ZOSTER VACCINE LIVE (ZOSTAVAX)

Description: Herpes zoster (shingles) results from the reactivation of the varicella zoster virus, which causes chickenpox, after remaining dormant in the body for years. Herpes zoster can lead to complications such as post-herpetic neuralgia, a painful condition which can affect up to half of the individuals who develop shingles.

A live, attenuated, varicella zoster virus vaccine (Zostavax) was approved by the Food and Drug Administration (FDA) in 2006 for the prevention of herpes zoster in individuals 60 years of age and older, including patients who have had a previous episode of shingles. Subsequently, the Advisory Committee on Immunization Practices (ACIP) recommended that the vaccine be routinely recommended for adults aged 60 years and older. In March 2011, the FDA expanded the approval of Zostavax to include individuals 50 to 59 years of age. However, due to concerns regarding shortages of the vaccine and other issues, the ACIP has reaffirmed its recommendation for adults aged 60 years of age and older.

In November 2011, the Centers for Disease Control and Prevention published an update on the vaccine for persons aged 50 through 59 years. The publication noted that in the absence of an ACIP recommendation, factors that might be considered for patients aged 50 to 59 include particularly poor anticipated tolerance of herpes zoster or post-herpetic neuralgia symptoms (e.g., attributable to preexisting chronic pain, severe depression, or other comorbid conditions; inability to tolerate treatment medications because of hypersensitivity or interactions with other chronic medications; and occupational considerations.

The vaccine is not indicated for the primary prevention of varicella infection or for the treatment of herpes zoster or post-herpetic neuralgia. The vaccine is administered subcutaneously in one injection. The duration of the prophylaxis and the need for revaccination have not been determined.

Policy: The administration of the live, attenuated zoster vaccine may be considered MEDICALLY NECESSARY for the prevention of herpes zoster in individuals 50 years of age and older.
**Coverage:**  
Pre-Certification/Pre-Authorization: No.

**Coding:**  
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:**  
90736 Zoster (shingles) vaccine, live, for subcutaneous injection

**Policy History:**

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<td>Reviewed June 10, 2009</td>
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**Medical Policy Committee Review:**  
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**Cross Reference:**

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