



April 22, 2024

Texas Drug Utilization Review Board (MC-2250)  
Texas Health and Human Services  
701 W. 51st St.  
Austin, TX 78751

Submitted via email at [vdp-advisory@hhsc.state.tx.us](mailto:vdp-advisory@hhsc.state.tx.us)

Thank you for the opportunity to submit written comments on the April 26<sup>th</sup> Drug Utilization Review Board Meeting. I am writing on behalf of the Asthma and Allergy Foundation of America (AAFA), the leading nonprofit patient organization for people with asthma and allergies and the oldest asthma and allergy patient group in the world. AAFA's mission is to save lives and reduce the burden of disease for people with asthma and allergies through support, advocacy, education and research.

We are writing to strongly urge the board to include all immunomodulator drugs for asthma on the preferred drug list.

Over 27 million Americans have asthma. In Texas, asthma affects about 7% of children – nearly half a million across the state<sup>1</sup> – and over 7% of adults.<sup>2</sup> Like national trends, asthma in Texas falls along stark racial lines, with the rate of asthma among Black children significantly higher than among White children.<sup>3</sup>

For many patients with mild asthma, routine medications can keep the disease in check and prevent hospitalizations or other serious complications. Moderate-to-severe asthma, however, can be extremely hard to treat. The relatively recent

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<sup>1</sup> Texas Department of State Health Services, Asthma. Available at <https://www.dshs.texas.gov/asthma>

<sup>2</sup> American Lung Association, Current Asthma Demographics. Available at <https://www.lung.org/research/trends-in-lung-disease/asthma-trends-brief/current-demographics>

<sup>3</sup> CDC, Asthma in Texas, based on 2008 data. Available at [https://www.cdc.gov/asthma/stateprofiles/asthma\\_in\\_tx.pdf](https://www.cdc.gov/asthma/stateprofiles/asthma_in_tx.pdf).



emergence of newer biologics that target the immunological pathway in asthma patients has created new opportunities for effective control of asthma.

The heterogeneous nature of asthma makes some drugs work better than others for people with asthma. These immunomodulators for asthma should be on the preferred drug list and should not be subject to prior authorization requirements. “Fail first” policies or other such steps would delay getting the appropriate care to patients who need these medications, potentially leading to further asthma attacks and complications including death. Because different people with asthma respond better to different drugs, their healthcare providers should be able to swiftly and efficiently prescribe the medication that they think will best improve their health status. Prior authorization requirements can result in unnecessary delays and ultimately as a deterrent to prescriptions, potentially putting these crucial drugs entirely out of reach for patients whose providers lack the bandwidth or staff to process prior authorization requests.

AAFA is very aware that these new drugs – like many drugs and devices in our healthcare system – are costly. It is a priority for our organization to address the high cost of drugs, particularly ensuring that costs do not hinder patient access. However, putting prior authorization requirements on immunomodulators for asthma is not the right way to save funds. It will negatively impact health, and contribute to existing disparities, in a treatment area where low barriers to accessing these important treatments are crucial.

Thank you for your time and attention.

Sincerely,

Kenneth Mendez  
President & CEO  
Asthma and Allergy Foundation of America