UNITED STATES SECURITIES AND EXCHANGE COMMISSION

WASHINGTON, DC 20549

FORM 8-K

CURRENT REPORT PURSUANT TO SECTION 13 OR 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934

Date of report (Date of earliest event reported): November 7, 2007

Nabi Biopharmaceuticals

(Exact name of registrant as specified in its charter)

Delaware State or other jurisdiction of incorporation 000-04829 Commission File Number 59-1212264 IRS Employer Identification No.

5800 Park of Commerce Boulevard N.W., Boca Raton, FL 33487 (Address of principal executive offices) (Zip code)

(561) 989-5800

(Registrant's telephone number, including area code)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (*see* General Instruction A.2. below):

□ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

□ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Nabi Biopharmaceuticals

Item 7.01. Regulation FD Disclosure

On the Company's previously scheduled third quarter financial results conference call held on November 8, 2007, the Company discussed the results of its recently completed Phase IIb proof-of-concept study for NicVAX[®] (Nicotine Conjugate Vaccine). A press release issued by the Company on November 7, 2007 discussing the results of this study is furnished as Exhibit 99.1 to this Report. On the conference call, the Company reviewed the webcast slides furnished as Exhibit 99.2 and referenced the Study Results Slides posted on the Company's website and furnished as Exhibit 99.3.

The information in this Item 7.01 shall not be deemed to be "filed" for purposes of Section 18 of the Exchange Act or otherwise subject to the liability of that section, and it shall not be incorporated by reference into any filing under the Securities Act or the Exchange Act, regardless of any general incorporation language in such filing. Furthermore, the furnishing of the information included in this Item 7.01 is not intended to constitute a determination by the registrant that the information is material or that the dissemination of the information is required by Regulation FD.

Item 9.01. Item 9.01. Financial Statements and Exhibits

Exhibit number	Description
<u>number</u> 99.1	NicVAX Press Release
99.2	Webcast Slides
99.3	Study Results Slides

The information included in the exhibits to this Current Report on Form 8-K is furnished pursuant to Items 7.01 and shall not be deemed to be "filed" for purposes of Section 18 of the Exchange Act or otherwise subject to the liability of that section, and shall not be incorporated by reference into any filing under the Securities Act or the Exchange Act, regardless of any general incorporation language in such filing. Furthermore, the furnishing of the information included in these exhibits to this Report is not intended to constitute a determination by the registrant that the information is material or that the dissemination of the information is required by Regulation FD.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

Nabi Biopharmaceuticals

Date: November 9, 2007

By: /s/ Jordan I. Siegel

Jordan I. Siegel Senior Vice President, Finance and Administration Chief Financial Officer and Treasurer

Index of Exhibits

Exhibit <u>number</u> 99.1	Description NicVAX Press Release
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NEWS RELEASE



FOR IMMEDIATE RELEASE

Nabi Biopharmaceuticals Announces Successful Completion of NicVAX® Phase 2b Trial; Drug Shows Statistically Significant Rates of Smoking Cessation and Continuous Long-Term Smoking Abstinence at 12 Months

Data Presented Today at the American Heart Association Scientific Sessions 2007 in Orlando, Florida

Boca Raton, Florida, November 7, 2007 – Nabi Biopharmaceuticals (NASDAQ: NABI) today announced the successful completion of its Phase 2b trial of NicVAX® (Nicotine Conjugate Vaccine), the company's innovative and proprietary investigational vaccine being developed to treat nicotine addiction and prevent smoking relapse. The final 12-month data confirm the highly significant trends seen in the previous data at six and nine months for both smoking cessation and long-term smoking abstinence. These data were presented at 9:45 a.m., EST today at the American Heart Association (AHA) Scientific Sessions 2007 in Orlando, Florida by one of the trial's lead investigators, Dr. Stephen Rennard, Larson Professor of Medicine, University of Nebraska Medical Center.

"I believe data from this trial are very encouraging – for smokers who are trying to quit as well as for the field of smoking cessation vaccines," said Dr. Rennard. "Only a short time ago, it was difficult to find convincing evidence to link anti-nicotine antibody with smoking cessation. This double-blind, placebo-controlled trial has demonstrated a clinical proof of concept. The data show there is a correlation between antibody level and the ability of patients to quit smoking and remain abstinent over long periods of time. This development is key for the field of smoking cessation research and could have a significant impact on how we treat patients with nicotine addiction."

NicVAX® Phase 2b Trial: Key Findings in Final 12 Month Data Set Optimal NicVAX® Dose and Schedule Identified for Smoking Cessation and Long-Term Abstinence

A statistically significant number of patients treated with the NicVAX® optimal dose (400 micrograms) and schedule (Schedule 2) were able to quit smoking and remained abstinent over the long-term:

- 12-Month continuous abstinence: NicVAX® 400 micrograms, Schedule 2 = 16% (8/51), Placebo=6% (6/100), p<0.038 (intent to treat population)
- 12-Month continuous abstinence: NicVAX® 200 micrograms, Schedule 2 = 14% (7/50), Placebo=6% (6/100), p<0.056 (intent to treat population)
 - For the final 12-month data analysis, this response was calculated using total time after the Target Quit Date, rather than the general study week (which was used in interim data analyses). This conservative and stringent statistical approach yielded statistically significant findings even after a full year.

Anti-Nicotine Antibody Levels Drive Long-Term Smoking Abstinence

- The rate of smoking cessation and ability to achieve long-term abstinence in treated patients was correlated with level of anti-nicotine antibodies at critical time points: The high antibody responder group (top 30% of antibody responders) showed continuous abstinence rates almost three times those of placebo at 12 months.
- These high antibody responders continued to show statistically significant abstinence at 12 months:
 - NicVAX®= 16% (10/61) vs. Placebo= 6% (6/100), p<0.032
- Subjects in the therapeutic effect window show a >30% likelihood of achieving at least four months of smoking abstinence and remaining entirely abstinent through 12 months following the first administration of NicVAX®.

Overall Health Benefit - High Antibody Responders Smoked Fewer Cigarettes

Those patients in the NicVAX® group who continued to smoke but who also showed a high antibody response (top third) showed a statistically significant reduction in cigarettes smoked over the full 12 months compared to placebo (p<0.022):

• Using a repeated measures model, vaccinated smokers who failed to quit but showed a high antibody response smoked a median of only 10 cigarettes per day while in the study, compared to their own baseline values of 20 cigarettes per day before treatment.

Safety Trends Continue – NicVAX® Shows No Compensatory Smoking, No Increased Withdrawal

Importantly, there was no evidence of compensatory smoking or increase in withdrawal symptoms observed in NicVAX® patients at any stage of the 12-month trial. NicVAX® continued to be well-tolerated with the placebo and NicVAX® dose groups showing comparable adverse event profiles at each stage of the clinical study.

"We are excited and greatly encouraged by the significant learning which has come from this first efficacy trial of NicVAX." said Dr. Leslie Hudson, Interim President and Chief Executive Officer of Nabi. "It is important to note that we have seen success in each of the critical parameters of this trial; we know the dimensions of the therapeutic antibody window which will drive continuous abstinence out to a full year, we know the relationship between the psychological and biochemical drives to quit and remain abstinent and, most importantly, we believe we now have the insight to drive a higher rate of response. We will use these encouraging final data to advance our NicVAX partnership discussions and to determine the optimal design for the next step in our clinical trial efforts for this important primary care product candidate."

About the Phase 2b Study

The Phase 2b study was a double-blind, placebo-controlled and dose-ranging study comprised of 301 patients designed to establish proof of concept and the optimal dose for the Phase 3 program. This study was designed in collaboration with the U.S. Food and Drug Administration and other global regulatory agencies and incorporates the most current clinical trial standards and prevailing protocol design for smoking cessation studies. The trial's primary endpoint is the rate of carbon monoxide (CO)-confirmed, continuous abstinence from smoking during weeks 19-26 after first vaccination. In May 2007, Nabi announced this trial's six-month data, which showed that a statistically significant number of patients with in the high anti-nicotine antibody responder group met the trial's primary endpoint of eight weeks of continuous abstinence between weeks 19-26.

About NicVAX®

NicVAX® is an innovative and proprietary investigational vaccine being developed by Nabi to treat nicotine addiction and prevent smoking relapse. NicVAX® is designed to stimulate the immune system to produce antibodies that bind to nicotine. A nicotine molecule attached to an antibody is too large to cross the blood-brain barrier. Therefore, NicVAX® blocks nicotine from reaching its receptors in the brain and prevents the highly-addictive pleasure sensation experienced by smokers and users of nicotine produces. Pre-clinical and previous clinical data, as well as the study reported here, show that NicVAX®'s ability to block nicotine from reaching the brain could help people quit smoking. Because the body's immune system can be boosted to produce long-lasting antibodies, Nabi believes NicVAX® also could be effective in preventing smoking relapse. Relapse is a significant challenge facing smokers and, with currently-available smoking cessation therapies, relapse rates can be as high as 90% in the first year after a smoker quits.

