



Medisaver: Compare and Save on Your Medication A Review

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ABSTRACT:

Access to cheap pharmaceuticals is critical in an era of rising healthcare expenses. "MediSaver" appears as a solution, providing a complete platform for evaluating prescription pricing and achieving large savings. Users may easily search for their prescribed prescriptions and rapidly compare rates across many pharmacies and suppliers thanks to an easy user interface. "MediSaver" enables consumers to make educated healthcare decisions by leveraging technology and data, +possible rates. This abstract investigates how "MediSaver" transforms the landscape of drug affordability, providing a critical resource for those looking to minimize their healthcare spending and enhance access to crucial therapies.

Keywords: Applications, Pharmaceuticals, Medical, Healthcare, Customers.

1. INTRODUCTION:

The world's biggest supplier of generic medications is India. The Indian pharmaceutical industry is a prominent player in the global pharmaceutical sector, accounting for approximately 50% of global supply. The economic study for 2020–21 projects that the domestic market will expand three times over the course of the following ten years. They can schedule doctor appointments with the use of medical health applications. The most popular applications for medical conditions are those that deal with exercise, dieting, and ordering prescription drugs online without visiting a doctor. If using medical health apps has made therapy more accessible, some might be reluctant to see their therapist in person because doing it digitally gives them the choice to keep their sessions private. Medical health applications can also provide information on timely health care advice. Apps for medical conditions are a godsend in rural locations. The need for social and health services is growing as a result of an ageing population, rising incomes, and increased educational attainment, which presents challenges for modern healthcare systems. In the current situation, making the lengthy trip to see a doctor in person becomes a tedious exercise for the long distances in poor weather or traffic circumstances. In the Indian context, receiving guidance requires standing in lengthy lines. Additionally, waiting rooms might expose patients to infectious infections. Patients can receive treatments while lounging at home thanks to e-health, saving them from having to undergo laborious exercises. In isolated and rural locations, e-health services might be more accessible than traditional ones, and they could also save users' time when it comes to appointments and travel.

These days, even the general public must be easily and accurately informed on illnesses and health. Healthcare professionals and providers have an ethical responsibility to act with "Maleficence" (no harm) and "Beneficence" (do only good) towards society and other people. (Gupta). Precision medicine seeks to cure and prevent disease by taking into account individual differences in genetics, environment, and lifestyle. The practice of genetic counselling, whose fundamental professional ideals prioritise informed and independent patient decisions on their genetic health, likewise heavily relies on this individual focus.

Exploring Narratives: A Literature Review Case Study

The health sector has seen an unprecedented digital revolution in the past several years. The rise of medical delivery apps is among this industry's most remarkable achievements. They have brought simplicity, efficiency, and accessibility to the process of getting pharmaceuticals, which has completely changed how individuals receive them. In this case study, we'll examine some of the most noteworthy achievements in medication delivery app development that have had a significant influence on the healthcare industry (*Aman Mishra*)

Case Study: Success Stories of Medicine Delivery App

1. Medplus Mart: Transforming Traditional Pharmacy

The Indian network of pharmacies, MedPlusMart, saw the opportunity in digitization and introduced a prescription delivery app. Customers can purchase medications, healthcare supplies, and schedule lab tests from the comfort of their own homes. MedPlusMart's success may be attributed to their wide

range of products, fast shipping options, and flawless user experience. They are a formidable rival in the healthcare industry thanks to their more than 6,000 physical locations throughout India, their offline presence, and the popularity of their app. (Aman Mishra).

2. Pharmaeasy: Bridging the Gap

Seeing the potential in digitization, the Indian pharmacy network MedPlusMart launched a prescription delivery app. Clients can order prescription drugs, medical supplies, and lab test appointments from the convenience of their own homes. The success of MedPlusMart may be ascribed to their extensive product selection, quick shipping choices, and excellent customer service. With over 6,000 physical sites across India, an offline presence, and a well-liked app, they are a strong competitor in the healthcare space (*aman Mishra*).

3. Now Rx: Speed and Precision

NowRx has completely changed how medications are delivered in the United States by putting accuracy and speed first. They cut down on patients' waiting times by providing prescription medication delivery on-demand or same-day. The app has features including live delivery tracking, medicine reminders, and automated prescription transfers. Their success in the fiercely competitive U.S. healthcare business can be attributed to their unwavering commitment to providing ease for their clients. (*Aman Mishra*).

