## Basic and Clinical Pharmacology of Varenicline

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#### **Disclosure Statement**

Dr. Benowitz has served on the Pfizer Varenicline Worldwide Advisory Board and on the scientific steering committee of Pfizer-supported varenicline clinical trials.

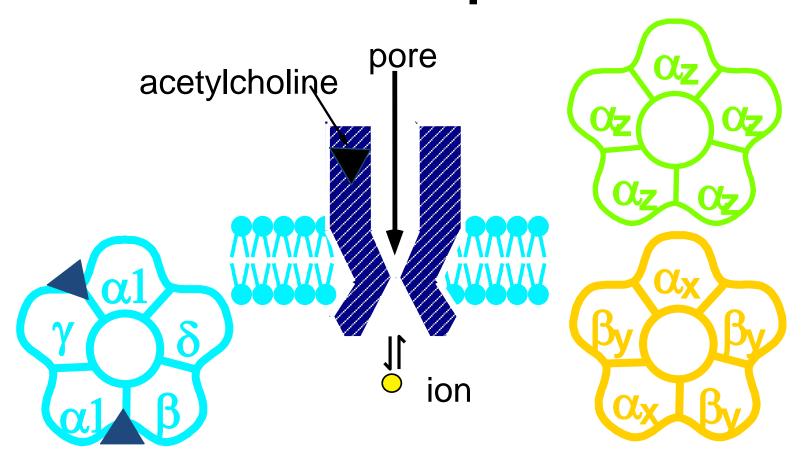
### Objectives

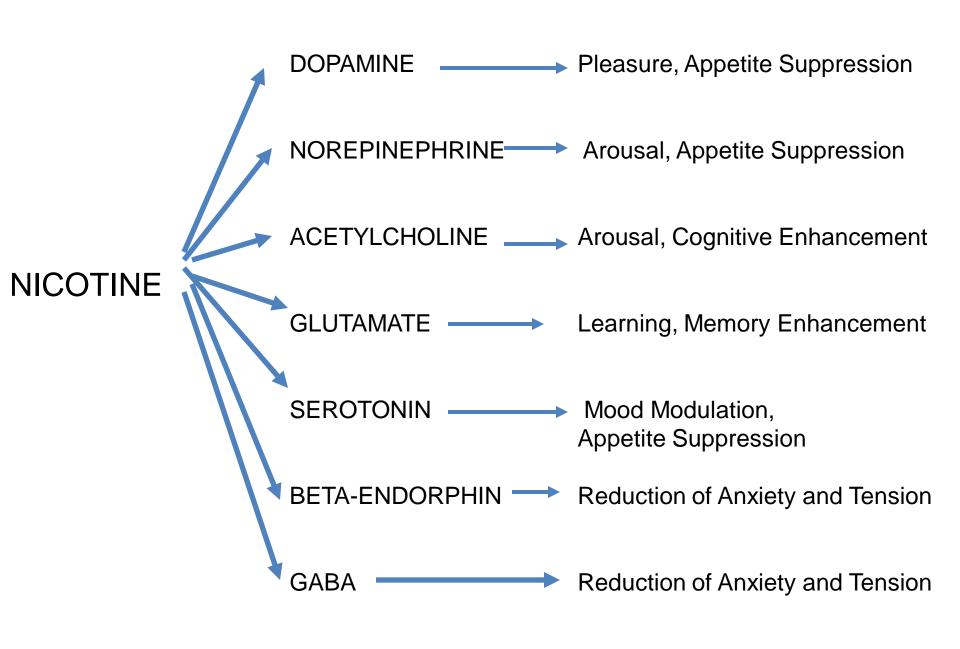
- Overview of neurobiology of nicotine addiction
- Neurobiologic rationale for varenicline to treat tobacco dependence
- Clinical pharmacology of varenicline
- Possible mechanisms that might be involved in varenicline toxicity

