<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>DOSING RECOMMENDATIONS</th>
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</table>
| naltrexone | • 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 | • 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 | • 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 | • 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. |