AUD Medications Table - Sept 23 2018

When to Use	Choice	Clinical Scenario	**Medications for AUD**	Dose	Oral Frequency	Form	Cost	Coverage/Plan	Notes	Mechanism
Sober x >7days	First Line	Use for patient to reduce craving. If patient resumes drinking, it will not help them stop.	**Acamprosate**	333mg	333mg TID if wt < 60kg, or 666mg TID if wt > 60kg	Tab	$5/d unless covered under plan.	After MD/NP signs Collaborative Agreement once in their career all of their patients will be covered (once annual Pharmacare deductable reached). May be paid fully by Private Plans.	Do not use if decreased renal function.	Glutamate antagonist (reduces excitatory effect)
Patient may start Medication even when still drinking.		Use for patient who is still drinking or has stopped and is likely to resume. Reduces chance of going back to heavy drinking if drinking resumes.	**Naltrexone**	50mg	1/2 to 1 tab qAM or 1hr before first drink of day	Tab	$5/d unless covered under plan.	After MD/NP signs Collaborative Agreement once in their career all of their patients will be covered (once annual Pharmacare deductable reached). May be paid fully by Private Plans.	Do not use if patient using opiates as it will precipitate withdrawal symptoms. Not for anyone with liver failure, unless very closely followed. May be used with Ondansetron for people with EOAUD.	Mu-Opiod blocker reduces reward reinforcement and encourages extinction of urge. Supports functional improvement of executive decision network impaired/damaged by alcohol use.
	Second Line	May be more likely to respond if also has hx or current use of cocaine, and/or if has anger volatility, and/or if has PTSD.	**Topiramate**	25mg	Daily, increase by 25mg/day each week x 3wks, then by 50mg/day each week to max of 300mg/day.	Tab	$40/mos	Yes/Plan G	If significant side effects occur patient is unlikely to benefit and this med should be stopped. In pregnancy, there is a 1/200 chance of causing cleft palate, use with caution in this group balancing risk of ongoing AUD and FAS vs cleft palate in child.	Glutamate antagonist (reduces excitatory effect), GABA agonist (increases inhibitory effect), Kainate agonist that impacts Glutamate and GABA activity (excitatory reduction and inhibitory increase, respectively).
		If patient has hx of siezures coming off Etoh then this med may reduce chance of siezures. Hx of siezures may indicate med will work for reducing/stopping alcohol use.	**Gabapentin**	300mg	1 tab TID, increase weekly up to 600mg TID	Tab	$28/mos	No	Do not use if hx of stimulant abuse.	Increases GABA which has an inhibitory effect, and decreases Glutamate which reduces excitation.
	Special Clinical Scenarios	If patient has late stage liver disease and/or if drinking occurs to reduce anxiety or allow sleep.	**Baclofen**	10mg	Regular dosing is10mg TID, may increase to 20mg TID as needed. For anxiety/insomnia use 10mg qhs and TID PRN.	Tab	$30/mos	No	Can use even if in acute liver failure	GABA-B agonist, this has an inhibitory effect.
		Early Onset AUD, (EOAUD) Dx <25yo, may have black-outs, anti-social personality traits, 1st degree relative with AUD/SUD, 4x more likely to have Opiate Use Disorder, 4x more likely to be incarcerated for violence.	**Ondansetron**	4mcg/kg	BID (Please note this AUD dose (4mcg/kg BID) is much smaller than dose for nausea (4-8mg q8h).	Liquid 4mg/5ml	$45/mos	No, but CYMH may cover, depending on circumstances.	If drinking gets worse stop and use sertraline 50mg OD instead. May be used in addition to Naltrexone for people with EOAUD.	Serotonin transport function is impaired in EOAUD. Ondansetron, as a serotonin antagonist, can support that impaired function.
		Depressed but AUD onset later than 25yo and clinical scenario not EOAUD.	**Sertraline**	50-100mg	Daily.	Capsule (yellow/ white)	$30/mos	Yes/Plan G	Can help people with AUD who are depressed. If drinking gets worse stop and use ondansetron 4mcg/kg bid instead.	Serotonin transport function is impaired in AUD and Sertraline improves the functional deficit of serotonin that occurs. Naltrexone can be used in addition to address drinking.

By: Dr. Jeff Harries. Please see CPS, APA 2018 AUD Guidelines, and UpToDate for further details.