

A Caregiver's Guide To Opioid Withdrawal



All photos in this guide are actor portrayals.

Many people who take opioids, some short term and some long term, experience withdrawal symptoms when the opioid is suddenly stopped.^{1,2} ***Including people we love.***

You can help your loved one work with his or her healthcare provider to create a plan for stopping opioids. Start by reading this guide.

What is LUCEMYRA?

LUCEMYRA is a non-opioid prescription medicine used in adults to help with the symptoms of opioid withdrawal that may happen when you stop taking an opioid suddenly.

LUCEMYRA will not completely prevent the symptoms of opioid withdrawal and is not a treatment for opioid use disorder.

Please see the full Important Safety Information on page 12 and distributed Prescribing Information and Patient Information.

Lucemyra[®]
(lofexidine) tablets 0.18 mg

Relieve the symptoms, retake control

Recognize when your loved one is experiencing Opioid Withdrawal Syndrome (OWS)

Encourage him/her to talk about it—both with you and with a healthcare provider

Be part of the conversation with the healthcare provider about treatment options and creating a plan for stopping opioids and managing withdrawal symptoms that is tailored to your loved one's needs

This guide can help you:

Learn and talk to the healthcare provider about LUCEMYRA® (lofexidine)—the only FDA-approved, non-opioid, non-addictive medication for relief of multiple symptoms of opioid withdrawal when a patient stops taking an opioid suddenly³

**“Opioid withdrawal—
isn't that something that only happens to drug addicts?”**

NO. Anyone who stops taking opioids suddenly may go through withdrawal.

Here are the facts:

- Opioids are often prescribed by healthcare providers to relieve pain. These include hydrocodone (Vicodin®), oxycodone (OxyContin® or Percocet®), and morphine (MS Contin® or Kadian®).⁴
- People who use prescription opioids **can develop a physical need for opioids (also called opioid physical dependence)** as soon as 5 days after starting opioid pain medicine⁵
- **This is not their fault**—it's a natural physical response that can happen to anyone taking opioids, whether the opioids are obtained through a prescription or on the street^{2,6,7}
- When people become physically dependent, **they often experience severe, sometimes flu-like, withdrawal symptoms** when they suddenly stop taking the opioid^{1,2}—this is called **Opioid Withdrawal Syndrome (OWS)**⁸
- **OWS can be so unbearable when they suddenly stop**, many people will keep taking the opioid just to avoid it⁹
- They may **not share their problem with you or their healthcare provider**, out of fear or embarrassment
- But if they keep using opioids, it **may lead to Opioid Use Disorder (OUD)**, which includes drug cravings and usually requires extensive treatment^{2,10}
- The good news: **there are treatments that can help** physically dependent patients get through opioid withdrawal³

*Heroin is also an opioid, but is an illegal drug and never prescribed as medicine. Vicodin® is a registered trademark of Abbott Laboratories. OxyContin® is a registered trademark of Purdue Pharma. Percocet® is a registered trademark of Endo Pharmaceuticals Inc. MS Contin® is a registered trademark of Purdue Pharma. Kadian® is a registered trademark of Actavis Pharmaceuticals. Duragesic® is a registered trademark of Janssen Pharmaceuticals. Actiq® is a registered trademark of Cephalon, Inc. or its affiliates.

Understanding physical opioid dependence and withdrawal

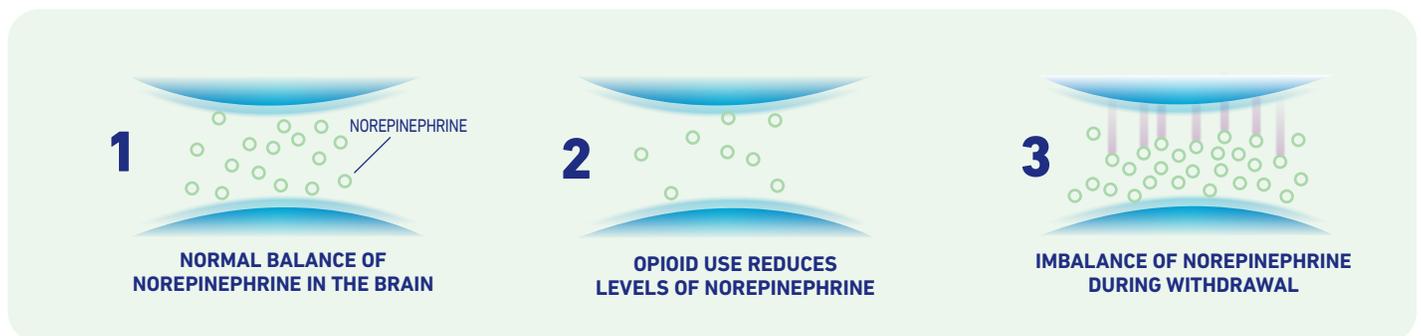
Long-term opioid use changes the way nerve cells work in the brain²

