RESHAPING HEALTHCARE PROVIDER PERCEPTIONS: DEVELOPING AN INTEGRATED MARKETING FRAMEWORK FOR BIOSIMILAR ADOPTION IN SPECIALITY CARE

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the degree of

Master of Business Administration (MBA)

in

Pharmaceutical Management

by

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Under the Supervision and Guidance of

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CERTIFICATE

This is to certify that ***Hitisha Kadu*** *in partial fulfillment of the requirements for the award of the degree of MBA (Pharmaceutical Management) from the IIHMR University, Jaipur has successfully completed her internship at B Black Belt Brand Builders during March 10 - May 31, 2025.*

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CERTIFICATE

This is to certify that the dissertation title **"Reshaping Healthcare Provider Perceptions: Developing an Integrated Marketing Framework for Biosimilar Adoption in Specialty Care"** is a record of the research work undertaken by Hitisha Kadu in partial fulfilment of the requirements for the award of the degree of MBA- Pharmaceutical Management from the IIHMR University, Jaipur under my guidance and supervision and her approach to the research study has been sincere, scientific, and analytical.

16/6/2025

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled "Reshaping Healthcare Provider Perceptions: Developing an Integrated Marketing Framework for Biosimilar Adoption in Specialty Care" is the bonafide record of my original research work. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished work of others has been duly acknowledged in the text.

HKadu

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RESHAPING HEALTHCARE PROVIDER PERCEPTIONS: DEVELOPING AN INTEGRATED MARKETING FRAMEWORK FOR BIOSIMILAR ADOPTION IN SPECIALITY CARE

Abstract:

Biosimilars — which are close, clinically equivalent alternatives to biologic drugs — have the potential to lower healthcare costs and expand access to treatment, especially in specialized areas like oncology, immunology, and rheumatology. Yet, despite these benefits, their adoption by healthcare providers (HCPs) remains lower than expected. This study set out to understand why that's the case and to develop a strategic approach to help improve biosimilar acceptance and use in real-world practice.

We surveyed 53 healthcare professionals, including doctors, pharmacists, and allied providers, to explore their current understanding of biosimilars, how often they prescribe them, what concerns they have, and what kind of support they would find most helpful. We also analyzed recent research (from 2020 to 2024) to complement our findings.

The results painted a clear picture: while most HCPs (around 80%) claimed a basic to moderate understanding of biosimilars, many still had significant reservations. Two-thirds were uneasy about switching patients from the original biologic to a biosimilar, and over half expressed concerns about immunogenicity (the potential for immune reactions), safety, and effectiveness. When it came to trust in biosimilar-related stakeholders — such as manufacturers and regulatory bodies — responses were cautious, mostly falling in the "moderate trust" range.

Prescribing rates were also telling: only 4% of respondents said they always prescribed biosimilars, while more than half did so only occasionally. Cost savings (cited by 74%) and the severity of a patient's condition were the main drivers for using biosimilars, but concerns about safety and reluctance to switch patients from well-known originators were major obstacles.

When asked what could help change this, providers showed a strong interest in education and support tools. Over half suggested that continuing medical education (CME) programs on biosimilars would be useful. Others called for resources to help with patient counseling (49%) and clearer, more consistent messaging from regulators (45%).

Drawing from both our survey data and secondary research (e.g., studies showing that 84% of managed-care professionals trust FDA-approved biosimilars for safety), we developed a comprehensive marketing strategy. This plan includes educational initiatives like CME-accredited training, peer-led knowledge-sharing (KOL programs), accessible patient support materials, transparent communication around pricing, and stronger collaboration with regulatory bodies and hospitals.

By aligning each tactic with real-world concerns and needs identified in the study, this integrated marketing framework aims to shift provider perceptions, reduce uncertainty, and support the more confident and widespread adoption of biosimilars in specialty care.

ACKNOWLEDGEMENT

As I near the completion of my project report, I would like to take this opportunity to express my heartfelt gratitude to everyone who contributed to this research. It has truly been a privilege to undertake this journey, and I am deeply thankful to the esteemed faculty, as well as the Dean and Associate Professor of the School of Pharmaceutical Management at IIHMR University, Jaipur, for their exceptional support and constant encouragement throughout my course and dissertation work.

A special note of thanks goes to my guide and faculty mentor, Dr. Ashok Peepliwal Associate Professor at IIHMR University, Jaipur, whose consistent guidance and invaluable support have been instrumental in shaping this project.

Place:

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Chapter 1: Introduction

Biologic therapies — including monoclonal antibodies and other complex protein-based — have significantly transformed how we manage serious chronic diseases like cancer, rheumatoid d inflammatory bowel disease. These drugs offer targeted, often life-changing treatment, but they a hefty price tag. This high cost can be a major barrier for many patients, especially in low- and ome countries.

Biosimilars — which are carefully developed alternatives to these biologics — hold great making such treatments more affordable and accessible. These are not generic drugs in the sense, but highly similar versions of existing biologics that must pass rigorous regulatory checks ey work just as well and are just as safe.

Despite having been around for nearly two decades, biosimilars have not gained the level of that was expected — particularly in specialized fields where the use of biologics is most common. ason is the perception and mindset of the healthcare providers who prescribe them. Understanding sing these perceptions is crucial if we want biosimilars to achieve their full potential in healthcare.

1.1 Background

Globally, regulatory agencies such as the U.S. FDA (under the Biologics Price Competition and Innovation Act, or BPCIA) and the European Medicines Agency have established strict guidelines to ensure biosimilars meet high standards for quality, safety, and efficacy. As of late 2024, nearly 50 biosimilars have been approved in Europe and around 15 in the U.S. These numbers show progress — but actual usage (or market penetration) varies greatly depending on the country and the particular disease or molecule.

Multiple factors influence whether biosimilars are widely prescribed: pricing strategies, insurance or payer policies, and most importantly, the attitudes and confidence of prescribing healthcare professionals. Many doctors acknowledge that biosimilars can significantly reduce treatment costs (with up to 81% recognizing this benefit), but lingering doubts about their effectiveness, safety (especially immunogenic reactions), and whether they can be confidently switched with originator drugs continue to slow adoption.

1.2 Problem Statement:

In countries like India, biosimilars are becoming more available and are even manufactured locally. However, their usage still faces roadblocks. One of the biggest challenges is the cautious attitude among doctors and other healthcare providers. Many remain unsure about prescribing biosimilars regularly, especially in high-stakes fields like oncology or endocrinology.

Another issue is that marketing and communication around biosimilars is often inconsistent or lacking in focus. Unlike brand-name biologics, biosimilars may not benefit from strong promotional support that directly engages and educates providers. As a result, even though the products exist, they aren't being used as widely or confidently as they could be.

What's needed is a well-thought-out marketing strategy — one that doesn't just push products but truly addresses the concerns and informational gaps that specialty doctors have. This must be built on real-world evidence and insights about how HCPs think, act, and decide when it comes to biosimilars.

1.3 Purpose of the Study:

This dissertation has two main goals.

1. **First**, it seeks to gather first-hand, data-driven insights into what healthcare providers really think about biosimilars. Through a structured survey of 53 doctors, pharmacists, and other specialists, the study explores their level of understanding, how often they prescribe biosimilars, what concerns they have, and what kind of support or information they feel would help them make more confident prescribing decisions.

2. **Second**, based on both the survey findings and a deep dive into recent literature, the study aims to create a detailed, actionable marketing strategy. This strategy will go beyond traditional product promotion and focus on building trust, offering education, and addressing specific fears or misconceptions. It will include ideas like continuing medical education (CME) programs, patient communication tools, collaboration with key opinion leaders, and transparent messaging around efficacy and safety.

Ultimately, the study hopes to pave the way for a more informed, confident, and widespread adoption of biosimilars in specialty care — leading to better access and outcomes for patients, and more cost-effective treatment options for healthcare systems.

1.4 Objectives :

1) To Understand How HCPs Currently View and Use Biosimilars in Specialty Care

The first goal of this study is to explore how much healthcare providers — such as doctors, pharmacists, and specialists — currently know about biosimilars. Do they trust these medications? Are they comfortable prescribing them? How often do they actually do so in real-world clinical practice, especially in fields like oncology, rheumatology, and endocrinology where biologics are commonly used? By answering these questions, we aim to get a clear picture of the current mindset and behavior around biosimilar use in specialty care.

2) To Identify the Key Barriers and Enablers That Influence Biosimilar Adoption

This objective focuses on uncovering the main reasons why biosimilars are either embraced or avoided by HCPs. Are there specific concerns about their safety, efficacy, or the process of switching from originator biologics? Or are there system-level factors like hospital policies or lack of awareness playing a role? On the flip side, we also want to know what encourages providers to use biosimilars — whether it's cost savings, patient need, or positive experiences. Understanding both the roadblocks and motivators is essential to designing effective solutions.