## **Nicotine Addiction**

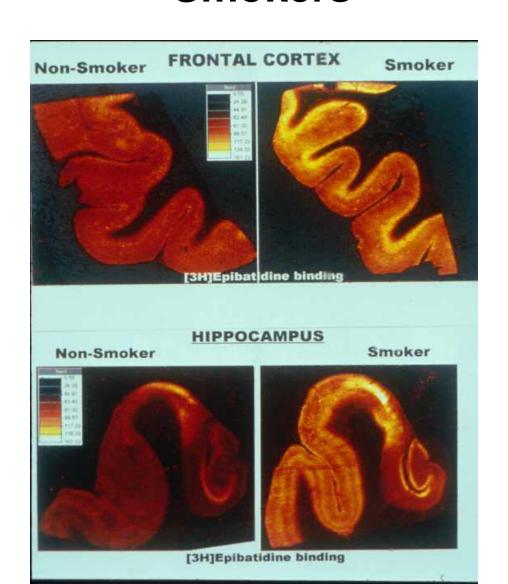
**ACETYLCHOLINE** 

## Structure of Nicotinic ACh Receptors





#### Nicotinic Receptor Upregulation In Smokers

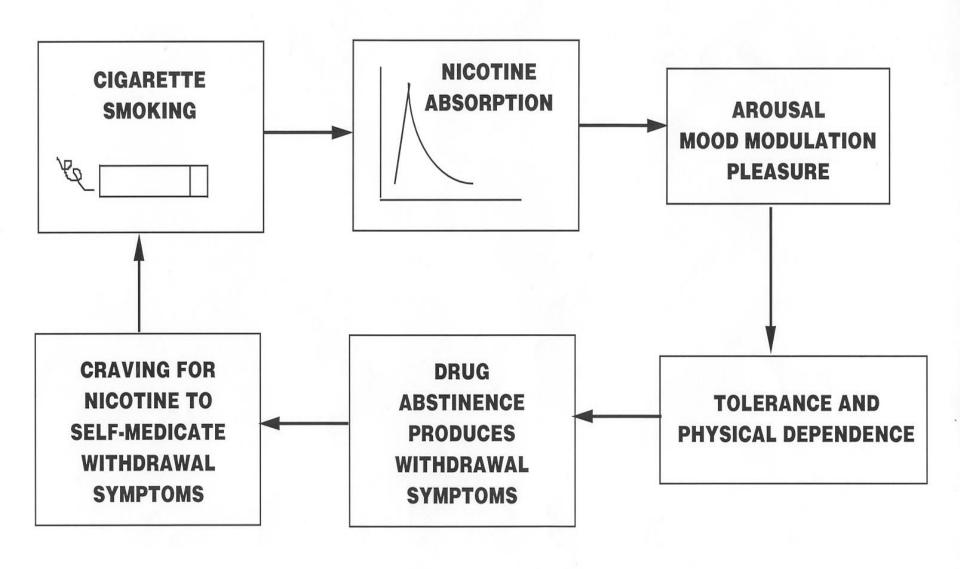


## Tobacco Abstinence Symptom Clusters

(Gross and Stitzer)

- PSYCHOLOGICAL DISTRESS: Irritability, Anger, Impatience, Anxiety
- DIFFICULTY CONCENTRATING:
  Cognitive and Performance Impairment
- HUNGER AND EATING: Weight Gain
- TOBACCO CRAVING
- HEDONIC DYSREGULATION

