

# MENINGOCOCCAL VACCINE PRESCRIBER ORDER FORM

Patient Name:

Date of Birth:

Address:

Phone:

Height:

 inches  cm

Weight:

 lbs  kg

## Clinical Information

Primary Diagnosis Description: Encounter for immunization

ICD-10 Code: Z23

## Meningococcal Vaccine Prescription

MENINGOCOCCAL VACCINATIONS ARE INDICATED FOR PATIENTS, INCLUDING PEOPLE OVER 25 YEARS OF AGE, WHEN ON A COMPLEMENT INHIBITOR TREATMENT.

 **Option 1: MenACWY (2 dose series) AND MenB (3 dose series)****ONE (1) REQUIRED FROM EACH GROUP FOR EACH SERIES**

<b>Choose Brand</b>	Meningococcal Groups (MenACWY) <input type="checkbox"/> Menveo OR <input type="checkbox"/> Menquadfi	Meningococcal Groups (MenB) <input type="checkbox"/> Bexsero OR <input type="checkbox"/> Trumenba
<b>Initial Series Dose</b>	Inject MenACWY vaccine 0.5 mL IM x 1 at day 0	Inject MenB vaccine 0.5 mL IM x 1 at day 0
<b>2<sup>nd</sup> Dose in Series</b>	Inject MenACWY vaccine 0.5 mL IM x 1 (8 weeks after day 0)	Inject MenB vaccine 0.5 mL IM x 1 (1-2 months after day 0)
<b>3<sup>rd</sup> Dose in Series</b>	N/A	Inject MenB vaccine 0.5 mL IM x 1 (6 months after day 0)

 **Option 2: Pentavalent (2-3 dose series)**Meningococcal Groups (MenABCWY)  
 Penbraya -  2 Dose or  3 DoseMeningococcal Groups (MenABCWY)  
 Penmenvy -  2 Dose or  3 Dose**2 DOSE SERIES:**

- 1) Inject **Penbraya** vaccine 0.5 mL IM x 1 at day 0
- 2) Inject **Penbraya** vaccine 0.5 mL IM x 1 (6 months after day 0)

**2 DOSE SERIES:**

- 1) Inject **Penmenvy** vaccine 0.5 mL IM x 1 at day 0
- 2) Inject **Penmenvy** vaccine 0.5 mL IM x 1 (6 months after day 0)

**3 DOSE SERIES:**

- 1) Inject **Penbraya** vaccine 0.5 mL IM x 1 at day 0
- 2) Inject MenACWY vaccine 0.5 mL IM x 1 (8 weeks after day 0)  
 Menveo OR  Menquadfi  
**And**  
Inject **Trumenba** vaccine 0.5 mL IM x 1 ( 1-2 months after day 0)
- 3) Inject **Trumenba** vaccine 0.5 mL IM x 1 (6 months after day 0)

**3 DOSE SERIES:**

- 1) Inject **Penmenvy** vaccine 0.5 mL IM x 1 at day 0
- 2) Inject Menveo vaccine 0.5 mL IM x 1 (8 weeks after day 0)  
**And**  
Inject **Bexsero** vaccine 0.5 mL IM x 1 ( 1-2 months after day 0)
- 3) Inject **Bexsero** vaccine 0.5 mL IM x 1 (6 months after day 0)

 **Option 3: Booster Dose** Menveo OR  Menquadfi  
Inject MenACWY vaccine 0.5 mL IM x1 (Booster)  
**MenACWY- every 5 years while on complement inhibitors** Bexsero OR  Trumenba  
Inject MenB vaccine 0.5 mL IM x 1 (Booster)  
**MenB: 1 year after initial series then every 2-3 years while on complement Inhibitor** Penbraya or  Penmenvy  
Inject MenABCWY vaccine 0.5 mL IM x 1 (Booster)  
**Use only when MenACWY and MenB are indicated at the same visit.  
Trumenba must be the initial series for Penbraya.  
Bexsero must be the initial series for Penmenvy.**

## Ancillary Orders

**Anaphylaxis Kit**

➔ Required per Option Care Health policy. The following items will be dispensed:

- Diphenhydramine 50 mg/mL 1 mL vial x 1. Inject 25 mg IM PRN for allergic reaction. May repeat x 1 dose in 15 min PRN if no improvement
- 0.9% Sodium Chloride 500 mL bag x 1. Infuse 500 mL IV at KVO rate PRN anaphylaxis.
- Epinephrine 0.3 mg (> 30 kg), 0.15 mg (15 to 30 kg), or 0.01 mg/kg (< 15 kg) SubQ or IM x 1; repeat x 1 in 5 to 15 min PRN.

Skilled Nursing to establish peripheral IV access as needed to manage anaphylaxis.

Skilled nurse to administer vaccination series.

*I certify that the use of the indicated treatment is medically necessary, and I will be supervising the patient's treatment.*

Prescriber Signature:

Date:

## Prescriber Information

Prescriber Name:

Phone:

Fax:

Address:

NPI:

City, State:

Zip:

Office Contact:

Fax completed form, insurance information, and clinical documentation to: **(800) 420-5150**

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