

Bupropion and Naltrexone in Methamphetamine Use Disorder

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Alkermes provided injectable extended-release naltrexone (Vivitrol®) and matched injectable placebo for CTN-0068 ADAPT and CTN-0054 ADAPT-MD.



Learning Objectives

- ☀ Describe the encouraging findings of the Accelerated Development of Additive Pharmacotherapy Treatment for Methamphetamine Use Disorder (ADAPT) trial and how they supported the development of the Accelerated Development of Additive Treatment for Methamphetamine Use Disorder (ADAPT-2) trial.
- ☀ List the ways in which combination Bupropion + Naltrexone therapy contribute to the ongoing health crisis of methamphetamine use disorder.

Methamphetamine Crisis

- ☀ Methamphetamine use disorder is persistently rising in the United States
- ☀ Methamphetamine is a leading cause of overdose deaths in the Midwest and West
- ☀ Despite this crisis being identified as a public health goal, there is no FDA-approved medication for methamphetamine use disorder



Hedegaard et al., 2017; Ellis et al., 2018; Ashok et al., 2017; Soares and Pereira, 2019 #ASAM2021

ADAPT-2 Background and Rationale

- ☀ Promising candidates showing preliminary clinical utility include naltrexone and bupropion
- ☀ Combination of bupropion + naltrexone predicated on potentially complementary effects as shown in clinical research
- ☀ CTN-0054 ADAPT-MD pilot trial: Open-label study using bupropion + naltrexone for MA dependent participants showed promising results



ADAPT-2 Study Medications

- ☀ **Naltrexone** appears to:
 - ☀ Reduce reinforcing effects of amphetamine
 - ☀ Reduce likelihood of relapse
 - ☀ Decrease craving
- ☀ **Bupropion** (typically 300mg/day) appears to:
 - ☀ reduce cue-craving
 - ☀ decrease methamphetamine use



ADAPT-2 Study Objectives

Primary Aim:

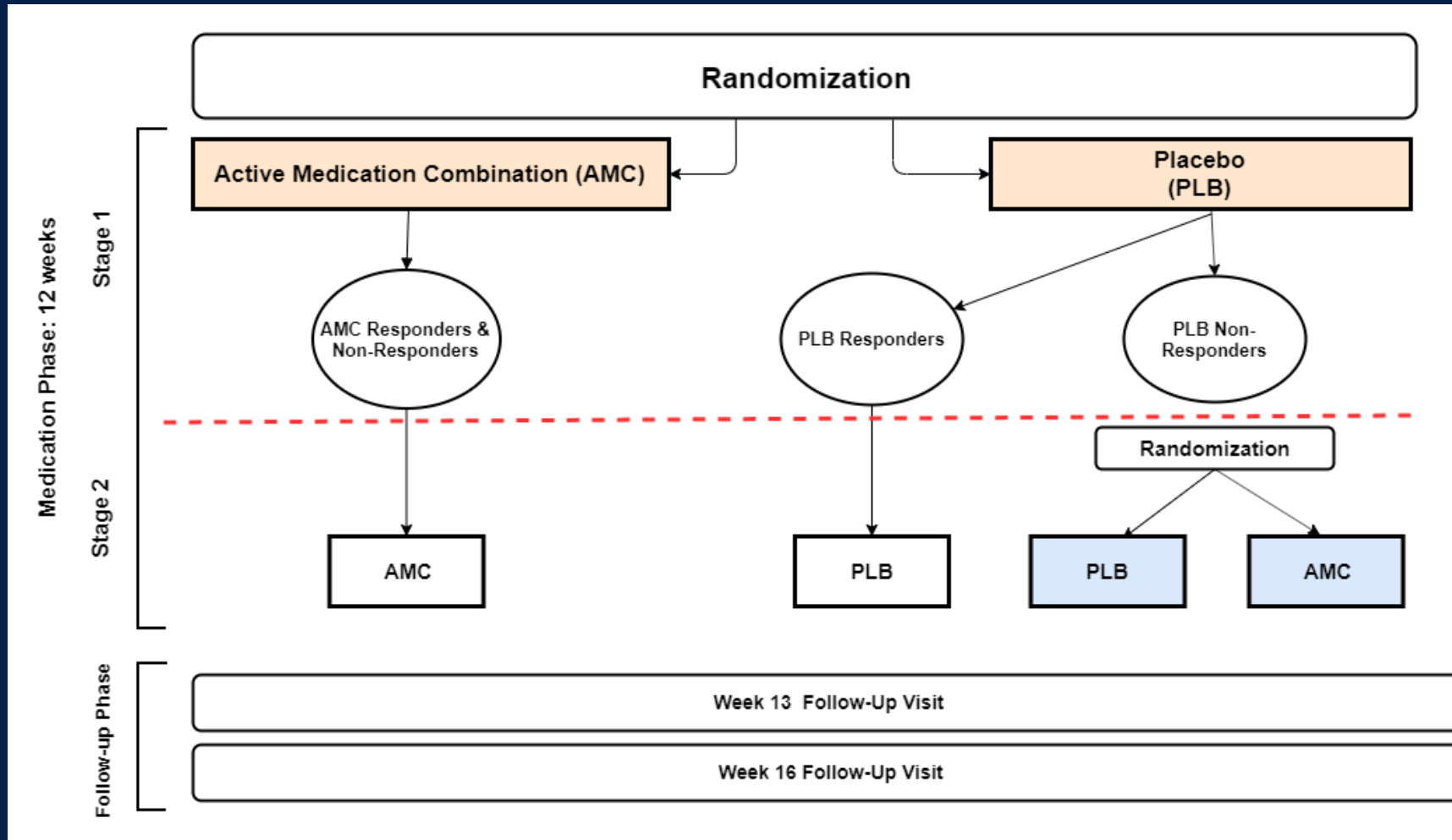
- ☀️ Assess efficacy of extended-release injectable naltrexone (380 mg) + extended release oral bupropion (450 mg) as combination pharmacotherapy for methamphetamine use disorder

