Fospropofol
(Lusedra®)

Propofol produces loss of consciousness rapidly within 40 seconds of an i.v. injection. Propofol's duration of action is short with a mean of 3 to 5 min following a single bolus dose of 2 to 2.5 mg/kg body weight. Fospropofol and propofol have short elimination half lives of 0.8 and 2 hours, respectively.

Propofol has a narrow window of safety. Prolonged high dose infusions of propofol for sedation in adults and children have been associated with cessation of breathing, breakdown of heart muscle, heart and kidney failure leading to death in some cases, a condition referred to as “Propofol Infusion Syndrome.” Propofol abuse may also cause fluid retention in lungs, cardiorespiratory depression and death. There is no antagonist or reversal medication for propofol overdose.

In humans, the adverse events with fospropofol are similar to those experienced with other Schedule IV sedative-hypnotics. In nine clinical studies with healthy volunteers (n=273), fospropofol administered i.v. produced paresthesia (75.8 percent), pruritus (21.6 percent), headache (7.7 percent), and dizziness (6.2 percent).

Illicit Uses:
Fospropofol's abuse potential is based on its metabolism to propofol. Case reports and surveys published in scientific literature indicate that propofol is abused for recreational purposes, mostly by anesthetists, practitioners, nurses and other healthcare staff. Some fatalities occurred from propofol abuse. Fospropofol, unlike propofol, upon oral ingestion is pharmacologically active. The oral activity of fospropofol increases the likelihood of its abuse by other routes of administration and its use to commit other crimes (e.g., date rape).

User Population:
Propofol, the metabolite of fospropofol, is mostly abused by healthcare staff including anesthetists, practitioners, nurses, and technicians.

Control Status:
Fospropofol is controlled in Schedule IV of the Controlled Substances Act.

Comments and additional information are welcomed by the Drug and Chemical Evaluation Section, Fax 202-353-1263, Phone 202-307-7183, or E-mail ODE@usdoj.gov.