Real-World Clinical Reasons Patients With Opioid Use Disorder Initiate Extended-Release Injectable Buprenorphine (CAM2038)

Brian J. Dawson[1], Dan Goulette[1], Eric Fox[1], Colin Cunningham[1], Adam Friedman[2], Carrie Kaempfer[2], **Natalie R. Budilovsky-Kelley[2]**, Joshua M. Cohen[2]

[1]Ideal Option, Renton, WA; [2]Braeburn Inc, Plymouth Meeting, PA

INTRODUCTION

- Buprenorphine is an 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, that can contribute to treatment discontinuation, a key driver of opioid-related mortality.[1–3]
- Extended-release injectable buprenorphine (XR-BUP) may address these challenges, offering an alternative delivery option that can simplify treatment logistics.[1–3]
  - However, whether these anticipated benefits actually reflect the clinical reasons driving XR-BUP initiation in real-world practice in the United States (US) remains unclear.
- 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]

METHODS

- A retrospective analysis evaluated electronic medical record (EMR) data from Ideal Option, an outpatient network of addiction clinics across 9 US states.
- Eligible patients included adults with moderate-to-severe OUD who had previously tolerated buprenorphine, no known prior XR-BUP use, and initiated CAM2038 weekly or monthly in 2025.
- As part of the routine clinical workflow at Ideal Option, when providers initiate patients on XR-BUP, they are prompted in the EMR system to indicate the clinical rationale from a list of pre-defined options (multiple selections allowed), including contraindication or clinically significant adverse effect to SL-BUP, intention to taper buprenorphine to discontinuation within 12 months, non-adherence to SL-BUP, prior diversion of SL-BUP, and treatment failure on SL-BUP.[4]
- Patients were excluded from the analysis if no reason was documented for why they were initiated on treatment with CAM2038.
- Descriptive statistics (counts and proportions) were used to summarize clinician-documented reasons for CAM2038 initiation.

RESULTS

- In 2025, 1045 eligible patients were initiated on CAM2038.
  - 190 (18.2%) did not have a documented reason for why CAM2038 was initiated and were excluded from the analysis.
- Of the 855 patients included, the most frequently selected reasons for CAM2038 initiation involved complications with prior SL-BUP treatment (68.1%), including treatment failure (31.6%), non-adherence (27.3%), contraindication or clinically significant adverse effect (26.7%), and prior diversion (3.2%) (**Figures 1 and 2**).
- Intention to discontinue buprenorphine within 12 months was also selected for a notable proportion of patients (40.4%) (**Figure 1**).
- For patients in which a contraindication or clinically significant AE from prior SL-BUP treatment was reported (n=228), the most frequently cited term was dental decay (80.3%), followed by oral lesions (14.5%), nausea/vomiting (9.2%), headache (8.3%), other (6.6%), rash (1.3%), and edema (0.4%) (**Figure 3**).

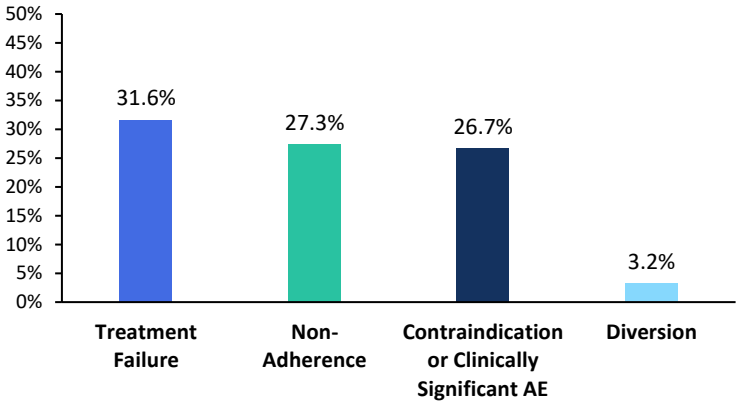
Figure 1. Primary Reasons for Initiating CAM2038 (n=855)

68.1%
Complications with prior SL-BUP treatment

40.4%
Intention to taper buprenorphine to discontinuation within 12 months

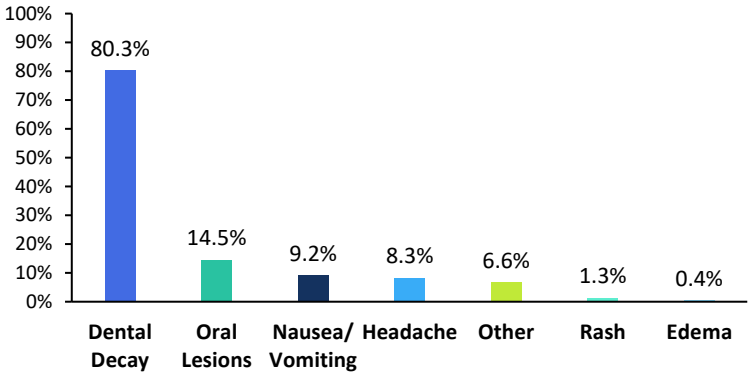
SL-BUP, sublingual buprenorphine.

Figure 2. Complications With Prior SL-BUP Treatment (n=855)*



*Multiple selections were allowed. AE, adverse effect; SL-BUP, sublingual buprenorphine.

Figure 3. Contraindication or Clinically Significant AEs from Prior SL-BUP Treatment (n=228)*



*Multiple selections were allowed. AE, adverse effect; SL-BUP, sublingual buprenorphine.

LIMITATIONS

- Clinician-documented reasons for initiating patients on CAM2038 were selected from pre-defined options which may bias our findings.
- These data were derived from a specific US network of outpatient addiction clinics and may not generalize to other treatment settings.

CONCLUSIONS

- In this real-world outpatient setting, CAM2038 was initiated for a variety of individualized reasons, including addressing challenges with prior SL-BUP treatment, such as treatment failure, non-adherence, contraindications/AEs, and diversion, as well as supporting broader patient-centered treatment goals.
  - Among patients with reported contraindications/AEs to SL-BUP, dental decay was the most frequently cited type.
- Despite limited evidence supporting discontinuation of medications for OUD, XR-BUP is used as a tool for tapering off buprenorphine in clinical practice settings.
- These findings may help inform shared decision-making and support individualized treatment strategies for patients with OUD.

REFERENCES

1. Walsh SL, et al. *Neuropsychopharmacology*. 2024;49(6):1050-1057. **2.** Blair HA. *Drugs Ther Perspect*. 2024;40(2):61-71. **3.** Lintzeris N, et al. *Pain Manag*. 2025;15(12):897-910. **4.** State of Maine. Department of Health and Human Services. Extended-Release Buprenorphine Clinical Use Criteria. June 23, 2023. Accessed September 2, 2026. https://www.maine.gov/dhhs/oms/providers/provider-bulletins/extended-release-buprenorphine-clinical-use-criteria-2023-06-23

DISCLOSURES

BJD has received consulting/speaking honoraria from Braeburn Inc. AF, CK, NRB-K, and JMC are current employees of Braeburn Inc.

Presented at the Annual Global ISAM Congress, Rotterdam, Netherlands, October 1–3, 2026