Commissioner KENNEDY. Let me give you a very specific answer. I know of no studies that could be used for the justification of 65 milligrams of Darvon, plus 200 of aspirin; that is studies adequate to demonstrate controlled clinical trials, that that combination of ingredients is superior to either ingredient at that dosage level and that is what we would consider necessary to demonstrate, to allow the marketing of a combination.

Senator NELSON. Have there been any studies that identify a specific target population for propoxyphene alone?

Commissioner KENNEDY. That is a specific target population that cannot be benefited by other combinations of analgesics, or a single analgesic but needs propoxyphene alone?

Senator NELSON. Yes

Commissioner KENNEDY. No, there is no such study.

Senator NELSON. It is interesting to note the widespread use of Darvon, either as a single entity or in combination form, and then read the literature that argues in support of the idea of using it because some people have a reaction to aspirin or acetaminophen or codeine. Yet it would appear from talking with physicians and listening to people comment that it is very common to prescribe Darvon in combination as the drug of choice for mild analgesia without first identifying a patient for whom it would be preferred.

Is propoxyphene so far as you know the drug of first choice as a mild analgesic without previously identifying a specific indication for it?

Commissioner KENNEDY. Well Senator, that is a question about actual prescribing practice that I just do not feel equipped to answer. I will say this, if you just look at the prescribing behavior out there and note that 80 percent of it is for the drug in combination with one of those other two on the analgesic ingredient list you cannot make much of a case that it is being restricted to patients who cannot take aspirin or acetaminophen because most of the Darvon being prescribed is being prescribed in combination with those drugs.

As to the 20 percent of the Darvon being prescribed by itself, I have no idea in what proportion of those cases physicians seek first to ascertain whether the patient has a gastric ulcer, history of liver disease, or whatever would make that patient ineligible for receiving that medication. I just do not know.

Senator NELSON. Go ahead.

Commissioner KENNEDY. I had several points to make, Mr. Chairman, about safety and if it is satisfactory to you I will move through the material on pages 7 and 8, but not cover every paragraph.

Senator NELSON. Your statement submitted today will be printed in full in the record and you may present it in any way you desire.

Commissioner KENNEDY. Yes. We had some dialog a moment ago about the statement that compared with other prescriptions, the side effects of propoxyphene is mild and infrequent and that is quite independent from the problems we are going to be mentioning in a little while.

The drug abuse potential of propoxyphene was recognized as early as the late 1950's but was not a major public concern until the late 1960's and early 1970's.