                      | Yes      |
| Vargas, Steven                     | Yes      |

"Yes" indicates attended meeting.

"No" indicates did not attend the meeting.

Mr. Rosas acknowledged staff from the Texas Department of State Health Services (DSHS): Ms. Rachel Sanor, HIV Care and Medications Unit Director. Ms. Sanor introduced the following DSHS staff in attendance: Mr. Josh Hutchison, Deputy Commissioner for the Infectious Disease Prevention Division (IDPD); Ms. Aelia Khan Akhtar, Associate Deputy Commissioner for IDPD; Mr. David Ekrut, Business Operations Director for IDPD; Ms. Melissa Rios, Senior Advisor for IDPD; Ms. Katie Kieffer, Finance Manager for HIV/STD section; Ms. Christine Salinas, Texas HIV Medication Program (THMP) Regional Manager; Ms. Tina Khuyen Nguyen, THMP Manager; Ms. Jerreta Hartfield, Communication and Policy Group (CPG) Manager; Ms. Priscilla Mackin, MAC Committee Liaison with CPG; Ms. Cecilia Cunningham, Program Liaison, THMP Program Specialist; Ms. Terri Lemuel, THMP Public

Health Specialist; and Dr. Aderonke Adefisayo, Infectious Disease Medical Officer under IDPD.

### **Agenda Item 2: Consideration of January 17, 2025, and April 11, 2025, Draft Meeting Minutes**

Mr. Rosas called for a review of the January 17, 2025, and April 11, 2025, meeting minutes. Due to the lack of quorum at the April 11, 2025 MAC meeting, the MAC members need to review and approve both sets of minutes. Mr. Steven Vargas motioned to approve both set of the meeting minutes as presented. Dr. Mike Stefanowicz seconded the motion. The motion carried by a majority vote with six yeses (Heresi, Hillard, Rosas, Stefanowicz, Turner, Vargas), no nays, and three absences (Adjei, Lazarte, and Perez).

### **Agenda Item 3: Public Comment**

Mr. Rosas acknowledged Ms. Arevalo to read the public comment announcement. Ms. Arevalo explained there is no written comment, and no individual registered for onsite public comment.

The following individual provided a virtual oral public comment:

- **Dr. Nazley Mohammadi, Director of Outpatient Pharmacy Services, CommunityCare**, shared her concerns regarding a Gilead policy change implemented in May 2025 that requires clients to use Gilead's mail-order pharmacy. She explained that Gilead's policy has led to substantial delays in medication access, especially for clients on Biktarvy, on which a large portion of their patients rely.

### **Agenda Item 4: DSHS Updates**

Mr. Rosas introduced Mr. Josh Hutchison and Ms. Aelia Khan Akhtar to provide DSHS updates.

#### **Highlights included:**

- a. Agency

Ms. Akhtar provided organizational updates from the Infectious Disease Prevention Division. She welcomed Dr. Aderonke Adefisayo, who joined the team in April 2025. She is board-certified in pediatrics and infectious diseases. Ms. Akhtar shared that Ms. D'Andra Luna resigned from her position as HIV/STD Section Director and announced the new vacancy of the position. She also reported on other vacancies in the HIV/STD Section and the HIV Medications Unit.

- **Legislative Appropriations Request (LAR)**  
Mr. Hutchison provided an update on the General Appropriations Act. Rider 17: HIV Vendor Drug Rebates gives the agency the authority to roll over vendor drug rebate funds between biennia, which strengthens program revenue and supports Texas Insurance Assistance Program-PLUS (TIAP-PLUS). The fund will stay within the program across the biennium. Rider 31: HIV Injectable Treatment allocates \$600,000 across the biennium to provide long-acting

injectable HIV treatment for up to 210 clients eligible for the AIDS Drug Assistance Program (ADAP). The program will prioritize clients waiting for the open enrollment period. Mr. Hutchison explained that THMP must implement several technological updates for TakeChargeTexas (TCT) and establish contracts with providers who can dispense and administer the long-acting injectable (LAI). The groundwork for this pilot is currently underway. He emphasized that federal changes reduced rebate revenue by more than half, but the legislature approved \$2 million to offset the loss for the program.

b. Budget

Mr. Hutchison presented the THMP Financial Report. The program has separate fiscal years for the federal fund and the state fund. After August, federal funds will roll into the next state fiscal year. Mr. Hutchison stated that THMP expects to spend approximately \$110 million this year, and they will use unspent state funds to purchase medications before the end of the fiscal year. He shared that the agency does this every year. The slide looks a bit wonky because of the different fiscal years.

**Discussion:**

- **Mr. Vargas** shared his appreciation of the positive changes. He asked for clarification regarding the TCT system and the dispensing of the LAI. He also asked how much funding would carry forward for the vendor drug rebates.
- **Mr. Hutchison** clarified that IT is enhancing the TCT database to allow multiple dispensing locations for the LAI medication. He explained that the program expects approximately \$13 million in federal funds to roll into the next fiscal year. The agency will use remaining state funds to purchase medications before the end of the state fiscal year.
- **Dr. Stefanowicz** echoed Mr. Vargas' enthusiasm regarding the HIV LAI pilot. He asked about the drug acquisition process and inquired about the Memorandum of Understanding (MOU) for providers and pharmacies interested in receiving and administering the medication.
- **Mr. Hutchison** confirmed DSHS Pharmacy will ship the LAI to the participating pharmacies. Unless there is already an MOU in place for the shared location between the pharmacy and the physician, there is going to be an additional contract needed. He shared that the contract team is drafting agreements to help speed up the process since THMP has completed similar work with Sunlenca in the past.
- **Dr. Stefanowicz** shared his concerns on clients' and providers' education regarding the LAI pilot, especially with the nuances of clinical and medical appropriateness, and that the medication requires administration every two months. He wondered what that feedback would look like for the prescriber.
- **Mr. Hutchinson** thanked Dr. Stefanowicz for his comments. He welcomed feedback and ideas to support the program's launch and confirmed that THMP is actively developing communication strategies.

- **Mr. Rosas** shared that last year, the San Antonio Local Pharmacy Assistance Program added LAI to its formulary. He explained that the clinic asked clients and providers to sign a waiver acknowledging how the medication works and what the process entails. He asked how THMP would prioritize clients for participation in the program and whether the selection would be on a first-come, first-served basis.
- **Mr. Hutchison** acknowledges these comments, stating the program will consider a waiver process and is still finalizing prioritization criteria.
- **Mr. Rosas** cautioned that consumers may confuse long-acting treatment injectables with prevention injectables, emphasizing the need for clear education.
- **Mr. Hillard** added that the program should provide clear definitions and education tailored to different audiences to ensure frontline staff and case managers receive consistent training before rollout.
- **Mr. Vargas** closed the discussion by suggesting the inclusion of prevention updates in future meetings. Although prevention falls outside of this committee's scope, he noted that prevention and care efforts overlap to achieve the goal of ending HIV.

### **Agenda Item 5: Texas HIV Medication Program (THMP) Updates**

Mr. Rosas yielded the floor to Ms. Sanor and Ms. Nguyen to provide an update on THMP.

#### **Highlights included:**

- a. Texas Insurance Assistance Program-PLUS

Ms. Nguyen provided an overview of TIAP-PLUS. As of June 30, 2025, THMP enrolled 990 clients into TIAP-PLUS. With 96 clients disenrolled from the program, TIAP-PLUS currently has a total of 894 active clients. One of the main reasons for disenrollment was changes in the client's premium. When the client notified the ACA Marketplace of their income changes, the cost of their insurance premiums also changed. However, THMP did not receive this update, resulting in the underpayment of the premiums. This caused the termination of the client's insurance plan. THMP has asked agency enrollments workers (AEWs) and liaisons to send us the updated billing statement information immediately when the client's premium changes. THMP will adjust the premium payment amount to ensure the payment of the correct amount to the insurer.

Ms. Nguyen reviewed the active TIAP-PLUS clients and use. She pointed out the low usage of the program from clients on TIAP-PLUS, with only 22.43 percent of clients using the Ramsell copay card correctly for their medication. She asked everyone to help get the word out to clients to use both their insurance card and Ramsell copay card at an in-network, Ramsell-participating pharmacy. This will allow the client to receive full medication coverage while also helping THMP receive the rebates.

Ms. Nguyen informed the committee that the program is currently in the TIAP-PLUS eligibility recertification process. THMP mailed out renewal letters on July 15<sup>th</sup>, notifying clients who opted in for mail that they must recertify by August 31<sup>st</sup> for the priority deadline. Clients may still submit the recertification after the priority deadline.

However, THMP wants to ensure staff have an adequate amount of time to process priority renewals and provide a determination to clients by the start of the open enrollment on November 1, 2025. THMP is also contacting clients by phone to remind them of the recertification.