#### **NICOTINE ADDICTION CYCLE**

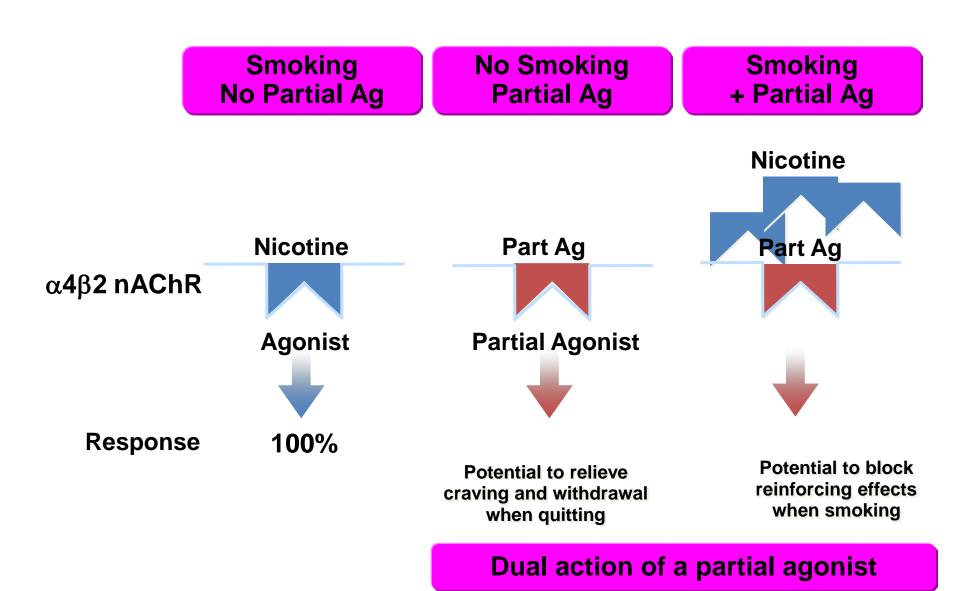


## Basic Pharmacology of Varenicline

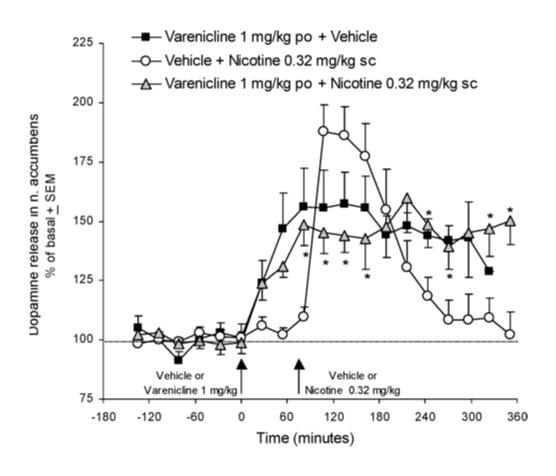
## Receptor Pharmacology

- Potent partial agonist at α4β2\* and α6β2\* receptors
- Activates nAChRs to ameliorate craving and withdrawal (50% of nicotine effect)
- Antagonizes nAChRs to reduce rewarding effects of nicotine
- May also desensitize nAChRs resulting in virtual full antagonism

#### Rationale for $\alpha 4\beta 2$ nAChR Partial Agonists



## Nicotine, Varenicline and Brain Dopamine Release



## Varenicline Actions on Other Receptors

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α7 homomeric – full agonist
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 $\alpha 3\beta 4$  – weak agonist

5-HT<sub>3</sub> (serotonin) – full agonist

## Varenicline Binding Affinity to Nicotinic Receptors

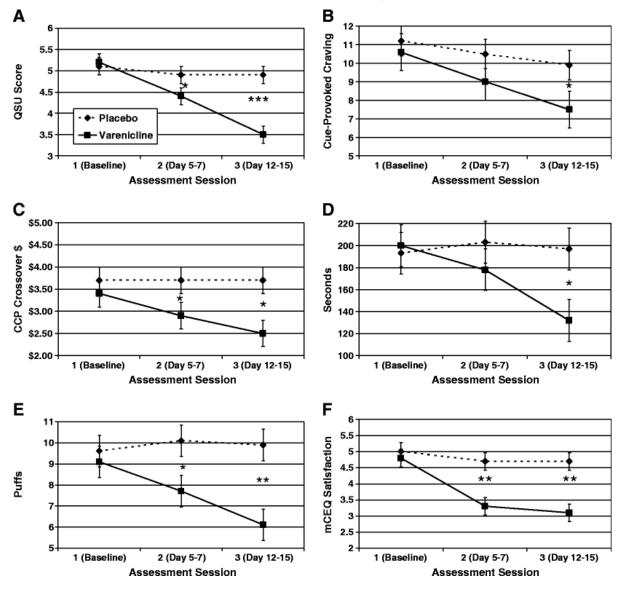
<u>nACHR</u>	<u>Ki or IC50 (nM)</u>
α4β2	0.4
α3β4	86
α7	125
α6*	111

