

Using ZYNRELEF as the Foundation of a Multimodal Analgesic Regimen

As the first and only extended-release dual-acting local anesthetic (DALA), ZYNRELEF reduces postoperative pain for up to 72 hours.^{1,2} When used as the foundation of a multimodal analgesic regimen, ZYNRELEF can reduce or eliminate the need for opioids in many patients following surgery.^{3,4}

MMA Protocol | AS USED IN HOPE HERNIA¹³

	Preoperative Medication	Intraoperative Medication	Postoperative Medication
Medication			Days 1-6 ^{a,b}
PO ibuprofen	400 mg single dose ^c		600 mg q6h
PO acetaminophen	1 g single dose ^c		1 g q6h
ZYNRELEF		Up to 10.5 mL (300 mg/9 mg) single instillation ^d	
IV fentanyl		≤3 µg/kg	

^aMMA regimen: OTC oral analgesics taken together every 6 hours (q6h) while awake **or** at alternating intervals so that an analgesic is taken every 3 hours while awake (starting with ibuprofen followed in 3 hours by acetaminophen). Upon waking from sleep, if a dose was missed, patients were instructed to immediately take the first missed dose and restart the "regimen clock."³ ^bDay 1 is day of surgery when patient is able to tolerate oral intake. ^cAdministered approximately 2 hours prior to induction of anesthesia. ^dAdministered following final irrigation and suctioning and prior to suturing.

POSTOPERATIVE MEDICATION

IMPORTANT: Following administration of ZYNRELEF, if additional NSAID medication is indicated in the postoperative period, monitor patients for signs and symptoms of NSAID-related GI adverse reactions. For all postoperative medications, do not exceed the maximum daily dose specified on each medication label.

RESCUE MEDICATION

The following simple algorithm may help determine which patients are more likely to require postoperative opioid pain control^{3,4}:

- Patients with an NRS score ≥6 within 2 hours after surgery
- Patients who required postoperative opioid pain control prior to discharge

INDICATION

ZYNRELEF is indicated in adults for soft tissue or periarticular instillation to produce postsurgical analgesia for up to 72 hours after foot and ankle, small-to-medium open abdominal, and lower extremity total joint arthroplasty surgical procedures.

Limitations of Use: Safety and efficacy have not been established in highly vascular surgeries, such as intrathoracic, large multilevel spinal, and head and neck procedures.

IMPORTANT SAFETY INFORMATION

WARNING: RISK OF SERIOUS CARDIOVASCULAR AND GASTROINTESTINAL EVENTS

- **Nonsteroidal anti-inflammatory drugs (NSAIDs) cause an increased risk of serious cardiovascular thrombotic events, including myocardial infarction and stroke, which can be fatal. This risk may occur early in treatment and may increase with duration of use.**
- **ZYNRELEF is contraindicated in the setting of coronary artery bypass graft (CABG) surgery.**
- **NSAIDs cause an increased risk of serious gastrointestinal (GI) adverse events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients and patients with a prior history of peptic ulcer disease and/or GI bleeding are at greater risk for serious GI events.**

Please see additional Important Safety Information on the following page and full Prescribing Information, including Boxed Warning.



IMPORTANT SAFETY INFORMATION (CONT)

Contraindications

ZYNRELEF is contraindicated in patients with a known hypersensitivity (eg, anaphylactic reactions and serious skin reactions) to any amide local anesthetic, NSAIDs, or other components of ZYNRELEF; with history of asthma, urticaria, or other allergic-type reactions after taking aspirin or other NSAIDs (severe, sometimes fatal, anaphylactic reactions to NSAIDs have been reported in such patients); undergoing obstetrical paracervical block anesthesia; or undergoing CABG.

Warnings and Precautions

Dose-Related Toxicity: Monitor cardiovascular and respiratory vital signs and patient's state of consciousness after application of ZYNRELEF. When using ZYNRELEF with other local anesthetics, overall local anesthetic exposure must be considered through 72 hours.

