

# Banner Health - Director Field Reimbursement Managers at Sanofi

Interview conducted on March 08, 2023

## Topics

Field Reimbursement Managers, Patient Access, Insurance Coverage, Healthcare Systems, Medication Approval, Stakeholder Management, Tracking Progress

## Summary

The Tegos Client speaks with the Director of Field Reimbursement Managers at Sanofi about the challenges of getting patients on medication with DUPIXENT. The Director explains the role of an FRM and the challenges of steps one through four, which involve prioritizing accounts, gathering patient data, examining barriers to starting therapy, and accessing accounts. The challenges include using the correct enrollment form, having visibility into the patient journey, data feeds from vendors, human errors, educating the office on step edits and UM criteria, and gathering all necessary information. The Director emphasizes the importance of proactive education and repetition to change habits and ensure successful patient outcomes.

## Expert Details

Director Field Reimbursement Managers at Sanofi. Expert can speak to their experience leading a team of field reimbursement managers at Sanofi.

Director Field Reimbursement Managers at Sanofi. The expert is responsible for helping to build and lead a team of 13 Field Reimbursement Managers, covering the Western third of the US. The team has responsibility for Dupixent reimbursement in the dermatology, allergy, ENT, and respiratory space. The expert focuses on proactive account management to streamline paperwork and reduce access barriers.

Prior to Sanofi, the expert was the Vice President of Sales at Galt Pharmaceuticals, leaving April 2020. The expert was responsible for helping build and lead the sales force for the first franchise model pharmaceutical company. The expert helped to create the Doral Marketing Campaign and Complete Night Sleep DTC Campaign.

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

A: 1. Proactive education on patient submissions (enrollment forms, Rx process, and ensuring the PA documentation is correct)  
2. Account management, building out our providers

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: Senior Director of Field Reimbursement.

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

A: 13 Field Reimbursement Managers.

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## Tegos Client

Hi, thanks so much for hopping on the call today. So today, I really want to understand the role of an FRM and specifically, how they get involved with assisting clinics and stakeholders, patients with getting a patient on therapy. Just start with a high-level question. Can you just briefly describe your role and your current day-

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to-day today?

### **Director Field Reimbursement Managers at Sanofi**

Yes. I'm currently the Director for the FRM team for DUPIXENT. So I lead a team of anywhere from nine to 16, managers who are field reimbursement managers working with clinics, IDNs, hospital systems, large private practices to help facilitate getting patients on medication with DUPIXENT.

### **Tegus Client**

Perfect. So pretend I'm a fellow FRM. Let's just say it's Monday morning for an FRM. It's game time. They have to start their day. Here are all the steps that they have to go through whenever it's assisting a clinic. And they can get looped in at any point, whether it's, at the very beginning, a patient needs to be enrolled into a hub, a clinic needs help to, hey, we're way into the patient journey. Patient's been denied by prior auth. We need to help with the appeal, or we need to get the patient on financial assistance.

So they can get looped in at any, on this process. And so that's the frame of reference here. What I'm going to do is I'm going to go through each step with you individually and just go through the, that we have at the top of the gray box. So I'm going to start with step one.

So when I talk about step one, if you're an FRM, you're managing multiple accounts, and so you have to prioritize. And so step one is really talking about, okay, which account am I going to first assist in this moment? And then based on that where is the information that I need to collect about that case?

And then finally, if it's a health system, if it's an IDN of some sort and they have certain procedures and policies in place before you can even engage with them, what are those procedures? That's what step one is talking about. What I want to understand is in step one, what makes this step challenging, inconvenient or frustrating bring you in your role?

### **Director Field Reimbursement Managers at Sanofi**

Well, as an FRM, there's two things that could happen there. Are they using their own enrollment form, so they're not using the company provided enrollment form, which kind of gives a step-by-step account of what to follow of how to submit that first patient? And what visibility do we have? Like you said, if it's a health system or an IDN, they're usually using their own internal like an Epic, Cerner, whatever their EMR system is.