## Clinical Pharmacology of Varenicline

#### Pharmacokinetics

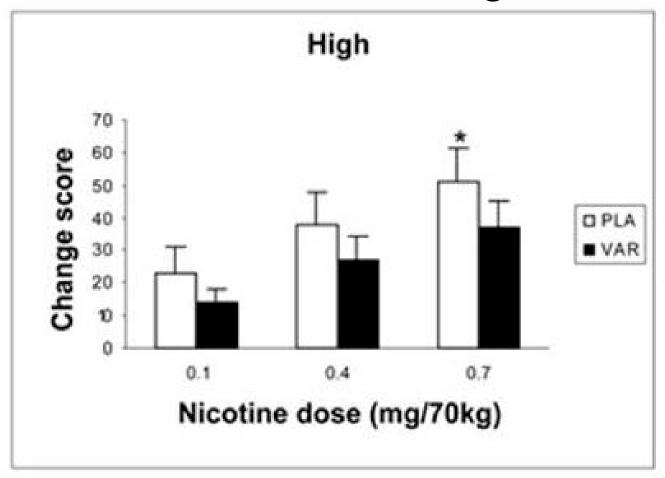
- Half-life ~ 24 hours
- Cmax within 4 hours
- Steady State reached after 4 days
- No effect of food on concentrations
- 93% of recovered drug in urine unchanged, 99% renal clearance
- No inhibition of P450 enzymes

#### Varenicline effects during cigarette abstinence

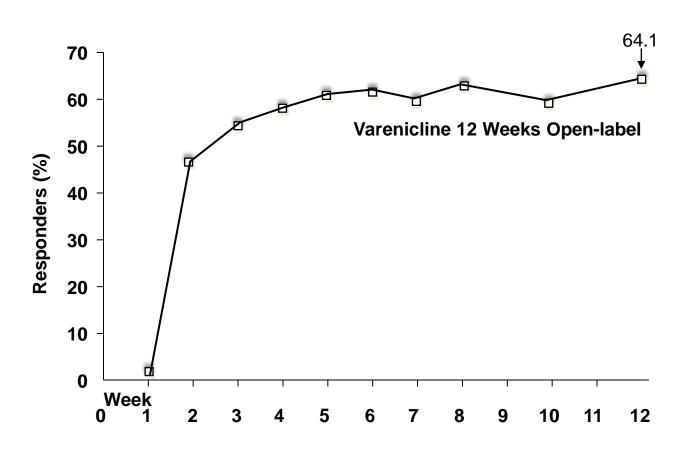


Brandon, Psychopharm 2011

## Varenicline antagonizes nicotine-induced high



#### 7-Day Point-Prevalence of Abstinence: Open-Label Treatment Phase



# Varenicline Pharmacology & Safety Concerns

## Varenicline Safety Issue

#### Most common side effects

- Nausea (40%)
- Abnormal dreams (23%)
- •Insomnia (19%)
- 10% discontinue treatment due to adverse drug effect

#### Varenicline and Nausea

- May involve both central and peripheral mechanisms
- Afferent stimulation in GI tract:  $5-HT_3$  and /or  $\alpha 3\beta 4$  receptors
- Central: activation of α3β4 receptors
- Tolerance usually develops

## Varenicline Psychiatric and Neurological Safety Concerns

Reports of agitation, violent behavior, depressed mood, suicidal ideation and behavior, worsening of pre-existing psychiatric illness, seizures.

