### Appendix A: Prescription Medication Table for Alcohol Dependence

<table>
<thead>
<tr>
<th>Generic Name</th>
<th>Brand/Trade Name</th>
<th>Adult Oral Dose</th>
<th>Mechanism of Action</th>
<th>Cautions/Contraindications</th>
<th>Therapeutic Considerations (including side effects and drug interactions)</th>
<th>PharmaCare Coverage</th>
<th>Annual Cost (cost per tablet/capsule)</th>
</tr>
</thead>
</table>
| **Naltrexone**<sup>4</sup>  
(ReVia®)  
(Approved indication: treatment of alcohol dependence to support abstinence and decrease relapse risk) | | 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. | 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<sup>d</sup> | Annual cost = $1952.50  
(50 mg tablet = $5.30) |
| **Acamprosate**  
(Campral®)  
(Approved indication: maintenance of abstinence from alcohol in patients who are abstinent at treatment initiation) | | 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<sup>d</sup> | Annual cost = $1817.70  
(333 mg tablet = $0.80) |
| **Compounded disulfiram**  
(Antabuse® no longer available)  
(Approved indication: deterrent to alcohol use/abuse) | | 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) |

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**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.

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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 (Vivitol®) 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.