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Office-Based Treatment Engagement Among Patients With Opioid Use Disorder Treated With Extended-Release Injectable Buprenorphine vs Sublingual Buprenorphine

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Disclosures

- Brian J. Dawson has received consulting/speaking honoraria from Braeburn Inc

- Adam Friedman, Carrie Kaempfer, Natalie R. Budilovsky-Kelley and Joshua M. Cohen are employees of Braeburn Inc

Background

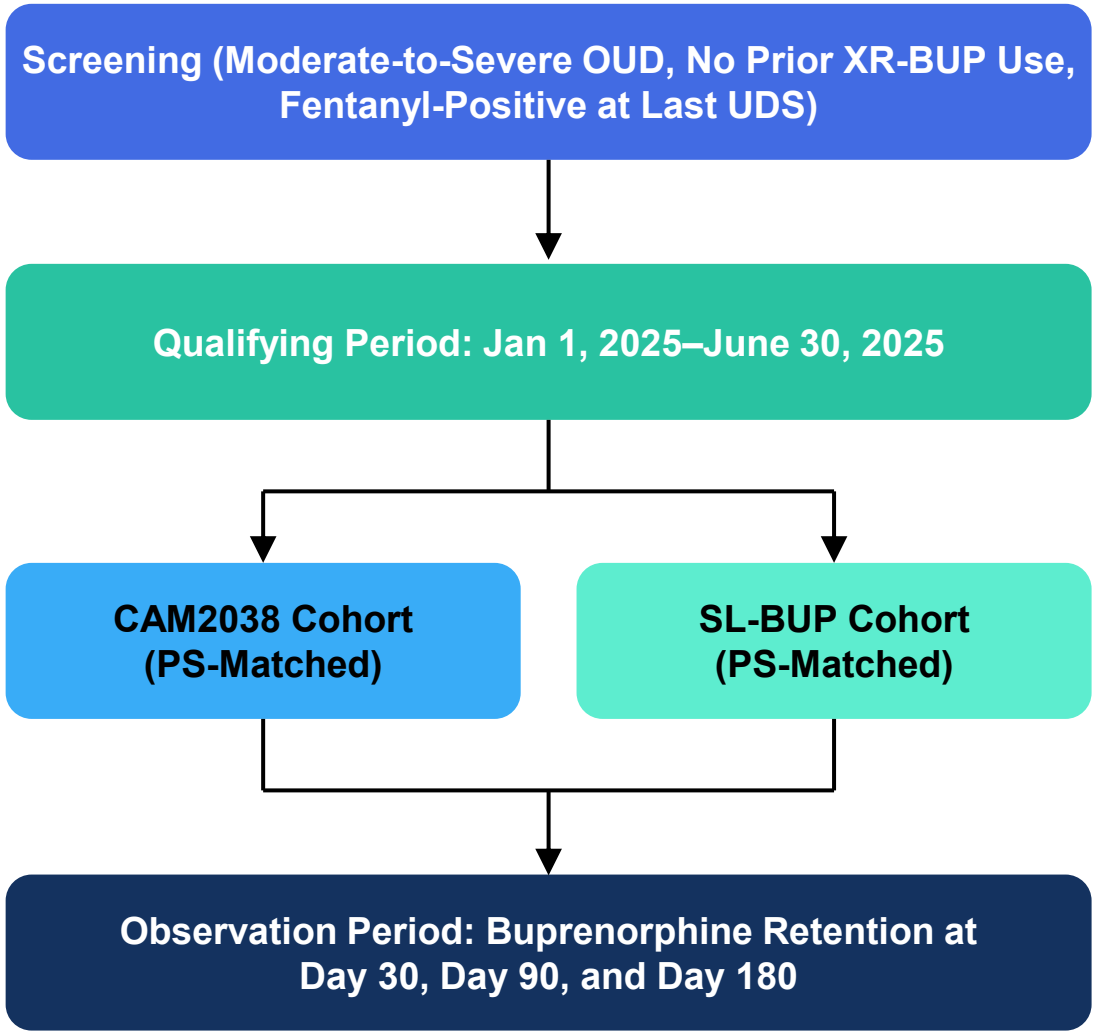
- **High-potency synthetic opioids**, including fentanyl, continue to be the **leading cause of drug overdose deaths** in the United States[1]
- Buprenorphine is an **effective, FDA-approved medication for opioid use disorder (OUD)**, with multiple formulations available[2]
- Sublingual buprenorphine (SL-BUP) is widely used but can present challenges for patients with OUD, including **daily dosing burden, diversion and misuse risk, and stigma**, that can contribute to **treatment discontinuation**, a key driver of opioid-related mortality[3]
- **Extended-release injectable buprenorphine (XR-BUP)** may address these challenges and **optimize treatment retention** on buprenorphine[3]
- **Real-world evidence** comparing treatment retention between buprenorphine formulations among patients with OUD who use fentanyl is **limited**

