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Michigan Medicaid Pharmacy & Therapeutics Committee
Michigan Department of Health and Human Services
Attn: Donna Kreps
P.O. Box 30479
Lansing, MI 48909

Submitted by email to: krepsd@michigan.gov

Re: Public Comment on Biologic Immunomodulators: Agents to Treat Asthma

Dear Members of the Michigan Medicaid Pharmacy & Therapeutics Committee:

Thank you for the opportunity to comment on the Committee's review of biologic immunomodulators used to treat asthma. The Global Healthy Living Foundation (GHLF) respectfully urges the Committee and the Michigan Department of Health and Human Services to add Tezspire (tezepelumab-ekko) to the Michigan Medicaid Preferred Drug List.

GHLF is a national nonprofit organization that works to improve the lives of people living with chronic illness, with a particular focus on underserved and underrepresented communities. Our community includes thousands of Michigan residents, many of whom have spent years cycling through treatments before finding an option that adequately controls their symptoms. Through our websites, social media channels, educational programs, and media partnerships, we reach more than 10 million people each month across the United States.

Asthma continues to impose a significant burden on Michigan residents and families. Recent Centers for Disease Control and Prevention estimates show that approximately 908,568 Michigan adults, or 11.5 percent of the state's adult population, currently live with asthma.[1] Over 150,000 Michigan children also live with the disease.[2] Asthma is also sadly an underlying cause in over 100 deaths each year in Michigan.[3] These figures reinforce the importance of policies that support timely access to effective treatment and reduce avoidable exacerbations, emergency department visits, hospitalizations, missed work, and missed school.

Michigan's current Preferred Drug List designates Dupixent, Fasenra, and Xolair as preferred agents for asthma, while classifying Nucala and Tezspire as non-preferred. All agents require clinical prior authorization, but patients seeking a non-preferred agent generally must establish

[1] https://www.cdc.gov/asthma/most_recent_data_states.htm.
[2] https://www.cdc.gov/national-asthma-control-program/php/partners/michigan.html.
[3] https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder1/Folder72/12_Ch10_Asthma_Mortality.pdf?rev=4abf2c28bac24d7686ab78db98cd6163.

an allergy, contraindication, drug interaction, unacceptable side effects, or therapeutic failure after a one-month trial of a preferred medication.

We recognize and appreciate that Michigan's current criteria permit patients to bypass the preferred-drug requirement for Tezspire when they do not satisfy the biomarker criteria for the preferred agents. That exception represents an important protection. It also underscores the central clinical issue before the Committee: the available asthma biologics do not serve interchangeable patient populations.

Severe asthma is a heterogeneous disease. Patients may have allergic asthma, eosinophilic asthma, non-allergic or non-eosinophilic asthma, overlapping phenotypes, or clinical and biomarker characteristics that change over time. The Global Initiative for Asthma (GINA) recognizes this heterogeneity and recommends that clinicians investigate each patient's severe-asthma phenotype when selecting targeted biologic therapy.[4]

Michigan's own authorization criteria reflect these clinical distinctions. The criteria limit Dupixent to patients with an eosinophilic phenotype or oral-corticosteroid-dependent asthma. They require patients seeking Xolair to demonstrate allergen-specific IgE antibodies and a qualifying baseline IgE level. They require patients seeking Fasenra to demonstrate specified eosinophil levels. By comparison, the Tezspire criteria do not impose an eosinophil or IgE threshold.

The FDA has approved Tezspire as an add-on maintenance treatment for adults and children aged 12 and older with severe asthma, without limiting its asthma indication to a particular allergic or eosinophilic phenotype. This broader indication makes Tezspire an important option for patients who do not fit neatly within the biomarker requirements associated with other treatments.

Tezspire may therefore address a critical clinical need for:

- Patients with non-allergic or non-eosinophilic severe asthma;
- Patients with overlapping asthma phenotypes;
- Patients whose phenotype or biomarker profile changes over time;
- Patients with allergic asthma who do not meet the applicable IgE criteria; and
- Patients for whom a clinician determines that Tezspire offers the most appropriate treatment based on the patient's complete clinical history.

Although Michigan's biomarker bypass helps some patients, it does not fully resolve the access problem. A patient may technically satisfy the criteria for a preferred agent while the treating specialist concludes that Tezspire represents the more appropriate option because of the patient's disease history, comorbidities, prior treatment response, risk factors, or evolving phenotype. Under the current policy, that patient may still need to complete an additional trial or produce further documentation before receiving the clinician's selected treatment.

[4] https://pmc.ncbi.nlm.nih.gov/articles/PMC7229123/.

The one-month preferred-agent trial requirement presents an additional concern. The 2026 GINA Severe Asthma Guide[5] recommends reviewing a patient's response to add-on biologic therapy after three to four months. A one-month trial may not provide enough time to evaluate a biologic's effectiveness meaningfully. The requirement may therefore lead either to a premature declaration of treatment failure or to a delay lasting several months before the patient can obtain the originally prescribed therapy.

Placing Tezspire on the preferred list would not eliminate appropriate utilization management. Michigan could continue to require the existing clinical safeguards, including a diagnosis of severe asthma, inadequate control despite an inhaled-corticosteroid-containing treatment regimen, involvement of an allergist, immunologist, or pulmonologist, and continued use of appropriate maintenance therapy. Preferred status would remove an additional sequencing hurdle without creating unrestricted access.

For people living with severe asthma, treatment delays carry real consequences. A delay can mean another exacerbation, another course of systemic corticosteroids, another emergency department visit, another hospitalization, or additional days when a person cannot work, attend school, care for family members, or participate fully in daily life. Medicaid policy should support shared decision-making between patients and their clinicians rather than require patients to cycle through a treatment that may not represent the best clinical fit.

We respectfully urge the Committee to recommend that Michigan Medicaid:

1. Add Tezspire to the preferred list for biologic immunomodulators used to treat asthma;
2. Continue to allow access based on an individualized assessment of each patient's phenotype, biomarkers, treatment history, and clinical circumstances; and
3. Protect continuity of care for patients who have achieved disease control on a particular biologic.

Michigan can preserve reasonable clinical oversight while recognizing that no single biologic can meet the needs of every person living with severe asthma. Adding Tezspire to the preferred list would promote timely, individualized care and help Michigan residents avoid unnecessary treatment delays and preventable complications.

Thank you for considering the perspectives of patients and families affected by severe asthma. GHLF would welcome the opportunity to connect the Committee with members of our patient community who can share their experiences directly.

Sincerely,



Steven Newmark
Chief Policy Officer

[5] Available at https://ginasthma.org/reports/.