

# Medication Audit Criteria and Guidelines

# Disulfiram (ANTABUSE ®)

PEFC Approved: April 2021

## Indications

 Alcohol use disorder – to maintain abstinence; suggested for use in patients with alcohol use disorder (moderate to severe) who want to abstain from alcohol and either prefer disulfiram or are unable to tolerate or are unresponsive to naltrexone and acamprosate.

### **Black Box Warning**

• Disulfiram should never be administered to a patient that is in a state of alcohol intoxication, or without their full knowledge. The physician should instruct relatives accordingly.

#### Contraindications

- Receiving or have recently received alcohol, metronidazole, paraldehyde, or alcohol-containing preparations (e.g. cough syrups, tonics)
- Severe myocardial disease or coronary occlusion
- Psychosis
- Hypersensitivity to disulfiram or to other thiuram derivatives used in pesticides and rubber vulcanization

#### **Warnings and Precautions**

- The patient must be fully informed of the disulfiram-alcohol reaction; they must be strongly cautioned against alcohol consumption while taking the drug, and they must be fully aware of the possible consequences. The patient should also be warned that reactions may occur with alcohol up to 14 days after ingesting disulfiram.
- Use in caution in those with diabetes mellitus, hypothyroidism, epilepsy, cerebral damage, chronic and acute nephritis, hepatic cirrhosis or insufficiency due to the possibility of accidental disulfiram-alcohol reaction.
- History of rubber contact dermatitis
- Hepatic toxicity (including hepatic failure resulting in transplantation or death).

• It is suggested that every patient under treatment carry an identification card stating that they are receiving disulfiram.

## **Adverse Reactions**

Side Effects Which Require Medical Attention

- Optic neuritis
- Peripheral neuritis, polyneuritis, and peripheral neuropathy
- Signs and symptoms of hepatic toxicity (e.g. fatigue, weakness, malaise, anorexia, nausea, vomiting, jaundice, dark urine)
- Skin eruptions or allergic dermatitis
- Psychosis
- Delirium
- Severe disulfiram-ethanol reaction (when ingested with alcohol or alcohol containing products)

# **Drug Interactions of Major Significance**

#### See: Indiana Univ Drug Interaction Table

See: Lexicomp, Micromedex for more information

# **Special Populations**

- Pediatrics/Adolescents
  - Safety and efficacy have not been established in children younger than 18 years.
- Geriatric
  - Use with caution; start dosing at the low end of the dosing range.
- Renal
  - Use with extreme caution in chronic and acute nephritis.
- Hepatic
  - Use with extreme caution in hepatic cirrhosis or insufficiency.
- Diabetes
  - Use with caution; increased risk for macro- and microvascular complications associated with diabetes (e.g. peripheral neuropathy, increased serum cholesterol levels).
- Pregnancy and Breastfeeding
  - Review product-specific labeling. Consider risks/benefits in reviewing medication-specific labeling.

#### **Patient Monitoring Parameters**

- Comprehensive Metabolic Panel (hepatic function, serum chemistries) baseline and within two weeks of starting therapy, then as clinically indicated
  May consider monthly monitoring for first three months
- Complete Blood Count baseline and as clinically indicated
- Eye exam as clinically indicated

#### Dosing

- See HHSC Psychiatric Drug Formulary for dosage guidelines.
- Exceptions to maximum dosage must be justified as per medication rule.