



FAST FACTS

**Optimizing Recovery With
EXPAREL—a Long-Lasting
Postsurgical Pain Control
Treatment Option**



Samuel,
Total Knee Arthroplasty

**EXPAREL Is a Trusted and Proven Option for Postsurgical Pain
Management, Used in Over 16 Million Patients to Date**



**Can control postsurgical
pain up to 96 hours¹⁻⁶**



**Reduces the need
for opioids***



**Demonstrated a robust
safety profile³⁻¹⁰**

INDICATION

EXPAREL is indicated to produce postsurgical local analgesia via infiltration in patients aged 6 years and older and regional analgesia in adults via an interscalene brachial plexus nerve block, sciatic nerve block in the popliteal fossa, and an adductor canal block. Safety and efficacy have not been established in other nerve blocks.

SELECT 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 nerve block were nausea, pyrexia, headache, and constipation

**Please see Full Important Safety Information on page 9.
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Single-Dose, Long-Lasting EXPAREL as Part of a Multimodal Approach, Reduces Postsurgical Pain and Can Minimize the Use of Opioids*

Eliminates the need for pumps and catheters that can hinder patient recovery¹¹

EXPAREL Is Different Than Other Local Anesthetics

EXPAREL uses proprietary multivesicular liposome (pMVL) technology, an advanced drug delivery system that¹²:

