Abaloparatide

Also called: Tymlos; BA058

What it is

A synthetic analog of parathyroid hormone-related peptide, PTHrP(1-34), injected at 80 micrograms once daily. Like teriparatide, its daily pulse at the PTH1 receptor builds bone; approved as Tymlos for osteoporosis at high fracture risk.

Approval status

FDA Approved. Approved in the US as Tymlos (abaloparatide injection), NDA 208743, first approved April 28, 2017; indicated for postmenopausal women and for men with osteoporosis at high fracture risk (Drugs@FDA via openFDA and the Tymlos label, read October 2, 2026).

Dosing, as printed in the page's Recommended Dosing box

Manufacturer's recommended dosing (FDA label)

From the prescribing information. Other doses studied, if any, are in the full dosing data below.

Protocol and source	Dose	Frequency	Duration	Route
Label: osteoporosis at high fracture risk (postmenopausal women; men, to increase bone density) **[Approved label]** TYMLOS (abaloparatide) injection Prescribing Information, sections 1, 2, 5, 12 and 14 (DailyMed version 19, effective August 11, 2026)	80 µg	Once daily, at about the same time	Up to 2 years in a lifetime	Subcutaneous, periumbilical abdomen

Educational information, not medical advice. Each dose above is tagged with its source: an approved label, a published human study, animal data, or amounts reported by users. None is a recommendation for you. An unapproved compound has no established safe or effective human dose, and products sold for "research use only" are not made or tested for people. Talk to a doctor before acting on anything on this site, including before you start, stop or change any medicine or dose.

Key human evidence

The first 3 of the 11 human studies carded on the page (11 study cards in all):

• **ACTIVE: abaloparatide against placebo, 2,463 women** (Human, 2016). Postmenopausal women received abaloparatide 80 µg daily, placebo or teriparatide for 18 months. Spine and non-spine fractures were less frequent than on placebo and bone density rose more ($P < .001$); high blood calcium occurred in 3.4% against 6.4% on teriparatide. **PMID 27533157**

• **ACTIVExtend: alendronate after abaloparatide, 1,139 women** (Human, 2018). Women who finished ACTIVE took alendronate for up to 24 months. Over 43 months, 0.9% who had started on abaloparatide had a new spine fracture against 5.6% who had started on placebo, an 84% relative risk reduction. **PMID 29800372**

• **ATOM: men with osteoporosis, 228 randomized** (Human, 2022). Men aged 40 to 85 took abaloparatide 80 µg or placebo daily for 12 months. Spine bone density rose 8.48% against 1.17%, total hip 2.14% against 0.01% (both $p < 0.0001$); injection-site reactions, dizziness and headache were among the commonest side effects. **PMID 36190391**

Interactions

A PubMed search for interaction studies of this compound with any drug (October 6, 2026, 1 record) found none in people. That is not evidence that it is safe to combine with anything.

Side effects and cautions

Reported side effects	Contraindications and cautions
• Injection-site reactions, dizziness and headache were among the most common in men (ATOM) • High blood calcium: 3.4% against 6.4% on teriparatide (ACTIVE) • Application-site reactions in most users of the experimental patch	• Raised risk of osteosarcoma, including open growth plates, Paget's disease, bone metastases or past radiation to the skeleton • Pre-existing high blood calcium or a disorder that causes it, such as primary hyperparathyroidism • A previous severe allergic reaction to the drug • Tested athletes — see the Sport (WADA) row below

Five questions to ask

1. Is Abaloparatide right for me, and is the labelled dose on this sheet right for my weight, age, kidney and liver function?
2. Here are the medicines and supplements I take. Do any of them interact with Abaloparatide? This sheet records none published, which does not mean none exist.
3. Which side effects should make me stop and call you, for example injection-site reactions?
4. Do any of the cautions on this sheet apply to me, such as: Raised risk of osteosarcoma, including open growth plates, Paget's disease, bone metastases or past radiation to the skeleton?
5. What should we check before I start and while I am on it (blood tests, blood pressure, weight), and how often?

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