3) To Gather Suggestions Directly from HCPs on What Could Help Them Prescribe Biosimilars More Confidently

This part of the research asks healthcare providers themselves: *What would help you feel more confident in using biosimilars?* We aim to collect their practical suggestions — whether that means more educational opportunities, better patient counseling resources, or clearer communication from regulatory agencies. These insights are valuable because they come straight from the people making prescribing decisions on the ground.

4) To Combine These Findings with Existing Research on Biosimilar Adoption and Marketing

To make our recommendations as strong and relevant as possible, we won't just rely on survey data. We'll also review recent studies and reports (published between 2020 and 2024) that explore

biosimilar adoption around the world. This helps place our findings in a broader context — showing how the Indian or similar markets compare with global trends, and what lessons can be learned from successful strategies elsewhere.

5) To Develop a Comprehensive, Data-Backed Marketing Strategy Tailored to HCP Needs

Finally, all of this information will come together in the form of a practical marketing strategy. This won't be just about advertising — it will focus on education, trust-building, and support. The idea is to design a framework that helps pharmaceutical companies, healthcare institutions, and policymakers engage better with doctors and specialists. The strategy will offer specific tools — like CME programs, communication materials, and partnerships with medical associations — all grounded in what the research shows HCPs actually want and need.

Chapter 2 : Literature Review

2.1 Biosimilar Adoption Landscape

In many parts of the world, biosimilar use has grown rapidly, but success varies depending on pricing policies and national healthcare systems. For instance, several European countries have managed to secure over 90% market share for certain biosimilars—mainly because of significant price reductions and strong government support.

However, the U.S. presents a more mixed picture. Despite having a formal regulatory pathway, adoption there is inconsistent. Complexities like interchangeability rules, insurance policies, and distribution challenges make it harder for biosimilars to gain traction.

Niazi (2023) outlines four major hurdles that limit biosimilar growth globally:

- High costs associated with regulatory approvals
- Challenges in distribution networks
- Concerns among HCPs about the safety and efficacy of biosimilars
- Lack of proactive collaboration among stakeholders

Niazi emphasizes that these issues can be tackled with better regulatory planning and teamwork among regulators, pharma companies, and healthcare providers. Importantly, these aren't just technical barriers—they're also perceptual, and that's where targeted marketing and communication can make a real difference.

2.2 HCP Knowledge and Attitudes

Even though biosimilars have been around for years, many doctors and healthcare professionals still don't fully understand them. According to a review by Sarnola et al. (2020), while most doctors claim they are at least somewhat familiar with biosimilars, a large number still confuse them with generics—which they are not. This misunderstanding can lead to hesitation when it comes to prescribing them.

Physician attitudes vary: while the potential for cost savings and improved patient access is widely recognized, many clinicians still harbor doubts about biosimilars' safety, effectiveness, and long-term outcomes. These concerns often override any cost advantage, leading doctors to continue prescribing original biologics when possible.

Interestingly, adoption also differs across specialties. For example, gastroenterologists seem more open to using biosimilars, while dermatologists and rheumatologists tend to be more cautious. These differences suggest that educational strategies may need to be tailored to different specialties.

2.3 Patient Perspectives

Patients usually know even less about biosimilars than doctors do. Research shows that only about one-fifth of patients have a good understanding of what biosimilars are. However, many do support having more treatment options, especially when facing issues like drug shortages or affordability challenges.

Physicians, according to the literature, believe that biosimilar adoption could be supported by three key strategies:

- More **educational programs** for both patients and providers
- Better **patient support tools** (like info leaflets or digital apps)
- Involvement of **insurance companies** to simplify access and reimbursement

This shows that it's not enough to focus only on doctors. For biosimilars to truly succeed, marketing and educational efforts must also engage patients and help them feel comfortable and informed about their treatment options.

2.4 Regulatory and Indian Context

India has been steadily improving its regulatory framework for biosimilars. The first guidelines were introduced in 2012 and then updated in 2016 to align more closely with international standards. These updates aimed to ensure that biosimilars in India meet high benchmarks for quality, safety, and (where needed) clinical effectiveness.

However, there are still some sticking points—particularly around interchangeability (i.e., switching from an originator to a biosimilar) and naming conventions (how biosimilars are labeled and tracked). According to Goyal et al. (2021), doubts still persist among Indian doctors regarding whether biosimilars are truly similar enough to replace originator drugs, especially when it comes to safety and immune responses.

This suggests that while the regulatory system is improving, there's still a significant gap in trust and confidence. Bridging that gap will require more than policy—it will need sustained communication and engagement with clinicians.

2.5 Marketing and Adoption Strategies

The literature is increasingly recognizing that biosimilars need more than regulatory approval to succeed—they need thoughtful marketing. Greene et al. (2019) surveyed managed-care pharmacists in the U.S. and found that 84% trusted the safety of FDA-approved biosimilars, especially when patients were switched from brand-name drugs.

More importantly, respondents said that education was the most effective way to increase biosimilar use. Specifically:

- 91% believed that teaching doctors about switching studies would help
- 90% felt that clear substitution guidelines from the FDA would build trust

Other strategies like setting quotas or enforcing mandates were seen as less effective or even counterproductive. Instead, stakeholders (pharma, regulators, insurers) need to focus on tools that inform and empower providers.

Other studies echo these findings—biosimilar approvals are happening faster than provider understanding. So, the core message is clear: a multi-channel marketing approach that includes:

- CME (Continuing Medical Education) programs,
- Patient education and outreach,
- Transparent pricing and regulatory information, and
- Collaboration among pharma, regulators, and hospitals

…is essential to improving adoption.

2.6 Research Gap

While many studies have analyzed HCP knowledge or suggested possible marketing strategies, very few have taken a combined approach — collecting fresh, primary data from specialty healthcare providers and then directly using those insights to design a practical marketing framework.

This dissertation seeks to bridge that gap. It brings together both perspectives: real-world feedback from doctors, pharmacists, and specialists (via survey), and key takeaways from the most up-to-date literature. The final goal is to craft an actionable, evidence-backed marketing plan that addresses exactly what providers need to feel confident about biosimilars and use them more frequently in their practice.

Chapter 3: Methodology

Study Design

This study adopted a mixed-method approach, combining both secondary and primary research to build a comprehensive understanding of how healthcare professionals (HCPs) perceive and prescribe biosimilars in specialty care settings.

The secondary research component involved a structured review of existing literature on biosimilar adoption. This helped set the foundation by highlighting global patterns, known barriers, and marketing approaches already discussed in the field.

The primary research was conducted via a cross-sectional, descriptive survey. The goal was to gather firsthand insights from practicing HCPs—particularly those in specialties where biosimilars are increasingly relevant, such as oncology, endocrinology, and gastroenterology. By using a cross-sectional design, we were able to capture a snapshot of HCPs' current opinions, behaviors, and informational needs.

Survey Instrument

The survey tool was a structured questionnaire carefully crafted based on insights from the literature review. The questionnaire included:

- Closed-ended questions and multiple-choice options
- Items designed to explore the respondent's:
  - Clinical specialty and work experience
  - Self-rated familiarity with biosimilars
  - Specific concerns (e.g., safety, efficacy)
  - Levels of trust in different stakeholders (such as regulators, manufacturers, and Key Opinion Leaders)

- Frequency of biosimilar prescribing
- Patient-related influences on prescribing decisions
- Perceived challenges in using biosimilars
- Suggested interventions or solutions to encourage adoption

Respondents were allowed to select multiple options for questions about perceived barriers and suggested interventions, which helped us identify the most commonly felt challenges and needs.

Before launch, the questionnaire was reviewed by a faculty mentor and industry preceptor to ensure it was relevant, balanced, and clearly worded. Their feedback helped enhance the content validity of the tool.

Data Collection

The survey was administered online during May 2025 using a secure survey platform. Participants (N=53) included physicians, pharmacists, and other allied healthcare providers who work in various settings such as hospitals, private clinics, and academic institutions.

Participation was voluntary and anonymous, and no personally identifiable information was collected beyond general demographics like role, specialty, and experience. We aimed to include voices from multiple specialties and both prescriber and non-prescriber roles to reflect the multi-disciplinary nature of biosimilar decision-making.

Participants were informed of the study's purpose at the start of the survey. Informed consent was considered obtained when a respondent chose to complete the questionnaire.

Secondary Data Integration

To enrich the survey findings, we conducted a **parallel review of secondary data**, pulling from high-quality journal articles, reviews, and industry reports. We used research databases such as **ScienceDirect, BMJ Open, ClinicoEconomics & Outcomes Research (CEOR), and the Indian Journal of Medical Research (IJMR)**.

Relevant literature was identified using key terms like “biosimilar adoption,” “healthcare provider perceptions,” and “biosimilar marketing strategies.” These articles provided important context, helping to compare global trends and previous findings with our own primary data.

