

Texas HIV Medication Advisory Committee (HIV-MAC)

Meeting Minutes

October 17, 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, took attendance, asked members to introduce themselves, and certified that there was no quorum with a count of four members at roll call. The HIV-MAC Vice Chair, Dr. Susan Lazarte, and HIV-MAC Member Dr. Michael Stefanowicz joined later to achieve a quorum, with a total of six members present for the meeting.

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

Member Name	Attended
Adjei, Margaret, M.D.	No
Heresi, Gloria, M.D.	No
Hillard, Lionel	No
Lazarte, Susana, M.D. (Vice Chair)	Yes (Joined at 1:38 p.m.)
Perez, Rolando, M.D.	Yes
Rosas, Frank (Chair)	Yes
Stefanowicz, Michael, D.O.	Yes (Joined at 1:43 p.m.)
Turner, Helen	Yes
Vargas, Steven	Yes

"Yes" indicates attended meeting.

"No" means did not participate in the meeting.

Mr. Rosas acknowledged staff from the Texas Department of State Health Services (DSHS): Ms. Rachel Sanor, Director of the HIV Care and Medications Unit.

Ms. Sanor introduced the following DSHS staff in attendance: Mr. Josh Hutchison, Deputy Commissioner for the Infectious Disease Prevention Division (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. Jerreta Hartfield, Communication and Policy Group

(CPG) Manager; Ms. Priscilla Mackin, HIV-MAC Committee Liaison and Communication Health Specialist with CPG; Ms. Terri Lemuel, THMP Public Health Specialist; Dr. Aderonke Adefisayo, Infectious Disease Medical Officer under IDPD; Ms. Jasmin King, THMP Public Health Specialist. Ms. Sanor also introduced the THMP Liaisons in attendance: Erika Garcia, South Texas Development Council; Mr. Gerry Cantu, Houston East Texas; Ms. Jeni Deck, University Health System in San Antonio; Mr. Kofi Bissah, Dallas County; Ms. Rashida Bell, Tarrant County; and Ms. Riley Lasell, Brazos Valley Council of Governments.

Agenda Item 2: Consideration of August 8, 2025, Draft Meeting Minutes

Mr. Rosas requested a review of the meeting minutes from August 8, 2025. Mr. Vargas motioned to approve the meeting minutes as presented. Ms. Turner seconded the motion. The motion carried by a majority vote with four yes (Rosas, Stefanowicz, Turner, and Vargas), no nays, two abstentions (Lazarte and Perez), and three absences (Adjei, Heresi, and Hillard).

Agenda Item 3: Public Comment

Mr. Rosas asked Ms. Arevalo to read the public comment announcement. Ms. Arevalo shared that there was no written comment. However, she confirmed one onsite public comment.

The following individual provided an on-site public comment:

- **Mr. Gary Benecke, Co-chair of the HIV Medication Advisory Eligibility Subcommittee**, expressed his gratitude for the program and the THMP Liaisons for their work in helping clients living with HIV with guidance, direction, and support.

Agenda Item 4: DSHS Updates

Mr. Rosas asked Mr. Josh Hutchison to provide DSHS updates.

Highlights included:

- a. Agency
 - Mr. Hutchison welcomed members and thanked everyone for attending the meeting.
- Organizational Chart

Mr. Hutchison provided organizational updates from the IDPD. He welcomed Mr. Samuel Hebbe Goings as the new Director for the HIV/STD Section. Mr. Hebbe Goings has over a decade of experience working in the HIV field. He most recently served as the director of the HIV Prevention Unit.

Mr. Hutchinson also welcomed Ms. Dona Hulse as the new Operations Director for the HIV/STD Section. Dona has over 20 years of experience working with the state. Most recently, she worked with the Immunizations Program during the COVID-19 pandemic.

Mr. Hutchinson announced that the section has a couple of key vacancies in the HIV Care and Medications Unit. The vacancies include a Training Specialist, an

Administrative Assistant, and a Medication and Data Analysis Group (MDAG) Manager.

