

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
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Executive Summary

The Texas Cares report for fiscal year 2023 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 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 (PBM) 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 individuals who are unable to access comparable medications through insurance or other health care programs. Provision of benefits through Texas Cares shall not include prescription drugs that can be used for the elective termination of a pregnancy.

HHSC is committed to developing an effective and meaningful program in line with its legislative mandate, focusing on the implementation of the Texas Cares Patient Assistance Program (PAP) navigation. Texas Cares will enlist a network of volunteers across the state to help Texans find PAPs using a software solution.

Utilization data is not available as the program is in the initial implementation phase. This report outlines the additional research, legislative impacts, and implementation planning conducted over past year.

Program expenditures for fiscal year 2023 totaled \$369,832.

Table 1. Texas Cares Program Fiscal Year 2023 Expenditures (as of August 2023)

Expenditure Type	Amount
Salaries and Wages	\$363,026
Other Operating Expenses	\$1,760
Payroll Contribution	\$5,046
Total Fiscal Year 2023 Expenditures	\$369,832

Introduction

This report summarizes the legislative directives of the Texas Cares program and the milestones achieved to date. The report highlights future initiatives designed to meet the legislative criteria where program benefits can be most effective and impactful. Texas Cares is moving toward a multifaceted approach to prescription cost savings, using a systematic plan of delivery, and building on successful outcomes.

Chapter 65 of the Health and Safety code mandated several items for implementation. These include:

- Providing the best possible value to uninsured individuals served by the program while considering the adequacy of the prescription drug formulary, net costs of drugs, and cost to the state.
- Achieving cost neutrality through manufacturer rebates, patient co-pays, and administrative fees.
- Giving preference to conducting the program as a state pharmaceutical assistance program (SPAP).
- Integrating manufacturer and third-party patient assistance programs where feasible.
- Conducting a community outreach and education campaign to provide program information to eligible individuals.
- Partnering with a Pharmacy Benefit Manager (PBM) to provide prescription drugs at discounted rates to uninsured individuals.
- Requiring enrollees to pay a copayment for prescription drugs and administering the program.
- Developing procedures for accepting enrollment applications, including eligibility determination, screening, and enrollment procedures allowing for self-attestation.

Program Milestones

Since enactment of Chapter 65, the Texas Cares staff has considered options for successful and impactful program implementation. In the initial research phase, Texas Cares explored using a PBM, creating a potential formulary, and developing a

patient cost share component. Texas Cares also reviewed prescription access among at-risk populations in Texas and its impact on health outcomes. In addition, HHSC published two previous reports detailing program research and program design options which were discussed with legislative stakeholders in August 2022.

HHSC has made significant progress in research and program design since the establishment of Texas Cares in 2021. Below are key achievements and research highlights:

- Created and circulated the Texas Cares Prescription Drug Affordability Survey to healthcare providers to examine prescription access for Texans, receiving over 600 responses.
- Conducted research on 28 states across the nation that currently have, or attempted, a drug savings program. Nineteen programs are no longer active, four provide insulin only, and five are still active.
- Corresponded with states that currently help uninsured residents gain access to prescription benefits to seek information about their program efforts, successes, and lessons learned. States interviewed include Kentucky, Minnesota, North Carolina, Oregon, Tennessee, and Vermont.
- Contracted with the University of Texas at Austin College of Pharmacy's Texas Center for Health Outcomes Research and Education (TxCORE) to conduct focus groups to gather data and qualitative insight on prescription affordability from both the provider and patient perspectives.
- Published the first annual report in December 2022.¹
- Published a one-time insulin report in February 2023.²
- Developed web content and began website development.
- Continued development of a PAP navigation initiative.
- Developed a comprehensive outreach plan directed at connecting with local organizations, local health departments, faith-based groups, and medical sites working in communities across the state to partner with Texas Cares as volunteer navigators.

