European Commission

Capacity building to support the uptake of biosimilars in a multistakeholder approach

AUGMENT Biosimilars
Country fiche CYPRUS

Excerpt from:

European Commission: European Health and Digital Executive Agency, Vogler, S., Habimana, K., Helter, T., Knoll, V. et al., Capacity building to support the uptake of biosimilars in a multistakeholder approach – Final study report. Annex 7, AUGMENT, Country fiches, Publications Office of the European Union, 2025

Vogler S, Walter M, Knoll V, Habimana K, Helter T

augment biosimilars

EUROPEAN COMMISSION

Directorate-General for Health & Food Safety
Unit: SANTE-D2 (Medical products: quality, safety, innovation)

Contact: François Janssens

E-mail: sant-atf@ec.europa.eu

European Commission
B-1049 Brussels

Disclaimer

This Country fiche was produced under the EU4H 2023 Programme under a service contract with the European Health and Digital Executive Agency acting under the mandate from t he European Commission. The information and views set out in this study are those of the author(s) and do not necessarily reflect the official opinion of the Commission/ Executive Agency. The Commission/ Executive Agency do not guarantee the accuracy of the data included in this study. Neither the Commission /Executive Agency nor any person acting on the Commission's / Executive Agency's behalf may be held responsible for the use which may be made of the information contained therein.

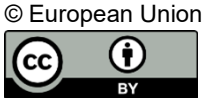
Manuscript completed in November 2025

First edition

This document has been prepared for the European Commission however it reflects the views only of the authors, and the European Commission is not liable for any consequence stemming from the reuse of this publication.

Luxembourg: Publications Office of the European Union, 2025

© European Union, 2025



The reuse policy of European Commission documents is implemented by Commission Decision 2011/833/EU of 12 December 2011 on the reuse of Commission documents (OJ L 330, 14.12.2011, p. 39). Unless otherwise noted, the reuse of this document is authorised under a Creative Commons Attribution 4.0 International (CC BY 4.0) licence (https://creativecommons.org/licenses/by/4.0/). This means that reuse is allowed provided appropriate credit is given and any changes are indicated.

For any use or reproduction of elements that are not owned by the European Union, permission may need to be sought directly from the respective rightholders.

PDF ISBN 978-92-95239-98-2 doi: 10.2925/9409811 HW-01-25-049-EN-N

Annex 7.5

AUGMENT Biosimilars country fiche: Cyprus 2025

Capacity building to support the uptake of biosimilars in a multistakeholder approach

The AUGMENT Consortium produced this country fiche as part of the project "Capacity building to support the uptake of biosimilars in a multistakeholder approach (HADEA/2023/OP/0040)" commissioned by the European Health and Digital Executive Agency (HaDEA). The AUGMENT Consortium consists of the Austrian National Public Health Institute (Gesundheit Österreich Forschungs- und Planungs GmbH / GÖ FP), as consortium lead; the Polish Agency for Health Technology Assessment and Tariff System (Agencja Oceny Technologii Medycznych i Taryfikacji / AOTMiT), the Medical University Sofia (MUS), and the NOVA National School of Public Health in Lisbon.

In this project (abbreviated AUGMENT Biosimilars project), the AUGMENT Consortium performed a **comprehensive study** which aimed to offer a **mapping and** an **analysis of existing policies and practices** to encourage biosimilar uptake and competition in 32 European countries (all European Union (EU) and European Free Trade Association (EFTA) Member States, and the United Kingdom). In the analysis, the impact of biosimilar policies on improving patient access to medicines as well as barriers and facilitators in the policy implementation will be studied. For further information see biosimilars.goeg.at.

Key terms related to biosimilar policies can be found in the project's Glossary.

Contributors

This country fiche was produced by GÖ FP based on information the PPRI network was used, and findings from systematic and narrative literature reviews.