This integration allowed us to contextualize the survey results within broader discussions happening in both academic and clinical spaces.

Data Analysis

The data collected from the survey were analyzed using descriptive statistical techniques. For each question:

- Responses were counted and converted into percentages of the total sample (N=53).
- We used tables and visual charts (such as bar and pie charts) to present trends clearly—especially for key metrics like:
  - Specialty distribution
  - Levels of biosimilar knowledge
  - Common concerns
  - Trust in stakeholders
  - Prescribing frequency
  - Perceived barriers
  - Suggested solutions

In some cases, we explored comparisons between subgroups (e.g., comparing the concerns of oncologists versus pharmacists). However, the relatively small sample size meant we avoided complex statistical tests, focusing instead on visual patterns and descriptive insights.

Ethical Considerations

This research was conducted with a strong commitment to ethical integrity and respect for all participants. The study involved a voluntary, low-risk survey aimed at healthcare professionals, such as doctors, pharmacists, and allied health staff. Because we were only collecting professional

opinions and experiences—without asking for any personal, sensitive, or patient-related information—the risk to participants was considered very minimal.

Before taking part in the survey, participants were clearly informed about the purpose of the study, how their responses would be used, and the fact that their input would remain completely confidential and anonymous. No names, email addresses, hospital affiliations, or any other identifying information were requested.

Informed consent was obtained implicitly—by choosing to complete the survey, participants indicated that they understood the study and agreed to take part. This method was deemed appropriate given the professional background of respondents and the nature of the questions.

We made sure the entire process followed recognized ethical research standards, including:

- Respecting participant autonomy (each person chose freely to respond or not),
- Maintaining strict confidentiality,
- Protecting respondent privacy at all stages of data handling and reporting.

An ethics statement was also prepared (attached in Annexure B), noting that either formal ethics approval was obtained or exemption was granted based on institutional guidelines—since the study involved minimal risk and did not involve vulnerable populations or sensitive topics.

Discussion : The data show that specialty healthcare providers have a fair understanding of biosimilars, but they remain cautious about using them. The biggest concerns are around safety and whether it's okay to switch patients from original biologic drugs to biosimilars. Another major challenge is that many doctors feel they haven't received enough training or clear information about biosimilars.

When it comes to trust, doctors are somewhat confident in regulators and pharmaceutical companies, but that trust isn't very strong—more like cautious optimism than full confidence.

What healthcare providers really want is better education—through formal medical courses (like CME) and academic programs—as well as clear, straightforward information that helps them feel comfortable making decisions about biosimilars. They're not looking for strict rules or mandates but rather support and knowledge they can rely on.

These insights are important because they directly shape the marketing strategies we'll recommend in the next chapter. They also match what other studies have found, confirming that focusing on solid evidence and ongoing education is the best way to help biosimilars gain wider acceptance among specialists.

Chapter 4: Results

Respondent Profile

A total of 53 healthcare professionals participated in the study, offering a rich and diverse mix of perspectives across key specialties. The highest representation came from oncology, with 7 respondents (13%), followed by general medicine/clinical practice (6 respondents, 11%), gastroenterology (5 respondents, 9%), and pharmacy (4 respondents, 8%). Additionally, professionals from other fields—such as endocrinology, rheumatology, and dentistry—also contributed their insights. A few respondents (3 individuals) identified themselves as working in less traditional clinical roles like public health and healthcare administration, which were categorized under "Other" (see Figure 1 for visual distribution).

When grouped by professional background, approximately two-thirds of the participants were physicians, while the remaining third included pharmacists and other allied healthcare professionals. This balance helped ensure a well-rounded understanding of prescribing behaviors and perceptions across disciplines that commonly interact with or make decisions regarding biosimilar usage.

Years of Experience

Participants had varied levels of professional experience:

- 49% of respondents had been practicing for 5 years or less,
- 32% reported having 6 to 10 years of experience, and
- 19% had more than 10 years of experience in their respective fields (see Table 1).

This distribution shows that a majority of the respondents (over 80%) were in the early to mid stages of their careers. While this skews the sample slightly younger, it also suggests the participants are likely to be more familiar with emerging treatment options and evolving healthcare practices—possibly including a more flexible attitude toward adopting newer therapies like biosimilars.

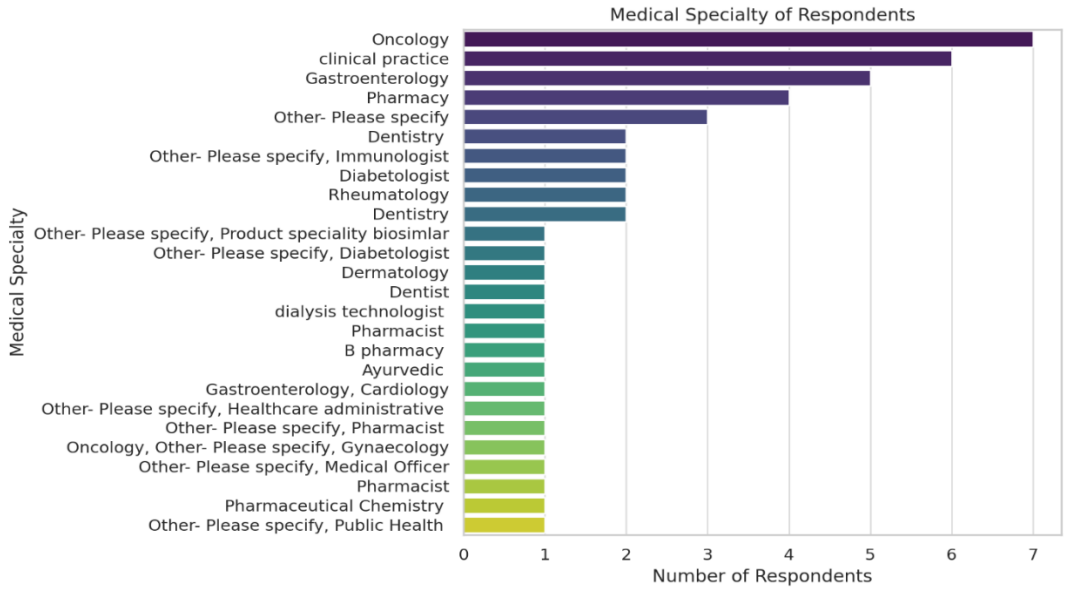

Figure1:Number of Respondents

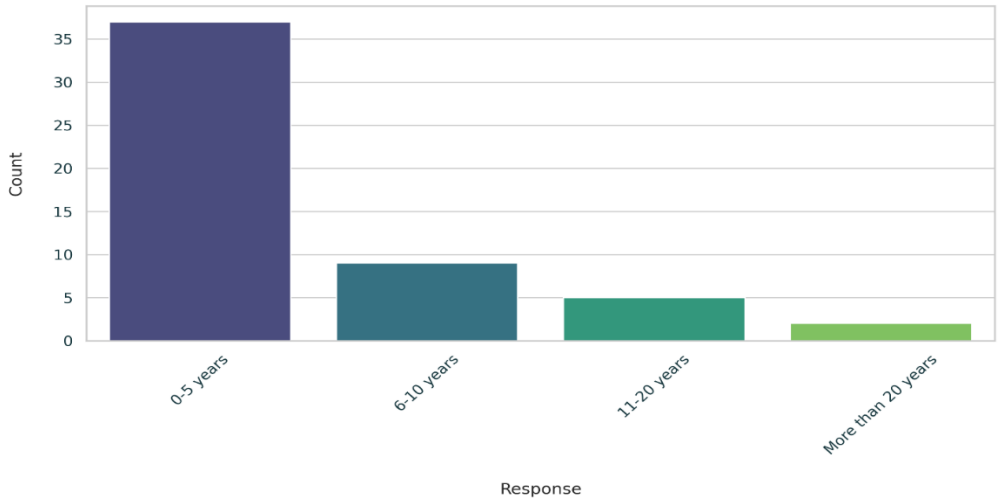

Figure2:Years of experience

Understanding of Biosimilars – A Closer Look

When healthcare professionals were asked about their understanding of biosimilars, the results revealed a clear trend: most respondents have heard of biosimilars, but few feel truly confident in their knowledge. Specifically, 41% described their understanding as "basic awareness," and another 40% said they had a "moderate understanding." Only 11% considered themselves experts on the topic, while a small portion—about 8%—admitted to having no knowledge at all.

This tells us that while the majority of professionals have at least some familiarity with biosimilars, deep understanding is still lacking. This aligns with previous research. For instance, a review by Sarnola and colleagues showed that although many doctors could define what a biosimilar is (with correct responses ranging from 76% to 100% in some studies), a significant number still held misconceptions—such as believing biosimilars are identical to the original biologic products, which is not the case.

