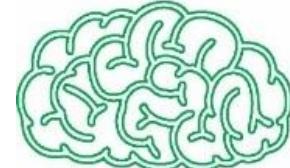


PrescQIPP Parkinson's webinar 4:

New developments in the management of Parkinson's

12th February 2026

Viv Horton



PDSPN
Parkinson's Disease
Specialist Pharmacy Network

Disclosures

- Neurology Academy, Bial
- PDSPN meeting sponsorship from
 - Abbvie
 - Bial
 - Brittania
 - Ethypharm
 - EverProfile
 - Merz
 - UCB

Learning outcomes



Newer treatment options

Apomorphine – sublingual

Levodopa - inhaled



Research

Ambroxol ASPro-PD

EJS ACT-PD

Prasinezumab

HER – 096

Parkinson's virtual Biotech

?Stem cells



Not so new - non oral therapies

Apomorphine

Intestinal levodopa +/- entacapone

Subcutaneous foscarnet/foslevodopa

Deep brain stimulation



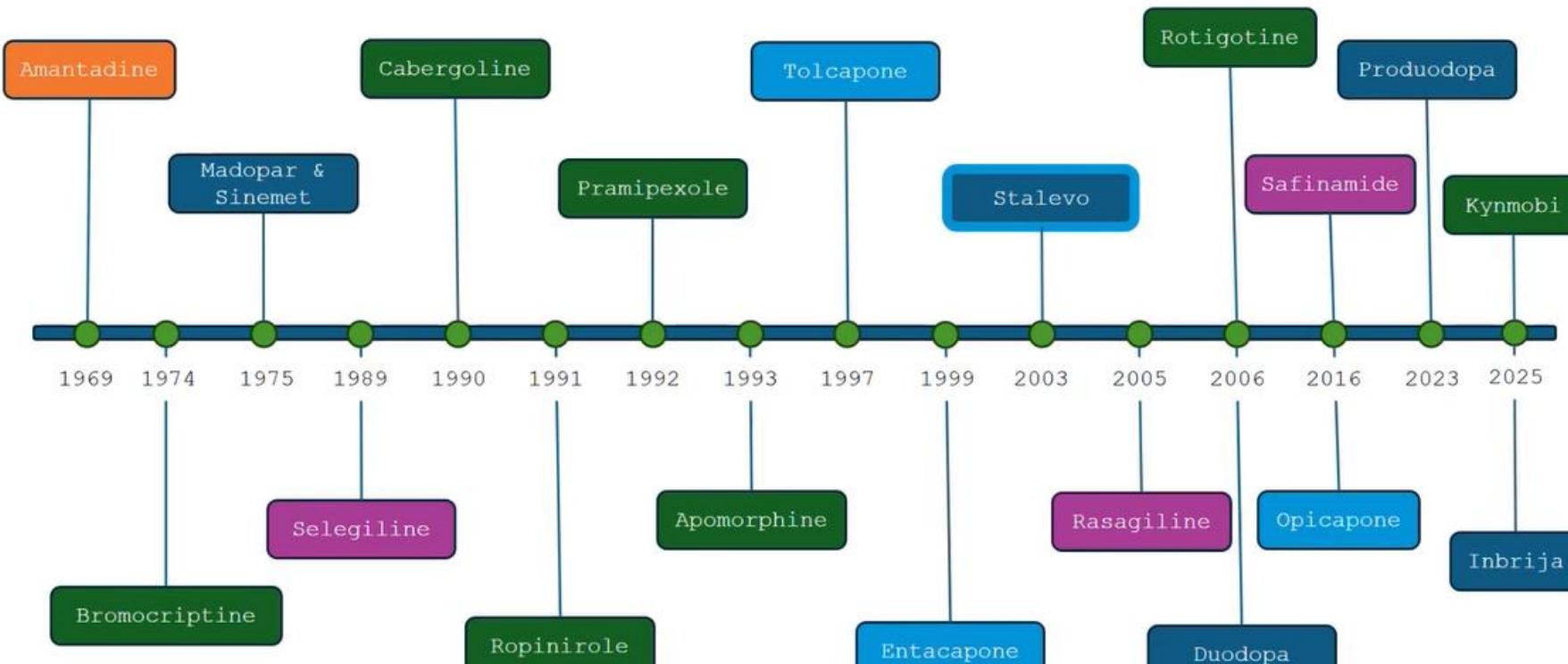
PDSPN

Parkinson's Disease
Specialist Pharmacy Network

PrescIPP

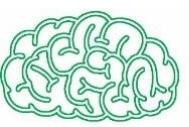
Funded by the NHS for the NHS

Current Available UK Parkinson's Medicines 2025



Inhaled levodopa

- Dose is TWO capsules
 - 66mg delivered
- Single dosage strength
- No dose reduction >65y,
 - limited date >75y
- Contraindicated
 - Non selective MAOBI (monitor BP for selective)
 - Narrow-angle glaucoma.
 - Phaeochromocytoma.