When opioids are initially taken, the brain produces lower levels of a naturally occurring hormone, called norepinephrine, that can affect breathing, muscle tension, and ability to sleep.

- Over time, the nerve cells become used to having opioids around. Because opioids reduce the levels of norepinephrine, the body responds by adjusting these levels.

When opioids are taken away suddenly, there is an imbalance of norepinephrine²

- The person will begin to feel lots of very unpleasant feelings and reactions; these are known as withdrawal symptoms



How to recognize when your loved one may have OWS

Opioid withdrawal symptoms to watch for¹¹

- Aches and pains
- Stomach cramps
- Feeling sick (nausea, vomiting, diarrhea)
- Muscle spasms/twitching
- Insomnia/problems sleeping
- Feelings of coldness/chills
- Muscular tension
- Heart pounding
- Runny eyes
- Yawning

Withdrawal symptoms can include both mental distress and physical discomfort. Withdrawal symptoms are most severe in the first 2 to 4 days after stopping the opioid. Symptoms may continue for 1 to 3 weeks, depending on the type of opioid.^{6,12,13}

Physical dependence to opioids can't be resolved without going through withdrawal.



Your loved one may not tell you or their healthcare provider about experiencing withdrawal symptoms

Some people may want to keep using the opioid to avoid OWS

According to one study, avoiding withdrawal symptoms is the main reason why people first prescribed opioids for chronic pain continued to use them a year later.⁹

But they may not share their fear of OWS with you or their healthcare provider because they may fear that you will think they've become an "addict," or that their healthcare provider will stop prescribing their opioid.

Others may think these are pain symptoms

Patients prescribed opioids for pain may have trouble telling their original pain symptoms from their withdrawal symptoms. They may think they still need the opioid to relieve the pain.¹²

Tips for "reading between the lines"

When your loved one says...



What it may really mean...

"I'm not getting enough relief—I think I need a higher dose."



The need for higher dosages over time to feel the same relief may be a sign that this person has become physically dependent on the opioid²

"I tried stopping the medicine, but my pain came back."



If this person was using opioids to relieve the pain from an injury that's now healed, he/she might be confusing withdrawal symptoms with pain symptoms¹²

"I lost my medicine, and I need a new prescription."



If losing medication seems out of character for this person, he/she may really be using the opioid more often than the healthcare provider prescribed¹⁴

"Don't you trust me? I'm not taking this to get high! I need it for the pain."



When your loved one gets angry if you ask questions, that could mean he/she is afraid to admit the opioid is being used to prevent withdrawal symptoms⁹

Understanding physical opioid dependence and OWS from your loved one's point of view



Before you start a conversation about opioid withdrawal with your loved one, you need to put yourself in his/her shoes. Here are some things you may hear:

But this is medicine that I'm taking for pain

Most people start using prescription opioids under a healthcare provider's care to relieve pain symptoms. They are not "drug abusers" and may be surprised or offended by the idea that they may be experiencing OWS.

Why am I feeling these symptoms?

Your loved one may not understand what's happening. He/she may not want to accept that these are withdrawal symptoms, caused by physical dependence to opioids.

How can I have OWS when I'm not addicted to my pills?

Your loved one may think that withdrawal symptoms will be viewed as a sign of drug addiction by you and the healthcare provider. To avoid disapproval, he/she may deny having a problem.

I can't be physically dependent—I haven't been using this medication that long

Physical opioid dependence can occur as soon as 5 days after starting opioid pain medicine.⁵ People using opioids for pain relief after surgery or injury may not know this.

