BlueCross BlueShield Federal Employee Program

LUCEMYRA (lofexidine)

RATIONALE FOR INCLUSION IN PA PROGRAM

Background

Lucemyra (lofexidine) is a central alpha-2 adrenergic agonist that binds to receptors on adrenergic neurons. This reduces the release of norepinephrine and decreases sympathetic tone. Central alpha-2 agonists are particularly beneficial for treating opiate withdrawal symptoms related to autonomic hyperactivity such as tachycardia, increased blood pressure, anxiety, nausea, vomiting, chills, and sweating (1).

Regulatory Status

FDA-approved indication: Lucemyra is a central alpha-2 adrenergic agonist indicated for mitigation of opioid withdrawal symptoms to facilitate abrupt opioid discontinuation in adults (1).

There is a risk of hypotension, bradycardia, and syncope with Lucemyra therapy. Vital signs should be monitored and patients should be advised on how to minimize the risk of these cardiovascular effects and manage symptoms, should they occur. Lucemyra use should be avoided in patients with severe coronary insufficiency, recent myocardial infarction, cerebrovascular disease, or chronic renal failure, as well as in patients with marked bradycardia (1).

Lucemyra prolongs the QT interval. Lucemyra should be avoided in patients with congenital long QT syndrome. ECG monitoring is recommended in patients with electrolyte abnormalities, congestive heart failure, bradyarrythmias, hepatic or renal impairment, or in patients taking other medicinal products that lead to QT prolongation (1).

Lucemyra potentiates the CNS depressant effects of benzodiazepines and may potentiate the CNS depressant effects of alcohol, barbiturates, and other sedating drugs such as opioids (1).

Patients who complete opioid discontinuation are at an increased risk of fatal overdose should they resume opioid use. Lucemyra should be used in conjunction with a comprehensive management program for treatment of opioid use disorder and patients and caregivers should be informed of increased risk of overdose (1).

Patients should be instructed not to discontinue Lucemyra therapy without consulting their

healthcare provider, and therapy should be discontinued by reducing the dose gradually over 2 to 4 days (1).

The safety and effectiveness of Lucemyra in pediatric patients have not been established (1).

Summary

Lucemyra (lofexidine) is a central alpha-2 adrenergic agonist that binds to receptors on adrenergic neurons. This reduces the release of norepinephrine and decreases sympathetic tone. Central alpha-2 agonists are particularly beneficial for treating opiate withdrawal symptoms related to autonomic hyperactivity such as tachycardia, increased blood pressure, anxiety, nausea, vomiting, chills, and sweating. The safety and effectiveness of Lucemyra in pediatric patients have not been established (1).

Prior authorization is required to ensure the safe, clinically appropriate and cost-effective use of Lucemyra while maintaining optimal therapeutic outcomes.

References

1. Lucemyra [package insert]. Louisville, KY: US WorldMeds, LLC; September 2020.