I think my POSTMENOPAUSAL OSTEOPOROSIS treatment is working.
But what if it’s not?

Some people have developed unusual fractures in their thigh bone.

Treatment with Prolia®.

Start Prolia® and may tell you to see your dentist. It is

Severe jaw bone problems (osteonecrosis)

May occur.

Take calcium and vitamin D as your doctor tells you to

Blood calcium must be treated before you receive Prolia®.

If you have low blood calcium; or

Some people who take Prolia®

Can cause serious side effects:

• Had parathyroid or thyroid surgery (glands located in

your stomach or intestines (malabsorption syndrome)

• Have kidney problems or are on kidney dialysis

• Have been told you have trouble absorbing minerals in

your arms and legs, high cholesterol, muscle pain, and

• Tell your doctor right away if you become pregnant

Females who are able to become pregnant:

• You should use an effective method of birth control

• Your healthcare provider should do a pregnancy test

• Your arms and legs, high cholesterol, muscle pain, and

• Call your doctor for medical advice about side effects.

These are not all the possible side effects of Prolia®.

What are the possible side effects of Prolia®?

Before taking Prolia®, you should:

• Take the medicine XGEVA® (denosumab)

• Medical conditions, including if you:

• Have low blood calcium; or

• Are breast-feeding or plan to breast-feed

• Have kidney problems or are on kidney dialysis

• Cannot take daily calcium and vitamin D

• Had parathyroid or thyroid surgery (glands located in

your neck)

• Your immune system may have an increased risk for

• Inflammation of your skin, lower stomach area

• Serious infections

• Your bladder infection.

• Inflammation of your skin, lower stomach area

• Your immune system may have an increased risk for

• Inflammation of your skin, lower stomach area

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• Your bladder infection.

• Inflammation of your skin, lower stomach area

• Serious infections

• Your bladder infection.
What you need to know to help STRENGTHEN YOUR BONES
Get the most out of
YOUR TREATMENT

Your health is important to you, but when was the last time you thought about your bone strength? Bone strength is critical to staying active and being healthy. That’s why it’s a good idea to take stock of what you’re doing currently.

If what you’re currently doing isn’t helping your bones get stronger, this could be the right time to talk to your doctor about making a switch in your postmenopausal osteoporosis treatment. There are many ways to treat postmenopausal osteoporosis, so you should find one that is right for you.

Inside you’ll find information about:
• The risks of postmenopausal osteoporosis
• The benefits of treating this disease
• How you can talk to your doctor about the best treatment plan for you

Osteoporosis is a chronic disease that needs ongoing treatment. Remember, talk to your doctor about what you can do to help strengthen your bones.
The importance
OF STRONG BONES

Postmenopausal osteoporosis is a silent, chronic disease. It is not just a normal part of aging. It needs to be taken seriously.

The importance of treating now

Left untreated, your bones will only become weaker and more brittle. This could lead to a change in your posture.

Weak bones also fracture more easily. A fracture can make it difficult to get around and do things on your own. What would a fracture mean for you?

DID YOU KNOW?

You can lose up to 20% of your bone mass in the 5 to 7 years after menopause. This puts you at increased risk for fracture.

Half of all women over 50 will have a fracture due to osteoporosis in their lifetime.

You don’t have to accept weak bones as your new reality. Talk to your doctor about finding a treatment plan that works for you.

A visit to the doctor’s office can be a busy time, so be prepared to talk about your bone health. The first step is talking about your current treatment plan. Your current plan may include some or all of the following:

• Vitamin D
• Calcium supplements
• Weight-bearing exercises
• A calcium-rich diet

These are all good, but you may need to talk to your doctor about what else you can do to help your bones get stronger.

Important Safety Information

The most common side effects of Prolia® are back pain, pain in your arms and legs, high cholesterol, muscle pain, and bladder infection.

Please see additional Important Safety Information on pages 18-19 and accompanying Prolia® full Prescribing Information, including Medication Guide.
The National Osteoporosis Foundation recommends postmenopausal women on treatment have a bone density scan every 2 years. A bone density scan is commonly called a DXA (sometimes pronounced dixa). A DXA scan is usually done at the hip and spine to measure bone mineral density. But osteoporosis is not limited to just one part of the body. It affects all the bones.

