Pharmacists play an important role:

Choose VAQTA to help protect your appropriate patients against hepatitis A

VAQTA®
(HEPATITIS A VACCINE, INACTIVATED)

The incidence of hepatitis A increased more than

among 20- to 59-year-olds between 2015 and 2019.[1, a]

[a]2015-2019 data from the CDC's National Notifiable Diseases Surveillance System.

Most adults have not been vaccinated against hepatitis A, providing an opportunity for pharmacists to be proactive and educate patients about vaccination.

According to a National Health Interview Survey from 2018,[2]

~ 1 out of 10

adults have been fully vaccinated against hepatitis A

Vaccination rates:
17.5% 19–49 years | **6.2%** ≥50 years

Indication

VAQTA® (Hepatitis A Vaccine, Inactivated) is indicated for the prevention of disease caused by hepatitis A virus (HAV) in persons 12 months of age and older. The primary dose should be given at least 2 weeks prior to expected exposure to HAV.

Dosage and Administration

Adults (19 years of age and older): The vaccination schedule consists of a primary 1 mL dose administered intramuscularly and a 1 mL booster dose administered intramuscularly 6 to 18 months later.

Booster Immunization Following Another Manufacturer's Hepatitis A Vaccine: A booster dose of VAQTA may be given 6 to 12 months following a primary dose of *Havrix**.

**Havrix is a registered trademark of GlaxoSmithKline.*

Select Safety Information

Do not administer VAQTA to individuals with a history of immediate and/or severe allergic or hypersensitivity reactions (eg, anaphylaxis) after a previous dose of any hepatitis A vaccine, or to individuals who have had an anaphylactic reaction to any component of VAQTA, including neomycin.

Select Safety Information continues on next page.

NDC 0006-4096-02
Carton of ten 1-mL prefilled single-dose Luer-Lok® syringes with tip caps.

VAQTA demonstrated excellent seroprotection

Immunogenicity data combined from 5 randomized clinical studies in adults ≥19 years of age demonstrated:

At 4 weeks after 2 doses (50 U/1-mL) given 6 months apart[a,b]
(n=1244)

Seroprotection (%)

A clinical study of adults who were administered 2 doses of VAQTA 6 months apart demonstrated:

After 6 years[b,c]
(n=171)

[a]Patients had a geometric mean titer (GMT) of 6013 mIU/mL (95% CI: 5592, 6467) after the second dose.

[b]Anti-HAV antibodies ≥10 mIU/mL indicate seroprotection.

[c]Six years postvaccination, patients had a GMT of 684 mIU/mL.

Total duration of the protective effect of VAQTA is unknown.

Select Safety Information *(continued)*

The vial stopper and the syringe plunger stopper and tip cap contain dry natural latex rubber that may cause allergic reactions in latex-sensitive individuals.

The most common local adverse reactions and systemic adverse events (≥15%) reported in different clinical trials across different age groups when VAQTA was administered alone or concomitantly were:

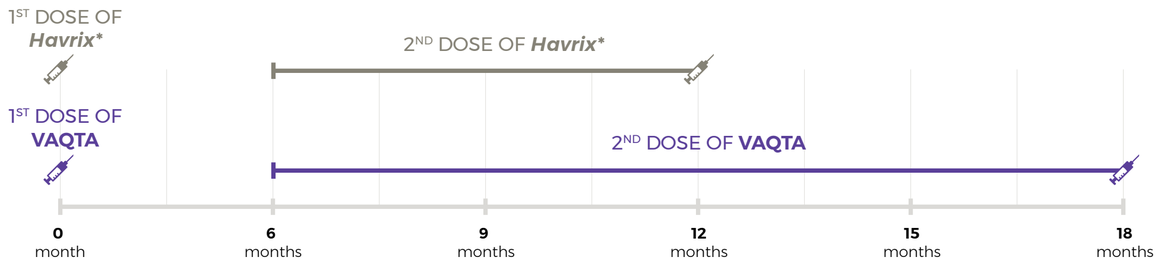
- Adults 19 years of age and older: injection-site pain, tenderness, or soreness (67.0%), injection site warmth (18.2%), and headache (16.1%)

Hepatitis A virus has a relatively long incubation period (approximately 20 to 50 days). VAQTA may not prevent hepatitis A infection in individuals who have an unrecognized hepatitis A infection at the time of vaccination.

