

WHAT IS EXPAREL?

EXPAREL is a long-lasting, non-opioid option for postsurgical pain control.

EXPAREL uses a proprietary multivesicular liposome (pMVL) technology, an advanced drug delivery platform designed to deliver bupivacaine over time.¹ This slow release makes it possible for EXPAREL to provide long-lasting postsurgical pain control with just a single dose.

The pMVL technology and versatility of administration enables infiltration into the surgical site to produce local analgesia, in the fascial plane to produce regional analgesia as a regional field block or, in adults, as an interscalene brachial plexus nerve block. EXPAREL may be used across surgical procedures and has demonstrated improved clinical and economic outcomes.

EXPAREL has a proven safety and tolerability profile and is the first and only FDA-approved long-lasting local anesthetic for ages 6 and above.²

WHERE DOES EXPAREL FIT IN THE MANAGEMENT OF POSTSURGICAL PAIN?

Opioid-minimizing strategies can enhance recovery after surgery. Multimodal analgesia is the utilization of multiple pain management modalities for more effective pain control which can lead to enhanced clinical and economic benefits. Long-lasting, non-opioid EXPAREL is a critical component of a multimodal pain management approach.

Consider EXPAREL for patients who would benefit from an alternative to opioids: all patients whose use of opioids may impact recovery goals¹¹; patients at risk for opioid-related adverse events (eg, sleep apnea, aged ≥65 years, male, obese)¹²⁻¹⁴; and patients at risk for misuse and abuse of opioids (eg, substance abuse disorder, depression).¹⁵⁻¹⁶

WHAT CAN CLINICIANS AND PATIENTS EXPECT WITH EXPAREL?

When used as part of a multimodal pain management regimen, clinicians and patients can expect to see long-lasting pain control with a decrease in opioid consumption following a single dose of EXPAREL.* There are no catheters, pumps, or other devices needed to deliver EXPAREL.

*The clinical benefit of the decrease in opioid consumption was not demonstrated in the pivotal trials.

AAOMS=American Association of Oral and Maxillofacial Surgeons; ACS=American College of Surgeons; ASCRS=American Society of Colon and Rectal Surgeons; CDC= Centers for Disease Control and Prevention; ERAS= Enhanced Recovery After Surgery® Society; SAGES, Society of American Gastrointestinal and Endoscopic Surgeons; SPA=Society for Pediatric Anesthesia.

Please see Indication and Important Safety Information on reverse and refer to the full Prescribing Information [here](#). For more information, please visit www.EXPAREL.com or call 1-855-793-9727.



EXPAREL is available as 266 mg (20 mL) and 133 mg (10 mL) 1.3% concentration single-dose vials

Multimodal pain management strategies are advocated by leading health care organizations such as the AAOMS, ASCRS, CDC, ERAS® Society, JAMA, SAGES and SPA.³⁻¹¹

Indication

EXPAREL 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.

Please refer to the full Prescribing Information [here](#).

For more information, please visit www.EXPAREL.com or call 1-855-793-9727.

References: 1. Bramlett K, Onel E, Viscusi ER, Jones K. A randomized, double-blind, dose-ranging study comparing wound infiltration of DepoFoam bupivacaine, an extended-release liposomal bupivacaine, to bupivacaine HCl for postsurgical analgesia in total knee arthroplasty. *Knee*. 2012;19(5):530-536. 2. Pacira BioSciences. Pacira announces FDA approval of supplemental new drug application for EXPAREL® (bupivacaine liposome injectable suspension) in pediatric patients [press release]. Pacira website. <https://investor.pacira.com/news-releases/news-release-details/pacira-announces-fda-approval-supplemental-new-drug-o>. Published March 22, 2021. Accessed November 22, 2022. 3. AAOMS. Opioid prescribing: acute and postoperative pain management. https://www.aaoms.org/docs/govt_affairs/advocacy_white_papers/opioid_prescribing.pdf. Reviewed 2017. Accessed November 22, 2022. 4. Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. *MMWR Recomm Rep* 2022;71(No. RR-3):1-95. 5. Kelley-Quon LI, Kirkpatrick MG, Ricca RL, et al. Guidelines for opioid prescribing in children and adolescents after surgery: an expert panel opinion. *JAMA Surg*. 2021;156(1):76-90. 6. Temple-Oberle C, Shea-Budgell MA, et al; ERAS Society. Consensus review of optimal perioperative care in breast reconstruction: Enhanced Recovery after Surgery (ERAS) Society recommendations. *Plast Reconstr Surg*. 2017;139(5):1056e-1071e. 7. Nelson G, Bakum-Gamez J, Kalogera E, et al. Guidelines for perioperative care in gynecologic/oncology: Enhanced Recovery After Surgery (ERAS) Society recommendations-2019 update. *Int J Gynecol Cancer*. 2019;29(4):651-668. 8. Batchelor TJP, Rasburn NJ, Abdelnour-Berchtold E, et al. Guidelines for enhanced recovery after lung surgery: recommendations of the Enhanced Recovery After Surgery (ERAS®) Society and the European Society of Thoracic Surgeons (ESTS). *Eur J Cardiothorac Surg*. 2019;55(1):91-115. 9. Carmichael JC, Keller DS, Baldini G, et al. Clinical practice guidelines for enhanced recovery after colon and rectal surgery from the American Society of Colon and Rectal Surgeons and Society of American Gastrointestinal and Endoscopic Surgeons. *Dis Colon Rectum*. 2017;60(8):761-784. 10. Cravero JP, Agarwal R, Berde C, et al. The Society for Pediatric Anesthesia recommendations for the use of opioids in children during the perioperative period. *Ped Anesthesia*. 2019;29(4):547-571. 11. Gan TJ, Robinson SB, Oderda GM, Scranton R, Pepin J, Ramamoorthy S. Impact of postsurgical opioid use and ileus on economic outcomes in gastrointestinal surgeries. *Curr Med Res Opin*. 2015;31(4):677-686. 12. The Joint Commission. Safe use of opioids in hospitals. https://www.jointcommission.org/-/media/deprecated-unorganized/imported-assets/tjc/system-folders/topics-library/sea_49_opioids_8_2_12_finalpdf.pdf?db=web&hash=0135F306FCB10D919CF7572ECC65C84&hash=0135F306FCB10D919CF7572ECC65C84. Accessed November 22, 2022. 13. Kessler ER, Shah M, Gruschus 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. 14. Minkowitz HS, Gruschus SK, Shah M, Raju A. Adverse drug events among patients receiving postsurgical opioids in a large health system: risk factors and outcomes. *Am J Health Syst Pharm*. 2014;71(18):1556-1565. 15. Sun EC, Darnall BD, Baker LC, Mackey S. Incidence of and risk factors for chronic opioid use among opioid-naïve patients in the postoperative period. *JAMA Intern Med*. 2016;176(9):1286-1293. 16. Seal KH, Shi Y, Cohen G, et al. Association of mental health disorders with prescription opioids and high-risk opioid use in US veterans of Iraq and Afghanistan. *JAMA*. 2012;307(9):940-947.