

# Sveriges Apoteksförening

SECTOR REPORT 2025



## PREFACE

2024 saw great progress and new challenges for the pharmacy sector. Several key milestones were achieved, but we also continue to face dark clouds on the horizon that require political decisions as well as joint efforts from the whole sector.

One of the biggest steps forward during the year is the development of pharmaceutical services. The Dental and Pharmaceutical Benefits Agency, TLV, has presented a clear proposal that these services should be implemented, beginning with inhaler guidance. This is an important step that highlights the social benefit pharmacies can contribute. Now it's up to our political decision-makers to secure funding, so the pharmacies can start offering these services to their customers. We in the industry are ready to take the next step.

Another key area that was a major focus during the year is the pharmacies' trade margin. The increase that was implemented was completely necessary to prevent negative consequences to the market. Yet despite this, overall profitability is still weak, and authorities have expressed concern about this development. It is crucial that pharmacies are able to cover their expenses, so they can keep carrying out their social mandate in a way that is sustainable.

Pharmaceutical supply has also increasingly come into the spotlight in 2024, particularly in the light of current trends and the ongoing improvements in civil preparedness. The role of pharmacies in securing access to medicines is essential, not least in times of crisis and other social disruptions. But if pharmacies are to contribute fully to these efforts, they must have the resources they need. This year's sector report contains a special themed section on pharmacies' robustness and supply readiness. In addition, we look at a new chapter for the sector and describe how pharmacies of the future can benefit society and patients.

In the coming year, we look forward to continued close collaboration with authorities, political decision-makers and other stakeholders. Pharmacies are a key part of the healthcare system and indispensable for people in every part of the country. With the right support and initiatives, we can jointly strengthen the pharmacy market and ensure that all patients get the help they need, both in everyday situations and in times of crisis.



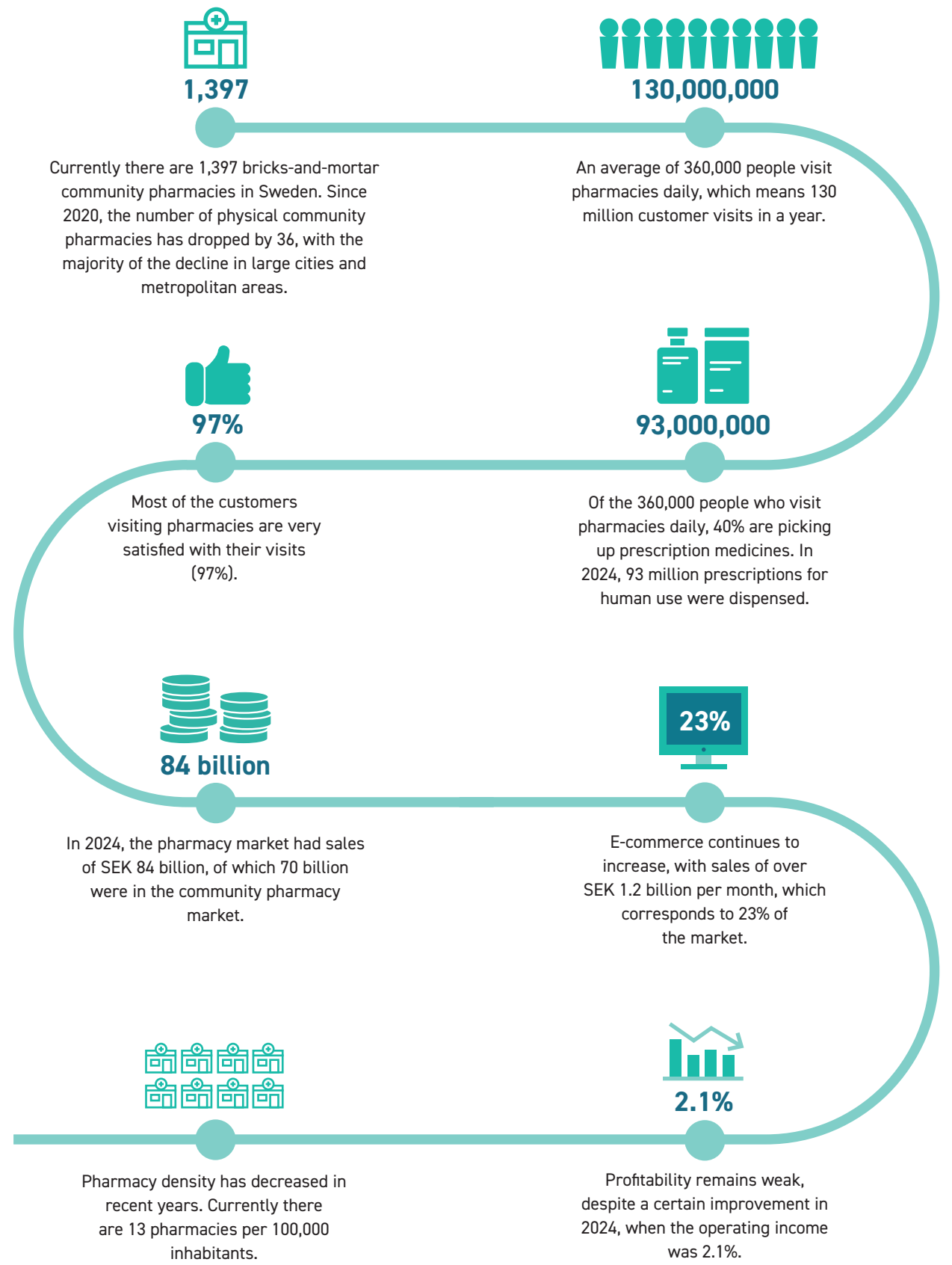
Johan Wallér  
CEO, Swedish Pharmacy Association



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THE YEAR IN BRIEF





# 1. THE PHARMACIES AND THE CUSTOMERS

The Swedish pharmacy market consists of national chains, purely online pharmacies actors and independently run pharmacies. There are 1,397 bricks-and-mortar community pharmacies, 7 online pharmacies, 26 hospital pharmacies and 3 dose-dispensing pharmacies.

## High customer satisfaction

Pharmacies have a long tradition of satisfied customers, and customer satisfaction remains high. An amazing 97% of customers are satisfied with their latest pharmacy visit, and 80% of those give the ranking ‘very good’ or ‘exceptionally good’ (grades four and five on a five-grade scale). This satisfaction is across the board, independent of gender, age or geographical location.

Annual surveys show that the foremost reasons for high customer satisfaction are the accessible location of pharmacies and that they offer products the customers need. Short waiting times and pleasant staff are other important factors. The customers feel that pharmacy staff inspire confidence and provide good guidance and advice.



40 percent, visit pharmacies to pick up prescription medicines.

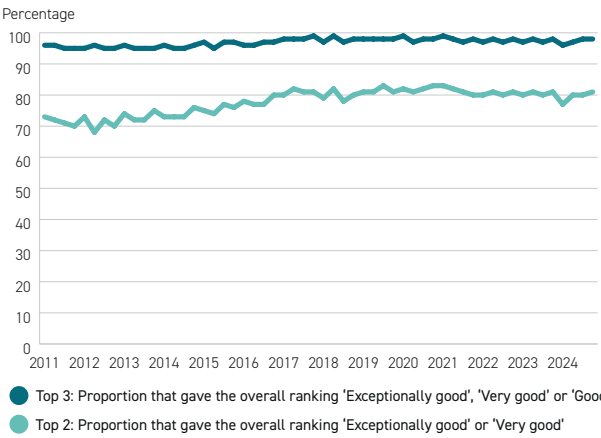
Pharmacies in Sweden dispensed about 93 million prescriptions and dose-dispensed medicines for human use for 290,000 customers in 2024. The remaining 60 percent of pharmacy visitors buy over-the-counter medicines and other self-care products. Many customers combine their errands and often buy OTC medicines or other pharmaceutical products when they are picking up prescriptions.

## The pharmacy companies

The Swedish pharmacy market consists of four nation wide chains: Apoteket AB, Apotek Hjärtat, Kronans Apotek and Doz Apotek, all of which operate both bricks-and-mortar pharmacies and e-commerce.

In addition, there are three purely online pharmacies – Apotea, Apohem and Meds – as well as 46 independent pharmacies. The independently run pharmacies are all part of the organisation SOAF, which in turn is a member of the Swedish Pharmacy Association. ApoEx is the only member of the organisation that completely focus on selling pharmaceuticals to inpatient care.

## Overall customer satisfaction



Source: Kantar Sifo, Customer satisfaction on the pharmacy market.

## Customers' business at pharmacies

About 360,000 people visit one of the country's physical or online pharmacies every day. In 2024, the total number of customer visits amounted to over 130 million. A significant proportion, about



## Pharmacies on the community pharmacy market

Community pharmacies are bricks-and-mortar shops that consumers can visit to buy medicines. At the beginning of 2025, there were 1,397 community pharmacies in Sweden. Additionally, there are 7 purely online pharmacies that sell and advise about medicines on the internet. The big pharmacy chains also conduct e-commerce to varying degrees.

Apart from the community pharmacies, there are about 580 pharmacy outlets that serve as collection points for medicines and pharmacy products. The number of outlets has decreased in recent years, in part due to the fact that petrol stations and smaller shops have closed and pharmacies' online sales have increased.

Dose-dispensing pharmacies are a specific type of pharmacy that specialise in dose-dispensation. This means that medicines are packed in bags with the precise doses a patient is to take at a given time, a service that the regions procure to make it easier, especially for primarily elderly people who take multiple medicines at the same time. There are about 290,000 people with dose-packaged medicines in outpatient care in Sweden. At the moment, there are three dose-dispensing pharmacies run by Apoteket



AB, Svensk Dos and Apotekstjänst. Svensk Dos was acquired by Apotekstjänst in 2024. Some dose-dispensation occurs for inpatient care, and some pharmacies offer dose-packaging services to individuals out of pocket.

## Pharmacies on the hospital market

There are 26 hospital pharmacies in Sweden that are responsible for supplying medicine for hospital inpatients and certain institutions. The number of hospital pharmacies has decreased over time due to greater centralisation, which involves the negotiation of procurements for one or more regions. There are currently two pharmacy companies that have been procured to supply medicines to hospitals in the form of manufacturing or supply services: Apoteket AB and ApoEx.

In addition, there are four manufacturing pharmacies (extemporaneous pharmacies) that produce individually adapted medicine for both outpatients and inpatients. This includes chemotherapy, antibiotics and parenteral nutrition as well as medicines for clinical trials. Below is a table with an overview of all types of pharmacies that were active at the end of 2024.

## Different types of pharmacies in the Swedish market

Pharmacies by category	2023	2024
Community pharmacies	1,405	1,397
Online pharmacies <sup>1</sup>	7	7
Hospital pharmacies (in inpatient care)	27	26
Production pharmacies	4	4
Dose-dispensing pharmacies	3	3
Total	1,446	1,437

1) Businesses with a pharmacy permit and a full range of prescription items that only operate by mail order or online, and that do not have bricks-and-mortar stores that consumers can visit.

Source: SA Service AB and the EXPO registry

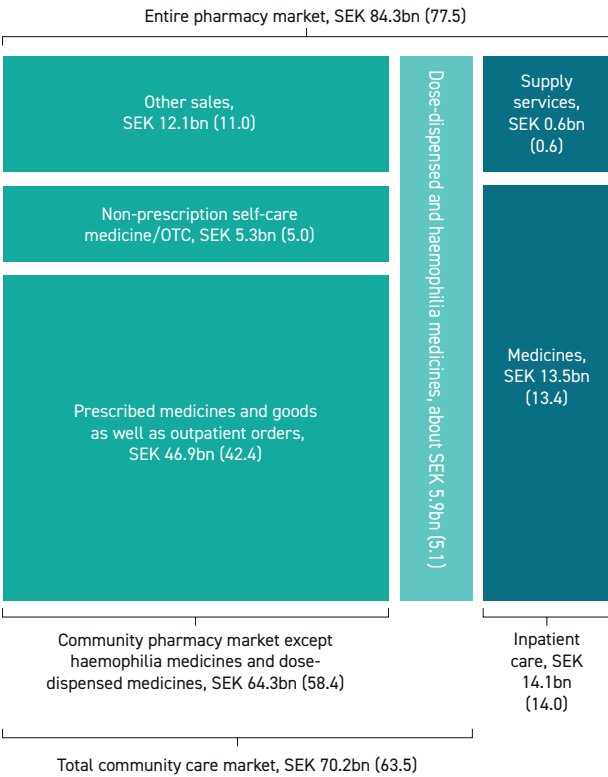


## 2. THE PHARMACY MARKET’S ECONOMIC DEVELOPMENT

### The total pharmacy market – both community and hospital

The entire pharmacy market, including inpatient treatment, realised sales of SEK 84 billion in 2024, which is an increase of 6.8 billion or 8.8 percent compared with 2023. Sales on the overall community pharmacy market amounted to just under SEK 70 billion in 2024, which represents an increase of 6.7 billion or 10.6 percent over the prior year. These sales include haemophilia medicine and dose-dispensed medicines. The inpatient market, which mainly consists of supplying medicine for hospital inpatients, had sales of about SEK 14 billion in 2024, which is essentially unchanged compared with the previous year.

