



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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**Substance Addiction Recovery Program (SARP)
Medications to Treat Opiate Use Disorder Form**

This is a SARP application form and is completed prior to entry into the SARP. This form certifies that the SARP applicant is or will be prescribed a medication used to treat opiate use disorder such as Suboxone/Subutex/Sublocade, or Methadone. Please call the confidential SARP line at (617)973-0904 with questions. **This form may be faxed to a confidential fax line (617)887-8786.**

SARP Applicant Name:	
Date Suboxone/Methadone Treatment began:	
Frequency of Follow Up Appointments:	

Prescription Information

Medication Name	Quantity and Dose Prescribed	Expected length of use	Toxicology Monitoring Frequency

The undersigned acknowledges that by prescribing the medication listed above that they shall:

1. Provide proof to the SARP that monitoring the participant's use of the medication to treat opiate use disorder via toxicology screening that:
 - Occurs on a random, unscheduled basis at least one a month,
 - Tests for the presence of unauthorized substances; and,
 - Tests for the presence of the medication listed above and their metabolites.
2. Assess for and clear, as indicated, that the SARP applicant is safe to resume nursing practice when privileges are restored,
3. Provide SARP a quarterly report that documents the applicant's compliance with the use of the medication to treat opiate use disorder and corresponding toxicology monitoring screening results.

Prescriber Name (Please Print)

Prescriber Signature

Date Signed

Prescriber Address

Prescriber Phone number

Prescriber's DATA 2000 or X Waiver Number

Date of DATA/Waiver