¹ [Texas Cares Annual Program Report](#)

² [Texas Cares Insulin Study Report \(texas.gov\)](#)

Background

Texas Cares was created to address concerns surrounding access to prescription benefits. Nearly 50 percent of Americans reported using at least one prescription drug in the past 30 days, with almost 25 percent using three or more, and almost 13 percent using five or more prescription medications.³ According to the National Ambulatory Medical Care Survey 2019, it is estimated that one billion prescription drugs were prescribed or provided by a physician's office in the United States, with pain medications, cholesterol agents, vitamins, and antidepressants rounding out the top therapeutic categories.⁴

Despite the substantial number of prescriptions written, not all patients were able to receive the medication they needed. Data from 2019 shows that uninsured adults are three times as likely to not receive a needed prescription medication due to cost than those with private insurance, and five times as likely to delay or not receive needed medication than their privately insured counterparts due to cost.⁵

Lack of insurance may also affect health status. Those without health insurance are more likely to skip preventive visits and more likely to have negative health outcomes.⁶ Research estimates that approximately 16.6 percent of Texans are uninsured.⁷ Of those uninsured in Texas, 28 percent are Hispanic, 15.6 percent are black, and 12.1 percent reside in South Texas, specifically Hidalgo County, which has the highest rate of uninsured at 30 percent. Other areas with a high rate of uninsured in the state include Cameron County, El Paso County, Dallas County, Harris County and the South Texas and Middle Rio Grande area.⁸

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) <https://www.cdc.gov/nchs/data/hus/2019/039-508.pdf>

⁴ National Center for Health Statistics, National Ambulatory Medical Care Survey, 2019. Tables 20,22. [FastStats -- Therapeutic Drug Use \(cdc.gov\)](https://www.cdc.gov/nchs/data/ambulatory/2019/tables/20_22.pdf)

⁵ National Center for Health Statistics. Health, United States, 2020–2021: Annual Perspective. Hyattsville, MD. 2023. DOI: <https://dx.doi.org/10.15620/cdc:122044>.

⁶ [The Uninsured and the ACA: A Primer – Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act – How does lack of insurance affect access to care? – 7451-14 | KFF](#)

⁷ [Health Insurance Coverage Status and Type by Geography: 2021 and 2022](#)

⁸ [201812.10 Uninsured in Texas FINAL.pdf \(wpengine.com\)](#)

In addition to cost, patients may experience other challenges in obtaining needed medications,⁹ including, but not limited to:

- Geographic barriers, such as long distances to a pharmacy or pharmacy services;
- Limited access to transportation services;
- Complex application processes;
- Lack of insurance coverage;
- Indirect costs, such as time off from work and childcare;
- Inability to access online options due to not having access to a computer or reliable internet services;
- Cultural or language barriers;
- Administrative hurdles, such as long waits or difficult to navigate websites; and,
- Patient's health literacy.¹⁰

Legislative Directive

While the legislation passed in 2021 intended for Texas Cares to be cost neutral, the assumption of cost-neutrality hinged on the expectation that Texas Cares could operate as an SPAP, a designation provided by the Centers for Medicare and Medicaid Services (CMS). Historically, SPAPs are state-led programs that provide financial assistance to help certain patients afford medication through wraparound coverage or target a specific population. SPAPs aim to be cost-effective without significantly increasing the financial burden on the state by managing resources and leveraging various mechanisms, including Medicare and insurance coordination, prescription rebate agreements, step therapy¹¹, cost sharing, and formulary management. Achieving cost neutrality can be challenging, and the capacity to do so depends heavily on benefit coordination with existing coverage, especially Medicare. As Texas Cares was designed to serve Texas' uninsured citizens and lawful permanent residents, HHSC's rebate revenue from the program would not

⁹ Ali AM, Cobran EK, Young HN. Barriers Associated with Access to Prescription Medications in Patients Diagnosed with Type 2 Diabetes Mellitus Treated at Federally Qualified Health Centers. *Pharmacy (Basel)*. 2022 Jul 8;10(4):79. doi: 10.3390/pharmacy10040079. PMID: 35893717; PMCID: PMC9326716.

¹⁰ [Health Literacy in Healthy People 2030 - Healthy People 2030 | health.gov](https://www.health.gov/ourpriorities/health-literacy)

¹¹ Step therapy: or step protocol is the use of the most cost-effective medication prior to stepping up to a more expensive or therapy which is considered a riskier option.

yield adequate funds to support cost neutrality if CMS approved an SPAP designation.

