



**Sveriges  
Apoteksförening**

**SECTOR REPORT 2026**

## PREFACE

Pharmacies play a key role in Swedish healthcare. Pharmaceutical skills, combined with pharmacies' high accessibility, are crucial for safe, correct use of medications. Every day, people get support, advice and peace of mind on questions about their treatment – without having to book an appointment or deal with long waits.

At the same time, there is concern about how long we will have this easily accessible pharmacy service throughout the country. The sector is struggling with difficult financial straits. For a long time, the compensation for the pharmacies' social mandate has not kept pace with expenses, which creates an unsustainable situation for many pharmacies. The consequences may be significant, especially for accessibility to medicines and pharmaceutical skills in sparsely populated areas and small towns where pharmacies are often a central part of the local infrastructure.

At the same time, positive steps have been made. The reforms the sector has pursued for many years are now starting to pay off. Pharmaceutical services are being introduced in 2026, which have shown good results in pilot projects. In addition, a proposition has been submitted to the government in spring 2026 to implement behind-the-counter medicines in January 2027. These are medicines that can be sold without a prescription, but with special requirements for guidance from a pharmacist.

Politicians from nearly all parties support the development of pharmacies, which is good because more needs to be done to further enhance accessibility to medications. I'd like to see political initiatives in which pharmacists are permitted to use their skills to a greater degree. Examples include breaking up larger packages into smaller ones, or switching to available medicines when needed. In addition, pharmacists should be able to dispense emergency repeats in certain situations. Lawmakers need to give pharmacies more tools to secure the supply of

medicine both on a day-to-day basis and in emergencies. One key change in order to ensure pharmacy services throughout the country, even in places where the population is decreasing, is to enable pharmaceutical counselling remotely.

Pharmacies are the part of the care continuum that encounters patients and residents the most often. That accessibility can be better utilised by enhancing the role of pharmacies in preventive care, vaccinations and healthcare-adjacent services. This would make things easier for patients and lighten the load on other parts of the healthcare system. This demands better, more structured collaboration between caregivers and pharmacies.



Johan Wallér  
CEO, Swedish Pharmacy Association

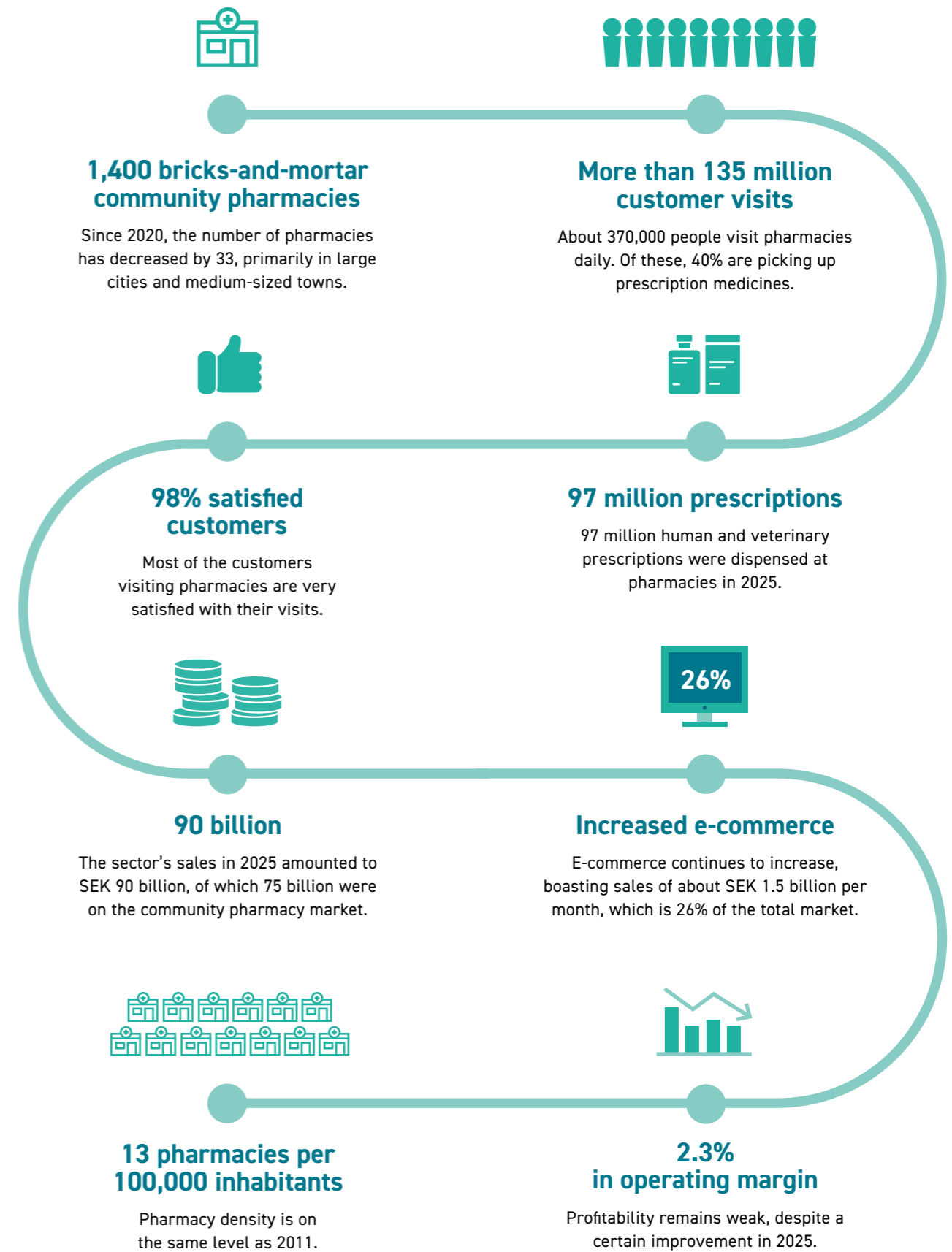


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# THE YEAR IN BRIEF



# 1. THE PHARMACIES AND THE CUSTOMERS

The Swedish pharmacy market consists of national chains, specialised e-commerce actors and independently run pharmacies. Altogether, there are 1,400 bricks-and-mortar community pharmacies, seven e-commerce pharmacies and two dose-dispensing pharmacies for outpatient care, as well as businesses that perform a variety of services for inpatient care and provide pharmaceuticals to private healthcare providers and primary care.

## High customer satisfaction

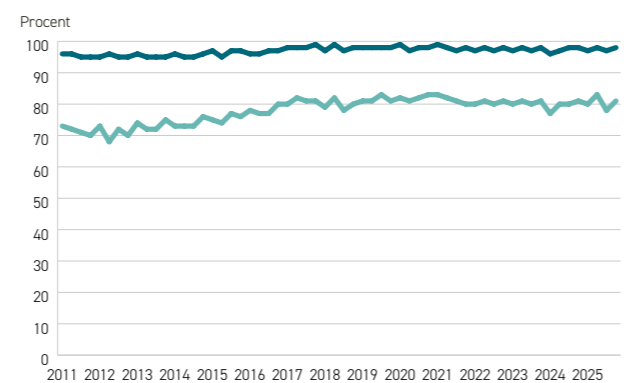
Pharmacies have a long tradition of satisfied customers, and customer satisfaction remains high. An amazing 98% of customers are satisfied with their latest pharmacy visit, and 80% of those give the ranking ‘very good’ or ‘exceptionally good’ on a five-grade scale. This satisfaction is across the board, 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.

## Customers' business at pharmacies

About 370,000 people visit one of the country's physical or online pharmacies every day. In 2025, the total number of customer visits amounted to about 135 million. A significant proportion, almost 40 percent, visit pharmacies to pick up prescription medicines. Pharmacies in Sweden dispensed about 95 million human prescriptions and 2 million veterinary prescriptions as well as providing dose-dispensed prescription medicines for 280,000 customers in 2025. 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 prescription medicines.

### Overall customer satisfaction



● Top-3: Percentage that gave an overall rating of "Extremely good", "Very good" or "Good"  
 ● Top-2: Percentage that gave an overall rating of "Extremely good" or "Very good"

Source: Kantar Sifo, Customer satisfaction on the pharmacy market



## The pharmacy companies

The Swedish pharmacy market consists of four national 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, Meds and Apochem – as well as 50 independent pharmacies. The independently run pharmacies are all part of the organisation SOAF, which in turn is a member of the Swedish Pharmacy Association. Further, just over 40 pharmacies are run by franchisees in the Kronans Apotek chain. Medovia is the only member of the organisation that specialises 100% on selling pharmaceuticals to inpatient care, while Apoex Privat Vård provides medicines to private healthcare providers and primary care via requisitions.