Secondary Aims:

- ☀️ Assess safety
- ☀️ Assess efficacy on other SUD outcomes, depression symptom scores, quality of life ratings



ADAPT-2 Study Schema: Unmasked



Primary Outcomes

- ☀ **Primary efficacy outcome measure**

- ☀ Methamphetamine negative UDS results in Medication Phase (AMC vs PLB)

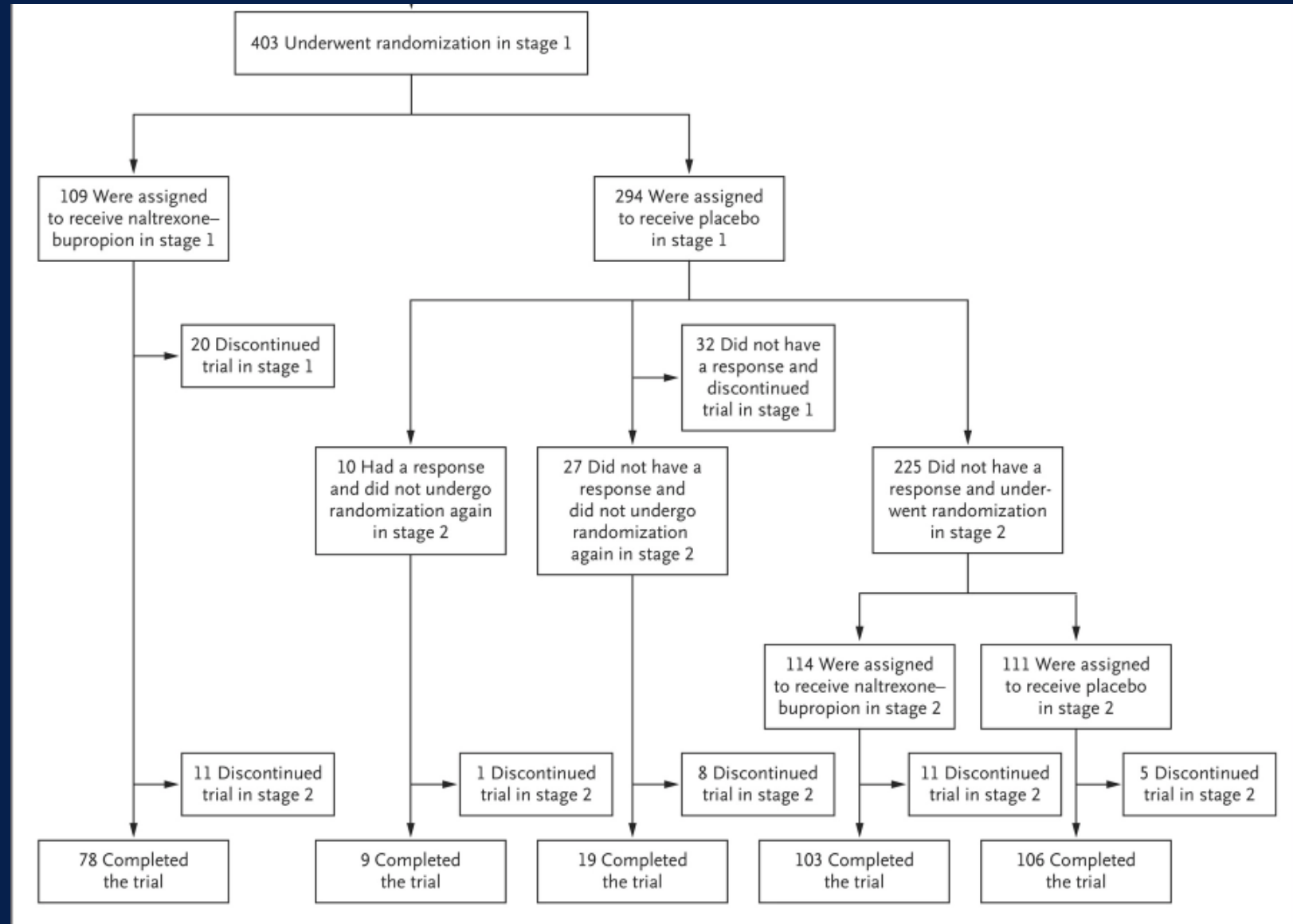
- ☀ **“Responder”**: Participants who provide at least 3 of 4 total UDS negative for methamphetamine during evaluation periods

