



PGEU Medicine Shortages Report 2024

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- » Every year PGEU conducts a survey among its members to map the impact of medicine shortages across Europe from the community pharmacists' perspective.
- » The 2024 Survey was open to [all PGEU member organisations](#) and has been conducted between 20 November 2024 and 24 January 2025.
- » A total of 28 countries responded to the survey (1 response per country):

Countries that participated in the 2024 survey

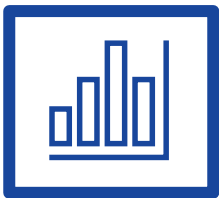
	Austria		Italy
	Belgium		Luxembourg
	Bulgaria		Netherlands
	Croatia		Poland
	Cyprus		Portugal
	Czechia		Slovakia
	Denmark		Slovenia
	Estonia		Spain
	Finland		Sweden
	France		North Macedonia
	Germany		Norway
	Greece		Switzerland
	Hungary		United Kingdom
	Ireland		Lithuania*

*This year we welcome the additional contribution of Lithuania (not a current PGEU member).



For the purpose of this report, the term “medicine shortage” covers every (temporary) inability for a community pharmacy to supply patients with the medicinal product requested as a result of factors beyond their control, requiring the dispensing of an alternative agent or even discontinuation of an ongoing medical therapy. Shortages of drug-device combinations were counted towards shortages of “medicines”. In terms of reporting/notification of medicine shortages, respondents were asked to apply their national definition, if available.

Key Findings



» In 2024, medicine shortages continued to affect all European countries, and the situation has kept stable since the last year – which was the worst we ever registered.



» Pharmacists across the EU spend three times as much time addressing shortages as they did a decade ago, amounting to almost 11 hours per week on average.



» When compared to previous years, the burden of medicine shortages on patients and pharmacies across Europe has increased. This is shown by the negative impact on patients’ trust in the pharmaceutical supply chain.



» Shortages of medical devices continue to persist in pharmacies in Europe. This happens across all categories, in various European countries, with significant differences across countries.



» Despite community pharmacists’ continued efforts, there are gaps in information, tools, and legal solutions available in many European countries, preventing them from effectively helping patients in case of a shortage.

Policy Recommendations

Community pharmacists are, in most cases, successful in minimising the negative impact of shortages on patients' health and ensuring continuity of care. However, to effectively address the growing problem of medicine shortages in Europe, **PGEU calls on policy makers** to adopt urgent, bold, and ambitious measures, namely:

- » **Ensure availability:** Governments and stakeholders must put patients' needs first when developing national laws and business strategies, respectively. These should first and foremost aim to ensure a timely and adequate supply of medicines to patients. These principles should apply also to the ongoing reform of the European pharmaceutical legislation, where patients' interests should prevail over commercial ones. It is also necessary to ensure effective compliance with EU and national laws related to the public service obligations of supply chain actors. Policy makers also need to consider the impact of pricing policies on medicines availability and on the security of the supply chain.
- » **Widen professional competence:** Stimulating and encouraging pharmaceutical compounding can help mitigate shortages of medicinal products. When medicines are in short supply and no suitable alternatives are available, the scope of pharmacy practice should be expanded, so that pharmacists can use their skills, knowledge, and experience to better manage patient care and ensure continuity of treatment. When medicines are not available, pharmacists should be allowed to substitute with the most appropriate alternative, as part of a shared decision-making process with prescribers and patients and/or in accordance with national protocols. Two-way electronic communication tools between pharmacists and prescribers (e.g., shared electronic health records) can facilitate this process effectively and safely.
- » **Develop effective governance systems:** A close collaboration between EU Member States and the European Medicines Agency (EMA) is needed to improve reporting, monitoring, and communication on medicine shortages. At national level, more structural, timely and transparent collaboration models between supply chain stakeholders and national competent authorities must be developed to increase the efficiency and effectiveness of joint notification and assessment practices, and to empower pharmacists in reducing the impact on European patients.
- » **Improve communication:** It is vital to ensure greater transparency and availability of medicine shortages data. Effective communication, early detection and central assessment of potential shortages can be achieved by connecting all medicine supply chain actors and NCAs at national level in consistent reporting systems. This will ensure that community pharmacists have timely information on current and foreseen medicine shortages. It is also necessary to increase access to the information available across the supply chain.
- » **Compensate financial impact:** The resource and time investment by pharmacists and pharmacies to manage shortages must be recognized, valued, and sustained.

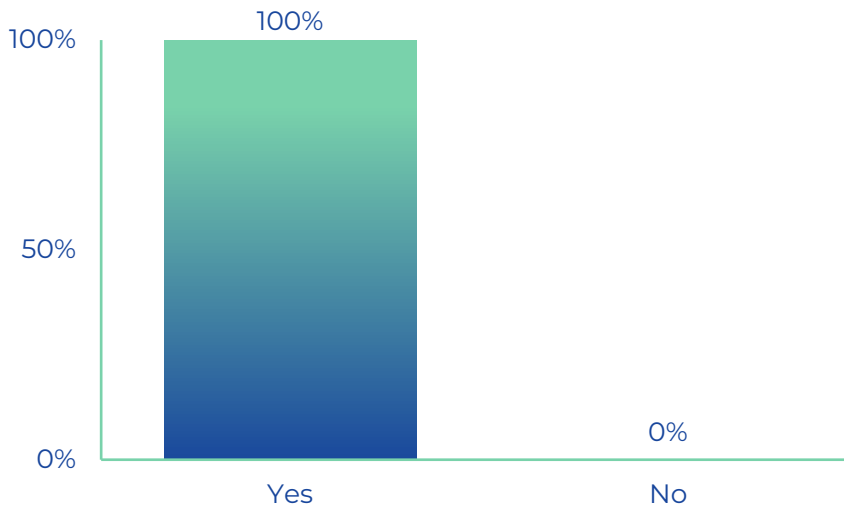
For more information, please read the [PGEU Position Paper on Medicine Shortages](#).

Survey Results



Question 1. In the last 12 months, have you experienced shortages of medicines in community pharmacy in your country?

(% of responding countries)



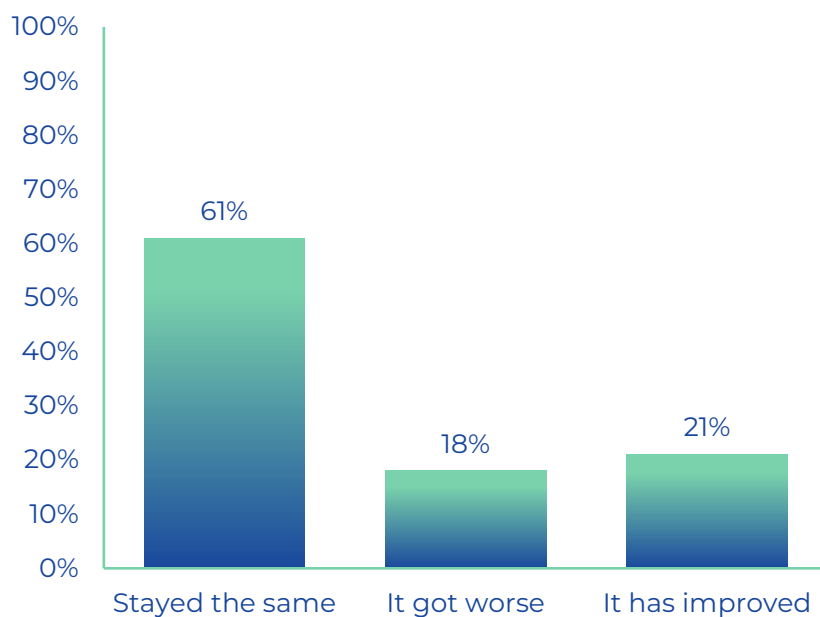
100% of responding countries (28) experienced medicine shortages in the last 12 months.



Over the last 6 years, all surveyed countries have consistently experienced medicine shortages.

Question 2. If you have experienced shortages, how would you compare to the situation in the previous 12 months:

(% of responding countries)



Compared to the previous 12 months, in 2024, in 17 out of the 28 responding countries (61%) there were no changes in the situation – meaning that the general worsening of the situation registered the year before was maintained.

The situation grew worse in 5 countries, and there were improvements in 6 other countries.



In 2023, 65% of the responding countries said the situation had gotten worse or stayed the same in 23% of the cases.

» Comments received:



Belgium

During 2024, new legislative frameworks have been put in place (e.g. export bans, import by wholesaler). However, it is too soon to see yet a positive impact on pharmacists' daily practice.



Denmark

Since 2023, Denmark has had fewer medicines that are in double supply failure (when medicines cannot be supplied from any of the 2 wholesalers operating in the country).



Ireland

The Irish Pharmacy Union conducted an annual medicine shortage survey in January 2024, which indicates that the number of shortages experienced by pharmacists remained consistent with the previous year.



Sweden

The number of shortages in 2024 was similar to 2023. There were changes in the legislations in 2023 (fees for MAH late reporting were introduced) that largely increased the numbers of shortages reporting in 2023.



Estonia

The National Competent Authority (NCA) has received 287 shortages notifications in 2024 (40% less than in 2023). The number of medicines in shortage without an alternative or substitution available remained the same compared to 2023 (70 medicines). Several critical long-term shortages have been resolved in 2024 (e.g., subcutaneous semaglutide, oral antibiotics).



France

According to the NCA, the number of shortages of critical medicines in 2024 increased (35) when compared with 2023 (5). The number of tight supplies of critical medicines in 2024 also increased (115) since last year (18). Tight supplies and shortages impact all categories of medicines.



Portugal

Whilst 2023 registered the highest number of medicine shortages since the National Association of Pharmacies has been monitoring this data from pharmacies (2014), in 2024 there was a reduction of shortages. However, it is still not significant enough to confirm that the situation has improved.



Spain

The number of medicine shortages has reduced (from 900 to 850). Although quantitatively the situation has improved, qualitatively it has worsened as there are new medicines affected that have a worse impact on patients. According to data from our NCA, in the first 6 months of 2024, 4.28% of medicines have been affected, with 0.33% being considered to have a high impact - no therapeutic alternative. This represents a similar situation to the 6 months before. However, before the pandemic, Spain registered less than 500 medicines affected, meaning that the situation still needs to recover and improve.



Netherlands

The number of unavailable products has decreased, but pharmacists experienced the same workload dealing with shortages in 2024 compared to 2023.



Norway

According to the NCA, medicine shortages have worsened. Pharmacy staff also experiences having to spend more time than before procuring alternative medicines.

Question 3. If you have experienced shortages in the last 12 months in your country, which medicine classes have been in short supply in community pharmacy?

(ATC Level 1, multiple answers per country, % of responding countries)

Medicines	Responding countries (%)
Anti-infectives for systemic use (antibiotics)	96%
Cardiovascular system	96%
Alimentary tract and metabolism	86%
Nervous system	86%
Respiratory system	82%
Systemic hormonal preparations (excl. sex hormones/insulins)	75%
Antineoplastic and immunomodulating agents	75%
Genito-urinary system and sex hormones	71%
Musculo-skeletal system	71%
Dermatologicals	68%
Sensory organs	68%
Blood and blood forming organs	68%
Various	64%
Vaccines	61%
Antiparasitic products, insecticides and repellents	50%

Top 3

From those, the three classes of medicines most frequently in short supply were:



Cardiovascular system

(63%)



**Anti-infectives for systemic use,
such as antibiotics**

(59%)