The results of this scan are reported as a T-score, which compares your bone density to that of a healthy 30-year-old woman.

Getting a picture of YOUR BONE HEALTH

The National Osteoporosis Foundation recommends postmenopausal women on treatment have a bone density scan every 2 years. A bone density scan is commonly called a DXA (sometimes pronounced dixa). A DXA scan is usually done at the hip and spine to measure bone mineral density. But osteoporosis is not limited to just one part of the body. It affects all the bones.

The results of this scan are reported as a T-score, which compares your bone density to that of a healthy 30-year-old woman.

If you haven’t had a DXA scan in 2 years, then it could be time to see how your bones are doing. Talk to your doctor about scheduling a DXA scan.

Your doctor uses your T-score to help determine your treatment plan.

A T-score of -2.5 or lower is defined as osteoporosis. The lower the score, the weaker your bones are, and the greater your risk of fracture.
It’s time you knew about PROLIA®

PROLIA® is a prescription medicine used to treat osteoporosis in women after menopause who:
• are at high risk for fracture or
• cannot use another osteoporosis medicine or other osteoporosis medicines did not work well

Do not take PROLIA® if you: have low blood calcium; or are pregnant or plan to become pregnant, as PROLIA® may harm your unborn baby; or are allergic to denosumab or any ingredients in PROLIA®.

PROLIA® is the first and only prescription medicine for postmenopausal osteoporosis that is 1 shot every 6 months given in your doctor’s office.

You should take calcium and vitamin D as your doctor tells you to while you receive PROLIA®. After your treatment with PROLIA® is stopped, your risk for breaking bones, including bones in your spine, is increased. Do not stop taking PROLIA® without first talking with your doctor.

Please see additional Important Safety Information on pages 18-19 and accompanying PROLIA® full Prescribing Information, including Medication Guide.

PROLIA® FACTS:
Women taking PROLIA® for 3 years reduced their risk of new spine fractures by 68%.

In a 3-year study, women not treated with PROLIA® had more new spine fractures (7.2%) compared with women treated with PROLIA® (2.3%).

PROLIA® has been used to treat women with postmenopausal osteoporosis since 2010.

PROLIA® is proven to:
• Significantly reduce fractures of the spine, hip, and other bones
• Help increase bone density
• Help make bones stronger with 1 shot every 6 months

Are you ready to help strengthen your bones? Talk with your doctor to see if PROLIA® is right for you.
The National Osteoporosis Foundation recommends postmenopausal women on treatment have a bone density scan every 2 years. A bone density scan is commonly called a DXA (sometimes pronounced dexa). A DXA scan is usually done at the hip and spine to measure bone mineral density. But osteoporosis is not limited to just one part of the body. It affects all the bones.

The results of this scan are reported as a T-score, which compares your bone density to that of a healthy 30-year-old woman.

**Getting a picture of YOUR BONEHEALTH**

If you haven't had a DXA scan in 2 years, then it could be time to see how your bones are doing. Talk to your doctor about scheduling a DXA scan.

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**How PROLIA® WORKS**

**Without Prolia®**
For women with postmenopausal osteoporosis, there is an excess of bone-removing cells, causing bones to become weak and brittle.

**With Prolia®**
Prolia® works by stopping the development of bone-removing cells in the body, before they can reach and damage the bone.

For a more detailed explanation and video showing how Prolia® works, visit prolia.com/about/how-prolia-works.

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**How PROLIA® IS DIFFERENT**

Prolia® is the first and only prescription medicine for postmenopausal osteoporosis that is a shot given 2 times a year in your doctor’s office.

You should take calcium and vitamin D as your doctor tells you to while you receive Prolia®. After your treatment with Prolia® is stopped, your risk for breaking bones, including bones in your spine, is increased. Do not stop taking Prolia® without first talking with your doctor.

Prolia® is not a pill, so it doesn’t go down your esophagus or through your stomach.

**BONE FACT:**
Your bones are alive and ever-changing. There are cells in your body that remove old bone, and other cells that rebuild bone. It is an ongoing natural process happening in your body.

