



NATIONAL PBM BULLETIN

NOVEMBER 19, 2010

VETERANS HEALTH ADMINISTRATION (VHA) PHARMACY BENEFITS MANAGEMENT SERVICES (PBM),
MEDICAL ADVISORY PANEL (MAP), & CENTER FOR MEDICATION SAFETY (VA MEDSAFE)

PROPOXYPHENE AND FDA RECOMMENDATIONS TO DISCONTINUE USE AND WITHDRAW FROM MARKET DUE TO CARDIAC TOXICITY

I. ISSUE¹

- FDA is recommending against continued prescribing and use of propoxyphene because new data show cardiotoxicity, even with therapeutic doses.
- FDA has requested that companies voluntarily withdraw propoxyphene from the United States market. It is unclear how long it will be until propoxyphene is formally removed from the market.

II. BACKGROUND¹

- FDA has concluded that the safety risks of propoxyphene outweigh its benefits for pain relief at recommended doses.
- FDA's recommendation ensues from all available data including a new study that showed that therapeutic doses of propoxyphene resulted in significant changes to the electrical activity of the heart that can increase the risk for serious abnormal heart rhythms:
 - prolonged PR interval,
 - widened QRS complex, and
 - prolonged QT interval.
- In addition, the new study observed a dose-dependent prolongation of PR and QRS intervals.
- Elderly patients and those with renal impairment have a greater risk of experiencing the proarrhythmic effects of propoxyphene due to a reduction in the renal clearance of propoxyphene and norpropoxyphene, its cardioactive metabolite.
- Propoxyphene is available as a single-ingredient product (Darvon®) and as part of a combination product with acetaminophen (Darvocet®).

III. PROVIDER RECOMMENDATIONS¹

FDA recommendations include:

- *Stop prescribing and dispensing propoxyphene-containing products to patients.*
- *Contact patients currently taking propoxyphene-containing products and ask them to discontinue the drug.*
- *Inform patients of the risks associated with propoxyphene.*
- *Discuss alternative pain management strategies other than propoxyphene with your patients.*
- *Be aware of the possible risk of cardiac conduction abnormalities (prolonged QT, PR, and QRS intervals) in patients taking propoxyphene and assess patients for these events if they present with any signs or symptoms of arrhythmia.*
- VA Providers should document/report all possible adverse events related to propoxyphene as per the usual protocols used at their VA.
- Pharmacy Directors should develop a strategy to address propoxyphene refill requests and new starts for transition of patients to other pain control measures.

IV. REFERENCES

1. FDA Drug Safety Communication: FDA recommends against the continued use of propoxyphene. <http://www.fda.gov/Drugs/DrugSafety/ucm234338.htm>. (Accessed 11-19-10).

ACTIONS

- **Facility Director** (or physician designee): Forward this document to the Facility Chief of Staff (COS).
- **Facility COS and Chief Nurse Executives:** Forward this document to all appropriate providers who prescribe these medications (e.g., **primary care providers and pain specialists**, including contract providers, etc.). In addition, forward to the Associate Chief of Staff (ACOS) for Research and Development (R&D). Forward to other VA employees as deemed appropriate.
- **ACOS for R&D:** Forward this document to Principal Investigators (PIs) who have authority to practice at the facility and to your respective Institutional Review Board (IRB).