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BACKGROUND

BsAbs are a class of off-the-shelf therapies that activate immune cells by simultaneously targeting tumor antigens and T or natural killer cells. Compared to CAR T-cell therapy, BsAbs offer simpler logistics and promising clinical outcomes. In FL and DLBCL, BsAbs have shown efficacy in improving survival and reducing hospitalizations.

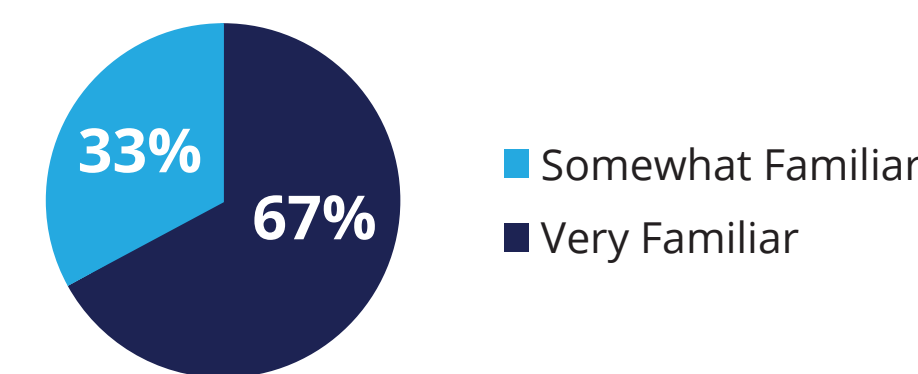
OBJECTIVE

Assess oncology experts' perspectives on the use of BsAbs in FL and DLBCL; identify key challenges related to access, cost-effectiveness, and site of care; and outline best practices to support appropriate use and coverage decisions within managed care settings.

METHODS

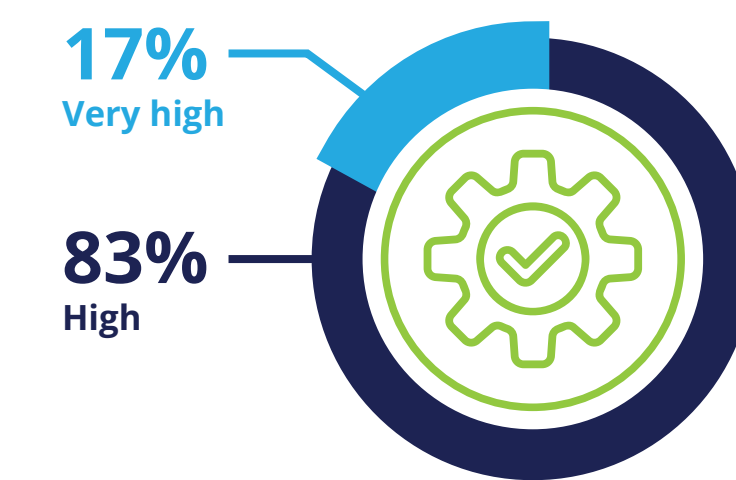
A multidisciplinary roundtable of oncology experts from managed care organizations and cancer treatment centers was held in March 2025 to discuss the clinical integration, access challenges, and value considerations of BsAbs in FL and DLBCL. The program included polling questions to quantify participant perspectives and facilitated discussions to generate qualitative insights on managed care strategies and emerging best practices. A post-meeting survey confirmed participant agreement on health plan best practices proposed during the discussion.

The participants had high baseline expertise with BsAbs, enabling in-depth, nuanced discussions on clinical integration, access considerations, and real-world application across diverse patient populations.



