UTILIZING YOUR EHR SYSTEM TO IDENTIFY AND REACH PATIENTS AT INCREASED RISK OF SHINGLES

GSK EHR Resources

SHINGRIX (ZOSTER VACCINE RECOMBINANT, ADJUVANTED) | GSK

Indication

SHINGRIX is a vaccine indicated for prevention of shingles (HZ) (shingles):

- in adults aged 50 years and older.
- in adults aged 18 years and older who are or will be at increased risk of HZ due to immunodeficiency or immunosuppression caused by known disease or therapy.

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

Please see Important Safety Information on page 4 and full Prescribing Information also available at SHINGRIXHCP.com.

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WHY SHINGLES MATTERS TO YOUR ORGANIZATION

An estimated 1 million Americans get shingles every year[1]

99.5% of people ≥50 years old are latently infected with varicella zoster virus (VZV). In **1 in 3 people**, dormant VZV reactivates in their lifetime and causes shingles—a blistering rash that can be excruciatingly painful. The pain during a shingles episode can interfere with a person's ability to perform daily activities.[2-4]

Your patients ≥50 years old are at an increased risk[2]

The risk of developing shingles sharply increases **starting at 50 years old**—and continues to increase with age. Aging can lead to a **natural decline in immune function**, which is thought to be a primary driver of shingles risk.[2]

Certain chronic conditions such as asthma, chronic obstructive pulmonary disease (COPD), chronic kidney disease, diabetes, and cardiovascular conditions* have been associated with an increased risk of shingles.[5]

Your patients 18 years and older who are immunocompromised are at increased risk[4,5]

Patients ≥18 years old with conditions that compromise their immune system, such as cancer and HIV, and patients taking medications that suppress their immune system are also at increased risk of shingles.[1,5]

Shingles can lead to serious, long-lasting complications[2,6,7,†]

Approximately 10% to 18% of patients with shingles develop chronic nerve pain called postherpetic neuralgia (PHN). In 10% to 25% of shingles cases, the rash presents around the eye, also known as herpes zoster ophthalmicus (HZO), which can lead to ocular complications. In rare cases, shingles can lead to cutaneous or neurologic complications and has been associated with a short-term risk of stroke.[2,6,7,†]

*Cardiovascular conditions included heart disease, heart failure, hypertension, hyperlipidemia, stroke, atrial fibrillation/flutter, and other cardiovascular disease.[5]

†SHINGRIX is not indicated for the prevention of PHN or other shingles-related complications.[8]

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INDICATION AND IMPORTANT SAFETY INFORMATION

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- 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%)
- Solicited local adverse reactions reported in autologous hematopoietic stem cell transplant recipients (aged 18 to 49 and ≥50 years of age) were pain (88% and 83%), redness (30% and 35%), and swelling (21% and 18%)
- Solicited general adverse reactions reported in autologous hematopoietic stem cell transplant recipients (aged 18 to 49 and ≥50 years of age) were fatigue (64% and 54%), myalgia (58% and 52%), headache (44% and 30%), gastrointestinal symptoms (21% and 28%), shivering (31% and 25%), and fever (28% and 18%)
- 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

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POTENTIAL IMPACTS OF SHINGLES

Real-world healthcare utilization and costs among adults ≥50 years old with shingles

Data from a retrospective commercial claims analysis: 1-year follow-up period[9,*]

Healthcare Utilization and Cost Increases

On average, during the 1-year follow-up period, higher healthcare resource utilization and costs were observed among patients with shingles compared to patients without.[9]

- **Mean increase** in claims per patient: **5.8 more** in-office medical claims, **2.7 more** outpatient hospital claims, and **4.5 more** pharmacy claims in patients with shingles vs without
- Adjusted annual incremental **total all-cause healthcare cost $1425** for HZ patients without PHN vs controls and **$7291** for HZ patients with PHN vs controls

SHINGRIX is not indicated for the prevention of PHN.[8]

Shingles could have more of an impact than you realize

A shingles episode could affect your patients in multiple ways

Missed Work and Productivity Challenges

43% of adults 50 to 64 years old reported ≥1 full workday missed (mean, 9 full days) during a shingles episode.[10,†]

- Only **19.1%** of patients reported being 100% effective at work during their HZ episode[10]

*Data from a retrospective cohort claims analysis of 142,519 patients ≥50 years old with HZ and 357,907 matched controls without HZ assessing incremental all-cause healthcare resource utilization and cost during the 1-year follow-up period (post index date). The index date was the date of the first observed HZ diagnosis; matched controls were assigned the index date of their matched HZ patient. Costs were calculated after adjusting for demographic and clinical characteristics. All cost data were adjusted to 2013 US dollars using the medical care component of the US Consumer Price Index.[9]