If you don't have a feed into that, that can cause visibility issues. And if they don't sign the HIPAA agreements, then you're kind of blinded to that enrollment and to that patient. So that could be a potential pitfall. If you're an FRM trying to work with the system, depending on what visibility you have to that patient, hit the information and that enrollment form.

So that's one of them, obviously, right off the bat, just looking at kind of that first case. Now based on point b, where you're looking to collect that data for that case. Usually, if you're in an IDN or a hospital system, if that's what you're using for a reference for this patient, somebody in that pharmacy department or some have specific PA departments, would be the person you'd be outreaching to.

First, you'd call the clinic. You may say, hey, I don't know, the dermatology clinic or whatever drug disease that you're in, we got a notification that Dr. X submitted a patient, and whoever the point person in that clinic is, to kind of talk to about that. And then they may say, our internal processes, as soon as we get that patient signed in or the Rx sent for them, it goes to our in-house pharmacy or PA department to start the process. So then you have to establish a point of contact in that pharmacy or PA department.

### **Tegus Client**

So on that first part, I'm using the right enrollment form. What's challenging for the FRM here is that they're not able to see the enrollment if they don't use the right enrollment form? Or what's the real challenge?

### **Director Field Reimbursement Managers at Sanofi**

Yes. Like every drug has a different enrollment form. Like if you walk into clinics, like a rheumatology clinic or a dermatology clinic, you could see potentially 20 different enrollment forms depending on the number of

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biologics or specialty drugs that they write on a common occurrence. So every company has a different enrollment form that has the patient sign off for HIPAA signature sign off.

So that way, the FRM can have visibility into that patient journey for that specific patient taking, potentially trying to take your product. Because otherwise, the doctor can write the Rx, obviously, send that to the pharmacy. So you would get a notification. If it's a biologic, so hey, Dr. X wrote a drug.

And all you would get at that point is depending on how your infrastructure system's built, you may just get a year of birth and the, like male, female or unidentified as Dr. X wrote a prescription for this patient. Then you'd kind of have to work backwards to call the office to say we noticed on this date Dr. X wrote a prescription for a male patient, date of birth, year of birth. Would you be willing to have that patient sign the HIPAA form so then we can have visibility to that patient and help you along with that patient journey to make sure they're covered, or if they're not covered, to get them into the patient assistance program?

#### **Tegus Client**

And what makes this step slow or time consuming for you?

#### **Director Field Reimbursement Managers at Sanofi**

Well, there's numerous different sign-offs on that and obviously getting access to that clinic or to that pharmacy depending on how the setup is. Access is always a challenge, especially if you cover larger geographies and you have multiple states you're covering, potentially. To be there in person, sometimes isn't feasible. And if it's a newer account or a more restricted account, it can make it tougher.

Like if you're in Arizona, Banner Health, sometimes, is not the easiest account to work with from an access perspective, whether you're on the sales side or the reimbursement side. Or if you're in California, like if you covered Stanford, PAMF, which is their medical foundation side, they're very, what we consider, anti-pharma.

So it's hard even if you're working on the patient's behalf to have interactions with those people to help them along. It's not so much the individuals in the clinic, but the clinic policy of having access to pharmaceutical or medical personnel that are not part of their system.

#### **Tegus Client**

Got it, what is slow or time consuming here? Is it actually just understanding their procedures to get access? Is that what's slow or time consuming?

#### **Director Field Reimbursement Managers at Sanofi**

No. Usually, it's them not knowing the step process, the UM criteria or the step edits they have to go through first through the insurance component to get to your medication. Because usually, the drugs that need a field reimbursement manager are more expensive. So the insurance company puts more step edits in place before they allow that medication to be authorized and adjudicated through the insurance. Or if they're not then as the FRM, know which other avenues we can take through patient assistance programs to get that patient the medication for free potentially, depending on their income and some other proof sources.

#### **Tegus Client**

So it's not slow or time consuming actually on step 1a, which is just figuring out the procedures. When you're talking about is slow and time consuming to help them overcome the barriers. Is that right?

#### **Director Field Reimbursement Managers at Sanofi**

Yes. But on that first part, determine which account to directly assist, there's a couple of things on that. It's like what is your access to that account? Are they willing to work with you, like working to get that enrollment form and filled out and give you access to that, so you've got visibility to it.

