



Considerations for managing the treatment journey for bispecific antibody therapies

in patients with multiple myeloma



Glossary

ACCC: Association of Community Cancer Centers

AR: Adverse Reaction

BCMA: B-cell Maturation Antigen

BI/PA: Benefits Investigation/Prior Authorization

CD3: Cluster of Differentiation 3

CDC: Centers for Disease Control and Prevention

CRS: Cytokine Release Syndrome

EHR: Electronic Health Record

FcRH5: Fc Receptor-like 5GPRC5D: G Protein-Coupled Receptor Class C Group 5 Member D

ICANS: Immune Effector Cell-Associated Neurotoxicity Syndrome

MM: Multiple Myeloma

NTAP: New Technology Add-On Payments

REMS: Risk Evaluation and Mitigation Strategy

References

1. Parrondo RD, et al. Bispecific antibodies for the treatment of relapsed/refractory multiple myeloma: updates and future perspectives. *Front Oncol*. 2024;14:1394048.
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3. Wang X, et al. Efficacy and safety of bispecific antibodies therapy for relapsed or refractory multiple myeloma: a systematic review and meta-analysis of prospective clinical trials. *Front Immunol*. 2024;15:1348955.
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5. ACCC. Best Practices in Expanding Access to Bispecific Antibodies and Adverse Event Management. Accessed January 10, 2025. <https://www.accc-cancer.org/home/learn/precision-medicine/treatment/bispecific-antibodies/best-practices-bispecific-antibodies>
6. ACCC. Bispecific Antibodies Checklist for Community Providers. Accessed January 10, 2025. <https://www.accc-cancer.org/docs/projects/bispecific-antibodies/checklist-for-bispecific-antibodies-jan-2022.pdf>
7. CDC. Memorandum of understanding. Accessed January 10, 2025. <https://www.cdc.gov/ophdst/media/pdfs/2024/06/MUboilerplate0907.pdf>

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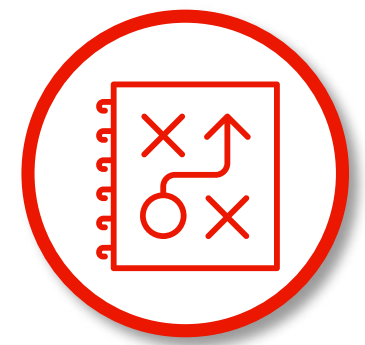
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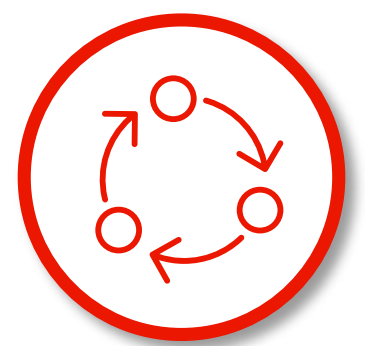
Bispecific antibody therapies and considerations for the treatment journey



Expanding horizons in cancer care with bispecific antibodies



The treatment landscape for multiple myeloma (MM) has **evolved significantly** over the past decade

