



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

- Review of evidence for varenicline efficacy
 - Phase 2 clinical trials
 - Phase 3 pivotal trials
 - Other clinical trial evidence
- Review varenicline safety and prescribing

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

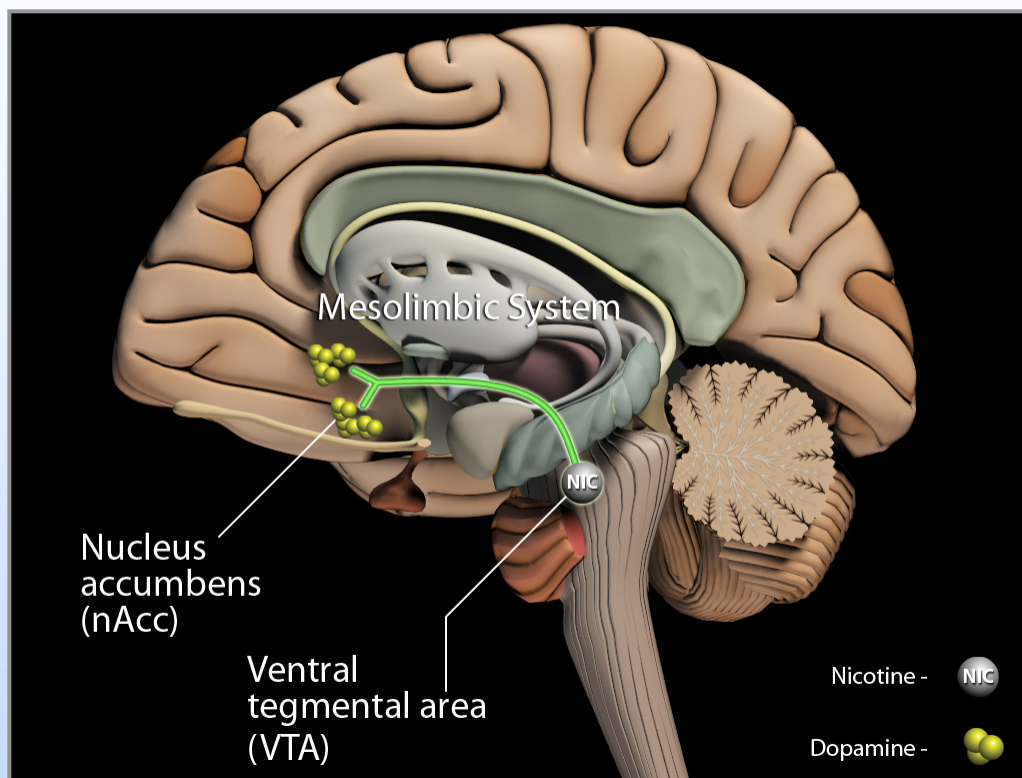
History of Pharmacotherapy

- 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

Central Nervous System “Reward Center”



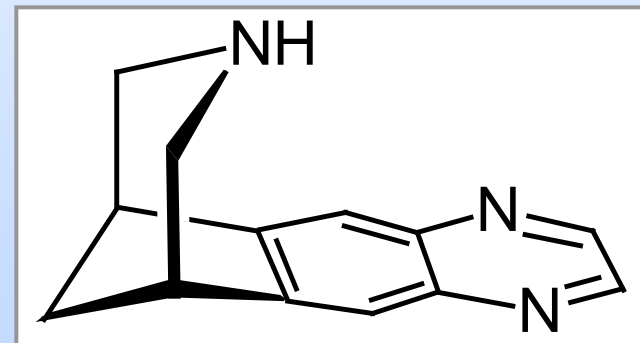
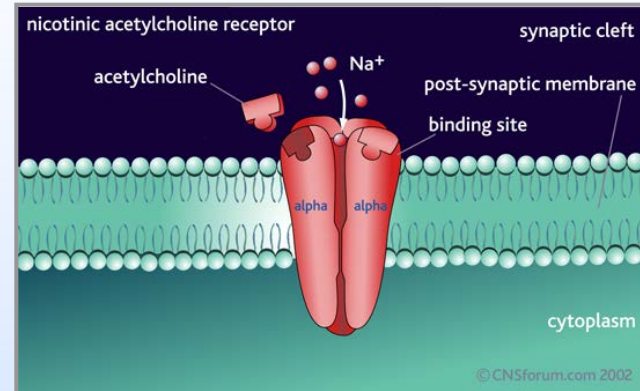
Dopamine (DA) release in the nucleus accumbens is thought to be the “final common pathway” for the rewarding effects of most drugs of abuse

nAChR (Nicotinic Acetylcholine Receptor)