1

Releases

bupivacaine gradually over time

2

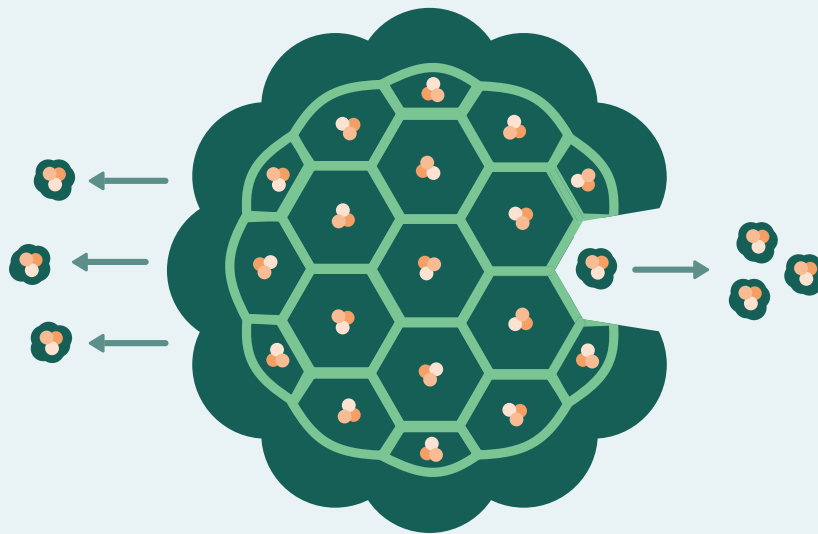
Achieves

effective, localized pain control directly at the surgical site

3

Maintains

therapeutic consistency while minimizing systemic exposure

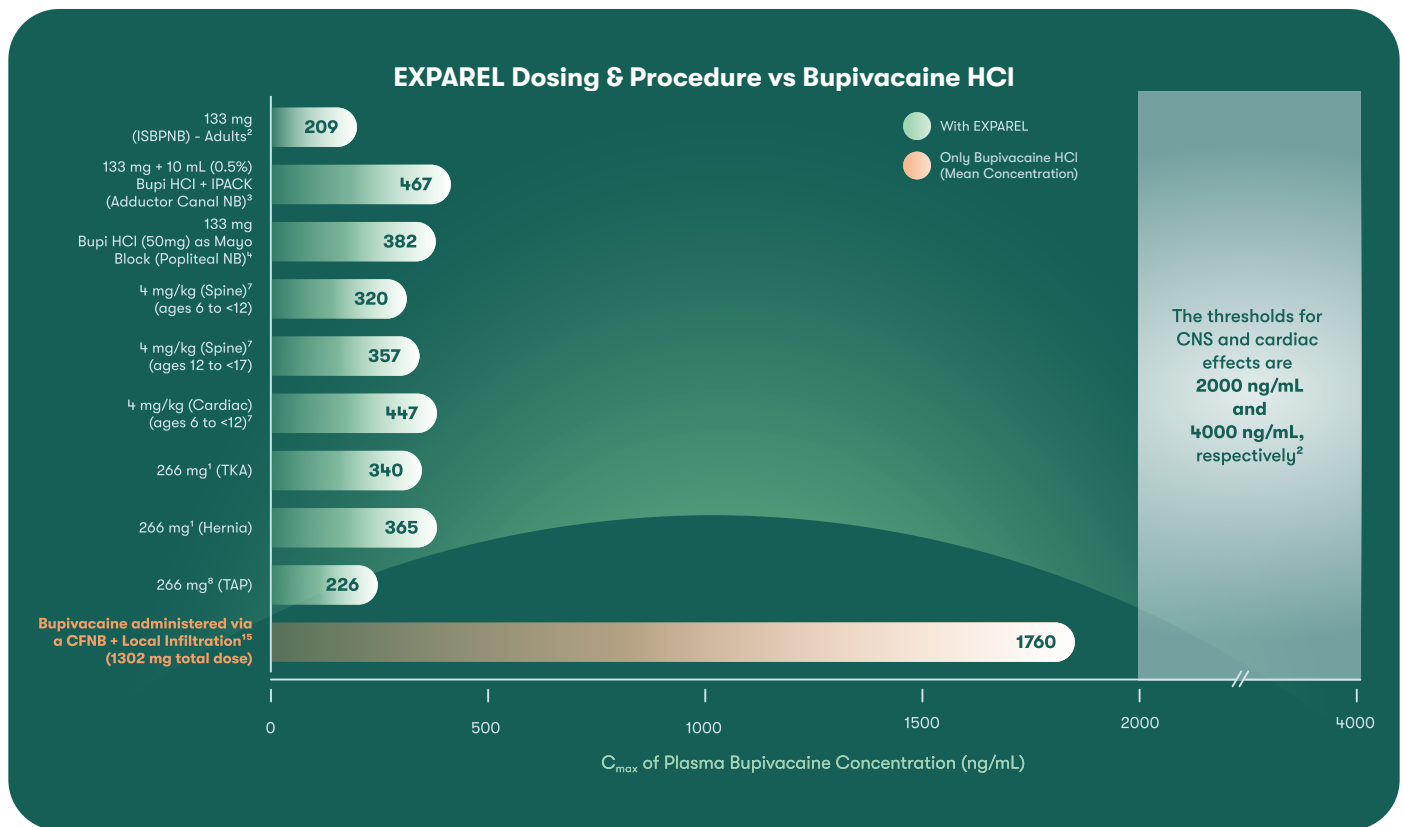


SELECT IMPORTANT SAFETY INFORMATION (Cont'd)

- 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
- Do not admix lidocaine or other non-bupivacaine local anesthetics with EXPAREL. EXPAREL may be administered at least 20 minutes or more following local administration of 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 nerve blocks, 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

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EXPAREL Provides Safe, Consistent Levels of Bupivacaine Over 4 Days^{3,13}



EXPAREL Is Safe for Use in Breastfeeding Patients

CFNB=continuous femoral nerve block; CNS=central nervous system; IPACK=infiltration between the popliteal artery and capsule of the knee; ISBPNB=interscalene brachial plexus nerve block; NB=nerve block; TAP=transversus abdominis plane; TKA=total knee arthroplasty.

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- 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

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EXPAREL Is Versatile and Can be Used in a Wide Range of Procedures Across Specialties in Patients 6 Years and Older

Infiltration

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

Field Blocks

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

Nerve Blocks

- Indicated in adults as an interscalene brachial plexus nerve block, a sciatic nerve block in the popliteal fossa, and an adductor canal block to produce postsurgical regional analgesia



EXPAREL Is Available in Two Vial Sizes for Dosing & Administration Flexibility

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

- The 20 mL vial contains ~740 million liposomes to provide analgesic coverage in large surgical sites
- The 10 mL vial contains ~370 million liposomes to provide analgesic coverage in small surgical sites



Dosing for EXPAREL

Up to a maximum dose of 266 mg (20 mL), based on the following factors:

- Size of the surgical site
- Volume required to cover the area
- Individual patient factors that may impact the safety of an amide local anesthetic

For pediatric patients 6 to 17 years of age, dosing is weight based: 4 mg/kg

For interscalene brachial plexus nerve block in adults the recommended dose is 133 mg (10 mL)

For sciatic nerve blocks in the popliteal fossa in adults the recommended dose is 133 mg (10 mL) and is based on a study of patients undergoing bunionectomy

For adductor canal blocks in adults the recommended dose is 133 mg (10 mL) admixed with 50 mg (10 mL) 0.5% bupivacaine HCl, for a total volume of 20 mL and is based on a study of patients undergoing total knee arthroplasty

