Epic

Instructions for the Epic Electronic Health Record (EHR) System

CONFIGURING OUTREACH CAMPAIGNS FOR PATIENTS AT INCREASED RISK FOR SHINGLES



INDICATION

SHINGRIX is a vaccine indicated for prevention of herpes zoster (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 Indication and additional Important Safety Information for SHINGRIX on <u>page 5</u> and full <u>Prescribing Information</u>, also available at <u>SHINGRIXHCP.com</u>.

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01. Overview

This EHR guide provides instructions to enable health systems to configure outreach campaigns with educational messages for patients at increased risk for shingles. This guide may accompany the "Population Health Insights Guide to Help Identify Patients for Shingles Vaccination and Evaluate Shingles Immunization in Your Health System." While the Insights Guide utilizes Epic's EHR Population Health Suite (Healthy Planet) to identify and monitor shingles immunization rates and associated population health metrics across a health system, this campaign guide provides instructions to create targeted patient outreach to select patient populations, to help improve immunization rates.

In the Epic EHR system, the campaign module allows health system customers to configure campaign templates (including recommended outreach messages) and to specify the communication details (eg, audience, method, campaign period, delivery times).

This guide provides specific technical instructions to complete both of the aforementioned activities for outreach specific to patients at increased risk for shingles.



02. Background and Limitations

This EHR instructions guide for shingles is created specifically to leverage the Epic campaign solution and will not work for other conditions, treatments, or therapeutic areas, or for other EHR systems. The intent of this resource is to provide suggestions to leverage Epic's campaign management tool to create a shingles campaign for identified patients at the health system level.

The processes outlined in this piece are variable and not all steps will apply to every customer. Any steps or settings that are not part of a customer's standard process should be excluded or modified accordingly. Any questions should be directed to the appropriate service provider. The practice is solely responsible for the implementing, testing, monitoring, and ongoing operation of any EHR tools.

This guide is designed for organizations using the Epic 2022 version or later. Setting up a campaign in Epic requires a clinical analyst.

This guide provides instructions on how to help identify patients who may fall within SHINGRIX's indications. These include patients who are ≥50 YOA and 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.

The following studies supported the approval of the indications described above.

Clinical Trial Experience in Adults 50 Years and Older: The efficacy and safety of SHINGRIX in adults 50 years and older was assessed in two studies. Study 1 (NCT01165177) included adults ≥50 YOA and Study 2 (NCT01165229) included adults ≥70 YOA. These studies excluded, among others, subjects who were immunocompromised, had a history of previous HZ, were vaccinated against varicella or HZ, and patients whose survival was not expected to be at least 4 years or with conditions that might interfere with study evaluation.

Clinical Trial Experience in Immunocompromised Adults Aged 18 Years and Older: The safety of SHINGRIX was evaluated in 6 placebo-controlled clinical studies that enrolled subjects aged 18 years and older from 5 different immunodeficient or immunosuppressed (referred to as immunocompromised) populations. These populations included autologous hematopoietic stem cell transplant (auHSCT) recipients (NCT01610414 & NCT00920218), patients with hematologic malignancies who received the first dose of SHINGRIX during or within 6 months of completing immunosuppressive therapy (NCT01767467), renal transplant recipients (NCT02058589), patients with solid malignant tumors receiving chemotherapy (NCT01798056), and patients with HIV (NCT01165203).

The efficacy of SHINGRIX was evaluated in immunocompromised patients ≥18 YOA who received an auHSCT (NCT01610414) and was calculated post-hoc in another randomized, placebo-controlled, observer-blind study in subjects with hematologic malignancies (NCT01767467).

Dosing information for SHINGRIX¹

SHINGRIX is administered as a 2-dose series according to the following schedules:

- · A first dose at Month 0 followed by a second dose administered 2 to 6 months later
- 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



03. Indication and Important Safety Information

INDICATION

SHINGRIX is a vaccine indicated for prevention of herpes zoster (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
- 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



To create a Campaign Template Record, follow the steps below:

- 1. Access the Campaign Template Editor using the search feature.
- 2. Click the Create tab in the Select Campaign view.
- 3. Enter a unique Name for the campaign (eg, "Shingles campaign").
- 4. In the Display Name field, enter the desired display name (eq. "Shingles campaign").
- **5.** In the Inclusion Cycle field (alternatively known as Recurrence Cycle), **select the period when the campaign runs**. Consider Ad Hoc or Periodic depending on health system
 preference. Cadenced outreach messages can be set up at various intervals throughout
 the year. Suggested health content to include in patient outreach messaging can focus on
 annual dates/seasons associated with comorbidities that exacerbate the likelihood of
 reactivation of the shingles virus, for example:
 - January: Prepare for Shingles Awareness Week in February/March
 - February: Heart Month
 - March: National Kidney Month
 - April: Immunocompromised Messaging
 - May: Asthma Awareness Month
 - September: Shingles Messaging During Flu Vaccination Season
 - November: National Diabetes Month; COPD Awareness Month
- 6. In the Max Leads per Cycle field (may be labeled as Max People in Recurrence), set the maximum number of patients per cycle.
- 7. In the Goal field, enter the message a user would see when accessing the campaign (eg, "Improving shingles immunization rates.").
- **8.** In the Success Rules field, **enter the desired rule** (a standard rule 50507 Patient Scheduled Visit During Campaign is available).

