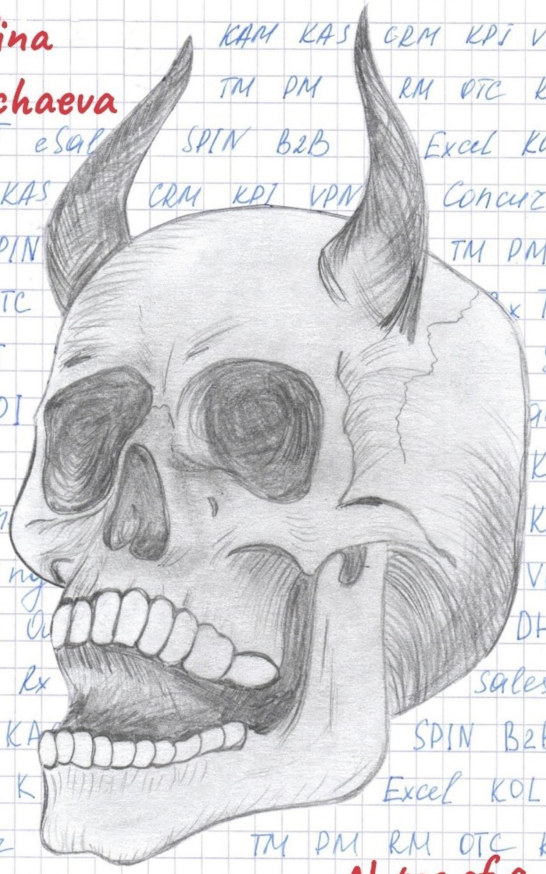
Polina Nechaeva



Notes of a Pharma Rep.

Who's Last in Line?

СОДЕРЖИТ НЕЦЕНЗУРНУЮ БРАНЬ

18+

Полина Нечаева

Notes of a Pharma Rep: Who's Last in Line?

https://litres.ru/74519104
SelfPub; 2026

Аннотация

A pharma rep, or medical representative, is a fairly young profession, only about thirty years old. All across Russia, forty thousand pharmaceutical company employees work to persuade doctors to prescribe their particular drugs and lay siege to pharmacy fortresses to win orders. Pharma reps are the living link between clinical practice and the pharmaceutical industry. Yet society still hasn't decided whether to curse pharma reps for their work or praise them. Who are these people who cut the line to get into the doctor's office? How do they see the world beyond the clinic walls? What do they dream of, and what are they striving for? This book is about me and my colleagues. This book is about us.

Contains strong language.

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Полина Нечаева
Notes of a Pharma Rep: Who's Last in Line?

— Dad, where does Mom work?
— At the hospital.
— Does she treat people?
— Doctors…

February 15, 2015

Prologue

Once upon a time… on March 4, 2020, I published a post in the *Typical Pharma Rep* online community1[1]. It got 762 likes, 31 shares, and 68 comments. So here it is:

My friends were stunned when, five minutes before midnight on New Year's Eve in Palace Square2[2], I bought a bottle of water from a kiosk with a line about fifty yards long in thirty seconds flat.

Ten years on, I can finally admit it… yes, I'm a pharma rep. Here's what ten years and three companies have taught me.

---

[1] An online community for Russian pharma reps on social media.

[2] The main square of St. Petersburg, where enormous crowds gather on New Year's Eve. A pharma rep's superpower is getting through lines.

Emotions. The main engine of success. No mood, no results.

Lines. Honestly, not that scary. Once your body accepts that this is simply how things are, it switches to ignore mode. With proper training you can last an hour, an hour and a half. But you still get bored eventually.

Quick sales. You will never need the "sell me this pen" skill. It's all nonsense. Quick sales wreck long-term relationships. The client immediately senses they've been played.

Self-positioning. Sometimes playing dumb is very useful. Or not even dumb, just a naive little girl you can tell absolutely everything to.

Reports. Those who work well report badly. Or the other way around. Or you can keep up with everything by giving up on your personal life.

Image. Every rep at a generics company wants to move to a brand-name company. Every rep at a brand-name company can't quite tell you what the big deal is.

Honesty. Patients will always hate you. To them you're "a walking advertisement." Spawn of hell. So never blow your cover.

Perks. Every corporate toy (iPad, phone, car) can turn into a huge headache, and one day it will be used against you.

Bosses. Whatever the party line, if your direct manager is an asshole, run. Far. There's no negotiating.

Memory. A doctor is under no obligation to remember you. Even if you've talked twenty-five times before. And once he finally does remember your face, he'll probably just keep calling

you "young lady"3[3]. At which point you'll be thrilled whenever he calls you by the name of your drug instead. Introducing yourself again at every single visit becomes routine.

Money. Everyone wants money, but love and loyalty can't be bought. No comment.

Education. All doctors are excessively proud of their degrees. By default, they assume you're a doctor too. At the slightest doubt, you'll have to field the question: "And you are, pardon me, a physician?"

Color perception. One day you suddenly realize that blue plastic shoe covers4[4] are SO. INCREDIBLY. BORING!!!

Transport. A Škoda Fabia5[5] can do 100 mph. And every joke about the company car's off-road capability is true.

And finally… Purpose. If there's a goal, there's a point. Otherwise it's all for nothing.

