

MAPS Updates & Opioid Legislation

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Presented by:

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Department of Licensing and Regulatory Affairs

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Disclosure

I do not have any relevant financial relationships with any commercial interests or any other conflicts of interest to disclose.



Bureau of Professional Licensing

- Established in July 2015
- 10 Occupational Licensing/Regulation Boards
- 24 Health Professional Licensing/Regulation Boards
- Boards are advisory and determine sanctions
- License and regulate over 758,000 individuals
- 3 Divisions: Licensing, Investigations & Inspections, Enforcement
- Enforcement Division: Administers Pharmacy and Drug Monitoring Section and **Michigan Automated Prescription System (MAPS) Section**; investigates overprescribing, over dispensing, and drug diversion



Controlled Substance Prescriptions Filled in Michigan by Year

	Total CS prescriptions dispensed	% change from previous year
2007	17,007,858	
2008	17,400,640	2.31%
2009	17,876,684	2.74%
2010	18,954,172	6.03%
2011	19,763,680	4.27%
2012	20,991,020	6.21%
2013	20,728,216	-1.25%
2014	20,904,764	0.85%
2015	21,472,326	2.71%
2016	21,092,674	-1.77%
2017	19,943,203	-5.45%
2018	17,642,901	-11.53%



Opioid Prescriptions Filled in Michigan by Year

	Total Opioid Prescriptions Dispensed	% Change from Previous Year
2013	9,920,288	
2014	10,301,142	3.84%
2015	10,833,681	5.17%
2016	10,507,059	-3.01%
2017	9,670,789	-7.96%
2018	8,223,103	-14.97%



Controlled Substances Filled in Michigan by Drug

	Alprazolam 2 mg	Alprazolam 1 mg	Hydrocodone 10 mg	Hydrocodone 7.5 mg
2015	10,227,915	41,499,216	177,326,801	107,776,175
2016	8,618,772	39,040,420	172,038,459	99,473,052
2017	6,939,880	34,379,472	151,080,925	84,705,294
2018*	3,511,238	27,845,017	118,224,505	66,733,496
% Change from 2015 to 2016	-15.73%	-5.92%	-2.98%	-7.70%
% Change from 2016 to 2017	-19.48%	-11.94%	-12.18%	-14.85%
% Change from 2017 to 2018	-49.40%	-19.01%	-21.75%	-21.22%

	Carisoprodol 350 mg	Oxycodone 30 mg	Oxymorphone 40 mg	Promethazine with Codeine
2015	13,124,785	16,666,622	1,165,058	41,758,634
2016	10,442,641	14,859,323	1,358,611	34,803,234
2017	7,808,190	12,306,723	1,502,544	28,579,490
2018*	4,903,581	9,450,473	1,040,601	15,967,775
% Change from 2015 to 2016	-20.44%	-10.84%	16.61%	-16.66%
% Change from 2016 to 2017	-25.23%	-17.18%	10.59%	-17.88%
% Change from 2017 to 2018	-37.20%	-23.21%	-30.74%	-44.13%

The numbers in these tables are drug totals dispensed by number of units (e.g. number of tablets, milliliters, etc.)

**2018 numbers are provisional as of 2/14/19*



MAPS Background

- Contains over 100 million records
- Data maintained for 5 years
- Required reporting of CS Schedule 2-5 from:
 - Prescribers who dispense CS Schedule 2-5
 - Pharmacists (dispensers)
 - Veterinarians



MAPS access

Who has access to MAPS data:

- Prescribers (MD,DO, Nurse Practitioner, Physician Assistant, Dentist, Optometrist, Podiatrist, Veterinarian, Midwife with Prescribing Authority)
- Prescriber Delegate (an individual a prescriber elects to gain access to the system on behalf of them)
- Dispensers (Pharmacist)
- Dispenser Delegate (Pharmacist Intern, Licensed Pharmacy Technician)
- Law Enforcement (Conditional upon meeting statutory limitations)
- Representative of State Board (Conditional upon meeting statutory limitations)
- Health Care Payer/Benefit Provider (Conditional upon meeting statutory limitations)
- System Administrators (Department of Licensing and Regulatory Affairs)



MAPS access

Michigan Statute outlines appropriate uses of Electronic monitoring system data in [MCL 333.7333a](#)

Specifically it states (4) “a person that receives data or any other report under subsection (2) containing any patient identifiers of the system from the department shall not provide it to any other person except by order of a court of competent jurisdiction”



MAPS access

Prescribers, Pharmacists (including delegates requesting the information on their behalf):

*“A practitioner or pharmacist who requests information and certifies that the requested information is for the **purpose of providing medical or pharmaceutical treatment to a bona fide current patient**”*

*There is also allowance for a provider to access information *specific to their own prescribing history*, to determine if a controlled substance has been dispensed.



MAPS access

Law Enforcement:

- “ A state, federal or municipal employee or agent whose duty is to enforce the laws of this state or the United States relating to drugs”
- “A state, federal or municipal employee who is the holder of a search warrant or subpoena properly issued for records”

Statute goes on to outline the appropriate uses of how that information should be used in stating “....a person shall use information submitted under this section only for bona fide drug-related criminal investigatory or evidentiary purposes....”



MAPS access

Representative of a State Board:

“A designated representative of a board responsible for the licensure, regulation, or discipline of a practitioner, pharmacist, or other person that is authorized to prescribe, administer, or dispense controlled substances”



MAPS access

Health Care Payer/ Benefits provider:

*“ The health care payment or benefit provider **for the purposes of ensuring patient safety and investigating fraud and abuse**”*

As defined in [MCL 333.7333a](#) (13) (b) *“Health care payment or benefit provider means a person that provides health benefits, coverage, or insurance in this state, including a health insurance company, a nonprofit health care corporation, a health maintenance organization, a multiple employer welfare arrangement, a Medicaid contracted health plan, or any other person providing a plan of health benefits, coverage, or insurance subject to state insurance regulation.”*



MAPS access

System Administrators:

“An employee or agent of the department”



