

NOW ON FORMULARY AT YOUR HEALTH SYSTEM — ORDER TODAY

IN THE NEW ERA OF UNIVERSAL ADULT HEPATITIS B VACCINATION, PROTECTING YOUR PATIENTS IS AS

EASY AS 1-2-3

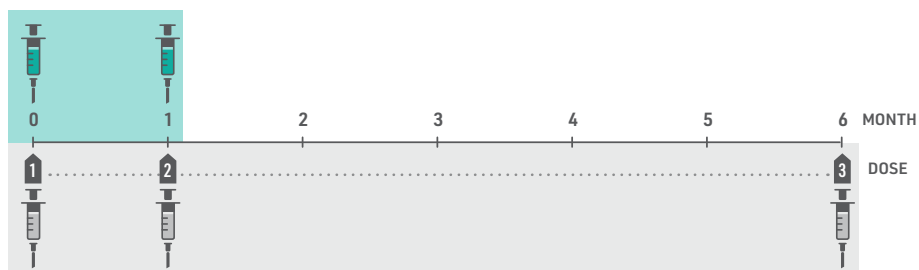
HEPLISAV-B is the first and only adult hepatitis B vaccine that provides series completion with just **2 DOSES IN 1 MONTH**^{1,2}

HEPLISAV-B provides faster series completion and protection with only 2 doses 1 month apart



HEPLISAV-B¹
2 DOSES
1 MONTH APART
(0.5 mL each)

Engerix-B³
3 DOSES
IN 6 MONTHS
(1.0 mL each)



CPT CODE	DESCRIPTION	ADMINISTRATION CODE FOR MEDICARE PART B	DIAGNOSIS CODE (ICD-10-CM)
90739	Hepatitis B vaccine (Hep B), adult dosage, 2-dose schedule, for IM use	G0010	Z23

CPT, current procedural terminology; IM, intramuscular.

THE CDC NOW RECOMMENDS ALL ADULTS AGES 19-59* GET VACCINATED AGAINST HEPATITIS B.⁴

*The CDC also recommends hepatitis B vaccination for adults aged ≥60 with risk factors. Adults aged ≥60 without risk factors may receive hepatitis B vaccination

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 (e.g., 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%).

To learn more about HEPLISAV-B please visit: <https://www.heplisavbhcp.com>

REFERENCES: 1. HEPLISAV-B [package insert]. Emeryville, CA: Dynavax Technologies Corporation; 2020. 2. Freedman M, Kroger A, Hunter P, Ault KA. Recommended Adult Immunization Schedule, United States, 2020. *Ann Intern Med.* 2020;172(5):337-347.

3. Engerix-B [package insert]. Research Triangle Park, NC: GlaxoSmithKline; 2020. 4. Landmark vote by CDC's Advisory Committee on Immunization Practices (ACIP) to recommend universal hepatitis B vaccination. Hepatitis B Foundation. November 4, 2021. Accessed February 4, 2022. <https://hepb.org/news-and-events/news-2/the-cdcs-advisory-committee-on-immunization-practices-acip-voted-to-recommend-universal-hepatitis-b-vaccination>.

DYNAVAX

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SCAN QR CODE OR ASK YOUR
REPRESENTATIVE FOR FULL
PRESCRIBING INFORMATION

HEPLISAV-B[®]
Hepatitis B Vaccine (Recombinant), Adjuvanted
2 DOSES. 1 MONTH. DONE.¹