And now, in 2021, as one tiny person who had an unfortunate lunch somewhere on the other side of the globe6[6] keeps rewriting how billions of people see the world, it suddenly occurred to me:

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[3] In Russia, devushka ("young lady," "miss") is the standard way to address a young woman whose name you don't know. Being called that for the twenty-sixth time is a clear sign the doctor has no idea who you are.

[4] Many Russian clinics require visitors to pull disposable plastic covers over their shoes at the entrance. They are almost always blue. A rep puts on several pairs a day, every day, for years.

[5] A small budget hatchback, a typical company car for reps in the author's world. Not built for either high speeds or Russian back roads.

[6] A reference to COVID-19 and the popular story that it began at a food market in Wuhan.

why not write about us, the pharma reps? Remember my own stories, tell other people's. Maybe even make up a few things that never happened but very well could have.

With the obligatory disclaimer that

all the stories in this book are fictional,
and any resemblance is purely coincidental

Chapter 1. How I Sank This Low

Let's get acquainted. I'm Polina. I love dogs, cats, kids, deep sleep, good food, light filtered beer, and saying what I think. That last item has caused me a lot of trouble in life. But I don't lose heart and keep on being myself.

Where did my story begin? With a move from Krasnoyarsk1[7], a city of nearly a million at the time, to Petersburg, a city of nearly five million. And separating from my parents. By August 8, 2008, I already had my first child, my first husband, an "incomplete higher education"2[8] consisting of four years of a biology degree with a specialization in biochemistry, and some very foggy plans for the future.

Actually, no. I'm lying. I did have plans. Hold on to the city with everything I had, get my diploma, and land a well-paid job, ideally one I'd love.

I realized in my very first year that, biochemistry degree or not, I would never work in a lab digging through blood and urine samples.

We'd been students for a week or two at that point, going to some classes and carefully testing the limits of what we could get away with, trying to figure out: who's actually keeping tabs

[7] A large city in Siberia, about 2,000 miles east of Moscow.

[8] An official Russian status for someone who completed at least part of a university program without graduating. People really do list it on their résumés.

on us? At school, teachers snitched to the homeroom teacher about skipped classes and bad behavior. The homeroom teacher complained to our parents. At university, at first glance, there was no control at all. It was baffling. It simply couldn't be true.

Then we found out our group[9] had some kind of faculty advisor. Someone from the department. Who had never once shown his face. So we got together and went to introduce ourselves. The man was surprised, to put it mildly, but didn't refuse. He sat us all down at desks in an empty lecture hall and agreed to answer any questions we had. I don't remember what we asked. I remember one question: where do biology graduates end up working? There were three options: in science, as a lab technician, or outside their field.

I decided then: science. Because the other two options didn't suit me at all. Then, in my third year, writing a term paper that required digging through foreign sources in English — a language that simply wouldn't stick — killed any desire to do that for a living.

The lab tech option suddenly didn't look so bad, but it stopped being viable when, after my fourth year, I moved to Petersburg to study by correspondence and missed the specialization courses without which no lab would hire you. I needed a new plan.

Job-search websites revealed a couple of new options.

Plan A. Clinical trial monitor. A person who lives on

[9] Russian university students are assigned to a fixed group of classmates who take all their classes together for years.

airplanes. Someone who coordinates clinical trials of drugs, biologics, or medical devices.

Pros:

- Good salary
- Good benefits
- Public respect
- Doctors love you and look forward to seeing you
- Company car
- Company laptop and phone
- Sometimes you get to work from home

Cons:

- You have to learn English

Plan B. Pharma rep. A talking head who makes one-on-one visits to doctors and/or pharmacists in the territory entrusted to them.

Pros:

- Good salary
- Good benefits
- Company car
- Company laptop and phone
- No English required

Cons:

- Public hatred
- Doctors don't want to see you

By the time I sent out my résumé, I had learned English after all. At least at the bare minimum level needed to get through an

interview at a company that ran clinical trials. I had two résumés on the job site: a monitor's and a pharma rep's.

I was never offered a monitor job. They needed doctors or PhDs. Or doctors with PhDs. Ideally. But an opportunity came up for a position as an assistant clinical trial monitor, with the prospect of working my way up to monitor.

And so Plan C was born.

Pros:

- A path to Plan A

Cons:

- Low salary
- No car
- No laptop or phone
- You work with paperwork, not people

At the same time, I got an offer from a pharmaceutical company. And between a very concrete Plan C (with a ghostly chance of moving to Plan A) and Plan B, I chose the latter.

> **I start on July 19. The job is kind of dumb, honestly. Going around to doctors, praising Company #'s drugs, getting them to prescribe. But right away it's 30K4, a car, a computer, insurance. And in two or three years I could become a regional manager or a product manager, and that's actually interesting. And the money's not bad. My classmates snort, but I don't want to be like them, digging through samples in some**

hospital lab.
July 5, 2010

Chapter 2. Sell Yourself

If you have to sell your soul to the devil, at least haggle hard.
May 15, 2011

We all want to sell ourselves for a higher price to a more prestigious company, to scratch our invisible ego behind the ears. We prep for interviews and hunt for life hacks online. What posture to take, what to do with your hands, how to answer the most common questions, like "Why did you leave your last job?", "Where do you see yourself at this company in five years?", "What are your strengths and weaknesses?" All those wannabe experts on their wannabe websites teach us that if you don't bite your nails in the interview, don't say your ex-boss is an asshole, behave with dignity and restraint (but energy!), and answer the weaknesses question with "Unfortunately, I'm a workaholic," your chances of getting hired shoot up to a hundred percent. No!!! Nonsense, garbage, lies. They don't hire the best. They hire the ones who fit. The ones they like.

