



A Natural Choice
for Thyroid Therapy*



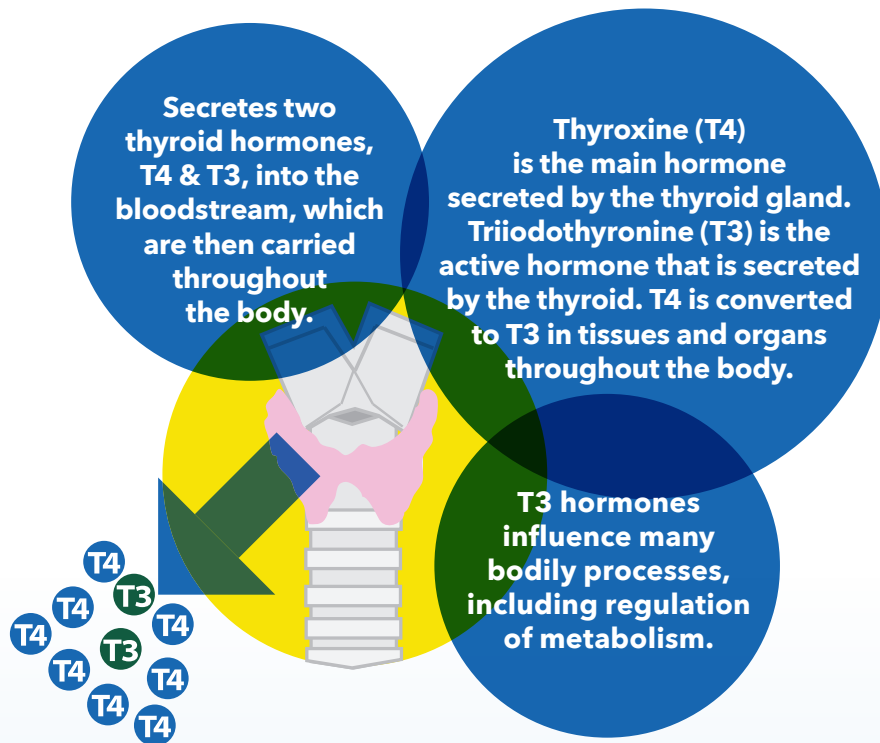
WARNING: Drugs with thyroid hormone activity, alone or together with other therapeutic agents, have been used for the treatment of obesity. In euthyroid patients, doses within the range of daily hormonal requirements are ineffective for weight reduction. Larger doses may produce serious or even life-threatening manifestations of toxicity, particularly when given in association with sympathomimetic amines such as those used for their anorectic effects.

For Important Risk Information see page 9. For Full Prescribing Information, please visit npthyroid.com/pi

*Natural refers to the biological nature of the porcine derived desiccated thyroid ingredient found in the product.