Sometimes it's building that relationship to let them see your value versus just seeing you as another part of a pharma company can sometimes impact like how quickly that process happens. So you can give them proactive education and process improvement to improve their access to the medication.

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**Tegus Client**

Got it. So in step two, let's say you decided which account you're going to focus on. It's time to get in there and gather the information to help the account. So either gathering information from your vendors, whether it's your hub, your copay assistance program, your SPs in your network. You're gathering info on the payer's coverage, whether it's through a policy, through a tool, a policy reporter, through the benefits verification.

And then finally, gathering info about the case, if you need to contact the staff directly to figure out, just collect more information and get their perspective on what's going on. That's what we're talking about in step two. What aspects of this step are challenging, inconvenient or frustrating?

**Director Field Reimbursement Managers at Sanofi**

Challenging and frustrating is depending on what kind of CMR you're using. How those different data pieces get collected from the vendors. Because like you mentioned, there's the hub, there's the pharmacy, there's the actual account. What are your data feeds coming in on that? And how is your system processing that in real time? Is that always a lag of 48 hours or 72 hours? Is potentially up to four weeks from a pharmacy, depending on what that contract is, whether they're an in-network or out-of-network pharmacy?

So those are some of the challenges you run into on the vendor component. And also, just like anything, there's human errors that are involved, especially if it's around the insurance and them not sending in the correct insurance paper or potentially the PBM preferred pharmacy off their medical benefits card that can delay the processing and making sure you're helping that payer's, helping that doctor's office to send the information to the correct different pharmacies or making the step edits for the insurance coverage is appropriate.

Because even though it may say Blue Cross, as you guys well know, there's many different carve-outs and employer plans under Blue Cross that impact that step edit and the UM criteria that you have to educate the office on. So that's why it's so critical for them to supply the insurance card and hopefully, the PBM card that they have as well into the system, so you have visibility into that, so you can help guide them on that journey to make sure they've checked off what they needed to before the insurance is going to cover your drug.

**Tegus Client**

I want to understand in your current role, maybe not generalizations, are you saying you don't actually have access to an aggregated data feed, and so you now have to aggregate data from a bunch of different plurals to actually figure out what's going on?

**Director Field Reimbursement Managers at Sanofi**

Our company does aggregate it into one big patient journey report, which has about 80 different data feeds on it, but not every company does that. So based on other places where I've worked, sometimes you, at the back end, as an FRM, would have to take all those different data feeds to kind of put that patient journey together, like that patient history. Here they do that because they work, they built that system out. But some companies, depending on their infrastructure, do not have that.

**Tegus Client**

Got it. So like in your current role, what aspects of this step are actually challenging or inconvenient or frustrating, given that you have access to this amazing kind of aggregation?

**Director Field Reimbursement Managers at Sanofi**

Well, the account staff, those can be good or indifferent to the process because like anything, some accounts have had so much turnover during COVID that they don't have like a permanent staff. They've got a lot of fill-in people. So they don't know which pieces of the information, where to get it out of their system, how to send it this piece to the insurance, this piece to you as the FRM team so you can help them speed that process up and get a good process in place.

So that's usually a bigger one, like for the team that I'm working with. It's because you're working with other

people and other clinics and you're not their first priority because they have more than one product that they deal with besides their #1 reason is dealing with the patient.

And then you're kind of on the back and trying to help them, but sometimes they don't necessarily understand the help that you're trying to provide them because they're hiring people out of general medicine to go work in a derm clinic where in general medicine, you never really deal with FRMs like you would in specialty.

### **Tegus Client**

And you think it's challenging to actually just gather the info from the accounts stack, whoever it is a biologic coordinator, whoever the PA person is, to actually just collect the info, that was challenging?

### **Director Field Reimbursement Managers at Sanofi**

Well, if the insurance company sends everything to them directly. We don't get copied on that as a third party. So you have to rely on them to either send that into your hub or to share it with the FRM that works with that account. So if there's a constant revolving door of people working in that clinic, and nobody is appointed to be the biologic coordinator.

