

# Optum - Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.

Interview conducted on March 08, 2023

## Topics

Field Reimbursement Manager, DUPIXENT, Patient Information, Relationships, Data Management, Efficiency, Communication, Specialty Pharmacies

## Summary

The Tegos Client speaks with a Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc. to understand the role of an FRM and how they help patients get on therapy. The manager explains that they prioritize accounts based on their ability to move the needle and assist with patient enrollment, and that they have quarterly conversations with their sales team and manager to establish priorities. Challenges in gathering information include the time it takes to get through to vendors and the fact that different people may not have the same information. The manager also notes that it can be wasteful if offices do not take advantage of all the services offered, and that it is wasteful to ask an office to start using enrollment forms if the benefits investigation comes back as undisclosed.

## Expert Details

Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc. Expert can speak to their experience with field reimbursement for Regeneron Pharmaceuticals, Inc.'s injectable biologic therapies.

Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc. The expert is responsible for overseeing field access management in the NY area, including assisting in removing barriers and maximizing patient access to Regeneron's injectable biologic medications: Dupixent, Praluent, and Kevzara. The expert serves as an expert in payer policies, U/M criteria, and provides support to facilitate appropriate patient access and utilization of services and ensure access to medication. The expert utilizes data to critically think through acquisition challenges from a variety of outlets including Specialty Pharmacies, PBMs, Market Access team, and physicians' offices.

Q: What are your current top 3 goals/focuses in your current role?

- A: 1. Account management with our physician's offices  
2. Communication with our sales counterparts on drug and reimbursement education  
3. "Patients' first fill" as a key KPI

Q: What is the job title of your boss/the person right above you in your org? (e.g., Directly reporting to the VP of Market Access)

A: District Manager, Field Reimbursement.

Q: What are the job titles of the people you manage/your direct reports? (e.g. Regional Account Manager)

A: It's more like a dotted line with our sales teams. 4 salespeople currently and was as high as 16 salespeople.

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## Tegos Client

Hi, thanks so much for hopping on today. So today, I want to understand the role of an FRM and really understand how FRM help patients get on therapy. Can you start with a quick high-level overview of your current job and your, just what's your role in your day-to-day?

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**Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

Yes. So my role is currently an FRM for DUPIXENT on further atopic dermatology team. When I started, the FRM role was for multiple medications. And then as we grew, we kind of got siloed. And then at one point, it was DUPIXENT for all indications, and it was doing multiple physician types. And then again, we got siloed as we got bigger and bigger, and we got more and more indications.

So now I'm very specifically only for the dermatology space. I support a team of four salespeople, and I have a geography of Queens, Brooklyn and Staten Island. Throughout my tenure at the company, which is right around six years, I've had as many as 16 salespeople that I worked with, as few as four. I would say between four and eight is probably the best sweet spot. Maybe four and six would even be a little bit better if I was going to kind of dial it in.

And so day to day, I'm just responsible for the cases that come into that territory for those two different sales, two different sales territories. And for each sales territory, there is a Regeneron employee, and then there's also somebody on the other side of our alliance with Sanofi. So there's a Sanofi salesperson.

**Tegus Client**

Just to clarify, like as the company has grown or the product has grown, you've gotten more and more siloed?

**Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

Yes. So for example, when I first started, I had PRALUENT for cardiology and then I had KEVZARA, which was a rheumatology drug as well as DUPIXENT. And I had a sales team or multiple sales teams reach and I was going to different physicians, cardiologists as well as dermatologists. Then we got siloed so that certain FRMs were only DUPIXENT.

And so you were only calling on and aligning with DUPIXENT sales teams as well as the physicians prescribing DUPIXENT. And then it went from allergists, pulmonologists and dermatologists to a siloed pulmonology team, a siloed allergy team and a siloed dermatology team. So the geographies at that point got a little bit bigger in terms of square footage, but you were kind of focused on just the one indication then.

