

ALCOHOL USE DISORDER OUTPATIENT PRESCRIPTION

Weight (kg)

Rx

Date (dd/mm/yyyy) _____

Allergies _____

First-line treatment

- naltrexone** 25 mg PO DAILY × 3 days, then **naltrexone** 50 mg PO DAILY
 • Contraindicated if active opioid use disorder OR prescription opioids for pain, acute hepatitis, liver enzymes greater than 5 times normal, or liver failure
 Quantity _____ # Refill _____
- acamprosate** 666 mg PO TID
 • For patients with CrCl greater than 50 mL/min
 Quantity _____ # Refill _____
- acamprosate** 333 mg PO TID
 • For patients with CrCl 30 to 50 mL/min.
 • Naltrexone is recommended first-line agent if renal impairment.
 Quantity _____ # Refill _____

Second-line treatment

- gabapentin** 300 mg PO TID × 24 hours, then if well tolerated increase to 600 mg PO TID
 • Use caution if renal impairment, dose reductions required
 Quantity _____ # Refill _____
- topiramate** 25 mg PO QHS × 7 days, then increase to 25 mg PO BID × 7 days, then increase to 50 mg PO BID
 • Use caution if renal impairment, dose reductions required
 Quantity _____ # Refill _____
- Other** _____
 Quantity _____ # Refill _____

Withdrawal management if low risk of complicated withdrawal

- gabapentin** 300 to 600 mg PO QID PRN withdrawal symptoms
 • Use caution if renal impairment, dose reductions required
 Quantity _____ # Refill _____

Date (dd/mm/yyyy)	Time (24 hour)	Physician Signature	Printed name or College ID#
/ /			

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)

Consider
Topiramate

Mostly binge
use? (eg. hx.
blackouts)

Consider Gabapentin
(Also helps anxiety, sleep and cravings)