Ms. Nguyen provided an update regarding the changes to the ACA Marketplace Rules. First, the ACA Marketplace Open Enrollment period remains the same this year, November 1, 2025, to January 15, 2026. She shared that there are new marketplace changes that may impact THMP enrollments. The changes include the elimination of the "Low-Income Special Enrollment Period," reinstatement of the one-year failure to reconcile policy, and the insurers' ability to deny coverage if the client owes a balance for past-due premiums. She reminded partners in the field to enroll the clients into the right plan for them and transfer them to TIAP-PLUS. The program will continue to pay for the eligible client's premiums, medication copay, and medication deductible.

## Discussion

- **Mr. Hillard** asked how to educate the clients about the Ramsell card process since it seems like pharmacies are allowing them to use the manufacturer card.
- **Ms. Nguyen** explained that newly approved TIAP-PLUS clients receive a welcome package from Ramsell with the copay card. When at the pharmacy, the client should decline pharmacy-offered discounts and provide both the Ramsell copayment card and primary insurance card. Payment will still be \$0.00 for the client. She added that THMP also trained the agency enrollment workers (AEWs) and THMP liaisons to follow up with clients if they receive their Ramsell copay card. If not, they can call THMP; the program will send the client another copy.
- **Mr. Rosas** expressed concerns that clients may become confused and risk not receiving medications. He emphasized the importance of coaching clients on follow-up and administrative requirements, such as checking mail.
- **Ms. Nguyen** responded THMP sent an e-blast to all Ramsell-participating pharmacies to educate these pharmacies that they need to accept both the Ramsell copay card and the primary insurance card together. They cannot use an e-voucher.
- **Mr. Vargas** asked why disenrollments doubled in June and how THMP receives notifications of insurance premium increases.
- **Ms. Nguyen** stated the June disenrollment increases occurred due to the client's income changes, resulting in the premium also changing. TIAP-PLUS is implementing a process to request authorization with the release of information to help clients. She emphasized THMP will also provide more education to AEWs to assist clients in notifying income and premium changes.
- **Mr. Vargas** asked for clarity in the ACA marketplace rule on how insurers can deny coverage to individuals who owe money for past-due premiums.
- **Ms. Nguyen** did not have the answer to this question, as it is a new rule change.
- **Ms. Rosas** wondered if the upcoming open enrollment period would be the same length of time from November 1 to January 15 or if it would be shortened.

- **Ms. Sanor** stated that CMS proposed shortening the Open Enrollment period for next year, but this year's timeline remains unchanged.

b. TCT Updates

Mr. Rosas yielded the floor to Ms. Rachel Sanor to provide an update on TCT.

**Highlights included:**

- Ms. Sanor shared the TCT enhancements wrapped up at the end of June. The contract to make changes to the system ended; there is still maintenance assistance to help with defects. However, THMP will not be able to request changes to the system until a year from now.
- Quarterly TCT Applications Submitted from March 1, 2025, to May 31, 2025:
  - ▶ Client Portal
    - ◇ TCT received 300 applications.
    - ◇ Of the 300 applications, 273 were for THMP.
    - ◇ The total number of applications for both Care Services and THMP was 163.
  - ▶ Agency Portal
    - ◇ TCT received 19,848 applications.
    - ◇ Of the 19,848 applications, 13,996 were for THMP.
    - ◇ The total number of applications for both Care Services and THMP was 8,537.
    - ◇ The total number of pharmacy order batches was 5,364.
    - ◇ The total number of medication orders was 35,772.
    - ◇ THMP approved a total of 11,832 applications during this period.
- Quarterly TCT Helpdesk Support Issues from March 1, 2025, to May 31, 2025.
  - ▶ Help desk issues decreased across all categories, including eligibility, login, system, and reporting, compared to the previous quarter.
- Annual TCT Applications Submitted from June 1, 2024, to May 31, 2025
  - ▶ Client Portal
    - ◇ TCT received 1,131 applications.
    - ◇ Of the 1,131 applications, 1,041 were for THMP.
    - ◇ The total number of applications for both Care Services and THMP was 648.
  - ▶ Agency Portal
    - ◇ TCT received 67,782 applications.
    - ◇ Of the 67,782 applications, 48,279 were for THMP.
    - ◇ The total number of applications for both Care Services and THMP was 29,603.
    - ◇ The total number of pharmacy order batches was 20,956.
    - ◇ The total number of medication orders was 143,541.
    - ◇ THMP approved 18,543. Clients during this period.
- Annual TCT Helpdesk Support Issues from June 1, 2024, to February 28, 2025.

- ▶ Help desk issues decreased across most categories during this quarter, showing the system's stability overall.