Research completed by Texas Cares found that assisting patients in gaining access to existing manufacturer and third-party patient assistance programs is the most efficient use of state resources and provides the best possible value to patients. With this in mind, Texas Cares developed implementation recommendations, including a community-based model to assist patients in accessing cost-prohibitive medications via existing manufacturer PAPs. A similar program model has proven successful in other states, including Kentucky and North Carolina, and once implemented has the potential to provide the greatest return on investment for Texans.

[For case studies on PAP navigation, see Appendix A.](#)

Prescription Drug Marketplace Impacts

Since the passage of Texas Cares, there have been numerous changes in the prescription drug marketplace. One lower cost online option includes Mark Cuban Cost Plus Drug Company (MCCPDC), which centers on transparency in drug pricing. In addition to being a wholesaler and pharmacy, MCCPDC will begin manufacturing medications (estimated in 2023).¹² Although not yet available in Texas, Amazon RxPass¹³ is a new subscription service for Amazon Prime members that charges a flat fee of five dollars per month for all of a client’s prescribed medications if available on the RxPass formulary. Currently there are more than 50 eligible generic medications treating conditions such as allergies, diabetes, cholesterol, mental health concerns, and high blood pressure. In addition, announcements of lower cost insulins from drug manufacturers have impacted the original program options that were explored for implementation of Texas Cares.

The dynamic nature of the prescription drug marketplace requires a sharpened focus on different options that lead to meeting the original intent of the law. This year, insulin maker Eli Lilly reduced the list price for its most commonly prescribed insulins in addition to capping the out-of-pocket cost to \$35 per month. Another insulin manufacturer, Sanofi, is also reducing the price of Lantus insulin and establishing a \$35 cap, which goes into effect January 1, 2024. Several insulin products manufactured by Novo Nordisk will also decrease in list price beginning

¹² [Mark Cuban Cost Plus Drug Company](#)

¹³ [Amazon Pharmacy: RxPass](#)

January 1, 2024. Due to the fluctuation of the marketplace, flexibility is an important and necessary factor for Texas Cares. Patient assistance navigation is designed to be highly adaptable and ensures that, when there is a manufacturer change, the patient is provided with the most up-to-date information.

Patient Assistance Program Navigation

Patient Assistance Programs

Several pharmaceutical manufacturers offer PAPs, which provide medications to eligible patients at no-cost or low-cost. There are hundreds of PAPs available, with varying eligibility and applications.¹⁴ PAPs are generally designed for the uninsured or underinsured with eligibility criteria pre-determined by each pharmaceutical manufacturer. Importantly, patient assistance programs should not be confused with co-pay cards and other discount programs, which typically lower an out-of-pocket copayment secondary to billing a primary insurance. Medications available through PAPs may assist in addressing barriers in prescription access by distributing medications directly to a patient's home or physician's office. In a review of the current prescription marketplace, HHSC noted that 98 percent of the top 200 most prescribed medications are available through existing prescription assistance options.¹⁵ Additionally, research found that many prescription medications that are considered cost prohibitive¹⁶ are available through manufacturer PAPs.

Texas Cares is designed to offer prescription drugs at the greatest possible value to the uninsured, and patient assistance program navigation is a means of meeting that directive.

Patient Assistance Program Navigation

Although there are numerous PAPs available, some providers noted that program requirements can be difficult to navigate and time consuming. If multiple medications are needed, multiple applications need to be completed.¹⁷ Some states have invested in specialty software to streamline the application process for patients and providers, resulting in decreased application times and an economic advantage for patients.

[For case studies on PAP navigation, see Appendix A.](#)

¹⁴ [PAP Applications | NeedyMeds](#)

¹⁵ Combination medications available as a single ingredient and controlled substances were removed from this list prior to reviewing. Existing prescription assistance options may include patient assistance programs or discount options.

¹⁶ Cost prohibitive medications were identified in HHSC survey for healthcare providers.

