

# Preferred Medications in Chronic Kidney Disease



BC Renal Agency  
An agency of the Provincial Health Services Authority

## RECOMMENDED

Acetaminophen

Hydromorphone

Fentanyl

Methadone

Gabapentin

Has saturable absorption. Titrate slowly; doses up to 300 mg per day are generally considered safe in dialysis patients.

Pregabalin

Has similar efficacy and side effects as gabapentin. May be useful in patients with limited absorption from gabapentin, e.g. not responding despite high doses. Titrate slowly; doses up to 75 mg per day are generally considered safe in dialysis patients. *Not covered by Pharmacare*

## USE WITH CAUTION

Oxycodone

Insufficient pharmacokinetic evidence to establish safety in chronic kidney disease but literature reports use without major adverse effects.

Tramadol

Sustained release tablets **NOT** recommended in dialysis patients. Regular release tramadol is only available as combination product with acetaminophen.

Nortriptyline/Desipramine

Tricyclic antidepressants are alternative to gabapentin but have more adverse effects.

## DO NOT USE

Codeine

Meperidine

Morphine

Propoxyphene

Morphine, codeine, meperidine, propoxyphene have neurotoxic metabolites that are renally excreted and may accumulate in chronic kidney disease.

Refer to Analgesic Chart for detailed information on each agent.

Adapted from the Mid-Atlantic Renal Coalition Clinical Algorithm & Preferred Medications to Treat Pain in Dialysis Patients and from work of Dr. S. Davison.