

EFFECTIVE JANUARY 1, 2025
Bill J0666 when using EXPAREL
across all outpatient settings¹

BILLING AND REIMBURSEMENT GUIDE

The information contained herein is for general reference and informational purposes only. Each healthcare provider is ultimately responsible for determining the appropriate codes, coverage, and payment for individual patients. Pacira does not guarantee third-party coverage or payment for EXPAREL or reimburse for claims that are denied by third-party payers.

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.

Please see Important Safety Information throughout and on page 14.
Full Prescribing Information is available at www.EXPARELpro.com.

EXPAREL[®]
(bupivacaine liposome injectable suspension)

The NOPAIN Act Expands Reimbursement for EXPAREL

With Congress's recent passing of the NOPAIN Act, reimbursement continues to expand for EXPAREL.²

The NOPAIN Act—effective as of January 1, 2025—mandates that Medicare provide ASP+6% reimbursement for qualifying non-opioids, like EXPAREL, across all outpatient settings (both ASC and HOPD).^{2,3}

With new reimbursement for qualifying non-opioid options, the NOPAIN Act delivers²:

EXPANDED

reimbursement
to the HOPD
setting

REDUCED

net cost by mitigating
financial concerns
of non-opioid
postsurgical
pain management

IMPROVED

choice by removing
cost barriers in order
to facilitate access to
non-opioids

PROVEN

non-opioids that
either replace or
reduce opioid
consumption

This guide is designed to help your practice with billing and reimbursement for EXPAREL across payer types and settings of care.

For reimbursement support or questions:



Reimbursement Helpline:
1-855-793-9727



reimbursement@pacira.com



www.EXPARELpro.com/reimbursement

For additional support with reimbursement, please contact your Field Reimbursement Manager.

Learn more about the NOPAIN Act at NOPAINpact.com



ASP+6% = 106% reimbursement of the average sales price.

ASC, ambulatory surgical center; ASP, average sales price; HOPD, hospital outpatient department; NOPAIN, Non-Opioids Prevent Addiction in the Nation.

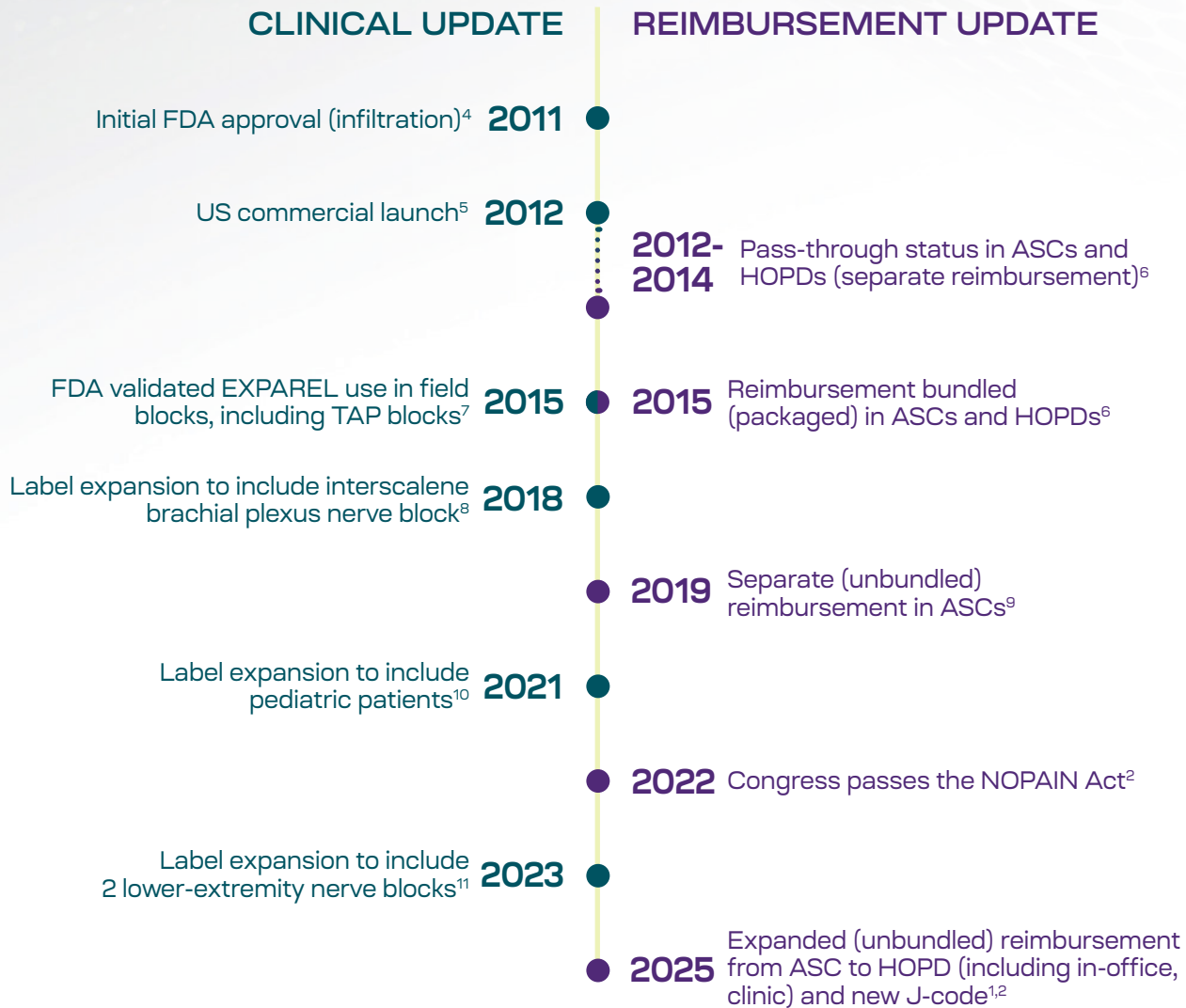
IMPORTANT SAFETY INFORMATION (continued)

