



## **The NOPAIN Act:**

# ***Understanding a Key Reimbursement Policy Change for EXPAREL and Similar Non-Opioids***

**EXPAREL<sup>®</sup>**  
(bupivacaine liposome injectable suspension)

**PACIRA**  
PHARMACEUTICALS, INC.

# Today's Speakers



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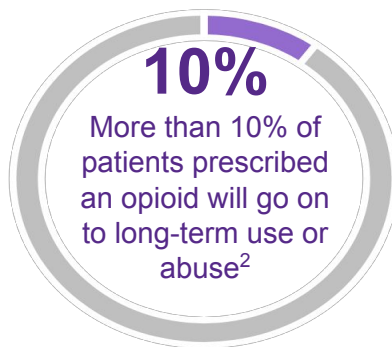
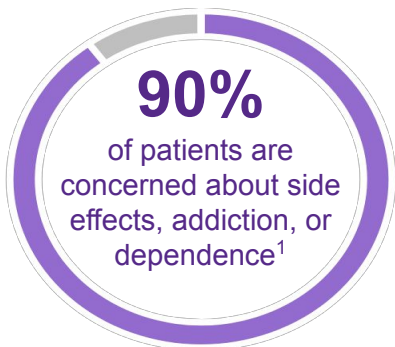
*HCA Healthcare*

# Disclosures

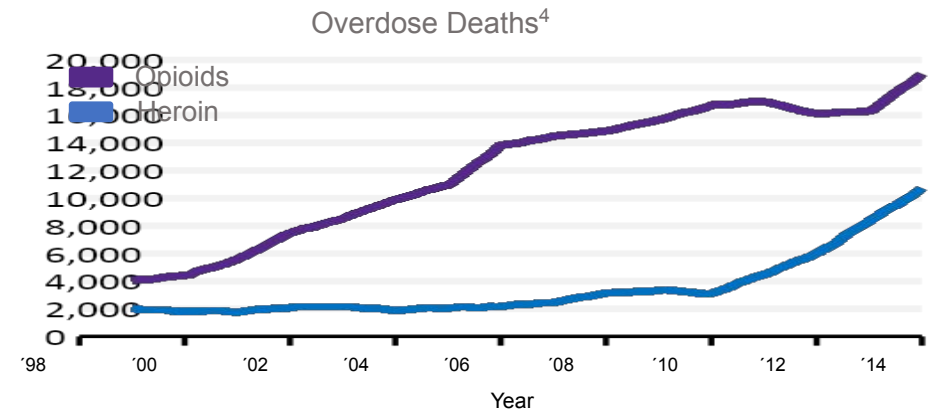
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# Impact of Opioids on Surgical Patients

As many as  
**70 MILLION SURGICAL PATIENTS**  
are prescribed an opioid in the United States annually<sup>1</sup>



