



SHINGRIX
(ZOSTER VACCINE
RECOMBINANT, ADJUVANTED)

SHINGRIX: HAVING AN EFFECTIVE CONVERSATION ABOUT VACCINATION

How to motivate your patients to get vaccinated against shingles

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).



EXPLAIN TO THEM A DOMINANT DRIVER OF SHINGLES

Understanding age-related decline in immunity (ARDI)

- Increasing age causes a natural decline in immunity¹
- As immune function declines, there is a reduction in the number and functionality of immune cells that prevent reactivation of the varicella zoster virus, which is the virus that causes shingles¹⁻⁶
- ARDI leads to a sharp increase in the incidence and severity of shingles^{1,2}



In 1 out of 3 people,
the dormant virus
reactivates and
causes shingles.¹

FIRST, TELL PATIENTS WHY THEY'RE AT RISK

99% of people aged 50 years and older are infected with the varicella zoster virus (VZV), which is the virus that causes shingles.^{1,7}

In 1 out of 3 people, the dormant virus reactivates and causes shingles.¹

“Even if you exercise regularly and eat healthy, if you’ve had chickenpox, the virus that causes shingles is already in your body. It can reactivate anytime, and your risk increases as your immune system naturally declines with age. 1 out of 3 people will get shingles in their lifetime.”^{1,6,8-10}



LET THEM KNOW HOW SERIOUS SHINGLES CAN BE

Shingles is a painful, blistering rash that typically develops on the side of the face or body. Most people associate shingles with the telltale painful rash. But aside from the rash, there can be serious, long-lasting complications.^{1,11}

PHN and other complications...

PHN affected 13% of adults with shingles between 60 and 79 years of age and 20% of individuals with shingles ≥80 years of age in a population-based study. The benefit of SHINGRIX (Zoster Vaccine Recombinant, Adjuvanted) in the prevention of PHN can be attributed to the effect of the vaccine on the prevention of herpes zoster. The efficacy of SHINGRIX in the prevention of PHN in subjects with confirmed herpes zoster could not be demonstrated.^{1,12,13}

Visual complications can occur. Herpes zoster ophthalmicus, which affects between 10% and 25% of people with shingles, can lead to ophthalmic complications, including, in rare cases, vision loss. SHINGRIX is not indicated for the prevention of PHN and other complications.¹

“Not only is shingles a blistering rash that can be painful, but it can also cause postherpetic neuralgia (PHN), nerve pain that can last for months. And if you get shingles near your eyes, it can cause vision complications.”^{1,11}

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 Important Safety Information throughout and [click here](#) for full Prescribing Information for SHINGRIX, also available at [SHINGRIXHCP.com](#).



ENCOURAGE THEM TO GET VACCINATED TODAY

Instead of asking if they want to be vaccinated, inform appropriate patients that it's time to receive their shingles vaccine. For example, you can say:

"SHINGRIX (Zoster Vaccine Recombinant, Adjuvanted) is recommended by the CDC for healthy patients 50 years of age and older. I recommend it to all my appropriate patients 50 years of age and older."¹⁴

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CDC=Centers for Disease Control and Prevention.

Remind patients that a shingles vaccination is one way they can be proactive about their health.

"There are a lot of things you can't prevent as you age. But you can do something about shingles."¹³

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

ADDRESSING PATIENT CONCERNS

In some cases, patients will still feel unsure about getting vaccinated. Here are some possible scenarios and how you can respond.

DID YOU KNOW?

COMMERCIAL INSURANCE

[90%] of privately insured patients pay no or limited out-of-pocket costs with the average cost being less than [\$5] per dose.¹⁵

MEDICARE PART D

More than [95%] of Medicare Part D enrollees receive SHINGRIX (Zoster Vaccine Recombinant, Adjuvanted) at a pharmacy.¹⁵

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.

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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



“I can’t be at risk. I’m healthy.”

“No matter how healthy you feel, or how good you are with diet and exercise, you’re still at risk because your immune system declines as you age.”^{1,2,7}



“Is this covered by my health insurance plan?”

