

OPTIMIZING THE SHINGRIX REFERRAL PROCESS

A GUIDE TO REFERRING YOUR PATIENTS TO A PHARMACY



SHINGRIX
(ZOSTER VACCINE
RECOMBINANT, ADJUVANTED)



Not an actual doctor or patient.

FOUR SIMPLE STEPS TO HELP ENSURE YOUR APPROPRIATE PATIENTS GET VACCINATED



A strong recommendation can increase the likelihood your patient takes action to get vaccinated, so it's important to make it clear that getting SHINGRIX is the best way to prevent shingles^{1,2}

The CDC suggests providing a prescription with your vaccine referral. This can reinforce your recommendation and motivate patients to follow through on receiving their first dose of SHINGRIX²

Because SHINGRIX is a 2-dose series, it's important to set expectations, so walk patients through the dosing, administration, and common side effects of SHINGRIX, and emphasize the importance of getting both doses¹

Following up with patients about their series completion during their next office visit helps to reinforce the urgency of being fully protected from shingles²

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
- 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 for SHINGRIX on the next page and accompanying full [Prescribing Information](#), also available at SHINGRIXHCP.com.

COMMON MISPERCEPTIONS ABOUT SHINGLES VACCINATION



Not an actual patient.

MYTH

PATIENTS DON'T TRUST PHARMACISTS TO ADMINISTER VACCINES

FOR MOST PATIENTS, RECEIVING THEIR VACCINE AT A PHARMACY IS NOT CONVENIENT

SHINGRIX IS EXPENSIVE AND NOT TYPICALLY COVERED BY INSURANCE

ONLY UNHEALTHY PEOPLE GET SHINGLES

MOST PEOPLE HAVE ALREADY RECEIVED A SHINGLES VACCINE

FACT

After physicians, pharmacists have been ranked as the second-most-trusted healthcare professionals to deliver vaccinations³

Pharmacies not only have longer, more consistent hours and are open on the weekend, but 90% of Americans live within 2 miles of a pharmacy. This means that for the majority of people, pharmacists are one of the most accessible healthcare professionals³

More than 9 out of 10 patients on commercial insurance are covered for SHINGRIX and typically have a copay of \$4 or less. 100% of Medicare Part D patients are covered. As with most medicines covered by Part D, out-of-pocket costs may apply. If out-of-pocket costs do apply, for most patients, the cost is less than \$50 per dose^{4,5,*}

99.5% of people ≥50 years old are at risk for developing shingles and 1 out of 3 people will get shingles in their lifetime. A dominant driver of shingles is age-related decline in immunity, which means that increasing age causes a natural decline in immunity against shingles, regardless of how healthy a person is⁶⁻⁹

Only 24% of patients 50 years and older in the United States have received at least 1 dose of SHINGRIX[†]

Help ensure your patients receive their vaccinations at the pharmacy by providing an eScript for SHINGRIX

Important Safety Information (cont'd)

- 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

Please see Important Safety Information for SHINGRIX on the previous page and accompanying full Prescribing Information, also available at [SHINGRIXHCP.com](https://www.gsk.com/SHINGRIXHCP.com).

*Managed Markets Insight & Technology, LLC, Database as of September 2022. Coverage represents access to reimbursement from a health plan with restrictions appropriate to the Advisory Committee on Immunization Practices (ACIP) recommendations and/or prescribing information, which means no accompanying step edits. Veterans Affairs (VA) and Indian Health Service (IHS) lives have been omitted when calculating the percentage of lives.

Coverage, coding, cost to patient, reimbursement amount for product, and administration fee will vary by payer, plan, patient, professional setting, or services rendered, and are subject to change without notice. Cost to patients may vary. Coverage and reimbursement decisions are made by individual payers following receipt of claims from providers. Providers must follow payer documentation and billing requirements.

†Data used in the calculations of this estimate are sourced from a 3rd party source (IQVIA). Estimation includes patients who did not receive the full 2-dose series. Estimation based on the number of SHINGRIX doses distributed from December 2017 to present, divided by the average number of doses per patient (1.71). This result is applied to the 2020 (5-year estimates) US census data for adults 50 years and older. Calculation based on distributed doses and is reflective of doses administered as well as existing inventory.

References: 1. Prescribing Information for SHINGRIX. 2. Centers for Disease Control and Prevention. Vaccine referral: a series on standards for adult immunization practice. Updated May 2016. Accessed August 8, 2022. <https://www.cdc.gov/vaccines/hcp/adults/downloads/standards-immz-practice-referral.pdf>. 3. Tak CR, Marciniak MW, Savage A, Ozawa S. The essential role of pharmacists facilitating vaccination in older adults: the case of herpes zoster. *Hum Vaccines Immunother*. 2020;16(1):70-75. 4. Data on File, GSK. 5. Managed Markets Insight & Technology, LLC, Database as of September 2022. 6. 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. 7. Kimberlin DW, Whitley RJ. Varicella-zoster vaccine for the prevention of herpes zoster. *N Engl J Med*. 2007;356(13):1338-1343. 8. Levin MJ. Immune senescence and vaccines to prevent herpes zoster in older persons. *Curr Opin Immunol*. 2012;24(4):494-500. 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.

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