We gratefully acknowledge the validation of this country fiche by:

Georgios Savva, Υπουργείο Υγείας / Ministry of Health, Pharmaceutical Services, Cyprus

Olga Pitsillidou, (HIO) / Health Insurance Organisation, Cyprus

How to quote: Milushewa P: AUGMENT Biosimilars country fiche: Cyprus 2025. Annex to the study on "Capacity building to support the uptake of biosimilars in a multistakeholder approach", AUGMENT, 2025. Commissioned by the European Health and Digital Executive Agency (HaDEA)

1 Summary of biosimilar policies and practice in Cyprus in 2025

Key stakeholders

Ministry of health with its Department of Pharmaceutical Services is endorsing the current regulations. The department of pharmaceutical services is also responsible for marketing authorisation, and pricing. The Health Insurance Organisation (HIO) reimburses outpatient and inpatient medicines and decides the medicine inclusion in the reimbursement list. A variety of professional associations exists which consult or collaborate with the Ministry of health in health priorities establishment and normative acts preparation, but biosimilar policy is not discussed in any of the available resources by the societies.

Major biosimilar policies and practices

Current pricing policy for biologics, including biosimilars with no reference products marketed in Cyprus, is based on external reference pricing with 10 reference countries. There is no price link in biosimilar pricing. Biologics and biosimilars reimbursed by the healthcare system, are procured via central tendering. Before the GHS implementation, this was organised via central tender issued per disease and usually awarded to the lowest bidder. Currently, therapeutic algorithms are set, and tenders are issued in an ATC4 level, in an effort to ensure that all therapeutic molecules are available for reimbursement, while streamlining the presence of biosimilars where possible. Biosimilars that are reimbursed by the GHS, are dispensed only by hospital pharmacies. There is no explicit directive towards prescriber directed switching, while substitution is not permitted. External reference pricing is applied for all biosimilar medicines, including those with no reference product (originator biological) on the market.

Impact analysis

Since only the above practices and pricing policy have been implemented for price setting for biosimilars (i.e., ERP and tendering), no comparisons have been made with other policies or measures. Currently there is no solid evidence about the impact. The introduction of a new biosimilar product in the national pricelist results in lower prices in the concerned pharmacotherapeutic group. It is also important to note that due to the very specific logistic conditions that apply to Cyprus, and the resource intense nature of the tendering procedure, the policy of reimbursing a single proprietary product procured via tendering can be detrimental in the cases of shortages.

Barriers, facilitators and good practice examples

Major barriers are lack of confidence of prescribers in the switch policy, lack of automatic substitution, and no INN prescribing for biologicals. Financial incentives to prescribers could be classified as facilitators of biosimilar uptake, but as in all cases,

it should be preceded by regulatory changes and extensive education for all stakeholders involved (doctors, pharmacists, nurses, patients).

The policy-makers consider the small market size of Cyprus challenging to gain access to biosimilars (Pitsullidou 2022). This trend can also be observed by the lack of longevity of a new biosimilar in the market if it is not awarded the reimbursement tender.

Recent developments

Recommendations and practices targeting physicians to prescribe biosimilars to naive patients, and switching or substitution policies, could be considered as policies that will stimulate biosimilars uptake. Switching and substitution policies are under discussion after the 2022 EMA announcement on bioequivalence. Even as a latecomer, Cyprus will at some point need to follow the switching trend in order to be able to reap the associated benefits[1].

Highlights and learnings

Cyprus could benefit from the implementation of policies and practices aiming to encourage biosimilar uptake in the market. Pricing and reimbursement of biosimilars follow the same rules as bio-originators. Recent initiatives on biosimilars prescribing to naïve patients might help enlarge biosimilars market. Stakeholder education is imperative and incentivisation might prove beneficial in the early stages of any potential change.

[1] Mysler E, Azevedo VF, Danese S, Alvarez D, Iikuni N, Ingram B, Mueller M, Peyrin-Biroulet L. Biosimilar-to-Biosimilar Switching: What is the Rationale and Current Experience? Drugs. 2021 Nov;81(16):1859-1879. doi: 10.1007/s40265-021-01610-1. Epub 2021 Oct 27. PMID: 34705255; PMCID: PMC8578069.