COPD=Chronic obstructive pulmonary disease.

See next page for additional steps.



- 9. In the Registry field of the Population section, enter the desired registry (consider the Wellness All Registry). The patients selected for the campaign can be further refined by adding additional Population Inclusion Rule(s), all with a Patient Context. For example, consider selecting standard properties (eg, "Is HM Topic Due Date in Range", "Is on Health Maintenance Modifier"). Select the zoster immunization series to limit to only patients due for a shingles immunization.
 - **a.** For example, to set up a campaign focused on Shingles Awareness Week Prep, consider the Population Inclusion Rules for the campaign listed in the first row of the table below:

Campaign Focus	Inclusion Rules
Shingles Awareness Week Prep (January)	Is HM Topic Due Date in Range Is on Wellness – All registry*
Heart Month (February)	 Is HM Topic Due Date in Range Is on Wellness – All registry* Example conditions for certain cardiovascular diseases See Table C on page 11 for example ICD-10 codes
National Kidney Month (March)	 Is HM Topic Due Date in Range Is on Wellness – All registry* Diagnosis for CKD See Table C on page 11 for example ICD-10 codes
Immunocompromised Messaging (April)	 Is HM Topic Due Date in Range Is on Wellness – All registry* Diagnoses or medication to help identify immunocompromised patients Health systems should define relevant ICD-10 codes to meet their definition of Immunocompromised. Example ICD-10 codes and medications to help identify immunocompromised patients can be found on pages 8-10
Asthma Awareness Month (May)	Is HM Topic Due Date in Range Is on Wellness – All registry* Diagnosis for asthma See Table C on page 11 for example ICD-10 codes
Shingles Messaging During Flu Vaccination Season (September)	Is HM Topic Due Date in Range Is on Wellness – All registry*
National Diabetes Month (November)	 Is HM Topic Due Date in Range Is on Wellness – All registry* Diagnosis for diabetes mellitus See Table C on page 11 for example ICD-10 codes
COPD Awareness Month (November)	 Is HM Topic Due Date in Range Is on Wellness – All registry* Diagnosis for COPD See Table C on page 11 for example ICD-10 codes

^{*}Wellness -- All registry follows ACIP recommendations for shingles vaccination. ICD-10=International Classification of Diseases 10th Revision, Clinical Modification. ACIP=Advisory Committee on Immunization Practices; CKD=Chronic Kidney Disease.

See next page for additional steps.



Health system customers should rely on existing Diagnosis Related Groupers (DRGs) within their EHR systems to identify specific patient populations.

See below for a list of example diagnoses and therapeutic agents that may be associated with immunocompromised patients.

Health systems may use these example diagnoses to assist in potentially identifying the parameters for the search query.

NOTE: The conditions and therapeutic agents listed in the table below are not exhaustive and only serve as an example to help identify potentially immunocompromised patients. Health system stakeholders should review and amend as they see fit to identify and manage immunocompromised patients.

The degree of altered immunocompetence in a patient should be determined by a physician.² Please see the Background section of this document (section 2) for an overview of the populations included in the clinical trials involving SHINGRIX.

Table 1. Conditions and ICD-10-CM Codes U	Used to Identify Enrollees With
Immunosuppression in MarketScan Database Study,	United States, July 2012–August 2017 ^{3*}

Condition	ICD-10 codes
HIV/AIDS†	
HIV/AIDS disease	B20-B24
Hematologic malignancy	C04 C02, C00 C0C
Lymphatic and hematopoietic tissue malignancy	C81-C83; C88-C96
Other immune conditions [‡]	
Disorders of immune mechanism	D89
Neutropenia	D70
Functional disorders of neutrophils	D71
Genetic anomalies of leukocytes	D72.0
Decreased leukocyte count	D72.81
Leukocyte disease NEC	D72.89
Leukocyte disease NOS	D72.9
Myelofibrosis	D75.81
Blood diseases NEC	D47.4; D75.89; D75.9; D89.2
Blood diseases NOS	D75.9; D75.89
Immunologic findings NEC	R76; R83.4-R87.4; R89.4
Nonspecific immune findings NEC and NOS	R76; R83.4-R87.4; R89.4
Solid malignancy	
Organ/system malignant tumors	C00-C07; C11-C19; C22-C80; Z85
Neuroendocrine tumors	C7A; C7B; D3A
Neoplasms of uncertain behavior	D00-D49

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See next page for additional steps.

Please see Indication and Important Safety Information for SHINGRIX on <u>page 5</u> and full <u>Prescribing Information</u>, also available at SHINGRIXHCP.com.



Table 1. (continued) Conditions and ICD-10-CM Codes Used to Identify Enrollees With Immunosuppression in MarketScan Database Study, United States, July 2012–August 2017^{3*}

Condition	ICD-10 codes
Organ transplant [§] Complications of transplanted organ Organ transplant status	T86 Z94; Z98.85
Rheumatologic/inflammatory Sarcoidosis Amyloidosis NOS Familial Mediterranean fever Amyloidosis NEC Multiple sclerosis Other CNS demyelination Acute infective polyneuritis Acute myocarditis Polyarteritis nodosa and other Allergic alveolitis/pneumonitis NOS Other alveolar pneumonopathy Enteritis and colitis Lupus erythematosus Diffuse connective tissue disease Arthropathy with infection Crystal arthropathies Rheumatoid arthritis/inflammatory polyarthropathy Inflammatory spondylopathies Polymyalgia rheumatica	D86 E85 E85.0; M04 E85.1; E85.3; E85.8 G35 G36; G37.1; G37.3; G37.8; G37.9 G61.0; G61.9 I40 M30 T78.40; J67.9 J84.01; J84.02; J84.09 K50-K52 L93.0; L93.2; M32 L94; M35.8; M35.9 M12.9; M01.X0; M02.10 M11 M05-M14 M46 M31.5; M35.3

Table adapted from Patel M, Chen J, Kim S, et al. Analysis of MarketScan Data for Immunosuppressive Conditions and Hospitalizations for Acute Respiratory Illness, United States. *Emerging Infectious Diseases*. 2020;26(8):1720-1730.

CNS, central nervous system; NOS, not otherwise specified; NEC, necrotizing enterocolitis.

*Data from a national MarketScan Commercial Claims and Medicare database study from August 1, 2012, through July 31, 2017 estimating the prevalence of immunosuppressive conditions. The study used an algorithm to identify immunosuppressive conditions based on 6 groups of diseases and 3 classes of medications.

†Excludes asymptomatic HIV code of ICD-10 (Z21).

‡Sickle cell disease, asplenia, and psoriatic arthritis were not included in the Greenberg algorithm but are considered to have immune deficiencies by Infectious Diseases Society of America guidelines. Adding these to the algorithm only increased the prevalence of immunosuppressive conditions by 0.1%.

§Bone marrow and peripheral stem cell transplant were considered under organ transplant and only considered immunosuppressed if enrollees were currently being given chemotherapeutic agents or immune modulators. Considering these enrollees under other immune conditions in which immunosuppressed does not require receipt of chemotherapeutic agents or immune modulators would increase the overall prevalence of immunosuppressed by 0.01%.

Psoriatic arthritis was not included in the Greenberg algorithm and could be an indication for immunosuppressive treatment. Adding this condition did not increase the prevalence of immunosuppressive conditions.



See next page for additional steps.

Please see Indication and Important Safety Information for SHINGRIX on <u>page 5</u> and full <u>Prescribing Information</u>, also available at SHINGRIXHCP.com.



Table 2. Examples of Medications Used to Identify Enrollees With Immunosuppression in a MarketScan Database Study, United States^{3*}

Chemotherapeutic	Dasatinib	 Pegaspargase 	Certolizumab pegol
 Aldesleukin 	 Decitabine 	 Pemetrexed 	 Cyclosporine
 Alemtuzumab 	 Denileukin diftitox 	 Pentostatin 	 Daclizumab
Arsenic trioxide	 Docetaxel 	 Pertuzumab 	 Denosumab
Azacitidine	• Etoposide	 Pralatrexate 	 Eculizumab
Bendamustine	 Everolimus 	 Rituximab 	 Etanercept
hydrochloride	 Floxuridine 	 Romidepsin 	 Golimumab
 Bevacizumab 	 Fluorouracil 	 Temozolomide 	 Infliximab
Bexarotene	 Gefitinib 	 Thioguanine 	 Interferon alfacon-1
 Bortezomib 	 Ifosfamide 	 Thiotepa 	 Leflunomide
Brentuximab vedotin	 Ipilimumab 	 Trastuzumab 	 Lenalidomide
Busulfan	 Ixabepilone 	 Tretinoin 	 Mycophenolate mofetil
 Cabazitaxel 	 Lomustine 	 Vorinostat 	 Natalizumab
 Capecitabine 	 Melphalan 		 Sirolimus
 Carboplatin 	 Mercaptopurine 	Immune-modulating	Tacrolimus
Carfilzomib	 Mesna 	 Abatacept 	Thalidomide
Carmustine	 Methotrexate 	 Adalimumab 	Tocilizumab
 Cetuximab 	 Mitomycin 	 Alefacept 	 Ustekinumab
Chlorambucil	 Mitotane 	 Anakinra 	
Cisplatin	 Nelarabine 	 Auranofin 	Systemic corticosteroids [†]
Cladribine	 Ofatumumab 	 Azathioprine 	 Dexamethasone
 Cyclophosphamide 	 Oxaliplatin 	 Basiliximab 	 Methylprednisolone
 Dacarbazine 	 Paclitaxel 	 Belatacept 	 Prednisolone
Dactinomycin	Panitumumab	Belimumab	Prednisone

Table adapted with changes from Patel M, Chen J, Kim S, et al. Analysis of MarketScan Data for Immunosuppressive Conditions and Hospitalizations for Acute Respiratory Illness, United States. *Emerging Infectious Diseases*. 2020;26(8):1720-1730.

