

FAST FACTS FOR PROVIDERS

"Name in a Frame" - How Language Shapes Trust and Access in Biosimilar Education

• Language Framing Shapes Trust

- When providers use brand names instead of scientific names, they create an emotional frame rooted in branding - not biology.
- Patients may perceive biosimilars as second-rate or unsafe simply due to how the treatment is introduced.
- Shift the frame: use **scientific names first**, and build the conversation around **what the medication does**, not what it's called.

• Biosimilars Are Not Generics

- Biosimilars are **highly similar to reference biologic medications**, with no clinically meaningful differences in safety, purity, or potency.
- They are **not generics**, and undergo rigorous testing and FDA approval.
- These medications are part of a **science-based pathway** to expand access to necessary biologic treatments.

• Equity Implications for Marginalized Communities

- Historically excluded communities may harbor greater mistrust or associate "non-branded" medications with reduced quality.
- Misframing biosimilars exacerbates barriers to access and reinforces systemic inequities.
- Biosimilars offer a **critical opportunity for expanding access**—but this only works if providers normalize their use through education and trust.

• Provider Influence is Key

- Introduce the concept of biosimilars **early in care conversations**, not just when insurance mandates substitution.
- Focus on **mechanism of action**, patient outcomes, and the condition being treated.
- Be the messenger who brings clarity, not confusion. Frame the science—not the brand.

• Reframing with Everyday Analogies

- Telling a patient "You need a specific brand" (e.g., like saying "You need Nikes") implies other options are inferior.
- Saying "You need supportive sneakers with good arch support" centers the **function**, not the label.
- This empowers the patient to trust the treatment plan - even if the name changes.

