



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
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Substance Addiction Recovery Program (SARP)
Prescriber Report for Medications to Treat Opiate Use Disorder

This is a quarterly monitoring document form and is completed by the prescriber that manages and monitors a SARP participant's use of 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 the confidential fax line (617)887-8786.

Name of SARP Participant (please print): _____

Date Suboxone/ Methadone Treatment began: _____

Prescription Information

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

Toxicology Monitoring Results (Since last quarterly report)

Date of Test	Presence of Buprenorphine/Naloxone or Methadone (indicate "positive" or "negative")	Presence of other substances (Provide name of other substance(s). If none put "none")

Prescriber's Name (please print)

Prescriber's Signature / Sign Date

Prescriber's Address and Office Telephone Numbers

Prescriber's DATA 2000/ Waiver X Number
Form Revised: January 6, 2023

Date