

Texas HIV Medication Advisory Committee (MAC)
Meeting Minutes
July 12, 2024
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 members, agency staff, and members of the public who were in attendance. Mr. Rosas called the meeting to order at 1:30 p.m. He introduced Ms. Tina Nguyen, MAC Liaison, to provide an update on the current MAC members’ roster.

Ms. Nguyen announced Ms. Cordella Lyon and Dr. Yolanda Rodriguez-Escobar’s resignations from the MAC.

Ms. Jessica Arevalo, Advisory Committee Coordination Office (ACCO), 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 seven members at roll call. MAC member and Vice Chair, Dr. Susana Lazarte, joined later at 2:26 p.m. to make eight members present for the meeting.

Table 1: The Texas HIV Medication Advisory Committee member attendance at the Friday, July 12, 2024, meeting.

Member Name	Attended
Adjei, Margaret, M.D.	Yes
Heresi, Gloria, M.D.	No
Hillard, Lionel	Yes
Lazarte, Susana, M.D. (Vice Chair)	Yes (joined at 2:26 p.m.)
Perez, Rolando, M.D.	Yes
Rosas, Frank (Chair)	Yes
Stefanowicz, Michael, D.O.	Yes
Turner, Helen	Yes
Vargas, Steven	Yes

"Yes" indicates attended meeting

"No" indicates did not attend meeting

Mr. Frank Rosas, Chair, acknowledged the Texas Department of State Health Services (DSHS) staff: Ms. Rachel Sanor, HIV Care and Medications Unit Director. Ms. Sanor introduced DSHS staff in attendance: Ms. Imelda Garcia, Senior Advisor to the Commissioner; Mr. Josh Hutchison, Associate Commissioner of Infectious Disease Prevention Division (IDP); Ms. D’Andra Luna, HIV/STD Section Director; Ms. Christine Salinas, Texas HIV Medication Program (THMP) AIDS Drug Assistance Program (ADAP) Regional Manager; Mr. Gil Flores, Communication and Policy Group Manager; Ms. Khuyen Tina Nguyen, Committee Liaison, Communications and Policy Group; Ms. Jasmine King, Program Liaison, THMP Program Specialist; Ms. Terri Lemuel, THMP Public Health Specialist; Ms. Kati Kieffer, Finance Manager; Ms. Ethel Garcia, Medication Data and Analysis Group Manager.

Agenda Item 2: Overview of Advisory Committee Member Code of Conduct

Mr. Rosas introduced Mr. John Chacón, Associate Director of ACCO. Mr. Chacón provided an overview of the advisory committee member code of conduct that went into effect in October 2023. He believed this would allow members to become familiar with this code and recognize the code of conduct when it is time for the committee to revise the bylaw.

Agenda Item 3: Consideration of April 12, 2024, Draft Meeting Minutes

Mr. Rosas referred members to the draft minutes emailed by the program liaison and called for any edits. Mr. Steven Vargas made note of the discrepancy regarding Dr. Gloria Heresi's vote in the meeting minutes. Dr. Heresi was present during the roll call. However, she was marked as 'absent' for the voting of Agenda Item 3: January 12, 2024, draft meeting minutes. Mr. Vargas believed this record of her vote was incorrect and it should be 'abstain.' He recommended the program staff amend the April 12, 2024, draft meeting minutes to reflect this.

Ms. Arevalo explained that the committee can move forward with the vote to approve the draft minutes as amended. The program team will review the April 12, 2024, MAC meeting recording to double check on the requested change. If there is a discrepancy, as Mr. Vargas pointed out, then the program team will update the April 12, 2024, draft meeting minutes as amended. If there is no discrepancy, then the program team will use the April 12, 2024, draft meeting minutes as originally presented without the amendment recommended during the meeting.

