Global Healthy Living Foundation
515 North Midland Avenue
Upper Nyack, New York 10960 USA
+1 845 348 0400
+1 845 340 0210 fax
www.ghlf.org

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Ohio Medicaid Pharmacy & Therapeutics Committee
Submitted via email to: PBA_OHMedicaidFFS@optum.com

Subject: Public Comment – Patient Group Supports Access to Tezspire

Dear Members of the Ohio Medicaid Pharmacy & Therapeutics Committee:

Thank you for the opportunity to comment on the Committee's review of **Biologic Immunomodulators – Agents to Treat Asthma**. The Global Healthy Living Foundation (GHLF) respectfully urges the Committee and Ohio Medicaid to add **Tezspire (tezepelumab-ekko)** to the Ohio Medicaid Unified 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, websites, social media, and educational initiatives, we regularly hear from people who have spent years cycling through ineffective treatments before finding a medication that adequately controls their disease. We represent hundreds of thousands of chronically ill patients, including thousands in Ohio. For patients living with severe asthma, timely access to the treatment selected by their clinician can have a profound effect on their health and quality of life.

Under the current Ohio Medicaid Unified Preferred Drug List, Tezspire is classified as non-preferred. We understand that patients seeking access to a non-preferred therapy generally must first try and fail **two preferred agents for 90 days each**.

For a patient whose clinician has already determined that Tezspire is the most appropriate therapy, this requirement can result in a substantial delay in care. A patient could potentially spend approximately six months trying preferred therapies before gaining access to the treatment originally prescribed. For someone living with severe and poorly controlled asthma, that is not an insignificant period of time. Delays in effective treatment can mean continued symptoms, asthma exacerbations, additional use of systemic corticosteroids, emergency department visits, hospitalizations, missed work or school, and significant disruption to daily life.

This concern is particularly important because **severe asthma is a heterogeneous 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 biologic therapies are designed for patients with particular phenotypes or biomarkers. Not every patient fits neatly into those categories, and a therapy that works for one patient may not represent the appropriate choice for another.

Tezspire plays 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 provides 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 satisfy the criteria associated with certain other therapies; and
- Patients for whom a treating clinician determines that Tezspire represents the most appropriate option based on the individual patient's clinical circumstances.

Requiring these patients to cycle through two other biologics before obtaining access to Tezspire can interfere with individualized treatment decisions and potentially subject patients to months of treatment that their clinician did not identify as the preferred clinical option.

GHLF recognizes the need for appropriate utilization management within the Medicaid program. However, utilization management should not create unnecessary barriers between patients and clinically appropriate care. Treatment decisions for severe asthma should account for each patient's phenotype, biomarkers, disease history, prior treatment response, comorbidities, and the clinical judgment of the patient's treating provider.

For patients with chronic disease, the goal is not simply to satisfy an administrative requirement. The goal is to find a treatment that allows them to control their symptoms and live their lives. Many patients have already endured years of inadequate disease control before reaching the point at which biologic therapy becomes appropriate. Requiring additional treatment failures can unnecessarily extend that journey.

We therefore respectfully urge the Ohio Medicaid Pharmacy & Therapeutics Committee to recommend that **Tezspire be added to the preferred drug list for biologic immunomodulators used to treat asthma**.

Providing preferred access to Tezspire would preserve an important treatment option for patients with diverse severe asthma phenotypes, support individualized decision-making between patients and their clinicians, and reduce the risk that patients will experience unnecessary treatment delays while cycling through therapies that may not represent the best clinical fit.

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.

Steven Newmark
Chief Policy Officer