

# YORVIPATH Start Guide

What You Need to Know to Start Patients on YORVIPATH

Simplified prescribing, dosing, titration,  
and support information

## Important Safety Information

### INDICATION AND LIMITATIONS OF USE

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

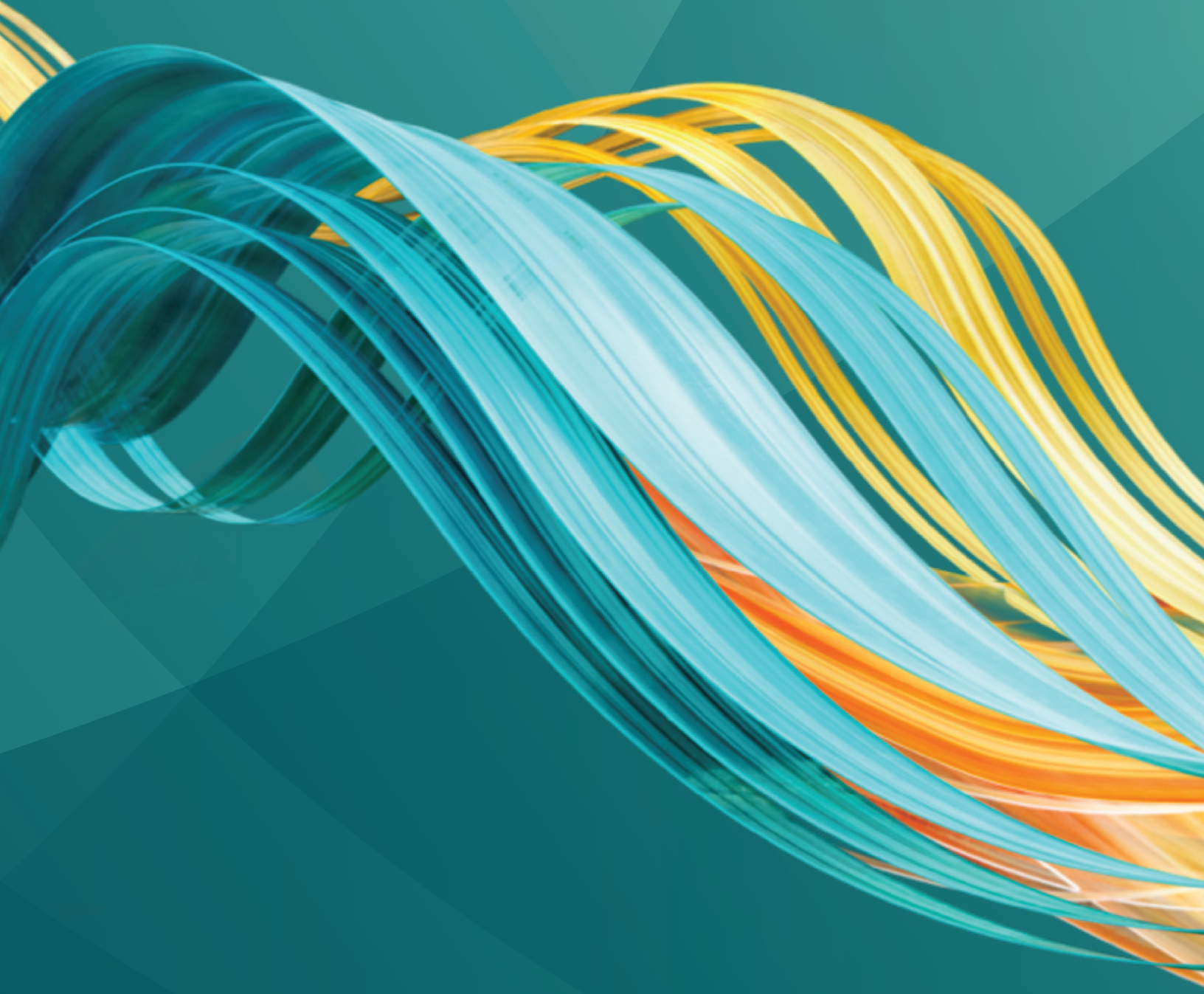
- YORVIPATH was not studied for acute post-surgical hypoparathyroidism.
- YORVIPATH's titration scheme was only evaluated in adults who first achieved an albumin-corrected serum calcium of at least 7.8 mg/dL using calcium and active vitamin D treatment.

