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# First Script Prescription Benefit News for Workers' Compensation

February 2020

**Drug of the  
Month**



## LUCEMYRA® (lofexidine hydrochloride)

LUCEMYRA® (lofexidine hydrochloride) is the first U.S. Food and Drug Administration (FDA) approved medication to treat the symptoms of withdrawal during abrupt discontinuation

of opioids in adults.<sup>1</sup>

LUCEMYRA is not an opioid but, instead, binds to receptors on adrenergic neurons which in turn reduces the release of norepinephrine.<sup>2</sup> Norepinephrine release is thought to contribute to many of the symptoms of opioid withdrawal (e.g., agitation, anxiety, muscle aches, runny nose, sweating). LUCEMYRA is administered during the peak opioid withdrawal period (generally five to seven days after last opioid use) and may be continued for up to 14 days if needed. It is recommended that the dose of LUCEMYRA be tapered over two to four days before discontinuation.<sup>1</sup>

LUCEMYRA would primarily be used in an inpatient setting for quick discontinuation of opioids. Abrupt discontinuing of opioids is generally not recommended.<sup>3</sup> Rapid tapering of opioids poses many risks including acute withdrawal symptoms, pain exacerbation, and psychological distress/suicide. The most common reason for abrupt discontinuation is as part of the emergency management for a life-threatening situation such as warning signs of overdose.

Another alpha-2 adrenergic agonists that is used to treat symptoms of withdrawal is clonidine.<sup>4</sup> Clonidine is indicated for the treatment of hypertension and does not have an FDA-approved indication for opioid withdrawal. The average wholesale price (AWP) for LUCEMYRA 0.18 mg is \$24.83 versus an AWP of \$0.25, \$0.38, and \$0.52 for clonidine tablets 0.1 mg, 0.2 mg, and 0.3 mg, respectively.

Due to its limited indication and more cost-effective options available, the use of LUCEMYRA will be limited. First Script will continue monitoring the use of LUCEMYRA and any impact it may have. For more information, please contact your Account Manager or Account Pharmacist.

For additional information about LUCEMYRA visit: [www.LUCEMYRA.com](http://www.LUCEMYRA.com)

1. Lucemyra (lofexidine) [prescribing information]. Louisville, KY: US WorldMeds, LLC; May 2018.
2. Ahmed N, Horlacher RJ, Fudin J. Opioid Withdrawal: A New Look at Medication Options. *Practical Pain Management*. 2015 November; 15(4): 58-66.
3. U.S. Department of Health and Human Services. "HHS Announces Guide for Appropriate Tapering or Discontinuation of Long-Term Opioid Use." HHS.gov, US Department of Health and Human Services, 11 Oct. 2019, [www.hhs.gov/about/news/2019/10/10/hhs-announces-guide-appropriate-tapering-or-discontinuation-long-term-opioid-use.html](http://www.hhs.gov/about/news/2019/10/10/hhs-announces-guide-appropriate-tapering-or-discontinuation-long-term-opioid-use.html).
4. Gowing L, Farrell MF, Ali R, White JM. Alpha2-adrenergic agonists for the management of opioid withdrawal. *Cochrane Database Syst Rev*. 2014;3: CD002024.



## Governmental Activity by State

*Find out more about the governmental updates and potential changes currently being proposed in your state*

To find out more about the governmental updates and potential changes currently being proposed in your state, visit the [Coventry News and Insights page](#) each month to read our Government Relations Newsletter. Find this month's newsletter [here](#).



## What is Opioid Use Disorder?

Opioid Use Disorder was formerly known as opioid abuse or opioid dependence. The *Diagnostic and Statistical Manual of Mental Disorders (DSM), 5<sup>th</sup> Edition* describes Opioid Use Disorder as a problematic pattern of opioid use leading to problems or distress, exhibited by at least two defined criteria within a 12-month period.<sup>1</sup>

### The *DSM-5* defines the specific list of 11 criteria as follows:

1. Opioids are often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
3. A great deal of time is spent in activities necessary to obtain, use, or recover from the effects of opioids.
4. Craving, or a strong desire or urge to use opioids.
5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.
8. Recurrent opioid use in situations in which it is physically hazardous.
9. Continued opioid use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance, as defined by either of the following:
  - a. A need for markedly increased amounts of opioids to achieve intoxication or desired effect, or
  - b. Markedly diminished effect with continued use of the same amount of an opioid. Note: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.
11. Withdrawal, as manifested by either of the following:
  - a. The characteristic opioid withdrawal syndrome, or
  - b. Opioids (or a closely related) substance is taken to relieve or avoid withdrawal symptoms.

The diagnosis of Opioid Use Disorder can range from mild to severe according to the number of diagnostic criteria met. Monitoring of prescription drug database and urine drug testing are also important in the diagnosis and assessment of Opioid Use Disorder.

Opioid Use Disorder has features that are unique compared to other substance abuse disorders. For example, users of opioids can become physically dependent in as short as four to eight weeks. Abrupt discontinuation in chronic, long-term users of opioids leads to significant withdrawal symptoms. The need to avoid these withdrawal symptoms enforces the continued use of opioids.<sup>2</sup> Patients with Opioid Use Disorder tend to have compulsive patterns that revolve around obtaining and taking opioids.

Treatment of Opioid Use Disorder involves behavioral therapy along with medication-assisted treatment (MAT) with methadone, buprenorphine, or buprenorphine/naloxone.<sup>3</sup> Buprenorphine is a partial opioid agonist that has a ceiling effect for respiratory depression which makes this medication a safer alternative.<sup>1</sup> Buprenorphine blocks analgesic tolerance which lessens the gratifying affects of opioids which in turn may reduce drug-seeking behavior. Assistance from a substance use disorder treatment specialist may also be needed for some individuals with Opioid Use Disorder.

1. U.S. Department of Health and Human Services. "HHS Announces Guide for Appropriate Tapering or Discontinuation of Long-Term Opioid Use." HHS.gov, US Department of Health and Human Services, 11 Oct. 2019, [www.hhs.gov/about/news/2019/10/10/hhs-announces-guide-appropriate-tapering-or-discontinuation-long-term-opioid-use.html](https://www.hhs.gov/about/news/2019/10/10/hhs-announces-guide-appropriate-tapering-or-discontinuation-long-term-opioid-use.html).
2. Sharma B, Bruner A, Barnett G, Fishman M. Opioid Use Disorders. *Child Adolesc Psychiatr Clin N Am*. 2016 Jul; 25(3): 473–487.
3. Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR Recomm Rep* 2016;65:1–49. DOI