TYMLOS®
(abaloparatide) injection

Not actual patients

Add To The Bone

You can stand up to osteoporosis by rebuilding bone.

It's a fact of life—as we age, we lose bone. For some, that can mean osteoporosis, which occurs when more bone is being removed than added, leading to bone loss and an increased risk of fracture. While osteoporosis may be permanent, you can still fight against it and reduce your fracture risk. In fact, by working with your doctor to find the right treatment, you may even be able to change the course of your osteoporosis.

Stand up to osteoporosis by starting the conversation with your doctor.

You know that you have osteoporosis, but how's that going to affect you going forward? Find out by asking these questions:

What is my risk of breaking a bone due to osteoporosis?

What's my current treatment plan doing to help recover bone I've already lost?

Is it possible to prevent further bone loss and rebuild bone?

NOTES:

Did you know?
1 in 2 women and up to 1 in 4 men will break a bone in their lifetime due to osteoporosis.

TYMLOS is approved for both men and postmenopausal women at high risk for fracture.

INDICATIONS

What is TYMLOS?

TYMLOS is a prescription medicine used to:

- Treat osteoporosis in postmenopausal women who are at high risk for bone fracture, or who cannot use another osteoporosis treatment or other osteoporosis treatments did not work well. TYMLOS can decrease the chance of having a fracture of the spine and other bones in postmenopausal women with thinning and weakening bones (osteoporosis).
- Increase bone density in men with osteoporosis who are at high risk for bone fracture, or who cannot use another osteoporosis treatment or other osteoporosis treatments did not work well.

It is not known if TYMLOS is safe and effective for children and young adults 18 years and younger. TYMLOS should not be used in children and young adults whose bones are still growing.

Please read Important Safety Information on page 4.

Learn how to take action—now. What are your options when it comes to treatment?

Ask the following to learn more:

What are the advantages to starting an anabolic versus an antiresorptive treatment?

What's my best strategy going forward to reduce my fracture risk—slow osteoporosis progression or start rebuilding bone that has been lost?

Make your long-term osteoporosis plan with your doctor. Now that you know your options, what's next?

If I choose an anabolic treatment like TYMLOS, how long will I be on it?

What are the possible side effects of TYMLOS?

How does treatment with TYMLOS fit within my longer-term osteoporosis treatment plan?

If you and your doctor decide TYMLOS is right for you, there are a number of helpful tools and resources to help you get started. These include access to our Clinical Educator Network, a starter kit to help as you begin treatment, and more.

Want to learn more about TYMLOS?
Scan the QR code or click the link below to download the patient brochure
https://scnv.io/FlzM

Did you know?
Osteoporosis treatments that increase bone formation are anabolic agents; treatments that reduce bone loss are antiresorptive agents.

NOTES:

Please read Important Safety Information on page 4.

Clinical history

Knowing the following may help the discussion. Fill in what you do know and be sure to ask about what you don't.

Date diagnosed with osteoporosis _____

Date of last DEXA (bone density) scan _____

T-score _____

FRAX® (Fracture Risk Assessment Tool) score _____

Fracture history:

Bone Fracture Location(s) _____

_____

Date(s) of Occurrences _____

NOTES:

FRAX is a registered trademark of the World Health Organization Collaborating Centre for Metabolic Bone Diseases, University of Sheffield, UK.

IMPORTANT SAFETY INFORMATION

What is the most important information I should know about TYMLOS?

TYMLOS may cause serious side effects including:

Possible bone cancer (osteosarcoma). During animal drug testing, TYMLOS caused some rats to develop a bone cancer called osteosarcoma. It is not known if people who take TYMLOS will have a higher chance of getting osteosarcoma.

- Tell your healthcare provider right away if you have pain in your bones, pain in any areas of your body that does not go away, or any new or unusual lumps or swelling under your skin that is tender to touch.

Do not take TYMLOS:

- if you had an allergic reaction to abaloparatide or any of the other ingredients in TYMLOS. The inactive ingredients in TYMLOS are phenol, sodium acetate trihydrate, acetic acid, and water for injection.

Before you take TYMLOS, tell your healthcare provider about all of your medical conditions, including if you:

- have Paget's disease of the bone or other bone disease.
- have or have had any of the following: cancer in your bones; radiation therapy involving your bones; too much calcium in your blood; or an increase in your parathyroid hormone (hyperparathyroidism).
- will have trouble injecting yourself with the TYMLOS pen and do not have someone who can help you.
- are pregnant or plan to become pregnant, because TYMLOS is not for pregnant women, or if you are breastfeeding or plan to breastfeed. It is not known if TYMLOS passes into your breast milk; you should not take TYMLOS and breastfeed.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

What are the possible side effects of TYMLOS?

TYMLOS can cause serious side effects including:

- **Decrease in blood pressure when you change positions.** Some people may feel dizzy, have a faster heartbeat, or feel lightheaded soon after the TYMLOS injection is given. These symptoms generally go away within a few hours. Take your injection of TYMLOS in a place where you can sit or lie down right away if you get these symptoms. If your symptoms get worse or do not go away, stop taking TYMLOS and call your healthcare provider.
- **Increased blood calcium (hypercalcemia).** TYMLOS can cause some people to have a higher blood calcium level than normal. Your healthcare provider may check your blood calcium before you start and during your treatment with TYMLOS. Tell your healthcare provider if you have nausea, vomiting, constipation, low energy, or muscle weakness. These may be signs there is too much calcium in your blood.
- **Increased urine calcium (hypercalciuria).** TYMLOS can cause some people to have higher levels of calcium in their urine than normal. Increased calcium may also cause you to develop kidney stones (urolithiasis) in your kidneys, bladder, or urinary tract. Tell your healthcare provider right away if you get any symptoms of kidney stones which may include pain in your lower back or lower stomach area, pain when you urinate, or blood in your urine.

The most common side effects of TYMLOS in women with postmenopausal osteoporosis include:

- dizziness, nausea, headache, fast heartbeat, feeling tired (fatigue), upper stomach pain, and spinning feeling (vertigo).

The most common side effects of TYMLOS in men with osteoporosis include:

- redness at injection site, dizziness, joint pain, swelling at injection site, pain at injection site, bruising, abdominal bloating, diarrhea, nausea, abdominal pain, and bone pain.

These are not all the possible side effects of TYMLOS. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

How should I use TYMLOS?

- Read the complete **Instructions for Use** provided with your medicine.
- If you take more TYMLOS than prescribed you may experience symptoms such as muscle weakness, low energy, headache, nausea, dizziness (especially when getting up after sitting for a while), and a faster heartbeat. Stop taking TYMLOS and call your healthcare provider right away.
- You should not use TYMLOS for more than 2 years over your lifetime.

Please read the full Prescribing Information, including Medication Guide.

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