- Medication Expense Projections
Mr. Hutchinson reviewed the actuary file to share THMP's direction and current trends.
 - ▶ Mr. Hutchinson shared that column C of the actuary file calculates a unique number of annual clients served in the last 12 months. As those numbers increase, the program expects costs to rise and vice versa.
 - ▶ Mr. Hutchinson shared the numbers for the monthly prescription counts and stated these are the number of prescriptions filled for that month by clients enrolled in THMP's AIDS Drug Assistance Program (ADAP).
 - ▶ Mr. Hutchinson stated that Column G calculations help THMP balance its budget financially and create projections for future years.
 - ▶ Lastly, Mr. Hutchinson reviewed column R, the utilization ratios. The figures show the number of clients utilizing the program every month. As the percentage of unique clients using the program fluctuates, a higher rate will result in an increase in the cost of medications ordered that month.

The 2024 state fiscal year averaged monthly ADAP expenditures of about \$10.9 million, a historic increase. Mr. Hutchinson pointed out that, comparing 2024 to current projections for 2026, THMP projects a monthly cost of \$11.6 million. DSHS is projecting that the price of ADAP will increase significantly. Several factors influence the growth rate. Primarily, the program has experienced an annual growth rate of approximately one percent in the number of ADAP clients. Based on this growth rate, THMP is projected to serve approximately 21,800 clients next year. As those clients continue to order medications, the cost of serving them will increase.

b. Budget Update

Mr. Hutchinson stated that, in fiscal year 2025, THMP spent \$117 million on HIV medications for ADAP specifically, and has currently budgeted \$119 million for fiscal year 2026. However, that number is still fluctuating and is subject to change based on current Health Resources and Services Administration (HRSA) awards. If HRSA reduces any awards, that number would change as well.

Mr. Hutchinson noted that the last three columns in the 2025 fiscal projections are obligatory amount, expended amount, and remaining amount. THMP will begin expending the remaining \$114 million throughout the rest of the state's fiscal year.

Discussion:

- **Ms. Turner** thanked Mr. Hutchinson for such a detailed report. She asked who was handling the job duties for the HIV Prevention Unit vacancy and if Ms. Sanor would also hold the MDAG position.
- **Mr. Hutchinson** responded that Samuel Hebbe Goings was the former HIV Prevention Unit Director and is responsible for backfilling that position. He confirmed that Ms. Sanor has been conducting interviews to fill the MDAG position for several months and hopes to fill both that position and the training specialist position.

- **Dr. Lazarte** inquired about the increased expenses and if the numbers presented take the number of clients that enroll in TIAP-PLUS into consideration. She then asked if the percentage was still too small to make an impact on lowering the budget.
- **Mr. Hutchinson** responded that these projections are only for ADAP; however, the team is working with the actuary to build out other analyses to evaluate TIAP-PLUS.
- **Dr. Lazarte** followed up and asked if the program expects costs to decrease because of the individuals who are now on TIAP-PLUS not using ADAP funds. She wondered whether expenditures would drop as more people enroll in TIAP-PLUS.
- **Mr. Hutchinson** responded that TIAP-PLUS can generate rebates, but they are not included in the report. The tool used for the report is designed to track and monitor programmatic usage and project funding costs. It does not take into account costs, budgets, receipts, HRSA funding amounts, and other items. Several variables can impact rebates, including clients enrolled in TIAP-PLUS who are not utilizing the service. For example, if clients are not using the program correctly, then the costs for TIAP-PLUS exceed the rebate. Mr. Hutchinson requested assistance in ensuring the programmatic use of TIAP-PLUS. The program has been working with the field to provide clients with information on how to use their Ramsell co-pay card.
- **Dr. Lazarte** asked for further clarification. For example, if there are 22,000 estimated ADAP clients and THMP currently has 1,000 TIAP-PLUS clients, the TIAP-PLUS clients do not use ADAP funds. This means that instead of serving 22,000 clients, ADAP serves 21,000 clients. Therefore, expenditures would decrease.
- **Mr. Hutchinson** responded that it is possible. As this open enrollment period happens in November, THMP will be able to see the volume of clients that want to transition from ADAP to TIAP-PLUS. The program has not seen this yet. The document presented does not account for that. He reminded the committee that DSHS had quickly executed TIAP-PLUS last year and conducted numerous outreach efforts to contact all ADAP clients, but this was not a metric THMP tracked due to the rapid implementation. He estimates the program made over 60,000 phone calls to clients during this rollout last year and applauded the team's outreach efforts.
- **Mr. Vargas** wondered for the 2025 fiscal year, since THMP is seeing an estimated \$11 million increase for expenditures and dispensed drugs (about a \$28 increase in cost per client), whether THMP is anticipating any financial difficulties with the maintenance of the program. He mentioned that 2027 is another legislative session. He asked for IDPD to determine what the program will need. He also clarified whether the amount required for THMP is what the members are looking at and if it will cause problems for the program to fulfill its requirements.
- **Mr. Hutchinson** replied that the question is two-fold: how accurate are these projections, and how much they hold, clarifying that forecasts are less reliable the further out they are. The other question is whether the rebates generated by TIAP-PLUS utilization will fill the financial gap. IDPD does not have the answer, which is what IDPD anticipated. IDPD hopes to have this information by the next open enrollment period, which begins in November.
- **Mr. Vargas** asked, the people disenrolled from the program due to the impact on their own agency and organizational budgets, what could THMP do to ease some of that pressure on them without sacrificing too much for THMP?

- **Mr. Hutchinson** replied that THMP is open to anything that will help the program work better with our partners. The goal of THMP is to serve as many clients as effectively and efficiently as possible, working closely with our partners. Therefore, if conversations are beneficial, THMP encourages them, and IDPD appreciates these partnerships as well.
- **Mr. Rosas** commented that he had mixed feelings about TIAP-PLUS and its impact on service organizations' program budgets. He also added that service organizations need to monitor and track their operational budgets as 340B funding is paused or reduced. Finally, he stated that many consumers in Texas had advocated for a program like TIAP-PLUS. Since TIAP-PLUS is still new, the HIV-MAC would need to monitor its operations and adjust accordingly.
- **Dr. Stefanowicz** asked what kind of target THMP would aim for to help with TIAP-PLUS enrollment to compensate for future expenditures. It sounded like an uncertain moving target, given that only a year's worth of information was available for reference.
- **Mr. Hutchinson** confirmed he was correct. IDPD is still working on building that analysis on how TIAP-PLUS fills the financial gap. IDPD is asking questions such as how many clients it needs to have and what the utilization rate looks like, all the different variables. However, it will take time because TIAP-PLUS is a new program. IDPD has been working with the actuary to refine the approach and look to the future. Once IDPD refines the analysis, IDPD will be happy to share the findings.
- **Mr. Rosas** asked if DSHS is still receiving federal funding, citing current concerns with grant pauses, delays, and reductions.
- **Mr. Hutchinson** replied that, while the program has seen no interruptions to date, funding is always subject to change. DSHS has seen additional furloughs take place since the initial pause. IDPD continues to monitor daily to ensure IDPD can continue to draw down federal funds. If THMP were unable to draw from federal funding, THMP would communicate that outwardly. The DSHS Pharmacy maintains an approximately three-month supply of medications at all times. If there were an issue with THMP's ability to draw down, there is significant inventory on hand to meet client needs for a short while.

Agenda Item 5: Texas HIV Medication Program Updates

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

Highlights included:

- a. Long-Acting Injectables (LAI) Treatment Pilot Update

Ms. Sanor reviewed the HIV LAI treatment pilot and the participation criteria. THMP received approval through Rider 31 to start purchasing LAI medications for the treatment of people who are on ADAP. This began on September 1, 2025, with the purchase of CABENUVA. Within the rider, there are certain limitations in terms of prioritization for selecting people as pilots. The rider aims to ensure that people can access the medication, and those eligible for insurance can transition to TIAP-PLUS during the open enrollment period.

THMP received funding to allow 210 people to participate at any given time. This provides THMP 210 slots that can accommodate multiple people, especially as clients transition from ADAP to insurance. There are also slots available for people who cannot get insurance or do not wish to enroll in insurance. However, THMP will reserve slots at a higher priority for those who will transition to insurance.

