

A guide to identifying appropriate patients
and delivering personalized SHINGRIX
recommendations with confidence.

YOU'RE THE **CONNECTION THEY COUNT ON**



Actor portrayals.

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

Please see additional Important Safety Information for SHINGRIX throughout and full [Prescribing Information](https://www.shingrixhcp.com), also available at [SHINGRIXHCP.com](https://www.shingrixhcp.com).



SHINGRIX
(ZOSTER VACCINE
RECOMBINANT, ADJUVANTED)

SHINGLES CAN STRIKE AT ANY TIME^{1,2}

99.5% **OF PEOPLE ≥50 YEARS OLD ARE INFECTED** with the varicella zoster virus (VZV)^{3,4}

In **1 IN 3** people, the dormant virus reactivates in their lifetime and causes shingles³

Starting at

50 **YEARS OLD, SHINGLES RISK SHARPLY INCREASES³**

Increasing age can lead to a natural decline in VZV-specific immunity³



Actor portrayals.

Important Safety Information (cont'd)

- 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
- In postmarketing observational studies, an increased risk of Guillain-Barré syndrome has been observed during the 42 days following vaccination with SHINGRIX

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IN ADDITION TO AGE, CERTAIN COMORBIDITIES AND PSYCHOLOGICAL STRESS HAVE BEEN ASSOCIATED WITH AN INCREASED RISK OF SHINGLES^{5,*}

DIABETES



increased risk in patients with DIABETES vs without
32 studies, pooled effect estimate:
RR: 1.24 (95% CI: 1.14-1.35)

CARDIOVASCULAR CONDITIONS



increased risk in patients with CARDIOVASCULAR CONDITIONS[†] vs without
16 studies, pooled effect estimate:
RR: 1.34 (95% CI: 1.17-1.54)

CKD



increased risk in patients with CKD vs without
18 studies, pooled effect estimate:
RR: 1.29 (95% CI: 1.10-1.51)

PSYCHOLOGICAL STRESS



increased risk in patients with PSYCHOLOGICAL STRESS vs without[‡]
8 studies, pooled effect estimate:
RR: 1.47 (95% CI: 1.03-2.10)

*Data from a meta-analysis assessing risk factors for HZ. The analysis included a total study population of 198,751,846 individuals, with 3,768,691 HZ cases across 88 studies (68 cohort and 20 case-control studies) from 1966 to 2019. The populations in these studies ranged from people aged 3 months to 104 years old.[†] Eighteen risk factors were identified in the meta-analysis, note not all are presented here. Limitations included the following: most studies were observational and had a higher likelihood of bias; the majority of studies used administrative data, which is subject to miscoding, errors, and can vary between practitioners; finally, heterogeneity was high across studies. This list is not exhaustive and may not present all conditions associated with an increased risk of HZ.[‡]

[†]SHINGRIX is a vaccine indicated for prevention of herpes zoster (shingles) in adults ≥50 years old.[‡]

[‡]Cardiovascular conditions included in each individual study in the meta-analysis varied and included heart disease, heart failure, hypertension, hyperlipidemia, stroke, atrial fibrillation/flutter, and other cardiovascular disease.[§]

[§]The methodology used to define psychological stress varied greatly across studies and included patient questionnaires and major life events (either self-reported or captured on medical record, eg, death of a spouse or diagnosis of major medical event).[§]

CI=confidence interval; CKD=chronic kidney disease; HZ=herpes zoster; RR=relative risk.

Important Safety Information (cont'd)

- Syncope (fainting) can be associated with the administration of injectable vaccines, including SHINGRIX. Procedures should be in place to avoid falling injury and to restore cerebral perfusion following syncope

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WHAT YOU SAY MATTERS

YOUR CLEAR RECOMMENDATION CAN HELP STRENGTHEN THEIR CONFIDENCE IN VACCINATION⁷

When you see your patients ≥ 50 years old:

1 DISCUSS THE IMPACT OF SHINGLES

Shingles is a blistering rash that can be excruciatingly painful and usually lasts 7 to 10 days.^{1,8,9} The pain during a shingles episode can disrupt everyday activities such as work, family time, and sleep.⁸ Shingles may lead to serious or long-lasting complications.⁹

SHINGRIX is not indicated for the prevention of herpes zoster-related complications.⁶

2 PERSONALIZE THEIR RISK

Shingles risk sharply increases starting at 50 years old.³ In addition to age, certain comorbidities and psychological stress have been associated with an increased risk of shingles.⁵

3 RECOMMEND SHINGRIX

SHINGRIX, administered as a 2-dose series, was proven to help prevent shingles in adults ≥ 50 years old.⁶

SHINGRIX is \$0 for most patients ≥ 50 years old.^{10,11,*}

Scan QR code or visit www.shingrixhcp.com/in-your-practice/coverage-and-coding to use the Coverage Tool to get real-time information about formulary coverage for SHINGRIX in your area.



