Texas Cares Annual Program Report

As Required by
Texas Health and Safety Code, Section 65.204

Texas Health and Human Services
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TEXAS
Health and Human Services

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Executive Summary

The Texas Cares report for fiscal year 2022 is submitted in accordance with Texas Health and Safety Code, Section 65.204, which requires the Health and Human Services Commission (HHSC) to submit an annual report to the Governor, Lieutenant Governor, Speaker of the House of Representatives, and standing committees of the Texas Legislature with primary jurisdiction over the program. The report must include:

- A line-item list of all program administrative costs incurred by the commission;
- The amount of the pharmacy benefit manager and third-party administrator fees;
- The aggregate amounts of rebates anticipated and received for the program; and
- Other program expenditures as the commission determines appropriate.

The Texas Cares program was established by House Bill (H.B.) 18, 87th Regular Session, 2021, as a prescription drug savings program for uninsured Texas citizens or lawful permanent residents. Texas Cares strives to improve accessibility to prescription drugs for those who are unable to access comparable medication through insurance or other health care programs. In addition to increasing general prescription access for the uninsured, the bill provided direction to focus on insulin benefits. Provision of benefits through Texas Cares may not include prescription drugs which can be used for the elective termination of a pregnancy.

Research activities included a request for information (RFI) seeking guidance for program implementation; a review of literature and public health data that provided a population needs assessment; a review of other state and third-party prescription assistance programs, as well as a focus group and survey to engage directly with pharmacy providers and perspective client groups. Topics of research encompassed health care disparities, non-medical drivers of health, economic impacts, and accessibility to prescription benefits.

HHSC reviewed prescription assistance and discount programs available through manufacturers or other third parties as well as in other states. The purpose was to identify potential implementation models, risks, and best practices in program design. This included literature research; individual and group interviews of program facilitators around the country; and documentation and application

requirements of state and private drug assistance programs. HHSC obtained feedback and input from state-operated prescription programs outside of Texas, pharmaceutical manufacturers, pharmacy industry stakeholders, existing Texas state programs, and health care providers who work directly with uninsured and underinsured Texans.

Additionally, HHSC circulated the Texas Cares Prescription Drug Affordability Survey to collect input from providers across the state on the issue of cost prohibitive drugs, prescription affordability and patient access. HHSC contracted with the Texas Center for Health Outcomes Research & Education (TxCORE), which is housed at The University of Texas at Austin College of Pharmacy, to conduct focus groups with providers and clients to gather further perspectives on the issue.

Program expenditures for fiscal year 2022 totaled $340,440.

Table 1. Texas Cares Program Fiscal Year 2022 Expenditures

Item	Amount
Salaries and Wages	$274,001
Other Operating Expenses	$62,632
Payroll Contribution	$3,807
Total Fiscal Year 2022 Expenditures	**$340,440**

Introduction

H.B. 18 was signed by the governor on June 15, 2021, with an effective date of September 1, 2021. Texas Cares was designed as a prescription drug savings program for uninsured Texas citizens or lawful permanent residents, and early implementation plans included exploring using existing HHSC contractors for program support. The Texas Cares team explored using a pharmacy benefit manager, developing a client[1] cost share component, and creating a potential formulary. As a first step, HHSC posted an RFI to obtain possible program designs and solutions.

Responses to the RFI supported the need for additional research regarding implementation models to ensure best outcomes in program development. HHSC completed research on demographics in Texas, including uninsured, underinsured, and people with chronic diseases with a focus on diabetes, while outlining potential gaps in prescription coverage and examining the landscape of available prescription supports across the country and within Texas.

HHSC reviewed prescription access among vulnerable populations in Texas and its impact on health outcomes. Areas of review included:

- Analysis of root causes, gaps, and needs of clients who lack access to prescription benefits;
- Assessment of cost-prohibitive drugs, coverage, and costs;
- Existing state and national programs;
- Review of current prescription assistance and discount programs; and
- Market research with target population through survey and focus groups.

This report provides an overview of HHSC's research.

[1] For the purpose of this report, client and patient are used interchangeably.

Background Research

Request for Information

To gather available options for implementation from potential stakeholders, an RFI was posted on July 26, 2021, for possible methods of implementation as outlined in H.B. 18. The RFI requested proven, effective, and innovative approaches for combined business and technology solutions for managing uninsured individuals' access to prescription drug benefits through drug rebate administration. Functions included, but were not limited to, external communications and advertising, client enrollment, pharmacy enrollment, claims processing, formulary management, call center support, and reporting.

HHSC received five responses to the RFI. The responses included high-level implementation possibilities, with broad information on functional requirements, risks, and possible outcomes for the Texas Cares program.

Based on the RFI responses, additional research on potential clients' needs was required to allow for greater clarity in program scope and design. This prompted further review of Texans' prescription needs, existing prescription benefit programs, and further insight into the provider and client perspective.

Data and studies on prescription access and its impact to various populations was reviewed to identify areas of focus and issues for consideration in implementing a prescription drug savings program. Frequent use of prescription medications among Texas adults and a high uninsured rate provided the potential scope of a savings program. Data surrounding health outcomes secondary to prescription non-adherence, especially for those with chronic disease, highlighted a need to identify which clients may be more greatly impacted and which prescriptions may be less accessible due to cost. As an insulin provision is a specific charge within H.B. 18, more background was reviewed regarding the diabetes population.

Population Needs Assessment

More than half of the United States population are prescribed at least one prescription medication, with almost 25 percent using three or more, and almost 13

percent using five or more prescription medications.[2, 3] Rising costs in drug prices may lead to medication and treatment non-adherence, medication rationing, missed doses or decompensation in health status or both. Centers for Disease Control and Prevention 2019 data shows that 5.6 percent of patients did not receive a needed prescription drug due to the cost.[3] Studies have shown that this non-adherence may cause nearly 125,000 deaths annually, 10 percent of hospitalizations[4], and may account for up to $289 billion a year in costs in the U.S. health care system.[5]

According to the 2019 Centers for Disease Control and Prevention data, 18.4 percent of people in Texas are uninsured, equaling over 5.2 million people across the state.[6] Eighty-eight percent of uninsured Texans have a family modified adjusted gross income below 300 percent of federal poverty level (FPL), and 60 percent of uninsured Texans have a modified adjusted gross income below 138 percent of FPL. Two-thirds of Texans who are uninsured are citizens.[7]

High Cost of Prescription Drugs

A 2022 survey showed that nearly half of Texans stated it is somewhat or very difficult to afford health care, with 59 percent of Texans having skipped care or postponed care due to cost. Hispanic Texans have more affordability issues than either white or black Texans. Additionally, Texans without health insurance have significantly more affordability issues for prescription drugs than insured Texans.[8] In 2019, almost 18 million retail prescription medications were filled in Texas without billing an insurance provider for reimbursement. Prescriptions paid by uninsured Texans, or insured Texans paying cash and not using a payor for reimbursement, totaled close to $1 billion in 2019.[9] Research suggests assistance

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[2] Parekh, K.D, Wong, W.B., Zullig, L.L. Impact of Co-pay Assistance on Patient, Clinical, and Economic Outcomes. The American Journal of Managed Care, (May 2022). Volume 28, Issue 5.
[3] NCHS, National Health and Nutrition Examination Survey. See Appendix I, National Health and Nutrition Examination Survey (NHANES). Health, United States 2019 (cdc.gov). Health, United States 2020–2021 (cdc.gov).
[4] Peterson, A.M., Takiya, L., Finley, R. Meta-analysis of trials of interventions to improve medication adherence. Am J Health Syst Pharm, (2003).60:657-65.
[5] Osterberg, L., Blaschke, T. Adherence to medication. N Engl J Med, (2005). 353:487-97.
[6] Kaiser Family Foundation State Health Facts Custom State Report. Accessed July 5, 2022. Custom State Reports | KFF
[7] Buettgens, M., Blumberg, L., Pan, C. The Uninsured in Texas. Statewide and Local Area Views. (December 2018). 201812.10_Uninsured_in_Texas_FINAL.pdf (episcopalhealth.org)
[8] Sim, S., Marks, E., Ben-Porath E., Sutton, J. (2022). Texas_Residents_Views_on_Health-Care-Access-Affordability_2020_FINAL.pdf (episcopalhealth.org) Episcopal Health Foundation - Improving Health Not Just Health Care in Texas.
[9] Kaiser Family Foundation State Health Facts Custom State Report. Accessed 7/5/2022. Custom State Reports | KFF

for prescription benefits could improve treatment persistence and adherence and contribute to improved clinical outcomes.[10]

The 2019 Kaiser Family Foundation Health Tracking Poll concluded that one in four adults has difficulty affording their medications. These financial difficulties led to 19 percent not filling a medication, 18 percent substituting for an over-the-counter medication and 12 percent skipping a dose or rationing medication for longer use. Cost-related nonadherence is the most common reason for medication nonadherence for clients living with diabetes or hypertension. Cost-related nonadherence can result in medication rationing or delay, prescription abandonment, and potential deterioration of health leading to premature death. Twenty-nine percent of those who reported that they did not take their medication as prescribed stated their condition got worse.[11] Many conditions may worsen because of noncompliance or nonadherence. Medication nonadherence is multifactorial and may also be influenced by gender, age, race, smoking status, education, income, overall health status and insurance status. Cost-related nonadherence prevalence is specifically high with those who suffer from chronic conditions. [12]

Chronic Disease

A chronic disease is defined as a condition lasting one year or longer requiring ongoing medical attention or causing limitations in activities of daily living or both. Examples include diabetes, heart disease, stroke, cancer, chronic lung disease, Alzheimer's disease, and chronic kidney disease.[13] Across the United States (U.S.), six in 10 adults have a chronic condition, and four in 10 U.S. adults have two or more chronic conditions. Twelve percent of U.S. adults report five or more chronic conditions. Adults with chronic conditions utilize more health care services and spend more on health care-related costs than those without.

