



From Insights to Impact: How C-Suite Payer and Provider Stakeholder Education Exchange Sparked Strategic Collaboration to Transform Retinal Care Delivery

Terry Richardson, PharmD, BCACP

Steve Casebeer, MBA

Samantha Lansdowne, MSJ, MBA



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ManagedCareEye.com

Presents:



Preventing Blindness: Managed Care Consensus Recommendations to Improve Access and Outcomes for Retinal Diseases

2024 **ManagedCareEye.com** Programming
**CMO/CPO Virtual Summit and Peer-
Reviewed Publication**

This activity is supported by an independent medical education grant from Regeneron Pharmaceuticals, Inc.

Learning Objectives

- Explore how collaborative stakeholder education can keep pace with regulatory, technological, and system-level changes by addressing emerging access and quality challenges in retinal care
- Explain how insights from polling, facilitated roundtables, and follow-up interviews were synthesized into credible, outcomes-driven educational goals
- Assess how the roundtable educational model served as a platform for payer-provider alignment, helping to reduce variation, build shared accountability, and improve care equity

Need for Payer Education in Retinal Disease Management

While the choice of treatment for retinal diseases is largely based on the experience and preference of the treating retinal specialist and patient preferences, **payers are key stakeholders in impacting treatment selection** through channel and formulary placement, step therapy requirements, and site-of-care policies, which can affect member access.

VEGF Inhibitors for the Treatment of Retinal Diseases

Agent	FDA approval date	FDA-label dosing
Aflibercept	2011	2 mg via intravitreal injection every 8 weeks
	2023	8 mg via intravitreal injection every 8-16 weeks
Bevacizumab	NA*	1.25 mg via intravitreal injection monthly
Brolucizumab	2019	6 mg via intravitreal injection every 8-12 weeks
Faricimab	2022	6 mg via intravitreal injection every 8, 12, or 16 weeks
Ranibizumab	2006	0.5 mg via intravitreal injection monthly or up to every 3 months
	2021	2 mg via ocular implant every 6 months

*Becavizumab is not FDA approved for use in the eye



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Payer Education – Continuous Learning Approach

2022

Facilitating Optimal Outcomes for the Management of Retinal Diseases: Health Plan Best Practice Recommendations
 Three Enduring Webcast Launched
 DR/DME, AMD, RVO Roadmaps Launched
 Three Case Studies Launched

Three Additional Case Studies Launched
 Level 5 follow-up expert interviews and surveys

Applying Health Plan Best Practices in the Treatment of Retinal Diseases - Retinopathy of Prematurity (ROP) Infographic Clinical Primer
 California AMCP Affiliate Dinner

2023

PayerTalkCE™ Podcast: Major Advances in the Management of Retinopathy of Prematurity (ROP)
 Retinal Roadmaps updated

Enduring webcast updated
 Two PayerTalkCE™ podcasts
 Three Additional Case Studies Launched

2024

- AMCP Annual Meeting – Symposium
- AMCP Affiliate Program (3 programs held in PA, AZ, & TN)
- AMCP Science and Innovation Webcast
- Disease-state Fact Sheets (2)
- Nexus 24 Abstract
- PayerTalkCE live webcast 1 and 2
- Tufts Research Project and analysis – *JMCP* article submission
- AMCP Science and Innovation Enduring Webcast launched
- AMCP Affiliate Programs On-demand Archive
- AMCP web enduring and infographic

- CMO/CPO Virtual Summit
- ManagedCareEye.com
- Redesign Launch
- Promote at AMCP Nexus
- AMCP Nexus Poster

- AMCP Affiliate Meeting 1 and Encore Webcast 1
- PayerTalkCE podcasts launch
- PayerTalkCE live webcast 1
- CMO/CPO Summit *JMCP* e-supplement submission
- Virtual Journal Club webcast 1 and on-demand webcast
- ManagedCareEye.com monthly e-blasts with case challenges

2025

- Tufts *JMCP* article and video abstract
- DR/DME Patient Journey activity
- PayerTalkCE live webcast 2
- AMCP Affiliate Meeting 2 and Encore Webcast 2
- Follow-up expert interviews
- Nexus 25 abstract
- PayerTalkCE podcasts/on-demand webcasts launch
- AMCP Affiliate Meetings 3 and 4 and Encore Webcasts 3 and 4; on-demand webcast
- Virtual Journal Club webcasts 2 and 3 and on-demand webcasts

Need for Payer Education in Retinal Disease Management

“We look at this as 'an eyeball is an eyeball. We need to look at vision loss for the patient and not accept bevacizumab-first [policies] for a differentiated population with severe progression. That’s a huge learning for health plans.”