¹⁷ [What are patient assistance programs? \(singlecare.com\)](#)

There are multiple software options available with some of the streamlined benefits, including:

- Automatic completion of the PAP application;
- Storage of information, such as doctor profile;
- Integration with other software;
- Automatic eligibility determination;
- Printing and tracking capability; and
- Reminders for refills.¹⁸

An article published by the American Journal of Health Systems Pharmacists stated, “PAP software is a valuable resource that can ease the burden of PAP application management, thereby allowing health care professionals to devote more time to patient care and enroll more eligible patients into PAPs.”¹⁹

Benefits of a Community-Based Model

A community-based model is an approach where individuals within a community actively participate in decision-making processes, problem-solving, and resource allocation. This model emphasizes collaboration with residents to leverage local knowledge and expertise to tailor solutions that better serve the needs of their area. Since they know the resources available within their towns, community-based models build on these networks to increase participation from a diverse range of people, including those who may be underserved. Working with people and organizations that are already operating in the area can help since there are existing relationships and trust within the communities. Community-based models promote effective solutions to address local needs by building on existing strengths and capacities.

Texas Cares Community-Based Plan

Using a community-based program model, the Texas Cares implementation plans include the development of a statewide network of trained volunteer navigators

¹⁸ Alicia M. Petrarca, B.S.P.S., is Pharm.D. and others, Comparison of patient assistance program software, *American Journal of Health-System Pharmacy*, Volume 68, Issue 14, 15 July 2011, Pages 1331–1338, <https://doi.org/10.2146/ajhp100512>

¹⁹ Petrarca AM, Lengel AJ, Powers MF. Comparison of patient assistance program software. *Am J Health Syst Pharm*. 2011 Jul 15;68(14):1331-8. doi: 10.2146/ajhp100512. PMID: 21719593.

who will assist patients in accessing and applying for existing drug-manufacturer or third-party PAPs. HHSC plans to recruit volunteers by coordinating with various agency partners, community-based organizations, local health departments, faith-based groups, mental health authorities, and medical sites working in areas across the state. This will ensure navigators are available to assist people in their communities and provide greater coverage throughout Texas.

In preparation for the launch of the PAP navigation component, Texas Cares developed a comprehensive communication plan. The plan includes strategies to identify and reach organizations in Texas determined to be a good fit for a pilot group, such as those primarily serving uninsured clients and providing prescription assistance services. Through targeted outreach efforts, Texas Cares will identify five to ten organizations for participation in the pilot group who will use the acquired software to access available PAPs and other drug savings options. Using a community-based program model, the PAP navigation component aims to partner with local stakeholders to bridge gaps in access for patients to ensure continuity of care.

Goal 1: Continue PAP Navigation Logistics

PAP Navigation Implementation

A primary goal for Texas Cares is the completion of the logistical aspects of PAP navigation implementation. The following tasks are integral to the successful launch of the program initiatives and are in varying degrees of completion:

- Procurement of a PAP navigation software;
- Development of a navigator portal for volunteer navigator onboarding (including security requirements, training, and resources);
- Development of a public facing navigator-locator for individuals seeking assistance;
- Development of a Memorandum of Understanding (MOU) for partner organizations who will host volunteer navigators; and,
- Development of User and Security Agreements for volunteer navigators.

The goal is to have all of these components in place by program launch.

[See Appendix B for information on PAP navigation timelines.](#)

Goal 2: Community Outreach and Navigator Recruitment

Navigator Recruitment

Texas Cares is developing organizational profiles to identify the primary groups to target for recruitment efforts. Factors being considered are:

- Demonstrated commitment to serve populations at risk of not being able to afford prescription medications;
- Includes services for uninsured patients;
- Service area covers multiple Texas counties;
- Services provided include either medical, pharmacy, or social services.

After the initial pilot group is identified, Texas Cares will meet with the prospective partners to provide an overview of the program and explain the role navigators play in PAP navigation.

Once organizations and volunteers have been onboarded, Texas Cares will provide ongoing training and technical support to ensure participant support and buy-in. Monthly sessions will be conducted to gain feedback on the functionality of the software, develop best practices, and to further ongoing partnership to enhance community support for future expansion.

