Clinical Educator Registration Form

Together with Tymlos

Clinical Educator Network

If your patient would like to talk with a TYMLOS Clinical Educator or attend an injection training for TYMLOS, please complete this form in its entirety and return via email to ClinicalEducatorNetwork@vmsbiomarketing.com or fax to 855-730-8596.

Patient Information:

First name: _____ Last name: _____

Gender: ○ Female ○ Male* ○ Prefer not to answer* Preferred Language: _____

*Please note: only female patients are eligible to participate in this program.

Zip code: _____ DOB: _____

Home telephone number: _____ Mobile telephone number: _____

The best times to reach me via phone are:

Day(s) of the week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Time(s) of day: ☐ Morning ☐ Midday ☐ Afternoon ☐ Evening

Type of Program:

○ Injection training with Clinical Educator, phone calls and text messages ○ Phone calls and text messages only

Healthcare Professional Information:

First name: _____ Last name: _____

City: _____ State: _____ Zip code: _____

Office contact/number: _____ HCP email: _____

By submitting information about my patient, I represent that I have received appropriate authorization from the patient to disclose this information to Radius and its third-party vendor for implementing the education program. By signing this form, I confirm that the contact information provided is correct and I consent to receiving feedback about my patient's training.

Office staff signature: _____

Clinical Educator Information (if known):

Clinical Educator: _____ Clinical Educator phone number: _____

INDICATIONS AND USAGE

TYMLOS is indicated for the treatment of postmenopausal women with osteoporosis at high risk for fracture defined as a history of osteoporotic fracture, multiple risk factors for fracture, or patients who have failed or are intolerant to other available osteoporosis therapy. In postmenopausal women with osteoporosis, TYMLOS reduces the risk for vertebral fractures and nonvertebral fractures.

Limitations of Use

Because of the unknown relevance of the rodent osteosarcoma findings to humans, cumulative use of TYMLOS and parathyroid hormone analogs (e.g., teriparatide) for more than 2 years during a patient's lifetime is not recommended.

Please see Important Safety Information, including Boxed Warning on next page and full Prescribing Information.

TYMLOS®
(abaloparatide) injection

IMPORTANT SAFETY INFORMATION

WARNING: RISK OF OSTEOSARCOMA

- **Abaloparatide caused a dose-dependent increase in the incidence of osteosarcoma (a malignant bone tumor) in male and female rats. The effect was observed at systemic exposures to abaloparatide ranging from 4 to 28 times the exposure in humans receiving the 80 mcg dose. It is unknown if TYMLOS will cause osteosarcoma in humans.**
- **The use of TYMLOS is not recommended in patients at increased risk of osteosarcoma including those with Paget's disease of bone or unexplained elevations of alkaline phosphatase, open epiphyses, bone metastases or skeletal malignancies, hereditary disorders predisposing to osteosarcoma, or prior external beam or implant radiation therapy involving the skeleton.**
- **Cumulative use of TYMLOS and parathyroid hormone analogs (e.g., teriparatide) for more than 2 years during a patient's lifetime is not recommended.**

Orthostatic Hypotension: Orthostatic hypotension may occur with TYMLOS, typically within 4 hours of injection. Associated symptoms may include dizziness, palpitations, tachycardia or nausea, and may resolve by having the patient lie down. For the first several doses, TYMLOS should be administered where the patient can sit or lie down if necessary.

Hypercalcemia: TYMLOS may cause hypercalcemia. TYMLOS is not recommended in patients with pre-existing hypercalcemia or in patients who have an underlying hypercalcemic disorder, such as primary hyperparathyroidism, because of the possibility of exacerbating hypercalcemia.

Hypercalciuria and Urolithiasis: TYMLOS may cause hypercalciuria. It is unknown whether TYMLOS may exacerbate urolithiasis in patients with active or a history of urolithiasis. If active urolithiasis or pre-existing hypercalciuria is suspected, measurement of urinary calcium excretion should be considered.

Adverse Reactions: The most common adverse reactions (incidence ≥2%) are hypercalciuria, dizziness, nausea, headache, palpitations, fatigue, upper abdominal pain and vertigo.

Please see full Prescribing Information, including Boxed Warning.

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