Do the Right Thing
Always

The Medication Risk Mitigation Market Landscape and Tabula Rasa HealthCare

Calvin H. Knowlton, MDiv, PhD | TRHC Founder, Chairman and CEO
Legal Disclosure

Forward-looking statements
This presentation contains “forward-looking” statements that are based on our management’s beliefs and assumptions and on information currently available to management. These forward-looking statements include, without limitation, statements regarding the industry, business strategy, plans, goals and expectations concerning market position, product expansion, future operations, margins, profitability, future efficiencies, capital expenditures, liquidity and capital resources and other financial and operating information of Tabula Rasa HealthCare, Inc. (“Company”). When used in this discussion, the words “may,” “believes,” “intends,” “seeks,” “anticipates,” “plans,” “estimates,” “expects,” “should,” “assumes,” “continues,” “could,” “will,” “future” and the negative of these or similar terms and phrases are intended to identify forward-looking statements.

Forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause the Company’s actual results, performance or achievements to be materially different from any future results, performance or achievements expressed or implied by the forward-looking statements. Forward-looking statements represent our management’s beliefs and assumptions only as of the date of this presentation. The Company’s actual future results may be materially different from what we expect. Except as required by law, we assume no obligation to update these forward-looking statements publicly, or to update the reasons actual results could differ materially from those anticipated in the forward-looking statements, even if new information becomes available in the future.

This presentation also contains estimates and other statistical data made by independent parties and by the Company relating to market size and growth and other data about our industry. This data involves a number of assumptions and limitations, and you are cautioned not to give undue weight to such estimates.

This presentation includes certain non-GAAP financial measures as defined by SEC rules. As required by Regulation G, we have provided a reconciliation of those measures to the most directly comparable GAAP measures, which is available in the Appendix.
Tabula Rasa HealthCare at a Glance

Tabula Rasa HealthCare has developed a proprietary software platform that reduces adverse drug events and lowers healthcare costs in at-risk populations.

- Founded late 2009
- First PACE contract 1/1/2011
- HQ in Moorestown, NJ
- ~900 FT employees
- ~650 clients
- 98% recurring revenue retention
- IP Patents & Significant Science that is difficult to replicate
- Multi-billion $ U.S. TAM

Medication Decision Support Call Centers

Phoenix, AZ       Tucson, AZ
Gainesville, FL   Moorestown, NJ
Columbus, OH      Austin, TX
San Francisco, CA Boulder CO
Our Culture: The TRHC Fundamentals

1. Do the right thing, always
2. Make quality personal
3. Walk in your customers’ shoes
4. Work with a sense of urgency
5. Get clear on expectations
6. Speak straight
7. Make the patient primary
8. Focus on others
9. Collaborate
10. Practice transparency
11. Listen generously
12. Treasure, promote and protect our reputation
13. Follow-up everything
14. Drive for innovation
15. Celebrate success
16. Think and act like an owner
17. Be a fanatic about response time
18. Deliver legendary service
19. Think team first
20. Honor commitments
21. Embrace change
22. Be relentless about improvement
23. Take ownership
24. Assume positive intent
25. Go the extra mile
26. Fix problems at the source
27. Take pride in appearance
28. Practice blameless problem solving
29. Always remember that we’re a family
30. Deliver results
31. “Bring it” every day
32. Keep things fun
Combined Medication Risk Mitigation® Product Portfolio

Product Portfolio

Proprietary Medication Risk Mitigation Matrix®

Markets Served

- PACE

Payors & Pharmacists

- Prospective (prior to submitting to a pharmacy)
- Concurrent (at the pharmacy prior to being filled)
- Retrospective (risk-stratification of a large cohort)

Consumers

- Prior to purchasing an OTC/Herbal medication
- Secure instant messaging with a certified PharmD

RxCompanion

- Part D MTM
- Medicaid MTM
- Licensing to national pharmacy

• Prospective (prior to submitting to a pharmacy)
• Prescriber-centric
• Secure instant messaging with a certified PharmD
• Closed system (e.g., hospital, network docs)
Investment Highlights

Adverse Drug Events (ADEs) prevalence is a large; untapped and growing market—2016 spent $450 B Rx Expenditures and $528 B on Cost of Illness\(^1\)

First mover in ADE medication risk mitigation software & decision support tools with recent launch of proprietary Medication Risk Score

Proprietary, scalable solution reduces ADEs, improves outcomes and lowers cost clients report up to 50% reductions (mostly reduction in hospitalizations)

Multiple growth opportunities - PACE, MTM, Part D, Renal, ACOs, Hospitals, U.S. & International

Profitable with high recurring revenue, EBITDA, and expanding margins

Medication Use Quality in an Emerging Value-based healthcare system... Where Quality is the new currency.
Over Half of Prescriptions Filled Have A Potentially Harmful, Preventable Interaction

The Need for Personalized Pharmacotherapy is Urgent

On the surface, this was a simple one-drug to one-drug interaction that was missed.

What would it have been if the patients were co-morbid and taking 10 or 12 meds?

Why is this case, in the U.S. and Internationally?

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2018 (NASDAQ: TRHC)
Proprietary and Confidential -- © 2018 Tabula Rasa HealthCare, Inc.
The source of this pandemic started >45 years ago... and remains rampant today ... in every pharmacy and in every EHR – a systems failure evokes ADEs

1-1 reported interactions

1970
The Road to Medication Data Bases was established as pharmacies became computerized – Embedded therein was the start of one-drug to one-drug interaction reporting / alerts
The Source of This Pandemic Started > 45 years ago... and remains today.

The “Effectiveness Gap” ... that causes preventable morbidity and mortality.

**WHAT: One-drug to One-drug Interaction Reports**

What has been shown in the literature that may happen when 2 meds (or 10 meds) are taken at the same time?

**WHY: Science Underlying the Interactions**

Why do interactions happen when 2 meds (or 10 meds) are taken at the same time – what is the underlying sciential cause?

Why are Adverse Drug Events the 4th leading cause of death (which is under estimated)?