Our findings reflect a similar pattern: roughly 80% of respondents feel they only have a basic or moderate grasp of biosimilars. This points to an important opportunity—there is a real need for better education and clearer communication about what biosimilars are, how they work, and how they differ from originator biologics. By addressing these gaps, we can help build confidence among healthcare providers and ensure biosimilars are used more effectively in clinical practice.

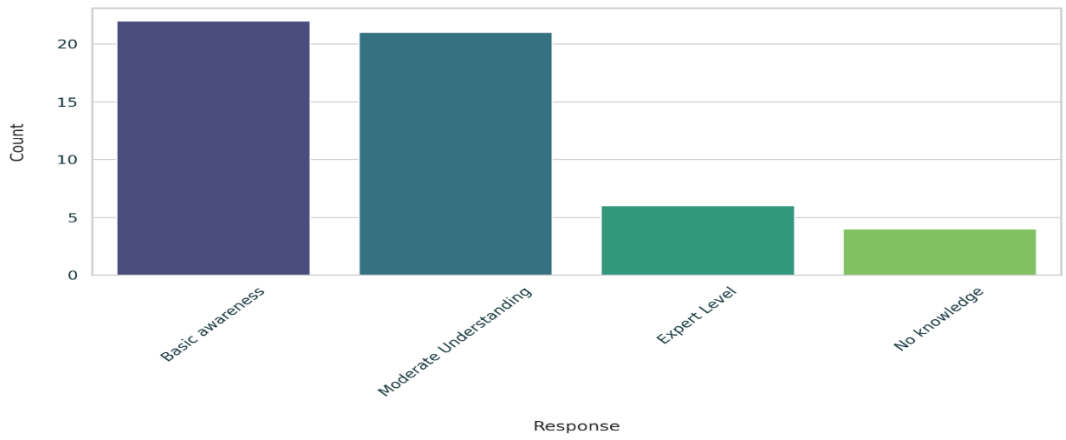

Figure 3:Understanding of Biosimilars

Prescribing Frequency – Patterns and Insights

When we asked healthcare professionals how often they prescribe biosimilars when they're available, the responses painted a telling picture. Just 4% said they "always" choose biosimilars, while the majority—53%—prescribe them only "sometimes." Another 15% reported using them "often," but a noticeable share—13%—said they "never" prescribe biosimilars, and 11% use them only "rarely."

These numbers suggest that for most clinicians, biosimilars are not yet a go-to option. The fact that over half of respondents only prescribe them occasionally points to a cautious and selective approach. This trend mirrors what other studies have found: while healthcare providers may be aware of biosimilars and even support their use in theory, that awareness doesn't always translate into regular prescribing. For example, Greene et al. reported that many clinicians who held favorable views of biosimilars still defaulted to the original biologic products, often out of habit or uncertainty.

Our survey reflects that same hesitation. Even among professionals with a general understanding of biosimilars, consistent use remains relatively low. Though we didn't find significant statistical differences between specialties due to the sample size, some open-ended comments hinted at variation. For instance, gastroenterologists and diabetologists appeared more open to prescribing biosimilars compared to other fields. This anecdotal trend aligns with broader research suggesting that certain specialties, especially those with more exposure to biologic therapies, tend to be more receptive to biosimilars.

In short, while awareness is growing, actual prescribing habits reveal a slower adoption curve—highlighting the need for continued education, reassurance, and perhaps clearer clinical guidelines to help bridge the gap between awareness and action.

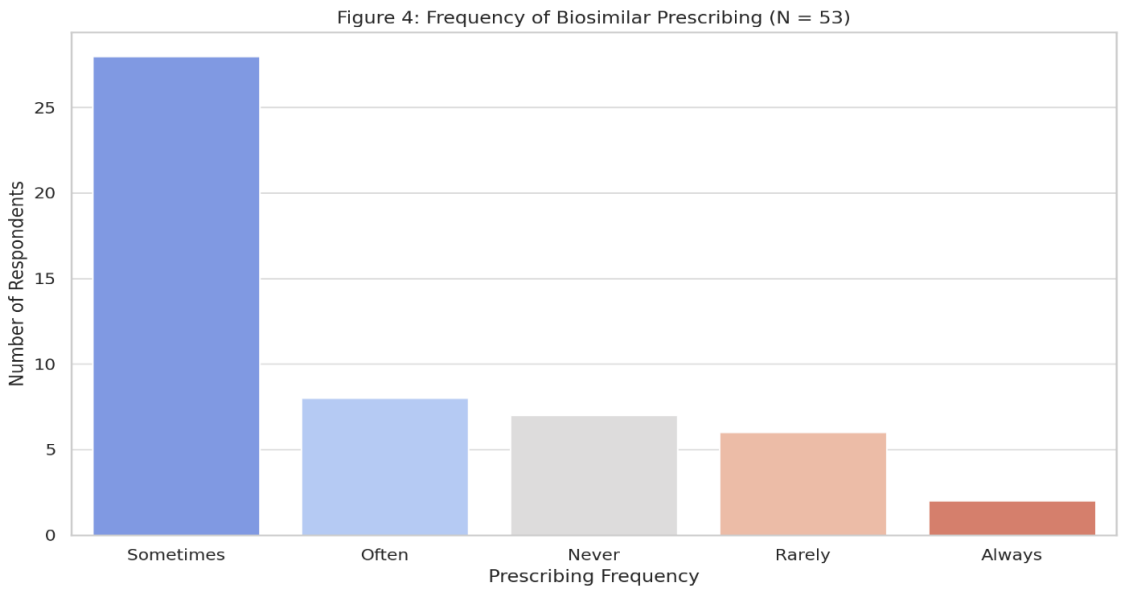

Figure 4 : Frequency of Biosimilar Prescription

Patient-Related Factors That Influence Doctors to Prescribe Biosimilars

When doctors decide whether or not to prescribe a biosimilar (a more affordable version of a biologic drug), they consider several patient-related factors. The biggest and most consistent influence is cost to the patient. In fact, nearly three out of four doctors (74%) said that a patient's ability to afford the medication plays a major role in their decision. This means if a biosimilar can help reduce a patient's out-of-pocket expenses, doctors are much more likely to choose it.

This makes sense when you think about it—if a patient can't afford their medication, they might skip doses or not fill the prescription at all. So, doctors often feel it's their responsibility to prescribe something that their patient can realistically afford. This emphasis on affordability is also reflected in medical literature. For instance, a review by Sarnola highlighted that the biggest perceived benefit of biosimilars is their lower price and potential to save costs—something both patients and healthcare systems care deeply about.

Beyond cost, other important considerations also shape prescribing decisions. About 45% of doctors said that the severity of the patient's condition matters. This means if someone is dealing

with a more serious or advanced disease, doctors may be more cautious and selective in what they prescribe. Another 40% noted that whether a patient has already been treated with a biologic drug plays into their decision. For example, if a patient has already responded well to a certain treatment in the past, doctors might prefer to continue with what's worked rather than switch.

Some factors, while still relevant, carry less weight in the decision-making process. Only 36% of doctors said that a patient's trust in a particular brand (like Humira, a well-known biologic) influenced their prescribing. Even fewer—just 17%—felt that the patient's personal preference made a big difference. This suggests that while doctors do listen to their patients, clinical and financial factors tend to take priority when choosing a biosimilar.

Interestingly, earlier studies, like one by Greene that focused on managed-care perspectives, didn't really look at individual patient factors. But this newer data shows that patient-level affordability is a key concern for prescribers. It's not just about what the healthcare system or insurance companies want—it's about making sure patients can actually access and stick with their treatment.

So, what does this all mean? For those involved in marketing biosimilars—whether pharmaceutical companies or healthcare advocates—it's clear that demonstrating real cost savings for patients could be the most persuasive message. Doctors are paying attention to affordability, and if a biosimilar can show it's just as effective as the brand-name drug but much cheaper, it stands a better chance of being prescribed.

