WHAT IS EXPAREL?

EXPAREL is an innovative non-opioid analgesic that provides long-lasting postsurgical pain relief with decreased opioid consumption when used as part of a multimodal treatment regimen. Multimodal therapy uses a combination of non-opioid pain medications before, during, and after surgery to effectively control postsurgical pain while helping patients remain alert and comfortable during their recovery. Multimodal therapy is advocated by leading health care organizations such as the American Pain Society, the American Society of Anesthesiologists, the American Dental Association, the American College of Surgeons, and the Centers for Disease Control and Prevention.

EXPAREL uses a unique DepoFoam drug delivery system designed to deliver bupivacaine—a proven non-opioid medication—over time. This slow release makes it possible for EXPAREL to provide long-lasting postsurgical pain control with just a single dose.

Developed by Pacira Pharmaceuticals, Inc. (Nasdaq: PCRX), EXPAREL was approved by the US Food and Drug Administration in October 2011 for administration into the surgical site to produce postsurgical analgesia. The product became commercially available in April 2012.

WHAT CAN CLINICIANS AND PATIENTS EXPECT WITH EXPAREL?

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

WHERE DOES EXPAREL FIT IN THE MANAGEMENT OF POSTSURGICAL PAIN?

Today, clinicians are taking a proactive stance against the overprescribing of opioids. EXPAREL is a long-acting, non-opioid, numbing medication that is administered into the tissues around the surgical site or the interscalene brachial plexus to control pain and reduce the need for opioid medications.

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

Indication

EXPAREL is indicated for single-dose infiltration in adults to produce postsurgical local analgesia and 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 with an incidence greater than or equal to 10% following EXPAREL administration via infiltration were nausea, constipation, and vomiting; adverse reactions reported with an incidence greater than or equal to 10% following EXPAREL administration via interscalene brachial plexus nerve block were nausea, pyrexia, and constipation. 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 population: patients <18 years old 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 intrarticular 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.

Please refer to the full Prescribing Information here.

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

References