004

Conversion to CREXONT® (IPX203) from IR CD-LD in the RISE-PD phase 3 trial improved aspects of sleep as measured by the Parkinson's disease sleep scale-2 (PDSS-2)

William Ondo[1], Robert A. Hauser[2], Zachary Grieb[3], Ghazal Banisadr[3], Stanley Fisher[3]

[1]Methodist Neurological Institute, Houston, TX, USA; [2]USF Parkinson's Disease and Movement Disorders Center/Parkinson Foundation Center of Excellence, Tampa, FL, USA; [3]Amneal Pharmaceuticals, Bridgewater, NJ, USA

Background

- CREXONT (IPX203) is a novel extended-release, oral carbidopa-levodopa (CD-LD) formulation that improves LD pharmacokinetics.
- In the RISE-PD trial, CREXONT was dosed 2-4 times per day and demonstrated a significant increase vs immediate-release (IR) CD-LD in "Good On" time per day and "Good On" time per dose.[1]
- Sleep-related issues are among the most troublesome and common non-motor symptoms in Parkinson's disease (PD).
- We evaluated Parkinson's disease sleep scale-2 (PDSS-2) scores in patients after converting from IR CD-LD to CREXONT in the RISE-PD clinical trial.[2]

Objective

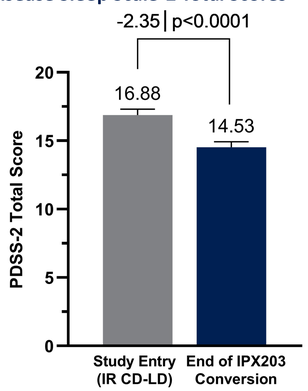
To assess whether converting patients with PD from IR CD-LD to CREXONT improves PDSS-2 total and sub-scale scores.

Methods

- RISE-PD was a 20-week, phase 3 study consisting of a 3-week open-label IR CD-LD dose optimization phase, then a 4-week open-label dose conversion phase to CREXONT, followed by a 13-week, randomized, double-blind, double-dummy maintenance phase with two parallel arms: IR CD-LD and CREXONT.
- The current analysis included all patients who successfully converted to CREXONT.
- Outcome measures included changes in PDSS-2 total and sub-scale scores from study entry (Visit 1 – prior to IR CD-LD dose optimization) to the end of the CREXONT dose conversion period.

Treatment with CREXONT resulted in significant improvement in sleep quality, with less sleep disturbances and motor symptoms occurring at night.

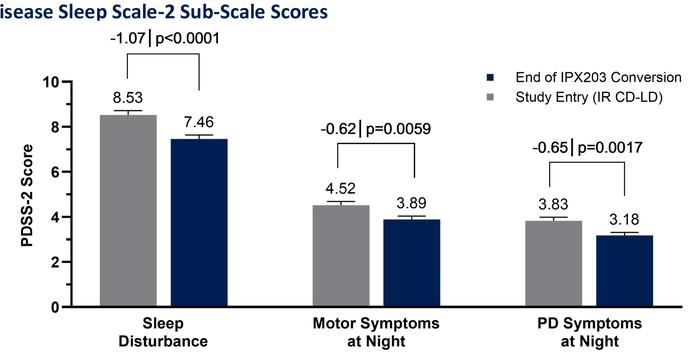
Figure 1. Parkinson's Disease Sleep Scale-2 Total Scores



CREXONT **significantly decreased PDSS-2** (Parkinson's Disease Sleep Scale-2) at the **end of dose-conversion** vs study entry.

Mean Difference: -2.35, p<0.0001

Figure 2. Parkinson's Disease Sleep Scale-2 Sub-Scale Scores



Results

- In the 506 patients who completed conversion to CREXONT, there was a statistically significant improvement in the PDSS-2 total score (mean difference of -2.35, p<0.0001) (Figure 1) from study entry to the end of dose-conversion.
- Notably, patients experienced significant improvements in all sub-scales (Figure 2), including a reduction in disturbed sleep (-1.07, p<0.0001), motor symptoms at night (-0.62, p=0.0059), and PD symptoms at night (-0.65, p=0.0017).

Conclusions

- Conversion to CREXONT significantly improved sleep quality in PD patients, as measured by PDSS-2, addressing both sleep disturbances and nighttime motor symptoms.
- By addressing both nocturnal motor and non-motor symptoms, CREXONT has the potential to deliver substantial benefits that extend beyond daytime symptom management.

REFERENCES

1. Hauser et al. *JAMA Neurol*. 2023;80(10):1062-1069.
2. Suzuki et al. *Expert Rev Neurother*. 2025 Feb;25(2):211-226.

Disclosures

William Ondo: Dr. Ondo has received personal compensation for serving on a Speakers Bureau for Abbvie, ACADIA, Kyowa Kirin, and Neurocrine. The institution of Dr. Ondo has received research support from Cerevel, Harmony, and SCION. Dr. Ondo has received publishing royalties from a publication relating to health care. **Robert A. Hauser:** Dr. Hauser has received personal compensation for serving as a Consultant for Abbvie, AgeX Therapeutics, Amneal, Avanex, Biogen, BlueRock Therapeutics, Canfield Scientific, Cerevel, Forsee Pharmaceuticals, Global Kinetics Consulting (GKC), HanAll, Intrance, Jazz Pharmaceuticals, KiefeRx, Kyowa Kirin, MDCE Suzhou, MedRhythms, Merz, Mitsubishi Tanabe, Nano PharmaSolutions, Neurocrine, NeuroDerm, Ovid Therapeutics, PDNeurotechnology, Pharma 2 B, Regenxbio, Revance Therapeutics, Sage Therapeutics, Scion Neurostim, Serina Therapeutics, Sunovion Pharmaceuticals, Supernus Pharma, Tolmar Inc., Tremor Research Support Group, Tris Pharma, Truebinding, UCB, Vivifi Biotech, and Zambon. Dr. Hauser has received personal compensation for serving on a Scientific Advisory or Data Safety Monitoring board for Inhibikase. The institution of Dr. Hauser has received personal compensation for serving on a Scientific Advisory or Data Safety Monitoring board for Photopharmics and Stoparkinson. Dr. Hauser has received personal compensation for serving on a Speakers Bureau for Acorda Therapeutics, Amneal, Cerevel, Inhibikase, Kyowa Kirin, Neurocrine, and Supernus. Dr. Hauser has stock in Axial Therapeutics, Enterin, Inhibikase, and Revance Therapeutics. The institution of Dr. Hauser has received research support from Abbvie, Aeon Biopharma, Alexza Pharmaceuticals, Annovis Bio, Inc., Biogen, Bukwang Pharmaceutical Co., Ltd., Cavion, Inc., Cerevance Beta, Inc., Cerevel Therapeutics, Enterin, Inc., Genentech, Global Kinetics Corporation., Hoffman-La Roche Inc., Inhibikase, Michael J. Fox Foundation for Parkinson's Research, National Parkinson's Foundation, Neuraly Inc., Neuroderm, Sage Therapeutics, Sanofi Pharmaceuticals, Scion NeuroStim, and UCB. Dr. Hauser has received intellectual property interests from a discovery or technology relating to health care. **Zachary Greib**, **Ghazal Banisadr**, and **Stanley Fisher** have received personal compensation for serving as employees of Amneal.

Presented at the 2025 American Academy of Neurology Annual Meeting, April 5 – 9, 2025, San Diego, CA, USA. Data from Amneal Pharmaceuticals LLC