

Lofexidine

Lucemyra

Short-term help with opioid withdrawal. A safer transition also needs support and a plan for what comes next.

From Jeffrey Panko, PMHNP-BC's education collection ·

Draft for review · Clinical content has not been revalidated for this website.

NON-OPIOID MEDICINE

LOW BLOOD PRESSURE? HOLD THE DOSE AND CALL

Alpha-2 receptors help turn down the body's stress signals. This medicine is not an opioid-overdose antidote.

What it is used for

Reduces some withdrawal symptoms after opioids are stopped, including sweating, cramps, aches and a pounding heart. It may not remove all discomfort.

Used for a short course in adults. It does not replace ongoing treatment for opioid use disorder or protect against a return to opioid use.

How it works

Turns down overactive nerve signals involved in withdrawal. It does not contain an opioid and is not a substitute for your long-term treatment plan.

The same effect can lower your blood pressure and slow your pulse. Learning when to hold a dose is an important part of using it safely.

What to expect over time

FIRST DAY

Relief may begin during the first day. Your team also checks for dizziness or excessive sleepiness.

SHORT COURSE

Doses are adjusted to symptoms and side effects. Treatment may last up to 14 days.

FINISHING

Your team usually lowers the dose over 2–4 days. Do not stop abruptly without advice.

Taking your medication

Take as prescribed, with or without food, usually four times daily, 5–6 hours apart. Kidney or liver problems may require less medicine.

Check BP and pulse as instructed. For faintness, dizziness, low BP or a slow pulse: sit or lie down, hold the next dose and call your team.

Do not take extra tablets. Ask for help with vomiting, diarrhea, pain or sleep before adding other medicines.

When to get help

Call 911: collapse, chest pain, severe breathing trouble, inability to wake, or a racing/irregular heartbeat with faintness.

Possible opioid overdose: give available rescue medicine as directed, call 911 and follow emergency instructions. Lofexidine will not reverse it.

Call your team promptly: persistent dizziness, a slow pulse, repeated vomiting/diarrhea, inability to keep fluids down or worsening withdrawal.

Early side effects

Dry mouth, sleepiness and dizziness are common; poor sleep or ringing ears can occur. Avoid driving or dangerous equipment until you know your response, and never while impaired.

Other effects to discuss

Low BP or a slow pulse can cause falls or fainting. Stand slowly, stay cool and drink fluids within your medical limits. Stopping suddenly can raise BP and cause withdrawal symptoms.

What to keep track of

Keep a dose/symptom record and your follow-up visits. Your team may check an ECG, blood tests and kidney/liver function. Report held doses or worsening symptoms.

Before you start

Discuss fainting, low BP, a slow or irregular heartbeat, heart attack, long QT, stroke, kidney/liver disease and all medicines. Tell your team about pregnancy, pregnancy plans or breastfeeding; safety information is limited. Ask whether home monitoring is suitable and get clear instructions for holding a dose.

Medicines & interactions

Alcohol and sedating medicines

Alcohol, benzodiazepines, sleeping pills and other sedatives can worsen drowsiness and dizziness. Check with your team before combining them; do not stop a prescribed sedative abruptly on your own.

Heart, BP and mood medicines

BP/pulse-lowering and heart-rhythm medicines need review. Methadone may require ECG checks; some antidepressants can increase lofexidine's effects.

Naltrexone tablets

Taking oral naltrexone within two hours of lofexidine may reduce naltrexone's effect. Ask your team to coordinate timing. This particular interaction is not expected with the injection.

Everyday tips

Arrange frequent check-ins and practical support for meals, fluids and transport. Know whom to call after hours.

Keep rescue medicine such as naloxone available, and show someone close to you how to use it.

After time without opioids, your tolerance falls. A previously used amount can now cause a fatal overdose.

Ask about ongoing treatment options. Finishing withdrawal is a transition, not a requirement to manage recovery alone.

Your questions, answered

What if I miss a dose?

If you are otherwise well and have not been told to hold it, take it when remembered; wait 5–6 hours before the next. Never double or bunch doses. Ask if unsure.

What if I feel faint?

Sit or lie down. Hold the next dose and contact your team before taking more. Call 911 for collapse or other emergency symptoms.

Can I stop once I feel better?

Ask for your taper plan. Stopping suddenly can raise blood pressure and cause anxiety, poor sleep, diarrhea, chills or sweating.

What if withdrawal is still hard?

Tell your team. You may need a different plan or more support, not simply more tablets. Lofexidine does not replace ongoing opioid-use-disorder care.

Storage & safety

Keep tablets in the original, tightly closed bottle at room temperature, away from heat, moisture, children and pets. Leave the drying packets in the bottle; do not swallow them. Never share. Too much medicine needs urgent assessment: Poison Control 1-800-222-1222, or 911 for collapse or breathing trouble.

About this information

For general information only; not a substitute for individualized medical advice. This sheet does not cover every risk or interaction. Ask your prescriber or pharmacist before changing how you take this medication.

Sources

1. <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=2dcc8288-adbe-45c3-b7bd-4d274001332d>
 2. <https://medlineplus.gov/druginfo/meds/a618036.html>
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Educational inclusion does not mean this medication or its indications are treated at this practice. Review the guide for your exact product with your prescriber or pharmacist.

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