Key Takeaways:

The achievements of creating applications for medication delivery demonstrate how digital technology has the ability to completely change the health sector. They have improved the whole healthcare experience in addition to making medicine availability easier. The following are some salient takeaways from these inspiring tales:

Full-Services: Remarkable drug delivery applications involve more than just dispensing medication. In addition, they provide a range of health services, including lab tests, doctor consultations, and health-related information.

User-Centric Methodology: To foster trust and retain a devoted user base, it is essential to provide top priority to the user experience, ease of use, and customer support.

Original Items: and have faith in Success in the distribution of pharmaceuticals and health items depends on authenticity and dependability.

Local integration: Increasing the accessibility and availability of medications is achieved by collaborating with neighbourhood pharmacies or by offering a range of reliable providers.

Innovation: Successful applications often include cutting-edge features like automatic prescription transfer, live tracking, and same-day delivery, upending established pharmacy practices in the process.

Ultimately, the triumphant tales of medication delivery app creation showcase the immense capacity of technology to augment healthcare accessibility and efficacy. In addition to benefiting patients, these apps have given medical practitioners new opportunities, which has benefited both companies and patients.

(*Sah et al.*) (2018) reported that the Indian online pharmaceutical market is growing quickly. Online purchases are primarily motivated by convenience. Online pharmacies have a lot of promise in the Asia-Pacific region. Right now, the top five online pharmacies for prescription medications are Pharmacist, MedLife, Pharmeasy, 1mg, and NetMeds. It has been observed that traditional retail establishments and internet marketplaces are expanding quickly. E-pharmacies, or online pharmacies, are businesses that sell prescription drugs and health products online with specialised delivery methods in the Indian city of Jaipur (Rahaman et al., 2019). Online pharmacies can be divided into three categories: "click-and-mortar" pharmacies, where a website acts as an additional location for a nearby physical pharmacy.

(*Gupta et al.*) Examined the purchasing habits of customers for internet pharmacies (2020). The research indicates that consumers are well-informed about internet pharmacies. For their prescription needs, Jaipur residents have access to both physical pharmacies and internet dispensaries. Government agencies and other pertinent organisations still have work to do to make sure the general public is aware of the numerous risks involved in utilising an internet pharmacy.

Researchers (*Pujari et al.*) (2016) looked at the frequency of OTC and prescription drug purchases. Just 60% of customers purchased their medications based on a doctor's recommendation, despite the importance of other sources like publications, internet articles, family, and friends. When choosing medications, patients do not prioritise cost over the counsel of their physicians and chemists, the author contends.

PRICE COMPARING WEBSITES (PCW):

Websites that compare prices are the subject of this article (PCWs). Although the situation of Great Britain is studied, the research can be applied to any other environment where consumers are making choices from a variety of offers in the retail market. Consequently, it is pertinent to the growing number of nations that have chosen to liberalise their energy markets (*Pollitt, 2012*) by the "British Model" (*Thomas, 2006*), which is predicated on privatisation and competition.

I first examine the fixed and variable costs of PCWs and evaluate what economic theory says about the supply of this service through both market and non-market channels to compare the implications on prices. Next, I calculate the total commission that PCWs charge under the existing setup and

investigate if these expenses lead to a rise in retail pricing. I then investigate distributive effects among consumers, focusing on shifts in consumer involvement. Lastly, I go over the administrative and regulatory expenses of entire systems in each scenario

For the comparison of quality, I focus on responsibility, clarity, correctness, and ease of use by the CMA's (2017a: 5.7) guiding principles. Although these categories were created for individual PCWs (and other DCTs), it is also feasible to use them to evaluate the system as a whole. Without making any major changes, definitions of the four terms and explanations of their applicability can be accepted. Being upfront about the type of service being provided is referred to as clarity. In the market instance, it facilitates informed decision-making and fosters confidence amongst PCWs. The question of accuracy relates to how well-informed supplier decisions are aided by PCWs. Both the welfare of the consumer and the effectiveness of the retail market depend on it. Responsibilities include addressing complaints, being reachable by customers, and protecting consumer data. Maintaining consumer trust and combating fraud are crucial. The ease of use is obvious. It encourages as many customers to participate and access as feasible.

