

Optimizing Care in Non-Hodgkin’s Lymphoma (NHL): Evaluating the Operational Efficiencies of Dual-Indication Therapies

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OBJECTIVE

To identify domains where a single oncology medication spanning across multiple NHL indications would improve operational efficiency and patient outcomes compared to multiple medications

FINDINGS & CONCLUSIONS

- Participants noted efficiencies of a single medication for multiple non-Hodgkin’s lymphoma (NHL) indications (dual-indication) vs. multiple medications, including less time spent on onboarding and inventory management, and increased staff familiarity
- Average time savings with a dual-indication bispecific antibody (bsAb) was **60 hours per new medication onboarding**, **7 hours per new patient prescription start**, and **3 hours at each patient’s subsequent treatment visit** compared to single indication bsAbs
- Time-savings for a dual-indication bsAb were more pronounced than for non-bsAb dual-indication medication due to greater complexity prescribing and limited staff experience
- Observed efficiencies associated with dual-indication, coupled with chair and personnel time modeling from literature^{3,4}, suggest that operationalizing epcoritamab-bysp [the only FDA approved bsAb for both 3L+ diffuse large B-cell lymphoma (DLBCL) & follicular lymphoma (FL)] may provide time savings to institutions

LIMITATIONS

- The study consists of a modest sample size of 13 healthcare professionals. This is an interim analysis of an ongoing study
- Respondents may not fully know the implications of introducing new dual-indication medications on their practices

References: 1. COLUMVI (glofitamab-exbm) Full Prescribing Information. 2023. 2. EPKINLY (epcoritamab-bysp) Highlights of Prescribing Information. 2024. 3. Lei M, et al. *Future Oncol*. 2024;20(29):2189-2201. 4. Chawla SB et al. Practice efficiencies for healthcare institutions associated with the use of epcoritamab vs other novel therapies in patients with R/R FL. Presented at: AMCP; April 15-18, 2024; New Orleans, LA

BACKGROUND

- Bispecific antibodies (bsAbs) have been approved for the treatment of non-Hodgkin’s lymphoma (NHL), including both relapsed/refractory (R/R) diffuse large B-cell lymphoma (DLBCL) and R/R follicular lymphoma (FL)^{1,2}
- Currently, EPKINLY® (epcoritamab-bysp) is the *only* bsAb for both indications of 3L+ R/R DLBCL and FL
- For oncology practices, it is unclear whether using a single bsAb for multiple indications would improve operational efficiencies compared to prescribing separate bsAbs for each of the two indications
- Published literature suggest that administration of bsAbs, specifically epcoritamab-bysp, offers time-savings to institutions by reducing chair and staff time spent to treat patients relative to other products available in R/R DLBCL and R/R FL^{3,4}

METHODS

Identify Dual-Indication Efficiency Domains

- Conducted literature search and consulted healthcare experts to identify potential domains of efficiency of dual-indication oncology medicines*

Conduct Interviews with Oncology Practice Staff

- Recruitment of oncology practice staff (Table 1) via convenience sampling aiming for representative mix of academic/community practice, practice size and geographic location

*Drug names were blinded to interviewees

- 1-on-1 interviews asked participants to describe their background and practice, identify and confirm efficiency domains, and quantify the time impact of efficiency gains to the practice

