Forward-Looking Statements

Any statements in this presentation about our future expectations, plans, outlook and prospects, and other statements containing the words “believes,” “anticipates,” “plans,” “estimates,” “expects,” “intends,” “may” and similar expressions, constitute forward-looking statements within the meaning of The Private Securities Litigation Reform Act of 1995. Actual results may differ materially from those indicated by such forward-looking statements as a result of various important factors, including risks relating to: the success of our sales and manufacturing efforts in support of the commercialization of EXPAREL®; the rate and degree of market acceptance of EXPAREL; the size and growth of the potential markets for EXPAREL and our ability to serve those markets; our plans to expand the use of EXPAREL to additional indications and opportunities, and the timing and success of any related clinical trials; the related timing and success of United States Food and Drug Administration supplemental New Drug Applications; the outcome of the U.S. Department of Justice inquiry; our plans to evaluate, develop and pursue additional DepoFoam®-based product candidates; clinical studies in support of an existing or potential DepoFoam-based product; our plans to continue to manufacture and provide support services for our commercial partners who have licensed DepoCyt(e)®; our commercialization and marketing capabilities; our and Patheon UK Limited’s ability to successfully and timely construct dedicated EXPAREL manufacturing suites; and other factors discussed in the “Risk Factors” of our most recent Annual Report on Form 10-K for the fiscal year ended December 31, 2015 and in other filings that we periodically make with the SEC. In addition, the forward-looking statements included in this presentation represent our views as of the date of this presentation. Important factors could cause our 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. However, while we may elect to update these forward-looking statements at some point in the future, we specifically disclaim any obligation to do so. These forward-looking statements should not be relied upon as representing our views as of any date subsequent to the date of this presentation.
EXPAREL®
Uses DepoFoam® to Release Bupivacaine Over Time

DepoFoam is a multivesicular liposomal product delivery technology that encapsulates drugs without altering their molecular structure and then releases them over a desired period of time from 1 to 30 days.

DepoFoam utilizes membrane components that are based on natural and well tolerated sources and are cleared by normal metabolic pathways.

As incorporated in EXPAREL, DepoFoam is <3% lipid, biodegradable and biocompatible.

EXPAREL: Technique and Volume are Key to Positive Outcomes

Example of Infiltration Technique


Please refer to full Prescribing Information for EXPAREL available at www.EXPAREL.com.
**EXPAREL**

**Commercial Metrics**

<table>
<thead>
<tr>
<th>Net Quarterly Sales, Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1’12</td>
</tr>
<tr>
<td>$2.3</td>
</tr>
<tr>
<td>Q2’14</td>
</tr>
<tr>
<td>$44.9</td>
</tr>
</tbody>
</table>

*Roughly ~$2 million of estimated buy-in in Q1’15, pulled from Q2’15, as a result of the April 1, 2015 price increase.*

<table>
<thead>
<tr>
<th>Net Annual Sales, Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>$14.6</td>
</tr>
</tbody>
</table>

- Total accounts since launch in Q1 2016: **4,041**
- New Accounts in Q1 2016: **124**
EXPAREL
FDA Resolution, Recap of Events

12/15/2015
Resolution affirming broad indication

10/26/2015
FDA and Pacira consent to additional 60-day extension for FDA to file opposition brief and responsive pleadings

10/28/2011
FDA approves EXPAREL with broad indication

“...indicated for administration into the surgical site to produce postsurgical analgesia.”

4/09/2012
Commercial launch of EXPAREL
Marketing to broad indication and 72-hour efficacy primary endpoint

9/22/2014
FDA Office of Prescription Drug Promotion (OPDP) issues a Warning Letter

9/8/2015
Pacira files lawsuit

10/13/2015
FDA removes Warning Letter from website
EXPAREL  
**FDA Resolution, Outcomes**

---

**Settlement Agreement** affirms broad indication approved in October 2011

**Rescission Letter** from Janet Woodcock, MD, Director of the Center for Drug Evaluation and Research (CDER) at the FDA:

- Nullifies FDA’s September 2014 Warning Letter
- Asserts procedures involving infiltration in oral surgery and into the transversus abdominis plane (TAP block) are field blocks and covered by PI

