



Pacira BioSciences and Caregiver Action Network Announce New Survey on Gaps in Preparing Families for Postsurgical Recovery at Home

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Caregivers say they need clearer pain management plans, earlier education, and practical support on non-opioid options before a loved one undergoes surgery

BRISBANE, Calif., Oct. 07, 2026 (GLOBE NEWSWIRE) -- Pacira BioSciences, Inc. (NASDAQ: PCRX), the industry leader in its commitment to deliver innovative, non-opioid pain therapies to transform the lives of patients, and Caregiver Action Network (CAN), the nation's leading family caregiver organization, today announced findings from *Ready, Set, Recover*, an initiative examining family caregivers' experiences with surgery preparation, postsurgical pain management, and recovery at home.

The initiative featured a national survey of 202 responses from CAN's caregiver network, gathering insights on surgery preparation, postsurgical pain management, and recovery at home. Nearly all respondents reported caring for a loved one recovering from surgery or an outpatient medical procedure. The survey was complemented by an August 2026 roundtable discussion with 10 caregivers, and three one-on-one interviews, which provided additional perspective on practical challenges such as managing medications, monitoring pain and balancing recovery responsibilities at home.

Together, the findings underscore a central challenge during the hospital-to-home transition: caregivers are often responsible for managing pain and recovery, yet many feel they lack practical information and support. Nearly eight in 10 respondents (78%) agreed that caregivers are often expected to manage pain at home without sufficient information.

Caregivers Need More Support at the Hospital-to-Home Handoff

Over three-quarters (76%) of survey respondents expressed concern about managing care at home in the initial days after surgery. Pain medication contributed to those worries: 63% were concerned about administering the correct dose on time, while 60% worried about how to get help if pain continued and potential side effects arose. Notably, 38% reported receiving very little or no information about pain management options prior to the surgery.

These challenges were echoed in a caregiver roundtable, with participants describing the transition from hospital-to-home as a period of uncertainty and rapidly changing responsibilities. Some caregivers received only basic discharge instructions or were excluded from care discussions, while others described having to coordinate medications, monitor pain and side effects, and determine when changing symptoms warranted additional medical attention.

"Family caregivers are often the ones who carry a recovery plan from the hospital into the home, where they may suddenly be responsible for managing medications, monitoring pain, and helping a loved one get back on their feet," said Marvell Adams Jr., CEO of Caregiver Action Network. "These findings reinforce the importance of preparing caregivers before surgery with clear, practical information they can use once they get home."

A Clear, Detailed Plan Can Help Families Prepare

Nearly all survey respondents (97%) said understanding all available pain management options before surgery was very or extremely important. To better prepare for recovery, 72% wanted a detailed pain management plan outlining medications, timing, and side effects. Other requested resources included information on alternatives to standard pain medications (64%), pre-procedure education about pain management (58%), and access to a healthcare provider after discharge (53%). Roundtable participants stressed the importance of preparing for both expected and unexpected challenges, such as medication schedules, potential side effects, changes in mobility, and questions that emerge after returning home.

These findings suggest that caregivers are ready to play an active role in pain management conversations when given the opportunity. Nearly nine in 10 said they would feel comfortable asking a healthcare provider about different pain management options, and 82% said their involvement or questions influenced their loved one's pain management or recovery plan. Roundtable participants added that even proactive caregivers sometimes struggled to know what to ask before surgery.

"I went in [to the pre-surgical meeting] prepared with questions for one thing, but then there are other things you forget. I didn't understand what pain medication would be allowed alongside all the other medicines [my mother] needed to take after surgery," said a Roundtable Participant.

Understanding of Pain Management Choices Varies

Before a procedure, 41% said they understood that multiple pain management approaches were available and asked their loved one's healthcare provider about the options. Another 27% knew options existed, but did not fully understand the differences, while 29% assumed the healthcare provider would decide what was best.

Awareness of non-opioid pain management options also varied. Before surgery, 33% said they were either not aware of

non-opioid options or were vaguely familiar with them. At the same time, 72% said they would have been very or somewhat likely to consider or request an alternative if they had received more information about pain management options before surgery. Caregivers at the roundtable similarly described gaps in the way pain management options were presented, with several sharing that non-opioid approaches were not proactively discussed and that families instead had to raise alternatives themselves.

