



Treatment of Alcohol Use Disorder

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Table 2: Alternative Pharmacologic Treatment of Alcohol Use Disorder in Nonpregnant Adults [a]

Medication [b]	Dosage	Considerations
Disulfiram oral (multiple brands)	Initial and maintenance: 500 mg once daily for 1 to 2 weeks. Reduce to 250 mg once daily.	<ul style="list-style-type: none"> Abstinence from alcohol before initiating and while taking disulfiram is required. <ul style="list-style-type: none"> Advise patients to initiate disulfiram only after 12 hours of abstinence. Inform patients of the disulfiram-ethanol reaction [c]. Reinforce complete abstinence from any form of alcohol. Perform baseline liver testing before initiating disulfiram treatment; in patients with AST/ALT levels >3 to 5 times the upper limit of normal, avoid treatment with disulfiram. Contraindications: Recent or concomitant use of metronidazole, alcohol, or alcohol-containing preparations (e.g., cough syrups, tonics). Disulfiram is contraindicated in the presence of severe myocardial disease or coronary occlusion and psychoses.
Gabapentin oral (multiple brands)	Initial: 300 mg once daily Titrate: Increase in increments of 300 mg. Maintenance: Up to 3,600 mg daily, divided into 3 doses; dose is based on response and tolerance.	<ul style="list-style-type: none"> Abstinence from alcohol is not required for initiating or maintaining treatment. Caution: Gabapentin may be misused alone for psychoactive effect or combined with opioids, benzodiazepines, alcohol, or other substances to intensify intoxication.
Topiramate oral (multiple brands)	Initial: 25 mg once daily Titrate: Increase dose by 50 mg increments each week to a maximum of 400 mg daily administered in 2 divided doses. Maintenance: 200 to 400 mg daily divided into 2 doses	<ul style="list-style-type: none"> Abstinence from alcohol is not required for initiating or maintaining treatment. A dose reduction by half is recommended for adult patients with CrCl ≤70 mL/min or eGFR ≤70 mL/min/1.73 m². See package insert for full prescribing information.

Abbreviations: ALT, alanine aminotransferase; AST, aspartate aminotransferase; AUD, alcohol use disorder; CrCl, creatinine clearance; eGFR, estimated glomerular filtration rate.

Notes:

- For treatment of pregnant individuals with AUD, see NYSDOH AI guideline [Substance Use Disorder Treatment in Pregnant Adults > Alcohol Use and Alcohol Use Disorder Treatment During Pregnancy](#).
- 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 the 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.