Vaccine Fact Sheet: Hib

Topic	ActHIB®	PedvaxHIB®
Manufacturer	Sanofi Pasteur Detailed Prescribing Information (Fda.gov/media/74395/download)	Merck Detailed Prescribing Information (Merck.com/product/usa/pi_circulars/p/pedvax_hib/pedvax_pi.pdf)
Protects Against	Haemophilus influenzae type b (Hib	Haemophilus influenzae type b (Hib)
Routine Schedule	Three (3) dose primary series: 2, 4, and 6 months One (1) booster dose: 15-18 months	Two (2) dose primary series: 2 and 4 months One (1) booster dose: 12-15 months
Minimum Intervals	4 week minimum interval between dose 1 and 2 4 week minimum interval between dose 2 and 3 8 week minimum interval between dose 3 and 4 (the final booster dose should not be given before 12 months of age)	4 week minimum interval between dose 1 and 2 8 week minimum interval between dose 2 and 3 (the final booster dose should not be given before 12 months of age)
Approved Ages	Children aged 2 months through 5 years	Children aged 2 through 71 months
Administration	Intramuscular (IM) injection	Intramuscular (IM) injection
Packaging	Vaccine is packaged as 5 single-dose vials of lyophilized Hib vaccine and 5 single dose 0.6mL vials of diluent	Vaccine is packaged as 10 single-dose 0.5mL vials
Storage	Refrigerate between 36°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**
Full ACIP Recommendations	ACIP Hib Vaccine Recommendations | CDC (Cdc.gov/mmwr/volumes/69/rr/rr6905a1.htm)	ACIP Hib Vaccine Recommendations | CDC (Cdc.gov/mmwr/volumes/69/rr/rr6905a1.htm)
VFC Letter	Not available	Not available

Topic	ActHIB®	PedvaxHIB®
Billing Codes	CHDP code: 38 CPT code for vaccine: 90648 CPT code for administration*: 90460 Medi-Cal Fee-For-Service (FFS) administration: 90648 with modifiers –SK (high-risk) and –SL (VFC) ICD-10-CM code (encounter for immunization): Z23 Child Health and Disability Prevention (CHDP) Program Code Conversion (Files.medi-cal.ca.gov/pubsdoco/chdp/articles/25768.02_Cd_Conv_Table.pdf	CHDP code: 38 CPT code for vaccine: 90647 CPT code for administration*: 90460 Medi-Cal Fee-For-Service (FFS) administration: 90647 with modifiers –SK (high-risk) and –SL (VFC) ICD-10-CM code (encounter for immunization): Z23 Child Health and Disability Prevention (CHDP) Program Code Conversion (Files.medi-cal.ca.gov/pubsdoco/chdp/articles/25768.02_Cd_Conv_Table.pdf)
Comments	Licensed in 1993	Licensed in 1989

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Topic	Hiberix®
Manufacturer	GlaxoSmithKline (GSK) **Detailed Prescribing Information** (Gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Hiberix/pdf/HIBERIX.PDF)
Protects Against	Haemophilus influenzae type b (Hib)
Routine Schedule	Three (3) dose primary series: 2, 4, and 6 months One (1) booster dose: 12-15 months
Minimum Intervals	4 week minimum interval between dose 1 and 2 4 week minimum interval between dose 2 and 3 8 week minimum interval between dose 3 and 4 (the final booster dose should not be given before 12 months of age)
Approved Ages	Children aged 6 weeks through 59 months
Administration	Intramuscular (IM) injection
Packaging	Vaccine is packaged in 10 single-dose vials with Lyophilized Antigen Component and one prefilled syringe of diluent.
Storage	Refrigerate between 36°F and 46°F (2°C to 8°C) **Do Not Freeze**
Full ACIP Recommendations	**ACIP Hib Vaccine Recommendations | CDC** (Cdc.gov/vaccines/hcp/acip-recs/vacc-specific/hepb.html)
VFC Letter	**VFC Clinical Letter** (Eziz.org/assets/docs/VFC_Letters/VFCletter-Hiberix-Jan2017-012417.pdf)
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Comments	Licensed in 1996

Refer to Vaccine Fact Sheets (EZIZ.org/Resources/VaccineFactSheets).

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