Sublingual apomorphine

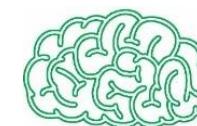
- Place film under tongue – should notice 15-30mins after taking
- Need to be able to distinguish 'OFF'
- Test dose 10mg, increase by 5mg increments if needed
- Minimum interval IRL 2 hours
- Max 30mg 5 times daily
- Elderly population included in trials
 - But increased risk of OH
- No data CrCl<30ml/min
- Contraindicated
 - In combination with Ondansetron and other 5HT3 antagonists
 - Dementia/psychosis
 - Hepatic failure
 - Cankers or mouth sores
 - Respiratory depression

KYNMOBI™

(apomorphine HCl) sublingual film



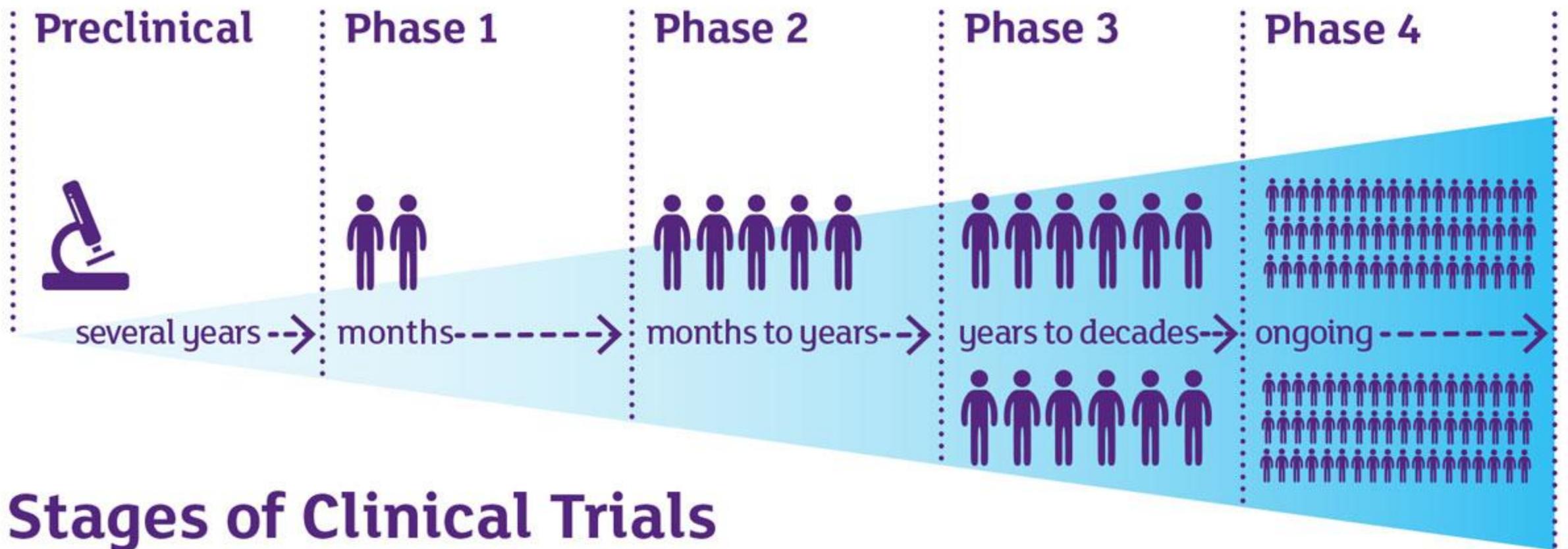
Bial, 2026



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PrescIPP
Funded by the NHS for the NHS

