

2026

GERMAN PHARMACIES
FIGURES · DATA · FACTS

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ABOUT ABDA

- ▶ ABDA – Federal Union of German Associations of Pharmacists is the top-level organisation for pharmacists in Germany. ABDA represents the interests of pharmaceutical healthcare professions in politics and society while promoting high-quality, comprehensive pharmaceutical care in Germany.
- ▶ ABDA has 34 members: 17 regional chambers of pharmacists and 17 regional associations of pharmacists – one from each of Germany's 16 federal states plus an additional representative from North Rhine-Westphalia which has been divided into North Rhine and Westphalia-Lippe due to its size.
- ▶ The 17 chambers of the Federal Chamber of Pharmacists (BAK) and the 17 associations of the German Pharmacists' Association (DAV) are combined under one roof in ABDA. Membership in a regional chamber of pharmacists is mandatory for all pharmacists while membership for pharmacy owners in associations is voluntary.
- ▶ ABDA's Executive Board (Vorstand) is composed of seven members: ABDA president, ABDA vice president, an employed pharmacist from a community pharmacy, BAK president, BAK vice president, DAV chairman and DAV vice chairman.
- ▶ The annual general assembly for pharmacists (Hauptversammlung) takes place once per year as part of German Pharmacists' Assembly (Deutscher Apothekertag). The annual general assembly is used to form political positions. Its resolutions are to be properly taken into account by all ABDA bodies.
- ▶ The joint headquarters of ABDA, BAK and DAV is located in Berlin and is headed by a Chief Executive and her deputy. The sekretariat is divided into 14 departments focusing on pharmaceutical, legal and economic matters. These also include the departments for Communications, Europe, Advocacy and Human Resources.
- ▶ ABDA's European representation is based in Brussels and responsible for the exchange with European institutions, other health policy stakeholders and international organisations.
- ▶ ABDA is a member of the German Federation of Independent Professionals (BFB) and the Pharmaceutical Group of the European Union (PGEU). Moreover, ABDA is part of the International Pharmaceutical Federation (FIP) and the World Pharmacy Council (WPC) at global level.
- ▶ ABDA receives professional support from many institutions, including the Drug Commission of German Pharmacists (AMK), the German Institute for Drug Use Evaluation (DAPI) as well as the Central Laboratory of German Pharmacists (ZL).

PHARMACIES IN GERMANY

- ▶ In order to work as a pharmacist in Germany, one must study for 5 years at university: 2 years each of basic and main studies and 1 year of practical training. Each course of study ends with a state examination. Upon successful completion, one must apply for a license to practise as a pharmacist (Approbation), which is authorisation to exercise the profession.
- ▶ Pharmacists holding a foreign pharmaceutical diploma or certificate must obtain recognition of their qualification before commencing work in Germany. There is a responsible authority for the recognition in every federal state. The responsible authority will check the equivalency level of the qualification. If there are significant divergences in the qualification, the responsible authority might propose measures to compensate the gaps. Moreover, applicants need to give proof of their language skills in German.

- ▶ Pharmacists in Germany are part of the healthcare professions (like doctors) and freelance professions (such as architects). Moreover, as pharmacy owners they are also merchants who are required to pay business taxes.
- ▶ Freedom of establishment has been created for pharmacists in Germany. According to this principle, a pharmacist may establish a community pharmacy anywhere and anytime, provided that he or she complies with the law. This also means that no pharmacist is protected from unwanted competition in the vicinity.
- ▶ In Germany, the owner of a community pharmacy must always be a pharmacist. This third-party ownership ban emphasises a pharmacist's personal responsibility and liability – and decouples the dispensing of pharmaceuticals from corporate profit goals.
- ▶ The ownership of multiple pharmacies is forbidden in Germany. However, a pharmacist may, in addition to the main pharmacy, operate up to three subsidiary pharmacies in the nearby local vicinity. Each of these locations must also have a pharmacist in place as subsidiary manager. There are no community pharmacy chains in Germany.
- ▶ Selling pharmaceuticals via mail order is allowed in Germany. Approved mail order pharmacies are “normal” community pharmacies with a special mail order permit. According to a list from the Federal Ministry of Health, the mail order trade is also allowed from a few other European countries.
- ▶ Prices for prescription-only pharmaceuticals are uniform nationwide; this is stipulated by the Drug Price Ordinance to protect patients and pharmacists. Since the Pharmacy Strengthening Act (VOASG) came into force in 2020, mail order pharmacies have been prohibited from offering discounts on prescription drugs to patients insured by Statutory Health Insurance (SHI). The amendment to Section 129 of the Social Code Book V (SGB V) was intended to restore equal or uniform prices nationwide between local pharmacies and mail-order pharmacies. However, the compatibility of this provision with EU law has not yet been conclusively clarified. The price-fixing provisions under social law are being challenged in particular by foreign mail-order pharmacies.
- ▶ The pharmacist's fee for consultation on a prescription medication is regulated by the Drug Price Ordinance. Broadly speaking, this is a fixed fee of 9.00 euros per package (9.50 euros from 1 January 2027). Each pharmacist may calculate their own fee for non-prescription pharmaceuticals. However, this fee is reduced by 1.77 euros per package, as the health insurances get a legally established markdown from all pharmacies.
- ▶ Pharmacists in Germany assume an obligation for the common good of society. This is not individually remunerated but, rather, it is individually subsidised. This includes creating formulations, dispensing narcotic substances and performing comprehensive evening and emergency services.
- ▶ Since the beginning of 2024, German pharmacies have received and dealt with hundreds of millions of electronic prescriptions (e-prescription). Patients can access their community pharmacies not only in person, but also online at any time, and have their medications delivered by a courier.
- ▶ Since 2022, new pharmaceutical services have enabled pharmacies to offer patients free, comprehensive, personalised consultations – independent of individual prescriptions. One example is the “Extended Medication Advice for Polymedication” provided to patients with chronic illnesses.
- ▶ Following a comprehensive reform of the pharmacy sector in 2026, pharmacies will be able to offer a wide range of new services from 2027, including numerous vaccinations, blood tests, and other tests.

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LEGAL INFORMATION

The following may contain deviations in totals due to the rounding of figures.

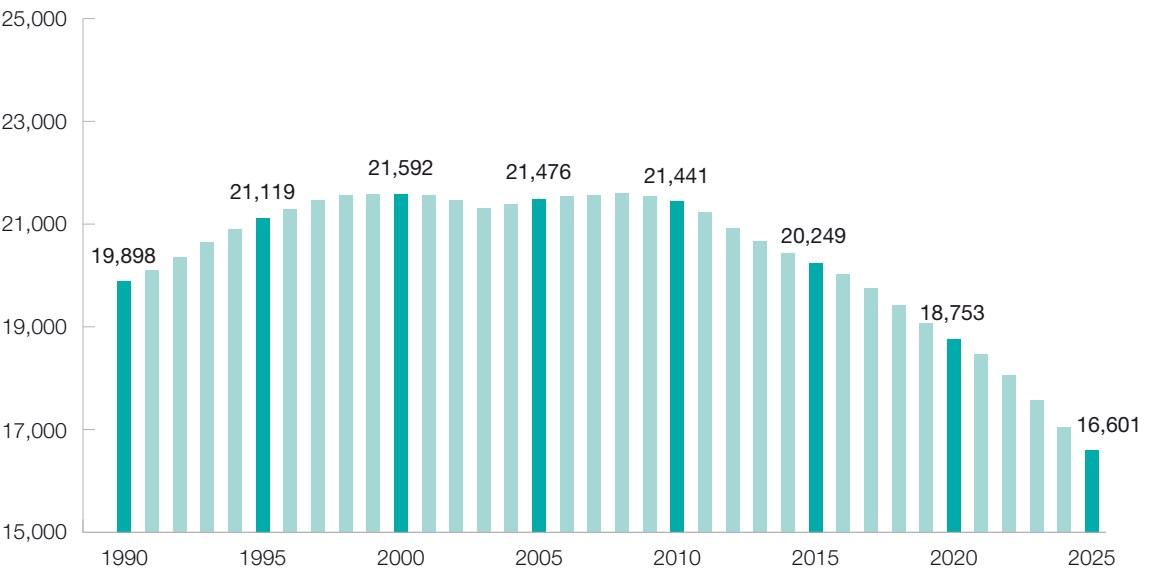
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PHARMACY LANDSCAPE

CHANGES IN PHARMACY NUMBERS

The number of community pharmacies in Germany is declining at a faster and faster pace, falling to 16,601 locations in 2025, the lowest figure since the late 1970s. The causes for this include the health policy framework.

	1990	1995	2000	2005	2010	2015	2020	2023	2024	2025
Number of pharmacies (incl. subsidiaries)	19,898	21,119	21,592	21,476	21,441	20,249	18,753	17,571	17,041	16,601
of which main/individual pharmacies *	19,898	21,119	21,592	20,248	17,963	15,968	14,110	12,950	12,530	12,152
of which subsidiaries	—	—	—	1,228	3,478	4,281	4,643	4,621	4,511	4,449
Openings	—	372	187	326	263	154	85	62	48	62
Closures	—	156	185	242	370	346	407	559	578	502
Change in pharmacy numbers	—	+216	+2	+84	-107	-192	-322	-497	-530	-440



All figures as at year end
* Pharmacies with an operating licence according to § 2 German Pharmacies Act (ApoG).
Source: ABDA statistics

NUMBER OF PHARMACIES BY FEDERAL STATE

The number of pharmacies in the individual federal states depends, among other things, on the size and structure of the population and on the land area of the state. The most populous federal state, North Rhine-Westphalia, combines the two chamber districts of North Rhine and Westphalia-Lippe and boasts the highest number of pharmacies, with 3,510 locations.

Federal state	Community pharmacies	of which main/ individual pharmacies *	of which subsidiaries	Pharmacy density**
Baden-Württemberg	2,087	1,472	615	19
Bavaria	2,616	1,901	715	20
Berlin	673	518	155	18
Brandenburg	523	369	154	20
Bremen	118	78	40	17
Hamburg	350	263	87	19
Hesse	1,273	948	325	20
Mecklenburg-Western Pomerania	351	262	89	22
Lower Saxony	1,622	1,184	438	20
North Rhine-Westphalia	3,510	2,585	925	19
North Rhine	1,897	1,408	489	19
Westphalia-Lippe	1,613	1,177	436	19
Rhineland-Palatinate	793	611	182	19
Saarland	249	187	62	25
Saxony	867	631	236	21
Saxony-Anhalt	539	393	146	25
Schleswig-Holstein	554	401	153	19
Thuringia	476	349	127	23
Total	16,601	12,152	4,449	20

All figures as at end of 2025

* Pharmacies with an operating licence according to § 2 German Pharmacies Act (ApoG).

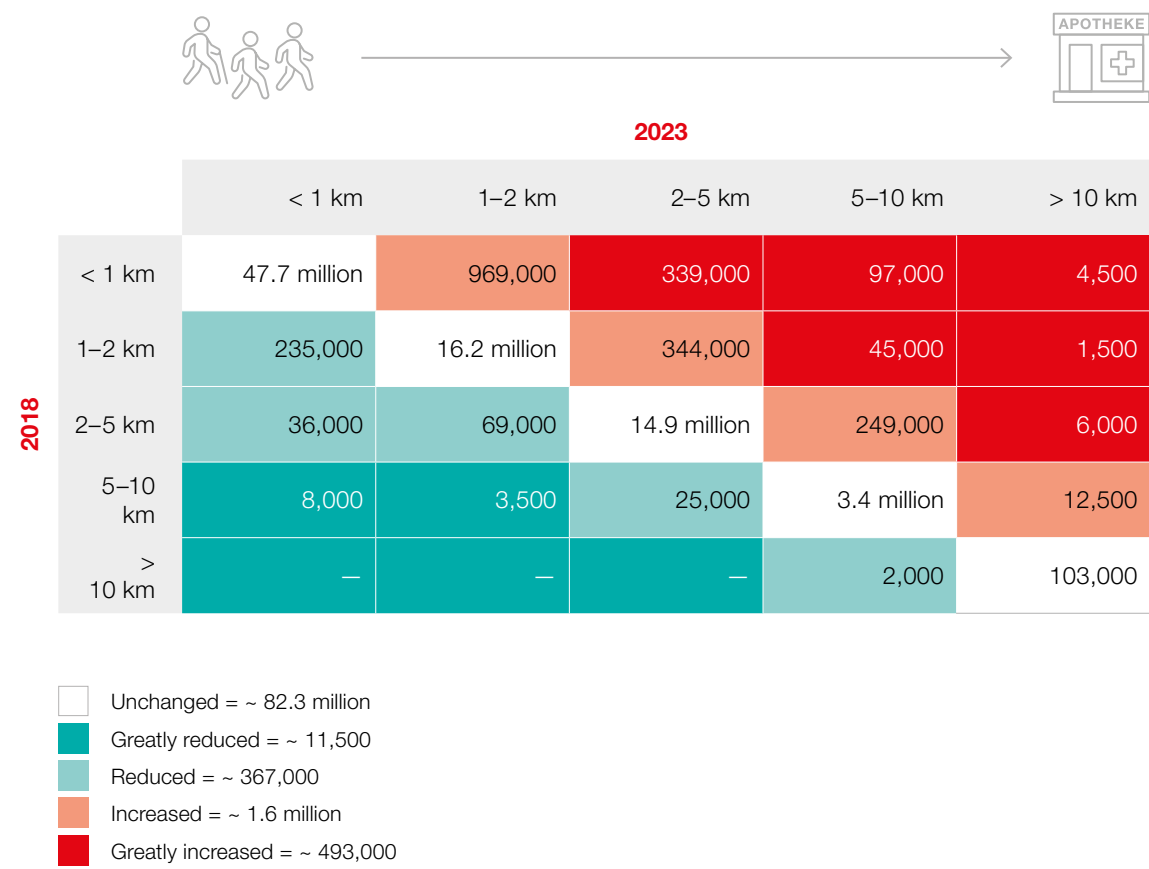
** Pharmacies per 100,000 inhabitants.

Source: ABDA statistics

PROXIMITY OF PHARMACIES: CHANGES DUE TO CLOSURES

The increasing number of closures mean that more and more people must travel further to reach their nearest pharmacy – in the period from 2018 to 2023, this affected over 2 million people. Indeed, nearly 500,000 patients faced significantly greater distances. This shows that the declining number of pharmacies is causing a long-term deterioration in the supply of medicines to the population.

Linear distance

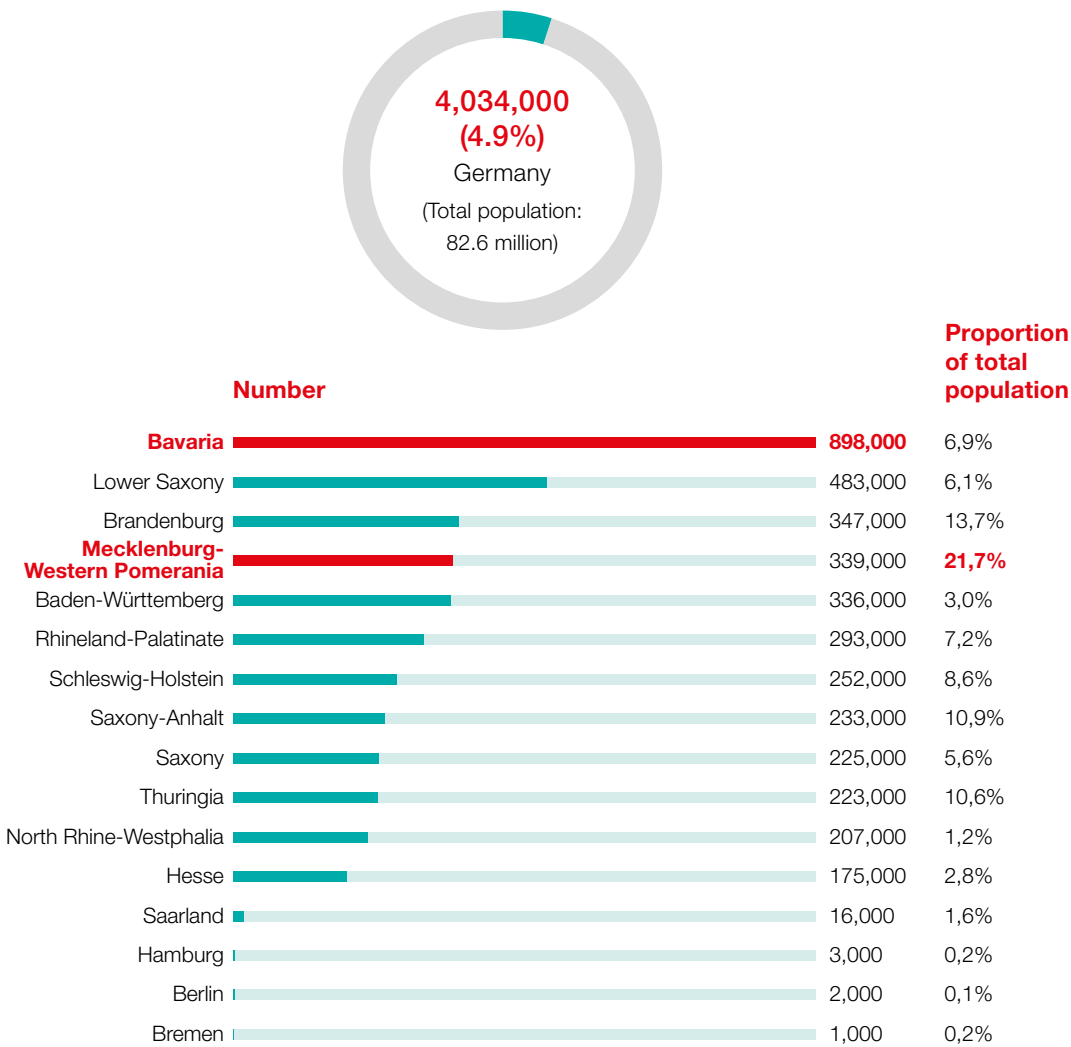


Source: IQVIA OneKey®

PROXIMITY OF PHARMACIES: DISTANCES WITHIN THE LOCAL AREA

Around 4 million inhabitants in poorly served areas have to travel over 6 kilometres to reach the nearest pharmacy. An initial draft of a pharmacy reform act at the end of 2025 stipulated a maximum distance of 6 kilometres to the nearest pharmacy for remote locations. The absolute number of people affected by the shortage of pharmacies is particularly high in Bavaria, while in Mecklenburg-Western Pomerania a particularly large share of the population has to travel long distances to the nearest pharmacy.

Residents in poorly served regions*

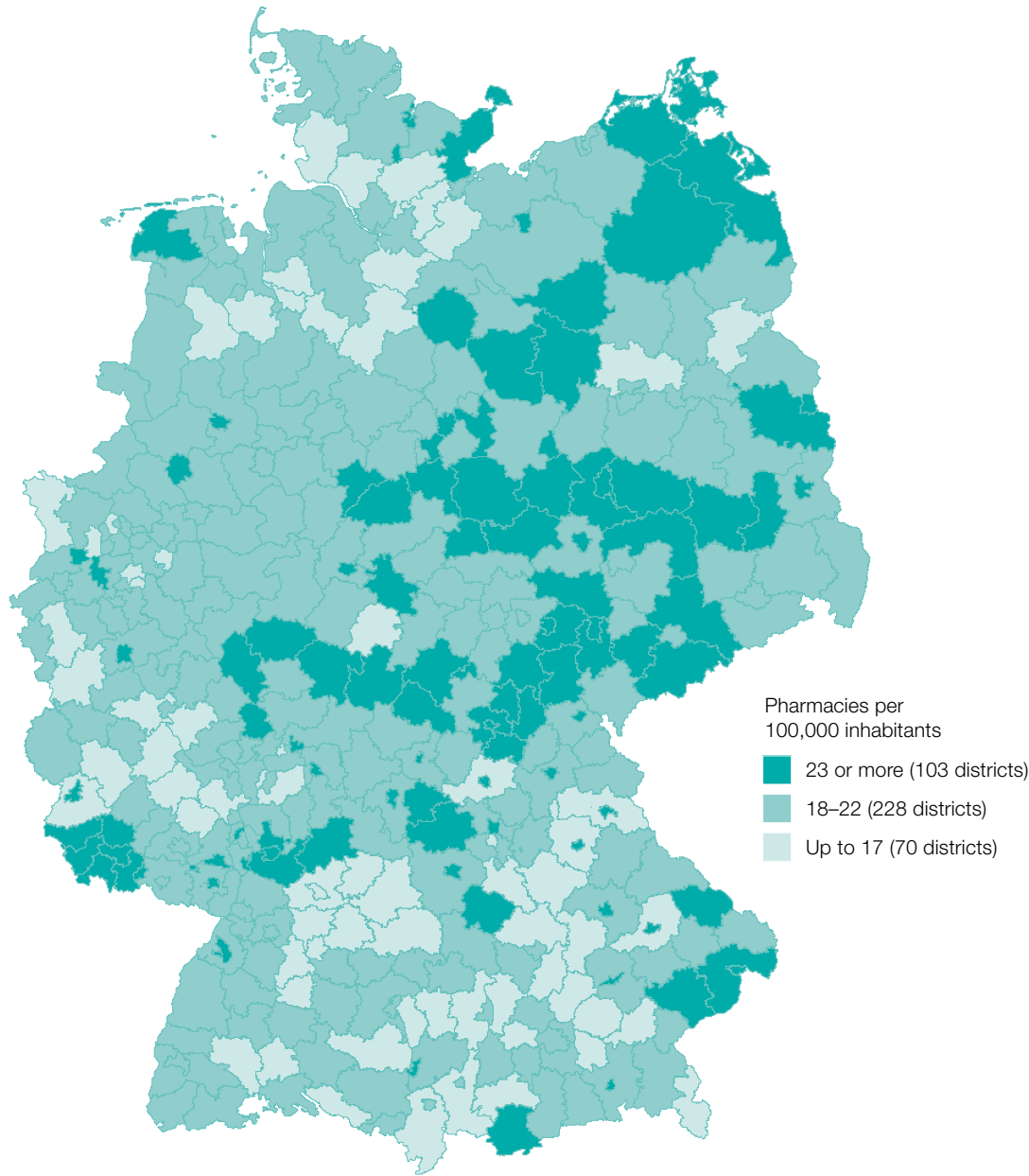


* Distance to nearest pharmacy is over 6 kilometres
Source: ILS Research gGmbH (2024)

GEOGRAPHICAL COVERAGE

On average, there are 20 pharmacies per 100,000 inhabitants in Germany – subject to some regional differences. The pharmacy density can vary depending on the population, urban density and structure of cities and administrative districts. However, the supply of medicines to the population is currently guaranteed nationwide.

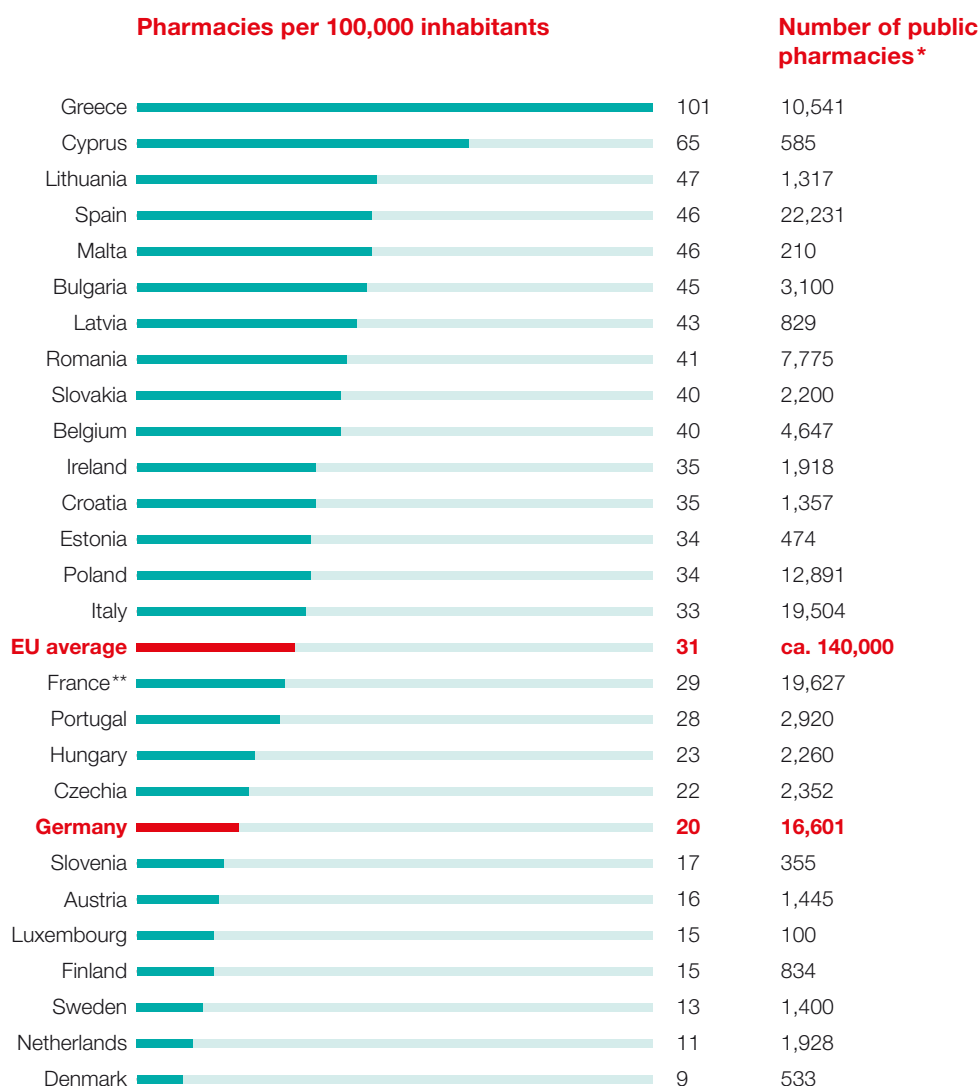
Pharmacy density by administrative district 2025



Note: classification changed with respect to previous year's publication
Source: ABDA statistics

PHARMACY DENSITY ACROSS EUROPE

Compared with other member states of the European Union, Germany is in the bottom third of the table, with 20 pharmacies per 100,000 inhabitants. Across Europe, there are an average of 31 pharmacies per 100,000 inhabitants. Of the 27 EU countries, 19 have a higher pharmacy density than Germany.



* Last available year.

** France métropolitaine (excl. overseas territories).

Source: ABDA statistics, Pharmaceutical Group of the European Union (PGEU), national pharmacists' associations, European Commission (EC)

Changes in pharmacy density in Germany and neighbouring countries

Pharmacies per 100,000 inhabitants

Country	2004	2008	2012	2016	2020	2025**
Belgium	50	49	45	43	41	40
France*	37	36	35	33	32	29
Poland	n/a	28	n/a	36	35	34
Czechia	22	23	24	24	22	22
Switzerland	23	22	22	21	21	20
Germany	26	26	26	24	23	20
Austria	14	15	15	16	16	16
Luxembourg	n/a	18	18	16	16	15
Netherlands	11	12	12	12	12	11
Denmark	6	6	6	7	9	9

* France métropolitaine (excl. overseas territories).

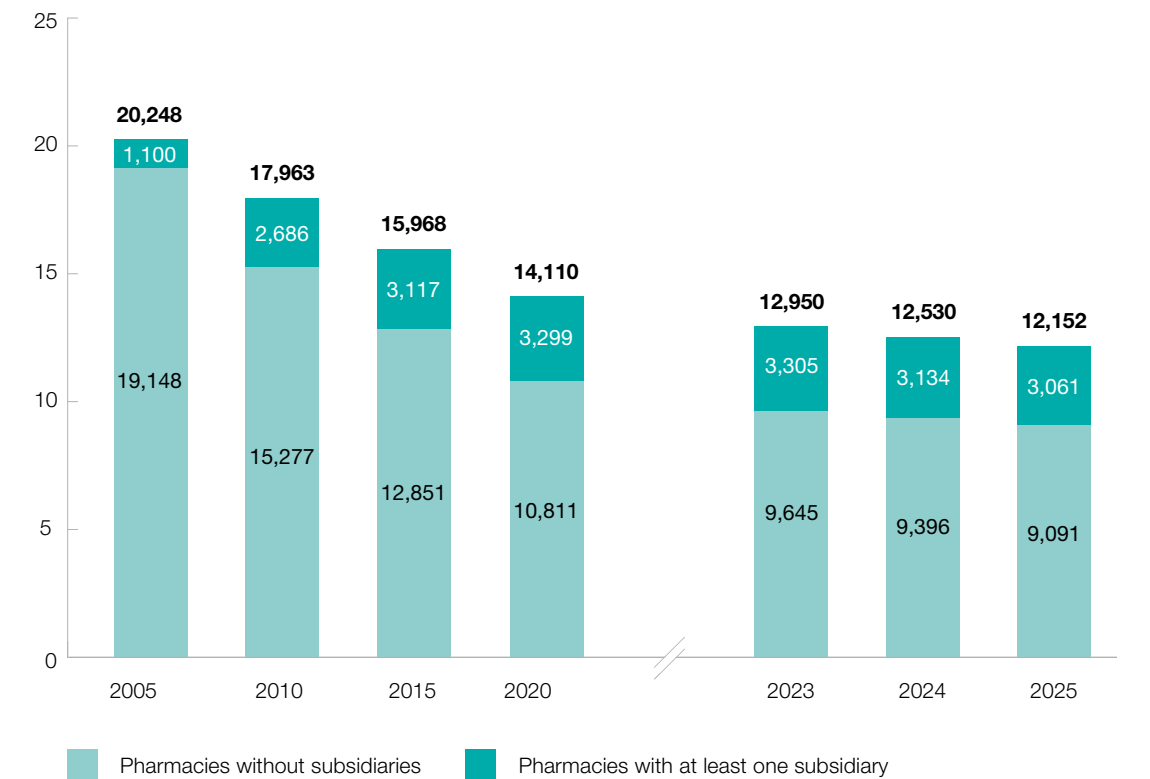
** Or last available year.

Source: ABDA statistics, Pharmaceutical Group of the European Union (PGEU), national pharmacists' associations, European Commission (EC)

SUBSIDIARY STRUCTURE

At the end of 2025, there were 12,152 pharmacy owners operating a total of 16,601 pharmacy premises. Since the SHI Modernisation Act entered into force in 2004, pharmacies can have up to three subsidiaries. Every branch requires a pharmacist who acts as branch manager. Main pharmacies and subsidiaries must be in close proximity to each other. In recent years, the number of pharmacies with at least one subsidiary has fallen slightly.

	2005	2010	2015	2020	2023	2024	2025
Pharmacies without subsidiaries (individual pharmacies)	19,148	15,277	12,851	10,811	9,645	9,396	9,091
Main pharmacy with one subsidiary	989	2,057	2,229	2,278	2,287	2,100	2,017
Main pharmacy with two subsidiaries	94	466	612	698	720	691	700
Main pharmacy with three subsidiaries	17	163	276	323	298	343	344
Main/individual pharmacies	20,248	17,963	15,968	14,110	12,950	12,530	12,152



All figures as at year end
Source: ABDA statistics

MAIL-ORDER TRADE

Since 2004, mail-order sales of prescription and non-prescription medicines have been permitted in Germany. In the area of self-medication, the market share of mail-order trade is already considerably more than 20%. In the case of prescription-only drugs, it is around 2%.

2025 sales volume				2025 revenue *		
OTC drugs **	in millions of packages	Change from previous year	Market share	in EUR millions	Change from previous year	Market share
Community pharmacies	556	-4.2%	76.1%	6,331	-1.3%	76.4%
Mail-order trade (domestic and foreign)	175	4.2%	23.9%	1,956	5.0%	23.6%

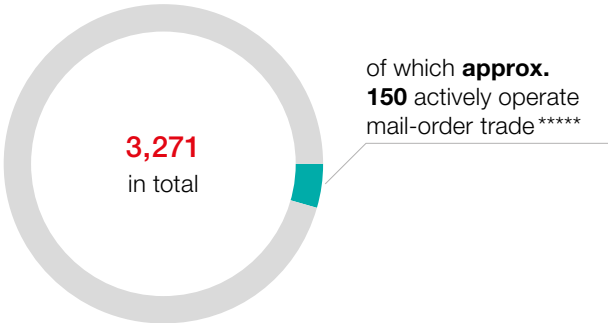
(Packages dispensed, rAVP revenue 2025, APO Fusion, INSIGHT Health, DatamedIQ)
rAVP = actual pharmacy retail price for OTC drugs and supplementary range

SHI pharmaceutical expenditure ***

(BMG statistics KJ1 and KV45)

	2021		2022		2023		2024		2025 ****	
	in EUR millions	Market share	in EUR millions	Market share	in EUR millions	Market share	in EUR millions	Market share	in EUR millions	Market share
Community pharmacies	41,075	99.1%	42,885	99.1%	43,671	99.1%	47,893	98.6%	50,531	98.0%
Foreign mail-order trade	359	0.9%	381	0.9%	415	0.9%	669	1.4%	1,026	2.0%

Pharmacies with a mail-order licence (§ 11a ApoG)



* Valued at effective sales prices.
** Excluding non-pharmaceuticals.
*** The majority of SHI expenditure is on prescription drugs.
**** Preliminary.
***** Professional online shop and price search engine listings.
ApoG = German Pharmacies Act
Source: Insight Health GmbH, Datamed IQ GmbH, Federal Ministry of Health (BMG), ABDA statistics, own calculations

SPECIAL TYPES OF PHARMACY

All community pharmacies are owner-managed. In addition, there are other types of pharmacies that are not owner-managed, such as hospital pharmacies. Some pharmacists operate their pharmacy jointly as a general partnership (OHG). Leased pharmacies are established on a transitional basis when the owner is no longer able to operate the pharmacy themselves, e.g. due to age. To ensure the local supply of pharmaceuticals, authorities can also approve prescription collection points through which patients can submit their prescriptions (including digitally). Delivery is then handled by an authorised pharmacy. In the event that the authorities identify a supply emergency, owners may operate a branch pharmacy near their pharmacy. This licence is valid for five years and can be reissued by the authorities on request.

