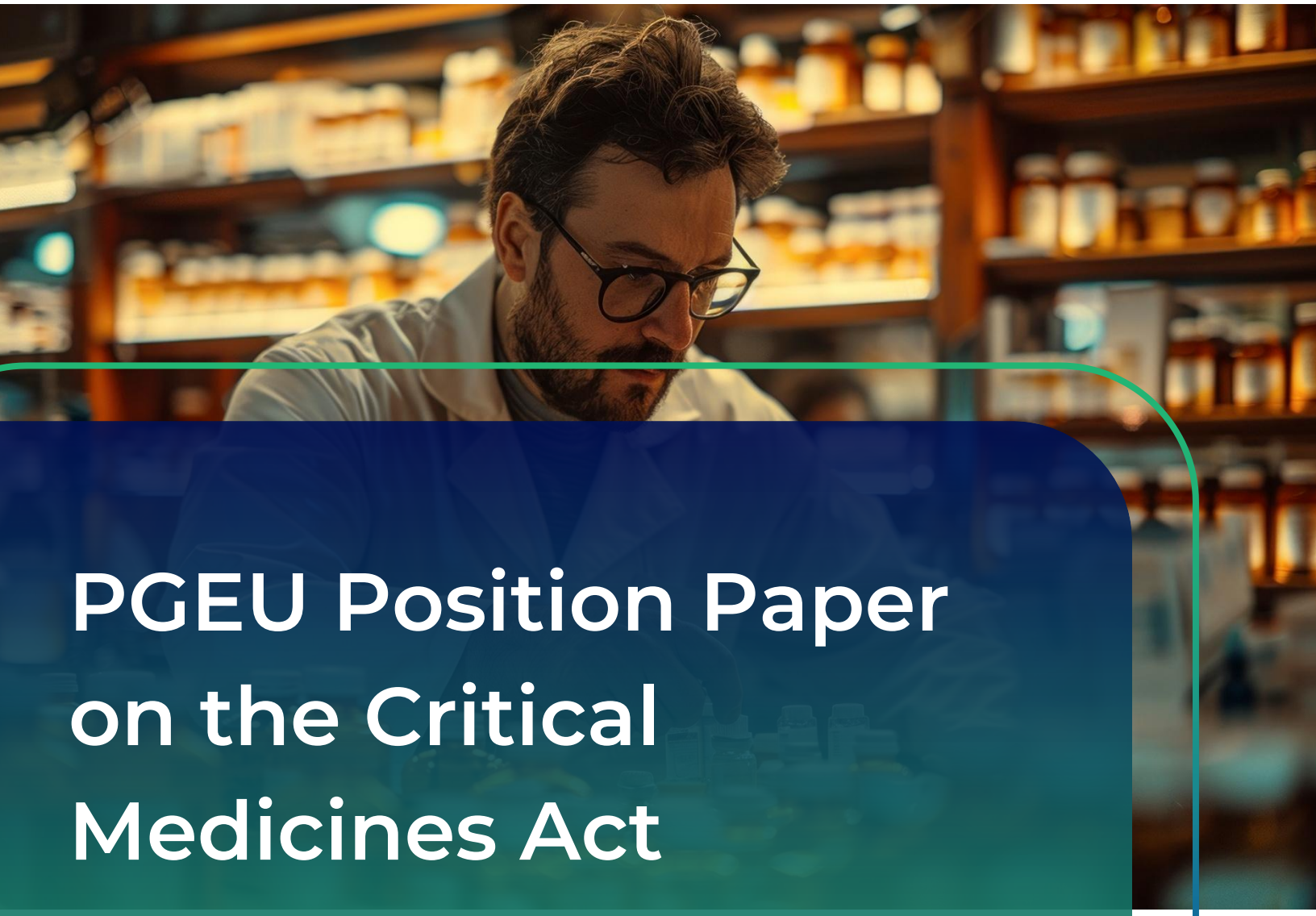
PGEU
European Community Pharmacists



PGEU Position Paper on the Critical Medicines Act

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Executive Summary

Medicine shortages have become a persistent threat to public health across Europe. Despite community pharmacists' continued proactive efforts to find solutions, we continue to see a negative impact on patients' health and a concerning erosion of patients' trust in the medicines supply chain. Medicine's unavailability causes inconvenience and distress to patients, and it can lead to discontinuation of treatment, increased co-payments or out-of-pocket payments, and increased risk of adverse events.

