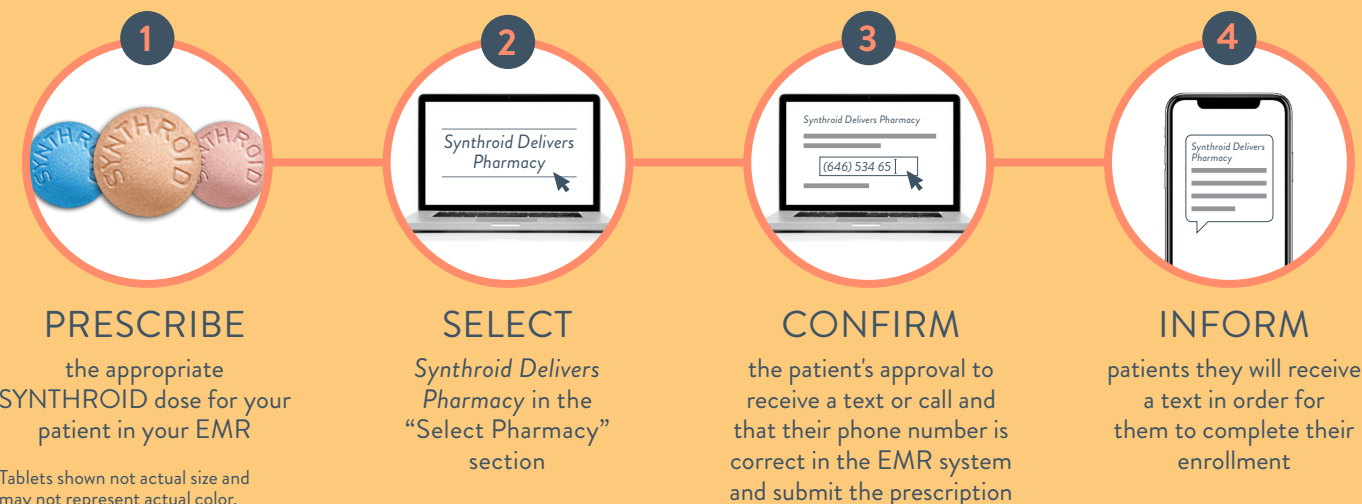


A DIRECT-TO-PATIENT PHARMACY PROGRAM

that offers patients a cash-pay option to receive Synthroid® consistently and conveniently.



State the following to your patient to confirm approval to receive text: “As part of the *Synthroid Delivers Program*, Eagle Pharmacy can send you a text message to offer you the opportunity to enroll into the *Synthroid Delivers Program*. Can I provide your mobile number to Eagle Pharmacy so they may send you a text message with instructions on how to enroll in the *Synthroid Delivers Program*?”

Eagle Pharmacy LLC administers the *Synthroid Delivers Program* on behalf of AbbVie to fulfill your SYNTHROID prescription.

You can also enroll by fax or phone. Be sure you have the patient's best contact number.

Fax: Complete and fax the enrollment form to *Synthroid Delivers Pharmacy* at 1-877-816-5523

Phone: Dial 1-888-920-0527 and a representative will assist you

To complete the enrollment, your patient will need to visit Synthroiddeliversprogram.com or call 1-844-GET-SYNTHROID 1-844-438-7968.

Download more enrollment forms at SynthroidPro.com/cost-coverage.

INDICATIONS¹

Hypothyroidism

SYNTHROID® (levothyroxine sodium) tablets for oral use is an L-thyroxine (T4) indicated in adult and pediatric patients, including neonates, as a replacement therapy in primary (thyroidal), secondary (pituitary), and tertiary (hypothalamic) congenital or acquired hypothyroidism.

Pituitary Thyrotropin (Thyroid Stimulating Hormone, TSH) Suppression

SYNTHROID is indicated in adult and pediatric patients, including neonates, as an adjunct to surgery and radioiodine therapy in the management of thyrotropin-dependent well-differentiated thyroid cancer.

Limitation of Use¹

SYNTHROID is not indicated for suppression of benign thyroid nodules and nontoxic diffuse goiter in iodine-sufficient patients, as there are no clinical benefits and overtreatment with SYNTHROID may induce hyperthyroidism.

SYNTHROID is not indicated for treatment of hypothyroidism during the recovery phase of subacute thyroiditis.

