John Malara, PA presents:
Novel Techniques for Changing the Paradigm in Spine and Orthopaedic Procedures: Strategies for the Hospital and Ambulatory Surgery Center Settings

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Thursday, June 4, 2015, 2:00pm ET

PRESENTER: JOHN MARALA, PA

The 75-minute webinar will feature John Malara, PA. John is the Advanced Practice Chief for 3B Orthopaedics and serves as an Expert Speaker for Pacira Pharmaceuticals. He obtained a bachelor’s degree in Rehabilitation Science from the University of Pittsburgh and a master’s degree as a Physician Assistant from Drexel University.

John will discuss issues surrounding the current use of opioids for the management of post-surgical pain. He will elaborate on the ways his institution has implemented opioid reducing strategies, specifically how EXPAREL (bupivacaine liposome injectable suspension) has impacted their pain management strategy; enhanced recovery after surgical protocols; quality initiatives; and best practices to achieve optimal results with EXPAREL.

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OR Today would like to thank our sponsor Pacira Pharmaceuticals! Pacira Pharmaceuticals, Inc. is a specialty pharmaceutical company focused on the clinical and commercial development of new products that meet the needs of acute care practitioners and their patients.

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EXPAREL provides long-lasting pain control that reduces opioid requirements… without the need for catheters and pumps\textsuperscript{1,2}

- Indicated for single-dose administration into the surgical site to produce postsurgical analgesia
- Innovative DepoFoam\textsuperscript{\textregistered} technology delivers bupivacaine over time as lipid membranes reorganize\textsuperscript{3}
- DepoFoam encapsulates bupivacaine via a multivesicular liposomal drug delivery technology\textsuperscript{3}

Dosing

- Dose EXPAREL based on the administration site and volume required to cover the area
- Available as 266 mg, 1.3%/20 mL single-use vials
- Maximum dose of EXPAREL should not exceed 266 mg (one 20 mL vial)

Important administration precautions

- Wait 20 minutes after administering 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
- When using bupivacaine HCl before EXPAREL, the dose of bupivacaine HCl should be ≤50\% the dose of EXPAREL. As a reference:
  - One 20 mL vial of EXPAREL contains 266 mg of free base bupivacaine; 266 mg of free base bupivacaine is equivalent to 300 mg of bupivacaine HCl
  - One 30 mL vial of 0.5\% bupivacaine HCl contains 150 mg bupivacaine HCl
  - Toxic effects of these drugs are additive and their administration should be used with caution, including monitoring for neurological and cardiovascular effects related to toxicity
- Do not administer bupivacaine within 96 hours of EXPAREL
Storage and handling

• EXPAREL vials should be stored refrigerated between 2°C to 8°C (36°F to 46°F)

• EXPAREL may be held at a controlled room temperature of 20°C to 25°C (68°F to 77°F) for up to 30 days in sealed, intact (unopened) vials

• Vials should not be re-refrigerated. Each vial label includes space to record the date when the vial has been removed from refrigeration

• EXPAREL should not be frozen or exposed to high temperatures (greater than 40°C or 104°F) for an extended period

• Do not administer EXPAREL if it is suspected of having been frozen or exposed to high temperatures. Vials should be visually inspected before use. Do not use the vial if the stopper is bulging

Tolerability

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

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.

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.

Please refer to accompanying full Prescribing Information.

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

Please contact your Pacira Surgical Account Specialist with any questions.

Name: ____________________________________________

Email: ____________________________________________ Phone: ________________________________

GOT A QUESTION FOR TODAY’S PRESENTER?

Our presenter looks forward to addressing your questions. Attendees will be on a listen only mode throughout today’s presentation, but you are able to submit a question during the webinar using the “Questions Feature” on your webinar dashboard.