And you got to realize, even in derm where those have been around longer, in most places, getting that title just means you're an MA, so to say, who's been added an extra title without extra pay usually. There's very few clinics that have just a dedicated biologics coordinator. So even when you hear that term, you have to be very specific, is that your full daytime job?

They're like, no. I've got to house patients. I've got to get the stuff ready for the HCP coming into the room. And sometimes it's even making outbound calls before they get to do that at the end of the day. So that's why it's hard to work with the staff because they're understaffed and overworked and very few have just a dedicated person to do biologics.

### **Tegus Client**

Why is it so hard to gather the intelligence or this info from the staff? Even if they do have this revolving door, they're pretty sophisticated. They're doing authorizations all the time. They have a lot of different drugs that they have patients on. So why is it so hard to get the information from them?

### **Director Field Reimbursement Managers at Sanofi**

Well, because it's not their sole focus. So even in clinics where you do have biological coordinators, usually, sometimes they use preferred pharmacies, like an Optum or Senderra or CVS, like a Walgreens community, who does their PA work for them. So they're triaging things, not doing it themselves. So they don't sometimes fully understand the process.

And when you're calling in as an FRM, you can see on the back end kind of where it's stuck, but you're trying to educate that biological coordinator or usually, an MA who's kind of tracking that case internally about what the next steps are. And just like today, we were working with a clinic, you've got to educate the doctor on what their role is on different medications they have to write for that UM, how they have to document that ICD, the chart notes to make sure that it fits the UM criteria from the payer.

And the MA or the biological coordinator has to be able to pull that out of the chart notes to add that on to the notes that are being sent over to the insurer or through CoverMyMeds or however they're doing that to make sure that's going to be covered. So there's a lot of moving parts to that, where it's not as simple as it sounds.

Even when you have a savvy biologic coordinator because every one of these insurance plans has multiple different UM criteria for the same product. So it gets quite confusing, and there's a lot of paperwork you have to follow. And not every clinic is on EMR. A lot of them still do paper charts in some of these bigger, older, more established clinics. And there's a lot of stuff you got to glean out of the paperwork, so to say, to submit, to have a good case to submit for that patient to get your medication approved.

**Tegus Client**

Got it. And what makes step two slow or time consuming?

**Director Field Reimbursement Managers at Sanofi**

Well, it's that last part about getting in contact with the staff once that patient has been denied or sits in appeals. to follow up on what that denial was and what that staff member has to pull out from that patient chart, whether they didn't use one of the medications as a step at it, whether they didn't document appropriately potentially, like the impact on the patient or quality of life score or one of the scoring tools that you have to use depending on which payer you're going to.

So you got to get a hold of that staff member who then has to, depending on what that denial reason is, work with the provider or contact back to the patient to do the appropriate follow-up. So there's a lot of moving parts in there. And each part can take days depending on how quickly that office can act for the provider part and then also reaching back out to the patient depending on what's going on with the patient.

**Tegus Client**

So it's like it's time consuming to get them to actually dig through the chart and collect all of that information? Or it's time consuming to just get a hold of them to educate them on what they have to do?

**Director Field Reimbursement Managers at Sanofi**

Well, both parts of that, depending on the access to the office. And some people only do biologics half an afternoon on Thursdays. So they won't even talk about it until Thursday afternoon. So if they only do it Thursday afternoon and you can't get a hold of them until 3:00, Thursday, well, they're not getting a hold of the patient potentially until the next week.

So everything gets delayed by x amount of days. So there's, both parts of that can be very time consuming to get a hold of the staff member and then to get the staff member to act on, depending on how many different steps were missed in that submission process to follow up either with the HCP or the patient.

**Tegus Client**

And what aspects of step two are wasteful or can contribute to just lower output for you?

**Director Field Reimbursement Managers at Sanofi**

Well, from an FRM perspective, it's about the staff. If you talk to the staff, but they never follow up on the part that they have to do then it's kind of like a dead end almost because we can't call, as an FRM, you can't call the patient directly. And you can talk to the provider. If you can speak to the provider sometimes, you can get them to push a little bit on that staff member, depending on what that staff member proactively or reactively does to follow up on those denial steps.

