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Does Sex Sell Rx?

Pharma Sales Reps Talk

BY ROSE QUINN

Tan and handsome, he steps out of the company's sporty Pontiac Grand Prix GT in a light green suit, eye-catching tie and cool shades with blue-tinted lenses. He's high polish. Minimal flash.

It's mid-afternoon at a Dunkin' Donuts in suburban Philadelphia, PA and John Doe, 40, is between customers. Punctual, his on-the-minute arrival for a 3 o'clock interview is no surprise.

As a sales consultant for, as he puts it, "Big Pharma," one of the five leading pharmaceutical companies in the country, he politely announces that he'll have about 30 to 40 minutes to spare before his next appointment. After ordering a large coffee and removing his suit jacket—exposing the long sleeves of a neatly pressed white shirt—he smiles and pulls up a chair.

She's cute and sweet as can be but, by her own admission, she's no "Barbie." Nor is she the stereotypical "cheerleader" that has been reportedly making gains in recruiting popularity in the pharmaceutical sales industry. Never was that type, outwardly at least, and never wants to be, for that matter, she adds.

Megan, a newlywed at 22, is intelligent, affable and energetic. She studied hard, graduating cum laude in her class at a top-notch Catholic university in the country's Northeast region. Now that she has a pharmaceutical marketing degree, she's reconsidering a career in sales, even though

"If you think sex appeal sells, it doesn't. You have to have the knowledge." —"Karen," an aspiring pharma sales rep

she knows it's a requisite to landing her dream job in research.

"I don't really think I want to spend my time sucking up to doctors," she said. "Some are mean, make you feel like you don't exist."

A friend who started a job just a few weeks ago had called a few days before, saying that she had already left doctors' offices in tears, six times.

For the girl who used to roll out of bed and into class in sweats and no makeup, there is some concern regarding what seems to be an extraordinarily high emphasis on appearance placed on employees, especially females, in the field. Not that she lacks confidence—her parents raised her and sisters to believe they are all special, beautiful.

Megan realizes that even the prettiest cheerleader has to understand the product. Those who don't may get a first appointment, but they will never get a second.

"I know I am intelligent. I'm hard working. That is true whether I'm 120 pounds or 140 pounds," she said. "I want a job based on merit."

Joe Smith, 33, is fed up with the pharmaceutical sales business. His beef is personal. Though he believes the companies have every right to make money, all the wasted time, phoniness and game playing just isn't his bag.

"We are just not that valuable to them," he said, referring to the doctors he spends day after day trying to sell. His is a smaller company but he co-promotes with "Big Pharma" sales representatives in his region.

"There are a lot of intelligent people in this industry, but it strips away your talents," he said. "In two-and-a-half years, I have not honed my skills in any way. Even with the intensive sales training. I'll admit it did help my bank account.

"Don't get me wrong, doctors are appreciative of the samples and the lunches," he said. "But I've never had a doctor say, 'Hey thanks, I really needed that information.'"

Karen is a rising senior in pharmaceutical sales marketing. To date, her GPA is flirting with 4.0. At one time, she had considered medical school.

"I want to be a rep when I graduate," she said. Apologizing for sounding cliché, she added, "Sales is a great way to help people."

Though she has a year to go before she starts interviewing, she's already amassing the right wardrobe—primarily black and Navy blue suits. Her closet is getting full. There's one, a \$300 Calvin Klein, that she's keeping strictly for interviews. At the moment, it's a bit snug.

At 5-feet 5-inches and about 150 pounds, the bubbly brunette is planning to be down to 130 by this time next year. She's already started working out and watching what she eats.

"When people say they can immediately tell a pharmaceutical rep because of their appearance, I think of that as a compliment," she said. "The industry presents itself very well. People know it is easier when you are neat, clean and look good."

She doesn't seem to mind the pressure, albeit self-imposed. While she certainly doesn't think appearance alone makes for a good rep, she doesn't doubt that an attractive woman might have the upper hand with a male doctor, but only at first blush.

