

Vaccine Fact Sheet: MenB



California
Vaccines for
Children Program

Topic	Bexsero®	Trumenba®
Manufacturer	Novartis (MenB-4C) Detailed Prescribing Information (Gskpro.com/content/dam/global/hcpportal/en_US/Prescribing_Information/Kinrix/pdf/KINRIX.PDF)	Pfizer (MenB-FHbp) Detailed Prescribing Information (Fda.gov/media/91640/download)
Protects Against	Invasive meningococcal disease caused by <i>Neisseria meningitidis</i> serogroup B	Invasive meningococcal disease caused by <i>Neisseria meningitidis</i> serogroup B
Routine Schedule	<i>Not High Risk</i> Persons 16 through 23 years may be vaccinated Preferred age is 16 through 18 years of age Two (2) dose series: 0 and 1 month schedule <i>High Risk</i> Persons 10 years and older may be vaccinated Two (2) dose series: 0 and 1 month schedule	<i>Not High Risk</i> Persons 16 through 23 years may be vaccinated Preferred age is 16 through 18 years of age Two (2) dose series: 0 and 6 month schedule <i>High Risk</i> Persons 10 years and older may be vaccinated Three (3) dose series: 0, 1-2, and 6 month schedule
Minimum Intervals	4 week minimum interval between dose 1 and 2	8 week minimum interval between dose 1 and 2, 16 week minimum interval between dose 1 and 3 (high-risk)
Approved Ages	Persons aged 10 through 25 years old	Persons aged 10 through 25 years old
Administration	Intramuscular (IM) injection	Intramuscular (IM) injection
Packaging	Vaccine is packaged as 10 single-dose 0.5mL syringes Or package of 1 syringe per carton	Vaccine is packaged as 10 single-dose 0.5mL syringes Or package of 5 single-dose 0.5mL syringes
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 Meningococcal Vaccine Recommendations CDC (Cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html)	ACIP Meningococcal Vaccine Recommendations CDC (Cdc.gov/vaccines/hcp/acip-recs/vacc-specific/mening.html)
VFC Letter	VFC Clinical Letter (Eziz.org/PDF/KinrixDTaPIPVCombinationVaccinesigned.pdf)	VFC Clinical Letter (Eziz.org/assets/docs/vfcletter_2015_8_MenB.pdf)

Vaccine Fact Sheet: MenB (Continued)

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Billing Codes	<p>CHDP code: M1 CPT code for vaccine: 90620 CPT code for administration: 90640 Medi-Cal Fee-For-Service (FFS) administration for VFC-supplied vaccine: 90620-SL (for ages 16 through 18 years); 90620-SL and -SK for high risk persons 10 through 15 years). 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)</p>	<p>CHDP code: M4 CPT code for vaccine: 90621 CPT code for administration: 90640 Medi-Cal Fee-For-Service (FFS) administration for VFC-supplied vaccine: 90621 with SL modifier (for ages 16 through 18 years); 90621 with both SL and SK modifiers for high risk persons 10 through 15 years). 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)</p>
Comments	Licensed in 2015	Licensed in 2014