Effect of managed care educational interventions in multiple sclerosis during a period of advancing innovation

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BACKGROUND

While few new multiple sclerosis (MS) therapies were approved over the past decade, understanding of the disease particularly smoldering inflammation and neurodegeneration—advanced significantly. This shift outpaced treatment guideline updates and payer policies, creating a gap between emerging evidence and managed care decision-making. To address this, a multi-year, multi-format continuing education (CE) program was launched to update managed care professionals on MS. The curriculum included consistent outcomes measurements across diverse learning formats. In 2023, the program featured a live AMCP symposium, webcast, on-demand activity, and infographic. The 2024–2025 series added another live symposium with simulcast and a podcast.

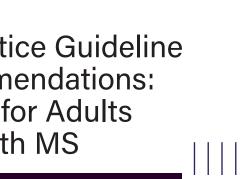
OBJECTIVE

Evaluate changes in knowledge and competence among managed care professionals regarding evolving MS pathophysiology and therapies, characterize learners and their engagement across formats, and describe payer coverage updates.

METHODS

This review analyzed data from multi-year CE activities. Learner demographics, engagement patterns, and post-activity changes in knowledge and confidence were assessed across activities.





Reaffirmed on

October 19, 2024



Using Real-World Evidence to Achieve High-Quality Care that Improves Payer Outcomes for Multiple Sclerosis

Timeline, CE Activity Topics, Components, and Learner Registrations (N), as of April 2025



N = 172



PayerTalkCE Presents: Current Strategies to Optimize Clinical, Economic, and Humanistic **Outcomes in Multiple Sclerosis**