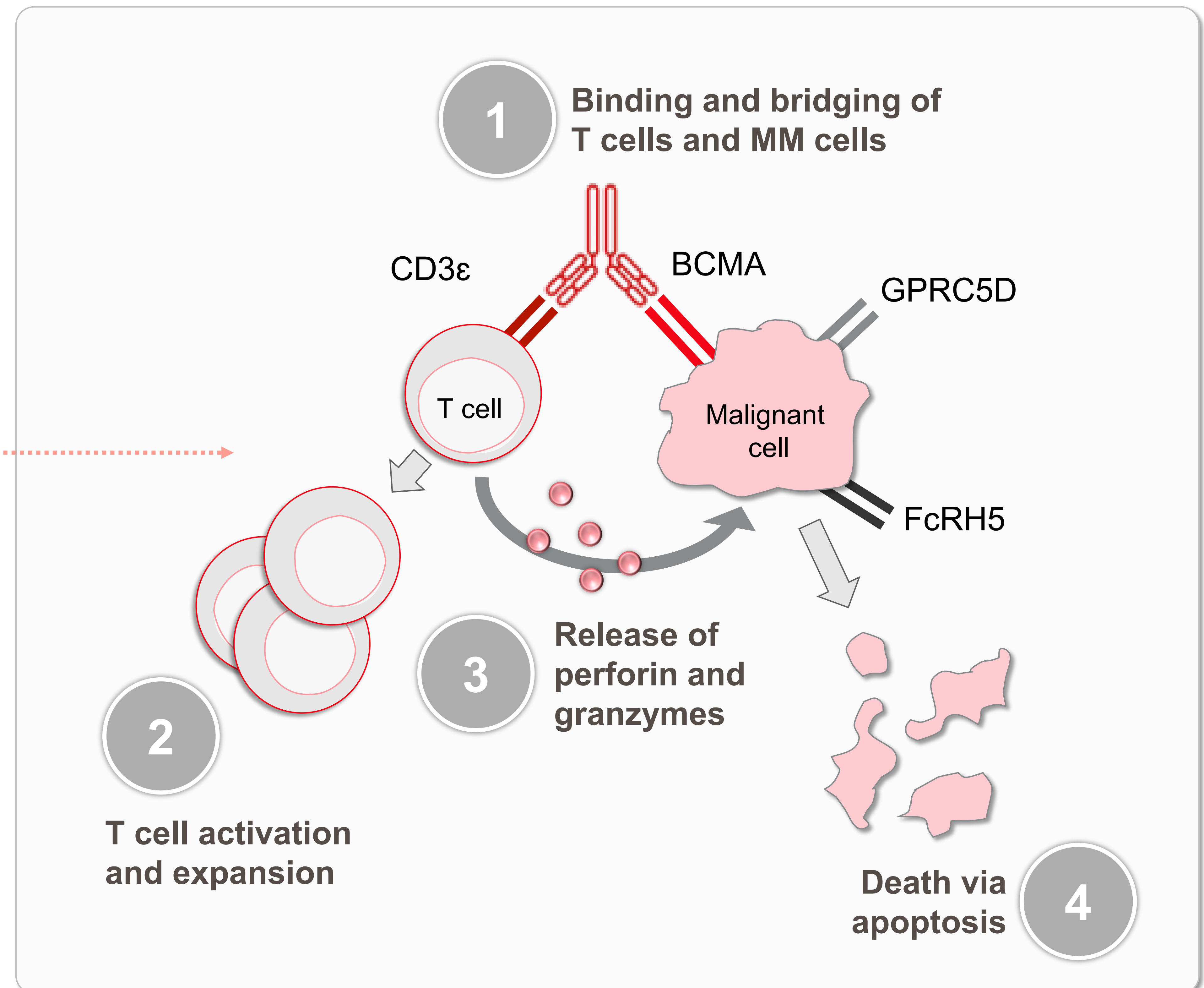


With its **MOA**, bispecific antibodies have emerged as an important therapeutic option



The utility of bispecific antibodies is being explored in a **variety of settings** within multiple myeloma, as well as other tumor types^{1,2}

Bispecific antibodies bind to an antigen on both T cells and MM cells^{3,4}



Transitions of care along the treatment journey

Due to the multi-phase treatment journey, transitions of care may occur

As such, there can be variability in site of care models for bispecific antibody therapies⁵

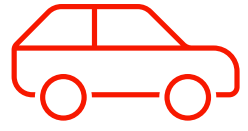



	Diagnosis & treatment choice	Step-up dosing	Treatment dosing
1 center	1 care center for diagnosis, step-up dosing, and treatment dosing		
2 centers	Local oncologist refers patient for step-up dosing	Step-up dosing at initiating center	Patient returns for treatment dosing
Multi-center	Local oncologist refers patient for step-up dosing	Step-up dosing at initiating center	Patient goes to another center for treatment dosing

T = transition site of care

Transferring back to a local oncologist for treatment dosing

Returning to a local oncologist helps ensure that ongoing treatment is accessible and patient-centered