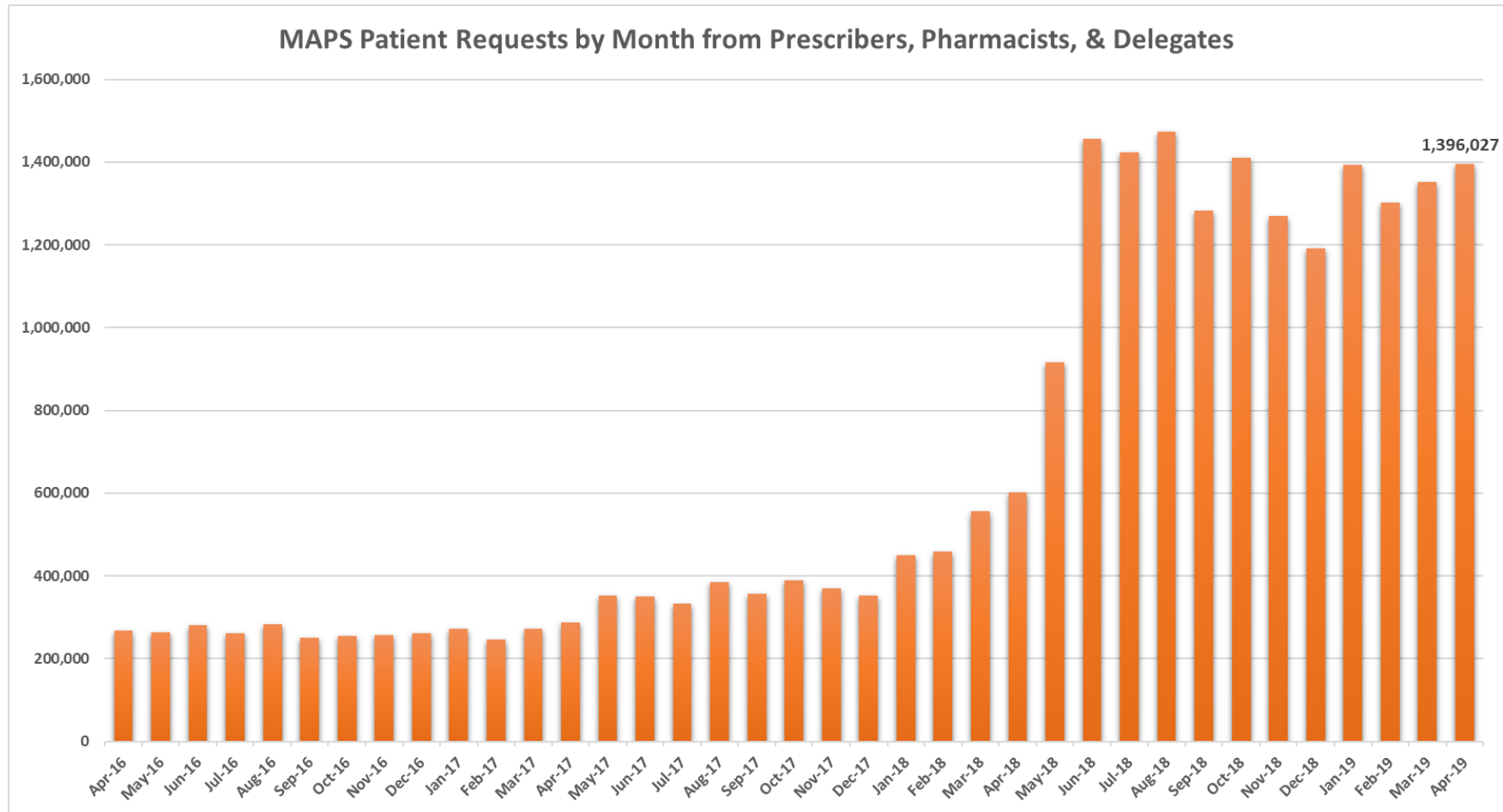
MAPS Update

- Successfully launched Appriss Health's PMP AWARxE on April 4, 2017
- Added Appriss Health's NarxCare report to MAPS on December 4, 2017
- Response times average 0.4-0.8 seconds
- Registered Users:

	As of 04/04/2017	As of 06/03/2019	Increase
Prescribers	9,156	44,675	35,519
Dispensers (Pharmacists)	3,994	8,389	4,395
Delegate Users	1,096	19,388	18,292
Law Enforcement	598	2,034	1,436
Benefit Plan Managers	29	114	85
State Board Reps	0	49	49



MAPS – Patient Requests



**Note: Includes online requests and integration requests from MAPS (Michigan) registered users*



PMP Interconnect

States Connected

1. Alabama
2. Arizona
3. Colorado
4. Connecticut
5. Delaware
6. Florida
7. Idaho
8. Illinois
9. Indiana
10. Kansas
11. Kentucky
12. Maine
13. Military Health System (DOD)
14. Minnesota
15. Mississippi
16. Montana
17. Nevada
18. New Mexico
19. New York
20. North Carolina
21. North Dakota
22. Ohio
23. Rhode Island
24. South Carolina
25. South Dakota
26. Tennessee
27. Virginia
28. West Virginia
29. Wisconsin

States Pending Connection

1. Iowa
2. Puerto Rico
3. Washington, D.C.



MAPS – NarxCare Integrations

Generic
Electronic Health Record

Stephanie Marshall List Recent Search

Acct Number: 1836593821 DOB: 2/16/1959 Immunizations: None Narx: **Nar 301, Sed 240, Stim 000, Ovd 180**
MRN: #324561 Gender: M Allergies: aspirin, latex, peanuts Fall Risk Score: 6
Bed: 10 Code: Full Code Adv Directive: Yes Attending: Dr. Goodall

Chart Summary	Chart Summary
Procedures and Diagnoses	Anticipated Discharge Date –
Allergies	Reason for Visit
Mar	Fall, hip pain
Results	Advance Directive- Yes – 03/23/09
Power Note	Code Status
Orders	Full Code
Form Browser	Allergies
Patient Information	Aspirin
Immunization Schedule	Latex
Reference Text Browser	Peanuts
Problems and Diagnoses	
Consults	