*Data from a national MarketScan Commercial Claims and Medicare database study from August 1, 2012, through July 31, 2017 estimating the prevalence of immunosuppressive conditions. The study used an algorithm to identify immunosuppressive conditions based on 6 groups of diseases and 3 classes of medications.

[†]Corticosteroids >14 days.

Note: The degree to which immunosuppressive drugs cause clinically significant immunodeficiency generally is dose related and varies by drug. The degree of altered immunocompetence in a patient should be determined by a physician.²



See next page for additional steps.

Please see Indication and Important Safety Information for SHINGRIX on <u>page 5</u> and full <u>Prescribing Information</u>, also available at SHINGRIXHCP.com.



Health system customers are encouraged to rely on existing Diagnosis Related Groupers (DRGs) within their EHR systems to identify specific patient populations.

The Wellness Registry will identify patients for SHINGRIX per ACIP recommendations. In addition, you may also want to educate certain subgroups regarding their risk of shingles associated with certain chronic conditions. The following diagnosis codes may help identify those patients in your search query.

Table 3. Examples of Comorbidities That Have Been Associated With an Increased Risk of HZ ⁴		
Disease	ICD-10 Code/Description	
	J44.0 - Chronic obstructive pulmonary disease with (acute) lower respiratory infection	
COPD	J44.1 - Chronic obstructive pulmonary disease with (acute) exacerbation	
	J44.9 - Chronic obstructive pulmonary disease, unspecified	
Heart failure*	I50 - Heart failure	
Heart Disease*	I51.9 - Heart disease, unspecified	
Hypertension*	I11 - Hypertensive heart disease	
	I10 - Essential (primary) hypertension	
Hyperlipidemia*	E78.0 - Pure hypercholesterolemia	
	E78.1 - Pure hyperglyceridemia	
	E78.2 - Mixed hyperlipidemia	
	E78.3 - Hyperchylomicronemia	
	E78.4 - Other hyperlipidemia	
	E78.5 - Hyperlipidemia, unspecified	
Stroke*	I63 - Cerebral infarction	
Atrial fibrillation/flutter*	I48 - Atrial fibrillation and flutter	
Chronic Renal Disease	N18 - Chronic kidney disease (CKD)	
Asthma	J45 - Asthma	
Diabetes	E08 - Diabetes mellitus due to an underlying condition	
	E10 - Type 1 diabetes mellitus	
	E11 - Type 2 diabetes mellitus	

^{*}In a meta-analysis cardiovascular conditions were associated with an increased risk of herpes zoster. Note, the cardiovascular conditions included in each individual study assessed in the meta-analysis varied and included heart disease, heart failure, hypertension, hyperlipidemia, stroke, atrial fibrillation/flutter, and other cardiovascular disease. These conditions when assessed individually may not be associated with an increased risk of herpes zoster. Clinical judgment should be used when assessing risk factors for herpes zoster.



See next page for additional steps.

- **10.** In the Success Evaluation section, **set the desired evaluation period**. For shingles, consider adding "30 days" in this field to evaluate the success of the campaign after it has ended.
- 11. In the Cooldown section, enter the desired number of days before the patient can be re-enrolled in the same shingles campaign.
- **12.** Save and Accept the Campaign Template when finished.
- **13.** After the Campaign Template is configured, **set the Campaign Outreach Template**.



05. Technical Instructions for Setting Up Campaign Outreach

Identified patients can be reached in their preferred communication preference. To set up all aspects of campaign outreach, follow the steps below:

- 1. Access the Campaign Template Editor using the search feature.
- 2. Open the newly created Shingles Campaign.
- 3. Select the Outreach Settings section.
- **4.** Confirm the "Do not remove communication method" radio button is not checked to allow patients to opt out of the campaign.
- **5. Set the Outreach Phases as desired.** For each of the phases, **set the desired number of days**. For example, the first phase of the campaign could be focused on Shingles Awareness Week Prep. A second phase could focus on another factor influencing shingles immunizations.
- **6. Set each of the desired outreach methodologies**. Sample content for each campaign can be found at the links below:
 - January: Prepare for Shingles Awareness Week in February/March

February: Heart Month

- March: National Kidney Month
- April: Immunocompromised Messaging
- May: Asthma Awareness Month
- September: Shingles Messaging During Flu Vaccination Season
- November: National Diabetes Month; COPD Awareness Month





6. (Continued)

NOTE: The provided example text is suggested for each of the patient types. Health systems may customize the provided text to meet standard practices of the organization.



Option 1:

Setting up the Phone Tab

- 1. Click the Phone tab.
- 2. Set the desired InBasket recipient—for example, a care manager assigned to the campaign.
- 3. Set the priority as desired.
- **4. Set the Routing Action** to "Initiate Calls" and the Reason for Call to "Prepare for Shingles Awareness Week in February/March".
- **5. Create an outreach message** as desired. Suggested text for a Shingles Awareness Week Prep campaign can be found on **page 18**. Additional templates can be created for additional campaigns.

The health system may have various phone outreach options, ranging from an Interactive Voice Response (IVR) system to manually reaching out to patients. Please contact your EHR team for additional support if needed.