*Coverage and cost may vary and are subject to change without notice. Reimbursement decisions are made by individual insurance plans.

Important Safety Information (cont'd)

- Solicited local adverse reactions reported in individuals aged 50 years and older were pain (78%), redness (38%), and swelling (26%)

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SHINGRIX delivered

**>90% EFFICACY
AGAINST
SHINGLES**

regardless of age in those 50 years and older^{6,*}

- The most common side effects are pain, redness, and swelling at the injection site, muscle pain, tiredness, headache, shivering, fever, and upset stomach⁶

Actor portrayals.

*Data from the phase 3 ZOE-50 (≥50 years old) trial (median follow-up period 3.1 years) and pooled data in individuals ≥70 years old from the phase 3 ZOE-50 and ZOE-70 trials (median follow-up period 4 years) in subjects who received 2 doses of SHINGRIX (n=7344 and 8250, respectively) or placebo (n=7415 and 8346, respectively). These populations represented the modified Total Vaccinated Cohort, defined as patients who received 2 doses (0 and 2 months) of either SHINGRIX or placebo and did not develop a confirmed case of herpes zoster within 1 month after the second dose.^{6,12}

HELP YOUR PATIENTS COMPLETE THE SHINGRIX 2-DOSE SERIES

- A first dose at Month 0 followed by a second dose administered 2 to 6 months later⁶
- It is important patients receive both doses. The efficacy results of SHINGRIX were demonstrated in clinical trials when administered as a 2-dose series⁶



To help ensure your appropriate patients get the full protection offered by SHINGRIX:

- **Remind your patients** that SHINGRIX is a 2-dose series
- **Schedule their second dose** (for 2 to 6 months later) during their first-dose visit
- **Follow up** with patients who are due for their second dose

Important Safety Information (cont'd)

- Solicited general adverse reactions reported in individuals aged 50 years and older were myalgia (45%), fatigue (45%), headache (38%), shivering (27%), fever (21%), and gastrointestinal symptoms (17%)

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DISCUSS SHINGRIX VACCINATION TODAY

You're uniquely positioned to review your patients' vaccination history and recommend appropriate vaccines. If they need SHINGRIX in addition to other vaccines, consider whether coadministration is appropriate.

The concomitant administration of SHINGRIX has been studied with certain flu, pneumococcal, and Tdap vaccines. Data are limited on concomitant administration with other vaccines.⁶

Discuss administering SHINGRIX at the same time as certain other adult vaccines.



When your patients' sleeves are up, speak to them about coadministration of SHINGRIX with other adult vaccines. Scan QR code or visit <https://shingrixhcp.com/recommend-administer/coadministration/> for guidance on coadministering with SHINGRIX.

Tdap=tetanus, diphtheria, and acellular pertussis.

Important Safety Information (cont'd)

- The data are insufficient to establish if there is vaccine-associated risk with SHINGRIX in pregnant women

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HOW SUPPLIED & STORAGE

VIAL AND VIAL

In the vial and vial presentation, SHINGRIX is supplied as 2 components: a single-dose vial of Lyophilized gE Antigen Component (powder), which must be reconstituted with a single-dose vial of Adjuvant Suspension Component (liquid) (packaged without syringes or needles).⁶



Prior to reconstitution

Store both the Antigen (powder) and Adjuvant (liquid) Components refrigerated between 2°C and 8°C (36°F and 46°F). Do not freeze; discard if frozen and protect from light.⁶

After reconstitution

Administer immediately or store refrigerated between 2°C and 8°C (36°F and 46°F) for up to 6 hours. Discard reconstituted vaccine if not used within 6 hours. Do not freeze; discard if frozen.⁶

gE=glycoprotein E.

Important Safety Information (cont'd)

- It is not known whether SHINGRIX is excreted in human milk. Data are not available to assess the effects of SHINGRIX on the breastfed infant or on milk production/excretion

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HOW SUPPLIED & STORAGE

PREFILLED SYRINGE: A PRESENTATION DESIGNED WITH YOUR CONVENIENCE IN MIND.



