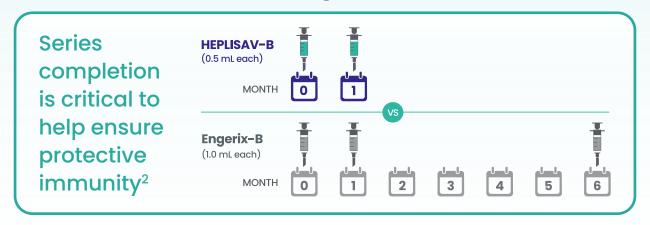


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# HEPLISAV-B Provides Faster Protection With 2-Dose Completion in 1 Month<sup>1</sup>



#### In the era of universal adult hepatitis B vaccination...3



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#### Refer to page 2 for important billing and coding information.

#### **INDICATION**

HEPLISAV-B is indicated for prevention of infection caused by all known subtypes of hepatitis B virus in adults 18 years of age and older.

#### IMPORTANT SAFETY INFORMATION

Do not administer HEPLISAV-B to individuals with a history of severe allergic reaction (eg, anaphylaxis) after a previous dose of any hepatitis B vaccine or to any component of HEPLISAV-B, including yeast.

Appropriate medical treatment and supervision must be available to manage possible anaphylactic reactions following administration of HEPLISAV-B. Immunocompromised persons, including individuals receiving immunosuppressant therapy, may have a diminished immune response to HEPLISAV-B.

Hepatitis B has a long incubation period. HEPLISAV-B may not prevent hepatitis B infection in individuals who have an unrecognized hepatitis B infection at the time of vaccine administration.

The most common patient-reported adverse reactions reported within 7 days of vaccination were injection site pain (23%-39%), fatigue (11%-17%), and headache (8%-17%).

Please see additional Important Safety Information throughout and scan the QR code on page 2 for full Prescribing Information.



# BILLING AND CODING INFORMATION

The table below lists relevant codes to help facilitate reimbursement of HEPLISAV-B administration. The information is for reference only and does not guarantee code appropriateness or reimbursement.

Туре	Code	Description
CPT® Drug Code <sup>6</sup>	90739	Hepatitis B vaccine, adult dosage 2-dose schedule, for intramuscular use
CPT Administration Code <sup>6</sup>	90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); I vaccine (single or combination vaccine/toxoid)
HCPCS (Administration code for Medicare Part B) <sup>7</sup>	G0010	Administration of hepatitis B vaccine
10-Digit NDC Number <sup>1</sup>	43528-003-01 43528-003-01	Prefilled syringe, 1 dose (0.5 mL) Package of 5 single-dose prefilled syringes
11-Digit NDC Number <sup>1</sup>	43528-0003-01 43528-0003-05	Prefilled syringe, 1 dose (0.5 mL) Package of 5 single-dose prefilled syringes
ICD-10-CM <sup>8</sup>	Z23	Encounter for immunization
MVX Code <sup>9</sup>	DVX	Dynavax
CVX Code <sup>10</sup>	189	Hepatitis B vaccine (recombinant), adjuvant

## Commercial insurance, Medicare, and Medicaid must cover ACIP-recommended vaccines, like HEPLISAV-B, with no cost-sharing<sup>11-13</sup>

#### **IMPORTANT SAFETY INFORMATION (CONT.)**

There are no clinical studies of HEPLISAV-B in pregnant women. Available human data on HEPLISAV-B administered to pregnant women are insufficient to inform vaccine-associated risks in pregnancy.

It is not known whether HEPLISAV-B is excreted in human milk. Data are not available to assess the effects of HEPLISAV-B on the breastfed infant or on milk production/excretion.

Vaccination with HEPLISAV-B may not result in protection of all vaccine recipients.



Please scan or click the QR code or ask your representative for full <u>Prescribing Information</u>.

To report suspected adverse reactions, contact 1-84-HEPLISAV (1-844-375-4728) or the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

ACIP, Advisory Committee on Immunization Practices; CPT, Current Procedural Terminology; CVX, vaccine administered; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; MVX, Manufacturer of Vaccine; NDC, National Drug Code.