	2005	2010	2015	2020	2023	2024	2025
Hospital pharmacies (§ 14 ApoG)	492	418	390	370	356	352	347
Pharmacies supplying hospitals (§ 1a Para. 1 ApBetrO)	300	220	180	160	170	160	160
OHG pharmacies (§ 8 ApoG)	385	492	662	754	840	874	867
Leased pharmacies (§ 9 ApoG)	1,635	1,193	880	605	486	441	408
Military pharmacies (§ 15 ApoG)	n/a	n/a	n/a	n/a	8	8	7
Branch pharmacies (§ 16 ApoG)	39	12	11	10	10	10	9
Emergency pharmacies (§ 17 ApoG)	0	0	0	0	0	0	0

Prescription collection points (§ 24 ApBetrO) 2025

Baden-Württemberg	87	North Rhine-Westphalia	29
Bavaria	111	North Rhine	4
Berlin	0	Westphalia-Lippe	25
Brandenburg	63	Rhineland-Palatinate	37
Bremen	0	Saarland	8
Hamburg	0	Saxony	90
Hesse	105	Saxony-Anhalt	81
Mecklenburg-Western Pomerania	81	Schleswig-Holstein	37
Lower Saxony	70	Thuringia	71
Total		870	

ApoG = German Pharmacies Act
ApBetrO = Ordinance on the Operation of Pharmacies
Source: ABDA statistics, IQVIA Commercial GmbH & Co. OHG

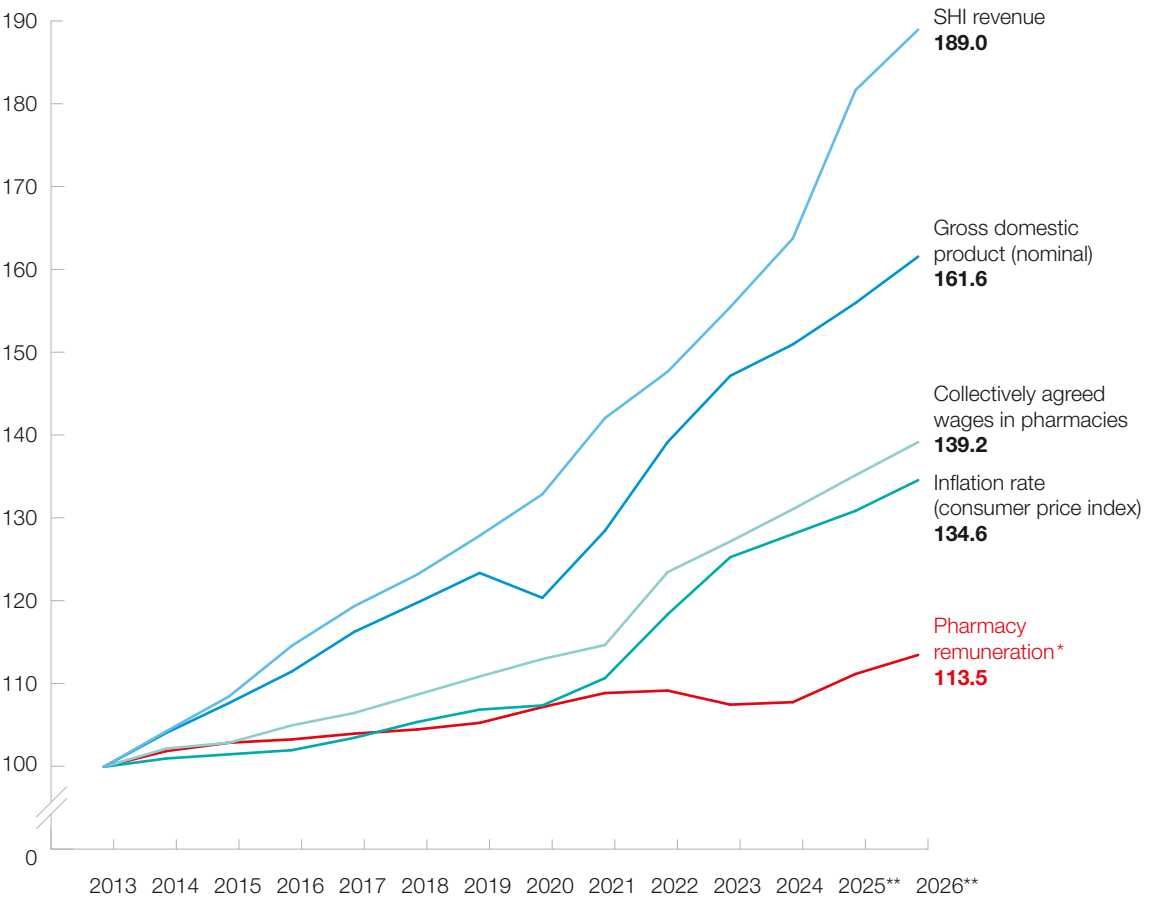
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THE ECONOMIC SITUATION OF PHARMACIES

CHANGES IN PHARMACY REMUNERATION

The last, slight increase in the fixed fee for pharmacies by the German government was in 2013. Pharmacies now receive EUR 8.35 per prescription-only medicine plus a surcharge of 3% of the pharmacy's purchase price. EUR 1.77 per prescription-only medicine is paid to the statutory health insurance as a statutory markdown. Due to the effects of drug pricing, total pharmacy remuneration has hardly changed since 2013, rising by only 13.5% (as at May 2026). Since the last change in the fee, both statutory health insurance revenue (+89.0%) and gross domestic product (+61.6%) have increased considerably. There have also been significant increases in the collectively agreed wages in pharmacies (+39.2%) and the consumer price level (+34.6%).

Index (2013 = 100)



* Pharmacy remuneration per SHI finished dosage form package according to § 1 AMPreisV in conjunction with § 130 SGB V (3% surcharge on pharmacy purchase price plus EUR 8.35 fixed surcharge plus EUR 0.21 emergency service surcharge minus EUR 1.77 markdown). Excluding the emergency service surcharge, the index value for 2026 is 111.8.

** Forecast

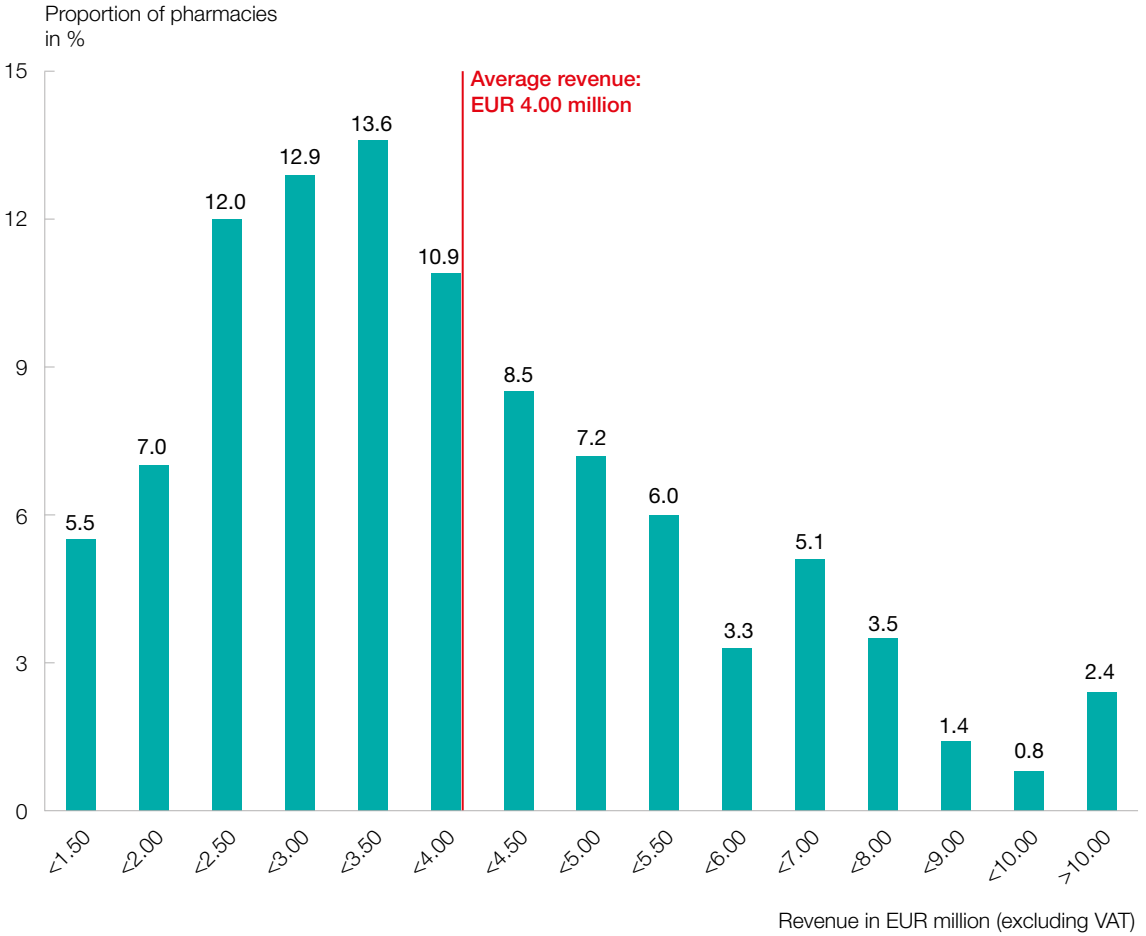
AMPreisV = Drug Price Ordinance

SGB = German Social Code

Source: Federal Ministry of Health (BMG), Federal Statistical Office of Germany (DESTATIS), ADEXA, ABDA statistics

PHARMACIES BY REVENUE CATEGORY

The average net revenue of a pharmacy in Germany stood at EUR 4.00 million per year in 2025. However, the revenue figures vary widely: around two-thirds (62%) of pharmacies fall short of the average revenue, while some large pharmacies far exceed it.



Note: classification changed with respect to previous year's publication

Reporting year 2025

Source: Treuhand Hannover GmbH (Treuhand data panel)

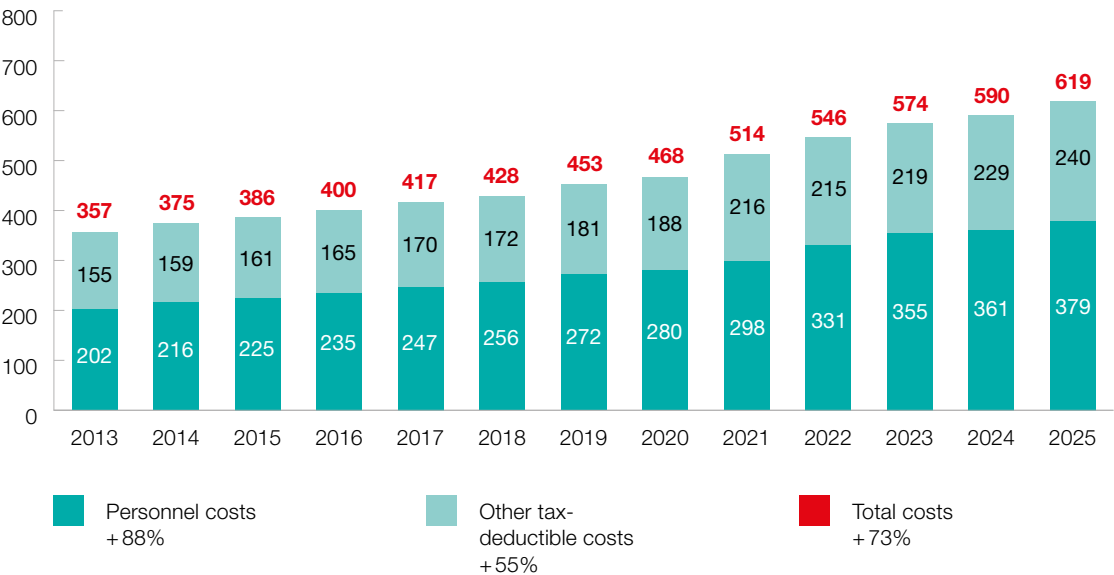
OPERATING RESULTS OF THE AVERAGE PHARMACY

The average net revenue of a pharmacy is EUR 4.00 million. Of this, 80% (EUR 3.231 million) is spent on the cost of sales. Personnel and other costs are deducted from the remaining gross profit. Pre-tax profit averaged EUR 168,000 in 2025. From this amount, pharmacy owners must deduct taxes, as well as investing in the pharmacy and funding their retirement and health insurance.

	2023	2024	2025
Net revenue* in EUR thousands	3,440	3,695	4,001
– Cost of sales	2,732	2,958	3,231
= Gross profit	708	737	770
– Personnel costs	355	361	379
– Other tax-deductible costs	219	229	240
= Fiscal operating result (pre-tax)**	148	162	168
of which partial operating result for the SHI***	65	74	81
of which subsidies for the nighttime and emergency service	9	10	10
of which subsidies for the courier service	5	4	4
of which pharmaceutical services	1	1	2

Operating costs of the average pharmacy between 2013 and 2025

in EUR thousands



* Excl. turnover tax and SHI discounts

** Incl. subsidies for the emergency and courier service

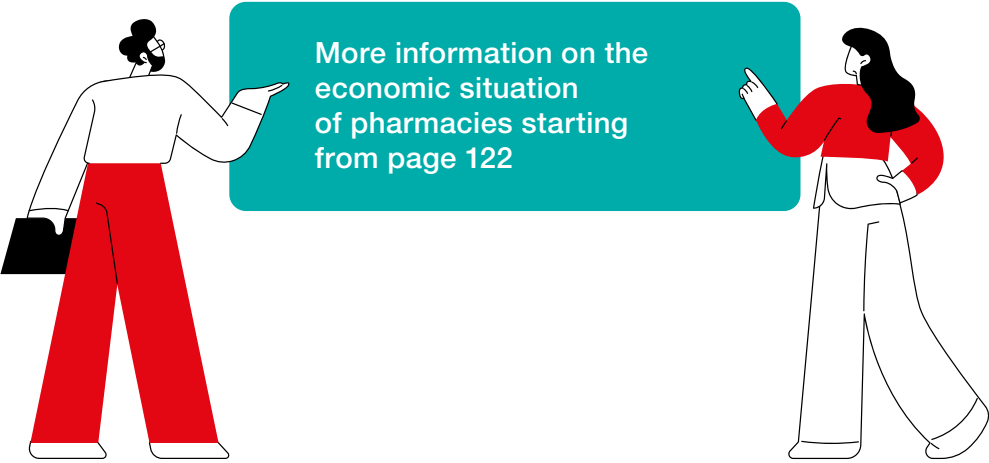
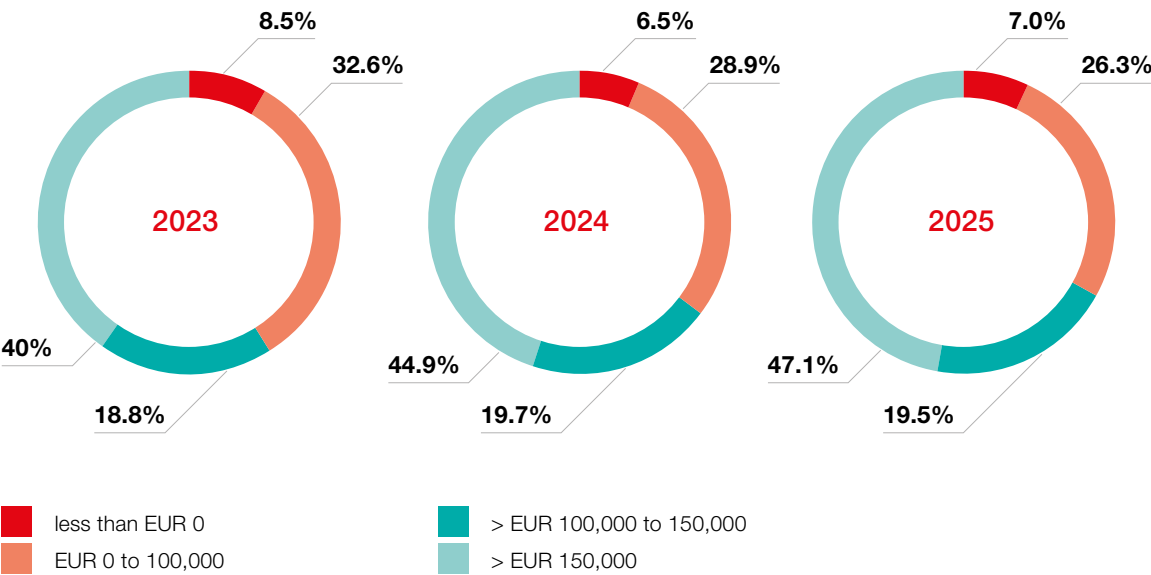
*** Cost allocation was carried out using the 50/50 revenue/sales method

SHI = statutory health insurance

Source: Treuhand Hannover GmbH (Treuhand data panel)

PHARMACIES WITH LOW OPERATING RESULTS

In 2025, 7.0% of pharmacies were in the red. For a further 26.3% of pharmacies, the operating result was so low that the business is barely sustainable in the long term, e.g. because there is no scope for investment.

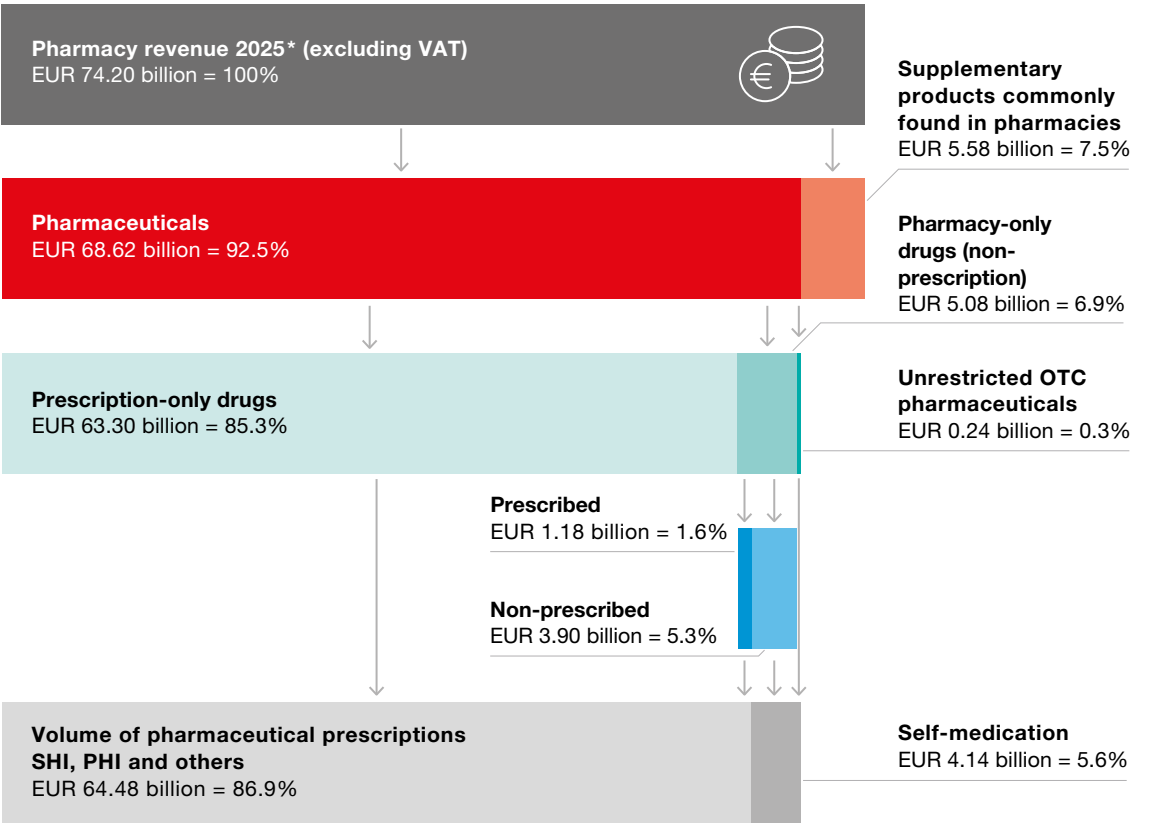


Note: classification changed with respect to previous year's publication
Source: Treuhand Hannover GmbH (Treuhand data panel)

REVENUE STRUCTURE AND PACKAGES DISPENSED

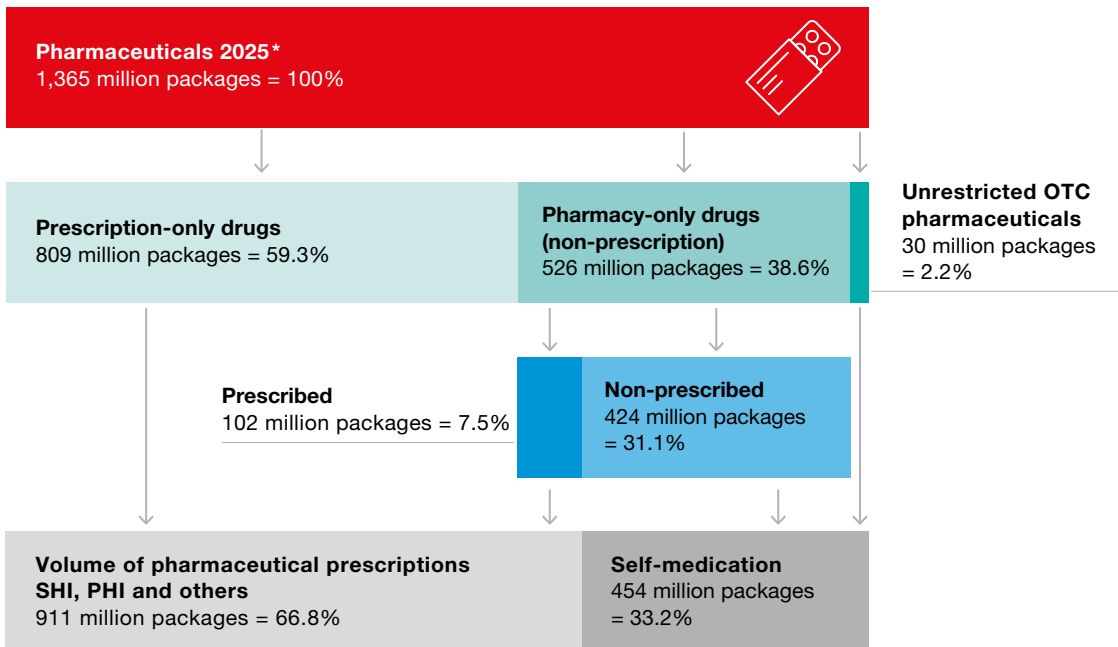
Pharmacies generate 93% of their revenue from the dispensing of medications. The remaining 7% is accounted for by the supplementary products commonly found in pharmacies. Around 85% of revenue stems from prescription-only drugs. In terms of the number of drug packs dispensed, 67% are prescribed and 33% are purchased by patients as self-medication.

Measured in sales figures



* Preliminary.
(AVP/rAVP revenue 2025, APO Fusion, INSIGHT Health)
rAVP = actual pharmacy retail price for OTC drugs and supplementary range
Mail-order revenue is not taken into account.
Source: Insight Health GmbH, ABDA statistics

Measured in numbers of packages (sales volume)



* Preliminary.
 (Packages dispensed 2025, APO Fusion, INSIGHT Health)
 Mail-order revenue is not taken into account.
Source: Insight Health GmbH, ABDA statistics

Revenue and sales volume



in EUR billions

	2023	2024	2025*
Pharmacy revenue (excl. VAT)	66.33	70.25	74.20
Prescription-only drugs	55.66	59.33	63.30
Pharmacy-only drugs (non-prescription)	5.00	5.14	5.08
Prescribed	1.15	1.18	1.18
Non-prescribed	3.85	3.96	3.90
Unrestricted OTC pharmaceuticals	0.25	0.25	0.24
Volume of pharmaceutical prescriptions SHI, PHI and other	56.81	60.51	64.48
Self-medication	4.11	4.21	4.14
Supplementary products commonly found in pharmacies	5.42	5.53	5.58



in millions of packages

	2023	2024	2025*
Pharmaceuticals	1,388	1,389	1,365
Prescription-only drugs	798	808	809
Pharmacy-only drugs (non-prescription)	557	549	526
Prescribed	107	106	102
Non-prescribed	450	443	424
Unrestricted OTC pharmaceuticals	33	32	30
Volume of pharmaceutical prescriptions SHI, PHI and other	905	914	911
Self-medication	483	475	454

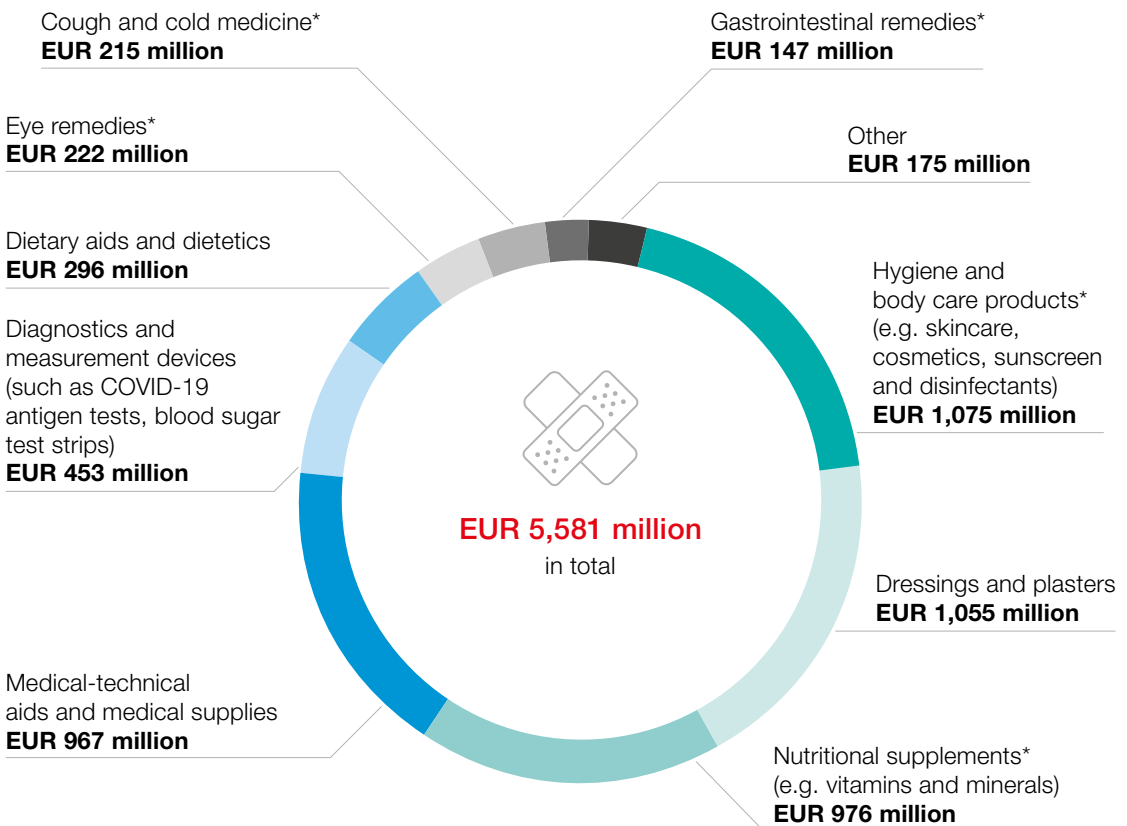
* Preliminary
(Packages dispensed, AVP/rAVP revenue, 2023–2025, APO Fusion, INSIGHT Health)
rAVP = actual pharmacy retail price for OTC drugs and supplementary range
Mail-order revenue is not taken into account
Source: Insight Health GmbH, ABDA statistics

SUPPLEMENTARY PRODUCTS COMMONLY FOUND IN PHARMACIES

The supplementary range includes all typical pharmacy products without drug status, e.g. medical aids, blood sugar test strips, food supplements, vitamins and minerals, as well as cosmetics and sunscreen. This range accounts for 7.5% of total revenue.

2025 revenue

excl. VAT



* Unless classified as pharmaceuticals.
 (rAVP revenue 2025, APO Fusion, INSIGHT Health)
 rAVP = actual pharmacy retail price for OTC drugs and supplementary range
 Source: Insight Health GmbH

REQUIREMENTS FOR PHARMACY OPERATION

The German Pharmacies Act (ApoG) and the Ordinance on the Operation of Pharmacies (ApBetrO) define the conditions that must be met by community pharmacies. Many pharmacies far exceed these minimum requirements in terms of quality management, patient friendliness and suitability for everyday use. Substantial investment benefits quality assurance and the frictionless supply of medicines to the public.



Operating licence

- ▶ Licensed pharmacists
- ▶ Personal management
- ▶ Sole responsibility



Business premises

- ▶ At least 110 square metres of floor space
- ▶ Office, laboratory, storage, nighttime service room



Pharmaceuticals

- ▶ Prescription-only and pharmacy-only medications as special goods
- ▶ Finished dosage forms, formulations and narcotics
- ▶ A supply sufficient for at least one week's average demand



Quality management

- ▶ Pharmaceutical personnel including PTAs, pharmaceutical engineers, pharmacists
- ▶ Mandatory QMS for processes in the pharmacy
- ▶ Guidelines of the Federal Chamber of Pharmacists and certification (chamber certificate, TÜV etc.) as guidance



Standby duty

- ▶ Proper supply of medicinal products to the population
- ▶ Obligation to be permanently on duty with a scheduled exemption from the chambers of pharmacists
- ▶ Posting of information about the nearest pharmacy on duty at every pharmacy

PTA = pharmaceutical technical assistant

QMS = quality management system

Source: ABDA – Federal Union of German Associations of Pharmacists

PRICING OF FINISHED DOSAGE FORMS

The Drug Price Ordinance (AMPreisV) regulates the retail price of prescription-only pharmaceuticals as well as pharmacy remuneration. Legally stipulated markdowns along with co-payments from insured patients are intended to relieve the financial burden on health insurance funds.

Example of a prescription-only finished dosage form



Manufacturer sales price (ApU)	EUR 50.00
+ maximum wholesale surcharge (3.15% on ApU + EUR 0.73)	EUR 2.31
= Pharmacy purchase price (AEP)	EUR 52.31
+ pharmacy surcharge (3% on AEP + EUR 8.35)	EUR 9.92
+ emergency service surcharge (EUR 0.21)	EUR 0.21
+ surcharge to fund pharmaceutical services (EUR 0.20)	EUR 0.20
= Net pharmacy retail price (net AVP)	EUR 62.64
+ value-added tax (19% on net AVP)	EUR 11.90
= Pharmacy retail price (AVP)	EUR 74.54
– statutory co-payment from the insured patient (10% of gross AVP)	EUR 7.45
– statutory pharmacy markdown* (EUR 1.77)	EUR 1.77
– statutory manufacturer markdown** (7% of ApU)	EUR 3.50
= Effective expenditure of SHI***	EUR 61.82

* The manufacturer markdown for pharmaceuticals not bound to fixed prices is 7% for patent-protected originals and 16% for generics. However, the markdown for generics bound to fixed prices is 10%. For drug prices that are 30% or more below the fixed price, the manufacturer markdown no longer applies (§ 130a German Social Code (SGB) V).

** Rebate contracts that further reduce costs for SHI are not taken into account.

SGB = German Social Code (Sozialgesetzbuch)

Source: ABDA statistics (as of May 2026)

PRICING FOR STANDARD FORMULATIONS

For standard formulations, the sales prices are set by statutory provisions – in a similar manner as for industrially produced prescription drugs. Surcharges and markdowns are set out in the Drug Price Ordinance (AMPreisV). The remuneration rules for standard formulations were last adjusted by the legislature in 2017.

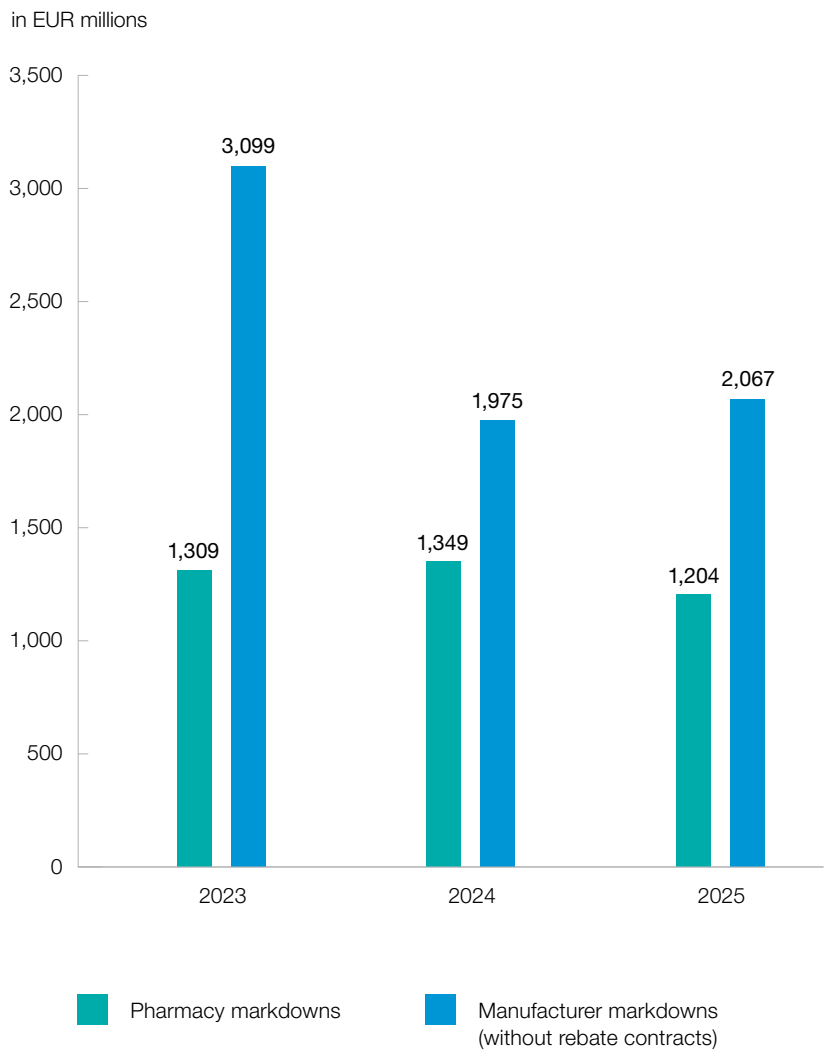
Example for a prescription-only ointment (100 g)

= Pharmacy purchase price (AEP) for an active ingredient (1 g powder), base (99 g ointment base) and container (1 dispenser for 100 g)	EUR 5.00
+ fixed surcharge (90% on AEP)	EUR 4.50
+ formulation surcharge for production (EUR 6.00 for preparation of ointments up to 200 g)	EUR 6.00
+ fixed fee	EUR 8.35
= Net pharmacy retail price (net AVP)	EUR 23.85
+ value-added tax (19% on net AVP)	EUR 4.53
= Pharmacy retail price (AVP)	EUR 28.38
– statutory co-payment from the insured patient (10% of gross AVP retail price; minimum of EUR 5)	EUR 5.00
– statutory pharmacy markdown (EUR 1.77)	EUR 1.77
= Effective expenditure of SHI	EUR 21.61

Source: ABDA statistics (as of May 2026)

PHARMACY AND MANUFACTURER MARKDOWNS

To contain the expenditure of the statutory health insurance (SHI) system, pharmacies and pharmaceutical manufacturers are required to grant discounts to the SHI on the dispensing of prescription-only medicines. In this way, pharmacies alone generate savings of over a billion euros per year. From February 2023 to January 2025, legislators temporarily increased this contribution from EUR 1.77 to EUR 2.00 per medicinal product. The temporary increase in the pharmacy markdown resulted in savings of an additional EUR 300 million for the health insurance funds.



Source: German Pharmacists' Association (DAV)

3

PHARMACEUTICAL SUPPLY UNDER THE STATUTORY HEALTH INSUR- ANCE SYSTEM

BREAKDOWN OF TOTAL SHI EXPENDITURE

In 2025, statutory health insurance spent around EUR 352 billion. Of this, the largest shares corresponded to costs for hospitals and doctors. At 1.7 percentage points, pharmacies' share of value added accounts for only a fraction of pharmaceutical expenditure. The administrative expenditure of statutory health insurance is more than twice as high as its expenditure on pharmacies and their services.

