What Goes Into a Buprenorphine Collaborative Practice Agreement

A plain-language guide to the components of a pharmacist collaborative practice agreement (CPA) for buprenorphine. This is educational, not legal advice, and it is not a form to sign. A CPA is a binding legal instrument whose requirements differ by state. Build yours with your collaborating prescriber and confirm every element with your state Board of Pharmacy and your own counsel.

1. What a CPA is

A CPA is a formal practice relationship between one or more pharmacists and one or more prescribers, in which the pharmacist takes responsibility for specific patient-care functions that sit beyond a pharmacist's typical scope but align with their education and training.[1] For buprenorphine, that usually means the pharmacist manages drug therapy (initiation, titration, monitoring) under an agreement with a collaborating prescriber.

The threshold question comes first. A CPA only works where your state authorizes pharmacist collaborative practice for controlled substances and, specifically, for buprenorphine. Where a state has granted independent prescriptive authority, a CPA may not be required. Where it has not, the CPA is the lawful route. Confirm your state's status before drafting anything. See the ToxiPharm Tox Pearl on pharmacist prescribing authority.

2. Who can be a party

- Any practitioner with prescriptive authority may collaborate with a pharmacist under a CPA. It may involve a single prescriber or several, and a single pharmacist or several.[1]
- Depending on the complexity of the service, the pharmacist may need credentials or training beyond licensure. For buprenorphine this includes the DEA registration and the required 8-hour training, plus any state-specific buprenorphine training.
- Name every party and their credentials in the agreement: full name, license number, DEA registration where applicable, and role.

3. The components to build

These are the elements a buprenorphine CPA typically addresses. Which are mandated by statute versus left to the parties varies by state, so treat this as a checklist to work through, not a fixed template.

Component	What it specifies
Parties and credentials	Each pharmacist and prescriber, license and DEA numbers, roles
Patient population	Which patients or population the agreement covers. A CPA may cover one patient, many, or a defined population.
Diagnosis	Who establishes the opioid use disorder diagnosis. In most states this is the collaborating prescriber; the pharmacist then manages therapy. Some states permit broader pharmacist assessment. Confirm what your state allows before assigning this step, and see the caution in Section 5.
Authorized functions	The specific drug-therapy actions delegated: initiate buprenorphine, titrate dose, continue, taper, or discontinue. Be explicit about limits.
Clinical protocol	Reference to the evidence-based protocol the pharmacist follows (for example an induction and maintenance protocol). Keep the protocol as a living companion document.
Formulation	Which products are in scope. The buprenorphine and naloxone combination is commonly preferred over the mono product.
Drug testing	Whether and how the pharmacist orders and interprets urine drug testing, and what results trigger consultation with the prescriber.
Naloxone	Authority and expectation to provide naloxone to every patient.
Communication	How and when the pharmacist notifies the prescriber: routine intervals, and the specific events that require prompt contact.
Documentation	What the pharmacist records: assessment, clinical findings, plan of care, and actions taken. Aligned with evidence-based guidelines.
Review and renewal	How often the parties review and renew the agreement. Set a clinically appropriate interval.
Recordkeeping	The CPA is maintained by the pharmacist and prescriber and made available on request or inspection.

Component	What it specifies
Liability	Whether liability insurance provisions are stated in the agreement. Parties may choose to articulate these.

4. What varies by state, and what to confirm

These are the questions that most often differ between states. Answer each with your board and counsel before finalizing.

- **Board approval.** Some states require the CPA to be filed with or approved by the Board of Pharmacy before it takes effect. NASPA recommends against mandatory filing, but many states still require it. Confirm whether yours does, and build the lead time into your launch.[1]
- **Controlled substances.** Confirm that your state's collaborative practice authority extends to Schedule III controlled substances, since not all do.
- **Who diagnoses.** Confirm whether your state requires the collaborating prescriber to diagnose and, in some states, to see the patient before drug therapy begins.
- **Renewal cadence and recordkeeping.** Confirm any mandated review interval and retention period.
- **Protocol requirements.** Confirm whether a written clinical protocol is required and whether it must be filed with the agreement.

5. A caution on the diagnosis step

> Do not assume the pharmacist can diagnose opioid use disorder under a CPA. In many states the collaborating prescriber must establish the diagnosis, and some require the prescriber to evaluate the patient before drug therapy begins. Writing pharmacist diagnostic authority into an agreement where state law reserves it to the prescriber can invalidate the arrangement and expose both parties. Confirm the diagnostic step against your specific statute and Board guidance, and have counsel review the final language before anyone signs.

6. How to use this

1. Confirm your state authorizes pharmacist collaborative practice for buprenorphine. If it does not, this is not yet a route for you.
2. Identify your collaborating prescriber and confirm their prescriptive authority and DEA registration.
3. Work through the Section 3 components together, and answer the Section 4 questions with your board.
4. Draft a companion clinical protocol. Keep it evidence-based and current.
5. Have counsel review the agreement and the protocol before signing, and file with the board if your state requires it.
6. Set the review and renewal schedule, and calendar it.

References

1. National Alliance of State Pharmacy Associations. Pharmacist Collaborative Practice Agreements: Key Elements for Legislative and Regulatory Authority. Report of the Collaborative Practice Workgroup. https://www.accp.com/docs/positions/misc/NASPACPAWG.pdf [Guidance]

2. Substance Abuse and Mental Health Services Administration. Expanding Access to Medications for Opioid Use Disorder: The Role of Pharmacists and the Settings in Which They Work. Advisory. SAMHSA Publication No. PEP26-02-003. June 2026. [Guidance]

3. National Association of Boards of Pharmacy. The pathway for pharmacists to prescribe buprenorphine directly to patients. February 2026. [Regulatory]

Prepared by William L. Bundy, Jr., PharmD, ToxiPharm LLC. Educational reference only. Not legal advice and not a template for adoption. A collaborative practice agreement is a binding legal instrument; confirm all requirements with your state Board of Pharmacy and your own counsel before use.

