Varenicline and Other Pharmacotherapies for Tobacco Dependence

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Learning Objectives

• Understand the mechanism of action for novel therapeutics for tobacco dependence

• Describe the evidence supporting the efficacy for newer drug treatments

• Understand safety issues for varenicline

• Know how to prescribe varenicline
Presentation Outline

• Background on new drug development
• Review of evidence for varenicline efficacy
  • Phase 2 clinical trials
  • Phase 3 pivotal trials
  • Other clinical trial evidence
• Review varenicline safety and prescribing
• Review investigational new drugs for tobacco dependence
Abstinence: The Effects of Treatment*

- Spontaneous 1-2%
- Advice to quit 3-5%
- Advice plus NRT 6-12%
- Counseling + Rx# 15-20%
- Clinical trials 20-25%
- Residential treatment 45-50%

* 12 month abstinence rates; # Rx= tailored pharmacotherapy
History of Pharmacotherapy

• Nicotine polacrilex (gum) 1982
• Nicotine patch 1992
• Nicotine patch and gum OTC 1996
• Bupropion SR 1997
• Nicotine lozenge OTC 2002
• Varenicline 2006
Need for New Therapy

- Long-term abstinence disappointingly low
- Current therapy available 10-20 years
- New therapeutic options may motivate hardened smokers
- New therapeutic targets to be exploited
Dopamine (DA) release in the nucleus accumbens is thought to be the “final common pathway” for the rewarding effects of most drugs of abuse.
Nicotine: Multiple Pathways to Reward

GABA = gamma-aminobutyric acid
Glu = glutamate
EC = endocannabinoids
EOP = endogenous opioid peptides
Pathways to Alter Nicotine Reward

• GABA and Glutamate
  • Topiramate
  • Gabapentin
  • Acamprosate

• Endocannabinoid-1 receptor blocker
  • Rimonabant

• Opioid receptor antagonist
  • Naltrexone
The nAChR

- Pentameric receptors throughout the brain and composed of alpha and beta subunits
- Highest concentration of nAChR’s is in the mesolimbic dopaminergic system (“reward center”)
- The high affinity nAChR is the α4β2
- Stimulation of the α4β2 nAChR causes DA release in the reward center
Varenicline Mechanism of Action

- Varenicline targets the nicotinic acetylcholine receptor (nAChR) in a unique fashion

- Partial agonist with specificity for the high-affinity α4β2 nAChR

- Agonist--stimulates the receptor to decrease craving and withdrawal

- Antagonist—blocks the receptor to decrease the reinforcement associated with smoking

- No clinically relevant drug-drug interactions
Phase 2 Trials
Dose-Ranging Study

• 5-arm study comparing…
  • Varenicline 0.3 mg daily
  • Varenicline 1.0 mg daily
  • Varenicline 1.0 mg twice daily
  • Bupropion SR 150 mg twice daily
  • Placebo

• Active treatment for 7 weeks
• Follow-up for 12 months
• Main outcome abstinence from week 4
Dose-Ranging Study Results (% Abstinent)

<table>
<thead>
<tr>
<th>Treatment (N=638)</th>
<th>Week 4-7</th>
<th>Week 4-24</th>
<th>Week 4-52</th>
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</thead>
<tbody>
<tr>
<td>Var 0.3/d</td>
<td>25.4</td>
<td>9.5</td>
<td>7.9</td>
</tr>
<tr>
<td>Var 1.0/d</td>
<td>31</td>
<td>9.5</td>
<td>5.6</td>
</tr>
<tr>
<td>Var 1.0 bid</td>
<td>40.8</td>
<td>20.8*</td>
<td>14.4*</td>
</tr>
<tr>
<td>BupSR</td>
<td>28.6</td>
<td>10.3</td>
<td>6.3</td>
</tr>
<tr>
<td>Placebo</td>
<td>13.8</td>
<td>7.3</td>
<td>4.9</td>
</tr>
</tbody>
</table>

*P≤0.01; all other week 24 and 52 comparisons P=NS
Conclusions from Varenicline Phase 2 Trials

- Most efficacious dose is 1 mg twice daily
- There is a dose response from 0.5 mg per day to 2 mg per day
- Initial dose titration (ramp-up) reduces nausea compared with non-titration
- “Self-titration” may be an alternative to fixed dose approach
Phase 3 Trials
7-Day Point Prevalence Abstinence

Figure 3. 7-Day Carbon Monoxide-Verified Point Prevalence Abstinence

- Varenicline (N=344)
- Bupropion (N=342)
- Placebo (N=341)
- End of Treatment

Jorenby et al. JAMA 2006;296:56-63
Long Term Varenicline?

