



October 9, 2024

Wisconsin Department of Health Services
Medicaid Pharmacy Prior Authorization Advisory Committee
Submitted via DHSWIPDL@Wisconsin.gov

Re: November 6, 2024 Meeting; Drug Class: Immunomodulators, Asthma

Dear Committee Members:

Thank you for the opportunity to submit written comments in advance of the November 6 Committee Meeting. I am writing on behalf of AAFA, the Asthma and Allergy Foundation of America, the leading 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.

Due to the severe impact of asthma across the state of Wisconsin, and the importance of access to a range of treatment options, we are writing to strongly urge the committee to include all immunomodulator drugs for asthma on the preferred drug list.

In 2022, 10.9% of all adults in Wisconsin were living with asthma, along with 6.2 of all Wisconsin children.¹ Like across the country, the burden of asthma falls disproportionately along racial and ethnic lines. As reported by the Wisconsin Department of Health, in 2020, asthma was 1.5 times more prevalent among Black residents than white residents, and twice as prevalent among Native residents than white residents. Of particular importance to the Medicaid program, asthma in Wisconsin is also most prevalent among lower income populations, with a prevalence of 17% among the lowest income group, and higher rates of poorly controlled asthma at lower income levels.²

¹ American Lung Association, Current Asthma Demographics. Available at <https://www.lung.org/research/trends-in-lung-disease/asthma-trends-brief/current-demographics>

² Wisconsin Department of Health Services | Bureau of Environmental and Occupational Health. Wisconsin Asthma Burden Report, 2020. Available at <https://www.dhs.wisconsin.gov/publications/p02412-20.pdf>



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

These immunomodulators for asthma should be on the preferred drug list and should not be subject to step therapy or 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. 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 or step therapy 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 and Chief Executive Officer
Asthma and Allergy Foundation of America