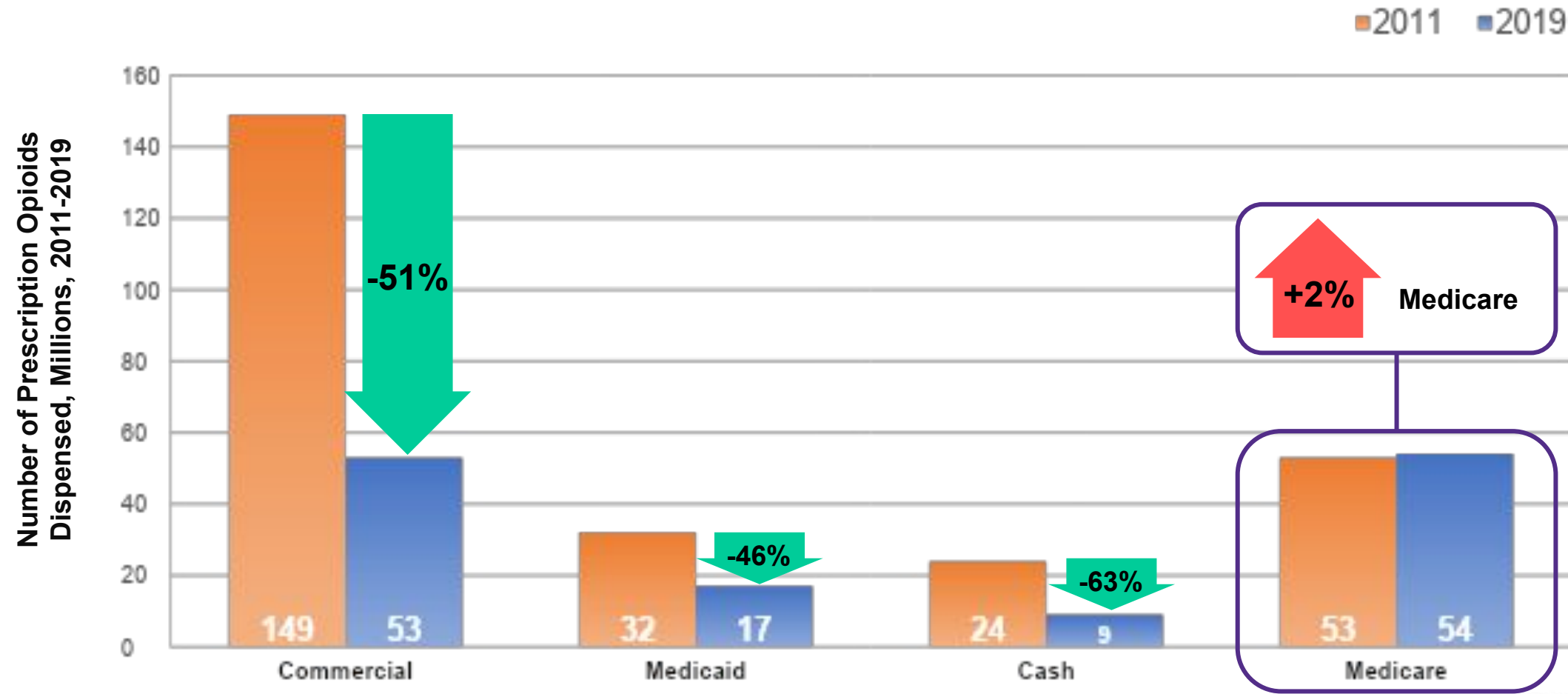
Four out of 5 new heroin users started out misusing prescription painkillers<sup>3</sup>



There is a significant unmet need in postsurgical pain management, requiring a paradigm shift to address the clinical, societal, and economic burdens associated with opioid use

1. Pacira Pharmaceuticals website. [http://investor.pacira.com/phoenix.zhtml?c=220759&p=irol-newsArticle\\_pf&ID=2191316](http://investor.pacira.com/phoenix.zhtml?c=220759&p=irol-newsArticle_pf&ID=2191316). Published August 1, 2016. Accessed February 1, 2018. 2. Alam A et al. *Arch Intern Med*. 2012;172(5):425-430. 3. American Society of Addiction Medicine website. <http://www.asam.org/docs/default-source/advocacy/opioid-addiction-disease-facts-figures.pdf>. Accessed February 1, 2018. 4. PBS/Frontline website. <http://www.pbs.org/wgbh/frontline/article/how-bad-is-the-opioid-epidemic/>. Published February 23, 2016. Accessed August 16, 2017.