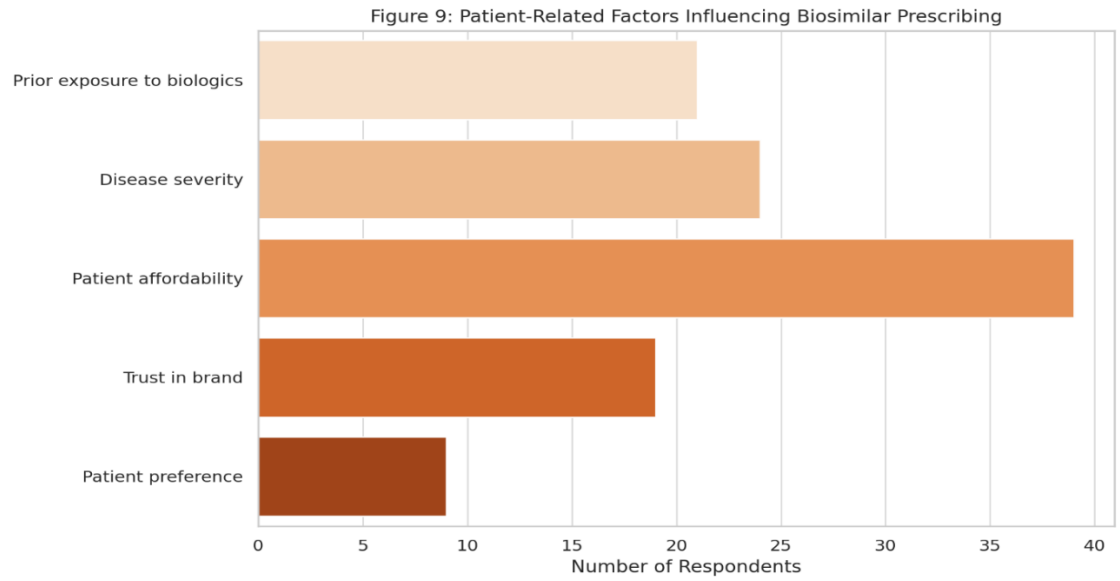

Figure 5 : Patient related factors influencing Biosimilars

Main Challenges Doctors Face When Prescribing Biosimilars

1. Concerns About Safety and Effectiveness (51%)

More than half of healthcare professionals worry about whether biosimilars are truly as safe and effective as the original biologic drugs. This concern isn't new—it's well documented in research. Many doctors fear that switching to a biosimilar might lead to immune reactions (known as **immunogenicity**) or that biosimilars might not work as well across all conditions (**extrapolation of indications**, where a biosimilar approved for one disease is used for another without direct evidence).

One study even found that about two-thirds of doctors had safety concerns when it came to switching patients from an originator biologic to a biosimilar. While some recent research (like the study by Greene et al.) found growing confidence in biosimilars' safety—especially among managed care professionals—our results show that many specialists remain cautious. This may be due to the specific context in India or to the fact that specialists (like rheumatologists or oncologists) tend to be more conservative when it comes to changing treatments for complex patients.

2. Reluctance to Switch Stable Patients (47%)

Almost half of the respondents are hesitant to switch patients who are doing well on their current biologic treatment to a biosimilar. This makes sense: when a treatment is working, doctors are understandably cautious about making changes that could disrupt a patient's progress. This fear of upsetting a stable treatment plan is one of the most persistent barriers to biosimilar adoption worldwide.

Even in places where biosimilars are well-known, like parts of Europe, many patients and doctors still worry about making the switch. Studies there have shown that while up to a quarter of patients are familiar with biosimilars, trust and comfort levels with switching are still low.

3. Lack of Training and Awareness Among Doctors (45%)

Another major barrier is simply that many doctors feel they haven't received enough training or education on biosimilars. Without a solid understanding of how biosimilars work, how they're approved, and how to use them confidently, doctors are less likely to prescribe them.

Past research, including work by Sarnola et al., has shown that doctors often learn about biosimilars through clinical guidelines, medical conferences, and peer discussions. This suggests that improving educational resources—through workshops, seminars, or updates in clinical guidelines—could go a long way in increasing biosimilar adoption.

4. Limited Real-World Data (42%)

Many doctors want more "real-world" evidence—meaning data on how biosimilars perform after they've been approved and used in regular clinical settings. Clinical trials are important, but they often involve selected patient groups under ideal conditions. Real-world

data helps build trust by showing how the drug performs in everyday patients over the long term.

Because of this, there's a strong case for publishing and sharing more post-marketing safety data and treatment outcomes to reassure doctors who are still on the fence.

5. Low Patient Trust in Biosimilars (28%)

Interestingly, only about a quarter of doctors saw **patient acceptance** as a major issue. This suggests that doctors see themselves—not patients—as the primary decision-makers when it comes to prescribing biosimilars. Still, patient trust isn't insignificant. A patient who questions or resists a medication switch can affect adherence, so building patient confidence in biosimilars may also be helpful.

Putting It All Together:

These findings closely align with global research, showing that these concerns aren't isolated to one country or region. For example, Sarnola's review also pointed out that doctors often prefer originator biologics due to lingering doubts about biosimilars' safety or effectiveness.

Even though some studies (like Greene et al.'s) report high confidence in biosimilars among payers and pharmacists, our results suggest that **specialist doctors**, especially in countries like India, may be more cautious. This could be because biosimilars have been around longer in India, but with more variability in quality, leading to mixed experiences among prescribers.

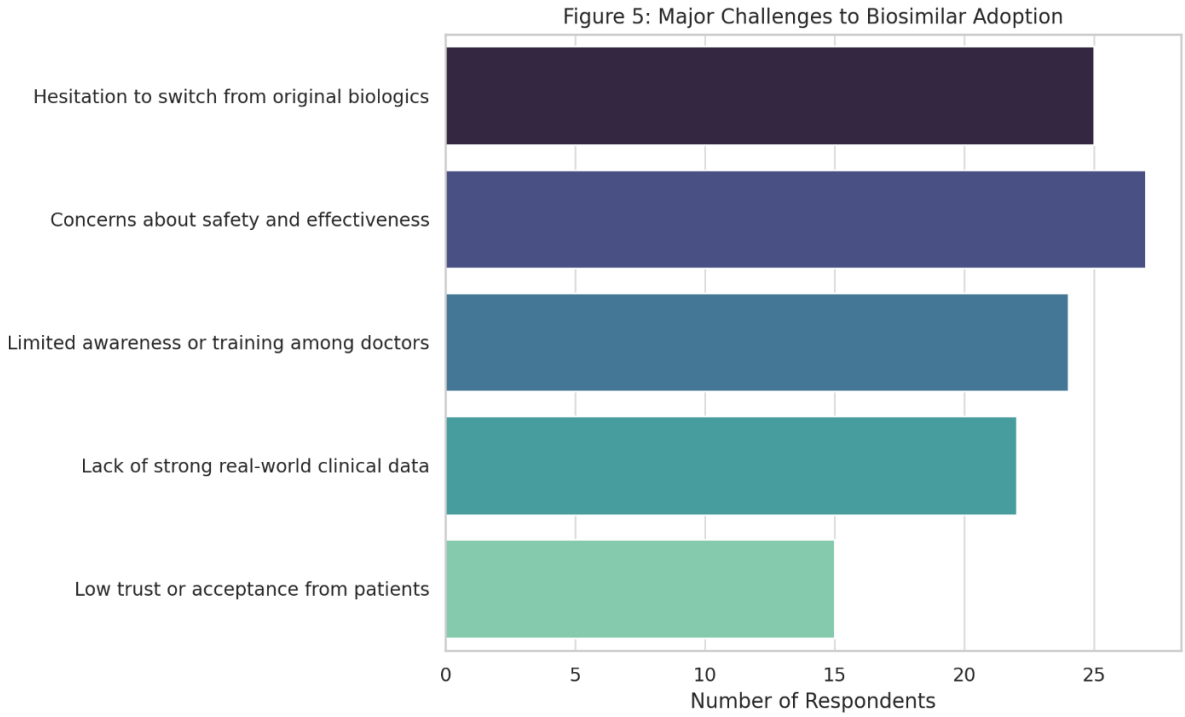

Figure 6 : Major challenges to Biosimilar Adoption

Trust in Stakeholders :

Trust in National Regulators and Manufacturers

- About half of the doctors (49%) said they had moderate trust in national regulatory authorities (like India's drug regulatory bodies).
- Similarly, 47% had moderate trust in biosimilar manufacturers.
- Only a small group expressed high or very high trust—15% for regulators and 19% for manufacturers.
- Meanwhile, a notable portion still expressed low trust: 19% didn't fully trust regulators, and 15% were wary of manufacturers.

This shows that while most healthcare professionals don't completely distrust these groups, they're not giving them full marks either. There's a general sense of watchful caution—doctors want to believe in the system, but they also need solid proof.

Trust in Pharmaceutical Companies (Overall)

When asked about trust in pharmaceutical companies more broadly (not just those who make biosimilars), responses were similar:

- 42% showed moderate trust.
- 26% had high trust, while 23% had low trust.

Again, this reflects a mixed but mostly middle-ground view. Doctors are not fully skeptical, but they're far from blindly trusting.

Key Opinion Leaders (KOLs) Are More Trusted

The standout group here was Key Opinion Leaders (KOLs)—respected experts in the field, often involved in research, conferences, and guideline development:

- 42% of doctors had moderate trust in KOLs.
- 32% said they had high trust, and 4% even reported very high trust.
- Only 15% reported low trust, and importantly, none said they had "very low" trust in KOLs.

This suggests that doctors place more confidence in peer leaders and field experts than they do in companies or regulatory bodies. It reflects the reality that clinical practice is heavily influenced by trusted colleagues and thought leaders, not just official channels.

