THYQUIDITY™
(levothyroxine sodium) oral solution, 100 mcg/5 mL

FOR YOUR PERSONAL DOSE, EVERY DAY

To manage your hypothyroidism appropriately, you need a specific amount of medicine daily.

THYQUIDITY is a liquid form of levothyroxine sodium, the most commonly prescribed medicine for hypothyroidism. THYQUIDITY allows your healthcare provider to prescribe the dose that's just right for you. It is also designed to help you avoid complicated dosing schedules and pill splitting.

FILL IN WITH YOUR HEALTHCARE PROVIDER...

As of today's date, _____/_____/_____, my daily THYQUIDITY dose is _____ mL.

Note: If your prescriber changes your dose, cross out the old date and dose and enter the new date and dose.

DISCUSS WITH YOUR PHARMACIST...

Bring this sheet when picking up your THYQUIDITY prescription and discuss the following:

Confirm that the pharmacist has provided a calibrated oral syringe based on your dose.

Ask your pharmacist to show you the line on the oral syringe where your liquid dose should reach.

Ask your pharmacist to review any foods, drinks, and medicines that may interfere with or should not be taken with THYQUIDITY.

Note: THYQUIDITY comes in a package of two 100 mL bottles.

USE

THYQUIDITY is a prescription, man-made thyroid hormone that is used to treat a condition called hypothyroidism. It is meant to replace a hormone that is usually made by your thyroid gland. Generally, thyroid replacement treatment is to be taken for life. THYQUIDITY should not be used to treat noncancerous growths or enlargement of the thyroid in patients with normal iodine levels, or in cases of temporary hypothyroidism caused by inflammation of the thyroid gland (thyroiditis).

SELECTED IMPORTANT SAFETY INFORMATION

- **Thyroid hormones, including THYQUIDITY, either alone or in combination with other drugs, should not be used for the treatment of obesity or weight loss. In patients with normal thyroid levels, doses of THYQUIDITY used daily for hormone replacement are not helpful for weight loss. Larger doses may result in serious or even life-threatening events, especially when used in combination with certain other drugs used to reduce appetite.**

Please see additional Important Safety Information on the following page and accompanying full Prescribing Information including Boxed Warning.

REVIEW AT HOME...

THYQUIDITY should be taken exactly as prescribed by your healthcare provider.
Review and check off the following to help you stay on track.

- ☐ Take THYQUIDITY **once a day (at the same time each day) on an empty stomach, 30 to 60 minutes before breakfast.**
- ☐ Take THYQUIDITY at least 4 hours before or after taking medicine known to interfere with the absorption of THYQUIDITY, such as iron and calcium supplements and antacids.
- ☐ Confirm your prescribed dose before taking THYQUIDITY, and then locate the correct dose line on your oral syringe.
- ☐ Mark the date you open your THYQUIDITY bottle, and use within 8 weeks of opening.
- ☐ Take THYQUIDITY using only the oral syringe provided with your prescription by the pharmacy.
- ☐ Take THYQUIDITY by drawing the liquid into the oral syringe until it reaches your dose line exactly, and then administer directly into your mouth.
- ☐ Store THYQUIDITY at room temperature (68° F to 77° F) in the original bottle, and protect from light.
- ☐ Set a calendar reminder to refill your medicine a few days before you run out.

See if you are eligible to pay as little as $0 for your first fill of THYQUIDITY*:

SCAN ME

or visit
THYQUIDITYresources.com

*Offer valid for commercially insured patients only. Additional eligibility restrictions and terms and conditions apply.

IMPORTANT SAFETY INFORMATION (CONT.)

- Do not use THYQUIDITY if you have uncorrected adrenal problems.
- Tell your doctor about any other medical conditions you may have, especially heart disease, diabetes, blood clotting problems, and adrenal or pituitary gland problems. The dose of other drugs you may be taking to control these conditions may have to be changed while you are taking THYQUIDITY. If you have diabetes, check your blood sugar levels and/or the glucose in your urine, as ordered by your doctor, and immediately tell your doctor if there are any changes. If you are taking blood thinners, your blood clotting status should be checked often.
- Taking too much levothyroxine has been associated with increased bone loss, especially in women after menopause.
- Once your doctor has found your specific THYQUIDITY dose, it is important to have lab tests done, as ordered by your doctor, at least once a year.
- Foods like soybean flour, cottonseed meal, walnuts, and dietary fiber may cause your body to absorb less THYQUIDITY from the gastrointestinal tract. Grapefruit juice may cause your body to absorb less levothyroxine and may reduce its effect. Let your doctor know if you eat these foods, as your dose of THYQUIDITY may need to be adjusted.
- Use THYQUIDITY only as ordered by your doctor. Take THYQUIDITY as a single dose, preferably on an empty stomach, one-half to one hour before breakfast.
- Products such as iron and calcium supplements and antacids can lower your body's ability to absorb levothyroxine, so THYQUIDITY should be taken 4 hours before or after taking these products.
- Tell your doctor if you are pregnant or breastfeeding or are thinking of becoming pregnant while taking THYQUIDITY. Your dose of THYQUIDITY may need to be increased during your pregnancy.
- Monitor your baby from birth to 3 months of age for vomiting and/or diarrhea as THYQUIDITY can cause gastrointestinal irritation due to the glycerol component.
- It may take several weeks before you notice an improvement in your symptoms.
- Tell your doctor if you are taking any other drugs, including prescription and over-the-counter products.
- Tell your doctor or dentist that you are taking THYQUIDITY before any surgery.
- Tell your doctor if you develop any of the following symptoms: rapid or abnormal heartbeat, chest pain, difficulty catching your breath, leg cramps, headache, nervousness, irritability, sleeplessness, shaking, change in appetite, weight gain or loss, vomiting, diarrhea, increased sweating, difficulty tolerating heat, fever, changes in menstrual periods, swollen red bumps on the skin (hives) or skin rash, or any other unusual medical event.
- Partial hair loss may occur during the first few months you are taking THYQUIDITY.

