SHINGRIX
(ZOSTER VACCINE
RECOMBINANT, ADJUVANTED)

YOUR PATIENTS TRUST YOU TO HELP PROTECT THEM FROM SHINGLES


Actor portrayals.

As a pharmacist, every day you may see patients who are eligible for SHINGRIX. Helping to protect your patients is always your priority, and you are uniquely positioned to educate them about shingles and motivate them to get vaccinated. Your recommendation is the strongest predictor of patients getting vaccinated.[1]

YOUR CLEAR RECOMMENDATION CAN HELP STRENGTHEN THEIR CONFIDENCE IN VACCINATION[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 sleep[3]
- Shingles may **lead to serious or long-lasting complications**[4]
  SHINGRIX is not indicated for the prevention of herpes zoster-related complications[5]

2. PERSONALIZE THEIR RISK

- Shingles risk sharply increases **starting at 50 years old**[2]
- In addition to age, **certain comorbidities** (diabetes, asthma, COPD, chronic kidney disease, or cardiovascular conditions*) have been associated with an **increased risk of shingles**[2,6]

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 preventing shingles[5,†]
  The most common side effects were pain, redness, and swelling at the injection site, muscle pain, tiredness, headache, shivering, fever, and upset stomach.[5]

*Cardiovascular conditions included heart disease, heart failure, hypertension, hyperlipidemia, stroke, atrial fibrillation/flutter, and other cardiovascular disease.[6]

†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.[5,7]

COPD=chronic obstructive pulmonary disease.

Please provide your appropriate patients with one page from the tear pad inside.

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.

IDENTIFY PATIENTS AT INCREASED RISK OF SHINGLES

- **99.5% of people ≥50 years old** are infected with the **VARICELLA ZOSTER VIRUS**[2,8]
- **In 1 in 3 people**, the dormant virus reactivates in their lifetime and causes shingles[2]
- Starting at **50 years of age**, a person's risk of developing shingles sharply increases[2]
- Patients 50 years and older may have additional risk factors for shingles. Certain comorbidities have been associated with an increased risk of shingles[6]:
  COPD, CARDIOVASCULAR CONDITIONS,* CHRONIC KIDNEY DISEASE, DIABETES, ASTHMA

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

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 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%)

Please see additional Important Safety Information for SHINGRIX throughout and accompanying full Prescribing Information.

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SHINGRIX IS **$0** FOR MOST PATIENTS ≥50 YEARS OLD[9,10,*]

- **98%** of patients with commercial insurance pay **$0 for SHINGRIX**[9,†]
- Medicare Part D patients can get **SHINGRIX for $0** through their pharmacy[10]

*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 2023 SHINGRIX claims.

HELP YOUR PATIENTS COMPLETE THE 2-DOSE SERIES

SHINGRIX is administered intramuscularly as a 2-dose series.[5]

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

To get the protection offered by SHINGRIX, it is important your patients receive both doses.[5] Encourage them to book their appointments OR visit 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.

References: 1. Adult immunization standards. Centers for Disease Control and Prevention. Reviewed August 9, 2024. Accessed April 4, 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.** 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. **7.** Data on file. Study 113077 (NCT01165229). GSK Study Register. Study entry at: https://www.gsk-studyregister.com/en/trial-details/?id=113077 **8.** 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. **9.** Data on file, GSK. **10.** 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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