Chart showing the pharmacy market based on 2024 net sales



Notes: All sales reflect price to consumer or end customer (pharmacy sales price, PSP) excluding VAT, except for medicines for inpatient care, where the prices are net. The pharmacies are instead compensated for the supply service. A large part of the dose-dispensed medicines consist of full packs provided by dose-dispensing pharmacies and other, smaller pharmacies that do not report to SA Service. This figure illustrates different parts of the pharmacy market in 2024 (2023 in brackets).

Source: SA Service and the Swedish eHealth Agency

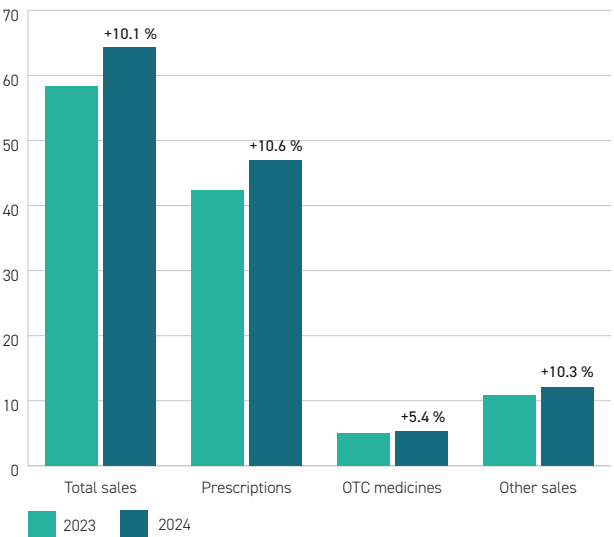


### Community pharmacy market and performance by various segments

In 2024, net community pharmacy sales amounted to just over SEK 64 billion. These numbers include the pharmacies’ sales of medicines, pharmacy goods and other goods, but not haemophilia and dose-dispensed medicines. The dominant segment is prescription medicines, which account for SEK 47 billion or 73 percent, while OTC medicines account for SEK 5.3 billion or just over 8 percent and other goods account for SEK 12 billion or just shy of 19 percent. Community pharmacies also face competition from other sales outlets such as supermarkets and petrol stations for sales of certain non-prescription medicines, but these sales are not factored into the pharmacy market.

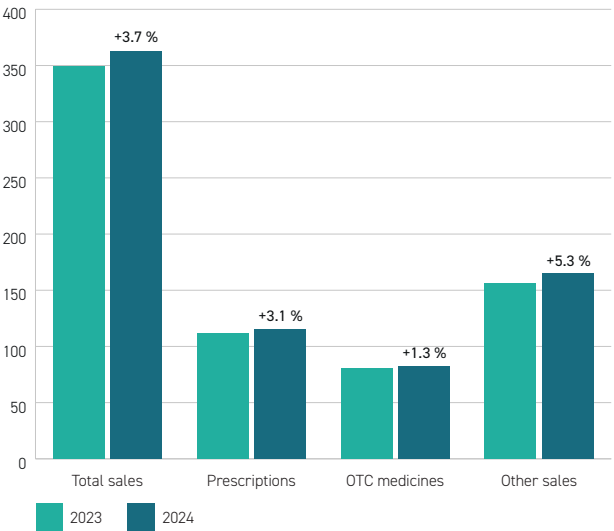
By volume, i.e. the number of units sold (usually packages), the community pharmacy market increased by a total of 3.7 percent compared with 2023. Sales of prescription medicines showed positive growth in volume in 2024, increasing by about 3 percent. Other segments also showed positive growth in volume. In terms of volume, other sales were the dominant segment, accounting for about 45 percent.

Net sales in the community pharmacy market 2023-2024. SEK billion



Note: The percentages refer to the development compared to the previous year.  
Source: SA Service AB

Number of packages sold in the community pharmacy market 2023-2024. Millions of units



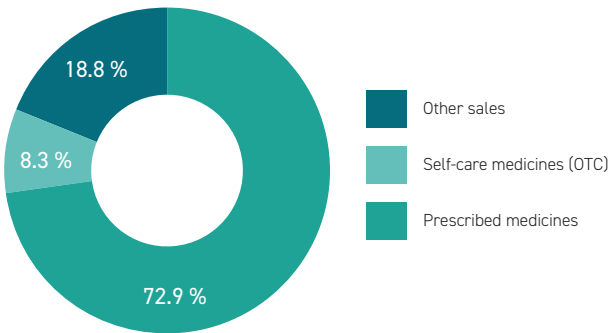
Note: The percentages refer to the development compared to the previous year.  
Source: SA Service AB

### Prescribed medicines

Of total sales in community pharmacies, prescription medicines make up the lion’s share, or 73 percent. These medicines account for nearly one-third of the total number of sold units. Which medicines are prescribed and to what extent is determined entirely by healthcare prescribers and not something pharmacies can or should influence. In addition, both pharmacies’ purchasing and sales prices are set by the Dental and Pharmaceutical Benefits Agency (TLV)

for those medicines subsidised by the government. Pharmacy operations concerning prescribed medicines therefore differ considerably from other sectors, in which unregulated pricing, own production capability and independent selection of product ranges and services are key elements. Total sales of prescription medicines, including so-called ‘out-patient orders’, totalled SEK 47 billion in 2024. This means an increase in value of 10.6 percent, while volume increased by a relatively high 3 percent compared with the previous year.

Sales (SEK) by segment, 2024



Source: SA Service AB

### Non-prescription self-care medicine (OTC)

Non-prescription medicine is part of the sales that pharmacies can to some extent influence. These medicines correspond to just over 8 percent of sales and about 23 percent of units sold. Pricing is unregulated for non-prescription medicines, but there is stiff competition both between pharmacy chains and from the fast-growing online market. In addition, there is competition from the grocery trade, which is also permitted to sell certain non-prescription medicines.



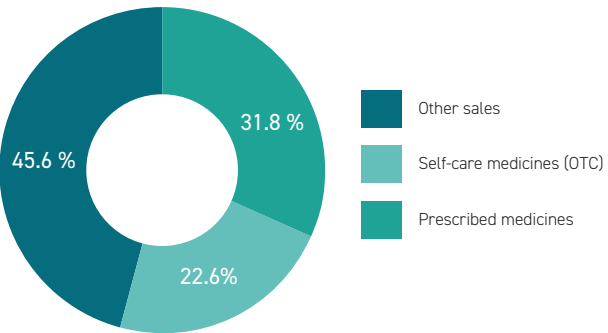


Sales of self-care (OTC) medicines at pharmacies in 2024 amounted to SEK 5.3 billion, which is an increase of 5.4 percent compared with 2023, while the volume increased by a modest 1.3 percent. This means increased average prices for this segment, which has had falling prices in the past few years. About 15 percent of total sales of non-prescription medicines in 2024 were sold outside pharmacies, which is unchanged compared with the previous year.<sup>1</sup> In order to take on the competition from supermarkets, which primarily sell well-known brands, pharmacies have introduced more alternative self-care medicines, such as different brands with the substances paracetamol and ibuprofen. This has added to the range of cheaper alternatives for consumers and contributed to further price pressure.

Other goods

Goods sold at pharmacies that are not medicines are called other goods. Sales of other goods totalled SEK 12 billion in 2024 and accounted for 19 percent of community pharmacy sales. However, other goods accounted for 45 percent of the share of total units sold. This segment also had higher average prices, as volume growth was just over 5 percent while the growth in sales amounted to over 10 percent in 2024.

Volume (units) by segment, 2024



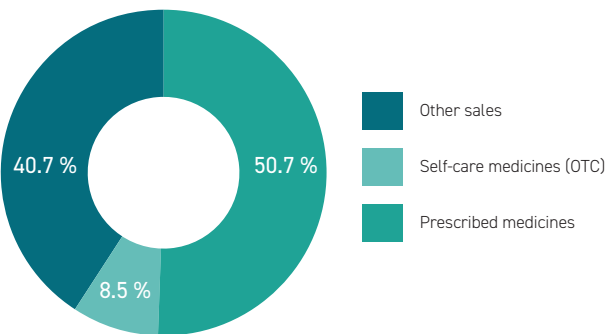
Source: SA Service AB

There is a clear tendency for pharmacies to try to boost revenue with a good range and sales of other goods, which often have a special quality stamp with a focus on health and wellbeing. In the past few years, other goods have accounted for the highest percentual sales growth, but in 2024 prescription medicines have had an equally strong sales growth.

1) The Swedish eHealth Agency, Concise

Other goods account for a significantly larger share of sales in the e-commerce channel and made up more than 40 percent in this channel in 2024.

Sales in e-commerce (SEK) by segment, 2024

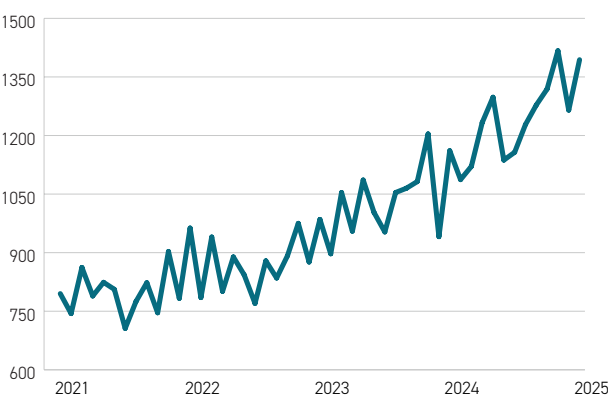


Source: SA Service AB

E-commerce and the shift in channels

Since the start of 2021, pharmacy e-commerce sales have increased from an average of SEK 800 million per month to over SEK 1.2 billion per month in 2024. Sales were even higher in January 2025, which is a seasonally strong month for e-commerce (SEK 1.4 billion). This corresponds to an increase of about 75 percent compared with January 2021; see the graph below. The growth in value for the pharmacy sector's e-commerce amounted to 19.6 percent in 2024 compared to 2023. The corresponding figure for 2023 was just over 17 percent. Thus, the rate of growth of the e-commerce channel increased in 2024 compared with the previous year, and is significantly higher than most other retail sectors.

Total online pharmacy sales, excl. VAT, SEK millions

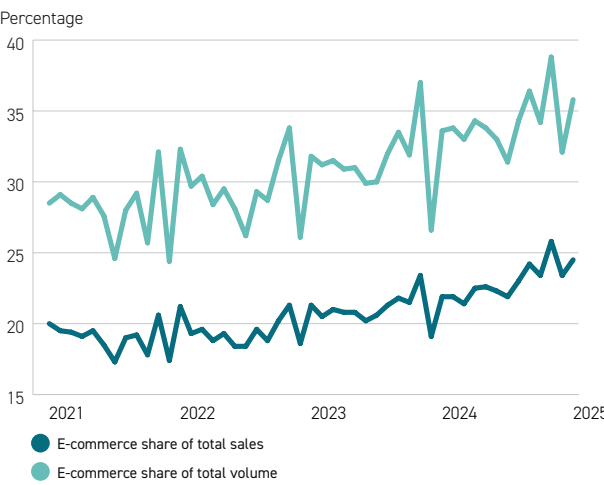


Source: SA Service AB.

The largest segment in terms of online sales is prescription medicines, which account for half of the

value. Pharmacy goods and other goods account for about 40 percent. Measured instead by volume, i.e. the number of packages sold, sales of other goods account for the predominant share, at 65 percent, and self-care medicine is 23 percent. Online operations can offer a significantly wider range than bricks-and-mortar shops, at competitive prices. Pharmacies' combined online sales accounted for 24.5 percent of community pharmacy sales in January 2025, and measured by volume (number of units), online sales amounted to about 36 percent in the same month. One year earlier, the figures were 22 and almost 34 percent, so the scope of e-commerce has increased somewhat in relation to the growing overall market.