RESEARCH



Cure Parkinson's 2026

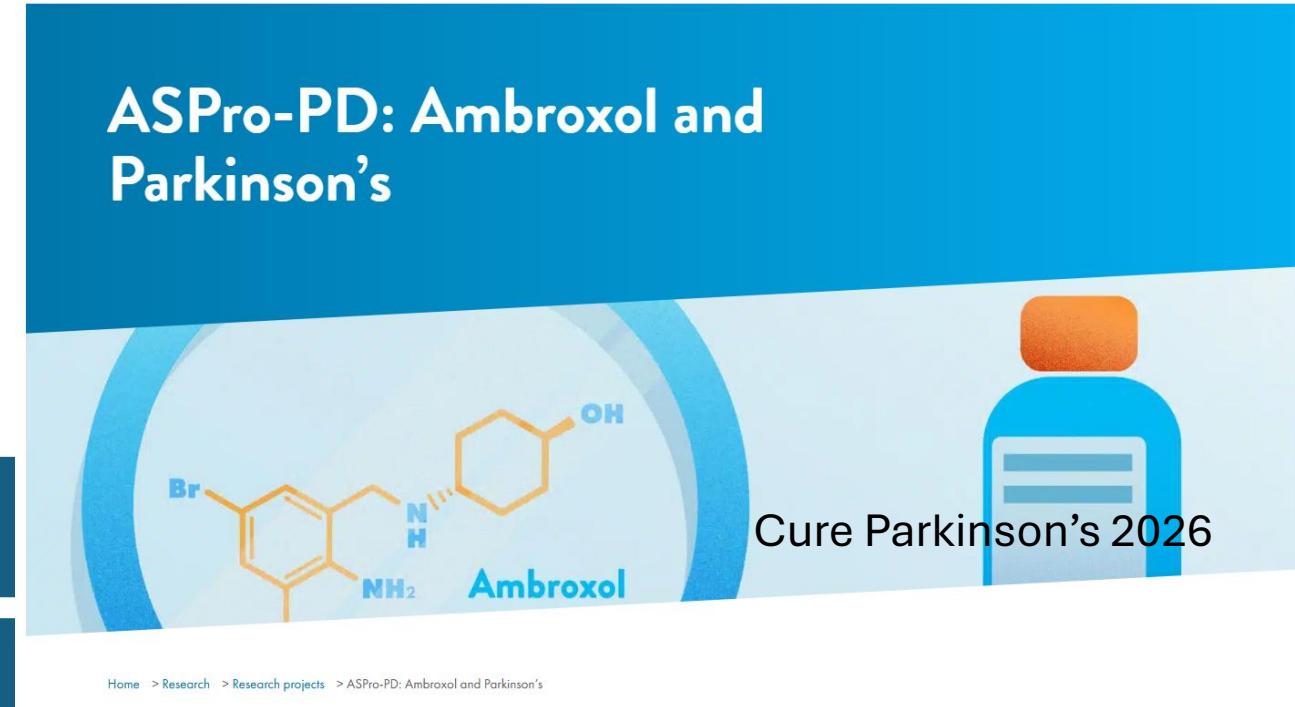
Ambroxol ASPro-PD

Boost levels of Gcase

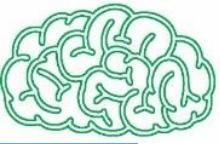
Clear waste products

?clear clumps of alphasynuclein and reduce damage to brain cells

ASPro- PD phase 3 trial – 330 participants, 2 years



The image shows a screenshot of the Cure Parkinson's website. The header features the organization's logo and navigation links for Research, About Parkinson's, Get involved, About us, News and events, and Shop. The main content area has a blue header with the text "ASPro-PD: Ambroxol and Parkinson's". Below this, there is a chemical structure diagram of Ambroxol, which is a brominated compound with an amine group and a hydroxyl group. To the right of the diagram is a stylized blue human figure icon. The text "Cure Parkinson's 2026" is visible in the bottom right corner of the main content area. At the bottom of the page, a navigation bar includes links for Home, Research, Research projects, and ASPro-PD: Ambroxol and Parkinson's.



PD Frontline

4 years ago

Research news

Genetics and Parkinson's

Share

pd frontline



AND Parkinson's isn't 'genetic' in the traditional sense

nts,
SNCA,
ARK2,
AK,
LA-
T11

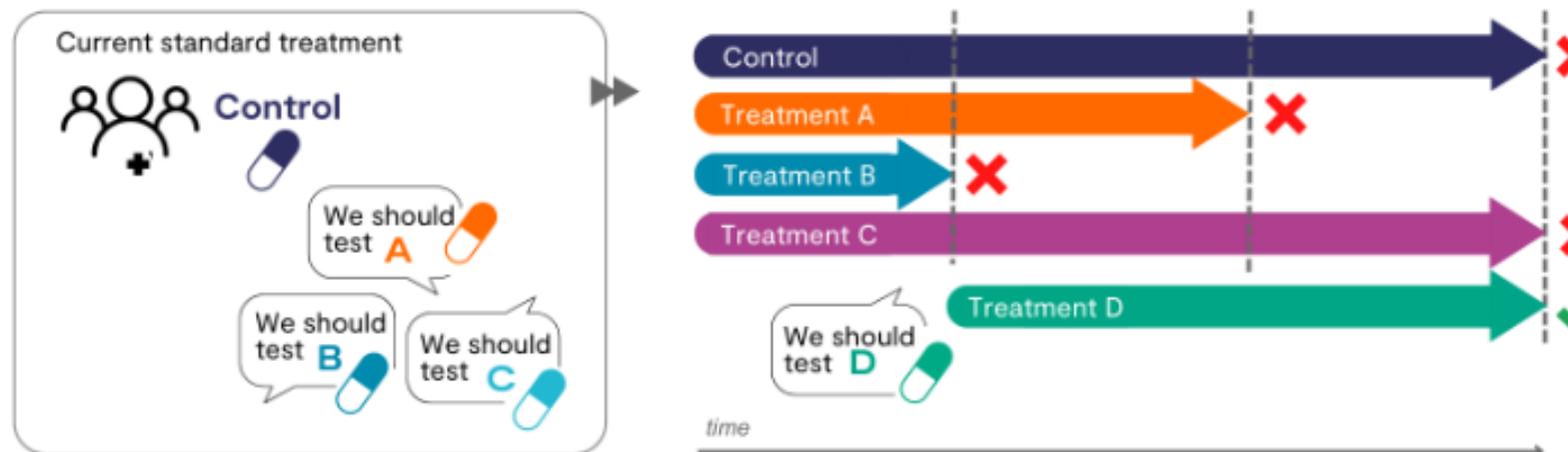
non

Allele
frequency

What is the MAMS design?

The Multi-Arm Multi-Stage (MAMS) trial design is a flexible and adaptive approach that has improved the speed and efficiency of clinical trials worldwide.

Unlike traditional designs, MAMS allows researchers to test multiple treatment arms at the same time, with the ability to drop treatments that don't show promise and add new ones as they become available.