Texas Cares will conduct continuous outreach efforts by identifying and following up with interested parties throughout the state, with the overall goal of having a Texas Cares navigator in all 254 counties in Texas.

Community Outreach

The development of a Texas Cares website is a key component in ensuring Texans can learn about Texas Cares and locate a trained navigator in their community to assist them in accessing available manufacturer PAPs. The website will also provide information on other available discount programs and include resources and training opportunities for volunteers.

To ensure the program gains traction and visibility statewide, Texas Cares will conduct a comprehensive outreach and educational campaign. Texas Cares will also participate in local community events, health fairs, conferences, and other agency

functions to promote Texas Cares and recruit prospective new partners across the state.

[See Appendix C, PAP Structure and Process Flow.](#)

Goal 3: Ongoing Strategic Approach

Balancing Current Initiatives and Exploring New Opportunities

The Texas Cares program is committed to a proactive approach, not only maintaining focus on existing initiatives, but also actively seeking out and exploring additional opportunities for expansion. With guidance from the agency, by simultaneously working on current projects and seeking options for new projects in this field, Texas Cares can maximize potential for growth and success. This balanced approach allows the program to adapt to changing circumstances, innovate new solutions, and ensure that HHSC stays at the forefront of increasing access to critical benefits to Texans.

Ongoing efforts and conversations to add new projects and initiatives for Texas Cares include:

- Continuously monitoring the progress and performance of existing initiatives.
- Prioritizing future initiatives with the highest growth potential and align them with long-term agency goals.
- Conducting ongoing market research to identify emerging trends and potential areas for expansion.
- Establishing cross-functional teams to assess the feasibility and viability of new opportunities.
- Regularly review and adjust strategy to adapt to changing market dynamics and competitive landscapes.
- Fostering collaboration and open communication among Texas Cares, agency leadership, the legislature, and stakeholders to share insights and ideas.
- Seek feedback from stakeholders and clients to ensure that initiatives align with needs and expectations.
- Statutory changes or additional resources may be required to implement new opportunities.

Evaluating Effectiveness & Program Monitoring

Identifying and tracking measures for Texas Cares are essential steps for evaluating the program's effectiveness, efficiency, and impact. These measures help assess whether the program is meeting its objectives and delivering the intended benefits to Texans. When looking at PAP navigation, the program intends to evaluate the following measures:

Measure	Purpose	Metrics
Overall Program Engagement	To determine efficacy of program outreach, marketing impacts, and stakeholder interest	Number of outreach events conducted (in-person and online); phone calls and emails received; website hits; navigator locator inquiries.
Partner Engagement and Program Growth	To examine recruitment and retention of partners and navigators	Number of inquiries from interested organizations; ongoing monitoring of the number of partners and capacity for service; percentage of growth in Texas regions; percentage of new navigators added.
Cost Savings	To understand fiscal impact (ex. savings, return-on-investment)	Prescription cost savings to enrolled client using patient assistance programs software generated.

Measure	Purpose	Metrics
Program Quality	Consumer, partner, and stakeholder satisfaction with functions of the program	Feedback surveys on services, support, and resources provided; ease of use for partners and navigators; clarity of program benefits for stakeholders.
Social Impacts	Understand whether program has a sustained impact on consumer lives; reduced nonadherence rates; lasting community engagement in success	Follow-up feedback surveys on program assistance received and sustained.
Data Gathering	Understand what prescriptions are being filled and where	Collecting prescription patterns across the state.

Conclusion

This report outlines the additional research, legislative impacts, and strategic planning conducted over the last year to support implementation of Texas Cares and lays out a plan for a path forward. HHSC is committed to developing an effective and meaningful program in line with its legislative mandate, focusing on the implementation of a navigation program and enlisting a network of volunteers across the state to help Texans find PAPs using a specialized software. HHSC will focus on community outreach, communication planning, website development, and continued research in the pharmaceutical landscape.

HHSC's research indicates that Texans will benefit from the patient assistance navigation component, as it saves time and streamlines the multi-step application process for existing assistance programs. By using a community-based model, Texas Cares will leverage the existing resources in the community and addresses barriers to access that prevent some Texans from receiving the medications they need.