Because, we have been using an anachronistic one-drug to one-drug interaction system for almost five decades!!!
Our Focus: Identifying and Mitigating Adverse Drug Events by Personalizing Medication Regimens, Using Science

A medication error is defined as “inappropriate use of a drug that may or may not result in harm;” such errors may occur during prescribing, transcribing, dispensing, administering, adherence, or monitoring of a drug.

In contrast, ADRs and ADEs are “harms directly caused by a drug at normal doses.”

74% of physician office visits involve drug therapy -CDC

Published Impact of ADEs Annually in the U.S.

- **>150,000** Deaths
- **125,000** Hospitalizations
- **20% of** Re-admissions
- **1.7 to 4.6** Increased days per affected hospital stay
- **1 million** Emergency department visits
- **3.5 million** Physician office visits
- **2 million** Affected hospital stays
- **39% of seniors in U.S. on 5+ med**
  - Approximately 20 million people
  - Source: Alliance for Human Services and HHS
  - https://www.cdc.gov/nchs/data/hus/hus15.pdf#079
- **50% of seniors in UK on 5+ Meds**
  - Increase of 12% from 20 years ago
  - http://www.telegraph.co.uk/news/2017/11/15/half-over-65s-take-least-five-drugs-day

Source: Alliance for Human Services and HHS
ADEs Impact: U.S. Cost of Drug-Related Morbidity and Mortality Studies

For every dollar spent on prescription medication, payers spend more than another dollar trying to address problems caused by the medications.

U.S. Spending on meds in 2019: RX ~ $500 bln + OTC’s @35 bln = $535 bln on meds

For every dollar spent on prescription medication, payers spend more than another dollar trying to address problems caused by the medications.

Global Spending on Meds (add OTCs. 2019 = ~1.325 bln)

For every dollar spent on prescription medication, payers spend more than another dollar trying to address problems caused by the medications.

TRHC’s Proprietary Multi-Drug Analysis Software

One-to-One Drug Risk Analysis

This one-to-one drug interaction software is three decades old, and is embedded in EHRs, Pharmacies, PBMs, etc.

Simultaneous Multi-Drug Risk Analysis

TRHC’s novel sciential software guides pharmacists and prescribers toward individualized medication decision support.
Personalized Medication Risk Management Portfolio

Medication Risk Mitigation

- Simultaneous, Multi-Drug Interaction Analysis

Identification

- MedWise Advisor® Risk Stratification
- Population Risk Distribution Analysis
- Individual Risk/Safety Scoring

Intervention

- MedWise Advisor® Medication Risk Mitigation Strategic Deployment to Reduce Risk Scores
- Medication Safety Call Center Support (Primary/Secondary)
- Provider/Patient Engagement

Medication Risk Innovations

- Enhanced MTM | Innovations in MTM
- SaaS and Service Based Models

Care Transitions

- MedWise Advisor® Medication Reconciliation
- In-Home | Call Center

Star Ratings & HEDIS Scores

- Member Engagement
- MedWise Advisor® Medication Reconciliation
- Leveraging Success (Osteoporosis, etc.)

Targeted Support | Drug, Disease or Condition

- Opioids, Diabetes, Falls

Comprehensive Medication Management

- Reminder Packaged Medications (PACE Only)

Data Analytics

- Cohort Comparisons
- Opportunity Analysis

Medication Risk Innovations

- Decreases Medication-Related Risk
- Reduces Adverse Drug Events
- Enhances Compliance and Quality of Care
- Improves Medication Outcomes
TRHC’s Proprietary Medication Risk Score Is Correlated to Annual Medical Spend

On average, healthcare expenditures are twice as high for members with a high medication risk score versus those with a lower risk scores.

Our goal, illustrated above, is to identify and remediate member medication risk – improving medication safety and reducing cost.

- Extracted from >13 MM patients medical and pharmacy claims.
- Does not include medications that were OTC, Herbal, Recreational, Samples, $4 Generics.
RESULTS: In PACE - Medication Risk Mitigation + Medication Decision Support Yields: Reduced ADEs, ER visits, Hospitalizations, and Cost Saving Millions since 2011

Clients have reported that our solutions have contributed to improved outcomes for their patients

Northeast Client
Hospitalizations by census

Midwest Client
Falls by census (%)

East Coast Client
Medication spend PMPM

Southeast Client
Hospital admissions PMPM

2018 (NASDAQ: TRHC)
Proprietary and Confidential -- © 2018 Tabula Rasa HealthCare, Inc.
RESULTS: EMTM Pilot: Achieved Goal of Reducing Medical Expenses by 2% in Just One Year

Enhanced Medication Therapy Management (EMTM)

- Five-year pilot program launched by CMMI
- Opportunity for stand-alone Medicare Part D programs to right-size MTM investments, optimize medication use and improve care coordination
- Five separate regions to compete with innovated approaches
- Goal to reduce overall Medicare expenses by 2% by the fifth year

Exceeded the Goal in Year one: Part A and B spending Decreased by **2.08%**, net savings realized nearly **$40M (~$2,500/intervened patient)**

**Year One**
- 2017
  - TRHC provided medication intervention
  - Intervened on >15,000 pts

**Year Two**
- 2018
  - TRHC & community pharmacist interventions
  - Intervened on > 24,000 pts

Medicare Fee-for-Service patients for TRHC

- Northern Plains Alliance
- ~240,000 Medicare Part D Patients

Potential opportunity

- Expand to other regions
- ~45 million Total Medicare Part D lives
- 2020 Pharmacogenomic Testing
# RESULTS – Landmark Health

<table>
<thead>
<tr>
<th>Program</th>
<th>Study</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>• MedWise™ SaaS License</td>
<td>6 month Controlled Study</td>
<td>$2M Total Savings (Annualized)</td>
</tr>
<tr>
<td>• TRHC CE-Accredited Education &amp; Training</td>
<td></td>
<td>$383 PMPM Savings (15% of Patient Care)</td>
</tr>
<tr>
<td>• Clinical Escalation Support</td>
<td></td>
<td>28.2% Reduction in ER Visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>22.5% Reduction in Hospital Visits</td>
</tr>
</tbody>
</table>

**Study Period**: Baseline: 10/01/2016 – 03/31/2017 (6 months).
Our Cascade

Medication Risk Identification MedWise

Medication Risk Mitigation MedWise

Medication Risk Monitoring MyMedWise
MedWise: A Proprietary Solution with a Huge Global Market...

