

# Imaging Panda - Field Reimbursement Manager of Southeastern Region at Sanofi

Interview conducted on March 07, 2023

## Topics

Field Reimbursement Manager, Healthcare Industry, Biologics, Insurance Plans, Prior Authorization, Communication, Collaboration, CRM System

## Summary

The Tegus Client speaks with a Field Reimbursement Manager of Southeastern Region at Sanofi about the role of an FRM in helping patients access therapy via their insurance plan. The FRM uses tools such as the hub, policy reporter, and the internet to gather information and works with specific physician offices. However, challenges in the reimbursement process include lack of data, manual processes, and barriers to therapy such as patient and physician disconnect and variability between insurance plans. The manager also discusses the challenges of storing information for recurring biologics and suggests that this aspect could be improved.

## Expert Details

Field Reimbursement Manager of Southeastern Region at Sanofi and former Field Reimbursement Manager - Respiratory - New Jersey at Regeneron Pharmaceuticals, Inc., leaving April 2021. Expert can speak to their experience with field reimbursement at both Sanofi and Regeneron Pharmaceuticals, Inc.

Field Reimbursement Manager of Southeastern Region at Sanofi. The expert is responsible for overseeing the coordination and pull-through of Dupixent in Dermatology, Allergy, ENT, and Pulmonary offices. The expert focuses on the U/M criteria for the use of Sanofi-Genzyme therapies, prior authorizations, and appeals.

Prior to Sanofi, the expert was the Field Reimbursement Manager - Respiratory - New Jersey at Regeneron Pharmaceuticals, Inc., leaving April 2021. The expert spent 3+ years here and was responsible for the coordination and pull-through of specialty biologics for cardiovascular disease, rheumatoid arthritis, and atopic dermatitis.

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

A: 1) Provider education about insurance coverage for our pharma product  
2) Provide patient access resources and information for our patients

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: My boss is a Director, of Field Reimbursement.

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

A: I have no direct reports.

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## Tegus Client

Hi, thanks for speaking with me. Today, I want to understand the role of an FRM and understand how FRMs essentially help get patients on therapy. Before that, let's just start with some high-level questions. Can you briefly describe your current role and your day-to-day? Pretend I'm like a fellow FRM and kind of speak at an expert level with me when you describe this.

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**Field Reimbursement Manager of Southeastern Region at Sanofi**

So understanding all of the insurance plans that affect the product, the particular product that I work on. So you're an expert on those insurance plans in a geography and then which physicians' offices have patience with specific plans that are affected by the criteria that the plan set forth in order to put the patients on medicine.

**Tegus Client**

So let's say I am going to shadow you for a day. Can you explain your schedule for me? And just think about the last couple of weeks as a point of reference.

**Field Reimbursement Manager of Southeastern Region at Sanofi**

So every day is different. It's not a repetitive job in the sense that you're doing the same thing on Monday that you are on Tuesday. All big pharmaceutical manufacturers use a hub services provider, where patient information is housed and field reimbursement managers have access to all of the patients in the system and their geography.

And they're working with specific offices to ensure that the patients are able to access therapy via their insurance plan. And then, of course, there's also patient assistance programs that are available in the event that the patient can't get their medication through their insurance plan.

So what I typically do is map out my week ahead of time based on in the office who is available and most of the time with my sort of medication, it's a biologic. So the offices will have a person a point person who's called a biologic coordinator. And that's the person doing all of the prior authorizations to the physician's office, and that's who I typically work with.

**Tegus Client**

Got it. Let's say, I was a student, I'm going to shadow you for the day. Like what would I see, what time would you start your day, would I see you on the computer all day like when would I see you in meetings, when would I see you actually doing working? When would I see you actually meeting with your customers?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

So I'm on the computer every day, and I'm out in physicians' offices as needed. So I would say most days and a lot of it is also dependent on when physicians' offices will let you in. There's always an access issue. We tend, we're not like salespeople where you go and you meet you just drop off a sample. You are in an office, having an in-depth discussion on a patient, which may require a biologic coordinator to look at the patient's chart to make sure that they've supplied all of the proper information to the insurance company.