2 Key data regarding biosimilars in Cyprus

First biosimilar medicine launched (i.e. brought on the market):
infliximab (Inflecta®) in **2014**
Source: Joseph et al. 2017

Number of the **biosimilars marketed**:
11 molecules with biosimilars available, as of September 2024
77 biosimilars (per trade name), as of September 2024 included in the official pricelist
Source: National Medicines Pricelist (available at _https://www.moh.gov.cy/moh/phs/phs.nsf/pricelist_en/pricelist_en?OpenDocument)

Biosimilar market shares in 2024 (or latest available data):

13.05% **in volume** in 2025
Volume is defined as units sold (as a percentage of all biologicals' units sold).

6.9 % **in value** in 2025
Value is defined as share of total pharmaceutical expenditure

Market to which the biosimilar market shares data relate to: total market (outpatient and hospital, public and private sectors)

Source: National Medicines Pricelist (available at https://www.moh.gov.cy/moh/phs/phs.nsf/pricelist_en/pricelist_en?OpenDocument)

Key national publicly accessible sources reporting data on biosimilars

There is not dedicated publicly accessible sources reporting data on biosimilars, but the following links provide information on medicines in Cyprus, including biosimilars.

- Medicines Pricelist available at https://www.moh.gov.cy/moh/phs/phs.nsf/pricelist_en/pricelist_en?OpenDocument Lists of medicines within the framework of the General Health Insurance System available at https://www.gesy.org.cy/sites/Sites?d=Desktop&locale=el_GR&lookuphost=/el-gr/&lookuppage=hiopharmacatalogues2020

- Medicines for Human Use in Cyprus (https://www.phs.moh.gov.cy/human-search/home.xhtml?lang=en)

- The HIO is currently aiming to be able to publish reimbursement data by the end of the year 2025. **Please follow up for relevant links.**

3 Stakeholders involved in and targeted by biosimilar policies in Cyprus

Stakeholder	Name in local language and English translation & URL	Role with regard to biosimilars	Publications by this stakeholder group
Legislator	Υπουργείο Υγείας / Ministry of Health Pharmaceutical Services | Home Page	Prepares and endorse pharmaceutical legislation, including for biosimilars.	The Medicines for Human Use (Control of Quality, Supply and Prices) Law of 2001
National regulatory authority	Pharmaceutical Services	NCA for the authorization and pricing of medicines in Cyprus, including biosimilars. Ensuring the quality, efficacy, safety, storage, distribution and pricing of medicinal products for human use.	
Pharmaceutical pricing authority	Υπουργείο Υγείας / Ministry of Health Pharmaceutical Services	Implements pricing legislation regarding biosimilars, decides on the prices of the official pricelist, but the reimbursement of medicines is curried out by the state Health Insurance Organization	
Pharmaceutical reimbursement authority	Health insurance organisation	Decides on inclusion into reimbursement of biosimilars and their price. Produces prescribing guidelines for biosimilars	
Procurement agency	Purchasing and Supply Directorate, Ministry of Health https://www.gov.cy/moh/en/about/purchasing-and-supply-directorate/ Additional info is available at eProcurement https://www.eprocurement.gov.cy/	Involved in tenders and procurement procedures of medicins including biosimilars.	
HTA agency / body	Υπουργείο Υγείας - Φαρμακευτικές Υπηρεσίες / Ministry of Health - Pharmaceutical Services	Ministry of Health, Pharmaceutical Services are responsible for implementing the HTA Regulation in CY. The development of methodological criteria for HTAs for biosimilars is under discussion.	T
National competition authority	Commission for the protection of competition	Enforcement of the competition law, anti-trust cases. In case of biologicals patent an/or data exclusivity violation this is the reference law.	The Protection of Competition Laws of 2022; http://www.competition.gov.cy/competition/competition.nsf/All/5937AB49B8B38080C2257FB2003A442B?OpenDocument"; The Control of Concentrations Between Undertakings Law,