Members of the Swedish Pharmacy Association

## Diversity of pharmacies and different operations

Community pharmacies are bricks-and-mortar shops that consumers can visit to buy medicines. At the beginning of 2025, there were 1,400 community pharmacies in Sweden. In addition to these, there are three purely e-commerce pharmacies, and the big pharmacy chains also conduct e-commerce to varying degrees. Apart from the community pharmacies,

there are about 550 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 dosing easier, especially for primarily elderly people who take multiple medicines at the same time. About 280,000 people have dose-packaged medicines in outpatient care in Sweden. At the moment, there are two dose-dispensing pharmacies run by Apoteket and Apotekstjänst. Some dose-dispensation occurs for inpatient care as well, and some pharmacies offer dose-packaging services to individuals out of pocket.

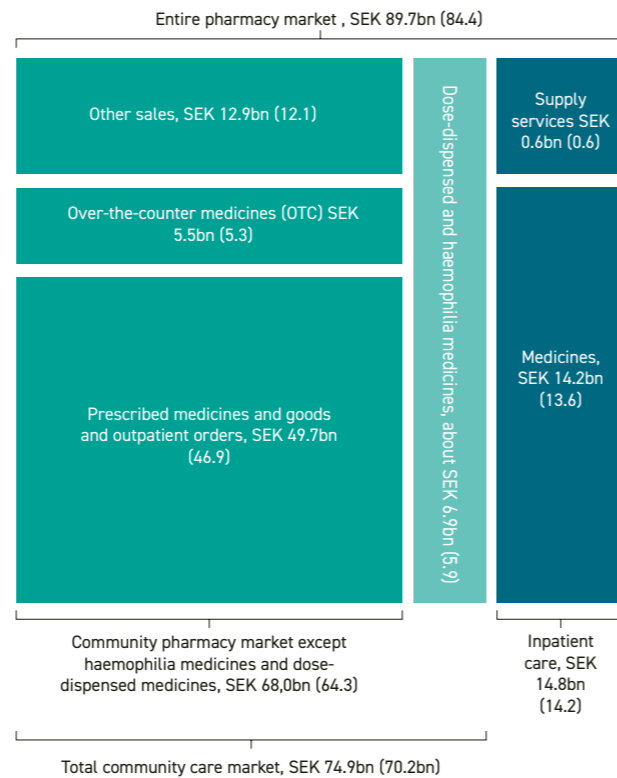
Finally, there are businesses that are responsible for supplying medicine for hospital inpatients and certain institutions. Pharmaceuticals for inpatient care are procured by the regions, while the pharmacy companies Apoteket and Medovia, after a procurement, provide medicines to hospitals along with various support services and other services like quality assessments, systems and consulting services. However, some regions have chosen to provide their own supply services, in whole or in part. There are also four manufacturing pharmacies, also called 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. Apoex Privat Vård specialises in providing requisitioned medicines to outpatient care, including private healthcare providers and dentists as well as other primary care.

## 2. THE PHARMACY MARKET'S ECONOMIC DEVELOPMENT

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

The entire pharmacy market, including inpatient treatment, realised sales of SEK 90 billion in 2025, which is an increase of 5.3 billion or 6.3 percent compared with 2024. Sales on the overall community pharmacy market amounted to just under SEK 75 billion in 2025, which represents an increase of 4.7 billion or 6.7 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 15 billion in 2025, which is an increase of 4 percent compared with the previous year.

Chart showing the pharmacy market based on 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 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 2025 (2024 in brackets).

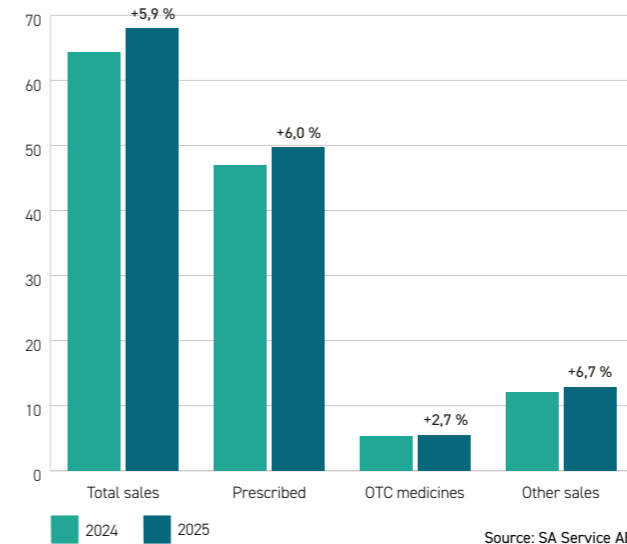
Source: SA Service and the Swedish eHealth Agency

### Community pharmacy market and performance by segment

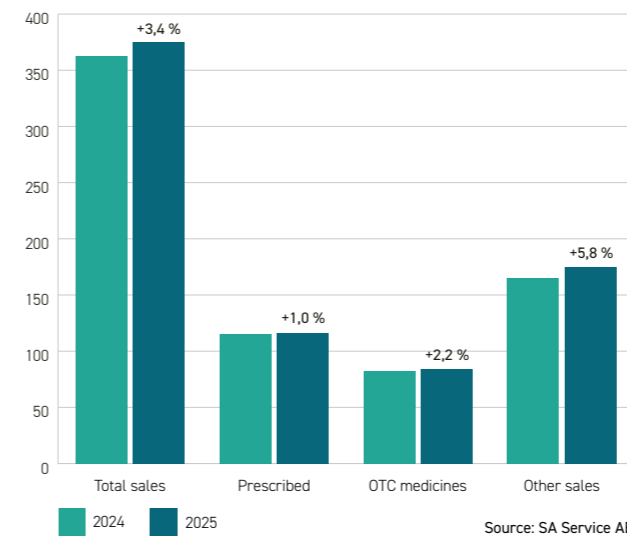
The community pharmacy market realised net sales of SEK 68 billion in 2025, which is an increase of about 6 percent compared with 2024. These numbers include the pharmacies' sales of medicines and other goods, but not haemophilia and dose-dispensed medicines. The dominant segment is prescription medicines, which account for nearly SEK 50 billion or 73 percent, while OTC medicines account for SEK 5.5 billion or 8 percent and other goods account for SEK 13 billion or 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 3.4 percent compared with 2024. Sales of prescription medicines showed weak growth in volume in 2025, increasing by 1 percent. Other segments also showed positive growth in volume. In terms of volume, other sales were the dominant segment, accounting for almost 47 percent.

Net sales in the community pharmacy market



Number of packages sold in the community pharmacy market

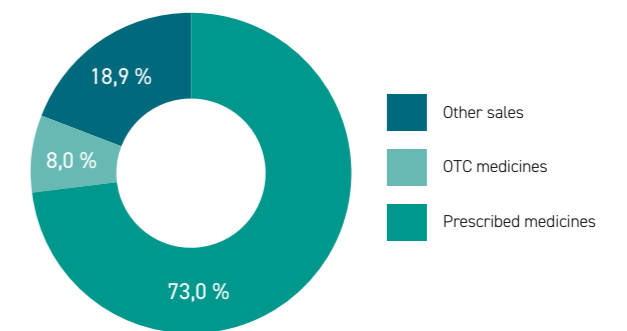


### Prescribed medicines

Of sales in community pharmacies, prescription medicines make up the lion's share, or 73 percent. These medicines account for 31 percent 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, pharmacies' purchasing and sales prices are both 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 what is called 'outpatient orders', totalled SEK 49.7 billion in 2025. This means an increase in value of 6 percent, while volume increased by a relatively low 3 percent compared with the previous year.

Sales (SEK) by segment, 2025



Source: SA Service AB

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

Over-the-counter medicine is part of the sales that pharmacies can influence to some extent. OTC medicines correspond to 8 percent of sales and just over 22 percent of units sold. Pricing is unregulated for OTC 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.

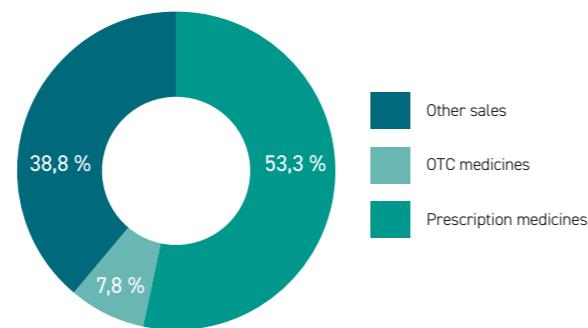
Sales of OTC medicines at pharmacies in 2025 amounted to SEK 5.5 billion, which is an increase of 2.7 percent compared with 2024, while the volume increased by 2.2 percent. This means marginally increased average prices for this segment, which has had falling prices on average in the past few years. About 14 percent of total sales of non-prescription medicines in 2025 were sold outside pharmacies,





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, and this was also true in 2025. Other goods account for a significantly larger share of sales in the e-commerce channel and made up almost 39 percent in this channel in 2025.