**Tegus Client**

So I'd love to now transition. Let's pretend an FRM, someone in your role, you can get moved in at any point of the patient journey to help assist whether it's at the very beginning of enrollment to much later on in the process after a prior auth is been denied or the patient is trying to figure out copay assistance and so this is supposed to kind of document that journey or the steps for someone who's an FRM.

So what I want to do is I want to start with step one. So what we're talking about here is at the start of your day, you have many accounts you can prioritize, which account you're going to focus on in any given moment? You then need to determine where are you going to collect the info to support that account? And then as well as determining if it's an institution like an IDN or a health system, do they have any specific procedures that they require of you to even engage with them and set an appointment? That's what we're talking about in step one. What makes.

**Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

I would say there's definitely kind of conflicting priorities at times. For example, a sales team might think that because an office has a lot of volume that they're the most important, where for me, I want to move the needle the most. So if they have a lot of volume, but their pull-through level is high, I don't feel compelled to necessarily touch that on every single case that's coming through, where they might want me to, where there might be enough talent that has lesser volume.

But their pull-through was less. And that's somewhere where I really think that I could move the needle. So it's kind of like the priority matrix with urgent and important and trying to kind of figure out which one we want to obviously, the urgent important is where we're moving to first and then it's kind of a little bit more challenging to distinguish between the important unurgent and then the urgent unimportant.

And then also kind of, are you trying to frame it in terms of like the capacity and engagement that an office is willing to have. So you mentioned the IDNs and stuff like that. If it's an office where the process is such that I can't do as much unlimited, whether it's they don't allow for samples or not allowed to use enrollment forms or something to that effect. Those offices, even though they might have a high aptitude and high capability might, if they're not willing to engage with me, I'm going to kind of deprioritize them.

And just because an account is willing to engage, if they're not kind of listening to me, that could be a little bit of a challenge or maybe they're saying the right thing, but then their interactions aren't kind of meeting up in the capacity that they tell me they're going to use enrollment forms, but then I'm noticing that they're not, because I'm not getting the full PHI into my system.

Or I'm seeing that there's activity, and it's only because it's in an in-network pharmacy and I would have been otherwise blinded to that information. So that could definitely be kind of a challenge as well as the integrity of the data. So if something is in network versus out of network. Very specifically, I see you have a New York phone number. So I'm going to assume you know the New York market.

In New York, there's kind of a lot of these really good mom-and-pop specialty pharmacies that offer kind of white glove services in terms of assisting with the prior auth, the appeal and then potentially doing that even if they're not willing to shift the case. So those are really a great option for these offices, but those also could cause there to be some confusion that pharmacy started processing it and then the insurance mandate the second pharmacy to actually fill it and you're having to get stuff triaged, that can be kind of a challenge.

### **Tegus Client**

So I'm just going to dive in and double-click into some of the things you said here. So on the first one, are you saying you want to minimize the amount of time it takes to determine which account to assist because sales may want you to align to their priorities, which might be different to your priorities? Or it is something else?

### **Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

Yes, 100%. I think that sales has a different end goal and mine is to get patients on drug. There's is to grow business and I don't ever want sales to be like come to this account and then use me as like a selling feature like, oh, if you write this, we have these people that help you get the patient on drug. I want it to be that.

They sell the clinical nature of the drug and the physician's office is sold on the drug, and I am here to assist once the medication has been kind of prescribed. And so just because an office has a lot of volume, again, if they seem to be doing everything right and have a really good process in place, that's not somewhere that I would necessarily prioritize even though the salesperson might be in there on a very frequent basis.

### **Tegus Client**

And I just want to understand like what's the real challenge here? Is the challenge it's the amount of time that you have to spend to like to align everyone? Is it, do you want to minimize the risk of sales getting upset that you're working on the wrong account? What's the real challenge?

### **Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

For me, it's always been volume. And the expectation is I'm almost touching every single case that comes in. And I really can't be a case manager so much as I could be an account manager. And so I have to be able to kind of be able to choose which ones I'm going to focus on.