MOTION

Mr. Lionel Hillard motioned to approve the April 12, 2024, draft minutes as amended. Mr. Steven Vargas seconded the motion. Ms. Arevalo conducted a roll call vote, and the motion passed by a majority vote with seven yeas (Adjei, Hillard, Perez, Rosas, Stefanowicz, Turner, and Vargas), no nays, and two absences (Heresi and Lazarte).

Agenda Item 4: Public Comment

Ms. Arevalo read the public comment announcement.

The following individuals sent a written public comment:

- Dr. Robert Hilliard, Jr., CEO, Legacy Community Health.
Dr. Hilliard's letter endorsed adding antiretroviral therapies (ARTs) to the THMP formulary; he affirmed adding ARTs to the formulary can truly mean the difference between detectable and undetectable HIV status.
- Ms. Lindsay Lanagan, VP, Legacy Community Health.
Ms. Lanagan sent the public comment letter on behalf of Dr. Hillard.
- Mr. Ramon Gardenshire, Director of Government Relations (South Region), ViiV Healthcare.
Mr. Gardenshire's letter urged the state to ensure that people with HIV can access the latest scientific innovations in HIV treatment, including Cabenuva and future long-acting treatments, through THMP.
- Mr. Brandon Macsata, CEO, ADAP Advocacy Association.
Mr. Macsata's letter supported adding Cabenuva to the Texas ADAP formulary because it is cost-effective and leads to better results.
- Dr. Yolanda Lawson, President, National Medical Association.
Dr. Lawson urged DSHS to ensure increased access to those living with HIV by ensuring access to Cabenuva and other long-acting treatment options through THMP formulary.
- Ms. Karen S., Ambassador, ViiV Healthcare.
Ms. Karen's letter supported equal access to care, including long-acting HIV treatment.

- Mr. Dashiell Sears, Regional Director, North America, Fast-Tract Cities Institute (letter sent on behalf of Dr. Jose Zuniga)
Dr. Zuniga’s letter supported having long-acting injectable ART available to eligible people living with HIV across Texas through the ADAP formulary.

The following individuals provided an onsite public comment:

- Ms. Karen Shores represented herself.
Ms. Shores shared her story and advocated for equitable access to care, including long-acting HIV treatment.

The following individuals provided a virtual oral public comment:

- Mr. Augustin Villarreal, Allies in Hope
Mr. Villarreal advocated for more HIV medications for those in need, especially those who are within the LGBTQ community.
- Ms. Rosy Mota, Director of Health Policy, Latino Commission on AIDS
Ms. Mota, on behalf of the Hispanic Health Network and the Latino Commission on AIDS, requested Texas DSHS to add Cabenuva to the THMP Formulary.
- Ms. Januari Fox, Director of Policy, Advocacy, Community Organizing, Prism Health North Texas
Ms. Fox requested DSHS inform the community of the department’s needs and roadblocks for adding Cabenuva to the formulary. She planned to frame the department’s sincere needs for additional resources during this 89th Texas Legislative session.
- Mr. Dashiell Sears, Regional Director, North America, Fast-Track Cities Institute.
Mr. Sears, on behalf of the International Association of Providers of AIDS Care, requested THMP make long-acting injectables and ART available for patients in Texas immediately.

Agenda Item 5: DSHS Updates

Mr. Rosas introduced Ms. Imelda Garcia, Mr. Josh Hutchison, Ms. D’Andra Luna, and Ms. Rachel Sanor to provide DSHS updates.

Highlights included:

- a. Agency
Mr. Josh Hutchison appreciated everyone for being at the meeting and thanked those who provided public comments. Mr. Hutchison explained during fiscal year 2020, THMP ran out of money. The program served more clients than it budgeted for, and DSHS had to find additional funds to provide all the services to these clients in the program. The total amount the program spent that year was \$137 million. Due to COVID-19 and other factors, the number of THMP clients has decreased these last few years. Currently, the program sees the number of clients rebounding drastically, which is a great thing. People are getting the medication that they need. However, this also increased the program’s financial costs. Mr. Hutchison pointed out the program was unable to support the \$137 million cost back in 2020. With the current trajectory, the program’s costs approach \$131 million, which takes the program over the financial stability point. DSHS is working with an actuary firm to keep track of this.