Stakeholder	Name in local language and English translation & URL	Role with regard to biosimilars	Publications by this stakeholder group
			Number 83(I)/2014
National patent office	Τμήμα Εφόρου Εταιρειών και Διανοητικής Ιδιοκτησίας / Department of Registrar of Companies and Intellectual Property	Granting and managing patents on biologic medicines	
Doctors	Represented by: ΠΑΓΚΥΠΡΙΟΣ ΙΑΤΡΙΚΟΣ ΣΥΛΛΟΓΟΣ / Cyprus Medical Association	Prescribes biosimilars a/o by INN. Inform patients Medical societies in disease areas with biologics use Medical society for all physicians	
Nurses	Represented by: ΠΑ.ΣΥ.Ν.Μ. | Παγκύπριο Σύνδεσμο Νοσηλευτών και Μαιών Cyprus Nurses and Midwives Association (CYNMA)		
Community pharmacists	Represented by: Παγκύπριος Φαρμακευτικός Σύλλογος (ΠΦΣ)/Pancyprian Pharmaceutical Association	Dispenses medicines, informs patients	
Hospital pharmacists	Represented by: Association of Hospital Pharmacists of Cyprus (NO.FA.KY)	The Association mobilises its members to participate in the development and improvement of the quality of life of patients and pharmaceutical science. Dispenses medicines, informs patients	
Patient organisations	Represented by: Pancyprian Federation Of Patients Associations and Friends	Patient organizations are involved and participate in decision making committees.	List patient organisations on specific diseases with focus on biologicals
Consumer organisations	KYPRIAKOS SYNDESMOS KATANALOTON / Cyprus Consumers' Association	Any engagement of consumer organisations with regard to biosimilars? Consumers organizations are involved and participate in decision making committees.	
Biosimilar industry	Represented by: Do not have separate representative. It is not clear if CAPC represent biosimilar companies	Produces and supplies biosimilars Further educational or promotional activities? Biosimilars are imported by pharmaceutical companies and these companies carry out educational and promotional activities	
Generic industry	Represented by: Pancyprian Association of Generic Medicines Manufacturers (PASYPAGEF)	Same association as for biosimilars? No, it represents local manufacturers only and they do not have	

Stakeholder	Name in local language and English translation & URL	Role with regard to biosimilars	Publications by this stakeholder group
		biosimilar production. They are involved and participate in decision making committees.	
Pharmaceutical industry in general	Represented by: Cyprus Association of Pharmaceutical Companies (CAPC)	engage closely and maintain a continuous dialogue with the Ministry of Health, Health Insurance Organisation and other government authorities. They are involved and participate in decision making committees.	
Pharmaceutical industry for new biological medicines	Represented by: Η Κυπριακή Ένωση Φαρμακευτικών Εταιρειών Έρευνας και Ανάπτυξης (ΚΕΦΕΑ) / The Cyprus Association of Research and Development Pharmaceutical Companies (KEFEA)	Importation of biological and biosimilar medicines in the Cypriot market and advocate early access for innovative medicines.	Kazaku J. Responsible transparency: New Code of Conduct by pharmaceutical companies Kazaku J. Sustainable Health Systems: The "Vilnius Declaration" Call for Action – An Opportunity for Cyprus
Further relevant stakeholder group (e.g., regions, health trusts, municipalities)	Παγκύπρια Οργάνωση Αιμορροφιλικών (Π.Ο.Α.) / Pancyprian Organization of Hemophiliacs (POA) Cyprus Alliance For Rare Disorders	Rare diseases patient's organization	No publications
Further relevant stakeholder group	The Cyprus Medicines Verification Organization (CyMVO)	Create and effectively implement the Cyprus Drug Verification System (CyMVS), to support all the entities that have the obligation to implement it and to continuously monitor its operation, so as to bring about the desired results. The statutes for the establishment of the KOEF include, among others, actions such as the organizing of lectures, workshops, seminars, conferences, for training the stakeholders and raising public awareness.	Operates in compliance with DIRECTIVE 2011/62/EU OF THE EUROPEAN THE COUNCIL of 8 June 2011 Any activities related to the services offered by KOEF (CyMVO) can be found in their website
Cyprus Association of Pharmaceutical Companies,	Represented by: Cyprus Association of Pharmaceutical Companies (CAPC)	representing Cypriot drug importers and wholesaling companies and their respective products in the industry since 1981	

Source: Stakeholder mapping done by GÖ FP (AUGMENT Consortium)

4 Biosimilar policies and practices in Cyprus 2025

Note that the information relates to the year 2025, to the national level and to outpatient and inpatient sectors, unless specified differently.