Online share of total sales and volume



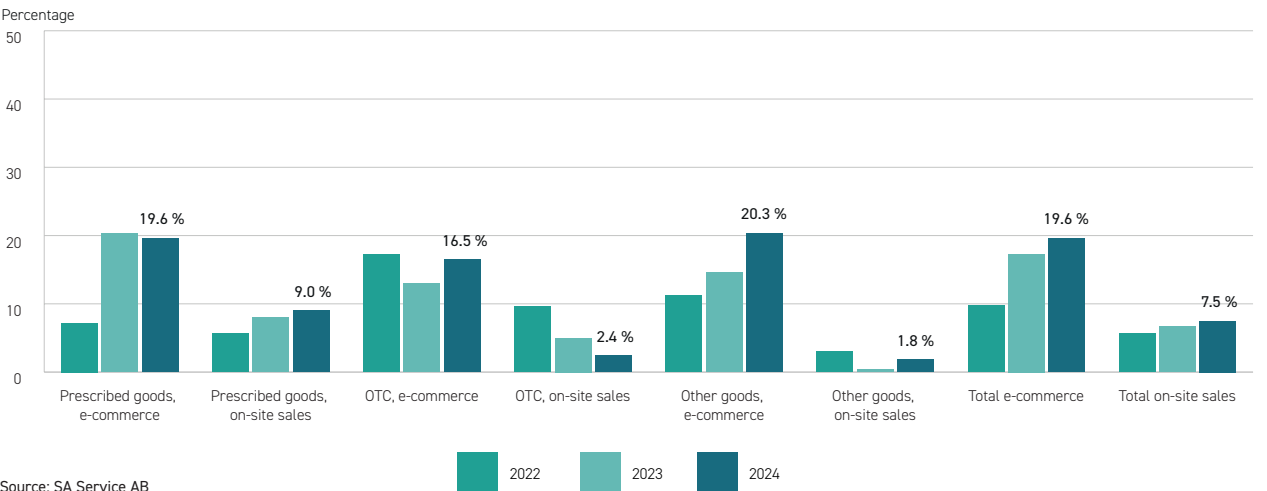
Source: SA Service AB

In 2020 and 2021, all the growth was in e-commerce, which resulted in a shift towards this channel. In 2022 to 2024, value growth occurred in both channels, which is the case for all three segments; however, the rate of growth in all segments was higher in the e-commerce channel during this period, which is why this development is ongoing and has been enhanced. The total rate of growth in value was 19.6 percent in e-commerce and 7.5 percent in bricks-and-mortar shops in 2024. The graph also clearly shows that the total rate of growth of e-commerce increased somewhat in 2024 compared with the previous year. The great difference in growth rate for other goods in the e-commerce channel and the physical channel: just over 20 percent and barely 2 percent, respectively, is worth noting. The situation is the same for non-prescription (OTC) medicines.

This channel shift has led to equal sales of other goods in the e-commerce channel as in the bricks-and-mortar channel in 2024. The e-commerce share of non-prescription medicine amounted to just under 24 percent in 2024, while the corresponding figure for prescription goods was 16 percent. This development sped up during the pandemic, when new customers began using e-commerce, and this trend has continued. The increase was particularly evident for customers over 70 years of age, which was also the age group that was most affected by the previous restrictions.

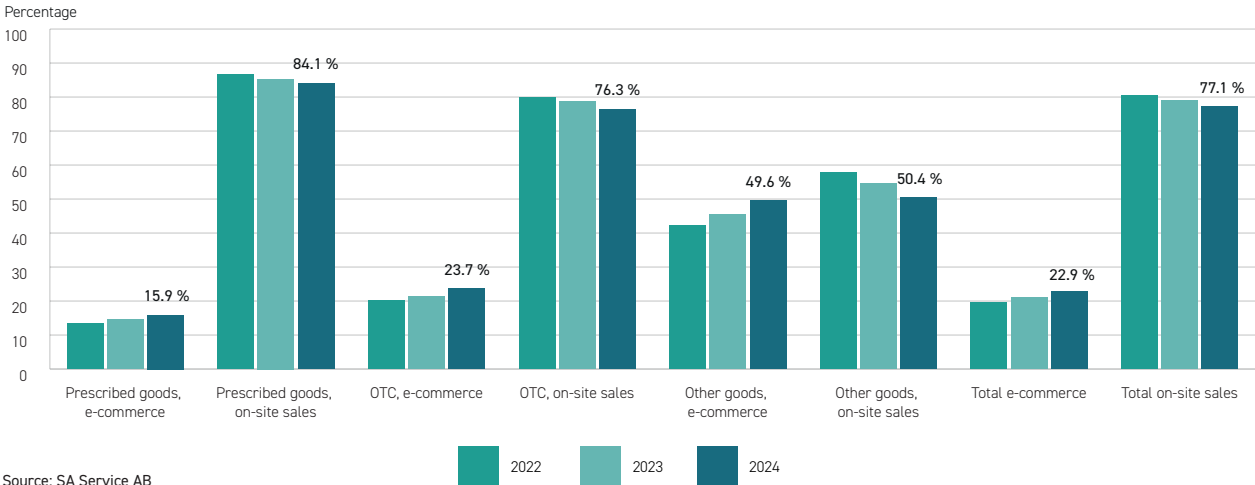
It should, however, be noted that although growth has been higher in e-commerce in recent years, the bricks-and-mortar channel is still fully dominant and

Annual growth in value for online and physical commerce per segment in 2022–2024 (percentage)



Source: SA Service AB

Value percentages for online and physical commerce per segment in 2022–2024 (percentage)



Source: SA Service AB

accounts for 84 percent of sales of prescription medicines and 76 percent of non-prescription medicines. This illustrates that the bricks-and-mortar channel is still by far the biggest sales channel for medicines, but that e-commerce is growing quickly and contributes with increased accessibility, which supplements the bricks-and-mortar shop network.

The sector has now probably reached a level where the extent of e-commerce will have an impact on the bricks-and-mortar store structure in the coming years. In 2024, there were eight fewer bricks-and-mortar pharmacies than in 2023, and the number of physical pharmacies has been in decline since 2020, although a relatively moderate decline.

The inpatient care market

Sales of medicines on the inpatient care market totalled SEK 13.5 billion in 2024, the same level as 2023. Revenues mainly consist of sales of requisitioned medicines to hospitals for use in inpatient care.



Sales of medicines to some state-run institutions are also included in the inpatient market. In addition, some operators provide supply services to regions via procurement, which is also included. The value of these services is estimated at about SEK 600 million in 2024. In recent years, we have seen several regions opting to operate hospital pharmacies under their own management. Other regions choose to procure these services from pharmacies, which are able to provide cost-effective solutions for healthcare thanks to large-scale production and high quality.

Pharmacies’ collective operating margin are still weak

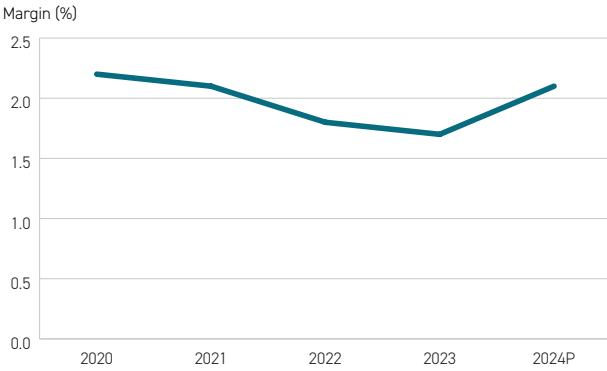
The financial earnings of the community pharmacy market as a whole are reported as operating margin in the table below, i.e. pharmacies’ combined operating income (EBIT) in relation to their combined net sales. Pharmacies’ operating margin is estimated at 2.1 percent for 2024, which means that it has improved over the previous year. Contributing factors to this are that the regulated trade margin was raised in March 2024 as well as a strong growth in the volume of dispensed prescription medicines. However, the collective operating margin remains relatively low, although profitability varies between pharmacy companies.

Pharmacies’ earning opportunities are largely dependent on the size of the trade margin, which is determined by the government, and the development of parallel imports (see more about parallel imports in chapter 4). Their right to negotiate for and sell parallel-imported medicines strengthens the

margin, as pharmacies can purchase these products at a lower price than the purchase price set by TLV without needing to reduce the set selling price to an equivalent degree. The extent of parallel imports has decreased, particularly in late 2022 and 2023, as a result of the weakening of the Swedish krona, but it recovered somewhat in 2024. The value percentage of prescription medicines increased to about 9.5 percent at the end of 2024.

Pharmacies’ combined operating margin the past 5 years

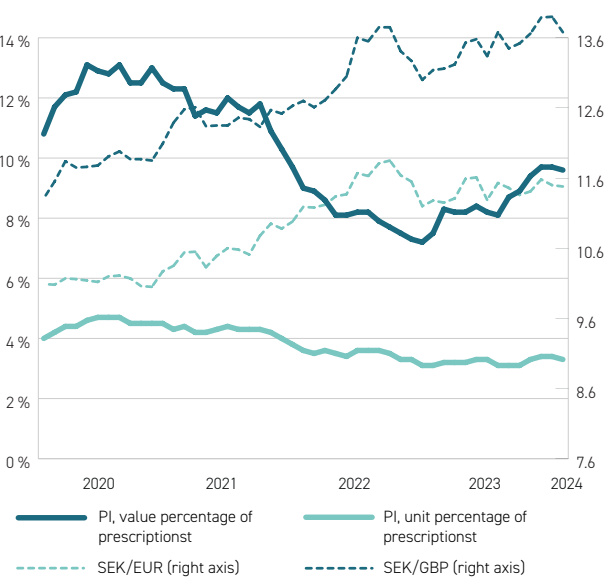
Percentage	2020	2021	2022	2023	2024 <sup>P</sup>
EBIT margin	2.2	2.1	1.8	1.7	2.1



Note: 2024 is projected. Not including the dose-dispensed market.  
Source: The pharmacies’ official annual reports, direct information from the pharmacies and SA Service AB.

For medicines that are not subsidised by the government, non-prescription medicines and other goods, pricing is not subject to regulation, but trade margins in these segments are under pressure from stiff competition on pricing, particularly from the growth in e-commerce. Overall profitability for the community pharmacy market therefore remains low.

Parallel imports (PI), percentage of prescribed medicines (left) and the Swedish krona’s development against the EUR and GBP (right)



Source: SA Service AB and the Riksbank





3. ACCESS TO PHARMACIES

Currently there are **1,397** bricks-and-mortar community pharmacies and 7 online pharmacies.

Number of community pharmacies

The pharmacy market was re-regulated in 2009, after which the number of bricks-and-mortar community pharmacies increased every year to the end of 2020. At the end of 2024, Sweden had 1,397 community pharmacies, an increase of nearly 470 shops, or 50 percent compared with 2009. There are thus substantially more pharmacies today and a significant level of e-commerce. However, in the past few years, the number of pharmacies has dropped, and the downturn continued in 2024 with fewer bricks-and-mortar pharmacies. One reason for this is the growth in e-commerce, which now accounts for 23 percent of total sales. This impacts the shop structure and establishment of bricks-and-mortar pharmacies.

Number of bricks-and-mortar community pharmacies per company

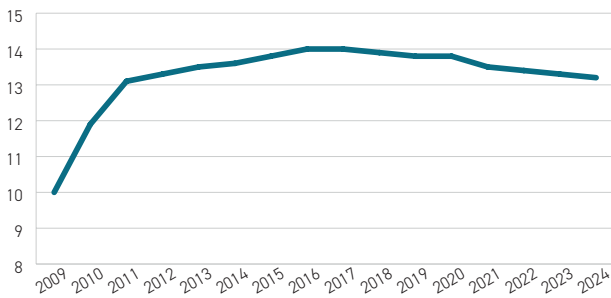
Pharmacy company	Before re-regulation	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Apoteket AB	929	345	365	375	372	370	372	388	394	394	397	402	391	390	391	392
Apotek Hjärtat ICA <sup>1</sup>		30	42	48	58	67	391	385	386	388	390	391	390	390	390	395
Kronans Apotek <sup>2</sup>		189	209	219	300	305	309	323	325	326	323	324	318	508	504	492
Apoteksgruppen		150	155	158	163	165	169	177	185	188	193	197	193	–	–	–
Doz Apotek <sup>3</sup>		50	81	77	79	83	80	79	78	78	78	77	75	71	71	72
Apotek Hjärtat <sup>1</sup>		256	270	277	306	307	–	–	–	–	–	–	–	–	–	–
Medstop <sup>4</sup>		63	64	65	–	–	–	–	–	–	–	–	–	–	–	–
Vårdapoteket <sup>5</sup>		24	24	27	–	–	–	–	–	–	–	–	–	–	–	–
Other players		15	32	28	25	30	37	39	43	47	45	42	44	48	49	46
Total	929	1,122	1,242	1,274	1,303	1,327	1,358	1,391	1,411	1,421	1,426	1,433	1,411	1,407	1,405	1,397

1) ICA Gruppen purchased Apotek Hjärtat at the start of 2015 and the shared pharmacy name is Apotek Hjärtat. 2) Previously called Kronans Droghandel, which in 2022 merged with Apoteksgruppen and is owned 50% each by Euroapothecca and Oriola. 3) Previously called Lloyds apotek. 4) Medstop was bought out by Kronans Apotek in 2013. 5) Vårdapoteket was bought out by Apotek Hjärtat in 2013. Note: Counted at the end of December of the stated year. Source: SA Service AB and the EXPO registry

Pharmacies in relation to population

Despite the significant increase in the number of pharmacies, apart from the past few years, pharmacy density, measured as the number of bricks-and-mortar community pharmacies per inhabitant, remains the same in 2024 as it was in 2011. Both of these years, there were 13 bricks-and-mortar pharmacies per 100,000 inhabitants. Another way of saying this is about 7,600 inhabitants per community pharmacy. Pharmacy density increased particularly during the years 2010 and 2011 and has remained relatively constant since then. The increase in the number of pharmacies since 2012 has been matched by the rapid population growth in Sweden during the same period.