And since that will take time, the meetings are rather lengthy. A lot of what I do before I even go to a doctor's office does require me to be on the computer, looking at what patients they have and where, what the patient status is, meaning has the prior authorization been completed, like where they are in the prior authorization process.

So I need to know all that before I go into the office. And then once I'm in the office, we're discussing those patients. And again, that could be a lengthy process. So if somebody was to shadow me, a lot of the planning happens in my office. I don't do a whole lot of planning in the car because there's just too much stuff to write down, and I just find that like we all do, the Internet, it's a lot quicker in an office setting versus being on an iPad in the middle of nowhere. So the planning process tends to be either the night before or morning of. And then you go out into the field and see your accounts.

**Tegus Client**

And what are the, like when you open up to computer, like what are the different tools and systems that you're using? Are you, you obviously have your portal from the hub.

**Field Reimbursement Manager of Southeastern Region at Sanofi**

Portal from the hub. Have you heard of policy reporter before?

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**Tegus Client**

Yes.

**Field Reimbursement Manager of Southeastern Region at Sanofi**

So all drug companies also have MMIT as a platform where you can look up various things. You can look up specific physicians' offices, who are the big payers, for patients that go to that office? And also, there's like almost like an annotated version of what the plans require for a patient to go on therapy, but it's very annotated. And I'm the kind of person that likes to have the whole policy because the whole policy will give you additional tidbits that will be required on the prior authorization.

The policy also enumerates length of time for trial and failure of step therapies. So the medications that need to be tried and pay out prior to going on the particular product that I work on. So I happen to like policy reporter if I was to get like real deep into with an account as to what's required for a patient to get on therapy with a specific plan.

**Tegus Client**

So it sounds like, if you had to rank them in terms of where you're spending most of your time in terms of tools, is it number one, the hub, the number two policy reporter, like how would you rank them?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

Yes. And are sales folks have access to MMIT, and they have template that they can populate certain plans and hand that out to doctors' offices. So really, MMIT gets used more by the sales folks, I would say, and the field reimbursement managers use policy reporter more. That's just my observation.

**Tegus Client**

So what other tools are you using?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

So sometimes it's just the good old Internet. When sometimes an office will ask me for, say, a Medicare Part D exception form. They're trying to navigate a website and they can't find it. So I'll just use the good old web and with my investigational ability find forms. Now I can't send it to them, but I can tell the office where to go on a particular website to find something. Our website has a lot of really great information for doctors' offices.

And I can't talk to every other manufacturer because everybody is different. But on our website, we have all of our enrollment forms, which change very, very frequently because luckily, there's been one million uses for the medication that I work on. So I point to our website a lot. We can also e-mail directly off the website new enrollment form. So I find that to be really great because I can always get offices the latest in the grade it's that way.

By the way, all those forms are PDFs where physicians can prepopulate certain portions of it to make it easier for when they're filling the format. So I like going that route. Also on our website, we've got letters of medical necessity, we've got appeals like an appeals booklet that explains a lot of stuff about how to go about doing an appeal. So I just find that I use our website quite a bit.

**Tegus Client**

And just to clarify, why can't you send the exception form to the clinic?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

So every pharmaceutical company has their own compliance rules. So with my company, if it's not an MMIT form or it's not through policy reporter, I'm not allowed to e-mail it. So I have to look on policy reporter and see if maybe an exception form is available, which it never is, only prior authorization forms are on MMIT. So for something like an exception form, the physician's office would have to go get it themselves, unfortunately, due to our compliance policies.

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**Tegus Client**

I think at this point, I'd like to transition. So what I'd like to do is I have a list of the different steps for someone who's in FRM, essentially what they go through to help start a patient under specialty medication. Obviously, when you get looped into this process, you can get looped in at any point, whether it's at the very beginning when the clinic is trying to enroll a patient to somewhere in the end where a patient has kind of failed prior off and they have been doing an exception.