For clients interested in CABENUVA, it is recommended that they discuss treatment options with their healthcare provider. If the provider determines that the patient is suitable for CABENUVA, the provider will complete a specific LAI treatment Medical Certification Form (MCF), which is available online. The LAI medication must be received at a participating site. That site must have funding to cover the administration of the injection. THMP, Care Services, MDAG, and DSHS Pharmacy staff work together to ensure everything is in place for approved clients in the pilot. Staff make sure the approved client has a site, has funding for the injection, and can physically receive the medication.

As of October 9, 2025, 56 people had applied for the pilot. Of these applicants, 44 enrolled in the pilot. There were four pending reviews with eight applicants deemed ineligible at that time. Eligible applicants who enrolled have received approval notifications. Applicants who are pending are waiting either for an internal review or for information that DSHS is still collecting. Those deemed ineligible are people who do not meet the eligibility criteria for THMP. For example, their income is too high, or they do not meet the medical criteria.

b. Texas Insurance Assistance Program-PLUS

Ms. Sanor presented TIAP-PLUS enrollment data. As of the end of the second week of September, THMP enrolled 1,252 clients into TIAP-PLUS and has 1,093 active clients. THMP continued to enroll clients into TIAP-PLUS after open enrollment, due to successful agency transfers. She thanked the THMP Liaisons and all agencies working to transfer clients to THMP.

Ms. Sanor explained one of the main reasons for disenrollment was changes in the client's premium. When someone's income changes, their premiums also change. However, THMP was not always aware when this happened. TIAP-PLUS had some individuals who had disenrollments due to the termination of their insurance plans, unfortunately. There is now a process for working more closely with community agencies to obtain that information. If premiums increase, clients need to contact THMP when their premiums change so the program can process payments promptly.

Ms. Sanor discussed how TIAP-PLUS can help reduce overall medication costs for ADAP by generating program rebates. She explained that enrolling in TIAP-PLUS and having premiums paid does not generate rebates. Only filling medications through the Pharmacy Benefit Manager (PBM) Ramsell Corporation would result in THMP receiving rebates. There are concerns about people enrolling in insurance and then not using it.

THMP wants to ensure that clients' enrollment covers the entire month, that they have at least one medication copayment, and that the total number of copayments is accurately recorded. Starting in January, TIAP-PLUS usage was low, at less than 20

percent. From April to July, TIAP-PLUS experienced a 22 percent increase. However, the usage of TIAP-PLUS in August and September again decreased to 15 and 16 percent, respectively. This is concerning because with ADAP, if somebody does not fill in a medication each month, there is no cost associated with that. For TIAP-PLUS, there is a monthly cost for these clients due to the insurance premium payment. When TIAP-PLUS clients do not fill a medication, they cannot get it. If these TIAP-PLUS clients fill a medication outside Ramsell, THMP does not have visibility into it as a program because the prescription is not routed through Ramsell.

Low usage affects THMP's financial picture. THMP would not be able to determine if clients are getting their HIV medication or not. This is a concerning issue for the program. Another issue is the ability to continue having insurance and for that insurance to generate the revenue needed to support both TIAP-PLUS and to help with those who need medications for ADAP. Ms. Sanor shared feedback obtained from TIAP-PLUS clients. THMP is closely examining how TIAP-PLUS can increase participation by leveraging clients' feedback.

Ms. Sanor stated that the TIAP-PLUS recertification period was annual for this year; therefore, those recertifications are due at the end of the year. For clients who have not recertified, phone reminders and mailings inform them that they must renew their TIAP-PLUS to continue in the program. If the TIAP-PLUS client renewed and has their insurance updated before December 15, 2025, the client will have continuity of coverage. When the client's 2025 policy ends on December 31, 2025, the new policy will start on January 1, 2026. However, if the client renews and enrolls in insurance after December 15, their insurance will not begin until February 1, 2026. The client will have no coverage in January. The team is working hard to ensure that everyone on TIAP-PLUS remains eligible for THMP.

Ms. Sanor stated that the THMP website provides information for clients, Agency Enrollment Workers (AEWs), Administrative Agencies (AAs), and pharmacies. The focus of these educational materials is to provide simplified, focused information, such as videos that explain how TIAP-PLUS works. THMP is also creating printed materials that will be distributed to local agencies. The liaisons have worked to identify agencies in areas that could greatly benefit from these materials. There have also been efforts through social media and town hall meetings to provide more information about TIAP-PLUS. As part of open enrollment support, THMP will extend hours for the 1-800 number from November 1, 2025, through January 15, 2026. THMP phone hours are from Monday to Friday, 7:00 a.m. to 6:00 p.m., and on Saturdays, 9:00 a.m. to 4:00 p.m.

