

# HEPLISAV-B<sup>®</sup>

Hepatitis B Vaccine (Recombinant), Adjuvanted

THE FIRST AND ONLY 2-DOSE HEPATITIS B VACCINE FOR ADULTS  $\geq 18$  YEARS<sup>1,2</sup>

## HEPLISAV-B PURCHASE PROGRAM

| WAC Price Per Dose* | Discount | Program Price Per Dose |
|---------------------|----------|------------------------|
| \$115.00            | 12%      | \$101.95**             |

\* HEPLISAV-B is sold in 5 single-dose vials or prefilled syringes per carton.

\*\* Price includes \$0.75 vaccine excise tax.

**12%**  
Discount



### TO ENROLL, FOLLOW THESE STEPS:

- 1 Complete the HEPLISAV-B Purchase Program enrollment letter and read the Terms and Conditions of Sale available at [HeplisavB.com](http://HeplisavB.com).
- 2 Attach a complete list of affiliated facilities that will purchase under this program, including associated DEA# or HIN#.
- 3 Fax the signed letter and associated list of eligible facilities to **(844) 328-5825** or email to [ContractOps@dynavax.com](mailto:ContractOps@dynavax.com).
- 4 You will receive an acknowledgment of enrollment into the program.

### 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.

Please see additional **Important Safety Information** on reverse and accompanying full **Prescribing Information**.

# HEPLISAV-B®

## Hepatitis B Vaccine (Recombinant), Adjuvanted

**2** doses -in- **1** month

### QUICK-REFERENCE CODING GUIDE

The table below provides a brief overview of relevant billing and coding information for HEPLISAV-B.

| Type  | Code          | Description  |
|---|---------------|--|
| <b>CPT®*</b> Drug Code                                    | 90739         | Hepatitis B vaccine, adult dosage 2-dose schedule, for intramuscular use   |
| <b>CPT</b> Administration Code                            | 90471         | Immunization administration (includes percutaneous intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid) |
| <b>HCPCS</b><br>(Administration code for Medicare Part B) | G0010         | Administration of hepatitis B vaccine  |
| <b>10-Digit NDC Number</b>                                | 43528-002-01  | Single vial, 1 dose, 0.5 mL  |
|   | 43528-002-05  | Package of 5 single-dose vials   |
|   | 43528-003-01  | Prefilled Syringe, 1 dose (0.5 mL)   |
|   | 43528-003-05  | Package of 5 single-dose prefilled syringes  |
| <b>11-Digit NDC Number</b>                                | 43528-0002-01 | Single vial, 1 dose, 0.5 mL  |
|   | 43528-0002-05 | Package of 5 single-dose vials   |
|   | 43528-0003-01 | Prefilled Syringe, 1 dose (0.5 mL)   |
|   | 43528-0003-05 | Package of 5 single-dose prefilled syringes  |
| <b>ICD-10-CM</b>  | Z23           | Encounter for immunization   |
| <b>MVX Code</b>   | DVX           | Dynavax  |
| <b>CVX Code</b>   | 189           | Hepatitis B vaccine (recombinant), adjuvant  |

Please note for TRICARE:

- The correct NDC number for reimbursement is on the package, not the vial/prefilled syringe
- Be sure to enter the 11-digit NDC number (the one with the extra "0") on the claim form

### IMPORTANT SAFETY INFORMATION

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 accompanying full Prescribing Information.

References: 1. HEPLISAV-B [package insert]. Berkeley, CA: Dynavax Technologies Corporation; 2017. 2. Centers for Disease Control and Prevention. Recommended immunization schedule for adults aged 19 years or older, United States, 2017. <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>. Accessed October 5, 2017.

**DYNAVAX**

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