Let's start with step one, determine which account to directly assist, determine where to collect information from about the case, determine the account's procedures for setting up an appointment. What makes the step, the pieces of step one or parts of it challenging inconvenient or frustrating?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

So I would say determining not which account to assist because you sort of know as you meet your accounts, who's very well versed in getting our products and who is not. It's really knowing where in the process the office is because they don't always communicate with the hub. So what will happen is a patient comes in, the doctor determines that they should be on our therapy and a biologic coordinator fills out a form and send it into our hub.

From there, the office will do a prior authorization, hopefully, themselves and they get on a computer program called CoverMyMeds, typically, which is very popular. And so if the patient is approved, I don't know unless they fax in an approval letter to our hub. If the patient gets denied, I don't know if they fax in a denial letter to our hub. So that just holds things up.

**Tegus Client**

And just to clarify, if they send any documents that are not sent to your hub, then you don't have access to that. So you don't actually know where in the patient journey are they? Is that right?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

Exactly. So you could be going to an office with information, you might think they have 10 patients out there. And you're in there, you think, I'm going to go in there. I'm going to help them. You're assuming that nothing has been done on those patients. And sometimes you walk in, and they've all been approved and they're on their way to shipment. Sometimes you walk in, and they've all been denied, and they haven't started the appeal process and it's been three weeks. So unfortunately, not knowing all of that information just kind of holds things up.

**Tegus Client**

Moving on, what makes step one slower time-consuming?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

Every manufacturer is different. And it all depends on where they're buying data from or not buying data from or how robust their hub is. And quite frankly, there are some hubs that are fantastic and some hubs that are just, I don't want to use the word garbage, but they really just don't live up to the expectations and frankly, the cost of them.

But I will tell you it's very easy to get appointments as an FRM. And oftentimes, office will see me overseeing a salesperson because they believe that I'm going to get a patient, sales reps they like. I basically am important in a different way. So not even in offices that are hard to access for sales reps or have maybe no access for industry, they still will speak or talk to an FRM. I would say, determine where to collect infill about the case. I know where I can get the info. I just don't have access to it.

**Tegus Client**

And moving on, what causes step one for you to be unpredictable unstable or go off track.

**Field Reimbursement Manager of Southeastern Region at Sanofi**

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It's basically lack of data. If you don't have the right data, it's very ineffective. And like little things like not knowing what specialty pharmacy that patient's insurance has to go through and having to do the research or wait for the hub to get back to and let you know. None of that information is at my fingertips typically in our system. Maybe somebody else's system is better, but in ours, I don't have all that information.

### **Tegus Client**

So thinking about this is just like determining who to talk to figuring out if you're talking to an institution, the health system, do they have any requirements before you can actually set up a meeting. Are any of those steps like in step one are any of those pieces unpredictable or unstable or wasteful for you?

### **Field Reimbursement Manager of Southeastern Region at Sanofi**

No. Because I can see with the volume of the cases that come into our system, which accounts are the ones that you want to focus on? Because you obviously want to focus on accounts by volume. What difficult for me is if you've got, you may have a big account that's part of an IDN or a hospital system where pharmacists are actually doing the prior authorization just because they have a high volume.

I'm not going to spend a whole heck of a lot of time with them because they're going to be able to get approvals on their own. In other words, they don't really need me all that much unless it's a patient that really is out of the box or there's an assistance program that they're not really quite sure is the right one for a particular patient. So, it's not only on volume, it's on who's getting approved and how quickly.

### **Tegus Client**

Well, then let's move on to step two. When it comes to just gathering information from either the hub vendors or up your payment, financial assistance vendors, figuring out the benefit, information from the benefits verification, gathering info from the staff at the account, what makes this step or parts of it challenging, inconvenient or frustrating?

### **Field Reimbursement Manager of Southeastern Region at Sanofi**

So what's probably frustrating and most inconvenient is that you're gathering information from different sources. So our system gets limited information from our hub. So I can get patients name, address, date of birth, which are all identifiers, which helps help me go into an office, obviously, and talk about a specific patient. So they know who we're talking about. I can get the patient's insurance. But since a lot of that information is hand put into the system, it's not electronic. Honestly, there's a lot of mistakes.

