

Texas Cares Insulin Study Report

**As Required by
House Bill 18, Section 3, 87th
Legislature, Regular Session, 2021**

**Texas Health and Human Services
Commission
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TEXAS
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Executive Summary

The Texas Cares Program Insulin Report is submitted in accordance with House Bill (H.B.) 18, Section 3, 87th Legislature, Regular Session, 2021 which requires the Health and Human Services Commission (HHSC) to conduct a study on the development of the Texas Cares Program regarding the provision of insulin related services. This one-time report is required to be sent to the governor, lieutenant governor, speaker of the house of representatives, and applicable legislative committees of the Texas Legislature with primary jurisdiction over HHSC. HHSC must make this report public, and the report must address the development and implementation of the prescription drug savings program established by Chapter 65, Texas Health and Safety Code in providing post-rebate insulin to enrollees. Additionally, the commission is tasked in determining the effectiveness of the program in providing insulin-related services to uninsured individuals in this state and any legislative recommendations for improvements to the program. The study must include at least six months of information on use by and cost to enrollees for prescription insulin. Texas Cares serves Texans who meet eligibility criteria as outlined in Texas Health and Safety Code, Section 65.151.

HHSC determined that additional research and information were necessary prior to program implementation to identify potential models, risks, and best practices in the program design. 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.

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, including insulin, for uninsured Texas citizens or lawful permanent residents. As part of this charge, the program researched the needs and impacts of insulin accessibility in the state of Texas.

Research included a review of the landscape in Texas for insulin access among vulnerable populations and its impact on health outcomes. Areas of review included:

- Assessment of insulin-related services, coverage, and costs;
- Market research for the target population;
- Analysis of root causes, gaps, and needs of clients who lack access to insulin-related services and benefits;
- Existing state and national programs;
- Review of current insulin assistance and discount programs; and
- A comparison of insulin costs using various payment models.

This report provides an overview of HHSC's research.

Background Research

Prescription access and affordability has become an increasing concern across all states, with insulin being at the forefront of many drug affordability discussions. HHSC identified some of the issues and obstacles affecting insulin accessibility and its impact on Texans. Research showed that affordability of diabetes medication was reported as a top issue for both providers and patients¹. This section will provide an overview of drug affordability, with further exploration of its effects on the uninsured, specifically those requiring insulin.

Population Needs Assessment

More than half of the United States population is prescribed at least one prescription medication, with almost 25 percent using three or more, and almost 13 percent using five or more prescriptions.² Rising costs in drug prices may lead to medication and treatment non-adherence, medication rationing, missed doses or decline in health status or both. The Centers for Disease Control and Prevention (CDC) 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 hospitalizations⁴, and may account for up to \$289 billion a year in costs to the U.S. healthcare system.⁵ 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 other ethnicities. Additionally, Texans without health insurance have significantly more affordability issues for prescription drugs than insured Texans.⁶ In 2019, almost 18 million retail prescription medications, totaling close to \$1 billion dollars,

¹ For the purpose of this report, patient and client will be used interchangeably.

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 \(cdc.gov\)](https://www.cdc.gov/healthysites/2019/04/health-united-states-2019) [Health, United States 2020–2021 \(cdc.gov\)](https://www.cdc.gov/healthysites/2021/04/health-united-states-2020-2021)

⁴ Peterson AM, 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 Sim, S., Marks, E., Ben-Porath E., Sutton, J. (2022). Texas Residents' Views on Health Care Access and Affordability. Retrieved from: [Texas Residents Views on Health-Care-Access-Affordability-and-Health-Policy 2021 FINAL FORMATTED PUBLIC.pdf \(episcopalhealth.org\)](https://www.episcopalhealth.org/wp-content/uploads/2022/07/Texas-Residents-Views-on-Health-Care-Access-Affordability-and-Health-Policy-2021-FINAL-FORMATTED-PUBLIC.pdf)

were filled in Texas without billing a third party, including insurance.⁷ The consequences of prescription affordability and its impact on treatment non-adherence can disproportionately impact the uninsured and those affected by chronic conditions. This is particularly true for clients whose treatment regimen includes cost prohibitive drugs, specifically those with diabetes. Importantly, according to the 2019 CDC data, 5.2 million people in Texas are uninsured.⁸ This equates to 18.4 percent of Texans without health insurance coverage.

Diabetes

Diabetes is a group of diseases manifested by elevated blood glucose levels occurring from either lack of insulin production, inefficient insulin utilization, or both.⁹ Diabetes is considered a chronic condition. 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.¹⁰ There are multiple forms of diabetes, with the most common being insufficient utilization of insulin (type 2) or no endogenous insulin production (type 1).¹¹ According to the CDC, 37.3 million Americans (11 percent) have diabetes. An additional 7.1 million people have prediabetes, a condition with elevated blood glucose levels which are not high enough for a diagnosis of diabetes, however, indicates an increased risk of developing Type 2 diabetes.¹² This represents over 2.6 million Texans, with another estimated 621,000 having diabetes and being unaware. It is estimated that 174,215 Texans are diagnosed with diabetes each year. Based on 2022 data, approximately 12.4 percent of adults in Texas have been diagnosed with diabetes.¹³ Projected data estimates that the number of Texans having a diagnosis of diabetes could increase to over 8 million people (23 percent) by 2040.¹⁴ The cost of diagnosed diabetes in Texas is staggering – totaling \$25.6 billion each year. Medication expenses can be twice as high for those diagnosed with diabetes as

⁷ Kaiser Family Foundation State Health Facts Custom State Report. Accessed July 5, 2022. [Custom State Reports | Kaiser Family Foundation](#)

⁸ Chronic Diseases in America. The Centers for Disease Control and Prevention. Accessed July 5, 2022. [Chronic Diseases in America | CDC](#)

⁹ Centers for Disease Control and Prevention. Diabetes Basics: [What is Diabetes?](#) Accessed October 17, 2022.

¹⁰ Chronic Diseases in America. The Centers for Disease Control and Prevention. Accessed July 5, 2022. [Chronic Diseases in America | CDC](#)

¹¹ For the purposes of this report, “diabetes” is referencing Type 1 or Type 2 diabetes.

¹² Centers for Disease Control and Prevention. [National Diabetes Statistics Report | Diabetes | CDC](#) Accessed July 5, 2022.

¹³ American Diabetes Association. [The Burden of Diabetes in Texas.](#)

¹⁴ Texas Demographic Center. [Summary Report on Diabetes Projections in Texas, 2007 to 2040.](#)

compared to those without a diagnosis of diabetes.¹⁵ Treatment for diabetes may be comprised of a prescription regimen which include oral medications, injectables and insulin therapy.

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

Insulin

Insulin is a hormone produced in the pancreas and plays a vital role in the regulation of sugar in the blood. For someone with diabetes, insulin production or response to insulin is impaired. Prescribed insulin is a lifesaving medication for those diagnosed with diabetes. The World Health Organization has insulin listed on the *Model List of Essential Medications* highlighting its importance in the healthcare system.¹⁶ Data comparing pricing in 2002 versus 2013 shows the mean price of insulin has increased from \$4.34 per milliliter (mL) to \$12.92 per mL.¹⁷ A single vial of insulin is routinely 10 mL, and clients may need more than one vial per month to achieve optimal diabetes control. A Yale report from 2017 found that one in four patients reported cost-related insulin underuse in the past year. Underuse can include taking less insulin than medically prescribed, stretching out insulin, using smaller doses, or prescription abandonment in the form of not filling a prescription or stopping the medication.¹⁸ Cost-related non-adherence is the most common reason for medication non-adherence for clients living with diabetes or chronic high blood pressure, another chronic condition commonly seen in patients with diabetes. Cost-related non-adherence can result in medication rationing or delay, prescription abandonment, and potential deterioration of health leading to premature death.

¹⁵ American Diabetes Association. [The Burden of Diabetes in Texas.](#)

¹⁶ World Health Organization Model List of Essential Medicines – 22nd List, 2021. Geneva: World Health Organization; 2021 (WHO/MHP/HPS/EML/2021.02). License: CC BY-NC-SA 3.0 IGO

¹⁷ Hua X, Carvalho N, Tew M, Huang ES, Herman WH, Clarke P. [Expenditures and Prices of Antihyperglycemic Medications in the United States: 2002-2013 | Clinical Pharmacy and Pharmacology | JAMA | JAMA Network](#) 2016;315(13):1400-1402. doi:10.1001/jama.2016.0126

¹⁸ Herkert D, Vijayakumar P, Luo J, et al. [Cost-Related Insulin Underuse Among Patients with Diabetes | Clinical Pharmacy and Pharmacology | JAMA Internal Medicine | JAMA Network](#) 2019;179(1):112-114. doi: 10.1001/jamainternmed.2018.5008.