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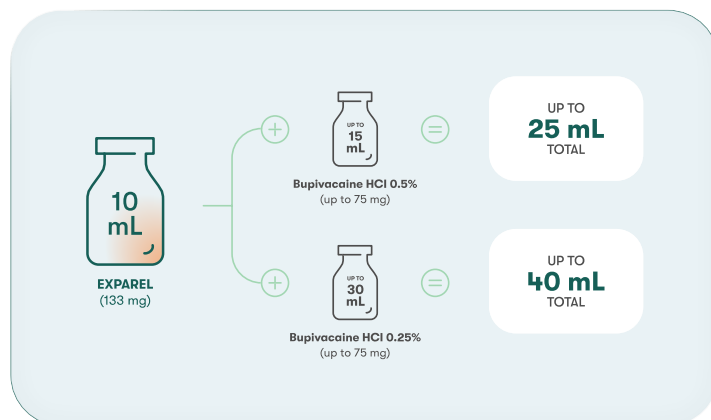
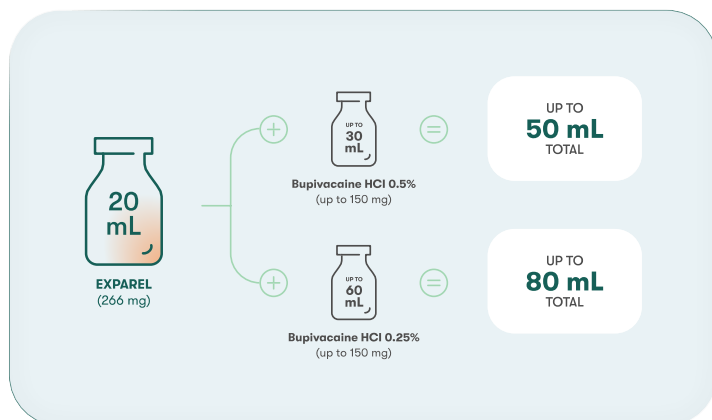
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- **Cardiovascular System Reactions:** Toxic blood concentrations depress cardiac conductivity and excitability, which may lead to dysrhythmias, sometimes leading to death
- **Allergic Reactions:** Allergic-type reactions (eg, anaphylaxis and angioedema) are rare and may occur as a result of hypersensitivity to the local anesthetic or to other formulation ingredients

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Admixing and/or Expanding With EXPAREL



Admixing

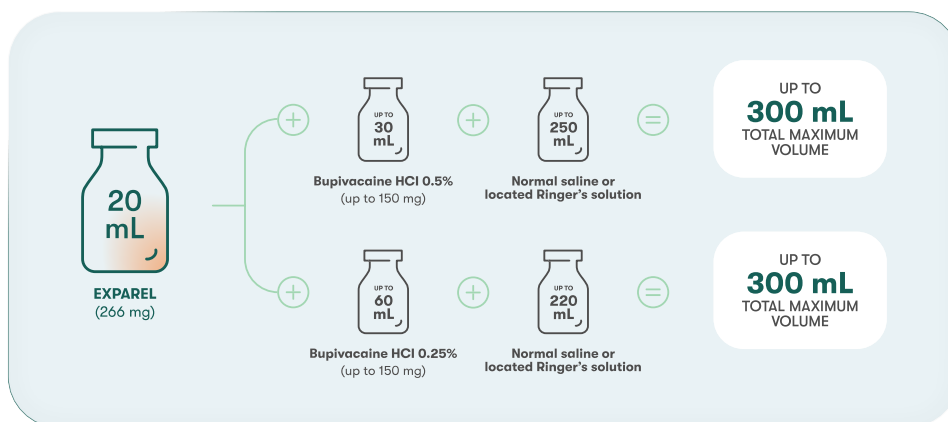
To attain early analgesic onset, bupivacaine HCl[†] may be admixed with EXPAREL

- The ratio of the milligram dose of bupivacaine HCl to EXPAREL must not exceed 1:2
- Admixing may impact the pharmacokinetic/pharmacodynamic properties of EXPAREL; this effect is concentration dependent

Expanding

To ensure optimal analgesic coverage in larger surgical sites, the volume of EXPAREL can be expanded with normal saline (0.9%) or lactated Ringer's solution

- Maintain a minimum concentration of 0.89 mg/mL



Admixing and Expanding

Consider the amount of normal saline or lactated Ringer's solution, bupivacaine HCl, and EXPAREL as part of the total maximum volume

