



April 8, 2026

Washington State Health Care Authority
Washington State Medicaid (Apple Health)

RE: Asthma and COPD Agents: Monoclonal Antibodies. Medical policy no. 44.60.00-1
Submitted to: [WPDP program](#)

Dear Committee Members:

I understand that you will be reviewing asthma agents within the monoclonal antibodies class and determining access requirements (preferred vs. non-preferred status) at the April 15, 2026 P&T Committee / DUR Board meeting. Thank you for the opportunity to submit written comments.

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 Washington, 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.

Asthma in Washington State

In 2021, more than 640,000 people in Washington had asthma, close to 120,000 of whom were children, and prevalence is increasing.¹ According to CDC data, Washington's adult asthma prevalence is currently over 10%.²

Across the state, only 27% of adults with asthma have well-controlled asthma, meaning that their disease is appropriately managed.³ Over 5,000 people are hospitalized due to asthma each year, and 100 people in Washington die each year of asthma.⁴

Income levels in the state are a strong predictor of asthma. Residents with a household income below \$15,000 are more likely to report having asthma than all other income levels.⁵

Asthma also has a disproportionate impact on American Indian and Alaska Native (AI/AN) populations in Washington. According to state data, approximately 18,000 AI/AN adults and 2,550 AI/AN children have had asthma, with higher prevalence levels than the overall state rate at every education and income level.⁶ AI/AN Washingtonians also experience higher asthma mortality compared to the state's overall rate.⁷



The Importance of Access to Medications

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 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 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,

A handwritten signature in black ink that reads 'Kenneth Mendez'. The signature is written in a cursive, flowing style.

Kenneth Mendez
President and Chief Executive Officer
Asthma and Allergy Foundation of America



¹ Washington State Department of Health, Asthma Data, found at: <https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/asthma-data>

² Centers for Disease Control and Prevention, Most Recent Asthma State or Territory Data, found at: https://www.cdc.gov/asthma/most_recent_data_states.htm

³ Washington State Department of Health, Infographic, found at: <https://doh.wa.gov/sites/default/files/legacy/Documents/8380/345-339-AsthmaInfo-en-L.pdf>

⁴ Washington State Department of Health, Asthma Data, found at: <https://doh.wa.gov/data-and-statistical-reports/diseases-and-chronic-conditions/asthma-data>

⁵ Washington State Department of Health, Asthma and Socioeconomic Status in Washington State, found at: <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-333-AsthmaAndSocioeconomicStatusInWashingtonState.pdf>

⁶ Washington State Department of Health, Asthma Among American Indians and Alaska Natives, found at: <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/345-323-AIANFactsheet.pdf>

⁷ *Id.*