Treatment Retention Among Patients With Opioid Use Disorder Following Initiation of Monthly Extended-Release Injectable Buprenorphine

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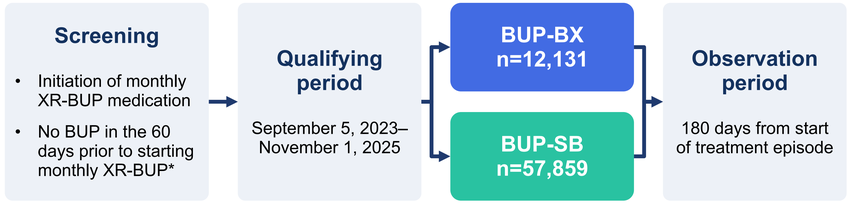
BACKGROUND

- Buprenorphine is a safe and effective, FDA-approved medication for opioid use disorder (OUD), with multiple formulations available.[1]
- There are two monthly extended-release injectable buprenorphine (XR-BUP) medications available in the United States for treatment of moderate-to-severe OUD: Sublocade® (BUP-SB; 100 mg and 300 mg) and Brixadi® Monthly (BUP-BX; 64 mg, 96 mg, and 128 mg).[2,3]
- These products differ in delivery technology, needle size, injection volume, pharmacokinetics, safety profiles, dosing options, and initiation requirements; clinicians and patients must choose between them when starting monthly buprenorphine treatment.[2,3]
  - Data directly comparing treatment outcomes between these monthly options are limited.

METHODS

- A retrospective, exploratory analysis of national prescription claims from Symphony Health, a HealthVerity Company, PTD/APLD/FLEX, evaluated treatment retention in the first qualifying episodes of patients initiating monthly XR-BUP from September 5, 2023 to November 1, 2025.
- Patients dispensed buprenorphine in the 60 days prior to their first qualifying monthly XR-BUP shipment were excluded; a 14-day sublingual buprenorphine (SL-BUP) lead-in was allowed.
- Patients were assigned to the BUP-BX or BUP-SB cohort based on the first product dispensed.
- Treatment episodes began on the first qualifying shipment date of monthly XR-BUP (or SL-BUP lead-in dispensing date) and ended when a treatment gap following the last day covered by an active buprenorphine prescription exceeded the day supply of the last active prescription.
  - If dropout occurred, the episode ended on the last day covered by an active prescription.
- The observation period was 180 days from the start of the treatment episode; retention on any buprenorphine medication and on the index XR-BUP product was reported for each cohort at Days 30, 60, 90, and 180.
- Kaplan-Meier methods were used to estimate time to treatment discontinuation in each cohort; a log-rank test was used to test the statistical significance of the difference between cohorts.
- Cox proportional hazards models (adjusted for age and sex) were used to compare the risk of treatment discontinuation between cohorts.

Figure 1. Study Schematic



*A 14-day lead-in with SL-BUP was allowed prior to initiation of monthly XR-BUP. BUP, buprenorphine; BUP-BX, Brixadi Monthly; BUP-SB, Sublocade; SL-BUP, sublingual buprenorphine; XR-BUP, extended-release injectable buprenorphine.