Twenty nine percent of those who reported they did not take their medication as prescribed stated their condition got worse.¹⁹ Uncontrolled diabetes due to non-adherence can lead to consequences including heart disease, stroke, limb loss, retinopathy, neuropathy, and reduced kidney function.²⁰ Poor sugar control may also have a contributory effect in the development of dementia or Alzheimer's disease.²¹ Medication non-adherence is multifactorial and may also be influenced by gender, age, race, smoking status, education, income, overall health status and insurance status.²¹

Research suggests assistance for prescription benefits could improve treatment adherence while contributing to improved clinical outcomes.²² Further examination of insulin prescription assistance programs from other states and third parties provided a more comprehensive perspective on prescription assistance for insulin.

¹⁹ Kirzinger A, Lopes L, Wu B, Brodie M. [Kaiser Family Foundation health tracking poll—February 2019: prescription drugs](#). Kaiser Family Foundation. Accessed September 28, 2022.

²⁰ American Diabetes Association. [The Burden of Diabetes in Texas](#).

²¹ Centers for Disease Control and Prevention. National Diabetes Statistics Report website. [National Diabetes Statistics Report | Diabetes | CDC](#) Accessed 7/5/2022.

²² 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.

Current Insulin Programs

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 a 12-month prescription of insulin for 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.

Colorado's *Prescription Insulin Drug Pricing Report*²³ from 2020 reviews drug pricing and policy recommendations for its constituents. It highlights insulin inflation-adjusted increases of 262 percent between the years 2007-2018 which equates to 12.6 percent annually. The report revealed that the largest economic burden fell on those uninsured or underinsured with high deductibles. Forty percent of Coloradans who responded to a survey conducted by the Department of Law indicated they had to ration their insulin once a year. Some of those with no insulin access reported fasting as a means to managing glucose levels. Although a multifactorial issue, the report cited the lack of competition by manufacturers as a major factor for insulin unaffordability. The report made both federal and state policy recommendations. The report's state policy recommendations included price transparency throughout the supply chain, coverage expansion of diabetic supplies, joining a bulk purchasing plan (examples are Minnesota Multistate Contracting Alliance for Pharmacy and ArrayRx, formerly the Northwest Prescription Drug Consortium), and rebate pass through to consumers.

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 who have high deductibles requiring them to pay for a significant portion of their insulin costs.

²³ [Insulin-Report-102020.pdf \(coag.gov\)](#)

Utah's *Affordable Insulin Study*²⁴ was commissioned by the 2020 Utah State Legislature to review historic and current costs surrounding insulin. The study detailed the cost to make insulin versus the price at which insulin is sold, while also noting that rebates for insulin were significantly higher than other medications, which can contribute to the rising costs. Three manufacturers produce insulin in the United States, - Sanofi, Novo Nordisk, and Lilly. All three offer a patient assistance program. The recommendation from the study was for the Utah Legislature to "continue to monitor the cost of insulin in the State of Utah and the impact on consumers and business entities".

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. The Minnesota Legislative report from 2022²⁵ indicated as many as 1,177 residents were provided insulin under the Minnesota Insulin Safety Net program which had a total insulin value of \$6,897,761.87 using the wholesaler acquisition cost.

In Maine, Senate Paper 260 passed in 2021 and became effective March 2022. The act created the Maine Insulin Safety Net Program²⁶, where eligible clients in urgent need of insulin may receive insulin access through manufacturers Lilly or Sanofi. This program 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 address the issue of increasing access to cost-prohibitive prescriptions, including insulin, by helping clients navigate patient assistance

²⁴ [Microsoft Word - Affordable Insulin Study - Utah Code Â§ 31A-22-626.\(5\) \(1\)](#)

²⁵ [Minnesota Board of Pharmacy \(mn.gov\)](#)

²⁶ [Title 32, §13725: Insulin Safety Net Program \(maine.gov\)](#)

programs (PAPs). Two of these states include Kentucky, through the Kentucky Prescription Assistance Program (KPAP), and North Carolina, through the Medication Assistance Program (MAP).

In 2008, the Kentucky General Assembly enacted a provision in H.B. 406 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, including insulin, 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. The American Diabetes Association has recently recommended greater involvement of community health workers to support clients in health care management, a method leveraged by Kentucky.²⁷

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 federal poverty level (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 medications²⁸.