– Vice President, National Health Plan

“It’s important to have a forum for us to be able to sit down with multiple payers, multiple providers, and just hammer out a consensus of what makes sense.”

– Retina Specialist

“Most plans defer to position statements/guideline recommendations as part of their coverage criteria, but there’s a lot more evidence available nowadays and we need to be aware of that to inform policy decision-making.”

– Managed Care Pharmacy Director



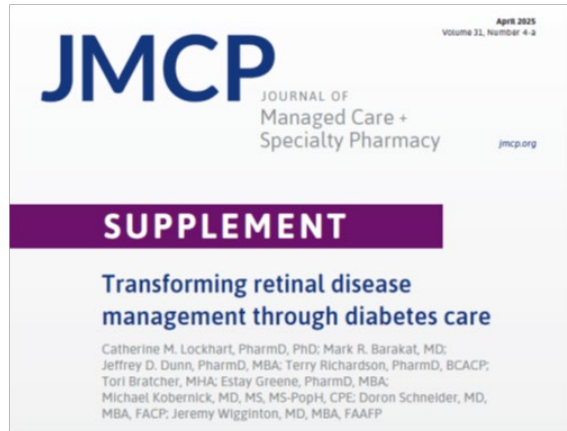
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Educational Intervention

Format

Virtual Summit Meeting in partnership with AMCP with National and Regional Health Plan Chief Medical Officers (5), Chief Pharmacy Officers (3), Population Health National Thought Leaders (2), and a Retinal Specialist



Results were used to inform subsequent CE curriculum development and published as an e-supplement and infographic in the peer-reviewed *Journal of Managed Care and Specialty Pharmacy* (April 2025)

Focus of Summit Discussion

- How current policies impact access to treatment and the total cost of care
 - Understand the opportunity for novel management of patients at increased risk for blindness
 - Outline the benefits of durable treatment approaches
 - Address how to overcome access barriers related to SDOH
 - Identify best practices in coverage policies for anti-VEGF agents

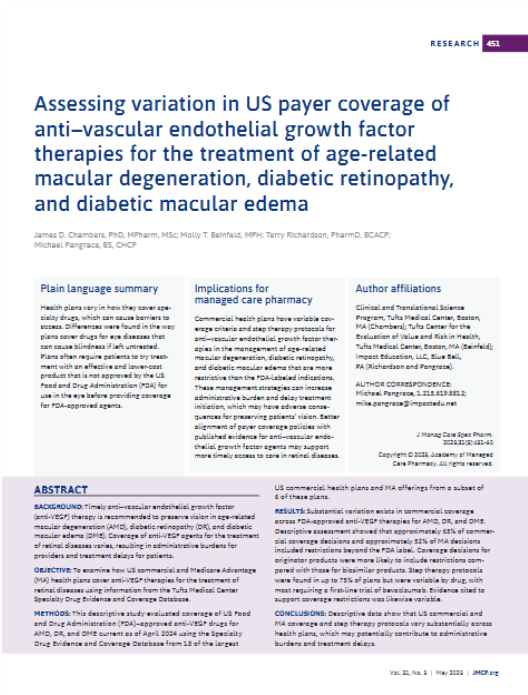


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AMCP; Academy of Managed Care Pharmacy



Tufts Study Article | SPEC Database



Published in the peer-reviewed *Journal of Managed Care and Specialty Pharmacy* (May 2025)