"If you think sex appeal sells, it doesn't," she said. "You have to have the knowledge."

She knows it's a tough business. She welcomes the challenge.

"If I am successful," she said, "it's going to be on me."

Meet the face of pharma sales, sort of. John Doe and Joe Smith are not real names, of course. Total anonymity was a must before either would spill any information about the industry. Since she is still interviewing with some pharmaceutical companies, Megan requested to be identified by her first name. Karen's name has been changed and, at her prompting, some personal but inconsequential details have been retouched, just a bit.

Pharma is an inviting industry, in terms of salary and perks, they all agree. But at what cost, at what personal sacrifice, is where they seem to divide.

Megan said she's starting to lean toward heeding her grandmother's advice.

"She's worked for a prestigious [specialty physician] for years and she keeps telling me that the doctors don't even acknowledge that the reps exist."

Still, she likes the flexibility, the independence and, yes, the salary. "I just don't want to kiss ass," she said.

A rookie rep can expect to earn as much as \$80,000 total package, including benefits, car and bonus. For some, according to Joe Smith, the money is the lone motivator, and it becomes too hard to walk away from it.

Just one visit to Café Pharma, a web site for pharmaceutical sales professionals, offers an online glimpse at those in the business, old and new alike, as they both bash and laud their work, their companies, their bosses and themselves. If nothing else, it's equal opportunity.

Consider this recent response to a person who'd been repeatedly rejected for a pharma job, despite trumpeting themselves as highly attractive, well-educated and the recipient of numerous accolades for previous endeavors: "This industry is filled with attractive overachievers. You are not unique. You are competing against a million people like you," read the anonymous Café Pharma July 21 posting.

Last November, the *New York Times* published an article by Stephanie Saul about drug companies and their discovery that hiring cheerleaders to sell to doctors was good marketing.

Megan read the NYT article and was left with one impression.

"It is true, all that does matter is your looks, you have to be pretty and you have to be thin. Brains don't count," she said.

According to a Harris poll, though consumer confidence in pharmaceuticals has improved, the overall industry's rating is still low.

"I wonder why they don't trust us," said John Doe. He sounded very sincere.

Pausing, he added, "It's because people don't know what pharma reps do. And, they don't know us."

John Doe is obviously a satisfied employee who, despite widespread stereotypes about reps being hired more for beauty than brains, is proud of his job and the overall industry.

"I love it," John Doe said. "It's the next best thing to being a practitioner." Back in college, he considered pre-med but decided against another eight years of school. Doe went into the hospitality business, opening

a few restaurants. After six years of working 120 hours a week, he decided it wasn't for him. "There was no balance. The older you get, you need personal and business balance," he said.

John Doe has been in pharma nine years. His typical days start at 7:30 on the home computer. On a good day, he'll have what's called an "opportunity" to visit 12 offices. He goes to the gym most nights from 5 to 7:30 – he calls it his decompression time. Then, it's back home, usually for more computer work, planning or reading. There are nights when he hosts a dinner for doctors.

Single, he questions how a married person could successfully balance the time demands.

John Doe works as part of a team, or cluster, which he said works great because a rep can only be in one place at a time. Though he's only responsible for three labels, he knows seven.

"Most reps that do well can detail a physician in 30 seconds," he said. "The key is knowing what is important."

John Doe said buying coffee or lunch is merely part of the relationship building process. No one thinks it guarantees a lock on a sale. "Folks are not in this industry to feed and to entertain," he stressed.

As for appearance, he said looking professional shows respect for the clients. He thinks about 40 percent of those in the industry probably need to shape up. Days of just looking good have gone by the wayside, he stressed.

"You have to build credibility and integrity," he said.

With or without the pharma job, John Doe would be into physical fitness. He also likes skiing, scuba diving and golf. He'll buy a half a dozen new suits every 18 months or so.

Said John Doe, "I am a firm believer that you don't get a second chance to make a first impression."

