



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	

This material was prepared by the Iowa Healthcare Collaborative, the Opioid Prescriber Safety and Support contractor, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS.

Developed in collaboration with Stader Opioid Consultants.