4.1 Pricing and procurement policies

Biosimilar price link

A **biosimilar price link** is in place.	No
It applies for the following situations:	Not applicable
Price reduction of the first biosimilar compared to the reference product	Not applicable
Price reduction of the second, third and further biosimilars	Not applicable
Price reduction for the reference product	Not applicable
Any further specificities	Not applicable
Generic price link	Yes, the first generic must be at least 30% lower priced than the originator medicine. Subsequent generics must be at least 10% lower-priced than the previous generic.

Source: PPRI 2025, Vogler et al. 2025

External price referencing

External price referencing is applied for biosimilars.	Yes
If yes, it is applied for the following situations:	For biosimilar medicines in the outpatient and inpatient sectors entering the market, for the purposes of setting the price
Any specificities	
External price pricing is in place for other medicines than biosimilars.	Yes, for monopoly medicines and for those generics for which no originator medicines have been marketed in Cyprus

Source: PPRI 2025

Tendering

Some (or all) biosimilars are procured through tendering (or tendering-like) processes.	Yes
If yes, the scope with regard to the care sector:	Inpatient and outpatient sectors
Tendering biosimilars in the inpatient sector	
Scope of biological medicines tendered	All biological medicines Primarily procured through open tendering processes at both the ATC 5 level and sometimes at the ATC 4 level.
Institutional framework	Centralised and managed primarily by the Ministry of Health
Information available on procurement procedures and practices	Primary award criterion is price and single winner is taking the tender.
Tendering biosimilars in the outpatient sector (or tendering-like policies)	
Scope of biological medicines tendered	Yes We do not differentiate as biologics and biosimilars dispensed for the GHS (ie reimbursed) are only available in hospital pharmacies. Community pharmacies offer biologics or biosimilars rarely (at least for the time being). Therefore, a better way to word this would be: biologicals and biosimilars

	procured as part of the reimbursement scheme of the GHS, are dispensed only in hospital pharmacies. This (central tendering and dispensing only by hospital pharmacies), is applicable for all high cost medicines (chemical and biological) that have an expired loss of exclusivity (LoE)
Institutional framework	Centralised and managed primarily by the Ministry of Health
Information available on procurement procedures and practices	
Generics are tendered (or procured through competitive tendering-like policies).	Inpatient: Yes Outpatient: Yes

Source: PPRI 2025; Vogler, Salcher-Konrad and Habimana 2022, Vogler et al. 2025

4.2 Reimbursement policies 2025

Reference price system

Biosimilars are included into the reference price system (RPS) applied in the outpatient sector.	No
If yes, how many and under which specifications	n/a
If publicly accessible, indicate URL of RPS list	
When were the first biosimilars included in the reference price system?	n/a
Any further specificities	
In general, a reference price system is in place (for other medicines than biosimilars), and how those medicines are clustered?	Yes ATC 5 cluster

Source: PPRI 2025, Zimmermann and Haasis 2021

Inclusion into reimbursement and co-payments

Reimbursement in the outpatient sector	
Apart from their potential inclusion into the reference price system (see above), biosimilars are included in outpatient reimbursement (positive list).	Yes
If yes, how many and date of inclusion into reimbursement, if known)	Date of inclusion 01/09/2020
Extent of reimbursement rates applicable for biosimilars included in the outpatient positive list	100%
Any specificities regarding the process of inclusion into outpatient reimbursement compared to other medicines for outpatient use	Simplified procedures
Indicate URL of outpatient positive list	https://www.gesy.org.cy/sites/Sites?d=Desktop&locale=el_GR&lookuphost=/el-gr/&lookuppage=hiopharmacatalogues2020

