# SPECIALTY QUANTITY LIMIT PROGRAM

## **TYMLOS** (abaloparatide)

#### I. PROGRAM DESCRIPTION

The initial limit is designed to allow a quantity sufficient for the most common uses of the medication. The recommended dosing parameters for all FDA-approved indications fall within the initial limits. Coverage of an additional quantity may be reviewed on a case-by-case basis upon request.

### II. COVERED QUANTITIES

Medication	FDA-recommended dosing	Standard Limit
Tymlos (abaloparatide) 3120 mcg/1.56 mL prefilled pen	80 mcg subcutaneously once daily	1 prefilled pen (3120 mcg) per 30 days

#### **III. REFERENCES**

1. Tymlos [package insert]. Waltham, MA: Radius Health, Inc. April 2017.

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