Manufacturer Insulin Programs

Insulin manufacturers have also taken their own initiative on drug access and affordability. Three insulin manufacturers, Lilly, Sanofi, and Novo Nordisk, offer 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 clients only. Offers may be subject to a monthly or a separate annual cap depending on the manufacturer. All manufacturers have a qualifying patient assistance program in addition to these models. Programs are subject to change and availability. See Appendix B.

²⁷ Tucker, M. (2022, December 13). [ADA Advises New BP, Lipid Targets for People With Diabetes \(medscape.com\)](https://www.medscape.com/viewarticle/978484). Retrieved December 14, 2022.

²⁸ North Carolina Medication Assistance Program, [2021 Profile](#) (Data from State Fiscal Year 2021 and current as of June 30, 2021).

Lilly Insulin Value Program²⁹

The Lilly Insulin Value program currently offers available Lilly branded insulin to clients for \$35 a month regardless of insurance status. A Senior Savings Model is also available. The offer is subject to a monthly and annual cap and offer terms and conditions apply. In addition to the Lilly Insulin Value program, other resources available through this manufacturer include Lilly Diabetes Solution Center, Non-Branded Insulins, discount programs, savings card, and the Lilly Cares Foundation Patient Assistance Program.

Sanofi Insulins Valyou Savings Card³⁰

The Sanofi Insulins Valyou Savings Program is currently available for cash-paying clients and offers certain insulins for \$35 a month and offer terms and eligibility restrictions apply. In addition to the Sanofi Insulins Valyou Savings card, other resources available include the Sanofi Patient Connection for support and patient assistance, non-branded insulins, and a savings card for those with commercial insurance.

NovoCare My\$99Insulin³¹

My\$99Insulin Program by Novo Nordisk allows eligible clients to receive a monthly supply of up to three vials or two packs of insulin pens for \$99 (per 35 mL). The offer is subject to terms and conditions. In addition, Novo Nordisk has partnerships with Walmart (ReliOn) and CVS (Reduced Rx) to offer certain insulin for a \$25 co-pay. If you are at risk of insulin rationing, Novo Nordisk has a single use offer of an immediate supply of insulin at no charge. Other resources available from this manufacturer include the Diabetes Savings Card Program, Unbranded Biologics, Patient Assistance Program for qualifying individuals, Covid-19 Patient Assistance Program, and NovoCare Education and Resources.

²⁹ [Insulin Affordability Solutions | Lilly](#)

³⁰ [Insulins ValYOU Savings Program | ADMELOG® Savings | ADMELOG \(insulin lispro injection\) 100 Units/mL](#)

³¹ [my99insulin | NovoCare®](#)

Texas Cares' Studies

In addition to market and background research, 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 also 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 more perspectives on the issue.

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 Appendices C and D of this report. High-level themes and findings are listed below.

Texas Cares Prescription Drug Affordability Survey

The Texas Cares Prescription Drug Affordability Survey examines prescription access for Texans from a provider perspective. This survey gathered insight and data from healthcare providers regarding types of drugs, insurance status, and chronic disease states observed or reported by patients 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 patients 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. Six of the top ten listed cost prohibitive drugs were for the treatment of diabetes.

Top 10 Cost-Prohibitive Medications per Affordability Survey	Indication	Brand vs Generic	Average national average drug acquisition cost (NADAC ³²) price for one month supply
1. Ozempic (semaglutide)	Diabetes: Type 2	Brand only	\$859.16
2. Eliquis (apixaban)	Anticoagulant	Brand only	\$507.82
3. Trulicity (dulaglutide)	Diabetes: Type 2	Brand only	\$852.04
4. Lantus (insulin glargine)	Diabetes: insulin	Brand, Biosimilar, generic	\$272.30 (brand) ³³
5. Jardiance (empagliflozin)	Diabetes: Type 2	Brand	\$547.07
6. Fargixa (dapagliflozin)	Diabetes: Type 2	Brand	\$526.84
7. Xarelto (rivaroxaban)	Anticoagulant	Brand	\$496.00

³² National Average Drug Acquisition Cost, 2022 pricing

³³ Pricing for biosimilar and generic insulin glargine not available in OS+, a proprietary claims software system utilized by the HHSC Vendor Drug Program and administered and maintained by our current contractor that provides point-of-sale claims processing for prescription drugs. Insulin Glargine launched May 2022 and wide distribution may not be available at this time.