Year	Total expenditure of SHI (EUR billions)	as a %	Doctors	Dentists (incl. dentures)	Remedies and medical aids	Hospitals	Administrative expenses	Miscellaneous expenditure *	Pharmaceuticals **	of which pharmacy added-value share as per Drug Price Ordinance (AMPreisV)
2025 **	352.43	15.3	5.4	7.7	31.6	3.8	21.9	14.3	1.7	
2024	327.41	15.4	5.6	7.6	31.2	3.9	21.7	14.6	1.8	
2023	306.38	15.4	5.7	7.6	30.7	4.1	22.3	14.3	1.9	
2022	288.79	16.0	5.8	7.4	30.5	4.3	21.2	14.8	2.0	
2021	285.00	15.7	5.7	7.1	30.1	4.1	22.8	14.4	1.9	
2020	262.90	16.7	5.7	6.9	31.0	4.5	21.0	14.3	2.1	
2015	213.67	16.3	6.3	6.4	32.5	4.9	19.0	14.6	2.3	
2010	175.99	15.4	6.5	6.0	33.0	5.4	18.1	15.6	2.5	
2005	143.81	15.2	6.9	6.2	33.7	5.7	16.3	15.9	2.8	

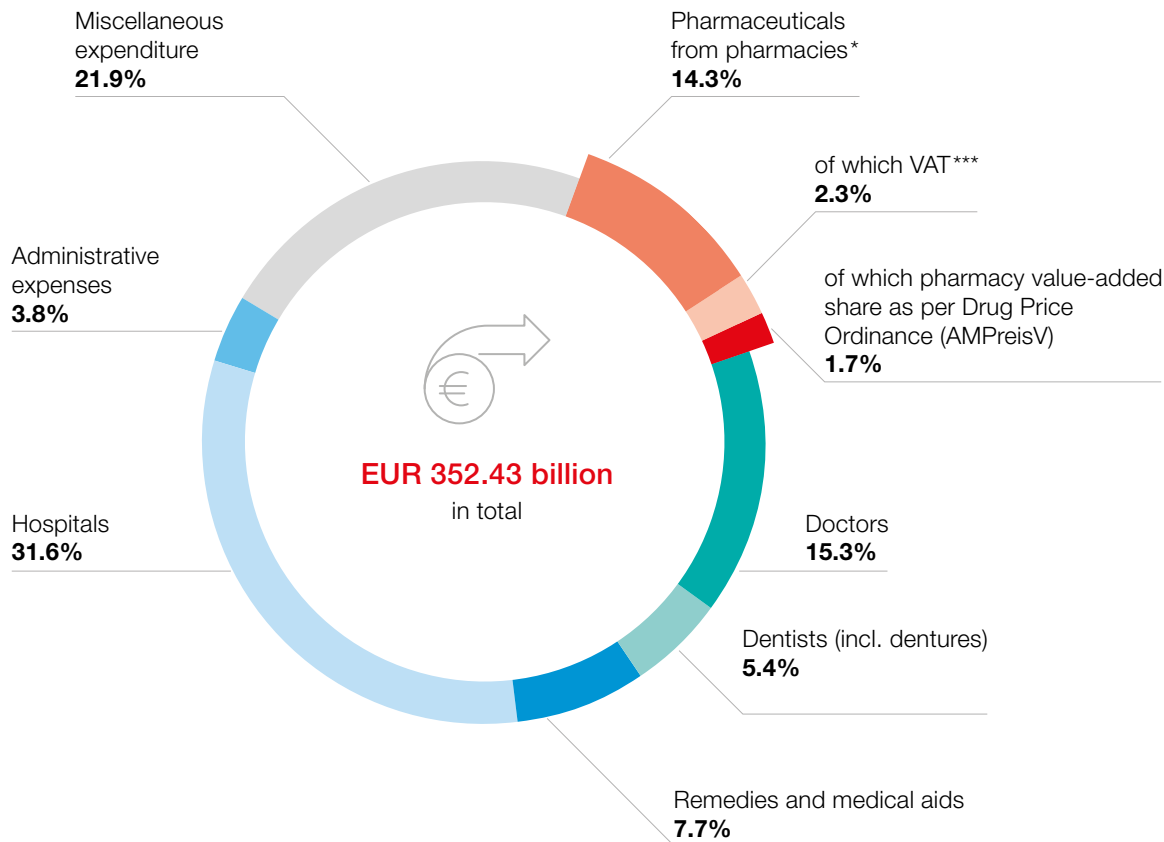
* From community pharmacies (excl. foreign mail-order trade, hospital pharmacies and others).

** Preliminary.

AMPreisV = Drug Price Ordinance

Source: Federal Ministry of Health (BMG), ABDA statistics

SHI total expenditure 2025



* From community pharmacies (excl. foreign mail-order trade, hospital pharmacies and others)

** Preliminary

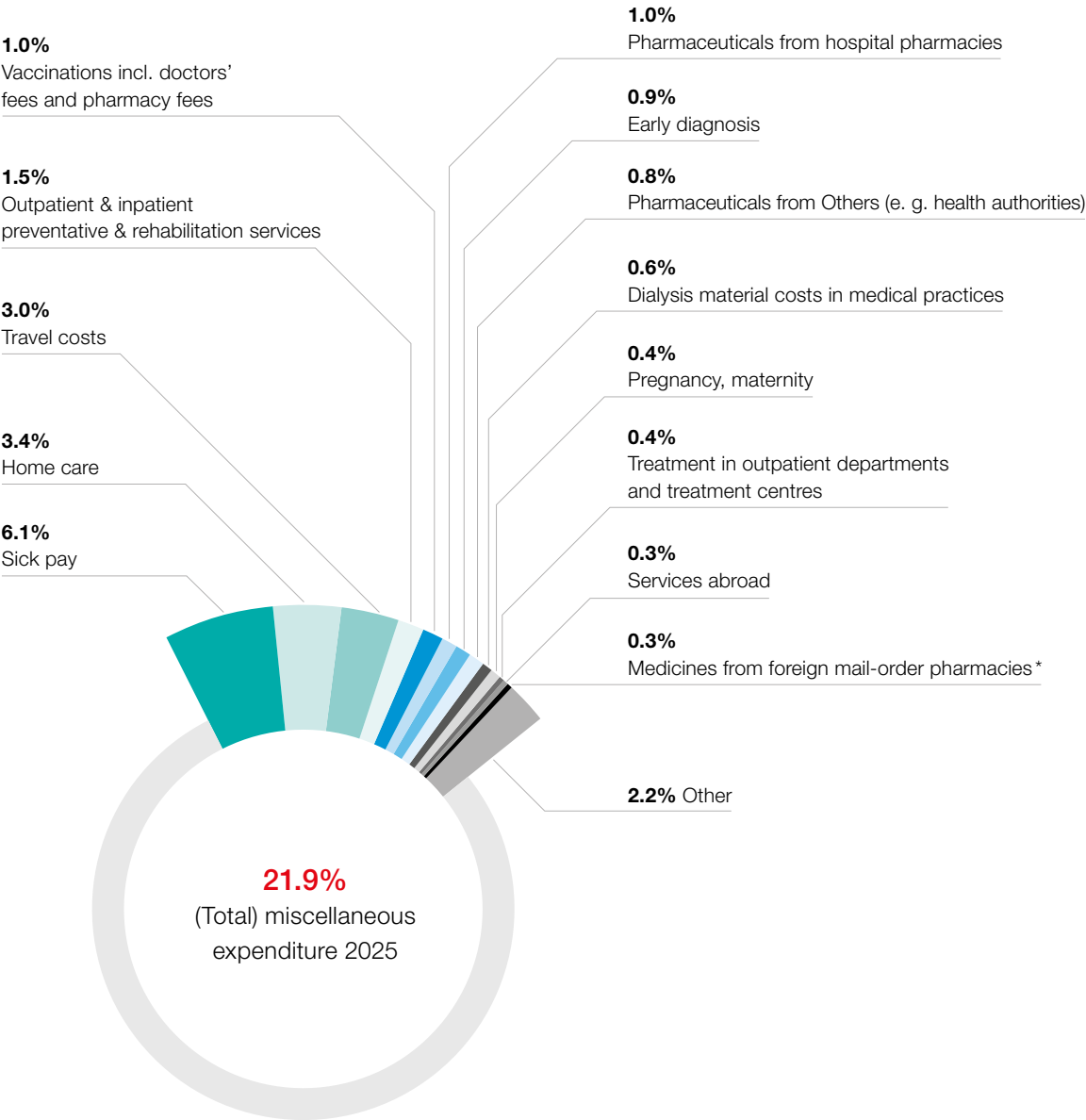
*** While outpatient and inpatient services provided by doctors are generally exempt from VAT, the tax does apply to services provided by pharmacists, including the medicines they dispense.

AMPreisV = Drug Price Ordinance

Source: Federal Ministry of Health (BMG), ABDA statistics

MISCELLANEOUS HEALTH INSURANCE FUND EXPENDITURE

Miscellaneous statutory health insurance (SHI) expenditure includes not only sick pay, travel costs and home care but also items such as “Vaccinations incl. doctors’ fees and pharmacy fees”.

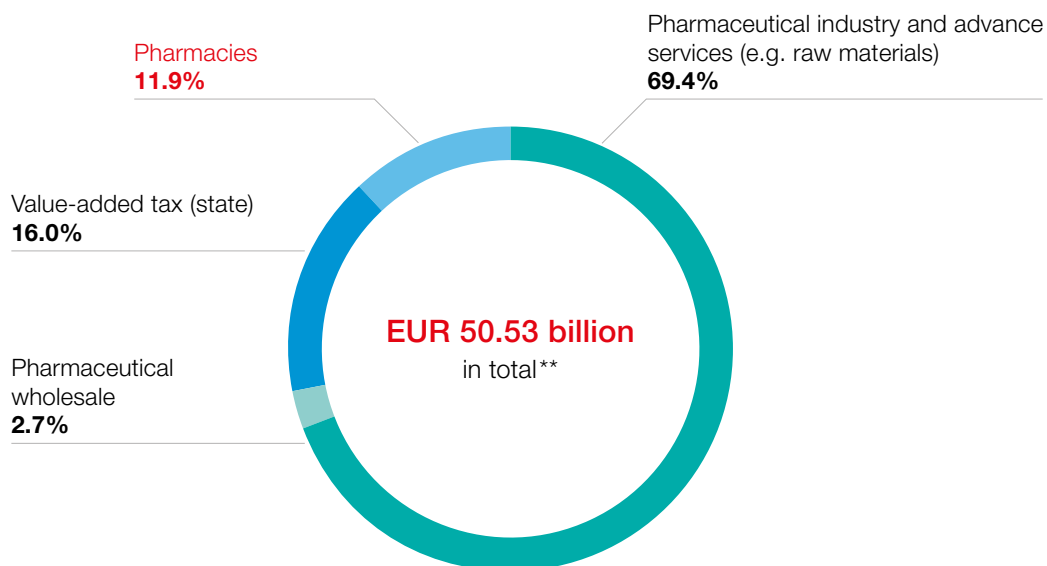


* 0.3% corresponds to EUR 1,026 million (see chapter “Mail-order trade”).
Source: Federal Ministry of Health (BMG), ABDA statistics

SHI EXPENDITURE ON PHARMACEUTICALS

Around two-thirds of statutory health insurance (SHI) expenditure on pharmaceuticals is attributable to products from the pharmaceutical industry. In 2025, the SHI spent more money on the 19% VAT on pharmaceuticals than on the services provided by pharmacies. Due to the lack of adjustment in pharmacy remuneration, the proportion of remuneration in relation to total SHI expenditure fell by a further 0.3 percentage points this year.

	2023		2024		2025 *	
	in EUR billions	Share	in EUR billions	Share	in EUR billions	Share
Pharmaceutical industry and advance services (e.g. raw materials)	29.71	68.0%	33.06	69.0%	35.09	69.4%
Pharmaceutical wholesale	1.27	2.9%	1.34	2.8%	1.36	2.7%
Value-added tax (state)	6.97	16.0%	7.65	16.0%	8.07	16.0%
Pharmacies	5.72	13.1%	5.84	12.2%	6.01	11.9%
Total SHI expenditure on pharmaceuticals**	43.67	100.0%	47.89	100.0%	50.53	100.0%



* Preliminary.

** Finished dosage forms, preparations and dressings from community pharmacies (excluding foreign mail-order trade, hospital pharmacies and others).

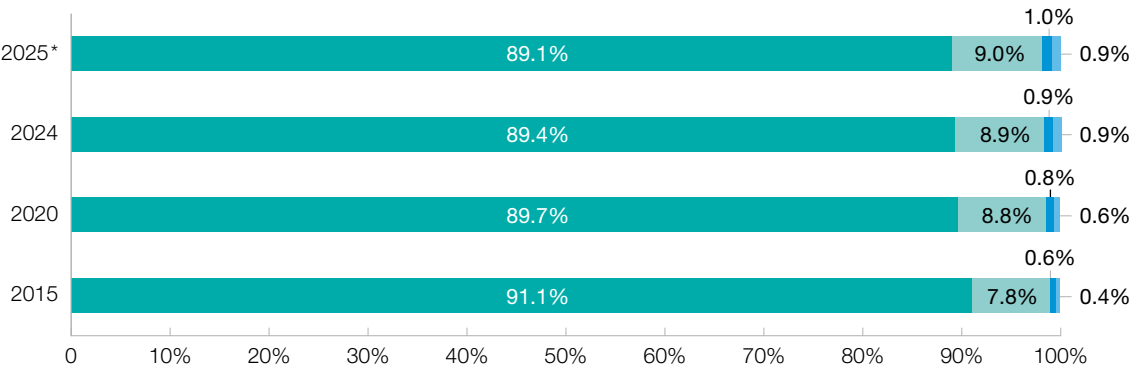
Net expenditure less discounts, markdowns and co-payments

Source: Federal Ministry of Health (BMG), ABDA statistics

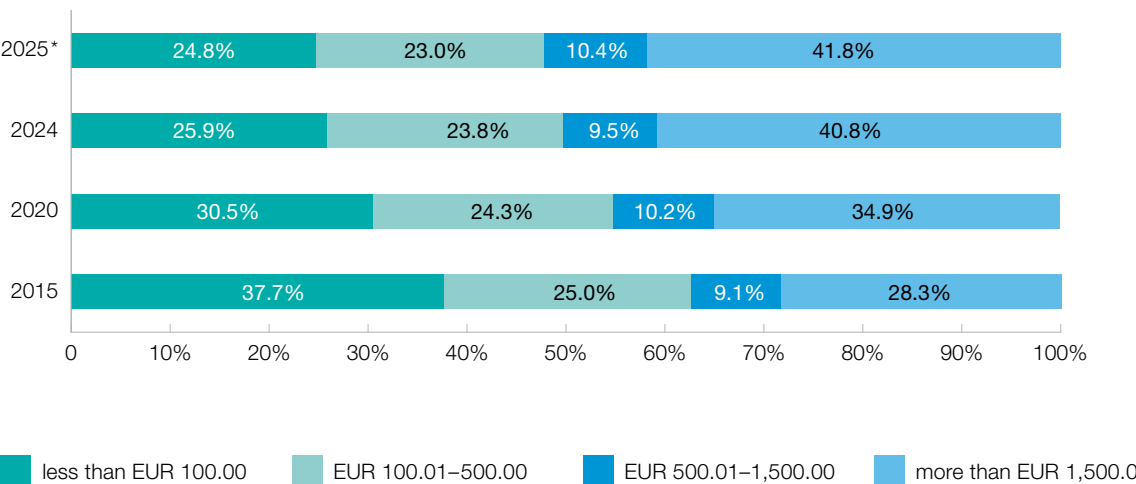
PHARMACEUTICALS BY PRICE RANGE

The Drug Price Ordinance (AMPreisV) governs the pharmacy retail price (AVP) of prescription-only medicines. The manufacturer sales price (ApU) is used as a basis. In 2025, 90% of finished dosage form packages dispensed based on an SHI prescription were sold over the counter for a maximum of EUR 100. Despite low package numbers, higher-priced, innovative pharmaceuticals account for an ever-increasing proportion of total revenue. The average pharmacy retail price for a prescription drug was around EUR 86 in 2025.

Sales share of prescription-only SHI finished dosage forms by price segment



Revenue share of prescription-only SHI finished dosage forms by price segment



* 1st–3rd quarter 2025
Finished dosage forms dispensed in community pharmacies at the expense of SHI, incl. consultation room supplies.
Price ranges refer to pharmacy retail prices (incl. VAT).
Source: German Institute for Drug Use Evaluation (DAPI)

REBATE CONTRACTS

Since 2007, health insurance companies have been able to conclude discount agreements with pharmaceutical manufacturers in order to purchase medicines more cheaply. There are now around 17,000 of these fund-specific contracts that specify which insured individuals receive which preparation from which manufacturer. Implementing these contracts leads to a considerable administrative burden for pharmacies at the same time as savings yield billions of euros for health insurance companies.

EUR 6.7 billion	413 million	50 million	17,000
of SHI savings from rebate contracts in 2025	dispensed generic drug packages with rebate contracts in 2024*	dispensed original drug packages with rebate contracts in 2024*	rebate contracts as at end of 2025
22,000	257	22%	
rebated pharmaceuticals (pharmaceutical registration numbers) as at end of 2025	participating pharmaceutical companies as at end of 2025	of discounted prescription medications with exemptions from or reductions in co-payments as at end of 2025	

Rebate pharmaceuticals: comparison of rebate contracts and SHI savings

	2023	2024	2025**
Finished dosage form packages with rebate contracts	428 million	448 million	439 million
Share of all SHI finished dosage form packages	63.2%	65.0%	64.6%
Number of rebate contracts at year end	n/a	16,900	17,300
SHI savings over the full year	EUR 5.8 billion	EUR 6.2 billion	EUR 6.7 billion

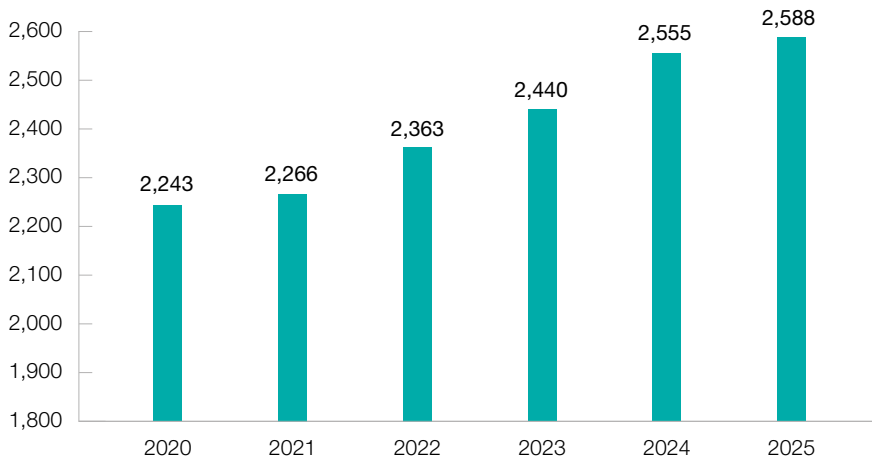
* No figures for 2025 were available by the editorial deadline.
** Preliminary
Source: ABDATA, Pro Generika e. V., Federal Ministry of Health (BMG), IQVIA Commercial GmbH & Co. OHG, German Institute for Drug Use Evaluation (DAPI)

PATIENT CO-PAYMENTS

SHI-insured patients have to make co-payments for certain services. For prescribed medications, this co-payment amounts to 10% of the price of the medication – but no less than EUR 5 and no more than EUR 10. As some medications and some patients are exempt from co-payments, the average co-payment amounts to EUR 3.40. Thanks to the co-payments collected by pharmacies on their behalf, health insurance companies now save over EUR 2.5 billion per year.

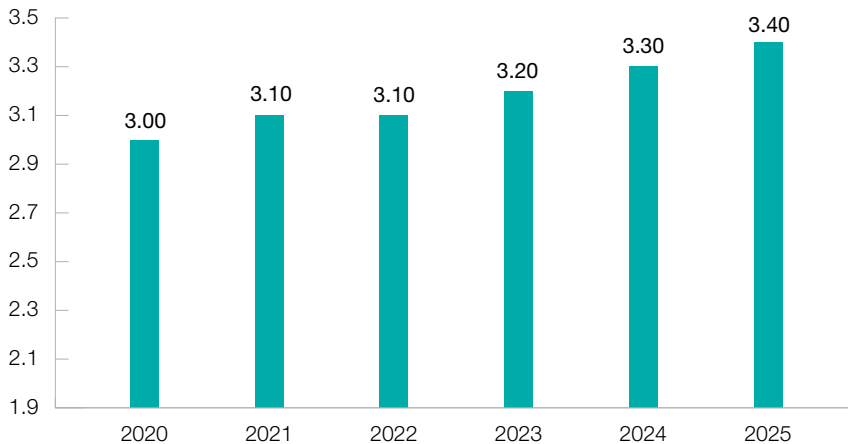
Patient co-payments for pharmaceuticals

in EUR millions



Average co-payment per package

in EUR



Source: German Pharmacists' Association (DAV)

CO-PAYMENT EXEMPTIONS

People with statutory health insurance must pay no more than 2% of their gross annual income for co-payments. This is stipulated by the hardship provision in § 62 SGB V. For chronically ill patients, there is a limit of 1%. The co-payment exemption affects around 6% of the approximately 74 million patients with statutory health insurance in Germany. For several years, the number of people with exemptions has been on the decline.



Exemptions from co-payments	2005	2010	2015	2020	2022	2023	2024
Chronically ill patients in millions	6.4	6.8	6.2	5.2	4.9	4.7	4.4
Other patients in millions	0.6	0.4	0.3	0.2	0.2	0.2	0.2
Total number of persons exempt from co-payments in millions	7.0	7.2	6.5	5.4	5.1	4.9	4.6
Proportion of SHI-insured individuals exempt from co-payments	9.9%	10.3%	9.2%	7.4%	6.9%	6.6%	6.2%

SGB = German Social Code (Sozialgesetzbuch)

Source: Federal Ministry of Health (BMG)

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EMPLOYMENT AT PHARMACIES

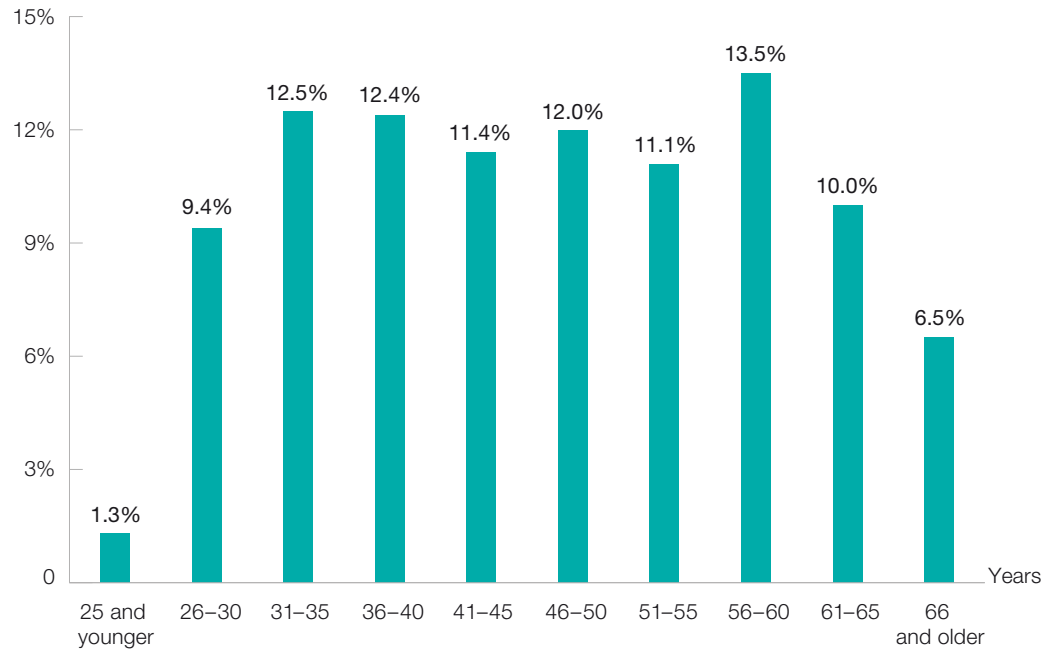
NUMBER AND AGE OF PHARMACISTS

At the end of 2025, there were around 70,000 pharmacists working in Germany, the overwhelming majority of whom work in community pharmacies. However, pharmacists are also employed in the pharmaceutical industry, hospital pharmacies, universities and public authorities. Almost three-quarters of licensed pharmacists are women.

Active pharmacists in:	2005	2010	2015	2020	2023	2024	2025	Proportion of women in 2025
Community pharmacies	46,276	48,695	50,356	52,996	53,178	53,235	52,733	74.3%
of whom pharmacy managers*	20,591	18,525	16,848	14,649	13,575	13,197	12,802	49.9%
Hospital pharmacies	1,782	1,909	2,212	2,677	3,041	3,225	3,355	74.5%
Industry, administration, professional organisations, academia	6,450	8,328	10,189	12,183	13,579	13,946	14,185	61.3%
Pharmaceutical industry	—	4,405	5,867	7,436	8,199	8,033	8,155	60.4%
Universities	—	1,225	1,187	1,307	1,659	1,445	1,438	52.8%
Authorities and bodies	—	801	937	1,140	1,146	1,222	1,261	68.0%
Educational institutions and vocational schools	—	511	465	551	626	643	647	81.9%
German armed forces	—	199	229	242	267	227	226	38.1%
Other areas	—	1,187	1,504	1,507	1,682	2,376	2,458	62.3%
Total	54,508	58,932	62,757	67,856	69,798	70,406	70,273	71.7%

* Owners (incl. partners), leaseholders and administrators; not employed subsidiary managers.
Source: ABDA statistics

Age distribution of active pharmacists *



Average age of pharmacists *

Age (in years) of active pharmacists in:	Overall	Female	Male
Community pharmacies	48.4	47.8	50.1
of whom pharmacy managers	53.6	52.9	54.3
of whom licensed employees	46.6	46.7	46.1
Hospital pharmacies	41.3	40.2	44.4
Industry, administration, professional organisations, academia	43.0	42.1	44.6
All areas of activity	47.0	46.5	48.5

* Latest figures as at year end 2023.
Source: Federal Chamber of Pharmacists (BAK)

QUALIFIED STAFF IN PHARMACIES

In 2025, there were around 159,000 qualified pharmaceutical staff working at community pharmacies. Around a third of those are licensed pharmacists. Two-thirds work as pharmaceutical technical assistants (PTA) or pharmaceutical commercial employees (PCE). In addition, pharmacies also employ numerous auxiliary staff, couriers and cleaners.

	2005	2010	2015	2020	2023	2024	2025	Proportion of women in 2025
Pharmacists	46,276	48,695	50,356	52,996	53,178	53,235	52,733	74.3%
Pre-registration trainee pharmacists (PhiP)	1,534	1,367	1,608	1,656	1,476	1,123	1,051	73.7%
Pharmacists' assistants, pharmaceutical engineers	9,266	7,701	6,145	4,661	3,706	3,531	3,150	96.0%
Pharmaceutical technical assistants (incl. trainees)	46,432	55,345	63,660	68,765	67,799	72,189	71,399	96.4%
Pharmaceutical commercial employees (PCE)*	35,832	34,719	32,759	32,376	30,802	32,108	31,151	97.3%
Total employment **	139,340	147,827	154,528	160,454	156,961	162,186	159,484	89.1%

* Incl. pharmacy assistants, skilled workers, assistants, pharmaceutical assistants and PCEs in training.
** Auxiliary staff such as couriers and cleaners are not included.
All figures as at year end
Source: ABDA statistics

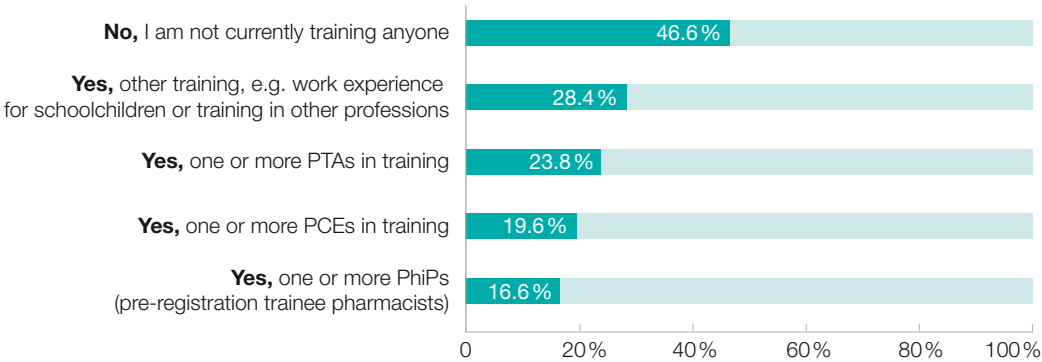
TRAINING PLACES IN PHARMACIES

Around 6,100 young people complete their training in pharmacies, either by working as a PCE (pharmaceutical commercial employee) as part of their dual vocational training or as a PTA (pharmaceutical technical assistant) as part of a school-based programme. This is in addition to pharmacy students in the final phase of their studies, who gain experience in pharmacies during their practical year.

	2023	2024	2025
Pharmaceutical commercial employees (PCEs) in training	3,625	3,457	3,120
Pharmaceutical technical assistants (PTAs) in training	1,955	1,962	1,920
Pre-registration trainee pharmacists (PhiPs)	1,476	1,123	1,051
Total number of training places	7,056	6,542	6,091

Question:

Are pharmacy owners currently training people in their (main) pharmacy?



Source: ABDA Statistics, Pharmacy Climate Index 2025, survey conducted in July/August 2025 (IQVIA Commercial GmbH & Co. OHG)

PHARMACY STUDENTS AND REGISTRATIONS

There are some 16,000 pharmacy students in Germany. Study programmes in pharmacy are offered at 22 universities in 14 federal states, with the programmes divided into a two-year foundation course, a two-year main course and one year of practical training. Each year, over 2,500 young people start their academic training and some 2,500 newly licensed pharmacists begin their careers. There remains a considerable need for pharmacists in the labour market in all areas of activity (community pharmacies, hospitals, industry, etc.).

				
Academic year*	Students	New students	Approbations	Doctorates
2024	15,765	2,667	2,259	385
2023	15,793	2,815	2,507	314
2022	16,064	2,706	2,418	366
2021	16,208	2,710	2,405	360
2020	16,307	2,702	2,551	356
2019	16,123	2,756	2,304	362
2018	15,986	2,821	2,281	372
2017	15,894	2,810	2,233	374
2016	15,682	2,798	2,202	415
2015	15,548	2,811	2,025	385
2014	15,268	2,706	2,079	407

* The academic year begins on 1 October and ends on 30 September of the following year.
Source: Federal Statistical Office of Germany (DESTATIS), state authorities

PLACES OF STUDY

Federal state	University	University places in the winter semester 2024/2025	University places in the summer semester 2025
Baden-Württemberg	Freiburg	90	0
	Heidelberg	45	0
	Tübingen	140	0
Bavaria	Erlangen-Nuremberg	123	0
	Munich	110	96
	Regensburg	135	0
	Würzburg	59	49
Berlin	FU Berlin	75	64
Brandenburg	—	—	—
Bremen	—	—	—
Hamburg	Hamburg	69	0
Hesse	Frankfurt am Main	84	56
	Marburg	140	95
Mecklenburg-Western Pomerania	Greifswald	70	70
Lower Saxony	Braunschweig	90	80
North Rhine-Westphalia	Bonn	84	82
	Düsseldorf	68	67
	Münster	86	77
	Mainz	53	52
Saarland	Saarbrücken	135	0
Saxony	Leipzig	55	0
Saxony-Anhalt	Halle-Wittenberg	135	0
Schleswig-Holstein	Kiel	69	69
Thuringia	Jena	76	0
Total		1,991	857

Source: University Admissions Foundation (ZVS)

CONTINUING PROFESSIONAL EDUCATION AND POSTGRADUATE SPECIALISATION

Many pharmacists regularly deepen and expand their knowledge through continuing professional education (CPE). As part of postgraduate specialisation courses, they specialise in a field or area of pharmacy in parallel to their job. By completing a three-year training course in a particular field, pharmacists can acquire the title of “specialist pharmacist”. Completing a one-year programme in a particular area allows use of the corresponding professional title.

CPE events offered by the regional chambers of pharmacists (LAK) and regional pharmacists’ associations (LAV)

	2023	2024	2025
Events	2,571	2,641	2,803
Number of participants	194,882	190,070	226,173

Postgraduate specialisation completions per year (by area and field)

	2023	2024	2025
Number of postgraduate specialisation completions	421	445	466

Pharmacists with postgraduate specialisation (as at end of 2025)

Area		Field	
General Pharmacy	7,219	Naturopathy and Homeopathy	2,031
Clinical Pharmacy	2,042	Nutrition Counselling	1,993
Pharmaceutical Information	717	Geriatric Pharmacy	1,193
Pharmaceutical Analytics	622	Prevention and Health Promotion	533
Pharmaceutical Technology	434	Infectiology	378
Theoretical and Practical Training	127	Oncological Pharmacy	350
Pharmaceutical Analytics and Technology	120	Medication Management in Hospitals	171
Toxicology and Ecology	115	Paediatric Pharmacy	128
Public Healthcare	107		
Clinical Chemistry	3		
Specialist pharmacist titles – total		Field designations – total	6,777

Source: Federal Chamber of Pharmacists (BAK)

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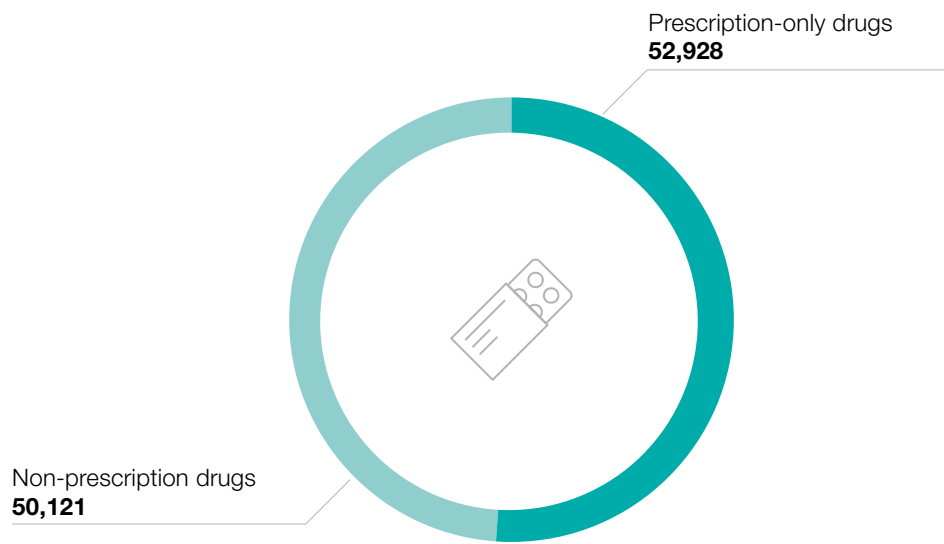
MEDICINE SUPPLY SHORTAGES

PHARMACEUTICALS APPROVED IN GERMANY

Over 100,000 pharmaceuticals are officially approved (marketable) in Germany. Even if the brand name is the same, each package size, potency or dosage form is considered an individual pharmaceutical. About half of all medications are prescription-only. Pharmaceuticals are granted official approval at national level in accordance with the German Medicinal Products Act (AMG) or at European level.