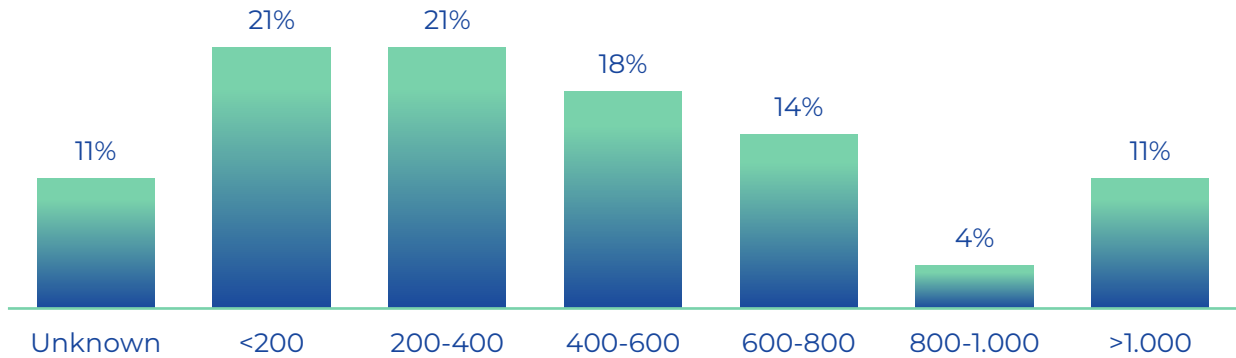


Nervous system

(56%)

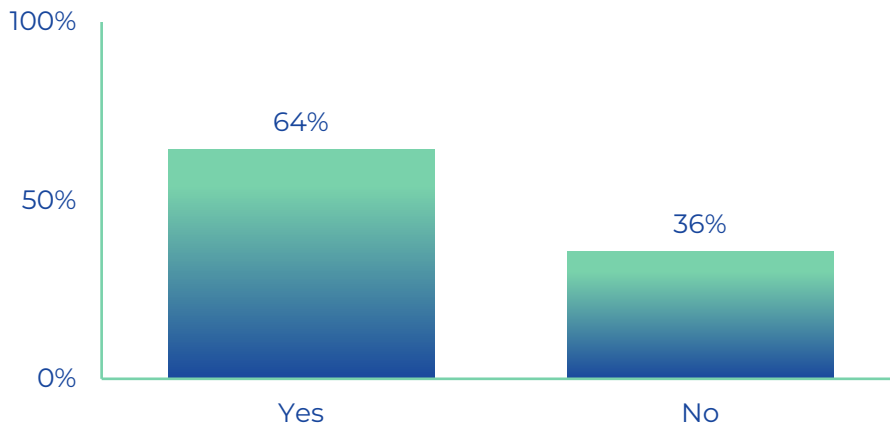
Question 4. How many medicines are in short supply at the time of completing this survey? (according to your national definition of a medicine shortage if applicable)?

(% of responding countries)



Question 5. In the last 12 months, have you experienced shortages of medical devices in community pharmacy in your country?

(% of responding countries)



» 64% of responding countries (18) experienced shortages of medical devices in community pharmacy in the last 12 months, which is in line with last year's situation (69%).

Question 6. If you have experienced shortages of medical devices in your country in the last 12 months, which types of medical devices have been in short supply in community pharmacy?

(EU Medical Devices Regulation classification, multiple answers per country)

(% of responding countries)

Medicines	Responding countries (%)
Class I (low risk - e.g. bandages, thermometers, surgical face masks)	25%
Class IIa (medium risk - e.g. lancets, needles, short-term contact lenses)	32%
Class IIb (medium to high risk- e.g. oxygen concentrator)	21%
Class III (highest risk - e.g. Contraceptive intrauterine devices)	25%
In-vitro diagnostics (e.g. self-tests)	21%
Other	32%



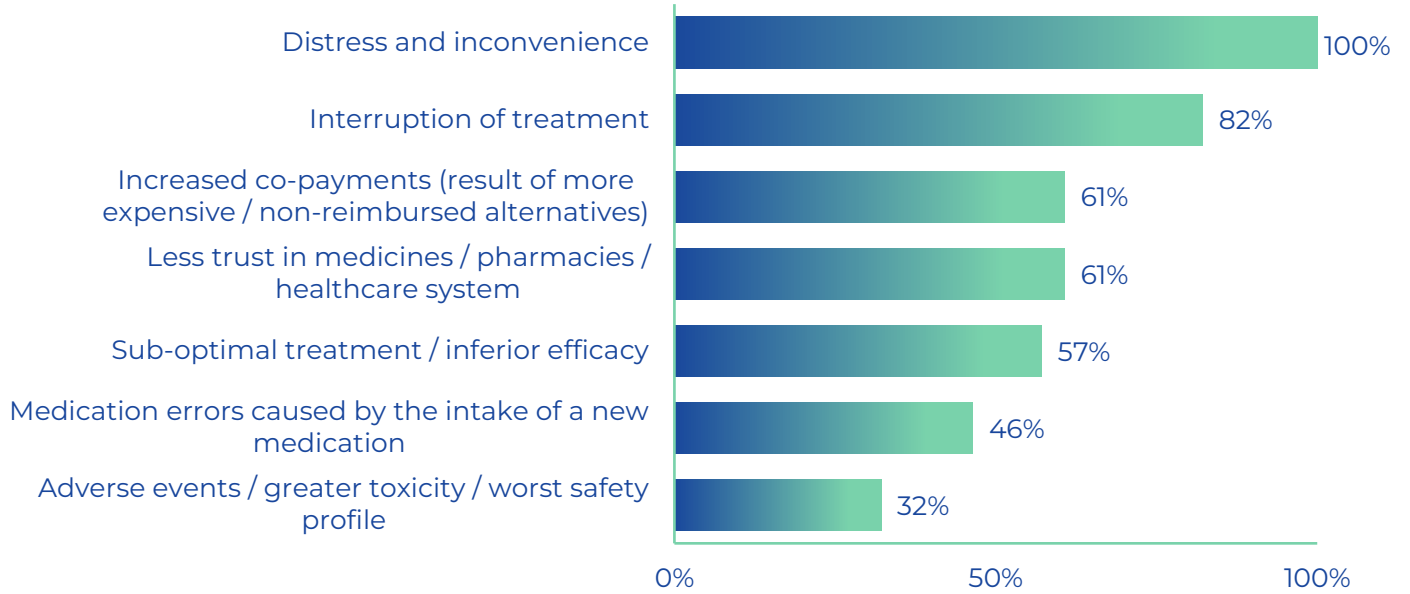
Countries have experienced shortages across **all classes of medical devices**. These percentages have increased when compared to the last year.

