Pharmacist Prescriptive Authority for MOUD in Minnesota

Effective date of MN Chapter 115, Article 9: August 1, 2026

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Overview

Beginning August 1, 2026, Minnesota Chapter 115, Article 9 (HF 3825) gives licensed pharmacists independent authority to prescribe, administer, and dispense medications for opioid use disorder (MOUD) — including Schedule III–V controlled substances such as buprenorphine — without a collaborating physician's prescription. This aligns Minnesota with a small but growing group of states and follows a December 2025 federal push for pharmacists to be able to provide this service to close the OUD treatment gap, particularly in rural and underserved areas.

KEY TAKE-AWAYS

When operating within key statutory limitations and qualifications:

- Pharmacists and pharmacies can support broader access to MOUD and related services to improve health outcomes for people with opioid use disorder (OUD).
- Pharmacists can independently initiate, prescribe, administer, and dispense MOUD — primarily buprenorphine — once they complete required training and obtain the correct individual DEA registration.
- Pharmacists must determine that treatment is medically indicated and document assessment, treatment, response, and monitoring in an individualized treatment plan.
- There is no cap on the number of patients a pharmacist may manage, and a pharmacist may both prescribe and dispense/administer (e.g., long-acting injectable buprenorphine) for the same patient.
- Prescribing authority cannot be delegated; pharmacist interns may prepare prescriptions, but a prescribing pharmacist must review, approve, and sign them.
- Pharmacists remain accountable to the professional standard of care and must complete profile review and counsel patients when dispensing.
- Methadone for OUD remains restricted to opioid treatment programs (OTPs) — this authority does not extend pharmacist prescribing to methadone.
- Reimbursement infrastructure (payer credentialing, medical/MTM billing) is still developing and is a key implementation gap pharmacies should plan for.
- Pharmacists may still engage in valid Collaborative Practice Agreements with practitioners providing MOUD services.

Minnesota pharmacists who complete the required 8-hour MATE Act training and obtain individual DEA registration may function as independent MOUD prescribers — assessing patients, initiating and adjusting buprenorphine therapy, counseling patients, coordinating with the broader care team, and billing for these services — while operating within the same standard-of-care and documentation expectations that apply to other prescribers, starting August 1, 2026,

Detailed Background and Summary

1. Legal and Regulatory Background

Federal changes: The Consolidated Appropriations Act of 2023 eliminated the federal "X-waiver" requirement for prescribing buprenorphine, meaning any practitioner with a DEA registration that includes Schedule III authority — physicians, nurse practitioners, physician assistants, and, in states that authorize it, pharmacists — can prescribe buprenorphine where state law and scope of practice allow. Section 1262 of that Act specifically created a regulatory pathway for states to authorize DEA-registered pharmacists to prescribe buprenorphine.

In June 2026, the Administration for Children and Families (ACF), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Medicare & Medicaid Services (CMS) jointly issued a 'Dear Colleague' Letter encouraging states to adopt pharmacist scope-of-practice policies that expand MOUD access, especially in rural and underserved communities. SAMHSA simultaneously released an Advisory, Expanding Access to Medications for Opioid Use Disorder: The Role of Pharmacists and the Settings in Which They Work (Publication No. PEP26-02-003), providing detailed practice guidance for pharmacists, treatment providers, and policymakers. As of 2025, at least ten states already permitted some form of pharmacist MOUD prescribing.

Minnesota's new authority: Pharmacy practice changes were not enacted as a stand-alone bill in the 2026 session; they are contained in Article 9 of Chapter 115, the omnibus Human Services/Health Policy bill (HF 3825), which takes effect August 1, 2026. Key statutory changes:

- **New Minn. Stat. § 151.37, subd. 18 (Treatment of opioid use disorder).** Authorizes a pharmacist to prescribe, administer, and dispense legend drugs and Schedule III–V controlled substances to treat OUD, subject to the conditions described in related statutes and summarized in Section 2 below.
- **Minn. Stat. § 151.01, subds. 23 & 27.** Expands the statutory definition of "practitioner" so pharmacists prescribing under this new OUD authority (and existing contraceptive, nicotine-replacement, and opioid-antagonist authority) are recognized as legitimate practitioners of this service.
- **Minn. Stat. § 152.11, subd. 2.** Amended to add pharmacists (limited to Schedule III or IV, and acting under § 151.37) to the list of prescribers who may issue prescriptions for Schedule III/IV controlled substances, but limited specifically to treatment of opioid use disorder (as stated in 151.37).
- **New Minn. Stat. § 152.12, subd. 2a.** Confirms that a licensed pharmacist acting in good faith and within professional practice may prescribe, administer, and dispense Schedule III–V controlled substances authorized under § 151.37, subd. 18, and may have such medication administered by a supervised pharmacist intern.

- **Minn. Stat. § 151.071, subd. 2.** Updates the grounds for pharmacist/intern disciplinary action to align with this expanded authority.

The same Chapter 115 package also contains several pharmacy-adjacent provisions worth noting for context: allowing physician assistants to practice without a delegation agreement, modifying midwifery scope of practice, allowing telemedicine exams to support prescribing for erectile dysfunction and substance-use-disorder treatment.

