.offer your patients long-lasting, non-opioid postsurgical analgesia

available for oral surgery when administered as local infiltration

exparel is indicated for administration into the surgical site to produce postsurgical analgesia.
EXPAREL®: a long-lasting, non-opioid option for postsurgical pain control

EXPAREL is indicated for administration into the surgical site to produce postsurgical analgesia

- Not indicated for nerve block
- FDA-approved indication includes oral and maxillofacial surgery when administered as local infiltration
- Significantly reduces pain and opioid consumption\(^1,2\)*
- Uses DepoFoam\(^\circledR\) technology to extend the pharmacologic effect of bupivacaine\(^1,3\)

EXPAREL has a proven safety and tolerability profile\(^1\)

- Safety evaluated in 10 infiltration clinical trials (N=823)
- Most common adverse events (incidence ≥10%) were nausea, constipation, and vomiting
- EXPAREL demonstrated a favorable cardiac safety profile\(^1,4,5\)
  - No detectable cardiac toxicity signal
  - In additional QTc analyses, no QTc prolongation in doses up to 750 mg\(^5\)

For information, purchasing, and resources visit EXPAREL.com/OMFS

Offer EXPAREL to patients to help reduce opioid use after surgery\(^1,2\)

Important Safety Information

EXPAREL is contraindicated in obstetrical paracervical block anesthesia. EXPAREL has not been studied for use in patients younger than 18 years of age.

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

EXPAREL is the only postsurgical analgesic to use DepoFoam to extend the therapeutic effect of bupivacaine\(^1,3\)

DepoFoam delivers bupivacaine over time\(^3\)

DepoFoam technology sets EXPAREL apart

- Following injection, DepoFoam gradually releases bupivacaine as lipid membranes are absorbed, extending the pharmacologic effect\(^1,3\)
- Membrane components are natural, well tolerated, and cleared by normal metabolic pathways
- Since DepoFoam releases bupivacaine over time, EXPAREL is intended for analgesia only, not for anesthesia

DepoFoam—a multivesicular liposome

For information, purchasing, and resources visit EXPAREL.com/OMFS

See how DepoFoam works
Watch a short video at EXPAREL.com/OMFS
Significant long-lasting pain control in a soft tissue study

Mean pain intensity versus time in hemorrhoidectomy study\(^2\)

![Image of graph showing pain intensity score versus time](image)

**30% reduction in cumulative pain scores vs placebo**\(^1,2\) \((P<0.0001)\)

**88% of patients in placebo group received rescue medication in the first 24 hours**

**45% reduction in overall opioid consumption**\(^1\) vs placebo through 72 hours \((P\leq 0.0006)\)

**45%**

- **88%** of patients in the placebo group received rescue medication in the first 24 hours
- **64%** of patients in the EXPAREL group were rescuing with opioids, causing the differences between the groups for pain intensity scores to diminish for the rest of the study period\(^1\)
- **The overall incidence of treatment-emergent adverse events (TEAE) in this study was similar between the EXPAREL and placebo groups, with the majority of adverse events being mild in severity**\(^1\)

Most patients report moderate-to-severe pain within 24 to 72 hours of surgery\(^1\)

- By 24 hours, **88%** of patients in the placebo group vs **64%** of patients in the EXPAREL group \((P<0.0008)\) were rescuing with opioids, causing the differences between the groups for pain intensity scores to diminish for the rest of the study period\(^1\)
- **28%** of patients in the EXPAREL group did not require any rescue medication throughout the 72-hour study period vs **10%** of patients in the placebo group \((P=0.0008)\)\(^2\)
- **Significant 14-hour difference** in median time to first opioid rescue between treatment groups \((P<0.0001)\)\(^2\)

**EXPAREL**\(^\circledR\): proven, long-lasting analgesia with a significant decrease in opioid consumption

More than 2 million patients have received EXPAREL across a broad range of surgeries\(^1\)

Important Safety Information

EXPAREL has not been studied for use in patients younger than 18 years of age.

Non-bupivacaine-based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more. Formulations of bupivacaine other than EXPAREL should not be administered within 96 hours following administration of EXPAREL.

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**Third molar trial results**

- The safety, efficacy and pharmacokinetics of EXPAREL were evaluated in the INfiltratioN Trial in Third Molar Extraction ObserveVing the Analgesic Effect of EXPAREL (INNOVATE) trial—a randomized, double-blind, placebo-controlled study of local infiltration of EXPAREL in patients undergoing third molar extraction.
- EXPAREL did not meet the primary endpoint cumulative pain score reflected in AUC of NRS through 48 hours in the intent to Treat (ITT) population (Fig. 1) due to protocol deviations.
  - Therefore, a post-hoc per-protocol analysis was conducted (EXPAREL, n=59; placebo, n=30) (Fig. 2).

**Infiltration technique is critical to optimize results**

- EXPAREL does not diffuse throughout the tissue in the same manner as traditional bupivacaine.
- EXPAREL is best administered with a 25-gauge or larger-bore needle using series of injections to effectively cover the surgical site.
  - Non-bupivacaine-based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL.
  - If administered in the same surgical site, EXPAREL administration may follow administration of lidocaine after 20 minutes.
  - Bupivacaine HCl can be used with or immediately prior to the administration of EXPAREL.
- EXPAREL should be injected slowly into soft tissues of the surgical site using a deep tissue infiltration technique.
  - EXPAREL is not indicated for nerve block.

**Dosing**

- EXPAREL is intended for single-dose administration only and is available as:
  - 10 mL single-use vials (133 mg, 1.3%) and 20 mL single-use vials (266 mg, 1.3%).
- The recommended dose of EXPAREL is 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
  - Maximum dose should not exceed 266 mg.
- Dosing is not weight-based.

**Important Safety Information**

Monitoring of cardiovascular and neurological status as well as vital signs should be performed during and after injection of EXPAREL as with other local anesthetic products.

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Please see Important Safety Information on back cover and accompanying full Prescribing Information.
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Monitoring of cardiovascular and neurological status as well as vital signs should be performed during and after injection of EXPAREL as with other local anesthetic products.

Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations.

In clinical trials, the most common adverse reactions (incidence ≥10%) following EXPAREL administration were nausea, constipation, and vomiting.

Please refer to accompanying full Prescribing Information.

For more information about EXPAREL and how DepoFoam® works, please contact us at 1-855-RX-EXPAREL (793-9727) or visit EXPAREL.com/OMFS.

References: