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Medicines, Diagnostics and
Personalised Medicine Unit
england.medicines@nhs.net

PRESCRIPTION OF LIOTHYRONINE IN PRIMARY CARE

We write in response to the consultation process by NHS England on prescription of Liothyronine in primary care. NHS England proposes that CCGs stop prescription of Liothyronine and systematically change patients already on Liothyronine to Levothyroxine treatment. In support of their proposal, their recommendation cites the BTA 2015 position statement on the management of hypothyroidism.

The BTA has received numerous enquiries from patients expressing great anxiety about this proposal. Some patients have already experienced difficulty with ongoing prescription of Liothyronine. In some cases, following guidance from local health authorities, patients on longstanding Liothyronine treatment have been changed abruptly to Levothyroxine therapy.

We wish to emphasise that any decision to continue or to stop Liothyronine treatment in a patient should be based on clinical criteria. ***The BTA position statement on hypothyroidism should not be interpreted as a recommendation to not use Liothyronine or as an endorsement for its discontinuation***.

Levothyroxine therapy is the standard of care in hypothyroidism, being effective and well-tolerated in the vast majority of patients. In randomised controlled trials, there is insufficient evidence to show that combination treatment with Levothyroxine and Liothyronine is superior to Levothyroxine therapy alone in improving quality of life. Nevertheless, in a small proportion of patients with persistent symptoms, a carefully monitored trial of combination therapy with Levothyroxine and Liothyronine may occasionally be warranted [1].

Therefore, in accordance with the best principles of good medical practice we recommend the following approach:

1. Patients already established on Liothyronine and experiencing symptomatic benefit should be allowed to continue with Liothyronine treatment prescribed in primary care. Abrupt change in treatment may impact negatively on well-being. Changing to Levothyroxine therapy should only be considered if the patient is not experiencing benefit from Liothyronine and any change should only be made following informed discussion with the patient and, if necessary, advice from an endocrinologist.
2. For patients with hypothyroidism who are not on Liothyronine but wish to be treated with Liothyronine, the principles guiding decision-making should follow those outlined in the BTA statement [1]. Combination treatment with Levothyroxine and Liothyronine should only be initiated and supervised by accredited endocrinologists [1]. Patients experiencing

symptomatic benefit on a combination Levothyroxine and Liothyronine regimen should be able to continue such therapy prescribed from primary care.

3. In patients with a diagnosis of thyroid cancer where Liothyronine is recommended in preparation for radioiodine ablation, radioiodine therapy, diagnostic iodine scanning or stimulated thyroglobulin test, access to Liothyronine is essential and substitution of Levothyroxine in these circumstances is wholly inappropriate [2].
4. The NHS England proposals are driven by the recent enormous increase in the cost of Liothyronine, with such increased cost being quite disproportionate and unique to the United Kingdom in comparison to its cost in other European countries. We suggest that the NHS pursues alternative procurement strategies to reduce the current cost of prescribing Liothyronine.

References: (1) Okosieme, et al. Clin Endocrinol (Oxf). 2016;84:799-808. (2) Perros et al,. Clin Endocrinol (Oxf). 2014 Jul;81 Suppl 1:1-122.