Payer-identified practice gaps and educational needs in the management of retinal diseases: Improving outcomes with streamlined referral to specialists and earlier access to treatments

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BACKGROUND

Anti-vascular endothelial growth factor (anti-VEGF) therapies are considered first-line treatment in the management of retinal diseases such as age-related macular degeneration (AMD) and diabetic retinopathy (DR)/diabetic macular edema (DME). Many current payer coverage policies include a step therapy protocol requiring a first-line trial of off-label bevacizumab prior to accessing FDA-approved anti-VEGF agents. Payers may benefit from medical education to continuously improve coverage policy and utilization management interventions.

OBJECTIVE

To assess payer-perceived practice gaps and educational needs in the management of retinal diseases and identify opportunities for improved access and outcomes.

METHODS

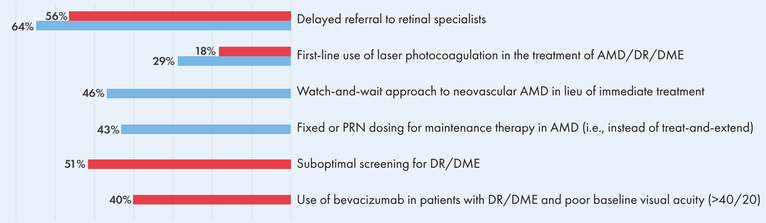
Two surveys were distributed by Impact Education, LLC, to managed care professionals regarding educational needs in the management of AMD (n=28) and DR/DME (n=45) in January 2025. Results were compiled and compared to assess payer-perceived gaps in knowledge and practice.

Two surveys

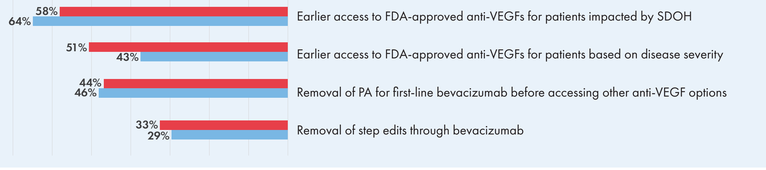
RESULTS

Delayed referral to retinal specialists was the most common reported deviation from standard of care in both AMD (64%) and DR/DME (56%). Earlier access to FDA-approved anti-VEGF agents in patients affected by social determinants of health was the most frequently chosen gap in patient access that needed to be addressed for both AMD (64%) and DR/DME (58%). For AMD, the next most cited gap was the need to remove prior authorization (PA) to access formulary preferred bevacizumab (46%); while for DR/DME, it was the need for earlier access to FDA-approved anti-VEGFs for patients based on disease severity (51%). Excessive documentation to meet PA criteria was ranked as the most prominent barrier to high-quality retinal disease management in both disease states (average rank: 2.0). Payers cited improved efficacy as the most valuable attribute of FDA-approved anti-VEGF agents over bevacizumab in both disease states (AMD average rank: 2.2; DR/DME average rank: 1.8). Greater durability of treatment effect was the next most valuable attribute for both disease states (average rank: 2.6 for both).

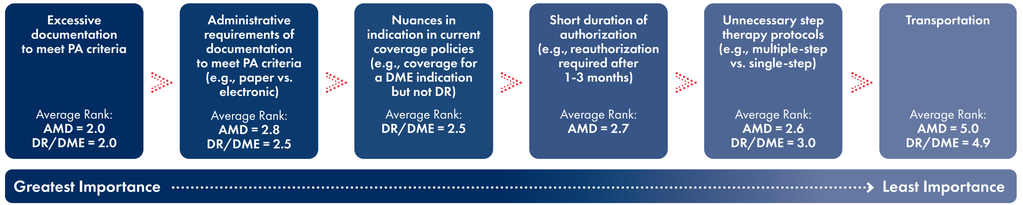
What current deviations from the standard of care most need to be addressed through our educational efforts? (Select all that apply)



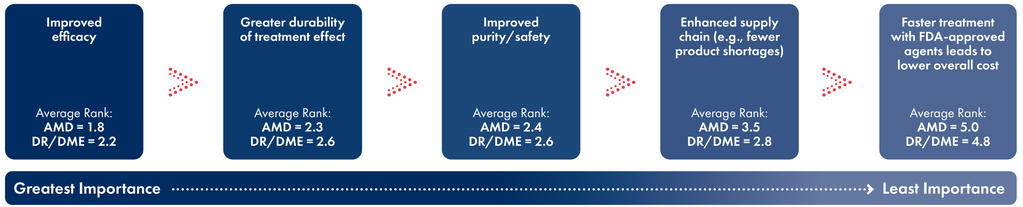
What gaps in patient access most need to be addressed through our educational efforts? (Select all that apply)



What are the most prominent barriers to high-quality care of retinal diseases resulting from payer policies that education could address? (Rank from greatest to least importance)



What characteristics of FDA-approved anti-VEGF agents should our education focus on demonstrating improved value over off-label bevacizumab? (Rank from greatest to least importance)



CONCLUSIONS

Managed care professionals identified consistent gaps in timely referral, access to FDA-approved anti-VEGF therapies, and burdensome prior authorization processes across both AMD and DR/DME. These findings point to opportunities for targeted policy refinement and streamlined utilization management strategies for anti-VEGF agents.

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