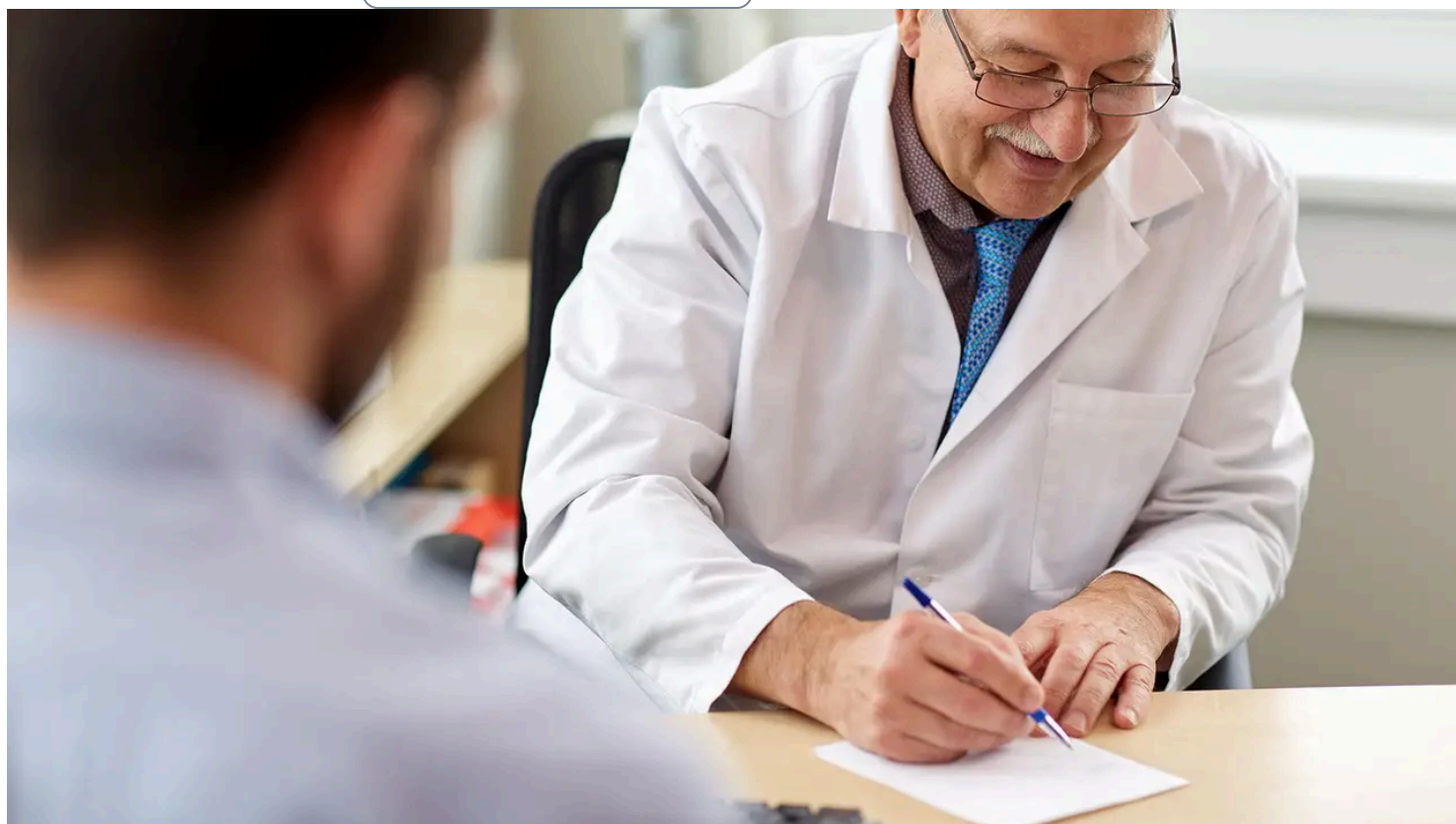


About a Quarter of Buprenorphine Prescriptions for OUD Abandoned

— Findings highlight "missed opportunity" for treatment, engagement, researchers say

by [Shannon Firth](#), Enterprise & Investigative Writer, MedPage Today

August 4, 2026 • 3 min read [Add MedPage Today on Google](#)



Key Takeaways

- Buprenorphine is an effective treatment for reducing mortality risk in people with opioid use disorder but remains underutilized.
- The proportion of new buprenorphine prescriptions for opioid use disorder that were never dispensed or filled increased from 2020 to 2024, according to this retrospective cohort study.
- Patients with abandoned prescriptions were younger, more often Hispanic, more likely to have commercial insurance, and had higher pharmacy deductibles than those dispensed buprenorphine.



The proportion of new buprenorphine prescriptions for opioid use disorder (OUD) that were never dispensed or filled increased from 2020 to 2024, according to a retrospective cohort study.