And a lot of times, the Medicare Advantage Plans come over as commercial and commercial comes over as Medicare or Medicaid. So meaning that there's a lot of data entry errors because there are human errors. There must be, someone understand like dropdowns where they get to choose the data entry people and there's mistakes made.

And where that affects me is if I'm going to go in and spend some time with an office talking about a particular patient, I want to be able to talk to them about assistance programs or co-pay cards, and they're all based on what type of insurance a patient has. So in other words, I don't want to describe to them the assistance program for a commercial patient and go all the way down that road and then they come back to me and say, "Oh, it's a Medicare patient".

So it's embarrassing not having all of the appropriate information. So what I find myself doing in my situation is verifying with the office first what kind of insurance the patient has. And so then they have to go into their system and then have to go look it up. So it's like sort of like inconvenient for the office then as well, not just for me, it would be nice if our systems have all of the pertinent information. And I personally believe that couldn't happen unless everything was electronic.

### **Tegus Client**

And just in my understanding it correctly, it's not that the office has an incorrect insurance on record. If that when it's set into the hub or wherever, it's locked somewhere in that translation whether when it's stacks and then manually input it into the hub system. There are somewhere along that route, it gets some mid-trend weighted.

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**Field Reimbursement Manager of Southeastern Region at Sanofi**

Exactly.

**Tegus Client**

So what makes any of these pieces of step two unpredictable, unstable or go off track for you?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

Gathering info from the patient's case from vendors, that's our hub.

**Tegus Client**

Can you elaborate?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

Yes. So as I said before, the data is not always absolutely correct. And the other thing I should mention is because the forms or paper forms, honestly, the offices sometimes don't have all the proper information on there. There's a lot of missing information. So then I can call the vendor or hub and say, "Hey, what's going on with this patient". And they'll say, "Oh, we can't do anything with it until all of the missing information is given to us". So again, all this manual stuff just holds everything up.

**Tegus Client**

And what aspects of the pieces in step two are wasteful or contribute to just lower output in your role?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

It's not gathering information on the patient's coverage because that's easy enough to do to look up. Gathering information about the case on the accounts staff, that takes a lot of time too.

**Tegus Client**

And what aspects of gathering the information is wasteful for you?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

It's not so much that it's like wasteful. It's the way offices document their information. It's typically done in progress notes over multiple patient visits into a doctor's office. It's not like provided to me in like a bullet like here's a seven bullets on this patient. So all of that takes a lot of time for them to sort of review because what will typically happen is we'll go through a policy. And I'll say, has the patient done this, okay, wait a second, I'm going to go look. And then the office will go look through the chart. So all those things take a lot of time.

**Tegus Client**

So then let's move on to step three. So let's say you now have all the info on the patient's case. You've figured it out from the vendors, what's going on. And you have to actually examine what are the barriers? What's in the policy or what's happening in the provider's office that's causing the barriers.

And now you have to also examine the options, like figuring out what's the strategy to overcome these barriers and then filing, preparing any supporting materials, whether like you said, you're having to gather the documents or the links online that you need to share with whoever you need to. What part of step three are challenging, inconvenient or frustrating for you?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

So in terms of like specialty medications, it depends on the drug. But sometimes, you'll have a patient that's gone to, say, two or three other doctors, other specialists before they get to the specialists who will prescribe the biologic. And so in their mind, they've tried a lot of step therapies.

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And so a lot of times, the third doctor wants to give them the biologic, just write the prescription and totally avoids putting the patient on any of the step therapy because they feel like they've done it before. And as a result, the patient just gets denied. So there's sometimes disconnect between the physician and the patient as to when a realistic time is to be able to get on a biologic because there are steps that have to be done.