**Important Safety Information**
Prolia® can cause serious side effects. Possible serious side effects include serious allergic reactions, low blood calcium, severe jaw bone problems, unusual thigh bone fractures, increased risk of broken bones, including broken bones in the spine after stopping Prolia®, serious infections, skin problems, and severe bone, joint or muscle pain.

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Please see additional Important Safety Information on pages 18-19 and accompanying Prolia® full Prescribing Information, including Medication Guide.
The importance of strong bones

Postmenopausal osteoporosis is a silent, chronic disease. It is not just a normal part of aging. It needs to be taken seriously.

The importance of treating now

Left untreated, your bones will only become weaker and more brittle. This could lead to a change in your posture. Weak bones also fracture more easily. A fracture can make it difficult to get around and do things on your own.

What would a fracture mean for you?

If your current treatment isn’t strengthening your bones, talk to your doctor to find out if Prolia® could be right for you.

Are you on the path to stronger bones?

Here are some conversation starters to help you talk about your bone health with your doctor:

• What was my last bone density test score?
• Are my bones getting stronger with my current therapy?
• I don’t know if my treatment is right for me. After I take my medication, my throat often burns, or I get a sour taste in my mouth. Is there another option?
• I’ve taken a medicine in the past but stopped; what does that mean for my bone strength?
• Would Prolia® be a good option for me?

DID YOU KNOW?

You can lose up to 20% of your bone mass in the 5 to 7 years after menopause. This puts you at increased risk for fracture.

Half of all women over 50 will have a fracture due to osteoporosis in their lifetime.

You don’t have to accept weak bones as your new reality. Talk to your doctor about finding a treatment plan that works for you.

A visit to the doctor’s office can be a busy time, so be prepared to talk about your bone health. The first step is talking about your current treatment plan. Your current plan may include some or all of the following:

• Vitamin D
• Calcium supplements
• Weight-bearing exercises
• A calcium-rich diet

These are all good, but you may need to talk to your doctor about what else you can do to help your bones get stronger.

Important Safety Information

The most common side effects of Prolia® are back pain, pain in your arms and legs, high cholesterol, muscle pain, and bladder infection.

Please see additional Important Safety Information on pages 18-19 and accompanying Prolia® full Prescribing Information, including Medication Guide.
Important Safety Information

Do not take Prolia® if you:
- have low blood calcium;
- are pregnant or plan to become pregnant, as Prolia® may harm your unborn baby;
- are allergic to denosumab or any ingredients in Prolia®.

What is the most important information I should know about Prolia®?

If you receive Prolia®, you should not receive XGEVA®.
Prolia® contains the same medicine as XGEVA® (denosumab).
Prolia® can cause serious side effects:

- **Serious allergic reactions** have happened in people who take Prolia®. Call your doctor or go to your nearest emergency room right away if you have any symptoms of a serious allergic reaction, including low blood pressure (hypotension); trouble breathing; throat tightness; swelling of your face, lips, or tongue; rash; itching; or hives.

- **Low blood calcium (hypocalcemia).** Prolia® may lower the calcium levels in your blood. If you have low blood calcium, it may get worse during treatment. Your low blood calcium must be treated before you receive Prolia®. Take calcium and vitamin D as your doctor tells you to help prevent low blood calcium.

- **Severe jaw bone problems (osteonecrosis)** may occur. Your doctor should examine your mouth before you start Prolia® and may tell you to see your dentist. It is important for you to practice good mouth care during treatment with Prolia®.

- **Unusual thigh bone fractures.** Some people have developed unusual fractures in their thigh bone. Symptoms of a fracture include new or unusual pain in your hip, groin, or thigh.

- **Increased risk of broken bones, including broken bones in the spine.** After your treatment with Prolia® is stopped, your risk for breaking bones, including bones in your spine, is increased. Your risk for having more than 1 broken bone in your spine is increased if you have already had a broken bone in your spine. Do not stop taking Prolia® without first talking with your doctor. If your Prolia® treatment is stopped, talk to your doctor about other medicine that you can take.

Osteoporosis is a chronic disease that needs ongoing treatment. Remember, talk to your doctor about what you can do to help strengthen your bones.