I've been using this medication for years—I can't function without it

Some people using opioids long term for chronic pain may know that they are physically dependent on opioids. Some may even have tried to stop or reduce using opioids on their own and failed because they could not handle the withdrawal symptoms. But your loved one may not share this with you or the healthcare provider, fearing that this will result in no more prescriptions and the ordeal of OWS.⁹

What you say and how you say it are both important



Tips for helpful conversations and actions:

- **First, listen.** Ask your loved one about his/her symptoms—and then do a lot of listening. The more you know about what he/she is experiencing and feeling, the easier it is to connect and be supportive.¹⁵⁻¹⁹
- **Be honest—not judgmental.** From the start, let your loved one know you're concerned that he/she may be physically dependent on opioids/experiencing OWS. But don't blame or criticize. Being judgmental can push the person away, which is not what you want.^{15,17,18,20}



“This is NOT your fault”

Say this and mean it. Your loved one needs to know that you know OWS is a physical response to opioids, not a personal failing.²

- **Match up key symptoms.** When your loved one mentions symptoms, compare these to the list of opioid withdrawal symptoms on page 3. The more symptoms that match, the more likely it is to be OWS; this can help lead to a proper diagnosis by a healthcare provider.¹¹
- **Be caring, but encourage a plan of action.** Your loved one also needs to know that you care. Showing this in your words and body language is important. However, comfort alone isn't enough. You need to persuade him/her that making a plan and taking action is key to stopping opioids and getting through withdrawal.^{17,18,20}

“I’m with you all the way”

It helps your loved one to know that you will be by his/her side through every step in this process—no matter what happens.^{21,22}



- **Make (and keep) a healthcare provider appointment.** Only a healthcare provider can formally diagnose and treat OWS. You can help your loved one make (and keep) an appointment to talk about his/her symptoms and make a plan for stopping opioids with the healthcare provider.^{23,24}
- **Research treatment options to discuss.** Review the withdrawal management options on pages 8 and 9. Go online to learn more about specific treatments. Ask the healthcare provider about these during the appointment.^{22,25}

See the healthcare provider together

Go along on the healthcare provider appointment. Just being there adds emotional support. Also, you can bring up important information or questions if your loved one forgets.



- **Ask about home treatment.** Treatment that allows your loved one to go through withdrawal at home may be more private and less disruptive of daily life.^{26,27}
- **Does the plan fit the person?** A treatment plan should be created together by the healthcare provider, the patient, and you. The plan that’s chosen should be tailored to your loved one’s specific needs.^{23,28}



Understanding OWS management options

Symptoms of opioid withdrawal can be managed with or without opioids. The decision to stop or taper (slowly reduce) opioid use can be made together by the healthcare provider, your loved one, and you.⁷ LUCEMYRA® is not indicated for reducing opioid dosage slowly and is part of a comprehensive treatment plan.

There is no one approach that works for everyone—the treatment plan should be based on a healthcare provider’s recommendation on what is most likely to succeed for your loved one.

OWS Management Approach	Treatment Options	Treatment Location	Who It Can Help
 <p>Stopping opioids suddenly</p>	<p>Non-opioid medications to help relieve symptoms of opioid withdrawal,* including^{3,7,29}:</p> <ul style="list-style-type: none"> • Over-the-counter (OTC) options to relieve specific symptoms (e.g., NSAIDs to treat pain, medications to relieve nausea and vomiting, etc.) • LUCEMYRA the only FDA-approved, non-opioid, non-addictive prescription treatment for relief of multiple symptoms of opioid withdrawal when a patient stops taking an opioid suddenly 	<ul style="list-style-type: none"> • Treatment can often take place at home, but can also be part of a larger program in a treatment center 	<ul style="list-style-type: none"> • People with physical opioid dependence • People with Opioid Use Disorder (OUD) who need withdrawal symptom relief when stopping opioids suddenly, as part of a comprehensive program that will require behavioral counseling and additional medical treatment that will continue after LUCEMYRA treatment is completed <p>LUCEMYRA is not a treatment for OUD, which is also called opioid addiction</p>

*Non-opioid medications do not treat certain aspects of OUD (such as cravings) and may therefore be easier to use in patients with physical opioid dependence.¹

What is LUCEMYRA?

LUCEMYRA is a non-opioid prescription medicine used in adults to help with the symptoms of opioid withdrawal that may happen when you stop taking an opioid suddenly.

LUCEMYRA will not completely prevent the symptoms of opioid withdrawal and is not a treatment for opioid use disorder.



