ScriptDrop

AT THE INTERSECTION OF HEALTHCARE & BLOCKCHAIN

TABLE OF CONTENTS

1. Introduction

Prescription abandonment and medication non-adherence have reached epidemic proportions costing the U.S. healthcare system and taxpayers $300B per year and worse yet 125,000 lives are lost every single year (1).

To distill that down a bit, if the $300B cost was evenly shared with all of the 313MM people in the U.S., we would each pay $958 per year. That doesn't account for the smaller, but more important number.

125,000 human lives are lost. This needs to change.

Since starting to track medication adherence and prescription abandonment the National Association of Chain Drug Stores (NACDS) has found (2), "that 20–30 percent of medication prescriptions are never filled and approximately 50 percent of medications for chronic disease are not taken as prescribed."

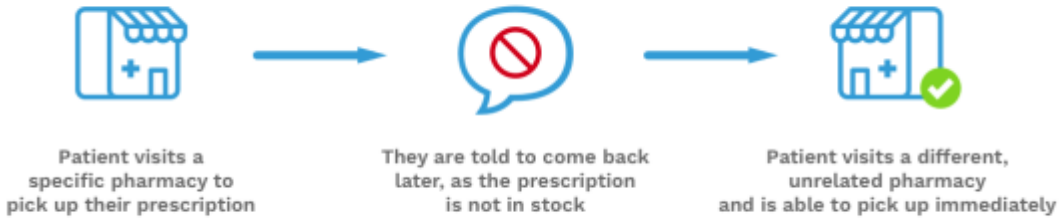
Express Scripts, the largest pharmacy benefit management (PBM) company in the U.S., estimated that in 2013, medication non-adherence cost the U.S. healthcare system and taxpayers $313 billion dollars (3). Another study conducted around the same time by "The New England Journal of Medicine" estimates that the number is between $100 billion and $289 billion annually (4).

Why is the range of estimated cost estimates of medication non-adherence so wide? Data.

Medical and prescription data are fragmented among different provider and payer entities and there are few incentives to share this information.

The penalties for making a mistake are more stringent than the rewards for driving innovation.

An example of one of the many issues:



Because the two pharmacies aren't connected, the first pharmacy shows that the patient has abandoned their prescription. Of the over 67,000 pharmacies in the U.S., approximately 40% are independent (5). This leads to the acute problem of customer data loss, making it impossible to truly track the patient's journey.

Further, once the patient gets their prescription, they run into a host of additional issues to continue their therapy as the doctor prescribed. Such as the ability to pick up their prescription monthly or remembering to take it in the first place.

Access to accurate and timely data solves both of these issues for patients, pharmacies and drug manufacturers. With our current suite of products, ScriptDrop is in prime position to drive down prescription abandonment and improve medication adherence, saving lives and billions of dollars for the U.S. taxpayer and healthcare system by ensuring that patients will not abandon their medications and seamlessly reminding them in their own home or care environment.

Prescription delivery for patients focuses on abandonment at the pharmacy. This is a critical step in ensuring that the patient is adherent because they must be in possession of their therapy to take it as prescribed.

Medication reminders focus on improving adherence. The medication reminders initiate daily interactions with the patient and allow for two-way communication without the need for specialized software or any additional effort on the part of the pharmacist or provider. ScriptDrop can automatically identify if a patient is non-adherent, at which time we send a message to the patient’s care team.

Blockchain technology is the key component for healthcare innovation, by allowing secure, low cost storage and sharing of patient healthcare information. The CEO of Humana, one of the largest health plans in the U.S., wrote an article on LinkedIn (6) to share some of his thoughts on the potential.

To date, a lot of great ideas for healthcare innovation on the blockchain have emerged. However, the largest problem still remains. No healthcare entity has been properly incentivized to post data to a new blockchain. In fact, many of them have more to lose than to gain.

At ScriptDrop, we work from the bottom up to create a shared, but secure, blockchain that will benefit everyone in the patient's healthcare continuum.

It all starts with that missing variable. **The patient.**

If Joe goes to one pharmacy, drops off a prescription, doesn't pick it up, but then goes into the next pharmacy to get it filled, who best knows what happened? Joe does.

What's the best way to facilitate communication between non-related pharmacies that Joe has already picked up the medication at a different pharmacy, and that the expensive drug sitting on the shelf will never be paid for by the patient?

As a patient, Joe doesn't care. He doesn't understand that the first pharmacy paid to have the drug shipped to them and it's now sitting on their shelf costing them money each day. Joe has no reason to call the first pharmacy and tell them anything.