NOTES: The instructions on this page should be repeated for each desired campaign message. The "Reason for Call" found in step 4 should be modified for each campaign message, as per below:

- Shingles prevention reminder for Heart Month
- Shingles prevention reminder for National Kidney Month
- Shingles prevention reminder for immunocompromised patients
- Shingles prevention reminder for Asthma Awareness Month
- Shingles messaging during flu vaccination season
- Shingles prevention reminder for National Diabetes Month
- Shingles prevention reminder for COPD Awareness Month





6. (Continued)



Option 2:

Setting up the Mail Tab

- 1. Click the Mail tab.
- 2. Enter a reason for the letter (eg, "Prepare for Shingles Awareness Week in February/March").
- **3.** Use the Template search field to find the optimal template. Consider using terms such as "Shingles." Click on the desired template.

NOTE: An example of a shingles template for the Prepare for Shingles Awareness Week in February/March Campaign is provided on <u>page 18</u>. Additional examples provided can be added for a Heart Month Campaign (<u>page 19</u>), National Kidney Month Campaign (<u>page 20</u>), Immunocompromised Messaging Campaign (<u>page 21</u>), Asthma Awareness Month Campaign (<u>page 22</u>), Shingles Messaging During Flu Vaccination Season (<u>page 23</u>), National Diabetes Month Campaign (<u>page 24</u>), and COPD Awareness Month Campaign (<u>page 25</u>).

4. Review the template to ensure all information displays as desired. Select the radio button next to Show Template to display the templated letter, or select the radio button next to Show Preview For to display the customized letter for the selected patient. Suggested text for each campaign can be found via links in the note above.



See next page for additional steps.



6. (Continued)



Option 3:

Setting up the MyChart Tab

- **1.** Click the MyChart tab.
- 2. Enter a subject line (eg, "Prepare for Shingles Awareness Week in February/March").
- 3. Set the Reply options (eg, "Allow reply directly to me").
- **4.** Use the Template search field to find the optimal template. Consider using terms such as "Shingles." Click on the desired template.

NOTE: An example of a shingles template for the Prepare for Shingles Awareness Week in February/March Campaign is provided on <u>page 18</u>. Additional examples provided can be added for a Heart Month Campaign (<u>page 19</u>), National Kidney Month Campaign (<u>page 20</u>), Immunocompromised Messaging Campaign (<u>page 21</u>), Asthma Awareness Month Campaign (<u>page 22</u>), Shingles Messaging During Flu Vaccination Season (<u>page 23</u>), National Diabetes Month Campaign (<u>page 24</u>), and COPD Awareness Month Campaign (<u>page 25</u>).

5. Enter desired text. Suggested text for each campaign can be found via links in the note above.

NOTE: Any outreach can be tracked in Reporting Workbench or at the patient level under the Patient Outreach History section.

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See next page for additional steps.



6. (Continued)



Option 4:

Sending an Individual Patient Message (MyChart)

- 1. Click Send Patient Message.
- 2. Enter a subject line (eg, "Prepare for Shingles Awareness Week in February/March").
- **3. Set the Reply options** (eg, "Allow reply directly to me").
- **4.** Use the Template search field to find the optimal template. Consider using terms such as "Shingles." Click on the desired template.

NOTE: An example of a shingles template for the Prepare for Shingles Awareness Week in February/March Campaign is provided on <u>page 18</u>. Additional examples provided can be added for a Heart Month Campaign (<u>page 19</u>), National Kidney Month Campaign (<u>page 20</u>), Immunocompromised Messaging Campaign (<u>page 21</u>), Asthma Awareness Month Campaign (<u>page 22</u>), Shingles Messaging During Flu Vaccination Season (<u>page 23</u>), National Diabetes Month Campaign (<u>page 24</u>), and COPD Awareness Month Campaign (<u>page 25</u>).

5. Enter desired text. Suggested text for each campaign can be found via links in the note above.

NOTE: Any outreach can be tracked in Reporting Workbench or at the patient level under the Patient Outreach History section.



Option 5:

Do Not Contact

NOTE: Patients who have selected "do not contact" will be automatically excluded from patient outreach.

- **7.** Click the Test button for each of the outreach options to confirm that the outreach message renders as expected.
- **8.** Click the Test Activity button to evaluate which cohort of patients would be part of the Shingles Campaign.
- 9. Leverage the Build Inspector to confirm all configuration settings are accurate.
- **10.** Click the Active radio button to complete the configuration.



06. Example Campaign Outreach Copy



Prepare for Shingles Awareness Week in February/March Campaign



Dear [Patient],

Are you aware that you may be at increased risk of shingles?

Shingles is a blistering rash that can be extremely painful. The pain has been described as burning, stabbing, or electric shocks. It usually develops on one side of the face or body and typically lasts 7 to 10 days. The pain during a shingles episode can disrupt everyday activities such as work, family time, and sleep.

Shingles is caused by the same virus that causes chickenpox, the varicella zoster virus. Once a person has had chickenpox, the virus remains in the body and can reactivate later in life and cause shingles. The risk of developing shingles sharply increases after 50 years of age.

Our records indicate that you may be due for a shingles vaccination.

