

Reference number
1916-H

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.