

# Advances in Payer and Provider Collaboration to Facilitate Optimal Outcomes for the Management of Retinal Diseases



Terry Richardson, PharmD, BCACP<sup>1</sup>, Jeffrey D. Dunn, PharmD, MBA<sup>2</sup>, Steven Casebeer, MBA<sup>1</sup>, Michael Pangrace, BS<sup>1</sup>

## Background:

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 formulary placement, step therapy, and site-of-care policies which can affect member access.

## Objective:

Enlist the input of key payer stakeholders and retinal specialists to identify barriers to appropriate access to retinal care and develop best practices for coverage policy and benefit design.

## Results from Phase I & II:

As a result of the expert interviews and working group meetings, key educational messages were identified specific to the management of retinal diseases, including age-related macular degeneration (AMD), diabetic retinopathy/diabetic macular edema (DR/DME) and retinal vein occlusion (RVO). These included: treat early and often to salvage vision, use FDA-approved anti-VEGF treatments to ensure quality, safety, and efficacy, remove administrative barriers to timely treatment and develop evidence-based and disease-specific coverage policies. Based on these results, content was developed for CE programs for payers, including a multi-track live webcast series attended by 610 payer professionals, representing 226 organizations, and with an estimated impact on more than 268,500 covered lives being managed for retinal diseases. Evaluation data showed 74% of webcast series participants plan to implement changes or had their current practice and/or administrative routine reinforced. There was a 19 percent increase (pre- to post- activity data) in participants' confidence to implement medical and pharmacy benefit design strategies that facilitate patient access to evidence-based treatment options for retinal diseases.

## Phase I Experts Collaborated to Develop Key Educational Messages and Health Plan Best Practice Recommendations for Phase II & III Programs

- ### AMD
- 1 Treat early and often to salvage vision
  - 2 Use FDA-approved anti-VEGF treatments to ensure quality, safety and efficacy
  - 3 Remove administrative barriers to timely treatment
  - 4 Develop evidence-based and disease-specific coverage policies

- ### DR/DME RVO
- 1 Clinical data demonstrates efficacy differences in anti-VEGF treatment options
  - 2 Review trends and quality in Medicare populations
  - 3 Remove administrative barriers to timely treatment
  - 4 Develop evidence-based and disease-specific coverage policies

## Phase II Webcast Change in Confidence

610 Learners

226 Organizations represented by learners

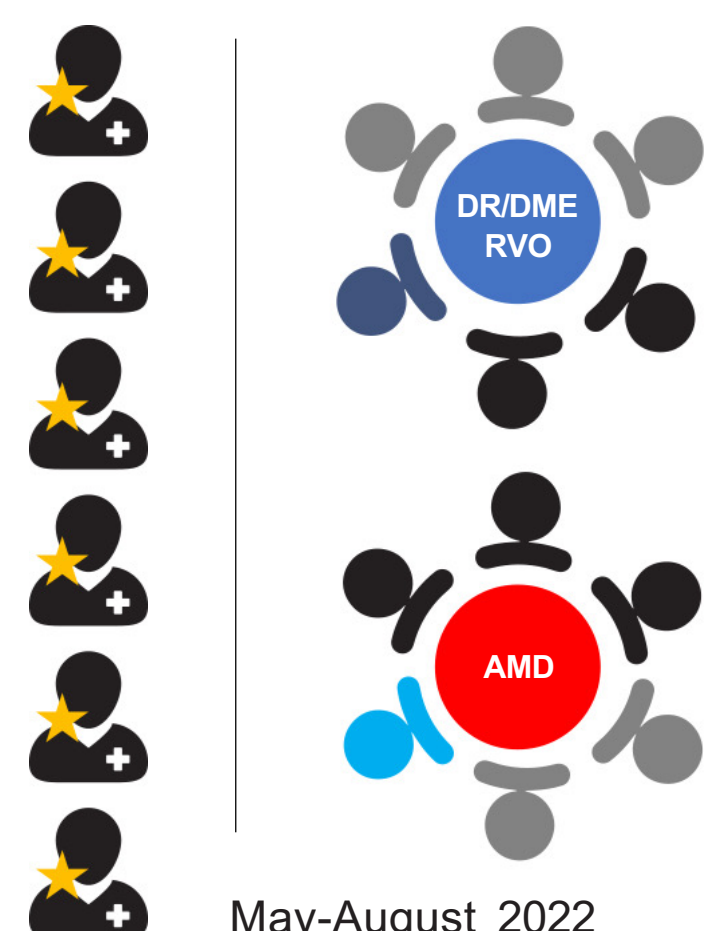
> 268,500 people with retinal disease managed in learners' settings

## Methods:

The multi-phase approach began with Impact Education, LLC conducting a series of 6 expert interviews and two virtual multi-stakeholder expert working group meetings in 2022. Retina specialists (n=14) and payer experts (n=21) participated in the two working group meetings. Payors represented more than 170 million covered lives, including approximately 2 million Medicare lives. Feedback from the working group meetings validated the original needs assessment and informed the content development for national continuing education (CE) activities that followed.