- ☀ Stage 1 evaluation period: Weeks 5 and 6

- ☀ Stage 2 evaluation period: Weeks 11 and 12

- ☀ **Primary safety outcomes**: Adverse Events and Serious Adverse Events

Screening and Randomization



MH Trivedi et al. N Engl J Med 2021;384:140-153

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CTN-0068 ADAPT

NIDA UG1DA020024

ADAPT Primary Outcome Results



Baseline Demographics of Participants in the Intention-to-Treat Population

Characteristic	All Participants	Stage 1		Stage 2	
		Naltrexone–Bupropion (N=109)	Placebo (N=294)	Naltrexone–Bupropion (N=114)	Placebo (N=111)
	Total (N=403)				
Male — no. (%)	277 (68.7)	78 (71.6)	199 (67.7)	78 (68.4)	79 (71.2)
Age – yr	41.0±10.1	41.0±10.6	41.0±10.0	41.0±10.5	42.0±9.6
Hispanic or Latino ethnic group — no. (%)	55 (13.6)	13 (11.9)	42 (14.3)	20 (17.5)	18 (16.2)
Race or ethnic group — no. (%)					
White	287 (71.2)	82 (75.2)	205 (69.7)	84 (73.7)	69 (62.2)
Black	48 (11.9)	10 (9.2)	38 (12.9)	8 (7.0)	22 (19.8)
Other	68 (16.9)	17 (15.6)	51 (17.3)	22 (19.3)	20 (18.0)
High school diploma, GED, or lower education level — no. (%)	142 (35.2)	39 (35.8)	103 (35.0)	36 (31.6)	33 (29.7)

Baseline Demographics of Participants in the Intention-to-Treat Population

Characteristic	All Participants	Stage 1		Stage 2	
	Total (N=403)	Naltrexone-Bupropion (N=109)	Placebo (N=294)	Naltrexone-Bupropion (N=114)	Placebo (N=111)
Marital status — no. (%)					
Married or living with partner	93 (23.1)	26 (23.9)	67 (22.8)	25 (21.9)	25 (22.5)
Never married	204 (50.6)	49 (45.0)	155 (52.7)	60 (52.6)	59 (53.2)
Divorced, separated, widowed, or unknown — no. (%)	106 (26.3)	34 (31.2)	72 (24.5)	29 (25.4)	27 (24.3)
Employed — no. (%)	156 (38.7)	43 (39.4)	113 (38.4)	46 (40.4)	44 (39.6)

Baseline Methamphetamine Use Characteristics

Characteristic	All Participants	Stage 1		Stage 2	
	Total (N=403)	Naltrexone–Bupropion (N=109)	Placebo (N=294)	Naltrexone–Bupropion (N=114)	Placebo (N=111)
No. of days that methamphetamine was used in the 30 days before consent	26.7±4.1	27.0±3.9	26.5±4.2	26.7±4.1	26.1±4.3
Most frequent route of use — no. (%)					
Smoking	293 (72.7)	80 (73.4)	213 (72.4)	83 (72.8)	79 (71.2)
Intravenous	77 (19.1)	23 (21.1)	54 (18.4)	21 (18.4)	22 (19.8)
Nasal or oral	33 (8.2)	6 (5.5)	27 (9.2)	10 (8.8)	10 (9.0)
Participants reporting intravenous use ≥1 days in the 30 days before consent — no. (%)	135 (33.5)	39 (35.8)	96 (32.7)	38 (33.3)	36 (32.4)
Intensity of craving	66.1±22.3	65.7±22.2	65.8±21.6	66.7±21.3	63.7±21.9
Age of first use — yr	24.8±9.9	24.7±10.7	24.8±9.6	25.5±10.9	24.8±9.1

Primary Outcome Results

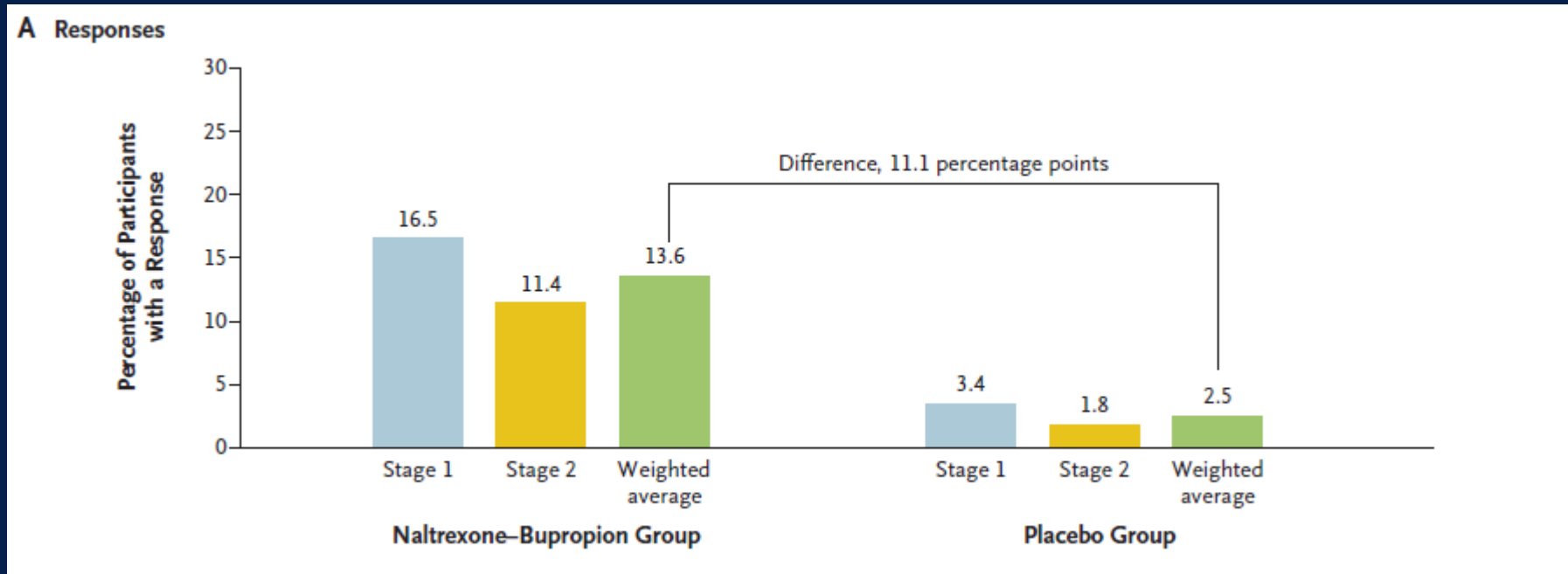
The primary efficacy outcome was statistically significant.