Ms. Sanor emphasized that THMP is looking to the field to help with TIAP-PLUS enrollments. Agencies should ensure they enroll their client in the right plan. The plan should be in-network with the provider and cover the client's medications. THMP should also accept the plan. The AA should use Ryan White health insurance assistance funds to help cover medical copayments and other costs that TIAP-PLUS cannot cover.

c. TakeChargeTexas (TCT) Updates

Quarterly TCT Applications submitted from June 1, 2025, to August 31, 2025:

- ▶ Client Portal
 - ◀ TCT received 315 applications.
 - ◀ Of the 315 applications, 271 were for THMP.
 - ◀ The total number of applications for both Care Services and THMP was 160.
- ▶ Agency Portal
 - ◀ TCT received 19,750 applications.
 - ◀ Of the 19,750 applications, 13,989 were for THMP.
 - ◀ The total number of applications for both Care Services and THMP was 8,348.
 - ◀ The total number of pharmacy order batches was 5,591.
 - ◀ The total number of medication orders was 37,483.
 - ◀ THMP approved a total of 11,911 applications during this period.
- Quarterly TCT Helpdesk Support Issues from June 1, 2025, to August 31, 2025.
 - ▶ Help desk issues: One-time password issues happened during July, and some email verification codes were not working.
- Annual TCT Applications submitted from September 1, 2024, to August 31, 2025.
 - ▶ Client Portal
 - ◀ TCT received 1,403 applications.
 - ◀ Of the 1,403 applications, 1,273 were for THMP.
 - ◀ The total number of applications for both Care Services and THMP was 786.
 - ▶ Agency Portal
 - ◀ TCT received 84,642 applications.
 - ◀ Of the 84,642 applications, 60,175 were for THMP.
 - ◀ The total number of applications for both Care Services and THMP was 36,710.
 - ◀ The total number of pharmacy order batches was 20,950.
 - ◀ The total number of medication orders was 143,465.
 - ◀ THMP approved 20,149 clients during this period.
- Annual TCT Helpdesk Support Issues from September 1, 2024, to February 28, 2025.
 - ▶ Help desk issues have decreased across most categories, demonstrating the system's stability overall.

d. Projections and Demographic Information

- For THMP Medication from September 1, 2025, to August 31, 2025:
 - ▶ The total number of medications ordered through ADAP was 37,483, with 46 percent for Biktarvy 30-day bottles.
 - ▶ THMP continues to see an increase in the Biktarvy 90-day fill. It remains fourth among the top 10 medications ordered.
- ADAP demographics from September 1, 2025, to August 31, 2025:
 - ▶ 21,833 clients filled in their medications. ADAP demographics are still consistent.
- State Pharmacy Assistance Program (SPAP) demographics from June 1, 2025, to August 31, 2025:
 - ▶ SPAP served 1,525 clients. SPAP demographics also remain stable.

- Texas Insurance Assistance Program (TIAP) demographics from June 2025 to August 2025:
 - ▶ TIAP served 240 clients. The number of clients served was slightly higher than in the previous quarter, but not by a substantial amount.
- TIAP-PLUS demographics from March 2025 to May 2025:
 - ▶ TIAP-PLUS served 1,004 clients; there have not been a lot of changes from the last quarter.
- For ADAP, the projections for the fiscal year 2027 show a slight increase in monthly cost per client. August projections show an expected increase in monthly cost per client and in the total number of clients served.
- 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 indicate a decrease in costs due to federal Medicare changes that reduce the out-of-pocket maximum for individuals participating in SPAP.
- 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 COBRA clients to TIAP-PLUS for more cost-effective plans.
- For TIAP-PLUS projections, premium payments are a significant part of the program expenses. This is why utilization is a more substantial factor in this program. Many payments are made to keep people insured.

e. Application Processing

- As of October 3, 2025, THMP is processing new self-attestation and renewal applications on time. Overall, application processing is running smoothly.

