# Criteria for Nonformulary Use of Propoxyphene

VHA Pharmacy Benefits Management Strategic Healthcare Group and the Medical Advisory Panel

*These criteria were based on the best clinical evidence currently available. The recommendations in this document are dynamic, and will be revised as new clinical information becomes available. This guidance is intended to assist practitioners in providing consistent, high-quality, cost-effective drug therapy. These criteria are not intended to interfere with clinical judgment; the clinician must ultimately decide the course of therapy based on individual patient situations.*

**A summary of the literature review used to support the criteria for use of propoxyphene is available at http://www.pbm.va.gov .**

**Although propoxyphene is considered to be a weak opioid, it can cause deaths—often sudden deaths—related to drug overuse (e.g., taking more than prescribed doses), misuse, and moderate, accidental, and intentional overdoses. These deaths often, but not always, occurred when propoxyphene was taken concurrently with alcohol or other CNS depressants. Because of these drug-related deaths, unlike other opioids, propoxyphene has a Boxed Warning advising providers to avoid use in patients who are suicidal or addiction-prone.**

**Propoxyphene and its metabolite, norpropoxyphene, are cardiotoxic and neurotoxic. Drug and metabolite serum concentrations increase with repeated dosing and in renal or hepatic impairment.**

## VA Criteria for Use

| **Patients who meet any of the following exclusion criteria should NOT receive propoxyphene:** | **YES** | **NO** |
|---|---|---|
| Current history of suicidal ideation, suicide attempt, or depression | ☐ | ☐ |
| History or propensity of drug overuse (e.g., taking more than prescribed doses), misuse, abuse, addiction/dependence, or diversion | ☐ | ☐ |
| Current diagnosis of alcohol abuse or dependence | ☐ | ☐ |
| Current or past history of seizures | ☐ | ☐ |
| Impairment of renal or hepatic function<br>*No specific recommendations exist for appropriate dosage adjustments in these situations.* | ☐ | ☐ |
| More than 4 doses per day or greater than 390 mg per day of propoxyphene HCl (600 mg per day propoxyphene napsylate) is required for pain relief | ☐ | ☐ |

*Continued*

**Weigh Risks Versus Benefits and Use Caution**

| **Use caution when prescribing propoxyphene in patients with the following characteristics:** | **YES** | **NO** |
|---|---|---|
| Past history of suicidal ideation, suicide attempt, or depression or current or past history of emotional disturbances or other psychiatric disorder | ☐ | ☐ |
| Concurrent treatment with sedatives, tranquilizers, muscle relaxants, antidepressants, or other CNS-depressant drugs<br>*Caution patients about additive CNS-depressant effects.* | ☐ | ☐ |
| Excessive alcohol intake or distant history of alcohol abuse or dependence<br>*Advise patients to limit their intake of alcohol, and caution them about additive CNS-depressant effects.* | ☐ | ☐ |
| Pregnant or nursing | ☐ | ☐ |
| Use in the elderly (due to decreased metabolism)<br>*Consider using less frequent dosing intervals.* | ☐ | ☐ |
| Current or past history of cardiac arrhythmias or prolonged conduction times on ECG (QRS interval) | ☐ | ☐ |

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