“These findings highlight the need to involve caregivers in postsurgical pain management discussions earlier in the surgical process,” said Brendan Teehan, Chief Commercial Officer at Pacira BioSciences. “Caregivers play a key role in implementing recovery plans at home. Giving families clear, practical information before surgery, including recovery expectations and available pain management options, helps them ask informed questions and feel more prepared for the transition at home.”

Roundtable participants also emphasized that recovery support extends beyond clinical instructions. Caregivers described balancing medication management, appointments and communication with healthcare teams alongside work, childcare and other responsibilities. They also called for resources that recognize caregivers' own well-being and provide access to peer or community support. Together, these findings point to the importance of preparing caregivers before surgery, providing clear guidance at discharge and offering practical resources they can use once their loved one is home, including CAN's Family Caregiver Toolbox at <https://www.caregiveraction.org/toolbox>.

Discussing Postsurgical Pain Management Options

Patients and caregivers should speak with a healthcare provider before surgery about the pain management approaches that may be appropriate for the patient, including non-opioid options. One non-opioid option that may be appropriate for certain patients is EXPAREL® (bupivacaine liposome injectable suspension). EXPAREL is a long-acting local anesthetic administered at the time of surgery to provide targeted pain relief during the first few days after surgery, when discomfort is typically at its worst.

About Ready, Set, Recover

Ready, Set, Recover is a collaborative, educational initiative from Pacira BioSciences, Inc., and Caregiver Action Network designed to elevate caregiver voices and better understand the support and tools family caregivers need as they help loved ones prepare for surgery and navigate recovery at home.

The online survey was conducted through email outreach and social media promotion across Caregiver Action Network's channels. Responses were collected from June 30 through July 31, 2026, from 202 family caregivers and analyzed to better understand caregiver experiences with postsurgical pain, including preparedness for recovery at home, understanding of pain management options, involvement in provider decision-making, awareness of non-opioid approaches, and caregiver support needs.

To complement the survey findings, a roundtable discussion was hosted on August 18, 2026, comprised of 10 family caregivers, along with three one-on-one interviews. These conversations supported the survey findings through first-hand experiences, offering a deeper insight into the challenges faced and support needed while helping loved ones manage postsurgical pain at home. Results reflect the experiences and opinions of survey respondents and roundtable participants, and are not intended to be representative of all U.S. family caregivers. To download the Ready, Set, Recover initiative report visit: www.pacira.com/ready-set-recover.

About Pacira

Pacira delivers innovative, non-opioid pain therapies to transform the lives of patients. Pacira has two commercial-stage non-opioid treatments: EXPAREL® (bupivacaine liposome injectable suspension), a long-acting local analgesic currently approved for infiltration, fascial plane block, and as an interscalene brachial plexus nerve block, an adductor canal nerve block, and a sciatic nerve block in the popliteal fossa for postsurgical pain management and ZILRETTA® (triamcinolone acetate extended-release injectable suspension), an extended-release, intra-articular injection indicated for the management of osteoarthritis knee pain. The company is also advancing a pipeline of clinical-stage assets for musculoskeletal pain and adjacencies, its most advanced product candidate, PCRX-201 (enekinragene inzadenovec), a novel locally administered gene therapy, is in Phase 2 clinical development for osteoarthritis of the knee. To learn more about Pacira, visit www.pacira.com.

About EXPAREL® (bupivacaine liposome injectable suspension)

EXPAREL is indicated to produce postsurgical local analgesia via infiltration in patients aged 6 years and older, and postsurgical regional analgesia via an interscalene brachial plexus block in adults, a sciatic nerve block in the popliteal fossa in adults, and an adductor canal block in adults. The safety and effectiveness of EXPAREL have not been established to produce postsurgical regional analgesia via other nerve blocks besides an interscalene brachial plexus nerve block, a sciatic nerve block in the popliteal fossa, or an adductor canal block. The product combines bupivacaine with multivesicular liposomes, 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 multivesicular liposome 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.

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 should not be used in obstetrical paracervical block anesthesia.

In studies in adults where EXPAREL was injected into a wound, the most common side effects were nausea, constipation, and vomiting.

In studies in adults where EXPAREL was injected near a nerve, the most common side effects were nausea, fever, headache, and constipation.

In the study where EXPAREL was given to children, the most common side effects were nausea, vomiting, constipation, low blood pressure, low number of red blood cells, muscle twitching, blurred vision, itching, and rapid heartbeat.

EXPAREL can cause a temporary loss of feeling and/or loss of muscle movement. How much and how long the loss of feeling and/or muscle movement depends on where and how much of EXPAREL was injected and may last for up to 5 days.

