



## Treatment of Alcohol Use Disorder

July 2020

Table 1: Pharmacologic Treatment of Alcohol Use Disorder in Nonpregnant Adults [a]		
Medication [b]	Dosage	Considerations for Use
<i>Preferred Medications</i>		
Acamprosate oral (Campral)	<b>Initial and maintenance:</b> 666 mg 3 times per day.	<ul style="list-style-type: none"> <li>• <b>Contraindication:</b> Patients with CrCl <math>\leq</math>30 mL/min or eGFR <math>\leq</math>30 mL/min/1.73 m<sup>2</sup>. See package insert for dose adjustments based on CrCl.</li> </ul>
Naltrexone oral (Revia)	<b>Initial and maintenance:</b> 50 mg once daily. If adverse events occur, clinicians can consider a reduced dose of 25 mg once daily.	<ul style="list-style-type: none"> <li>• <b>Contraindications:</b> Acute hepatitis or liver failure, concomitant use of opioid analgesics or opioid agonists (e.g., methadone or buprenorphine), acute opioid withdrawal.</li> <li>• Abstinence from alcohol is not required for treatment.</li> <li>• Abstinence from opioids is required for treatment. For patients who use alcohol and opioids, see recommendations in the NYSDOH AI guideline <i>Treatment of OUD &gt; Implementing OUD Treatment in the Primary Care Setting &gt; Naltrexone</i>.</li> </ul>
XR Naltrexone, long-acting injectable (Vivitrol)	<b>Initial:</b> 50 mg oral naltrexone once daily for at least 3 days. <b>Maintenance:</b> 380 mg intragluteal injection every 28 days.	<ul style="list-style-type: none"> <li>• If possible, perform liver function testing (including AST/ALT testing) at baseline and within 12 weeks of initiating treatment.</li> <li>• Discontinue naltrexone in the event of symptoms or signs of impaired liver function.</li> <li>• Recommend the injectable formulation for patients who have problems with adherence to the oral regimen.</li> </ul>
<i>Alternative Medications</i>		
Disulfiram oral (Antabuse)	<b>Initial and maintenance:</b> 500 mg once daily for 1 to 2 weeks. Reduce to 250 mg once daily.	<ul style="list-style-type: none"> <li>• <b>Contraindications:</b> Recent or concomitant use of metronidazole, paraldehyde, alcohol, or alcohol-containing preparations (e.g., cough syrups, tonics); coronary artery disease; recent myocardial infarction; psychoses; or signs or symptoms of acute hepatitis or acute liver failure. For all contraindications, see package insert.</li> <li>• Use only in patients who want to completely abstain from alcohol.</li> <li>• Inform patients of the disulfiram-alcohol reaction [c]; reinforce complete abstinence from any form of alcohol.</li> <li>• Advise patients to initiate disulfiram only after 12 hours of abstinence.</li> <li>• Perform baseline liver testing before initiating disulfiram treatment.</li> <li>• In patients with AST/ALT levels <math>&gt;</math>3 to 5 times the upper limit of normal, avoid treatment with disulfiram.</li> <li>• Repeat liver function testing at least monthly during the first 3 months of treatment and every 3 months thereafter while patient is taking disulfiram.</li> </ul>



# CLINICAL GUIDELINES PROGRAM

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**Table 1: Pharmacologic Treatment of Alcohol Use Disorder in Nonpregnant Adults [a]**

Medication [b]	Dosage	Considerations for Use
Gabapentin oral (multiple brands)	<b>Initial:</b> 300 mg once daily. <b>Titrate:</b> Increase in increments of 300 mg. <b>Maintenance:</b> Up to 3,600 mg daily, divided in 3 doses; dose is based on response and tolerance.	<ul style="list-style-type: none"> <li><b>Caution:</b> Gabapentin can be used alone for psychoactive effect or in combination with other substances, including opioids, benzodiazepines, and alcohol, to intensify the effects.</li> </ul>
Topiramate oral (multiple brands)	<b>Initial:</b> 25 mg once daily. <b>Titrate:</b> Increase dose by 50 mg increments each week to a maximum of 400 mg daily administered in 2 divided doses. <b>Maintenance:</b> 200 to 400 mg daily divided into 2 doses.	<ul style="list-style-type: none"> <li>A dose reduction by half is recommended for adult patients with CrCl <math>\leq 70</math> mL/min or eGFR <math>\leq 70</math> mL/min/1.73 m<sup>2</sup>. See package insert for full <i>prescribing information</i>.</li> </ul>

**Abbreviation key:** AST/ALT, aspartate aminotransferase/alanine aminotransferase; CrCl, creatinine clearance; eGFR, estimated glomerular filtration rate.

- For treatment of pregnant individuals with AUD, see *American Psychiatric Association Practice Guideline for the Pharmacological Treatment of Patients With Alcohol Use Disorder, Statement 14: Pharmacotherapy in Pregnant or Breastfeeding Women*.
- Consult package insert for full prescribing information for each medication.
- Concomitant use of disulfiram and alcohol, even small amounts, can result in the following adverse effects: flushing, throbbing in head and neck, respiratory difficulty, nausea, copious vomiting, sweating, thirst, chest pain, palpitations, dyspnea, hyperventilation, tachycardia, hypotension, syncope, marked uneasiness, weakness, vertigo, blurred vision, and confusion. Severe reactions may result in respiratory depression, cardiovascular collapse, arrhythmias, myocardial infarction, acute congestive heart failure, unconsciousness, convulsions, and death.