#### c. Projections and Demographic Information

- For THMP Medication from March 2025 to May 2025:
  - ▶ The total number of medications ordered through ADAP was 35,772, with 45 percent for Biktarvy 30-day bottles.
  - ▶ THMP continues to see an increase in the Biktarvy 90-day fill. It has moved up to number four in the top 10 medications ordered.
- ADAP demographics from March 2025 to May 2025:
  - ▶ 19,479 clients filled medications. ADAP demographics remain consistent.
- State Pharmacy Assistance Program (SPAP) demographics from March 2025 to May 2025:
  - ▶ SPAP served 1,483 clients. SPAP demographics remain stable; there are not a lot of changes from the last quarter.
- Texas Insurance Assistance Program (TIAP) demographics from March 2025 to May 2025:
  - ▶ TIAP served 207 clients. The number of clients served was a bit higher compared to last quarter, but not a lot.
- TIAP-PLUS demographics from March 2025 to May 2025:
  - ▶ TIAP-PLUS served 856 clients.
  - ▶ TIAP-PLUS has 231 clients with medications filled.
  - ▶ TIAP-PLUS demographics are matching up for clients on TIAP-PLUS and using the program.
- For ADAP, the projections for the fiscal year 2027 show a slight increase in monthly cost per client, even though the number of clients remains the same compared to 2026. This is due to the increase in medication costs. Overall, projected ADAP costs remain generally consistent.
- SPAP projections continue to show a consistent pattern of higher costs in January, followed by declines throughout the year due to meeting the out-of-pocket responsibility later in the year. The program projections show a decline in cost due to federal changes.
- TIAP projections are stable over the year due to it being a smaller program. Clients must either have employer-sponsored insurance or Consolidated Omnibus Budget Reconciliation Act (COBRA) benefits to remain on TIAP. THMP can transfer eligible clients on COBRA to TIAP-PLUS for more cost-effective plans.
- Projections for TIAP-PLUS are not yet available due to limited data. THMP will revisit projections once more data becomes available.

#### d. Application Processing

- As of August 7, 2025, THMP is processing new self-attestation and renewal applications on time. Overall, application processing is running smoothly.

## Discussion

- **Ms. Turner** acknowledged the strides the team has made to improve the process, noting that pharmacy wait times for assistance have decreased and data sharing now occurs much faster. She thanked THMP staff member Chelsea for her support through the help desk. Despite these improvements, Miss Turner reported that she continues to receive calls from case managers, pharmacies, and clients experiencing issues such as loss of insurance, denial of medications, and lack of communication. She emphasized that the program must strengthen communication with people living with HIV.
- **Mr. Vargas** thanked the program for reducing application processing times but noted that newly diagnosed clients still face challenges accessing care. He referenced slide 21 from the ADAP data, highlighting the \$51 increase between 2023 and 2025, and questioned whether the program is making accurate drug cost projections. He has concerns that the program is underestimating the cost projections.
- **Mr. Hutchison** explained that the projections come from the agency's analysis of the TCT data. He acknowledged that some figures appear unusual but assured the members that THMP bases the projections on the current client data in the system. Mr. Hutchison suggested bringing back the actuary report to provide more details.
- **Mr. Vargas** thanked Mr. Hutchison and requested prior-year data for comparison to better understand what a reasonable figure would be. He asked for a future report to explain how current averages will affect future years.
- **Dr. Stefanowicz** asked how often the actuary conducts analyses and suggested requesting a review of the analysis file if major changes occur that may impact the drug costs.
- **Mr. Hutchison** responded that the agency has refined its calculations over several years. The rate of the medication is based on the contracted prices. The agency is working to incorporate TIAP-PLUS data into future analysis. He explained the methodology behind the calculations.
- **Dr. Stefanowicz** reiterated the need to educate consumers and pharmacists about 90-day prescriptions, explaining that this practice reduces pharmacy visits and delivery fees from 12 times a year to four.
- **Ms. Sanor** added that the pharmacy portal now allows pharmacists to adjust medical amounts, which has improved the use of 90-day fills. She reported that monthly actuarial field analysis confirmed the increase in 90-day utilization.
- **Ms. Helen** pointed out that some insurance may deny the 90-day fill requests and only approve 30-day fills, depending on the medication and policy.
- **Ms. Sanor** agreed and thanked Ms. Helen for the important comment. She clarified that the 90-day data is for clients on ADAP. Those who have insurance need to follow the insurance's policies for medication fills.
- **Mr. Hillard** acknowledged and thanked the field workers who helped assist and educate THMP clients.



