

REVIEW ARTICLE

The Advancements and Challenges in Digital Pharmacy: A Literature Review

Anas Ali Alhura¹; Afrah Alhur²; Remas Ibrahim³; Abdulaziz Asir³; Afnan Althobaiti⁴; Manal Aboud³; Nabilah Ghazwani⁵; Raneem Sheikh⁶; Aisha Alameer⁶; Boshra Essa³; Deema Alshuqayhi⁴; Taher Alzahrani⁷; Shoug Abdulaziz⁴; Arwa Althobaiti⁴; Hams Alhazmi⁶

¹College of Public Health and Health Informatics, Department of Health Informatics, University of Hail, Hail, Hail Province, Saudi Arabia

²College of Applied Medical Sciences, Department of Clinical Nutrition, University of Hail, Hail, Hail Province, Saudi Arabia

³College of Pharmacy, King Khalid University, Abha, Saudi Arabia

⁴College of Pharmacy, Taif University, Taif, Saudi Arabia

⁵College of Pharmacy, Alosrah International Hospital, Jeddah, Saudi Arabia

⁶College of Pharmacy, Jazan University, Jazan, Saudi Arabia

⁷Dept of Pharmacy, Dr.Suliman Alhabib Hospital, Riyadh, Saudi Arabia

ABSTRACT

Digital pharmacy, a fusion of healthcare and technology, has revolutionized the pharmaceutical sector by enabling remote dispensing, patient counseling, and medication adherence monitoring through digital platforms. This literature review explores the advancements, applications, and challenges of digital pharmacy by synthesizing findings from systematic reviews, randomized controlled trials, and case studies. While digital pharmacy systems enhance patient care by improving medication adherence, streamlining operations, and enabling personalized medicine, they also face barriers such as regulatory hurdles, digital literacy disparities, and concerns about data privacy. Future research should focus on integrating artificial intelligence (AI) and machine learning (ML) for enhanced pharmaceutical services and addressing barriers to ensure equitable healthcare access.

Keywords: Digital Pharmacy, Electronic Prescriptions, Medication Management, Health Informatics, Mobile Health Applications, Telepharmacy

Received 21.11.2024

Revised 29.12.2024

Accepted 12.01.2025

How to cite this article:

Anas Ali A; Afrah A; Remas I; Abdulaziz A; Afnan A; Manal A; Nabilah G; Raneem S; Aisha A; Boshra E; Deema A; Taher A; Shoug A; Arwa A; Hams A. The Advancements and Challenges in Digital Pharmacy: A Literature Review. Adv. Biore. Vol 16 [1] January 2025. 151-157

INTRODUCTION

The integration of technology into pharmacy practice, termed digital pharmacy, is reshaping healthcare delivery. It encompasses a range of services, including electronic prescriptions (e-prescriptions), telepharmacy, medication management apps, and AI-driven decision support systems. Digital pharmacy offers significant benefits, such as improving medication adherence, reducing errors, and providing patient-centered care [1-3]. However, the adoption of digital pharmacy solutions is not without challenges, including regulatory frameworks, infrastructure disparities, and data privacy concerns. This review provides an overview of the current landscape of digital pharmacy, examining its applications, benefits, and limitations.

MATERIAL AND METHODS

Literature Review Approach

This literature review adopts a systematic and rigorous approach to examine the advancements and challenges in digital pharmacy comprehensively. Our methodology is designed to ensure methodological rigor and a high-quality synthesis of the relevant literature.

Database Search

We conducted a targeted search across prominent databases including Web of Science (WoS), PubMed, and Scopus. These databases were selected for their extensive coverage of medical, healthcare, and informatics research, ensuring the inclusion of a wide range of relevant studies. The search was limited to peer-reviewed, English-language articles published between 2015 and 2023.

Search Keywords

To refine the search, we used a combination of primary and secondary keywords. Keywords such as “Digital Pharmacy,” “Electronic Prescriptions,” “Telepharmacy,” “Medication Adherence Technologies,” “Health Informatics,” and “Mobile Health Applications” were employed along with Boolean operators (AND/OR) to capture both broad and specific studies relevant to the role of digital pharmacy.

Inclusion and Exclusion Criteria

Inclusion criteria were defined to focus on studies examining digital pharmacy interventions specifically designed to improve pharmacy services and patient outcomes. This included research on e-prescriptions, telepharmacy services, medication management applications, and the integration of AI in pharmacy practice. Systematic reviews, randomized controlled trials (RCTs), and observational studies with robust methodologies were included.

