Asthma and Allergy Foundation of America

September 15, 2026

Maryland Prescription Drug Affordability Board
16900 Science Drive
Suite 112-114
Bowie, MD 20715
Submitted to: comments.pdab@maryland.gov

RE: Consideration of Dupixent

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.

Dupixent is one of the drugs currently open for comment for the PDAB cost review study process. We understand that PDAB assesses drugs to identify those that pose a high cost burden for health systems and patients in Maryland. AAFA applauds the goal of making Dupixent and other prescription drugs affordable and accessible for the citizens of Maryland. I am writing to share information about the importance of affordable access to Dupixent 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 Maryland, 10.1% of adults reported ever having been diagnosed with asthma.[3] Major disparities exist: 15.1% of multiracial adults in Maryland have been diagnosed with asthma, compared to 10% of white adults.[4] And, Marylanders with a household income under $25,000 have been diagnosed with asthma at higher rates than those with household income above $150,000 (14.2% v 9.1%). Among children in Maryland, 6% are living with asthma.[5]

In our annual analysis on "Asthma Capitals," AAFA ranks cities in the United States based on asthma prevalence, emergency department visits for asthma, and deaths due to asthma. Unfortunately, in 2026, Maryland was represented in our analysis of the places where asthma is hardest to live, with Baltimore ranking #16 overall, and #1 in asthma-related deaths.[6]

Dupixent

Dupixent is an injectable biologic drug that is FDA-approved for multiple indications important to AAFA's patient community.

Dupixent is a maintenance treatment for moderate-to-severe asthma caused by type 2 inflammation (which includes eosinophilic asthma and/or allergic asthma). Dupixent is also approved to treat moderate-to-severe atopic dermatitis (eczema), chronic rhinosinusitis with nasal polyposis, eosinophilic esophagitis, and prurigo nodularis.

For people living with moderate to severe asthma, Dupixent is one important treatment option. It is part of a small class of drugs that addresses the immunological pathway in

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[3] America's Health Rankings: Asthma in Maryland. Available at https://www.americashealthrankings.org/explore/measures/Asthma_a/MD
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] American Lung Association. (2025, June 20). *Asthma trends brief: Data tables*. https://www.lung.org/research/trends-in-lung-disease/asthma-trends-brief/data-tables/asthma-current-state

[6] AAFA, "Asthma Capitals: The Most Challenging Places to Live with Asthma" (2026). Available at https://aafa.org/wp-content/uploads/2026/07/aafa-2026-asthma-capitals-report.pdf

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, "I am currently on the Dupixent injection. I was previously on 5 different medicines. Dupixent has worked really well for me."

Cost Challenges

People with asthma and 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.[7] 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.[8] High out-of-pocket costs hinder adherence, threaten the health of patients, and exacerbate disparities in health status.

Dozens of patients have reached out to AAFA and shared that high co-pays have affected their ability to take their Dupixent and keep their conditions controlled. One community member shared, "My girlfriend's son has severe eczema. He has been taking Dupixent, she was able to get the co-pay card but didn't know there was a $10,000 cap for it. We can't afford the co-pay. It costs $1,100 each month. His symptoms came back with a ferocity that leaves him not being able to do much at times. It will keep him awake all night. It hurts me to see him like this because we can't afford that amount of money."

Conclusion

We understand that a key element of the PDAB's role is to identify drugs that may create affordability challenges for Maryland's healthcare systems and patients. Regardless of

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[7] 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/

[8] *Id.*

whether Dupixent is found to be one of those drugs, AAFA strongly supports policies that reduce the cost of Dupixent for patients while maintaining access. AAFA urges the PDAB and the Maryland 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 Dupixent 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