Shingles Awareness Week is in February. Talk to your doctor or pharmacist about your risk of shingles and how to help protect yourself.



Hello,

This is [name] calling you from [health system name]. Are you aware that you may be at increased risk for shingles?

Shingles is a painful blistering rash that develops on one side of the face or body usually lasting 7 to 10 days. The pain has been described as burning, stabbing, or shock-like. In some cases, shingles may cause pain that can linger for months or years after the rash resolves.

If you've had chickenpox, the virus that causes shingles is already inside you and can reactivate at any time. When you are 50 or older, the risk of shingles sharply increases. In addition to age, certain conditions like asthma, chronic kidney disease, COPD, cardiovascular diseases (including heart failure, heart disease, hypertension, hyperlipidemia, stroke, atrial fibrillation/flutter), or diabetes may also increase your risk for shingles.

Our records indicate that you may be due for the shingles vaccination. Talk to your doctor or pharmacist about your risk of shingles and how to help protect yourself.





Heart Month Campaign



Dear [Patient],

Are you aware that you may be at increased risk of shingles?

Shingles is a blistering rash that can be extremely painful. The pain has been described as burning, stabbing, or electric shocks. It usually develops on one side of the face or body and typically lasts 7 to 10 days. The pain during a shingles episode can disrupt everyday activities such as work, family time, and sleep.

Shingles is caused by the same virus that causes chickenpox, the varicella zoster virus. Once a person has had chickenpox, the virus remains in the body and can reactivate later in life and cause shingles. The risk of developing shingles sharply increases after 50 years of age.

February is Heart Month.

Patients 50 years and older may have additional risk factors for shingles. Cardiovascular diseases have been associated with an increased risk of shingles.

Our records indicate that you may be due for a shingles vaccination. Talk to your doctor or pharmacist about your risk of shingles and how to help protect yourself.



Phone

Hello,

This is [name] calling you from [health system name]. Are you aware that you may be at increased risk for shingles?

Shingles is a painful blistering rash that develops on one side of the face or body usually lasting 7 to 10 days. The pain has been described as burning, stabbing, or shock-like. In some cases, shingles may cause pain that can linger for months or years after the rash resolves.

If you've had chickenpox, the virus that causes shingles is already inside you and can reactivate at any time. When you are 50 or older, the risk of shingles sharply increases. In addition to age, certain cardiovascular diseases may increase your risk of developing shingles.

Our records indicate that you may be due for the shingles vaccination. Talk to your doctor or pharmacist about your risk of shingles and how to help protect yourself.





National Kidney Month Campaign



Dear [Patient],

Are you aware that you may be at increased risk of shingles?

Shingles is a blistering rash that can be extremely painful. The pain has been described as burning, stabbing, or electric shocks. It usually develops on one side of the face or body and typically lasts 7 to 10 days. The pain during a shingles episode can disrupt everyday activities such as work, family time, and sleep.

Shingles is caused by the same virus that causes chickenpox, the varicella zoster virus. Once a person has had chickenpox, the virus remains in the body and can reactivate later in life and cause shingles. The risk of developing shingles sharply increases after 50 years of age.

March is Kidney Disease Awareness Month.

Patients 50 years and older may have additional risk factors for shingles. Chronic kidney disease has been associated with an increased risk of developing shingles.

Our records indicate that you may be due for a shingles vaccination. Talk to your doctor or pharmacist about your risk of shingles and how to help protect yourself.



Phone

Hello.

This is [name] calling you from [health system name]. Are you aware that you may be at increased risk for shingles?

Shingles is a painful blistering rash that develops on one side of the face or body usually lasting 7 to 10 days. The pain has been described as burning, stabbing, or shock-like. In some cases, shingles may cause pain that can linger for months or years after the rash resolves.

If you've had chickenpox, the virus that causes shingles is already inside you and can reactivate at any time. When you are 50 or older, the risk of shingles sharply increases. In addition to age, certain conditions like chronic kidney disease may also increase your risk of developing shingles.

Our records indicate that you may be due for the shingles vaccination. Talk to your doctor or pharmacist about your risk of shingles and how to help protect yourself.





Immunocompromised Messaging



Dear [Patient],

Are you aware that you may be at increased risk of shingles?

Shingles is a blistering rash that can be extremely painful. The pain has been described as burning, stabbing, or electric shocks. It usually develops on one side of the face or body and typically lasts 7 to 10 days. The pain during a shingles episode can disrupt everyday activities such as work, family time, and sleep.

If you are immunocompromised due to a condition such as HIV or cancer, or you are taking a medication that suppresses your immune system, you may be at increased risk for shingles.

Our records indicate that you may be due for a shingles vaccination. Talk to your doctor or pharmacist about your risk of shingles and how to help protect yourself.



Phone

Hello,

This is [name] calling you from [health system name]. Are you aware that you may be at increased risk for shingles?

Shingles is a painful blistering rash that develops on one side of the face or body usually lasting 7 to 10 days. The pain has been described as burning, stabbing, or shock-like. In some cases, shingles may cause pain that can linger for months or years after the rash resolves.