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- **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

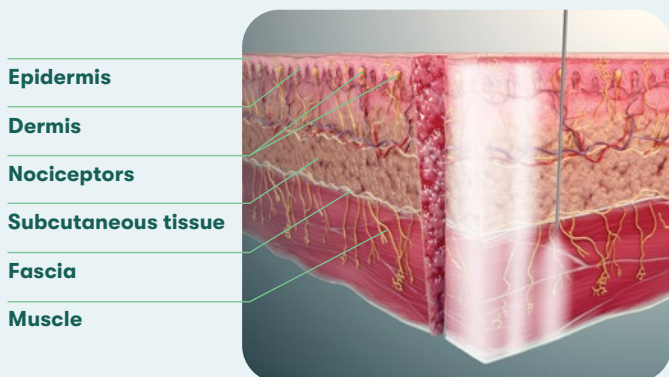
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[†]Bupivacaine HCl is indicated for use in patients aged 12 years and older.

EXPAREL Administration

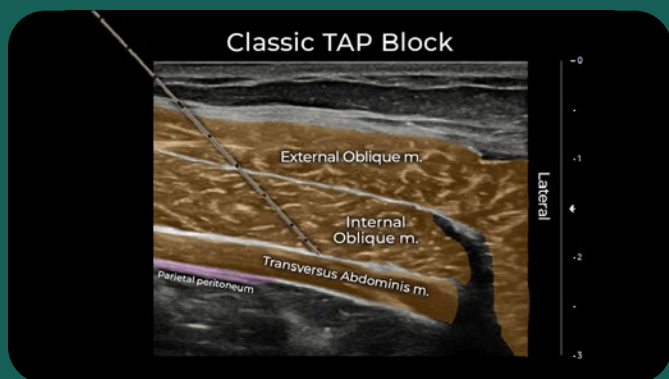
Surgical Site Infiltration

EXPAREL is administered differently than bupivacaine HCl, allowing for precise delivery of analgesia.



- Use a 25-gauge or larger-bore needle to maintain the structural integrity of the liposomal particles
- Inject slowly and deeply (generally 1-2 mL per injection) into the soft tissues using a moving needle technique (ie, inject while withdrawing the needle)
- Infiltrate above and below the fascia and into the subcutaneous tissue
- Inject frequently in small areas (1-1.5 cm apart) to ensure overlapping analgesic coverage
- Aspirate frequently to help identify risk of potential intravascular injection

Fascial Plane Infiltration for Regional Field Blocks



- Use a regional field block technique, such as ESP, PECS I and II, QL, RS, or TAP, for postsurgical regional analgesia
- Multiple blocks can be used in combination to achieve full coverage of the surgical site(s)
- Perform using ultrasound guidance or laparoscopic visualization to enable accurate placement of EXPAREL within the plane
- Deposit EXPAREL within the musculofascial plane so that it can spread and provide sensory blockade to the nerve(s) contained within the anatomical plane

Sonoanatomy showing abdominal wall muscles and the needle direction for the lateral TAP block. The pool of EXPAREL mixture is seen in the correct plane.

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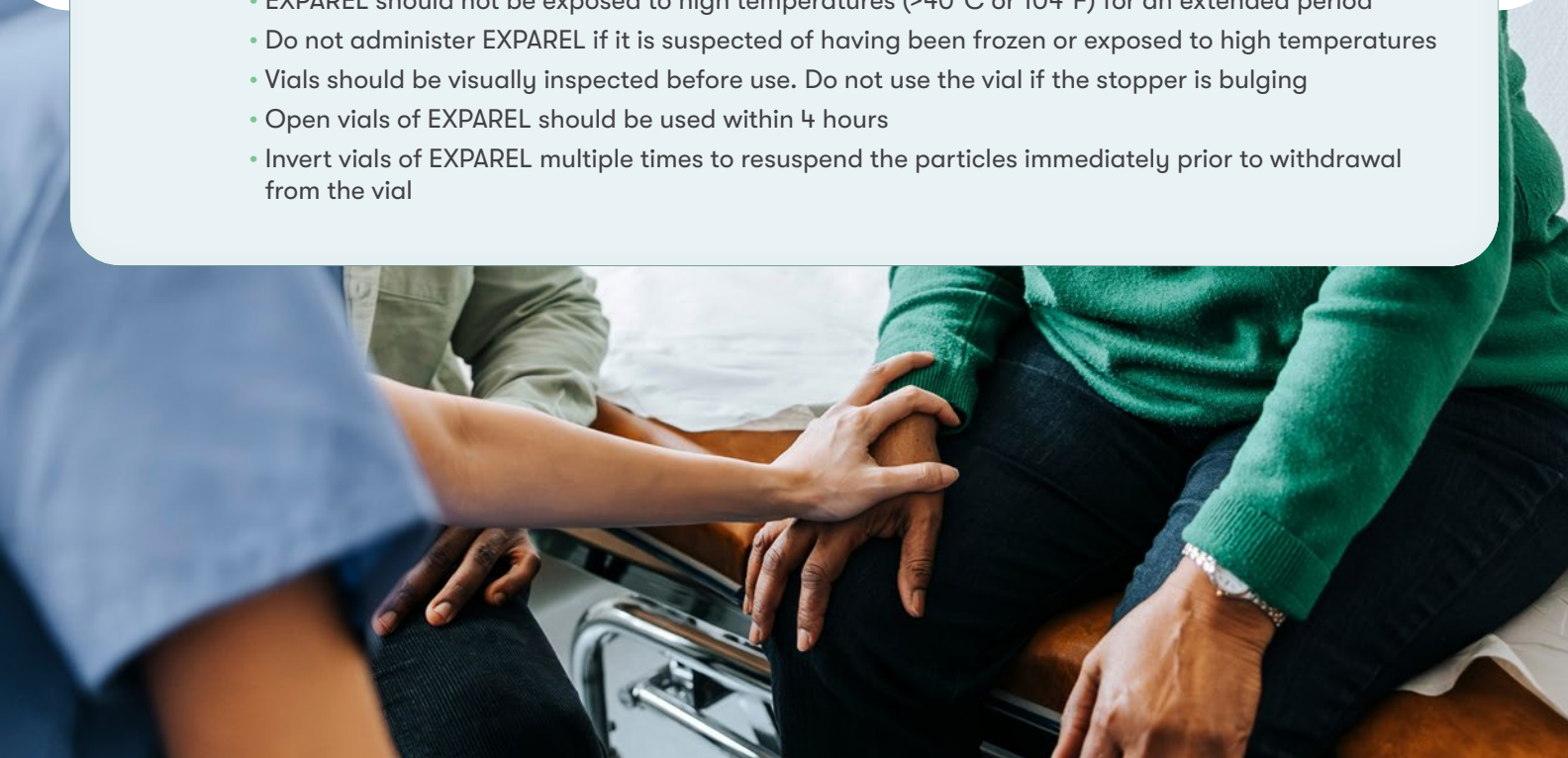
Compatibility Considerations

- EXPAREL should not be admixed with drugs other than bupivacaine prior to administration
- Wait 20 minutes after administering lidocaine or other non-bupivacaine-based local anesthetics before administering EXPAREL into the same surgical site
- Allow topical antiseptics to dry before administering EXPAREL into the same surgical site
- Do not dilute EXPAREL with water or other hypotonic agents as it will result in disruption of the liposomal particles



Storage and Handling Recommendations

- The 10 mL (133 mg) and 20 mL (266 mg) vials of EXPAREL are available in cartons of 4 and 10 vials
- EXPAREL vials should be stored and refrigerated between 2°C to 8°C (36°F to 46°F)
- Sealed, intact (unopened) EXPAREL vials may be held at a controlled room temperature of 20°C to 25°C (68°F to 77°F) for up to 30 days. Vials should not be re-refrigerated
- EXPAREL should not be frozen
- EXPAREL should not be exposed to high temperatures (>40°C or 104°F) for an extended period
- Do not administer EXPAREL if it is suspected of having been frozen or exposed to high temperatures
- Vials should be visually inspected before use. Do not use the vial if the stopper is bulging
- Open vials of EXPAREL should be used within 4 hours
- Invert vials of EXPAREL multiple times to resuspend the particles immediately prior to withdrawal from the vial



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EXPAREL Delivers Long-Lasting Relief Across a Variety of Procedures

EXPAREL is administered during surgery and offers versatile administration options that make it adaptable for a wide range of procedures, such as:

General Surgeries	Appendix or gallbladder removal, colorectal (colon and/or rectal) surgery, hernia repair, bowel surgery, hemorrhoid surgery, weight loss surgery (known as bariatric surgery, such as gastric bypass)
Oral & Maxillofacial	Facial plastic surgery, temporomandibular joint (TMJ) surgery, wisdom tooth removal, reconstructive or corrective surgery
Orthopedic	Foot and ankle fracture repair, spine surgery (such as spinal fusion), sports-related surgery (such as anterior cruciate ligament, ACL, or rotator cuff), knee, hip, or shoulder replacement
Pediatric	ACL repair, cleft palate repair, scoliosis and spinal surgery, appendectomy, hernia repair, tonsillectomy, cardiothoracic surgery, meniscus knee repair, wisdom tooth removal, chest deformity
Women's Health	Breast reconstruction, lumpectomy, mastectomy, cosmetic breast surgery (plastic surgery, breast augmentation, or reduction), hysterectomy, cesarean delivery (C-section), fibroid removal
Plastic Surgery	Abdominoplasty and lipoabdominoplasty, mammoplasty, breast reconstruction and more extensive breast surgery

References: 1. Schwartz G, Gadsden JC, Gonzales J, et al. A phase 3 active-controlled trial of liposomal bupivacaine via sciatic nerve block in the popliteal fossa after bunionectomy. *J Clin Anesth.* 2024;94:1114-02. 2. Gadsden J, Hamilton M, Schwartz G, et al. A Phase 3 Active-Controlled Trial of Liposomal Bupivacaine via Adductor Canal Block for Total Knee Arthroplasty. *J Arthroplasty.* 2025;40(10):2605-2614.e5. doi:10.1016/j.arth.2025.07.030 3. 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. doi:10.1093/pm/pnz103 4. 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. 5. Golf M, Daniels SE, Onel E. A phase 3, randomized, placebo-controlled trial of DepoFoam® bupivacaine (extended-release bupivacaine local anesthetic) in bunionectomy. *Adv Ther.* 2011;28(9):776-788. doi:10.1007/s12325-011-0052-y 6. Gorfine SR, Onel E, Patou G, Krivokapic ZV. Bupivacaine extended release liposome injection for prolonged postsurgical analgesia in patients undergoing hemorrhoidectomy: a multicenter, randomized, double-blind, placebo-controlled trial. *Dis Colon Rectum.* 2011;54(12):1552-1559. 7. Minkowitz HS, Onel E, Patronella CK, Smoot JD. A two-year observational study assessing the safety of DepoFoam bupivacaine after augmentation mammoplasty. *Aesthet Surg J.* 2012;32(2):186-193. doi:10.1177/1090820X11434524 8. Tirotta CF, de Armendi AJ, Horn ND, et al. A multicenter study to evaluate the pharmacokinetics and safety of liposomal bupivacaine for postsurgical analgesia in pediatric patients aged 6 to less than 17 years (PLAY). *J Clin Anesth.* 2021;75:11053. 9. Viscusi ER, Sinatra R, Onel E, Ramamoorthy SL. The safety of liposome bupivacaine, a novel local anesthetic formulation. *Clin J Pain.* 2014;30(2):102-110. doi:10.1097/AJP.0b013e318288e1f6 10. Naseem A, Harada T, Wang D, et al. Bupivacaine extended release liposome injection does not prolong QTc interval in a thorough QT/QTc study in healthy volunteers. *J Clin Pharmacol.* 2012;52(9):1441-1447. doi:10.1177/0091270011419853 11. Grissinger M. Improved safety needed in handling elastomeric reservoir balls used for pain relief. *P T.* 2013;38(5):243-245. 12. Dagenais S, Scranton R, Joyce AR, Vick CC. A comparison of approaches to identify possible cases of local anesthetic systemic toxicity in the FDA Adverse Event Reporting System (FAERS) database. *Expert Opin Drug Saf.* 2018;17(6):545-552. doi:10.1080/14740338.2018.1474200 13. Hu D, Onel E, Singla N, Kramer WG, Hadzic A. Pharmacokinetic profile of liposome bupivacaine injection following a single administration at the surgical site. *Clin Drug Invest.* 2013;33(2):109-115. 14. Mustafa HJ, Wong HL, Al-Kofahi M, Schaefer M, Karanam A, Todd MM. Bupivacaine pharmacokinetics and breast milk excretion of liposomal bupivacaine administered after cesarean birth. *Obstet Gynecol.* 2020;136(1):70-76. 15. Marino J, Scuderi G, Dowling O, Farquhar R, Freyrcinet B, Overdyk F. Periarticular knee injection with liposomal bupivacaine and continuous femoral nerve block for postoperative pain management after total knee arthroplasty: a randomized controlled trial. *J Arthroplasty.* 2019;34(3):495-500.

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Indication & Important Safety Information

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