

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

Interview conducted on March 10, 2023

## Topics

Specialty Medication, Field Reimbursement Managers, Data Accuracy, Compliance Regulations, Insurance Requirements, Patient Access, Complex Processes

## Summary

A Tegus Client speaks with a Field Reimbursement Manager from Sanofi about the challenges of gathering patient information, examining barriers to starting therapy, and navigating complex booklets and brochures when communicating with clients. The manager discusses the difficulties of obtaining patient consent and payer coverage information, as well as the challenges of compliance and messaging accounts in a compliant way. They also explain the different assistance programs available, including charity programs and co-pay assistance programs. The manager emphasizes the importance of accuracy and minimizing the frequency of training and the number of materials provided to accounts. Finally, they note that they are not required to handle reauthorization and do not track it.

## Expert Details

Field Reimbursement Manager - 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 - 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.

---

## Tegus Client

Hi, thanks for taking the time. Let me just give you some additional context. I essentially synthesized what I heard from you, and I wanted to review some of the insights about the field reimbursement manager space. So just starting from determining which accounts to directly assist, what makes this process challenging, if at all?

## Field Reimbursement Manager - Southeastern Region at Sanofi

So when you start talking about specialty medications, particularly ones that go through the pharmacy and not through patient medical benefits, so that's what you're concerned about the drugs that go through the pharmacy?

## Tegus Client

Well, which one do you currently do?

## Field Reimbursement Manager - Southeastern Region at Sanofi

I've done both many times in my career. But currently, I'm working on one that goes to the pharmacy.

THIS DOCUMENT MAY NOT BE REPRODUCED, DISTRIBUTED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS INCLUDING RESALE OF ANY PART, UNAUTHORIZED DISTRIBUTION TO A THIRD PARTY OR OTHER METHODS, WITHOUT THE PRIOR WRITTEN PERMISSION OF TEGUS INC.

**Tegus Client**

Let's talk about pharmacy.

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

So in terms of pharmacy benefit drugs, the hub services don't have access to patient benefits. They have to make phone calls. So that is a very tedious process. And the data they get is very manual and very dependent on the skill of the person calling the plan and getting the information. So data is aggregated that way from your hub services provider with a specialty pharmacy medication.

Unless they go to a very specialized hub, which has all of the electronic tools of a specialty pharmacy, and they're able to get the information more immediately and more accurately. So a lot of what, the way I'm answering this is it all depends on the manufacturer.

What hub they're using and what specialty pharma, and what services they're paying for. So you can have a lot of data or you can have a little data. You can have accurate data, you can have very inaccurate data depending on what you're buying and what services you're procuring.

**Tegus Client**

Got it. So I'm going to just clarify here. Are you saying, for drugs on the pharmacy benefit, the hubs don't have access to the live pharmacy benefit when they do benefit verification?

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

Not always. So it depends on the hub.

**Tegus Client**

Well, let me just clarify. But on the medical benefit, the hub does have access to real-time benefit verification, is that right?

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

Sometimes. So there's a system called NaviNet that I've heard about that some people use, but I don't believe all plans work through that system, so it's limited. So for the medical benefit, the hubs, all hubs are really forced to call a plan and find out what the patient's benefits cover. So it's always a manual process. But what's interesting about a specialty pharmacy drug are there are hubs out there that act as nondispensing specialty pharmacies that give you very accurate real-time data.

**Tegus Client**

So I really just want to understand from the role from your role, from your perspective as an FRM, what actually makes this challenging for you? Is it that it's time consuming for you? Is it that it's, it reduces the efficiency of your work? What's the real challenge here?

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

So the challenges is that the data is not always accurate or you can't always trust what you see in the system. Because a lot of what's put in, remember, this is my company. This is the hub we use. It's very inaccurate what's in there.

So I have to read between the lines, knowing, and of course, for a new person, that means that the ramp-up time is forever. So if you get someone who's never really done the job before, a lot of times, it takes them a really long time to figure out how to do the job efficiently.

**Tegus Client**

So in other words, is it better to say that the challenge here is that you have to reconcile data when they don't match up?

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

THIS DOCUMENT MAY NOT BE REPRODUCED, DISTRIBUTED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS INCLUDING RESALE OF ANY PART, UNAUTHORIZED DISTRIBUTION TO A THIRD PARTY OR OTHER METHODS, WITHOUT THE PRIOR WRITTEN PERMISSION OF TEGUS INC.

Exactly.