The Texas Cares Program strives to serve as a premiere navigation and access point to connect uninsured patients with existing assistance and savings options.

List of Acronyms

Acronym	Full Name
CMS	Centers for Medicare and Medicaid Services
FPL	Federal Poverty Level
H.B.	House Bill
HHSC	Health and Human Services Commission
IT	Information Technology
KPAP	Kentucky Prescription Assistance Program
MCCPDC	Mark Cuban Cost Plus Drug Company
MOU	Memorandum of Understanding
PAP	Patient Assistance Program
PBM	Pharmacy Benefit Manager
Rx	Prescription
SPAP	State Pharmaceutical Assistance Program
TxCORE	Texas Center for Health Outcomes Research and Education

Appendix A. Case Studies in PAP Navigation

Kentucky

Kentucky and North Carolina have both saved near or over a billion dollars in drug costs for patients by implementing a patient assistance navigation model. Software utilized by these states streamlines the application process for the applicant, decreases application time, and allows for multiple applications at the same time. Software updates ensure eligibility changes are up to date and the most current application forms are provided. Healthcare providers can also utilize this software.

Specifically, through the Kentucky Prescription Assistance Program (KPAP), Kentucky uses a community-based outreach model which identifies, enrolls, and trains local community organizations to serve as volunteer advocates in their community. KPAP has over 500 advocates in 274 different organizations. Examples of their advocates include volunteers who work in community clinics, schools, pharmacies, mental health clinics, homeless shelters, senior citizen centers, and faith-based organizations. KPAP advocates assist community members in accessing the software to apply for available prescription options for the medications they need.

Annually, KPAP has provided over \$41 million in medication costs savings for patients. The KPAP program, which began in 2009, has benefited more than 139,000 patients to date and generated close to one billion dollars in no-cost or low-cost prescriptions for eligible Kentuckians.²⁰

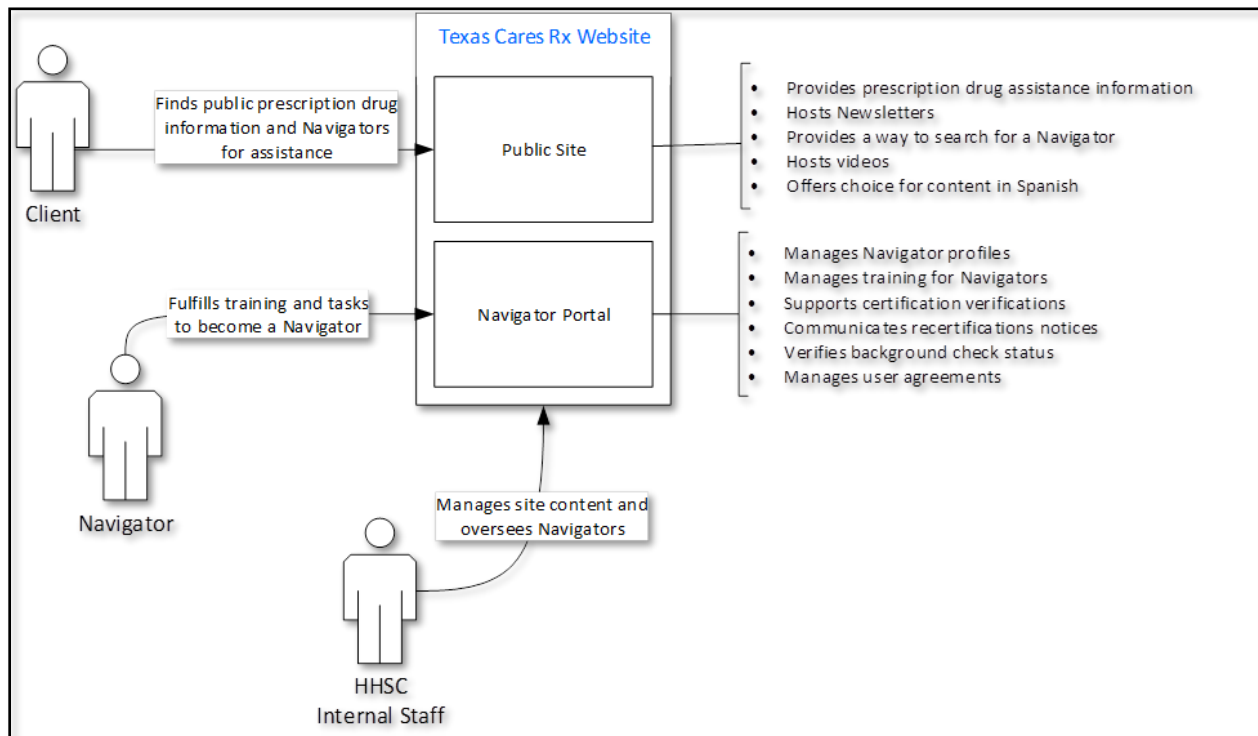
²⁰ [DPH PPT template.pptx \(ky.gov\)](#)