Sales (SEK) in e-commerce by segment, 2025

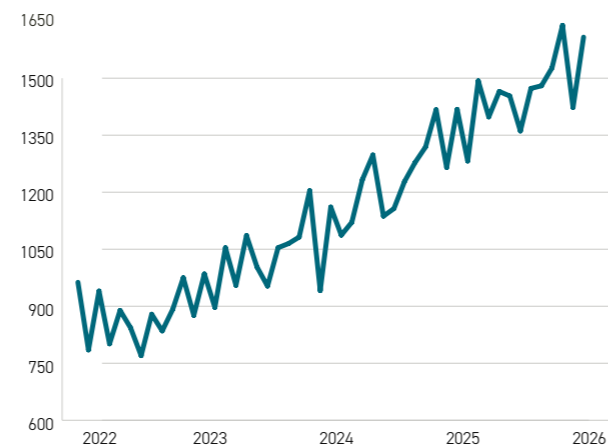


Source: SA Service AB.

**E-commerce and the shift in channels**

Since 2022, pharmacy e-commerce sales have increased from just under SEK 900 million per month to nearly SEK 1.5 billion per month in 2025. Sales were even higher – SEK 1.6 billion – in January 2026, which is a seasonally strong month for e-commerce. This corresponds to a 67 percent increase in January 2026 compared with January 2022; see the graph below.

Total pharmacy e-commerce sales, excl. VAT, SEK millions.



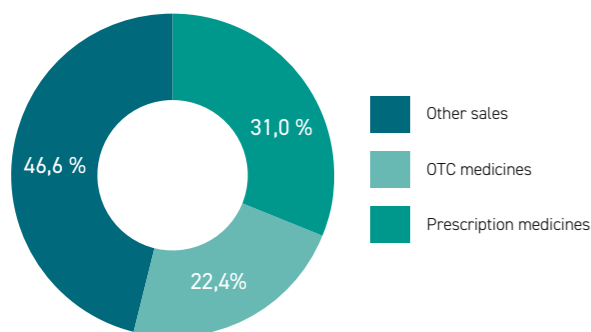
Source: SA Service AB.

which is somewhat lower 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 just shy of SEK 13 billion in 2025 and accounted for 19 percent of community pharmacy sales. However, other goods accounted for 47 percent of the share of total units sold. This segment also had somewhat higher average prices, as volume growth was barely 6 percent while the growth in sales amounted to 6.7 percent in 2025.

Volume (units) by segment, 2025



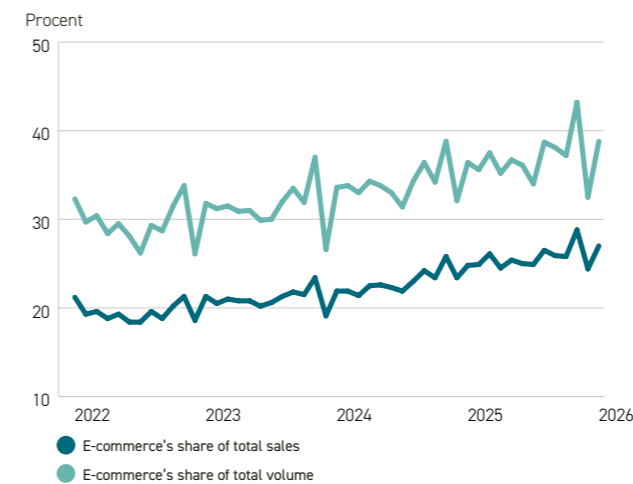
Source: SA Service AB.

1) The Swedish eHealth Agency

The growth in value for the pharmacy sector’s e-commerce amounted to just over 18 percent in 2025 compared to 2024. The corresponding figure for 2024 was just under 20 percent. Thus, the rate of growth of the e-commerce channel decreased somewhat in 2025 compared with the previous year, but is still strong and significantly higher than most other retail sectors.

The largest segment in terms of online sales is prescription medicines, which account for 53 percent of the value. Other goods account for just under 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 over-the-counter medicine is 22 percent. Online operations can offer a significantly wider range than bricks-and-mortar shops, at competitive prices.

Online share of total sales and volume



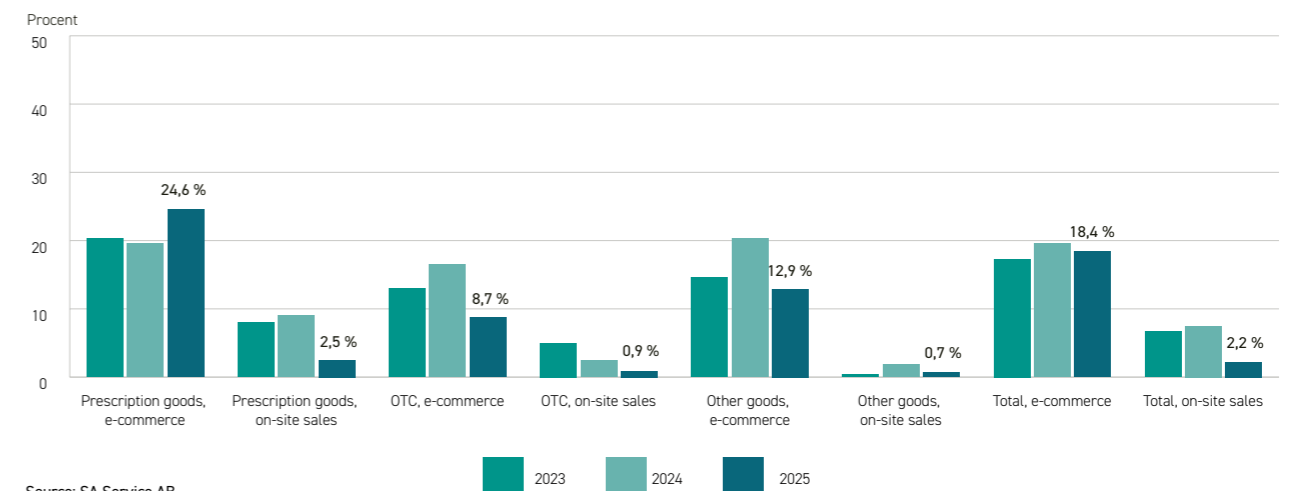
Source: SA Service AB

Pharmacies’ combined online sales accounted for 27 percent of community pharmacy sales in January 2025, and measured by volume (number of units), online sales amounted to about 39 percent in the same month. One year earlier, the figures were 25 and almost 36 percent, so the scope of e-commerce has increased in relation to the growing overall market.

In 2023 to 2025, value growth occurred in both sales channels, which is the case for all three segments; however, the rate of growth was consistently higher in the e-commerce channel during this period, so the trend towards e-commerce is ongoing and has been enhanced. The total growth in value was just over 18 percent in e-commerce, while growth was only 2 percent in bricks-and-mortar shops in 2025. The graph also clearly shows that the total rate of growth of e-commerce decreased somewhat in 2025 compared with the previous year. The great difference in growth rates for prescription items in the e-commerce channel and the physical channel: nearly 25 percent and 2.5 percent, respectively, is worth noting. The other two segments – other goods and OTC – show a similar pattern between the channels.

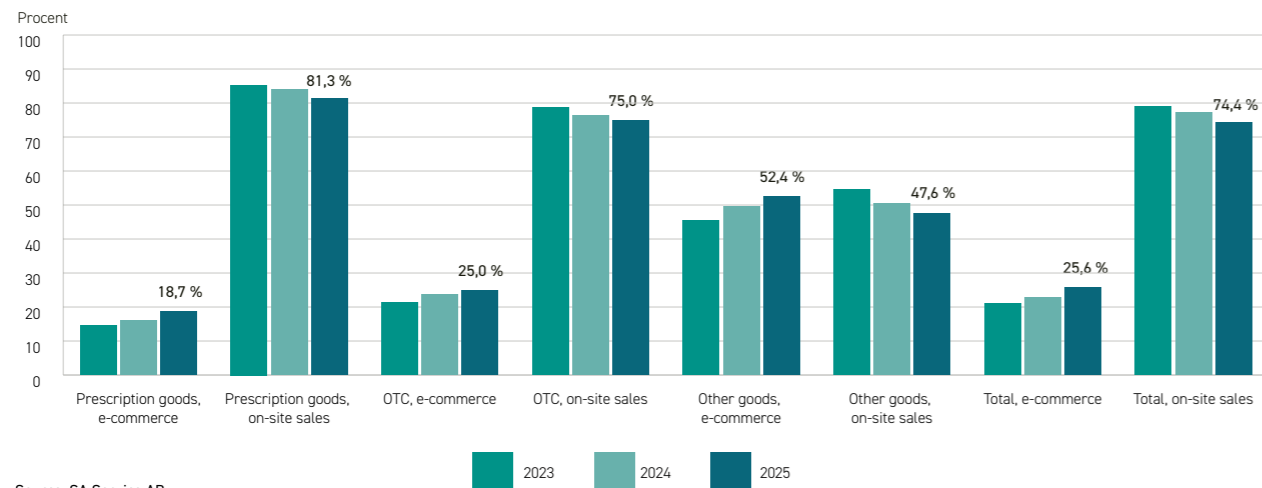
This channel shift has led to sales of other goods now being greater in the e-commerce channel than in the bricks-and-mortar channel in 2025. The e-commerce share of OTC medicine amounted to 25 percent in 2025, while the corresponding figure for prescription goods was almost 19 percent. This development sped up during the pandemic, when new customers began using e-commerce, and this