Primary Outcome Analysis by Stage and Treatment Arm								
Stage 1			Stage 2			Results		
N	PLB Responder Rate	AMC Responder Rate	N	PLB Responder Rate	AMC Responder Rate	Treatment Effect	p-value	Number Needed to Treat
403	10/294 (3.4%)	18/109 (16.5%)	225	2/111 (1.8%)	13/114 (11.4%)	0.1111	<0.0001	9

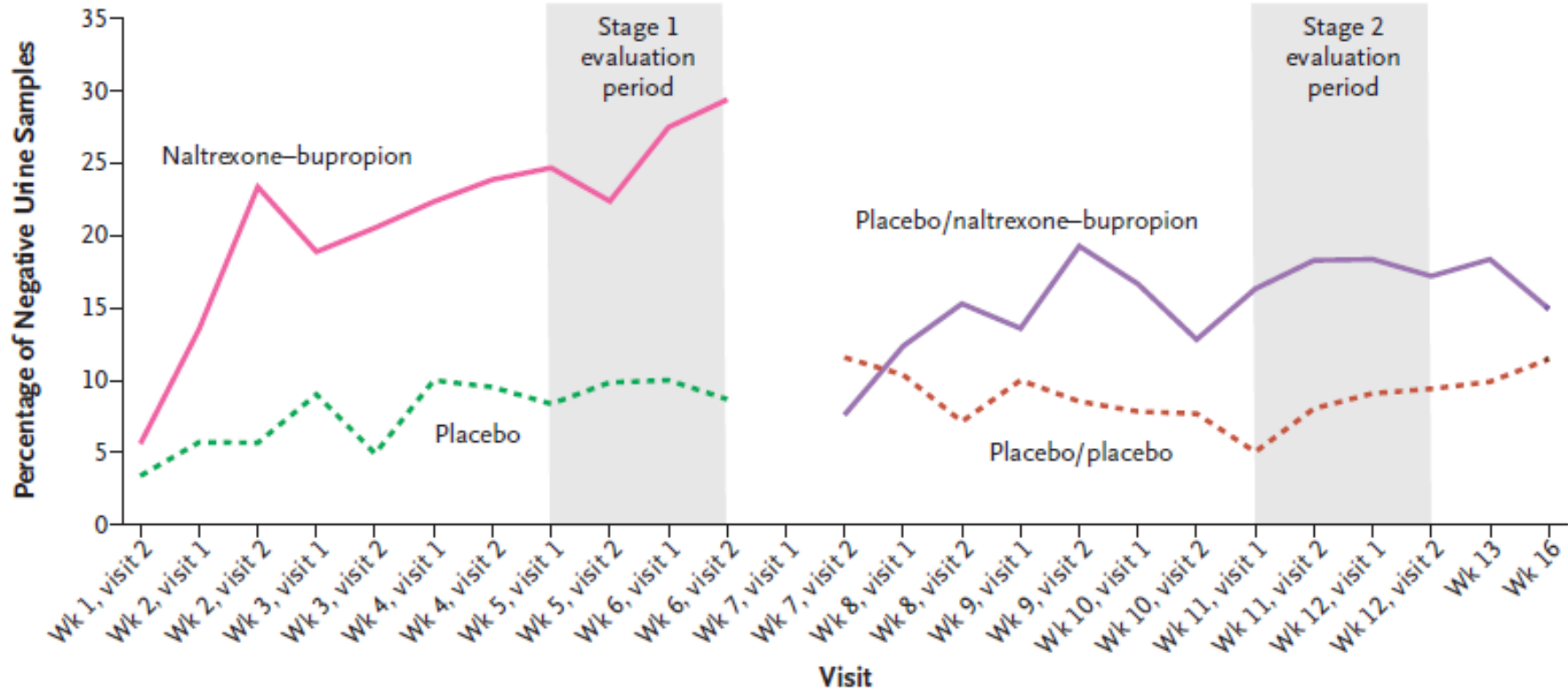
Note: Rate of continuation into Stage 2 among PLB non-responders was 0.7923