# Despite Recognized Risks, Opioid Prescribing Has Increased in the Medicare Patient Population



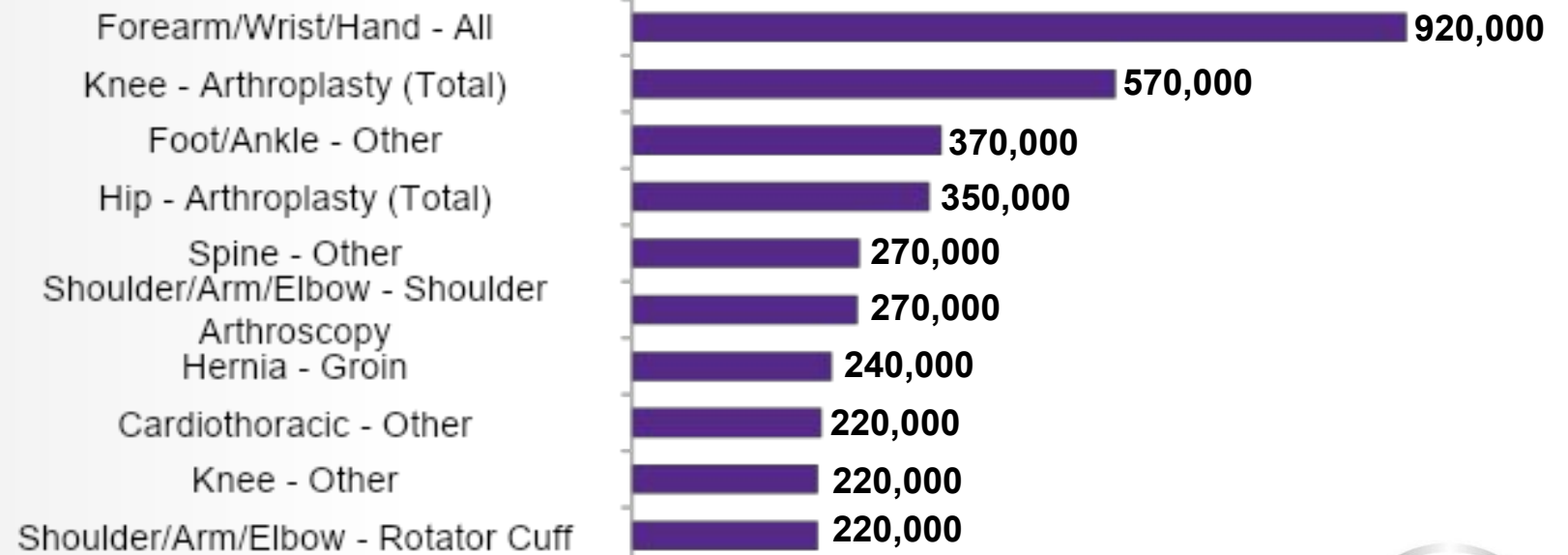
Source: 2020 IQVIA Prescription Opioid Trends in the United States: Measuring and Understanding Progress in the Opioid Crisis  
IQVIA Xponent, Mar 2020; IQVIA Institute, Nov 2020.

Please see Important Safety Information at the end of this presentation. Full Prescribing Information is available at [www.EXPAREL.com](http://www.EXPAREL.com).

# Overprescribing and Untoward Effects Persist Among Medicare Beneficiaries<sup>1</sup>

- From 2011 to 2019, Medicare’s share of the nation’s overall opioid prescribing **increased by 75%**
- In 2020, about 1 million Medicare beneficiaries – **1,055,809 in total**—were diagnosed with opioid use disorder in 2020<sup>1</sup>
- Increased reliance on opioid-centric pain control, coupled with continued procedural migration to the outpatient environment, puts senior patients at risk

## HOPD & ASC: Top 10 Market Procedure Surgeries within Medicare Only



1. 2020 IQVIA Prescription Opioid Trends in the United States: Measuring and Understanding Progress in the Opioid Crisis

# Safe, Effective, and Long-Lasting Pain Management Solutions Drive Successful Migration to ASCs and HOPDs

Ability to Migrate Surgical Procedures

## Appropriate Cases Can Be Performed Same Day in Quantity

Effective pain control with minimal side effects can enable ASCs/HOPDs to handle multiple cases daily

Physicians Performing a Wider Range of Procedures in the ASC

## Alleviate Physician Pain Management Concerns

Physician confidence that pain will be well-managed at ASCs and during patient recovery at home

Reduced Opioids

## Multimodal Pain Management Minimizes Opioid Use

Reduces patient reliance on opioids for home recovery and reduces AEs

Same-Day Surgery Discharge to Home

## Patients Discharged Home With Pain Well-Controlled

Patient recovers comfortably at home with progress in return to function

Eliminate Urgent Hospital Visits

## Hospital Admissions and ED Visits Eliminated

Safe and effective pain management minimizes ED visits or hospital admissions

Improve Patient Satisfaction

## High Patient Satisfaction Scores

Optimum pain management equals excellent patient satisfaction

Dependent on Effective Pain Management





# EXPAREL: A Proven Long-Lasting Non-Opioid Option for Postsurgical Pain Control



## EXPANDED FDA APPROVAL IN 2 ADDITIONAL NERVE BLOCKS FOR LOWER EXTREMITY PROCEDURES

Safely and successfully administered in more than **14 million** patients to date

Backed by scores of published studies that demonstrate **long-lasting pain control**

The foundation of **low- and no-opioid** enhanced recovery pain management protocols across a variety of surgical settings, many of which are facilitating the rapid site of care migration to the outpatient environment