This trust in experts also lines up with earlier studies. For instance, in Sarnola's review, doctors said they often relied on professional guidelines and medical conferences to stay informed—highlighting how much value they place on expert opinion.

International Comparison: Trust in Regulators

When we compare these findings to international data, some differences stand out. For example, a U.S.-based survey by Greene found that 84% of respondents had confidence in the FDA regarding biosimilar safety—much higher than the level of confidence doctors in this survey expressed toward their own national regulators.

This could reflect regional differences. Doctors in India, for example, might have more concerns about regulatory consistency and transparency, or they may have had mixed experiences with biosimilar quality in the past. It could also be that the group of doctors surveyed here were simply more critical or cautious by nature.

What This Means for Promoting Biosimilars

Because trust isn't overwhelmingly high—especially in regulators and manufacturers—biosimilar marketing should lean on respected voices. Here are some strategies that would likely work:

- Highlight international regulatory approvals from agencies like the FDA (U.S.), EMA (Europe), or WHO, to reassure doctors about safety and quality.
- Engage Key Opinion Leaders to speak at conferences, publish case studies, and guide peer discussions. Since doctors trust these experts more than companies or agencies, their endorsements carry significant weight.

Perceived Advantages and Disadvantages of Biosimilars

In open-ended feedback, doctors also shared their thoughts on what they see as the main benefits and concerns of biosimilars.

Top Perceived Benefits:

- Lower cost: Doctors repeatedly mentioned cost savings as a major advantage. Cheaper drugs mean more patients can afford treatment.
- Better access: Especially for patients who can't afford originator biologics, biosimilars provide a more accessible alternative.

- Insurance support: Many biosimilars are more likely to be covered by insurance, improving affordability.
- Availability during shortages: Some doctors noted biosimilars offer useful alternatives when originator drugs are out of stock or backordered.

These observations echo existing research. For example, one study found that 71% of doctors saw lower prices as a primary benefit of biosimilars.

Main Concerns:

- Immunogenicity: Doctors worry that biosimilars could cause immune system reactions in patients, which could reduce drug effectiveness or cause side effects.
- Effectiveness in new indications: There's some hesitation about using biosimilars to treat conditions for which they haven't been directly studied—especially when approvals are based on extrapolated data.

These concerns are also consistent with previous studies. In Sarnola's review, 78% of specialists were concerned about immunogenicity, and 79% about effectiveness—especially in conditions beyond the biosimilar's originally approved use.

Although these qualitative concerns weren't formally quantified in this survey, they clearly reinforce the same barriers discussed earlier, especially around safety and switching.

Summary: Trust and Perception Matter

Doctors generally trust stakeholders in the biosimilar space—but that trust is measured and cautious, not blind. The most trusted figures are experts and peers in the medical field. Doctors are open to using biosimilars—especially when cost is a concern—but they still want strong evidence and clear, confident guidance before making the switch from tried-and-tested treatments.

To boost biosimilar adoption, strategies should focus on:

- Backing claims with global regulatory approvals
- Using respected experts as messengers

- Addressing ongoing concerns around safety, training, and real-world effectiveness

This balanced, evidence-based approach will go further in convincing doctors than promotional messages alone.

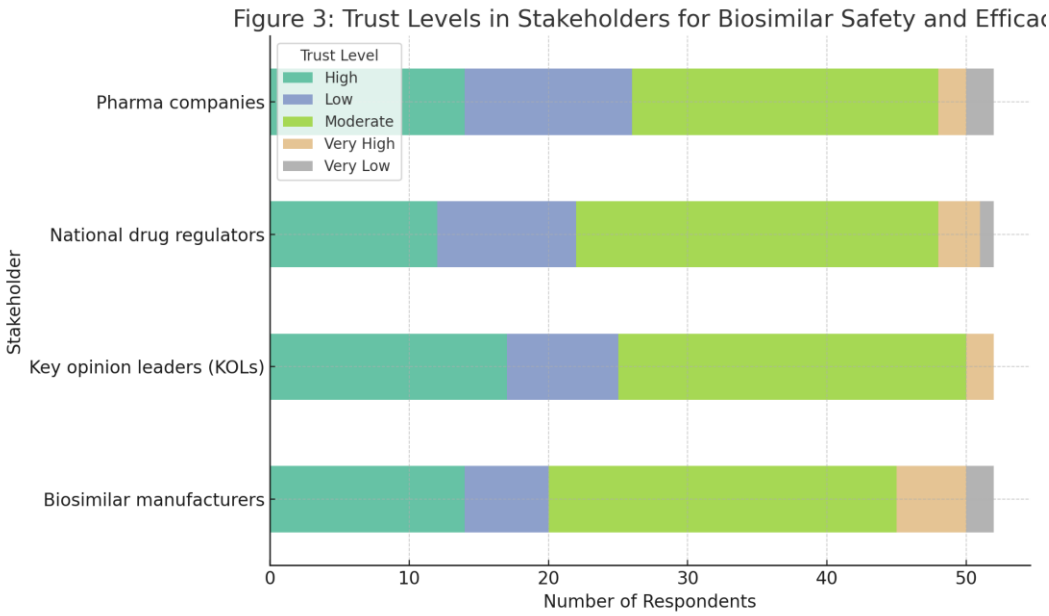

Figure 7 : Trust level in stakeholders

Preferred Strategies to Boost Confidence in Biosimilars

When asked what would help them feel more confident prescribing biosimilars, doctors showed a clear preference for educational and communication-based interventions—not mandates or financial incentives. Here's a closer look at what they said would make the most difference:

Top Three Preferred Interventions

1. Educational Programs for Doctors (CME Tracks) – 53%

- Over half of the doctors surveyed believe that targeted, Continuing Medical Education (CME) sessions focused specifically on biosimilars would help. These sessions would

offer up-to-date information about how biosimilars work, their safety, how to switch from originator drugs, and other practical insights.

- This reinforces the idea that knowledge builds confidence—doctors want to understand what they're prescribing, not just be told to switch.

2. Patient Counseling Toolkits – 49%

- Nearly half of respondents also said that tools to help them explain biosimilars to patients would be valuable. These might include brochures, videos, or digital aids that break down what a biosimilar is, how it compares to original biologics, and what patients can expect.

- This shows that doctors recognize that patients need to be educated too, and that clear communication can reduce fear or resistance.

3. Clear and Consistent Messaging from Regulators – 45%

- Doctors want uniform, authoritative guidance from regulatory bodies—not mixed messages or unclear policies. This might include standardized updates from agencies like the FDA, EMA, or India's own regulatory authorities on biosimilar approvals, interchangeability rules, and safety standards.

- This reflects a broader global trend calling for harmonized, trustworthy regulatory communication so doctors can feel confident in the rules and data behind biosimilars.

Other Notable Suggestions

- Price Transparency and Access Tools – 32%

- About a third of doctors said tools that clearly show biosimilar pricing and availability would be helpful. This could include portals or databases comparing costs or availability across regions.

- Incorporating Biosimilars into Medical Training – 30%

- Some doctors pointed out the need to teach biosimilar concepts earlier, such as in postgraduate medical programs, so new doctors start out with a strong understanding.

- Performance Benchmarking Reports – 28%
    - These are reports showing how biosimilars are performing in real-world settings—on safety, effectiveness, and usage trends. Seeing this data can reassure doctors that biosimilars are working well in everyday practice.

What Doctors Don't Want

Interestingly, incentive-based strategies like prescribing quotas or financial rewards were not popular among respondents. This suggests that doctors prefer being informed and empowered, not pressured or rewarded to prescribe biosimilars. They want the choice to be clinical, not commercial.

What This Tells Us: A Summary

In summary, most doctors are open to biosimilars but still approach them with care and caution, especially when it comes to switching from original biologics and concerns around safety or training. The trust they have in companies and regulators is moderate—not outright distrust, but not blind faith either.

Doctors are asking for:

- More education—through CME programs and medical school training.
- Better patient communication tools—to help patients feel informed and comfortable.
- Clear, consistent information from regulators—to eliminate confusion.
- Access to real-world data and pricing info—to make confident, practical choices.

These preferences reflect findings from international research as well. For instance, Greene et al.'s study showed that about 91% of doctors believed education was the most effective way to encourage biosimilar adoption. Our findings reinforce that idea.

