

Position statement on the prescribing of Liothyronine (including Armour Thyroid and Liothyronine combination products)

Following the NHS England guidance 'Items which should not routinely be prescribed in primary care: Guidance for CCGs (version 2, June 2019) the following changes to prescribing have been agreed across Barking and Dagenham, Havering and Redbridge.

From 17th September 2019
Barking and Dagenham, Havering and Redbridge Clinical
Commissioning Groups (BHR CCGs) no longer supports the
prescribing of Liothyronine (including Armour Thyroid and
Liothyronine combination products)

Decision

- The decision to stop Liothyronine (including Armour Thyroid and Liothyronine combination products) applies to ALL patients across Barking and Dagenham, Havering and Redbridge where the below listed exception does not apply:

Exceptions

BHR CCGs have an agreed exception to this recommendation, where they accept that prescribing should continue in primary care. These include:

- Patients who have an on-going need for Liothyronine (including Armour Thyroid and Liothyronine combination products) as confirmed by a NHS consultant endocrinologist

Further recommendations

- Liothyronine is used for patients with thyroid cancer, in preparation for radioiodine ablation, iodine scanning, or stimulated thyroglobulin test. In these situations, it is appropriate for patients to obtain their prescriptions from the specialist centre undertaking the treatment and not be routinely obtained from primary care prescribers. Thyroid cancer patients who have completed their treatment usually need to take levothyroxine for life and should be managed in the same way as patients with hypothyroidism
- Patients currently prescribed Liothyronine (including Armour Thyroid), or levothyroxine and liothyronine combination therapy for hypothyroidism should be reviewed by a NHS consultant endocrinologist with consideration given to switching to levothyroxine where clinically appropriate. Any reason why a patient currently taking liothyronine should not undergo a trial titration to levothyroxine monotherapy must be specified by the NHS consultant endocrinologist to the GP.
- Patients who are currently obtaining supplies via private prescription or self-funding should not be offered NHS prescribing unless they meet the criteria in this guidance
- Where levothyroxine has failed and in line with the British Thyroid Association guidance, NHS consultant endocrinologists may recommend Liothyronine for patients after having prescribed a successful 3 month trial.

This decision was made because:

- The price of Liothyronine ([Drug Tariff](#)) has risen significantly and there is limited evidence for efficacy above levothyroxine
- The British Thyroid Association, in their 2015 position statement, state “*There is no convincing evidence to support routine use of thyroid extracts, L-T3 monotherapy, compounded thyroid hormones, iodine containing preparations, dietary supplementation and over the counter preparations in the management of hypothyroidism*”.
- BHR CCGs have a duty to spend taxpayer’s money wisely, to make sure they get the best value possible – especially when NHS funding is being severely squeezed and more patients are being seen with more complex health issues than ever before

Please note that Specialist Pharmacy Service (SPS) Regional Medicines Optimisation Committee (RMOC) Guidance was published after the NHS England guidance and the position statement has taken the newer information into account.

Reference:

NHS England and NHS Improvement. Items which should not routinely be prescribed in primary care: Guidance for CCGs. Version 2, June 2019. Publishing approval reference 000608 <https://www.england.nhs.uk/publication/items-which-should-not-be-routinely-prescribed-in-primary-care-guidance-for-ccgs/>

SPS RMOC Guidance on Liothyronine June 2019 version 2.6 <https://www.sps.nhs.uk/wp-content/uploads/2019/07/RMOC-Liothyronine-guidance-V2.6-final-1.pdf>