OWS Management Approach	Treatment Options	Treatment Location	Who It Can Help
 <p>Switching to maintenance opioids/reducing opioid dosage slowly</p>	<ul style="list-style-type: none"> • Current opioid replaced by maintenance opioids, such as methadone and buprenorphine⁷ • Medications should be combined with behavioral counseling for a “whole patient” approach, known as Medication Assisted Treatment (MAT)³⁰ • Some people may need treatment for an extended period of time before the maintenance opioid dosage can be slowly reduced, to minimize withdrawal symptoms and prevent relapse (resuming use of their original opioid)²⁹ 	<ul style="list-style-type: none"> • Care is generally provided in a treatment center, until the person is comfortable with the maintenance treatment and possibly during the process of slowly reducing the opioid dosage 	<ul style="list-style-type: none"> • People with OUD • People with physical opioid dependence who need an opioid substitute to manage cancer pain or certain types of severe chronic pain

LUCEMYRA is not indicated for reducing opioid dosage slowly and is part of a comprehensive treatment plan.

Important Safety Information

LUCEMYRA can cause serious side effects, including low blood pressure, slow heart rate, and fainting. Watch for symptoms of low blood pressure or heart rate, including dizziness, lightheadedness, or feeling faint at rest or when quickly standing up; if you experience these symptoms, call your healthcare provider right away and do not take your next dose of LUCEMYRA until you have talked to your healthcare provider.

Please see the full Important Safety Information on page 12 and distributed Prescribing Information and Patient Information.

More facts about LUCEMYRA®

LUCEMYRA is the only FDA-approved, non-opioid, non-addictive treatment for relief of multiple symptoms of withdrawal when a patient stops taking an opioid suddenly^{2,3}

Here's what it offers:

- Helps adjust the balance of norepinephrine in the areas of the brain that cause withdrawal symptoms^{2,3}
- Provides relief of opioid withdrawal symptoms when these symptoms are often most severe^{3,31}
- Makes it more likely that your loved one will complete their withdrawal treatment^{3,31}
- Safety experience documented across 3 clinical trials³

LUCEMYRA is not a treatment for Opioid Use Disorder (OUD), which is also called opioid addiction.

If your loved one has been diagnosed with OUD, their healthcare provider may prescribe LUCEMYRA as part of a complete treatment program for their OUD. This program continues after LUCEMYRA treatment is completed and may also include maintenance medications combined with behavioral counseling.