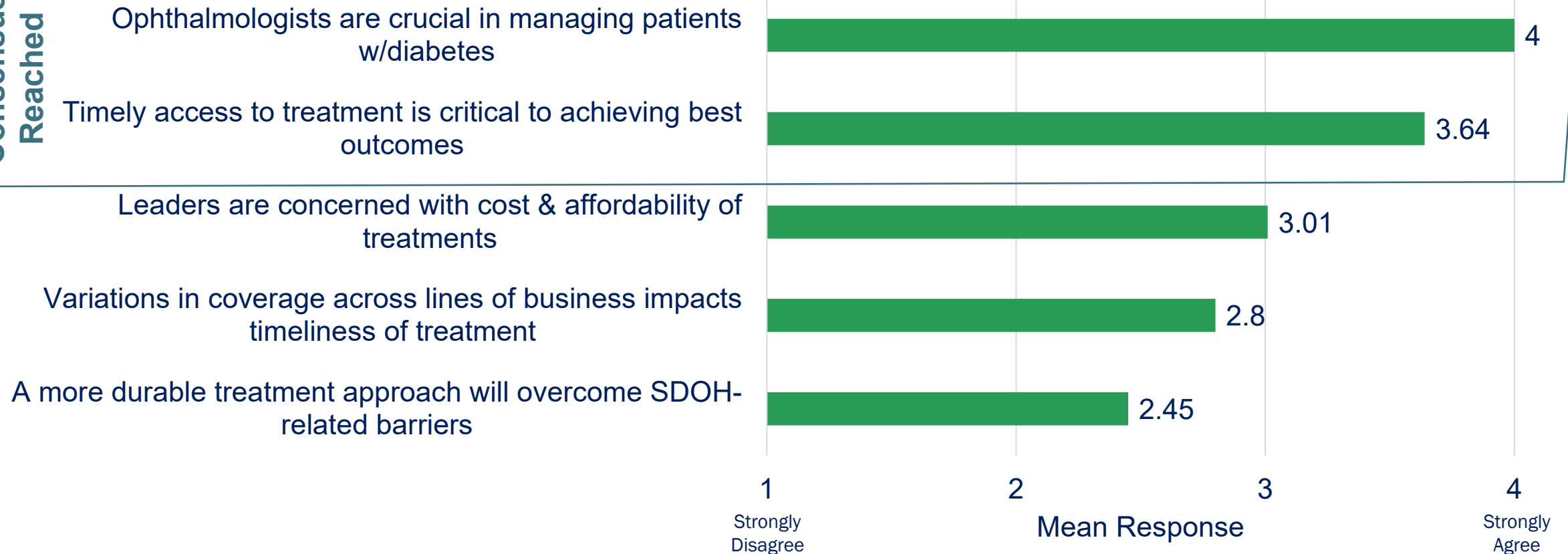
The Tufts Medical Center Specialty Drug Evidence and Coverage (SPEC) Database is a database of US commercial health plans' coverage policies for specialty drugs; developed with the goal of providing an empirical basis for understanding commercial payer coverage

Implications for Managed Care Pharmacy

Commercial health plans have variable coverage criteria and step therapy protocols for anti-VEGF therapies in the management of AMD, DR, and DME that are more restrictive than the FDA-labeled indications. These management strategies can increase administrative burden and delay treatment initiation, which may have adverse consequences for preserving patients' vision. Better alignment of payer coverage policies with published evidence for anti-VEGF agents may support more timely access to care in retinal diseases.

What Payer Health Care Executives Agree on in Retinal Disease Management

Consensus Reached



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N=11; It was estimated that collectively their organizations provided health care services to more than 18 million Americans. Consensus was defined as a mean response of at least 3.3 or 100% of responses either “agree” or “strongly agree” (i.e., no panelist answered “disagree” or “strongly disagree”) on a 4-item Likert scale (1 = strongly disagree, 2 = disagree, 3 = agree, 4 = strongly agree).

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Ranking Exercise

Please rank the key takeaways from the AMCP Market Insights program on wet AMD in the order of importance to you as a leader in your organization and as you think about treating populations of patients at increased risk for blindness (where 1 is the most important and 5 is the least important).