In 2024, **pharmacists across the European Union (EU) spent on average 11 hours per week managing medicine shortages**, three times more than a decade ago, diverting valuable time from other pharmacy services. This burden is amplified by concurrent healthcare workforce shortages, which increase pressure on pharmacies and can exacerbate the challenge of ensuring continuous patient care during supply disruptions.

European community pharmacists welcome the European Commission's proposal for a Critical Medicines Act as an important step to strengthen the security of supply and availability of critical medicines recognizing this as a strategic priority for the European Union.

Community pharmacists witness first-hand the impact of medicine shortages on patients and the associated pressure on health systems and healthcare professionals. Therefore, PGEU urges policymakers to shape the Critical Medicines Act into an effective instrument that delivers tangible improvements on shortages of critical medicines.

To achieve this objective, PGEU calls for:

- Sustainable incentives for pharmaceutical production: PGEU welcomes the introduction of incentives to stimulate manufacturing of critical medicines in Europe. However, any public support must be accompanied by strong supply obligations and contractual performance clauses, to ensure the effectiveness of the resources invested in securing patients' continued access to critical medicines.

- Ensuring coordination across various medicine supply security initiatives: The Act should avoid duplication of efforts between the already existing Medicines Shortages Steering Group and the proposed Critical Medicines Coordination Group. Additionally, the Act should clarify the interconnections between the different identified lists of medicines, ensuring coherence between European and national level lists and implement a common definition of medicine shortages. It is also important to better define the scope of the Act by developing a list of vulnerable medicines with real fragilities in their supply chain.

- Strengthening oversight of supply obligations: EU and national authorities need enhanced oversight and enforcement capacities to ensure compliance with existing obligations and the effectiveness of the public financial support granted. It is important to guarantee patients continued access to medicines no matter where they live in the EU. This includes all Member States, including small countries.

- **Leveraging strategic spending packages for security:** Reinforcing health security should be recognized as a strategic objective of the EU. PGEU supports using new funding sources, including the new EU's defense spending package and the Competitiveness Fund, to finance the Critical Medicines Act provisions on security of supply and preparedness.

- **Optimizing contingency stocks:** Member States should optimize national obligations on contingency stocks of medicines through a coordinated European approach. PGEU recommends the harmonization and implementation of rolling contingency stocks at manufacturers level to avoid unnecessary waste of finished medicinal products.

- **Improving public procurement of medicines:** Public procurement processes must shift away from a sole focus on lowest price. Incorporating non-price criteria, Most Economically Advantageous Tender (MEAT) criteria, and splitting awards among multiple suppliers will enhance supply security and contribute to ensure continuity of treatment for patients.

- **Swift adoption and implementation:** PGEU urges the European Parliament and Council of the European Union to treat the Critical Medicines Act as a top priority and move quickly towards its adoption. Given the ongoing shortages impacting patients daily, while waiting for new legislative measures to enter into force, we invite all the stakeholders to do everything they already can, within their remit, to mitigate shortages.

Background

European and national institutions have begun to respond to the problem of medicine shortages with important initiatives. A structured dialogue on the security of medicines supply, in 2021, laid the necessary groundwork, the Regulation 2022/123 extended the mandate of the European Medicines Agency (EMA). In May 2023, 23 EU Member States proposed to launch a Critical Medicines Act to diversify pharmaceutical supply chains. This call was reiterated by the European Council in June 2023 and reinforced in October 2023 with the Granada Declaration. In response, the Commission adopted a communication addressing critical medicine shortages in the EU in October 2023, the European Medicines Agency (EMA) published the first Union list of critical medicines in December 2023, updated with the second one in December 2024. Additionally, in December 2023 the European Economic and Social Committee issued an opinion, 'Securing Europe's medicine supply: envisioning a Critical Medicines Act'.