References: 1. Volkow ND, McLellan AT. Opioid Abuse in Chronic Pain—Misconceptions and Mitigation Strategies. *N Engl J Med.* 2016;374(13):1253-1263. 2. Kosten TR, George TP. The neurobiology of opioid dependence: implications for treatment. *Sci Pract Perspect.* 2002;1(1):13-20. 3. LUCEMYRA® (lofexidine) [Prescribing Information]. USWM, LLC; 2018. 4. National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services. Prescription Opioids. <https://www.drugabuse.gov/publications/drugfacts/prescription-opioids>. Accessed December 4, 2019. 5. Shah A, Hayes CJ, Martin BC. Characteristics of Initial Prescription Episodes and Likelihood of Long-Term Opioid Use – United States, 2006-2015. *MMWR Morb Mortal Wkly Rep.* 2017;66(10):265-269. 6. Centers for Disease Control and Prevention. Module 3: communicating with patients. Transcript. 2016. <https://www.cdc.gov/drugoverdose/training/communicating/accessible/training.html>. Accessed December 4, 2019. 7. Kleber H. Opioids: detoxification. In: Galanter M, Kleber HD, eds. *Textbook of Substance Abuse Treatment*, 2nd ed. Washington, DC: American Psychiatric Press;1999:251-269. 8. Shigakova F. Clinical manifestations of the opiate withdrawal syndrome. *Int J Biomed.* 2015;5(3):151-154. 9. Weiss RD, Potter JS, Griffin ML, McHugh RK, et al. Reasons for opioid use among patients with dependence on prescription opioids: the role of chronic pain. *J Subst Abuse Treat.* 2014;47(2): 140-145. 10. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5™). Arlington, VA, American Psychiatric Association, 2013. 11. Vernon MK, Reinders S, Mannix S, et al. Psychometric evaluation of the 10-Item Short Opiate Withdrawal Scale-Gossop (SOWS-Gossop) in patients undergoing opioid detoxification. *Addict Behav.* 2016;60:109-116. 12. Rosenblum A, Marsch LA, Joseph H, Portenoy RK. Opioids and the treatment of chronic pain: controversies, current status, and future directions. *Exp Clin Psychopharmacol.* 2008;16(5):405-416. 13. Kosten TR, O'Connor PG. Management of Drug and Alcohol Withdrawal. *N Engl J Med.* 2003;348:1786-1795. 14. Munzing T. Physician guide to appropriate opioid prescribing for noncancer pain. *Perm J.* 2017;21:1-7. 15. Partnership for Drug-Free Kids. Have a conversation, not a confrontation. 2018. <https://drugfree.org/article/start-talking/>. Accessed December 4, 2019. 16. Partnership for Drug-Free Kids. How to talk with your niece, nephew or other family member about their drug use. 2018. <https://drugfree.org/parent-blog/talk-niece-nephew-family-member-drug-use/>. Accessed December 4, 2019. 17. Partnership for Drug-Free Kids. When you discover teen or young adult drug use: start talking. 2018. <https://drugfree.org/article/start-talking/>. Accessed December 4, 2019. 18. Swift River. Parental instinct: identifying and stopping opioid abuse in adult children. <https://www.swiftriver.com/opioid-abuse-adult-children/>. Accessed December 4, 2019. 19. Swift River. The spouse's guide to identifying and stopping opioid abuse in your partner. <https://www.swiftriver.com/identify-opioid-abuse-in-your-partner/>. Accessed December 4, 2019. 20. RehabCenter.net. How to convince a drug addict to get help. <http://www.rehabcenter.net/how-to-convince-a-drug-addict-to-get-help/>. Accessed December 4, 2019. 21. Drugrehab.org. Family support and involvement guide. <http://www.drugrehab.org/downloads/Family-support-and-Involvement-Guide.pdf>. Accessed December 4, 2019. 22. Drugrehab.org. Reaching out: the guide to talking to your partner about seeking addiction treatment. <https://www.drugrehab.org/talking-to-partner-about-addiction-treatment/>. Accessed December 4, 2019. 23. Addiction.com. Treatment options. <https://www.addiction.com/get-help/loved-one/treatment-for-loved-one/treatment-options-for-loved-one/>. Accessed December 4, 2019. 24. Partnership for Drug-Free Kids. Helping an adult family member or friend with a drug or alcohol addiction. <https://drugfree.org/parent-blog/want-help-adult-family-member-friend-drug-alcohol-problem-7-suggestions/>. Accessed December 4, 2019. 25. Addiction.com. How to choose treatment for your loved one. <https://www.addiction.com/get-help/loved-one/choose-treatment-for-loved-one/>. Accessed December 4, 2019. 26. American Society of Addiction Medicine. The ASAM national practice guideline for the use of medications in the treatment of addiction involving opioid use. <https://www.asam.org/docs/default-source/practice-support/guidelines-and-consensus-docs/asam-national-practice-guideline-supplement.pdf?sfvrsn=24>. Accessed December 4, 2019. 27. Addiction.com. Types of treatment programs. <https://www.addiction.com/get-help/for-yourself/treatment/treatment-options/types-treatment-programs/>. Accessed December 4, 2019. 28. NIH. National Institute on Drug Abuse. What to do if your adult friend or loved one has a problem with drugs. <https://www.drugabuse.gov/related-topics/treatment/what-to-do-if-your-adult-friend-or-loved-one-has-problem-drugs>. Accessed December 4, 2019. 29. Shuckit MA. Treatment of opioid-use disorders. *N Engl J Med.* 2016;375(4):357-368. 30. Substance Abuse and Mental Health Services Administration (SAMHSA). Medication and counseling treatment. <https://www.samhsa.gov/medication-assisted-treatment/treatment>. Accessed December 4, 2019. 31. Data on file. US WorldMeds; 2017.

What is LUCEMYRA?

LUCEMYRA is a non-opioid prescription medicine used in adults to help with the symptoms of opioid withdrawal that may happen when you stop taking an opioid suddenly.

LUCEMYRA will not completely prevent the symptoms of opioid withdrawal and is not a treatment for opioid use disorder.

Please see the full Important Safety Information on page 12 and distributed Prescribing Information and Patient Information.

The LUMinate™ Support Program

Get added support designed to assist your loved one while taking LUCEMYRA and going through opioid withdrawal

- The LUMinate Support Program offers tools and resources to support your loved one during each day of treatment with LUCEMYRA, including the LUMinate Support App
- LUMinate Support App helps guide your loved one as they go through opioid withdrawal with:
 - Dose Tracking/Reminders
 - Supportive messages each day of treatment
 - Symptom Library (including advice and tips for relief)
 - Meditation Timer



No need to sign up—simply download the app to start immediately!

