

FOR YOUR INFORMATION ONLYNO RESPONSE REQUIRED***THIS IS NOT A CLAIM***

[Patient Name]

[Patient Date of Birth]

[Patient Plan Member ID Number]

Product: SYNTHROID (levothyroxine sodium tablets)

Dear Medicare Part D Plan:

I write today to inform you that, as a Medicare Part D Plan member, I am participating in AbbVie's SYNTHROID Delivers Program (the "Program"). The Program allows cash-paying patients to purchase brand-name SYNTHROID at a discounted price from a specified mail-order pharmacy outside the Medicare Part D Benefit.

I have purchased SYNTHROID (levothyroxine sodium tablets) as part of the Program, starting on [begin date]. I plan to continue purchasing SYNTHROID through the remainder of the 2020 calendar year or until I discontinue therapy, whichever is earlier. During this time, no payments should be made for SYNTHROID by my Part D Plan and I will not apply any part of the costs of SYNTHROID, including any costs that I personally pay to purchase SYNTHROID, toward my true-out-of-pocket (TrOOP) costs.

This notification is also provided to assist with coordination of drug utilization review and medication therapy management activities.

Please contact me at [insert email address or phone number] if I can provide further information about my participation in the SYNTHROID Delivers Program.

Sincerely,

[Patient Name]