

HEPLISAV-B®

Hepatitis B Vaccine (Recombinant), Adjuvanted

2 doses – in – **1** month

ADMINISTER THE VACCINE CORRECTLY

Schedule: Administer 2 doses at least 4 weeks apart

Dose (volume): 0.5 mL each dose

Route: Intramuscular (IM) injection

Site: Deltoid muscle

STORAGE CONDITIONS

HEPLISAV-B is stored in a refrigerator at 2°C to 8°C (35°F to 46°F) as a pre-filled syringe. Do not freeze; discard if the vaccine has been frozen. Do not use the vaccine after the expiration date shown on the prefilled syringe label.

QUICK-REFERENCE CODING GUIDE

The table below provides a brief overview of relevant billing and coding information for HEPLISAV-B, presented in greater detail with the sample CMS-1500 form

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

CMS=Centers for Medicare and Medicaid Services; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification, 7th ed.; NDC=National Drug Code.

*CPT is a registered trademark of the American Medical Association (AMA).



Call HEPLISAV-B Access Navigator®
at 1-84-HEPLISAV (1-844-375-4728)

Coverage and reimbursement support
available 8 AM to 8 PM, ET,
Monday through Friday
HeplisavB.com

Remind your patients to text
HEPB to [1-844-402-4372],
and we'll send a reminder when they're due.

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%).

Please see the accompanying full Prescribing Information.