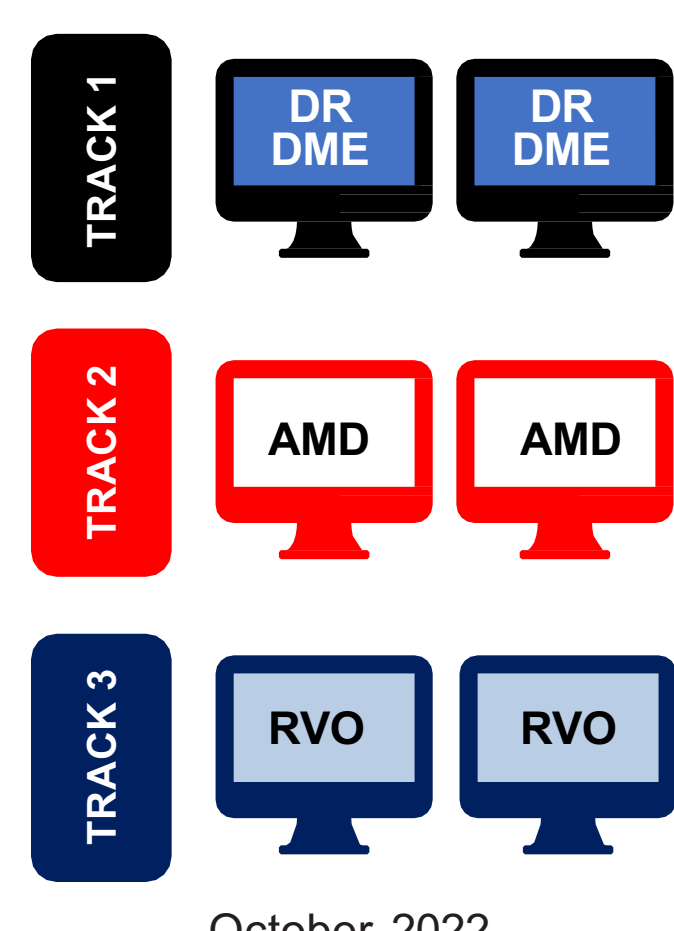
### Phase I: Payer and Provider Collaborations