And so it just comes down to being able to figure out who has enough volume to see if there is a trend in place and then kind of figure out where is the best amount of my time to spend because basically, there's just a lot of time gets killed when you're like digging into every little specific case as opposed to kind of looking at things in a bigger picture.

### **Tegus Client**

Can you maybe just give an example?

**Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

Sure. For example, I have an office called the Derm Specs, and there's probably like 30 of them in the area, and they have a contract with Cedra, who's a local out of network with my company's specialty pharmacy. And when I say out of network, that just means that they don't feed into my data stream. It doesn't have anything to do with like IC sales credit and the sales side getting, getting it counted or whatever.

So Cedra and these offices now all send to Cedra. They have a really great process in place and Cedra has the ability because of some business agreement between them and the Derm Specs to kind of use their system to go in and pull notes out and not necessarily have to call the office to get all these things. And so those synergies are really great.

And it would just be extremely cumbersome if I was just calling and double checking that Cedra was doing a good job on every single case, where if an office was to call me and ask me about a specific case, I'm happy to call Cedra and follow-up or even if a salesperson wanted to enquire about a specific case, but I just feel like my time isn't best spent by just double checking somebody else's work. The assumption has to be that the system works in some capacity.

**Tegus Client**

If I'm understanding this correctly, in your role, you have access to only certain data. And if you don't have access to the data, that's, there's always different variables that are affecting which account you want to spend time on. And one of those is data, one of those is the sales team, there's always different variables. And for you, you are taking into account all those different variables to determine which account you want to focus on in any given moment. And I understand that right?

**Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

Yes. And it's a lot of waiting and it's, and it could change for a number of reasons. It could change because it's the end of a quarter and maybe my focus needs to be on low-hanging fruit and less on kind of maybe just getting whatever I know is approved, shipping out the door. And that's definitely something that's going to happen in the last two weeks of every quarter or something to that effect.

**Tegus Client**

Got it. It sounds like you have a really good grasp on how you want to establish your own priorities. What I'm confused on is, does it actually take you a lot of time to determine which account you want to directly assist, or does it take you a lot of time just having to explain to everyone else on your team while you're doing what you're doing, which part of this is like consuming your time?

**Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

So I guess on a quarterly basis that I'm having conversations with my sales teams and with my manager as to what accounts I'm going to prioritize. And so when business comes in from those accounts, it's kind of understood which ones I'm going to take the lead on. And then quarterly, I'm doing like a stop-start continue with the sales team who I interact with frequently.

I have kind of like a set call with the sales team once a week, and then we are either texting or calling several times throughout the day, just depending on where the business is coming from. And so usually at the beginning of each quarter, I'm asking the sales team to give me five accounts that they want ownership of.

And not necessarily physicians but just like unique address locations. And I'll maybe take five accounts that I want to take ownership of and then we could kind of have a kind of a fluid conversation. And the idea is try not to switch them throughout the quarter, but kind of at least give it a full three-month run to see whatever strategy we put in place had any kind of merit.

**Tegus Client**

Perfect. So in step two, once you've determined you're going to focus on an account, on a case, Monday morning, now you have to actually get all the info. So you have to get the info on the patient's case for many

of your vendors, whether it's your hub, your co-pay assistance vendors, whoever you're working with.

As well as any of the payer information through your benefits verification or whatever. And then finally, any information that you need to get from the staff if you have to call the office because they didn't give you complete information, or the sales team basically just told you, hey, this account needs help and you have to go investigate what's going on.

#### **Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

Sure. So just one I was just going to say some of the challenges would definitely be like the nature of the patient health information and secure e-mails and whatnot. Our e-mail isn't secure all the time. We have a process to send a secure e-mail, but it's a little bit more cumbersome than just getting an e-mail. So that's a little bit challenging when you're dealing with the vendors.

Additionally, if you're calling into, say, CVS, you're going to be calling a call center. So if the office called CVS and I called the CVS and then our hub called CVS, we're not, none of us are speaking the same person. So we might not be getting the exact same information we might be getting like a similar version of it, but it might not be all the same.