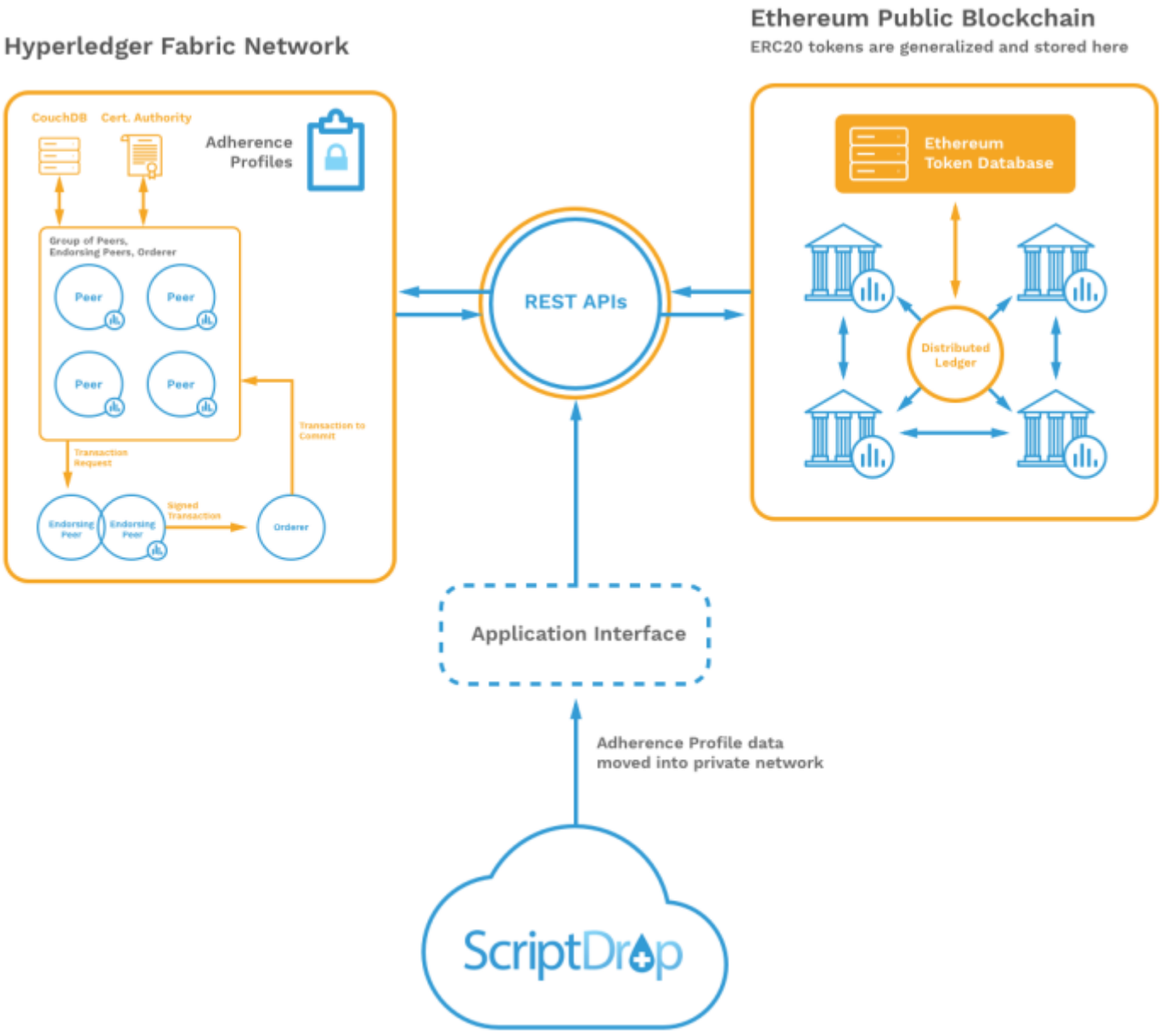
ScriptDrop's daily interactions with patients help to solve this. It incentivizes other participants in Joe's care to post to our blockchain and let everyone else know what happened.

We know Joe. We're interacting with him daily to tell him when to take his medications. We know when and where Joe is or isn't getting his refill and we use this information to make pharmacies more efficient and reduce wasted drugs. Ultimately, we're driving costs down for all participants, but most importantly the consumer.

How? We're incentivizing Joe to interact with our medication reminder platform, through our rewards based system. Joe can use this to pay down his co-pay when he gets a refill, make his monthly health premiums cheaper and even turn his rewards into cash.

In turn, we post Joe's adherence profile to our blockchain and participants can glean insight to help them understand where, when and for what reason they will interact with Joe next.

2. Adherence and Token Blockchain



We will be using two concurrent blockchains. One is based off of the Hyperledger framework, which we feel is better for storing healthcare data and giving the power back to the patient.

Why Hyperledger? It doesn't require every peer to verify every transaction and gives the patient the ability to provision access to their own data. The patient will receive a request from a covered entity and they can elect to share the data or not.

