NON-OPIOID
EXPAREL®
(bupivacaine liposome injectable suspension)

OPIOIDS ADD RISK, IMPACT RECOVERY, AND IMPOSE CLINICAL AND FINANCIAL BURDEN ON EMPLOYERS

99% of patients receive opioids to manage postsurgical pain[1]

Opioids can have unforeseen negative and costly consequences, including:

- Delayed recovery[2]
- Extended length of stay in hospital[2]
- Risk of opioid-related complications[3]
- Need for more intensive care settings[4]

EXPAREL is a long-lasting, non-opioid, postsurgical pain management alternative

EXPAREL is an anesthetic injected at the surgical site to provide prolonged pain control and reduce or, in some cases, completely eliminate the need for opioid medications. It has been used in **more than 9 million adult patients** since 2012[5,6] and has been shown to:

- Significantly reduce opioid requirements while providing significant pain control[7,8]
- Reduce opioid-related complications[9]
- Enable faster functional recovery[10]
- Reduce length of hospital stay[9]
- Allow for shift of procedures to outpatient settings[4]
- **Help reduce costs when used in multimodal pain management[11,12]***

*Based on studies in spine surgery and gastrointestinal surgery.

How Employers Can Help

Ensure health care plan coverage and health system access to EXPAREL as part of alternate pain management options

Differentiate your benefits plan by ensuring availability of EXPAREL to all employees as a non-opioid alternative for postsurgical pain management

Educate your employees regarding their opioid-free pain management options as they plan for surgery

Please see Important Safety Information on the reverse side.

Indication

EXPAREL® (bupivacaine liposome injectable suspension) is indicated for single-dose infiltration in patients aged 6 years and older to produce postsurgical local analgesia and in adults as an interscalene brachial plexus nerve block to produce postsurgical regional analgesia. Safety and efficacy have not been established in other nerve blocks.

Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia.

Adverse reactions reported in adults with an incidence greater than or equal to 10% following EXPAREL administration via infiltration were nausea, constipation, and vomiting; adverse reactions reported in adults with an incidence greater than or equal to 10% following EXPAREL administration via interscalene brachial plexus nerve block were nausea, pyrexia, and constipation.

Adverse reactions with an incidence greater than or equal to 10% following EXPAREL administration via infiltration in pediatric patients six to less than 17 years of age were nausea, vomiting, constipation, hypotension, anemia, muscle twitching, vision blurred, pruritus, and tachycardia.

If EXPAREL and other non-bupivacaine local anesthetics, including lidocaine, are administered at the same site, there may be an immediate release of bupivacaine from EXPAREL. Therefore, EXPAREL may be administered to the same site 20 minutes after injecting lidocaine.

EXPAREL is not recommended to be used in the following patient populations: patients <6 years old for infiltration, patients younger than 18 years old for interscalene brachial plexus nerve block, and/or pregnant patients.

Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease.

Warnings and Precautions Specific to EXPAREL

Avoid additional use of local anesthetics within 96 hours following administration of EXPAREL.

EXPAREL is not recommended for the following types or routes of administration: epidural, intrathecal, regional nerve blocks **other than interscalene brachial plexus nerve block**, or intravascular or intra-articular use.

The potential sensory and/or motor loss with EXPAREL is temporary and varies in degree and duration depending on the site of injection and dosage administered and may last for up to 5 days, as seen in clinical trials.

Warnings and Precautions for Bupivacaine-Containing Products

Central Nervous System (CNS) Reactions: There have been reports of adverse neurologic reactions with the use of local anesthetics. These include persistent anesthesia and paresthesia. CNS reactions are characterized by excitation and/or depression.

Cardiovascular System Reactions: Toxic blood concentrations depress cardiac conductivity and excitability, which may lead to dysrhythmias, sometimes leading to death.

Allergic Reactions: Allergic-type reactions (eg, anaphylaxis and angioedema) are rare and may occur as a result of hypersensitivity to the local anesthetic or to other formulation ingredients.

Chondrolysis: There have been reports of chondrolysis (mostly in the shoulder joint) following intra-articular infusion of local anesthetics, which is an unapproved use.

Methemoglobinemia: Cases of methemoglobinemia have been reported with local anesthetic use.

Full Prescribing Information is available at www.EXPAREL.com.

Reference: 1. Kessler ER, Shah M, Gruschkus SK, Raju A. Cost and quality implications of opioid-based postsurgical pain control using administrative claims data from a large health system: opioid-related adverse events and their impact on clinical and economic outcomes. *Pharmacotherapy*. 2013;33(4):383-391. **2.** Wick EC, Grant MC, Wu CL. Postoperative multimodal analgesia pain management with nonopioid analgesics and techniques: a review. *JAMA Surg*. 2017;152(7):691-697. **3.** Oderda GM, Gan TJ, Johnson BH, Robinson SB. Effect of opioid-related adverse events on outcomes in selected surgical patients. *J Pain Palliat Care Pharmacother*. 2013;27(1):62-70. **4.** Stewart A. (2018). What CMS' decision to pay separately for Exparel use means for ASCs — 5 insights. Becker's ASC Review website. Published December 11, 2018. Accessed July 21, 2021. https://www.beckersasc.com/asc-coding-billing-and-collections/what-cms-decision-to-pay-separately-for-exparel-use-means-for-ascs-5-insights.html. **5.** Data on File. 6450. Parsippany, NJ: Pacira BioSciences, Inc.; January 2021. **6.** Pacira Pharmaceuticals, Inc. announces U.S. FDA approval of EXPAREL™ for postsurgical pain management [press release]. Pacira [press release]. Published October 31, 2021. Accessed July 2021. San Diego, CA 92121 https://investor.pacira.com/news-releases/news-release-details/pacira-pharmaceuticals-inc-announces-us-fda-approval-expareltm **7.** Mont MA, Beaver WB, Dysart SH, Barrington JW, Del Gaizo DJ. Local infiltration analgesia with liposomal bupivacaine improves pain scores and reduces opioid use after total knee arthroplasty: results of a randomized controlled trial. *J Arthroplasty*. 2018;33(1):90-96. doi:10.1016/j.arth.2017.07.024. **8.** Patel MA, Gadsden JC, Nedeljkovic SS, et al. Brachial plexus block with liposomal bupivacaine for shoulder surgery improves analgesia and reduces opioid consumption: results from a multicenter, randomized, double-blind, controlled trial. *Pain Med*. 2020;21(2):387-400. **9.** Hutchins J, Vogel RI, Ghebre R, et al. Ultrasound-guided subcostal transversus abdominis plane infiltration with liposomal bupivacaine for patients undergoing robotic-assisted hysterectomy: a retrospective study. *Int J Gynecol Cancer*. 2015;25(5):937-941. **10.** Yu S, Dundon J, Solovyova O, Bosco J, Iorio R. Can multimodal pain management in TKA eliminate patient-controlled analgesia and femoral nerve bocks? *Clin Orthop Relat Res*. 2018;476(1):101-109. **11.** Ballock RT, Seif J, Goodwin R, Lin JH, Cirillo J. Clinical and economic outcomes associated with use of liposomal bupivacaine versus standard of care for management of postsurgical pain in pediatric patients undergoing spine surgery. *J Health Econ Outcome Res*. 2021;8(1):29-35. **12.** Cohen SM, Vogel JD, Marcet JE, Candiotti KA. Liposome bupivacaine for improvement in economic outcomes and opioid burden in GI surgery: IMPROVE study pooled analysis. *J Pain Res*. 2014;7:359-366.

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