Medication Decision Support Tools

Bringing Innovation to Medication Risk Mitigation

The Problem
One-to-one drug analysis

The Solution
Multi-drug analysis

The source of this pandemic started >45 years ago... and remains rampant today ... in every pharmacy and in every EHR – a systems failure

1970
The Road to Medication Data Bases was Established as Pharmacies became Computerized – Embedded therein was the start of one-drug to one-drug interaction reporting / alerts

Alert Fatigue Ahead

1-1 reported interactions

Why

What

Effectiveness Gap

Root cause science
The source of this pandemic started >45 years ago... and remains rampant today ... in every pharmacy and in every EHR – a systems failure.

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Thank you

Calvin H. Knowlton, BScPharm, MDiv, PhD
CEO, Chairman, Co-Founder
Make the Patient Primary
U.S. Policy and Quality Considerations Impacting the Market

Rear Admiral (retired) Pamela Schweitzer, Pharm.D., BCACP
Assistant Surgeon General
US Public Health Service Commissioned Corps
U.S. Federal Government

Department of Health & Human Services

Centers for Medicare & Medicaid Services
HHS Secretary Priorities

+ Opioid Crisis
  - 5-Point strategy

+ Health Insurance Reform
  - improve the availability and affordability of health insurance

+ Drug Pricing
  - Lowering the price of prescription drugs without discouraging innovation

+ Value-Based Care
  - transform system from one that pays for procedures and sickness to one that pays for outcomes and health, focusing on four areas: promote interoperability, transparency (price & quality), new models, remove government burdens.

https://www.hhs.gov/about/leadership(secretary/priorities/index.html
CMS’s Central mission is to transform the health care delivery system to one that moves away from delivering volume of services to one that delivers value for patients – one that provides high quality accessible care, at the lowest cost.

CMS uses Innovation Center to test out new ways of paying for care.
Example – Models (ongoing) that value optimize medication use:
- Part D Enhanced Medication Therapy Management Model
- Comprehensive Primary Care Plus
- Independence at Home Demonstration
- Partnership for Patients
- Transforming Clinical Practice Initiative

https://innovation.cms.gov/index.html
Make the Patient Primary
The Role of PQA in Defining Healthcare Quality Measures
Laura Cranston, R. Ph.
Pharmacy Quality Alliance
CEO
The Pharmacy Quality Alliance

*Optimizing Health by Advancing the Quality of Medication Use*
Who is the Pharmacy Quality Alliance?

Mission Statement

Optimizing health by advancing the quality of medication use

Public-Private Partnership
2006

Non-profit Quality Measure Organization

Multi-stakeholder Membership

Consensus-based

Transparent

Who is the Pharmacy Quality Alliance?
Plan Quality and Performance Ratings

Choose Plans to Compare
When you choose 3 plans to compare, quality and performance information will be available to help you make the best choice for you. Quality and Performance varies across plans. Giving good quality care means doing the right thing, at the right time and in the right way to get the best results possible.
Important of Star Ratings—For Plans

MA-PD Plans

- Additional revenue in the form of quality bonus payments provided to top performing plans
  - Revenue used to support initiatives and to keep member premiums low
  - Bonus payments necessary to maintain competitive stance in marketplace
- Marketing opportunities
- Extended open enrollment periods
- Penalty for consistent poor performance

PDP Plans

- Marketing opportunities
- Extended open enrollment periods
- Penalty for consistent poor performance
- PDP plans are not eligible to receive quality bonus payments
## PQA Measures within Medicare Part D Star Ratings

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>D12</td>
<td>Medication Adherence for Diabetes Medications</td>
<td>3</td>
</tr>
<tr>
<td>D13</td>
<td>Medication Adherence for Hypertension (RAS antagonists)</td>
<td>3</td>
</tr>
<tr>
<td>D14</td>
<td>Medication Adherence for Cholesterol (Statins)</td>
<td>3</td>
</tr>
<tr>
<td>D15</td>
<td>MTM Program Completion Rate for CMR</td>
<td>1</td>
</tr>
</tbody>
</table>

PQA measures significantly contribute to a plan’s Star rating due to the heavy weighting of the intermediate outcome measures.
Medicare drug plans receive a summary rating on quality as well as four domains, and individual measures (14 individual measures)

Five measures are from PQA (2019):

- 2 measures of “Clinical Care”
  - CMR Completion Rate [was new in 2016]
  - Statin Use in Persons with Diabetes [New 2019]

- 3 measures of medication adherence
  - Non-insulin diabetes medications
  - Cholesterol medication (statins)
  - Blood pressure (renin-angiotensin system antagonists)

Due to the higher weighting, the PQA measures account for 40% of Part D summary ratings for 2019
PQA Measures in the Marketplace

Medicare Part D Plan Ratings
- Star Measures
- Display Measures

Accreditation Programs
- URAC
- CPPA

Pharmacies & Health Plans
- EQuIPP

Physician Offices
- IHA of California
- Community Care of North Carolina

Health Insurance Marketplace Quality Rating System

National Business Coalition on Health
- eValue8 (health plan screening & evaluation)