Among over 1,400 patients with commercial insurance or Medicare Advantage plans, 25.8% had abandoned buprenorphine prescriptions, defined as those not filled by patients or rejected by insurers or pharmacies, reported Xinyi Jiang, PhD, of the CDC's Division of Overdose Prevention, and co-authors in a research letter in [*JAMA Network Open*](#).

The proportion of first prescriptions being abandoned increased from 19% in 2020 to 37% in 2024 (P for trend=0.02).

"Over 1 in 3 patients' first buprenorphine prescriptions were abandoned in 2024, representing a missed opportunity for treatment initiation and engagement," Jiang and team noted.

Buprenorphine is an [effective treatment](#) for reducing mortality risk in people with OUD but remains underutilized, they pointed out. A previous study found that [32% of buprenorphine prescriptions](#) written from 2015 to 2019 were not dispensed.

"[Pharmacy](#)- and patient-level barriers can undermine efforts to expand access to buprenorphine through clinician prescribing," the authors wrote.

Jiang told *MedPage Today* that policymakers can improve prescription fills by reducing insurance coverage restrictions, ensuring pharmacies stock buprenorphine, and eliminating other barriers to accessing the medications, including stigma and out-of-pocket costs.

Clinicians can also help patients by linking them to patient navigators and other support services to help them locate pharmacies that stock buprenorphine, or by connecting them with programs offering low- or no-cost buprenorphine, she said.

In this study, patients with prescription abandonment were younger than those who had their prescriptions filled (mean age 54.3 vs 57.4), and were [more often Hispanic](#) (10.6% vs 4.8%). Language barriers and limited access to retail pharmacies in Hispanic communities could play a role in greater prescription abandonment in this subgroup, Jiang and team said.

Abandoned prescriptions were also more common among those with higher pharmacy deductibles -- \$483.80 vs \$296.40 -- suggesting that "plan deductibles may be an important factor associated with abandonment," the authors wrote. In addition, 51.8% of



those with abandoned prescriptions had commercial insurance compared with 29.4% of those with dispensed prescriptions.

Patients who were dispensed buprenorphine were more likely to have OUD or overdoses (54.4% vs 40.1%), another diagnosed substance use disorder (21% vs 15.5%), or a mental health diagnosis (52.5% vs 38.5%) 180 days before or on the date of the first prescription.

"In general, folks with more severe opiate disorders tend to get prescribed meds and tend to fill [those prescriptions]," Peter Friedmann, MD, MPH, of the University of Massachusetts Chan Medical School-Baystate in Springfield who was not involved in the study, told *MedPage Today*.

In contrast, people with a mild or moderate disorder, who may not have encountered the same social or familial problems or have not overdosed, may be less likely to accept a diagnosis of OUD and treatment, Friedmann noted.

He said that, in his experience, about half of people who do initiate buprenorphine stop taking it after 6 months. "It may just be the relapsing, recurring nature of this disorder, that people just go back to using," he added.

For this study, Jiang and colleagues used de-identified electronic health record data linked with administrative claims from the Optum Labs Data Warehouse, which includes data for those with commercial insurance and Medicare Advantage plans. They identified the first buprenorphine prescription for OUD among adults from January 2020 through September 2024. Patients were eligible if they were enrolled in medical and pharmacy benefits for at least 180 days before the first prescription and at least 30 days afterwards, and had no more than a 45-day gap in coverage.

The cohort included 1,428 patients with a mean age of 56.6. Half were men, 84% were white, 7.9% were Black, and 6.3% were Hispanic. Thirty-five percent had commercial insurance. Roughly 51% had OUD or an overdose 180 days before or on the index date.

The generalizability of the findings is limited beyond the commercial insurance and Medicare Advantage populations. The study was also limited by the inability to differentiate between prescriptions that went unfilled by patients versus those that insurers or pharmacies rejected.

"Our finding warrants further analysis to help understand the role of insurance benefits design," including prior authorization, quantity limits, and cost-sharing, Jiang and team wrote.



Friedmann suggested that future qualitative research could survey the population with unfilled prescriptions to explore why they were unfilled. "Is it the copay? Is it the notion of taking a medicine for addiction," which some view as replacing one addiction with another? he posed. "We just don't know."



[Shannon Firth](#) has been reporting on health policy as MedPage Today's Washington correspondent since 2014. She is also a member of the site's Enterprise & Investigative Reporting team. Connect:

Disclosures

The authors reported no conflicts of interest.

Primary Source

JAMA Network Open

Source Reference: [Jiang X, et al "Abandonment of prescribed buprenorphine for opioid use disorder, 2020-2024" JAMA Netw Open 2026; DOI: 10.1001/jamanetworkopen.2026.27142.](#)

1 Comment

