

NON-OPIOID EXPAREL® (bupivacaine liposome injectable suspension)

Non-opioid EXPAREL, powered by DepoFoam® technology, delivers precise pain control for the critical first few days after surgery to enable enhanced recovery.^{1,2}

More than
8 million adult
patients have
received non-opioid
EXPAREL since
2012³

The Era of Opioids as the Gold Standard for Pain Management Is Over

Opioids have been a mainstay in postsurgical pain control, but many who are prescribed opioids will go on to become persistent long-term users⁴

99% OF PATIENTS RECEIVE OPIOIDS TO MANAGE POSTSURGICAL PAIN¹⁵

1 out of 15 SURGICAL PATIENTS PRESCRIBED AN OPIOID MAY GO ON TO LONG-TERM USE OR ABUSE¹⁶

~3M AMERICANS BECAME NEWLY PERSISTENT OPIOID USERS IN A SINGLE YEAR FOLLOWING INITIAL EXPOSURE AFTER SURGERY¹⁷

Most patients say they would prefer a non-opioid option to manage their pain after surgery¹⁸

- 89% of patients said they were concerned about side effects of, addiction to, or dependence on opioids
- 79% of patients said they preferred a non-opioid pain management option

¹⁵In a retrospective study of hospital discharge data (N=37,301).

¹⁶In a prospective longitudinal study (N=109).

¹⁷From a survey of 500 adults in the United States who had an orthopedic or soft-tissue surgery.

EXPAREL Is a Non-opioid Component for Multimodal Pain Management and ERAS® Protocols

Reduce pain¹⁵

Minimize ORAEs¹⁶

Reduce time to discharge¹⁷

Decrease costs¹⁸

Multimodal postsurgical pain management protocols that reduce opioid use and ORAEs can lead to enhanced clinical and economic benefits¹⁵⁻¹⁹

The 133 mg (10 mL) dose can be used for procedures that are limited to a small anatomical area as well as for ISBPNB

• Hand • Foot • Oral/Maxillofacial • RCR/TSA

The 266 mg (20 mL) dose is appropriate for procedures such as¹:

• Abdominal/Colorectal/General • Breast
• Gynecological • Orthopedic • Spine



¹These are examples of procedures that typically require the above referenced dose of EXPAREL. Please use your professional clinical judgment when determining the appropriate dose of EXPAREL for a given surgical procedure and refer to the full Prescribing Information for complete dosing information before using.

EXPAREL Is a Long-lasting, Non-opioid Analgesic Proven to Manage Postsurgical Pain

Versatility of Administration

INFILTRATION

Broad indication for infiltration across surgical procedures to provide local/regional analgesia

FIELD BLOCKS

Indicated for a wide variety of blocks, including TAP, PEC, ESP, and QL

ISBP NERVE BLOCK

Indicated in adults for ISBP nerve block in procedures such as TSA and rotator cuff surgeries

Proprietary DepoFoam® technology safely delivers bupivacaine over time for extended analgesia⁹

COMPOSED

of naturally occurring biodegradable and biocompatible lipids¹⁰⁻¹²

ENCAPSULATES

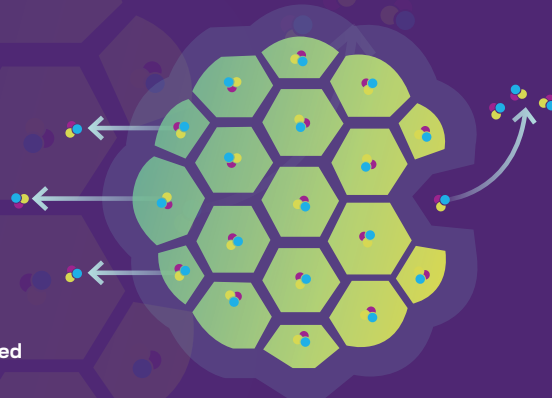
bupivacaine in a multivesicular liposomal drug delivery technology

RELEASES

bupivacaine over time as lipid membranes reorganize⁹

UTILIZES

membrane components that are cleared by normal metabolic pathways¹⁰⁻¹²



DELIVERS

targeted local analgesia at the surgical site

DESIGNED

to consistently deliver safe levels of bupivacaine to extend analgesic duration¹³

ELIMINATES










the need for catheters and pumps that may hinder recovery¹⁴

PROVIDES

long-lasting pain control while reducing the need for opioids

TAP=transversus abdominis plane; PEC=pectoralis and serratus; ESP=erector spinae plane; QL=quadratus lumborum; ISBP=interscalene brachial plexus; TSA=total shoulder arthroplasty.

EXPAREL Can Be Used in a Wide Range of Procedures Across Specialties

| | | |
|--|--|---|
|  Bariatric Sleeve gastrectomy Roux-en-Y gastric bypass |  Obstetric/Gynecologic Hysterectomy, myomectomy, cesarean delivery |  Shoulder Total shoulder arthroplasty, rotator cuff repair |
|  Breast Mastectomy, reconstruction |  Oral/Maxillofacial Third-molar extraction, temporomandibular joint, orthognathic |  Spine Percutaneous lumbar fusion, awake TLIF, discectomy, laminectomy |
|  Colorectal/General Colectomy, hernia |  Orthopedic TKA, THA, ACL |  Urologic Nephrectomy |

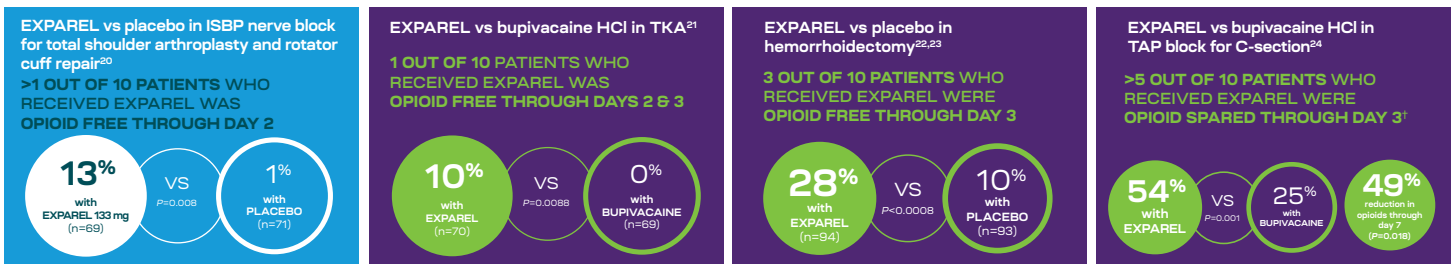


EXPAREL is reimbursed for procedures performed in ASCs using code C9290 and for dental procedures using code D9613.[§]

To learn more about reimbursement for EXPAREL, contact our dedicated reimbursement specialists at reimbursement@pacira.com or call our Reimbursement Helpline at 1-855-793-9727.

[§]Pricing subject to Centers for Medicare and Medicaid Services updates.

EXPAREL Demonstrates Statistically Significant Opioid Reduction**



Use EXPAREL Confidently Across Surgical Procedures

- Long-lasting, significant pain control²⁰⁻²⁴
- Proven opioid reduction ^{**20-24}
- Proven safety and tolerability profile^{13,20,25,26}



Connect with us at:
<https://www.exparel.com/hcp/connectwithus>

^{††}The clinical benefit of the decrease in opioid consumption was not demonstrated in the pivotal trials.

^{†††}Opioid-spared[†] was defined as patients who took no more than 10 mg of oxycodone (15 mg of morphine or equivalent) with no bother or stress from vomiting, itching, sweating, freezing, or dizziness through 72 hours.

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.

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