It's their choice. You can find more info on Hyperledger and the framework here. The ScriptDrop team will be leading the charge to write an Elixir SDK for Hyperledger. It's our base language and it makes sense for us to continue utilizing it, in everything we do.

Our token will be running atop the Ethereum Blockchain. Leading up the launch of the token sale, we will work with a pharmacy and send a transaction through our network and respond back with a co-pay buy down, using our token.

We have a REST API to connect the two blockchains.

3. Healthcare Infrastructure and Patient Experience

To illustrate how a patient could abandon a prescription or become non-adherent, it is helpful to see the moving parts and patient interactions.

We will break this down into the healthcare professionals that a patient would normally see to get a prescription filled, the physician and pharmacist, and the systems that they both use to enter data.

Physician: The physician is the person that typically diagnoses the patient and writes the prescription. This can also be done by a Nurse Practitioner (NP).

When arriving at the office, the physician will pull up the patient's chart in their Electronic Health Records System (EHR). If they don't have a computerized, they will pull a traditional patient's chart.

After the patient is diagnosed, the physician or NP writes a prescription. The prescription can be written on paper or e-prescribed.

In 2016, Surescripts, the largest processor of transactions for e-prescriptions handled 10.9 billion transactions through their network (7).

When prescriptions are written on paper, however, it becomes another point of data loss. Surescripts is able to track prescriptions that aren't filled. That's not the case with hand written prescriptions.

From the physician's office, the patient must go to the pharmacy to pick up their prescription. It could be an independent pharmacy, a chain (Walgreens, Kroger, CVS), or the prescription could be mail-ordered to the patient if they don't need it immediately.

The two most likely scenarios driving a patient to have to revisit the pharmacy after trying to pick up their medication the first time are the medication is not being in stock or a prior authorization (PA) being required. A PA is the payer or PBM's request for additional info on that prescription and patient's therapy.

The medication might not be in stock because of limited distribution or the pharmacy simply doesn't want to carry the cost of the drug and risk it sitting on the shelves. The pharmacist would then order the drug from their preferred wholesaler. The primary wholesalers in the U.S. are McKesson, Cardinal Health and AmerisourceBergen.

The patient would then return the next day and pick up their prescription. The issue is this doesn't always happen. In fact, 25% of the time the patient doesn't return, due to frustration or co-pay sensitivity.

The second situation outlined above is much more complex and is even more frustrating for the patient. When the pharmacist attempts to get a paid claim from the payer Prescription Benefits Manager (PBM), they sometimes receive a rejection for a PA. A Prior Authorization is a request for more info on the patient's previous therapies, that particular prescription, and why it is needed.

The time to resolution for a PA can vary depending on a number of factors that the patient doesn't control, nor do they have insight into. The PBM may also reject the prescription after the PA has been filled out.

This situation can add an additional seven days from the time the patient was prescribed the medication, to the time they pick it up that the pharmacy.

ScriptDrop's founding team worked at a company that helped pharmacies, physicians and patients with the PA process. So, the process and the burden to each of the stakeholders is second nature to them.

When a prescription is being billed to the patient's PBM it is entered into a pharmacy system. The largest pharmacy systems are PDX, QS/1, and Rx30. There are a number of others that are growing quickly, such as BestRx and PioneerRx. Most of the pharmacy chains have their own proprietary system. The pharmacy system then sends the

transaction to the switch, which communicates with the PBM. The switch side is an oligopoly, that is dominated by two players (Relay Health and eRx). Their function is similar to a clearinghouse. They send a request to a patient's PBM to see if a prescription is covered and what cost will fall to the patient. They then send back the response to the pharmacy. The pharmacy system then renders the response in their proprietary software.

Whether the transaction travels over Relay Health's network or eRx's can create another data loss/refusal to share issue.

The different PBM's and whether the patient has Medicare or Medicaid can determine the co-pay amount the patient must pay, before gaining possession of the prescription.

CVS Caremark conducted a study and found that "patients having a co-pay of $50 are almost four times more likely to abandon a prescription at a pharmacy than those paying $10 (8)."

The various points of friction for a patient, little insight into what is really going on, and co-pay sensitivity lead to 50% of patients becoming non-adherent at some point in their treatment (9).