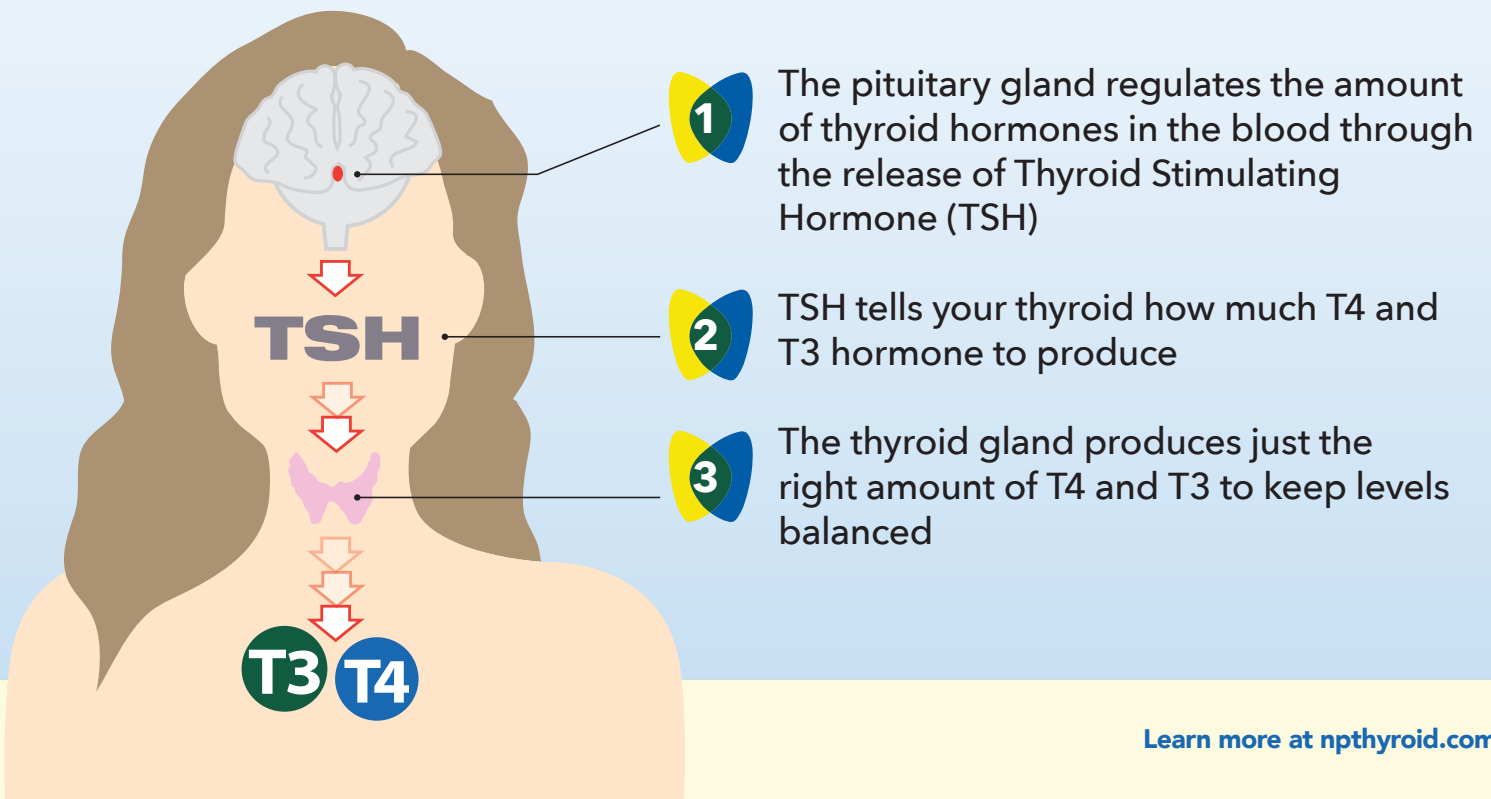
The Thyroid Gland^{1,6}

A small, butterfly-shaped gland located in the neck, just below your voice box.



Control of Thyroid Function^{1,6}

Thyroid function is controlled by the pituitary gland



Hypothyroidism^{2,4,6}

Of the 30 million people suffering from a thyroid condition, hypothyroidism is the most common and occurs when your thyroid does not produce enough thyroid hormone.

SYMPTOMS^{1,2,6,7}

Problems concentrating

New or worsening depression

Moodiness

Forgetfulness

Goiter (enlarged thyroid)

