

**Commissioning guidance:**

Commissioners may wish to bear the following in mind when considering the commissioning of opicapone:

- It was the opinion of the committee that opicapone would be suitable for prescribing in primary care following initiation in secondary care.
- Opicapone is a once-daily treatment unlike entacapone, which is taken with every levodopa dose. In practice however, patients can be prescribed a combined levodopa/DDCI/entacapone tablet, which reduces the burden of tablets taken. Given that opicapone has to be taken one hour before or after the bedtime levodopa dose, it potentially increases dosing frequency, compared with patients on the fixed-dose combination tablet.
- At current prices (rounded to nearest pound), a year's treatment with opicapone 50 mg daily costs £1,142; generic entacapone (1-2g daily) costs £306 to £712 per year (in addition to £150 to £324 for co-careldopa or co-beneldopa [approximate range based on a number of different formulations]).
- The costs for a year's treatment with a combined levodopa/DDCI/entacapone tablet range from £633 (Sastravi®, Stanek®) to £1,265 (Stalevo®). This assumes 5 doses per day; all dose combinations are the same unit price ([MIMS February 2017](#)).
- However, some patients may benefit from the additional option offered by opicapone, especially those in whom entacapone is contraindicated, poorly tolerated or poorly effective.

**Strength of the evidence for efficacy: relatively strong**

The strength of the evidence for efficacy was considered to be relatively strong in that opicapone was found to be non-inferior to the current standard treatment entacapone in patients with Parkinson's disease and end of dose motor fluctuations. Opicapone 50 mg daily treatment resulted in a placebo-subtracted reduction of approximately 60 minutes in mean OFF time compared with a placebo-subtracted reduction of 40 minutes with entacapone; the difference for the active treatments was statistically significant vs. placebo but they were not statistically significant from each other.

**References**

1. [Parkinson's disease. NICE CKS 2016](#)
2. Kalia LV, Lang AE. Parkinson's disease. *Lancet* 2015; 386(9996):896-912.
3. Ferreira JJ et al. Opicapone as an adjunct to levodopa in patients with Parkinson's disease and end-of-dose motor fluctuations: a randomised, double-blind, controlled trial. *Lancet Neurol* 2015.
4. Lees AJ et al. Opicapone as Adjunct to Levodopa Therapy in Patients With Parkinson Disease and Motor Fluctuations: A Randomized Clinical Trial. *JAMA Neurol* 2016.
5. [Assessment report: Ongentys. European Medicines Agency 2016](#)