Annual growth in value for online and physical commerce per segment in 2023–2025 (percentage)



Source: SA Service AB

Value percentages for online and physical commerce per segment in 2023–2025 (percentage)



Source: SA Service AB

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 pandemic-era restrictions. A significantly higher proportion of the 50–64 age group had collected their prescriptions via e-commerce than in bricks-and-mortar pharmacies. The reverse was true for those aged 65–84. The proportion of long-time users who ordered their medicines online was also significantly higher.<sup>2</sup>

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 accounts for over 80 percent of sales of prescrip-

tion medicines and 75 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 offers 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. Since 2020, the number of physical pharmacies has been in decline annually, although a relatively moderate decline. However, in 2025, there were three more bricks-and-mortar pharmacies than in 2024.



2) S. Källemark Spörroing and P. Frisk, Swedish Competition Authority commissioned research report 2025:2.

### The inpatient care market

Sales of medicines on the inpatient care market totalled just over SEK 14 billion in 2025, an increase of 4 percent compared with 2024. Revenues mainly consist of sales of requisitioned medicines for 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 and other services to regions via procurement, which is also included. The value of these services is estimated at about SEK 600 million in 2025. In recent years, several regions have opted to operate hospital pharmacies under their own management. Other regions choose to procure supply services or other services from pharmacies that are able to provide cost-effective solutions for healthcare thanks to large-scale production and high quality.

### Pharmacies' collective earnings have improved, but 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 pharmacies' combined net sales. Pharmacies' operating margin is estimated at 2.3 percent for 2025, which means that it has improved over the previous year. Contributing factors to this are that the regulated mark-up 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.

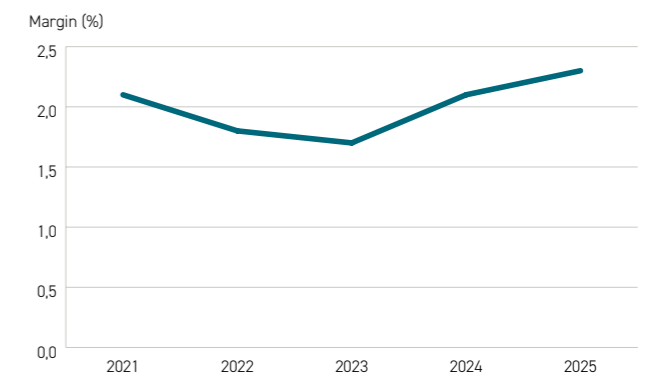
Pharmacies' earning opportunities are largely dependent on the size of the mark-up, which is determined by the government, and the development of parallel imports (see chapter 4). Their right to negotiate for and sell parallel-imported medicines strengthens the margin, as pharmacies can purchase these 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 significantly in 2025. The value percentage of prescription medicines increased to about 13 percent at the end of 2025.

For medicines that are not subsidised by the government, non-prescription medicines and other

goods, pricing is not subject to regulation, but margins in the latter segment in particular are under pressure from stiff competition on pricing, particularly from the growth in e-commerce. Overall profitability for the community pharmacy segment therefore remains low.

Pharmacies' combined operating income margin the past 5 years

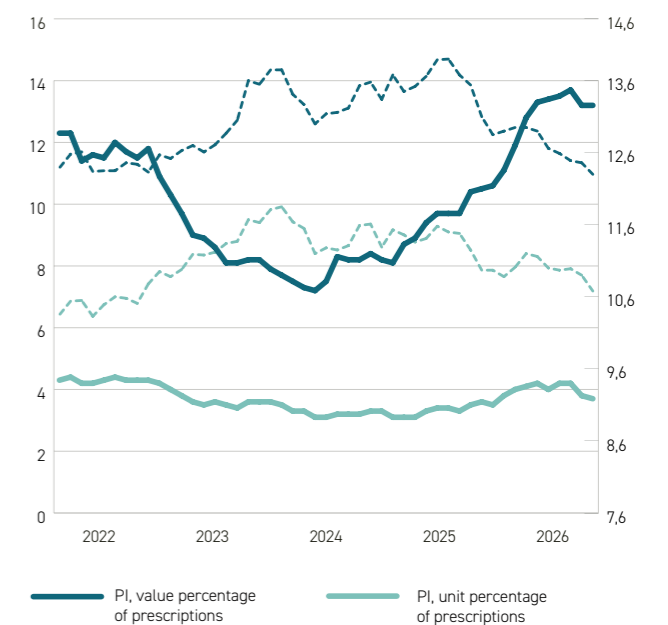
	2021	2022	2023	2024	2025F
EBIT margin	2.1	1.8	1.7	2.1	2.3



Notes: 2025 is projected. Not including the dose-dispensed market.

Source: The pharmacies' official annual reports, direct information from the pharmacies and SA Service AB.

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



Source: SA Service AB and the Riksbank

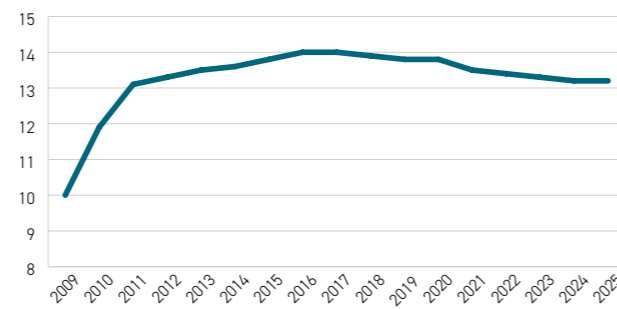
### 3. ACCESS TO PHARMACIES

Currently there are **1,400** 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 1,400 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, although a net of 3 were added in 2025. One reason for this is the growth in e-commerce, which now accounts for almost 26 percent of total sales. This impacts the shop structure and establishment of bricks-and-mortar pharmacies.

Pharmacy density, number of physical community pharmacies per 100,000 inhabitants



Source: SA Service AB and Statistics Sweden

#### 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	2025
Apoteket AB	929	345	365	375	372	370	372	388	394	394	397	402	391	390	391	392	395
Apotek Hjärtat ICA <sup>1</sup>		30	42	48	58	67	391	385	386	388	390	391	390	390	390	395	402
Kronans Apotek <sup>2</sup>		189	209	219	300	305	309	323	325	326	323	324	318	508	504	492	483
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	70
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	50
<b>Total</b>	<b>929</b>	<b>1,122</b>	<b>1,242</b>	<b>1,274</b>	<b>1,303</b>	<b>1,327</b>	<b>1,358</b>	<b>1,391</b>	<b>1,411</b>	<b>1,421</b>	<b>1,426</b>	<b>1,433</b>	<b>1,411</b>	<b>1,407</b>	<b>1,405</b>	<b>1,397</b>	<b>1,400</b>

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 Euroapothea 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

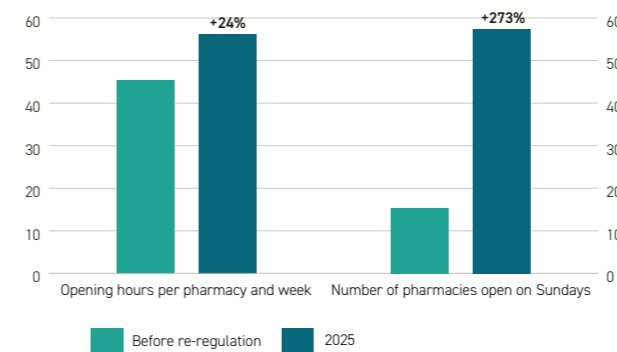
#### Pharmacies in relation to population

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 2025 as it was in 2011. Both of these years, there were just over 13 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.

