Real-World Utilization of Weekly and Monthly Injectable Buprenorphine in the United States During the Era of High Potency Synthetic Opioids

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BACKGROUND

- High potency synthetic opioids (HPSOs), including fentanyl, continue to be the leading cause of drug overdose deaths in the United States.[1]
- Brixadi® (CAM2038) is a weekly and monthly extended-release injectable buprenorphine medication FDA-approved for the treatment of moderate-to-severe opioid use disorder (OUD).[2]
- Real-world utilization trends for CAM2038 in the United States (US) are not well characterized.

METHODS

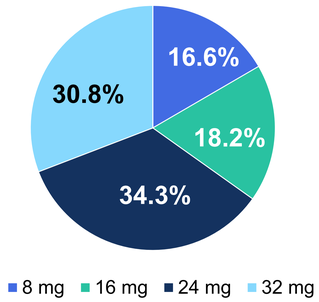
- This retrospective analysis evaluated specialty pharmacy data for CAM2038 in the US from September 8, 2023 to June 30, 2026.
- The percentage of CAM2038 units dispensed for each weekly and monthly dose and relative utilization of the weekly vs monthly formulation was calculated.
  - The proportion of each dose and formulation dispensed was assessed cumulatively and by quarter.
- Longitudinal, patient-level dose and formulation adjustments were also examined.

RESULTS

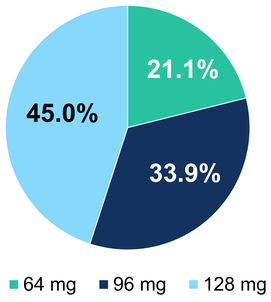
- There was significant utilization of all CAM2038 weekly (86,919 units dispensed) and monthly (284,891 units dispensed) doses (**Figure 1**).
  - The highest weekly (32 mg) and monthly (128 mg) doses accounted for the minority of units dispensed for each formulation (30.8% and 45.0%, respectively).

Figure 1. CAM2038 Cumulative Dose Distribution

1A. Weekly Dose Utilization (n=86,919)



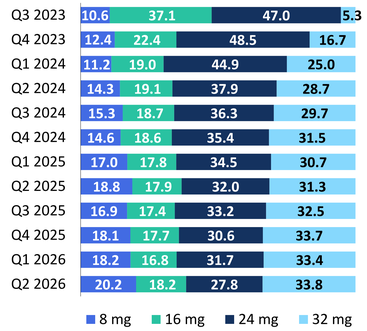
1B. Monthly Dose Utilization (n=284,891)



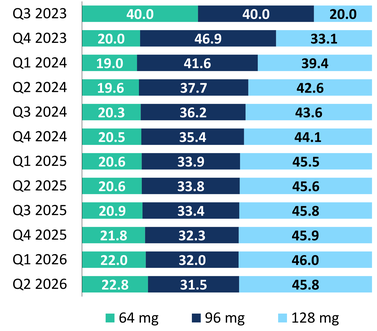
- CAM2038 weekly and monthly dose distribution shifted over time but has been generally stable since Q3 2024 (**Figure 2**).

Figure 2. CAM2038 Quarterly Dose Distribution

2A. Weekly Dose Utilization by Quarter



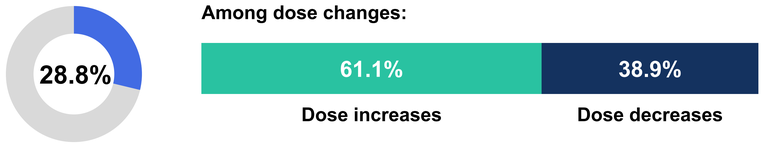
2B. Monthly Dose Utilization by Quarter



- Utilization of the CAM2038 monthly formulation progressively increased over time, expanding from 50.1% of all units dispensed in Q4 2023 to 81.4% in Q2 2026.
- Of the patients evaluated (N=43,458), 28.8% experienced ≥1 dose change, with dose increases accounting for 61.1% of adjustments and dose decreases accounting for 38.9% (**Figure 3A**).
- However, of all CAM2038 units dispensed after the first dose, 90.3% matched the patient's preceding dose and formulation.

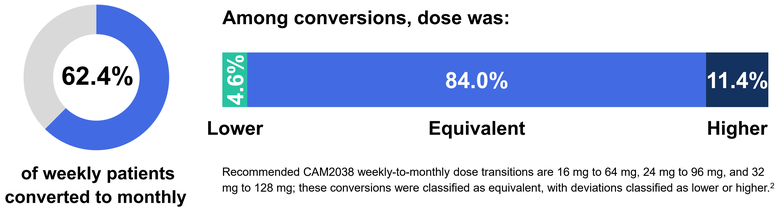
Figure 3. Longitudinal CAM2038 Dose and Formulation Changes

3A. Patient-Level Dose Adjustments (N=43,458)



- Among CAM2038 weekly initiators (n=10,651), 62.4% were later dispensed CAM2038 monthly (**Figure 3B**).
- Of CAM2038 weekly-to-monthly conversions, 4.6% were to a lower equivalent dose, 84.0% were to an equivalent dose, and 11.4% were to a higher equivalent dose (**Figure 3B**).

3B. Weekly-to-Monthly Conversions (n=10,651)



Recommended CAM2038 weekly-to-monthly dose transitions are 16 mg to 64 mg, 24 mg to 96 mg, and 32 mg to 128 mg; these conversions were classified as equivalent, with deviations classified as lower or higher.[2]

LIMITATIONS

- These specialty pharmacy data capture medication dispensed and do not confirm patient administration.
- Patient characteristics, clinical outcomes, use of other medications, and rationale for CAM2038 dose or formulation changes were not available.

CONCLUSIONS

- These contemporary real-world data demonstrate the clinical need for weekly and monthly CAM2038 formulations in the full range of doses available in the US where HPSOs remain prevalent.
- Dose and/or formulation adjustments following initiation were observed in a notable proportion of patients.
- These findings support current clinical practice guidelines and FDA buprenorphine labeling that promote dosing based on individual patient needs.[4,5]

REFERENCES

1. Ahmad FB, et al. Provisional drug overdose death counts. National Center for Health Statistics. 2026. DOI: https://dx.doi.org/10.15620/cdc/20250305008. **2.** BRIXADI (buprenorphine) extended-release injection for subcutaneous use [prescribing information]. Plymouth Meeting, PA: Braeburn Inc; 2025. **3.** Lofwall MR, et al. *J Addict Med*. 2025;19(6):676-684. **4.** Weimer MB, et al. *J Addict Med*. 2023;17(6):632-639. **5.** U.S. Food and Drug Administration. Docket No. FDA-2024-N-5381. Fed Regist. 2024;89(248):105613-105617.

DISCLOSURES

MRL has received consultant fees from Berkshire Biomedical, Braeburn Inc, and Sophrosyne Pharmaceuticals and honorarium for a research talk from Camurus in the last 3 years. MPF has received consulting/speaking honoraria from Braeburn Inc, consultant fees from Molteni Farmaceutici and Accord Healthcare, and is a shareholder of Pinova Therapeutics. NRB-K, AF, CK, and JMC are current employees of Braeburn Inc.

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