Weighted outcome primary result



B Methamphetamine-Negative Urine Samples



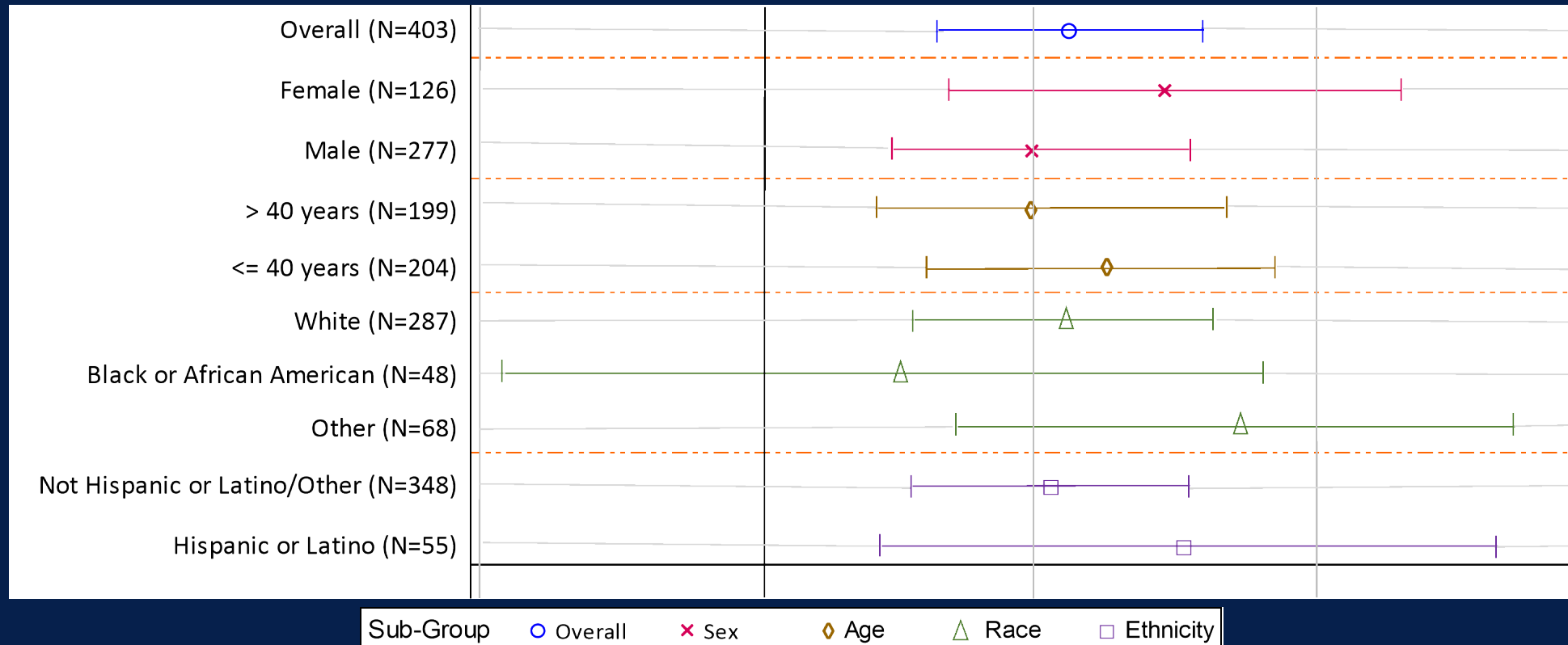
No. of Urine Samples Obtained at Each Visit

	Stage 1											Stage 2												
Naltrexone-bupropion	89	96	77	90	73	85	67	81	67	80	68													
Placebo	265	280	229	266	223	260	210	239	203	240	207													
Placebo/naltrexone-bupropion												92	97	85	103	83	96	78	98	82	98	93	98	87
Placebo/placebo												95	106	84	100	82	102	91	99	87	99	85	101	96



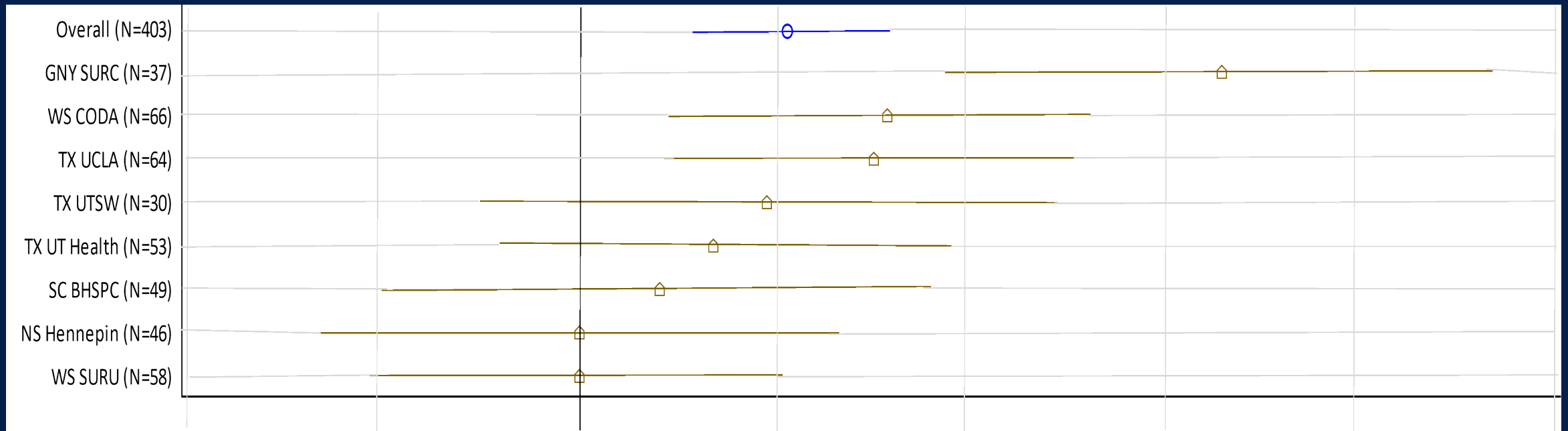
Repeated primary analysis, separately by Sex, Age, Race, Ethnicity

Weighted Treatment effect, h (95% CI) by Sub-groups



Repeated primary analysis, separately by site

Weighted Treatment effect, h (95% CI) by Sub-groups



Sub-Group ○ Overall □ Site

Covariate adjusted model showed results consistent with the primary outcome analysis.

