



June 20, 2023

Catherine Koola, MPH
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Dear Catherine,

Thank you for the opportunity to provide the patient perspective on access issues related to asthma biologics, in particular, Tezepelumab for the next ICER 2023 Fair Access Report. We focused on these four issues in obtaining anecdotes:

- Cost sharing
- Clinical eligibility
- Step therapy
- Provider qualifications

In focus groups we conducted in 2023, we found the following regarding access to asthma biologics:

- **Cost-sharing** does not help the patient; it leads to higher out-of-pocket costs. Even if insurance will "cover" the medication - the co-insurance cost and /or copayment for this drug, in some instances we have heard, is \$3,000 per month. People must make a choice between food, house, or car payments when faced with an option like this. This is not equitable for the community at large.
- **Clinical eligibility**: people in our community may qualify but are not able to pay for the drug due to cost sharing.
- **Step therapy** or failing therapy to move to the next drug on the formulary is actually limiting the medication for those who need it most. This is not an equitable practice.

In a survey of our community regarding access to asthma biologics we received the following responses regarding access issues for tezepelumab specifically:

- "The Medical Insurance refuses to pay for it and says that it is NOT necessary when the Lung Specialist Doctor and the Allergy Specialist Doctor have ordered it." (Commercial plan)
- "Step therapy" (Medicaid)

In the same survey, we received additional comments for access issues regarding other biologics. Here are some examples:

- “Insurance carrier wanted the insurance member(me) to pay for biologic. Could not afford the price.” (Xolair)
- “My insurance company denied coverage when it was first prescribed.” (Fasenra)
- “I have only been able to obtain samples from my provider. The insurance has denied multiple appeals for me to receive this medication. I have stopped taking it because I cannot pay for it without insurance.” (Dupixent)
- “It is not covered under my insurance. Nothing similar either is covered. I'm currently using Dupixent in a study and love it but won't be able to use it after August.” (Dupixent)

In conclusion, the issue of payers providing fair access is a complex one. In a fair and just society, we need to provide access to care for all. Access barriers lead to health disparities that especially impact those already at higher risk for adverse outcomes due to social determinants of health. African American, Hispanic and Native American communities bear a larger asthma burden than other demographic groups. More than 11 people die every day in the US due to asthma and most are avoidable with proper treatment and care.

We will continue to advocate for the appropriate use of innovative treatments and believe that when the right treatment is selected for the right patient at the right time, it inevitably provides a financial benefit to the healthcare system and individual patients. Significant scientific advancements in asthma treatment are promising. Patients depend on ICER to provide insights into fair access so that these innovative treatments reach those it can help the most. Innovation without access breeds frustration and adversely impacts health and quality of life.

Thank you for the opportunity to provide the patient perspective for the Fair Access report.

Best regards,

A handwritten signature in black ink that reads "Lynda Mitchell". The signature is written in a cursive, flowing style.

Lynda Mitchell
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