

Operational Process Map for Bispecifics:

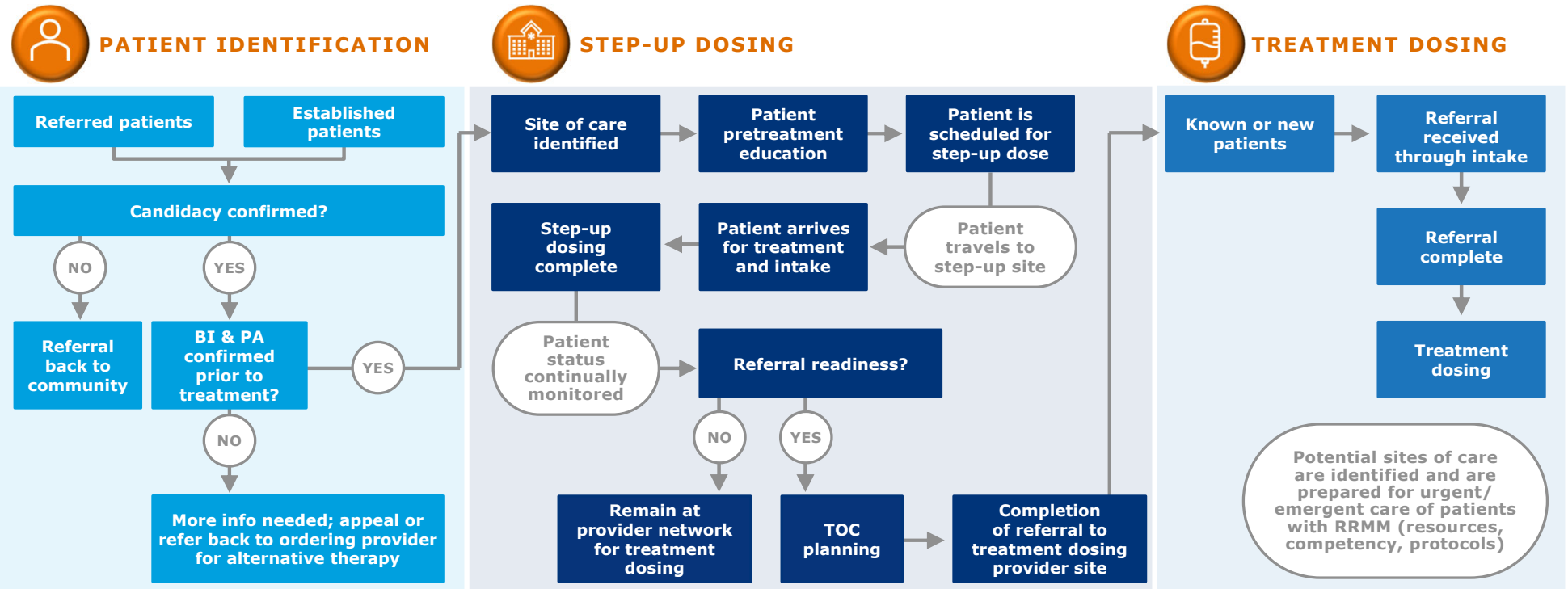
Transitions of care for adults with Relapsed or Refractory Multiple Myeloma

This resource is intended for unbranded discussions only. Discussions are meant to gather insights on operational processes related to transitions of care. General information about a disease (including route of administration), condition, or program are permitted. There must be no mention, representation, or suggestion relating to a particular drug.

cp-421971v2



Bispecific treatment is a multi-stage process



Gaps and Variations

Key Elements

BI = benefit investigation; IDN = Integrated Delivery Network; PA = prior authorization; TOC = transitions of care