NicVAX® Development Progress to Date

In September 2005, Nabi announced that it received a \$4.1 million grant from the National Institute on Drug Abuse (NIDA), which is part of the National Institutes of Health. NIDA has also funded, in part, the costs for toxicology testing and earlier clinical trials in the U.S. and contributed scientific and clinical expertise to the program overall. In March 2006, Nabi Biopharmaceuticals announced that NicVAX® had received Fast Track Designation from the FDA, which facilitates the development of products that treat serious diseases where an unmet medical need exists. Nabi Biopharmaceuticals' intellectual property portfolio for technology related to NicVAX® includes both issued and pending patents in the U.S. In addition, Nabi holds granted patents in 18 European countries, plus patents and pending patent applications in numerous other countries around the world.

About Nabi Biopharmaceuticals

Nabi Biopharmaceuticals leverages its experience and knowledge in powering the immune system to develop and, in certain areas, market products that target serious medical conditions in the areas of hepatitis and transplants, gram positive bacterial infections and nicotine addiction. We are a vertically integrated company with sales of antibodies and other biologics, including Nabi-HB[®] [Hepatitis B Immune Globulin (Human)], a pipeline of products in various stages of development and a state-of-the-art manufacturing capability. The company operates through two strategic business units: Nabi Biologics and Nabi Pharmaceuticals. Nabi Biologics has responsibility for the company's protein and immunological products and development pipeline, including Nabi-HB. Nabi Pharmaceuticals is responsible for the NicVAX® (Nicotine Conjugate Vaccine) and StaphVAX® (Staphylococcus aureus Polysaccharide Conjugate Vaccine) development programs. For a complete list of pipeline products, please go to: http://www.nabi.com/pipeline/index.php. In September 2007, Nabi announced that it had entered into a definitive agreement with Biotest AG to sell the Nabi Biologics strategic business unit to Biotest Pharmaceuticals Corporation, including Nabi-HB® [Hepatitis B Immune Globulin (Human)], and other plasma business assets, including Nabi's state-of-the-art plasma protein production plant, and nine FDA-certified plasma collection centers across the U.S. The acquisition also will include certain of Nabi's Corporate Shared Services group assets and the company's Boca Raton, Florida headquarters and other facilities, as well as the assumption of certain liabilities. This transaction is expected to close by the end of the year. The company is headquartered in Boca Raton, Florida. For additional information about Nabi Biopharmaceuticals, please visit our Web site:http://www.nabi.com.

Forward-Looking Statements

Statements in this release that are not strictly historical are forward-looking statements and include statements about the closing of the sale of Nabi Biologics and clinical trials and studies. You can identify these forward-looking statements because they involve our expectations, beliefs, projections, anticipations or other characterizations of future events or circumstances. These forward-looking statements are not guarantees of future performance and are subject to risks and uncertainties that may cause actual results to differ materially from those in the forward-looking statements as a result of any number of factors. These factors include, but are not limited to, risks relating to our ability to: successfully close the sale of the Nabi Biologics SBU to Biotest AG; successful clinical trial results; our ability to successfully complete our strategic alternatives process; generate sufficient cash flow from sales of products or from milestone or royalty payments to fund our development and commercialization activities; attract and maintain the human and financial resources to commercialize current products and bring to market products in development; depend upon third parties to manufacture or fill our products; effectively and/or profitability use, or utilize the full capacity of, our vaccine manufacturing facility; manufacture NicVAX® or other products in our own vaccine manufacturing facility; comply with reporting and payment obligations under government rebate and pricing programs; raise additional capital on acceptable terms, or at all; and re-pay our outstanding convertible senior notes when due. Many of these factors and ended December 31, 2006 and our Quarterly Report for the quarters ended June 30, 2007 and March 31, 2007 on Form 10-Q with the Securities and Exchange Commission.

