

## Absolute Contraindications to Opioid Prescribing

### Absolute Contraindications to Opioid Prescribing: Discussion

#### 1. Allergy to opioid agents

Morphine causes the release of histamine, frequently resulting in itching, but this is not an allergic reaction. True allergy to opioid agents (e.g. anaphylaxis) is not common but does occur. Generally, allergy to one opioid agent does not mean the patient is allergic to other opioids; also switching to an agent in another opioid drug class may be effective. For example, if a patient has a hypersensitivity to a phenanthrene, then a diphenylheptane drug may be tried. (See table below.) When patients report an “allergy” to all but one agent (such as meperidine), the presence of a substance use disorder should be considered. Consultation with an allergist may be helpful to resolve these issues.

#### Classes of Opioid Medications

<u>Phenanthrenes</u>	<u>Diphenyleptanes</u>	<u>Phenylpiperidine</u>
Codeine	Methadone	Fentanyl
Hydrocodone	Propoxyphene	Meperidine
Hydromorphone		
Levorphanol		
Morphine		
Oxycodone		<u>Other</u>
		Tramadol

<sup>a</sup> Meperidine is not recommended for chronic pain because of the potential for accumulation of the neurotoxic metabolite, normeperidine, and a potentially fatal drug interaction with monoamine oxidase inhibitors (MAOIs).

#### 2. Co-administration of a drug capable of inducing life limiting drug-drug interaction

Providers should carefully evaluate potential drug interactions prior to initiating opioid therapy, (such as MAOI with concurrent meperidine use, or propoxyphene and alcohol and other CNS depressants). (Note: meperidine is not recommended for chronic pain because of this potentially fatal drug interaction and the potential for accumulation of the neurotoxic metabolite, normeperidine, with regular dosing.)

#### 3. Active diversion of controlled substances

Diversion should be suspected when there are frequent requests for early refills, atypically large quantities are required, when purposeful misrepresentation of the pain disorder is suspected, or when a urine drug screen (UDS) is negative for the substance being prescribed, in the absence of withdrawal symptoms. Routine UDS often does not detect synthetic and semi-synthetic opioids (methadone, oxycodone, fentanyl, hydrocodone, meperidine or hydromorphone). Verified diversion is a crime and constitutes a strong contraindication to prescribing additional medications, and consultation with a pain specialist, psychiatrist, or addiction specialist may be warranted.