SAFETY CONSIDERATIONS

- **SYNTHROID should not be used for the treatment of obesity or for weight loss.**
- SYNTHROID is contraindicated in patients with uncorrected adrenal insufficiency.
- SYNTHROID is a narrow therapeutic index drug requiring careful titration to avoid the negative effects of overtreatment or undertreatment. In pediatric patients with congenital and acquired hypothyroidism, undertreatment or overtreatment is associated with serious clinical outcomes.
- In the elderly and in patients with cardiovascular disease, SYNTHROID should be initiated at lower doses than those recommended in younger individuals or in patients without cardiac disease. Patients with coronary artery disease who are receiving SYNTHROID should be closely monitored for cardiac arrhythmias during surgical procedures.
- Oral thyroid hormone is not recommended in myxedema coma; only products formulated for IV administration should be used.
- Patients with adrenal insufficiency should be treated with replacement glucocorticoids prior to initiating SYNTHROID.
- Addition of levothyroxine therapy in patients with diabetes mellitus may worsen glycemic control. Carefully monitor glycemic control after starting, changing, or discontinuing SYNTHROID.
- Increased bone resorption and decreased bone mineral density may occur as a result of levothyroxine over-replacement, particularly in postmenopausal women.

Please see additional Important Safety Information, including **BOXED WARNING** regarding inappropriate treatment for obesity or for weight loss on the next page.

Please see full Prescribing Information at www.rxabbvie.com/pdf/synthroid.pdf

Synthroid®
(levothyroxine sodium tablets, USP)

INDICATIONS AND IMPORTANT SAFETY INFORMATION¹

INDICATIONS¹

Hypothyroidism

SYNTHROID® (levothyroxine sodium) tablets for oral use is an L-thyroxine (T4) indicated in adult and pediatric patients, including neonates, as a replacement therapy in primary (thyroidal), secondary (pituitary), and tertiary (hypothalamic) congenital or acquired hypothyroidism.

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SYNTHROID is not indicated for suppression of benign thyroid nodules and nontoxic diffuse goiter in iodine-sufficient patients, as there are no clinical benefits and overtreatment with SYNTHROID may induce hyperthyroidism.

SYNTHROID is not indicated for treatment of hypothyroidism during the recovery phase of subacute thyroiditis.

IMPORTANT SAFETY INFORMATION¹

WARNING:

Thyroid hormones, including SYNTHROID, either alone or with other therapeutic agents, should not be used for the treatment of obesity or for weight loss. In euthyroid patients, doses within the range of daily hormonal requirements are ineffective for weight reduction. Larger doses may produce serious or even life-threatening manifestations of toxicity, particularly when given in association with sympathomimetic amines such as those used for their anorectic effects.

CONTRAINDICATIONS

- SYNTHROID is contraindicated in patients with uncorrected adrenal insufficiency.

WARNINGS AND PRECAUTIONS

- SYNTHROID has a narrow therapeutic index. Overtreatment or undertreatment with SYNTHROID may have negative effects on growth and development, cardiovascular function, bone metabolism, reproductive function, cognitive function, gastrointestinal function, and glucose and lipid metabolism in adult or pediatric patients. In pediatric patients with congenital and acquired hypothyroidism, undertreatment may adversely affect cognitive development and linear growth, and overtreatment is associated with craniosynostosis and acceleration of bone age. Titrate the dose of SYNTHROID carefully and monitor response to titration to avoid these effects.
- In the elderly and in patients with cardiovascular disease, SYNTHROID should be initiated at lower doses than those recommended in younger individuals or in patients without cardiac disease. If cardiac symptoms develop or worsen, the SYNTHROID dose should be reduced or withheld for one week and restarted at a lower dose.
- Patients with coronary artery disease who are receiving SYNTHROID should be monitored closely during surgical procedures for cardiac arrhythmias. Monitor patients during concomitant administration of SYNTHROID and sympathomimetic agents for signs and symptoms of coronary insufficiency.
- Use of oral thyroid hormone is not recommended in myxedema coma. Products formulated for IV administration should be used to treat myxedema coma.
- Patients with adrenal insufficiency should be treated with replacement glucocorticoids prior to initiating treatment with SYNTHROID. Failure to do so may precipitate an acute adrenal crisis when thyroid hormone therapy is initiated.
- Addition of levothyroxine therapy in patients with diabetes mellitus may worsen glycemic control and result in increased antidiabetic agent or insulin requirements. Carefully monitor glycemic control after starting, changing, or discontinuing SYNTHROID.
- Increased bone resorption and decreased bone mineral density may occur as a result of levothyroxine over-replacement, particularly in postmenopausal women. To mitigate this risk, patients receiving SYNTHROID should be given the minimum dose necessary that achieves the desired response.

ADVERSE REACTIONS

- Adverse reactions associated with SYNTHROID therapy are primarily those of hyperthyroidism due to therapeutic overdosage.
- In pediatric patients receiving levothyroxine therapy, pseudotumor cerebri and slipped capital femoral epiphysis have been reported. Overtreatment may result in craniosynostosis in infants who have not undergone complete closure of the fontanelles, and in premature closure of the epiphyses in pediatric patients still experiencing growth with resultant compromised adult height.

DRUG INTERACTIONS

- Many drugs and some foods affect thyroid hormone pharmacokinetics and metabolism and may alter the therapeutic response to SYNTHROID. In addition, thyroid hormones and thyroid status have varied effects on the pharmacokinetics and actions of other drugs. Administer at least 4 hours before or after drugs that are known to interfere with absorption. Evaluate the need for dose adjustments when regularly administering within one hour of certain foods that may affect absorption. Prescribers should consult appropriate reference sources for additional information on drug or food interactions with SYNTHROID.

USE IN SPECIFIC POPULATIONS

- SYNTHROID should not be discontinued during pregnancy, and hypothyroidism diagnosed during pregnancy should be promptly treated. TSH levels may increase during pregnancy, so TSH should be monitored and SYNTHROID dose adjusted as needed.

Reference: 1. SYNTHROID [package insert]. North Chicago, IL: AbbVie Inc.

Please see full Prescribing Information at www.rxabbvie.com/pdf/synthroid.pdf

A DIRECT-TO-PATIENT PHARMACY PROGRAM

that offers patients a cash-pay option to receive Synthroid® consistently and conveniently.

To enroll your patients in the Synthroid Delivers Program, complete and fax this form to **Synthroid Delivers Pharmacy**, at 1-877-816-5523. Patients must read and sign the section entitled “Enrollment and Authorization for Disclosure of Information” to be eligible for this program.

Patient Information | All Fields Are Required

First Name: _____ Last Name: _____ MI: _____

Address Line 1: _____

Address Line 2: _____

City/State/ZIP: _____

Best Phone Number to Reach Patient: _____

Email Address: _____

Gender: _____ Birth Date: _____

Patient Health Conditions: _____ None ☐

Other Medications the Patient Is Taking: _____ None ☐

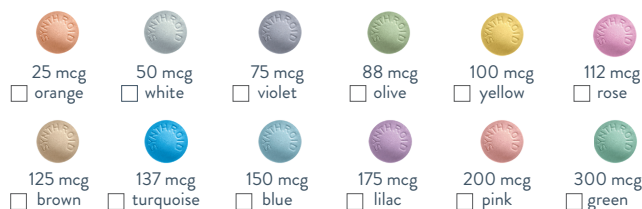
Prescriber Name: _____

Prescriber Phone: _____

Drug Allergies: _____ None ☐

Fill in Prescription Below

For states requiring handwritten expressions of product selection, write your state specific DAW-1 language (eg, medically necessary, may not substitute, dispense as written, etc).



Quantity: _____ Directions: _____

Signature of Prescriber: _____

Number of Refills: _____ Date: _____

Prescriber NPI: _____

Payment Information

Payment by credit card is required prior to shipping a medication. Please expect to receive a phone call from Synthroid Delivers Pharmacy to collect payment information.

Auto Refill

(Optional. Check if patient would like to enroll in Auto Refill)

- ☐ Yes, the patient wants to take advantage of having future prescription refills shipped automatically. Patient understands that refills will be shipped to the shipping address and billed to the credit card on file. Enrollment in the auto-refill program is optional, and preferences can be updated at any time through the Synthroid Delivers Pharmacy website or by calling 1-888-920-0527. Orders that have already shipped cannot be returned for a refund.

Program may be discontinued at any time without notice.

