New Cost Impact Model Highlights Potential for Monthly Injectable Buprenorphine to Reduce Staffing Burdens in Correctional Facilities

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- *Model estimates SUBLOCADE® may reduce staff time and associated costs compared with other medications for opioid use disorder in jails and prisons*

RICHMOND, Va., March 31, 2026 (GLOBE NEWSWIRE) -- Indivior Pharmaceuticals, Inc., (Nasdaq: INDV) today announced findings from a new cost impact model published in *The Journal of Current Medical Research and Opinion,* estimating that the use of extended-release buprenorphine, a monthly injectable commercially available as SUBLOCADE®, may reduce staff time and associated costs in jails and prisons compared with other medications for opioid use disorder (MOUD).

“Correctional facilities face ongoing staffing constraints as the need for MOUD continues to grow,” said Christian Heidbreder, Ph.D., Chief Scientific Officer at Indivior. “These findings highlight how monthly injectable buprenorphine can reduce dosing burden and staff involvement, enabling facilities to operate more efficiently while expanding access to evidence-based care.”

The model compared staff time requirements across four MOUD options including methadone, oral buprenorphine, extended-release buprenorphine, and extended-release naltrexone, estimating monthly staffing needs and costs for treating 100 incarcerated patients with OUD.

Using national mean wages and administration time estimates from literature, expert input, and manufacturer guidance, the model found:

- **Reduced staff time**: Monthly buprenorphine injections required fewer staff hours than other MOUD treatments—318 fewer staff hours vs. methadone; 747 fewer hours vs. oral buprenorphine; 192 hours fewer vs. weekly extended-release buprenorphine, and six hours fewer vs. extended-release naltrexone.
- **Estimated cost savings**: Reduced staff time translated to monthly cost savings ranging from $23 to $22,148, with largest savings stemming from the elimination of daily observed dosing and patient escorts.

“Investing in more efficient MOUD delivery models can drive meaningful cost savings,” said Vanessa Procter, Executive Vice President of Corporate Affairs at Indivior. “Nearly half of U.S. jails and prisons cite staffing as a primary barrier to providing MOUD. LAIs can help expand access to evidence-based care while reducing operational burden, advancing shared public policy goals of improving health outcomes.”

Study limitations include the exclusion of medication acquisition costs and some administration times and escorting procedures were based on assumptions in the absence of available data.

Funded by Indivior, the study was conducted with Veradigm and researchers from the University of Kentucky College of Medicine. The full study findings are available here: Staffing Resource Use: Medications for Opioid Use Disorder Cost Impact Model in Carceral Facilities.

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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