Mr. Hutchison summarized that THMP is heading to financial instability due to federal and national policy changes, projected increased client growth and medication costs, and other factors unique to Texas. Mr. Hutchison shared that the program estimated a 70 percent decline in rebate funds, which will significantly reduce funding. Due to the increase in clients and the decrease in funding, DSHS projected an ADAP medication

deficit due to the rebate reduction starting in 2025. Mr. Hutchison said the Texas program is reliant on Medicare rebates. Texas also does not have Medicaid expansion like other states. THMP cannot expand insurance purchasing. DSHS requested expansion of insurance purchasing during the 87th Legislative session, but this specific request was struck from the Rider.

b. Long-acting injectables-Cabenuva

Mr. Hutchison read the language from Rider 36 that was passed at the last legislative session. This language received from the Rider provided guidance for all long-acting injectables. Mr. Hutchison explained DSHS will not be able to add Cabenuva to the formulary at this time. DSHS will not be able to adopt any changes that will increase the cost of the program. He stressed that THMP will prioritize existing services to make sure the program can continue to support clients currently on the program before DSHS can expand THMP in any way. Mr. Hutchison shared that DSHS will discuss this projected financial deficit with leadership and find the best path forward to resolve this issue. Options mentioned included different business models used by other states such as insurance purchasing. The other possible option would be an exceptional item requested by DSHS from Texas Legislature. This will not be included in the initial LAR in August. However, amendments can be made in January to include an exceptional item request.

c. Financial forecast

Ms. Rachel Sanor provided an overview of Medicare, how it works, and how it ties into what is currently happening with THMP rebates. Due to the Inflation Reduction Act (IRA), Medicare changes impact THMP's claims for rebates. Medicare changes include the elimination of partial low-income subsidy (LIS), the elimination of cost sharing for the catastrophic phase of coverage, and the new out-of-pocket threshold. The elimination of partial LIS and cost-sharing for the catastrophic phase of coverage started in January 2024 and is permanent. The new out-of-pocket threshold will start in January 2025.

These changes significantly reduce the number of rebates THMP can claim. Due to these changes, for calendar year 2024, the estimated amount of rebates THMP will receive starting in June 2024 will decrease by 59.2 percent. For calendar year 2025, the estimated amount of rebates THMP receives starting June 2025 will decrease by 75.4 percent. These reductions are concerning since rebates have helped the ADAP program and also helped sustain the State Pharmacy Assistance Program (SPAP) and the Texas Insurance Assistance Program (TIAP) since fiscal year 2012.

d. Budget report

Ms. D'Andra Luna reminded everyone that DSHS bases the budget numbers on the state fiscal year, which runs from September 1 to August 31. It also reflected the dollar spent on medication for THMP. Last fiscal year, THMP spent about \$123 million. While there is \$27 million remaining for fiscal year 2024, DSHS is moving forward about \$20 million to use as the base budget for fiscal year 2025. DSHS will use the remaining funds for medication for the next two months. Ms. Luna further explained in detail the THMP annualized medication budget and how the Medicare changes would impact these previously budgeted funds in the future.

Discussion

- Mr. Steven Vargas pointed out the rebates line and the SPAP and TIAP expenditures line on slide number 19 came close, but there is still a little wiggle room.
- Ms. Imelda Garcia explained that the graphic showed only the SPAP and TIAP expenditures. The rebate dollar difference is then shifted over to purchase medications for ADAP. So DSHS is using this dollar. With these changes, SPAP and TIAP will most likely be self-sustaining. However, the benefits we get from using the rebate dollars to

support ADAP for those not on Medicare and not on TIAP will mostly evaporate.