Medicaid Care Coordination Program
- Community Care of North Carolina

Medicare-Medicaid Dual Eligible Pilot

Medicaid Adult Core Measure Set

Pay-for-Performance Pharmacy Networks

Technology & Data Organizations

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### MAPD

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>2018 5 Star</th>
<th>2019 5 Star</th>
<th>Change</th>
<th>2018 4 Star</th>
<th>2019 4 Star</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDC Diabetes</td>
<td>86.00%</td>
<td>85.00%</td>
<td>-1.00%</td>
<td>81.00%</td>
<td>81.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>PDC Hypertension</td>
<td>85.00%</td>
<td>88.00%</td>
<td>3.00%</td>
<td>82.00%</td>
<td>86.00%</td>
<td>4.00%</td>
</tr>
<tr>
<td>PDC Cholesterol</td>
<td>85.00%</td>
<td>87.00%</td>
<td>2.00%</td>
<td>80.00%</td>
<td>83.00%</td>
<td>3.00%</td>
</tr>
<tr>
<td>CMR Completion Rate</td>
<td>75.00%</td>
<td>85.00%</td>
<td>10.00%</td>
<td>59.00%</td>
<td>73.00%</td>
<td>14.00%</td>
</tr>
</tbody>
</table>

### Changes in 4- & 5-Star Rating Thresholds from ‘18-’19

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>2018 5 Star</th>
<th>2019 5 Star</th>
<th>Change</th>
<th>2018 4 Star</th>
<th>2019 4 Star</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDC Diabetes</td>
<td>86.00%</td>
<td>88.00%</td>
<td>2.00%</td>
<td>84.00%</td>
<td>86.00%</td>
<td>2.00%</td>
</tr>
<tr>
<td>PDC Hypertension</td>
<td>89.00%</td>
<td>89.00%</td>
<td>0.00%</td>
<td>86.00%</td>
<td>87.00%</td>
<td>1.00%</td>
</tr>
<tr>
<td>PDC Cholesterol</td>
<td>86.00%</td>
<td>88.00%</td>
<td>2.00%</td>
<td>82.00%</td>
<td>84.00%</td>
<td>2.00%</td>
</tr>
<tr>
<td>CMR Completion Rate</td>
<td>53.00%</td>
<td>72.00%</td>
<td>19.00%</td>
<td>39.00%</td>
<td>56.00%</td>
<td>17.00%</td>
</tr>
</tbody>
</table>

Thank you

Rear Admiral (retired) Pamela Schweitzer, Pharm.D., BCACP
Assistant Surgeon General
US Public Health Service Commissioned Corps

Laura Cranston, R. Ph.
Pharmacy Quality Alliance
CEO
Drive for Innovation

Medication Risk Mitigation Market | Europe

Maria Brandão de Vasconcelos
ANF
Business Development Manager
ANF Group

ANF Mission
Making Pharmacies the primary healthcare network most valued by Portuguese people

ANF Vision
Implement innovative solutions that contribute to the promotion of Health and strengthen the relation of Pharmacies with Portuguese Society

ANF Values
Leadership
Unity
Solidarity
Achievement
Innovation

Pharmacies per Region / District 2017

Affiliation 94.3%

International Partnerships

Medication Risk Mitigation
ANF Group | Organization

Professional & healthcare

- Infosaudê
- farminveste

Corporate

Finance

Innovation & Technology
- glintt
  Revenue: 71 MK€
  FTEs: 950
  (2017)

Market Intelligence
- hmr International
  Revenue: 16.5 MK€
  FTEs: 89
  (2017)

Pharmaceutical Wholesale
- Alliance Healthcare
  Revenue: 603 MK€
  FTEs: 501
  (2017)

Hospital Care
- Go Far
  Revenue: 640 MK€
  FTEs: 9,053
  (2017)

Health related partnerships

2018 (NASDAQ: TRHC)
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Incorporate pharmaceutical knowledge in order to deliver innovation to the Pharmacy and Medicines Markets

A unique combination of knowledge and skills

Medicines Information Centre
- Public and Professional Health information
- Scientific Information: Medicines, Medical Devices, Dietary Supplements, other Products
- Market segmentation and Reference Files
- Integration on technical platforms

Centre for Health Evaluation & Research
- Health economics
- Advanced market research & analytics
- Data mining & machine learning
- Pharmacy-based public health interventions
- Pharmacoepidemiology / real-world studies

Health and Management Post-Grad School
- ISO and ACPE certified trainings
- Face-to-face and On-job learning
- Blended and distance learning
- Congresses, conferences and events
- Tailored programs

Pharmaceutical Laboratory
- Stability studies
- Regulatory Affairs & Pharmacovigilance
- Analytical Development & Quality Control
- Clinical Trials & Bioanalysis
- Compounding and Manufacturing

Pharmacy Services Department
- Support to Therapeutic /Disease management
- Health promotion and Disease prevention
- Public Campaigns and Health Awareness
- Design of Pharmacists’ Interventions
- Interdisciplinary cooperation

202 qualified professionals
9 M€ turnover
Portugal | ADRs Market

**New hospitalizations due to ADRs**

- **Market size**: 115.72M€
  - of which 43M€ are avoidable
    - (*Seniors: 70%*)

**Increased length of hospitalization due to ADRs**

- **Market size**: ≈ 69.20M€/year

**Others:**

- Decreased medication costs (> 3B€ pharmaceutical spending\(^{(2)}\))
- Decreased absenstism
- Decreased falls
- Decreased ERs & consultations
- Improved overall health & wellbeing
- Decreased mortality (0.3%-5%)\(^{(1)}\)

---

Spain | ADRs Market

New hospitalizations due to ADRs

Market size $209.43M€

of which $78M€ are avoidable

(Seniors: 67%)

Increased length of hospitalization due to ADRs

Market size $\approx 343.76M€ /year

Others:

- Decreased medication costs
  (> 25B€ pharmaceutical spending\(^{(2)}\))
- Decreased absenteeism
- Decreased falls
- Decreased ERs & consultations
- Improved overall health & wellbeing
- Decreased mortality (0.3%-5%)\(^{(1)}\)

---


Europe

Around **50 million EU** citizens are estimated to have multimorbidity. Most of them are 65 years and over, and this number is expected to continue to increase