2. What Minnesota Pharmacists Are Authorized to Do

Under § 151.37, subd. 18, once a pharmacist meets the prerequisites in Section 3, the pharmacist may:

- **Independently prescribe, administer, and dispense** legend drugs and Schedule III–V controlled substances to treat OUD, based on the pharmacist's own determination — using medically acceptable standards — that treatment is indicated and necessary.
- **Manage a patient's full MOUD course,** including initiation, dose adjustment, maintenance, tapering, and discontinuation, either independently or under a collaborative/protocol arrangement.
- **Prescribe, dispense, and administer buprenorphine** for the same patient, including long-acting injectable formulations where the pharmacist administers the injection.
- **Manage an unlimited number of patients** — Minnesota law does not cap pharmacist MOUD patient panels.
- **Continue to dispense or administer** MOUD prescribed by another practitioner, consistent with prior authority and history.
- **Charge for services** rendered under this authority, subject to payer credentialing and billing arrangements (see Section 5).

Two important limits remain restricted by federal and state law:

- **Methadone:** Because methadone for OUD treatment is restricted to opioid treatment programs (OTPs) under federal law, this new authority does not let pharmacists prescribe or dispense methadone for OUD outside an OTP. Pharmacists can still partner with an OTP (e.g., operating a medication unit within or near the pharmacy) to support methadone access.
- **Delegation:** A pharmacist or other practitioner may not delegate the prescribing authority itself. A registered pharmacist intern may prepare a prescription, but a pharmacist authorized under this subdivision must review, approve, and sign it before it is processed or dispensed.

3. Prerequisites and Standards Pharmacists Must Meet

4. **8-hour MATE Act training.** Consistent with 21 U.S.C. § 823(m), pharmacists must complete a training program specifically developed for treating substance use disorders before prescribing. Any DEA-approved 8-hour training qualifies (e.g., APhA's “Initiating Buprenorphine” certificate program); other accredited options include programs from ASHP, the North Carolina Association of Pharmacists, and PCSS-MOUD (which offers training at no cost).
5. **DEA registration.** Pharmacists must obtain the DEA registration appropriate to the controlled-substance schedule being prescribed before prescribing controlled substances.*

- **Clinical determination and documentation.** Before prescribing, the pharmacist must determine treatment is indicated based on medically acceptable standards and must document the assessment, treatment, response, and monitoring activities in the patient's health record according to an individualized treatment plan.
- **Patient counseling.** Before dispensing a drug prescribed under this authority, the pharmacist must counsel the patient on proper use, the need for follow-up, and any additional information required under Minnesota Rules, part 6800.0910, subpart 2.
- **Standard of care.** Pharmacists are held to the accepted standard of care — the care a reasonable and prudent qualified pharmacist or other practitioner would provide in similar circumstances — and are subject to disciplinary action if this standard is not met.

4. Training and Support Resources

5. **MATE Act 8-hour training:** APhA's Initiating Buprenorphine certificate program (any DEA-approved equivalent also qualifies); ASHP's Medications for Opioid Use Disorder program; PCSS-MOUD (SAMHSA-funded, free).
6. **DEA registration:** Apply as a mid-level practitioner via the DEA's online registration system; the DEA Pharmacist's Manual summarizes prescribing, administering, and dispensing requirements.
7. **Clinical and patient-care education:** CORE Center for Opioid Resources and Education (Stratis Health), SOAR OUD ECHO Series, CA Bridge — Bridge to Treatment, and UW's Psychiatry and Addictions Case Conference Series / Psychiatry Consultation Line.
8. **Patient and community referral:** FastTrackerMN and FindTreatment.gov (updated Minnesota-specific resources expected late 2026/early 2027); SAMHSA's National Helpline (1-800-662-4357) and 211.
9. **Statutory text:** Full text of Chapter 115, Article 9 is available on the Office of the Revisor of Statutes website (revisor.mn.gov). Enacted bill text (MN Chapter 115, Article 9 / HF 3825).
10. SAMHSA, Expanding Access to Medications for Opioid Use Disorder: The Role of Pharmacists and the Settings in Which They Work, Advisory PEP26-02-003 (June 2026).
11. ACF/SAMHSA/CMS, Dear Colleague Letter on Expanding Access to Medications for Opioid Use Disorder Through Pharmacist State Scope-of-Practice Flexibility (June 2026).
12. Bacci, Zhang, Brackeen, Arnold & Hansen, Expanding Access to Medications for Opioid Use Disorder via Community Pharmacy: A Guide for Community Pharmacy Staff, University of Washington School of Pharmacy / Washington State Pharmacy Association, funded by the Community Pharmacy Foundation (July 2024).
13. American Society of Addiction Medicine, The ASAM National Practice Guideline for the Treatment of Opioid Use Disorder: 2020 Focused Update.

*As of August 2026 the DEA is reviewing MN Law changes to enable MN Pharmacists to become registered as mid-level practitioners for the purpose of providing this service. This is known to be a process that may take an extended amount of time before MN pharmacists are allowed the credential by the DEA because of legal and policy review at the federal level. Pharmacists who attempt to register at this time may receive either denials or delays from the DEA.