- 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 $\alpha 4\beta 2$
- Stimulation of the $\alpha 4\beta 2$ nAChR causes DA (Dopamine) 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 $\alpha 4\beta 2$ 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)

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

*P≤0.01; all other week 24 and 52 comparisons P=NS

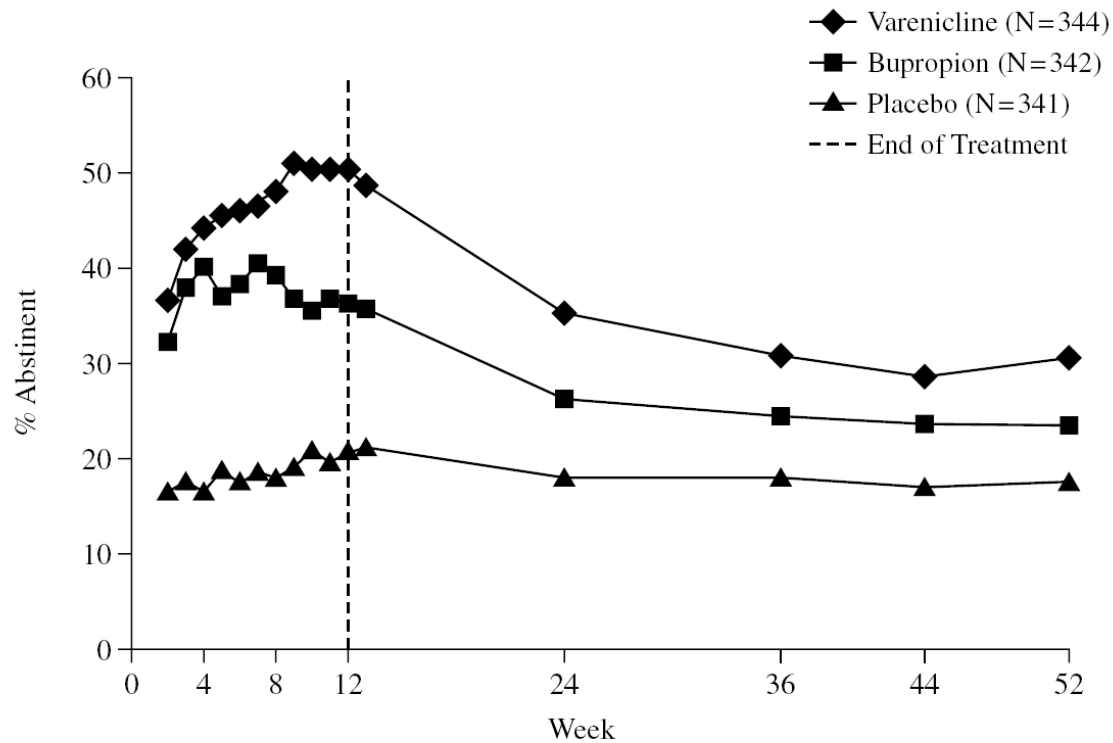
Conclusions from Varenicline Phase 2 Trials