**Tegus Client**

Got it. And I guess what makes it so wasteful?

**Director Field Reimbursement Managers at Sanofi**

Well, you're indirectly trying to help lead and guide others who don't work with you or for you to complete x amount of steps on the patient's behalf or on the company's behalf to get that patient certified to get approved for your med, that can be a little frustrating at times when you get the classical, we call it, the head nod and the yes and then there's no action on their behalf.

And that patient's sitting there, not able to access their medicine because that step in the clinic wasn't done by that kind of person in the middle, whether it's the MA, the biological coordinator or the HCP depending on which step that was that needed to be followed up for the patient can get their meds.

**Tegus Client**

Got it. And so in other words, another way to frame this is you'd like to minimize the time it takes for the

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staff to overcome kind of the barrier? Or are you saying you want to minimize the risk that the staff doesn't understand how to overcome it?

### **Director Field Reimbursement Managers at Sanofi**

Well, the part of getting them to act proactively. That's why we try to focus so much on proactive education on process improvement and how they submit a patient. If they submit it correctly on the front end, you're going to avoid a lot of these steps that you have on this page. But the problem is where there's constant turnover, and people have a hard time following step directions and submission of that patient, that's what takes so long. You're changing behaviors in the office of their day-to-day process.

### **Tegus Client**

Let's move on to step three. Now gathered the intel. You've gathered it from all your different sources. And now for an FRM, you really just want to examine the barriers. What's really going on here? And then what are the options to overcome these barriers? And then finally, what materials do you need to prepare to help the account in overcoming these barriers? What aspects of this step are challenging, inconvenient or frustrating?

### **Director Field Reimbursement Managers at Sanofi**

Well, usually, the barriers to starting the therapy all go around the UM criteria. So whatever that certain insurance plan put in place as far as not only their step edits of drugs, but they're scoring tools, and their impact on quality of life scores, to educate on each insurance plan takes a significant bit of digging because you mentioned policy reporter.

Policy reporter gives you kind of the high level, but you know that if you have Dell in Texas, they have a specific employee plan for Dell only. So you have to get to that granular level in that clinic to help explain to them, when you see somebody from Dell, these are the three extra steps you have to do before that patient will be approved. Even though they're part of UnitedHealthcare, they have a special carve-out.

So that's where you spend a lot of time in that proactive education. And once you help that office understand that education point of what they have to do differently for that insurance versus regular United, that's when you start to win and overcome those barriers to therapy. And we have different checklist. Like through PTO, you can publish, well, for some plans. You can't for some because they won't let you do the trademarking.

You can print out their UM criteria and their PA checklist that you can give to the office staff that, hey, your top three payers of United put specifically to Dell, CVS and Blue Cross Blue Shield of Texas, here's the sheets for them that show you the step-by-step on medications, what they need from an ICD-10 criteria, what they need from a scoring tool criteria to get those people approved. And here's the contracted pharmacy. You have to send it to get it filled because you can't go out of network with those certain payers.

### **Tegus Client**

I really just want to focus on the actual preparation and examining steps. So like when it comes to just examining the barriers, examining the options for overcoming the barriers and prepping those materials, what parts of that step are actually challenging or inconvenient?

### **Director Field Reimbursement Managers at Sanofi**

For examining the barrier starting therapy, you have to kind of sit with that biological coordinator or MA and speak to them to say, when I was sharing with you what the PTO policy reporter says, did you do these two different medications? Did you document this in the chart? So that's kind of the step by step you have to do on the barriers part to eliminate that proactively. And a lot of times.

### **Tegus Client**

I'm just saying you're an FRM. You're now, you're trying to just figure out, how do we overcome the barriers? You're not sharing any information. It's like an internal step. You're trying to figure out what you need to do.

