

Kent and Medway Joint Prescribing Committee

Liothyronine prescribing recommendations- Review of Existing Therapy for hypothyroidism

Prescribing recommendations:

- GPs should identify patients on liothyronine for hypothyroidism and investigate when and by whom this was initiated.
- GPs should refer all patients on liothyronine for hypothyroidism for a review with a NHS endocrinologist/nuclear medicines consultant for MFT if they have not had one. However, the process for review of NHS patients currently prescribed liothyronine in primary care should be developed locally and reviews should be scheduled according to service capacity. Therefore prescriptions for individuals receiving liothyronine must continue in primary care until this review has taken place by the consultant endocrinologist.
- GPs should not independently withdraw or adjust liothyronine treatment for patients who are stable and well on therapy. Review or adjustment of treatment should be either by, or under the guidance of a consultant endocrinologist nuclear medicines consultant for MFT.
- The NHS consultant endocrinologist or nuclear medicines consultant for MFT should accept referral from GPs to review existing prescriptions for liothyronine. The consultant NHS endocrinologist should identify why liothyronine was initiated, and should specifically define the reason if any patient currently taking liothyronine should not undergo a trial titration to levothyroxine monotherapy, and this should be communicated to the GP in writing.
- If the patient is suitable for switching, the NHS consultant endocrinologist should manage the switch to levothyroxine before transferring care of the patient back to the GP once the Levothyroxine dose is stable, communicating the dose in writing.

Background:

The Regional Medicines Optimisation Committee Guidance- Prescribing of Liothyronine states: "Patients currently prescribed liothyronine, or levothyroxine and liothyronine combination therapy, for hypothyroidism should be reviewed to consider

switching to levothyroxine monotherapy where clinically appropriate. In some cases a retrospective review of the basis for the original diagnosis of hypothyroidism may be necessary. Arrangements should be made for switching to be undertaken by a consultant NHS endocrinologist, or by a GP with consultant NHS endocrinologist support. 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. The consultant endocrinologist must specifically define the reason if any patient currently taking liothyronine should not undergo a trial titration to levothyroxine monotherapy, and this must be communicated to the GP.”¹

A shared care agreement has been developed to cover:

- initiation of a 3 month trial of Liothyronine in addition to Levothyroxine in rare situations where patients experience continuing symptoms whilst on levothyroxine (that have material impact upon normal day to day function) and other potential causes have been investigated and eliminated
- handover and ongoing prescribing of liothyronine following a successful initiation trial
- initiation and ongoing liothyronine monotherapy in exceptional circumstances only as defined in the RMOC guidance¹ and K&M JPC shared care guidance.²

These prescribing recommendations should be read in conjunction with Kent and Medway Joint Prescribing Committee position statement for prescribing oral liothyronine.⁴

References:

1. Regional Medicines Optimisation Committee. Guidance-Prescribing of Liothyronine. June 2019. <https://www.sps.nhs.uk/wp-content/uploads/2019/07/RMOC-Liothyronine-guidance-V2.6-final-1.pdf> . Accessed 03.06.2020.
2. Kent and Medway Joint Prescribing Committee. Shared Care Guideline for Prescribing Oral Liothyronine. 2020.
3. Kent and Medway Joint Prescribing Committee Position Statement. ARMOUR THYROID and other desiccated thyroid extract products. 2020
4. Kent and Medway Joint Prescribing Committee Position Statement- Liothyronine Prescribing