PCSS Medications for Alcohol Use Disorder — Providers Clinical Support System

FDA-approved Medications for Alcohol Use Disorder

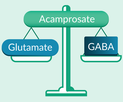
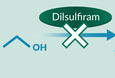
Despite the availability of effective treatments and 3 FDA-approved medications, alcohol use disorder (AUD) remains severely under treated.

<4% of people ages ≥12 years with **AUD (29.5 million) received medication treatment** in 2022[1]

LDITech2025-AA-R

Medications for AUD (MAUD) have unique characteristics and benefits for individuals with AUD.

Healthcare professionals should consider the unique characteristics[2,3] of each medication to make informed treatment decisions for their patients.

Brand Name	Naltrexone	Acamprosate	Disulfiram
Mechanism of Action	Blocks opioid receptors to reduce the rewarding effects of alcohol and manage cravings 	Modulates glutamate and GABA neurotransmitter systems to reduce alcohol cravings and support abstinence  	An aversive treatment that inhibits alcohol metabolism, causing unpleasant physical reactions when alcohol is consumed 
Dosing and Administration	**Per os (PO)** • 50-100 mg once daily (QD) • Most clinicians start with 50 mg QD. This can be continued or increased to 100 mg PO QD • After long-term abstinence, PO naltrexone can be used intermittently as needed **Extended-release (ER) injection 380 mg/4 mL** • Administered intramuscular injection (IM) to gluteal muscle Q4 weeks[a] • Some individuals may benefit from every 21-day dosing, if needed	**PO** • 666 mg three times daily (TID)	**PO** • Either 250 mg or 500 mg • Most effective when dosing is observed by a support person • After long-term abstinence, PO disulfiram can be used intermittently as needed
Duration of Treatment	• Prescribed 6 to 18 months, or as long as the patient benefits	• Typically prescribed for up to 6 months. Safety and efficacy of long-term use (>1 year) have not been evaluated • Recommended to discontinue use if drinking persists 4–6 weeks after starting acamprosate	• Treatment can continue as long as the patient is receiving benefits (i.e., reduction in drinking, meeting abstinence)
Patient Selection	• Appropriate for patients seeking reduction in use and/or abstinence • ER naltrexone can be a good option for individuals who have concerns about adherence	• Appropriate for patients seeking reduction in alcohol use and/or abstinence • Appropriate for patients who can manage high pill burden	• Appropriate for patients seeking complete abstinence from alcohol • Patients benefit when dosing is observed and has a support person(s) to confirm adherence
Main Benefits/Effects	• Manages cravings • Reduces heavy drinking • Daily or 28-day dosing	• Can be administered to patients with decompensated liver disease • Manages cravings • Reduces heavy drinking	• Blocks breakdown of alcohol, causing unpleasant symptoms • Supports abstinence • Daily dosing
Potential Side Effects	• Nausea • Headache • Dysphoria	• Diarrhea • Nausea	• Hepatitis • Neuropathy
Contraindications	• Avoid for individuals using opioids • ER natrexone can be used for individuals with opioid use disorder after a period of abstinence	• Avoid for patients with Creatinine Clearance (CrCl) <30 mL/min • Unable to take PO meds (medication cannot be crushed)	• Should be avoided in severe cardiovascular disease or heart failure, Child Pugh Class B and C, severe psychiatric disorders, especially psychotic and cognitive disorders, suicidal ideation, and/or poor impulse control
Caution	• Individuals with Child Pugh Class C liver disease and acute alcohol-related hepatitis	• Discontinuation should occur if a patient continues to drink alcohol • CrCl 30-50 mL/min 333 mg 3 TID	• Ongoing alcohol use
Monitoring	• Consider periodic monitoring (every 3 months) of liver function for individuals with Child Pugh B and C liver disease or who develop signs of liver failure	• No specific monitoring requirements	• Monitor for side effects and adherence, liver function tests in Child Pugh class B liver disease
Reduces Heavy Drinking	✓	✓	✓
Supports Abstinence	✓	✓	✓
Combination Treatment	• Can be safely combined with other AUD medications if needed • Improved benefit with counseling and support groups, but these are not required for benefit • Enhances effectiveness of cognitive behavioral therapy and motivational enhancement therapy • Can be used alongside other non-opioid medications • ER naltrexone pairs well with psychosocial interventions. Monthly injections can be synchronized with counseling sessions	• Can be safely combined with other AUD medications if needed • Improved benefit with counseling and support groups, but these are not required for benefit	• Can be safely combined with other AUD medications if needed • Improved benefit with counseling and support groups, but these are not required for benefit • Should not be used with any alcohol-containing medications including over-the-counter medications/products
Discontinuing Treatment	• Can be stopped abruptly without tapering • Consider long-term use if beneficial	• Can be stopped abruptly without tapering	• Can be stopped abruptly, but effects may persist for up to 2 weeks
Tips for Adherence	• Take with food to reduce nausea • Use reminders or alarms for QD • Carry medical alert card about naltrexone use • For patients using ER naltrexone: ▪ Schedule regular monthly appointments for injections ▪ Use calendar reminders for injection dates ▪ Rotate injection sites to minimize discomfort	• Take with food to reduce gastrointestinal side effects • Use a pill organizer to manage the TID dosing • Stay hydrated to minimize potential side effects	• Take at bedtime to reduce daytime sedation • Use daily medication reminders • Avoid all alcohol-containing products, including some foods and personal care items

CrCl, creatine clearance; IM, intramuscular injection; LFTs, liver function tests; PO, per os; QD, once daily; Q4W, every 4 weeks; TID, three times daily

Summary

AUD remains severely under treated. Mediations for alcohol use disorder are safe and effective for patients with AUD. They do not require special training or licensure to prescribe. The three FDA-approved MAUD can be used alone or in combination to treat AUD. Each medication's unique characteristics should be considered when treating individuals with AUD.

Learn more at **www.pcss-maud.org**

References

1. *Alcohol treatment in the United States | National Institute on Alcohol Abuse and Alcoholism (NIAAA).* (n.d.). https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-topics/alcohol-facts-and-statistics/alcohol-treatment-united-states
2. McPheeters M, O'Connor EA, Riley S, Kennedy SM, Voisin C, Kuznacic K, Coffey CP, Edlund MD, Bobashev G, Jonas DE. Pharmacotherapy for Alcohol Use Disorder: A Systematic Review and Meta-Analysis. *JAMA*. 2023 Nov 7;330(17):1653-1665. doi: 10.1001/jama.2023.19761. PMID: 37934220; PMCID: PMC10630900.
3. Hill GS, Cohen SM, Weimer MB. Treatment of alcohol use disorder in patients with liver disease. *Clin Liver Dis* (Hoboken). 2024 Jun 5;23(1):e0217. doi: 10.1097/CLD.0000000000000217. PMID: 38841192; PMCID: PMC11152780.

Funding for this initiative was made possible by cooperative agreement number 1H79TI086771-01 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.