Six Expert Interviews  
Two Multi-Stakeholder Roundtables



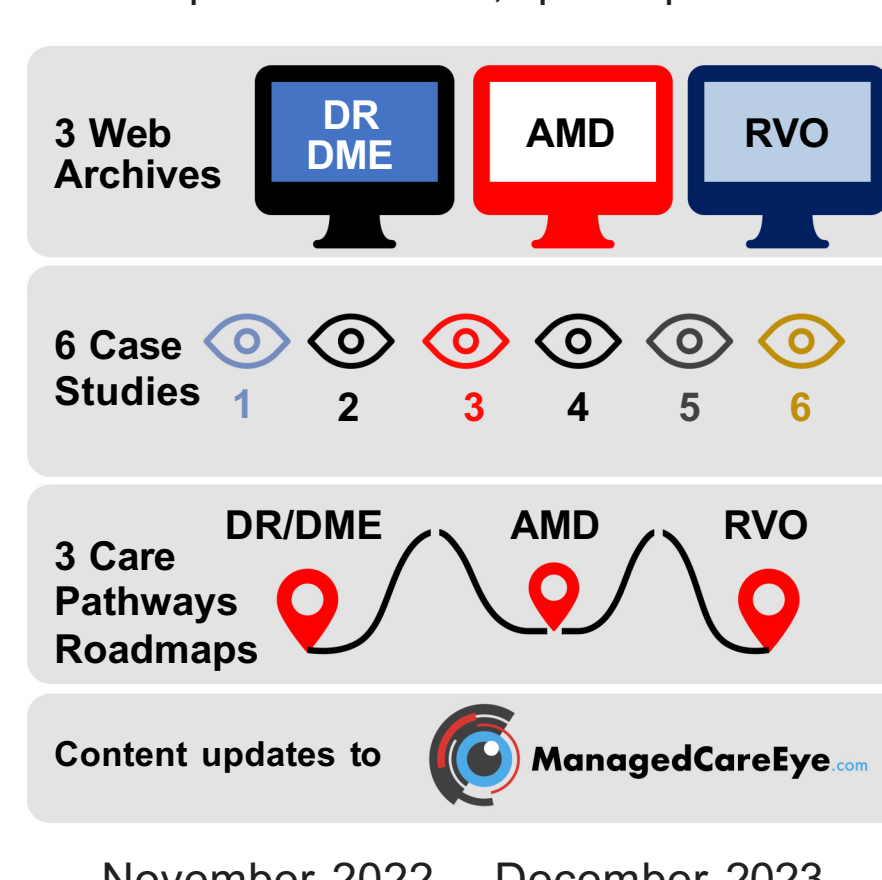
### Phase II: Live Webcast CE Series

3-tracks: total of 6 live webcasts  
CME, CPE, and CNE accredited

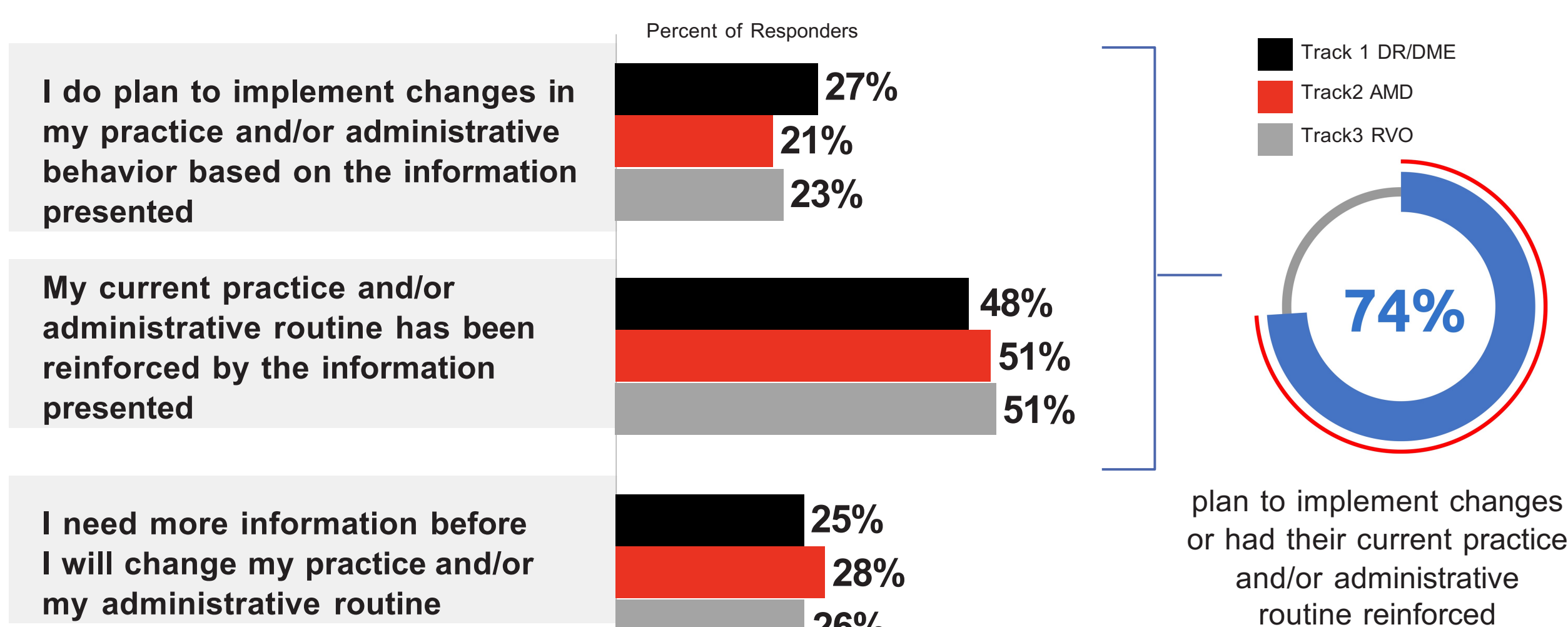


### Phase III: Interactive On-Demand CE

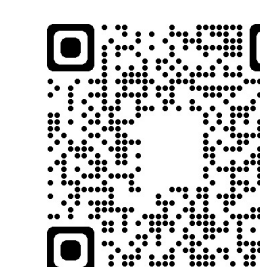
3 web archives, 6 case studies,  
3 interactive care pathway roadmaps,  
expert interviews, quick quizzes