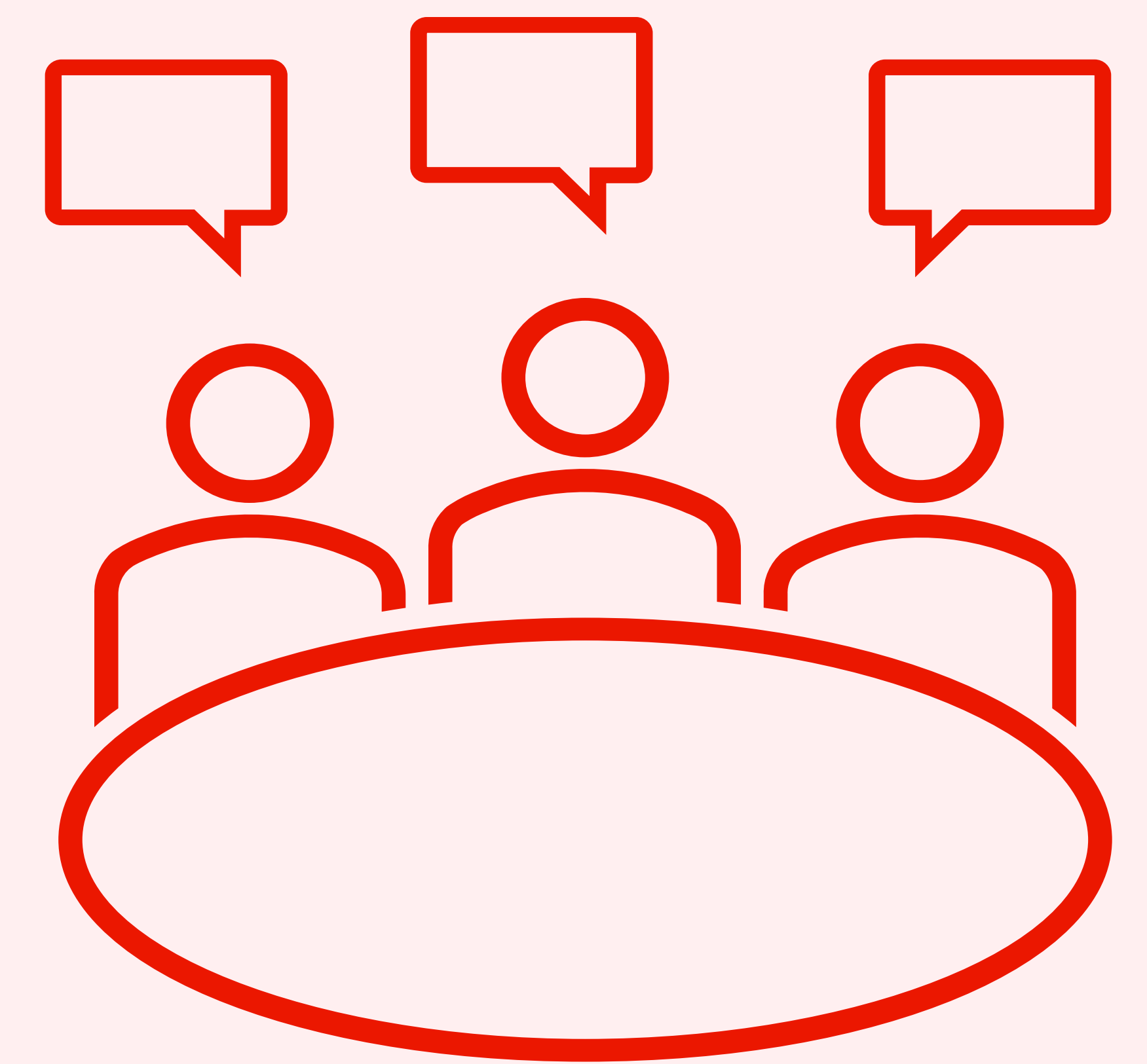
Why transfer to a local oncologist for treatment dosing?

-  Patient convenience/preference
-  Continuity of care
-  Efficient resource utilization
-  Cost considerations



Discussion

- If transferring care, what is your current approach to transferring patients to a treatment center for bispecific antibody therapies?
- If transferring care, what challenges or barriers do you encounter in the patient transfer process, and how do they impact care delivery?

