Research That Matters

Recovery from Opioid Use Disorder After Monthly Long-Acting Buprenorphine Treatment: 12-Month Longitudinal Outcomes from RECOVER

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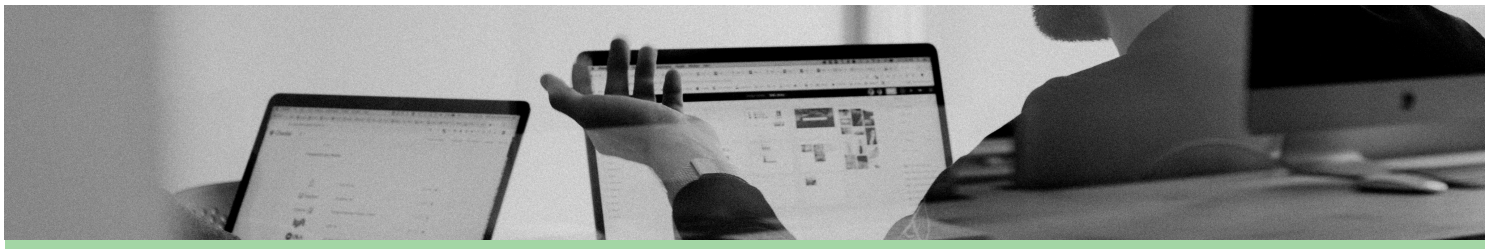
Research Summary

The RECOVER (Remission from Chronic Opioid Use: Studying Environmental and SocioEconomic Factors on Recovery) study offers important long-term observational insights into outcomes following treatment with monthly long-acting injectable buprenorphine extended-release (BUP-XR, commercially available as Sublocade). While extensive evidence had established the short-term efficacy of pharmacotherapy for opioid use disorder (OUD), little was known about longer-term psychosocial, economic, and health outcomes. RECOVER followed participants for 12 months after participation in prior BUP-XR clinical trials, documenting sustained recovery outcomes including high rates of opioid abstinence, improved quality of life, and stable health and employment measures.

ACCESS TO THE ARTICLE CAN BE FOUND HERE:

Journal of Addiction Medicine, 2020; 14(5):e233–e240:
https://pmc.ncbi.nlm.nih.gov/articles/PMC7547872



Study Design

- 12-month longitudinal observational study (NCT03604861)
- Participants: 533 enrolled; 425 completed the 12-month visit (average age 42 years; 66% male)
- Population: Adults with moderate to severe OUD who had previously participated in a BUP-XR randomized clinical trial
- Setting: Multiple outpatient addiction treatment sites across the United States
- Primary Outcomes: Self-reported opioid abstinence, health-related quality of life, employment status, housing stability, and withdrawal symptoms

Study Findings

1. **Opioid Abstinence:**
   - 50.8% of participants self-reported sustained opioid abstinence across the full 12-month observational period
   - 68.0% reported past-week opioid abstinence at the 12-month visit
   - These abstinence rates are consistent with outcomes reported in the 18-month post-randomization results from the Prescription Opioid Addiction Treatment Study (POATS)

2. **Quality of Life and Humanistic Outcomes:**
   - Participants reported either improved or maintained low levels of opioid withdrawal symptoms throughout the observational period.
   - Improved or stable scores were reported across measures of pain, mental health, employment, and housing stability.
   - Participants reported improved relationships and social functioning consistent with ASAM's 2019 definition of addiction as inclusive of environmental and life experience factors.

3. **Unexpected Findings:**
   - Positive recovery outcomes were maintained during the observational follow-up period after participants completed the original clinical trial. While causality cannot be established, the findings suggest that recovery gains achieved during treatment may persist over time for some individuals.

Clinical Implications of the Research

FOR PAYERS

- High 12-month abstinence rates support the long-term value of covering BUP-XR.
- Value-based reimbursement models should account for psychosocial and economic recovery outcomes, not only clinical endpoints.

FOR CLINICAL PROFESSIONALS

- Providers should consider BUP-XR for patients who struggle with daily sublingual buprenorphine adherence, given evidence of sustained abstinence and quality-of-life improvements over 12 months.
- Patient education should address realistic expectations. Abstinence rates at 12 months are meaningful but not universal, and continued engagement in treatment remains important.

FOR PROVIDER ORGANIZATIONS & HEALTH SYSTEMS

- RECOVER's longitudinal follow-up findings strengthen the case for integrating monthly BUP-XR into OUD treatment strategies.
- Health systems should invest in infrastructure for BUP-XR administration and track long-term outcomes – employment, housing, and mental health – as part of quality improvement initiatives.

FOR CONSUMERS

- Monthly BUP-XR eliminates the burden of daily dosing and provides stable medication levels, supporting sustained recovery over time.
- Patients should discuss eligibility with their provider, particularly those with a history of difficulty maintaining daily medication regimens.