Total number of pharmacies and pharmacies per 100,000 inhabitants

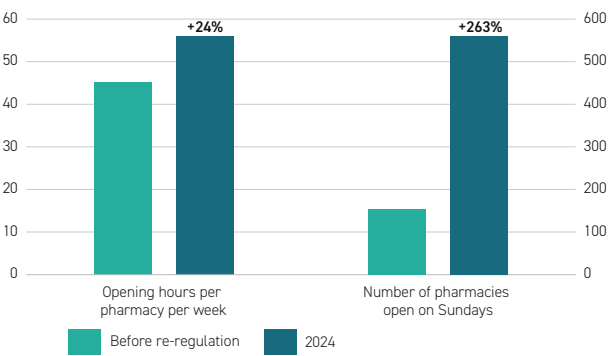


Source: SA Service AB and Statistics Sweden

Pharmacies' opening hours

An accessibility factor at least equally important as the number of pharmacies is their hours of business. Since 2009, pharmacies' opening hours have increased dramatically – from about 45 hours a week to 56 hours a week on average in 2024, thus an increase of 24 percent. The number of pharmacies open on Sundays has risen from 154 to 560 since re-regulation, an increase of about 260 percent. Many pharmacies in the country today are open almost 100 hours a week, practically every day of the year.

Opening hours per pharmacy and week, hours (left) and number of pharmacies open on Sundays (right)



Source: SA Service AB and the EXPO registry



Pharmacies per county and pharmacy density

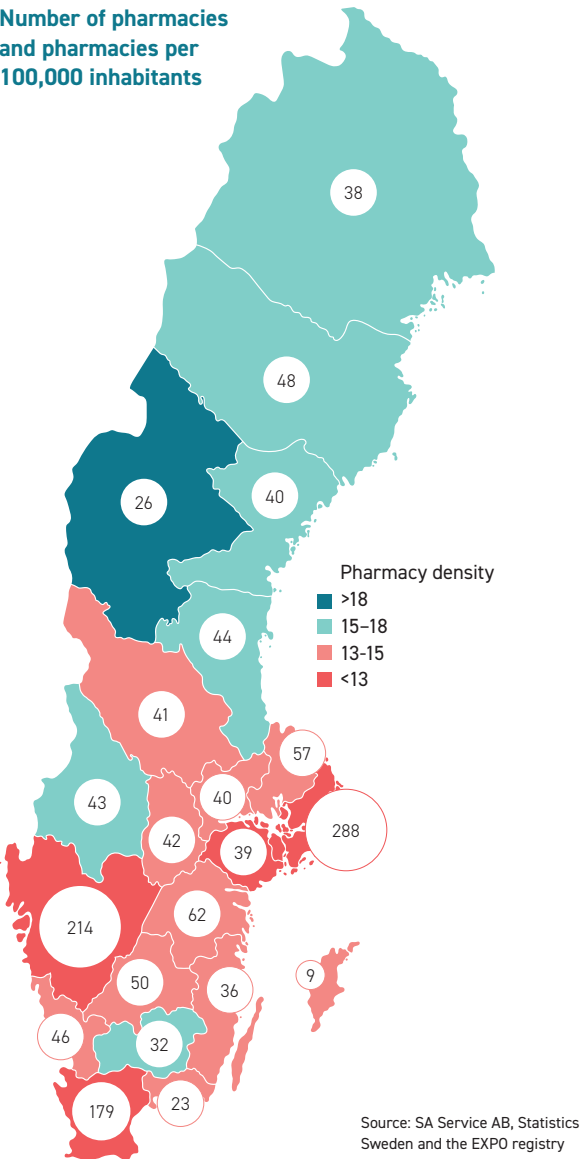
All counties now have more pharmacies since re-regulation in 2009. Most new openings have occurred where the demand for pharmacies has been the greatest, which has increased availability and reduced waiting times at pharmacies. The largest percentage increase in the number of pharmacies was in Uppsala and Blekinge counties as well as Stockholm county and Skåne. However, these were the counties where pharmacy density was initially the lowest in the country, measured as the number of pharmacies per inhabitant. The smallest increase was in the counties of Norrbotten, Jämtland, Västerbotten and Dalarna, but these were the counties that started out with the highest pharmacy density in the country. Thus, the establishment of new pharmacies has a clear and natural link to supply and demand, i.e. pharmacy density in relation to population.

Number of community pharmacies and change per county

County	Before re-regulation	2024	Change, number	Change, percentage
Uppsala	28	57	+29	+104%
Blekinge	12	23	+11	+92%
Stockholm	159	288	+129	+81%
Skåne	103	179	+76	+74%
Södermanland	24	39	+15	+63%
Västmanland	25	40	+15	+60%
Halland	29	46	+17	+59%
Kronoberg	21	32	+11	+52%
Västra Götaland	142	214	+72	+51%
Nationwide	929	1,397	+468	+50%
Örebro	30	42	+12	+40%
Jönköping	36	50	+14	+39%
Östergötland	47	62	+15	+32%
Gävleborg	34	44	+10	+29%
Gotland	7	9	+2	+29%
Värmland	34	43	+9	+26%
Kalmar	29	36	+7	+24%
Västernorrland	33	40	+7	+21%
Dalarna	35	41	+6	+17%
Västerbotten	41	48	+7	+17%
Jämtland	23	26	+3	+13%
Norrbotten	37	38	+1	+3%

Note: The time of the count is the end of December of the stated year. Source: SA Service AB and the EXPO registry





This map shows pharmacy density per county, measured as the number of pharmacies per 100,000 inhabitants. The figure illustrates pharmacy density in 2024. Counties with the highest pharmacy density are blue/green, while those with the lowest density are shown in red/pink.

We can see that Jämtland and the other counties in Norrland, as well as Kronoberg and Värmland, are the counties with the highest pharmacy density, while Stockholm County, Västra Götaland, Södermanland and Skåne have the lowest pharmacy density in relation to population. The numbers in the circles are the number of pharmacies per county. The bigger circles indicate more pharmacies. Naturally, the three metropolitan counties have the highest population and therefore the most pharmacies, but still have lower pharmacy density. For Sweden as a whole, pharmacy density in the period 2009–2024 has increased from 10 to 13.2 pharmacies per 100,000 inhabitants.

**Good distribution across the country and different municipal groups**

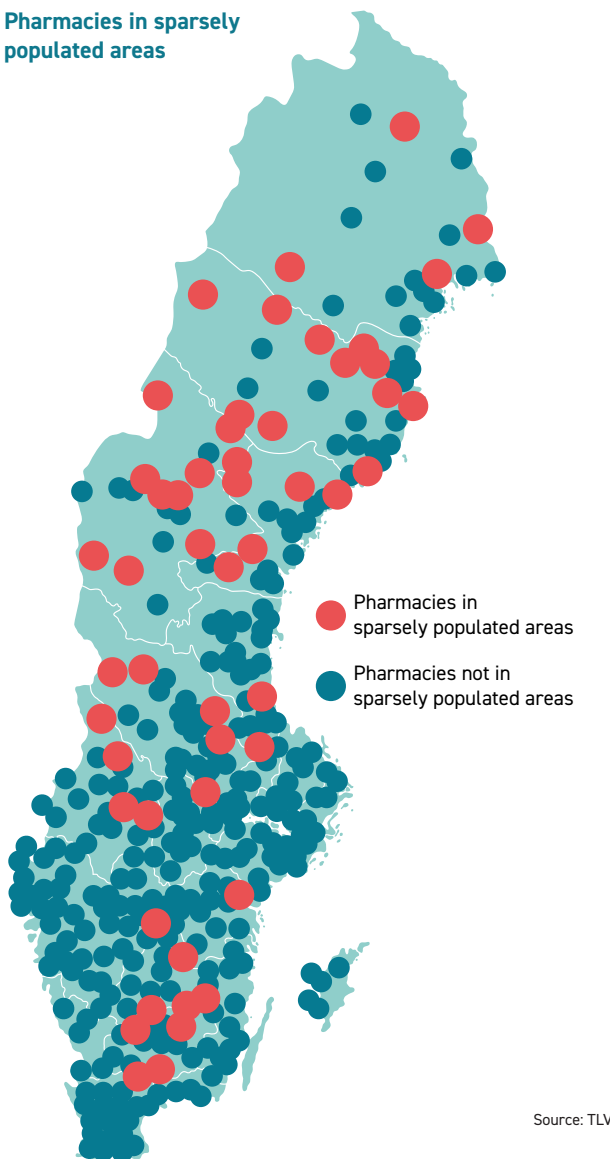
To gain another picture of the distribution of pharmacies across the country, we analysed conditions and developments between the years 2020 and 2024 for different types of municipalities<sup>2</sup>. The table shows that the largest number of pharmacies, nearly 39 percent, are located in large cities and municipalities near large cities, followed by metropolitan areas (33 percent) and smaller towns/urban areas and rural municipalities (just under 29 percent). Bricks-

and-mortar pharmacies are thus well distributed across the country and throughout various municipality types. The table also shows that the reduction in the number of pharmacies in 2020 occurred in metropolitan areas (-24) and large cities (-12), while the number is overall unchanged in smaller towns/urban areas and rural municipalities compared with 2020. The same pattern was observed in 2023, and thus the drop in the number of pharmacies in the past years has not impacted the more sparsely populated areas at all.

**Pharmacies in sparsely populated areas**

In some parts of the country, it is difficult to run a profitable pharmacy business. For this reason, special support is available for pharmacies in sparsely populated areas under certain conditions to reduce their risk of having to close due to a limited population base. Grants for the 2023 business year amounted to a total of about SEK 16 million and were paid to 55 community pharmacies in 13 counties.<sup>3</sup> We can note that these pharmacies are spread out over a large part of Sweden and not only in northern Sweden; see graphic. Pharmacy operations in sparsely populated areas are not by definition unprofitable and at risk of closing, but the financial situation of such pharmacies has deteriorated in comparison with other pharmacies on the market, and half of the pharmacies receiving support for sparsely populated communities are operating at a loss despite this, according to TLV. Therefore, the Swedish Pharmacy Association considers it important that the government-regulated trade margin on prescription medicines provides adequate coverage of expenses, and that the support for sparsely populated areas, which is a grant in addition to the trade margin, is relevant and well-designed in order to ensure the continuation of pharmacy services in less populous environments. The closings we have seen of individual pharmacies have thus far essentially only impacted large cities and metropolitan areas where competition is keen between pharmacy operators.

One development that plays a major role with regard to availability in sparsely populated and rural areas is online pharmacies. However, the use



of e-commerce varies widely between municipalities and also between similar communities.<sup>4</sup> According to an earlier analysis by TLV, smaller towns and lower pharmacy density mean higher e-commerce. Therefore, e-commerce can be seen as an important complement to bricks-and-mortar pharmacies in sparsely populated areas, although this varies between different types of customers and medicines. For example, medicines that require refrigeration must be handled in an unbroken refrigeration chain, which means that these products are more rarely delivered by e-commerce.

**Number and proportion of community pharmacies per type of municipality in 2024 and 2020 and change compared with 2020**

Main group	Type of municipality	Number in 2024	Number per main group	Percentage	Number in 2020	Change, number
A. Metropolitan-area municipalities	A1. Metropolitan	235	458	32.8%	251	-24
	A2. Commuter municipalities near metropolitan	223			231	
B. Large cities and municipalities near large cities	B3. Large cities	341	539	38.6%	355	-12
	B4. Commuter municipalities near large cities	110			107	
	B5. Low-commute municipalities near large cities	88			89	
C. Smaller towns/urban areas and rural communities	C6. Smaller town/urban area	196	400	28.6%	194	0
	C7. Commuter municipality near a smaller town/urban area	86			86	
	C8. Rural municipality	84			87	
	C9. Rural municipality with hospitality industry	34			33	
Total		1,397	1,397	100%	1,433	-36

Note: The types of municipalities are based on SALAR's definitions from 2017.  
Source: SA Service AB, Statistics Sweden and the EXPO registry

2) The 2017 Classification of Swedish Municipalities as defined by the Swedish Association of Local Authorities and Regions

3) TLV, Decision on support to sparsely populated communities per town and county in 2023.  
4) TLV, Addendum to the 2024 Review of the development of the pharmacy market



Swedish pharmacy density in a European perspective

Until 2009, Sweden was second only to Denmark in having the lowest pharmacy density in Europe, with fewer than ten bricks-and-mortar pharmacies per 100,000 inhabitants. Pharmacy density increased after re-regulation, and by the end of 2024 there were 13.2 pharmacies per 100,000 inhabitants.

From a European perspective, however, pharmacy density in Sweden remains low, and statistics show that Sweden is one of the three countries with the lowest pharmacy density after Denmark and the Netherlands (see graph). The average pharmacy density for European countries is 33 pharmacies per 100,000 inhabitants.

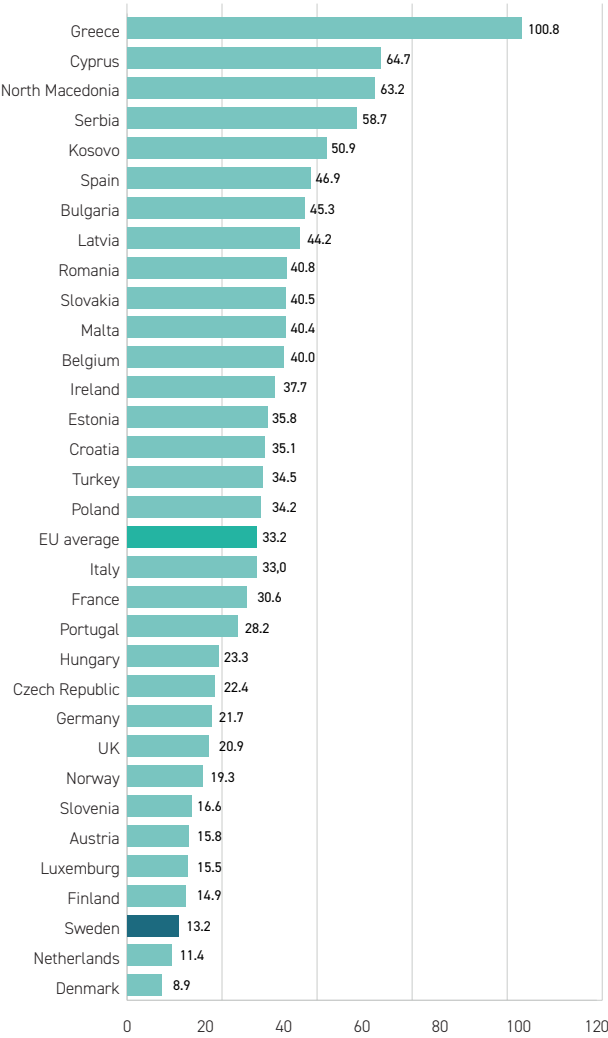
This means that Swedish residents have about 60 percent fewer pharmacies in relation to the population of European countries on average. One contributing factor is the fact that the Swedish population has increased sharply in the past 15 years. The establishment of new pharmacies in Sweden in the past decade is completely offset by the increasing number of Swedes.

There are several reasons that pharmacy density varies between countries. One is that prescribers in Sweden usually prescribe three months' worth of medication at a time. Many other countries

prescribe one month as standard, which requires more pharmacy visits. Further, the Swedish pharmacies are bigger and have more employed pharmacists per pharmacy than the EU average.

Sweden also has the most developed e-commerce in the pharmacy sector of any European country. In most countries in Europe, pharmacies are not even permitted to sell prescription medicines online. In Sweden, the sales value of the e-commerce channel accounts for about 16 percent of the total sales of prescription medicines and nearly 24 percent of the sales of OTC medicines. Further, other retail shops sell a limited range of non-prescription medicines, corresponding to about 15 percent of total sales of these products in Sweden. In several European countries, it is not permitted to sell OTC medicines in other retail shops.

Pharmacy density in Europe, pharmacies per 100,000 inhabitants



Source: PGEU, data from 2022 and 2023

4. PHARMACIES' FINANCIAL CONDITIONS

The nationally regulated trade margin was raised in March 2024, but the pharmacies' costs for dispensing and providing prescription medicines still exceed the revenues.

The government controls the pharmacy market

Need for appropriate and effective rules

The pharmacy market is in part heavily controlled by laws and regulations. The Swedish Medical Products Agency determines whether or not a medicine will require a prescription, and whether non-prescription medicines should be sold exclusively at pharmacies or if they can be sold at other retail outlets as well. The Dental and Pharmaceutical Benefits Agency (TLV) determines whether or not a prescription medicine should be included in the pharmaceutical benefits scheme and thus primarily subsidised by the government. The same agency determines what compensation the pharmacies receive for carrying out their social mandate of providing

medicines and advice on medicines and making generic substitutions. Many of the laws and regulations that govern the pharmacy market are necessary, because medicines are not just any goods. But all the regulations do entail costs while also moderating the pharmacies' freedom to operate. That rules drive costs is an insight that regulatory authorities should bear in mind when drafting regulations to ensure that existing and new rules are appropriate and effective.

**Increased trade margin – a welcome compensation for increased costs**  
For almost 70 percent of community pharmacy sales (subsidised pharmaceuticals), TLV determines both the pharmacy purchase price (PPP) and the pharmacy sales price (PSP) for medicines. The difference







between these is the pharmacy trade margin for prescription medicines, which is thus regulated by the government. The trade margin consists of a fixed amount and a percentage supplement based on the purchase price, which according to TLV should compensate pharmacies for providing medicines, dispensing prescriptions and associated customer advice, and managing generic substitutions. It should also compensate for other costs, such as inventory and inventory losses, and for handling unused medicines that customers can return to a pharmacy.

TLV considers the overall sales performance and profitability; i.e. sales of OTC medicines and other products are not only taken into account, but are a necessary condition for pharmacies to achieve satisfactory profitability. This means that the current system encourages developing the product range and increasing sales of other products with greater margins than prescription medicines. However, this is a challenge, as competition is keen and the growth of e-commerce is pressing prices of OTC medicines and other goods.

According to TLV's established principles, the trade margin should provide operators with a reasonable level of profitability for prescription sales and create sufficient scope for a profitable overall business, with the aim of ensuring higher availability. But prescription sales are running at a loss. In 2024, the Swedish Pharmacy Association re-calculated the

collective related costs (EBIT) resulting from the handling of subsidised prescription medicines and found that the trade margin covered 90 percent of expenses in 2022 and 86 percent in 2023, including additional earnings from parallel imports. The decrease in 2023 is due to significantly increased costs as a result of the higher rate of inflation, which amounted to over 8 percent in both 2022 and 2023. In 2024, the inflation rate dropped back down towards the 2 percent mark, but the pharmacies' costs are now significantly higher than before.

TLV adjusted the trade margin as of March 2024; the increased compensation is expected to increase annual pharmacy revenues by about SEK 650 million. Based on the data from 2023, this means the coverage of expenses for this year will improve to about 95 percent, if nothing else changes. In TLV's estimation, there is a financial need for this increase to ensure a well-functioning pharmacy market and good access to pharmacy services in the future.<sup>5</sup> The agency motivated the increase with cost increases beyond the usual development for premises and staff as a result of the previous high inflation rate and reduced additional earnings from parallel imports due to the weakened Swedish krona. The increased fee to the Swedish eHealth Agency (EHM), which occurred at the same time as the adjusted trade margin, was also taken into account; see more below. The pharmacy companies have no way of compensating for these increased expenses and revenue losses, as a significant part of their operations have regulated prices, and it is difficult for the pharmacies to boost sales in other segments or streamline operations further, according to TLV.

The Swedish Pharmacy Association welcomes this necessary increase of the trade margin, but also feels



that there is cause for TLV to continue to monitor this development closely, as the current weak profitability, cost development and channel shift towards e-commerce present major challenges for pharmacy operators when it comes to maintaining current service levels. The trade margin should deliver long-term and stable conditions for pharmacy operators, as investment decisions, among other considerations, are long-term. If the government and TLV want to take responsibility for the provision of good medicine advice and medicine supply, then long-term sustainable financing of this sector needs to be in place.

**Pharmacies face increased statutory fees**

On 1 March 2024, the Swedish eHealth Agency (EHM) raised the fee per prescription for human prescriptions to SEK 3.20. The Agency estimated that revenues from this fee, which is charged to pharmacy operators, amounted to over SEK 320 million in 2024. These fees are intended to cover EHM's costs for maintaining the databases pharmacies use when dispensing prescription medicine. The increase is due in part to the development and introduction of the National Medicine List (NLL).

One overall aim of the NLL is to create a single source for a patient's prescription medicines, while meeting the patient's need for privacy protection. In contrast to the current situation, healthcare staff and dispensing staff at community pharmacies as well as the patient will all have access to the data in the reg-

istry, which means significantly broader access than the previous registries. The number of stakeholders who will have access to the data in the NLL is thus being expanded, but it is still only the community pharmacies that are funding it.

This one-sided funding requirement means that the pharmacies are funding a public good, which would normally be tax-funded. The Swedish Pharmacy Association argue that all users should pay for services they use and contribute to their maintenance, or alternatively that this public good, which is a part of the national IT infrastructure, should be funded entirely by grants from the national budget.

**Parallel imports of medicines are important to pharmacies**

The system for trade in medical products is founded on free movement of goods within the European Economic Area (EEA). Parallel-imported medicines can be either original or generic, but they must be approved both in Sweden and in the exporting country at the time of application. Parallel trade can keep the prices down on medicines for which the patent has not yet expired, which saves money for society, and above all boosts the margins for the pharmacies, as they can acquire medicines below TLV's recommended prices.

However, it is important to emphasise the extremely volatile nature of parallel trading. An expired patent and the availability of generic



5) TLV, 2023 review of the development of the pharmacy market.



alternatives immediately eliminates the conditions for Swedish pharmacies to pursue parallel trade with that medicine. A weakening of the Swedish krona can undermine the added value that pharmacies derive from parallel imports. Similarly, TLV’s decision to cut the price of older medicines or reassessments of them may lead to conditions for parallel imports either being reduced or completely disappearing for these medicines. In 2022 and 2023, the Swedish krona grew significantly weaker, which caused parallel imports to decrease to record lows primarily in the latter half of 2022 and in 2023. However, there was a bit of a recovery in parallel imports in 2024, even though the krona had not grown much stronger. Added profits from parallel importing of medicines have been of major significance for the pharmacies’ bottom line. Without these earnings, pharmacies would not have been able to increase availability in the way that has been done.

**The system for generic substitution needs changing**

The generic substitution of medicines saves substantial sums of money for society every year. But the current system is not optimal. It needs to be modified in order to reduce the significant negative effects that it entails. The constant monthly switching of the ‘product of the period’ leads to risks in terms of patients taking the wrong medicine or not properly adhering to the treatment. The system for generic substitution means much more stocking for the pharmacies, which means more expenses and disposals, which is negative from a sustainability perspective.

In addition, research shows that price collusion among suppliers is relatively common on the Swedish generics market, which means higher purchase prices for the pharmacies.<sup>6</sup> It should be pointed out that this is not cartel activity, which is illegal, but a consequence of suppliers frequently meeting on the national marketplace and the goods in a substitution group being by definition homogenous. Thus, competition is really only occurring on the basis of price and suppliers can see all the price offers afterwards and act in a way that gives them higher prices and profits than in normal competitive circumstances. The most common situation is bid rotation, where

suppliers in a substitution group take turns giving the lowest bid. The study shows that price collusion results in significant added costs to society of around SEK 700 million per year, and that longer substitution periods in the system for generic substitution would largely eliminate these added costs, as price collusion is more difficult to maintain for longer price periods.

With this in mind, the Association argues that substitution periods should be lengthened to between three and six months. There are convincing reasons for this, not least the significant socio-economic costs. The current regulations create large stores and handling costs for pharmacies, are dubious in terms of sustainability and lead to increased patient risks. The current system of generic substitutions should therefore be changed to become more effective for the benefit of society and patient safety.

**Distribution and right of return for pharmaceuticals**

There are two companies that distribute medicines from producers to pharmacies: Oriola and Tamro. They are not full-assortment wholesalers; rather, the manufacturer chooses one of these distributors. This means that pharmacies have little opportunity to choose or influence the terms these two distributors impose on them. However, some pharmacy chains have dedicated distribution solutions for non-prescription medicines, parallel-import medicines and other goods.

A new law came into force in 2018, which means that pharmacies now have the right to return medicines that have not been dispensed. The purpose of the law was to increase access to medicine by allowing pharmacies to keep more products in stock. Refrigerated items – which are increasingly common and often expensive medicines – are excluded from the right of return, which means that the pharmacy has to bear the entire cost if the medicine is not sold or if a customer orders it and then fails to collect it. The Swedish Medical Products Agency previously proposed in a report that refrigerated and frozen products should also be covered by the right of return, which in practice usually entails a credit. However, the matter is still being prepared in the Government Offices.

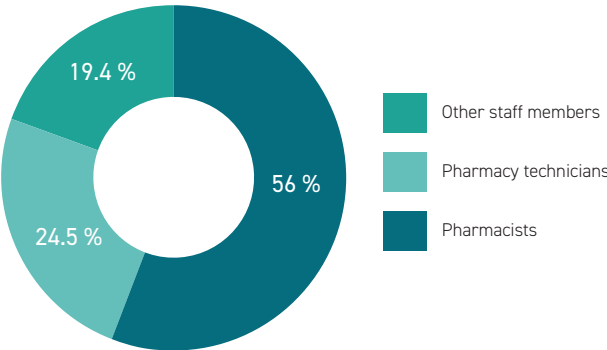
**5. PHARMACY EMPLOYEES**

**The pharmacies’ most important resource**

Providing personalised advice on medicines and helping with relief and recovery are at the core of pharmacies’ business. To be able to provide advice on medicines in a pharmacy requires the right qualification for the task. The pharmacy sector comprises highly competent staff with a high level of expertise. This is why the employees are the pharmacies’ most important resource.