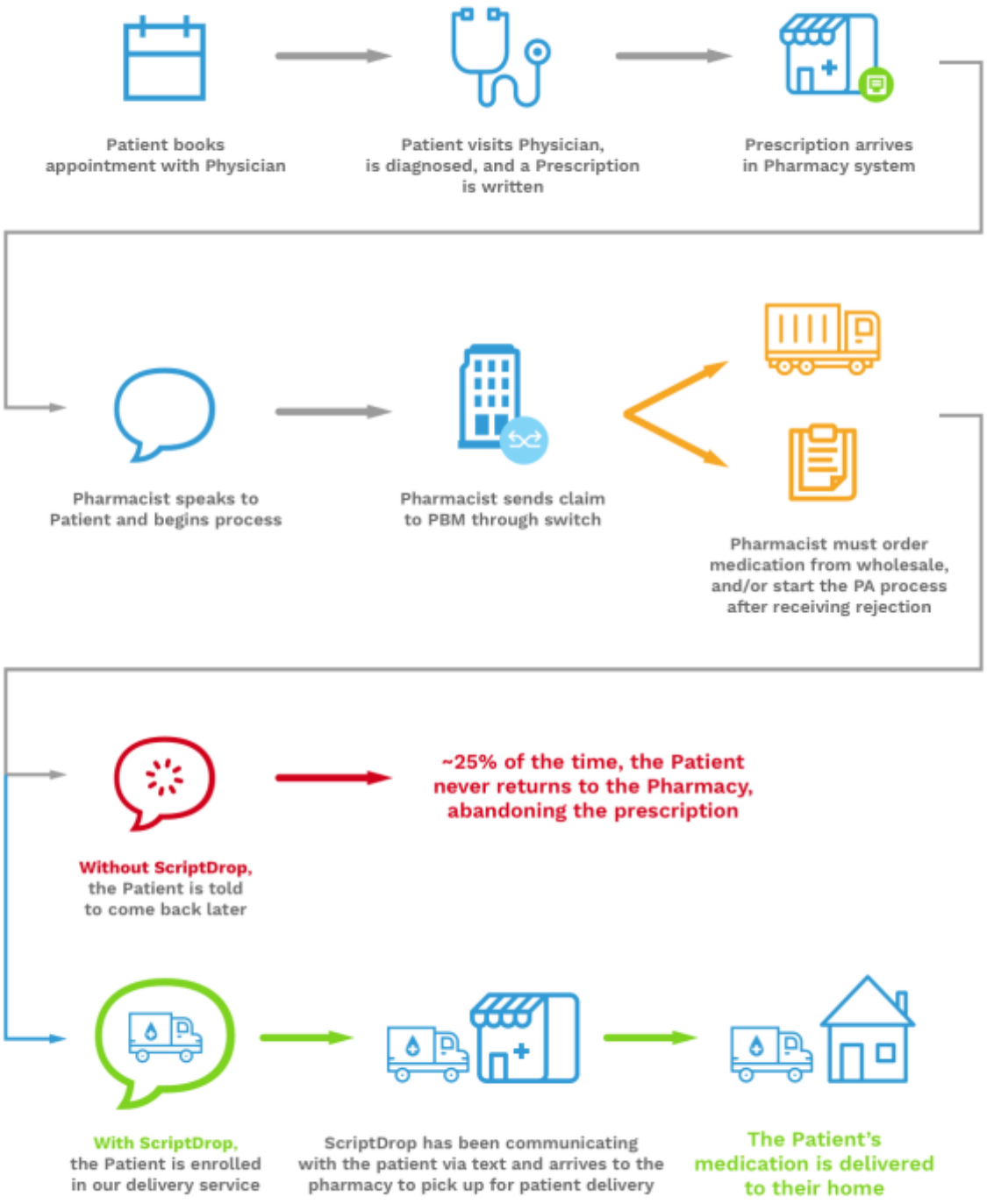
An even worse number of patients surveyed --75%-- admitted to not taking their therapy as their doctor prescribed (10).

Because of our industry knowledge and strategic partnerships developed over decades of work in the industry, ScriptDrop initiates a prescription delivery and automates patient medication reminders seamlessly at various points in the process.

Because of the data we collect, we are able to report trends to everyone in the ScriptDrop pipeline, as we interact with the patient. Over time, we customize the patient's experience and lower the cost of healthcare for everyone by making everyone from patients to pharmacies more efficient. All this moves us toward our goal of saving as many of the 125,000 lives lost to prescription abandonment and non-adherence as we possibly can. Bottom line, the ScriptDrop Blockchain truly improves healthcare for everyone involved.

Below we show the patient journey and various behind the scenes data transactions for a prescription:

4. <u>Governance and Standards for Data in Healthcare</u>



There are two data formats with which ScriptDrop needs to interact with to achieve success.

Health Level-7(HL7) and National Council for Prescription Drug Programs(NCPDP) drive most of the data protocols throughout the U.S.

HL7 is the protocol for physicians and NCPDP is the standard protocol for e-prescriptions and pharmacy claims submission.

Both the ScriptDrop services detailed earlier are live with a number of pharmacies in the U.S. and we've built those transmissions based on the specifications of NCPDP. This format allows us to quickly integrate with most e-prescribing systems, with little to no modifications.