Only **2** countries (Netherlands and Spain) mention that a **medical device shortage monitoring system** exists in the country, that provides information to pharmacists.



Question 7. In your experience, how have medicine shortages adversely affected patients in your country?

(multiple answers per country, % of responding countries)



» Comments received:



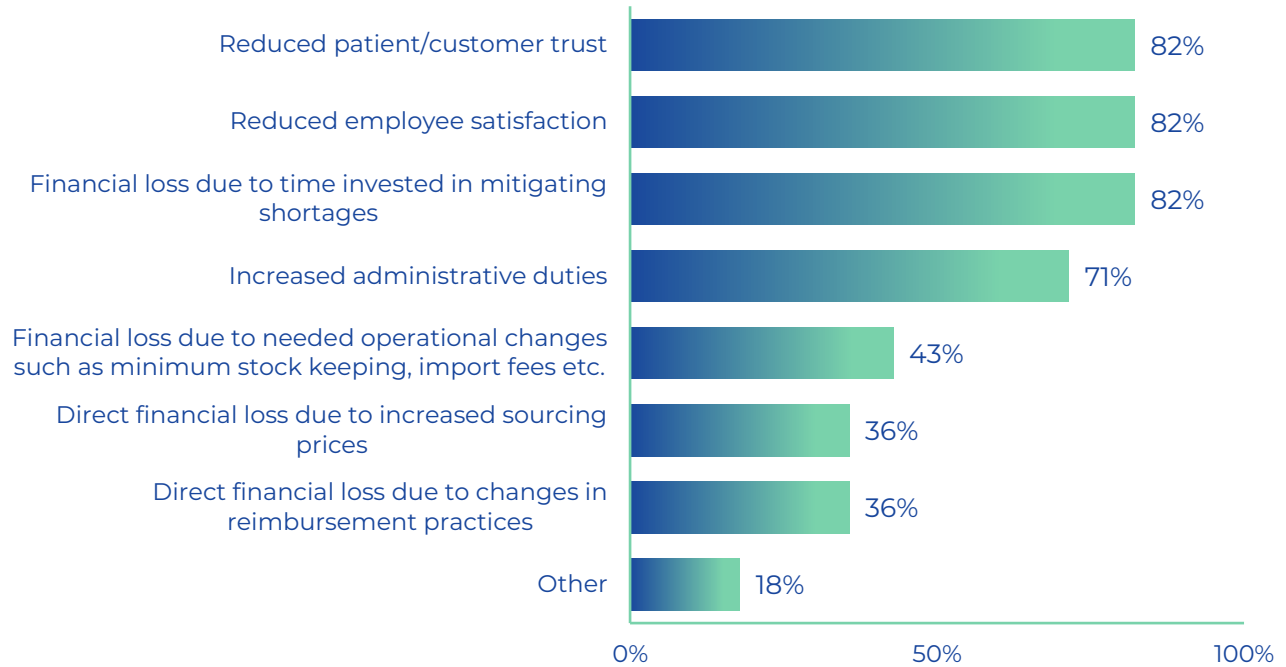
Denmark

Pharmacies, together with doctors and the health authorities have generally been able to find alternative treatments. However, this creates insecurity and often increased costs. For these reasons, some patients do not want to take their medication.



Question 8. In your experience, how have medicine shortages affected community pharmacies in your country?

(multiple answers per country, % of responding countries)



» **Comments received:**



France

Shortages resulted in more time invested, additional administrative duties, and hostility/assault of patients who do not understand why the medicine cannot be supplied.

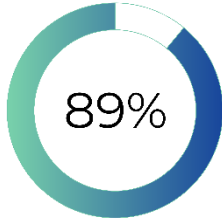


Slovenia

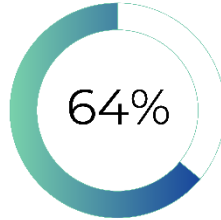
Pharmacists have an increased workload in dealing with medicine shortages. This is an intensive and time-consuming part of the daily work of pharmacists.



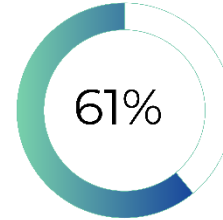
Question 9. Which solutions can legally be offered by pharmacists in case of a shortage?
 (multiple answers per country, % of responding countries)



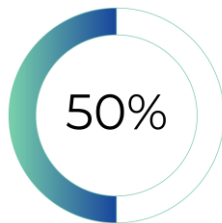
Generic substitution



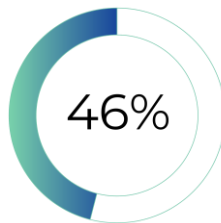
Preparing compounded formulations



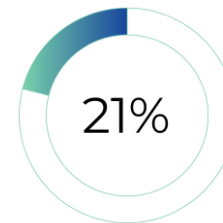
Alternative sources
 (other pharmacies, manufacturers)



Importing from EU/EEA
 (when available in other countries)



Therapy and posology adjustment
 (medicine available in different strength)



Therapeutic substitution

» Comments received:



Austria

Pharmacists can offer some of these solutions, but only after consulting the prescribing doctor.



Luxembourg

Therapeutic substitution can only be done in accordance with the doctor.



Germany

Most of the solutions can only be offered by pharmacists in consultation with the prescriber and potential amendments to the prescription.



Slovakia

It is possible to source the same medicine from other pharmacies, but only up to 4 packages from one pharmacy.