European Life Expectancy

>80 years
Europe | ADEs Market

UNPLANNED HOSPITAL ADMISSIONS CAUSED BY ADVERSE DRUG EVENTS

8.6 MILLION ADMISSIONS IN EUROPE EVERY YEAR

(1) Epidemiology of Adverse Drug Reactions in Europe: A Review of Recent Observational Studies, Jacoline C. Bouvy et al., Drug Saf. 2015
(2) Clinical and economic burden of adverse drug reactions, Janet Sultana, et al., J Pharmacol Pharmacother. 2013
Drive for Innovation

International Strategic Growth – Prioritization & Planning

Brian J. Litten | TRHC
Chief Strategic Growth Officer
International Prioritization Scoring and Rationale

Note, additional criteria considered includes: payment model type (i.e. capitated model vs. fee for service), English-educated physicians/pharmacists, country willingness to innovate, country willingness to do business with the U.S.
International Strategy Phases

Existing Footprint –
United States
Canada

Phase I
Portugal
Spain

Phase II
–
Far East
Hong Kong
Taiwan
Singapore
Indonesia

Legend

Existing
New

Note, future phases under evaluation.
Hong Kong has a two-tier single payer system (public and private) and is in its early stages of adopting a single EHR. The healthcare infrastructure holds worldwide recognition for its efficiency and reliability. TRHC has a strong relationship with key entrepreneurial pharmacists who are leaders in innovative pharmacy practices in Asian countries.

Rationale:

Hong Kong has a two-tier single payer system (public and private) and is in its early stages of adopting a single EHR. The healthcare infrastructure holds worldwide recognition for its efficiency and reliability. TRHC has a strong relationship with key entrepreneurial pharmacists who are leaders in innovative pharmacy practices in Asian countries.

The Hong Kong healthcare system runs on a dual-track basis encompassing the public and the private sectors. Today, the public hospitals provide approximately 90% hospital medical service and 29% outpatient medical service throughout the country. Due to its early health education, professional health services, and well-developed health care and medication system, residents of Hong Kong enjoy a life expectancy of 85.9 years for women and 80 years for men. Due to the aging population, polypharmacy is becoming a large economic burden on Hong Kong’s government.

Sources available upon request.
Singapore | Country Healthcare Facts

Population: 5.61 million¹

GDP: 323.9 billion US $²

Healthcare Expenditure: 4.9% of GDP³

Rationale:
Singapore has one of the most sophisticated health care programs in Asia, if not the world. The country has a two-tier payer system which consists largely on government run healthcare and a significant private healthcare sector. TRHC’s contact in Singapore has a significant role within the largest hospital and outpatient care within Singapore. The Singapore health systems have a long history with world-renowned US academic medicine. Its leadership continually strives for high quality, accessible and cost effective health care. It wishes to serve as the model of health delivery in Asia.

The government of Singapore planned, built, and continues to develop and maintain the nation’s public health care system. It regulates both public and private health insurance in the country. The health care system is administered by the Ministry of Health (MOH), which has responsibility for assessing health needs and for planning and delivering services through networks of health and hospital facilities, day care centers, and nursing homes.

Sources available upon request.
Taiwan | Country Healthcare Facts

| Population: | 23.69 million¹ |
| GDP: | 579.30 billion US $² |

Healthcare Expenditure: 5.9% of GDP³

Prioritization Score: H

Rationale:
Taiwan (Republic of China) is fully dedicated to offering health care to all citizens within the ROC. They have invested heavily in their electronic health record system. Their conduct of innovative health outcomes and pharmacoeconomics research has led to significant advancement in health care quality and safety. They are fully dedicated to assuring quality, safe and value based health care.

Adverse drug events contributed to 16.7% of hospitalizations and 2.76% of death’s in 2014⁴

≈11,399 cases of adverse drug reactions in 2014⁴
483 hospitals (≈361 private)⁵
164,590 beds⁵
46,356 physicians⁶

The National Health Insurance (NHI) was launched in Taiwan in 1995 to safeguard the right to health care of all of the country’s citizens. The National Health Insurance program is compulsory for all citizens starting from birth. It is founded on the concept of mutual assistance and depends on the insured paying their premiums according to regulations.⁷ Taiwan launched an ADR system in 2003 and a newer ADR reporting system in 2013.

Sources available upon request.
Indonesia | Country Healthcare Facts

**Population:**
- 267 million

**GDP:**
- 1.016 trillion US $

**Healthcare Expenditure:**
- 3.35% of GDP

**Prioritization Score:** M

**Rationale:**
Indonesia is the 4th largest country, has a single payer system, and are highly ambitious to improve quality and safety of their healthcare system. Through academic circles, TRHC has strong connections into the Indonesian government. Indonesia launched a national insurance program in 2014, and the system is still underdevelopment.

35,000 Drugstores and Pharmacies

**Hospitals:**
- 2,727 hospitals (≈1,7016 private)

**Beds:**
- 318,855 beds (1.0 bed per 1,000 population)

**LOS:**
- 6.0 days (avg.)

**Physicians:**
- 78,587 physicians (0.32 physicians per 1,000 population)

Launched in 2014, the Indonesia National Health Insurance Program (NHIP) is funded by Government budgets (National & Local) and is delivered by Public Health Centers. The universal health care system is essentially free except for small, often symbolic co-payments in some products and services. Indonesia is developing an integrated e-Prescription system with Adverse Drug Events alerts for community health centers and the hospital.

Sources available upon request.
Future International Exploration

Existing Footprint – North America
United States
Canada

Western Europe
Portugal
Spain

Northern Europe
Germany
Sweden
Belgium
Netherlands
United Kingdom
Northern Ireland

South America
Columbia
Argentina
Brazil
Uruguay
Costa Rica

Middle East
Saudi Arabia
United Arab Emirates
Jordan
Oman
Israel

Far East
Hong Kong
Taiwan
Singapore
Indonesia
Malaysia
Brunei

Australian Region
Australia
New Zealand

Legend

Existing
New
Thank you

Maria Brandão de Vasconcelos | ANF
Business Development Manager

Brian J. Litten | TRHC
Chief Strategic Growth Officer
Embrace Change/Deliver Legendary Service

Charting a Course for Exponential Growth

PACE 2.0

Tom Reiter
Executive Director
Gary and Mary West PACE
The John A. Hartford Foundation, based in New York City, is a private, nonpartisan philanthropy dedicated to improving the care of older adults. Established in 1929, the foundation has three priority areas: creating age-friendly health systems, supporting family caregiving, and improving serious illness and end-of-life care.