Enrollment and Authorization for Disclosure of Information

- ☐ By checking this box, you agree to the Synthroid Delivers Program terms and conditions below. If you have coverage under a Medicare Part D Plan, you are required to give notice to your Plan of your participation in this Program. For more information, please see Medicare Part D FAQs on www.synthroiddeliversprogram.com.
- ☐ By checking this box, you are expressing your choice to receive brand-name SYNTHROID for a set cash price without using any insurance benefits or being able to apply payments made to true out-of-pocket (TrOOP) costs. For more information, please see Pricing and Payment FAQs on www.synthroiddeliversprogram.com.
- ☐ HIPAA Authorization. By checking the box for this authorization, you agree that your HIPAA protected health information (“PHI”) you provide regarding your prescription may be delivered to AbbVie, the manufacturer of your prescription drugs, or its representatives, agents, or third-party contractors acting on its behalf, to send you information about SYNTHROID and on manufacturer’s clinical trials, research opportunities, programs and other information that may be of interest to you. The PHI disclosed pursuant to this authorization may be subject to disclosure by the manufacturer and its representatives, agents, or third-party contractors, and will no longer be protected under HIPAA. Eagle Pharmacy cannot condition treatment, payment, enrollment or eligibility of benefits on this authorization. If in the future you no longer want to receive such materials, or want to end this authorization, call 1-855-748-2663 or write to Eagle Pharmacy, PO Box 90937, Lakeland, FL 33804-0937. This authorization will automatically expire on the day that is 3 years from today.
- ☐ **Optional:** I consent to receive recurring text messages from Eagle Pharmacy, including product orders, medication refill reminders, and other program-related messages. Message and data rates may apply. I am not required to consent or provide my consent as a condition of receiving goods or services. I can reply HELP for help or text STOP to unsubscribe at any time.
- ☐ **Optional:** I would like to receive news and updates about SYNTHROID and AbbVie’s clinical trials, research opportunities, programs, and other information that may be of interest to me. I understand that in order to receive AbbVie communications, Eagle Pharmacy will need to disclose my contact information to AbbVie’s third-party vendor. Please see Terms and Conditions and patient signature box on next page.

The information contained in this communication is confidential and intended for the addressee. If you are not the intended recipient, you are hereby notified that dissemination, disclosure, copying, or distribution of this information is strictly prohibited and may be unlawful. Please notify sender immediately to arrange for return of this document.

The categories of personal information collected in this form include contact, demographic, and medical information, etc. The personal information collected will be used for program management and to perform research and analytics on a de-identified basis. For more information about the categories of personal information collected by AbbVie and the purposes for which AbbVie uses personal information, visit <https://privacy.abbvie>. If you are an HCP please show this to your patient.

SAFETY CONSIDERATIONS¹

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Please see full Prescribing Information at www.rxabbvie.com/pdf/synthroid.pdf

Synthroid®
(levothyroxine sodium tablets, USP)

Terms and Conditions apply. Eligibility: Available to patients in the United States with a prescription for brand-name SYNTHROID who meet eligibility criteria. Program is a cash-only program administered by Eagle Pharmacy LLC on behalf of AbbVie Inc. The Program offers brand-name SYNTHROID only at a price of \$29.50 for a standard 30-day prescription (30 tablets), \$54.00 for a standard 60-day prescription (60 tablets), or \$75 for a standard 90-day prescription (90 tablets). Cost is based on the number of tablets per dose. The actual price and quantity of tablets in your order will be based and limited to the quantity specified in your prescription. By enrolling, you: (1) are expressing your choice to receive brand-name SYNTHROID and authorize the Program to fill your prescription without using any of your insurance benefits, even though a less expensive generic may be available to you or you could use your insurance to obtain SYNTHROID at another pharmacy that may be at a lower out-of-pocket cost; (2) agree to not apply the cost you pay under the Program toward any insurance benefit or seek reimbursement for the cost from your insurer; (3) agree that the payments you make under the Program cannot be applied to true out-of-pocket (TrOOP) costs if you have insurance through Medicare (including Part D), or any other applicable federal, state or government-funded insurance program; (4) agree that, if you participate in a Medicare Part D Plan, to provide notice to your Plan that you are participating in the Program; and (5) understand that the information you provide will be used by Eagle Pharmacy LLC to contact you by mail, email, phone or text with helpful information about your condition, SYNTHROID, product orders, refill reminders, and to mail your SYNTHROID prescription directly to you. You understand that, at any time, you can opt-out of the Program, talk to your doctor about whether to take a generic drug instead and/or request that a different pharmacy fill your prescription. Patients residing in or receiving treatment in certain states may not be eligible and offer is void where prohibited by law. Program subject to change or discontinuance without notice. This is not health insurance.

Patient Signature: _____ **Date:** _____ **Print Name:** _____
(Required)

INDICATIONS AND IMPORTANT SAFETY INFORMATION¹

INDICATIONS¹

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