Takeaway for Strategy Development

These insights will directly guide the recommendations in our marketing strategy (outlined in Chapter 5). Rather than pushing biosimilars through financial incentives or mandates, the path forward should focus on:

- Educating and empowering doctors
- Engaging patients through clear information
- Building confidence through transparent communication and peer support

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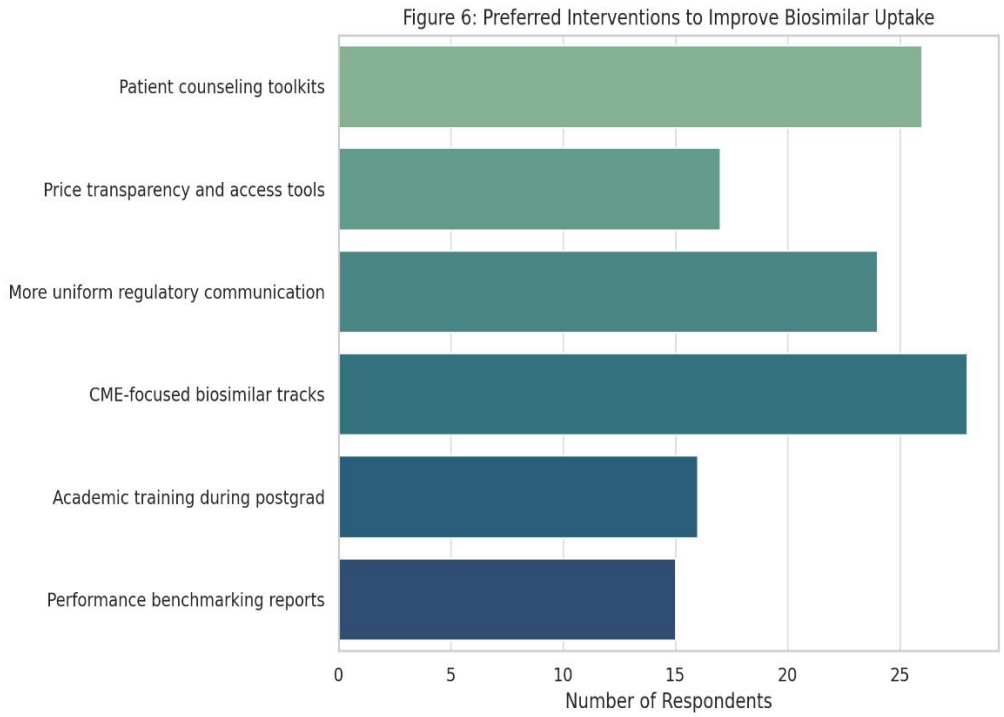

Figure 8 : Preferred interventions

1. Focused Education for Physicians:

To effectively promote biosimilars among specialist healthcare providers (HCPs), education must be the foundation of the strategy. One of the clearest takeaways from both our survey and supporting research is that doctors want to understand biosimilars deeply before they feel confident prescribing them—especially when it involves switching patients from established treatments.

Develop Continuing Medical Education (CME) Programs

The primary recommendation is to create formal, CME-accredited training programs centered specifically on biosimilars. These programs should be:

- Clinically rigorous
- Accessible to specialists
- Endorsed by respected organizations

Here's how they should be structured:

Topics to Include:

- The science behind biosimilars (pharmacology and how they are developed)
- The latest clinical data and safety profiles
- Evidence from real-world switching studies showing outcomes when patients move from originator biologics to biosimilars

These topics directly address the top concerns raised by doctors in our survey—namely, safety, efficacy, and confidence in switching.

Deliver Content Through Specialty Conferences and Seminars

Rather than creating standalone courses, these educational modules should be embedded into established conferences and events that specialists already attend—like those for oncology, rheumatology, or gastroenterology.

This increases participation and ensures that the training is contextually relevant to each specialty.

Partner with Professional Societies

To boost credibility and reach, collaborate with recognized professional bodies in each field (e.g., the Indian Rheumatology Association, Oncology societies, etc.). These organizations are trusted by their members and are ideal platforms to deliver unbiased, evidence-driven content.

Doctors are more likely to engage with educational material if it's endorsed by their peers and institutions they respect, rather than perceived as company-driven promotion.

Use Key Opinion Leaders (KOLs) as Speakers and Educators

One of the strongest trust signals for doctors is hearing from fellow clinicians—especially those who are recognized experts in the field.

In our survey, physicians expressed more trust in expert colleagues (KOLs) than in pharmaceutical companies or even regulators. So, involve KOLs who have:

- Experience prescribing biosimilars
- Data or case studies to share
- Balanced, realistic insights (including challenges and patient outcomes)

Letting doctors learn from real-life experience, not just theory, can go a long way in breaking down skepticism and making biosimilars feel more practical and familiar.

3. KOL and Peer Engagement (Promotion) :

a. Identify and Empower Key Opinion Leaders (KOLs)

Doctors are far more likely to trust information that comes from a peer they respect, rather than from a pharmaceutical company or regulatory body. Our survey confirms this—respondents expressed significantly higher trust in KOLs than in manufacturers or even regulators.

To use this to our advantage:

- Identify leading specialists in each therapeutic area (e.g., oncology, rheumatology, gastroenterology) who are already using biosimilars successfully.
- These individuals become "biosimilar champions"—influential doctors who can lead by example.

Once identified, provide them with:

- Up-to-date clinical data, safety summaries, and switching protocols.
- Support in creating case studies, conference presentations, or journal articles sharing their own experiences with biosimilar prescribing.
- Opportunities to speak at CME events or roundtables where they can mentor and engage with their peers directly.

This peer-to-peer model helps normalize biosimilar use and makes it easier for skeptical physicians to shift their mindset based on credible clinical endorsement.

b. Develop Guidelines with Professional Societies

In addition to engaging individual KOLs, it's important to work with official medical associations and professional societies to build legitimacy around biosimilar use.

Here's how:

- Collaborate with national or specialty-specific medical organizations to create consensus statements, position papers, or guideline chapters about how and when to use biosimilars.
- This can include topics like:

- Criteria for switching patients
- Handling immunogenicity concerns
- When to prefer a biosimilar over the originator

When guidance comes from neutral, respected medical authorities, doctors feel more confident that biosimilar use is safe, standard, and scientifically sound.

This also helps standardize the messaging across the healthcare system, reducing confusion and variability in practice.

3. Patient Support and Communication (Product / Place) :

Objective:
To make both doctors and patients feel more confident and informed about biosimilars by providing clear, helpful tools for education, affordability, and access.

This part of the strategy focuses on what the product experience feels like to patients, and how doctors can better support them when introducing biosimilars.

a. Patient Counseling Toolkits

One of the biggest reasons doctors hesitate to prescribe biosimilars is concern about how patients will react—especially when switching from a trusted brand.

Our survey showed that nearly half of healthcare providers (HCPs) want standardized materials to help explain biosimilars to patients in simple, reassuring language.

To address this, we recommend creating toolkits for patient counseling, which include:

- Printed brochures, infographics, or handouts in local languages
- Short, easy-to-understand videos for clinic waiting rooms or WhatsApp sharing
- FAQs covering common concerns like:
  - “Is it as safe and effective as my current medication?”
  - “Why is it cheaper—does that mean it's lower quality?”

- “Will I feel any different if I switch?”

These materials should emphasize:

- The scientific similarity of biosimilars to originator drugs
- Cost savings and broader access
- Global regulatory approvals (FDA, EMA, WHO) that prove safety and quality

By giving doctors ready-to-use communication tools, we reduce their burden and increase their willingness to bring biosimilars into the conversation with patients.

b. Financial and Access Support Tools

Cost is the number one factor influencing biosimilar prescribing, as 74% of HCPs in our survey highlighted affordability as the top patient concern.

To directly support this, we recommend developing tools that make pricing and insurance information more transparent, such as:

- Mobile apps or web tools where doctors can compare the out-of-pocket cost of biosimilars vs. reference biologics for a specific patient
- Easy-to-use resources showing which insurers cover which products, and whether co-pays differ

This allows doctors to confidently show patients:
💬 *“This option works the same way, and it’ll cost you significantly less.”*

Additionally, create or partner with pharmacy support programs that:

- Help patients with co-pay assistance or reimbursement paperwork
- Ensure timely delivery and availability, particularly in remote or underserved areas

These services don’t just improve access—they build confidence in the system, making patients more likely to accept a new medication.

4. Regulatory and Payer Collaboration (Promotion / Place) :

Objective:

To create an environment where biosimilars are not only trusted by individual doctors but also supported by regulatory clarity and payer infrastructure—making them easier and more practical to prescribe.

This strategy focuses on how biosimilars are positioned within the healthcare system, including communication from regulators and access through insurance.

a. Clear Communication of Regulatory Guidelines

Many healthcare professionals still feel uncertain about how biosimilars are regulated, especially when it comes to interchangeability rules—can they confidently switch patients? Are the products truly equivalent?

In our survey, 45% of respondents said they want clearer, more consistent regulatory communication. That's a significant number.

