ADVANCING MANAGED CARE DECISION-MAKING THROUGH CROSS-DISEASE STATE UNDERSTANDING OF

TYPE 2 (T2) INFLAMMATION TO TREAT THE UNDERLYING DISEASE MECHANISM

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BACKGROUND

Evolving knowledge of Type 2 (T2) inflammation has transformed the management of conditions like eosinophilic esophagitis (EoE), atopic dermatitis (AD), asthma, and some forms of chronic obstructive pulmonary disease (COPD). As biologic therapies targeting T2 pathways improve patient care, managed care professionals face challenges assessing their value across multiple indications. A deeper understanding of the inflammatory pathway is key to supporting evidence-based coverage decisions for newly approved therapies.

OBJECTIVE

To increase knowledge of the clinical rationale of managing T2 inflammation and competence with treatment guidelines through a continuing education (CE) series for managed care professionals across 4 disease states.

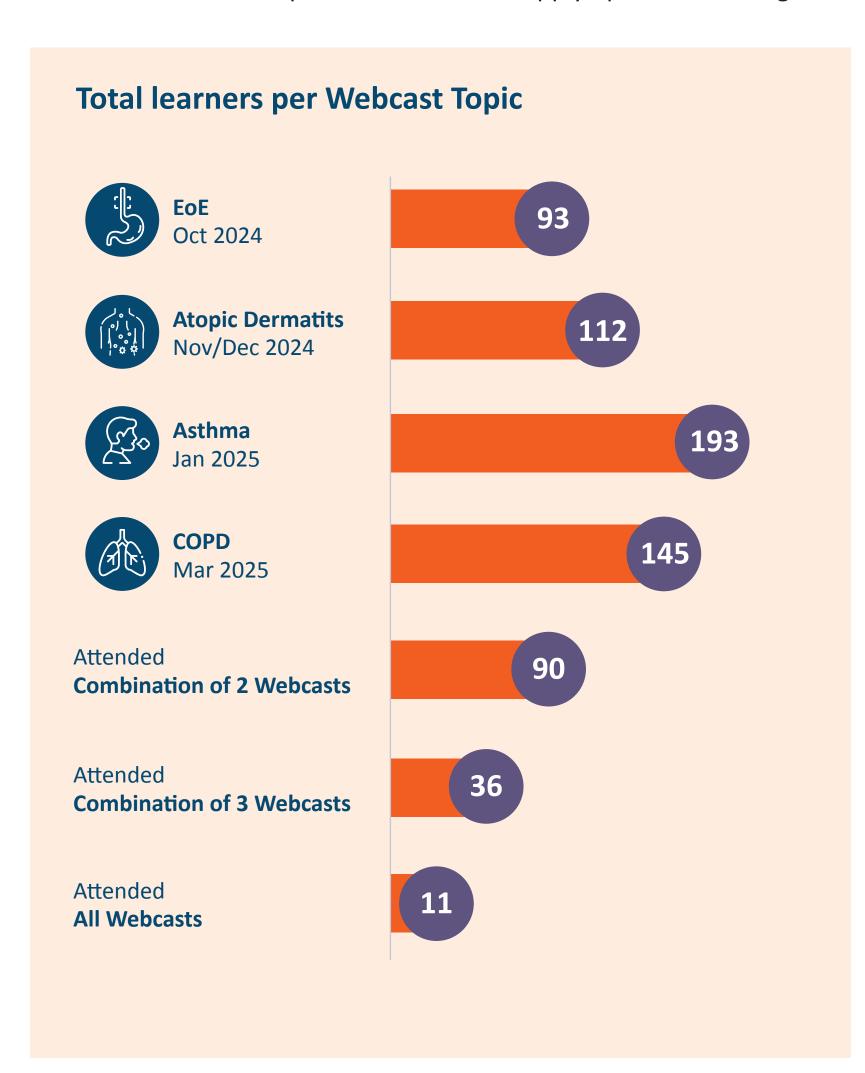
METHODS

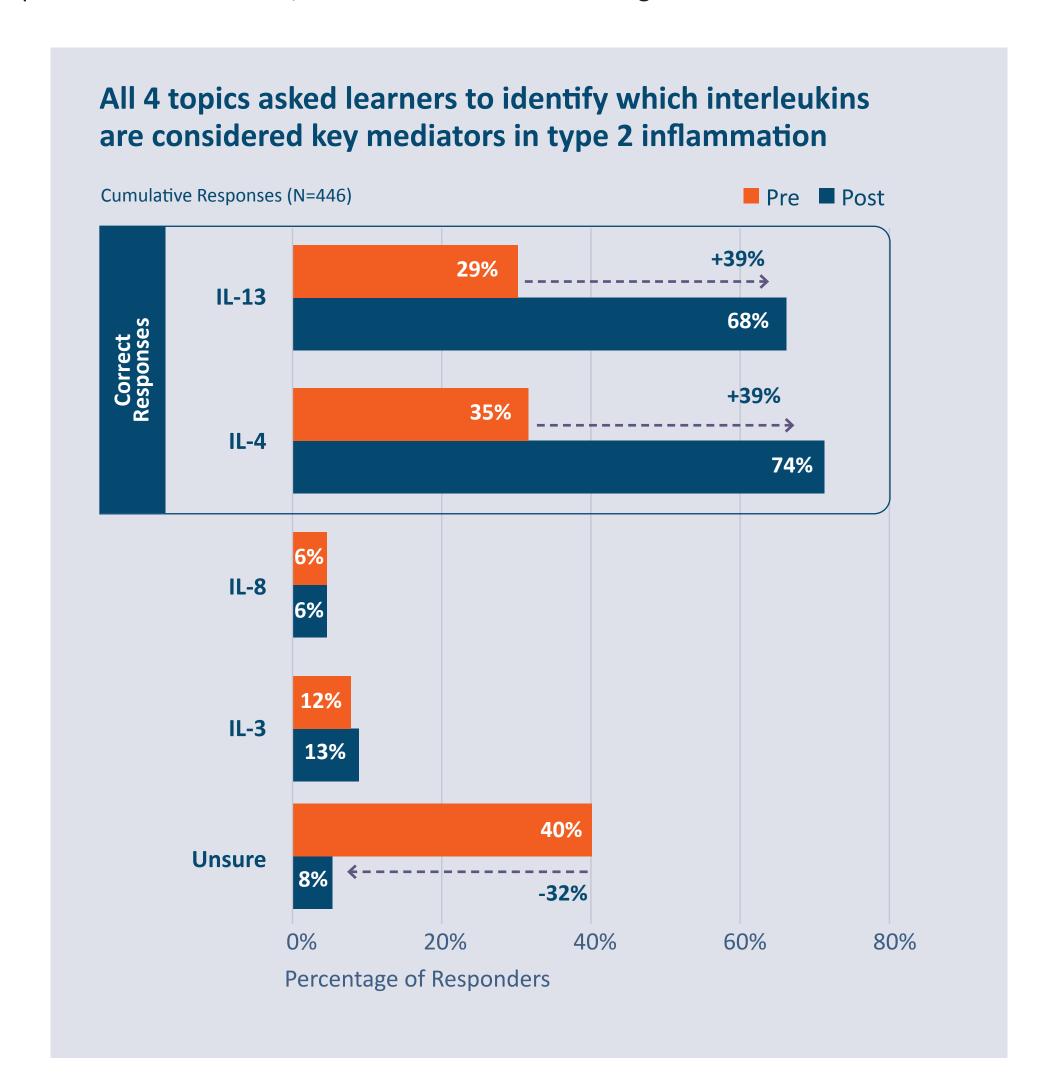
The CE curriculum included 4 sequenced series (Oct 2024–Mar 2025), each comprising 6 activities: 2 discussion-based webcasts; 2 podcasts; and 2 infographics per disease state. Learners were encouraged to participate in all tracks to maximize cumulative learning and application to practice. Across all activities, outcomes questions measured identification of key T2 mediators, knowledge of relevant guidelines, and intended practice changes.

