PERU | PHARMACIES

Pharmacy-linked clinical services

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Compare pharmacy-linked offers and revenue models: home care, outsourced compounding, follow-up and payers. Identify when unit, time or revenue-share differences change a decision, and which evidence remains unconfirmed.

Includes twelve families, nine cases, five explicit-input tools, a frontier engine and a source register with conflicts and limits. It does not present a national census, observed costs or current provider certification.

What this study contains

Operational research priorities are compounding outsourcing, home services and follow-up programmes. These are not investment recommendations or authorisations: verified identity, scope and economics remain incomplete.

Decision summary

C1 · Bundle versus single act

Choose discounting only after testing cost or acquisition savings. [PE19]

C2 · Reversal through time and revenue share

Choice changes with productivity and contract terms, not headline prices. [PE19 + modelo propio]

C3 · Compounding outsourcing

Compare contract, retained net price, turnaround, logistics, incidents and data. [PE23,PE24,PE25,PE26]

C4 · False territorial breadth

Retain discrepancy, normalise geography and verify entities/sites before expansion. [PE21,PE22]

C5 · Clinical programme versus benefits

Choose a model with explicit deliverable, payer, period and collection risk.
[PE10,PE11,PE20,PE33,PE34,PE42]

C6 · Genetics and turnaround promises

Do not sell as an in-store service or promise turnaround; retain as an external comparator.
[PE03,PE40,PE41]

C7 · Follow-up and selection bias

Use process, time and continuity KPIs without promising clinical causality. [PE35,PE36]

C8 · Administrative history without temporal bias

Do not select the record that confirms a preferred hypothesis; verify current scope before contracting.
[PE19,PE47,PE48]

C9 · Unknown-quote frontier

Compare a future quote with the threshold; never enter an unknown commission as zero.
[PE19,PE24,MODEL]