†Data from a cross-sectional survey that was administered to 2000 US adult commercial health plan enrollees aged 50-64 years with ≥1 HZ medical claim during 2014. Among the 2000 patients, 1018 patients were classified as having severe HZ and 982 as less severe. The survey collected information related to health status (EQ-5D), work productivity, and HZ severity and clinical features. Data regarding absenteeism and presenteeism were obtained from a sample size of 772 and 695 individuals, respectively, who completed the survey.[10]

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GSK RESOURCES TO HELP IMPROVE SHINGLES IMMUNIZATION RATES

Scan QR code or enter this URL into your browser to access the guides: **https://EHRConfiguration.com**

The EHR configuration guides described below are designed to help you configure your Epic EHR system to identify and engage patients who are potentially at increased risk of shingles due to their age, age and chronic condition(s), and/or immune status.

ALL HEALTH SYSTEMS

Patient Search List and Patient Outreach Configuration Guide

Identify and automate outreach to patients who meet specified criteria, such as those mentioned above, and provide education to raise awareness about shingles and inform them that they may be eligible for vaccination.

Post-Physician Visit Summary Guides

First Dose Received: For patients who have received their first dose of SHINGRIX (Zoster Vaccine Recombinant, Adjuvanted) during an office visit, this handout provides general information about shingles, potential adverse reactions of SHINGRIX, and why it is important to receive the second dose of SHINGRIX within 2 to 6 months after the first dose. For individuals who are or will be immunodeficient or immunosuppressed and who would benefit from a shorter vaccination schedule: a first dose at Month 0 followed by a second dose administered 1 to 2 months later.[8]

Deferred or Scheduled: For patients who either declined vaccination or plan to schedule one at a pharmacy, this handout provides educational information on shingles, the potential risk, prevention, and how to schedule a vaccination appointment at the pharmacy of their choice.

HEALTHCARE ORGANIZATIONS WITH EPIC'S HEALTHY PLANET MODULE

Population Health Insights and Reporting Guide

Provides EHR-specific instructions to help a healthcare organization configure population health program features. This includes generation of relevant reports regarding patients potentially at increased risk for shingles, gaps in vaccination, and provider consistency in following protocol for shingles vaccination for eligible patients.

Population Health Patient Activation Guide

Provides EHR-specific instructions to help a healthcare organization conduct "Campaign Management" across an adult patient population, including cadenced outreach messaging about shingles to appropriate patients, timed with flu season and other key intervals throughout the year.

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PROOF POINTS:

THE IOWA CLINIC CASE STUDY

An analytics-driven collaborative project to increase immunizations[11]

The Iowa Clinic, **an organization that averages 600,000 patient visits each year**, combined data and analytics with population health management techniques to improve adult immunization rates, especially in high-risk populations.[11,12]

Key achievements[13]

Among the 7 care provider groups participating in the Adult Immunization Collaborative,* The Iowa Clinic achieved the highest improvement in pneumococcal vaccinations from baseline to final measurement and exceeded the collaborative flu vaccination rate.

21%

increase in patients ≥65 years old who received at least 1 pneumococcal vaccine (from 55.5% to 77%† of adults vaccinated)

15.2%

increase in all adults receiving the flu vaccine (from 33.4% to 48.6%)‡

Key practices that helped increase immunization rates[13]

- Improving patient identification led to **minimized variability** in immunization rates across specialties and service lines
- Improving data aggregation allowed for **better analytics and reporting** to support vaccination gap identification
- Improving workflow created **optimized efficiencies** by standardizing processes and education on adult immunization
- Improving the ability to measure, track, and publicize performance metrics resulted in **enhanced accountability**

*The Adult Immunization Best Practices Learning Collaborative was designed to help the organization improve adult immunization rates. The pilot program launched in 2015 with 7 AMGA member medical groups and health systems. In 2017, the program was expanded to include 39 AMGA member medical groups and health systems.[14]

†Calculated as the weighted average vaccination rate for 4 quarters and an additional 2 months post-intervention.

‡Pre-pilot period defined as 7/2014-4/2015 flu season and postintervention period defined as 7/2015-4/2016 flu season.

Take the Next Step to More Fully Utilize Your EHR System

Ask your GSK representative for the GSK guides to help address care gaps in shingles immunization within your patient population.

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