Digital Therapeutics as an Adjunct to Medication Assisted Therapy for Opioid Use Disorder

Draft Questions for Deliberation and Voting at the November 2020 Public Meeting

These questions are intended for the deliberation of the Midwest CEPAC voting body at the public meeting.

Patient population for all questions: *Adult patients with opioid use disorder who are receiving medication assisted treatment (buprenorphine, methadone)*

Clinical Evidence

**standard of care includes medication assisted treatment, but not contingency management*

1. Is the evidence adequate to demonstrate a net health benefit for the reSET-O app added to standard of care compared to standard of care alone?

   Yes No

2. Is the evidence adequate to demonstrate a net health benefit for treatment with the Connections app added to standard of care compared to standard of care alone?

   Yes No

3. Is the evidence adequate to demonstrate a net health benefit for the DynamiCare app added to standard of care compared to standard of care alone?

   Yes No

Potential Other Benefits and Contextual Considerations

1 (Suggests Lower Value)	2 (Intermediate)	3 (Suggests Higher Value)
Uncertainty or overly favorable model assumptions creates significant risk that base-case cost-effectiveness estimates are too optimistic		Uncertainty or overly unfavorable model assumptions creates significant risk that base-case cost-effectiveness estimates are too pessimistic
Very similar mechanism of action to that of other active treatments		New mechanism of action compared to that of other active treatments
Delivery mechanism or relative complexity of regimen likely to lead to much lower real-world adherence and worse outcomes relative to an active comparator than estimated from clinical trials		Delivery mechanism or relative simplicity of regimen likely to result in much higher real-world adherence and better outcomes relative to an active comparator than estimated from clinical trials
The intervention offers no special advantages to patients by virtue of presenting an option with a notably different balance or timing of risks and benefits		The intervention offers special advantages to patients by virtue of presenting an option with a notably different balance or timing of risks and benefits
This intervention could reduce or preclude the potential effectiveness of future treatments.		This intervention offers the potential to increase access to future treatment that may be approved over the course of a patient's lifetime.
This intervention will not differentially benefit a historically disadvantaged or underserved community		This intervention will differentially benefit a historically disadvantaged or underserved community
Small health loss without this treatment as measured by absolute QALY shortfall		Substantial health loss without this treatment as measured by absolute QALY shortfall
Small health loss without this treatment as measured by proportional QALY shortfall		Substantial health loss without this treatment as measured by proportional QALY shortfall
Will not significantly reduce the negative impact of the condition on family and caregivers vs. the comparator		Will significantly reduce the negative impact of the condition on family and caregivers vs. the comparator
Will not have a significant impact on improving return to work and/or overall productivity vs. the comparator		Will have a significant impact on improving return to work and/or overall productivity vs. the comparator
Other		Other

Long-term Value for Money

1. Given the available evidence on comparative effectiveness and incremental cost-effectiveness, and considering other benefits, disadvantages, and contextual considerations, what is the long-term value for money of treatment **at current pricing** with reSET-O versus standard care?
    a. Low long-term value for money
    b. Intermediate long-term value for money
    c. High long-term value for money