

# ALCOHOL USE DISORDER OUTPATIENT PRESCRIPTION

Weight (kg)

Rx

Date (dd/mm/yyyy) \_\_\_\_\_

Allergies \_\_\_\_\_

## First-line treatment

- |   |                |   |
|---|----------------|---|
| <input type="checkbox"/> <b>naltrexone</b> 25 mg PO DAILY × 3 days, then <b>naltrexone</b> 50 mg PO DAILY<br><ul style="list-style-type: none"> <li>• Contraindicated if active opioid use disorder OR prescription opioids for pain, acute hepatitis, liver enzymes greater than 5 times normal, or liver failure</li> </ul> | Quantity _____ | <input type="checkbox"/> # Refill _____ |
| <input type="checkbox"/> <b>acamprosate</b> 666 mg PO TID<br><ul style="list-style-type: none"> <li>• For patients with CrCl greater than 50 mL/min</li> </ul>  | Quantity _____ | <input type="checkbox"/> # Refill _____ |
| <input type="checkbox"/> <b>acamprosate</b> 333 mg PO TID<br><ul style="list-style-type: none"> <li>• For patients with CrCl 30 to 50 mL/min.</li> <li>• Naltrexone is recommended first-line agent if renal impairment.</li> </ul>   | Quantity _____ | <input type="checkbox"/> # Refill _____ |

## Second-line treatment

- |  |                |   |
|--|----------------|---|
| <input type="checkbox"/> <b>gabapentin</b> 300 mg PO TID × 24 hours, then if well tolerated increase to 600 mg PO TID<br><ul style="list-style-type: none"> <li>• Use caution if renal impairment, dose reductions required</li> </ul>                   | Quantity _____ | <input type="checkbox"/> # Refill _____ |
| <input type="checkbox"/> <b>topiramate</b> 25 mg PO QHS × 7 days, then increase to 25 mg PO BID × 7 days, then increase to 50 mg PO BID<br><ul style="list-style-type: none"> <li>• Use caution if renal impairment, dose reductions required</li> </ul> | Quantity _____ | <input type="checkbox"/> # Refill _____ |
| <input type="checkbox"/> <b>Other</b> _____  | Quantity _____ | <input type="checkbox"/> # Refill _____ |

## Withdrawal management if low risk of complicated withdrawal

- |  |                |   |
|--|----------------|---|
| <input type="checkbox"/> <b>gabapentin</b> 300 to 600 mg PO QID PRN withdrawal symptoms<br><ul style="list-style-type: none"> <li>• Use caution if renal impairment, dose reductions required</li> </ul> | Quantity _____ | <input type="checkbox"/> # Refill _____ |
|--|----------------|---|

Date (dd/mm/yyyy) / /	Time (24 hour)	Physician Signature	Printed name or College ID#
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Patient consents to try Pharmacologic Treatment for their AUD

Goal Based Recommendations

Goal: Abstinence

First Line:  
Acamprosate or  
Naltrexone

Goal: Reduced  
Drinking

First Line:  
Naltrexone

Second Line Treatment  
(If Contraindication/Allergy to First Line Tx/Patient Preference)

Mostly binge  
use? (eg. hx.  
blackouts)

Consider  
Topiramate

Consider Gabapentin  
(Also helps anxiety, sleep and cravings)