Nicotine Conjugate Vaccine

Relationship of Anti-Nicotine Antibody Levels to Abstinence: Final Phase 2b Trial Results at 12 Months *November 8, 2007*

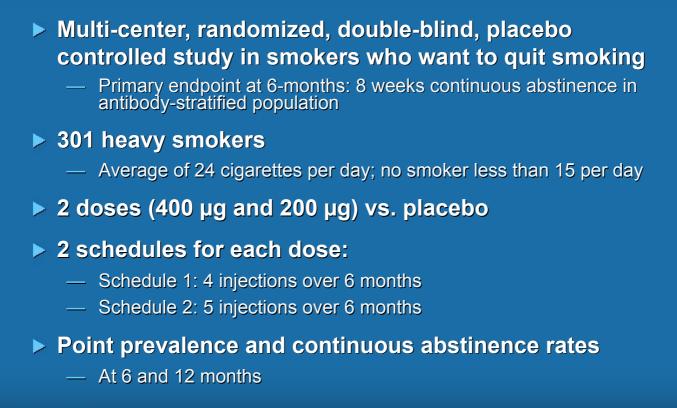


Forward Looking Statements

Certain matters Nabi will discuss today consist of forward-looking statements made pursuant to the safe harbor provisions of the Private Securities Litigation Reform Act of 1995 relating to, among other things, Nabi's expectations concerning the company's commercial and regulatory strategy and business and financial outlook. These forward-looking statements are not guarantees of future performance and are subject to a variety of risks and uncertainties that could cause actual results to differ materially from the results contemplated thereby. Any forward-looking statements made by Nabi should be considered in light of the risks and uncertainties contained in our filings with the Securities and Exchange Commission. Many of these factors are more fully discussed, as are other factors, in the company's Annual Report on Form 10-K for the fiscal year ended December 31, 2006 and Quarterly Reports on Form 10-Q with the Securities and Exchange Commission. You are cautioned not to place undue reliance on these forward-looking statements, which speak only as of today. Nabi undertakes no obligation to update or revise the information provided herein, whether as the result of new information, future events or circumstances or otherwise.



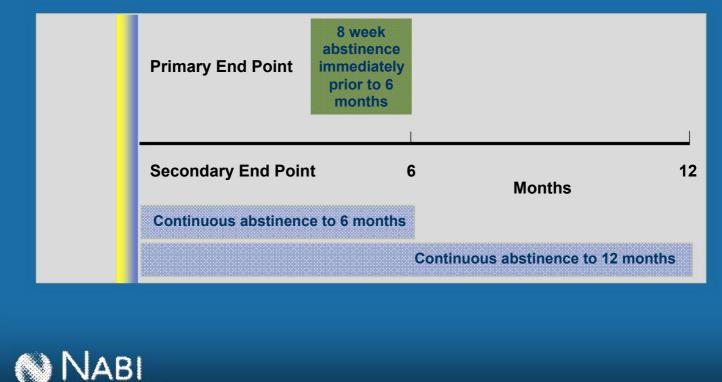
NicVAX Phase 2b Trial Design





Primary and Secondary Abstinence Measures

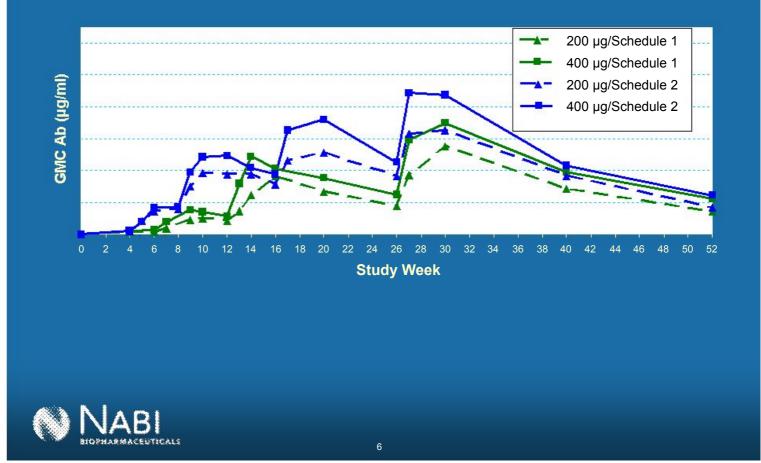
Target Quit Date



12-Month Continuous Abstinence

	Schedule 1	Schedule 2
NicVAX 400 μg	6% (n=3/50) p=0.96	16% (n=8/51) p=0.038
NicVAX 200 μg	6% (n=3/50) p=0.88	14% (n=7/50) p=0.056
Placebo		5% 5/100)
	5	

