New Analysis Shows Use of EXPAREL Associated with Improved Clinical and Economic Outcomes Following Hip Replacement Surgery

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Results from 10 U.S. hospitals with highest EXPAREL use in total hip arthroplasties

PARSIPPANY, N.J., June 12, 2019 (GLOBE NEWSWIRE) -- Pacira BioSciences, Inc. (NASDAQ: PCRX) today announced new data on the use of EXPAREL® (bupivacaine liposome injectable suspension) following total hip arthroplasty (THA). The findings show that patients receiving EXPAREL had a significant reduction in opioid use, hospital length of stay (LOS), and total hospitalization costs compared to THA patients who did not receive the product. The results were published in *The Journal of Medical Economics*.

This retrospective analysis utilized data from the Premier Healthcare Database from January 2011 through April 2017 for the ten hospitals in the United States with the highest number of THA procedures using EXPAREL. Patients undergoing THA who received EXPAREL were matched in a one-to-one ratio to a control group of patients whose pain management strategy did not include the product. The study population included a total of 12,589 patients, with 7,232 Medicare patients and 5,357 commercial insurance patients.

Results showed that patients undergoing THA who received EXPAREL compared to those who did not demonstrated a significant:

- **Decrease in opioid consumption,** expressed in oral morphine equivalent dosing (MED), among Medicare and commercial insurance patients (105 mg MED and 81 mg MED reductions, respectively; *P*<0.0001)
- **Decrease in average hospital LOS** by 0.7 days in both the Medicare and commercial insurance groups (*P*<0.0001)
- **Decrease in total hospitalization costs in the Medicare population** (–$561; *P*<0.0001)
- **Increase in likelihood to be discharged home** in both the Medicare and commercial insurance groups (1.66 and 1.57, respectively; *P*<0.0001)

“When pain is not managed properly following total hip arthroplasty surgery, patients may experience an increase in hospital length of stay, opioid consumption and an overall delayed recovery,” said Carl Asche, PhD, Research Professor 1 and Director of the Center for Outcomes Research at the University of Illinois College of Medicine at Peoria and lead author on the study publication. “This can result in an increase in hospitalization costs as well. Our data illustrates that successful use of EXPAREL can offer improved patient outcomes, as well as economic benefits for hospitals, during THA procedures.”

Results of this study are consistent with findings from several retrospective studies and randomized controlled trials on the use of EXPAREL for total joint replacement procedures, including additional data from Dr. Asche, published last year in *TheJournal of Medical Economics*that found a decrease in opioid consumption, hospital LOS and hospitalization costs for patients receiving EXPAREL following total knee arthroplasty TKA.[1]

Between 2013 and 2015, an estimated one in five American adults reported a diagnosis of arthritis, the most common being osteoarthritis,[2] which often requires THA. This procedure is growing steadily, with research estimating 572,000 annual THAs will be conducted in the U.S. by 2030.[3]

About Pacira BioSciences
Pacira BioSciences, Inc. (NASDAQ: PCRX) is a leading provider of non-opioid pain management and regenerative health solutions dedicated to advancing and improving outcomes for health care practitioners and their patients. The company’s long-acting local analgesic, EXPAREL® (bupivacaine liposome injectable suspension) was commercially launched in the United States in April 2012. EXPAREL utilizes DepoFoam®, a unique and proprietary product delivery technology that encapsulates drugs without altering their molecular structure, and releases them over a desired period of time. In April 2019, the company acquired the iovera° system, a handheld cryoanalgesia device used to deliver precise, controlled doses of cold temperature only to targeted nerves. To learn more about Pacira, including the corporate mission to reduce overreliance on opioids, visit www.pacira.com.

About EXPAREL®
EXPAREL (bupivacaine liposome injectable suspension) 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. The product combines bupivacaine with DepoFoam®, a proven product delivery technology that delivers medication over a desired time period. EXPAREL represents the first and only multivesicular liposome local anesthetic that can be utilized in the peri- or postsurgical setting. By utilizing the DepoFoam platform, a single dose of EXPAREL delivers bupivacaine over time, providing significant reductions in cumulative pain scores with up to a 78 percent decrease in opioid consumption; the clinical benefit of the opioid reduction was not demonstrated. Additional information is available at www.EXPAREL.com.

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 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.

[1]Carl V. Asche, Simon Dagenais, Amiee Kang, Jinma Ren & Brian T. Maurer (2018) Impact of treatment with liposomal bupivacaine on hospital costs, length of stay, and discharge status in patients undergoing total knee arthroplasty at high-use institutions, Journal of Medical Economics, DOI: 10.1080/13696998.2018.1543190

[2] Barbour KE, Helmick CG, Boring M, et al. Vital signs: prevalence of doctor-diagnosed arthritis and arthritis-attributable activity limitation - United States, 2013-2015. MMWR Morb Mortal Wkly Rep. 2017;66:246-253

[3] Kurtz S, Ong K, Lau E, et al. Projections of primary and revision hip and knee arthroplasty in the United States from 2005 to 2030. J Bone Joint Surg Am. 2007;89:780-785

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