**Revised Package Insert (PI)** clarifies and removes any ambiguity about the broad scope of the approved indication

- Broad indication
- Dosing clarity
- Admixing EXPAREL and bupivacaine in the same syringe
- Nursing mothers/pregnancy information
- 72-hour duration of efficacy (Study 2)
1. Opioid-Sparing Approach for Patient Care
   - Patients
   - Healthcare Providers & Hospitals
   - Medical Societies
   - Lawmakers, Public Health Policymakers & Government Agencies
   - Patient Advocacy Groups & Community Activists

2. Soft tissue
   - Enhanced Recovery Protocols (ERPs)
   - Academic Collaborations
   - TAP Procedures
   - Oral Surgery

3. Orthopedic
   - Randomized Controlled Trials (RCTs)
   - CMS Mandatory Bundle Program: Comprehensive Care for Joint Replacement (CJR)
   - Bundle ERPs
   - Nerve Block Phase 3 Clinical Development
EXPAREL
Increasing Interest in Opioid-Sparing Approach for Patient Care

“Would you give your child heroin to remove a wisdom tooth? Ask your dentist how prescription drugs can lead to heroin abuse.”

- Partnership for a Drug-Free New Jersey, Times Square billboard ad¹

“Annually, more than 70 million postsurgical patients receive opioids, and research shows one in 15 will go on to long-term use, indicating that the surgical setting has become an inadvertent gateway to the overall societal epidemic….the best way for hospitals to take immediate action is to implement strategies to minimize preventable opioid exposure.”

- Dr. Scott Sigman, orthopedic surgeon and team physician for the U.S. ski team, New York Times²

“The CDC has taken the right step in targeting the over-prescription of opioid painkillers for chronic pain, and now it needs to do the same for acute pain… Let’s finally start fighting back against one of the main causes of our opioid addiction crisis.”

- Senator Kristen Gillibrand (D-N.Y.) & Senator Shelley Moore Capito (R-W.Va.), The Hill Newspaper Op-Ed³

2. “Stop the over-prescription of opioids.” The Hill. 21 March 2015.
EXPAREL
Soft Tissue, Infiltration Market Opportunity

Infiltration Market Opportunity,
Number of Procedures (42 million plus oral surgery)

- Oral surgery 35 million
- Soft Tissue 28 million
- Orthopedic 14 million

Soft Tissue Procedures (28 million)
- TAP
- C-section
- Hernia
- Anal/rectal
- Cholecystectomy
- Breast/Gyn Recon
- Hysterectomy
- Gastric/Colon
- Abdominal Wall Recon

Source: Truven.
**EXPAREL**
**Soft Tissue, Enhanced Recovery Protocols**

Data across surgical models demonstrate reduced-opioid strategies with EXPAREL lead to improved patient satisfaction and health economic outcomes in clinical practice

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Location</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mastectomy w/ Reconstruction</td>
<td>Mayo Clinic¹</td>
<td>71% opioid reduction, 1.6-day reduction in length of stay (LOS), 71% reduction in time to first ambulation</td>
</tr>
<tr>
<td><strong>TAP: Hysterectomy</strong> (vs. bupivacaine TAP)</td>
<td>University of Minnesota²</td>
<td>52% reduction in total opioid use, 56% reduction in nausea, 6-hour reduction in LOS (outpatient surgery)</td>
</tr>
<tr>
<td><strong>GYN Oncology</strong> (vs. bupivacaine)</td>
<td>Mayo Clinic³</td>
<td>45% reduction in opioid use, 48% reduction in IV opioid rescue, 88% reduction in PCA use, $1,936 savings in total hospital cost per patient, $432 savings in pharmacy cost per patient</td>
</tr>
<tr>
<td><strong>Colorectal</strong></td>
<td>Houston Methodist⁴</td>
<td>44% reduction in opioids, 1.1-day reduction in LOS</td>
</tr>
<tr>
<td><strong>Breast Reconstruction</strong></td>
<td>Memorial Sloan Kettering⁵</td>
<td>35% reduction in post-op IV morphine, 79% reduction in PCA use, 11% reduction in antiemetic use, and 1-day reduction in LOS</td>
</tr>
<tr>
<td><strong>TAP: Colorectal</strong> (vs. bupivacaine TAP or ropivacaine TAP)</td>
<td>Hershey Medical Center⁶</td>
<td>17% reduction in opioid use, 25% reduction in NSAIDs</td>
</tr>
<tr>
<td><strong>TAP: Major Lower Abdominal</strong> (vs. epidural)</td>
<td>Cleveland Clinic⁷</td>
<td>36% reduction in opioids, 2.2-day reduction in LOS, TAP blocks using EXPAREL provided similar pain control as thoracic epidurals</td>
</tr>
</tbody>
</table>