This is the most important safety information you should know about THYQUIDITY. For more information, talk with your doctor.

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 full Prescribing Information including Boxed Warning.

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THYQUIDITY: a liquid formulation designed to deliver an individualized dose to patients[1]

Reference the following dosing guidelines when prescribing THYQUIDITY for your patients.

Patient type	Starting dose*	Dose adjustment† and TSH measurement
Otherwise healthy, nonelderly individuals who have been hypothyroid for only a short time (a few months)	1.6 mcg/kg/day	Adjust by 12.5 to 25 mcg increments every 4 to 6 weeks until clinically euthyroid and TSH normalized
Elderly patients or patients with underlying cardiac disease	12.5 to 25 mcg/day	Increase dose every 6 to 8 weeks until clinically euthyroid and TSH normalized
Patients with severe, long-standing hypothyroidism	12.5 to 25 mcg/day	Adjust by 12.5 to 25 mcg increments every 2 to 4 weeks until clinically euthyroid and TSH normalized
Pediatric patients	See Prescribing Information for age-specific dosing guidelines from age 0 to completion of puberty	
Pregnant patients with pre-existing primary hypothyroidism	THYQUIDITY dose requirements may increase during pregnancy. Measure serum TSH and free-T4 as soon as pregnancy is confirmed and, at a minimum, during each trimester of pregnancy. Maintain serum TSH in the trimester-specific reference range	
Pregnant patients with new-onset hypothyroidism	Normalize thyroid function as rapidly as possible. Evaluate serum TSH every 4 weeks and adjust THYQUIDITY dosage until serum TSH is within the normal trimester-specific range	
Patients with well-differentiated thyroid cancer	Generally, TSH is suppressed to below 0.1 mIU per liter, and this usually requires a THYQUIDITY dose of >2 mcg/kg/day. However, in patients with high-risk tumors, the target level for TSH suppression may be lower	

Microgram to milliliter conversion: mcg x 0.05 = mL or total mcg/20 = total mL of THYQUIDITY

Example: 60 mcg = 3.0 mL; 95 mcg = 4.8 mL; 120 mcg = 6.0 mL

*Starting dose depends on a variety of factors, including age, body weight, cardiovascular status, and concomitant medical conditions (including pregnancy), concomitant medications, coadministered food, and the specific nature of the condition being treated. For additional dosing details, see Prescribing Information Section 2.3 Dosing in Specific Patient Population.

†Evaluate the need for dose adjustments when regularly administering within one hour of certain foods that may affect THYQUIDITY absorption.

TSH: thyroid-stimulating hormone.

INDICATION

Hypothyroidism

THYQUIDITY is indicated as a replacement therapy in primary (thyroidal), secondary (pituitary), and tertiary (hypothalamic) congenital or acquired hypothyroidism.

Pituitary Thyrotropin (Thyroid Stimulating Hormone, TSH) Suppression

THYQUIDITY is indicated as an adjunct to surgery and radioiodine therapy in the management of thyrotropin-dependent well-differentiated thyroid cancer.

Limitations of Use

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

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

SELECTED IMPORTANT SAFETY INFORMATION

WARNING: NOT FOR TREATMENT OF OBESITY OR FOR WEIGHT LOSS

Thyroid hormones, including THYQUIDITY, 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.

Please see additional Important Safety Information on the following page and accompanying full Prescribing Information including Boxed Warning.

Reference: 1. THYQUIDITY (levothyroxine sodium) oral solution [package insert]. New Providence, NJ: Vertice Specialty Group: 12/2020.

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IMPORTANT SAFETY INFORMATION (CONT.)

- THYQUIDITY is contraindicated in patients with uncorrected adrenal insufficiency.
- In the elderly and in patients with cardiovascular disease, THYQUIDITY 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 THYQUIDITY dose should be reduced or withheld for one week and restarted at a lower dose.
- Patients with coronary artery disease who are receiving THYQUIDITY should be monitored closely during surgical procedures for cardiac arrhythmias. Monitor patients during concomitant administration of THYQUIDITY 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 THYQUIDITY. Failure to do so may precipitate an acute adrenal crisis when thyroid hormone therapy is initiated.
- THYQUIDITY has a narrow therapeutic index. Regardless of the indication for use, careful dosage titration is necessary to avoid the consequences of over- or under-treatment.
- 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 THYQUIDITY.
- 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 THYQUIDITY should be given the minimum dose necessary that achieves the desired response.
- Adverse reactions associated with THYQUIDITY therapy are primarily those of hyperthyroidism due to therapeutic overdosage
- Many drugs and some foods affect thyroid hormone pharmacokinetics and metabolism and may alter the therapeutic response to THYQUIDITY. 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 THYQUIDITY.
- Closely monitor patients from birth to 3 months of age receiving THYQUIDITY due to the potential for glycerol- induced gastrointestinal irritation resulting in vomiting and/or osmotic diarrhea.
- THYQUIDITY 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 THYQUIDITY dose adjusted as needed.

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