- Mr. Vargas asked about the THMP History and Project Cost Increases slide. He wondered about the data shown between fiscal year 2020 and fiscal year 2023. The number of clients in the 'ADAP Medications Only' column changed from about 20,000 to 21,000 to 15,000 and jumped up again to 18,000 in 2023. He assumed that the changes in the number of clients were due to the Medicaid expansion during COVID.
- Ms. Rachel Sanor explained at the beginning of COVID, there were a lot of changes THMP implemented. These changes included allowing clients who did not turn in their recertification to still be on the program, sending 60-day fills instead of the normal 30-day fills, and allowing clients to attest to their income if they were unable to get documents. THMP then rolled back these changes due to the financial situation of the program and saw a large drop in participants in 2022.
- Mr. Vargas suggested the solution could be expanding insurance purchasing. He asked why the exceptional item is in January 2025 and not August 2024 because the sooner is better.
- Mr. Hutchison clarified that DSHS started this process a few months ago. Since this issue recently came to THMP's attention, it is too late to incorporate this in the initial submission. However, DSHS can take the opportunity to update this request and submit the exceptional item in January 2025 if this is the route to take.
- Mr. Hutchison stressed the importance of obtaining support from the Texas Legislature for the program to succeed.
- Mr. Vargas reiterated the importance of expanding insurance purchasing for the program.
- Mr. Hutchison pointed out that this was an ask in the previous rider. However, the Texas Legislature struck down this request.
- Mr. Vargas recommended conversations with Texas Strike Force and said DSHS needs to keep on asking until the Texas Legislature says yes.
- Ms. Garcia added the agency learned a lot from the last fiscal deficit. She agreed that Josh and the agency need stakeholder's support. The agency and program are reviewing the numbers to make sure they are correct before they can provide this information to everyone.
- Mr. Vargas emphasized the importance of sharing information and details with members, even if the information is uncertain.
- Ms. Helen Turner expressed disappointment regarding poor communications. She believed we must do the best we can for people living with HIV in a timely manner.
- Mr. Frank Rosas thanked the presenters for mentioning the financial crisis three years ago. He wondered if DSHS depends on the actuary firm's numbers or if THMP has a dedicated financial analyst who can monitor the ongoing financial budget.
- Mr. Hutchison clarified that DSHS expanded the finance team. Ms. Kati Kieffer is the fiscal manager, and Ms. Ethel Garcia is the medication data and analysis group manager who oversees TakeChargeTexas data. He affirmed that DSHS worked internally to run several different time series analyses to validate the actuary firm's analysis. Every way the program reviewed it, it was roughly the same calculation.
- Mr. Rosas asked if the Health Resources and Services Administration (HRSA) is aware of the current precarious financial situation that THMP is facing and if the program can also work together with HRSA to come up with alternative solutions. He stated that adding Cabenuva is a quality-of-life issue. He proposed to have Cabenuva on the ADAP formulary and have a pilot program as a test.
- Mr. Hillard asked about the pharmacy medication numbers. Since the medication has expiration dates, he wondered if anyone has checked to ensure the medication is still good and the program doesn't waste any medication.
- Mr. Hutchison confirmed the program monitors this, and pharmacy medication has a two-year shelf life for medications.
- Mr. Vargas pointed out that the financial numbers show a budget of \$7 million available. He brought up a motion to use \$1 million of that budget.

MOTION

Mr. Steven Vargas motioned to use \$1 million of the unspent remaining FY24 funding, which may be split over two years at \$500,000 per year, to fund a pilot program providing access to Cabenuva for Texans living with HIV. Mr. Lionel Hillard seconded the motion. Ms. Arevalo conducted a roll call vote. The motion passed by seven yeas (Adjei, Hillard, Perez, Rosas, Stefanowicz, Turner, and Vargas), no nays, one abstention (Lazarte), and one absence (Heresi).

