

## Transferring from methadone to depot buprenorphine formulations

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**Introduction and Issues:** With increasing awareness among consumers in opioid agonist treatment of the potential benefits of depot buprenorphine treatment – such as greater convenience and lower dispensing costs, many clients treated with methadone have expressed interest in transferring to depot buprenorphine treatment. However there is little documented regarding transfer approaches or experience, and transfer from methadone to buprenorphine can be difficult for some clients. We describe the experience of a number of direct methadone to depot buprenorphine transfers undertaken in our clinical settings.

**Methods.** This paper presents a description of direct methadone to depot buprenorphine transfer procedures used in 8 case studies whereby clients transferred directly from oral methadone to depot BPN treatment using Buvidal Weekly. 6 case studies are described, including descriptions of client characteristics, methadone and buprenorphine doses, treatment setting, experience of opiate withdrawal, and treatment retention.

**Key findings.** Approximately equal number of transfers occurred in inpatient and outpatient settings. Procedures generally involved reducing methadone doses to low levels (usually 40mg or less) before initiating depot buprenorphine doses (Buvidal Weekly 16mg doses), usually without supplemental doses of sublingual buprenorphine.

**Conclusions:** Whilst further research is required, it appears that clients can transfer directly from methadone to depot buprenorphine without the need to transition via SL buprenorphine. Indeed the pharmacological profile of depot buprenorphine (slow and delayed onset of buprenorphine effects, prolonged duration of action) appear better suited to transfers than using sublingual buprenorphine products.

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