

August 24, 2026

Michigan Pharmacy and Therapeutics Committee

RE: Biologic Immunomodulators – Agents to Treat Asthma, September 1 Board Meeting

Submitted to: krepsd@michigan.gov

Dear Committee Members:

I am writing on behalf of the Asthma and Allergy Foundation of America (AAFA), 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. We understand that at the September 1, 2026, Pharmacy and Therapeutics Committee Meeting, the board will be reviewing Biologic Immunomodulators – Agents to Treat Asthma, among other classes of drugs. Thank you for the opportunity to submit written comments in advance of this discussion.

Due to the severe impact of asthma across Michigan, and the importance of access to a range of treatment options, AAFA strongly urges the committee to include all immunomodulator drugs for asthma on the preferred drug list.

Asthma in Michigan

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

According to the latest CDC data, in 2021, over 900,000 adults in Michigan, about one in nine, were living with asthma.³ Current asthma prevalence among children in Michigan is also higher than the national average.⁴

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>.

³ 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

⁴ 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>

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 2025, Michigan was represented in our analysis of the places where asthma is hardest to live, with Detroit ranking #1, as the most challenging city to live in with asthma.⁵

Biologic Immunomodulators

For people living with moderate to severe asthma, biologic immunomodulators are one important treatment option. This small class of drugs 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 their biologic immunomodulator changed their 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.”

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.

People with asthma 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.⁶ 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.⁷ High out-of-pocket costs hinder adherence, threaten the health of patients, and exacerbate disparities in health status.

⁵ AAFA, “Asthma Capitals: The Most Challenging Places to Live with Asthma” (2025). Available at <https://aafa.org/wp-content/uploads/2025/09/aafa-2025-asthma-capitals-report.pdf>

⁶ 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/>

⁷ *Id.*

One patient shared that they moved out of the country to get an accessible and affordable biologic immunomodulator for asthma, and that they can't imagine moving back to America if the price remains so high.

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. If you would like further information, 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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