

VOICES FOR NON-OPIOID CHOICES

August 13, 2025

Utah State Medicaid Drug Utilization Review Board

Department of Health and Human Services
288 North 1460 West
Salt Lake City, UT 84116

Dear Members of the Utah State Medicaid Drug Utilization Review Board:

Voices for Non-Opioid Choices (“Voices”) appreciates the opportunity to provide comments to the Utah State Medicaid Drug Utilization Review Board on policies for pain management. We urge the Board to ensure Utah Medicaid beneficiaries have timely, equitable, and easy access to safe, non-addictive pain management options. Such access should be afforded to beneficiaries without cost or administrative barriers, including prior authorization and step therapy requirements that can delay care and often result in unnecessarily exposing Medicaid beneficiaries to prescription opioids.

For too long, our response to the opioid addiction crisis focused solely on opioid overdose death prevention. Such a focus misses the opportunity to prevent addiction where we can, including by reducing and minimizing unnecessary exposure to prescription opioids. One opportunity to do this is to increase the availability of non-opioid pain management approaches.

Because the pathway to addiction can begin with a prescription opioid, we must do everything we can to afford patients choices in how they manage their pain. True choice means minimizing utilization review requirements such as prior authorization, which do little more than make choice nonexistent. This Board has a significant opportunity to ensure patient choice and, in the process, prevent opioid addiction before it starts. And save lives.

Voices for Non-Opioid Choices (www.nonopioidchoices.org) is a national, non-partisan, and nonprofit organization based in Washington, DC dedicated to preventing opioid addiction. Our coalition boasts over 20,000 advocates and 200 member organizations from across the country representing the leading patient, provider, and public health advocacy organizations. All told, Voices’ members represent millions of Americans affected by the U.S. opioid epidemic.

Despite years of attention to combating the opioid epidemic, the crisis persists. Last year, over 54,000 Americans died from an opioid-related drug overdose.ⁱ This means that, on average, **we lose 148 Americans every day to an opioid-related drug overdose.**

Utah is not immune to this national epidemic. In 2024, there were **over 450 opioid-related drug overdose deaths,** accounting for **65.5% of all drug overdose fatalities** in the state.ⁱⁱ For many, the path towards addiction begins after being prescribed opioids to manage an acute pain incident, such as for postsurgical pain, an accident, or a sports injury. In Utah, there were **43.8 opioid prescriptions written for every 100 persons** in 2023.ⁱⁱⁱ

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This also places a heavy strain on state Medicaid resources. A recent analysis found that beneficiaries with opioid use disorder cost state Medicaid programs an average of \$14,002 more per person annually, resulting in an estimated \$25.4 billion in additional spending nationwide.

Fortunately, this is a path to addiction that can be prevented by ensuring access to non-opioid approaches.

Prescription opioids are frequently used to treat acute pain. In fact, as many as **90 percent of all surgical patients** in the United States receive a prescription for opioids to manage postsurgical pain.^{iv} It is easy to understand why prescription opioids are frequently used – medical professionals are trained to treat pain with opioids. They are seen by some as effective ways to treat pain, and, perhaps most importantly, generic prescription opioids are incredibly cheap. As such, health insurers frequently make generic opioids available to patients at little – or no – charge to the patient.

This inadvertently incentivizes opioid-based pain management approaches.

There are FDA-approved options available on the market. Unfortunately, insurance design decisions put these options out-of-reach. By doing so, these same policies continue to exacerbate an opioid addiction crisis. This Board can change that today.

The Board has an opportunity to help shift the care paradigm in Utah toward one that treats pain effectively while minimizing addiction risk. Aligning coverage and utilization review policies so non-opioid options are readily available—and not disadvantaged compared to opioids—will save lives, improve outcomes, and reduce long-term costs to State Medicaid.

Thank you for your leadership and for considering this important perspective. We look forward to continued collaboration to ensure Utah patients 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 Ibid.

ⁱⁱⁱ Center for Disease Control and Prevention (2024). Opioid Dispensing Rate Maps. <https://www.cdc.gov/overdose-prevention/data-research/facts-stats/opioid-dispensing-rate-maps.html>

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^{iv} Singh, K., Murali, A., Stevens, H., Vydiswaran, V. G. V., Bohnert, A., Brummett, C. M., & Fernandez, A. C. (2022). Predicting persistent opioid use after surgery using electronic health record and patient-reported data. *Surgery*, 172(1), 241–248. <https://doi.org/10.1016/j.surg.2022.01.008>