If you've had chickenpox, the virus that causes shingles is already inside you and can reactivate at any time. If you are immunocompromised due to a condition such as HIV or cancer, or you are taking a medication that suppresses your immune system, you may be at increased risk for shingles.

Talk to your doctor or pharmacist about your risk of shingles and how to help protect yourself.





Asthma Awareness Month Campaign



Dear [Patient],

Are you aware that you may be at increased risk of shingles?

Shingles is a blistering rash that can be extremely painful. The pain has been described as burning, stabbing, or electric shocks. It usually develops on one side of the face or body and typically lasts 7 to 10 days. The pain during a shingles episode can disrupt everyday activities such as work, family time, and sleep.

Shingles is caused by the same virus that causes chickenpox, the varicella zoster virus. Once a person has had chickenpox, the virus remains in the body and can reactivate later in life and cause shingles. The risk of developing shingles sharply increases after 50 years of age.

May is Asthma Awareness Month.

Patients 50 years and older may have additional risk factors for shingles. Asthma has been associated with an increased risk of developing shingles.

Our records indicate that you may be due for a shingles vaccination. Talk to your doctor or pharmacist about your risk of shingles and how to help protect yourself.



Hello,

This is [name] calling you from [health system name]. Are you aware that you may be at increased risk for shingles?

Shingles is a painful blistering rash that develops on one side of the face or body usually lasting 7 to 10 days. The pain has been described as burning, stabbing, or shock-like. In some cases, shingles may cause pain that can linger for months or years after the rash resolves.

If you've had chickenpox, the virus that causes shingles is already inside you and can reactivate at any time. When you are 50 or older, the risk of shingles sharply increases. In addition to age, certain chronic conditions such as asthma, may increase your risk of developing shingles.

Our records indicate that you may be due for the shingles vaccination. Talk to your doctor or pharmacist about your risk of shingles and how to help protect yourself.





Shingles Messaging During Flu Vaccination Season



Dear [Patient],

Are you aware that you may be at increased risk of shingles?

Shingles is a blistering rash that can be extremely painful. The pain has been described as burning, stabbing, or electric shocks. It usually develops on one side of the face or body and typically lasts 7 to 10 days. The pain during a shingles episode can disrupt everyday activities such as work, family time, and sleep.

Shingles is caused by the same virus that causes chickenpox, the varicella zoster virus. Once a person has had chickenpox, the virus remains in the body and can reactivate later in life and cause shingles. The risk of developing shingles sharply increases after 50 years of age.

When you get your flu vaccine this year, talk to your doctor or pharmacist about your risk of shingles, too.



Phone

Hello,

This is [name] calling you from [health system name]. Are you aware that you may be at increased risk for shingles?

Shingles is a painful blistering rash that develops on one side of the face or body usually lasting 7 to 10 days. The pain has been described as burning, stabbing, or shock-like. In some cases, shingles may cause pain that can linger for months or years after the rash resolves.

If you've had chickenpox, the virus that causes shingles is already inside you and can reactivate at any time. When you are 50 or older, the risk of shingles sharply increases.

When you get your flu vaccine this year, talk to your doctor or pharmacist about your risk of shingles, too.





National Diabetes Month Campaign



Dear [Patient],

Are you aware that you may be at increased risk of shingles?

Shingles is a blistering rash that can be extremely painful. The pain has been described as burning, stabbing, or electric shocks. It usually develops on one side of the face or body and typically lasts 7 to 10 days. The pain during a shingles episode can disrupt everyday activities such as work, family time, and sleep.

Shingles is caused by the same virus that causes chickenpox, the varicella zoster virus. Once a person has had chickenpox, the virus remains in the body and can reactivate later in life and cause shingles. The risk of developing shingles sharply increases after 50 years of age.

November is Diabetes Awareness Month.

Patients 50 years and older may have additional risk factors for shingles. Diabetes has been associated with an increased risk of developing shingles.

Our records indicate that you may be due for a shingles vaccination. Talk to your doctor or pharmacist about your risk of shingles and how to help protect yourself.



Hello,

This is [name] calling you from [health system name]. Are you aware that you may be at increased risk for shingles?

Shingles is a painful blistering rash that develops on one side of the face or body usually lasting 7 to 10 days. The pain has been described as burning, stabbing, or shock-like. In some cases, shingles may cause pain that can linger for months or years after the rash resolves.

If you've had chickenpox, the virus that causes shingles is already inside you and can reactivate at any time. When you are 50 or older, the risk of shingles sharply increases. In addition to age, certain chronic conditions, such as diabetes, may increase your risk of developing shingles.

Our records indicate that you may be due for the shingles vaccination. Talk to your doctor or pharmacist about your risk of shingles and how to help protect yourself.





COPD Awareness Month Campaign



Dear [Patient],

Are you aware that you may be at increased risk of shingles?

Shingles is a blistering rash that can be extremely painful. The pain has been described as burning, stabbing, or electric shocks. It usually develops on one side of the face or body and typically lasts 7 to 10 days. The pain during a shingles episode can disrupt everyday activities such as work, family time, and sleep.

