



Michigan Quality Improvement Consortium Clinical Practice Guideline Update Alert

Guideline: [Opioid Prescribing in Adults Excluding Palliative and End-of-Life Care](#)

Released: November 2021

This alert provides a summary of only the recommendations which were updated. Refer to the complete guideline for all recommendations and level of evidence.

Updated recommendations include:

Avoid starting opioids

- **Added:** non-opioid medications
- **Added:** Risks usually outweigh benefits
- **Added:** recommend and provide a [Non-opioid Directive](#)

Before starting opioids, assess risk of dependence, overdose or death

- **Added:** Document this review.
- **Added:** Discuss the risks of opioid use
 - **Added:** proper disposal of unused opioids
- **Added:** Relative risk of death in Table

When starting opioids

- **Added:** Develop a formalized treatment plan
- **Added:** In Michigan the Start Talking form
- **Added:** Perform baseline urine or serum drug screen
 - **Added:** to assess concurrent substance use
- **Revised:** [Michigan legislation](#) limits initial prescription to no more than seven days
- **Added:** gabapentinoids, sedative hypnotics
- **Added:** if no improvement within 2 minutes
 - **Added:** due to return of overdose symptoms after naloxone wears off

If continuing opioids, or adjusting dose

- **Omitted:** recheck PDMP (MAPS) and urine drug screen
- **Added:** Perform urine drug testing
 - **Added:** An unexpected result at a minimum should prompt a patient-provider conversation and may warrant a confirmatory test.

Identify Substance Use Disorder

- **Added:** based on provider expertise in treating substance use disorder, patient willingness to be referred, and access.
- **Added:** such as Medication for Opioid Use Disorder/Medication Assisted Treatment (MOUD/MAT)⁴ combined with behavioral therapy [B4]

Overall revision: to replace “physician” with “provider” throughout this guideline and others unless “physician” required.