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Kentucky Medicaid Pharmacy & Therapeutics Advisory Committee
Submitted via email to: **kymffs@medimpact.com**

Re: Public Comment – Immunomodulators – Asthma / Patient Access to Tezspire

Dear Members of the Kentucky Medicaid Pharmacy & Therapeutics Advisory Committee:

Thank you for the opportunity to comment on the Committee's review of **Immunomodulators – Asthma**. The Global Healthy Living Foundation respectfully urges the Committee and Kentucky Medicaid to add **Tezspire (tezepelumab-ekko)** to the Kentucky 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. Through our patient communities, advocacy programs, educational initiatives, websites, and social media channels, we regularly hear from people who have spent years cycling through ineffective treatments before finding a medication that adequately controls their disease.

For people living with severe asthma, finding an effective treatment can substantially improve their health, independence, and quality of life. Policies governing access to biologic therapies should therefore recognize that severe asthma is a heterogeneous disease and that treatment must be individualized.

Under Kentucky Medicaid's current Preferred Drug List, Fasenra, Nucala, and Xolair are preferred, while Tezspire is non-preferred. We understand that patients generally must try and fail, or demonstrate intolerance to, at least one preferred biologic before accessing a non-preferred therapy.

We are concerned that this requirement can delay access to the therapy that a patient's clinician has determined is most appropriate.

Severe asthma is not a single, uniform disease, and asthma biologics are not interchangeable. Patients may have allergic asthma, eosinophilic asthma, non-allergic or non-eosinophilic asthma, overlapping phenotypes, or disease characteristics that evolve over time. Some therapies are intended for patients with particular phenotypes or biomarkers, while other patients may not fit neatly within those categories.

Tezspire has an important role in addressing this clinical variability because its severe asthma indication is not limited to a specific allergic or eosinophilic phenotype. It therefore represents an important treatment option for patients who may have limited alternatives, including:

- Patients with non-allergic or non-eosinophilic severe asthma;

- Patients with overlapping phenotypes;
- Patients whose phenotype or disease characteristics change over time;
- Patients with allergic asthma who may not meet the criteria associated with certain other therapies; and
- Patients for whom their treating clinician determines that Tezspire represents the most appropriate option based on their individual clinical circumstances.

For these patients, requiring a trial of another biologic before allowing access to Tezspire can create an unnecessary treatment delay.

The consequences of such delays extend beyond administrative inconvenience. For a patient with inadequately controlled severe asthma, additional time without the appropriate therapy may mean continued symptoms, exacerbations, additional use of systemic corticosteroids, emergency department visits, hospitalization, missed work or school, and disruption of daily life.

GHLF recognizes the importance of appropriate utilization management within the Medicaid program. However, utilization management policies should also preserve meaningful clinical flexibility. Treatment decisions for severe asthma should account for each patient's phenotype, biomarkers, prior treatment history, response to previous therapies, comorbidities, and the clinical judgment of the treating provider.

A requirement that a patient first fail another biologic may be particularly problematic when the preferred product targets a phenotype or clinical profile that does not align well with the individual patient's disease. In such circumstances, step therapy does not merely establish appropriate utilization. It can require a patient to undergo treatment that the clinician did not believe represented the best option in the first place.

Patients living with severe asthma often reach biologic therapy only after other treatments have failed to provide adequate disease control. Once the patient and clinician reach that point, coverage policy should help them identify and access the most appropriate treatment rather than unnecessarily extend the process of trial and error.

We therefore respectfully urge the Kentucky Medicaid Pharmacy & Therapeutics Advisory Committee to recommend that **Tezspire be added to the Preferred Drug List for asthma immunomodulators**.

At a minimum, if Tezspire remains non-preferred, we encourage Kentucky Medicaid to ensure that its coverage criteria provide a clear and accessible pathway for patients to receive Tezspire without first failing another biologic when the treating provider determines that the preferred therapies are not clinically appropriate based on the patient's phenotype, biomarkers, treatment history, or other relevant clinical considerations.

Providing appropriate access to Tezspire would preserve an important treatment option for people with diverse severe asthma phenotypes, support individualized decision-making between patients and their clinicians, and help prevent unnecessary delays in effective care.

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

Sincerely,

Steven Newmark
Chief Policy Officer