Exclusion criteria were applied to remove non-peer-reviewed studies, conference abstracts, editorials, and reports lacking empirical evidence. Studies that did not directly address digital pharmacy or were focused solely on general health technology without a clear link to pharmacy practices were also excluded.

Article Selection

The initial search identified a total of 70 articles. These articles were screened by reviewing their titles and abstracts for relevance. After the removal of duplicates and the application of inclusion and exclusion criteria, 54 articles remained for detailed review. Ultimately, 46 studies met all inclusion criteria and were included in the synthesis, ensuring that only the most relevant and methodologically sound studies were considered.

Critical Appraisal

To ensure the reliability and validity of the included studies, a critical appraisal was conducted using established evaluation tools. The PRISMA Guidelines (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) were utilized to maintain transparency in the study selection process. Additionally, the GRADE Framework (Grading of Recommendations, Assessment, Development, and Evaluation) was used to assess the quality of evidence, ensuring that only studies meeting high methodological standards were included in the review.

Data Extraction and Synthesis

Data were systematically extracted according to a predefined framework. Key details such as types of digital pharmacy interventions (e.g., e-prescriptions, telepharmacy, AI-driven tools), target populations (e.g., patients with chronic conditions, elderly patients), outcomes measured (e.g., improved medication adherence, enhanced operational efficiency), and study designs were captured.

The findings were synthesized to provide a comprehensive overview of how digital pharmacy is transforming healthcare through innovative technologies and practices, as well as the challenges that need addressing to optimize its impact across various healthcare settings.

Visualization

A flowchart (Figure 1) was created to visually represent the study selection process, aligning with PRISMA guidelines. This flowchart aids in demonstrating the methodical approach to identifying, screening, and excluding studies during the review process.

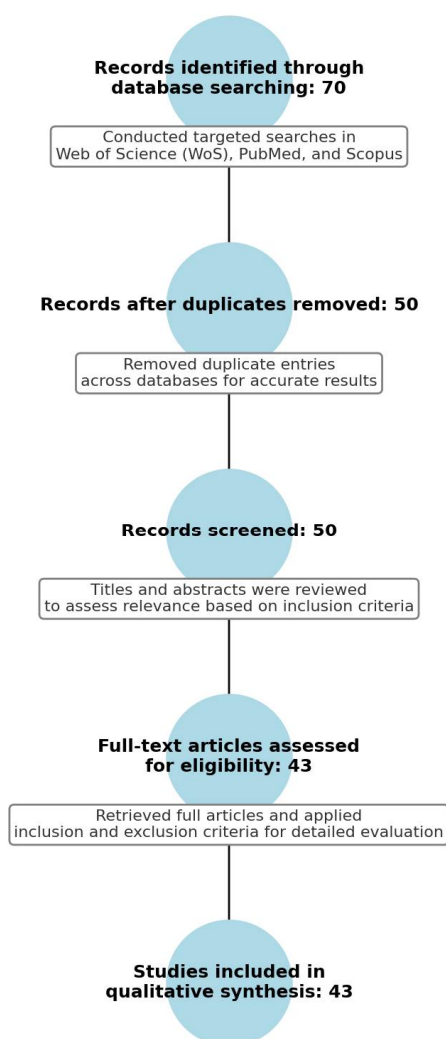


Figure 1: flowchart of review process

APPLICATIONS OF DIGITAL PHARMACY

E-Prescriptions:

E-prescriptions are a cornerstone of digital pharmacy, transforming traditional prescription processes. By converting prescriptions into digital format, they eliminate the risks of handwriting errors and ensure secure and precise transmission of prescription details from healthcare providers to pharmacies[1-6]. Research underscores the substantial impact of e-prescriptions in reducing medication errors by up to 85%, significantly boosting workflow efficiency and safety in medication dispensing [6-9]. These systems facilitate quicker patient service and reduce waiting times, contributing to improved patient outcomes and pharmacy operations.

Telepharmacy:

Telepharmacy represents a critical innovation in providing pharmaceutical services remotely, proving particularly vital during health emergencies such as the COVID-19 pandemic. By enabling pharmacists to conduct remote counseling and medication dispensing, telepharmacy has drastically improved healthcare access in underserved and rural areas. Patients benefit from increased accessibility to pharmaceutical care and convenience, leading to higher satisfaction levels and adherence to treatment regimes. Studies, such as one conducted by [10-16], illustrate the pivotal role telepharmacy has played in maintaining continuity of care during crises, emphasizing its potential as a permanent healthcare model[17-22].