**Tegus Client**

So you want to reconcile conflicting data sources when you're troubleshooting a case, is that the challenge?

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

Exactly. So I'll give you an example. There are UnitedHealthcare plans out there that are commercial. There are UnitedHealthcare plans that are Medicare Advantage. There are UnitedHealthcare plans out there that are Medicaid. All three of them have different criteria. And if a patient needs patient assistance, there's different assistance programs based on the type of insurance you have. And when that information is not absolutely accurate, it's like an extra step to guess, which, what kind of patient it truly is. So yes, that can make things very frustrating, tedious, and make things take longer than they really need to take.

**Tegus Client**

And if you wanted to actually improve this process, would it be you would want to minimize the time it takes to reconcile conflicting data? Would it reduce the frequency that you have to reconcile conflicting data, something else?

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

So in order to reduce the frequency, I believe more data should be electronic. So more sources should come electronically because, in my view, those are way more accurate than the hubs that make phone calls and manually input information into a system. There's more inaccuracies with that process. So the more electronics information I get, it would be more trustworthy. So again, it all depends on what hub, so the FRM's job is way more efficient when the data is more accurate.

**Tegus Client**

So basically if you have access to more data, does that just minimize the frequency that you'll have to reconcile it because you can triangulate with more sources?

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

Exactly.

**Tegus Client**

Or would it be just less time reconciling data?

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

It'd be less time or no time potentially. Because there are different systems that get used. So your offices, most of them do prior authorizations with a system called CoverMyMeds, which is not in their EMR system. And our hub does not have access to that. So it's like you get information from different sources to. See what's going on.

So I see what companies do is, they get all the info, they send it to some data aggregator and they spit it all out to my report. But that doesn't mean it's always very current. The other thing I would mention is, from what I understand and, the different specialty pharmacies out there, the big box ones like Accredo and Optum, CVS.

So their systems might, they do all do the same thing, but the statuses that they put in the system sound a little different. So up to our data aggregator to get all that information and normalize it, and that's not perfect either. Because one thing, what means one thing to Accredo means something else to Optum.

**Tegus Client**

I want to round this one out. So what's an example of a conflicting data source? Is it the patient's benefit verification not matching up? Is it their name and date of birth not matching up?

THIS DOCUMENT MAY NOT BE REPRODUCED, DISTRIBUTED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS INCLUDING RESALE OF ANY PART, UNAUTHORIZED DISTRIBUTION TO A THIRD PARTY OR OTHER METHODS, WITHOUT THE PRIOR WRITTEN PERMISSION OF TEGUS INC.

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

Sometimes the date of birth is off. And that's a problem because if the hub manually put in the patient's date of birth inaccurately, I could call, I'm allowed as an FRM, because I'm allowed to call pharmacies. So I could call a pharmacy to get a status for a patient, and they'll say that patient is not in the system because the date of birth is off. So that's just one little thing. There's bigger things, like I explained before, with the different kinds of insurance having that be inaccurate.

**Tegus Client**

Got it. Let's move on, what makes determining where to collect info from about the case challenging?

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

So what's interesting is when you go to a doctor's office, a lot of times the office is collecting medical benefit card and not the patient's pharmacy benefit card. So you have to coach the office to remember to get the patient's pharmacy benefit. Sometimes, you'll see even if you pulled out your medical insurance card, you might have a card that does have your pharmacy benefit on it, so sometimes they will catch it, but sometimes they don't. And so that's an extra step.

**Tegus Client**

So is it the challenge here that it takes a lot of time because they don't spend it the correct way the first time? Or is it just happens too frequently? So they're just constantly sending you the wrong insurance card. But what would you say is the real crux of the problem?

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

So a lot of times, they just don't have the insurance card because they never collected it to begin with. Because patient comes in for an office visit, they get their medical benefit card because they're going to build a medical benefit for the doctor visit but they don't think about the pharmacy benefit card. So then the patient walks out the door, our hub calls the patient and the patient won't answer the phone for the hub because they don't know who they are.

**Tegus Client**

So if you were to improve this process, would it minimize the time it takes to collect the insurance info for a patient or increase the frequency of having their insurance information on file?

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

So the office would just have to get it as their routine process when they have the patient check-in that they should be, when they say to them, hey, did your insurance change? Hey, can you give us a copy of your pharmacy card?

**Tegus Client**

If I just push on this a little bit, if you wanted to make your life easier, would it minimize the time? Or would it be decrease, or increase of frequency that you have accurate payer?

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

The accuracy is everything.

