Asthma and Allergy Foundation of America

August 4, 2026

Oregon Prescription Drug Affordability Board
Department of Consumer and Business Services
350 Winter Street NE
Salem, OR 97309-0405
Submitted via https://dfr.oregon.gov/pdab/Pages/public-comment.aspx

RE: August 19 Consideration of Xolair

Dear Members of the Board:

I am writing on behalf of the Asthma and Allergy Foundation of America (AAFA), the leading patient organization advocating 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.

Xolair is one of the drugs under PDAB consideration on August 19. We understand that PDAB assesses drugs to identify those that pose a high cost burden for health systems and patients in Oregon. AAFA applauds the goal of making Xolair and other prescription drugs affordable and accessible for the citizens of Oregon. I am writing to share information about the importance of affordable access to Xolair for our patient community.

Background: Asthma and Allergies

Asthma is a chronic lung disease that causes airway inflammation and hinders breathing. Asthma is one of the most prevalent diseases in the United States, affecting nearly 28 million Americans and killing between 9 and 11 individuals every day.[1] It is also very expensive, exacting a toll of more than $118 billion on the U.S. economy each year.[2]

[1] National Center for Health Statistics. 2024 NHIS Adult Summary Health Statistics. Data accessed August 3, 2026. Available from https://data.cdc.gov/d/25m4-6qqq.

[2] Nurmagambetov, T., Kuwahara, R., & Garbe, P. (2018). The Economic Burden of Asthma in the United States, 2008–2013. Annals of the American Thoracic Society, 15(3), 348–356. https://doi.org/10.1513/annalsats.201703- 259oc

Proper care and disease management, including medication, can allow people with asthma to live healthy lives.

In Oregon, 14.2% of adults reported ever having been diagnosed with asthma – the highest rate in the country.[3] Major disparities exist: 27.2% of multiracial adults in Oregon have been diagnosed with asthma, compared to 14.3% of white adults.[4] And, Oregonians with a household income under $25,000 have been diagnosed with asthma at far higher rates that those with household income above $150,000 (21.3% v 11.4%). Among children in Oregon, 5.1% are living with asthma.[5]

Food allergies represent another significant health burden in the U.S., impacting 5.3% of children[6] and 6.7% of adults.[7] Nationally, Black adults are more likely to have a diagnosed food allergy than white, Asian or Hispanic adults (9.9%, compared to 6.4%, 5.5%, and 5.4%).[8] Food allergies may result in a severe reaction called anaphylaxis that in rare cases can lead to death. Unfortunately, the prevalence and impact of food allergies in the U.S. are increasing; for example, the rate of emergency room visits for food-related anaphylaxis increased by 124% from 2005 through 2014.[9] Children with food allergies are also two to four times more likely to have asthma or other allergic diseases.[10]

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[3] America's Health Rankings: Asthma in Oregon. Available at https://www.americashealthrankings.org/explore/measures/Asthma_a/OR
America's Health Rankings analysis of U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, accessed 2026.

[4] *Id.*

[5] *Id.*

[6] Giri, Abhigya;Ng, Amanda E.;Bottoms-McClain, Lauren. Diagnosed Allergic Conditions in Children Ages 0-17: United States, 2024 (2026). National Center for Health Statistics (U.S.). Available at https://stacks.cdc.gov/view/cdc/174635

[7] Ng, Amanda E.;Giri, Abhigya;Bottoms-McClain, Lauren. Diagnosed Allergic Conditions in Adults: United States, 2024 (2026) National Center for Health Statistics (U.S.). Available at https://stacks.cdc.gov/view/cdc/174634.

[8] *Id.*

[9] Motosue et al., "Increasing Emergency Department Visits for Anaphylaxis, 2005-2014." J Allergy Clin Immunol Pract. 2017 Jan - Feb;5(1):171-175.

[10] Branum, A., & Lukacs, S. (2019). Food Allergy Among U.S. Children: Trends in Prevalence and Hospitalizations. Centers for Disease Control and Prevention; National Center for Health Statistics. https://www.cdc.gov/nchs/products/databriefs/db10.htm

Xolair

Xolair is an injectable biologic drug that is FDA-approved for multiple indications important to AAFA's patient community. Xolair is approved for moderate to severe persistent allergic asthma (approval date 2003), IgE-mediated food allergy (2024), chronic spontaneous hives (or urticaria) (2014), and chronic rhinosinusitis with nasal polyps (2020).

For people living with moderate to severe asthma, Xolair is one important treatment option. It is part of a small class of drugs that addresses the immunological pathway in asthma patients. Asthma is heterogenous, and different patients need different medications to effectively manage their disease. Barriers to specific drugs, including adverse tiering and corresponding high costs, can lead to worse disease management and more asthma attacks. Similarly, utilization management approaches such as step therapy or prior authorization can delay access to appropriate care and lead to more attacks and higher healthcare costs.

One patient with severe asthma shared that, "Xolair changed my life…I'm able to do most of the things I did before, like sing and exercise regularly, and I'm not afraid to go to sleep wondering if I'll wake up struggling to breathe. It gave me my quality of life back."

For people with IgE-mediated food allergies, Xolair is the only FDA-approved medication that reduces the risk of allergic reactions, including anaphylaxis, for multiple food allergies. For many families and patients, Xolair means being able to go out to eat without fear of a severe allergic reaction. One parent shared how their son's experience on Xolair has impacted their family, "Xolair is like a miracle not just for him but for our entire family! To not have the constant worry about him having an allergic reaction anytime he goes out with friends or back to college is immensely life changing." Another parent shared that because of two years on Xolair, their teenage son was recently able to eat at a restaurant for the first time since he was an infant.

Cost Challenges

People with asthma and food allergies need access to affordable medications and devices. Unfortunately, patients can face large financial barriers to optimal treatment. As AAFA detailed in our "My Life with Asthma" report, our national survey of adults with asthma found that less than a quarter of respondents always used their asthma

treatments as prescribed.[11] The top three reported reasons for not using treatments were related to cost: inability to afford treatment, treatment was too expensive, and lack of insurance coverage for the treatment.[12] High out-of-pocket costs hinder adherence, threaten the health of patients, and exacerbate disparities in health status.

One patient shared on social media that they moved out of the country to get accessible and affordable Xolair, and that they can't imagine moving back to America if the price of Xolair remains so high.

Conclusion

We understand that a key element of the PDAB's role is to identify drugs that may create affordability challenges for Oregon's healthcare systems and patients. Regardless of whether Xolair is found to be one of those drugs, AAFA strongly supports policies that reduce the cost of Xolair for patients while maintaining access. For example, the patient out-of-pocket cost cap and point-of-sale rebate pass-throughs discussed in the PDAB's 2025 report offer promising ways to preserve affordability for crucial medications. AAFA urges the PDAB and the Oregon legislature, in continuing to further assess such options, to ensure that drug price policies are implemented with sufficient oversight and guardrails to ensure that access is not unintentionally reduced.

Thank you very much for your time and attention. If you would like further information about Xolair or other medications of importance to the allergy and asthma community, please contact AAFA's Vice President of Policy and Advocacy, Jenna Riemenschneider, at jennar@aafa.org.

Sincerely,

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

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[11] Asthma and Allergy Foundation of America, "My Life With Asthma: Survey Overview (2017). Available at https://aafa.org/asthma-allergy-research/our-research/my-life-with-asthma-report/

[12] *Id.*