Indivior Presents New Real-World Data at ASAM 2026 Annual Conference, Supporting Remission as a Treatment Outcome and Reinforcing the Clinical Benefits of Monthly Injectable Buprenorphine for Opioid Use Disorder

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- *A collaboration with Virginia Tech supports recognizing remission as a treatment outcome—capturing symptoms, quality of life, and functional outcomes—beyond abstinence alone*
- *Of all MOUD, monthly extended-release buprenorphine (BUP-XR) accounted for the smallest proportion of non-fatal and fatal OD events compared to no treatment*.

RICHMOND, Va., April 24, 2026 (GLOBE NEWSWIRE) -- Indivior Pharmaceuticals, Inc. (Nasdaq: INDV), a leader in the treatment of opioid use disorder (OUD), will present one new scientific poster and collaborated with VA Tech on a second poster which will be presented at the American Society of Addiction Medicine (ASAM) Annual Conference, held April 23-26, 2026, in San Diego, California. The data add to the growing body of evidence evaluating extended-release buprenorphine, a monthly injectable commercially available as SUBLOCADE®, in supporting meaningful outcomes for people living with OUD, including overdose-related outcomes and broader indicators associated with recovery.

“For 25 years, Indivior has been committed to advancing science that meaningfully improves care for people living with opioid use disorder,” said Christian Heidbreder, Ph.D., Chief Scientific Officer at Indivior. “The data presented at ASAM reinforce the importance of sustained, evidence-based treatment for enabling meaningful and lasting recovery. With more than 500,000 people prescribed Indivior’s long-acting injectable therapy, we are encouraged by continued progress in expanding access to effective care.”

Poster Highlights

1. **Impact of OAT (MOUD) in individuals with OUD who experienced an overdose in Ontario, Canada**

This retrospective nested case-control study used Ontario administrative health data of more than 45,000 patients with OUD to evaluate associations between MOUD treatments, including SUBLOCADE, transmucosal buprenorphine (TM-BUP), methadone, and sustained-release oral morphine and the risk of opioid-related fatal and non-fatal overdose.

- **Most overdose events occurred off treatment:** Patients with higher MOUD coverage (>80% of time on MOUD) experienced less non-fatal and fatal overdose compared to those with lower MOUD coverage (<80%).
- **Buprenorphine-based MOUD significantly reduced overdose risk**: Of all MOUD, SUBLOCADE accounted for the smallest proportion of non-fatal and fatal OD events compared to no treatment. Both SUBLOCADE and TM-BUP had the lowest odds of all MOUD odds of non-fatal and fatal overdose versus no MOUD.

Study limitations include potential misclassification in administrative data, incomplete or inaccurate capture of opioid-related OD events and OAT use, and absence of a direct measure of OAT adherence.

2. **Associations between remission from opioid use disorder and treatment-relevant outcomes**

Provisional findings from the Remission from OUD as a Treatment Endpoint (ROUTE Study) followed 443 participants within 0-3 months of starting treatment with SUBLOCADE for up to 12 months to understand how OUD remission (defined in this study as absence of DSM-5 symptoms except craving) relates to treatment-relevant and recovery-related outcomes.

- **Remission as an indicator of improved outcomes:** Individuals entering the study in remission for 3-months indicated lower craving, lower withdrawal, lower pain, better quality of life, and lower rates of unemployment than those not in remission.
- **Complete abstinence may neither be sufficient nor necessary:** Opioid misuse and OUD remission are not always consistent; an individual may abstain from opioid misuse while not yet meeting criteria for 3-month remission**,** underscoring the importance of remission as a clinically meaningful treatment endpoint.

One study limitation is that participants entered at varying BUP-XR treatment durations (0-3 months), so study entry does not align with treatment initiation.

“Together, these valuable studies show that remaining on evidence-based medications can reduce the risk of overdose,” said Ann Wheeler, Vice President of Medical Affairs at Indivior. “The findings reinforce that progress in recovery extends beyond the

absence of opioid use. It also includes improvements in how people feel, function, and participate in everyday life."