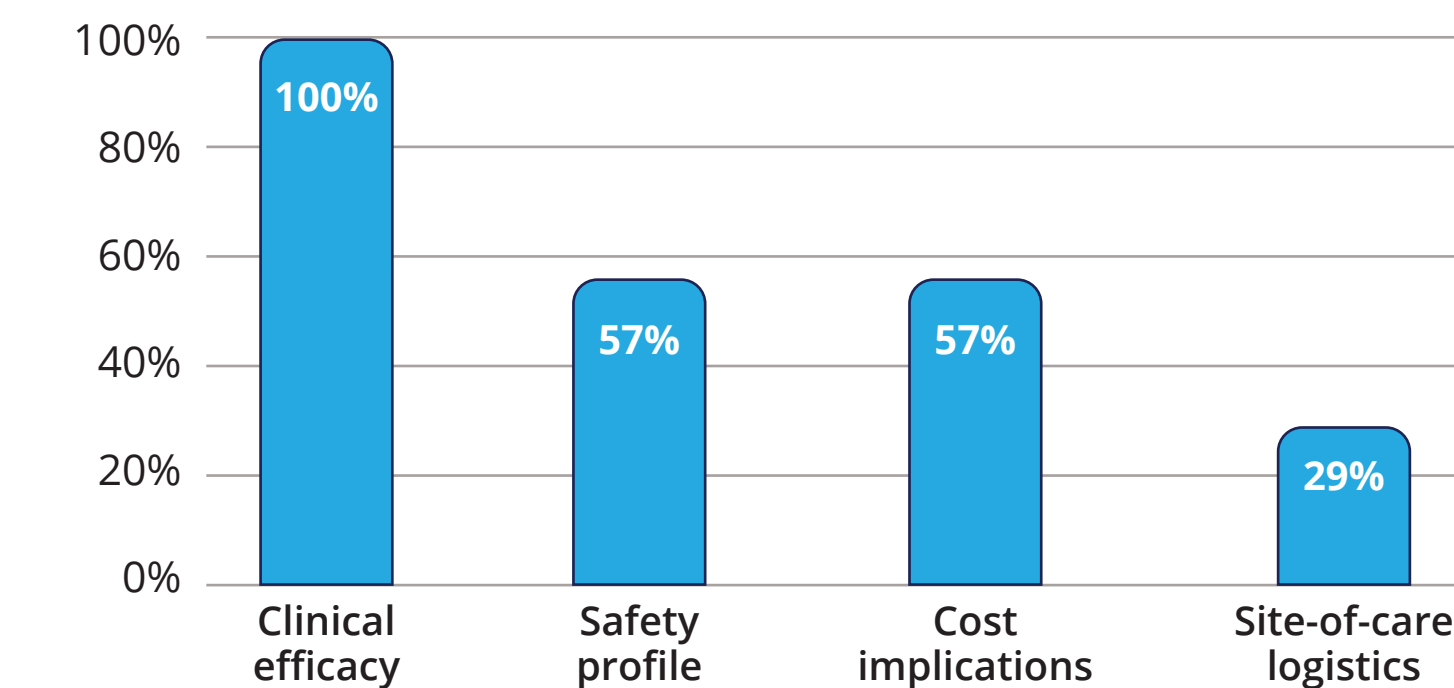
RESULTS

Polling among 6 participants showed very high (17%) to high (83%) confidence in BsAbs' clinical effectiveness for reducing mortality, adverse events, and hospitalizations in FL and DLBCL. Clinical efficacy was the top consideration when evaluating BsAbs (100%), followed by safety (57%), cost (57%), and site-of-care logistics (29%). Key challenges identified included lack of head-to-head studies (71%), site-of-care complexities (57%), and the need for long-term outcomes data (57%). Qualitative insights emphasized optimizing sequencing with other therapies, addressing geographic and socioeconomic disparities, and supporting outpatient management. The post-meeting survey showed strong agreement (weighted averages from 3.50 to 3.67 of 4) on 8 best practices generated during the roundtable, including evaluating total cost of care, advancing outpatient administration models, and developing health plan policies for appropriate BsAb use and equitable access.



Managed care participants' confidence in clinical trial data demonstrating the effectiveness of BsAbs in reducing mortality, adverse events, and hospitalizations for FL and DLBCL is high.

The primary focus is on whether BsAbs demonstrate clinical efficacy, but safety, cost, and site-of-care logistics serve as key differentiators when comparing treatment options due to a lack of head-to-head clinical trial data.



Polling Q: What is your primary consideration when evaluating the role of BsAbs for FL and DLBCL?

Data gaps, site-of-care complexities, and long-term data are recognized as key challenges in optimizing the use of BsAbs.

Limited head-to-head studies to inform decision-making **71%**

Managing site-of-care logistics **57%**

Long-term data on effectiveness and safety **57%**

Safety and side effect management **43%**

Acquisition costs of BsAbs compared to traditional therapies **43%**

Addressing disparities in access **43%**

Identifying the right patient for BsAbs **29%**

Clinician knowledge and expertise **14%**

Polling Q: What do you consider to be significant challenges in ensuring the appropriate use and management of BsAbs? (select all that apply)

Health Plan Best Practices

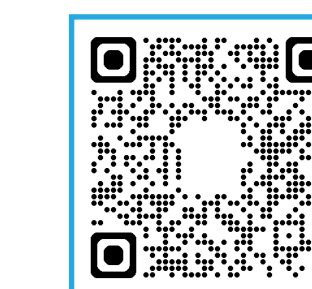
Weighted Average

1	Encourage the use of outpatient oncology clinics/intermediate care centers to support use of BsAbs and enhance patient safety, standardize side effect management, and reduce emergency room visits and hospital admissions.	3.67
2	Standardized care delivery protocols can incorporate clinical best practices for identifying patients at higher risk for cytokine release syndrome (CRS), neurotoxicity, or other BsAb-associated adverse events, promoting proactive monitoring and early intervention.	3.67
3	Use internal health plan data to assess the cost-effectiveness of all treatments for FL and DLBCL, enabling decisions that reflect your patient population and care delivery environment.	3.67
4	Ensure coverage policies allow room for clinician judgment and patient preference, particularly in cases where site-of-care flexibility, quality of life, or route of administration are key factors.	3.5
5	Ensure coverage considers NCCN and other clinical guidelines, which increasingly support BsAb use in later lines of therapy, while preparing for potential shifts as emerging data supports earlier use.	3.67
6	Share best practices from academic centers or similar community sites with community oncology groups to ensure appropriate clinical care for patients with FL or DLBCL, including use of BsAbs.	3.67
7	Streamline coverage decisions across pharmacy and medical benefits, and between inpatient and outpatient settings, to avoid care delays due to administrative fragmentation and to ensure patient transition/continuity of care.	3.67
8	Support ongoing data collection and analysis, including long-term clinical trials and real-world evidence, to better inform BsAb coverage decisions, particularly regarding cost of care, quality of life, clinical effectiveness, and treatment sequencing.	3.67

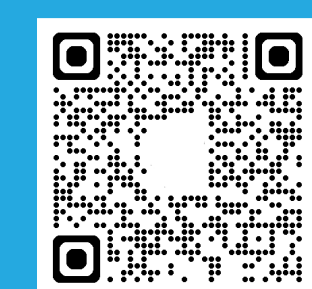
CONCLUSIONS

Oncology experts recognize BsAbs as a promising treatment option for FL and DLBCL, with high confidence in their clinical value. Addressing challenges related to long-term data, cost-effectiveness, and site-of-care logistics will be critical to optimizing their use. Program insights highlight actionable best practices for payers and the importance of supporting outpatient care models and promoting equitable access to maximize the clinical and economic benefits of BsAbs within managed care settings.

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