MAMS designs provide several advantages:

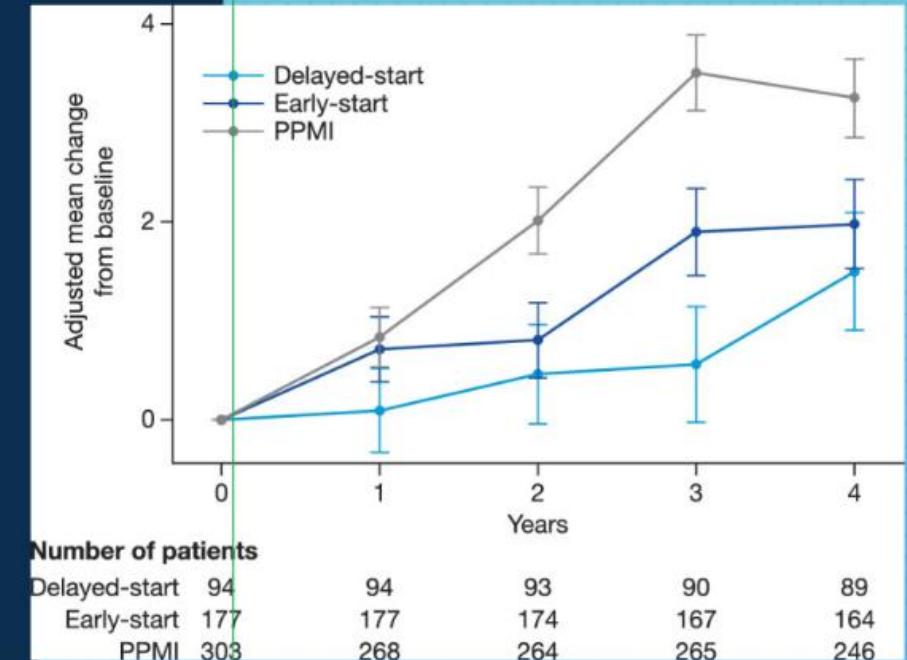
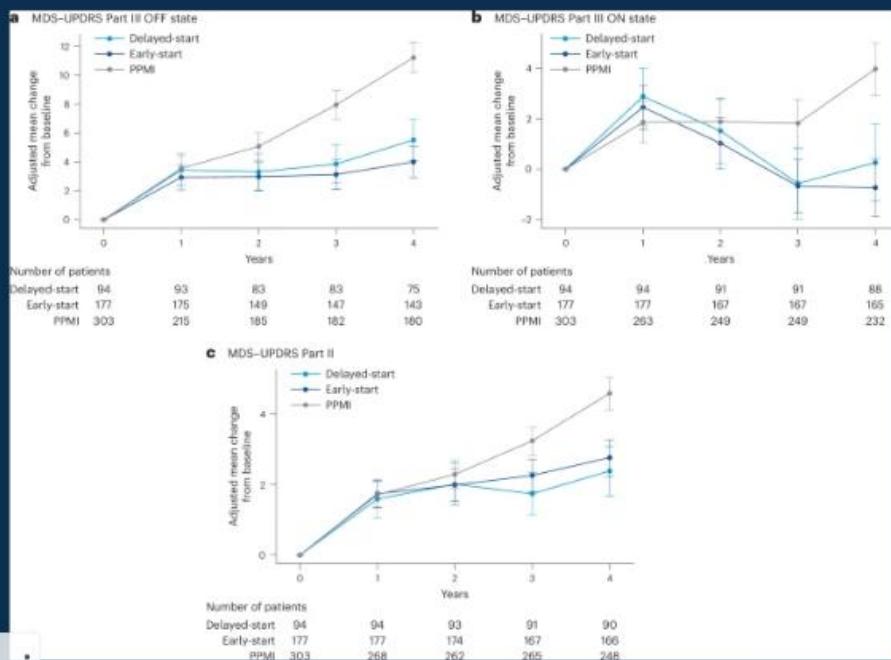
- They can test new treatments faster than traditional trials.
- They reduce costs, as there is no need to set up a new trial for each new treatment available.
- They facilitate recruitment as fewer number of participants are required overall.
- They offer flexibility of dropping and adding new treatments.

MRC Clinical Trials Unit, UCL, 2026

arkinson's
ative, flexible
ntly than ever
al is led by
You are reading
**Largest-ever Parkinson's disease
trial opens across UK**

Prasinezumab

Prasinezumab is a humanized monoclonal antibody
binds aggregated α -synuclein and
inhibits the intercellular spread of pathogenic α -synuclein
Potentially protecting neurons and slowing Parkinson's progression