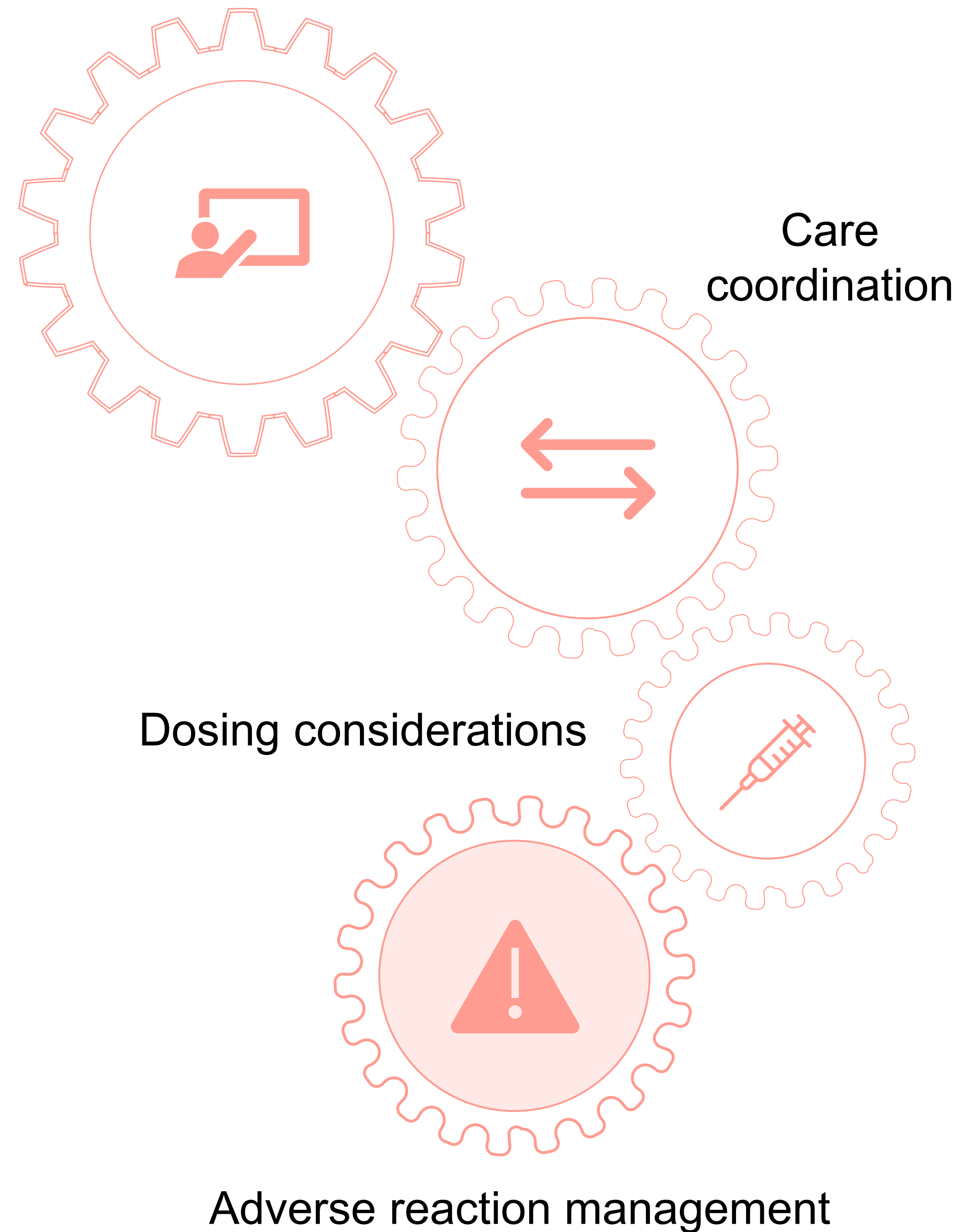


Stakeholder considerations when preparing for a transfer

It is good to be aware of the unique considerations that various stakeholders have

