## Vaccine Fact Sheet: MenACWY-MenB



Topic	Penbraya™
Manufacturer	Pfizer <u>Detailed Prescribing Information</u>
Protects Against	Invasive meningococcal disease (IMD) caused by <i>N. meningitidis*</i> serogroups A, B, C, W, and Y.
Routine Schedule & Intervals	ACIP recommends MenACWY-MenB may be used when both MenACWY and MenB are indicated at the same visit for:  • 16 - 18 years (routine) when shared clinical decision-making favors MenB.  • 10 - 25 years at increased risk:  • persistent complement deficiencies, taking complement inhibitors, and anatomic or functional asplenia, including sickle cell disease.  Suggested routine dosing:  • 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)  The MenB component in Penbraya is Trumenba (MenB-FHbp). MenB brands are not interchangeable. If a patient receives PenbrayaTM (MenABCWY) for MenACWY dose 2 and MenB dose 1, the MenB series must be completed with Trumenba at least 6 months later.  Refer to: CDPH Meningococcal Vaccine Timing Guide: Routine Risk High Risk
Minimum intervals	6-month interval between doses
Approved ages	10 years - 25 years of age
Administration	Intramuscular (IM) injection
Packaging	Vaccine is packaged in cartons of 1, 5, and 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.  To prepare vaccine for administration, <b>reconstitute</b> the Lyophilized MenACWY Component with the MenB Component. (Approximately 0.5mL each dose after reconstitution).
Storage	Before reconstitution: Refrigerate between 36°F and 46°F (2°C to 8°C). Store carton horizontally to minimize the time necessary to resuspend the MenB component. Do not freeze. Discard if the carton has been frozen.

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	<ul> <li>After reconstitution:         <ul> <li>Administer immediately or store between 2°C and 30°C (36°F and 86°) and use within 4 hours. Do not freeze</li> </ul> </li> </ul>
Full ACIP Recommendations	ACIP Vaccine Recommendations
VFC Letter	
Billing Codes	CPT code for vaccine: 90623 CPT code for administration: 90460 Medi-Cal Fee-For-Service (FFS) administration: 90623 with modifiers –SK (high-risk) and –SL (VFC) ICD-10-CM code (encounter for immunization): Z23  Coding for Vaccine Administration   AAFP
Comments	Licensed in 2023

<sup>\*</sup>Neisseria meningitidis

Refer to <u>Vaccine Fact Sheets</u> (EZIZ.org/Resources/VaccineFactSheets).