Solely funded by philanthropists Gary and Mary West, West Health includes the nonprofit and nonpartisan Gary and Mary West Health Institute and Gary and Mary West Foundation in San Diego and the Gary and Mary West Health Policy Center in Washington, DC. These organizations are working together toward a shared mission dedicated to enabling seniors to successfully age in place with access to high-quality, affordable health and support services that preserve and protect their dignity, quality of life, and independence.
+ Scale – serving more people through the growth of currently operating PACE organizations, serving our current target population (Growth Stream 1)

+ Spread – serving more people through current and new PACE organizations expanding into new service areas, and serving our current target population (Growth Stream 2)

+ New Populations – serving new eligible populations e.g. under age 55, at-risk of nursing home level of care, Medicare-only (Growth Stream 3)
PACE 2.0 GOAL: 200K Participants by 2028

- GS1 - Current PACE Programs
- GS2 - New PACE Programs
- GS3 - New Populations
- Total Baseline Participants
PACE 2.0: Accelerating Growth

- Retain essential elements
- Develop growth model
  - Identify bright spots achieving high growth
    - Net Monthly enrollment: 10-15
    - Market penetration: 20% or more
  - Construct Growth Model
  - Field Test Growth Model
- Disseminate model and support implementation
Essential Elements

- High Functioning IDT
- Effective, Ongoing Care Coordination
- Clinical Utilization Management
- Presence in the Home
- Efficient Transportation System
- Socialization Systems
GROWTH MODEL

Bright Spots
Driver Diagram
Field Test
Bright Spots

PACE SE Michigan – Mary Naber
St. Paul’s PACE – Carol Hubbard
AltaMed – Maria Zamora
Palm Beach PACE – Alan Sadowsky
Piedmont Health SeniorCare – Marianne Ratcliffe
Formerly Rocky Mountain PACE and Cambridge Health Alliance – Tom Reiter (now with West PACE)

BRIGHT SPOTS: 10-15 NET MONTHLY ENROLLMENT/20% MARKET PENETRATION
Growth Strategy: Primary Drivers

- Set clear aims and create context for change
- Increase pipeline for enrollment
- Streamline enrollment and limit disenrollment
- Build readiness for growth
Field Test: PACE of the Triad

Greensboro, North Carolina
Established in 2011
Current Census: 219
Results

FIELD TEST RESULTS

Net Enrollment (outcome) vs Testing Period

September net enrollment was 4x June net enrollment

June: PACE 2.0 begins
PACE 2.0 lead to additional interest

WEST COAST PACE 2.0 LEARNING COLLABORATIVE

- Includes 10 PACE organizations from California, Washington, and Oregon
- Kicked-off with an in-person learning session on October 3rd
- Will continue for 12-months with bi-weekly all team calls and 3 more in-person learning sessions with coaches & Bright Spot faculty
- Participants will conduct rapid cycle tests of tactics, collect data, and share lessons learned

Learnings will be incorporated in the driver diagram and shared with the broader NPA membership
**NEXT STEPS**

1. Continue West Coast PACE 2.0 Learning Collaborative
   - Consider adding regional/multi collaboratives

2. Prepare Growth Pledge Materials

3. Begin Growth Stream 2 – New PACE Organizations – Model Development
   - Bright Spots
   - Prototype
   - Service Areas for Growth
Thank you

Tom Reiter | Gary and Mary West Pace
Executive Director
Delivering Results
Brand Strategy and Building Blocks for Growth

Orsula V. Knowlton, PharmD, MBA | TRHC
President, Co-Founder, and Chief Marketing and Business Development Officer
What Are We?

• **We are a medications safety and optimization company.**
  • We lead a small group of publicly traded, high growth, and healthcare focused companies.
  • We have established ourselves as an innovative and respected healthcare technology leader with clear focus around medication management/optimization.
  • We have quickly amassed a solid reputation and “suite” of Brands demonstrating our commitment.

• **Our customers have the common characteristic of being “at-risk” financially for the members they serve.**
  • We have had success with our offering as the leader in PACE markets.
  • We have a growing presence with payers and at-risk providers.

• **MedWise™ is a powerful product.**
  • Should interest and have value for any healthcare entity at risk for patient outcomes.
  • Unique provider and patient engagement tool that can help patients understand why they do not need certain medications.
  • “The best medication safety software you’ve never heard of.”
Sample Medication Risk Analysis from Health Plan

**Medication Risk Score Distribution**

- **High risk**
- **Very high risk**

- 80K members have a medication risk score (MRS) of **15+**
- 30K members have a MRS of **20+**

At an MRS score of >20, the medical expenditure is **double** the whole population’s average medical expenditure.

- **Validated in commercial and Medicare populations**
Sample Medication List:
Atorvastatin, Celecoxib, Clopidogrel, Losartan potassium, Metoprolol tartrate, Sertraline hydrochloride, Tamsulosin hydrochloride

Drug Interaction: Sertraline & Clopidogrel

Traditional DUR

TRHC’s MedWise™ Medication Risk Score 19

Matrix:
- Sertraline and Clopidogrel are both metabolized by CYP2C19

Clinical Impact of the Interaction:
- Sub-therapeutic effect of Plavix (Clopidogrel) increases risk e.g., stroke.
- Potential for hospitalizations, morbidity, mortality.