### 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.

Please refer to full [Prescribing Information](#) for complete dosage  
and administration information for YORVIPATH.

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# There are 2 ways to prescribe YORVIPATH



## Option 1: Enrollment into A•S•A•P

The Enrollment and Consent forms serve as a prescription and enrollment into the Ascendis Signature Access Program (A•S•A•P).



You can send the **Enrollment Form** and **Consent Form**:



**Via fax**  
**1-888-436-0193**



**Via email**  
**[info@  
ascendissupport.com](mailto:info@ascendissupport.com)**



**Via online form**  
**[www.YORVIPATHhcp.com](http://www.YORVIPATHhcp.com)**

**If you have any questions, please call 1-844-442-7236.**

### Important Safety Information

#### 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.

## 2

## Option 2: Prescriptions may be sent directly to a specialty pharmacy in our limited distribution network

You can submit a prescription through an EHR directly to one of these specialty pharmacies:



**Orsini Specialty Pharmacy**

Phone: (888) 204-7802

Fax: (877) 471-8175

[orsinispecialtypharmacy.com](http://orsinispecialtypharmacy.com)

NPI: 1073608998



**PANTHERx Rare Pharmacy**

Phone: (888) 379-1821

Fax: (877) 914-0604

[pantherxrare.com](http://pantherxrare.com)

NPI: 1659762524

The specialty pharmacy will contact you and your patient as they work to navigate the insurance approval process.

All patients can receive support from the specialty pharmacy, however, A-S-A-P may provide additional support. For more information see pages 18-19.

Please see Important Safety Information throughout and full [Prescribing Information](#).

**Yorvipath**<sup>®</sup>  
palopegteriparatide  
Injection 300 mcg/mL

# Critical information for insurers

To help avoid delays during the insurance approval process, please provide the information below in your initial request for coverage

**This section provides the general information commonly requested by health plans. This information may change depending on the health plan, and it is the responsibility of the healthcare professional to best define the treatment plan for their patient with hypoparathyroidism.**



## Diagnosis

- Age/diagnosis: treatment of adults (aged 18 years or older) with hypoparathyroidism<sup>1</sup>
- Is prescribed by or in consultation with an endocrinologist (some health plans may allow for prescribing by or in consultation with a nephrologist and/or other specialist as well)

## ICD-10-CM diagnosis codes<sup>2</sup>

For informational purposes only. It is the responsibility of the healthcare provider to determine the appropriate diagnosis code(s) for his or her patient.

- **E20:** Hypoparathyroidism
- **E20.0:** Idiopathic hypoparathyroidism
- **E20.8:** Other hypoparathyroidism
- **E20.9:** Hypoparathyroidism, unspecified
- **E89.2:** Postprocedural hypoparathyroidism\*
- **D82.1:** DiGeorge syndrome

ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification.

\*If a patient has post-surgical hypoparathyroidism, and it has been >12 months, they have chronic hypoparathyroidism.<sup>3</sup>

## 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.



## Treatment history and lab values specific to diagnosis

(prescriber attestation or documentation if needed)

- Date of thyroid or anterior neck surgery (if applicable)
- Medication (prescription, over the counter and/or supplement treatment) name
  - Dosage
  - Starting date, duration, and outcome of treatments
- Albumin-corrected serum calcium  $\geq 7.8$  mg/dL<sup>1</sup>



## Clinical rationale for prescribing YORVIPATH<sup>3</sup>

(prescriber attestation or documentation if needed)

- Inadequate control with conventional management
- Poor compliance, malabsorption
- Intolerance to large doses of calcium and active vitamin D
- Risk of nephrolithiasis, nephrocalcinosis, or renal insufficiency

Please see Important Safety Information throughout and full [Prescribing Information](#).