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[10] Parekh, K.D, Wong, W.B., Zullig, L.L. Impact of Co-pay Assistance on Patient, Clinical, and Economic Outcomes. *The American Journal of Managed Care*, (May 2022). Volume 28, Issue 5.

[11] Kirzinger A, Lopes L, Wu B, Brodie M. Kaiser Family Foundation health tracking poll—February 2019: prescription drugs. Kaiser Family Foundation. https://www.kff.org/health-reform/poll-finding/kff-health-tracking-poll-february-2019-prescription-drugs/. Accessed September 28, 2022.

[12] Van Alsten SC, Harris JK. Cost-Related Nonadherence and Mortality in Patients With Chronic Disease: A Multiyear Investigation, National Health Interview Survey, 2000–2014. Prev Chronic Dis 2020;17:200244. DOI: http://dx.doi.org/10.5888/pcd17.200244

[13] Chronic Diseases in America. Centers for Disease Control and Prevention. Accessed July 5, 2022. Chronic Diseases in America | CDC

Looking at the number of prescriptions filled for those with chronic conditions, an average of nine prescriptions were filled for those having one to two chronic conditions as compared to an average of 51 prescriptions filled for those with five or more chronic conditions. [14] Regular use of multiple medications (referred to as polypharmacy, when at least five medications are taken) not only has an economic burden, but also increases the risk for adverse medical outcomes. Taking multiple medications may increase the chance of drug interactions, drug-to-disease state interactions and could result in a prescribing cascade. This is defined as a situation in which a medication administered causes novel symptoms or side effects that are misinterpreted as a new condition, resulting in a new medication being prescribed.[15] In Texas, chronic disease accounted for six of the top 10 causes of death in 2019. This included diseases of the heart, chronic lower respiratory diseases, cerebrovascular diseases, diabetes mellitus, chronic liver disease and cirrhosis, and nephrotic disease.[16]

In the research conducted by HHSC, affordability of diabetes medication was reported as a top concern for both providers and patients. H.B. 18 indicates a focus on improving access to insulin for Texans.

Diabetes is a chronic condition that involves how the body uses blood glucose. There are multiple forms of diabetes, with the most common being insufficient utilization of insulin (type 2) or no endogenous insulin production (type 1). Diabetes can increase risk of heart disease and nephrotic disease as well as damage the nerves, eyes, and feet. Furthermore, uncontrolled diabetes due to nonadherence can exacerbate these risks and lead to consequences of micro and macrovascular levels including heart disease, stroke, limb loss, retinopathy, and reduced kidney function. It is further estimated that 174,215 Texans are diagnosed with diabetes each year, which was an increase of 7.5 percent in 2020. Each year, the cost of diagnosed diabetes in Texas totals $25.6 billion. [17] Based on 2022 data, approximately 12.4 percent of adults in Texas have been diagnosed with diabetes. This represents over 2.6 million Texans, with another estimated 621,000 Texans who have diabetes and are unaware. When possible, the use of glucagon-like

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[14] Buttorff C, Ruder T, Bauman M. Multiple Chronic Conditions in the United States [PDF - 393kb] Santa Monica, CA: Rand Corp.; (2017).
[15] Halli-Tierney, A.D., Scarbrough, C., & Carroll, D. Polypharmacy: Evaluating Risks and Deprescribing. Am Fam Physician. (2019). 100(1):32-38
[16] Texas Department of State Health Services, Texas Health Data. (2020) *Top 10 Causes of Death Among Texas Residents per Texas Vital Statistics.* https://healthdata.dshs.texas.gov/dashboard/births-and-deaths/deaths
[17] American Diabetes Association. The Burden of Diabetes in Texas. https://diabetes.org/sites/default/files/2022-04/ADV_2022_State_Fact_sheets_all_rev_TX-4-4-22.pdf

peptide receptor agonists is preferred to insulin for patients with type 2 diabetes.[18] However, currently there are no generic glucagon-like peptide inhibitors available and most have a national average drug acquisition cost (NADAC) cost above $800 a month.

Once background research was completed, HHSC reviewed examples of prescription assistance from other states and third parties.

[18] American Diabetes Association; *Standards of Medical Care in Diabetes—2022* Abridged for Primary Care Providers. *Clin Diabetes* 1 January 2022; 40 (1): 10–38. https://doi.org/10.2337/cd22-as01

Other States' Prescription Programs

Background

Prescription affordability has become an increasingly prevalent concern across all states in the nation. States' efforts to improve access to prescriptions must navigate several complexities within the pharmaceutical industry. HHSC researched 28 state programs across the nation that currently have or had attempted a drug savings program. Nineteen programs are no longer active, four provide insulin only and five are still active. Some states have disease or condition-specific programs that assist clients with prescription drug coverage. State models reviewed included state prescription programs for non-Medicaid eligible adults, insulin-specific programs, prescription navigation assistance and other programs for persons who meet specific eligibility or clinical criteria. See Figure A1 in Appendix A for a map of state-funded prescription discount programs.

State Prescription Programs

There are five states that currently administer a prescription program for non-Medicaid clients — Washington, Oregon, Nevada, Tennessee, and Vermont.

Of these, three states participate in ArrayRx, formerly Northwest Drug Consortium. The Northwest Drug Consortium was originally created in 2006 in an agreement between Washington and Oregon. Recently, the state of Nevada joined the group. ArrayRx allows state agencies, local governments, businesses, and labor organizations to pool their purchasing power to obtain volume discounts on prescription drugs. Available as an online discount card, any resident in these states can download the card to present at participating pharmacies to purchase prescriptions at a discounted price. ArrayRx does not set income or other eligibility criteria besides residency. Clients pay out-of-pocket costs comparable to other discount cards.

Healthy Vermonters extends Medicaid pricing on prescription medications to individuals not eligible for other pharmacy assistance programs with household incomes up to 350 percent FPL (if uninsured) and 400 percent FPL (if aged 65 or older, blind, or disabled). There is no cost to the state. Clients are responsible for the entirety of the discounted price and receive no financial assistance from the state.

Tennessee CoverRx aids uninsured Tennesseans living at or below 138 percent FPL by providing access to more than 200 generic medications including mental health drugs, certain brand name insulins, and diabetic supplies. Client coverage is capped at five prescriptions per month (insulin, diabetic supplies, and vaccines do not count against the monthly limit). CoverRx serves as a source of assistance for behavioral health facilities throughout the state. The clientele of these facilities accounts for a large portion of the program's caseload. Additionally, in 2016, administration of CoverRx was included with the state's Medicaid and CHIP operational costs, as CoverRx was not fiscally sustainable as a standalone program.

According to HHSC research, as of 2022, 19 states that passed legislation for state-supported prescription discount programs for non-Medicaid eligible adults are no longer active or were found to be inoperable. Some programs were not sustainable or were repealed.

State Insulin Programs

Insulin access has become a specific point of concern across the nation. Several states have created programs to expressly address this need.

In Colorado, the Insulin Affordability Program was created by H.B. 21-1307 (Prescription Insulin Pricing and Access). Beginning January 1, 2022, eligible individuals may receive up to a 12-month prescription for a co-payment of no more than $50 per 30-day supply and an emergency 30-day supply of insulin once per 12-month period for no more than a $35 co-pay.

In the 2020 legislative session, lawmakers in Utah passed H.B. 207 (Insulin Access Amendments). This legislation directed the creation of a program allowing Utahns to purchase insulin at discounted rates. This program is primarily designed to help individuals who do not have health insurance or have large deductibles requiring them to cover a significant portion of their insulin costs.

In 2020, the Minnesota Legislature passed the Alec Smith Insulin Affordability Act. The bill created an Insulin Safety Net Program that aids with both urgent and continuing needs. The urgent-need program allows eligible individuals who are in urgent need of insulin to get a one-time, 30-day supply of insulin from their pharmacy for a $35 co-pay. An urgent need for insulin means that a client has less than a seven-day supply of insulin and will likely have significant health consequences without insulin. The continuing-need program requires manufacturers to provide insulin to eligible individuals for up to one year, with the option to renew annually. Eligible clients receive each 90-day supply of prescribed insulin for a co-

pay of no more than $50. Some individuals with insurance may be referred to a manufacturer's co-pay program, which waives all or part of the co-pay.

In Maine, Senate Paper 260 passed in 2021 and became effective March 2022. The act created the Maine Insulin Safety Net Program, where eligible clients in urgent need of insulin may receive insulin access through manufacturers Lilly or Sanofi. This is modeled similarly on Minnesota's insulin program and is overseen by the Maine Board of Pharmacy. Manufacturers provide insulin at no cost and an individual may pay up to $35 in the form of a co-payment to cover pharmacy costs.

State Prescription Navigation Programs

Several states do not support state-funded drug discount programs and address the issue of increasing access to cost-prohibitive prescriptions by helping clients navigate patient assistance programs (PAPs). Two of these states include Kentucky, through the Kentucky Prescription Assistance Program (KPAP), and North Carolina, through the Medication Assistance Program (MAP). A map of clinic sites that provide a similar service in Texas may be found in Appendix A Figure A2.

In 2008, the Kentucky General Assembly enacted a provision in H.B. 406 Section H(5)(4) that authorized the establishment of KPAP. The program has been operational since June 2009. In its first eight months of operation, KPAP generated $14.4 million in free prescriptions for low-income Kentuckians. The state appropriates approximately $600,000 annually to maintain its program. The allocated general funds cover the cost of a software license and funding for four to five state-level employees. KPAP also leverages hundreds of volunteers across the state.