NarxCare:	Narcotic	301	Show Report
	Sedative	240	
	Stimulant	000	
	Overdose	180	
Blood Type –	Skin Integrity Risk Score –		
Fall Risk Score –	6 (conley)	Lab Pregnancy Status	
Pain Scale	5	N/A	
Pain Location	None	Immunizations	

March 25, 2016 7:00 AM CDT

Vital Signs
Oxygen Therapy
Pain Assessment Detail
General
CV Assessment
Edema Assessment
Respiratory Assessment
Nursing Notes
Note Writer
PE Elements



MAPS - NarxCare Report

Williams, Johnny Age: 33M Date: 7/17/2017 | [NARX REPORT](#) | [RESOURCES](#)

Communications Messages: 0 Care Notes: 0 [Add Note](#)

Risk Indicators

Narx Scores		Overdose Risk Score	Red Flags (2)
Narcotic	633	590 (range 0-999)	<ul style="list-style-type: none"> >= 4 opioid or sedative dispensing pharmacies in any 90 day period in the last 2 years >= 5 opioid or sedative providers in any year in the last 2 years
Sedative	280		
Stimulant	000		
Explain these scores		Explain the overdose risk score	Explain these red flags

Graphs

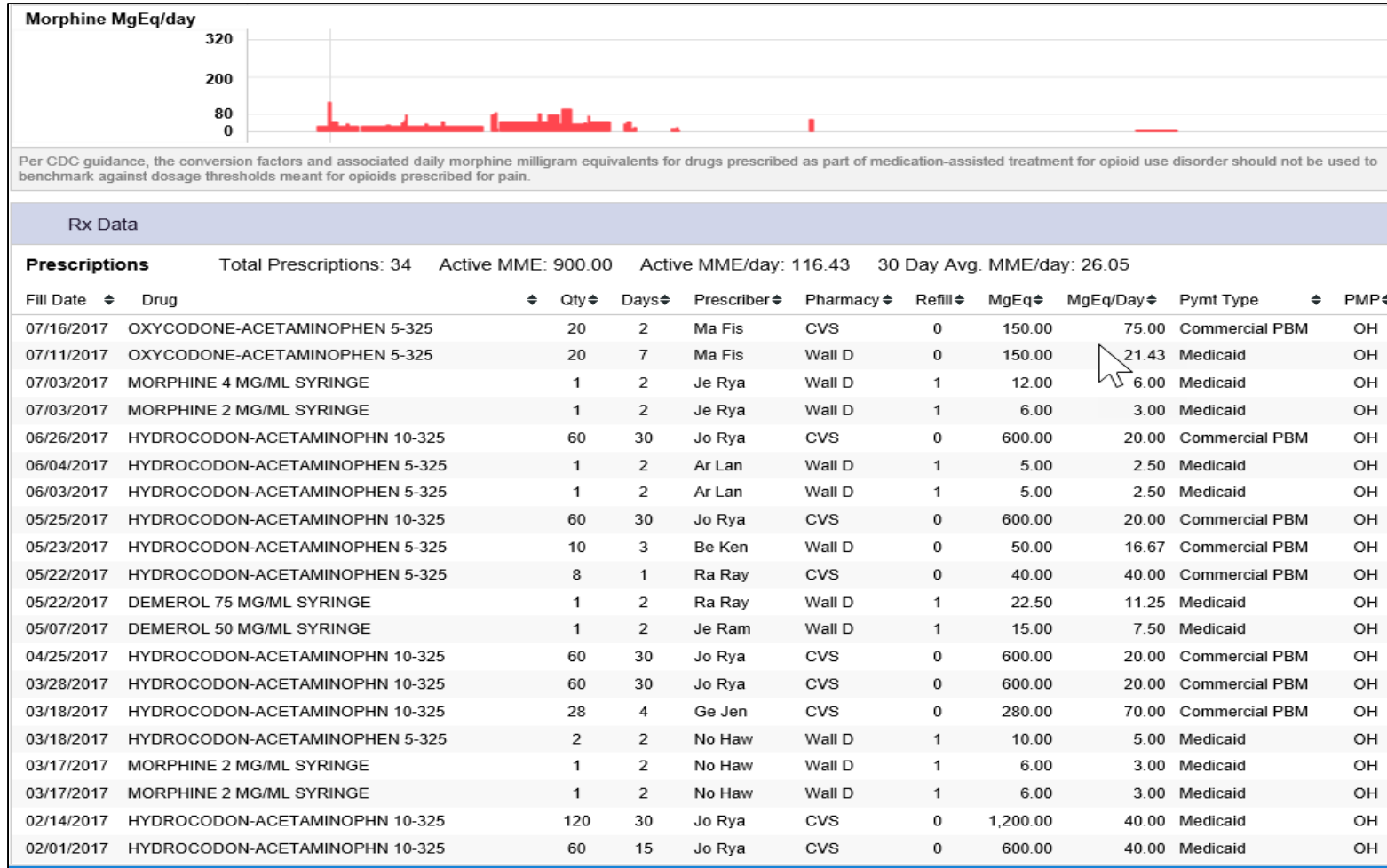
Rx Graph Narcotic Sedative Stimulant

All Prescribers

Prescribers	09/21	2m	6m	1y	2y
15 - Fernandez, Bruce					
14 - Harris, Ruth					
13 - Martin, Patricia					
12 - Holmes, Helen					
11 - Nichols, Jason					
10 - King, James					
9 - Hawkins, Norma					
8 - Jenkins, Gerald					
7 - Ramos, Jesse					
6 - Ray, Ralph					
5 - Kennedy, Beverly					
4 - Lane, Arthur					
3 - Ryan, Jonathan					
2 - Ryan, Jerry					
1 - Fisher, Marie					



MAPS – NarxCare Report (continued)



MAPS – NarxCare Report (continued)

