**Comparison of pharmacist and primary care provider documentation of unexpected urine drug monitoring results**

For patients on long-term opioid therapy (LOT) , urine drug monitoring is an important risk mitigation tool to assess adherence to LOT and potentially identify use of illicit or unprescribed substances. Previous studies have shown that pharmacist’s involvement in opioid management leads to increased frequency of urine drug tests (UDTs) and facilitates accurate interpretation of UDTs. Studies have not evaluated appropriate documentation, in the patient’s medical chart, by pharmacists compared to primary care providers (PCPs) of unexpected UDTs which may have implications for subsequent opioid therapy. Accordingly, the primary objective of the study was to compare the percentage of unexpected UDTs documented by pharmacists to PCPs. Secondary objectives of the study were to assess (1) appropriateness of the UDT(s) ordered, (2) time until documentation, (3) percentage of unexpected UDTs that were reclassified as expected, and (4) whether an action plan was incorporated into the documentation of unexpected UDTs classified as aberrant.  As an exploratory objective, the study assessed for implementation of pharmacist-recommended interventions in response to unexpected UDTs classified as aberrant. This retrospective chart review utilized the electronic health record (EHR) from the Veterans Health Administration to identify UDTs collected within the New Mexico Veterans Affairs Health Care System between January 2018 and December 2019. UDTs were divided as either pharmacist or PCP-ordered UDTs and screened to identify unexpected UDTs in patients receiving LOT. Unexpected UDTs were defined as positive for illicit drug use and/or unprescribed medications or negative for the prescribed opioid. Key exclusion criteria included patients enrolled in hospice, patients prescribed buprenorphine or methadone for -opioid use disorder, and patients prescribed opioids from a pain clinic provider. All pharmacist-ordered UDTs were screened with 76 cases of unexpected UDTs identified. Within the PCP group, UDTs were randomly selected for review to achieve 76 unexpected UDT cases. For the primary objective, documentation of unexpected UDTs was significantly higher among the pharmacist-ordered UDT group with 80.3% of unexpected UDTs documented as compared to 17.1% by ordering PCPs (P <0.0001). There were no significant differences between groups regarding the four secondary objectives. Out of the 94 pharmacist-recommended interventions in response to unexpected UDTs classified as aberrant, 56% of recommendations were accepted. Findings from this study demonstrated gaps in unexpected UDT documentation by PCPs and revealed a quality improvement opportunity to increase documentation. The low acceptance of recommendations made by pharmacists warrants further investigation. (IRB approved)