Provider & care team

Staff education, including REMS certification

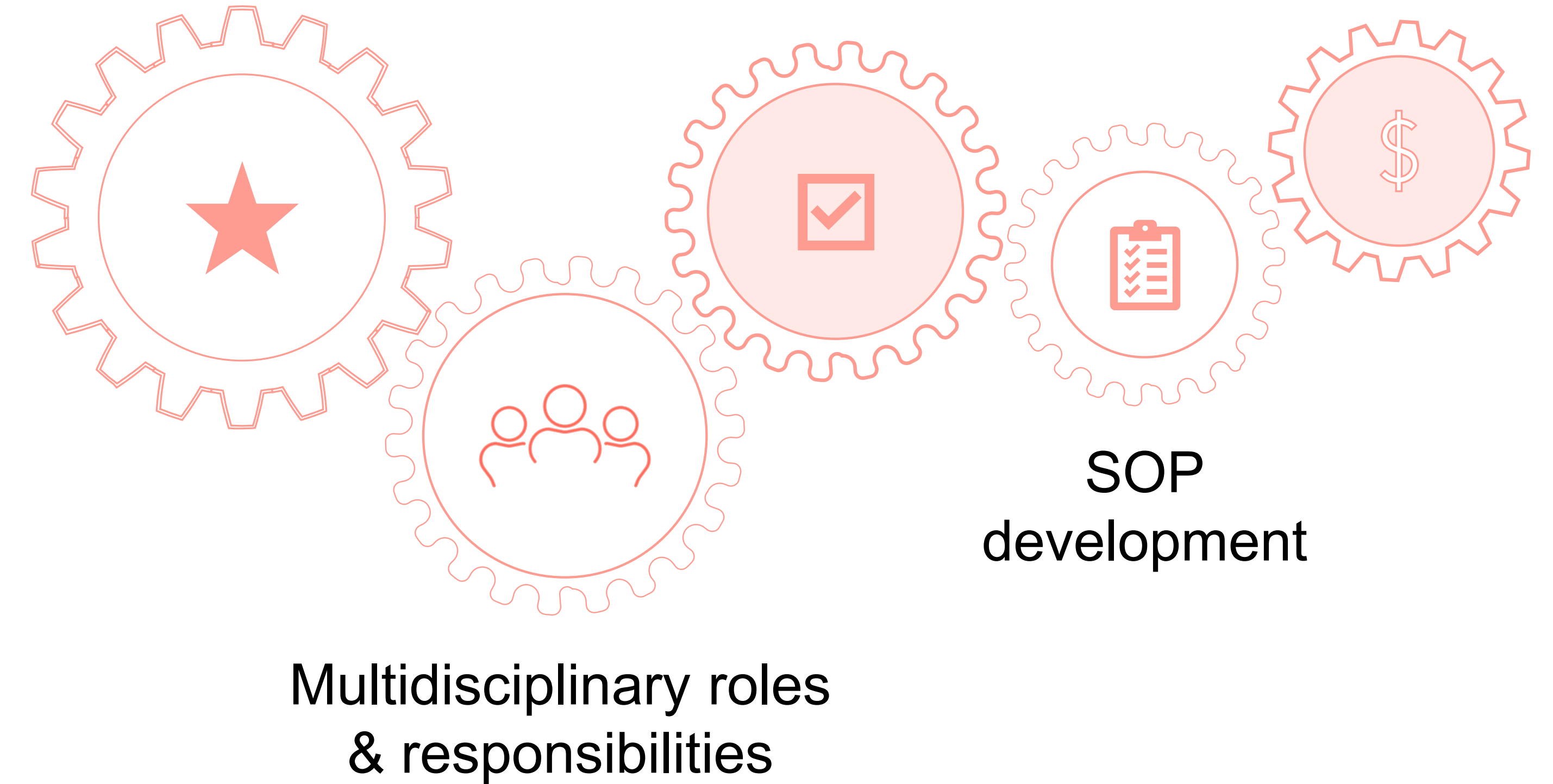


Facility

Operational champion

REMS certification

Financial considerations



SOP development

Patient & care partner

Education and expectations for treatment

Logistical preparedness



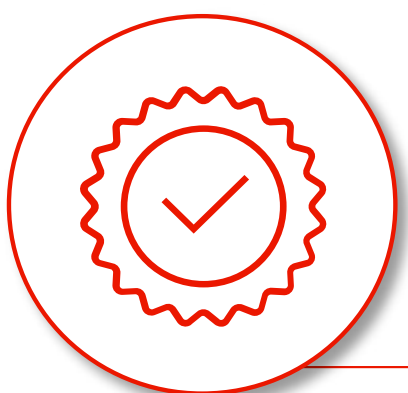
For more information, ask your Area Business Specialist (ABS) for available resources

Care coordination:

Confirm site preparation



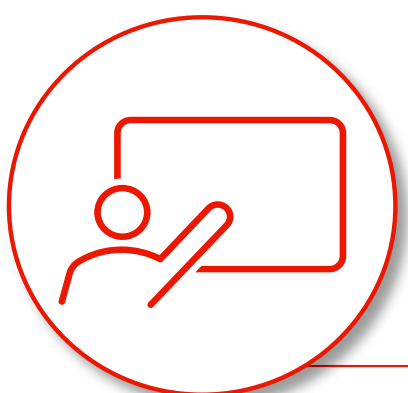
Is the site of care prepared?⁶



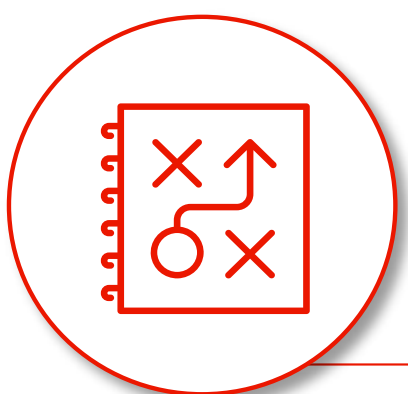
Is the site REMS-certified for a given bispecific antibody therapy?