In North Carolina, MAP assists low-income, uninsured patients in obtaining access to prescription benefits through participating free and charitable clinics, community health centers, and Rural Health Centers. MAP also provides access to free and low-cost medication through pharmaceutical company programs. In 2021, 94 percent of patients served were uninsured and 83 percent of patients were at or below 100 percent FPL. The value of the medications leveraged for the program totaled $178 million for over 25,000 clients. Since its creation in 2003, MAP has accessed $2,434,552,416 in free medications.[19]

[19] North Carolina Medication Assistance Program, 2021 Profile (Data from State Fiscal Year 2021 and current as of June 30, 2021).

Additional State-Funded Programs

There are several state-funded programs available to persons who meet specific criteria. These programs provide varying levels of coverage for prescription benefits. Generally, these are accessible only to clients who meet certain criteria including FPL criteria, age, or are available only to clients with a specific condition. Some states offer a state pharmaceutical assistance program that can help people with certain illnesses (e.g., human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), or end stage renal disease) pay for their prescription drugs. Most programs are unavailable to the general population. Examples of additional state-funded programs in Texas may be found in Appendix A Figure A3.

Existing Discount and Assistance Programs

In addition to reviewing implementation models in other states, HHSC explored existing co-pay and discount programs to understand feasibility for coordination of benefits, explore options while preventing duplication and better understand the options currently available to Texans. This included a comparative analysis of available assistance options in relation to the top 200 most prescribed medications (Appendix A, Figure A4) in the nation and the most reported cost prohibitive medications as reported through the Texas Cares Prescription Drug Affordability Survey, described later in this report.

Since the U.S. does not regulate drug prices, medication pricing varies from pharmacy to pharmacy. Clients must navigate these offerings to find the best available options for their needs.

Discussion and background within this report draw from multiple parties within the pharmaceutical industry. These parties often use acronyms and nomenclatures that are the same, or very similar, but do not share the same meaning or definition. Examples of these programs can be found in Appendix A, Figure A5. For clarity within this report, the following terms will be used as listed below.

Drug discount programs. Private companies or nonprofits, such as GoodRx or NeedyMeds, that offer consumers choices and discounts for prescription drugs through different models of price negotiation. Drug savings cards claim to save up to 80 percent on generics and 20-30 percent for select brand name medications.

In-store value and online mail-order pharmacy options. Offered in store and through online retailers which provide low-cost generics through different models by side-stepping coordination of benefits with insurance and maintaining a set formulary. In-store value lists such as H-E-B, Walgreens, and Walmart have developed formularies where they are able to provide certain medications at prices as low as $4 by side-stepping third-party billing and removal of the middleman. These are primarily generic medications as opposed to brand-only. Mark Cuban Cost Plus Drug Company was also reviewed, which is similar in nature to the in-store value list, but this online option provides low-cost generics delivered directly to consumers. By negotiating directly with manufacturers and using a standard transparent mark-up on each drug sold, Cost Plus provides generic medications using a specific formulary. Rx Outreach is a nonprofit mail-order pharmacy which uses a membership platform to dispense affordable medications.

Co-pay cards. Cards provided by some manufacturers and billed in addition to primary insurance to decrease out-of-pocket cost for commercially insured clients, up to a certain savings amount.

Patient Assistance Programs. Created by pharmaceutical manufacturers to provide no-cost or low-cost medications to clients who are unable to afford them. PAP applications are a multi-step process with differing eligibility criteria for each of the over 375 PAPs which are available. FPL eligibility upper limit for PAPs can range from 350 percent to 600 percent as shown in Appendix A, Figure A6.

HHSC found that 98 percent[20] of the top 200 most dispensed medications have a low-cost option already available through an existing avenue of discount cards, programs, both, or patient assistance through a manufacturer (Appendix A, Figure A4). The four medications for which a discount program was not identified were an antibiotic, an eye-drop for glaucoma and two formulations of an oral contraceptive.

The top three medications listed in the Drug Affordability Survey — Ozempic, Eliquis and Trulicity — discussed below, are all available through their manufacturer patient assistance program.

[20] Over-the-counter, controlled medications and combination medications where the single ingredient is available were removed for calculation purposes.

Texas Cares' Studies

In addition to market and background research, HHSC circulated a health care provider survey and contracted with TxCORE to conduct focus groups. Both sets of research shared similarity in themes and concerns. Both studies indicated that prescription affordability is a concern for individuals with all levels of health care coverage — insured, uninsured, Medicare enrollees and persons enrolled in other programs with limited prescription coverage. Additionally, prescriptions and conditions requiring prescription treatment noted to be cost prohibitive were similar in both studies. Diabetes and diabetes treatment, namely insulin access, was identified as the greatest struggle in the current prescription landscape.

Full study results are available in Appendix B and Appendix C of this report. High-level themes and findings are listed below.

Texas Cares Prescription Drug Affordability Survey

The Texas Cares Drug Affordability Survey set out to examine prescription access for Texans from a provider perspective. This survey gathered insight and data from health care providers regarding types of drugs, insurance status, and chronic disease states observed or reported by patient who encounter barriers accessing prescription benefits.

The results shared in this report include the aggregated responses of 308 respondents who indicated that they discuss the cost of medications with patients who have trouble affording prescriptions.

HHSC sent the survey to provider distribution lists. The survey was open from April 21 through May 3, 2022.

- A total of 646 unduplicated responses were received.
- About 48 percent (308 of the 646) of the respondents indicated discussing the cost of medications with patients.
- Sixty-nine percent of respondents reported that limited formularies or high out-of-pocket costs was the primary reason that patients could not afford prescriptions.
- Twenty-five percent reported being uninsured as the primary reason for being unable to afford prescriptions.

Respondents were also able to report additional comments regarding prescription access in an open-ended "other comments" section at the end of the survey. The comments reaffirmed concerns that high costs due to chronic disease, the need for multiple medications, and limitations in insurance or other program coverage (co-pays, deductibles, limited formularies) all hindered prescription access.

Respondents were given the opportunity to list the names of up to five drugs that were noted as unaffordable by their patients. Conditions associated with the most frequently reported cost-prohibitive medications included diabetes, cardiovascular and circulatory, respiratory, and mental health.

Focus Groups via TxCORE

HHSC contracted with TxCORE, which hosted focus groups to gather additional data and qualitative insight on prescription affordability from both the provider and patient perspectives. Eight focus groups were created and interviewed (four patient groups, four provider groups) in August 2022.

High-level findings include prescription costs being an issue for both uninsured and underinsured people. Additionally, rural areas of Texas experience issues with prescription drug access. Both patients and providers expressed difficulty in understanding and navigating resources available to assist with prescription access. TxCORE noted areas for improvement based on feedback from both groups.

A streamlined approach and awareness of available resources were the strongest recommendations from the groups.

- Awareness of resources is integral for better outcomes.
- Participants recommend a strong outreach campaign.
- Patient resource navigation is confusing and time consuming for both patients and providers.

Patient focus groups reported insulin, Ozempic (a glucagon-like peptide), and mental health medications as cost-prohibitive drugs. Insulin was the most consistently mentioned medication across patient focus groups as cost prohibitive. These focus groups also stated lack of prescription affordability affected patient's preferred treatment. Additionally, patients reported frustration with inconsistent pricing among pharmacies, which requires shopping around, leading to mistrust in pharmacies. Of note, 60 percent of participants reported $50 per month in prescription costs becomes cost prohibitive.

Provider focus groups reported asthma, diabetes, and congestive heart failure as conditions with cost-prohibitive prescription treatments. Insulin, Brilinta and Eliquis (the latter two for thromboembolism prophylaxis or treatment) were named as cost-prohibitive medications. All three of these medications are available through a PAP. Providers conveyed finding and assisting with patient resource navigation to be time consuming and administratively cumbersome to already limited time. Additionally, providers stated that maintaining knowledge of existing assistance resources, and ongoing changes, is difficult, including finding and maintaining a point of contact for patient prescription resources.

Conclusion

Texas Cares was created to provide access to prescription drugs for uninsured Texas citizens. HHSC focused its efforts this year on identifying the landscape of drugs that are cost-prohibitive to Texans, including an assessment of what coverage and out-of-pocket costs are associated with those drugs, and understanding why Texans may not take advantage of existing coverage options if available. HHSC completed an RFI to learn about implementation concepts, conducted research regarding prescription access and costs as it relates to Texas, surveyed state-funded prescription access models in other states, and reviewed other resources currently available to clients that assist in accessing prescription benefits.

HHSC's research indicates that prescription affordability directly affects health outcomes. Costs associated with obtaining medications were observed to be a hurdle for clients with all levels of health care coverage, including both the insured and uninsured. Low-income Texans, notably those with chronic disease who require multiple medications as part of their treatment regimen, including diabetic clients who require insulin, were shown to be vulnerable to prescription nonadherence and diminished health outcomes due to medication costs.

Provider and client perspectives obtained through the Texas Cares Prescription Drug Affordability Survey and TxCORE focus groups reaffirmed that cost-prohibitive medications and resource literacy compounded difficulty in prescription access for all clients, regardless of insurance status.

Overall, HHSC's research indicates Texans would benefit from prescription drug assistance.