FDA, Food and Drug Administration; OUD, opioid use disorder; SL-BUP, sublingual buprenorphine; XR-BUP, extended-release buprenorphine.

1. Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2026. DOI: https://dx.doi.org/10.15620/cdc/20250305008. 2. Heidbreder C, Fudala PJ, Greenwald MK, et al. *Drug Alcohol Depend Rep*. 2023;6:100133. 3. Lintzeris N, Dunlop AJ. *Pain Manag*. 2025;15(12):897-910.

Methods

- This retrospective analysis of EMR data from Ideal Option, a national network of addiction clinics, included adults with moderate-to-severe OUD and no known prior XR-BUP use
- Patients were assigned to the Brixadi® (CAM2038) cohort if they received their first dose of CAM2038 during the qualifying period (Jan 1–June 30, 2025) and to the SL-BUP cohort if they received SL-BUP and no XR-BUP during the qualifying period
- Propensity scores were estimated based on age, gender, race, tenure with Ideal Option, Medicaid status, and UDS history/positivity[1]
- Eligible patients in each cohort with a fentanyl-positive result on their last UDS prior to qualifying were matched 1:3 (CAM2038:SL-BUP)[2]
- Treatment episodes began at first CAM2038 injection or first appointment with an active SL-BUP prescription and ended at the last day of observation or when a treatment gap within an episode exceeded the day supply of the last prescription received; only the first treatment episode was analyzed
- The analysis evaluated the proportion of patients active in treatment with any buprenorphine medication at Day 30, Day 90, and Day 180 from the start of the treatment episode