Fully liquid. No reconstitution required

By eliminating the need to reconstitute, the SHINGRIX prefilled syringe presentation reduces the number of steps it takes to prepare the vaccine.^{6,*}

SHINGRIX is available as 0.5-mL single-dose, disposable, prefilled TIP-LOK syringes (Luer Lock syringes) packaged without needles. TIP-LOK syringes are to be used with Luer Lock compatible needles.⁶

Prior to administration

Store the SHINGRIX prefilled syringe refrigerated between 2°C and 8°C (36°F and 46°F). Protect from light. Do not freeze. Discard if frozen.⁶

VIAL AND VIAL

In the vial and vial presentation, SHINGRIX is supplied as 2 components: a single-dose vial of Lyophilized gE Antigen Component (powder), which must be reconstituted with a single-dose vial of Adjuvant Suspension Component (liquid) (packaged without syringes or needles).⁶

Prior to reconstitution

Store both the Antigen (powder) and Adjuvant (liquid) Components refrigerated between 2°C and 8°C (36°F and 46°F). Do not freeze; discard if frozen and protect from light.⁶

After reconstitution

Administer immediately or store refrigerated between 2°C and 8°C (36°F and 46°F) for up to 6 hours. Discard reconstituted vaccine if not used within 6 hours. Do not freeze; discard if frozen.⁶

DO NOT FREEZE

Vial 1 of 2

AS01_B Adjuvant
Suspension
Component (liquid)



Vial 2 of 2

Lyophilized gE
Antigen Component
vial (powder)



*Compared to the vial and vial presentation of SHINGRIX.
gE=glycoprotein E.

Important Safety Information (cont'd)

- It is not known whether SHINGRIX is excreted in human milk. Data are not available to assess the effects of SHINGRIX on the breastfed infant or on milk production/excretion

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YOU'RE THE CONNECTION THEY COUNT ON

**RECOMMEND SHINGRIX TODAY
TO HELP PREVENT SHINGLES IN THE FUTURE⁶**



**99.5% OF PEOPLE
≥50 YEARS OLD ARE
INFECTED WITH
VZV^{3,4}**

In 1 in 3 people,
the dormant virus
reactivates in their
lifetime and causes
shingles.³



**RISK FACTORS
FOR SHINGLES**

Patients 50 years and
older are at increased
risk of shingles and
may have additional
risk factors such
as certain chronic
conditions and
psychological stress.^{3,5}



**SHINGRIX DELIVERS
PROVEN SHINGLES
PROTECTION**

SHINGRIX,
administered as
a 2-dose series,
was proven to help
prevent shingles in
adults ≥50 years old.⁶

Schedule SHINGRIX today

Encourage patients to schedule their pharmacy
vaccine appointments at [ScheduleSHINGRIX.com](https://www.scheduleshingrix.com).



Important Safety Information (cont'd)

- Vaccination with SHINGRIX may not result in protection of all vaccine recipients

**Please see additional Important Safety Information for SHINGRIX
throughout and full Prescribing Information, also available at
[SHINGRIXHCP.com](https://www.shingrixhcp.com).**

References: 1. Harpaz R, Ortega-Sanchez IR, Seward JF; Advisory Committee on Immunization Practices (ACIP) Centers for Disease Control and Prevention (CDC). Prevention of herpes zoster: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Recomm Rep*. 2008;57(RR-5):1-30. 2. Berlinberg EJ, Kim E, Deiner MS, Patterson C, Porco TC, Acharya NR. Seasonality of herpes zoster and herpes zoster ophthalmicus. *J Clin Virol*. 2020;126:104306. 3. Clinical overview of shingles (herpes zoster). Centers for Disease Control and Prevention. Reviewed June 27, 2024. Accessed September 23, 2025. <https://www.cdc.gov/shingles/hcp/clinical-overview/index.html> 4. Kilgore PE, Kruszon-Moran D, Seward JF, et al. Varicella in Americans from NHANES III: implications for control through routine immunization. *J Med Virol*. 2003;70(suppl 1):S111-S118. 5. Marra F, Parhar K, Huang B, Vadlamudi N. Risk factors for herpes zoster infection: a meta-analysis. *Open Forum Infect Dis*. 2020;7(1):1-8. 6. Prescribing Information for SHINGRIX. 7. Adult immunization standards. Centers for Disease Control and Prevention. Reviewed August 9, 2024. Accessed April 4, 2025. <https://www.cdc.gov/vaccines-adults/hcp/imz-standards/> 8. Curran D, Matthews S, Boutry C, Lecrenier N, Cunningham AL, Schmader K. Natural history of herpes zoster in the placebo groups of three randomized phase III clinical trials. *Infect Dis Ther*. 2022;11(6):2265-2277. 9. Shingles symptoms and complications. Centers for Disease Control and Prevention. Reviewed April 19, 2024. Accessed March 26, 2025. <https://www.cdc.gov/shingles/signs-symptoms/index.html> 10. Data on file, GSK. 11. Wreschnig LA. Selected Health Provisions of the Inflation Reduction Act. Congressional Research Service. 2022;1-3. Accessed May 6, 2025. <https://www.congress.gov/crs-product/IF12203> 12. Data on file. Study 113077 (NCT01165229). GSK Study Register. Study entry at: <https://www.gsk-studyregister.com/en/trial-details/?id=113077>

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SHINGRIX } **GSK**
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