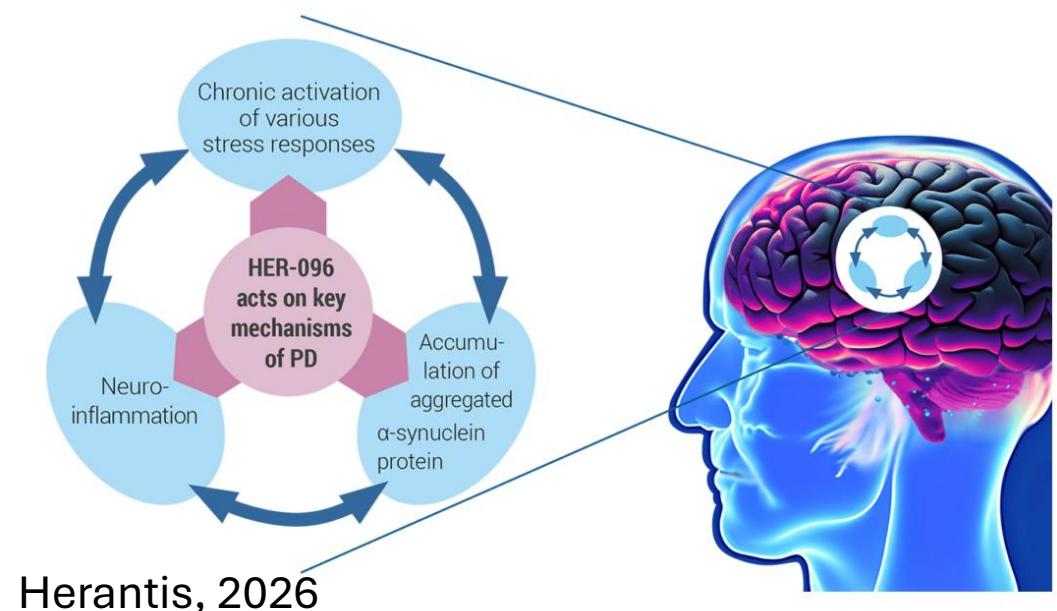


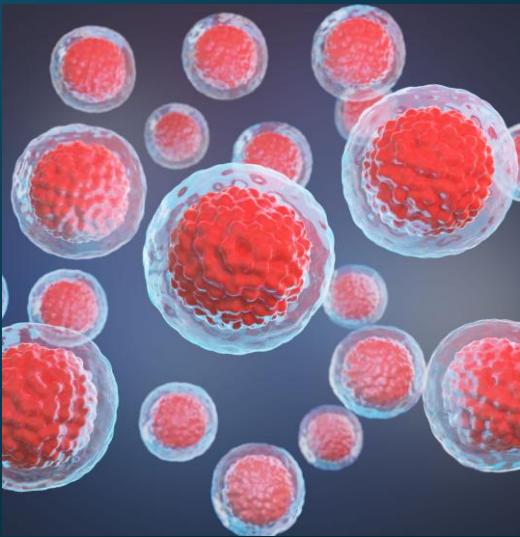
HER - 096

- Thought to mimic CDNF
- ?neuroprotective
- Completed phase 1 trial (24 patients)
 - Capable of crossing BBB
 - sc injection
- Hopefully phase 2 this year

How does HER-096 work in the body?

The complex brain pathology underlying degeneration and death of dopamine neurons involves:





Stem cells

- **PD - loss of dopamine neurones in substantia nigra**
 - Small population – lies deeply in the brain - loss causes motor symptoms
 - Can we grow new neurones – regain dopamine function??
- **Challenges – variable results**
 - Early trials, not very well controlled –
 - Not enough transplanted neurones,
 - COST and scalability
 - Need around 12months immunosuppression for allogenic transplant
 - Brain seems to be different to heart/kidney transplant
- **Encouraging news**
 - Remarkable improvements for some
 - Neurone can survive 20years – but graft takes time to incorporate into brain
 - Reprogramming – stem cell from fibroblast – Shinya Yamanaka
 - Autologous transplant
 - 1 phase 3 trial in US and 1 marketing authorisation in Japan

Be wary of private clinics offering unproven stem cell therapies

<https://www.parkinsons.org.uk/about-us/our-views/stem-cell-research>

- Edinburgh Parkinson's lecture 2025
 - <https://www.edinburghparkinsons.org/edinburgh-parkinsons-lecture/>

Parkinson's UK Virtual Biotech

- International Programme with Parkinson's Foundation
 - Aim – find a cure by collaboration
- Non motor symptoms??
 - TOPHAT – ondansetron for hallucinations
- CHIEF PD - cholinesterase inhibitor to reduce falls
 - results soon?
- PRIME PD – model of care