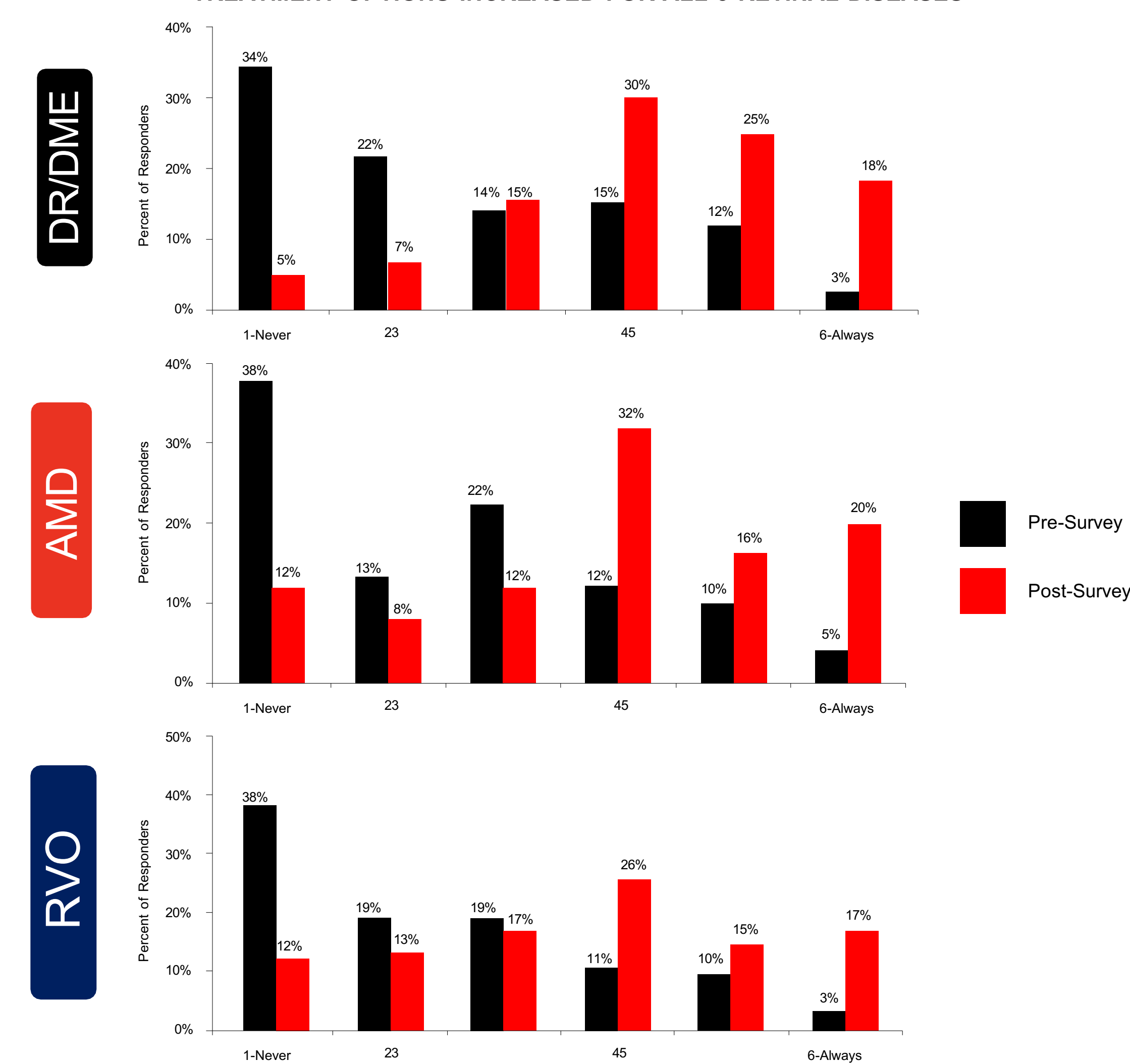
## Phase II Live CE Webcast Impact on Practice



1: Impact Education, LLC  
2: Cooperative Benefits Group  
Supported by an independent educational grant from Regeneron Pharmaceuticals, Inc.



## INTENT TO IMPLEMENT MEDICAL AND PHARMACY BENEFIT DESIGN STRATEGIES THAT FACILITATE PATIENT ACCESS TO EVIDENCE-BASED TREATMENT OPTIONS INCREASED FOR ALL 3 RETINAL DISEASES



## Conclusions:

A multi-phase payer and provider collaboration is an effective strategy to identify and address payer practice gaps and educational needs for appropriate access to retinal disease therapies and related plan strategies for improving the overall management of retinal diseases.