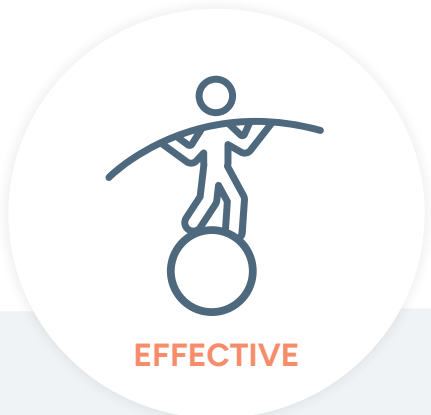


When it comes to managing hypothyroidism, precision matters¹

Supporting consistent treatment starts with the patient care team

The standard of care for hypothyroidism is levothyroxine, a narrow therapeutic index (NTI) drug^{1,2}

When medication is classified as an NTI drug, it means that even small changes to the dose can lead to over- or undertreatment. This may result in serious adverse drug reactions or therapeutic failures.³



Impact of **overtreatment** in the general population includes⁴:

- Anxiety
- Tremors
- Heat intolerance
- Heart palpitations
- Sleep problems

Impact of **undertreatment** in the general population includes⁴:

- Fatigue
- Brain fog
- Weight gain
- Joint and muscle pain
- Elevated cholesterol

Clinical guidelines **recommend consistent treatment.**¹ Help patients understand why.

The American Association of Clinical Endocrinologists and the American Thyroid Association treatment recommendations include¹:



Adjust medication carefully to avoid the side effects of under- and overtreatment



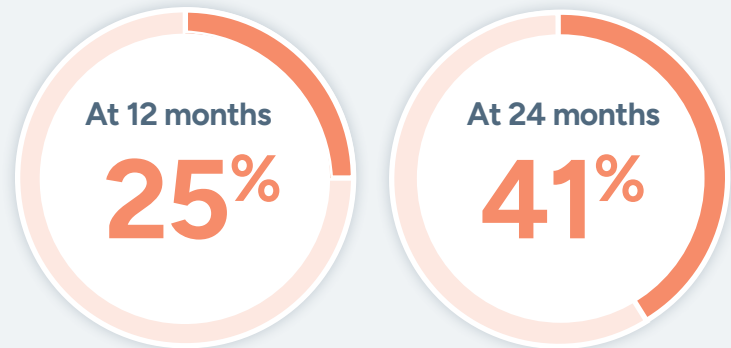
Understand that small changes can affect thyroid-stimulating hormone (TSH) levels



Maintain consistent treatment preparation, from refill to refill

Patients prescribed levothyroxine are **switched often at the pharmacy**⁵

The retrospective Formulation Changes cohort study used electronic health records data and administrative claims data from 25,076 patients.



of patients switched levothyroxine products⁵

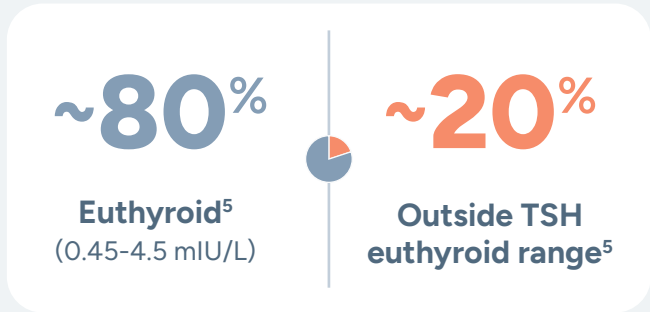
The FDA has determined that certain levothyroxine products are therapeutically equivalent and can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the reference product.⁶

***Treatment adequacy and change formulations study⁵:** This was a claims database descriptive, retrospective observational study that used the Optum Integrated Electronic Health Records and administrative claims data for the period of March 1, 2013 to February 29, 2020.

This study had 2 cohorts; the first cohort looked into TSH values retrospectively to assess treatment adequacy and define the ratios of treated patients with TSH values within the normal range. The second study cohort focused on the number of changes in levothyroxine formulation a given patient may have within 12 to 24 months.

Limitations of the study: The data presented should be interpreted as associations only, not causation. The data are based upon past prescription claims information, which may not completely capture the conditions and outcomes documented in the medical records and is thus subject to differential follow-up losses, covariables, and potential confounders.

Some patients do not achieve lab results in the normal range, **preventing them from resolving symptoms**^{4,5*}

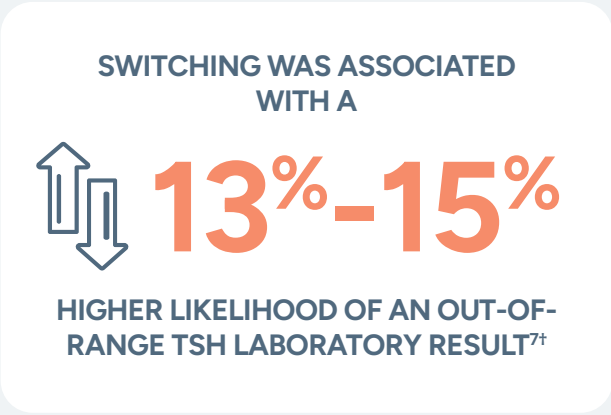


The retrospective Treatment Adequacy study found that about 20% of patients taking thyroid medications did not achieve normal TSH levels.⁵

Overall, 81.1% (95% CI: 80.4-81.8; N=9,130) of patients had normal mean TSH levels, and 11.7% (95% CI: 11.1-12.3; N=1,312) and 7.3% (95% CI: 6.8-7.8; N=817) had high and low TSH levels, respectively.⁵

Switching levothyroxine formulations was associated with **out-of-range TSH lab results**⁷

In a retrospective cohort analysis of database claims using electronic health records data from 19,850 patients comparing continuous users taking consistent levothyroxine formulation and patients who switched from consistent formulation to an alternative formulation of levothyroxine.