Further, the Commission established the Critical Medicines Alliance, bringing together over 250 stakeholders amongst Member States, civil society and patients, the scientific community and the pharmaceutical industry, where PGEU actively contributed as board and working groups member. The Alliance published a strategic report with recommendations on 25 February 2025. These efforts, alongside the crucial ongoing revision of the EU General Pharmaceutical Legislation, present a pivotal opportunity to address the root causes of shortages and reinforce the pharmaceutical supply chain. To fully harness the added value of all these initiatives, European Community Pharmacists recommend all stakeholders to deliver on the recommendations we made in our position paper on medicine shortages and we ask that the Critical Medicines Act incorporates the following recommendations.

1. Sustainable incentives for pharmaceutical production

The Critical Medicines Act's emphasis on addressing the root causes of medicine shortages is both accurate and essential. In line with findings from the CHESSMEN (Coordination and Harmonisation of the Existing Systems against Shortages of Medicines – European Network) initiative, over half of all shortages can be attributed to manufacturing-related issues. Additional drivers, such as commercial considerations by pharmaceutical companies and sudden surges in demand triggered by epidemics or changing epidemiological conditions, further worsen the problem. This aligns closely with PGEU's 2024 Medicine Shortages Report findings on root causes of shortages. The OECD report, Securing Medical Supply Chains in a Post-Pandemic World, also confirms the same root causes and adds that older, off-patent medicines face the highest vulnerability. Taken together, these findings demonstrate that manufacturing weaknesses for some specific products lie at the center of recurring supply gaps. This also shows that **any effective solution must begin by tackling production-related bottlenecks**.

Enhancing Europe's pharmaceutical manufacturing capacity is indeed the cornerstone of the Act. One of its key proposals is the creation of **"Strategic Projects,"** which incentivize the development, expansion, or modernization of production facilities for critical medicines and their ingredients. By designating such projects, authorities can accelerate regulatory approvals and facilitate targeted funding, supported in some cases by updated State aid guidelines that empower national governments to invest in essential manufacturing infrastructure. **PGEU supports these measures aimed at diversifying and strengthening Europe's supply of critical medicines.** Currently, the EU remains highly dependent on a limited number of overseas manufacturing sites for critical raw material, active pharmaceutical ingredients, their intermediates, and finished products, particularly when these are concentrated in a single region. Reducing this reliance is crucial to averting shortages and protecting patients from supply disruptions. In this light, the Critical Medicines Act's emphasis on bolstering EU-based production tackles the core driver of medicine shortages, while also helping to safeguard Europe's competitiveness and strategic autonomy.

At the same time, **PGEU emphasizes that while reshoring certain manufacturing activities can help address specific vulnerabilities, it cannot be seen as a solution to all supply challenges**. Any re-shoring or near-shoring strategy should be approached on a product-by-product basis, guided by a thorough assessment of market needs and potential disruptions. Bringing back to Europe manufacturing of certain medicines, active pharmaceutical ingredients (APIs) and other critical excipients will bring its own challenges and risks for continued supply, such as price increases for some medicines, which would only be acceptable if these are considered proportionate to the provided guarantees for security of supply. To resolve existing vulnerabilities of the medicines supply chain, we also recommend developing additional strategies to achieve a stronger diversification of supply within the medicines supply chain. This could include setting requirements for manufacturers to rely on more than one API/excipient provider. PGEU also welcomes the Commission's proposal to explore international partnerships within the framework of international trade commitments, as this comprehensive approach can strengthen Europe's security in a balanced and sustainable way.

Nonetheless, the CMA's incentives, such as designating "strategic projects", must be complemented by robust, enforceable obligations that hold manufacturers accountable for consistently meeting public health needs across Europe. PGEU wants these obligations to go beyond basic production targets and include transparent reporting on manufacturing capacity and active pharmaceutical ingredient sourcing. Early-warning mechanisms for identifying emerging supply chain risks and detailed contingency plans for preventing or mitigating shortages must be ensured. Importantly, these provisions should be included as contract performance clauses that should mandate that manufacturers maintain adequate supply, diversify critical inputs where feasible, and regularly update regulators on progress toward security goals. In this context, the forthcoming revision of the EU Pharmaceutical Legislation, which is expected to require shortages prevention and mitigation plans, represents a crucial step forward. PGEU stresses that these plans must be both transparent and fully actionable, subject to regulatory oversight and backed by clear penalties or corrective measures if obligations are not met. Only through stringent accountability and ongoing scrutiny can new investments, stemming from the Act's incentives, translate into tangible improvements in medicines' availability and affordability for Europe's patients. The Act's production incentives are a positive and necessary step.