Top 10 Cost-Prohibitive Medications per Affordability Survey	Indication	Brand vs Generic	Average national average drug acquisition cost (NADAC ³²) price for one month supply
8. Humalog (insulin lispro)	Diabetes: insulin	Brand and generic	\$263.60 brand \$79.15 generic (vial)
9. ProAir/Ventolin (albuterol)	Respiratory: inhaler	Brand and Generic	\$25.50 generic
10. Entresto (sacubitril/valsartan)	Heart Failure	Brand	\$598.74

Focus Groups via TxCORE

Texas Cares 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 (4 patient groups, 4 provider groups) in August of 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. Insulin was the most consistently mentioned medication across patient focus groups as being cost-prohibitive. These focus groups also stated lack of prescription affordability affected client’s preferred treatment. Additionally, patients reported frustration with inconsistent pricing amongst pharmacies, which requires shopping around, leading to mistrust in

pharmacies. Of note, 60 percent of participants reported that \$50 per month for prescription costs starts to become 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 staff already limited in time to offer assistance. Additionally, providers stated that maintaining knowledge of existing assistance resources, and ongoing changes, is difficult, including finding and maintaining the point of contact for patient prescription resources.

Cost of Insulin

All research conducted by HHSC reinforced the concern surrounding insulin affordability. Insulin was overwhelmingly reported as cost prohibitive in analysis of the Affordability Survey, TxCORE focus group findings and in literature review. Examples of some commonly prescribed insulins and their corresponding NADAC are listed below.

National Drug Code (NDC)	Insulin Name	NADAC pricing ³⁴
00088250033	Adipra 100 unit/mL	\$271.82
00169183311	Novolin R 100 unit/mL	\$132.60
00002771559	Basaglar 100unit/mL Kwikpen	\$313.95
00169266211	Tresiba 100unit/mL	\$ 326.53
00002871501	Humulin 70/30 vial	\$ 142.82
66733077301	Insulin Lispro 100unit/mL	\$79.08
73070010011	Insulin Aspart 100 unit/mL	\$138.85
00002831501	Humulin N 100 unit/mL	\$142.95

The team conducted research to explore costs of insulins specifically referenced in the Affordability Survey through a comparative analysis of the costs using various access models. HHSC compiled data demonstrating the fiscal impact to the state in providing three commonly prescribed insulins for Texans in need; a long-acting insulin and two rapid-acting or bolus insulins. Each medication includes comparisons of leveraging a traditional pharmacy benefit manager (PBM) model with other existing options for clients to access these drugs, and the associated out-of-pocket costs.

³⁴ NADAC pricing (December 2022) is for one vial or one Kwikpen box. Clients may need more than one vial per month to achieve a normal concentration of glucose in the blood.

Lantus (insulin glargine) a name-brand drug, is a long-acting insulin typically injected once per day, helping to mimic the body’s normal level of insulin production for patients with diabetes. While a generic for Lantus, as well as an interchangeable insulin (Semglee), have been announced, both are not widely available at the writing of this report. Lantus was one of the top drugs (#4) mentioned in the Texas Drug Affordability survey by health care providers, and insulin glargine is listed as one of the most commonly dispensed insulin medications in the country³⁵.

Lantus (insulin glargine) 100 unit/mL vial³⁶

Texas Cares Cost Examples	Purchase Price of Medication	Pharmacy Professional Dispensing Fee	Price of Medication + Dispensing Fee	Rebate	Client Monthly Co-pay	Monthly State Cost Per Client
Traditional Model with PBM	\$544.60	\$18.98	\$563.58	\$125.80	\$35.00	\$402.77
PAP Navigation (<400% FPL)	-	-	-	-	\$0.00	-
\$35 Manufacturer Insulin Program	\$35.00	-	-	-	\$35.00	-
Cash Price, Major Retail Pharmacy in Dallas (Brand)	-	-	\$681.98	-	\$681.98	-
Cash Price, Independent Pharmacy in Abilene (Brand)	\$585.18	\$20.00	\$605.18	-	\$605.18	-
GoodRX (Brand)	-	-	\$387.74	-	\$387.74	-

³⁵ 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 [The Top 200 of 2020 \(clinical.com\)](https://www.clinical.com)

³⁶ Assumptions: 30-day supply of 2 vials of Lantus (NDC 00088222033), cost of medication consistent with National Average Drug Acquisition Cost, Pharmacy Professional Dispensing fee calculated using: ((Acquisition Cost + Fixed Component) divided by (1 – the percentage used to calculate the Variable Component)) - Acquisition Cost) + Delivery Incentive + Preferred Generic Incentive and estimated manufacturer rebate consistent with negotiated name-brand medications in other HHSC program

