West Yorkshire and Harrogate
Health and Care Partnership

West Yorkshire & Harrogate Commissioning Statement

Treatment	Liothyronine
For the treatment of	Long term treatment of primary hypothyroidism
Commissioning position	• Liothyronine should only be considered for the treatment of primary hypothyroidism in patients where other treatment options have been exhausted, such as patients with a true intolerance to levothyroxine e.g. extremely rare cases of levothyroxine induced liver injury, or for patients who are unable to metabolise levothyroxine to liothyronine (monotherapy), or those having symptoms which are considered to have a material impact on day to day living (in combination with levothyroxine), in line with RMOC guidance[1]. **Primary Care** • Prescribers in primary care should not initiate liothyronine for any new patient. • Prescribers in primary care should not independently withdraw or adjust liothyronine treatment for patients who are stable and well on therapy, as such changes should be overseen by an endocrinologist. Individuals currently prescribed liothyronine should be referred for review by a consultant NHS endocrinologist with consideration given to switching to levothyroxine where clinically appropriate.[#] **Secondary Care** Before starting treatment: • Other causes of the symptoms have been ruled out (classically anaemia, Addison's, Coeliac disease, Vitamin D deficiency but not exclusively, other tests may be indicated from the history). In some cases a retrospective review of the basis for the original diagnosis of hypothyroidism may be necessary. • They have undergone optimisation of their existing levothyroxine dose, ideally with TSH in the bottom half of normal range. • If the above has not benefited the person then consider a 3 to 6 month trial of combination levothyroxine (dose based on TFTs) and liothyronine (T3). **Prescribing and monitoring** • At least 3 months (minimum) prescribing to be undertaken by the consultant. • Prescribing responsibility should remain with the endocrinologist until there is a formal assessment of the safety and benefit of treatment within 6 months of starting therapy, evidenced by quality of life improvements and biochemical markers. • Following review by a consultant NHS endocrinologist prescribing may be agreed with primary care under a shared care guideline.

	• Only licenced liothyronine products should be prescribed. Unlicensed liothyronine products and dessicated thyroid extract must not be prescribed.
	
	Prescribing of liothyronine for other indications
	• **Psychiatric Indications:**
	  ○ Patients continuing to receive ongoing liothyronine for psychiatric indications should be overseen by a consultant NHS psychiatrist.[1]
	  ○ Patients should obtain their prescriptions from the centre overseeing the treatment and not be routinely obtained from primary care prescribers.
	• **Thyroid cancer:**
	  ○ Liothyronine may be used for patients with thyroid cancer, in preparation for radioiodine ablation, iodine scanning, or stimulated thyroglobulin test.
	  ○ Patients should obtain their prescriptions from the centre overseeing the treatment and not be routinely obtained from primary care prescribers.[1]
	  ○ Patients should be switched to levothyroxine following completion of treatment.

Date effective from	April 2019
Policy to be reviewed by	April 2021
Background information	For primary hypothyroidism, UK and international guidelines have found no consistently strong evidence for the superiority of liothyronine (alone or in combination) over levothyroxine, the gold standard treatment. Liothyronine (T3) has had a significant increase in price over the last few years. It is only available from one manufacturer, and has been subject to interruptions in supply availability in recent years. NHSE's publication Items which should not routinely be prescribed in primary care[2] outlines a national position on the initiation and prescribing of liothyronine. The RMOC (South) have created guidance for CCGs and prescribers - Guidance – Prescribing of Liothyronine[1]
Summary of evidence/rationale	Evidence is summarised by NHSE and RMOC. Evidence for liothyronine efficacy is poor [1,2,3]. The cost impact of a patient taking 20micrograms BD of liothyronine is £5,300 per year. A dose of 100micrograms daily of levothyroxine costs around £13 per year.[4] The recommendations suggested in this commissioning statement, over and above the RMOC recommendations have been agreed and endorsed by a working group including consultant endocrinologists from across West Yorkshire and Harrogate.
Contact for this	West Yorkshire and Harrogate Health and Care Partnership

policy	Pharmacy Leadership Group

Guidance Notes

[#] A consultant NHS endocrinologist should assess the patient against the current criteria. This may be done without the need for a physical appointment e.g. e-consultation or letter where appropriate.

References

1. Guidance – Prescribing of Liothyronine - RMOC South November 2018
2. Items which should not routinely be prescribed in primary care
3. https://www.british-thyroid-association.org/sandbox/bta2016/information_for_endocrinologists.pdf
4. Drug tariff – accessed 11/01/2019
5. Guidance – Prescribing of Liothyronine version 2.4 – RMOC South April 2019