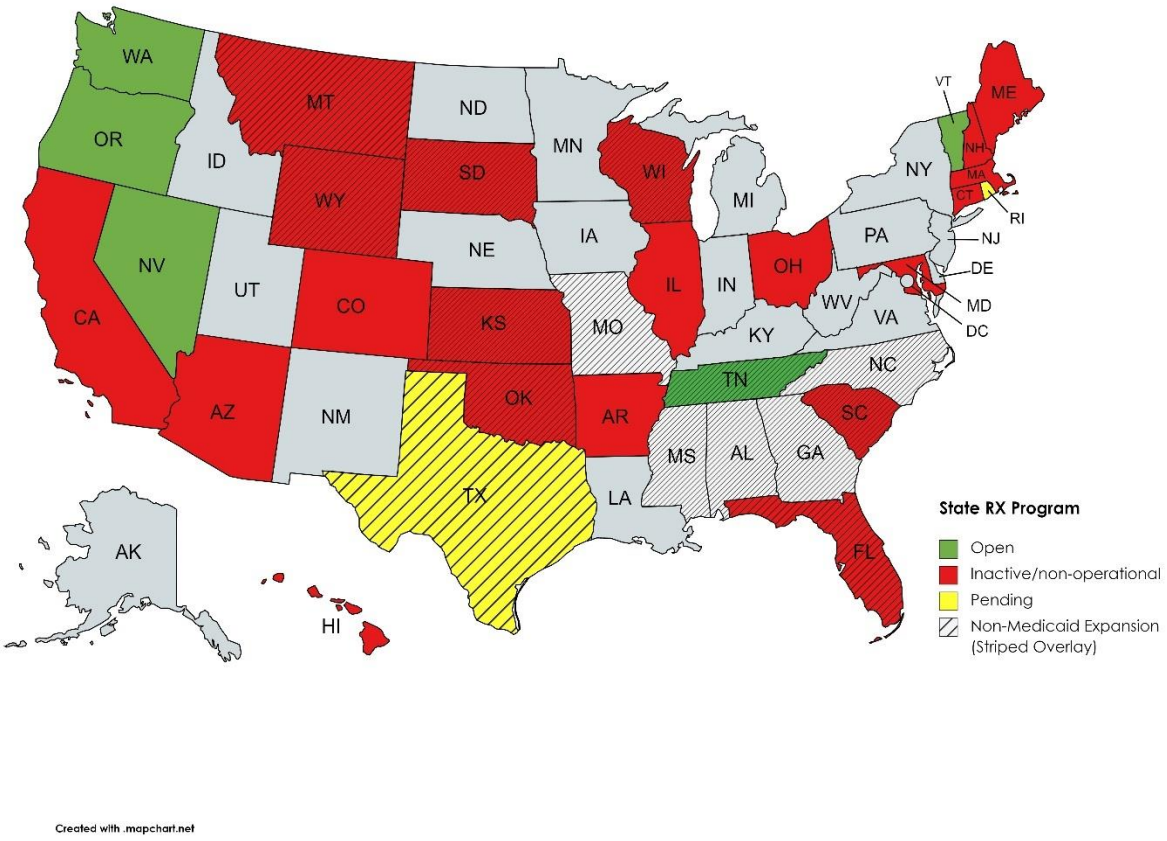
List of Acronyms

Acronym	Full Name
FPL	Federal Poverty Level
H.B.	House Bill
HHSC	Health and Human Services Commission
MAP	North Carolina Medication Assistance Program
NADAC	National Average Drug Acquisition Cost
PAP	Patient Assistance Program
RFI	Request for Information
TxCORE	Texas Center for Health Outcomes Research & Education
U.S.	United States

Appendix A. Texas Cares Figures and Data

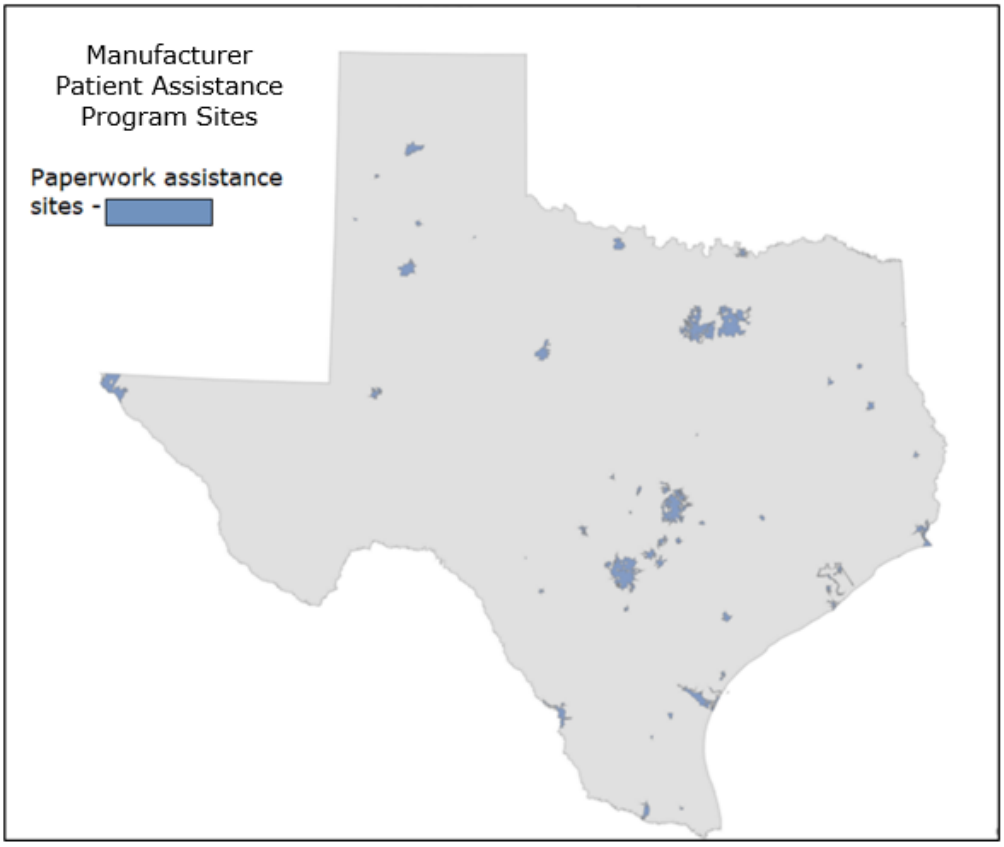
Note: All information mentioned in the appendices below is researched by HHSC and is current as of August 2022.

Figure A1 - Map of State-Funded Prescription Discount Programs



This map includes state-funded programs that provide access to prescriptions for all state residents at a discounted price. State-supported PAP navigation programs, state pharmaceutical assistance programs, and condition or drug specific programs are not included. Programs for Medicaid clients and aged and disabled populations are also not included.

Figure A2 - Areas in Texas with In-person PAP Paperwork Assistance Facilities



Blue areas represent brick-and-mortar sites that provide face-to-face assistance in completing PAP paperwork. These include the following cities (current as of May 2022): Abilene, Alvin, Amarillo, Angleton, Arlington, Austin, Bastrop, Brenham, Camp Wood, Canutillo, Carrollton, Combes, Corpus Christi, Dallas, Denison, El Paso, Falfurrias, Fort Worth, Freeport, Garland, Henderson, Hereford, Jacksonville, Jasper, Johnson City, Kerrville, Kingsville, Laredo, Leander, Liberty Hill, Llano, Lockhart, Lubbock, Manor, Marble Falls, Matador, McAllen, Moody, Muleshoe, Nacogdoches, New Braunfels, Odessa, Pflugerville, Plainview, Pleasanton, Port Arthur, Rockport, Round Rock, San Antonio, San Marcos, Seguin, Uvalde, Victoria, and Wichita Falls. Full list and more information may be found at NeedyMeds.org.

Figure A3 – Health and Human Services Programs Providing Prescription Benefits

Specialty Health

- Medicaid for the Elderly and Disabled
- Medicaid for Parents and Caretakers
- Texas HIV Medication Program
- Kidney Health Care Program *(limited formulary)*
- Family Planning Program *(limited formulary)*
- Hemophilia Assistance Program *(limited formulary)*
- Epilepsy Program *(limited in provision)*

Women's Health

- Medicaid for Pregnant Women
- Medicaid for Breast and Cervical Cancer
- Healthy Texas Women Plus *(limited formulary)*
- Healthy Texas Women *(limited formulary)*

Children's Health

- Children's Health Insurance Program
- Medicaid for children 1–5
- Medicaid for children 6–18
- Medicaid for children under 1
- Children with Special Health Care Needs Services Program

General Population

- County Indigent Health Care Program *(not state funded)*
- Primary Health Care Services *(limited in provision)*

Definitions

"Limited formulary" – formulary is not equivalent to traditional Medicaid

"Limited in provision" – not a required benefit for program

Figure A4 - 200 Most Prescribed Medications & Available Discount Programs

Rank in Top 200	Top 200 (alphabetically)	HEB	Walmart	Walgreens	Cost Plus	Rx Outreach	PAP
162	Acyclovir	+		+		+	
7	Albuterol		+	+	+	+	
150	Albuterol; Ipratropium (DuoNeb)						+
94	Alendronate	+		+	+	+	
42	Allopurinol	+		+	+	+	
37	Alprazolam					+	
198	Amiodarone	+	+	+	+		
81	Amitriptyline		+	+	+	+	
5	Amlodipine	+	+	+	+	+	
40	Amoxicillin	+		+	+		
107	Amoxicillin; Clavulanate			+			
180	Anastrozole				+	+	
48	Apixaban (Eliquis)						+
89	Aripiprazole				+	+	
36	Aspirin					+	
53	Atenolol	+	+	+	+	+	
1	Atorvastatin	+	+		+	+	
173	Azelastine				+	+	
68	Azithromycin				+		
108	Baclofen			+	+	+	
141	Benazepril	+	+	+	+	+	
157	Benzonatate	+		+	+	+	
166	Bimatoprost (Lumigan)						+
175	Brimonidine				+	+	
61	Budesonide; Formoterol (Symbicort)						+
18	Bupropion		+		+	+	
55	Buspirone	+	+	+	+	+	
185	Carbamazepine				+	+	
26	Carvedilol	+	+	+	+	+	
98	Celecoxib				+	+	
101	Cephalexin	+		+	+		
52	Cetirizine			+	+	+	
133	Chlorthalidone				+	+	
132	Ciprofloxacin	+		+	+		
31	Citalopram	+	+	+	+	+	
125	Clindamycin			+	+	+	