When I was applying to my first company, with no work experience and no interview experience, they asked me what the hardest part of preparing for the interview had been. I said: finding a suit that fit my post-maternity-leave1[10] figure. They

[10] Russian parental leave can last up to three years with a guaranteed job to return

laughed. Turned out my future boss had also just come back from maternity leave and understood my problem perfectly.

When I was applying to my first brand-name company, one of three managers sat me down across from him and asked if I was comfortable. My chair swiveled, and I said that overall yes, but the chair swivels, so I'd probably be swiveling during the interview. The three grown-up managers in business suits on the other side of the table instinctively, in perfect unison, wiggled left and right and said that was fine. Their chairs had just been replaced, and they'd be swiveling during the interview too! That's when I knew I wanted to work with these people. Because they were awesome.

In that same interview I opened up so much that I said something unforgivable. I said I was looking for a new job because of a new manager who was bullying the team while being completely incompetent himself. I explained why. Then I asked them to invite my friend to interview too. I rode home feeling like a total failure. I'd done everything wrong. Half an hour later, they called back and scheduled an interview with the general manager over Skype. Two hours after that, they offered me the job of being their first employee in the city, promoting a new drug. And later they hired my friend too.

There were interviews with no spark. The right questions, the right answers. They never called back after those. There were ones that were just — whoa, bravo, pop the champagne! They

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to, so "coming back from maternity leave" can mean coming back after a long break.

called back, but turned me down. There were outright disasters. But with those, everything became clear on the spot.

You'll never know what's going on in the interviewer's head. How they picture the ideal candidate. A self-starter or a follower? Creative or meticulous? And even if you manage to guess and squeeze yourself into the imagined role, you need to understand whether you can keep playing that role day after day, year after year — or whether it's just not you.

In the end, an employment contract is an agreement between employee and employer. The company chooses you, and you choose the company. Not only when you send your résumé. While talking to a potential boss, you should already be figuring out: will you be comfortable working together? Will you be able to find common ground? And run from those stress interviews that were so popular at one point. Unless, of course, you're a masochist.

Speaking from personal experience, the one thing you absolutely must not do before an interview is read jokes about interviews. To this day, an answer I once saw on Pikabu2[11] to "Where do you see yourself in five years?" keeps spinning in my head. The suggestion was to answer: "…I've been blinded by the dazzling prospects!" And now, EVERY TIME I'm asked that, every thought in my head shuts down, and only one answer surfaces. But the people hiring you don't want to hear it. Even if you warn them it's a joke. Yes, I've tested this.

[11] A popular Russian entertainment and humor website, somewhat like Reddit.

So what do they want to hear? That the economy in our country has been in such a state for the past ten years that in five years I see myself in the exact same position, just with a couple of extra wrinkles on my forehead and a few extra pounds I won't say where? That I don't see myself at this company, but at another one? Smart people advise answering: "In five years, I see myself in your seat, and you as my manager." But kissing a potential boss's ass that openly, and on the very first day we meet, is against my religion.

— A girl came in to interview with me once. For a pharma rep position. In a stretched-out Mickey Mouse tank top and some kind of leggings. Said right away she'd come straight from the beach. Spread her fingers out on the table like a fan3. A gold ring on every finger. And launched into telling me she didn't need the money at all. — She doesn't need money, so why'd she come? — Oh, the usual… For self-realization. And the delivery was like, you know, I don't give a crap about any of you people, I'm about to self-realize right here, right now. And she honestly believed that was a model of successful behavior. Like at some bazaar out in the boonies. You're buying a T-shirt. You like it, but so as not to drive up the price, you say condescendingly: "Well, okay, whatever… I'll take it for 150 rubles4." — Did you tell her to get lost? — Are you kidding? I gave her the full interview! How could I pass up a character like that? Candidates all say the same thing. Whatever

the recruiting agency told them to say. Boring. And then this…

Vladimir

Chapter 3. Climbing the Ladder

The summer of 2010 stuck in Russians' memories for its record-breaking heat. The head of Roshydromet1[12] declared that Russia hadn't seen a summer this hot since the days of Rurik2[13], which is to say in over a thousand years. Massive wildfires and unprecedented smog in a number of cities and regions caused economic and environmental damage. Meanwhile, I was planning to launch straight from maternity leave into a dizzying career. Because for twenty-three-year-old me, raised on movies about the American Dream, nothing was impossible. All I had to do was work hard, not screw up, make the company as much money as possible, and be that reliable employee to whom, without a second thought, they could hand over a manager's duties.

I didn't make this model up. At my first company, two of the three first-line managers were newbies. My direct boss, Valeria, was in her second year in pharma. One year as a rep with excellent numbers. Sales growth, scripted ride-alongs3[14], a Hollywood smile, a successful interview for a management

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[12] Russia's federal weather and environmental monitoring service.