Co-payments for biosimilars for outpatient use	Prescription fee and co-payment due to the refence price system: If a patient chooses a biosimilar that is priced at or below the reference price, there is no co-payment required. If a patient opts for a biosimilar that is priced above the reference price, they must pay the difference out of pocket. This difference is the co-payment amount.
For medicines for outpatient use in general (other medicines than biosimilars) Positive list for medicines in general Percentage reimbursement rates are in place Co-payments for reimbursable outpatient medicines	Positive list Full (100%) coverage for all medicines in the reimbursement list(s) Prescription fee
Reimbursement in the inpatient sector	
Biosimilars are included in hospital pharmaceutical formularies (at national, regional and/or facility level	Yes, additionally to the originator biological (and doctors are recommended to switch)
Any specificities regarding the process of inclusion into hospital pharmaceutical formularies compared to other medicines for inpatient use	
Indicate URLs of hospital pharmaceutical formularies, if publicly accessible	
Co-payments for biosimilars for inpatient use	No
For medicines for inpatient use in general (other medicines than biosimilars): Hospital pharmaceutical formularies Co-payments for medicines for inpatient use	No co-payments for medicines for inpatient use

Source: PPRI 2025, Vogler et al. 2025

4.3 Specific pricing, procurement and funding policies 2025

Application of special pricing, procurement and reimbursement models for biosimilars (e.g., delinkage / subscription-model, management-entry agreements (MEA))	No
Enforcement of anti-trust policies	
Specific pricing and funding (e.g., subscription models, MEAs, …) for other medicines	Mix of financial and performance-based MEAs

Source: PPRI 2025

4.4 Supportive tools and practices for policy-makers 2025

Horizon scanning

Public authorities or public payers use a horizon scanning system to identify loss of exclusivity (patent expiry) of biologics	No
If yes, describe the process and the tools (e.g. regular consultation of a database, horizon scanning scoping meeting with stakeholders), including who use horizon scanning	

Source: PPRI 2025

Health technology assessment

HTA is applied for biosimilar medicines	No
If yes, in which situations and settings (outpatient and inpatient)	
Differences in criteria and processes of HTA for biosimilars compared to other medicines	
Any specificities	

Source: PPRI 2025

4.5 Demand-side measures 2025

Country context: Only doctors may prescribe

Prescribing and switching recommendations	
Prescribing recommendations for doctors with regard to prescription of biosimilars exist	Yes
If yes, what is recommended for naïve patients?	Recommendation to prescribe biosimilars for naïve patients
If yes, what is recommended for patients already on biologic treatment	Recommendation to switch patients for economic reasons
Prescription guidelines (including switching guidelines) were issued by	MoH
URL of prescription & switching guidelines	
Prescribing quota	
Prescribing quota for doctors with regard to prescription of biosimilars exist	No
If yes, which quota are defined for biosimilars	
Any exemptions	
Any sanctions in case of non-achievement	No
Any (financial) incentives for achieving the quota	No
Prescribing quota were issued by	
URL of prescribing quota	
Prescribing quota for other non-biosimilar medicines exists	No
Further gain-sharing models	
Further gain-sharing models exist (beyond those mentioned above)	No
If yes, pls. describe (care setting: outpatient / inpatient, contract parties, content and incentives of gain-sharing, when was it introduced)	

Prescribing and switching recommendations	
Publicly accessible information	No
INN prescribing	
In general, prescribing by INN is place (information not focused on biologics)	No
If INN prescribing is allowed, there are some exemptions, and biologics are among the exemptions	Not applicable
Further measures targeted at doctors	
Information materials for doctors	No information
Information events for doctors (e.g., seminars, trainings)	No information
Involvement of doctors in switching studies that evaluate clinical outcomes of a switch	No information

Source: PPRI 2025

Pharmacists (and further dispensers)