Only one of those recently interviewed was surprised to hear what a pharma rep had told *The Pharmacist* in passing just some eight months ago. "I would rather be a prostitute," said the rep.

Perhaps she was just having a particularly bad day, said Carolyn Choh Fleming. She would know.

"I carried a bag myself," offered Fleming, a professor of Pharmaceutical Marketing at St. Joseph's University who, having spent 15 years in sales and marketing, understands the industry.

"Maybe she just had a day where out of eight calls, seven doctors couldn't see her," Fleming said. "It happens."

"Every rep has war stories," she said. "You don't need to feel that you have to prostitute yourself. But you have to have your wits about you."

"I would have to ask what type of rep this [comment] is coming from," said John Doe. In his time on the job, he's never seen anyone come even close to crossing what he considered "the line."

No one denies there are many pretty girls on the job and many of the doctors are male, according to Joe Smith.

Fleming is not offended by this nor the emphasis on appearance. No one sees bankers in jeans with holes or a T-shirt that hasn't seen the laundry in a while, or is surprised to see a number of attorneys in a courtroom in a Brooks Brothers suit, Fleming said.

She also said that any cheerleaders that do get hired, as the NYT article suggested, must also make the grade – in terms of product knowledge.

"What's wrong with a good looking woman with brains?" she asked.

It's only been since the 1980s that women even entered the industry in large numbers, she noted. The jobs used to go to what were known as "detail" men.

"Most of the detail men were pharmacists and some were doctors. Their job was to talk to doctors about the product."

Detail men paved the way for detail women. But selling practices today are different, she agreed.

"Guys are guys. Do they notice the women? Sure. Sex appeal has a lot to do with any sales/marketing job," said Joe Smith. But I don't think any physician is so influenced by the look of a girl that he will write one product over another. On a similar note, he would hope that a doctor wouldn't write a prescription for a patient just because he liked him.

"You have to keep in mind, too, that the support staff in doctors' offices are women," he said. "They notice, too. If a woman wears a dress a little too short or a shirt a little too low, they notice it before the doctor even gets the chance."

While he thinks that the cheerleader thing is overdone, Joe Smith said pharmaceutical reps overall are a good-looking bunch. And he doesn't think it is a negative.

"I wouldn't indict the industry on that kind of thing," he said. "You get jobs for certain reasons and you miss out on jobs for certain reasons."

Joe Smith said if his job title were to be changed from pharma sales to pharma marketing, he would have no problem.

"We don't need to be doing what they want us to do," he said. "They train us like true sales reps. We are not selling something to a consumer, we're selling a concept to the physician."

The Doctor Will See You Now ... Maybe.

In 25 years of practicing obstetrics and gynecology, Dr. Joseph S. Ferroni, M.D., can remember banning only one pharmaceutical sales representative from his office in suburban Philadelphia, PA.

Anything salacious? Not even close, especially in comparison to some of the juicier postings found on Café Pharma, a Web site for pharmaceutical sales professionals and, in part, a sounding off hotspot.

There was a discussion on Café Pharma in July raising the question of why doctors hate reps so much.

"Think of it this way," began one responding pharma rep. "Pretend you went to school and worked your ass off and then had been a doctor for 4 - 5 years. Would you want 10 - 15 punks, bimbos and ex-cheerleaders coming into your office every day who had four weeks of training about a few drugs telling you what to prescribe? Especially when half of their training time had nothing to do with the medical aspects of the job. I'd hate us, too."

Here's another response: "They look at 28 year-old jocks and bimbos making 60-70K, while they are treating elderly patients who can't pay for their meds."

Some postings seem to reveal an elitist attitude that stresses the "club's" exclusivity — and sometimes they can be downright mean. Consider these responses to an aspiring pharma rep who had some revealing photos on her Myspace.com page:

"This wannabe is ... probably hot and dumb enough to get in [to the profession]," wrote one person.