To address this:

- Share simple, easy-to-understand summaries of the most relevant regulatory positions:
  - FDA guidelines on biosimilar approval and switching
  - Indian CDSCO updates and labeling rules
  - EMA or WHO statements on biosimilar safety and efficacy
- Use official and trusted communication channels like:
  - Circulars or memos from professional associations
  - Webinars hosted by regulatory experts or medical societies
  - Infographics and slide decks summarizing complex guidelines for busy clinicians

These tools help remove ambiguity. When doctors know that the regulatory agencies back biosimilars, it gives them permission and confidence to use them more freely.

b. Insurance Formularies and Smart Incentives

Even if a doctor wants to prescribe a biosimilar, access and insurance barriers can hold them back. That's why it's critical to work with payers, insurance companies, and hospital decision-makers.

Steps to take:

- Ensure biosimilars are included in insurance formularies and ideally placed in favorable tiers—meaning they're cheaper and easier for patients to access.
- Rather than using quotas or mandates (which can feel pushy and reduce clinical autonomy), use gentler incentives, such as:
  - Waived or simplified prior authorizations for biosimilars
  - Faster pharmacy processing compared to originator drugs
  - Lower co-pays or out-of-pocket costs for biosimilar options

This approach doesn't force physicians' hands but makes biosimilars the easier, more practical choice—for both HCPs and patients

5. Evidence Generation and Dissemination (Product):

Objective:

To build trust in biosimilars by providing concrete, real-world proof of their safety and effectiveness—especially for skeptical specialty doctors. At the same time, use gentle performance insights to encourage evidence-based prescribing.

This strategy focuses on enhancing the credibility of the product itself, by backing it with reliable, local data and giving doctors confidence that they're keeping up with best practices.

a. Share Real-World Data and Post-Marketing Evidence

One of the top concerns raised by doctors in our survey (42%) was the lack of real-world data on biosimilars. While controlled trials are important, many clinicians prefer to see how drugs perform in everyday practice with real patients.

To address this:

- Support or conduct post-marketing studies and pharmacovigilance research on biosimilars already in use
- Track and report outcomes like:
  - Patient response and safety over time
  - Switching success from original biologics
  - Immunogenicity or side effects
- Publish these findings in:
  - Specialty-specific journals (e.g. rheumatology, oncology)
  - Medical conferences and symposia
  - Short evidence summaries or infographics doctors can skim quickly

While many managed-care professionals (e.g., pharmacists) trust FDA approvals (84% in Greene's study), specialist doctors may need to see localized or specialty-specific data to fully believe in biosimilars. Sharing evidence from Indian or regional patients can be especially persuasive.

b. Offer Performance Benchmarking Reports

Doctors are often motivated by their desire to stay current with evidence-based practices—but they may not always realize how their prescribing habits compare to others.

One subtle, non-pushy way to encourage biosimilar adoption is to offer performance benchmarking, like:

- “You prescribe biosimilars in 10% of eligible cases. The average among peers in your specialty is 20%.”
- “Your hospital department has increased biosimilar use by 5% over the last year—keep it up!”

This was a preferred intervention by 28% of surveyed HCPs, and it works because:

- It sparks professional curiosity and healthy peer comparison
- It doesn’t shame or pressure doctors—just informs
- It connects data to personal practice in a tangible way

You can deliver this through:

- Private performance dashboards
- Periodic summary reports shared by medical societies
- Benchmark comparisons during CME events or institutional audits

6. Integrated Communication Channels :

Objective:

To ensure that healthcare professionals (HCPs) receive reliable, up-to-date information about biosimilars through a mix of digital and personal communication methods. The key here is consistency and credibility—wherever doctors hear about biosimilars, the message should be trustworthy and aligned.

This strategy ties everything together—so education, data, and trust-building don’t just happen once, but continue over time, across the channels HCPs actually use.

a. Use Digital Platforms to Keep HCPs Informed

Doctors are busy, and they rely on digital tools to keep up with medical updates. Your communication strategy should meet them where they already are, such as:

- Email newsletters: Short, focused updates about biosimilar research, regulatory changes, or real-world experiences
- Webinars: Interactive sessions led by experts (KOLs), where clinicians can ask questions about safety, switching, and best practices
- Professional social media platforms: Posts on LinkedIn or other physician networks where clinical news is shared and discussed

Most importantly, the content must be aligned and accurate. Whether an HCP reads an academic journal article, hears from a pharma rep, or sees a society announcement, the message should be:

"Biosimilars are safe, effective, cost-efficient, and supported by leading authorities and real-world data."

This unified messaging reflects true integrated marketing—removing confusion and building trust over time.

b. Equip Sales Teams for Credible Conversations

Pharmaceutical representatives still play a role in informing HCPs—but it must be done the right way.

Rather than using hard-sell tactics, reps should be:

- Well-trained in the science of biosimilars (how they're developed, tested, approved)
- Able to answer technical questions on switching, efficacy, and immunogenicity
- Familiar with real-world evidence and able to share local data or patient support tools

The goal is to support doctors with useful, evidence-based information, not pressure them.

Some HCPs are naturally skeptical of industry reps—but when reps are knowledgeable and respectful, they can reinforce the same messages shared in CME sessions, society webinars, and peer publications.

7. Pricing and Value Proposition (Price)

Pricing is one of the strongest motivators for biosimilar adoption, and it's something most physicians already see as a major advantage. In fact, 81% of the doctors in the survey recognize cost savings as a key benefit. But price alone isn't enough—you need to frame biosimilars as a smart clinical and economic choice.

a. Transparent Cost-Benefit Messaging

Doctors are more likely to prescribe biosimilars when they clearly see what's in it for their patients and the system as a whole. So, the marketing message should focus on two things:

1. Lower Out-of-Pocket Costs for Patients
Provide concrete examples—such as average patient savings or typical discounts (e.g., "Biosimilars are usually 20–30% cheaper than reference products"). Make the savings feel real and relevant.

2. System-Level Benefits
Emphasize that biosimilars not only help individual patients but also allow hospitals or public health systems to reallocate resources—like offering treatment to more patients, investing in new technology, or expanding access to newer therapies.

b. Bundling Programs for Hospitals

For large institutions, like multi-specialty hospitals, take a more strategic and packaged approach.

Offer bundled value:

- A package that includes staff training, patient education kits, and data support tools
- Provide implementation guidance, so institutions can adopt biosimilars smoothly and confidently

This makes biosimilar adoption feel less risky and more "plug-and-play"—which is attractive to administrators looking for well-supported change.

Rationale and Connection to Findings

Every recommendation we've made is directly tied to what doctors told us in the survey or what previous research has shown. For example:

- Education programs like CME courses and academic training help solve the problem that 45% of doctors said they don't feel well-informed about biosimilars. These programs also reflect what 91% of providers said—they believe education is one of the most helpful ways to increase adoption.

- Working with Key Opinion Leaders (KOLs) makes sense because doctors tend to trust their peers more than companies or regulators. So, when experienced specialists share their success stories, others are more likely to follow.

- Patient education tools and clear pricing information target one of the biggest factors in prescribing decisions: cost. Since patients often worry about affordability, giving doctors tools to explain the savings helps build confidence on both sides.

- Consistent communication from regulators helps clear up confusion. About 45% of doctors said they want more uniform and understandable guidance about biosimilars, so providing that clarity directly answers their needs.

- Finally, publishing real-world evidence and outcomes helps address the 42% of doctors who said they want to see more data from actual patient use, not just clinical trials.

Chapter 6: Conclusion :

This study set out to understand how healthcare providers (HCPs), especially those in specialized fields, view biosimilars—and to design a practical marketing strategy that could help improve their adoption in clinical practice.

Through a mix of survey data and expert insights, we found that while most providers are at least somewhat familiar with biosimilars, many still have real concerns, especially about their safety, effectiveness, and the risks of switching patients from original biologics. There's also only

moderate trust in regulatory bodies and pharmaceutical companies, which contributes to a cautious approach to prescribing.

One of the most consistent themes was that patient affordability plays a major role in prescribing decisions. Doctors clearly care about making treatments more accessible, but they want reliable tools and evidence to help them feel confident in their choices.

Importantly, the types of support that providers want are educational and informational—not pressure tactics. They prefer solid data, clear communication, and resources that help both themselves and their patients better understand biosimilars.

Taking all of this into account—and comparing it with existing research—we conclude that the best way to increase biosimilar adoption is through a multi-layered approach. This should include:

- Education programs that are backed by data
- Trusted voices like respected doctors (Key Opinion Leaders) sharing their own positive experiences
- Patient support tools to help explain biosimilars clearly and simply
- Transparent communication from regulators and pharma companies

The marketing strategy we've proposed includes all of these components, with real, practical tactics like CME courses, peer-led discussions, and digital patient materials—all designed to meet the actual needs and preferences of healthcare providers.

Looking ahead, the impact of this strategy should be tracked—for example, by measuring whether more doctors begin prescribing biosimilars over time. Future studies can explore how these changes play out in real-world settings.

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