2. Ensuring coordination across various medicine supply security initiatives

Strong and interconnected governance structures can bridge potential gaps among diverse initiatives, prevent overlapping mandates, and streamline responses to the complex problem of medicine shortages.

Under the current framework, different bodies already address shortages at various levels. The Medicines Shortages Steering Group (MSSG), established under the European Medicines Agency, plays a core role in coordinating measures for medicines shortages. Separately, the Critical Medicines Act proposes creating a new Critical Medicines Coordination Group, charged with overseeing strategic projects, monitoring supply vulnerabilities, and ensuring implementation of the Act's provisions on critical medicines. While both bodies have important competences, there is a clear risk

of duplication, which is not in line with the simplification objectives of the new European Commission, as also pointed out in the Draghi Report on EU competitiveness. From PGEU's perspective, it is more effective to build on the MSSG's established work and clear mandate, while ensuring the new Coordination Group complements, rather than replicating those efforts. **PGEU therefore encourages legislators to better define the two bodies' responsibilities so that the MSSG keeps its central, EU-wide coordination and oversight role, and the new group is assigned with the tasks ensuring the proper implementation of the Act**. By clarifying competences and preventing unintentional overlap, the Critical Medicines Act can stay focused on boosting production, the governance of medicine shortages can remain streamlined, and the European Union can count on timely institutional involvement.

Another dimension of coordination concerns the various lists of medicines created at different levels and within a large group of different bodies and stakeholders. The Critical Medicines Act proposes the definition of medicinal products of common interest. Member States often maintain their own national lists of critical and strategic medicines, which may not fully coincide with the EU-level list created by the EMA or with international references, such as the World Health Organization (WHO) Model Lists of Essential Medicines. The Act should also ensure coherence with the preannounced Critical Medicines Alliance's list of vulnerable medicines and with the medicines impacted by the RescEU measures. **To ensure efficient resources allocation and improved clarity on shortages, PGEU advocates for a structured harmonization of all these lists and for the definition of a list of vulnerable medicines with concrete fragilities in their supply chain.**

Additionally, across countries and institutions, medicine shortages are identified through a range of diverging definitions. Only 10 of the 28 countries that responded to the 2024 PGEU Medicine Shortages Report mention that there is a commonly agreed definition of medicine shortages nationally, with only 8 referring that the definition of medicine shortages is enshrined in national law. This broad range of definitions frequently fails to capture the full impact of the unavailability of medicines on patients, especially when a short-term interruption of supply may signify treatment interruption, with the associated negative health consequences. The key role of stakeholders and National Competent Authorities is not facilitated by the multiplication of lists of medicines. Regulation 2022/123 defines a shortage as follows: *'shortage' means a situation in which the supply of a medicinal product that is authorised and placed on the market in a Member State or of a CE-marked medical device does not meet demand for that medicinal product or medical device at a national level, whatever the cause'*. **PGEU strongly recommends that this common definition of medicine shortages is fully implemented to better identify and evaluate medicine shortages across Europe and to accelerate and simplify a coordinated response**

The Critical Medicines Act should embed a clear governance structure that increases coordination between the MSSG, national competent authorities, industry, healthcare professionals, and all other relevant stakeholders under a coherent strategic framework. By enhancing continuous channels of communication, the Act can deliver an effective response to shortages. This integrated approach, coupled with the harmonization of different critical medicines lists and a clearer definition of medicine shortages, would enable the EU to better anticipate disruptions, amplify existing solidarity mechanisms, and protect patients.

3. Strengthening oversight of supply obligations

While investing in European manufacturing is important, it can only partially address and prevent medicine shortages unless it is paired with stronger oversight of supply chain obligations by public institutions. The existing reporting obligations must be accessible to medicines regulators. The European Commission, Member States and regulators, including the European Medicines Agency and the national competent authorities, need all the tools and resources to scrutinize these measures and ensure pharmaceutical companies follow through on their commitments to prevent and mitigate shortages.