Appendix B. PAP Navigation Timeline

The Texas Cares program discussed, reviewed, and initiated all major components for PAP Navigation in fiscal year 2023. All milestones listed include remaining time needed to complete as of December 2023. Several milestones are in development in tandem. The total time to complete is for all milestones.

Milestone	Timeline
Policy and rule development	9 months (Sep 23 – May 24)
Stakeholder Outreach	6 months (Oct 23 – Mar 24)
Website Completion	4 months (Dec 23 – Mar 24)
Procurement - PAP Navigation software	10 months (Sep 23 – Jun 24)
Pilot Group	4 months (May 24 – Aug 24)
TOTAL TIME TO COMPLETE	12 months

Appendix C. PAP Structure and Process Flow



The diagram above shows the components and process flow of the PAP structure from the client, the navigator and HHSC internal staff. The website and portal are expected to be live in 2024.

- A potential client will be able to find public prescription assistance information using the Texas Cares public website. Information on the website will include resources for prescription assistance, program newsletters, a patient assistance program navigator “search” feature, informational videos. The website will be viewable in English and Spanish.
- An individual interested in becoming a navigator will be able to find information on the Texas Cares website on PAP navigation and how to become a Texas Cares navigator, including training and requirements. Approved Texas Cares navigators will have access to a navigator portal to view their completed training, renewals, background checks, user agreements and navigator-tailored communications.
- HHSC Staff internal to the Texas Cares program will maintain and oversee the content on the website and monitor and oversee activities within the Texas Cares navigator portal.

Patient Case:

Patient Jane Doe does not have health insurance and is struggling to find affordable prescription medications. Her local church refers her to a Texas Cares navigator. Jane has a diagnosis of Type 2 diabetes and depression. Jane's medications include:

- metformin
- Victoza
- lisinopril
- atorvastatin
- sertraline

The navigator enters Jane's information using the PAP software and sees that Victoza has a PAP available through NovoCare.^{21,22}

The completed PAP application is then printed and sent to the provider for a signature before being sent to the manufacturer. Although her remaining medications are not available through a PAP, the software is able to navigate Jane to local discount options for metformin, lisinopril, atorvastatin and sertraline. Sertraline is also available on the Texas Cares limited mental health proposed formulary.

²¹ [Novo Nordisk Patient Assistance Program \(PAP\) | NovoCare®](#)