[13] A semi-legendary prince who founded the first Russian ruling dynasty in the 9th century.

[14] Visits a rep makes together with their manager, who watches and evaluates. In Russian they're called "double visits." There's a whole chapter on them later.

position, and there she was, hiring newbies for her own team. Her colleague Viktor was in his third year at the company. Same pattern. Young, ambitious, successful. The third manager was experienced. But we never really got to know each other. She interviewed me and quit the next day. The company poached someone from another company to replace her. At that point, an ordinary hospital rep4[15]. Not bad, right? Today you're pushing Indian aspirin into a district hospital, and tomorrow you're leading a team of young fighters, conquering doctors' minds and winning their loyalty to the company's drugs. To them you're father, teacher, and spiritual leader.

Life around me was boiling and steaming. People got promoted and fired. Faces changed. The company grew. One colleague went for a junior product manager position that meant moving to Moscow. His medical degree made it possible. He got the job. Another colleague, less than a year in, left to become a manager at a brand-name company. Connections helped. She had studied medicine too. In Petersburg.

After a year and a half, I also tried my luck on the job market, hoping to land a juicier position. I remember sitting at a recruiting agency acting like a big shot. Telling them I had no plans to be a rep anymore. But times were changing fast. Managers stopped being promoted, and they sank their teeth into the positions they already had. Terrified of losing what they had

[15] A rep who works with hospitals and their procurement departments rather than with outpatient clinics and pharmacies.

and ending up back out in the field with a daily plan of ten doctors and four pharmacies. I rolled up my ambitions, put them away, and took a job at a brand-name company as the most ordinary rep, secretly hoping to grow there.

…Among my peers, people around thirty give or take a couple of years, I'm seeing a career-planning crisis. People don't know how to become bosses. For a long time I couldn't figure out what was going on, and yesterday I think I finally got to the bottom of it. Of course, there are plenty of reasons why people want to break into the boss ranks fast, start ordering others around, and ask for a bigger salary. It all sounds good. But behind doing the job there has to be experience and skills. And not just professional ones, but life skills too. Everyone wants to lead, but not everyone actually can. When today's thirty-year-olds finished school, it was the early 2000s. Oil prices shot up with terrifying force. In 1998, $30 a barrel was a dream; just five years later the $50 mark was reached, and prices kept rising and rising. The money trickled down to the people unevenly. Some got a pension increase of three thousand rubles; others built themselves a palace on the Klyazma5, and the builders skimmed enough off it to build palaces of their own. Every contractor hanging drywall got a little something in his pocket. Household appliances and new cars flooded the country. Drunk on power, the authorities banned imports of twenty-

year-old right-hand-drive Japanese beauties6, which had been saving the entire eastern half of the country throughout the '90s, and, it must be said, there was so much money in the economy that people switched to new foreign cars en masse without complaining. This dazzling boom of the good life lasted just five years or so. Those were exactly the years when today's thirty-year-olds were graduating and starting their careers. The job market was rising like yeast dough. When I was hired, the head of HR described the career path of a hardworking, capable specialist like this: "Now you're a junior specialist, in a year a regular one, in two years a senior one, in three years you're a manager leading a dozen other specialists. After that, every path is open. Run a department, build new business lines, transfer to Europe to run a region." No limits. And that's exactly the kind of career moves I saw around me. Naturally, fresh from university halls and lab benches, I figured that's just how things worked at companies. Especially since my friends from Moscow State University7 who had landed jobs were growing roughly that way. Then came 2008, and the job markets took a punch to the gut. Some had to look for new jobs. Some just didn't get a raise for a whole year. To people used to getting a raise of one or two hundred euros a month every six months, this seemed outrageous. They just hoped the hard times were temporary. Each of us thinking only about ourselves, we missed the moment the whole country's explosive growth came to a halt. Only in

2010 did it turn out that, for some reason, nobody had become a manager in three to five years. Growth soon resumed, but the stunning success stories were nowhere to be seen. And now it's 2015. Along with their first work experience, thirty-year-olds absorbed a hunger for growth, a hunger for high income, and a habit of living in luxury. Trips abroad, expensive gadgets, clothes from Italian fashion houses, thousand-euro handbags all became the norm. Hotel and restaurant staff in Southern Europe learned Russian, and we thought that was only right. We were bringing them money that we believed we had earned honestly. In just ten years or so, the cycle was over. Those ten years were the entire conscious adult life of today's thirty-year-olds. A conscious life in which money isn't a problem, opportunities are unlimited, and promotions come every year. A life in which prosperity is the natural state of things. Now that economic growth has stopped, this whole generation is in for more depression. None of the thirty-year-olds are prepared to work in the same position for ten years. Never mind a whole lifetime. Although, generally speaking, that's normal. Now we can say with one hundred percent certainty that the past won't come back. There won't be growth like that again, because there's no longer that low base of the nineties, and no longer a country with brilliant economic prospects. Thirty-year-olds should call and visit their parents more often, and learn from them how

to live…
Dmitry L., 2017

In eleven years in pharma, I managed to be a regular pharma rep, a hospital pharma rep, a senior pharma rep, a product promotion specialist, and an orphan drug specialist, but I never did become a manager.

