

## Blue Cross and Blue Shield of Texas (BCBSTX) Approves Coverage of New Shingles Vaccine Shingrix

BCBSTX now covers Shingrix, a new two-dose vaccine approved by the Food and Drug Administration (FDA) in October 2017 for reducing shingles and related nerve pain. Until recently, the only vaccine available for shingles was Zostavax which is 51% effective. Clinical trials show Shingrix is 91% effective.

For immunocompetent adults ages 50 and older, the Advisory Committee on Immunization Practices (ACIP) recommends Shingrix over Zostavax. They also recommend that immunocompetent adults who have already had Zostavax also get Shingrix.

BCBSTX covers two doses of Shingrix administered to patients ages 50 and older, even if they have already received Zostavax based on current ACIP recommendations. It is important to check eligibility and benefits information to confirm details regarding copays, coinsurance and deductibles before administering this vaccine to BCBSTX members.

Vaccine	Shingrix	Zostavax
Dosage schedule	Two doses (2 <sup>nd</sup> dose 2-6 months later)	One dose
Vaccine description	Recombinant, adjuvanted	Live-attenuated
FDA recommended age	Adults 50 and older even if previously vaccinated with Zostavax	Adults 50 and older
Overall efficacy by year 3*	91%	51%
Administration site	Intramuscular	Subcutaneous
CPT® Code	90750 - Zoster (shingles) vaccine, (HZV), recombinant, sub-unit, adjuvanted, for intramuscular injection	90736 - Zoster (shingles) vaccine (HZV), live, for subcutaneous injection

\*Zostavax and Shingrix prescribing information

Third-party brand names are the property of their respective owner.

For more information on Shingrix, see the Center for Disease Control and Prevention's [Jan. 26, 2018, edition of Morbidity and Mortality Weekly Report](#). Or see the [FDA-approved prescribing information](#) for Shingrix. Should you have any questions, please contact your BCBSTX [Network Management Representative](#).

Details on our complete, approved immunization schedule can be found on the BCBSTX Provider page under Standards & Requirements, Clinical Payment and Coding Policies, "[Preventive Services Policy CPCP006](#)".

Please note that verification of eligibility and benefits information, and/or the fact that any pre-service review has been conducted, is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered.