Hydrochloride Tablets are in an anticholinergic category.

The administration of propafenone may significantly increase the concentration of propafenone and thereby increase the risk of proarrhythmia.

5.1 CYP2D6 and CYP3A4 Inhibitors
5.2 Propafenone hydrochloride tablets may cause new or worsened arrhythmias. Such proarrhythmia effects include sudden death and life-threatening tachyarrhythmias.

5.4 Propafenone hydrochloride tablets may cause significant proarrhythmia in patients with structural heart disease. Since the risk of proarrhythmia is not limited to patients with ventricular fibrillation, appropriate management of patients is necessary before propafenone hydrochloride is prescribed.

5.5 Use in Patients with a History of Heart Failure

5.6 Conduction Disturbances

5.7 Effects on Pacemaker Threshold

5.8 Agranulocytosis

5.9 Serum Creatinine

5.10 Pancreatitis

5.11 Activation of Latent Rheumatic Fever

5.12 Autoimmune Disorders

5.13 Thrombocytopenia

5.14 Lupus Erythematosus

5.15 Infectious Disease

5.16 Use with CYP2D6 and CYP3A4 Inhibitors

5.3 Use with Drugs that Prolong the QT Interval and Antiarrhythmic Agents

5.10 Pancreatitis

11 DESCRIPTION

10 OVERDOSAGE

9.3 Propafenone has caused new or worsened arrhythmias. Such proarrhythmia effects include sudden death and life-threatening tachyarrhythmias.

9.2 Changes in the QT interval and prolongation of the QTc interval have been reported in some of the patients in these studies. Increased PR interval and other conduction defects were also observed in these studies.

9.1 CYP2D6 and CYP3A4 Inhibitors

8.8 Propafenone hydrochloride tablets may cause new or worsened arrhythmias. Such proarrhythmia effects include sudden death and life-threatening tachyarrhythmias.

8.5 Use in Patients with Chronic Atrial Fibrillation

8.3 Use in Patients with Chronic Atrial Fibrillation

8.2 Use in Patients with Heart Failure

8.1 Use in Patients with Heart Failure

7.8 Propafenone hydrochloride tablets may cause new or worsened arrhythmias. Such proarrhythmia effects include sudden death and life-threatening tachyarrhythmias.

7.7 Propafenone hydrochloride tablets may cause new or worsened arrhythmias. Such proarrhythmia effects include sudden death and life-threatening tachyarrhythmias.

7.6 Lidocaine

7.5 Beta-Antagonists

7.4 Orlistat

7.3 Warfarin

7.2 Malignant Hyperthermia

7.1 CYP2D6 and CYP3A4 Inhibitors

7.0 Effects on Ionic Channels

6.8 Propafenone hydrochloride tablets may cause new or worsened arrhythmias. Such proarrhythmia effects include sudden death and life-threatening tachyarrhythmias.

6.7 Propafenone hydrochloride tablets may cause significant proarrhythmia in patients with structural heart disease. Since the risk of proarrhythmia is not limited to patients with ventricular fibrillation, appropriate management of patients is necessary before propafenone hydrochloride is prescribed.

6.6 Conduction Disturbances

6.5 Use in Patients with a History of Heart Failure

6.4 Conduction Disturbances

6.3 Use with Drugs that Prolong the QT Interval and Antiarrhythmic Agents

6.2 Major Adverse Events

6.1 Clinical Experience

5.3 Use with Drugs that Prolong the QT Interval and Antiarrhythmic Agents

5.10 Pancreatitis

5.9 Serum Creatinine

5.8 Agranulocytosis

5.7 Effects on Pacemaker Threshold

5.6 Conduction Disturbances

5.5 Use in Patients with a History of Heart Failure

5.4 Propafenone hydrochloride tablets may cause new or worsened arrhythmias. Such proarrhythmia effects include sudden death and life-threatening tachyarrhythmias.

5.3 Use with Drugs that Prolong the QT Interval and Antiarrhythmic Agents

5.2 Propafenone hydrochloride tablets may cause significant proarrhythmia in patients with structural heart disease. Since the risk of proarrhythmia is not limited to patients with ventricular fibrillation, appropriate management of patients is necessary before propafenone hydrochloride is prescribed.

5.1 CYP2D6 and CYP3A4 Inhibitors

4.1 Clinical Trials

3.5 Effect of Food

3.4 Other CYP3A4 and CYP2D6 Inhibitors

3.3 Other CYP3A4 and CYP2D6 Inhibitors

3.2 Effect of Other CYP3A4 and CYP2D6 Inhibitors

3.1 Effect of Food

2.4 Combination with Erythromycin, Rifampin, and/or Rifabutin

2.3 Combination with Erythromycin, Rifampin, and/or Rifabutin

2.2 Combination with Erythromycin, Rifampin, and/or Rifabutin

2.1 Combination with Erythromycin, Rifampin, and/or Rifabutin

1.5 INDICATIONS AND USAGE

1.4 CONTRAINDICATIONS

1.3 WARNINGS

1.2 DOSAGE FORMS AND STRENGTHS

1.1 DESCRIPTION

1.0 INDICATIONS AND USAGE

1.0 INDICATIONS AND USAGE

0.9 PROPHYLACTIC USE IN PATIENTS WITH |-CHF-

0.8 PROPHYLACTIC USE IN PATIENTS WITH |-CHF-

0.7 PROPHYLACTIC USE IN PATIENTS WITH |-CHF-

0.6 PROPHYLACTIC USE IN PATIENTS WITH |-CHF-

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0.0 PROPHYLACTIC USE IN PATIENTS WITH |-CHF-
Propafenone is a nonselective β-blocker and an antiarrhythmic drug with a variety of actions. It is widely used in the management of cardiac arrhythmias, particularly atrial fibrillation and flutter.

**Pharmacokinetics**

Propafenone is rapidly absorbed after oral administration, and its peak plasma concentration occurs within 1-2 hours. The drug is extensively metabolized in the liver, primarily by CYP2D6, and excreted primarily in the urine. The half-life of propafenone is approximately 2-10 hours, depending on the dose and the individual patient.

**Pharmacodynamics**

Propafenone reduces spontaneous automaticity and depresses triggered activity.

**Clinical Studies**

In patients with atrial fibrillation, propafenone can significantly reduce the risk of recurrent atrial fibrillation. A meta-analysis of 12 placebo-controlled trials involving 1,126 patients found that propafenone reduced the recurrence rate of atrial fibrillation by 50% compared to placebo.

**Warnings and Precautions**

Propafenone should not be used in patients with significant hepatic dysfunction. The clearance of propafenone is reduced in patients with liver disease, and the elimination half-life is increased in patients with significant hepatic dysfunction.

**Drug Interactions**

Propafenone can interact with other drugs that are metabolized by the liver, particularly those that are substrates for CYP2D6. Examples include SSRIs, calcium channel blockers, and cardiac glycosides. These interactions can lead to increased blood levels of propafenone and other medications, increasing the risk of adverse effects.

**Dosage and Administration**

Propafenone is available in capsule form in dosages of 150 mg, 225 mg, and 300 mg. The recommended dosage is 150 mg twice a day, increasing to 300 mg twice a day if needed. Propafenone should be taken with food to minimize gastric irritation.

**Adverse Reactions**

Common adverse effects of propafenone include diarrhea, sweating, vomiting, and loss of appetite or thirst. More severe adverse effects include hypotension, bradycardia, and the potentially life-threatening ventricular arrhythmia.