- 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.

Please see Important Safety Information throughout and on page 14.
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Reimbursement for EXPAREL has continued to improve since commercial launch



EFFECTIVE JANUARY 1, 2025

Bill J0666 when using EXPAREL across all outpatient settings¹

ASC, ambulatory surgical center; FDA, US Food and Drug Administration; HOPD, hospital outpatient department; NOPAIN, Non-Opioids Prevent Addiction in the Nation; TAP, transversus abdominis plane.

IMPORTANT SAFETY INFORMATION (continued)

- 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.

Please see Important Safety Information throughout and on page 14.
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EXPAREL Billing and Reimbursement Summary

EFFECTIVE JANUARY 1, 2025

Bill J0666 when using EXPAREL across all outpatient settings¹

MEDICARE

Since 2019, EXPAREL has separate Medicare reimbursement in the ASC setting, meaning that customers are reimbursed at ASP+6%.^{3,9}

With the NOPAIN Act, outpatient reimbursement is expanded to the HOPD setting starting January 1, 2025, meaning applicable claims will be reimbursed at ASP+6% across both the ASC and HOPD settings.^{2,3}

COMMERCIAL AND MEDICARE ADVANTAGE

Commercial and Medicare Advantage payers will reimburse based on contract terms with specific settings of care, including inpatient hospital, HOPD, or ASC; please contact payers to verify reimbursement

MEDICAID

Each state Medicaid agency and managed Medicaid organization sets its own coverage policies and payment rates

Once you've prepared your system for NOPAIN Act reimbursement, consider leveraging the new ASP+6% reimbursement for Medicare patients in hospital outpatient settings when negotiating contracts with commercial payers

Pacira cannot guarantee reimbursement.

ASP+6% = 106% reimbursement of the average sales price.

ASC, ambulatory surgical center; ASP, average sale price; HOPD, hospital outpatient department; NOPAIN, Non-Opioids Prevent Addiction in the Nation.

IMPORTANT SAFETY INFORMATION (continued)

- Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease.