Figure 2 Proportions of patients abstinent at 1 year who had their last cigarette in weeks 1–11 (note: the figure combines the varenicline and placebo groups. The ns for each week of last cigarette are shown in Table I; bars represent 95% confidence intervals for overall weeks 13–52 continuous abstinence rates)

Hajek et al. Addiction 2009; 104:1597-1602
Effect of Long Term Varenicline

- **Early Quitters**
  - Total: 537
  - Varenicline: 55.8%
  - Placebo: 54.1%
  - OR = 1.1
    - (95% CI: 0.76, 1.50)
    - $P = 0.6695$

- **Late Quitters**
  - Total: 671
  - Varenicline: 34.5%
  - Placebo: 23.4%
  - OR = 1.73
    - (95% CI: 1.23, 2.43)
    - $P = 0.0015$

*BID*: twice daily oral dosing; *OR*: odds ratio.

**Early Quitters**: Abstinent from target quit date to randomization at 3 months;
**Late Quitters**: Smoked after target quit date but achieved abstinence by 3 months.
Varenicline for Relapse Prevention

- Smokers who have risk factors for relapse
  - Heavier smokers
  - Other smokers in household
  - Comorbid mental health conditions
  - Past substance abuse
- Late quitters (smokers quitting well after their target quit date)
Varenicline Prescribing and Safety
## Common Adverse Events in Clinical Trials (%)

<table>
<thead>
<tr>
<th></th>
<th>Varenicline</th>
<th>Placebo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nausea</td>
<td>35.8</td>
<td>11.2</td>
</tr>
<tr>
<td>Insomnia</td>
<td>22</td>
<td>12.7</td>
</tr>
<tr>
<td>Abnl dreams</td>
<td>14.4</td>
<td>5</td>
</tr>
<tr>
<td>Headache</td>
<td>16.8</td>
<td>14.3</td>
</tr>
<tr>
<td>Other GI</td>
<td>22.5</td>
<td>11.8</td>
</tr>
<tr>
<td>Discontinued</td>
<td>12</td>
<td>8.1</td>
</tr>
</tbody>
</table>
Varenicline: FDA Warning 2008

• All patients being treated with Chantix should be observed for neuropsychiatric symptoms including changes in behavior, agitation, depressed mood, suicidal ideation, and suicidal behavior. These symptoms, as well as worsening of pre-existing psychiatric illness, have been reported in patients attempting to quit smoking while taking Chantix…
“Serious neuropsychiatric events, including, but not limited to depression, suicidal ideation, suicide attempt and completed suicide have been reported in patients taking Chantix.”

These events have occurred in patients with and without pre-existing psychiatric disease.

Advise patients and caregivers that patients should stop taking Chantix and contact a healthcare provider immediately if agitation, hostility, depressed mood, or changes in behavior or thinking that are not typical for the patient are observed, or if the patient develops suicidal ideation or suicidal behavior.”
The risks of Chantix should be weighed against the benefits of its use. Chantix has been demonstrated to increase the likelihood of abstinence from smoking for as long as one year compared to treatment with placebo. The health benefits of quitting smoking are immediate and substantial.
Varenicline Boxed Warning

“The risk of serious adverse events while taking these products [Chantix and Zyban] must be weighed against the significant health benefits of quitting smoking. Smoking is the leading cause of preventable disease, disability, and death in the United States and we know these products are effective aids in helping people quit.”

