EXPAREL yields superior results in the sciatic nerve block in the popliteal fossa pivotal trial compared to bupivacaine HCl[1]

EXPAREL® (bupivacaine liposome injectable suspension)

The sciatic nerve block in the popliteal fossa pivotal trial investigated the efficacy, safety, pharmacokinetics, and pharmacodynamics of EXPAREL administered via ultrasound-guided sciatic nerve block in the popliteal fossa vs bupivacaine hydrochloride (HCl) in a surgical model well validated for postoperative pain in foot and ankle procedures.*

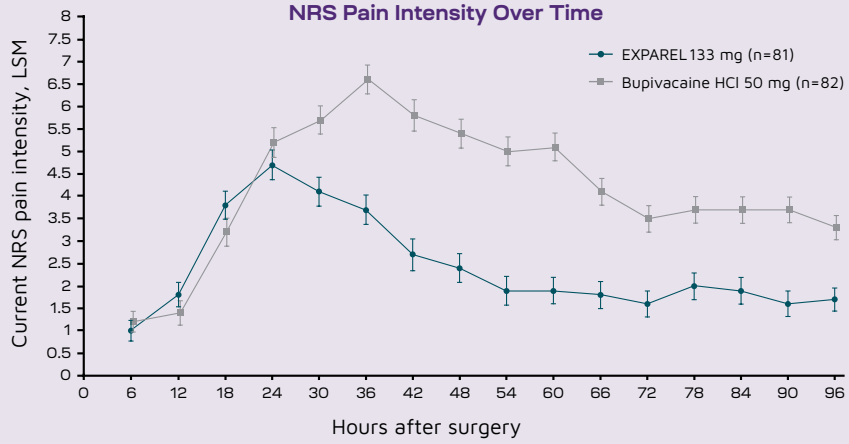
The data shows that EXPAREL

Provided greater postsurgical pain control compared to bupivacaine HCl[1]

EXPAREL resulted in a statistically significant 44% reduction in pain intensity scores through 4 days postsurgery versus bupivacaine HCl (P<0.00001).†

Primary Endpoint: Area under the curve of the Numerical Rating Scale (NRS) Pain Intensity Score, least squares mean (LSM; standard error)

EXPAREL 133 mg	207.4 (19.61)
Bupivacaine HCl 50 mg	371.4 (19.49)



Study design: Multicenter, randomized, double-blind, active-controlled study versus bupivacaine HCl designed to eliminate confounders and isolate the effects of EXPAREL by limiting the multimodal non-opioid analgesics permitted and providing opioid rescue on an as-needed basis only.

The frequency of adverse events (AEs) was similar across treatment groups, with all AEs being mild or moderate in severity. The most common AEs (>10%) following EXPAREL administration were nausea and constipation.

Reduces opioid consumption[1‡§]

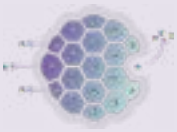
Reduced total opioid consumption by 61% through 4 days postsurgery (P<0.00001)

5x more participants in the EXPAREL group were opioid free through 4 days

Has a similar safety profile to bupivacaine HCl

- Well-tolerated
- Maximum bupivacaine plasma concentration (382 ng/mL) was well below the threshold for local anesthetic systemic toxicity[2,3]

Explore the innovation behind the evidence



EXPAREL uses **proprietary multivesicular liposome (pMVL) technology**, which allows the delivery of controlled levels of bupivacaine over time[4]

Learn more about how EXPAREL stacks up against bupivacaine HCl

*Bunionectomy; †Primary endpoint; ‡Secondary endpoints; §The clinical benefit of the decrease in opioid consumption was not demonstrated in the pivotal trials.

Please see Important Safety Information on the next page and full Prescribing Information at www.EXPAREL.com.

EXPAREL®
(bupivacaine liposome injectable suspension)

Indication

EXPAREL® (bupivacaine liposome injectable suspension) 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.

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.

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.

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, sciatic nerve block in the popliteal fossa, and adductor canal 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.

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

REFERENCES: 1. Schwartz G, Gadsden J, Gonzales J, et al. Liposomal bupivacaine via adductor canal block after total knee arthroplasty: a randomized, double-blind, phase 3 trial. Poster presented at: 48th Annual Regional Anesthesiology and Acute Pain Medicine Meeting; April 20, 2023; Hollywood, FL. Poster 4381. **2.** Knudsen K, Beckman Suurküla M, Blomberg S, et al. Central nervous and cardiovascular effects of i.v. infusions of ropivacaine, bupivacaine and placebo in volunteers. *Br J Anaesth*. 1997;78(5):507-514. **3.** New York School of Regional Anesthesia. Clinical pharmacology of local anesthetics. 2019. Accessed November 7, 2023. https://www.nysora.com/topics/pharmacology/clinical-pharmacology-local-anesthetics/ **4.** Bramlett K, Onel E, Viscusi ER, Jones K. A randomized, double-blind, dose-ranging study comparing wound infiltration of DepoFoam bupivacaine, an extended-release liposomal bupivacaine, to bupivacaine HCl for postsurgical analgesia in total knee arthroplasty. *Knee*. 2012;19(5):530-536.

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