#### 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 an average of 56 hours a week in 2025, an increase of 24 percent. The number of pharmacies open on Sundays has risen from 154 to 574 since re-regulation, an increase of about 270 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 axis) and number of pharmacies open on Sundays (right axis)



Source: SA Service AB and the EXPO registry

#### Pharmacies per county and pharmacy density

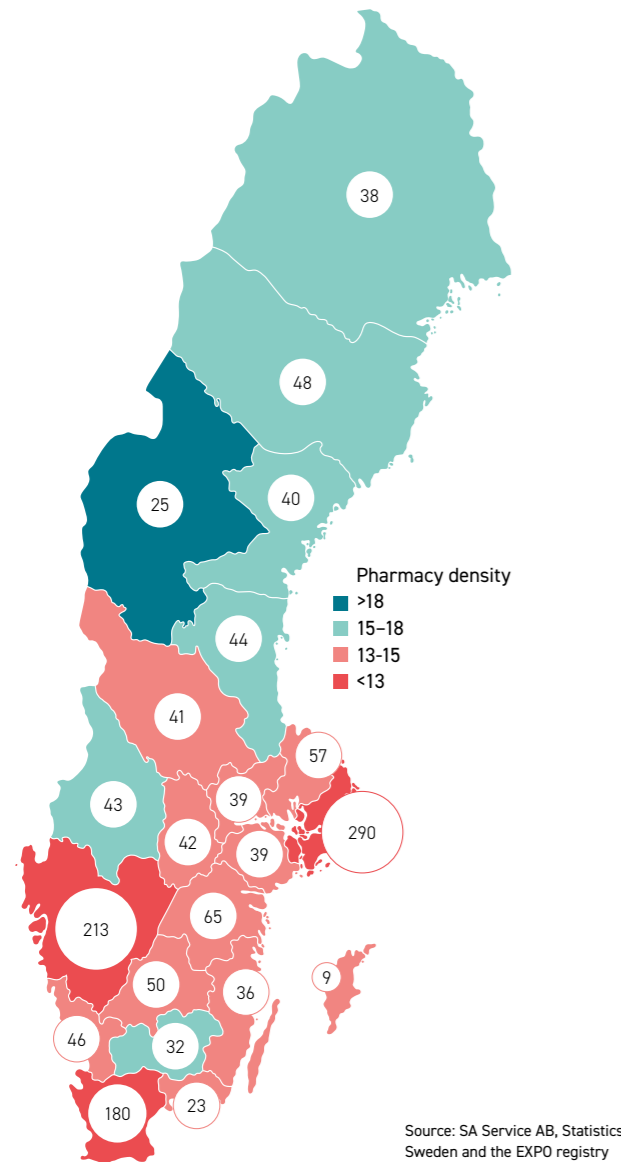
All counties now have more pharmacies since re-regulation in 2009. Most new openings have occurred where the demand for pharmacies has been the greatest, which has increased availability and reduced waiting times at pharmacies. The largest percentage increase in the number of pharmacies was in Uppsala 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	2025	Change, number	Change, percentage
Uppsala	28	57	+29	+104%
Blekinge	12	23	+11	+92%
Stockholm	159	290	+131	+82%
Skåne	103	180	+77	+75%
Södermanland	24	39	+15	+63%
Halland	29	46	+17	+59%
Västmanland	25	39	+14	+56%
Kronoberg	21	32	+11	+52%
National	929	1,400	+471	+51%
Västra Götaland	142	213	+71	+50%
Örebro	30	42	+12	+40%
Jönköping	36	50	+14	+39%
Östergötland	47	65	+18	+38%
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	25	+2	+9%
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

Pharmacies and pharmacy density per county (map)



This map shows pharmacy density per county, measured as the number of pharmacies per 100,000 inhabitants. The figure illustrates pharmacy density in 2025. 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. 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 2009–2025 has increased from 10 to 13.2 pharmacies per 100,000 inhabitants.

**Good distribution across the country and different municipality types**

To gain another picture of the distribution of pharmacies across the country, we used the 2017 Classification of Swedish Municipalities and analysed conditions and development between the years 2020 and 2025.<sup>1</sup> The table shows that the largest number of pharmacies, 39 percent, are located in medium-sized towns and municipalities near medium-sized towns, followed by large cities and municipalities near large cities (33 percent) and smaller towns/urban areas and rural municipalities

Number and proportion of community pharmacies per type of municipality in 2025 and 2020 and change compared with 2020

Main group	Type of municipality	Number in 2025	Number per main group	Percentage	Number in 2020	Change, number
A. Big cities and metropolitan-area municipalities	A1. Big cities	231	457	32.6%	251	-25
	A2. Commuter municipalities near big cities	226			231	
B. Medium-sized towns and municipalities near medium-sized towns	B3. Medium-sized town	347	546	39.0%	355	-5
	B4. Commuter municipalities near medium-sized town	112			107	
	B5. Low-commute municipalities near medium-sized town	87			89	
C. Smaller towns/urban areas and rural communities	C6. Smaller town/urban area	192	397	28.4%	194	-3
	C7. Commuter municipality near a smaller town/urban area	87			86	
	C8. Rural municipality	84			87	
	C9. Rural municipality with hospitality industry	34			33	
<b>Total</b>		<b>1,400</b>	<b>1,400</b>	<b>100%</b>	<b>1,433</b>	<b>-33</b>

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

1) According to the definition by the Swedish Association of Local Authorities.

(28 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 (-25) and medium-sized towns (-5). However, the number of pharmacies in smaller towns/urban areas and rural communities decreased by three in 2025, but only one of these is characterised as a pharmacy in a sparsely populated area.

**Pharmacies in sparsely populated areas**

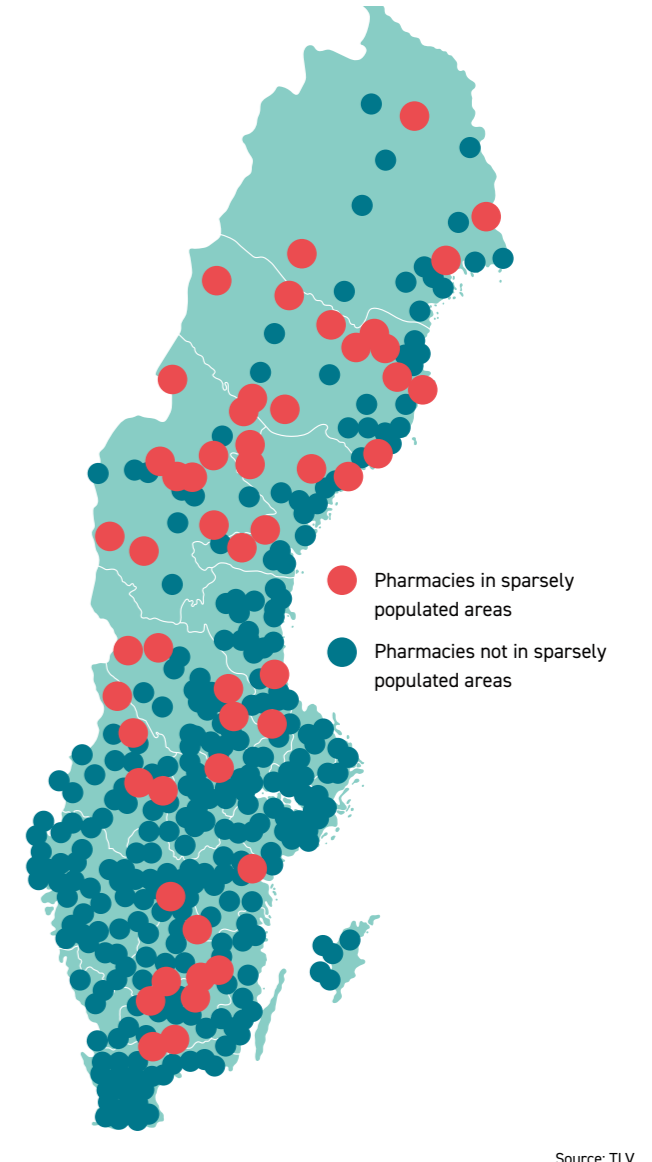
In some parts of the country, it is difficult to run a profitable pharmacy business. For this reason, special support is available for pharmacies in sparsely populated areas under certain conditions to reduce their risk of having to close due to a limited population base. Grants for the 2024 business year amounted to a just under SEK 15 million and were paid to 51 community pharmacies in several counties.<sup>2</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 mark-up on prescription medicines provides adequate coverage of expenses, and that the support for sparsely populated areas, which is a grant in addition to the mark-up, is relevant and well-designed in order to ensure the continuation of pharmacy services in less populous environments with a weak customer base. The closings we have seen at the pharmacy level have thus far essentially only impacted large cities and medium-sized towns 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

Pharmacies in sparsely populated areas



also between similar communities.<sup>3</sup> According to an earlier analysis by TLV, smaller towns see a higher degree of e-commerce, and lower pharmacy density means higher e-commerce. E-commerce can therefore be seen as an important complement to bricks-and-mortar pharmacies in sparsely populated areas, while the channel shift impacts profitability for physical pharmacies even in sparsely populated areas. However, the variation between different types of customers and medicines is significant. 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.

2) TLV, Decision on support to sparsely populated communities per town and county in 2024. 3) 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 2025 there were 13.2 pharmacies per 100,000 inhabitants.