Your health is important to you, but when was the last time you thought about your bone strength? Bone strength is critical to staying active and being healthy. That’s why it’s a good idea to take stock of what you’re doing currently. If what you’re currently doing isn’t helping your bones get stronger, this could be the right time to talk to your doctor about making a switch in your postmenopausal osteoporosis treatment. There are many ways to treat postmenopausal osteoporosis, so you should find one that is right for you.

For women with postmenopausal osteoporosis at high risk for fracture

What to expect WITH PROLIA® (denosumab)

1 shot every 6 months to help strengthen your bones.

**Let’s get started.**

1st Injection

Get your first injection. This could start you on your path to help strengthen your bones.

Important Safety Information

You should take calcium and vitamin D as your doctor tells you to while you receive Prolia®. After your treatment with Prolia® is stopped, your risk for breaking bones, including bones in your spine, is increased. Do not stop taking Prolia® without first talking with your doctor.

Please see additional Important Safety Information on pages 18-19 and accompanying Prolia® full Prescribing Information, including Medication Guide.
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Let's get started.

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Get your first injection. This could start you on your path to help strengthen your bones.

Important Safety Information
You should take calcium and vitamin D as your doctor tells you to while you receive Prolia®. After your treatment with Prolia® is stopped, your risk for breaking bones, including bones in your spine, is increased. Do not stop taking Prolia® without first talking with your doctor.

Please see additional Important Safety Information on pages 18-19 and accompanying Prolia® full Prescribing Information, including Medication Guide.

2nd Injection
Get your second injection. It's important that you schedule your next appointment so you can talk to your doctor about your treatment.

3rd Injection
Get your third injection. While you may not feel any different, it's important to keep receiving your injections. Also make sure to tell your doctor how your treatment is going.

4th Injection
Get your fourth injection. Remember, keep visiting your doctor for Prolia® injections.

Stay active, as directed by your doctor. Take calcium and vitamin D as your doctor tells you to while you receive Prolia®.

See your results in a DXA scan
The National Osteoporosis Foundation recommends getting a bone density scan (DXA) every 2 years while on treatment. This test will let you know how your bone mineral density is changing.

Join the Prolia® Patient Support Program at the start of your treatment and receive timely injection reminders and more. You'll find this information at the back of the brochure along with a sign-up card. You can also call 1-888-776-5426 or visit prolia.com/support.

Important Safety Information
Prolia® can cause serious side effects. Possible serious side effects include serious allergic reactions, low blood calcium, severe jaw bone problems, unusual thigh bone fractures, increased risk of broken bones, including broken bones in the spine after stopping Prolia®, serious infections, skin problems, and severe bone, joint, or muscle pain.
Important Safety Information

Do not take Prolia® if you: have low blood calcium; or
are pregnant or plan to become pregnant, as Prolia®
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denosumab or any ingredients in Prolia®.

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Prolia® contains the same medicine as XGEVA®
(denosumab).

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Serious allergic reactions have happened in people
who take Prolia®. Call your doctor or go to your nearest
emergency room right away if you have any symptoms
of a serious allergic reaction, including low blood
pressure (hypotension); trouble breathing; throat
tightness; swelling of your face, lips, or tongue; rash;
itching, or hives.

Low blood calcium (hypocalcemia). Prolia® may lower
the calcium levels in your blood. If you have low blood
calcium, it may get worse during treatment. Your low
blood calcium must be treated before you receive Prolia®.

Take calcium and vitamin D as your doctor tells you to
help prevent low blood calcium.

Severe jaw problems (osteonecrosis) may occur.
Your doctor should examine your mouth before you
start Prolia® and may tell you to see your dentist. It is
important for you to practice good mouth care during
treatment with Prolia®.

Unusual thigh bone fractures. Some people have
developed unusual fractures in their thigh bone.
Symptoms of a fracture include new or unusual pain in
your hip, groin, or thigh.

Increased risk of broken bones, including broken bones
in the spine, after stopping Prolia®. After your treatment
with Prolia® is stopped, your risk for breaking bones,
including bones in your spine, is increased. Your risk for
having more than 1 broken bone in your spine is
increased if you have already had a broken bone in your
spine. Do not stop taking Prolia® without first talking
with your doctor. If your Prolia® treatment is stopped, talk to
your doctor about other medicine that you can take.