**Tegus Client**

So increase the frequency that you have it?

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

Yes.

**Tegus Client**

And what's an example of this, you said just having the pharmacy card?

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

Yes. So the pharmacy cards, you'll have two, when you get your benefits, you'll get two cards, typically. Some people get two cards, some people get on card. But one card is your medical benefit, one card's your pharmacy benefit. And by the way, most people don't know the difference, believe or not.

**Tegus Client**

What makes determining the account's procedures for setting up an account challenging, if at all?

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

I would say, in my geography right now, probably 40% of their enrollment forms that come into our hub are missing information. And so as a result, it's not complete and it just holds everything up.

**Tegus Client**

So is it that it's actually really time consuming to collect that information?

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

Well, every manufacturer's hub has their own way of doing things. They have a cadence in how often they send missing information request to the office, typically via fax, which if you know anything about the fax machines in these offices, everything goes into a pile and nobody looks at it until a week later. So that holds everything up.

That's not very quick. Or the hub will call the office, and since many of the personnel in offices wear many hats, they don't pick up the phone. So that takes a while, too. So I'll give you some examples of very frequent missing information that is, you just can't move forward without it.

Physician signature and date of signature, because that makes a prescription, a prescription. So believe it or not, people forget to sign these things all the time. Without patient signatures now, oftentimes, patients, doctors talk to the patient about the medication. Special medication patient walks out the door. They haven't signed an enrollment form.

Than the form, they can't do anything because of the HIPAA regulations. Other frequent missing information is the prescription itself. If you've got a medication with various doses, loading dose, maintenance dose, whatnot, maybe it's dosed by weight, milliliter that kind of thing. If that's not done perfectly, that holds everything up. That goes into the realm of missing information or incomplete form.

**Tegus Client**

So it sounds like you obviously have a process. If you wanted to fix it, is it that you'd actually want to increase the frequency than you have a completed enrollment form?

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

Yes. And I personally believe the only way that can be done is if an enrollment form was electronic, and you couldn't move forward to a field unless the prior field was complete, that there's, I think, I just think when you've got a paper form, you're always opening yourself up to missing information.

**Tegus Client**

Got it. Let's move on. So what makes gathering information on the patient's case from vendors challenging?

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

So everybody is different, but there are offices that will have an enrollment form, a blank one, in all of the patient rooms, so they can just grab it and get a signature. So to me that's good if the patient is there. And a lot of times, as I said before, patients have already walked out the door. So there are various electronic ways of getting a patient signature, but the patient has to comply.

THIS DOCUMENT MAY NOT BE REPRODUCED, DISTRIBUTED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS INCLUDING RESALE OF ANY PART, UNAUTHORIZED DISTRIBUTION TO A THIRD PARTY OR OTHER METHODS, WITHOUT THE PRIOR WRITTEN PERMISSION OF TEGUS INC.

So they'll get an e-mail. Sometimes, they'll call in and say, "Yes, I'm willing to consent, send me the e-mail," and then they don't comply. They think because they called in that, that's consent. But every company is different how their compliance department decides how consent can be captured and a lot of them won't allow it just via voice, they have to sign something, physically sign something or do a DocuSign, that kind of thing.

**Tegus Client**

Is it that it actually takes you more time because you're having to go hunt it down? Or is it something else?

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

Well, so when you can't see patient name and data, if you have a signature, then our hub services, and this is our compliance rules, won't allow me to have a name and date of birth. So it's just like a blank area on my list of cases. So I can't follow up on a patient, unless I know who the name and date of birth is.

**Tegus Client**

And if you wanted to improve this process, is it you would want to just increase the frequency that you have a patient's consent on file?

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

It wouldn't be so much the frequency. I know you mean by frequency because you only need to have signature once. So it would be probably more minimize the time.

**Tegus Client**

And what's an example of the consent? Is it just like a HIPAA consent? Or is it a permission to contact them?

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

Every manufacturer is different. And if you look at the form, it enumerates out what the consents are for. But typically, there's one consent for patient health information, PHI, and then there's a separate consent for opting into services, like nursing services, or getting a co-pay card or co-pay assistance.

So in other words, you have to sign both in order to get both PHI and patient programs. The other thing I will mention is that if you've got a person, if the drug is for someone who's younger than 18 years old, you need to get a parent or guardian to sign, and that's a little bit of a challenge.

**Tegus Client**

And what's the right term that you would use internally for an FRM? Is it troubleshoot a case? Or is it assist a case? Help a case?

