Treatment Retention Among Adults With Opioid Use Disorder Initiated on Extended-Release Buprenorphine vs Sublingual Buprenorphine at New Enrollment Visit

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BACKGROUND

- Buprenorphine is a safe and effective, FDA-approved medication for opioid use disorder (OUD), with multiple formulations available.[1,2]
- Sublingual buprenorphine (SL-BUP) is widely used but presents challenges for patients with OUD, including daily dosing burden, risk of diversion and misuse, and stigma, which can contribute to treatment discontinuation, a key driver of opioid-related mortality.[1–3]
- Extended-release injectable buprenorphine (XR-BUP) may address these challenges and optimize treatment retention.[1–3]
- Brixadi® (CAM2038) is an XR-BUP product approved for patients with moderate-to-severe OUD, with weekly and monthly options available in a range of doses to support flexible, individualized treatment.[2,3]
- Patients prescribed XR-BUP often have to return for a second visit to receive their first injection. As a result, treatment retention outcomes are not well characterized among those who are able to receive XR-BUP at the initial clinical encounter.

METHODS

- This retrospective cohort study evaluated electronic health record (EHR) data from Ideal Option, a national outpatient network of addiction clinics.
- Eligible patients included adults with moderate-to-severe OUD and no known prior XR-BUP use who were newly enrolled (new patient or first visit in the last 42 days) from January 1, 2025 to April 30, 2026, and were administered CAM2038 or prescribed SL-BUP on the day of new enrollment.
  - Same-day CAM2038 initiation was feasible only for Medicaid beneficiaries, so the analysis was restricted to this population to avoid payer-related confounding.
- Propensity scores were based on age, gender, race, tenure with Ideal Option, polysubstance use, and urine drug screen history/positivity; eligible patients for the SL-BUP cohort (n=10,453) were then matched 3:1 to the qualifying CAM2038 cohort (n=136).[4,5]
- Treatment episodes began on the day of new enrollment visit and ended at the last day of observation or when a treatment gap following the last day covered by an active prescription exceeded the day supply of the last prescription received.
- The analysis evaluated the proportion of each cohort active on any buprenorphine medication at Day 30, Day 90, and Day 180 from the start of the episode.
- Kaplan-Meier curves were estimated for each cohort, with patients still retained on buprenorphine at the data cutoff (August 28, 2026) right-censored; a log-rank test was used to test the significance of the difference between the treatment groups.

Figure 1. Study Schematic



OUD = opioid use disorder; PSM = propensity score-matched; SL-BUP = sublingual buprenorphine; XR-BUP = extended-release injectable buprenorphine.

RESULTS

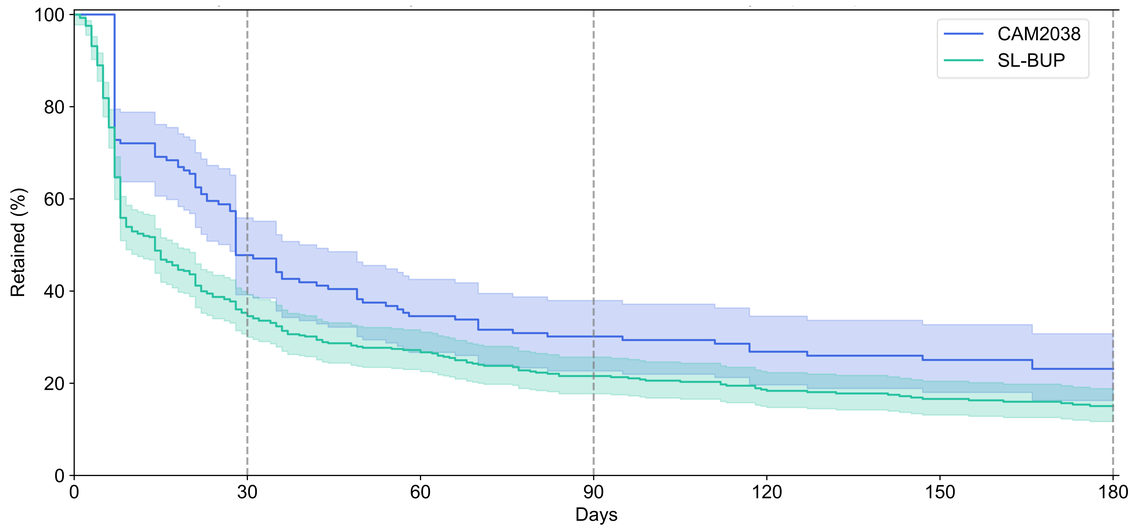
- Following propensity score matching, 408 patients and 136 patients were included in the SL-BUP and CAM2038 cohorts, respectively.
- Treatment retention on buprenorphine was significantly higher in the CAM2038 cohort than in the SL-BUP cohort during the 6-month observation period (log-rank test, p=0.0001) (**Table 1; Figure 2**).

Table 1. Treatment Retention on Buprenorphine Following New Enrollment Visit

Timepoint	Treatment Retention, % (95% CI)	
	CAM2038 (n=136)	SL-BUP (n=408)
Day 30	47.79 (39.20–55.88), n=65	35.29 (30.68–39.93), n=144
Day 90	30.15 (22.67–37.96), n=41	21.57 (17.72–25.68), n=88
Day 180*	23.13 (16.25–30.73), n=23	15.05 (11.69–18.82), n=48

*Patients still retained on buprenorphine at the data cutoff (August 28, 2026) were right-censored. SL-BUP = sublingual buprenorphine.

Figure 2. Treatment Retention on Buprenorphine Following New Enrollment Visit



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

LIMITATIONS

- The EHR data evaluated may be limited by incomplete capture of all relevant clinical and sociodemographic variables.
- These data reflect Medicaid beneficiaries in an outpatient addiction network and may lack generalizability to other populations and settings.
- Despite the propensity score matching applied to the study cohorts, additional confounders may exist that impact these results.

CONCLUSIONS

- Among adults with moderate-to-severe OUD, CAM2038 administration (compared to SL-BUP prescription receipt) on the day of new enrollment with an outpatient addiction clinic was associated with greater treatment retention on buprenorphine over 6 months.
- XR-BUP initiated at the first clinical encounter may reduce potential barriers to uptake and support ongoing engagement in treatment.

REFERENCES

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DISCLOSURES

BJD has received consulting/speaking honoraria from Braeburn Inc and is an owner and employee of Ideal Option. DG, EF, and CC are employees of Ideal Option. AF, CK, NRB-K, and JMC are employees of Braeburn Inc.

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