Agenda Item 6: Texas HIV Medication Program (THMP) Updates

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

Highlights included:

a. TakeChargeTexas (TCT)

- Quarterly TCT Applications Submitted from March 1, 2024, to May 31, 2024
 - ▶ Client Portal
 - ◇ TCT received 379 applications.
 - ◇ Of the 379 applications, 347 were for THMP.
 - ◇ The total number of applications for both Care Services and THMP was 220.
 - ▶ Agency Portal
 - ◇ TCT received 15,432 applications.
 - ◇ Of the 15,436 applications, 11,373 were for THMP.
 - ◇ The total number of applications for both Care Services and THMP was 6,795.
 - ◇ The total number of pharmacy order batches was 5,797.
 - ◇ The total number of medication orders was 39,154.
 - ◇ THMP approved a total of 8,715 clients during this period.
- Quarterly TCT Helpdesk Support Issues from March 1, 2024, to May 31, 2024.
 - ▶ Increased login issues in April were due to switching from Enterprise portal to IAMOnline for TCT access.
 - ▶ There was a small increase in eligibility issues in May due to some TCT enhancements, which caused a couple of applications to get hung up in the system.
 - ▶ The other category was issues that were not THMP-specific.
- Annual TCT Applications Submitted from June 1, 2023, to May 31, 2024
 - ▶ Client Portal
 - ◇ TCT received 1,998 applications.
 - ◇ Of the 1,998 applications, 1,815 were for THMP.
 - ◇ The total number of applications for both Care Services and THMP was 1,208.
 - ▶ Agency Portal
 - ◇ TCT received 62,706 applications.
 - ◇ Of the 62,706 applications, 46,347 were for THMP.
 - ◇ The total number of applications for both Care Services and THMP was 30,727.
 - ◇ The total number of pharmacy order batches was 10,324.
 - ◇ The total number of medication orders was 151,982.
 - ◇ THMP approved 20,294 clients during this period.

- Annual TCT Helpdesk Support Issues from June 1, 2023, to May 31, 2024
 - ▶ The outlier from March to May for TCT login had the greatest increase due to IAMOnline system changes. This created many tickets due to individuals not being able to log in to the new system.
 - ▶ Overall, there were not significant increases in issues.
- b. Projections and demographic information
 - Most top ten medications are in the same top ten medication ordered spots from the last quarter.
 - Biktarvy 90-Day Fill moved up from the 10th spot to the seventh spot since the last quarter.
 - No significant changes in ADAP demographics. There was a significant increase in the number of ADAP clients served. The previous quarter showed THMP served a little over 17,000 ADAP clients. The number of ADAP clients increased to 19,530 this quarter.
 - SPAP clients increased slightly from last quarter, but not significantly.
 - TIAP remained stable in demographics.
 - ADAP projection showed minimal changes in terms of what THMP was expecting.
 - SPAP projection has no significant changes.
 - TIAP projection has a small shift in clients served, but it's not significant.
- c. Staffing
 - One vacancy for a Program Specialist I position is available for the overall program.
- d. Application processing
 - THMP remained out of the backlog and up to date with processing.
 - For today (July 12), THMP was processing new applications from yesterday, July 11, which was fantastic. Typically, THMP would fall a little behind since the program does not have staff to process the applications during a holiday. THMP kept up with applications and processed them in a timely manner.

Discussion

- Mr. Frank Rosas asked what the cost has been for Sunlenca since it's also a long-acting injectable.
- Ms. Sanor explained due to Sunlenca having a 340b cost, THMP is unable to share the cost publicly. She shared that Sunlenca utilization has been pretty low; therefore, it doesn't raise budgetary concerns. No issues with distribution so was a good addition.
- Mr. Rosas asked if there were any restrictions on how to administer Sunlenca, or if it was up to the provider. He added that this could be a model for Cabenuva and its logistics.
- Mr. Vargas pointed out that Sunlenca is a new class, and the only thing that would be comparable is the administrative clinic cost. However, the number of Sunlenca clients would be too small for comparison.
- Dr. Michael Stefanowicz agreed that Sunlenca is being used for what was previously considered a "salvage" regimen. From a distribution perspective, he also agreed THMP can take advantage and learn from how the program distributes Sunlenca.
- Ms. Sanor clarified the program had to make some changes to add Sunlenca to the formulary. These changes also helped Trozargo, another special distribution medication. The program made a change in TCT to allow for the designation of a secondary site. If the current assigned pharmacy is unable to provide Sunlenca or Trozargo, then the client can identify the secondary site.
- Dr. Stefanowicz wondered what THMP is doing to empower consumers to advocate directly on their own behalf for 90-day fills.