Key Recommendation	Average Rank
Facilitate timely access to appropriate treatment	1.9
Encourage screening and advocate for incorporation into quality measures	2.0
Consider value-based agreements	2.6
Gather multi-stakeholder input	3.7
Embrace appropriate new technologies	3.8

Summit Recommendations and Future Directions

The participants summarized the field of retinal disease as being marked by high costs, high tech, high volume, and significant variability in clinical practice

Focus

- On the total cost of care
- On the aspects of care are most beneficial for patients with diabetes to prevent vision loss

Needs

- Comprehensive understanding of the financial implications of retinal diseases, particularly in patients with diabetes
- Stronger payer-provider partnerships to ensure effective treatment pathways
- Upstream education on diabetes health to prevent blindness and reduce the long-term burden of care
- Define what good care looks like in retinal diseases
- Ensuring adequate access to specialists
- More flexible use of extended dosing products for patients facing socioeconomic barriers, potentially reducing the treatment burden

Collaborations

- Value-based agreements between payers and provider groups are more relevant for preventing disease or progression; value-based agreements with manufacturers might be more appropriate
- AMCP Research Institute can provide valuable insights into variability in care practices and impact on outcomes and the total cost of care

“What are the outcomes we want to measure? And how do you make that payment? Because that ultimately is what it comes down to.”

– Managed Care Chief Pharmacy Officer



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6-Month Follow-Up with CMO/CPO Summit Participant

Meaningful Change in Payer Decision-Making as a Result of Participation

Who

Chief Medical Officer
of a Blues Plan with
1,000,000 Total
Covered Lives

What

Discussions were held with the plan's network retina specialists following the Summit to assess collaborative opportunities related to patient screening, timely referrals, and data sharing

Change

The health plan developed an RFP to engage a third-party vendor to conduct in-home retina screenings for the 38,000 Medicare Advantage members

Findings

In-home screening results will drive clinical solutions for more timely referrals and appropriate treatment and improve HEDIS and STAR measures

Launch of a new health plan quality improvement program based on collaborative discussions with retinal specialists



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Who

President of an Integrated Health System with 2,000,000 Total Covered Lives in an At-Risk Value-Based ACO Model

What

Retinal disease dashboard was built to be used daily by 30 population health pharmacists

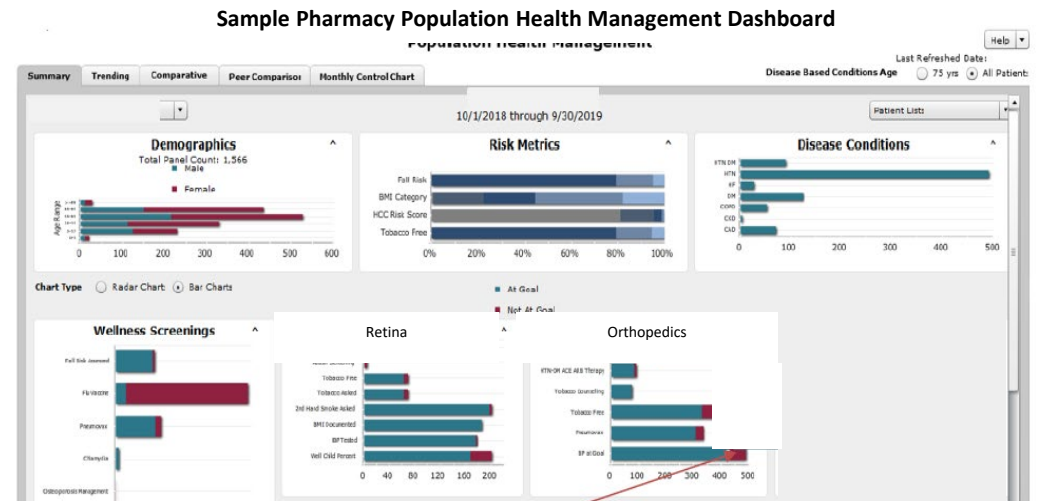
Change

A new dashboard to stratify patients; track screening, referrals, exams, and treatments; and provide overall support for medication therapy management

It will also track drug costs, total ACO spend, data trending, and benchmark comparisons

Findings

The next phase links data to outcomes, with results expected in 2026



This was only the second disease-state program built for the population health pharmacist dashboard (orthopedic surgery was the first)



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Who

Chief Pharmacy Officer of a Mountain States Health Plan with 900,000 Total Covered Lives

What

A program for health plan care managers to educate network retina specialists on the transportation benefits available for Medicare and dual-eligible lives

Change

Patients are identified after their first visit, so the primary focus is on injection follow-up visits

Findings

Before the Summit, the Health Plan's transportation benefit was not being leveraged for adherence with injection visits

A utilization management review will be conducted to determine the adherence and total cost of care of those using the transportation benefit

A new health plan initiative to use the existing transportation benefits among retinal patients



