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

Prescriber is an Endocrinologist
- AND-
Trial and failure (clinical or hypersensitivity) with Forteo (teriparatide)
- AND-
Osteoporosis requiring ongoing pharmacological treatment with prior long-term bisphosphonate use (more than 10 years oral or more than 6 years IV)
- OR-
Low-trauma (fragility) fracture suffered while on bisphosphonates with bone turnover marker showing appropriate suppression
- OR-
Severely reduced bone mineral density (t-score less than -3.5) at hip or spine
- OR-
Significant history of vertebral compression fractures
- OR-
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).

**Absolute & relative contraindications to abaloparatide use:**
- elevated PTH
- pre-existing hypercalcemia
- severe renal impairment
- metabolic bone diseases other than primary osteoporosis (including primary hyperparathyroidism and Paget’s disease of the bone)
- unexplained elevations of alkaline phosphatase
- prior external beam or implant radiation therapy involving the skeleton
- history of bone metastases or history of skeletal malignancies
- active or recent kidney stone disease