About SUBLOCADE®

SUBLOCADE® (buprenorphine extended-release) injection, for subcutaneous use, CIII

INDICATION AND HIGHLIGHTED SAFETY INFORMATION

INDICATION
SUBLOCADE is indicated for the treatment of moderate to severe opioid use disorder in patients who have initiated treatment with a single dose of a transmucosal buprenorphine product or who are already being treated with buprenorphine.

SUBLOCADE should be used as part of a complete treatment plan that includes counseling and psychosocial support.

HIGHLIGHTED SAFETY INFORMATION

WARNING: RISK OF SERIOUS HARM OR DEATH WITH INTRAVENOUS ADMINISTRATION; SUBLOCADE RISK EVALUATION AND MITIGATION STRATEGY

- Serious harm or death could result if administered intravenously. SUBLOCADE forms a solid mass upon contact with body fluids and may cause occlusion, local tissue damage, and thrombo-embolic events, including life-threatening pulmonary emboli, if administered intravenously.
- Because of the risk of serious harm or death that could result from intravenous self-administration, SUBLOCADE is only available through a restricted program call the SUBLOCADE REMS Program. Healthcare settings and pharmacies that order and dispense SUBLOCADE must be certified in this program and comply with the REMS requirements.

CONTRAINDICATIONS
Hypersensitivity to buprenorphine or any other ingredients in SUBLOCADE.

WARNINGS AND PRECAUTIONS
Addiction, Abuse, and Misuse: SUBLOCADE contains buprenorphine, a Schedule III controlled substance that can be abused in a manner similar to other opioids. Monitor patients for conditions indicative of diversion or progression of opioid dependence and addictive behaviors.

Respiratory Depression: Life threatening respiratory depression and death have occurred in association with buprenorphine. Warn patients of the potential danger of self-administration of benzodiazepines or other CNS depressants while under treatment with SUBLOCADE.

Risk of Serious Injection Site Reactions: Likelihood may increase with inadvertent intramuscular or intradermal administration. Evaluate and treat as appropriate. The most common injection site reactions are pain, erythema, and pruritus with some involving abscess, ulceration, and necrosis.

Neonatal Opioid Withdrawal Syndrome: Neonatal opioid withdrawal syndrome (NOWS) is an expected and treatable outcome of prolonged use of opioids during pregnancy.

Adrenal Insufficiency: If diagnosed, treat with physiologic replacement of corticosteroids, and wean patient off of the opioid.

Risk of Opioid Withdrawal with Abrupt Discontinuation: If treatment with SUBLOCADE is discontinued, monitor patients for several months for withdrawal and treat appropriately.

Risk of Hepatitis, Hepatic Events: Monitor liver function tests prior to and during treatment.

Risk of Withdrawal in Patients Dependent on Full Agonist Opioids: Verify that patients have tolerated transmucosal buprenorphine before injecting SUBLOCADE.

Treatment of Emergent Acute Pain: Treat pain with a non-opioid analgesic whenever possible. If opioid therapy is required, monitor patients closely because higher doses may be required for analgesic effect.

ADVERSE REACTIONS
Adverse reactions commonly associated with SUBLOCADE (in ≥5% of subjects) were constipation, headache, nausea, injection site pruritus, vomiting, increased hepatic enzymes, fatigue, and injection site pain.

For more information about SUBLOCADE, the full Prescribing information including BOXED WARNING, and Medication Guide, visit www.sublocade.com.

About Opioid Use Disorder (OUD)
Opioid Use Disorder (OUD) is a chronic disease in which people develop a pattern of using opioids that can lead to negative consequences. OUD may affect the parts of the brain that are necessary for life-sustaining functions.

About Indivior

As the leader in long-acting injectable treatments for opioid use disorder (OUD), Indivior is singularly focused on delivering evidence-based treatment and advancing understanding of OUD as a chronic but treatable brain disease. For more than 25 years, we have revolutionized the science of addiction medicine — developing treatments that help people move toward long-term recovery with independence and dignity. Building on this heritage, we are ushering in a new era, renewing our commitment to individuals living with OUD and carrying forward what matters most: compassion, integrity, and science. Together – with science, people living with OUD, public health champions, and communities, we are powering recovery and renewing hope. Visit www.indivior.com to learn more. Connect with Indivior on LinkedIn by visiting www.linkedin.com/company/Indivior.

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