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EXPAREL Coding Information

National Drug Codes (NDCs) for EXPAREL

NDC# (on package label)	EXPAREL dose/ vial size	Configuration	NDC# (for billing)
65250-133-10	133 mg/10 mL	Single-dose vial	65250-0133-10
65250-266-20	266 mg/20 mL	Single-dose vial	65250-0266-20

Contact the patient's individual payer to confirm.

10-digit NDC numbers should always be converted into appropriate 11-digit NDC numbers when billing for reimbursement.

Dose and vial size varies based on administration and surgery type



133 mg

Small areas: Rotator cuff repair (RCR), foot/ankle, hand/wrist, anterior cruciate ligament repair, oral surgery, ISBPNB, adductor canal block, sciatic nerve block in the popliteal fossa

266 mg

Large areas: Transversus abdominis plane (TAP) blocks, total knee arthroplasty, total hip arthroplasty, colorectal, spine, breast reconstruction, C-section

ISBPNB, interscalene brachial plexus nerve block.

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.

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HCPCS Codes for EXPAREL

EFFECTIVE JANUARY 1, 2025

Bill J0666 when using EXPAREL across all outpatient settings¹

HCPCS Code	Description	Billable Unit	Details
J0666 ¹	Injection, bupivacaine liposome, 1 mg	1 billable unit = 1 mg (eg, 133 mg = 133 units, 266 mg = 266 units)	For dates of service on or after January 1, 2025, across outpatient settings
C9290 ¹	Injection, bupivacaine liposome, 1 mg	1 billable unit = 1 mg (eg, 133 mg = 133 units, 266 mg = 266 units)	For dates of service before January 1, 2025, in ASCs
J3490 ¹²	Unclassified drugs	1 unit	For dates of service before January 1, 2025, for commercial payers who do not accept the C-code

When billing for EXPAREL, be sure to bill as milligram (mg) dosage for the number of units (eg, 133 mg = 133 units, 266 mg = 266 units), not vials or mL¹

ASC, ambulatory surgical center; HCPCS, Healthcare Common Procedure Coding System.

IMPORTANT SAFETY INFORMATION (continued)

Warnings and Precautions Specific to EXPAREL (cont'd)

- 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.

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HCPCS Modifier Codes for EXPAREL

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The HCPCS modifiers are used to provide additional billing information, including:

- Denoting product wastage (or lack thereof)
- Indicating product acquired through the 340B program

HCPCS Modifiers ¹²	Description
JZ	Zero drug amount discarded/not administered to any patient
JW	Drug amount discarded/not administered to any patient (indicate quantity discarded)
JG	Modifier for drug or biological acquired with 340B drug pricing program discount; reported for informational purposes
TB	Modifier for drug or biological acquired with 340B drug pricing program discount; reported for informational purposes for select entities

Additional Codes

Code Type	Description
Revenue	Use designated revenue code as instructed by your facility or contract
ICD	Use appropriate diagnosis code based on the patient's diagnosis and surgery type
CPT	Use the appropriate CPT code based on the type of surgery and product administration

CPT, current procedural terminology; HCPCS, Healthcare Common Procedure Coding System; ICD, International Classification of Diseases.

IMPORTANT SAFETY INFORMATION (continued)

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.

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Sample CMS-1450 Claim Form for Outpatient Settings (HOPD, hospital-owned ASC)

Providers administering EXPAREL in an institutional setting, such as a hospital outpatient department, should use the CMS-1450 claim form (also known as UB-04) when billing and coding. Be sure to include the following information when filling out a CMS-1450 claim form.

1

2

3a PAT. CONT. #
b. MED. REC. #
c. FED. TAX NO.