BOOST APP LITERACY:

A bottom-up technique to teach users how to assess and understand their own data in health apps would be the least intrusive (*Chan SR*). Through conspicuous posting of documentation in the app store that emphasises the testing, validity/reliability, data protection rules, and economic model of their medical app, app developers have the option to freely choose to boost transparency. Detailed explanations of the population or populations the app was tested on, the testing environment, the accuracy and consistency of the data the app acquired, and the method by which the app developer plans to monetize the app or finance its continued development might all be included in this material. (*Wicks*). In the event that developers have submitted their documentation for independent evaluation and approval, consumers may be more confident in what they read. By emphasising crucial features of the app that users should take into account before installing, the information offered may also help users become more health literate. The problem with this approach is that, even with training, a clinician may not be able to access all the pertinent literature, evaluate every app version in every user scenario methodically, much less comprehend complex security and privacy issues and synthesise them to make an informed decision. This could be very difficult for most patients as well.

ENFORCED TRANSPARENCY:

A third strategy would be for the app store owners to mandate the ability to transparently assess medical calculator apps, much like ClinicalTrials.gov allows outside parties to search for protocol deviations, modifications to statistical planning, or absence of publication (*Zarin*) without having to personally examine each trial. App developers would have to submit documentation (viewable by all and accessible through an open database) to be reviewed by anyone, but especially amenable to review by consortia of researchers and clinicians who could assess pertinent aspects of each app with automated software. This would allow app developers to access their consumer population. In essence, this will "whitebox" what was before a "black box" and enable developers, app store owners, doctors, and the general public to use tools created by third parties to verify how apps operate. To ensure that developers who have put in the effort to assure the quality of their product do not lose their competitive advantage, the level of transparency enforced may need to be adjusted.

GOVERNMENT REGULATION:

Any of these strategies is probably still better than the last resort, which is to regulate smartphone apps by the government. Few health apps, like OncoAssist, have undergone the stringent European Union Kitemark certification process to be classified as medical devices [10]. This certification guarantees that the data these applications present is reliable for clinical decision-making. Governments could choose to provide more funding to the current regulatory bodies to improve their capabilities and speed up testing programmes if the public desired greater assurances about safety and app store owners did not want to employ a horde of tech-savvy physicians to evaluate every app. This strategy, meanwhile, probably presents more challenges than opportunities. (*Boulos*).

ACTIVE MEDICAL REVIEW:

A more proactive strategy would be for companies that operate app marketplaces, like Apple and Google, to assume complete accountability for all facets of security and integrity related to medical apps, acting in the capacity of a "benign dictatorship." They would need to implement a robust testing programme staffed by clinicians, security experts, and quality assurance software engineers who would thoroughly vet medical apps before they were released to the public, after withdrawing all current medical apps in their app stores (which we know from these studies include amateur programmes created with no intention of providing ongoing support). Although safety enthusiasts and clinicians may find this most conservative strategy appealing, it also has the lowest chance of success[15].

METHODOLOGY:

Sample Selection:

An AARP® Medicare Supplement plan insured by UnitedHealthcare Insurance Company (or, for New York residents, UnitedHealthcare Insurance Company of New York) provided coverage for almost 3.5 million Medicare insured individuals in 2013.

Survey participants were connected to Evidence-Based Medicine (Symmetry EBM Connect® Version 7.6) software in order to assess medication adherence. In order to determine medication adherence based on pharmaceutical claims, this software application was created. Patients who had at least

two prescriptions for a particular medication with a related disease (such as diabetes), six months of pharmaceutical drug coverage, and a minimum of one year of continuous medical enrollment were excluded from the medication adherence calculations.

CHAPS SURVEY:

This national standard for measuring and reporting on patient experience is the Consumer Assessment of Healthcare Providers and Systems (CAHPS), a public survey funded and supervised by the U.S. Agency for Healthcare Research and Quality (AHRQ). The purpose of the survey is to ask consumers and patients about their experiences and satisfaction with Medicare delivery systems.

PRICE COMPARING:

Access to cheap pharmaceuticals is critical in an era of rising healthcare expenses. With the help of our website \application “MEDISAVER” We provide a platform to compare the prices of medicine from the stores to save your expenses as well as your precious time. It makes our work easier by giving an alternative medicine advice.

The majority of price comparison websites don't charge consumers anything to utilise the positioning. Rather, {they square measure they're} is monetized by means of payments from retailers who are listed on the positioning. Retailers pay a flat fee to be included on the positioning, pay a fee when a user clicks through to the merchandiser information processing system, or pay when a user completes a similar action—for instance, after they purchase an item or register with their email address—depending on the actual business model of the comparison searching website.