Netherlands

Sourcing the same medicine from another pharmacy is not allowed, but it is allowed to do so from manufacturers.



Estonia

Importing a medicine from another EU/EEA country where it is available (either an authorised medicinal product in packaging with foreign labelling or unauthorised product) is a common strategy to mitigate medicine shortages in Estonia. However, community pharmacies can only order medicines through local wholesalers. The existence of a specific prescription is a precondition for preparing a compounded formulation. Pharmacists cannot substitute authorised medicinal products with compounded formulations on their own initiative.



Bulgaria

A high number of pharmacies have increased their compounding preparations in an effort to mitigate medicine shortages.



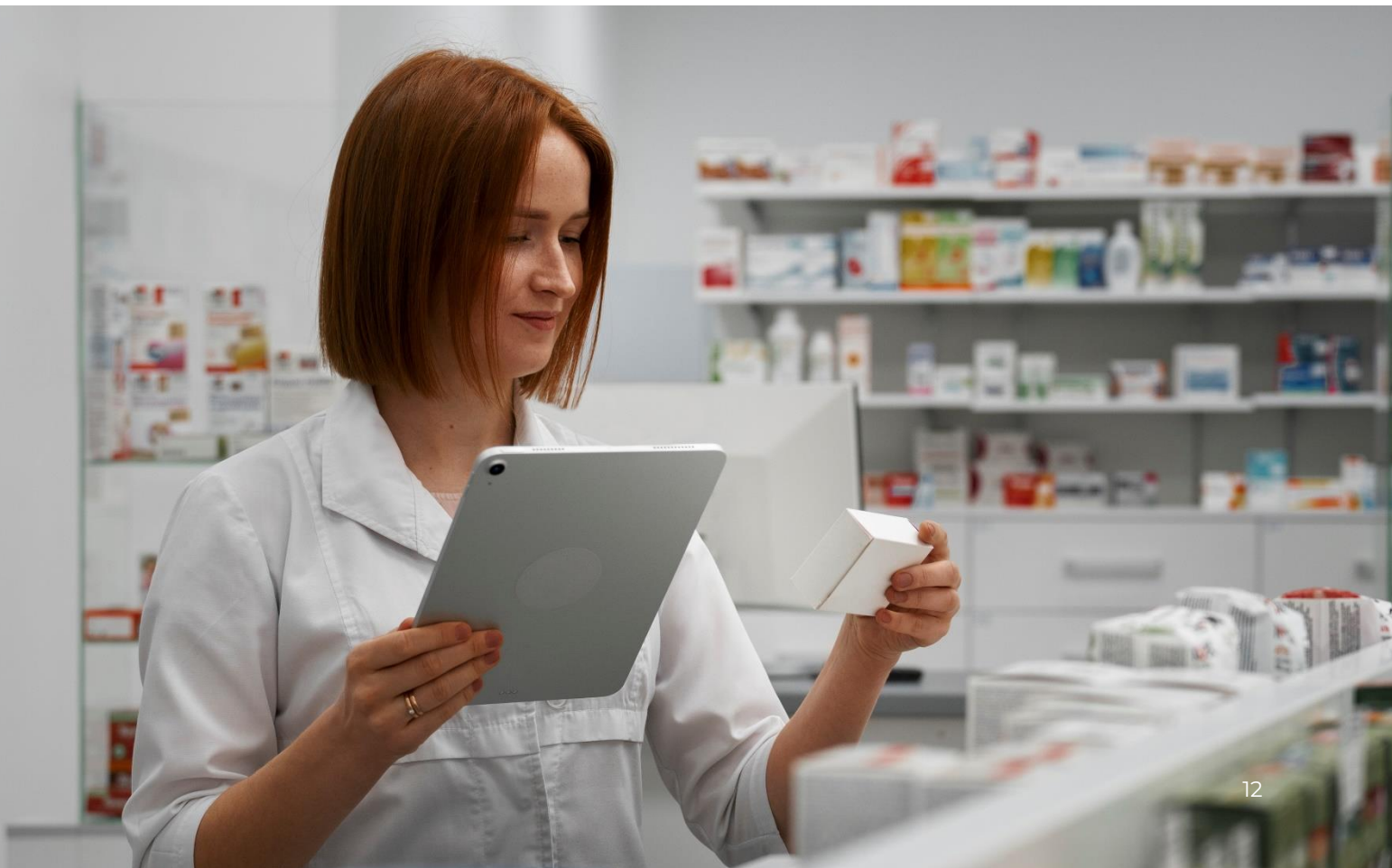
Norway

Pharmacists can check if nearby pharmacies have a specific medicine in stock, and direct patients to these locations.

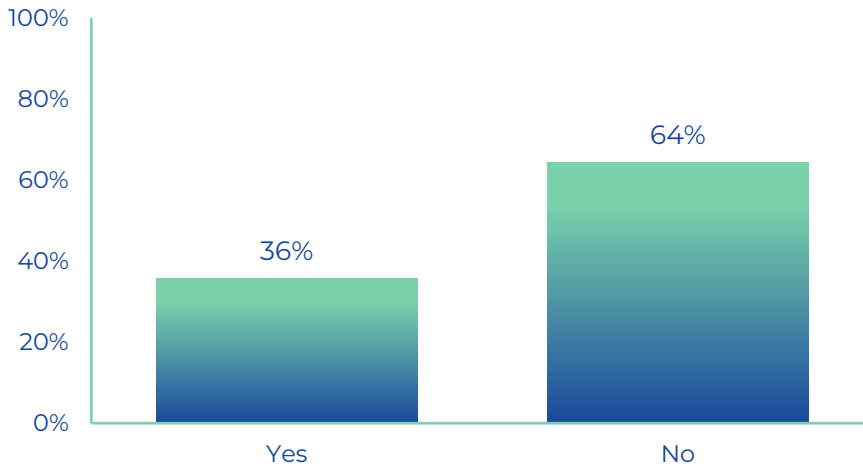


United Kingdom

The Department of Health issues Serious Shortages Protocols (SSPs) which empower pharmacists to give alternative products when there is a shortage.