Antibody Response by Treatment Arm



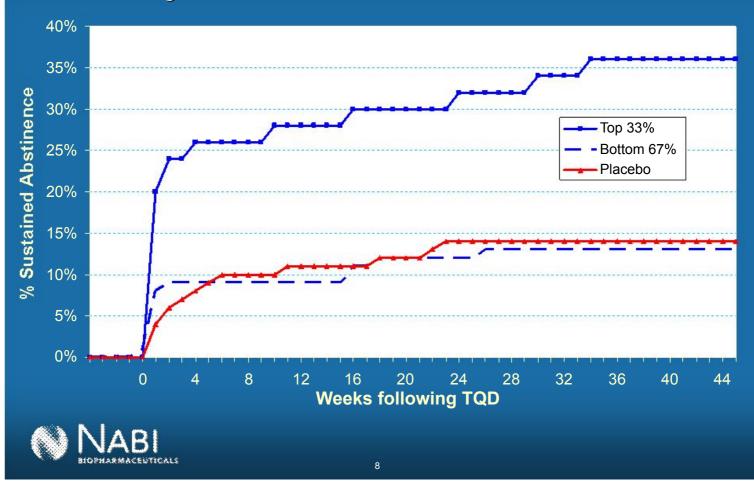
Exceeding the Effect Threshold Drives Greater Abstinence

Schedule 2	12-Month Continuous Abstinence Rates
NicVAX 400 µg	22%
Above Threshold at	(n=6/27)
TQD	p=0.011
NicVAX 400 µg	11%
Below Threshold at	(n=2/19)
TQD	p=0.37
Placebo	6% (n=6/98)

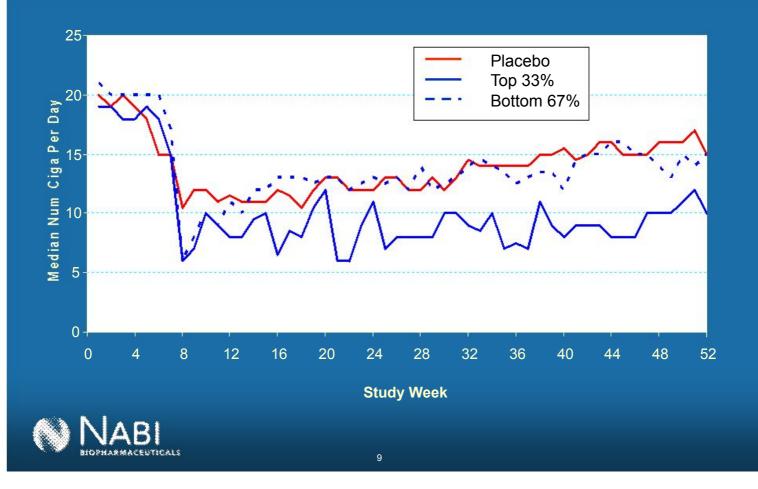
Intent to Treat Population



Antibody Level Also Drives Late Quit



Antibody Level Drives Decrease in Cigarette Consumption in Non-Abstainers



Conclusions

- Optimal dose and schedule drives efficacy
 - 400 µg/ml, Schedule 2: best regimen to attain threshold antibody response at target quit date (TQD)
 - Critical for quit rate and to achieve long term abstinence
- High antibody levels drive long-term abstinence
 - Continued high antibody levels sustain TQD-induced abstinence and elicit additional spontaneous abstinence of four months or greater duration
- High antibody levels decrease cigarette consumption
 - In continuing smokers, high anti-nicotine antibody levels significantly reduce cigarette consumption on a long term basis

Trial provides critical insights:

- Antibody concentration and duration correlate with size of abstinent population
- Findings inform clinical development program moving forward



A Randomized Placebo-Controlled Trial of a Conjugate Nicotine Vaccine (NicVAX[®]) in Smokers Who Want to Quit: 12 Month Results

Stephen Rennard, Douglas Jorenby, David Gonzales, Nancy Rigotti, Arjen de Vos, Enoch Bortey, Roxanne Akhavain, Dorothy Hatsukami

U. Nebraska, U. Wisconsin, Oregon Health & Sciences U., Massachusetts General Hospital, Nabi Biopharmaceuticals, and U. Minnesota

Supported by a grant from the National Institute on Drug Abuse

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Presenter Disclosure Information

Stephen I Rennard A Randomized Placebo-Controlled Trial of Conjugate Nicotine Vaccine (NicVAX[®]) in Smokers Who Want to Quit: 12 Months Results