Parkinson's Virtual Biotech portfolio

November 2025
Next update: May 2026

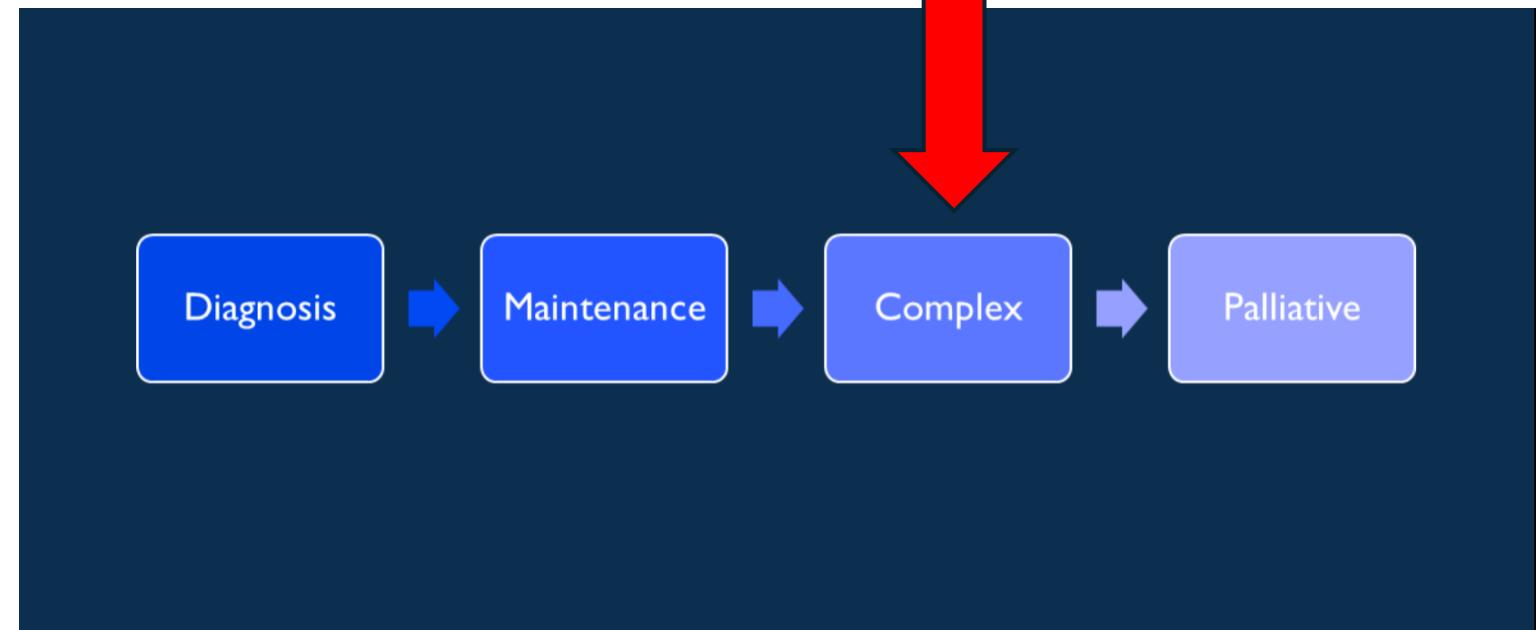


https://www.parkinsons.org.uk/sites/default/files/2025-12/VB_portfolio_Nov_2025.pdf

Parkinson's Journey

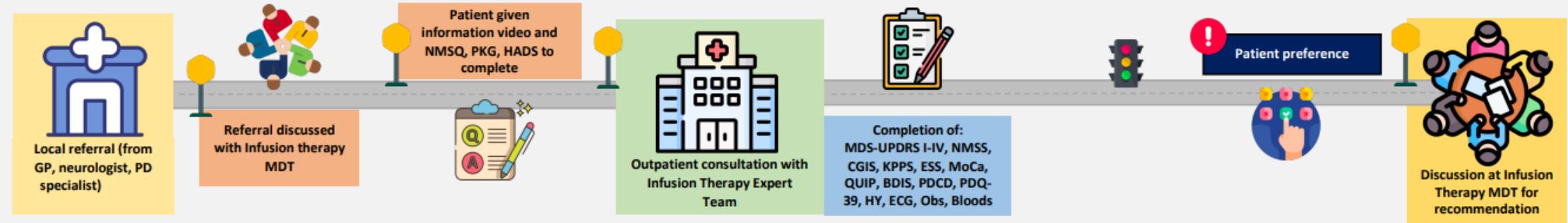


Non oral therapies



King's Parkinson's Infusion Pathway:

Referral to Infusion expert MDT at King's



DuoDopa (LCIG)

LECIGON (LECIG)

Exclusion criteria*:

- Significant peripheral neuropathy history
- Abnormal upper GI anatomy
- Significant dementia
- Significant psychosis
- History of heart failure
- Low body weight
- Lack of social support
- History of troublesome side effects with use of COMT (for LECIGON only)

Continuous subcutaneous apomorphine (CSAi)

Exclusion criteria*:

- History of ICD, DDS, EDS
- History of neuropsychiatric problems
- History of dementia
- History of renal or hepatic problems
- Hypersensitivity to apomorphine, morphine, or other sulphur products
- Significant postural hypotension
- Severe anemia, visual impairment
- Severe peripheral oedema
- Caution with anticoagulant use

Foslevodopa-Foscarbidopa

Exclusion criteria*:

- Lack of social support
- History of heart failure
- History of acute stroke
- History of severe peripheral neuropathy
- Caution with low body weight
- Caution with diabetes mellitus dx
- Caution with skin problem history
- Caution with anticoagulant use

Inclusion criteria:

- Idiopathic Parkinson's disease
- Disease duration of > 5 years
- Inadequately controlled by levodopa-oral meds
- Patient has capacity for informed consent
- 5-2-1 Rule satisfied:
 - Taking >5 doses of levodopa/day, OR
 - Having OFF symptoms >2 hours of waking day (>50% OFF daytime), OR
 - Having >1 hour of troublesome dyskinesia per waking day
- Further reasonable drug therapeutic options is contraindicated
- Unsuitable, refused or failed DBS
- Troublesome dystonia

Back to infusion therapy MDT
for recommendation of
advice on alternative
optimization



