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TO: California Vaccines for Children (VFC) Providers

FROM: Robert Schechter, M.D., Chief *Act Sec*
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Division of Communicable Disease Control, Immunization Branch

SUBJECT: **PENMENVY (Meningococcal groups A, B, C, W and Y Vaccine) now available from VFC**



HIGHLIGHTS

- ✓ Penmenvy, a new meningococcal vaccine (MenABCWY), is now available for ordering through the VFC Program.
- ✓ ACIP recommends Penmenvy be used when both MenACWY and MenB vaccines are indicated at the same visit.

SUMMARY

The US Food and Drug Administration (FDA) has licensed a second pentavalent meningococcal vaccine (MenABCWY), with the tradename of Penmenvy (GSK).

Penmenvy is licensed to prevent invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, B, C, W, and Y in individuals 10 through 25 years of age. The Advisory Committee on Immunization Practices (ACIP) and American Academy of Pediatrics (AAP) recommend Penmenvy be used when both MenACWY and MenB vaccines are indicated at the same visit. Per [VFC resolution 04/25-1](#), Penmenvy is available through the VFC program for any VFC-eligible child 18 years and younger indicated to receive both MenACWY and MenB vaccines at the same visit.

RECOMMENDATIONS FOR USE

In accordance with recommendations from AAP and ACIP, Penmenvy is available through the VFC program for any VFC-eligible child indicated to receive both MenACWY and MenB vaccines at the same visit, including children:

- 10 to 18 years at increased risk for meningococcal disease attributable to serotypes A, B, C, W, and Y due to persistent complement deficiencies, taking complement inhibitors, and anatomic or functional asplenia, including sickle cell disease.
- 16 to 18 years for whom both MenACWY and MenB are indicated at the same visit and shared clinical decision-making favors MenB administration.

Example of how to use:

- 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)

The MenB component in Penmenvy is the same as Bexsero. MenB brands are not interchangeable. If a patient receives Penmenvy (MenABCWY) for MenACWY dose 2 and MenB dose 1, the MenB series is completed when a subsequent dose of Bexsero is given at least 6 months later.

DOSAGE AND ADMINISTRATION

A dose of Penmenvy is 0.5 mL, administered via the intramuscular route (IM) according to currently recommended ACIP immunization schedules for age and indication.

STORAGE AND HANDLING

Penmenvy is supplied in cartons of 10 doses, each dose containing:

- one vial of lyophilized MenACWY component (powder),
- one prefilled syringe containing the MenB component (liquid),
- and a vial adaptor (Luer lock adaptor).

To form Penmenvy, reconstitute the Lyophilized MenACWY Component with the MenB Component as described in detail in the FDA package insert.

Storage

- Before reconstitution: Keep refrigerated at 36° to 46°F (2° to 8°C) in the original carton to protect from light.
- After reconstitution: administer immediately after reconstitution.
- **DO NOT FREEZE**

VFC ORDERING

Providers may order Penmenvy and other existing meningococcal vaccine products through the routine VFC vaccine order form on their [myCAvax](#) account.

If your practice decides to order Penmenvy, you should also order Bexsero to complete the MenB series according to ACIP recommendations. MenB brands are not interchangeable. If your practice is switching to Bexsero from another MenB vaccine product because you will be using Penmenvy, submit the [“Provider Request Form to Update Vaccine Brand Products Administered”](#) form and keep the following information in mind:

- Careful consideration should be given when selecting alternative brands or products in order to minimize the impact on provider practices.
- Implementation of a different vaccine brand or product should be approved by your practice's medical director or Provider of Record.
- Staff should be thoroughly informed and educated on changes to vaccines and its impact on vaccine ordering, storage, administration, and documentation.
- As your practice transitions to a new product, managing on-hand inventory appropriately is a key factor in preventing unnecessary vaccine wastage. Your initial request for a new vaccine product may be reduced to help minimize vaccine waste as you transition from the product currently being used by your practice.
- A plan to deplete excess inventory must be in place before transitioning to a new product. It is the provider's responsibility to ensure all VFC-supplied vaccines are used before their expiration date or transferred to another VFC Provider who can use them. Viable unused doses of these individual vaccines cannot be returned to the VFC Program.

BILLING FOR VFC VACCINE

Medi-Cal Fee-For-Service (FFS)

To bill Medi-Cal FFS for administration of VFC-supplied doses of Penmenvy, use the appropriate CPT-4 code for Penmenvy (90624), followed by the “-SL” modifier, in total 90624-SL. Providers will only be reimbursed for the administration fee when using VFC vaccines for Medi-Cal FFS-eligible patients.

For specific information and details on Medi-Cal billing, please refer to the [Medi-Cal provider manual on VFC](#). Providers with questions on Medi-Cal billing policies and procedures and Provider manual information may call the Telephone Service Center (TSC) at 1-800-541-5555.

Medi-Cal Managed Care

Please contact the specific Medi-Cal managed care health plan for information on immunization billing and reimbursement.

Other codes for the use of Penmenvy not supplied by VFC

- The CPT-4 code for Penmenvy is 90624.
- The ICD-10-CM code for an encounter for immunization is Z23.

REPORTING VACCINE ADMINISTRATION TO CAIR

All active participants of California's VFC Program are required to enter all vaccine doses administered into CAIR or RIDE, in accordance with [AB 1797](#), and as indicated in the VFC Provider Participation Agreement. Please make sure all doses administered are reported into a California immunization registry (CAIR or Healthy Futures/RIDE) AND the appropriate VFC Eligibility category is recorded. Please ensure CAIR Accepted Values for VFC Eligibility Funding Status are reported with your clinic's data exchange information when documenting vaccine administration in the clinic's electronic medical record system and exchanging information with CAIR or Healthy Futures. Refer patients to the California Digital Vaccine Record (DVR) portal to request copies of their vaccination record. Information is available in multiple languages.

RESOURCES

- [AAP-Immunization-Schedule.pdf](#)
- [ACIP Child and Adolescent Immunization Schedule](#)
- [ACIP Meningococcal Vaccine Recommendations | CDC](#)
- [ACIP Resolutions for Vaccines for Children \(VFC\) Program | CDC](#)
- [Meningococcal Vaccine Recommendations | CDC](#)
- [Penmenvy FDA Package Insert](#)
- [VFC Vaccine Eligibility Screening and Documentation](#)