**Propoxyphene Hydrochloride**

**Darvon**

**Propoxyphene Napsylate**

**Darvon-N**

**Pharmacologic class:** Opioid-like agonist  
**Therapeutic class:** Nonopioid analgesic  
**Controlled substance schedule IV**  
**Pregnancy risk category C**

**Action**  
Alters perception of and emotional response to pain by binding with opiate receptors in brain, causing depression of CNS

**Availability**

**Propoxyphene Hydrochloride**
Capsules: 65 mg  
**Propoxyphene Napsylate**
Tablets: 100 mg

**Indications and dosages**

➤ Mild to moderate pain  
**Adults:** 65 mg (hydrochloride) P.O. q 4 hours or 100 mg (napsylate) P.O. q 4 hours as needed. Don’t exceed 390 mg/day hydrochloride or 600 mg/day napsylate.

**Dosage adjustment**

- Hepatic or renal impairment  
- Elderly or debilitated patients

**Contraindications**

- Hypersensitivity to drug or its components  
- Suicidal or substance abuse–prone patients

**Administration**

- Give with milk or food to reduce GI upset.

- Be aware that 100 mg of propoxyphene napsylate is equivalent to 65 mg of propoxyphene hydrochloride.

<table>
<thead>
<tr>
<th>Route</th>
<th>Onset</th>
<th>Peak</th>
<th>Duration</th>
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<td>P.O.</td>
<td>15-60 min</td>
<td>2-3 hr</td>
<td>4-6 hr</td>
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**Adverse reactions**

**CNS:** dizziness, headache, dysphoria, euphoria, insomnia, paradoxical excitement, asthenia, sedation  
**CV:** hypotension  
**EENT:** blurred vision  
**GI:** nausea, vomiting, constipation, abdominal pain  
**Hepatic:** altered liver function test results  
**Skin:** rash  
**Other:** physical or psychological drug dependence, drug tolerance

**Interactions**

**Drug-drug.** Antidepressants, sedative-hypnotics: additive CNS depression  
Buprenorphine, dezocine, nalbuphine, pentazocine: decreased analgesic effect  
Monoamine oxidase (MAO) inhibitors: unpredictable and potentially fatal effects  
Partial-antagonist opioid analgesics: precipitation of withdrawal in physically dependent patients

**Drug-diagnostic tests.** Alanine aminotransferase, alkaline phosphatase, aspartate aminotransferase: altered levels  
**Drug-herb.** Chamomile, hops, kava, skullcap, valerian: increased CNS depression

**Drug-behaviors.** Alcohol use: increased CNS depression  
Smoking: increased metabolism and decreased analgesic efficacy of propoxyphene

**Precautions**

Use cautiously in:

- head trauma; increased intracranial pressure; severe renal, hepatic, or pulmonary disease; hypothyroidism; adre-
nal insufficiency; undiagnosed abdominal pain; prostatic hypertrophy; alcoholism

- patients receiving MAO inhibitors
- elderly or debilitated patients
- pregnant or breastfeeding patients
- children.

**Patient monitoring**
- Advise patient to take drug with milk or food to minimize GI upset.
- Assess patient’s pain level 30 minutes after administering drug.
- Evaluate drug’s CNS effects; implement protective measures, as needed, to prevent injury.
- In long-term therapy, monitor liver function studies and evaluate patient regularly for signs of physical or psychological drug dependence.

**Patient teaching**
- Inform patient that drug may cause physical or psychological dependence; stress that he should take it only as prescribed and only when needed.
- Teach patient that alcohol and smoking affect drug blood level; discourage these habits.
- Instruct patient to avoid driving and other hazardous activities until he knows how drug affects concentration, vision, and alertness.
- As appropriate, review all other significant adverse reactions and interactions, especially those related to the drugs, tests, herbs, and behaviors mentioned above.