



## Risk Management Step 5: Aberrancy Management

### Aberrancy Management

An aberrancy is defined by a violation of the controlled substance agreement. It is a behavior that may reflect or is actual evidence of unsafe controlled substance use.

All aberrancies are not equally worrisome. They can be considered to be low (Table 1), intermediate (Table 2), or high level with respect to level of concern. Each aberrancy should be addressed by a response with the patient and appropriately documented in the chart. The nature of the response includes the following:

- + Coach adherence and increase monitoring
- + Specialist consultation: pain management, addiction, psychiatry, sleep
- + Discontinue opioids and/or other problematic/addiction-prone substances
  - + Diversion identified → Abrupt discontinuation
  - + Addiction identified → Abrupt discontinuation + withdrawal meds + referral
  - + Other major concerns → Consider tapering per clinical judgement
  - + Invoke when 4 or more lower-level aberrancies have accumulated
- + Discharge from your practice
  - + Last resort
  - + Counsel patient + refer to a responsible prescriber – i.e., a therapeutic discharge

**Table 1 | Low Level Aberrancies**

+ Early refill once	+ Non-notification of other opioid prescriber for good reason x1
+ Self-directed dose ↑ once	+ Occasional problem-solving phone calls rather than office visits
+ Missed / late for appointment	+ Non-participation in non-medication approaches for noneconomic reasons."
+ Low dose alcohol for special occasion only	
+ Not informing prescriber of mild adverse reactions	



# Compass Opioid Prescribing + Treatment Guidance Toolkit



**Table 2 | Intermediate Level Aberrancies**

+ Early refill >1	+ Not informing prescriber of significant adverse reactions
+ Consider self-addicted	
+ Lost / stolen prescription	+ Non-opioid substance addiction slip → return to abstinence
+ Unauthorized overuse >1	
+ Focused on specific opioid	+ Non-participation in non-medication approaches for noneconomic reasons
+ Unauthorized cannabis use	
+ Limited interest in non-opioid approaches	
+ Multiple phone calls rather than office visits	

**Table 3 | High Level Aberrancies**

+ Forged prescription	+ Refusal of non-medication approaches for pain
+ Cocaine / Stimulant use	
+ Involvement in DUI / MVA	+ Intoxication / Oversedation: Reported or observed
+ > 3 lower-level aberrancies	
+ Non-pain related opioid use	+ Multi-sourcing: Other prescribers / street / internet
+ Stealing controlled substances	
+ IV or IN route of administration	+ Reliance on problem-solving phone calls rather than office visits
+ Aggressive demands for opioids	
+ Active non-opioid substance relapse	

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