ADMINISTRATION GUIDE FOR SHINGRIX

STORAGE, RECONSTITUTION, AND ADMINISTRATION

- Prior to reconstitution, store both the antigen component (powder) and adjuvant component (liquid) refrigerated between 2° and 8°C (36° and 46°F). Protect vials from light; discard if frozen
- After reconstitution, use immediately or store refrigerated between 2° and 8°C (36° and 46°F) for up to 6 hours. Discard the reconstituted vaccine if not used within 6 hours or if it has been frozen

DO NOT FREEZE

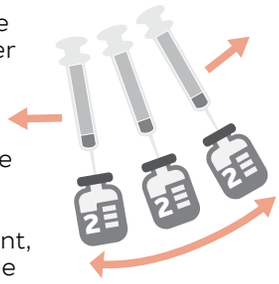
Vial 1 of 2
AS01$_B$ Adjuvant Suspension Component (liquid)

Vial 2 of 2
Lyophilized VZV gE Antigen Component (powder)

1 Cleanse both vial stoppers. Using a sterile needle and sterile syringe, withdraw the entire contents of the vial containing the adjuvant suspension component (liquid) by slightly tilting the vial. Vial 1 of 2.

2 Slowly transfer entire contents of syringe into the lyophilized gE antigen component vial (powder). Vial 2 of 2.

3 Gently swirl the vial until powder is completely dissolved. **Do not shake vigorously.** 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 (IM).**

VZV=varicella zoster virus; gE=glycoprotein E.

Reconstituted Vaccine

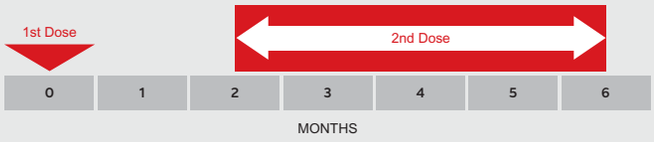
TOPICS TO DISCUSS WITH YOUR PATIENTS

WHAT TO EXPECT

Please provide your patients with the "What to Expect" guide for more information.

2-DOSE SERIES

Encourage your patients to schedule their second dose anytime between 2 and 6 months after their first dose.



Help your patients stay on track with their follow-up dose by utilizing the Reminder Card.

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
- In a postmarketing observational study, an increased risk of Guillain-Barré syndrome was observed during the 42 days following vaccination with SHINGRIX
- 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
- Solicited local adverse reactions reported in individuals aged 50 years and older were pain (78%), redness (38%), and swelling (26%)
- 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%)
- The data are insufficient to establish if there is vaccine-associated risk with SHINGRIX in pregnant women
- 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
- Vaccination with SHINGRIX may not result in protection of all vaccine recipients

Please see accompanying full Prescribing Information.

Reference: Prescribing Information for SHINGRIX.

SHINGRIX
(ZOSTER VACCINE RECOMBINANT, ADJUVANTED)

SGXPSTR210005 October 2021
Produced in USA. 0002-0014-98