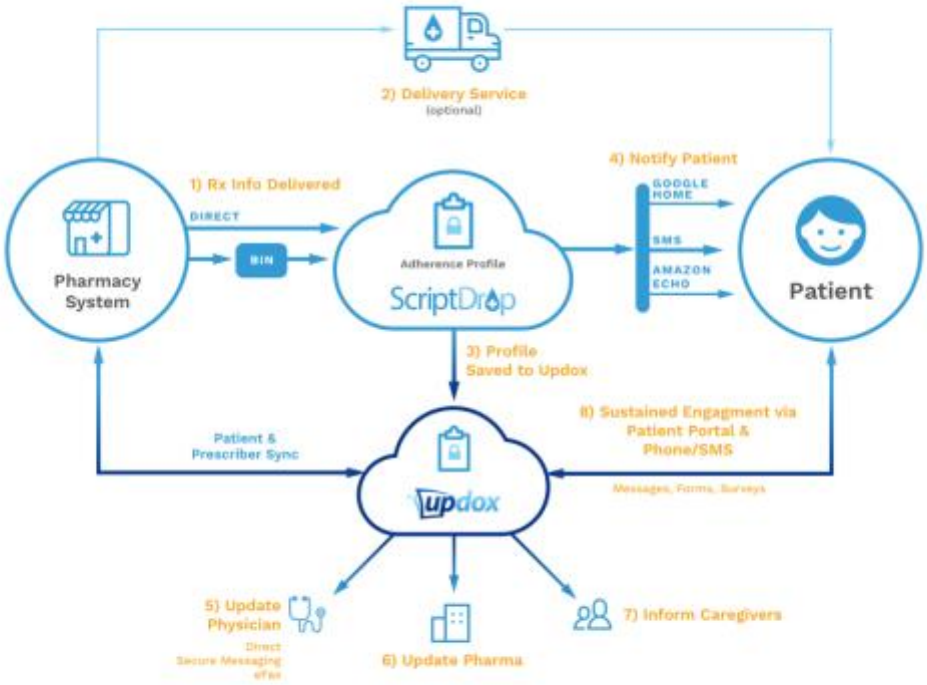
Because of our intimate knowledge of the pharmacy sector, gained through years of experience working in the industry, we are able to work within any pharmacy in the U.S. without the need for the pharmacist to download an app. This effortless integration has rapidly driven demand for our services across the US.

Our founding team has participated in NCPDP workgroups in the past and will stay active within them for the foreseeable future. This gives us an advantage to understand upcoming changes and gives us a voice in guiding that change.

In addition to seamlessly integrating with most pharmacy systems, ScriptDrop also works with Updox, which works with a robust network of physicians and EHR systems, as outlined here. Updox has partnered with ScriptDrop to communicate patient non-adherence seamlessly back to everyone in the patient's care team. If you would like to read more about our partnership, you can do so by reading this press release.

We've come together to communicate with one another in a proprietary manner that integrates data gathered from an HL7 transmission and an NCPDP transmission. We then combine that with the one-to-one patient interactions that ScriptDrop has with the patient.

Snapshot of the partnership and workflow:



4.1 HIPAA

Compliance with the Health Insurance Portability and Accountability Act of 1996, or HIPAA, is essential to any company in the health care industry. HIPAA, through its implementing Privacy Rule and Security Rule, mandates that the confidentiality, integrity, and availability of patient protected health information ("PHI") be protected, that PHI be used only for legitimate health care purposes, and that health care companies maintain privacy and security standards sufficient to ensure these protections.

ScriptDrop has the expertise and experience to ensure that its products and services remain HIPAA compliant. It enters into a formal relationship as a business associate (BA), or service vendor to health care providers, with the other parties in its ecosystem (such as pharmacies and health care providers, attesting to them that it will abide by HIPAA standards and best practices to safeguard their patients' PHI. Its software systems and business procedures are designed from the ground up to fully comply with Security Rule requirements, and it maintains a vendor management program to supervise its own downstream business associates for compliance.

In addition, ScriptDrop's technology permits it to offer innovative new services to patients while still satisfying privacy and security regulations. By receiving and maintaining patient consent for direct communication, and maintaining a secure end-to-end communication channel through HIPAA-compliant cloud storage and data processing infrastructure through its own business associate, Amazon Web Services, ScriptDrop is able to securely transmit and receive PHI via in-home voice communications with patients, and pass it on to its health care provider partners. Its control over the entire communication channel ensures for its partners that ScriptDrop's services are a secure, scalable, and compliant way to directly improve patient adherence.

5. ScriptDrop's Token (Adherence Token, AHC)

ScriptDrop's token will primarily be used to incentivize patients for medication adherence and their continued interaction with our app.

