<table>
<thead>
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<th><strong>Protects Against</strong></th>
<th><em>Haemophilus influenzae</em> type b (Hib) and Hepatitis B</th>
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</table>
| **Brand Name and Manufacturer** | COMVAX®
Merck |
| **Routine Schedule** | Three (3) dose series: 2, 4, and 12-15 months |
| **Minimum Intervals** | 4 week minimum interval between dose 1 and 2
8 week minimum interval between dose 2 and 3
(the third dose should not be given before 12 months of age) |
| **Approved for use in** | Children aged 6 weeks to 15 months |
| **Administration** | Intramuscular (IM) injection |
| **Packaging** | Vaccine is packaged as 10 single-dose 0.5mL vials |
| **Storage** | Refrigerate between 35°F and 46°F (2°C to 8°C)
*DO NOT FREEZE* |
| **Full ACIP Recommendations** | Hib:
[http://www.cdc.gov/mmwr/preview/mmwrhtml/00041736.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/00041736.htm)
Hep B:
[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm?s_cid=rr5416a1_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5416a1.htm?s_cid=rr5416a1_e) |
| **VFC Letter** | [http://eziz.org/assets/docs/vflcletter_2012_03_RecommendedACIPSchedules.pdf](http://eziz.org/assets/docs/vflcletter_2012_03_RecommendedACIPSchedules.pdf) |
| **Billing Codes** | CHDP code: 56
CPT code for vaccine: 90748
CPT code for administration: 90460, 90461
Medi-Cal Fee-For-Service (FFS) administration: 90748-SL
ICD-9-CM code: v06.8 |
| **Comments** | • Licensed in 1996
• Do not administer to infants younger than 6 weeks of age.
• Infants born to HBsAG-positive mothers should receive Hepatitis B Immune Globulin and Hepatitis B vaccine within 12 hours of birth and should complete the Hepatitis B vaccination series according to schedule. |