## Possible Neuropsychiatric Toxicity Mechanisms

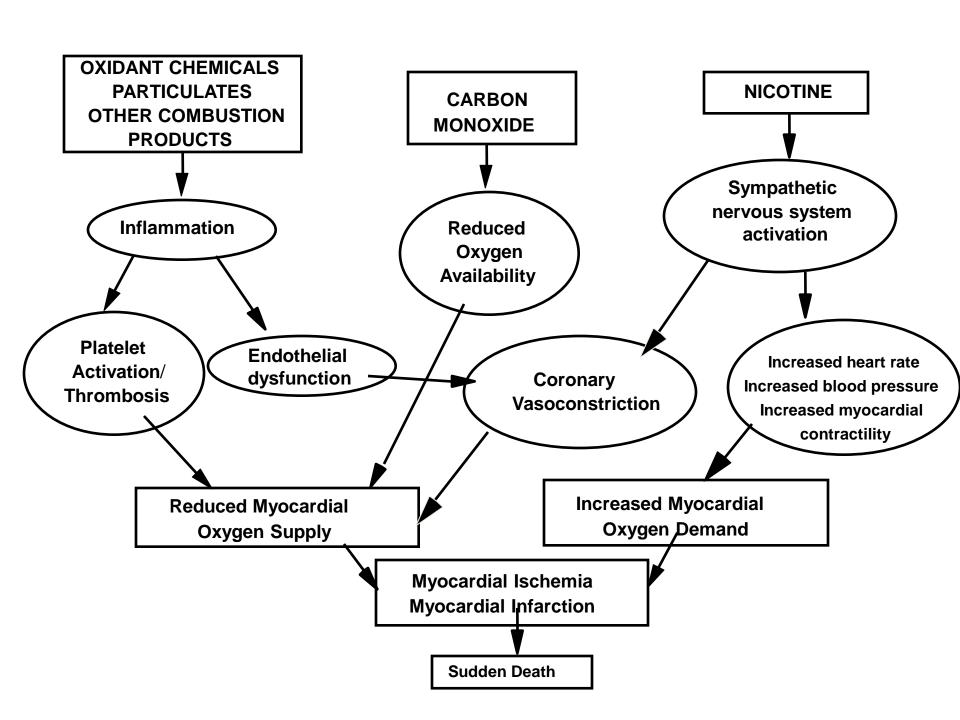
- Functional down regulation of α7 nAChR-schizophrenia
- Presistent activation of  $\alpha 4\beta 2$  depression
- Activation of α3β4-anxiety

## Varenicline Cardiovascular Concerns

Reports of myocardial infarction, heart rhythm disturbances, sudden loss of consciousness

## FDA Drug Safety Communication Chantix (varenicline) July 22, 2011

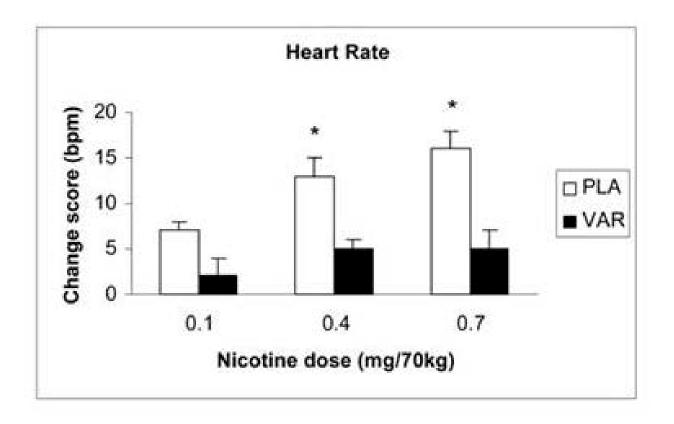
"Chantix may be associated with a small increased risk of certain CV events in patients who have CV disease...benefits should be weighed against potential risks in smokers with CV disease."



## Varenicline Cardiovascular Pharmacology

- A3β4 receptors in peripheral ganglia - release catecholamines, activate platelets.
- $\alpha 3\beta 4$  and  $\alpha 7$  may influence heart rate, blood pressure homeostasis.
- Varenicline levels predicted to be too low to activate α3β4 and α7 nAChRs
- No adverse CV effects in preclinical animal studies

## Varenicline antagonizes nicotine-induced increase in heart rate



#### Conclusions

- Varenicline is a partial agonist that is highly but not entirely specific for α4β2 nicotinic receptors.
- Nausea is likely mediated by stimulation in GI tract of 5-HT<sub>3</sub> and α3β4 receptors.

## Conclusions (cont.)

- Neuropsychiatric side effects speculated to be mediated by actions on α7, α4β2 and/or α3β4 receptors, but evidence is inconclusive.
- Cardiovascular side effects speculated to be mediated by actions on  $\alpha 3\beta 4$  and/or  $\alpha 7$  receptors, but no evidence to support CV effects in experimental animal or human studies.