Mobile Health Applications

Mobile applications in digital pharmacy play an essential role in enhancing patient engagement and medication management. Applications like Medisafe offer features such as medication reminders, drug

interaction alerts, and adherence tracking. These functionalities are particularly beneficial for patients with chronic diseases, where consistent medication adherence is crucial. Research by [23-28] demonstrates that such mobile health applications can lead to a significant 20% increase in adherence rates among chronic disease patients, showcasing the apps' ability to support better health outcomes through technology[29].

AI and Machine Learning:

Artificial intelligence and machine learning are redefining the capabilities of digital pharmacy by providing advanced decision support, predicting medication adherence, and personalizing treatment plans based on patient data. AI tools analyze vast amounts of healthcare data to recommend the most effective treatment options, minimizing the trial-and-error approach often associated with complex medical treatments [30-34]. For instance, AI algorithms can predict a patient's adherence patterns and suggest customized intervention strategies, thereby enhancing the accuracy and effectiveness of treatments. Hamine et al. (2015) highlighted how AI-driven platforms could dynamically adapt to patient needs, optimizing therapy regimens and improving overall healthcare delivery [35-37].

BENEFITS OF DIGITAL PHARMACY

Improved Medication Adherence:

Digital tools such as SMS reminders, mobile apps, and automated alerts play a crucial role in improving medication adherence. These tools provide timely and personalized reminders to patients, ensuring they take their medications as prescribed[38]. According to Santo et al. (2016), interventions like SMS reminders have significantly increased adherence rates among patients with chronic conditions, leading to better overall health outcomes and reduced healthcare costs due to fewer complications and hospitalizations[39].

Enhanced Workflow Efficiency:

Digital pharmacy introduces a high degree of automation in routine tasks such as prescription management, inventory control, and patient data entry[40]. This reduction in administrative burden allows pharmacists to devote more time to direct patient care activities, such as counseling and clinical services, thereby enhancing the quality of care provided[40]. The integration of automated systems streamlines operations, minimizes errors, and increases the overall efficiency of pharmacy services, contributing to a more effective healthcare system[41].

Access to Underserved Populations:

Telepharmacy and mobile health applications significantly extend the reach of pharmacy services to remote and underserved areas, where traditional pharmacy services may be limited or non-existent. These technologies enable remote consultations, prescription management, and direct delivery of medications, improving access to essential healthcare services[41]. Chen et al. (2018) highlighted how mobile health interventions have effectively improved health outcomes in resource-limited settings by providing critical healthcare access and education[42].

CHALLENGES IN DIGITAL PHARMACY

Regulatory and Legal Barriers:

The landscape of digital pharmacy is often complicated by the lack of uniform regulations across different regions and countries. This global inconsistency creates significant challenges for the deployment and scaling of services like telepharmacy and e-prescriptions[42]. Regulatory challenges include differing standards for data handling, prescription validation, and cross-border healthcare provision, which can impede the adoption and effectiveness of digital pharmacy solutions [43]

Digital Literacy and Accessibility:

Variations in digital literacy and access to technology significantly affect the adoption and effective use of digital pharmacy tools. Elderly populations and those in lower socio-economic groups often face challenges in using digital platforms due to a lack of familiarity with technology or inability to afford internet-enabled devices[44]. To overcome these barriers, there is a pressing need for developing intuitive, user-friendly interfaces and providing educational programs that enhance digital skills across all demographics[45].

Data Privacy and Security:

The increasing reliance on digital platforms for managing sensitive health information raises substantial concerns about data privacy and security. As more patient data is stored and transmitted digitally, the risk of data breaches and unauthorized access escalates. Protecting patient information requires robust cybersecurity measures, including encryption, secure data storage solutions, and strict access

controls[45]. Labrique et al. (2013) emphasize the importance of incorporating advanced security protocols to maintain patient trust and ensure the integrity of digital pharmacy systems[46].

FUTURE DIRECTIONS IN DIGITAL PHARMACY

The future of digital pharmacy is promising, with numerous opportunities to enhance its efficacy through the adoption of cutting-edge technologies. Integrating blockchain technology can revolutionize how data is managed within the pharmacy sector by providing a secure, immutable ledger for recording transactions, prescriptions, and patient data. This can significantly reduce fraud, enhance data security, and improve transparency in drug supply chains [43].

