

Coding for Meningococcal Vaccinations

UCB and PANTHERx Rare are committed to supporting patient safety and access to ZILBRYSQ (zilucoplan) REMS-required meningococcal vaccinations. Vaccines can be administered at a retail pharmacy or in a healthcare provider office.

This guide summarizes coding information that may be required for the administration of ZILBRYSQ REMS-required vaccinations in the healthcare provider office setting.

UCB, Inc. has developed this resource to provide objective and publicly available coding and billing information. The information contained in this guide is for educational purposes only and is intended to assist healthcare professionals in understanding the reimbursement process for ZILBRYSQ REMS-required vaccinations when appropriately prescribed or administered. The information is not intended to provide specific guidance on how to code, bill, or charge for any product or service. Any determination regarding if and how to seek reimbursement should be made by the appropriate members of the healthcare provider's office and in consideration of the specific patient. It is the sole responsibility of the healthcare professional to select the proper code and ensure the accuracy of all claims used in seeking reimbursement. Coding, coverage, and reimbursement may vary significantly by the payer, plan, patient, and setting of care. Healthcare professionals should contact insurers to verify coverage and correct coding procedures prior to submitting claims, as information on coverage and coding is subject to change without notice. The information in this guide is current as of March 2025. The information contained in this guide represents no statement, promise, or guarantee by UCB, Inc. concerning reimbursement of any product and/or administration, and UCB, Inc. does not recommend or endorse the use of any particular diagnosis or procedure code.

REMS=Risk Evaluation and Mitigation Strategy.

INDICATION

ZILBRYSQ (zilucoplan) is indicated for the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive.

IMPORTANT SAFETY INFORMATION INCLUDING BOXED WARNING

WARNING: SERIOUS MENINGOCOCCAL INFECTIONS

ZILBRYSQ, a complement inhibitor, increases the risk of serious infections caused by *Neisseria meningitidis*. Life-threatening and fatal meningococcal infections have occurred in patients treated with complement inhibitors. These infections may become rapidly life-threatening or fatal if not recognized and treated early.

- Complete or update vaccination for meningococcal bacteria (for serogroups A, C, W, Y, and B) at least 2 weeks prior to the first dose of ZILBRYSQ, unless the risks of delaying therapy outweigh the risk of developing a serious infection. Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccination against meningococcal bacteria in patients receiving a complement inhibitor.
- Patients receiving ZILBRYSQ are at increased risk for invasive disease caused by *Neisseria meningitidis*, even if they develop antibodies following vaccination. Monitor patients for early signs and symptoms of serious meningococcal infections and evaluate immediately if infection is suspected.

Because of the risk of serious meningococcal infections, ZILBRYSQ is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called ZILBRYSQ REMS.

Please refer to pages 3 and 4 for additional Important Safety Information.

Please refer to the full Prescribing Information, including Boxed Warning for serious meningococcal infections, provided by the UCB representative and visit [ZILBRYSQhcp.com](https://www.zilbrysqhcp.com).

ICD-10-CM and CPT Codes for Meningococcal Vaccines

Diagnosis Coding

The following list provides ICD-10-CM codes that may be relevant when vaccinating a patient prescribed ZILBRYSQ.

ICD-10-CM Diagnosis Code ¹	Code Descriptor
G70.00	Myasthenia gravis without (acute) exacerbation
G70.01	Myasthenia gravis with (acute) exacerbation
Z23	Encounter for immunization

Vaccine Coding

Consult payer's billing guidelines, as coverage of meningococcal vaccines may vary.

CPT Code ²	Code Descriptor
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use
90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB-4C), 2 dose schedule, for intramuscular use
90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB-FHbp), 2 or 3 dose schedule, for intramuscular use
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, for intramuscular use
90733	Meningococcal polysaccharide vaccine, serogroups A, C, Y, W-135, quadrivalent (MPSV4), for subcutaneous use
90734	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, diphtheria toxoid carrier (MenACWY-D) or CRM197 carrier (MenACWY-CRM), for intramuscular use

Vaccine Administration Coding

CPT Code ²	Code Descriptor
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90472	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid)

CPT=Current Procedural Terminology; CRM=cross-reacting material; gMG=generalized myasthenia gravis; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; MenACWY=meningococcal serogroups ACWY; MenB=meningococcal serogroup B; MenB-FHbp=meningococcal serogroup B factor H binding protein; TT=tetanus toxoid; W-135=meningococcal serogroup W-135.

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IMPORTANT SAFETY INFORMATION INCLUDING BOXED WARNING

WARNING: SERIOUS MENINGOCOCCAL INFECTIONS

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- Complete or update vaccination for meningococcal bacteria (for serogroups A, C, W, Y, and B) at least 2 weeks prior to the first dose of ZILBRYSQ, unless the risks of delaying therapy outweigh the risk of developing a serious infection. Comply with the most current Advisory Committee on Immunization Practices (ACIP) recommendations for vaccination against meningococcal bacteria in patients receiving a complement inhibitor.
- Patients receiving ZILBRYSQ are at increased risk for invasive disease caused by *Neisseria meningitidis*, even if they develop antibodies following vaccination. Monitor patients for early signs and symptoms of serious meningococcal infections and evaluate immediately if infection is suspected.

Because of the risk of serious meningococcal infections, ZILBRYSQ is available only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called ZILBRYSQ REMS.

CONTRAINDICATIONS

ZILBRYSQ is contraindicated for initiation in patients with unresolved serious *Neisseria meningitidis* infection.

WARNINGS AND PRECAUTIONS

Serious Meningococcal Infections

ZILBRYSQ, a complement inhibitor, increases a patient's susceptibility to serious, life-threatening, or fatal infections caused by meningococcal bacteria (septicemia and/or meningitis) in any serogroup, including non-groupable strains. Life-threatening and fatal meningococcal infections have occurred in both vaccinated and unvaccinated patients treated with complement inhibitors. The initiation of ZILBRYSQ treatment is contraindicated in patients with unresolved serious *Neisseria meningitidis* infection.

Complete or update meningococcal vaccination (for serogroups A, C, W, Y and B) at least 2 weeks prior to administration of the first dose of ZILBRYSQ, according to current ACIP recommendations for patients receiving a complement inhibitor.

If urgent ZILBRYSQ therapy is indicated in a patient who is not up to date with meningococcal vaccines according to ACIP recommendations, provide the patient with antibacterial drug prophylaxis and administer meningococcal vaccines as soon as possible.

Closely monitor patients for early signs and symptoms of meningococcal infection and evaluate patients immediately if infection is suspected. Consider interruption of ZILBRYSQ in patients who are undergoing treatment for serious meningococcal infection, depending on the risks of interrupting treatment in the disease being treated.

ZILBRYSQ REMS

Due to the risk of serious meningococcal infections, ZILBRYSQ is available only through a restricted program under a REMS called ZILBRYSQ REMS.

Under the ZILBRYSQ REMS, prescribers must enroll in the program. Prescribers must counsel patients about the risk of meningococcal infection, provide the patients with the REMS educational materials, and ensure patients are vaccinated with meningococcal vaccines. Additional information on the REMS requirements is available at www.ZILBRYSQREMS.com or 1-877-414-8353.

IMPORTANT SAFETY INFORMATION INCLUDING BOXED WARNING (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Other Infections

Serious infections with *Neisseria* species (other than *Neisseria meningitidis*), including disseminated gonococcal infections, have been reported in patients treated with complement inhibitors. ZILBRYSQ blocks terminal complement activation; therefore, patients may have increased susceptibility to infections, especially with encapsulated bacteria, such as infections caused by *Neisseria meningitidis* but also *Streptococcus pneumoniae*, *Haemophilus influenzae*, and to a lesser extent, *Neisseria gonorrhoeae*. Administer vaccinations for the prevention of *Streptococcus pneumoniae* infection according to ACIP recommendations. Patients receiving ZILBRYSQ are at increased risk for infections due to these organisms, even if they develop antibodies following vaccination.

Pancreatitis and Other Pancreatic Conditions

Pancreatitis and pancreatic cysts have been reported in patients treated with ZILBRYSQ. Patients should be informed of this risk before starting ZILBRYSQ. Obtain lipase and amylase levels at baseline before starting treatment with ZILBRYSQ. Discontinue ZILBRYSQ in patients with suspected pancreatitis and initiate appropriate management until pancreatitis is ruled out or has resolved.

ADVERSE REACTIONS

In a placebo-controlled study, the most common adverse reactions (reported in at least 10% of gMG patients treated with ZILBRYSQ) were injection site reactions, upper respiratory tract infections, and diarrhea.

Please refer to the full Prescribing Information, including Boxed Warning for serious meningococcal infections, provided by the UCB representative and visit [ZILBRYSQhcp.com](https://www.zilbrysqhcp.com).

For more information about ZILBRYSQ, visit [ZILBRYSQhcp.com](https://www.zilbrysqhcp.com).

For additional information, contact UCBares® at 1-844-599-CARE (2273).

ACIP=Advisory Committee on Immunization Practices; gMG=generalized myasthenia gravis.

References: 1. Centers for Medicare & Medicaid Services. ICD-10-CM tabular list of diseases and injuries. Available at: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2025-Update/icd10cm-table-index-April-2025.zip. Accessed March 11, 2025. 2. American Medical Association. *AMA CPT 2025: Professional Edition*. American Medical Association; 2024. Available at: <https://aapc.vitalsource.com/reader/books/A25BPL0007>. Accessed March 11, 2025.



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