Mr. Rosas opened the floor for discussion and then yielded it to Dr. Lazarte.

Discussion

- **Dr. Lazarte** asked if CABENUVA is also for people who are not on TIAP-PLUS.
- **Ms. Sanor** responded that the HIV LAI Treatment Pilot is for ADAP clients. The idea is to start ADAP clients on CABENUVA while they are in uninsured status. Then THMP works to enroll them in insurance, which would transfer them to TIAP-PLUS. Once the client is on TIAP-PLUS, they will need to use their health insurance to cover CABENUVA treatments. Ideally, the health insurance will include CABENUVA, and the client will no longer need services through the pilot. Since the client will have coverage for this medication under their insurance, they will use the process through their insurance to obtain it, just as they would for any other prescription medicine.
- **Dr. Lazarte** asked if TIAP-PLUS is following the FDA-approved indication for CABENUVA, which stipulates it is for people who have attained viral suppression and switch. Could there be exceptions, since for some it can be life-changing and lifesaving? Is there a time when the physician could request it if the patient is detectable, but there is no other option? Is there a way to override the indication in specific cases until more data is available?
- **Ms. Sanor** responded that for this year and next year, since CABENUVA is on the LAI pilot, THMP needs to follow exactly what the medications are for. However, in the

future, there could potentially be conversations about that. Perhaps once THMP has that information, THMP can determine what comes next.

- **Dr. Lazarte** asked Ms. Sanor to clarify, saying that for people who are going on TIAP-PLUS, the co-pays are being covered by Ryan White. However, the impression is that once a patient has an Affordable Care Act (ACA) plan or any other insurance plan, they're no longer eligible for Ryan White.
- **Ms. Sanor** replied that the local health insurance assistance fund is a service category under Ryan White that is specifically to pay for the insurance premiums and insurance copayments. Every local area has it set up a little bit differently, where sometimes multiple agencies have that funding available. In other places, it seems like there's one or two agencies with the funding, but then that client can go to different locations, and each location bills back to the other agency.
- **Mr. Vargas** asked, for the disenrollment of clients terminated from the program, does THMP know how much of an interruption occurred? If so, does THMP have an idea if and how it affected people's overall care? He believes it is essential for the HIV-MAC to know how much interruption occurred and the extent of its impact on their care. That may help THMP and the HIV-MAC develop ways to avoid such situations in the future.
- **Ms. Sanor** replied that for clients disenrolled, there is a more extensive checklist that has every individual situation, and it varies. In general, if clients were transferring to another insurance plan covered by their agency, they still had insurance. Some individuals wanted to have health insurance but disenrolled because their payments were not being made. THMP transferred those clients to ADAP so that they could get their medication through ADAP and continue to have access to their HIV medications. As far as the effect of their overall care, if somebody has health insurance, then that insurance can help them get care. If the client does not have insurance, then they are more limited in where they can receive those services. In this case, through Ryan White and THMP, clients were sometimes deliberately disenrolled from insurance because they resided in areas with indigent care programs that did not permit individuals to have health insurance. In those cases, having health insurance presented a barrier to getting inpatient medical care.
- **Dr. Stefanowicz** asked about individuals on TIAP-PLUS who want to use CABENUVA. Which of those plans uses pharmacy benefits rather than medical benefits? If it's a pharmacy or medical benefit, the Ramsell card is not applicable. Given that it is only through pharmacy benefits, wouldn't that be detrimental to the program?
- **Ms. Sanor** replied, THMP has a list of plans that accept CABENUVA, which is either on the medical or the pharmacy benefit. THMP encourages enrollment in the CABENUVA option on the pharmacy benefit. THMP has also been in discussions with other ADAP programs that have addressed similar issues. It appears that there are ways to receive payment for the medication and a rebate on the medical benefits side, but the process is a bit more complicated.
- **Mr. Rosas** asked about TIAP-PLUS disenrollments, where the agency asked the client to deactivate the plan, or the agency decided to pay ACA premiums and

copayments. Does that mean the agency asked the client to deactivate the plan and use the health insurance premium through the agency instead?

- **Ms. Sanor** replied yes, either the agency was asking the client not to use health insurance or to use a health insurance plan offered by the agency instead of TIAP-PLUS.