### **Director Field Reimbursement Managers at Sanofi**

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Internally, I'm looking at our CRM database to see what our data feeds show, like where it's sitting. Because I can pretty much tell you, at that point, it's sitting at the pharmacy. I can call the pharmacy up and say, hey, what was the reason Blue Cross rejected it? So I'm getting that internal data on the steps. So that goes under G, under the barriers to starting the therapy.

Then for overcoming the barriers, based on what that denial reason was from the pharmacy or from your contact, depending on who you talk to, then you would put in what kind of that PA, what we call the PA checklist, hey, these were the two steps of the process you missed or the one step. And then you put that on that PA checklist that, that sets supporting material that you're going to be able to share with that account.

**Tegus Client**

Got it. And so that's perfect. So like you're doing those steps. You're looking at your CRM to figure out where the script is. You're trying to prepare the materials. What parts of that step are actually challenging though?

**Director Field Reimbursement Managers at Sanofi**

The challenging part to that is when you're kind of looking at the barriers, when you're trying to connect with the specialty pharmacy. Even though we contract with a lot of them, they still put a lot of extra steps in there. Like we could call Accredo, and Accredo could say, I've got PHI on my end, but the patient didn't sign Accredo's PHI sign-off, meaning they won't share with another party.

So sometimes you run into barriers like that where the patient didn't sign something. We've got all our signature signed, but they didn't sign the extra layers at the pharmacy. So I couldn't get visibility from the pharmacy into that. Then I would have to call back to our hub to see did anybody from the clinic send over the denial letter from patient X so we could figure out what it says on denial?

Or worst, or the third option is, if you can get to call the office or get into the office and try to sit with that person to read that denial letter, then that will help you kind of put the pieces together for overcoming the barrier and that last part, putting that checklist together for the account.

**Tegus Client**

Got it. So in other words, and maybe this is more of a part step two, but it's challenging to gather all the information that you need to actually examine the barriers because you may not have access to that data or the pharmacy, the different vendors, the different stakeholders who are involved in this process, they may not share all the information that you need with them?

**Director Field Reimbursement Managers at Sanofi**

Yes.

**Tegus Client**

And so when it comes to examining it, what actually makes this step slow or time consuming?

**Director Field Reimbursement Managers at Sanofi**

Well, the examining of it, once you actually get the data can go pretty quick, but it's getting the data. The examining, usually, you'll see quickly. Like once you see that denial letter, usually on Page four in the last paragraph, that gives you the road map to getting that person covered unless it's an excluded carve-out plan where they don't cover it at all. But they'll give you the reason for denial. So then you can prepare that supporting materials for that next step on me.

**Tegus Client**

Got it. And what aspect of just preparing that are actually time-consuming, if at all?

**Director Field Reimbursement Managers at Sanofi**

Well, once you get the denial letter, it usually isn't. That's pretty quick. The I part is pretty quick. Because once you figured out G and H, it's usually G and H is where you get tied up. Because if you can't get the



actual denial letter or the reason for denial, then it's hard to put that together because then you got to give them all the different potential options of why it was denied and then have them try to match that up in their chart or their paperwork.

### **Tegus Client**

And when it comes to just getting the denial letter, like what's so time consuming or challenging about collecting that from the office?

### **Director Field Reimbursement Managers at Sanofi**

There's a couple of things. Getting a hold of that person firstly. Making sure that they've actually gotten it because usually that denial letter is faxed back to them. And it goes into the stack of faxes, which they get, which is hundreds a day, 100 faxes a day, so to say. So it can sit in a fax, inbox in the fax, so to say, for two to three days before it gets sent to the doctor's inbox because it's usually labeled back to the doctor.

It will sit there two to three days before somebody, the doctor says, hey, I don't do faxes. So and so does that. So that's like potentially three to seven business days that you lose just in that process. And then you got to make sure to understand that they know how to read it. Like today, being in a clinic, watching one of the FRMs, we sat with four new MAs, nobody knew where to find the denial on the denial letter.

Because you've got to go through four pages to get to that usually last paragraph at the very bottom of the right last page, but here's the three reasons why it got denied. So there's a lot of coaching that goes on with people that don't work for you or with you sometimes, in the most proactive manner to start to get that shifted.