At present, visibility into the upstream supply chain (e.g. critical raw materials sites, origin of key ingredients and their intermediates, how many suppliers exist for a given component, market penetration rates, etc.) is often limited to the manufacturers themselves. Regulators typically learn of a supply vulnerability only when a problem has already occurred, making mitigation of negative impacts on patients difficult. PGEU has long been calling for increased transparency in the supply chain. We call for granting regulators greater access to data on production volumes, data on contract manufacturing organizations (CMOs), contract manufacturing and development organizations (CDMOs), delivery fulfillment rates and all the other appropriate information required by regulators so they can spot fragilities earlier and facilitate better mitigation. Increasing the transparency of the upstream supply chain will enable authorities to detect shortages and supply bottlenecks and thus allow for timely corrective actions before patients are affected. Strengthening oversight of supply obligations in this manner will result in a smoother and more secure supply chain to the benefit of patients.

The Medicines Shortages Steering Group (MSSG) should contribute to the objective of reinforcing transparency of the upstream supply chain, by ensuring respect of the obligations of the beneficiaries of the funds provided by this Act. Members of the group should regularly exchange data on shortages and share best practices. By learning from each other and sharing best practices, countries can strengthen their own systems more quickly and create a more resilient European response. Once a shortage is reported to competent authorities, that information must quickly reach healthcare professionals, particularly community pharmacists, who need this information to take proactive measures to minimize impact on patients. When pharmacists are informed in advance that a medicine will be in short supply, they can plan accordingly by, for example, sourcing suitable alternatives, preparing compounded medications when feasible, or switching to a different therapy in consultation with patients and prescribers.

Collaboration of the pharmaceutical sector stakeholders with public authorities is essential. Pharmacies report their stocks on a daily basis, automatically and for all medicines in Romania, Finland and Poland. In Czech Republic, Belgium, Sweden and Denmark pharmacies report stocks for some specific critical medicines. Several countries have created digital platforms that facilitate the work of authorities in improving visibility of supply issues.

In **Poland**, the Integrated System for Monitoring the Trade in Medicinal Products is a national IT system for tracking the circulation of medicines and alerting authorities on potential supply problem.

In the **Czech Republic**, there is a National Medicines Agency led system for reporting disruptions on specific critical medicines.

In the **Netherlands**, the pharmacy association (KNMP) established "Farmanco," a reporting system open to manufacturers, wholesalers, healthcare professionals, and patients. This transparency helps all parties stay informed.

In **France**, an electronic system called "DP-Ruptures," developed by the French Chamber of Pharmacists, allows manufacturers, distributors, and both community and hospital pharmacists to notify shortages at their level. This system links directly with the French Medicines Agency (ANSM) so that information flows quickly between the regulator and supply chain actors.

Spain has set up the CISMED database (Information Centre on Medicine Supply) where pharmacies' inventory data automatically flags medicines not delivered by wholesalers and these data are sent to the National Medicines Agency.

In **Belgium**, the authorities developed "PharmaStatus," a platform that not only reports shortages but also serves as an official source of information and even provides guidance for pharmacists on potential solutions.

Portugal has a system via the National Association of Pharmacies to register medicines in shortage reported by pharmacies, feeding into reports for the regulators. All these efforts demonstrate that the inclusion of public authorities in addressing the problem is an effective way of dealing with medicine shortages

Strengthening public oversight and transparency is essential for translating increased investment in manufacturing into tangible improvements in medicine availability. As demonstrated by successful national platforms across Europe, a coordinated and proactive role for regulators is a key factor in rapidly identifying and mitigating shortages. PGEU calls on EU policymakers to consider these best practices in the Critical Medicines Act, empowering authorities to act swiftly and effectively.

4. Leveraging strategic spending packages for security

Taking into account the lessons learned from the Covid19 pandemic and the current difficult geopolitical context, PGEU firmly believes that medicines supply security should be a strategic priority of the European Union.

Given the complexity and scale of medicine shortages, addressing this challenge and strengthening pharmaceutical production capacity in Europe will necessitate substantial, targeted, and bigger financial investments. **For the Critical Medicines Act to fulfill its ambitious objectives, it must be accompanied by dedicated, strategic EU-level funding that reflects the critical nature of medicines supply as a cornerstone of European Union health security**.

