

Covered for your **TRICARE®** patients

- Rayaldee® is available for a \$68 copay for up to a 90-day supply via **TRICARE® Pharmacy Home Delivery***
- Rayaldee® is available for a \$68 copay for up to a 30-day supply via **TRICARE® retail network pharmacy**
- Active Duty Service Members have no prescription drug cost (\$0) when using a military pharmacy, TRICARE® Pharmacy Home Delivery, or a TRICARE® retail network pharmacy for covered drugs

*Rayaldee is available for a \$34 copay for up to a 90-day supply via TRICARE Pharmacy Home Delivery if Rayaldee is determined to be medically necessary. The prescriber must complete, sign and submit the TRICARE Pharmacy Program Medical Necessity Form for Vitamin D Analogs: Calcifediol (Rayaldee).

Download a PDF of the Medical Necessity Form at <https://rayaldee.com/wp-content/themes/rayaldee/pdfs/hcp/tricare-rayaldee-letter-of-medical-necessity.pdf> or scan the QR code at the right to download.

Source: TRICARE® Costs and Fees 2022. <https://www.tricare.mil/publications>. <https://www.express-scripts.com/frontend/open-enrollment/tricare/fst/#/formularyPricing/home> / Date accessed: July 2022.

SCAN CODE



Call **OPKO CONNECT** at **1-844-414-OPKO** to speak with a Rayaldee®
Support Specialist Monday-Friday from 8 am to 8 pm ET or email
OPKOCONNECT@RXALLCARE.COM.

Indication and Limitations of Use

Rayaldee® (calcifediol) extended-release 30 mcg capsules is indicated for the treatment of secondary hyperparathyroidism in adults with stage 3 or 4 chronic kidney disease and serum total 25-hydroxyvitamin D levels less than 30 ng/mL. Rayaldee is not indicated in patients with stage 5 chronic kidney disease or end-stage renal disease on dialysis.

Important Safety Information

• **Hypercalcemia:** Excessive administration of vitamin D compounds, including Rayaldee, can cause hypercalcemia and hypercalciuria. Severe hypercalcemia due to substantial overdosage of vitamin D and its metabolites may require emergency attention. Patients should be informed about the symptoms of elevated calcium. • **Digitalis toxicity:** Potentiated by hypercalcemia of any cause. Monitor serum calcium and signs and symptoms of digitalis toxicity more frequently when initiating or adjusting the dose of Rayaldee. • **Adynamic Bone Disease:** Monitor for abnormally low levels of intact parathyroid hormone (iPTH) levels when using Rayaldee, and adjust dose if needed. • The most common adverse reactions (≥3% and more frequent than placebo) were anemia, nasopharyngitis, increased blood creatinine, dyspnea, cough, congestive heart failure and constipation. • Care should be taken while dosing Rayaldee with cytochrome P450 inhibitors, thiazides, cholestyramine or drugs stimulating microsomal hydroxylation due to the potential for drug interactions. • Serum calcium should be below 9.8 mg/dL before initiating treatment. • Monitor serum calcium, phosphorus, 25-hydroxyvitamin D and iPTH 3 months after starting therapy or changing dose.

For Full Prescribing Information, visit www.Rayaldee.com.

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