Country context: Only pharmacists may dispense

Substitution policies	
(Automatic) substitution for biosimilars	Not, not allowed
If yes, for which biologic substances and under which prerequisites?	Not applicable
If yes, since when, and when was it extended? (process of implementation)	Not applicable
Any specificities	Not applicable
URL of underlying law	Not applicable
Generic substitution in place	Yes, indicative
Gain-sharing models	
Gain-sharing models for pharmacists	No information
If yes, pls. describe (care setting: outpatient / inpatient, contract parties, content and incentives of gain-sharing, when was it introduced)	No information
Publicly accessible information	No information
Further measures targeted at pharmacists	
Information materials for pharmacists	No information
Information events for pharmacists (e.g., seminars, trainings)	No information

Source: PPRI 2025

Patients

Information and educational measures	
Information materials for patients	No information
If yes, provide URL of most common materials	
If yes, key producers of education measures	
Information events for patients (e.g., seminars, trainings)	No information
If yes, key providers of educational events	
Gain-sharing models	
Gain-sharing models for patients	No information
If yes, pls. describe	
Publicly accessible information	

Source: PPRI 2025

5 Impact of biosimilar policies and practices in Cyprus

The table below informs about outcome indicators on patient access (e.g., higher number of patients treated), affordability (e.g., savings for the public payers, savings for patients) and availability (presence at the reimbursement list, time between market authorisation and reimbursement / market entry) which were caused by specific biosimilar policies or practices.

Evidence from the literature on impacts of biosimilar policies and practices in Cyprus

Outcome indicator	Caused by (specify policy, if applicable)	Findings	Publication (citation or URL)
Savings for the public payer	Tendering policy	Achieved 60.6% value reduction and 39.39% mean price reduction with tendering system. Generics demonstrated the greatest reduction both in value (94.8%) and in mean price (62.97%). Branded products reached 33.4% value and 25.99% mean price reduction, while top twenty products achieved 29% value and 23% mean price reduction.	Petrou et al. 2014

Source: see last column and further details on the full citation in the bibliography at the end of this country fiche

6 Barriers for biosimilar uptake and policy implementation in Cyprus

Legal barriers

"biosimilars are considered original products" (Pitsillidou 2022). This refers to the lack of a price link for biosimilars. The result of this policy, is that a new biosimilar is priced in the same manner a biooriginator would be.

Organisational barriers (health-systems or health institutions-related)

Cyprus is considered an unattractive market due to its small size and logistics peculiarities. A major barrier to implementing big policy changes, is the resource constraint faced by the relevant authorities.

Evidence and communication-related barriers

Relevant authorities are capacity constraint

Policy-related barriers

There is no biosimilar policy in Cyprus, which actually forbids any measures as HTA, risk sharing agreements, and substitution. According to Pisoulidou (2022), biosimilars are going through the same process as originators.

There is no policy in place encouraging the biosimilars uptake at the Cyprus market.

Stakeholder-related barriers

Biologics naive patients will initiate treatment with the first line. transition to subsequent treatment lines has to be medically justified. Patients on treatment with originator or specific biosimilar are not switched (Pitsullidou 2022).

7 Facilitators and good practice examples in Cyprus

Centralised tenders could be regarded as facilitators.

8 Developments in Cyprus

Recent changes

There are suggestions to physicians to prescribe biosimilars to naïve patients.