Recent discussions among EU health ministers have clearly highlighted that a secure and stable supply of essential medicines is fundamental not only to public health, but also to Europe's broader resilience and defense capabilities. Consequently, we strongly support the position expressed by a coalition of eleven EU Health Ministers, led by Belgium and involving several major Member States, who advocated for integrating the financing of the Critical Medicines Act within the broader EU defense spending framework. In their open letter ahead of the Act's launch, these Ministers argued that critical medicines represent an indispensable component of European security, especially in times of crisis. In addition, the Niinistö report highlighted the importance of health preparedness to secure Europe's strategic independence. **PGEU fully shares these perspectives: ensuring continuous availability of medicines is ultimately about safeguarding the health and safety of citizens, a fundamental aspect of Europe's de-risking strategy.** In practical terms, the forthcoming European Defense Package, alongside related financial instruments from the European Investment Bank and other institutions, including the European Competitiveness Fund and the Next Generation EU, could be harnessed to provide funding for strategic procurement, manufacturing capabilities, and plans for critical pharmaceutical products reinforcing European strategic autonomy.

At the same time, PGEU notes that the European Commission's initial proposal for a Critical Medicines Act assigns only a modest EU budget allocation (€83 million), relying primarily on individual Member States' ability to provide state aid. The budget sustaining the Act should be substantially increased. This limited financial commitment, in our view, is vastly insufficient to achieve the transformative change needed to reinforce Europe's medicines supply chain effectively. Therefore, we strongly encourage EU co-legislators to use the ongoing Multiannual Financial Framework (MFF) negotiations as an opportunity to significantly increase financial support dedicated to medicines supply security. Leveraging innovative and cross-sectoral funding sources, especially investments from the private sector, which have lagged behind in Europe in comparison to the United States, particularly for those

connected to strategic autonomy, defense, and health preparedness, that can help Europe secure adequate resources to back the Critical Medicines Act comprehensively.

Only through meaningful investment, proportional to the magnitude and strategic significance of the issue, can Europe establish a robust, secure, and resilient pharmaceutical supply chain that fully protects public health and safety.

5. Optimizing contingency stocks

Strengthening solidarity and coordination between Member States is a cornerstone of the strategy to combat shortages. Several Member States have started stockpiling medicines or requiring contingency stocks for certain products, but without coordination, these efforts risk endangering an efficient allocation of medicines. PGEU advocates for a more harmonized European approach to contingency stocks, while maintaining the Member States' capacity to require contingency stocks. **PGEU believes the Critical Medicines Act should establish a harmonized EU coordination framework for medicine stocks in accordance with the EU Preparedness Union Strategy and the upcoming EU Stockpiling Strategy, to ensure that national stocks complement one another**. A coordinated approach between the European and national level would prevent scenarios where bigger countries experience an excess of medicinal products on their territory, harming availability of the same products in other EU countries. Additionally, the requirements should take into consideration reducing the duration of the stockpiling obligations as much as possible. In PGEU's view, solidarity must be at the center of the contingency stock measures in the Act. Therefore, the MSSG voluntary solidarity mechanism should be further expanded. This proposal developed a coordination system at the level of the MSSG, where a notification is circulated by the Member State experiencing the critical

shortage to which other Member States may respond to provide some temporary relief by making stocks of the medicine available.

To optimize contingency stocks, PGEU recommends building rolling contingency stocks at the manufacturers level gradually over time for specific products requiring such a measure. Progressive requirements for industry to hold contingency stocks can be phased in so that inventories are increased in a managed way that does not trigger supply strains or waste. PGEU suggests including a First Expiry First Out method (FEFO), instead of a First In First Out (FIFO) method. Crucially, there must be transparency in how these stocks are maintained to avoid duplication and minimize expiration of medicines.

The Critical Medicines Act offers a chance to harmonize stockpiling efforts into a resilient European safety framework. PGEU will support the introduction of the EU stockpiling strategy, built on transparency, and solidarity. By optimizing contingency stocks in this collaborative way, Europe can ensure that an emergency reserve of medicines is always at hand to protect patients, without undermining the day-to-day supply for any Member State.

6. Improving public procurement of medicines

Public procurement of medicines in Europe has traditionally focused on cost containment, often awarding contracts to the lowest bidder. While affordability must remain central, this approach has in specific cases contributed to supply fragilities. PGEU has long advocated that procurement must also value supply security. We are therefore pleased that the Critical Medicines Act seeks to prioritize

security of supply over cost in public procurement for critical medicines. This represents a shift from purely price-driven procurement to a more balanced evaluation that internalizes the security of supply as a key criterion.