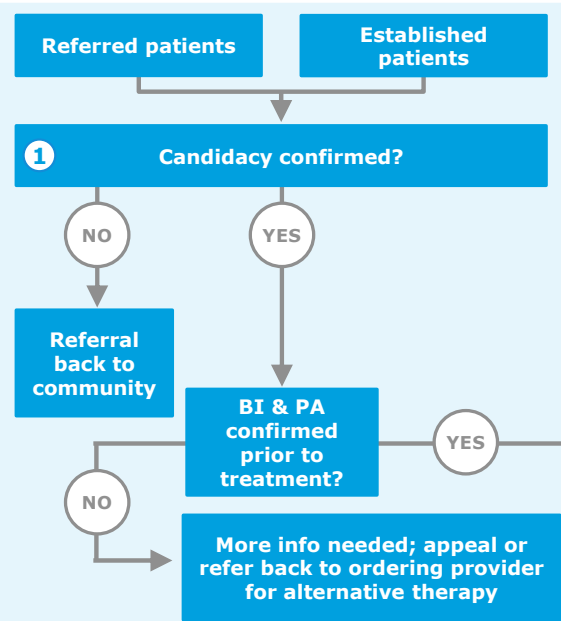
Source: Insights collected from Customer Mapping Ecosystem Sessions conducted from 7/2023 through 9/2023. Customer respondents included IDN stakeholders across clinical, administrative, and operational roles who use bispecific therapy for adults with Relapsed or Refractory Multiple Myeloma (RRMM).

Treatment and dosing decisions should be made by the provider in accordance with approved product label.

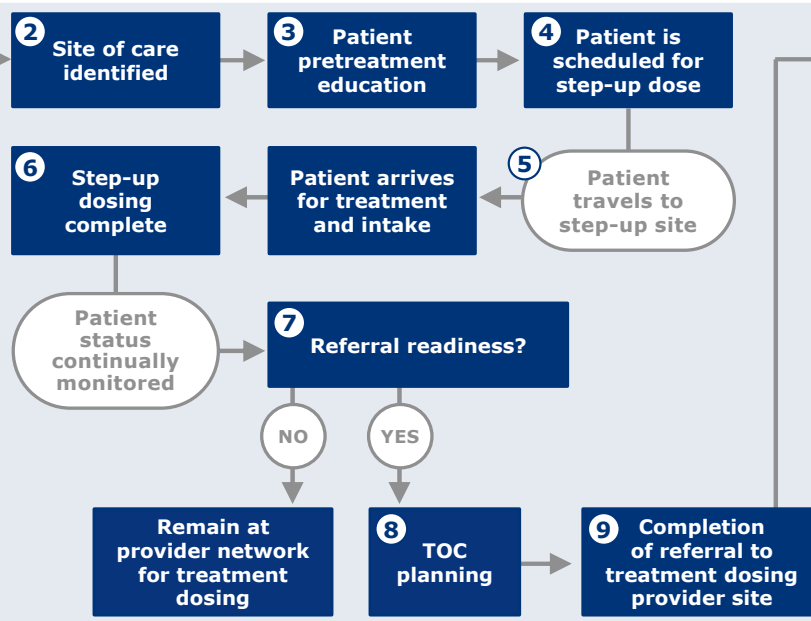
Bispecific treatment is a multi-stage process