Primary Outcome Covariate Adjusted Analysis Results:		
ITT Population		
<u>Model Results</u>	<u>Treatment Effect</u>	<u>p-value</u>
Treatment Effect	0.1095	<0.0001
Other Covariates in the Model		
Site		0.1108
Age at onset of methamphetamine use		0.3037
Baseline number of methamphetamine use days self-reported		0.3154
Baseline IV methamphetamine use self-reported		0.0911
Number of DSM-5 criteria met during screening		0.1859
Baseline number of days of cigarette or e-cigarette use self-reported		0.1573
Baseline Treatment Effectiveness Assessment Score		0.2301
Baseline average Visual Analog Craving Scale Score		0.8640



ADAPT Secondary Outcomes



Other Methamphetamine UDS Derived Results

Treatment Effectiveness Score (TES) – proportion of 12 UDS that are MA-negative, within each stage

<u>Stage 1</u>		<u>Stage 2</u>		<u>Results</u>		
PLB Mean TES	AMC Mean TES	Placebo Mean TES	AMC Mean TES	Treatment effect	Std Error H	p-value
0.114	0.196	0.126	0.184	0.068	0.016	<0.001

Note: N=403, Weight used 0.43, continuation rate 0.792, test statistic Z 4.254



Other Methamphetamine UDS Derived Results

Number of visits with methamphetamine negative UDS results, within each stage

<u>Stage 1</u>		<u>Stage 2</u>		<u>Results</u>	
Placebo # visits MA negative UDS	AMC # visits MA negative UDS	Placebo # visits MA negative UDS	AMC # visits MA negative UDS	Treatment effect	p-value
1.474	2.449	1.613	2.309	0.815	<0.001

Note: N = 403, Weight 0.43, continuation rate 0.792, test statistic (z) 4.026



Other Methamphetamine UDS Derived Results

Number of consecutive visits with methamphetamine negative UDS

<u>Stage 1</u>		<u>Stage 2</u>		<u>Results</u>	
Placebo # consecutive visits MA negative UDS	AMC # consecutive visits MA negative UDS	Placebo # consecutive visits MA negative UDS	AMC # consecutive visits MA negative UDS	Treatment effect	p-value
1.300	2.126	1.373	2.052	0.742	<0.001

Note: N = 403, Weight 0.43, continuation rate 0.792, test statistic (z) 3.761



Self-Reported Changes in Methamphetamine Use & Craving

Use from Timeline Follow Back (TLFB)

Stage 1: Mean Change from Baseline		Stage 2: Mean Change from End of Stage 1		Results	
PLB Days of MA Use	AMC Days of MA Use	PLB Days of MA Use	AMC Days of MA Use	Treatment effect	p-value
0.140	0.272	0.160	0.253	0.110	<0.001

Note: Weight 0.43, continuation rate 0.792, test statistic (Z) 5.666

Craving from VAS

Stage 1: Mean Change from Baseline		Stage 2: Mean Change from End of Stage 1		Results	
PLB Days of MA Use	AMC Days of MA Use	PLB Days of MA Use	AMC Days of MA Use	Treatment effect	p-value
-21.860	-29.599	-20.119	-31.339	-9.724	<0.001

Note: N = 392, Weight 0.43, continuation rate 0.792, test statistic (z) -4.69



TLFB Selected Results – Alcohol and Cigarettes

Alcohol

Stage 1: Mean Change from Baseline		Stage 2: Mean Change from End of Stage 1		Results	
Placebo Mean Change from Baseline	AMC Mean Change from Baseline	Placebo Mean Change from End of Stage 1	AMC Mean Change from End of Stage 1	Treatment effect	p-value
-0.054	-0.016	-0.035	-0.035	0.016	0.089

Cigarettes

Stage 1: Mean Change from Baseline		Stage 2: Mean Change from End of Stage 1		Results	
Placebo Mean Change from Baseline	AMC Mean Change from Baseline	Placebo Mean Change from End of Stage 1	AMC Mean Change from End of Stage 1	Treatment effect	p-value
0.054	0.103	0.038	0.119	0.067	<0.001



Note: N = 392, Weight 0.43, continuation rate 0.792, test statistic (z) 1.706

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Note: N = 392, Weight 0.43, continuation rate 0.792, test statistic (z) 4.353

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Outcomes Related to Life Quality

Treatment Effectiveness Assessment (TEA)

- ☀ More improvement (from baseline) in AMC than PLB, in both stages
- ☀ Overall significant effect ($p < 0.0001$)

QoL Outcomes

- ☀ 3 separate types: Physical Health, Mental Health, Activities
- ☀ More improvement (from baseline) in AMC than PLB, in both stages
- ☀ Not significant

Depressive Symptoms from PHQ-9

<u>Stage 1:</u> <u>Mean Change from Baseline</u>		<u>Stage 2:</u> <u>Mean Change from End of Stage 1</u>		<u>Results</u>	
PLB PHQ-9	AMC PHQ-9	PLB PHQ-9	AMC PHQ-9	Treatment effect	p-value
-2.946	-4.458	-3.362	-4.042	-1.039	0.016

