

**RETRODUR INTERVENTION NOTICE: MEPERIDINE**

August 29, 2012

Dear Prescriber,

The New York State Medicaid Drug Utilization Review (DUR) Program retrospectively reviews the prescribing and dispensing of outpatient prescription medications in order to ensure that prescriptions are appropriate, medically necessary, and are not likely to result in adverse medical outcomes. At the December 2, 2011 Drug Utilization Review (DUR) Board Meeting, the Board reviewed meperidine utilization within the NY Medicaid program.

Guidelines for opioid management of chronic non-cancer pain, based on the most recent information published in 2009 by the American Pain Society<sup>1</sup>, were presented to the Board as well as the most current FDA approved labeling. The guidelines do not recommend the use of meperidine for chronic non-cancer pain. According to FDA approved labeling, meperidine should only be used in acute episodes of pain as chronic use may lead to an increased risk of seizure. Meperidine may cause respiratory depression, altered mental state, and postural hypotension, and this drug has the potential for abuse, misuse, and diversion. The Board recommended that meperidine not be used as a preferred option in pain management.

While considering utilization data and clinical information, the Board expressed concerns about safety, the potential for adverse events and the risk of misuse. The Board recommended that informational letters be sent to prescribers of meperidine in order to increase awareness of safety concerns and high abuse potential associated with meperidine therapy and to highlight recently published pain guidelines. Based on current pain management guidelines and considering cost effectiveness for the New York State Medicaid program, the DUR Board recommended use of a preferred product.

The New York State Preferred Drug List is available on the Department of Health website at [https://newyork.fhsc.com/downloads/providers/NYRx\\_PDP\\_PDL.pdf](https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf).

New York State Medicaid pharmacy claim data indicates that you have written prescription(s) for meperidine therapy. Please consider this information and the clinical appropriateness of meperidine therapy, as the DUR Program is concerned that there may be utilization of this medication that is not consistent with current treatment guidelines and FDA approved labeling.

In presenting this information to you, the Drug Utilization Review Program recognizes that safe and effective pharmacotherapy depends on the assessment of the patient's entire clinical profile. We ask that you consider the information provided regarding the prescribing of meperidine therapy for your patients.

Thank you for your professional assistance in this matter.

Sincerely,

John F. Naioti, Jr., R.Ph.  
Manager, Drug Utilization Review Program

<sup>1</sup>Health Care Association of New Jersey (HCANJ). Pain Management Guideline. Hamilton (NJ): Health Care Association of New Jersey (HCANJ); 2006 Jul 18. 23 p. Available from: <http://www.guideline.gov>.