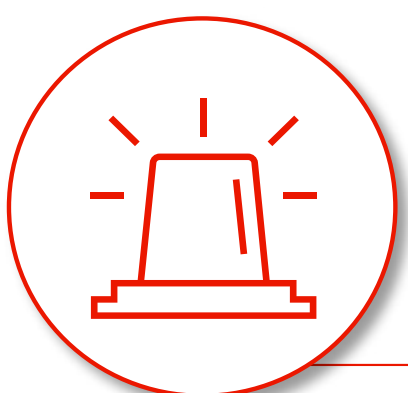
Are protocols and training in place to manage ARs (eg, CRS and ICANS)?



Have key service lines been trained and communication plans established?



Are treatment notes, patient records, and handoff plans prepared?



Is the site equipped to handle emergencies?

Care coordination:

Define responsibilities



What are the roles/responsibilities of each care center?^{5,6}



Conduct
BI/PA



Develop
treatment plan



Inform patient
of estimated
costs



Review patient
care plan



Schedule
patient



Connect patient
with a care
navigator



Follow-up
care



Provide patient
support tools



Provide social
work support



Care partner
support and
education

A memorandum of understanding (MOU) can help establish roles/responsibilities



Data rates may apply.

MOU from the CDC
Template created by the CDC⁷

Care coordination:

Align on information transfer



Approaches for information transfer⁶

- ① What information needs to be transferred?
- ① Who is responsible for transferring the information?
- ① How will receipt of information be confirmed?
- ① Are the EHR systems compatible?
- ① If not, how will information be shared?



Practical considerations for treatment planning with bispecific antibodies

in patients with multiple myeloma



Guided treatment planning for bispecific antibodies

With bispecific antibodies, seamless care coordination and thoughtful treatment planning are paramount



A streamlined approach to managing bispecific antibodies

Let's review practical, actionable steps related to:

- ☐ Initial patient transfers
- ☐ Ongoing treatment dosing
- ☐ Support for patients + care partners



Referring a patient to the initiating treatment center





Initiating treatment center



Determine the appropriate initiating treatment center

Determine the appropriate initiating treatment center for your patient based on:

- ☐ REMS certification
- ☐ Geographical distance
- ☐ Insurance coverage





Treatment planning



Align and coordinate

Align on patient treatment care plan and coordinate patient transfer with the initiating treatment center

- ☐ Establish effective communication methods with initiating treatment provider(s) and/or care team
- ☐ Forward any important discharge information, treatment notes, and records to initiating treatment site
- ☐ Outline and discuss patient return for ongoing treatment



Encourage the patient or their care partner to engage the initiating treatment center for bispecific education, including outlining the step-up dosing schedule and administrative logistics



Preparing for ongoing treatment





Considerations and communication



Site considerations and communication

Ensure that...

- ☐ Treating prescribers and pharmacists receive REMS certification
- ☐ Your site communicates with the initiating treatment site:
 - Regarding status of the treatment plan and timing of transfer
 - Regarding all necessary transfer information (treatment notes and patient records)
- ☐ Your site performs benefits investigation (eg, J-Code, NTAP) and obtains new prior authorization, if required

