Pacira Presents Real-World Data on EXPAREL® Showing Lower Total Healthcare Costs in Outpatient Total Hip and Knee Arthroplasty Procedures

April 13, 2026

-- Select findings demonstrate that the use of EXPAREL® (bupivacaine liposome injectable suspension) in outpatient Total Hip Arthroplasty (THA) and Total Knee Arthroplasty (TKA) is associated with lower total healthcare costs over various follow-up periods —

-- Reduced opioid use observed at 6 months post-surgery among Medicare Advantage patients with low back pain in THA Study --

BRISBANE, Calif., April 13, 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, today presented data from three real-world studies supporting the economic value of EXPAREL® (bupivacaine liposome injectable suspension) in total hip arthroplasty (THA) and total knee arthroplasty (TKA) procedures performed in hospital outpatient department (HOPD) settings at the Academy of Managed Care Pharmacy (AMCP) Annual 2026 Meeting, taking place April 13-16 in Nashville, Tennessee. Across the analyses, EXPAREL use was associated with lower or comparable total healthcare costs and reduced opioid utilization in certain patient populations over follow-up periods of up to six months.

Select findings include:

- In one study, the use of EXPAREL for Total Hip Arthroplasty (THA) in hospital outpatient departments (HOPDs) was associated with lower total healthcare costs over 3 and 6 months of post-surgical follow-up.
    - More pronounced cost savings for patients with lower back pain as well as reduced opioid usage compared to patients who did not receive liposomal bupivacaine (non-LB) were also observed.
- In the second assessment, EXPAREL use during HOPD Total Knee Arthroplasty (TKA) was associated with comparable or lower healthcare costs, particularly in teaching hospitals.
- The third assessment was a three-year budget impact analysis, that found that EXPAREL use was associated with a projected cumulative absolute cost difference of −$117,868 per 1 million members by year 3 compared to ropivacaine in the HOPD Commercial and Medicare Advantage settings, with higher pharmacy acquisition costs offset by reductions in total healthcare expenditures.

“These real-world data continue to demonstrate the economic value that EXPAREL can deliver across outpatient orthopedic procedures,” said Brendan Teehan, Chief Commercial Officer of Pacira Biosciences. “By helping reduce total healthcare costs, lowering opioid use, and supporting more efficient recovery in real-world settings, these data reinforce our commitment to advancing non-opioid pain management solutions that benefit patients, providers, and payers alike. We believe these findings further support the role of EXPAREL in improving access to effective and best-practice opioid-sparing pain control while addressing the broader challenges of affordability and opioid stewardship.”

Pacira Presentations at AMCP 2026:

1. **Real-World Assessment of Healthcare Expenditures and Opioid Intake Following Total Hip Arthroplasty in Medicare Advantage Beneficiaries” (Poster #363)**

   This retrospective, real-world analysis evaluated the association between liposomal bupivacaine (LB) use and healthcare expenditures and opioid utilization over 6 months following total hip arthroplasty (THA) performed in hospital outpatient department (HOPD) settings among Medicare Advantage beneficiaries.

   LB use was associated with lower total healthcare costs at 3 months ($7,332 vs $8,153; P=0.007) and 6 months ($13,022 vs $15,081; P<0.001) following surgery compared with non-LB. These differences were primarily driven by lower outpatient costs at 3 months ($2,161 vs $2,472; P=0.015) and 6 months ($4,421 vs $5,897; P<0.001).

   In a subgroup of patients with a history of low back pain, LB use was associated with lower total healthcare costs at 1 month ($3,997 vs $5,250; P<0.001), 3 months ($7,604 vs $9,696; P=0.004), and 6 months ($13,614 vs $18,652; P<0.001). LB use was also associated with numerically lower opioid utilization at 3 months (26 fewer morphine milligram equivalents [MMEs]; P=0.171) and significantly lower opioid utilization at 6 months (51 fewer MMEs; P=0.027) compared with non-LB use.
   Presenter*:* Haiyan Li, Senior Manager, Medical Economics Research, Health Outcomes Ecom Res & RWE, Pacira BioSciences
   Poster Number**:** 363

***Date & Time**:* April 14, 4:30-5:30 pm

2. **"Postoperative Pain Management in Association with Total Cost of Care Among Patients Undergoing Total Knee Arthroplasty in the Hospital Outpatient Department: A Real-World Retrospective Cohort Assessment" (Poster #365)**

   This retrospective, real-world cohort study evaluated the association between liposomal bupivacaine (LB) use and total healthcare costs among patients undergoing total knee arthroplasty (TKA) in hospital outpatient department (HOPD) settings, including subgroup analyses in teaching hospitals.

   Among 7,840 matched patients (3,920 per cohort), LB use was associated with numerically lower adjusted mean total healthcare costs compared with non-LB use across evaluated time points. At the surgical visit, adjusted mean costs were $15,600 for the LB cohort and $15,719 for the non-LB cohort (adjusted difference [AD]: −$119; 95% CI, −$477 to $221). At 7 days since surgery, costs were $15,692 versus $15,805 (AD: −$113; 95% CI, −$460 to $218), and at 30 days since surgery, $15,949 versus $16,056 (AD: −$108; 95% CI, −$489 to $262).

   In a subgroup analysis of teaching hospitals, LB use was associated with lower adjusted costs at all evaluated time points, with statistically significant differences observed at the surgical visit (AD: −$1,527; 95% CI, −$2,292 to −$725), 7 days since surgery (AD: −$1,511; 95% CI, −$2,314 to −$656), and 30 days since surgery (AD: −$1,511; 95% CI, −$2,323 to −$753).

   Pharmacy costs on the day of surgery in teaching hospitals were lower in the LB cohort compared with the non-LB cohort ($1,031 vs $2,872, respectively).
   Presenter: Jennifer Lin, Senior Director, Epidemiology, Health Outcomes Ecom Res & RWE
   ***Poster Number*:** 365
   ***Date & Time**:* April 14, 4:30-5:30 pm

3. **"Budget Impact of Liposomal Bupivacaine in the Commercial and Medicare Advantage Hospital Outpatient Department Setting for Total Knee Arthroplasty" (Poster #364)**

   This impact model evaluated the projected economic impact of liposomal bupivacaine (LB) compared with ropivacaine for total knee arthroplasty (TKA) in the hospital outpatient department (HOPD) setting from the perspective of Commercial and Medicare Advantage payers over a 3-year time horizon, using a simulated 1-million member health plan.

   By year 3, LB use was associated with a projected cumulative cost difference of −$117,868 per 1 million members, corresponding to a relative budget impact of −0.07% and per-member-per-month (PMPM) savings of −$0.003 compared with ropivacaine.

   Sensitivity analyses varying standard errors demonstrated consistent model results, with projected annual budget impact ranging from −$124,745 to −$111,018 and stable PMPM estimates over the 3-year period. Additional sensitivity analyses using ±30% parameter variation yielded a projected range of −$154,846 to −$81,644 in annual budget impact.

   In a scenario analysis incorporating opioid addiction, LB use was associated with projected cost differences of −$189 per patient per year compared with ropivacaine.

   Overall, the model suggests that, within the parameters and assumptions evaluated, LB use may be associated with a budget-neutral impact compared with ropivacaine in the HOPD setting, with higher pharmacy acquisition costs offset by reductions in total healthcare expenditures.
   Presenters: Jennifer Lin, Senior Director, Epidemiology, Health Outcomes Ecom Res & RWE
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About Pacira

Pacira delivers innovative, non-opioid pain therapies to transform the lives of patients. Pacira has three 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; ZILRETTA® (triamcinolone acetonide extended-release injectable suspension), an extended-release, intra-articular injection indicated for the management of osteoarthritis knee pain; and iovera°, a novel, handheld device for delivering immediate, long-acting, drug-free pain control using precise, controlled doses of cold temperature to a targeted nerve. The company is also advancing a pipeline of clinical-stage assets for musculoskeletal pain and adjacencies, its most advanced oduct candidate, PCRX-201 (enekinragene inzadenovec), a novel, locally administered gene therapy, is in Phase 2 clinical development for OA 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.

Important Safety Information about EXPAREL for Patients

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, 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.

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 "believes," "anticipates," "plans," "estimates," "expects," "intends," "may," "will," "would," "could," "can" 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 contributions of new directors; '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; 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, ZILRETTA and iovera°; the rate and degree of market acceptance of EXPAREL, ZILRETTA and iovera°; the size and growth of the potential markets for EXPAREL, ZILRETTA and iovera° and our ability to serve those markets; our plans to expand the use of EXPAREL, ZILRETTA and iovera° to additional indications and opportunities, and the timing and success of any related clinical trials for EXPAREL, ZILRETTA, iovera° and any of our other product candidates, including but not limited to PCRX-201; the commercial success of EXPAREL, ZILRETTA and iovera°; 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 multivesicular liposome ("pMVL") drug delivery technology or our proprietary high-capacity adenovirus ("HCAd") 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 pMVL- or HCAd-based product; 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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