Recommendation

Co-careldopa intestinal gel (Duodopa®) for the treatment of advanced Parkinson's disease

In line with the Kent, Surrey & Sussex Policy Recommendation Committee's Policy Recommendation (below) the East Kent Prescribing Group has agreed that Co-careldopa intestinal gel (Duodopa) is **not** recommended for the treatment of advanced Parkinson's disease.

Approved by: East Kent Prescribing Group *(Representing Ashford CCG, Canterbury and Coastal CCG, South Kent Coast CCG and Thanet CCG)*
Date: October 2013
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Kent, Surrey & Sussex Policy Recommendation Committee
Policy Recommendation

Policy:	**PR 2012-02: Co-careldopa intestinal gel (Duodopa®) for the treatment of advanced Parkinson's disease**
Issue Date:	**March 2012**
Review Date:	**March 2014**
This policy recommendation replaces PR 2009-03	

The Kent, Surrey & Sussex (KSS) Policy Recommendation Committee has considered evidence of effectiveness and up to date information on activity, resources, costs and provision of current treatments across the PCTs in Kent, Surrey and Sussex. Taking these into account, the Policy Recommendation Committee recommends that:

1. Co-careldopa intestinal gel is not used for the treatment of advanced Parkinson's disease in the Kent, Surrey & Sussex NHS unless it is being used as part of good quality research. Research and excess treatment costs must be agreed in advance with PCT commissioners and the Acute Trusts.

2. Patients currently receiving NHS funded Duodopa® for the treatment of advanced Parkinson's disease should have the option to continue therapy until they and their clinicians consider it appropriate to stop.

PCTs in Kent, Surrey, and Sussex will always consider appropriate individual funding requests (IFRs) through their IFR process.

Supporting Documents

Kent, Surrey & Sussex Health Policy Support Unit (2012). *Co-careldopa intestinal gel (Duodopa®) for the treatment of advanced Parkinson's disease. Update report.*

South East Coast Health Policy Support Unit (2009). *Co-careldopa intestinal gel (Duodopa®) for the treatment of advanced Parkinson's disease. Final report.*

Key points and rationale

What is co-careldopa intestinal gel and how does it work?
Co-careldopa intestinal gel (Duodopa®) is a combination of levodopa and carbidopa. It is indicated for use in advanced levodopa-responsive Parkinson's disease with severe motor fluctuations and hyper-/dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results. It is delivered directly into the duodenum or upper jejunum via a permanent percutaneous endoscopic gastrostomy (PEG). This addresses the problems of irregular gastric emptying in the oral administration of L-dopa experienced by some people in the later stages of Parkinson's disease.

Why do we need a Kent, Surrey and Sussex (KSS) wide policy on co-careldopa intestinal gel for the treatment of advanced Parkinson's disease?
Prior to issue of PR 2009-03 there was no national or local guidance on the prescribing of co-careldopa intestinal gel for advanced Parkinson's disease. A KSS wide policy ensures equity of access to treatment and helps manage prescribing practice. Assuming the use of one Duodopa® cassette daily, the annual drug cost is estimated to be £28,105 per patient; potentially this could equate to additional costs of between £1.6 million and £2.7 million for the health economy in KSS.

What is the current position with regard to prescribing of co-careldopa intestinal gel in KSS?
All KSS PCTs have adopted and implemented PR2009-03.

How effective is co-careldopa intestinal gel in treating advanced Parkinson's disease?
Studies report that co-careldopa intestinal gel leads to some improvement from baseline in Unified Parkinson's Disease Rating Scale (UPDRS) scores, function and wellbeing as measured by the Parkinson's Disease Questionnaire (PDQ), and some Parkinson's symptoms. Reduction in 'off' periods and increase in 'on' periods have also been reported, as have improvements in quality of life and psychosocial factors. These conclusions are consistent with results of review undertaken in 2009.

Is co-careldopa intestinal gel associated with any complications?
The safety of oral carbidopa/levodopa is well established. The main complications reported with co-careldopa intestinal gel are technical problems with the PEG and clinical problems with the administration, both of which are common.

What is the quality of the evidence available on this topic?
As concluded by the previous review undertaken in 2009, the methodological limitations amongst the studies published on the use of co-careldopa intestinal gel are considerable and consequently a robust clinical effectiveness evidence base for this treatment is lacking. The studies are generally of low quality with poor design and small sample sizes. Further data from randomised controlled clinical trials are required to demonstrate the long-term efficacy, safety, and convenience of co-careldopa intestinal gel.

Is co-careldopa intestinal gel a cost-effective treatment for advanced Parkinson's disease?
When a review of this topic was undertaken in 2009, no cost effectiveness studies had been published. Since then one relevant cost effectiveness study has been identified which calculated an incremental cost per QALY of £36,000 for 5 years treatment with Duodopa® compared with usual standard care. However when treatment was continued until death the expected ICER increased to £66,000 per QALY gained. This study has significant methodological limitations and should be considered with caution.