Argentina | Pharmacy-linked clinical services

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Overview and conclusions

Argentina combines funded service acts, institutional benefits, specialised care with supplies, and network dispensing. This analysis compares these mechanisms and their boundaries: a pharmacy may be a professional provider, a delivery point or a third party's channel. Not all patient-related revenue is clinical revenue attributable to the pharmacy.

Three conclusions guide the analysis. The same tariff in two territories does not establish the same margin or access. Prescription, delivery note (remito) and patient are different units. A service that does not purchase the medicine can still face economic exposure to its value. Decisions must incorporate these differences before comparing nominal fees.

Coverage comprises twelve families and eight mechanisms, nine territorial cases, contractual terms and scenarios. The recovered material does not support a defensible national monetary TAM: utilisation denominators and revenue components are missing. General medicine sales, pharmacy counts or arbitrary percentages are not used to fill that gap.

Scale and demand: what is known

The open PAMI series retains 18 annual observations of vaccines administered to beneficiaries and staff between 2009 and 2026 [AR24]. The 2025 total is 586037 versus 631271 in 2024: a change of -7.17%. The 2026 figure, 627914, is partial through August; it is neither compared as a full year nor attributed exclusively to pharmacies. The series, totals and limitations are included in the workbook.

Evidence of adoption, programmes and local activity remains separate: professional questionnaires describe self-report, provider pages describe offers, and agreements describe terms. None automatically substitutes for paid volume. Published cases are not a national probability sample and do not support market-share estimates.

Scope, families and overlaps

The study concerns human pharmacy in Argentina. Genetics is a testing subsegment; delivery modality, home care and payer are cross-cutting axes. Software, equipment, supplies and training are supplier markets. External comparators are not added to pharmacy clinical revenue. Sales of compounded preparations or medicines, logistics and professional services are identified separately.

P01 · Measurements and anthropometry

Blood pressure under agreement and local checks; AMEB adds blood glucose to nursing services. [AR01,AR10–14,AR52,AR66]

Implication: Separate remunerated act, included check and device sale. BMI and oximetry do not inherit blood-pressure tariff.

Limitation: Frequency actually paid, costs and validated equipment by service.

P02 · Outpatient procedures

Injections, wound care and dressings; nursing present in mutual's offer. [AR01,AR13,AR17–18,AR66]

Implication: Distinguish professional fee, supplies and membership. Home care changes time and travel.

Limitation: Responsible party, site, local authorisation and separate payment per practice.

P03 · Tests, laboratory and imaging

Checks, screening and external centres show different roles along the patient pathway. [AR32–33,AR39–42,AR51–52,AR66]

Implication: Do not equate glucose checks, risk questionnaires, diagnostic tests and laboratory work. Affiliated or referral centre is not an act performed in a pharmacy.

Limitation: Authorised operator, sample, report and unit actually billed.

P04 · Genetics and pharmacogenetics

Confirmation of a pharmacy-linked clinical service remains pending. [AR19]

Implication: Technological sophistication does not establish channel or clinical value. Lower exploratory priority until link and use verified.

Limitation: Provider, indication, laboratory, counselling and channel contract. Do not include in confirmed TAM.

P05 · Vaccination

Published agreements separate vaccine, fee and withholding; digital registration supports the process. [AR23–25,AR29–30,AR53–54,AR62]

Implication: Compare retained revenue before costs; validate effective period and territory. Do not apply a local tariff to national PAMI volume.

Limitation: Acts by agreement and channel, own costs and actual payments.

P06 · Consultations by profession

Third-party telemedicine, nursing and specialised ostomy care; offers by profession. [AR02–03,AR31,AR57,AR66]

Implication: Commercial channel may neither hold the clinical record nor bill the consultation. Separate clinical care, guidance and technical support.