Recommendations at a glance

Approaches to avoid

- Withdrawal management alone should be avoided

First- and second-line treatment options

- Bup/nlx is the preferred first-line treatment for individuals newly starting OAT
- If bup/nlx is ineffective, consider transition to methadone
- Methadone is recommended if treatment with bup/nlx is not preferable
- If individuals stabilized on methadone desire treatment simplification, consider transition to bup/nlx

Adjunct or alternative treatment options

- In patients for whom bup/nlx and methadone are ineffective or contraindicated, consider OAT with SRM (must be prescribed by or in consultation with a specialist)
- When withdrawal management is pursued, offer supervised slow outpatient or residential OAT taper rather than rapid taper, and transition to long-term treatment
- For individuals with successful, sustained response to OAT who desire cessation, initiate slow taper (over months to years)
- Psychosocial treatment and supports should be routinely offered
- If cessation of opioid use is achieved, oral naltrexone can be considered as an adjunct to OAT
- Information and referral to take-home naloxone programs and other harm reduction services should be routinely offered

GRADE ranking (quality of evidence):

- High
- Moderate
- Low

*OAT: Opioid Agonist Treatment/Therapy; bup/nlx: buprenorphine/naloxone; SRM: slow-release oral morphine