- Ms. Sanor shared that THMP works with the ADAP liaisons and enrollment workers, who work directly with clients, know the information, and can get the word out. TCT also helped with this. Before TCT, the program required a medication certification form for anyone who requested a 90-day fill. Now, medication requests go directly into the TCT system, and if the prescription is eligible for a 90-day fill, then the client can get it.
- Mr. Rosas asked if DSHS can explain how the IAMOnline system works.
- Ms. Sanor confirmed there were issues when TCT switched from Enterprise to IAMOnline. THMP is continuing to resolve these issues. She asked everyone having these same issues to submit a ticket to both the TCT helpdesk and IAMOnline.
- Mr. Vargas recommended that at least an email be sent out to bring awareness to the change in systems and explain potential issues and how to resolve any issues with TCT helpdesk and IAMOnline. Another recommendation was mandated communication with patients through funded providers.
- Ms. Helen Turner stressed the importance of providing clearer communications for consumers.
- Mr. Hutchison thanked members for their feedback. He agreed that THMP will work on an email and maybe even a letter or any other kind of communication process to provide better communication regarding IAMOnline current issues.
- Mr. Rosas recommended using the ADAP liaisons for communication with consumers.
- Dr. Lazarte asked for clarifications between the client portal and the agency portal.
- Ms. Sanor explained the client portal allows an applicant to put in their application themselves, while the agency portal is what the agency worker uses to assist the applicant.
- Dr. Lazarte agreed TCT is great. However, she shared her concerns on how equitable TCT is for those clients who don't have a working smartphone and internet access. She would like to advocate for actions that would further help clients get on medication and stay in care.
- Dr. Stefanowicz asked if there are demographics of those who utilize client portals versus those using agency portals.
- Ms. Sanor acknowledged THMP has not reviewed the data this way but agreed it would be helpful for the program to assess this data. She mentioned when TCT rolled out, THMP knew there may be technology barriers for clients. That's why clients can choose to use either the client portal or the agency portal. THMP also mailed out paper applications for those clients. She recommended the demographic analysis be brought to subcommittee, including age demographic.

Agenda Item 7: Sub-Committee Reports

a. Eligibility: Mr. Frank Rosas

- The Eligibility Subcommittee met on May 21, 2024.
- ADAP liaisons have been helpful in giving feedback, especially on how those consumers in rural areas are accessing their medications and eligibility.

b. Governance and Data: Mr. Steven Vargas

- The Governance and Data Subcommittee met on June 11, 2024.
- Mr. John Chacón presented on the Advisory Committee Member Code of Conduct at the meeting.
- Mr. Vargas recommended the Code of Conduct be added to the MAC bylaws.
- Mr. Vargas shared the committee requested dual diagnosis with syphilis and HIV data but did not receive it. It was concerning to the members that they couldn't obtain this data.
- Mr. Vargas questioned how potential members can join the committee, but that he is not looking for a real answer until next meeting.

- Mr. Rosas commented that DSHS posts an application to the website, but it's necessary to be on an email list.
- Ms. Sanor said a formal posting for these two open positions will be made as well as the two positions that will be ending. Ms. Sanor said the emailing list for these types of notifications will be re-examined for any necessary additions and mentioned an additional email list for notifications.

c. Formulary: Dr. Susana Lazarte

- The Formulary Subcommittee met on May 7, 2024.
- Dr. Lazarte welcomed Dr. Michael Stefanowicz, a current MAC member, and Dr. Drew Anderson, a non-MAC member, to the Formulary Subcommittee.
- Subcommittee members discussed Cabenuva and cost analysis logistics.
- NORVIR oral solution was discontinued by the manufacturer. NOVIR powder (100 mg, 30-day sachets) is available at a similar cost.