Swedish pharmacies lead the way in Europe in terms of staff educational level. 56 percent of employees at community pharmacies are graduate pharmacists, while 25 percent are pharmacy technicians who received their training at a vocational school.

Skills distribution of employees in community pharmacies in 2024



Source: SA Service AB



<sup>6)</sup> Granlund D. and Rudholm N. (2023). Calculating the probability of collusion on observed price patterns, HFI Working Paper No 28.





Pharmacists

‘Pharmacist’ is the collective name for licensed pharmacists who have completed a master’s degree (apotekare) or a bachelor’s degree (receptarie). The law states that there must always be at least one pharmacist at Swedish pharmacies for them to remain open. Pharmacists are responsible for handling prescriptions at pharmacies and providing qualified advice on medicines. They perform an important monitoring role, ensuring that the prescribed medicine is actually the one dispensed. The pharmacist can make certain changes, but must contact the prescriber and point out more serious problems with the prescription. The pharmacist is also entitled to object to a generic substitution if this is justified. Pharmacies must also have a pharmacist who is responsible for quality and safety in relation to handling pharmaceuticals.

To become a registered pharmacist you need to complete a five-year course at university, offered at Uppsala, Gothenburg and Umeå (which also offers distance studies). To become a BSc-qualified pharmacist you need to complete a three-year higher education course, which is offered on site and

remotely in Kalmar and Umeå, and on site in Uppsala, Gothenburg and Malmö.

Pharmacy technicians

Pharmacy technicians are primarily responsible for pharmacies’ self-care advice and the sale of non-prescription medicines and other products. Some technicians also provide support to the pharmacists in handling prescriptions. Both pharmacy technicians and pharmacists are able to determine when a customer should be referred to healthcare services, or when self-care is adequate. To work as a pharmacy technician, one must have gone through a special three-term vocational training programme arranged by a training coordinator financed by the Swedish National Agency for Higher Vocational Education and using the teaching plan developed by the pharmacy sector in collaboration with the Unionen trade union. The site [www.jobbapaapotek.info](http://www.jobbapaapotek.info) provides links to these training companies and the universities and colleges that offer pharmacy training.

Other pharmacy staff

Other staff working in pharmacies may include self-care advisors and pharmacy assistants who work the till and manage stock, etc.

Number of employees in the sector

In 2024, the mean number of employees working in pharmacy businesses in Sweden was about 11,600, of whom just over 10,300 worked specifically at community pharmacies or central/regional positions for them.

Prior to re-regulation in 2009, the number of employees at the then 930 community pharmacies corresponded to just over 6,200 full-time positions (full-time equivalents).

In 2024 the corresponding figure was just over 9,200 full-time equivalents at 1,397 bricks-and-mortar and 7 e-commerce pharmacies. Thus, the pharmacy sector has grown significantly since re-regulation and the number of employees in the sector has increased. However, the number of employees per pharmacy is about the same.

Skills supply challenges

There is essentially no unemployment in the sector and the salary trend in recent years has been good. Employers report that the shortage of pharmacists

remains high both with regard to recently graduated and more experienced pharmacists.

The number of places in training courses is fairly good, but flow-through is lower than in comparable training courses. Certifications were issued to 355 registered MSc pharmacists and 162 BSc pharmacists both trained in Sweden and with foreign degrees in 2024.

Although supply and demand might be in balance on the overall level, the lack of pharmacists is particularly great outside medium-sized towns. There are already many examples of pharmacies that have been unable to open or forced to close due to the difficulty in recruiting pharmacists to smaller towns. Pharmacists are also in greater demand in other parts of the healthcare sector and in the pharmaceutical industry.

In 2024, 185 pharmacists were either approaching or had already reached retirement age; of these, approximately 130 were aged 68 or older. Furthermore, a number are expected to retire in the coming years, particularly from 2029 onward, when many BSc-qualified pharmacists in particular will retire.

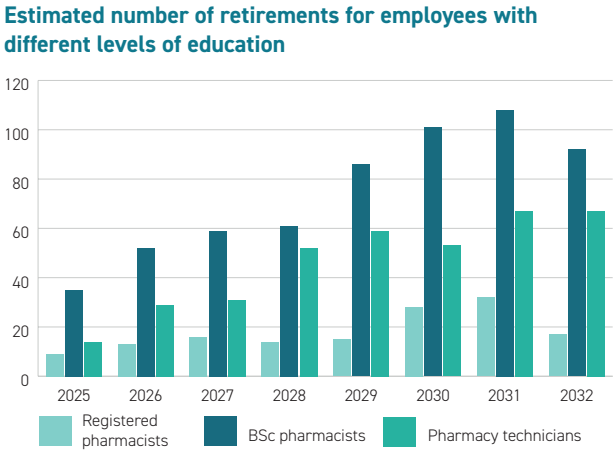
The sector is making a collective effort to ensure a greater number of available places in study programmes and an increased application volume to these pharmacy programmes. The sector has also worked with the Swedish Pharmacists Association and the Swedish Academy of Pharmaceutical Sciences for several years on government-funded projects to accelerate the process for immigrant pharmacists

to become licensed in Sweden. There is still a large group of pharmacists with training and education from outside the EU who wish to work in pharmacies but require Swedish certificate to be able to do so. One challenge for the sector is attracting more men to apply to pharmacist education programmes and pharmacy jobs. A great majority of employees are women.

Number of pharmacists aged 66 or over working full or part-time

Age	2024	2023
66–67 years of age	52	129
68 or older	133	320
Total	185	449

Source: SA Service AB



Source: SA Service AB







Working together against hatred and threats

In the past few years, hatred and threats directed at Swedish pharmacy staff have increased. To make it clear that this is not acceptable, no matter what pharmacy company is involved, the sector has joined forces to actively take a stand against all forms of racism, discrimination, hatred and threats. Pharmacies should be perceived as a safe, inclusive environment for customers and staff alike. The joint work includes a sector-wide agreement and a common decal that is displayed in all pharmacies. In addition, the companies will be able to share good examples with each other. During the course of the year, employees in member companies attended a joint training course. The course material was developed by a work group including the

Swedish Pharmacists Association and the Unionen trade union.

Each employer has complete responsibility for the pharmacy’s staff and the companies have their own policies and strategies for how to deal with hate and threats in the workplace. The sector-wide efforts do not replace this, but are to be seen as a complement and an extra security so that no one can pit companies against each other.



**Tillsammans** har vi nolltolerans mot alla former av diskriminering, kränkande särbehandling och trakasserier.  
I samarbete med Sveriges Apoteksförening.

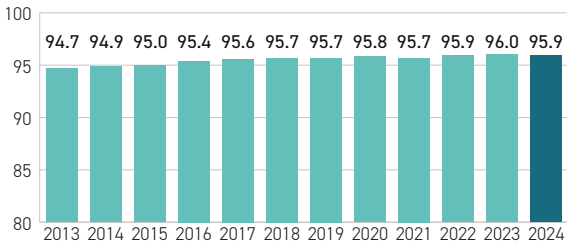
6. OUR SOCIAL MANDATE

Pharmacies’ social mandate is to ensure the safe and correct use of medicines. This is formulated through three main tasks:

- Ensuring that consumers have access to prescribed medicines and goods as soon as possible.
- Providing expert and individually tailored information and advice.
- Implementing and providing information about generic substitutions.

dispenses are in stock and received by the customer at the first visit. This is called service level.

Service levels in 2013–2024



Source: SA Service AB

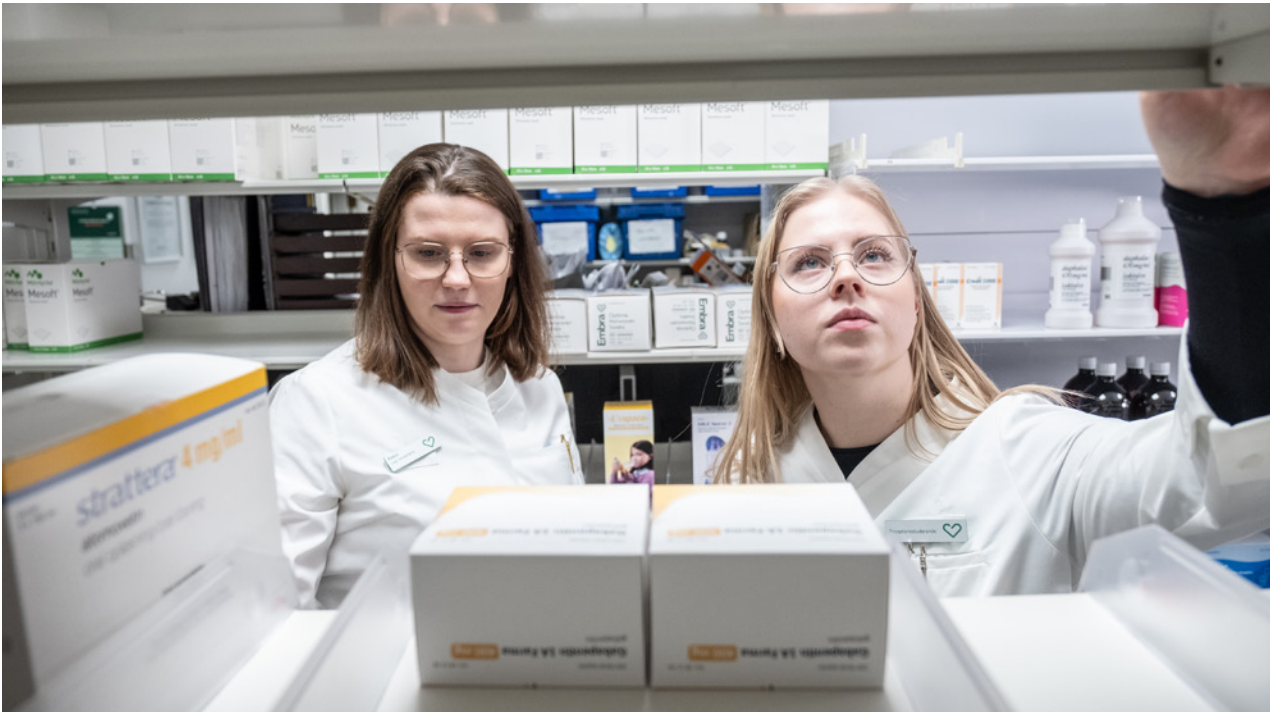
Pharmacies’ core tasks

Core task 1 – Access to prescribed medicines and goods

All licensed pharmacies are required to provide all medicines and other products that are included in the benefit scheme when prescribed or ordered through the healthcare system. Pharmacies are also required to have a store of pharmaceuticals that match what customers demand. Anything not in stock must be ordered for arrival within 24 hours. 96 percent of medicines that a given pharmacy

Customers who did not receive their medicines during their visit to the pharmacy can choose to order them or visit another pharmacy. This is called the immediate dispensing rate and was measured on two occasions. On the most recent occasion (2019), 92.6 of all requested medicines were dispensed to the customer immediately. This figure will be measured again in 2025.

A major problem for pharmacies is when pharmaceutical manufacturers can’t deliver enough of the medicines, which is called backordering. In most

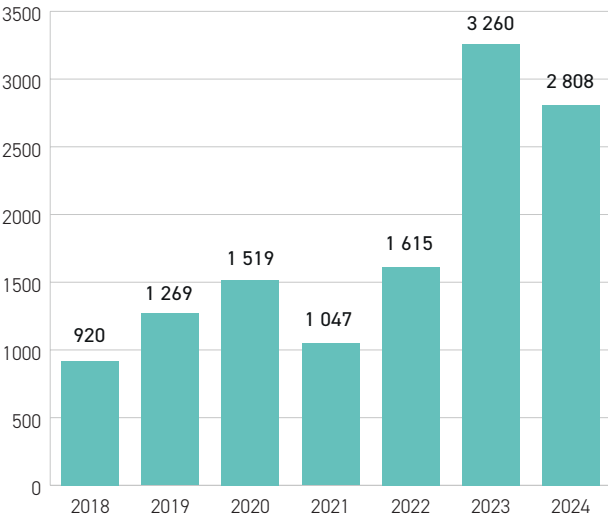






cases, pharmacies can manage this by switching to other medicines. The pharmacies also help to obtain medicines from other countries when they are not available on the Swedish market; however, with more flexible regulations pharmacies could do even more.

Shortages of pharmaceutical packages, 2018–2024



Source: Medical Products Agency

**Core Task 2 – Individually tailored information and advice**

Correct use of medicines is critical for a medical treatment to provide the intended effect. Therefore, pharmacies have an important task to provide individually tailored advice when dispensing and to make sure that each customer knows how to take their medicine.

Perhaps the clearest piece of advice is to provide clear instructions about taking the medicine with or without food when dispensing the prescription. But pharmacists do much more to ensure correct usage. They always make an assessment as to whether the treatment is right for the customer and must adapt their advice accordingly. Many times, the pharmacist also has to check with the prescribing doctor and also ask the customer questions.