Prescription narcotics *	2,177
Pharmaceuticals requiring a special prescription (T prescription) **	45
Other prescription-only drugs	50,706
Pharmacy-only drugs	15,947
Unrestricted OTC drugs	34,174
Total number of marketable pharmaceuticals	103,049

Distribution of prescription-only and non-prescription medicines

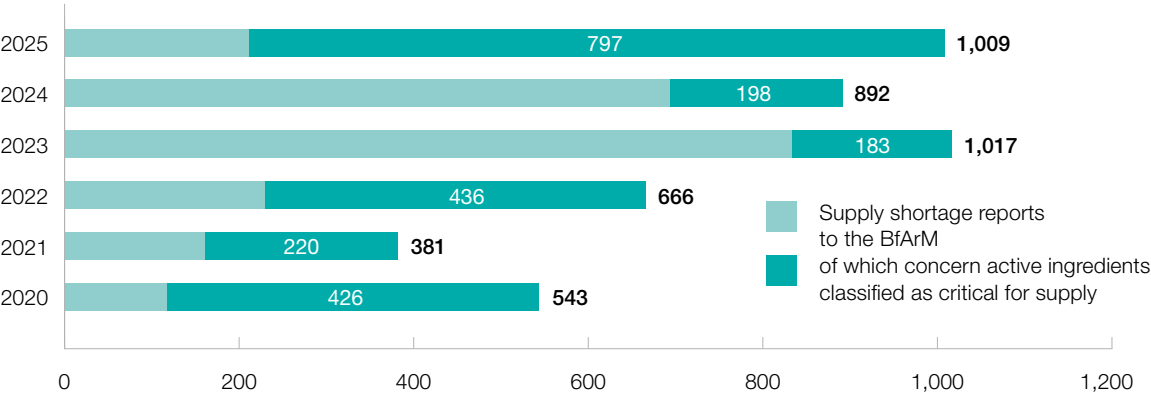


* Pharmaceuticals that are subject to the German Narcotics Prescription Regulation (BtMVV) due to their mode of action, e.g. strong painkillers.
** Pharmaceuticals that may only be used in very specific circumstances due to their risk potential, e.g. those containing thalidomide.
As of: January 2026
Source: Federal Institute for Drugs and Medical Devices (BfArM)

EXTENT OF SUPPLY SHORTAGES

Supply shortages of vital medications have been increasing for several years. One indication of this is the rising number of prescription-only drugs that pharmaceutical companies voluntarily report to the Federal Institute for Drugs and Medical Devices (BfArM) as being unavailable. As many active ingredients are produced in India, China and other faraway countries, supply shortages are also partly caused by the complexities of global logistics.

Reports of supply shortages to the BfArM



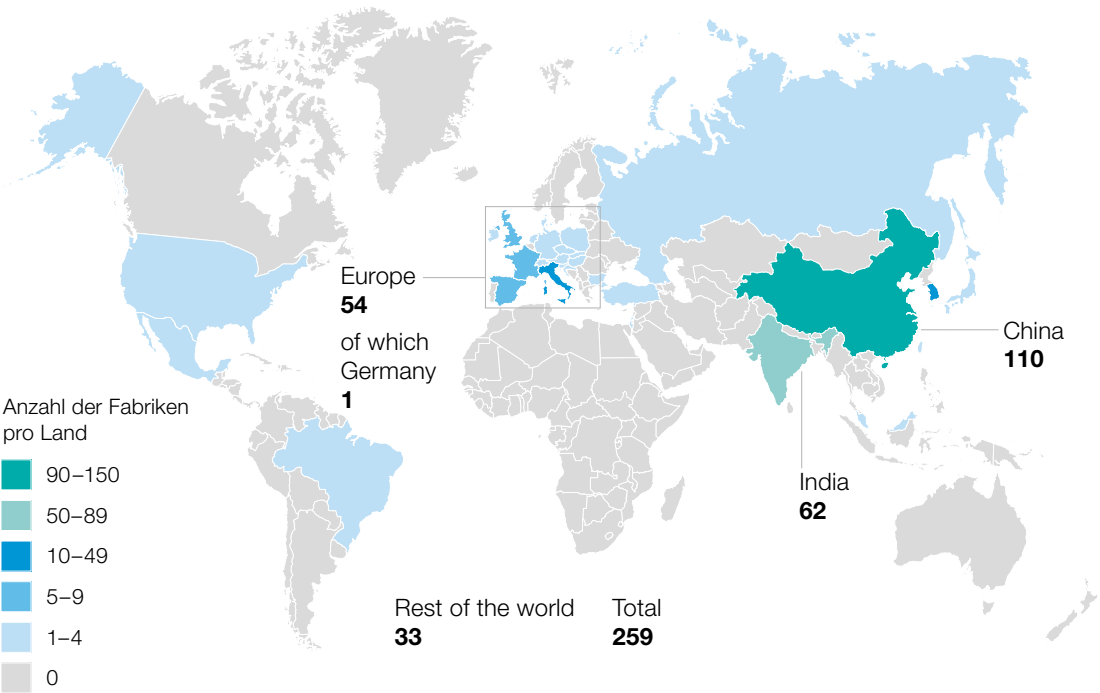
Supply shortages reported by the Federal Ministry of Health

As of March 2026

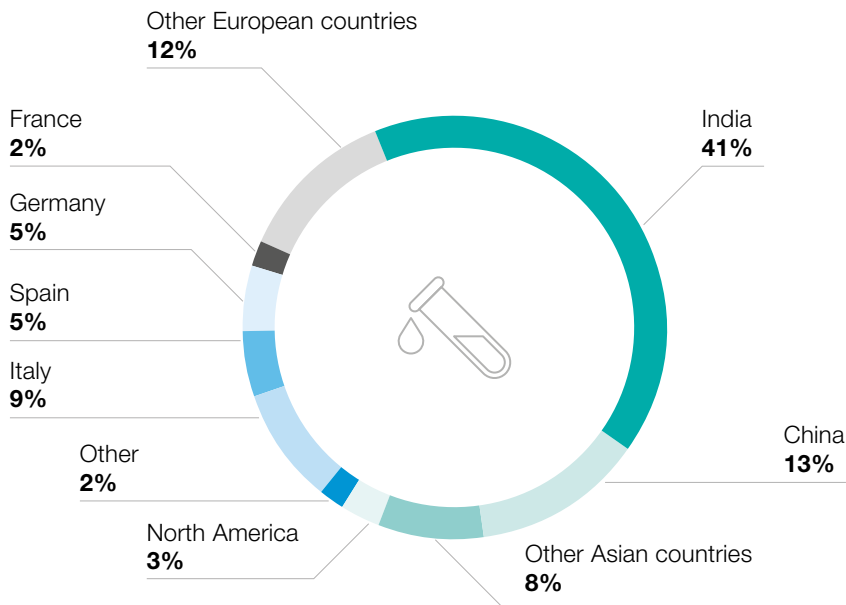
Year	Active substance/ combinations of active substances	Notice	Revocation of notice
2026	Ifosfamide	30/03/2026	Still ongoing
2026	Benzathine benzylpenicillin	23/01/2026	Still ongoing
2025	Acetylsalicylic acid	25/07/2025	Still ongoing
2025	Erythromycin, clindamycin, cotrimoxazole, cefuroxime	26/06/2025	25/03/2026

Source: Federal Institute for Drugs and Medical Devices (BfArM)

Number of manufacturers producing antibiotic agents for the European market



Origin of active ingredients of finished dosage forms approved in Europe *

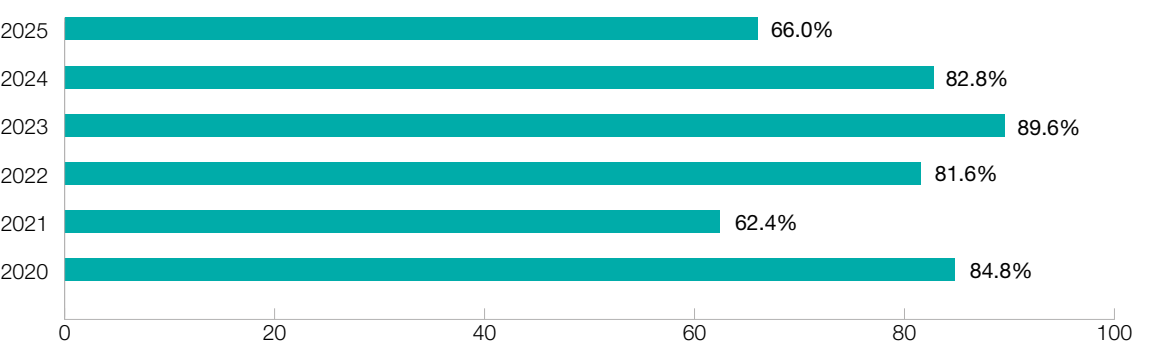


* Number of Certificates of Suitability (CEP) on the quality of active ingredients used for approval of drugs (as of 2020).
Source: Pro Generika e. V.

MANAGING SUPPLY SHORTAGES

Supply shortages have been one of the biggest nuisances to the everyday operation of pharmacies in recent years. These shortages affect different active ingredients and interfere with the extent and speed of supply of high-quality medications. The Supply Shortages Act (ALBVVG) entered into force in 2023. In practice, however, the act has not brought any notable improvement for pharmacies – either in terms of the frequency and extent of supply shortages or in their management. On average, each pharmacy spends over 20 hours a week managing supply shortages.

Percentage of pharmacy owners who consider supply shortages to be one of the biggest nuisances in their daily work



Source: Pharmacy Climate Index 2025, survey conducted in July/August 2025 (IQVIA Commercial GmbH & Co. OHG)

Question:

How do pharmacy owners assess the additional weekly workload that the pharmacy team must undertake to manage supply shortages?

Extremely high (> 40 hours)	4.8%
Very high (30–40 hours)	11.2%
High (20–30 hours)	33.8%
Moderate (10–20 hours)	31.2%
Low (5–10 hours)	12.0%
Very low (2–5 hours)	4.0%
Minimal (< 2 hours)	1.8%
None	0.0%
I am unable to assess this at present	1.2%

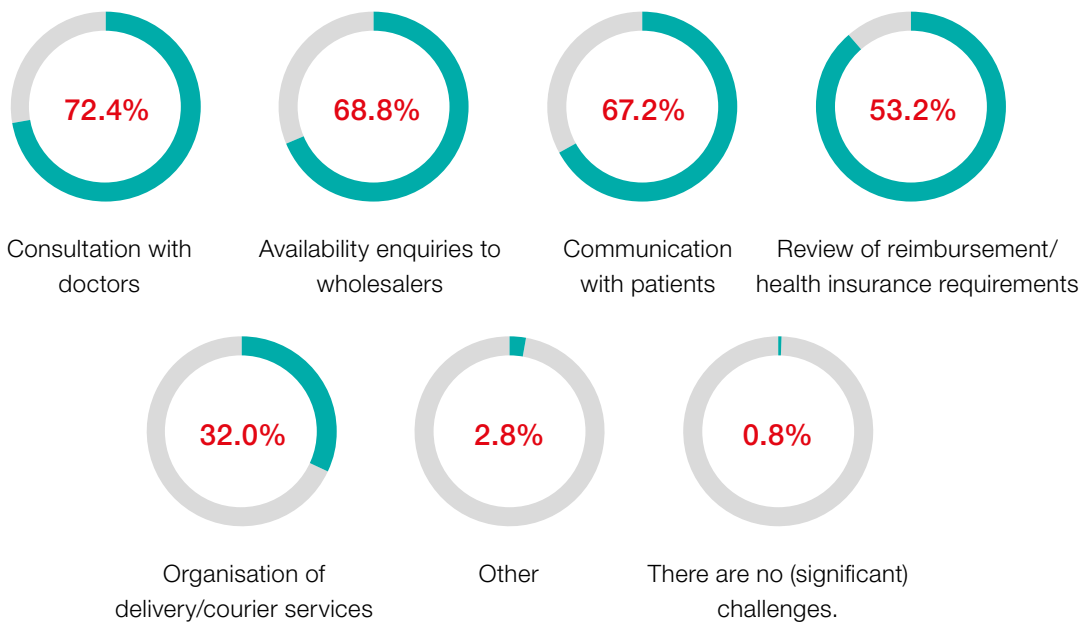
Average additional workload per week

20.1 hours

Source: Pharmacy Climate Index 2025, survey conducted in July/August 2025 (IQVIA Commercial GmbH & Co. OHG)

Question:

What are the most significant challenges pharmacies face in managing supply shortages – particularly when sourcing alternative medicines?



Question:

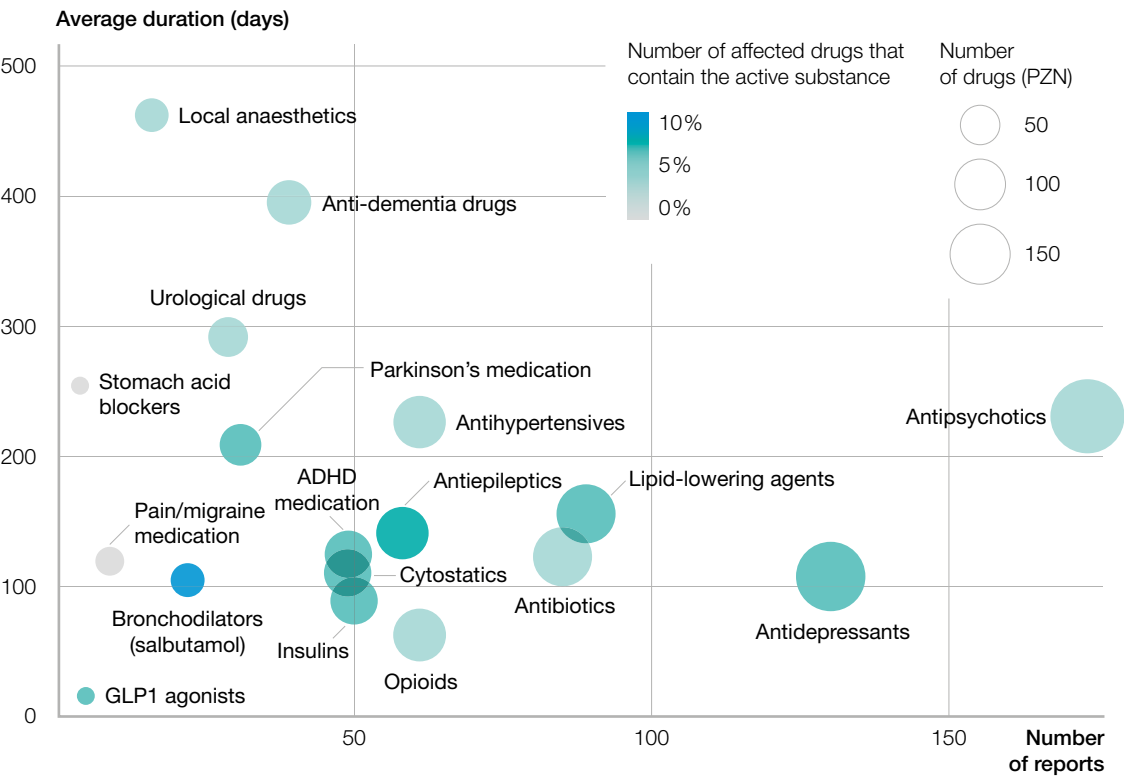
Which supply bottlenecks currently pose the greatest threat to the proper supply of patients at your pharmacy?

Psychotropic drugs	66.4%
Inhaled medicines	65.8%
Antibiotics	46.0%
Antihypertensives	32.0%
Antidiabetics	30.2%
Other substance classes	16.8%
Paediatric medicines	14.0%
Analgesics	7.4%
Stomach acid blockers	6.2%
Dermatologicals	2.6%
There are no (significant) problems.	3.8%

Source: Pharmacy Climate Index 2025, survey conducted in July/August 2025 (IQVIA Commercial GmbH & Co. OHG)

Severity and duration of supply shortages in 2025

In 2025, psychotropic drugs and antibiotics were particularly hard hit by supply shortages.

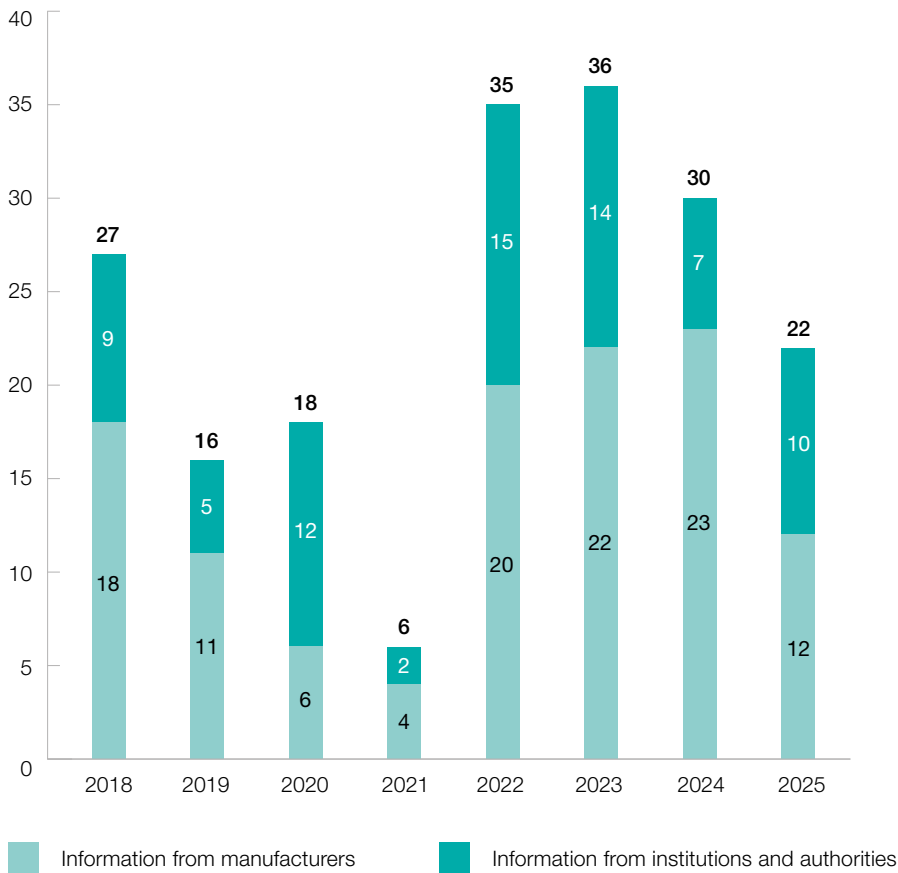


	Reports of supply shortages	PZN affected	Average duration of shortage
Total	1,514	1,041	
Severely affected drug groups			
Psychotropic drugs	173	151	230 days
Antidepressants	130	126	107 days
Lipid-lowering agents	89	80	156 days
Antibiotics	85	78	122 days

PZN = pharmaceutical registration number
Source: Central Research Institute for Ambulatory Care (ZI)

REPORTS BY THE DRUG COMMISSION REGARDING SUPPLY SHORTAGES

If necessary, the Drug Commission of German Pharmacists (AMK) notifies pharmacies of pharmaceutical risks in relation to supply shortages. The number of these messages allows conclusions to be drawn regarding the extent and severity of supply problems.



Pharmacovigilance-related information from BfArM, PEI, EMA, AKdÄ, BfR, BVL and manufacturers
Source: Drug Commission of German Pharmacists (AMK)

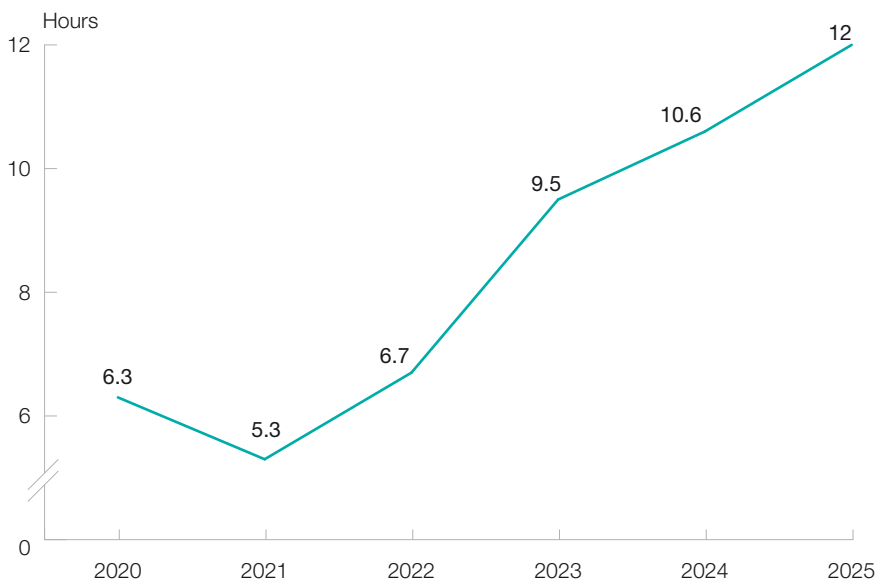
SUPPLY SHORTAGES IN EUROPE

Pharmaceutical supply shortages are a daily challenge for pharmacies not only in Germany but throughout Europe. On average, pharmacy teams in Europe spend 12 hours a week managing supply shortages, a figure that rises to over 20 hours a week in Germany. The impact of global supply chains and international dependencies is seen in all countries, albeit to varying degrees. Despite this, pharmacies across Europe strive to supply all patients.

Survey of 27 European pharmacists' associations in 2025

12 hours is the average additional time that pharmacies across Europe have to spend on managing supply shortages.	93% is the proportion of countries in which pharmacies can replace medications with generics in the event of supply shortages.	89% of information about supply shortages is provided to pharmacists by pharmaceutical authorities. Other sources of information include wholesalers (63%) and manufacturers (41%).	71% of pharmacists' associations reported, at the time of the survey, that more than 200 medicines were affected by supply shortages in their countries.
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Average time spent on supply shortage management across Europe (per pharmacy per week)



Source: Pharmaceutical Group of the European Union (PGEU), PGEU Medicine Shortages Report 2025

6

PHARMACY CARE SERVICES

OVERVIEW OF PATIENT CARE SERVICES

Pharmacies have the legal mandate to ensure the supply of pharmaceuticals to the population. This applies both to each individual pharmacy and to the pharmacy network, which should be distributed in such a way that all people have a pharmacy within reach. In addition to dispensing finished dosage forms, pharmacies also prepare formulations and fulfil other obligations to the common good, such as nighttime and emergency services.

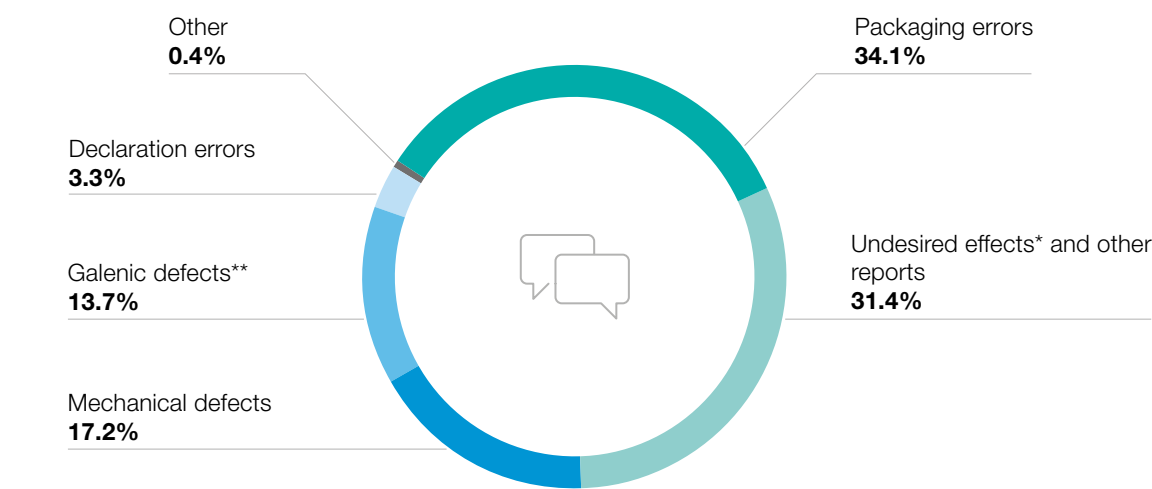
16,601	1 billion	3 million	300,000	5 million
community pharmacies supply pharmaceuticals to the people of Germany (as at end of 2025).	patient interactions per year are recorded in community pharmacies.	patients per day use community pharmacies to supply medicines.	courier deliveries per day ensure that everyone gets their medication.	industrially produced pharmaceuticals are tested by pharmacists every year.
96%	92%	88%	83%	64%
of Germans consider local pharmacies to be important, with most of them even considering them to be very important (Forsa, March 2025).	of citizens trust their pharmacist (Pharma Deutschland, May 2024).	of patients who regularly take three or more medicines usually visit the same pharmacy (Forsa, March 2021).	of adults describe the quality of health care services provided by local pharmacies as good to excellent (YouGov, August 2021).	of all men and women in Germany visit their local pharmacy at least once a month (Forsa, March 2025).

Source: ABDA statistics, Pharma Deutschland e. V., Forsa Gesellschaft für Sozialforschung und Statistische Analysen mbH, YouGov Deutschland GmbH

REPORTS OF PHARMACEUTICAL RISKS TO THE DRUG COMMISSION

The Drug Commission's warnings of pharmaceutical risks represent an important contribution to consumer protection: pharmacists test drugs and report quality defects to the Drug Commission of German Pharmacists (AMK). Once the reported pharmaceutical risks have been recorded and evaluated, the Commission issues warnings if necessary.

Reasons for reports to the Drug Commission of German Pharmacists (AMK) in 2025



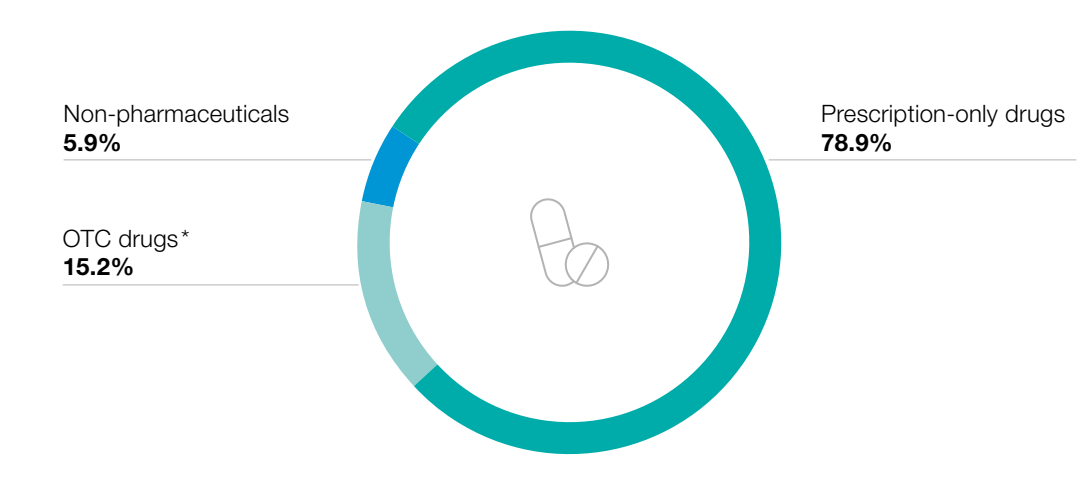
	2023	2024	2025		
	Absolute	Absolute	Absolute	Percentage	Change from previous year
Packaging errors	2,779	4,613	3,798	34.1%	-17.7%
Undesired effects* and other reports	2,631	2,820	3,498	31.4%	24.0%
Mechanical defects	1,220	1,822	1,916	17.2%	5.2%
Galenic defects**	1,038	1,219	1,530	13.7%	25.5%
Declaration errors	428	394	368	3.3%	-6.6%
Other	224	14	44	0.4%	214.3%
Total	8,320	10,882	11,154	100.0%	2.5%

* Reports of suspicious cases regarding pharmaceuticals and other product groups.

** Manufacturing/technological defects.

Source: Drug Commission of German Pharmacists (AMK)

Risks by drug group in 2025



	2025	
	Absolute	Percentage
Prescription-only drugs	8,795	78.9%
OTC drugs	1,697	15.2%
Non-pharmaceuticals	662	5.9%
Total	11,154	100.0%

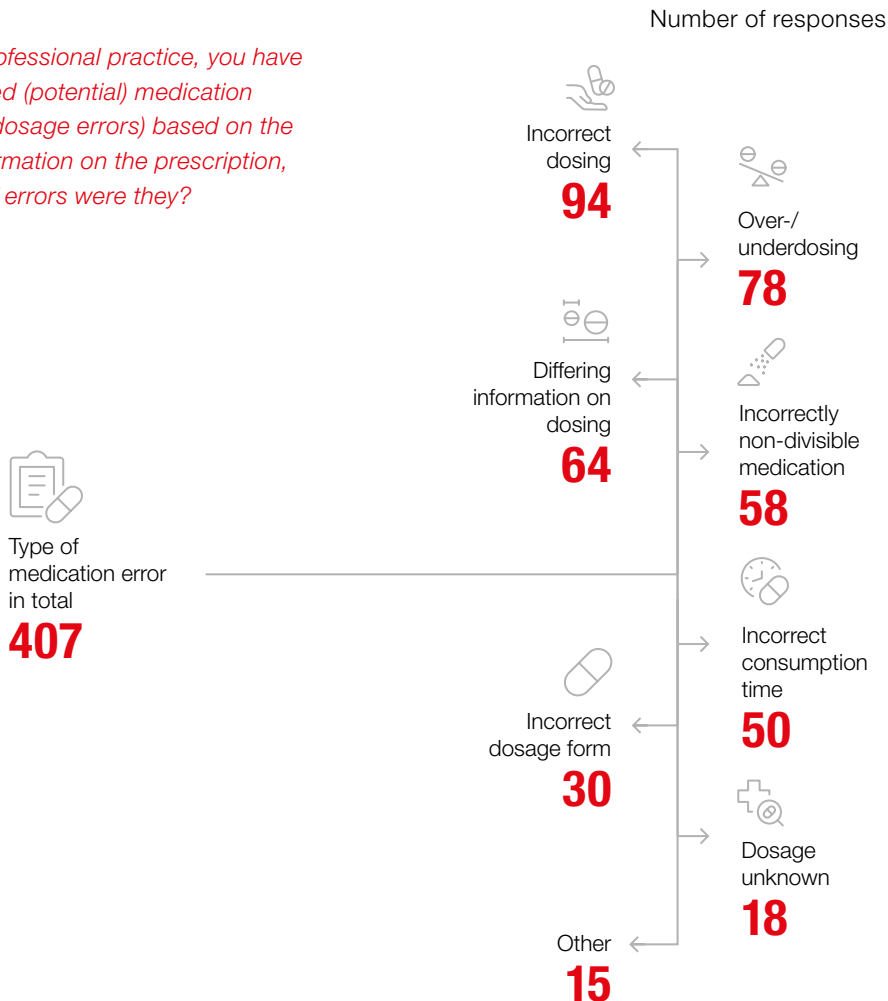
* OTC = over-the-counter = non-prescription drugs
Source: Drug Commission of German Pharmacists (AMK)

DOSAGE INFORMATION ON THE PRESCRIPTION

Since 2020, doctors have been required to indicate the dosage on their prescriptions. The Drug Commission of German Pharmacists (AMK) has examined how this regulation affects medication safety. In a survey conducted by the AMK, many pharmacists said they had identified medication errors such as overdosage or underdosage and incorrect consumption times thanks to the dosage information. Conclusion: a specific dosage indication on the prescription can improve medication safety.

Question:

If, in your professional practice, you have ever identified (potential) medication errors (e.g. dosage errors) based on the dosage information on the prescription, what kind of errors were they?



n = 219 (68.9% of participating reference pharmacies responded to the question)
 Respondents described up to three identified medication errors (n = 407).
 AMK survey of 318 reference pharmacies between September and October 2023
 Source: Drug Commission of German Pharmacists (AMK)

THE CHALLENGE OF POLYMEDICATION

When patients are taking several systemic medications in parallel in the long term, this is referred to as polymedication or multimedication. Depending on the definition, the threshold is at least three or five different medicines. Around a quarter of Germans permanently take three or more medications. The risks of polymedication are countered by means of structured medication management through initiatives such as ARMIN (Medication Initiative Saxony-Thuringia) or PRIMA (Primary System Integration of Medication Plans with Acceptance Examination).

CPE events offered by the regional chambers of pharmacists on the analysis and management of medications*

	2023	2024	2025
Events	393	93	65
Number of participants	16,858	2,284	1,854

Long-term consumption of multiple medications

55% of people over 70 permanently take three or more medications.

	None	1–2	3	4	5 or more	3 or more (total)
Men	51%	24%	8%	6%	11%	25%
Women	41%	35%	9%	6%	9%	24%
18–29 years old	66%	30%	2%	1%	1%	4%
30–49 years old	59%	31%	5%	2%	3%	10%
50–69 years old	37%	31%	12%	8%	12%	32%
70+ years old	22%	23%	16%	14%	25%	55%
Total	46%	29%	9%	6%	10%	25%

* From 2024 onwards, the information only includes training courses based on the 8-hour curriculum of the Federal Chamber of Pharmacists (BAK).
Source: Federal Chamber of Pharmacists (BAK), Forsa Gesellschaft für Sozialforschung und Statistische Analysen mbH (data collected in 2021)

Share of prescription-only drugs

74% of those permanently taking three or more medications only require prescription drugs.

	All	More than half	Half	Less than half	None *
Men	77%	19%	2%	1%	—
Women	71%	21%	4%	3%	1%
18–49 years old	63%	23%	6%	6%	2%
50–69 years old	78%	18%	2%	1%	—
70+ years old	75%	21%	2%	2%	—
Total	74%	20%	3%	2%	—

Polymedication due to multiple illnesses

Four out of five patients receive medication for two or more illnesses.

	1 illness	2 illnesses	3 illnesses	4 or more illnesses *
Men	20%	36%	29%	15%
Women	17%	36%	31%	15%
18 – 49 years old	32%	37%	19%	10%
50–69 years old	18%	36%	30%	15%
70+ years old	15%	35%	33%	16%
Total	19%	36%	30%	15%

* Percentage missing from 100 percent = "Don't know".

Source: Forsa Gesellschaft für Sozialforschung und Statistische Analysen mbH (data collected in 2021)

MEDICATION MANAGEMENT WITH ARMIN

From 2014 to 2022, patients could take part in the ARMIN (Medication Initiative Saxony-Thuringia) pilot project. The program was based on a model entitled “Zukunftskonzept Arzneimittelversorgung” (Future Strategy for the Supply of Medications), which was jointly developed by ABDA and the Federal Association of Statutory Health Insurance Physicians (KBV) – known as the ADBA/KBV model for short. Support for the initiative was provided by its cooperation partners, AOK PLUS, the two Associations of SHI Physicians in Saxony and Thuringia, and the pharmacists’ associations of both federal states. Heidelberg University Hospital (UKHD) was responsible for the external evaluation of the pilot project in collaboration with the aQua Institute.