Studies with major academic institutions to enhance patient care and eliminate cumbersome catheters and pumps, improving patient satisfaction and hospital economics

<table>
<thead>
<tr>
<th>Partner</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleveland Clinic</td>
<td>• Replace epidurals with TAP in large abdominal procedures¹</td>
</tr>
<tr>
<td></td>
<td>• Follow-on prospective trial for EXPAREL TAP vs. epidurals</td>
</tr>
<tr>
<td></td>
<td>• ERP in bariatric surgery</td>
</tr>
<tr>
<td>MD Anderson</td>
<td>• ERP in GYN oncology to advance opioid-free treatment</td>
</tr>
<tr>
<td></td>
<td>• ERP for thoracic surgery being pursued to replace epidurals</td>
</tr>
<tr>
<td>Department of Defense</td>
<td>• Postsurgical pain registry: PROMIS measures and long term follow-up</td>
</tr>
<tr>
<td></td>
<td>• CQI in abdominal procedures and cardiothoracic procedures²</td>
</tr>
<tr>
<td></td>
<td>• Burn patients (donor site infiltration)</td>
</tr>
</tbody>
</table>

EXPAREL
Oral Surgery Launch, Infiltration Market Opportunity

Oral Surgery Procedures (35 million)
- Third Molar Extractions
- Oral and maxillofacial procedures

Support of Oral Surgery Launch
- 10 ml (133 mg) / 4-pack
- Publish positive results from Phase 3 trial in third molar extraction
- Launch to coincide with the American Association of Oral and Maxillofacial Surgeons (AAOMS) meeting in September 2016
- Phase 4 studies in other oral maxillofacial procedures (e.g. FAST trial in “all-on-fours”) to provide additional data

High Sensitivity to Prevention of Prescription Opioid Abuse
- 20-years-old are likely to have their first exposure to opioids in dentistry
- Pennsylvania guidelines on use of opioids in dental practice to foster alternative pain management
- Senator Dick Durbin (Illinois) calls out medical associations, including American Dental Association (ADA), for contributing to opioid and heroin epidemic

Sources: Truven and ADA Survey

---

EXPAREL
Orthopedic, Infiltration Market Opportunity

Infiltration Market Opportunity,
Number of Procedures (42 million plus oral surgery)

- Oral surgery 35 million
- Soft Tissue 28 million
- Orthopedic 14 million

Orthopedic Procedures (14 million)
- Knee
- Hip
- Spine
- Fracture
- Shoulder
- Foot/ankle
- Sports
- Trauma

Source: Truven
**EXPAREL**  
**Orthopedic, Enhanced Recovery Protocols & RCTs**

Data across surgical models demonstrate reduced-opioid strategies with EXPAREL lead to improved patient satisfaction and health economic outcomes in clinical practice

<table>
<thead>
<tr>
<th>CMS Bundle</th>
<th>Description</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knee &amp; Hip Replacement</strong></td>
<td>NYU (Knee)¹</td>
<td>13% reduction in opioids, &gt;25% increase in ambulation after surgery (walking and climbing stairs), 70% reduction in inpatient falls</td>
</tr>
<tr>
<td></td>
<td>NYU (Hip)²</td>
<td>&gt;5% more patient discharged to home, 15.5 mg reduction in opioids</td>
</tr>
<tr>
<td><strong>Hip Replacement</strong></td>
<td>Texas Center for Joint Replacement³</td>
<td>31% reduction in opioid consumption, 62% reduction in opioid requests</td>
</tr>
<tr>
<td><strong>Knee Replacement (vs. epidural)</strong></td>
<td>University of Arkansas⁴</td>
<td>56% reduction in rescue opioids, 78% increase in walking distance the day after surgery, significant improvement in measures of knee mobility, 1-day reduction in LOS</td>
</tr>
<tr>
<td><strong>Knee Replacement (vs. ropivacaine pain ball)</strong></td>
<td>Monmouth Medical Center⁵</td>
<td>34% reduction in opioid use, $1,315 savings in direct cost, $1,654 savings in total cost per patient</td>
</tr>
<tr>
<td><strong>Knee Replacement (vs. cocktail)</strong></td>
<td>TriHealth⁶</td>
<td>36% reduction in opioid use, 53% reduction in nausea, and 15% increase in patient satisfaction</td>
</tr>
<tr>
<td><strong>Spine (TLIF)</strong></td>
<td>Tufts Medical Center⁷</td>
<td>34% reduction in opioids, 1.2-day reduction in LOS</td>
</tr>
</tbody>
</table>