Hepatotoxicity: If abnormal liver tests persist or worsen, perform a clinical evaluation of the patient.

Hypertension: Patients taking some antihypertensive medication may have impaired response to these therapies when taking NSAIDs. Monitor blood pressure.

Heart Failure and Edema: Avoid use of ZYNRELEF in patients with severe heart failure unless benefits are expected to outweigh risk of worsening heart failure.

Renal Toxicity: Monitor renal function in patients with renal or hepatic impairment, heart failure, dehydration, or hypovolemia. Avoid use of ZYNRELEF in patients with advanced renal disease unless benefits are expected to outweigh risk of worsening renal failure.

Anaphylactic Reactions: Seek emergency help if an anaphylactic reaction occurs.

Chondrolysis: Limit exposure to articular cartilage due to the potential risk of chondrolysis.

Methemoglobinemia: Cases have been reported with local anesthetic use.

Serious Skin Reactions: NSAIDs, including meloxicam, can cause serious skin adverse reactions. If symptoms present, evaluate clinically.

Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS): If symptoms are present, evaluate clinically.

Fetal Toxicity: Due to the risk of oligohydramnios/fetal renal dysfunction and premature closure of the ductus arteriosus with NSAIDs, limit use of ZYNRELEF between about 20 to 30 weeks gestation, and avoid use after about 30 weeks.

Hematologic Toxicity: Monitor hemoglobin and hematocrit in patients with any signs or symptoms of anemia.

Drug Interactions

Drugs That Interfere with Hemostasis: Monitor patients for bleeding who are using ZYNRELEF with drugs that interfere with hemostasis (eg, warfarin, aspirin, SSRIs/SNRIs).

ACE Inhibitors, Angiotensin Receptor Blockers (ARBs), or Beta-Blockers: Use with ZYNRELEF may diminish the antihypertensive effect of these drugs. Monitor blood pressure.

ACE Inhibitors and ARBs: Use with ZYNRELEF in elderly, volume-depleted, or those with renal impairment may result in deterioration of renal function. In such high-risk patients, monitor for signs of worsening renal function.

Diuretics: NSAIDs can reduce natriuretic effect of furosemide and thiazide diuretics. Monitor patients to assure diuretic efficacy including antihypertensive effects.

Use in Specific Populations

Infertility: NSAIDs are associated with reversible infertility. Consider avoidance of ZYNRELEF in women who have difficulties conceiving.

Severe Hepatic Impairment: Only use if benefits are expected to outweigh risks; monitor for signs of worsening liver function.

Severe Renal Impairment: Not recommended.

Adverse Reactions

Most common adverse reactions (incidence $\geq 10\%$) in controlled clinical trials with ZYNRELEF are constipation, vomiting, and headache.

Report side effects to Heron at 1-844-437-6611 or to FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see full Prescribing Information, including Boxed Warning.

References: **1.** ZYNRELEF [package insert]. San Diego, CA: Heron Therapeutics Inc; 2021. **2.** Viscusi E, Minkowitz H, Winkle P, Ramamoorthy S, Hu J, Singla N. HTX-011 reduced pain intensity and opioid consumption versus bupivacaine HCl in herniorrhaphy: results from the Phase 3 EPOCH 2 study. *Hernia*. 2019;23(6):1071-1080. doi:10.1007/s10029-019-02023-6. **3.** Minkowitz H, Soto R, Fanikos J, et al. Opioid-free recovery after hernia repair with HTX-011 as the foundation of a non-opioid, multimodal analgesia regimen in a real-world setting: a randomized, open-label study. *Pain Ther*. 2021;10(2):1295-1308. doi:10.1007/s40122-021-00289-2. **4.** Data on file. Algorithm to limit opioid prescriptions after administering HTX-011. San Diego, CA: Heron Therapeutics Inc; 2020.

For additional information on dosing and administration,
please see the Instructions for Use provided at formulary.ZYNRELEF.com