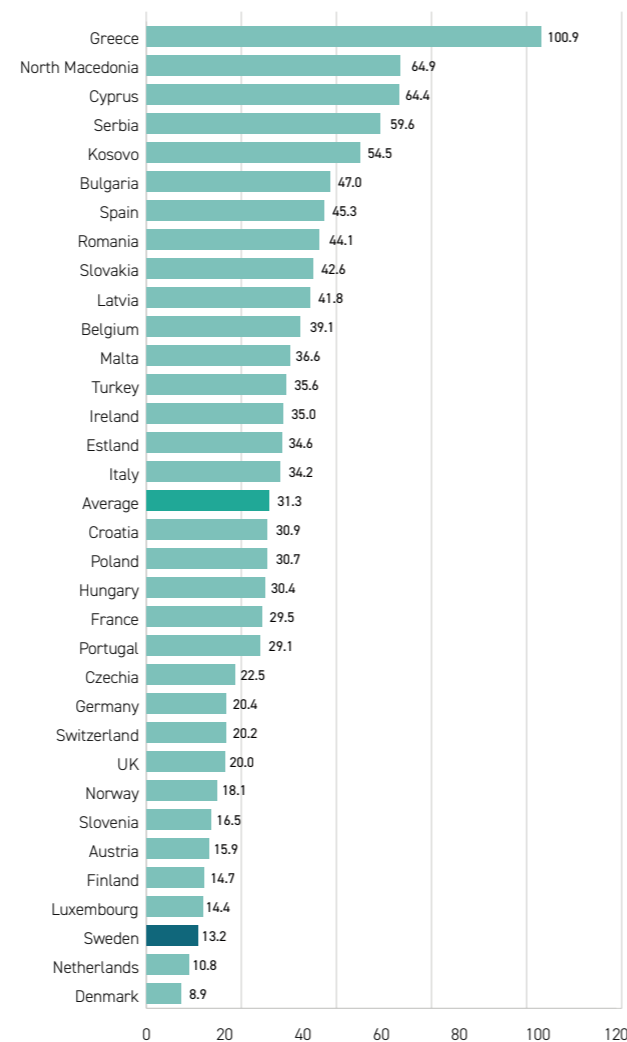
From a European perspective, however, pharmacy density in Sweden remains low, and statistics show that Sweden is one of the three countries with the lowest pharmacy density after Denmark and the Netherlands (see graph). The average pharmacy density for European countries is 31 pharmacies per 100,000 inhabitants. This means that Swedish residents have about 60 percent fewer pharmacies in relation to the population than 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 shop than the European 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 19 percent of the total sales of prescription medicines and nearly 25 percent of the sales of OTC medicines. Other retail shops also sell a limited range of non-prescription medicines, corresponding to about 14 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.

Pharmacies per 100,000 inhabitants in Europe



Source: PGEU, 2006

## 4. PHARMACIES' FINANCIAL CONDITIONS

The nationally regulated mark-up was raised in March 2024, but 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.

#### The nationally regulated markup

For approximately 65 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 mark-



up for prescription medicines, which is thus regulated by the government. The markup 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 of brand-name medicines. 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 total 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 mark-up 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 mark-up covered 90 percent of expenses in 2022 and 86 percent in 2023, including additional earnings from parallel imports, which is very important for the total operating income. See below. The decrease in 2023 was due to significantly increased costs as a result of the higher rate of inflation in 2022 and 2023. Since then, the inflation rate has dropped back down towards the normal 2 percent mark, but the pharmacies' costs are now significantly higher than before.

TLV adjusted the mark-up 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 improved from 86 to 95 percent, all other variables constant. 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. The pharmacies have no way of being compensated for the cost increases that have occurred, because a large part of their operations are subjected to regulated prices.<sup>1</sup>

Thus, this increase of the mark-up was necessary, but the Swedish Pharmacy Association 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 mark-up 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

In 2025, the Swedish eHealth Agency's revenues from the fee per order line for prescriptions for human use, which it charges pharmacy companies, amounted to SEK 336 million. These fees are intended to cover EHM's costs for maintaining the databases pharmacies must use when dispensing prescription medicine. In recent years, the fee has increased, in part due to the development and implementation of the National Medicine List (NLL). During the course of the year, the pharmacies have invested a lot of resources into approving systems and preparations for connecting to the NLL, which happened at the end of 2025.

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 registry, 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 feels 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 regulated purchase prices.

However, it is important to emphasise the extremely volatile nature of parallel trading. An expired patent and the availability of generic 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 to reassess them, may lead to a reduction in the premises for parallel imports. The Swedish krona was dramatically weakened in 2022/2023, but the exchange rate has stabilised and the krona increased significantly in 2025. This led to an increase in the extent of parallel imports in the past year from previously low levels. 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.



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

### 'Product of the period' system 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 'product of the period' system 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 tacit price collusion among suppliers is relatively common on the Swedish generics market, which means higher purchase prices for the pharmacies.<sup>2</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 homogeneous. Thus, competition is really only occurring on the basis of price and suppliers can see all the price offers 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 'product of the period' system would largely eliminate these added costs, as price collusion is more difficult to maintain for longer price periods.

With this in mind, the Association feels that substitution periods should be lengthened to between three and six months. There are convincing reasons for this, not least the significant socioeconomic 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 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-imported 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 is staffed with highly competent staff with great 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. 53 percent of employees at community pharmacies are graduate pharmacists, while 18 percent are pharmacy technicians who received their training at a vocational school.



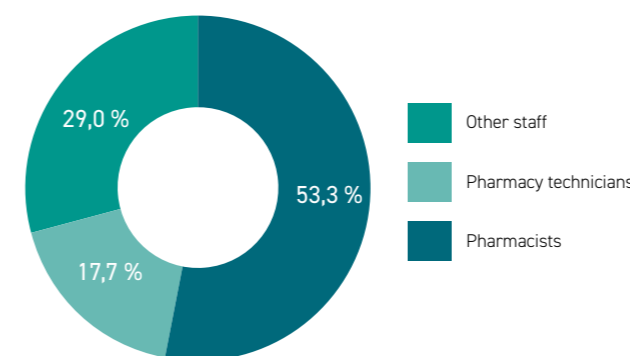
### Pharmacists

'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 at least one pharmacist must be on site for a pharmacy to be 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 an MSc-qualified pharmacist you need to complete a five-year university course, offered in 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. One new development in the field is that starting in autumn 2026, the requirements for



Competency distribution of employees in community pharmacies in 2025



Source: SA Service AB



<sup>2)</sup> Grantlund D. and Rudholm N. (2023). Calculating the probability of collusion on observed price patterns, HFI Working Paper No 28.

eligibility for the BSc pharmacist programme in Uppsala will be changed so that those who have taken mathematics 2a, b or c and natural sciences 2 will be eligible to apply.

### Pharmacy technicians

Pharmacy technicians are primarily responsible for pharmacies' self-care advice and the sale of OTC medicines and other products. Some technicians who are qualified to work with prescriptions 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, you need to complete a special three-term higher vocational education course arranged by a training coordinator and financed by the Swedish National Agency for Higher Vocational Education. These courses use a teaching plan developed by the pharmacy sector in collaboration with the Unionen trade union.

The site [www.jobbapapotek.se](http://www.jobbapapotek.se) provides links to these training companies and the universities and colleges that offer pharmacist training.

### Other pharmacy staff

Other staff working in pharmacies may include self-care advisors, i.e. people who have internal training in

self-care and provide relevant advice, and pharmacy assistants who work the till and manage stock, etc.

### Number of employees in the sector

In 2025, the mean number of employees working in pharmacy businesses in Sweden was about 11,400, 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 2025 the corresponding figure was 9,500 full-time equivalents at 1,400 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 MSc-qualified pharmacists and 162 BSc-qualified pharmacists both trained in Sweden and with foreign degrees in 2025.<sup>1</sup>

Although supply and demand might be in balance on the overall level, the lack of pharmacists is particularly great in smaller towns and sparsely populated areas. There are already several 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 2025, 270 pharmacists were either approaching or had already reached retirement age; of these, approximately 160 were aged 68 or older. Furthermore, a number are expected to retire in the coming years, particularly from 2030 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.