Let's say, examine options for overcoming the barriers to therapy. I'm just going to throw other barriers to you. Most biologics are injections and a lot of times, patients don't know that. So that's something that physicians should talk to the patient ahead of time that's not a pill. It's an injection. But probably the biggest barrier to therapy is that there's so much variability between the different insurance plans as to what's required for a patient to try and fail prior to going on a biologic.

And particularly in areas where they take commercial, Medicare and Medicaid they may be moving right along very well with their commercial patients, and then they try to get a few Medicaid patients on, which always has more stringent requirements. They have a bunch of denials and they just sort of think, "Oh, boy, nobody can get on this drug", when really they got a lot of commercial patients on.

So that's like an education thing, as if you're constantly in the office educating to what the more difficult plans are so that, and particularly for the one, the offices that take Medicaid that they understand what the criteria is because sometimes that can be very different than the commercial requirements. I'm looking at your consent stuff, the patients don't always sign when they're in the office, but there's ways for them to sign.

### **Tegus Client**

What aspects of this death are wasteful or can contribute to lower output for you?

### **Field Reimbursement Manager of Southeastern Region at Sanofi**

Well, I can't prepare supporting materials. All of our materials are premade, you're just scanning them out. There's nothing to really prepare unless I'm going into MMIT and downloading some templates with criteria on there for specific, and that's very easy. That's very quick, and MMIT makes that very easy. It's really more going through the different policies based on the types of insurance and specific offices. That's what takes the most time.

### **Tegus Client**

Well, then let's move on to step four. So now you've examined the different barriers. You've gone through MMIT or the different resources that you have. Now you're in step four deciding.

What's the best recommendation for the office to actually overcome the barriers as well as informing your sales team that you're going to contact that office and making sure that if it's an institution, a health system that they've given you consent to essentially reach out to them. What makes step four or parts of the challenging, inconvenient or frustrating.

### **Field Reimbursement Manager of Southeastern Region at Sanofi**

I will say, I don't like to have too much between myself and the sales rep. And I understand that there are sales reps that want to be kept in the loop that you're going in to see the account. In some companies, the FRM organization is totally divorced from sales, and they have total autonomy to go into different accounts. We, I'm in a situation where we do have relationships with our sales reps. So sometimes, I will let them know ahead of time.

We have like a weekly call, where I'll say, here's where I'm going this week. And sometimes, I'll tag along with them if there's an access issue where they don't want people from the same company in every day. So I'll say, all right, can I just tag on your meeting and I'll come in with them. So that's not really so bad for me, but maybe for other people, that's difficult. In terms of the consenting, you're talking about like Rev-Trac.

### **Tegus Client**

Yes, whether it's Rev-Trac or even another type of consent if the patients given consent for you to reach out to the office, any of those consents?

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**Field Reimbursement Manager of Southeastern Region at Sanofi**

So it, my geography now, I don't have any of those consent issues. When I was in the Northeast at one point, I did, and I just have to do that Rev-Trac thing. Rev-Trac was like with some of the IDNs, they make you fill out this form, and I think there was a payment that we have to expense, and it basically allows you access to go in and out of the building and to meet with people. And if you didn't have that, if you didn't sign up with them, you could not get into the building. It was like almost like getting a pass.

**Tegus Client**

Then what aspects of step four are slower time consuming for you?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

It's probably deciding how to overcome the barriers to therapy. So meaning that is it a process problem, meaning they don't know how to fill out the form appropriately or they don't know how to do the prior authorization or maybe you get, because there's a lot of turnover in these offices and there's various educational levels for the folks that fill out these forms.

And sometimes they literally do not understand the questions being asked. The physicians typically do not fill out the form. It's one of the staff members. So a lot of times, you're just trying to gauge educational resources appropriately to the appropriate staff members so that they fill out the prior authorization forms correctly and they supply the appropriate information to the insurance plan.

**Tegus Client**

And what aspects of step four can be unpredictable, unstable or cause you to go off track?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

Well, when I say unstable, it's more that sometimes you tell things to the biologic coordinator and that person is actually afraid to talk to the doctor and tell the doctor, they feel like it's not their place to tell the doctor what needs to go in a chart.

