Non-Opioid Alternatives for Pain Management

There is an epidemic of opioid deaths in the United States with the number of deaths from opioid overdose exceeding those from suicides or auto accidents.\(^1\) Over half of opioid overdose deaths are related to medications obtained legally through a prescription.\(^2\) Excessive opioid prescribing (higher than needed quantity), high-dose prescriptions and chronic use increase the risk for opioid dependency, overdose and death.

Several studies fail to show the benefits of long-term opioid therapy; and the first and only long-term study (> 12 months) evaluating opioid versus non-opioid therapies for chronic pain found no evidence of opioid superiority for either function or pain intensity.\(^3\) The Centers for Disease Control Guidelines for Prescribing Opioids for Chronic Pain recommend non-opioid analgesics, antidepressants and anti-seizure medications for the treatment of some forms of chronic pain.\(^4\)

Utah Medicaid supports these guidelines and encourages providers to engage in prescribing patterns that support evidence-based safety standards.

The Utah Medicaid Preferred Drug List (PDL) has a variety of recommended, non-opioid treatment options for pain available for Utah Medicaid members, and many are available as a 90 day supply. Some classes of drugs to consider include:

- NSAIDs
- Antidepressant SSRI/SNRI
- Antihypertensives (migraine prophylaxis)
- Anticonvulsants (migraine prophylaxis)
- Anticonvulsants (neuropathic pain)
- TCAs (neuropathic pain)
- Migraine Agents
- Local Anesthetic Agents
- Muscle Relaxants
- CGRP Inhibitors (migraine prophylaxis)
- Gout Agents

Please see for the most recent version of the Utah Medicaid PDL at [https://medicaid.utah.gov/pharmacy/preferred-drug-list](https://medicaid.utah.gov/pharmacy/preferred-drug-list)
References:


