



Vaccine Fact Sheet

Hepatitis B

Protects Against	Hepatitis B virus	Hepatitis B virus	Hepatitis B virus
Brand Name and Manufacturer	Recombivax HB [®] Merck	Enerix-B [®] GlaxoSmithKline (GSK)	HEPLISAV-B Dynavax
Routine Schedule	Three (3) dose series: Birth, 1-2, and 6-18 months	Three (3) dose series: Birth, 1-2, and 6-18 months	Two (2) dose series, one month apart
Minimum Intervals	4 week minimum interval between dose 1 and 2 8 week minimum interval between dose 2 and 3 16 week minimum interval between dose 1 and 3 (dose 3 should not be given before 24 weeks of age)	4 week minimum interval between dose 1 and 2 8 week minimum interval between dose 2 and 3 16 week minimum interval between dose 1 and 3 (dose 3 should not be given before 24 weeks of age)	4 week interval between dose 1 and 2
Approved for use in	Children from birth through 19 years of age	Children from birth through 19 years of age	Persons aged 18 years of age and older
Administration	Intramuscular (IM) injection	Intramuscular (IM) injection	Intramuscular (IM) injection
Packaging	Vaccine is packaged as 10 single-dose 0.5mL vials or 10 single-dose 0.5mL pre-filled syringes without needles	Vaccine is packaged as 10 single-dose 0.5mL vials or 10 single-dose 0.5mL pre-filled syringes without needles	Vaccine is packaged as 5 single-dose 0.5mL vials or 5 single dose prefilled syringes
Storage	Refrigerate between 35°F and 46°F (2°C to 8°C) DO NOT FREEZE	Refrigerate between 35°F and 46°F (2°C to 8°C) DO NOT FREEZE	Refrigerate between 36°F and 46°F (2°C to 8°C) DO NOT FREEZE – discard if the vaccine has been frozen
Full ACIP Recommendations	https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html	https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html	https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html
VFC Letter	Not available on EZIZ	Not available on EZIZ	Not available on EZIZ
Billing Codes	CHDP code: 40 CPT code for vaccine: 90744 CPT Administration code: 90460 Medi-Cal Fee-For-Service (FFS) administration code: 90744-SL ICD-9-CM code: V05.3	CHDP code: 40 CPT code for vaccine: 90744 CPT Administration code: 90460 Medi-Cal Fee-For-Service (FFS) administration code: 90744-SL ICD-9-CM code: V05.3	CHDP code: 40 CPT code for vaccine: 90739 CPT code for administration: 90471 Medi-Cal Fee-For-Service (FFS) administration: 90739 ICD-10-CM code (encounter for immunization): Z23
Comments	<ul style="list-style-type: none"> Licensed in 1986 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. Infants who did not receive a birth dose should receive 3 doses of Hepatitis B vaccine starting as soon as possible. A total of 4 doses of Hepatitis B vaccine is permissible when a combination vaccine containing Hepatitis B is used after the birth dose. 2-dose regimen available for adolescents 11 through 15 years (1.0 mL dose, 10 mcg formulation). Adult formulation is also available. 	<ul style="list-style-type: none"> Licensed in 1989 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. Infants who did not receive a birth dose should receive 3 doses of Hepatitis B vaccine starting as soon as possible. A total of 4 doses of Hepatitis B vaccine is permissible when a combination vaccine containing Hepatitis B is used after the birth dose. Adult formulation is also available. 	<ul style="list-style-type: none"> Licensed in 2017 Do not administer to persons younger than 18 years of age Verify age before administering to VFC-eligible patients

