Comparing Staff Utilization for Oral vs Injectable Buprenorphine in the Correctional Setting

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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 to treat individuals with OUD using daily SL-BUP vs monthly Brixadi® (XR-BUP) in a hypothetical 700-inmate state prison; 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.

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 705 hours for the monthly formulation of XR-BUP, a difference of 9,304 hours.
- The estimated annual treatment delivery-related costs (excluding drug costs) were $462,712 for SL-BUP vs $44,556 for XR-BUP, a difference of $418,156.
- Time and cost savings associated with XR-BUP were largely driven by medication administration and inmate movement (**Figures 1 and 2**).

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

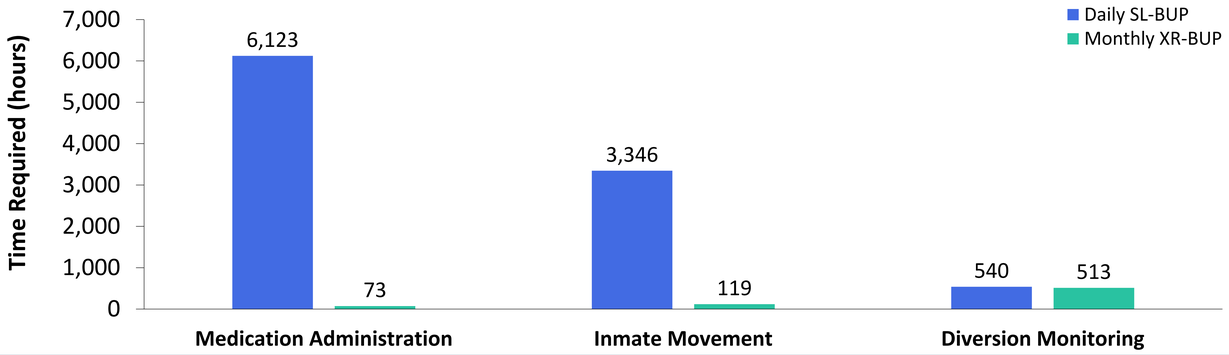
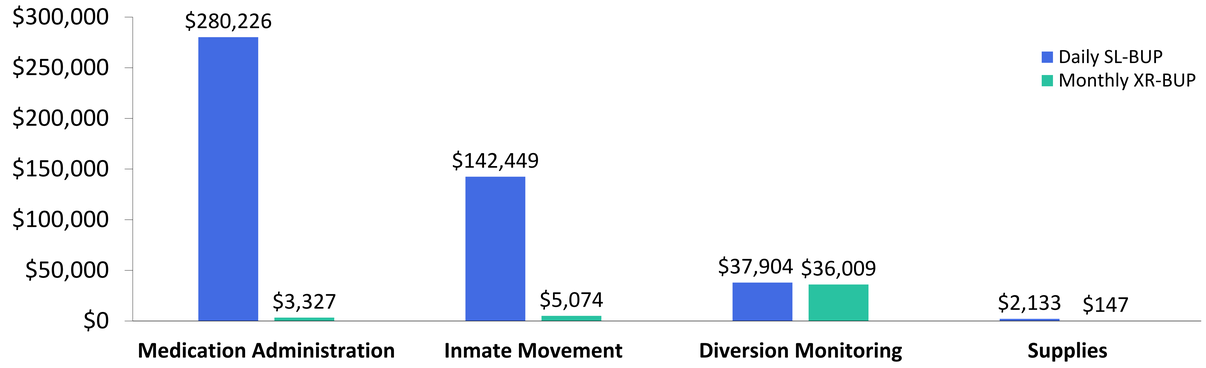


Figure 2. Annual Treatment Delivery-Related Costs: Daily SL-BUP vs Monthly XR-BUP*



*Excludes drug costs.

LIMITATIONS

- The results of this model are dependent on inputs and assumptions made based on published literature and expert opinion.
- Staff time and treatment delivery-related costs were estimated for a hypothetical 700-inmate state prison and may not generalize to facilities with different sized populations.
- There are additional treatment delivery-related differences between SL-BUP and XR-BUP that were not captured or quantifiable in this model.

CONCLUSIONS

- This budget impact model found that use of monthly XR-BUP for the treatment of OUD in the correctional setting substantially reduces staff hours and treatment delivery-related costs (excluding drug costs) compared to daily SL-BUP.
- By reducing the relative resource and logistical demands of MOUD delivery, XR-BUP may enable more consistent and scalable treatment for individuals with OUD across the criminal justice system.

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DISCLOSURES

BJD has received consulting/speaking honoraria from Braeburn Inc. NRB-K, MF, AF, and JMC are current employees of Braeburn Inc. SS was an employee of Braeburn Inc at the time of this research.

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