



Appendix A: Prescription Medication Table for Alcohol Dependence ^a

Generic Name Brand/Trade Name	Adult Oral Dose	Mechanism of Action	Cautions/ Contraindications ^b	Therapeutic Considerations (including side effects and drug interactions) ^b	PharmaCare Coverage	Annual Cost (cost per tablet/capsule)
Naltrexone ^c (ReVia[®]) <i>(Approved indication: treatment of alcohol dependence to support abstinence and decrease relapse risk)</i>	50 mg once daily (start at 25 mg once daily to minimize side effects)	Blocks the action of endorphins when alcohol is consumed.	Must be opioid free for 7 to 10 days before initiating and must stop for 7 days if opioid therapy required. Liver failure, current or anticipated opioid use, hypersensitivity.	Some side effects include: nausea, vomiting, headache, fatigue, somnolence, hepatotoxicity. Drug interactions: opioids, medications that can also contribute to hepatocellular injury (i.e. NSAIDs)	Limited coverage ^d	Annual cost = \$1952.50 (50 mg tablet = \$5.30)
Acamprosate (Campral[®]) <i>(Approved indication: maintenance of abstinence from alcohol in patients who are abstinent at treatment initiation)</i>	666 mg three times daily 333 mg three times daily if mild to moderate renal impairment	Restores the imbalance of neuronal excitation and inhibition caused by chronic alcohol use.	Severe renal impairment, pregnancy, hypersensitivity.	Some side effects include: diarrhea, nausea, headache, depression. Suicidal ideation (rare) Can be used in patients with liver disease Drug interactions: naltrexone	Limited coverage ^d	Annual cost = \$1817.70 (333 mg tablet = \$0.80)
Compounded disulfiram (Antabuse[®] no longer available) <i>(Approved indication: deterrent to alcohol use/abuse)</i>	Maintenance: 250 mg once daily Range: 125 to 500 mg once daily	Blocks alcohol metabolism causing an aversive reaction to alcohol when it is consumed. Reaction: flushing, nausea, vomiting, headaches, palpitations, hypotension.	Total abstinence is needed. Do not give to intoxicated individuals or within 36 hours of alcohol consumption. Cardiac disease, cerebrovascular disease, renal/ hepatic failure, pregnancy, psychiatric disorders, alcohol consumption, hypersensitivity.	DO NOT ADMINISTER WITHOUT PATIENT'S KNOWLEDGE. Alcohol reaction can occur up to two weeks after last dose and symptoms (severe) can include: hepatotoxicity, peripheral neuropathy, respiratory depression, psychotic reactions, optic neuritis. Some common side effects include: drowsiness, metallic taste, impotence, headache. Drug interactions: alcohol containing medications, metronidazole, warfarin, diazepam, amitriptyline, phenytoin.	Regular Benefit	Annual cost = \$146 (125 mg capsule = \$0.30) (250 mg capsule = \$0.40) (500 mg capsule = \$0.80)

- a. All treatments should be part of a comprehensive treatment program that includes psychosocial support.
- b. This is not an exhaustive list. For complete details please refer to the drug monographs.
- c. Naltrexone injectable extended release (Vivitrol[®]) is not available in Canada at time of publication.
- d. PharmaCare coverage will only be provided for a patient who meets the Limited Coverage criteria, and whose prescription is written by a prescriber who has entered into a Collaborative Prescribing Agreement.

Note: Please check with Health Canada for product monographs and for advisories, warnings and recalls at: www.hc-sc.gc.ca

Pricing is approximate as per PharmaNet 2010/06/24 and does not include dispensing fee.

The information in this chart was drawn primarily from package inserts and references 15, 16 and 17. And also: Compendium of Pharmaceuticals and Specialties: The Canadian Drug Reference for Health Professionals. Toronto, Ontario; 2010. Micromedex Healthcare Series Website. Accessed June 20, 2010.

PharmaCare Coverage Definitions

G: generic(s) are available.

regular coverage: also known as regular benefit; does not require Special Authority; patients may receive full coverage*

partial coverage: Some types of regular benefits are only partially covered* because they are included in the Low Cost Alternative (LCA) program or Reference Drug Program (RDP) as follows:

LCA: When multiple medications contain the same active ingredient (usually generic products), patients receive full coverage* for the drug with the lowest average PharmaCare claimed price. The remaining products get partial coverage.

RDP: When a number of products contain different active ingredients but are in the same therapeutic class, patients receive full coverage* for the drug that is medically effective and the most cost-effective. This drug is designated as the Reference Drug. The remaining products get partial coverage.

Special Authority: requires Special Authority for coverage. Patients may receive full or partial coverage* depending on LCA or RDP status. These drugs are not normally regarded as first-line therapies or there are drugs for which a more cost-effective alternative exists.

no coverage: does not fit any of the above categories;

*coverage is subject to drug price limits set by PharmaCare and to the patient's PharmaCare plan rules and deductibles. See www.health.gov.bc.ca/pharmacare/ for further information.