

## AUD Medications Table - August 2nd, 2020

Choice	When to Use	Clinical Scenario	Medications for AUD	Dose	Oral Frequency	Form	Cost	Coverage/Plan	Notes	Mechanism
<b>First Line</b>	Ideally Sober >7 days	Reduces craving when patient sober. If patient resumes drinking, it will not help them stop.	<b>Acamprosate</b>	333mg	333mg TID if wt < 60kg, or 666mg TID if wt > 60kg	Tab	\$5/d unless covered under plan.	After MD/NP signs BC's Collaborative Prescribing Agreement once in their career all of their patients will be covered (once annual BC Pharmacare deductible reached). May be paid fully by Private Plans.	Do not use if decreased renal function.	Glutamate antagonist (reduces excitatory effect).
		Works for High Reward/Low Relief drinkers. Use for patient who is still drinking or has stopped and is likely to resume. Reduces chance of going back to heavy drinking if	<b>Naltrexone</b>	50mg	1/4 to 1 tab qAM or 1hr before first drink of day	Tab	\$5/d unless covered under plan.	After MD/NP signs BC's Collaborative Prescribing Agreement once in their career all of their patients will be covered (once annual Pharmacare deductible 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 that may have been impaired/damaged by alcohol use.
<b>Second Line</b>	Patient may start Medication even when still drinking.	May be more likely to respond if also has hx or current use of significant cocaine/meth, and/or if has anger volatility, and/or if has PTSD, and/or BPD, and/or migraines	<b>Topiramate</b>	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). Reduces craving, reduces irritability.
		If patient has hx of seizures coming off Etoh then this med may reduce chance of seizures. Hx of seizures may indicate med will work for reducing/stopping alcohol use	<b>Gabapentin</b>	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.
<b>Special Clinical Scenarios</b>	Patient may start Medication even when still drinking.	If patient has late stage liver disease and/or if drinking occurs to reduce anxiety or allow sleep.	<b>Baclofen</b>	10mg	Regular dosing is 10mg 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, Hx of bad reaction to SSRI.	<b>Ondansetron</b>	4mcg/kg	BID (Please note this AUD dose (4mcg/kg BID) is much smaller than dose for nausea (4-8mg q8h).	Liquid 4mg/5ml (dispensing the liquid formulation of this med makes the med much cheaper than if compounded), Or use 4mg dissolving film and cut film into appropriate sized tiny pieces.	\$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 improve the function of the system that the alcohol damaged. Naltrexone can be used in addition to ondansetron and this works better than either alone.
		Use for patient with depression but AUD onset later than 25 yo and clinical scenario not of EOAUD.	<b>Sertraline</b>	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.
		If heavy cigarette consumption (>2ppd), using this med may help reduce alcohol intake.	<b>Varenicline</b>	Starter Pack (0.5mg od x 3d, then bid x 4d, then 1mg bid)	Daily		Starter Pack \$75/Mos	Yes, for smoking.	Can help people with AUD reduce smoking and Alcohol intake.	Unknown