

VOICES FOR NON-OPIOID CHOICES

January 7, 2026

Drug Prior Authorization Committee (DPAC)
MO HealthNet Division
Missouri Department of Social Services
Jefferson City, MO 65102

Dear Members of the MO HealthNet Drug Prior Authorization Committee,

On behalf of Voices for Non-Opioid Choices (“Voices”), thank you for the opportunity to provide comments as the Committee considers pharmacy utilization management policies related to pain management products. At Voices, we focus on opportunities to prevent opioid addiction through robust patient access to non-addictive pain management approaches. In this vein, we respectfully encourage the Committee to seize the opportunity to ensure that Missourians have timely, equitable, and easy access to safe, non-addictive pain management options without unnecessary administrative or financial barriers that simply direct patients towards narcotic-based pain management approaches.

Voices is a national, nonpartisan, nonprofit organization dedicated to preventing opioid addiction. Our coalition includes over 20,000 advocates and more than 250 member organizations representing leading patient, provider, and public health groups. Together, our members represent millions of Americans affected by the U.S. opioid addiction epidemic.

For too long, efforts to address the opioid addiction crisis have focused exclusively on opioid overdose death prevention. While admittedly essential, these efforts overlook the opportunity to prevent addiction before it starts, including by reducing unnecessary exposure to prescription opioids.

Despite years of attention to combating the opioid epidemic, the crisis persists. Nationally, 133 lives are lost every day in the United States due to an opioid-related drug overdose.ⁱ Missouri is not immune to this epidemic. From April 2024 to April 2025, there were **over 800 opioid-related drug overdose deaths**, accounting for **61.2% of all drug overdose fatalities** statewide.ⁱ

For many individuals—especially those recovering from surgery, injuries, or acute pain incidents—opioid exposure begins not through misuse, but as a routine part of medical care.ⁱⁱ In fact, **up to 90% of surgical patients receive an opioid prescription for postoperative pain**,ⁱⁱⁱ making surgery one of the most common gateways to first-time opioid use. In Missouri alone, **47 opioid prescriptions were written for every 100 Missourians** in 2023,^{iv} creating an avoidable pathway to dependence or long-term use.

This also places a heavy strain on state Medicaid resources. A recent analysis found that beneficiaries with opioid use disorder (OUD) cost state Medicaid programs an average of \$14,002 more per person annually, resulting in an estimated \$25.4 billion in additional spending nationwide. **In Missouri, this excess cost was found to be \$330.8 million.**^v

Because the pathway to addiction, dependence, misuse, or abuse often starts with a prescription opioid, we should do more to prioritize protocols that rely more heavily on non-opioid

approaches. Utilization management tools such as prior authorization, step therapy, or fail-first requirements serve only to steer patients towards lowest-cost care approaches which, in the case of acute pain, frequently result in a prescription of opioid pills. As such, these policies create unnecessary additional hurdles to accessing non-opioid treatments. This Committee can ensure that coverage and utilization policies support patient choice, access to non-opioid approaches, and, in the process, prevent opioid addiction before it starts.

Aligning utilization management policies so that non-opioid approaches are not disadvantaged is an important step toward changing this care paradigm.

The long-term benefits of expanding access to non-opioid pain management are substantial: fewer cases of opioid use disorder, fewer overdoses, shorter post-surgical hospital stays, and reduced reliance on costly treatment and emergency services.^{v,vi,vii} With the total societal cost of OUD in Missouri reaching **\$72.6 billion in 2024**,^{viii} this is not only clinically sound but fiscally responsible.

This Committee has an opportunity to help shift the care paradigm in Missouri toward one that treats pain effectively while minimizing addiction risk. Aligning coverage and utilization review policies so non-opioid options are not disadvantaged compared to opioids will allow clinicians and patients to meaningfully consider utilizing non-opioid pain management—saving lives, improving outcomes, and reducing long-term costs to the state.

Thank you for your leadership and for considering this important perspective. We look forward to continued collaboration to ensure Missourians have access to safe, effective, and non-addictive options for managing pain.

With appreciation,



Chris Fox
Executive Director
Voices for Non-Opioid Choices

ⁱ Centers for Disease Control and Prevention (2025). Provisional Drug Overdose Death Counts.

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

ⁱⁱ Bicket MC, Lin LA, Waljee J. (2021). New persistent opioid use after surgery: A risk factor for opioid use disorder? *Annals of Surgery*. 2021;275(2):e288-e289. doi:10.1097/sla.0000000000005297

ⁱⁱⁱ Singh K, Murali A, Stevens H, et al. (2022). Predicting persistent opioid use after surgery using electronic health record and patient-reported data. *Surgery*. 2022;172(1):241-248. doi:10.1016/j.surg.2022.01.008.

^{iv} Centers for Disease Control and Prevention. (2025). Opioid Dispensing Rate Maps. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html>

^v Health Management Associates. (2025). Opioid Use Disorder in the Medicaid Fee-For-Service Program. [Opioid-Use-Disorder-Economic-Impact-on-Medicaid-Program-073125.pdf](https://www.healthmanagement.com/wp-content/uploads/Opioid-Use-Disorder-Economic-Impact-on-Medicaid-Program-073125.pdf).

^{vi} Hosseinzadeh F, Nourazarian A. (2025). Biochemical strategies for opioid-sparing pain management in the operating room. *Biochemistry and Biophysics Reports*. 2025;41:101927. doi:https://doi.org/10.1016/j.bbrep.2025.101927

^{vii} Health Management Associates. (2024). Opioid Use Disorder in the Medicare Fee-for-Service Program. <https://www.healthmanagement.com/wp-content/uploads/Opioid-Use-Disorder-Economic-Impact-on-Medicare-Program-062724-final.pdf>.

^{viii} Avalere Health (2025). The cost of addiction: Opioid use disorder in the United States. <https://advisory.avalerehealth.com/wp-content/uploads/2025/05/Avalere-Health-White-Paper-The-cost-of-opioid-addiction-OUD-in-the-United-States.pdf>