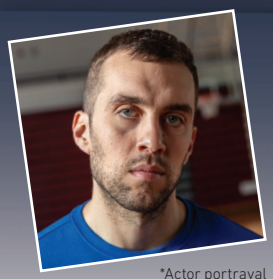
Opioid Withdrawal Management: Patient Case Profiles



*Actor portrayal

Leonard D.*

25 years old
Physical Opioid Dependence

Medical History

Surgical history is significant for two surgeries on left knee to repair anterior cruciate ligament tears and a torn meniscus.

Current medications include hydrocodone and acetaminophen.

Patient is employed full-time as a landscaper and plays basketball in a local league.

Opioid Use

After the patient underwent his second knee surgery, hydrocodone bitartrate (5 mg)/acetaminophen (325 mg) was prescribed by surgeon as needed every 4 to 6 hours for post-surgical pain relief. The patient was referred to his PCP for follow-up one week later.

Based on persistent pain, patient's analgesic was changed to oxycodone. Subsequent re-evaluations resulted in the patient taking oxycodone 10 mg immediate release PO every 4 to 6 hours for three months.

Diagnosis

At his next visit, patient complained about reduced pain relief and asked for dosage increase. During consultation, the patient admitted not taking the medication as prescribed. Probed about symptoms, patient mentioned perspiring, cold flashes, nausea, vomiting, and muscle cramps, which caused missed work days and prevented him from playing basketball.

These symptoms were consistent with Opioid Withdrawal Syndrome (OWS) and a diagnosis of physical opioid dependence.

This diagnosis was discussed with patient as well as the potential risk for progression to Opioid Use Disorder (OUD). Patient agreed to discontinue oxycodone and complete the process of opioid withdrawal.

Opioid Discontinuation Treatment Plan

- Patient deemed appropriate for withdrawal management at home
- Prescribed naproxen for analgesia and LUCEMYRA® (lofexidine) for mitigation of withdrawal symptoms to facilitate abrupt opioid discontinuation
- Patient to immediately discontinue oxycodone and start 7-day course of LUCEMYRA (three tabs 4 times a day for 5 days) with 2-day taper (two tabs 4 times a day, then one tab 4 times a day)
- Patient advised to take other supportive medications as needed for additional symptom relief

Results/Follow-up

Patient was able to complete 7-day treatment plan with symptom relief provided by LUCEMYRA.

Patient has remained off oxycodone and has resumed working full time and playing basketball.

Patient also scheduled a follow-up appointment with his PCP to discuss the potential need for additional treatment.

Indication

LUCEMYRA is indicated for mitigation of opioid withdrawal symptoms to facilitate abrupt opioid discontinuation in adults.

Please see the full Important Safety Information on the reverse side and the distributed full Prescribing Information.

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LUCEMYRA is the only FDA-approved, non-opioid, non-addictive treatment for relief of multiple symptoms of opioid withdrawal after abrupt discontinuation[1]

- Significantly reduced symptom severity when symptoms were most severe[1-3]
- Significantly improved the percentage of patients who successfully completed withdrawal treatment[1-3]
- Safety profile supported by three randomized, double-blind, placebo-controlled studies[1]
- Daily encouragement during treatment with the LUminate™ Support App

Successful OWS management can help both physically dependent patients and patients with OUD through opioid withdrawal. When treating patients with OUD, LUCEMYRA should only be used in conjunction with a comprehensive management program for the treatment of Opioid Use Disorder.

Important Safety Information

LUCEMYRA may cause hypotension, bradycardia, and syncope. Avoid using LUCEMYRA in patients with severe coronary insufficiency, recent myocardial infarction, cerebrovascular disease, chronic renal failure, or marked bradycardia. LUCEMYRA should be used with caution with any medications that decrease pulse or blood pressure to avoid the risk of excessive bradycardia and hypotension. Patients using LUCEMYRA should be monitored for symptoms related to bradycardia and orthostasis.

LUCEMYRA prolongs the QT interval and should be avoided in patients with congenital long QT syndrome. Monitor ECG in patients using LUCEMYRA who have renal or hepatic impairment, known QT prolongation, metabolic disturbances, pre-existing cardiovascular disease, relevant family history, or those taking drugs known to prolong the QT interval.

LUCEMYRA potentiates the depressant effects of benzodiazepines and may potentiate the CNS depressant effects of alcohol, barbiturates, and other sedating drugs.

During and after opioid discontinuation, patients are at an increased risk of fatal overdose should they resume opioid use; patients and caregivers should be informed of this increased risk. In patients with opioid use disorder, LUCEMYRA should be used in conjunction with a comprehensive treatment program.

LUCEMYRA treatment should be discontinued with gradual dose reduction.

The most commonly reported adverse reactions associated with LUCEMYRA treatment (incidence ≥10% and notably more frequent than placebo) are orthostatic hypotension, bradycardia, hypotension, dizziness, somnolence, sedation, and dry mouth.

Dose adjustment of LUCEMYRA is required in patients with hepatic or renal impairment.

Before prescribing, see dosage recommendation tables in Full Prescribing Information.

There are no contraindications for taking LUCEMYRA.

To report SUSPECTED ADVERSE REACTIONS or product complaints, contact US WorldMeds at 1-833-LUCEMYRA. You may also report SUSPECTED ADVERSE REACTIONS to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see the full Important Safety Information above and the distributed full Prescribing Information.

References: 1. LUCEMYRA® (lofexidine) [Prescribing Information]. USWM, LLC; 2018. **2.** Fishman M, Tirado C, Alam D, et al. Safety and efficacy of lofexidine for medically managed opioid withdrawal: a randomized controlled clinical trial. *J Addict Med.* 2019;13(3):169-176. **3.** Gorodetzky CW, Walsh SL, Martin PR, Saxon AJ, Gullo KL, Biswas K. A phase III, randomized, multi-center, double blind, placebo controlled study of safety and efficacy of lofexidine for relief of symptoms in individuals undergoing inpatient opioid withdrawal. *Drug Alcohol Depend.* 2017;176:79-88.

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