You are also welcome to submit your questions prior to today’s webinar. Please email webinar@mdpublishing.com with the subject line “Attendee Question for OR Today’s Webinar.” All questions will be addressed during the webinar or offline at the presenter’s convenience.
EXPAREL®
(bupivacaine liposome injectable suspension)

Patient-Focused Pain Control With A Single Dose

Long-Lasting Pain Control With Less Need for Opioids\textsuperscript{1,2}

- Indicated for administration into the surgical site to produce postsurgical analgesia
- Reduce pain and opioid requirements\textsuperscript{1,2} without the need for catheters or pumps

Pivotal studies have demonstrated the safety and efficacy of EXPAREL in patients undergoing bunionectomy and hemorrhoidectomy procedures.

The clinical benefit of the attendant decrease in opioid consumption was not demonstrated.

**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. 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. Other formulations of bupivacaine should not be administered within 96 hours following administration of EXPAREL. 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.

**References:**

For more information, visit www.EXPAREL.com

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EXPAREL®
(bupivacaine liposome injectable suspension)
Brief Summary
(For full prescribing information refer to package insert)
INDICATIONS AND USAGE
EXPAREL® is a liposome injection of bupivacaine, an amide-type local anesthetic, intended for use in the surgical site to produce postsurgical analgesia.
EXPAREL has not been studied for use in patients younger than 18 years of age.
CONTRAINDICATIONS
EXPAREL is contraindicated in obstetrical paracervical block anesthesia. While EXPAREL has not been tested with this technique, the use of bupivacaine for obstetrical paracervical block anesthesia has been associated with maternal and fetal toxicity. EXPAREL has not been studied for use in patients with a known allergy to bupivacaine. EXPAREL should not be administered in a setting where trained personnel and equipment are available to promptly treat patients who show evidence of neurologic or cardiac toxicity.
CAUTIONS
Caution should be taken to avoid accidental intravascular injection of EXPAREL. Convulsions and cardiac arrest have occurred following accidental intravascular injection of bupivacaine and other amioderivative-containing products. Using EXPAREL followed by other bupivacaine formulations has not been studied in clinical trials. Other formulations of bupivacaine HCl should not be administered within 86 hours following administration of EXPAREL.
EXPAREL has not been evaluated for the following uses and, therefore, it is not recommended for these uses:
• patients younger than 18 years old
• pregnant patients
• nursing patients
The ability of EXPAREL to achieve effective anesthesia has not been studied in patients with impaired renal or hepatic function. EXPAREL is not indicated for pre-incisional or pre-procedural loco-regional anesthetic techniques that require deep and complete sensory block in the area of administration.
ADVERSE REACTIONS
Adverse Reactions Reported in All Wound Infiltration Clinical Studies
The safety of EXPAREL was evaluated in 10 randomized, double-blind, placebo-controlled, single-surgical site clinical studies involving 823 patients undergoing various surgical procedures. Patients were administered a dose ranging from 66 to 532 mg of EXPAREL to these studies, the most common adverse reaction (incidence greater than or equal to 10%) following EXPAREL administration were nausea, constipation, and vomiting.
The common adverse reactions (incidence greater than or equal to 2% but less than 10%) following EXPAREL administration were pyrexia, dizziness, edema peripheral, anemia, hypotension, pruritus, albuminuria, headache, insomnia, anemia postoperative, muscle spasm, hemorrhagic anemia, back pain, somnolence, and proctal pain.
DRUG INTERACTIONS
EXPAREL can be administered undiluted or diluted up to 0.89 mg/mL (i.e., 1:14 dilution by volume) with normal (0.9%) sterile saline for injection or lactated Ringer’s solution. EXPAREL must not be admixed with other or slower acting agents as it will result in disruption of the liposomal particles. EXPAREL should not be admixed with other local anesthetics. EXPAREL may be locally admixed after at least 20 minutes following local infiltration of lidocaine. Bupivacaine HCl, when injected immediately before EXPAREL, may impact the pharmacokinetic and/or pharmacodynamic properties of the drugs if the milligram dose of bupivacaine which can persist for 96 hours. Systemic plasma levels of bupivacaine following administration of EXPAREL are not correlated with local efficacy.