RESULTS

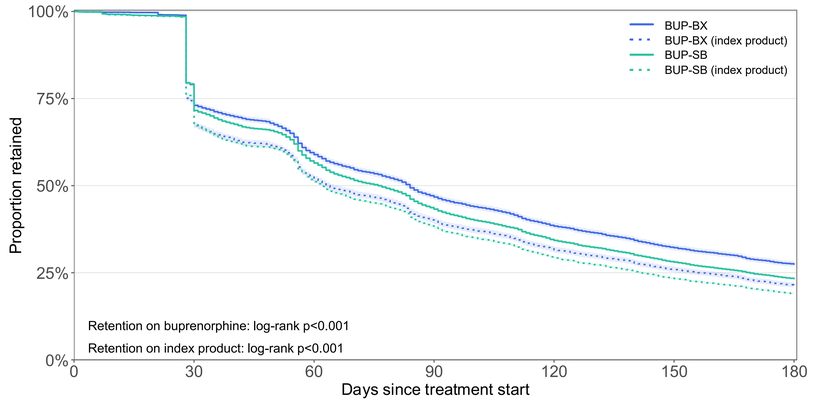
- A total of 12,131 patients and 57,859 patients were included in the BUP-BX and BUP-SB cohorts, respectively (**Figure 1**; **Table 1**).
- Retention on both buprenorphine and the index XR-BUP product was significantly higher in the BUP-BX cohort vs the BUP-SB cohort during the 6-month observation period (**Figure 2**).
- In Cox proportional hazards models adjusted for age and sex, the risk of treatment discontinuation was significantly lower for the BUP-BX cohort vs BUP-SB cohort (**Figure 3**).

Table 1. Treatment Retention on Buprenorphine and Index Product

Day	Retention on buprenorphine, %			Retention on index product, %		
	BUP-BX n=12,131	BUP-SB n=57,859	Relative difference*	BUP-BX n=12,131	BUP-SB n=57,859	Relative difference*
30	79.1	79.2	−0.1	74.4	75.9	−1.9
60	59.5	57.1	+4.2	52.4	51.8	+1.3
90	47.1	43.7	+7.8	40.2	38.4	+4.5
180	27.6	23.4	+17.8	21.6	19.1	+12.9

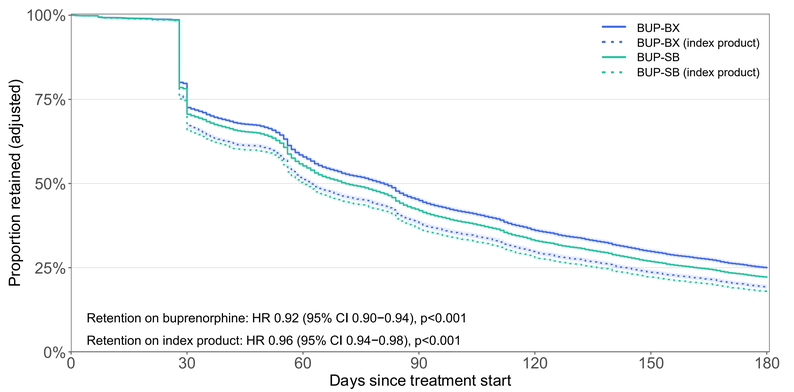
*Relative difference = (BUP-BX − BUP-SB) ÷ BUP-SB; a positive percentage indicates higher retention with BUP-BX vs BUP-SB.
BUP-BX, Brixadi Monthly; BUP-SB, Sublocade.

Figure 2. Kaplan-Meier Retention Curves for BUP-BX vs BUP-SB



BUP-BX, Brixadi Monthly; BUP-SB, Sublocade.

Figure 3. Cox Proportional Hazards Models for BUP-BX vs BUP-SB



BUP-BX, Brixadi Monthly; BUP-SB, Sublocade; CI, confidence interval; HR, hazard ratio.

LIMITATIONS

- Limited patient-level data precluded advanced statistical methods, such as propensity score matching and adjustment for additional covariates that may influence results.
- The claims data evaluated reflect dispensed medication; therefore, treatment administration cannot be confirmed.

CONCLUSIONS

- In this retrospective analysis of national prescription claims, patients initiating BUP-BX demonstrated higher treatment retention over 6 months compared with BUP-SB.
- These findings suggest a potential retention advantage for BUP-BX compared with BUP-SB that warrants confirmation with datasets permitting further covariate adjustment.

REFERENCES

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DISCLOSURES

MPF has received consulting/speaking honoraria from Braeburn Inc, consultant fees from Molteni Farmaceutici and Accord Healthcare, and is a shareholder of Pinova Therapeutics. **BJD** has received consulting/speaking honoraria from Braeburn Inc. **NRB-K**, **CK**, **AF**, and **JMC** are current employees of Braeburn Inc.

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