Quantify Time-Savings of Efficiencies

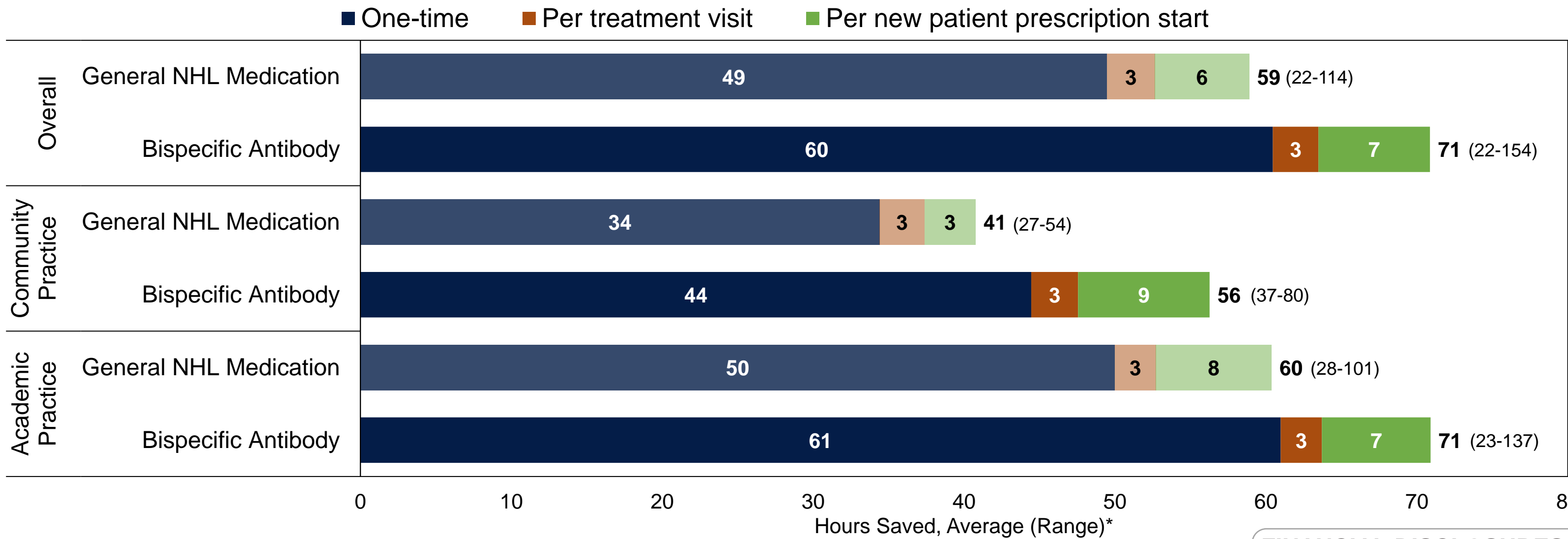
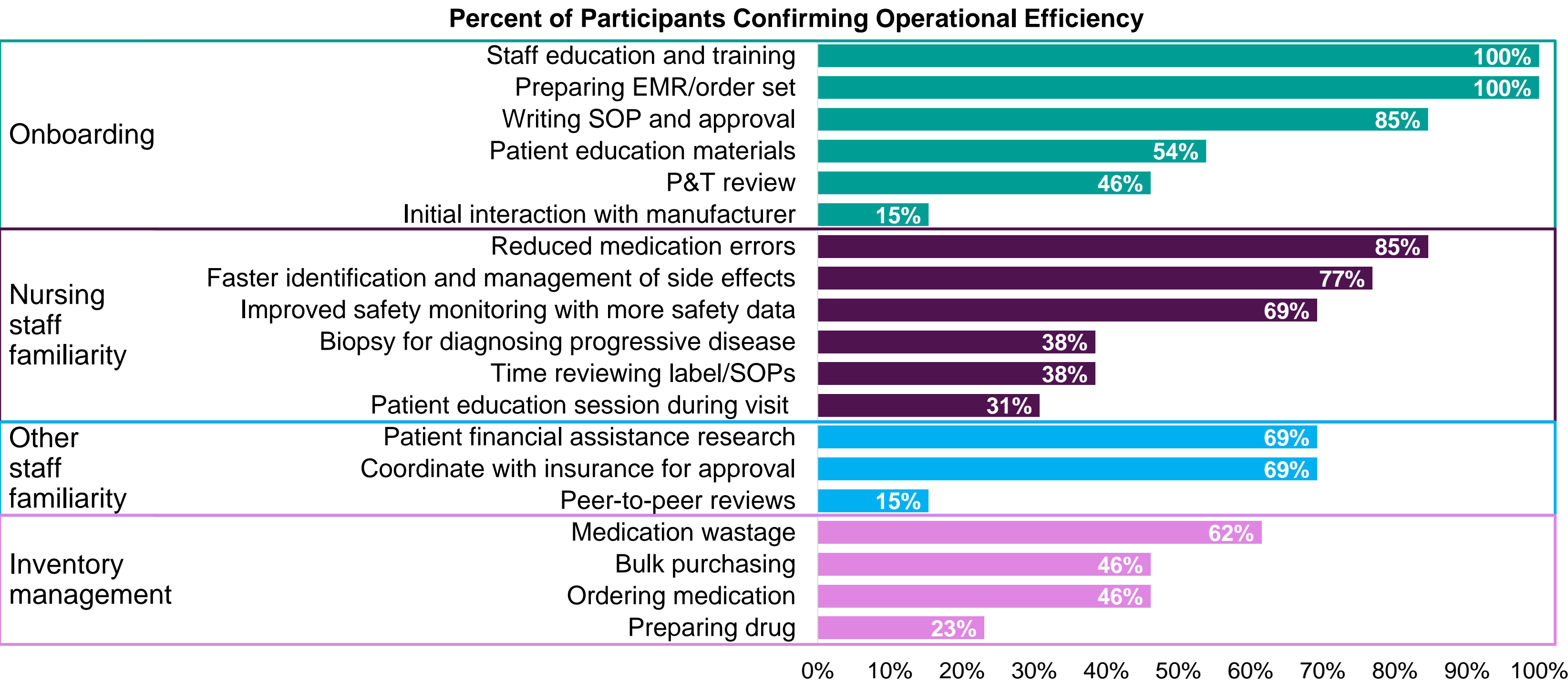
- Survey participants estimated-time savings across efficiency domains
- Time-savings reported in the context of any NHL oncology therapy and among bispecific therapies specifically to differentiate potential long-term time-savings for novel therapies

RESULTS

Table 1. Participant and Practice Characteristics

Characteristics	N=13 (%)
Participant’s Current Role in Practice	
Pharmacy Leader	4 (31%)
Nurse Practitioner	2 (15%)
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Pharmacist	2 (15%)
Physician Assistant	2 (15%)
Hematologist/Oncologist	1 (8%)
>10 Years of Experience in Oncology Practices	7 (54%)
Practice Type: Academic / Community	8 (62%) / 5 (38%)
Practice Region: Northeast / Midwest / Other	6 (46%) / 3 (23%) / 4 (31%)
>1000 Cancer Patients Treated at Practice Per Year	10 (77%)
>100 FL/DLBCL Patients at Practice Per Year	7 (54%)
>10 Hematologists/Oncologists at Practice	9 (69%)
>10 Nurse Practitioners/Physician Assistants at Practice	9 (69%)
Practice Offers Bispecific Antibodies for NHL	11 (85%)

Figure 1. Percent of participants confirming practice operational activity is more efficient with one dual-indication medication vs. two single-indication medications (interim analysis)



*Totals may differ from sum of components due to rounding.

Figure 2. Average time-savings to onboard a new dual-indication medication vs. two single-indication medications to the practice and have the new prescription ready to administer for a patient’s first visit (interim analysis)

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