

**South East London Area Prescribing Committee
Position Statement**

Reference:	021
Intervention:	Prescribing of liothyronine tablets (monotherapy or in combination with levothyroxine) for hypothyroidism
Date of Decision:	January 2020
Date of Issue:	February 2020
Recommendation:	<p>GREY – Not recommended for routine prescribing in SEL</p> <ul style="list-style-type: none"> · Prescribers in Primary Care should not accept new requests to prescribe liothyronine for hypothyroidism. · Patients already stabilised on longstanding liothyronine (T3) should be switched to an equivalent dose of levothyroxine (T4). Refer to the table in further information for switching advice. · Patients who were initiated on liothyronine by or under the recommendation of a private clinician and wish to remain on the product should be referred back to the private service for a private prescription of liothyronine or other similar product; or recommendation of an alternative treatment. (please refer to the NHS and private interface prescribing policy)
Further Information:	<ul style="list-style-type: none"> · The SEL APC has considered guidance from the national Regional Medicines Optimisation Committee (RMOC) in developing this position statement and NICE guidance. · Routine prescribing of liothyronine (monotherapy or in combination with levothyroxine) for hypothyroidism is not recommended in SEL. · NICE has published updated guidance for the assessment and management of thyroid disease [NG145]. In the guidance for managing primary hypothyroidism it is highlighted not to routinely offer liothyronine, either alone or in combination with levothyroxine. This is because there is not enough evidence that it offers benefits over levothyroxine monotherapy and its long-term adverse effects are uncertain. <p>New Patients: Do not start any new patients on liothyronine for hypothyroidism.</p> <p>Existing Patients:</p> <p>Switching patients from liothyronine to levothyroxine:</p> <ul style="list-style-type: none"> · When considering switching a patient from liothyronine (including liothyronine-containing products) to the equivalent dose of levothyroxine, it is necessary to take into account any other levothyroxine the patient is also co-prescribed and the patient's most recent thyroid function tests (TFT). · The BNF states that 20–25 micrograms of liothyronine is equivalent to 100 micrograms of levothyroxine. Patients should have repeat TFTs one to two months after switching to determine the appropriateness of their new dose.

Further Information (cont'd):

The table below provides approximate equivalent doses which clinicians can utilise to switch suitable patients

Approximate equivalent doses	
Liothyronine (mcg)	Levothyroxine (mcg)
5	25
10	50
15	75
20	100
30	150
40	200
60	300
80	400
100	500

- Round doses to the nearest 25micrograms. Repeat thyroid function tests (TSH and T4) one to two months after switching to determine the appropriateness of the new dose.
- If required, prescribers can seek further advice and guidance from Secondary care Consultants. The following methods in each borough can be used:
 - Lambeth CCG
 - Southwark CCG
 - Bromley CCG
 - Greenwich CCG
 - Lewisham CCG
 - Bexley CCG

} Consultant Connect

} Local contact methods
- Local hospital Consultants are in support of this position statement and its content to be applied by clinicians in Primary Care.

Cost Impact for agreed patient group

The total spend on liothyronine monotherapy or combination therapy between November 2018 – October 2019 across the 6 SEL CCGs was ~£328K. It is not possible to distinguish what portion of this was attributed to hypothyroidism.

Usage Monitoring & Impact Assessment

- Trusts:** Monitor non-formulary requests
- CCGs:** Monitor impact 2 data and exception reports from GPs if inappropriate requests to prescribe are made to primary care.

Evidence Reviewed

1. Regional Medicines Optimisation Committee Guidance: Prescribing of liothyronine version 2.6 (June 2019). Available via: <https://www.sps.nhs.uk/wp-content/uploads/2019/07/RMOC-Liothyronine-guidance-V2.6-final.pdf> last accessed 20/11/19
2. NICE guidance: Thyroid disease assessment and management [NG145]. Available at: <https://www.nice.org.uk/guidance/ng145> last accessed on 16/12/19.
3. Management of primary hypothyroidism: statement by the British Thyroid association Executive Committee. Available via: http://www.btf-thyroid.org/images/documents/BTA_Hypothyroidism_Statement.pdf last accessed on 20/11/19
4. PrescQIPP bulletin 121, February 2016: Switching liothyronine (L-T3) to levothyroxine (L-T4) in the management of primary hypothyroidism <https://www.prescqipp.info/component/jdownloads/send/225-liothyronine/2359-b121-liothyronine-drop-list> last accessed: 20/11/19
5. Items which should not routinely be prescribed in primary care: Guidance for CCGs, NHS Clinical Commissioners and NHS England: <https://www.england.nhs.uk/wp-content/uploads/2017/07/Items-not-routinely-prescribed-in-primary-care.pdf> last accessed: 20/11/19
6. Summary of Product Characteristics: Liothyronine Sodium BP 20micrograms Tablets. Available online via <https://www.medicines.org.uk/emc/product/5905/smpc> last accessed 20/11/19
7. Medicines Complete: British National Formulary. Available at: <https://bnf.nice.org.uk/drug/liothyronine-sodium.html> last accessed: 20/11/19

NOTES:

- a) Area Prescribing Committee recommendations, position statements and minutes are available publicly via the [APC webpages](#).
- b) This Area Prescribing Committee position statement has been made on the cost effectiveness, patient outcome and safety data available at the time. The statement will be subject to review if a submission is received or new NICE guidelines or technology appraisals are issued.
- c) **Not to be used for commercial or marketing purposes. Strictly for use within the NHS.**