Tokens are marketed to patients through our delivery and medication reminder products. When patients utilize either service, they are prompted to sign up and interact with our app either on their smartphone or natively through SMS. Onboarding is seamless for medication reminders for patients, because we already have their prescription data (including drug, quantity dispensed, and days' supply).

After onboarding, patients begin receiving daily medication reminders. As the patient interacts, they are rewarded with ScriptDrop tokens. These tokens are used to buy down patient co-pays for their subsequent refill. Similarly, patients can earn more tokens by referring friends and family to sign up.

The number of tokens awarded to patients is based on a number of factors. The inputs are placed into our proprietary distribution algorithm, and cannot be shared publicly due to sensitive nature of the rewards program.

One of the inputs is the type of drug and the disease state in which it treats.

“For diabetes patients, every additional dollar spent on medication saved $7 in medical costs. Diabetes patients who are highly compliant with their treatment programs have a 13 percent hospitalization risk for a diabetes-related problem, but patients with low compliance have more than twice the risk at 30 percent. (11)”

A comprehensive study conducted by the American Diabetes Association in 2012 found that the disease costs the healthcare system $322 billion annually (12).

Our token system takes those factors into account as we interact with patients and help to improve their medication adherence. Because of our seamless integration with pharmacies across the U.S., we are able to use the tokens to buy down patient co-pays and make the process seamless for them as well. As the pharmacist sends a transaction to us with the co-pay that is due, we use the patient’s token balance to buy down their co-pay.

This is when reconciliation is performed, and the patient’s adherence profile is posted to the blockchain for that month.

ScriptDrop knows when the drug was first dispensed, has the patient daily interactions, and has confirmation of the refill date. If all three factors align, the patient receives a bonus allotment of tokens. Regardless of bonus, their adherence profile is posted onto the blockchain.

Our token functions as a co-pay/voucher program for pharmaceutical manufacturers. We implement a hybrid model, where the pharmaceutical companies can purchase a portion of the Adherence Tokens on an open exchange and a portion directly from us to target patients.

Once the pharmaceutical company has the tokens, we work with them to build an ideal patient profile and allocate the tokens in accordance with their standards. There will always exist a middle-layer between the pharmaceutical manufacturer and the patient. ScriptDrop occupies that area and makes modifications to the ideal patient profile for a manufacturer, as new trends emerge from our daily patient interactions.

The co-pay card industry is huge business. According to FiercePharma, “method was responsible for $7 billion in spending in 2015 (13).”

5.1 Proof of Act

Patients receive tokens from the Proof of Act (PoA). That is based on the daily interactions with our medication reminder and getting their refill on the appropriate date.

The efficacy of each drug is variable. The patient reward system will account for that.

As patients interact with our app and unlock token rewards, everyone wins. The patient is more likely to stay adherent and get their refill on time. The cost of healthcare goes down, as well as lost lives.

It is difficult for the patient to hack or “game” this system. The transactions to get them setup must originate from the pharmacy. Those transactions come in through an API integration we have with partners.