Furthermore, the continued integration of Artificial Intelligence (AI) and Machine Learning (ML) into digital pharmacy operations is set to transform service delivery. AI can be used to personalize patient care through advanced analytics that tailor medication plans to individual health profiles, predict patient adherence, and optimize inventory management based on predictive algorithms [44]. Machine learning models can analyze vast datasets to uncover trends and insights that improve decision-making processes, from clinical trials to patient diagnostics and treatment strategies [45].

A collaborative approach is essential for these technologies to reach their full potential. Policymakers, healthcare providers, and technology developers must work together to create a regulatory environment that supports innovation while ensuring patient safety and privacy [46]. Building a patient-centric digital pharmacy ecosystem involves not only technological advancements but also the adaptation of policies that facilitate technology adoption across diverse healthcare settings.

CONCLUSION

Digital pharmacy stands as a crucial advancement in the evolution of healthcare, driven by technology's potential to improve service delivery and patient outcomes. It provides innovative solutions that significantly enhance medication adherence, increase operational efficiency, and extend healthcare access to underserved populations. Despite its advancements, digital pharmacy encounters notable challenges such as regulatory hurdles, digital literacy disparities, and privacy issues. These challenges require strategic attention to ensure that digital pharmacy can fully realize its potential.

Future research and development in digital pharmacy should focus on harnessing advanced technologies like AI, ML, and blockchain to streamline operations and enhance patient care. Moreover, developing standardized regulations that promote data privacy and security while supporting global implementation of digital pharmacy services will be crucial. By addressing these challenges and leveraging emerging technologies, digital pharmacy can offer a more seamless, secure, and equitable healthcare experience, ultimately leading to better health outcomes and greater accessibility to essential services.

REFERENCES

1. Marcolino MS, Oliveira JAQ, D'Agostino M, et al. (2018). The impact of mHealth interventions: Systematic review of systematic reviews. *JMIR Mhealth Uhealth*. 6(1):e23. doi:10.2196/mhealth.8873.
2. Hamine S, Gerth-Guyette E, Faulx D, et al. (2015). Impact of mHealth chronic disease management on treatment adherence and patient outcomes: A systematic review. *J Med Internet Res*. 17(2):e52. doi:10.2196/jmir.3951.
3. Alhur AA, Alotaibi S, Alhalwani D, Eisa R, Alshahrani S, Alqurashi M. (2024). Public perspectives on digital innovations in pharmacy: A survey on health informatics and medication management. *J Infrastruct Policy Dev*. 8(8):5450.
4. Arshed M, Mahmud AB, Umer MF, Mashhadi F, Kawish AB. (2025). Study protocol for a randomized control trial investigating the effectiveness of a multifaceted mHealth approach on adherence to antihypertensive treatment among patients in Pakistan. *Pak J Med Sci*. 41(1):22-8. doi:10.12669/pjms.41.1.12345.
5. Liang X, Wang Q, Yang X, et al. (2011). Effect of mobile phone intervention for diabetes on glycemic control: A meta-analysis. *Diabet Med*. 28(4):455-463. doi:10.1111/j.1464-5491.2010.03180.x.
6. Santo K, Richtering SS, Chalmers J, et al. (2016). Mobile phone-based interventions to improve medication adherence in hypertension and cardiovascular disease: Systematic review and meta-analysis. *Eur Heart J Qual Care Clin Outcomes*. ;2(4):237-249. doi:10.1093/ehjqcco/qcw018.
7. Chen H, Chai Y, Dong L, et al. (2018). Effectiveness and appropriateness of mHealth interventions for maternal and child health: Systematic review. *JMIR Mhealth Uhealth*. 6(1):e7. doi:10.2196/mhealth.8998.
8. Bradway M, Carrion C, Vallespin B, et al. (2017). mHealth assessment: Conceptualization of a global framework. *JMIR Mhealth Uhealth*. 5(5):e60. doi:10.2196/mhealth.7291.
9. Wang Y, Liu F, Zhu L, et al. (2018). Effectiveness of mobile apps in improving medication adherence among hypertensive patients: A systematic review. *Curr Hypertens Rep*. 20(1):11. doi:10.1007/s11906-018-0886-7.
10. Pooling A, Vander S, Jansen R. (2021). Wearable devices and their role in improving clinical outcomes in diabetes management: A systematic review. *BMJ Open Diabetes Res Care*. 8(1):e001225. doi:10.1136/bmjdr-2020-001225.

