Reference number(s)
2195-A

Standard Medicare Part B Management Tymlos

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Tymlos	abaloparatide

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications[1]

Indicated for:

- Treatment of postmenopausal women with osteoporosis at high risk for fracture (defined as history of osteoporotic fracture or multiple risk factors for fracture) or patients who have failed or are intolerant to other available osteoporosis therapy.
- Treatment to increase bone density in men with osteoporosis at high risk for fracture (defined as a history of osteoporotic fracture or multiple risk factors for fracture) or patients who have failed or are intolerant to other available osteoporosis therapy.

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this criteria should be accompanied by supporting evidence from Medicare approved compendia.

Coverage Criteria

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Osteoporosis treatment[1-3]

Authorization of 12 months may be granted for the treatment of osteoporosis in men or postmenopausal women at high risk for fracture.

Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization of 12 months may be granted when all of the following criteria are met:

- The member is currently receiving therapy with Tymlos.
- Tymlos is being used to treat an indication listed in the coverage criteria section.
- The member is receiving benefit from therapy. Benefit is defined as:
    - Disease stability, or
    - Disease improvement

Other

The cumulative duration of parathyroid hormone analogs (teriparatide and abaloparatide) will not exceed a total of 24 months in the member's lifetime.

Summary of Evidence

The contents of this policy were created after examining the following resources:

- The prescribing information for Tymlos.
- The available compendium
    - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
    - Micromedex DrugDex
    - American Hospital Formulary Service- Drug Information (AHFS-DI)
    - Lexi-Drugs
    - Clinical Pharmacology

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Tymlos are covered.

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Explanation of Rationale

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

References

1. Tymlos [package insert]. Boston, MA: Radius Health, Inc. April 2025.
2. Miller PD, Hattersley G, Riis BJ, et al. Effect of Abaloparatide Vs Placebo on New Vertebral Fractures in Postmenopausal Women with Osteoporosis: A Randomized Clinical Trial. JAMA. 2016; 316 (7): 722:733.
3. Camacho PM, Petak SM, Binkley N, et al. American Association of Clinical Endocrinologists/American College of Endocrinology Clinical Practice Guidelines for the Diagnosis and Treatment of Postmenopausal Osteoporosis-2020 update. Endocr Pract. 2020;26 (Suppl 1):1-46.

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