**Yorvipath**<sup>®</sup>  
palopegteriparatide  
Injection 300 mcg/mL

# YORVIPATH dosing

YORVIPATH is available in 3 convenient, prefilled, ready-to-use multidose pens to help fit your patients' needs<sup>1</sup>

168 mcg/0.56 mL prefilled pen  
Doses: 6 • 9 • 12 mcg

NDC: 73362-100-01



294 mcg/0.98 mL prefilled pen  
Doses: 15 • 18 • 21 mcg

NDC: 73362-101-01



420 mcg/1.4 mL prefilled pen  
Doses: 24 • 27 • 30 mcg

NDC: 73362-102-01



Watch a video on how to use YORVIPATH

## 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.



Each monthly delivery contains 2 pens (with 14 doses each) and 28 needles (31 G x 5 mm), plus 2 extra needles. No separate prescription is required.<sup>1,4</sup>



YORVIPATH is ready to use—no reconstitution needed<sup>1</sup>



YORVIPATH can be self-administered at any time, day or night. YORVIPATH should be administered at the same time every day<sup>1\*</sup>



Convenient storage: 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 up to 14 days at room temperature below 30°C (86°F)<sup>1</sup>

\*Patients may initially administer YORVIPATH at any time of day, but should administer their dose at the same time of the day thereafter.<sup>1</sup>

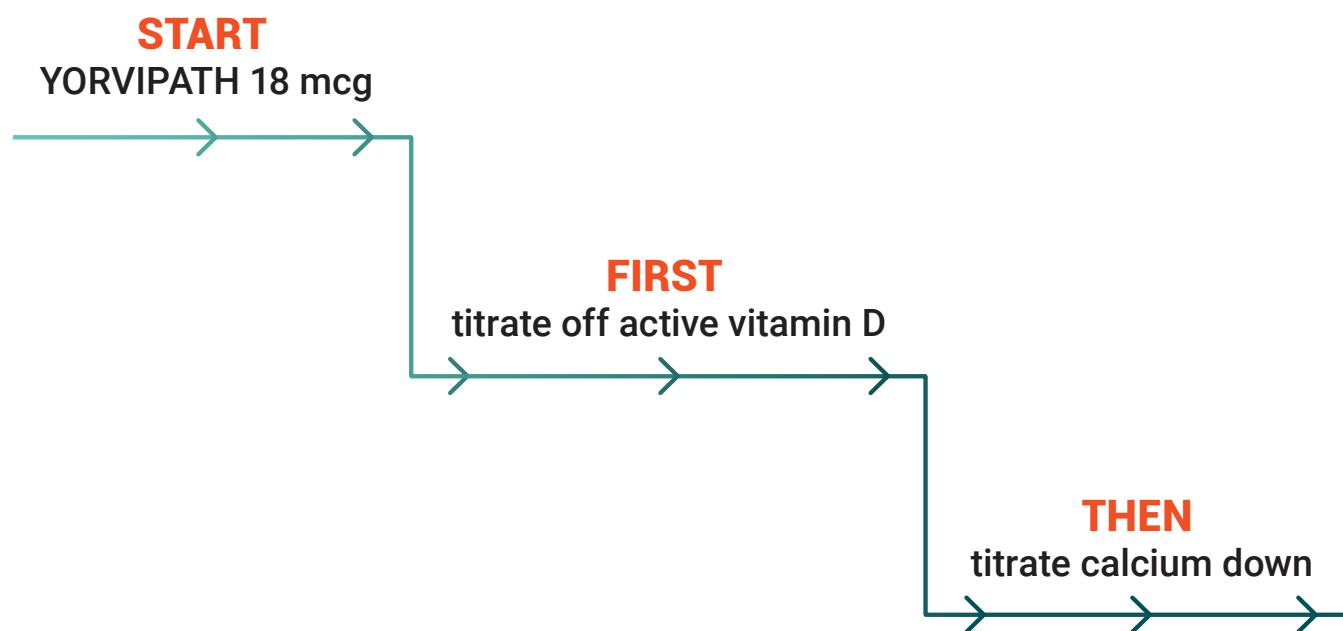
Please see Important Safety Information throughout and full [Prescribing Information](#).

**Yorvipath**<sup>®</sup>  
palopegteriparatide  
Injection 300 mcg/mL

# Before initiating YORVIPATH

## Overview

The goal of titrating YORVIPATH is to maintain normal serum calcium levels while achieving independence from conventional therapy<sup>1\*</sup>



Continue titration of YORVIPATH as needed.

**After initiating YORVIPATH, patients first should be titrated off active vitamin D (eg, calcitriol) before calcium is titrated down (some patients may still require calcium)\***

<sup>\*</sup>Independence from conventional therapy defined as not requiring active vitamin D or therapeutic calcium doses (elemental calcium  $\leq 600$  mg/day).

## 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.

# Step 1: Evaluation

Within 14 days before the first dose of YORVIPATH, confirm<sup>1</sup>:



Serum 25(OH) vitamin D is  
between 20-80 ng/mL

AND



Albumin-corrected serum calcium is  
 $\geq 7.8$  mg/dL

Please see Important Safety Information throughout  
and full [Prescribing Information](#).

**Yorvipath**<sup>®</sup>  
palopegteriparatide  
Injection 300 mcg/mL

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# Initiating YORVIPATH

## Step 2: Initiation

**START YORVIPATH** and adjust active vitamin D and calcium as guided by the following measurements<sup>1</sup>



- Use only 1 injection to achieve the once-daily recommended dosage
- **Start** YORVIPATH at 18 mcg once daily, with dose adjustments to active vitamin D and then calcium
- YORVIPATH may be titrated up or down on an individualized basis to reach the maintenance dose
- Do not increase the YORVIPATH dosage more often than every 7 days or decrease the YORVIPATH dosage more often than every 3 days

### 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.

**FIRST: Titrate off active vitamin D (calcitriol)** depending on albumin-corrected serum calcium levels and active vitamin D intake<sup>1</sup>

Measurement		Adjustment
Albumin-corrected serum calcium	Active vitamin D intake before initiating YORVIPATH	Adjustments to active vitamin D when initiating YORVIPATH
≥8.3 mg/dL	≤1 mcg/day	<b>DISCONTINUE</b>
	>1 mcg/day	<b>REDUCE</b> by 50%
≥7.8 to <8.3 mg/dL	Any amount	

**THEN: Titrate calcium down** depending on active vitamin D intake and daily calcium dosage<sup>1</sup>

Measurement			Adjustment
Albumin-corrected serum calcium	Active vitamin D intake before initiating YORVIPATH	Daily calcium dosage before initiating YORVIPATH	Adjustments to daily calcium when initiating YORVIPATH
≥7.8 mg/dL	Any amount	Any amount	<b>CONTINUE</b>
	None	>1500 mg/day	<b>DECREASE</b> by ≥1500 mg
		≤1500 mg/day	<b>DISCONTINUE*</b>

\*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.

Please see Important Safety Information throughout and full [Prescribing Information](#).

# Titration YORVIPATH

## Step 3: Titration

**≥7 days** since starting or changing dose of YORVIPATH<sup>1</sup>

Measurement	Adjustments		
Albumin-corrected Serum Calcium	Active Vitamin D*	Calcium <sup>†</sup>	<b>YORVIPATH</b>
7.8-8.2 mg/dL	Maintain current dose	Maintain current dose	Increase by 3 mcg/day
8.3-10.6 mg/dL	Decrease or discontinue*	Maintain, decrease, or discontinue <sup>†</sup>	Increase by 3 mcg/day or maintain current dose
10.7-11.9 mg/dL	Decrease or discontinue*	Maintain, decrease, or discontinue <sup>†</sup>	Decrease by 3 mcg/day or maintain current dose
≥12 mg/dL	Don't administer until serum calcium is <12 mg/dL. Titration is resumed based on previous dose		Withhold YORVIPATH for 2-3 days and recheck

\*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.

<sup>†</sup>Calcium adjustments should be made only after patient is titrated off active vitamin D; if ≥1500 mcg/day then decrease by at least 1500 mcg/day. If <1500 mcg/day, discontinue calcium.

### 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.

**Reminder:** Lab values should be tested 7-10 days after starting YORVIPATH. Refer to this chart if patients are symptomatic between Day 1 and Day 6

<b>&lt;7 days</b> since starting or changing dose of YORVIPATH <sup>1</sup>			
<b>Measurement</b>	<b>Adjustments</b>		
<b>Albumin-corrected Serum Calcium</b>	<b>Active Vitamin D*</b>	<b>Calcium<sup>†</sup></b>	<b>YORVIPATH</b>
<b>7.8-8.2 mg/dL</b>	Consider increase in current dose	Consider increase in current dose	Maintain current dose
<b>8.3-10.6 mg/dL</b>	Maintain current dose	Maintain current dose	Maintain current dose
<b>10.7-11.9 mg/dL</b>	Decrease or discontinue*	Maintain, decrease, or discontinue <sup>†</sup>	Decrease by 3 mcg/day or maintain current dose <sup>‡</sup>
<b>≥12 mg/dL</b>	Don't administer until serum calcium is <12 mg/dL. Titration is resumed based on previous dose		Withhold YORVIPATH for 2-3 days and recheck

\*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.