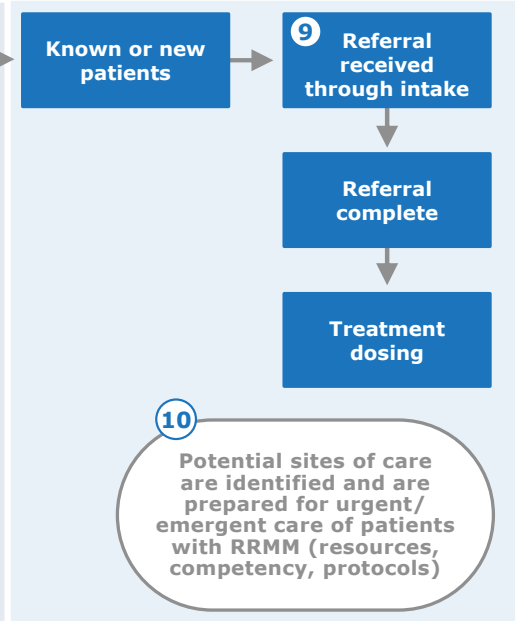
PATIENT IDENTIFICATION



STEP-UP DOSING



TREATMENT DOSING



Gaps and Variations



Key Elements

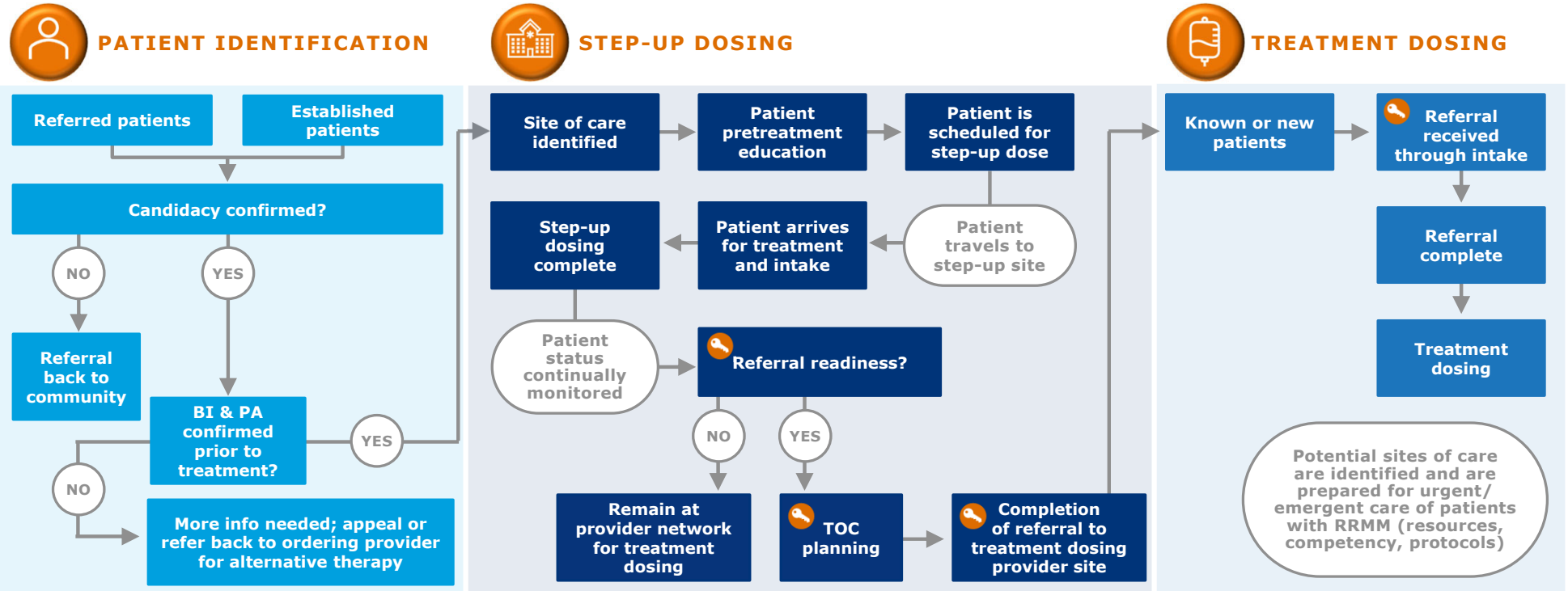
- 1 Established criteria; capacity to treat across spectrum of risk; site limitations (staffing, physical resources); proximity to patient community; availability of REMS-certified providers; patient-attributed variations (change in status of candidacy)
- 2 Variation by designated unit and location
- 3 Patient delays or does not consent to treatment
- 4 Provider capacity and admission limitations
- 5 Clinical delays, travel, other (ie, patient level of severity)
- 6 Variations in timing for dosing per label based on patient response to treatment
- 7 Delays due to clinical and operational readiness, and provider confidence to increase capacity and expand networks
- 8 Identification of outpatient site; incomplete or untimely transfer of transitions of care records
- 9 Delay in operational readiness
- 10 Provider readiness with appropriate competency or protocols for urgent/emergent care of RRMM treatment complications or adverse events