02/01/2017	HYDROCODON-ACETAMINOPHN 10-325	60	15	Jo Rya	CVS	0	600.00	40.00	Medicaid	OH
01/23/2017	OXYCODONE-ACETAMINOPHEN 5-325	60	7	Ma Fis	CVS	0	450.00	64.29	Medicaid	OH
01/12/2017	MORPHINE 2 MG/ML SYRINGE	1	30	No Haw	Wall D	1	6.00	0.20	Private Pay	OH
01/12/2017	MORPHINE 4 MG/ML SYRINGE	1	2	No Haw	Wall D	1	12.00	6.00	Private Pay	OH
01/10/2017	OXYCODONE-ACETAMINOPHEN 5-325	120	30	Jo Rya	CVS	0	900.00	30.00	Commercial PBM	OH
01/07/2017	DEMEROL 25 MG/ML SYRINGE	1	2	Ja Kin	Wall D	1	7.50	3.75	Private Pay	OH
01/03/2017	HYDROCODON-ACETAMINOPHEN 5-325	60	8	Ja Nic	CVS	0	300.00	37.50	Medicaid	OH
12/26/2016	HYDROCODON-ACETAMINOPHEN 5-325	60	8	Ja Nic	Wall D	0	300.00	37.50	Commercial PBM	OH
12/11/2016	HYDROCODON-ACETAMINOPHEN 5-325	28	5	He Hol	CVS	0	140.00	28.00	Private Pay	OH
12/07/2016	HYDROCODON-ACETAMINOPHEN 5-325	14	7	Pa Mar	CVS	0	70.00	10.00	Commercial PBM	OH
12/07/2016	HYDROCODON-ACETAMINOPHEN 5-325	2	2	Pa Mar	Wall D	1	10.00	5.00	Private Pay	OH
11/07/2016	HYDROCODON-ACETAMINOPHEN 5-325	10	5	Pa Mar	CVS	0	50.00	10.00	Private Pay	OH
11/06/2016	HYDROCODON-ACETAMINOPHEN 5-325	1	2	Ru Har	Wall D	1	5.00	2.50	Private Pay	OH
08/01/2016	OXYCODONE-ACETAMINOPHEN 5-325	20	3	Br Fer	Wall D	0	150.00	50.00	Commercial PBM	OH
11/12/2015	MORPHINE 2 MG/ML SYRINGE	1	30	Pa Mar	Wall D	1	6.00	0.20	Private Pay	OH

Providers		Total Providers: 15								
Name	Address	City	State	Zipcode	DEA					
Fernandez, Bruce	4367 Pleasant Crossing	Five Points	OH	44262-6811	234853					
Fisher, Marie	7175 Cozy Rabbit Vista	Anderson Ferry	OH	43622-1298	234756					
Harris, Ruth	2003 Stony Nectar Cove	Kingsleys Corners	OH	45983-3673	234843					
Hawkins, Norma	6763 Emerald Robin Parkway	Apple Grove	OH	45273-0588	234852					
Holmes, Helen	8869 Burning Fox Impasse	Bayer Trailer Court	OH	45202-9797	234841					
Jenkins, Gerald	9393 Lost Field	Maple	OH	43654-8273	234851					
Kennedy, Beverly	3099 Umber Pathway	Damascus	OH	44609-5908	234847					
King, James	3355 Rustic Cloud Wynd	Yankee Crossing	OH	45430-6188	234845					
Lane, Arthur	2331 Cozy Port	Holiday City	OH	45620-5987	234844					
Martin, Patricia	7600 Shady Hickory Stead	Fort Jennings	OH	44170-2847	234850					
Nichols, Jason	9093 Hidden Pioneer Lookout	East Gardens	OH	43321-4331	234848					
Ramos, Jesse	9166 Bright Pond Crescent	Belmore	OH	45970-9899	234840					
Ray, Ralph	1467 Little View Townline	West Akron	OH	43739-7351	234849					
Ryan, Jerry	163 Sleepy Edge	Oakthorpe	OH	44740-5125	234846					
Ryan, Jonathan	9892 Silent Elk Ramp	Sites Lake Cottage Area	OH	44502-5801	234842					



MAPS – NarxCare Report (continued)

Pharmacies		Total Pharmacies: 6					
Name	Address	City	State	Zipcode	DEA		
CVS	5483 Gentle Impasse	Home Park	OH	43242-6009	345796		
CVS	7139 High Pond Walk	Randolph Landing	OH	45487-2143	345840		
Wall Drug	3799 Foggy Dale	Herner Corners	OH	45658-6817	345841		
Wall Drug	4543 Iron Carrefour	Powers	OH	43803-2784	345839		
Wall Drug	5639 Cotton Dale Close	Cedar Springs	OH	43423-4846	345842		
Wall Drug	8129 Easy Dell	Antiquity	OH	45300-0810	345843		

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MAPS – NarxCare Resources

Menu > Patient Alerts (1)
APPRIS HEALTH

RxSearch > Patient Request > Johnny Williams

Williams, Johnny Age: 33M Date: 7/17/2017 | [NARX REPORT](#) | [RESOURCES](#)

Access to Treatment

Rapidly find the 30 closest MAT providers for this patient. The patient's zip code is pre-populated if available.
 More information here

Step 1 Enter the zip code to center the search around

Step 2 Click submit and print form

First	Last	Deg.	Address	City	Cou
Dr. David	Beane	M.D.	1338 Colegate Drive Suite B	Marietta	West Coun
Dr. Rakeshkumar	Kaneria	M.D.	7760 West VOA Park Drive Suite G	West Chester	Butle Coun
Dr. J.	Strafford	M.D., MPH	1081 Bernard Road	New Vienna	Clint Coun
Dr. Ramalingam	Selvarajah	M.D.	1649 Brice	Reynoldsburg	Frank

Educational Resources

Click the associated link and print. More information here

What You Need to Know

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids can be used to help relieve moderate to severe pain and are most prescribed following a traumatic injury, an acute health condition, or an elective surgical procedure. These are not meant to be the sole or long-term part of treatment for chronic pain. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

There is an overall higher rate of addiction and overdose associated with opioid use. In 2014, approximately 1 in 4 people who use prescription opioids for pain become addicted. The use of opioids for pain can lead to a number of side effects, including:

- Constipation
- Drowsiness
- Nausea and vomiting
- Slurred speech
- Difficulty breathing
- Loss of appetite
- Dry mouth
- Itching
- Sweating
- Feeling of euphoria
- Blurred vision
- Headache
- Dizziness
- Lightheadedness
- Low blood pressure
- Slow heart rate
- Difficulty swallowing
- Difficulty urinating
- Difficulty seeing
- Difficulty hearing
- Difficulty concentrating
- Difficulty remembering
- Difficulty thinking
- Difficulty learning
- Difficulty speaking
- Difficulty walking
- Difficulty driving
- Difficulty operating machinery
- Difficulty performing tasks that require attention
- Difficulty performing tasks that require coordination
- Difficulty performing tasks that require judgment
- Difficulty performing tasks that require decision-making
- Difficulty performing tasks that require problem-solving
- Difficulty performing tasks that require creativity
- Difficulty performing tasks that require communication
- Difficulty performing tasks that require social interaction
- Difficulty performing tasks that require emotional regulation
- Difficulty performing tasks that require self-control
- Difficulty performing tasks that require impulse control
- Difficulty performing tasks that require risk-taking
- Difficulty performing tasks that require goal setting
- Difficulty performing tasks that require time management
- Difficulty performing tasks that require organization
- Difficulty performing tasks that require planning
- Difficulty performing tasks that require prioritization
- Difficulty performing tasks that require delegation
- Difficulty performing tasks that require collaboration
- Difficulty performing tasks that require negotiation
- Difficulty performing tasks that require conflict resolution
- Difficulty performing tasks that require leadership
- Difficulty performing tasks that require teamwork
- Difficulty performing tasks that require accountability
- Difficulty performing tasks that require responsibility
- Difficulty performing tasks that require integrity
- Difficulty performing tasks that require honesty
- Difficulty performing tasks that require transparency
- Difficulty performing tasks that require communication
- Difficulty performing tasks that require listening
- Difficulty performing tasks that require empathy
- Difficulty performing tasks that require compassion
- Difficulty performing tasks that require kindness
- Difficulty performing tasks that require respect
- Difficulty performing tasks that require courtesy
- Difficulty performing tasks that require politeness
- Difficulty performing tasks that require good manners
- Difficulty performing tasks that require good character
- Difficulty performing tasks that require good values
- Difficulty performing tasks that require good habits
- Difficulty performing tasks that require good behavior
- Difficulty performing tasks that require good citizenship
- Difficulty performing tasks that require good stewardship
- Difficulty performing tasks that require good leadership
- Difficulty performing tasks that require good management
- Difficulty performing tasks that require good governance
- Difficulty performing tasks that require good justice
- Difficulty performing tasks that require good equity
- Difficulty performing tasks that require good fairness
- Difficulty performing tasks that require good balance
- Difficulty performing tasks that require good harmony
- Difficulty performing tasks that require good peace
- Difficulty performing tasks that require good love
- Difficulty performing tasks that require good hope
- Difficulty performing tasks that require good faith
- Difficulty performing tasks that require good trust
- Difficulty performing tasks that require good confidence
- Difficulty performing tasks that require good belief
- Difficulty performing tasks that require good conviction
- Difficulty performing tasks that require good determination
- Difficulty performing tasks that require good resolve
- Difficulty performing tasks that require good courage
- Difficulty performing tasks that require good strength
- Difficulty performing tasks that require good power
- Difficulty performing tasks that require good influence
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- Difficulty performing tasks that require good power
- Difficulty performing tasks that require good influence
- Difficulty performing tasks that require good authority

Open Document

Opioids and Chronic Pain

PROMOTING SAFER AND MORE EFFECTIVE PAIN MANAGEMENT

Research shows that 1 in 4 people who use prescription opioids for pain become addicted. This is a serious public health problem. The CDC has developed a new tool to help health care providers and patients understand the risks of opioid use and how to manage pain safely.

1 in 4

People who use prescription opioids for pain become addicted.

OPIODS AND CHRONIC PAIN

Chronic pain is a common condition that affects millions of people. It is often caused by an injury, surgery, or a long-term health condition. While opioids can help relieve pain, they can also be addictive. It is important to use opioids safely and to talk to your health care provider about the risks and benefits of opioid use.

4.3

Millions of people have chronic pain.

PRESCRIPTION OPIOID OVERDOSE IS AN EPIDEMIC IN THE US

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Pregnancy and Opioids

PREGNANCY AND OPIOID PAIN MEDICATIONS

Women who take opioid pain medications should be aware of the possible risks during pregnancy. Opioid pain medications can be used to help relieve moderate to severe pain, but they can also be addictive. It is important to use opioids safely and to talk to your health care provider about the risks and benefits of opioid use during pregnancy.

WHAT ARE OPIOID PAIN MEDICATIONS?

Opioid pain medications are drugs that help relieve pain. They work by blocking the pain signals from the body. Opioid pain medications can be used to help relieve moderate to severe pain, but they can also be addictive. It is important to use opioids safely and to talk to your health care provider about the risks and benefits of opioid use during pregnancy.

ARE OPIOID PAIN MEDICATIONS SAFE FOR WOMEN WHO ARE PREGNANT OR PLANNING TO BECOME PREGNANT?

Opioid pain medications can be used to help relieve moderate to severe pain, but they can also be addictive. It is important to use opioids safely and to talk to your health care provider about the risks and benefits of opioid use during pregnancy.

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CUSTOMER DRIVEN. BUSINESS MINDED.