<sup>†</sup>**Calcium adjustments should be made only after patient is titrated off active vitamin D;** if ≥1500 mcg/day then decrease by at least 1500 mcg/day. If <1500 mcg/day, discontinue calcium.

<sup>‡</sup>YORVIPATH dose is maintained if patient is still taking vitamin D or calcium and decreased if patient is no longer taking both vitamin D or calcium.

## Important Safety Information

### WARNINGS AND PRECAUTIONS (cont'd)

#### 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.

Please see Important Safety Information throughout and full [Prescribing Information](#).

**Yorvipath**<sup>®</sup>   
palopegteriparatide  
Injection 300 mcg/mL

# Maintaining YORVIPATH

## Step 4: Maintenance



### Recommended dose range of YORVIPATH<sup>†</sup>

#### Minimum Dose

**6**

mcg/day

#### Maximum Dose

**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

\*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.

<sup>†</sup>Calcium adjustments should be made only after patient is titrated off active vitamin D; if ≥1500 mcg/day then decrease by at least 1500 mcg/day. If <1500 mcg/day, discontinue calcium.

### 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%).



## Recommended monitoring<sup>1</sup>

Measure Serum Calcium Levels Every

# 4 to 6 weeks

or as indicated

- 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

### 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.

Please see Important Safety Information throughout and full [Prescribing Information](#).

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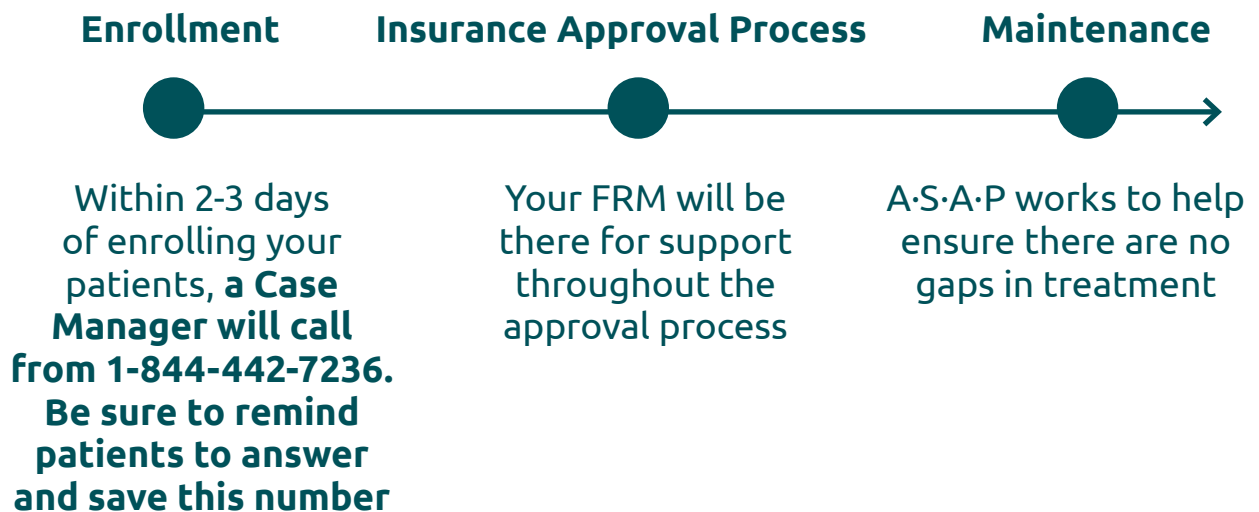
# Support with ASAP



All patients will receive support from their specialty pharmacy. However, enrollment into A·S·A·P may grant additional support with:

- ✓ Providing financial assistance, like determining eligibility for the **Co-Pay Program** in which patients may pay **as low as \$5 per monthly prescription\***
- ✓ Assistance during the insurance approval process with dedicated **Field Reimbursement Managers (FRMs)**
- ✓ Working to help ensure there are no gaps in your patient's treatment, including determining eligibility for free YORVIPATH through the **Ascendis Patient Assistance Program (PAP) or Bridge Program**

## Overview of A·S·A·P support throughout the treatment journey



\*Eligibility required. May have annual savings up to \$12,000 for commercially insured patients. Federal and state healthcare beneficiaries are ineligible (participants in programs such as Medicaid, Medicare, Medigap, VA, DOD, or TRICARE). Offer not valid for cash-paying patients. Terms and conditions apply. See full terms and conditions and eligibility criteria at [https://yorvipathhcp.com/pdf/co-pay\\_terms-and-Conditions.pdf](https://yorvipathhcp.com/pdf/co-pay_terms-and-Conditions.pdf).