Websites that conduct comparison shopping receive massive product knowledge feeds from affiliate networks such as Commission Junction and LinkShare, which cover a wide range of shops.(Piyush Rawat).

AI Generative prescription:

Artificial intelligence (AI) is becoming more and more important in the medical profession. In the upcoming years, artificial intelligence (AI) promises to transform patient care by optimizing personalized medicine and adjusting it to each patient's needs. (*Ahmad,*)

The ability of computers to carry out tasks that ordinarily need human intelligence is known as artificial intelligence (AI), and its importance in the world is continually growing. The medical field was slow to adopt AI. But artificial intelligence (AI) in medicine is growing quickly, and in the years to come, it promises to completely transform patient care. Moreover, it has the power to democratise and make accessible top-notch medical treatment to everyone on the planet(*Ahmad*).

With the help of AI tool our platforms provide a chat box where you can write your symptoms and with the help of given symptoms they can prescribed you medicine. Or else if you have any query about any medicine you can refer to them. It also gives you education about your medicine which is very important to be known by every one now a days.

BOOKING APPOINTMENTS:

In this crowded population booking an appointment for doctor consultation have become a formidable task. There are online booking appointment platform for few of them but it is not in totally awareness. And even people also find it quite tricky to use it. By acknowledging all the problem we have come with our own easy to use and user friendly booking appointments system in our platform. It will be available in both virtual and physical. We will be happy to share our service in whichever way our customers feels comfortable.

If you have any long treatment going on you can also upload your post medical record for better treatment and can get consultaed by your specialized doctors. They can select a day and time slot will be reserved, and the patient will receive a confirm notification for their booked appointment.

EXERCISES:

There are some health issues which can be resolved by doing some fun yoga. Yoga is very powerful it gives you courage to fight with your disease by filling our body with full of positive energy. People who feel anxiety can reduce it by practicing some yoga postures.

Sometimes more than medicines it gives out the result eg: backpain ,shoulderpain ,eye pain.

By keeping this all in mind our platform also provide exercise tool

Where you can get yoga tips and perform to boost your health and mind. And there will be also meditation slot with some peaceful music to achieve mental peace .

DELIVERY SERVICE:

The delivery service will be always available for your help even in the hot summers, winter, and rainy seasons, day and night. we assured you that it will be delivered in as much as in less time with the help of your location and your nearby medical stores. That saves your precious time for some other important work.

DISCUSSION AND CONCLUSION

Because pharmaceuticals can be an emergency, online pharmacies should take steps to enhance their delivery system. Numerous participants reported negative encounters with internet pharmacies concerning delayed delivery. To better serve clients, recommendations for generic medications must be shown when they search for medical supplies. The terms and conditions for payment should be changed to include a 15-day credit option so that customers can pay without difficulty in an emergency. The vendor of medicine assumes additional responsibility when selling it online. A lack of information might cause serious issues. Additionally, explicit warnings against consumption must be included.

To further inform the public, every medication's details, including dosage recommendations based on age group and potential adverse effects, should be included. Online pharmacies should not only offer medications, but also raise awareness and educate their clients about the potential health risks associated with improper drug handling. After all, taking medication is not enjoyable. According to Prasanti, Sravani, and Noorie (2017), some medications (drugs classified as Schedule H and Schedule X under the Medications and Cosmetics Act, 1940) should require the uploading of scanned prescriptions.

In conclusion, the benefits and drawbacks of purchasing medications online should be communicated to both the seller and the customer. Appropriate telemedicine and e-health legislation should be implemented in India in order to build the e-pharmacy system. An online pharmacy may promote self-medication, which might result in the excessive use of medications. It is important to ensure that there is efficient mass communication because not many people are aware that medications are available online and that these offers are made by online chemists. A greater selection of medications are available online, along with information and special deals, around the clock. Additionally, it protects clients' privacy. Self-medication is a trend that it is introducing.

FUTURE SCOPE:

According to a report by Zion Market, the global e-pharmacy market will reach \$107 by the end of 2025. Even if the current pandemic ends, people will continue buying medicines online. Having said that, the future of medicine delivery apps looks bright.

