Anti Craving Medications

	Description	Ideal Patient	Cautions	Dosing
Naltrexone	Mu opioid receptor antagonist, modulates dopamine-related reward pathways to diminish alcohol cravings	First line for most patients	Cannot be used in patients who use opioids or anticipated need for opioids (e.g. upcoming surgery) Patients should be opioid-free for 7–10 days after short-acting opioids and 10–14 days after long-acting opioids or methadone before initiation Side effects are nausea and headache, usually mild and self-limited Buttock pain from injection (IM) Liver disease is not a contraindication: consider risks vs. benefits if Child Pugh C cirrhosis or severe acute hepatitis	PO: 50-100 mg daily, or 50 mg prior to drinking (Sinclair method) IM: 380 mg IM every 4 weeks IM/PO are of similar efficacy: choice based on patient preference/adherence, availability/cost and follow-up logistics
Acamprosate	Glutamate system stabilizer No hepatic metabolism	Goal of abstinence Liver disease Most effective when initiated after 4-7 days of abstinence	Contraindicated in severe renal impairment (CrCl < 30 mL/min) Difficult regimen: Requires two pills 3 times daily Adverse effects: diarrhea, flatulence, pruritis, nervousness, fatigue	666 mg TID (two 333 mg tablets) Alternative dosing: 999 mg BID if TID compliance concerns Reduce to 333 mg TID if CrCl 30-50 mL/min
Disulfiram	Aldehyde dehydrogenase inhibitor, causes severe reaction if alcohol is consumed	Highly motivated to complete abstinence Patient has external accountability such as mandated treatment, supervised settings or *network therapy* e.g. spouse will encourage/enforce adherence	Contraindicated in liver failure Contraindicated in pregnancy Requires complete abstinence Caution if disulfiram ethanol reaction would be particularly dangerous (severe cardiac or psychiatric disease, or cognitive impairment) Requires LFT monitoring and strict warnings to discontinue if hepatitis symptoms Many drug interactions including metronidazole, warfarin, phenytoin	12-24 hours abstinence prior to first dose 250 mg daily, can increase to 500 mg daily if 250 mg ineffective Disulfiram reaction can persist up to 14 days after last dose
Topiramate	Sodium channel and GABA-A receptor modulator used for epilepsy, and migraine prevention Among the most effective medications for reducing heavy drinking, although adverse effects frequently limit tolerability	Comorbid obesity, migraines, or seizure disorder Focus on reducing heavy drinking May also reduce cocaine use in selected patients	Contraindicated in pregnancy Caution in renal disease Caution if concurrent sedatives, hepatic encephalopathy or other cognitive impairment “Dopamax” side effects: cognitive slowing, paresthesias and other neurological adverse effects require slow up-titration and particular caution if high risk profession (e.g. pilot, heavy machinery operator)	Initial dose is 25 mg at bedtime Slow up-titration mindful of neurological side effects (see table) Must be tapered if discontinued
Gabapentin	Sedating calcium channel modulator used for neuropathic pain, seizures, alcohol withdrawal, anxiety, insomnia	Patients with insomnia, anxiety, or protracted withdrawal symptoms Liver disease (completely excreted by kidneys) Patients who drink to relieve negative emotions/affect (“relief-seeking”)	Accumulates in renal disease Sedating–caution in elderly, fall risk, cognitive impairment including hepatic encephalopathy, patients taking opioids or other sedatives The most misuse-prone of AUD medications, especially if coexisting OUD; caution in polysubstance misuse	Gradual increase to 600 mg TID, higher doses have demonstrated efficacy but limited by sedation Significant dose reduction if reduced CrCl
Baclofen	GABA-b agonist used for spasticity	Cirrhosis/high MELD score, anxiety, chronic pain	Dangerous in overdose, avoid in patients at risk for overdose Avoid in patients with seizure disorder Requires dose adjustment if reduced CrCl Sedating at high doses, caution in elderly, fall risk, cognitive impairment including hepatic encephalopathy	Initial dose is 5 mg TID, may gradually increase to 15 mg TID or much higher but sedation likely at higher doses Dangerous withdrawal syndrome: must be tapered if discontinued
GLP-1 Agonists	May reduce alcohol craving through effects on satiety and central reward pathways Examples include semaglutide and tirzepatide	Comorbid diabetes or obesity	Contraindicated if history of medullary thyroid cancer Avoid or use cautiously in patients with prior pancreatitis Contraindicated in pregnancy Access may be difficult given cost and limited insurance coverage Decreased appetite is usual and nausea/vomiting/bloating/diarrhea) are common Generally not appropriate in underweight patients	Semaglutide: slow titration to at least 1 mg SC weekly
Varenicline	Partial nicotinic agonist primarily used for smoking cessation	Patients who smoke	Nausea reduced by taking with full glass of water and food Vivid dreams are common Adverse effects on mood uncommon but require monitoring Halve dose if CrCl <30 mL/min	“Starter pack” titrates up to 1 mg BID