Exclusion criteria met



Inclusion criteria met

Approved for Infusion therapy



PD Parkinson's disease; MD movement disorders; MDT multidisciplinary team; NMSQ nonmotor symptoms questionnaire; PKG Parkinson's kinetograph; HADS hospital anxiety and depression scale; MDS-UPDRS movement disorder society unified Parkinson's disease rating scale; NMSS nonmotor symptoms scale; CGIS clinical global impression scale; KPPS King's Parkinson's Pain Scale; ESS Epworth Sleep Scale; MoCa Montreal cognitive assessment; QUIP Questionnaire for Impulsive- Compulsive Disorders in Parkinson's; BDIS Beck's Depression Inventory Scale; PDCD Parkinson's disease Caregiver Burden; PDQ Parkinson's Disease Questionnaire; HY Hoehn and Yahr stage, ECG electrocardiogram; Obs observations; DBS deep brain stimulation; ICD Impulsive compulsive disease; DDS dopamine dysregulation syndrome; EDS excessive daytime sleepiness

Intestinal levodopa + entacapone

- Intestinal delivery via PEGJ
- Three individually adjusted doses
 - **Morning dose** – usually 5-10ml (100-200mg levodopa) – max 15ml
 - **Continuous rate** – usually during waking hours – 0.7-5.0ml/hour
 - 15-100mg levodopa/hour – max 100ml/day (2000mg levodopa)
 - Gradually increasing levodopa plasma concentration across day
 - Compared to infusion without entacapone
 - Pump programming - 3 continuous rate possible
 - **Bolus** – usually less than 3ml
 - >5 bolus doses - review continuous rate



ResearchGate 2026

Table 2. Suggested Produdopa starting hourly infusion rate

Subc

Case s

Meds

Co beneldopa (L

Rasagiline 1 mg

Co beneldopa (L

Co-beneldopa (L

Opicapone 50m

Botulinum toxin

LE ₁₆ (LE from all oral LD-containing medications taken over 16-hour awake time (mg))	Suggested Produdopa starting hourly infusion rate (ml/hr)* administered over 24 hours
< 400	0.15
400-499	0.15-0.17
500-599	0.17-0.20
600-699	0.20-0.24
700-799	0.24-0.27
800-899	0.27-0.30
900-999	0.30-0.34
1000-1099	0.34-0.37
1100-1199	0.37-0.40
1200-1299	0.40-0.44
1300-1399	0.44-0.47
1400-1499	0.47-0.51
1500-1599	0.51-0.54
1600-1699	0.54-0.57
1700-1799	0.57-0.61



x1

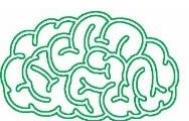
x0.75

5mg

r

h

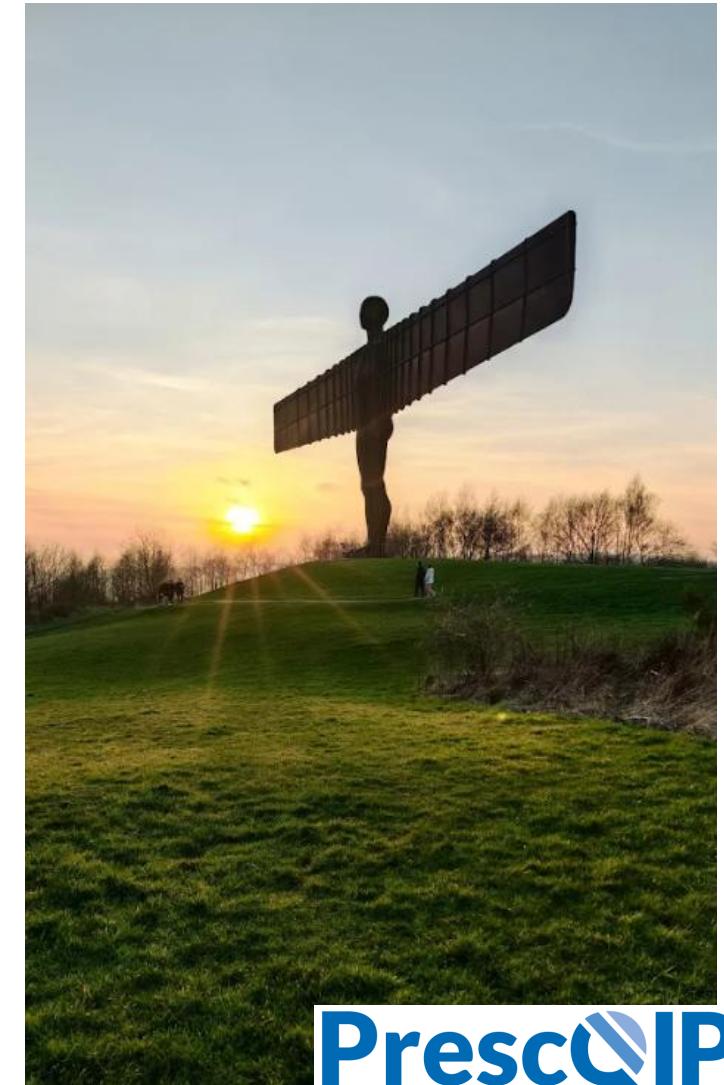
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Adaptive Deep Brain stimulation

