

Urine Toxicology Testing Approaches for patients on Chronic Opioid Therapy

Patients should undergo screening with the SOAPP-14 questionnaire prior to initiation. Patients with SOAPP-14 scores of <8 are low risk, 8-11 are moderate risk, and 12 or higher are considered high risk. Additionally, patients may be considered higher risk by provider assessment of current behavioral health conditions or based on prior actions such as requests for early refills, lost or stolen medications, over-sedation, prior unexpected urine toxicology results, living situation, or other issues.

Behavioral Health Conditions: Major mood disorders including Major Depression, Bipolar Disorder, and Anxiety Disorders are associated with increased risk of opioid misuse and overdose. Additionally, Personality Disorders, most notably Borderline Personality Disorder, are associated with increased risk of opioid complications. Other substance use disorders or a prior history of struggles with another substance predicts a higher risk for opioid use disorder and complications related to opioid use.

Providers are expected to use their clinical judgment in addition to the SOAPP screening tool. Studies have shown that provider “gestalt” has poor predictive value, and that providers tend to underestimate risk. Therefore, provider assessment should only be used to elevate a patient’s risk category and not to reduce the category in a patient with an elevated SOAPP score.

The following testing recommendations are based on opinion rather than evidence, and focus on testing for the presence of the prescribed drug plus the absence of other common drugs of abuse. Unexpected results are not diagnostic and should be considered an opportunity to initiate a discussion with a patient. Consult with a toxicologist, pathologist, or addiction specialist for assistance with interpretation of results when appropriate.

	Low	Moderate	High
SOAPP	<8	8-11	12 or greater
Behavioral Health issues	None/mild	May be present	May be present
Prior concerns or aberrant behaviors	None or rare request for early refill	May be present, but not consistent or severe	May be present
Testing frequency	1-2 times per year with appointments	3-4 times per year with appointments; also consider at least one random test	4-6 times per year with appointments and at least 1-2 random tests
Specific Testing Scenarios			
Patients prescribed morphine, codeine, or methadone-containing regimens	Standard IA screening (will detect morphine and methadone)	Standard IA screening <i>plus</i> add quantitative opioid metabolites testing (LC/MS-MS) to at least one test a year	Standard IA screening <i>plus</i> add quantitative opioid metabolites testing (LC/MS-MS) to at least 2 tests/year
Patients prescribed semi-synthetic opioids	Standard IA screening <i>plus</i> qualitative IA test for specific drug prescribed (ex, hydrocodone,	Standard IA screening <i>plus</i> qualitative IA test for specific drug prescribed (ex, hydrocodone,	Standard IA screening <i>plus</i> qualitative IA test for specific drug prescribed (ex, hydrocodone,

	oxycodone)	oxycodone) with each test, plus opioid metabolites testing (LC/MS-MS) to at least one test a year	oxycodone) with each test, plus opioid metabolites testing (LC/MS-MS) to at least two tests a year
Patients prescribed fentanyl patch or concerns about illicit fentanyl use	Standard IA screening plus fentanyl IA if available	Standard IA screening plus fentanyl IA with each test or LC/MS-MS testing at least yearly, plus opioid metabolites testing (LC/MS-MS) to at least one test a year	Standard IA screening plus fentanyl IA with each test or LC/MS-MS testing at least yearly, plus opioid metabolites testing (LC/MS-MS) to at least two tests a year
Patients prescribed buprenorphine	Standard IA screening plus buprenorphine and metabolites (IA or LC/MS-MS)	Standard IA screening plus buprenorphine and metabolites (IA or LC/MS-MS) with each test, plus opioid metabolites testing (LC/MS-MS) to at least one test a year	Standard IA screening plus buprenorphine and metabolites (IA or LC/MS-MS) with each test, plus opioid metabolites testing (LC/MS-MS) to at least two tests a year
Concerns about alcohol use	EtG/EtS at least yearly or if concerns arise; consider PEth screening yearly	EtG/EtS at least yearly or if concerns arise; consider PEth screening yearly	EtG/EtS at least yearly or if concerns arise; consider PEth screening yearly
Concerns about benzodiazepine use	BZD IA; consider BZD LC/MS-MS testing for concerns about clonazepam or alprazolam use	BZD IA; consider BZD LC/MS-MS testing for concerns about clonazepam or alprazolam use	BZD IA; consider BZD LC/MS-MS testing for concerns about clonazepam or alprazolam use

IA = Immunoassay

LC/MS-MS = Liquid chromatography/tandem mass spectroscopy confirmatory testing

EtG/EtS = Ethyl glucuronide/Ethyl sulfate testing

PEth = Phosphatidyl Ethanol testing (blood)