Dr. *Doctor’s name*  
*Doctor’s address*  
*Doctor’s fax number*

*Date*

Re: *Patient’s name*

Dear Dr. *Doctor’s name*,

I am writing to you to request that you take over the prescription for anti-craving medication *specific med better* as part of your ongoing care for *patient* . Studies have shown that anti-craving medications such as naltrexone and acamprosate are effective in the treatment of alcohol use disorders; in the absence of cravings, patients are better able to maintain abstinence while they establish a healthier lifestyle. Anti-craving medications should be prescribed for at least six months. Consideration can be given to discontinuing the medication when patients demonstrate abstinence or markedly decreased drinking, minimal cravings, good social supports, and confidence in their ability to manage potentially triggering situations without medication.

Both naltrexone and acamprosate can be safely used long-term, with the following precautions:

* Naltrexone is an opiate blocker and should not be used in patients on opiates.
* Patients on naltrexone should have their liver enzymes checked every 3-6 months, and the medication should be discontinued if enzymes rise (more than three-fold).
* Acamprosate should not be used with significant renal disease, but has no drug-drug interactions
* Neither medication has been shown to be safe in pregnancy

Many patients consider tapering their medication after six months or so of abstinence, but there is no requirement to do so. Some patients find benefit in taking these medications indefinitely, at the usual or reduced doses; some patients find it helpful to know that they can resume the medication if they notice a recurrence of cravings or find that their drinking has begun to escalate. When restarting naltrexone, it may be helpful to start at 25mg daily for 3 days to avoid GI side effects and then resume the usual dose of 50mg/day. It is not necessary to abstain from alcohol before starting naltrexone, whereas it is advisable to be abstinent from alcohol for 2-3 days before starting acamprosate. It is worth retrying whichever medication has worked in the past, but switching medications if the desired response is not achieved.

Obviously, medications are just one part of the long-term management of alcohol use disorder; psychosocial support such as counseling, mutual support groups and active management of mood and anxiety disorders are all beneficial for long-term recovery. We recommend planning regular re-assessments that include goal-setting and review of substance use and mental health. *Please note that K680 is an out-of basket code for providing care to patients receiving therapy for substance abuse (not the management of smoking cessation). K680 is a time-based code: 1 unit is 30 minutes, and the start and stop times must be recorded in the patient’s chart as per other time-based counseling/psychotherapy codes.*

Please feel free to contact me through the Substance Use clinic with any questions or concerns or to request a repeat consultation. Additional resources, including a short manual on safer prescribing and management of substance use disorders, are available at http://www.womenscollegehospital.ca/programs-and-services/METAPHI.

Sincerely,

*Name,* MD, Substance Use Service