## **Agenda Item 6: Sub-Committee Reports**

### **a. Eligibility: Mr. Frank Rosas**

- The Eligibility Subcommittee met on May 20, 2025.
- Ramsell is the THMP pharmacy benefit manager for TIAP, TIAP-PLUS, and SPAP. THMP sent a notification to the Ramsell-participating pharmacies. They need to use non-340B stock for SPAP, TIAP, and TIAP-PLUS clients to continue to participate in the Ramsell network effective July 31, 2025. Some pharmacies were not able to follow this request and disenrolled for various reasons. THMP sent notifications to affected clients to choose another Ramsell-participating pharmacy by July 31, 2025.
- THMP added two new THMP liaison positions to better support the regions. There will be one THMP liaison supporting a specific administrative agency.
- The next Eligibility Subcommittee meeting is Tuesday, August 26, 2025.

### **b. Governance and Data: Mr. Steven Vargas**

- The Governance and Data Subcommittee met on July 11, 2025.
- The subcommittee recommended using the current TIAP-PLUS pharmacy utilization data as a baseline and requested updates every six months unless major changes occur.
- The subcommittee requested that staff assess how upcoming changes to Medicaid subsidies and eligibility could affect ADAP and provide preliminary data at the next meeting.
- The subcommittee requested information on pharmacies disenrolling from TIAP-PLUS, including the number of pharmacies and their reasons, because of concerns in Houston that clients may be losing access to their long-time clinics and 340B pharmacies.
- The next Governance and Data Subcommittee meeting is Tuesday, September 9, 2025.

### **c. Formulary: Mr. Stefanowicz (on behalf of Dr. Susana Lazarte)**

- The Formulary Subcommittee met on June 18, 2025.
- The subcommittee reviewed two requests to add medications to the formulary: Fuzeon (enfuvirtide) and Serostim (somatotropin). The subcommittee did not recommend adding either medication because Fuzeon is no longer available, and Serostim is not as clinically relevant today.
- The next meeting is August 19, 2025.

## **Discussion:**

- **Mr. Rosas** said Dr. Anderson of Prism Health reminded the committee to make sure that the pharmacy takes the patient's insurance and pays the premium. His patients have had issues where the insurance does not pay the premium, requiring the pharmacy to resubmit claims. He further added that specific insurance companies are slow to pay patient benefits, which may not accurately reflect the client's active insurance status.

- **Mr. Vargas** used Fuzeon as an example and asked how THMP communicates the removal of medications from the formulary. He suggested communications should explain the reason for removal and list alternatives.
- **Ms. Sanor** said THMP sends notifications of the removal of medication from the formulary. If clients are on the drug, both the client and provider receive letters. She said the program refers clients back to providers to discuss alternatives.
- **Mr. Rosas** asked about the status of THMP's HRSA grant award.
- **Mr. Hutchison** said THMP received its full award this week. He said the base award is about \$120 million annually, with an additional \$15 million in supplemental funds and smaller awards of \$2 to \$5 million each. He noted the amount is slightly less than last year but more than two years ago. He added that ending the TCT enhancements phase allows THMP to redirect funds to cover reductions.
- **Mr. Rosas** said it is important for consumers to track these award figures and understand how federal funding levels change from year to year.

### **Agenda Item 7: Review of Action Items and Agenda Topics for the Next Meeting**

#### **Highlights included:**

Mr. Rosas asked members to provide additional topics and action items to consider for the next meeting.

Agenda items for the next committee meeting included:

- Consideration of August 8, 2025, draft meeting minutes
- In-depth review of the HIV LAI pilot enrollment process.
- Update on ACA Marketplace rule change regarding insurers denying coverage to individuals who owe money for past due premiums.

Action items:

- Impact of pharmacies disenrolling from the program because of non-340B stock requirements.
- Identification of the number of clients that changes in Medicaid enrollment rules and subsidies are likely to affect.
- Update on HIV prevention activities.
- Actuary projections on program impacts.
- Process review of how pharmacies share client information when they close or move prescriptions without client consent.

### **Agenda Item 8: Adjournment**

Mr. Rosas thanked the committee members and the members of the public for their attendance and adjourned the meeting at 4:12 p.m.

Below is the link to the archived video recording of the August 8, 2025, Texas HIV Medication Advisory Committee meeting.

[texashhsc.v3.swagit.com/videos/352054](https://texashhsc.v3.swagit.com/videos/352054)

Individuals can view or listen to the meeting for approximately two years from the meeting date. DSHS posted the meeting in accordance with the HHSC records retention schedule.