Resource impact summary report

Resource impact
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The guidance covers foslevodopa–foscarbidopa as an option for treating advanced levodopa-responsive Parkinson's in adults whose symptoms include severe motor fluctuations and hyperkinesia or dyskinesia, when available medicines are not working well enough, only if:

- they cannot have apomorphine or deep brain stimulation, or these treatments no longer control symptoms, and
- the company provides foslevodopa–foscarbidopa according to the commercial arrangement.

The prevalence of Parkinson's is around 128,000 for the population of England (Parkinson's UK).

Due to a lack of robust data on current practice and the variation across organisations and services, the size of the resource impact will need to be determined at a local level.

The resource impact template assumes that:

- the majority of the eligible population are currently treated with standard care
- people treated with levodopa–carbidopa intestinal gel will continue receiving this treatment and will be unlikely to switch to foslevodopa–foscarbidopa
- people receiving treatment with foslevodopa–foscarbidopa will have 4 titration and monitoring appointments during their first year of treatment
- people receiving treatment with levodopa–carbidopa intestinal gel will have 5 titration and monitoring appointments. They will also incur a cost for a naso-jejunal tube insertion and a percutaneous endoscopic gastrostomy tube insertion during their first year of treatment However, if not all people have a naso-jejunal tube insertion, this can be adjusted in the template
- people receiving treatment with standard care will have 1 titration and monitoring appointments during their first year of treatment
- all treatments incur a Homecare delivery administration cost of £50 a month.

There is a possible capacity reduction for people who receive foscarbidopa–foslevodopa instead of levodopa–carbidopa intestinal gel due to avoiding the initial hospital episode for insertion of naso-jejunal and percutaneous endoscopic gastrostomy tubes and 1 less monitoring visit in the first year of treatment.

There would be a potential increase in capacity requirements for people who receive foscarbidopa–foslevodopa instead of standard care for the initial titration and monitoring visits, of which there are expected to be 4 in the first year of treatment.

Foslevodopa–foscarbidopa is commissioned by NHS England. Providers are NHS hospital trusts.