



## Important Safety Information

### WARNING

In male and female rats, teriparatide caused an increase in the incidence of osteosarcoma (a malignant bone tumor) that was dependent on dose and treatment duration. The effect was observed at systemic exposures to teriparatide ranging from 3 to 60 times the exposure in humans given a 20-mcg dose. Because of the uncertain relevance of the rat osteosarcoma finding to humans, teriparatide should be prescribed only to patients for whom the potential benefits are considered to outweigh the potential risk. Teriparatide should not be prescribed for patients who are at increased baseline risk for osteosarcoma (including those with Paget's disease of bone or unexplained elevations of alkaline phosphatase, open epiphyses, or prior external beam or implant radiation therapy involving the skeleton) (see WARNINGS and PRECAUTIONS, Carcinogenesis).

### FORTEO® (teriparatide [rDNA origin] injection) is indicated:

- For the treatment of postmenopausal women with osteoporosis who are at high risk for fracture. These include women with a history of osteoporotic fracture, or who have multiple risk factors for fracture, or who have failed or are intolerant of previous osteoporosis therapy, based upon physician assessment (see BOXED WARNING). In postmenopausal women with osteoporosis, FORTEO increases BMD and reduces the risk of vertebral and nonvertebral fractures
- To increase bone mass in men with primary or hypogonadal osteoporosis who are at high risk for fracture. These include men with a history of osteoporotic fracture, or who have multiple risk factors for fracture, or who have failed or are intolerant to previous osteoporosis therapy, based upon physician assessment (see BOXED WARNING). In men with primary or hypogonadal osteoporosis, FORTEO increases BMD. The effects of FORTEO on risk for fracture in men have not been studied

### CONTRAINDICATIONS

Hypersensitivity to teriparatide or to any of its excipients.

### WARNINGS

The following categories of patients have increased baseline risk of osteosarcoma and therefore should not be treated with FORTEO:

- Paget's disease of bone
- Pediatric populations and young adults with open epiphyses
- Prior external beam or implant radiation therapy involving the skeleton

Patients with the following conditions also should not receive FORTEO:

- Bone metastases or a history of skeletal malignancies
- Metabolic bone diseases other than osteoporosis
- Pre-existing hypercalcemia

### PRECAUTIONS

The safety and efficacy of FORTEO have not been evaluated beyond 2 years of treatment. Consequently, use of the drug for more than 2 years is not recommended.

In clinical pharmacology studies with FORTEO, there were rare, randomly occurring episodes of symptomatic orthostatic hypotension. Such episodes typically occurred within the first several doses, were relieved by patients assuming a reclining position, and did not preclude continued treatment.

FORTEO may increase serum calcium and urinary calcium. In clinical trials, neither sustained hypercalcemia nor hypercalciuria were observed. Physicians should measure serum calcium at least 16 hours post-dose if sustained hypercalcemia of any etiology is suspected.

### ADVERSE EVENTS

The most common side effects associated with FORTEO are nausea, dizziness, leg cramps, joint aches, and injection site reactions.

### INSTRUCTIONS FOR FORTEO USE

FORTEO is provided as a multidose, prefilled delivery device that can be used for up to 28 days, including the first injection. The delivery device contains 28 daily doses of 20 mcg each.

Do not transfer the contents of the delivery device into a syringe.

  
**FORTEO™**  
teriparatide (rDNA origin) injection

**NEW BONE. NEW STRENGTH.**

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