Findings and results from ARMIN



Success factors for implementation

- ▶ Intensive support from the federal level
- ▶ Strong willingness for implementation among all partners
- ▶ Agreement and acceptance of responsibilities and processes between all stakeholders in pharmacies and medical practices
- ▶ Adequate remuneration
- ▶ Joint technical infrastructure for the exchange of medication plans from the relevant primary software



Prescription of active ingredients

- ▶ Prescription of active ingredients
- ▶ Savings due to increased rate of discount contracts
- ▶ Savings due to direct changeover to generics upon patent expiry
- ▶ Fewer changes of preparations for patients



Medication management

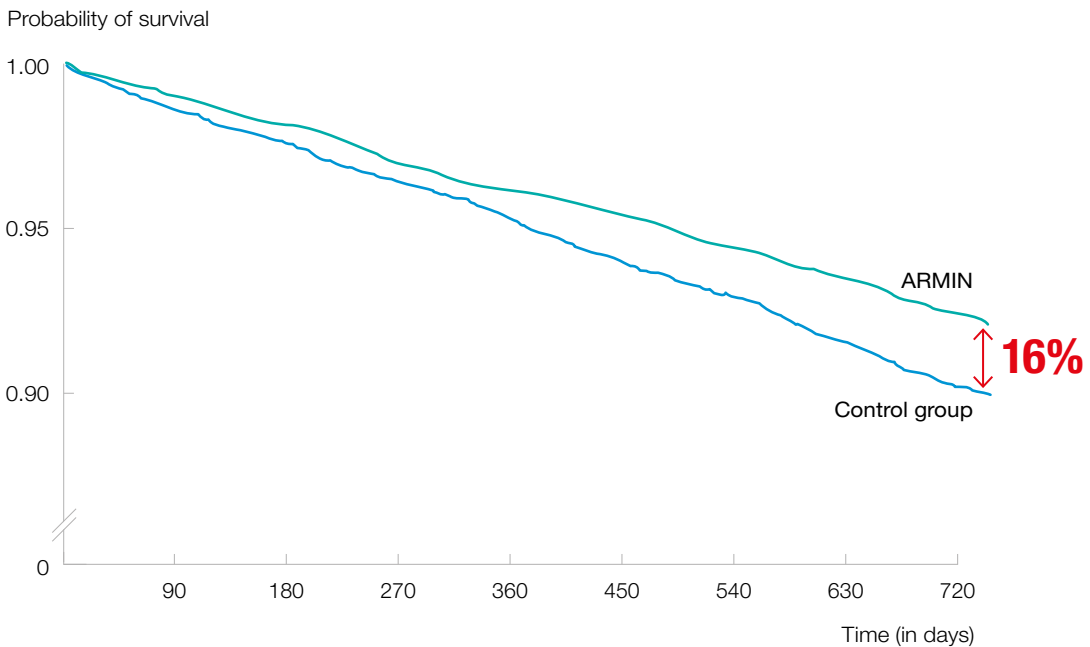
- ▶ Significantly fewer deaths amongst participants compared to the control group (please note: the retrospective study design does not allow conclusions to be drawn about causal relationships!)
- ▶ Patients utilise health services faster (contact with doctor’s practice, earlier and more frequent hospital admissions)
- ▶ Improved adherence
- ▶ Patients, doctors and pharmacists rate the cost/benefit ratio positively in surveys



Source: ABDA – Federal Union of German Associations of Pharmacists, ARMIN, Meid et al. Deutsches Ärzteblatt International 2023; 120:253-60

Fewer deaths among ARMIN participants

In the scientific evaluation of the data for all patients who participated in ARMIN medication management until the end of 2018, the external research team observed a significantly lower risk of death compared to a control group. Far fewer patients from the ARMIN program died than from the control group. This corresponds to a relative risk reduction of 16%.



Source: ABDA – Federal Union of German Associations of Pharmacists, ARMIN, graphic: Meid et al. Deutsches Ärzteblatt International 2023;120:253-60

PHARMACEUTICAL SERVICES: SUPPLY

Thanks to the Local Pharmacy Strengthening Act (VOASG) of 2020, patients are entitled to additional pharmaceutical services that go beyond information and consultation in accordance with § 20 of the Ordinance on the Operation of Pharmacies (ApBetrO). Since mid-2022, pharmacies have been able to offer their patients five different new health promotion services at the expense of statutory health insurance.



Standardised risk identification for high blood pressure

Worldwide, over 10 million people die every year from the consequences of high blood pressure (hypertension). This condition affects over 30% of adults in Germany. In at least 30% of hypertensive patients treated with medication, their blood pressure is outside the target range. Standardised blood pressure measurement at the pharmacy helps to detect changes in blood pressure at an early stage and to adjust treatment if necessary.



Extended instruction on correct administration of medicines using inhalation technology

Some 12 million Germans suffer from chronic respiratory diseases such as asthma or COPD. Many sufferers are dependent on inhaled medicines. In the VITA study in German pharmacies, almost 80% of patients did not use their inhaled medicines correctly. As part of inhalation training, the pharmacy team explains the correct handling of the inhaler and corrects typical usage errors. Even one-off training can significantly increase treatment success.



Extended medication advice for polymedication

7.6 million German citizens aged 65 and over take five or more prescribed drugs every day – and one in three people aged between 75 and 80 even take more than eight medications. Medication advice helps to rule out safety risks such as interactions. The pharmacy team records and reviews all medication used. In a second step, the pharmacy – in consultation with the GP practice if necessary – creates an up-to-date, comprehensive medication plan that the patients can take home with them.



Pharmaceutical care for organ-transplant recipients

Although most organ-transplant recipients have had to wait a long time for their donor organ before transplantation, only about 40% take their medication regularly afterwards. This is one of the leading causes of transplant rejection. Studies on kidney transplantation have shown that intensive pharmaceutical support significantly increases adherence to treatment.



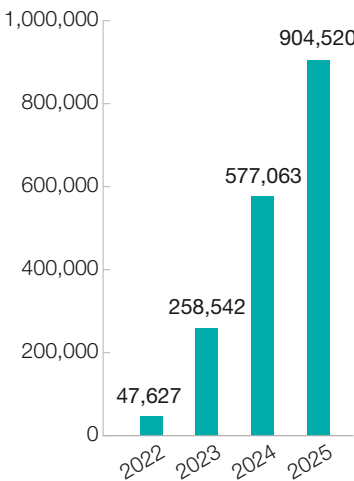
Pharmaceutical care for oral anti-tumour therapy

Oral anti-tumour therapy is often a long-term form of drug therapy. Despite this, only around 50% of patients take their medication regularly. Studies have shown that longer-term pharmaceutical support for patients can improve compliance and reduce side effects.

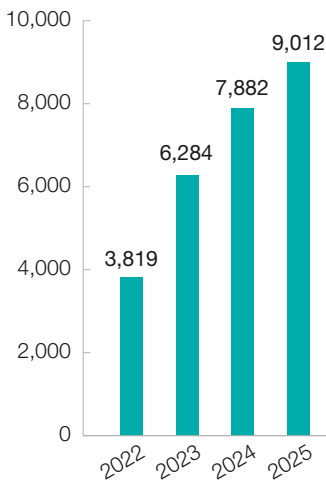
PHARMACEUTICAL SERVICES: DEMAND

Since their introduction in 2022, interest in pharmaceutical services (PDLs) has increased considerably. In 2025, over half of all pharmacies participated, providing over 900,000 services to patients with statutory and private health insurance. There has been particular demand for standardised instruction on inhalation technique, with around 440,000 applications, followed by extended medication advice for polymedication (almost 300,000 applications) and standardised risk identification for high blood pressure (over 160,000 applications).

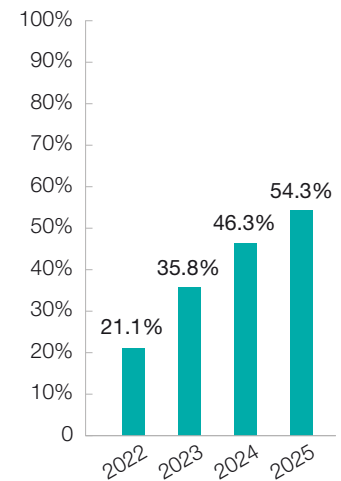
PDLs provided



Pharmacies*



Share of total number of pharmacies

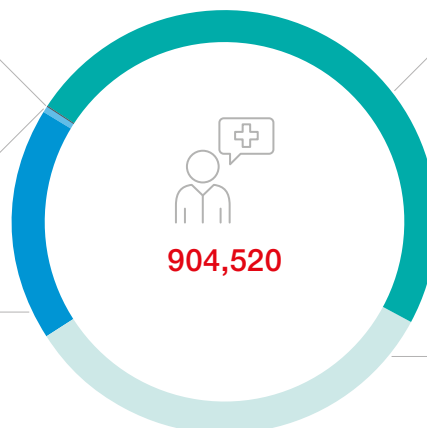


Distribution of PDLs in 2025

Pharmaceutical advice for organ-transplant recipients
316 (0.03%)

Pharmaceutical advice for oral anti-tumour therapy
3,227 (0.4%)

Standardised risk identification for high blood pressure
162,343 (17.9%)



Standardised instruction on inhalation technique
439,658 (48.6%)

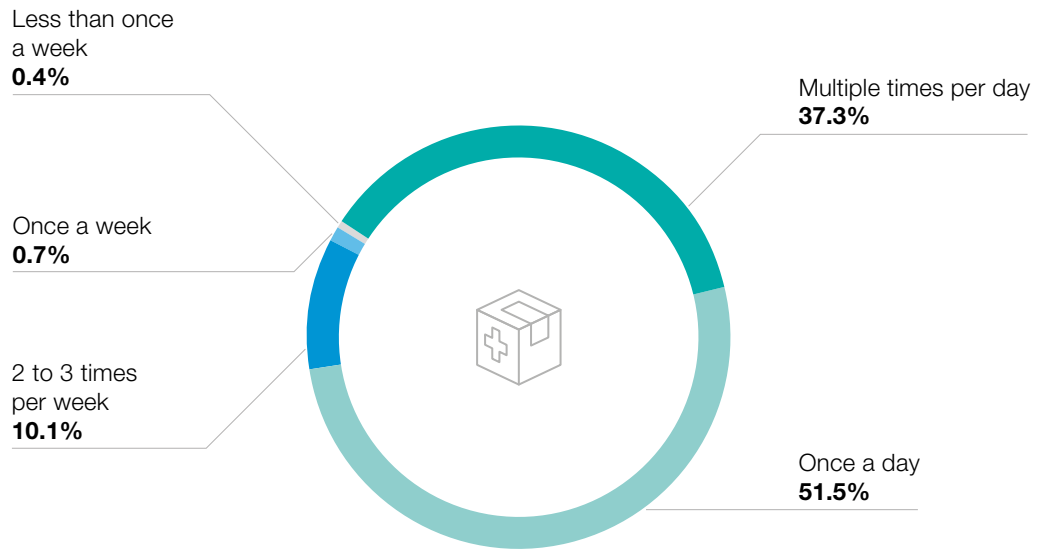
Extended medication advice for polymedication
298,976 (33.1%)

* Number of pharmacies providing pharmaceutical services in Q4.
Source: Nighttime and emergency service fund

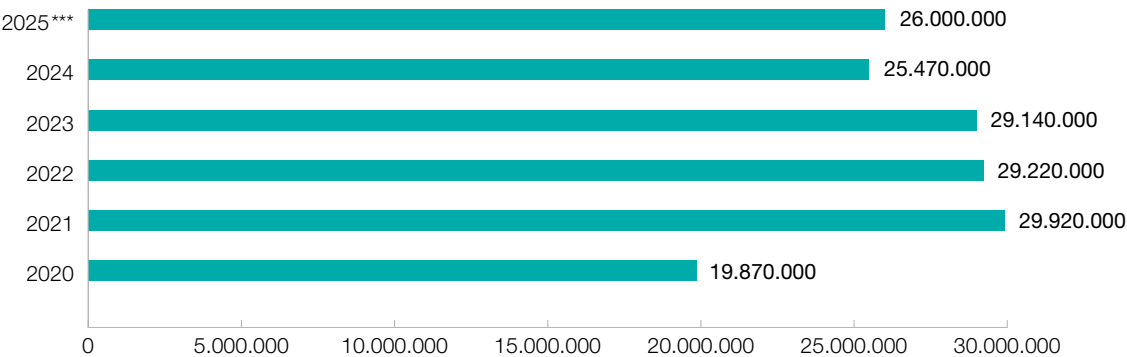
COURIER SERVICES

Especially for patients who are unable to leave their homes, almost all pharmacies (98.1%) offer courier services to save them the trip. Pharmacy staff provide this service around 300,000 times a day. Advice on the medications is provided either in advance at the pharmacy, over the phone or by pharmaceutical staff on delivery. Since April 2020, pharmacies have been able to bill a portion of the costs of courier services to statutory health insurance.

Frequency of courier services*



Billed delivery services** for SHI-insured patients



* Survey as part of the 2025 ABDA data panel.

** Special ID codes 06461110 and 17717386.

*** Forecast.

Source: ABDA data panel, German Institute for Drug Use Evaluation (DAPI), own calculations

NIGHTTIME AND EMERGENCY SERVICE

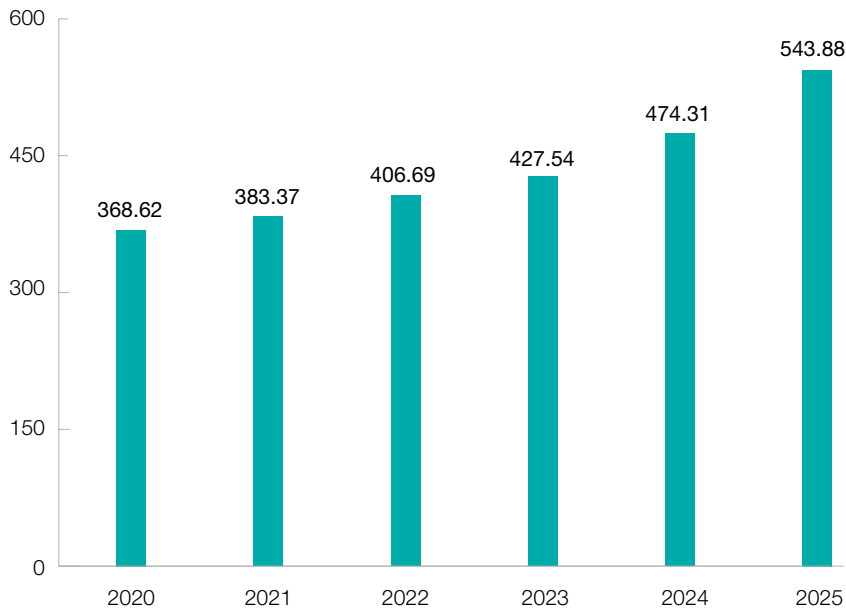
Nighttime and emergency service is an important public service provided by pharmacies. The relevant regional chamber of pharmacists assigns this service to each pharmacy as required. To cover the additional cost, pharmacies receive a subsidy from the Nighttime and Emergency Service Fund of the German Pharmacists' Association. This subsidy is financed by a surcharge on each dispensed package of prescription drugs. The "Apothekenfinder 22 8 33" helps you find the nearest emergency pharmacy online, by telephone or by text message.

Night and emergency shifts in 2025		334,000
of which full shifts (8 pm–6 am)		308,000
of which part shifts		26,000
Pharmacies open per night and emergency shift		900
Patients served per night and emergency shift		20,000

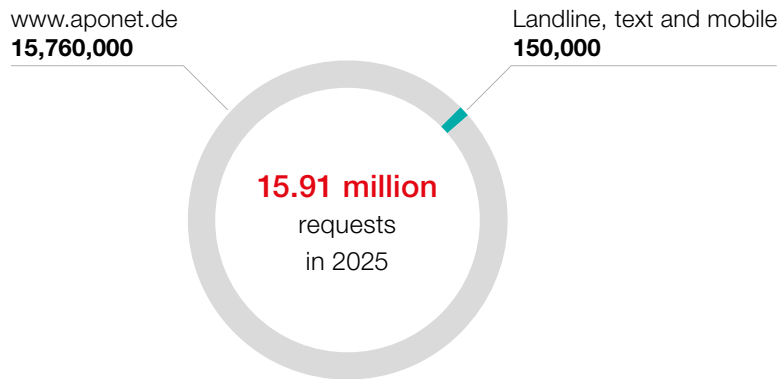
Different numbers of emergency services per year, using Bavaria as an example		
Urban area	Munich (state capital)	13 times per year
Rural area	Rural district of Berchtesgaden	26 times per year

Source: Nighttime and Emergency Service Fund, [aponet.de](https://www.aponet.de)

Emergency service charge per full shift performed (in EUR)



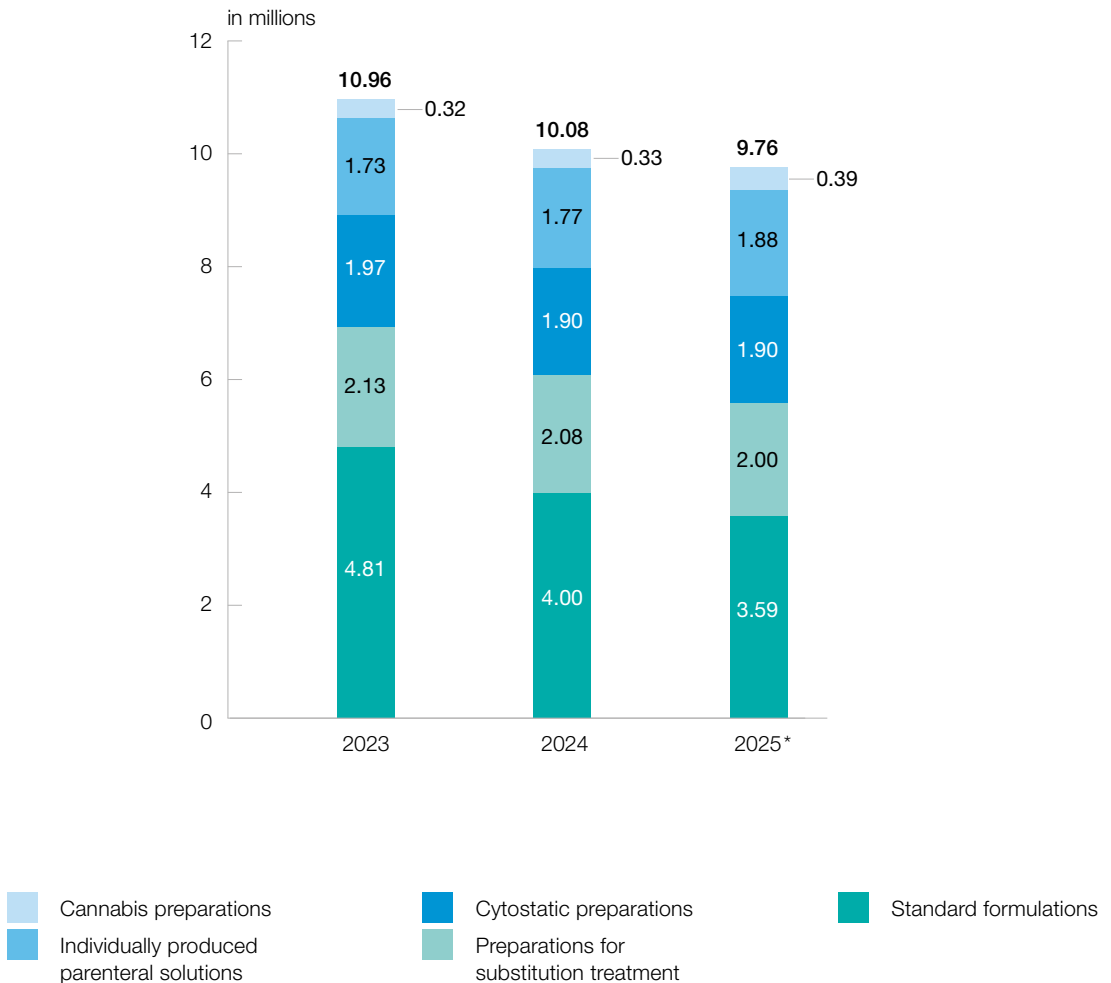
Apothekenfinder 22 8 33



Note: modified data collection methodology for aponet.de
Source: Nighttime and Emergency Service Fund, aponet.de

FORMULATIONS

Where there is no finished dosage form available to meet the specific needs of patients, pharmacies prepare individual formulations according to doctors' prescriptions. In 2025, pharmacies produced around 10 million formulations for patients with statutory health insurance (SHI) alone.



* Forecast

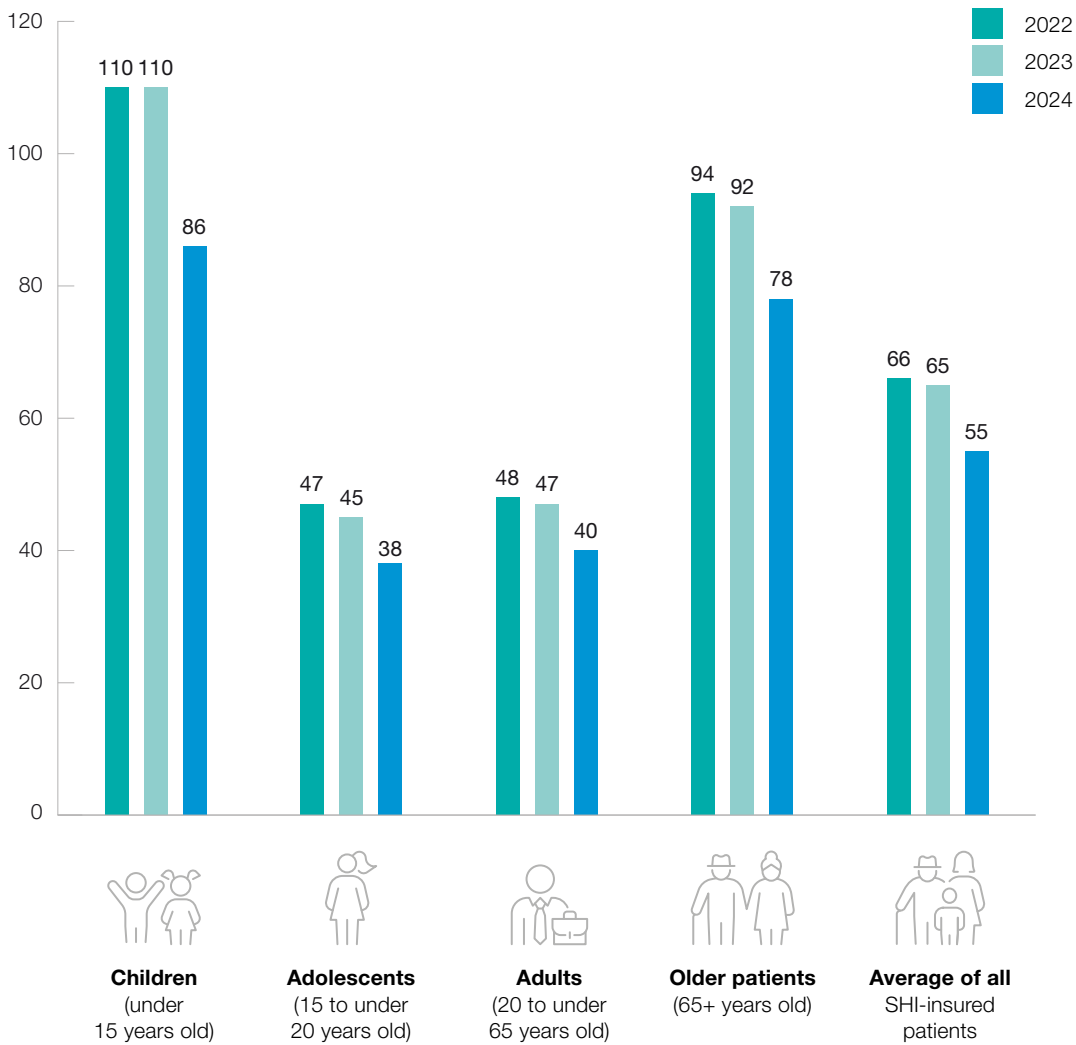
Source: National Association of Statutory Health Insurance Funds, ABDA statistics

STANDARD FORMULATIONS

In 2024, pharmacies produced around 4 million standard formulations as prescribed by doctors for SHI-insured patients. Any pharmacy can prepare medications tailored to the individual patient – from skin creams to fever-relief suppositories. This is particularly beneficial for children, e.g. if a medication is not available as a finished dosage form in a specific dose. Many older patients also require “special preparations”.

Standard formulations by age group

Number of prescription lines per 1,000 SHI-insured patients



Formulations dispensed in community pharmacies at the expense of SHI.
Source: German Institute for Drug Use Evaluation (DAPI)

VACCINATIONS IN PHARMACIES

Since 2020, pharmacists have been allowed to administer vaccinations in pharmacies themselves, subject to strict professional, spatial and organisational requirements. This applies to vaccinations against the flu virus (influenza) and Coronavirus (SARS-CoV-2). Since this reform came into effect, almost 15,000 pharmacists have undergone professional training for vaccinations. Hundreds of thousands of patients have taken advantage of the vaccination service offered at pharmacies and are satisfied with it.

Pharmacists trained in vaccination by regional chambers of pharmacists

2020	2021	2022	2023	2024	2025
706	3,996	8,462	659	721	1,089

COVID-19 vaccinations at community pharmacies

	Pharmacies offering vaccinations	Vaccines administered
2022	1,600	305,100
2023	1,500	135,800
2024	1,000	95,400
2025*	1,100	116,000

Influenza vaccinations at community pharmacies

Season	Pharmacies offering vaccinations	Vaccines administered
2021/2022**	400	5,600
2022/2023	1,200	67,300
2023/2024	1,500	101,300
2024/2025	1,400	121,900
2025/2026*	1,700	218,000

Experiences of patients surveyed in the model project on flu vaccinations in pharmacies from 2020 to 2023

14%	17%	94%	94%	80%
first flu vaccination ever	no vaccination without it being offered at the pharmacy	high level of satisfaction with vaccination at the pharmacy	willing to receive another flu vaccine at the pharmacy	willing to receive other vaccinations at pharmacies

* Forecast.

** As part of pilot projects.

Source: Federal Chamber of Pharmacists (BAK), Robert Koch Institute (RKI), German Institute for Drug Use Evaluation (DAPI), Lehr et al. Vaccine Volume 45

QUALITY ASSURANCE OF FORMULATIONS

The Central Laboratory of German Pharmacists (ZL) in Eschborn contributes to the quality assurance of formulations through its ring trials. All pharmacies can take part in these trials. To this end, they prepare and submit the formulations specified by the ZL. The ZL then checks the identity, content and distribution of the active ingredient as well as other parameters such as pH, particle size and density. Approximately one in three pharmacies undergo this voluntary quality check at least once a year.

Ring trials by the Central Laboratory of German Pharmacists (ZL)

Year	Number of participants (formulations tested)	Number of pharmacies *	Participation rate (relative to total number of pharmacies)
2025	6,930	5,836	34.4
2024	7,101	5,798	33.3
2023	7,628	6,253	34.9
2022	8,014	6,318	34.3
2021	8,122	6,316	33.5
2020	8,709	6,706	35.1
2019	8,899	6,862	35.3
2018	8,945	6,684	33.8
2017	8,600	6,437	32.0
2016	7,733	6,019	29.5
2015	7,674	6,086	29.5

* Community pharmacies and hospital pharmacies (participant count includes multiple participations by individual pharmacies).
Source: Central Laboratory of German Pharmacists (ZL)

DIGITALISATION IN PHARMACIES

DIGITAL PHARMACY

Digitalisation is gathering speed in the healthcare industry. Pharmacies were among the first in the sector to adopt information technology (IT) in their day-to-day operations, e.g. for placing orders with wholesalers, managing stock levels, implementing rebate contracts, checking for side effects or interactions, and processing claims with health insurance providers. In the meantime, many other digital processes are also gaining momentum. Current examples include electronic prescriptions and electronic patient records (ePAs).

50 million

times per week, pharmacists scan medicines to identify forgeries using a data matrix code in the securPharm system.

103,000

drugs approved in Germany can be called up via their pharmaceutical registration number (PZN) in the pharmacy computer system (January 2026).

20.17 million

data sets are recorded in the pharmacy computer system in order to allocate rebate contracts to health insurance funds, manufacturers and pharmaceuticals (January 2026).

57,000

patient information leaflets, technical summaries, and other relevant documents are stored in the ABDA database² to support consultations and minimise the risks associated with medication use (March 2026).

15.91 million

searches are carried out every year (largely online) by patients in order to find the nearest emergency pharmacy, whose current opening times and address are listed in Apothekenfinder 22 8 33.

22,000

different drugs (pharmaceutical registration numbers) are listed as rebate drugs by health insurance funds (January 2026).

550,000

contract and pre-qualification checks per week are conducted by pharmacies on the online contract portal (OVP) in order to provide their patients with medical aids.

12,000

finished dosage forms (identified by their pharmaceutical registration number, or PZN) are stored, along with images, in the ABDA database² in order to enhance medication safety in pharmacies (as of March 2026).

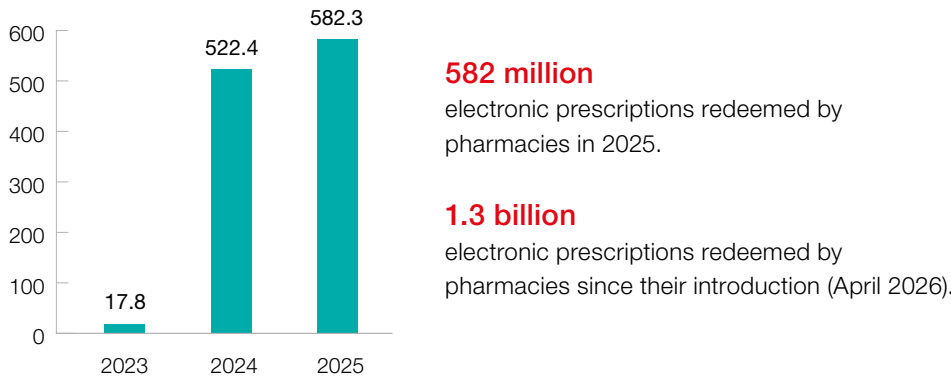
Source: ABDA – Federal Union of German Associations of Pharmacists, ABDATA, aponet.de, ACS PharmaProtect GmbH

ELECTRONIC PRESCRIPTIONS

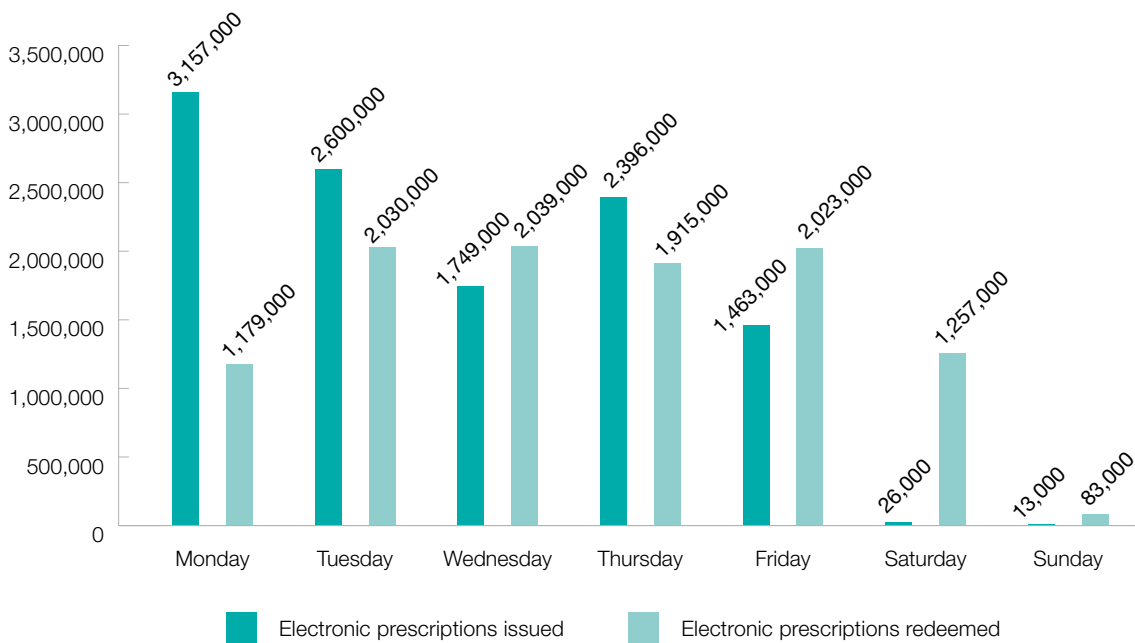
In September 2022, pharmacies had already established the technical conditions for electronic prescriptions and formally introduced them. However, it was only since the start of 2024 that they began receiving many millions of electronic prescriptions. The electronic health card (eGK) remains by far the most common means of redeeming electronic prescriptions. All community pharmacies are connected to the telematics infrastructure (TI) and can therefore also process electronic prescriptions that arrive via app, for example.

Number of electronic prescriptions redeemed

in millions

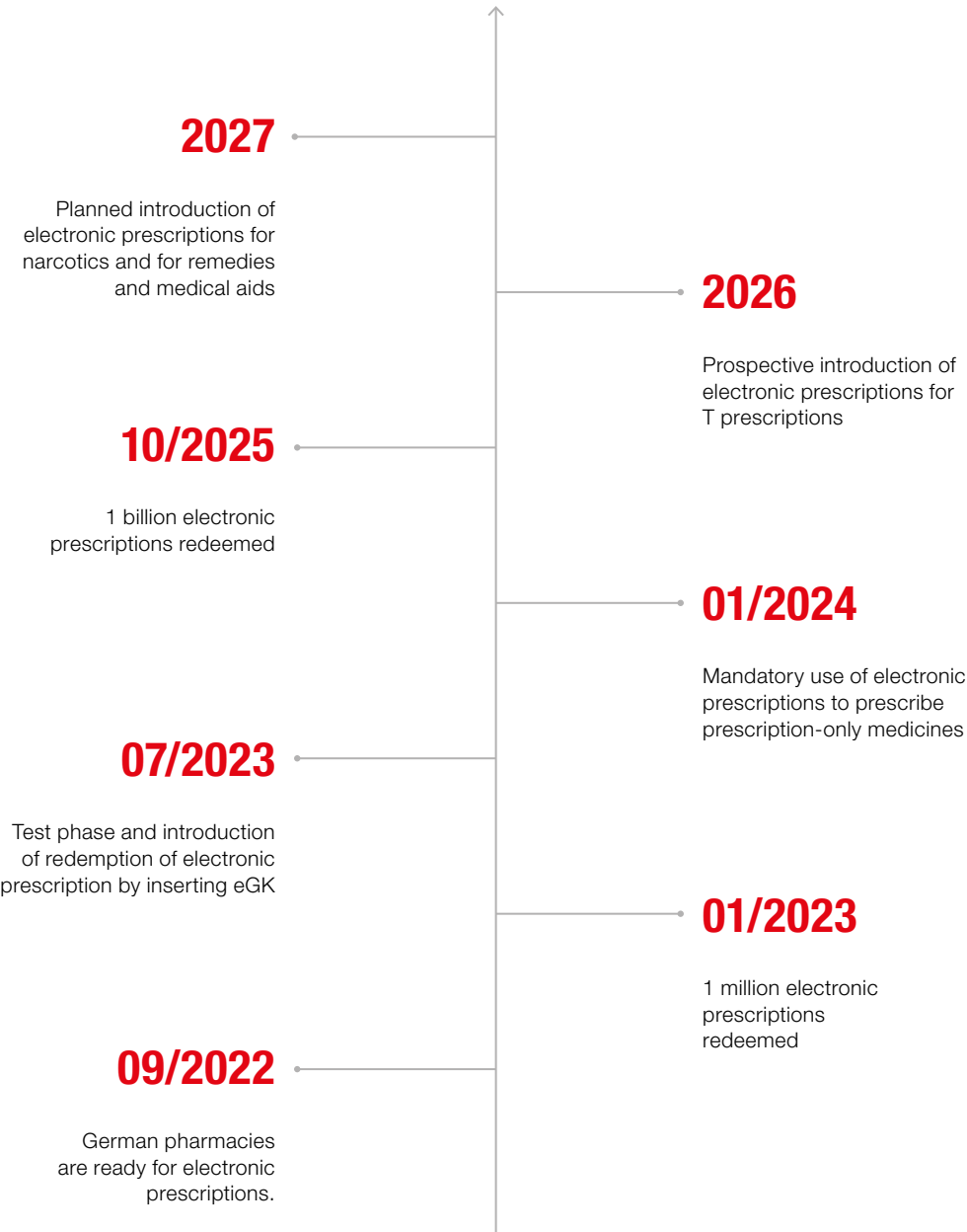


Electronic prescriptions issued and redeemed in an average, week without public holidays* in 2025



* Week without national holidays.
Source: gematik GmbH

Introduction and establishment of electronic prescriptions



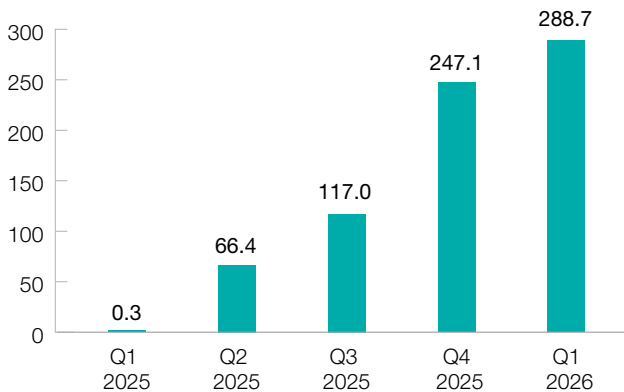
Source: gematik GmbH (as of May 2026)

ELECTRONIC PATIENT RECORDS (EPA)

The introduction of electronic patient records (ePAs) began on 15 January 2025 as part of an opt-out process (“ePA for all”). The ePA plays a key role in digital healthcare, enabling secure, centralised and user-controlled management of health data and connecting patients with healthcare stakeholders. One key component of the ePA is the electronic medication list (eML), which contains a chronological overview of all electronically prescribed medications for an insured person – including the trade name, active ingredient, potency and dosage. Pharmacies, hospitals and doctors’ surgeries can use the list to coordinate their patients’ medication across sectors.

