maintenance period. The primary endpoint in all studies is mean change from baseline to end of study (EOS) in ADHD-RS-5 total score for SPN-812 vs. placebo. Secondary endpoints include change from baseline to EOS in 30% responder rate (% change: ADHD RS 5); Hyperactivity/Impulsivity and Inattention ADHD-RS-5 subscale scores; Conners 3 Rating Scale (parent and self-report); CGI-S/CGI-I (Improvement); Weiss Functional Impairment Rating Scale (parent report); Parenting Stress Index (children); and Stress Index for Parents of Adolescents (adolescents) after 6–8 weeks of treatment. Safety is assessed via adverse events, clinical laboratory tests, vital signs, electrocardiograms, physical examinations, and the Columbia-Suicide Severity Rating Scale. Phase 3 completers are offered the option of enrolling in an open-label extension study (OLE; up to 3 years) with a starting dose of 100/200 mg (children/adolescents). Data will be summarized with descriptive statistics and analyzed using appropriate statistical methods.

RESULTS: As of August 2018, enrollment in 1 child study is complete, and the other 3 trials are at ~89%; rollover into the OLE is ~90%.

CONCLUSIONS: There is an unmet need for nonstimulant ADHD treatment for children and adolescents that is effective, long-acting, and well tolerated. SPN-812 is being investigated in four Phase 3 randomized, placebo-controlled studies for the treatment of children and adolescents with ADHD, based on demonstrated efficacy and safety in the Phase 2 program.

This study is an encore of a poster presentation at the 2018 Annual Meeting of the American Society of Clinical Psychopharmacology (ASCP).

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Pharmacodynamics and Tolerability of Intranasally Administered Immediate-Release Amphetamine Sulfate Among Recreational Intranasal Stimulant Users

Beatrice Setnik, PhD[1]; Steve Caras, PhD[2]; Terrilyn Sharpe[3]; and Stephen V. Faraone, Ph[4]

[1] Vice President Scientific & Clinical Strategy, Early Phase, Syneos Health, Raleigh, NC, USA, and Department of Pharmacology and Toxicology, University of Toronto, Toronto, Canada
[2] Vice President Clinical Development, Arbor Pharmaceuticals, LLC, Atlanta, GA, USA
[3] Director of Clinical Development, Arbor Pharmaceuticals, LLC, Atlanta, GA, USA
[4] Departments of Psychiatry and of Neuroscience and Physiology, SUNY Upstate Medical University, Syracuse, NY, USA

ABSTRACT: Study Objective: Despite increased nonmedical use of ADHD prescription stimulants, there are limited data to inform selection of intranasal doses for abuse-potential evaluations. This study determined a dose of amphetamine sulfate that is tolerable and distinguishable from placebo on pharmacodynamic (PD) measures.

METHODS: In this randomized, double-blind, placebo-controlled, dose-escalation study, healthy, nondependent, recreational stimulant users received a single intranasal dose of amphetamine sulfate (20, 30, or 40 mg ; n = 6 per group) or placebo (n = 2 per group). PD and safety were assessed pre-dose and ≤24 hours post-dose. Drug Liking was measured using a bipolar Visual Analogue Scale (VAS; 0–100). Dose selection criteria were complete dose insufflation (≥95%); demonstration of peak Drug Liking ≥75 points, and ≥15 points greater than placebo in ≥3 participants receiving active drug; and tolerability.

RESULTS: Peak Drug Liking criteria were met in the 20-, 30-, and 40-mg groups by 2, 0, and 6 participants, respectively. Mean (SD) peak Drug Liking was 62 (13.0), 71 (17.8), and 93 (8.7) for amphetamine sulfate versus 54 (3.5), 76 (34.6), and 51 (0) for placebo in the 20-, 30-, and 40-mg groups, respectively. Thirteen participants experienced mild AEs (n = 1, 4, 6, and 1 in 20-, 30-, 40-mg, and placebo groups, respectively), there were no serious or clinically significant AEs. The most common AE was nostril burning sensation (active drug, n = 7). There were no instances of an incompletely insufflated dose.

CONCLUSION: A 40-mg intranasal dose produced distinguishable PD effects and was well tolerated. This dose has been selected for further abuse-potential evaluations.

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Therapeutic Equivalences in Long-term Antipsychotics

C. Gómez Sánchez-Lafuente

Psychiatrist, Hospital Regional Universitario, Málaga, Spain

ABSTRACT: Study Objectives: The concept of dose equivalence is very useful when it comes to using drugs. In the case of antipsychotics, the first comparison was