EXPAREL is not recommended to be used in patients younger than 6 years old for injection into the wound, for patients younger than 18 years old for injection near a nerve, and/or in pregnant women.

Tell your health care provider if you or your child has liver disease, since this may affect how the active ingredient (bupivacaine) in EXPAREL is eliminated from the body.

EXPAREL should not be injected into the spine, joints, or veins.

The active ingredient in EXPAREL can affect the nervous system and the cardiovascular system; may cause an allergic reaction; may cause damage if injected into the joints; and can cause a rare blood disorder.

Please refer to the full [Prescribing Information](#).

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Forward-Looking Statements

Any statements in this press release about Pacira's future expectations, plans, trends, outlook, projections and prospects, and other statements containing the words "anticipate," "believe," "can," "could," "estimate," "expect," "intend," "may," "plan," "project," "should," "will," "would," and similar expressions, constitute forward-looking statements within the meaning of Section 21E of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), and the Private Securities Litigation Reform Act of 1995, including, without limitation, statements related to: the ability to realize the anticipated benefits of the divestiture of iovera®; '5x30', our growth and business strategy, our future outlook, the strength and efficacy of our intellectual property protection and patent terms, our future growth potential and future financial and operating results and trends, our plans, objectives, expectations (financial or otherwise) and intentions, including our plans with respect to the repayment of our indebtedness, anticipated product portfolio and product development programs, strategic alliances, plans with respect to the Non-Opioids Prevent Addiction in the Nation ("NOPAIN") Act, and any other statements that are not historical facts. For this purpose, any statement that is not a statement of historical fact should be considered a forward-looking statement. We cannot assure you that our estimates, assumptions and expectations will prove to have been correct. Actual results may differ materially from these indicated by such forward-looking statements as a result of various important factors, including risks relating to, among others: risks associated with acquisitions, such as the risk that the acquired businesses and/or assets will not be integrated successfully, that such integration may be more difficult, time-consuming or costly than expected or that the expected benefits of the transaction will not occur; risks associated with divestitures; our manufacturing and supply chain, global and United States economic conditions (including tariffs, inflation and rising interest rates), and our business, including our revenues, financial condition, cash flows and results of operations; the success of our sales and manufacturing efforts in support of the commercialization of EXPAREL and ZILRETTA; the rate and degree of market acceptance of EXPAREL and ZILRETTA; the size and growth of the potential markets for EXPAREL and ZILRETTA and our ability to serve those markets; our plans to expand the use of EXPAREL and ZILRETTA to additional indications and opportunities, and the timing and success of any related clinical trials for EXPAREL, ZILRETTA and any of our other product candidates, including, but not limited to, PCRX-201 and PCRX-2002; the commercial success of EXPAREL and ZILRETTA; the related timing and success of United States Food and Drug Administration supplemental New Drug Applications and premarket notification 510(k)s; the related timing and success of European Medicines Agency Marketing Authorization Applications; our plans to evaluate, develop and pursue additional product candidates utilizing our proprietary high-capacity adenovirus ("HCAAd") vector platform; the approval of the commercialization of our products in other jurisdictions (by either us or our partners); clinical trials in support of an existing or potential HCAAd-based product candidate; our commercialization and marketing capabilities; our ability to successfully complete capital projects; the outcome of any litigation; the recoverability of our deferred tax assets; assumptions associated with contingent consideration payments; assumptions used for estimated future cash flows associated with determining the fair value of the Company; the anticipated funding or benefits of our share repurchase program; and factors discussed in the "Risk Factors" of our most recent Annual Report on Form 10-K and in other filings that we periodically make with the Securities and Exchange Commission (the "SEC"). In addition, the forward-looking statements included in this press release represent our views as of the date of this press release. Important factors could cause actual results to differ

materially from those indicated or implied by forward-looking statements, and as such we anticipate that subsequent events and developments will cause our views to change. Except as required by applicable law, we undertake no intention or obligation to update or revise any forward-looking statements, whether as a result of new information, future events or otherwise, and readers should not rely on these forward-looking statements as representing our views as of any date subsequent to the date of this press release.

These forward-looking statements involve known and unknown risks, uncertainties and other factors that may cause our actual results, levels of activity, performance or achievements to differ materially from those expressed or implied by these statements. These factors include the matters discussed and referenced in the "Risk Factors" of our most recent Annual Report on Form 10-K and in other filings that we periodically make with the SEC.

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