Medication lists opened by medical institutions

in millions



72 million

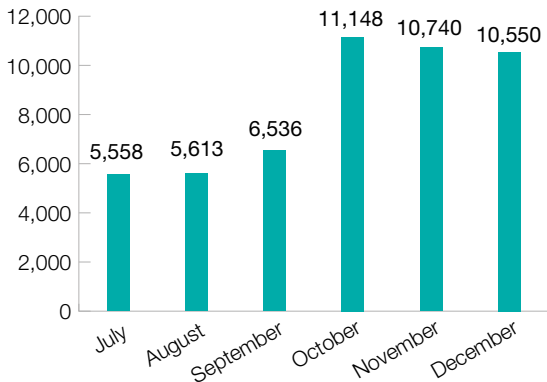
electronic patient records created by statutory health insurance funds for their insured patients (April 2026).

431 million

electronic medication lists accessed from the ePA by medical institutions in 2025.

Use of electronic patient records in community pharmacies in 2025

Number of pharmacies*



* Number of pharmacies with openings of records in the first week of the month.
Source: gematik GmbH

SECURPHARM

Based on the 2019 EU Falsified Medicines Directive, Germany introduced the securPharm system as a protective shield against counterfeit drugs. Pharmaceutical companies upload every prescription-only drug to a manufacturer database. When dispensing the drugs to patients, the pharmacies log each pack out of a corresponding pharmacy database. As each pack is uniquely identifiable thanks to the serial number and tamper-evident seal, any attempt to dispense it a second time would trigger an alert.

securPharm system and usage in figures

Stakeholders	2025
Pharmaceutical companies	650
Pharmaceutical wholesalers	628
Community pharmacies	16,601
Hospital pharmacies	343

	 Transactions per week	 Products that must be serialised	 Uploaded packaging information
2025	50 million	65,088	7.1 billion
2024	49 million	64,330	6.0 billion
2023	46 million	63,810	5.0 billion
2022	42 million	63,209	3.9 billion
2021	39 million	62,156	2.9 billion

Source: ABDA – Federal Union of German Associations of Pharmacists, ACS PharmaProtect GmbH, IFA GmbH, NGDA – Netzgesellschaft Deutscher Apotheker mbH

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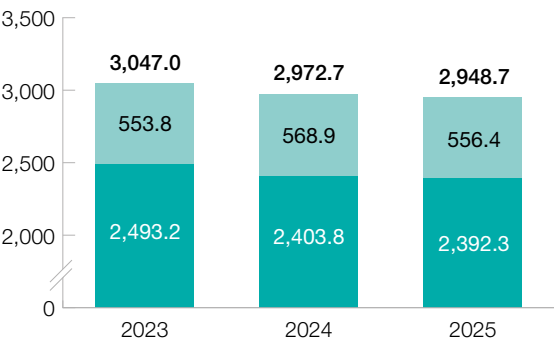
SPECIFIC CARE TOPICS

ANALGESICS

Analgesics are amongst the most frequently used medications, but they also harbour significant potential for abuse, e.g. in the form of doping or addiction. Prescription-only painkillers (including narcotics) account for the greatest revenue but are sold in smaller package numbers than over-the-counter painkillers. For self-medication with over-the-counter pain relief, such as in the form of tablets or gels, the pharmacy is the only point of contact that can critically question patients' self-diagnoses and work with them to correct them.

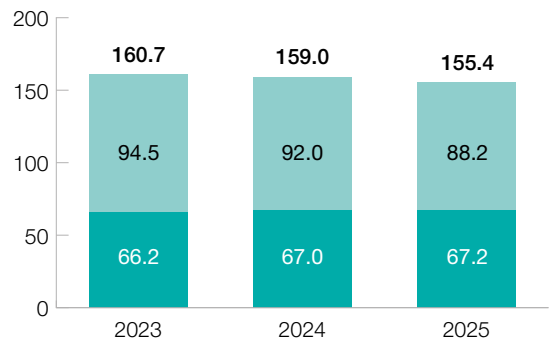
Revenue

in EUR millions



Sales volume

in millions of packages



■ Prescription-only ■ Non-prescription

Top 10 active agents by sales volume in 2025

Prescription-only		in millions of packages	Non-prescription		in millions of packages
1	Metamizole	36.1	Ibuprofen		46.6
2	Tilidine + naloxone	6.7	Paracetamol		23.7
3	Pregabalin	6.7	Acetylsalicylic acid + paracetamol + caffeine		5.6
4	Gabapentin	2.2	Acetylsalicylic acid		3.4
5	Tramadol	2.2	Diclofenac		2.4
6	Hydromorphone (narcotic)	1.8	Acetylsalicylic acid + ascorbic acid		2.3
7	Fentanyl (narcotic)	1.8	Naratriptan		1.4
8	Sumatriptan	1.4	Ibuprofen + caffeine		0.9
9	Oxycodone + naloxone (narcotics)	1.1	Paracetamol + ibuprofen		0.7
10	Morphine (narcotic)	1.1	Paracetamol + caffeine		0.4
	All others	6.1	All others		0.8

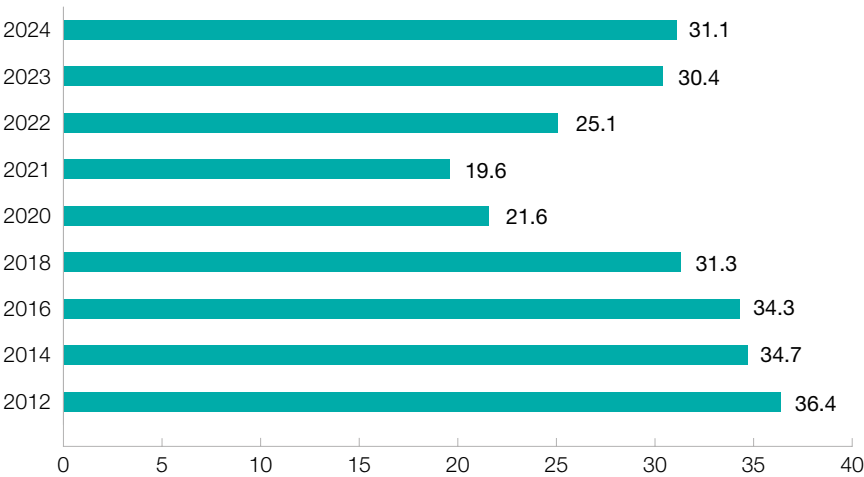
Dispensing of finished dosage forms in community pharmacies, turnover valued at pharmacy retail prices (incl. VAT)
(packages dispensed, pharmacy retail price/rAVP revenue, 2023–2025, APO Fusion, INSIGHT Health)
rAVP = actual pharmacy retail price for OTC drugs and supplementary range
Source: Insight Health GmbH

ANTIBIOTICS

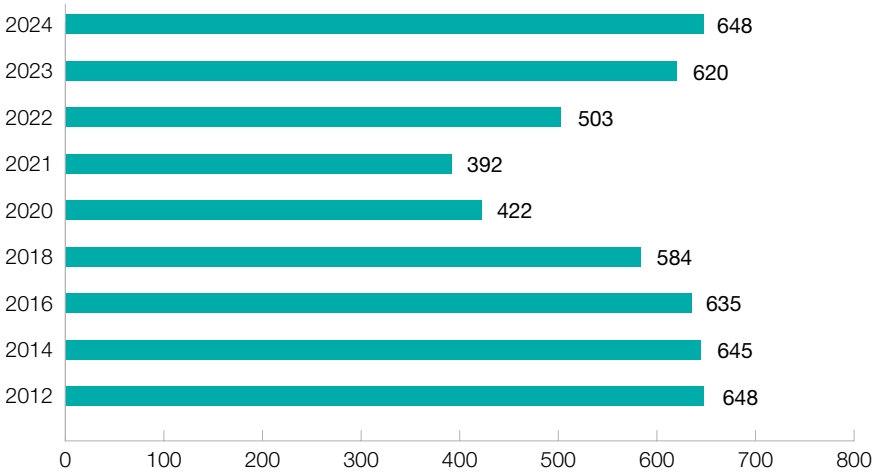
Antibiotics are essential for the treatment of bacterial infections. However, incorrect or overly frequent use promotes the development of resistant strains of bacteria against which certain antibiotics lose their effect. Patients should therefore only take antibiotics if prescribed by a doctor. The use of antibiotics in Germany has been falling since 2013. After the extraordinary pandemic years of 2020 and 2021, consumption has now returned to pre-pandemic levels.

Oral antibiotics

Packages dispensed in millions



Revenue in EUR millions



Oral antibiotics for systemic use (ATC2 code J01) dispensed in community pharmacies at the expense of SHI. Prescriptions from dentists are excluded from these figures.
Source: German Institute for Drug Use Evaluation (DAPI)

ANTIDIABETICS

In Germany, about 9.5 million people currently live with diabetes mellitus, 96% of whom have type 2 diabetes (known as age-related diabetes). The course and prognosis of the disease depend largely on the behaviour of those affected. Pharmacies not only supply them with medication but also provide them with long-term advice and support on request.

Active substances primarily used to treat diabetes*

2024	Sales volume per 1,000 SHI-insured patients	Revenue per 1,000 SHI-insured patients
Oral antidiabetics	316	EUR 29,300
Insulins	128	EUR 17,300
Other subcutaneous** antidiabetics	43	EUR 11,400
All antidiabetics	487	EUR 58,000



* Antidiabetics dispensed in community pharmacies at the expense of SHI.
** For injection under the skin.
Source: German Institute for Drug Use Evaluation (DAPI), Deutscher Gesundheitsbericht Diabetes 2025

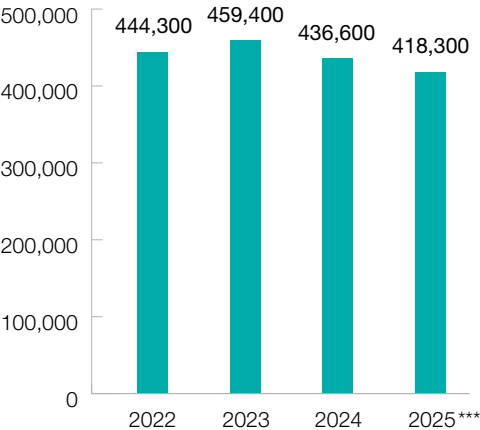
PHARMACEUTICALS WITH SPECIAL REQUIREMENTS

Specific requirements apply to certain drug groups, with narcotics and thalidomide-containing drugs each requiring a special prescription. Pharmacists must document additions to and withdrawals from stock as well as the current inventory in order to prevent misuse and adverse effects. Temperature-sensitive drugs are also subject to certain conditions. Since September 2020, haemophilia medications have also been pharmacy-only medicines. Around 14,000 people with haemophilia obtain their medicines through pharmacies.

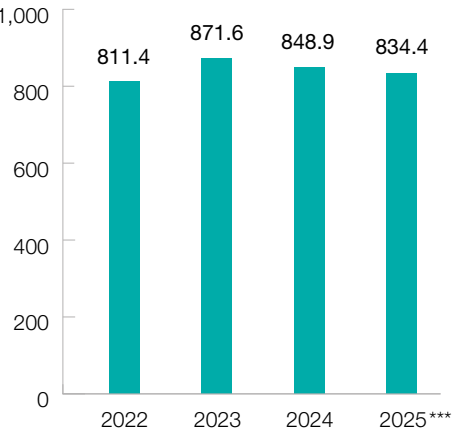
Sales volume in packages		2023	2024	2025***
Narcotics (finished dosage forms)*		11.6 million	12.1 million	12.5 million
Narcotics (formulations)*		2.5 million	2.7 million	2.5 million
Medicines prescribed on T prescriptions		158,000	162,000	160,000
Blood products as per German Transfusion Act and haemophilia preparations		746,000	726,000	704,000
of which ↓	Refrigerated products (max. storage temperature of 8°C)	20.1 million	20.3 million	19.8 million
	Medications subject to cold chain requirements**	11.7 million	12.4 million	13.7 million

Haemophilia preparations

Packages dispensed



Revenue (pharmacy retail price – PRP) in EUR millions



* Centrally active medications and substances that are heavily regulated and controlled by lawmakers due to their potential for dependency, abuse and side effects.

** These medications require refrigeration at between 2°C and 8°C without interruption throughout the delivery chain and storage (e.g. vaccines).

*** Forecast.

Finished dosage forms (excluding COVID-19 vaccines) or narcotic formulations dispensed in community pharmacies at the expense of SHI. For refrigerated items and cold-chain pharmaceuticals, including consultation room supplies.

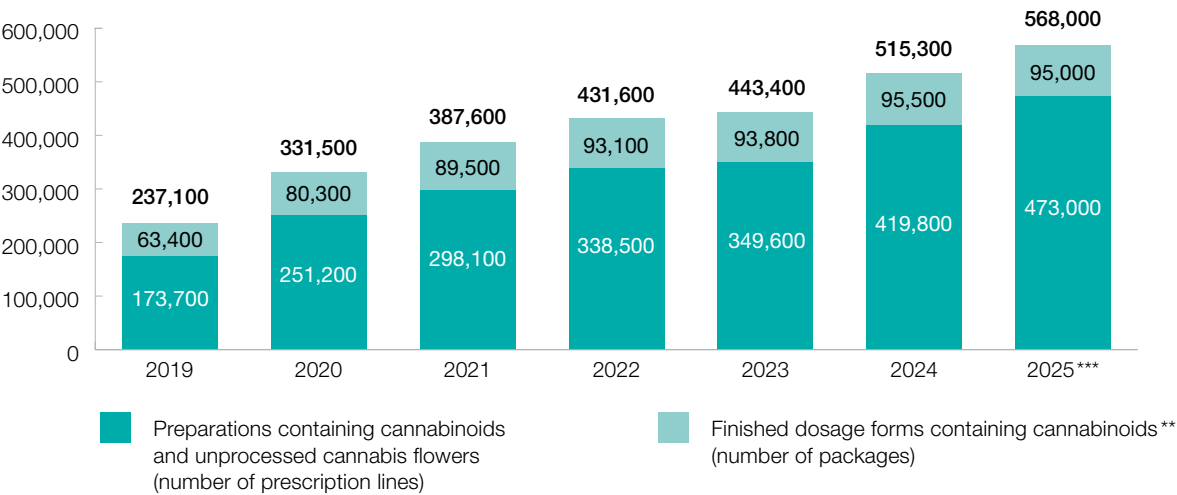
Finished dosage forms, sales volume in packages, formulations, sales volume in prescription lines.

Source: German Institute for Drug Use Evaluation (DAPI), own calculations

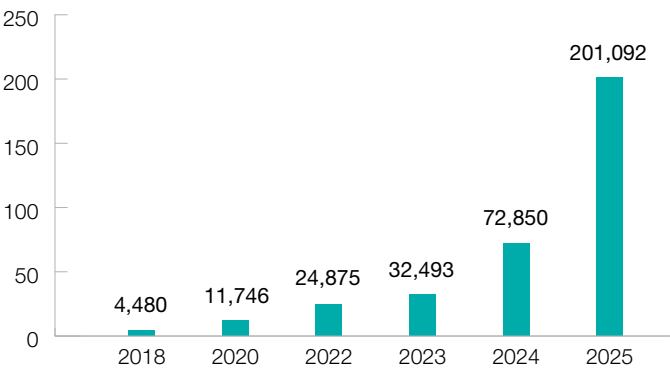
MEDICINAL CANNABIS

Since 2017, doctors have been permitted within the bounds of their therapeutic freedom to prescribe medicinal cannabis in individual cases, e.g. in the form of flowers or as droplets, capsules or sprays containing the main active agent, dronabinol (THC). Any pharmacy can produce and dispense appropriate formulations. If an approval has been granted, the health insurance fund will cover the costs. Since 2024, medicinal cannabis is no longer subject to the Narcotics Act but remains a prescription-only medication. The sharp rise in import volumes in 2024 and 2025 is a consequence of the growing number of private prescriptions for cannabis products.

Cannabis prescriptions for SHI-insured patients *



Cannabis imported into Germany**** for medical and scientific purposes in kilograms



* Only cannabis dispensed in community pharmacies.

** Including Epidyolex®.

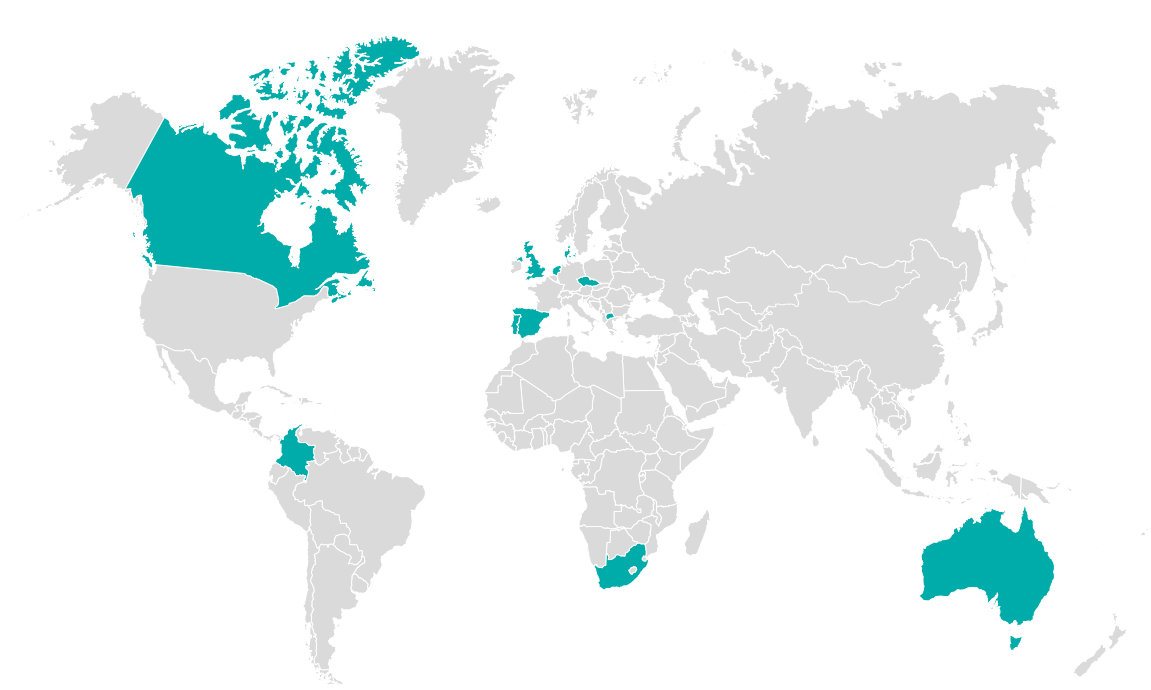
*** Forecast.

**** Cannabis flower and extracts.

Source: German Institute for Drug Use Evaluation (DAPI), Federal Institute for Drugs and Medical Devices (BfArM), own calculations

Imported quantity by country of origin in 2025

in kilograms



Canada	93,006
Portugal	55,164
Denmark	9,319
North Macedonia	8,190
Malta	4,858
Spain	4,794
Czechia	4,718
Australia	4,190
South Africa	3,725
United Kingdom	3,590
Colombia	3,507
Netherlands	2,429
Other countries	3,602
Total	201,092

Source: Federal Institute for Drugs and Medical Devices (BfArM)

PHARMACEUTICALS FOR SERIOUS ILLNESSES

Oncological drugs (for cancer) and immunosuppressants (used to counteract the body's rejection reactions and in inflammatory diseases) play a key role among innovative finished dosage forms. In addition to finished dosage forms, individually produced special formulations known as cytostatics are also used in cancer therapy. This includes parenteral solutions for intravenous administration, including monoclonal antibodies. Nationwide, there are only about 300 pharmacies that can prepare these solutions, as this work requires a clean room laboratory in accordance with § 35a of the Ordinance on the Operation of Pharmacies (ApBetrO).

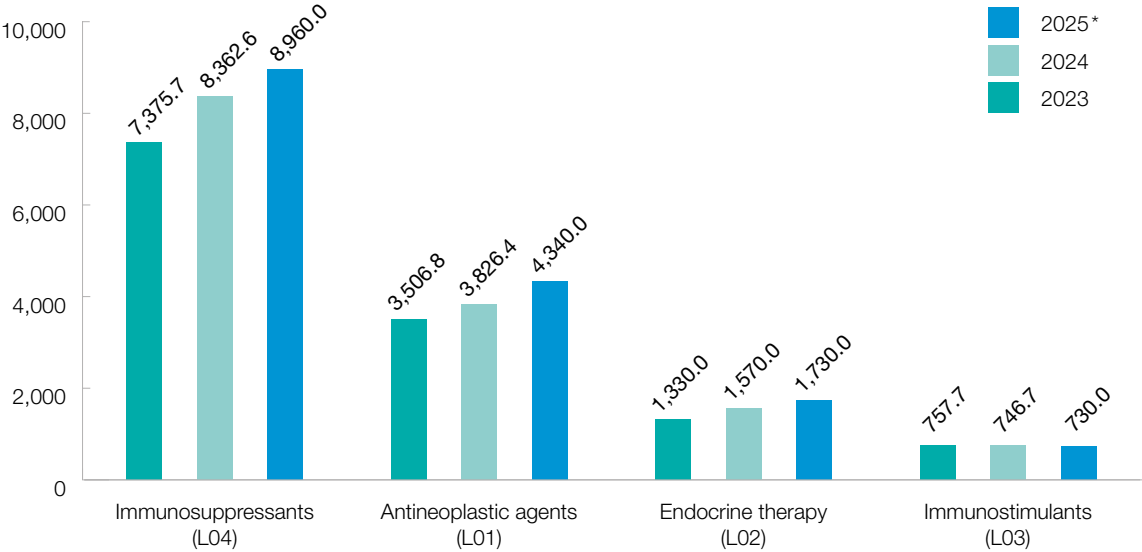
Cytostatics

	Prescriptions in millions			Revenue in EUR millions		
	2023	2024	2025*	2023	2024	2025*
Cytostatic preparations	2.0	1.9	1.9	912	877	890
Parenteral solutions	1.7	1.8	1.9	4,832	5,000	5,150
including with monoclonal antibodies	1.3	1.4	1.5	4,602	4,751	4,870

* Forecast
Special formulations dispensed at the expense of SHI
Source: National Association of Statutory Health Insurance Funds

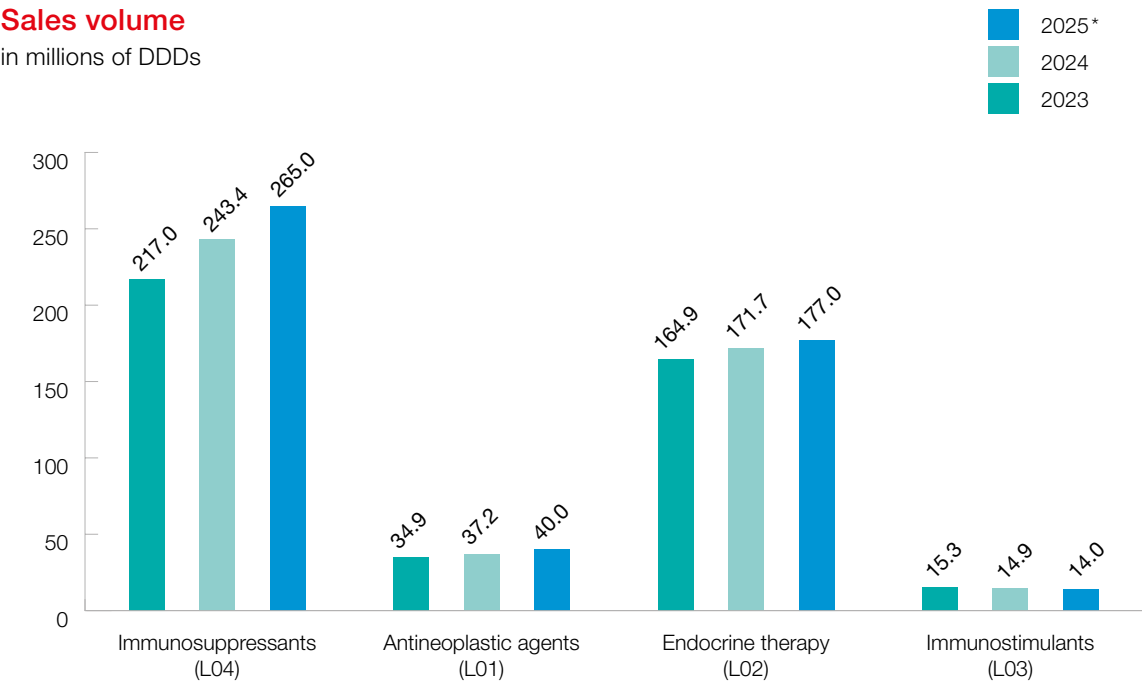
Gross revenue

in EUR millions



Sales volume

in millions of DDDs

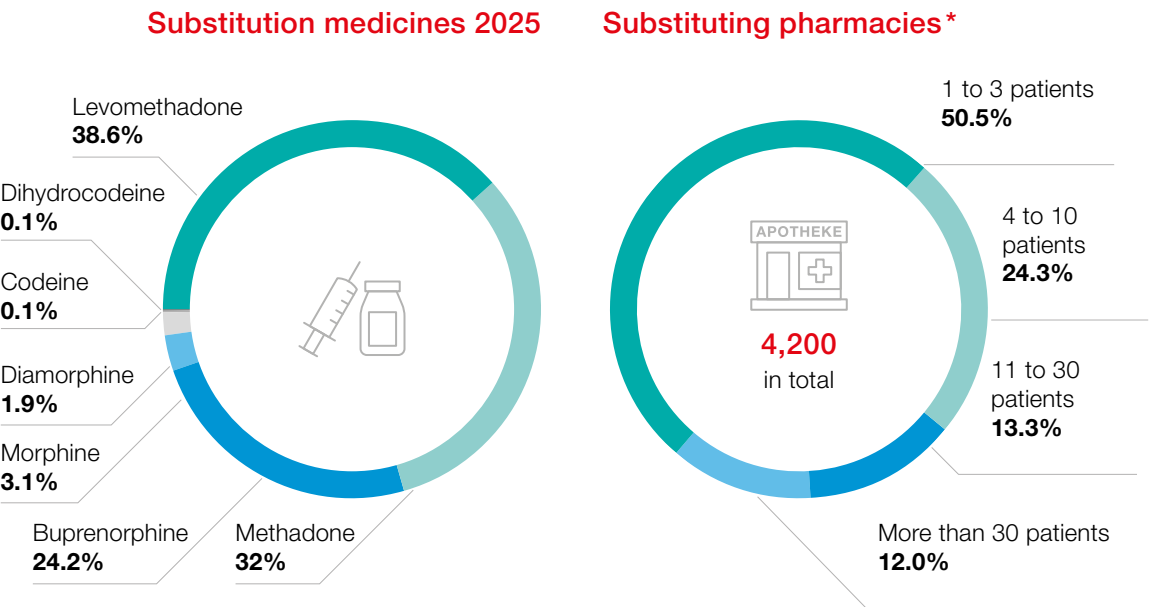


* Forecast.
DDD = defined daily dose
Pharmaceuticals dispensed at the expense of SHI
Source: National Association of Statutory Health Insurance Funds

SUBSTITUTION TREATMENT

Medical substitution therapy is used to stabilise patients who are dependent on opioids. Around 4,200 pharmacies are involved in the preparation and dispensing of substitution medicines. This is subject to strict requirements. In a voluntary service provided by pharmacies and known as “directly observed therapy”, patients can take their medication on-site at the pharmacy if requested by their doctor. This service is offered by around 1,600 of the 4,200 substituting pharmacies.

Substitution treatment		Number of listings in the substitution register 2025		
Patients		78,800		
Doctors		2,373		
Substituting pharmacies offering directly observed therapy *: 1,600		Yes	No	
In rural areas		40.4%	59.6%	
In cities		39.8%	60.2%	
In urban outskirts		32.8%	67.2%	
Substitution treatment with statutory health insurance		2023	2024	2025 **
Prescriptions in millions		2.13	2.08	2.00
Revenue in EUR millions		101.6	100.9	98.6



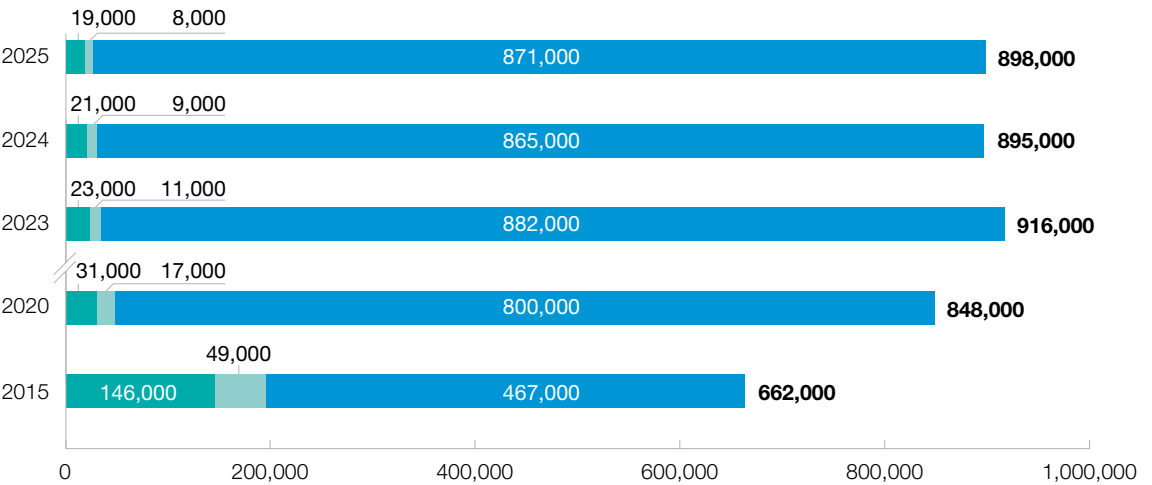
* Survey as part of the 2025 ABDA data panel.
** Forecast.
Source: Federal Institute for Drugs and Medical Devices (BfArM), ABDA data panel, National Association of Statutory Health Insurance Funds

SUPPLY OF CONTRACEPTIVES

Emergency contraceptives (the “morning-after pill”) have been available over the counter in pharmacies since 2015. Other contraceptives are sold over the counter ten times as often. For all contraceptives, women up to the age of 22 are entitled, if prescribed by a doctor, to the reimbursement of costs by their statutory health insurance.

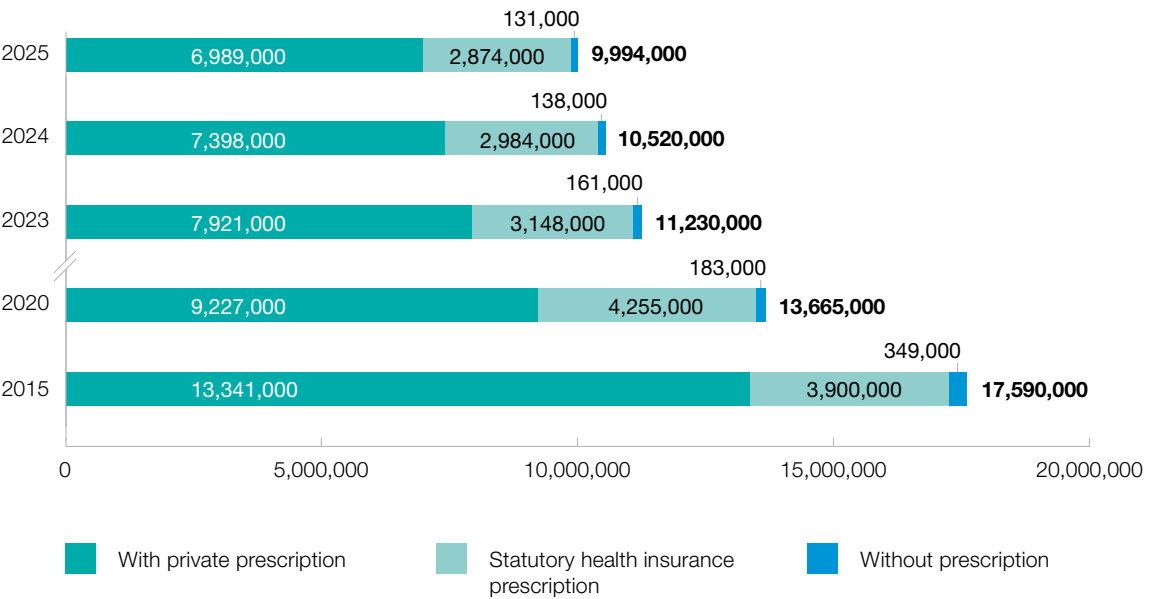
Sales of emergency contraception in community pharmacies

Packages dispensed



Sales of contraceptives in community pharmacies

Packages dispensed (excl. emergency contraception)



(Packages dispensed, 2015–2025, APO Fusion, INSIGHT Health)
Source: Insight Health GmbH

SUPPLY OF MEDICAL AIDS AND BANDAGES

Alongside medical supply stores, pharmacies also provide SHI-insured patients with medical aids, usually as part of a supply contract between the health insurance fund and the pharmacists' association. Another key area of responsibility for pharmacies is the dispensing of bandages.

