COLLECTIVE PRESCRIPTION
Initiating blood work and pharmacotherapy for relapse prevention in a person with alcohol use disorder

Institution:

Validity period:

CLINICAL SITUATION OR TARGET POPULATION

Person 18 years of age or older with a diagnosis of alcohol use disorder (AUD) who has just completed treatment for alcohol withdrawal.

OR

Person 18 to 65 years of age with a diagnosis of AUD who is currently at low risk for developing withdrawal syndrome (no alcohol use for at least the past 48 hours) and withdrawal-related complications (no history of seizures, delirium tremens or hallucinations).

HEALTH PROFESSIONALS OR OTHER PERSONS WHO CAN EXECUTE THE PRESCRIPTION

Health-care facilities that wish to use this template to write collective prescriptions for initiating blood work and pharmacotherapy for relapse prevention in a person with alcohol use disorder must specify in this section the health professional(s) or group(s) of health professionals who can execute this prescription. The instruction in italics (!) must then be deleted from the version that will be made available.

CONTRAINDICATIONS TO USING THIS PRESCRIPTION

- The same contraindications as those listed for the application of Québec’s national medical protocol (NMP) No. 888027, namely:
  - Pregnancy or breastfeeding
  - The presence of one or more of the following signs or symptoms following a recent decrease in or cessation of alcohol use (suggestive of alcohol withdrawal syndrome):
    - vomiting, tremors, paroxysmal sweats, moderate to severe anxiety, agitation, disturbances of tactile, auditory or visual perception, or orientation disturbances
  - A contraindication or history of allergic reaction to the use of all the recommended drugs
- A case in which it is not possible to prescribe naltrexone or gabapentin
- Severe renal impairment (creatinine clearance [Clcr] < 30 ml/min)
- Liver failure, cirrhosis or an increase in liver function test results to more than 2.5 the upper limit of normal
- Signs and symptoms suggestive of acute hepatitis (fever, abdominal pain, jaundice, dark urine, pale stools)

QUÉBEC’S NATIONAL MEDICAL PROTOCOL

Refer to current Québec’s national medical protocol No. 888027, written by the Institut national d’excellence en santé et en services sociaux, on its website when executing this prescription.

1 The authorized health professional or other authorized person must be sure to have the necessary qualifications to execute this prescription (e.g., training).
LIMITS OR SITUATIONS WHERE A CONSULTATION WITH AN AUTHORIZED PRESCRIBER IS MANDATORY

- After 1 month of treatment
- A **history of treatment failure** after a trial of at least 3 months with one of the recommended drugs.
- A concurrent severe, complex or unstable **mental health problem** (e.g., a psychotic disorder, bipolar disorder, schizophrenia, or the presence of suicidal thoughts or self-harm)
- The occurrence or worsening of **suicidal ideation, depressive symptoms** (including a PHQ-9 score of 5 or more), **anxiety** or **sleep disturbances**
- The emergence of a **contraindication to the use of CP No. 888027 or to the drug** used during the treatment, namely:
  - Pregnancy or breastfeeding
  - The presence of one or more of the following signs or symptoms following a recent decrease in or cessation of alcohol use (suggestive of alcohol withdrawal syndrome):
    - vomiting, tremors, paroxysmal sweats, moderate to severe anxiety, agitation, disturbances of tactile, auditory or visual perception, or orientation disturbances
  - A contraindication or a history of allergic reaction to the use of all the recommended drugs
  - Severe renal impairment (Clcr < 30 ml/min)
  - Liver failure, cirrhosis or an increase in liver function test results to more than 2.5 times the upper limit of normal
  - Signs and symptoms suggestive of acute hepatitis (fever, abdominal pain, jaundice, dark urine, pale stools)
  - The use of opioids (including buprenorphine-naloxone, methadone and tramadol) or anticipated opioid use (e.g., elective surgery with opioid prescription) or opioid use disorder (contraindications to the use of naltrexone)
- **Laboratory test** results outside the normal range or requiring a reevaluation of the drug
- **Intolerance** to the medication
- The occurrence of **over-sedation** or a **change in alertness** or **respiratory status** while taking gabapentin
- **Nonadherence** to the medication regularly noted by a member of the interprofessional team
- The occurrence of a **new psychoactive substance use problem** or a **new health problem**

DOCUMENTATION

Complete the community pharmacist liaison form, if needed. Refer to the template available in the section entitled “Protocoles médicaux nationaux et ordonnances associées” on INESSS’s website.
**IDENTIFICATION OF RESPONDING PRESCRIBER**

Health-care facilities that wish to write a collective prescription using this template must specify in this section the mechanism of identification of the responding prescriber, whose name must be entered on the liaison form upon individualization of this collective prescription. The instruction in italics (!) must be then deleted from the version that will be made available.

**IMPLEMENTATION PROCESS**

1. **DEVELOPMENT OF CURRENT VERSION** (identification of the authorized prescriber or prescribers concerned and of the persons responsible, if applicable)

2. **VALIDATION OF CURRENT VERSION** (identification of the authorized prescriber or prescribers concerned and of the persons responsible, if applicable)

3. **APPROVAL OF CURRENT VERSION BY THE REPRESENTATIVE OF THE INSTITUTION’S CPDP**

   Last name:   
   Signature:  
   Date:  

4. **APPROVAL OF CURRENT VERSION BY THE SIGNING AUTHORIZED PRESCRIBERS (NON-INSTITUTIONAL)**

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5. **REVIEW**

   Effective date:  
   Date of last review (if applicable):  
   Scheduled date of next review:  
   Signature of responding authorized prescriber (if applicable):  

   Signature:  
   Date:  

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