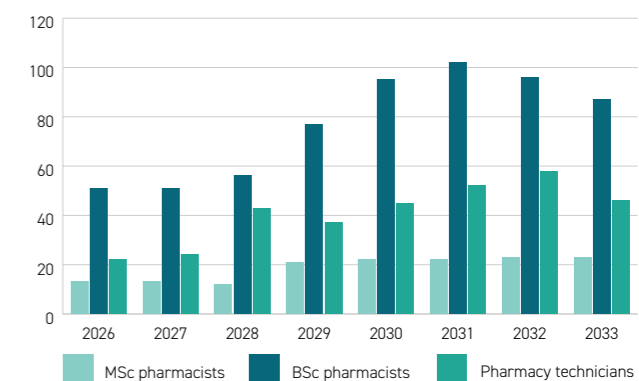
One challenge Sweden faces is that we still have a large group of people with pharmacist training from countries outside the EU/EES who do not have Swedish licences and therefore cannot legally work as pharmacists at pharmacies. For many years, the pharmacy industry worked jointly with trade unions, the Swedish Academy of Pharmaceutical Sciences and other organisations to facilitate and speed up the process for these people to succeed in obtaining their Swedish licences. These days, many pharmacy companies have special employment terms for pharmacists who were trained outside the EU/EES, in order to keep them in the sector until they can be licensed. This group of pharmacists has two different paths to getting Swedish licensing: Either by taking an additional course at Uppsala or Gothenburg University, or taking a theoretical and practical knowledge test. The National Board of Health and Welfare has information on both of these paths. 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	2025
66-67 years of age	52	110
68 or older	133	160
<b>Total</b>	<b>185</b>	<b>270</b>

Source: SA Service AB

People retiring in 2026-2033



Source: SA Service AB

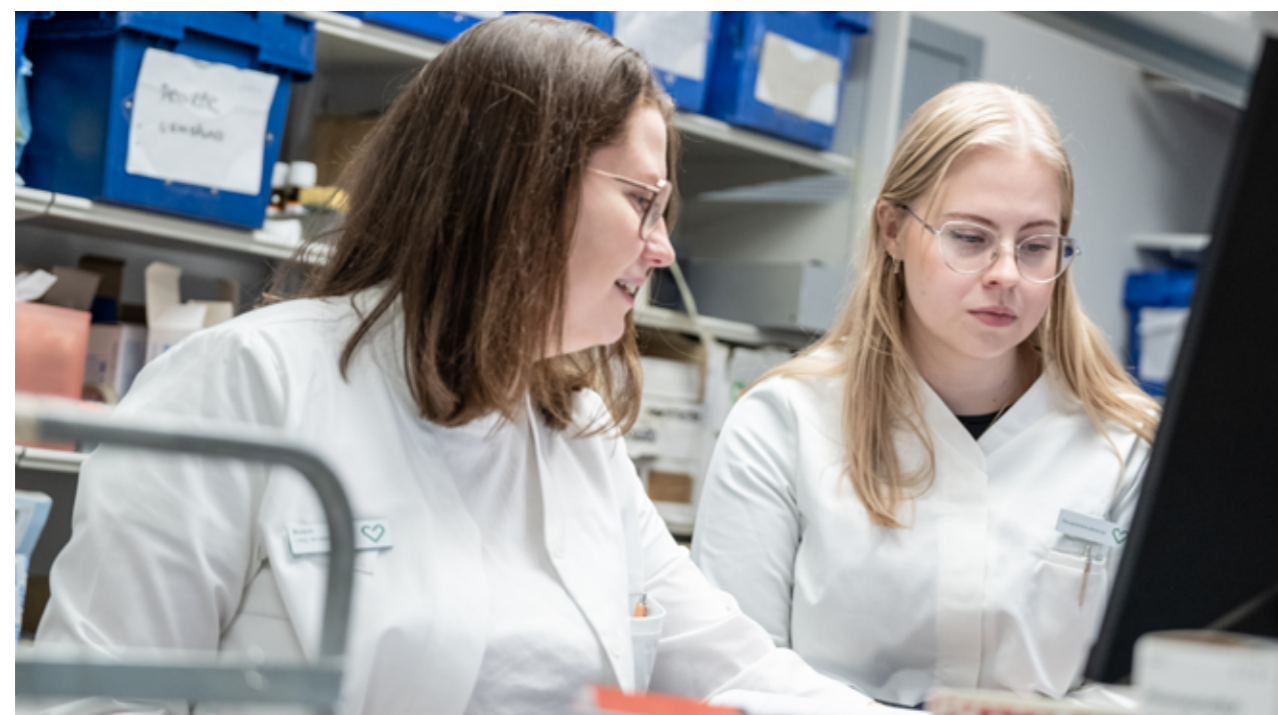
### Working together against hatred and threats

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 common decal that is displayed in all pharmacies. In addition, the companies will be able to share good examples with each other.

Each employer has full 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.



<sup>1)</sup> National Board of Health and Welfare.

## 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.

### Pharmacies' core tasks

#### Core task 1 – Access to prescribed medicines and goods

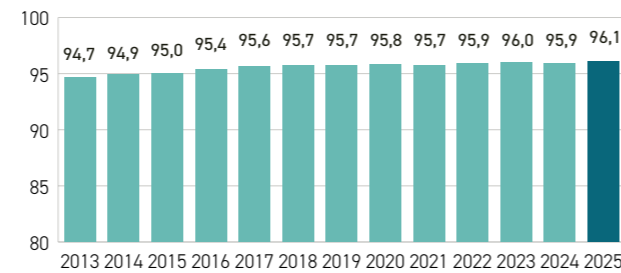
All licensed pharmacies are required to provide all medicines and other products that are included in the benefit scheme when prescribed or ordered through the healthcare system. Pharmacies are also required to have a store of pharmaceuticals that match what customers demand. Anything not in stock must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

Not all customers chose to place an order; some go to another pharmacy. Studies have been conducted at pharmacies a few times to determine how many don't place an order, by examining how many of their requested prescriptions the customer was able to collect straight away. This is called the immediate dispensing rate. TLV conducted such a study in 2025, and found that 95.5 percent of requested prescriptions could be dispensed immediately, in whole or in part. This was an increase compared with a corresponding study in 2019.<sup>1</sup>

One major problem for pharmacies is when pharmaceutical manufacturers can't deliver enough of the medicines, which is called backordering or a shortage of medicines. In most cases, pharmacies can manage this by switching to other medicines. The pharmacies also help by obtaining medicines from other countries when they are not available on the

1) Mission to measure the immediate dispensing rate in community pharmacies, 2025, Dental and Pharmaceutical Benefits Agency.

Service level

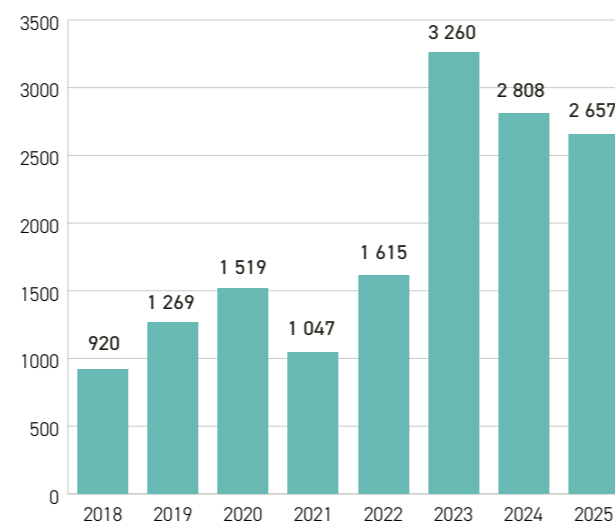


Source: SA Service AB

Swedish market; however, with more flexible regulations, pharmacies could do even more.

The Swedish Medical Products Agency was asked to investigate how pharmacies could resolve back-order situations. Early in 2026, the agency proposed that pharmacies could, after approval by the Swedish Medical Products Agency, dispense a different medicine than the one on the prescription or the usual substitution. They also proposed that pharmacies should be allowed to split up larger packages into smaller ones so they can be dispensed to more people. Pharmacists already take the responsibility to solve problems for customers when the regulations are too rigid. This proposal from the Medical Products Agency does not support pharmacists in taking this responsibility, but rather means that the agency is to decide what pharmacists should do. The risk is that by the time they receive the decision, the situation will already be over.

Shortages of medicines



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 as well as ask the customer questions.

Pharmacists at pharmacies could do even more to improve the customers' medical treatment. One way to expand advising is through pharmaceutical services, such as the Inhalation Guidance service, which is being implemented in 2026 as the first of several.

The pharmacies also play a key role in providing self-care advice. Unlike other businesses that sell OTC medicines, pharmacies are allowed to provide advice about the medicine and how to use it. Pharmacies 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 substitutions when there are equivalent medicines at lower prices – that is, 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 rotations 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 always has a licence from the Swedish Medical Products Agency and must have approved IT systems that communicate with the Swedish eHealth Agency's systems for electronic prescriptions and the pharmaceutical benefits scheme. 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. THE PHARMACY SECTOR'S SUSTAINABILITY WORK

Sustainability has become a strategic profiling issue for most pharmacy companies. Several pharmacies have initiated sustainability reporting according to the EU's new Corporate Sustainability Reporting Directive (CSRD), which requires in-depth knowledge, understanding and measurable data from the entire value chain – including suppliers. Because a large part of pharmacies' operations involve prescription medicines that are the same for the entire sector, the pharmacy companies have chosen to work together on all sustainability issues where they are not in competition.