Rank in Top 200	Top 200 (alphabetically)	HEB	Walmart	Walgreens	Cost Plus	Rx Outreach	PAP
171	Clobetasol				+	+	
75	Clonidine	+	+	+	+	+	
29	Clopidogrel	+	+		+	+	
39	Cyclobenzaprine	+		+	+	+	
120	Desogestrel; Ethinyl Estradiol			+			
176	Desvenlafaxine				+	+	
72	Diclofenac	+		+	+	+	
147	Dicyclomine	+		+	+	+	
76	Diltiazem	+	+	+	+	+	
192	Diphenhydramine			+			
163	Docusate			+			
112	Donepezil	+	+		+	+	
195	Dorzolamide; Timolol (Cosopt)						
79	Doxycycline				+	+	
145	Drospirenone; Ethinyl Estradiol						
96	Dulaglutide (Trulicity)						+
27	Duloxetine		+		+	+	
102	Empagliflozin (Jardiance)						+
46	Ergocalciferol			+	+		
15	Escitalopram	+	+		+	+	
122	Esomeprazole				+	+	
59	Estradiol	+		+	+	+	
194	Ethinyl Estradiol; Etonogestrel						
159	Ethinyl Estradiol; Levonorgestrel			+			
45	Ethinyl Estradiol; Norethindrone			+			
63	Ethinyl Estradiol; Norgestimate		+	+			
100	Ezetimibe				+	+	
66	Famotidine			+	+	+	
95	Fenofibrate		+	+	+	+	
90	Finasteride	+		+	+	+	
188	Flecainide					+	
174	Fluconazole	+		+	+	+	
25	Fluoxetine	+		+	+	+	
23	Fluticasone		+	+	+	+	
56	Fluticasone; Salmeterol (Advair)						+
115	Fluticasone; Vilanterol (Breo Ellipta)						+
67	Folic Acid			+			
19	Furosemide	+	+	+	+	+	
10	Gabapentin	+		+		+	
189	Gemfibrozil	+	+		+	+	

Rank in Top 200	Top 200 (alphabetically)	HEB	Walmart	Walgreens	Cost Plus	Rx Outreach	PAP
87	Glimepiride	+	+	+	+	+	
49	Glipizide	+	+	+	+	+	
200	Glyburide	+		+	+	+	
103	Hydralazine	+	+	+	+	+	
11	Hydrochlorothiazide		+	+	+	+	
50	Hydrochlorothiazide; Lisinopril			+			
131	Hydrochlorothiazide; Triamterene	+		+			
149	Hydrocortisone	+		+	+	+	
126	Hydroxychloroquine					+	
70	Hydroxyzine			+	+	+	
38	Ibuprofen	+		+	+	+	
80	Insulin Aspart (Novolog)		+	+			+
136	Insulin Degludec (Tresiba)						+
124	Insulin Detemir (Levemir)			+			+
32	Insulin Glargine (Lantus)						+
71	Insulin Lispro (Humalog)						+
148	Irbesartan	+	+		+	+	
114	Isosorbide	+	+	+	+	+	
170	Ketoconazole				+		
62	Lamotrigine		+		+	+	
191	Lansoprazole				+	+	
77	Latanoprost				+	+	
92	Levetiracetam		+		+	+	
179	Levocetirizine				+	+	
2	Levothyroxine		+	+	+	+	
146	Liraglutide (Victoza)						+
85	Lisdexamfetamine (Vyvanse)						+
4	Lisinopril	+	+	+	+	+	
197	Lithium	+	+	+		+	
73	Loratadine	+		+		+	
65	Lorazepam					+	
9	Losartan	+	+		+	+	
99	Lovastatin			+	+	+	
142	Meclizine		+		+	+	
28	Meloxicam	+		+	+	+	
152	Memantine				+	+	
184	Mesalamine				+	+	
3	Metformin	+	+	+		+	
154	Metformin; Sitagliptin (Janumet)						+
127	Methocarbamol		+	+	+	+	

Rank in Top 200	Top 200 (alphabetically)	HEB	Walmart	Walgreens	Cost Plus	Rx Outreach	PAP
113	Methotrexate				+	+	
41	Methylphenidate					+	
161	Methylprednisolone				+		
6	Metoprolol	+	+	+	+	+	
160	Mirabegron (Myrbetriq)						+
104	Mirtazapine	+	+	+	+	+	
14	Montelukast				+	+	
91	Naproxen	+		+	+	+	
135	Nifedipine				+	+	
167	Nitrofurantoin						
165	Nitroglycerin					+	
137	Norethindrone		+		+	+	
155	Nortriptyline		+	+	+	+	
164	Olanzapine	+	+		+	+	
139	Olmesartan				+	+	
199	Omega 3 acid Ethyl Esters (Lovaza)						+
8	Omeprazole	+	+		+	+	
83	Ondansetron	+			+	+	
178	Oseltamivir				+		
144	Oxcarbazepine		+		+	+	
97	Oxybutynin			+	+	+	
20	Pantoprazole				+	+	
82	Paroxetine	+	+	+	+	+	
181	Phentermine					+	
168	Pioglitazone	+	+		+	+	
33	Potassium Chloride			+			
193	Pramipexole	+	+	+	+	+	
34	Pravastatin			+	+	+	
190	Prazosin				+	+	
153	Prednisolone			+			
30	Prednisone	+		+	+	+	
78	Pregabalin					+	
158	Progesterone					+	
88	Propranolol	+		+	+	+	
64	Quetiapine	+	+		+	+	
196	Ramipril	+	+	+	+	+	
177	Ranitidine	+		+			
138	Risperidone	+	+		+	+	
86	Rivaroxaban (Xarelto)						+
134	Rizatriptan				+	+	

Rank in Top 200	Top 200 (alphabetically)	HEB	Walmart	Walgreens	Cost Plus	Rx Outreach	PAP
156	Ropinirole	+	+		+	+	
17	Rosuvastatin				+	+	
129	Semaglutide (Ozempic)						+
12	Sertraline	+	+	+	+	+	
183	Sildenafil				+	+	
13	Simvastatin	+	+	+	+	+	
4	Sitagliptin (Januvia)						+
51	Spironolactone	+		+	+	+	
182	Sucralfate					+	
121	Sulfamethoxazole; Trimethoprim	+		+			
111	Sumatriptan	+			+	+	
24	Tamsulosin				+	+	
172	Testosterone					+	
117	Thyroid (Armour Thyroid)						+
143	Timolol	+		+			
110	Tiotropium (Spiriva HandiHaler)						+
84	Tizanidine				+	+	
57	Topiramate	+	+		+	+	
35	Tramadol					+	
21	Trazodone	+	+	+	+	+	
106	Triamcinolone				+	+	
119	Valacyclovir				+	+	
109	Valproate				+		
123	Valsartan				+	+	
43	Venlafaxine	+	+		+	+	
151	Verapamil	+	+	+	+	+	
58	Warfarin		+		+		
47	Zolpidem			+		+	

Note: Over-the-counter, controlled, and combination medications where the single ingredient is available have been removed.

Prescription data source: Medical Expenditure Panel Survey 2013-2020. Agency for Healthcare Research and Quality, Rockville, MD. ClinCalc DrugStats Database version 2022.08. Read more about the ClinCalc DrugStats database at https://clincalc.com/DrugStats/About.aspx

Figure A5 - Existing Drug Savings Options

Drug discount programs

- Blink Health
- GoodRx
- Optum Perks
- ScriptSave WellRx
- RxSaver
- LoneStar ScriptCare
- NeedyMeds
- SingleCare
- Rx Assist
- Helping Hands

In-store value and online mail order pharmacy options

- Brookshire Brothers
- H-E-B
- Kroger Rx Savings Club
- Walgreens
- Rx Outreach
- Cost Plus
- Walmart
- ScriptCo Pharmacy
- Super 1 Foods & Discount Pharmacy

PAPs and co-pay cards

- Medication Assistance Tool
- CoverMyMeds
- Bristol-Meyers Squibb Patient Assistance Foundation

- BI Cares Patient Assistance Program
- Dexcom Patient Assistance Program
- Lilly Cares Foundation Patient Assistance Program
- Merck Patient Assistance Programs to Help Those in need
- Novartis Patient Assistance Foundation, Inc.
- Novo Nordisk Patient Assistance Program
- Pfizer, Inc.
- Sanofi Patient Connection

Manufacturer Insulin Programs

Three insulin manufacturers currently have insulin programs allowing clients to fill a 30-day supply of insulin in exchange for a specified monthly amount of either $35 or $99 a month. These programs have eligibility requirements; some are available regardless of insurance status while others are for uninsured patients only. Offer may be subject to a monthly or a separate annual cap, depending on the manufacturer.