EXPAREL
Orthopedic, Randomized Controlled Trials (RCTs)

Utilizing the proper procedure-specific dose, administration technique and expanded volume is important to ensuring positive outcomes with EXPAREL

Goal

• Standardize best practice and learnings from customers in strategic procedures of interest
  ▫ Bupivacaine bridge
  ▫ Volume expansion (e.g. 120mL for knee RCT)
  ▫ Descriptive administration technique
  ▫ Admixing EXPAREL and bupivacaine in same syringe

• Pinpoint key shortcomings of clinical studies showing minimal to no benefit of EXPAREL vs. bupivacaine

• Provide roadmap to achieving the optimal patient-related and health economic outcomes

• Strengthen potential rest of world (ROW) partner discussions with comparative data sets

• Create additional barriers for potential competitors

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
</tr>
<tr>
<td>Knee RCT</td>
<td>Initiated</td>
<td></td>
</tr>
<tr>
<td>Spine RCT</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PACIRA PHARMACEUTICALS, INC.
**EXPAREL Orthopedic, CMS Mandatory Bundles (CJR)**

**CMS Mandatory Bundle Beginning April 1, 2016: Comprehensive Care for Joint Replacement (CJR)**

**CJR in Brief:**
- 2 DRGs (469 and 470)
- 67 Regions (Metropolitan Statistical Areas or MSAs)
- Acute Surgical Episode +90 Days

**Cost Implications:**
- Reduce Episode Variability: $16,500 - $33,000
- Accountability for 90-Day Episode
- Up to 3% penalty discount ($800-$1,000 per case)

---

**Pacira Position on Bundles: EXPAREL as an Important Component of the Bundled Care Environment**

**Goals:**
- Become leading resource on bundled and accountable care
- Education through Collaboration, Sponsorships and Partnerships

---

**Successful Real World Results for Bundled Care**

- Multimodal pain management with EXPAREL, focusing on opioid reduction and discharge to home
- Changing the anesthesia and pain management standard of care is needed to achieve desired outcomes
- Eliminate PCA analgesia, femoral nerve blocks, indwelling epidural and femoral nerve catheters
- Increase number of same-day discharge total joint arthroplasty patients with continued multidisciplinary approach
- Training on appropriate infiltration techniques

---

Source: The Advisory Board Company interviews and analysis.
**Target group:** Anesthesia (under ultrasound guidance)

- No separate sales force or material increase to headcount
- Majority of procedures are orthopedic (e.g. shoulder, knee, wrist, foot and ankle)

---

**Potential Number of Procedures (26 million)**

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Phase 3</strong></td>
<td><strong>Q1</strong></td>
<td><strong>Q2</strong></td>
</tr>
<tr>
<td>Lower Extremity (Femoral Nerve Block)</td>
<td>Complete Patient Enrollment</td>
<td>Topline Data</td>
</tr>
<tr>
<td>Upper Extremity (Brachial Plexus Block)</td>
<td>Complete Patient Enrollment</td>
<td>Topline Data</td>
</tr>
</tbody>
</table>

*Source: Truven and Pacira primary market research*
DepoFoam® Pipeline
Strategy & Product Candidates

**DepoFoam Pipeline Strategy**
- 505(b)(2) regulatory pathway
- Replace large systemic doses with peripheral administration into specific body compartments to achieve local effect
- Replace catheter-based systems (catheter, drug reservoir and pump) with a single injection for sustained delivery

**Current Applications in Development for 2016**
- DepoTranexamic Acid [in Phase 2 by end of 2016]
- DepoMeloxicam [in Phase 1 by end of 2016]

**Potential Future Applications**
- Antibiotics
- Acute Pain
- Chronic Pain (Epidural/Intrathecal)
- Diagnostic/Therapeutic
- Oncology
Pacira Leverage Across Organization

**Manufacturing**
- DepoFoam Technology
  - 505(b)(2) pathway

  - Spray Process
    - Benefits: Tax, Intellectual Property, Royalty Burden, COGS

- Science Center Campus
  - San Diego, CA, Pipeline Assets

- EXPAREL Commercial
  - Patheon (Swindon, U.K.)