Well, unless you count territory manager. Of an enormous territory. Half of Russia. But let's take things in order.

Chapter 4. Copy, Paste, Repeat

When I worked at my first company and promoted generics, I was doing a good deed. At least, that's how it felt. Maybe because they let me believe it.

And why not, really? We were bringing treatment to the people. Quality treatment, affordable treatment.

A small aside. At my first company, the one with the four-letter name, we were taught to strike the adjective "cheap" from our vocabulary when talking about our drug. Because "cheap" means "cheapo." And nobody wants to own something cheapo.

And yes, I'm still not ashamed of that company's drugs. They really were (and are) great. I still recommend them to grandmas and friends. And buy them myself when I need to.

The thing is, generics vary a lot in quality. Sometimes, chasing profit and undercutting competitors' prices, pharmaceutical companies put something into the factory box that is not at all what the doctor ordered.

Why are brand-name drugs so expensive? Because research is expensive. Unbelievably expensive. Out of 10,000 molecules, only one makes it to the pharmacy counter. Researching a single drug costs a billion dollars.

From the moment the first study begins, a clock starts ticking on the legal protection that keeps copies of the drug off the market. And the company has only a few years to finish its

studies, register the drug, recoup its costs, and make at least a little money.

Before I worked in pharma, I thought that as soon as a drug came onto the market, it immediately reached patients. Later, launching1[16] my first brand-name drug (that is, doing everything it takes to bring a new drug to market), I realized it's all much more complicated.

The drug shows up at the distributor's warehouse in your city (by that point, the market access managers have already done an enormous amount of work), and you have to somehow sell it. Prescription drugs can't be advertised in Russia2[17]. Doctors know nothing about them. Often they don't believe in their efficacy or safety. They need a key opinion leader to tell them everything's fine, he's studied the clinical trial results and run his own trials on a handful of patients. It all works, don't wet your pants. The first opinion leader is believed reluctantly. For some, he's no authority at all, they need someone else. Almost everyone wants to sit back and wait, to see experience pile up among their colleagues. For the molecule to prove itself as well as possible. And only then, unhurriedly, do they start prescribing the new regimen to their own patients.

A swarm of employees is already out in the field, spinning up

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[16] In the original, the author uses Russian corporate slang borrowed from the English "launch," which is why she explains it in parentheses.

[17] Russia bans advertising prescription drugs to the public, unlike the US, where drug commercials are everywhere on TV.

the heavy flywheel of sales for the new molecule. And they all have to be paid. And time is running out.

Sometimes pharmaceutical companies run a pre-launch, preparing the ground for the market of an upcoming drug. I remember explaining to a cardiologist why our member of a new class of anticoagulants, even at its price of three thousand rubles, would soon push out the hundred-ruble drug currently used to treat every patient with atrial fibrillation. Despite its million side effects.

She tapped her finger to her temple and said: "Young lady, what are you talking about?! Nobody's ever going to buy your pills! Who needs them?"

Soon we became market leaders. The molecule showed itself at its very best. Doctors came to appreciate how easy it was to take, how effective it was, and how safe this new kind of therapy was. Every ambitious employee at any pharmaceutical company in the world would dream of touching the creation of a blockbuster like that even once in their working life.

For a doctor to be able to prescribe a new drug, it has to be in the retail pharmacy. And for that, someone has to put it there. Some places will take it for free, on the condition that the pharmacy keeps the full price of the first pack and then automatically orders a second. But there isn't always a budget for that. And not every pharmacy can work that way. So most often, a pharma rep gets sent to the pharmacy to talk the manager into buying one or two packs.

That's a quest of its own. You swear there will definitely be prescriptions, the drug will definitely go to a customer and not into the trash. You promise to buy it back with your own money if it expires (the last resort). You leave your passport as collateral (joke) and write an IOU (also almost a joke).

The doctor says: "I'll prescribe it when it's in the pharmacy." The pharmacy says: "I'll buy it when there are prescriptions."

Drugs have three stages of life: problem children, stars, and cash cows3[18]. So far, as you've gathered, I've been describing the first. Not every drug makes it from child to cow.

Some remain a hole in the budget forever.

Working with stars is easy and fun. Everyone knows them, everyone loves them. New studies keep coming out that are interesting to discuss with specialists. There are still budgets. Targets are realistic, bonuses are within reach.

Nobody promotes cash cows anymore. Doctors prescribe them out of habit, and reps spend 10% of a visit on them just so they don't get forgotten.

The path of generics is much shorter. All they need is a simple bioequivalence study. Just prove it's the same molecule. They can save on the stability of the substance and on the coatings the active ingredient gets wrapped in. They can save on packaging. And packaging can also affect the molecule's stability. Set a competitive price and send the reps out into the field with

[18] The categories of the BCG matrix, a classic business-school tool for classifying products.

the message: "We're just like the brand-name drug, only more affordable."

No, they have their own challenges, I won't argue. They still have to get registered and stand out from the other generics that also want to grab their slice of the market. And that costs money too. But nowhere near what the original manufacturer invested.

