

Herpes Zoster Vaccine



Included Products: Shingrix (herpes zoster vaccine)

Created: 01/08/2016

Revised: 11/11/2021

Reviewed: 09/21/2020

Updated: 11/22/2021

All Diagnoses

Initial Criteria		If yes	If no
1.	Is the member age 50 or older OR age 18 or older with impaired immunity due to disease or drug therapy ?	Continue to #2.	Review for unique circumstances justifying medical necessity.
2.	Is the request for Zostavax (not Shingrix)?	Do not approve.	Continue to #3.
3.	Approve 2 doses.		