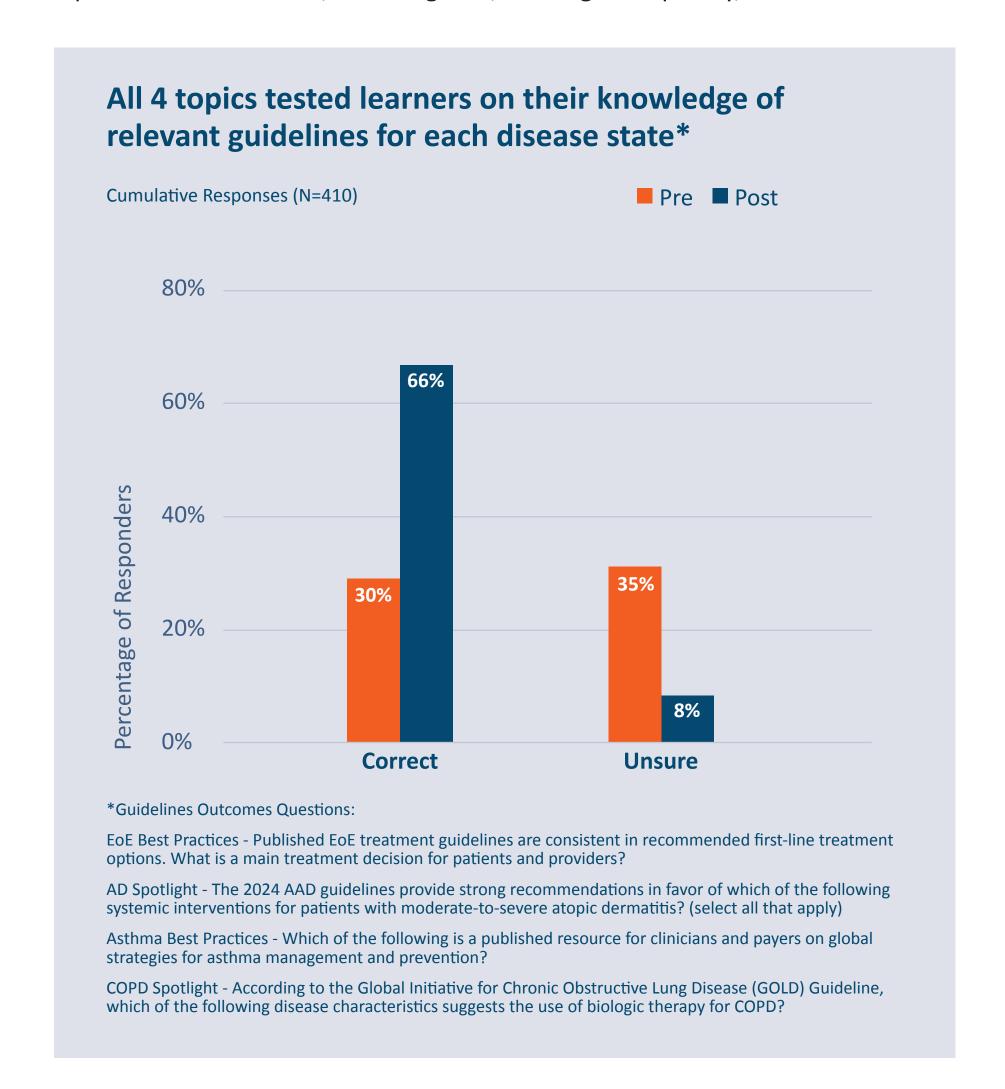


RESULTS

A total of 415 managed care professionals completed at least one of 24 activities: EoE (n=93), AD (n=112), asthma (n=193), and COPD (n=145), with 33% (n=137) participating in multiple disease tracks. Learner knowledge improved notably: correct identification of IL-13 and IL-4 as key mediators rose from 29% to 68% and from 35% to 74%, respectively (n=339), while "unsure" responses dropped from 40% to 8%. Guideline knowledge improved from 30% to 66% (n=394), and "unsure" answers fell from 35% to 8%. Learners reported intentions to apply updated clinical guidance, improve care coordination, and reassess utilization management. Asthma and COPD had the most implementation barriers, including cost, coverage complexity, and comorbidities.







CONCLUSIONS

This multi-disease CE series addressed gaps in knowledge of T2 inflammation, guideline-based decision-making where condition-specific barriers can affect implementation and equip payers to evaluate therapies with cross-indication relevance. Improved understanding of shared inflammatory pathways can inform formulary and utilization management strategies beyond individual drug reviews.







