Opioid Withdrawal Management: Patient Case Profiles

*Actor portrayal

Timothy C.*

40 years old
Opioid Use Disorder

Medical History

Medical history is significant for Crohn's disease, depression, anxiety, and a prior diagnosis of Opioid Use Disorder (OUD) five years ago.

Current medications include infliximab and citalopram.

Patient works as a short-order cook, but with periods of unemployment.

Opioid Use

Last year, patient had two hospitalizations in four weeks due to exacerbation of Crohn's. Patient did not mention his history of OUD and was discharged on 10 mg oxycodone, as needed every 4 to 6 hours, for 7 days.

After a short period, he was unable to obtain refills from his physician and obtained oxycodone from illicit sources. He stopped contact with his family and lost his job.

Diagnosis

Patient experienced symptoms of opioid withdrawal upon abrupt discontinuation of opioids, including increased anxiety, perspiration, palpitations, nausea, and stomach cramps.

Patient was referred to an addictionologist, who confirmed the diagnosis of OUD.

Opioid Discontinuation Treatment Plan

- Patient's opioid discontinuation treatment plan was handled on an outpatient basis
- Treatment began with LUCEMYRA® (lofexidine) for relief of withdrawal symptoms following abrupt opioid discontinuation as part of a comprehensive management program

Results/Follow-up

Patient completed withdrawal after 12 days on LUCEMYRA (three 0.18 mg tablets taken orally 4 times daily for 9 days; dosage reduced by 1 tablet per dose over 3 days).

Patient successfully transitioned to treatment with depot naltrexone plus Cognitive Behavioral Therapy (CBT).

Patient has maintained naltrexone regimen for the past 5 months without relapsing into opioid use.

He continues CBT and is working closely with his PCP, a psychologist, and his sister as support. He has resumed part-time work as a cook.

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.

Lucemyra® (lofexidine) tablets 0.18 mg

Relieve the symptoms, retake control

Learn more at LUCEMYRA.com

US WorldMeds®

USWM, LLC
4441 Springdale Road
Louisville, KY 40241
Under license from Britannia Pharmaceuticals Ltd.
USWM, LLC is the exclusive licensee and distributor of LUCEMYRA in the United States and Its territories.

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