

KEY FIGURES 2024

Pharmacies and pharmaceuticals in Norway

PHARMACY OWNERSHIP

Norwegian pharmacies are mainly run as private enterprises. Only the hospital pharmacies are owned by the public sector (Regional Health Authorities). Nevertheless, the pharmacies are considered part of the Norwegian health service.

In 2001, Norway liberalized the pharmacy system. The new legislation brought about a significant shift in ownership, marking one of the most substantial changes in the sector's 400-year history. Since then, an increasing portion of pharmacies are owned by pharmacy chains. The four main chains are called Apotek 1, Boots apotek, Vitusapotek and Ditt apotek.

Three large pharmacy companies, each vertically integrated with a pharmaceutical wholesaler, own about 80 per cent of all pharmacies in Norway.

<i>Pharmacy chain</i>	<i>Wholesaler</i>	<i>Owner</i>
Boots	Alliance Healthcare Norge AS	Cencora (USA)
Vitusapotek	NMD	McKesson Corporation (USA)
Apotek 1	Apotek 1 Gruppen AS	Phoenix (Germany)

Figure 1: Overview of pharmacy chains, wholesalers and owners in the Norwegian pharmacy market

Today the Norwegian pharmacy sector is recognized by:

- Free establishment of pharmacies – no establishment criteria
- Free ownership of pharmacies – except pharmaceutical manufacturers and doctors
- Pharmacy managers must hold a master's degree in pharmacy
- No limit of the number of pharmacies that can be owned by one pharmacy owner – horizontally integrated pharmacy chains are allowed
- Vertical integration between wholesalers and pharmacies or pharmacy chains is allowed



PHARMACIES

The Norwegian Pharmacy Act defines a pharmacy as a physically accessible place for drug sale to end-users where drug-related guidance is provided. Pharmacies ensures safe deliveries of drugs to end users and contributes to the correct drug use in the population. As of 2016 internet pharmacies can operate in Norway if they are part of a physical pharmacy.

By the end of 2024 there were **1 053** pharmacies in Norway, among these **1 018** are community pharmacies and **35** are hospital pharmacies.

Community pharmacy is a pharmacy where dispensing of medicines happens under the supervision of a pharmacist.

Hospital pharmacy is a pharmacy co-located with a hospital and where drug supply to the hospital is the main task.

On average, there were **5,300** inhabitants per pharmacy in 2024. That is a small increase from 2023 (5200 inhabitants per pharmacy). The public now has considerably better accessibility to pharmacies, compared to **399** pharmacies in 2001.

PHARMACY EMPLOYEES

By the end of 2024 there were **7 311** man-years working in Norwegian pharmacies. The two main groups are Pharmacists (**4 199** man years) and Pharmacy technicians (**2 454** man years). Both are trained health-care professionals. The share of employees *without* professional education is decreasing.

The **pharmacy manager** runs the pharmacy and ensure that the requirements of the pharmacy's business are fulfilled. Further, the manager is responsible for the professional and financial operation of the pharmacy, and the overall responsibility of the pharmacist's employees.

Pharmacists are entitled to independently dispense prescribed medications and are highly qualified to advise customers and other healthcare personnel on the correct use of medications.

Pharmacy technicians are not entitled to dispense prescribed medications, but they have an important role in terms of customer service – speaking to customers, providing information to the public, looking after stock and administrative tasks.



Category	Man-years (2024)
Pharmacist, master's degree	2 303
Pharmacist, bachelor's degree	1 896
Pharmacy technicians	2 454
Other education	658
Total	7 311

Figure 3: Pharmacy employees and their education

PHARMACY EDUCATION

Pharmacist

In Norway you can study to become a *pharmacist* at six different universities.

For a bachelor's degree in Pharmacy (three years) you can study at [OsloMet](#), [Nord University](#) and [UiT The Arctic University of Norway](#).

For a master's degree in Pharmacy (five years) one can study at [University of Oslo](#) and [University of Bergen](#).

At [UiT The Arctic University of Norway](#) and [OsloMet](#) the students may take a two years master's degree after finishing their bachelor's degree.

The Norwegian University of science and technology ([NTNU](#)) also offers a two-year master's degree.

For more information about where to study, visit www.farmasifag.no

Pharmacy technician

The training for pharmacy technicians is a sixth-form college course within health and social sciences.



CONSUMPTION

DDD per inhabitant

The use of prescription drugs (DDD per inhabitant¹) has increased over the last years. The increase can partly be explained by an increasingly elderly population. Older people use significantly more drugs than younger people.

In 2024 the DDD per inhabitant was **622**. That is an increase by **4,2 %** from 2023.

MOST USED PHARMACEUTICALS

The most used non-prescription and prescription drugs in Norway in 2024 are all but one recurring since 2022. New on the list is “Ozempic”.

<i>Substance (example of pharmaceutical)</i>	<i>DDD (per inhabitant)</i>	<i>% change</i>
1. Atorvastatin (Lipitor)	51.7	5.3 %
2. Acetylsalicylic acid (Albyl-E)	18.9	- 3.1 %
3. Kandesartan (Atacand)	18.7	5.9 %
4. Paracetamol (Paracet)	15.8	0.5 %
5. Amlodipin (Norvasc)	15.4	2.2 %
6. Kolekalsiferol (Divisun)	15.1	9.2 %
7. Desloratadin (Aerius)	14.0	7,0 %
8. Pantoprazol (Somac)	13.4	0,7 %
9. Cetirizin (Zyrtec)	13,0	-0.0 %
10. Semaglutid (Ozempic)	12,3	64,2 %

Figure 4: Medicines with highest DDD per inhabitant

¹ Defined Daily Dose (DDD) is an international unit of measurement. We use the same definition as the World Health Organization. DDD is “the assumed average maintenance dose per day for a drug used for its main indication in adults”. We use DDD per inhabitant when we arrange the most used pharmaceuticals.



