

South Central Priorities Committees (Buckinghamshire/Milton Keynes PCTs)

Policy Statement 78: Co-careldopa intestinal gel (Duodopa®) for advanced Parkinson's disease

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The South Central Priorities Committees' have reviewed the evidence for Co-careldopa intestinal gel (Duodopa®) in the management of advanced Parkinson's disease and consider its use to be a LOW PRIORITY due to lack of evidence of clinical and cost effectiveness.

Summary

Parkinson's disease is a chronic, progressive, neuro-degenerative disorder which affects movement, cognitive function, emotion and autonomic function. It is associated with substantial morbidity. It is predominantly a condition of the elderly, uncommon in those under 30 and with a risk that increases with age.

Duodopa® is a novel approach which relies on administration through a PEG via the duodenum. It was developed to overcome the fluctuations in plasma levels caused by orally administered levodopa which cause problems in managing motor function.

The pivotal trial for use of Duodopa®, the DIREQT was limited to 24 patients who had received only three weeks of co-careldopa intestinal gel monotherapy (the first week of which was a dose adjustment period) via naso-duodenal tube. The gel requires administration via a surgically implanted trans-abdominal tube when used long term. Given that the SPC notes that complications with the device are very common (greater than one in ten), the short term DIREQT trial in which co-careldopa intestinal gel was administered via naso-duodenal rather than trans-abdominal tube, provides limited information in relation to safety, patient experience and quality of life with usual long-term use of this product. There is a lack of long-term follow up data on which to base the economic modelling for Duodopa®. The estimates of effectiveness used in the model are based on hypothetical health states, created from short-term comparative efficacy data relating to a narrow section of the PD patient population.

NOTES:

1. *Exceptional circumstances may be considered where there is evidence of significant health impairment and there is also evidence of the intervention improving health status.*
2. *This policy will be reviewed in light of new evidence or guidance from NICE.*
3. *Buckinghamshire/Milton Keynes Priorities Committee policy statements can be viewed at <http://www.miltonkeynes.nhs.uk/default.asp?ContentID=548>*