

## MEDICATION AUDIT CRITERIA AND GUIDELINES: DISULFIRAM (ANTABUSE®)

### Indications

- Alcohol use disorder - to maintain sobriety; 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 Warnings

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

### Precautions

- The patient must be fully informed of the disulfiram-alcohol reaction; they must be strongly cautioned against surreptitious drinking 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.
- 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

### Pregnancy and Breastfeeding

- Pregnancy: Safe use in pregnancy has not been established. Use only when the probable benefits outweigh the possible risks
- Nursing mothers: Unknown whether disulfiram is excreted in human milk; avoid in nursing mothers

### Drug Interactions of Major Significance

- Phenytoin
- Warfarin
- Isoniazid

### Special Populations

- Use with caution in those with diabetes mellitus, hypothyroidism, epilepsy, cerebral damage, chronic and acute nephritis, hepatic cirrhosis or insufficiency due to the possibility of an accidental disulfiram-alcohol reaction
- Pediatric use: Safety and effectiveness in pediatric patients have not been established
- Geriatric use: Use with caution; start dosing at the low end of the dosing range

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### **Adverse Reactions**

- Optic neuritis, peripheral neuritis, polyneuritis, and peripheral neuropathy
- Hepatitis – cholestatic and fulminant hepatitis
- Hepatic failure
- Skin eruptions, allergic dermatitis, acne
- Drowsiness, fatigability
- Impotence
- Headache
- Metallic-like aftertaste

### **Patient Monitoring Parameters**

- Comprehensive Metabolic Panel ((hepatic function, serum chemistries) – baseline and within 2 weeks of starting therapy, then as clinically indicated
- Complete Blood Count (CBC) – baseline and as clinically indicated
- Eye exam – as clinically indicated

### **Dosing**

- Disulfiram should never be administered until the patient has abstained from alcohol for at least 12 hours
- Alcohol use disorder – 500 mg/day for 1 to 2 weeks initially, then 250 mg daily for maintenance