MAPS – NarxCare Resources

<h3>Pocket Guide: Tapering</h3> <p>POCKET GUIDE: TAPERING OPIOIDS FOR CHRONIC PAIN</p> <p>Follow up regularly with patients to determine whether opioids are meeting treatment goals and whether opioids can be reduced to lower dosage or discontinued.</p>  <p>Open Document</p>	<h3>Fact Sheet</h3> <p>GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN</p> <p>IMPROVING PRACTICE THROUGH RECOMMENDATIONS</p> <p>DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN</p> <ul style="list-style-type: none">1. Assessing patient pain and function2. Assessing patient risk for opioid use disorder3. Assessing patient risk for overdose <p>CLINICAL RECOMMENDATIONS</p> <ul style="list-style-type: none">• Assess any and all risks or benefits of opioid therapy for chronic pain• Evaluate and reassess risks for pain and function• Ensure benefits will likely outweigh risks of continued opioid therapy  <p>Open Document</p>	<h3>Checklist *</h3> <p>Checklist for prescribing opioids for chronic pain</p> <p>WHEN CONSIDERING LONG-TERM OPIOID THERAPY</p> <ul style="list-style-type: none">1. Assess patient pain and function2. Assess patient risk for opioid use disorder3. Assess patient risk for overdose <p>RECOMMENDING OPIOID THERAPY</p> <ul style="list-style-type: none">• Assess any and all risks or benefits of opioid therapy for chronic pain• Evaluate and reassess risks for pain and function• Ensure benefits will likely outweigh risks of continued opioid therapy <p>WHEN REASSESSING OPIOID THERAPY</p> <ul style="list-style-type: none">• Assess patient pain and function• Assess patient risk for opioid use disorder• Assess patient risk for overdose  <p>Open Document</p>															
<h3>Nonopioid Treatments</h3> <p>NONOPIOID TREATMENTS FOR CHRONIC PAIN</p> <p>PRINCIPLES OF CHRONIC PAIN TREATMENT</p>  <p>NONOPIOID MEDICATIONS</p> <table border="1"><thead><tr><th>Medication</th><th>Indication</th><th>Notes</th></tr></thead><tbody><tr><td>Acetaminophen</td><td>Pain relief</td><td>Do not exceed 4,000 mg per day</td></tr><tr><td>NSAIDs</td><td>Pain relief and anti-inflammatory</td><td>Use with caution in patients with kidney or stomach issues</td></tr><tr><td>Antidepressants</td><td>Chronic pain management</td><td>Tricyclic antidepressants (TCAs) and SNRIs</td></tr><tr><td>Anticonvulsants</td><td>Chronic pain management</td><td>Gabapentin and pregabalin</td></tr></tbody></table> <p>Open Document</p>	Medication	Indication	Notes	Acetaminophen	Pain relief	Do not exceed 4,000 mg per day	NSAIDs	Pain relief and anti-inflammatory	Use with caution in patients with kidney or stomach issues	Antidepressants	Chronic pain management	Tricyclic antidepressants (TCAs) and SNRIs	Anticonvulsants	Chronic pain management	Gabapentin and pregabalin	<h3>Assessing Benefits and Harms</h3> <p>ASSESSING BENEFITS AND HARMS OF OPIOID THERAPY</p> <p>THE EPIDEMIC</p> <p>EVIDENCE FOR OPIOID THERAPY</p> <p>ASSESS BENEFITS OF OPIOID THERAPY</p> <p>165,000</p>  <p>Open Document</p>	<h3>Calculating Dosage</h3> <p>CALCULATING TOTAL DAILY DOSE OF OPIOIDS FOR SAFER DOSAGE</p> <p>Higher Dosage, Higher Risk</p>  <p>2x</p> <p>WHY IS IT IMPORTANT TO CALCULATE THE TOTAL DAILY DOSE OF OPIOIDS?</p> <p>HOW MUCH IS SO OR DO MARIJUANA FOR COMMONLY PRESCRIBED OPIOIDS?</p>  <p>Open Document</p>
Medication	Indication	Notes															
Acetaminophen	Pain relief	Do not exceed 4,000 mg per day															
NSAIDs	Pain relief and anti-inflammatory	Use with caution in patients with kidney or stomach issues															
Antidepressants	Chronic pain management	Tricyclic antidepressants (TCAs) and SNRIs															
Anticonvulsants	Chronic pain management	Gabapentin and pregabalin															

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MAPS – NarxCare Report

- Narx Scores and Predictive Risk Scores (overdose)
 - Scores: based on algorithms, including MMEs, number of prescribers and pharmacies
 - Scores: Ranges from 000-999; higher scores equate to higher risk and misuse
- Red Flags
- Rx Graphs
- PDMP Data



Integration Process

- If you want to integrate your EMR/pharmacy dispensation system before the statewide funding runs out on August 31, 2019, go to:

www.Michigan.gov/bpl

>MAPS

>Software Integration Resources

- Complete the Integration Request Form
- Sign the Terms and Conditions
- Email the documents to BPL-MAPS@Michigan.gov



Integrations as of June 4, 2019

Note: Athena Health is also integrated in Michigan, but we are awaiting counts of providers from them. Approximate counts of additional integrated healthcare professionals are 9,000 – 10,000.

MAPS Integrations		
	In-Production	Pending Production (In- discussion, received request, or in-testing)
Health System	28	11
Hospital	6	5
Physician Offices	160	287
Number of Pharmacies	22	20
Total	216	323
Total Number of Healthcare Professionals	52,256+	4,175+



CUSTOMER DRIVEN. BUSINESS MINDED.

Meaningful Use - Specialized Registry

- Healthcare professionals can use MAPS integration to meet the specialized registry requirement for Meaningful Use
- Healthcare professionals must register to MAPS online and their EMR/EHR must be integrated
- Additional information:
 - <https://michiganhealthit.org/public-health/maps/>

Michigan Board of Pharmacy Administrative Rules

Administrative Rule Update



CUSTOMER DRIVEN. BUSINESS MINDED.

Michigan Board of Pharmacy Rule Update

- Effective **January 4, 2019** Neurontin (gabapentin) is a Schedule 5 controlled substance in the State of Michigan. Further information about this can be found in the [Michigan Board of Pharmacy Administrative Rule 338.3125](#)

Mandatory reporting:

When gabapentin is dispensed in excess of a 48-hour supply

Mandatory MAPS review:

When it is prescribed in excess of a 3-day supply



Legislative Action

New Opioid Laws



CUSTOMER DRIVEN. BUSINESS MINDED.

Public Act 246 of 2017



Requires disclosure of opioid information to minors and patients.

- Beginning **June 1, 2018**, a prescriber shall comply with the following before issuing a new prescription for a controlled substance containing an opioid to a minor:
 - Discuss with the minor and the minor's parent or guardian the potential risks of addiction and overdose associated with the controlled substance.
 - Discuss the increased risk of addiction to a controlled substance to an individual suffering from both mental and substance abuse disorders.
 - Discuss the danger of taking a controlled substance containing an opioid with benzodiazepine, alcohol, or another central nervous system depressant.
 - Discuss any other information in the patient counseling information section of the label for the prescription.