Hair loss, brittle hair & nails

Puffy face

Hoarseness

Slowed heart rate

Constipation

Weight gain & fluid retention

Elevated cholesterol

Heavy and/or irregular menstrual cycles

Infertility

Loss of energy & persistent fatigue

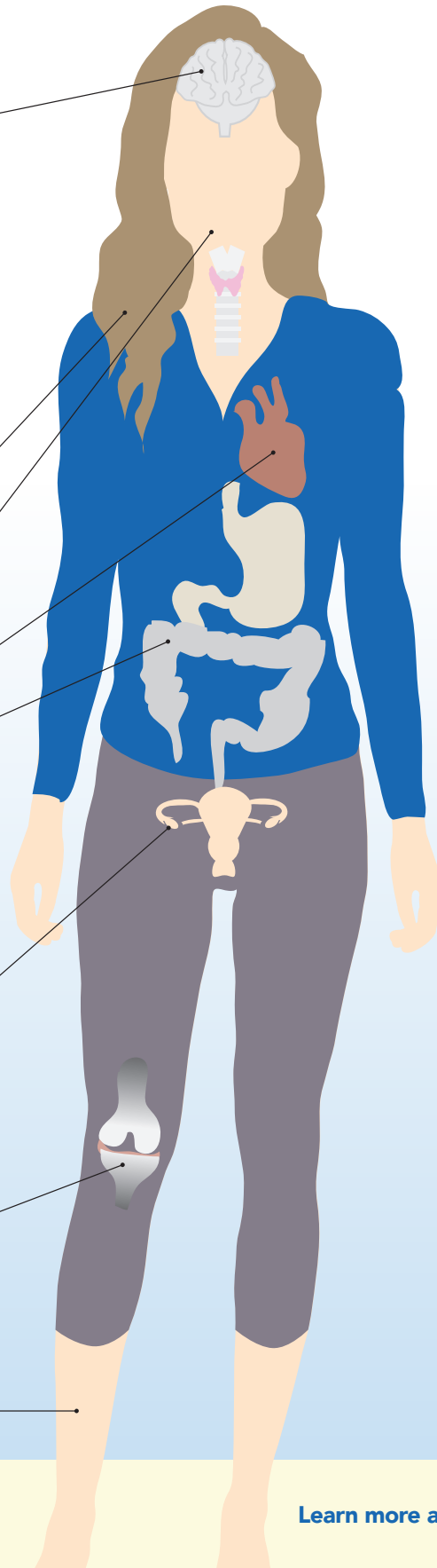
Increased cold sensitivity

Joint aches

Muscle cramps and stiffness

Numbness or tingling

Dry/itchy skin



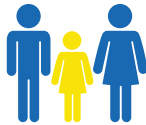
Risk Factors for Hypothyroidism^{2,3,5,6}



More common in women than in men



Pregnancy & post-partum thyroiditis may occur after the delivery of a baby



Family history of hypothyroidism



Increased risk with age, especially in people over 60



Autoimmune diseases such as Hashimoto's Thyroiditis



Congenital hypothyroidism underdeveloped or absent thyroid at birth



Central Hypothyroidism - pituitary gland problems that damage cells that secrete TSH



History of thyroid surgery



Radioactive iodine treatment



Medications such as lithium, sulfonamides, high doses of iodine & amiodarone



Radiation treatment to the head or neck area



How is Hypothyroidism diagnosed?

This along with a physical exam & laboratory blood tests allow for an accurate diagnosis to be made.⁶

Thyroid Blood Tests Your Healthcare Provider May Consider^{2,6}

- 1 Thyroid Stimulating Hormone (TSH)**

TSH level is elevated when the thyroid gland does not make enough thyroid hormone
- 2 Free Thyroxine (T4)**

Measures the free T4 in the blood that is unattached to proteins, which is what your body's cells use
- 3 Free Triiodothyronine (T3)**

Measures the free T3 in the blood that is unattached to proteins
- 4 Thyroid Antibodies**
 - Detects antibodies to thyroid peroxidase antibody (TPOAb) and thyroglobulin antibody (TGAb) that attack the thyroid
 - Indicates the likelihood of autoimmune thyroiditis being the cause



A natural thyroid hormone replacement therapy for patients with Hypothyroidism*



Natural* desiccated porcine thyroid extract



Batch-to-batch testing to ensure consistent T4 & T3



Contains no ingredient made from a gluten-containing grain (wheat, barley, or rye)



Easy to swallow and dye-free



Made with the highest quality standards under cGMP

Visit npthyroid.com to learn more, sign-up for newsletters, download pill reminders and find a doctor.

Check prices in your area with:

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Dosage and Administration⁸

The dosage of thyroid hormones is specific to each individual patient and must be individualized according to licensed prescriber, patient responses and laboratory findings.



Not actual size

- Available in multiple strengths for easy titration to achieve the necessary therapeutic range.
- Adequate therapy usually results in normal TSH and T4 levels after 2 to 3 weeks of therapy.
- Readjustments of thyroid hormone dosage should be made within the first four weeks of therapy, after clinical and laboratory evaluations by your healthcare provider.



The Pharmacy Checklist

How to fill your NP Thyroid® Rx

Before You Go To The Pharmacy

Call your insurance provider to confirm:

- Is NP Thyroid® covered by my insurance?
- Have I met my deductible so that I qualify for coverage?
- If covered, what should the cost be for a 1 month supply?
- Compare cash price in your area with [goodrx.com](https://www.goodrx.com).
- If NP Thyroid® was covered prior to January 1, 2021, ask your insurance provider about recent changes that may have impacted your coverage.

