Medications for Alcohol Use Disorder

Anti-craving Alternatives

This decision pathway guides the management of alcohol use disorder (AUD) when first-line pharmacotherapy, most commonly naltrexone, is not effective or appropriate. The pathway summarizes comparative efficacy, patient selection considerations, and key prescribing details such as dosing and clinical cautions to inform evidence-based treatment decisions.

Naltrexone is first line MAUD for most patients

If ineffective:

switch from PO to IM

increase dose from 50 to 100 mg

switch from daily therapy to targeted therapy/Sinclair method

If naltrexone is contraindicated, poorly tolerated, or inadequate:

1. Clarify goal: reduction vs. abstinence

2. Identify common **comorbidities** and **contraindications:**

- current or planned pregnancy
- opioid use
- other substance use disorders
- liver disease
- renal disease
- seizure history
- psychiatric disease
- cognitive disorder
- diabetes
- obesity

3. Choose agent based on goals, contraindications, comorbidities, and **MAUD efficacy**

Contraindications

Pregnancy: Disulfiram, Topiramate, GLP-1As

Current or anticipated opioid use: Naltrexone

Advanced renal disease (CrCl < 30 mL/min)**:** Acamprosate, Gabapentin

Advanced liver disease (AST/ALT > 3x normal)**:** Disulfiram

Cognitive disorder: Disulfiram, Gabapentin, Topiramate, Baclofen

MAUD Relative Efficacy

First Line: Naltrexone*

Second Line: Acamprosate,* Disulfiram,* Topiramate

Third Line / Limited Evidence: Gabapentin, Baclofen, GLP-1As, Varenicline

*FDA-approved as MAUD

Choosing an Alternative to Naltrexone

Naltrexone can be discontinued and replaced **or continued in combination** with additive agent

Goal is abstinence: Acamprosate or Disulfiram

Goal is moderate drinking: Topiramate or Varenicline

Severe liver disease: Acamprosate or Baclofen

Co-occurring obesity: GLP-1 Agonist or Topiramate

Co-occurring seizure disorder or migraines: Topiramate

Co-occurring smoking: Varenicline

Co-occurring cocaine/stimulant use disorder: Topiramate or Disulfiram

Protracted withdrawal symptoms, insomnia, anxiety: Gabapentin or Baclofen

Supervised, mandated, highly supported patient: Disulfiram

Pregnancy: Acamprosate (in consultation with obstetrics)