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

Yes. I always say assist with a case.

**Tegus Client**

Assist with a case. Let's move on to what makes gathering information on the payer coverage for the patient challenging?

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

So in an EMR system, progress notes are captured on several visits. It's almost never that somebody comes in once and presents with a disease and the doctor just gives them a specialty medication. Usually, they're trying different therapies over the course of three months, six months, a year before they move on to a biologic. That's just the way it works.

And so what I think problematic is that in order to fill out our prior authorization form, you're asking someone to look back through several notes to capture all the information most accurately. Oftentimes, when a

patient finally gets prescribed certain medications, they might have gone to two or three specialists prior who didn't prescribe it, and they might have tried a few things, other steps and stuff. And that's not always captured in the third doctor's progress notes. And so that holds things up.

**Tegus Client**

And are you actually the one who is assisting the clinic with going through these notes or do they have to do that themselves?

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

Yes, they have to do that themselves. It's illegal for a manufacturer to assist with the prior authorization. So in other words, you could give somebody a clean prior authorization form with nothing on it, but I can't fill it out or show them really, other than cursory go through the form and go through some of the questions so they understand what they're asking them. I can't direct them specifically.

**Tegus Client**

So if we're talking about your role, you're actually not extracting the notes from the progress notes. You're actually just coaching them on how to do it themselves.

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

Exactly. So I can go through with them, high level, this is what most plans are looking for. You need to capture X, Y and Z, do you have that? Then they'll go through their notes and they'll see if they have it or not. Sometimes, many times, we'll get very specific on certain plans because maybe they're looking for a certain note within 180 days of the day of doing of the prior authorization.

So I might say to them, hey, did the patient try that therapy within the last 180 days, then yes or no, you give them guidance on what they have to do next. But there's no filling out forms or you're really directing them more than that. It's high level, but it's not it's specific, but not so specific on that patient that you've gone through their chart. We just don't do that. We're not allowed to. And honestly, I don't have the time to do that. We're way too busy.

**Tegus Client**

And I just want to understand what's an example of coaching. Is that just you're going through the PA form with them? Is that you just give them an annotated form?

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

So anything that's publicly available, we can give them. Say UnitedHealthcare, I could hand them the prior authorization form, and I can show them what the plan is looking for. I also have a checklist, which is pretty generic, that the company, the manufacturer puts together. And it might have eight of what, eight out of 10 things that most plans are looking for that you need to be tracking.

Maybe it's blood work, maybe it's some sort of a test or whatever. So when you say coaching them, it's not coaching them specifically like, hey, write this in this section of the form. It's more, hey, this test needs to be done. That blood work needs to be done. They're looking for a lab value between X and Y. And if you don't have that, it's probably not going to get approved, that kind of thing.

**Tegus Client**

So coaching isn't the right word. Is it explaining or what word would you use internally?

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

I would say explaining.

**Tegus Client**

And how would you actually want to improve this process? Is it you would want to minimize the time that you have to spend explaining to an account how to do this? Is it minimizing the frequency that you would have to

THIS DOCUMENT MAY NOT BE REPRODUCED, DISTRIBUTED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS INCLUDING RESALE OF ANY PART, UNAUTHORIZED DISTRIBUTION TO A THIRD PARTY OR OTHER METHODS, WITHOUT THE PRIOR WRITTEN PERMISSION OF TEGUS INC.



explain to an account how to do this?

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

So I think my time is best spent on follow-up on denials. Because the patients that get approved and the easy ones, they're getting the medication. So it'd be getting data more quickly when the patient gets denied. And so that way you go in, you see if there was, hey, do they make a mistake, did they not provide one little thing?

And to me, you get them to resubmit versus go through the appeal process. Because you figure, it takes about two weeks during the normal PA process for approval or denial, on average. It could be less, could be quick. It could be two weeks if it's paper. And then an appeal might take 30 days. So nobody wants the patient to wait two weeks and then an additional 30 days, all because they forgot one little thing.

**Tegus Client**

Let's move on, what makes gathering information about the case from the account's staff challenging?

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

So working with reps is interesting as an FRM. And I used to be a sales rep a long, long time ago, so I understand where they're coming from. But on the other hand, we are tasked with helping offices. I'm not a salesperson, so I'm not going to help sell a medication.

So any clinical questions that come up, that goes to a sales rep because FRMs really aren't trained on the data the way sales reps are. So I couldn't even be dangerous at this point, just doesn't work that way. So likewise, reps shouldn't be spending their time trying to help pull through patients because they don't have all the information that I have.

