



Vaccine Fact Sheet

MenB

Brand Name and Manufacturer	Bexsero® Novartis (MenB-4C)	Trumenba® Pfizer (MenB-FHbp)
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 for Persons NOT at High Risk	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	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
Routine Schedule for Persons at High-Risk	Persons 10 years and older may be vaccinated Two (2) dose series: 0 and 1 month schedule	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 for use in	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	http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6441a3.htm http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6422a3.htm	http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6441a3.htm http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6422a3.htm
VFC Letter	http://eziz.org/assets/docs/vfcletter_2015_8_MenB.pdf	http://eziz.org/assets/docs/vfcletter_2015_8_MenB.pdf
Billing Codes	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	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
Comments	<ul style="list-style-type: none"> Licensed in 2015 Does not protect against Meningococcal serogroups A, C, Y, and W-135 For routine recommendations, refer to Meningococcal Vaccines—Routine Risk For recommendations for high-risk patients, refer to Meningococcal Vaccines—High Risk Populations Recommended for high-risk persons 10 years and older. See ACIP recommendations The same vaccine brand must be used for all doses in the series 	<ul style="list-style-type: none"> Licensed in 2014 Does not protect against Meningococcal serogroups A, C, Y, and W-135 For routine recommendations, refer to Meningococcal Vaccines—Routine Risk For recommendations for high-risk patients, refer to Meningococcal Vaccines—High Risk Populations Recommended for high-risk persons 10 years and older. See ACIP recommendations The same vaccine brand must be used for all doses in the series