SHI medical aid revenue* in community pharmacies 2025 **

Note: without billing at the expense of long-term care insurance providers

in EUR millions

Glucose management aids (e.g. insulin pens and blood glucose meters)	205
Incontinence aids (e.g. incontinence pads)	122
Application aids (e.g. hanger sets for infusions)	95
Compression therapy aids (e.g. compression stockings)	84
Inhalation and breathing therapy devices (e.g. nebulisers)	43
Measuring devices for body conditions/functions (e.g. lancets and blood pressure monitors)	21
Visual aids (e.g. eye patches)	20
Suction devices (e.g. breast pumps)	18
Bandages	7
Orthoses/splints	4
Stoma products	3
Other product groups	13
Total	EUR 635 million (incl. VAT)

SHI revenue from bandages* in community pharmacies 2025

in EUR millions

Modern wound treatment (e.g. hydropolymer dressings)	663
Compresses	149
Bindings	138
Plasters	93
Adhesive gauze	29
Bandages	18
Swabs	7
Cotton wool	6
PEG dressing kits	4
Other product groups	13
Total	EUR 1,120 million (incl. VAT)

* Including consultation room supplies according to the billed rate.

** Forecast.

Source: German Institute for Drug Use Evaluation (DAPI), own calculations

VACCINES

Statutory health insurance spends around EUR 3 billion per year, including VAT, on vaccines. Medical practices generally obtain these from pharmacies as consultation room supplies. Due to flu waves or recommendations from the Standing Committee on Vaccination (STIKO), the need for vaccines may fluctuate seasonally or over the course of several years. In 2025, doctors administered more vaccinations against RSV and meningococcal infections.

	Vaccine dose sales			Revenue		
	in millions			in EUR millions (incl. VAT)		
	2023	2024	2025 ***	2023	2024	2025 ***
Varicella zoster (chickenpox, shingles)	4.1	2.9	2.9	674	582	675
RSV (respiratory syncytial virus)	—	0.2	1.8	—	30	358
Pneumococci	3.2	3.9	3.8	189	302	318
Influenza (flu)	16.0	14.6	14.2	503	482	308
Pertussis (whooping cough)*	6.5	6.8	6.9	276	283	292
TBE (tick-borne encephalitis)	5.0	5.4	5.9	196	229	265
Meningococcus	0.9	0.9	2.3	50	60	232
HPV (human papillomaviruses)	1.0	1.1	1.3	160	190	223
Measles**	2.0	1.8	1.7	131	126	123
Rotavirus	1.1	1.0	0.9	85	71	70
Hepatitis	0.6	0.7	0.7	37	39	39
Other	0.9	0.8	0.7	18	46	16
Overall	41.2	40.1	43.1	2,321	2,413	2,919



44.8 million

flu vaccine doses were supplied by pharmacies to doctors in 2023, 2024 and 2025.

You can find more information about vaccinations at pharmacies on pages 79 (Germany) and 116 (Europe).

* Incl. combination vaccines for diphtheria, tetanus, etc.

** Incl. combination vaccines for mumps, rubella, chickenpox.

*** Forecast.

The figures only include vaccine purchases from community pharmacies (including consultation room supplies). Influenza vaccinations administered on-site by pharmacies according to § 132e para. 1a of the German Social Code (SGB) V, as well as COVID-19 vaccines, are not included.

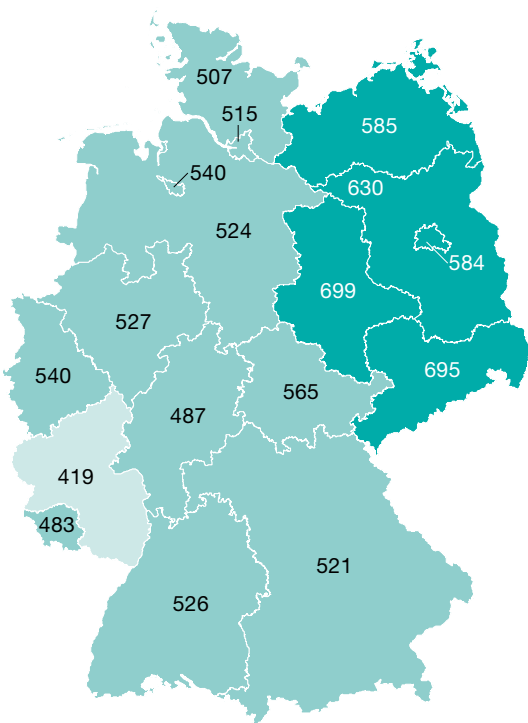
Source: German Institute for Drug Use Evaluation (DAPI), own calculations

Vaccine doses administered per 1,000 SHI-insured individuals in 2024

The vaccine doses administered at the expense of statutory health insurance vary not only seasonally, but also regionally: the higher vaccination rates in the “new” federal states in the East are due to greater influenza vaccination coverage. Vaccinations against tick-borne encephalitis (TBE) are increasing especially in southern and south-eastern Germany, where ticks are more prevalent in summer.

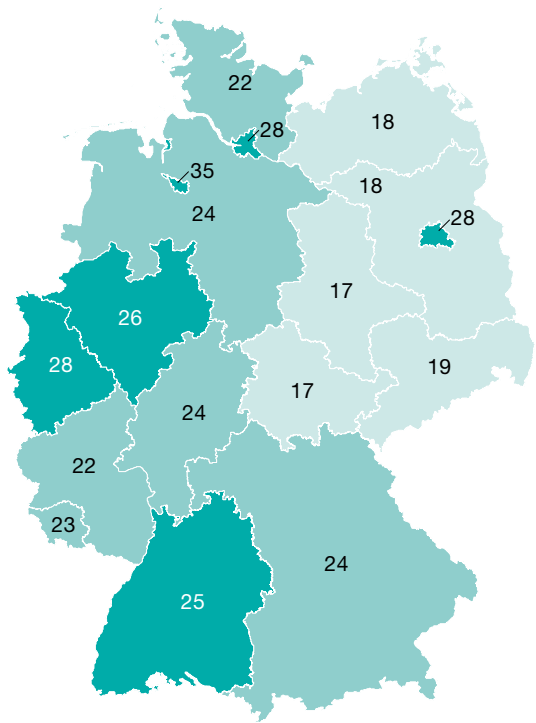
Total vaccine doses

German average: 516



Measles vaccine doses *

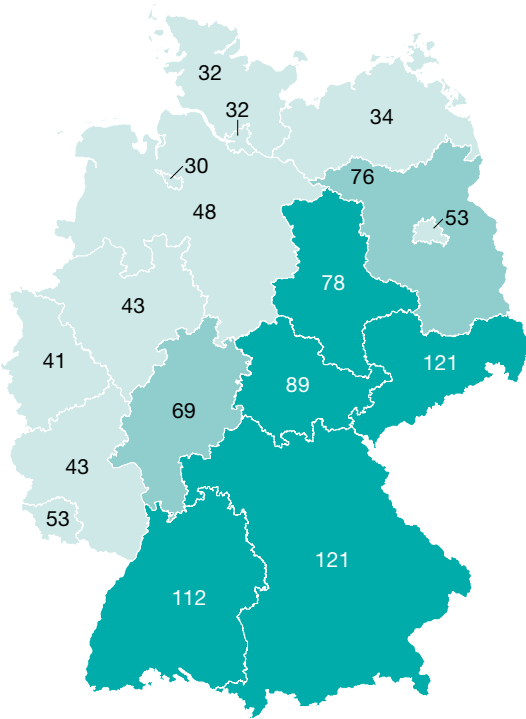
German average: 22



* Incl. combination vaccines for mumps, rubella, chickenpox.
The figures only include vaccine purchases from community pharmacies (including consultation room supplies).
Influenza vaccinations administered on-site by pharmacies according to § 132e para. 1a of the German Social Code (SGB) V, as well as COVID-19 vaccines, are not included.
Source: German Institute for Drug Use Evaluation (DAPI)

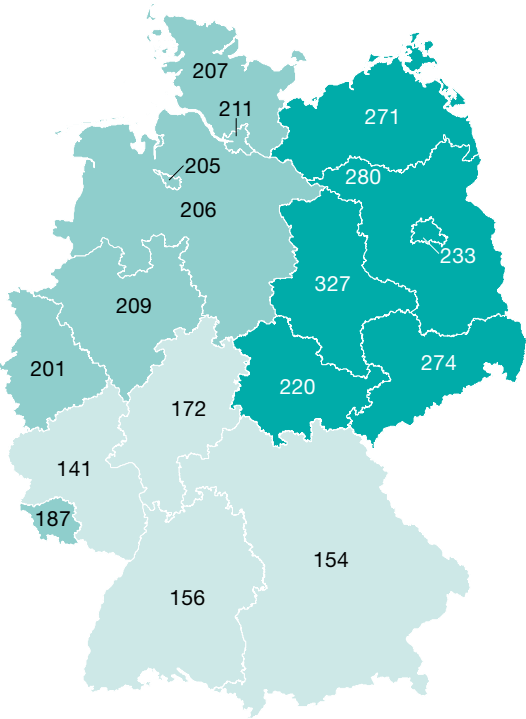
TBE vaccine doses

German average: 71



Influenza vaccine doses

German average: 196



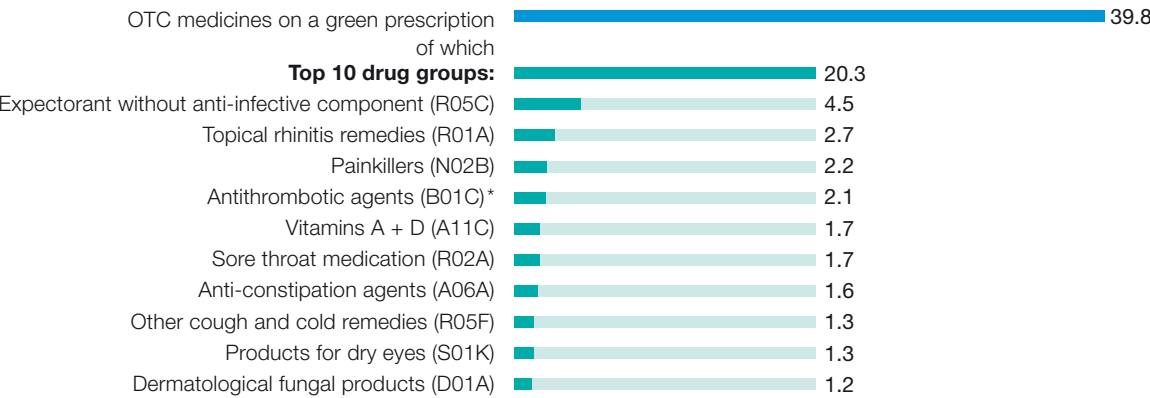
The figures only include vaccine purchases from community pharmacies (including consultation room supplies). Influenza vaccinations administered on-site by pharmacies according to § 132e para. 1a of the German Social Code (SGB) V, as well as COVID-19 vaccines, are not included.
Source: German Institute for Drug Use Evaluation (DAPI)

GREEN PRESCRIPTIONS

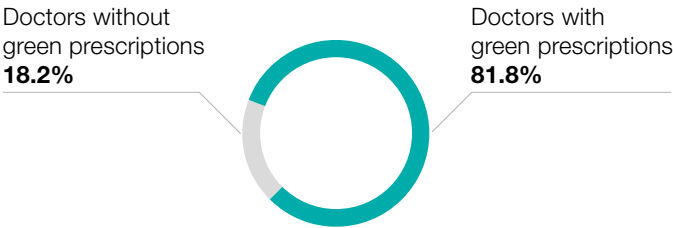
With green prescriptions, doctors recommend non-prescription medicines that patients then pay for themselves at the pharmacy. The form points out that SHI-insured patients can submit the green prescription to many health insurance companies for reimbursement as a statutory benefit. In addition, the green prescription serves as a reminder of the name, active ingredient and dosage form of the medication. In 2025, pharmacies dispensed 40 million over-the-counter medicines by green prescription.

Prescriptions 2025

in millions



Use of green prescriptions in 2025



Proportion of medically prescribed over-the-counter drug packs by age group in 2024

	SHI prescription	PHI prescription	Green prescription	
0–12 years old	90.0%	7.4%	2.6%	100%
13–18 years old	18.2%	29.8%	52.0%	100%
19–64 years old	20.6%	32.0%	47.4%	100%
65–99 years old	40.7%	29.6%	29.7%	100%
Total	56.7 million	32.9 million	39.7 million	129.2 million
	43.8%	25.5%	30.7%	100%

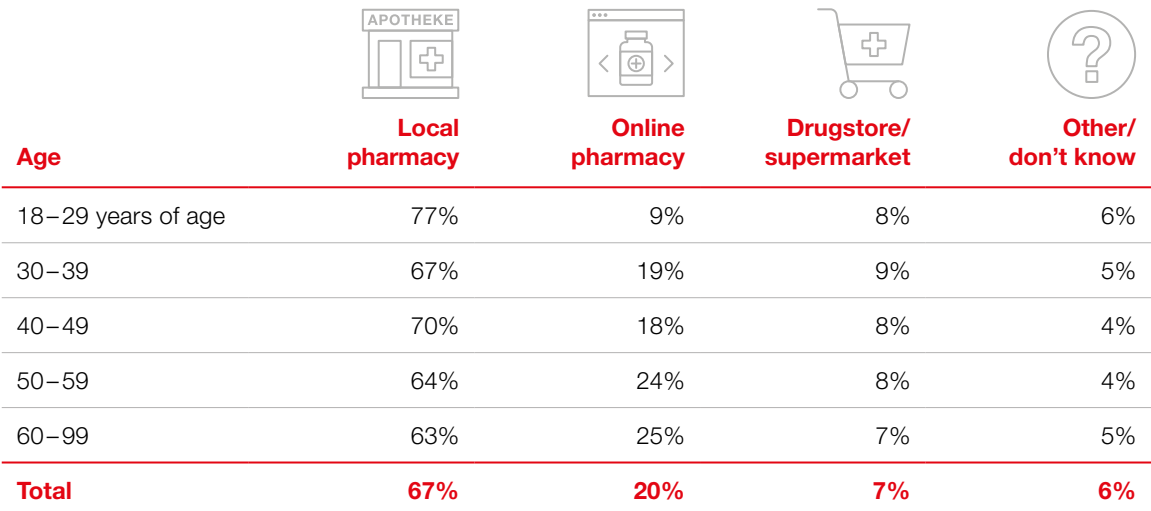
* Antiplatelet drugs.
Source: Federal Association of the Pharmaceutical Industry (BPI), Pharma Deutschland e. V., IQVIA Commercial GmbH & Co. OHG (IMS Diagnosis Monitor)

SELF-MEDICATION

Self-medication includes all non-prescription medications that customers purchase on their own initiative. This product group is referred to as over-the-counter (OTC) medicines. During the consultation, pharmacists question the customer’s self-diagnosis and weigh up advertising claims against their actual symptoms. For two-thirds of people, pharmacies are the first port of call for self-medication. Nine out of ten respondents (92%) consider the pharmacy to be a trustworthy source.

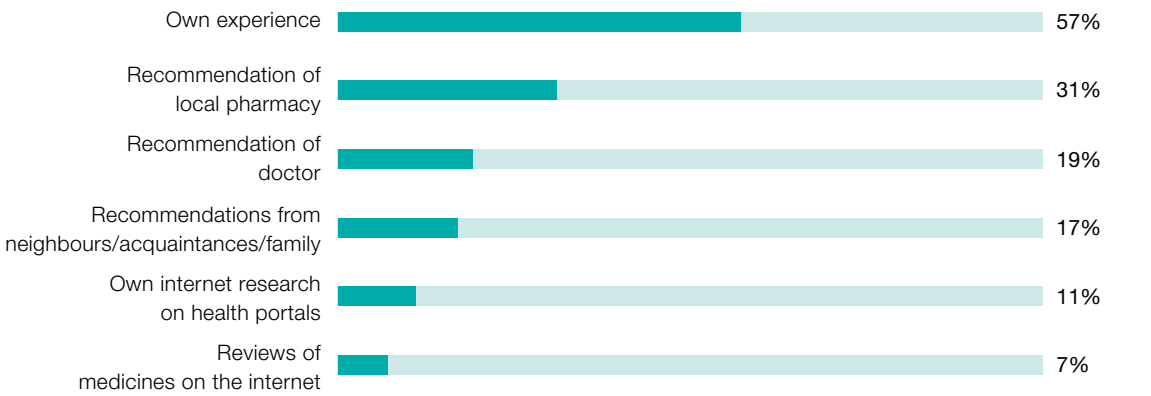
Question:

Where do patients buy over-the-counter medicines for minor health problems?



Question:

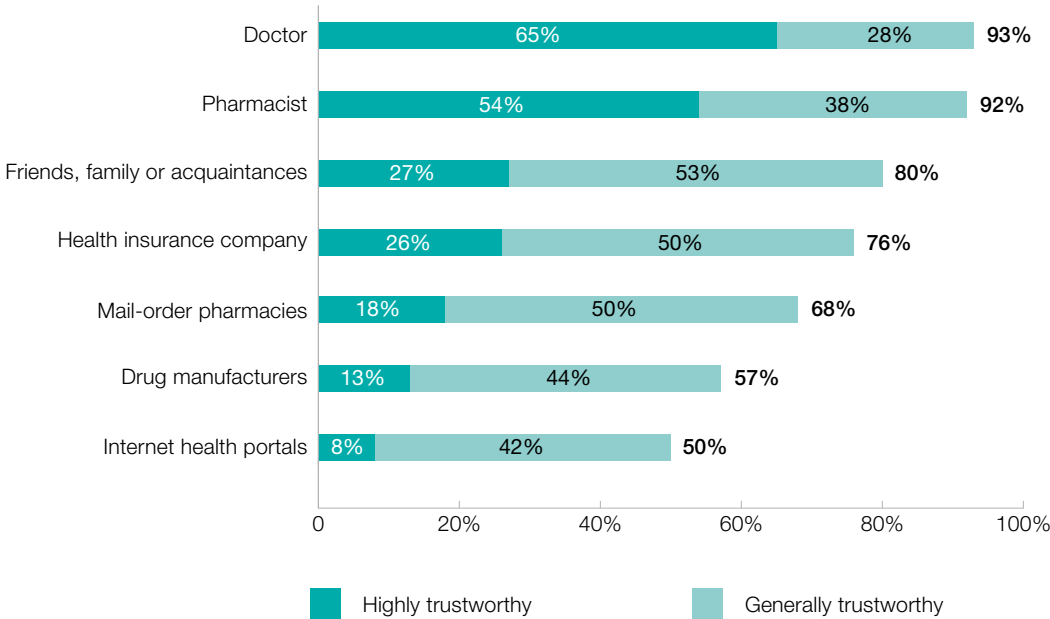
What factors influence the purchase of an over-the-counter medicine?



Survey in May 2024
Source: Pharma Deutschland e. V.

Question:

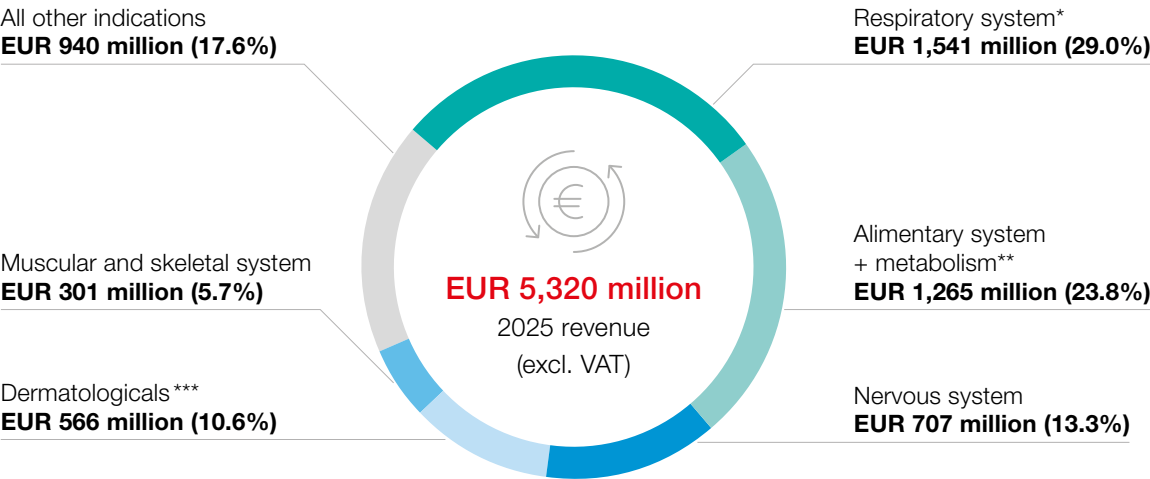
How do patients rate their trust in the following parties when purchasing over-the-counter medicines?



Survey in May 2024
Source: Pharma Deutschland e. V.

LEADING INDICATION AREAS FOR OTC DRUGS

Over-the-counter (OTC) drugs are non-prescription medicines that customers purchase in pharmacies for use in self-medication. The medications may be unrestricted or pharmacy-only. A consultation in which pharmacists question patients' self-diagnoses is important. Cold and hayfever seasons cause significant fluctuations in demand over the course of the year.



* Including respiratory illnesses.
** Mainly gastrointestinal illnesses.
*** Skin disease remedies.
Only dispensed at community pharmacies
(Packages dispensed, rAVP revenue 2025, APO Fusion, INSIGHT Health)
rAVP = actual pharmacy retail price for OTC drugs and supplementary range
Source: Insight Health GmbH

SPECIAL SCHOOLS OF THERAPY FOR NON-PRESCRIPTION PHARMACEUTICALS

Some of the special schools of therapy covered by the German Medicinal Products Act (AMG) include herbal, homeopathic and anthroposophic medicinal products. Pharmacies experience frequent demand for these non-prescription medications. However, interest in homeopathic medicines is declining.

Revenue			
in EUR millions (excl. VAT)	2023	2024	2025
Herbal medicines	1,021	1,051	1,023
Homeopathic medicines	300	291	277
Anthroposophic medicines	101	102	92

Sales			
in millions of packages	2023	2024	2025
Herbal medicines	90	87	81
Homeopathic medicines	23	21	19
Anthroposophic medicines	9	9	8

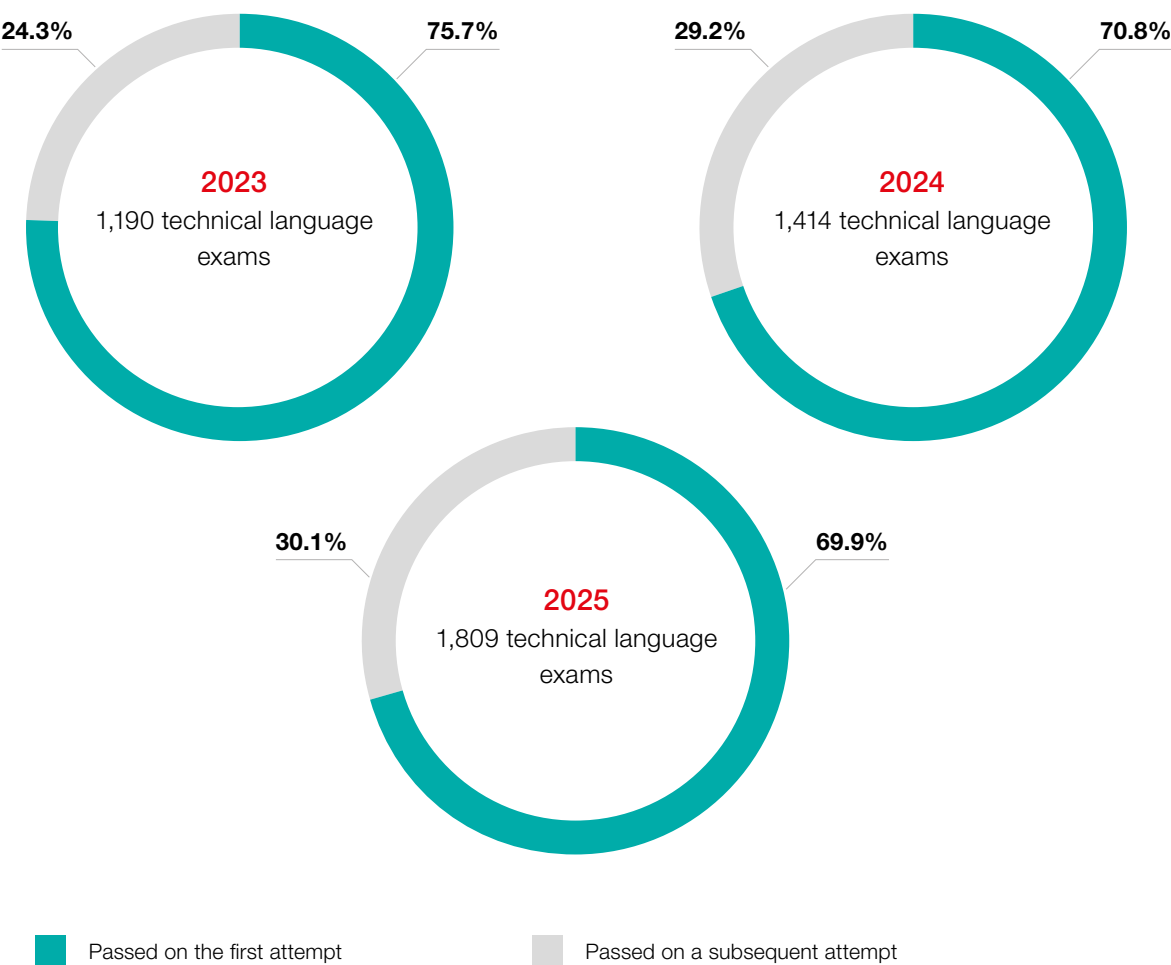
(Packages dispensed, rAVP revenue, 2023–2025, APO Fusion, INSIGHT Health)
rAVP = actual pharmacy retail price for OTC drugs and supplementary range
Only dispensed at community pharmacies
Source: Insight Health GmbH

EUROPE, MIGRATION AND INTEGRATION

TECHNICAL LANGUAGE EXAMS FOR FOREIGN PHARMACISTS

Pharmacists who do not speak German as a first language and apply for a licence in Germany must demonstrate knowledge of German colloquial and technical language. The Common European Framework of Reference for Languages (CEFR) requires a three-part test. The chambers of pharmacists of the federal states are responsible for conducting the technical language exams.

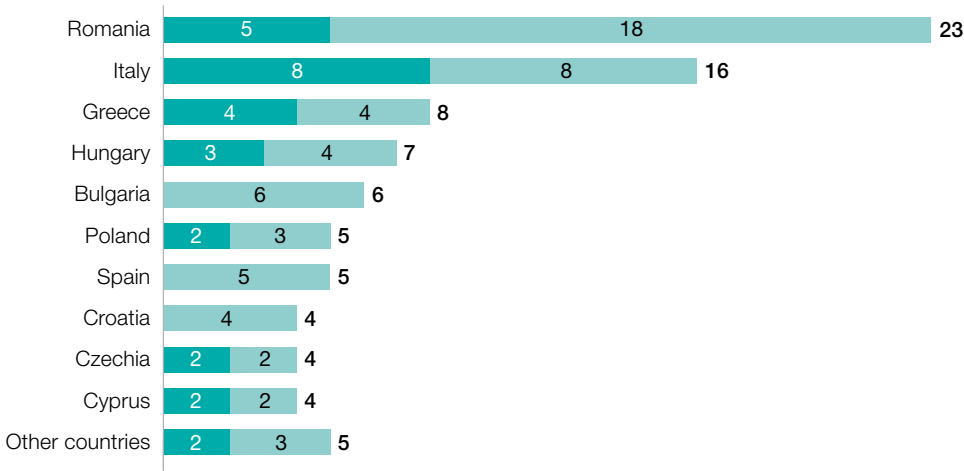
Number of exams and pass rate



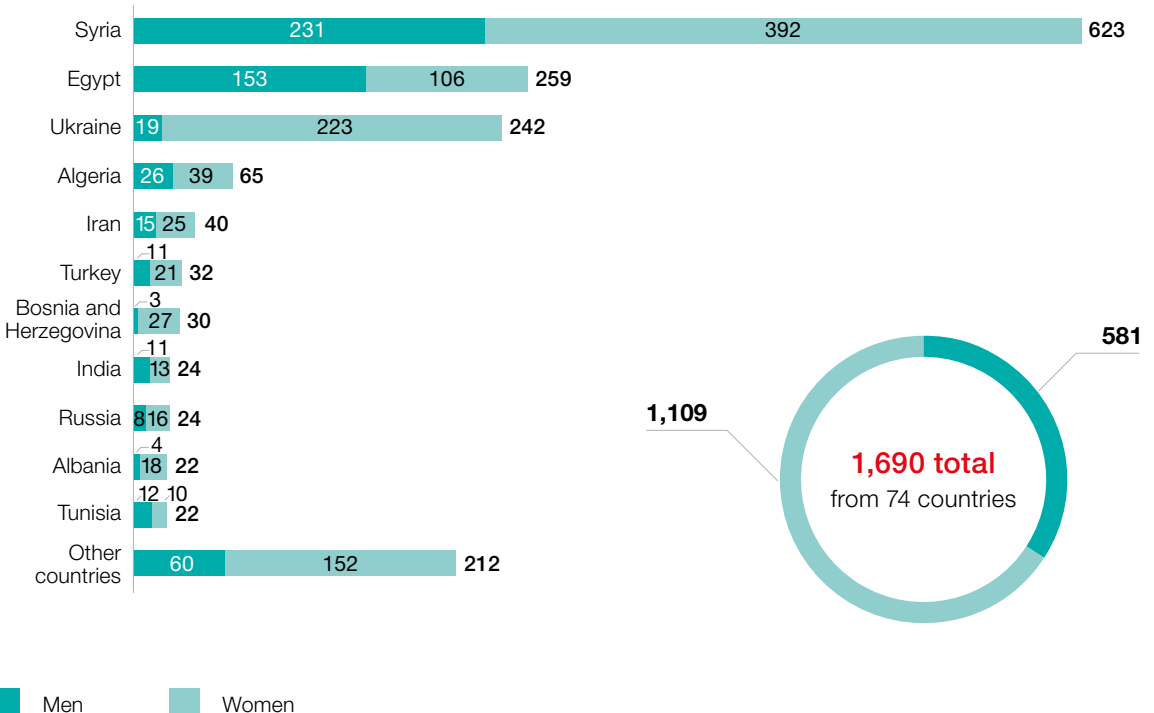
Source: Federal Chamber of Pharmacists (BAK)

Exam participants by gender and place of obtaining professional licence 2025

Other European countries (EU, EEA, Switzerland)



Third countries

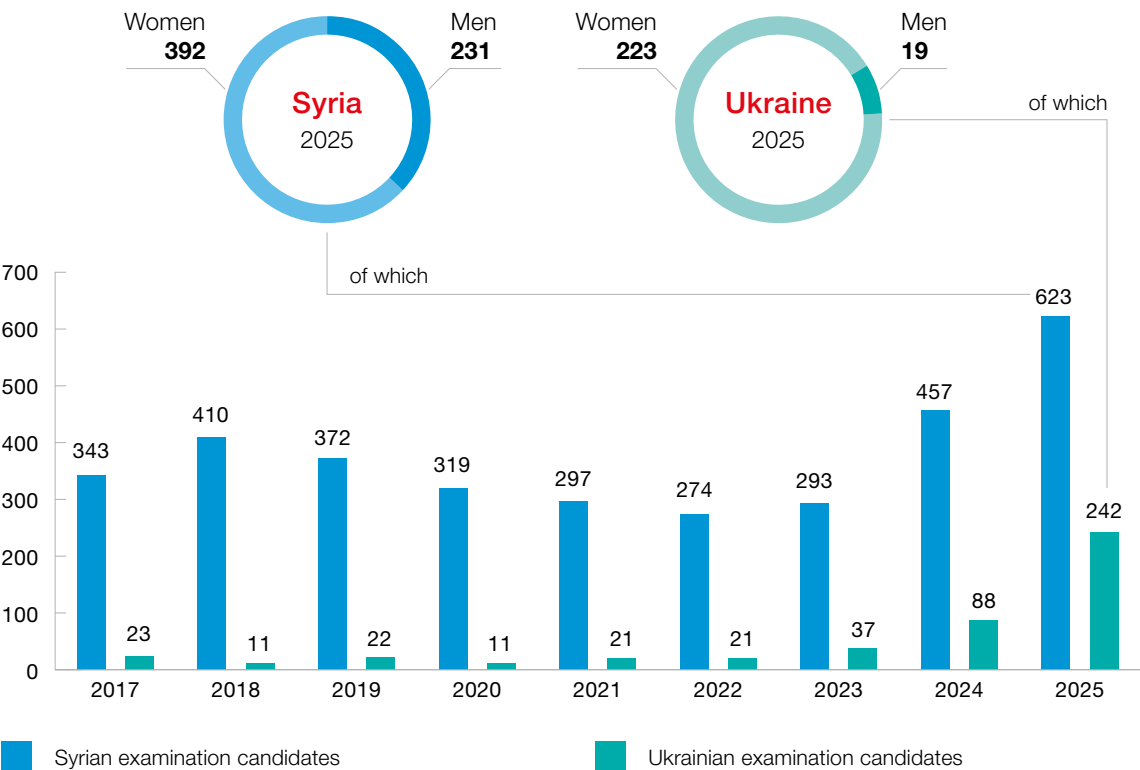


Source: Federal Chamber of Pharmacists (BAK)

QUALIFIED PHARMACY PROFESSIONALS FROM SYRIA AND UKRAINE

Many refugees from Syria and Ukraine studied pharmacy in their home countries. Strict requirements for working in pharmacies do not make it easy for them to integrate into the German labour market. For example, they need official recognition of their degree and have to prove themselves in a language exam. At the same time, pharmacies all over Germany are looking for qualified professionals for the supply of medicines. One example is Thuringia, where 3% of all pharmacists were born in Syria and have now made Thuringia their home.

Numbers of Syrian and Ukrainian candidates for the technical language exam in pharmacy



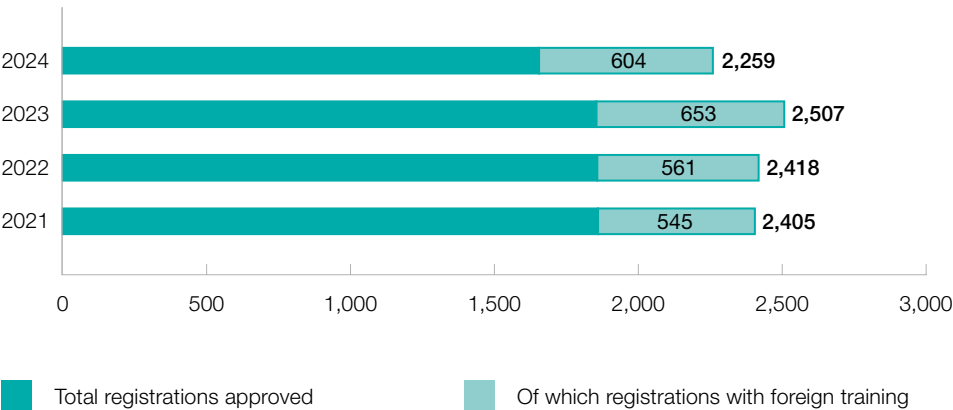
Source: Federal Chamber of Pharmacists (BAK)

Thuringia as an example: number of licensed members of the Chamber of Pharmacists born outside Germany

(31/12/2025)

Total number of chamber members	1,949
of which country of origin	
Syria	57
Russia	12
Ukraine	8
Other	56
Total foreign	133
Total German	1,816

Registrations with foreign training in pharmacy (incl. Ukraine and Syria)



Source: State Chamber of Pharmacists Thuringia, ABDA statistics

PHARMACY-RELATED LEGAL REGULATIONS IN EUROPE

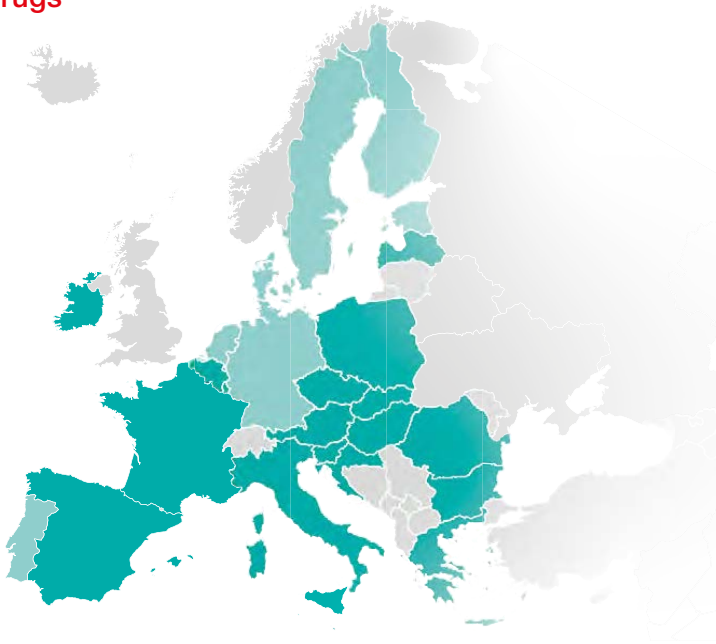
The healthcare systems in the different countries of the European Union are organised in different ways. Accordingly, different regulatory rules apply to pharmacies in different EU member states. Only a few countries allow mail-order sales of prescription medicines. Third-party ownership of pharmacies by corporations is possible in some countries.

