

Vaccine Fact Sheet: MenABCWY

Topic	Penbraya™	Penmenvy
Manufacturer	Pfizer Prescribing Info (FDA)	GlaxoSmithKline Prescribing Info (FDA)
Protects Against	Invasive meningococcal disease caused by <i>Neisseria meningitidis</i> serogroups A, B, C, W, and Y	Invasive meningococcal disease caused by <i>Neisseria meningitidis</i> serogroups A, B, C, W, and Y
Approved ages	10–25 years	10–25 years
Funding Program	VFC	VFC
Routine Schedule & Intervals	<p>ACIP recommends MenACWY-MenB may be used when both MenACWY and MenB are indicated at the same visit for</p> <ul style="list-style-type: none"> 16–18-year-olds (routine) when shared clinical decision-making favors MenB 10–25-year-olds at increased risk (persistent complement deficiencies, taking complement inhibitors, and anatomic or functional asplenia including sickle cell disease) <p>Suggested routine dosing:</p> <ul style="list-style-type: none"> dose 1 (11–12 yrs) = Menveo (MenACWY-CRM) or MenQuadfi (MenACWY-TT) dose 2 (16–18 yrs) = Penbraya (MenACWY-TT/MenB-FHbp) dose 3 (16–18 yrs) = Trumenba (MenB-FHbp) <p>The MenB component in Penbraya is Trumenba (MenB-FHbp). MenB brands are not interchangeable. If a patient receives Penbraya™ (MenABCWY) for MenACWY dose 2 and MenB dose 1, the MenB series must be completed with Trumenba at least 6 months later.</p> <p>Refer to CDPH Meningococcal Vaccine Routine Timing Guide (PDF) & High-Risk Timing Guide (PDF)</p>	<p>ACIP recommends MenACWY-MenB may be used when both MenACWY and MenB are indicated at the same visit for</p> <ul style="list-style-type: none"> 16–18-year-olds (routine) when shared clinical decision-making favors MenB 10–25-year-olds at increased risk (persistent complement deficiencies, taking complement inhibitors, and anatomic or functional asplenia including sickle cell disease) <p>Suggested routine dosing:</p> <ul style="list-style-type: none"> dose 1 (11–12 yrs) = Menveo (MenACWY-CRM) or MenQuadfi (MenACWY-TT) dose 2 (16–18 yrs) = Penmenvy (MenACWY-CRM/MenB-4C) dose 3 (16–18 yrs) = Bexsero (MenB-4C) <p>The MenB component in Penmenvy is Bexsero (MenB-4C). MenB brands are not interchangeable. If a patient receives Penmenvy™ (MenABCWY) for MenACWY dose 2 and MenB dose 1, the MenB series must be completed with Bexsero at least 6 months later.</p> <p>Refer to CDPH Meningococcal Vaccine Routine Timing Guide (PDF) & High-Risk Timing Guide (PDF)</p>
Minimum intervals	6-month interval between doses	6-month interval between doses
Administration	Intramuscular (IM) injection	Intramuscular (IM) injection

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Packaging	Vaccine packaged in cartons of 1, 5, & 10 kits. One kit includes one vial of Lyophilized MenACWY Component (a sterile white powder), a prefilled syringe containing the MenB Component and a vial adapter. Reconstitute Lyophilized MenACWY Component with the MenB Component. Approximately 0.5mL each dose after reconstitution.	Vaccine packaged in cartons of 10 vials & 10 pre-filled syringes. To prepare vaccine for administration, reconstitute one vial of Lyophilized MenACWY Component (powder) with the MenB Component (liquid). Approximately 0.5mL each dose after reconstitution.
Storage	Before reconstitution: Refrigerate between 36°-46°F (2°-8°C). Store carton horizontally to minimize the time necessary to resuspend the MenB component. Do not freeze. Discard if carton has been frozen. After reconstitution: Administer immediately or store between 2°-30°C (36°-86°) and use within 4 hours. Do not freeze	Before reconstitution: Refrigerate between 36°-46°F (2°-8°C). Store carton horizontally to minimize the time necessary to resuspend the MenB component. Do not freeze. Discard if carton has been frozen. After reconstitution: Administer immediately. Do not freeze.
Recommendations	Meningococcal Vaccine (ACIP)	Meningococcal Vaccine (ACIP) Penmenvy Vaccine (ACIP)
VFC Letter	VFC Letter (PDF)	VFC Letter (PDF)
Billing Codes	CPT code for vaccine: 90623 CPT code for administration: 90640 Medi-Cal Fee-For-Service (FFS) administration for VFC-supplied vaccine: 90623-SL (for ages 16 through 18 years); 90623-SL and –SK for high risk persons 10 through 15 years). ICD-10-CM code (encounter for immunization): Z23	CPT code for vaccine: 90623 CPT code for administration: 90640 Medi-Cal Fee-For-Service (FFS) administration for VFC-supplied vaccine: 90623-SL (for ages 16 through 18 years); 90623-SL and –SK for high risk persons 10 through 15 years). ICD-10-CM code (encounter for immunization): Z23
Comments	Licensed in 2023	Licensed in 2025

Refer to [Vaccine Fact Sheets](https://EZIZ.org/Resources/VaccineFactSheets) (EZIZ.org/Resources/VaccineFactSheets).