Note: N = 403, Weight 0.43, continuation rate 0.792, test statistic (z) -2.41



Treatment Effectiveness Assessment (TEA)

<u>Stage 1:</u> <u>Mean Change from Baseline</u>		<u>Stage 2:</u> <u>Mean Change from End of Stage 1</u>		<u>Results</u>	
PLB TEA Score	AMC TEA Score	PLB TEA Score	AMC TEA Score	Treatment effect	p-value
2.178	6.495	2.450	6.222	4.006	<0.001

Note: N=306, Weight 0.43, continuation rate 0.792, test statistic (z) 4.558



PHQ-9: Suicide Endorsement

PHQ-9: Suicide Item #9:

Over the past 2 weeks, how often have you been bothered by thoughts that you would be better off dead, or thoughts of hurting yourself in some way?

<u>Stage 1</u>		<u>Stage 2</u>		<u>Results</u>		
Placebo Rate	AMC Rate	Placebo Rate	AMC Rate	Treatment effect	p-value	NNT
0.029	0.025	0.030	0.021	-0.007	0.693	-140.1

Note: N=403, Weight 0.43, randomization fraction 0.37, continuation rate 0.792, test statistic (z) -0.504, 95% Lower limit -0.035

ADAPT Safety Outcomes



Table 3. Safety results (in the safety population), by stage and treatment arm.

	Stage 1		Stage 2	
	PBO (N=294)	NTX-BPR (N=109)	PBO/PBO (N=111)	PBO/NTX-BPR (N=114)
<u>Serious Adverse Events (SAE)</u>				
Participants with at least one treatment emergent SAE, N (%) ¹	4 (1.4%)	1 (0.9%)	4 (3.6%)	3 (2.6%)
Type of SAE, N (%) ²				
Inpatient hospital admission or prolongation of existing hospitalization	3 (75.0%)	1 (100.0%)	4 (100.0%)	4 (100.0%)
Seizure	1 (25.0%)	0 (0%)	0 (0%)	0 (0%)
<u>Adverse Events (AE)³</u>				
Participants with at least one moderate or severe treatment emergent AE, N (%) ¹	26 (8.8%)	26 (23.9%)	2 (1.8%)	9 (7.9%)
Treatment emergent AEs, N				
Grade 2 – Moderate, N (%)	45 (100.0%)	38 (100.0%)	2 (100.0%)	11 (91.7%)
Grade 3 – Severe, N (%)	0 (0%)	0 (0%)	0 (0%)	1 (8.3%)
AEs related to oral medication, N (%) ³	27 (60.0%)	23 (60.5%)	1 (50.0%)	3 (25.0%)
AEs related to injectable medication, N (%) ³	27 (60.0%)	18 (47.4%)	1 (50.0%)	10 (83.3%)

Stage 1 Adverse Events

Summary of Treatment Emergent <u>Adverse Events</u> By Treatment Arm in Stage 1			
	<u>Placebo</u> (N=294)	<u>AMC</u> (N=109)	<u>Total</u> (N=403)
Number of participants with treatment emergent adverse events in Stage 1 ¹	245	99	344
Number of treatment emergent adverse events	839	417	1256
<u>Severity of adverse event</u>			
Missing	0	2	2
Grade 1 - Mild	679	328	1007
Grade 2 - Moderate	149	86	235
Grade 3 - Severe	11	1	12
<u>Relationship of treatment emergent adverse event to oral study medication</u>			
No	683	269	952
Yes	156	148	304
<u>Relationship of treatment emergent adverse event to injectable study medication</u>			
No	741	341	1082
Yes	98	76	174

¹ Stage 1 AEs include adverse events occurring before the date of re-randomization for re-randomized participants and in Weeks 1-6 for non-re-randomized participants.



Stage 1: No Study Medication Related SAEs

Summary of Treatment Emergent <u>Serious Adverse Events (SAEs)</u> by Treatment Arm in Stage 1			
	<u>Placebo</u> (N=294)	<u>AMC</u> (N=109)	<u>Total</u> (N=403)
Number of participants with treatment emergent serious adverse events in Stage 1 ¹	4	1	5
Number of treatment emergent serious adverse events	4	1	5
<u>Type of treatment emergent serious adverse event</u>			
Inpatient admission to hospital or prolongation of existing hospitalization	3	1	4
Seizure	1	0	1
Death	0	0	0
Life-threatening event	0	0	0
Persistent or significant incapacity	0	0	0
Congenital anomaly or birth defect	0	0	0
Important medical event that required intervention to prevent any of the above	0	0	0
<u>Relationship of treatment emergent serious adverse event to oral study medication</u>			
No	4	1	5
Yes	0	0	0
<u>Relationship of treatment emergent serious adverse event to injectable study medication</u>			
No	4	1	5
Yes	0	0	0

¹ Stage 1 SAEs include serious adverse events occurring before the date of re-randomization for re-randomized participants and in Weeks 1-6 for non-re-randomized participants



Stage 1 SAEs by MedDra Class

Summary of Treatment Emergent MedDRA Coded Serious Adverse Events

System Organ Class/ Preferred Term (MedDRA v22.1)	<u>Placebo</u> (N=294)	<u>AMC</u> (N=109)	<u>Total</u> (N=403)
Participants with at least one serious adverse event in Stage 1 ¹	4	1	5
Psychiatric disorders	2	0	2
Substance-induced psychotic disorder	1	0	1
Paranoia	1	0	1
Nervous system disorders	1	0	1
Seizure	1	0	1
Infections and infestations	0	1	1
Gastroenteritis	0	1	1
Gastrointestinal disorders	1	0	1
Pancreatitis	1	0	1