"Lose some weight sweetheart," wrote another. "[You're] a bit chunky to be hanging around porn stars."

And lastly, "Kinda cute for a fatty. I bet that she would be a load of fun at a national meeting. We would be writing about her again when she dropped her pants to show a tattoo in front of the RD, or took five guys on at the pool, or puked all over the VP of sales at the big dinner on the last night."

In Ferroni's case, it was nothing of the sort. It was a professional breach that happened years ago, and one that he doesn't think was made in innocent error.

"The rep came in and tried to talk about an indication for a drug that didn't exist," he told *The Pharmacist* in a telephone interview last month, recalling what he labeled as rare unprofessional behavior.

"I believe it was done on purpose," he said. "That's what got me so upset. I was made to feel that that person thought I didn't know enough about the drugs I prescribe ... tried to pull the wool over my eyes."

With 19 years as a medical secretary for another physician miles away, B.C. has had her share of encounters with countless reps, mostly positive. A few, though, were off the wall, including striking women with small skirts, high heels and big cleavage.

"Yes, they're around," she said. "That's certainly not the professional look we expect."

And that expectation isn't exclusive to females. "We had a rep walk in three weeks ago on a Friday in jeans, sandals and a Polo shirt. 'I was just cruising by I thought I'd get a signature' he said to me.

"I don't think so," B.C. said.

Pushiness, however, is clearly B.C.'s main peeve.

"I had a really pushy one today," the busy mom said in a telephone interview just a few weeks ago. Her workday was long over but the image of the nasty rep was still very fresh.

B.C. went on to explain how a bad storm had cut off power the night before and like many of the patients sitting in the office, they were just getting back into the swing of things.

"This rep walks in and says, 'I need 10 seconds with the doctor,'" B.C. said. The rep gave no consideration to the roomful of patients.

“Lose some weight sweetheart...[you're] a bit chunky to be hanging around porn stars.” –comment on Café Pharma regarding a sales rep hopeful

"This rep wasn't new either," she said. "She obviously knows how to play the system and with just 10 seconds with the doctor she could have gotten a signature," B.C. said.

And getting that signature is pivotal. It shows proof of their visit.

"It has to be the doctor's signature," she said. That rep got no signature, either. Rude behavior doesn't work with the doctor and it certainly doesn't work for her or the other support staff.

"I am the key holder," she reminded, laughing. For the most part, B.C. said the three or four reps that visit the office each day are keenly professional. A lot of the reps are nurses and they know their stuff, she said.

When things start to get out of hand, they put up a sign, "One rep at a time." It works.

"If you come in with clinicals and studies, then you are in," she said. "Other doctors offices may play favorites, but we don't," she said.

And yes, appearance could be a factor in some of those offices, B.C. said.

B.C. also noted that she's been at other offices where she's actually felt sorry for the way reps were being treated.

"They really are at the doctors' mercy," she said. "We treat ours like gold, we really do."

Beyond respect, Ferroni - who also teaches Pharmaceutical Marketing majors at St. Joseph's University - demands that each rep that visits his office know their product, their label.

"The job of a rep is to tell me about their product," he said. "It's their job to represent the drug as the FDA wants it represented."

On the average, Ferroni said he sees eight to 10 reps a day, ranging from the rookies "who are so nervous they can barely speak, to those with up to 20 years to whom this is all second nature." He discourages ambush visits, preferring scheduled breakfast or lunch meetings.

It might be construed as brown-nosing by those in non-sales job, and even a hot-button issue for patients who witness it. But treating the office to breakfast or lunch is common practice for pharma reps.

B.C. observed that "patients will see a rep leaving something behind, or bring in coffee or lunch and say, 'Is that the reason why Medicare is so high?'"

B.C. noted that she worked in the office before the U.S. Department of Health and Human Services clamped down on the gifts drug companies were allowed to give doctors. Lures like pricey tickets to sporting events,

trips and cash that used to be common are now considered unethical.

Things have toned down, at least on the surface, but there's still big money being spent, B.C. observed.