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Bispecific treatment is a multi-stage process



Gaps and Variations

Key Elements

Patient experience

- Patient treatment dosing education
- Patient understanding and willingness

Process

- Transfer of patient record
- Transfer of prescription to community oncology center
- Timely access to site and product

Clinical outcome

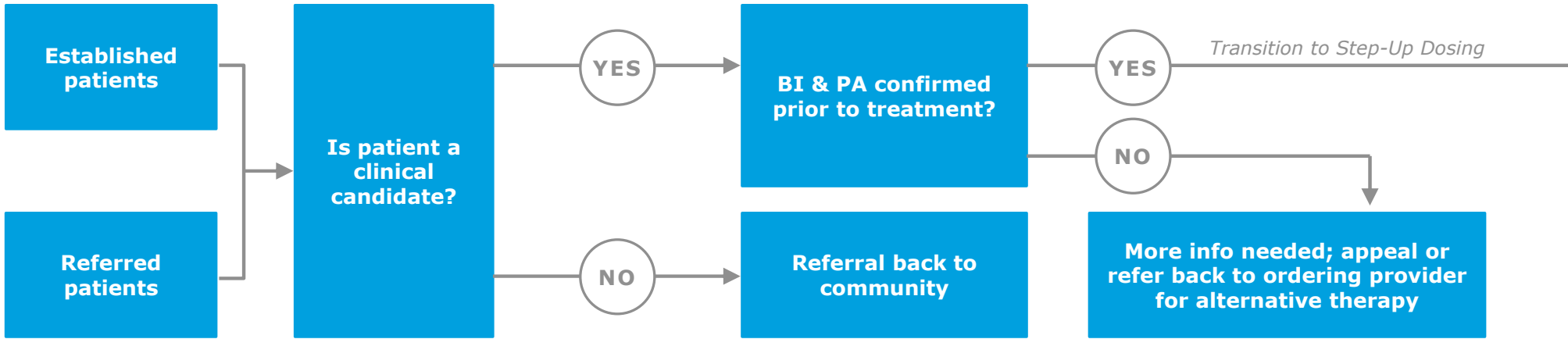
- REMS certification
- BI and PA confirmed prior to treatment

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Considerations in Patient Identification



PATIENT IDENTIFICATION



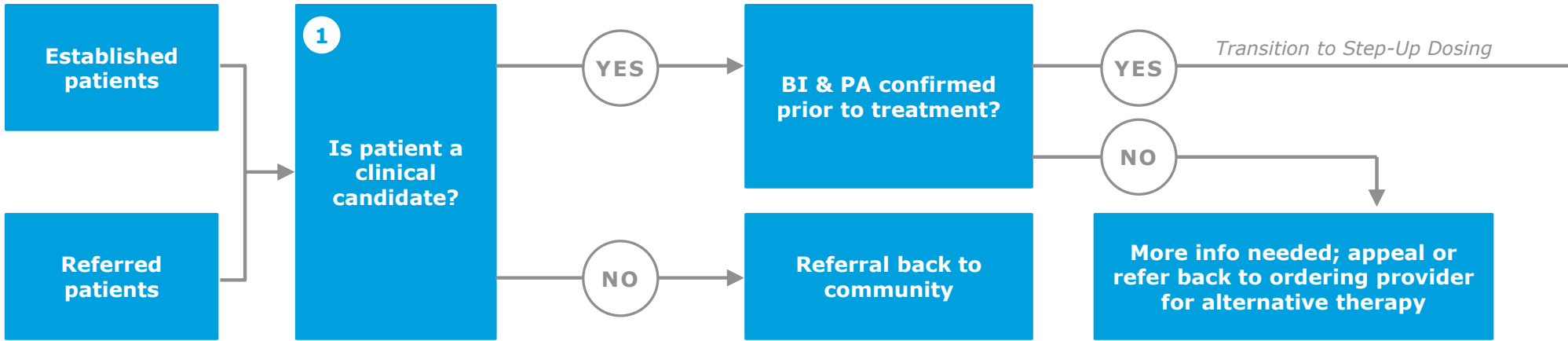
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Considerations in Patient Identification