Pharmacists at pharmacies could do even more to improve the customers’ medical treatment. In the past few years, pharmacies and TLV have conducted pilot projects with pharmaceutical services: one service that improves the customer’s inhalation technique and one that enhances their motivation to use their cholesterol-lowering medicines. These services have been evaluated and shown to provide good results, and TLV has proposed implementing them at pharmacies for a specific reimbursement.

The pharmacies also play a key role in providing self-care advice. In addition to providing advice on the medicine and its use, pharmacies also make sure to ask questions to determine whether the customer should turn to the healthcare system instead.

**Core Task 3 – Implementing and providing information about generic substitutions**

Society sets stringent requirements for the medicines that they finance through the benefits system. In order to keep costs to society down, pharmacies are obligated to make changes when there are equivalent

medicines at lower prices – so-called generic medicines.

Since 2009, there has been a special regulation that specifies which generic products pharmacies should use each month. Even if pharmacies save society a lot of money this way, the system increases handling costs for pharmacies because they need to stockpile different products from month to month. For patients, the constant substitutions can lead to them taking the wrong medicine or not taking their medicine at all, as the different names and appearances can be confusing, particularly for elderly patients with numerous medicines. This means that extra time must be spent on advising.

**Other requirements of pharmacies**

In addition to the core tasks, pharmacies face significant requirements – from quality demands to reporting sales and other data to authorities. A pharmacy must have a licence from the Swedish Medical Products Agency and approved IT systems that communicate with the Swedish eHealth Agency’s systems for electronic prescriptions, the pharmaceutical benefits scheme, etc. A pharmacist must be on site for the pharmacy to be open. Pharmacies must also have a pharmacist who is responsible for the quality system – the self-monitoring programme – which must be in place. All pharmacies are required to provide all prescribed medicines within 24 hours, and also all assistive devices covered by the benefits scheme. The Medical

Products Agency regularly inspects pharmacies and TLV monitors that they follow pricing decisions and the regulations for substitution. Because pharmacists are licensed, they are under the supervision of the National Board of Health and Welfare and the Health and Social Care Inspectorate (IVO). In addition to the core tasks, pharmacies must also accept returns of unused medicines, issue Schengen certificates and have a system for payment in instalments for expensive medicines.



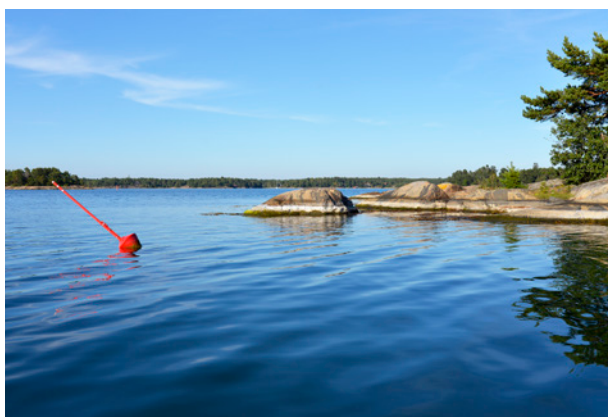
## 7. MEDICINES AND SUSTAINABILITY

Sustainability and environmental issues have become increasingly important in the Swedish pharmacy sector. Several companies profile themselves on it. Compared with the pharmacy sectors in other countries, we in Sweden have made major advances. Today we feel that it is not possible to work with health without also taking a broader responsibility for sustainability.

A majority of pharmacy companies work intensely with sustainability issues related to coming EU legislation. The Swedish Pharmacy Association has developed a roadmap for a sustainable pharmacy sector to identify the most important sustainability issues and facilitate collaboration in areas where it gives the greatest possible benefit to society. The roadmap looks at the whole value chain – from manufacturing to use and disposal of pharmaceuticals. Focus areas are social responsibility, environment and climate issues in line with Agenda 2030 and the EU's Green Deal.

### Environmentally harmful medicines

Medicines include active substances that can sometimes be difficult to break down and harmful when they are released into the natural environment. Today's sewage treatment plants are not designed to remove all these substances and as a result, pharmaceutical residues harm other living organisms and animals. Most medicines provide such significant medical benefit that they must be used despite the risks to the environment. This makes it extra important for pharmacists to provide advice and guidance in connection with dispensing medicines, thus



contributing to reducing the harm to the environment. Examples of this are the correct use and returning of antibiotics, sex hormones and diclofenac.

### Responsible sale of diclofenac

Swedish sewage treatment plants have difficulty breaking down the substance diclofenac, which has a scientifically proven negative effect on the environment and significantly exceeds the limits set by the Swedish Agency for Marine and Water Management. Despite this, the Medical Products Agency classifies diclofenac gel as non-prescription.

On this basis, there has been a sector-wide agreement since 2018 that all Swedish pharmacies are to inform their customers that diclofenac has a negative effect on the environment and should be used with caution. Since then the sector has chosen to move diclofenac behind the counter and to only sell it after counselling, both in shops and online. Both the Medical Products Agency and government inquiry proposed that harm to the environment should be a criterion for not selling OTC medicines outside of pharmacies, using diclofenac as an example.

### Unused medicines

Unused medicines must be correctly disposed of and incinerated in specially approved facilities. To ensure that this takes place as safely as possible, the public is asked to hand in their unused medicines to pharmacies. By law, all Swedish community pharmacies must accept leftover medicines returned by the public.

All Swedish pharmacies collected a total of approximately 1,340 tonnes of surplus medicine in 2024. Compared with other countries, this is a very high level.

Pharmacies spend both time and money on accepting unused medicines. They are not fully reimbursed for this work; on the contrary, the costs to pharmacies for accepting unused medicine increase every year and now amount to more than SEK 20 million. Furthermore, quite a number of incidents linked to the return of medicine also occur. Often, needles and other hazardous waste are returned to pharmacies even though they are supposed to be returned to municipal recycling centres.

The large amount of unused medicine is a problem. One reason that patients have leftover medicines at home is that the pharmaceutical industry does not offer enough starter packs of medicines for patients who are starting out on a new medicine or a new dosage. Many medicines only come in larger packages, when the treatment only calls for a small one. Another reason that patients end up with leftovers is that they do not recognise the medicine. The 'product of the period' system means that patients often receive medicine with an unfamiliar name, shape and colour. This is confusing for many patients. Longer substitution periods in the system would make things easier and create a sense of security for many patients, especially those who have many different medicines.

### Välvald – the pharmacies' requirement for responsible manufacturing of medicines

In 2021, Välvald (Well Selected) was launched in the nation's more than 1,400 bricks-and-mortar and online pharmacies. It is a symbol that shows which non-prescription medicines meet the pharmacies' requirements for responsible manufacturing.

Välvald was developed because pharmacies were frustrated at the secrecy in the pharmaceutical industry around the production of medicines. It is widely known that a large proportion of the active substances are made in China and India and that the industry is characterised by long supply chains and confidential agreements. Medicines that make people in Sweden healthy may be harming people, animals

and nature on the other side of the world.

Because there is no established sustainability labelling in the pharmaceutical field today, we chose to start that journey ourselves. Välvald's overarching goal is to contribute to more sustainable pharmaceutical production and to be able to help our pharmacy customers to choose over-the-counter medicines based on responsible manufacturing.

The criteria for being a part of Välvald have continuously evolved. At the start, only the overall sustainability work of the pharmaceutical companies was reviewed. Now stringent demands require that the individual products are manufactured with respect for human rights, workers' rights and the environment, and free from corruption. Verifying documentation is required, showing that these requirements are met throughout the supply chain of the active ingredients.

In our contacts with pharmaceutical companies, we find that several companies work actively with sustainability and climate concerns. Several of the companies that sell over-the-counter medicines in Sweden put a significant amount of time and effort into obtaining the necessary information to meet Välvald's requirements. Some companies have stated that they developed their requirements for suppliers according to the Välvald criteria. Over the course of the year, we have held stakeholder dialogues with a large number of companies, organisations and government agencies with the aim of further developing the criteria. The new criteria for products to receive the Välvald logo will go into effect in autumn 2025.



Apotekens krav på ansvarsfull  
läkemedelstillverkning





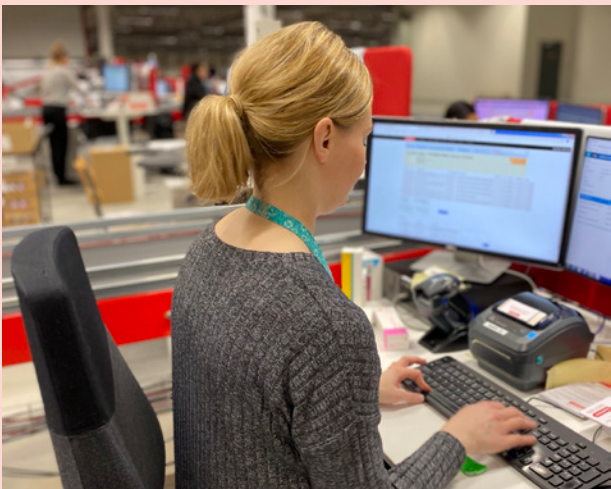
## 8. INCREASED PHARMACEUTICAL SUPPLY READINESS

### Pharmacies dependent on external players to carry out their mandate

The ‘Healthcare’ sector of civil preparedness, which includes pharmacies, is working to increase pharmaceutical supply readiness, and the Government has given several mandates to the Board of Health and Welfare (sector-responsible authority), the Swedish eHealth Agency (EHM), the Swedish Medical Products Agency and the Dental and Pharmaceutical Benefits Agency (TLV).

Pharmacies are dependent on the ability to order medicines that can be distributed from the wholesale companies Oriola and Tamro. Further, the pharmacies’ dispensing system has an instant connection to the Swedish eHealth Agency, which manages databases of information about goods, prices and customer data such as benefit status. This requires working internet connections and electrical power supply. Thus, pharmacies are intimately dependent on external players to carry out their social mandate of providing access to medicines.

A well-functioning market and robust operations under normal circumstances is the best foundation for ensuring that the system will also work in times of crisis. The Swedish Pharmacy Association advocates that proposed measures should be based on the existing market structure and that procurements and agreements should be utilised as far as possible, instead of regulation. It is important to secure competitive neutrality among pharmacy operators, and therefore, no one company is singled out. Finally, a



strong pharmaceutical supply readiness, above and beyond what is normally provided on market terms, is a national responsibility and should be funded by the state.

### Government remit in the civil contingencies sector

The National Board of Health and Welfare and the Swedish Civil Contingencies Agency (MSB) have jointly conducted a pharmaceutical supply analysis as a central part of their supply readiness work. The Government made this work a priority and instructed the two agencies to begin with an analysis of healthcare products, which will then be used as a template for other civil contingencies sectors. The aim of the model is to strengthen the total defences and society’s resilience by cataloguing the need for and access to a critical product such as medicines. The model is generic and consists of six steps: choice of product area, needs analysis, supply analysis, gap analysis, identification of proposals and measures, and prioritising of measures for the product area.

In addition, MSB suggests that six civil contingency sectors be designated as particularly important for supply readiness: Health, healthcare and social care (National Board of Health and Welfare), food and water supply (Swedish Food Agency), transports (Swedish Transport Administration), electronic communications and post (Swedish Post and Telecom Authority), energy supply (Swedish Energy Agency) and financial services (Swedish Financial Supervisory Authority). Proposed measures that take priority as a result of the supply analyses are managed in the specific sector’s capacity planning as a part of the national civil contingencies planning. According to the report, the supply analyses are to be based on a scenario of war, and the Swedish Armed Forces and MSB are to provide planning conditions for these analyses.

EHM has been given a government remit to enhance the robustness of the e-prescription flow. The agency has communicated that they are working to strengthen the ordinary flow for prescribing and dispensing, and a parallel flow in times of crisis.

The Swedish Medical Products Agency has been tasked with implementing a national civil



contingencies exercise. This was carried out in February 2025 under the leadership of the Swedish Defence University. Participants represented market players such as pharmacies and wholesalers and various government agencies. Further, the agency has a government remit regarding substitution and breaking of packages with the aim of improving access to pharmaceuticals in crisis situations. In collaboration with EHM, the Swedish Medical Products Agency has a continuing remit to develop a national overview of pharmaceuticals in order to better track, predict and manage shortages.

### Rotating stock of pharmaceuticals and contingency pharmacies

TLV has had a government remit regarding rotating stocks of pharmaceuticals, specifically in the regular supply chain, i.e. at distributors. The TLV report indicates a starting point of 900 substances in order to carry out healthcare activities that cannot be delayed, and which are defined by the National Board of Health and Welfare. About 7,600 goods meet TLV’s chosen criteria. A proposed stocking requirement is 3 months’ normal use (minimum stock) in the first step, where the normal use is calculated based on historical sales over 12 months. The pharmaceutical companies would, in this proposal, be able to apply for compensation from TLV for increased stocking, a cost estimated to total SEK 200–250 million annually. Parallel-imported pharmaceuticals and unlicensed medicines are fully exempt from stocking requirements, as well as

volumes required by the the system for generic substitution. The Government must draw up a proposition for the parliament before a law change can be implemented.

