

Criteria Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Abaloparatide (Tymlos)

Initiation (new start) criteria: Non-formulary **abaloparatide (Tymlos)** will be covered on the prescription drug benefit when the following criteria are met:

- Prescriber is an Endocrinologist
- Trial and failure (clinical or hypersensitivity) with teriparatide
- At least of the following conditions:
 1. Osteoporosis requiring ongoing pharmacological treatment with prior long-term bisphosphonate use (more than 10 years oral or more than 6 years IV)
 2. Low-trauma (fragility) fracture suffered while on bisphosphonates with bone turnover marker showing appropriate suppression
 3. Severely reduced bone mineral density (t-score less than -3.5) at hip or spine
 4. Significant history of vertebral compression fractures
 5. Allergy to bisphosphonates and denosumab

Continued use criteria: Non-formulary **abaloparatide (Tymlos)** will not be covered on the prescription drug benefit beyond a cumulative 24 months (including all parathyroid hormone analogs: teriparatide and abaloparatide).