Janet Woodcock, M.D.
Director FDA Center for Drug Evaluation and Research
Press release, July 1, 2009
Varenicline and Neuropsychiatric Symptoms

• Advise patients and family members that this has been observed

• Ask patients and/or family to report any symptoms like this to you

• Patients with serious psychiatric comorbidity were not included in clinical trials

• No cause and effect relationship has been established
Varenicline and Cardiovascular Serious Adverse Events (SAE)

Problems with the Singh et al (CMAJ 2011) meta-analysis…

- Cardiovascular SAE’s were rare in both groups
  - Only 0.82% placebo, and 1.06% varenicline
  - Absolute difference 0.24%
- Greater numbers lost to follow-up in placebo arms
  - Lost opportunity to count CV events in placebo subjects
- Bias in favor of fewer CV events ascertained in placebo arms
- No adjudication of CV events in all but one study
- The only clinical trial of varenicline efficacy among subjects with known CVD raised no safety concerns
  (Rigotti et al. Circulation 2010;121:221-229)
Varenicline and cardiovascular risk


**Key Points**

- When used as a treatment for tobacco dependence, varenicline may be associated with an increase in adverse cardiovascular events.
- The absolute increase in the rate of serious cardiovascular events associated with varenicline versus placebo is less than 1% based on analysis of more than 8200 participants involved in 13 randomized clinical trials.
- Smoking kills more than half of persistent smokers and reduces life expectancy by up to 10 years, whereas smoking cessation rapidly reduces the risk of future cardiovascular events.
- Varenicline should continue to be used with appropriate caution to limit adverse effects, while capitalizing on its benefits for smoking cessation.
Additional Prescribing Information

- No dose reduction needed in...
  - Geriatric population
  - Patients with liver disease
- No important drug-drug interactions
- Reduce dose in renal impairment
  - Estimated creatinine clearance <30 ml/min
    reduce dose to 0.5 mg daily and titrate to
    0.5 mg BID as tolerated
Varenicline Prescribing

- Use in combination with behavioral treatment
- Start medication 1 week prior to target quit date
  - Days 1-3, Varenicline 0.5mg daily
  - Days 4-7, Varenicline 0.5mg twice daily
  - Day 8 to end of treatment 1.0mg twice daily
  - TQD on day 8
- Take with food
- Dose reduction with severe renal impairment
- Supplied as starter card (11X0.5mg tabs) and 4-week packs of 1 mg BID or bottles of 56
- Treat for 3 to 6 months
Nicotine Vaccine
Nicotine Vaccine

• Nicotine alone does not generate an immune response when injected

• When nicotine is attached to a large molecule (conjugated) it does cause an immune response

• Early trials with conjugate nicotine vaccine indicate an immune response in most smokers
How Does NicVAX Work?

1. Nicotine from a cigarette enters the bloodstream of a person that has received NicVAX.

2. Antibodies that bind nicotine have been formed after receiving shots of NicVAX.

3. The nicotine attaches to the antibodies.

4. The nicotine and antibody together is too large to get into the brain. This may not allow chemicals that cause addiction to be released.
Nicotine Vaccine

- Nicotine vaccine is provided through a series of injections (4-6) over 3-4 months
- Antibodies to nicotine build over this time
- Nicotine from cigarettes is bound by antibodies causing...
  - Sequestration of nicotine in the blood
  - Inability of nicotine to enter the brain
- Reduced + reinforcement from smoking
- Preliminary evidence from Phase III study shows no benefit for smoking abstinence
Pharmacologic Treatment of Tobacco Dependence

- Varenicline a partial nAChR agonist
  - Effective compared to placebo and bupropion
  - Safety concerns have arisen
- Nicotine Vaccine immunotherapy- promising?
- New therapeutic targets to exploit
  - GABA-ergic and glutamatergic agents
  - Endocannabinoid receptor blockers
  - Endogenous opioid antagonists
Summary

• Varenicline is efficacious for the treatment of tobacco dependence
• Side effects have been generally mild and well-tolerated
• Varenicline is as effective as other first-line treatments for tobacco dependence
• Monitor patients for new neuropsychiatric symptoms while on therapy