Budget Impact Model Comparing the Use of Sublingual vs Extended-Release Injectable Buprenorphine in the Correctional Setting

Nader Halim[1], Zachary Elliott[1], Adam Friedman[2], **Natalie R. Budilovsky-Kelley[2]**, James DeMicco[2], Mike Fatula[2], Joshua M. Cohen[2]

[1]Fingerpaint Market Access, Cedar Knolls, NJ; [2]Braeburn Inc, Plymouth Meeting, PA

BACKGROUND

- An estimated 15–20% of incarcerated individuals in the United States meet the criteria for opioid use disorder (OUD).[1,2]
- Despite robust evidence and organizational endorsement supporting the use of medications for OUD (MOUD), including buprenorphine, methadone, and naltrexone, in the correctional setting, less than 10% of eligible patients receive MOUD while incarcerated.[2]
- Daily dosing of sublingual buprenorphine (SL-BUP) in correctional facilities is often labor-intensive and may limit expanded access to MOUD within the criminal justice system.[2,3]
- Extended-release buprenorphine (XR-BUP), administered weekly or monthly by a healthcare professional, is an alternative treatment option that may reduce the staff burden associated with providing MOUD to incarcerated individuals.[3–5] Prior studies have demonstrated positive treatment outcomes with XR-BUP within the criminal justice system,[4–6] and ongoing studies continue to evaluate its potential impact in this setting.[7–9]

METHODS

- A budget impact model estimated the annual staff time required and associated costs (in 2026 US dollars) to treat individuals with moderate-to-severe OUD using daily SL-BUP vs monthly Brixadi® (XR-BUP) in a hypothetical 700-inmate correctional facility; inputs were based on published literature[10–12] and supplemented with expert opinion from corrections professionals.
- The time required for healthcare and correctional staff to provide each treatment was based on medication administration (groups of 10 patients per medication line), inmate movement, and diversion monitoring.
- Treatment delivery-related costs (excluding drug costs) included those associated with medication administration, inmate movement, diversion monitoring, and supplies.
- For potential societal impacts, the model also projected post-release recidivism and opioid-related fatalities and the associated costs for each cohort based on prior studies evaluating these outcomes in patients receiving SL-BUP vs XR-BUP prior to release from the correctional setting.

RESULTS

- An estimated 107 individuals with moderate-to-severe OUD were eligible and willing to receive MOUD (17% prevalence; 90% willingness).
- The estimated annual staff time required to provide daily SL-BUP to eligible individuals was 10,009 hours vs 177 hours for the monthly formulation of XR-BUP, a difference of 9,832 hours (**Figure 1**).
- The estimated annual treatment delivery-related costs based on staff activity and supplies were $585,547 for SL-BUP vs $9,931 for XR-BUP, a difference of $575,616 (**Figure 2**).
- From a societal perspective, the estimated costs post-release related opioid use disorder, recidivism, and overdose-related fatalities were $11,136,767 for SL-BUP vs $10,307,867 for XR-BUP, a difference of $828,900 (**Figure 3**).

Figure 1. Annual Staff Hours by Work Activity: Daily SL-BUP vs Monthly XR-BUP

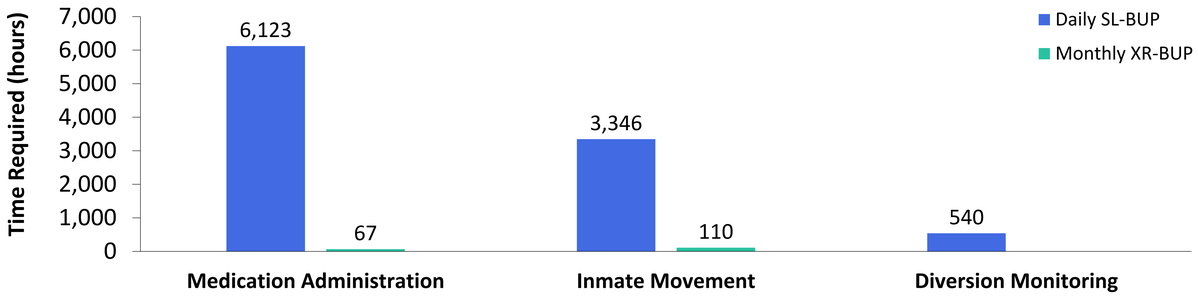
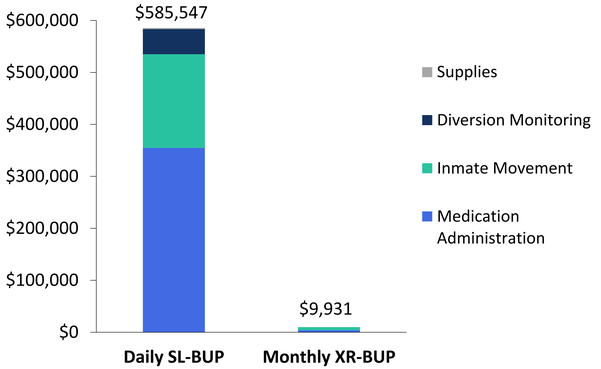
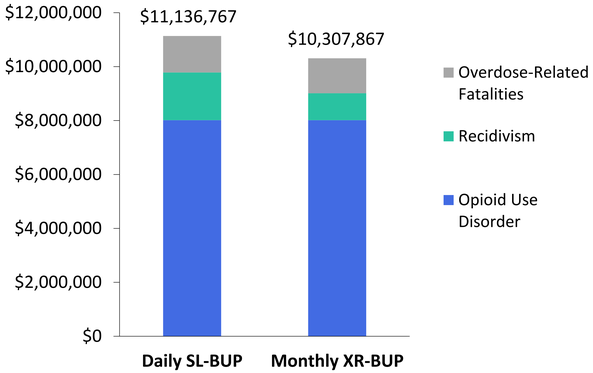


Figure 2. Annual Treatment Delivery-Related Costs: Daily SL-BUP vs Monthly XR-BUP*



*Excludes drug costs.

Figure 3. Post-Release Societal Costs: Daily SL-BUP vs Monthly XR-BUP



LIMITATIONS

- The results of this model are dependent on inputs and assumptions made based on published literature and expert opinion.
- Staff time, treatment delivery-related costs, and societal outcomes post-release were estimated based on a hypothetical 700-person inmate population and its results may not generalize to other correctional facilities.
- There are additional treatment-related differences between SL-BUP and XR-BUP that were not captured or quantifiable by this model.

CONCLUSIONS

- This budget impact model found that, compared to SL-BUP, the use of XR-BUP for the treatment of moderate-to-severe OUD in the correctional setting reduces staff hours and treatment delivery-related costs (excluding drug costs), as well as recidivism and opioid-related deaths post-release.
- Adoption of XR-BUP may enable more scalable treatment for patients across the criminal justice system and provide additional societal value.

REFERENCES

1. Thakrar AP, et al. *JAMA Netw Open*. 2021;4(12):e2138807. **2.** Berk J, et al. *Health Justice*. 2025;13(1):8. **3.** Berk J, et al. *J Addict Med*. 2022;16(4):396-398. **4.** Russell C, et al. *Am J Drug Alcohol Abuse*. 2024;50(5):567-586. **5.** Mlilo K, et al. *Journal of Substance Use*. 2024; 30(3):414-421. **6.** White B, et al. *Drug Alcohol Rev*. 2025;44(2):640-648. **7.** Gordon MS, et al. *J Subst Abuse Treat*. 2021;128:108241. **8.** Rottapel RE, et al. *Addict Sci Clin Pract*. 2025;20(1):88. **9.** Berk J, et al. *Contemp Clin Trials*. 2025;156:108004. **10**. Ryan DA, et al. *J Subst Use Addict Treat*. 2023;146:208943. **11.** Sawyer W, et al. Mass Incarceration: The Whole Pie 2023. Prison Policy Initiative. March 2023. https://www.prisonpolicy.org/reports/pie2023.html. **12**. California Correctional Health Care Services. Transforming substance use disorder treatment in California's prison system: Impacts of the integrated substance use disorder treatment program. April 2022. https://cchcs.ca.gov/wp-content/uploads/sites/60/ISUDT/Impacts-ISUDT-Program2019-22.pdf

DISCLOSURES

AF, NRB-K, JD, and JMC are current employees of Braeburn Inc.

Presented at AMCP Nexus 2026, San Diego, CA, October 26–29, 2026

MRC-1178 August 2026