Shingles is caused by the same virus that causes chickenpox, the varicella zoster virus. Once a person has had chickenpox, the virus remains in the body and can reactivate later in life and cause shingles. The risk of developing shingles sharply increases after 50 years of age.

November is COPD Awareness Month.

Patients 50 years and older may have additional risk factors for shingles. COPD has been associated with an increased risk of developing shingles.

Our records indicate that you may be due for a shingles vaccination. Talk to your doctor or pharmacist about your risk of shingles and how to help protect yourself.



Hello,

This is [name] calling you from [health system name]. Are you aware that you may be at increased risk for shingles?

Shingles is a painful blistering rash that develops on one side of the face or body usually lasting 7 to 10 days. The pain has been described as burning, stabbing, or shock-like. In some cases, shingles may cause pain that can linger for months or years after the rash resolves.

If you've had chickenpox, the virus that causes shingles is already inside you and can reactivate at any time. When you are 50 or older, the risk of shingles sharply increases. In addition to age, certain chronic conditions such as COPD, may increase your risk of developing shingles.

Our records indicate that you may be due for the shingles vaccination. Talk to your doctor or pharmacist about your risk of shingles and how to help protect yourself.

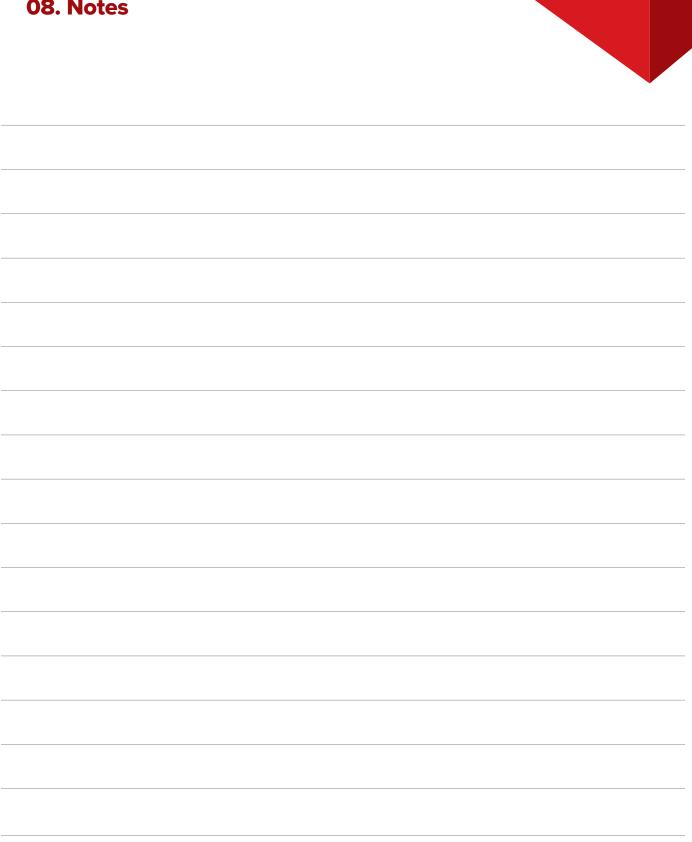


07. Disclaimers

- Conditions, ICD codes, and medications listed in this guide are only examples to help identify patients.
 Ultimately it is up to the HCP/health system to select the conditions, codes, and/or medications they feel put a patient at increased risk of HZ and to determine whether a patient is appropriate for SHINGRIX
- The conditions and therapeutic agents listed in Tables 1 and 2 are not exhaustive and only serve as an example to help identify potentially immunocompromised patients. Health system stakeholders should review and amend as they see fit to identify and manage immunocompromised patients. The degree of altered immunocompetence in a patient should be determined by a physician
- The customer (ie, physician, medical group, IDN) shall be solely responsible for the implementation, testing, and monitoring of the instructions to ensure proper orientation in each customer's EHR system
- Capabilities, functionality, and setup (customization) for each individual EHR system vary. GSK shall
 not be responsible for revising the implementation instructions it provides to any customer if the
 customer modifies or changes its software or the configuration of its EHR system, after such time as the
 implementation instructions have been initially provided by GSK
- While GSK tests its implementation instructions on multiple EHR systems, the instructions are not guaranteed to work for all available EHR systems and GSK shall have no liability thereto
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08. Notes



Please see Indication and Important Safety Information for SHINGRIX on page 5 and full Prescribing Information, also available at **SHINGRIXHCP.com**.



Please see Indication and Important Safety Information for SHINGRIX on <u>page 5</u> and full <u>Prescribing Information</u>, also available at <u>SHINGRIXHCP.com</u>.

References: 1. Prescribing Information for SHINGRIX. 2. General Best Practices for Immunization. Centers for Disease Control and Prevention. July 25, 2024. Accessed June 13, 2025. Available at https://www.cdc.gov/vaccines/hcp/imz-best-practices/index.html. 3. Patel M, Chen J, Kim S, et al. Analysis of MarketScan data for immunosuppressive conditions and hospitalizations for acute respiratory illness, United States. *Emerging Infectious Diseases*. 2020;26(8):1720-1730. 4. 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. 5. 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-CE4.

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PMUS-SGXLBND250023 July 2025
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