

MULTIDISCIPLINARY APPROACH TO INTEGRATING EXPAREL

The Chief Pharmacy Officer Perspective

This case study represents the individual experience of one US health system and is intended to demonstrate its experience navigating formulary and operationalization of EXPAREL. Each health system's experience may vary based on, but not limited to, population, location, reimbursement structure, and surgery types.

Pacira BioSciences, Inc. recognizes that there are alternative methodologies for identifying appropriate indications, patient populations, management approaches, and data tracking, and approaches vary by health system.

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.

SELECT IMPORTANT SAFETY INFORMATION

- EXPAREL is contraindicated in obstetrical paracervical block anesthesia

Please see Important Safety Information on page 4.
Full Prescribing Information is available at www.EXPARELpro.com

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BUPIVACAINE LIPOSOME INJECTABLE SUSPENSION

ERAS PROTOCOLS USED IN EXPAREL IMPLEMENTATION

System Overview

Mid-sized regional non-profit health system in Texas

Strategy Goal

Implement and expand EXPAREL within a health system using a multidisciplinary approach with multimodal ERAS protocols as the foundation, with consideration given to overall institutional expenses

Approach

1

Identified champions

Clinicians who requested that EXPAREL be added to formulary became key team members in the implementation process, in addition to pharmacists and administrators

2

Generated ERAS protocol

Pharmacists and clinicians worked together to create an ERAS protocol with a multimodal approach that included taking opioids off of their order set

3

Targeted high-complication procedures

EXPAREL was added to formulary first for colorectal procedures because they were high-complication procedures with sufficient surgeon and patient support

4

Measured initial outcomes and ensured ERAS protocol use

A nurse analyzed outcomes (including pain scores, opioid use and side effects, early ambulation, length of stay, and readmissions) compared to those not treated with EXPAREL. The pharmacy team monitored pain management and drug expense data to ensure proper implementation of the ERAS protocol

5

Expanded use of EXPAREL

After its initial use in colorectal procedures showed promising results, EXPAREL was added to other procedures in line with the approved indication one at a time, using ERAS protocols to support appropriate use

ERAS, Enhanced Recovery After Surgery.

SELECT IMPORTANT SAFETY INFORMATION (cont'd)

- 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

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TEAMWORK AND PROTOCOL ADHERENCE LEAD TO LONG-TERM BENEFITS

Key Considerations

Drive cross-discipline collaboration

Involving key stakeholders early and often is important, including pharmacists, clinicians, and administrators

Establish ERAS protocols

Ensuring that ERAS protocols are in place can help build rigorous structure, hold key players accountable, and capture data

Assess procedures based on clinical and economic impact

Starting with procedures that have higher opioid use and side effects and longer stays can ease formulary entry

Reframe the cost discussion

Building the total cost story of EXPAREL for your health system is critical, rather than focusing only on the immediate costs

Reported Impact at This Health System



Opioid use decreased, along with opioid-related side effects*



Early ambulation increased, and length of stay decreased*



ERAS protocol adherence helped ensure expansion of EXPAREL to additional appropriate procedure types

For more information on how to establish or expand access to EXPAREL at your health system, contact your Pacira representative or visit [EXPARELpro.com/connect](https://www.EXPARELpro.com/connect)



*Based on data reported by the Chief Pharmacy Officer interviewed for this case study. These results reflect the experiences of one health system, and results at other health systems may vary.

ERAS, Enhanced Recovery After Surgery.

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

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EXPAREL INDICATION AND IMPORTANT SAFETY INFORMATION

INDICATION

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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

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