



# Vaccine Fact Sheet

## Zoster/Shingles (HZV)

**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)  
<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** <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