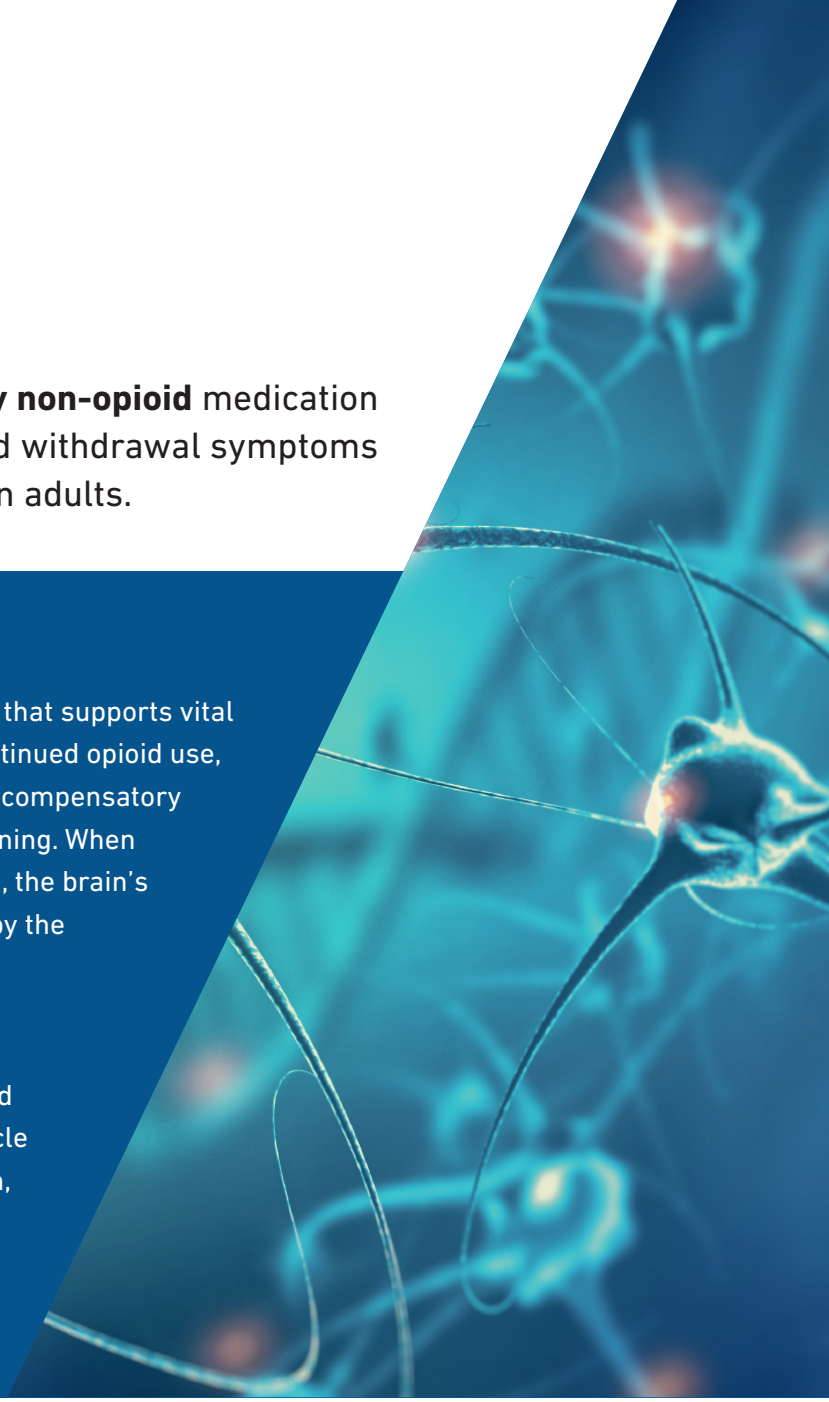
Lucemyra™
(lofexidine) tablets 0.18 mg

LUCEMYRA™ (lofexidine) FACT SHEET

LUCEMYRA (lofexidine) is the **first** and **only non-opioid** medication approved in the U.S. for mitigation of opioid withdrawal symptoms to facilitate abrupt opioid discontinuation in adults.



ABOUT OPIOID WITHDRAWAL

Opioids lower norepinephrine levels, a brain chemical that supports vital functions like respiration and consciousness. With continued opioid use, the brain establishes a new equilibrium by increasing compensatory norepinephrine production to maintain normal functioning. When opioids are removed, or the dose significantly reduced, the brain's increased norepinephrine levels are no longer offset by the presence of the opioids.

This results in a **norepinephrine surge that produces the acute and painful symptoms of withdrawal.** Opioid withdrawal symptoms may include aches/pains, muscle spasms/twitching, stomach cramps, muscular tension, heart pounding, insomnia/problems sleeping, feelings of coldness, runny eyes, yawning and feeling sick.

ABOUT LUCEMYRA

LUCEMYRA, an oral tablet, is a central alpha-2 adrenergic agonist that reduces the release of norepinephrine to **suppress the neurochemical surge that produces opioid withdrawal.** The usual dose of LUCEMYRA is three 0.18 mg tablets taken orally four times daily at five- to six-hour intervals during the period of peak withdrawal symptoms (generally five to seven days following last use of opioids); total treatment may continue for up to 14 days. LUCEMYRA should be discontinued with gradual dose reduction over two to four days.[1]

LUCEMYRA is not an opioid drug and is not a treatment for opioid use disorder (sometimes known as opioid addiction). For people who have been diagnosed with opioid use disorder, withdrawal management alone, with or without LUCEMYRA, is not recommended; LUCEMYRA should be used as part of a long-term treatment plan created by a healthcare provider.

US WorldMeds

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LUCEMYRA CLINICAL TRIAL PROGRAM

LUCEMYRA (lofexidine) was studied in two randomized, double-blind, placebo-controlled clinical trials (USWM-LFX1-3002 and USWM-LX1-3003-1), an open-label study and clinical pharmacology studies with concomitant administration of either methadone, buprenorphine or naltrexone.

In clinical trials compared to placebo, people treated with LUCEMYRA experienced a **significant reduction in the severity of withdrawal symptoms** as measured by the Short Opiate Withdrawal Scale of Gossop (SOWS-Gossop) and were **significantly more likely to complete a seven-day opioid discontinuation treatment program.**[2]

The most common adverse reactions seen in controlled studies of LUCEMYRA included low blood pressure or symptoms such as lightheadedness, slow heart rate, dizziness, feeling faint at rest or when standing up, sleepiness, and dry mouth.[1]

References
1. LUCEMYRA™ [Prescribing Information]. Louisville, KY: US WorldMeds, LLC; 2018.
2. Data on file (Study USWM-LX1-3003-1). Louisville, KY: US WorldMeds, LLC; 2017.

USWM-LUC046-0518