Texas Cares Cost Examples	Purchase Price of Medication	Pharmacy Professional Dispensing Fee	Price of Medication + Dispensing Fee	Rebate	Client Monthly Co-pay	Monthly State Cost Per Client
GoodRX (Generic)	-	-	\$205.75	-	\$205.75	-

Humalog (insulin lispro) a name-brand drug, is a rapid-acting insulin analog used during mealtime for patients with diabetes. There is a generic that may vary in availability and cost. Humalog was one of the top drugs (#12) mentioned in the Texas health care drug affordability survey by providers, and insulin lispro is listed as one of the most commonly dispensed insulin medications in the country.³⁷

Humalog (insulin lispro) 100 unit/mL vial³⁸

Texas Cares Cost Examples	Purchase Price of Medication	Pharmacy Professional Dispensing Fee	Price of Medication + Dispensing Fee	Rebate	Client Monthly Co-pay	Monthly State Cost Per Client
Traditional Model with PBM	\$527.20	\$18.63	\$545.83	\$121.78	\$35.00	\$389.05
PAP Navigation (<400% FPL)	-	-	-	-	\$0.00	-
\$35 Manufacturer Insulin Program	-	-	-	-	\$35.00	-
Cash Price, Major Retail Pharmacy (Brand Medication)	-	-	\$979.78	-	\$979.78	-
Cash Price, Independent Pharmacy (Brand)	\$567.98	\$20.00	\$587.98	-	\$587.98	-
Cash Price, Major Retail Pharmacy (Generic)	-	-	\$329.98	-	\$329.98	-

³⁷ 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 [The Top 200 of 2020 \(clincalc.com\)](https://www.clincalc.com)

³⁸Assumptions: 30-day supply of 2 vials of Humalog (NDC 00002751001), cost of medication consistent with National Average Drug Acquisition Cost, Pharmacy Professional Dispensing fee calculated using: ((Acquisition Cost + Fixed Component) divided by (1 – the percentage used to calculate the Variable Component)) - Acquisition Cost) + Delivery Incentive + Preferred Generic Incentive, and estimated manufacturer rebate consistent with negotiated name-brand medications in other HHSC program.

Texas Cares Cost Examples	Purchase Price of Medication	Pharmacy Professional Dispensing Fee	Price of Medication + Dispensing Fee	Rebate	Client Monthly Co-pay	Monthly State Cost Per Client
GoodRX (Brand)	-	-	\$286.49	-	\$286.49	-
GoodRX (Generic)	-	-	\$80.86		\$80.86	-

Novolog (insulin aspart) a name-brand drug, is a rapid-acting insulin used during mealtime for patients with diabetes. There is also a generic that may vary in availability. Novolog was among the drugs (#23) mentioned by Texas health care providers in the drug affordability survey, and insulin aspart is listed as one of the most commonly dispensed insulin medications in the country.³⁹

Novolog® (insulin aspart) 100 unit/mL vial⁴⁰

Texas Cares Cost Examples	Purchase Price of Medication	Pharmacy Professional Dispensing Fee	Price of Medication + Dispensing Fee	Rebate	Client Monthly Co-pay	Monthly State Cost Per Client
Traditional Model with PBM	\$556.00	\$19.20	\$575.20	\$128.44	\$35.00	\$411.77
PAP Navigation (<400% FPL)	-	-	-	-	\$0.00	-
\$99 Manufacturer Insulin Program	-	-	-	-	\$99.00	-
ReliOn Novolog analog insulin	-	-	\$145.76	-	\$145.76	-
Cash Price, Major Retail Pharmacy (Brand)	-	-	\$681.98	-	\$681.98	-
Cash Price, Independent Pharmacy (Brand)	\$595.98	\$20.00	\$615.98	-	\$615.98	-
GoodRX (Brand)	-	-	\$601.01	-	\$601.01	-
GoodRx (Generic)	-	-	\$111.66	-	\$111.66	-

³⁹ 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 [The Top 200 of 2020 \(clinical.com\)](https://www.clinical.com)

⁴⁰ Assumptions: 30-day supply of 2 vials of Novolog (NDC 00169750111), cost of medication consistent with National Average Drug Acquisition Cost, Pharmacy Professional Dispensing fee calculated using: ((Acquisition Cost + Fixed Component) divided by (1 - the percentage used to calculate the Variable Component)) - Acquisition Cost) + Delivery Incentive + Preferred Generic Incentive, and estimated manufacturer rebate consistent with negotiated name-brand medications in other HHSC program.