PATIENT IDENTIFICATION



Gaps and Variations

1

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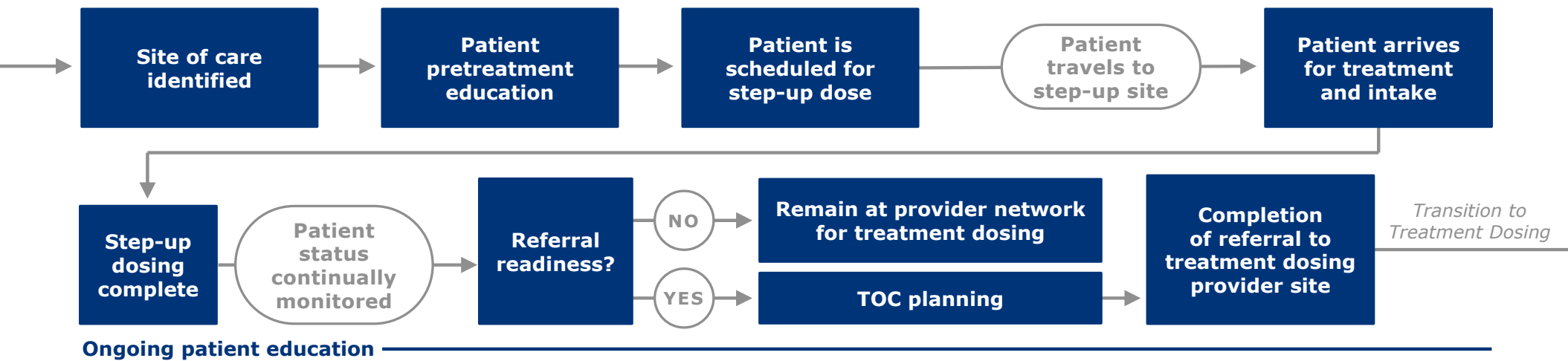
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Considerations in Step-Up Dosing



STEP-UP DOSING



Gaps and Variations



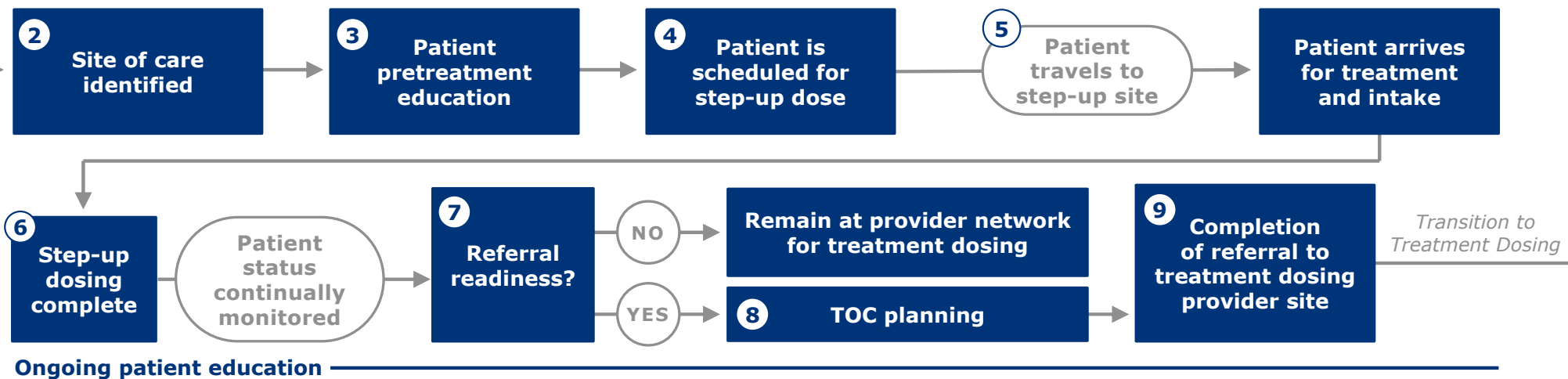
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STEP-UP DOSING



