Excerpts from

The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder

2020 Focused Update

*The updated Guideline from the American Society of Addiction Medicine (ASAM) discusses strategies for the treatment of opioid withdrawal, including updated treatment recommendations. This overview specifically focuses on the third section **(Part 3: Treating Opioid Withdrawal)** of the 2020 ASAM Guideline.*

Recommendations for Treating Opioid Withdrawal[1]

ASAM recognizes two main strategies for managing opioid withdrawal—gradually tapering the dose of opioid agonists, or employing the use of non-opioid alpha-2 adrenergic agonists

Tapering Opioid Agonists

- Includes the use of methadone and buprenorphine
- Gradual tapering has traditionally been used to treat opioid withdrawal and is effective

Alpha-2 Adrenergic Agonists

- Includes FDA-approved LUCEMYRA® (lofexidine) and off-label use of clonidine
- Off-label clonidine is often combined with other medications to relieve symptoms of opioid withdrawal such as benzodiazepines for anxiety, loperamide for diarrhea, acetaminophen for pain, various medications for insomnia, and ondansetron for nausea

Regarding the use of alpha-2 adrenergic agonists, the Guideline states:

"Lofexidine should therefore be the *preferred* choice for withdrawal management in an outpatient setting, where monitoring of blood pressure and management of hypotension is more difficult."

– American Society of Addiction Medicine, 2020

Important Safety Information

Indication

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

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.

Please see the full Important Safety Information continued on the following page and distributed full Prescribing Information and Patient Information.

2020 ASAM National Practice Guideline Update:

Alpha-2 Adrenergic Agonists in Opioid Withdrawal Treatment

***MAJOR REVISION** in 2020:* Alpha-2 adrenergic agonists (such as FDA-approved lofexidine) are safe and effective non-opioid treatment options for managing withdrawal symptoms[1]

Alpha-2 adrenergic agonists can also be used concurrently with medications used to treat opioid use disorder.

The Guideline recommends that alpha-2 adrenergic agonists, such as LUCEMYRA® (lofexidine), can be used to treat withdrawal when patients:

- **Taper off buprenorphine or methadone**
- **Prepare to start extended-release naltrexone**

Important Safety Information (continued)

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

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Reference: 1. American Society of Addiction Medicine (ASAM). National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update. 2020. https://www.asam.org/Quality-Science/quality/2020-national-practice-guideline. Accessed April 20, 2020.