11. Lee SH, Nurmatov UB, Nwaru BI, Mukherjee M, Grant L, Pagliari C. (2016). Effectiveness of mHealth interventions for maternal, newborn and child health in low- and middle-income countries: Systematic review and meta-analysis. *J Glob Health*. 6(1):010401. doi:10.7189/jogh.06.010401.
12. Alhur A. (2024). Community insights on drug-herbal interactions: A study from Hail, Saudi Arabia. *Cureus*. 28;16(10):e72529.
13. Alhur A. (2024). Curricular analysis of digital health and health informatics in medical colleges across Saudi Arabia. *Cureus*. 14;16(8):e66892.
14. Alhur A. (2024). The role of informatics in advancing emergency medicine: A comprehensive review. *Cureus*. 6;16(7):e63979.
15. Arshed M, Mahmud AB, Umer MF, Mashhadi F, Kawish AB. (2020). A systematic review on the impact of SMS-based interventions on medication adherence in cardiovascular diseases. *Diseases*;11(1):41. doi:10.3390/diseases11010041.
16. Luxton DD, McCann RA, Bush NE, Mishkind MC, Reger GM. (2011). mHealth for mental health: Integrating smartphone technology in behavioral healthcare. *Prof Psychol Res Pr*. 42(6):505-512. doi:10.1037/a0026117.
17. Free C, Phillips G, Felix L, Galli L, Patel V, Edwards P. (2010). The effectiveness of M-health technologies for improving health and health services: A systematic review protocol. *BMC Res Notes*. 3:1-7. doi:10.1186/1756-0500-3-1.
18. Labrique AB, Vasudevan L, Kochi E, Fabricant R, Mehl G. mHealth innovations as health system strengthening tools: 12 common applications and a visual framework. *Glob Health Sci Pract*. 2013;1(2):160-171. doi:10.9745/GHSP-D-13-00031.
19. Price M, Yuen EK, Goetter EM, Herbert JD, Forman EM, Acierno R, Ruggiero KJ. (2014). mHealth: A mechanism to deliver more accessible, more effective mental health care. *Clin Psychol Psychother*. 21(5):427-436. doi:10.1002/cpp.1855.
20. Schnall R, Rojas M, Bakken S, Brown W, Carballo-Dieguez A, Carry M, Gelaude D, Mosley JP, Travers J. (2016). A user-centered model for designing consumer mobile health (mHealth) applications (apps). *J Biomed Inform*. ;60:243-251. doi:10.1016/j.jbi.2016.02.002.
21. Alhur A. (2024). Redefining healthcare with artificial intelligence (AI): the contributions of ChatGPT, Gemini, and Co-pilot. *Cureus*. ;16(4).100-104
22. Alhur A, Hedesh R, Alshehri M, Al Qasim S, Alkhalidi R, Bazuhair W, Shamlan WB, Alshahrani S, Alshahrani S, Alasiri A, Alshalwi R. (2023). Incorporating Technology in Pharmacy Education: Students' Preferences and Learning Outcomes. *Cureus*. 15(12).908
23. Alhur A, Alhur A, Alfayiz A, Alotaibi A, Hansh B, Ghasib N, Alharbi F, Albalawi N, Aljohani A, Almaghthawi A, Sahlool A. (2023). Patterns and prevalence of self-medication in Saudi Arabia: insights from a nationwide survey. *Cureus*. ;15(12).
24. Free C, Phillips G, Felix L, Galli L, Patel V, Edwards P. (2010). The effectiveness of M-health technologies for improving health and health services: a systematic review protocol. *BMC research notes*. 3:1-7.
25. Gagnon MP, Ngangue P, Payne-Gagnon J, Desmartis M. (2016). m-Health adoption by healthcare professionals: a systematic review. *Journal of the American Medical Informatics Association*. 1;23(1):212-20.
26. Fiordelli M, Diviani N, Schulz PJ. (2013). Mapping mHealth research: a decade of evolution. *Journal of medical Internet research*. 21;15(5):e2430.
27. ALHUR AA. (2023). Public health informatics: the importance of Covid-19 dashboard in KSA for sharing and visualizing health information. *Journal of Information Systems and Digital Technologies*. 5;5(1):43-59.
28. Abdulrahman AT, Alshammari AO, Alhur A, Alhur AA. (2021). Robustness of supersaturated design to study the causes of medical errors. *Mathematical Problems in Engineering*. 2021(1):9682345.
29. Istepanian R, Laxminarayan S, Pattichis CS, editors. (2007). *M-health: Emerging mobile health systems*. Springer Science & Business Media; 4.
30. Aranda-Jan CB, Mohutsiwa-Dibe N, Loukanova S. (2014). Systematic review on what works, what does not work and why of implementation of mobile health (mHealth) projects in Africa. *BMC public health*. ;14:1-5.
31. Lupton D. (2012). M-health and health promotion: The digital cyborg and surveillance society. *Social Theory & Health*. 1;10:229-44.
32. Estrin D, Sim I. (2010). Open mHealth architecture: an engine for health care innovation. *Science*. 5;330(6005):759-60.
33. Alhur A. (2024). Curricular analysis of digital health and health informatics in medical colleges across Saudi Arabia. *Cureus*. 14;16(8):e66892.
34. Alhur A. (2024). The role of informatics in advancing emergency medicine: a comprehensive review. *Cureus*. 6;16(7):e63979.
35. Alhur A, Alhur AA, Alqahtani S, Al Obaid H, Mohammed R, Al-Humam I, Buhayr S, Altowairqi R, Al-Shahrani W, Alshadidi A, Alghamdi H. (2024). Measuring Vitamin Literacy and Information-Seeking Behavior. *Cureus*.20;16(5).34-40
36. Alhur AA, Alotaibi S, Alhalwani D, Eisa R, Alshahrani S, Alqurashi M. (2024). Public perspectives on digital innovations in pharmacy: A survey on health informatics and medication management. *J Infrastruct Policy Dev*. ;8(8):5450.
37. Källander K, Tibenderana JK, Akpogheneta OJ, Strachan DL, Hill Z, ten Asbroek AH, Conteh L, Kirkwood BR, Meek SR. (2013). Mobile health (mHealth) approaches and lessons for increased performance and retention of