Question 10. Have you seen an expansion of the legal scope of pharmacy practice to manage shortages in your country over the last 12 months (including regulatory flexibilities, permanent or temporary)? (% of responding countries)



» At least 6 countries are working on legislative initiatives to grant pharmacists with extended powers to manage medicine shortages, expanding their scope of practice.

» **Comments received:**



Estonia

Specific guidelines for pharmacies were introduced, on adjusting therapy in a different dosage/strength when the medicine is not available.



Finland

There are legislative changes being prepared at Ministerial level that would grant pharmacists more flexibilities when substituting medicines in short supply.



Ireland

New legislation approved in 2024 provides a mechanism for the government to write secondary legislation that will allow pharmacists to make therapeutic substitutions when a product is in short supply, following an approved clinical protocol. This secondary legislation has not yet been published.



France

Since 2024, the law foresees a specific kind of formula called “special officinal formula” in case of shortage, to be produced by some community pharmacies specifically authorised to that effect, upon medical prescription, according to a monography published by the NCA, from pharmaceutical raw materials supplied by an authorised hospital pharmacy.

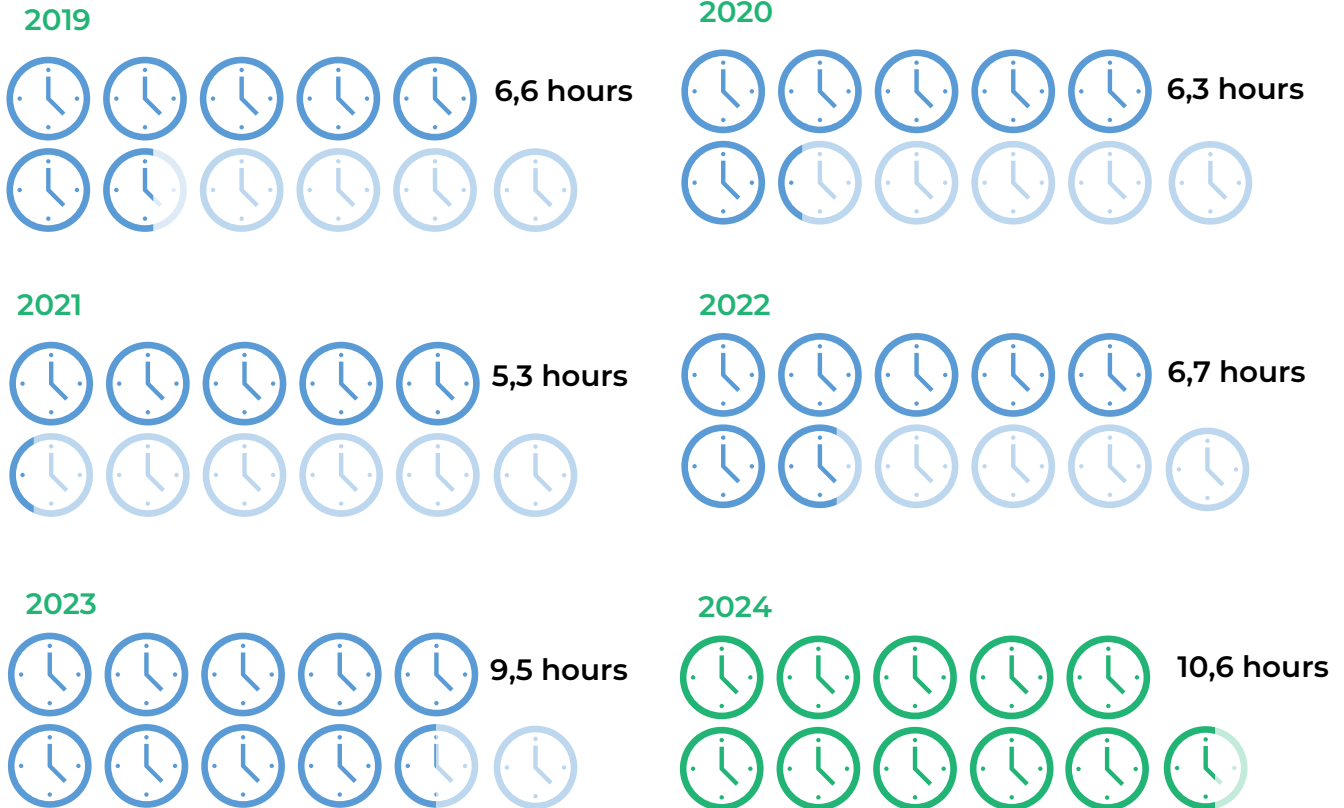


Germany

Pharmacists have now a legal basis to deviate from the medical prescription without consulting the prescriber upon certain conditions defined by law in case of a shortage (e.g. package number and size, pack partial dispensing, strength).

Question 11. On average, per week, how much time does pharmacy staff spend dealing with medicine shortages?