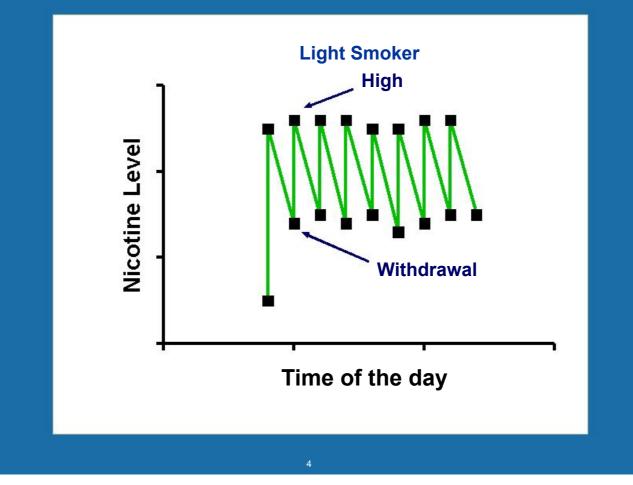
NicVAX[®] is investigational

DISCLOSURE INFORMATION: The following relationships exist related to this presentation:

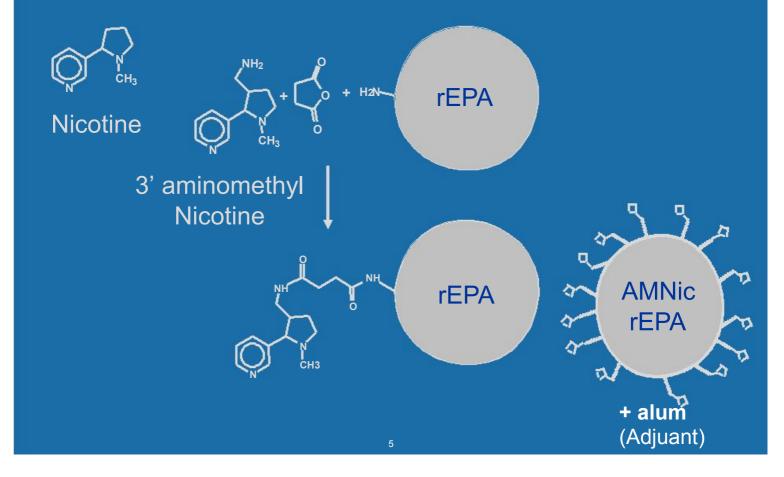
University of Nebraska Medical Center (S. Rennard, PI) received a research contract from Nabi to conduct this and one other clinical trial

Since 2006, Dr. Rennard has conducted clinical trials or consulted with the following companies on the topic of smoking cessation: Pfizer, Novartis, GSK

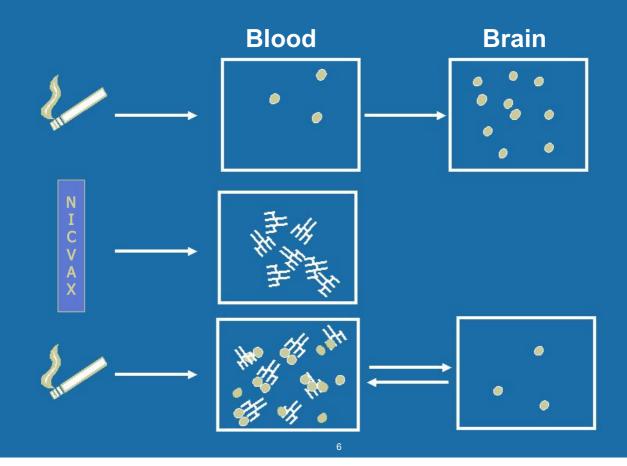
Nicotine Levels in a Smoker



3'aminomethyl Nicotine – Recombinant Ps. aeruginosa Exoprotein A (rEPA) Conjugate

