Patient Intake Form

4 simple 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 Primary Phone: _____ Patient Email: _____ *(Optional)*

INSURANCE INFORMATION Please fax a copy of the prescription and insurance cards with this form, if available (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 ☐ 3 Other: _____

☐ Dispense all Ancillary Supplies including needles and a sharps container

Directions: Daily, subcutaneous 80 mcg injection

Patient Diagnosis ICD-10 Code:

☐ M80. _____ (Postmenopausal osteoporosis with current pathological fracture)

☐ M81. _____ (Postmenopausal osteoporosis without current pathological fracture)

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: _____

Dispense as Written

4. Submit

Select Specialty Pharmacy of your choice and submit via fax.

Please see the Important Safety Information for TYMLOS on the next page, and for Full Prescribing Information, including Boxed Warning, please see www.TYMLOSPI.com.

TYMLOS®
(abaloparatide) injection

INDICATION AND 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.

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 of 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.

For Full Prescribing Information, including Boxed Warning, please see www.TYMLOSPI.com.

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