I have way more detail about what policies are requiring than a sales rep walks around with. So their time is best spent selling the product and generating more prescriptions. And my time is better spent on focusing on the more difficult plans and getting paid offices to understand what the requirements are so that the patients get on drug faster.

**Tegus Client**

I'm going to just push a little bit on it. I think I just want to understand what makes it challenging to educate them to go back in their swim lane.

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

It depends on the company. But companies do provide sales reps with a cursory amount of information regarding, this doctor has 10 active cases in the system. Now some companies give sales reps nothing. Some companies give sales patient initials, date of birth, so that if an office asks them a question, they can maybe follow up with the hub on something. But I'm not too happy sometimes that the reps have all that information because it's just not useful sometimes.

**Tegus Client**

And so maybe let me say this another way. Are you actually having to educate your sales reps to stay in their lane or is somebody else doing that?

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

That comes from above, but we reinforce it.

**Tegus Client**

And how do you actually reinforce it?

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

So but sales rep calls me and says, "I told an office, the policy on X Y and Z is X, and they've gotten it wrong.

THIS DOCUMENT MAY NOT BE REPRODUCED, DISTRIBUTED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS INCLUDING RESALE OF ANY PART, UNAUTHORIZED DISTRIBUTION TO A THIRD PARTY OR OTHER METHODS, WITHOUT THE PRIOR WRITTEN PERMISSION OF TEGUS INC.



I'll say to them, hey, when it comes to the nitty-gritty on a policy, rather than guess wrong, just give me a call, and I'll go ahead. And I'll let your office know what they need to do.

**Tegus Client**

So what would be the right term in your eyes? Is it educating? Is it reinforcing?

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

It's reinforcing.

**Tegus Client**

Could you just clarify, what would be an example? Is it you would have to just send them a message or you would have a call with them?

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

I just call them. I've been very fortunate that I haven't had any sales reps try to do anything that's noncompliant. It's just more that if they get something wrong, the office walks away thinking one thing when it's really something else.

**Tegus Client**

And if you wanted to make this process better for you, is it that you would want to minimize the time you have to spend doing this, reduce the frequency that you have to do this?

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

I would reduce, it's reducing the frequency.

**Tegus Client**

Got it. What makes examining the barriers to starting the therapy challenging?

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

Compliance is never the most fun thing. And every manufacturer has different rules regarding compliance. So I'm going to see if I got an example of compliance. You walk into an office, and they just want to show you everything in the chart. And really, we really have to, we only are focused on the one disease that we work on. So when they start telling you about all this other stuff that a patient is on that has nothing to do with the disease at hand, you have to tell the account. Sorry, that's not my thing, I can't talk to you about that. So that is frustrating.

And what else, the other thing that's frustrating is that, I think I mentioned this before. I can only use the tools that the company provides in terms of resources, like brochures and stuff. And some of them aren't regional, and so I'm not allowed to create my own stuff.

**Tegus Client**

And I think I want to really understand what's the challenge here? Is it that messaging compliantly is actually time consuming because you're having to do phone calls and faxes? You can't just text someone?

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

Yes. Text, because you know it all depends on who you're dealing with in an office. If you're dealing with someone who's older, they're going to call you because that's just how they did business for years. You talk to a younger person, and they don't even want to e-mail you. They want to text you. And there's no compliant way to do a text.

I can do a secure e-mail, encrypted e-mail, but I can't do a text. So I find myself having to, if someone sends you inadvertently patient and fall, you have to respond on text saying, please don't do that. Please send me a secure e-mail. And then you have to go send them an e-mail, and then they'll get back to you via e-mail. So

THIS DOCUMENT MAY NOT BE REPRODUCED, DISTRIBUTED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS INCLUDING RESALE OF ANY PART, UNAUTHORIZED DISTRIBUTION TO A THIRD PARTY OR OTHER METHODS, WITHOUT THE PRIOR WRITTEN PERMISSION OF TEGUS INC.

it's extra work and kind of a pain, as you can well understand.

**Tegus Client**

So if you wanted to make this process easier, is it that you just want to minimize the time it takes to message an account compliantly? Is it something else?

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

It's really minimizing the frequency. So I wish there was a thing called secure text because I'm sure if it existed, people would like that.

**Tegus Client**

Got it. Let's move on to what makes examining options for overcoming the barriers challenging?

