**Protects Against**: Herpes Zoster (shingles)

**Brand Name and Manufacturer**: Shingrix  
GSK

**Routine Schedule**: 2 dose series, spaced 2 to 6 months apart

**Approved for use in**:  
- Adults 18 and older (see FDA package insert for age groups/indications)  
  [Link](https://www.fda.gov/media/108597/download)

**Recommended for use in**  
- All adults 50 years of age and older  
- Adults 19 years and older with immunocompromising conditions

**Administration**: Intramuscular (IM) injection

**Packaging**:  
- A package of 1 dose contains one vial of lyophilized antigen and one vial of liquid adjuvant component  
- A package of 10 doses contains 10 vials of lyophilized antigen and 10 vials of liquid adjuvant component

**Storage**: Refrigerate between 36° and 46° (2° to 8° C)  
PROTECT VACCINE FROM LIGHT. DO NOT FREEZE. Discard if frozen

**Full ACIP Recommendations**:  
[Link](https://www.cdc.gov/mmwr/volumes/67/wr/mm6703a5.htm)  
[2022 MMWR](https://www.cdc.gov/mmwr/volumes/71/wr/mm7103a2.htm)

**VFC Letter**: Not applicable: RZV is not a pediatric vaccine

**Billing Codes**  
- CPT Code for vaccine: 90750  
- CPT code for administration: 90471 or 90742  
- ICD-10-CM code: Z23  
- Administration Modifier for Medicare: GY

**Comments**  
- Approved by FDA in 2017  
- Patients who have had shingles or previously received Zostavax are also recommended to be vaccinated with Shingrix  
- If administered SC, it is not necessary to repeat dose