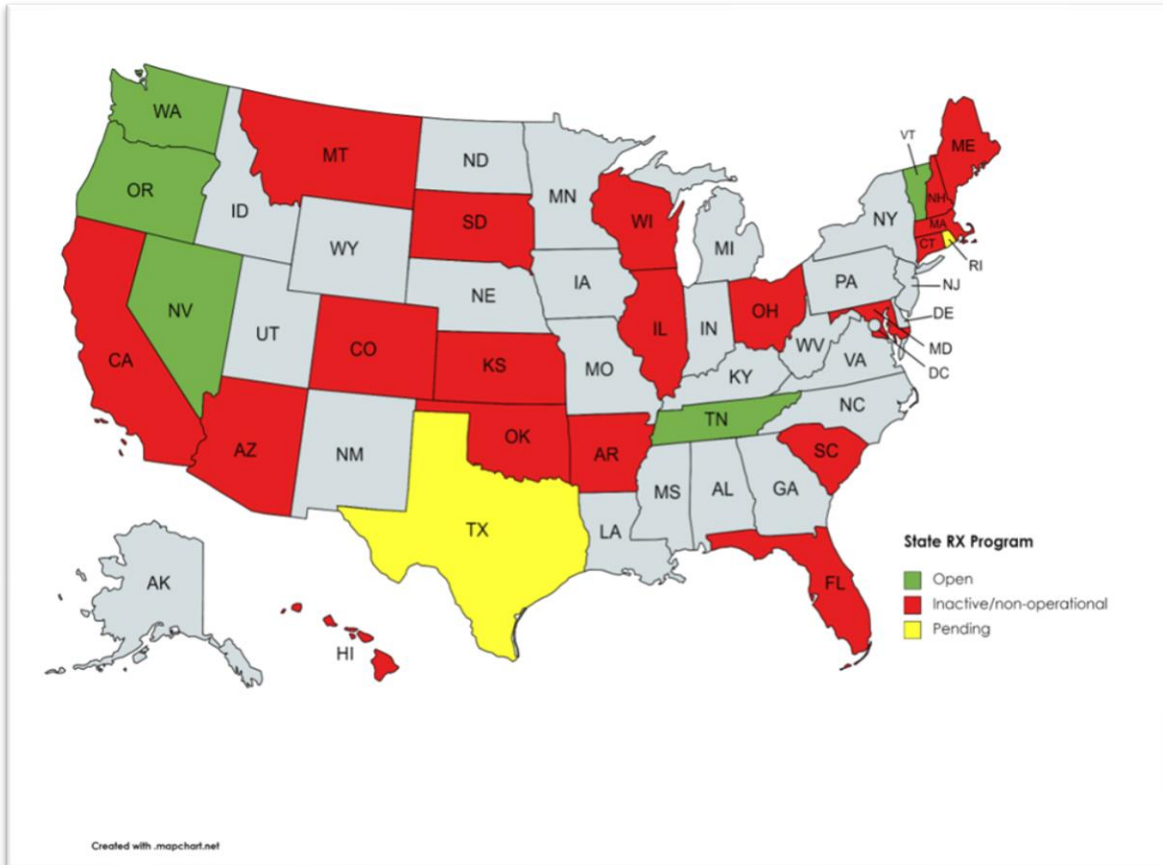
²² [PAP Full Product List 2022.xlsx \(novocare.com\)](#)

Example:*Jane Doe (47)**Primary indication Type II Diabetes, income 200 FPL/ \$27,180 annually*

Type	Victoza 18 mg/3 mL mg	Lisinopril 10 mg	Metformin 500 mg	Atorvastatin 20 mg	Sertraline 100 mg	Annual RX cost	% Of Income
Estimated Medication Price ²³	\$1076.85	\$0.57	\$0.97	\$1.22	\$1.83	\$12,977.28	47.75%
Estimated Patient Cost with no coverage	\$1345	\$16	\$21	\$100	\$45	\$18,324	67.42%
GoodRX estimated average	\$1,160	\$5	\$5	\$15	\$24	\$14,508	53.38%
PAP Navigation (400% per manufacturer) Plus discount options	\$0	\$5	\$5	\$15	\$3	\$28	1.24%

²³ Estimated Medication price is the price of the medication only for an estimated 30-day supply. There is no dispensing fee included here.

Appendix D. General Programs by other States



The picture above shows the 50 states. They are color coded green, yellow, red, and gray. Green indicates a state's general prescription program is open/active; yellow indicates the program is pending; gray means no program has been reported; and red indicates inactive or non-operational.

Green states include Washington, Oregon, Nevada, Tennessee, and Vermont. Green signifies state prescription programs that have a general program in operation.

Yellow states include Texas and Rhode Island. Yellow signifies pending state programs.

Red states include California, Arizona, Colorado, Kansas, Oklahoma, Arkansas, Ohio, Illinois, South Carolina, Florida, Maryland, Montana, South Dakota, Hawaii, Wisconsin, Maine, Connecticut, Massachusetts, and New Hampshire. Red states signify state prescription programs which are inactive or non-operational.