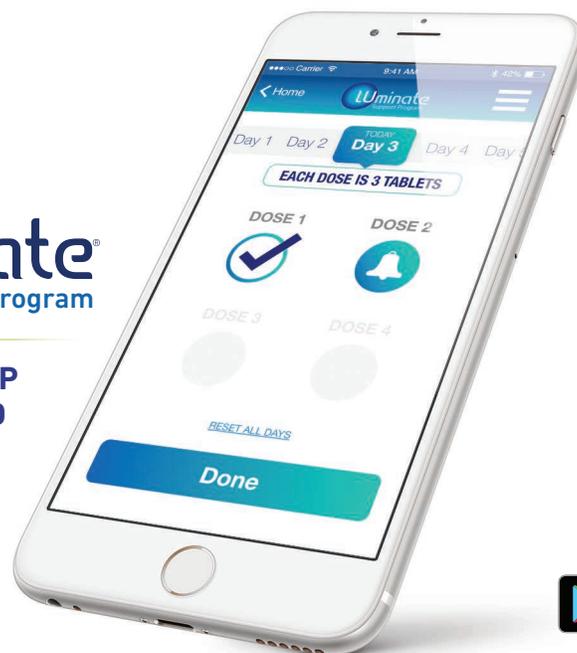
Eligible patients will pay \$0* for LUCEMYRA

Learn more at [LUCEMYRA.com](https://www.lucemyra.com)

*Patients whose prescriptions will be paid for in part or in whole by Medicare, Medicaid, or any similar federal or state healthcare program, are not eligible for savings or rebates according to federal and state law. Patients must visit a participating pharmacy for savings or rebates on their LUCEMYRA prescriptions. Maximum benefits may apply. Other restrictions may apply. For more information, please see Terms and Conditions at [LUCEMYRA.com](https://www.lucemyra.com).



**NO SIGN-UP
REQUIRED**



Lucemyra[®]
(lofexidine) tablets 0.18 mg

Relieve the symptoms, retake control

***The only FDA-approved, non-opioid,
non-addictive treatment indicated for
the relief of opioid withdrawal symptoms¹***

What is LUCEMYRA?

LUCEMYRA is a non-opioid prescription medicine used in adults to help with the symptoms of opioid withdrawal that may happen when you stop taking an opioid suddenly.

LUCEMYRA will not completely prevent the symptoms of opioid withdrawal and is not a treatment for opioid use disorder.

Important Safety Information

LUCEMYRA can cause serious side effects, including low blood pressure, slow heart rate, and fainting. Watch for symptoms of low blood pressure or heart rate, including dizziness, lightheadedness, or feeling faint at rest or when quickly standing up; if you experience these symptoms, call your healthcare provider right away and do not take your next dose of LUCEMYRA until you have talked to your healthcare provider. Avoid becoming dehydrated or overheated and be careful not to stand up too suddenly from lying or sitting, as these may increase your risk of low blood pressure and fainting.

When your treatment is complete, you will need to stop taking LUCEMYRA gradually, or your blood pressure could increase.

After a period of not using opioid drugs, you can become more sensitive to the effects of opioids if you start using them again. This may increase your risk of overdose and death.

Before taking LUCEMYRA, tell your healthcare provider about all your medical conditions, including if you have low blood pressure, slow heart rate, any heart problems including history of heart attack or a condition called long QT syndrome, liver or kidney problems, or if you drink alcohol. Tell your healthcare provider if you are pregnant, plan on becoming pregnant, or are breastfeeding; it is not known if LUCEMYRA can harm your unborn baby or whether LUCEMYRA passes into your breast milk.

Especially tell your healthcare provider if you take benzodiazepines, barbiturates, tranquilizers, or sleeping pills, as taking these with LUCEMYRA can cause serious side effects.

The most common side effects of LUCEMYRA include low blood pressure or symptoms of low blood pressure such as lightheadedness, slow heart rate, dizziness, sleepiness, and dry mouth.

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 distributed Prescribing Information and Patient Information.

Distributed by:
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.

©2020. LUCEMYRA is a registered trademark of USWM, LLC. LUMinate is a trademark of USWM, LLC. USWMLUC-00372

US WorldMeds[®]