9 Bibliography

Cyprus Parliament	Cyprus Parliament. Medicines for Human Use (Control of Quality, Supply and Pricing) Law 70 (I) / 2001. Available from: https://capc.org.cy/wp-content/uploads/2022/...2001.pdf (accessed 10 January 2024)
Joseph et al. 2017	Joseph J, Solonos M, Michaelides M*, et al*AB1093 Biosimilar infliximab in rheumatology practice - the Cyprus experience. *Annals of the Rheumatic Diseases* 2017;76**:**1437
Kazaku J., 2014	Kazaku J. Responsible transparency: New Code of Conduct by pharmaceutical companies. Available from: http://kefea.org.cy/838/ (accessed 10 January 2025)
Kazaku J., 2014	Sustainable Health Systems: The "Vilnius Declaration" Call for Action – An Opportunity for Cyprus. Available from: http://kefea.org.cy/sustainable-health-systems-the-vilnius-declaration-call-for-action-an-opportunity-for-cyprus/ (accessed 10 January, 2025)
Medicines for Europe 2023	Biosimilar medicines – better access, better health. Policy overview, 2023. Available from: Biosimilars-Market-Review-2023-final-06-09-2023.pdf (accessed 30 December 2024)
Moorkens et al 2021	Moorkens E, Godman B, Huys I, Hoxha I, Malaj A, Keuerleber S, Stockinger S, Mörtenhuber S, Dimitrova M, Tachkov K, Vončina L, Palčevski VV, Achniotou G, Slabý J, Popelková L, Kohoutová K, Bartels D, Laius O, Martikainen JE, Selke GW, Kourafalos V, Magnússon E, Einarsdóttir R, Adams R, Joppi R, Allocati E, Jakupi A, Viksna A, Greičiūtė-Kuprijanov I, Vella Bonanno P, Suttorp V, Melien Ø, Plisko R, Mardare I, Meshkov D, Novakovic T, Fürst J, Zara C, Marković-Peković V, Grubiša N, Befrits G, Puckett R, Vulto AG. The Expiry of Humira® Market Exclusivity and the Entry of Adalimumab Biosimilars in Europe: An Overview of Pricing and National Policy Measures. Front Pharmacol. 2021 Jan 8;11:591134. doi: 10.3389/fphar.2020.591134.
Mysler E, et al., 2021	Mysler E, Azevedo VF, Danese S, Alvarez D, Iikuni N, Ingram B, Mueller M, Peyrin-Biroulet L. Biosimilar-to-Biosimilar Switching: What is the Rationale and Current Experience? Drugs. 2021;81(16):1859-1879. doi: 10.1007/s40265-021-01610-1.
Petrou et al. 2014	Panagiotis Petrou, Michael A. Talias, Tendering for pharmaceuticals as a reimbursement tool in the Cyprus Public Health Sector, Health Policy and Technology, 2014; 3 (3): 167-175
Pitsiliidou 2022	Pitsillidou O., Current biologics policies in Cyprus. Available from: https://ec.europa.eu/assets/sante/health/human-use/20221213/mp_20221213_co13_en.pdf (accessed 30 December 2024)
Roediger 2015	Roediger A. What pricing and reimbursement policies to use for off-patent biologicals? - Results from the EBE 2014 biologicals medicine policy survey. GaBIJournal 2015;4(1):17-24
Troen 2022	Troen P., Newton M., Stoddart K., Arias A., The Impact of Biosimilar Competition in Europe. December 2022, IQVIA Available from: Accessed at: the-impact-of-biosimilar-competition-in-europe-2022.pdf (accessed 20 December 2024)
Vogler et al. 2017	Vogler S., Schneider P. Do pricing and usage-enhancing policies diff er between biosimilars and generics? Findings from an international survey. GaBI Journal 2017;6(2):79-88

Vogler et al. 2024 Vogler S, Dicheva-Radev S, Panteli D, Busse R. Überblick über Maßnahmen zur Förderung des Einsatzes von Biosimilars in europäischen Ländern [Overview of measures to encourage the uptake of biosimilars in European countries]. In. Ludwig WD, Mühlbauer B, Seifert R, editors. Arzneiverordnungs-Report 2023 [Medicines Prescription Report 2023]. Berlin Heidelberg: Springer 2023.

Zimmermann and Haasis 2021 Zimmermann N, Haasis MA. PPRI Pharma Brief: Cyprus 2021. Pharmaceutical Pricing and Reimbursement Information (PPRI) Pharma Briefs Series. Vienna: Gesundheit Österreich GmbH (GÖG / Austrian National Public Health Institute); 2021.



Publications Office
of the European Union