Country	Rx mail-order trade ban	Ban on third-party ownership
Austria	✓	✓
Belgium	✓	×
Bulgaria	✓	×
Croatia	✓	×
Cyprus	✓	✓
Czechia	✓	×
Denmark	×	✓
Estonia	×	✓
Finland	×	✓
France	✓	✓
Germany	×	✓
Greece	✓	×
Hungary	✓	×
Ireland	✓	×
Italy	✓	×
Latvia	✓	×
Lithuania	n/a	×
Luxembourg	✓	✓
Malta	×	×
Netherlands	×	×
Poland	✓	✓
Portugal	×	×
Romania	✓	×
Slovakia	✓	×
Slovenia	✓	✓
Spain	✓	✓
Sweden	×	×

Source: Pharmaceutical Group of the European Union (PGEU)

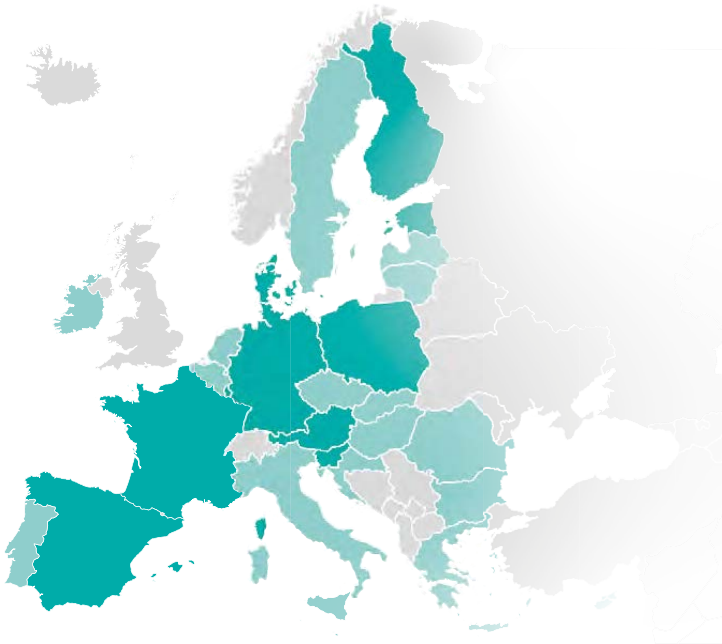
Mail-order ban for prescription-only drugs

- Yes
- No
- No information



Ban on third-party ownership

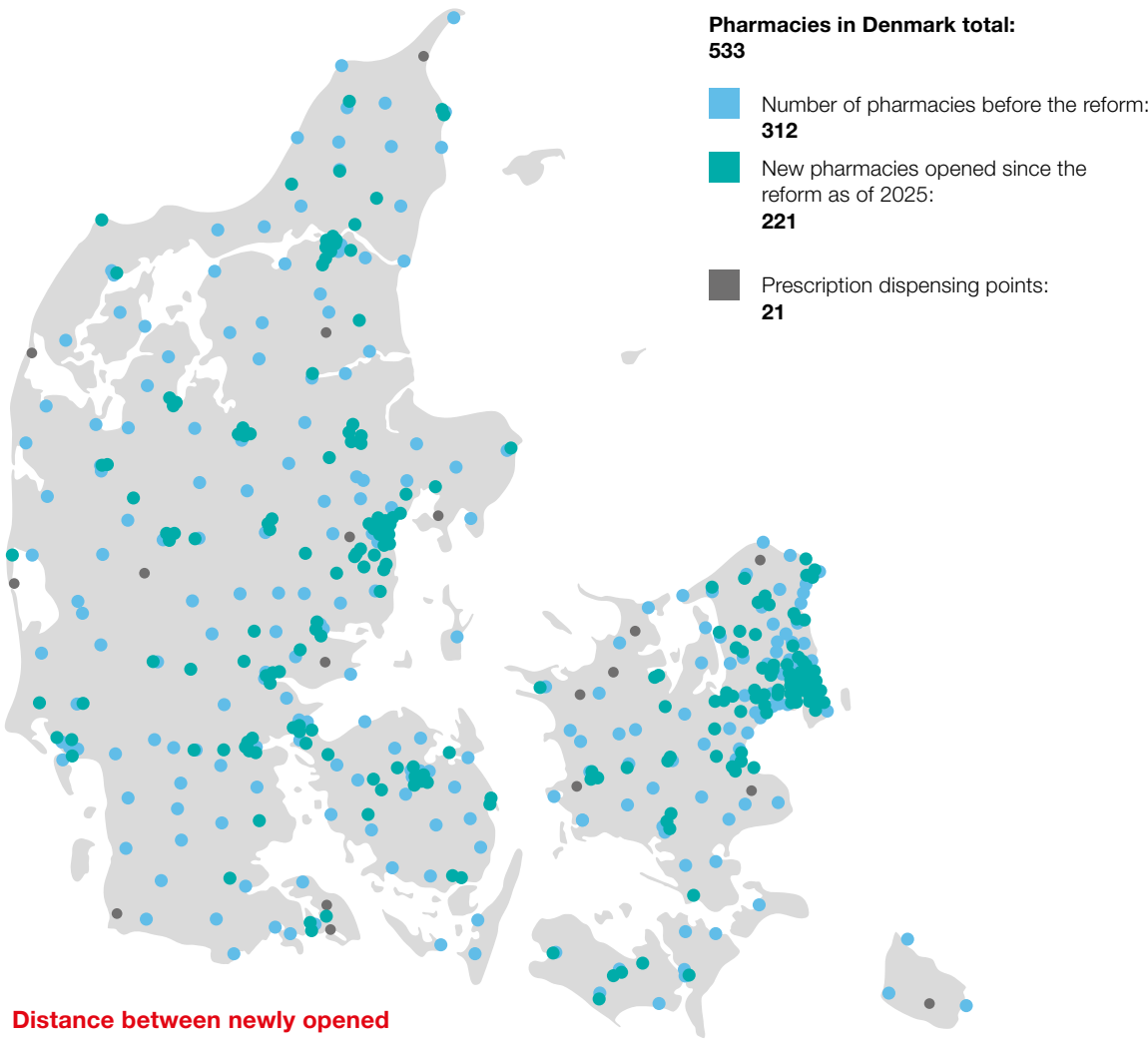
- Yes
- No
- No information



Source: Pharmaceutical Group of the European Union (PGEU)

PHARMACY LIBERALISATION: DENMARK AS AN EXAMPLE

Denmark is regarded as a successful example of pharmacy reform: since the Pharmacy Liberalisation Act came into force in 2015, pharmacists have been permitted to open up to seven branch pharmacies within a radius of 75 kilometres in addition to their main pharmacy. Since the reform, the number of pharmacies in Denmark has increased by 71% (as of 2025). However, most of the new subsidiaries are located in the vicinity of major cities or urban areas.



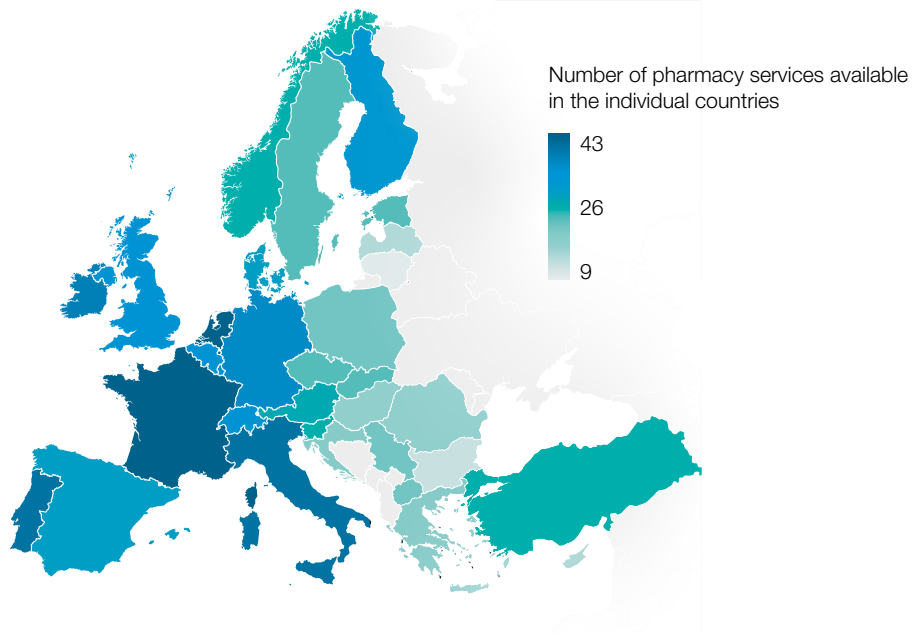
Distance between newly opened pharmacies and existing pharmacies

< 5 km	83%
5–10 km	14%
> 10 km	3%

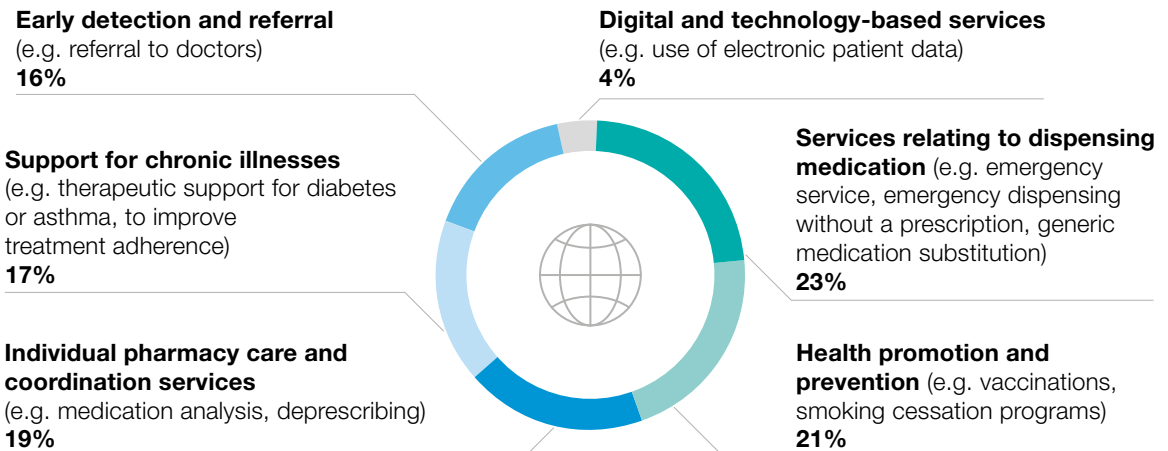
Source: Danish Pharmacists' Association (Danmarks Apotekerforening)

PHARMACY SERVICES IN EUROPE

Across Europe, pharmacies provide services that go beyond dispensing medicines and providing advice on medication. The quality and quantity of pharmacy services vary from country to country in terms of type, supply and demand. In Europe, the spectrum of pharmacy services includes dispensing medicines, health promotion/prevention, individual medication management, disease management, screening (including referrals to other healthcare providers), and digital and technology-based services. The relatively new pharmaceutical services offered in Germany are only partly comparable.



Distribution of services in pharmacies in Europe by category

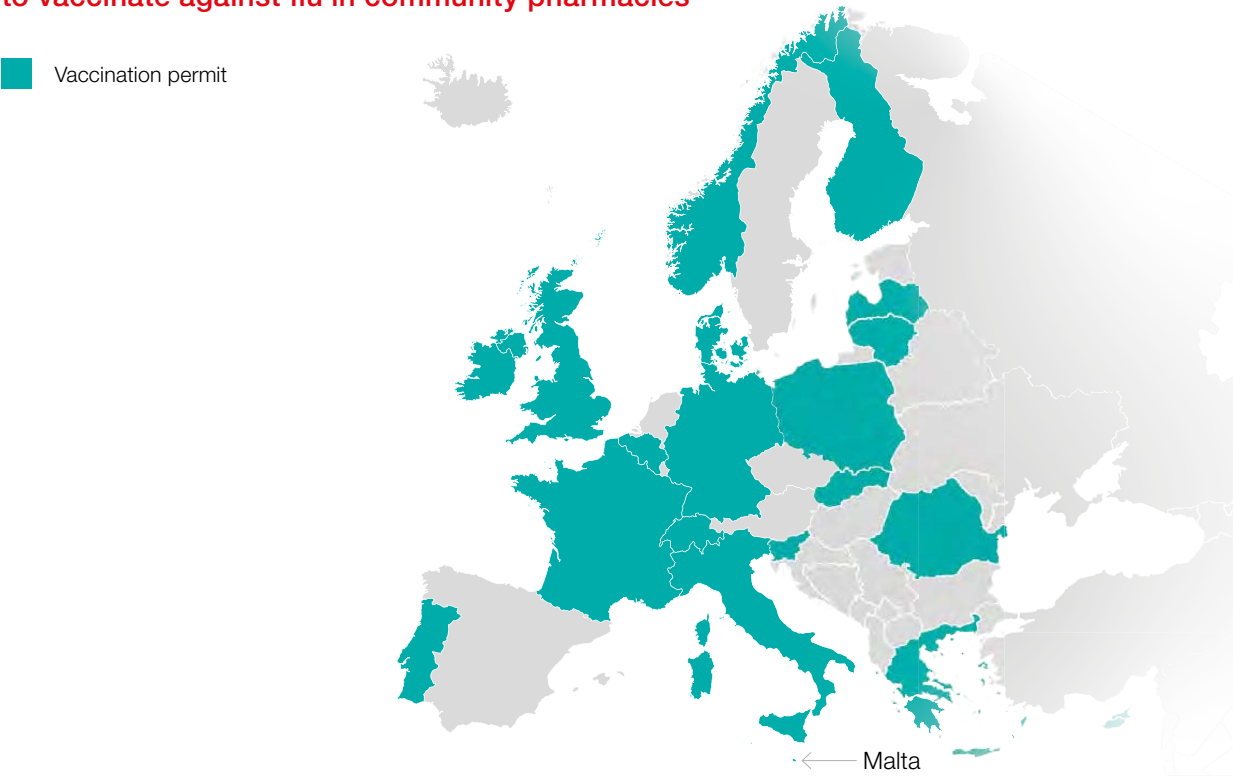


Source: ZAEU/PGEU Report on Pharmacy Services in Europe 2025

COMPARISON BY COUNTRY: VACCINATIONS IN PHARMACIES

In some 40 countries around the world, pharmacists are permitted to vaccinate against flu, including in France, the UK and the USA. The aim is to increase the vaccination rate and ensure basic care even in regions with weak healthcare infrastructure. Since 2022, German pharmacies have also been allowed to vaccinate against flu and COVID-19. In response to the COVID-19 pandemic, many countries have begun to integrate pharmacies into their vaccination programmes.

In these European countries, pharmacists are allowed to vaccinate against flu in community pharmacies



Non-European countries with vaccination permits

Algeria	Costa Rica	Lebanon	South Africa
Argentina	Hong Kong, China	New Zealand	Tunisia
Australia	Israel	Paraguay	United Arab Emirates
Brazil	Jordan	Philippines	USA
Canada	Kenya	Saudi Arabia	

Note: in Switzerland, 21 of the 26 cantons have vaccination permits.

Source: Pharmaceutical Group of the European Union (PGEU), International Pharmaceutical Federation (FIP), ABDA

VALUE-ADDED TAX ON PHARMACEUTICALS

Value-added tax on pharmaceuticals varies widely across the 27 EU member states. After Denmark and Bulgaria, Germany has one of the highest tax rates. In contrast, in Ireland, Sweden and Malta, some medicines are completely exempt from VAT.

		Tax on pharmaceuticals 2026	General VAT rate 2026
Denmark		25.0	25.0
Bulgaria		20.0	20.0
Germany		19.0	19.0
Finland		13.5	25.5
Latvia		12.0	21.0
Czechia		12.0	21.0
Italy		10.0	22.0
Austria		10.0	20.0
Slovenia		9.5	22.0
Estonia		9.0	24.0
Netherlands		9.0	21.0
Romania		11.0	21.0
Poland		8.0	23.0
Greece		6.0	24.0
Portugal		6.0	23.0
Belgium		6.0	21.0
Hungary		5.0	27.0
Croatia		5.0	25.0
Slovakia		5.0	23.0
Lithuania	reimbursable pharmaceuticals;	5.0	21.0
	non-reimbursable pharmaceuticals	21.0	
Cyprus		5.0	19.0
Spain		4.0	21.0
Luxembourg		3.0	17.0
France	reimbursable pharmaceuticals;	2.1	20.0
	non-reimbursable pharmaceuticals	10.0	
Sweden	prescription pharmaceuticals;	0.0	25.0
	non-prescription pharmaceuticals	25.0	
Ireland	medicinal products for oral use;	0.0	23.0
	medicinal products for non-oral use	23.0	
Malta		0.0	18.0

Source: European Commission (EC)

10

MISCELLANEOUS

SUSTAINABILITY

Sustainability is an important issue for everyone – including pharmacies. In day-to-day practice at pharmacies, sustainability begins with the environmentally responsible disposal of expired or unused medicines. Pharmacies also take responsibility when it comes to climate protection. This is closely linked to heat protection measures. Here, it is important not only to protect and inform patients but also to ensure the correct storage of medicinal products in the heat.

Disposal of pharmaceutical products	Further information
Patients should not use medicines after the expiry date. Waste disposal is regulated at the municipal level. In many municipalities, people can dispose of expired medicines with household waste. arzneimittelentsorgung.de	
ABDA was a member of the advisory board for the Federal Environment Agency project “Information and teaching materials for the environmentally conscious use of human medicines”. www.umweltbundesamt.de/humanarzneimittel-umwelt#patientenpatientinnen-medikamente-umweltbewusst-anwenden-und-entsorgen	
ABDA has developed a leaflet for the disposal of old medicines, which is regularly updated. www.abda.de/fileadmin/user_upload/assets/Faktenblaetter/Faktenblatt_Entsorgung_von_Altmedikamenten.pdf	
Climate protection	Further information
ABDA has been participating in the Federal Ministry of Health’s “Climate Pact for Health” since 2022. www.bundesgesundheitsministerium.de/presse/pressemitteilungen/startschuss-fuer-den-klimapakt-gesundheit.html	
From 2022 to 2023, ABDA was a member of the Dialogue Platform on Resource Efficiency in Healthcare. The results paper was published in March 2024. www.ressource-deutschland.de/ergebnispapier-naress-ag-3-ressourceneffizienz-im-gesundheitswesen	
Since 2023, ABDA has been involved in the project “Ecological Sustainability in Outpatient Healthcare” (ÖNaG) run by the Fraunhofer Institute. The guide “Ecological Sustainability in Pharmacies” was published in 2025. www.isi.fraunhofer.de/de/competence-center/neue-technologien/projekte/oenag.html#1	

ABDA acted in an advisory capacity to the Federal Environment Agency in the feasibility study on establishing a pharmaceutical environmental information and classification system in Germany (Medicinal Product Environmental Index).

www.ecologic.eu/de/19485



Heat protection

Further information

ABDA provides posters, flyers and other information materials on heat protection on its website.

www.abda.de/fuer-apotheker/faqs-und-checklisten/hitzeschutztippes-aus-der-apotheke



ABDA has been a partner of the Heat Action Day since 2023.

It recently supported the annual action day on 4 June 2025.

www.hitzeaktionstag.de



Together with the Federal Ministry of Health, ABDA has developed a model heat protection plan for pharmacies as a federal recommendation. This was published in June 2025.

www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/H/Hitzeschutzplan/Bundesempfehlungen_Musterhitzeschutzplan_Apotheken_bf.pdf



ABDA is also a partner of the educational platform “Climate People Health” by the Federal Institute for Public Health (BIÖG, formerly the Federal Centre for Health Education – BZgA).

www.klima-mensch-gesundheit.de



As part of the website Hitzeservice.de, ABDA cooperated with the German Alliance on Climate Change and Health (KLUG) and contributed its expertise to the project “Communication Concepts for Heat Protection – Addressing At-Risk Groups”.

hitzeservice.de/kommunikationskonzept

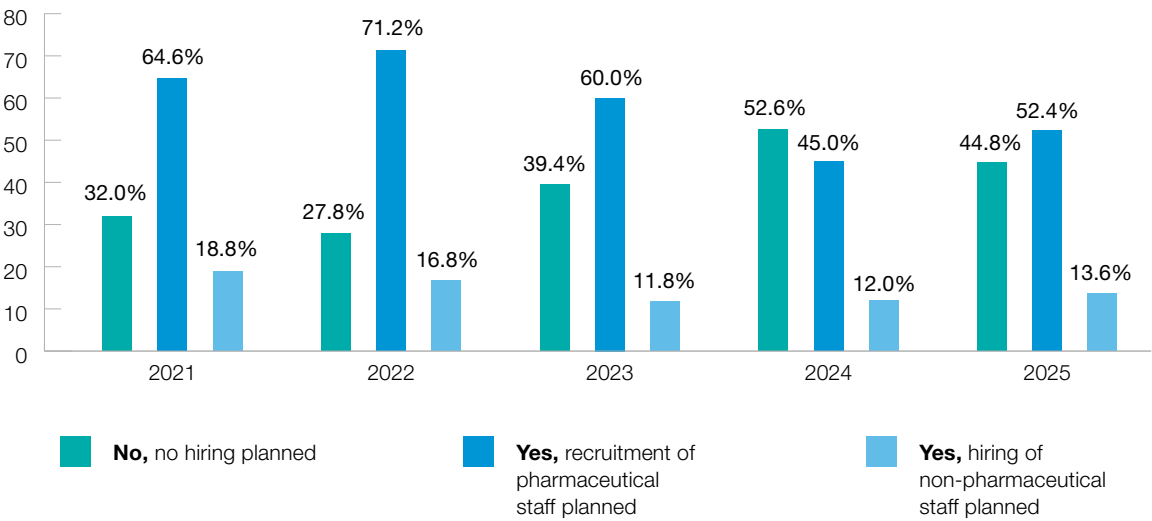


PERSONNEL PLANNING

It is not only the ascertainable employee numbers that count when it comes to staffing requirements. Plans for recruitment and dismissals in pharmacies also play a role. Over half of pharmacy owners plan to hire qualified staff in the next two to three years. Nine out of ten owners are not planning to dismiss any employees. Accordingly, jobs in pharmacies are very safe overall.

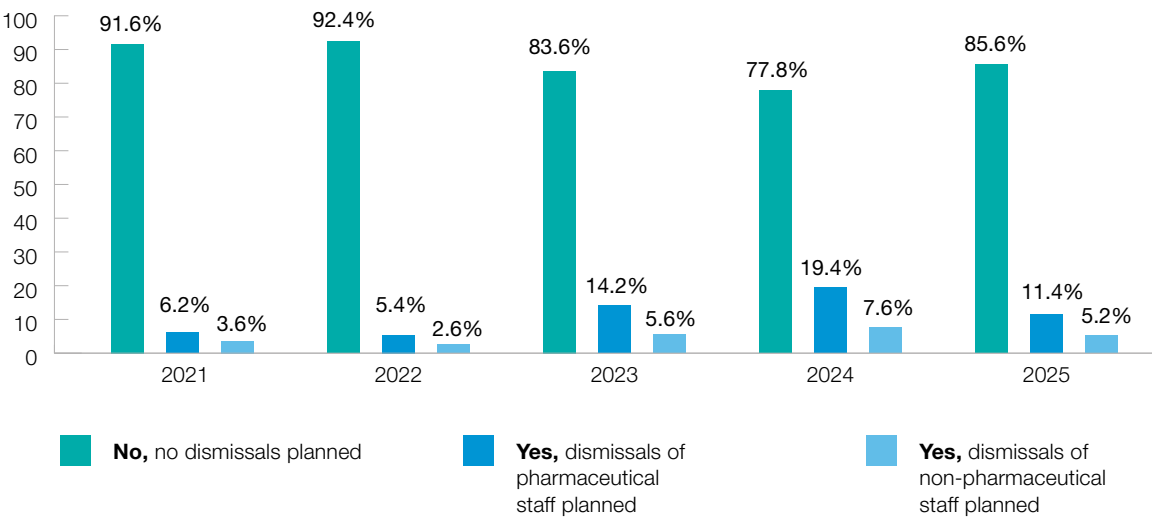
Question:

Do pharmacy owners plan to hire new employees in the next two to three years?



Question:

Do pharmacy owners plan to dismiss employees in the next two to three years?

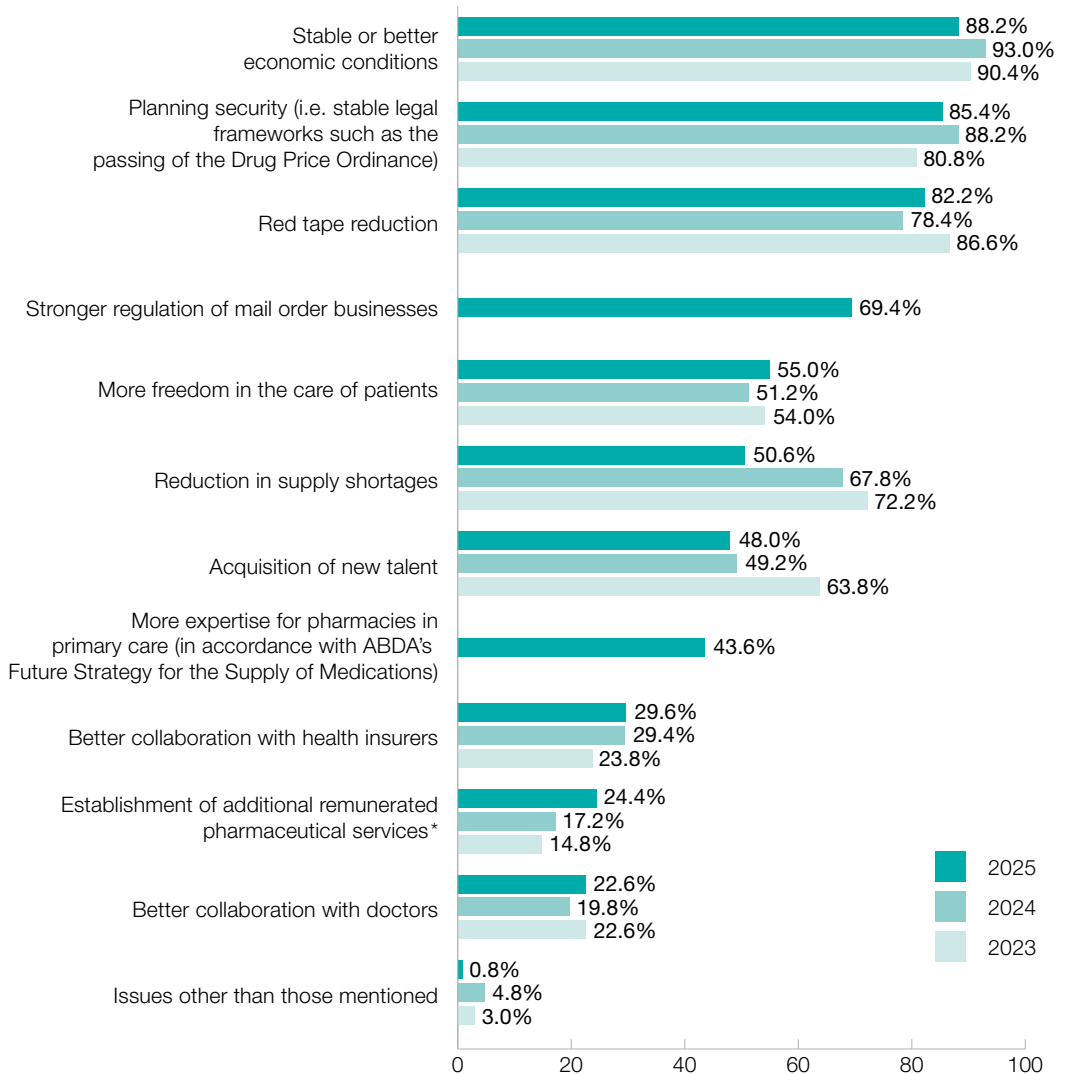


Source: Pharmacy Climate Index 2025, survey conducted in July/August 2025 (IQVIA Commercial GmbH & Co. OHG)

PHARMACY FUTURE EXPECTATIONS

When it comes to assessing the situation of pharmacies, key factors include not only the outlook of pharmacy owners but also economic results. The view that pharmacists take of their industry has become more pessimistic. A third of self-employed pharmacists fear they will not be able to find someone to take over their pharmacy if they sell it. The majority of respondents hope for better framework conditions and greater planning security in the coming years.

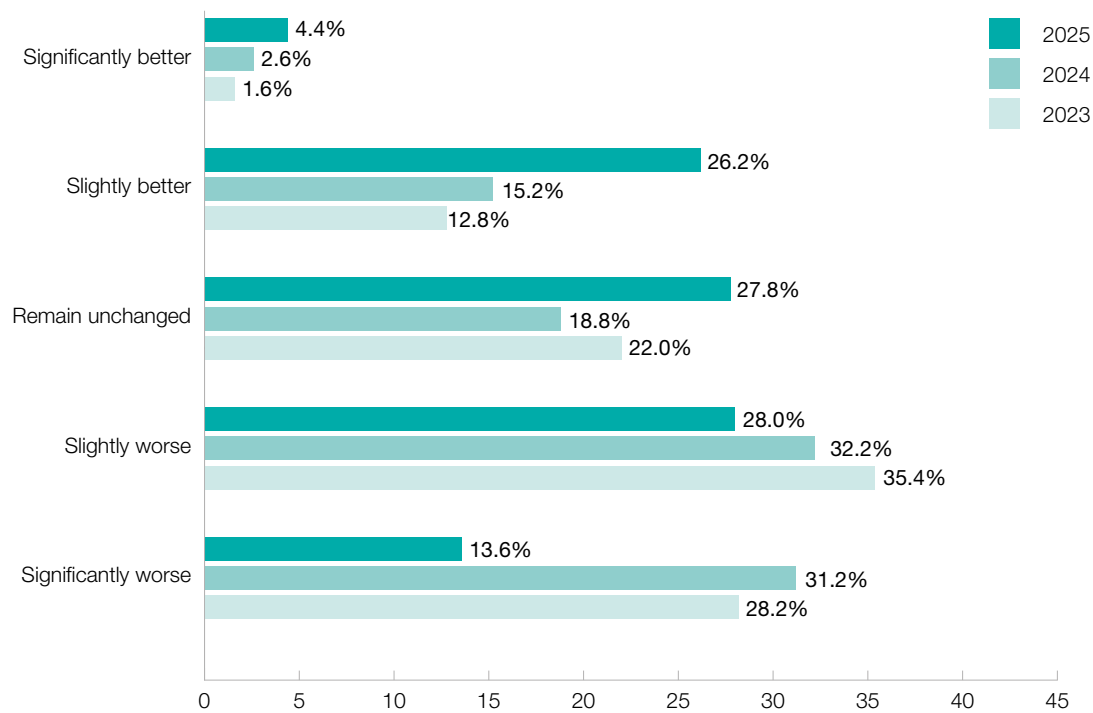
Most important health policy challenges for pharmacy owners in the next two to three years



* Until 2023: "Introduction of medication management and other remunerated pharmaceutical services".

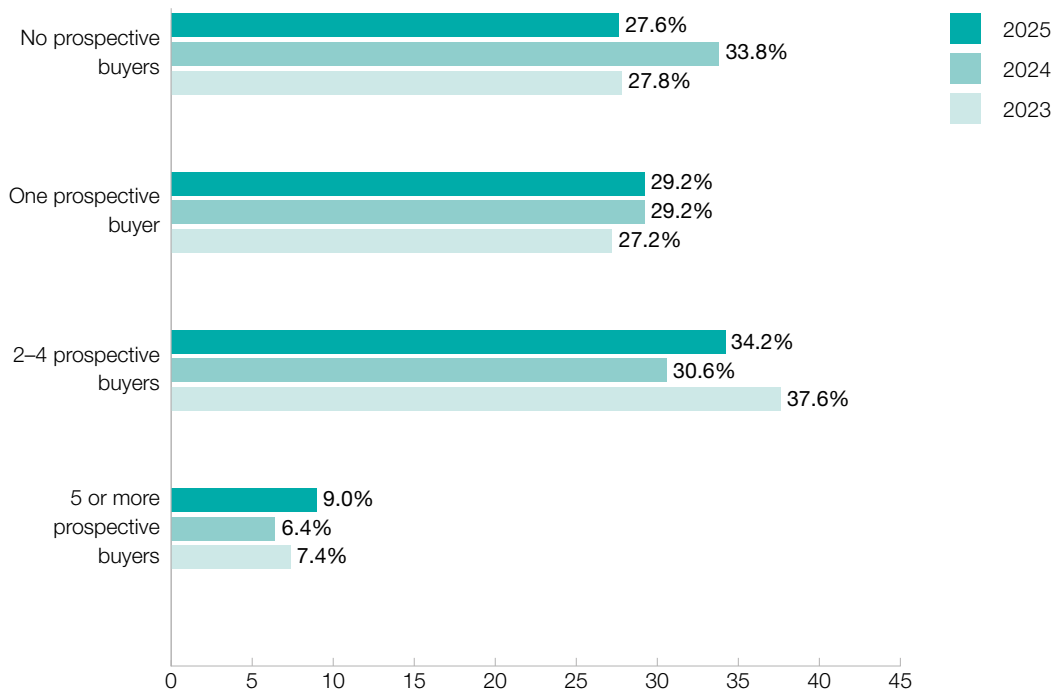
Source: Pharmacy Climate Index 2025, survey conducted in July/August 2025 (IQVIA Commercial GmbH & Co. OHG)

Economic expectations of owners for their own business in the next two to three years



Source: Pharmacy Climate Index 2025, survey conducted in July/August 2025 (IQVIA Commercial GmbH & Co. OHG)

Assessment by pharmacy owners of the expected number of interested parties in the event of a sale of their pharmacy



Source: Pharmacy Climate Index 2025, survey conducted in July/August 2025 (IQVIA Commercial GmbH & Co. OHG)

NOTES

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LEGAL INFORMATION

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