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

It's challenging because of the labor situation in the United States that people are constantly quitting. So you're on this endless cascade of training people, some better than others. So you get, someone good starts, you train them, they get better, they leave. The next person comes along.

So there's this endless cascade of training. And then you've also got the phenomenon where there are just people that just don't care. So I wouldn't use the word untrainable because that's not very nice. But there, you can't be trained unless you want to be trained.

**Tegus Client**

So retraining when staff turns over.

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

Yes.

**Tegus Client**

And is the challenge here that you're just having to do this more and more frequently, is that it?

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

That's an absolute challenge. And then, of course, there's also the quality of the person that you're training because that goes into everything. So if you've got somebody I've had folks that are medical assistants that just got, they went to college, they're working as a medical assistant for maybe a year because they're waiting to get into physicians' assistance school.

And they start, you train them, and you think you're a superstar because they're doing everything over the top great. Well, meanwhile, they're going to practically be a doctor. That's why they're so good. And then you get somebody else who, this is the highest-level job they've ever had, and they don't understand a lot of the questions the way they're being asked on the prior authorization form.

Or they think the enrollment form for the medication asks too much for too much information and it's almost too much for them. So again, it goes to the person, how trainable they are, what's their educational level, that kind of thing. This stuff isn't easy.

**Tegus Client**

So if you wanted to make this process easier or better improve it, is it you'd want to minimize the frequency of having to train an account or minimize the time that it takes to train an account?

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

It's probably both, but I don't see how that can be changed given what's happening right now in the workforce.

**Tegus Client**

If you had to choose one, what's more important, minimizing the frequency or minimizing the time?

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

Probably the frequency. Because nobody minds spending the time with somebody if you don't have to go over the same exact stuff two weeks later.

**Tegus Client**

Okay, what makes preparing supporting materials to share with an account difficult?

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

So some of the materials that we have, I think I explained before, are more national in scope. So they're not always applicable to a local area. I think they make these sophisticated booklets with every step of everything there is to do with the process right now for our product. And I think sometimes more is not better. And people, when they see too many pages, they just toss the thing.

**Tegus Client**

Got it. And how does it actually affect you? Is it that you just now have to spend more time because, again, the materials are not tailored to the account and so you have to talk to them over the phone or in person about what they really have to do here? Or is it that you feel helpless because you don't have anything to share with them? What's the real challenge here?

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

See, I think the challenge is, first of all, you kill a lot of trees because they order this, they make your order all this stuff, and then it becomes outdated pretty quickly because maybe the label changes of the drug or maybe one of your services changes or gets enhanced, then there's a new brochure that you're handing out. So I think a lot of the stuff is just redundant. I do wish more of it was electronic because, like I said, with some of these younger folks, they would rather just have it be electronics. Just e-mail me your newest stuff.

**Tegus Client**

And so if you actually wanted to improve this process, would you want to increase the frequency that you can share relevant materials? Or is it that you just want to minimize the time it takes to.

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

Yes. I would minimize the number of materials.

**Tegus Client**

Let's move on. What makes deciding how to overcome the barriers to therapy challenging?

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

Well, some offices do not understand everything that's in the booklet. And a lot of times, some of the words are industry words, but not words that an office uses. You have to spell it out to them. So for example, we might say payer in a brochure. When, to the office, they'll think, okay, you mean insurance plan. So sometimes the jargon isn't easy for them to understand. And then again, sometimes I think in these materials, there's just far too many steps for people. And it's just, it's almost information overload.

**Tegus Client**

How does this impact your role? Are you now having to spend a lot of time trying to synthesize info and make it more easy to understand for them? Or how does it actually impact you?

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

I would say when you walk into these people, you don't always know how much time you get. So if you've got

five minutes you're not going to hand them six things. But if somebody gives you a half an hour, you might give them six things. So a lot of times, when marketing departments make brochures, they make some of these booklets that have 10 pages to them. And I almost think that's more confusing. It could be almost better to have electronic stuff where you could share with them one, and then the next thing, and then the next thing.

**Tegus Client**

I'm still confused how does this actually impact you? Are you now having to spend time making your, working your way around these complex booklets?

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

So it's more me having to know where something is, oh, oh, my gosh, can you just going be five minutes? This is on Page six. Oh, this is on Page eight. Because think about being in front of somebody and you're flipping through brochure that's 15 pages. And you're trying to remember if the information you want to talk to them about is on Page three or is it on Page eight. You know it's in the brochure. You just don't remember where. Nobody would remember exactly where.

