Shingrix

(zoster vaccine recombinant, adjuvanted)



NEW PRODUCT SLIDESHOW



Introduction

- Brand name: Shingrix
- Generic name: Zoster vaccine recombinant, adjuvanted
- Pharmacological class: Shingles vaccine
- Strength and Formulation: Susp for IM inj after reconstitution (contains 50mcg of recombinant glycoprotein E antigen, 50mcg of monophosphoryl lipid A, and 50mcg of QS-21); per 0.5mL; preservative-free

Introduction

- Manufacturer: GlaxoSmithKline
- How supplied: Single-dose vials—1, 10 (antigen + adjuvant components)
- Legal Classification: Rx

Shingrix



Indications

- Prevention of herpes zoster (shingles) in adults ≥50 years of age
- Limitations of use: Not for preventing primary varicella infection (chickenpox)

Dosage & Administration

- <50yrs: not recommended</p>
- Give by IM inj in deltoid region of upper arm
- ≥50yrs: one 0.5mL dose at Month 0 followed by second dose anytime between 2–6 months later
- Administer immediately upon reconstitution or store refrigerated and use within 6hrs

Considerations for Special Populations

- Pediatric: <18 years: not established</p>
- Pregnancy: Insufficient human data to establish vaccine-associated risk
- Nursing mothers: Data not available to assess effects on breastfed infant or milk production/excretion
- Geriatric: No clinically meaningful differences in efficacy across age groups or between older and younger subjects

Contraindications

 History of severe allergic reaction to any component of the vaccine or after a previous dose of Shingrix

Warnings/Precautions

- Review immunization history prior to administration
- Have appropriate medical treatment and supervision available to manage allergic reactions

Interactions

- Immunosuppressants may reduce efficacy of Shingrix
- Concomitant inactivated influenza vaccines: see full labeling

Adverse Reactions

- Local reactions (eg, pain, redness, swelling)
- Myalgia
- Fatigue
- Headache
- Shivering
- Fever
- GI symptoms

Mechanism of Action

- Herpes zoster development increases with age and appears to be related to a decline in varicella zoster virus-specific immunity
- Shingrix was shown to boost varicella zoster virus-specific immune response and protect against zoster disease

- Study 1 was a randomized, placebocontrolled, observer-blind clinical study; randomization was stratified by age:
 - 50–59 years
 - 60–69 years
 - 70–79 years
 - ≥80 years

- Study patients were followed for the development of herpes zoster and postherpetic neuralgia for a median of 3.1 years
- Study patients received 2 doses of either
 Shingrix (n=7,344) or placebo (n=7,415)

- Compared with placebo, Shingrix significantly reduced the risk of developing herpes zoster by 97.2% (95% CI: 93.7, 99.0) in patients aged ≥50 years
 - 50–59 years: 96.6% efficacy
 - 60–69 years: **97.4%** efficacy
 - ≥70 years: 97.9% efficacy
- No cases of postherpetic neuralgia were reported in the vaccine group vs. 18 in the placebo group

- Study 2 was a randomized, placebocontrolled, observer-blind study; randomization was stratified by age:
 - 70–79 years
 - ≥80 years
- Study patients were followed for the development of herpes zoster and postherpetic neuralgia for a median of 3.9 years

- Study patients aged ≥70 years received 2 doses of either Shingrix (n=6,541) or placebo (n=6,622)
- Compared with placebo, Shingrix significantly reduced the risk of developing herpes zoster by 89.8% (95% CI: 84.3, 93.7) in patients aged ≥70 years
 - 70–79 years: 90.0% efficacy
 - ≥80 years: 89.1% efficacy

- 4 cases of postherpetic neuralgia were reported in the vaccine group vs. 28 cases in the placebo group
- Vaccine efficacy against postherpetic
 neuralgia was 85.5% (95% CI: 58.5, 96.3)
- The use of herpes zoster-associated pain medications was reported in fewer patients in the Shingrix group vs. placebo (43.5% vs. 71.7%)
- For more clinical trial data, see full labeling

New Product Monograph

For more information view the product monograph available at:

http://www.empr.com/shingrix/drug/34761/