Administrative & Business Implications

FOR PAYERS

- Expanding coverage for monthly BUP-XR is supported by 12-month outcome data – not only by clinical trial evidence – strengthening the actuarial case for coverage expansion.
- Prior authorization criteria should be evaluated against RECOVER findings; excessive barriers to access may limit the long-term recovery benefits this study documents.

FOR PROVIDER ORGANIZATIONS & HEALTH SYSTEMS

- Fewer than 35% of adults with OUD received any OUD treatment in 2019 – system-level expansion of BUP-XR access addresses both a clinical and a capacity gap.
- Tracking multi-domain recovery outcomes (housing, employment, mental health) alongside clinical measures positions health systems for value-based contracting.

FOR CLINICAL PROFESSIONALS

- Providers should advocate for coverage policies that reflect real-world outcomes and support long-term BUP-XR treatment for appropriate patients.

Other Considerations

- **Integration into Broader Treatment Models:**
  - RECOVER's multi-domain assessment framework – incorporating social, economic, and environmental factors – supports integration of BUP-XR into collaborative care models spanning behavioral health, primary care, and social services.
- **Undertreatment Gap:**
  - RECOVER notes that fewer than 35% of adults with OUD received treatment in 2019. These findings add to a growing body of evidence supporting expanded access to evidence-based OUD treatment options, including long-acting medications.
- **Patient Engagement & Education:**
  - Awareness of long-term outcome data – including quality of life, employment, and housing improvements – can reduce stigma and support treatment-seeking among individuals with OUD.

STUDY LIMITATIONS & FUTURE DIRECTIONS

Study Design:

- As an observational follow-up study without a control group, RECOVER cannot establish causality. Participants already completed a BUP-XR clinical trial, which may introduce selection bias toward more treatment-engaged individuals.

Self-Report Limitations:

- Abstinence outcomes rely substantially on self-report, which may overestimate abstinence rates.

Limited Sample Diversity:

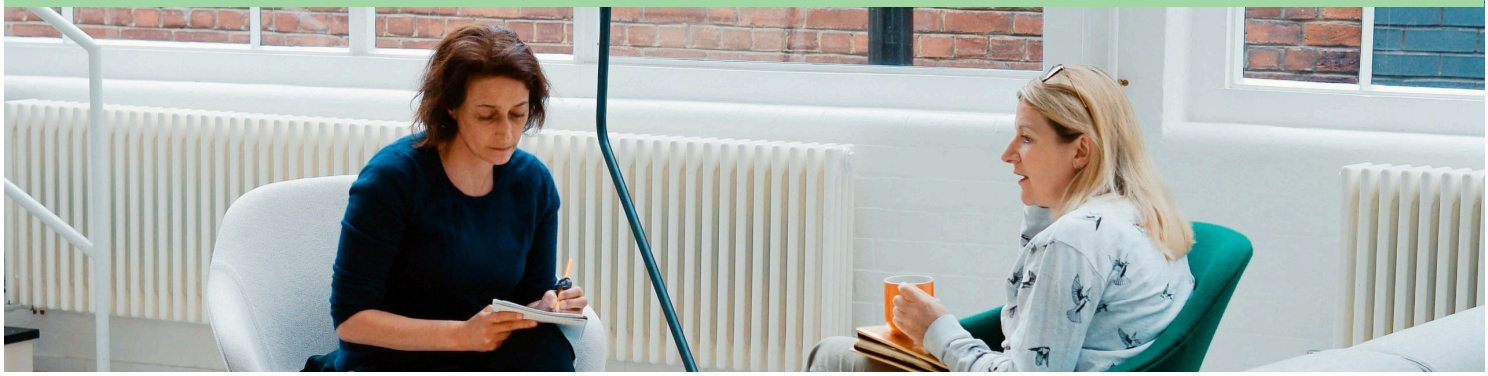
- The study population was primarily male, which may limit the applicability of the findings to female or underserved populations.

Future Research:

- Randomized trials with longer follow-up periods are needed to confirm causal relationships. Research should prioritize special populations including pregnant individuals, rural communities, and those with co-occurring psychiatric conditions.

Conclusion

The RECOVER study provides important real-world evidence that the benefits of monthly long-acting injectable buprenorphine extends well beyond clinical trial settings. About half of participants reporting sustained opioid abstinence at 12 months and broad improvements in quality of life, employment, and social functioning, RECOVER strengthens the case for expanding access to BUP-XR as a central component of OUD treatment. For payers, providers, and health systems, these findings underscore the importance of supporting long-term pharmacotherapy and measuring recovery in its fullest sense – not only clinical endpoints, but the social and economic dimensions of a life rebuilt.



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