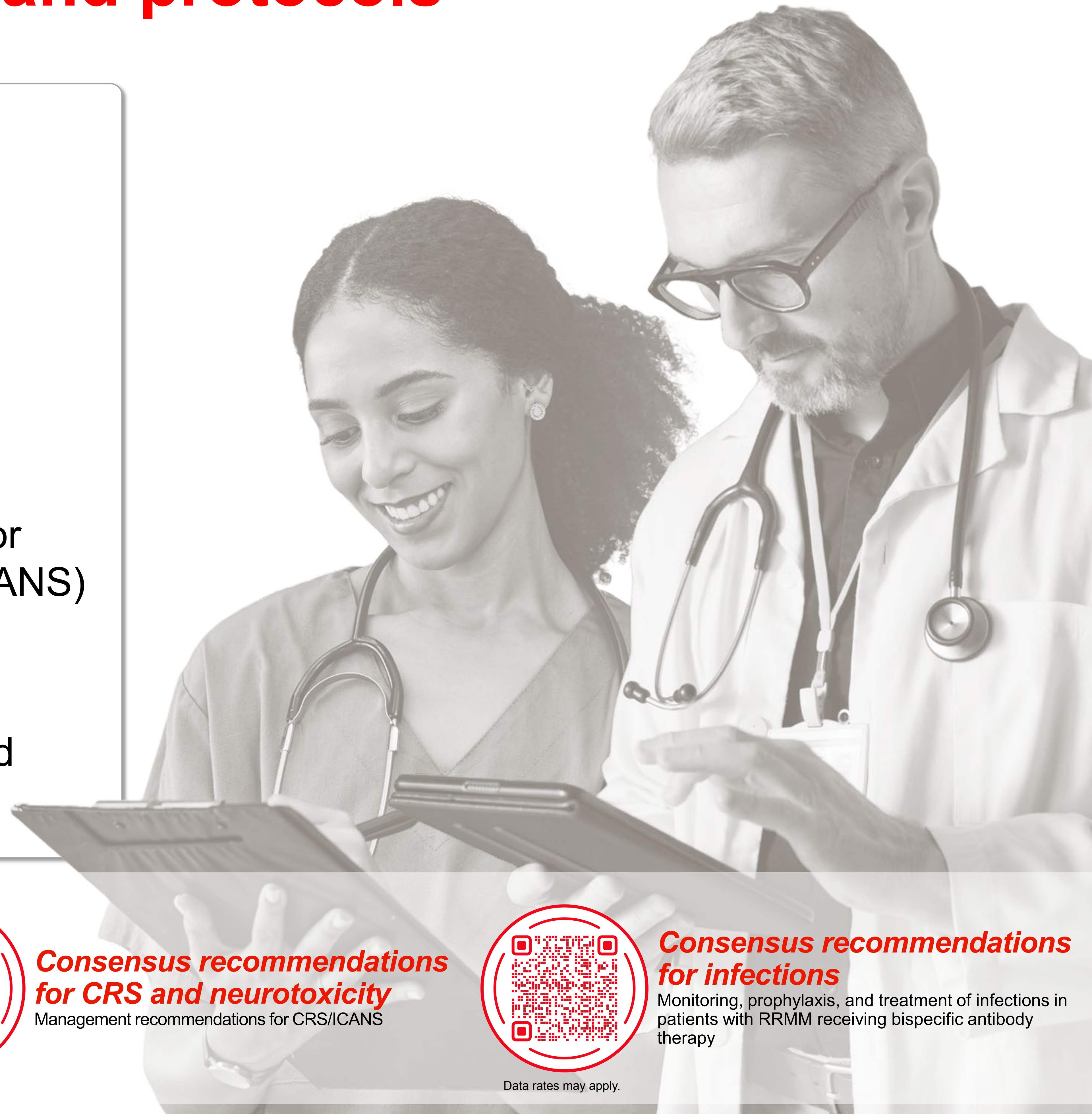
Adverse reaction training and protocols



Protocols and training for AR management

Establish AR protocols and train the corresponding staff on:

- ☐ Cytokine Release Syndrome (CRS)
- ☐ Neurologic toxicity, including Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS)
- ☐ Infections
- ☐ Drug-specific AR management incidence and protocols



Resources



Data rates may apply.

American Oncology Network
Management recommendations for CRS/ICANS



Data rates may apply.

Consensus recommendations for CRS and neurotoxicity
Management recommendations for CRS/ICANS



Data rates may apply.

Consensus recommendations for infections

Monitoring, prophylaxis, and treatment of infections in patients with RRMM receiving bispecific antibody therapy



Ensure supportive therapies are available for CRS and neurologic toxicity, including ICANS