Stage 2 Adverse Events

Table Summary of Treatment Emergent Adverse Events by Treatment Arm in Stage 2

	<u>Re-randomized</u>		<u>Not Re-randomized</u>		Total (N=403)
	Placebo/Placebo (N=111)	Placebo/AMC (N=114)	Placebo (N=69)	AMC (N=109)	
Number of participants with treatment emergent adverse events in Stage 2 ¹	77	88	15	59	239
Number of treatment emergent adverse events	206	295	34	148	683
<u>Severity of adverse event</u>					
Missing	0	1	0	0	1
Grade 1 - Mild	151	246	24	104	525
Grade 2 - Moderate	45	40	7	35	127
Grade 3 - Severe	10	8	3	9	30
<u>Relationship of treatment emergent adverse event to oral study medication</u>					
No	182	254	32	122	590
Yes	24	41	2	26	93
<u>Relationship of treatment emergent adverse event to injectable study medication</u>					
No	195	233	33	135	596
Yes	11	62	1	13	87



Stage 2: One SAE related to Study Medications

Summary of Treatment Emergent Serious Adverse Events by Treatment Arm in Stage 2					
	Re-randomized		Not Re-randomized		Total (N=403)
	Placebo/Placebo (N=111)	Placebo/AMC (N=114)	Placebo (N=69)	AMC (N=109)	
Number of participants with trt emergent SAEs in Stage 2 ¹	4	3	1	3	11
Number of treatment emergent SAEs	4	4	1	3	12
<u>Type of treatment emergent serious adverse event</u>					
Inpatient admission to hospital or prolongation of existing hospitalization	4	4	1	3	12
Death	0	0	0	0	0
Life-threatening event	0	0	0	0	0
Persistent or significant incapacity	0	0	0	0	0
Congenital anomaly or birth defect	0	0	0	0	0
Important medical event that required intervention to prevent any of the above	0	0	0	0	0
Seizure	0	0	0	0	0
<u>Relationship of treatment emergent serious adverse event to oral study medication</u>					
No	4	4	1	2	11
Yes	0	0	0	1	1
<u>Relationship of treatment emergent serious adverse event to injectable study medication</u>					
No	4	4	1	3	12
Yes	0	0	0	0	0

Stage 2 SAEs by MedDRA Class

Summary of Treatment Emergent MedDRA Coded <u>Serious Adverse Events</u>					
System Organ Class/ Preferred Term (MedDRA v22.1)	<u>Re-randomized</u>		<u>Not Re-Randomized</u>		<u>Total</u>
	Placebo/Placebo (N=111)	Placebo/AMC (N=114)	Placebo (N=69)	AMC (N=109)	Total (N=403)
Participants with at least one SAE in Stage 2 ¹	4	3	1	3	11
<u>Infections and infestations</u>	3	1	1	1	6
Pneumonia	1	0	0	1	2
Urosepsis	1	0	0	0	1
Gastroenteritis shigella	1	0	0	0	1
Cellulitis	0	1	0	0	1
Appendicitis	0	0	1	0	1
<u>Psychiatric disorders</u>	0	1	0	1	2
Homicidal ideation	0	1	0	0	1
Depression	0	0	0	1	1
<u>Social circumstances</u>	1	0	0	0	1
Victim of crime	1	0	0	0	1
<u>Musculoskeletal and connective tissue disorders</u>	0	1	0	0	1
Neck pain	0	1	0	0	1
<u>Metabolism and nutrition disorders</u>	0	1	0	0	1
Hyperglycaemia	0	1	0	0	1
<u>Cardiac disorders</u>	0	0	0	1	1
Cardiac failure acute	0	0	0	1	1

Final Takeaways

- ✦ Even in face of grim mortality rates due to methamphetamine disorder in the US, there is still no FDA-approved treatment.
- ✦ This is the first large study to present promising results.
- ✦ A treatment that involves multiple on-site injections would be more promising than sending patients home with oral medication, where there is no confirmation of consumption.
- ✦ Future directions include examination other interventions to increase adherence and/or are fast acting.

References

1. Hedegaard H, Bastian BA, Trinidad JP, Spencer MR, Warner M. Regional differences in the drugs most frequently involved in drug overdose deaths: United States, 2017. *Natl Vital Stat Rep* 2019; 68:1-16.
2. Ellis MS, Kasper ZA, Cicero TJ. Twin epidemics: the surging rise of methamphetamine use in chronic opioid users. *Drug Alcohol Depend* 2018; 193: 14-20.
3. Ashok AH, Mizuno Y, VolkowND, Howes OD. Association of stimulant use with dopaminergic alterations in users of cocaine, amphetamine, or methamphetamine: a systematic review and meta-analysis. *JAMA Psychiatry* 2017; 74: 511-9.
4. Mooney LJ, Hillhouse MP, Thomas C, et al. Utilizing a two-stage design to investigate the safety and potential efficacy of monthly naltrexone plus once-daily bupropion as a treatment for methamphetamine use disorder. *J Addict Med* 2016; 10: 236-43.
5. Trivedi MH, Walker R, Ling W, et al. Bupropion and Naltrexone in Methamphetamine Use Disorder. *N Engl J Med*. 2021;384(2):140-153.

Questions?

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