So there are times where I'll speak directly to the physician or the physician assistant, nurse practitioner whoever just because it's easier and it's more efficacious than speaking to a staff member, even though the staff member says they're going to speak with the physician, sometimes they don't. They're just afraid.

**Tegus Client**

And what aspects of step four can be wasteful or contribute just to lower efficiency for you?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

Coordinating stuff with the sales rep, that's not how I like to work.

**Tegus Client**

Can you explain that a little bit?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

Yes. So like sales reps have different objectives when they go into a doctor's office. And I'm there to speak about specific patients where they're there to get the physician to prescribe the medication to more patients. So if the staff only has half an hour for lunch, and they want to eat, and they're going to give you 15 or 20 minutes. Sometimes if I try to coordinate a meeting and the sales reps are there. First of all, I can't speak about specific patients because of the PHI issue with the sales rep there.

So that sort of derails and I don't want to have to come back. Some of these places are far away. And sometimes what happens is that the rep only has 10 minutes with the physician who want to generate new prescriptions. I want to speak to the physician about what he's got in the chart about an old patient. So we don't always have the same objectives when we go into an office. So sometimes it's not good to be together.



**Tegus Client**

Well, let's move on to step five. So let's say you've made your decision, you decided whether you're going to involve the sales rep or not. And now you want to actually make contact. So you want to contact the account to explain how to overcome the barriers. You want to share any materials with them that you have. You may inform any of your vendors or anyone else to just keep them looped into the process about your meeting. What makes step five or any aspects of it challenging, inconvenient or frustrating for you?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

So I would say some of our supporting materials again, every company is different, is very generic and not specific enough to the geography? So I'll give you an example. We have a generic sales, I keep calling the sales piece, a generic piece where it spells out, the plan, the PBM and then the specialty pharmacy that the medication ultimately gets shipped out of. And I think there's five or six of the top plans in the United States, but that's not specific to my geography in some of my accounts.

And like I know MMIT has the ability to just dump all that information to a spreadsheet and I could sort of sort through it. And if it were up to me, I would just pick and choose and make my own little list for certain accounts based on the payer mix in that particular office. And I'm not allowed to because of compliance, and they've already made this other beautiful for sure with the five top plans. So that's very frustrating that sometimes the resources aren't specific enough to either the geography or the situation.

**Tegus Client**

And so your clinics in a mix may be very different. So it's just not relevant to their patient populations.

**Field Reimbursement Manager of Southeastern Region at Sanofi**

Exactly.

**Tegus Client**

And then what causes what makes step five or aspects of it slower time-consuming?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

So I would say like it says contact the account to share strategies for overcoming barriers. So accounts are great these days. Many of them will communicate with you via encrypted e-mail, so you can give them detail via encrypted e-mail about a particular plan and what needs to be done.

What's frustrating for me is that I have to get information from our hub and then rewrite it all and then send it to the office. So it'd be nice if we had a better CRM system where I wasn't having to rewrite stuff so much. But that might just be a specific situation with my company. The other manufacturers may have way more sophisticated systems for their FRMs.

**Tegus Client**

I'm not sure I fully understand what do you mean by you have to rewrite?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

Because sometimes I'll ask the hub about like an assistance program for a patient. And they'll send me a whole paragraph of stuff, like we reached out to the patient three times. We finally heard back on the state. So a lot of information that really isn't all that relevant. It almost like they give you too much information. And I have to sort through it and sort of synthesize it and then let the office know what's actually going on with that patient.

**Tegus Client**

And then what aspects of step five are wasteful or can contribute to lower efficiency for you?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

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Probably like the thing about the supporting materials that if it's not the right material, why even have it.

**Tegus Client**

So in step six, you've shared this information with your colleagues at the account. You've kind of moved in your hub and your sales team as needed. Now you have to verify it. Does the account know, did they understand what you told them and you want to track their progress after you've shared the strategies on how to overcome the barriers? What aspects of this depth can be challenging or frustrating for you?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

So again, you don't always know if patients are getting approved right away, you have to almost ask them because we don't have access to their CoverMyMeds information where they do the prior authorization. So that flows up my ability to verify that they're doing everything appropriately. I do ultimately though, in our systems see shipments. So I will see once the patient gets the medication.