Discussion

- Mr. Vargas asked when the information is considered public and whether subcommittees are also subjected to the Open Meeting Act.
- Mr. Chacón explained any information shared in open meetings is subject to the Open Meeting Act, including information shared during subcommittees.
- Mr. Rosas mentioned the need to possibly re-examine bylaws.
- Dr. Lazarte clarified she would like information discussed at the subcommittee level kept confidential only until the subcommittee members can bring this information to the next committee meeting.
- Dr. Lazarte expressed her disappointment in not having Cabenuva added to the formulary.
- Mr. Rosas requested details of the Legislation Appropriation Request (LAR) timeline.
- Mr. Hutchison explained DSHS is working on a LAR to submit at the end of July to the Texas Legislature in preparation of the next session. Within this initial request, DSHS will not submit an exceptional item asking for additional funding for THMP. In January, DSHS will have the ability to revise and make edits.
- Mr. Vargas asked if DSHS would have an answer for the MAC motion that was just passed regarding Cabenuva.
- Mr. Hutchison thanked everyone for the feedback. He said in August updates can be provided on where DSHS is at for exceptional items submitted in the LAR. DSHS is unable to implement committee's recommendation at this time. He affirmed all recommendations from the MAC are shared. He stressed that these feedbacks are in all future decision-making processes, and the decisions are also data-driven. DSHS projects a shortfall or deficit in the coming years. Cabenuva cannot be added to the formulary until the program is solvent or able to absorb the cost of Cabenuva. Mr. Hutchinson explained the cost of adding Cabenuva could be an increased cost up to \$6.4 million to cover all eligible clients.
- Dr. Lazarte requested that DSHS provide an actuary firm analysis of the cost of implementation if one percent, five percent, or ten percent of ADAP clients transition to Cabenuva at the next meeting. Dr. Lazarte questioned if there is an analysis including cost of shipping and dispensing for Cabenuva.
- Dr. Stefanowicz requested an update on overtures made to other states' ADAP programs. Ms. Sanor acknowledged members' concerns and comments about Cabenuva. She also asked the members and the community to help THMP find a way to move forward and address the budget shortfall.

- Mr. Rosas questioned what formulas the actuary firm is using. He recommended another town hall to increase transparency and collaboration to find supplemental funds.
- Mr. Vargas stressed that DSHS and MAC's relationship is not adversarial and appreciated the staff for their work in improving the lives of Texans living with HIV.
- Mr. Hutchison recognized that conversations can be hard at times but would rather have them than avoid the topic. He also thanked the MAC for their partnership.

Agenda Item 8: Review of Action Items and Agenda Topics for the Next Meeting

Highlights included:

Mr. Rosas asked Ms. Nguyen to recap the action items. Ms. Nguyen confirmed there are currently three items. Mr. Rosas requested members provide additional topics and action items to consider for the next meeting. He also confirmed the next meeting is scheduled for October 11, 2024.

Agenda items for the next committee meeting included:

- Status Update on Legislative Appropriation Request

Action items:

- Estimated incremental cost of implementation with one percent, five percent, or 10 percent of ADAP clients transitioning to Cabenuva, including administrative costs.
- Estimated cost for adding Cabenuva to the formulary based on costs from other states.
- Demographics of clients who utilize the client portal versus those using the agency portal.

Agenda Item 9: Adjournment

Mr. Rosas, Chair, thanked the committee members and the members of the public for their attendance and adjourned the meeting at 5:18 p.m.

Below is the link to the archived video recording of the July 12, 2024, Texas HIV Medication Advisory Committee meeting. 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.

[Texas HIV Medication Advisory Committee - July 12, 2024](#)