Conclusion

Texas Cares was created to provide access to prescription drugs for uninsured Texas citizens, including insulin and insulin-related services. 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. The team also surveyed state-funded insulin access models in other states and reviewed other resources currently available to clients that assist in accessing insulin and insulin services.

HHSC research indicates that insulin affordability directly affects health outcomes and that these costs 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 non-adherence and diminished health outcomes, including mortality, due to medication costs.

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

These findings indicate that uninsured and underinsured Texans would benefit from assistance with insulin access.

List of Acronyms

Acronym	Full Name
CDC	Centers for Disease Control and Prevention
FG	Focus Group
FPL	Federal Poverty Level
H.B.	House Bill
HHSC	Health and Human Services Commission
KPAP	Kentucky Prescription Assistance Program
MAP	Medication Assistance Program
mL	Milliliter
NADAC	National Average Drug Acquisition Cost
NDC	National Drug Code
PAP	Patient Assistance Program
PBM	Pharmacy Benefit Manager
TxCORE	Texas Center for Health Outcomes Research & Education

Appendix A. Insulin Examples and NADAC Pricing*

Insulin Name	Pkg Qty	Drug Cost by Unit	Total Drug Cost	Manufacturer	Type of Insulin
Humalog 100 unit/mL vial	10 mL	\$26.36	\$263.62	Lilly	Rapid Acting
Humulin R 100 unit/mL vial	10 mL	\$14.27	\$142.67	Lilly	Short Acting
Humulin N 100 unit/mL vial	10 mL	\$14.30	\$142.95	Lilly	Intermediate Acting
Admelog 100 unit/mL vial	10 mL	\$9.43	\$94.28	Sanofi	Rapid Acting
Lantus 100 unit/mL vial	10 mL	\$27.23	\$272.30	Sanofi	Long Acting
Novolin R 100 unit/mL vial	10 mL	\$13.26	\$132.61	Novo Nordisk	Short Acting
Novolin N 100 unit/mL vial	10 mL	\$13.21	\$132.14	Novo Nordisk	Intermediate Acting
Levemir 100 unit/mL	10 mL	\$29.55	\$295.52	Novo Nordisk	Long Acting

*List is not all-inclusive of available insulins on the market in the U.S. Prices obtained July 2022.

Appendix B. Manufacturer Insulin Programs

Manufacturer insulin programs
<p>Three 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. Described above in greater detail.</p>
<p>Lilly Insulin Value Program \$35 co-pay card: Insulin Affordability Solutions Lilly</p>
<p>All Lilly insulins are covered under this program.</p>
<p>Sanofi Insulins Valyou Savings Card \$35: Saving Card for Sanofi Diabetes Medication TeamingUp (teamingupfordiabetes.com)</p>
<p>Lantus (insulin glargine 100 units/mL) Apidra (insulin glulisine 100 units/mL) 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)</p>
<p>NovoCare My\$99Insulin: my99insulin (novocare.com)</p>
<p>Immediate Supply: one time, free for those at risk of rationing insulin</p>
<p>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)</p>
<p>Walmart's ReliOn insulin (partnership with Novo Nordisk)</p>
<p>\$25: ReliOn Novolin Regular, ReliOn Novolin NPH, ReliOn Novolog 70/30 \$73: ReliOn Novolog</p>
<p>CVS Health – Reduced Rx (partnership with Novo Nordisk)</p>
<p>\$25: Novolin R 10 mL vial \$25: Novolin N 10 mL vial \$25: Novolin 70/30 10 mL vial</p>

Appendix C. Texas Cares Prescription Drug Affordability Survey

Texas Cares Survey Questions and Responses

Q1. What is your profession?

