Yorvipath®
palopegteriparatide
Injection 300 mcg/mL

YORVIPATH® Start Guide

What to know about dosing, titration, and how to get your appropriate patients with hypoparathyroidism started on YORVIPATH

Please refer to the accompanying full Prescribing Information for complete dosage and administration information for YORVIPATH.

Important Safety Information

INDICATION AND LIMITATIONS OF USE

YORVIPATH (palopegteriparatide) is indicated for the treatment of hypoparathyroidism in adults.

- YORVIPATH was not studied for acute post-surgical hypoparathyroidism.
- YORVIPATH's titration scheme was only evaluated in adults who first achieved an albumin-corrected serum calcium of at least 7.8 mg/dL using calcium and active vitamin D treatment.

CONTRAINDICATIONS

YORVIPATH is contraindicated in patients with severe hypersensitivity to palopegteriparatide or to any of its excipients. Hypersensitivity reactions, including anaphylaxis, angioedema, and urticaria, have been observed with parathyroid hormone (PTH) analogs.

WARNINGS AND PRECAUTIONS

Risk of Unintended Changes in Serum Calcium Levels Related to Number of Daily Injections

Use only one YORVIPATH injection to achieve the recommended once daily dosage. Using two YORVIPATH injections to achieve the recommended once daily dosage increases the variability of the total delivered dose, which can cause unintended changes in serum calcium levels, including hypercalcemia and hypocalcemia.

Please see Important Safety Information throughout and accompanying full Prescribing Information for YORVIPATH.

4 Steps to Dosing and Titrating YORVIPATH®

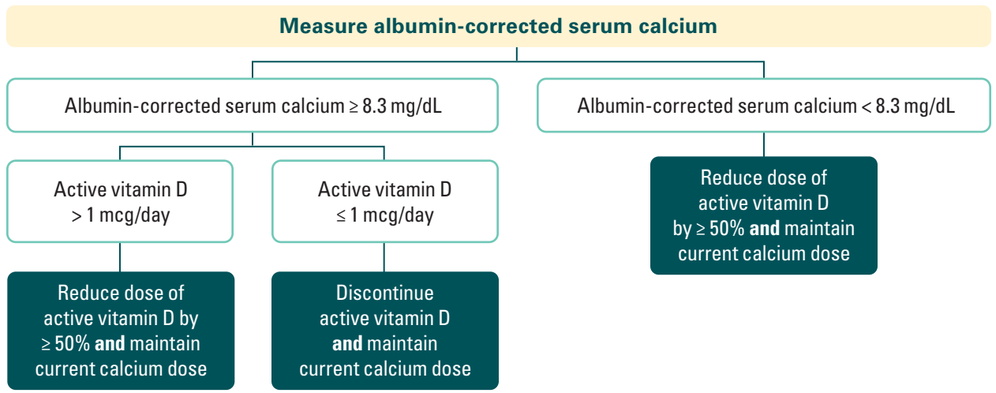
1 Evaluation

- Within 14 days before the first dose of YORVIPATH, confirm that your patient's serum 25(OH) vitamin D is within the normal range and albumin-corrected serum calcium is ≥ 7.8 mg/dL

2 Initiation

- The recommended starting dose is 18 **mcg** once daily
  - Use only **1** injection to achieve the once-daily recommended dosage
- On the day of initiation or up-titration of YORVIPATH, doses of active vitamin D and calcium are adjusted based on albumin-corrected serum calcium levels and current active vitamin D intake
  - **If not taking active vitamin D**, decrease calcium by ≥ 1500 mg or discontinue if current calcium dose is ≤ 1500 mg

Active vitamin D (calcitriol) and calcium dose adjustments upon YORVIPATH initiation or up-titration if taking active vitamin D



If calcium supplements are needed to meet dietary requirements, continuing dietary calcium supplements at elemental doses ≤ 600 mg/day may be considered instead of discontinuing entirely.

Important Safety Information

WARNINGS AND PRECAUTIONS (cont'd)

Serious Hypercalcemia

Serious events of hypercalcemia requiring hospitalization have been reported with YORVIPATH. The risk is highest when starting or increasing the dose of YORVIPATH but may occur at any time. Measure serum calcium 7 to 10 days after any dose change or if there are signs or symptoms of hypercalcemia, and at a minimum of every 4 to 6 weeks once the maintenance dose is achieved. Treat hypercalcemia if needed. If albumin-corrected serum calcium is greater than 12 mg/dL, withhold YORVIPATH for at least 2-3 days. For less serious hypercalcemia, adjust the dose of YORVIPATH, active vitamin D, and/or calcium supplements.