Tools to aid in patient support



Patient support tools

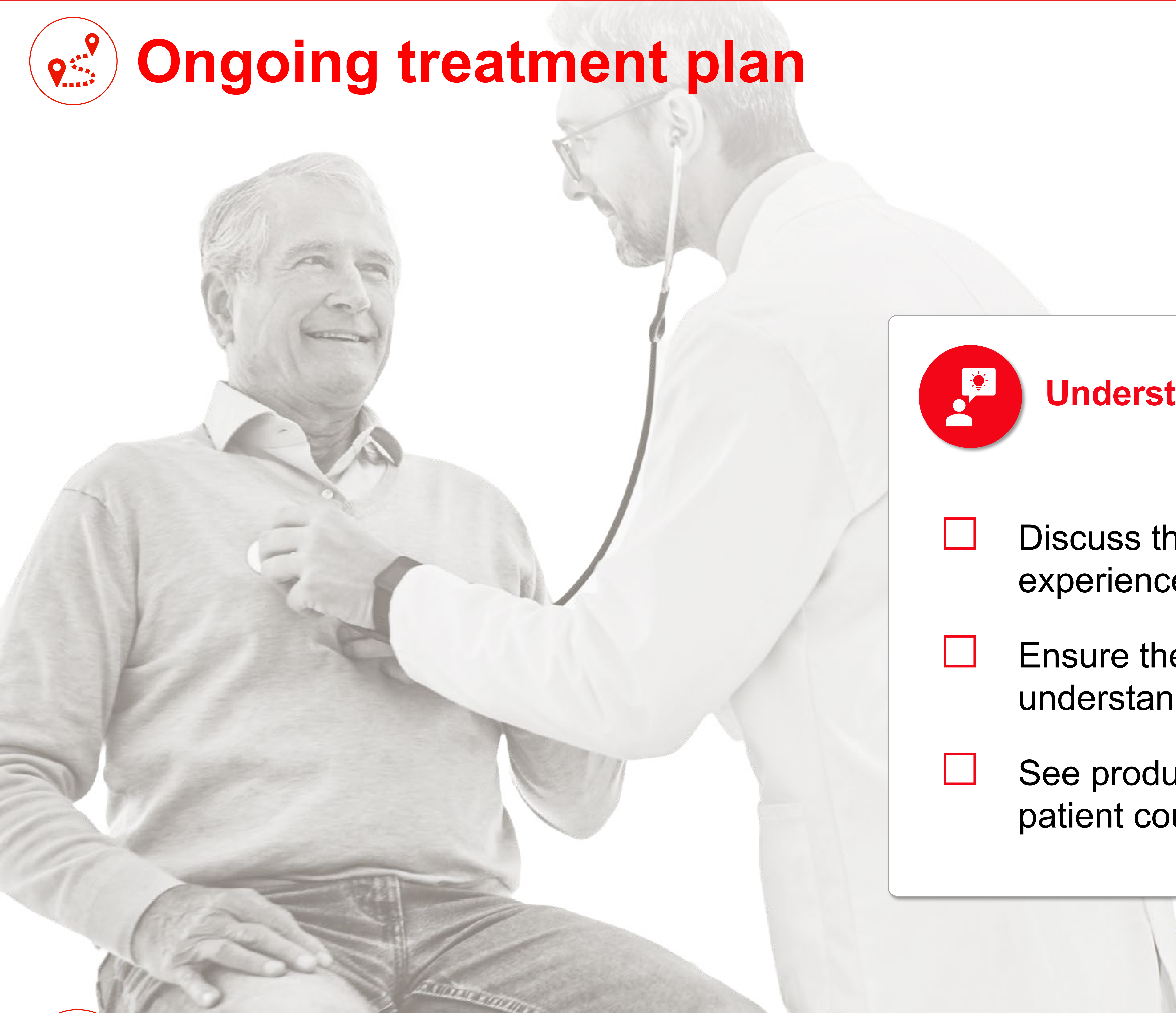
- ☐ Confirm the patient has received and is carrying patient support tools as prescribed (eg, wallet card, drug brochures, symptom tracker tools, treatment/dosing calendars, etc.)

Education and logistics for ongoing treatment





Ongoing treatment plan



Understanding the treatment plan

- ☐ Discuss the patient's step-up dosing experience
- ☐ Ensure the patient and care partner understand the ongoing treatment plan
- ☐ See product's full Prescribing Information for patient counseling information



Provide and advise the patient to read any Medication Guide for their product

Logistical and financial assistance may be available from bispecific antibody therapy manufacturers





Ongoing patient and care partner support



Patient and care partner support, moving forward

Ensure the patient has:

- ☐ Scheduled their next treatment doses

Confirm support during treatment, including:

- ☐ Care partner support
- ☐ Travel, and transportation to/from appointments
- ☐ Discuss any concerns with the patient and care partner about ARs and recap the treatment plan if the patient experiences any symptoms of ARs



Provide the phone number of the treating physician and where to go if the patient experiences any ARs



Discussion

- What challenges do you face when coordinating patient care for bispecific antibody dosing, particularly during the transition from step-up dosing to ongoing treatment?
- How do you manage communication with the initiating treatment center to ensure a seamless transfer of patient information and care plans?
- What additional resources or tools would be most helpful for your team when preparing patients for step-up dosing and ongoing treatment with bispecific antibody therapies?
- How do you approach patient education and support for bispecific antibody therapies, and what materials or programs could enhance your ability to educate patients and care partners effectively?