Nowadays, she said, some reps are doing as many as four lunches a day. She knows that the lunches provided at her office range in cost from \$74 to \$120.

Her boss doesn't do any dinners. Instead, they have lunch on Thursday. They schedule one rep at a time, six months in advance. She keeps a book.

"Trust me, we are not in this for the free lunch," she said.

"Lunches are a good way to get time with a doctor," offered Ferroni, as is time in the morning, when they are doing charts.

"My feeling is that if a rep is going to the expense and the trouble, I should be able to at least sit there with them," he said. One thing he doesn't want to hear at any table is a rep bashing a competitor's product.

"I don't tolerate that," he said.

Most reps feel if they can get 30 seconds of what Ferroni called "face time" with a doctor, they can consider their visit a success.

"This," Ferroni said, "is the life of the rep." Usually, they know what it will be like upon coming into the job, along with the high salary, company car, laptop and whatever other perks. Or, at least they should.

Ferroni recognizes it's a difficult job. He also recognizes the benefits to him and his practice when it is performed well.

"They assist me in being up on everything," he said. In addition, they leave behind samples that are extremely helpful to the patients.

As for appearance, Ferroni said, "They are sales people. They're not all Sharon Stone, but they all need to present well, speak well.

"First impressions are important," he stressed.

More than just looks, Ferroni tends to gauge by personality type. If a new rep arrives at the office and acts timid, he doubts they'll make it.

"I'm not saying that looks don't work," he added. In the door, that's the first thing one notices about a rep. The knowledge comes next.

"Before you open your mouth, obviously we look at you," he said. "If someone is charming, attractive, knowledgeable and respectful, they will make an ultra-successful rep. If you are just an empty suitcase, I could be wrong, but my guess is you won't cut it."

That certainly doesn't leave the 30-year veteran who is not exactly the perfect 10 in appearance in the dust, either, Ferroni stressed.

"A person can make up for that with their knowledge," he said.

On a scale of one to ten, Ferroni said a low-rated rep would be a person who shows no respect for him or his patients. There are days that he's behind schedule and the office is full of patients. A rep that acts as if their time is more important is making a huge mistake.

"A ten for me is someone who comes in with great information, refers me to the medical department if they can't answer my question and who respects my time and my patients' time," he said.

Since becoming an adjunct professor of pharmacology at St. Joe's, Ferroni has also participated in role-play scenarios with aspiring sales reps. He's quick to say they come prepared.

He's equally quick to laud the university overall for offering the training that not only benefits the healthcare industry, but society and consumers overall.

By the way, Ferroni has no problem when a rep takes notice of his likes and dislikes. For instance, the way he takes his coffee.

"The real successful reps know I don't like cream and that I really prefer skim milk," he said. "That is when I know they are really paying attention."

Carolyn Choh Fleming has no problem addressing some flaws she saw in the pharmaceutical sales business. But overall, she believes that pharma reps are wise, hardworking people.

"I've always thought that the industry attracted people who really ask a lot of themselves," Fleming said recently. "I think the people who do well have a lot of depth, a lot of staying power."

Back when she was carrying a bag, there were a few women who mistakenly thought dressing down gave them a leg up on a sale. She always suspected that those who resorted to personal wiles to sell lacked self-confidence or product knowledge.

"When you don't have the actual brainpower, you have to resort to other tools," asserted Fleming. "Every industry is going to have a bell curve. Ours is no different."

Of course, it helps to look good, Fleming said. "It's sales." And forgetting the intelligence factor for just a second, she reminds us that looking good is not always easy to do day after day. Workdays can be long.

By looking good, she means looking healthy and happy.

Fleming, who now trains aspiring pharma reps at St. Joseph's University, admits that she harps on the details, from appearance to product knowledge. She knows that the industry is highly-regulated and the demands on reps are both physical and mental.