3 Titration

- The goal of titrating YORVIPATH is to maintain normal serum calcium levels while achieving independence from conventional therapy*
  - Dose adjustments should be made in 3-mcg increments or decrements
- From a prior dose change, the dose must not be:
  - Increased more often than every 7 days
  - Decreased more often than every 3 days
- Serum calcium should be measured within 7 to 10 days after the first dose and any dose change in YORVIPATH, active vitamin D, or calcium
  - Follow the algorithm on the next page for appropriate titration of YORVIPATH, active vitamin D, and/or calcium
  - Monitor patients for clinical symptoms of hypocalcemia or hypercalcemia

4 Maintenance

- **The maximum recommended dosage of YORVIPATH is 30 mcg/day**
  - The dose range of YORVIPATH is 6 to 30 mcg/day. Do not administer a dose higher than 30 mcg or more than 1 injection per day
  - If calcium levels remain low with 30 mcg/day, consider adding or restarting calcium and/or active vitamin D therapy and/or seek other treatment options
- Once the maintenance dosage is achieved, continue to monitor for clinical signs and symptoms of hypocalcemia or hypercalcemia
- Measure serum calcium levels at a minimum of every 4 to 6 weeks or as indicated as some patients may require further dose titration

*Independence from conventional therapy defined as not requiring active vitamin D (eg, calcitriol) or therapeutic calcium doses (> 600 mg/day).

Important Safety Information

WARNINGS AND PRECAUTIONS (cont'd)

Serious Hypocalcemia

Serious events of hypocalcemia have been observed with PTH products, including YORVIPATH. The risk is highest when YORVIPATH is abruptly discontinued, but may occur at any time, even in patients who have been on stable doses of YORVIPATH. Measure serum calcium 7 to 10 days after any dose change or if there are signs or symptoms of hypocalcemia, and at a minimum of every 4 to 6 weeks once the maintenance dosage is achieved. Treat hypocalcemia if needed, and adjust the dose of YORVIPATH, active vitamin D, and/or calcium supplements if hypocalcemia occurs.

Please see Important Safety Information throughout and accompanying full Prescribing Information for YORVIPATH.

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YORVIPATH® Titration Algorithm

The goal of titrating YORVIPATH is to maintain normal calcium levels while achieving independence from conventional therapy. Adjust the dose of YORVIPATH, active vitamin D, and/or calcium **based on your patient's albumin-corrected serum calcium level:**

Albumin-corrected serum calcium **low** (< 8.3 mg/dL)

≥ 7 days since started YORVIPATH, or changed YORVIPATH dose?

Yes
Continue same calcium and active vitamin D doses
and
increase YORVIPATH dose by 3 mcg/day

No
Increase calcium and/or active vitamin D toward prior doses based on prescriber's clinical judgment
and
continue same YORVIPATH dose

Albumin-corrected serum calcium **normal** (8.3 to 10.6 mg/dL)

≥ 7 days since started YORVIPATH, or changed YORVIPATH dose?

Yes
Still taking active vitamin D?

No
Continue same YORVIPATH, calcium, and active vitamin D doses

Yes
Decrease or **discontinue** active vitamin D*
and
increase YORVIPATH dose by 3 mcg/day

No
Still taking calcium?

Yes
Is calcium dose ≥ 1500 mg/day?

No
Continue same YORVIPATH dose

Yes
Decrease calcium dose by ≥ 1500 mg/day
and
increase YORVIPATH dose by 3 mcg/day

No
Discontinue calcium
and
increase YORVIPATH dose by 3 mcg/day

Albumin-corrected serum calcium **high** (10.7 to 11.9 mg/dL)

Still taking active vitamin D?

Yes
Decrease or **discontinue** active vitamin D*
and
continue same YORVIPATH and calcium doses

No
Still taking calcium?

Yes
Is calcium dose ≥ 1500 mg/day?