**Commercial**
- EXPAREL
  - Infiltration, Nerve block, Chronic Pain, Pediatrics, Animal Health

- DepoFoam Product Pipeline
  - DepoTXA, DepoMLX

- ROW Partnerships

- Sales Force & Resources
  - Minimal Investment per opportunity

**Clinical Development**
- Multiple Phase 3/Phase 4 Opportunities

- KOL Relationships & Expertise
  - Anesthesia, Surgery

- Academic Collaborations

- Understanding of Customer Needs
  - Bundles, Outpatient Environment

- ERPs for Multiple Procedures

**Financials**
- Profitability

- Strong Balance Sheet

- Strong Cash Position
  - No Need for Fund Raising to Resource Operations

- High Peak Gross Margins

*Non-GAAP-based statements. Note: Based on assumptions and expectations that are subject to change.
### Balance Sheet & Capitalization

**Cash (millions)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Cash Equivalents, Short-Term Investments and Long-Term Investments as of March 31, 2016</td>
<td>$163.5</td>
</tr>
</tbody>
</table>

**Debt (millions)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convertible Notes at 3.25% Fixed Interest Rate as of March 31, 2016</td>
<td>$118.5</td>
</tr>
<tr>
<td>Maturity Date of Convertible Notes</td>
<td>Feb. 2019</td>
</tr>
</tbody>
</table>

**Capitalization (millions)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Weighted Average Common Shares Outstanding for Q1 2016</td>
<td>37.0</td>
</tr>
<tr>
<td>Diluted Weighted Average Common Shares Outstanding for Q1 2016</td>
<td>41.1</td>
</tr>
</tbody>
</table>

1. The $118.5 million principal amount of convertible notes must be settled in cash. The convertible notes include a “fixed net share settlement” feature over the conversion price of $24.82 per share, which may be settled in cash, stock or a combination of cash and stock at the Company’s election.
2. Diluted shares of common stock include the potential dilutive effect of stock options, restricted stock units, employee stock purchase plan units and the conversion premium on the convertible notes. The diluted shares assume that the net share settlement above the $24.82 conversion price will be settled in stock. However, the Company may settle this feature in stock, cash or a combination of stock and cash at its discretion.
## Selected Financial Data

<table>
<thead>
<tr>
<th>($ in millions, except per share amounts)</th>
<th>Q1 2016</th>
<th>Q1 2015</th>
<th>2016 Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Revenues</strong></td>
<td>$65.5</td>
<td>$58.3</td>
<td>-</td>
</tr>
<tr>
<td>EXPAREL revenue</td>
<td>$63.8</td>
<td>$56.0</td>
<td>-</td>
</tr>
<tr>
<td><strong>Gross Margin</strong></td>
<td>71%</td>
<td>72%</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>$59.2</td>
<td>$47.5</td>
<td>-</td>
</tr>
<tr>
<td>Cost of Goods Sold</td>
<td>$18.7</td>
<td>$16.5</td>
<td>-</td>
</tr>
<tr>
<td>Research and Development</td>
<td>$8.6</td>
<td>$4.5</td>
<td>$60 - $70</td>
</tr>
<tr>
<td>Selling, General and Administrative</td>
<td>$31.9</td>
<td>$26.5</td>
<td>$125 - $135</td>
</tr>
<tr>
<td><strong>Net Income (Loss)</strong></td>
<td>$5.7</td>
<td>$9.8</td>
<td>-</td>
</tr>
<tr>
<td><strong>Basic Net Income (Loss) per Share</strong></td>
<td>$0.15</td>
<td>$0.27</td>
<td>-</td>
</tr>
<tr>
<td><strong>Diluted Net Income (Loss) per Share</strong></td>
<td>$0.14</td>
<td>$0.23</td>
<td>-</td>
</tr>
</tbody>
</table>

1. Excludes stock-based compensation and non-cash debt discount amortization. Reconciliations of these non-GAAP financial measures to the most directly comparable GAAP financial measures are included in the Q1 2016 earnings press release, and should not be deemed to be an alternative to GAAP requirements or a measure of liquidity for Pacira. Such measures are also unlikely to be comparable with non-GAAP disclosures released by other companies.