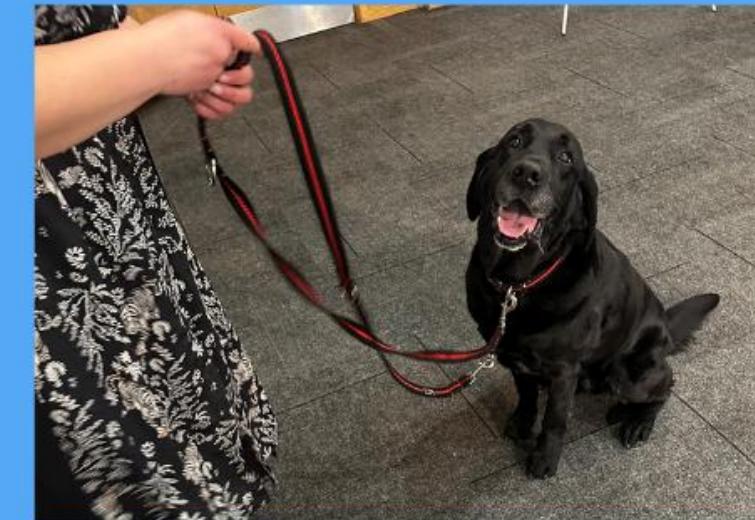


Newcastle Hospitals 2025



Latest Findings

Biomarkers linked to Parkinson's progression, offer potential for early diagnosis.



Concluding thoughts



Reasons to be cheerful



Significant challenges

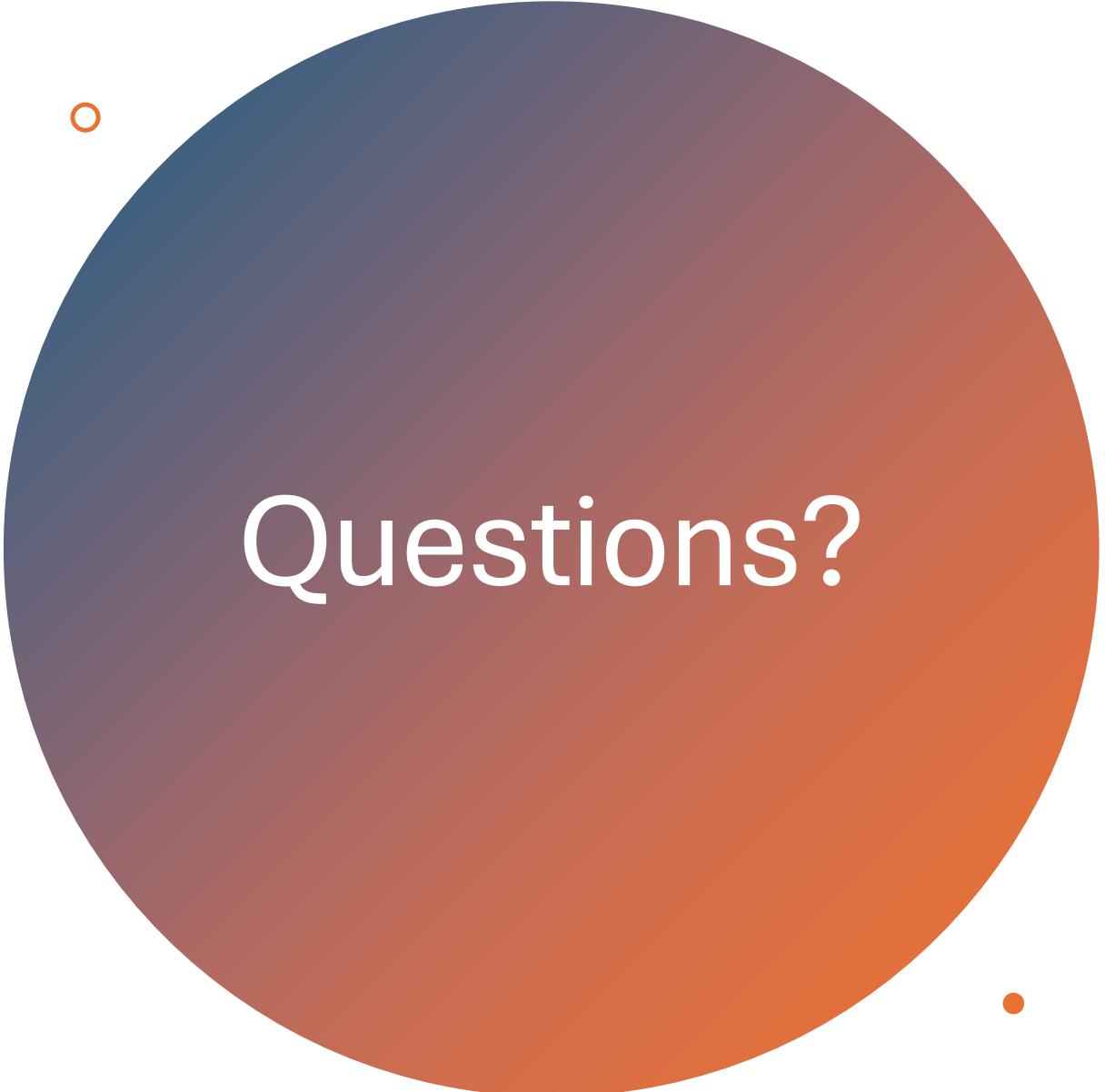
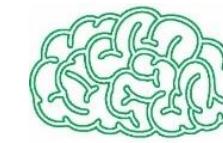


Planning already
underway



PDSPN
Parkinson's Disease
Specialist Pharmacy Network

PrescIPP
Funded by the NHS for the NHS



Questions?