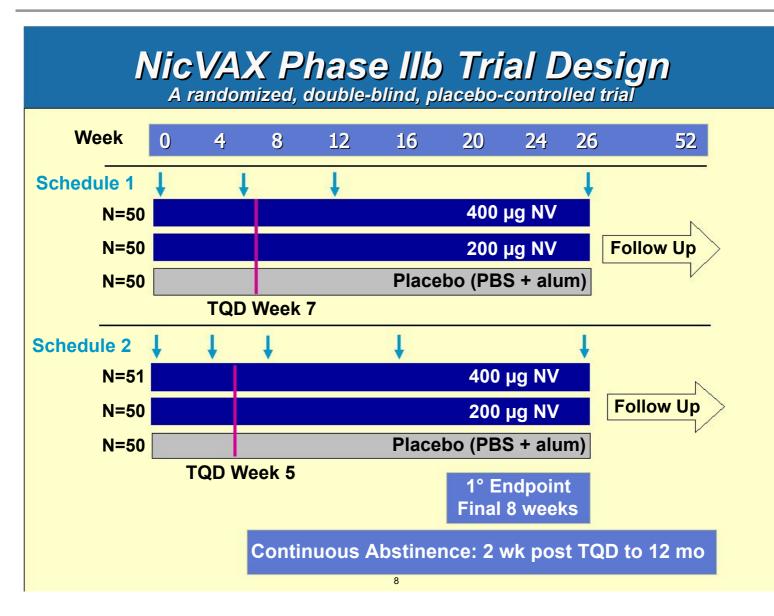


AMNic-rEPA (NicVAX) Antibodies Function: Capture Release Mechanism



Phase 2 Study: Key Questions

- Determine most effective dose and immunization schedule
- Determine if vaccination is associated with long term quits
- Determine if antibody response is associated with long term quits



Study Population

Dem	ographics	NicVax n=201	Placebo n=100
Gender	Males	54%	50%
Gender	Females	46%	50%
Age	Mean Age	48	47
Ethnicity	nicity Not Hispanic		98%
	Asian	1%	3%
	Black	5%	7%
Race	Islander	1%	0%
	White	91%	88%
	Other	2%	2%

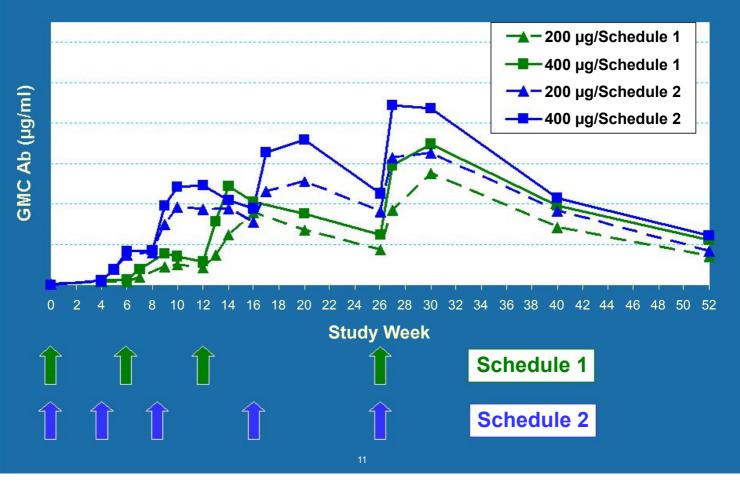
Baseline Smoking Characteristics	NicVAX N=201	Placebo n=100
Mean Number Cigarettes Smoked Per Day	24.3	24.8
Mean FTND Score	6.12	6.05
Subjects with at least 1 previous quit attempt	96%	96%

Early Terminated Subjects*

		Schedule 1		Schedule 2	
	Placebo	200 µg	400 µg	200 µg	400 µg
All Subjects	100	50	50	50	51
Early Terminated Total	33 (33%)	16 (32%)	12 (24%)	24 (48%)	22 (43%)
Lost to Follow-Up	6 (6%)	5 (10%)	4 (8%)	5 (10%)	6 (12%)
Non-Compliant with Protocol	1 (1%)	0	0	1 (2%)	2 (4%)
Protocol Violation	0	0	0	0	2 (4%)
Withdrawal of Consent	23 (23%)	11 (22%)	7 (14%)	16 (32%)	7 (14%)
Adverse Event	2 (2%)	0	1 (2%)	2 (4%)	4 (8%)
Other	1 (1%)	0	0	0	1 (2%)

*All Early Terminations are coded as smoking thereafter.

Antibody Concentration Over Time Schedule 1 & Schedule 2



12-Month Continuous Abstinence Intent to Treat Population

	Schedule 1	Schedule 2	
NicVAX	6%	16%	
400 µg	(n=3/50)	(n=8/51)	
	p=0.96	p=0.038	
NicVAX	6%	14%	
200 µg	(n=3/50)	(n=7/50)	
	p=0.88	p=0.056	
Placebo	6%		
	(n=6/100)		

Continuous Abstinence at 12 Months by Anti-Nicotine Antibody Levels

12-Month Abstinence
16%
(n=10/61)
p=0.03
8%
(n=11/140)
p=0.49
6%
(n=6/100)

*Top 30% by AUC per protocol

Continuous Abstinence at 12 Months by Anti-Nicotine Antibody Levels, Dose & Schedule

Scheo	lule 2	Schedule 1	
400 µg	200 µg	400 µg	200 µg
21%	19%	13%	10%
(n=4/19) p=0.038	(n=3/16) p=0.056	(n=2/16) p=0.57	(n=1/10) p=0.84
13% (n=4/32)	12% (n=4/34)	3% (n=1/34)	5% (n=2/40)
Placebo 6%			p=0.55
	400 μg 21% (n=4/19) p=0.038 13%	21% 19% (n=4/19) (n=3/16) p=0.038 p=0.056 13% 12% (n=4/32) (n=4/34) p=0.22 p=0.23	$\begin{array}{c c} 400 \ \mu g & 200 \ \mu g & 400 \ \mu g \\ \hline 21\% & 19\% & 13\% \\ (n=4/19) & (n=3/16) & (n=2/16) \\ p=0.038 & p=0.056 & p=0.57 \\ \hline 13\% & 12\% & 3\% \\ (n=4/32) & (n=4/34) & (n=1/34) \\ p=0.22 & p=0.23 & p=0.36 \\ \end{array}$

*Top 30% by AUC per protocol

Antibody-Dependent Reduction in Cigarette Consumption in Non-Quitters

	Average Daily Cigarette Consumption (median, inter-quartile range)					
	Baseline6-Months12-Months% Baseline @ 12-months					
NicVAX High Antibody*	20 18-25	7.5 4-16	10 4-19	50%		
NicVAX Low Antibody	20 20-30	13 6-18.5	16 5-20	80%		
Placebo	20 20-30	13 5-19	14 7-20	70%		

*Top 30% by AUC per protocol

Adverse Events

	NicVAX n=201	Placebo n=100
Upper Respiratory Infection	29%	30%
Headache	12%	12%
Insomnia	10%	9%
Nasopharyngitis	9%	14%
Nausea	7%	10%
Dizziness	6%	11%

All events \geq 10% of either NicVAX or Placebo

Adverse events leading to early terminations

Nicvax groups (7/201):

- Anaphylactic reaction
- Increasing frequency of migraine headaches
- Arthralgias in multiple joints
- Shingles
- Stiffness in left hand
- Dozing off at the wheel
- Atrial fibrillation

Placebo (2/100):

- Forgetfulness
- Exacerbation of Crohn's disease

Local Reactogenicity – Percentage of Subjects Experiencing Events (ITT)

Injection	1		2		3		4		5	
	NV [†]	Pbo [‡]	NV	Pbo	NV	Pbo	NV	Pbo	NV	Pbo
Ache	75	83	84	85	73	81	77	69	79	68
Burning	19	17	21	24	24	19	28	13	28	6
Heat	17	18	28	30	32	21	<u>32</u>	20	29	15
Swelling	32	41	45	38	46	31	43	25	38	27
Redness	14	18	<u>26</u>	18	34	19	28	11	<u>24</u>	9
Tenderness	78	91	87	89	81	81	80	77	83	77

† NV = NicVAX

‡ Pbo = Placebo

Systemic Reactogenicity – Percentage of Subjects Experiencing Events (ITT)

Injection	1		2		3		4		5	
	NV [†]	Pbo [‡]	NV	Pbo	NV	Pbo	NV	Pbo	NV	Pbo
Fever	2	2	3	2	8	7	6	3	0	0
General Dis- comfort / Malaise	50	58	64	52	50	49	46	41	36	32
Headache	41	41	54	36	44	35	34	27	33	21
Muscle Aches / Myalgia	65	64	66	64	55	62	57	57	50	59
Nausea	18	22	<u>28</u>	21	18	13	12	12	19	15
Vomiting	1	2	5	2	1	0	4	5	4	3
† NV = NicVAX ‡ Pbo = Placebo										

Conclusions

- Most effective dose and schedule identified: Schedule 2 (5 injections), 400 µg
- Antibody level predicts continuous abstinence
- Significantly increased abstinence through 12 months
- Safety profile
 - Reactogenicity and adverse events similar to placebo
 - No evidence of compensatory smoking or increase in withdrawal symptoms

Acknowledgements

- Clinical Investigators
 - Dorothy Hatsukami
 - Stephen Rennard
 - Douglas Jorenby
 - Michael Fiore
 - David Gonzales
 - Nancy Rigotti
 - Victor Reus
 - Cheryl Oncken
 - Donald Tashkin
 - Mitchell Nides
 - Elbert Glover
 - Paul Pentel

- National Institute on Drug Abuse (NIDA)
 – RO1 DA017894
- Nabi Biopharmaceuticals
 - Ali Fattom
 - Mariya Charny
 - Matt Hohenboken
 - Matthew Kalnik
 - Phyllis Link
 - Sharon Sutton
 - Scott Winston