- community health workers in low-and middle-income countries: a review. *Journal of medical Internet research*. 25;15(1):e17.
38. Luxton DD, McCann RA, Bush NE, Mishkind MC, Reger GM. (2011). mHealth for mental health: Integrating smartphone technology in behavioral healthcare. *Professional Psychology: Research and Practice*. Dec;42(6):505.
 39. Price M, Yuen EK, Goetter EM, Herbert JD, Forman EM, Acierno R, Ruggiero KJ. (2014). mHealth: a mechanism to deliver more accessible, more effective mental health care. *Clinical psychology & psychotherapy*. 21(5):427-36.
 40. Kay M, Santos J, Takane M. (2011). mHealth: New horizons for health through mobile technologies. *World Health Organization*. 7;64(7):66-71.
 41. Labrique AB, Vasudevan L, Kochi E, Fabricant R, Mehl G. (2013). mHealth innovations as health system strengthening tools: 12 common applications and a visual framework. *Global health: science and practice*. 1;1(2):160-71.
 42. Schnall R, Rojas M, Bakken S, Brown W, Carballo-Dieiguez A, Carry M, Gelaude D, Mosley JP, Travers J. (2016). A user-centered model for designing consumer mobile health (mHealth) applications (apps). *Journal of biomedical informatics*. 1;60:243-51.
 43. Alhur A, Al Shahrani F, Alasiri K, Almutairi N, Almadi S, Alfazae S, Alqahtani M, Aljehani M, Alqarni M, Al Qahtani A, Alzahrani F. (2024). Promoting Dental Health Through Teledentistry: Assessing Awareness and Attitudes in Saudi Arabia. *Cureus*. ;16(3).189-196
 44. Tomlinson M, Rotheram-Borus MJ, Swartz L, Tsai AC. (2013). Scaling up mHealth: where is the evidence?. *PLoS medicine*. 12;10(2):e1001382.
 45. Zapata BC, Fernández-Alemán JL, Idri A, Toval A. Empirical studies on usability of mHealth apps: a systematic literature review. *Journal of medical systems*. 2015 Feb;39:1-9.
 46. Alhur A, Alhur AA, Al-Rowais D, Asiri S, Muslim H, Alotaibi D, Al-Rowais B, Alotaibi F, Al-Hussayein S, Alamri A, Faya B. (2024). Enhancing Patient Safety Through Effective Interprofessional Communication: A Focus on Medication Error Prevention. *Cureus*. ;16(4).1908

Copyright: © 2025 Author. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.