Actionable: Separate doses of Sertraline and Clopidogrel
Tabula Rasa’s Matrix is Applicable in All At-Risk Settings

Current Populations Served

- PACE
- Medicare
- Medicaid
- Providers

Future Potential Market Opportunities

- ACOs
- International single-payer health systems
- Hospital EHR Providers
- Self-Insured Employers
- Commercial
- Retail Pharmacies
- Government Agencies – Veterans Admin

PACE represents ~50% of revenue and has grown annually at ~20%
PACE Enrollment Poised to Accelerate

**Historical PACE Enrollment**

Three Year CAGR: 66%

- ~45,000 Patients enrolled as of November 2018
- 240+ PACE Centers in 31 States

![Graph showing PACE Enrollment Growth](source: Baird, CMS)

**PACE 2.0**

Anticipated Future Growth Rate: 300%

- PACE 2.0 launched by the National PACE Association (NPA) in Spring of 2018
- Goal of growing PACE membership 5X to 200,000 by 2028

**PACE 2.0 Strategy**

- Expand current PACE providers’ operation and service areas
- Initiate new PACE organizations to serve new markets
- Attract more currently eligible members
- Expand the number of eligible individuals

Tabula Rasa currently serves 13,000 PACE members
Approximately 27% market share
Positive Regulatory Tailwinds

PACE

• PACE 2.0 – Industry initiative to accelerate PACE membership growth to 200,000 by 2028 which would increase growth rate from 8-9% to ~15%.
• Update of Conditions of Participation (by end of 2018) gives PACE greater flexibility i.e., use of community providers without waiver.
• Addition of for-profit ownership in 2016 has resulted in expansion amongst existing providers.

Medicare

• EMTM pilot acknowledge the need for innovative backed by science with proven outcomes.
• Beginning 2019, CMS rule encourages broader adoption of MTM by shifting expense to MLR.
• Part D Plan CMR completion rate now 85% for 5 Star Rating, 13% increase
• Opioid misuse and abuse prevention solutions required to be included in Medicare Part D starting in 2019.

Medicaid

• Greater access to needed healthcare services and a springboard to expanding in nearly all 50 States, coverage for millions more Americans.
• Opportunity for the introduction of Medication Risk Mitigation®.
## Where Are We Going? At-Risk Market Segment Focus.

<table>
<thead>
<tr>
<th>Near-term</th>
<th>Long-term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand PACE Leadership</td>
<td></td>
</tr>
</tbody>
</table>
- Organic growth within existing customers.  
- Currently 85% of PACE Orgs, only 15% utilize entire solution. |
| Cross-Sell MRM in MTM |  
- Upsell MRM to SinfoniaRx 450 health plan customers. (national payers, regional plans, Medicaid, etc...). |
| Partner with Hospital/Health System EMRs |  
- Launch a MRM solution that easily integrates in EMRs.  
- Leverage their large provider footprint.  
- Opportunity with VA. |
| Accelerate Licensing Opportunities |  
- At-risk providers.  
- International single-payor health systems.  
- New markets. |

Quality is the New Currency

Health Systems Offer Tremendous Growth Potential to TRHC

• 5,000+ US Hospitals generated in excess of $1 trillion of revenue in 2017.

• Regional and national health systems continue to consolidate ‘standalone’ hospitals.

• Health System Providers are making continuous progress in assuming risk.*
  ▪ Pure fee-for-service payments were only 62% of revenue in 2015
  ▪ By 2016:
    • Pure fee-for-service payments dropped to 43% of revenue.
    • Fee-for-service with some quality-measurement component rose to 28%.
    • Full-risk, value-based care arrangements accounted for 29 percent, up from 23 percent in 2015.

• Health Systems are focused on:
  ▪ Standardizing care post merger
  ▪ Quality improvement
  ▪ Increasing value/prices and lowering overhead costs
  ▪ Creating ‘Centers of Care Excellence’ to reverse the trend toward the outpatient setting
  ▪ Modernizing procurement practices
  ▪ Increasing leverage with Payers and Employers

*John Glaser, Bharat Sutariya, Cerner, April 2018
https://www.aha.org/statistics/fast-facts-us-hospitals


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*John Glaser, Bharat Sutariya, Cerner, April 2018
https://www.aha.org/statistics/fast-facts-us-hospitals
Where Are We Going?

“Follow the Money Risk”

Target Hospital Segment

• Those already working with DoseMe
• Health Systems with Existing PACE Collaborating with TRHC
• Self-Insured Health Systems as Employers
• Health System-Backed ACO’s
• Providers Adding Insurance Plans (Payvider)
• Direct-to-Employer Contracting by Providers
• Health System Providers in Medicare Advantage Plans
Growth Trajectory for the “Payvider” Model is Increasingly Positive

22 New Payviders Established in 2018

Strategy & (Division of PWC) predicts that “300 to 400” IDNs may adopt this model in the next few years

50% of health systems in the U.S. have applied (or intend to apply) for an insurance license

The affinity for MedWise to help identify opportunities for risk minimization will grow as the market grows and Payviders assume more risk for patient outcomes.

https://Healthplanalliance.org
https://healthcare.mckinsey.com/provider-led-health-plans-next-frontier%E2%80%94or-1990s-all-over-again
How Will We Get There?

Next Steps: Establish TRHC’s Differentiated Value to targeted health systems

Sample messaging statements:

• Backed by Science, Proven Outcomes, Documented Savings™.

• “Our single aim is to provide clinically relevant and scientifically proven tools to help you do your job better.”

• “TRHC delivers increased clinical quality resulting in enhanced profitability.”
# How Will We Get There?

<table>
<thead>
<tr>
<th>Objections</th>
<th>To Overcome Barriers, We Will Emphasize:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• We already have this. This is not a high priority.</td>
<td>• Missed opportunities with 1:1 drug interaction checking</td>
</tr>
<tr>
<td></td>
<td>• ‘Effectiveness gap’</td>
</tr>
<tr>
<td></td>
<td>• Need for Alert fatigue Avoidance</td>
</tr>
<tr>
<td>• Our clinical pharmacists are supposed to be doing this.</td>
<td>• Pharmacists can do an even better job</td>
</tr>
<tr>
<td></td>
<td>• Demonstrated outcomes through client case studies</td>
</tr>
<tr>
<td>• We only work with companies already integrated with our EHR.</td>
<td>• Delivery of best-in-class integrations</td>
</tr>
<tr>
<td>• Value-based care doesn’t impact me (Fee-for-Service mindset).</td>
<td>• Shift to value based care</td>
</tr>
<tr>
<td></td>
<td>• At-risk populations</td>
</tr>
<tr>
<td>• MedWise is focused on oral solids. What about parenteral medication Use?</td>
<td>• DoseMe + MedWise= Comprehensive Solution</td>
</tr>
</tbody>
</table>
Brand Strategy—Focus on Service Divisions for Brand Management
How Will We Get There? Sales Leadership.