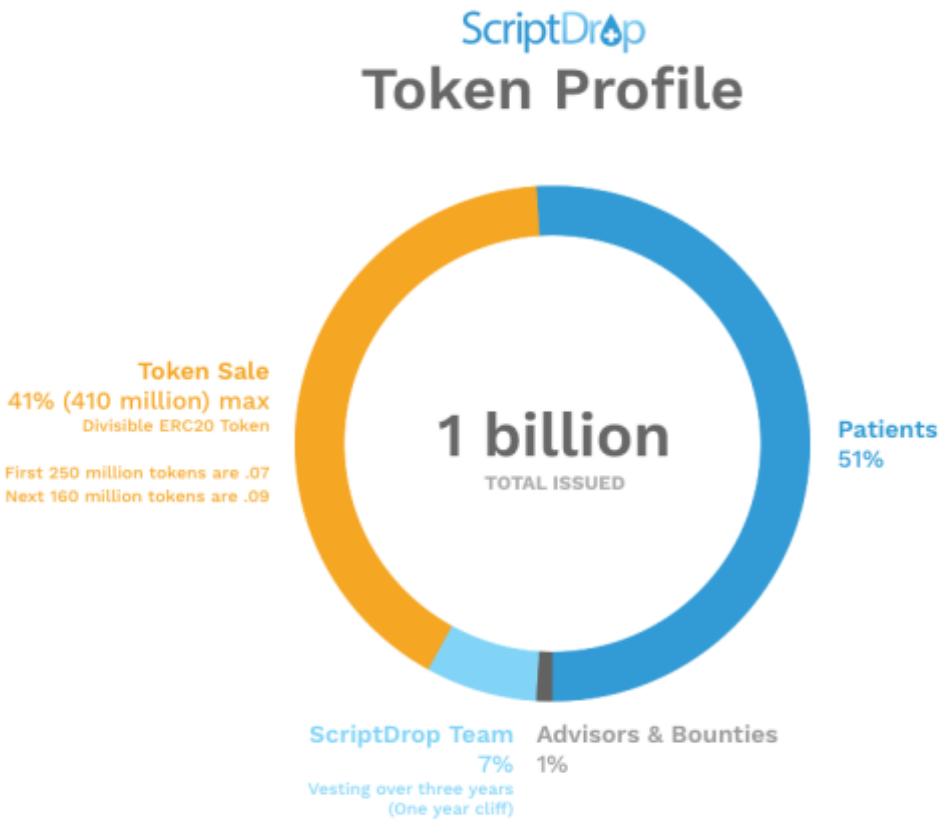
5.2 Smart Contracts and Team Vesting

ScriptDrop team tokens will vest over time to align incentives for the successful implementation of our token and its underlying ecosystem.

Tokens for the ScriptDrop team vest over three years, with a 1-year cliff.

This will be written into the Smart Contract and verified by an independent auditor.

5.3 Token Breakdown



5.4 Funding Goal Breakdown

Our token sale will have a minimum, goal, and stretch goal. Covered in the previous graphic, our token price will be $.07 for the first 250MM and $.09 for the next 160MM.

****If we hit our stretch goal, we will use a portion of the funds to film a documentary on how blockchain will fundamentally change healthcare. ****

This addition was based off of community feedback. Our team knows healthcare. We have a great network and the contacts to get the correct people on record. We want to bring attention to the blockchain industry, as a whole. More specifically, tell the story of how it is already beginning to change the dynamics of healthcare.

5.5 Budget Breakdown

For our investors agreeing to take this risk, they will receive back a cash payment after the successful token sale. This one-time event shows up on the Year One Budget. We've taken community feedback and our current investors will not receive a token allocation.

The above budget breakdown covers employee overhead, HIPAA compliant office space, and paying to get partnerships expedited. We are a cash-flow positive company, with growing revenue.

We have built out a file of the targeted positions, post token sale close. One of note is we will be bringing on an economist. This role will help us to move our BTC/ETH assets over to USD in a thoughtful and strategic way. Our team weren't fans of the flash crashes caused by large and successful token sales this year, once they sold off all of the crypto assets they had raised.

We believe in the future of the technology and industry and would prefer to hold onto our BTC/ETH longer.

Our economist will also have a hand in helping to distribute our Adherence Tokens to patients in a data driven manner. All in all, a very important position to our company's future and the future of healthcare.

6. ScriptDrop Core Team

The founding team hails from CoverMyMeds, the largest PA solution in the U.S., which was purchased by McKesson in 2017 for $1.1 billion. There they learned the intricacies of healthcare and the patient journey. They also bring with them a deep network of healthcare tech leaders,

which has been required to get the right people at the table to truly drive change in healthcare.

Nick Potts, CEO

Led the charge at CoverMyMeds to grow a particular pharmacy solution. Worked with over 30 different pharmacy systems to integrate the CoverMyMeds' solution into their system, via an API integration. He has been a participant on multiple NCPDP workgroups, which functions as the data standards governing body for pharmacy transactions. Nick has great contacts on the pharmacy side and a deep understanding of the pharmacist's workflow in pharmacy billing. This has led to ScriptDrop working with some of the largest pharmacies and pharmacy systems, even at its young age.

Larry Scott, CTO

An early developer at CoverMyMeds, where he met Nick. They quickly figured out they worked well together.

Larry and Nick worked on multiple side projects to refine their working relationship and identify one another's strengths and weaknesses. Larry is a self-taught developer that began building software at a very young age. While Larry is the CTO of ScriptDrop, his brother is the lead developer at another tech startup in Columbus. The coding gene runs in the family. Larry has built features that are used daily by hundreds of thousands of physicians and thousands of pharmacists. Larry and Nick began their interest in blockchain and cryptocurrencies in college, and then the interest gained even more steam when they built an app that utilized crypto tokens to gamify charitable acts. Here's an article that mentions the app.

Amanda Way, VP of Pharma Sales and Business Development

Amanda was a very early employee at CoverMyMeds (maybe even the first). She was there for 8 years, where she got to drive growth and learn the healthcare industry from all sides. Outside of becoming Director of New Products, she was a key member of selling the solution to pharmaceutical manufacturers. In her time at ScriptDrop, Amanda has expedited the pharma growth and influx of new business.

Derek Schneider, Senior Software Developer

Derek is a developer with several years of experience in the Healthcare IT industry and holds a BS in Computer Science and Engineering from The Ohio State University. Before starting with ScriptDrop in July, he worked with Nick, Larry, and Amanda at CoverMyMeds building out solutions which thousands of pharmacists and prescribers use on a daily basis. He is able to utilize the industry specific knowledge learned previously to accelerate development and build robust applications that meet the stringent requirements of the Healthcare IT industry.

