

THIS IS YOUR SHOT TO HELP PREVENT SHINGLES



Not an actual doctor or patient.

You can't predict when shingles will strike. Help prevent it by recommending a 2-dose series of SHINGRIX to your patients 50 years and older.^{1,2}

99.5% of people ≥ 50 years old are at risk for developing shingles²⁻⁴

In 1 out of 3 people, the virus reactivates and causes shingles²

- There are a lot of things your patients can't prevent as they age – but they can do something about shingles¹
- **In those aged 50 years and older, only SHINGRIX delivered >90% efficacy regardless of age^{1,*}**

At every opportunity, ask your patients aged 50 years and older if they've been vaccinated against shingles

- If they haven't, discuss SHINGRIX
- SHINGRIX is indicated for the prevention of shingles in adults aged 50 years and older¹

Remind patients that shingles vaccination can help them be proactive about their health

- SHINGRIX is a 2-dose series. Tell your patients it is important to receive both doses. Encourage them to schedule their second dose anytime between 2 and 6 months after their first dose¹
- Inform patients that they may experience adverse reactions after receiving SHINGRIX. In clinical trials, the solicited local adverse reactions observed were pain, redness, and swelling at the injection site, and solicited general adverse reactions included myalgia, fatigue, headache, shivering, fever, and gastrointestinal symptoms¹

If you don't stock SHINGRIX, consider referring your patients to their pharmacy.

Please see additional Important Safety Information for SHINGRIX on the next page and accompanying full Prescribing Information, also available at SHINGRIXHCP.com.

Routine vaccination is an essential preventive care service that should not be delayed because of the COVID-19 pandemic. Because of COVID-19-related reductions in people accessing vaccination services, it is important to assess vaccination status at each patient visit. Please visit the CDC's COVID-19 webpage for more information.⁵

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

*Data from the phase 3 ZOE-50 (≥ 50 years of age) trial (median follow-up period 3.1 years) and pooled data in individuals ≥ 70 years of age 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.^{1,6}

CDC=Centers for Disease Control and Prevention.



SHINGRIX
(ZOSTER VACCINE
RECOMBINANT, ADJUVANTED)

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 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

References: 1. Prescribing Information for SHINGRIX. 2. Centers for Disease Control and Prevention. Prevention of herpes zoster: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR*. 2008;57(RR-5):1-30. 3. Centers for Disease Control and Prevention. Shingles (herpes zoster) clinical overview. Reviewed October 5, 2020. Accessed July 12, 2022. <https://www.cdc.gov/shingles/hcp/clinical-overview.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. Centers for Disease Control and Prevention. Interim guidance for routine and influenza immunization services during the COVID-19 pandemic. Reviewed April 15, 2021. Accessed July 12, 2022. <https://www.cdc.gov/vaccines/pandemic-guidance/index.html> 6. Data on file. Study 113077 (NCT01165229). GSK Study Register. Study entry at: <https://www.gsk-studyregister.com/en/trial-details/?id=113077>

Please see additional Important Safety Information for SHINGRIX on the previous page and accompanying full Prescribing Information, also available at SHINGRIXHCP.com.

You are encouraged to report vaccine adverse events to the US Department of Health and Human Services. Visit www.vaers.hhs.gov to file a report, or call 1-800-822-7967.

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