I would like to congratulate the authors for what is, in my opinion, a very well-thought and well-carried study. This work doubtlessly helps strengthen the existing evidence regarding medication adherence, by providing a clear, conscious analysis of its role on statin use, and how we should approach its improvement. The study's conclusions are pertinent and the *Implications for research and practice section* subsection is particularly elucidating.

As such, I have only a few remarks to make, which are as follows:

1. Why did the authors limit the study selection by choosing RCTs published only from 2000 onwards? Perhaps a sentence clarifying this choice could be added in *the Materials and Methods* section.
2. Likewise, what was the rationale for the exclusion of studies on patients that were taking statins and had either diabetes or stroke only?
3. As a researcher myself, I wonder how useful the authors found BCT coding for intervention mapping. It seems to be an excellent tool, do the authors think it is able to fully represent adherence mHealth interventions or was it lacking in any aspect?
4. Finally, I can appreciate the great usefulness of BCT coding, however, from what I understand, the framework is not a categorisation tool per se but rather a means to systematise the behaviour targeting components employed by a certain intervention. As such, did the authors consider applying a categorisation framework for medication adherence interventions to the included studies, to better map what research has been done so far?

Once again, I want to give my regards to the authors and wish them success in their future endeavours.