4 TYPE OF BILL

5 PATIENT NAME

6 PATIENT ADDRESS

7 STATEMENT COVERS PERIOD FROM
THROUGH

8 BIRTHDATE

9 SEX

10 DATE

11 ADMISSION 12 HRS 13 TYPE 14 SRC 15 DHR 16 STAT 17

18 19 20 21 CONDITION CODES 22 23 24 25 26 27 28 29 ACCT 30

31 OCCURRENCE DATE

32 OCCURRENCE DATE

33 OCCURRENCE DATE

34 OCCURRENCE DATE

35 OCCURRENCE DATE

36 OCCURRENCE DATE

37 OCCURRENCE DATE

38

39 VALUE CODES AMOUNT

40 VALUE CODES AMOUNT

41 VALUE CODES AMOUNT

BOX 42-43

BOX 44

BOX 46

42 REV. CO.

43 DESCRIPTION

44 HCPCS / PATS. / HPPS CODE

45 SERV. DATE

46 SERV. UNITS

47 TOTAL CHARGES

48 NON-COVERED CHARGES

49

1

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PAGE OF

CREATION DATE

TOTALS

50 PAYER NAME

51 HEALTH PLAN ID

52 REL. INFO

53 PRIOR PAYMENTS

54 EST. AMOUNT DUE

55 NP1

56 NP1

57 OTHER

58 INSURED'S NAME

59 PREL

60 INSURED'S UNIQUE ID

61 GROUP NAME

62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES

64 DOCUMENT CONTROL NUMBER

65 EMPLOYER NAME

BOX 67

66 Z96.65

69 ADMIT DATE

70 PATIENT REASON DX

71 PPS CODE

72 ICD-10

73

74 PRINCIPAL PROCEDURE DATE

75 OTHER PROCEDURE DATE

76 OTHER PROCEDURE DATE

77 OTHER PROCEDURE DATE

78 ATTENDING NP1

79 LAST

80 FIRST

81 QUAL

82

76 OTHER NP1

77 LAST

78 FIRST

79 QUAL

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76 OTHER NP1

77 LAST

78 FIRST

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76 OTHER NP1

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78 FIRST

79 QUAL

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BOX 80

80 REMARKS

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EXPAREL 65250-01333-10 133 mg Injection

UB-04 CMS-1450

APPROVED OMB NO. 0938-0097

NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

This document is provided for your guidance only. Check with the patient's individual payer regarding the appropriate claim form and process to bill for EXPAREL.

Box 42

Enter the appropriate revenue codes corresponding to the HCPCS code in Box 44 (eg, 0636 revenue code for drugs requiring detailed coding); use designated revenue code as instructed by your facility or contract¹³

Box 43

When required, include qualifier N4 immediately followed by the 11-digit NDC. Next, enter the appropriate qualifier for the correct dispensing unit of measure (eg, mL [milliliter]), followed by the quantity (up to 3 decimal places)

- Note: Consult payer policies for NDC and unit of measure reporting requirements

Box 44

Enter the appropriate HCPCS/CPT code for EXPAREL, J0666.¹

Indicate modifier as appropriate¹²:

- JZ on the same claim line if no drug wasted
- JW on a separate claim line if any drug wasted, with the amount wasted listed in Box 80
- JG or TB on the same claim line as indicated for 340B-acquired product

Box 46

Specify the number of units administered. For EXPAREL, 1 billable unit = 1 mg when billing with J0666. Be sure to bill as milligram (mg) dosage for the number of units, not vials or mL¹

- When using J0666, 133 billable units = 133 mg of EXPAREL; 266 billable units = 266 mg of EXPAREL
- When billing with a miscellaneous code (eg, J3490), bill 1 unit

Box 67

Enter the appropriate ICD-10-CM diagnosis code(s) corresponding to the patient's diagnosis. Use the highest level of specificity. List the primary diagnosis code first

Box 80

Include the drug name, NDC, strength, dosage administered, amount wasted, and route of administration

Sample CMS-1500 Claim Form for Billing in the Physician Office and Freestanding ASC

Practices and ASCs that administer EXPAREL to patients should submit claims on the CMS-1500 claim form or its electronic equivalent. Be sure to include the following information when filling out a CMS-1500 claim form.