TLV has also submitted a report to the Government regarding contingency pharmacies. This is about participating in the efforts to plan for how pharmacies can function ideally during crises. The planning aims to ensure that Sweden has 300 pharmacies evenly distributed across the country that can operate during difficult circumstances. Which pharmacies are designated as contingency pharmacies – or rather, will participate in the planning – will be determined via a procurement, in TLV’s proposal. Apoteket AB will be given a special remit in its owner instruction to participate in collaboration. Finally, TLV proposes that government funding is necessary because civil contingencies are the government’s responsibility. Currently TLV is awaiting a new government remit to go forward with this.

It is clear that a number of initiatives are underway to strengthen pharmaceutical supply readiness, and that several government agencies and other stakeholders are involved. Pharmacies play a key role in ensuring that patients receive necessary medicines in crisis situations, and therefore it is crucial that the initiatives now being implemented result in actual improvements. We look forward to these initiatives leading to concrete measures that support pharmaceutical supply and enhance resilience throughout the distribution chain.



# 9. THE PHARMACIES OF THE FUTURE

Pharmacy operations are continuously changing in pace with external circumstances. Developments in the pharmaceutical field in recent years have led to several more advanced therapies that are more tailored to individual patients as well as medicines for rare diseases. Many times, this means expensive medicines. At the same time, there are many medicines today that don't cost very much due to patents expiring, which allows the manufacturing of generic and biosimilar medicines. Thus, a pharmaceutical treatment can differ from person to person. Developments in e-commerce have impacted pharmacies and technological advances have also changed healthcare with digital caregivers and health apps.

After a long wait, the National Medicine List will soon be in place, which opens the door to changes in how prescriptions can be handled. Unrest in the world also places new demands on pharmacies to be better equipped as part of society's increased civil preparedness. In 2024, the pilot project with pharmaceutical services ended with a clear recommendation from TLV that the Government should implement services at pharmacies. Given all these changes – what will the pharmacies of the future look like?

## The right skills for the right task

More than half of pharmacy employees are licensed pharmacists, and half of the remaining staff are pharmacy technicians. Currently, pharmacies have difficulty recruiting pharmacists in adequate numbers. Pharmacists also spend a large proportion of their time on work of a more administrative nature. By utilising technological support and the skills of pharmacy technicians, pharmacists could instead spend more of their time on the tasks they're trained for.

## Pharmaceutical services

Pharmacies already provide advice that enhances patients' ability to use their medicines correctly. But more needs to be done, and one way to expand this advisory service is to implement pharmaceutical services. By providing special compensation for such services, society can also clarify the contribution of pharmacies. Services that are already available in other countries and have now been trialled in Sweden have demonstrated good results for patients. Based on these services, pharmacies can continue to develop advisory services so that all patients are motivated to use their medicines correctly.



## A bigger part of community care

Self-care is an important part of pharmacies' contribution to good health. With high availability and well-trained staff, pharmacies are often the first point of contact with the healthcare system – and often the only one in cases of colds, headaches and skin problems. Self-care advice can be expanded further with greater elements of preventive care, simple healthcare services and vaccinations. Some medicines that are currently prescription-only could be sold at pharmacies after in-depth advisory services.

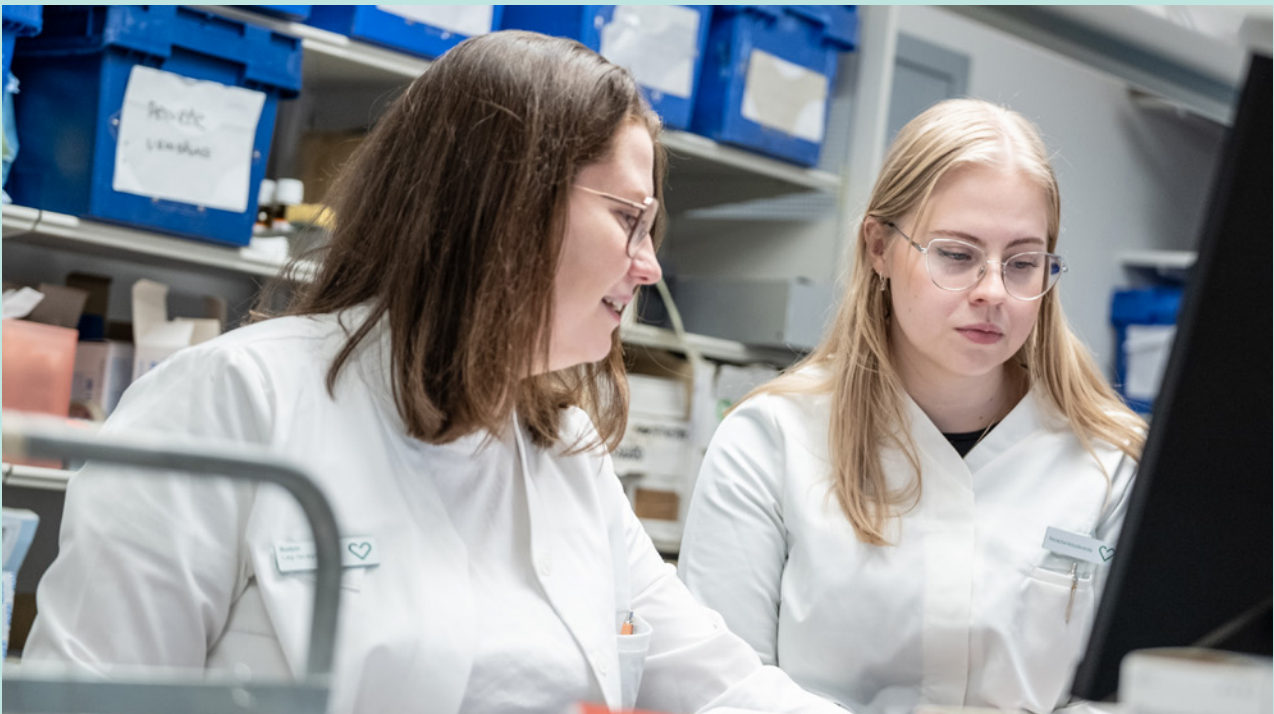
## Increasing the availability of pharmaceuticals

Pharmacies make sure patients get their medicines as quickly as possible. This is an increasing challenge as the number of medicines available increases and are manufactured in specialised forms. At the same time, there are continued problems with manufacturers running out of medicines. Many patients also find their prescriptions have expired when they come to the pharmacy. Pharmacists could help patients even more if they were able to make more substitutions to equivalent medicines than they are today, change the strength and package size and also be able to dispense the prescription an extra time while the patient is awaiting a contact with their doctor.

## Pharmacies in the future

If pharmacies and society are able to take advantage of the opportunities that exist, we will see several different kinds of pharmacies in the future. We will

continue to have high e-commerce sales and many pharmacies in the community. Pharmacies will focus more on ensuring that you as a patient feel well – both with and without medicines. You will go to pharmacies for advice on health and medicines, and also to get vaccinated. Often, you will receive prepackaged medicines that are specially adapted to your specific needs, and you will be able to choose whether to pick them up at a pharmacy or have them delivered to your home. If you want advisory services at home, there will be digital solutions for this, too. Pharmacists will make sure you get the right treatment and the right medicine through specially adapted services.





# 10. THE SWEDISH PHARMACY ASSOCIATION – THE COLLECTIVE VOICE OF THE SECTOR

The Swedish Pharmacy Association represents the companies that conduct pharmacy operations in Sweden. As an industry organisation, we work to create stable, ideal conditions for the pharmacy sector. Through our members, we represent essentially all community, e-commerce and hospital pharmacies in Sweden.

Our operations are carried out through the Swedish Pharmacy Association and its wholly owned service company SA Service AB. The service company provides legal advice and business support in the pharmacy field, carries out sector-wide projects and deals with marketing and advertising issues. In addition, SA Service offers monthly sales statistics and trends monitoring to provide a current picture of the pharmacy market.

At the end of 2024, the Swedish Pharmacy Association had eight members, who between them operate more or less 100 percent of Sweden’s community and hospital pharmacies. Our members include the Swedish Independent Pharmacy Operators’ Association (Sveriges Oberoende Apoteksaktörers Förening, SOAF), which organises the majority of independent

pharmacy entrepreneurs. This means that we represent everything from the nation’s biggest pharmacy chains to individual, independent pharmacies.

As an industry association, it is crucial that we participate in the public discourse and highlight the social benefit and potential of pharmacies. One of our most important tasks is to be the sector’s voice, increase knowledge of the sector and pursue its issues.

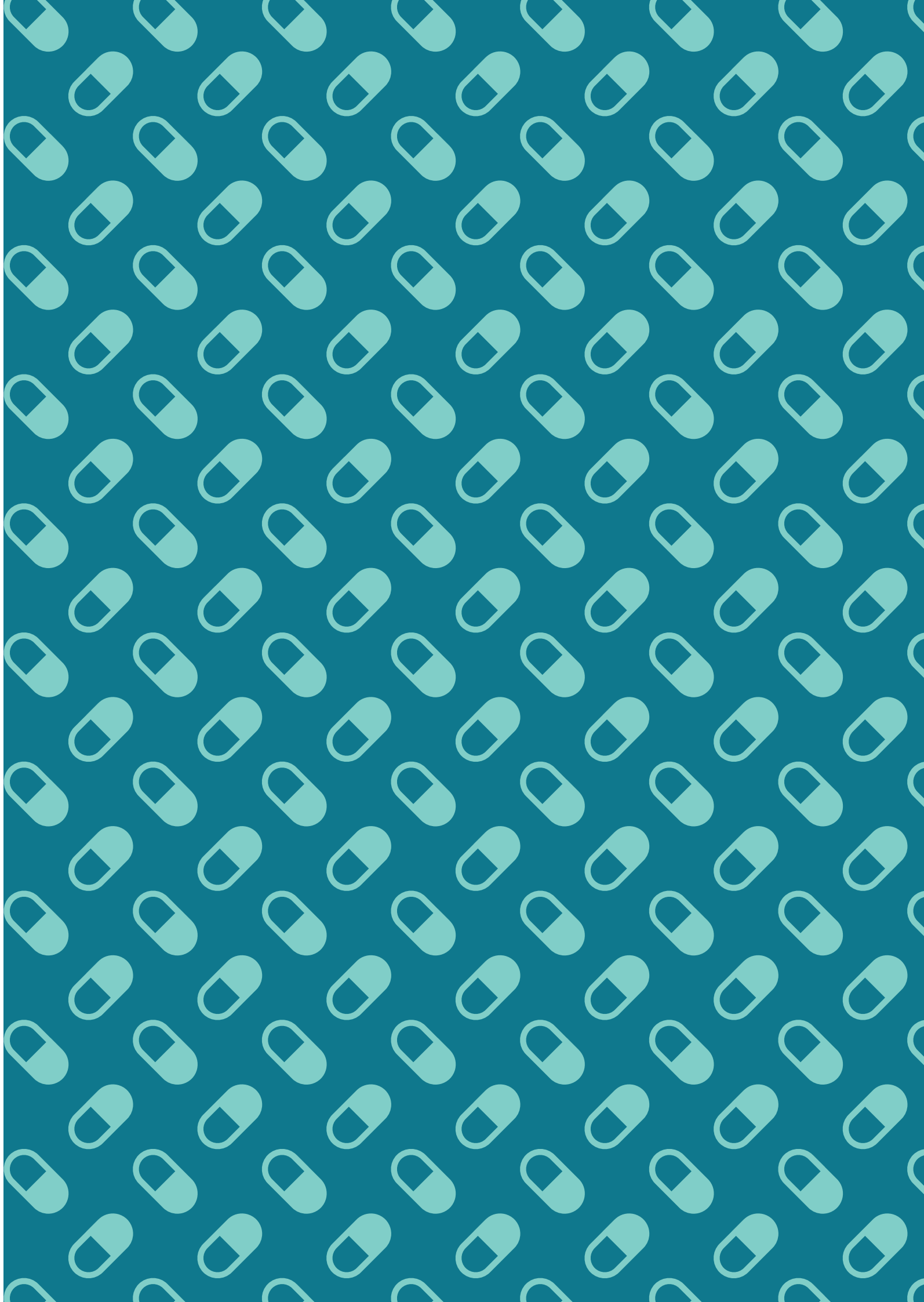
We are a consultation body for the pharmacy market. We represent the industry vis-à-vis politicians and decision makers, authorities and the Swedish Government Offices as well as other trade associations. Our focus areas include:

- high quality and patient safety
- good financial conditions for pharmacies
- qualitative pharmacist training programmes
- high competence in the sector

Through our collective expertise and strong member base, we work to ensure that pharmacies can continue to deliver secure, professional pharmaceutical advisory services to the whole of society.



Björn Falkenhall (Senior Economist), Fredrik Boström (Senior Pharmacist), Lisa Stern Ödmark (Senior Strategist) and CEO Johan Wallér.



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**Sveriges  
Apoteksförening**

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