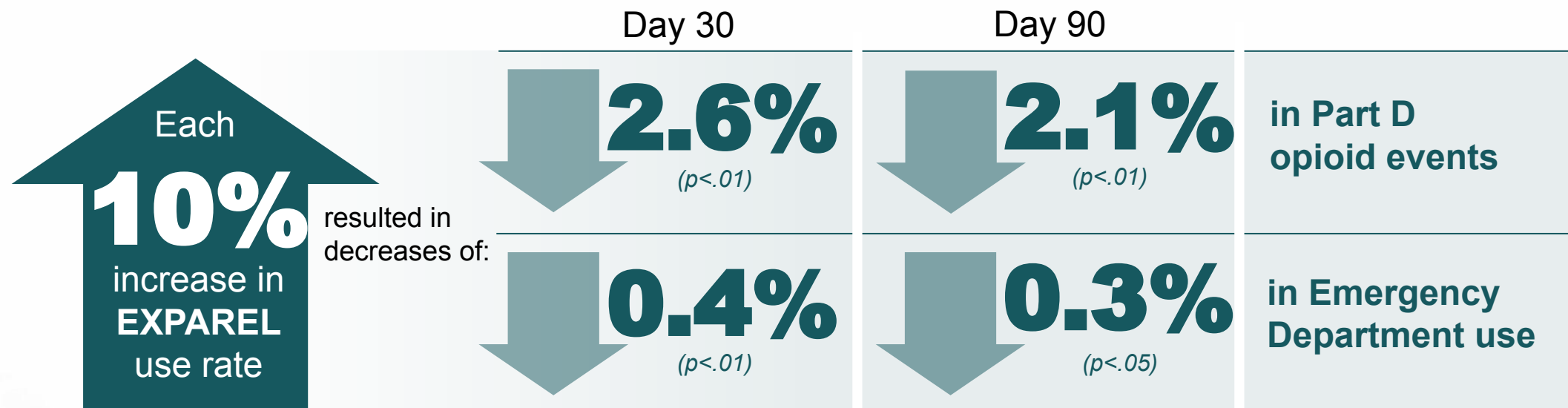
**EXPAREL** is indicated to produce postsurgical local analgesia via **infiltration** in patients aged 6 years and older and **regional analgesia** in adults via an **interscalene brachial plexus nerve block, sciatic nerve block in the popliteal fossa, and an adductor canal block.**

**Safety and efficacy have not been established in other nerve blocks**



# Impact of EXPAREL on Opioid Use and Service Outcomes in Medicare Outpatient Surgical Procedures

- Retrospective cohort comparison study analyzing 100% Medicare claims data from 2014-2019 across 100 of the most common HOPD procedures where EXPAREL was used
- By procedure, claims using EXPAREL were matched to those not receiving EXPAREL<sup>1</sup>
  - Higher provider use of EXPAREL significantly correlated with a decrease in post-HOPD opioid use and a reduction in Emergency Dept visits



Increased use of EXPAREL was correlated with improved patient outcomes in real-world provider experience with the Medicare population for many outpatient procedures.

1. Dobson A et al. *J Medical Economics*. 2021; 24(1); 993-1001, DOI:10.1080/13696998.2021.1963100.

# The NOPAIN Act Provides CMS Reimbursement for EXPAREL and Other Qualifying Non-Opioids Beginning Jan 1, 2025<sup>1</sup>

- Passed as part of the Consolidated Appropriations Act of 2023, the NOPAIN Act **mandates CMS reimburse for qualifying non-opioid drugs and devices used in ASC or HOPD settings for 3 years**
- Qualifying drugs must be indicated for postsurgical analgesia with demonstrated efficacy in reducing opioids in managing postsurgical pain

Currently **six** branded pharmaceuticals with FDA-approvals for postsurgical pain

Phenylephrine and ketorolac intraocular solution  
*for postsurgical pain following ophthalmic surgeries*

Dexamethasone ophthalmic insert  
*for postsurgical pain following ophthalmic surgeries*

Bupivacaine HCl implant  
*for postsurgical pain following hernia repair*

Bupivacaine and meloxicam  
*for postsurgical pain following foot & ankle, open abdominal, & lower extremity joint*

**ONLY**

**NON-OPIOID**  
**EXPAREL**<sup>®</sup>  
(bupivacaine liposome injectable suspension)

is broadly approved for  
**local and regional analgesia**  
to manage postsurgical pain  
across surgical procedures

1. <https://www.cms.gov/medicare/payment/prospective-payment-systems/hospital-outpatient>

# Important Safety Information

## 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.

# Important Safety Information (continued)

## 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](http://www.EXPAREL.com).

For more information, please visit [www.EXPAREL.com](http://www.EXPAREL.com) or call 1-855-793-9727.