Select Safety Information continues on next page.

VAQTA offers a flexible dosing window for the 2nd dose[3]:

VAQTA offers 6 more months compared to *Havrix*



**Havrix is a registered trademark of GlaxoSmithKline.*

Not shown actual size

VAQTA®
(HEPATITIS A VACCINE, INACTIVATED)

VAQTA is available in Prefilled Luer-Lok® syringes

NDC 0006-4096-02

Carton of ten 1-mL prefilled single-dose Luer-Lok® syringes with tip caps.

Select Safety Information *(continued)*

Immunocompromised persons, including individuals receiving immunosuppressive therapy, may have a diminished immune response to VAQTA and may not be protected against HAV infection after vaccination.

Vaccination with VAQTA may not result in a protective response in all susceptible vaccinees.

VAQTA may be administered concomitantly with Immune Globulin, human, using separate sites and syringes.

There are no adequate and well-controlled studies designed to evaluate VAQTA in pregnant women, including those 19 years of age or younger. Available post-approval data do not suggest an increased risk of miscarriage or major birth defects in women who received VAQTA during pregnancy.

It is not known whether VAQTA is excreted in human milk. Data are not available to assess the effects of VAQTA on the breastfed infant or on milk production/excretion. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for VAQTA and any potential adverse effects on the breastfed child from VAQTA or from the underlying maternal condition.

Select Safety Information continues on next page.

Take every opportunity to talk with appropriate patients in your pharmacy.

The CDC has identified the following as posing an increased risk for acquiring and/or developing complications from hepatitis A virus[4]:

Liver complications
Having a chronic liver disease such as hepatitis B or C

Human immunodeficiency virus
Being HIV-positive

International exposure
Travel to countries where hepatitis A is common, or have close personal contact with anybody from a high-risk region, such as an international adoptee

Local outbreaks
Living in a region where there is an outbreak and have one or more other risk factors

Pregnancy
Pregnancy if at risk of infection or severe outcome from infection during pregnancy and have one or more other risk factors

Illegal drug use
Using injection or non-injection drugs

Sexual contact
Being a man who has sex with other men

Housing situation
Homelessness

Work environments
Working in spaces such as hepatitis A research laboratories and/or with hepatitis A-infected animals

The CDC notes that adults who may not be at increased risk for hepatitis A but want to help protect themselves should follow routine hepatitis A vaccination guidelines.[4]

Select Safety Information *(continued)*

The total duration of the protective effect of VAQTA in healthy vaccinees is unknown at present.

In clinical trials in adults, VAQTA was concomitantly administered with typhoid Vi polysaccharide and yellow fever vaccines. Safety and immunogenicity were similar for concomitantly administered vaccines compared to separately administered vaccines.

Before administering VAQTA, please read the accompanying Prescribing Information. The Patient Information also is available.

References: 1. Centers for Disease Control and Prevention. Viral Hepatitis Surveillance Report – United States, 2019. Published May 2021. Accessed October 26, 2023. https://www.cdc.gov/hepatitis/statistics/2019surveillance/index.htm. **2.** Lu P, Hung M, Srivastav A, et al. Surveillance of Vaccination Coverage Among Adult Populations — United States, 2018. *MMWR Surveill Summ.* 2021;70(No. SS-3):1–26. Accessed: October 26, 2023. Last reviewed: May 13, 2021. https://www.cdc.gov/mmwr/volumes/70/ss/ss7003a1.htm?s_cid=ss7003a1_w **3.** Havrix. Prescribing Information. GlaxoSmithKline; 2022. **4.** Centers for Disease Control and Prevention (CDC). Recommendations for Ages 19 Years or Older, United States, 2022. October 26, 2023. Last reviewed: April 27, 2023. https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html#note-hepa

MERCK