Serious infections in your skin, lower stomach area
(abdomen), bladder, or ear may happen. Inflammation of
the inner lining of the heart (endocarditis) due to an
infection may also happen more often in people who
take Prolia®. You may need to go to the hospital for
treatment.

Prolia® is a medicine that may affect the ability of your
body to fight infections. People who have weakened
immune systems or take medicines that affect the
immune system may have an increased risk for
developing serious infections.

Skin problems such as inflammation of your skin
(dermatitis), rash, and eczema have been reported.

Bone, joint, or muscle pain. Some people who take
Prolia® develop severe bone, joint, or muscle pain.

Before taking Prolia®, tell your doctor about all of your
medical conditions, including if you:
• Take the medicine XGEVA® (denosumab)
• Have low blood calcium
• Cannot take daily calcium and vitamin D
• Had parathyroid or thyroid surgery (glands located in
your neck)
• Have been told you have trouble absorbing minerals in
your stomach or intestines (malabsorption syndrome)
• Have kidney problems or are on kidney dialysis
• Have broken bone problems or are on kidney dialysis
• Are taking medicine that can lower your blood
calcium levels
• Are pregnant or plan to become pregnant

Females who are able to become pregnant:
• Your healthcare provider should do a pregnancy test
before you start treatment with Prolia®.
• You should use an effective method of birth control
(contraception) during treatment with Prolia® and for
at least 5 months after your last dose of Prolia®.
• Tell your doctor right away if you become pregnant
while taking Prolia®.
• Are breastfeeding or plan to breast-feed

What are the possible side effects of Prolia®?
It is not known if the use of Prolia® over a long period of
time may cause slow healing of broken bones. The most
common side effects of Prolia® are back pain, pain in
your arms and legs, high cholesterol, muscle pain, and
bladder infection.

These are not all the possible side effects of Prolia®.
Call your doctor for medical advice about side effects.
You are encouraged to report negative side effects of
prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088

Please see accompanying Prolia®
full prescribing information,
including medication guide.
To provide me with informational and marketing materials relating to Prolia® Patient Support Program and additional information, including my personal health information, as for the purpose of:

• To operate, administer, enroll me in, and/or continue my participation in the Prolia® Patient Support Program and related activities (welcome kit, postcards, tips to help you strengthen your bones, electronic tips, reminders for your next Prolia® shot, sent directly to you)

Authorization

I authorize Amgen and its contractors and business partners (“Amgen”) to use and/or disclose my personal information, as for the purpose of:

• To improve, develop, and evaluate products, services, materials and programs and/or my condition or treatment; and/or
• To operate, administer, enroll me in, and/or continue my participation in the Prolia® Patient Support Program and related activities (welcome kit, postcards, tips to help you strengthen your bones, electronic tips, reminders for your next Prolia® shot, sent directly to you)

• To provide me with informational and marketing materials relating to Prolia® products and services, and/or my condition or treatment; and/or
• To operate, administer, enroll me in, and/or continue my participation in the Prolia® Patient Support Program and related activities (welcome kit, postcards, tips to help you strengthen your bones, electronic tips, reminders for your next Prolia® shot, sent directly to you)

Name of Patient

Date of recent Prolia® injection (mm/dd/yyyy)

Name

Address

City

State

Zip

Phone

Cell Phone

Email

By signing this form above, I agree to enroll in the Prolia® Patient Support Program, for my own personal use and to receive information and communications from Amgen that relate to my condition (which I can separately opt-in on the right).

In addition to the above consent, I understand that by checking this box, I am also enrolling into the Prolia® Patient Support injection reminder program and consenting to receive informational and marketing communications related to my condition and treatment.

If you do not wish your information to be used for the purposes described above, you can opt-out at any time.

Amgen Inc., One Amgen Center Drive, Thousand Oaks, CA 91320-1799.

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For questions about the Prolia® Patient Support Program and related activities, including the Prolia® Co-pay Program, please call 1-877-491-1955.

If you do not want your information used for the purposes described above, you can opt-out at any time.

The Amgen Patient Support Program is designed for commercially insured patients. It is free and optional. You do not have to sign this authorization. Amgen and its contractors and business partners are not responsible for any medications you receive. To obtain a copy of this authorization or to cancel at any time, you can contact Amgen by calling 1-877-491-1955, or by writing to PO Box 781046, Indianapolis, IN 46278.