Lilly Insulin Value Program $35 co-pay card:

Insulin Affordability Solutions | Lilly

All Lilly insulins are covered under this program

Sanofi Insulins Valyou Savings Card $35:

Saving Card for Sanofi Diabetes Medication | TeamingUp (teamingupfordiabetes.com)

Lantus (insulin glargine 100 units/mL)
Apidra (insulin glulisine 100 units/mL)s
Admelog (insulin lispro 100 units/mL)
Insulin Glargine 100 units/mL
Toujeo SoloStar (insulin glargine 300 units/mL)
Toujeo Max SoloStar (insulin glargine 300 units/mL)

NovoCare My$99Insulin:

my99insulin (novocare.com)

Manufacturer Insulin Programs

Immediate Supply: one-time, free for those at risk of rationing insulin -

Insulin Aspart Protamine and Insulin Aspart Suspension 100 units/mL

Novolin N vial (isophane insulin human suspension 100 units/mL)

NovoLog (insulin aspart 100 units/mL)

Novolin R vial (insulin human injection 100 units/mL)

NovoLog Mix 70/30 (insulin aspart protamine and insulin aspart 100 units/mL)

Novolin 70/30 vial (70% human insulin isophane suspension and 30% human insulin 100 units/mL)

Levemir (insulin detemir 100 units/mL)

Novolin 70/30 FlexPen 100 units/mL

Tresiba (insulin degludec 100 units/mL, 200 units/mL)

Insulin Aspart 100 units/mL

Fiasp (insulin aspart 100 units/mL)

Walmart's ReliOn insulin (partnership with Novo Nordisk)

$25: ReliOn Novolin Regular, ReliOn Novolin NPH, ReliOn Novolog 70/30

$73: ReliOn Novolog

CVS Health – Reduced Rx (partnership with Novo Nordisk)

$25: Novolin R 10 mL vial

$25: Novolin N 10 mL vial

$25: Novolin 70/30 10 mL vial

Figure A6 – Prescription Assistance Programs by Manufacturer

Manufacturer	Income	Eligibility	Medications
AbbVie	600% FPL	Patient must not have health insurance OR limited insurance coverage (including Medicare) for an AbbVie medicine and meet financial criteria based on household income and out-of-pocket medical expenses.	AeroChamber Plus, Armour Thyroid, Bystolic, Canasa, Carafate, Crinone, Delzicol, Estrace, Fetzima, Flow-Vu, Gelnique, Gengraf, Infed, Kaletra, Lexapro, Monurol, Namenda, Namenda XR, Namzaric, Norvir, Pred Forte, Pylera, Qulipta, Rapaflo, Rectiv, Restasis, Saphris, Savella, Synthroid, Ubrelvy, Viibryd, Vraylar
Amgen	550% FPL	Uninsured or underinsured; patient must meet program income guidelines.	Aimvog, Aranesp, Avsola, Blincyto, Corlanor, Enbrel, Epogen, Evenity, Imlygic, Kanjinti, Kyprolis, Lumakras, Mvasi, Nplate, Nuelasta, Nuepogen, Otezla, Parsabiv, Prolia, Repatha, Riabni, Sensipar, Vectibix, Xgeva
AstraZeneca	300% FPL	U.S. resident; patient must not have prescription drug coverage under a private insurance or government program, or be receiving any other assistance to help pay for medicine	Bevespi Aerosphere, Breztri Aerosphere, Brilinta, Bydureon, Bcise, Byetta, Calquence, Daliresp, Farxiga, Fasenra, Fasenra Pen, Faslodex, Imfinzi, Iressa, Kombiglyze Xr, Koselugo, Lokelma, Lumoxiti, Lynparza, Onglyza, Pulmicort Flexhaler, Qtern, Saphnelotm, Symbicort, Symlin, Tagrisso, Xigduo Xr
Bayer Healthcare	Unknown	Patient must not have prescription coverage for medication needed.	Adempas, Aliqopa, ANGELIQ, BETASERON, BILTRICIDE, Climara Pro, Jivi, Kerendia, KOVALTRY, Kyleena, Lampit, Menostar, Mirena, Natazia, Nexavar, Nubeqa, SAFYRAL, Skyla, Stivarga, VITRAKVI, Xofigo
Boehringer Ingerlheim	Not published	Patients must meet the established financial criteria, which is not disclosed.	Aptivus, Atrovent, Combivent, Glyxambi, Jardiance, Pradaxa, Spiriva, Stiolto, Striverdi, Synjardy, Tradjenta, Trijardy, Viramune

Manufacturer	Income	Eligibility	Medications
Bristol Myers Squibb	300% FPL	Patient must not have insurance coverage and is being treated as an outpatient for one of the medications listed on application.	Eliquis, Orencia, Abraxane, Empliciti, Idhifa, Inrebic, Istodax, Nulojix, Onureg, Opdivo, Opdualagtm, Pomalyst, Reblozyl, Revlimid, Sprycel, Thalomid, Vidaza, Yervoy, Zeposia
Eli Lilly	Varies by medication	Uninsured, not Medicare D. Patients may be eligible if insurance does not cover their medication. Contact program for details. Not eligible for Medicaid or U.S. Department of Veterans Affairs benefits	300% FPL - Cialis, Cymbalta, Evista, Forteo, Prozac, Strattera, Symbyax, Zyprexa, Zyprexa Zydis 400% FPL - Emgality, Humalog, Humulin, Humulin N, Humulin R, Humulin R U-500, Lyumjev, Reyvow, Trulicity 500% FPL - Alimta, Baqsimi, Basaglar, Cyramza, Erbitux, Glucagon, Humatrope, Olumiant, Portrazza, Retevmo, Taltz, Verzenio
Gilead	500% FPL	The patient must have no prescription coverage for the medication and meet program income guidelines, which are not disclosed.	Biktarvy, Complera, Descovy, Emtriva, Genvoya, Odefsey, Stribild, Truvada, Tybost
GlaxoSmithKline	250% FPL	Patient must not have prescription drug benefits through any insurer/payer/program. May be able to use if Part D expenditures over $600.	Advair Diskus, Advair Hfa, Anoro Ellipta, Arnuity Ellipta, Beconase, Benlysta, Blenrep, Boostrix, Breo Ellipta, Engerix-B, Epivir-Hbv, Flovent Diskus, Flovent Hfa, Imitrex, Incruse Ellipta, Jemperli, Lamictal, Lamictal Odt, Lamictal Xr, Malarone, Mepron, Nucala, Relenza, Serevent Diskus, Shingrix, Trelegy Ellipta, Zejula

Manufacturer	Income	Eligibility	Medications
Janssen	600% FPL	Patients are eligible who lack access to prescription drug coverage and meet specific financial criteria.	Balversa, Darzalex, Darzalex Faspro, Edurant, Erleada, imbruvica, Infliximab, Intelence, Invega Hafyera, Invega Sustenna, Invega Trinza, Invokamet, Invokamet XR, Invokana, psumit, Ponvory, Prezcobix, Prezista, Procrit, Remicade, Risperdal Consta, Rybrevant, Simponi, Simponi ARIA, Spravato, Stelara, Symtuza, Tracleer Bosentan, Tremfya, Uptravi, Veletri, Ventavis, Xarelto, Yondelis, Zytiga
Merck	400% FPL	Patients must not have insurance or other coverage for prescription medicine, including private insurance, Medicare, Medicaid, health maintenance organizations, state pharmacy assistance programs, veterans' assistance programs, or any other social service agencies.	Belsomra, Delstrigo, Dificid, Dificid tablets, Emend, Gardasil 9, Isentress, Isentress Hd, Janumet, Janumet Xr, Januvia, Keytruda, M-M-R I, Noxafil, Pifeltro, Pneumovax23, Prevymis, Recarbrio, Recombivax Hb, Stromectol, Vaqta, Varivax, Vaxneuvance, Verquvo, Welireg, Zepatier, Zerbaxa, Zinplava, Zolinza
Novartis	550% FPL	U.S. resident; income requirements; patient must have limited or no private or public prescription coverage.	Afinitor, Afinitor Disperz, Beovu, Coartem, Cosentyx, Entresto, Extavia, Ferumoxytol Injection, Fulvestrant Injection, Gilenya, Hycamtin, Ilaris, Jadenu, Jadenu Sprinkle, Kesimpta, Kisqali, Kisqali Femara Co-Pack, Leqvio, Lutathera, Mayzent, Mekinist, Omnitrope Somatropin, Piqray, Pluvicto, Promacta, Rydapt, Sandostatin Lar Depot, Scemblix, Tabrecta, Tafinlar, Tasigna, Tykerb, Vijoice, Votrient, Xiidra, Zarxio, Ziextenzo, Zykadia

Manufacturer	Income	Eligibility	Medications
Novo Nordisk	400% FPL	No insurance or Medicare. Patient cannot be enrolled in or qualify for any other federal, state, or government program such as Medicaid, low income subsidy, or U.S. Department of Veterans Affairs benefits (except for Medicare Part D).	Fiasp, Glucagen Hypo Kit, Levemir, Novofine, Novolin, Novolog, Novopen, Ozempic, Rybelsus, Tresiba, Victoza, Xultophy
Otsuka	Not published	Health care providers may complete application.	Abilify Maintena, Jynarque, Rexulti, Samsca
Pfizer	Varies by medication	Patients must not have any prescription drug coverage, or not enough coverage to pay for their Pfizer medicines.	Arthrotec, Caverject, Celontin, Cleocin, Depo-subQ provera 104, Estring, Fragmin, Lincocin, Mycobutin, Nicotrol, Norpace, Premarin, Premphase, Prempro, Pristiq, Synarel, Toviaz, Trecator, Zarontin
Sanofi	400% FPL	Patient must have no insurance coverage or access to the prescribed product or treatment via their insurance.	Adacel Tetanus Toxoid, Admelog, Apidra, Imogam, Imovax, Lantus, Lovenox, Menquadfi, Mozobil, Multaq, Pentacel Diptheria, Priftin, Soliqua, Synvisc, Tenivac, Thymoglobulin, Toujeo
Sunovion	300% FPL	Patient must not have prescription coverage, including Medicare and Medicaid.	Aptiom, Latuda, Kynmobi
Takeda	500% FPL	Aids eligible patients who have no insurance or who do not have enough insurance.	Amitiza, Carbatrol, Colcrys, Dexilant, Fosrenol, Intuniv, Kazano, Lialda, Motegrity, Mydayis, Nesina, Oseni, Pentasa, Prevacid, Rozerem, Trintellix, Vyvanse
Teva	300% FPL	Contact program for details.	Bendeka, Granix, Herzuma, Proair, Synribo, Treanda, Trisenox, Truxima
Viatris	Not published	Each applicant will be individually assessed for program eligibility based on the information provided on the application.	Denavir, Clozapine

Appendix B. Texas Cares Prescription Affordability Survey

Texas Cares Survey Questions and Responses

Q1. What is your profession?