DOD=Department of Defense; VA=Veterans Affairs.

# Specialty pharmacy support

## Specialty pharmacy support throughout the treatment journey



### Orsini Specialty Pharmacy

Phone: (888) 204-7802

Fax: (877) 471-8175

[orsinispecialtypharmacy.com](http://orsinispecialtypharmacy.com)

NPI: 1073608998



### PANTHERx Rare Pharmacy

Phone: (888) 379-1821

Fax: (877) 914-0604

[pantherxrare.com](http://pantherxrare.com)

NPI: 1659762524

**Remind your patients to answer calls from the numbers above and to save the number**

## What to know when sending directly to the specialty pharmacy:

- ✓ When prescribing, you'll need to provide current albumin-corrected serum calcium levels to help avoid delays during the insurance approval process
- ✓ You and your office will work directly with the specialty pharmacy during the insurance approval process
- ✓ The specialty pharmacy will contact your patient every 21 days with a refill reminder

## Important Safety Information

### DRUG INTERACTIONS

#### 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.

Please see Important Safety Information throughout and full [Prescribing Information](#).

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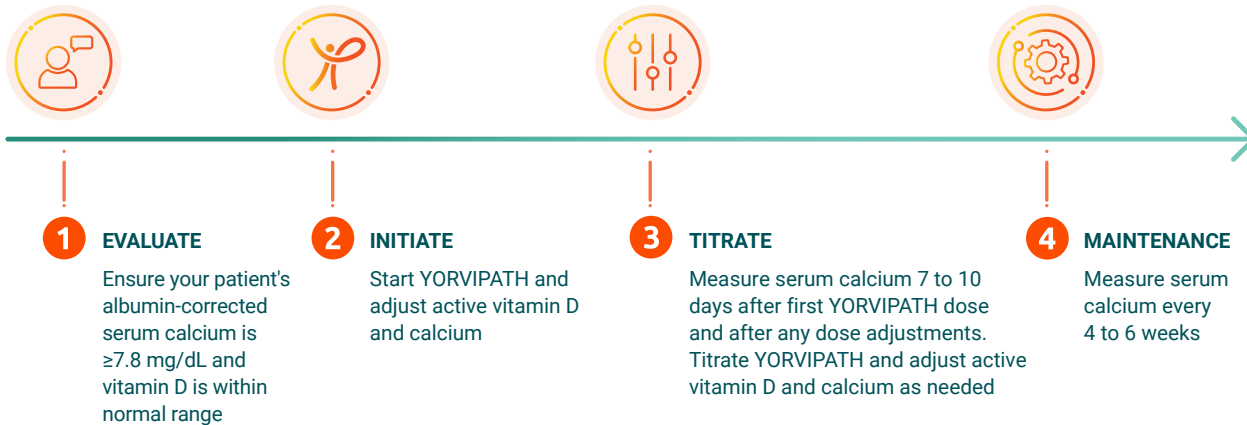
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## The goal of titrating YORVIPATH is to maintain normal serum calcium levels while achieving independence from conventional therapy<sup>1\*</sup>



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

### A•S•A•P offers personalized support with dedicated Case Managers



The Ascendis Signature Access Program<sup>®</sup> (A•S•A•P) provides access, initiation, and adherence support for your patients – visit [YORVIPATHhcp.com](https://YORVIPATHhcp.com)

## Important Safety Information

### 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](https://www.fda.gov/medwatch). You may also report side effects to Ascendis Pharma at 1-844-442-7236.

**References:** 1. Yorvipath. Prescribing information. Ascendis Pharma; 2024. 2. 2025 ICD-10-CM Diagnosis Code E20-. ICD10Data.com. Accessed September 22, 2025. <https://www.icd10data.com/ICD10CM/Codes/E00-E89/E20-E35/E20-> 3. Khan AA, Bilezikian JP, Brandi ML, et al. Evaluation and management of hypoparathyroidism summary statement and guidelines from the Second International Workshop. *J Bone Miner Res.* 2022;37(12):2568-2585. 4. Yorvipath. Instructions for Use. Ascendis Pharma, Inc.; 2024.

Please see Important Safety Information throughout and full [Prescribing Information](#).



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