Global e-commerce trade is expanding quickly, and it is expected to continue rising at a rapid pace for years to come. An increasing number of people are now looking to online stores as a feasible option for making their purchases. Furthermore, it's abundantly evident that the quantity of e-commerce websites {also square measure} growing daily, and that the prices and deals provided by each of them are entirely distinct. Taking into account that purchasers are highly sensitive to value, value is an extremely important factor. (Piyush Rawal et al)

REFERENCES:

1. Ahmad, Z., Rahim, S., Zubair, M., & Abdul-Ghafar, J. (2021). Artificial intelligence (AI) in medicine, current applications and future role with special emphasis on its potential and promise in pathology: present and future impact, obstacles including costs and acceptance among pathologists, practical and philosophical considerations. A comprehensive review. *Diagnostic pathology*, 16, 1-16.
2. Haque, Aaliya; Thakur, Sakshi; Diksha Soni Shri. *i-Manager's Journal on Software Engineering; Nagercoil Vol. 16, Iss. 2, (Oct/Dec 2021): 16-21. DOI:10.26634/jse.16.2.18506*
3. Pollitt, M. G. (2012). The role of policy in energy transitions: Lessons from the energy liberalisation era. *Energy policy*, 50, 128-137.
4. Thomas, S. (2006). The British model in Britain: failing slowly. *Energy Policy*, 34(5), 583-600.
5. Miklós Antal,
6. Wicks, P., & Chiauzzi, E. (2015). 'Trust but verify'—five approaches to ensure safe medical apps. *BMC medicine*, 13, 1-5.
7. Chan SR, Misra S. Certification of mobile apps for health care. *JAMA*. 2014;312:1155–6.
8. Bhalerao, H., & Mandalik, D. (2022). E-PHARMACY: A STUDY OF GROWTH OF DIGITAL APP-BASED PHARMACY DELIVERY SERVICES. *Journal of Pharmaceutical Negative Results*, 722-727.
9. Boulos, M. N. K., Brewer, A. C., Karimkhani, C., Buller, D. B., & Dellavalle, R. P. (2014). Mobile medical and health apps: state of the art, concerns, regulatory control and certification. *Online journal of public health informatics*, 5(3), 229.
10. Zarin, D. A., Tse, T., Williams, R. J., Califf, R. M., & Ide, N. C. (2011). The ClinicalTrials.gov results database—update and key issues. *New England Journal of Medicine*, 364(9), 852-860.
11. A “parasite market”: A competitive market of energy price comparison websites reduces consumer welfare,
12. Aman Mishra is the CEO of TechGropse, an on demand app development company, we have offices in USA, UK, UAE and India. Aman mishra, Medium
13. *Energy Policy*, Vokume 138, 2020.
14. Gqaleni, N., Moodley, I., Kruger, H., Ntuli, A., & McLeod, H. (2007). Traditional and complementary medicine care delivery. *South African health review*, 2007(1), 175-188.

15. Gupta, G. (2013). Are Medical Apps the future of medicine?. *Medical journal, Armed Forces India*, 69(2), 105.
16. Impact Factor: 6.565, Volume 10 Issue 05, May 2020, Page 19-21
17. Jain, K. K. (2008). Drug delivery systems-an overview. *Drug delivery systems*, 1-50.
18. Kamulegeya, L. H., Bwanika, J. M., Musinguzi, D., & Bakibinga, P. (2020). Continuity of health service delivery during the COVID-19 pandemic: the role of digital health technologies in Uganda. *The Pan African Medical Journal*, 35(Suppl 2).
19. Khan, N., Qureshi, M. I., Mustapha, I., Irum, S., & Arshad, R. N. (2020). A Systematic Literature Review Paper on Online Medical Mobile Applications in Malaysia. *International Journal of Online and Biomedical Engineering (iJOE)*, 16(01), pp. 63–82. <https://doi.org/10.3991/ijoe.v16i01.12263>
20. Piyush Rawal et al., *International Journal of Research in Engineering, IT and Social Sciences*, ISSN 2250-0588,
21. Rogers, J., Pai, V., Merandi, J., Catt, C., Cole, J., Yarosz, S., ... & Kaczor, C. (2017). Impact of a pharmacy student–driven medication delivery service at hospital discharge. *American Journal of Health-System Pharmacy*, 74(5_Supplement_1), S24-S29.
22. Stoll, K., Kubendran, S., & Cohen, S. A. (2018, March). The past, present and future of service delivery in genetic counseling: Keeping up in the era of precision medicine. In *American Journal of Medical Genetics Part C: Seminars in Medical Genetics* (Vol. 178, No. 1, pp. 24-37).