2. The gross margin calculation excludes collaborative licensing and milestone revenue.

### Pacira Pipeline Overview

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EXPAREL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infiltration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Approved (as of October 2011)</td>
</tr>
<tr>
<td>Nerve Block</td>
<td>Phase 3</td>
<td>sNDA</td>
<td></td>
<td></td>
<td>Expected Approval</td>
</tr>
<tr>
<td>Pediatric²</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Phase 3</td>
</tr>
<tr>
<td>Chronic Pain³</td>
<td>Phase 2</td>
<td>Phase 3</td>
<td></td>
<td></td>
<td>sNDA</td>
</tr>
<tr>
<td>RCTs (incl. Academic Collaborations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Initiated</td>
</tr>
<tr>
<td>Nocita® Animal Health (Aratana Therapeutics, Inc.)⁴</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Expected Approval (dogs)</td>
</tr>
</tbody>
</table>

| **DepoFoam®-Based Products** |                  |                 |                 |                 |                 |
| DepoCyt(e) (Sigma-Tau – U.S.) (Mundipharma – Europe) |                 |                 | Approved (accelerated as of April 1999; full approval as of April 2007) |                 |                 |
| DepoMeloxicam     | Phase 1         | Phase 2         | Phase 3         | NDA             |                 |
| DepoTranexamic Acid | Phase 2         | Phase 3         | NDA             |                 | Expected Approval |

1. These timelines represent our current estimates, but we can make no assurances that we will meet these clinical development or commercialization timelines.
2. Expected initiation of Phase 3 pediatric study in 2016.
3. Timeline may be updated at an appropriate time following further progress and development of the nerve block indication.
## 2016-2017 Pacira News Flow

### 2016 (Expected)
- ✓ 10 mL vial for EXPAREL
- ✓ New 4-pack of EXPAREL
- ✓ Launch Oral Surgery
- ✓ Complete enrollment for Phase 3 Nerve Block program
- ✓ Initiate Phase 2 Chronic Pain program
- ✓ Initiate Phase 3 Pediatrics program
- ✓ CVM approval (dogs) of Aratana Therapeutics, Inc. (animal health) product Nocita®
- ✓ ROW partner for EXPAREL
- ✓ Pacira RCTs in TKA and spine
- ✓ Academic collaborations (RCTs) in abdominal surgery and gynecologic cancer surgery
- ✓ DepoTXA: IND approval, initiate Phase 2
- ✓ DepoMLX: IND approval, initiate Phase 1
- ✓ No price increase in 2016

### 2017 (Expected)
- ✓ Submit sNDA for Phase 3 Nerve Block indication
- ✓ Approval/Launch Nerve Block indication
- ✓ Initiate Phase 3 Chronic Pain program
- ✓ Initiate Phase 2 for DepoMLX
- ✓ Initiate Phase 3 for DepoTXA
- ✓ First Patheon suite (Suite A-2) approved

---

Important Safety Information for EXPAREL

- EXPAREL is contraindicated in obstetrical paracervical block anesthesia
- EXPAREL has not been studied for use in patients younger than 18 years of age
- Non-bupivacaine-based local anesthetics, including lidocaine, may cause an immediate release of bupivacaine from EXPAREL if administered together locally. The administration of EXPAREL may follow the administration of lidocaine after a delay of 20 minutes or more. Formulations of bupivacaine other than EXPAREL should not be administered within 96 hours following administration of EXPAREL
- Monitoring of cardiovascular and neurological status as well as vital signs should be performed during and after injection of EXPAREL as with other local anesthetic products
- Because amide-type local anesthetics, such as bupivacaine, are metabolized by the liver, EXPAREL should be used cautiously in patients with hepatic disease. Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at a greater risk of developing toxic plasma concentrations
- In clinical trials, the most common adverse reactions (incidence ≥10%) following EXPAREL administration were nausea, constipation, and vomiting
Pacira 2016 – Thank You