Gaps and Variations



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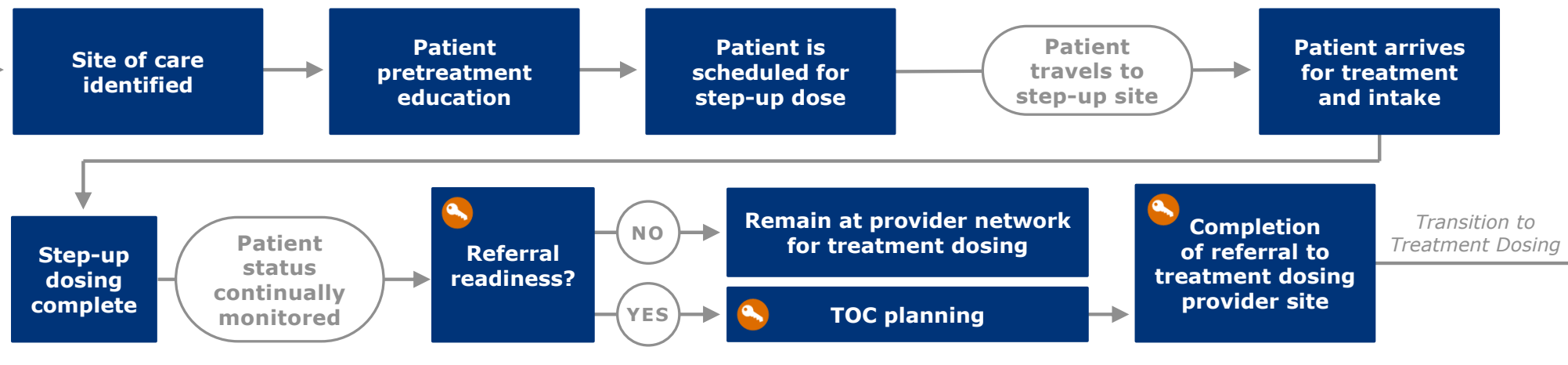
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STEP-UP DOSING



Gaps and Variations



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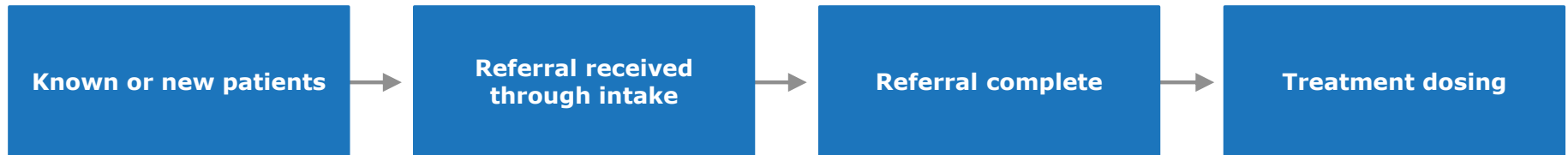
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Considerations in Treatment Dosing



TREATMENT DOSING



Potential sites of care are identified and are prepared for urgent/emergent care of patients with RRMM (resources, competency, protocols)



