

Quick Reference to Combination and/or Reconstituted Vaccines: Childhood (Birth Through 18 Years)

Highlight Vaccines in Your Refrigerator/Freezer and Post in Your Vaccine Prep Area

Brand Name	Contains	Use for Ages	Use for Dose	Administration Tips ²
Rotarix® (GSK) (Vial and Oral Dosing Applicator Presentation) ¹	Rotavirus (RV1)	6 weeks through 8 months and 0 days	Any dose of RV	<ul style="list-style-type: none"> Remove vial cap, push transfer adapter onto vial Shake supplied diluent in oral dosing applicator and connect applicator to transfer adapter Add to RV1 vial; withdraw; give orally³
ActHIB® (Sanofi Pasteur)	Hib	6 weeks through 4 years	Any dose of Hib	<ul style="list-style-type: none"> Draw up diluent packaged with Hib vial Add diluent to Hib vial; agitate vial; administer intramuscular (IM)³
Pentacel® (Sanofi Pasteur)	DTaP-IPV/Hib	6 weeks through 4 years	1, 2, 3, or 4 of DTaP, IPV, and Hib	<ul style="list-style-type: none"> DTaP-IPV liquid (diluent) packaged with Hib vial Shake and draw up diluent; add to Hib vial; swirl gently; withdraw; administer IM³
Vaxelis® (Sanofi Pasteur)	DTaP-IPV-Hib-HepB	6 weeks through 4 years	1, 2, and 3 of DTaP, IPV, and Hib; any dose of HepB except birth dose	<ul style="list-style-type: none"> Premixed Shake well before administering; administer IM
Hiberix® (GSK)	Hib	6 weeks through 4 years	Any dose of Hib	<ul style="list-style-type: none"> Vial and Vial Presentation: Draw up diluent supplied with Hib vial; add diluent to Hib vial; shake well; administer IM³ Vial and Prefilled Syringe Presentation: Use the prefilled syringe diluent that is supplied with Hib vial; add diluent to Hib vial; shake well; administer IM³
COVID-19 (Pfizer-BioNTech, only 6 months through 4 years formulation)	COVID-19	6 months through 4 years (yellow cap and yellow label)	Any dose of COVID-19	<ul style="list-style-type: none"> If vials are frozen, they must be thawed prior to use Mix by inverting vial gently 10 times. Never shake the vials or vaccine Add 1.1 mL of sterile 0.9% Sodium Chloride Injection, USP into the vaccine vial; record the date and time of dilution on the vial label After dilution, multiple-dose vials contain 3 doses of 0.3mL each³
Menveo® (GSK) (Two-Vial Presentation) ¹	MenACWY	2 months and older (risk based) 11-12 & 16 years (healthy persons)	Any dose of MenACWY	<ul style="list-style-type: none"> MenCYW liquid (diluent) packaged with MenA vial Draw up MenCYW diluent; add to MenA vial Invert; shake well; give IM³
M-M-R® II (Merck)	Measles, Mumps, Rubella (MMR)	12 months and older	Any dose of MMR	<ul style="list-style-type: none"> Vial and Vial Presentation: Draw up Merck supplied diluent; add diluent to MMR vial; gently agitate; withdraw; administer subcutaneous (Subcut) or IM³ Vial and Prefilled Syringe Presentation: Use the prefilled syringe diluent that is supplied with MMR vial; add diluent to MMR vial; gently agitate; withdraw; administer Subcut or IM³

See footnotes and additional information on page 2.

Brand Name	Contains	Use for Ages	Use for Dose	Administration Tips ²
Priorix® (GSK)	Measles, Mumps, Rubella (MMR)	12 months and older	Any dose of MMR	<ul style="list-style-type: none"> • Reconstitute single dose vial with supplied prefilled syringe diluent • Shake well (do not invert vial) • Withdraw; administer Subcut³
Varivax® (Merck)	Varicella (Var)	12 months and older	1 or 2 of Var	<ul style="list-style-type: none"> • Vial and Vial Presentation: Draw up Merck supplied diluent; add diluent to Varicella vial; gently agitate; withdraw; administer Subcut or IM³ • Vial and Prefilled Syringe Presentation: Use the prefilled syringe diluent that is supplied with Varicella vial; add diluent to Varicella vial; gently agitate; withdraw; administer Subcut or IM³
ProQuad® (Merck) ⁴	MMR, Var (MMRV)	12 months through 12 years	1 st dose if ages 4 through 12 years; 2 nd dose if ages 15 months through 12 years	<ul style="list-style-type: none"> • Vial and Vial Presentation: Draw up Merck supplied diluent; add diluent to MMRV vial; gently agitate; withdraw; administer Subcut or IM³ • Vial and Prefilled Syringe Presentation: Use the prefilled syringe diluent that is supplied with MMRV vial; add diluent to MMRV vial; gently agitate; withdraw; administer Subcut or IM³
Kinrix® (GSK) ⁵	DTaP-IPV	4 through 6 years	5 th dose of DTaP 4 th (valid) dose of IPV	<ul style="list-style-type: none"> • Premixed • Shake well before administration; administer IM
Quadracel® (Sanofi Pasteur)	DTaP-IPV	4 through 6 years	5 th dose of DTaP, 4 th or 5 th dose of IPV	<ul style="list-style-type: none"> • Premixed • Shake well before administration; administer IM
Penbraya™ (Pfizer)	MenABCWY	10 years and older (risk based) 16-23 years (healthy persons when shared clinical decision-making favors administration of MenB vaccine)	Those who are due for MenACWY and MenB at the same visit	<ul style="list-style-type: none"> • Without removing the vial adapter from its packaging, peel off the top cover; orient the vial adapter vertically over the center of the vial; connect the vial adapter to the vial with a straight downward push; remove the vial adapter packaging • Shake the syringe of MenB component vigorously; connect the syringe to the vial adapter; inject the MenB component into the vial; gently swirl; invert the vial and slowly withdraw; disconnect the syringe; attach needle; administer IM³

¹Rotarix and Menveo vaccines are available as either a liquid formulation that does not require dilution or as a lyophilized vaccine that requires reconstitution. Guidance within this document is for the formulation that requires reconstitution.

²Refer to the manufacturer's package insert for further details regarding reconstituting and/or administering these products.

³The amount of time in which a dose of vaccine must be used after reconstitution varies by vaccine and is outlined in the vaccine's package insert. For more information, refer to [Vaccines with Diluents: How to Use Them](http://www.immunize.org/catg.d/p3040.pdf) (URL: www.immunize.org/catg.d/p3040.pdf) or [Vaccine Preparation and Administration \(michigan.gov\)](http://michigan.gov).

⁴When using MMRV (ProQuad), if ages 12 through 47 months and 1st dose needed, it is recommended to use separate MMR and Varicella vaccines.

⁵When used in combination with Pentacel (DTaP-IPV/Hib), Kinrix may be used for the 5th (4th valid) dose of the IPV series.

Note: Abrysvo is recommended for pregnant people 32 through 36 weeks pregnant during September through January to protect their babies against Respiratory Syncytial Virus (RSV). Please refer to the [package insert](#) for reconstitution instructions (URL: labeling.pfizer.com/ShowLabeling.aspx?id=19589).

Avoid medication errors! Use only the diluent that is packaged or sent with each specific vaccine—don't use any other liquid.