Medica Coverage Policy

<table>
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<tr>
<th>Policy Name:</th>
<th>Herpes Zoster Vaccine (Zostavax®)</th>
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<tbody>
<tr>
<td>Effective Date:</td>
<td>2/1/17</td>
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**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**

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.

Note: This policy is no longer scheduled for routine review of the scientific literature.

**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, which is estimated to affect 2 in every 10 people 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.

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.

**FDA Approval**

The FDA approved Zostavax® on May 25, 2006 for use in people 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 applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement. (denial)

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. (split)

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.
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, 9/27/16

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