Objective/Aim: The expected value to the consumer can be measured using willingness to pay (WTP). To assess Parkinson’s disease (PD) patients’ WTP for newly developed micro-tablets of levodopa in combination with a drug delivering electronic device (M/E) compared to standard treatment with levodopa in combination with the COMT-inhibitor entacapone (L/e).

Method: 2000 PD patients had a questionnaire on views on medication and WTP in 3 different hypothetical scenarios: 1/ no change in effects or side effects; 2/ same effect and less side effects; 3/ improved effect and less side effects. These scenarios were coupled to different costs to choose from.

Results: 50 % responded, mean age of 71 years and a mean PD duration of 9 years. 50% preferred M/E before L/e in scenario one with increasing preference to scenario three. The average monthly WTP among all respondents in scenario one was SEK 230 and SEK 226 in L/e, both with an almost longitudinal doubling up to scenario three. Duration of PD related symptoms, high education and high medication intake implied a higher WTP in all scenarios in contrast to age, gender, extra doses of levodopa.

Conclusion: WTP for M/E increased gradually with high medication intake and education as well as with expected increased reduction of PD symptoms.