



To: U.S. Food and Drug Administration Docket No. FDA-2014-N-0233

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Subject: The behavioral and economics literature are the genesis of the approach: Vatex leverages established behavioral science to reduce diversion and misuse.

The Notice seeks information on the **effectiveness and acceptability** of interventions that can be applied to reducing the prescription drug crisis. Vatex leverages established behavioral science to reduce diversion and misuse of Controlled Substances.

Divert-X – the dispensing and behavioral monitoring system under development by Vatex – tackles this problem directly by seeking to separate authentic patients from those who are exaggerating the intensity and duration of symptoms. Those who subvert the system to feed an addiction or sell their medications are far less likely to demonstrate the spectrum of dosing behaviors exhibited by compliant, authentic patients. A healthcare insurer has permitted Vatex to pilot Divert-X in a region it serves so that Vatex can demonstrate the efficacy of the intervention via robust science.

The theory of action for our efforts is straightforward and evidence-based: checks & balances for oversight of psychoactive, addictive drugs promote thoughtful use, safer behaviors, and accountability. The Vatex hardware advancements are described in a separate submission to this Docket (search for “Hardware Design”) and are used to gather objective data on actual medication-use behaviors. These objective data are currently unavailable for individual patients. The application of proprietary analytics for assessing behavioral markers collected by the packaging is used in a management system designed to reduce diversion and misuse. The management system is termed “Active MTM” and is described in a separate submission to this Docket (search for “Management Systems”).

Several behavioral “big data” analogies to the Vatex approach exist. For example, insurers use real-time analytics to remotely uncover dishonest doctors and prevent “pay and chase” schemes (1). Brick-and-mortar and online casinos use real-time analytics to intervene in gambling addiction (2). Efforts of online gambling companies to identify problem gamblers are directly analogous to Divert-X because all data are collected remotely, in real-time, in fine detail, and are related to addiction (2-6). Another analogy is the proprietary credit scoring systems used by the consumer finance industry known as debt-repayment risk algorithms (7-9). The study of hidden human behavior has become central to several subfields of economics and finance (10). Because of this longstanding research focus, the behavioral and economics literature has firmly established that people are more accountable for their actions when they are being scored or merely aware that they might be scored (10-30), but the scoring system must remain somewhat opaque so that it is not subverted. For example, details of banking algorithms (used to score customers and employees) are tightly-held secrets (10). Similarly, the detailed methodology behind medication-use scoring will not be shared with the public generally in order to leverage behavioral science and to protect from subversion.

Vatex sees strong parallels between the human desire to be seen as a good credit risk (rewards include improved loan pricing, employability in high-value positions, lower insurance rates (31-32)) and the desire to be seen as a credible patient (rewards include enhanced trust between provider and patient, straightforward access to needed medications, improved care quality). Bringing trust back to Controlled Substance prescribing and reducing patient-access disparities are key long-term Vatex goals. Employing a sophisticated device as an integral part of dispensing will emphasize to the patient, the family, and caregivers the serious safety risks associated with Controlled Substances. Because many people do not understand the risks of their medications, the packaging itself serves to warn (a behavioral “nudge” (33)) and should result in greater caution being taken to comply with prescribed regimens. Hence, the Divert-X packaging emphasizes safe-use and educational principles.

Precedent from the medical, behavioral, and economics literature show that Divert-X is likely to be a high-impact system. VateX is combining key refinements of historical systems with its own innovation to address a pressing problem. The medical literature is replete with studies (34-37) showing that compliance to medications not regulated by DEA can be increased through a variety of actions with corresponding improvements in health and cost. Improving compliance to Controlled Substance regimens is much more challenging, however, because overconsumption is spurred by experimentation and addiction, because of the financial windfall for those patients who divert their ongoing prescriptions (38-43), and because current clinical tools cannot separate authentic patients from those exaggerating the intensity and duration of disease (44-49). Hence, the literature describing methods that improve Controlled Substance adherence is sparse. A single European trial has been completed of monitored-access blister cards filled with buprenorphine-naloxone, a drug that is given to opioid addicts (50). The drivers to divert buprenorphine products are strong and multifaceted, and diversion has become so widespread that the outpatient use of buprenorphine is being called into question (51). The trial (50) serves as clear precedent for Divert-X because of strong parallels in form-factor and the focus on Controlled Substances. This small study demonstrated a 39% reduction in treatment costs, principally from reduced clinic visits. The blister cards used in the trial were manufactured by Stora Enso - one of many similar, simple dispensing systems that have been developed. All electronic blister cards engineered to date 1) only monitor time, 2) lack sensing required for behavioral inference and to foil diversionary tactics, and 3) require factory packaging of the medications, so they therefore do not possess the capabilities required to stem the U.S. crisis.

A small survey of opioid addicted criminal offenders who were receiving or soon to receive buprenorphine-based Medication-Assisted Treatment (MAT) was conducted for VateX. The concept of monitoring individual doses electronically was introduced to each person, along with an illustrative photo. The outcome was that 86% thought that Divert-X monitoring would reduce diversion (24 of 28) while 14% thought that Divert-X would not change diversion. The same question was posed to a group of MAT non-offenders who had become addicted from routine medical care – this group was unanimous in its view that the Divert-X approach is preventive. Regarding the non-offender population “every patient who started using opioids after an accident or injury endorsed the idea that such a device would have saved them from a life of addiction. They believe, pretty unanimously, that such a device would have thwarted that first period of over-use, before the drugs really caught hold of them” (52).

VateX contends that it is certain that the deployment of Divert-X will reduce misuse and diversion of opiates. Our corporate commercialization strategy is to implement sound science to quantify this impact and to leverage the data to secure adoption among healthcare payers based on their financial self-interest. While Controlled Substances are the initial market for VateX services, a proven drug-safety system would be utilized in other therapeutic areas.

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