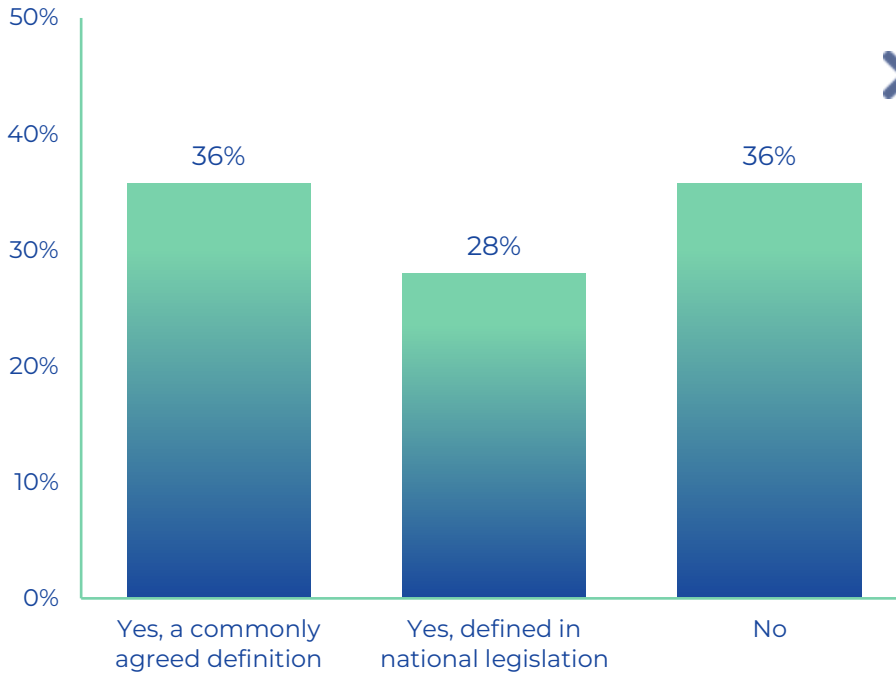
(time expressed in hours)



» Time on average spent per week, per pharmacy, dealing with medicine shortages ranges in the different countries, **from 1 hour to 40 hours.**

Question 12. Is there a definition of medicine shortages in your country?

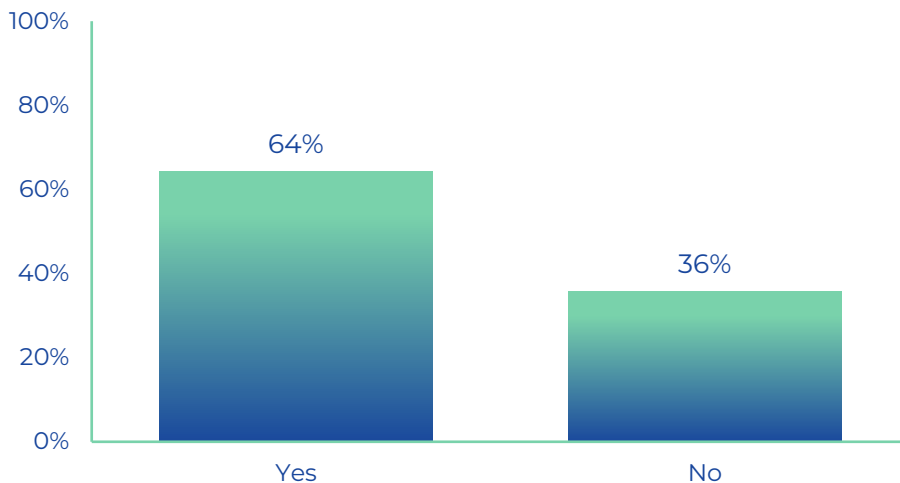
(% of responding countries)



» In 10 out of the 28 responding countries (36%) there is a commonly agreed definition of medicine shortages at national level, and in 8 additional countries (28%) the definition of medicine shortages is enshrined in the national legislation.

Question 13. Does your country have (a) reporting system(s) for shortages in place which can be used by community pharmacists?

(% of responding countries)

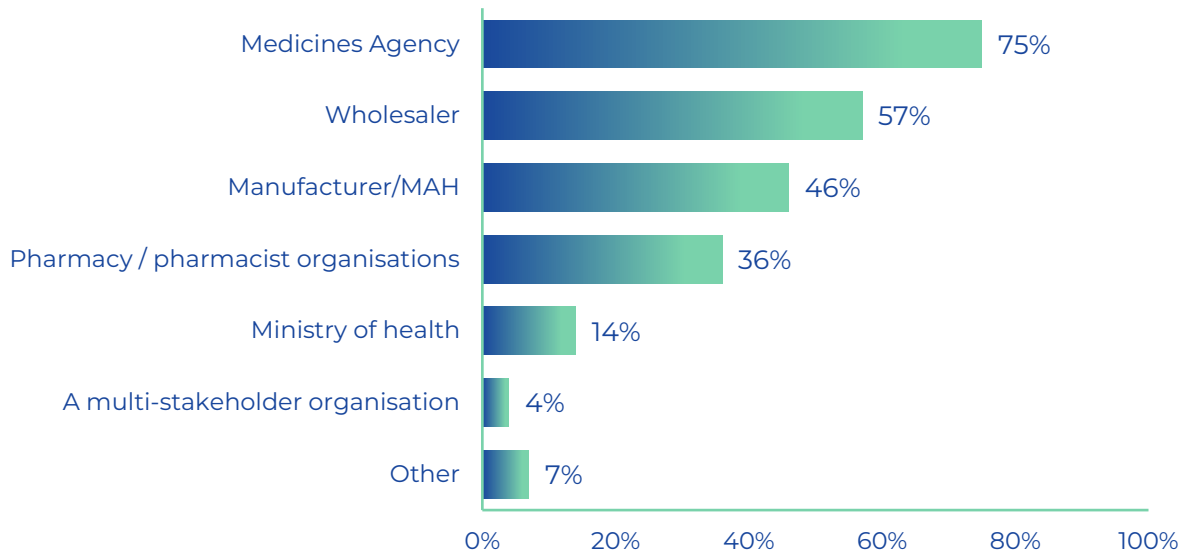


» In 18 out of the 28 countries surveyed (64%), there are reporting systems for shortages in place that can be used by community pharmacists.

Question 14. Who provides information on medicine shortages to pharmacists in your country?