No
Decrease YORVIPATH dose by 3 mcg/day

Yes
Decrease calcium dose by ≥ 1500 mg/day
and
continue same YORVIPATH dose

No
Discontinue calcium
and
continue same YORVIPATH dose

Albumin-corrected serum calcium **very high** (≥ 12 mg/dL)

Withold YORVIPATH treatment for 2 to 3 days and then recheck serum calcium

When albumin-corrected serum calcium is < 12 mg/dL, resume titration according to the algorithm using the most recent serum calcium value

*If dose of active vitamin D is > 1 mcg/day, reduce dose by ≥ 50% and maintain current calcium dose. If dose of active vitamin D is ≤ 1 mcg/day, discontinue active vitamin D and maintain current calcium dose.

Important Safety Information

WARNINGS AND PRECAUTIONS (cont'd)

Potential Risk of Osteosarcoma

YORVIPATH is a PTH analog. An increased incidence of osteosarcoma (a malignant bone tumor) has been reported in male and female rats treated with PTH analogs, including teriparatide. Osteosarcoma occurrence in rats is dependent on teriparatide or PTH dose and treatment duration. Osteosarcoma has been reported in patients treated with teriparatide in the postmarketing setting; however, an increased risk of osteosarcoma has not been observed in observational studies in humans. There are limited data assessing the risk of osteosarcoma beyond 2 years of teriparatide use.

Important Safety Information

WARNINGS AND PRECAUTIONS (cont'd)

YORVIPATH is not recommended in patients who are at increased risk of osteosarcoma, such as patients with:

- Open epiphyses. YORVIPATH is not approved in pediatric patients.
- Metabolic bone diseases other than hypoparathyroidism, including Paget's disease of bone.
- Unexplained elevations of alkaline phosphatase.
- Bone metastases or a history of skeletal malignancies.
- History of external beam or implant radiation therapy involving the skeleton.
- Hereditary disorders predisposing to osteosarcoma.

Instruct patients to promptly report clinical symptoms (e.g., persistent localized pain) and signs (e.g., soft tissue mass tender to palpation) that could be consistent with osteosarcoma.

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Personalized Support
Powered by Nurses

The Ascendis Signature Access Program® (A·S·A·P) can provide support for your patients throughout treatment and answer questions your office staff may have*†

- The A·S·A·P team—consisting of a Nurse Advocate, a Clinical Educator, and a Field Reimbursement Manager—is dedicated to helping your patients throughout treatment
- Once consent is received from you and your patient, A·S·A·P can begin working closely with your office and the Specialty Pharmacy

A·S·A·P is committed to providing support to meet the needs of patients by:

- Facilitating benefit investigations, prior authorization, and appeal support
- Helping your patients seek financial assistance when needed to pay for YORVIPATH®
- Working to avoid gap in treatment
- Educating on pen device and importance of adherence throughout the titration and maintenance phases of treatment

Scan the QR code or call **1-844-442-7236** (available from 8 AM to 8 PM ET, Monday through Friday) and follow the prompts to reach A·S·A·P.

*The A·S·A·P program provides patient support services to eligible patients who were prescribed YORVIPATH for its approved indication.
†Terms and conditions apply. View full terms and conditions and eligibility criteria at **YorvipathHCP.com**.

Important Safety Information

WARNINGS AND PRECAUTIONS (cont'd)

Orthostatic Hypotension

Orthostatic hypotension has been reported with YORVIPATH. Associated signs and symptoms may include decreased blood pressure, dizziness (including postural dizziness), palpitations, tachycardia, presyncope, or syncope. Such symptoms can be managed by dosing at bedtime, while reclining. YORVIPATH should be administered initially when the patient can sit or lie down due to the potential of orthostatic hypotension.

Risk of Digoxin Toxicity with Concomitant Use of Digitalis Compounds

YORVIPATH increases serum calcium, and therefore, concomitant use with digoxin (which has a narrow therapeutic index) may predispose patients to digitalis toxicity if hypercalcemia develops. Digoxin efficacy may be reduced if hypocalcemia is present. When YORVIPATH is used concomitantly with digoxin, measure serum calcium and digoxin levels routinely, and monitor for signs and symptoms of digoxin toxicity. Refer to the digoxin prescribing information for dose adjustments, if needed.

