TYMLOS Specialty Pharmacy Intake Form

4 steps to submit a referral

TYMLOS® (abaloparatide) injection

1. Patient Information

Last Name: _____ First Name: _____ Date of Birth: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Gender: ☐ F ☐ M Best Number to Reach Your Patient/Caregiver: _____ Patient Email: _____ *(Optional)*

Caregiver Name: _____

INSURANCE INFORMATION Please fax a copy of this prescription form and a copy of the patient's insurance cards (front and back)

2. Prescription Information

The prescription information below must be complete and accurate in order for medication to be sent to your patient.

Product Name: TYMLOS® (abaloparatide) 3120mcg/1.56ml Pen-injector

Dispense Quantity: ☐ 30-day supply OR ☐ 90-day supply **Refills:** ☐ 11 for 30 days OR ☐ 3 for 90 days Other: _____

☐ Dispense pen needles: 31G X 3/16" (5mm) **Refills:** ☐ 11 for 30 needles OR ☐ 3 for 100 needles ☐ Sharps container

Directions: Daily, subcutaneous 80 mcg injection

Patient Diagnosis and Clinical Information:

☐ M80. _____ (Osteoporosis with current pathological fracture)

☐ M81. _____ (Osteoporosis without current pathological fracture)

☐ History of or recent fracture Lowest T-Score_____ FRAX score _____

Has patient been treated with PTH-analog previously (yes/no) _____

If yes_____(product/months)

Previous Osteoporosis Treatment

Previous Product Name / Reason for Discontinuation

1) _____/_____

2) _____/_____

3) _____/_____

Don't forget to attach any additional documentation (ie, x-rays, labs, etc.), if needed

3. Prescriber Information

All form fields preceded by an asterisk (*) are optional.

Last Name: _____ First Name: _____ NPI Number: _____

Practice Name: _____ *Group NPI Number: _____ Tax ID Number: _____

Practice Street Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Office Contact Name (Last, First): _____ Office Contact Email (for communications and ePA): _____

Prescriber Declaration **(Enrollment request cannot be processed without signed Prescriber Declaration.)**

I certify that the patient and physician information contained in this enrollment form is complete and accurate to the best of my knowledge. I have prescribed TYMLOS based on my judgment of medical necessity and I will be supervising the patient's treatment. The document(s) accompanying this transmission may contain confidential health information that is protected by law. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited.

If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

The prescriber is to comply with his/her state-specific prescription requirements such as e-prescribing, state-specific prescription form, fax language, etc. Non-compliance with state-specific requirements could result in delays in fulfillment of the prescription.

Prescriber Signature: X _____ Date: _____ **X** _____ Date: _____

Dispense as Written *Substitutions Allowed*

4. Submit

Select a Specialty Pharmacy from the TYMLOS SP Network* below and submit this prescription via fax.

Select one

***TYMLOS may also be available at Specialty Pharmacies affiliated with Integrated Delivery Networks (not included in the drop-down above).**

Please review the **TYMLOS Specialty Pharmacy Network List** to ensure the SP ships to your state.

Please see the Important Safety Information for TYMLOS on the next page.

INDICATIONS AND IMPORTANT SAFETY INFORMATION

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 or 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 of vertebral fractures and nonvertebral fractures.
- treatment to increase bone density in men with osteoporosis at high risk for fracture (defined as a history of osteoporotic fracture or multiple risk factors for fracture), or patients who have failed or are intolerant to other available osteoporosis therapy.

IMPORTANT SAFETY INFORMATION

Contraindications: TYMLOS is contraindicated in patients with a history of systemic hypersensitivity to abaloparatide or to any component of the product formulation. Reactions have included anaphylaxis, dyspnea, and urticaria.

Risk of Osteosarcoma: It is unknown whether TYMLOS will cause osteosarcoma in humans. Osteosarcoma has been reported in patients treated with a PTH-analog in the post marketing setting; however, an increased risk of osteosarcoma has not been observed in observational studies in humans. There are limited data assessing the risk of osteosarcoma beyond 2 years of TYMLOS use. Avoid use of TYMLOS for patients at an increased baseline risk for osteosarcoma including patients with open epiphysis (pediatric and young adult patients); metabolic bone diseases other than osteoporosis, including Paget's disease of the bone; bone metastases or a history of skeletal malignancies; prior external beam or implant radiation therapy involving the skeleton; or hereditary disorders predisposing to osteosarcoma.

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.

Pregnancy and Lactation: TYMLOS is not indicated for use in females of reproductive potential.

Adverse Reactions:

- The most common adverse reactions (incidence ≥2%) reported with TYMLOS in postmenopausal women with osteoporosis are hypercalciuria (11%), dizziness (10%), nausea (8%), headache (8%), palpitations (5%), fatigue (3%), upper abdominal pain (3%), and vertigo (2%).
- The most common adverse reactions (incidence ≥2%) reported with TYMLOS in men with osteoporosis are injection site erythema (13%), dizziness (9%), arthralgia (7%), injection site swelling (7%), injection site pain (6%), contusion (3%), abdominal distention (3%), diarrhea (3%), nausea (3%), abdominal pain (2%), and bone pain (2%).

For full Prescribing Information, please visit www.TYMLOSPI.com.

RADIUS®