

# Meningococcal Vaccine

Policy Number: MP-007  
Last Review Date: 08/13/2020  
Effective Date: 10/01/2020

## Policy

Evolent Health considers **Meningococcal Vaccine** medically necessary for the following indications:

FDA approved meningococcal vaccines are covered for any of the following indications:

1. Routine vaccination with age appropriate vaccine for all children at a pre-adolescent visit and at adolescence, if not vaccinated before.
2. Also recommended for others at increased risk:
  - College freshman or upper classmen if not vaccinated in the past
  - Members with functional asplenia e.g. sickle cell disease
  - Any member who has persistent complement component deficiency (an immune System Disorder)
  - Members who might have been exposed to meningitis during an outbreak
3. Vaccine selection will be based on Center for Disease Control and Prevention (CDC) recommendations.

## Limitations

Vaccine for travel or employment reasons is not covered

## Background

According to the Centers for Disease Control and Prevention (CDC), about 1,000-1,200 people get meningococcal disease each year in the United States. Meningococcal infections can be treated with antibiotics, but there are still approximately 10-15% of individuals who die from the infection. Of those who live, another 11%-19% lose their arms or legs, have problems with their nervous systems, become deaf, or suffer seizures or strokes.

The CDC states that anyone can get meningococcal disease, but it is most common in infants less than one year of age and people age 16-21 years. Children with certain medical conditions, such as lack of a spleen, and college freshman living in dorms have an increased risk of getting meningococcal disease. Bacterial meningitis is the leading form of meningitis in children 2-18 years old in the United States.

Preventing the disease in people at the highest risk is therefore important. The FDA has approved several meningococcal vaccines since the 1970's with immunity reportedly lasting 5-15 years. Revaccination may be indicated at 5 year intervals.

## Meningococcal Vaccine

Policy Number: MP-007  
 Last Review Date: 08/13/2020  
 Effective Date: 10/01/2020

### Codes:

#### CPT Codes

Code	Description
90621	Meningococcal recombinant lipoprotein vaccine, Serogroup B, 2 or 3 dose schedule, for intramuscular use
90644	Meningococcal conjugate vaccine, serogroups C&C and Hemophilus influenza B vaccine (Hib-MenCY), 4 dose schedule, when administered to children 2-15 months of age, for intramuscular use.
90733	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use.
90734	Meningococcal conjugate vaccine, serogroups A, C, Y, and W-135 (tetavalent), for intramuscular use.

### References

1. Committee on Infectious Diseases. Immunizations of Adolescents: Recommendations of the Advisory Committee on Immunization Practices, The American Academy of Pediatrics, The American Academy of Family Physicians, and the American Medical Association. Pediatrics. 1997 Mar; 99(3):479-488.  
<http://pediatrics.aappublications.org/content/99/3/479.full.pdf+html>
2. FDA Approves Menactra™ for Meningococcal Disease, Sanofi Pasteur. Dated: 1/17/2005. Forward Looking Statement (press release)  
<http://www.news.sanofi.us/press-releases?item=137127>
3. Iannelli V. Menactra Vaccine For Meningococcal Disease. Immunization basics. About.com HealthPediatrics. Updated: April 06, 2020.  
[http://pediatrics.about.com/od/immunizations/a/05\\_menactra.htm](http://pediatrics.about.com/od/immunizations/a/05_menactra.htm)
4. Patton ME, Stephens D, Moore K, MacNeil JR. Updated Recommendations for Use of MenB-FHbp Serogroup B Meningococcal Vaccine — Advisory Committee on Immunization Practices, 2016. MMWR Morb Mortal Wkly Rep 2017;66:509–513.  
 DOI: <http://dx.doi.org/10.15585/mmwr.mm6619a6>
5. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. Vaccine information statement (Interim): Meningococcal vaccines, What you need to know. Current Edition Date: 08/15/2019.  
<http://www.cdc.gov/vaccines/hcp/vis/vis-statements/mening.html>
6. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. Prevention and control of meningococcal disease. Recommendations of the Advisory Committee on Immunization Practices (ACIP). Morbidity and Mortality Weekly Report. March 22, 2013; 62(2): 1-28.  
<http://www.cdc.gov/mmwr/pdf/rr/rr6202.pdf>

## Meningococcal Vaccine

Policy Number: MP-007

Last Review Date: 08/13/2020

Effective Date: 10/01/2020

7. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention: Recommended adult immunization schedule United States 2020. <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>
8. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. Prevention and control of meningococcal disease. Recommendations of the Advisory Committee on Immunization Practices (AFIP). MMWR. 2007 May; 54 – No. RR-7. <http://www.cdc.gov/mmwr/PDF/rr/rr5407.pdf>
9. U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. Immunization Schedules. Page last updated: 2020. <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>
10. U.S. National Library of Medicine. Medline Plus: Meningococcal vaccines. Page last updated: November 15, 2018. <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a607020.html>

### **Disclaimer:**

Evolent Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Evolent Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

Evolent Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.