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

☐ PICA

PICA ☐

1. MEDICARE (Medicare#) <input type="checkbox"/> MEDICAID (Medicaid#) <input type="checkbox"/> TRICARE (ID#/DoD#) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BKLUNG (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY		7. INSURED'S ADDRESS (No., Street)	
STATE		CITY	
ZIP CODE		STATE	
TELEPHONE (Include Area Code) ()		ZIP CODE	
TELEPHONE (Include Area Code) ()		STATE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
11. INSURED'S POLICY GROUP OR FECA NUMBER			
a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>			
b. OTHER CLAIM ID (Designated by NUCC)			
c. INSURANCE PLAN NAME OR PROGRAM NAME			
d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, complete items 9, 9a, and 9d.</i>			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____ DATE _____			
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____			
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. _____			
15. OTHER DATE QUAL. _____ MM DD YY			
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. _____ 17b. NPI _____			
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY			
20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES _____			
22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____			
23. PRIOR AUTHORIZATION NUMBER _____			
24. A. DATE(S) OF SERVICE FROM _____ TO _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____			
25. FEDERAL TAX I.D. NUMBER _____ SSN EIN _____ 26. PATIENT'S ACCOUNT NO. _____ 27. ACCEPT ASSIGNMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 28. TOTAL CHARGE \$ _____ 29. AMOUNT PAID \$ _____ 30. Rsvd for NUCC USE _____			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED _____ DATE _____			
32. SERVICE FACILITY LOCATION INFORMATION a. _____ b. _____			
33. BILLING PROVIDER INFO & PH # () a. _____ b. _____			

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

This document is provided for your guidance only. Check with the patient's individual payer regarding the appropriate claim form and process to bill for EXPAREL.

Box 19

Include the drug name, NDC, strength, dosage administered, amount wasted, and route of administration

Box 21

Enter the appropriate ICD-10-CM diagnosis code(s) corresponding to the patient's diagnosis.
Use the highest level of specificity. Line A—primary diagnosis code

Box 24A

When required, include qualifier N4 immediately followed by the 11-digit NDC. Next, enter the appropriate qualifier for the correct dispensing unit of measure (eg, mL [milliliter]) followed by the quantity (up to 3 decimal places)

- **Note:** Consult payer policies for NDC and unit of measure reporting requirements

Box 24D

Enter the appropriate HCPCS/CPT code for EXPAREL, J0666¹

Indicate modifier as appropriate¹²:

- JZ on the same claim line if no drug wasted
- JW on a separate claim line if any drug wasted with the amount wasted listed in Box 24G
- JG or TB on the same claim line as indicated for 340B-acquired product

Box 24E

Specify the diagnosis letter from Box 21 relating to each CPT/HCPCS code listed in Box 24D

Box 24G

Specify the number of units administered. For EXPAREL, 1 billable unit = 1 mg when billing with J0666. Be sure to bill as milligram (mg) dosage for the number of units, not vials or mL¹

- When using J0666, 133 billable units = 133 mg of EXPAREL; 266 billable units = 266 mg of EXPAREL
- When billing with a miscellaneous code (eg, J3490), bill 1 unit

Please see Important Safety Information throughout and on page 14.
Full Prescribing Information is available at www.EXPARELpro.com.

ASC, ambulatory surgical center; CMS, Centers for Medicare & Medicaid Services; CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; HOPD, hospital outpatient department; ICD-10-CM, *International Classification of Diseases, Tenth Revision*; NDC, National Drug Code.

EXPAREL®
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Billing and Reimbursement Tips and Reminders



DOCUMENTATION

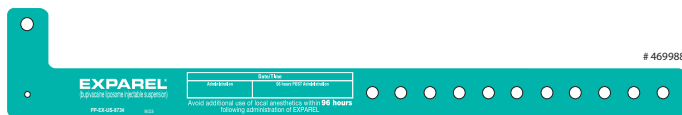
- The amount of EXPAREL used in a surgery case is to be documented in the patient's medical record
- A best practice is for the surgeon to dictate the amount of EXPAREL used or unused in milligrams (mg) even when administered by anesthesia
- Your Pacira representative can provide your system with chart stickers and wrist bands to help your teams document the amount of EXPAREL administered

Surgeon must dictate mg used and any unused mg in operative note even when administered by Anesthesia