TOTAL TURNOVER

Pharmaceuticals (both prescription and non-prescription) contribute to more than $\frac{3}{4}$ of the pharmacies' turnover. The pharmacies also sell other goods related to health and well-being, such as skin care products and medical equipment. We call them “other pharmacy goods”.

Pharmacies' total turnover in 2024 was **NOK 54.3 billion** (+9.1 % from 2023).

Hospital pharmacies have significantly higher turnover per pharmacy compared to community pharmacies.

Hospital pharmacies had an average turnover of NOK 319.8 million, while **community pharmacies** had an average turnover of NOK 42.7 million.

PHARMACEUTICAL FINANCING

In Norway, prescription medicines are financed by the state through the reimbursable prescription regime, also called “blue prescriptions” and the regional health authorities (H-prescriptions and medicines used in hospitals), by other health institutions and by the patients through self-payment (usually called “white prescriptions”).

The Norwegian state pays approx. **80 per cent** of the expenses related to prescriptions medications. 18 percent of the expenses are paid by the patient (deductible on blue prescription and white prescription. The rest is paid by other health institutions, primarily municipal.

Regional Health Authorities² (RHAs) takes an increasing part of the pharmaceutical costs. One of the main reasons is the inclusion of new medicines in the H-prescription scheme.

Blue prescriptions

Paid by the state: The National Insurance Scheme (NIS) covers expenses for medicines, medical supplies etc. prescribed by a physician for outside hospital-use. The coverage is limited to the treatment of serious illnesses or of risk factors that are likely to cause or intensify serious illness and where there is a need or risk of recurring treatment over a prolonged period of time.

Paid by the patient: The patients pay a co-payment for blue prescriptions. For 2024 the limit per year was **3 165** NOK.

² Regional health authorities are the four regional institutions owning the public hospitals in Norway.



H-prescriptions: For some medicines prescribed by hospital doctors, the RHAs are given a special financial responsibility, even though treatment is outside hospitals. This includes disease-modifying, biological drugs for of rheumatic disorders - the so-called TNF inhibitors, some medicines for the treatment of multiple sclerosis (MS) and cancer drugs etc.

White prescriptions: Pharmaceuticals not covered by NIS, health authorities or municipalities are called white prescriptions and are generally paid by the patient. This often applies to short-term treatment, such as painkillers, sleepers, and antibiotics.

PRICE-SETTING

The authorities decide the maximum price for prescription medicines in Norway and “trinnpris” (stepped prices) for generics.

1. The maximum purchase price for pharmacies is set by The Norwegian Medicines Agency as the average price of the three lowest market prices in nine European countries.
2. The pharmacies’ maximum mark-up consists of a percentage addition to the pharmacies’ purchase price combined with a fixed additional amount per package, as shown in table:

Pharmacy purchase price (AIP)	% addition	NOK per package	NOK per package*	Refrigeration addition
All	2.00 %	29 NOK	19 NOK	0.5 %

Figure 7: Price-setting regime

*Strongly narcotic drugs and addictive drugs

Price-setting for generics

Medicines that are subject to generic substitution should follow the system of “trinnpris” (“stepped prices”). The authorities have decided that pharmacies shall offer patients at least one generic alternative at a price that is considerably lower than the maximum price. These prices are called “trinnpris” (stepped prices). The prices are cut up to 96 %.

Hospital medicines and secret prices

Hospital medicines are largely purchased on a tender basis and affect the medicines available for prescribing. An increasing number of expensive medicines are subject to tender and included in the formulary lists. Prescribing outside of formulary lists will be increasingly difficult. This also applies for H-prescriptions (see above).

The trend of transferring high-cost medicines to the H-prescription category is also a trend for less expensive drugs (e.g. for hepatitis B.)



The discounts which are achieved through tenders are confidential. Hence, the actual market prices (after discounts) are not publicly available information, but known to doctors, pharmacists, and other health-care professionals.

PHARMACY SERVICES

Pharmacies in Norway provides some health-care services. Since 2016 patients have received guidance on their inhalation technique. In 2018 Norwegian pharmacies started up “New Medicine Service” for heart patients. In 2020 Norwegian pharmacists got the right to prescribe influenza vaccines and in 2022 Norwegian pharmacists got a temporarily right to prescribe vaccines against covid-19.

New Medicine Service

New Medicine Service «Medisinstart» consists of two follow-up consultations with a pharmacist. The first at 1-2 weeks and the second at 3-5 weeks after start of the new medicine. Last year 22,000 consultations were held. The average age of those who receive this service is 65 years. Most of the conversations last year were conducted by telephone, and most of the pharmacists talked about Atorvastatin, Amlodipine, Candesartan or Metoprolol.

Checking inhaler technique

The patient shows his inhalation technique and receives advice if errors or a need for changes in the inhalation technique are discovered. The purpose of the service is to secure effect of the medicine. This service was officially launched in 2016 by the Minister of Health. In 2024 over 74 000 technique-guidance's have been carried out.

Vaccination against seasonal flu

Vaccination against seasonal flu in pharmacies has developed from a pilot project in 2017 to a national service in 2020. Despite the authorities' decision to prioritize flu vaccines to risk groups, the interest in taking the flu vaccine in pharmacies has been record high. In 2024, Norwegian pharmacies have administered more than 220,000 influenza vaccines.

Vaccination against covid-19

The Norwegian Ministry of Health and Care Services adopted a temporary change in regulations that gives pharmacists the right to administer covid-19 vaccines in pharmacies. In 2024 there were almost 40 000 vaccines against covid-19 administered by a pharmacist.