> June 2024-**April 2024**

April 2025

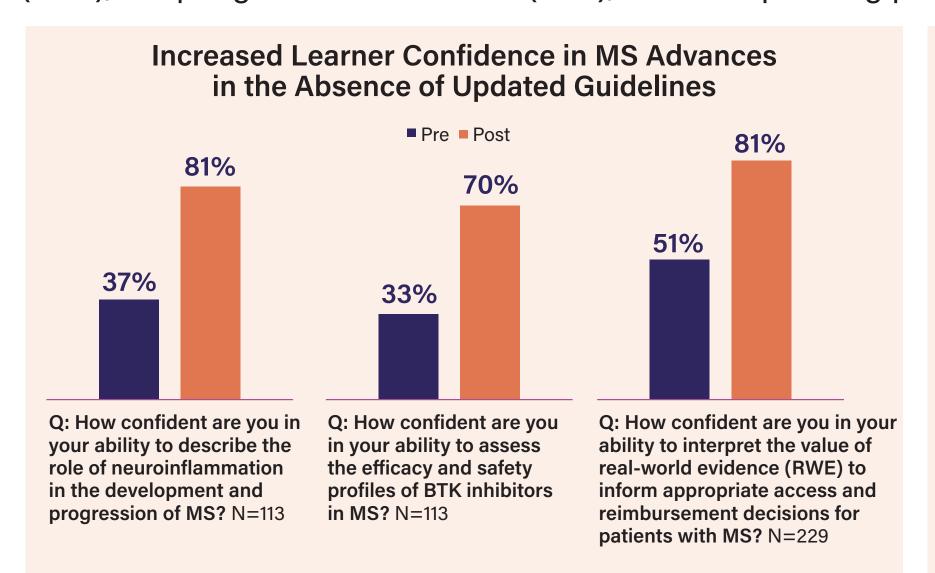
AMCP Symposium

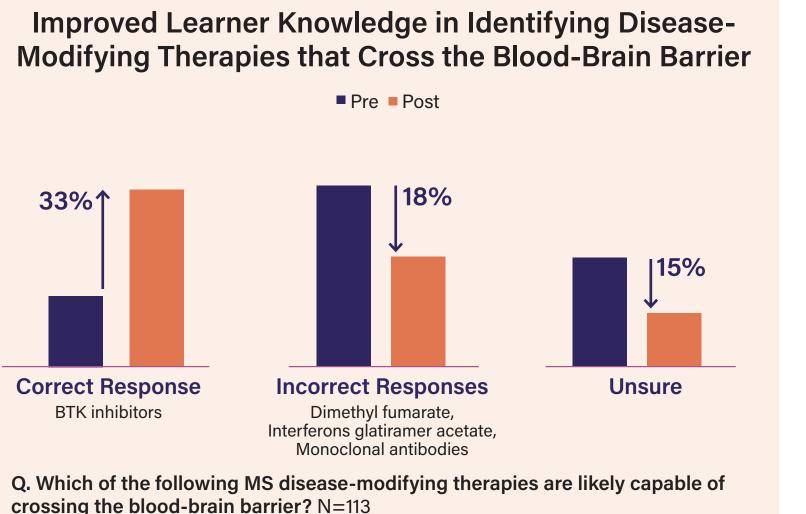
Enduring Podcast

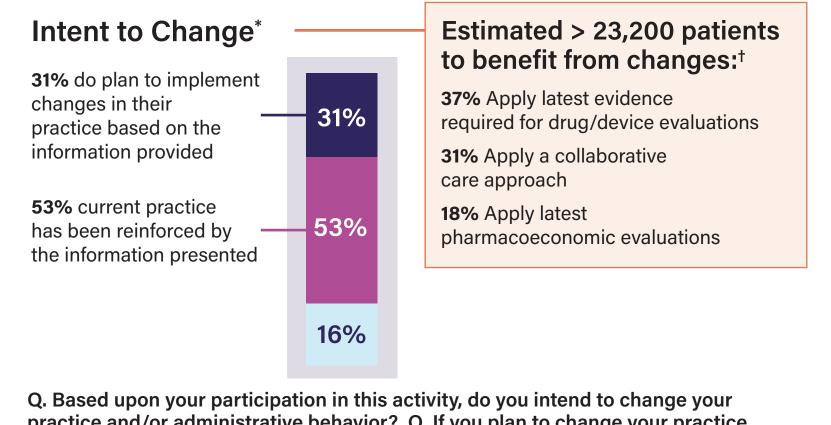
14% engaged in more than one MS CE program activity

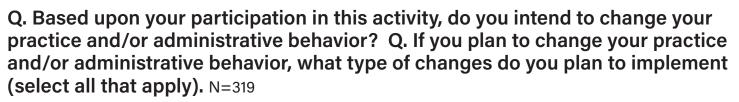
RESULTS

A total of 715 individuals registered for at least one CE activity from March 2023 to April 2025; 255 learners completed pre- and post-surveys. Learners were primarily clinical pharmacists (20%), specialty pharmacists (19%), pharmacy directors (9%), and nurses (9%) with varying years of experience. Overall, 14% of learners completed more than one CE activity. Confidence in describing neuroinflammation rose from 37% to 81% (P < .01), and in assessing BTK inhibitors (33% to 70% [P < .01]). Learners improved 33% in identifying disease-modifying therapies that cross the blood-brain barrier and increased confidence in interpreting real-world evidence by 30% postactivity. Reported intent to change or maintain practice/policies because of the education was 84%, with planned changes including applying evidence to drug evaluations (37%), adopting collaborative care (31%), and incorporating pharmacoeconomic evaluations (18%). The highest engagement occurred with live webcasts (33%).









*Intent to change was collected after each activity and responses from unique learners were captured from more than one activity if there was participation in multiple activities. †Learner reported estimates in response to Q. Thinking about how your participation in this activity will influence your patient care, how many of the patients in your practice or organization are likely to benefit?

FOLLOW-UP SURVEY

A follow-up survey was conducted with 27 pharmacists and 4 nurses from health plans (n=11), PBMs (n=7), specialty pharmacies (n=6), and other payer systems (n=7), validating that further education is needed.

Aspect of BTK inhibitors in MS where more education is needed:

Evidence on efficacy and safety across different MS populations

Comparative role vs.

Type of evidence considered most important when considering BTK inhibitors for formulary or policy decisions:

Comparative effectiveness vs. other high-efficacy DMTs 45%

Educational resource that would best support evaluation and management of BTK inhibitors for MS:

Economic modeling tools and cost-effectiveness data

CONCLUSIONS

CE for managed care professionals can address gaps in disease state knowledge and competence to support payer policy changes in the absence of updated guidelines. Participation across multiple CE activities reflects sustained interest in emerging science. Participation across formats underscores the value of diverse educational interventions in informing payer decision-making during periods of rapid innovation.











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