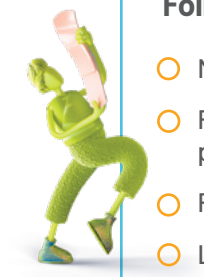
Vaxelis®
Diphtheria and Tetanus Toxoids and Acellular Pertussis, Inactivated Poliovirus, Haemophilus b Conjugate and Hepatitis B Vaccine

Transition Checklist for VAXELIS



Follow this step-by-step guide to help you incorporate VAXELIS into your clinical practice.

- ○ Make sure your entire care team knows about the transition to VAXELIS and has access to the Transition Tool
- ○ Familiarize yourself with the **VAXELIS schedule** your patients will now be following, especially as it differs from your previous schedule
- ○ Review the **Coding and Billing Guide** and keep the information handy as your practice begins to administer VAXELIS
- ○ Look over the **EHR Considerations** for some tips that may help you transition to VAXELIS in your EHR system
- ○ Check out **Storage Information** to make sure you are prepared to store VAXELIS when the shipment arrives
- ○ Review the **Administration Guide** so you know how to administer VAXELIS
- ○ Ensure you have enough VAXELIS for your practice. If you're running low, follow the instructions in **How to Order**
- ○ Visit **VAXELIS.com** to learn more about this hexavalent vaccine
- ○ Download or print any resources provided within the Transition Tool that may be helpful for you, your staff, or parents and guardians

EHR, electronic health record.

VAXELIS is a vaccine indicated for active immunization to prevent diphtheria, tetanus, pertussis, poliomyelitis, hepatitis B, and invasive disease due to *Haemophilus influenzae* type b (Hib). VAXELIS is approved for use as a 3-dose series in children 6 weeks through 4 years of age (prior to the 5th birthday).

Important Safety Information

- Do not administer VAXELIS to anyone with a history of severe allergic reaction to a previous dose of VAXELIS, any ingredient of VAXELIS, or any other diphtheria toxoid, tetanus toxoid, pertussis-containing vaccine, inactivated poliovirus vaccine, hepatitis B vaccine, or Hib vaccine.
- Do not administer VAXELIS to anyone with a history of encephalopathy within 7 days of a pertussis-containing vaccine with no other identifiable cause.
- Do not administer VAXELIS to anyone with a history of progressive neurologic disorder until a treatment regimen has been established and the condition has stabilized.
- Carefully consider benefits and risks before administering VAXELIS to persons with a history of: fever ≥40.5°C (≥105°F), hypotonic-hyporesponsive episode (HHE), or persistent, inconsolable crying lasting ≥3 hours within 48 hours after a previous pertussis-containing vaccine; and/or seizures within 3 days after a previous pertussis-containing vaccine.
- If Guillain-Barré syndrome occurred within 6 weeks of receipt of a prior vaccine containing tetanus toxoid, the risk for Guillain-Barré syndrome may be increased following VAXELIS.
- Apnea following intramuscular vaccination has been observed in some infants born prematurely. Consider the individual infant's medical status and potential benefits and possible risks of intramuscular vaccination in deciding when to administer VAXELIS to an infant born prematurely.
- Vaccination with VAXELIS may not protect all individuals.
- The solicited adverse reactions 0-5 days following any dose were irritability (≥55%), crying (≥45%), injection site pain (≥44%), somnolence (≥40%), injection site erythema (≥25%), decreased appetite (≥23%), fever ≥38.0°C (≥19%), injection site swelling (≥18%), and vomiting (≥9%).

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

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