

treatment cycle. For subsequent cycles, give $\times 10$ days out of 14-day periods followed by 14-day drug-free periods

RARELY USED

edetate calcium disodium (Rx)

(ee'de-tate)

Calcium Disodium Versenate

Func. class.: Heavy-metal antagonist (antidote)

USES: Lead poisoning, acute lead encephalopathy

CONTRAINDICATIONS: Hypersensitivity, anuria, poisoning of other metals, severe renal disease, hepatitis

Black Box Warning: Child <3 yr, increased ICP, encephalopathy

DOSAGE AND ROUTES

Lead mobilization test (lead toxicity 25-45 mcg/dL)

- **Adult/adolescent:** **IV INFUSION** 500 mg/m² over 1 hr or **IM**
- **Child:** **IV INFUSION** 500 mg/m² over 1 hr or **IM** as single dose or 2 divided doses

Acute lead encephalopathy (blood levels >70 mcg/dL)

- **Adult/adolescent/child/infant:** **IM/IV** 1500 mg/m² as **IV INFUSION** over 12-24 hr in combination with dimercaprol **IM**, give 1st dose ≥ 4 hr after initial dimercaprol, when urine flow established

efavirenz (Rx)

(ef-ah-veer'enz)

Sustiva

Func. class.: Antiretroviral

Chem. class.: Nonnucleoside reverse transcriptase inhibitor (NNRTI)

ACTION: Binds directly to reverse transcriptase and blocks RNA, DNA polymerase, thus causing a disruption of the enzyme's site

USES: HIV-1 in combination with at least 2 other antivirals

Unlabeled uses: HIV prophylaxis

CONTRAINDICATIONS: Pregnancy, hypersensitivity, moderate/severe hepatic disease

Precautions: Breastfeeding, children <3 yr, renal/hepatic disease, myelosuppression, depression, seizures

DOSAGE AND ROUTES

- **Adult and child >40 kg:** **PO** 600 mg/day at bedtime
- **Child ≥ 3 mo, 32.5-39.9 kg:** **PO** 400 mg/day at bedtime
- **Child ≥ 3 mo, 25-32.4 kg:** **PO** 350 mg/day at bedtime
- **Child ≥ 3 mo, 20-24.9 kg:** **PO** 300 mg/day at bedtime
- **Child ≥ 3 mo, 15-19.9 kg:** **PO** 250 mg/day at bedtime
- **Child ≥ 3 mo, 7.5-14.9 kg:** **PO** 200 mg/day at bedtime
- **Child ≥ 3 mo, 5- <7.5 kg:** **PO** 150 mg/day at bedtime
- **Child ≥ 3 mo, 3.5- ≤ 5 kg:** **PO** 100 mg/day at bedtime

Available forms: Caps 50-, 200- mg; 600-mg tabs

Administer:

- Give on empty stomach; give at bedtime to decrease CNS side effects
- Caps may be opened, added to grape jelly to disguise peppery taste, or sprinkled on food, may be mixed in formula, do not cut/break tabs

SIDE EFFECTS

CNS: Fatigue, impaired cognition, insomnia, abnormal dreams, depression,

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