CLINICAL PHARMACOLOGY
Pharmacokinetics
Local infiltration of EXPAREL results in significant systemic plasma levels of bupivacaine which can persist for 96 hours. Systemic plasma levels of bupivacaine following administration of EXPAREL are not correlated with local efficacy.
CLINICAL STUDIES
The efficacy of EXPAREL was compared to placebo in two multicenter, randomized, double-blind clinical trials. One trial was a parallel-group study involving treatments in colorectal surgery and the other trial evaluated the treatments in patients undergoing herniorrhaphy. EXPAREL has not been demonstrated to be safe and effective in other procedures.
Bunionectomy
A multicenter, randomized, double-blind, placebo-controlled, parallel-group study evaluated the safety and efficacy of 106 mg EXPAREL in 193 patients undergoing bunionectomy (mean age was 45 years (range 18 to 72). Study medication was administered directly into the wound at the conclusion of the surgery, prior to wound closure. Pain intensity was rated by the patients on a 0 to 10 numeric rating scale (NRS) out to 72 hours. Postoperatively, patients were allowed rescue medication (5 mg oxycodone/325 mg acetaminophen biologic or equivalent dosing from any other formulations of bupivacaine to EXPAREL and vice versa).
Dosage in Special Populations
EXPAREL has not been studied in patients younger than 18 years of age, pregnant patients or patients who are nursing.
NEPHROLOGY
A multicenter, randomized, double-blind, placebo-controlled, parallel-group study evaluated the safety and efficacy of 266 mg EXPAREL in 189 patients undergoing herniorrhaphy. The mean age was 48 years (range 18 to 86). Study medication was administered directly into the wound (greater than or equal to 3 cm from the inferior border of the inguinal ligament). Pain intensity was rated by the patients on a 0 to 10 NRS at multiple time points up to 72 hours. Postoperatively, patients were allowed rescue medication (maximum 10 mg by intramuscular every 4 hours as needed) or, that was insufficient within the first 24 hours, ketorolac (15 to 30 mg IV). The primary outcome measure was the area under the curve (AUC) of the NRS pain intensity scores (cumulative pain scores) collected over the first 24 hour period. There was a significant treatment effect for EXPAREL compared to placebo. In this clinical study, EXPAREL demonstrated a significant reduction in pain intensity compared to placebo for up to 24 hours. The difference in mean pain intensity between treatment groups occurred only during the first 24 hours following study drug administration. Between 24 and 72 hours after study drug administration, there was minimal to no difference between EXPAREL and placebo treatments on mean pain intensity.
RENOLOGY
A multicenter, randomized, double-blind, placebo-controlled, parallel-group study evaluated the safety and efficacy of EXPAREL in 189 patients undergoing herniorrhaphy. The mean age was 48 years (range 18 to 86). Study medication was administered directly into the wound (greater than or equal to 3 cm from the inferior border of the inguinal ligament). Pain intensity was rated by the patients on a 0 to 10 NRS at multiple time points up to 72 hours. Postoperatively, patients were allowed rescue medication (maximum 10 mg by intramuscular every 4 hours as needed). The primary outcome measure was the AUC of the NRS pain intensity scores (cumulative pain scores) collected over the first 72 hour period. There was a significant treatment effect for EXPAREL compared to placebo.
In this clinical study, EXPAREL demonstrated a significant reduction in pain intensity compared to placebo for up to 24 hours. The difference in mean pain intensity between treatment groups occurred only during the first 24 hours following study drug administration. Between 24 and 72 hours after study drug administration, there was minimal to no difference between EXPAREL and placebo treatments on mean pain intensity. However, there was an attendant decrease in opioid consumption, the clinical benefit of which was not demonstrated.