

MINNESOTA POISON CONTROL SYSTEM

Discontinuation of Dimercaprol: Navigating alternative lead poisoning antidotes

Dimercaprol has long been the mainstay of chelation therapy for lead and heavy metal poisoning. Unfortunately, Akorn ceased operations in February 2023, and dimercaprol will no longer be manufactured.

Q: What will the Minnesota Poison Control System be recommending as alternatives?

A: We recommend having calcium disodium versenate [0.75-2.25g] and succimer [1-3g] in stock as alternative antidotes for lead encephalopathy and heavy metal poisoning. If a hospital decides not to stock either of these agents, it is advised to have a plan in place for how to quickly purchase these agents if necessary.

Q: Calcium disodium versenate is on shortage. How can we still obtain it?

A: We do now have the option of obtaining CaNa₂EDTA for treatment of lead encephalopathy. While it remains unclear when this drug will be available directly through its U.S. manufacturer, the U.S. FDA is allowing temporary importation of CaNa₂EDTA through coordination by SERB Pharmaceuticals/ BTG Specialty Pharmaceuticals. The drug can be ordered through a wholesaler just like other drugs, without additional paperwork.

- ✓ BTG's information on procuring the drug: <https://btgsp.com/en-us/special-pages/edta>

Q: What are the differences between calcium edetate de sodium and calcium disodium versenate?

A: See below for product comparison table

	SERB Import Product Calcium Edetate de Sodium Injection	U.S. Calcium Disodium Versenate Injection
Amount per ampule	500mg	1000mg
Concentration	50mg/mL	200mg/mL
Volume	10mL per ampule	5mL per ampule
Units per Carton	10 ampules	5 ampules
Dosing	1-2 ampules per day via slow IV infusion, for up to 5 days	1000mg/m ² /day via slow IV infusion or IM divided into equal doses spaced 8-12h apart

References

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4. Dart RC, Goldfrank LR, Erstad BL, et al. Expert Consensus Guidelines for Stocking of Antidotes in Hospitals That Provide Emergency Care. *Ann Emerg Med*. 2018;71(3):314-325.e1.