### Roadmap for a sustainable pharmacy sector

To identify and focus on the right issues, the industry has developed a joint roadmap for a sustainable pharmacy sector. The roadmap looks at the whole value chain – from manufacturing to use and disposal of pharmaceuticals – and large parts of the activities occur in collaboration with pharmaceutical companies, sector organisations, government agencies and other stakeholders. The activities are divided into three focus areas: climate, environment and responsibility on the supplier side.



### Reducing the climate impact of pharmaceuticals

In accordance with the Paris Agreement, pharmacies want to reduce the climate impact of pharmaceuticals and work towards zero emissions throughout the supply chain.

However, calculating the climate impact of pharmaceuticals is a challenge for the entire industry.

So the pharmacy sector is collaborating with other players in the pharmaceutical chain to develop and establish joint methods.

### Environment

To protect ecosystems and human health, the total environmental impact of pharmaceutical use must be reduced. Manufacturing, use and incorrect disposal can all contribute to negative environmental impact.

### Unused medicines

Since 1971, the general public have been instructed to return unused medicines to pharmacies. All pharmacies must accept returned medicines and inform customers about returning them. The pharmacies ensure that these medicines are destroyed in an environmentally responsible way in approved facilities. In 2025, pharmacies collected about 1,400 tonnes of pharmaceutical waste, which they do at an estimated cost of more than SEK 20 million per year.

There are several common reasons that consumers end up with leftover pharmaceuticals. A patient might be prescribed a different dose or a new medicine before the old one is used up, and the packages are often larger than the person needs. Another reason can be that patients do not recognise the medication because of the 'product of the period' system, where the name, colour and shape of the medicine might vary despite the active ingredient being identical. Reducing the amount of unused medicines is important from several aspects: in part from an environmental and sustainability perspective and in part from financial and medical perspectives. The pharmacy sector feels that the substitution periods in the 'product of the period' system should be longer than they currently are. This would enhance patients' peace of mind, especially for those who use many different medicines. In addition, we would like to see more starter packs of pharmaceuticals, or for pharmacists to be permitted to break up larger packages, so that more people can try the right medicine before beginning a longer course of treatment.

### Responsible sale of diclofenac

Swedish sewage treatment plants have difficulty eliminating diclofenac, and the substance clearly

exceeds the limits set up by the Swedish Agency for Marine and Water Management. Despite this, diclofenac gel is sold over the counter.

Since 2018, Swedish pharmacies have a sector-wide agreement to actively inform customers about the negative environmental impact of diclofenac. The sector has also jointly decided only to sell diclofenac after providing advice, both in bricks-and-mortar shops and online.

Both the Medical Products Agency and a 2023 government inquiry into the supervision of pharmacies, treatment of patient injuries and oversight of OTC medicines ('Trekloverutredningen') have proposed that harm to the environment should be a criterion for preventing the sale of OTC medicines outside of pharmacies, using diclofenac as an example.

### Circular systems

The pharmacies want to see a trend towards a more circular economy in the industry. Several companies are working to reduce their climate impact and try out circular systems, for example by reducing the number of unnecessary single-use packages and increasing fossil-free transports. In the sector-wide sustainability efforts, an ongoing pilot project regarding the collection and recycling of plastic inhaler casings is being evaluated. In addition, a feasibility study is underway regarding the implementation of another pilot project to collect and recycle injector pens from several different manufacturers. Several countries are already pursuing similar projects, including a large-scale industrial solution that is already in place in Denmark.

### Supplier accountability

No one should be improving their own health at the expense of that of others. Swedish pharmacies strive to ensure good working conditions and contribute to sustainable and inclusive economic development throughout the supplier chain.

### Välvald – pharmacies' demand for more responsible pharmaceutical manufacturing

In 2021, Välvald (Well Chosen) was launched in Sweden's more than 1,400 bricks-and-mortar and online pharmacies. The symbol shows which non-prescription medicines meet the pharmacies' requirements for more responsible manufacturing.

Välvald was developed to increase transparency

about pharmaceutical production, especially on the supplier side, as many of the active ingredients are manufactured in China and India. Because there are no established sustainability labels in the pharmaceutical industry, the Swedish pharmacies chose to take the initiative.

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 that have been manufactured more responsibly.

The criteria are continually under development and were most recently updated in 2025. They include respect for human rights, worker rights, the environment and anti-corruption. Suppliers must be able to show corroborating documentation that these requirements are applied down the supply chain. Today, 188 over-the-counter products from six companies meet the criteria of Välvald 4.0.

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 invest extensive resources into obtaining the necessary information to meet Välvald's requirements. Several companies have stated that they developed their requirements for suppliers according to the Välvald criteria.



### Pilot project with a sector-wide platform for the supplier chain

In 2025, the sector began a pilot project in which a few selected suppliers report sustainability data on a shared platform, with the aim of investigating whether the sector can collect data as a basis for reporting under new regulations. The pilot project includes a small number of companies and medical technology products, and might be scaled up in 2026.

## PHARMACIES ARE DEVELOPING WITH PHARMACY CARE IN FOCUS

Pharmacists – the umbrella term for those with a bachelor's or a master's degree in pharmacy – are often called society's pharmaceutical experts. Three and five-year university programmes ensure that pharmacists are ready to shoulder that role. During their training, pharmacists learn how research leads to new medicines, how they are manufactured, what diseases they treat and how they work. An important part of the pharmaceutical field is how medicines work in practice for patients. What makes a patient use the medicine in the intended way, and what is needed to ensure the best possible use of it? This is knowledge that is used at pharmacies every day, and something that needs to be highlighted more than is done currently.

### Better use of medicines with pharmaceutical services

When a pharmacist dispenses a prescription, they are also expected to provide individualised advice and information. The aim is for the customer to be able to use the medicine safely. But we can help customers use their medicines even better through pharmaceutical services. One pharmaceutical service

is advice that goes beyond the core mission of pharmacies. In 2021–2024, a trial was conducted with two services, which both proved to have an effect in scientific studies. In 2026, the first of these services will be offered at all Swedish pharmacies, and we hope to see more services the following year.

### Inhalation Guidance

Almost 50% of people with inhalers do something wrong when using them. This was a clear finding when the pharmaceutical service Inhalation Guidance was trialled at 150 Swedish pharmacies. The pharmacist asks customers at the counter to demonstrate how they use their inhaler, and gives immediate feedback on what they do well and what could be better. This turned out to reduce the number of mistakes customers make. This service is now called Inhalation Guidance. In spring 2026, this service will be offered free of charge to customers at Swedish pharmacies, and the pharmacies are compensated by the community for this work. Once the system is fully rolled out, we expect to provide 170,000 services a year.



### Pharmacies' Pharmaceutical Counselling

Most people forget to take their medicine on occasion. But some don't use their medicine as intended – from missing doses to not using the medicine at all. There are many reasons why a patient doesn't use medications as the prescriber intended. Research has found that one key element is that the patient has to make their own decision, based on their assessment of how important the medicine is for them to feel well in comparison to their worries about factors like side effects. The Pharmacies' Pharmaceutical Counselling service uses a conversational method based on the customer's perception, where the pharmacist adapts their advice to the customer's concerns and helps the customer make their own decisions. An evaluation of trials of this service found that customers who got this assistance were more likely to continue collecting their prescriptions of that medicine one year later. This is the next service that will be rolled out at pharmacies after Inhalation Guidance.

### Behind-the-counter medicines – more non-prescription medications

An important element of pharmacies' operations is offering non-prescription medicines and related products to customers whose problems do not require a doctor's care, such as headaches, allergies or digestive issues. To ensure that customers find the right product and are instructed how to use them, pharmacists and pharmacy technicians are trained in self-care, and they also know when customers need

to be referred to a healthcare clinic, or even emergency department. With certain medicines, customers themselves are capable of determining whether or not this substance can be used for their ailment, but at the same time, there is a risk of using them incorrectly without guidance. Behind-the-counter medicines are non-prescription pharmaceuticals for which customers must always receive guidance before deciding to use them, to avoid these risks. In 2026, a bill goes up before the Riksdag to introduce a range of products with a special guidance requirement.

### The first steps towards better use of pharmacists

Pharmaceutical services and behind-the-counter medicines are just the first steps on a path that will lead to community pharmacists being able to help patients use their medicines better. The accessibility of pharmacies makes them excellent places for vaccinations, or to receive patients who need help and assessment by a healthcare professional. It is increasingly common in many countries that pharmacists are the people who help patients with eczema, migraine and certain infections, as an integral part of the broader healthcare system. In Sweden, trials are also underway for pharmacists to give remote guidance via digital solutions, and the initial assessments have found good experiences for both pharmacists and customers. With more assignments and more ways to meet customers and patients, pharmacists at pharmacies can make a big difference and improve the health of the Swedish population.



## 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 handles 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 2025, the Swedish Pharmacy Association had nine 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 the nation's pharmacy chains as well as e-commerce companies and 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  
Apoteksforening**

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