At The Pharmacy

- If the pharmacist tells you that your prescription is not in stock, ask to have it ordered. They should be able to get it to you within 24 hours.
- DO NOT** switch to any prescriptions that your doctor did not prescribe.
- Ask your pharmacist if they have a recurring refill program.

Get NP Thyroid® Now!

If you are having trouble getting your prescription filled please contact Acella Pharmaceuticals with your pharmacy's phone number so we can call the pharmacy and help them order your strength!

Visit npthyroid.com

Phone **1-800-541-4802**

Email info@acellapharma.com

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Use and Important Risk Information

What is NP Thyroid® (thyroid tablets, USP) used for?

NP THYROID® is a prescription medicine that is used to treat a condition called hypothyroidism from any cause, except for cases of temporary hypothyroidism, which is usually associated with an inflammation of the thyroid (thyroiditis). It is meant to replace or supplement a hormone that is usually made by your thyroid gland.

NP THYROID® is also used in the treatment and prevention of normal functioning thyroid goiters, such as thyroid nodules, Hashimoto's thyroiditis, multinodular goiter, and in the management of thyroid cancer.

When should I not take NP Thyroid®?

NP THYROID® should not be used for weight loss. Do not use NP THYROID® if you have hyperthyroidism, overactive thyroid, uncorrected adrenal problems, or are allergic to any of its ingredients.

What warnings should I know about NP Thyroid®?

Large doses of NP THYROID® may cause serious or life-threatening side effects, including chest pain, increased pulse rate, rapid, strong, irregular heartbeat, and excessive sweating.

NP THYROID® should be used with caution in people with heart disease, on diabetes medication, or on blood thinning medication.

Partial loss of hair may be experienced by children in the first few months of thyroid therapy, but this will usually go away on its own.

What should I tell my healthcare provider?

Tell your doctor immediately if you experience chest pain, increased pulse rate, rapid, strong, irregular heartbeat, excessive sweating, or any other unusual event.

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 NP THYROID®.

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.

Tell your doctor if you are allergic to any foods or drugs, are pregnant or plan to become pregnant, are breastfeeding or are taking any other drugs, as well as prescription and over-the-counter products.

What are the side effects of NP Thyroid®?

Side effects may include chest pain, increased pulse rate, rapid, strong, irregular heartbeat, or excessive sweating. If you experience these side effects, immediately contact your doctor.

What other medications might interact with NP Thyroid®?

NP THYROID® can interact with some medications, such as oral anticoagulants, which are medicines used to thin the blood, insulin or oral medications used to treat diabetes, certain medications used to treat high cholesterol levels, and estrogen containing birth control pills.

Control number 02/2019

For Full Prescribing Information, please visit npthyroid.com/pi



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References

1. Harvard Medical School. Thyroid Disorders. Fort Dodge: Harvard Medical School, n.d. Patient Education Center. Harvard Medical School. Web. 4 Jan. 2019. **2.** American College of Endocrinology. *Hypothyroidism*. 2016. <http://www.thyroidawareness.com/hypothyroidism> Accessed January 4, 2019. **3.** Vandempump MPJ. The epidemiology of thyroid disease. *Br Med Bull*. 2011;94:39-51. **4.** DeGroot L, Abalovich M, Alexander EK, et al. Management of thyroid dysfunction during pregnancy and postpartum: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2012;97:2543-2565. **5.** Baskin HJ, Cobin RH, Duick DS, et al. American Association of Clinical Endocrinologists medical guidelines for clinical practice for the evaluation and treatment of hyperthyroidism and hypothyroidism. *Endocr Pract*. 2002;8:458-467. **6.** Hormonal Health Network. Hypothyroidism Fact Sheet. N.p.: Hormonal Health Network, n.d. Hormone. Endocrine Society, Mar. 2010. Web. 4 Jan. 2019. **7.** Jonklaas J, Bianco AC, Bauer AJ, et al. Guidelines for the Treatment of Hypothyroidism: Prepared by the American Thyroid Association Task Force on Thyroid Hormone Replacement. *Thyroid*. 2014;24(12):1670-1751. doi:10.1089/thy.2014.0028 **8.** NP Thyroid® [package insert]. Alpharetta, GA; Acella Pharmaceuticals, LLC; 2018.

For **BOXED WARNING** and Important Risk Information see page 9 or visit npthyroid.com/pi for Full Prescribing Information.



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