Funding Stream
Some insurance companies may pay for Antabuse services. Caseworkers must contact the insurance company involved prior to making a referral through Substance Abuse Services under Core. These efforts must be documented, along with the name and number of the person with whom the Caseworker spoke, should the claim be denied. Upon referral, providers should also inquire of the service recipient’s coverage under an insurance plan. Medicaid does not pay for Antabuse medication or monitoring.

If the case is open to the Department, insurance has denied payment, or the family has no insurance, the client is responsible for payment of the Antabuse medication. Funding for Antabuse monitoring may go through Substance Abuse Services under Core.

Definition of Service
- **Service goals are centered on promoting child and family safety and family protective capacity.**
- Disulfiram (Antabuse) is a medication used as an adjunct to treatment for alcohol abuse or dependence and is used to help maintain sobriety and enhance individual treatment outcomes. Antabuse is a prescription medication and can only be obtained with a physician’s authorization. To be funded by Core Services, Antabuse shall only be utilized in conjunction with concurrent supportive treatment and counseling as defined in an individual treatment plan. The service is to monitor the ingestion of antabuse. See general handling procedures listed below.

Program Policies
Each program shall develop and comply with written Disulfiram policies approved by the Office of Behavioral Health and shall include at a minimum policies, locked storage procedures, handling procedures, client consultation and informed consent, contraindications for Disulfiram, dosing, and client use practice guidelines emergency procedures.

General policies may include, but are not limited to:
1. Client is required to obtain medical clearance from a physician.
2. Client is required to obtain a prescription for the Antabuse from a physician.
3. Usual practice is for an initial loading dose of 500 mgs daily for five days followed by a maintenance dose of 500 mgs three times a week.
4. Any staff member can monitor self-administration of Antabuse. Staff should not administer Antabuse.
5. Antabuse administration shall be performed by licensed individuals acting within the scope of their licenses to administer medications (i.e., medical professionals, licensed registered and practical nurses, etc.).

General handling procedures may include, but are not limited to:
1. Client is required to bring in Antabuse in its original container.
2. Prior to self-administration of Antabuse, client is required to submit to breathalyzer testing.
3. Positive results from breathalyzer testing will terminate the monitoring process for that date.
4. Staff hands container to client.
5. Client removes prescribed dosage.
6. Client is required to show staff member the number of pills he/she is taking.
7. The pill (client crushes pill/pills before ingestion) should be crushed before ingestion.
8. Client ingests pills and indicates to staff member verbally to let staff know that client has swallowed all of the medication.
9. Client is required to stay at the facility for 15 minutes to be observed for any reactions to Antabuse.
10. Staff member is required to record time and date of monitoring of self-administration on client’s individual chart.
11. In event of an Antabuse reaction, the prescribing physician should be notified immediately. For severe reactions, staff should consider emergency response such as ambulance services or alternative transportation to emergency department.
12. Client should be encouraged to see their physician every three months to monitor progress.

**Estimated Length of Treatment:**
Per physician recommendation.

**Frequency of Service:**
Usual practice is for an initial loading dose of 500 mgs daily for five days followed by a maintenance dose of 500 mgs three times a week. Programs shall follow dosing guidelines outlined in the Office of Behavioral Health Policy and Procedures.

**Provider Credentials:**
No requirements for monitoring. The client and staff member shall verify the medication and dose with the medication order and directions for use. Any staff member can and shall observe, verify, and record the ingestion of the Disulfiram as prescribed by the physician and directed by this policy. Disulfiram monitoring shall also be part of the client’s treatment chart and show dose, date and time.

Administration shall be performed by licensed individuals acting within the scope of their licenses to administer medications (i.e., medical professionals, licensed registered and practical nurses, etc.) and shall include client and staff person verification of dose, directions for use, observation of ingestion, accountability and charting as specified above.

**Provider Responsibilities:**
Refer to the Office of Behavioral Health Policy and Procedures Bulletin ID Number: TQIS-3-00 regarding Disulfiram Monitoring.

**Caseworker Responsibilities:**
Define treatment goals and interventions for the Antabuse Monitoring service.
Refer to Core Services Handbook or Provider Manual.

**Staffing:**
Regular staffings should be held for the clinical services provided and should include a discussion of Antabuse as described on the treatment plan.