Chapter 5. Getting on the Shelf

In the last chapter I wrote that an important stage in selling a drug is getting it stocked in pharmacies. When I worked at my first company, the starting task for every newly minted rep was to stock about twenty pharmacies in their territory with our blood pressure drug. According to the plan, each pharmacy had to take at least two packs. The logic was that ordering a drug at a patient's request takes at least three days. The day of the request, the day of the order, the day of delivery. And if the first pack sold quickly, there had to be another one left in the pharmacy.

The drug cost about three hundred rubles1[19]. Not a fortune, but the pharmacies resisted as if they'd been asked to foster a pink elephant. On a purely human level, you could understand them. We were the ones with a plan and orders from above to ensure availability. They had no such plan. And keeping the sixth generic of the same brand-name drug on the shelf, on top of five others, promised very doubtful success. A product has to sell and make a profit. Ideally, within a month. At worst, before it expires. Otherwise the pharmacy takes a loss. Pharmacy staff have to make a superhuman effort to move it. Offer it to customers as a substitute with the same generic name, run promotions, give discounts. Or hunt down the company's rep responsible for

[19] Roughly $10 at the time.

promoting the ill-fated drug in the area.

On the other hand, you can't fall for the classic "if people ask for it, we'll order it" either. They won't. Theoretically, every pharmacy is supposed to keep an out-of-stock log[20]. A notebook where they record every drug a customer asked for and couldn't get because it wasn't in stock. Again, in theory, the drug should appear on the shelf as soon as it's been recorded twice. In practice, in seven years of working closely with pharmacies, I never once saw the out-of-stock log work.

Today's patients are sophisticated. Not all of them want to buy what the doctor ordered. They read something online and change their minds. If they don't change their minds, they search online and write down a list of equivalents on a scrap of paper. Then they go look for any of them at the nearest pharmacy. Or the doctor writes a whole list of generics, separated by commas, without bothering to pick a suitable one. Or the pharmacist offers an alternative from what's in stock. Hardly anyone will wait for the pharmacy to order from the distributor.

If there's no alternative to the drug, the pharmacy loses money. More precisely, it loses the chance to make money. The customer goes to a competitor. But oddly enough, some pharmacies miss sales again and again by refusing to stock anything new. I suspect it's because, working for the man, the staff see no point in making extra effort and consider it perfectly normal to sell nothing but

[20] In Russian pharmacies, a notebook for recording requests for drugs that were out of stock.

zelyonka3[21] and bandages day after day.

At some point, the managers started disappearing from large pharmacy chains, and automatic purchasing programs started appearing. Brainless robots that judged demand for a drug by how fast and how much of it sold. For example, this morning there were two packs in stock, by evening there's one left. The program generates an order for one pack. Tomorrow another one sells, and now it orders four. Or the other way around. Four packs are rotting in the stockroom. One sells, and no reorder happens. The drug's internal rating drops, like a Yandex Taxi4[22] driver's. Getting it back up is very hard. So is breaking into the system in the first place. There are no managers. Or the managers don't decide anything. No amount of pleading from reps or requests from patients will get the program to buy that first pack. At that point, special people from the pharma company have to negotiate with special people from the pharmacy chain. Time, money, and more time.

Once I ran into a pretty ridiculous situation. A large pharmacy had one pack of an antibiotic on the books. But nobody could find it. It had gotten lost somewhere. They couldn't find the pack, and therefore couldn't sell it. And they couldn't order more either. Because the program thought everything was fine. The drug was in stock. It just wasn't popular.

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[21] Brilliant green, a bright green antiseptic that in Russia gets painted on every scraped knee. The most basic item in any pharmacy.

[22] Russia's answer to Uber.

But let's get back to our first mass stocking of pharmacies. We were young, green, bad at lying, and didn't really believe in ourselves. We were all afraid that in a year or two, a couple dozen pharmacy managers would stick a hand into their desk drawers, dig out the business card of some hapless rep, and, cursing, demand that she buy back the drug. My mentor Alexei, a more experienced rep, told me two things practically on my first day in the field: never feel sorry for anyone, and never buy back a drug with your own money.

And I honestly tried to get sales going before anything expired. A couple of times I did have to break the rule. Once, the manager of a frankly weak pharmacy had me by the throat. Our patients just weren't making it to her. The awkward location and the apathy of the front counter staff made selling the product impossible. So I wrote something resembling a prescription on a company notepad and sent my husband to buy the drug. The next day, the manager proudly announced that there had finally been a prescription yesterday: a young man came in and bought that very ACE inhibitor. She was so pleased that she ordered two more packs.

How did we create demand? We worked with doctors. We also got on the phone and called the pharmacies in our area over and over. Creating the impression of wild demand. And sometimes we'd swap territories with each other, walk into a pharmacy, read out a long list of expensive drugs, and then refuse all of it because one of them wasn't in stock. You can guess which one. But even

that rarely worked.

At the end of our pharmacy marathon, only one girl hit her target. She didn't think about the consequences at all. She believed in the drug, in herself, in a bright future and inevitable success. A year later, she was promoted to territory manager.

Chapter 6. Eyes on the Goal, Blind to the Obstacles

When I was first sizing up the pharma rep profession, two things worried me most: how to get into a doctor's office, and how to sell a pen. We'll get to the pen a bit later. For now, the office.