It's an industry that uses lots of war terms, like 'frontline', 'lock and load', and 'ready to fire'. "A drug rep will never be sent out knowing merely 90 percent of the product, there is no room for that. Doctors, particularly your top prescribers, will see through a rep fak-

ing knowledge. They just don't tell the rep, and poof, the rep doesn't get a second chance and the doc becomes a no-see doc."

The reps are very well paid for imparting that knowledge, and good reps get promoted to other positions, she said. One doesn't have to stay a rep forever. It's a path into the rest of the industry.

"In terms of looking professional, sales reps in our industry have to be well dressed," Fleming said. Period. And it's really no different in other professions, like banking or law.

"Look at the doctors who lead a practice, many times they are tall, dark and handsome," she said. "I met a medical head a few years ago, he was drop-dead gorgeous.

"A short skirt may get a first visit, but not necessarily a second."
—Carolyn Choh Fleming,
Pharmaceutical Marketing Professor.

He wasn't penalized for being good-looking."

Fleming said doctors have tough lives. "A rep has to be valuable enough for a doctor to take the time with them ... a short skirt may get a first visit, but not necessarily a second."

Reps who have done well are not necessarily the best looking, she said. They look healthy and happy.

"You might come in as a cheerleader, I've met a few, not all of them survived ... Short skirts and high heels don't impress the secretaries.

"What I like about cheerleaders is that they have to stay up-beat," Fleming said. "Even when the chips are down, they have to keep the crowd going. It's tough. They understand what losing is.

"Most of winning is perseverance and showing up."

She mentioned that a secretary in one of the selling offices she had serviced had confessed that she would rate a rep by number, between one and ten, on his/her business card before giving it to the doctor.

"I don't think many doctors do that," Fleming quickly countered.

Fleming recalled having great personal rapport with the secretaries. The very fact that a nurse confided her rating method should be proof enough. It's not hard to imagine why.

Even by phone, Fleming is an upbeat, motivating force. She has a lot to say and her delivery, per-

"It's going to be their job to convince doctors why their product works and where it fits best in their practice. The reps do it on one level – the industry has to do it on all levels, sales, marketing, regulatory, clinical."

Fleming said top reps would say they get up at the crack of dawn or at midnight to catch the doctor.

"You have one minute, baby. Latch onto it."

She likes to hear that a rep takes notice of a doctor's particular likes or dislikes – it could set them apart from the competition. Remembering how a doctor prefers coffee, or if he prefers to see a rep at the very end of the day, can go a long way."

Taking notes is highly encouraged.

"I would challenge anyone in sales who does not have a Rolodex on a key customer," she said.

Fleming remembers walking into a doctor's office one Friday morning years back and noticing a bouquet of flowers. It had been a slow day so she decided to stop. Since that office wasn't on her usual schedule, she didn't know that the doctor had been bringing flowers home to his wife every Friday for years.

When she left the office, she called the florist and offered to pay for the flowers. More than the sales advantage, she said she appreciated that he loved his wife so much.

"He was much more than a sale. He became very human," she said.

"To his credit, he didn't want to accept payment," Fleming added. "But he always remembered that I wanted to do that and it helped catalyze the beginning of a good business relationship."

Familiar with the "Open, Probe, Support and Close" normal sales model, Smith said it's a tough job when it comes to the probing questions.

"But closing is the worst," he said. "If you follow that format, you look ridiculous."

Joe Smith said his is a 90 percent relation-building position. He thinks it should be more like 50-50.

Joe Smith's background is in healthcare. Before pharma sales he was self-employed, holding a prestigious position within the professional sports arena.

"I feel that the cat is out of the bag as to what reps really do," he said. "I am not going to stay in the business."

For Smith, it's all about value - his.

"I have a lot more to give than what is needed to succeed in the pharma industry," he said. He wants out before it's too late.

A lot of managers in other companies know what pharma people do, they have biases," Joe Smith said. "If you are in pharma too long, you could lose out on other sales jobs."

Let us know your thoughts: edit@therph.com