



**Prior Authorization Approval Criteria**  
*Department of Pharmacy Services*

**Generic Name:**           acamprosate

**Brand Name:**           Campral

**Medication Class:**     antialcoholic agent

**FDA Approved Uses:** Maintenance of abstinence from alcohol in patients with alcohol dependence that is abstinent at treatment initiation.

**Usual Dose:**             Two 333 mg tablets (666mg) three times daily.

**Duration of Therapy:**  1 year

**Criteria for Use:** *(bullet points below are all inclusive unless otherwise noted)*

- Patient must have already quit drinking alcohol.
- Must be part of a comprehensive treatment program for alcohol dependence that should include a psychosocial support system.

**Contraindications:**

- Patients with known hypersensitivity reactions to acamprosate.
- Patients with severe renal impairment (crcl 30 ml/min or less).

**Not Approved if:**

- Patient has any contraindications to the use of Campral.
- Patient does not meet the above stated criteria.

**Special Considerations:**

- Similar drugs: Disulfiram, Naltrexone
  - Does not appear to be more effective than naltrexone.
- The value of acamprosate calcium in promoting abstinence in subjects who have not undergone detoxification and not achieved alcohol abstinence prior to the initiation of therapy has not been established
- Therapy should be continued even if the patient relapses as long as they continue to be part of a treatment program for alcohol dependence.
- Risk of suicidal nature adverse events (suicidal ideation, suicidal attempts, completed suicides) was higher in the patients treated with acamprosate than placebo.

P&T Approval: \_\_\_\_\_ Date: \_\_\_\_\_