



October 16, 2024

West Virginia Department of Human Services
Pharmaceutical and Therapeutics Committee
Submitted to vicki.m.cunningham@wv.gov

Re: October 23, 2024 Meeting; Drug Class: MABS – Anti-IL/IgE

Dear Committee Members:

Thank you for the opportunity to submit written comments in advance of the October 23 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 West Virginia, 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, 12.9% of all adults in West Virginia were living with asthma, the fourth highest rate in the country.¹ Additionally, nearly one in ten West Virginia children (9.4%) are living with asthma.² Of particular importance to the Medicaid program, asthma in West Virginia is also most prevalent among lower income populations, with higher rates of both lifetime and current asthma among people with household incomes under \$15,000 and those with less than a high school education.³

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

¹ American Lung Association, Current Asthma Demographics. Child asthma rate data is from 2014 (most recent available). Available at <https://www.lung.org/research/trends-in-lung-disease/asthma-trends-brief/current-demographics>.

² *Id.* Child asthma rate data is from 2014.

³ West Virginia Department of Health, Division of Health Promotion and Chronic Disease, reporting data from 2018 West Virginia Behavioral Risk Factor Surveillance System (BRFSS). Available at https://dhhr.wv.gov/hpcd/data_reports/pages/fast-facts.aspx.



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 delay getting the appropriate care to patients who need these medications, potentially leading to further asthma attacks and complications. West Virginia’s current policy for Tezspire, for example, requires a beneficiary to fail *all* preferred agents for 90 days, potentially creating many months of unnecessary suffering.

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 and step therapy 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 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