

Policy Name:	Herpes Zoster Vaccine
Effective Date:	3/1/18

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Please refer to the member's plan document for specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid and MinnesotaCare members, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

Shingrix is COVERED for the prevention of shingles in individuals 50 years of age and older, including members who have had a previous episode of shingles, whether or not they received a prior dose of Zostavax. Shingrix is not indicated for prevention of varicella infection (chickenpox) or for the treatment for members with active herpes zoster or post-herpetic neuralgia (PHN).

Zostavax® is COVERED for the prevention of shingles in individuals 50 years of age and older, including members who have had a previous episode of shingles. Zostavax is not indicated for prevention of varicella infection (chickenpox) or for treatment for members with active herpes zoster or post-herpetic neuralgia (PHN).

All other indications are not covered and are considered investigative.

Description

Shingles is a disease caused by the varicella-zoster virus, the same virus that causes chickenpox. After an attack of chickenpox, the virus lies dormant in certain nerve tissue. As people age, it is possible for the virus to reappear in the form of shingles. Almost 1 out of every 3 people in the United States will develop shingles in their lifetime. Shingles is characterized by clusters of blisters, which develop on one side of the body and can cause post-herpetic neuralgia (PHN), severe, often debilitating pain that may last for weeks, months or years after the virus reappears.

Shingrix is a lyophilized recombinant varicella zoster virus glycoprotein E (gE) antigen component obtained from cultured, genetically engineered Chinese Hamster Ovary cells, which carry a truncated gE gene. Shingrix is used in the prevention of herpes zoster (shingles). It is administered intramuscularly as two doses (0.5 mL each) according to the following schedule: A first dose at Month 0 followed by a second dose administered anytime between 2 and 6 months later. The preferred site for intramuscular injection is the deltoid region of the upper arm. The vaccine protects against shingles by boosting immune response to varicella-zoster virus.

Zostavax® is a preparation of the Oka/Merck strain of live, attenuated varicella virus used in the prevention of herpes zoster (shingles) and post-herpetic neuralgia. It is administered as one subcutaneous injection, preferably in the upper arm. The vaccine protects against shingles by boosting immunity against the varicella-zoster virus. Zostavax is still a recommended vaccine in healthy adults 60 years and older and in cases where Zostavax is preferred or the patient is allergic to Shingrix.

FDA Approval

The FDA approved Shingrix on October 20, 2017 for use in adults 50 years of age and older. It was approved as preventive therapy and is not intended as treatment for those who already have herpes zoster or post-herpetic neuralgia. Shingrix is recommended by the Centers for Disease Control and Prevention as the preferred herpes

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zoster (shingles) vaccine. Two doses of Shingrix, separated by 2 to 6 months, are recommended as routine vaccination for immunocompetent adults age 50 years and older.

Patient's age and timing of receipt of Zostavax should be taken into consideration when determining whether to vaccinate with Shingrix. Studies examined the safety of Shingrix vaccination five or more years after Zostavax vaccination. Shorter intervals were not studied but there are no theoretical or data concerns to indicate that Shingrix would be less safe or less effective if administered less than five years after the patient received Zostavax. Studies have shown that the effectiveness of Zostavax wanes substantially over time and the differences in efficacy between Shingrix and Zostavax are most pronounced among older patients. A shorter interval between Zostavax and Shingrix may be considered based on the age at which the patient received the Zostavax but should NOT be administered less than two months after a patient received Zostavax.

The FDA approved Zostavax® on May 25, 2006 for use in adults 60 years of age and older. It was approved as preventive therapy and is not intended as treatment for those who already have herpes zoster or post-herpetic neuralgia.

In March, 2011 the FDA approved an expanded age indication for Zostavax® for the prevention of herpes zoster for adults 50 years of age and older. Due to the short term efficacy of the vaccine, persons aged 50-59 should discuss the risks and benefits of vaccination with their provider. The vaccine efficacy wanes within the first 5 years after vaccination and protection beyond 5 years is uncertain. The Advisory Committee on Immunization Practices (ACIP) of the US Department of Health and Human Services/Centers for Disease Control and Prevention recommends routine vaccination of all persons aged ≥ 60 years with 1 dose of zoster vaccine. Persons who report a previous episode of zoster and persons with chronic medical conditions (e.g., chronic renal failure, diabetes mellitus, rheumatoid arthritis, and chronic pulmonary disease) can be vaccinated unless those conditions are contraindications or precautions. Zoster vaccination is not indicated to treat acute zoster, to prevent persons with acute zoster from developing PHN, or to treat ongoing PHN. Before routine administration of zoster vaccine, it is not necessary to ask patients about their history of varicella (chickenpox) or to conduct serologic testing for varicella immunity

Prior Authorization

Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations

Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

90736 - Zoster (shingles) vaccine, live, for subcutaneous injection.

90750 - Shingrix (shingles) vaccine recombinant, adjuvanted for intramuscular injection

G0377 - Administration of vaccine for Part D drug

Original Effective Date: 4/21/2011

Re-Review Date(s): 3/17/2010, 4/21/2011, 5/1/14, 1/19/16, 9/27/17, 2/20/18

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