I pored over specialized websites, greedily hunting for life hacks. Some advised putting on a white coat and passing yourself off as a doctor. Others condemned those who did. They wrote that it was low and unprofessional. I'll admit that in ten years on the job, I met only two reps who used that trick. And I condemned them too, at the time.

Those specialized rep websites also talked about the phrase "I just have a quick question1[23]," which patients reacted to like a bull to a red cape. Some took a deep breath, getting ready to make a scene, while others raised a fist in warning before you could even finish your sentence.

"I'm here to see the nurse" was a pretty good option. But it didn't always work, since very often the doctors did both their own job and the nurse's.

The simplest and, surprisingly, most effective method was to

[23] A classic Russian line-cutting phrase. Everyone in a clinic line knows that "just a quick question" is never quick and never just a question.

walk past the line without making eye contact, two loud knocks with your right hand, turn the handle with your left, a whispered greeting, a nod toward the exam couch, an approving nod in return, and slip into the office. For the fearless. Many of us, me included, lost our nerve from time to time and sat down on the bench to think and size up the situation.

A not-quite-sane manager once fired a colleague of mine because she waited her turn in line during ride-alongs. Her natural modesty wouldn't let her kick the door open. Even though her visits were wonderful, and so were her relationships with doctors.

Years on the job taught me not to fly at the goal straight through the obstacles, but to size up the situation. Walk up to the office and look around. How many people are in line? One or two? Better to wait. Ask the patients whether there's a nurse in the office. If there is, does she come out to collect the appointment slips2[24]? Lull the line into a false sense of security. Act like you're not after the doctor's attention and are happy to wait. Then wait for the nurse to come out, explain who you are and what you need to bother the doctor about. Hand over your business card. Say you have some very important information. Wait to be invited in. No time to wait? Knock… and it's the old routine. You've managed to buy a few seconds before the conflict. Use them wisely.

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[24] In Russian clinics, patients often hold numbered appointment slips, which the nurse collects.

I used a similar tactic in everyday life too. When I needed to push my way into a rock concert, for example. When the doors aren't open yet, the crowd forms something vaguely like a circle, and people can end up standing in it for an hour or two. And the people who walk around the circle and cut in are asking for trouble. I have my own tactic. Walk up to the entrance from the side, close enough, but not so close that you draw attention as a line-cutter. Stand there for five minutes. The crowd will forget that five minutes ago you weren't there. And will start treating you as one of their own.

You can play this game even as a group of two or three. Act natural. Pretend you're only there for a moment. Maybe you're looking for someone who's already saving you a spot. And five minutes later, pretend you've been there forever. As soon as the crowd starts moving, you'll be in the front rows.

But let's get back to the work puzzle of getting into a doctor's office.

Picture a four-person ride-along at a women's health clinic. Three men (a national manager, a trainer, and a team leader) and one female rep. A two-hour line for the gynecologist. The girl doesn't miss a beat: "We have an appointment! The doctor told us to come! We need to find out who the father is!" The line lets them through.
Veronika

Another option is to peek into the office at the same moment as the next patient, quickly introduce yourself, and ask if you can come in after the patient. And if not, then when?

They might tell you to get lost. But that won't mean you're bad. Or that the doctor is bad. Just as it won't mean they'll turn you down again tomorrow or next week. You'll try again. And you'll definitely succeed.

> **…Back then, companies still made us wear formal suits on visits. I walk in, all pressed and proper in a gray blazer. The old ladies spotted me immediately. They rose up as one and blocked the office door. That's enough of you people wandering around here, one of them says. We're sick of you, you damned drug salesmen. I can tell things are about to get ugly. Time to improvise. I put on the most important face I can manage and say: "Citizens3. Calm down. I'm here for an inspection. It's in all our interests for patients to get affordable treatment. Wouldn't you agree?" The old ladies were taken aback, flustered, and started nodding. "Well then," I continue, "it's very important that doctors are able to choose therapy based on each patient's individual characteristics, other conditions, and age. And most importantly, at a price anyone on a public-sector salary can afford." "Yes, sonny, you go in and check on them good," chimes in the loudest one. "Half my pension goes to medicine!" "That's what I'm here for. Wait here, we'll sort it all out!" I shoot back,**

and make another attempt to reach the door handle. The crowd obediently parts: "Godspeed, son, go on in." I don't know what came over me that day. I never did anything like that again in my life…
Maxim

As for the pen… I never sold a pen. Neither did anyone I know.

Chapter 7. Training Day

Companies that hire people off the street are terrible employers but excellent teachers. That has to be admitted.

Scripts written by robots for robots, unworkable key messages, and the heavy hammer of stress that intimidated zombie first-line managers use to pound all of this into the soft brain of a young pharmacy school graduate or a young pharmacist. And turn them into a pharma rep. A sales machine.

Let's start with the phenomenon known as the induction training. It's an immersion into the company's products and processes, where they take you to some cheap hotel and ~~brainwash you~~ teach you for a week or two.