“Most adults 50 years and older are covered for SHINGRIX. If you have private insurance, you’ll typically pay no out-of-pocket costs per dose. If you’re covered under Medicare Part D, the majority of patients pay an out-of-pocket cost that’s less than [\$ 50] per dose.”^{15,16}



“Do I have to set up a separate appointment to get the vaccine?”

“You can receive the vaccine in our office today or at your local in-network pharmacy. Let us know when you’ve received your first dose.”

ENSURE PATIENTS RETURN FOR THE 2ND DOSE

SHINGRIX (Zoster Vaccine Recombinant, Adjuvanted) is given as a 2-dose series. The second dose should be given 2-6 months after the first dose is received.¹³

REMIND YOUR PATIENTS TO RETURN FOR THEIR SECOND DOSE

Remind your patients that the second dose is not a nice-to-have, it's important-to-have—and you want to ensure they receive theirs. For example, you can say:

“It’s important to get both doses—you can sign up for a second dose reminder email or phone call with my staff. You can also sign up for a personalized second dose reminder text message at SHINGRIXreminder.com.”

Please see Important Safety Information throughout and [click here](#) for full Prescribing Information for SHINGRIX, also available at SHINGRIXHCP.com.

REFERRING PATIENTS TO A PHARMACY

If your practice does not stock or is out of SHINGRIX, direct patients to local pharmacies.

“You may want to check with a few local in-network pharmacies to see where you can get SHINGRIX. Just like the flu vaccine, pharmacies are a good place to get your shingles vaccine.”

Important Safety Information (cont'd)

- 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



INFORM PATIENTS OF POSSIBLE ADVERSE EVENTS

Your patients will want to know what kind of side effects they may experience with **SHINGRIX (Zoster Vaccine Recombinant, Adjuvanted)**.

“Side effects can include pain, redness, and swelling at the injection site.¹³”

“You may also experience muscle pain, fatigue, headache, shivering, fever, or upset stomach.¹³”

“The local and general adverse reactions seen with SHINGRIX had a median duration of 2 to 3 days.”¹³

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Important Safety Information (cont'd)

- 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%)

INDICATION AND IMPORTANT SAFETY INFORMATION

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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%)
- 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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You are encouraged to report vaccine adverse events to the US Department of Health and Human Services. Visit www.vaers.hhs.gov to file a report, or call 1-800-822-7967.

REFERENCES

- 1)** Centers for Disease Control and Prevention. *MMWR*. 2008;57(RR-5):1-30. **2)** Kimberlin DW, et al. *N Engl J Med*. 2007;356(13):1338- 1343. **3)** Levin MJ. *Curr Opin Immunol*. 2012;24(4):494-500. **4)** Chlibek R, et al. *Vaccine*. 2014;32(15):1745-1753. **5)** Patterson-Bartlett J, et al. *Vaccine*. 2007;25(41):7087-7093. **6)** Weinberg A, et al. *J Infect Dis*. 2010;201(7):1024-1030. **7)** Kilgore PE, et al. *J Med Virol*. 2003;70(suppl 1):S111-S118. **8)** Mahalingam R, et al. *N Engl J Med*. 1990;323(10):627-631. **9)** Lungu O, et al. *Proc Natl Acad Sci U S A*. 1995;92(24):10980-10984. **10)** Furuta Y, et al. *J Infect Dis*. 1992;166(5):1157-1159. **11)** Kawai K, et al. *BMJ Open*. 2014;4(6):e004833. **12)** Yawn BP, et al. *Mayo Clin Proc*. 2007;82(11):1341-1349. **13)** Prescribing Information for SHINGRIX. **14)** Centers for Disease Control and Prevention. <https://www.cdc.gov/vaccines/vpd/shingles/public/shingrix/index.html>. Accessed March 25, 2021. **15)** Data on file, GSK. **16)** Managed Markets Insight & Technology, LLC, Database as of November 2020.

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