So that's one way I verify that things are going well. And then usually what I do quarterly with all this is, is like almost like a review with them where I'll show them you sent in this many cases to a hub. This number has been approved. This number is still pending. This may have been appealed. So we kind of give them a percentage of where they've been successful so that it can measure themselves.

**Tegus Client**

And what makes this step slower time consuming for you?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

It's mostly that I don't know how accurate it is. It's not that it's time-consuming. As I said before, since it takes, since they don't always supply us with their approvals and denials, sometimes I'm acting on old information. So I'll literally be in an office and they'll say, "Oh, no, no, we had 10 approved, not five and then I'm doing a mathematical calculation by hand to let them know what their percentage of approvals truly is. So that's frustrating.

**Tegus Client**

And what aspects of this step are wasteful or contribute to lower efficiency?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

It's not to contribute to lower efficiency. I mean quite frankly, some offices like that you're verifying their process and some people get mad like you're telling them what to do and you're not their boss. So there's, this is more of an art than a science, believe or not because you're like sort of leading without having the authority to lead. It's kind of like that.

**Tegus Client**

Let's move on to that as step seven. So step seven is you help them figure out one strategy, whether it's here is how to overcome prior authorization and prior authorization denied or you told them about different financial assistance programs, but all the foundations are out of money, whatever the strategies are. Now you have to come up with the next strategy because that first strategy didn't work. That's what we're talking about in step seven. What aspects of this depth are challenging or frustrating for you?

**Field Reimbursement Manager of Southeastern Region at Sanofi**

So there's only so many strategies you can use. So there's only a couple of ways to go with some of these things. So my company, in particular, doesn't use the foundation. So if Medicare patient can't afford it, we have a special, our own special assistance program for Medicare patients. So when you say like you have strategies to have the office like get better at doing this?

**Tegus Client**

Not like helping them get better, but let's just say they have a case and they're not sure how to get over it.

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So you've given them one strategy. That strategy didn't work. Now you have to move on to the next strategy. to help overcome that barrier.

#### **Field Reimbursement Manager of Southeastern Region at Sanofi**

Yes, there aren't that many like strategies, quite frankly, with some types of patients. Now there are times where they're having difficulty with the prior authorization process. They maybe can't figure out the PBM, the patient's not coming up in CoverMyMeds. And I've instructed many of my offices to have a friendly pharmacy that they could send a prescription to, and pharmacies have the electronic means to check on any patient benefits. And that would be my second strategy. You go to direct you to it like any pharmacy and see if they can help you with the prior authorization process.

#### **Tegus Client**

So on step eight, let's say you're done and helping them with this first with the case. And obviously, it's never done because many of these biologics are recurring and you have reauthorizations, you have all these other things that you may need to do in the future. So you need to store that information until the next time you need to help this account. What aspects of this step can be challenging, inconvenient or frustrating?

#### **Field Reimbursement Manager of Southeastern Region at Sanofi**

So the way our system works is it's only really tracked to the first shipment for a new start, new patient. And then after that, unless the office requires assistance, the case just stays dormant in the system. So I personally think a lot of patients fall off therapy because of that. And that's something that's a loose end that needs to be tied up. Now I don't know if other manufacturers do it better. But I can tell you where I am, that's definitely something that could be improved.

#### **Tegus Client**

I guess what aspects of this are wasteful in your eyes or cause it to be unpredictable.

#### **Field Reimbursement Manager of Southeastern Region at Sanofi**

It's not so much that it's wasteful, it's more unpredictable in the sense that you'll get a call out of the blue from an office saying that they need help for reauthorization, or nobody reminded them that it's time for reauthorization and the patients already falling off therapy?

#### **Tegus Client**

All right. Well have a great rest of your day. Thank you so much.

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