The core team has the knowledge necessary to continue building out the ScriptDrop ecosystem and to bring the right partners into the fold.

6.1 Advisors

We have a great collection of advisors, with experience in both the blockchain and healthcare industries. Please check them out at http://scriptdrop.io/

7. Product History & Roadmap

The ScriptDrop suite of services includes Delivery, Medication Reminders, Patient Rewards System and our Smart Pillbox. The following will explain the way these programs work together and compile the ScriptDrop ecosystem.

7.1 Delivery (Patent Pending)

ScriptDrop was originally founded to solve the prescription delivery problem which plagued the pharmacy and pharmaceutical industries. Patients frequently go to a pharmacy to pick up their prescription only to find that they must wait for 24 hours or more to pick it up. They never return.

This event has been referred to numerous times in this White Paper and is called Prescription Abandonment. With our experience integrating into pharmacy systems and understanding the importance of pharmacy workflows, we have been able to build a valuable solution for pharmacies in a proprietary way. We have provisional patent applications pending on several of our processes, and we're actively pursuing full patent grants.

Our service and software is compatible with EVERY pharmacy in the United States.

We're currently integrated with couriers in 42 states, currently. Our footprint encompasses about 350 different courier companies. We don't onboard a courier company until we ensure they are HIPAA compliant.

7.2 Medication Reminders (Patent Pending)

The genesis of medication reminders came from a client challenge. They asked us, "what can you do for the patient after they sign for the delivery?"

At that point, we already had the patient's prescription data and could use that data in a more actionable way. We realized this also opened us up to a much larger population of patients. ScriptDrop could help patients that didn't get a delivery through our network. The medication reminder transaction is also sent the same way as the delivery request, at the pharmacy. We'd laid the tracks and could repurpose the end product, after request intake.

Our medication reminders are a frictionless patient experience. There is no need for the patient to tell us anything about their prescription, other than the time that they'd like the reminders. We know the drug and how long they should get the reminders for that fill. We even know their pharmacy and physician contact info, in the event that we need to facilitate a conversation.

We're piloting this now with a control group of pharmacies, through a direct integration we have with a pharmacy system.

We've built it out so that the patient can customize their experience and what medium they'd like to receive the reminders. Here is a promo video that shows the patient experience and introduces Mary.

Mary reminds patients to take their medication at the appropriate time. Onboarding for the patient is seamless because of the integrations outlined earlier in this paper. We have their prescription info in the transaction that was sent by the pharmacy.

Mary functions as the patient's Medication AI Assistant.

7.3 Patient Rewards System

This is outlined extensively above. The driver behind it is another question a client asked us, “what’s in it for the patient to tell your app they’ve taken their prescription?”

You have to implement an incentive structure for the patient to interact with the app or it drives no value to anyone in the network.

Our patient reward system gamifies medication adherence in a tracked and measurable manner.

Deloitte conducted a study and found, “Gamification boosts medication adherence, which empowers patients and presents opportunities for healthcare cost reduction (14).”

The key isn’t only the gamification. It’s the combination of gamification and a near frictionless onboarding process. The patient isn’t just rewarded for picking up their prescription. They are rewarded for interacting with the app, which creates a feedback loop to their entire care network. The daily interactions and the trends that will be uncovered won’t only help with customizing treatment for patients, it can be used to track the efficacy of certain drugs, drill down on the timing of the onset of side effects, and numerous other opportunities.

7.4 Smart Pillbox (Patent Pending)

We've also developed a smart pillbox that can have data sent directly to it, through our network. The pillbox would then be able to track the patient's adherence through two-way verbal communication and sensors.

This was included in our provisional patent application. Our legal team has advised us this has the best chance of getting a patent granted. After we have it production ready and a patent granted, we will file for FDA approval as a Class 1 Medical Device.

If we win the classification, our smart pillbox can be billed to the patient's health plan. This product will give ScriptDrop a new and innovative way to impact patient care.

We anticipate an easier route than most to get the classification because we will have tangible patient data and interactions through our Med Reminder service. Think of the Smart Pillbox as an extension of Mary.

As one physician told us, "if you get this classified as a Class 1 Medical Device and insurance to cover it, I'll prescribe it to every chronic patient I treat."

8. Conclusion

We have collected a team of knowledgeable healthcare tech leaders. Our vision is no doubt huge.

We believe blockchain will drive improvement and change in healthcare, whether we participate or not. The only thing our participation does is moves up the timeline.

If you have questions for us, please reach out at:

Email: tokensale@scriptdrop.io

Slack: Invite Here

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