Profession	Responses	Percent
Physician	95	31%
Other entries*	64	21%
Nurse	54	17%
Pharmacist	51	16%
Social worker	31	10%
Advanced practice provider/ physician assistant	15	5%

*Other entries included Psychiatrists (4), Community health workers (3), Clinic administrators (3), Patient navigators (2), and various professional groups/settings that were listed only once.

Q2. Where do you work/practice?

Data	Responses	Percent
Out-patient clinic/pharmacy	98	26%
Other entries*	80	21%
In-patient hospital	75	20%
Private practice	54	14%
Governmental agency	38	10%
Retail/ independent pharmacy	30	8%

*Other entries included School (8), Home health or hospice (7), Non-profit (7), Rehabilitation facilities (7), Community health (5), Indigent health care (3) and various professional groups/settings that were listed only once.

Q3. Which population do you serve most frequently?

Which population do you serve most frequently?	Responses	Percent
Clients on governmental programs such as Medicaid/Medicare	198	41%
Uninsured clients	151	31%
Privately insured clients	118	25%
Other entries	13	3%

Q4. Do you discuss the cost of medications with clients/patients who have challenges affording their medications?

Do you discuss the cost of medications with clients/patients who have challenges affording their medications?	Responses	Percent
Yes*	307	48%
No	225	35%
N/A	114	18%

*All survey questions reflect aggregated submissions from respondents who answered "Yes".

Q5. If a client/patient has challenges affording their medications, do you offer any of these options? (Select all that apply)?

Option	Responses	Percent
Switch to a generic in the same/similar class if available	251	27%
Prescription drug savings programs (example: GoodRx)	223	24%
Manufacturer coupon or manufacturer patient assistance programs	219	23%

Option	Responses	Percent
Governmental programs (example: Medicaid/ Medicare)	180	19%
Other entries	65	7%

Q6. What is the most common reason clients/patients have expressed why they cannot afford a medication? (Select all that apply)?

What is the most common reason clients/patients have expressed why they cannot afford medication?	Responses	Percent
Medication is not covered by their insurance	213	28%
No insurance	193	25%
High co-payment	178	23%
High deductible	137	18%
Other entries	37	5%

Q7. How often do clients/patients express they have difficulty affording their medications for each of the following disease states?

Indication	Never	Sometimes	Always	Not Applicable or Unknown
Diabetes Type 1	5%	39%	44%	12%
Diabetes Type 2	2%	43%	46%	9%
Hyperlipidemia	12%	56%	14%	18%
Hypertension	11%	62%	17%	10%
Acute Coronary Syndrome	11%	45%	20%	24%
Inflammatory Disorder	7%	37%	38%	18%
Asthma or COPD	3%	45%	41%	11%
Heart Failure	7%	47%	27%	19%

Q8. Please list the specific name of the top five medications (brand name or generic name) that your clients/patients have a hard time affording?

Top 10 Cost-Prohibitive Medications identified in Texas Cares Prescription Drug Affordability Survey	Indication	Brand vs. Generic	Average NADAC price for one month supply	Count listed in survey
1.Ozempic (semaglutide)	Diabetes: Type 2	Brand only	$859.16	40
2. Eliquis (apixaban)	Anticoagulant	Brand only	$507.82	34
3. Trulicity (dulaglutide)	Diabetes: Type 2	Brand only	$852.04	34
4. Lantus (insulin glargine)	Diabetes: insulin	Brand, Biosimilar, generic	$272.30 (brand)*	30
5.Jardiance (empagliflozin)	Diabetes: Type 2	Brand	$547.07	26
6. Fargixa (dapagliflozin)	Diabetes: Type 2	Brand	$526.84	21
7. Xarelto (rivaroxaban)	Anticoagulant	Brand	$496.00	20
8. Humalog (insulin lispro)	Diabetes: insulin	Brand and generic	$263.60 brand $79.15 generic (vial)	20
9. ProAir/Ventolin (albuterol)	Respiratory: inhaler	Generic	$25.50	19
10. Entresto (sacubitril/valsartan)	Heart Failure	Brand	$598.74	17

Q9. Is there anything else you would like to share?

Theme	Number of times observed	Selected Comments
High costs due to chronic disease, multiple meds	51 Responses	"I have friends who regularly post on social media about having to choose between paying for their necessary medications vs eating food! These are people who if you saw them, you would most likely categorize them as "middle class"!" "A few dollars for a medication doesn't seem bad but when you have multiple medications for a few dollars it adds up fast."
Provider Viewpoint	51 Responses	"It is outrageous that identical drugs (by the same manufacturer) are 10x more expensive in the USA than in Mexico or Canada."
Insurance (co-pays, deductibles, prescription not covered)	50 Responses	"Patients with high deductibles, Medicare drug plans, or no insurance cannot afford the medications necessary. For example: restasis eye drops, the cheapest is $206.65 per month up to $563.44 per month. Patients in the middle class are having to choose between prescribed eye meds and groceries. Yet they earn too much for a free coupon through the manufacturer. They are being penalized for not being under privileged." "Seeing patients who had lowered their A1C's and were feeling great be pushed out because their insurance will only pay for Regular, NPH, and 70/30 with a co-pay. They lose ground and have complications like low blood sugars and the A1C rises."
Other Program Limitations	22 Responses	"Medicare patients have the hardest time in affording medications that they need." "HTW Medicaid, which some of our patients have, does not cover medications other than contraception and does not always cover that. The formulary changes constantly and no one wants their contraception changed at the whim of the insurance coverage they have. Any antibiotics, anti-infectives or anti-fungal medications are not covered. Some of my patients are on metformin to help with PolyCystic Ovarian syndrome and going through pre-authorization is very time consuming and patients are denied medication during that months-long process."

Theme	Number of times observed	Selected Comments
Uninsured Costs	21 Responses	"Due to high expense of anti-psychotic medications without insurance, I have seen many patients stop taking their medications and list not having access to insurance/inability to afford medications as one of their primary reasons for stopping the medication...this results in them being forensically recommitted to the state hospital."

Appendix C. TxCORE Focus Group Report and Data

Summary

The following is an excerpt of the TxCORE Focus Group Report, Assessing Medication Needs and the Potential Barriers to Accessing Medications within a Population of Uninsured and Underinsured Patients in Texas, which was performed and prepared by:

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Patients and providers consistently addressed similar issues, as reflected in the thematic analysis. However, due to their vastly different perspectives, they each had some unique topics of discussion as well. These perspectives across each of the four primary themes are summarized below.

Cost and insurance coverage were largely discussed, and both patients and providers could resonate with the major issue which was medication affordability and the price variability of drugs across pharmacies. In addition to that, both parties were able to identify specific problems with prescription insurance coverage, such as formulary limitations and lack of coverage for certain preferred medications. Providers did not widely discuss the burden of having to shop around due to price variability, but this was well emphasized by the patients. The harmful consequences of high prescription drug costs, such as rationing medications to make them last longer or simply going without them due to lack of affordability, were mentioned extensively by both providers and patients. This demonstrates the high prevalence of affordability issues in the uninsured and underinsured populations. Providers seem too often find the need to deviate from prescribing their medication of choice, which is another untoward consequence of high costs and lack of coverage. Another major consequence of lack of access to medication was the unnecessary use of healthcare resources which was pointed out by the providers as occurring mainly in the form of emergency room utilization.

Medication accessibility and availability was a recurring theme on both sides with some notable similarities and differences. Geographic access was recognized as an important barrier to medication access by both patients and providers. In contrast to patients, providers had a bird's eye view of access impediments and talked about population-level problems such as homelessness, lack of access to providers and pharmacies, technology use in elderly patients, etc. On the other hand, patients discussed more individual-level problems such as issues with medication delivery and lack of availability of the medications they need at the pharmacies around them.

While on the topic of **information resources and support**, the importance of 'Patient education and knowledge' and 'Patient-provider communication' were recognized in both patient and provider groups. Under the broad heading of 'Patient education and knowledge,' the lack of knowledge about PAPs among patients was identified as a major barrier. Providers mentioned patients' lack of awareness about the importance of their medication for disease management as a major cause for medication non-adherence apart from costs. As a result of their broader perspective, providers also talked about difficulties in use of technology and literacy levels as possible factors that affect medication use in certain special populations. As a component of 'Patient-provider communication,' providers highlighted the need to spread awareness about PAPs available to patients. Patients discussed the need

for providers to build trust with their patients for better communication about everything that is available to them.

In the provider focus groups, there was an added emphasis on provider-provider communication, under which there seemed to be a lack of knowledge among providers regarding the resources available for their patients, costs of the drugs they prescribe, and medication coverage. This points towards the need for more provider-specific resources and training.

GoodRx was highlighted as an important tool for managing high costs across all the focus groups. Providers also stressed the importance of having social workers as a point-of-contact for their patients and often seemed to use the 340B program as an aid. Many independent and chain pharmacies were quoted by patients as being extremely helpful in finding affordable alternatives, indicating pharmacists as an important resource.

Although many resources were available and were being used, providers identified social support deficiencies experienced by their patients to be an impediment to medication access, revealing the presence of issues beyond affordability and prescription insurance.