I authorize Amgen and its contractors and business partners (“Amgen”) to use and/or disclose my personal information, as for the purpose of:

• To provide me with informational and marketing materials relating to Prolia® products and services, and/or my condition or treatment; and/or
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1. Sign up for free support

The Prolia® Patient Support Program helps you manage and stay on track with your treatment. Please fill out all of the fields below to join. Date of recent Prolia® injection (mm/dd/yyyy)

Name

Address

City

State

Zip

Phone

Cell Phone

Email

Please be sure to sign this authorization, then seal and mail.

2. Reminders for your next Prolia® shot, sent directly to you

You’ll receive:

Stay committed to

Please see Important Safety Information

My new Prolia® injection date is:

Why risk forgetting an appointment? We can help.

Food and Drug Administration/Center for Drug Evaluation and Research

Please be sure to sign this authorization, then seal and mail.

3. Resources and educational materials at your fingertips

You’ll receive:

Stay committed to

Please see Important Safety Information

My new Prolia® injection date is:

Why risk forgetting an appointment? We can help.

Food and Drug Administration/Center for Drug Evaluation and Research

Please be sure to sign this authorization, then seal and mail.

Learn more about how Prolia® works

4. Information provided by your healthcare provider

You’ll receive:

Stay committed to

Please see Important Safety Information

My new Prolia® injection date is:

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Food and Drug Administration/Center for Drug Evaluation and Research

Please be sure to sign this authorization, then seal and mail.

Learn more about how Prolia® works

5. Important dates and deadlines

You’ll receive:

Stay committed to

Please see Important Safety Information

My new Prolia® injection date is:

Why risk forgetting an appointment? We can help.

Food and Drug Administration/Center for Drug Evaluation and Research

Please be sure to sign this authorization, then seal and mail.

Learn more about how Prolia® works

6. Informational and marketing communications

You’ll receive:

Stay committed to

Please see Important Safety Information

My new Prolia® injection date is:

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Food and Drug Administration/Center for Drug Evaluation and Research

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Learn more about how Prolia® works
I think my POSTMENOPAUSAL OSTEOPOROSIS treatment is working. But what if it's not? What you need to know to help STRENGTHEN YOUR BONES

Serious infections in your skin, lower stomach area (abdomen), bladder, or ear may happen. Inflammation of the inner lining of the heart (endocarditis) due to an infection may also happen more often in people who take Prolia®. You may need to go to the hospital for treatment.

Prolia® is a medicine that may affect the ability of your body to fight infections. People who have weakened immune systems or take medicines that affect the immune system may have an increased risk for developing serious infections.

Skin problems such as inflammation of your skin (dermatitis), rash, and eczema have been reported. Bone, joint, or muscle pain. Some people who take Prolia® develop severe bone, joint, or muscle pain.

Before taking Prolia®, tell your doctor about all of your medical conditions, including if you:
• Take the medicine XGEVA® (denosumab)
• Have low blood calcium
• Cannot take daily calcium and vitamin D
• Had parathyroid or thyroid surgery (glands located in your neck)
• Have been told you have trouble absorbing minerals in your stomach or intestines (malabsorption syndrome)
• Have kidney problems or are on kidney dialysis
• Plan to have dental surgery or teeth removed
• Are pregnant or plan to become pregnant

Females who are able to become pregnant:
• Your healthcare provider should do a pregnancy test before you start treatment with Prolia®.
• You should use an effective method of birth control (contraception) during treatment with Prolia® and for at least 5 months after your last dose of Prolia®.
• Tell your doctor right away if you become pregnant while taking Prolia®.
• Are breast-feeding or plan to breast-feed

What are the possible side effects of Prolia®?

It is not known if the use of Prolia® over a long period of time may cause slow healing of broken bones. The most common side effects of Prolia® are back pain, pain in your arms and legs, high cholesterol, muscle pain, and bladder infection.

These are not all the possible side effects of Prolia®. Call your doctor for medical advice about side effects.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Please see accompanying Prolia® full Prescribing Information, including Medication Guide.

For more information, visit myprolia.com or call 1-888-776-5426.