- Revenue and Sales leadership, including Revenue Officer & VP Sales

Implementation Across Service Lines

Green = in process of hiring for 2019
2019 Goals—Focus On Cross Selling

1. Continue to Penetrate PACE and MTM Markets/Expand MRM

2. Perform on EMTM with Same or Better Results

3. Execute on ANF Hospital Model Test in Portugal

4. Deliver on MedWise™ SaaS Integrations with New Clients & Markets

5. Launch into Health System Market Leveraging DoseMe and other TRHC Relationships
Thank you

Orsula V. Knowlton, PharmD, MBA
President, Co-founder, Chief Marketing and New Business Officer
Financial Highlights

**Strong Visibility into Future Top Line Growth**
- Very high customer and revenue retention rates
- Consistent underlying same-store growth within customer base
- Additive acquisitions present compelling cross-selling opportunities

**Margins Continue to Expand**
- Product revenue increasingly becoming a smaller portion of total revenue
- Services businesses carry higher margins

**Rapidly Growing Total Addressable Market**
- Third-party validated ROI in multiple markets and various applications
- Evolving payment models pushing more healthcare organization into at-risk setting
Track Record of Consistent Growth

**Annual Revenue ($M)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Annual Revenue ($M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$48</td>
</tr>
<tr>
<td>2015</td>
<td>$70</td>
</tr>
<tr>
<td>2016</td>
<td>$95</td>
</tr>
<tr>
<td>2017</td>
<td>$133</td>
</tr>
<tr>
<td>2018E</td>
<td>$203</td>
</tr>
</tbody>
</table>

**Annual Adjusted EBITDA ($M)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Annual Adjusted EBITDA ($M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>$3.0</td>
</tr>
<tr>
<td>2015</td>
<td>$8.6</td>
</tr>
<tr>
<td>2016</td>
<td>$14.4</td>
</tr>
<tr>
<td>2017</td>
<td>$17.2</td>
</tr>
<tr>
<td>2018E</td>
<td>$28.9</td>
</tr>
</tbody>
</table>

Exclusive and Multi-year Contracts

98% Revenue Retention

Per-Member Per-Month and Subscription-Based Revenue Models

Anticipated Service revenue growth of approximately 100% in 2018
Medication Risk Management Offering Summary

**PACE**
- Technology
- Clinical Services
- Medication Fulfillment

**Payors and At-Risk Providers**
- Technology
- Clinical Services
- Technology

**Payment Models**
- PMPM + FFS
  - Gross Margin: Low 20’s
- PMPM or PUMPM
  - Gross Margin: ~40%
- SaaS
  - Gross Margin: ~80%
Shifting Business Mix Driving Increased Margins

<table>
<thead>
<tr>
<th>Year</th>
<th>Product Revenue</th>
<th>Service</th>
<th>Gross Margin</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>97%</td>
<td>3%</td>
<td>22%</td>
</tr>
<tr>
<td>2016</td>
<td>84%</td>
<td>16%</td>
<td>31%</td>
</tr>
<tr>
<td>YTD 2018</td>
<td>56%</td>
<td>44%</td>
<td>33%</td>
</tr>
<tr>
<td>Next 3 - 5 Years</td>
<td></td>
<td></td>
<td>Gross Margin: 35-40% (Estimated)</td>
</tr>
</tbody>
</table>
Top Line Growth

• Total Revenue of $147 million, 63% over prior year
• Product Revenue of $83 million, 20% growth over 2017
• Service Revenue of $64 million, 204% over prior year

Gross Margin

• Overall Gross Margin of 33% vs. 29% in 2017
• Service Revenue representing 44% of Total Revenue vs. 23% in 2017

Adjusted EBITDA

• $21 million in 2018, 93% growth over prior year
• 14% Adjusted EBITDA margin in 2018 compared to 12% in the same period in 2017
M&A Strategy

SinfoníaRx
- Access to 450 health plans
- MTM expansion is expected based on the April CMS rule change
- Pending migration to EMTM model

Peak/Mediture/eClusive/Cognify
- Contracted with 85% of PACE Organizations presenting a great opportunity to cross-sell
- Incentivize PACE Organizations to purchase complete bundle of CareVention’s services in order to access financial incentives
- One stop shop for reimbursement, cost and clinical data and analytics

DoseMe
- Adding precision dosing capability for IV medications, a previous gap in order for TRHC to enter the hospital market
Thank you

Brian W. Adams
Chief Financial Officer
General Q&A Panel

Rear Admiral (retired) Pamela Schweitzer, Pharm.D., BCACP
Assistant Surgeon General
US Public Health Service Commissioned Corps

Maria Brandão de Vasconcelos | ANF
Business Development Manager

Tom Reiter | Gary and Mary West Pace
Executive Director

Kevin Boesen, PharmD | SinfoniaRx
CEO

Brian W. Adams
Chief Financial Officer

Laura Cranston, R. Ph.
Pharmacy Quality Alliance
CEO

Brian J. Litten | TRHC
Chief Strategic Growth Officer

Kim Browning | TRHC
EVP & Lead for Cognify & Peak Pace

Orsula V. Knowlton, PharmD, MBA
Chief Marketing and Business Development
Thank you

End of Live Webcast
Practice Transparency

Live Demo, MedWise, SMART on FHIR & CDS Hooks, MyMedWise for on-site attendees

Michael S. Awadalla, PharmaD, BCGP | TRHC
VP Enhanced MTM & Pharmacovigilance