PGEU supports the "Most Economically Advantageous Tender (MEAT)" approach as one of the key standards for pharmaceutical tendering across the EU. Under MEAT criteria, tenders can take into account factors such as supply continuity, multiple sourcing, delivery lead times, and respect of social and environmental standards alongside price. Splitting contracts among multiple suppliers or securing framework agreements significantly enhances resilience and competition in the long term. Additionally, PGEU supports the enforcement of the provisions in Directive 2014/24/EU on public procurement that demands contracting authorities, to require economic operators to explain the price or costs proposed in the tender, where tenders appear to be abnormally low in relation to the works, supplies or services. Further, public procurement should come with strong supply obligations and contract performance clauses for the beneficiaries to ensure the effectiveness of the tendering process. The implementation of non-price criteria should prioritize critical medicinal products for which a vulnerability in the supply chains has been confirmed through a vulnerability evaluation.

Collaborative procurement of critical medicines, as envisaged in the Critical Medicines Act, could be a powerful instrument for pooling demand, securing competitive terms, and guaranteeing equitable access across Member States. PGEU welcomes the Act's proposal to formalize the Commission's role as a central purchasing body for critical medicines whenever a group of willing countries requests it. To realize its full potential, however, any joint procurement must be underpinned by clear and real-world safeguards on transparency, governance, and weighing the practical obstacles related.

The Critical Medicines Act's procurement reforms represent a necessary modernization. Europe's public purchasing power should be leveraged to reinforce the medicines supply chain. By weighing security of supply in contract awards, requiring multiple sourcing where possible, and enabling across

countries procurement for greater bargaining strength, the public sector can help ensure that patients have access to the medicines they need. PGEU will advocate for these procurement provisions to remain strong through the legislative process. We believe that smarter procurement, aligned with the MEAT principles and coupled with robust contractual obligations on suppliers to maintain stocks and notify shortages, will be the crucial feature to ensure Europe's medicines resilience.

7. Swift adoption and effective implementation

PGEU urges the European Parliament and the Council to treat the Critical Medicines Act as a high priority and work towards its swift adoption. PGEU asks the legislators to build on this momentum, address the gaps that we have identified, and finalize the Act as soon as possible. Swift agreement is essential so that implementation can begin, and patients can see improvements on the ground.

Once the Regulation is adopted, **effective implementation will be the next key action**. PGEU calls on the European Commission and Member States to devote the necessary administrative and financial resources to make the Act operational immediately. In parallel, the public procurement reforms will require coordination with national and regional authorities to update purchasing rules. PGEU calls for strong coordination between the European and national level in the implementation of the Act. Monitoring and enforcement of the provisions of the legislation will be a key aspect for the effectiveness of the proposal. **PGEU strongly encourages all stakeholders along the pharmaceutical chain to fully leverage every tool and mechanism already at their disposal to mitigate shortages.** This includes oversight and enforcing obligations, communicating supply issues in a timely and transparent manner, and making active use of existing solidarity mechanisms. By taking all the above-mentioned actions, stakeholders can meaningfully and better reduce the frequency and severity of shortages and ensure continuity of care for patients throughout Europe.

8. Conclusions

PGEU fully supports the mission of the Critical Medicines Act to secure Europe's supply of critical medicines. Community pharmacists are fully aware of the cost of pharmaceutical supply disruptions and medicine shortages for patients. We have long called for European solutions to what is a recurring problem. The Critical Medicines Act, as proposed, is a strong response: it addresses root causes by incentivizing local production, reinforcing prevention and accountability in supply chains, modernizing procurement, and recognizing medicines as strategic goods. In this position paper, we have outlined how these measures can be maximized and where additional efforts are needed. PGEU will continue to advocate for a Critical Medicines Act that is comprehensive, well-resourced, and rapidly actionable. As the legislative process moves forward, PGEU calls on policymakers to maintain a patient-centered perspective. Achieving this will require the concerted effort of all the pharmaceutical sector's stakeholders. European community pharmacists are committed to being part of the solution.

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.

PGEU
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