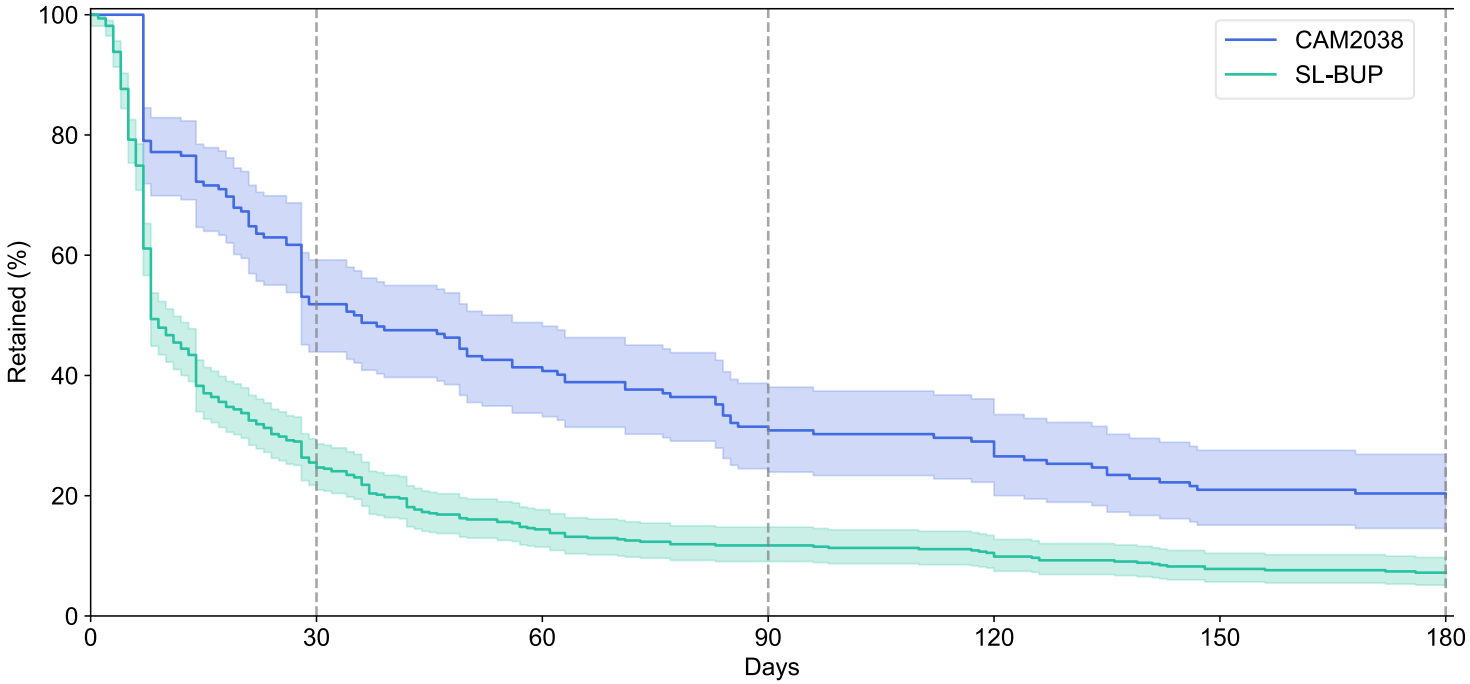


EMR, electronic medical record; OUD, opioid use disorder; PS, propensity-score; SL-BUP, sublingual buprenorphine; UDS, urine drug screen; XR-BUP, extended-release buprenorphine.

1. Austin PC. *Multivariate Behav Res*. 2011;46(3):399-424. 2. Green KM, Stuart EA. *J Consult Clin Psychol*. 2014;82(5):773-783.

Results: Buprenorphine Retention in Patients With OUD and Recent Fentanyl Use

- Treatment retention on buprenorphine was significantly higher in the CAM2038 cohort compared to the SL-BUP cohort during the 6-month observation period (log-rank test, P<0.001)



Timepoint	Treatment Retention, % (95% CI)	
	CAM2038 (n=162)	SL-BUP (n=486)
Day 30	51.85 (43.90–59.22), n=84	25.51 (21.73–29.46), n=124
Day 90	31.48 (24.49–38.69), n=51	11.73 (9.06–14.77), n=57
Day 180	20.37 (14.56–26.87), n=33	7.20 (5.13–9.73), n=35

CI, confidence interval; OUD, opioid use disorder; SL-BUP, sublingual buprenorphine.

Limitations

01

The EMR data evaluated may be limited by incomplete capture of all relevant clinical and sociodemographic variables

02

These data reflect patients treated through a specific outpatient network of addiction clinics, and may lack generalizability to other treatment settings

03

Despite the propensity score matching applied to the study cohorts, additional confounders may exist that impact our results

EMR, electronic medical record.

Conclusions



Greater retention over 6 months

In this real-world, retrospective analysis of patients with OUD and recent fentanyl use, office-based treatment with CAM2038 was associated with greater retention on buprenorphine compared to SL-BUP over a 6-month period



Sustained engagement in treatment

CAM2038 may offer advantages in sustaining engagement in treatment compared to SL-BUP in patients with OUD who use fentanyl

OUD, opioid use disorder; SL-BUP, sublingual buprenorphine.