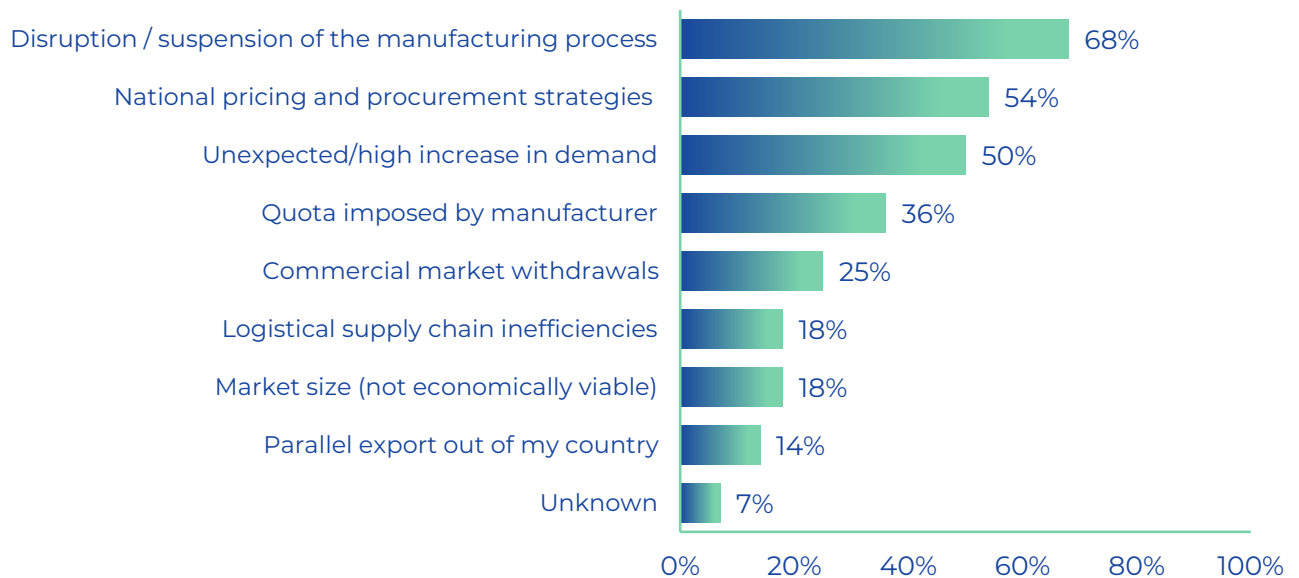
e.g. - How long will medicines be unavailable for? / Reasons for shortages

(multiple answers per country, % of responding countries)



Question 15. From your experience and daily practice, what have been the 3 most common causes of shortages in your country?

(3 answers per country, % of responding countries)



Conclusion



In the last 12 months, **all countries (28) that responded to the PGEU survey experienced medicine shortages in community pharmacies.** The results of this year's survey show a stagnation of the situation, when compared to the previous year. In the majority of the countries (61%) the situation did not change in relation to the previous 12 months, which saw 65% of countries with worsening scenarios. A small percentage of countries (21%) reported improvements and 18% reported a negative evolution.



Medicine shortages in community pharmacies have an **impact on every medicine class** across the countries surveyed - shortages of anti-infectives for systemic use (such as antibiotics) and medicines used for the cardiovascular system were experienced in nearly all countries (96%).

The most frequent medicines in shortage were medicines for the cardiovascular system, anti-infectives for systemic use, and medicines for the nervous system, in line with last year's report.



Around 21% of the countries that participated in the survey reported facing both between 200-400 or less than 200 **medicine shortages** at the time of survey completion. Whilst this shows a median decrease in relation to last year, there are now more countries that report a record of over 1.000 shortages at the end of 2024. Pharmacists' perception is that although there are in quantity a slightly smaller number of medicine shortages, they take more time to resolve due to low available solutions.



A total of **64% of the countries** that contributed to this year's study reported encountering **shortages of medical devices in community pharmacies**, in line with the previous year's figure of 69%. These shortages span across all categories of medical devices. However, in **only 2 countries there are systems to monitor shortages of medical devices**, making it difficult to have a clear picture of the situation across Europe.



All responding countries indicated that medicine shortages **cause distress and inconvenience to patients.** The most perceived consequences include **treatment interruptions** (reported by 82% of countries), **increased co-payments** due to more expensive or non-reimbursed alternatives (61%), and **reduced trust in medicines, pharmacies, and the whole healthcare system** (also 61%).



In most of the countries (82%), community pharmacies are adversely affected by medicine shortages, both leading to a **reduced patient/customer trust**, **reduced employee satisfaction**, and exerting **financial losses due to time invested in addressing shortages**. **Increased administrative responsibilities** (71%) are also perceived effects of shortages on pharmacists.



On average pharmacies across the EU dedicated last year almost **11 hours per week in addressing medicine shortages**, a notable increase compared to previous years. This marks the highest recorded time in PGEU Medicine Shortages Surveys since its inception in 2013.)



Available solutions to community pharmacists in the event of shortages vary significantly across European countries. **Generic substitution** (89% of countries), **preparing compounding formulations** (64%), and **sourcing the medicine from alternative sources**, such as other pharmacies or manufacturers (61%) are common widespread solutions. However, it is worth noting that **some of these solutions may be subject to restrictions** (e.g. requiring a new prescription). Additionally, the implementation of these solutions can be cumbersome and time-consuming for both the patient and pharmacists.



In **64% of the countries there are reporting systems for shortages** in place that can be used by community pharmacists. In 36% of the countries, there is still no established reporting system for shortages that can be used by community pharmacists.

The **main root causes** for shortages pointed out by pharmacists are **disruption/suspension of the manufacturing process** (68%), **national pricing and procurement strategies** such as tendering policies (54%), and **unexpected/high increase in demand** of medicines (50%).



Only 36% of the surveyed countries have a **commonly accepted definition of medicine shortages** at the national level, with an additional 28% incorporating this definition into their **national legislation**. In 36% of the countries, there is no standardized definition for shortages. There have been positive developments in this area compared to last years' data, with more countries now establishing in legislation the definition of medicine shortages.

About Us

The Pharmaceutical Group of the European Union (PGEU) is the association representing community pharmacists in 33 European countries. In Europe over 400.000 community pharmacists provide services throughout a network of more than 160.000 pharmacies, to an estimated 46 million European citizens daily.



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