Side Pocket

Ready-to-use, Once-daily Dosing

YORVIPATH® is available in 3 prefilled, multidose pens

Blue
6 • 9 • 12 mcg

Orange
15 • 18 • 21 mcg

Burgundy
24 • 27 • 30 mcg

- YORVIPATH is administered as a subcutaneous injection to the front of the thigh or abdomen
  - The injection site should be rotated daily
- YORVIPATH should be administered at the same time every day
  - If a dose is missed by less than 12 hours, it should be taken as soon as possible
  - If a dose is missed by more than 12 hours, it should be skipped and next dose should be taken as scheduled
- Before the first use, YORVIPATH must be stored in the refrigerator between 2°C to 8°C (36°F to 46°F)
  - After first use, store YORVIPATH for 14 days at room temperature below 30°C (86°F)
- The prefilled pen must be discarded 14 days after first use
- Each pack contains 2 pens (with 14 doses each) and 30 needles

The dose range of YORVIPATH is 6 to 30 mcg/day. **Do not** administer a dose higher than 30 mcg or more than 1 injection per day.

Important Safety Information

ADVERSE REACTIONS

The most common adverse reactions (≥ 5%) in patients treated with YORVIPATH were injection site reactions (39%), vasodilatory signs and symptoms (28%), headache (21%), diarrhea (10%), back pain (8%), hypercalcemia (8%) and oropharyngeal pain (7%).

Please see Important Safety Information throughout and accompanying full Prescribing Information for YORVIPATH.

A·S·A·P ASCENDIS SIGNATURE ACCESS PROGRAM®

Yorvipath® palopegteriparatide Injection 300 mcg/mL

Start Your Patients on YORVIPATH®*

Dosing and titrating YORVIPATH is carried out in 4 steps:

1 Evaluation **2 Initiation** **3 Titration** **4 Maintenance**

- The goal of titrating YORVIPATH is to maintain normal serum calcium levels while achieving independence from conventional therapy†
- YORVIPATH, active vitamin D, and/or calcium doses are adjusted based on your patient's albumin-corrected serum calcium level
- YORVIPATH is available in 3 prefilled, multidose pens with a dose range of 6 to 30 mcg/day
- The A·S·A·P team—consisting of a Nurse Advocate, a Clinical Educator, and a Field Reimbursement Manager—is dedicated to helping your patients throughout treatment

*YORVIPATH is indicated for the treatment of hypoparathyroidism in adults. YORVIPATH was not studied for acute postsurgical hypoparathyroidism. YORVIPATH's titration scheme was only evaluated in adults who first achieved an albumin-corrected serum calcium of at least 7.8 mg/dL using calcium and active vitamin D treatment.

† Independence from conventional therapy defined as not requiring active vitamin D (eg, calcitriol) or therapeutic calcium doses (> 600 mg/day).

Reference: Yorvipath. Prescribing information. Ascendis Pharma, Inc.; 2024.

Important Safety Information

DRUG INTERACTIONS

Drugs Affected by Serum Calcium

Digoxin: YORVIPATH increases serum calcium, therefore, concomitant use with digoxin (which has a narrow therapeutic index) may predispose patients to digitalis toxicity if hypercalcemia develops. Digoxin efficacy may be reduced if hypocalcemia is present. When YORVIPATH is used concomitantly with digoxin, measure serum calcium and digoxin levels, and monitor for signs and symptoms of digoxin toxicity. Adjustment of the digoxin and/or YORVIPATH dose may be needed.

Drugs Known to Affect Serum Calcium

Drugs that affect serum calcium may alter the therapeutic response to YORVIPATH. Measure serum calcium more frequently when YORVIPATH is used concomitantly with these drugs, particularly after these drugs are initiated, discontinued, or dose adjusted.

USE IN SPECIFIC POPULATIONS

Pregnancy

Available data from reports of pregnancies in the clinical trials from drug development are insufficient to identify a drug-associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes. If YORVIPATH is administered during pregnancy, or if a patient becomes pregnant while receiving YORVIPATH, healthcare providers should report YORVIPATH exposure by calling 1-844-442-7236.

Lactation

Monitor infants breastfed by females treated with YORVIPATH for symptoms of hypercalcemia or hypocalcemia. Consider monitoring serum calcium in the breastfed infant.

You are encouraged to report side effects to FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Ascendis Pharma at 1-844-442-7236.

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ascendis pharma

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