Public Act 246 of 2017

- Requires the signature of the minor's parent or guardian to consent to the minor's treatment on a "start talking consent form", which is to be filed in the minor's medical record.
- The form is to contain:
 - Signatures of the parties involved.
 - Information on the name and quantity of the controlled substance.
 - Acknowledgement that the drug has potential for abuse.
 - A statement certifying that the prescriber discussed with the minor and the minor's guardian the potential risks of the drug.
- If an adult signing a consent form is not the parent or guardian, the prescriber shall not prescribe more than a single 72-hour supply of the controlled substance to the minor.

Public Act 246 of 2017

- Exceptions to the law in case of emergency:
 - If it is detrimental to the minor's health.
 - Certain surgical circumstances.
 - Specific hospice related instances.
 - If the minor's parent or guardian is not legally required to consent.
- Beginning **June 1, 2018**, before an opioid is prescribed to a patient, a prescriber shall provide the following information:
 - The dangers of opioid addiction.
 - How to properly dispose of an expired, unused, or unwanted controlled substance.
 - That the delivery of a controlled substance is a felony under Michigan Law.
 - If the patient is pregnant or is a female of reproductive age, the short and long term effects of exposing a fetus to an opioid, including but not limited to neonatal abstinence syndrome.

Public Act 246 of 2017

- The prescriber shall obtain the signature of the patient or the patient's representative on a form provided by the Department of Health and Human Services, that they were informed of the above requirements. The form can be found at michigan.gov/stopoverdoses under the prescriber tab.
- The signed form shall be kept in the patient's medical record.
 - The requirement does not apply if the controlled substance is prescribed for inpatient use
- Provides sanctions for prescribers for failing to inform minors and their guardians of the risks of opioid abuse.

Public Act 247 of 2017 (PA 101 of 2018)



Please note this law was amended with PA 101 of 2018, which extends the effective date to March 31, 2019 *unless LARA promulgates rules to provide exceptions to the bona-fide prescriber-patient relationship for prescribing.*

***Rules were promulgated on January 4, 2019**

Requires prescribers to be in bona-fide prescriber-patient relationships prior to prescribing.

- Beginning **January 4, 2019**, a licensed prescriber shall not prescribe a controlled substance listed in Schedules 2-5 unless the prescriber is in a bona fide prescriber-patient relationship with the patient.
- If the prescriber provides a controlled substance, the prescriber shall provide follow-up care to the patient to monitor the efficacy of the use of the controlled substance as a treatment of the patient's medical condition.



Public Act 247 of 2017 (PA 101 of 2018)



- If the prescriber is unable to provide follow-up care, they shall refer the patient to the patient's primary care provider for follow-up care, or if a primary care provider does not exist, another licensed prescriber who is geographically accessible to the patient.
- Defines a bona fide prescriber-patient relationship as treatment or a counseling relationship between a prescriber and a patient in which both of the following are present:
 - The prescriber has reviewed the patient's relevant medical or clinical records and completed a full assessment of the patient's medical history and current medical condition, including a relevant medical evaluation of the patient conducted in person or via telehealth.
 - The prescriber has created and maintained records of the patient's condition in accordance with medically accepted standards.



Public Act 247 of 2017 (PA 101 of 2018)



A licensed prescriber may prescribe a Schedule 2-5 controlled substance without first establishing a bona fide prescriber-patient relationship in the following circumstances:

- The prescriber is providing on-call coverage or cross-coverage for another prescriber who is not available and has established a bona fide prescriber-patient relationship with the patient for whom the on-call or covering prescriber is prescribing the controlled substance. The prescriber, or an individual licensed under Article 15 of the Public Health Code, must review the patient's relevant medical or clinical records, medical history, and any change in medical condition, as well as provide documentation in the patient's medical record in accordance with medically accepted standards of care.
- The prescriber is following or modifying the orders of a prescriber who has established a bona fide prescriber-patient relationship with a hospital in-patient, hospice patient, or nursing care facility resident, and provides documentation in the patient's medical record in accordance with medically accepted standards of care.



Public Act 247 of 2017 (PA 101 of 2018)

- The prescriber is prescribing for a patient that has been admitted to a licensed nursing care facility or a hospice, meets the requirements of a bona fide prescriber-patient relationship, in compliance with [R 325.20602](#) or [R 325.13302](#), and provides documentation in the patient's medical record in accordance with medically accepted standards of care.
- The prescriber is prescribing for a patient for whom the tasks of reviewing the patient's medical history and current medical condition, including a relevant medical evaluation of the patient, and the creation and maintaining of records of the patient's condition, have been performed by an individual licensed under Article 15 of the Public Health Code, and the prescriber provides documentation in the patient's medical record in accordance with medically accepted standards of care.
- The prescriber is treating a patient in a medical emergency. Medical emergency is defined as a situation that, in the prescriber's good-faith professional judgement, creates an immediate threat of serious risk to the life or health of the patient for whom the controlled substance prescription is being prescribed.



Public Act 248 of 2017



Requires prescribers to be registered to MAPS prior to prescribing or dispensing a controlled substance, and also requires a review of MAPS when prescribing or dispensing in a quantity that exceeds a 3-day supply.

- Beginning **June 1, 2018**, before prescribing or dispensing to a patient a controlled substance in a quantity that exceeds a 3-day supply, a licensed prescriber shall obtain and review a MAPS report concerning that patient. The requirement does not apply in any of the following circumstances:
 - If the dispensing occurs in a hospital or a freestanding surgical outpatient facility and the controlled substance is administered to the patient in the hospital or facility.
 - If the patient is an animal, the dispensing occurs in a veterinary hospital or clinic, and the controlled substance is administered to the animal in that hospital or clinic.
 - If the controlled substance is prescribed by a licensed prescriber who is a veterinarian and the controlled substance will be dispensed by a pharmacist.
- Beginning **June 1, 2018**, before prescribing or dispensing a controlled substance to a patient, a licensed prescriber shall register with MAPS.



