# Opioid Withdrawal Management: Patient Case Profiles

*Actor portrayal

## Tracey A.*

**48 years old**
**Physical Opioid Dependence**

### Medical History

Medical history is significant for lumbar disc disease due to trauma, dysthymia, and anxiety. Current medications include duloxetine, alprazolam†, and oxycodone.

Patient is a high school teacher and a guidance counselor.

### Opioid Use

Patient was prescribed oxycodone for persistent lower back pain before referral to current healthcare provider. Refills requested at routine office visits.

After 6 months, tapering of opioid dosage was discussed, but patient said she needed to take full dose to manage the ongoing pain.

### Diagnosis

Patient reported increased back pain and bouts of chills/nausea, causing her to miss work. Updated diagnostic imaging was ordered and showed no worsening of her lumbar disc disease.

Patient admitted to trying to reduce oxycodone dosage on her own and was diagnosed with physical opioid dependence.

Her increased pain was determined to be symptoms of opioid-induced hyperalgesia and the chills and nausea were symptoms of Opioid Withdrawal Syndrome (OWS), caused by attempted opioid dosage reduction.

### Opioid Discontinuation Treatment Plan

- Opioid discontinuation was discussed and patient agreed to continue withdrawal at home‡ during spring break
- Prescribed acetaminophen for analgesia and LUCEMYRA® (lofexidine) for relief of opioid withdrawal symptoms to facilitate abrupt opioid discontinuation

### Results/Follow-up

Patient had significant relief of OWS with LUCEMYRA treatment and was able to complete the 7-day treatment (three tabs 4 times a day).

After 7 days of treatment, the LUCEMYRA dosage was tapered over an additional 2 days (two tabs 4 times a day, then one tab 4 times a day).

After discontinuing LUCEMYRA, patient has remained off oxycodone and continued to manage back pain with acetaminophen and physical therapy.

She has resumed regular schedule of teaching and counseling.

†LUCEMYRA potentiates the CNS depressive effects of benzodiazepines and can also be expected to potentiate the CNS depressive effects of alcohol, barbiturates, and other sedating drugs. Advise patients to inform their healthcare provider of other medications they are taking, including alcohol.

‡Advise patients using LUCEMYRA in an outpatient setting that, until they learn how they respond to LUCEMYRA, they should be careful or avoid doing activities such as driving or operating heavy machinery.

**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.**

**Material intended for a particular purpose only. Do not forward.**

## 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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