### **Tegus Client**

Well, let's move on to step four. So now you have to make a decision on how to overcome the barriers and you may want to loop in other people on your team. If you're going to loop the sales team in to let them know you're going to contact one of their accounts. You want to confirm that consent on record, whether it's a HIPAA consent or if it's just the health system allows you to reach out to their staff. Like you were mentioning, Banner Health, for example, if they just allow you to have access. So you're just deciding now how to overcome and confirming that you can. What aspects of this step actually are challenging or frustrating?

### **Director Field Reimbursement Managers at Sanofi**

Well, the, getting a hold of the, contacting the account part, that's, that again, goes back to the access and the willingness of them to work with you. Deciding how to overcome the barrier, that's easy because you've already got the denials, so you know what you put together. So to overcome the barriers to therapy, that's, you're counteracting what they put on the denial.

Like what part of that denial is like, hey, if you didn't use these two medications, you got to make sure the doctor prescribes them and they're adjudicated for 30 to 60 days, depending on what the insurance plan says. And the part about confirmed that the sales rep knows that their account will be contacted, companies have different policies depending on their legal.

Some companies keep a complete firewall from that. Like they don't want the sales function knowing that the FRM function is interacting because they keep that separate. Some companies, you do work more collaboratively. So for the companies that are a little more collaboratively, usually, what happens, once a week, they have a call between the FRMs and the sales teams and say, hey, last week, we interacted with account X, Y and Z, and we covered these, what we would call, AL numbers.

That's like their definition of a case number. So then some reps have visibility to that in their systems; some do not. So they would know that, okay, hey, the FRM talked to derm X over your clinic and talked about these three patients. So those are now kind of off their list if they have visibility. Every company is different on that. And then you would log into your CRM that you contact that account X spoke to about these three cases, about these three topics. And therefore, you've got kind of a record on that in your CRM that you've interacted with that account about those patients.

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**Tegus Client**

Got it. And what's the situation in your current world? Do you have that firewall? Or do you collaborate?

**Director Field Reimbursement Managers at Sanofi**

No, it's very collaborative on this company. But I have worked at GSK, total firewall. The only thing you could do, the sales rep could send an e-mail to the FRM inbox to say, hey, I was at account X today. They were requesting your assistance. And then you, as the FRM, would call over to account X and say, hey, whoever was in, they sent me an e-mail saying this person from the account had a follow-up question, how can I help you, or they go visit in person. But here, it's more interactive.

**Tegus Client**

Got it. So like in your current role, what is challenging with confirming with the sales team and letting them know that you're going to make a contact with their account?

**Director Field Reimbursement Managers at Sanofi**

It's not challenging in this environment where it's very collaborative. So you just let them know, like as a courtesy, hey, I'm going to be in on Tuesday, and I'm seeing these three accounts. Just so there's not like a multiple people from the same company running through the front door on the same day.

**Tegus Client**

Got it. Let's move on to step five. So it's about now you want to make contact with the account. You want to share the strategies on how to overcome the barriers. Do you want to share any of those supporting materials that you prepared or that your marketing team has prepared that allows you to share with them. You want to maybe inform your vendors after you've had that meeting and then inform your sales team after you've had that meeting, if at all. In this step, what makes this step challenging, inconvenient or frustrating?

**Director Field Reimbursement Managers at Sanofi**

Well, anytime accessing an account, you're trying to be there on the day that the biologic coordinator or the lead MA or whoever that point person is. Usually, as an FRM, you're trying to do by appointment versus drop-ins. So you're trying to schedule an appointment where they have 15 to 30 minutes of undivided time to go over those certain patients that you're trying to interact with.

And sharing with them, when you're talking about strategies, proactive ways to help the provider and that MA to make sure they're checking all the UM criteria for whatever product they're trying to get approved to proactively have that in their charts and then kind of their critical pathway of treating a patient.

So they know, hey, if I do these three steps, I'm going to be able to get your product approved when I send it over to the insurance because I've met their criteria. So it's about changing habits that they have. And usually, most people like anything seven, eight, nine times, you can speak to them about it, show them before they start to put those strategies or new ways of working into play in their clinics.