Public Act 249 of 2017



Contains provisions for sanction for various violations of the opioid bills package.

- Contains many of the provisions of the other bills, as it is being used as a vehicle to correct conflicts in statute created by the package of bills being passed.
 - Includes the bona fide prescriber-patient relationship language of PA 247 of 2017.
 - Contains the mandatory MAPS report review language for prescribers contained in PA 248 of 2017, as well as language regarding mandatory registration with MAPS for prescribers.



Public Act 249 of 2017



- Provides penalties for violation of the following:
 - Beginning **March 31, 2019**, prescribers failing to adhere to the bona fide prescriber-patient relationship requirements.
 - Beginning **June 1, 2018**, prescribers failing to obtain and review a MAPS report, when required, prior to prescribing or dispensing to a patient a controlled substance in a quantity that exceeds a 3-day supply.
 - Beginning **June 1, 2018**, prescribers failing to register with MAPS prior to prescribing or dispensing a controlled substance to a patient.
 - Beginning **June 1, 2018**, prescribers failing to provide minors, and their parents or guardians, with proper education regarding the risks of opioid abuse.



Public Act 249 of 2017



- Beginning **June 1, 2018**, if the department has reasonable basis that a licensee failed to obtain and review a MAPS report or failed to register to MAPS, LARA:
 - Is not required to conduct an investigation.
 - May issue a letter to the licensee notifying Issue Includes the bona fide prescriber-patient relationship language of PA 247 of 2017.
 - A letter issued under this section of the law is not considered a disciplinary action.
- Not registering and checking MAPS may result in sanctions as determined by the board.



Public Act 250 of 2017



Requires the providing of information regarding Substance Use Disorder Services.

- Effective **March 27, 2018:**

- A health professional licensee or registrant that treats a patient for an opioid-related overdose is required to provide that patient with information regarding Substance Use Disorder Services.



Public Act 251 of 2017



Requires prescribers treating for acute pain, to not prescribe a patient more than a 7-day supply of an opioid within a 7-day period.

- Beginning **July 1, 2018**, if a prescriber is treating a patient for acute pain, that the prescriber shall not prescribe the patient more than a 7-day supply of an opioid within a 7-day period.
- Further, beginning **March 27, 2018**, the legislation provides that a pharmacist, consistent with federal law and regulations on the partial filling of a controlled substance included in Schedule 2, may partially fill in increments, a prescription for a controlled substance included in Schedule 2.



Public Act 252 of 2017



MAPS review requirements before dispensing or prescribing buprenorphine or methadone.

- Effective **March 27, 2018**.
- Adds the dispensing of a controlled substance at a veterinary hospital or clinic that administers the controlled substance to an animal that is an inpatient, to the following list of exemptions for MAPS reporting requirements:
 - A hospital.
 - A health facility or agency if the controlled substance is dispensed by a dispensing prescriber in a quantity adequate to treat the patient for not more than 48 hours.



Public Act 252 of 2017



- Provides that before dispensing or prescribing buprenorphine or a drug containing buprenorphine or methadone to a patient in a substance disorder program, that a prescriber shall obtain and review a MAPS report on the patient.
- Additionally, the legislation provides that a prescriber shall report data to MAPS if federal law does not prohibit the reporting of data concerning the patient, to LARA.
- The legislation rescinds R 338.3162E from the pharmacy rules, which deals with exemptions to MAPS reporting requirements.



Public Act 253 of 2017



Medicaid eligibility for Substance Use Disorder Services.

- Effective **March 27, 2018**.
- Amends the Social Welfare Act to provide that an eligible individual can receive medically necessary treatment for opioid abuse. The bill codifies coverage by Michigan's Medicaid program for detox programs.



Public Act 254 of 2017



PDOAC recommendations for the instruction of pupils on the dangers of opioid abuse.

- Requires PDOAC, by **July 1, 2018**, to develop or adopt for Michigan's Department of Education, recommendations for the instruction of pupils on the dangers of prescription opioid drug abuse.



Public Act 255 of 2017



MDE model programs of instruction on the dangers of prescription opioid drug abuse.

- No later than **July 1, 2019**, the Department of Education shall make available to school districts the model program of instruction on the dangers of prescription opioid drug abuse, developed or adopted by PDOAC.
- Beginning in the **2019-2020 School Year**, the Department of Education shall ensure that the state model of academic standards for health education includes instruction on prescription opioid drug abuse, including at least the PDOAC recommendations.



Public Act 101 of 2018

- Pushes back the effective date for the bona fide prescriber-patient relationship requirement to 3/31/19; OR
- If rules are promulgated to provide alternatives to the prescriber-patient requirement before 3/31/19, on the date on which rules are promulgated is when the change becomes effective.



For Additional Legislative Information

- Individuals seeking additional information regarding the new opioid laws can visit <http://www.legislature.mi.gov> and do the following:
 - Select “Public Act (Signed Bills)” among the options under the “Legislature” category on the left of the page.
 - On the “Public Acts” webpage, enter the Public Act Number, and select a “Public Act Year” below. For example, to find more information regarding Public Act 247 of 2017, Enter “247” in the search box, and select the “Public Act Year” from the dropdown box as “2017”. Select “Search” when ready.
- A direct link to the above referenced “Public Act (Signed Bills)” search page is as follows:
[http://www.legislature.mi.gov/\(S\(gfsic4rztSD0vhcPbmxFjwvy\)\)/mileg.aspx?page=PublicActs](http://www.legislature.mi.gov/(S(gfsic4rztSD0vhcPbmxFjwvy))/mileg.aspx?page=PublicActs).



Contacts for MAPS

For technical assistance, please contact Appriss' customer first center at:

- 844-364-4767

For policy or administrative assistance and more information about integrating with MAPS, please contact MAPS support:

- 517-241-0166 or BPL-MAPS@Michigan.gov
- Info: www.Michigan.gov/bpl, click on MAPS
- Integrations: Click on Software Integration Resources

For additional resources for providers and the public, please go to the State website: www.michigan.gov/opioids



Questions?

Thank You!



CUSTOMER DRIVEN. BUSINESS MINDED.