Agenda Item 6: Sub-Committee Reports

a. Eligibility: Mr. Frank Rosas

- The Eligibility Subcommittee met on August 26, 2025.
- Mr. Rosas shared that THMP hosted a town hall back on August 25, which was well attended. It was a great idea to have these town halls and have people ask questions directly to THMP staff. Kudos to the THMP team for putting those on. THMP added two new liaison positions to support the regions more effectively. There will be one liaison representing South Texas, based in Laredo, and one representing Tarrant County, specifically Fort Worth.
- The next Eligibility Subcommittee meeting is Tuesday, November 18, 2025.

b. Governance and Data: Mr. Steven Vargas

- The Governance and Data Subcommittee met on September 9, 2025.
- Mr. Vargas shared key information discussed at the meeting, including requesting the National Alliance of State and Territorial AIDS Directors (NASTAD) to reach out to THMP and HIV-MAC to provide some technical assistance, not just with navigating TIAP-PLUS challenges and the effect on organizations and 340B. The subcommittee also reviewed the attendance report and the process for engaging members in attendance. Mr. Vargas shared that Ms. Nguyen confirmed that DSHS Leadership has applicants under consideration for the current open positions of the HIV-MAC. He reviewed the pharmacy data shared at the meeting, noting that some pharmacies were no longer interested in participating in Ramsell. TIAP-PLUS will return to six-month renewals to align with other subprograms.
- The next Governance and Data Subcommittee meeting is Tuesday, December 2, 2025.

c. Formulary: Dr. Susana Lazarte

- The Formulary Subcommittee met on August 19, 2025.
- Dr. Lazarte shared that the subcommittee discussed which agencies were utilizing the pharmacy portal instead of faxing prescription changes. The subcommittee discussed how the long-acting injectable pilot would work. One important thing is that Dr. Heresi, who is a children's pediatrician with UT Health in Houston, mentioned that there's a trial that they can put minors in to receive HIV LAI treatment like CABENUVA. Dr. Lazarte is unaware if they still have openings, but this is a good forum to announce it. During the meeting, Dr. Stefanowicz mentioned one of the reasons why uptake is not what THMP expected is due to many of the barriers that the committee discussed before. It takes significant coordination across all levels of the clinic or system where clients are served.

- The next Formulary Subcommittee meeting is Tuesday, November 4, 2025.

Discussion:

- Mr. Vargas was uncertain whether he needed to motion to request a meeting between HIV-MAC, DSHS, and NASTAD to discuss the TIAP-PLUS impact. However, he would like to make this into a motion to make it more official.
- Mr. Hutchison thanked Mr. Vargas for the request. He confirmed that THMP and NASTAD had already met and discussed this topic. THMP is happy to share updates. However, DSHS cannot bring members of the public or the committee to programmatic meetings. DSHS must follow state policies and guidelines.
- Dr. Lazarte agreed with both sides but advised Mr. Vargas to address the issue offline, outside of the HIV-MAC.
- Ms. Turner agreed with Mr. Vargas. However, she stated there is no second to the motion and encouraged Mr. Vargas to take the discussion offline.
- Dr. Lazarte asked for clarifications regarding the six-month recertifications and self-attestations.
- Mr. Hutchison explained that when the Policy Clarification Notice 21-02 first came out, the program conducted multiple analyses. However, the cost was in the high millions due to medication and support expenses. If the program does not receive funding from the legislature, it will not take any action to move this forward, as per guidance. THMP is happy to review and share the information.

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

Highlights included:

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

Agenda items for the next committee meeting included:

Action items:

- Create educational videos in Spanish
- Identify the reasons why clients are leaving the program
- Update on THMP backlog timeline
- Pharmacy providing home deliveries
- HIV LAI Treatment Pilot: additional costs

Agenda Item 8: Adjournment

Mr. Rosas thanked the committee members and 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 October 17, 2025, Texas HIV Medication Advisory Committee meeting.

texashhsc.v3.swagit.com/videos/358433 Individuals can view or listen to the meeting for approximately two years from the date of the meeting. DSHS posted the meeting in accordance with the HHSC records retention schedule.