So that's definitely the challenge when you're dealing with the vendors and some of the local specialty pharmacies where you have a single point of contact, make that a lot easier and that is one of the values of that. Just not, just getting a relationship with some of those local specialty pharmacies so that you have a single point of contact could take some time. But once that's established, that's really, really helpful.

Another challenge would be if you have like for B, when you're gathering the payers' coverage for the patient, a lot of times, at least in my market and with our hub, if you were to only use our internal hub, so often, the benefits come back as undisclosed. Now anecdotally, I was told that if your hub that you use is considered a pharmacy or even a nondispensing pharmacy and I don't know what criteria makes it that per se, then they're considered to cover entity.

And they don't have benefits undisclosed. And so in New York, that's one of the advantages of using these local mom-and-pop pharmacies when they run a benefit. They're able to get a lot more granular information about what's required in terms of the UM criteria or they are the ones actually getting a copy of the denial compared to just our hub.

#### **Tegus Client**

And so I'd love to double-clicking it here just a little bit. But what makes this step challenging? Is it a time? Is it something else?

#### **Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

The time can be challenging because when you call and if I call, say, Accredo, it might be six minutes just to get to a human. And then I can only talk about three cases, and I have nine of them. So now 18 minutes are just dead just on the amount of time it takes me to get to a human to talk about the nine cases. And then you might get transferred around.

That is not always the reason we have. Our internal system is basically aggregating from all of our in-network pharmacies. I think our company has 18 in-network pharmacies, down from 22 due to mergers and acquisitions, and it's supposed to account for about 85% of all the shipments. So those 18 vendors all have similar status updates that they send into us.

And we have to then match up what status we have available to us that is going to best align to what their status means and not everybody says approved. Somebody's might be shipment scheduled. Optum might have patient unavailable, but that still also means that it's approved and they call the patient. So you have to know what you can infer from the different statuses and so that could sometimes be tricky. And that's more of a being there and kind of being able to learn to speak. And there's just kind of a learning curve associated with that.

#### **Tegus Client**

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I guess it sounds like the one piece that you're talking about is it can be very time consuming and you can spend on the phone talking to the different SPs. Is there anything else that makes this step lower time consuming?

**Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

So sometimes with the account staff, if you don't have a good relationship or if it's information that's needed from the patient themselves, whether it's income information to get them on like a free drug program or something like that. It was like more than two years that I was at the company before I found out that when our nurse educators were calling and leaving voice mails that they weren't allowed to say the name of our drug.

And so it is kind of was mind-blowing to me because if two years of them leaving messages, I thought something was actually happening. And then I find out that they can't even say the name of the drug, it's like the likelihood that I would ever call somebody back when they're on an ambiguous voice mail that came from an unidentified number is just so low that, that kind of was like an aha moment that maybe I can't count on that to ever kind of come to fruition.

And maybe we need to explore another avenue in order to get people to be more receptive when we call and whatnot. And so we started looking into having local exchanges on the phone numbers for our nurse educators, which was a big deal. And then other things that we kind of made that help, that made things easier was the way you enroll people into different services that you provide.

Initially, it was like a double opt-in for things. And they looked at how many people opt-in on our enrollment form versus how many people do the second step, which required getting a text message and then clicking a link and following the link on this website.

And so we were able to change that to a single opt-in with the option to opt out of the services and just kind of putting it, that spin on it was a big deal because it was, you were able to get a lot more people that were you were able to communicate with via text messages. And so that kind of opened a lot of avenues and doors for us.

**Tegus Client**

So a couple of quick questions. So number one, why aren't you able to just say the name of the drug on the voice mail?

**Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

I don't know. That was a compliance thing. They weren't able to say where they were calling from or the name of the drug. And I don't know if that's just the company, I have no idea. But it was both companies. I mean, it's on both sides of our alliance. So I have no idea. It's really weird.

**Tegus Client**

And when you said it was a big deal to get numbers on the local exchanges, like what do you mean by a big deal?

**Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

So for example, you called me from a 646 number. So you're like, all right, I'm talking to somebody else from New York. So when the nurses would have kind of a 973 number when they were calling Jersey or 201 number when they're calling Jersey versus just an 844 number that was calling or a undisclosed or phone number and that could come up as potential span depending on who your carrier is, those types of things made a big deal, made a big difference.

**Tegus Client**

Got it. But big deals, it's not like a big deal to get those numbers, but it made a big deal into like just being able to get a hold of patients. Is that what you mean?



**Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

Correct.

**Tegus Client**

So just rounding out step two, what causes this step to be wasteful or can contribute to lower efficiency for you?

**Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

Yes. So for me, many of the benefits are undisclosed using our internal hub that if offices want to use that as their first step and maybe that's their process, send it to the hub and wait for the hub to tell you what to do. You're just going to waste three or four days just to find out that the hub is, says the benefits are undisclosed, you're going to have to go to the plan.

So I typically want them to use our enrollment form, so I could get PHI but then why would you use the enrollment form if you're not going to use DUPIXENT my way. And so it becomes a challenge to show the office, the value that it could bring if they're not necessarily taking advantage of all the services that you offer us, they don't know about all the services that you offer.

**Tegus Client**

And can you just explain that a little bit? Like are you thinking it's wasteful when you can't get the office buy in to, to go into your workflow? Or use something else?

**Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

Well, it's wasteful if you ask an office to start using the enrollment forms and then they use the enrollment form and then the benefits investigation comes back as undisclosed and the office winds up having to go to CoverMyMeds or going directly to the payer or going to a local pharmacy or even just another pharmacy to have the benefits run so that they can get a copy of the prior authorization.

So if you're not able to kind of provide them with the prior authorization that they need or assist with that in any way, you're just kind of burning three days worth of time because that's like the two days that it takes for the enrollment form to get processed at your hub and then a day for benefits to get run and then maybe even another day before it's communicated back that we don't know what the benefits are.

They're undisclosed until you have a PA on file. And now the only thing you know is you need to have a PA, but how do we get it. So it's just a wasteful thing, and it's more challenging in New York when the enrollment forms themselves, the paper enrollment forms don't count as a prescription where in the other 49 states, accounts as a prescription. So it could, filling it out is something that you're going to need to do.

**Tegus Client**

So it's wasteful for you essentially when you actually can't help the office with benefit verification.

**Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

Right. It's wasteful for the company. Just if the majority of the time, it's benefits undisclosed, it's like, well, let's go somewhere where we know 100% of the time, they won't be undisclosed which is just really any pharmacy.

**Tegus Client**

And that's actually news to me. I thought the hubs are supposed to be able to get benefits verification. Why aren't they?

**Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

They should. So often it just comes back as undisclosed. And again, anecdotally, I was told it has to do with whether they're dispensing pharmacy or not. I know that our relationship with our hub and when it was chosen had to do with our first drug, which is all buy and bill and not ship through a specialty pharmacy. So I

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don't know if the company would have picked a different hub if they were launching just DUPIXENT and didn't already have a relationship. I don't know if they got backed into it for one reason or another.

**Tegus Client**

Can you just explain, again, is there anything else that's wasteful or can contribute to lower output for you on this step?

**Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

No. I mean the vendors, we just recently got a contract with Accredo. So if you're counting, you know the specialty pharmacies as your vendors, which I assume you do. It's really helpful to have those types of, the more information that could be digital and the cleaner it could be the better. The more times that I'm having to call, that's just where I feel like it's a lot of wasted time, a lot of wasted energy. And sometimes, the person you speak to is even able to give you an answer, and then you get, you just get looped around on these, into these call centers.

**Tegus Client**

And so to clarify, the contract with Accredo just lets you get access to the SP data.

**Field Reimbursement Manager at Regeneron Pharmaceuticals, Inc.**

Correct.

**Tegus Client**

Well, look, this has been really helpful, enjoy the rest of your day today. Thank you so much for the time.

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