And we have multiple different materials that companies put together. Like I said that PA checklist, like that you could print out of, you can print out a policy reporter. These are the criteria for your drug for these different insurance plans. So put that over where you do your insurance paperwork. And then this is the PA checklist or plan X over here.

**Tegus Client**

I actually do understand what needs to happen here. I just want to understand, in your role or your team's current role, what's challenging about this?

**Director Field Reimbursement Managers at Sanofi**

Well, getting in front of the account and getting the person to act on it. Because you can go to the same accounts and speak to the same people, and they still don't do it because they kind of put it aside and they go back to doing their old habits.

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**Tegus Client**

Got it. So in other words, it's challenging just to get that appointment with them. And then number two, after you shared the materials just seeing them follow through on it?

**Director Field Reimbursement Managers at Sanofi**

Yes. And doing it consistently instead of each time being a one-off.

**Tegus Client**

And again, what makes this step slow or time consuming?

**Director Field Reimbursement Managers at Sanofi**

The, when you're able to get that appointment, when you're able to sit with them and get them to act on those action steps that you shared with them or that strategy, and then getting them to call their vendor. Like for them to call the pharmacy or to send the information over to the pharmacy or the insurance company under the vendor part of oh, that can take certain time too.

And even if they resend that prescription, so to say, over to Accredo or to CVS, it could take them three to seven business days to input that information and get that script reactivated in their system, depending on why it was denied and what happened during that denial. So that can all lengthen the process and the frustration of the FRM and the clinic and more importantly, the patient.

**Tegus Client**

Got it. Let's talk about step six. I think you alluded to this a little bit. So I'm talking about after you've shared that information with the account, you want to verify that they understand how to overcome the barriers as well as just track their progress. That's what we're talking about here in step six. What make this step frustrating, challenging or inconvenient?

**Director Field Reimbursement Managers at Sanofi**

What makes it frustrating and inconvenient is, once again, you're trying to get people who do not work for you or with you to change their day-to-day operating procedure for your product versus what they're doing with other products, so to say. And that takes a lot of time and a lot of handholding and a lot of proactive education and repetition, which nowadays there's so much turnover in staff that once you get somebody, so to say, trained and doing the submission process correctly, because you got to think they have to do three things.

It's how they submit the enrollment form, how they submit the Rx and how they submit the PA. Those are the three critical things that are going to make it an easy process or a very cumbersome process. So you're always educating that those three things, along with the UM criteria about how they submit. And you can start to tell because through our system, you'll see missing information request, you'll see missing insurance paperwork and all that.

So you can kind of gauge on, depending on how your system is set up, the percentages of missed information, their time to fill, their conversion rate, meaning the percentage of patients that are getting filled and how quickly they're getting filled. That's how you track on the R component that you're asking about.

**Tegus Client**

And then the last question, Let's skip step seven. Step eight. You're now done helping the account. But as you know, many of these drugs, they're not one and done. Your patients are on them for quite some time. They may need to be reauthorized. They may need more help later down the road.

And so this is really just talking about storing the information so that it's ready for the next time you need to help that clinic or account. What aspects of this step, just storing that information, is challenging, inconvenient or frustrating in your current role, not in your past roles?

**Director Field Reimbursement Managers at Sanofi**

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Yes. Well, you put it in the CRM. Like you could put in that patient specifically when their PA is done. So you know that they have to be reauthorized. So you give that notification a month in advance, and the pharmacy does too. But the patient, the person in the clinic doesn't remember it, even when you remind them.

If it's a six or 12 months, you may not even be working with the same MA or biological coordinator. So you have to reeducate, or they get a new office manager who totally changes their process or their pharmacies they want to work with. So that can create frustration in that cycle.

If it was just us doing it on our end, it'd be pretty simplistic. You would call the pharmacy up, hey, send the paperwork over back to the clinic to do the re-auth. And here's the chart notes they need, the UM criteria they need and the doctor's signature, but it never works that simplistically.

### **Tegus Client**

Got it, we're out of time. Thank you so much for your time today. You have a good one and enjoy the rest of your week.

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