The generics company with the four-letter name, which made the first entry in my work record book1[25], preferred to bring everyone to Moscow. Or more precisely, to the Moscow region, and preferably so far out that employees wouldn't be tempted to go take a walk around the capital. Some explained this as saving money, others as the availability of big hotels that could accommodate everyone comfortably. Personally, I believe it was all done purely to isolate the trainees for better ~~zombification~~ immersion. The organizers of induction trainings would have happily confiscated the trainees' phones so their families couldn't

[25] An official booklet in which every Russian employer records a person's hiring, transfers, and dismissals. A lifelong paper trail of one's career.

remind them in the evenings that somewhere out there another life existed. If the law didn't prohibit it.

Once the training is over, you get tested. Managers and trainers play doctors. Mean ones and nice ones (depending on your luck). And you prove that you won't fall flat on your face when the time comes to meet a real doctor on his own turf.

Grown men and women, sometimes grandmas and grandpas, shake in the hallways like schoolkids. They rehearse key messages in front of each other and practice handling objections. The tension builds to the point where many start taking sedatives. Before my first exam at a pharmaceutical company, I ingloriously threw up in the bathroom. Even though by then I already had a university degree.

At the end of the induction training, the inexperienced reps who passed the exam breathe a happy sigh of relief as they pack their suitcases for home, not knowing that they'll now be entertained like this every six months. And that it'll be called a cycle meeting2[26].

Now, about cycle meetings. The format is very similar to the induction training, except that you're no longer being taught, you're being "perfected." And as we all know, there's no limit to perfection.

On the last day, the top brass sort of apologize for the violence done to the trainees' brains, minds, common sense, and self-

[26] A company-wide meeting held at the start of each sales cycle, where reps get new targets, new key messages, and new training.

respect, and throw a gala dinner. At which point the poor souls' Instagrams fill up with glamorous photos in evening dresses, with the dark circles under their eyes covered in foundation.

> **…It's funny how colleagues go to cycle meetings a couple of times a year and immediately post dozens of photos with champagne and hashtags like #grinding, #work, #meeting, #thisjob, or in swimsuits with #businesstrip, #lovemyjob, #teamwork. Mwahaha! Colleagues, where's all the hardcore stuff? Where are the photos from the rest of the year? The hour-long lines at clinics, the hours-long traffic jams, the multivolume financial reports, the Excel tables and visit plans? Where are the photos of reps in tears after failed ride-alongs with two or three managers, disastrous conferences, flunked evaluations? Where's all that? I don't get it…**
> ***August 29, 2012***

At pharma companies' annual meetings, the gala dinners are telling.

> **After the gala dinners comes the staff purge. All the old-timers pretend to drink, and the young ones pretend not to. Experience comes with time.**
> ***Veronika***

Chapter 8. The Effective Visit

Phrase of the day: "It sounded better in my head."
From my 2015 diaries

So how is a professional pharma rep made? In stages.

First, they teach you to say hello. To repeat your name at every meeting. Because the doctor is under no obligation to remember what your name is. And if he remembers it today, he'll forget it tomorrow.

After the greeting, you will never forget to politely ask permission to take a few minutes of the doctor's time, stating the purpose of your visit.

Fourteen visits a day, five days a week, fifty weeks a year, will train you to always and everywhere open a conversation the same way. "Hello, my name is Polina! Snowflake Pharma. Am I interrupting? I'm here to discuss the efficacy and safety of Ground Goat1[27] with you!" (The term "ground goat" entered my vocabulary thanks to a regional manager who was convinced that selling a drug took nothing but regular visits. He said that if you came to doctors once a week with a short, simple pitch, like "Prescribe ground goat!", the drug would already be selling.)

And six months later you're calling your bank about

[27] In Russian, tolchyony kozyol sounds like an absurd folk remedy. Its competitor, naturally, is Grated Ram.

something personal, and a recording switches on in your head: "Hello! My name is Polina. Snowflake Pha… oops. My name is Polina, I'm calling about my mortgage."

Stage two. Diagnosis. Yes, you diagnose your victim on the first visit and check for any changes on every visit after that. "Doctor, could you tell me, do you ever see patients with a livestock deficiency? Ohhh! And how many a day?.. And what do you usually prescribe for them?" That way, supposedly carefully and without anyone noticing, you find out how useful this specialist can be to the company (for example, for some reason only women book appointments with this doctor, while your Ground Goat is used for prostate problems). You find out who he's working for (for the cause, out of friendship, out of ignorance). And most importantly, you figure out who you'll be making friends against. And make friends you will. No other option.

> **"Young lady, what are you even talking about? Seven hundred rubles for five pills? I sit here in my office watching to make sure the patient doesn't swipe the stapler off my desk!" Some doctors can sound very convincing…**
> ***September 26, 2014***

Then, once you realize the doctor's potential is just fine, your photographic memory kicks in (after yet another cycle meeting),

laying out before your eyes a table for competing against the competition. You mentally pick the right column.

Next comes the need-building. "You'd agree that it's important for every doctor to prescribe a drug that works effectively?" At this point, the experienced doctor flinches for the first time. He's heard something like this before. Probably an hour ago from the previous rep. And before that, too. And then you quickly tap him on the head with your second line: "After all, the twenty-first century is the century of effective therapy." You watch a tiny muscle tense at the corner of his mouth. You continue: "And isn't it great that there are drugs that are just as effective but safer, and even available in combination with carminatives? Right?" The question is rhetorical. But necessary. You have to draw the doctor into a dialogue with all your might.

Конец ознакомительного фрагмента.