EXPAREL is a local anesthetic that produces postsurgical analgesia in patients aged 6 years and older. It is administered via single-dose infiltration. When infiltrated into the surgical site, it produces local analgesia. It may also be infiltrated in the fascial plane to produce regional analgesia as a regional field block. EXPAREL may also be administered as an interscalene brachial plexus nerve block in adults to produce postsurgical regional analgesia in total shoulder arthroplasty (TSA) and rotator cuff repair (RCR) procedures.

*All dosing and administration information contained within this brochure refers to adult patients only.

Please see Important Safety Information on pages 16 through 18 and refer to accompanying full Prescribing Information.

For more information, please visit www.EXPAREL.com or call 1-855-793-9727.
PROPRIETARY MULTIVESICULAR LIPOSOME (pMVL) TECHNOLOGY—THE INNOVATION BEHIND THE EVIDENCE

DESIGNED
to deliver controlled levels of bupivacaine¹

COMPOSED
of naturally occurring, biocompatible lipids²⁻⁴

ENCAPSULATES
bupivacaine in a suspension of multivesicular liposomes

RELEASES
bupivacaine over time¹

ACHIEVES
targeted analgesia at the surgical site

PROVIDES
safe, consistent levels of bupivacaine¹

ELIMINATES
the need for catheters and pumps that may hinder recovery⁵

EXTENDS
analgesic duration while reducing the need for opioids*

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

Bupivacaine HCl is an aqueous solution
• Readily diffuses into surrounding tissues and spreads throughout the site
• Requires fewer injections

EXPAREL is a suspension
• Stays precisely where placed; does not readily diffuse

The unique properties of EXPAREL allow for a prolonged analgesic effect

Because EXPAREL is different from bupivacaine HCl, it must be administered differently to ensure optimal analgesia

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

Appropriate dose and total volume are based on the following factors:

- Size of surgical site
- Volume required to cover the area
- Individual patient factors that may impact the safety of an amide local anesthetic
- Maximum dose should not exceed 266 mg (20 mL)
- Dosing is not weight based for adults

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

- Abdominal/colorectal/general/urologic:
  - abdominal wall reconstruction, bariatric, colectomy, hernia, nephrectomy
- Breast: mastectomy, reconstruction
- Gynecologic: C-section, hysterectomy, myomectomy
- Orthopedic: TKA, THA, fusions/fractures
- Spinal: fusions, discectomy, laminectomy
- Fascial plane blocks: TAP, ESP, rectus sheath, PECS I and II, QL

The 133 mg (10 mL) dose is appropriate for use in procedures such as*:

- Hand
- Foot
- Facial/plastic
- Oral/maxillofacial
- Interscalene brachial plexus nerve block (ISBPNB)

Please see Important Safety Information on pages 16 through 18 and refer to accompanying full Prescribing Information.

THE FIRST AND ONLY FDA-APPROVED LOCAL ANALGESIC IN PEDIATRICS

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

ESP=erector spinae plane; PECS=pectoralis; QL=quadratus lumborum; TAP=transversus abdominis plane; THA=total hip arthroplasty; TKA=total knee arthroplasty.

*These 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 accompanying full Prescribing Information before using EXPAREL.
ADMINISTRATION CONSIDERATIONS

Administration volume and technique are critical to achieving optimal results

- Consider the size, vascularity, and neuroanatomy of the surgical site to determine the right volume
- Expand the volume to disperse liposomes throughout the surgical site
- Enough multivesicular liposomes must be available at the pain receptors to continuously release bupivacaine, ensuring long-lasting analgesia
- When infiltrating, use a frequent and consistent injection technique throughout the surgical site
- Aspirate frequently to minimize risk of intravascular injection

EXPAREL can be expanded to provide optimal analgesic coverage for larger surgical sites

EXPAREL can be administered unexpanded or expanded with normal saline (0.9%) or lactated Ringer's solution

- Maintain a minimum concentration of 0.89 mg/mL

Please see Important Safety Information on pages 16 through 18 and refer to accompanying full Prescribing Information.

For more information, please visit www.EXPAREL.com or call 1-855-793-9727.
ENSURE EARLY ANALGESIC ONSET BY ADMIXING EXPAREL WITH BUPIVACAINE HCl*  

Bupivacaine HCl can be administered immediately before or admixed in the same syringe with EXPAREL, as long as the ratio of the milligram dose of bupivacaine HCl to EXPAREL does not exceed 1:2

Admixing bupivacaine HCl with 266 mg (20 mL) of EXPAREL
- One 20 mL vial contains 266 mg of EXPAREL, which is equivalent to 300 mg of bupivacaine HCl
- 1:2 ratio allows up to 150 mg of bupivacaine HCl to 266 mg of EXPAREL