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Q&A/Discussion

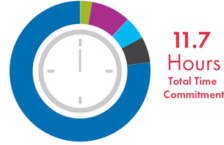
Home CE Activities Faculty Expert Updates Outcomes Resources

ASSESSING VARIATION IN PAYER COVERAGE OF ANTI-VEGF THERAPIES FOR RETINAL DISEASES

JMCP ARTICLE

QUICK FACTS

PATIENT EXPERIENCED **TIME BURDEN** for every INTRAVITREAL INJECTION



11.7 Hours Total Time Commitment

TEST YOUR KNOWLEDGE

Including pre- and post-appointment requirements, intravitreal injections of anti-vascular endothelial growth factor (anti-VEGF) agents involve an average of ___ hours of patient time commitment. *

- A. 2
- B. 6
- C. 10
- D. 12

Neovascularization is the main pathophysiologic complication of elevated VEGF levels in retinal diseases. *

- A. True
- B. False

Approximately what percentage of Americans with diabetes is estimated to have some form of diabetic retinopathy (DR)? *

CE/CME ACTIVITIES
Browse below for CE by topic

General Retinal Diseases	AMD
DR/DME	RVO
ROP	All Activities

ON-DEMAND

JOURNAL CLUB
BEST PRACTICES IN PAYER COVERAGE AND UTILIZATION MANAGEMENT OF ANTI-VEGF THERAPIES FOR AMD AND DR/DME

Featuring: Molly Beinfeld, MPH, James D. Chambers, PhD, MPharm, Jeffrey D. Dunn, PharmD, MBA, Jordan M. Graff, MD, FACS

ON-DEMAND

JOURNAL CLUB
TRANSFORMING RETINAL DISEASE MANAGEMENT THROUGH DIABETES CARE

Featuring: Mark Barakat, MD, Jeffrey D. Dunn, PharmD, MBA, Cate Lockhart, PharmD, PhD, Jeremy Wigginton, MD, MBA, FAAFP

INFOGRAPHIC
Assessing Recent Advances for Enhanced Management of RETINAL DISEASES

PATIENT AND CAREGIVER STORIES

A Discussion with: **HIVA POURARSALAN, PHARM.D**
Director of Pharmacy
Aetna Mercy Care Advantage

FEATURED FACULTY

RETINA SPECIALISTS

Mark Barakat, MD
Retina Medical Institute of Arizona
Related Activity

Jordan M. Graff, MD, FACS
Surgeon & Partner, EEF Eye Center at American Vision Partners (AAVP)
Chair, Division of Ophthalmology, Creighton University
Clinical Assistant Professor, University of Arizona, Phoenix
Medical Executive Committee, ACP - Phoenix, AZ
Related Activity

Michael Javaheri, MD, MSC
Vitreoretinal Surgeon & Clinical Researcher
Retina Specialist of Beverly Hills
Related Activity

Adrienne W. Scott, MD
Retina Specialist
Assistant Professor of Ophthalmology
Wilmer Eye Clinic/Johns Hopkins
Related Activity

MANAGED CARE EXPERTS

Zachary Contreras, PharmD
Director, Pharmacy Benefits
Shady Side Health Plan
Related Activity

Jeffrey Dunn, PharmD, MBA
President and CEO
Cooperative Benefits Group
Related Activity

Dana McCormick, RPh, FAMCP
Senior Director, Pharmacy Advisory Services
Optima Health
Related Activity

Justin Weiss, PharmD, MBA
VP, Pharmacy Operations and Compliance
Cardinal Health Solutions
Related Activity

OUTCOMES

JMCP ARTICLE - APRIL 2025

EXPERT UPDATES

Assessing variation in payer coverage of anti-vascular endothelial growth factor therapies for the treatment of age-related macular degeneration, diabetic retinopathy, and diabetic macular edema.

LATEST EVIDENCE AND RESOURCES

Assessing Variation in Payer Coverage of Anti-VEGF Therapies for Retinal Diseases

Assessing Variation in Payer Coverage of Anti-VEGF Therapies for Retinal Diseases

Assessing Variation in Payer Coverage of Anti-VEGF Therapies for Retinal Diseases



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September 8-10, 2025 // Philadelphia, PA
Hilton at Penn's Landing