<input type="checkbox"/> 133 mg (10 mL) HCPCS code C9290	Amount Used _____ mg	Amount Unused _____ mg
<input type="checkbox"/> 266 mg (20 mL) HCPCS code C9290	Amount Used _____ mg	Amount Unused _____ mg

PP-EX-US-8289 2/23

EXPAREL
bupivacaine liposome injectable suspension



REIMBURSEMENT

- Medicare reimburses for EXPAREL in the 2 vial sizes that are available: 266 mg/20 mL and 133 mg/10 mL
- Medicare Advantage plans are also expected to reimburse EXPAREL when billed with HCPCS code J0666. Check with the patient's individual payer to confirm¹
- For commercial plans, check your HOPD/ASC contracts or contact the patient's individual payer to verify the reimbursement amount
 - Please notify the payer that you would like to pursue contractual options, including reimbursement for EXPAREL
 - If your HOPD/ASC successfully negotiates reimbursement for EXPAREL with any of its commercial payers, it is crucial to notify your teams to raise awareness of the available reimbursement
 - For questions on how to navigate payer challenges, contact your Pacira representative
- Your Pacira representative can provide your team with a list of local payers who reimburse for EXPAREL use in the HOPD and ASC settings for you to help notify your teams

ASC, ambulatory surgical center; HCPCS, Healthcare Common Procedure Coding System; HOPD, hospital outpatient department.

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Billing and Reimbursement Tips and Reminders (continued)

EFFECTIVE JANUARY 1, 2025

Bill J0666 when using EXPAREL across all outpatient settings¹



BILLING

- **Bill with HCPCS code J0666** whenever EXPAREL is used, unless it is contractually prohibited¹
- **Be sure to review your contracts** to determine if there are any provisions that do not allow the HOPD/ASC to bill for drugs and/or HCPCS code J0666¹
- **There may be state-specific tax implications for the HOPD/ASC** if a non-contracted supply is billed, and it is important for the HOPD/ASC to determine their specific state regulations
- **Keep in mind that payer contract policies sometimes include provisions that allow for a drug, such as EXPAREL, to be covered** even if it is not included in the HOPD/ASC fee schedule
- **Check with the patient's individual payer** to understand the appropriate policies
- **Consistent billing of EXPAREL regardless of reimbursement can reveal the added cost to the procedure** and provide the payer with the necessary information to ensure that payers understand the types of procedures that could benefit from EXPAREL, increasing the likelihood of securing reimbursement

Remember, payers may not know that EXPAREL was used or is in demand unless it is billed. Consistent billing of EXPAREL may increase opportunities for payers to add EXPAREL to their approved HOPD/ASC list and/or your contract

ASC, ambulatory surgical center; HCPCS, Healthcare Common Procedure Coding System; HOPD, hospital outpatient department.

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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.

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

EXPAREL®
(bupivacaine liposome injectable suspension)

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Please see Important Safety Information throughout and on page 14.
Full Prescribing Information is available at www.EXPARELpro.com.

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Claim Submission Checklist

- ✓ Confirm with your patient's individual payer to verify reimbursement
 - If Medicare, reimbursement is available across the ASC and HOPD settings
 - If commercial or Medicare Advantage, contact payers to verify
- ✓ Include the HCPCS code for EXPAREL: J0666¹
- ✓ Be sure to bill as milligram (mg) dosage for the number of units (eg, 1 billable unit = 1 mg), not vials or mL, when using J0666¹
- ✓ Utilize the appropriate modifier to document that the entire single-dose vial of EXPAREL was used (JZ) or to document that a portion of the vial was discarded (JW)¹²
- ✓ Include the drug name and the 11-digit NDC to support utilization of J0666
- ✓ Enter other modifiers as applicable, such as TB or JG for drugs acquired through the 340B program¹²
- ✓ Ensure that the revenue code(s) align(s) to the patient's individual payer's policy

For reimbursement support or questions:



Reimbursement Helpline:
1-855-793-9727



reimbursement@pacira.com



www.EXPARELpro.com/reimbursement

ASC, ambulatory surgical center; HCPCS, Healthcare Common Procedure Coding System; HOPD, hospital outpatient department; NDC, National Drug Code.

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