Tavapadon for Parkinson's Disease

Questions for Deliberation and Voting: October 1, 2026 Public Meeting

These questions are intended for the deliberation of the CTAF voting body at the public meeting.

Patient Population for all special ethical priorities' questions: *Patients with Parkinson's disease.*

Special Ethical Priorities

To help inform judgments of overall long-term value for money, please answer the following questions:

1=Typical obligations, 2=Some added obligations, 3=Substantial added obligations

1. Are there particular obligations to people with this condition because of disease severity and/or unmet need with currently available therapies?

2. Are there particular obligations to people with this condition because it disproportionately affects those from a racial/ethnic group that have not been equitably served by the health care system?

3. Apart from issues around disease severity/unmet need and race/ethnicity, are there other particular obligations to people with this condition?

Clinical Evidence

Patient Population for all questions: *Patients with Early Parkinson's disease.*

4. Is the current evidence adequate to demonstrate that the net health benefit of tavapadon is greater than that of no additional pharmacological treatment?

   Yes No

5. Is the current evidence adequate to demonstrate that the net health benefit of tavapadon is greater than that of levodopa, dopamine agonists (DAs), or monoamine oxidase-B (MAO-B) inhibitors?

   Yes No

If yes to question [5], answer questions [6-8]

6. Is the current evidence adequate to demonstrate that the net health benefit of tavapadon is greater than that of levodopa?

   Yes No

7. Is the current evidence adequate to demonstrate that the net health benefit of tavapadon is greater than that of DAs?

   Yes No

8. Is the current evidence adequate to demonstrate that the net health benefit of tavapadon is greater than that of MAO-B inhibitors?

   Yes No

Patient Population for all questions 9-12: *Patients on levodopa (and possibly on stable doses of other therapies) experiencing motor fluctuations.*

9. Is the current evidence adequate to demonstrate that the net health benefit of tavapadon plus levodopa is greater than that of levodopa alone?

   Yes No

10. Is the current evidence adequate to demonstrate that the net health benefit of tavapadon plus levodopa is greater than that of DAs plus levodopa, MAO-B inhibitors plus levodopa, or catechol-O-methyltransferase (COMT) inhibitors plus levodopa?

    Yes No

If yes to question [10], answer questions [11-13]

11. Is the current evidence adequate to demonstrate that the net health benefit of tavapadon plus levodopa is greater than that of DAs plus levodopa?

    Yes No

12. Is the current evidence adequate to demonstrate that the net health benefit of tavapadon plus levodopa is greater than that of MAO-B inhibitors plus levodopa?

    Yes No

13. Is the current evidence adequate to demonstrate that the net health benefit of tavapadon plus levodopa is greater than that of COMT inhibitors plus levodopa?

    Yes No

Benefits Beyond Health

Patient Population for all benefits beyond health questions: *Patients with Parkinson's disease.*

To help inform judgments of overall long-term value for money, please answer the following questions about tavapadon when compared to levodopa, DAs, or MAO-B inhibitors?

1=No, 2=Yes: small improvement, 3=Yes: substantial improvement

14. Is tavapadon likely to improve caregivers' quality of life and/or ability to pursue their own education, work, and family life?

15. If payment/cost were not an issue, would tavapadon be likely to improve access to treatment because of its method of delivery and/or treatment setting?

Long-Term Value for Money

16. Given the available evidence on comparative clinical effectiveness and incremental cost effectiveness, and considering benefits beyond health and special ethical priorities, what is the long-term value for money of tavapadon compared to levodopa for patients with early Parkinson's disease?*

    a. High long-term value for money at assumed pricing
    b. Intermediate long-term value for money at assumed pricing
    c. Low long-term value for money at assumed pricing

**This vote will only be taken if a price becomes available for tavapadon.*

17. Given the available evidence on comparative clinical effectiveness and incremental cost effectiveness, and considering benefits beyond health and special ethical priorities, what is the long-term value for money of tavapadon plus levodopa compared to DAs plus levodopa for patients experiencing motor fluctuations?*

    a. High long-term value for money at assumed pricing
    b. Intermediate long-term value for money at assumed pricing
    c. Low long-term value for money at assumed pricing

**This vote will only be taken if a price becomes available for tavapadon.*