While questioned about their current **experiences with PAPs** and the features they would like to see in the Texas Cares program, providers, and patients each had their own set of qualms and requirements. Both parties wanted a less time consuming and more streamlined application process without the red tape, but patients gave more importance to attainable eligibility requirements and transparency in benefits and features of the program, and they repeatedly stressed the need for realistic income thresholds, preferably in the form of a sliding scale rather than strict cut-offs. Their frustration with the limited eligibility requirements has driven them to perceive those resources for the uninsured have dwindled in recent times.

Most patients, especially those who lived in rural areas, wanted a quick and reliable delivery service as a program feature and an awareness campaign both locally and via mail and web-based communication. They also preferred the use of layman's terms to describe what the program entails. Providers, on the other hand, talked about issues that take place in the processing of PAP applications. They criticized the administrative burden placed on their shoulders which made it difficult for them to help all the patients in need, which led to their suggestion of having a point-of-contact who could address programmatic issues and alleviate said burden. They

also touched upon the need for coverage for specialty medications, which are often more expensive, and the option to apply for additional assistance even when patients are eligible for federal health benefits.

Patient Focus Group Results

All focus groups were conducted in July 2022 and 27 patients participated. Patients had a mean age of 46.8 (+/- 13.2) years and were mostly male, Caucasian, married, and uninsured. Most had some college with no degree, annual incomes of $50,000 to $74,999 and spent over $100 per month on medications (Table 1).

Figure C1. Focus Group Patient Characteristics

Variable by Gender and Age	Frequency (%)	Mean (SD)
Gender		
Male	15 (55.6)	
Female	12 (44.4)	
Age in years		46.8 (13.2)

Variable by Race/Ethnicity	Frequency (%)	Mean (SD)
Caucasian or white	18 (66.7)	
African American/Black	5 (18.5)	
Mexican American or Hispanic	2 (7.4)	
Asian American	1 (3.7)	
American Indian or Alaska Native	0 (0.0)	
Native Hawaiian or Pacific Islander	0 (0.0)	
Other: Black/Hispanic	1 (3.7)	

Variable by Income	Frequency (%)	Mean (SD)
Less than $25,000	2 (7.4)	
$25,000 to $34,999	5 (18.5)	
$35,000 to $49,999	3 (11.1)	
$50,000 to $74,999	9 (33.3)	

Variable by Income	Frequency (%)	Mean (SD)
$75,000 to $99,999	4 (14.8)	
$100,000 to $149,999	4 (14.8)	
$150,000 or more	0 (0.0)	

Variable by Education Level	Frequency (%)	Mean (SD)
Less than high school	0 (0.0)	
High school graduate or equivalent (e.g., GED)	2 (7.4)	
Some college, no degree	15 (55.6)	
Bachelor's degree	7 (25.9)	
Associate degree	2 (7.4)	
Graduate or professional degree	1 (3.7)	

Variable by Marital Status	Frequency (%)	Mean (SD)
Married/living with a partner	16 (59.3)	
Single, never married	6 (22.2)	
Divorced or separated	5 (18.5)	
Widowed	0 (0.0)	

Variable by Area	Frequency (%)	Mean (SD)
Rural	10 (37.0)	
Urban	9 (33.3)	
Suburban	8 (29.6)	

Variable by Work Status	Frequency (%)	Mean (SD)
Work full-time (35 hours a week or more)	12 (44.4)	
Retired	6 (22.2)	
Work part-time (less than 35 hours a week)	4 (14.8)	
Not employed	3 (11.1)	

Variable by Work Status	Frequency (%)	Mean (SD)
Other	2 (7.4)	

Variable by Drug Coverage	Frequency (%)	Mean (SD)
Uninsured	17 (63.0)	
Underinsured	10 (37.0)	

Variable by Monthly Expenditure on Drugs	Frequency (%)	Mean (SD)
Less than $25	0 (0.0)	
Between $25 and $50	5 (18.5)	
More than $50 but less than $100	7 (25.9)	
$100 or more	15 (55.6)	

Variable by Disease Conditions*	Frequency (%)	Mean (SD)
Depression or anxiety	15 (55.6)	
High blood pressure	12 (44.4)	
High cholesterol	8 (29.6)	
Diabetes	6 (22.2)	
Thyroid disorder	4 (14.8)	
Other	21 (77.8)	

*Percent exceeds 100 because multiple responses were allowed.

Health Care Provider Focus Group Results

All focus groups were conducted in July 2022 and 31 health care providers participated. Providers had a mean age of 48 (+/- 11.3) years and were mostly female, Caucasian, and practicing nurses and physicians. Most worked in urban environments and in practice sites that served 10-25 percent uninsured and underinsured patients (Figure C2).

Figure C2. Focus Group Provider Characteristics

Variable by Gender and Age	Frequency (%)	Mean (SD)
Gender		
Female	21 (67.7)	
Male	10 (32.4)	
Age in years		48.0 (11.3)

Variable by Race/Ethnicity	Frequency (%)	Mean (SD)
Caucasian or white	15 (48.4)	
African American/Black	8 (25.8)	
Asian American	5 (16.1)	
Mexican American or Hispanic	2 (6.5)	
Other (Mixed)	1 (3.2)	
American Indian or Alaska Native	0 (0.0)	
Native Hawaiian or Pacific Islander	0 (0.0)	

Variable by Profession	Frequency (%)	Mean (SD)
Nurse	13 (41.9)	
Physician	11 (35.5)	
Pharmacist	5 (16.1)	
Social worker	2 (6.5)	

Variable by Practice Location	Frequency (%)	Mean (SD)
Urban	25 (80.7)	
Suburban	5 (16.1)	
Rural	1 (3.2)	

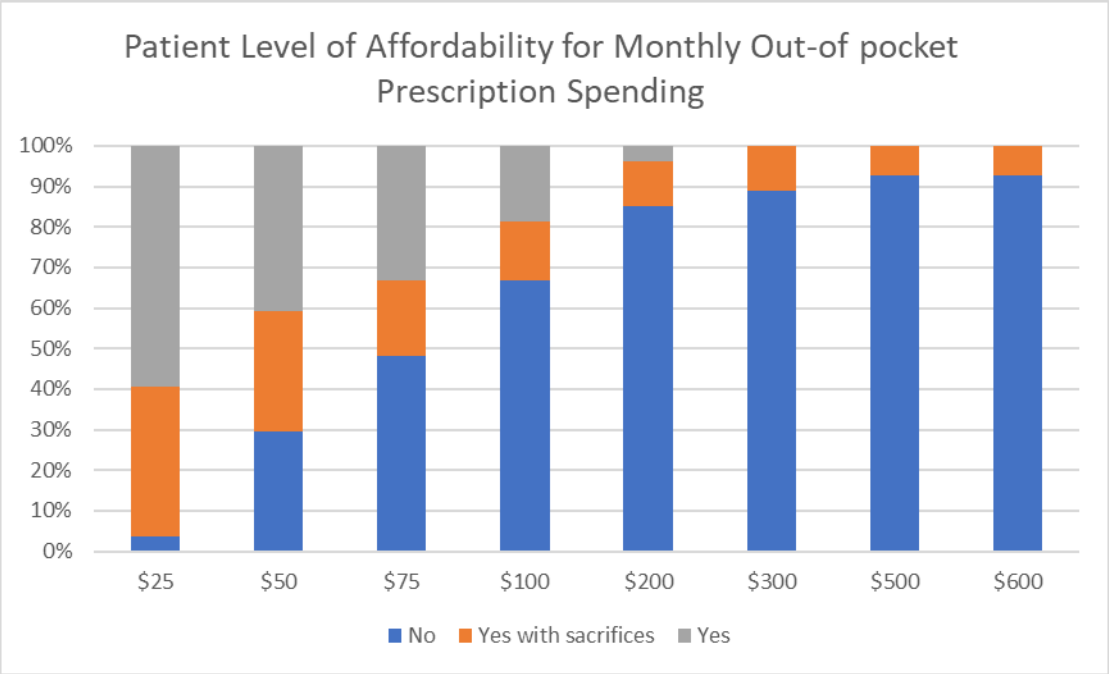
Variable by Percent of practice with uninsured and underinsured patients	Frequency (%)	Mean (SD)
Less than 10%	1 (3.2)	

Variable by Percent of practice with uninsured and underinsured patients	Frequency (%)	Mean (SD)
10-25%	15 (48.4)	
26-50%	7 (22.6)	
Greater than 50%	8 (25.8)	
Duration of practice in years		19 (10.3)

Out-of-Pocket Thresholds Patient Survey

Patient focus group participants were asked to assess whether they would have the means to pay for their prescription drugs at various monthly out-of-pocket spending levels. For each monthly spending amount, participants responded with three options: 1) Yes, I would have the means to spend that amount; 2) Yes, but I will face problems paying for other basic needs such as food, housing, and other family needs; and 3) No, I would not have the means to spend that amount of money for prescription medications.

A total of 27 patient participants provided responses to various monthly spending levels, ranging from $25 per month to $600 per month. Based on aggregated responses, approximately 60 percent of participants reported that at $50 per month in out-of-pocket spending, they would either not have the means to pay for medications (30 percent) or they would face problems paying for other needs (30 percent). Nearly half (48 percent) reported that they would not have the means to spend $75 per month to obtain their prescriptions. Two-thirds (66.7 percent) of participants would not be able to afford spending $100 per month on prescriptions, and an additional 15 percent of participants responded that they would face problems paying for other needs at $100 per month.



Are you willing to spend up to the listed amounts per month to meet your prescription medication needs?

Out of Pocket Costs	No	Yes, with sacrifices	Yes
$25	3.7%	37.0%	59.3%
$50	29.6%	29.6%	40.7%
$75	48.1%	18.5%	33.3%
$100	66.7%	14.8%	18.5%
$200	85.2%	11.1%	3.7%
$300	88.9%	11.1%	0.0%
$500	92.6%	7.4%	0.0%
$600	92.6%	7.4%	0.0%