



YOU'RE THE CONNECTION THEY COUNT ON

Recommend **SHINGRIX** today
to help prevent shingles in the future

Actor portrayals.

As a pharmacist, every day you may see patients who are eligible for SHINGRIX. Your priority is protecting your patients, and your recommendation is the strongest predictor of patients getting vaccinated.¹

WHEN YOU SEE YOUR PATIENTS ≥50 YEARS OLD:

1 DISCUSS THE IMPACT OF SHINGLES

- Shingles is a blistering rash that can be **excruciatingly painful** and usually **lasts 7 to 10 days**²⁻⁴
- The pain during a shingles episode can disrupt everyday activities such as work, family time, and sleep²
- Shingles may **lead to serious or long-lasting complications**²

SHINGRIX is not indicated for the prevention of herpes zoster-related complications⁵

2 PERSONALIZE THEIR RISK

- Shingles risk sharply increases **starting at 50 years old**⁶
- In addition to age, **certain chronic conditions**, as well as **psychological stress**, have been associated with an **increased risk of shingles**⁷

3 RECOMMEND SHINGRIX

- **SHINGRIX**, administered as a 2-dose series, demonstrated **outstanding efficacy**. In clinical studies in adults ≥50 years old, it was **proven more than 90% effective in helping to prevent shingles**^{5*}
- The most common side effects were pain, redness, and swelling at the injection site, muscle pain, tiredness, headache, shivering, fever, and upset stomach⁵

*Data from the phase 3 ZOE-50 (≥50 years old) trial (median follow-up period 3.1 years) and pooled data in individuals ≥70 years old 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.^{5,8}

**PLEASE PROVIDE YOUR APPROPRIATE PATIENTS WITH
THE PREVENTION FACT SHEET AVAILABLE ON [SHINGRIXHCP.COM](https://www.shingrixhcp.com).**

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

Please see additional Important Safety Information for SHINGRIX throughout and accompanying full [Prescribing Information](#), also available at [SHINGRIXHCP.com](https://www.shingrixhcp.com).



SHINGRIX
(ZOSTER VACCINE
RECOMBINANT, ADJUVANTED)

Identify patients at increased risk of shingles

YOUR RECOMMENDATION IS THE STRONGEST PREDICTOR OF PATIENTS GETTING VACCINATED.¹ BE CONFIDENT SO THEY CAN FEEL CONFIDENT SAYING YES.



99.5% of people ≥ 50 years old are infected with the varicella zoster virus (VZV).^{6,9}



Starting at **50 YEARS OLD**, shingles risk sharply increases. Increasing age can lead to a natural decline in VZV-specific immunity.^{2,6}



In **1 IN 3 PEOPLE**, the dormant virus reactivates in their lifetime, causing shingles to erupt.⁶



ADDITIONAL RISK FACTORS for shingles in patients ≥ 50 years: diabetes, chronic kidney disease, cardiovascular conditions, and psychological stress.^{7*}

*Risk factors for shingles were assessed as part of a meta-analysis. Cardiovascular conditions included heart disease, heart failure, hypertension, hyperlipidemia, stroke, atrial fibrillation/flutter, and other cardiovascular disease. The methodology used to define psychological stress varied greatly across studies and included patient questionnaires and major life events (either self-reported or captured on medical record, eg, death of a spouse or diagnosis of major medical event).⁷

ADMINISTER OR SCHEDULE TODAY.

You're the connection
they count on.



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 postmarketing observational studies, an increased risk of Guillain-Barré syndrome has been 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%)

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SHINGRIX is \$0 for most patients ≥ 50 years old^{10,11,*}

- 98% of patients with commercial insurance pay \$0 for SHINGRIX^{10†}
- Medicare Part D patients can get SHINGRIX for \$0 through their pharmacy¹¹

*Coverage and cost may vary and are subject to change without notice.

Reimbursement decisions are made by individual insurance plans.

†Source: Based on IQVIA data of paid 2024 SHINGRIX claims.



Actor portrayals.

HELP YOUR PATIENTS COMPLETE THE 2-DOSE SERIES

SHINGRIX is administered intramuscularly as a 2-dose series⁵:

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

**To get the full protection offered by SHINGRIX, it is important your patients receive both doses.⁵
Encourage your patients to book their appointments OR visit [ScheduleSHINGRIX.com](https://www.scheduleshingrix.com).**

Important Safety Information (cont'd)

- 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 additional Important Safety Information for SHINGRIX throughout and accompanying full [Prescribing Information](#), also available at [SHINGRIXHCP.com](https://www.shingrixhcp.com).

References: 1. Adult immunization standards. Centers for Disease Control and Prevention. Reviewed August 9, 2024. Accessed August 18, 2025. <https://www.cdc.gov/vaccines-adults/hcp/imz-standards/> 2. 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):1-30. 3. Curran D, Matthews S, Boutry C, Lecrenier N, Cunningham AL, Schmader K. Natural history of herpes zoster in the placebo groups of three randomized phase III clinical trials. *Infect Dis Ther*. 2022;11(6):2265-2277. 4. Shingles symptoms and complications. Centers for Disease Control and Prevention. Reviewed April 19, 2024. Accessed March 26, 2025. <https://www.cdc.gov/shingles/signs-symptoms/index.html> 5. Prescribing Information for SHINGRIX. 6. Clinical overview of shingles (herpes zoster). Centers for Disease Control and Prevention. Accessed September 23, 2025. <https://www.cdc.gov/shingles/hcp/clinical-overview/index.html> 7. 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. 8. Data on file. Study 113077 (NCT01165229). GSK Study Register. Study entry at: <https://www.gsk-studyregister.com/en/trial-details/?id=113077> 9. 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. 10. Data on file, GSK. 11. Wreschnig LA. Selected Health Provisions of the Inflation Reduction Act. Congressional Research Service. 2022;1-3. Accessed May 6, 2025. <https://www.congress.gov/crs-product/IF12203>

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