**Tegus Client**

So if you wanted to improve this process, is it that you just want to increase the frequency that you have easy to understand materials? Or would you rather want to minimize the risk that they're confused, the existing materials?

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

Probably minimize the risk that they would be confused.

**Tegus Client**

Within confirming that sales rep knows their account will be contacted, what's challenging about it?

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

What makes it challenging is that different plans have different requirements. And offices are busy. My product is my world, but in some of these specialty offices, they're dealing with six biologics, 10 biologics. And it's not just knowing, they have to know the process for each drug, which is different than knowing the requirements, insurance requirements, but we expect them to remember everything, and it's near impossible.

And then particularly, if you've got offices that have a lot of commercial and a lot of Medicaid or maybe even the health insurance exchange plans, they all have very different requirements. And what you don't want someone to do is think their commercial patients are going to have the same issues as Medicaid patients trying to get on therapy. Because Medicaid is always the most, more difficult of the two.

**Tegus Client**

What this actually meant to say is your program's requirements. Are you able to see me make edits in real time?

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

Yes. So program's requirements you mean, our process, our hub?

**Tegus Client**

Yes. Your workflow.

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

It is not an easy thing to explain to people because there are so many steps. And again, you're sending a form into our hub, then you're hopping on CoverMyMeds, which is a separate platform. And you must have

THIS DOCUMENT MAY NOT BE REPRODUCED, DISTRIBUTED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS INCLUDING RESALE OF ANY PART, UNAUTHORIZED DISTRIBUTION TO A THIRD PARTY OR OTHER METHODS, WITHOUT THE PRIOR WRITTEN PERMISSION OF TEGUS INC.

the patient's insurance card. Do you have the insurance card? Yes, I do. No, I don't. Then you do the prior authorization.

Once it's approved, you send the approval letter into our hubs, so our hub can get a co-pay card for the patient, send it to the specialty pharmacy that's going to ship. Oh, by the way, specialty pharmacy may require clean prescription, send a new prescription to Accredo, send a new prescription Optum. So as you can tell, there's several steps where people can just forget, and then the prescription will just be in limbo.

**Tegus Client**

So again, is the challenge here for you that you're having to spend just a lot of time explaining how your system works to the account?

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

Yes, so there's as much time spent on how to do the process as there is to what the policies call for, for the patient to get on drug.

**Tegus Client**

And just to clarify, is that a common term that's used internally, limbo or stagnant.

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

No limbo is my creation. I don't know if they would say stagnant. I think if something falls through the cracks, sometimes you'll hear that.

**Tegus Client**

Alright, what makes confirming consent is on record for contacting account difficult?

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

What makes it challenging is that sometimes offices don't know where they are in the process.

**Tegus Client**

And how does that impact you?

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

That I can't help them unless I know what they've done so far. So in other words, sometimes an office will fill out an enrollment form, send it to the hub and they think they've done the prior authorization. And they haven't done that yet.

**Tegus Client**

And are you now having to figure out what's really going on here?

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

Yes. So you ask a series of questions like you're a detective. You find out what they've done or haven't done, and then you give them next steps to move things along.

**Tegus Client**

Let's move on, what makes contacting the account to share strategies for overcoming barriers difficult?

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

Patients don't answer the phone for your hub. So they'll opt into the assistance program by way of their signature. And I believe when the hub's first call, it's kind of like your pharmacy. They're not, unless they've got your consent, they can't leave a message saying, "I'm calling you about X drug." They'll only say the name of the hub. And a lot of patients, when they see an 888 number, they don't answer the phone. And so

THIS DOCUMENT MAY NOT BE REPRODUCED, DISTRIBUTED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS INCLUDING RESALE OF ANY PART, UNAUTHORIZED DISTRIBUTION TO A THIRD PARTY OR OTHER METHODS, WITHOUT THE PRIOR WRITTEN PERMISSION OF TEGUS INC.

there's always that disconnect.

**Tegus Client**

So in other words, it's not that patients aren't using your resources. It's just that you just can't get patients on the phone.

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

Right. Because it's interesting, I definitely see a correlation. When they use the resources and they stay involved with your hub, they get the drug a lot quicker.

**Tegus Client**

So is it better to phrase this as getting patients to respond to outreach from a specialty center?

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

Yes.

**Tegus Client**

Does it actually impact you? Is that like you're having to spend more time?

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

It does. Because the patient will get approved and they, nothing happens after that, meaning they don't accept shipment. Not because they don't want the medication, but more because the office might have said it got approved, they aren't sure what pharmacy it's going to go through.

