

Shingles (Herpes Zoster) Vaccine*Gregory W. Smith, Pharm D.**University of Louisiana Monroe College of Pharmacy*

The Centers for Disease Control and Prevention (CDC) recommends two doses of recombinant zoster vaccine (RZV, Shingrix) separated by 2 to 6 months for routine prevention of shingles and related complications in immunocompetent adults 50 and older.

Reference:

[CDC Shingrix Vaccine Recommendations for Healthcare Professionals](#)**CDC Fast Facts about Shingles**

- Shingles (herpes zoster) is caused by the reactivation of latent varicella-zoster virus (VZV) which is present in the body from a previous varicella (chickenpox) infection. VZV reactivation can occur and reoccur later in life resulting in herpes zoster, a localized painful maculopapular rash that typically covers one or two adjacent dermatomes on one side of the body, often on the face or torso.
- Disseminated zoster is more widespread covering three or more dermatomes, and typically occurs with immunocompromised individuals.
- The prodromal phase may precede the rash and include headache, photophobia, and malaise.
- The painful, itchy, or tingly rash develops into vesicles that progressively dry and crust over.
- Active vesicles or lesions can spread the VZV infection to others until they dry and crust over, and cause varicella in people who have never been infected or vaccinated.
- Vesicles commonly heal in 2 to 4 weeks and may result in permanent scarring and pigmentation changes.
- Postherpetic neuralgia (PHN), pain that persists for more than 90 days following the rash onset, is the most common complication occurring in 10 to 13% of people over 60.
- Other complications include ophthalmic involvement with potential vision loss, bacterial superinfection of the lesions, cranial and peripheral nerve palsies, and visceral involvement (e.g., meningoencephalitis, pneumonitis, hepatitis, and acute retinal necrosis).
- In the U.S., about one million herpes zoster cases occur annually, and the incidence is about 1 case per 100 among those 60 years and older.

Reference:

[CDC - Clinical Overview of Shingles for Healthcare Professionals](#)**Table of Contents**

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Shingrix (herpes zoster) Vaccine

In October 2017, Zoster Vaccine Recombinant, Adjuvanted (Shingrix) was approved by the Food and Drug Administration as a two-dose routine prevention against shingles and its complications in immunocompetent adults 50 and older. As of November 2020, Zoster Vaccine Live (ZVL, Zostavax) is no longer available for use in the U.S.

CDC Fast Facts about the Shingrix Vaccine

- Shingrix (recombinant zoster vaccine) should be administered intramuscularly in the deltoid region of the upper arm.
- Following reconstitution of the antigen component with the adjuvant suspension, the vaccine should either be administered immediately, stored in the refrigerator for use within 6 hours of reconstitution, or discarded. Refer to the Shingrix package insert for detailed instructions.
- The vaccine must be stored in the refrigerator between 2 to 8° C; discard if frozen.
- The vaccine is to be given in a two-dose series (separated by 2 to 6 months), regardless of whether a patient has had shingles or previously received Zostavax (zoster vaccine live).
- If a patient delays longer than 6 months to get the second dose, it should be given as soon as possible rather than restarting the series.
- Studies have confirmed safety and efficacy of giving Shingrix 5 or more years after Zostavax. Intervals shorter than 5 years have not been studied; however, there is no evidence or theoretical concerns to indicate Shingrix would be less safe or effective when given less than 5 years after Zostavax. An interval less than 5 years may be considered if the patient received Zostavax when >70 years old; however, a minimum of 8 weeks is recommended.
- Waiting a minimum of 8 weeks to give Shingrix is recommended after a person has received the chicken pox vaccine (Varivax).
- Shingrix is an inactive vaccine so it can be given with other inactive or live vaccines. If vaccines are administered on the same day, the CDC Advisory Committee on Immunization Practices (ACIP) recommends giving them at different anatomical injection sites (e.g., different arms).
- The ACIP does not currently recommend administering Shingrix to immunocompromised individuals.
- Shingrix should **not** be given to patients:
 - with a history of severe allergic reactions to any component of the vaccine.
 - who are seronegative for varicella (refer to ACIP guidelines for varicella vaccination).
 - with an acute episode of herpes zoster, as the vaccine is not a treatment for shingles or PHN.
- Providers should consider delaying vaccination of pregnant women given that such exposure has not been studied.
- Patients with moderate to severe illness should wait until recovery to be vaccinated.

References:

[Best Practice Guidance of the Advisory Committee on Immunization Practices \(ACIP\) for Use of Herpes Zoster Vaccines](#)

[CDC Shingrix Vaccine Recommendations for Healthcare Professionals](#)

[CDC Shingles Vaccine Frequently Asked Questions](#)

[Shingrix Prescribing Information](#)

Guidance for Shingles Vaccination during the COVID-19 Pandemic

The Shingrix vaccination series is essential preventive care for older patients and should not be delayed or discontinued, unless a COVID-19 diagnosis is suspected or confirmed. Counseling patients about the potential self-limiting side effects of shingles vaccination is particularly important as such adverse effects may appear similar to the symptoms of COVID-19 infection.

Common side effects of the Shingrix vaccine may include local (e.g., redness, pain, swelling at the injection site) or systemic (e.g., fever, chills, headache, body aches) reactions and normally resolve within 72 hours after vaccination. Due to concerns about COVID-19, a patient who develops fever after vaccination should stay home until they have been fever-free for 24 hours without the use of fever-reducing medications. The Shingrix vaccine does not cause respiratory systems common to COVID-19 such as cough or shortness of breath. Vaccine recipients who develop such symptoms or fever that does not resolve within 72 hours of vaccination without the use of fever-reducing medications should contact their healthcare provider.

Though mild illness is not a contraindication for Shingrix, shingles vaccination should be deferred for patients with suspected or confirmed COVID-19 regardless of symptoms, until isolation is no longer needed per CDC guidelines.

References:

[Interim Guidance for Routine and Influenza Immunization Services during the COVID-19 Pandemic](#)

[CDC COVID-19 Criteria for Discontinuing Isolation](#)

Other Shingles Resources:

[CDC Immunization Schedule](#)

[CDC About Shingles](#)

[Medline Plus - Shingles](#)

[AgePage Free Shingles Publications](#)

New Medicaid Eligibility Group Covers COVID-19 Testing for Uninsured Patients

Per the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act, Louisiana Medicaid has expanded coverage to include COVID-19 testing for uninsured individuals for the duration of the federally declared public health emergency. Coverage is limited to COVID-19 testing and related office visits for uninsured Louisiana residents. No treatment costs are covered under this program.

The new benefit is provided through Medicaid fee-for-service and not Healthy Louisiana through a managed care organization. Providers must be a Medicaid enrolled provider and must be enrolled before services are provided. Providers not enrolled as a Medicaid provider with Gainwell will need to complete a [temporary emergency application](#) with Medicaid's fiscal intermediary, Gainwell, to be paid for testing and testing related services for the uninsured. Providers will be required to self-attest on the uninsured individual's application to Medicaid that they are not also [billing the Department of Health and Human Services \(HHS\) or the Health Resources and Services Administration \(HRSA\)](#) for the same services. You also may not bill on any contract with the Louisiana Department of Health to provide COVID-19 testing for these patients. If Medicaid identifies other third party coverage is available (e.g., Medicare, private insurance), Medicaid will not cover the services.

For additional guidance, visit [Medicaid's provider web page for COVID-19 testing coverage for uninsured individuals](#). The site contains billing information, a [detailed provider guide](#), frequently asked questions for providers, and the [simplified application](#) patients can fill out to determine if they are eligible for coverage.



Louisiana Medicaid Preparing to Launch New Provider Enrollment Portal

Louisiana Medicaid is launching a new provider enrollment portal in April 2021. The enrollment portal is being designed to meet a Centers for Medicare and Medicaid Services (CMS) requirement and must be used by all Medicaid providers. This includes current managed care organization (MCO) providers, existing fee-for-service providers, and ultimately any new providers enrolling for the first time.

The portal is being developed by the state's fiscal intermediary and current provider enrollment vendor, Gainwell Technologies. Gainwell will send providers an invitation to the mailing address on file when it is time for them to visit the portal and complete the enrollment process.

All available information will be prepopulated in an effort to streamline enrollment. Providers will just need to confirm, or edit, the information presented and sign the participation agreement via an electronic signature process. Providers will have at least six months to complete the enrollment process through the portal after it becomes available.

Providers can visit the Medicaid Provider Enrollment Portal webpage (www.ldh.la.gov/medicaidproviderenrollment) for additional information and to submit feedback and questions.

PHARMACY FACTS

Program Updates from Louisiana Medicaid

Pharmacy Facts can also be found online at: <http://ldh.la.gov/index.cfm/page/3036>.

January 29, 2021

Naloxone Standing Order

The Naloxone Standing Order for calendar year 2021 has been renewed by Dr. James Hussey, Medical Director of the Office of Behavioral Health. It is posted on the Pharmacy page under Pharmacy News. The direct link to the document is www.ldh.la.gov/assets/HealthyLa/Pharmacy/NaloxoneStandingOrder.pdf and it has also been updated on the Opioids webpage <https://ldh.la.gov/index.cfm/subhome/54>.

Vaccine Update

Effective December 23, 2020, in response to the COVID-19 pandemic and Public Health Emergency (PHE), the Louisiana Medicaid Fee for Service (FFS) Pharmacy Program and Managed Care Organizations (MCOs) are covering the administration fee for the COVID-19 vaccine. The federal government covers the cost of the COVID-19 vaccine. Therefore, Louisiana Medicaid will reimburse enrolled pharmacies the administration fee only. The first dose administration fee is \$15.92 and the second dose administration fee is \$26.68 for the COVID-19 vaccines. Please refer to:

https://www.lamedicaid.com/provweb1/Pharmacy/FFS_and_MCO_COVID_19_Vaccines.pdf for more information.

Just a reminder to make sure when entering COVID-19 vaccines into your computer system, please use the pharmacist as the servicing provider and **NOT** the pharmacy. Also, if you receive the rejection payable under Part D, please make sure to run the COVID-19 vaccine under the recipient's Part D coverage.

Louisiana Medicaid Annual Recertification

Louisiana Medicaid drafted an editable PDF for providers to update and electronically sign with correct information and return by email with supporting documentation. Louisiana Medicaid will allow three months from the date the editable PDF is sent for providers to submit the requested recertification documents by March 31, 2021. Providers should have started to receive emails from Louisiana Medicaid around the first week of December. **These emails came from Roderick Anderson (roderick.anderson@la.gov), Karlissea Hives (karlissea.hives@la.gov), Korisma Wesley (korisma.wesley@la.gov) or Keturah Thomas (keturah.thomas@la.gov) who are all members of the Pharmacy Help Desk.** Please make sure to check your spam folders for any of these email addresses.

To confirm that Louisiana Medicaid has your correct email address on file, please send a message to roderick.anderson@la.gov, providing the email address where your recertification information should be sent. If you have additional questions or concerns, you may also contact the Pharmacy Help Desk at (800) 648-0790.

Diabetic Quantity Limit and Diagnosis Code Follow-Up Guidance

FFS and MCOs are using a new policy titled Quantity Limits for Diabetic Test Strips and Lancets (<https://ldh.la.gov/assets/HealthyLa/PDL/12.1.2020/Diabetes.Strips.Lancets.Quantity.Limit.11192020.pdf>) effective 1/1/21. Contact the Pharmacy Help Desk at (800) 648-0790 with billing issues.

Preferred Drug List (PDL)

The new PDL went into place on January 1, 2021. Please refer to the PDL static link for more information <https://ldh.la.gov/assets/HealthyLa/Pharmacy/PDL.pdf>



Remittance Advice Corner

Louisiana Medicaid 2020 1099s

Louisiana Medicaid 2020 1099s will be distributed by U.S. Mail on or before January 31, 2021. Electronic copies are now available for download by going to the Louisiana Medicaid web site, www.lamedicaid.com, Secure Portal, application link, Online 1099. If replacement copies or additional copies are needed, providers must print them from the web site. If you feel there is an error on your 1099, please contact Gainwell Provider Enrollment at 225-216-6370. Prior year 1099's will be stored in the archive on www.LaMedicaid.com.

Medicaid Public Notice and Comment Procedure

As of Aug. 1, 2019, a public notice and comment period is required before certain policies and procedures are adopted. Drafts will be published on LDH's website to allow for public comment, as per HB 434 of the 2019 Regular Legislative Session. This requirement applies to managed care policies and procedures, systems guidance impacting edits and payment, and Medicaid provider manuals.

In compliance with R.S. 46:460.51(15), 460.53, and 460.54, this procedure provides for a defined term, a public notice requirement, implementation of a policy for the adoption of policies and procedures, and for related matters.

- Louisiana Medicaid (Title XIX) State Plan and Amendments;
- Louisiana Medicaid Administrative Rulemaking Activity;
- Medicaid Provider Manuals;
- Contract Amendments;
- Managed Care Policies & Procedures; and
- Demonstrations and Waivers.

Public Comments for the listed policies and procedures can be left at the link below.

<http://www.ldh.la.gov/index.cfm/page/3616>

Manual Chapter Revision Log

Manual Chapter	Section(s)	Date of Revision(s)
Behavioral Health Services Behavioral Health Services Manual Chapter	New Revision Details Link Revision Details Table of Contents	02/25/21

Manual Chapter Revision Log (cont.)

Manual Chapter	Section(s)	Date of Revision(s)
Durable Medical Equipment Durable Medical Equipment	Table of Contents 18.1 Service and Limitations 18.2 Specific Coverage Criteria 18.5 Prior Authorization Appendix A PA Form Instructions Appendix B Claims Filing Appendix E Contact Information Appendix G Standing Frame Evaluation Appendix I Electric Breast Pump Form	02/23/21
Early and Periodic Screening, Diagnostics and Treatment (EPSDT) Health and IDEA Related Services EPSDT Health And IDEA Related Services	Table of Contents 20.0 Overview 20.1 Covered Services 20.2 Eligibility Criteria 20.3 Provider Requirements 20.4 Program Requirements 20.5 Record Keeping 20.6 Reimbursement Appendix E Contact Referral Information	02/12/21
Family Planning – Take Charge Plus Family Planning-Take Charge Plus	Appendix B Frequent Contact Information	02/23/21
Free Standing Birthing Centers Free-Standing Birthing Centers	Appendix A Contact Information Appendix B Claims Filing	02/23/21
Independent Laboratories Independent Laboratories	Appendix B Contact Information	02/25/21
Pediatric Day Health Care Pediatric Day Health Care	45.3 Provider Requirements Appendix B Procedure Codes Appendix D Contact Referral Information PDHC Physician’s Order for PDHC and Plan of Care form https://www.lamedicaid.com/Provweb1/Forms/Web_Form.htm https://www.lamedicaid.com/Provweb1/Forms/Physicians_Order_PDHC_PDHC.pdf	02/26/21

For Information or Assistance, Call Us!

Provider Relations	1-800-473-2783 (225) 294-5040 Medicaid Provider Website	General Medicaid Eligibility Hotline	1-888-342-6207
Prior Authorization: Home Health/EPSDT – PCS	1-800-807-1320	MMIS Claims Processing	(225) 342-3855
Dental	1-855-702-6262 MCNA Provider Portal	Resolution Unit MMIS Claims Reimbursement	
DME & All Other	1-800-488-6334 (225) 928-5263	MMIS/Recipient Retroactive Reimbursement	(225) 342-1739 1-866-640-3905 MMIS Claims Reimbursement
Hospital Pre-Certification	1-800-877-0666		
REVS Line	1-800-776-6323 (225) 216-(REVS)7387 REVS Website	Medicare Savings	1-888-544-7996 Medicare Provider Website
Point of Sale Help Desk	1-800-648-0790 (225) 216-6381	For Hearing Impaired Pharmacy Hotline	1-877-544-9544 1-800-437-9101 Medicaid Pharmacy Benefits
		Medicaid Fraud Hotline	1-800-488-2917 Report Medicaid Fraud