Gaps and Variations



Key Elements

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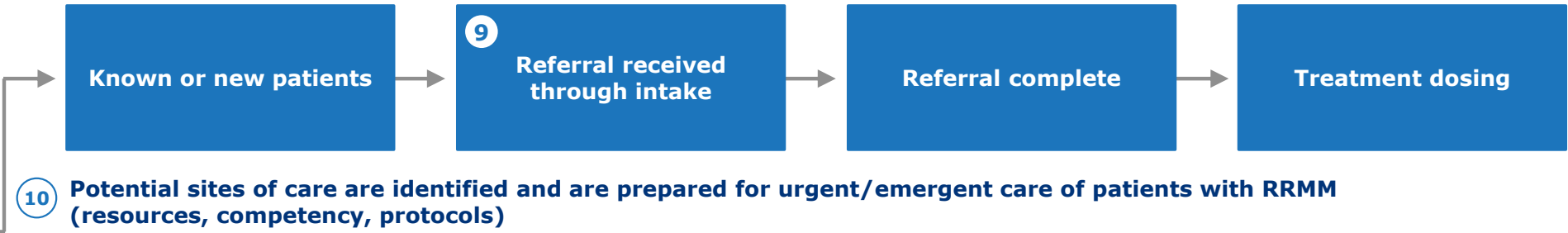
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Considerations in Treatment Dosing



TREATMENT DOSING



Gaps and Variations

9

Delay in operational readiness

10

Provider readiness with appropriate competency or protocols for urgent/emergent care of RRMM treatment complications or adverse events



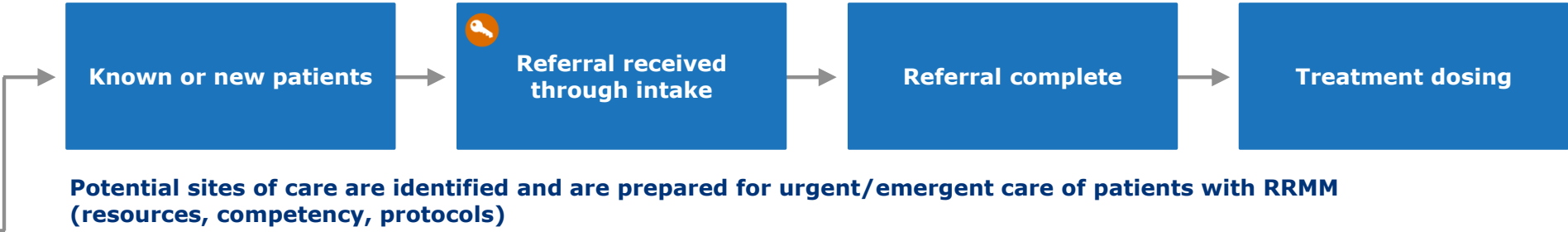
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Gaps and Variations



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Discussion Questions

Bispecific Transitions of Care Process

- How might this example relate to your current or developing process?
- What considerations, potential challenges, and opportunities might you have regarding transitions of care?
- How have you prepared your team to confidently manage patients in their treatment and transitions of care?



Patient Identification

- What factors impact your approach to selecting appropriate candidates for treatment?
- What is your current RRMM patient profile? Do you anticipate any future changes?
- How are established and referred patients treated and transitioned in your current process?
- What might be some of the reasons patients decide not to engage in treatment?



Step-Up Dosing

- What are the various ways you engage patients in their treatment?
- Please describe your approach to educating patients on aspects of treatment and self-monitoring.
- What roles are responsible for patient education in your process?
- What information and method of exchange do you utilize when patients are referred to you for treatment?
- How do you prepare for the transition of patients to Treatment Dosing? Who is responsible for the process?
- What concerns, if any, might you have regarding transitions from Step-Up dosing to Treatment Dosing?



Treatment Dosing

- Please describe your current approach for intake and referrals for patient care transitions.
- What consideration do you include when engaging patients/caregivers in transitioning to Treatment Dosing?
- What is important to you in educating patients/caregivers on aspects of treatment and self-monitoring? Describe your approach.
- What roles are responsible for supporting patient/caregiver education throughout their treatment?
- What information do you most commonly exchange with your patients/caregivers during treatment dosing?
- What areas of concern, if any, do you have around preparing patients for access to urgent/emergent care needs?