Maybe they didn't get the co-pay card. And there's always that risk, if they don't have a co-pay card, that the patient gets a call from the pharmacy and the co-pay is astronomical. They don't understand that there's a copay card out there and they hang up. So just all these things add to the time for a patient to get on therapy.

**Tegus Client**

So in your eyes, to make it easier, what's more important, minimizing the time it takes to get patients to respond or increasing the frequency that patients respond?

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

Probably minimizing the time.

**Tegus Client**

What makes sharing supporting materials for overcoming barriers with an account challenging?

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

Open the options for a patient when their payer denies coverage. So virtually all manufacturers have assistance programs when people are denied. So I mean, my company is two denials, you go on assistance. But really what you want to do is you want to make sure as an FRM that the office acts on the denial. And if they've got all the proper documentation to go ahead and appeal.

**Tegus Client**

Does assistance program essentially mean a free drug program? Is that what that really means?

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

Yes. But it's not samples. It's categorized differently within a drug company, and it's typically like a charity program.

**Tegus Client**

So what would you consider all of your other programs? If the charity program is the assistance program, how would you.

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

Then there's a co-pay assistance program. That's one program. We have a program, like a bridge program so that if you have one type of insurance and people frequently in this country change insurance plans.

**Tegus Client**

How will you group all of those together? Would you just call them, because I would say, oh, those are your assistance programs, but it sounds like that actually means charity program. How would you group all of those together?

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

Well, we call them all assistance programs. And I don't know if there's a legal reason why they do that, but that's just what they call them. But in my mind, other than the co-pay program, they're all charity programs.

**Tegus Client**

Alright, what makes informing vendors about interactions with the account challenging?

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

So O cases, again, every manufacturer is different. But once a patient gets their first shipment, an FRM typically doesn't worry about it. It's successful, we're done and we move on to the next case. But as you know, patients need to be reauthorized, and that's not always tracked as closely.

So the frequency of patients staying on therapy, I'm totally not involved with. And I've worked for a lot of companies, and most of the time, virtually all the time, FRMs don't get involved in reauthorization. Unless an office calls you and says, I'm having a problem, what do I do?

**Tegus Client**

And why is that?

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

So if you look at any insurance plan, they'll have two sections. They'll have what information you need to provide in order to get the patient on initially, and then what you need for reauthorization. And so oftentimes, it's basically, they want an office visit after a certain amount of time to ensure the patient is doing well on therapy.

For some medications, there may be blood work that's required to prove that a drug is working or a visual assessment or something to assess that the patient is doing well on that drug. Because I understand, no insurance plan wants to send out a medication indefinitely to someone when it may not be working.

**Tegus Client**

I am hearing that, actually, this isn't a challenge for you because you're just not touching reauthorization.

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

I'm not required to. But I'll tell you, if I was required to, I would have a problem because we don't track it.

**Tegus Client**

Well, those are all of the questions that I have today. Thank you again for making time. This is perfect.

---

Tegus is not a registered investment advisor or broker-dealer, and is not licensed nor qualified to provide investment advice. The

THIS DOCUMENT MAY NOT BE REPRODUCED, DISTRIBUTED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS INCLUDING RESALE OF ANY PART, UNAUTHORIZED DISTRIBUTION TO A THIRD PARTY OR OTHER METHODS, WITHOUT THE PRIOR WRITTEN PERMISSION OF TEGUS INC.



information published in this transcript ("Content") is for information purposes only and should not be used as the sole basis for making any investment decision. Tegos, Inc. ("Tegos") makes no representations and accepts no liability for the Content or for any errors, omissions, or inaccuracies will in no way be held liable for any potential or actual violations of United States laws, including without limitation any securities laws, based on Information sent to you by Tegos. The views of the advisor expressed in the Content are those of the advisor and they are not endorsed by, nor do they represent the opinion of, Tegos. Tegos reserves all copyright, intellectual and other property rights in the Content. The Content is protected by the Copyright Laws of the United States and may not be copied, reproduced, sold, published, modified or exploited in any way without the express written consent of Tegos.

THIS DOCUMENT MAY NOT BE REPRODUCED, DISTRIBUTED, OR TRANSMITTED IN ANY FORM OR BY ANY MEANS INCLUDING RESALE OF ANY PART, UNAUTHORIZED DISTRIBUTION TO A THIRD PARTY OR OTHER METHODS, WITHOUT THE PRIOR WRITTEN PERMISSION OF TEGUS INC.