Profession	Response	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	Response	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?	Response	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?	Number Total 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	Response	Percent
Switch to a generic in the same/similar class if available	251	27%
Prescription drug savings programs (example: GoodRx)	223	24%

Option	Response	Percent
Manufacturer coupon or manufacturer patient assistance programs	219	23%
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 are the most common reason clients/patients have expressed why they cannot afford medication?	Response	Percent
Medication is not covered by their insurance	213	28%
No insurance	193	25%
High copayment	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%

Indication	Never	Sometimes	Always	Not Applicable or Unknown
Asthma or COPD	3%	45%	41%	11%
Heart Failure	7%	47%	27%	19%

Q8. Please list the specific name of the top medications (brand name or generic name) for which 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

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
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	<p>"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"!"</p> <p>"A few dollars for a medication doesn't seem bad but when you have multiple medications for a few dollars it adds up fast."</p>
Provider Viewpoint	51 Responses	<p>"It is outrageous that identical drugs (by the same manufacturer) are 10x more expensive in the USA than in Mexico or Canada."</p>
Insurance (co-pays, deductibles, prescription not covered)	50 Responses	<p>"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."</p> <p>"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 copay. They lose ground and have complications like low blood sugars and the A1C rises."</p>

Theme	Number of times observed	Selected Comments
Other Program Limitations	22 Responses	<p>"Medicare patients have the hardest time in affording medications that they need."</p> <p>"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."</p>
Uninsured Costs	21 Responses	<p>"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."</p>

Appendix D. 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 to 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 (FGs), 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 to the need for more provider-specific resources and training.

GoodRx was highlighted as an important tool for managing high costs across all the FGs. 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. They suggested 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 (\pm 13.2) years and were mostly male, Caucasian, married, and uninsured. Most had some college education 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)	
\$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)	
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 FGs were conducted in July 2022 and 31 healthcare 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% uninsured and underinsured patients (Table 2).

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)	

Variable by Race/Ethnicity	Frequency (%)	Mean (SD)
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)	

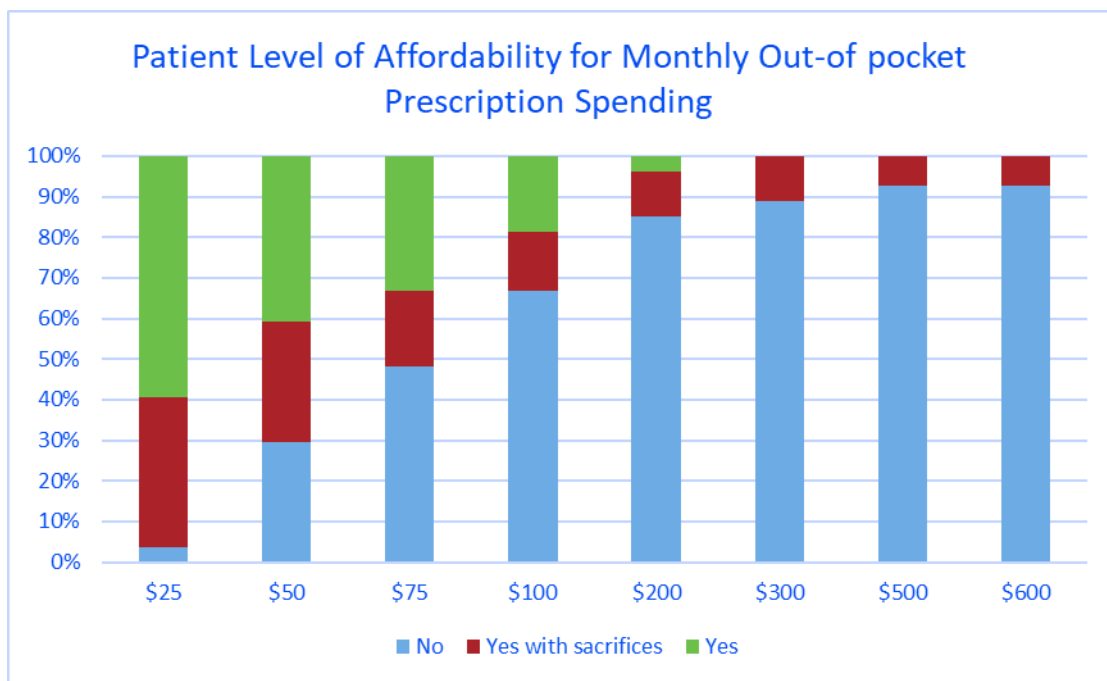
Variable by Percent of practice with uninsured and underinsured patients	Frequency (%)	Mean (SD)
Less than 10%	1 (3.2)	
10-25%	15 (48.4)	
26-50%	7 (22.6)	
Greater than 50%	8 (25.8)	
Duration of practice in years		19 (10.3)

Out-of-Pocket Thresholds Patient Survey

Patient FG 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%