†Impact of switching study⁷

To investigate the clinical effects of switching from one levothyroxine formulation to another levothyroxine medication, researchers conducted a large-scale retrospective analysis using de-identified patient information from the Optum Clinformatics™ DataMart, a major US healthcare database. The study examined data over a 16-year period, from May 2000 to March 2016.

The study identified a population of adult patients with hypothyroidism who had been stable and compliant with a levothyroxine treatment for an initial 6-month “lead-in” period. Following this, patients were categorized into 2 cohorts: “continuous users,” who continued to fill prescriptions for the original/starting levothyroxine formulation, and “switchers,” who filled a prescription for an alternative levothyroxine formulation.

To create a fair comparison between these 2 groups, the researchers employed a statistical technique known as propensity score matching. This method allowed them to create 2 balanced cohorts of 9,925 patients each, ensuring that the continuous users and switchers were similar in terms of age, sex, geographic location, insurance type, and prior health status.

After matching, both groups were observed for a 2-year “post-period.” A primary goal was to compare the likelihood of having a TSH level outside the recommended clinical range.

Limitations of the study: This is a retrospective database review. This study does not imply that positive outcomes can only be achieved if patients remain on continuous use of only one levothyroxine product. No comparisons between levothyroxine products can be drawn from this presentation. It is important to note that it is probable that the same results would be achieved if patients started and stayed on any levothyroxine formulation.

HYPOTHYROIDISM IS A LIFELONG CONDITION THAT REQUIRES CONSISTENT TREATMENT, FROM REFILL TO REFILL.⁴

References: 1. Garber JR, Cobin RH, Gharib H, et al. Clinical practice guidelines for hypothyroidism in adults: cosponsored by the American Association of Clinical Endocrinologists and the American Thyroid Association. *Endocr Pract.* 2012;18(6):988-1028. doi:10.4158/EP12280.GL 2. Data on file. 2020 Prescribers' Digital Reference (PDR). AbbVie Inc. November 2020. 3. Yu LX, Jiang W, Zhang X, et al. Novel bioequivalence approach for narrow therapeutic index drugs. *Clin Pharmacol Ther.* 2015;97(3):286-291. doi:10.1002/cpt.28 4. American Thyroid Association. Hypothyroidism. Accessed August 27, 2026. https://www.thyroid.org/wp-content/uploads/patients/brochures/Hypothyroidism_web_booklet.pdf 5. Bianco AC, Bao Y, Antunez Flores O, et al. Levothyroxine treatment adequacy and formulation changes in patients with hypothyroidism: a retrospective study of real-world data from the United States. *Thyroid.* 2023;33(8):940-949. doi:10.1089/thy.2022.0382 6. US Food and Drug Administration. Approved Drug products with Therapeutic Equivalence Evaluations. 44th ed. US Food & Drug Administration, Center for Drug Evaluation and Research. Published 2024. Accessed August 27, 2026. <https://fda.gov/media/7174/download> 7. Hennessey JV, Espallat R, Duan Y, Soni-Brahmbhatt S, Lage MJ, Singer P. *Adv Ther.* 2021;38(1):337-349. doi:10.1007/s12325-020-01537-1 8. Data on file. AbbVie, Inc. SDP primary patient benefit & program agreement statements. August 2026. 9. SYNTHROID [package insert]. North Chicago, IL: AbbVie Inc. IQVIA Top Branded Oral Rx Medication. January 2025.

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The *Synthroid Delivers Program* makes it simple for *all patients*, regardless of insurance status, to stay consistent with Synthroid

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Consistent home delivery and automatic refills



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Monday–Friday, 8 am–8 pm ET
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~98%

of patients enrolled in the *Synthroid Delivers Program* are extremely likely to recommend the program to friends and family.⁸

It's a simple start to get your patients brand-name Synthroid

1

Select the **Synthroid Delivers Pharmacy** in your electronic health record (EHR) system.



2

Check that your patient's cell phone number is **accurate** in your EHR system as they'll receive a text from the *Synthroid Delivers Program* to continue their enrollment.

Have your patients complete enrollment in 1 of 3 ways



Text



Online



Phone

(844-438-7968)

INDICATIONS AND IMPORTANT SAFETY INFORMATION⁹

Indications

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 Use

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 Information

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.

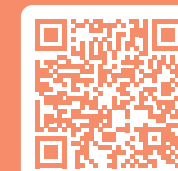
Please see Indication and Important Safety Information, including **BOXED WARNING**, regarding inappropriate treatment for obesity or for weight loss on the left side of this page. Please see accompanying full Prescribing Information, including **BOXED WARNING**, or visit <https://www.rxabbvie.com/pdf/synthroid.pdf>.

America's #1 prescribed branded hypothyroidism medication with 12 dosing options^{9,10*}



*February 2019 through January 2025. | Tablets shown not actual size and may not represent exact color.

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