

SHINGRIX: IMPLEMENTATION INFORMATION

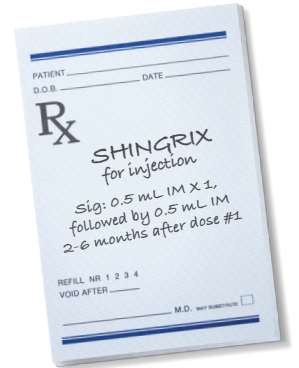
DOSING AND ADMINISTRATION



SHINGRIX should be refrigerated. DO NOT FREEZE:

Store both the antigen and adjuvant between 2° and 8°C (36° and 46°F) before reconstitution (discard if frozen).

PRESCRIBING SHINGRIX



SHINGRIX is supplied as an adjuvant and antigen for reconstitution:

The antigen is to be reconstituted only with the accompanying adjuvant suspension. After reconstitution, SHINGRIX should be administered immediately or stored refrigerated between 2° and 8°C (36° and 46°F) and used within 6 hours. Discard reconstituted vaccine if not used within 6 hours. Discard reconstituted vaccine if frozen.



SHINGRIX is a recombinant vaccine for intramuscular (IM) injection only.



SHINGRIX is administered as a 2-dose series:

The second dose can be administered anytime between 2 and 6 months after the first dose.

DO NOT FREEZE SHINGRIX

RECONSTITUTION



Vial 1 of 2
ASO1_g Adjuvant Suspension Component
(blue-green cap/red ring)



Vial 2 of 2
Lyophilized VZV gE Antigen Component
(brown cap/green ring)



1 Cleanse both vial stoppers. Using a sterile needle and sterile syringe, withdraw the entire contents of vial 1 containing the adjuvant suspension component by slightly tilting the vial.

2 Slowly transfer entire contents of syringe into the lyophilized antigen component, vial 2.

3 Gently shake the vial to thoroughly mix contents until powder is completely dissolved. The reconstituted vaccine should be an opalescent, colorless to pale brownish liquid.

4 After reconstitution, withdraw 0.5 mL from the vial containing the reconstituted vaccine and administer **intramuscularly**.

VZV=varicella zoster virus; gE=glycoprotein E.

Reconstituted Vaccine

Indication

SHINGRIX is a vaccine indicated for prevention of herpes zoster (shingles) in adults aged 50 years and older. SHINGRIX is not indicated for prevention of primary varicella infection (chickenpox).

Important Safety Information

- SHINGRIX is contraindicated in anyone with a history of a severe allergic reaction (eg, anaphylaxis) to any component of the vaccine or after a previous dose of SHINGRIX



SHINGRIX
(ZOSTER VACCINE
RECOMBINANT, ADJUVANTED)

Please see full Important Safety Information for SHINGRIX on back and accompanying full Prescribing Information.

BILLING, CODING, AND INSURANCE

CPT Code (Product)	90750
CPT Code (Administration) 1 vaccine administered	90471
Each additional vaccine administered during same encounter	90472
ICD-10-CM Code (Encounter for Immunization)	Z23
Administration Modifier for Medicare	GY
MVX Code	SKB
CVX Code	187

Indication

SHINGRIX is a vaccine indicated for prevention of herpes zoster (shingles) in adults aged 50 years and older. SHINGRIX is not indicated for prevention of primary varicella infection (chickenpox).

Important Safety Information

- SHINGRIX is contraindicated in anyone with a history of a severe allergic reaction (eg, anaphylaxis) to any component of the vaccine or after a previous dose of SHINGRIX
- Review immunization history for possible vaccine sensitivity and previous vaccination-related adverse reactions. Appropriate medical treatment and supervision must be available to manage possible anaphylactic reactions following administration of SHINGRIX
- Solicited local adverse reactions in subjects aged 50 years and older were pain (78.0%), redness (38.1%), and swelling (25.9%)
- Solicited general adverse reactions in subjects aged 50 years and older were myalgia (44.7%), fatigue (44.5%), headache (37.7%), shivering (26.8%), fever (20.5%), and gastrointestinal symptoms (17.3%)
- SHINGRIX was not studied in pregnant or lactating women, and it is unknown if it is excreted in human milk. Therefore, it cannot be established whether there is vaccine-associated risk with SHINGRIX in pregnant women or if there are effects on breastfed infants or milk production/excretion
- Vaccination with SHINGRIX may not result in protection of all vaccine recipients

Please see accompanying full Prescribing Information.

FOR QUESTIONS REGARDING SHINGRIX, CALL **1-800-772-9292**
OR CONTACT YOUR GSK REPRESENTATIVE.



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Printed in USA. 1000804R0 February 2018