Admixing bupivacaine HCl with 133 mg (10 mL) of EXPAREL
- One 10 mL vial contains 133 mg of EXPAREL, which is equivalent to 150 mg of bupivacaine HCl
- 1:2 ratio allows up to 75 mg of bupivacaine HCl to 133 mg of EXPAREL

*Admixing may impact the pharmacokinetic and/or pharmacodynamic properties of EXPAREL; the effect is concentration dependent

*EXPAREL should not be admixed with any other agents or local anesthetics (eg, lidocaine) other than bupivacaine

If expanding and admixing, consider the amount of normal saline or lactated Ringer’s solution, bupivacaine HCl, and EXPAREL as part of the total maximum volume

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

*Bupivacaine HCl is indicated for use in patients aged 12 years and older.®
VERSATILITY OF ADMINISTRATION

Surgical site infiltration administration guidance

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

Fascial plane infiltration administration guidance

- Use a regional field block technique, such as TAP, ESP, PECS I and II, or QL, for postsurgical regional analgesia
- Deposit EXPAREL within the musculofascial plane so that it can spread and provide sensory blockade to the nerve(s) contained within the anatomical plane
- 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 precise placement of EXPAREL within the plane

Please see Important Safety Information on pages 16 through 18 and refer to accompanying full Prescribing Information.

For more information, please visit www.EXPAREL.com or call 1-855-793-9727.
ADMINISTRATION GUIDANCE FOR INTERSCALENE BRACHIAL PLEXUS NERVE BLOCKS

• The recommended dose of EXPAREL for ISBPNB in adults is 133 mg (10 mL) and is based on a study of patients undergoing either TSA or RCR
• Do not exceed maximum dose of 133 mg (10 mL)
• Administer EXPAREL with a 25-gauge or larger-bore needle

STEP 1:
Locate the interscalene brachial plexus

STEP 2:
Visualize the C5 to C7 nerve roots

STEP 3:
Perform ISBPNB with EXPAREL

AS=anterior scalene; CA=carotid artery; C5 to C7=cervical nerve roots; ISBPNB=interscalene brachial plexus nerve block; MS=middle scalene; RCR=rotator cuff repair; TSA=total shoulder arthroplasty; VA=vertebral artery.

Please see Important Safety Information on pages 16 through 18 and refer to accompanying full Prescribing Information.

For more information, please visit www.EXPAREL.com or call 1-855-793-9727.
PROPRIETARY MULTIVESICULAR LIPOSOME (pMVL) TECHNOLOGY SLOWLY RELEASES BUPIVACAINE TO MAINTAIN PLASMA LEVELS BELOW TOXIC THRESHOLDS

- The safe, controlled release of bupivacaine from the liposomes results in:
  - Substantially lower peak plasma concentration than bupivacaine HCl
  - No greater risk of local anesthetic systemic toxicity (LAST) vs bupivacaine HCl seen in postmarketing surveillance (FAERS) database
- The rate of systemic absorption of bupivacaine is dependent upon total dose of drug administered, route of administration, and vascularity of administration site

 Compatibility considerations

- EXPAREL should not be admixed with local anesthetics 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
- Administration of EXPAREL results in systemic plasma levels of bupivacaine, which can persist for 96 hours after local infiltration and 120 hours after ISBPNB

FAERS=Food and Drug Administration Adverse Event Reporting System.

Please see Important Safety Information on pages 16 through 18 and refer to accompanying full Prescribing Information.

For more information, please visit www.EXPAREL.com or call 1-855-793-9727.
Indication and Important Safety Information

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

Important Safety Information (continued)

• 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

Please see Important Safety Information on pages 16 through 18 and refer to accompanying full Prescribing Information.

For more information, please visit www.EXPAREL.com or call 1-855-793-9727.
Important Safety Information (continued)

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 (e.g., 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.

References

5. Grissinger M. Improved safety needed in handling elastomeric reservoir balls used for pain relief. PT. 2013;38(5):243-245.

Please see Important Safety Information on pages 16 through 18 and refer to accompanying full Prescribing Information.

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

Proven
Long-lasting, significant pain control while reducing or eliminating the need for opioids\textsuperscript{9,13-16}\textsuperscript{*}

Safe
Well-established safety profile demonstrated over 9 years across a full range of surgical procedures\textsuperscript{1,5,10,17}

Trusted
Backed by years of clinical experience—more than 9 million patients have received non-opioid EXPAREL since 2012

Infiltration
Broad indication across surgical procedures allows for local analgesia via infiltration and regional analgesia via field blocks such as TAP and ESP

Interscalene Brachial Plexus Nerve Block
Use in adults for regional analgesia in procedures such as TSA and RCR

ESP=erector spinae plane; RCR=rotator cuff repair; TAP=transversus abdominis plane; TSA=total shoulder arthroplasty.

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

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