

ADVANCING MANAGED CARE DECISION-MAKING THROUGH CROSS-DISEASE STATE UNDERSTANDING OF TYPE 2 (T2) INFLAMMATION TO TREAT THE UNDERLYING DISEASE MECHANISM

Terry Richardson, PharmD, BCACP¹; Steve Casebeer, MBA¹; Dana McCormick, RPh, FAMCP²; Jeffrey D. Dunn, PharmD, MBA³

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.

6 ACTIVITIES

2 WEBCASTS

2 PODCASTS

2 INFOGRAPHICS

FOR EACH DISEASE STATE: EOE, AD, ASTHMA, AND COPD

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.

Total learners per Webcast Topic

EoE
Oct 2024

93

Atopic Dermatitis
Nov/Dec 2024

112

Asthma
Jan 2025

193

COPD
Mar 2025

145

Attended
Combination of 2 Webcasts

90

Attended
Combination of 3 Webcasts

36

Attended
All Webcasts

11

All 4 topics asked learners to identify which interleukins are considered key mediators in type 2 inflammation

Cumulative Responses (N=446)

Pre

Post

Correct Responses

IL-13

29%

+39%

68%

IL-4

35%

+39%

74%

IL-8

6%

6%

IL-3

12%

13%

Unsure

40%

-32%

8%

Percentage of Responders

All 4 topics tested learners on their knowledge of relevant guidelines for each disease state*

Cumulative Responses (N=410)

Pre

Post

Correct

30%

66%

Unsure

35%

8%

*Guidelines Outcomes Questions:

EoE Best Practices - Published EoE treatment guidelines are consistent in recommended first-line treatment options. What is a main treatment decision for patients and providers?

AD Spotlight - The 2024 AAD guidelines provide strong recommendations in favor of which of the following systemic interventions for patients with moderate-to-severe atopic dermatitis? (select all that apply)

Asthma Best Practices - Which of the following is a published resource for clinicians and payers on global strategies for asthma management and prevention?

COPD Spotlight - According to the Global Initiative for Chronic Obstructive Lung Disease (GOLD) Guideline, which of the following disease characteristics suggests the use of biologic therapy for COPD?

CONCLUSIONS

This multi-disease CE series addressed gaps in knowledge of T2 inflammation, guideline-based care, and the evolving role of biologics with a cross-disease mechanism of action. Building knowledge across multiple disease states supports consistent evidence-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.

Author affiliations: 1. Impact Education, LLC. 2. Optum Insights. 3. Cooperative Benefits Group (CBG).

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