- 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

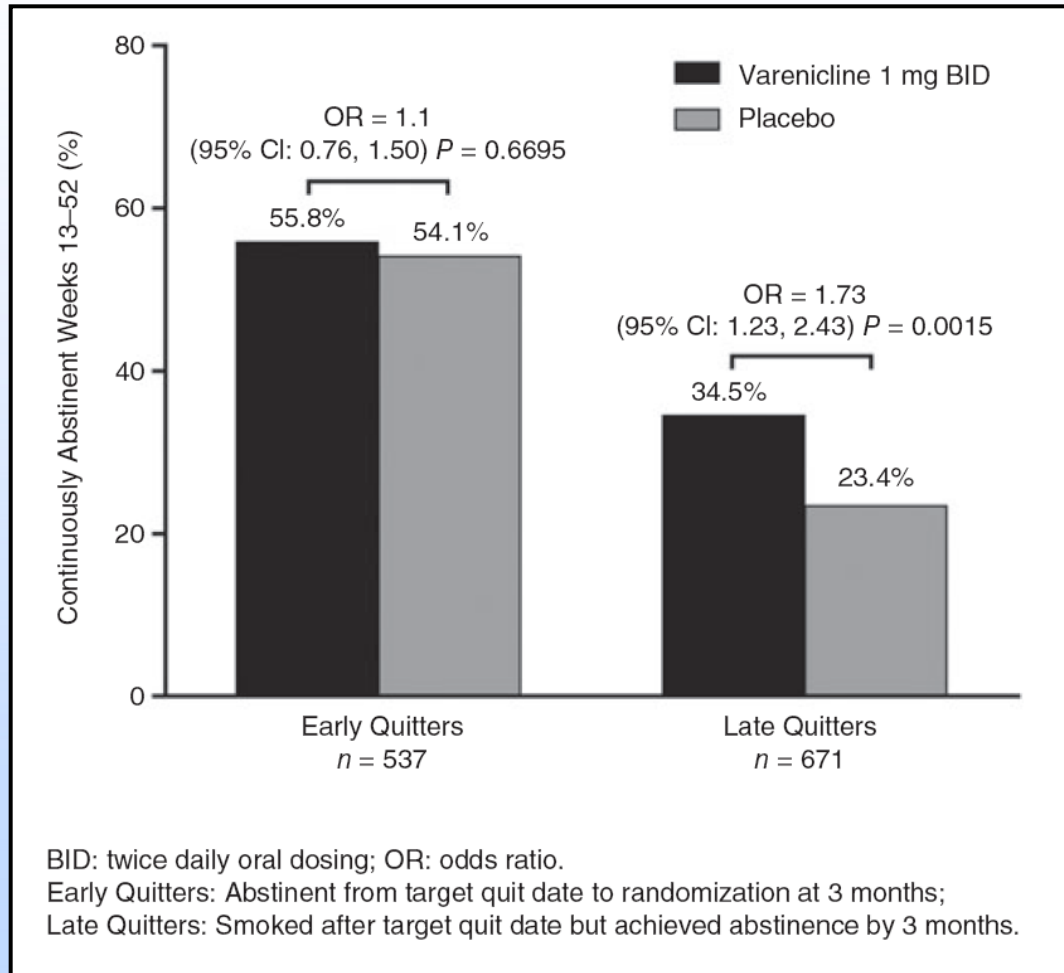
7-Day Point Prevalence Abstinence

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



Jorenby et al. JAMA 2006;296:56-63

Effect of Long Term Varenicline



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 (%)

	Varenicline	Placebo
Nausea	35.8	11.2
Insomnia	22	12.7
Abnl dreams	14.4	5
Headache	16.8	14.3
Other GI	22.5	11.8
Discontinued	12	8.1

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...

CHANTIX®

(varenicline) Tablets

“Serious neuropsychiatric events, including, but not limited to depression, suicidal ideation, suicide attempt and completed suicide have been reported in patients taking Chantix.”

Depression, rarely including suicidal ideation, has been reported in smokers undergoing a smoking cessation attempt without medication. However, some of these symptoms have occurred in patients taking CHANTIX who continued to smoke.

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

When symptoms were reported, most were during CHANTIX treatment, but some were following discontinuation of CHANTIX therapy.

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.”

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.

(See WARNINGS/Neuropsychiatric Symptoms and Suicidality, PRECAUTIONS/Information for Patients, and ADVERSE REACTIONS/Post-Marketing Experience)

CHANTIX[®]

(varenicline) Tablets

WARNING:

Serious neuropsychiatric events, including, but not limited to depression, suicidal ideation, suicide attempt and completed suicide have been reported in patients taking CHANTIX. Some reported cases may have been complicated by the symptoms of nicotine withdrawal in patients who stopped smoking. Depressed mood may be a symptom of nicotine withdrawal. Depression, ~~including suicidal ideation,~~ has been reported in smokers undergoing a

“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.”

depressive disorder did not participate in the pre-marketing studies of CHANTIX and the safety and efficacy of CHANTIX in such patients has not been established.

Advise patients and caregivers that the patient 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. In many post-marketing cases, resolution of symptoms after discontinuation of CHANTIX was reported, although in some cases the symptoms persisted; therefore, ongoing monitoring and supportive care should be provided until symptoms resolve.

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.

(See WARNINGS/Neuropsychiatric Symptoms and Suicidality, PRECAUTIONS/Information for Patients, and ADVERSE REACTIONS/Post-Marketing Experience)

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)

Hays JT. Varenicline for smoking cessation: is it a heartbreaker? CMAJ 2011 [July 4].doi:10.1503/cmaj110218

- *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

Hays JT. Varenicline for smoking cessation: is it a heartbreaker?
CMAJ 2011 [July 4].doi:10.1503/cmaj110218

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

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