

MEDICATION	DOSING RECOMMENDATIONS
naltrexone	<ul style="list-style-type: none"> • Oral: Start at 25 mg/day for 7 days, and then increase to target 50 mg/day. Some studies used 100 mg/day. • Depot: 380 mg IM every 4 weeks. • Contraindicated in acute hepatitis or liver failure. • Must be opioid free for 7-10 days. • Formulary – Psychiatry: Oral on formulary, no PA. Depot requires PA. • Formulary – Primary Care: Oral requires PA for ACE. Depot requires PA.
acamprosate	<ul style="list-style-type: none"> • Start at 666 mg (two 333 mg tablets) three times daily. • If GFR 30-50 ml/min, initial dose 333 mg three times daily. • Contraindicated if GFR < 30 ml/min • Formulary – Psychiatry: On formulary, no PA • Formulary – Primary Care: PA required for ACE and Medi-Cal.
topiramate	<ul style="list-style-type: none"> • Start at 25 mg at bedtime for 7 days, and titrate up by 25 mg/week to 150 mg twice daily. • If GFR 10-70, decrease dose by 50% • If GFR < 10, decrease dose by 75% • Labs: baseline creatinine and bicarbonate, then bicarbonate every 6 months as indicated • Formulary – Psychiatry: On formulary, no PA. MUST include diagnosis of alcohol use disorder in prescription (in special instructions box) • Formulary – Primary Care: On formulary
gabapentin	<ul style="list-style-type: none"> • Start 300 mg at bedtime on day 1, 300 mg three times daily on day 2, add 300 mg on days 3, 4, and 5 to reach target of 600 mg three times daily. Can be titrated to 1200 mg three times daily if needed. • If GFR 30-60, max dose 600-1800 mg daily • If GFR < 30, contraindicated • Formulary – Psychiatry: On formulary. • Formulary – Primary Care: On formulary.